August 2024

Lord Darzi's independent investigation of NHS performance: submission of evidence

Londonwide LMCs

The professional voice of London general practice

Safety and pressure: meeting patient demand in the Capital

Summary:

- Practices report insufficient funds to support ***general practice partnerships*** to deliver core services, and enable them to employ more GPs and GPNs. And reports are growing of GPs and GPNs unable to find work in general practice.
- In the ten years April 2014-April 2024, London general practice has seen a fall of nearly 15% FTE GPs, whilst the population has risen by over 21%, placing unsustainable pressure on staff and contract holders alike - see NHS digital figures in ***Beds&Herts GP dashboard*.**
- As a comparator: the nation ***number of FTE HCHS doctors*** has increased by over a third (36.5%) from Sept 2014 to end April 2024 (103,329.59 to 141,006.16); whilst the national number of FTE GPs dropped by nearly a sixth (16%) from April 2014 to end April 2024 (32,543.2 to 27,341.1).

Strong general practice is essential in health systems as a means of providing cost effective health care and securing health improvement. In the UK, general practice is the bedrock of primary care provision in the NHS.
With increasing talk of moral injury, attrition and burnout it is critical that the safety, workforce and commissioning concerns are addressed as a priority.

In the words of Lord Darzi in his ***2014 Better Healthcare In London report*** "London should be a leader, not an exception". Yet the proportion of GPs making up the medical workforce in London is highlighted as dropping from 31% to 27% in the 10 years between 2003 to 2013 and continues to fall.

NHS England data showing changes in London region 2014 vs 2014, via Beds & Herts LMC dashboard

Headlines:
(Comparing practices with their main site in the constituency boundary between April 2014 and April 2024)

Population Change	Full Time Equivalent Qualified GP Change	Full Time Equivalent GP Partner Change	Patients per FTE Qualified GP Change	Total Appointments Delivered in April 2024
21.0% ↑	14.8% ↓	28.7% ↓	41.2% ↑	4,443,016

Section1:
Population (the registered population of all practices whose main site is within the parliamentary constituency boundary)

	2014	2024	Percentage Change
Population Change	9,113,174	11,028,623	21.0% ↑

Section 2:
Practice Numbers (the number of practices whose main site is/was within the parliamentary constituency boundary)

	2014	2024	Percentage Change
Number of GP Practices	1,417	1,146	19.1% ↓

Section 3:
GP Workforce (the GP numbers for all the practices whose main site is within the parliamentary constituency boundary)

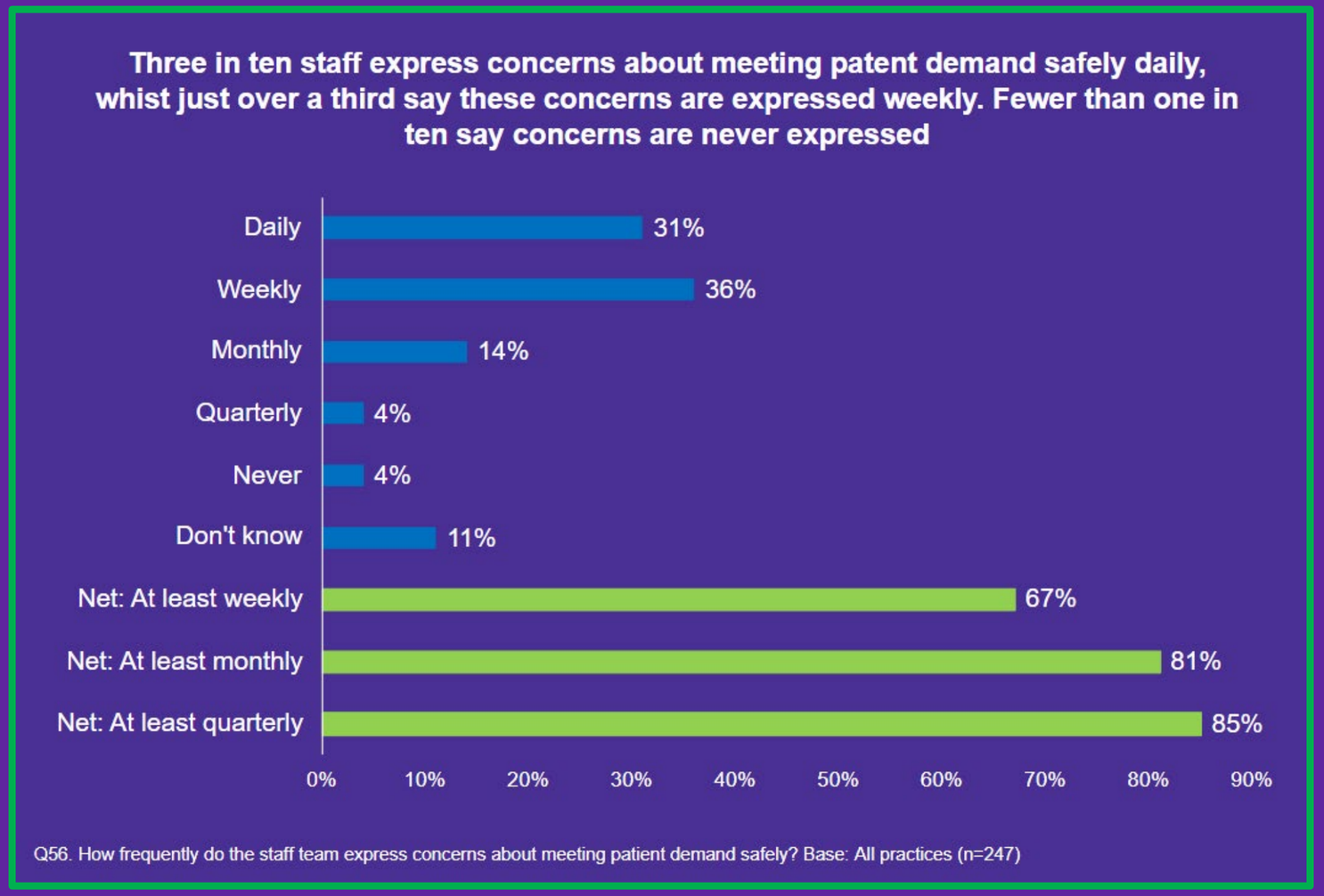
	2014	2024	Percentage Change
Number of Qualified GPs (Headcount)	5,798	6,351	9.5% ↑
Number of Qualified GPs (Full Time Equivalents)	5,038.8	4,295.1	14.8% ↓
Number of GP Partners (Headcount)	3,575	2,653	25.8% ↓
Number of GP Partners (Full Time Equivalent)	3,146.2	2,244.4	28.7% ↓

Safely delivering core general practice – fighting moral injury and spiralling attrition

Summary:

- ***Practices in London feel unable to deliver care that is either safe for patients or staff***. 81% of practices log monthly safety concerns from staff, 67% log weekly.
- Fewer than a fifth of practices feel optimistic about their ability to deliver safe patient care over the coming month.
- Practices cite rising demand as a problem in our ***2023 retention report*** and the ***recent GMC report on medical education and practice in the UK*** found 19% of doctors are reducing hours and 41% are declining additional work due to excessive workloads.

The ***Londonwide LMCs' Workforce Survey*** is completed on behalf of a practice team by practice managers and GPs partners from member practices across London. This survey is conducted by Savanta on Londonwide LMCs' behalf. Last year, we began including questions about patient safety after widespread anecdotal concern from GPs. Typical response rate per wave is 22-25% of London practices.



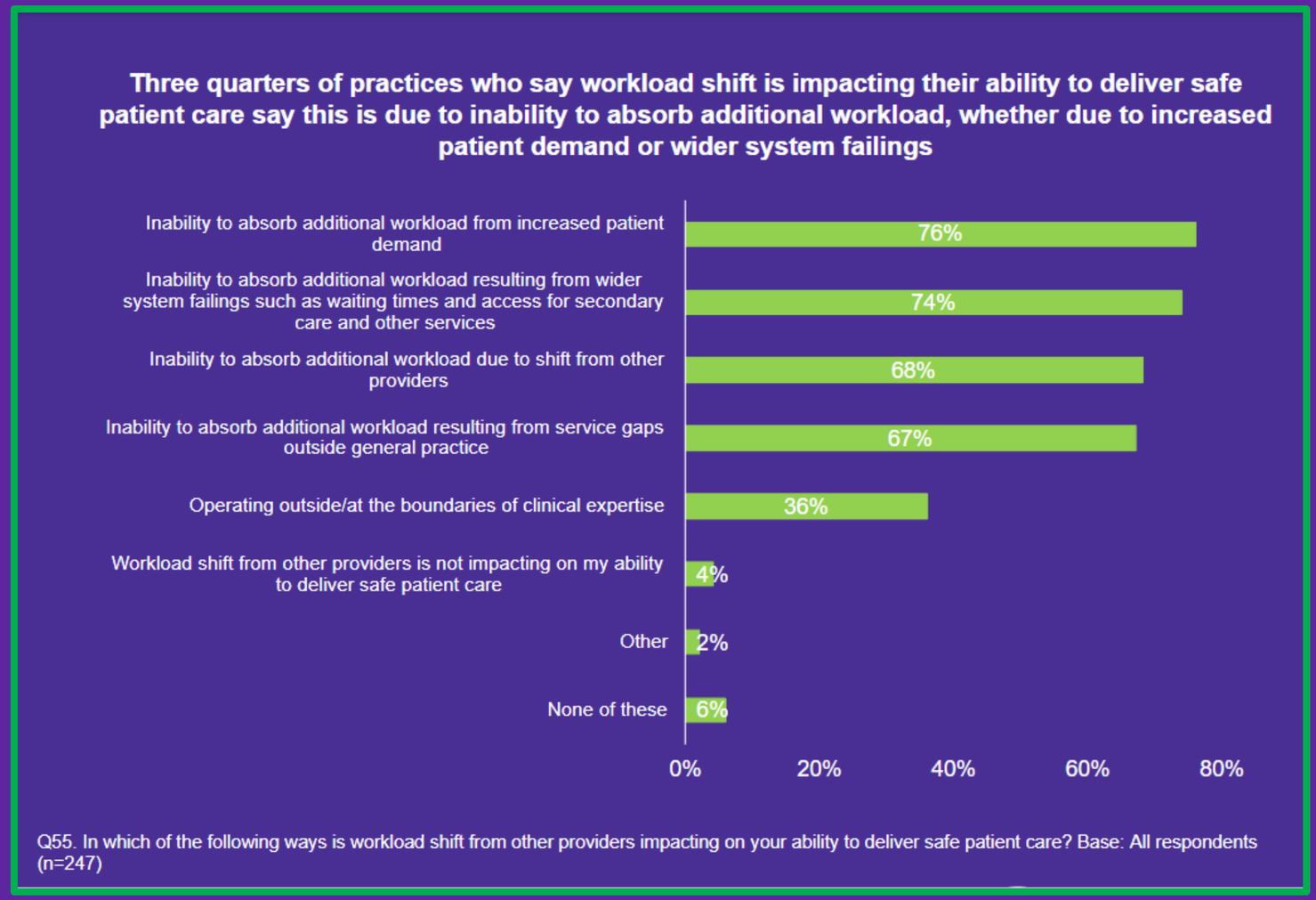
System operational failings: unresourced, under-resourced, non-contracted commissioning gaps

Summary:

- Three quarters of practices say their ability to deliver safe patient care is being impacted by unresourced, under-resourced or non-contracted workload shift from other providers.
- Three in five practices say that current work pressures are impacting the health of their staff (mental and/or physical).

Practices provide a hidden buffer service due to ***'rationing under the radar'*** and workload shift to help maintain patient safety. The ***absence of local and system-wide director(ies) of service*** confounds effective referral and patient choice, leading to rationing in various forms - ***see clinical cabinet paper*** - and commissioning gaps in critical areas, such as safeguarding - ***see Geddes letter***.

So often have these concerns been raised with us as the in-statute representative body, we have created ***specific safety resources*** to guide and support practices when they receive inappropriate/ unresourced "requests".



Safety and workload: perverse targets and incentives, imposition over collaboration

Summary:

- It is not uncommon for commissioning targets to create perverse incentives and result in negative outcomes for providers and their relationships with patients - ***see our recent QOF data and report re the absence of exception reporting***. London practices express frustration at the lack of 'exception reporting' and the imposition of targets. These include no reflection of how London's many and varied health inequalities and challenges/ needs are being managed across the Capital's diverse and often marginalised patient communities. 81 practices recently reported a total estimated loss of £643,307.53 (with the highest single practice loss estimated as £34,575.00).
- The lack of consultation on imposed single access models for same day access in North-West London led to significant analysis of potential harm and inequity exacerbated by the model being financially incentivised - ***see our analysis of the potential harms resulting from the same day access model proposed in NWL***.

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Childhood vaccination & immunisations - QOF target report, July 2024

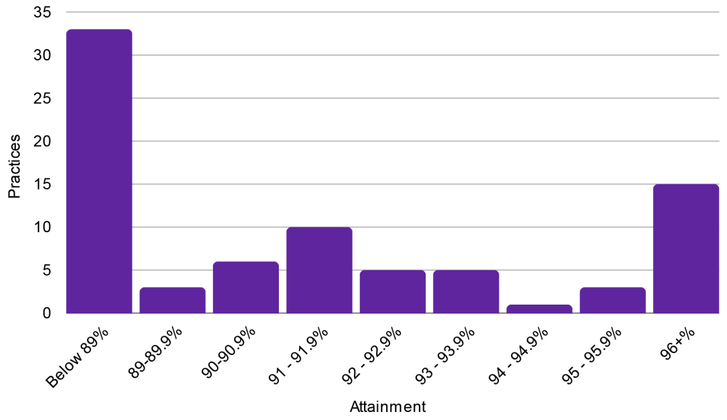
In May and June 2024, Londonwide LMCs contacted constituents following a continued awareness of the difficulties that some GP practices have experienced in achieving the childhood vaccinations and immunisation QOF targets, often for reasons that practices felt were out of their control.

We are keen to understand the extent of the problem in London and therefore asked those affected practices to share information with us around:

- Targets missed and percentage reached.
- Reason for missing target(s) and by how many patients.
- Estimated missed payment amount.
- Any concerns that the practice wished to share with us.

81 practices responded to the questions on percentage of targets reached and number of points missed across VI001-VI003. 80 practices responded to the questions the number of patients missed across VI001-VI003.

Practice responses VI001% - percentage of target reached for this cohort



The percentage of babies who reached eight months old in the preceding 12 months, who have received at least three doses of a diphtheria, tetanus and pertussis containing vaccine before the age of eight months. The threshold is 89-96%.

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Appendix

Concerns about the Same Day Access model proposed for North West London

Londonwide LMCs, representing LMCs and GPs within North West London (NWL) and across the Capital, recognise that this is an evolving discussion, however there is a degree of urgency to address these issues due to your proposed timeframes. We would therefore appreciate a quick response. Please note that our summary below is not exhaustive and we continue to receive feedback from practitioners in the area.

Patient safety concerns

1. **Clinical triage**

Clinical triage and care navigation are very different processes that have been conflated in this model. Clinical triage makes patient safety a priority by ensuring that patients with urgent needs receive correct and timely treatment to reduce the risk of death or morbidity. This includes recognising:

- Serious conditions that may present similarly to benign conditions,
- Exacerbations of chronic illness and serious impacts of seemingly minor illness on other conditions,
- Factors that may alter the presentation of symptoms and signs of severe illness, particularly when there are limitations to immune competency,
- Features of severe or life-threatening injuries,
- Features of serious illnesses that require an immediate response,
- Conditions associated with social, cultural and lifestyle factors that influence the incidence, severity, and presentation of acute illnesses,
- Multi-factorial problems associated with patients who live alone and/ or with multiple co-morbidities.

Evidence shows that the best clinical outcomes are achieved if triage is performed by the most senior clinician, with prior knowledge of the patient where possible.

Senior clinician triage reduces total patient contacts, ensuring patients are seen by the right person and in the most appropriate timeframe, and is key to meeting patient expectation.

In the model that you, NWL ICB, want practices to implement, triage is referred to as a "back-office function" throughout the document, carried out by a care navigator. While there are existing AI tools and some standardised clinical pathways and population health management tools to support triage functions, evaluation of their outputs and use is still emerging.

Core general practice

Summary:

We urgently need a reset to restore general practice in the UK to its core principles and characteristics of family medicine, based on continuous, safe, holistic patient care – ***see the UEMO statement***.

With an increasingly burnt-out workforce, growing concerns about service fragmentation and the impact on patient safety, and increasing reports of dangerous commissioning gaps, now is the time to act.

In October 2022 *the Commons Health Select Committee report "**The Future of General Practice**"* said: "The first step to solving a problem is to acknowledge it and we believe that general practice is in crisis. It is clear from the latest GP Patient survey results that despite the best efforts of GPs, the elastic has snapped after many years of pressure. Patients are facing unacceptably poor access to, and experiences of, general practice and patient safety is at risk from unsustainable pressures. ... Given their reluctance to acknowledge the crisis in general practice we are not convinced that the Government or NHS England are prepared to address the problems in the service with sufficient urgency."

2. THE EUROPEAN DEFINITIONS 2023

THE DISCIPLINE AND SPECIALTY OF

GENERAL PRACTICE / FAMILY MEDICINE

General practice / family medicine is an academic and scientifc discipline, with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care.

I. The characteristics of the discipline of general practice/family medicine are that it:

a) is normally the point of frst medical contact within the health care system, providing open and unlimited access to its users, dealing with all health problems re gardless of the age, sex, or any other characteristic of the person concerned.

b) makes efcient use of health care resources through co-ordinating care, working with other professionals in the primary care setting, and by managing the inter face with other specialities taking an advocacy role for the patient when needed.

c) develops a person-centred approach, orientated to the individual, his/her family, and their community.

d) promotes patient empowerment

e) has a unique consultation process, which establish es a relationship over time, through effective commu nication between doctor and patient

f) is responsible for the provision of longitudinal con tinuity of care as determined by the needs of the pa tient.

g) has a specifc decision making process determined by the prevalence and incidence of illness in the com munity.

h) manages simultaneously both acute and chronic health problems of individual patients.

i) manages illness which presents in an undifferentiat ed way at an early stage in its development, which may require urgent intervention.

j) promotes health and wellbeing of patients and the ecosystems they live in both by appropriate and effec tive intervention.

k) has a specifc responsibility for the health of the community and environment.

The European definition of general practice/ family medicine, WONCA Europe 2023