Staunton & Corse Surgery

General Practice Collective Action in Gloucestershire

We are writing to all of our patients to outline some of the difficulties currently facing General Practice in England and the reforms we are undertaking to help secure the long-term future of our surgery. The future of rural GP surgeries in particular is under threat. The relatively small list size, and large practice area that we serve means that we do not benefit from some of the economies of scale, that larger urban practices benefit from.

The recent report into the NHS by Lord Darzi, has high-lighted many of the problems currently facing GP surgeries (Appendix 1). One significant issue is our increased workload due to the transfer of work to us from secondary care. The significant reduction in hospital out-patient services as well as the long waiting times our patients are experiencing to access them, means that work that should be carried out in hospitals, is being imposed on the General practice team. This work is unsustainable.

Staunton and Corse surgery are in a much stronger position than many other surgeries. We have invested in new staff, with many different fields of expertise in recent years to try and meet some of the increased demands that we have been facing. However, we are making some changes in line with recent guidance from the British Medical Association to help us to continue to meet these growing demands. We want to ensure that our surgery can last long into the future to continue to serve the communities surrounding us.

Here are some ways you can support us so that we can continue to serve you:

1) SUPPORT OUR DISPENSARY. The income that our Dispensary brings into our surgery plays a very important role in offsetting some of the costs that we face. Without this income, the surgery would not be viable in its current form/location. We are facing increasing pressure from outside pharmacies which are offering to provide medication to our patients. We are investing in our dispensary services and are looking at funding an automated medication vending machine which will enable patients to pay for and collect their medication, 24 hours a day, in order to try and keep as many of our patients as possible.

2) CONTACT HOSPITALS DIRECTLY. There has been an exponential increase in the time spent by our administrative staff and clinicians on dealing with patient queries about hospital clinic waiting times, sick-notes relating to hospital visits, medication issued by hospitals, out-patient appointments, and hospital-arranged scan results. The

responsibility for providing medication to patients from hospital appointments and for informing patients of investigation results lies solely with the hospital provider. This inappropriate transfer of work to General Practice is inevitably having an impact on your waiting times for all our GP appointments. Please direct all of these queries to the hospitals themselves. We will be regularly updating hospital contact numbers and email addresses on our website to help you to do this. Patients who do contact the surgery with these queries will be sign-posted to the information on our website.

3) USE OUR WEBSITE. Many services that our patients require, can be accessed directly without the need to speak to/see a clinician in the surgery. Each of these services can be accessed by clicking the relevant link on the front page of our website. These include:
    a. Minor Injuries. Any minor injury that a patient has had within the previous 3 weeks and for which advice is sought, should be directed to the Minor Injury Triage line. By contacting this number, you will be directed to the nearest accessible minor injury's unit or Accident and Emergency Unit. Our surgery does not receive any funding to treat or advise on minor injuries or accidents.

    b. Minor illness. Many minor illnesses can now be seen and treated by a community Pharmacist.

    c. Physiotherapy. Patients can self-refer to a Physiotherapist for nearly all Musculo-skeletal conditions.

    d. Podiatry. Patients can self-refer for most conditions affecting their feet.

    e. Optician Information for urgent eye queries.

    f. Social prescribing. Many non-medical issues including loneliness, debt, housing, heating, etc can be dealt directly by our social prescribing team.

    g. Child ADHD/Autism. All the information for these assessments is provided by schools. Children can be referred directly to the Child Social prescribing service, if parents need help to co-ordinate the information gathered from schools to facilitate referrals for medical assessments. GP's do not have any role to play in this referral process.

We are very grateful to you for taking time to read this letter and look forward to your support in the future. We recommend that you also read the following report into General Practice by Lord Darzi.

Appendix.1

General Practice

30.
It has long been said that General Practice is the "jewel in the Crown of the NHS". However, our analysis finds that the UK has 15.8% fewer GPs per 1,000 population than the OECD (Organisation for Economic Co-Operation and Development) average. The number of GPs per 100,000 population declined by 1.9% a year between 2016 and 2024, with the number of GP partners falling sharply. It is a complex picture, however, since the absolute number of qualified GPs increased by 6% between 2015 and 2022. Since in the same time period, the numbers of GPs choosing to work part-time has increased, and the population has expanded, the overall result is that there has been a decline in the numbers of whole-time equivalent GPs per 100,000 population.

31.
As we have seen, there are wide variations in the numbers of GPs in different parts of the country, while patient satisfaction is better when there are fewer patients per GP. Moreover, more and more demands are being placed upon GPs who are expected to deliver an ever-wider range of services and to integrate care for more and more complex patients.

32.
At present, multiple disincentives conspire against allocating additional funding to match known higher primary care workload in deprived areas. Primary care workforce recruitment is more challenging; consultation workload is progressively higher for each additional deprivation quintile; deprived area additional funding areas allocated according to the Carr-Hill formula does not take account of factors such as the social dimension of health and higher consultation rates. Taken together, the Health Foundation estimated that current funding results in a 7% shortfall in funding for practices serving more deprived populations per 'need adjusted' patient than those serving less deprived populations.

33.
As independent businesses, General Practices have the best financial discipline in the health service family as they cannot run up large deficits in the belief that they will be bailed out. Despite rising productivity, an expanding role, and evident capacity constraints, the relative share of NHS expenditure towards primary care fell by a

quarter in just over a decade, from 24% in 2009 to just 18% by 2021, continuing a downward trajectory from their peak in 2004.

34.
With primary care doing more work for a lesser share of the NHS budget, we heard significant irritation felt by GPs who perceive that more and more tasks are being shifted from secondary care back to primary care, with a never-ending flow of letters demanding follow-ups and further investigations. This frustration is understandable when the hospital workforce appears to have expanded to the amongst the highest levels in the world.

35.
In the face of such difficult challenges, some GP practices have embraced extraordinary innovations. GPs have made significant shifts towards a digital model for those patients who want it, they have introduced impressive approaches to triage, and have boosted their responsiveness to patients. During visits as part of the investigation, I saw some remarkable examples of local innovations that were improving access and quality of care, while also relieving pressures on acute hospitals.

36.
While there have been some impressive programmes to support GP innovation, such as the GP Pathfinders, I also heard how the current GP standard contracts are complex and can mean that doing the right thing for patients can require doing the wrong thing for GP income. That cannot be right.

37.
The primary care estate is plainly not fit for purpose. Indeed, 20% of the GP estate pre-dates the founding of the NHS in 1948 and 53% t is more than 30 years old. More recent buildings are bedevilled by problems with the management of LIFT (PFI-type) schemes that give GPs too little control over their space and that some GPs described as having charges that are unreasonably high during visits to the frontline as part of the investigation. It is just as urgent to reform the capital framework for primary care as for the rest of the NHS.

Please follow this link for the full report made by Lord Darzi:
Independent Investigation of the National Health Service in England (publishing.service.gov.uk)

We are very proud of the team that we have here at Staunton and Corse Surgery and are confident that we can continue to offer services, to the highest standard, for our patients.