



Dear colleague

As winter draws in, my practice - like your own - has been busy immunising our older and at-risk patients against flu.

This seasonal immunisation programme should not go unnoticed. It demonstrates GPs working at their best in the heart of our communities to systematically deliver a significant national public health benefit, as well as our adaptability this year by additionally immunising children against flu and rotavirus, and vaccinating older people against shingles. I doubt any health system could implement a more effective and cost-efficient way of delivering population health, and it serves as an example of why UK general practice should be celebrated and treasured.

GPs are central to tackling the huge challenges faced by the NHS with an increasing number of patients with complex conditions and co-morbidities. Yet this potential has not been adequately recognised. This is why today we have published our vision of how general practice can be a key solution to pressures in the NHS, and central to securing its future sustainability.

Our vision, Providing Healthcare Solutions for the Future, is quite simple – GPs coordinating and providing more integrated care, closer to patients' homes. GPs are expert generalists and we have longstanding relationships with our patients and local communities. We are key to developing services around our patients and helping those with complex and long-term health problems manage their conditions at home and in the community with support from the right specialists at the right times.

This will require increased numbers of GPs, practice staff and community nurses, and greater collaboration with secondary care clinicians and others. But we believe it is an invest-to-save approach and will help to reduce hospital admission and attendance rates, and reap cost benefits to the NHS as a whole.

We have also put forward proactive ways of improving urgent care, enabling improved access, and working with our patients as partners.

We have also been very busy in our annual contract negotiations with government for 2014-2015, which will conclude imminently. These negotiations have been particularly hard work given that they cover the greatest set of changes since the new GMS contract was introduced a decade ago. We have done our utmost to fight the corner for GPs, and I have further personally presented the wider case for general practice to Health Secretary Jeremy Hunt and the Prime Minister's health policy team, as well as the most senior members of NHS England.

Negotiations by definition involve two sides giving and taking in order to reach a mutually agreeable position. However, given the aftermath of last year's imposed changes, I have urged government to see the benefit of getting the profession on board, recognising that it will not be possible to deliver its agenda of improved personalised care in the community without the support and engagement of grassroots GPs.

Away from the negotiating table, I met with Professor Steve Field this week, to discuss his new role as the chief inspector for general practice in England. I highlighted the need to avoid simplistic and crude comparisons of practices, without adequate recognition of their circumstance, infrastructure and resource constraints. The aim must be to enable support for improvement where necessary, and with the absolute need to avoid creating a climate of fear, on the back of a profession that already feels beleaguered.

This week, I also attended a national stakeholder event on NHS 111. For most GPs, our greatest interaction with 111 is the daily reams of faxed information, comprising of pages populated with negative computer algorithmic questions, in which we have to search for the salient clinical details relating to the patient. This is not just a bureaucratic nightmare for GPs, but also undermines our ability to identify important clinical information. We are arguing for this to be urgently addressed.

I also had the honour of delivering the keynote speech at the centenary dinner of Derbyshire Local Medical Committee last week. It was illuminating to meet many rural GPs, some of whose practices boundaries are wider than my London borough, and highlighted the rich diversity and experience of general practice. Indeed, despite being a committed Londoner, I confess to being drawn to the appeal of living and practising as a GP in the bucolic splendour of the Peak District.

**[Read the vision paper](#)** and let us know what you think by emailing **[info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)**

With best wishes  
Chaand Nagpaul  
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