

December 2021

Dear Sir/Madam

In recent months there has been a tremendous amount said about the difficulties facing patients accessing GP appointments. As the BMA's PLG, an independent group of patients and carers advising the BMA on patient perspectives, and as the BMA's GPC chair, we recognise and share the frustrations many patients have expressed.

We now desperately need your help to explain to your members the reality of this situation.

The ongoing COVID-19 pandemic means that GP services have necessarily had to change at local practices, GP out of hours clinics and urgent treatment centres. The reason for these changes is important -- to keep patients safe. GPs, like hospitals, have been following Government guidance for healthcare settings and, even given recent changes to the [national guidelines](#), social distancing and the wearing of personal protective equipment must continue. These measures are there to keep patients and staff safe.

It also means that surgeries have had to reduce the number of people attending at once, which has led to a visible decrease in the face-to-face appointments practices can offer. However, this is in the context of an overall increase in total appointments. It also means that GPs have to offer a mix of appointment types at a variety of different times that help stagger the flow of patients in surgery. Nevertheless, we have been clear that if a patient's GP knows that a face-to-face appointment is required then that patient will be offered one.

The reason for this mix of appointment type is because many patients attending a GP surgery are unwell, vulnerable and include some who have symptoms that could mean they have COVID-19 and they may not even know it. No one, either patients or GPs, wants their practice to have to close because their staff have become infected with COVID-19, and no one wants a patient to leave the surgery with an infection they did not have when they arrived at their practice. The infection prevention and control [guidance](#) is in place to ensure that patients and practice staff are protected against contracting COVID-19, which remains a very real and serious threat.

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Social distancing requirements, and the size of many surgeries, limits the number of people who can walk-in without an appointment when others are also in the waiting room. These rooms are often small and poorly ventilated, and this limits the number of people that can be safely present at any given time. As a result, the number of patients that can be physically accommodated in GP practices is less than before the pandemic, so more patients than previously are now offered appointments in other ways.

Alongside patients who have new medical problems, there are also large numbers on waiting lists who have not been able to get the care they need from their hospital in the past 18 months – a backlog that has grown hugely since the pandemic struck. GPs and their colleagues are doing their absolute best, day in, day out, to provide care to all their patients in the safest way possible, but [our numbers are now actually fewer than they were in March 2020](#).

Despite restrictions regarding physical space, however, the reality is that general practice is open and delivering for patients as it always has been. [Between the beginning of the outbreak and August this year, GP practices in England have delivered around 467 million appointments](#), which is the equivalent of more than seven appointments per person in England in less than 18 months. Of these, nearly 230 million have been face-to-face. Satisfaction with GP services also remains high despite the limitations placed on access. In recent figures released by the Government, [83% of patients said they had a good experience with their GP, with 94% saying their needs were met and 96% expressing confidence in the healthcare professional they saw](#). All of this points to a service under severe and ever greater strain, working within guidelines designed to keep people safe, but still delivering for patients.

We must, though, be honest with patients and ask for understanding and support during this difficult period. Whilst lockdown measures have lifted and social restrictions may have eased, general practice will continue to struggle to meet the needs of patients. That is unless the ongoing trend of declining numbers of qualified GPs is reversed to meet the growing care needs of the population, and the Government provides long overdue investment needed to upgrade and expand surgery buildings, which have been neglected for over a decade now. This is not the way we want it to be, and it is not the way that GPs and practice staff across the country want it to be. As a profession, however, general practice faces a pre-existing workforce crisis worsened by the pandemic. [Since 2015, the number of full-time GPs working in England has fallen by more than 1,800, while the average number of patients per GP has risen by 24% over the same period](#). This is simply unsustainable and, without urgent and significant help from the Government, we are sad to say the problem is going to quickly get worse.

It is vitally important that patients are made aware of the reality facing GPs and the reasons why access has been limited. This is why the BMA has launched the [Support Your Surgery](#) campaign and will do everything possible to help GP practices maintain patient safety at all times in the coming months. We do not want it to be this way for patients and, following recent discussions, had hoped that the Government would take urgent steps to address this critical situation. We are deeply concerned, therefore, that the recently published NHS [plan](#), which we were wrongly led to believe would help support general practice through these toughest of all times, could in fact make things much worse for both patients and practice staff.

Why are GPs needing to work differently?
GPs, their teams, and patients have faced an extremely challenging time during the COVID-19 pandemic. Despite lockdown measures lifting the pandemic is still not over. Face-to-face contact has been limited across all NHS services to protect you and keep you safe from the risk of infection.

We want to be honest with you. General practice will continue to struggle to meet the growing needs of patients. This isn't the way we want it to be, but practices are open, and we are here for you when you need us.

Why are things different?
To keep you and everyone else safe appointments are being triaged. This helps give you the type of appointment you need:
- To be seen in person
- A phone consultation
- A video consultation
- Help from your local pharmacy
If you need to be seen face-to-face you will be.

Why am I seeing someone who is not my GP?
Not everyone needs to see a GP. Many practices now offer appointments with other healthcare professionals, including nurses, pharmacists, physiotherapists, physician assistants, mental health workers and paramedics. This ensures you see the right person for your condition as quickly as possible.

Why do receptionists ask such personal questions?
Receptionists are a vital part of the practice team. These questions are to ensure that you are seen by the right person at the right time, and all answers are kept confidential.

Where else can I get help?
Visit www.bma.org.uk for advice on how to treat common symptoms or contact www.111.nhs.uk or dial 111 to speak to someone who can help.
In a life-threatening emergency always call 999.

Your GP surgery needs your support, so it can be there to support you. We can't meet this challenge alone. General practice desperately needs help from the Government.

Visit www.bma.org.uk/SupportYourSurgery to find out more

You can find out more [here](http://www.bma.org.uk/SupportYourSurgery) and on the BMA’s website: www.bma.org.uk/SupportYourSurgery. However, the main points to get across to patients are:

- general practice remains open and is caring for patients in person and via telephone appointments or online correspondence (sometimes both where needed)
- face-to-face contact has been limited to keep patients safe from the risk of infection and serious illness but **all patients who clinically need to be seen in person will be seen in person**
- patients may not always be seen by a GP – it is important that they are seen by the right person to provide the right treatment, so this may mean being seen by a nurse, a clinical pharmacist, a physiotherapist or a mental health worker
- general practice staff have a right to work in a safe and secure environment and must be respected – verbal or physical abuse cannot be tolerated and places people at greater risk of reducing their hours or giving up entirely, which will further exacerbate the situation we are all in
- if appropriate for a patient’s care needs, GPs and practice staff can instantly send electronic prescriptions direct to a nominated pharmacy, ie the one that is most convenient for patients, so that they can be collected as soon as possible.

We hope you will urge as many as possible to add their name to our campaign so we can get the resource and commitment we need from Government to improve general practice on behalf of our patients. This is the thing that will ensure everyone gets the service GP practices want to provide and the population deserves.

We are keen to work with as many patients and patient groups as possible and would be very happy to organise a meeting to progress next steps. Please get in touch via info.gpc@bma.org.uk.

Yours sincerely

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Chair, BMA Patient liaison group

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