

PC 04

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Clwstwr Meddyg Teulu De-orllewin Caerdydd

Response from: South West Cardiff GP Cluster

Primary Care consultation regarding Clusters

I am a GP partner working at Westway Surgery, Ely, Cardiff and the Cluster representative for our practice at the South West Cardiff Cluster. I am also a committee member of the Bro Taf LMC Committee. I work for Cardiff and Vale Out of Hours service on a Sunday night.

The South West Cardiff Cluster has been working very successfully over the past 2 years with excellent engagement from all 11 GP practices. We have had enthusiastic cooperation with the Third Sector and Communities First as well as representation at our meetings from the District Nurses, Community Pharmacists and some secondary care specialties. The funding that has been provided has allowed the Cluster to employ an IT specialist and this has improved the achievement of QoF payments through better read coding and monitoring of the health of the practice populations. We have also employed two Cluster Pharmacists who provide services to each practice on a pro rata basis, offering more time to the larger practices. Each practice uses the pharmacist's time in a way beneficial for the particular practice and the feedback has been incredibly positive. The Cluster has already increased the hours available and plan to continue funding the pharmacists. Some practices are keen to employ a practice pharmacist of their own, as it is evident that there is more workload that could be taken on, thus relieving the pressure on GP appointments.

Although I feel that the administrative burden in the NHS is sometimes excessive, the new approach taken through Clusters of looking at specific health areas of concern such as cancer diagnosis, diabetes etc, has allowed the practices in the Cluster to discuss their own experiences, learn best practice from each other and improve the health of the entire Cluster population. Another good example is the work done by Canna Surgery in Canton on repeat prescribing and ordering of medication. As a result of their work, there has been a significant decrease in the waste of medication and money has been saved. Their experiences were shared with the Cluster and all practices have now become involved in the scheme. I believe the savings made should be given back to the Cluster to allow further innovations. As Clusters mature and get used to working in new ways, more professionals will get involved, bringing their ideas and suggestions to improve the health of patients.

Whilst the provision of additional funding through the Clusters allows new and exciting ways of working, I am very aware of the significant variation between different Clusters and how they are working with other healthcare providers. I am also concerned that the monies provided only through the Clusters has meant that GP practices which function as small businesses do not have their own new funds to provide services that are specific to a practice population rather than to an entire Cluster. This can lead to an unfairness of the distribution of the Cluster funds. For example in the South West Cardiff Cluster, there is a wide divide between the practices in Ely and Caerau which have the particularly vulnerable population, a lot of poverty and high demand on the third sector and mental health services. This is compared to practices in Riverside where there is a high ethnic population who can be difficult to reach for preventative healthcare and screening and in Canton there is a larger middle class population with very different health needs and demands.

I welcome the increased funding in primary care but I believe that the monies should not be provided only through Clusters. There is a desperate need for increased funding per capita which will reach each individual practice. Due to historic underfunding of infrastructure, many practices are becoming unfit for purpose. Westway Surgery has been one of those practices affected and we do not have the space in our practice to bring in other healthcare professionals to support the

GPs. It is for this reason that I contacted Prof. Mark Drakeford in July 2014 as we have been unable to pursue his vision of Prudent Healthcare. We are now working with the Cluster and the local health board to put together a business case to the WG to fund a new health centre development in Ely which will also provide a new practice building for Westway Surgery. Other practices in the Cluster are having similar difficulties with unfit practice buildings. It is planned that the new health centre will provide a local hub for many of the services from other healthcare professionals such as dental care, podiatry and screening services as well as being a "Wellbeing Hub" with the opportunity for integrated working with third sector services. It is hoped that by directing patients to other services, patients will have improved care more specific to their needs and the GP appointments will be freed up for care of the patients with more complicated problems that only GPs can deal with. I believe the health centre should also offer clinic rooms that allow secondary care outpatient appointments to be provided in the community. Many patients feel anxious or unable to attend appointments at hospital which leads to high non-attendance and waste of NHS funding.

I do not believe that the answer to the crisis in primary care is to create a salaried service for General Practice. The additional energy and care provided by GP partners in support of their own business and on behalf of their patients in fact provides an extremely economic form of primary healthcare with GPs taking responsibility for the care of their patients, even when the care is being provided by another healthcare professional. Failing to support individual practices financially means that more GPs will choose to leave the partnership model and will result in a more expensive service that is not tailored specifically and appropriately for the population the practice serves. I appreciate that the model of NHS provision is changing and has to change given the increase in the population, their health needs and their expectations but the GP partnership model is a highly economic service and the long term plan to move more services from secondary care out into the community will need to be appropriately funded and governance may be best provided by the GPs who maintain responsibility for their own patients.

For some time I have felt that a possible answer to the NHS difficulties would be to have a cross-party agreement on the funding of the NHS so it is no longer used as a "political football" with frequent changes of the contract and conditions. I was delighted to hear similar ideas discussed on Radio 4's The Today Programme on Wednesday 11th January 2017, with Sarah Wollaston, Norman Lamb and Andy Burnham but unfortunately later that day this appeared to be rejected by the Prime Minister. I think the most necessary step is to have an honest conversation with the public about the state of the NHS and discuss what services patients would like funded and how the funding can be provided, whether by increase in taxation specifically to pay for the NHS and social care or by limiting the services that can be provided under NHS funding. There also needs to be a campaign to educate patients on self-care for minor illnesses and to direct them to the community pharmacists or other professionals for healthcare rather than GPs being the first port of call for everything.