

APPENDIX ONE: LETTER TO MPs

Dear

The Leicester, Leicestershire and Rutland Local Medical Committee (LLRLMC) is a body elected by general practitioners and has statutory roles.

We are writing to you as we have become increasingly concerned about the ongoing misinformed denigration of general practice in the media. These false claims about general practice has led to practices being sent inappropriate complaints by patients, and even staff being subjected to verbal abuse.

Inaccurate claims that general practice closed during the Covid19 crisis is undermining public confidence and causing patient harm. General practice has never closed, and I am so proud of my general practice colleagues who rapidly changed their surgeries to provide a safe service during the coronavirus pandemic for patients in Leicester, Leicestershire and Rutland. GPs have worked tirelessly for your constituents, often at personal cost.

In the early days of the pandemic general practice in northern Italy was severely affected. My colleagues were determined that we could learn from this and could continue to provide a responsive and safe service for our patients. General practice has never faltered or stopped. It has always been there for when patients need it.

Following government advice, practices had to evolve faster than ever before during the worst pandemic since 1918. Practices have made as many changes as needed to be able to maintain a service, keeping our patients, staff, and colleagues as safe as we can.

Unlike other parts of the NHS, general practice has continuously provided a service when patients need it without ever stopping. During August 2020 there were 20 million general practice appointments in England of which half were face to face. In the same month LLR practices provided 420 thousand appointments of which 245 thousand were face to face.

If you have visited a general practice during the pandemic you will have witnessed the huge changes that have been made. Dividing screens have been erected, seating arranged to enable safe social distancing, one-way systems implemented, Covid19 symptomatic patients kept separate, and high-risk patients fully protected. Staff and clinicians are wearing appropriate PPE in line with government advice. I hope that patients feel reassured and protected by all these changes.

Some patients have been disappointed that they cannot choose to see a GP face to face. Practices have continued to be available to our patients throughout the crisis, but to protect both patients and our workforce, and following government guidance, we have used telephone and video consultations to reduce the need to attend the surgery. However, whenever it is clinically necessary to examine a patient or carry out a procedure, face to face appointments have been provided. GPs and their teams have always, and will always, continue to provide this service.

Many practices are recording an increased workload compared with before the pandemic. There are many causes of this. In addition to treating patients who have or may have coronavirus, we have supported patients who are unable to get hospital appointments or have had investigations or

operations delayed. Since local hospitals have started providing remote consultations, specialists are expecting general practices to organise investigations and monitor patients on their behalf not realising that practices cannot cope with this unplanned and unresourced additional workload. Finally, having to clean rooms and equipment between each patient means that every appointment takes longer.

At the same time there is an ongoing workforce crisis. According to NHS Digital, the number of full time equivalent (FTE) GP partners fell from 21,546 in 2016 to 17,910 in 2020 – a fall of 17%. The loss is accelerating with a reduction of 1,023 FTE Partners between March 2019 and March 2020. GP Partners are senior, experienced general practitioners who invest into the development of general practice and run surgeries.

UK general practice has always been at the forefront of modern technology. The pandemic has demonstrated how rapidly surgeries can adopt new technologies to support new ways of working. For example, general practitioners who had to shield and even many who were off sick were able to continue to consult with patients remotely from their own homes.

There also needs to be an open public debate regarding the future of general practice. Even prior to the pandemic there was a national push for all practices not only to adopt remote consultations as first point of access, but to go further and require patients to navigate online questionnaires before any contact. We are concerned that this will increase health inequalities and the public need to be given the opportunity to decide whether this is what they want.

General practice has been, and will continue to be, available to patients when they need us throughout this pandemic and beyond. It is crucial that patients who have concerns about their health are not put off from seeing their GP by false media reports.

We are asking that you take this information into consideration in discussions with your constituents and in parliament. We would like you to consider why general practice remains an unpopular career choice for young doctors and what government can do to change this as the current plans appear to be part of the problem rather than solution. Finally, we ask you to consider promoting an honest debate with the public about the future of general practice.

If you would like to visit a general practice in your constituency, please let me know and I can arrange this.

Yours sincerely



Dr Nainesh Chotai
Chair, LLR LMC