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ACTUALITY IN SALFORD DOCTOR'S SURGERY

RECEPTIONIST: I'm sorry, we've not actually got anything left now this morning, we're fully booked up.

CUFFE: Go behind the scenes at almost any GP practice in the country and you'll hear conversations like this – patients trying to make appointments and being told they'll have to wait, sometimes for weeks.

RECEPTIONIST: I can put you on the cancellation list; if anything becomes available then we would contact you.

CUFFE: There's political pressure on GPs to do more. The Conservatives want extended surgeries for working families, Labour will offer every patient guaranteed access within 48 hours, but doctors warn that the existing workload is becoming insupportable. In this week's File on 4 we visit two very different practices - one in a busy urban area, the other in the heart of a national park. We're going to take the temperature of the family doctor service.

SIGNATURE TUNE

ACTUALITY WITH JULIAN FESTER IN CAR

FESTER: We've got three visits to go on. One has had multiple medical problems. On the way back from him, we're going to go and see two palliative patients, both of whom have got advanced cancer, so they'll probably have at most weeks to live, so I'm just going to check on them and make sure they're comfortable and aren't having any problems.

CUFFE: Julian Fester is one of two GP partners at Egton, a village in North Yorkshire. He spends a lot of time driving across this moorland, where the trees are bent against the cool wind blowing from the coast at Whitby. A fitting metaphor for how doctors here feel.

FESTER: We cover a huge area from Westerdale to Hawsker on the coast, so population is about 2,500 that we cover. They're widely separated really, and the villages themselves are widely separated. During the summer, transport is a problem because of tourists and traffic on the main road, and in the winter you just have terrible weather conditions – the snow makes it very difficult to actually get from A to B.

CUFFE: Are you obliged to do home visits or is that your choice?

FESTER: It is an expectation that you would do home visits for those people who are not able to get into the surgery, and I think that's part of providing good medical care to patients. On the whole it's not abused by my patients and I learned when I first got here that if you say to somebody on the phone, 'How are you?' and they say, 'Oh, I'm moderate,' that means they're on death's door and you've really got to get there fairly quickly. Local slang for 'I'm really not very well at all.' And, you know, the people we're visiting today are extremely ill.

ACTUALITY AT HOUSE

FESTER: I've come to see one of my patients now who lives in rural Glaisdale. I've been looking after his chap for the last twenty years with chronic illnesses of one sort or another.

ACTUALITY – KNOCK AT DOOR

FESTER: Are you in any discomfort?

MAN: Well, I'm not in any pain.

FESTER: And presumably you're not going out at all now?

MAN: No.

FESTER: No.

WOMAN: We did go to that ….

CUFFE: Although not from these parts, Dr Fester has taken root in North Yorkshire and seems quite at home in this stone farmhouse on the top of the moors. The patient – gaunt and frail – sits in an armchair with his wife beside him at the kitchen table.

FESTER: Did they turn that defibrillator off?

WOMAN: They turned the defibrillator off. That went very very well, it was a good run.

FESTER: That was straightforward, yes. So they've turned that off. And how are you feeling about that?

MAN: Well, I feel a lot easier.

FESTER: Your blood test was fine, the INR was okay.

WOMAN: It had gone up a bit, hadn't it?

FESTER: 3.6, wasn't it? That's still okay, I think, I'd still be happy to stick on the same dose and we'll check it again next week.

WOMAN: Yes.

CUFFE: If the doctor's under pressure to fit home visits in between surgeries, he doesn't show it – in fact he exudes a reassuring sense of calm. And because his speciality is palliative care, he knows the right medication to make the farmer's last few weeks comfortable.

FESTER: It sounds as if you're sort of doing reasonably well though. It sounds like you're doing okay and reasonably comfortable, you're managing well by the sound of it.

WOMAN: Yes.

MAN: Yes.

FESTER: So …

MAN: Well, thank you.

FESTER: We'll pop in next week again, okay?

MAN: Yes.

FESTER: See how you're getting on.

MAN: Thank you very much.

FESTER: Take care.

ACTUALITY OF CHICKENS

CUFFE: Back at the surgery in Egton, a blue tractor's parked across the road and the neighbour's cows are munching grass at the fence.

WILLIAMS: It wasn't too bad really …

CUFFE: I catch up with Alison Williams, the practice manager, who is just back from a meeting one and a half hours drive away with the Clinical Commissioning Group. In her office she shows me the practice accounts.
So this is how you get paid?

WILLIAMS: This is how we get paid.

CUFFE: Under their contract, GPs are paid a set amount – a basic £73.56 for each of their two and a half thousand patients, but costs are going up and the budget's about to go down.

WILLIAMS: If I think back to sort of eight years ago, when I first took the … started doing the practice management, it was fairly easy, it sort of looked after itself. We'd provide the services, we got paid for the services. Now it's a completely different ballgame. And as well as the income coming in and providing the services, you know, we still have to keep the building up to scratch. This year alone just alone with the building we've, you know, it's had to have new windows and painting and decorating - it's just where do you find the money, what can you cut back on?

WOMAN: Oh Al, sorry to interrupt – who's in charge of the Esk Valley Lifeline now?

WILLIAMS: Yes, just hand it over to Deb and she'll sort it out and she'll get somebody ….

CUFFE: Since the beginning of April, a sword of Damocles has been hanging over the practice. That was the date the Government started a phased withdrawal over seven years of what's called the Minimum Practice Income Guarantee, or – to use its health service acronym – MPIG. It's a sum of money given to practices which lost income under the last GP contract negotiated in 2004. Working out how much they'll lose at Egton requires complex calculation.

WILLIAMS: It's about £54,000.

CUFFE: And do you know roughly how much that works out per patient?

WILLIAMS: About £19.

CUFFE: That doesn't sound a lot but in fact it represents a quarter of the practice's income. And Alison says there's just no fat in the system.

WILLIAMS: We've spoken to NHS England, we had a meeting about three weeks ago. NHS England don't have any other pot of money that they can help us with. You know, we can make more efficiencies, we've been making efficiencies over the last two years as much as we can, because we knew this was coming, but there's only so many efficiencies you can make before it starts breaking apart.

ACTUALITY WITH DR FESTER

FESTER: Hello.

WOMAN: Hello.

FESTER: Do you want me for anything?

WOMAN: Yes please. Could you just sign ….

CUFFE: The Government say the money that goes to practices like Egton will be shared among all the country's GPs and this will be more equitable. But they admit that 98 practices will be particularly hard hit – and Julian Fester's is one of them.

FESTER: I think the worst case scenario is that we will lose a doctor, but I think there's no clarity over that at the moment as to which direction this is going to go in and it's the uncertainty which is causing concern. From my own part, it is realistic to worry about the fact that I might lose £50,000 per annum, which is the only definite thing that I know, and I need to make contingency plans based on that.

CUFFE: The Government say that there should be efficiency savings and that probably practices could make those savings in back room services – IT, administration.

FESTER: It's true that probably every organisation can make efficiency savings to a certain extent. I defy any organisation to make 25%, 30% worth of efficiency savings and still provide the same services that they're providing currently. I think it's an impossible task really, so I think it's going to be a huge challenge for us in the next few years and it creates this uncertainty for us.

CUFFE: What about amalgamating with another rural practice?

FESTER: We have approached all the surrounding practices in the rural Esk Valley. And of course these are practices who don't have an MPIG problem and they're saying, 'Well actually maybe if you get rid of the MPIG problem, we can accommodate you," but that's quite a reasonable thing for them to be saying, because why should they take on a debt that effectively we're going to have, a funding gap that we're going to have? So the cuts are so deep in the Esk Valley that services are probably bound to be affected unless something is done to support the practices.

CUFFE: GPs have protested to Government, but so far without result. They do have one sympathetic listener though on the Conservative back bench. Sarah Wollaston was a GP in rural Devon before becoming a Member of Parliament with a seat on the Health Select Committee. She thinks rural practices are a special case.

WOLLASTON: There's no doubt there are some practices that are feeling the strain – this is something that I've also raised in Parliament – particularly in areas of rural sparsity, very small practices that don't have the ability to join bigger neighbouring practices. There are all sorts of issues here, because of course in small rural practices your patients don't have the option, the luxury of public transport to be able to get them to a town several miles away, and if GPs then find that they're having to spend a lot of time visiting, certainly it might take an hour to do a return trip to visit one person, and there again are all sorts of knock-on issues here that make it more expensive to provide healthcare in those settings.

CUFFE: We wanted to raise these concerns with the Department of Health, but were told that no minister was willing to talk to us. Instead they gave us a short statement:

READER IN STUDIO: We are committed to investing in primary care, but the system needs to be equitable, so GP practices are paid fairly according to the number of patients and the services they need. The NHS will be supporting the most affected practices to adjust, as Minimum Practice Guarantee payments are gradually phased out over a period of seven years.

CUFFE: In England, the Department of Health has delegated the responsibility for the day to day running of the health service to NHS England. Like its equivalents in Scotland, Wales and Northern Ireland, NHS England allocates resources. That's why doctors and practice managers have been going to their local NHS teams to take up the Government's offer of support. But so far they've received nothing but tea and sympathy. So does Dr David Geddes, Head of Primary Care Commissioning for NHS England, have anything more to offer?

GEDDES: Basically we've got situations now where two neighbouring practices might be serving similar patients, but one practice will be getting considerably more money than the other, purely because of historically how that practice was formed in 2004. What we're working on now is making a far more equitable use of our resource and redistributing it. It's not taking the funding away. MPIG is about that sort of support fund, and we want to make sure that fund is now reapplied into the system which is more based on the needs of the population.

CUFFE: For the practice that we have visited in North Yorkshire, that change of funding means that they're going to lose a quarter of that practice's income. Something's got to give.

GEDDES: And we know that that is going to be the case for a minority, it is a small minority of practices, who will experience more difficulties because of the way that funding is now being focused on those where there is greater need in terms of age, population and demographic changes. We are within each area team working with CCG's – Clinical Commissioning Groups – alongside those practices to try and understand what the

GEDDES cont: options are for those practices. Actually there are options for providing a more efficient service or a different service through either networking or what's called federating – bringing together practices.

CUFFE: The GP that we've spoken to has suggested joining forces with other practices in the area. He's approached them. But because of the cuts being imposed on his practice, none of them want to play ball.

GEDDES: And I think that's a key role there for both the area team, but actually the local medical committees, because actually for much of what the challenges are that are facing GP practices, being a smaller unit is not always going to necessarily enable you to provide the services that we would like provide over the period of time and access going forward.

CUFFE: Will it take a practice to close?

GEDDES: No, because as I say, we are actually already making those decisions and discussions with practices, so what we aren't saying is we've ruled it out. What we are saying is we want to be absolutely clear that the investment in a practice is demonstrably beneficial for the patients there and is aligned with a more strategic vision as to what primary care – and indeed out of hospital kind of services – look like.

CUFFE: Have you ruled out giving any extra money?

GEDDES: No, and we know that although there is a seven year period of time for this to take effect, which is hopefully going to allow most practices to make those adjustments that are going to be required, for some there may be … even that pace of change may be too quick and there has to be some additional support.

CUFFE: A glimmer of hope then for practices like Egton. But the loss of the Minimum Practice Income Guarantee is only one aspect of a crisis that's building in general practice. Everywhere you go, it's the same story – patients complaining they can't get to see their GP and doctors feeling they're on a relentless treadmill of ten minute consultations.

ACTUALITY OF PHONE CALLS

RECEPTIONIST: Hello Lakes Medical Centre, Jane speaking.

RECEPTIONIST 2: Right, I could put you in as an urgent this morning if you could get here for quarter to eleven …. What name is it, please?

CUFFE: For our second visit, we've come to the Lakes Medical Centre in Salford, a newish brick building with a pharmacy attached, on the junction of two busy roads. By the time the doors open at eight, the phones are already ringing.

RECEPTIONIST: I'm sorry we've not actually got anything left now this morning, we're fully booked up. I can put you on the cancellation list, if anything becomes available then we would contact you.

CUFFE: There are three receptionists in here and the phones have been going since 8 o'clock this morning, it's now half past eight. As soon as they pick up a call, there's somebody else waiting, and it's just constant phone calls. Unfortunately they're having to tell people that there are no appointments available today, only urgent cases will be seen.

RECEPTIONIST: I'm sorry about that. Well if you're saying that it's urgent …

CUFFE: Oh dear, what happened there?

RECEPTIONIST: She said, 'God forbid if this was really urgent,' and slammed the phone down on me.

CUFFE: So had she been waiting to get through for a long time?

RECEPTIONIST: Yes.

CUFFE: So I suppose by the time people have been sitting on the phone or keeping ringing you, they're getting pretty impatient?

RECEPTIONIST: Yes, she was trying to get in before she actually sets off to work, so it's frustrating.

CUFFE: What's the most abusive anybody's been to you?

RECEPTIONIST: Swearing, abusive language – not nice, some of the things that they say to you.

CUFFE: Now when's the nearest that you could fit somebody in for this week? Suppose that caller now gets back to you and really wants to book this routine appointment, when will you be able to see her?

RECEPTIONIST: At the minute, we're looking at the end of the month.

CUFFE: So that's two weeks away?

RECEPTIONIST: Yes.

CUFFE: Through reception and into the waiting room, those patients who've succeeded in getting an early appointment – about ten of them – sit in rows facing a silent television screen, waiting for their number to be called. It's now ten past nine. The man at the back of the room is waiting for a routine check-up. He booked his appointment several weeks ago, but it took some doing.

PATIENT: There were no appointments left the day I rang up, after bank holiday. It took over twelve phone calls, I couldn't get through. It opened at eight, started at ten past, couldn't get through till twenty to nine, but they said all the appointments for that day had gone, but I said would have one for a later date, and I got one.

CUFFE: So do you think they are under pressure?

PATIENT: Well they must be. The doctors are very good, there are just not enough of them basically.

ACTUALITY IN OFFICE

WALTON: Can I just disturb you for a moment? She needs a prescription delivering to her, because she's housebound and she's got a couple of things missing, so could we arrange for that to be delivered? I think she uses the chemist next door, so could we ring them up?
My name's Jenny Walton, I'm a GP partner here at the Lakes Medical Practice. We are in Swinton, which is an urban area just outside the middle of Salford, that we have quite a few council estates here, we have a lot of landlord and tenants and then we have some homeowners, so we've got quite a spread of people who are from a deprived background, who are relatively well off and we have quite an elderly population.

BARBARA: Certainly can, yes.

WALTON: Is that okay?

BARBARA: Yes, that's fine.

WALTON: Thanks very much, Barbara, and I'll get the rapid response number.

BARBARA: That's great.

WALTON: Okay?

BARBARA: Okay.

WALTON: Thanks a lot.
Our practice has 8,500 patients. We have five partners at the practice, two salaried GPs, two practice nurses, an assistant practitioner and a phlebotomist as well as all our other ancillary receptionists and practice manager.

ACTUALITY WITH PATIENT

WALTON: Hi, come on in. Come on in and have a seat.

WOMAN: Sit down, darling.

WALTON: There we go. And what can I do for this young man today?

WOMAN: Well, what it is, is he keeps being sick with no illness and he's absolutely fine. It's happened this morning, that's why I thought, right ….

CUFFE: Short-sleeved shirt and sensible shoes, and with photographs of hilltop family walks on her wall, Jenny Walton looks as if she'd take everything in her stride.

WOMAN: He was sleeping over at my mum's and he was just walking out the door, she's got a little toilet near the door. He just went in and ….

CUFFE: Since she qualified back in 1983, she says the workload has changed dramatically.

WALTON: I think what has changed is that people nowadays feel more pressured into doing something at an early stage, they are slightly unwilling to treat themselves for a period of time to see whether that improves their symptoms. For example, if somebody wakes up with a cold one morning, I would tend to advise take paracetamol and fluids and rest and see how you are in 48, 72hours. I think people are not prepared to do that in case it's something worse, so they want to have an opinion from a professional straightaway. In this particular area we have a lot of older people and they are getting more frail and they're having more chronic conditions that we have to deal with. The older people, even though they perhaps need more of our services – and they do get them and we make sure that they get them – but they're less demanding in a sense. They are more agreeable to having discussions over the telephone.

CUFFE: So who are the demanding ones?

WALTON: There is an increasing number of people, younger people, who want - like everything - things to be done today; they are the 24/7 people. If they want to get online and see what their bank account is, they can do that there and then, if they want to go to Tesco's, they can find a 24 hour one and that's what they want, they want it here and now. Unfortunately there are more illnesses that people are suffering from at an earlier age – for example, diabetes – and we do have some children who have that.

CUFFE: And whereas once upon a time people might come to their doctors – what, how many times a year was the average? Three? Three times?

WALTON: Three to four.

CUFFE: So how often are they coming now?

WALTON: At least double that.

CUFFE: And that's a problem for the practice, which doesn't get paid by appointment, but by patient. The basic £73.56 for each person on the list varies according to demography – the age of patients, level of deprivation and so on. And that correlation between pay and patient numbers explains why there's a banner outside the medical centre saying, 'New Patients Welcome'.

WALTON: Oh yes, we have that, because we still have to balance the books, we still have to earn enough money to provide a service. We have to pay our staff, we have to pay rent on the premises, we have to cover all the bills, we have to do the work and we still need to create that income.

CUFFE: Some people think that GPs are too well paid. I mean, nobody thinks of a poor GP, do they?

WALTON: No, they don't and I think unfortunately they've got that idea because figures that are bandied around in newspapers, you know, hundreds of thousands of pounds, if you actually talk to any GPs about their actual take home pay, that has gone down over the past few years, it's certainly not going up because you're having to put more into the

WALTON cont: practice and not take as much out. And, you know, I don't know any GP who's on £100,000. I certainly am not on £100,000 - anywhere near that, I don't know any GP in this area who is.

CUFFE: But it would be an option, wouldn't it, for GPs to take less out of the practice, less for themselves and, you know, keep more for patient services?

WALTON: That's what we're doing. We basically do that and we're having to do that more and more and we're having to look at different ways of getting income.

CUFFE: To earn more money for the practice, GPs are invited to offer extra services, and there's a dizzying array of options, each with a different price tag. It takes an expert like Keith Taylor to explain the complex funding formula. He's an accountant and tax consultant specialising in general practice.

TAYLOR: They have an area which is called 'enhanced services' and these are opportunities for the practice to partake in the provision of services outside of its core contract. For example, they offer to stay open longer than a normal practice, what they call extended hours. If they buy into that, then they will receive additional funding. They have things like contraceptive clinics; they might help do more on diabetes than is required by their core contract, so they can partake in additional funding. So the more they do in a particular area, the more funding they will receive.

CUFFE: And is that the lot then?

TAYLOR: No. And then you get what we call local enhanced services, so an example would be where people go along to their GPs to help them stop smoking and they receive funding for every patient that they get through that process.

ACTUALITY OF BABY SCREAMING

LIECH: Right, let's twiddle you round a little bit more, and the other leg ….

CUFFE: To help provide these services, the GP partners at the Lakes in Salford employ extra staff, including two practice nurses, Sian Leech and Adele Hall. Sian is immunising babies this morning while Adele has a list of patients with diabetes.

LEECH: There's a lot of paperwork as well as ….

CUFFE: Is there?

LEECH: Yes.

CUFFE: So how much of your day might be spent on paperwork rather than seeing patients?

HALL: On average a couple of hours a day.

LEECH: Yes, the average is probably that.

HALL: Yes, two hours a day. We do most of the chronic disease management now and the GPs therefore are more free for the patients who have acute illnesses, and really that's how general practice should be divided, so there is quite a demand on the appointment time.

CUFFE: And presumably the longer people have to wait for the appointment, the more likely they are to forget they've got it?

LEECH: Absolutely.

CUFFE: So you have a lot of people not turning up?

HALL: Probably two or three a day.

CUFFE: And that's significant, isn't it, in terms of the way the surgery is run?

HALL: In terms of access for other patients, yes, absolutely.

WALTON: There is more work coming out of secondary care into primary care. What that means is that previously, when people would go for their follow-up appointments after, say, a heart attack, they would have blood tests done, they would have their chest x-rays done, they would have their ECGs done at the hospital, they would then get their results and go back and have an appointment to go through those results. Now that is being moved out into primary care, so they will have their heart attack, we will do the follow-up x-rays and ECGs and blood tests and if there's any problems then we will refer back in. So our workload is increasing from the secondary care.
Hi Barbara.

BARBARA: I'm just off for the day. I've done all my repeat prescriptions and left them out the front.

CUFFE: To meet the workload, GP leaders say they need another ten thousand GPs. The Lakes is doing its bit by offering training.
So Charlotte, you're off now?

CHARLOTTE: Yes, I'm off to hospital now.

CUFFE: On the bicycle from the broom cupboard, eh?

CHARLOTTE: On my bicycle that's being kept in the cleaner's store at the moment.

CUFFE: Another shift over, Charlotte – a post grad medical student, heads for the door.

CHARLOTTE: I'm going to be deciding this year what I want to specialise in, and I've decided that I am going to do general practice training. I enjoy continuity of care, looking after patients with long term conditions over a longer period of time, and that's why I think that general practice would be something that I'd really enjoy long term.

CUFFE: Well, with doctors' leaders talking about, you know, a crisis, some people might think you would be mad to choose this profession.

CHARLOTTE: I think people are always going to need doctors and the role of doctors in the NHS is bound to change in my career. I don't think any of us can predict exactly what's going to happen, but I'm sure there'll be a place.

CUFFE: Charlotte's career choice is unusual. Last year just over five thousand UK medical graduates applied to do GP training - a thousand fewer than the year before. The Government had been expecting half of all medical students to go into primary care by 2015, but they've now put that target back a year. Salford is already 25 doctors short, according to national figures, and Jenny Walton, who sees the bigger picture from her position as joint chair of the Salford and Trafford Local Medical Committee, worries about the number who are over 50 and thinking of retirement.

WALTON: If we advertised for a partner, we used to get twenty or thirty applicants ten years ago. If you advertise for a partner now, you're lucky if you get three or four and the candidates are perhaps too inexperienced, and secondly they very often let you down. You know, you could appoint somebody and then they say, 'Well actually I've got a job somewhere else, I'm going somewhere else,' or they're going abroad. So there isn't the workforce out there, they're not training enough.

CUFFE: And here in this practice, I mean, is everybody set to stay here for a long time?

WALTON: Well, our senior partner has just reached the age of 60, he's intending to retire fairly soon. We have another partner who is 58, who was wanting to go on to after 60, but the workload and the stress, he's now deciding he wants to go next year possibly. I'm 57, I will probably retire at 60, there's going to be huge changes in this practice in the next three or four years. And how we will fill those vacancies, I'm not too certain.

CUFFE: Workload pressure, the removal of the minimum practice guarantee, the problem of recruitment and retention – all these factors contribute to what some GP leaders have called a perfect storm. And all this despite the fact that the Coalition has protected spending on health, while other parts of the public sector have taken huge losses. In fact, last October, at the Conservative Party Conference, the Prime Minister dangled the prospect of an extra £50 million for GPs willing to extend their hours. He called it his challenge fund.

EXTRACT FROM DAVID CAMERON SPEECH

CAMERON: Many hardworking people find it difficult to take time off to get that GP appointment, and so having these pilot schemes across our country of seven day GP opening, twelve hours a day I think is a very positive step forward.

ACTUALITY – RADIO

STING: Across Teesside, County Durham and North Yorkshire … Proud of where we live ….

CUFFE: Dr Julian Fester's Egton practice is part of a North Yorkshire consortium that has successfully bid for some of the challenge fund. It means they can do more of what they're doing already, which is offering extended surgery hours on Fridays – starting at 7 am.

ACTUALITY IN SURGERY

FESTER: Hello there, come on in.

MAN: Cheers.

FESTER: Horrible day …. Come through.

CUFFE: Two patients have already come in from the rain and gone out again, and another is waiting. He explains that he's a lorry driver and needs to get on the road as early as he can.

DRIVER: So I can go back to work and I'll probably get two-thirds of a day done, no problem, where if I had to stop off in the middle of the day, you'd lose loads and then, you know, you'd have your boss on your back and you'd have it to try and make up sometime.

CUFFE: So it's really helpful then for you?

DRIVER: It is really, yeah.

FESTER: We've been very fortunate in this area that the Prime Minister's Challenge Fund, we've been awarded one of the awards. I think that's a great idea that access is improved. As we've proven today with my surgery that started at 7, a lot of men use that surgery, a group that's traditionally very hard to get into surgeries. Although there is money attached to this award, it doesn't come directly to practices. One assumes that if we improve access and work longer hours, some of that money will come into general practice and I think that's fantastic, I think that's a great idea. However, I find myself worrying about the basic funding for my practice, so I'm worried about the 8 to 6 much more than I'm worried about the extended hours monies.

CUFFE: The British Medical Association is unimpressed by the extra £50 million for extended hours. Dr Chaand Naigpual, who's chair of their General Practitioners' Committee, sees it as a drop in the ocean.

NAIGPAUL: If we're struggling to provide care to the demands of patients that we already have - a large older population, patients who are moving out of hospitals into the community - if that's the pressure to give us some small sum of money in relative terms, that's about additional work, it's not addressing the pressures we've got. And that funding, you know, even if you look at it as a resource, it's only applying to one in eight practices, but even more so, it's a one off payment for one year. It just has nothing to do with the crisis. I don't even think the Government itself believes that funding is around supporting GP practices at large.

CUFFE: We would have liked to put these points to the Department of Health. They referred us to NHS England, who admit the £50 million is a drop in the ocean, but say it's an important one because it's a way of testing out new ideas. So far the political rhetoric has all been about patient rights rather than workload pressure. But whether it's the Prime Minister's Challenge Fund or Ed Miliband's £100 million guarantee for a GP appointment within 48 hours, no one-off initiative will put right what family doctors see as an inequality at the heart of NHS funding. They see themselves losing out to their more powerful colleagues in secondary health care. Although GPs are responsible for 90% of patient contact, they get less than 8% of the NHS budget. And now – according to Dr Chaand Naigpaul - that share is about to be reduced even further.

NAIGPAUL: The Government will be taking out of general practice budgets something like £200 million in the coming years. That cannot be right at a time when GPs are actually expected to do more. So in fact what we're not addressing is the fact that GPs and their surgeries really are not being given the tools and ability to meet the needs of their patients, so there is an element of somewhat we find strange policies that are not supporting GPs from doing their jobs properly. And to just put this into perspective, about ten years ago, general practice received 10% of the overall NHS budget. In those ten years we have increased the volume of care we provide substantially, you know, forty million more patients per year are seen in general practice. And yet the investment in general practice has gone down to 7.5% of the overall NHS budget, so there's been a sort of strange mismatch.

CUFFE: Some people might accuse doctors' leaders of doing a bit of shroud-waving in the past few weeks. As a profession, they've never been shy of pressing their case. But their gloomy warnings about the future of general practice are echoed by Chris Ham, Chief Executive of the respected health think tank, the Kings Fund.

HAM: Well, in our view, what we're seeing across the NHS - and primary care is very much at the forefront of this – is an increasing imbalance between the amount of money there is in the health service and what that can buy in terms of doctors and nurses, and the rising demands from the population. General practice has borne the brunt of it because its share of the budget has been going down.

CUFFE: Why is it that general practice gets a comparatively small proportion of the overall budget and yet does the majority of the work?

HAM: That's nothing new. What is new is that in recent years the proportion, the small proportion has actually declined relative to what's gone into other NHS services. What we're seeing is primary care getting a smaller share of a static cake. We've been arguing there needs to be an open and honest discussion about how the funding gap can be filled. Our worry is that there is no debate going on between the political parties. There seems to be almost a conspiracy of silence at the moment with the parties outbidding each other to show how prudent they'll be with the management of the economy and they're not making promises, any of the major parties, to increase the NHS budget beyond what the coalition government has promised. We're really concerned about that, because we think that a major crisis is looming unless politicians are much more open and honest, willing to have that

HAM cont: debate, willing to make a commitment to increase the budget for health and for social care, otherwise we think there's a gloomy prospect for patients when they access care, getting the care in a timely way.

CUFFE: As Head of Primary Care Commissioning for NHS England, it's up to Dr David Geddes, himself a GP, to ensure that family doctors have the tools to do the job.
Why don't you just come out and say, 'We need more money'?

GEDDES: Because I think we need to recognise that there's always an opportunity for the NHS to consume more money. We have had investments over the years, so it's not like actually that is a solution, because we also know that there is an awful lot of waste in the NHS, and an awful lot of the care that's being provided in the NHS is duplicated. When we talk about a care pathway for patients, we often find still that when I refer a patient into a hospital, they will be having tests repeated, the ones that I've repeated and done already. So we know that intrinsically there's an awful lot of areas where efficiency can be made.

CUFFE: So you're happy with the amount of money you've got, are you?

GEDDES: I would always like to have more money, but the reality is that we've got to be able to play our part in how we organise the funding that we've got at our disposal and make best use of that, and I think there is still work that we can do in order to be able to achieve that better.

CUFFE: The current situation doesn't satisfy anyone – not the patients hanging on the phone to their local surgery in the hope of getting an appointment, nor the doctors forced to deal with complex needs in a ten minute slot.

ACTUALITY OF TELEPHONE RINGING

RECEPTIONIST: I'm sorry, we've not actually got anything left now this morning, we're fully booked up. I can put you on the cancellation list.

CUFFE: At the Lakes Medical Centre - as in GP surgeries across the land - the phones keep ringing and there's no sign that anything will change any time soon.

RECEPTIONIST: Right, I've put you on the cancellation list. If anything comes available, we'll ring you. If not, the GP will give you a call …. Yeah, I'm really sorry, we've just not stopped at all this morning. All I can do today is put you on the cancellation list. If anything comes available ….

SIGNATURE TUNE