

WP 07

Ymchwiliad i barodrwydd ar gyfer y gaeaf 2016

Inquiry into winter preparedness 2016/17

Ymateb gan: Coleg Brenhinol yr Ymarferwyr Cyffredinol

Response from: Royal College of General Practitioners

RCGP Wales Response to Inquiry into Winter Preparedness 2016/17

The Royal College of GPs Wales represents GPs and junior doctors training to be GPs from across Wales. We welcome the chance to respond to this consultation on the pressures facing the Welsh NHS in relation to unscheduled care services during the coming winter 2016/17.

Winter brings increased incidence of respiratory infections, flu and flu type illnesses and other infections diseases. These acute illness can be more severe in those with long term conditions and cause additional debility in those who are already suffering from chronic conditions. This can make their care more complex or mean that they are ill for longer. Adverse weather condition may make provision of medical and /or social care more difficult, which may further affecting the health of those with chronic conditions particularly the elderly. People may have difficulty travelling either to care or to provide health or social care or even for friends and family to provide support. In addition adverse weather conditions may increase falls and injury particularly in the elderly or add to ill health due to isolation or cold. This increases the work of general practice and if there is no additional capacity in the system there is an increased attendance at AE.

GPs are involved in unscheduled care both in hours via their practices and also out of hours via dedicated out of hours services. In Wales there is a current shortage of GPs and recruitment both to practices and to OOH services is struggling. There are workload issues in practice at present and any increase in demand increases will have adverse affects on the care of patients in the community. This will on effect to the management of chronic conditions and preventative care, which can also result in more referrals secondary care for admission. As the hospitals become over crowded then patients are discharged with out allowed adequate recovery time or satisfactory after care planning. This can results in increased problems for both general practice and district nursing both of which may struggle to manage the patient and this results in further referrals for admission. Social services are often not able to respond quickly enough and do not work in an integrated fashion to prevent admissions or support discharges compounding some issues. There can often be protracted discussion about which patients should have social wand which health care.

Some of the LHB winter pressure plans look at getting general practice and primary care to increase work throughput, but if the systems are already at capacity or even over capacity in the summer months, this is not a viable plan. It is vital that general practice receives additional funding to ensure that they can both retain the current staff and also make provision for additional staff to support the extra winter workload. This also needs to ensure that there is training of the new staff to carry out these functions. Practices are learning to work in new ways with different types of health professionals e.g. paramedics, physiotherapists, pharmacists and also in some cases, social workers.

In some areas and for some purposes the additional resources can be targeted via the clusters. The clusters are however not working effectively in some areas and money may be slow to filter through for new cluster staff from LHBs. There needs to be new ways developed to ensure that the manpower is effective to provide staff to do both face to face and back room functions in the GP practices to support the anticipated surges in capacity expected during winter 2016-17. There also needs to be additional funding to support district nursing where it is struggling and acute social care.

In brief, to support the potential for winter unscheduled care pressures, RCGP Wales believes that the following should be given urgent consideration:

- additional funding to GP practices to employ clinical staff
- funding to set up training for staff such as nurses, paramedics, physiotherapists to work in general practice as opposed to their traditional roles or in secondary care

- improved integration of services between social care and health care to prevent duplicate visits or gaps in care
- ensure there are systems in place to support GPs and their staff from suffering burnout and stress due to excessive workload in addition to the current opening of Occupational Health services
- innovations to attract new doctors to work in Wales particularly as GPs and to reduce GPs from leaving the service early
- early setting up of practice nurse placements as part of nurse education and also specific post graduate training in general practice.

Preventative care should be provided in every surgery. In order to be able to respond to increased unscheduled care demand, there needs to be sufficient resources to enable there to be over capacity to prevent routine scheduled care to be continued without extending waiting times for appointments. Currently most GPs and their staff are over stretched without the increase in demand.