

AN OPEN LETTER TO OUR PATIENTS ABOUT THE PRESSURES ON GENERAL PRACTICE

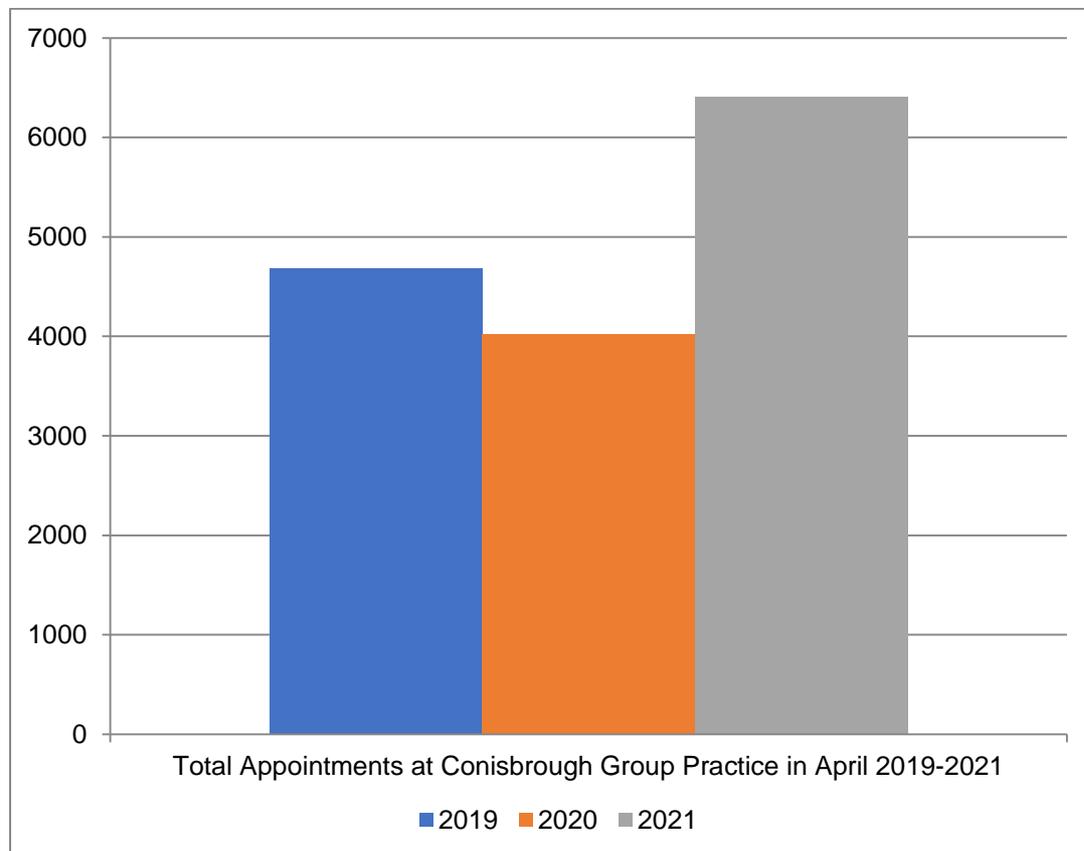
Dear Patients,

Thank you for bearing with us during these hugely stressful times for everyone. We have been touched by the many kind messages of support whilst we have strived to provide you with the best service we can.

As many of you may know, General Practice has seen absolutely **unprecedented pressures** over the last 9 months and this continues to increase. 'Unprecedented' has probably been one of the most overused words in the last year, but it has genuinely been the most challenging times of our careers.

Even 6 months ago, GPs were already dealing with more patients than prior to the pandemic, along with all the constraints of covid cases and PPE, whilst also delivering the biggest vaccination campaign the country has ever seen.

Our own demand at Conisbrough Group Practice has increased significantly in recent months. In April 2021, we delivered 6413 consultations, **a staggering 37% increase** from April 2019 (pre-pandemic). As the graph below shows, things didn't exactly drop off in April last year either - we've been busy throughout the pandemic, but it appears to be peaking now.



And GP surgeries all around the country are experiencing the same problems.

National data shows that GP appointments have increased by 18% compared to March 2020 and 11% compared to March 2019.

We hope that by the end of this letter you will come to understand just some of what is happening in General Practice at the moment.

ACCESS TO SERVICES: ONLINE VS TELEPHONE

We have been promoting online services for the last two years but still **only 21%** of our 11,700 patients are signed up. We know we are providing 37% more appointments than 2019; the heavy reliance on using telephone to book these creates major access problems in busy periods. This is why the phone lines are overwhelmed between 8am and 10am - it's like rush hour traffic.

Think of online services as a new bypass system, easing the phone lines for those who need to use that method to reach us. Everyone benefits and our systems are designed to ensure users of both telephone and online services have the same opportunities to access appointments.

We appreciate the efforts of those patients who have taken the time and trouble to use Doctorlink, giving sensible and detailed responses to the questions, thereby enabling them to be provided with the most efficient and effective advice immediately after submission. Then where indicated as necessary using the patient online access service to book themselves onto our triage list.

What are we doing now? We have upgraded our phone systems at some cost and also boosted our support staffing numbers significantly. Our budget is not unlimited though; the more we spend on telephone systems and staff to answer phones, the less we have to spend on doctors, nurses, pharmacists etc. to see you. It's a tough balancing act, but ultimately our resources will stretch further if as many people as possible sign up for and use online services. Some practices in Doncaster have >80% of patients signed up. We're going to try to boost our numbers too - help us achieve this by [signing up here](#).

In addition to extra phone lines, and staff, we are also waiting for an upgrade to our IT system as we have been dealing with a system which keeps failing. This isn't as simple as you would imagine since the IT infrastructure for GP practices in Doncaster is managed by a central organisation, so any upgrades and changes are managed and overseen by several parties, not just the practice and the IT supplier.

We hope all these investments will improve patient access in the future.

INCREASED CONTACT AT EARLIEST ONSET ON MINOR SYMPTOMS

We are finding that many patients are contacting us in the very earliest stages of their condition, hoping for an immediate cure. Often self-care is the most appropriate action – if

you are unsure Doctorlink, NHS 111, our website resources page and your local pharmacy can help.

We have patients contacting us within a few hours of developing a sore throat, or an earache that developed the night before, or tiredness since waking up that morning or having vomited or having had diarrhoea just the once. People respond to illness differently, but please consider self-care first.

Please bear in mind that we're not in any way suggesting that if you are seriously ill, or if you have a red flag symptom, that you need to wait to get worse before getting in touch with us. No, not at all. We're talking about people who are still very well in themselves, carrying on with all usual activities, going to work, out to the shops and so on but with very short-lived minor illness symptoms and who have not tried anything at all to help themselves, or waited to see if things improve.

With self-care and due attention, most cases of minor illness do resolve without ever needing treatment from the GP.

RELIANCE ON GP TO DIRECT AND SIGNPOST FIRST

You may feel that phrases like 'self-care', 'self-help' and 'signposting' are just about fobbing patients off and stopping them from contacting us or seeing us. This really isn't the case and these concepts aren't new – although they become increasingly important as we get busier and busier.

Despite the government's promise to deliver 5,000 additional GPs, numbers have actually decreased since 2015 relative to patient numbers – there are now just 0.46 fully qualified GPs per 1000 patients in England – down from 0.52 in 2015. So there are fewer and fewer GPs left seeing more and more patients.

You may also have noticed that GP surgeries now work in neighbourhood networks, called PCNs, which stands for Primary Care Networks. Conisbrough Group Practice is part of South Doncaster PCN, which covers the area from Mexborough and Denaby all the way over to Rossington, Tickhill and Bawtry. The evening and weekend hub appointments at our practice that existed pre-Covid were part of a PCN provided service (the appointments and capacity are currently being used for Covid vaccination). The COVID vaccination programme takes from our service each week at least 1 nurse vaccinator per clinic, 1 administrator and 1 Business manager; and 2 of our partners (Dr. Coleman and Dr. Boon) are the directors of the network and commit 16 hours per week each in coordination and leadership in this campaign. This is why you may have struggled to see those two doctors in recent months.

The aim of these networks is to share good practice, and do things in a more collaborative fashion, saving each practice from having to reinvent the wheel and with the hope that it will reduce some overheads, some time and save costs.

PCNs have additional resources, but the extra staff to be hired are not GPs. They will be practice pharmacists, paramedics, mental health workers, first contact physios, physician

assistants, social prescribers and health and wellbeing coaches; because there are now fewer GPs and for that matter, also fewer nurses, the presence of these new workers will complement and strengthen the existing teams.

So in future, if you have a back or joint problem, our reception staff will book you an appointment with the first contact physio. If you had a medication issue, you'll be put in touch with the practice pharmacist. If you need a home visit, you may get a visit from our paramedic. If you have a mental health issue, you might be contacted by the mental health worker. If your issue is mainly social, you can receive help from the social prescriber and so on.

This represents a massive change which most patients are still not aware of (and indeed many other NHS staff too), and this change will take a lot of getting used to; but we must all start to overcome the idea of '*needing to see my GP*' for every condition, all of the time. We really value continuity of care and enjoy seeing people regularly; we want to maintain this for complex ongoing patients, but it won't always be possible for more minor acute conditions.

MULTIPLE PROBLEMS PRESENTED WITHIN ONE APPOINTMENT SLOT

Since so many people are desperate to see or speak to the GP, we are finding that many people are presenting lists of multiple problems to us; we can best manage these if you tell the receptionist, or note this in your online access triage request, so that enough time is allocated to your needs.

AGGRESSION AND ABUSE

We recognise that it can be very frustrating getting through to us at the moment. Obviously dealing with 37% more consultations means that we have less capacity to help everyone.

Sadly, there is a small but significant minority of our patients who are being aggressive and abusive to our staff. There seems to be a belief that shouting the loudest and refusing to take no for an answer will produce their desired results. Our staff work hard and do their best. They do not deserve abuse or aggression from any of our patients and we have a zero tolerance policy against this. We will continue to take action against patients who continue to behave in this way. Again, time spent comforting tearful staff, listening to phone calls and composing letters to abusive patients is time that could be better spent looking after you.

Urgency must always be determined on a clinical (medical) basis, and not determined on the basis of convenience, prior engagements, eagerness or any other reason.

If you push in, it means you have pushed someone else out, someone who could be quite vulnerable and in need, and the next time this happens, that person might be you. This is a safety issue that has an impact upon anybody who truly needs to be assessed quickly by a GP.

If everything is urgent, then nothing is urgent.

EXTENSIVE SUPPORT AND HELP FOR MENTAL HEALTH ISSUES

Mental health has always made up a good proportion of the daily workload of a GP. During the pandemic, we have seen huge numbers of people whose mental health has been affected during these very difficult times that we are all experiencing at the moment.

Mental health cases and also cases where mental health is a contributory factor are taking up to 10-15% or more of the total cases. We are also dealing with cases of significant self-harm, where assessment can take anything from 30 minutes up to an hour for that single patient and where subsequent referrals to secondary care or crisis teams can take even longer to arrange.

We also have a page on our website specifically designated to mental health support which patients can refer themselves to; and is a great starting point in helping your own mental health.

CHOICE OF CLINICIAN

A Doctor's time is limited and their job involves more than just seeing patients; they have their own learning and development to maintain; they are supervising the other clinical staff in the practice and the PCN; they are teaching new doctors; they are involved in leadership; and our partners also have all the responsibilities that come with being an employer. We value continuity, but it is not always possible to see the doctor of your choice on the day you get an appointment. We ask that you remain flexible and give our reception team the information they require to ascertain if a different clinician or doctor can suitably manage your problem.

GP SURGERY BEING CONTACTED FOR HOSPITAL-RELATED ISSUES

Hospitals are facing their own challenges and waiting times have increased significantly. We realise many patients are having to wait a long time for appointments, but would ask that you direct any queries about your hospital appointment or hospital test results to the relevant hospital department in the first instance.

“TRIAGE LIST HAS REACHED CAPACITY”

Even in the midst of the pressures we've outlined above, general practice is never closed. Even when our building is closed at Conisbrough, there is a locally commissioned out of hours service funded to provide general practice. During our working hours, despite delivering 37% more appointments, we are never “closed”. Even when a GP or two is off sick, the calls do not stop coming in.

We set a safe capacity limit for our telephone triage list, but this is not absolute. When the capacity has been reached, the receptionist will continue to take information from all patients requesting a triage appointment. They will continue to signpost patients if appropriate, but if the patient feels the problem is urgent then a discussion with the on call

doctor will take place. There is a tricky balance to strike here. We are wary about operating beyond our safe limit – just like you wouldn't want to fly with an exhausted pilot, you shouldn't want to see an exhausted overworked doctor about your potential infection or cancer – but put patient safety first.

All surgeries struggle with this, which is why Doncaster CCG has commissioned and pay for an alternative service called 'Same Day Health 'who are there to support primary care with urgent cases. As their website states:

The Doncaster Same Day Health Centre can help with conditions such as: sore throats, earaches, coughs, colds, sprains and strains. Contact the Centre if you have been unable to schedule an urgent appointment with your GP practice.

But as its name suggests if the issue you contact them about does not warrant being seen the same day, they will ask you to contact us again on another day. They do not tell you to contact us to be seen the same day. Remember, as with other services, this is in order to keep you, the patients, and our staff, safe.

FINAL THOUGHTS - AND THANKS FOR READING

We hope that this letter has highlighted some of the pressures general practice is facing.

In the last 16 months we have:

- adapted to the huge challenges of the pandemic
- kept our patients and staff safe
- played a leading role in the vaccination programme
- delivered record numbers of flu vaccines
- recruited a new GP, two new nurses, and 6 new support staff
- introduced new services - first contact physiotherapy, health and well-being coaches
- started offering weekly ward rounds for our four CQC registered care homes
- we are now offering more appointments than ever

We do listen to our patients complaints and consider how we might adjust our processes to make the service as accessible to *all* patients as possible.

Thank you for your patience and thank you for taking the time to read this.

Drs Boon, Jackson, Kacker, Coleman, Rebora and Sharif