Dear Health and Social Care Committee,

Call for evidence: The future of General Practice

Please accept this as Sue Ryder’s submission to the above call for evidence.

Sue Ryder supports people through the most difficult times of their lives. For over 65 years our doctors, nurses and carers have given people the compassionate and expert care they need to help them live the best life they possibly can. We take the time to understand what’s important to people and give them choice and control over their care. We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality care they deserve.

Barriers to accessing general practice

Primary care teams have a responsibility to provide essential palliative and end of life care, and refer onto specialist palliative care colleagues when needed. With changes to how patients have interacted with GPs throughout the pandemic, we believe this has impacted the number of patients being referred and signposted to palliative care services or supported by their GPs at home, which for some patients has caused them to miss out on the right care at the right time.

During the pandemic GP home visits were significantly reduced due to primary care teams working remotely more. Combined with this, vulnerable patients were less likely to want face to face interaction due to the fear of catching or spreading Covid-19. This has led to patients not being seen or referred to palliative care.

Where patients have been referred by their GP during this period our palliative care teams have seen an increase in patients presenting with more complex symptoms, further into the progression of their illnesses. We know that the increase in patients wanting to remain in their home - under primary care services - means that they may not have accessed in-patient palliative care, which could have improved patient quality of life.

Relationships built between patients and professionals lead to better outcomes. GPs who know their patients will be able to refer them to the right service at the right time, or to help agree care plans that suit people’s needs within the community. Patients who know and trust their doctors are more likely to follow their advice about preventive care and medical treatment. Whilst it has been an unprecedented time for the health and care sector, without quality interactions between GPs and patients, some palliative patients are not receiving the support they need.

Impact to accessing palliative care

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We have concerns that delays to patients seeking help in primary care when they develop symptoms, and then further delays in their diagnostic and treatment pathways during the pandemic has led to potentially curable patients becoming palliative. For example, Macmillan have reported around half (50%) of all those currently having cancer treatment experienced disruption such as delays, changes or cancellations. Patients have also delayed admission to our hospices because of concerns around Covid-19 infections and visiting. This has led to patients presenting to us with more complex needs and closer to the end of their lives. With limited capacity in specialist palliative care, increased numbers in need of palliative support means more patients will miss out. And those presenting later will not have been able to access the holistic support hospice services can offer, such as family support teams or pain management specialists, at the point they would have been most beneficial.

The pressure on GP services and changes to GP service delivery during Covid-19 has hampered the ability for GPs to have important conversations with their patients around advance care planning. Not having timely access to a GP can lead to unnecessary hospital admissions, putting additional pressure on acute services.

We greatly value the hard work and dedication shown by GPs during the pandemic but we believe that they need to be better resourced so that they can support patients and families better during the palliative phase of illnesses, so that they can refer to specialist palliative care services when needed at the right time and have better quality discussions around advance care planning.

Kind Regards,

Dr Paul Perkins
Sue Ryder Chief Medical Director
Consultant in Palliative Medicine