

Written evidence submitted by Dr Laura Mount (FGP0379)

I write this a GP of 16 years and GP Partner of 10 years.

I am also the Clinical Director of a Primary Care Network.

The Partnership model has brought many benefits for the UK but as also unfortunately been abused to a point now where most practices are struggling and all GP partners are working excessive hours.

GPs will always try to do the best for their patients even at the expense of their own wellbeing. This factor and the funding model has led to a situation where we are massively understaffed and the occupation is less desirable.

While colleagues numbers in secondary care have doubled , GP numbers have dramatically continue to reduce. An ever depleting workforce is trying to manage with a huge escalation in demand from patients and huge shift is work out from secondary care (with no shift in funding!)

Most Partners are working in excess of 12 hours days and are having to cope with management as well as clinical responsibilities.

The model is not broken it is the lack of funding and development opportunities that have led to this situation.

We need to enable practices to properly staff their practices with well trained clinicians. We need more GPs who are more robustly trained. Current training has been eroded over the last 10 year to a point where the end product is doctors barely able to cope with the real world, leading to burn out and exit from the profession. We need to be a bit tougher at an early stage to ensure they are able to cope with the real world.

If the government want to give patients the access they demand then funding and training need to be improved. Proper support structures including managed time need to be invested in for practices and PCNS. Onerous tick boxes and portal claims for every activity need to be removed.

NHSE needs to acknowledge that consultation times need to increase for GPS who are now seeing whole surgeries of very complex patients as less complex issues have been passed to other colleagues. We need to recognise quality care and time given rather than total clinical contacts. Good quality care with proven outcomes and great experiences for unwell patients need to be recognise.

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