



28 September 2020

Dear Colleagues

GP Face to Face access – a response from Cheshire and Merseyside Primary Care Sub-Cell

Many will have seen the letter sent to all practices from NHS England on 14th September 2020 regarding patient access to face to face appointmentsⁱ. As Clinical Lead for the Cheshire and Merseyside Primary Care Sub-Cell I would like to respond to this and take the opportunity to ensure that wider system partners were aware of the current 'offer' from General Practice.

General Practice has been open and seeing patients throughout the pandemic. GPs have done this with little or no additional resource despite significant changes to their working model of healthcare delivery. They have seen patients both with covid and non-covid symptoms, have struggled to obtain adequate PPE, some have caught covid-19, and some have died.

It is tempting to respond to the NHSEI letter with factual information that demonstrates that General Practice is, in fact, seeing patients (some numbers are included below for this). I believe, however, that this misses the point. GPs are there for their patients, and have been undertaking assessments in the most appropriate setting according to individual need. The desired outcome here should surely not be the mode by which the patient is consulted (phone, video, e-consult or face to face), but whether their need was met. I believe that a more helpful narrative would be a reassuring and supportive one that makes it clear that patients can access their GP, and that their GP is able to discuss and decide with them about the most appropriate way for them to be assessed.

From the very outset of the pandemic, GPs adjusted their ways of working and have developed a totally different model of healthcare provision. The Standard Operating Procedure for GPs in the context of the Covid-19 pandemic provides guidance for practices and has been regularly updatedⁱⁱ. The SOP encourages all practices to adopt a total triage system whereby patients have a phone, video or electronic consultation before any face to face encounter. Face to Face encounters have been discouraged unless necessary in order to comply with other national guidance about social distancingⁱⁱⁱ and to reduce footfall through our estates, none of which were designed or built with a coronavirus pandemic in mind. Following remote consultation, GPs have been seeing patients face to face where required, wearing appropriate PPE, and have been doing this continually since March. At no point have practices been 'shut'.

Taking one 10,000 patient practice as an example, since 1st April their clinicians have undertaken over 11,500 phone calls and over 2,300 people have been seen face to face either in the surgery or as a home visit. Comparing these numbers with the previous year, overall there have been more patient consultations in 2020 than 2019 during the same time period.

The SOP also provides guidance around the assessment and management of patients with Covid-19 symptoms. These patients need to be seen separately from clinical areas where 'non-covid' patients are being seen. Depending upon the estate, this is difficult for most practices. Many 'hot hubs' have been set up with practices coming together in towns, PCNs or wider geographies to provide assessment areas so that main surgery buildings remain 'clean'. The responsibility for assessment of these patients does remain with the GP, but it can be very difficult if the local 'Hot hub' is full, or closes down.



General Practice is contracted to be open from 8am to 6.30pm Monday to Friday (excluding Bank Holidays). CCGs commission Out of Hours services to provide assessment and care at all other times.

GPs have been open during these hours since March. They have continued with Childhood Immunisation, 6-week mother and baby checks, have restarted cervical cytology (smears) and have restarted much routine work. They have been guided with regard to what services to provide by NHSE, RCGP and the BMA. They have followed this guidance and seen patients when needed.

The letter of the 14th arrived at a time when General Practice was very busy. Schools have returned and with that the usual increase in presentations of children with cough, cold and fever. General Practice has also just started on the largest Influenza immunisation campaign we have ever seen, with increased cohorts of patients eligible and higher targets to achieve.

I would like to thank all GPs for the hard work that they have undertaken during this pandemic, and also acknowledge that current demand for GP services has increased significantly.

The Sub-Cell notes the BMA letter that has been sent to Sir Simon Stevens in response to this issue^{iv}.

I would like to suggest that a more supportive conversation is started across the system. No-one is comfortable with the thought that some patients feel they cannot access the care that they need. We would ask that the system works together to reassure both patients and other providers that General Practice is open, to identify any reasons why individuals may believe otherwise then to support each other in correcting this misconception. Fundamentally we are all here for our patients. Let us collectively ensure that healthcare needs are being met in the most appropriate way and in the most appropriate setting. This is likely to require greater mutual understanding of the issues being faced by different organisations as well as improved communication between colleagues and to the people that we all serve.

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ⁱ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/CO765-access-gp-practices-letter-14-september-2020.pdf>

ⁱⁱ https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/CO485_guidance-and-standard-operating-procedures-general-practice-covid-19.pdf

ⁱⁱⁱ <https://www.gov.uk/coronavirus>

^{iv} https://i.emlfiles4.com/cmpdoc/3/7/7/5/2/files/691197_bma-gpc-letter-to-simon-stevens-170920.pdf