

A simple mistake with any one of these could have drastic consequences. And all the above does not include time needed for running the business, essential meetings, preparing for compulsory GP assessments, training and keeping up to date, having lunch or even going for a toilet break! Not surprisingly, no-one wants to be a GP any more. This is not just a feeling, it's actually the reality.

The stark reality of General Practice

There were 500 fewer GPs in 2015 (in drastic contrast to the government's promise of 5,000 new GPs by 2020); 200 practices closed in 2015; another 900 (1 in 10) practices are at risk of closure due to weak financial position, over half of GPs over 50 likely to quit in 5 years, and over 25% of GPs are looking to cut down from full-time. Locally, the Midlands is the most under-doctored area in England, with 65% of GP trainee positions vacant, and only 59 GPs per 100,000 population (compared to over 75 down South). That is why we ourselves cannot find locums or doctors for more permanent posts.

What does this mean for you as a patient?

It means difficulties getting an appointment, reduced satisfaction and more complaints. GPs are constantly firefighting rather than innovating. Quality and safety of care becomes at risk and there will be stressed, overworked and tired GPs who make mistakes, and burnt out, demoralised staff who get sick.

What's being done about it?

Having finally admitted problems, the government has promised funding, but none of it is new money and there is no direct help for practices with what is happening on the ground right now. There is a continued push for 7 day services when there are still not enough staff and resources for 5 day working. No-one is helping still.

What will happen in the future?

More practices will go bust, with the loss of the family GP, where long-term relationships are built on trust and caring. There will be large areas of the country without a GP, and there will be larger outfits run by non-doctor staff following money-saving protocols, meaning private providers could step in looking to make a quick profit.

Please know that we are doing our best

We know you're struggling to get in to see us, but we are not being difficult; we are working as best we can to provide a quality service in a broken system. **Practices all around the UK face the same struggles.** Just to confirm, we are not simply moaning or scaremongering, and we are not going bust, but we provide this leaflet because we feel we owe a duty to all our patients to tell the truth and explain the wider picture with General Practice.

What can you do to help?

Studies show that 25-40% of consultations with the doctor are unnecessary. Please try and self-care where appropriate, check our website at ivy.gs/help to get the right help for your condition, and please only book with us if you really need to. Do make yourself aware of what is happening in the NHS and General Practice in particular, speak to the Patient Group and above all, write to your MP and get some answers to your concerns.

More resources online

Get the right help for your condition: ivy.gs/help
Symptom Checker: ivy.gs/symptoms NHS Choices: nhs.uk
National Problems in General Practice: heatmaps.bma.org.uk
Contact your MP: theyworkforyou.com/mps
Contact the Patient Group: ivy.gs/pg

IVY GROVE SURGERY

The State of General Practice



*An information leaflet
for our patients (#1 of 2)*

ivy.gs/help

Tel: 01773 514130

Let's be honest here...

Things are difficult in General Practice and we cannot hide it any longer, and no, it is not just us at Ivy Grove Surgery, it is a national issue affecting practices all over the UK. You will have seen the Prime Minister's manifesto push towards 7 day working; Junior Doctors fighting for safe working practices; GP surgeries closing and finally an admission from politicians that there is a crisis in General Practice, and promises of 'funding'.

Why is there a crisis?

General Practice has seen an increase of 70 million consultations over the last 5 years, meaning GPs seeing over 1 million patients every day. This represents the largest increase in work in any part of the NHS which has not been matched by any increase in staff and resources to cope – in fact less of the NHS budget is being spent on General Practice and the proportion of doctors in the NHS who are GPs has dropped as GPs actively leave or retire early.

Society factors play their part: people have less tolerance for things going wrong; they want instant results; there is reduced ability to self-care and wait for natural recovery and society has lost the large caring family groups which used to support each other.

Politicians continually use the NHS to make promises for votes, but do not match these promises with additional resources: 7 day services represents a 40% increase in opening hours, but there is no additional funding to support this; constant reorganisation of the NHS means doctors have to take precious time out from looking after patients; all in all, a resulting poor working environment affects recruitment and retention, meaning fewer GPs are available overall.

How does General Practice work?

We know it's difficult to get in, but in order to explain why, we need to first tell you more about how General Practice works. Each practice gets a set amount of money to provide care for each of its patients per year. From this amount, the practice pays for all heating, lighting, staff wages, equipment and anything to do with patient care. Any money left over is shared between the partners who own the business.

Ivy Grove Surgery receives £143 per patient per year equating to just 56½p funding per patient per working day (or £2.75 per week)

For this fixed amount, patients see us as many times as they need, including home visits and telephone calls. And, for this, we don't just aim to provide a low-rate service, we aim to provide high quality and safe care.

How does this level of funding compare?

- £143 is the cost of medical care for you for one year
- £150 is the price of the cheapest 4G phone contract
- £170 is a trip to the cinema every fortnight
- £240 is the cost of a basic Sky TV package
- £339 is the average cost to insure your dog

56½p per day doesn't actually go very far

Realistically, this fixed amount of funding only pays enough for patients to see us twice a year, but on average everyone sees us at least six times a year, with some elderly and vulnerable patients seeing us 10-15 times or more a year. The more we see you, the less effective we are as a business. We are not like a shop, where the more customers or 'business' we get, the more successful we become, or where we have 'spare' staff in the back whom we can bring out to serve more

customers on the checkouts if it gets busy – everyone in General Practice is already working at full stretch.

Shall we talk shop?

The government often compares 'poor' GP services to the retail sector, so let's take this analogy further. Say you have a shop called *Tescburys*. If *Tescburys* worked like General Practice, then the government would give *Tescburys* £3,000 a year (average spend on groceries in the Midlands); for this, not only could you get as much *Tescburys Supreme* quality food as you liked, but also go as many times as you wanted; we think *Tescburys* would be bust within a week; as it happens, General Practice works under this pressure every single day.

That's why you can't get in...

Now, that is why you cannot get an appointment: demand is not being matched by resources, funding or staffing; appointments are being used up more quickly than we can provide them, despite working flat out; our time is taken up with complex cases requiring repeated review and we also have lots of patients attending with conditions that would get better with self-care.

What's a typical day for a GP?

12-14 hour days are typical, with increased intensity and complexity; there is more admin, box-ticking, paperwork; more targets, scrutiny and inspections; this means less time to do the job well. Financial pressures mean businesses are more at risk. A typical day for a GP may involve: 35-60 face to face appointments; 10-30 phone calls; 50 clinic letters to read and action; 60 lab results to review; 25 tasks (review medication, phone patients, complete forms, sick notes); 1-2 admin forms (insurances, travel forms) to complete; 80-250 prescriptions to check and sign; 1-2 home visits.