



Dear Sir/Madam

Three months into my role as Chair of the BMA GPs committee (GPC), I have at every possible opportunity repeatedly emphasised to ministers, senior members of government, NHS England, patient groups and other NHS bodies, the tireless work and dedication that everyday GPs like you provide to nearly a million patients on a daily basis.

Equally, I have stressed the unfortunate reality of a GP workforce experiencing record levels of stress, and the lowest job satisfaction in over a decade – something the government cannot argue with since these are the findings of its own centrally commissioned National GP Worklife Survey published in August.

Therefore in our current contract negotiations, I have told government that there has to be a reversal of the damaging impact of last year's imposition. We need to remove swathes of QOF that reduce us to data entry clerks looking at a computer screen rather than the patient in front of us, and we need resources in our core funding to give GPs the time and space to be doctors caring for patients. But this will not be enough. We also need an explicit investment strategy in general practice for the future, so that we have more GPs, practice staff, and improved premises.

This will enable us to provide the personalised care the government wants us to deliver to vulnerable adults and those with long-term conditions. But this will require far more GPs than the 2,000 extra proposed by government, which would represent less than a 5 per cent increase in workforce.

We are also facing a looming workforce crisis in general practice with regards to retention, with 40 per cent of GPs aged over 50 years and 22 per cent over 55, and "with a substantial increase in the proportion of GPs intending to quit direct patient care within the next 5 years", according to the government's own survey. Unless general practice becomes a rewarding job with a manageable workload in the immediate future, we just won't have a GP workforce available to serve the needs of the population.

There has been much publicity around the Prime Minister's recent announcements on seven-day GP surgery opening. I reassure you this is not part of our contract negotiations, and applies to voluntary pilots that will cover less than 1 per cent of England. GPC's priority is to enable GPs to cope with existing workload within current contractual hours.

Seven-day opening is trumpeted as being key to reducing A&E pressures but previously imposed Darzi walk-in clinics produced no evidence that seven day 8-8 opening had any impact on A&E attendances. Many Darzi clinics have since closed due to poor value for money. At a time when the NHS is under austerity measures, increasing opening hours to consumerist levels risks increasing demand rather than managing it. We must use scant healthcare resources responsibly for maximal health gain to those that most need it.

GPC is equally keen to provide GPs with support and solutions to meet current and future challenges. GPs have repeatedly asked us how practices can group or

work together in new arrangements. We have therefore just published **[guidance on how GP practices can work in collaborative alliances and federations.](#)**

We also have **[guidance on how practices can employ shared staff.](#)**

GPC is the **only** national representative body for all UK GPs, with responsibility to negotiate on your behalf. We are the voice of everyday GPs, and are committed to helping to make your working life better and, in turn, that of your patients.

Finally, I will be writing to you more regularly to update you on my own and GPC's activities. If you have any views, we are happy to receive them via your LMC, or by emailing **[info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)**

With best wishes

Chaand Nagpaul

25 October 2013