

General practice is just as pressured as emergency departments, MPs hear

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General practice in England is under as much pressure as hospital emergency departments are, and the narrow focus on solving problems in emergency services could undermine the NHS as a whole, MPs have been told.

During an evidence session of the parliamentary Health Committee's inquiry into emergency services and care, MPs asked witnesses their views on whether the new processes for commissioning services for emergency and urgent care under the NHS reorganisation were fit for purpose.

Claire Gerada, chairwoman of the Royal College of General Practitioners, said, "We must make sure that we commission an integrated approach to urgent care. If you squeeze just one bit of the system, all you are doing is squeezing that problem to another part of the system."

Gerada argued that the government's and the media's focus on emergency services was misplaced.

"I could just as easily put the words 'general practice' into there. We are under similar pressures," she said.

"I am very sorry that general practice cannot deliver the sort of care that I was trained to deliver. We have seen an approximate 100% increase in our workload over the last decade and are seeing more and more long term chronic disease. What I do now is what a physician did 10 years ago and what a psychiatrist did 10 years ago."

She warned that trying to deal only with pressure in emergency departments would simply displace the pressure elsewhere in the system and "actually push the system to breaking point, which it already is in all honesty."

MPs asked what GPs and primary care services could do to help ease pressure on emergency departments, to which Gerada replied, "I would turn it around. What can you do to help maintain the floodgate or the barrier that stops the rest of the NHS disintegrating?"

"The GP is the barometer of the NHS. We see outside our practices now queues going down the road, which I haven't seen since the flu epidemic a few years ago. We need to have a whole system approach to start looking at the underinvestment in primary care. We have 9% of the resources for 90% of the activity.

"If we get the delivery of primary care right, that will reduce the pressure on the rest of the NHS, and then we may well start to free up some of the beds in hospitals."

Her college was about to publish a strategy document, she told the MPs, that would outline the effectiveness of general practice and include an action plan on how to engage more doctors to become GPs and to retain them.

MPs asked whether changes to out of hours care arrangements made in the revamped 2004 GP contract were the main reason for pressures on emergency departments now.

Gerada said, "I think it is lazy to blame the 2004 GP contract, which is now nearly 10 years old, for an issue that has become a problem recently."

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