



Dear Colleague,

I wish you a Happy New Year from myself and the BMA GPs Committee.

The turn of the year is a time to take stock of the 12 months behind us and look ahead at the coming year.

Last year was another extremely busy year for general practice. It started with implementation of the Government's contract imposition in England, which, as we predicted, resulted in GPs being paralysed under a weight of bureaucracy, QOF box-ticking and targets. But 2013 ended with our successful reversal of much of these changes. The changes we negotiated will come into effect in April and so we hope GPs are entering 2014 in a much better position than last year.

There were also other considerable challenges in 2013. GPs grappled with the organisational disruption of wholesale changes to the NHS under the Health and Social Care Act, the birth of CCGs, and the further performance management of general practice with the introduction of CQC inspections. Unfortunately, 2013 also saw GPs inappropriately and unjustly scapegoated for system wide pressures, from long A&E waits, to increases in emergency admissions and even cancer outcomes.

We must continue to set the record straight in 2014 by scotching some oft repeated myths that unfairly malign GPs, and to also reaffirm the extraordinary care we provide despite inadequate and shrinking resources.

While media reports paint a picture of swathes of patients pitching up at A&E due to claimed inadequate access to GPs out of hours, the evidence shows the opposite. The most recent international comparison by the Commonwealth Fund in November 2013 showed that the UK had the best access to out of hours primary care services, avoiding the need to attend emergency departments, ahead of Europe, USA, Canada and Australia.

Neither is there any evidence that hospital emergency admissions are related to GP opening hours or access. Instead, the issue of emergency department attendances needs to be addressed with an integrated whole system approach across primary, secondary and social care.

And while we hear of issues with regard to access, the Government's own most recent GP Patient Survey in England showed that 86% of patients could get an appointment when they wanted, and 93% of them had trust and confidence in the GP they saw.

The Government is advocating that GPs provide increased personalised care to vulnerable adults; the reality is that UK GPs already provide by far the greatest level of patient engagement and care planning in chronic care, according to international comparisons.

We should as a nation therefore take pride in promoting the international success of UK general practice, rather than perversely talking down and berating the dedication and efforts of hardworking GPs.

Last year, we began a programme of work looking at the future for general practice with the publication of our paper, *Developing General Practice: Providing Healthcare Solutions for the Future*. It outlines how general practice should be at the forefront of the transformation of the NHS.

[See bma.org.uk/gpvision](http://bma.org.uk/gpvision)

This year, we will be seeking to take forward some of those ideas. Central to this is the need for political honesty about what general practice can provide with the current insufficient workforce and premises. If the Government wishes GPs to expand availability and improve access, it must first tackle the fundamental constraint of an overstretched workforce, with inadequate capacity.

We therefore need some immediate short-term strategies. Work that is transferred from secondary care into our practices must be resourced, as must the ever-increasing care resulting from demographic changes of an ageing population. Other NHS services in England are funded according to activity, while general practice is unfairly expected to simply absorb relentless increases in workload within our fixed capitation based funding. CCGs and commissioners must use their commissioning levers to fund enhanced services by practices so that resources reflect the changing pattern of care moving into the community.

Government also needs to address demand management, rather than stoking up expectation. We require a concerted approach to enhance self-care as a means of empowering patients for their own benefit, which in turn will allow more appropriate use of our scant resources. You will have seen our recent work in this area on winter pressures and self-care.

[See bma.org.uk/winter-pressures](http://bma.org.uk/winter-pressures).

The Government must make 2014 a year where investment in GP premises and primary care estate becomes a reality - something that has been ignored for a decade leaving GPs unable to have the physical space to provide for current needs let alone future demands.

We must also plan today for tomorrow. Simple mathematics tells us that we need a significant expansion in GP numbers. We need to move beyond aspirational words to a tangible reality of improving recruitment and retention now, in which we can be confident that in five years we will have more GPs to meet the population's needs.

This year, we as GPs need to collectively stand tall and take pride in the remarkable care we provide to patients.

Finally, I would urge the Government to make a New Year's resolution to talk up and invest in UK general practice, and support GPs to deliver even greater world leading care than we already do.

With best wishes

Chaand Nagpaul  
Chair, General Practitioners Committee