

The Perfect Storm

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Exclusive: Department of Health research pre-dates pandemic – during which concerns have grown that it is getting harder to see a doctor

By Laura Donnelly, HEALTH EDITOR

11 October 2021 • 12:19am

Related Topics

UK coronavirus lockdown, NHS, Boris Johnson, Department for Health & Social Care. Coronavirus

The average GP is now working a three-day week following a "significant" drop in working hours, government research shows.

The research, commissioned by the Department of Health, is from before the Covid pandemic – during which concerns have grown that it is getting harder to see a GP.

There are particular tensions over access to face-to-face appointments, with Boris Johnson intervening last month to say every patient [has the right to see a GP in person](#).

The new figures show that GPs carried out just 6.6 half-day sessions a week – the equivalent of just over three days – in 2019, the lowest on record. In 2010, it was 7.5 sessions. The data also show a fall in the proportion of time spent on "direct patient care". Just 59 per cent of GPs' time was spent in this way in 2019.

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Fury over rise of 'part-time' GPs (who earn £100,000 a year): Campaigners demand family doctors work a minimum number of hours per week return for £230,000 of taxpayer-funded training

MailOnline

GPs complain of 'malicious criticism' over plan to increase face-to-face appointments

A betrayal of the NHS: JANET STREET-PORTER says the only people GPs are keeping healthy with their scandalous refusal to meet patients face-to-face are themselves

The new normal for GPs: Just half of appointments will be face-to-face post-pandemic as experts say remote consultations are 'here to stay'

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Marshall said online diagnoses are 'here to stay'

The Telegraph

Cheshire GP blames NHS pressure on country's 'Amazon Prime mentality' as he slams patients for their 'inability to wait for anything'

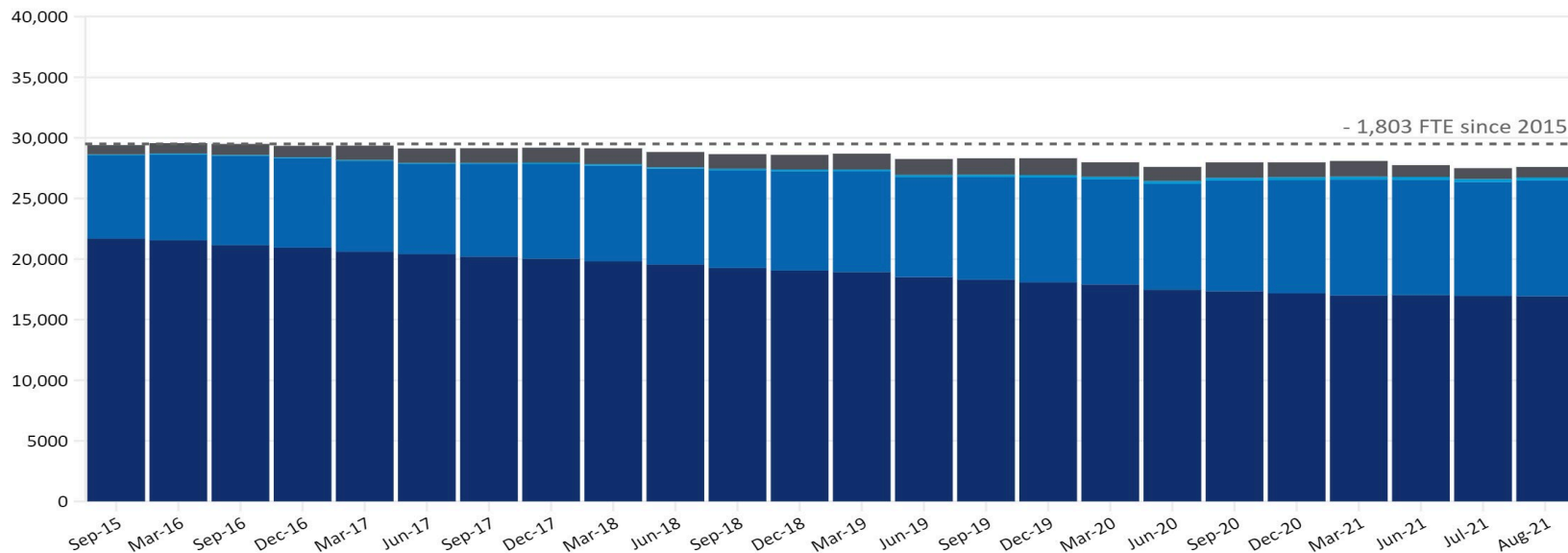
• Dr Jonathan Griffiths said patients turning up at A&E with non-urgent symptoms

GP Workforce trends

Number of NHS GPs by role (FTE) - fully qualified GPs only

September 2015 to August 2021

Partners Salaried Retainers Locums

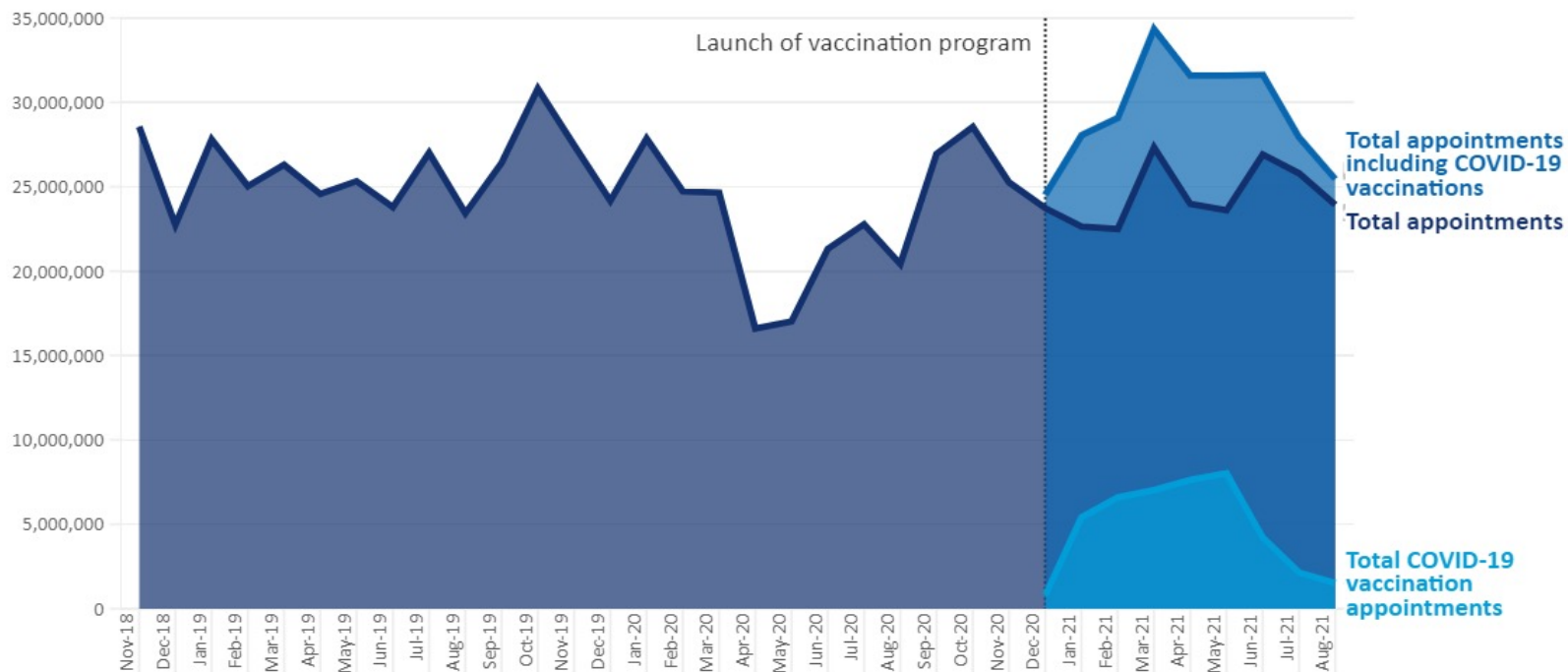


Source: NHS Digital General Practice Workforce Statistics

Appointments in General Practice including COVID-19 vaccinations

November 2018 to August 2021

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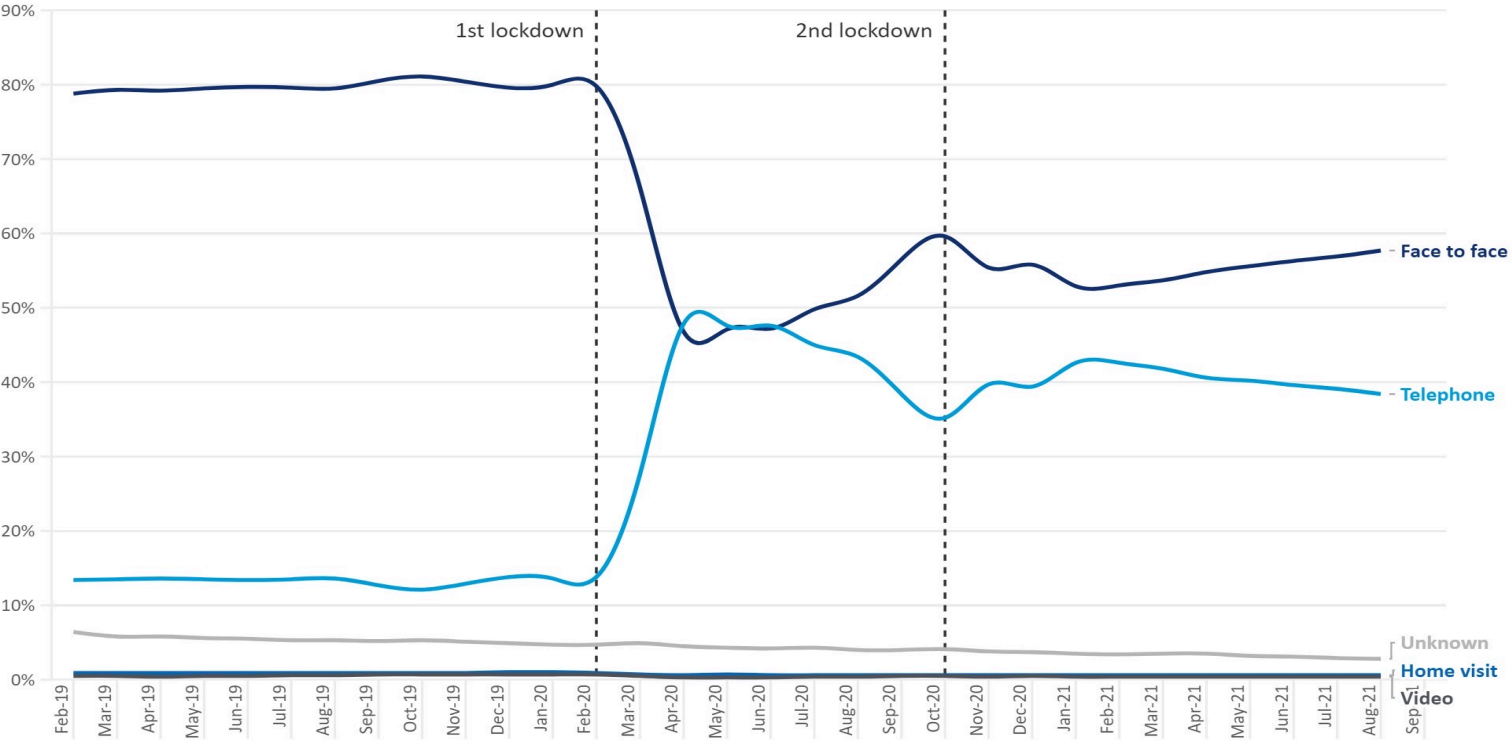


Source: Appointments in General Practice • Total count of appointments refers to 'Estimated England total count of appointments' the dataset in which some estimates have been provided to account for missing data.

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Types of appointments in General Practice

November 2018 to August 2021, shown as a percentage of total



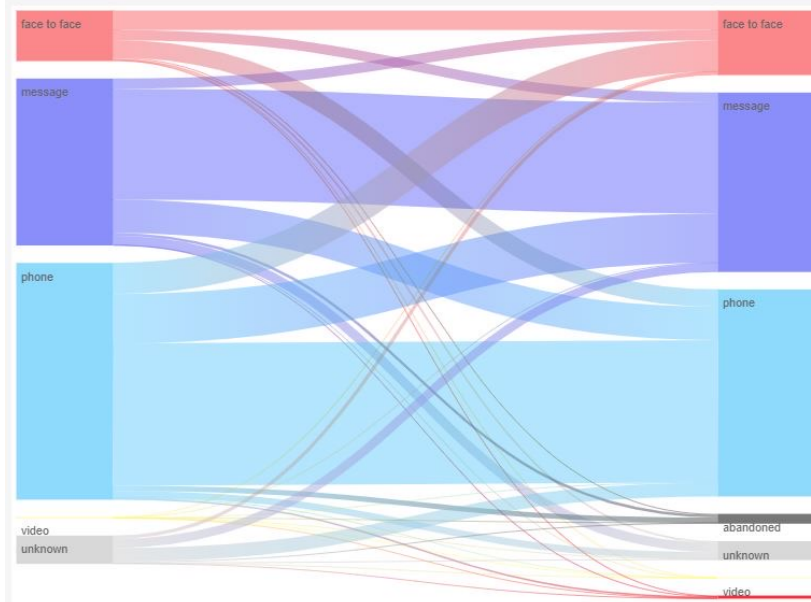
Source: Appointments in General Practice • Total count of appointments refers to 'Estimated England total count of appointments' the dataset in which some estimates have been provided to account for missing data.

the flow from requested to actual contact

the flow from requested to actual contact

patient requested contact method

practice response method



GP PATIENT SURVEY

Headline findings: July 2021

About the survey

850,000 responses received

314,500 took part online

Survey running since 2007

Includes data on:

- 472,000 patients with a long term condition, disability or illness
- 162,000 carers
- 58,000 smokers

850,000

Overall experience of GP practice:

The majority of patients had a good overall experience of their GP practice (82% in 2020)

83% good experience



Healthcare professional:

96% say they have confidence and trust in the healthcare professional they saw (95% in 2020)

94% say their needs were met at their last appointment (94% in 2020)



This year's survey was conducted during the COVID-19 pandemic, the effect of which should be taken into account when looking at results over time.

Access:

The majority of patients find it easy to get through to their practice by phone (63% in 2020)

68% find it easy



70% had an appointment in the last 12 months (85% in 2020)



Type of appointment:

The type of appointment patients received when they last tried to make a general practice appointment.

Phone appointment



At their GP practice



At another general practice location



Online appointment

Less than 0.5% in 2020, 3% in 2021

Home visit

1% in 2020, Less than 0.5% in 2021

Choice and satisfaction with appointment offered:

Offered a choice of time or day: 40%

Offered a choice of type of appointment: 24%

Offered a choice of place: 14%

Offered a choice of healthcare professional: 8%



82% were satisfied with the appointment offered, and accepted it

Rating of care at last appointment:

The majority of patients say the healthcare professional they saw was good at...



89% listening to them (88% in 2020)



89% giving them enough time (86% in 2020)



88% treating them with care and concern (87% in 2020)

Isolation

15% said they felt isolated from others in the last year (7% in 2020)



80% of patients needed a general practice appointment in the last 12 months. Of these patients:

42% avoided making an appointment*

60% who wanted a same day appointment got one (65% in 2020)

71% say they had a good experience of making an appointment (65% in 2020)

Avoided because they were worried about the burden on the NHS: 30%

Avoided because of the risk of catching COVID-19: 1%

Avoided because they found it too difficult: 1%

Avoided for another reason: 6%

Avoided because they didn't have time: 4%

www.gp-patient.co.uk

See reports which show the national results broken down by CCG and GP practice

Use the analysis tool to look at the survey results across years, and to analyse and compare results for specific groups of patients (e.g. by age, ethnicity and more)

Ipsos MORI
Social Research Institute

*Non-sampled figures only. *Excludes early phone see the 'Presentation of Results' document for more detail. <https://www.gp-patient.co.uk/homepage>

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I'm a GP and abuse from patients now occurs daily – claps on the doorstep have turned to slaps in the face

Every day, I am expected to turn a blind eye to critical remarks and acts of incivility and aggression, to just pull up my socks and carry on like nothing has happened

Farah Jameel | Saturday 11 September 2021 13:02 | 4 comments



Patients are frustrated that they can't access an appointment in a way that suits their wants, and some have become abusive and many more are vocalising their frustration with the way the system operates through abuse and aggression

- 83% of GPs say they have witnessed verbal abuse of staff in the workplace
- 65% of GPs say they have experienced verbal abuse
- 8% of GPs have witnessed physical abuse
- 2% of GPs have been subject to physical abuse – if scaled up, this would mean nearly 850 attacks on GPs

INCIVILITY

THE FACTS

WHAT HAPPENS WHEN SOMEONE IS RUDE?

80% of recipients lose time worrying about the rudeness



38% reduce the quality of their work



48% reduce their time at work



25% take it out on service users



Less effective clinicians provide poorer care

WITNESSES

20% decrease in performance



50% decrease in willingness to help others



SERVICE USERS

75% less enthusiasm for the organisation



**Incivility affects more than just the recipient
IT AFFECTS EVERYONE**

CIVILITY SAVES LIVES

The price of incivility. Porath C, Pearson C. Harv Bus Rev. 2013 Jan-Feb;91(1-2):114-21, 146.

We're calling on the Government to:

1. Commit to work with the BMA on a national campaign to stop abuse of the NHS workforce and attend a BMA summit to discuss the huge pressures in general practice and unacceptable level of abuse being levelled against GPs and their staff.
2. Support increased sentencing for those who assault emergency workers to two years, in line with the Police, Crime, Sentencing and Courts Bill (and the Government's manifesto) and heavier punishment for verbal abuse against NHS staff.
3. Provide a public statement of support for GPs in the face of media scapegoating for implementing Government and NHS policies to keep patients safe.
4. Invest urgently in primary care staff and premises and remove unnecessary targets and bureaucracy.

#SupportYourSurgery

#ProtectGP



What the Government access package does and doesn't do.



What the access package does and doesn't do

- **Zero-tolerance approach to abuse and aggression and legislative change** – we support legislative changes to sentencing proposed in the Policing and Crime Bill, but believe government comments have fuelled the problem not reduced it. Government is still not unequivocally condemning all abuse against NHS workers – this must change if the abuse is to stop.
- **£250m for workforce expansion**
 - Significant limitations on how this funding can be applied for and used
 - Without an adequate plan to increase workforce numbers and support the capacity of existing GPs by reducing bureaucracy additional funding alone will not resolve the current crisis
 - Fear of abuse related to new requirement for earning declaration will limit some GPs from doing additional sessions
- **No change to QOF, IIF or PCN service specifications** – Despite the BMA highlighting this was a key aspect of reducing bureaucracy and enabling practices to prioritise care to those who need it most no changes have been made in the access package.

What the access package does and doesn't do

- **ICSs to review the 20% of practices locally with the lowest level of face-to-face GP appointments** - an arbitrary approach to penalising practices rather than supporting them will not take into account local need, nor adequately identify or support genuinely struggling GP practices. Concern about media reports about publication of "league tables" and practices being "named and shamed"
- **CQC rapid inspection arrangement** - CQC should only focus on lowest performing practices using a supportive approach

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Resolving the crisis in general practice

- Recruitment and retention of more GPs and practice workforce
- Making the most of a skilled multi-disciplinary workforce
- Zero-tolerance of abuse
- Value, defend and support workforce
- Reduce and control workload pressures
- Improve and expand premises
- Professionally-led quality improvement not micro-management and targets
- Empower and give confidence to patients to self-care/directly access services
- Trust and support GP leaders
- Increased investment



Results of our snap poll

Our snap poll asked if the package is an acceptable response to the current challenges in general practice.

3,453 GPs responded

92.8% said no it is not acceptable

2.5% said yes it is acceptable

4.7% said they are not sure

Has the militant Left taken over the British Medical Association?

The almighty battle at the heart of the doctors' union might be the real reason you still can't see your GP

By Harry de Quetteville and Investigations team
5 November 2021 - 7:00pm



Within the BMA various camps are mobilising to ensure they are the ones setting the future course and whoever wins, it is the patients that lose

What is the BMA doing to represent doctors and ensure their concerns are heard?

Indicative ballot first stage towards formal ballot

Would the practice take the following actions:

- A coordinated and continuous withdrawal from the PCN DES during the next opt-out period
- Disengaging, on a continuous basis, from the PCN DES before the next opt-out period
- Not complying, on a continuous basis, with the contractual requirement to ensure GPs earning over the earnings threshold declare their income
- Not complying, on a continuous basis, with the contractual requirement to provide COVID exemption certificates.
- Recording appointments data, on a continuous basis, in a pre-determined way so as to make its use difficult for NHS Digital and NHSEI.

Trade Union and Labour Relations (Consolidation) Act 1992 (TULRCA)

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TULRCA, among other provisions, sets out rules for how trade unions conduct ballots for industrial action and set specific requirements in the taking of industrial action.

Under TULRCA, workers are afforded certain limited immunities/protectations from the consequences of taking industrial action (provided that the TULRCA provisions are complied with) for example, legal protection from detriment or dismissal.

Practices have no such immunity/protection.

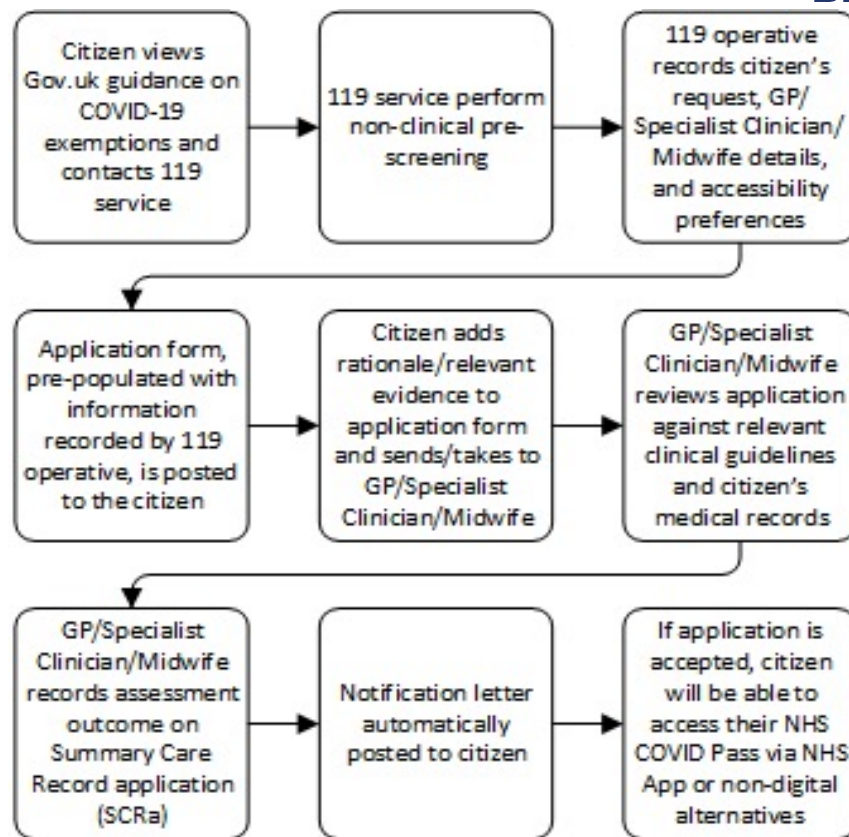
If the practice breaches its contract, the commissioner can take action against them and the BMA cannot prevent them from doing this due to the inadequacy of trade union laws in protecting GP partners.

- GPs and their staff with NHS earnings of £150,000 and over in 2019/20
- Similar for NHS managers and board members, and was intended to include other primary care contractors but currently no similar proposals for pharmacists, optometrists, dentists or consultants
- Government imposed regulations
- Serious concerns about impact of GPs being singled out in this way and GPCE opposed government action

COVID-19 exemption scheme

Potential exemption from vaccination and testing could include:

- Receiving **end of life care** where vaccination is not in the individual's interests.
- With **learning disabilities or autistic individuals**, or with a combination of impairments which result in the same distress, who find vaccination and testing distressing because of their condition and cannot be achieved through reasonable adjustments such as provision of an accessible environment
- Medical contraindications e.g. **severe allergy**
- **Pregnancy**
- £44 fee on completion of recording outcome on SCR
- Can be completed by specialist and midwife





GP practices and patients have faced an extremely challenging time during the COVID-19 pandemic.

Face-to-face contact has been limited to protect patients and reduce the risk of infection.

GPs do not want it to be this way, but general practice will continue to struggle without help.

We are calling on the Government to provide the funding needed for better services, more GPs, and more safe space to see patients.

Show your support for your surgery so it can be there to support you by signing our petition

#SupportYourSurgery



Why am I seeing someone who is not my GP?



Not everyone needs to see a GP. Many practices now offer appointments with other healthcare professionals, including nurses, pharmacists, physiotherapists, physician assistants, mental health workers and paramedics. This ensures you see the right person for your condition as quickly as possible.



UNDERSTAFFED, UNDER PRESSURE AND UNDER ATTACK



Assault on practice staff, threatening or abusive behaviour or damage to property will not be tolerated.

We are here to help not be harmed.

Staff have a right to work in a safe and secure environment.

Those threatening or abusing staff could be reported to the police and removed from our practice list.



#SupportYourSurgery

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Why are GP Practices still working differently?

If the Pandemic is over why aren't GP practices open?

The pandemic is not over. GP practices worked hard to provide a service throughout lockdown and continue to do so. To protect everyone, we must maintain safe infection control and minimise unnecessary physical contact.

How are practices working now?

All appointments are being triaged. This helps keep you safe and makes sure the people with the greatest need are seen first. We will see everyone in person who needs to be seen that way.

What is triage?

You will be assessed to decide who needs:

- to be seen in person
- a phone consultation
- a video consultation
- help from a community pharmacy.

Why do receptionists ask personal questions?

GP reception staff are a vital part of the health care team and ask questions to direct you to the best support. They are skilled in assisting with triage and treat all information confidentially.

I wanted to see my GP, so why am I seeing someone else?

Many GP practices now include a range of professionals (e.g. advanced nurse practitioners) who can diagnose and treat health conditions. This ensures that you see the right person at the right time more quickly.

What about emergencies

Always dial 999 in a life-threatening emergency. If you need help with minor injuries at any time or urgent care when your GP practice or community pharmacy is closed visit [111.nhs.uk](https://www.nhs.uk) or dial 111 if you do not have internet access.

Where else can I get help?

Visit www.nhs.uk for advice on common symptoms and a list of local services or speak to your community pharmacist first for advice on minor illnesses. Find your nearest: [nhs.uk/service-search/find-a-pharmacy/](https://www.nhs.uk/service-search/find-a-pharmacy/)

Please be patient

Our health services are under enormous pressure, but we are open and here if needed. You can help us and help yourself by making sure you get the right care, in the right place, at the right time appropriate for your needs. Please continue to be kind to our staff, socially distance where possible and wear a face mask in healthcare settings.

Together
we can
choose
well



NHS Standard Contract 2016/17 Technical Guidance

The interface between primary
and secondary care

Key messages for NHS clinicians and managers

In partnership with:



NHS England and
NHS Improvement



Royal College of
General Practitioners



Royal College of
Nursing



NHS Standard Contract 2017/18 and 2018/19 Technical Guidance

When seeing a specialist: your checklist



- ☐ If I need to start taking a new medicine straightaway, has the hospital provided me with a supply to last at least seven days (or less, if I need to take the medicine for a shorter period)?
- ☐ Do I understand what the medication is for, how to take it and any side effects?
- ☐ If appropriate, has a Patient Information Leaflet (PIL) been supplied?
- ☐ Do I have the contact details for the specialist's office if I have a question?
- ☐ If I need a Fit Note, has the hospital provided me with one, and does it cover the length of time the specialist expects me to be off work?
- ☐ Do I need a hospital follow up appointment and if so, do I know how this is organised?
- ☐ If appropriate, do I have the names and contact details of organisations who can give me more information or support if I need it?

If you are unsure about any of the questions in the checklist, please make sure you discuss them with a member of staff before you leave hospital.

Consulting Rooms 2 - 1
Consulting Rooms 5 - 3

Seeing your GP:



Why have I been referred?

Your GP will discuss with you and, if appropriate, your care, about why a referral is being recommended. It is usually because your GP wants a specialist's help in deciding on the best way to treat your condition. This might involve referring you for tests or investigations that cannot be carried out in a GP surgery. Your GP will also discuss with you what choices there are for where you can be referred.

How will I hear about where and when the appointment is?

GP practices and hospitals use different ways of arranging appointments:

- Your GP practice may give you a reference number and a password you can use to book, change or cancel your appointment online or by phone. In time, more and more GP practices will refer patients in this way.
- You may receive a letter from the hospital confirming your appointment. You need to reply as soon as possible and tell the hospital if you can attend on the date offered.
- Alternatively, sometimes patients receive a letter asking them to phone the hospital to make an appointment with a specialist.

NHS

Access an electronic copy of this leaflet:
www.england.nhs.uk/patientinterface/

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email: england.contactus@nhs.net.

This leaflet has been developed with the help and support of NHS England, the British Medical Association and the National Association for Patient Participation.

NHS England **BMA** **NAPP**

First published: October 2017

What happens when you are referred by your GP to see a specialist?



Seeing the specialist:

What happens if I need a test or procedure?

Normally, if the specialist thinks you need any test, investigation or surgical procedure, the specialist is responsible for:

- arranging the test, investigation or procedure, explaining how and when you will receive a date and what to do if the date is not suitable for you; and
- giving you the results and explaining what they mean (this may be done in a separate appointment with the specialist or by letter).

What happens if I need new medicines?

The specialist might suggest prescribing new medicines for you or might want to make changes to the medicines that you are already taking.

- The specialist is responsible for:
- giving you the first prescription for any new medicine that you need to start taking straightaway; and
 - giving you enough medicine to last at least the first seven days, unless you need to take the medicine for a shorter time. After this, you will need to contact your GP surgery if another prescription is required.

It is important that you understand whether you need to start any new medicines, or whether the specialist has changed the medicines you already take, so ask the specialist if you are not sure. In some cases, your GP will not be able to prescribe certain medicines and you will need to continue to receive these from the hospital. You will be told about this at your appointment.

What if I need a Fit Note (previously known as Sick Note)?

If you need to be certified as unfit for work following treatment by a specialist:

- The specialist should issue you with a Fit Note.
- The Fit Note should cover the period they expect you to be unfit to work, or until your next contact with the specialist.

You should not need to see your GP to get a Fit Note following hospital treatment, unless your inability to work is unexpectedly prolonged.

What if I need a follow up appointment?

The specialist will discuss with you whether you should attend hospital for ongoing follow up care or whether you should be discharged back to your GP. If the specialist thinks you do need to be seen again, the hospital will give you another appointment or tell you when to expect this. If you do not hear anything, please contact the specialist's office, rather than your GP surgery.

What do I do if I have any questions?

- If you have any specific questions related to your hospital care, your specialist will be able to help you with this, so it is important that you make sure you know how you can contact your specialist's office.
- If you have any general questions related to your health, your GP surgery will be able to help you.

Safe working in general practice

Locality hubs

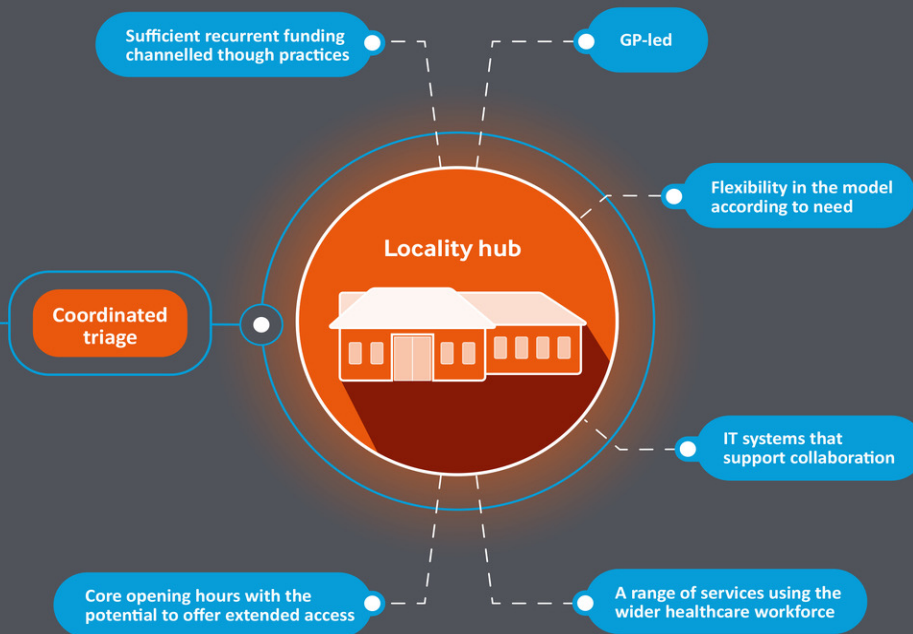
Safe working target

- Appointment time increased to 15 minutes
- Target reduction to 115 appointments per week/ 25 appointments per day (will vary by practice)



Over capacity GP surgeries

Overspill of patient appointments can be moved to the locality hub after appropriate triage. Practices will need to agree locally how to provide a coordinated and consistent triage process.



The aim of locality hubs

The locality hub model aims to help manage demand across a number of GP practices.

The model promotes safe and sustainable GP working and would enable practices to achieve benefits from working collaboratively at scale.



Keeping Hope Alive In Difficult Times

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