

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Cefnogi pobl sydd â chyflyrau cronig](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [supporting people with chronic conditions](#).

CC69: Ymateb gan: | Response from:

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RCGP Cymru Wales written evidence on Supporting those with Chronic Conditions

RCGP notes both the increasing numbers of people with chronic conditions and its impact on general practice. A 2019 UK wide press release by the College noted: *“the number of people with a single chronic condition increased by 4%, and with multiple chronic conditions by 8% per year between 2003-04 and 2015-16, and that patients with long-term conditions account for around 50% of all GP appointments,”*¹ while in the same press release, former UK Cahir Helen Stokes-Lampard explained: *“It is abundantly clear that the standard 10-minute appointment is unfit for purpose. It’s increasingly rare for a patient to present with a just single health condition and we cannot deal with this adequately in 10 minutes,”*

Four years on from this press release and our Welsh members echo similar concerns. Members are worried about not being able to provide adequate care in the short time they get to see a patient. It is challenging in the current climate to build relationships with patients that would lead to building a full picture of their health needs.

One member states: *‘Whenever I do get to spend a bit longer with a patient and really take the time to hear all their concerns, they are so grateful, they say ‘thank you for listening, thank you for not only focussing on one thing’ of course I should be able to do this with every patient that needs it, but 10 minutes is not long enough.’*

Another member comments: *“We should be able to help patients manage their conditions but as the patient knows time is short, they are more likely to want to talk about whatever acute problem has prompted the visit than their chronic issues which they are getting by with.’*

The issues identified by members are twofold, the short time allotted to each patient does not lend itself to building a full picture of a patient with one or more chronic conditions needs.

In addition, patients are not able to manage their conditions effectively enough to take steps to improve their health, which is possible with certain conditions such as asthma, type 2 diabetes and certain chronic pain conditions. This could be improved with educational programmes, community services and GPs having the time and resources to promote well-being rather than simply treat sickness.

Evidence states that patients who have greater levels of health literacy are less likely to rely on health services. Therefore, the more knowledge a population has the more time ‘freed-up’ for GPs. The quality of life of patients with chronic conditions is also improved with greater access to health resources.²

¹ [The Guardian, 2019](#)

² [Pourselami et al, Priorities for Action: Recommendations from an international roundtable on health literacy and chronic disease management , Health promotion international, 2016](#)

In the College's 2021 report *The Power of Relationships*, both patients and GPs gave accounts of a strong doctor-patient relationship paving the way back to health for patients with chronic conditions.

Former College chair Dr Martin Marshall stated how he was able to identify that a patient with type 2 diabetes was unable to regain health due to his living situation:

*"I learnt that he and his family lived in a grossly overcrowded apartment with no kitchen. He used to eat all of his meals in one of East London's many fried chicken shops. Mohammed found the food enjoyable, cheap and filling and didn't initially show much inclination to change his lifestyle. Over 2-3 years I worked with other members of our team and with social workers to get him rehoused, to join a job club, to start exercising in the local gym and to attend a cooking course with his wife. He confided to me that he wouldn't have done any of this if I hadn't suggested that he might benefit, if he hadn't trusted me and if I hadn't supported him"*³

Another case study in *The Power of Relationships* saw a patient reduce his long-term medication for asthma due to building a rapport with a 'fantastic' GP:

*"We always talked openly and honestly about things like test results, in language I could understand, and I felt he did all he could to level up the power dynamics in our relationship. This enabled us to explore various treatment or health options, as well as lifestyle changes that could support a reduction in my medication. He would josh, challenge and cajole but always encourage me on my journey to better self-management of my health. And slowly, notwithstanding occasional lapses, I did change my lifestyle. And together he celebrated both my little and sometimes bigger successes. Through it all, he was there for me."*⁴

Both of the above cases involved lifestyle advice which is easily accessible and widely known however it was through the support of the GP that the two mentioned were able to find their way back to, not just effectively manage their condition, but to better health than they had experienced in many years.

An estimated 800,000 people in Wales suffer with a chronic health condition and that number is growing.⁵ It is clear that putting relationship-based care back at the heart of primary care could restore many of these people back to good health.

For this reason, RCGP Cymru Wales echoes the calls of the College in England and asks the committee to recommend that the Welsh Government:

- Ensure relationship-based care is fully integrated within medical curricula and teaching.
- Ensures there are enough GPs to meet rising demand;
- Makes relationship-based care a national priority in primary care;
- Develops IT infrastructure to support relational care and continuity;
- Frees up staff time for patient care.
- Incentivises relationship-based care
- Engages and informs patients about getting the care they need

³ RCGP, *The Power of Relationships, 2021*

⁴ RCGP, *The Power of Relationships, 2021*

⁵ *Audit Wales 2014*

The full report and the expanded version of these points can be found [here](#)

In addition to these calls RCGP Cymru Wales asks for further investment in the improvement of health literacy for the public at large, and in particular, those living in more deprived areas.