

Written evidence submitted by Mrs Anne Spooner (FGP0021)

The main barrier to accessing primary care is the huge demand from patients, often for immediate care coupled with the immense amount of additional work piled onto practices in the last 20 years. Some examples are; CQC burden, PCN meetings and work, having to scan and /or upload all correspondence into patient records – and the amount of correspondence has increased hugely, demand for audits and information from commissioners.

The focus should not be on just ‘improving access’ but on ensuring patients get the right care at the right time. Access is now a political word, devoid of all meaning. Many, many patients have no problem accessing repeated care – they contact us every single week, taking up huge amounts of time and resources – staff time and emotional effort. Sadly, this often prevents us having time for patients who rarely contact us.

The vast majority of Government advertising and NHS condition information advises the general public to ‘contact your GP’ – not your surgery team but your GP. This is problematic. We have to be able to direct patients to the most appropriate service – but if that service can’t cope or meet the expectations of patients then they return to General Practice. We cannot say no in our contracted hours! 111 also send us many patients – with timeframes on when they have to be seen. District Nurses, Health Visitors, Midwives, Paid Carers, Paramedics, Community Pharmacists – they are all advising patients everyday to contact their GP. They can say no, we can’t say no!

The traditional partnership model is the only model which can cope with the immense burden. Partners provide huge amounts of added value because they **take responsibility for everything which happens in the practice**. The Salaried GP model is massively expensive because we pay per hour.

Some patients need continuity, the majority do not. Please remove the requirement to have a named GP from most patients. Patients can already ask for a particular GP for a routine appointment.

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