

Sir Harpal Kumar
Chief Executive Officer
Cancer Research UK
Angel Building
407 St John Street
LONDON
EC1V 4AD

25th October 2016

Dear Sir Harpal,

I am writing to you to express my concerns about the way your organisation reported recent research regarding barriers to patients making GP appointments.

The way this information was released and reported in the media, portraying the usual outdated image of the dragon receptionist is unfortunate. It failed to acknowledge the significant pressures that general practice is under and the ways that practices are creatively looking at ways of ensuring that the right patients are seen by the right clinician at the right time.

The idea that the GP is the only member of the healthcare team who can help patients is similarly outdated and devalues the skills of the other members of my practice team. The role of our highly skilled GP receptionists, who often have a comprehensive knowledge of our local patients, in signposting patients to the most appropriate person is one of the most important ways that we can continue to manage the unprecedented rise in workload that we have in general practice, managing a host of other conditions besides possible cancer diagnoses, and without which most practices would fail.

In order to do this safely, it is appropriate that my staff are able to gather some basic information about what the patient's concerns are so that they can direct them to the appropriate team member or local community resource. You wouldn't imagine phoning to make an appointment for your car at the garage or turning up at A&E without giving some information at reception about the nature of the problem.

Signposting patients to the most appropriate resource, whether in the practice or community, is a key part of the five-year Forward View for General Practice, published by NHS England and supported by both the BMA and the Royal College of GPs.

In fact, as a GP I spend some time seeing people who have booked in directly who do not need to be seen by myself. It increases the wait for patients who would benefit from my diagnostic skills, and will actually have a negative impact on early cancer diagnosis.

The way this was reported on the news and in interviews was quite ill considered, including a very unhelpful suggestion that patients become more assertive, i.e. rude, to my practice staff to get what they want.

General practice is surrounded by so many single-issue organisations who are unable to see the broader picture or recognise that comments that they may make about general practice actually add to the poor perception of General Practice, and hence the recruitment crisis.

I would encourage your organisation to put some more consideration into how it presents its information to the public. Clearly, new research information about barriers and diagnosis is hugely important for all of us. We in general practice are spending a huge amount of time and effort looking at new models of care that will achieve that.

Your organisation's intervention has been negative and has also caused considerable distress to my experienced practice reception team. I chaired a meeting of three local patient participation groups last night, all of whom had a completely different experience of our practice reception and triage system, and the way receptionists had been portrayed. In the week since your report was issued, several of my receptionists have had rude comments made to them, both by patients and in public.

I look forward to your response.

Yours sincerely,

DR PAUL DRISCOLL (GP)

Cc. Simon Stevens, Chief Executive, NHS England
Keith Ward, Chief Executive, British Medical Association
Dr Maureen Baker, Chair, RCGP
Suffolk LMC