

Hello to you, our patients.

We thought it might be helpful to share the following information with you so that we all have a mutual understanding and appreciation of the realities for GPs, Nurses, Healthcare Assistants, Practice Managers, Administrative Staff and Receptionists in providing healthcare services at our Practice.

## **Workforce crisis**

In the UK we have too few health professionals and this is particularly true in General Practice. We have a workforce crisis with many GPs reaching retirement age over recent years and this is set to get worse over the next 5 years. Recruitment of medical students and GPs is not keeping pace with the number of doctors leaving the profession due to reaching retirement age or, more worryingly, burning out and leaving medicine in their prime due to the difficulties and stress of the job. We are short - staffed and this means we must work harder to meet patient demand for appointments.

This means extremely long and intense hours. For example, a GP at our Practice might undertake administration, which consists of reading and responding to letters, tasks, requests for advice, SMS and email from patients, from 08:30 until 18:00, have a break and then work from 20:30 until past midnight. Work might still not be completed by this time, which is then carried forward into non-working days. This work pattern is not safe nor sustainable. GPs are “burning out”, reducing their working hours or retiring early

The government have promised additional GPs but continually fail to deliver on this promise. We thus must accept that for at least the next 10 years, we will not have enough GPs to provide the care you or we would like. This is a national problem and not specific to Plymouth.

We see the same issues with our nursing team – again there is a national shortage of practice nurses with ongoing under recruitment. You may well be aware of the government decision in 2015 to cease providing nursing bursaries in 2016 and this had a negative impact on the number of nurses entering training, namely there was a forty - percent decrease in the number of applications. Nursing Bursaries have been reintroduced but as they are not to the same level as previous ones, there is still a shortage of practice nurses.

## **Rising Patient Demands and Expectations**

We have seen rising demand for primary care with patients consulting on average 6 to 8 times per year. This reflects an ageing population and a less healthy population whom we can help live longer through advances in medicine and treatment, but the impact is a greater demand and need for GP appointments. It is important to note that, according to the British Medical Association, the average number of patients each GP is responsible for has increased by around 300 (16%) since 2015. There has also been a significant increase in mental health awareness and treatment, which, in turn, has impacted on the focus and work of the practice. At the same time, we also see a more risk adverse population who are keen to consult about a variety of minor ailments and much of the increased demand has been from younger adults.

## **Digital**

At our Practice, we have moved to a greater reliance on online consultations, telephone reviews and asynchronous communication such as photo triage of rashes. We are mindful that digital solutions do not work for everyone but for many they provide an excellent service. Where patients have contacted us about rashes, sore throats or concerning skin lesions, we have been able to rapidly review photos and provide good medical

care without the need for a face - to - face appointment – something our working - age adults find particularly useful. This triage also helps speed up care and we have examples where patients have phoned on the day, have been asked to send in a photo of a concerning lesion and been seen and referred to a skin cancer specialist on the same day.

### **Telephony**

The Practice has a newly - implemented telephony system and although there have been initial operational issues, it is anticipated that this system will improve your experience and manage your expectations by stating your position in the queue.

The situation will, however, continue to be challenging as we have a limited staff pool of doctors to offer appointments and staff to take calls. All our face - to - face appointments are generally allocated soon after 08:15 every day but patients can still receive a call back by our duty doctors on the same day, who will review patients on the phone or via video call and book face - to - face appointments only when needed. Phone calls probably save time when compared to face - to - face appointments, meaning we can consult with more patients in the same time period, which thus makes us more available to more patients.

### **Expanding staff pool**

Due to the limited number of GPs, we have expanded our staff pool to include paramedics, physiotherapists, pharmacists, advanced nurse practitioners and pharmacy technicians. This wider staff pool is highly skilled and can deal with a variety of medical problems. Many of these professions bring additional skills to primary care, with an eye for detail in their area of expertise that enhances the care offered to patients.

### **Specialist services for patients with additional needs**

Some patients have particularly complex needs due to psychological trauma, mental health issues, chronic pain, drug addiction, refugee status and nearing the end of life with frailty or terminal illness. Patients in these groups need additional input and continuity. To help meet the needs of these patients, we have dedicated practice teams that are able to offer a consistent approach with extended appointments. Whilst this may initially seem “unfair” to patients without additional needs, we have found that by providing extended appointments and continuity to these more complex patients, we have been able to reduce the number of appointments they need on a week - to - week basis, making us no less available to other patients.

### **Optimising health care**

GP practices clearly respond on the same day to the need for urgent care. However, one of the less obvious but more important roles of general practice is improving the health of patients through the better management of long - term conditions such as high blood pressure, high cholesterol and diabetes. We have taken steps to revolutionise the way we deliver long - term care and have seen considerable improvements in performance. We are proud to be one of the best practices in the country for managing diabetes (top 3%) – our care to our patients has ensured that our patients’ sugar control never fell below the pre-pandemic national average. With hypertension care we are set to achieve the government ambition for 2029 of having 80% of patients with hypertension treated to target in the next 6 months - 6 years ahead of schedule.

Whilst the care of long - term conditions does not seem as important to many patients as meeting demand on the day, it is this work that adds length and quality to life. If we control high blood pressure and diabetes more

effectively, we will prevent many patients from having strokes, heart attacks, kidney disease or dying prematurely. Our patients will live for longer without significant ill health. Better care in this regard also helps reduce the burden on hospitals as if fewer patients are having strokes, there will be fewer patients needing to go to hospital and in need of care packages.

## Working with secondary care

Our practice works closely with secondary care to provide our patients with better health care. For more than a year, we have worked closely with mental health services, resulting in rapid access (days) to consultant psychiatrists for expert opinions; hence waiting times for referral and face - to - face reviews with psychiatry staff have fallen from 17 weeks to 2 weeks, with referrals down by 77%. The psychiatry team have also provided us with mental health workers so that when patients telephone with mental health issues, they will often be called back by a mental health expert who has more time and knowledge to address problems than most GPs.

We also have good working relationships with our local cardiology service and are collaborating with them to optimise heart failure care. The use of better medicines for our patients with heart failure means we can help them to live longer, have fewer symptoms and be less at risk of being admitted to hospital.

We have a long-established relationship with diabetology teams, with close consultant support when required, and regular reviews by diabetes specialist nurses for our patients with more complex needs. We are also helping many patients to approach a safer level of blood sugar by using new technology and closely monitoring them. Such patients may have had uncontrolled levels of blood sugar for some time.

## Summary

We are doing our best with very limited resources. Some of our staff work late into the evenings and into the weekends as we are committed to delivering the best possible care to our patients. We are, however, struggling with the workload and day - to - day job pressures. Much of the extra work in the evenings and weekends is based purely on goodwill and a passion for high-quality care. We have experienced a taxi driver refusing to bring a GP trainee to work because they were “a lazy GP” and patients shouting at us and threatening to assault us physically. We have witnessed patients trying to climb through our windows. We have also had to manage a considerable surge in complaints, many of them unfounded. A sustained attack by the media on general practice and the seemingly ill-informed demands of the health secretary for more face - to - face appointments have left us demoralised, “broken and burnt out”.

We ask you, our patients, to support us and understand the pressures we are facing. We also ask you to appreciate why we have employed new staff in new roles and have to use digital consultations and phone appointments rather than offer everyone face - to - face consultations. Additionally, we ask you to accept we are human and can only do so much – we cannot meet the current levels of demand with the number of GPs and health care professionals working in the UK and so, whilst we will always meet urgent and important demand on the same day, we must limit access for less urgent and serious problems to only what is realistically achievable. We will also signpost patients with more minor ailments to other staff who can help such as the community pharmacy or opticians.

We especially ask you to bear in mind that workload is extremely high for Practice Managers, Administrative Staff and Receptionists. Please also be aware that these staff too can become sick and, hence, be unable to work, which, in turn, puts additional demands on their colleagues to try and cover their work whilst carrying out their own.

Furthermore, when Receptionists leave the Practice because of abusive treatment by patients, the process of recruiting staff, and then inducting them into the Practice’s systems and procedures, usually requires a

significant amount of time and considerable focus. This clearly impacts on the workload of the existing staff so that response times are inevitably slower.

In some parts of England and Wales, GP Practices have not been able to open because they have insufficient levels of Receptionists. This has sometimes been because Receptionists are temporarily absent from work or have left their job owing to having been verbally and/or physically abused. Naturally, this has led to even more pressure on providing healthcare to patients.

Another reality to consider is that in some parts of England, GP Practices have returned their contract to NHS (England) because they feel that they can no longer offer healthcare provision that is safe and appropriate for patients; this means that the GP Practice no longer operates and NHS (England) have to register the patients with other GP Practices that may also be facing similar pressures and, hence, even more strain will be placed on all staff at these Practices. Sometimes the decision by a GP Practice to return its contract to NHS (England) has been owing to its inability to retain staff because of verbal and physical abuse by patients.

Hence, once again, we ask you to treat us with respect whenever you contact us because we wish to emphasise that we are all committed to providing the highest level of care to you, our patients.

We very much hope that this information has been useful in raising or maintaining your awareness of the realities of the circumstances in which our Practice is operating.

Thank you for your attention.