

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](#)

GP09 : Ymateb gan: | Response from: Marilyn Ann Griffiths

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I have worked in both secondary healthcare and GP, GP since 2002.

I have personally seen -The demands of GP has increased due to chronic disease with ageing population, complex vaccinations programs and lack of experienced staff.

Many admissions to hospital are caused by lack of self management skills and the courage to see a health professional at an early stage to nip things in the bud.

The complexity of the vaccination program needs to be addressed with the public health moved into a separate domain so that access is available 7 days per week this will increase the uptake and a seamless journey to promote family and patient centred care delivery.

Imagine for example -a person who can have their smear, breast awareness, smoking cessation, weight management and the baby immunised all on the same day. All under the domain of public health. This is Virtually impossible in GP due to the chronic disease management and day to day duties that we have to do. Baby vaccines are given on a set day, so if you work you have to book annual leave !

Chronic disease is complex but majority is nurse led but lack of capacity hindered by public health duties makes it virtually impossible to produce confident patients who can monitor their disease and present to GP in a timely fashion to prevent hospital admissions.

We need joined up care in the heart of GP where all health professionals work together for example social services OT physios, so we don't have to send off referrals which take time and is not fast enough to prevent social admissions

For instance patient with memory problems and chronic disease presents with self neglect living alone So, this triggers referrals and more assessment. If the social worker and OT was in-house we could speak face to face to activate the concerns rather than send in patient as social admission.

There's a shortage of staff in GP not necessarily doctors but staff that facilitate the patient's journey. By this I mean the multi disciplinary team. Also upskilling HCSW to do more, we know they can do it look at the performance in Covid epidemic. Give them opportunities and more money to take on more duties, a constructive career pathway where progress means better pay.

Finally, near point testing an AI technology would facilitate diagnosis and prevent admissions to hospital for example troponin testing dimer, CRP many patients are admitted ? Diagnosis and then when we follow up admissions the root cause was not what we thought but for safety netting we have to admit patients. They spend hours sat around waiting for blood results so could this process be better managed ?

Kind regards

Marilyn Ann Griffiths