

MEDIA UNFRIENDLY

Good news doesn't sell newspapers, but general practice, according to an analysis of over 400 articles appearing between October 2016 and October 2017, has been having a particularly bad press recently. In this issue of the *BJGP*, Barry and Greenhalgh present the results of their thematic content analysis of newspaper stories about GPs and general practice. Five main themes emerge: the workforce crisis, patient access to general practice, organisation of care, GPs' poor clinical performance, and 'GPs' alleged personal vices', the last of these themes accounting for one in seven stories in the sample. The authors comment that the portrayal of GPs as morally deficient — exhibiting many vices and few virtues — is a new and somewhat alarming finding. A hundred articles about hospital medicine were also sampled and analysed. General practice was depicted as a service in crisis, with low morale and high burnout, leaving gaps in patient care. The traditional family doctor service was represented as rapidly eroding, through privatisation and fragmentation, with GPs portrayed as being responsible for the crisis and for the resulting negative impact on quality of care. Hospital specialties were also illustrated as being under pressure, but in this case the crisis was depicted as being the fault of the government.

The authors of this study are understandably concerned that such negative messages will simply exacerbate the current recruitment and retention crisis in general practice: previous research has shown that negative portrayals of general practice in the media can affect career choice and morale. They ask, quite reasonably, how it may be possible to counter these negative messages, portraying general practice in a more positive light, perhaps highlighting initiatives to extend the scope of practice of other professions such as community pharmacists, nurse practitioners, and physician assistants, or training receptionists in extended roles such as care navigators. They call for a concerted campaign to remind the public of the core values of primary care, including relationship-based care, continuity of care, and care that is undifferentiated by age, sex, or disease modality, and is oriented to protecting the vulnerable and reducing inequalities.

The importance and the challenges of general practice are reflected in a number of research articles in the Journal this month, which examine various aspects of cancer

diagnosis. The systematic review from Aberdeen by Williams and colleagues, of the difficulties of making an early diagnosis of gynaecological cancers, is particularly telling. Cancers of the uterus, ovary, and cervix comprise around 20 000 cases per annum in the UK, and account for almost 7500 deaths. Because early signs and symptoms can be very non-specific and even misleading, patients and GPs have real difficulty in recognising their sinister nature and acting swiftly. Patients may be concerned about wasting doctors' time and may harbour anxieties about having a pelvic examination. GPs' index of suspicion may be low; a full-time GP will only see one gynaecological cancer every 2 years. Atypical symptoms may lead to patients being referred to specialities other than gynaecology. These are not problems best served by negative newspaper reporting, but are extremely complex and difficult issues that need further research and a general practice system which is sufficiently well resourced to provide the time and capacity for a careful patient-centred approach to diagnosis and treatment.

Which brings us inevitably to the recently published document *The NHS Long Term Plan*, for which the general practice litmus test will be whether or not it provides sufficient staff and resources for GPs to have the time and facilities to give their patients the care and attention they need. The plan hasn't had a bad press so far, and is an interesting read. It is strong on ambition and high level outcomes, but less clear on how the workforce problems will be fixed in time to turn things around. There is a welcome emphasis on service integration and a move away from the structural consequences of the 2012 Lansley reforms. There are some good ideas for innovation and for sharing best practice, but a lack of clarity about the purpose of the ring-fenced £4.5 billion for community services.

Please read *The NHS Long Term Plan* and let us know what you think about it.

Roger Jones,
Editor

REFERENCE

1. NHS.UK. The NHS Long Term Plan. 2019. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf> [accessed 18 Jan 2019].

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