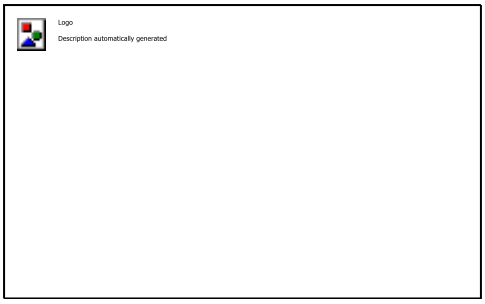

The future of General Practice

Submission from the National Pensioners Convention

December 2021

Health and Social Care Committee
House of Commons,
London,
SW1A 0AA

December 2021

Dear consultation team

Call for Evidence
The Future of General Practice

Introduction

The National Pensioners' Convention (NPC) is Britain's biggest independent organisation of older people, representing around one thousand local, regional, and national pensioner groups with a total of 1.1 million members. The NPC is run by and for pensioners and campaigns for improvements to the income, health and welfare of both today's and tomorrow's pensioners and this response is based on the views and experiences of our members.

We wish to submit views to the Health and Social Care Committee for the call for evidence about the future of General Practice. Our response has been compiled by members our Health & Social Care Working Party, as well as our General Secretary and National Administration & Information Manager and will concentrate on the experiences and concerns of our members who are, by definition, in the older age range.

Consultation Methodology

The NPC hold deep concerns about the way in which the consultation has been conducted. The only way to find out about the consultation is via online methods. This will exclude millions of people from potentially giving their views on this important subject matter. The digital first approach must not be a digital only approach.

The NPC is campaigning for 'Connections for All', meaning that those who want to go online and use the internet, computers, and modern technology, should be given the access, help and training to do so to help digitally include them. However, we firmly believe that traditional forms of communication and services such as face to face, over the telephone and via post must remain in place. This is so as not to digitally exclude those who cannot use more modern technologies, those who do not wish to use them, and those who are priced out by equipment, broadband and upkeep costs, from our society.

It may be suggested that people who do not have access to the internet should use local libraries, which are likely to have computer facilities, or get help from a friend or relative, however this completely misses the point. Many people do not feel comfortable asking for others to respond on their behalf and not everyone has a

family or someone they can trust to help them with technology – even if they wanted to. People who are not online have a right to be able to find out about government consultations and a right to respond. Traditional methods of publicising consultations and allowing people to respond by offline means, must be maintained.

Terms of Reference

- What are the main barriers to accessing general practice and how can these be tackled?
    - To what extent does the Government and NHS England's plan for improving access for patients and supporting general practice address these barriers?
    - What are the impacts when patients are unable to access general practice using their preferred method?
    - What role does having a named GP—and being able to see that GP—play in providing patients with the continuity of care they need?
- What are the main challenges facing general practice in the next 5 years?
- How does regional variation shape the challenges facing general practice in different parts of England, including rural areas?
- What part should general practice play in the prevention agenda?
- What can be done to reduce bureaucracy and burnout, and improve morale, in general practice?
- How can the current model of general practice be improved to make it more sustainable in the long term? In particular:
- Is the traditional partnership model in general practice sustainable given recruitment challenges, the prioritisation of integrated care and the shift towards salaried GP posts?
- Do the current contracting and payment systems in general practice encourage proactive, personalised, coordinated and integrated care?
- Has the development of Primary Care Networks improved the delivery of proactive, personalised, coordinated and integrated care and reduced the administrative burden on GPs?
- To what extent has general practice been able to work in effective partnerships with other professions within primary care and beyond to free more GP time for patient care?

Personal experiences from one of our members.

Response 1

In my experience the main barrier to accessing general practice has been ageism. I am aged 72. At my previous practice it became clear that I was being put into an 'old age' category. I was told that a medical condition which had started in my thirties was solely due to ageing. It was clear there was a reduced interest in considering and investigating my health conditions, and the service I was given was aimed at containing the conditions which had been identified.

I moved to another practice where I have been provided with a more thorough service, but the attitude towards me is not about working with me to inform me about choices and allow me to decide. At the latest practice they make decisions and seek to enforce them. I was told to book an appointment for a blood test which I thought was with their phlebotomy service, but when I attended, I found it was with a Healthcare Assistant who checked up on whether I had followed instructions. It

seems that the Healthcare Assistant was not a qualified nurse, and probably not medically qualified.

I have been treated as very stupid a number of times, e.g. when I said I had a lump on my knee a GP told me that was my kneecap, when in fact it was my bursa protruding above my kneecap. At one point I could hardly stand, was shaking, had pain in my right kidney and blurred vision and I was twice refused an emergency telephone appointment or any appointment with a GP by reception staff. I have made complaints about this and other issues which were rejected.

I have raised this refusal to give me an appointment with the Parliamentary and Health Service Ombudsman and other issues but received a call from a Case Worker to say they would not investigate it. My MP has requested that they review this decision, but I have heard nothing since. So, reception staff can create barriers, and the complaints procedure has failed to address issues.

Response 2

It is difficult to access a GP, as political choice has ensured we have a huge shortfall. The American model has few GPs, working with a lot of lesser trained staff. Properly trained GPs are expensive. We had a period of time when we as patients were treated as equals in looking after our health. I made an NHS film on the subject. That period has long gone. Now a long time ago it was professional arrogance causing the approach (you mums love your wombs, I was told), now I am unsure why, but think stress, and shortages of staff, plus government encouragement to treat doctors, and healthcare staff in general, pretty badly are likely to contribute.

I do not think pontificating that doctors must see patients, when there are insufficient doctors, and no carrot to study to become a doctor, is in the slightest helpful. And of course patients are entitled to see their GPs. The government is not tackling the root causes.

Locally and nationally patients are turning up at A&E. Not enough doctors there either, and long waiting times. I have had a terrible experience as they didn't take cognisance of my GPs letter.

I have a named GP, but it doesn't help access or continuity, as I can't see them, unless I wait for weeks. In my experience that is positively dangerous, and I ended up in a coma, being recussed in hospital for 3 hours from seeing a GP who had no idea of my history.

Although I should like salaried GP s in practice, the American model shows them to be a way of ensuring rationing of services, and total compliance, including for insurance purposes. I am therefore opposed to their introduction in general terms.

Coordination: other professionals are so strapped for time, and personnel, that in my case they have simply ignored my GPs request – leaving me with an infected leg turning black. Ditto mental health, podiatry, and district nurses.

In my experience the majority of doctors and other healthcare staff are not being obstructive so much as reacting to government failings, failings on a large scale. Money needs to be invested urgently in staff recruitment, and it is imperative to act urgently on low staff morale.

I am classed as extremely frail, and as you can see from Christine's points below, we are rapidly moving to a two-tier system I find the questions below disingenuous, as they are weighted to find for salaried GPs and a form of "integration", which has more to do with money management than patients. We went down the cooperation route a few years ago now, and it was very successful, but not this top-down integration, with private companies as stakeholders which ensures them a voice at the highest level, but not the patient!!

A majority of patients are older and complex, an APP or an unqualified support worker will not do. One left me with blood pooling on the floor after trying to draw blood, my husband slipped on it. She did not know what haemophilia was. We need doctors.

I think the prevention agenda should be mostly in the hands of public health. It should start in school with free swimming lessons, games and so on. I know the American model includes access to gyms for an older population, but a lot of prevention is down to good public health messages, and more rigorous adherence to air and water quality for example. We used to have all sorts of training via public health, but the centre was closed, It was becoming a great community hub for dietary practice and advice, exercise, and all sorts of other public health support for the local population. People need more than just a prescription for 6 weeks at the gym. Reopen such centres as a matter of urgency if you really want to address the prevention issue.

Response 3

The big issue is digital exclusion. Many GPs are electing to prioritise the use of digital technology. It is understandable in some respects as it is a means for doctors and patients to stay safer in the climate we are in and also saves time. However, it is no earthly use if you do not have the technology or don't know how it works.

Dignity and respect for older people is stripped away when asked to photograph or take their clothes off in a screen-to-screen consultation. This is not how we should treat our elderly and other vulnerable patients.

The increased reliance on algorithms for diagnosis and treatment is, like all technology, dependent on translation. Older patients need to understand what is happening and what the GP/Consultant can do about it.

Older people need to speak face to face with their GP, health professional or anyone else they need assistance or information from. Even telephone consultations can be confusing and worrying for older patients.

Even getting through to your surgery can be a long and arduous experience. In many cases, patients give up with their health conditions deteriorating until it becomes an emergency situation.

The recent agreement by the Secretary of State for Health & Care allowing family doctors to spend less time monitoring people with conditions such as diabetes and heart problems, do fewer health checks on the over-75s and stop performing minor surgery until April is concerning. Reducing routine checks disrupts the relationship between patients and their GP and could mean that signs of illness are missed.

The decades of underfunding of training places and attracting doctors and nurses into the profession is the root cause of what we are experiencing now as is the move by the government to change the operational remit of public health. If we are to have a healthier nation, then prevention must be given as much (if not more) funding to enable public health to improve and enhance lives long term that will save storing up problems for the future. Without prevention, then nothing will change.

The use of unqualified staff in health is a strategy the government employs to undermine the NHS and is also dangerous to the health of patients being seen by those staff. Nothing against those employed to do this work, but this is second-class servicing of patients in need.

GPs are telling patients that the services they need are no longer available and offer to pass them to private clinics for treatment (openDemocracy)

Neglect of patients under the 'protection' of COVID. My Mum was a priority patient in her surgery yet could not get an appointment. The default setting when reaching the receptionist after a long wait, was 'no appointments today'. Our complaint has so far been ignored.

Should you require any further information, please use the contact information supplied below.

Yours sincerely

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