**CURRENT TELEPHONE & F2F ACCESS TO SERVICES**

We have approximately **22,300 patients** registered with our Practice and during November this year we received 8,440 phone calls. We also received 5,840 requests online through AccuRx.

We have increased the number of reception staff answering the calls and dealing with the on-line requests. Our telephone system data also shows that it is currently taking an average of 4 minutes for most calls to be handled to completion. Many patient calls take longer than 4 minutes whilst a few take shorter than this time. This means that the patient queue keeps getting longer. This has resulted in many patients having to wait for over 40 minutes for calls to get answered at busier times.

Several patients also choose to come to the Practice at any of these times, including busier periods.

Like other Practices we have a finite number of appointments available on the day and once these appointments are given, there is often no more capacity in the system. We do, however, try to book future appointments where possible.

To meet the demands during COVID, our Practice decided to have most of our appointments by telephone. A telephone appointment, by design, takes less time from a clinician resulting in more appointments being made available in the system. As a result, most of the appointments our staff have been able to book for patients are telephone appointments. When our clinicians have spoken with the patients over the phone, and if the patients require to be seen face-to face (F2F), then our clinicians arrange the F2F booking of these appointments.

This is the ideal system we have been working towards to try and accommodate as many patients as possible within the British Medical Association (BMA) safety guidelines for GPs who work at the Practice and to manage the needs of our patients.

The BMA guidance states, ‘Demand for appointments is outstripping capacity’. There has been a drive towards near immediate assessment and management of all problems irrespective of actual clinical urgency, and this is simply impossible, Medical Practices are obliged by their contract to provide for the reasonable needs of their patients and for the assessment of urgent problems arising in their patients in their practice area. Emergency or urgent problems can be directed to Emergency Departments, 999, or NHS 111.

**INCREASED CONTACT AT EARLIEST ONSET ON MINOR SYMPTOMS**

We are finding that many patients are contacting us in the very earliest stages of their condition, hoping for an immediate cure.  Often self-care is the most appropriate action – if you are unsure then your local pharmacy can help.

We have patients contacting us within a few hours of developing a sore throat, or an earache that developed the night before, or tiredness since waking up that morning or having vomited or having had diarrhoea just once. People respond to illness differently, but please consider self-care first.

Please bear in mind that we’re not in any way suggesting that if you are seriously ill, or if you have a red flag symptom, that you need to wait to get worse before getting in touch with us. No, not at all. We’re talking about people who are still very well in themselves, carrying on with all usual activities, going to work, out to the shops and so on but with very short-lived minor illness symptoms and who have not tried anything at all to help themselves, or waited to see if things improve.

With self-care and due attention, most cases of minor illness do resolve without ever needing treatment from the GP. If symptoms continue for several days, then it may be necessary to obtain advice.

**RELIANCE ON GP TO DIRECT AND SIGNPOST FIRST**

You may feel that phrases like ‘self-care’, ‘self-help’ and ‘signposting’ are just about fobbing patients off and stopping them from contacting us or seeing us.  This really isn’t the case, and these concepts aren’t new – although they become increasingly important as we get busier and busier.

Despite the Government’s promise to deliver 5,000 additional GPs, numbers have actually decreased since 2015 relative to patient numbers – there are now just 0.46 fully qualified GPs per 1000 patients in England – down from 0.52 in 2015. **So there are fewer and fewer GPs left seeing more and more patients.**

You may also have noticed that GP surgeries now work in neighbourhood networks, called PCNs, which stands for Primary Care Networks. Newport Pagnell Medical Centre is part of The Bridge PCN. The Bridge PCN provides appointments at its Willen site on evenings and weekends.

The aim of these networks is to share good practice and do things in a more collaborative fashion, saving each practice from having to reinvent the wheel and with the hope that it will reduce some overheads, and some time and save costs.

PCNs have additional resources, but the extra staff employed are not GPs. They will be practice pharmacists, paramedics, mental health workers, first contact physios, physician associates, social prescribers and health and wellbeing coaches; because there are now fewer GPs and for that matter, also fewer nurses, the presence of these new workers will complement and strengthen the existing teams.

So, in the future, if you have a back or joint problem, our reception staff will book you an appointment with the first contact physio. If you have a medication issue, you may be put in touch with the practice pharmacist. If you need a home visit, you may get a visit from our paramedic or another of our Urgent Care Team. If you have a mental health issue, you might be contacted by our mental health worker. If your issue is mainly social, you can receive help from the social prescriber and so on.

This represents a massive change that most patients are still not aware of, and this change will take a lot of getting used to; but we must all start to overcome the idea of ‘*needing to see my GP’*for every condition, every time. We really value continuity of care and enjoy seeing people regularly; we want to maintain this for complex ongoing patients, but it won’t always be possible for more minor acute conditions.

**EXTENSIVE SUPPORT AND HELP FOR MENTAL HEALTH ISSUES**

Mental health has always made up a good proportion of the daily workload of a GP. During the pandemic, we have seen huge numbers of people whose mental health has been affected during these very difficult times that we are all experiencing at present.

Mental health cases and cases where mental health is a contributory factor are taking up to 10-15% or more of the total cases. We are also dealing with cases of significant self-harm, where assessment can take anything from 30 minutes up to an hour for that single patient and where subsequent referrals to hospital or crisis teams can take even longer to arrange.

We have a page on our website specifically designated to mental health support which patients can refer themselves to; and is a great starting point in helping your own mental health.

**CHOICE OF CLINICIAN**

A Doctor’s time is limited, and their job involves more than just seeing patients; they have their own learning and development to maintain; they are supervising the other clinical staff in the practice and the PCN; they are teaching new doctors; they are involved in leadership; our partners also have all the responsibilities that come with being an employer.  We value continuity, but it is not always possible to see the doctor of your choice on the day you get an appointment.  We ask that you remain flexible and give our reception team the information they require to clarify if a different clinician or doctor can suitably manage your problem.

**GP SURGERY BEING CONTACTED FOR HOSPITAL-RELATED ISSUES**

Hospitals are facing their own challenges and waiting times have increased significantly. We realize many patients are having to wait a long time for appointments but would ask that you direct any queries about your hospital appointment or hospital test results to the relevant hospital department in the first instance. Sometimes hospitals will ask a patient’s GP to carry out tests or checks between hospital appointments and this is additional work for your surgery to cope with.

**STAFF SHORTAGES AND TURNOVER**

Due to the local and national shortage of GPs, often our doctors are working harder and longer whilst also trying to adhere to BMA guidelines. We are also currently supplementing this capacity with advanced nurse practitioners (ANPs) who can consult with almost 80% of patients a GP would see. Our other healthcare professional workers are a paramedic, pharmacist, social prescribers, health & wellbeing coaches, practices nurses, occupational therapists, health care assistants and phlebotomists.

In [July 2022, the health and select committee within Parliament](https://committees.parliament.uk/publications/23246/documents/171671/default/)confirmed what everyone working in the NHS has known for several years, which is that the NHS has a major staffing crisis.

The committee heard that almost every healthcare profession is facing shortages, with at least 105,000 vacancies. The situation is worse in social care, where according [to a Skills for Care report](https://www.skillsforcare.org.uk/adult-social-care-workforce-data-old/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf), one in three care workers left their job in 2020–21, making continuity of care extremely difficult. In December 2021, [Care England](https://committees.parliament.uk/writtenevidence/42726/html/) reported that 95% of care providers were struggling to recruit staff, and 75% were struggling to retain their existing staff.

The latest NHS Digital vacancy statistics show 132,139 vacancies across England at 30 June 2022. For the registered nursing staff group alone there was a vacancy rate of 11.8% or 46,828 vacancies. This is an increase from March 2022 when the vacancy rate was 10.3% (38,814 vacancies). The huge number of vacancies nationally means that NPMC is competing with other local medical practices to recruit more GPs and other health professionals.

Things were difficult prior to the pandemic, but the Covid pandemic and now the cost-of-living crisis have escalated the pressure on staff and consequently the difficulty of retaining staff.

At Newport Pagnell Medical Centre we have had some staff leave over the last year, including two salaried GPs in November.

**AGGRESSION AND ABUSE IN NHS**

**An ITV survey (conducted in February 2022) found to have the following results:**

NHS staff are experiencing increasing levels of abuse and feel “forgotten” by the public, a new study has revealed.The survey involving 1,000 NHS staff members shows one in two believe verbal and physical abuse has increased in the past 12 months.Nearly half say they had personally received abuse, while 67% of those surveyed feel the public has forgotten them – despite being busier than the Covid peak.It also found 62% agree that support for NHS staff has declined since the start of the pandemic, and it would give them a boost if the public got behind them again.

**AGGRESSION AND ABUSE AT NEWPORT PAGNELL MEDICAL CENTRE**

**At Newport Pagnell Medical Centre**, we have unfortunately gone through a very similar journey as depicted in the above ITV survey. Over the past few years, we have recruited staff, trained them and we have lost them. This has created a vicious circle of staff turnover resulting in repeated recruitments and staff resigning. One of the reasons often given for leaving has been abuse by a significant minority of our patients. We need your help so we can help you.

We recognise that it can be very frustrating getting through to us at busy times. Obviously dealing with more than our pre-COVID capacity means that we have less capacity to help everyone.

Sadly, there is a small but significant minority of our patients who are being aggressive and abusive to our staff.  There seems to be a belief that shouting the loudest and refusing to take no for an answer will produce their desired results.

Our staff work hard and do their best. They do not deserve abuse or aggression from any of our patients and we have a zero-tolerance policy against this.

We will continue to take action against patients who continue to behave in this way. Again, time spent comforting tearful staff, listening to phone calls, and composing letters to abusive patients is time that could be better spent looking after other patients and may also affect staff, adding to their personal stress levels or even making them reconsider whether to remain working in the NHS.

Urgency must always be determined on a clinical (medical) basis, and not decided based on convenience, prior engagements, eagerness, or any other reason.

If you push in, it means you have pushed someone else out, someone who could be quite vulnerable and in significant medical need, and the next time this happens, that person might be you. This is a safety issue that has an impact upon anybody who truly needs to be assessed quickly by a GP.

If everything is urgent, then nothing is urgent.

**FINAL THOUGHTS – AND THANKS FOR READING**

Even during the pressures we’ve outlined above, general practice is never closed.  Even when a GP or two, or other members of staff, are off sick, the calls do not stop coming in.

We set a safe capacity limit for our daily list, but this is not absolute. When the capacity has been reached, the patients will continue to send requests for various types of appointments or advice. Our reception team will continue to signpost patients if appropriate, but if the patient feels the problem is urgent then a discussion with our duty doctor may take place.

There is a tricky balance to strike here. We are wary about operating beyond our safe limit – just like you wouldn’t want to fly with an exhausted pilot, you shouldn’t want to see an exhausted overworked doctor about your potential infection or cancer – we need to put patient safety first.

We hope that this letter has highlighted some of the pressures general practice is facing.

**In the last 2 years we have**:

* Adapted to the huge challenges of the pandemic
* Kept our patients and staff safe
* Been part of Milton Keynes delivery of Covid vaccination service by giving **24,578** vaccinations.
* Delivered record numbers of flu vaccines
* Introduced new services – pharmacists, social prescribers, health and well-being coaches, occupational therapists, first contact practitioners
* Offered ward rounds for our CQC registered care homes

*Thank you for your patience and thank you for taking the time to read this.*