

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](#)

GP27 : Ymateb gan: | Response from: Dr Noel McLoughlin

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From Dr Noel McLoughlin

GP partner at St Isan Rd Surgery, 46 St Isan Rd., Heath, Cardiff CF14 7BR

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I have practiced at St Isan Rd Surgery for 36 years, I am shortly to retire, & wanted to contribute to your inquiry, as I see significant threats to primary care in Cardiff in particular.

Sustainability:

Funding: this to me is the biggest threat we face. I would recommend the excellent submission by my partner Dr Matt Jones, and his investigation into the Carr-Hill formula. His submission puts the problems with this method of funding simply & clearly. It is worth reading it twice! This clearly shows that C&V LHB IS THE LEAST FUNDED HEALTH BOARD IN THE WHOLE OF ENGLAND AND WALES.

This means that the Carr-Hill formula regards Cardiff as the wealthiest & healthiest area with the lowest needs. This is clearly nonsense.

The inequity in funding in wales alone is enormous, worse still, it is growing. This must stop, or the future for general practice & primary care in Cardiff is grim. No-one will want to work here.

Despite all this Cardiff GPs hit the higher targets for prescribing & QOF/QAIF consistently. You get the best value for money from Cardiff GPs

Different Models: Forgive me but I despair when I hear of large unconnected & uncaring conglomerates taking over GP practices. We need a partnership model that engages partners & embeds them in the community they serve. As I have been for the last 36 years. There is a huge difference in the medicine practiced by a Dr who wants to get to the end of their shift, & a Dr who wants to see a pt to the end of their life. The partnership model is a good one.

Maintenance of estates: This needs a lot more investment.

GP/Primary Care Workforce: please stop the investment into physicians assistants. There is no place for them. Engage the nursing teams & Drs. We do not need this new role. Encouraging the pharmacy role is good but I am convinced this lends itself to a different population & actually increases our workload. I also worry that patients go to a clinician who has a direct financial incentive to prescribe medication, when we are all trying hard to do less of that.

Patient Experience: What can I say, all patients in all areas are having difficulty accessing primary care. We are struggling to maintain safe levels of working with the current demand & it is going to rise.

INCREASING PATIENT EDUCATION WILL INCREASE THEIR DEMAND FOR PRIMARY CARE

ANYTHING THE PUBLIC HEALTH DEPT PUTS OUT WILL INCREASE DEMAND

AS THE POPULATION AGES DEMAND WILL INCREASE & THE COMPLEXITY OF THAT DEMAND WILL INCREASE

ADVANCES IN MEDICAL TREATMENTS INCREASE DEMAND

THERE IS NO DOUBT THAT PATIENT EXPECTATION IS BEING ELEVATED BY GOOGLE, AI, INTEREST GROUPS ETC. THIS WILL INCREASE DEMAND

None of the above is bad, but the effect on primary care is significant. I simply do not know how to put a break on this, other than by limiting appointments. But it needs to be understood.

Opportunity to improve:

CHANGE THE CARR-HILL FORMULA

Yours sincerely

Noel McLoughlin