Berkshire, Buckinghamshire & Oxfordshire LMCs

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Chief Executives Dr Matt Mayer & Dr Richard Wood
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[local MP]

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Dear

Remote Consultations in General Practice

I am writing to you on behalf of GP practices in Berkshire, Buckinghamshire, and Oxfordshire (BBO) to provide you with facts that will enable your informed discussions about the role of telephone consultations in General Practice, the wider issues of access that are so publicly being raised, and to ask for your support in countering the anti-GP sentiment being expressed by some aspects of the media and public forums.

Whilst 56% of all general practice appointments are face-to-face (F2F)[i], and most GPs prefer F2F consulting, the advantages of a hybrid model that includes remote consulting – such as telephone or video calls – are considerable for improved access and safety in the context of massive demand. Local audit shows the average telephone consultation takes eight minutes; the average face-to-face for the same problem takes 14 minutes. The efficiency saving means more people have their health needs met. Telephone call lists of patients who have let our call handlers know what they wish to consult about allows clinicians to triage, identifying those who are most sick to be attended to first, with time freed up to see them F2F if necessary. It identifies those whose symptoms may be a risk to others (through any contagious respiratory illness) and allows practices to ensure they are attended to safely by dedicated means before the harm is done. Meanwhile, those waiting for a call can get on with their day – something many patients value. It also protects the productivity of the organisations where they work and reduces unnecessary travel. Forty-five percent of all appointments in general practice are booked and attended to the same day[ii]. Practices who use predominantly an on-the-day booking system have eradicated the three-week wait times for appointments that impaired access pre-pandemic. At the beginning of the pandemic General Practice changed overnight to ensure patient access was protected and safe. We note some hospital departments, such as routine ENT and cataracts clinics at the Oxford University Hospitals NHS Foundation Trust, remain closed 18-months on. The unmet need from closed or over-burdened hospital services is carried by General Practice in addition to its own pressures. Most hospital clinics consult remotely.

There have always been legitimate questions to be asked about the relative safety-profiles of different modes of consulting, and this has been a focus of GP training even pre-pandemic. They are not a panacea. But answers must be driven by data, not anecdote. Informed opinions must consider the current demand, the increased efficiency and triage through remote consulting, the profiles of the populations those practices serve, the types of issues being consulted for, and the input from practice *patient participation groups*. Remote consultations were a central tenent of the NHS Long Term Plan for "fast access to convenient primary care" pre-pandemic [iii], were heavily promoted by a previous health secretaries[iv], and heavily invested in by NHS England[v].

Local audit of a city practice in 2014 showed that for every four hours of contracted opening time, the average clinician spent 6 hours 40 minutes logged into the medical records system. The range was 5 hours 10 minutes to 7 hours 40 minutes. These times did not capture the significant work done outside of the medical records. There is no resource for paid overtime. Local GPs are saying that the current workload is "the worst it has ever been". One local network of practices reports a 95% increase in consultations this summer compared to summer 2019. GPs contracted to work full-time often drop their sessional commitments simply to fit the work into sustainable hours and avoid burn-out. Average burnout scores among GPs are higher than those for any other medical specialty other than emergency medicine[vi]. 'Part time working' does little justice to the reality.

GP numbers are falling whilst our population grows. Permanent, qualified GP numbers dropped 6.8% between Jan 2016 and March 2021[vii]. In 2014, the average list size for a full time GP was 1,600 patients[viii]. Published data shows that for every patient above a list size of 2000 there is deterioration in objective measures of patient health[ix]. Our own local research shows that the average list size across BBO is 2,745. The increased investment into recruiting allied health professionals into the GP workforce – such as paramedics, physiotherapists, or pharmacists - is welcomed. However, much of their time is usually tied to NHSE-specified deliverables or ear-marked for services not historically delivered by General Practice. Though noble aims, this takes them away from meeting the overwhelming "core" service demand of seeing those who are, or believe themselves to be, unwell. It is *core* funding that we need investment in. 81% of all clinical contacts are currently with a GP.

The BMA estimates that a safe GP workload is 25 contacts per day if they are simple problems, and 15 per day if complex[x]. The average GP in BBO has 32 clinical contacts per day. Some practices are reporting an average of 56. Individuals have reported 70 on a bad day. This does not include delivering the covid vaccination programme (*circa* 80% of all covid vaccines have been delivered by General Practice). Clinical contacts accounts for only 21% of the medical records entries, the other 79% being letters / results / discussions *etc.* supporting patient care. This requires time outside of consulting. On top of this is the significant additional workload associated with running a practice.

GP partnerships have unlimited liability for the performance of their business. The GP contract necessarily gives practices the autonomy to decide best how to run their services. Media-driven, central command-and-control attempts[xi] to impose arbitrary targets for F2Fs risks undermining important adaptions to massive demand. Propagations of the myth that GPs are not doing enough, or that they are "closed" to F2Fs, has incited abuse against practice staff[xii]. A healthy proportion of remote consultations is now a vital fixture of general practice in some form. I am asking you on behalf of our GPs to counter the anti-GP sentiment that is growing in some areas of the press; publicly condemn the abuse our workforce receives from a small minority; promote informed discussions about how hybrid models of consultation delivery can be optimised for safe and responsive care in the current climate; lobby the government for investment in *core* GP services specifically, and to write to your practices expressing your thanks and support for the hard work they are doing for the needs of our population.

Thank you for your time. I am happy to meet face-to-face or remotely, whichever is your preference, to discuss these issues further.

Yours sincerely

Dr Richard Wood
CEO, Berkshire, Buckinghamshire, and Oxfordshire Local Medical Committees

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[i] https://app.powerbi.com/view?r=eyJrIjoiYzU2OTA2ODktZTIyNy00ODhmLTk1ZGEtOGVlZmRlZDNjYzY3IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

[ii] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/july-2021

[iii] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf page 25-56.

[iv] https://www.pulsetoday.co.uk/news/politics/health-secretary-says-babylon-style-gp-model-should-become-available-to-all/

[v] https://www.england.nhs.uk/blog/keeping-up-with-tomorrows-world/

[vi] https://bmjopen.bmj.com/content/10/1/e031765

[vii] https://www.nuffieldtrust.org.uk/nhs-staffing-tracker/general-practice/#general-practice

[viii] https://sheffield-lmc.org.uk/website/IGP217/files/117%20SafeWorkinginGeneralPractice.pdf

[ix] Cited in Van Den Homberg & Campbell (2013). *Is 'practice size' the key to quality of care?* British Journal of General Practice, September 2013; 459-460.

[x] https://www.bma.org.uk/media/1145/workload-control-general-practice-mar2018-1.pdf

[xi] https://hansard.parliament.uk/commons/2021-09-14/debates/DC215883-A118-4E79-B329-3012F3A5F5BD/Covid-19Update#contribution-5AA7E634-A535-468F-BFF7-8E4E159AB4F6

[xii] https://teesvalleyccg.nhs.uk/majority-of-gp-receptionists-face-unprecedented-levels-of-abuse-at-work-new-research-shows/