General practice committee podcast transcript

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**GPC**

It’s always busy in general practice. We consult with millions of people every week, support them from cradle to grave, respond to their needs, listen to their concerns, care for those with long term conditions, deal with their prescriptions, investigations and referrals, help them through life’s many crisis, and are there for them at the end of life.

And we also protect our patients. We’ve not only delivered the best ever flu vaccination campaign this year but on top of that vaccinated tens of millions of people, not just once but twice with covid immunisation. We have literally protected a nation – protected four nations – and played a crucial role in getting us out of this dreadful pandemic.

But this year has been more than busy. This year has been more than pressured. This year has been harder than many have experienced before. And this year has taken it’s toll for many in our workforce, leaving doctors, nurses, reception staff, practice managers and many others wondering how they could possibly continue. So many in our workforce have given their all and more besides. They have dealt with more people than ever before and yet still the tide keeps coming so all too many feel that they are drowning.

Those that understand have offered thanks. Those that realised what was taking place in practices up and down the country, urgent care settings, covid clinical assessment services and based in make-shift workstations at home, have appreciated the work being done. The praise and gratitude from so many patients has been humbling and deeply appreciated.

But we’ve also had those that chose to take out their frustration by abusing the staff trying to help them, with 51% of GPs experiencing verbal abuse themselves and many more witnessing this directed at colleagues such as reception staff ; we’ve had sections of the media and some online condemning practices for limiting face to face consultations and protecting patients by doing so and yet the reality is that in the national patient survey more than 8 out 10 patients report that they’ve had a good overall experience of their GP practice this year; we’ve had some people pandering to and fuelling headlines criticising practices when all they have been doing is following national guidance; and we’ve seen the government in England fail to listen to the DDRB and completely ignored the remarkable and essential role that GP partners have played throughout the pandemic. The bullies, the critics, those who carped from the side lines and those who did so little to help and support a dedicated but overstretched workforce should all hang their heads in shame.

No wonder GP morale is so low and no wonder the government’s plans to recruit and retain an additional 6000 GPs in England is failing so badly. It’s why we have called on our patients to speak out, to empower their passion, to support their practices, and to call for more GPs, practice nurses and the support staff we so desperately need. For how can we manage to deliver the care we know our patients need and deserve with a workforce that is so limited in numbers? How can we deliver good quality care and safe care in cramped and poorly ventilated premises? And how can we make the most of the increased multidisciplinary workforce if we’ve nowhere for them to work from or appropriate IT to use?

Across the UK we are trying to build teams of healthcare professionals to work in and alongside practices and we’ve secured funding to do this. It’s great when we’ve got pharmacists, paramedics, mental health practitioners and many others working with us. But in England the rules and regulations that govern who we can and cannot employ are far too limiting. We know what we need, we should be trusted to get on with it and use the funding as quickly and effectively as possible.

In Scotland a new memorandum of understanding has been agreed to ensure health boards put in place arrangements for the delivery of vaccination, pharmacotherapy and Community Treatment and Care services to patients and GP practices. In Wales and Northern Ireland work continues to expand the teams of people supporting practices. This is all urgently needed as the pressures on practices grow and the impact on an exhausted workforce gets worse.

All of this needs a renewed commitment to general practice and primary care both nationally by governments but also regionally by local health systems. Every GP knows how their patients are being seriously impacted by the NHS care backlog, and every practice knows that this is massively impacting their workload as well. If plans for integrated care can do anything they must deal with the barriers between primary and secondary care that currently don’t match workload with the funding to delivery it. We must bring to an end the inappropriate shifting of work that is just adding to the burden of practices without the resources to deal with it. And in England, it’s vital that GPs and LMCs are empowered and resourced to play a full role in the new ICS and ICPs as without that we’ll be going backwards not forwards with clinical leadership.

And then there’s the basics that governments must get right and soon, such as the ability for hospital colleagues to be able to use electronic prescribing to enable patients to receive medicines dispensed in the community rather than expecting GPs to do it for them. The ability to send prescriptions to any pharmacy in England has been a huge benefit in caring for our patients who have been living well away from their usual home address during the pandemic and yet archaic systems don’t yet allow hospital colleagues to get a prescription over the hospital wall.

The pandemic has left the devastation of a massive backlog of care in its wake. It’s having a dreadful impact on so many of our patients and whilst the focus is so often on hospitals, practices are also reeling under the pressure. In England we managed to secure £270m to support practices with their workforce pressures during this year, but that funding has now ended and yet the winter ahead looks daunting and the backlog overwhelming.

It’s therefore essential that GPs in whatever setting they work in are supported through this and not forgotten about. It’s imperative that unnecessary bureaucracy and target chasing is scraped. And it’s vital that practices are not expected to do more when they are already struggling with what is in front of them.

General practice has been there for our patients throughout the pandemic, at the heart of every community, and has been supported by LMCs and the four GPCs throughout. I want to thank all those involved in the BMA teams that have helped us to deliver what we have done this year – to everyone in GPC England, NI GPC, SGPC, and GPC Wales and all the BMA staff who work with us. It’s been a challenge none of us expected but one we have risen to for the benefit of so many.

So now its governments who need to step up. It’s governments that need to prioritise general practice, fund general practice, defend general practice, celebrate general practice, and empower general practice. Our patients depend upon it and our workforce deserve it. They’ve made promises in the past. Now is the time to deliver.