

Response to the PPG concerns

At SCP we are extremely concerned about the long list of questions emailed to the wider Streatham Practices. We felt that our follow up meeting with the PPG had been successful in answering the main concerns of the PPG and were surprised to find that canvassing of a large number of other practices had occurred without our prior knowledge or involvement. While we encourage cross-working with other PPGs and practices and self-audit we were disappointed at this approach and feel that this action has damaged the reputation of the practice and therefore potentially reduced the willingness of other practices to work alongside us to provide patient services.

We wanted to supply a formal response to the issues raised and hope that this answers the queries of the PPG and that we can move forward in working together to provide the very best service to patients that we can, given the current and increasing pressure and demand on general practice services within the NHS as a whole. We have grouped these responses to provide a better explanation of the different issues at hand rather than answering each individual point as listed.

Difficulty contacting the Practice by phone.

From the point of view of the Practice we have not changed either our phone systems or the number of receptionists available to answer the phone. We have had two major functional issues with the phone lines, the first of which has been highlighted to patients at reception and on the website and the second is only recently discovered. The two problems are 1) a problem with the CCG provided phone network which experienced significant problems over the past few months. This affected both SCP and other local practices and was beyond our control. 2) we have recently discovered a hardware issue with one of the CCG phone servers within the Practice which needs to be replaced. Again, the Practice acted promptly with reporting issues and in cooperating with IT and phone services, the issue was beyond our control.

Availability of appointments

SCP is constantly monitoring the number and availability of appointments and their type. In the last 3-4 months we have been reviewing and renewing the doctor's rota working with our doctors to promote healthy working patterns, increase resilience and improve recruitment and retention. Successful general practice recruitment is at one of its lowest ever points in the history of the NHS. Many doctors are demoralized, leaving the profession and the country, and the GPs who remain are turning to locum work as a way of reducing and controlling workload. Our new rota was introduced in May and entailed no significant loss of appointment numbers, though patterns were changed to increase face to face appointments and marginally reduce the number of telephone appointments. Doctors were allocated specific individual follow up appointments to improve continuity. As with any new system there have been teething problems such as the slow release of August's appointments and finding the correct balance between the emergency on the day appointments, advanced, and online appointments. We believe we are

starting to find that balance, recently releasing approximately 10-15 appointments daily over July for in advance booking, but we are also aware that demand for GP appointments across the entire NHS far outstrips availability and that we will never be able to meet demand within the current or proposed funding. Unfortunately, the gap between supply and demand is forecast to increase significantly over the next 5 years.

Due to maternity, sick and compassionate leave we have replaced sessions with locum doctors. Our choice is simply to either provide locums or no one. We try and use regular locums and thoroughly check references etc. for each locum we employ. When the performance of a locum is less than satisfactory we do not re-employ them. Obviously, we cannot ensure that every consultation will be satisfactory for everyone. Locums are much more expensive than employed doctors and do not always offer all services such as home visits. Therefore this burden falls on regular doctors reducing their availability for standard appointments as they are allocated to emergency and visiting duties.

In line with the government's "Five Year Forward View" and the strategic transformation plan for South East London (as a Lambeth practice we fall into this category) we are employing new methods of working to best meet the demands of the modern NHS. This includes promotion of self-care, prescription management, use of allied health professionals (e.g. nurse practitioners/pharmacist/specialist nurses) and online consulting.

Whilst we appreciate that this is an "erosion" of historical core general practice where the GP was the primary care giver we have no choice but to work within the CCG and government strategies for a modern NHS which can meet the demands of the 21st century. As GPs we also feel frustrated that we are unable to provide a traditional style of general practice as we would like and this is one of the reasons why many doctors are leaving the profession, but we also feel that the new ways of working have many positive points as well, such as access via email improving access to the working population.

As with all new systems email consultations have had some teething problems and, although they are increasingly popular, have not been as well-utilised as we would like and are sometimes inappropriately used. We are continuing to review this service to improve its effectiveness through audit and training. There is currently no facility to book appointments via email, only email consultations, though this facility does exist via online access. Obviously, appointment availability is restricted by demand.

As you are aware SCP has been asked to take over the Rowans Practice (not the Streatham Vale Practice which is completely separate) in Merton. Whilst we allocated resources to the Rowans, most notably Dr Ngo's availability, we have provided services back at Streatham Common to provide for this and this is not impacting on the number of available appointments.

Provision of Home visits and services for the elderly

With regards to home visits and provision to the elderly patients who are high on the frailty index and those who are palliative or at high risk of admission are allocated by the practice to a

special list which allows them easy access. We inform patients of this at the time they are added to the list and this is clearly marked on their medical records. We recognise it is possible for patients to forget this option and we endeavour to remind them of their prioritised access. The numbers of both routine and emergency home visits have not reduced, though they are restricted to the truly housebound as they are not as good as practice visits due to the limited availability of proper examination equipment and full access to the medical records. Therefore we encourage attendance at the surgery wherever possible to optimise patient care. We have actually increased the number of routine home visits and widened the number of staff visiting to include allied professionals such as pharmacist and nurses. We would encourage any elderly person who feels that their service has left them “frightened” to discuss this with either a doctor or the practice manager as soon as possible to optimise their care and address their concerns working within the scope of NHS provision.

Staffing

We try not to publish our doctors’ availability for specific days as we have had historical problems with a small number of patients who make unreasonable demands on a particular doctor including multiple phone calls or attending the practice without appointments expecting to be seen by that doctor. On occasion this has even progressed to levels of intimidation and harrassment. For this reason we do not want to publically make known which doctors work on which days. However the number of doctors, nurse practitioners and pharmacists available each day are documented in the table below. On each day we have an am and pm “duty doctor” and the rest have a mix of telephone, face to face and email appointments. We work at a standard 15x 10 minute slots am and pm, with more on duty doctor sessions. The 10 minute slots are combined or split in line with various types of appointment e.g. email and telephone slots are 5 minutes, face to face 10 minutes and home visits are 30 minute. This is in line with the BMA standard for safe and effective working levels for GPs.

Day	AM	PM
Mon	8 Doctors 1 Pharmacist, 1 Nurse Practitioner	8 Doctors, 1 Pharmacist, 1 Nurse Practitioner
Tue	8 Doctors, 1 Nurse Practitioner	5 Doctors, 1 Nurse Practitioner
Wed	7 Doctors, 1 Nurse Practitioner	6 Doctors, 1 Nurse Practitioner
Thu	6 Doctors, 1 Pharmacist	4 Doctors, 1 Pharmacist
Fri	6 Doctors	5 Doctors
Sat	1 Doctor	

Note re: extended hours: On Tues and Wednesday and Saturday mornings extra appointments are provided by extended hours. Following feedback from staff and patients we are proposing to change this to Tues, Wed, Thursday evenings with concurrent working by more than one clinicians and the removal of Saturday mornings to improve extended hours provision to the wider working population and reduce DNAs. Our experience is that the Saturday morning appointments are not well attended and are often utilised by patients who could attend in hours.

By providing more evening appointments we hope to improve our effectiveness of extended hours access.

With regard to “clinics” being undertaken by Dr Rakin and Dr Proctor it is unclear what this is referring to as this is not something we are aware of.

With regards to the pharmacist, the pharmacist moved location to Buckinghamshire in April but we were already expecting a new pharmacist to join us in August and so did not advertise this fact as it is a new service and we did not wish to cause more confusion as services stopped and restarted.

GPs make every effort to prescribe safely and effectively and our prescribing policy has been described as one of the strongest in Lambeth, both by the CCG pharmacists and the Medical Protection Society who work to reduce errors in GP. Whilst we work alongside community pharmacists in chemists we are not directly responsible for their practice. We understand that it is part of the pharmacist role to check all medication against interactions, contraindications and allergies. If this has not occurred within a particular pharmacy we would suggest feeding back any errors to both the practice AND the pharmacy so that we can review the error and make adjustments as necessary to prevent a recurrence. All such incidences are reported on the GP national database to improve prescribing safety.

We hope that these responses answer the main concerns listed in your email and minutes. We are keen on working with the PPG as successfully as we have in the past and we hope you are reassured that we listen to your concerns and have implemented many of your suggestions. If there are further questions we request that you raise these with the practice directly. If canvassing or audit is requested then we want to work with you to achieve this.

Drs Proctor, Ngo and Rakin