General Practice Survey

2021

Summary Report

Introduction

This brief report summarises responses to a recent survey of general practices undertaken by Glasgow City HSCP.

In conversation with GPs and practice staff over the last fifteen months it has been clear that enormous thought and consideration had been given to how best they could continue to work though the pandemic, providing the essential service and support that they do, in a way that was safe for their patients and for themselves. More recently, as we have started to move on from the pandemic, we have undertaken Listen and Learn drop-in sessions, as well as scheduled meetings. Through these conversations, and supported by figures presented by some practice colleagues, it seemed that there was a continuing upward trend in workload for practices, and that expectations of patients were changing.

The survey therefore sought information about the impact of the Covid pandemic on practices and their staff, how they had adapted their ways of working to continue safely to provide their service, and how they anticipate their processes will evolve as we move on from the pandemic. Specifically, we were keen to understand better the issues that practices are facing with the aim of identifying an actions we could take as an HSCP to support practices through this time.

We received **54** responses, these being submitted by almost equal numbers of practice managers and of GPs. One practice submitted a response prepared jointly by a GP, PN and PM.

Workload / demand for appointments

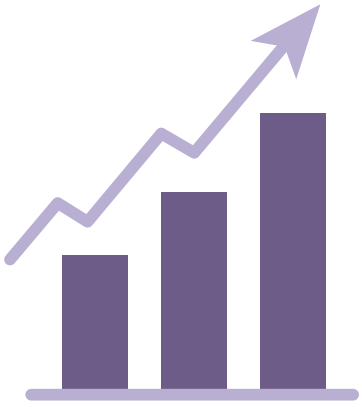
Nearly 90% of respondents suggested that GP workload had increased by comparison with pre-pandemic levels, with 70% considering it had increased by more than 20%.

The equivalent figures for Practice Nurses were nearly 65% reporting an increase and nearly 45% rating this as more than 20%

For health care assistants, more than 25% and 17%, and for other members of the MDT, nearly 20% and 10%. (Fewer respondents provided information on these two final groups than had for GPs and PNs; for each, 25% of those who responded acknowledged that they did not know or were not sure about the changes in these workloads.)

In terms of respondents' perceptions of any change in the type or nature of demand, key themes included the extent to which patients are presenting with mental health problems, delayed / late presentations, and workload redirected in various ways from secondary care. Whilst some of the increased workload could be characterised as appropriate – for example in relation to initial presentations for MH, CDM etc - other aspects were not. Workload experienced as being passed from secondary care (and to a lesser extent OoH) consulting is reported as raising both clinical and administrative workloads.

Two strong messages were the use of telephone (in terms of the scale of transfer to this medium, and the positives and negatives of this) and the extent to which demand in general has increased. Linked to this were perceptions of a change in the nature of expectations, including for rapid responses, and patients presenting with self-limiting conditions. There may were many responses describing aggression and abuse and the impact of this on morale.



GP Feedback

"We have become more accessible with on the day telephone assessments. Everyone who contacts us gets a call back."

"More demanding attitude from patients; not willing to settle for telephone consults and wishing face to face appointments as restrictions ease; increase in mental health and anxiety especially from the elderly patients"

"Many of the contacts have been intensely unpleasant and doctor, nurse and staff morale is incredibly low!"

"Increase in SCI referrals to phlebotomy as patients cannot get through on the phone system (SPOC)."

"We sometimes have free appts left at the end of the day and feel that everyone that needs seen is being seen whereas before the pandemic we would often have to tell patients there was no more appts available and they would need to call back the next day at 8am."

Meeting Demand

The most common ways that respondents have described trying to meet demand were use of telephone triage, use of telephone appointments, (more than 90% for both of these); and use of images sent by patients.

Two thirds of respondents described increasing the number of appointment available, and many had redesigned clinical and or administrative roles. Relatively few practices mentioned locums – it was noted that they are difficult to find

It was positive to see that nearly three quarters of respondents reported that the methods they had used enabled them, at least for the most part, to meet demand. However, only 11% claimed that their changes had fully enabled them to do so.

We had asked how the pattern of the day has changed for practices. For some practices there have been very positive impacts, with descriptions of appointments being available throughout the day, and the benefits of triage and remote working. The responses were:

"The pandemic has made us re-evaluate our systems and use different ways of working whereas the default before was always to bring patients in for a face to face appt."

"No longer are there patient generated surgery appointments. After telephone assessment patients may or may not be seen in the surgery depending on clinical need."

"The extension of the community phlebotomy service and CTAC services have been really helpful in freeing up nurse capacity."

"An impact of the change in the way of working has been, for some respondents at least, the level of demand has resulted in a long and undifferentiated work day"

"There is no routine with requests for appts of any sort and home visits coming in all day. Less time for admin now as surgeries and visits run into one without a break. Attempting to structure surgeries but problem remains when all daily slots used and people are still calling."

Waiting times for appointments

A typical wait time for a non-urgent GP appointment for more than half of practices would be two days or less. However, for more than a fifth, it would be more than a week. As regards practice nurses, appointment waits would be one or two days for a third of practices, and more than a week for more than a quarter of practices.

Impact on wellbeing

We asked about the impact of Covid and of recovery from the pandemic on wellbeing within the practice and similar themes emerged; again there was discussion of high patient expectations and an increase an abusive and aggressive language, with negative consequences for morale. What also came through was anxiety about the future, especially in the context of members of the practice team being very tired following what has been an extremely hard year for everyone. Some of the responses were made in stark terms – language included:

"KNACKERED"

"TIRED"

" BURNT OUT"

"STRESSED"

"It has been very hard to see [staff] being abused, shouted at and belittled by patients now that there is this belief that the pandemic is over and we should be able to provide normal service"

"Every other call is very abusive, for the first time ever we are finding staff hating coming to work to face day to day aggressive behaviour from patients"

"Most [patients] have been understanding and appreciative of the fact that we have worked constantly throughout the last year but some just want things to 'go back to normal' and I really don't think they can"
"Demand is definitely increasing and chronic disease is an increasing burden and we are concerned about becoming overwhelmed."

Plans for the future

Looking to the future, most respondents reflected that they will continue with telephone and remote consulting, although some respondents had concerns about the extent to which these models are appropriate for their practice populations. For some practices, face to face appointments will be available only after triage; conversely a small number of respondents were very keen to return to face to face consultation as the norm. In practical terms, some respondents noted that they plan to prioritise CDM (chronic disease management).

"No face to face consult. We must control the relentless demand for GP services. Face to face consult is now a thing of the past. We will only offer F2F following a triage and sign posting."

"We are very keen to retain telephone triage as a 1st point of contact and have a clinician decide on the appropriateness of F2F. It has been hugely advantageous to be able to spend as long as is needed with px who genuinely DO need F2F as opposed to having to see such px within a restrictive 10 min slot."

"Patient survey completed last year gave us the indication 15 minute face to face was the way forward which we have begun doing, whilst patients also wanted to retain telephone appointments and video."

"We are going to continue to signpost and triage as much as we can with initial conversations by a nurse or GP as to whether a Face to face appt is necessary and dealing with us much as we can remotely. "

"I think we will cont to inc F2F consults, this is what patients want we think, as COVID risks decrease and what we all prefer ultimately too"

"Increasing number of telephone consultations leading to more need for F2F consultations."

"Telephone consulting has led to increase in demand due to patient convenience for uses they would not set aside time to attend and also expectation for same day telephone consulted has rocketed. Of concern this make it more difficult to respond adequately to those disadvantaged by the new system - the old, vulnerable and those who do not speak English. (at the expense of the young, worried service user)."

"Due to patient demographic in a deprived area, near me has not been helpful."
"Attend Anywhere has not proved to be popular and takes too long to log on and sort out technical difficulties before consult has even started."

Nearly two thirds of respondents would be interested in receiving support on access, learning with and from each other. Equally, concerns were raised about the lack of time available for learning and training.

Learning tips

Finally, we asked what would be the top learning tip the respondent would wish to share from the way that they have responded to the pandemic. A strong theme from respondents was the need for information and education for patients and the public about the pressures on general practice and about the range of other services that are available and directly accessible.

Next steps

We were very pleased with the level of response that we received and some of the comments included here provide a flavour of the powerful nature of that response. We are particularly keen to ensure that we take action on the issues raised, and to ensure that the responses are shared with others who are able to take helpful action on these issues.

What is already in place?

There are already a number of actions being progressed to support practices:

- Through the **Primary Care Improvement Plan** we have continued to invest in services to support practices and to move workload away from GPs, and the implementation of the GP contract continues to evolve. In Glasgow City we will have investment of £18.8 million each year from 2021/22 which is enabling us to expand the workforce for primary care; since 2018/19, 300 additional staff have been recruited through the PCIP. We are committed to working in partnership with practices to make best use of the funding we have received and this year we are prioritising the transfer of responsibilities of pharmacotherapy, Community Treatment and Care Services and vaccinations from general practice to the NHS Board/HSCP.

- There is an **NHSGGC General Practice Escalation Framework** in place with all practices still at level 1 that allows for reduction of administration and reporting tasks, protected funding for Enhanced Services including Chronic Disease Management bundle and specific condition guidance e.g. on monitoring requirements.

- Continue to operate the **COVID 19 community pathway** to divert patients with symptoms of the virus from general practice.

- Support for **remote working and use of NHS Near Me and MS Teams** to support new ways of working and to minimise the impact of staff absence as a consequence of self-isolation.

- Funding is available to **provide cover for staff absence** due to Covid, self-isolation.

- There is **HSCP, Cluster and buddy support for practices** and individual practice support where this is required.

- **Coaching** continues to be available for individuals to offer practices external expertise in re-designing systems/patient pathways.

- In response to requests for support from some practice managers we are helping to run **sessions** for practice managers to **collaborate and share good practice**.

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What is already in place?cont.

- We have established **Interface arrangements** between primary and secondary care for reviews of referral pathways and these allow colleagues the opportunities to raise concerns and challenges. There is on-going information sharing and publication of newsletters on the current approaches to electives as well as sharing of current position in primary care with colleagues in secondary care.

- **Acute phlebotomy** hubs are in place for all specialties.

- We are working with colleagues from the health board to do as much as we can to **improve the infrastructure for primary care** including making best use of the resources, including the updating of ICT systems and improvement grants. We are about to invest in health centres to increase the capacity for treatment and consulting rooms and this will benefit practices based both within and out with health centres.

- The HSCP will continue to provide support to **promote the wellbeing of individual practice staff** and to work with practices and the LMC to plan how we best use resources that will be made available by the Scottish Government.

What else could we do?

We are working with colleagues from the other HSCPs, Primary Care Support at the Health Board and the LMC/GP Sub to do as much as we can to support practices.Examples of some of the work that is in progress and/or being considered are outlined below.

- There is work taking place both locally and nationally to create **public messaging** to explain how practices are now operating, the pressures that they are facing and the expectations about how patients should behave in health service settings.

- As we continue to recover from the pandemic we will work with primary care colleagues to review and renew focus on the **"Know Who To Turn To"** materials as these proved popular and useful when they were first introduced.

- Continuing to **work with the national groups** on methods to capture activity and demand within general practice, **building on the practice activity survey** which was in place over the winter and opportunities to extract data directly from practice systems'.

What else could we do? cont.

- We would like to reinvigorate the work that was previously started to **improve signposting and workflow optimisation** and to explore what further support we could provide **practices to re-design access and appointment systems.**

- Sharing of **national and local guidance on recovery and remobilisation, including wellbeing support.**

- Provide information on pros and cons of **Asynchronous consulting systems** and facilitate the national funding for the roll out of these methods.

- Develop support to **increase remote monitoring**, such as the provision of blood pressure monitors and Florence or an equivalent system.

- **Provide CDM guidance**, specifically on approaches to prioritising routine reviewing, identifying unmet need and evidence review (so each practice does not have to duplicate this).