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10 April 2017

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Annwyl Dai a Rhun,

Thank you for coming up to Caernarfon to meet with us last week. I hope you found it informative and useful for your ongoing enquiry. My name is Arfon Williams and I have been a General Practitioner in Nefyn for the past 22 years. Unfortunately, I am the sole partner in the practice, caring for about 4300 patients, extending along the north tip of the Llyn Peninsula from Aberdaron to Clynnog Fawr.

We have found it very difficult to recruit and we have had to change our whole work model in order to continue to provide a service to our patients in a safe way. The last two years have been incredibly difficult, and without the support of my excellent staff, it would have been virtually impossible for us to carry on. We have made some significant changes to the way we provide medical care, in that we have changed our skill mix, capacity, working day etc. I enclose a letter that I sent to the Betsi Cadwaladr University Health Board to explain to them the methods we have introduced in order that they might be able to disseminate that information to help others in a similar predicament. To the best of my knowledge, I do not think that this information has been shared (which is disappointing).

As regards to how we feel Cluster working has helped us in the Dwyfor area, I feel that the progress has been very slow. The positive points is that it has brought us together as a group of GP's in our locality and gives us a chance to discuss matters relevant to us. It is unclear, however, what the remit of the Cluster was and is, and it would appear to differ from area to area. There is very little

inter -Cluster discussions or interaction (which is a shame because I am sure there is a lot of good work being done all over Wales) but the sharing of information at this time is lacking. I am aware there is an annual newsletter, but this does not really fulfil what would be an useful exchange of information.

Fundamentally, Clusters was set up with money removed from the Quality Outcome Framework (QOF) which was originally paid to individual practices presumably with a view to improving patient care in each area, tailored to the needs of that area. It does not appear that this is happening significantly. Indeed, in Dwyfor we have struggled to spend the money due to difficulty recruiting staff. We are trying to set up a home visiting service to try and reduce the pressure on General Practice in this area which is sadly on the verge of implosion. The finance department seem to have a veto on all decisions regarding spending, which is frustrating to say the least.

I would suggest that my vision of Clusters should be that they be used to pilot potentially good ideas for delivering healthcare in the community and once the system has been established as providing a useful and beneficial service to patients, then that should be taken over by the Health Authority. As is stands, the money that we used to gain from QOF is now being used to fund, for example, Advanced Physiotherapists in Primary Care, Diabetic Nurse to provide a service. This is inherently unfair, since certain parts of the Gwynedd area get these services for free whilst other Clusters have to pay for it. I don't think this is the way forward and is a matter of contention between Clusters. Furthermore, there is lack of vision and co-ordination, at a Board level, to bring these ideas together. Subsequently, I am sure that many of these well intentioned pilots will fail due to lack of organisation.

In all honesty, Clusters are terribly underfunded. The funding amounts to about £2-£3 per patient, which on a Wales wide scale would amount to between £6 -£9 million. It is highly unlikely that such a small sum of money will make a great deal of difference at any level. I think we must be pragmatic in what we hope to achieve with such a small amount of money.

As regards the more fundamental issues facing General Practice in Wales, I think the Welsh Government and yourselves would do well to concentrate on the impending implosion of General Practice, especially in the Dwyfor area, but "I am sure it is coming to area near you very soon". The demographics in Anglesey, for example, suggest that a recruitment crisis is imminent there.

Two practices, bordering our practice area, are handing back the keys – namely Criccieth and Penygroes – and it is unlikely that there will be replacements, and these will be run by the Health Authority. We are also about to lose two partners from a another neighbouring practice in Pwllheli, and we will be down from 20 whole time equivalent GP's some 10-15 years ago, to around about 6 or 7. This is obviously not sustainable and raises issues with patient access, and more worryingly, governance. Health Boards should now be looking to how we can mitigate these situations from becoming a full blown breakdown of the service, because if General Practice fails then the NHS will certainly fail. The Health Board have been quite aware of this situation getting worse for at least the past 5 years, since we have been having regular meetings with them to try and bring to their attention the urgency of the situation. Unfortunately, their response to this recruitment crisis has

been glacial. I feel that there are a number of plans that they could put in place to try and, at least, contain the situation. These are:

(1) Home Visiting Service

To provide a home visiting service to acutely ill patients in hours (ie 8am-6.30pm) much of the infrastructure for this already exists – cars, telephone systems, IT etc. We are trying to set up a pilot in the Dwyfor area, but this has already been done in areas such as Shropshire, St Helen's and also areas in South Wales. This has been shown to reduce hospital admissions by 30% in some areas. This would obviously have a beneficial effect regarding unnecessary hospital stays.

(2) Retention of Senior GPs

Health Boards should be doing more to retain senior GPs who are taking early retirement. Many of these GPs have just had enough and feel that they cannot carry on paying medical defence indemnity fees. This is incredibly expensive for GPs who work part-time, and this is another area the Government should be looking at. This is a comparatively low cost option, bearing in mind that these GPs have a wealth of experience which is lost once they give up. We should be doing everything to retain these people as they are already trained, where as a new medical graduate takes maybe up to 10 years to be a fully qualified practitioner.

(3) Resources moved from Secondary Care into Primary Care

The mantra of delivering more care in the community remains a pipe dream until resources are moved from Secondary Care into Primary Care. This will have to be done upfront – ie the system must be primed otherwise it is doomed to fail.

(4) Overflow System

Set up an overflow system whereby patients who cannot access a GP on the day can attend an OOH centre/local hospital which is manned by a GP/ ANP so they can access care on the day that they need it. This can be done in A&E departments, and is done all over the country with excellent results.

(5) Troubleshooting Team

Set up a Troubleshooting Team to go in and help failing practices. There is much that practices can do to try and reduce their workload, improve patient access and improve capacity in their system. This requires re-education of patients and staff alike. It is difficult to do, but can very fruitful. I would be more than happy to discuss this with you further as I am sure this would be a very useful option for Health Boards to consider.

(6) Co-ordination

Each area should have a "Tsar" (for want of a better description) to try and co-ordinate these ideas. The current system is not working and there is no-one for practices to turn to. There is considerable lack of leadership.

(7) Social care

There needs to be a concerted effort to improve care between social care and the Health Service. This is fundamental to a functioning health system, since the vast majority of patients require help with their social care. Just to give you a quick example, a patient of mine was admitted purely because she had no one to administer her eye drops four times a day for her herpes zoster infection (Shingles). As a last resort, she was admitted to a local cottage hospital. Two days after admission, she fell out of bed and fractured her hip and ended up having an operation. She remained unable to mobilise, and subsequently suffered further complications, mainly from being in her bed. It is unlikely that she will ever live independently again. This could have been easily avoided had there been a suitably resourced home treatment team. Patients lose approximately 1% of their body mass per day whilst confined to a hospital bed. This gives us a very short window of opportunity to treat patients and get them returned to the community before their general health and core strength diminishes to such a degree that they are unable to weight bear safely, and are more prone to falls. This is a hidden cost that seems to be lost on our Politicians. I could go on, but I am sure you get the picture, but there is so much that can be done, but is not being done at the moment, and that services in the community need to be resourced properly. We must accept that rural health care is expensive, but the alternative is even more expensive.

(8) <u>GP Earnings</u>

We are, as a practice, about to lose £50,000 per annum from our bottom line income because of the removal of MPIG. Our income has dropped significantly over the past five years and continues to drop further. We are earning about 20% less now than we were five years ago. This is not sustainable as costs are going up. It is just a matter of time before more of us 'hand back the keys' resulting in some of us doing locums. As you may know, locums are able to 'call the tune' and charge whatever they want for a day's work. This will only get worse.

(9) <u>Dispensing</u>

The Welsh Government should consider allowing all GP practices to become dispensing practices. As it stands, some are allowed to, and some are not. This is often a historic situation. We are after all, small businesses. Currently the dispensing fees and small profit made from dispensing , often end up in multinational pharmacies such as Lloyds and Rowlands, and their monies will be distributed to their shareholders across the world. This is a small step that would keep money in Wales and further boost the economy.

Should you wish to discuss this further with me, at any time in the future, please do not hesitate to contact me.

Cofion cynnes,

<u>Dr Arfon Williams</u>