

## **Southwark Local Medical Committee written submission to Southwark Council's Healthy Communities scrutiny review into GP practices 2017**

Southwark Local Medical Committee (LMC) welcomes the opportunity of providing a written submission to Southwark Council's Healthy Communities Scrutiny review into GP practices at a time when general practice in Southwark, along with the rest of London, has declared a state of emergency. General practice is at breaking point which is not safe for patients or staff.

### **What are the biggest pressures GPs are facing and what could the wider system do to help alleviate?**

#### *Morale and retention and recruitment to general practice in Southwark*

One of the biggest pressures which GPs are immediately facing in Southwark is recruitment and retention which is due to the current low morale of the profession in the light of the ever-increasing workload, increasing population, increased bureaucracy and the under investment of general practice.

Practices in Southwark are reporting how difficult it is to recruit clinical staff to fill vacancies. Doctors and nurses are either leaving, working reduced sessions or not entering general practice at all when newly qualified. Very few GPs are expressing an interest in a partnership and an increasing number of GPs are locums who are choosing to follow portfolio careers which means that they might not be looking to do a large number of sessions per week in general practice. The likely impact of this will affect the continuity of care for patients and thereby risk losing the unique doctor/patient relationship which is important particularly for those with long term conditions.

In 2014 the Government published the NHS Five Year Forward View and in 2016 it published the General Practice Five Year Forward view both of which aspired to stabilise funding for general practice, tackle the retention situation and introduce stability. We are now two years in to the NHS Five Year Forward View plan but it is apparent that it is not working. Londonwide LMCs which is the only independent body in London which represents full and part-time GPs and practice teams across London including Southwark conducts regular workforce surveys of practices in London. The most recent survey was conducted in November/December 2016 and of the 19 Southwark practices which responded to the survey the following

- 14 practices currently carry vacancies
- 1 practice is considering closure
- 2 practices are planning to close within the next 3 years
- 2 practices would not rule closure out
- 2 practices do not know if they will consider closure

#### *Patient Demand*

The Government's promise to patients for 8 to 8 access 7 days a week is unrealistic and unhelpful in view of the increasing population, the increase in the number of patients presenting with long term conditions and a reduction in the workforce. As a result of this some patients' expectations are that they should be seen immediately.

#### *Under investment in General Practice*

Funding to general practice has been decreasing in recent years. Between 2009/10 and 2013/14 funding for general practice fell by an average rate of 1.3% in real terms. In comparison funding for hospital services increased at a rate of 2.0% in real terms. As a percentage of overall NHS funding, general practice funding has fallen from 10.33% in 2004/5 to 7.8% in 2014/15.

#### **The professional voice of general practice in Southwark**

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Southwark LMC would argue that the funding accompanying the NHS Five Year Forward View and the General Practice Forward View (2016) is insufficient to stabilise general practice as most of the increase will be absorbed by inflation leaving a real average annual increase of 0.9%. Over the past decade, costs of running practices have risen 2.3% and GP earnings have fallen by 16%. None of the new funding announced is specifically identified for increasing core funding to general practice.

Furthermore, the LMC queries how achievable it will be for the Government to fulfil its promise to recruit 5000 new doctors in general practice by 2020/21 and notes that this will do little to help alleviate the immediate situation around recruitment and retention.

#### *Premises*

Many general premises are not considered to be fit for purpose and this is a result of under investment in general practice. It is difficult for practices to expand the services they offer to patients because of the limitations and costs they face for premises development.

#### **What can the wider system do help alleviate the biggest pressures GPs are facing?**

The LMC is of the view that there is need for a campaign to help the public understand the current state of crisis in general practice and that patients risk losing their GPs unless the pressures on general practice are dramatically eased.

#### **Role for the Council in helping to address the changing needs of primary care including facilities:**

##### *Services for children and adolescents*

The LMC is of the view that health promotion, ill health prevention, and investing in children/adolescents who present with relatively minor health issues is key and vital to save money in the long term as such patients could end up with major mental health and physical health problems in the older age.

The lack of child and adolescent mental health service support at all levels also impacts on primary care and its ability to provide good care for patients.

At times, practices can experience difficulties in making referrals to some services such as Early Help. The Early Help referral process can be lengthy and cumbersome and needs to be more timely and streamlined. The LMC suggests that Southwark Council might wish to review the Well Centre which currently operates in Lambeth.

There are no services to which obese teenagers can be referred as MEND does not cover the older teenager.

##### *Adult safeguarding*

It can take practices a considerable amount of time arranging urgent safeguarding referrals but social services can take several weeks to respond, at times, which the LMC acknowledges might be due to lack of capacity.

##### *Working together more effectively*

The LMC would request that relevant staff recognise the need to work together effectively with colleagues in general practice and not put up barriers to such referrals. This would not only release time for general practice but would be beneficial for patient care.

##### *Benefits advisors*

Increasingly patients are attending surgeries because their benefits and/or care packages have stopped. This adversely affects patients' health and attendance rates. The LMC suggests that the Council recommission Benefits Advisors as this is now a time when many patients need such services.

##### *Building developments*

When the Council plans future big developments, it is essential that the health needs are taken into account at the earliest. There has been a real lost opportunity with the Elephant and Castle development which is bringing lots of new patients into the area but none of the existing practices can accommodate any more

patients. Furthermore, the healthcare premises currently being considered will not be ready for some time and are not near the transport hub. The LMC is aware that the Council has set aside Section 106 monies but suggests that perhaps more needed to have been done to identify appropriate premises that would best serve the population with good transport etc.

**Role for the CCG in helping to address the changing needs of primary care including facilities:**

The LMC would welcome the CCG's assistance in addressing the unresourced transfer of work from secondary care to primary care eg:

- prescribing
- certification
- poor communication, information and care co ordination
- incomplete discharge summaries/Friday evening discharges
- patient bounce backs from missed appointments

It is the CCG which commissions secondary care services and which monitors the hospitals' performance against those contracts. The CCG should, therefore, monitor compliance with the hospital contracts more effectively and impose financial penalties when the requirements are not being met.

**Role for others in helping to address the changing needs of primary care including facilities**

The major focus currently is out of hospital care. However, in order that this can be provided effectively there is a need for better community health services and there are currently too few district nurses.

**CQC visits**

The preparation for the regulatory CQC visits is a time consuming and expensive process which causes a great deal of anxiety and stress for practice staff. Although the aim is to raise standards and support practices it has been organised in such a way that it is punitive rather than developmental.

The visits to practices are conducted in an inconsistent manner and the CQC reports can be variable. If a recommendation is made to close a practice this has an impact on neighbouring practices which are already at full capacity.

**16 February 2017**