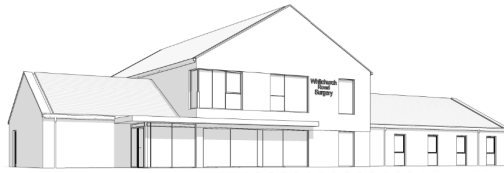


Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [ddyfodol meddygaeth deulu yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) on the [future of general practice in Wales](#)

GP03 : Ymateb gan: | Response from: Dr Rebecca Towner





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05/12/2024

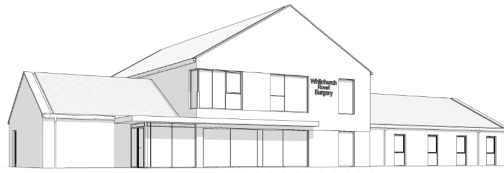
Dear Jeremy Miles

Re: Funding Crisis in Primary Care

It is with great sadness that I am writing this letter following hearing the news that multiple members of my staff are looking to follow in the footsteps of one of our most valued Staff members and are looking at jobs in the hospital. We truly recognise the value of our staff and over the last few years have tried to put in place pay rises over what is recommended, recently at a cost of our own Partner drawings to retain good staff. This well-intended gesture to make them feel more valued has been totally eroded with the increase in minimum wage and recommendation of pay rises but without the necessary funding to back it up. The news of the increased National Insurance contributions is going to mean we will not be able to afford even our current levels of staffing which is already well below what we feel we should be running with. We have invested in our workforce and trained up several members of staff hoping to provide better services for our patients. As we are unable to compete with the salary structure and contracts offered by the hospital we are at a disadvantage so they leave us for better conditions. This has been happening more and more over recent years. We are one of the only specialties where having a driving licence is an essential part of the training contract yet we are unable to access things that would help us such as access to the NHS fleet scheme which caused tension with workers in the practice in the past as well as the ability to offer better sickness protection and a guaranteed salary structure.

We are in a dire financial situation presently with the likelihood of the situation getting worse due to recent proposed changes looming over us. We are already constantly running close to our overdraft limit, having to juggle paying our bills with no hope that anyone will bail us out. Efficiency in Primary Care has always been key but that this is unnecessary stress which takes time that could be put into improving patient care.

It seems the health board have absolutely no intention of supporting General Practice. We have been at a level 4 escalation which highlights that we are struggling with our demand, for over a year now and nothing has been put in place. We are currently a 3 Partner practice, each doing 8 sessions at Whitchurch Road Surgery. We had a salaried GP doing 4 sessions until recently, but we were unable to keep hold of him as we could not match the salary and number of sessions that he was being offered



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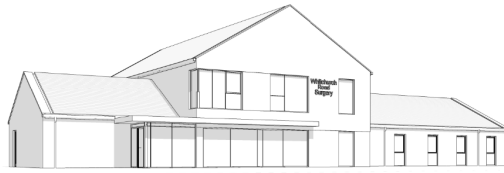
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in a more rural practice. We have had a high turnover of salaried GPs, not because we provide an unhappy working environment, but because we cannot keep up with salaries and promise of progression to partnership offered outside of Cardiff. We had lost a partner to a Newport practice after COVID where he could earn twice as much per session worked which was a great loss to us all.

Things have come to a head this week. I have one Partner who is recovering from planned surgery and another Partner who was admitted as a Surgical Emergency on Tuesday having ploughed through her Monday on call as she was the only qualified GP in to cover the on call and cover the GP Trainees. We have booked locums where necessary, but they are expensive and only cover the minimum clinical demand, cannot do all the administrative tasks required, are unable to cover the Registrars and do not offer the continuity of care that a regular GP can offer. I do not work Mondays in the NHS, having taken on a Private GP role to subsidise my income that has dropped by £1000 a month since November 2018 so she downplayed her symptoms so I did not drop everything to cover her. I have cancelled my planned annual leave and private clinic moving forward to ensure that the needs of our patients are met and the staff are supported as best we can under the circumstances. The health board have been informed but have not offered any support and as much as our neighbouring practices have offered words of support they are also on their knees and unable to spare extra manpower to help.

It has become apparent that Cardiff is in a unique position due to the Carr-Hill formula, that we have been financially penalised due to our location. We are allocated a Carr-Hill factor of around 0.75 which means around a quarter of our patients are unfunded. This does not take into account the actual patient need or how often they consult. The gap between what we get and what we would get if we were funded for every one of our patients is getting bigger and bigger. A colleague has looked at the calculations and highlighted that a few years ago when our practice population was 7255 patients that we were losing out on around a quarter of a million pounds each year compared to if we were paid for each individual patient. Our list is now around 8200 so the gap would be even larger. The payment structure used to factor in work done on chronic disease that was weighted for actual numbers of patients but over time the monies have been funnelled over to the GMS envelope that is affected by the Carr-Hill so we have been getting less and less funding each year.

In 2022, my clinical partner Dr Gareth Lloyd and I approached the sustainability team as we were struggling financially post covid. We are a centrally based practice surrounded by high student numbers. We explained that our patient numbers had been harshly affected by covid with students not registering and that as a result we were struggling financially. I was brutally honest with the sustainability team at the time about how our situation could potentially lead to us handing back the keys to our contract, something that neither Gareth or I wanted to do for the sake of our patients and staff. It was the strong bond that I have with my GP partner, our common goal of providing good



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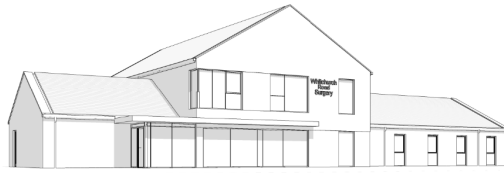
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patient care the strong bonds I have developed with a lot of our patients who make the job worthwhile that stopped me from resigning.

We tried to recruit another GP to take on the clinical load of the outgoing partner but struggled to recruit as we were told the salary we were offering was not very competitive and that health board run practices were offering a salary higher than we were receiving as partners. We recruited a pharmacist who has been great for all of us at the surgery but not able to provide the clinical sessions that were covered by a qualified GP.

There are not many professions that would be willing to reduce their monthly salary to continue to work harder and harder or to make the personal sacrifices we as dedicated GPs make. I lost my father to Covid during the pandemic and returned to work even before the funeral to ensure that patient care was not disrupted and that my colleagues did not have to cover my own work as well as their own as we were not financially able to justify locum cover. It seems in recent years this has become the norm in Primary Care to make personal sacrifices, both financially and mentally to ensure we are able to continue provide a service that is decreasingly valued by both the public and government as we are labelled as lazy and money-grabbing. This has all affected the morale of staff, both clinical and administrative. The expected impact of the increased National Insurance contributions is testament to how little General Practice is valued in the eyes of the government.

We were essentially told by the sustainability team that it was our fault that we were struggling financially due to a failure of our business model. Our surgery is geographically situated within a high student population. We were advised that we should work harder to take on more services to bring in more funding. I explained at the time that we were struggling to provide the services we were already providing but were given no help regarding this. We were lucky that we were moving into a new building with extra capacity so we could take on extra patients to help gain funding to keep things afloat. The problem is that the funding needed to service these extra patient numbers does not come with it. Due to the Carr-Hill by taking on 1000 extra patients we are only funded for around 750 people. Every increase in funding that is made into Primary Care now seems to be affected by this factor meaning that as the years go by we are further and further away financially than even a practice that is paid for all their registered patients. We cannot choose to see fewer young people because we are not paid for them, we have to just accept whatever comes our way. More and more workload is being dumped on General Practice and no support to allow us to work within safe working limits. Students may be considered fit and healthy so not thought to be worth the funding of a standard human but they are actually high users of the service with high numbers presenting with mental health issues and even common ailments. We are conveniently located close to our patients. It is often easier for them to present to us than their nearest pharmacy. We often see patients with a lot of health anxiety,



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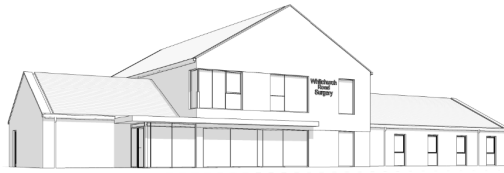
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exacerbated by the media who often want symptoms checked as soon as they present rather than waiting a few days to see how symptoms pan out which leads to repeated presentations and reduced capacity for those that don't want to bother the GP and are put off when we say we are already running over capacity. North Cardiff seems to have been more affected than other parts of the UK with our population not thought to be worthy of the funding that is felt better placed elsewhere. There is not supposed to be a post-code lottery, but it seems that living in Cardiff puts patients at a significant disadvantage compared to those people serviced by neighbouring health boards.

We have incredible GPs in North Cardiff that are all willing to work hard and fight hard for their patients, but we cannot do it without proper funding to get the staff in that we need to serve the community. There has been an incredible women's health department running in Aneurin Bevan for years supporting menopausal women through GP access and it is only in the last couple of weeks we have finally been given access to an advice line with no capacity to see patients. We have diligently upskilled, motivated to give our patients the best care we can but this means that more and more is passed to us from the hospital for us to just soak up the extra work. More and more referrals are being rejected from the hospital with advice for us to manage. This has an impact on how we can safely practice.

I recently had to fight to get a girl seen in Community Paediatrics after the referral had been rejected multiple times when it went through triage. I had sent so many emails begging for a child to be seen that the Consultant joked to the parents that he was worried I would turn up at his house if he didn't get her seen. We have a reputation of being lazy GPs and this is far from the truth. We are constantly updating in our own time as the protected education time that we used to get has been taken away. When covid hit, the 10 practices on north Cardiff all got together to make sure we were able to look after our patients safely even though we were last on the list for consideration of PPE, only getting offers of fitting for FP3 once the main pandemic had passed. We had to rely on the charitable giving of the local mosque and design technology students for shields as the ones sent from the health board were recalled as not being fit for purpose. There was never a question of getting funding first we just did what was needed and covered each other in the most incredible way that has made me so proud to be part of the North Cardiff Cluster.

The BMA has recommended that we are safely supposed to have 25 contacts in a whole day. We don't have the ability to turn people away as we need to be accessible to fulfil our contract. Even with excellent receptionist signposting I had 31 contacts on my personal morning list alone yesterday. This is not sustainable and mistakes will be made. Eluned Morgan was quoted in an article recently "*I think what's interesting is when people get in, they get excellent service. Sometimes there's a difficulty getting into the service, that's why we've changed the contract in relation to GP access. So actually*



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that 8am logjam that should have gone by now, we've changed that contract. We should not be having that, the contract says that should not be happening, if it is happening, I need to know about it."

We do offer as many routine bookable appointments that we can, but I ask you how are we supposed to offer capacity for all of our patients when the daily demand on top of this is so unpredictable and we are not funded to provide care for all of our patients? I can confirm there is still an 8 am rush in our practice which could be avoided if we were funded properly to recruit more staff. Any practical solutions you can offer to help this situation would be much appreciated.

I implore you to help us look at the way general practice is funded. It has become clear that our increasing financial struggles are not because of having a poor business model and not due to not working hard enough but by ignorance by Government of how general practice works and blindly pumping more and more into Carr-Hill winners and less and less into Carr-Hill losers. Your support helping us get this rectified would be much appreciated. You are welcome to discuss matters further in person at our surgery.

Yours faithfully

Dr Rebecca MC Towner

GP Partner