

Upper Dales Health Watch – Collective Action Update (12.11.2024)

Background:

General Practice is collapsing, every Practice across England is struggling. We value our patients and we know you value us too, especially when you need us. We can deal with most of your health problems, keep you out of hospital and have your best interests at heart.

Did you know we receive just £107.57 per year for each patient, whatever their health needs. That's less than the cost of a TV licence.

Practices, including ourselves believe general practice deserves a bigger slice of the NHS funding so that we can deliver the services you require and make it easier for you and your loved ones to get appointments to see your GP and Practice team. We want the same as you – we don't believe anyone should struggle to see their family doctor. General Practice should be as it once was, a familiar family doctor offering continuity of care, in a surgery full of friendly faces, within a safe building where you knew you would get the care you needed.

We have done our level best over the last several years to continue to offer the services you require, as best we can within the financial envelope we have available to us. This is getting ever harder and with income declining and costs increasing, this is becoming unsustainable.

Collective Action – so what is it and what does it mean for Central Dales Practice?

Across England GPs are taking a stand, a stand to fight for what is fair and reasonable. They are standing together to tell the Commissioners and the Government that enough is enough. We are standing to be able to provide the best care we can to our patients, who deserve no less.

There are around 10 actions that have been put forward as possible ways to make an impact and be heard. Of these actions, 3 in particular are being discussed and implemented across Richmondshire and England:

1. Limit daily contacts to the recommended safe level of 25 per clinician.
2. Serve Notice on any voluntary (unfunded) services currently being undertaken that plug local commissioning gaps.
3. Serve Notice on locally commissioned services which are no longer financially viable.

Taking each action in turn, looking a little closer and explaining where as a Practice we stand:

1. Fairly straight forward – we allow each clinician to see 25 patients a day and once they have reached their limit, we direct patients to other services such as NHS111 and the Urgent Treatment Centre (Friarage, Northallerton). This means less pressure on the clinicians, allowing them to give their full focus and attention those 25 patients that day. This also allows sufficient time to complete administrative tasks that fall on the clinicians (eg signing prescriptions, creating referrals into hospital, meeting with other Healthcare Professionals to discuss and support patient care, deal with general enquiries and complete paperwork). 25 patients per day per clinician is less than we are currently seeing, so this would be a reduction in service to our patients. At present, our clinicians feel able to continue with the

workload they currently have and we will not limit to 25 patients per clinician per day. However, if some of the pressures in the system are not addressed and sufficiently funded, we may need to revisit this.

2. Voluntary services – these are services we are providing for which we receive no additional funding, they do not form part of our GMS Contract and therefore, we are not obligated to provide. These include services such as taking bloods for the hospital consultants/services, post operative wound care (dressings after surgery etc), Cryotherapy to name a few. We fully appreciate and recognise the significance of providing these to our patients, due to our location and how far patients would have to travel to access these services. However, these are a burden on the Practice and costs us as a Practice to provide. We simply cannot afford to continue to provide these services unfunded. We have raised this with our Commissioners and advised that we will not continue to do so. Please note that at present, we have not stopped providing these services and we have no set date to do so. We are in discussions with the Commissioners and we will keep you posted on updates.
3. Local Enhanced Services (underfunded) – these are services that are commissioned on a local footprint (eg, Hambleton and Richmondshire) and include services such as Shared Care for Amber Drugs, INR (Warfarin) monitoring, DVT testing, Prostate monitoring, Ring Pessary fittings, Complex Wound Care to name a few. The payments made to us have not increased in 10 years and means we are running at a loss of approximately 38% on these services. Again, this means it is costing us to provide these services, they are currently chronically underfunded. We cannot continue as we are, these services are important to our patients, we want to continue to provide these services, again recognising the value to our patients but we need to be properly reimbursed by the Commissioners. Again, we have raised this with our Commissioners and have advised that we will not continue to do so. We are currently in discussions with the Commissioners and we will keep you posted on updates.

The very clear message we want to get across to all of our patients is that we are putting you first in all the decisions we make. We want to keep services local and we want to continue to provide these services to you. However, for us to do so, we need to be paid appropriately.

Practices across Richmondshire are supporting each other through this process and are putting forward a united voice, to protect our services, for our patients.

At present, no direct changes are being made to the services patients are receiving; At this moment, we have advised the Commissioners that this chronic underfunding (and non-funding of services) can no longer continue. This message is being sent to Commissioners by Practices across England, we are not unique.

Our hope is that the Government will listen and that the Commissioners will be in a position to re-design and re-structure services in our area, that are appropriately funded, so that we and other local GP Practices can continue to provide services to our patients.

Humber and North Yorkshire Integrated Care Board (ICB)

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Date:

Dear Stephen Eames

I am writing to you as a patient of Leyburn Medical Practice, please understand I would like to support my surgery in the collective action they are now undertaking and recently highlighted to us at the Annual General Meeting of the Patient Participation Group.

As a patient I am very concerned that our committed GPs are having no option but to take this collective action because of the continued lack of funding. I understand that appointments will be limited, advice and guidance may be reduced and some contractual work which is not funded at all will cease.

Although I feel sure the practice will do all they can to ensure patient safety it is unacceptable that they are not given the funding to provide the core services they are willing to provide so enough is enough. How can GPs deliver a service on the very small amount allocated per patient per year regardless of their health needs. Why should GPs be continually expected to deliver many services outside of their normal duties without any funding at all; I also understand this may be work that has been transferred from hospital teams to be picked up in the community. Aside from this there are existing concerns in place for our rural area including lack of transport both locally and to easily to reach outpatient services as well as a high proportion of older people.

The current government have stated, General Practice is broken, so timely and appropriate action needs to be taken. However I have every faith my local GPs can do what is necessary to provide good quality care but only if they are given the resources they require to do so.

As a patient I would like to support my GP collective and urge you to give consideration and increase the local funding for our community services as a matter of urgency as well as actively campaigning on my behalf as a patient to your national NHS England Teams to prioritise an adequately funded GP service.

Please help because our GPs need your support as do we as affected patients and so we need you to do all you can to make sure we receive it.

Yours Sincerely,

Contact details