

PC 01

Ymchwiliad i ofal sylfaenol

Inquiry into primary care

Ymateb gan: Meddygfa Morfa Lane

Response from: Morfa Lane Surgery

C257 - Health, Social Care and Sport Committee Inquiry into primary care

1. Cluster Group Meetings:

- No locum cover for meetings themselves so GPs have to attend when on call.
- As a group we communicate together and share issues constructively, however poor engagement with some Secondary Care Services.
- Work carried out on within the Cluster - EOL/Polypharmacy/Cancer care which is all very time consuming and very much a tickbox exercise like rest of QOF.

2. Cluster Pharmacist:

- We have been allocated 4 hours per week, so there are limitations of what can be achieved.
- Very enthusiastic Pharmacist and at present is carrying out polypharmacy reviews which is very useful for the practice.

3. Mental Health:

- Cluster meetings have little impact on mental health generally.
- Workload issues for GPs such as dementia, ADHD, CAMHS are not being adequately addressed- little input from Secondary Care.

4. MDT's

- These meetings function well, but only dealing with tip of iceberg. We have fostered good relationships and communication between service providers.
- Lack of resources in community- Physiotherapists, OTs, major equipment shortages, lack of responsiveness in crises.
- Knock on effect of reduction in social care budgets into primary care.
- Lip service being paid to funding for primary care which isn't happening on the ground- health care generally secondary care-led

5. Core issues affecting practices:

- Lack of funding for many years
- Inadequate buildings
- Inadequate parking
- Whole system for funding projects needs an overhaul, too bureaucratic.

6. Attached staff:

- Major problem for us with district nurses for years since attached nurses were withdrawn without consultation with us.
- ART teams need increased funding to enhance skills and promote home care rather than hospital admission.
- Heavy workload with care homes- little support, enhanced service has been withdrawn.

7. Recruitment:

- With added issues of GP recruitment and numbers of GPs due to retire there appears to be a lack of urgency by Welsh Assembly and LHBs of scale of problem- this was predicted 10 years ago.
- Urgent need for direct funding to practices- funding via clusters inadequate and bureaucratic
 - e.g. in house phlebotomy services to free up valuable nurse time.
 - Funding to invest in nurse practitioners, physiotherapists for MSK problems.
 - Increase funding for Pain Management to reduce waiting lists.
 - Direct Access to Counsellors
 - In house help for patients with housing/benefits issues
 - Premises investment.
 - A lot more work needs to be done to make GP attractive again – flexible working, income.
 - LHB employing a pool of salaried or locums to fill gaps.