

Challenges facing primary care in West Cumbria

Background

North Cumbria Primary Care Alliance was initially set up in 2019 to tackle the health inequalities in rural North and West Cumbria, which in part were brought about by the local challenges of GP recruitment. A not-for-profit enterprise, NCPC employs all of its doctors on a salaried basis, which enables the opportunity to hold the position of a traditional GP partner but without the personal financial risk, business ownership, and employer responsibilities that usually come with a GP partnership.

NCPC consists of seven GP practices spanning the geographical spread from Carlisle to Bootle and serving over 100,000 patients. Operating using a small head office function, NCPC provides GPs dedicated development, leadership, and training time within GP practices that remain as local family practices.

Throughout the COVID-19 pandemic NCPC has continued to maintain essential services for patients, including hosting red centres in our practices and utilising our premises for vaccination centres to cover Workington and Carlisle. NCPC also hosts three PCNs: Copeland PCN, Workington PCN, and Carlisle Network PCN.

Each of our three localities has a GP training practice and we intend to “grow our own” over time, however the benefit of this will not be seen for several years. The organisation has looked extensively at ways to diversify and strengthen its clinical workforce by training and upskilling its nursing staff, recruiting clinical apprentices and trainees, and hiring and supporting the development of Physicians Associates. NCPC has introduced our own GP financial incentive scheme at our own cost as NCPC are ineligible to access the national New to Partnership scheme.

The national picture for primary care

Primary Care acts as the front door to our healthcare system and covers a huge range of services.

On a daily basis we can provide health advice, prescriptions, minor illness and injuries services, ongoing care for chronic conditions, health screening, vaccinations, antenatal care, fit notes, referrals to secondary care, and much more.

The national and local picture concerning lack of GPs continues and surge in patient demand continues to be challenging. Workington is operating with less than 50% of the national and North Cumbria rate of GPs per 1000 patients. We are working hard to attract GPs, including launching a golden hello scheme and GP training enhancements scheme. We are also recruiting in other clinical areas to supplement our GP resource.

The national government targets to increase GP numbers have been consistently missed in the past decade and the model of care being promoted nationally in response to this is one increasingly built on single episodes of care, often offered remotely by those with no investment in the community they serve. Financial investment continues to be directed more and more towards Primary Care Networks rather than GP practices as part of the continued move away from the traditional family GP practice. Of the income GP practices still receive directly, only 60% (through the General Medical Services contract) received any uplift this year and this did not include funding for the National Minimum Wage rise or ERNIC. The 3% GMS rise also far from covers the inflation of non-pay costs due to the impact of external events.

The government approach to increasing locum use as a solution to the ongoing recruitment issues has, in fact, exacerbated the problem. Locum costs have doubled since 2019 and are now costing over £1000 per day for work that often does not include home visiting or supporting urgent on the day services. This is not sustainable when income streams are being directed more and more away from GP practices and will continue to impact on continuity of care and patients' experience.

With very few GPs coming through the pipeline, this issue is only going to intensify across the country. The GPs that are qualifying are often choosing to take up locum work due to the more manageable workload and higher salary. We have lost several potential applicants who have decided to work with Cumbria Health on Call which can offer higher rates of pay that we are able to.

Traditional GP positions are becoming less favourable as workloads, which are already at breaking point, face increasing pressure. Those new GPs who do look for salaried GP work will be attracted to practices where the workload is manageable, which are often those with a more affluent patient population. Until a time that the locum and GP workforce situation is addressed, practices that are already struggling will continue to find themselves in a cycle of unworkable and potentially unsafe practice while trying to serve the most vulnerable populations.

The position in Workington

In 2021, NCPC merged the five GP practices in Workington. Workington had not recruited a GP in around 10 years and three of the former practices were in a "last woman standing" situation and therefore on the verge of collapse. This would inevitably have impacted the whole town and its 33,000 patients. The decision to merge into one practice has enabled patients to continue to access primary care services but the ongoing problem of recruitment still leaves the practice very short of GP resource with an ageing workforce.

In the past year, we have created a town-wide admin and reception hub, an integrated long term conditions practice nurse team, a town-wide urgent on the day system and home visiting service, and a Medicines Hub. We are sharing skills and expertise and developing new standard ways of working to fit the new town-wide model. None of these changes have happened overnight and have been led by the hard work of our staff who are committed to improving patient care in Workington.

We appreciate that when change is mobilised at this scale there will be teething problems and the merger, while necessary to continue to provide primary care in Workington, has not been able to immediately solve all operational issues, nor did we expect it to.

We are currently operating a primarily on the day appointment system due to pressures on our workforce and demand. With most of our GPs working part time, we must draft most of our GP resource into providing urgent on the day care, safeguarding, end of life, and home visits as these are roles locum doctors often will not provide. We do provide pre-bookable HCA and Nurse appointments and it is often more appropriate for patients to be seen by one of our other skilled capable clinicians rather than a GP.

We are aware of issues with telephone access and created our town-wide Reception Hub to address long waiting times. We have implemented a new telephone system that allows us to pool calls to all of our sites to ensure they are answered in a fair and consistent manner and monitor demand. An audit of our telephone system has showed that call waiting times have significantly reduced since the system was introduced last year. However, due to the staffing issues noted above, although patients may be able to speak to a receptionist more quickly, this does not alter the number of appointments that we are able to provide.

One year on from the merger, there is still a lot of work to do and we appreciate that when changes are made on this scale things do not always run as smoothly as we would like. However, we should not lose sight of the situation that made the merger of the five practices necessary, namely that three practices were on the verge of collapse with only one GP left standing in each practice. The collapse of one of these practices would have had a knock on effect on the rest of the town and its 33,000 patients.

Impact in Workington of the national picture for Primary Care

It is important to look at Workington in the context of the national picture for primary care. Until a time when there is more support for rural practices, the situation in Workington may be difficult to change. Increased consultations, increased complexity of consultation, and a larger population were already putting pressure onto GP practices before the impact of the pandemic and the vaccination programme.

This surge in demand has not been met with a commensurate increase in supply by increasing staff numbers. The west coast of Cumbria is in critical need of GPs with our vacancies in Workington standing at 5.4 FTE (March 22 figures). Prior to the merger, no practice in Workington had recruited a GP in approximately 10 years. This year, we have been successful in recruiting two GPs (1 full time and 1 part-time).

Workington has therefore been heavily dependent on locums, however the financial pressures imposed on General Practice have led us to reduce our locum support. Many locums will not do any urgent on the day work or home visits; as Workington needs to focus resources on these areas due to staffing pressures, locums are an extremely expensive cost for little gain.

The Management Team and Clinical Leads are participating in an NHS England Accelerate Programme to review patient flow and create efficiencies with the patient pathway within the practice and wider health care system.

We continue to work proactively to develop our workforce which includes the recruitment of - Paramedics, Phlebotomists and trainee Advanced Nurse Practitioners to support with delivering our services and to improve patient access, safety and care.

It is vital that the situation that has developed for practices in West Cumbria, over several years receives more attention and support in order to ensure that they, and we, can provide sustainable and safe care.