

COMMENTARY/VIEW FROM PRIMARY CARE

Statements on funding and competing interests

Funding. None identified.

Competing interests. None identified.

References

- 1 Social Exclusion Unit. *Teenage Pregnancy*. London, UK: HMSO, 1999.
- 2 Department of Health. *The National Strategy for Sexual Health and HIV*. London, UK: Department of Health, 2001.
- 3 Goold PC, Ward M, Carlin EM. Can the Internet be used to improve sexual health awareness in web-wise young people? *J Fam Plann Reprod Health Care* 2003; **29**(1): 28–30.
- 4 Quilliam, S. Self-help websites. *J Fam Plann Reprod Health Care* 2005; **31**: 329–330.
- 5 Livingstone S, Bober M. *UK Children Go Online: Surveying the Experiences of Young People and Their Parents*. London, UK: London School of Economics and Political Science, July 2004. <http://www.children-go-online.net>.
- 6 Livingstone S. *Online Freedom & Safety for Children*. IPPR/Citizens Online Research Publication No. 3, November 2001. http://www.lse.ac.uk/collections/media@lse/pdf/free_safety_children1.pdf.
- 7 Department for Education and Employment (now Department for Education and Skills DfES). *Sex and Relationship Education Guidance*. Nottingham, UK: DfEE Publications, July 2000. <http://www.dfes.gov.uk/sreguidance/sexeducation.pdf>.
- 8 Teenage Pregnancy Strategy Evaluation. Tracking Survey. Report of Results of Twelve Waves of Research. October 2004. http://www.dfes.gov.uk/teenagepregnancy/dsp_showDoc.cmf?FileName=TP%20WI2%20report%20final%2E.pdf.
- 9 Skinner H, Biscope S, Poland B, Goldberg E. How adolescents use technology for health information. *J Med Internet Res* 2003; **5**(4): e32.
- 10 Gagliardi A, Jadad J. Examination of instruments used to rate quality of health information on the Internet: chronicle of a voyage with an unclear destination. *BMJ* 2002; **324**: 569–573.

VIEW FROM PRIMARY CARE

“Late deals, package care, it’s really Hobson’s choice.”

C T Braicke

If the information gleaned from the panellists about a mystery guest on the quiz show *What’s My Line?* was that in his work he sits beside a desk, deals with people and tells them, or rather advises them, where to go, there’s a good chance you’d guess he’s a travel agent. Wrong! Bill is a general practitioner (GP).

So Bill, tell us about being a GP. Well, it’s not so different to being a travel agent, particularly since the Government has introduced ‘Choose and Book’, an opportunity for patients to choose where they have their hospital treatment. Thank you Bill, that sounds fascinating.

Most GPs have their doubts about ‘Choose and Book’; having to spend time with their patients exploring the pros and cons of why they should attend “We’ve got modern facilities NHS Hospital Trust” rather than “We’ve always got a nurse for you NHS Hospital Trust”. And I’m one of them. My six minutes with the patient isn’t enough time to address their concerns as it is, let alone the new concerns allowing them to choose a hospital for their treatment will create. Anyway, when was the last time you selected and booked a holiday in less than six minutes? More importantly, we live by the advice that we should “first do no harm”, so let’s be honest with our patients and ourselves. I don’t know about you, but my knowledge extends to my local hospitals, not those that are outside the area from which I’ll accept patients in the first place.

In fact, even this knowledge is being tested. As my local hospitals “develop and progress”, I’m finding that more and more I’m having to ring them to find out whether they are still providing care in a particular speciality and, if so, who I should refer my patient to, as consultants now seem to come and go with the same frequency as health ministers. Imagine having to do this for four or five hospitals when you don’t even know their phone numbers. It’s not like holiday destinations where the star system helps, either. We all know how flawed this system is for

hospitals, and that those with the most stars may not be where you’d want your granny treated. After all, what I want next to my bed when I need them is a nurse, not a monitor screen on a robotic arm that, when searching my diagnosis on the Internet, relieves my hospital-acquired constipation.

It’s ironic that at a time when the Government’s 48-hour access obsession is actually reducing patients’ choice (since to achieve this target many practices are no longer letting patients even make an appointment, let alone choose which doctor they want to see), ‘Choose and Book’ is being forced on us too. With regard to patient choice, it’s not the doctor who’s playing God, but the Health Minister who giveth with one hand and taketh away with the other.

But NHS hospitals have been imitating the travel industry for a while now. Patients are sent abroad to have their operations, hospitals have hotel wards and, like travel agents who don’t send out tickets until a couple of weeks before you’re due to travel, many hospitals, in an attempt to achieve their waiting time targets, don’t send out appointments until a few days before the appointment either. So I guess it was only a matter of time before general practice became caught up in the travel industry wave.

Realistically speaking, I suppose that I shouldn’t be too concerned. Like many vote-winning wheezes, these ideas come and go. Patients vote with their feet anyway. Ask most of them why they’ve chosen a particular practice and you’ll get the answer that it’s near and convenient, and not because Dr Braicke has such a great reputation, is up to date with all the recent evidence of best practice, and always makes time for you. Presumably this is also why, before too long, patients will be able to register with two practices, maybe even more than two – for their convenience yes, for their health, probably not. So I’m not going to be trawling through the online hospital brochures and clicking the icon that allows me to compare up to five facilities’ specifications at a time. When my patients ask me for my opinion about where they should go for treatment, I’ll give them my honest opinion based on what I know, which is how health care should be. And no doubt they’ll be delighted, because after all, it’s the nearest.

J Fam Plann Reprod Health Care 2005; **31**(4): 270

Chosen under Strayne, UK

C T Braicke, *General Practitioner*