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

GP06 : Ymateb gan: | Response from: Unigolyn | An Individual

Response to enquiry into primary care

I am responding as a GP Partner and Cluster Lead in North Wales.

Funding model for General practice

- Hill Carr model needs recalibrating – it creates hugh discrepancies in practice funding that do not reflect true demand (e.g pressure on services from 'worried well' in more affluent areas. Makes an uneven playing field
- The lack of uplift in payment for LES/DES payments as they become a bigger percentage of practice income means that practices continue to take a funding cut for this proportion of their work – many are no longer possible to provide without making a loss – so will be increasingly stopped harming patients
- The failure in the last few years to acknowledge that Partners as well as salaried staff might be due an uplift has been dispiriting – there has to be a benfit to counter the risk of independent status and total financial risk.
- Practices are already making funding decisions and not able to employ staff (e.g we hoped to recruit a trainee practice nurse for 2025 start but due to lack of clarity on funding for 24-25 and now risk from NI contributions have had to withdraw this advert).
- The inability to plan for the future as no knowledge of funding streams for more than 12 months at time (backdated) means you cannot invest for the future.
- Practices providing a poor service (and we know who they are, do not appear to undergo any transparent review process at HB level)
- The difference in payment for same processed in primary / secondary care is appalling eg. Payment for reimbursement for coil fitting by secondary care claim vs LES payment.

Efficency

- GMS has been proven again and again to be efficient – only area in the NHS to come in on budget – we have no choice! Fast and agile in employment and change
- However they are doing this due to staff working harder and harder – data has shown managed practices cost 30% more to run (LMC data) – reflecting the true cost yet provding worse outcomes – flu vaccinations, staff retention, patient feedback.
- GMS needs increased support to do what it does best, there is an increasing tendancy for HB's/WG to commission services that could have been provided in primary care with increased efficiency and reduced cost if we have been allowed to bid for the work, LES been provided – yes we are too busy to take on unpaid work but if funding follows we can employ to provide services. Eg. Ear syringing, the shocking double payment for asthma reviews in community pharmacies, pessarys, ADHD assesments, spirometry

Estates

- Again massive variability – WG needs to be prepared to invest , PPI buildings are costing taxpayers huge amounts – would have made more sense for WG to self fund.
- Huge risk in GMS partners having to personally hold very large lease agreements – these should ALL be held by the HB/WG.
- Some practices in tiny, out dated premises that cannot be updated.

Digital access

Improving in all practices, in the main I think development in this area working well -

Staffing

- Expansion of staff numbers very difficult in current funding crisis due to secondary pressures e.g heating etc.
- Retention is less of an issue now, we have plenty of staff wanting work but no means to pay them.
- Multidisplinary team is good BUT anyone who is not a GP requires supervision of their work - this has not been factored into their productivity of costing – they cannot work without support in many cases and are neither trained to a high enough level or willing to see the full remit a GP can review – they are NOT a replacement for GP – and can reduce efficiency due inc referral/second opinion etc.

Patient experience.

- General practice has more patient contacts and appts than the rest of the NHS put together – if we fail, the nhs fails.
- Satisfaction is overall incredibly good considering our lack of staff, funding –
- Wales save our surgeries campaign if you want the data.
- We are very accessible – it is strange that the public feel not acceptable to have to wait more than 48 hours to see GP yet their referral on will likely take minimum 6 months to several years to be addressed secondary care - e.g local ? skin cancer wait is 3 months
- Publc trust remains high in a system under strain but we are not able to provide the level of continuity we would like due funding issues

Future

1. Fund general practice properly to allow an increase in staffing to match secondary care (large inc in hospital dr levels whilst GP have reduced in number)
2. Increase shift to primary care FIRST but ONLY with funding to provide this
3. Stop shift of unpaid work to primary care
4. Fund services properly with increased use of LES/DES but with written in confirmation of payment incrases to match inflation as minimum
5. Stop double payment for services. E.g asthma reviews community pharmacies that already been offered primary care and require same work to be done twice
6. Some prevention work should move into the public health sphere.
7. Allow increase funding to allow for and reward continuity of care as this has been show to have biggest impract on reduction in hospitaliation and good care.

Small increase in funding to primary care could unlock huge benefits..