

BMA Scotland – Return to normal GP services

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Issues have been raised across the media and the Scottish Parliament about the time taken to get an appointment with a GP or that appointments are not automatically face to face. The type of GP appointment offered is determined by the GP who takes into account a number of factors including the nature of the clinical problem, the ongoing need to protect vulnerable patients and staff from risk of Covid19, and current workload pressures within GP which mean that GPs, like the rest of the NHS have to prioritise their time to meet the most urgent clinical need. BMA Scotland would not welcome an arbitrary target date set by the Scottish Government for returning to “normal activity in practices”. Prior to the Covid19 pandemic approximately 20% of GP appointments were by telephone or video, therefore the presumption that a return to normal equates to a return to all appointments being face to face doesn't reflected the reality of GP appointments before the pandemic. It is recognised that the pandemic has allowed rapid progress in many areas such as information sharing and information technology and there are many patients who prefer the option of a telephone/video appointment when appropriate, and as we move forward a mixed model of face to face and remote consultation will likely best meet the needs of individual patients.

General practice is under huge and unrelenting pressure, there has been a misconception that GPs have either not been working or have reduced their hours and services over the pandemic and this couldn't be further from the truth. At the start of the pandemic GP surgeries across Scotland transformed the way they worked and this was no small feat; triaging those who were able to be seen in a telephone/video appointment and ensuring that those patients who needed to be seen in person were, in a timely and safe way, both to them and to the primary care staff. This was all done on the basis of guidance provided by the Scottish Government. While continuing to care for patients in their practices it was GPs who predominately contributed to the Covid19 community pathway, assessing acutely unwell Covid19 patients in the community. The increased Covid19 workload pressure has been further exacerbated by Covid19 related sickness absences in practices or people being identified as close contacts. All these things are taking their toll both mentally and physically on the workforce.

GPs need patience and understanding from their patients, they appreciate the frustration that the general public feel and they want to see as many patients as possible in the manner which is most clinically appropriate, but there needs to be honest and real messaging from all politicians about the capacity, time and the challenges and pressures that all doctors are facing right now.

National director (Scotland): Jill Vickerman

Chief executive officer: Tom Grinyer

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If the pressures and attitude toward those working in the frontline of primary care are not addressed as a matter of real urgency, then we are at a very real risk of losing a substantial number of GPs. Scotland already doesn't have enough GPs to meet demand, the impact of the current workforce leaving or retiring early would be catastrophic.

GP pressure

There is a real feeling of demoralisation amongst GPs at the moment, as with other parts of the NHS, GPs are struggling to manage a backlog of demand safely and in a manner acceptable and accessible to their patients, they need supported in their efforts.

A member of the BMA'S Scottish GP committee sums up the feeling of GPs in this recent quote:

"My specialty is general practice and we are battling a triple whammy of pressure currently.

"Firstly, surging demand from patients. The number of calls into GP practices are significantly higher than pre pandemic levels, in some cases triple the number. We are dealing with a worried population, rising Covid cases, struggling with NHS backlogs and pressure on emergency services.

"Secondly, a workforce crisis. Government promises to increase the number of GPs have been pie in the sky.

And lastly, we have had an appalling barrage of negativity from policy makers and smears from the media. General practice has been open all throughout the pandemic and yes, we are seeing patients face to face every day- examining, investigating, immunising, and treating."

GPs are currently working under great stress, remote working does not reduce workload, and whilst it is appropriate to manage many episodes of care new ways of working are inherently unfamiliar and tiring. While patients are currently unable to access many specialist services and inpatient procedures they are remaining under the care of GPs for longer and GPs are carrying the risk of unfamiliar patient pathways. It is essential for the whole NHS that patient confidence in their GPs is not undermined by mis-portrayal of the reason for changes to the way in which GP is operating.

The changes that have been made to the day to day working of GP practices is predominately for patient safety, both directly relating to infection control and indirectly to manage current levels of demand and prioritise care. Many GP practices are not designed for the social distancing measures required – even if reduced to 1 metre. It is also vital that we protect the health of healthcare staff, we need the workforce fit and healthy in order to be able to do their job and this means that as well as considering patient safety we also need to consider the safety of GPs and their staff and reduce their risk of contracting the virus.

An example given to the BMA by one GP described how the building their surgery was in placed severe limitations on what's possible:

“With the potential for 8 clinicians consulting, a waiting room that can only safely have a maximum of 4 patients and the fact that we can't have a one way system we are having to be very careful how many patients we can have in the building at one time. This includes issues around patients who need to come to reception for other reasons – emergency scripts, hand in samples etc.”

Prior to the pandemic GP practices were reporting increasing workloads however the impact of Covid19, and now the effect of the easing of lockdown restrictions is pushing the demand to record levels. These increases would be difficult for GPs to manage even without the added constraints of the continuing pandemic.

One Glasgow GP said:

“The European Union of General Practitioners has stated that 25 consultations per day is a sustainable GP workload: GPs are now often dealing with double, and sometimes triple that number in a working day with telephone and face-to-face consultations, and home visits. In 2019 a typical working week for me consisted of 106 consultations on average. Last year it was 211.”

Craig McArthur, Director of East Ayrshire Health and Social care Partnership, in a statement made on [‘New measure to support GP practice pressures’](#) said:

“GP Practices are open and have continued to be accessible for patients throughout the pandemic. They are experiencing a significant increase in people contacting the practice on a daily basis with a large proportion of patients requiring face to face appointments. In some instances this has gone from 150 calls a day before the pandemic to now sometimes in excess of 500 a day. The knock on effect of the pandemic, and reduction in other services, also means people are turning to their local GP practices in greater numbers to manage their condition. Practice staff are prioritising those in most clinical need for urgent on the day presentations.”

There has been a focus on face-to-face appointments and there are clearly many patients who prefer the flexibility and, for them, less time-consuming nature of being seen either by phone or via video consultation. Used appropriately this way of working can help GPs provide appointments that suit patients with problems that do not require coming into the practice and seeing a GP in person. The measures that are in place on appointments are to primarily to meet demand and ensure the health and safety of patients and staff and it is demoralising to a physically exhausted and mentally drained workforce to hear it implied otherwise.

BMA Scotland survey

Earlier this year BMA Scotland carried out a snap survey of GP members from across Scotland. The responses make for difficult reading and it's clear that GPs are now at breaking point and general practices is at a crisis point.

Not only are GPs and their practice staff are facing unacceptable abusive behaviour from members of the public – with almost **9 out of 10 (87.7%) saying they or their staff have been subjected to verbal or physical abuse** in the past month alone, and almost two thirds (65.9%) saying it has deteriorated since the beginning of the pandemic, but as a result around **70% of GPs surveyed have said they are now more likely to take early retirement** or leave the profession altogether.

The survey also found that:

- 66.3% are seriously considering cutting the sessions they currently work.
- 81.8% lack confidence that the plans for NHS recovery will support GPs and their ability to care for patients
- Two thirds (66.8%) say their current workload is unmanageable, with more than half (57%) saying it has gotten worse since the COVID-19 pandemic.
- Almost three quarters (73.3%) say they are struggling to cope, and their work is having a negative impact on their physical and mental wellbeing.
- 62% feel they are unable to achieve a good work/life balance, with almost 40% saying this is impacting their lives outside of work negatively.
- Less than 1 in every 3 GPs (27.8%) would definitely recommend General Practice as a career – more than a third (34.3%) would not, while the remainder were unsure.

BMA Scotland have heard numerous examples of GPs and their staff, daily, facing verbal threats from patients, practices have been vandalised and physical threats of violence have also been made. Doctors appreciate the frustration that the public feel but there is no excuse for some of the damaging behaviour that has become a daily occurrence for many of our primary care teams.

NHS Recovery plan

Sitting at the frontline of the NHS, general practice plays an essential function in managing patient demand elsewhere in the NHS and ensures that patients can receive the care that they need within their own communities.

It was confusing to general practice when the NHS Recovery Plan was published with a major focus on what it described as a “need to restore” face-to-face GP consultations as quickly as possible, when GPs are already following Scottish Government guidance which advises a telephone first model of service delivery in general practice, with face-to-face appointments being made available to those patients who have a clinical need to be seen in person.

The timing of the messaging left GPs and their teams to manage understandable confusion and frustration from patients on the front line of general practice. This is on top of their already unmanageable workload demands and rock bottom morale. New Scottish Government guidance has now been published – but BMA Scotland remains concerned that this will do little to ease the position – and will instead add further confusion over triaging patients and social distancing. First and foremost, GP practices must have the ability, working as teams and with local populations, to triage and prioritise patients who need the most urgent care and need to be seen face to face. Anything else risks an arbitrary process whereby some people with potentially less serious issues are seen ahead of those who most need a GP – which will only have a damaging effect on population health.

A member of BMA Scotland's Scottish GP Committee, said:

"I have been a GP partner for over 20 years. As independent contractors, we know how to run services. We have systems in place to prioritise patients on clinical need, running a blended model of consultations – telephone, online, video and face to face.

"As GPs we know the needs of our patients, and how to manage clinical risk. I believe that we will weather the current storms of pressure but we need to do it our way and not be directed by some faceless bureaucrat. Give us what we need and we will make it work.

"We need real financial investment into services, the additional workforce that has been promised, and the removal of red tape and regulation on GP practices."

There is still a lack of clarity the plans for recruitment of GPs. In the Scottish Government's 'NHS recovery plan 2021-2026' they have stated that they are still on track to increase the GP workforce by 800 by 2027, a promise from the previous Scottish Government. It is vital more now than ever that we see clear evidence and data on the progress of the recruitment of the extra 800 GP.

Deputy chair of the Scottish GP committee, Dr Andrew Cowie, said:

"The Scottish Government, the NHS and the population have to realise that there is only so much you can flog a workforce before they just leave. Far from the 800 new GPs we were promised back in 2017 by some measures we have fewer GPs than before. Put simply – we just don't know where we are on this pledge – yet the Scottish Government keep making it a key plan of how they see General Practice recovering.

"Our message to politicians and the public is please work with us – don't 'do' to us. We want to get back to normal, to see our patients, to have time to solve their problems, to keep them safe, and maybe even a little happier. But the Recovery Plan tells us only what the country wants, it does not tell us how we can deliver it.

"We need to be honest, there is no quick fix. Yesterday's recovery plan certainly had no new commitments for General Practice and indeed its blanket approach to face to face appointments threatens to make things worse."

GPs also need the support of the multi-disciplinary team (MDT) members to allow the provision of a range of possible health care options within the community. More work is needed to ensure there is a sufficient workforce of trained allied health professionals from across areas like physiotherapy and pharmacy to recruit to primary care MDTs.

BMA Scotland is asking....

This is a really difficult time for doctors and many are being pushed to the limit. If GPs are to continue to sustain the current demand without additional investment and support then there is a very real risk that general practice will be overwhelmed and an already exhausted workforce will buckle under the pressure.

Looking to the future we should support a mixed model of face to face and remote consultations that best meet the need of the individual patient and are in line with what is possible within resources and appropriate clinically, based on the judgement of GPs and their teams. This will help ensure that these new ways of working get the patients the care they need from the right professional at the right time and that their patient journey's are effective as possible. Many practices have worked this way for years, and trying to return to face to face only appointments – or setting arbitrary targets by arbitrary dates would lead to longer waits for GP appointments. Instead, we should be trying to get the balance right for everybody.

GPs are asking for patients to continue to be patient with them and to support their local practice in these difficult times it should be noted that the vast majority are supportive. The Scottish Government and politicians need to be honest and open with their constituents and the Scottish public about just what is possible from the NHS within the current restrictions and capacity. Public communication is of key importance. All politicians and health leaders need to be realistic about just what is possible in primary care and responsible in how they communicate with constituents and further afield. GPs are open for business, but it is still far from business as usual.

The Scottish Government needs to provide more evidence on its progress on the promise of an additional 800 GPs by 2027.

For further information please contact:

Erin Robertson | E: erobertson@bma.org.uk | T: 0131 247 3071 | M: 07788 565 216