

COMMUNICARE

(Wansford & Kings Cliffe Practice Patient Participation Group – PPG)

Notes of Practice/PPG Meeting held at the Christie Hall, Wansford on Thursday 21st November 2024 at 5.30pm

PRESENT

Dr Helen Eastwood (Senior Partner), Dr James de Souza (Partner),
Chair: David Parkes, 20 patients

APOLOGIES: Kirstie Lawes (Practice Manager), Annette Johnson (Deputy Practice Manager),
11 patients

1. Introductions

Dr Helen and Dr James introduced themselves and were welcomed to the meeting.

1.1 Helen works 7 sessions per week, with the clinical/administrative ratio varying from week to week depending on the Practice needs. In addition to her primary clinical responsibilities, Helen specialises in muscular-skeletal conditions, joint injections and research.

1.2 James works clinically 6 sessions per week and 1 session in meetings. In addition to his primary clinical responsibilities he specialises in palliative and end-of-life care and business/accounting.

2. Practice Update

Helen gave an update on the Practice.

2.1 From the 'Friends and Family' feedback, this Practice is rated the top GP Practice in Peterborough; the staff can rightly be proud of themselves and the patients present congratulated and thanked all the staff on their achievement for the service which they give.

2.2 In response to a question, Helen said that due to deceased patients or patients moving away, the Practice has re-opened its list for new patients who must live within the catchment area; this was welcomed by the patients present.

2.3 The Practice has 8 GPs who collectively are available for 180 hours per month and take about 7,000 appointments each month (in 2017, it was 5,000 per month).

2.4 The Reception staff receive about 300 telephone calls per day; the current waiting/holding time is about 1 minute. All reception and administrative staff man the phones from 8am to 9am when demand is heaviest to minimise that waiting/holding time.

2.5 The GPs recognise some patients' reticence to respond to the enquiry by the Receptionist about the nature of the telephone call, but such details do help in directing that call or its follow-up to the right person. It should be noted that all staff in the Practice whether clinical or administrative are bound by the same code of patient confidentiality.

2.6 Patients may access appointments by either: telephone call, walk-in, on-line or through 111. These are triaged under a 'hub' system are dealt with using a shared management plan by either an Advanced Nurse Practitioner (ANP), a Paramedic or referred to the Pharmacy, all being under GP supervision. When deemed necessary, patients receive a consultation face-to-face, by video or by phone on the same day.

2.7 One third of the GP appointments each day are 'held' for clinicians to make follow-up appointments where required. However, due to the current computer system, a reminder that **these appointments are NOT texted/phoned through to the patient.**

2.8 In response to a question, Helen said that the number of patients who Do Not Attend (DNA) appointments remains at about 70 per month. She confirmed that, subject to extenuating circumstances, 3 DNA appointments would result in a patient being removed from the Practice's list.

2.9 As the patient population for this Practice is 'skewed' compared with other Practices because it has more older patients with multiple conditions, the clinicians recognise that continuity of doctor/patient relationship is important. However, that does mean a longer interval from patient request to appointment in order to see a particular GP.

2.10 Helen outlined the way in which this Practice is managing the collective action by GPs as advised by the British Medical Association (BMA). She emphasised that the Practice is neither closing its doors to patients nor striking. The intention is that the effect upon patients and their care will be minimal.

The Practice is looking critically at what it is not funded through their contract with NHS England, eg, where further blood tests are requested by a hospital following discharge from hospital – this is the responsibility of the hospital or other specialities, not the GP.

NB. (1) The Practice continues to undertake blood tests when required by the Practice's clinicians.
For interest: the Practice receives £112.50 per year (30p per day) for each patient on their list plus £1.60 per year for blood tests.

(2) Though GP Practices are contracted to NHS England, the refusal to exclude these Practices from the increases to National Insurance payments by all employers (but excluding the NHS) proposed in the recent budget will have a detrimental effect financially upon the Practice.

3. Other Health Matters

3.1 The government's new NHS 10 year plan, currently the subject of a consultation with the general public, has three main themes:

from hospital to community services,
from treating sickness to preventing it, and
from analogue to digital systems

3.2 In respect of the last theme, the intention is that there will be a 'digital front door' for health services. This has been outlined in the Appendix to this report. The Practice's GPs fear the effect upon those people who are digitally marginalized or excluded.

Helen spoke about the survey being undertaken by Healthwatch on the effect of digitisation to help inform the government's thinking and decision-making:

www.healthwatchcambridgeshire.co.uk/form/improving-digital-access-to-heal

She encouraged all of us not only to take the survey ourselves, but to help friends and neighbours (especially those who are reticent or unable to use digital services) to take the survey too.

4. Communicare

4.1 Lin Freeman, the Treasurer for Communicare, spoke briefly about the organisation's finances. Communicare is solvent and able to meet its needs.

As much of the funds held have been given in memory of former patients, they are 'ring-fenced' for specific purposes.

Sadly, for us, Lin will be moving out of the area shortly. She was thanked for her exemplary book-keeping and her thoughtfulness and wisdom in meetings, and given a small token of our appreciation. Communicare will now require a new Treasurer and David Parkes would be pleased to hear from anyone who feels they could fulfill that role. (Lin assures us it's not taxing).

4.2 Though David Hellard was unable to be present, he has given his resignation as Vice-Chair of Communicare. David will be thanked personally at the next meeting for his tremendous contribution to Communicare over many years. In the meantime, Communicare requires a new Vice-Chair; again, the duties are not taxing, so please contact David Parkes if that is something you feel you could do.

Finally, Helen and James were thanked for their informative and helpful contributions which were especially appreciated for their honesty and openness.

The meeting ended at 6.30pm.

The next open meeting of Communicare will be in April 2025 for its 43rd AGM.

David Parkes

Appendix

Will you ever require NHS services now-or in the future? E.g. GP or A&E? Yes.

The local NHS team (the ICS - those who fund our local NHS services) are spending 10 million on a 'digital front door'.

What does this mean?

Rather than go straight to A&E, or call your local GP, patients will need to login to a 'digital platform' and you will be told where to go.

You will not be able to just book a GP appointment or just attend A&E like you can now.

Instead, you might be sent to a pharmacy or to an NHS website without speaking to or seeing a nurse or doctor.

Your personal health record will need to be shared more widely than your GP practice.

It will become more likely you'll get access to NHS clinicians who aren't doctors, or NHS staff using artificial intelligence to advise you about your health.

How will elderly patients or those with learning disabilities access this? How will patients who don't have WiFi, smartphones, computer skills or good vision access this?

We don't know. And as your local GP surgery- we are very worried.

This feels like the end of a family doctor service on the NHS. It feels like your right to attend hospital in an emergency is under threat.

This Cambridgeshire & Peterborough NHS survey is about your views on these plans for digital access - and even only this survey can be accessed by those who already have digital access.

Please share with your elderly relatives and neighbours, help them complete it and help them have their say. Ask them their thoughts on the 'digital front door'.

This will affect everybody from cradle to grave.

Please feedback how the loss of access to "your GP surgery or walk-in access to A&E as you currently know it, would affect you and your family.

The link to do this is:

www.healthwatchcambridgeshire.co.uk/form/improving-digital-access-to-heal