



THE NHS – THE DOCTORS’ DIAGNOSIS

Current issues in the provision of GP services
in Bath & North East Somerset

November 2015

Protect Our NHS Bath & North East Somerset

SUMMARY AND KEY FINDINGS

In September 2015 we contacted all GPs listed at all practices in Bath and North East Somerset, receiving 51 replies, an impressive response rate of 34.5%. Thank you to all the GPs who returned their questionnaires.

92% of those who responded said they were concerned about the ability of their practice to deliver a comprehensive service, including out of hours services, on the basis of current resources. They said that net practice income is currently inadequate and/or falling, and mentioned the high and rising costs for locum and agency staff. Many said their practice was financially unsustainable, and the new funding formula was seen as hitting practices in the most deprived areas. They spoke of lack of staff and serious problems with recruitment, especially replacing senior GPs and partners who are retiring. They pointed out that junior doctors are going abroad to work, and said that failure to replace GPs, combined with other pressures, could result in practices closing. Almost all said they had increasing workloads, with added pressures from both community and secondary care and from increasing patient demand. Some said their practice was unable to provide a good out of hours service, and mentioned lack of 24/7 hospital clinical backup. Many spoke about serious risks to services, quality of care and to staff morale.

96% of respondents said that the government's planned funding of the NHS over the next 5 years is not adequate to deliver the government's plans for nationwide 7-day healthcare. They said the level and timing of this funding was unclear but the indications are that funding will not be enough. Many assumed it wasn't going to be funded at all. Staff shortages mean that, even with funding, qualified staff are just not available to make this extension of service possible. Several felt that patients did not actually want 7-day GP access and pointed out that what exactly was meant by 7 day healthcare was not clear. Others were worried that routine care by practices cannot be delivered over the weekend unless weekday services are cut, and unless GPs have access to 7-day diagnostic, therapy and social care services. They were concerned by the lack of continuity in patient care that would result. A substantial number said in their view this proposal had not been properly thought through. They pointed out the endless pressure for change in the service, and several suggested that this plan would be, perhaps intentionally, the last straw for the NHS.

98% of GPs who responded said their patients had experienced delayed hospital discharge due to difficulties in organising social care in the community. They said this is now a regular occurrence and is getting worse. They detailed the missing services, complex processes and lack of placements, and noted that the problem was worse for patients with complex needs, and for those funding their own care. They pointed out that insufficient provision of timely social care in the community also leads to many more patients being admitted to hospital in the first place. Low pay for carers affects both the availability of care and the capacity to respond to need. A fundamental part of the problem was seen by some to be the reliance on provision by the private sector.

When asked about their **views on the increasing role of private healthcare companies in providing NHS clinical care, 91% of those who responded had a range of serious concerns.** Many said that private healthcare is moving money out of the NHS and will drive up costs in healthcare. The same number saw the profit motive in private healthcare as damaging the quality of care offered to patients. There was real concern that private providers 'cherry picked' the easy and profitable services, leaving the complex and more costly care to the NHS. Some were worried about the way private provision fragmented health services, and others thought the increasing role of private healthcare undermined the principles and ethos of the NHS. There was concern about what happened to patients when private companies could not deliver their contracted services or when they went bankrupt. They were also concerned about the lack of effective regulation of private provision. Some GPs saw increasing privatisation as signalling the end of the NHS as we know it.

Finally, when asked if they had **any concerns about the future of the NHS as a publicly resourced service, free for all at the point of delivery, 94% of respondents said they had,** and these ranged from the quite worried to the seriously desperate and disillusioned. Almost all said current funding levels were a major concern, and many mentioned the ever-increasing levels of patient needs, demands and expectations. A few referred to the need to define a core service and/or to introduce some form of rationing, and others suggested that the introduction of some form of payment or insurance was inevitable. Several responses explicitly said the major factor undermining the NHS was political, and while a few GPs expressed their faith in public support or rational decisions to keep the NHS going, more GPs simply felt the NHS was completely unsustainable and was already doomed.

Foreword

Having called a meeting in October 2015 with one of our local MPs – Ben Howlett – and Professor Stuart Logan of Exeter University Medical School, to debate our concerns about the future funding of the NHS, Protect Our NHS BANES decided to ask GPs in our area for their views on government plans and on the current pressures on their service by carrying out a survey.

The response we received was outstanding.

We want to start this report by offering our very sincere thanks to the many GPs who responded to our questionnaire and shared their views with us. Despite working under considerable pressure, all of you were prepared to give our questions your time and attention, and through your comments to share your considerable expertise about the major issues facing you in your key role in the NHS.

We were impressed and touched that many of you wrote such substantial replies to the points we had raised that you had to use the back of the questionnaire when you ran out of space in the comments boxes. We were particularly grateful to the GP who responded to all our questions with a very thoughtful, passionate and closely-argued 5-page letter.

Thank you all - we do hope this report does justice to the confidence you have shown in responding to our survey.

How we did the survey

The sample

We sent the questionnaire to all 28 practices listed in September on the BANES CCG website, in a letter personally addressed to each of the 150 GPs listed as currently practicing there. We included a stamped self-addressed envelope with each questionnaire to facilitate the GPs' responses, and gave a 'return by' date.

Two questionnaires sent to Julian House surgery were returned as 'not practicing at Julian House' so we removed them and Julian House from our lists, leaving us with a total of 27 surgeries and 148 GPs.

The questionnaire

The questionnaire asked five questions with 'tick boxes' for responses for three of them, and space provided for individual comments under all five questions. The forms were anonymous, but included a number for each of the practices concerned so that we could check to see if responses had come back from practices in all postcodes in BANES. Please see the end of the report for a copy of the full questionnaire.

The response

We received 50 responses by the deadline - a response rate of 33.7%. This is an unusually high level for a 'cold' survey from a local organisation of which some GPs might previously have been unaware. We also received 1 response after this date, raising the response rate to an even more impressive 34.5%

Responses were identifiably returned from 22 of the 27 practices (81%) from right across the BANES area. A further 3 responses came back with the practice number removed, apparently in the erroneous belief this would identify the respondent. The area distribution was as follows:

Postcode of practice	BA1	BA2	BA3	BS31	BS40	All returned with postcodes	Postcode removed	All responses
No of responses	10 (20%)	19 (37%)	13 (25%)	3 (6%)	3 (6%)	48 (94%)	3 (6%)	51 (100%)

What the GPs said in response to our questions

Q1 - Do you have any concerns about the ability of your practice to deliver a comprehensive GP service, including out of hours services, on the basis of current funding resources?

All 51 GPs responded to this question, with **92% saying they did have such concerns**, 4% (2 GPs) saying they did not, and 4% (2 GPs) who were not sure. 34 GPs then went on to elaborate on their responses in more, and often worrying detail.

'Yes' responses (47)

15 GPs said their net practice income is currently inadequate and/or falling. This was often attributed to PMS review:

- "There is constant trimming and clawing back our baseline contract pay."

They talked about **high and rising costs for locum and agency staff:**

- "If anyone became ill there is no provision for locum payment which can cripple a practice."

The **new funding formula** was seen as hitting practices in the most deprived areas, with cuts in practice funding of up to £120,000 anticipated:

- "PMS funding is being redistributed according to (the) Carr-Hill formula which weights for age rather than deprivation. Without deprivation weighting our funding is seriously compromised."
- "As a practice we have deprivation but all funding ignores this so we are about to lose about [£XX thousand] over the next 3 years. What a great incentive!"

Most worryingly of all, many responses simply said **their practice was financially unsustainable:**

- "We are struggling as it is and are about to lose [£XXX thousand]." "We can't afford to keep our current level of service."

11 GPs mentioned lack of staff and problems with recruitment. Many responses said how difficult it is currently to recruit GPs and nurses :

- "We have been unable to recruit GPs sufficient to meet demand."

Some referred to problems **replacing senior GPs and partners who are retiring:**

- "We are struggling to recruit personnel, particularly partners . . ." ". . . there are not actually enough GPs out there to recruit."

One mentioned that **junior doctors are going abroad to work:**

- "The juniors will go to Australia."

Some said a failure to replace GPs, combined with other pressures, could **result in practices closing :**

- "We have [X] GPs retiring and little prospect of recruiting, and even if we could, current reduction in funding makes us non viable."

9 GPs pointed to their increasing workload:

- "Funding has been cut year on year and workload has been increased." "Massive increase in GP responsibility and workload/transfer into primary care with no resource coming with it."

They attributed this increase to **added pressures from both community and secondary care and from increasing patient demand:**

- “Increasing patient demand, (and) increasing movement of care from secondary to primary care causes increased workload in general practice.”
- “Population growth of 5 million recently and possibly another 5 million over the next 10 years will raise GP demand (average 3.5 – 4.5 appointments/patient/year therefore 30 -40 million appointments over 10 -15 year period, as well as more home visits to (the) elderly).”

6 GPs said their practice was unable to provide a good out of hours (OOH) service.

- “Currently we are not funded for OOH services.” “We would not be in a position to add OOH care to our existing workload.” “We currently have insufficient clinical staff to cover daytime work – have been unable to recruit.”

Several GPs said that a **co-operative model is the only way forward for out of hours services**, but pointed out that in BANES this was lost when the contract went elsewhere:

- “The only way to provide safe, efficient and financially viable service is to continue with this model of a local OOH cooperative.”

4 GPs made stark statements about serious risks to services and quality of care, to staff morale and to practice survival:

- “Constant financial squeeze puts services at risk.” “You cannot continually cut funding and expect more.” “Everyone is doing more with a serious risk of mass ‘burn out’.” “We don’t have enough time or energy left.” “WE WILL HAVE TO CLOSE WITHIN 1 – 2 YEARS”

There were also comments on the number of **part-time GPs who could not work longer hours**, and the **lack of 24/7 hospital clinical backup**.

‘No’ responses (2)

The 2 GPs who said they did not have concerns both then went on to give comments that seriously qualified this response. One did in fact go on to express **concerns about providing the out of hours element**:

- “We are stretched but still able to provide good in-hours service, though not out of hours cover.”

The other wrote over one side of closely-typed and poignant feedback, detailing his or her belief in the **massive staff commitment** which is so essential in enabling the NHS to continue to function, come what may:

- “...we’re dedicated professionals with an overwhelming sense of vocation and duty of care to our patients. We believe in providing the best possible service we can to each one of them, and that means going above and beyond what we are contracted to do; the partners, salaried GPs, nurses, secretarial staff, reception staff, managers and cleaners provide additional services and go out of our way to accommodate the needs of our patients.”

Q2 - Is the government’s planned funding of the NHS over the next 5 years adequate to deliver the government’s plans for nationwide 7-day healthcare?

50 GPs responded to this question, with none saying ‘yes, it is adequate’, **96% saying ‘no, it is not’** and 4% (2 GPs) saying they ‘don’t know’. 29 of the GPs who had said ‘no’ then went on to record their comments.

‘No’ responses (48)

19 GPs elaborated on their reasons for concerns about the funding for these plans. They said any funding for this change has not been made clear, nor when it will be made available:

- “We haven’t been given any information or detail on how this is going to be funded. Hence the BMA campaign *#Show us the plans for 7day working.*”

They said **the indications are that funding will not be enough:**

- “Nowhere near realistic.” “Completely unsustainable.” “Can’t fund the current system properly.”
- “There is no extra money being put forward to keep practices open, eg heating, lighting, staffing.”
- “Kings Fund agrees that there is inadequate funding without an expansion to 7-day work.”
- “It is inadequate already, so how we can take on more work I do not know.”

In the absence of figures, many **assumed it wasn’t going to be funded at all:**

- “You can’t expect a 40% rise in workforce and not fund it. Instead we see a reduction in money coming to general practice. 6.2% of NHS budget despite seeing 90% of patient consultations.”

Some GPs turned the question around to **mock the very idea** that there would be enough resources:

- “Of course not.” “Ha ha ha, nice one! Oh, they were serious?!”

11 GPs felt that, whatever the funding, staff are just not available to make this extension of service possible:

- “I have no idea how they plan to fund 7-day GP access because there are simply not enough GPs to staff weekends and evenings.”
- “Not enough clinical staff or even admin staff available – we currently struggle to staff Saturday morning surgeries.”
- “We are struggling to recruit and retain.”
- “Simply not enough GPs coming in to replace/support older GPs. Service reaching a critical point.”
- “Increasing GP retirement in over 55s. No newly qualified doctors going into general practice.”
- “The over 50s with their wealth of experience are looking to retire early, or travel abroad temporarily.”

4 GPs felt that patients did not actually want 7-day GP access and pointed out that what **exactly was meant by 7-day healthcare was not clear:**

- “What is meant by 7 day healthcare? – government have not defined this.”
- “Because our access Monday to Friday is so good, when we run Saturday morning surgeries, we struggle to fill them. And this isn’t unusual - ‘7 day working’ is already being piloted across the UK; in more than half the schemes, the pilots are being dramatically scaled back because demand for appointments at weekends is so unsustainably low.”

5 GPs were worried about the impact that focussing on delivering weekend healthcare would have on weekday services and on already heavy GP workloads:

- “It will just detract from services during the week.”
- “It is not possible to deliver routine care over 7 days without reducing availability Mon – Friday.”
- “Profound lack of understanding of pressures on primary care.”

Some comments also mentioned the impact of this new demand on the doctors’ already **low morale.**

Other comments covered a range of issues. Some pointed out that **access to 7-day diagnosis and therapy services plus social care is also needed to make 7-day healthcare effective:**

- “Lack of back-up – ie RUH doing 24/7 service.”

Two mentioned the **lack of continuity in patient care** that would result:

- “Worse, ‘7 day working’ poses an actual and serious threat to something that I believe is central to the success of General Practice in this country: Continuity of Care. In my experience, patients value seeing a familiar doctor for complex problems – a clinician who is already well-versed in the patient’s medical and personal history. Spreading an already-stretched GP workforce ever thinned to cover empty shifts across an entire week will only make it more difficult to see the doctor you actually want.”
- Trying to dilute our stretched services across 7 days will also dilute continuity of care.”

Many GPs said the proposal and its impact had **not been properly thought through**:

- “I don’t think anyone believes this is a serious proposition.”
- “We need to resource daytime care sufficiently before we can contemplate further/additional services”
- “7 day NHS will only work if we have 7 day social care + shorter delays in assessment and care provision”.
- “ ‘7 day working’ promotes unnecessary access over carefully targeted clinical continuity. It’s an ill-thought through luxury that we couldn’t afford in wealthier times.”

They highlight the **endless pressure for change** in the service:

- “Lack of stability at present so cannot cope with yet more change.”

And several suggested that **this plan would be, perhaps intentionally, the last straw for the NHS**:

- “. . .trying to run the Health Service for seven days (when you’re only paying for five) will be the death-knell of the service.”
- “The only reason for the Government to be dogmatically pushing for it now (while simultaneously demanding austerity) would be to achieve a destabilising outcome for the Health Service.”

‘Don’t know’ responses (2)

Two GPs said they didn’t know, in response to this question, but then went on to record concerns. One expressed **doubts about the funding for the plan**, saying – “Probably not. (+ will the promised money actually happen?).” The other felt the previous **co-operative out of hours arrangement** could have been a better way to provide weekend cover – “A pity we lost our local GP co-operative, with potential to offer 7 day services.”

Q3 - Have any of your patients experienced delayed hospital discharge due to difficulties in organising social care in the community?

49 GPs responded to this question, with **98% saying ‘yes they had’**, none saying ‘no’, and 1 GP (2%) saying they ‘don’t know’. 24 of the GPs who had said ‘yes’ went on to give their views on this situation.

‘Yes’ responses (48)

13 GPs limited their comments on delayed discharge to just one succinct word or phrase, such as:

- “Daily”, “Weekly”, “Regularly”, “All the time”, “Becoming more frequent”, “Routine, endemic and severe problem”, “Too often to specify”, “Huge problem locally”.

And one GP who had clearly seen too many patients discharged with inadequate support said:

- “They just send them home without!”

Fuller comments went on to identify a range of related issues. They talked about **the scale of the problem**:

- “RUH regularly on bed alert due to blocked beds”
- “Patients are experiencing delayed hospital discharge due to difficulties organising social care in the community. With local government funding being slashed, this is barely news and hardly surprising. It’s causing massive ‘bottle necks’ at the RUH . . . The funding of social services is even more woeful than that of the Health Service – and it’s the NHS that has to pick up the pieces.”

Some detailed the different **services, processes and placements that were missing**:

- “Weekly problems with social support and care, lack of community nurses, inadequate provision of care for vulnerable patients, not enough resources!”
- “Due to nursing care shortage in the community.”
- “1 patient has been in a care home for 4 months after an admission to hospital. She requires the same amount of care she was getting before admission but social services/her relatives have been unable to find any private/ public care organisation that will take her 3 x daily visits.”

They emphasised how these difficulties were even greater for those **patients with serious or complex needs**:

- “. . .arranging safe discharge of complex, frail, elderly patients back into the community is becoming very difficult for our hospital colleagues.”
- “One was kept in several WEEKS as no institution could be found to care for his combined physical and mental needs.”
- “One (dying) patient required admission this month due to no community care available.”

They pointed out that insufficient provision of timely social care in the community also leads to many **more patients being admitted to hospital in the first place**:

- “Admissions also avoidable if social care improved.”
- “From our end, GPs are bending over backwards to try to avoid admissions.”
- “Lots of shortages in community services - not able to react quickly when things go wrong.”
- “Urgent home care to prevent admissions? Forget it!”

A **shortage of carers and their low pay** were seen as part of the problem:

- “Very difficult to get carers at present – so patients can’t get out of hospital, not predicted going in!”
- “. . . patients requiring care home or hospital admission due to lack of community carers.”
- “You cannot live on a carer’s wage. Jobs at Tesco’s far easier and less stressful.”

Those **funding their own care** face particular issues:

- “We have a real problem with ‘self funded’ frail elderly, who don’t see value care, and [just] being given a list [of agencies and care homes] by the social workers is useless.”

And a fundamental part of the problem was seen by some to be the **reliance on provision by the private sector**:

- “My feeling is this is a significant failure of the private sector to be able to provide – if they don’t see a profit, the patient is dropped at the earliest opportunity.”
- “The bottom line with private companies is profit. . . . They are able to cherry pick, they also openly expect NHS provisions such as RUH to pick up and manage any post-op problems.”

Q4 - What are your views about the increasing role of private healthcare companies in providing NHS clinical care?

44 GPs responded to this question (86%) and 7 (14%) did not. **91% of those who responded expressed negative views on private healthcare and had a range of serious concerns**, with only 1 GP (2%) in this group pointing out any advantages, and another 3 (7%) whose responses were not identifiably either for or against.

The one 'positive' GP gave only very provisional support to increase private care:

- "If it speeds up waiting times, increases choice and is at least the same cost or cheaper than care in an NHS hospital, then I am all for it."

One of the 3 'neutral' GPs pointed out that GPs themselves were not NHS employees:

- "GPs are self-employed contractors so 90% of NHS care is already delivered by this model."

Another seemed still to be balancing up the positives and negatives:

- "More fragmented care. May provide shorter waiting times. No concern so far about the quality of care."

The third just seemed resigned:

- "Probably inevitable."

GPs with concerns (40)

While the majority of this group gave detailed concerns, a few simply confined themselves to one-word responses, such as "Anxious", "Worrying", "Dangerous" but others were more forthcoming.

14 GPs said **private healthcare is moving money out of the NHS** and will drive up costs in healthcare:

- "Not good – why let it happen? Just leaching money from the NHS."
- "Concern re costs to NHS."
- "Often money wasted on private contracts."
- "Diverting funds away from the core of (the) NHS."
- "They openly expect NHS providers such as RUH to pick up and manage post-op problems."
- "The treatment centre contracts arranged centrally have been poor. Let's hope there is a change when recommissioning services!"
- "Money would be better invested in training, then retaining, more doctors (GPs especially)."
- "This has a negative effect on 'core' NHS services."
- "Marketisation has dramatically increased the proportion of NHS budget consumed by transaction costs."
- "It is an ever increasing risk that money is being diverted to the private sector but our services are already so stretched we would struggle to compete."
- "Will only drive up costs and further fragment our services."

Another 14 GPs saw **the profit motive in private healthcare as damaging the quality of care** offered to patients:

- "Dubious – profit motive clashes with care."
- "I am uneasy. Private companies always need to extract profit for shareholders."

- “V anxious about (this). There should not be profit in healthcare. If standards are raised by using private healthcare companies maybe that’s good But it will be more expensive in the long run.”
- “. . .profit not care. Poorer quality.”
- “Too bothered about profit to give good clinical care”
- “It is not cost-effective as these companies all expect to return interest to their shareholders.”
- “The private sector will do what it is best at; stripping out the things that we patients and clinicians value but which can never generate an income and provide a rump of cheap services that turn a quick buck. And whereas the NHS can at least reinvest its savings in new services, the private sector will cream them straight into the profit column of the next spreadsheet.”
- “We need to be very careful. Not generally huge profits to be made – this is a SERVICE.”

8 GPs talked about the way that **private providers ‘cherry picked’ easy and the profitable services**, leaving the complex and costly care to the NHS:

- “They already only see the ‘easy’ cases and make a profit on these being paid the same as NHS providers who will see all cases.”
- “It is unfair that they ‘cherry pick’ easy cases and get the same tariff, leaving NHS with difficult cases.”
- “They are cherry-picking the most lucrative work and leaving the NHS with all the complex + expensive work.”
- “They are good for simple problems but can’t manage complex problems of patients and they don’t have the aftercare. I am increasingly disillusioned with them.”
- “These organisations cherry-pick the most profitable services. They will only accept the healthiest patients, so that they do not have to provide expensive support services like Intensive Care. That means that new private services will be inaccessible to people with chronic illnesses or to the increasingly frail older population . . that is to say – **most** of the people who will actually **need** NHS services.”
- “Worrying – they will cherry pick easy services and further destabilise (the) NHS . . . “

5 GPs were worried about way **private provision fragmented health services**:

- “Very concerned about fragmentation of health service.”
- “it creates a fragmented service.”
- “. . it has fragmented care to the detriment of patient care, patient experience, and local design and evolution.”

3 GPs saw the increasing role of **private healthcare as undermining the principles and ethos of the NHS**:

- “Once upon a time, a wise man was clear on the subject of how money affects clinical practice; IT CORRUPTS. His name was Hippocrates, and he’s thought of as pretty important in our medical circles.”
- “. . . the ethos of the NHS is unencumbered by the drives and needs of commercialism that are different to pure patient care . . .”
- “It undermines the ethos of providing good quality family care based on patient need.”
- “The public service ethos has been steadily eroded, to the detriment of all.”

Others were concerned about what happened to patients when **private companies could not deliver** their contracted services or when they went bankrupt:

- “If the provider ‘disappears’ for whatever reason, there is no accountability for the patient . . . “
- “They get the contract then can’t deliver which leaves a large gap instead of keeping well run services within already existing NHS providers.”

And some mentioned the difficulties in having any **effective regulation of private provision**:

- “Needs tight regulation.”

Finally, 6 GPs saw increasing **privatisation as signalling the end of the NHS** as we know it:

- “British citizens will never get a better service than the one we started with, and we will never regain control of the service.”
- “NHS suicide – they cut costs + care to make profit despite winning the tender.”
- “. . . the private American Healthcare system (is) a morass of private providers, a system that is hugely expensive to administer and run and hard evidence (is) that it provides the worst possible health outcomes. This represents a Private Sector ‘Fail’ on a continental scale – why are we even considering moving towards this model?”
- “In 10 years time the NHS as we know it will no longer exist. Already small but stable income streams that my surgery relies on are being contracted out to private providers.”
- “Primary care needs more investment. If it continues, the NHS will crash.”
- “THEY WILL DESTROY THE NHS.”

Q5 - Do you have any concerns about the future of the NHS as a publicly resourced service, free for all at the point of delivery?

Two GPs (4%) did not respond to this question, but 49 (96%) did respond, with **94% of these saying they did have concerns**. 9 GPs (18%) simply said ‘yes’, ‘yes sadly’, or ‘definitely’ without elaborating further.

Amongst the 40 who gave their views in more detail, only 4 (8%) did not explicitly list their concerns, though one did say, with irony:

- “Many, but I am too busy looking after patients to write more on this now!”

Only one GP said ‘no’ but their response went on to list (followed by an exclamation mark) major qualifications that they clearly felt will prove impossible:

- “No, provided it is adequately funded + not subject to frequent changes in direction/funding/reorganisation!”

Two others simply expressed **their faith in public support or rational decisions to keep the NHS going**:

- “I believe that the country is committed enough to the NHS to ensure it continues.”
- “Yes, but I see this as the only way of continuing.”

The remaining 37 (**94%**) expressed views ranging from the quite worried to the seriously desperate and disillusioned.

Almost all comments stated or implied that **current funding levels were a major concern**:

- “Yes – without more funding it is unsustainable.”
- “Yes, if taxes are not increased significantly.”
- “yes – the NHS is crumbling + is not sustainable in current form with current level of funding.”
- “Social care and health care is too large a budget to control.”
- “It isn’t sustainable in the current form and will implode totally if stretched further.”

And 2 GPs specifically mentioned **waste of resources** as a factor:

- “Yes – certainly the level of waste needs to be stopped to give it a chance to survive.”

7 GPs felt that introducing **some form of payment or insurance was inevitable**:

- “I believe it is not sustainable in its current form and some sort of part payment/insurance system needs to be looked at.”
- “I think the government needs to admit that insurance for some services, eg expensive cancer drugs, may be necessary.”
- “Yes – think public will have to pay more.”
- “Mixture of tax and insurance needed.”
- “Yes, if taxes are not increased significantly. If taxes remain the same, will need to consider charging system.”
- “A minimal fee which could be reclaimed by those on income support might be the answer.”
- “I don’t anticipate charging anytime soon. We will lose a huge amount of what our public most values about the NHS if this succeeds.”

And another 7 mentioned the **need to define a core service and/or to introduce rationing**:

- “Yes – not possible unless define a core service.”
- “Unfortunately a debate on rationing should be had. NHS cannot, going forward, continue to provide everything.”
- “Yes – can’t provide everything to everybody – will need to decide what are CORE NHS SERVICES.”
- “We will probably need to make rationing decisions.”
- “Suspect there will be increasing exclusions and more basic service.”
- “We need to ensure we have better decisions about what can and cannot be provided.”
- “Take a close look at what people expect GPs to prescribe.”

8 GPs said the main problem is **ever-increasing patient needs and demands**:

- “This is the ideal concept, but open to mis-use, resulting in longer waiting times.”
- “Patient demand is a significant concern. Must it all be so ‘free’?”
- “Patients need to wake up and take some responsibility for their health or they will lose ‘free for all’.”

And 2 GPs specifically referred to the unrealistic and expensive expectation that **all patients can always be kept alive**. One said that, rather, there needs to be a way:

“. . . to allow people to die in dignity rather than relentlessly pursuing increasingly costly treatments with marginal benefits in the terminally ill.”

Other responses mentioned destabilising factors like increasing privatisation, problems with staff recruitment/retention, loss of continuity of care, fragmentation of services that mean some patients’ problems “fall between the stools”, ever-increasing waiting times and desperately low staff morale.

5 responses said the **major factor undermining the NHS was political**:

- “I do think there’s a political drive to replace it with a franchised system.”
- “I think the current attacks on the NHS are aimed at making it a private service.”
- “Concerning [that] it is heading that way with conservative government.”

- “Politicians do not understand the health service, and clinical medicine even less. Consequently they seem obsessed with fiddling about with the NHS, subjecting the service to pointless and expensive restructuring exercises from which we as healthcare providers emerge reeling . . . If the NHS can’t be granted independence from our politicians (like the Bank of England), could we at least request better political leaders?”
- “The entire NHS is being systematically broken apart [by] the government.”
- “There is an overwhelming weight of evidence that this Government is systematically dismantling the NHS.”

And, most worrying of all, another 6 said they simply felt **the NHS was completely unsustainable and already doomed:**

- “The simple mathematics indicate it isn’t possible.”
- “Yes, can’t see how it can continue long-term currently.”
- “Yes, it is effectively doomed. It will turn into a blend of all that is worst in state-organised + private systems.”
- “It is an unsustainable business model.”
- “IT HAS ALREADY BEEN DECIDED THAT IT WILL BE DESTROYED.”

Conclusion

The background to our GP survey covers a number of very worrying national trends, including:

- the effects of the 2012 legislation for re-organisation of the NHS - the Health and Social Care Act
- very low per capita expenditure and proportion of GDP spent on healthcare in the UK compared to other developed economies - less than half the expenditure per capita of the USA; and significantly less both per capita and as a proportion of GDP than in the Netherlands, France and Germany – eg see table below.
- cuts to social care budgets
- a Government drive towards 7-day GP and hospital healthcare
- poor GP workforce planning
- the highest number of delayed hospital discharges ever recorded since records began in 2010

The views of BANES GPs who responded to our survey on these issues are clear – they express **heart-felt concerns that the Government’s strategic and organisational changes to the NHS, together with chronic underfunding of health and social care systems, are leading to a crisis in primary medical care and community social care.** Workforce planning and training for GPs and nurses has been woefully mismanaged, resulting in inadequate recruitment for these vital roles in our primary health services. Retention of staff is threatened by ever-increasing workloads and reduced funding for many GP practices. The inadequacy of the provision of social care is a concern voiced by many GPs as this impacts not only on patient care but on the whole health care system through delayed discharges and unnecessary admissions to hospital. These are the voices of dedicated, highly trained and highly experienced doctors working at the frontline of community health care.

In 2010 the NHS was ranked at the top of international tables for efficiency, safe and effective care and value for money (OECD 2010; Commonwealth Fund 2010), despite spending less on healthcare as a percentage of GDP than almost any other advanced economy. However, the increasing role of private healthcare companies, facilitated by the Health and Social Care Act of 2012 - not only in providing clinical services but also in commissioning of services - has diverted precious NHS funding to the transaction costs involved in competitive tendering/AQP contracts and to the income streams for private healthcare companies (such as Virgin Medical and United Health) and management consultants (such as KPMG and Mc Kinsey). Many of the GPs who responded noted that this is leading to fragmentation and reduced cost-effectiveness in the NHS, undermining and destabilising the whole organisation.



Source: OECD Health Statistics 2015

The way forward

Locally

1. We will **disseminate this report widely** to raise awareness of the significant concerns of local GPs amongst local opinion formers and decision makers, and with the wider public. This will include:
 - Our local MPs - for Bath, Ben Howlett, and for NE Somerset, Jacob Rees-Mogg
 - BANES Clinical Commissioning Group and to all GP practices in BANES
 - BANES Council and all local councillors
 - Local media
 - Local organisations with concern for health and social care in BANES, such as Citizen's Advice BANES
2. We will urge **our local MPs** to acknowledge the growing consensus of reports from authoritative bodies, such as the King's Fund, the BMA, and from our local survey that more and sustained funding is urgently required by the NHS and for social care. We will also ask them to put pressure on the Government urgently to recognise the growing evidence that increased and sustained funding is required to ensure the survival of our efficient and globally admired NHS.
3. We will draw the attention of **BANES CCG** to the concern of the majority of our GP respondents about the increasing activity of private health companies in our NHS. As the GPs pointed out, at the very least, the work of these businesses must be rigorously monitored for quality, and contracts with them written such that provision is made for patients and social care clients if a company fails to provide an adequate service or terminates its provision due to financial problems.
4. We will campaign locally on all the issues raised so forcefully in this survey

Nationally

5. The survey makes it clear that **the Government** needs to clarify what it expects of healthcare services in the provision of '7-day services', over and above the current weekday and weekend provision. It must also provide increased funding to allow health providers to fulfil the new requirements. Protect Our NHS BANES will campaign locally on these demands and we will support doctors and other health workers who are making this case.
6. From the responses we received, it is imperative that **NHS England** urgently reviews workforce planning for primary care services and provides adequate funding for training, recruitment and retention of staff.
7. We feel there urgently needs to be a **cross-party review of the effects of the 'top-down' re-organisation of the NHS** which has taken place since the 2012 Health and Social Care Act. To assess these effects, the review would need to use rigorous evidence of health outcomes, performance indicators (such as A & E waiting times, delayed discharge statistics and elective surgery waiting times), and the financial performance of both NHS Trusts and private healthcare companies in relation to their contracted services.

This survey contributes to the growing evidence of the damaging effects of the 2012 Health and Social Care Act, with increasing fragmentation of healthcare systems and services, and consequent adverse effects on partnership working among health organisations.

Increasing amounts of tax payers' money are flowing into the profits of private businesses and being eaten up by the transaction costs involved in the new health market opened up by the 2012 legislation.

To quote just one of our local GPs, private healthcare in the NHS *“undermines the ethos of providing good quality family care based on patient need”*.

So, in addition to all the above actions, Protect Our NHS BANES will urge their **local MPs to give their support to the NHS Reinstatement Bill and to promote this bill so that it is given the priority it needs to ensure it receives its second reading in Parliament in March 2016.**

Current issues in provision of GP services

This survey by Protect our NHS BANES* is in advance of a public meeting on **October 16th 2015 at 7.30pm at the Friends' Meeting House** in Bath. Local MP Mr Ben Howlett and Professor Stuart Logan of NIHR/Exeter University will discuss **'The future of the NHS and how it will be funded'**.

The BMA and RCGP have raised important questions about the government's plan for 7-day NHS services. We would be very grateful if you could find time to give us your views. Any emerging themes will be raised with Mr Howlett and Professor Logan. All replies will remain strictly anonymous and confidential.

1. Do you have any concerns about the ability of your practice to deliver a comprehensive GP service, including out of hours services, on the basis of current financial resources?

Yes		Further comments (use back if more space is needed):
No		
Not sure		

2. Is the government's planned funding of the NHS over the next 5 years adequate to deliver the government's plans for nationwide 7-day healthcare?

Yes		Further comments (use back if more space is needed):
No		
Don't know		

3. Have any of your patients experienced delayed hospital discharge due to difficulties in organising social care in the community?

Yes		Further comments (use back if more space is needed):
No		
Don't know		

4. What are your views about the increasing role of private healthcare companies in providing NHS clinical care? (Use back if more space is needed)

--

5. Do you have any concerns about the future of the NHS as a publicly resourced service, free for all at the point of delivery? (Use back if more space is needed)

--

Thank you for contributing to this survey - please return by 9 October using SAE provided

*Protect our NHS (BANES) is a local non-party-political campaigning network working to raise awareness of the implications of the Health and Social Care Act 2012 and its effects on healthcare services; we aim to work with the public, patient groups, Healthwatch, NHS staff and local decision makers to protect local services from privatisation, fragmentation and closure, while supporting improved quality and improved access to healthcare services.