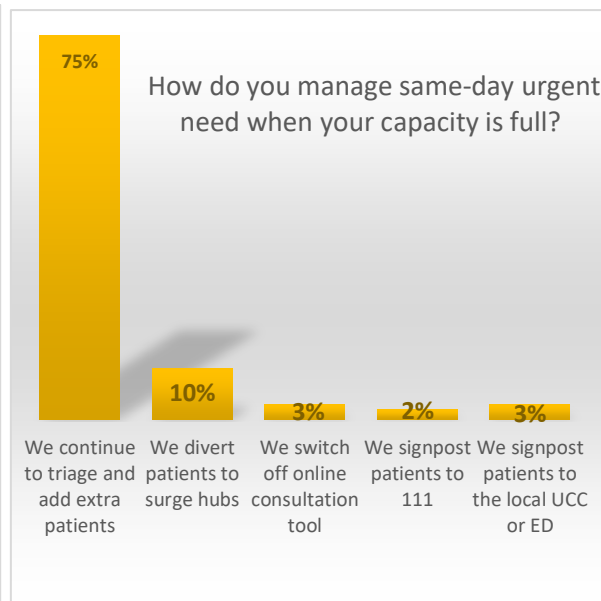
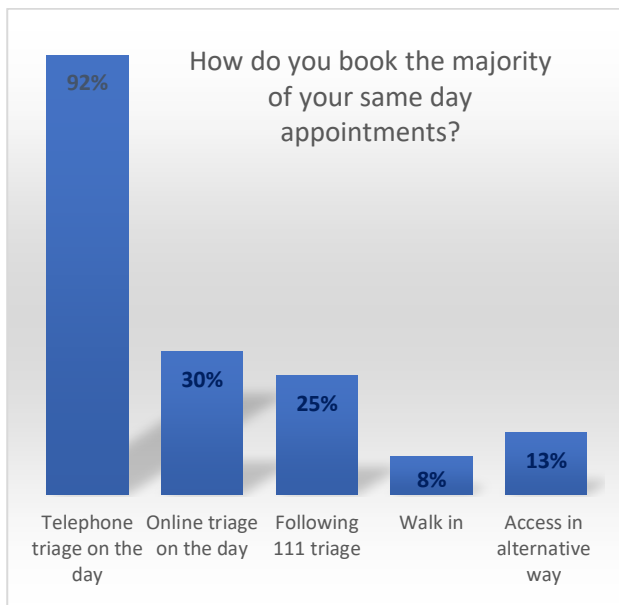


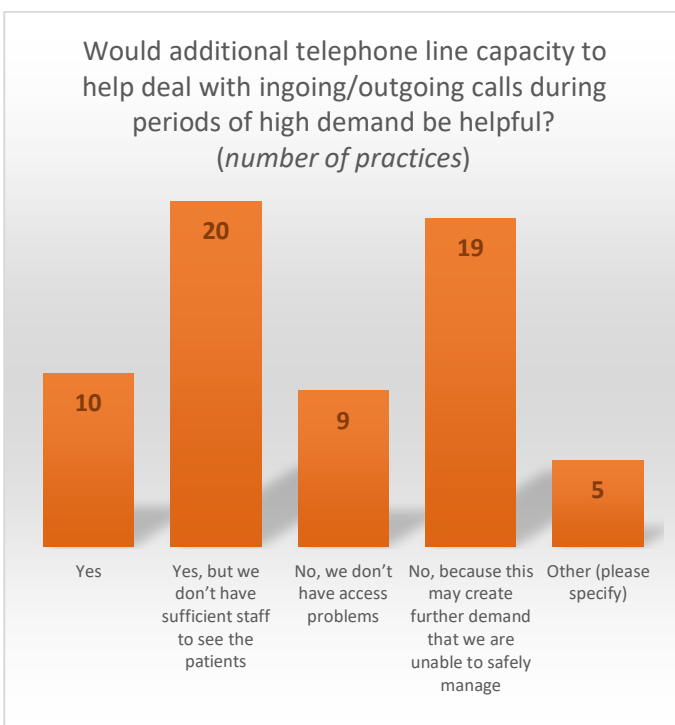
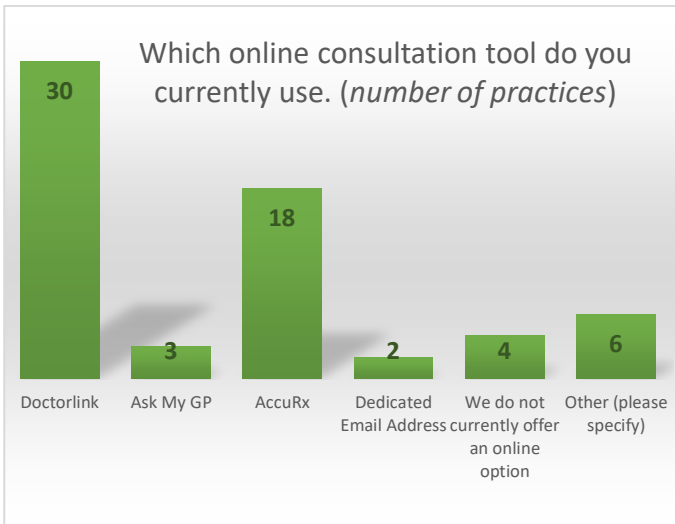


June 2021 Access and Demand Survey results

Findings at a glance: Access

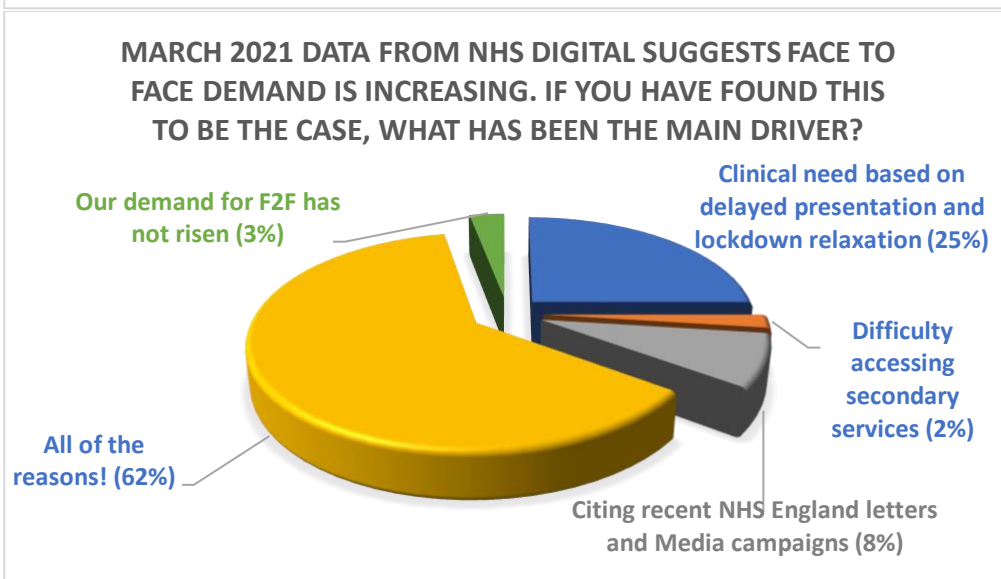
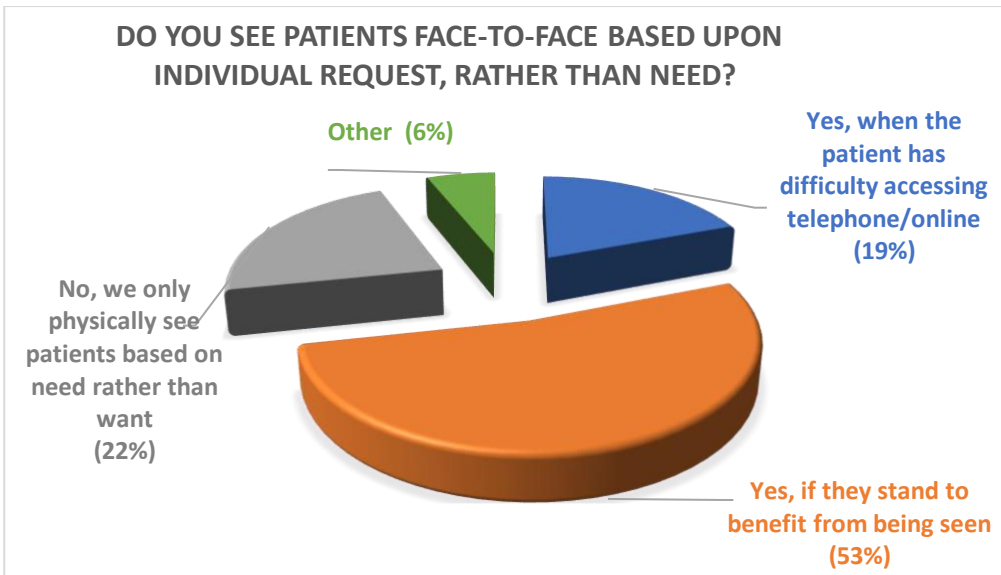
- 92% of practices offer same day appointments via the telephone booking system.
- 46 practices offer patients the ability to book via the telephone and a further 40% of practices offer the ability to access appointment booking on-line
- Whilst 74% of practices continue to book urgent patients even when they are fully booked, some mentioned that they would like to refer to surge capacity hubs however appointments for this service are often full or patients decline as they don't want to see a GP outside of their practice. Only 9.5% of practices use the refer to surge capacity hubs as a default response. 5% of practices signpost urgent patients to 111 or UCC/ED.
- 20 practices said they would like additional phone capacity but don't have sufficient staff to manage the extra capacity that would produce and a further 19 practices felt they wouldn't be able to deal with the increased demand this would create safely!
- Many of the practices felt their estate did not allow for social distancing which meant they were unable to offer walk-ins to their reception area.

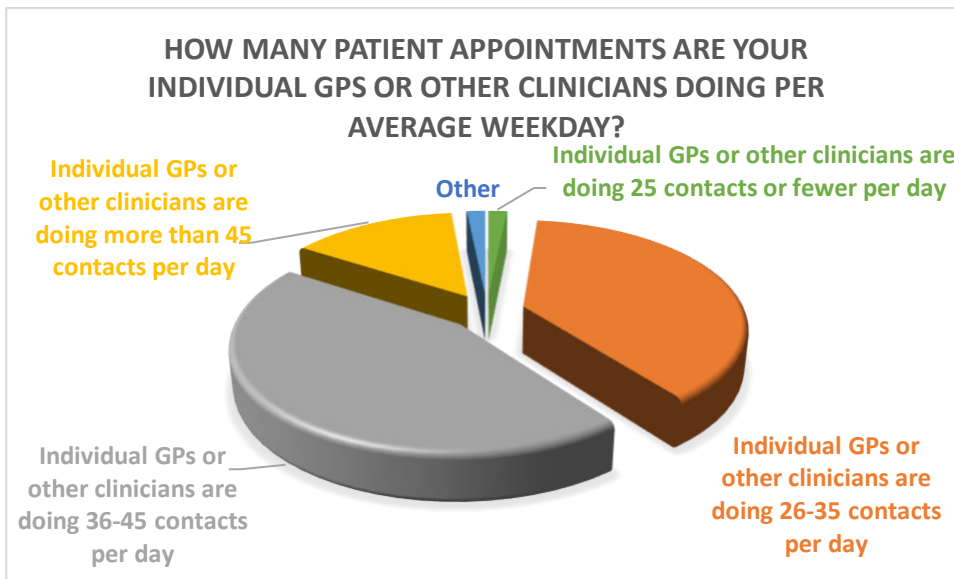




Findings at a glance: Demand

- 98% of practices are continuing to see patients F2F when clinically necessary and have done so through the pandemic.
- 44% of GPs or other clinicians are doing 36-45 contacts per day with 38% of GPs or other clinicians are doing 26-35 contacts per day. **14% of GP’s are doing over 45 contacts/day**
- 98% never stopped seeing patients face to face in the practice, when it was deemed clinically necessary to do so, with 52% being seen at their request if they stand to benefit from being seen.
- There has been a 95% increase in demand for F2F appointments over the past month!! 52 out of 63 practices state that patients have cited the following reasons for this
 - increased demand - need based on delayed presentation and lockdown relaxation;
 - Difficulty accessing secondary services; and
 - Recent NHS England letters and Media campaigns.
- A third of responding practices feel that in terms of their workforce coping, this is the worst it has ever been!





How are practices coping - comments?

“Over the past couple of months workloads and patient demand have increased enormously - this is visibly affecting staff morale and stress levels”

“Practice at breaking point 4 partner resignations and 4 salaried Doctors as well as ANP and HCA”

“Our biggest issue is with recruitment of GP's we are very short of GP numbers and the remaining GPs are struggling to cope with demand”

“The pressure on the GPs has never been greater. The partners and managers constantly review and remodel access options and resource allocation to cope with increased demand. The practice is allocating additional funds to increase capacity and staff resources (locums and staff recruitment). This may not be sustainable long-term.”

“We are swamped by the demand for appointments and also "clinical admin", especially tasks regarding patients who's medication reviews were postponed, incoming letters and work from hospital requesting blood tests be arranged etc”

“It is tough, nurse recruitment is near impossible, doctor recruitment not much better. Premises are a huge problem for us, we are all reporting symptoms of burn out”

“Our team has never been so busy or felt so undervalued. We are supporting each other to get through. There are always busy times of the year, but the winter pressure and demand has not abated and keeps growing. This clinical service demand, coupled with external factors such as the GP bashing in the media has resulted in our clinical and non-clinical staff struggling to find enjoyment in the job. We have never known complaints or verbal abuse towards staff to be so high. We have had staff members off sick with stress. We have struggled to find locums to increase capacity and thus current staff are being spread increasingly thin. The goodwill has gone - and this was one of the factors that kept the NHS from toppling over before the pandemic. I worry about the future of the NHS but it cannot continue this way.”

“I'm seriously deliberating giving up general practice a year post qualification...I'm completely exhausted and demoralised, I can't see how we can possibly be expected to carry on like this much

"The NHS is broken. We are broken. I have done this job for 25 years and have never seen anything like it. It is unsafe, demoralising and both patients and practice can see things are failing and unmanageable."

"Our team has never been so busy or felt so undervalued. We are supporting each other to get through. There are always busy times of the year, but the winter pressure and demand has not abated and keeps growing. This clinical service demand, coupled with external factors such as the GP bashing in the media has resulted in our clinical and non-clinical staff struggling to find enjoyment in the job."

"We have never known complaints or verbal abuse towards staff to be so high. We have had staff members off sick with stress. We have struggled to find locums to increase capacity and thus current staff are being spread increasingly thin. The goodwill has gone - and this was one of the factors that kept us from toppling over before the pandemic. I worry about the future of general practice, but it cannot continue this way."

"All staff are exhausted. The level of abuse towards staff has escalated significantly. It is difficult to know how to manage the demand at times. We start at 730am and sometimes the afternoon surgeries can run past 8pm, having got no paperwork done in the day. This is very damaging to the individual's wellbeing."

"Abusive patients and complaints are on the increase. Largely associated with media put out from NHSE. Workload is excessive with no sign of any let up and we aren't even at the winter pressures stage yet. Burnt out clinicians, burnt out managers and staff reduced to tears by patients daily."

"GMS budget can't cover the extra appointments, we are doing outpatient work (blood tests+ review test+ manage test), salaried staff are protected, partners not. If the plan is to kill off partners, then its working- the consequences will be a sudden drop in capacity - biblical scale. PCN traps money in bank accounts. large scale mergers create middle management structures that GMS budgets could not support. I would merge the outpatient budget with GMS and pay consults on sessions and cut out pointless follow-ups at the same cost as one year of GP care- junior doctors could still help within specialities without needing to be GP trained"

"Since the easing of the lockdown, we are really struggling with the increased demand. The majority of requests are patients with significant clinical need. Our patients also seem very intolerant of any delay in us answering phones or organising appointments. More patients are demanding F2F contacts as their first contact without a clear clinical need for this."

"We are coping as we continued with our recruitment plan in line with our practice growth forecast despite the pandemic. We had a plan for expansion which involved recruitment of Nurses and GPs to meet growth in list size and this has absorbed some of the increase in demand. We are at almost 12000 patients now whereas in April 2020 we had a list size of 10900. Had we not had this then we would be struggling, and I would rate us as at 2 or 3. We also have had 3-4 members of the (clinical & admin) team retire but ask to be retained on a zero-hour contract to support us which has been invaluable. Offering the covid vaccination programme has been fantastic for our patients but proven much more demanding than initially anticipated due to constantly changing parameters. We do not currently have equitable access to surge appointments and our patients are not keen to utilise extended access and this is something we need to explore to understand how we can improve our use of this support available to us. With regards to the increase in list size, I have raised this funding issue on several occasions, but Practice have been paid for some ES for 18 months+ based on activity levels from 2019-20. This does not reflect any increase in list size which despite the pandemic has resulted in a proportionate rise in patient need of available services. This means that we are not being funded equitably on a patient list size basis to other Practices that have not experienced this. I have asked the CCG to review this without success"

“Patients are frustrated and enjoy the opportunity to tell their grievances. They simply cannot take in the brevity of the time for their consultation and do not realise how quickly time is used in listening to them so become annoyed when time is inadequate. They feel entitled to a long time with their doctor. There are some who are more aggressive and some who are still staying away because of the government messaging. Allowing access by email means increased demand. Most have saved up several problems for one consultation. Telephone consults are more difficult than face to face due to lack of visual cues so more exhausting doing up to 30 a day - The multiple sources of questions- email, phone messages; documents, results as well as booked consultations make a normal day incessant and a race against time. This means working in a state of heightened arousal/ Adrenalin and prevents any deeper thinking or reflection. And so on and so on”

“Not sure of things can ever change as we all bang heads on stones and only hurting us If NHS dental service is not free why NHS GP service is free?”

“Commissioner could help - CPFT stop declining to help our patients, stop the need of us referring for optician problems, stop internal hospital referrals needing to go via GP's.”

"We have plenty of PPE still, we have had minimal staff sickness and absence, we continue to train and teach, for the GPs every session is like being on-call, visiting rate remains low, we have no care homes, morale pretty good considering”

“We are having to cope, but the demand is immense, alongside running Covid Vaccination Clinics every week for the last 6 months and being expected to achieve 'business as usual'. We have a very hardworking, loyal - tired - team.”

“Like most practices we are having difficulty recruiting the right staff in particular GPs. The lack of awareness of the difficulties in general practice and the criticisms in the press are demoralizing. Not being listened to by decision makers in the NHS is frustrating

“Reception staff upset by abusive language from patients who can't see someone they want as appts all full or not when they want or want seen f2f”

“Staff really are exhausted by demands over the last 15 months and are now demoralised by regional and national narrative around general practice. many staff working at every weekend for the vaccination programme since January on top of BAU. Increasingly complex patients with multiple pathologies and additional mental health on top, reduced access to secondary care and limited mental health provision, means that we have never worked harder or with more complex patient needs. Thank you LMC for believing in us!!”

“How our reception team is coping with the incessant incoming calls is beyond comprehension. We have now tried turning the ring volume down to a minimum audible level to try to alleviate the constant 'telephone ringing in the ears' experienced well into the evening by most staff. We are beginning to feel as a whole team, completely exhausted and as though there is nowhere to turn... it's a constant battle day in, day out. Staff whose morale is normally buoyant, are saying they're not enjoying the job anymore and we worry about a swathe of resignations hitting the PM's desk (including hers!) Patients are becoming frustrated with the long wait times to get through, angry that they can't get the face to face appointment the chap on the telly told them they could have if they asked for it; we're increasingly having to implement our Zero Tolerance Policy due to vile verbal attacks by patients (including death threats); we're frustrated that we can't open our Reception Desk as the foyer is too busy with other users of the building, including CCS covid mass Vaccination site (who took half of our patient waiting area without prior consultation). Our GPs are tired out working long hours with no option but to log in in the evening and at weekends. It's the worst environment we've ever had in the Practice - and it's only a measure of our camaraderie and loyalty to each other that we keep going... and the cakes help to cheer us into comfort eating when baked by members of the team. Help LMC, please help, if you can!”

"I have been a GP for 16 years and it has honestly never been busier. This is affecting all aspects of practice not just clinical workload. Scanning, secretarial, dispensary, reception all exceptionally busy so letter taking longer to get into records medication changes taking longer to enact. All with no increase in GMS funding. The partners have invested by paying for additional phone lines - not able to be reimbursed from Covid fund, have increased staff numbers and this will be an ongoing cost, again not matched with increased funding. I feel the surge hub appointments are not evenly utilised by practices. Staff are physically and mentally exhausted. I think some days I am getting 'decision fatigue as it is so busy. One of my colleagues is seriously worried about making a mistake and being sued because of the pressure we are all under."

"Workload is unsustainable, we are working on good will and squeezing in appointments constantly, a neighbouring practice folding has increased workload. Constant tasks and requests from allied health professionals / 111/ hospital etc. I describe duty doctor days as 'being like an air traffic controller on speed' - electronic messages being fired at you constantly with the challenge of managing each task safely and in a timely manner - not at all easy. A Physio once asked for a 10-minute chat when I was duty GP- at least 8 tasks pinged up on the computer screen in that time. This is whilst patients are waiting to be seen and other colleagues also need advice. We are well staffed and have recruited more staff to cope (at the expense of income), but we are still extremely busy."

"Hopefully with the appointment of another GP things should start to improve"

"I find it very demoralising that we are pilloried by NHSE and the media when we have never been busier. The amount of work from 2ry care and other sources is overwhelming on top of huge demand within 1ry care. We cannot cope for much longer with everyone passing their work to us. There must be safe limits in place for practitioner wellbeing, staff retention and patient safety"

"Staff overwhelmed and stressed. monthly CCG funding cut to cover costs for extra staff needed for demand. patient demand is higher and behaviour and attitude from patients is far more negative than previously. annual leave from previous years carried over and contributing to staff shortages in practice"

"Demand and expectation are high. We are not a resource that can be squandered. Patients and the hospital should not expect that the GP can just.... it all takes time, money and staff We did not stop our daily work in lockdown, we have coped with enormous change and had to learn about a new virus and new ways of working. On top of this we have supported a PCT and run a whole surgery as a vaccination centre. Please stop telling us how to be GPs and how to run a vaccination program unless you really do know better. Many of us have quite a lot of experience from years of doing both."

"We're all working flat out, going home on average 2 hours late to keep up with the referrals, results, and other admin we can't get round to during the day, or else working additional hours from laptop at home in time we're not supposed to be working. "Crisis" management seems to be ongoing due to ever rising demand"

"Unrealistic patient demands for prescriptions, increasing demand for clinical appts (triage & F2F), continuing staffing issues due to staff deployment to covid clinics, patient use of NHS 111 simply means more patients are added onto the worklist as 111 cannot offer much else, time spent by ANP's dealing with care homes and their patients is draining ANP time"

"Our practice has 20-30 appts each morning and each afternoon. It is unsustainable for so many of us currently. They say that we must meet patient demand. They imply that if BMA / LMC / someone... gives them permission to reduce this, then that's fine, but for now, it is exhausting us and only looks like it will get worse"