

From your BMA GPs committee chair

Dear colleagues,

May I firstly wish you a happy new year, and I hope you managed to get some rest, however short, over the festive season.

The start of 2015 is a time of reflection on the year that's passed, while looking forward to the year ahead.

GPs faced a challenging and gruelling year in 2014. We suffered another year of diminishing resources, with an escalation in workload and demand that far outstripped our capacity, and which continues to compromise our ability to care for patients.

Insult was added to injury for many practices, which saw cuts to their core budgets as a result of imposed MPIG (minimum practice income guarantee) changes. I and BMA GPs committee colleagues visited and supported practices from Tower Hamlets in inner-city London to rural Cumbria to highlight the devastating effect of this on individual GP practices, and I pay tribute to those GPs who stood up to be counted and helped us to achieve national publicity on this issue collectively.

We successfully achieved a temporary reprieve for some of the worst-affected practices, but this will not help hundreds of other practices struggling to survive, nor does it address the overall impoverished state of all GP surgeries nationally.

For PMS (personal medical services) practices, as part of the 2015/16 contract negotiations we secured an agreement that all personal medical services monies must be reinvested in local GP services. We also halted the raiding of this pot for other purposes. We are continuing our fight to protect individual practices from destabilising losses.

After much lobbying by the GPC, including our Your GP cares campaign, the message has begun to percolate to politicians, policy makers and the media that general practice

is in a parlous state, and needs investment and development. We are seeing press, TV and radio coverage about the pressures on GP surgeries, as opposed to stories only attacking us.

In July, the GP Taskforce report, *Securing the Future GP Workforce; Delivering the Mandate on GP Expansion*, officially declared a 'GP crisis' and the Centre for Workforce Intelligence's report stated that present workforce levels were 'unsustainable ... to meet current patient demand'.

Even think tanks such as the Nuffield Trust are arguing for general practice to receive resources to deliver on current and future demands.

At the autumn party political conferences general practice was centre stage, with both major parties competing in their electoral pronouncements to increase GP numbers by between 8,000 (Labour) and 5,000 (Conservatives).

Simon Stevens took up his role as NHS England chief executive last April. His *Five Year Forward View*, published in November, explicitly recognises 'the strain' on general practice, that it is 'under-resourced', and makes a commitment for new investment, including moving resources from secondary to primary care, and expanding the GP workforce.

Such language is refreshing and long overdue, and would not have appeared this time last year, when the only headlines we heard were about the pressures and need to invest in every sector of the NHS except general practice.

The year rounded off with the chancellor's autumn statement commitment of £1.2bn for general practice and primary care infrastructure. The GPC had long claimed that GP premises were the elephant in the room.

Our large-scale survey last summer, repeatedly quoted by Simon Stevens, showed four out of 10 practices believed their premises were inadequate to provide essential care for patients, seven out of 10 didn't have the space to expand services, and six out of 10 didn't have the room to train GPs.

We wrapped this up in our contract agreement with NHS England to develop a strategy for GP premises development.

While we ended 2014 with general practice still in a desperate state, there are signs we may be beginning to win the argument, if only because the penny has finally dropped that the entire NHS is at risk of collapse if general practice implodes.

2015 — your views count

The GPC will be kicking off the new year with a major survey of the profession in the UK, which you will receive by email and by post in the coming days. I urge you to complete the survey, which will give us a comprehensive picture of the views of GPs about their current work, what sort of future we want, and how general practice should be structured and developed.

We want to hear from all categories of GPs — trainees, newly qualified, partners, locums, salaried GPs through to those at the tail end of their careers. This will be crucial to enable the GPC to represent your views, and to send a loud message to the incoming Government this year to deliver change that will be fit for a sustainable future for general practice.

Other GPC priorities for 2015 include:

- Managing workload and demand, to protect safe and quality essential services to patients. We will be publishing guidance for practices shortly
- GP premises — actively working with NHS England to ensure the chancellor's £1.2bn reaches GP premises development
- A public consultation exercise commencing this month, for an honest debate regarding patients' expectations from the reality of a GP service operating within harsh resource and workforce constraints, as opposed to politicians seeking an open-ended wish list from the voting public. This will include trade-offs between access and continuity, and prioritisation between health needs and wants
- Workforce — we have commenced dialogue with NHS England and Health Education England to kick-start schemes to improve recruitment and retention, and encourage doctors to return to general practice
- Supporting GP practices to work together where they wish, with guidance and resources to develop networks, federations or new models of care.

2015 — hope for the future?

This is of course the year of the general election, with the NHS at the top of voters' priorities.

The GPC will vigorously drill home to politicians before and after the election that the pronouncements about care moving out of hospitals and the promise of thousands more GPs to achieve a sustainable NHS will fail dismally unless there is action beyond the rhetoric.

We must see tangible evidence of positive change this year, with real investment in GPs, staff, buildings, and a manageable and rewarding workload that offers hope to established and potential future GPs.

Only this will begin to reverse the downward spiral in recruitment and retention so that we can say to younger doctors that, yes, there are pressures today, but things will improve by the time you become GPs, and therefore it's worth choosing a career in general practice, and there is also reason for established GPs to remain working rather than quitting early.

The public is justifiably fed up of empty promises, and politicians need to ensure we turn the corner for general practice in 2015; their own political futures and that of the NHS will depend on it.

With best wishes again for 2015,
Chaand Nagpaul
BMA GPs committee chair

info.gpc@bma.org.uk

More from your GPC

Patient choice scheme and out-of-area registration

A new patient-choice scheme will allow GP practices in England to register new patients who live outside the practice area from 5 January, without any obligation to provide home visits or out-of-hours services when patients are unable to attend their registered practices.

The scheme also allows patients who are currently registered with practices, but move out of the area, to re-register as out-of-area patients, with the practices not having home-visiting obligations.

GP practices will need to decide whether it is clinically appropriate or practical to accept an out-of-area application.

NHS England is responsible for procuring urgent GP services and home visiting should patients need to be seen in their areas of residence.

The GPC has a number of concerns about how the scheme will operate and has issued **guidance that all practices should read** before deciding whether to register patients of area.

GPs in the media

General practice issues continued to receive high-profile media coverage throughout the festive period.

Just before Christmas I appeared on the BBC News Channel, BBC Radio 5Live and LBC Radio discussing the winter pressures on general practice.

This was followed by a story about a Surrey GP practice whose patients were having to queue before dawn for an appointment owing to demand pressures.

This was reported in the **Guardian** newspaper, which led on my warning that the story was 'yet another example of how rocketing demand and pressures on general practice are having a detrimental effect on patients'.

Two subsequent Daily Mail stories — one looking at the surge in **flu cases** and the extra pressure this is putting on the system, and another examining Health Education England's attempts to fill the workforce gap by recruiting more **physician associates** — featured quotes from GPC deputy chair Richard Vautrey.

In an interview with LBC on whether NHS care should be rationed based on lifestyle factors such as obesity or alcohol intake, I argued this would be counterproductive as it would end up costing the health service more.