

May 27, 2021

COMMENTARY ON OUR OPEN LETTER

It's been an interesting month. Our monthly status update, which is usually read by about 3,500 to 4,000 of you whenever we post it out, actually went viral with hundreds of thousands of views of our open letter and prompting lots of discussion about General Practice as well as some abuse. Our website has served thousands of downloads of the letter and other materials over the last month.

Notwithstanding the statement that we have already published, we would like to make some comments about our letter, so we will start by thanking our patients who have supported us throughout this last year with their patience, understanding and compassion. We will continue to strive to provide you all with the best care that we can.

Increased demand from all sources is the problem

We need to emphasise that, although we introduced our letter with online consultations, it is clear that they were just the last straw that broke the camel's back. The online consultation service, with its unrestricted access, has contributed to an interconnected and complex system of increased demand and huge workload that we have experienced over the last year or so.

So back to the letter. On the one hand, we had a very vocal group of random people declaring that the letter was the rant of a burnt out team who didn't seem to care for its patients. This was coupled with, we might add, some anonymous trolls who did not have the courage to put their names on correspondence to us. And on the other hand, we were overwhelmed with hundreds of positive messages of support from other GP surgeries and health professionals all around the country (and indeed abroad too) whose own experiences resonated with ours. We have 10 pages of A4 full of positive feedback so far.

So strong was the outpouring of support and solidarity from General Practice, that, on request, we have shared our document widely with other GP surgeries nationwide, so we expect to see similar initiatives elsewhere in the future.

And in the middle, we have had our own patients, presenting no negative feedback at all on the changes we have made, and indeed a select few of our own patients valiantly defending us on social media against the bitter vitriol with some sterling support, very much appreciated and very kindly received, a heartfelt thank you to each of you.

I read this yesterday as a parent of a patient with Ivy Grove. They are an exceptional practice, throughout covid have been able to be seen or telephone call. I can see how they are a victim of their success and I understand the letter. – AD

Clearly primary care has faced it's challenges during the #COVID19 pandemic but despite the haters of @IvyGroveSurgery, I can honestly say my family have been looked after extremely well in the last 12 months. Phone calls mostly but F2F when clinically needed. Happy days. – AH

I think you have all done an amazing job through these unprecedented times. I have received A* treatment from my GP and am eternally grateful. – DS

We can also very happily report that all the patients who have had contact with us since the letter and since our changes, are very grateful for the opportunity to speak with their GPs when seeking our help and we have not had a single patient lament the loss of online consultations. This we feel is rather telling.

Just a reminder of the changes: below, you will see links to find the help you need; if you need our help, don't hesitate to give us a call and speak with us. We will always assess you remotely to begin with, and then bring you in to see us face-to-face where this is clinically necessary.

Since its inception, General Practice has always been about having regular conversations with patients, either face-to-face, and significantly, even pre-covid, by telephone, and we are not sure that the move towards a more transactional-based service is always going to be in the best interests of patient and clinician alike.

We all form part of the system of General Practice

We can understand the comments that the letter could be seen as patient-blaming; whilst we do not agree that the letter is of that nature, nor was it intended to be interpreted that way, we must say that patients are part of the system, in the same way that we GPs are part of the system and the government/NHSE England (NHSE) are part of the system. One therefore cannot discuss General Practice, nor the expectations that any patient has of General Practice without mentioning the actions and behaviours of patients.

We have heard the argument that we should have addressed our concerns to the government. Those of you that know us, will know that we have attempted to do so, repeatedly and without success. We have previously written to the then Prime Minister, the then Health Secretary, and met with our local MP, along with subsequent additional invites to discuss the state of General Practice, all without success. We have also in the past written to our GP leaders clamouring for action and change.

We have previously been in correspondence with NHSE and its departments on a variety of issues, again without success [the last time we tried this was to lobby, along with other GP surgeries, for our hardworking staff to be able to finish slightly early on Christmas Eve (at 4pm instead of 6.30pm), given that it is, and always has been, an exceptionally quiet time of year with everyone busy doing last-minute shopping or settling down with family – needless to say our reasonable request fell on deaf ears, rejected by the very staff who would have already gone home at lunchtime that day. Ironically, having given up pushing every year for this goodwill gesture, it was rather surprisingly granted last year after some campaigning from our LMC (Local Medical Committee)].

It also appears that NHSE's role is simply to rubber-stamp, without any degree of critical appraisal, the government's relentless drive towards increased access, increased expectation, increased demand, with their consequences upon workload, without tackling any of the genuine issues on the frontline, examples such as recruitment and retention,

working conditions, unnecessary administration and red tape, tedious and overbearing micromanagement, onerous over-regulation and inspection regimes, misplaced accountability and responsibility, reduced funding, poor IT support, nor taking any steps towards addressing the significant impact of societal and cultural change upon General Practice, and above all, not investing in it or its future.

From a patient perspective, ease of access and wonderful convenience might be very welcome, but the end result of prioritising access and convenience above all else means that lip service is paid to the other key assets of General Practice such as patient-centred holistic care and long-term relationships built on continuity.

These key values are what makes General Practice safe and effective and lend weight to it being hailed as the 'jewel in the crown of the NHS'. These are also the things that patients and GPs themselves both value very highly, but are discussed the least (perhaps because they are implicitly assumed to be present in each interaction), until something goes drastically wrong, when the significance of their absence in the turn of events becomes markedly clear. It is our view that patient safety must always trump patient convenience.

***Relentless push towards access and convenience without
matching investment risks patient safety***

Whether it is as a result of wilful actions or ignorance, or more likely, a lot of both, we can quite honestly say, that despite its knowledge of what is happening in General Practice, there has been no useful initiative from government in the last 15-20 years that has been specifically aimed at or been genuinely successful at relieving pressure on the frontline or improving the toxic environment that GPs and their staff find themselves in on a daily basis. Indeed the direction of travel has always been to increase pressure on already severely strained services. All we hear of are deliberate moves to increase access and availability, to increase convenience, to increase administration and control. One could argue about the intentions of such a single-minded drive, however that is for another time.

But what about GPs themselves? GPs and their staff are the ones supporting every patient request, every contact from other outside agencies, every diktat from government and NHSE, they are behind every action that you experience as a user of General Practice. GPs and their staff are exhausted, tired and ground down with demand for their services from every angle. But we know that a great many of them do not say anything publicly about what they are experiencing every day. One might wonder why this is.

It is clear to us, from the feedback we have received, that many GPs are living in a climate of fear, fearful of putting their heads above the parapet [those words have been used multiple times in feedback to us], fearful of saying anything that could lose them patients and hence income, fearful of reprisal from the government or its agencies, fearful of the multitude of regulators that scrutinise our every move, fearful of the spotlight or media backlash. We also know that many are simply tired of fighting and after their soul-destroying days, utterly demoralised and having neither the energy nor motivation to be able to mount a useful response to what is facing them.

*A climate of fear and sheer exhaustion
prevents GPs from vocalising their concerns*

Unfortunately for all of us, this silence will mean that most people will remain ignorant of the precarious state of General Practice and what is happening behind the scenes. All people will know is that it's difficult to book an appointment or get in touch with the GP (perhaps contributing to the widely-held belief that GPs aren't actually doing anything very much and the consequent increasing levels of abuse), but behind every engaged tone or exasperated voice you hear there is actually a story; you might not hear about it, or want to hear about it, but it is happening all the same.

So we have a vicious triad of expectant and increasingly demanding patients, increasingly dejected but silent GPs and an increasingly intransigent government. This does not make for a healthy General Practice. Given we appear to have no influence on government policy to change things for the better, all we can do is either change ourselves and/or change our patients' behaviour. As a practice that is more than ready to make changes to improve matters for our patients and our staff, and given that our practice philosophy has always involved being open and honest with our patients, with an emphasis on working together to improve services through involvement and education, our letter of explanation was just one example over the course of many years.

Demand and workload threaten patient safety

Whichever side you fall on, we make it absolutely clear that an open and honest debate, on demand and workload in general practice and a discussion about the expectations of what can realistically be achieved in the current climate, is well overdue. Those of you who have read our letter fully and clearly understood the complexity behind General Practice, and have appreciated the weight of feeling behind it, will have realised that ultimately, we come from a position that the current escalating demand and workload we face in General Practice has the potential to adversely affect patient safety and staff health.

If all you saw from our letter is concern over patients being upset, or think that privileged doctors are giving a patronising overlong lecture, then we apologise for not making this clearer: excessive, unrealistic, increasing demand leads to unsafe workloads that threaten patient safety and the health of GP surgery staff.

*Unchecked demand leads to unsafe workloads
that threaten patient safety and staff health*

This is vitally important, because we are all patients in this NHS and we will all need GPs and their staff at some point in our lives and all of us need safe care. As we grow older, or get sick, we need to know that there will be a safe and effective General Practice that we can turn to, to help us, to treat us and to advocate for us. It is in all our interests to preserve General Practice for ourselves and future generations.

The GP service in perspective

As an aside, it might interest people to know that your GP surgery receives the princely sum of £96.78 to provide care for one patient for one year*. This amount is fixed. It doesn't

matter if you consult with us once, twice, a dozen times or a hundred times [we have some patients consulting with us 100+ times a year] . We don't get any more funding for each additional consultation we have with you.

*This £96.78 per patient per year is the guaranteed amount of funding available to the GP surgery to provide the vague but all-encompassing 'medical services', i.e., unlimited care. Other funding is available to GP surgeries, however obtaining it invariably involves jumping through many hoops or providing additional services for a pittance or hitting ridiculous and unrealistic targets and generally some selling of the soul, so is therefore not guaranteed

From this single figure, we must pay all our bills to keep the business running such as heat, lighting, staff wages, equipment and the partners get what's left. We find that most people consult with us around 7.5 times a year on average [this is up from 3 times a year in the early 2000s and 6 times a year about 5-6 years ago]. Quick calculations with the £96.78 funding shows that things are somewhat tight to put it mildly.

***Each of the consultations you have with us in a year
is equivalent to providing us with around £13 of funding***

A typical business offering 'convenience' and 'access' and 'ease of use' would be able to generate increased income through more customers/footfall, therefore enabling it to employ more staff, to offer more services, to scale up to meet demand, and encourage even more attendance, higher turnover, more profit.

You can see that this actually doesn't work for us as we cannot easily hire more staff from our fixed amount of funding to cope with increased demand as this would make the business unviable - this 'all you can eat' model of General Practice has remained unchanged for decades, even though demand has increased many times over.

Although technically we are self-employed and subcontract our services to the NHS, in reality, we have a monopoly employer who can turn the thumbscrews, decide what they want to pay us and change our contract at will [the GP 'contract' has a clause in it which enables the government to make unilateral changes to it without agreement; meant to be used in times of national crisis, like war, but exploited twice already just to impose harsher working conditions].

To put this £96.78 into perspective, the cost to the NHS of an attendance at A+E is £150 each visit and the cost to the NHS of a hospital stay is £400 each night. The cost to the NHS for unlimited contacts with your GP or nurse is £97 per year; your GP surgery provides you with all the care that you need for just 37p per day. If you can understand the significance of these figures, you will come to understand not only the sheer value for money that General Practice provides, but also the pressure that General Practice is under.

Compared to this £97 annual NHS funding figure, the cost for one (ONE) consultation with a private GP provider starts from £50-£100 and visits can cost anything up to £300. So you can see with the annual funding that we get for your care, it should accommodate only one or at most two surgery consultations each year.

Your GP surgery receives just 37p per day to provide you with unlimited care, compared with the cost of one A+E visit at £150, or one night's hospital stay at £400

But, although money is clearly important, we are not really talking about money here. We actually want more colleagues, more resources, more trust, more support, more patient education, more public health, more self-care, more self-help, more resilience in the population, more societal improvements, along with less red tape, less administration, less micromanagement, less tickbox medicine, less interference, less negative press. Any of these things would do a tremendous amount to help improve General Practice.

Ultimately, what we are talking about is demand and workload, that has been steadily increasing in General Practice over many years.

What we are seeing in General Practice might be a reflection of the movements we are seeing in healthcare generally, which are overall quite worrying. It's too much to go into right now (perhaps another write-up for another time!), but in short, there is a real risk of over-medicalising everything that happens in life, of a deepening and disturbing dependency on healthcare, of actively encouraging not only an increased anxiety about our bodies and our minds but also at the same time, fostering an increasing lack of ownership and responsibility for them and then, of offering 'solutions' without providing the resources to match. And finally, of vilifying those NHS workers who then fail to deliver on the promises that they had no chance of meeting in the first place.

By the way, in outlining the above, we are not talking about hypochondriasis. We are talking about trends in society that do not actually make us, as a society, any healthier. In fact, such things disempower patients, and are actually a sickness in their own right. Do we ever discuss these important issues? No, we do not because they might be considered unpalatable to hear or not politically correct to air. But they are still important issues nevertheless.

Everything that is happening now has the potential to risk General Practice and its future and the safety of patients, and at Ivy Grove Surgery, we feel we have a duty to let everyone know the truth. Indeed, you could call it a form of whistleblowing. Whistleblowing on the unproven policies of government, an account of the unintended (or possibly intended) consequences of deliberate over-promotion of a troubled service whilst simultaneously underinvesting in it.

Ultimately, we have told no lies in our letter and regardless of your view on patient-blaming, tone, messaging, length, presentation or otherwise, all we have done is that we have reflected on our service as honestly as we can and provided you with our true observations on our day to day work, along with suggestions about what you can all do to help.

Healthcare must always be a partnership

This brings us to the subject on what patients can do to help. In our open letter, we suggested that healthcare should be a partnership between patient and carer, and that all patients should take some responsibility for their own health. We are astounded to find

such fundamental principles are somehow deeply offensive to many, and are reported to be completely at odds with the provision of healthcare.

We completely disagree. We maintain that healthcare must be a partnership for it to work effectively and efficiently and as part of that partnership we consider it entirely reasonable to ask patients to do what they can to look after themselves, to stay healthy as best they can and to consider how they might access the right help, from the right professional, and at the right time.

We believe the attitude of being aware of your body and mind, of looking after your own health and of being healthy and of knowing what to do when things are not right, starts from childhood, from parenting, from schooling and education, from rigorous public health campaigns, and this learning should continue right through life. It should not be left until you are sick and your automatic course of action is to then contact the GP.

All we hear in the media are phrases such as 'GPs must do more to...', or 'GPs once again fail to...' or 'too many GPs...' (if you search these terms, you will find many examples), but never do we hear any words or phrases that suggest that a prior discussion, a partnership, a negotiation, or a shared responsibility would be more appropriate to help bridge the gap between demand and supply.

We hear much about patients' poor experiences with their GPs, much about what GPs should do but have failed to do, but nothing at all about what GPs are actually already doing, nothing at all about what GPs can reasonably do, and nothing at all about the consequences of GPs having to do too much.

At this surgery, we have always tried to address this issue of partnership by advising you on how to look after yourselves and how to work with our service in order to get the best care.

General Practice as it stands is unsustainable

The doctors at Ivy Grove Surgery together have over a century of experience in the NHS. In recent years we have lost an additional century of experience from older GPs retiring, mostly before their due time, or younger ones leaving General Practice or indeed, medicine, altogether. And we are certainly not soft; we actually consider ourselves to be quite a resilient bunch, but we can honestly tell you that the relentless demand that General Practice as a whole is facing, the huge workload, the expectations placed upon the service, are all making General Practice unsustainable.

***GPs have seen more patients than ever
since the entire history of the NHS***

NHS England's own official figures from the month of March 2021 show that GPs have seen the greatest number of patients since records began, and indeed ever since the entire history of the NHS, with half of contacts taking place face-to-face. Figures also show that GPs remain a limited resource, indeed they are a diminishing resource, therefore simple maths show that this simply cannot continue.

As a kind of thought experiment (bear with us here), think about a free* service that might be available to you, doesn't matter what the service would be, as long as it's free. Just as an example, say it's retail (the government does like to apply a retail style approach upon healthcare, with ratings, accessibility, convenience, so quite apt). So, say the nature of this free retail service would be to provide you with free groceries whenever you wanted, but at the start, only during office hours. It gets popular quite quickly.

* We know we pay taxes to support the NHS, however, 'free' in this context means not paying for it at the point of contact with the service

Those that work can't always access the retailer during office hours. So now the management board of the retail service wants it to open more hours, at evenings, and at weekends, which it does, after some resistance. Very quickly, and as expected, the free service is immensely popular. The board is thinking it might actually want the service to open 24 hours a day, 7 days a week, but hasn't got round to implementing that yet but definitely will come back to that later.

Anyway, the service is already experiencing huge demand with the customers expecting all their free groceries very frequently, but its staff are struggling to meet the demand and are under huge stress now. They're making mistakes, getting the wrong groceries picked, missing orders completely, rushing orders through, the groceries provided are of poorer quality and the customers are generally not satisfied and levels of abuse and complaints against the staff increase.

The management board demands that the retailer must continue regardless. It must offer not only a high quality service, but also one that is highly responsive and above all, it must be free at all times for the convenience of the customer, for them to access at any time of day or night (even though the staff that work for it only work during office hours). What does the retailer do? Demand is escalating and is damaging the quality of the service it can provide.

In order to continue the free service, the retailer might then need to limit the amount of times you could claim your free groceries, or perhaps it might need to limit the amount of free groceries you could get each time, or if it was met with such high demand, there would have to be an increasingly long wait before you could get to the front of the long queue to get your free groceries. If demand continued to escalate, the free service might have to charge a token fee to just make people reflect before getting their free groceries, or if the free service was completely overwhelmed, it would have to shut.

Not sure about you but we don't want General Practice to shut (we need it in our dotage, remember). For 'shut', read 'fail'. But as mentioned in our open letter, General Practice is already failing in various parts of the country, with 800 GP surgeries having closed their doors permanently in the last 8 years - you never used to hear about GP surgeries closing, but now two closing per week is the norm. It's not scaremongering to say, because it's true, if General Practice collapses, along with its capacity to assess over 1 million patients a day, you can be absolutely certain that the entire NHS will collapse shortly after.

If General Practice fails, the NHS as a whole fails

We therefore welcome open discussion and debate on the state of General Practice, and we welcome positive change for the better. If our letter went a little way to start some debate then we would be pleased. What we do not welcome is knee-jerk policy change based on newspaper soundbites or malicious media campaigns centred on the complete and utter falsehood that GP surgeries have been closed, or that GPs are lazy or obstructive, or that they are not seeing patients or deliberately hiding away behind their desks or behind their phones.

The irony behind these lies seems to have been utterly lost on those spreading them. If GP surgeries really are closed, with GPs not working, then something else must be occupying all their phone lines all day. If GPs are rubbish, and not worth seeing, then they do seem to be unjustifiably popular for them to be kept at their desks for 11-12 hours a day. And if waiting rooms are just empty, it must mean that the hundreds and hundreds of daily documents, results, tasks, notes and callbacks must be tackling themselves and filing themselves away. And if lazy GPs and their staff haven't been up to anything much at all lately, then the country must have vaccinated itself out of the pandemic*. Face-to-face.

| *At least 75% of all covid vaccinations have been performed in primary care

To believe such damaging lies is a cruel betrayal of the hard work and dedication of all the surgery staff, from verbally abused receptionist, to harried secretary, through to exhausted clinician.

We kindly ask that you do not join in the spiteful mob mentality of scapegoating General Practice and its highly committed staff for the faults of society and a broken system based on an outdated model of care, which is the result of decades of deliberate underinvestment and artificially fuelled over-expectation.

***Whatever happens, at Ivy Grove,
we will always aim to do our best for you***

Whatever happens, we, at Ivy Grove Surgery, will always aim to do our best for you to provide you with high quality and family friendly healthcare.

Ivy Grove Surgery