


Monitor

Making the health sector
work for patients



**Responses to
Monitor's
call for evidence
on the general
practice services
sector in England
(GP services):
patients**

This document contains non-confidential patients' written responses to our [call for evidence on GP services in England](#). We have published these responses with permission, in full and unedited, except for limited circumstances where text has been removed as it was identified as being confidential, or identified individual GPs or GP practices. The responses are not presented in any particular order.

Alongside this document we have published responses from patient representative groups, providers, clinical commissioning groups, representative bodies, local medical committees and other respondents [here](#).

These published submissions form part of the information considered in our [discussion document](#) following Monitor's call for evidence on GP services, which sets out what we have heard and proposed further work.

Dr Angela R Cunningham (Retired Consultant Radiologist and Director of Radiology)

By way of background I retired as a hospital consultant in 2006. When working in south London we did not tend to use GP services ; however since moving [X] we have had more need to use our local GP. This has been a real eye opener and sadly from talking to friends and acquaintances the types of issue I describe are common and affect more than one practice. The general impression is that GP services are now run for the benefit of those providing them rather than focussing on patient need. Services are becoming more difficult to access and there appear to be consequences which support poor clinical practice and wastage of resources.

I base my opinion that access to a regular doctor is becoming more difficult on the following observations and I would comment that if as a retired senior doctor who with considerable 'inside' knowledge I have difficulty accessing a regular GP there is a very significant problem for the vast majority of patients

Access for patient choice

- When we moved to this area I telephoned my local PCT for a list of practices and was told that because of where I live (an urban area) I would have to use the practice at the end of my road even though there are several other practices within a 3 mile radius. When I commented that this did not offer patient choice I was told that there is none in this respect.
- On joining the practice we were interviewed together by a practice nurse 'to save time'. A request to meet our allocated GP was refused which meant that until one was ill and therefore in no position to choose one could not make any informed decision about whether or not this particular doctor would be appropriate on a personal level. Given that it is not unreasonable to require a GP with whom one can communicate at this level and that different people will get on with different GPs this policy is potentially counterproductive in terms of patient confidence and good care
- Contrast this approach with our dentist who allocates a long appointment to see all new patients so that he is fully appraised of the needs. He is no less busy just better organised and more focussed on the patient
- I have never been asked which doctor I normally see and have indeed been told by a receptionist that it doesn't matter who I see ' because it is all on the computer'. This leads to an impersonal and fragmented approach which encourages poor medicine - I do not understand why GPs tolerate this.

Access for appointments with a regular doctor

- Having been a director of radiology for several years I am well aware that a properly programmed appointments system is vital for the

efficient management of manpower and resources and is a great aid to providing prompt appointments convenient to both patients and clinicians. However it appears that in general practice the technology is not properly used and programmed to give maximum benefit in terms of access.

- The excuse commonly used that the computer does not allow a particular appointment to be made is unacceptable. This most frequently happens when a doctor has suggested that follow up of a clinical problem should be after a period of 3 - 4 weeks.
- There have been instances when a patient has been told by a receptionist that follow up appointments can only be made by telephone necessitating a trip to the car park to make the appropriate call. This is ridiculous and simply adds a further obstacle to access
- GPs do not appear aware of the frustration of dealing with a practice who are unable to offer convenient appointments and one suspects that many do not care
- It almost impossible to secure an appointment with one's chosen doctor even if that doctor has requested the follow up appointment for a specific problem. This can result in fragmented and suboptimal care
- Whilst one accepts that for emergencies one may need to be seen by whoever is available on the day it should be possible to book a designated urgent slot within a day or so rather than wait a fortnight or more.
- There is little or no culture of access to active follow up for those who are started on therapy e.g patients started on statins may well be prescribed them for years without any further check on their lipid levels and patients who are known to be hypertensive are not recalled for assessment for years.
- There is no access for a regular health check of the over 65 age group - indeed many would be prepared to pay a small premium for this
- The facility for weekend appointments is absent - it is a sick joke in this area that one shouldn't fall ill between Friday afternoon and Monday morning
- The 'telephone consultation' is useful but it can also encourage prescription without examination which does not make for a high standard of care and it should therefore be used carefully
- The computer links with hospital departments provides prompt access to results of tests but the opportunity to discuss these with the GP is denied unless they are grossly abnormal although the receptionists seem empowered to relay results which are marginal.

Access for Repeat Prescriptions

- On one hand this is very convenient but it is quite clear that these can be issued without proper periodic review - it is apparent that admin staff print the document to be signed and that proper checking may not happen so that old repeat prescriptions are not cancelled and that dosage is not reassessed - at best this leads to wastage and at worst the patient suffers subject
- the effects of polypharmacy

Suggestions

It is apparent that a huge cultural change is needed. Senior members of the team, in particular the senior partner, must take ownership for the entirety of the service rather than just the medical and nursing aspects. This will not be easy but unless it can be achieved the service will continue to deteriorate. The senior partner must be answerable for the quality of the whole service and should be supported by the practice manager and medical and nursing colleagues.

- A single individual namely the senior partner should be accountable for all aspects of the service - this name should be advertised in the waiting areas
- The clinicians must take ownership of the entire service which includes enabling access and thereby improving the overall quality. The current attitude reflects the so called 'fortress mentality' and indicates that they do not take responsibility for their entire service
- Practice managers also must be more aware of their role in coordinating the various aspects of service provision i.e quality and availability as well as cost.
- Staff should be encouraged to think about how they would want to be treated as a patient. Training incorporating role play may be helpful particularly for reception staff and telephonists
- Receptionists should be trained to understand that their prime role is not to protect the clinicians but to help patients access their regular doctor in a timely fashion
- Staff at all levels should be trained to use technology as an aid to providing good service not as an end in itself. The computer should be invisible to service users and should not be used to dictate what can and can't be done

In conclusion I am convinced there is a problem which requires urgent but considered action so that the present culture is changed

[✂]

My response to 'What we want from our GP and how responsive current system is': -

- 1) How important is it to see the same GP?** It is very important. This year I saw 2 GPs (not my named GP) over the same concern. I was given conflicting opinions – I now lack confidence in the ability of GPs to diagnose the best treatment. Over 2 years ago my named GP, who I was able to see when needed, left the Practice. I was told by a receptionist that patients are no longer assigned to a GP but to a practice. After being requested by my dentist and optician for my GP's name, I spoke again to a receptionist and was given the name of my assigned GP. Although I have seen GP's on several occasions since, I have never been seen by my assigned GP. My medical history includes operations following the diagnoses of TB, cancer and cataracts at different stages of my life (66yrs) but I doubt if any of the number of GP's in the Practice have ever been aware of this.
- 2) Do appointment times work?** I don't think I have ever been seen on time. However, the biggest hassle is getting an appointment in the first place. It can be costly staying on the phone for over 5 minutes in a queue, then needing another 5 minutes to try and convince the operator of the urgency to see a GP that day. I have found that, along with others, the best way is to go to the nearest surgery for 8am when it opens. If I fail to persuade the receptionist of the urgency to see a GP that day, I can usually have a choice of times (not GPs) in 3 days time. As the arthritis in my knees is getting progressively worse, the half mile walk to the nearest surgery may soon not be possible.
- 3) Convenience of Surgery?** This depends. There are 3 sites in the Practice. If my bus times coincide with the appointment, it is convenient. I am on a low pension so rely on my bus pass which only operates during the week after 9.30am.
- 4) How easy to switch GP?** Having never been seen by my assigned GP, I don't know!
- 5) Is Practice responsive?** I am about to find out as I intend to try again to see my assigned GP and raise a recent concern about the service at reception.

[✂]

In response to your request for comments on GP services , here's mine.

I'm a 59 year old chap who makes little call on my local GP , when I do get to see him it's invariably an excellent service.

The one gripe is inaccessibility. To get an appointment a call must be made at precisely 8.00am to an inevitably engaged phone , redial for about 10 minutes only to be told that there are no appointments available that day. So ring the next day at 8.00am , and so on.

Online appointments can be made weeks in advance but , of course , how do I know when I'll be ill ?

For working folk this is massively frustrating . Call handling software would be good but no , just the engaged tone and ring again... and again....et cetera.

There you are ; I'll bet I'm not the only one to raise this issue.

[X]

I don't know if this is the right forum to raise this but my GP is part of [X] practice at [X].

I and my partner have experienced many difficulties in getting an appointment and today when I went to drop off a prescription request there was a notice to say that 254 appointments were missed last month.

They run a triage service by nurse practitioners who should ring you back and advise if you need to see a GP.

My experience with shingles was less than satisfactory and I believe the practice is oversubscribed.

I would be interested in taking part in any surveys etc and am currentkly considering becoming a Healthwatch Volunteer as I was a member of the Health Interest Group that morphed into LINKs and now Healthwatch.

Please feel free to email me.

[X]

Patient feedback

I am writing to you in a spirit of help to others.

As a patient I attended my GP practice in April 2011 and presented my condition of a lump on my back. My GP noted I had previously had a lipoma removal and asked if I would like the lump removed.

I said yes as it was a source of concern and anxiety with concerns the lump would enlarge and potentially be a health risk. My GP then referred me for treatment and lump removal.

During the period May until September I had refusal from the PCT saying that the treatment was not on a list. My GP persisted and I was eventually referred to a consultant at the acute provider presumably finally passing through PCT loopholes.

As it transpired during the period to February 2013 a further lump developed that I was reluctant to escalate thinking it was not serious and didn't want the aggravation again. Not that there was a direct effect but as it so happened this lump was cancerous and serious.

Overall the treatment thereon from my consultant MDT team has been first class BUT it feels the system didn't work, if a GP refers you then you expect a referral not a whole new PCT/CCG defer and refuse phase ahead of access to treatment.

I trust this patient feedback is helpful.

[X]

Hello, I would like to contribute to your survey.

My GP Practice is [X]

In general I am part of a very good GP practice, and getting an appointment on the day you are ill is generally always available. I do get frustrated by the process you go through to get an emergency appointment. Everyone has to ring at 8.30 am to get an urgent appointment and this means telephone lines getting continually blocked. This is not a modern and effective way to engage between patients and their GP practice. Why can't we book on line or find another way of making appointments.

As a former NHS employee I am staggered at the amount of money that goes into GP's. What independent business in the world gets all its premises and staffing costs covered by external funding separate to the price you pay for a produce. Hospital Trusts and FT have to meet their core costs from their PbR income but GP practice get funded at 100% of costs. This is not an equitable way of funding healthcare and needs to change as many Hospitals and FT struggle with their finances, but GPs are sitting pretty with no pressure being applied to their core costs. If hospital Trusts and FTs have to make a 4-5% CIP/QUIPP saving each year why don't our GP practices?

Other Independent contractors e.g. Pharmacies, Dentist and Opticians have to meet their premises and staffing costs from the money that goes through the till, why is a GP practice any different?

[X]

In response to your enquiry about GP services may I submit my observations regarding my own GP Surgery, [X]

It is almost impossible to book a doctor's appointment via the existing telephone booking system, It seems that whatever hour you call the answer is always "the line is busy, please try later". If you do get lucky and do reach the receptionist and ask for an appointment you are invariably told "No appointments available, try ringing at 8am tomorrow" (Ha-Ha)

1. There a web based method of appointments, that you are encouraged to try by logging on at 7am each morning, but the results are much the same, all the appointments for the next couple of days are already taken up.
2. I 'cheated' and logged on at 3 minutes past midnight and managed to grab the only appointment available in 3 weeks' time! I could have cheated further by pretending that my case was urgent. (I didn't and won't!)
3. Patients unwilling to wait for an appointment will naturally go to A&E, the traditional and trusted place to get attention. I have spoken to a few fellow patients who have taken this route and I suppose that this could be a partial cause of the current A&E overload.
4. [X] who I believe are now "In charge" of Primary care seem oblivious to this problem and instead are seeking ways to make patients pay for certain treatments such as Podiatry etc.

I apologise if this seems a 'moaning' letter but for all the talk about putting the patient first has yet to filter down to this particular practice.

[X]

I refer to the email requesting views on GP services and I wish to relate my personal experiences.

Firstly, it takes almost 2 weeks to obtain an appointment with the GP with whom I am registered.

Secondly, when I arrive for the appointment, the GP is not there and I am referred to another GP in the practice.

Thirdly, I suffer from a lifelong condition and the only way I get the GP to respond is by writing to the GP. I know the GP responds to written communication because there is an audit trail if she is found negligent. She is passive to the point of inertia and only reacts when I write a letter.

I don't know if my GP is typical of GPs but I fear for the future of the NHS if more power, direction and authority is given to GPs. I also do not know if there are enough GPs, whether they are over-worked or demotivated.

On the other hand, the specialists and nursing staff that I have encountered have been excellent.

I would add that the locum I saw was excellent which merely exemplifies the variability in quality of response by GPs.

[X]

Responding to your call for evidence (<http://www.monitor.gov.uk/gpservices>), here is a brief outline of a patient experience.

I am registered with [X] and I have nothing but praise for this enterprise. Conversations with friends and colleagues, I am aware how much more progressive this practice is - both in terms of utilising ICT and good management. I particularly like:

1. the automated phone appointment booking system - my preference as soon as I get through as I can take my time to choose (pressing buttons on my phone to activate menus) and knowing I am not taking up valuable receptionist time;
2. online ordering of repeat prescriptions to be sent straight to pharmacy of my choice;
3. Saturday morning appointments;
4. automated checking-in screen placed at wall where you queue for receptionist. You can try self-checking-in without losing your place in the queue;
5. Dr.[X] and I have an informal agreement that keeping tabs on early-signs with regular checks is better in the long run;
6. staff who are generally more professional and pleasant than other surgeries I have been registered with.

As a Trans woman who needed to manage my Gender Dysphoria, I am very fortunate to have an excellent Doctor / Patient relationship. Dr [X] admitted from the outset that I'd probably know more about the condition and NHS treatment protocols - however his rounded and complementary knowledge on pharmacology and endocrine was extremely reassuring. My careplan is the epitome of a truly patient centered case-study. Again, reading of other Transwomen's experiences of horrific GPs on trans-community websites, I know I am extremely lucky on my post-code lottery. In my day-job, I am a Policy Officer in a County Council specialising in Health & Social Care issues, so I am aware of a vast difference between the best and worst GP practices.

I hope my comments will help inform your research.

ps: the podcast from your website by Catherine Davies, director of cooperation and competition at Monitor is very faint so I hope I am responding to your call correctly.

[✂]

My concern is about the power of GP's to classify patients as Mentally ill. Why do I have this view? My Home Help broke down in tears when she related the the experience of her friend who looks after a handicapped son with the help of Carers. She was very upset when the Carers wouldn't take notice when her son who takes only fluids for them not to give food in this occasion until this has passed. To give fluids is very dangerous. The result was they told their Manager who told the GP who then told my Home Help's friend that she was mentally ill

[✂]

I'm pleased to say that the surgery I attend has introduced a late evening, which is very helpful for working people:

[✂]

The doctors are brilliant, they have a good website and a helpful leaflet (attached)

I have not changed surgery – why would I when I get such good service? I have heard only good things from my neighbours about this practice, in particular Dr [✂], but all the doctors are good, kind, non-judgemental.

[✂]

My observations are based on my work on acute pathway pressures and as a patient. This is not a fully researched list due to time constraints.

- Availability and access

Access to and availability of GP services appears to be poor. There is evidence from my work that A&E departments are seeing more "primary care" patients, especially where walk-in (GP provided) services are available.

My own experience has been that appointments are very hard to make: all the next 48 hrs appointments are often filled, so the only option is to ring back the next day. This can go on for several days. This makes a mockery of the 48 hr target: this should have been 48 hrs from the time the patient first makes a request

Access has been made easier through internet booking, but this can disenfranchise those without internet access or who have physical or language difficulties.

We require good metrics about access - ideally by practice and doctor. These should include the time to see the doctor of choice from the time a request is MADE, not when it gets onto the diary.

- Service provision

I find it astonishing that in my practice (and several others locally) the maximum clinic time for any partner is 16 hours a week. Even allowing for visits, administration, specialist clinics (these are not advertised and they do not do minor surgery), commissioning etc. this seems very low. It includes telephone clinics. I would have expected at least 24 hrs for a full time partner -- it is their job, after all. I am bemused by the statements by GPs that they are working enormously hard -- yes, demand may be great, but provision is inadequate.

From my work, where GPs look after specific nursing/residential care homes and visit regularly, it appears that inappropriate admissions for end of life care and minor problems are very much lower than where there is no nominated GP. Notes (and notably end-of-life plans) are much more likely to come with the patient where a GP is visits regularly (providing anticipatory care). Also, repatriation to homes with GP support would seem easier.

"Face-to-face" metrics should be published by doctor. Transparency about what GPs do is vital. All residential homes should have a responsible GP who visits regularly (2-3x per week) and OOH arrangements for these homes need to be cleaned up massively

- Efficiency, competencies and capabilities

As a process professional, I have seen & heard much to dismay me. There appears to be no interest in making things run better (for the patient), and little understanding.

An 08:40 appointment is 40 minutes late - 20 minutes of that because the GP arrived late. Not once, but several times. Anecdotal, but nobody was making a fuss or letting patients know.

GPs complaining about the QOF targets of measuring BP on old ladies who take ages to undress... well, get your assistant/nurse to undress the lady in one of the rooms not being used and measure her BP. Use more than one room. Make appointments average 15 minutes if that is what you actually take ("takt time" from Lean).

GP practices and GPs vary too much, and need to be helped to standardise on best practice. They need training in simple approaches to improving efficiency. It isn't that hard!

- Attitudes

Unfortunately, GP receptionists seem to live up to their reputations. I have rarely seen one smile, well, not since my days in primary care -- I was lucky in that we worked as a team, and tried to present a welcoming & friendly front. This should be the norm, and should be monitored. Unfortunately, the patient surveys and friends and family tests out there are fairly useless as they do not tell the full story -- sampling issues are depressing.

However, my experience of attitudes amongst clinical staff highlights some issues. In the reviews I have done GPs - even those involved in commissioning - rarely appreciate that they are part of a wider health economy. Their approach tends to be highly individual (even emphasising differences) rather than borrowing best practice and adopting "standardised working" (Lean). They see only the patient in front of them, and often seem unaware of whole population issues (except where QOF points are at stake).

As a patient, I am shocked by how staff treat me at times. Notwithstanding being an ex-GP, it is not unusual to be treated as an idiot, or completely ignorant at best. Some are surprised at my knowledge, even though I inform them of my background. I have experienced humiliating dismissiveness when consulting a GP about a minor problem -- "we don't do ;lumps and bumps now -- it's not allowed". Except I know more about the commissioning and referral screening mechanisms than they do, and suspect I'm seeing a petulant reaction to a monitoring of practice.

I dread to think how a patient who has no clinical training feels.

Finally, a couple of wider issues.

- Services -- GP, community, acute and social care -- are hugely fragmented and all work to different, often incompatible, goals and targets. There needs to be serious integration across services, even to the extent of bringing primary, community and acute care into the SAME organisation. But you will need some good people to manage this, and they are rare. Too many NHS managers are administrators who can't even administrate.
- Commissioning as it is emerging at present is driving further fragmentation of services, GPs are by nature individualistic -- there is a crude medial joke about surgeons being egotistic and competitive and GPs being sociopathic, as they can't bear to talk to any other doctor especially a GP. This is not what is needed in commissioning for a joined up setup.

- Metrics are poor: misaligned, missing, incomplete or ignored, or just plain useless. This is a shocking situation for primary care (it applies across the NHS, sadly) and needs to be remedied. Metrics should drive running and tweaking the service (operational and tactical) and drive strategy. Strategy needs to be much radical and more informed by needs, not expedient political direction (which is often just so wrong – some time ago, I had the experience of working in a division of the DH...).
-

John Plant

Happy to take part as a user of GP services and particularly as we have recently changed practice because of perceived problems, I add that we are very much happier with the new practice.

Vincent and Genevieve Howard

We live in a village in NW Hampshire covered by only one practice. From 1986 until a few years ago, we looked upon the practice as being exemplary and even boasted about it. Most of the doctors apparently worked full time and there was a clear Patient/Doctor relationship. In the 1990s, a guest of ours suffered a heart attack at night and we were able to call out our own doctor who capably dealt with the problem without recourse to hospital services.

In contrast, the practice now comprises two male doctors who work 4 days per week and five female doctors who work an **average** of 2.4 days per week (two point four!). Needless to say, weekends and “out of hours” services, which include protracted periods at Easter and Christmas, are only covered by anonymous doctors provided by a “service”. The individual suitability of the doctors representing them is not previously checked by our practice. Indeed, we doubt that the locums will have ever met our own practice doctors. We have no complaint about the individual competence of the existing practice doctors, but their generally part-time availability means that gaining appointment with a specific doctor to deal with a medical complaint is seldom possible.

The doctor/patient relationship, so important for confidence, has disappeared and is replaced by a practice/patient relationship which, if the doctor has time to read them, is helped by computer records. Individual doctor motivation must surely be reduced by this state of affairs while patients can no longer rely upon dealing with a known professional and the timid patient finds it difficult to start afresh with a strange doctor. Starting from scratch on so many occasions wastes time and is uneconomical.

Fortunately, we are in good health but, considering the future, we have attempted to register with other practices but find that we are outside their defined limits. This

problem applies to all who are covered by our present practice and permits an organisation that appears to prioritise doctors' convenience above patient needs.

It is always difficult, but not impossible, to "put the clock back". However the contemporary practice service is, despite the help of computerised records and easy access to specialised advice, clearly inferior to the recent past. With courage, and if "political correctness" pressures are resisted, the situation can be improved and the following measures are proposed:

- a. To reduce the handicap of part-time doctors, admission to medical studentships should favour at least a 50% male take up;
- b. Qualified doctors, who elect to work on a part-time basis, should be paid at a rate **less** than the existing *pro rata* rate, to reflect the fact that they are not repaying the very considerable State investment in their training;
- c. Part-time doctors in practices should not be allowed to act additionally as highly-paid locums for out-of-hours services;
- d. Practices should be incentivised to provide out-of-hours services from their own resources. (As a retired serving officer, weekend duty on a one in six or one in eight basis would not seem unreasonably onerous);
- e. Practices should be made responsible for personally vetting individual locums for out-of-hours services. There should be no additional payment for exercising such an obvious responsibility;
- f. To avoid current practice monopolies that have no competition, practices should instructed, or at least encouraged, to admit up to 10% of their patients from adjoining practice areas;
- g. Performance bonuses should not be required by professional doctors. Already adequately paid, they, above all, should not need motivation based upon money.

We trust these suggestions are helpful. The keynote for radical improvement is "Courage".

Ravi Dookna

I think that they do operate in their interest, **but NOT in their BEST interest.**

Evidence:

1)

I am a newly diagnosed diabetic patient

My GP did not want to find out the underlying cause of my diabetes or high cholesterol.

And ask me to address them, (better for patient & cost less (no tablets)...

But instead wanted to prescribe me some cheap tablets.

Also, just ask me to fill in a GPPAQ form to meet your targets

2)

My baby (1½ year old) had some coughing issues.

Just prescribed some salbutamol, without discussing or trying to

Address the underlying cause.

3)

My wife was having ...

I have dozens of evidence...

Paul Thackray

The major problem with many GP practices is obtaining a timely appointment with the GP who has knowledge of the patients condition.

This makes the ongoing monitoring of chronic conditions very hit and miss and undermines patient confidence. This in turn destroys the well being of the patient leading to complications.

A major problem is the dropping of phlebotomy services by many GP practices necessitating lengthy, time consuming and often expensive trips to hospitals for the necessary tests to be undertaken. Again in cases of ongoing monitoring this is not a satisfactory situation and from personal experience and that of others in a similar position patients are left with the clear impression that they are just a number and processed as such.

In my own case I am currently capable of managing my medical affairs and do so on the advice of consultants with whom I have discussed matters.

However this is not necessarily the case with everyone and I know of many people where it is certainly not the case. The relevance to GP services is that if GPs do Not manage their patients condition effectively then the system is failing To fulfill even basic requirements and requires a rethink. It also places unnecessary strains on hospital services where similar unco-ordinated problems often exist.

What matters most to patients at the end of the day is their mental and physical well being. This is often the last consideration in GP practices whereas it should be the first.

I trust this is helpful.

Michael Hemmerdinger

For many years I was a member of a very large group practice and two years ago I moved to a different area (within the same CCG area) and I noticed that the larger practice had problems that the smaller practice did not exhibit. I would identify the following deficiencies within the larger practice.

The receptionists seemed to protect the GPs at all cost and it was often impossible to get a convenient appointment. They would not accept meetings for some time in the future, i.e. non urgent, they would always expect you to telephone at 8 a.m and hope that you could be connected before all the slots were taken. Up until when I moved they did not permit online bookings, medication requests or access to a regular news sheet.

I accept that things may have changed within the last two years but I firmly believe that there should be minimum standards laid down for all practices, electronic communications should be established and receptionists should treat the patients with respect not act as "guard dogs".

Finally, the reintroduction of GPs being responsible for their patient's care 24/7, however it is delivered, is essential. Patients have to have their confidence in GPs re-established so they go to their GP first and not to A&E departments.

I hope this is helpful

David Gee

In my area (Warwickshire), those GP practices not offering early appointments have a greater proportion of patients attending A&E.

Alan West

I think the biggest problem perceived by patients is the inability to get a same day appointment. (Confirmed by numerous local and national surveys) No matter how efficient the phone system and receptionists are, if there are not enough appointments available you won't get one.

Solutions??

A triage system where patients can be prioritised and the most urgent seen first. Currently receptionists do not ask why a patient wants to see a GP. (I do understand the confidentiality issues)

An assessment needs to be done re patient/GP ratio, perhaps weighted by some demographic ratio, and then cap GP patient lists, particularly if there is patient feedback that they can't get an appointment when they need one. For example, a 5,000 patient list shared between 3 part time GPs. Is that a suitable ratio? What is? Patients per appointment day? On from that, employ more GPs. (Not a financially attractive option!)

Have the ability to do a local search of nearby practices, offer patients appointments at other practices when yours is full and share out peaks and troughs where possible.

Hiroo Chothia

I am responding to Monitor's request for call for evidence relating to General Practice. I do this in a patient capacity and as a member of a Patient Reference Group advising my local GP Medical Practice.

A fundamental and on-going issue that affects the best interest of patients has been the 'out-of-hours' service provided primarily, though not exclusively, by the independent sector. Many patients still face a substantial dip in the quality of service provided by the out-of-hours service. More recently, this has been compounded by the introduction of the '111' service.

Additionally, a secondary issue is that many practices have recently introduced a change to their telephone booking system that restricts choice of advance bookings as patients are asked to call and book appointments on the day. This in my opinion is a change geared to the needs of the practice rather than the patient. My understanding is that practices are opting for this move in order to combat DNAs, however, this somewhat unsophisticated move and blunt tool penalises all patients, including those that attend at appointed times and goes entirely against the ethos of 'choice'.

Happy to provide further views should this be required.

Louise Heard

Further to your review to examine the commissioning and provision of GP services in England to see if there are barriers preventing patients from securing access to the best possible care.

I would like to bring to your attention the lack of provision for mums and families whose lives are affected by Post and Ante Natal Depression and Anxiety. As a mum who suffered with both twice I have string concerns about the lack of provision and even understanding of the illness and the support required to have a positive recovery.

As a result of these concerns in July 2010 I help set up a charity called Light Sheffield who support mums in the Sheffield area, we work with the local Perinatal Mental Health service but that is a small service without resources to deal with mums who are less than severely mentally ill. www.sheffieldlight.co.uk is our website.

From both a personal and professional point of view I believe that more funds needs to be channelled into increasing the awareness, skills and knowledge for health professionals particularly GPs and Health Visitors as they are the frontline professionals who should be recognising and supporting mums. As a solely volunteer ran organisation we have been going for three years on only applied funding working out at an average of £2000 per year, we desperately need funding for a paid worker as we are getting more and more mums who want to volunteer and more and more mums who require low level support that doesn't meet the severity required to be seen by the NHS specialist team.

There is also a lack of support for mothers with mental health problems who are being referred to IAPT service, as mums are told that they cannot access the service if they have their children with them. The whole point of the illness is that mums have babies and a lot of mums have very little home support and cannot find childcare which in turn puts up a barrier to accessing the necessary service.

We want to work with IAPT and the CCG to facilitate an IAPT service where our volunteers can look at the children while mums receive the care that they need, again due to lack of any funding we cannot provide this service.

I look forward to hearing your response.

[✂]

Following your request for information about aspects of the provision and commissioning of general practice services which may not be working in the best interests of patients I would like to submit the following.

I struggle to get an appointment with my GP. The surgery has put in place a phone triage system. This means I have to phone, explain to the receptionist why I need to see the GP, wait for the GP to call me back and then the GP decides whether or not they need to see me. I believe this is not in the best interest of patients as:

- I am forced to share personal data with a non clinician
- I work in office where there is no private space to take personal calls, so I have to discuss medical issues in front of colleagues
- It promotes perverse behavior, to get to see a doctor promptly I tend to opt for an emergency appointment when I know it is not strictly necessary
- Often there are more issues than the apparent reason for the visit – i.e. underlying MH issues that can be difficult to discuss on the phone

When I see the practice GPs I get an outstanding service. However the appointment system is so frustrating that I have tried to change practices so as to avoid this, but I am unable to change to any of the practices I would like, as I am just out of the catchment area.

[✂]

[✂] I have been trying for the past 7 months to get my GP surgery to set up a PPG after they had split. After continued efforts with a self made group , constant reference to CCG and CQC it now looks as if there may be one but the way in which both surgeries have reacted to people has been appalling.

In addition, I had a medical problem around 15 or more years ago, which was resolved through Homoeopathy. My own GP who is actually very good , was amazed by the effect and asked if she could give may contact details to another patient. When this condition reappeared in 2011, I returned to my GP and asked for another referral to the hospital which was refused and then I asked for an antibiotic which had also been used by the Hospital to bring the condition under control initially, this was also refused. No other help was offered . I asked why there was such a change of attitude and the only answer I could get was that some doctors did not believe it was a medical condition. I was offered a letter to the Hospital eventually - where I was quoted £200 for an appointment - but was told that there was no money for me, despite the success that had been commented on many years earlier.

I really do believe that doctors with alternative/complementary therapies should be allowed to practice for free / as part of the NHS to offer genuine free choice for patients.

I hope this proves useful for your survey.

Gerry and Joan

1. I have heard no problems of patients changing GPs .Problems in patients gaining access to appointments are common in small practices. Also there are long waiting times to see specialist nurses. Ie Diabetic
 2. A problem I have hearing about are patients discharged from hospital not being able to access after care for Gps not having necessary equipment to carry out checks etc. This system being a directive from local CCG I understand.
 3. As above
-

[X]

I use the GP services at [X] surgery. I moved to the area last October 2012, previously using the services at [X].

I am very disappointed with the new Triage phone system that has been in place. I have had to phone about a rather sensitive matter, and I did not feel very happy and at ease about having to explain my personal problem to the receptionist.

The surgery is not very welcoming, as from the first port of call you are encouraged to log in and register your appointment on a computer screen, and the receptionist sits further back, away from this area. You then wait to hear your name called over a speaker system. So you can clearly enter the surgery with no personal contact at all, which I find very cold and unwelcoming, particularly if you are feeling at a low ebb.

The particular problem I had seen my GP about was on the 16th August, for which I was told would be referred to the [X] Hospital. Having not heard anything, but thinking there must be a backlog of patients on a waiting list, I phoned [X] surgery, I think during the week commencing 16th September. I had to explain the reason for phoning, again feeling rather embarrassed, but the receptionist assured me that the referral had been made and I would hear something soon. I did not.

On Tuesday 1st October I went into the surgery and asked the receptionist again why I had not heard anything, she didn't understand why I had not had a response, as according to the screen it showed as referred. She gave me the phone number of [X] hospital. The following day I phoned the number given, I was informed that there is not this particular specialist clinic on their hospital site, but I was then told to phone the one in my area, [X] hospital and ask for [X], which I duly did. I was put through to a person in speech and language services, who knew nothing about this. She informed me that all booking of appointments was dealt with through the SPA team in [X] and gave me the number. On the Thursday 3rd October I spoke to a member of the SPA team, a very helpful and friendly lady who told me exactly what I needed

to know. She looked up my details on her records and it showed no referral from my GP at all. She told me to speak again to [X] surgery and ask them to fax the information direct to her. I promptly phoned [X] surgery and spoke to a very off-hand brusque member of staff who was very quick to rush me through and interrupt when I was trying to explain the situation. I felt rather anxious and by this time upset that yet again I was having to divulge the sensitive nature of the problem to someone who did not appear caring or friendly. The receptionist then informed me she would speak to Dr [X] and make sure that the details were faxed straight away to SPA. She did apologise.

Following this I did not hear anything from the GP, or the SPA team. I do feel in the circumstances, a follow up call to confirm what was happening would have been the polite thing for the surgery or GP to have done. Subsequently I phoned the SPA team on Friday 11th October, and was told the referral details had been faxed to them the previous day, Thursday 10th October, a week later than I was told by the Doctor's receptionist. So now I await again to hear when my appointment will be. This is nearly two months since the original visit to my GP.

Suffice to say, I am extremely disappointed with the service that has been provided, and I feel very much I would like to consider moving to a different doctor's surgery if at all possible.

[X]

Please find responses to GP study below:

Questions about which we are interested in hearing your views include:

- How important is it to you to see the same GP each time? In general this is not important to me – however it is helpful to have the option of continuity where there is an ongoing health problem
- Are you able to access a GP or practice nurse in a reasonable amount of time when you need to? Only if I can call and get through at 8.30am and have complete flexibility to attend at any time that day – the reality is, I am busy at 8.30 am ; I have a 50 minute commute to work and need advance notice of an appointment time which is ideally first or last in the day. My recent attempt to book in for a routine smear test failed completely as my surgery only offer a weekly clinic on a Tuesday 11am – 1.30pm – this is no help at all to women who work (and commute). Really not happy that I have to take a day's leave to sort this out.
- Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you? No – I would like to stay registered with my GP (near my home) but also be able to see a GP in a location close to my place of work (40 miles away) – this currently does not seem possible.

- Are you able to switch GP or GP practice when you want to? I guess so – I have never tried – as above, it would help on occasion to be able to see a GP close to my work place which is some distance from where I live. This would save a lot of unproductive time.
- Do you feel that your GP and practice are responsive to your specific needs
No – I find access very difficult. The first hurdle is the requirement to phone the surgery at 8.30am and only at this time – the line is always busy – and so am I at that time of day. I find that the reception staff are often inflexible and completely lacking in compassion. I would love to be able to : i) book an appointment on line; ii) e mail or phone my GP or practice nurse for advice rather than visit, where this is appropriate (and ideally have prescriptions ordered electronically); iii) if I do need to visit, I would like to attend early morning, evening or weekend (and ideally not have to wait for an unreasonable length of time beyond the agreed appointment time!)

[X]

My GP is within Cheshire I would like to see opening hours 8am to 8pm, also Saturday openings would be beneficial for people who work thanks.

[X]

As a Carer for my wife and myself, both in the over 70 bracket I have no quibbles with the services provided at this surgery. When I Listen to other peoples experiences with other surgeries I feel ours provide an excellent service.

[X]

How important is it to you to see the same GP each time? It is important for continuity of care, seeing a different GP each time means starting your story from scratch because they do not have the time to read individual case notes.

Are you able to access a GP or practice nurse in a reasonable amount of time when you need to? Not in my surgery, were there is a short window early in the morning in which to book an appointment and if you work it is not possible to sit for half an hour on the telephone waiting to be connected, and no guarantee of an appointment time when you get through.

Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you? Yes the surgery and or drop-in centres are well located.

Are you able to switch GP or GP practice when you want to? I am unsure how easy it would be to change GP practice given how busy they are.

Do you feel that your GP and practice are responsive to your specific needs?

No, they seem to spend more time on the computer than listening, and just tick the necessary boxes, unless something is radically wrong then they have to act.

[X]

- How important is it to you to see the same GP each time?
Relatively important
 - Are you able to access a GP or practice nurse in a reasonable amount of time when you need to?
Yes usually
 - Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you?
Relatively
 - Are you able to switch GP or GP practice when you want to?
Never tried
 - Do you feel that your GP and practice are responsive to your specific needs?
Yes
-

[X]

I am in Hampshire and am a parent/carer of two disabled young people aged 18 and 19.

We have been registered with [X] in Hampshire since before the children were born.

- How important is it to you to see the same GP each time?
This isn't important to me as I am happy to see any GP that is available. My notes are comprehensive and onscreen so whoever I see is up to speed with any ongoing issues.
- Are you able to access a GP or practice nurse in a reasonable amount of time when you need to?
Absolutely, I have never been refused a same day appointment yet.

- Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you?

Yes, the surgery is close to my home and I can usually get early morning or late afternoon appointments.

- Are you able to switch GP or GP practice when you want to?

I have never tried. No need to switch GP as I can see whichever one I wish by requesting when I book the appointment. I haven't needed to switch practice.

- Do you feel that your GP and practice are responsive to your specific needs?

Absolutely, they understand my needs as a carer. My daughter suffers from anxiety and recently needed to see the Dr with a personal problem. We accepted an appointment with our GP, but when my daughter arrived she wasn't happy to be examined by him. He booked us in with the female doctor later that morning. Excellent service.

Gillian Hayes

I benefit from being a patient of a well run GP practice in Gloucester. My personal experience and that of my husband indicates that the practice is run for the benefit of patients, whilst adhering to latest NHS guidance and budgets. In particular, once the appointment system has been explained to a new patient, it is fairly easy to book an appointment when needed. The promise that a patient's phone call before 10.30 am Mon to Friday will result in a 5 minute appointment that day works well and is reassuring. The reception service and secretarial services are unfailingly courteous, friendly and effective. This is in marked contrast to other practices I have known.

The GPs who have treated me have been very helpful, in the main. This includes the doctors training to be GPs.

The building in which the practice is housed is problematic. It is a Victorian house with surgeries and nurses' rooms on three floors with no lift access. Staff try their best to arrange ground floor appointments for those who need them but this is not always possible. This problem will be resolved when the practice moves to new, purpose-built accommodation, currently in the early stages of development.

I hope these few comments help.

John Payne

I would like to bring to your attention the situation currently facing the patients of [X] in Gloucestershire. The village of approximately 6000 inhabitants has one surgery – [X].

The partnership has two practices one in [X] and one in [X]. The practice population is split approx 80% in [X] and 20% in [X] and the surround area.

The partnership has taken the decision to close the [X] and move the whole practice to a new purpose built practice on a new housing development [X], that leaves 3400 patients in [X] area without ready access to GP. The proposed new practice is approx. 3 miles [X].

The partnership claim that they have consulted widely with their patients and the vast majority are in favour of the move to the new surgery, this result is hardly sup rising given that 80% of their patients reside in [X]. The partnerships attitude to the patients registered at [X] has to say the least been calvier. They appear to have mis-represented the case to a local MP, who subsequently issued a statement in favour of the closure.

The Parish Council, of which I am a member has met with representatives of the partnership. From the councils perspective the approach from the partnership was one of arrogance and a refusal to accept that 3400 will be affected. The partnership also claimed that the closure of the practice would have no detrimental effect on the village pharmacy, this is contrary to a written statement I have from the pharmacist that claims that loss of prescription business will probably cause his business to close. This point is reinforced by the fact that the new surgery will contain its own pharmacy.

I and my fellow councillors take the view that the closure of [X] is unacceptable and will be detrimental to the health of [X] resents and those in the locality registered with the practice.

I and the council believe that the reason for closure is financial. Whilst 3400 patients should support a two GP surgery, it is my belief that the acquisition of the new surgery is a significant financial commitment and that the partnership is selling off the [X] to liquidate some of its assets.

To conclude the action of [X] cannot be considered to be operating in the best interests of the patients.

Mark Crosby

The GP we use is [X] we find them to be excellent especially DR [X]. My husband has been in poor health for almost 5years not being able to work for 2 and half but

with their help and support he is now back at work not cured but able to cope. We have no complaints about any of the service we receive from them.

John Perry

Overall my own experience with my GP has been fine.

However, whilst it seems that most buildings are "accessible" for wheelchair access. I think some thought needs to be given regarding making appointments.

Seemingly you have to know you are going to be ill and book in advance! If you are ill it's pot luck whether you are deemed ill enough to be seen as an emergency and can be seen on the same day!

I am in favour of more flexible opening times and my G.P. to be available to me at evenings and weekends.

If you are disabled and need intensive treatment medication or home visits you are not guaranteed to be taken on the G.P.'s books.

I understand that people with learning disabilities also feel the treatment and support is mixed whilst some people feel it's o.k some feel the attitudes they encounter and the support they are offered is poor.

As a blind person I have support from my wife and PAs however if I were to go alone I would have to book on a computer which is not accessible to me as a blind person. When waiting to be seen the G.p informs me by putting a light on! of no use to me as a totally blind person.

Hardware and software is available some of which is free and makes it possible for blind and visually impaired people to access information more easily and independently.

Greater consideration needs to be given in making information more accessible in a range of formats that disabled people and others who may not be able to read print can access.

I notice also that greater use is made of providing information via t.v. again if audio description or sign language is not available this is of no use.

Consideration needs to be given to people who are deaf who have a hearing impairment or who's first language is not English.

I look forward to the day when greater integration of health and social care becomes a reality and equality is not just a theory or something we talk about but is practiced.

[X]

This is a response to your request for the views of patients in relation to their GP.

My view is that the current GP system does not reflect the needs of many people in modern society, and for that reason fails to deliver adequately.

Your first question was about whether people prefer to see the same GP each time. Behind my answer lies one of the real fundamentals about the problem with GPs for people like me. I don't really care if i see the same doctor each time - most of my friends also don't care. I don't mind if it is even at the same surgery.

I commute daily, and frequently work away, which covers most the time periods when GPs are open. Now, I would like to get an appointment near work, but for routine problems (rather than emergency) it is very difficult to do this through the visitor system.

Similarly, even at home, there are several surgeries near me, and in reality, I just want to go to the one with the first appointment, not necessarily to my registered one.

I know there are people out there who do want to see the same GP, but in my experience that is those with ongoing conditions, and people in my grandparents generation. These people should be allowed to stay with the same doctor - which would be made a lot easier if the large number of people who don't mind were given the choice!

I don't personally feel the need to be registered with a particular GP - i would rather be registered with the NHS (as a whole), and be able to make an appointment wherever I liked.

Related to this is the current reluctance on my GP to do anything on the internet. I want to be able to book my appointment (and without the ridiculous system they had at my last practice, where I needed to go face-to-face, in order to be given a code to book online!) online, and in most cases, a Skype call with the GP or nurse would be fine. Again, this doesn't have to be my own GP, but any suitable medic. Most things i've approached the GP about in the last few years haven't even involved an examination. I could have done most of them online or on the telephone!

GPs should be forced to open up to these new channels, otherwise they are ignoring a huge part of the population. And that also includes the ability to pick an appointment from any surgery. Similarly, when services like physio or midwife are needed (we've used both in the last couple of years), it seems strange that we still have to go through the GP - we take up a slot with the GP who just refers us on without examination or discussion. I could have booked that myself!

[X]

- How important is it to you to see the same GP each time?

Very important, for continuity of care, and to feel like an individual rather than a patient number. Building a relationship with a GP, and having the same GP for all my family members is really important to me. Continuity of care ensures that risks and issues (eg safeguarding concerns) are more likely to be captured.

- Are you able to access a GP or practice nurse in a reasonable amount of time when you need to?

Only if I am prepared to wait for a few hours. My GP practice operates 'open access' morning surgeries, but unless you are in the queue by 8.15am (very difficult with a young family), you are likely to be waiting 2 hours + to see a GP. I cannot afford the time off work to sit in a GP practice for the best part of the morning. If I want to book an appointment, I have to wait between 10 and 14 working days. What happened to the 48 hour target?

- Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you?

Yes

- Are you able to switch GP or GP practice when you want to?

No, given that practices define geographical boundaries, outside of which they will not accept patients. So we're given Hobson's choice when it comes to primary care registration.

- Do you feel that your GP and practice are responsive to your specific needs?

Yes, when I can get in to see them.

[X]

please see answers below:

- ***How important is it to you to see the same GP each time?***
not important for different conditions but highly preferable while visiting more than once for an ongoing issue
- ***Are you able to access a GP or practice nurse in a reasonable amount of time when you need to?***
not usually, appointments are either on the day but frequently already taken

when calling at opening time, or booked well in advance which usually means 4 weeks, especially if wanting a specific GP

- ***Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you?***

no option given other than to see practitioners in the surgery

- ***Are you able to switch GP or GP practice when you want to?***

no, despite being a very large village on the edge of a large town, my GP is the only one I fit in a catchment area for so have no choice of practice. This means that despite being unhappy with service level I have no choice regarding change

- ***Do you feel that your GP and practice are responsive to your specific needs?***

no, superficial attempts made such as evening surgeries twice a week, but little flexibility otherwise. Working 1 hour away from home it would be useful to have more flexible arrangements (even a joint GP arrangement with one close to work so that I have the option to see one closest to where I work or home) but doesn't appear to be a priority

[X]

I welcome this opportunity to respond.

1) The frail elderly need one GP: see this example:

My deceased mother met with several problems during her later years: Diagnosed with osteoporosis, she regularly suffered spinal fractures. Given bed rest, these healed. The problem was that when she had an episode, there was a regular battle between the GP surgery saying – just ring an ambulance. I visited the surgery and begged for the GP to come out, to prescribe pain killers, so she could stay in bed. The Practice Manager outright refused, would not let me speak to her GP, and said get an ambulance. This was despite several episodes before, when the doctor had come out. [X] What she wanted, was to stay in her bed and recover. She needed her GP to visit. [X]. At A & E, she was then in no pain at all and the doctor said she could go back home! No X-ray was taken. She returned home in our car! A total waste of her time, NHS money, but crucially giving her great distress.

* Clear guidance is needed between the GP and patient, and a Practice Manager should not be able to decide the outcome!

At home, she was put under the care of the Crisis team – with home visits from District Nursing staff. Despite my re-iterated knowledge of my mother's desire to be left to recover in bed (as previously and successfully), they insisted getting her up

early and sitting her in a chair all day! She was distressed – no-one would listen. [X]. The District Nursing crisis team changed daily, so no-one knew her. One night, no-one turned up. Only one nurse had the foresight to listen, could see she was constipated and performed a ‘finger’ probe which she said would cure it.....and it did (but was apparently frowned upon these days). She was more use than anyone else, but sadly went on holiday the next day. A later diagnosis of urine infection, finally put my mother in a Care Home (nearly died), from where she never returned home. I live with the constant belief that I should have been more assertive and insisted that my mother be allowed to stay in bed. This is not a good feeling to have.

* A single named person is a good idea. A GP must ‘see’ a patient in this condition and know the patient’s past. The greatest difficulty for the elderly is that it is so difficult to retain contact with one single GP.

* Listen to the patient with osteoporosis, and their family, when their experience of previous successful care is demonstrated. Never expect an elderly person with osteoporosis to be taken to hospital on a ‘back board’ unless their GP has visited and believes paralysis is likely. [X]

2) 24 hour care. I feel this is a real problem. It is adding to already over-stretched A & E. I do not want commercial companies, for profit, in charge of my, or my families health. This is one area of care needing protection. The knock-on effect on our hospitals (and their costs) could put Trusts more in the red than they are; leading to Monitor intervening. Our Trusts cannot work miracles. I note now there are at least 3 hospitals already considering (or lost to) other providers to run them.

3) I understand from two GPs I’ve spoken to this week, that younger GPs are not wanting to take on board all the additional strains introduced in the new Act and are much more likely to agree to commercial other providers running their surgeries. This will only introduce another ‘for profit’ dimension into care. I have grave doubts that this can lead to ‘quality of care’ improvements.

4) Patient records being passed on for research etc purposes. I understand I have to opt out of this practise. Most patients will never become aware of the need to opt out. Yet, the implications for their mis-use are immense, especially if our date of birth is included. Insurance Companies will have a field day. The Press have recently talked about our records ‘being for sale for £1’. How can GPs have the time to deal with all of these ‘extra’ jobs? Their primary role is our care.

5) If our GP surgeries do innovate.....will this lead to further commercialisation? Will it mean our GP has a conflict of interest? I want to know my GP is only looking at my needs, not profit.

We have a good, responsive surgery. I know our GPs are over-stretched with all that is being asked of them.

[X]

The GP service is adequate.

Usually hard to get an appointment. GP are authoritative at times .

Receptionist at surgeries think they know it all and one may feel humiliated in front of others through them/ pt having to disclose their problems to receptionist. No privacy.

It appears that Pt are just bodies of problems to them and it appears that they look down on Pts as this run more as a business than a caring environment . There appear to be a lack of communication skills amongst the working staff and patients attending.

On another occasion the electronic appointment attendance system was operational but not working properly. Pt had thought that they had clerked themselves in but apparently the system was not working properly . There was no note on the touch screen to say that this computer was not working and that pt had to report to the receptionist. I know of someone who waited for at least 55 minutes before the reception called her name and the pt was advised that the touch screen clerking on system was not working properly.

Communication is poor and Pts may be there with pain and other discomfort and this situation does not help. Is this called negligence ??.

In my GP surgery the receptionist can ignore Pts and can be abrupt at times. Once I requested to speak to the surgery manager but was firmly declined. [X] I had to discuss my queries to the receptionist in front of other pt but I was advised that the manager cannot and does not speak to Pts individually and that their decision over an issue is final.

The same issue was taken to the other surgery in the same building and it was resolved in the most professional manner and I was made to feel valued and my thoughts and ideas Were respected.

There also appear to be some poor relationship or distancing between the two surgeries that are present within the same building.

Things are very political and management at [X] surgery is a disgrace. Their management style is very poor . It may be a great building but approach and customer service is very poor in my experience.

[X]

[X]

I wanted to comment about accessibility to services in my area. We have registered with a GP in G although we live in X. I would like a GP in X but there is only one large practice here. [X]. Since then I have had no confidence in the local practice [X]. The local practice provides satellite services in the surrounding villages so we had to find a practice in G who would take us. We have had to accept that home visits are unlikely at such a distance.

Whilst this is not ideal, the surgery we go to is wonderful. They know about the past incidents and have been very understanding. Some other surgeries would not take us because we had complained.

I am now on the PPI group and Y surgery act quickly to resolve concerns. They are a private company who are trying to recruit a salaried GP. The trouble is the really good regular locums would have to accept a pay cut to take up the post. The service is excellent and we have a good relationship. They are available seven days a week and waiting times for an appointment are reasonable. Since they run the local drop in the challenges with home visits are greatly reduced. They also offer telephone appointments.

My major concern is that there is no choice locally. The move to large practices in one large building left us in an impossible position. No surgery should have a monopoly in an area. If we did not have transport we would be without services at all. I still worry that in an emergency A and E would be our only alternative.

[X]

My main complaint is getting an appointment. I have diabetes, history of breast cancer and stroke and normally only ask for an appointment when I really need one but usually told no appts. available till next week but then you have to ring at 8.30 a.m.on the day. I usually ask for a specific GP.

Hope this information is helpful.

Geraint Day

Here are my answers to your consultation:

- How important is it to you to see the same GP each time?

It is important to me for continuity's sake.

- Are you able to access a GP or practice nurse in a reasonable amount of time when you need to?

Generally, yes.

- Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you?

Yes. And there is also a NHS Walk-In Centre that is actually nearer to where I live than the GP surgery. These walk-In centres are a very good component of the primary healthcare system where people are lucky enough to have one in their locality.

- Are you able to switch GP or GP practice when you want to?

I have never tried to.

- Do you feel that your GP and practice are responsive to your specific needs?

Yes.

My general medical practice is [X] in Swindon, Wiltshire.

Christine Branson

Answers to the questions posed.

- How important is it to you to see the same GP each time – it depends, I like to see the GPs I know but that can be different people.
 - Are you able to access a GP or practice nurse in a reasonable amount of time when you need to – yes, either face to face or on the phone.
 - Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you – yes, the surgery is close to where I live.
 - Are you able to switch GP or GP practice when you want to – no desire to but I could change if needed.
 - Do you feel that your GP and practice are responsive to your specific needs – yes, responsive services.
-

Rosemary Haworth-Booth

I regret that I only very recently became aware of Monitor's call for evidence on GP Services. As tomorrow is the Deadline

for responses I therefore don't have time to give this a very detailed response.

However, I would like to make some general observations:

I appreciate that there may be great variation in standard of care from surgery to surgery across the country. I appreciate that some patients may be very dissatisfied and frustrated by lapses in professional expertise and behaviour, but I suspect that this is by far from universal and that many patients are very grateful for, or even take for granted, the high standard of care which they receive, and this in the face of enormous difficulties placed in the way of GPs by ongoing cuts not just to the Health Service, but to other walks of life, including welfare benefits, transport, housing, employment - caused either directly or indirectly by government policy. Such cuts naturally affect people's health and the GP is a frontline for those suffering ever increasing levels of stress. So, in addition to having their own budgets cut and their responsibilities, due to the CCGs, increased, they have the added problems of a severely stressed population.

Rather than threatening GP Surgeries with closure, as seems evident from various press reports, Monitor should be extending a helping hand - offering guidance and training. We are pitifully short of new GPs and maybe this is because the existing reputation is of long hours and often frustrating and thankless work and working conditions, despite the high salary. The overwhelming majority of patients do not want choice, which itself engenders wastage; they want a decent service. Closing surgeries and setting up new ones run by the likes of Serco, Harmoni or Virgin Health may not always be the best answer. Some private providers may do an excellent job - but they are set up to make a profit. I think the public would rather not have the profit motive as the steering factor behind their healthcare. It has worked disastrously in the United States and could become equally expensive over here, while a few fat-cats mint it on the backs of an exploited public.

I urge Monitor to carefully review the GP Service but their findings must not result in closures and restrictions to services. A simple solution would be to encourage more GPs into the system, thereby shortening their individual patient lists, by increasing the number of nurses, physiotherapists and other health clinicians attached to surgeries, helping Surgeries to manage patient expectations and 're-educate' them to new systems of treatment, which may include more community health centres, while maintaining a high level of clinical care.

Andrew Wall

[S<]

I am generally satisfied with the service provide by my medical practice. I can book appointments on line and I can choose which ever doctor I fancy as in fact "my" doctor is seldom there presumably because she is a salaried part- timer. I can also have a telephone consultation. As my records are computerised there is no problem of checking where we are up to with my condition.

Dennis Shaw

THE N.H.S IS GOING BACK TO THE 1930,s this will work well for the G.P,s and the care of the PATIENTS AS THE G.P, WILL BE ON

24 SEVEN AS IN THE 1930s but not for the N.N.S

Kate Graeme-Cook

I would be very interested in contributing evidence following my experiences and that of my mother.

My experiences - tests not done when requested by path labs, results not given to me, [⌘], constant private consultations, surgery had no flagging up procedure for re-testing, testing done outside guidelines.

My mother's case - fell and broke a hip, contracted deep wound e coli infection, staff totally oblivious to how ill she was, three months later (still in hospital!) she fell and broke femur on same side. Total lack of communication, initiative and care by medics.

I would very much like to contribute to making our health service safer and more efficient.

[⌘]

One more thought

All doctors should have an on-line booking service, rather than having to keep ringing the surgery especially when times are busy – Monday mornings in particular. My surgery is quite good, but I was aware of some of my staff having to ring on the morning of the day they wanted to book – often no slots remained available and they would have to ring the next day, etc. This I believe is still going on despite Government saying it should not happen.

(also it is often possible to get a telephone consultation at my surgery - great for certain things – something I recently became aware of)

[⌘]

I would like to add some additions to my original submission, including comments related to a recent experience as a patient, as well as providing my views as someone who looks at health service provision as a professional – and as an ex-GP.

Firstly, my anecdote:--

I was unfortunate enough to require treatment for a minor skin infection but the first appointment with ANY doctor in my practice was 16 days away. I could have telephoned every day at 08:30 to see if a slot had come up, if not -- try again tomorrow. This is shockingly poor.

However, my local hospital and CCG have set up a 24hr walk in centre where I was quickly seen and treated.

Unfortunately the antibiotics prescribed did not work, so on a Bank Holiday Monday I had to return with a large abscess. I did not telephone the on-call GP service as they would not have been able to treat my problem and would have told me to go to A&E (as has happened in the past).

At the walk-in centre, the abscess was drained. It continued to need dressings for six weeks.

The whole problem might well have been avoided had my GP not refused to refer me 6 months ago as "the CCG has decided to ban operations on small lumps and bumps", and didn't discuss why I thought this one was bit more complex and likely to run into problems.

My observations from a service provision perspective:--

- This episode reinforces my views about access to GP services -- from interviewing patients, interviews with acute Trust staff and case note audits -- that GP services are often inadequate in terms of timing and accessibility
- The services that GPs usually provide -- often depending on practice size, with large ones being better but most single-handed GPs failing miserably -- fare badly in comparison with the facilities of a walk-in centre. This includes minor surgery and nursing services (including ANPs who enhance the range of services and availability)
- Access to diagnostics (both point-of-care and separate diagnostic departments) at a properly designed and located walk in centre can be hugely better than what any GP practice can provide
- 24 hour access is good news; I do not know if any centres balance staffing to demand load, but this would be an obvious thing to do; shared services are another major gain
- The walk-in centre looks to me very much like the Polyclinics proposed by Lord Darzi and whose cancellation led to Sir Richard Sykes' resignation.
- It is my view, both as a professional service analyst and now bolstered by my direct experience, is that properly designed walk in centres -- both sited

at/near acute trusts and in planned locations designed with services "tuned" to best serve their populations -- have great potential to provide community-based services very much more suited to today's demands

- It is likely that such centres would be much more effective than most current GPs in terms of access, outcomes and cost, and if they replaced GPs would lead to a huge reduction in the bureaucracy required to manage the current GP setup
- The current GP service setup is, when viewed in this way, Victorian at best.
- The vested interests of GPs as private contractors should not be allowed to dictate the rational, evidence-based planning and provisioning of community-based services as has happened in the past.

ADDITION to my original submission:

- I strongly concur with Clare Gerada's view (Chair of the Council of the Royal College of General Practitioners) that the days of the current GP contract structure are long overdue an overhaul
- In my view, GPs should become part of an integrated system of care with acute and community services
- It seem strange that private contractors to the NHS (GPs) have been given control of >50% of the NHS budget, and controls to stop them profiting are put in as an afterthought.
- Do GPs in CCGs know enough about making healthcare planning decisions for large populations? No. Most are statistically naïve. They need help, and the system needs a major overhaul.

[✂]

I am writing in response to your call for evidence on the GP services sector in England.

1. **Background**

For the last 25 years, I have been registered with the same rural GP practice in Hampshire. Until about 5 years ago, when the original Partners retired and the Practice was left to a younger generation of GPs, it was one of the best surgeries in the country. We even used to boast about it. Key points:

- 1.1 There was a clear doctor/patient (as opposed to patient/practice) relationship. This ensured continuity and engendered mutual trust and confidence – fundamental ingredients of good medicine.

- 1.2 Our GP Practice had branch surgeries both in [§<] and [§<], which is covered by the same Practice.
- 1.3 Most of the GPs worked on a full time basis.
- 1.4 All of the GPs took trouble to get to know both their patients and their families. This helped to build and maintain trust and confidence, whilst at the same time providing GPs with important background/context.
- 1.5 When GPs went away (eg on leave or on courses) they went to great lengths to brief their colleagues, so that whoever covered for them in their absence was familiar with a particular patient's case, and able to continue looking after the patient seamlessly. There was true continuity of care
- 1.6 If a patient had a particular concern, question or problem, we were encouraged to telephone our own GP between 8am and 9am to discuss the matter. This worked well: there was normally no difficulty getting through to one's GP and, if there was, and it was not possible to try calling them again the following day, we could leave a message for the GP to call back, which he duly did. This was an efficient system which acted as a helpful triage system for the GP. It also provided important guidance and reassurance for the patient, allowing problems to be nipped in the bud, whilst dispensing with the need for unnecessary visits to the GP and/or unnecessary home visits.
- 1.7 There was a surgery every Saturday morning. Although patients were encouraged to – and did - use it, we did not abuse it. Again, the system worked well.
- 1.8 If we had a week time out of hours emergency, we could telephone our own GP. If he happened to be on leave, his calls would be covered by one of his colleagues. Weekend emergencies were covered on a rota basis by the GPs from our own surgery. This system acted as an important mechanism for ensuring that patients had swift access to appropriate medical care, whilst avoiding unnecessary reliance on emergency services and A&E. For example, when one of our guests once had an asthma attack in the middle of the night, we were able to call my GP who arranged for us to come and collect a nebuliser from him at his house.
- 1.9 The Practice had a Senior Partner whose responsibility it was (amongst other things) to ensure that the Practice provided a good service to its Patients. The Senior Partner had personal responsibility for handling complaints and other comments from patients. There were clear lines of leadership and accountability.
- 1.10 The Practice was very clearly run for the benefit of patients (as opposed to doctors and their staff).

Sadly, many of these features are no longer visible at our GP Practice today.

2. Concerns regarding the current position surrounding GP services in the UK

It is difficult to wind back the clock, but the current situation surrounding GP services is undermining the fundamental principles of doctor/patient mutual trust and confidence, continuity of care and patient confidentiality, leading to a system where the patient has a relationship with the Practice (rather than his own GP) and where the Practice is run for the benefit of its doctors and other staff, rather than for the patient. Key points:

- 2.1 Whereas in the past, most of the GPs worked on a full time basis, none of the GPs in our current Practice works more than a 4 day week (even before public and other holidays are taken into account): the 2 male Partners in the Practice work 4 days a week and the 4 remaining female GPs do between 2 and 2.5 days a week. If, as is the case with my own GP, they normally work on a Monday and one other weekday, they end up doing only a one day week, when for example there is a bank holiday, or they choose to take a day off. And they only have to take three or four days off to get an entire fortnight away from work. This makes it very difficult to maintain continuity of care, as one cannot not plan in advance when one is going to fall ill or need to see the Doctor.
- 2.2 For the reasons stated above, patients often have to choose between waiting 2 weeks or more to see their usual GP in order to maintain continuity, and seeing another doctor. Whereas in the old days, GPs tended to communicate with each other so as to ensure continuity of care, the tendency, nowadays, seems to be for GPs to rely on computerised notes. Whilst this is a useful backup, it can be very inefficient and, in some cases, ineffective, as it can take a long time for a GP to read and assimilate a patient's notes before they see the patient and, sadly, there is little evidence of this important preliminary being exercised. As one doctor friend recently told me, the correct diagnosis very often lies in the patient's history.
- 2.3 GPs often seem to be too busy to read patients' notes. On one occasion, I had to draw a substitute GP's attention to the computer screen which indicated very clearly I was already receiving the medicine they were about to prescribe. More recently, my own GP made some serious factual errors in a referral letter they wrote to my Consultant. If they had taken the trouble to listen and to read my notes properly, these errors would have been avoided.
- 2.4 We are told that we have the right to have errors in our records corrected. In practice, this is far from straightforward. [✂]

- 2.5 It is becoming increasingly difficult to speak to a Doctor over the telephone for advice etc. Whereas in the past we had a full 1 hour window between 8.00am and 9.00am to make these calls, this window of time has gradually reduced to 35 minutes between 8.15am and 8.50 am – the time when one is most likely to be travelling to work and unable to make telephone calls. This is exacerbated by the fact that GPs will only take calls when they are on duty. So, if they are part time, that only allows two 35 minute sessions a week (and only one 35 minute session during a Bank holiday week). As a result, phone lines to the surgery are constantly busy from the minute phone lines open until long after they have closed. For reasons of confidentiality, we are told that it is not possible to e-mail our GP. But messages for the doctor to call back are not always returned. When GPs do call back, it is often too late. When taking messages, receptionists tend to ask for considerable detail. Sometimes, the GP's secretary (not the GP, as specifically requested) will call back with an unsatisfactory message. Leaving aside the fact that this is no substitute for a proper conversation with one's GP, when it is advice one has specifically requested and it is a two-way conversation between the doctor and the patient which is needed in order for them to advise properly, this does call into question the fundamental principle of doctor/patient confidentiality.
- 2.6 Whereas it used to be possible for us to have an early morning appointment (ie between 6am and 9am) by prior arrangement with our GP on at least two mornings a week, and Saturday morning surgeries were held as a matter of routine, we now have only one Saturday morning surgery every fortnight and one evening surgery every other week. There are no longer any early morning surgeries. This is unhelpful for those of us who work – especially when, as has happened to me on a couple of occasions, the receptionists actively discourage patients from booking appointments during the extra evening and weekend sessions.
- 2.7 Weekend and out of hours cover is now provided by a deputising service. During the Christmas and Easter periods, "out of hours" covers prolonged periods of closure. Again, this is bad for continuity of care. Surely, it would not be too onerous for the 6 GPs in our Practice to provide out of hours cover on a rota basis (in the same way as they used to)?
- 2.8 Phone lines for making appointments normally open at 9am. But on several occasions, it has not been possible to get through to the surgery to make a telephone appointment until after 9.45 am. When one has drawn this to the attention of the receptionists so that they could investigate the matter, the simple response was that they did not think there was a problem with the phone lines; they had simply "*been very busy...*". Other patients have had similar experiences.

- 2.9 On several occasions I have tried to call the Surgery to make an appointment at lunch time, only to be met with a recorded message to the effect that the Surgery was closed for training, and to call 999 for an emergency. Surely, it is possible for a single person to cover the phones during such times? Leaving aside the fact that we are dealing with matters of life and health, it can be very difficult for people who work in open plan environments to find the flexibility to call the surgery back later. I do not know of any other business which closes down its entire switchboard to outside calls during training.
- 2.10 The Practice no longer has branch surgeries in either [X] or [X]
- 2.11 We no longer know whether our Practice has a Senior Partner, let alone who they are. Although there is a Practice Manager it is not clear what their remit is.
- 2.12 Over the last 5 years, there has been a distinct shift in focus from doctor/patient/family-based Practice which is run for the benefit of the patient and his family, to a Practice/patient Practice which is run for the benefit of the Practice and its staff. This, in turn, has led to a “rushed approach” and to the introduction of impersonal, bureaucratic practices which are eroding the concept of doctor/patient confidentiality. For example:
- (a) patients are routinely asked to tell the receptionist (not the Doctor) for what purpose we wish to see the Doctor before an appointment is made.
- (b) I recently called the surgery to make an appointment to discuss the results of some tests with my GP. The receptionist told me that this was not necessary and proceeded to give me what should have been confidential results in a somewhat insensitive manner. When I followed up with a call to my GP, the GP gave me the results over the phone in a similarly brutal fashion, causing a degree of distress. This could have been avoided, had the results been given by the GP in a face to face consultation, as would have been the case in the old days.
- 2.13 In contrast to the private health sector, and both NHS and private sector dentists and opticians/optometrists, where there is open competition and where there is always a clear, welcoming and helpful presence for anxious patients at reception, the receptionists in our GP Practice frequently “hide” in a room behind the reception desk. Rather than report to a friendly, welcoming receptionist, patients are actively encouraged to use the computerised checking in system, which does not provide any information about delays etc. The Practice Manager once told me that this was designed “*to make life easier for our receptionists* [my emphasis]”.
- 2.14 On several occasions, when I have deliberately booked the first or second appointment in the GP’s clinic in order to accommodate my work

commitments, I have ended up being seen by the GP between 40-60 minutes later than scheduled, whilst my GP saw up to 6 other patients who arrived after me. This resulted in my own consultation (which had been booked 2 weeks in advance) being rushed. It also meant that I was late for work. When I queried the reason for these prolonged and repeated delays with a receptionist, she informed me that this was because my GP was “duty doctor” and therefore had to give priority to other patients who called in on the day. She gave me another early appointment and assured me that, this time, it would not happen. But it did happen again, and, once again, the reason I was given was that the GP was “duty doctor” that day. I fully understand and accept the need for doctors to overrun when patients need more time. However, I do question whether it is appropriate for a part-time doctor to routinely act as “duty doctor” when their own patients already have difficulty seeing their GP when they need to.

- 2.15 It is virtually impossible to change GP Practices in this area. Having suffered a number of unsatisfactory experiences, I recently tried to move to a nearby Practice. Although that Practice was, and still is, actively recruiting new patients, they felt unable to take me on, due to the fact that I live outside their geographical catchment area. They say that it would be impractical for them to make a home visit should that be necessary. My Parents [3<] had a similar experience when they tried to move to another Practice which is closer to where they live. This surprises me for the following reasons:
- (a) as far as I am aware, GPs make fewer home visits than they used to until some 5 years ago. In my own village, most home visits to the elderly now seem to be covered by district nurses and carers
 - (b) the same deputising service seems to cover out of hours calls for all of the surgeries in our area, including both my current surgery and the one I tried to move to.
- 2.16 In view of the fact that one cannot change GP practices, one dare not complain about one’s own GP Practice for fear of reprisals. And so the vicious cycle goes on...
- 2.17 The situation regarding services provided by our GP Practice is to be contrasted with that relating to my dentist and optician/optometrist, where, if anything, the level of service has improved over the last 25 years. For example:
- (a) I recently had a problem with my eye. I rang the optometrist for some advice, but she was on holiday. Having taken details of the problem, the receptionist consulted another optometrist and called me back within 10 minutes to (i) give me some preliminary advice and (ii) give me the next available appointment to come in for a check-up. An hour later, I received

a call from the optometrist the receptionist had consulted. Having taken the trouble to read my long (25 year) history, the optometrist took further details of the problem, asked some questions and provided more reassurance and advice. The following day, when my own optometrist returned, the optometrist I had spoken to briefed her. My own optometrist then called me in to see her later that same day.

(b) if I need to see my dentist for an out of hours emergency, I can telephone him for advice. And if I need to be seen, he then makes the necessary arrangements.

Neither the dentist nor the optician/optometrist places geographical limits on the patients they take on. They both say that, in order to meet growing competition, they have had to work much harder to provide that very personal patient service which we all value so highly. This suggests that lack of competition in the GP sector has contributed to the rapid deterioration in the quality of its services.

2.18 It is difficult to quantify this, but there has been a clear shift in initial port of call for minor emergencies from Practice to Hospital. The elderly and housebound are then obliged to use the ambulance service, provoking additional strain and expense on that service and, ultimately, the entire NHS Service.

This is a very wide subject and one could go on and on. I realise that Monitor's remit is relatively narrow and that much of this goes beyond your remit, but I hope it provides a flavour of the reasons why I believe that lack of competition is contributing to the erosion of the doctor/patient relationship, patient confidentiality, access to and continuity of care, and overall quality of services. I am also reassured by the fact that you expect the evidence you gather to inform the development of NHS England's approach to the development of primary care, and that you intend to continue to work closely with them and others across the system for the benefit of patients.

I do hope this is helpful, but if you have any questions or if, at some point in the future, would like to discuss any of this further, I would be happy to do so. [✂]

Jacqui Darlington

In response to NNPCF Please see below

How important is it to you to see the same GP each time?

This is really or should I say very important as it saves retelling your story as the covering GP does not have enough time to read your file. Also you build up a

relationship with your own or the same GP therefore they can usually read between the lines and ask questions that would not be asked by others.

Are you able to access a GP or practice nurse in a reasonable amount of time when you need to?

Yes this is not an issue for me as I am normally seen the same day unless I ask to see a particular person and usually I can see them within 24-48 hours unless they are on holiday.

Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you?

Yes I moved here and was able to register straight away at the nearest surgery.

Yes I can see the GP or practice nurse in the surgery which is down the road or at the hospital next to it.

Are you able to switch GP or GP practice when you want to?

I was able to switch surgeries quite easily as I had moved areas. If however I did not like the GP I was assigned to I would simply see another without asking to switch.

Do you feel that your GP and practice are responsive to your specific needs?

Yes I feel that my GP is fantastic and has been able to meet mine and my sons needs.

Bob Bryant

With regard to the questions you are seeking a patients view I provide the following information.

1. I would prefer to see the same GP each time but it is not of vital importance.
- 2, I have not experienced any problems in accessing the GP or Practice Nursing services when I require them.
3. The surgery is located in a reasonable position. However, the car parking facilities are limited and tend to be overcrowded.
4. I have no desire to change surgeries but I have no doubt I could if I wished to.
5. The GP's and Nurses take a lot of trouble to find out my wishes and react to them. The Doctors constantly encourage patients to get involved through the Practice Patient Support Group.

Overall I am a very satisfied patient.

One point of interest. There are two GP Practices in the same building with approximately 12 GPs in each Practice with a total patient list of approximately 25,000. Each Practice has its own Management structure and support staff. I do not understand why the NHS is paying for this type of system. If you had one GP Practice in the building you would make considerable savings on management costs of the order of £150,000 and I would expect a 10% reduction in support staff saving another £80,000.

[X]

To share with you my experience with my own GP practice:

1. Accessing my own GP is difficult to do, and I really have to make my monthly appointment about a month ahead. I generally see him every month. If he's away, or if I forget to make the appointment sufficiently ahead, I've seen other GPs at the Practice. On at least two occasions I've been given what felt like the third degree to justify the medication that I'm on. I explain that I've had three back operations; the first two for disc prolapses and the third to fuse three of my vertebrae together, and that the last operation was unsuccessful. I then explain that I see my own GP every month, and that I'm also under the care of an eminent pain consultant, and they review the many drugs that I'm on. The "substitute" GP continues to ask me why I'm on this drug, or whether I've had that drug's dosage reviewed. I again say that I'm seen monthly, that I have to have injections into my back every few months etc etc. I would like to tell the sub GP that if they take a minute and read some of my notes, they'll understand why I'm on what I'm on. I did offer my own GP that I come and see them on Time to Learn, answer any questions they have, which my own GP could answer better than me, so that when I do see another GP, they'll be familiar with my case, and prescribe what I'm running low on. He didn't think that was a good idea (my husband is a GP, and he suggested it). On both occasions that I saw the sub GP, and ended up in years). When I told my pain consultant, he was very cross with the GPs, and had told me to tell them that they can ring him directly if they have questions about my condition. He did say that it was a testament to my own will to lead as normal a life as possible that I was able to do as much as I do, and that another person would be in a wheelchair. This did surprise me, as I didn't think that I was that bad.

I understand that a GP who doesn't know me will want to reassure themselves that the very strong drugs that I'm on are needed, but this can surely be achieved without making the patient feel like a malingerer drug addict, which is how I felt. Hmm. 'nough said I think

[X]

I write to outline a number of issues that are in need of further alteration to meet need.

I am concerned that the GP practice see themselves different than others in that they are choosing, as are all the staff in the practice to do the that job. Al be it at times it is difficult the vast majority of the time they have a very good deal, the work conditions they have and pay and conditions are very good. They are funded to meet need, they need to stop feeling sorry for themselves and note they have a pretty good job.

I am concerned about access to the services, its very very difficult to get any sort of appointment. Doctor or Nurse.

The allocation of appointments process is very unclear. Owned by the reception staff.

To complain it is very difficult and the complaint does not leave the practice yet the staff all know the issues.

The patient is there to fit what the practice has to offer, not so much as what is required.

As a business model it is failing if it was not the case that so much is required to go through the practice it would be out of business, as it is so poor at meeting need.

Example, I am sent to have bloods taken, my practice do not do this, so I have to establish where does and what times. I work in another town, I can't go there in that town as they are on a different computer system, also not commissioned to do this. the amount of times that the results are lost or not up loaded so I need to do it all again.

The services are not friendly towards people that work office hours, they do not understand to attend appointments if you are able to get one. you need to take time off work. The same applied to all the NHS very very poor focus, would not survive outside a industry that have to create their own client base.

it is also a concern that the practice seem to allocate appointments to people who are not working so are able to be flexible with their time.

The Department of Work and Pension are putting a added burden on the NHS services by crating a need for services as a illustration of inability and disability, such s medication and consultant appointments to demonstrate need and in turn illness so on, this has placed a huge burden on the NHS in particular primary care.

The gate keeping reception is a problem as they stray into the area of diagnosis and assessment which could lead to harm.

no independent assessment of complaints is very very poor would not happen any where else.

Self employed and self interest along with conflict of interest seems to at very best have lip services.

I see commissioners not aware what is required, what to do and how to do it. yet they remain in there job and at times complicit in ignoring things that should be acted upon.

hope this assists [✂]

[✂]

Some observational experience on one speciality clinic in a GP practice.

A consultant was contracted to carry out ophthalmic clinics in the practice. Some internal issues within the practice meant that only one of the partners was involved in organising this clinic, and meeting the specialist. There is no informal process in place for the other partners, clinicians et al to meet new specialists (prospective or not), and agree with regards to the benefits of having a particular consultant undertaking clinics within the practice.

In the case of this particular ophthalmic specialist, he was not a local consultant, and therefore had no direct access to the ophthalmic department locally. Such a link had not been negotiated by the practice. The "contract" set up was such that, if the patient required any surgery (other than minor cyst excision etc), lasering, or other more complex ophthalmic treatment, the patient (having already been referred to the in house clinic), was sent back to the GP with a request that they refer the patient to the local ophthalmic department.

Essentially these patients were having double referrals for the same condition. There was also a delay to treatment for the patient, which clearly negated any benefits of having "in house" clinics, for those patients seeing this consultant. This clinic is still in place, though at least one of the partners has refused to use it, and is referring his patients direct to the local hospital service. He has written to all the partners stating his concerns about this particular in house clinic, but there has been some lack of engagement, and so the clinic is still running.

I believe that the CCG are currently reviewing the speciality clinics within their remit.

It would seem sensible to try and have a more uniform approach to negotiating in house speciality clinics, so that there could be a stronger negotiating platform when looking at costs with the provider

Jonathan Mackay

As a patient and an ex-GP I consider this "consultation" as another way of getting approval for a plan that the private health care providers have already decided. Payments to MPs, constituency parties and national parties have oiled the progress of the changes.

<http://socialinvestigations.blogspot.co.uk/p/mps-with-or-had-financial-links-to.html>

But to get back to your request...

Getting rid of the paperwork that GMC CQC CCGs QoF have heaped on general practice would free up lots of time for appointments for the sick.

Give patients a medical card that has an embedded chip with their PMH and prescriptions. This could also be used to facilitate fee-for-service (FFS) for appointments with GP. FFS would encourage the setting up of new practices and make it easier for patients to change GPs or see a different GP for another opinion. Does away with bureaucracy of premises and staff reimbursement payments. However I suppose this would conflict with increasing the numbers of less well trained staff (as in NHS111) and would be a non-starter for your silent business partners.

Your intervention in commissioning is already ratcheting up legal costs which will reduce money available for care, but what do you care?

Patients prefer small practices but, in the name of progress, these are being deliberately drowned in paper and will disappear. Bigger is not necessarily better.

Why can't GPs refer to named hospital consultants with Choose and Book?

Remove the need for MRCGP for new GPs as nurses and nurse-practitioners are already seeing, diagnosing, and prescribing for new illnesses. These activities were supposed to be the reason for the extended training needed by GPs!

Getting GPs (CCGs) to reduce referrals can not be in the interests of individual patients.

Fully aware that this scam is a cover-up,

[X]

- In my area, I'm aware of two GP practices that also run private companies whose work it is to undertake work for the NHS. I have concerns that there will be a conflict of interest for the GPs who have shares in these companies when bidding for new contracts when the CCGs invite bids.
 - I'm also very concerned that patients' own views may not be sought and/or be taken into account by the GPs doing the bidding. To give you an example of one of the current contracts, the surgery for one service is carried out at a hospital about an hour away, and that this can be difficult for the patient. I know that the patients' views were not sought when this clinic was set up.
 - Are there or will there be any systems in place that will ensure that the clinicians undertaking clinics in practices are already undertaking a full range of speciality procedures etc in the "normal" place of work?
 - Will there be a relatively standardised way of formatting the business cases for submission of bids?
 - Will there be regular loopbacks to the CCG and/or patient groups that ensure that the successful bidding practices are providing a quality service, and per (one assumes), the bid that was submitted to the CCG.
 - How will Monitor ensure that private companies that are owned and run by GP practices, are funded completely separately, with no money "leaking out" from the normal practice budget?
-

[X]

Please see my response reflecting my personal experience below

- How important is it to you to see the same GP each time? - not important, if I am ill I will see any doctor
- Are you able to access a GP or practice nurse in a reasonable amount of time when you need to? - Yes, I have had no issues at all with access with my practice (emergency appointments can be got on the same day, telephone consultations are readily available)
- Are you able to see a GP or practice nurse or register at a GP surgery in a place which is convenient for you? - Yes, I have had no issues at all with this. I am registered with a practice within walking distance of my home

- Are you able to switch GP or GP practice when you want to? - I haven't needed to do this for some 18 years and have no plans to do so in the near future as I am very happy with the practice I currently am registered with
 - Do you feel that your GP and practice are responsive to your specific needs? – Very responsive; they offer an excellent service with regards to access, facilities and the range of service available. They have more than adequately met both mine and my husbands' particular needs.
-

[X]

It is clear that the attempt to sell off the Publicly Funded NHS, a socialist organisation. Cooperation and Competition- a policy which is illogical.

[X]

when can we choose to stay with same dr

[X]

I know of an example where patients have wanted to change GP practices to one more geographically local (from a 1 hour walk to a 10 minutes walk from the patients' home), where they have been told they are not able to do so due to the historic boundaries allocated to GP practices. The new practice building is evidently in a different position to the original one and the practice boundaries have been left as they were. This individual had no access to a car but the closer GP practice had no obligation to accept them as a patient.

This is an example from a friend's experience rather than something I have heard in a professional capacity, but I think this type of behaviour by GP practices is appalling so I would like it to be considered as public feedback.

[X]

I have two daughters with special needs. My eldest daughter is 16 years old. All the information about both my daughters disabilities is available on computer and is accessible to the health service. About three years ago my daughter needed an appointment. The practice with which we have been registered for about twenty years did not know my daughters had special needs or that we were registered carers. Because we did not use the doctors up until this point I feel we were invisible to the service, the practice did not know the patients unless they were visiting the surgery regularly.

We are both official carers for our daughters. Carers by definition have people reliant on them for their well being. If the carer is unable to provide that care because of ill health then the person they care for will suffer. When my wife tried to make an appointment for herself the nearest appointment she could get was a fortnight away. It transpired she was suffering from a kidney complaint.

It is my understanding that carers of disabled people or the elderly are supposed to be prioritised for appointments because of the role they play in caring for vulnerable people. It is our experience that practices are not aware of this.

In the case of people with special needs or mental health issues it is important that they see the same doctors. It is important that the doctor gets to know the person to help understand their needs and communication issues. The patient also needs to be comfortable with the doctor and often takes time to develop a relationship.

All the above are important issues for ourselves and many parents and carers in our situation.



Making the health sector
work for patients

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