



Statement regarding NHSE/Plan for Improving Access for Patients and Supporting General Practice

This morning we have woken up to the NHSE/Plan for Improving Access for Patients and Supporting General Practice. We are disappointed that our expertise was not utilised in the preparation of this plan. General Practice is a multi-skilled workforce with a variety of professions working together, co-ordinated and supported by Practice Managers who have the skills and professional ability to lead and direct services every day.

The increase in patient satisfaction proves that the majority of patients are happy with the modernisation agenda which we have followed as part of the 'Five Year Forward View'. Increasing the number of telephone and video calls has shown increases in overall patient satisfaction to the appointments offered. To change this because of media campaigns is simply not justified. This Government placed a focus on remote and electronic consulting prior to Covid-19, going as far as making an e-Consultation platform available and part of the GP contract. To then place such a heavy emphasis on face-to-face appointments is contradictory and will undo the enormous amount of work that has gone into establishing these systems. The former Health Secretary, Matt Hancock, was a strong proponent of remote consulting and so we are surprised to see such a 'u-turn' in a very short space of time.

It also seems incongruous that the plan involves increasing telephone lines to ease access, but the focus seems to be on increasing face-to-face capacity. There is also no plan to support the recruitment of staff to man these 'phone lines. Many practices have previously moved onto a cloud-based telephone system at their own expense. Will those practices who have already improved their telephony be reimbursed for their costs?

Patients have continued to be seen face to face throughout the pandemic when clinically necessary to do so. This has improved access and ensured that we have managed our demand appropriately and safely, during the most difficult time in the lifetime of the NHS. Many patients are choosing to opt for remote consultations where it is more convenient for their lifestyle, or they are clinically vulnerable and do not want to sit in busy surgery waiting rooms.

We would question the statement that “*the number of GP’s has increased much more slowly than the number of hospital doctors*”. In fact, all other statistics show that number of permanent GPs has decreased since 2016. Practice Managers across the country are finding it more and more difficult to recruit clinical staff, to find locums and retain both clinical and non-clinical staff.

The Government and NHS England were more than aware of these recruitment issues and the PCN DES sought to address this lack of capacity by providing funding for additional roles to support the clinical team in General Practice. Investment by practices themselves has been made into care navigation so that Reception teams are able to signpost patients to the right care, first time. However, this new guidance appears to penalise practices for booking patients in with anyone other than a GP. Again, this seems to be contradictory and goes against the principles of multidisciplinary working which we have been developing over the last 2-3 years. We also feel this undermines the contribution of the many skilled professionals who have been supporting patients throughout this pandemic and before.

The lack of income protection for services like QOF, IIF and some local enhanced services is also concerning, considering practice teams have had to deal with staff shortages, increased acute demand, blood bottle shortages and of course, our flu vaccination programme which has been hampered by supply chain issues, all of which NHS England has been aware of. Alongside this, Primary Care has provided 75% of the Covid-19 vaccination programme which is still ongoing.

In conjunction, secondary care waiting times are growing exponentially and whilst this seems to have been accepted by the Government, those patients on waiting lists whether it is for an operation or an Outpatient appointment will continue to seek ongoing support and guidance from their GP, not only to manage their symptoms, but also to vent their frustration during this waiting period.

We welcome the zero-tolerance stance, and we will be encouraging our members to uphold NHS England’s request to permanently remove patients from the surgery. CCG’s will need to support this with proper schemes so that these patients are seen safely and not just passed to the next practice with the same bad behaviour. Violence and abuse takes many forms as [our campaign ‘If I die it is your fault’](#) showed earlier this year.

We welcome the increase in access via the Community Pharmacy consultation scheme. However, this is with caution as our members tell us that pharmacies are also feeling the same pressures as us. Thus, many pharmacies are not signing up to the scheme due to low staff numbers. In

addition, patients need to feel confident that a pharmacist is equivalent to a GP appointment in terms of clinical management

Practice Managers do not welcome an increase in bureaucracy, mapping appointments, reporting appointment types and external inspections to look at practices who may be struggling. We feel these targets in some areas are arbitrary and will penalise practices for being in the “*bottom 20%*” when their access may be at an acceptable level.

We agree that most practices are providing high quality accessible care and would request that money is directed to increase staffing, reduce bureaucracy, and support those of us continuing to face these challenges within Primary Care. A change in the telephone system will not mean there are more appointments. Being a number in a queue is no more satisfactory than hearing an engaged tone. Practices do not have the staff or premises to increase the number of appointments offered.

The IGPM stands with our clinical colleagues in the BMA and RCGP and questions why this document has been developed without meaningful consultation with the people on the ground, who are doing the work and delivering the service. We cannot support the vast majority of the contents and would ask for NHS England and the Secretary of State for Health to reconsider, utilising the expertise and experiences of frontline General Practice staff to develop a real rescue package which will support practices to maintain service provision during what is expected to be the toughest winter the NHS has ever faced.



Kay Keane

Robyn Clark

Nicola Davies

Jo Wadey

Directors of the Institute of General Practice Management

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