

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

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

GP05 : Ymateb gan: | Response from: Dr Mark Goodwin

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In am a gp partner in port talbot 34 years in the same practice  
Dr Brian gibbons was a partner before he became health minister years ago  
Julian hart was a distant partner

Whilst most GP surgeries are working very hard many are not working efficiently, don't really know how to ,have. Kt had clear examples of how to.

It is perfectly clear most daily requests are not urgent. So Why are people still expected in some surgeries to ring their practice??

with "ask my gp "software on patients phone tablets, my surgery has for over 2 years had around 80% of all patients now contacting us only electronically , open from 8am mon to 17:30 Friday.

The phones are reasonably quiet and free for the elderly or especially urgent cases. Sure they might be engaged a few minutes but never ever are patients unable to access us and the notion of you are number 12 in the queue alien.

Further and this is vitally important , only 11% of our last 20,000 patient requests are "can I be seen in person". (We end up with 30% in person after d/w them on the phone) and most 90% are seen same day.

The electronic details/ description patients send us allows the clinical team to better Plan when and with whom to call and understand /look

Up /review/reflect in many cases the concern before we ever ring email or see the patient.

The ability to see photos of rashes , send and receive advice leaflets and links to Advice sites, and email a succinct summary of what we discussed /was decided with advice or follow up plans to the patient all adds to the experience and efficiency of follow up. Patients are notoriously bad and remembering what the dr said!

As I said We are all working hard but not all are working efficiently.

We have rung and discussed /completed/agreed to see in person in an average of only 86 minutes from Tthe time the patient initially contacts us with their concern.

You really need to see /visit the sites where access seems to good to be true to understand how to raise the welsh common standard.

Resources /money whilst a factor are not the only thing we can make big gains from

- Pa,s
- Anp's
- multi skilled HCSW
- personalised lists for continuity care advantages

Primary care gets a tiny amount if the budget. Just 1% extra NHS budget would raise our resources by 14%

Revolutionary

Feel free to get in contact, happy to show you around/share my 30 years experience

Dr Mark goodwin

Mb bch mrcgp

Recent cluster lead for Afan cluster

All wales pre diabetes scheme influencer

Afan valley practice

Glyncorrwg Blaengwynfi