

Dear Jeremy Hunt,

Thank you for the invitation to give oral evidence to the Health and Social Care Committee as part of your inquiry into the Future of General Practice on the 28<sup>th</sup> June 2022.

As a follow up to the information I highlighted on the day, I wanted to highlight key themes emerging from our insight work at National Voices which I hope will inform and influence the work of the committee going forward.

On the topic of access, we have heard that access to general practice has worsened during the pandemic, with long waits on phone lines and many websites being hard to use. We regularly hear that people living with ill health aren't offered a choice about how or when they access general practice.

Significant inequalities persist for some groups – for example, people experiencing homelessness and people living nomadically are often refused registration. In a mystery shop of 100 GPs in England, our members Friends, Families and Travellers found that 74 GP surgeries broke NHS England guidance by refusing to register a nomadic patient<sup>i</sup>. As another example people with specific communication needs often do not having these met, including people with a disability, impairment or sensory loss, people who have low or no literacy, people who do not speak English fluently and more

More widely, there is a perception from many members of the public that GPs are overwhelmed – this affects how people experience and expect to experience care. We feel strongly that patient choice and personalisation should be at the heart of access and triage and we should work to embed a 'no wrong door' to primary care, as well as to support and enable the reception team to address health inequalities. This requires significant investment in and empowering of the GP reception team, as well as investment in website and telephone systems which are person-centred.

On the topic of the impact of the elective care backlog on GPs, we know that people who are waiting need support, such as pain relief, physiotherapy or mental health support. The more we can pre-empt this and plan for it, the better for GPs. In tandem, by communicating well with people who are waiting we can help them individually, this can also help to inform the NHS' response to people who are waiting.

Further to this, we hear that where people have clinical needs, particularly where they are long standing or complex, that they almost always also have non-clinical needs. Ignoring those social, practical, emotional or financial needs only makes clinical care less effective and more difficult. For example, Versus Arthritis have found that half of people with arthritis who are waiting for surgery face an average cost of £1739 a year to keep their pain at bay<sup>ii</sup>. One in five (21%) people whose surgery had been delayed or cancelled due to COVID-19 said they often go without basic needs including food or heating to pay for treatments needed to manage their pain<sup>iii</sup>. The voluntary sector are well placed to work alongside the NHS and social care to support people's wider social and emotional needs.

On the topic of long term condition management, we hear that there is significant recovery work to be done. As one example, one of our members Parkinsons UK, found through research in August 2021 that people reported it was difficult to book appointments, that these appointments often did not meet their needs and that the lack of support often put carers in frightening scenarios where they had to make decisions regarding care that they would not normally make<sup>iv</sup>. This added to feelings of loneliness and anxiety.

We believe that long term condition management recovery should be a priority for the NHS. We also believe that the time is ripe to reconsider our approach to long term condition management for people with multiple conditions, introducing longer appointments as standard. Tools such as the 3D Approach to Long Term Condition annual reviews<sup>v</sup> can help to simplify and join up processes for patients with more than one condition, but we also need to be more ambitious – developing models which consider people's social and emotional needs. Ultimately all unmet needs turn into health needs eventually.

On the topic of the boundaries between primary and secondary care, in our June 2021 Paperworks report, we heard from patients who said that there is often a lack of communication between services as well as administrative staff who repeat the same questions which have already been asked<sup>vi</sup>. One interviewee felt that *"many of our appointments aren't worthwhile as the correct information just isn't there"*. In some cases, there were automated forms from the GP telling patients to see condition-specific nurses when they are already registered with consultants elsewhere, or patients being referred to the wrong places, for example which do not offer their treatment.

We hear time and time again that good admin supports and enables good care. It makes people feel listened to and cared for. Good admin is co-ordinated, personalised, co-produced and sensitive to peoples' lived realities. It requires good processes and pro-active collaborative work between teams. We believe that investment in a customer service approach to NHS admin processes, would make a big difference to people's experience of care.

On the topic of primary care and the wider integration agenda, we hear that people are ahead of the system on this – many people do not understand the difference and distinctions between general practice, primary care, community care, and social care. To them, it's all the same. It's the system which invents the distinctions - and it is unsurprising that they don't make sense in real life.

We believe that integration that is focused on structures alone will not achieve the desired change: better, more equal health outcomes. System leaders need to work with people, communities, and their organisations to make real change happen. GPs need to sit close to and listen carefully to people and communities, particularly people living with ill health who use services most and also communities who are less well served by existing service models.

Last but certainly not least, on the topic of primary care and prevention, we hear of how important it is to invest in social prescribing – moving away from transactional models to models which focus on building trust, and supporting people to repair their lives and regain the ability to live well. We regularly hear that people are being socially prescribed or signposted to services which do not have the resource to respond to the level of need. This requires investment – in services, but also in systems which makes it easy for staff and GPs to see what is available.

Too often, public health messaging hasn't reached communities who experience inequalities. We can't keep doing more of the same and expecting different results. We need to learn from the if-at-first-you-don't-succeed approach of the vaccine programme, but also build on and go further than this by continuing to invest in long term relationships. Primary care services need to invest in a healthy eco system of community based support, (peer support, in-reach, out-reach, multi-disciplinary hubs, advocacy) – anything that creates trust, purpose and connection is a good thing.

I hope you will find this useful in informing the work of the inquiry.

Warmest wishes,



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<sup>i</sup> <https://www.gypsy-traveller.org/news/locked-out-74-of-gps-refused-registration-to-nomadic-patients-during-covid-19-pandemic/>

<sup>ii</sup> <https://www.versusarthritis.org/news/2021/september/hidden-cost-of-covid-19-bbc-panorama-nhs-wait-or-pay/#:~:text=The%20findings%20reveal%20that%20half,over%2Dthe%2Dcounter%20painkillers.>

<sup>iii</sup> <https://www.versusarthritis.org/news/2021/september/hidden-cost-of-covid-19-bbc-panorama-nhs-wait-or-pay/#:~:text=The%20findings%20reveal%20that%20half,over%2Dthe%2Dcounter%20painkillers.>

<sup>iv</sup> <https://www.parkinsons.org.uk/news/research-reveals-impact-pandemic-parkinsons-community>

<sup>v</sup> <http://www.bristol.ac.uk/population-health-sciences/projects/3d-study/3d-approach/>

<sup>vi</sup> <https://www.nationalvoices.org.uk/publications/our-publications/paper-works-critical-role-administration-quality-care>