

NHS Survey 2016

A Wales-wide survey of GPs

Introduction

Our NHS is the envy of the world with talented, dedicated and hard working professionals throughout. Yet health services are facing significant challenges, with more pressure on resources and an ageing population with more complex care needs. The capacity of our NHS to meet the changing and increasing demands of patients is under threat and politicians cannot afford to be complacent.

The Welsh Liberal Democrats believe patients should be guaranteed the best treatment, in the right place, at the right time to meet their health needs. In our view, we need a relentless focus on delivering the best services for patients, with resources targeted at the front line.

If the UK Government upholds its promise to invest an additional £8bn in the NHS, then this will mean an extra £450m a year for Wales. We want to see this money invested in improving access to GPs, ensuring that we have the right number of staff in the right places and investing to improve mental health care.



The Survey

In November 2015 we contacted over 650 GP surgeries in Wales, to ask their view on whether these are the right priorities for the NHS.

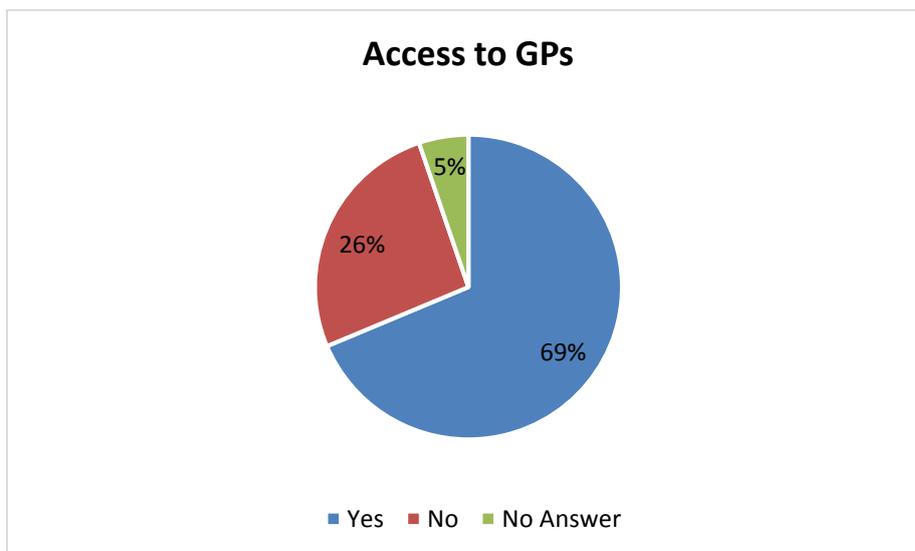
We received a substantial number of replies with a 21% response rate. The questions covered by our survey included access to GPs, improved training on mental health, developing the future workforce and views on the future structure of the NHS.

Many responded in detail, with a large amount of qualitative detail on ways to improve access to GPs and to encourage practitioners to remain within general practice. It is clear from the replies that much more needs to be done to improve access to GPs, to promote general practice as a profession but also that there is a lack of appetite for further restructuring of the NHS or for greater political interference in the health service.

Access to GPs

The Welsh Liberal Democrats believe that patients should be guaranteed the best treatment, in the right place, at the right time to meet their health needs. We would introduce a properly funded 'Access to GPs' scheme, funding GPs to deliver innovative ways of providing primary care services. This could be via initiatives such as 'access hubs' that offer evening appointments, collaborative working between practices to offer more extended opening hours on rotation, extending telephone advice, employing more GPs so that there can be more appointment slots available, or expanding the primary care team to allow GPs to concentrate on patients whose needs can only be met by a doctor. We would let GPs themselves decide the way forward, depending on local need.

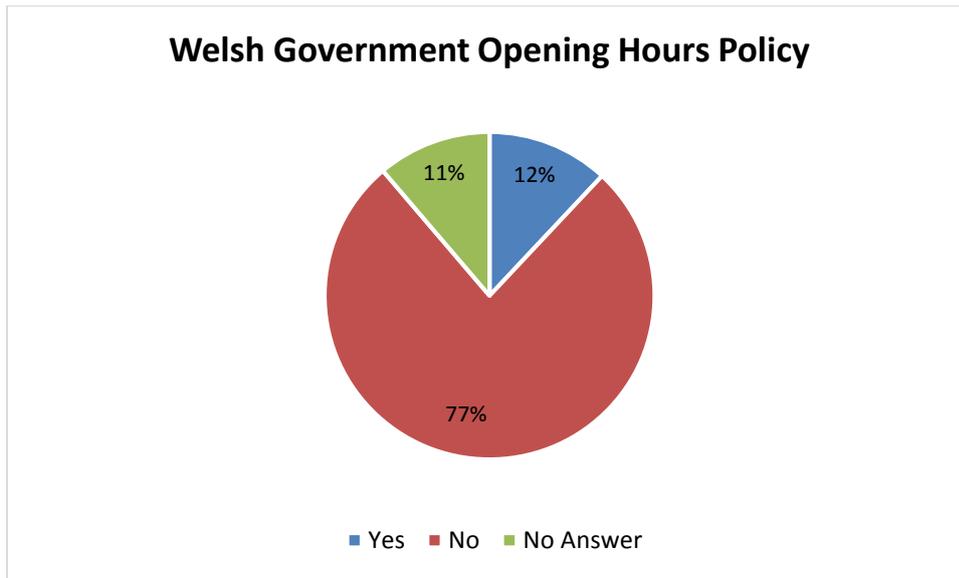
Q. Do you support the principle of an 'Access to GPs' fund to help ensure that people can get the appointments they need? Our survey showed that 69% of GPs support the principle of an 'Access to GPs' fund, with 26% opposed to the idea.



Comments focused on the need for more GPs to improve access, in line with increased funding and more recruitment into the workforce. The importance of patient education was highlighted, to ensure that people access the appropriate services and to regulate demand. Some comments noted that the response to this question may differ from a patient and from a GP perspective, while another noted that a whole system approach is needed including public health and secondary care changes. Many comments focused on the issue of GP numbers, although our proposed 'Access to GPs' scheme would support a wide range of

initiatives as we recognise that solutions will differ across rural and urban areas and according to local need.

Q. Do you think the current Welsh Government policy to require GPs to improve access to services in the evenings and Saturday mornings has been effective? Our survey showed that 77% of GPs who responded do not believe that the current Welsh Government policy on extended opening hours has worked.



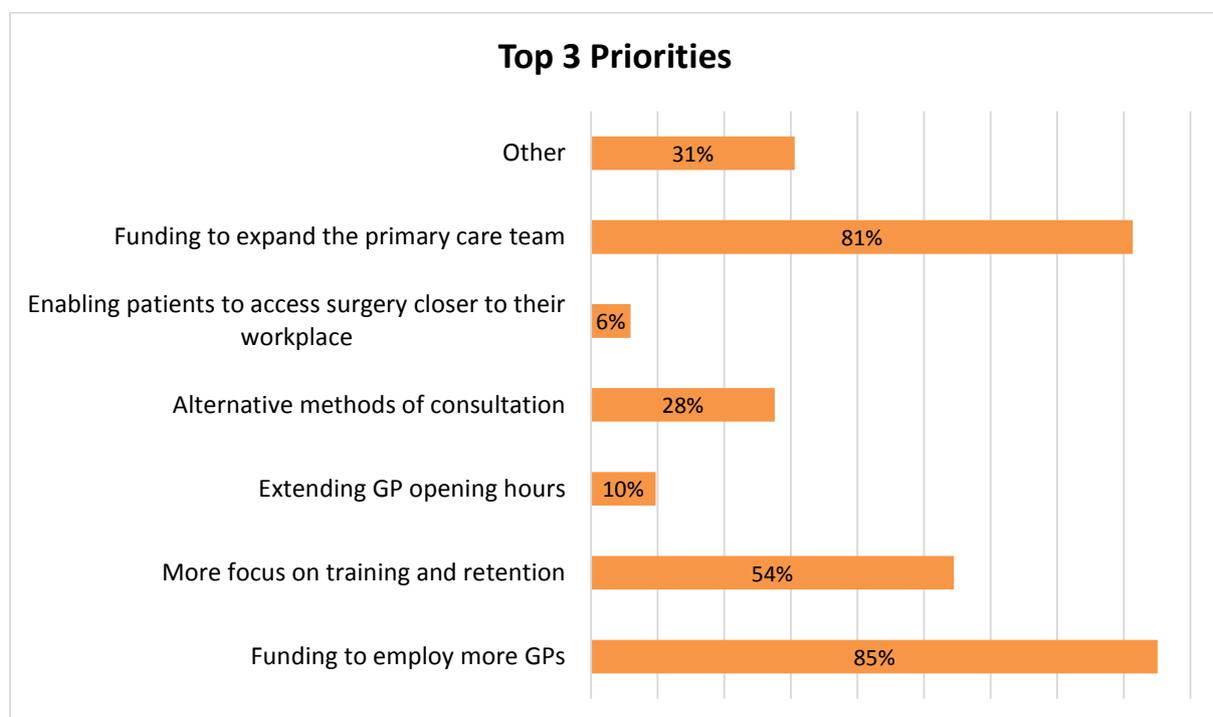
In 2012, a Welsh Liberal Democrat survey of GPs found that 87% of respondents did not agree with the Welsh Government’s proposal of extending opening hours to the evenings and weekends. The majority of GPs stated that existing opening hours gave patients adequate access, that there was little or no demand from patients for evening and weekend access, that it would be too costly and would make a career as a GP less appealing.

Responses to our 2015 survey mirror those from 2012; GPs highlighted a lack of demand for evening and weekend services, that providing routine services outside of normal working hours is disproportionately costly, and that workload is already high with GPs overstretched and difficulties in recruitment. One commented: “We can’t work 24/7. Extending hours just distributes an already overstretched workforce more thinly.”

A number of GPs stated that they were not aware of the policy or did not have the staff to extend opening hours, while one commented that there had been “very poor take up in rural areas and the enhanced scheme has been pulled for many practices because it was poor value for money.” The need for greater public education was reiterated, with one GP commenting that the Welsh Government policy “is not necessary. This is not a good use of

funds. Money should be targeted at reducing waiting times which would reduce demands on primary care considerably.”

Q. What would your top three priorities be to improve access to GPs for patients? Our survey revealed that the main priority for GPs to improve access for patients would be funding to employ more GPs, with 85% of respondents including this within their top three priorities. 81% of GPs put funding to expand the primary care team within their top three priorities, with ‘more focus on training and retention’ being the third most popular at 54%. Only 10% of respondents put ‘extending GP opening hours’ as one of their top three priorities, with ‘enabling patients to access surgery closer to their workplace’ being the least favoured of those suggested (6%).



Other priorities included addressing issues with retention, expanding university places for medical students and incentivising students to stay in Wales. A number of respondents highlighted the need for less paperwork and bureaucracy and less interference with GP pensions. Public education was raised again with one respondent stating that there needs to be “clear education as to what is a medical problem and what are inappropriate requests.” One respondent raised the need for additional staff such as physical assistants, nurse practitioners and practice nurses due to problems with recruitment of GPs, while another called for more community resources to protect the frail and elderly.

Some comments stated that remuneration and more opportunities for development should be a priority. One respondent stated that a priority should be to “get rid of QOF and bureaucracy in the workplace to free us up to deal with urgent appointments” while another stated the importance ending “the ludicrous cross-border issues that prevent English GPs working in Wales without months of bureaucracy.” One comment highlighted that a priority should be “funding to allow GPs to invest generally their practices according to perceived local need. This may be technology for online consulting, increased medical provision or other clerical staff or may be innovative means of working.” This is the fundamental basis of the Welsh Liberal Democrat proposal for an ‘Access to GP scheme’; funding to support sustainable and innovative solutions that respond to local need and improve patient access to their local GP.

Mental Health

The Welsh Liberal Democrats want to see improved mental health training for professionals, so that they are fully equipped to support patients with sometimes multiple and complex mental health needs. We believe this would not only help patients, but also give GPs greater confidence in supporting those with mental health issues, to improve retention rates within the profession.

Gofal's 'Snapshot 3' review of people's experiences of primary mental health services highlights the tremendous support that many people with mental health issues receive from their GP. One service user commented: "With my GP's encouragement I talked about my experiences over the past ten years. He listened non-judgementally with understanding and empathy, asking questions sensitively when I was struggling to know what to say."

However, the survey by the Wales Mental Health in Primary Care Network found that GPs are less confident in offering support in this area, with 70% saying it is a 'difficult' or 'very difficult' area to manage.¹ Meanwhile demand for this support is increasing with 50% of respondents identifying that they are spending 20% of their working days dealing with mental health issues.

Q. Do you feel that you would benefit from specialist training to identify and support those experiencing mental health problems? Of the GPs who responded to our survey, 45% felt they would benefit from specialist mental health training while 52% did not feel this would be useful.



¹ [Experiences of delivering primary mental health care A report by the Wales Mental Health in Primary Care Network \(March 2015\)](#)

Respondents stated that they lack expertise in this field, but also do not have the time or appointments to provide support in this area: “GPs can recognise patients with mental health issues but they simply do not have the time to spend supporting them. This would be far better done by other health professions trained specifically in mental health.”

A majority commented that it would be more useful to have improved secondary care services to refer patients to, with one stating that: “Always helpful to have the training but we spend a huge amount of our time dealing with mental health problems already - it would be more helpful for these patients to have timely access to mental health services in the community.” Another stated that: “15% of my workload is this already. Skills aren't the issue, ensuring access to psychological therapies is more available (counselling and therapy) would offload us significantly.” This need for improved specialist mental health services is a central theme, with one GP commenting that: “GP's can recognise patients with mental health issues but they simply do not have the time to spend supporting them. This would be far better done by other health professions trained specifically in mental health.”

In our view the medical model that underpins medical training does not offer the support needed; we need to see improved training for health professionals so that they are equipped to support patients with sometimes multiple and complex mental health needs. However there are clearly other key issues that need to be addressed, in particular improving access to specialist mental health services, so that patients can receive the most appropriate care and support.

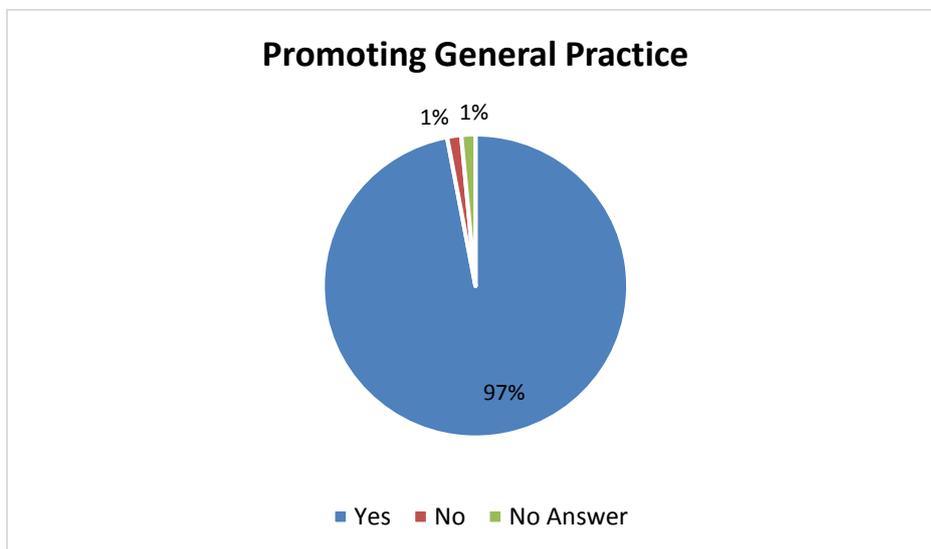
Future Workforce

NHS professionals play a pivotal role in the health service and the future of the NHS is dependent on recruiting and retaining staff within these services. Yet we are aware of the increasing demands that they face in terms of workload, complexity of patient illnesses and prolonged underinvestment.

Ensuring safe staffing levels across the NHS is crucial, not only to improving outcomes for patients but also to improve working conditions for staff and increase retention rates by reducing workload and stress. Safe staffing will require improved workforce planning and investment in training and recruitment.

The Welsh Liberal Democrats would also introduce caps on six-figure payoffs for hospital managers, so that resources are spent on training and care and not on executives, and we would work with the Wales Deanery to develop a national medical workforce and training strategy.

Q. Do you believe that more needs to be done to promote general practice as a profession? An overwhelming 97% of respondents to our survey felt that more needs to be done to promote general practice as a profession.



Comments revealed that there are a variety of issues that GPs feel are a barrier to recruitment into general practice:

- “Actual incomes down 10% since 2006 with spiralling workload and financial risk”;
- “GPs are demoralised and often overloaded with unnecessary bureaucratic paper fillings and meetings”;

- “Educate patients to only seek consultations when needed and you would retain GP’s”;
- “Both pay and conditions need to improve to attract more young doctors to General Practice”;
- “Stop politicians dictating our practice”;
- “11% NHS funding for Primary Care. GP and OOHS”;
- “Less negative press by the media would lead to increased recruitment”;
- “Stop media denigration of profession. Stop assuming GP can deal with everything under the sun”;
- “I wouldn’t encourage my children into the profession, no greater indicator of disillusionment than that”;
- “The GMS contract is no longer fit for purpose. GPs need to have capped workloads”; and
- “North Wales needs its own deanery, not controlled by Cardiff”.

Q. What key action would encourage you to stay within general practice?

Key themes include the need for increased investment in GP practices and salaries and to fund more GPs to give them the time to spend with patients; public education on appropriate services; ending negative and demoralising media; reducing bureaucracy and paperwork; better workforce planning; improved secondary care services and a better work/life balance to aid recruitment. A selection of comments are below:

- “I love my job. Nothing would make me leave bar old age! (Currently 54)”
- “Public campaign to help deal with increasing public expectation of immediate medical attention for practically anything. Free prescriptions are increasing number of unnecessary consultations.”
- “Explicit information about what the NHS will fund - Politicians not to increase demands beyond what they are willing to properly fund. Patient/ public responsibilities. Reintroduce prescription charges.”
- “Look at frivolous complaints made by patients, take up extraordinary amount of time, leads to low morale, ceiling on amounts for compensation.”
- “Loose negative press about current services. Patient education on alternative services e.g. community pharmacies, NHS direct.”

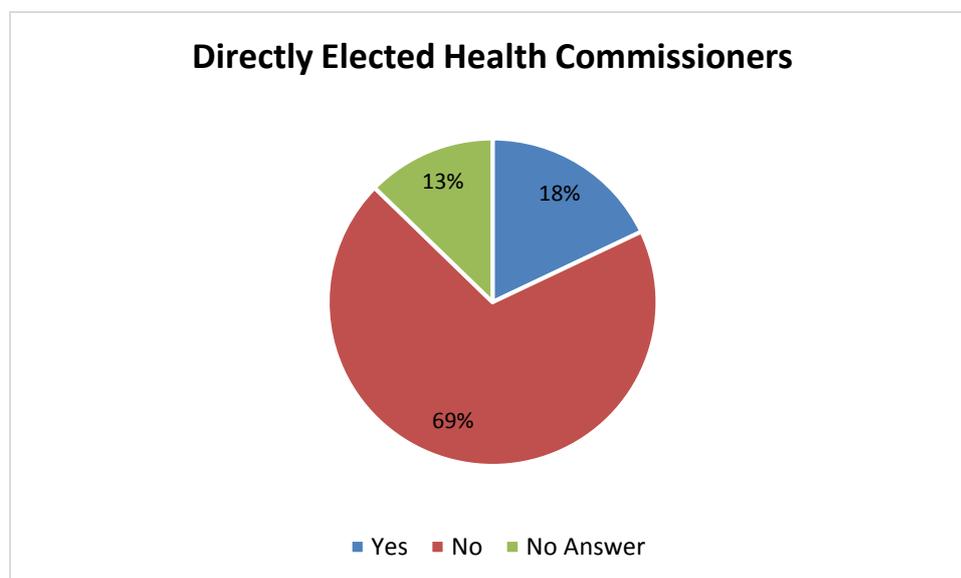
- “Time to do job without added pressures. Support in community care - cannot move care from secondary to primary care without funding and development.”
- “Sufficient funding to enable good care and a work/life balance.”
- “More GPs - the difficulty recruiting GPs and practice nurses is causing great difficulty.”
- “Better links between primary and secondary care. Secondary care to stop referring patients back for another referral - do it themselves. Less media negativity.”
- “Reduction in non added value paperwork. Too many meetings, too much "Red Tape" and Bureaucracy.”
- “Proper workforce planning for the future.”
- “Money to follow transfer of services from secondary care to primary care - we care continually pushed to take on more with no money to fund.”
- “Improvement in access to mental health treatments like counselling and more support from specialist teams within the community like care of the elderly teams.”
- “I currently stay because I have to. I would leave tomorrow if my circumstances allowed it.”
- “It needs to become more attractive to work as a partner and even salaried GP is not a partner. More GPs are leaving permanent employment to become locums as they can earn more without the stressful additional workload. Primary care cannot survive unless the current recruitment crisis is resolved.”
- “Better resources, less needless bureaucracy and less micro-management by health board.”
- “Better support for existing GPs might aid retention and make practice more attractive to juniors.”
- “Better investment in GP - salary and premises.”
- “General practice should be better resourced to allow us to have more time to spend with those with complex needs.”
- “More money, less administration work, less stress, realistic patient expectations and better patient education.”
- “A manageable workload - more work is being passed to General Practice and it is becoming too onerous and very unattractive to our future GPs.”
- “More GPs to help. Not pushing for Saturday opening when we can hardly manage to open doors Monday to Friday with current numbers of GPs. Listening to GPs. Stop endless pointless targets (QOF) and not trusting us to do our work for our patients.”
- “Golden Hello, pay university fees with a corresponding requirement to work 'X' years in General Practice.”

- “Minimise locum staff. Invest in training and pay permanent workforce. Flexible working contracts.”
- “Improve and reduce bureaucratic non-clinical interferences from managers. Discussing with clinicians issues to improve patients care them imposing decision from above always demotivates and discourages innovative practices and initiatives because of unproven saving.”
- “Money to improve surgeries so we have the space and the resources to train young doctors.”
- “Reduce workload, depoliticise the NHS and halt the year on year decrease in take home pay.”
- “Getting a lunch break once a week. Getting home before bed time for kids. Sensible number of patients - 70 in one day is NOT SAFE.”
- “Reducing the over-control and micro-management of GP services by WG and Health Boards. Far too much bureaucracy severely limits our ability to perform well on behalf of patients. We clearly also need adequate resourcing - we get 6% of NHS Wales funds for dealing with 93% of patient contacts.”
- “Educate the public better to look after themselves - refer to smoking and obesity.”
- “Better pay and stop messing about with my pension. Do not under any circumstances, extend opening hours - the current OOH services provide a good service - we work for them at a time of our choosing. Making our working life worse will drive people out of the speciality and hammer recruitment.”
- “Not leaving love my job.”
- “Issuing a fit-note should be removed from GP work. Reduce the number of consultations expected from a GP. Increase funding to individual GP practices.”
- “Adequate investment in GP practices to allow GP to maintain income and invest in the future of their practices.”
- “Recognition of our worth, less media sniping, decent remuneration and reversal to the undermining of my pension.”
- “Less bureaucracy, less paperwork, less constant checking of secondary care to make sure patients don't slip through the net. No confidence that patients are dealt with properly by secondary care.”
- “More community services to refer to. Child health. Mental health talking therapies. Support for frail and elderly.”
- “Appropriate remuneration and adequate workforce to secure better quality of life for the profession.”

Other Policies

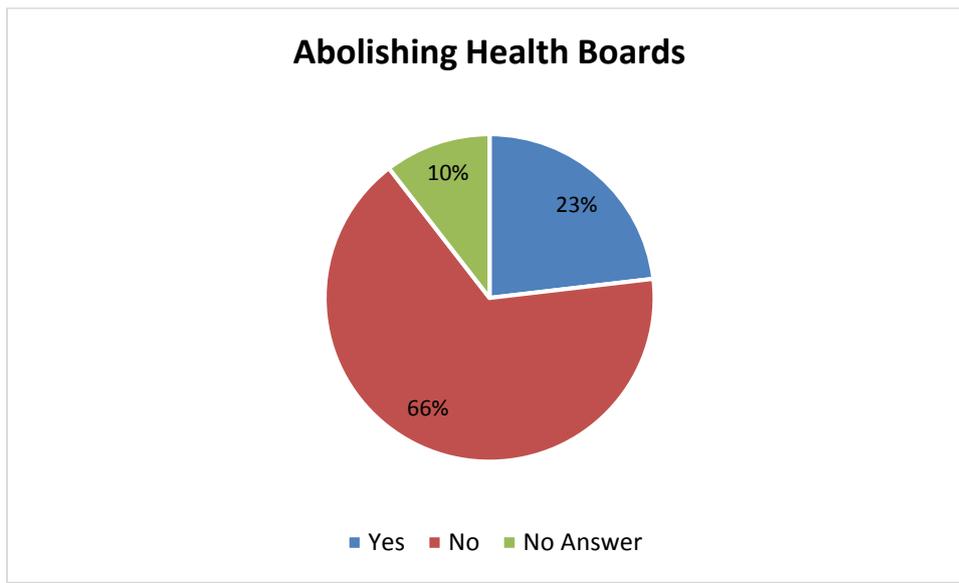
Finally, we asked GPs for their view on health policies proposed by other parties.

Q. Would you support a policy for directly elected health commissioners, to replace local health boards and operating along the same lines as Police Commissioners, to bring greater political influence into the NHS? Our survey revealed that 69% of respondents would not support a model of directly elected health commissioners, with 18% in support of this policy.



Comments in support of the policy included that there was an “urgent need for accountability of NHS managers to workforce” and “much more discussion and planning needs to take place prior to implementation”. Of the 13% who did not reply, many stated that they would need further information to give a definitive view. Comments from those who did not support such a proposal included that this would be “yet another layer of bureaucracy” and “another quango” and that “we need less political influence, not more. I think NHS should be run by clinicians not politicians.” Other comments included that this would be a “disaster” and a “waste of money, the police commissioners are a waste of time.” One GP stated that “We need a body that has interest for patients health care not for individual health board financial interests” while others commented that this would mean “yet more people who don't know what they are talking about” and be “totally meaningless to me. We need to remove politics from the NHS.” The overwhelming majority of comments focused on the need for less political interference in the NHS not more and the need for greater stability and consistency.

Q. Would you support a policy to scrap health boards and place major hospitals under one body, similar to NHS England, with local councils taking charge of community services and some larger authorities devolving responsibility to large groups of GPs, equivalent to clinical commissioning groups? In response to this question, 66% of GPs stated that they would not support such a policy while 23% were in favour, with 10% providing no answer.



Positive comments in favour of the policy included “as long as CCGs are not burdened by historic debts and more GPs are available to do the work of GPs who are now managing the service”, “not sure really. LMDs are totally ineffective however”, “this is more efficient policy than health boards that are backward thinking and employ executives without insight to improve healthcare services” and “the feeling is that boards (BCUHB) are too big to have control of all the areas. It was easier/ more effective as a smaller service area.” Those that gave no answer queried whether there is any evidence that this would be a better, more successful model, that reinventing the wheel is expensive and unhelpful, that health and social care budgets should be combined and that more information was needed on the proposal.

The majority of respondents did not favour this policy, with comments including:

- “Councils don't have the experience of managing doctors and health.”
- “Clinical commissioning groups have not been a success. The absence of them in Wales should be seen as a positive thing. Think public service, not competition!”

- “I think the NHS needs to be ring fenced, as local councils may not ensure this. I think the cluster groups should have more control over budgets but GPs’ time is scarce and their time is to guide not to carry out commissioning.”
- “Doesn't seem to be working in England.”
- “Healthcare needs to be integrated through primary and secondary care.”
- “Again waste of time and money. Reorganisation for the sake of it. I am a GP not an economist or manager that is not why I became a doctor.”
- “There are simply not enough GPs to do this. It takes even more of them away from the surgery.”
- “I have been working in healthcare in England and the Hospitals and GPs are at each others throats. In Wales one authority - the LHB - governs both - common sense.”
- “Good God, Spare me this! No more reorganisation!!! Get existing bodies to collaborate and innovate with clinical input!!!!!!”
- “GPs should be given time to spend with their patients, no more time in meetings.”
- “Sounds like the start of privatisation of healthcare. I would like to see a health board which involves primary and secondary care making decisions together.”
- “GPs do not have the expertise to run businesses.”
- “Awful idea!”
- “No more reorganisations please. Take politicians out of the NHS. There will soon be no GPs to do the commissioning.”
- “Risk of fragmentation. Locally directed services is actually equivalent to a postcode lottery. We need a period of stability, not more change.”
- “Are you mad? Another reorganisation. You are stupid if you think this will help.”
- “No. Clusters are in their infancy and need time to mature - don't scrap them now. They are just beginning to work.”
- “I don't like what they are doing in England. Too many people with no medical understanding making decisions.”
- “We have few enough GPs in Wales for them to be moonlighting as managers.”
- “The health board model works providing not changed/merged all the time with constant pressure on budget.”
- “Definitely an awful idea. CCGs in England are scapegoat's for funding cuts. Clever government ploy to blame GPs if services poor.”
- “Please stop all change. Can we have some stability and consistency.”
- “We don't have enough GPs to currently manage the clinical workload. Have no idea how we can find time to commission and manage budgets.”

Conclusion

The findings of our survey highlight a very strong and worrying disillusionment within the GP sector in Wales. Our ageing population in Wales is placing increasing pressure on the health services with more lengthy and complex consultations, which inevitably leads to longer waiting times for patients. The Royal College of General Practitioners highlights that Wales has the second lowest GP coverage in the UK with 23% of GPs aged over 50 and many looking to retire due to stress. Furthermore, there are difficulties in training enough GPs to fulfil future workforce requirements, with only 116 of the 125 GP training places filled in 2014.² These issues are compounded by a decrease in funding over the past decade, with the percentage of NHS funding spent on general practice falling from 10.27% in 2005-2006 to 7.9% in 2015-2016.

Key themes that emerged from our findings were the lack of funding and resources and primarily that GPs simply do not have the time to give patients the care they need. There are clear issues in terms of workload and recruitment and we welcome the positive comments received in response to our survey on ways to address these. There is a need for stability and consistency and further upheaval and restructuring is not seen as the best way forward. GPs believe that more needs to be done to educate patients on the appropriate services to turn to for care and that secondary care services need to be improved to ease the burden on the primary care sector.

In terms of access to GPs, there is strong support for our 'Access to GPs' scheme, but little support for extending opening hours due to a lack of practitioners to work cover additional hours. Further work will be done on this issue to determine whether this view is shared by patients or whether there is a demand for extending opening hours outside of the GP workforce. Primarily GPs believe that funding under the 'Access to GPs' scheme should be prioritised towards recruitment of GPs and extending the primary care workforce, which is seen as the main barrier to enabling more patients to have appointments when they need them.

Whilst the majority of GPs did not feel that they would benefit from additional mental health training, 45% of respondents stated that they would benefit which means that a significant

² RCGP Wales 2016 Election manifesto

proportion of the workforce feel in need of additional support to understand and diagnose the ever more complex and multiple mental health issues that patients present with.

In terms of future workforce, there is an overwhelming agreement that more needs to be done to promote general practice as a profession. Between 2013 and 2014, 7.7% of the workforce left the profession and while the over 65 age group contains the largest proportion of leavers, 16.7% of those leaving were under 30 which is hugely worrying. We have received many positive and constructive suggestions on the actions needed to make the profession more attractive both to students and to those already working within the sector and we will develop these policies further as part of a national medical workforce and training strategy.

Finally, there is very little support for greater political input into the health service via directly elected health commissioners or for a restructuring of the health service. A number of respondents highlighted the need for less political interference and less bureaucracy and stated that they would not have the time to commission and manage budgets. Instead, GPs need greater stability and consistency and the time and resources to focus on treating patients. We need a relentless focus on delivering the best services for patients, with resources targeted at the front line.

The Welsh Liberal Democrats would like to thank all GPs who took the time to respond to our survey. All comments have been considered and will play a valuable role in the ongoing development of health policies that meet the needs of patients and staff in the Welsh NHS.