



## General practice issues in Parliament

In December, the House of Commons's Health and Social Care Committee published their report on clearing the backlog caused by the pandemic.

Research by the Institute for Fiscal Studies in August 2021, quoted in the report, suggested growth in waiting lists was smaller than would be expected. This is partly because the number of people joining the waiting list following a referral from a GP also fell during in the early stages of the pandemic, likely due to changes in the behaviour of patients.

The committee highlighted their concern with the fact attempts to recruit 6,000 additional GPs by 2024 were not "on track", as this will create problems not only in tackling the backlog but also for the sustainability of the current model of general practice.

Although welcoming the speed and scale of the vaccine rollout, the report notes that this has undoubtedly increased demand on primary care. Long covid and the treatment of patients with covid-19 is expected to increase demand further.

The Department of Health and Social Care reported that patients needing to wait longer for secondary care are "often continuing to need ongoing support from their GP while they wait for their consultation following referral, during which time their health can worsen, requiring more interim care".

The DHSC's submission also recognised that, while there is no "waiting list" as such in primary care, deferred demand is significant, as people who may have been reluctant to visit their GP during the height of the pandemic are now returning.

The RCGP, Amanda Pritchard and the Secretary of State were all in agreement during evidence sessions for the report that there could be no numerical target for the ideal ratio between face-to-face and online appointments across all general practice.

The committee explored whether difficulties accessing face-to-face care in general practice has driven increased demand on emergency departments. Dr Katherine Henderson of the Royal College of Emergency Medicine (RCEM) told the inquiry that, while a lack of capacity to see patients face-to-face in general practice was indeed driving demand, this was not the only factor. Rather than pitting one service against another, a "joined-up plan" should "work out where the right place for the patient is". The RCEM have also stated that changes in the delivery of primary care during the pandemic have made accessing healthcare "quicker and easier" for many, but others risk being excluded and may be struggling to access primary care or "finding that it does not fit their needs".

A patient with long covid told the report that the "to-ing and fro-ing between me and my GP" was "probably one of the hardest things, above being ill". The report suggests there is an issue with the understanding of long covid in primary care.

The report asserts that it is not appropriate to set a numerical target for the proportion of appointments carried out remotely in general practice. Instead, practices are encouraged to respond to the needs of their local populations and work together with patients to establish the most fitting medium for their consultations based on clinical outcomes.

The committee recommends that NHS England publishes their evaluation of the role of digital tools in primary care as soon as possible and use it to form guidance around reducing bureaucratic administration tasks and how to approach conversations with patients about remote care.

The committee is concerned that a focus on those areas most amenable to numerical targets risks deprioritising other equally important areas such as primary care, which plays a crucial role in keeping people healthy and out of hospital.

### Debate on GP access

On the 12th January, the Conservative MP for Chipping Barnet, Theresa Villiers, led a Westminster Hall debate on the subject of access to GP appointments. The debate followed an e-petition, of 19,302 signatures, which sought to create a legal right for patients to receive timely face-to-face GP appointments.

Mrs Villiers began by thanking GPs for their dedicated work "at the heart of our health service and our communities". She stated that phone or digital consultations are here to stay and are successful for most people. However, she noted that it was vital that the elderly, people with learning disabilities or other cognitive impairments and those with language barriers were able to see a doctor face-to-face. The MP stated that there are more appointments in general practice now than before the pandemic, of which 65% were in person – evidence of "real progress".

For Mrs Villiers, "there can be no doubt that GP surgeries are under immense pressure", with Barnet GPs reporting that it has become increasingly difficult to recruit new doctors and that primary care is in a precarious state. She suggested that increased difficulties for GPs are a result of an ageing population, pent-up demand from the pandemic, NHS leaders pushing secondary care treatments out to primary and increases in

population due to the building of new homes. Mrs Villiers welcomed the £250 million announced by the Government to tackle immediate pressures on the system, and in particular a reduction in unnecessary bureaucracy.

Mrs Villiers seeks to ensure GPs have a strong voice in the new integrated care boards, &ldquo;so that primary care is at the heart of NHS decision making&rdquo;. Doctors&rsquo; pensions were also raised, Mrs Villiers stating that &ldquo;the last thing we should do is push GPs into early retirement because of punitive pension taxes&rdquo;.

Mrs Villiers concluded by appealing to the Government to get plans to recruit 6,000 more GPs on track and to do all they can to expand capacity in GP practices in Barnet and across the country.

The debate was responded to by the Parliamentary Under-Secretary of State for Health and Social Care and MP for Lewes, Maria Caulfield. Mrs Caulfield said &ldquo;we owe a huge amount of gratitude to general practice staff for their efforts throughout the pandemic&rdquo;.

Mrs Caulfield mentioned that the Government is improving telephone access through a cloud-based system, reducing bureaucracy and moving towards a &lsquo;pharmacy-first&rsquo; model. Meetings between the DHSC and the Home Office and the Treasury are taking place to deal with visa and pension issues.

The Minister concluded by &ldquo;asking all colleagues to support local GPs&rdquo; and affirmed that patients will begin to see &ldquo;improved access to services in primary care&rdquo;.

NHS Chair nominee question session

On the 18th January, the Health and Social Care Select Committee questioned the government&rsquo;s preferred candidate for the position of NHS England Chair, Richard Meddings.

In a wide-ranging session, Mr Meddings made several points relevant to general practice.

He noted that the health service is facing its most severe test at present, with staff making huge sacrifices and working immensely hard.

Mr Meddings asserted that the introduction of integrated care systems provides an opportunity for improvement in the NHS. Mr Meddings stressed the importance of collaboration and flexibility at local levels.

Mr Meddings stated that NHS workforce issues were the number one challenge and required long term planning. All other strategies and reforms rely on a sufficient workforce, and he returned to this point several times.

He also made references to patient abuse, and the issue of competing sources of data. Responding to a question about private involvement in the NHS, Mr Meddings highlighted that general practice is private, and it was important to have private sector engagement with the NHS.