

Written evidence submitted by Mrs Denise Owen (FGP0382)

I am writing regarding the future of General practice for which you are asking for evidence.

My father has regularly reported that he is very grateful for the care provided by Dr Edge, Horfield Health Centre as she looked after his terminally ill wife as well as himself.

He really like the way that he saw the same GP which meant that she got to know both well and when his partner sadly died, she was able to support him better when he made the difficult decision to start anti – depressants.

His trust in her that was built up over time meant that he changed his mind about having his flu vaccination and consequent Covid vaccinations.

He even waited to see her again when she took a sabbatical.

I work in the NHS as a MS specialist nurse and talk to a lot of patients who say the same thing. I really miss having the same GP as they knew me so well that I didn't have to answer the same questions. They reduce their contact with the GP practice if they feel well supported.

There is evidence that it reduces mortality if the patient knows their own GP

Covid has no doubt caused mayhem but spending the day talking to people on the telephone who you haven't met in clinic before is challenging. You feel like you are in a call centre as you cannot pick up the visual cues that tell you whether the patient is taking on board your information. You can only safely make a diagnosis what is going on with the face-to-face assessment. I am sure that key red flags are missed and subsequently people with serious illness could go undiagnosed.

In my small team we are noticing that patients are calling the specialist team about Primary care issues because they cannot get through to their GP practice. This is by no means a dig at these very overstretched individuals but waiting to speak to somebody and you are told that you have 45 other people in front of you is difficult. Therefore, multiple people are missing out their GPs altogether and just presenting at A&E or contacting secondary care via specialist teams.

To put this in perspective my nursing team look after approx. 2200 people with Multiple Sclerosis and in July 21 we had 600 telephone calls in just one month, this meant a quarter of our patient cohort contacted us in just one month – 40% of these calls were GP related issues.

I do not know much about the pay structured of GPs but I am aware that there are regional differences and may be this needs to be addressed.

I would also like to comment that expecting a GP to assess and plan care, especially with very complex patients with 10mins is unrealistic and you may get a better uptake of advice etc if the GP were allowed to spend more time per patient. This may help reduce the risk of burnout and maybe improve morale.

All parts of the NHS, including GPs can identify proactive care but unfortunately due to time and financial pressures we only have time to be reactive.

Society expects quick turnaround times and become frustrated very quickly if they must wait. We need to lower expectations about what can and cannot be provided.

Lead MS Specialist Nurse

Bristol

Feb 2022