



25<sup>th</sup> May 2021

Town & Parish Councillors

Last year we published our first open letter to patients to try and describe the experience of the COVID-19 pandemic from our perspective, outlining some of the issues and challenges we faced. That letter was, on the whole, very well received and we feel that it has opened up an honest conversation with patients which we have tried to continue with our regular updates, for example, on the progress of the vaccination programme. As we come out (for the time being at least) of the latest set of restrictions, we wanted to write to you all again to address some of the misinformation that has been bandied about in the national media and to allow you all to reach your own conclusions based on some concrete facts and figures.

We are sad to say that we as a practice feel that we have become a target of abuse – an easy scapegoat if you will for the problems that beset the whole of the NHS. When access to services is not freely available, when patients cannot see their GP of choice, when there is a long wait for blood tests or when the waiting times on the phone are too long, blame is quickly placed at our feet. We must be lazy. We are not working hard enough. We are badly managed. These are the allegations, often compounded by insults, that are thrown at us and our hard working team.

We are not perfect. We make mistakes. And we are not afraid to face up to these and to take fair criticism. We carefully consider feedback and complaints and much of what you tell us is not news to us. We know our weak areas and we continue to work on them. But the venom with which our team is attacked, both in person and in public forums such as Facebook, is distressing to us as employers. The implication is that we neither understand nor care about our patients. And yet this is so far from the truth that it makes us despair. Our team have worked and worked and worked. For many, the last year has been the most challenging of their working lives. And yet they have turned up, day after day, regardless of the risk to themselves and their families, precisely because they DO care. There is no excuse for any of us becoming grumpy or rude to patients and we apologise unreservedly to anyone who feels that they have received a less than courteous service from any member of our staff. Yet we would ask you to spare one second to think what it must be like for our teams working day after day in an environment in which there is never enough of what you need. Never enough appointments. Never enough space for social distancing and keeping people safe. Never enough capacity in other services to refer into. Never enough control over the systems we rely on such as IT. Never enough money to build the workforce we really need to service the ever increasing demand for appointments. Never, ever, enough....

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The problem of underfunding in the NHS is one of longstanding. The cracks in the system have been there for years and, after a year of COVID pressures, they have become great, gaping ravines.

In honesty, General Practice, has seen increased investment in the last couple of years and we are doing our best to utilise that effectively. Much of it is tied to specific activity or the creation of new (very specific) job roles. It cannot be used to employ more doctors, nurses or even receptionists so those are things we must find the money for from within the existing pot of funding that is allocated to us. Whilst the funding for new roles such as social prescribers is very welcome and means we can deliver enhanced services to patients who most need support, it doesn't help us give the majority of patients what they really want which is more access to GP appointments.

We now have 23 GPs. Because some of them work part-time, this is approximately equivalent to 18 full-time time GPs. We have actively recruited more GPs over the last 2 years and are offering consistently more appointments and yet we continue to struggle to meet the demand. As well as the extra doctors that have joined us, we have built a very skilled and experienced clinical team of Advanced Clinical Practitioners, Nurse Practitioners, First Contact Physiotherapists and Clinical Pharmacists. And still we cannot keep pace and offer the number of appointments that are wanted.

There is a truth at the core of healthcare that is not talked about by politicians or commissioners. As providers of healthcare, we know it. But even we are afraid to say it because it is not what people want to hear. That truth is that the NHS cannot provide what people want – we must focus on what patients need.

We know that for many of you, all you want is to be able to get an appointment with your preferred GP to discuss your health concerns. This is not unreasonable. We want it too. But the reality is that GP time is scarce. We must ensure that it is spent where it is needed not only where it is wanted. Our sickest, frailest, most complex patients must be where we direct the years of training that go into developing a GP. There is a whole wider workforce well qualified and trained to support patients with day to day ailments. It may be an unpopular message but it is true nevertheless.

So what are we doing? Are we lazy and overpaid and refusing to see patients as some of the press would have it? Well, it doesn't feel like it to us but perhaps we would say that. To help you make up your own mind, we thought we would pull together some information for you to consider.

### GP Appointments

The table below shows the total number of GP consultations we have offered over the last 6 months compared to the same period in 2020 including both face to face and telephone appointments. Whilst we know some patients prefer a face to face appointment, for many it is not clinically necessary and within the context of COVID, risk is reduced for staff and patients when problems can be resolved through a telephone consultation.

	<b>Total Number of GP Appointments</b>	
	<b>2020</b>	<b>2021</b>
April	3851	8072
March	3504	7982
February	2631	6886
January	3535	6759

	<b>Total Number of GP Appointments</b>	
	<b>2019</b>	<b>2020</b>
December	3108	6775
November	2716	6212

Our GPs work a 10 hour day. In that time they will complete 25 patient consultations plus home visits, dictating referral letters, reviewing and authorising repeat prescriptions, reviewing test results and arranging follow up action, dealing with tasks generated by consultations, reading letters from consultants and arranging follow up

actions, reviewing ECGs, reviewing information requested from patients such as home blood pressure monitoring, and issuing sick notes. On an 'on-call' day, a GP will triage anything up to 60 patients who feel that the matter is urgent for today plus pick up priority tasks such as looking at urgent radiology results. Allowing 10 minutes per patient contact, that's a solid 10 hours work with no time to get a drink or eat or even go to the bathroom. Not all contacts take 10 minutes but many take 30 minutes or more, for example, if an emergency admission is needed. We normally have 3 GPs assigned to the on-call rota each day.

We have never 'closed our doors', not for a single day throughout the pandemic. We have been seeing patients throughout whenever they have needed to be seen face to face, including those with COVID-19 symptoms in our designated isolation rooms.

### Care Navigation

We have asked our receptionists to obtain a little information from patients about their problem. Where possible, we do ask them to 'Care Navigate' patients to other appropriate services. For example, when a patient calls with tooth problem, they need to see a dentist not a GP and if they are offered an appointment, it is wasted time because the outcome will always be that they need to see a dentist. For new onset coughs, colds, sore throats etc., the first port of call should always be the pharmacy – a GP appointment is not necessary. For new muscular aches and pains, patients may prefer to see a GP but the result of that consultation will almost always be an appointment with one of our physiotherapists. The GP appointment could have been saved and offered to a patient who really needed it and the patient's time could have been saved by having an appointment with the right person first time. When care navigation is not a suitable option, the information collected by our reception team is seen by the GP or Advanced Practitioner before the appointment or call and helps them identify which part of the patient notes to consult and, when triaging, determining which calls need to take priority.

This approach is supported by the NHS and it is the right thing to do to help provide timely, appropriate care to as many people as we can.

### Phone Access

In April 2021, we answered 15,620 phone calls averaging at over 700 per normal working day. We also made 26,895 outgoing calls to patients (e.g. booking vaccine appointments, blood tests etc.) averaging around 1222 calls per normal working day. That's a total of 42,515 telephone conversations – more than one for every person living in our catchment area. In one month, we have effectively spoken to the equivalent of every single person living in Preston, Hedon, Paull, Thorngumbald, Keyingham, Ottringham, Sunk Island, Patrington, Patrington Haven, Weeton, Skeffling, Easington, Holmpton, Hollym, Withernsea, Waxholme, Burstwick, Halsham, Burton Pidsea, Sproatley, Humbleton, Fitling, Owstwick, Hilston, Roos and everywhere in-between. That is you, your neighbours, the family down the street, the people who work in the local shops; everyone. It is not a small number.

Call waiting times are definitely too long. This is a pattern that is repeated at practices across the country. The sheer volume of calls is overwhelming and we are conscious that many patients ring off before being answered through frustration. A large number of people do use the callback service and hopefully find this a big improvement rather than having to wait on the phone.

The average queue duration of the calls we answered in April was 17 minutes 31 seconds. The average queue duration of the calls we missed (people who decided to ring off rather than wait) was 7 minutes 59 seconds. This does not take away from the fact that if your call arrives at a peak time, you may well have a much longer wait. We continue to try to address this and have recruited more reception staff. We now employ 32 receptionists. Some are part-time so this equates to over 22 full-time receptionists. You may wonder why the person at the reception desk is not taking calls but they are there to deal with and direct patients visiting the practice. They do not routinely take calls because they cannot do both things at once without creating a queue. But there are many other team members located in offices behind the scenes who are taking calls all day, every day.

## IT Systems

We posted some weeks ago about our IT systems to explain how IT for GPs works. It is complicated and frustrating and much of it is outside of our control. We won't repeat the detail here but you may want to read the Facebook post if you are interested in finding out more.

To keep patient records and information safe, GP practices use a high security connection called the Health & Social Care Network. This uses KCOM infrastructure and is commissioned for us. We do not influence it and cannot choose another option.

When the system goes down, everything grinds to a halt. We cannot book appointments or see patient records. We cannot issue prescriptions. Essentially, we cannot operate safely. We have emergency systems and process in place and sometimes, if the problem is not affecting all sites, we can move GPs and staff around to other locations but it takes time and depends on whether we have any spare space in another building to put people.

As soon as we know there is an issue, we post on Facebook and update our phone messages. This frequently prompts derogatory comments which are disheartening but the alternative is that we don't let everyone know and leave you in the dark. We are not sure how that would help. Just like you when your home Wifi decides to give up, we are at the mercy of network providers to fix things and there is simply nothing we can do about it except report it promptly and wait for a resolution.

## GP Funding

GPs receive something called global sum which is an amount per patient each year to provide routine care to that person. It is to fund all that individual's appointments for everything that is within our main General Medical Services contract. We invite you to stop for a moment and guess what the figure might be.

For 2021/22, GPs will receive £96.78 per weighted patient. We receive the same amount if you have one or twenty appointments in a year.

Other practice funding we receive is linked either to achieving quality measures set for us or to delivering services beyond our main contract e.g. joint injections or minor surgery.

A commonly quoted statistic is that primary care deals with around 90% of patient contacts for under 10% of the national NHS budget. Certainly it is true that GPs provide over 300 million patient consultations each year compared to 23 million emergency department visits.

We hope this provides some food for thought....

## COVID Vaccination Programme

We are so very proud of what we have achieved for our local community by delivering the COVID vaccination programme and being one of the first practices across the country to launch as a Wave 1 site. And we thank all our lovely patients for the thanks and compliments we have received in response. It has been a labour of love for our team. Long days. Weekend working. Week after week after week.

To date, we have administered 26,190 COVID Vaccinations which equates roughly to 331 days of clinical time (doctors and nurses) that we have had to find in addition to our normal work. That is without considering that many of the vaccinations have been given to housebound patients when, including travel time, one clinician can only do around 22 per day instead of up to 80 a day in a clinic. And that doesn't even begin to factor in the huge number of hours of management and administrative time in planning the clinics, calling patients to book them in, sending letters to those who do not respond, co-ordinating all the stock and vaccine deliveries and completing all the checking and reporting that is required. Or the hundreds of hours of volunteer time where they have stood in

wind, rain and freezing temperatures to keep things running smoothly. People who truly deserve all our thanks for the contribution they have made.

We have kept our Church View Surgery site in Hedon exclusively to accommodate the vaccination programme as well as running Saturday clinics from St Nicholas' Surgery in Withernsea. Unfortunately, this is not sustainable in the long term and we need the clinical rooms to be put back in normal use. Having now invited all our patients over the age of 40 to have the option of a vaccination at the surgery, we have taken the decision not to continue with the next phase of vaccinations for the 16-39 age group. The National Booking System is now inviting patients in their mid 30s and appointments are available at City Hall and a range of pharmacies across Hull and the East Riding. This is great news in terms of choice of location for patients and will allow us to plan for the reopening of Church View Surgery and focus our clinical teams on restoring services and maximising the number of routine appointments we can offer. The vaccination programme will continue over the next few weeks as we complete our commitment to 2<sup>nd</sup> doses for those who have received their first vaccination with us.

In September, we will be commencing an extended flu programme and are waiting to hear about whether we will be asked to complete an autumn COVID booster jab. When we know more about these, we will need to review the situation again and plan accordingly. We will let you know our plans as soon as we can.

### In conclusion

A recent survey of 571 Practice Managers by the Institute of General Practice Management revealed that more than 75% of practice staff suffer daily abuse from patients. In response, they have felt the need to launch a campaign to end all abuse towards general practice staff. Our staff, people who live in our local community and are your neighbours and friends, are experiencing the same thing. Many have told us they cannot take much more. We fear we will lose these extremely skilled and caring members of our team and we ask for your help and support in making sure they feel respected and valued.

Within the coming weeks, we hope to be able to offer more routine appointments, bookable ahead. We are just working on the detail of this. Our aim is also to try and offer your GP of choice wherever possible. We know that this is what many of you want and we ask you to bear with us as we come to the end of the vaccination programme and can roll out some changes. But we also ask you to bear in mind that when all the appointments are booked, we do not have spare doctors and nurses to simply create new ones. Please work with our reception team as they try to assist you.

The public narrative in the press may be that we are not caring for patients but we believe the numbers tell a different story and show that we are in fact providing GP consultations at almost double the number we were the year before. And that we have done so whilst delivering the biggest national vaccination programme in history with all the additional resource that has taken.

If you have taken the time to read this, we thank you. And we thank the very many patients who have given us encouragement and support through the last year – your cards, messages and tokens of appreciation have been so very much appreciated.

Holderness Health GP Partners, CEO and Management Team