

# A Crisis in General Practice

Brief Overview

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*Dr M Wong, July 2015*

## Is there a Crisis?

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### ❖ **RCGP, June 2013, 258 GPs**

- ❖ 84% of GPs - workload increased substantially, 46% clocking up to 11hrs/day, 58% regularly working till 7pm

### ❖ **BMA, July 2013, 1000 GPs**

- ❖ 89% of GPs reported high/very high levels of workload pressure

### ❖ **BMJ Careers, 2013, informal contact**

- ❖ Working days last 11-12 hours, four days per week, with a couple of hours working remotely most evenings and weekends to deal with the administration overspill

# Is there a Crisis?

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## ❖ **London LMCs, August 2013, 666 GPs**

- ❖ 83% of GPs feel workload unsustainable

## ❖ **Wessex LMCs, January 2013, 2,700 GPs**

- ❖ 93% of GPs reported a longer working day over last 3 years
- ❖ 96% of GPs reported increase in intensity of work over last 3 years
- ❖ 94% of GPs reported more complex work
- ❖ 48% of GPs said they would consider alternative options for a living or retirement
- ❖ 67% of GPs said their practice would struggle to remain viable

# Is there a Crisis?

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## ❖ ***National GP Worklife Study, August 2013, 1,189 GPs***

- ❖ 86% of GPs reporting increasing workloads
- ❖ 81% of GPs reporting increasing paperwork
- ❖ 77% of GPs reporting insufficient time to do job justice
- ❖ 75% of GPs reporting increased patient demand
- ❖ 54% of GPs over 50 likely to quit direct patient contact within 5 years

# Is there a Crisis?

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## ❖ *In-depth review of the general practitioner workforce, Centre for Workforce Intelligence, July 2014*

- ❖ “The GP role has become broader and more complex”
- ❖ “General practice activity and workload has increased substantially for GPs and other practice staff”
- ❖ “The available evidence suggests the GP workforce is under considerable strain and current levels of activity may not be sustainable in the face of rising patient demand”

# Is there a Crisis?

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## ❖ *Securing the Future GP Workforce, Health Education England, March 2014*

- ❖ “The Taskforce has concluded that **there is a GP workforce crisis** which must be addressed immediately even to sustain the present role of General Practice in the NHS, let alone enable it to expand and meet the growing healthcare needs of our population, irrespective of future models of care”
- ❖ “Disturbingly, evidence is also emerging from the NHS Information Centre that the GP workforce is now shrinking rather than growing”

# Is there a Crisis?

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- ❖ ***National Survey of GPs, BMA, February 2015, 15,560 GPs***

- ❖ 93% said heavy workload has had negative impact on quality of services
- ❖ 94% do not support 7 day opening
- ❖ 34% considering retiring from profession within 5 years
- ❖ 28% working full-time considering cutting down to part-time
- ❖ 92% felt standard 10 minute consultation no longer enough

# Why is there a Crisis?

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- ❖ Workload issues
- ❖ Patient/society factors
- ❖ Political/contractual factors

# Workload Issues

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- ❖ 40 million more consultations in last 5 years (now ~350 million)
- ❖ Largest increase in volume of care in any part of the NHS
- ❖ Not matched with increase in staff or resources
- ❖ Actually a drop of 11% NHS spend to 8%
- ❖ Proportion of Drs in NHS who are GPs dropped from 36% to 25%
- ❖ Test results and admin tasks increased 216% and 115% respectively in last 10 years

# Patient/Society Factors

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- ❖ Loss of the nuclear family
- ❖ Living longer, more complex cases
- ❖ Inability to cope
- ❖ More demanding
- ❖ Risk-averse society
- ❖ Rights without responsibilities
- ❖ Significantly reduced social funding
- ❖ 24 hour consumerist culture 'GOOD FAST & CHEAP'

# Political/Contractual Factors

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- ❖ Most accessible professional in the whole country
- ❖ Through capitation, we are paid enough to see patients just twice a year, however, patients attend, on average, at least six times a year
- ❖ Political promises means votes
- ❖ Unwillingness to address demand, admit to rationing or reverse years of inadequate funding
- ❖ Dogged determination that 'the market' will improve matters

# Political/Contractual Factors

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- ❖ Promotion of 'efficiency savings' and 'shift to primary care' as the solutions to the problems of the NHS
- ❖ Constant circular (3 to 5 yearly) reorganisation, co-commissioning both flawed and conflicted
- ❖ Initiatives without evidence base, NHS111, admission avoidance
- ❖ Refusal to admit there is a crisis in General Practice
- ❖ Use of GPs for social engineering - "GPs are ideally placed to..."
  - ❖ Gambling, Terrorism, Marriage Guidance, Lonely Elderly, Boilers, Immigration Police, etc etc

# Political/Contractual Factors

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- ❖ Admin, paperwork, unnecessary tasks
- ❖ Unprecedented media hostility and constant criticism of our work ethic - we are called lazy fat cats...
- ❖ ...yet ironically, due to funding, pension and seniority cuts, there has been a year on year reduction since 2004
- ❖ Over-regulation, scrutiny, performance management with CQC, HealthWatch, QOF, appraisal, revalidation
- ❖ Multiple jeopardy with GMC, Health Service Ombudsman, Police, CQC, Area Team, Coroner

## ...which makes for a Typical Day...

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- ❖ 35-40 face to face appointments
- ❖ 10 phone calls (could increase to 30-40 on duty day)
- ❖ 50 clinic letters to read, highlight and action
- ❖ 60 lab results to action
- ❖ 25 tasks (review medication, phone patients, complete forms, sick notes)
- ❖ 1-2 admin forms to complete
- ❖ 80 prescriptions to check and sign (could increase to 250 on a duty day)
- ❖ 1-2 home visits to make
- ❖ **A simple mistake with any one of these could have drastic consequences**

## ...and what about?

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- ❖ What about running the business? Important meetings?
- ❖ The other 101 contractual things you ask us to do?
- ❖ Clinical, social and moral support from colleagues?
- ❖ Preparing for mandatory revalidation/ appraisal?
- ❖ Lunchtime? Toilet breaks? A cup of tea even?
- ❖ Our contracted hours are 8.00am to 6.30pm but...
- ❖ ...is it any surprise some GPs don't leave work till 10pm or later?

## What effect has this had?

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- ❖ Reduced access
- ❖ Reduced patient satisfaction
- ❖ Constantly fire-fighting
- ❖ Struggling to provide the quality care that we strive for
- ❖ Stressed, overworked and tired GPs who get sick
- ❖ Burnt out demoralised workforce (all staff)

# What are they doing about it?

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## ❖ ***Building the workforce 10 point plan, January 2015, HEE, BMA, RCGP (to recruit, retain and return)***

1. Promoting general practice (*make the job more attractive first*)
2. Improving the breadth of training (*this won't help with encouraging doctors to apply*)
3. Training hubs (*ditto*)
4. Targeted support (*what the heck is this?*)
5. Investment in retainer schemes (*there are already retainer schemes, but they don't retain*)
6. Improving the training capacity in general practice (*there isn't capacity to improve anything in general practice*)
7. Incentives to remain in practice (*like?*)
8. New ways of working (*GPs have already shown themselves to be flexible workers*)
9. Easy return to practice (*why would anyone want to return*)
10. Targeted investment in returners (*golden hellos do not work*)

# What are you doing about it?

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## ❖ ***New Deal for GP, June 2015, Jeremy Hunt***

- ❖ £10 million to support struggling practices (*=16p/pt if spread equally*)
- ❖ 10,000 staff, 5,000 GP (*takes 10 years to train a GP, so this is patently rubbish*)
- ❖ New data from NHS England on staffing levels (*we know already - everywhere*)
- ❖ Golden hellos (*shown not to work*)
- ❖ Longer training (*yeah, that will help to address the issue immediately*)
- ❖ Repeated mention of premises funding (*nothing new, already previously agreed*)
- ❖ Marketing campaign (*as if that will help after years of denigration*)
- ❖ Part-time working (*pathetic, most are part time already*)

# Ultimately, your message is...

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- ❖ “We hear what you’re saying, but...
- ❖ ...there is no new investment in General Practice”
- ❖ “Yet we want you to increase your opening hours by 60%”
- ❖ **“The house is falling down, but we need to build an extension... with no money, and no builders.”**

## (Barely) Hidden Agenda

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- ❖ Focus group marginal voters in/around London, not typical of general public, determining structure of primary care for the whole of UK
- ❖ ‘Cheap’, protocol-following, vertically-integrated factory workforce of salaried doctors supervising an army of non-doctors
- ❖ Deliberate disinvestment, downgrade the service, increase dissatisfaction, bring in private providers as the answer

# Are we happy about it?

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- ❖ **No, we are bloody well not!**

- ❖ Within 24hrs >100,000 signed petition asking for vote of no confidence in Jeremy Hunt
- ❖ Currently 185,000 signatories
- ❖ Entire workforce of NHS alienated

- ❖ **#ImInWorkJeremy**

- ❖ **Numerous open letters**

- ❖ **I wrote to Prime Minister, copied to you, but no reply**

# What are GPs doing about it?

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- ❖ **GPs don't strike - they vote with their feet**

- ❖ 6 out of 10 GPs considering early retirement
- ❖ More than a third are actively planning for this decision
- ❖ 1 in 7 GPs wants to leave the UK (and 1 in 5 GP trainees aiming to work abroad before 2020)
- ❖ East Midlands one of the most under-doctored areas in the whole country
  - ❖ 43% of GP trainee places unfilled (latest HEE data, July 2015)
- ❖ GPs are not joining the profession, GPs are leaving the profession
- ❖ Numbers of applicants for vacancies dwindled (mid 20s, down to none)
- ❖ Cannot even get locums
- ❖ Existing doctors are reducing their commitment and exposure to this toxic environment

# Your Legacy

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## ❖ End of NHS General Practice as we know it

- ❖ Loss of long-term family relationships, loss of patient advocate
- ❖ Loss of independent, motivated, innovative small business run by professionals
- ❖ Floodgates will open to A+E and hospitals
- ❖ Practices are already closing up and down the country, some locally

## ❖ Commercial enterprise in Primary Care

- ❖ No big profit to be made - already cut to bone, contracts often terminated early
- ❖ Despite being pump-primed, already shown to have poorer clinical outcomes and patient satisfaction

# What should you do about it?

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## ❖ My alternative 10 point plan (Warning! Requires real investment)

1. Stop blaming GPs for everything
2. Stop making stupid promises about GPs seeing more, doing more, and more quickly
3. Stop recycling QOF monies into re-earn as you go initiatives
4. Increase global sum funding back to 2004-5 figures
5. Massive public health campaign about looking after yourself and only seeing the GP if you are poorly
6. Improve social care funding to support society, community and family
7. Revert seniority and pension changes
8. End revalidation and other non-evidenced educational tick box approaches to medicine
9. Stop over-regulation, disband the CQC
10. Stop endlessly recycling organisations top down