Specialty care in the community

Delivering specialist services in the community: implications for the profession

John F Mayberry

Education, training and new ways of working

The *Postgraduate Medical Journal* continues to review the implications and consequences of providing specialist healthcare services in the community. In the January issue, the political imperatives for changing the nature of healthcare delivery in the UK were set out.[1–6]

In this issue, we focus on what it might mean for the profession. Dr Mary Armitage, of the Royal College of Physicians, describes how all healthcare workers delivering specialist services in the community must work to agreed national standards of practice. The need for training programmes to achieve these specialist competencies is emphasised. Professor Mayur Lakhani, of the Royal College of General Practitioners, explores the interface between generalists and specialists and considers the relationship between consultants and general practitioners is one of the most pressing questions in the National Health Service today. He believes the reconfiguration of health services demands a sound education and training strategy and that new training models will emerge where trainees move seamlessly between what are currently defined as primary and secondary care.

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COMMENTARIES

Specialty care in the community

Reconfiguring health services to provide care closer to home

Mayur Lakhani

Specialists and generalists working together in the community for the benefit of patients

As a practicing general practitioner, I am well aware of the fragmentation and disruption that patients have as they traverse the health and social care journey. I also realise that patients need a combination of generalism and specialism in the community. Currently, services are organised around the convenience of organisations and professionals rather than the clinical needs of patients. For example, community nurses may provide services according to who their employer is rather than the clinical need of the patient, although they are all members of the National Health Service (NHS) family.

Health service policy in England promotes ''care closer to home'',[1] reconfiguration of services and an ambitious 18-week target from referral by a general practitioner to completion of treatment by 2009. The new policies pose a formidable implementation challenge for local health communities and will require new ways of working and better models of care. Most importantly it will need to be underpinned by a sound education and training strategy. Support will also be required to develop other skills—in leadership, teamwork and information communication technology.

In all these endeavours leadership from professional organisations and doctors will be essential. In 2006, the Royal College of General Practitioners (RCGP) and the Royal College of Physicians (RCP) issued a joint statement called ''Making the best use of doctors' skills—a balanced partnership''.[2] The Colleges stated that: ''new models of healthcare must be developed to meet the aspirations and needs of patients in the new and modern NHS and that doctors working together across traditional organisational boundaries are central to such new models. The Colleges believe that specialists and generalists working in strong collaborative arrangements offer a major and unrivalled opportunity to improve the quality and safety of patient care and to reduce health inequalities. Our most important message was that doctors must be enabled to work together across traditional organisational boundaries to meet the aspirations and needs of patients''.

I therefore welcome this debate in the *Postgraduate Medical Journal* about medicine in the community. Getting the relationship right between consultants and general practitioners is one of the most pressing questions in the NHS today. What do general practitioners want to do and what do consultants want to do?

It is estimated that 17 million adults in the UK live with one or more chronic long-term conditions and the inverse care law continues to operate widely in the NHS. The big challenge for medicine in the community in the 21st century will be long-term conditions and comorbidity—the presence of one or more apparently unrelated conditions. Comorbidity is more commonly distributed among the deprived communities and this brings another big challenge to the fore—that of narrowing health inequalities. Both these are essential tasks for generalists who co-ordinate care. Empowering patients and health promotion will also be key objectives.

To tackle these problems we need new models of care, and to be creative in our thinking. It is my belief that services must be co-ordinated and delivered through integrated healthcare teams in the community