All letters are subject to editing and may be shortened. General letters can be sent to bjgpdisc@rcgp.org.uk (please include your postal address for publication), and letters responding directly to *BJGP* articles can be submitted online via **eLetters**. We regret we cannot notify authors regarding publication. For submission instructions visit: <http://www.bjgp.org/letters>

Editor's choice

Child protection will always be a difficult area for doctors, and we welcome any strategy to increase their ability and readiness to act on concerns.¹

Doctors on the front-line of care play a key role in identifying signs of child abuse or neglect, and also have a broader responsibility for the health and welfare of the families they treat. As every practitioner knows, though, this is a delicate and sensitive area and there can be an understandable fear about 'getting it wrong' and damaging relationships with parents or even being the subject of a complaint. For these reasons and others, it is crucial that doctors have the confidence to raise concerns and feel they have the support to be able to act promptly and effectively.

To support doctors with these challenges, we published comprehensive new guidance in 2012.² It includes advice on recording child protection concerns, working with families who need extra support, and approaching potentially distressing conversations with parents when there are concerns about the welfare of their child.

Doctors who take action will always be justified, if the concerns they have raised are honestly held and reasonable, and they have acted to protect children through the appropriate channels — and this will be justified even if it turns out that the child or young person is not at risk.

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REFERENCES

1. McGovern A, van Vlymen J, Liyanage H, *et al*. A simple clinical coding strategy to improve recording of child maltreatment concerns: an audit study. *Br J Gen Pract* 2014; **64**(625): 389–390.
2. General Medical Council. *Protecting children and young people: the responsibilities of all doctors*. Manchester: GMC, 2012. http://www.gmc-uk.org/Protecting_children_and_young_people_English_0414.pdf_48978248.pdf [accessed 7 Oct 2014].

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A letter to Jeremy Hunt

It's the middle of the night. I can't sleep. The time has come to put pen to paper. What good will it do? Probably very little. At least it will make me feel that I have done my bit to save the profession I love so dearly.

Let's start with this whole 7-day-a-week working; in your words, as part of '21st century medicine'. You mentioned in the RCGP Conference that *'if a patient wakes up on a Saturday morning with a problem, they want it sorted that day ...'* What problem, might I ask you, needs sorting that day by a GP? The sore throat that developed that morning? The headache they have from the Friday night out? The inconvenient spot that has appeared on their nose before a big party? These people, all of whom I've seen in urgent out-of-hours clinics, need education not access.

We are currently swamped with patients that actually need us. The housebound, vulnerable ageing population that are often only too apologetic to be 'troubling you doctor'. The chronic diseases that used to be dealt with by hospitals, that are (quite rightly) being pushed into the community for us. These are the people who need us and who we should be focusing on, not pandering to the worried well whose ailment is merely an inconvenience to them on a Saturday or Sunday morning.

Moving on to negativity in the media: where do I start? I don't know a single GP who would ever intentionally 'miss' a cancer. We see over 250 patients a week — I see more than five patients a day with a headache — would you like me to send them all for a CT scan? After all, nearly every person who comes to me with a headache is worried that they may have a brain tumour. Should I send every patient with chest pain to hospital to exclude a heart attack? Every child I see with constipation to a paediatrician? The NHS would buckle to its knees overnight. Please stop fuelling the negativity and support us. Believe me when I say that we all do the best we can. We are all affected when our patients get cancer; we always look back and wonder if we could have picked it up sooner.

As for recruiting 5000 new GPs? Fantastic! But where do you intend to find them? Our training posts are empty right now. People just don't want to go into general practice

and can you blame them? I work in a small rural practice. Patients are at the forefront of our priorities and we provide a fantastic service with continuity of care with your own preferred GP. I'm physically unable to be at my surgery 12 hours a day, 7 days a week. If I am at another surgery on a Saturday and Sunday then I am not going to be there on Monday morning to see those who truly need me.

Please, I beg you, let us manage our practices and our patients as we see fit. We know our patients and we know what they need. The needs of practices do vary and we can't all be shoehorned to fit one model. For those people who wake up with a sore throat or a pimple on their nose on a Saturday morning, educate them about self-limiting illness, tell people about pharmacies, and for goodness sake, let's please make people take some responsibility for their own health.

For the minority who need to see a GP over a weekend, they can ring 111 and have an appointment within hours. You may be surprised to hear that those who actually need us are happy with us, and the fantastic service that we as GPs provide. As always it's the happy ones that are the silent ones who don't speak out: until it's too late.

I publicly invite you, Mr Hunt, to come and spend time at our practice, to meet our patients, and to see for yourself what general practice is all about.

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RCGP Annual Conference

I have just returned from this year's RCGP Annual Conference where the positive effects of bringing colleagues together was evident in the 'buzz' at break times and extended discussion of topics on social media; however, this buzz was very much dominated by recent concerns over recruitment to the profession, workload, and clinician burnout. In his plenary