

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru sy'n aros am ddiagnosis neu driniaeth](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment](#)

WT 28

Ymateb gan: | Response from: Coleg Brenhinol Meddygon Teulu | Royal College of General Practitioners



Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment

Thank you for the opportunity to submit evidence to this inquiry. We do so as a supplement to the oral evidence provided on the College's behalf by Prof Peter Saul on 18/11/21 during which he explained the pressures placed on general practice as a result of delays elsewhere in the system. We would particularly remind the committee of an example Prof Saul used during that evidence session to illustrate difficulties and frustrations:

"We've got a 40-year-old teacher who has got gallstones. We've done a scan, she's been diagnosed with gallstones, she's referred to the hospital and they say, 'Yes, you need to have your gallbladder out, and we'll put you on the waiting list'. On that waiting list, she keeps coming back to see the GP because she's having flare-ups of pain. She calls an ambulance because she has a bad flare-up one evening at the weekend, say, and gets taken to A&E. She calls 111 several times, she misses days, weeks from school, the school has to get a supply teacher in. It costs education money. And she's still going to need that operation at some point. The frustrating thing is, as soon as she's diagnosed, if she could have that surgery, it would release all that pressure down the line from the system, it would make it cheaper for her employers, the children would miss less school, and it is just so frustrating that we are putting patients in this situation, not deliberately, but because of the problems that we find ourselves in."

For the remainder of this written submission, we would like to focus on the steps needed to empower and enable general practice to contribute its utmost to reducing the waiting times backlog.

GPs and practice teams have played a pivotal role throughout the COVID-19 pandemic. Practices have remained open to continue to provide care to patients and have taken a central role in the COVID-19 Vaccination programme. The pandemic has shifted how GP care is delivered and is likely to have significant implications for future patient demand, both of which are not yet completely understood in terms of GP workload, and further research and evaluation will be needed. It is important to note that prior to the pandemic, GP services were already extremely over-stretched.

As well as additional GPs, many more staff in the wider general practice are urgently needed, to help relieve workload pressures and provide the most appropriate patient care. These include nurses, as well as other key staff such as pharmacists, physiotherapists, physician associates, mental health therapists and social prescribing link workers. These staff cannot replace GPs. Rather, they complement GPs, working with them to support patients, and providing skills within their own scope of practice.

In short, we did not have the required resources in place, particularly sufficient staff with the right skills mix, to address healthcare requirements prior to the pandemic, let alone in 2021 with an increased population, the ongoing Coronavirus pandemic and an 18-month backlog.

However, it's important that we emphasise it is not just about numbers, it's essential that primary care staff are equipped to do more through the provision of sufficient training, actions to boost morale and actively valuing their contributions to public health. Despite remaining open throughout the pandemic and continuing to deal with unsustainable workload with understaffed practices, GPs have been subject to significant critique in the media and by the public. The front-page headlines have been and continue to be damaging to hardworking GPs and this has a knock-on effect on staff morale. It is impossible to separate morale from dealing with the current backlog, as a valued, respected workforce will always be willing to do more, when compared to an overworked, understaffed workforce that continues to be heavily criticised.

It must also be noted that introducing additional staff to general practice is not an instant-ready solution. Staff joining general practice for the first time will need training and support to integrate effectively into general practice. This means it is experienced GPs, nurses and other practice staff who must find the time to support new staff entering the practice, at a time when they are already under unprecedented pressure. It is therefore vital that general practice is properly resourced to provide this training and support, so that new roles can rapidly begin to add value and support patients, including those being treated in primary care, and those being supported while on waiting lists elsewhere in the system.

A system-wide programme to eradicate unnecessary general practice workload should be undertaken, to allow GPs more time to care for patients and prevent GP burnout. As part of this, efforts should be made to prevent workload being unnecessarily shifted from one part of the NHS to another. This programme needs to include improving communication and data flows between primary and secondary care, so that IT systems in one part of the NHS can talk to another. The benefit of such a change will be felt by patients in terms of the timeliness and quality of their care.

While we recognise that clearing the backlogs in elective care, diagnostics, cancer and other specialist areas requires investment, GPs are also being asked to do more, and this must be properly resourced. Good general practice can address health problems before they become urgent, which is better for patients, reduces pressures on secondary services and is more cost effective. But without proper support and funding, this service will not be able to deliver.

There is a need for general practices premises to be funded to allow for expansion. This creates training space so that the next generation of trainees coming from the medical schools in Bangor, Cardiff, Swansea and beyond can learn their profession in the field and become the excellent GPs Wales needs in the years to come.

The RCGP has consistently called for increased investment in digital infrastructure within general practice over the last few years - as outlined in our Digital Technology Roadmap published in 2019.ⁱ The need for this has become even more pressing in the light of the pandemic.

Requirements around administration were significantly eased in general practice during the COVID-19 pandemic, allowing GPs and practice staff more time to focus on patients. Practices were also given the freedom to trial new methods of working with an additional understanding that these methods may or may not work. Introducing this permissive environment to innovate had a positive impact on practices and created incentives for further innovation, resulting in better ways of working for both staff members and patients.

ⁱ RCGP (2019). Fit for the Future: Digital Technology Roadmap. Available at: <https://www.rcgp.org.uk/policy/fit-for-the-future/digital-technology-roadmap.aspx>