








1. Type of GP-

		Response Percent	Response Count
Principle		78.2%	79
Salaried		17.8%	18
Locum		4.0%	4
Other (please specify)			5
answered question			101
skipped question			0

2. Main Area Worked-

		Response Percent	Response Count
Newcastle		59.4%	60
North Tyneside		40.6%	41
answered question			101
skipped question			0

3. Hours Worked-

		Response Percent	Response Count
Full Time		45.5%	46
Part Time		54.5%	55
Average No of Hrs per week			88
answered question			101
skipped question			0

4. How are you managing present workload?-

		Response Percent	Response Count
Easily		1.0%	1
Comfortably		1.0%	1
No pressure		0.0%	0
Slightly pressured		40.8%	40
Very pressured		57.1%	56

Comment 30

answered question 98

skipped question 3

5. Has there been an increase in your workload, as compared to 2 years ago?-





		Response Percent	Response Count
Yes		89.8%	88
No		6.1%	6
Don't know		4.1%	4

Comment 30





answered question 98

skipped question 3






6. How would you describe the length of your working day, as compared to 2 years ago?-

		Response Percent	Response Count
Much longer		22.4%	22
Longer		63.3%	62
The same		13.3%	13
Shorter		1.0%	1
Much shorter		0.0%	0
	Comment		16
	answered question		98
	skipped question		3


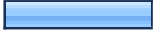
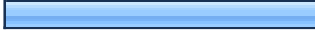

7. How would you describe the complexity of your work, as compared to 2 years ago?-

		Response Percent	Response Count
Much less complex		1.0%	1
Less complex		0.0%	0
The same		14.3%	14
More complex		60.2%	59
Much more complex		24.5%	24
	Comment		17
	answered question		98
	skipped question		3





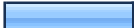

8. How sustainable is your current working pattern over the next 3-5 years?-

		Response Percent	Response Count
Easily sustainable		4.1%	4
Just sustainable		24.5%	24
Not sure		28.6%	28
Not sustainable		36.7%	36
Dangerously sustainable		6.1%	6
	Comment		20
answered question			98
skipped question			3





9. How sustainable would your working pattern be when the extra work detailed in the Government's contract imposition becomes a reality?-

		Response Percent	Response Count
Easily sustainable		0.0%	0
Just sustainable		3.1%	3
Not sure		23.5%	23
Not sustainable		50.0%	49
Dangerously sustainable		23.5%	23
	Comment		15
answered question			98
skipped question			3






10. What has happened to your practice finances over the last few years?-

		Response Percent	Response Count
Large increase		1.0%	1
Slight increase		6.1%	6
Remained stable		20.4%	20
Slight decrease		37.8%	37
Large decrease		20.4%	20
Not known		14.3%	14
	Comment		16
answered question			98
skipped question			3


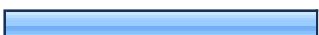
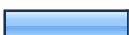

11. Has your practice any plans on staffing numbers in the next year?-

		Response Percent	Response Count
To increase staff numbers		4.1%	4
No change in staff numbers		52.0%	51
To decrease staff numbers		17.3%	17
Not known		26.5%	26
	Comment		23
answered question			98
skipped question			3

12. How engaged do you feel with your CCG?-

		Response Percent	Response Count
Very engaged		14.3%	14
Slightly engaged		45.9%	45
Indifferent		19.4%	19
Poorly engaged		11.2%	11
Very poorly engaged		9.2%	9
	Comment		20
answered question			98
skipped question			3

13. What is our practice's involvement with CCG meeting and activities?-

		Response Percent	Response Count
Involved in all meetings and activities		25.5%	25
Involved in many meeting and activities		50.0%	49
Involved in few meetings and activities		19.4%	19
Involved in no meetings and activities		5.1%	5
	Comment		21
answered question			98
skipped question			3

14. Do you feel that there is adequate consultation with your practice on commissioning decisions?-

		Response Percent	Response Count
Yes		44.9%	44
No		22.4%	22
Don't know		32.7%	32
	Comment		23
answered question			98
skipped question			3

15. How confident are you in your CCG and its leadership?-

		Response Percent	Response Count
Very confident		12.2%	12
Confident		35.7%	35
Indifferent		38.8%	38
Unconfident		12.2%	12
Very unconfident		1.0%	1
	Comment		19
answered question			98
skipped question			3



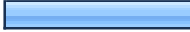

16. If you have tried recruiting a GP recently, how easy was it?-

		Response Percent	Response Count
Very easy		5.1%	5
Slightly easy		9.2%	9
No view		10.2%	10
Slightly difficult		8.2%	8
Very difficult		6.1%	6
Not applicable		61.2%	60
	Comment		7
	answered question		98
	skipped question		3

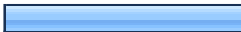

17. If you have tried recruiting, how did you find the standard of the candidates?-

		Response Percent	Response Count
Very high		4.1%	4
High		12.2%	12
No view		14.3%	14
Poor		4.1%	4
Very poor		1.0%	1
Not applicable		64.3%	63
	Comment		5
	answered question		98
	skipped question		3





18. What is your age at present?-

		Response Percent	Response Count
Under 40 years		26.8%	26
Between 40-50 years		41.2%	40
Between 51-60 years		29.9%	29
Over 60 years		2.1%	2
answered question			97
skipped question			4






19. Have you contemplated taking retirement?-

		Response Percent	Response Count
Yes		38.1%	37
No		61.9%	60
answered question			97
skipped question			4

20. If yes, are you?-

		Response Percent	Response Count
Retiring at your planned retirement age		9.3%	9
Retiring slightly earlier than planned		17.5%	17
Retiring much earlier than planned		13.4%	13
Not applicable		59.8%	58
Comment			8
answered question			97
skipped question			4

21. If yes, will this be in the next:-

		Response Percent	Response Count
1-2 years		7.2%	7
2-4 years		8.2%	8
4-6 years		8.2%	8
over 6 years		16.5%	16
Not applicable		59.8%	58

Comment 5

answered question 97

skipped question 4

22. Please make any further comments if you wish:

	Response Count
	21
answered question	21
skipped question	80

LMC SURVEY COMMENTS:

How are you managing present workload?

- and fed up
- issues with increased demand, trying new appts system, partners doing other things
- inundated with forms/policies/guidelines/studies/hospital letters and work and admin generated by secondary care
- A full day takes 12 hours, we are struggling to meet capacity.
- I have to take regular breaks ('slots') in surgery time to help me keep to time
- extreme pressure to almost breaking point on a day to day basis. skimming the surface never finish anything
- This is more because of other roles than the GP work per se
- have portfolio career - but the 'day job' - front line general practice does seem to be increasingly onerous
- more and more to do No one takes any work off us
- but manageable
- Increasing demands everywhere
- have just dropped from 8 sessions to 7 to manage my workload
- Just simply not enough time to fit everything in- overwhelmed by sick and complex patients- often d/c from hospital 'un-sorted' - at least 30 e-mails daily- this is the least priority for me. You simply cannot process results, practice notes, paperwork, patients visits plus look at any practice issues for managerial support without feeling stressed/burned out.
- we have a triage system which helps with the pressure however appointments are under pressure and we have huge financial constraints.
- Seems to come in fits and start. Can have a lull week then 5 things land at the same time often with very short (days rather than weeks) deadlines
- I would actually say somewhere inbetween 'slightly' and 'very' pressured.
- Too many tasks generated outside our Practice dotted all through the year that extend the working day away from patient contact work.
- have to come in on my days off and read emails at home
- During surgery hours, we have limited time to use the toilet. Sometimes this will result in urgency
- As clinical computing systems become more comprehensive there are more and more demands on admin time. This is not necessarily a bad thing from a process point of view as more work can be audited. There is just not enough time to do it unless time with patients is reduced, which cannot be done due to an ageing population with multiple pathology and more demands for gp to take on work previously done in primary care. The camel is staring at the last straw.
- More targets, more work, less income
- Only managing by working 11 hour days and sometimes going in on days off
- difficult fitting so much around patient care and feeling confident you are giving excellent patient care
- I manage it by working at least one complete extra (unpaid) session a week
- Feels unsafe at times Quick turnaround Patients more complex than 2 years ago since I qualified
- 10 years at same practice and we have multiplication of tasks related to clinical activity, to patient demand, to balancing long term care against acute, from single issue groups, from CCG, and patient demand and now pressure on budgets. Also lot of issues re knock on from changes to benefits. We used to be very responsive to patient demand
- increased expectations pts, more hoops re qof and more hoops to get thru des les
- As locum, I can pick and choose when I work. However, the average expected for 1 session is now 16 patients plus 2 visits, which takes about 5 hours to fulfil. Pay has not increased to reflect this.
- work 3 days but these are 12 hour days,
- working most weekends to catch up on recording / paper work

Has there been an increase in your workload, as compared to 2 years ago?

- I feel workload has gradually increased over past 5yrs
- Social factors are affecting the mental health of people needing benefits, those in social housing, those in low paid work ...
- Though a salaried GP I am practice lead for research, and am becoming a trainer (2 new areas for the practice)
- exec partner role/ inc in demands of QoF/ maintaining good access with a population increasingly unable to cope with uncertainty and an increasing older population are all pressures - plus the correct need to provide more care outside hospital
- not in the number of patients but in the paperwork, and non clinical work
- I have taken on extra work in CCG
- More work as a partner eg audits for CCG and protocols for quality care commission etc.
- The ever increasing components to the consultation put pressure on the rest of the working day
- massively a session usually takes 6 hours.
- Increasing paperwork and bureaucracy eg CQC, CCG
- Patients are so demanding and if they do not get their own way they then threaten to complain.
- a lot more proving what has been done as well as being asked to do more
- Only in past 10 months
- substantial especially CCG and Provider work that's been foisted on Primary Care.
- More patients registered than 2 years ago
- I have to resume coming in at weekends as a 12 hour working day is not sufficient to deal with the

LMC SURVEY COMMENTS:

- paperwork.
- See 4 - ageing population, multiple pathology, polypharmacy and more work being generated through QoF, and transfer of workload from primary care. There are no more reserves in the system.
- My workload has fallen as a result of changing practices
- huge
- See above
- not only increase in workload but also the complexity of issue
- Definitely Patients complex getting older More complex discussions end of life, dnars, advanced care planning Looking after hospitals discharges
- less insurance forms may have eased workload slightly
- Overwhelming increase in terms of paperwork and additional work eg ccg, projects, shift of work to general practice
- more medication changes (some due supply some due "cost effectiveness"); QOF much more time consuming and asking for more actions; benefits related consultations have gone up sharply, CCG QUIPP type meetings have boomed, Lot of wasted effort attached to contract changes eg diabetes eye screening upped workload to sort patients out; we used to be very responsive to patient contact and had an oncall system that eventually burned us out (dealing with up to 50 calls each morning) but we have stopped this - impossible toll on GPs. Even the increase of dosettes and the management of changes has increased. CQC has been another demanding project
- massive
- Patient demand QOF work CCG commitments
- I was doing a very different job 2 years ago, so hard to comment! One of the main reasons I resigned my salaried post and became a locum was that the increased pressure of work was very hard to balance with having a young child.
- Expectation for 1 session is 16 pts plus 2 visits, compared to previously 13pts plus 2 visits. Pay has not increased.
- significant increase in workload - complexity of cases, more work passed on by hospital, work created by qof/ccg work, also we cant afford to pay admin staff for extra workload and so gp's are doing it all

How would you describe the length of your working day, as compared to 2 years ago?

- From 11 to 12 hours for 2 session day
- I reduced number of clinical sessions to compensate
- I was asked to go from FT to PT 1m ago, so feel I need to clear my desk every day - referrals, paperwork etc - as I am not in the next day. This makes the day longer
- balancing multiple roles
- I FIND I CAN ONLY COPE WITH WHAT COMES IN ON THE DAY IN REGULAR surgery hrs and stay behind to cope with backlog of paperwork
- At least 8am - 7pm is a minimum clinical day A long day 7am - 9pm
- I work a half day on 2 days- theoretically until 1pm. i leave consistently now at 4pm- still with some less important issues sorted out. I'm working longer hours now than at any time during the last 17 years, for less money and more worry. This is feedback to me in my role as an appraiser too
- My working day has lengthened even over 10 months and more stuff gets taken home.
- Can't comment as only qualified last year.
- 6 - 6.5 hr sessions are now the norm.
- Starting work 40mins earlier just to meet the admin load.
- i am often taking work home and completing reports etc into the evening
- I do more work at home and I did not count this in my hours
- try to just go faster with no breaks or would never leave the practice till lord knows when
- This is due to becoming a locum rather than a salaried GP
- 12 hour day standard, half session 6 hrs - and also working weekends.

How would you describe the complexity of your work, as compared to 2 years ago?

- But a lot more decisions often not complex but decisions themselves
- increase in crisis management of mental illness
- Keeping up with protocols is a necessary pain, but hardly more complex
- Used to be a partner, now salaried so workload and responsibility less
- balancing multiple roles
- walk in centres mean pts have seen several practitioners and generated several letters, and together with early discharge means that patients have been seen several times since discharge letter written and meds already outdated. elderly patients are directed to nursing homes out of area early into the care of gps with no prior knowledge of them and with no letters, lots of hospital care being passed into gp care - e shared care psychiatry, rheumatol. patients expect more in a consultation and have multiple pathology and their ICE isn't always the same as ours, lots of worried well in pressurised time slots increase risk of missing pathology
- Patients have more complex problems, earlier discharge from secondary care, pressure to avoid hospital referrals, increasing administrative burden, QOF more demanding
- computers are great but logging everything is time consuming- complex patients coming into primary care - which we often do not have the experience of dealing with.
- Comes with seniority, I think
- Can't really compare

LMC SURVEY COMMENTS:

- Again, can't comment
- Multiple pathologies, polypharmacy, QoF and demands of clinical computing systems. These are not bad things per se, we just need more time to get through a day's work.
- E.g. Many more tasks expected to be completed within the consult e.g. c&b, qof, higher pt demands
- lots of tasks from different areas which means it is hard to move from one thought process to another. Often interlinking issues that need a lot of thought or organisation
- Lot of secondary care work has come into primary care, with much more complex medicines management as multiple long term conditions have increasingly complex poly-pharmacy and guidelines change quite often, meaning a stable activity is destabilized and the team struggles to remember guidelines
- more complex pts co-morbidities, hosp expect you to do more as no FU at all hardly. rapidly increasing dementia population and far more end of life care
- Discharge arrangements, more complex than before

How sustainable is your current working pattern over the next 3-5 years?

- I plan 24 hour retirement and reduction to 2.5 days per week next year
- early retirement planned for 1 year!
- if i was older i'd consider retiring
- But already working very hard and aware that pay is decreasing
- I have to find other work outside of my surgery at present
- I am planning to scale down as i pass 60 next year
- I HAVE DROPPED TEACHING -PARTLY AS MED SCHOOL CHANGED 3RD YR DAYS IN GP PRACTICE BUT ALSO BECAUSE IF I WERE TO CONTINUE IT WOULD BE TOO MUCH TO FIT IT INTO OTHER DAYS
- I am moving to academic work
- I fear that Gp's are getting burned out- systems are stretched and that errors may slip in- eg significant events.
- I think if it plateaus we'll be ok (tired but ok) but if it keeps increasing (and often duplicating) at the rate it has done recently then I can see meltdown on the horizon (not just for me but in general for GPs)
- I feel aged 53y that I'm working at >95% most of the time and have started to dread new unexpected tasks
- I am fortunate as I can see the retirement huddle coming up. I despair for the younger generation of GPs. The pressure of work is only going to get worse.
- Difficult to know Risk burn out Becoming less of an attractive career am afraid and I'm only 31 and still enjoy it Unfortunately cannot say the same for some of my colleagues a lot of whom seem miserable
- Feel we have no choice but to keep going regardless
- I think GPs will increasingly go the portfolio route, opt out of partnership or burn out
- I would reduce my hours / number of sessions worked as currently working 8-9 sessions a week is taking me the time that 10-11 sessions previously did a few years ago (and I've not slowed down - if anything i am more efficient than I was then!)
- mistakes are coming with the pressure and i am getting older
- I have to work for my children - I have to do the work that there is otherwise I would feel I am letting my patients down. I will do my very best to carry on as long as I can
- Level of complexity has increased in consultations
- Considering retiring in next 2 y once i am 55 y

How sustainable would your working pattern be when the extra work detailed in the Government's contract imposition becomes a reality?

- Something will have to go, and I will ensure it is not compassion, but I cannot sustain the workload as it is yet remain a caring GP
- much less patient time
- I am signif worried about this not just for me but for the practice as a whole
- some of the extra work is not relevant to my practice and we are not going to attempt it
- We desperately need more resource in primary care
- We are at our limit now- no-one listens and always criticise General Practice when we all work very hard and are committed to providing patients with good quality care and seeking to improve this all the time. Our staff are also at their wits end.
- if i understand the implications correctly
- Unless work is streamlined and actually productive (i.e not having to do almost identical bits of work for both QoF, incentive scheme and medicine management) then we will struggle. No one minds doing things that are meaningful but creating reports that will never be read let alone acted upon is a ridiculous and demoralising waste of time and resources
- We will do our best to try and comply with the relevant directives, but there may be decisions to abandon some less productive areas (of QoF etc.)
- something will have to give!
- will not engage dangerous to essential services
- I think you mean dangerously unsustainable and I would tick that. I cannot believe there is an integrated understanding of the hots GPs and teams are taking - it is a perfect storm
- I would consider leaving general practice before i felt it was becoming unsafe
- risk issues like staffordshire where the caring gets lost
- I am unsure of the full extent of this - I have to work so what choice is there?

LMC SURVEY COMMENTS:

What has happened to your practice finances over the last few years?

- 40% decrease in 3 yrs
- recently joined current practice having been salaried elsewhere
- So I am told. We have gone from 2.5 WTE partners to 2.5 WTE GPs - 2 partners FT and one (me) salaried, which will have saved money.
- no-one tells me about practice finance as I'm salaried
- I earn less than ever before- with greater bills and higher cost of living.
- we have a new manager and much tighter accounting which has helped us remain stable
- I am hardly earning any more as a full time GP partner than I was a year ago as a full time GP registrar.
- Despite working hard and 'clever'
- We have been working harder than ever
- 25% reduction in profits over last 5 years despite longer working days.
- Further decrease expected. Alternatively will have to work harder (for all practice members) to stand still
- I am a New partner thus think stable
- decrease but unable to quantify as not a partner
- due to extra outside work
- locum
- Running on a hamster wheel much faster

Has your practice any plans on staffing numbers in the next year?

- We have considered an increase due to pressures staff are experiencing.
- have already reduced number of doctors employed
- Could not provide a clinical service with less staff
- possible decrease if finances require it
- Not by me anyway. I am sure it is hoped that as we get a trainee in practice that will help our numbers. We are constantly being told by pts we have no appointments (for our 5200 pt we offer 21 sessions; a next door practice has 30 sessions for its 6000pts)
- BUT STILL WE NEED TO PLAN FOR SUCCESSION OF DRs & NURSES
- depends on income. Some people may consider shedding staff if income falls to maintain partner income. I would rather lose income personally than lose staff, as losing staff means increased workload
- by not replacing retiring/leaving nursing staff
- We still feel as GPs that we earn more than our staff and so will do our utmost not to lose any staff if we can help it.
- but we are looking at apprentices and more skill mix
- But has been discussed on a number of occasions
- Some ancillary roles are being combined and retirement posts not being filled.
- In preparation for a wave of retirement within the Partners
- Increase doctor numbers to cope with increasing work load and time out required for CCG work.
- The staff are not coping with increased work load
- No definite plan as yet, but innovations in staffing always considered. It will be hard to take on new staff to ease workload. Catch 22 situation.
- we have already had to make staff redundant
- we cannot sustain the practice at this level of staffing
- not sure as yet
- locum
- I do not know how we would manage if we decreased staff numbers. A patient survey suggested we improve our waiting area. I feel resentful that we can have comments made like that - we have difficult choices to make and giving patients too much of a voice can be quite demoralising when we are working so hard
- Difficult because as income dropped partnership drawings also affected but staff are fixed assets of expenditure
- We have already taken on 20% paycut and protected staff from this but now we have had to make our PM redundant and DPM redundant.

How engaged do you feel with your CCG?

- The latest reorganisation - I qualified 30 years ago and this seems to happen every 5 years at the whim of the government of the day who seem to lack understanding or have any ability to appreciate or interact positively with the workforce.
- Too many pulls in too many directions
- I am asked to go along to CCG meetings re research. Apart from that very narrow view I have no involvement.
- not told when the meetings are or what happens at them as salaried and poor feedback from partners
- Personally not something I would want to get involved in as have other responsibilities but as a practice we do our share
- 1 partner is very involved and some of us cover his work, the ccg feedback BY EMAILS AND AT A REGULAR EDUCATIONAL MEETING
- but heading towards very poorly
- despite having a partner on the board I don't feel personally very involved

LMC SURVEY COMMENTS:

- Educational events are good but so far council of practices has spent 7 hours debating what seem like irrelevant minute details rather than what is happening in 2-3 weeks time
- one partner very involved
- Too busy at the Practice
- Comfortable with North Tyneside setup so far. Early days. God forbid another reorganisation come the next government, just leave us alone to evidence based changes and leave party dogma and whim out of the NHS
- Work with a clinical director
- colleagues are involved so I am informed by them of current events
- Medicines management lead and on practices board
- I have a CCG lead role but the communication with CCG is very very bad and I am concerned there are budgets for outside consultants but not enough for project support
- recently moved PCT so not met new CCG yet
- I work as a locum throughout Newcastle and County Durham, so I am not affiliated with any one CCG.
- no contact or involvement opportunities for locums that I have been made aware of
- No clear message about the areas of major threat. With the massive reorganisation I'm very sceptical as to whether there has been proper allocation of budgets. I think we have been set up to be the fall guys. Despite the enormous effort to get public engagement the public have no comprehension of the tsunami have change that is about to occur.

What is your practice's involvement with CCG meeting and activities?

- one dr is on the CCG board, another feels roped in to attend meetings reluctantly and the rest of us don't have a clue!
- Don't know but this is not an option
- Positive educational meetings and activities around service development
- As far as I am aware, the partners tend to go along to meetings sometimes
- 2 people lead on this
- AS ABOVE
- GP lead in elderly care
- We are a very small practice and already have one partner committed highly to CCG- when another partner has to go too- this leave us very vulnerable indeed- in terms of cover- workload.
- one partner is but not me
- We are pretty involved - we always send some one and one of the partners is a clinical lead
- I am a clinical lead within the CCG. Another partner is the representative on the council of practices. We all attend educational/service development sessions on an equal basis.
- one partner has reduced 2 clinical sessions
- My partner is involved
- Look forward to see how Council of Practices pans out
- go reluctantly, feel time not valued properly by the people in salaried senior roles earning more than average Partner at Practice
- that I know of as a salaried GP
- have a CCG lead runs the mental health psychol stuff, another does some IMT stuff
- Locum, not linked to a practice.
- N/A
- One partner is on the board. I have covered hugely to accommodate this
- All this activity distracts from our core business and we have led to a drop in patients over the years

Do you feel that there is adequate consultation with your practice on commissioning decisions?

- as above. It is too difficult to find time during the working week for information to be disseminated to the rest of the team.
- There is attempted consultation, but we do not have the time to respond and discuss within the practice
- It's not possible to read enough of the information sent to us
- lots of meetings with little said
- I guess I am a salaried GP so (made to feel this or otherwise) 'it is none of my business'
- nobody has ever asked my opinion
- Some consultation but outcome not always favourable
- plus ca change
- I think the CCGs are controlled from central government still and there is a limit to their powers
- meetings with too many Dr's present can lead to indecisive moments - need good chairing.
- not sure we have time to add much
- Difficult to judge - sometimes seems we are in the loop then something will come out of the blue.
- Interestingly clinical leads seem to be told different things from council of practices - that's worrying
- The main decisions will start after April 2013.
- Not perfect, but much better than when PCT involved
- In truth I don't think the CCG could really be said to be making any significant commissioning decisions
- feel we are still working out processess
- Because I am very involved and therefore informed
- there is a clique who do this at present - though I suspect their lack of sharing is due current turmoil

LMC SURVEY COMMENTS:

- not to be excluding
- loads of info fully informed and clueless as to what it all means really
- Locum, not linked to a practice.
- locum
- It is difficult to define adequate - it is very hard to hold enough meetings to cover all aspects of care and practice
- Don't really know what the major issues are other recent circulation of a very complex admissions avoidance commissioning document was far too complex and does not really explained the nuances of what contracting involves

How confident are you in your CCG and its leadership?

- My worry is that some doctors involved are squeezing the role into already full working diaries, and also do not have the deeper understanding required.
- A mixed bag, I am not confident in the system providing good ongoing care, and am concerned over the motives of those in leadership and their ability to keep out of financial persuasions, and that they will be forced to go out to tender on services that are well run in the NHS.
- but concerned about the external climate it functions within
- It feels a bit odd knowing that many local GPs and GP leaders are shareholders in Health care organisations they have set up. One is left wondering if there might be conflicts of interest.
- I have no idea what is going on in the ccg
- But I think the government is setting us up to fail ultimately to allow the private sector to gain more influence
- have trust but appreciate ccg is/may be blind to what may be expected in the future
- Feel the whole process has been a costly move, with no discernable benefit to patient care. See PCT's reforming under a different name. Need to work together with secondary care, system sets primary and secondary care against each other. More and more bureaucracy for already overstretched practices
- I'm appreciative of the immense amount of work that has gone into the CCG and want it to work but - i have little confidence in the whole system working without endangering the continuity of care for patients and the future of General Practice.
- I think the leadership is strong it is just allowing them to do their job rather than spend the lion's share of it jumping through hoops
- Confident in the leadership but not in the philosophy of GP commissioning
- Good lead, and active board members, with reasonable support. Good ambition. Data is king, needs more useful data and analysis
- My problem is I think the whole structure is seriously flawed and a sham to give the illusion GPs are in control - its not all the fault of anyone local
- I think they have an impossible job! There is not enough money in the system and although trying to change GP behaviour can help it is not the complete answer
- Communication poor so they may be doing great things but not sharing at this stage
- unknown see above
- they seem organised, but pretty toothless as all the stuff you want to ditch like useless darzi centres are with th NHSCB-surprise surprise
- Will feel much more confident if the level of risk and a campaign to manage that in a public setting was established. Because the first crunch issue will lead to the organisation fighting from the back foot I've yet to see any clear water between the previous organisation and the present. Inherited a lot of organisational memory advantages and disadvantages. There's been a slow merger of enthusiasts into an organisation that has much more threat with its functioning. I admire their enthusiasm.
- We have good local ccg and one of our partners if heavily involved

if you have tried recruiting a GP recently, how easy was it?

- I am not an employer, but I gather it is not easy to get locums for any cover we may need when off
- (three years ago)
- One new partner left after 12 weeks- but we have another one now who is committed.
- Coming soon and I'm anxious about the prospect
- New salaried GP for 3 months, working well. Only 7 applicants of which only 4 were suitable
- Took 5 months to recruit
- we are a highly regarded training practice and head hunt ex registrars

If you have tried recruiting, how did you find the standard of the candidates?

- only one suitable applicant -who was recruited
- majority were relatively poor
- Mixed. Not keen on working full time.
- Generally much better than when I was in the job market for partnership 25 yrs ago, and to right to!
- we v picky and choose who we want not random advertising

Have you contemplated taking retirement? If Yes are you?

- Seriously considering going sooner than previously planned at 60yrs
- no choice given pension changes
- career switch
- Would retire much earlier if could afford it

LMC SURVEY COMMENTS:

- Age 60 stethoscope down, out the door- dont look back. Its is a great career and we very privileged to be part of the NHS in our elevated positions. However there are limits on time and expense, the leadership of the NHS needs to bear this in mind when planning further change, and creating the space for that change to happen with better consensus.
- Dont really want to retire love general practice but very concerned a high standard of care is becoming impossible
- I aimed to retire at 60 but work beyond - not sure beyond will happen
- or career change. this is not sustainable.
- 24 hour retirement and reduced commitment - plan to retire completely aged 57-58 (or older if I am still enjoying practice - hoping reduced hours will allow this)
- unless I can negotiate a reduction in the sessions that I work
- Looking forward to having a different busy life, and thankful for the one I have had.
- will go sooner if financially viable - that is the only thing making me hesitate
- going at 60 if can perhaps before if can afford it and if the pressure continues to rise

Please make any further comments if you wish:

- I feel we as GPs have been pushed into a situation that is not workable, and from all sides the work load and expectations are increasing.
- Changes to pension and lifetime allowance made my mind up for me about 24 hour retirement. I enjoy clinical practice greatly. I find otherwise that i am being asked to participate in things I have no training or aptitude in. The fragmentation of the NHS is distressing to see and makes me feel angry. I believe that politicians need to develop wisdom in how they use an extremely skilled workforce but time and again they are shown to have made ill-judged decisions - the latest is the final realisation that nurses need their caring role writ large - it's only taken a decade to realise this - Project 2000 seems a long time ago now.
- Like in the hospitals, the medical profession has lost its way - the job and morale within it have become unattractive
- All the GPs I know in other practices in the North East seem to be working longer days also with increased patient demand. Many factors are putting cumulative pressures on us, and I'm worried that this will be increased by older colleagues deciding to retire sooner than they would have.
- GP as we know it is well and truly out of the door. We will in the next 5 years not be sitting here but working as employees doing 12 hour shifts covering 24/7 every day. It's only a matter of time and I do not plan to be here to do any of that. with a young family I struggle to see even though part-time will jump ship at the first opportunity. Never thought I would ever consider that!
- Working in GPS not feels more formulaic; more guidelines appear it year so that we can do secondary care work that is really beyond our remit given the wide area of practice we cover as ' general' practitioners; this plus the added stress of being involved with CCGs(even on the peripheries) is a recipe for 'burn-out'
- It is hard to cope given that the Govt takes no notice of BMA's representations and arguments re workload.
- the purpose of General Practice appears to have become to implement the 'Public Health' agenda. It used to be about the patients agenda. We are now performance and micro managed by people who have never done our job
- We have to feel valued and respected as a Profession- this CCG business may lead to our demise- a sad time indeed. Fragmentation of care and having to become providers can only lead to increasing expense and confusion. It is a sad time for General Practice.
- i find the changes proposed rather depressing and do not feel this government values primary care
- Not consider retirement but have considered leaving the country - does that count?
- I don't feel that the government understands our position as GPs and yet they are expecting us to manage major changes in the NHS.
- If an independant board is good enough for the Bank of England, it is about time the NHS was unleashed of the vagaries of the party politicians with blinkered agendas. We need the freedom of evidence based medicine, and further research, patient centred , to take the NHS forward. Not based on one Think Tank or another.
- Too much negativity in general practice at moment Multifactorial but still so many positives about the job but those could be taken away if continuity is removed We need more funding and a pay reward for the work we do, which in my opinion is possibly more complex than that of a consultant in all honesty
- I feel pressured at work but accept in the current climate we have to work harder for the same income as we are still in a much better position than many. however I feel morale is gradually being sapped out of the profession by ever increasing target lead practice.
- would happily carry on working longer even for less money if I had time to do a good job !!!!
- Patients need to be encouraged to consider NHS as precious and they have a responsibility to self care and not bring trivia to GPs nor expect us to have appts free as and when. Need to stop the flood of benefits related visits to GPs - getting worse as people put off ESA and not getting DLA. Contract changes while income slides and demand on our time and skill go up is not sustainable
- I am not alone among the younger GP cohort in considering retraining and moving back to hospital medicine, where although the contracted hours are longer, the pressure of work, responsibility and actual working hours are less.
- pretty hacked off, sick of constant useless reorganisation and being the whipping boy. being seen as money grabbing and lazy. would like to stick a politician in my surgery and make the work thru a nice shitty day with disgruntled rude wailing pts
- I am really concerned about the implications of practices having to pay employer contributions for

LMC SURVEY COMMENTS:

locum's superannuation as I feel threatened that Locum cover will therefore be less attractive and there will be less work.

- I remain very uncertain as to how robust and equitable the allocation of resources will be. I think the GPC missed a golden opportunity by just advising that general practice just walks away from the new organisational structure, this have no immediate direct effect on patient care but would quietly send Whitehall into a meltdown... Then we could negotiate!