

The Upsetting Reality of a Post-Lockdown London GP Surgery

This is an unedited anonymous account from a member of staff, who feels compelled to expose the deterioration of patient care since COVID-19 broke. They simply wish that normal and full service can resume, because patients (and staff) are suffering, in spite of no COVID pressure. Individual or GP details are not provided, as the individual cannot afford to lose their job or career.

Dated 26th Aug 2020

Total Patients: 11,000

Staffing:

- 8 Doctors,
- 2 GP Registrars
- 2 Advanced Nurse Practitioners
- 2 Trainee Nurses
- 16 non-medical - receptionists

Post-COVID-19 Lockdown

Daily Available Appointments:

- 15 Triage for urgent matters
- 5 routine telephone appt's

There's another list for patients that fall under certain criteria:

- Chest Pain
- Rash
- Abdo pain
- Headaches
- Suicidal Thoughts/Depression
- Asthma
- Priority Pt's
- Under 5's
- 75 and over

Even though a patient may fall into this criteria, unless it's extremely urgent they are still **advised to call back the next day.**

Nurses are seeing patients for routine:

- Smears
- Asthma
- Diab
- NHS health checks,
- Baby Imms

All these are required to reach targets, **money is lost if QUOF targets are not met.**

Beyond this incredibly limited daily capacity, there are a number of issues we face...

THE BREAKDOWN OF CARE:

1. The visit list has disappeared, meaning no more home visits as it's considered a risk to staff.
2. No routine GP telephone appts till last week. Doctors now release 5 per day (completely insufficient).
3. **Still No GP face-to-face appts** – for patient and staff safety against COVID-19
4. All patients to complete an e-consultations via our website.
5. Elderly, mental health and patients with little grasp of English are unable to do online consultations – In these instances, reception to fill in a e-cons light over the phone. (see below process issues)*
6. We don't take F2F at our surgery, but happily recommend patients try visiting the Walk-in Centre or Urgent Care centre, where wider groups of people of all ages and illnesses go!
7. It is very frustrating answering the phone to **patients begging for an appt** or tel appt and we are unable to offer them anything
8. It's **very distressing**, not only to be abused and shouted at, but to speak to patients that are so desperate to speak to a GP. We can hear their pain but are not able to help.
9. There are many times that we take the stress home, haunting us as to why doctors are allowed to treat patients (and us) like this.
10. Patients always blame reception staff for obstructing them from seeing a GP
11. We are all **mentally and emotionally drained** trying to explore different paths every day and having to deal with frustrated and sick patients
12. We are more compassionate and caring than any of our doctors seem to be.
13. There is **no continuity of care** for patients, really no care whatsoever.
14. There is no care whatsoever for the reception team that are having to take abusive calls from patients
15. There are no staff meetings, even though the reception team have been asking for one on a regular basis

UPSETTING PATIENT EXAMPLES:

Patient One:

Very recently, an elderly and desperate patient was unable to get through on the phone, so made his way to the surgery. As our main doors are open, he got called through using our lobby intercom, where he begged to speak to a doctor or at least be given a tel appt the next day. We were unable to do either, as we are **not allowed to pre-book ANYTHING**.

The patient got really upset and said "*I might as well end it all because no one is prepared to help me*". He left.

We spoke to the GP regarding this patient but they **took no action to check on his safety**. I got home and was so upset and emotional that I was unable to sleep.

Patient Two & Three:

Last week I took a call from an elderly lady (over 75) asking for an appointment because her legs were very swollen and painful. I could hear her pain, it was clear she needed some form of pain relief. I added her on to our triage list, and continued taking calls.

Within ten minutes I took another call from another elderly lady (87 years old). She had a similar problem but much worse - she wasn't able to even stand and her legs were weeping. She was crying to me and I assured her that I would get a doctor to call her. I put her name on the Urgent list.

Almost immediately I got an IM from a doctor questioning why I had added the latter patient on the Urgent list. I explained why and I refused to call the patient to send her elsewhere.

I then noticed that her appt had been moved on to the registrars list by the doctor. Our registrar has been with us for two weeks and is in early stages of his training (i.e. inexperienced to deal with this patient). I was so upset.

But, to make matters worse, I received another IM asking about the first patient that I had put on the triage list. That was it for me, I had enough - it had only just turned 9:00am and already the stress and emotion had built up so much that I lost the plot a bit.

I argued and complained but it falls on deaf ears. I thought I was having a breakdown; I was then told to go home as I was too emotionally upset to be able to work. I cried all the way home and for the rest of the day the tears wouldn't stop coming.

Needless to say, once both of these patients were spoken to, the doctors realised how poorly they were and then they received rapid response service. They suffered unnecessarily, in the hands of negligent doctors.

*** E-Consultations Light Process**

Due to e-cons light process, phones were constantly engaged and patients were getting angry and frustrated (those waiting, and those on the phone – as neither were offered appts).

Shortly after starting, doctors told reception to stop offering e-cons light, as they were getting swamped with too many forms on the system.

A couple of weeks ago, reception was requested to remove all advertising for this service as we were receiving 5-10 a day (nothing in comparison to our medical capacity). It was removed from our phone messaging system, and minimised on our website, as we were not allowed to remove it. This decision is disgusting, as it further limits accessibility to our healthcare.

When an e-consult does come through they need to be responded to within 48 hours. Our doctors are then sending them a text message within the 48 hrs and either booking them in to one of our doctors **within 2 weeks for a telephone appt**, with some of them being booked into a hub appt.

Hub appointments are out of hours appointments which are surgeries in the XX area that do extended hours, 6.30 – 9.00pm. We are currently told to advise patients to either go to the Walk-in Centre / Emergency Care Centre, or call the hub telephone number after 6.30pm.