Saxmundham Health Newsletter July 2019

General Practice failing fast – now on the transplant list.

CRISIS, WHAT CRISIS?
Being a GP always seemed like a nice job but not anymore. Last year the equivalent of 600 full time GPs threw in the towel as Primary Care fractured across the country. 138 Practices closed last year. There is a real risk of the domino effect as Practices fail and others have to take on their work. The Government have moved Practices into groups called Primary Care Networks (PCNs) hoping this will provide resilience but, unless something dramatic changes, PCNs will fail with all their Practices dragged down together. The fundamental issues have to be tackled or we are just rearranging the deckchairs on the Titanic.

Dr. Nigel Watson undertook a GP Partnership review for the NHS in England and declared that “the partnership model has underpinned General practice since before the establishment of the NHS, and it’s been a major component of its success since. It embeds us in communities for the long-term when other services come and go, it gives us the freedom to advocate for our patients, it enables us to innovate and respond quickly to change, and most of all it delivers continuity of care which saves peoples’ lives”.

HOW IS THIS AFFECTING YOU?

It is easiest to address this by posing some of the most common complaints heard.

Why does it take 3 weeks to see your GP?
Each and every person in the UK sees their GP more than twice as often as they used to 10 years ago so the demand on GPs has soared. This is due to medical advances, increasingly complex medical treatments for more conditions, the ageing population, the transfer of hospital work into General Practice as well as the lack of social care meaning everything is now a ‘see your GP’ problem!

Why do you always see a different doctor?
General practice is not as attractive as it once was and virtually every Practice nationally is looking for new GPs. Many want to do part time sessional work because full time has become too stressful. So your chances of seeing the same doctor are reduced.

Why do the receptionists take so long to answer the phone and then always ask so many questions nowadays?
General Practitioners need to deal with complex medical problems and appropriate use of other health professionals allows us to do this. As demand has risen we are forced to filter the calls coming in to assess the help that is needed. We regularly receive over 400 calls a day and if everyone asking for an appointment with a GP was given one, then all the appointments slots would be gone by 08.30. We have four staff answering the phones every morning and some patients are cross because of the wait. Spare a thought for the Receptionist who used to sit out the front mixing calls with receiving and talking to patients and now has to deal with an intensive call centre environment. Receptionists have to ask questions to ensure the very sick are attended to ASAP and that the right professional is involved. It is an onerous responsibility which can be helped by more patient understanding.

Why you don’t always need to see a doctor -
GP Surgeries need the support of Government in managing demand and stop raising unrealistic expectations. We have to work together to empower more patients to self-care. The 111 service has generated work and stopped people thinking or asking family. Since 111 are very risk-averse they frequently direct patients to the GPs to ask for an appointment within 4 hours. We have to stop the over-medicalisation of trivial issues amongst the public and try to introduce some common sense and self-reliance. Furthermore, the mass of media programmes suggesting people ‘pop in to see their GP’ or just to ‘get a note from your GP’ or ‘you can’t be too careful’ add fuel to the fire that is burning down General Practice.

WHAT ABOUT THE FUTURE?

GPs have always recognised the benefits of working with other healthcare professionals but now more than ever, there is no other option. Practices all over the land are benefitting from the skills of pharmacists, paramedics, mental health link-workers, physios and social prescribers, all working alongside our nurses, healthcare assistants and experienced office and care navigating staff. This is the life-saving transplant that primary care needs and feels like the only route to survival. Not only do we need more of these disciplines but Surgeries need to become hubs where ‘social prescribing’ enables patients to access community activities and advice services to support their wellbeing. This element has now been recognised and will be funded by NHS England. Our own Practice cannot wait for the funding support so we have a Pharmacist and Paramedic already and have plans to start on-site Physiotherapy and extra mental health support over the next couple of months. Our problems will be particularly severe by the end of August when Dr Oates (¾ time Partner) and Dr Bushaway (full time salaried GP) will leave to become a locum and the Medical Director of the Suffolk Federation respectively. Dr Hamblyn (full time Partner) is on long term sick leave. Clearly Saxmundham Health is on the critical list but, hopefully, with the support of all parties it should become strong again.

Investing in General Practice is investing for the entire NHS but the proportion of the NHS budget has slipped down to 9% recently. When you think that 85% of the population see their GP every year, the opportunity to enhance the health of the Nation cannot be squandered. Our UK ‘cradle to grave’ Primary Care service is virtually unique in the world and needs to be cherished.