

The Hill Surgery Action Group (HSAG)

Summary: At the first meeting, the group discussed some key concerns, including the effectiveness of digital channels for managing GP workload and improving access. The group aims to work constructively with Hill Surgery (HS) to improve patient experience and satisfaction with GP services.

HSAG met on February 9, 2024, at Blacklands Parish Hall. There was excellent attendance. Several concerns were raised regarding the HG. The merger is unclear to some; there were misunderstandings about its benefits to the patients and the practice group. Patients invited to participate in a digital survey on the merger have requested to know if the survey's results will be available.

Another significant concern was the perceived lack of availability of GPs and medically trained staff. Patients are worried about the potential risk to patient health and the potential for loss of life. To ensure the safe delivery of GP services, it was recommended that the HG should have at least 15 – 20 GPs across the group to operate a safe and reasonable service based on BMA and various other bodies' GP-to-patient ratios.

The implementation of the external telephony system is not clearly understood, and concerns around patient confidentiality and access to medical records were a primary concern for many patients. They have also asked for more information on the telephony team's access to patient data/medical records, how many are solely dedicated to HG patients, and their overall role in the patient journey.

A call-back service was implemented to help ensure that doctor and nurse time was not used on appointments that did not require a face-to-face appointment. However, the process is complex, disjointed, and doesn't feel 'fit for purpose'. Patients have requested more information on the call centre team's scope and the call-back time slot. They would also like to know if patients can be given a time slot to avoid waiting all day for the call and if the unqualified tele-team can stop asking for medical information that patients may not want to share. Overall, patients seek more clarity and transparency from the HG on these issues.

Key Concerns raised at the action group Meeting held on 9th February 2024

The intention of the merger:

The merger of the HG is not clearly understood, and there were many misconceptions about why it happened and what the benefit was to both the practice group and patients.

<https://www.beaconsfieldroadsurgery.co.uk/proposed-merger/>

- A digital patient survey regarding the merger invited patient feedback.
 - **Have the results been published?**
- Hill Group has an unequivocal mission statement, vision, and a Patients Charter.
 - **How is this measured/reported?**

GP to patient ratio:

Considerable concern was raised at the meeting and via various social media sites about the perceived lack of GP and medically trained staff availability. This was a significant patient concern and considered a severe risk to patient health and the potential for loss of life.

FOR INFO: Various recommendations by informed bodies or patient groups for the safe delivery of GP services have broken down the percentage of practice-paid staff by percentage, which found that a general practice team should be made up of:

- 51.4% Admin staff
- 26.9% GPs
- 12.5% Practice nurses
- 7.5% Direct patient carers
- 1.7% others.

Data for the United Kingdom shows the latest value from 2021 is **3.18 doctors per 1,000 people**.

For comparison, the world average in 2021 based on 12 countries is **3.93 doctors per 1,000 people.*

The BMA advises that England has around 7.8 (headcount) GPs per 10,000 people, compared to the Organisation for Economic Co-operation and Development (OECD) recommended average of 10.8.

It is also understood and accepted that GP availability has a significant shortfall, especially in London and the South East.

However, with an HS list of 28,500 patients, expectations should be that at least 15 – 20 GPs will operate a safe and reasonable service.

- **What is the current structure, and what is the Hill Group's intent for GP resources?**
- **What are the current GP/Nurse/Nurse Practitioner values across the group?**
- **Is it enough, and if not, what is the plan to recruit more GPs and cover the shortfall in the meantime?**
- **Why, when phoning, are patients advised by the message that 'the safe working capacity has been reached'? What does this mean?**

Telephone Service/Call-Back-Service

The implementation of the externally resourced telephony system is not clearly understood, and concerns around patient confidentiality and access to medical records were a primary concern for many patients. There have also been instances where the call centre asked to share the patient's medical concerns and file the call with the most appropriate person for the surgery.

- **What is the scope of the telephony service, and how is it helping the Hill Group?**
- **Who is the outsourced telephony team, and what are their credentials? (I.e. DBS checked)**
- **How much access do they have to patient data/medical records?**
- **How many are solely dedicated to Hill Group patients?**
- **What is their overall role in the patient journey?**
- **Is this service replacing practice receptionists?**

Call-Back-Service:

FOR INFO: To ensure consistency in the access that patients can expect, the GP contract was updated in 2023 to make clear that patients should be offered an assessment of need or signposted to an appropriate service at the first patient contact.

It is currently understood that the Call-Back service was implemented to help ensure that doctor and nurse time was not used on appointments that do not require a face-to-face appointment, such as everyday colds and coughs. The aim is admirable, as it ensures that those who need to physically see someone will do so and cut the waiting/lead time for these appointments as there is more availability. However, the process is complex, disjointed, and doesn't feel 'fit for purpose'.

The process, as understood by the majority of patients:

- Patient calls surgery and selects option 1: call-back. They then have to await a call-back, which some report can be 4-6 hours later.
- The external tele-team makes the call-back and decides whether to triage the patient by a fully trained GP or Advanced Practitioner. This will be a second phone call to discuss your condition. This is an informational phone call to decide who would be the best member of our team to help you. The 'clinician' will then be able to determine if you do need to see someone in practice or not. They can arrange treatments/medication, referrals, and follow-up appointments.
- Where this service is not currently being delivered is the uncertainty of when the callbacks will take place, if at all. There have been experiences of 6-10 hours, some call-backs made, and the patient missed the call and therefore

never followed up; some requests were not actioned. It is also frustrating that no time slot is given. Thus, patients are expected to wait all day for the call or risk missing it altogether and, therefore, must restart the process. It was also reported that the unqualified tele-team is asking for medical information that the patients may not want to share with an unknown call centre team.

- **What is the scope of the call centre team?**
- **Can time slots be given to ensure those who cannot wait by the phone all day can at least plan to be available?**
- **Who checks the team's credentials, and what GDPR policies are in place to ensure sensitive medical records are not shared?**

Staffing & Resources/Surgery Availability:

FOR INFO: On 1st April 2023, the new General Practice (GP) contract for Primary Care was enacted in the United Kingdom. The agreement, negotiated between the British Medical Association (BMA) and NHS England, aims to improve the quality of care provided by GPs and enhance the delivery of primary care services. The contract included an increase in the funding for GP practices by 2.2% and a new incentive scheme to support practices in delivering improved care to patients. The contract proposed extended access to primary care services, allowing patients to access GP services during evenings and weekends. This is intended to provide greater convenience for patients who may find it difficult to attend appointments during regular working hours. This does not appear to be adopted by Hill Group, as surgery opening is restricted to specific days, limited weekend availability, minimal evening appointments, and reduced rural surgeries (Fairlight/Pett)

- **What are the plans/intent to access primary care services out of hours or to provide patients with greater flexibility in accessing care, particularly for those who may find it difficult to attend appointments during regular working hours?**
- **The merger appears to have reduced access to the various surgeries; why is this?**
- **Staff shortages are reported; how critical are these, and what is being done to replace the headcount of administrative staff?**
- **What is the current administration staff headcount, and is this sufficient and within the HG objectives?**

Appointments:

Historically, face-to-face appointments could be booked in advance. Currently, appointments are only offered on the same day, which causes the phone lines to be jammed with long wait times for the first hour, with all the day's availability gone by 9.00 am. It also means that patients who cannot get through have to call back the following day, and so on. Many patients complain that they have tried for days to get an appointment without success, with many unable to get on call waiting, despite calling at 8.00 am. This leads to immense frustration. Undoubtedly, tempers get

frayed, and staff are being put at risk of more vocal patients who are highly upset and frustrated becoming unintentionally abusive. This cannot be suitable for the staff's or the patient's mental well-being. Nor does this same-day appointment system work where a carer needs to be organised to attend to the patient, time off work cannot be arranged, or for a disabled patient who requires transport. A few patients said they required an appointment on the same day. Patients do not want a 'Dutch auction' whenever they need to see a GP. It's a race to the bottom every morning and is starting to impact some patient's mental as well as physical health.

- **Why is it no longer possible to book advance-dated appointments to reduce the log jam every morning?**
 - **Is it to meet the NHS target of 80% of appointments seen within a specific time frame?**
 - **Is it to reduce the high number of unattended appointments?**
- **If so, what can we do to help alleviate this?**
- **How does same-day appointing serve the practice?**

Communication:

There has been a considerable breakdown in practice and patient communication reported. All communications or complaints must now be in writing, and email is not accepted. This is archaic, and given the HG is moving towards digitisation and greater use of technology, such as virtual consultations, online repeat prescription ordering, etc., why can patients not email, even if it's via the website? Response time between the Practice manager and patients also appears non-existent, with many complaining that they are being ignored despite further chases. Applications to join the PPG have also been ignored, as have general complaints not being acknowledged. The practice manager is not easily accessible, and the role is not adequately understood.

The main areas flagged were:

1. Results of tests or hospital consultations were not adequately communicated back to patients or follow-up action scheduled.
 2. Breakdown in administration (I.e. Blood tests requested by GP not put onto the system for follow-up action)
 3. Limited follow-up medication reviews
 4. Medical records were not updated post-hospital consultations or advised that results were not back, despite the hospital saying they were sent and accessible via the NHS by the surgery.
 5. Texts are confusing or duplicated (I.e. invited in for one protocol, only to be invited in a few days later for something else that could have been done at the same time)
 6. Inability to speak with someone on a non-medical, service-related matter.
- **Why can we not email a general 'customer service' type helpline for general enquiries?**

- **Do you have a service level agreement for responding to written communications/acknowledgement of receipt of communications?**
- **Is a service level agreement in place to ensure patient records are adequately maintained?**
- **Better information about the surgery and on the website**

Disabilities:

More could and should be done supporting those with disabilities attending the surgery, such as deaf or blind patients.

- **What is currently in place to support specific needs?**

Repeat Prescriptions:

Since the merger, getting Patient Access has been difficult. Patients are urged to use the NHS app instead, which is confusing for many patients. It has also meant many patients need to scan IDs such as passports, which is not easily accessible for many patients with home computers or smartphones. It was acknowledged that this could be done at the surgery, where a link to sign-in can be supplied. There is a huge disconnect and a feeling that patients are being pushed to technology they neither understand nor can access. Local pharmacies report that obtaining repeat prescriptions from HG, especially Harold Road, is complex and often chaotic, with some requests taking up to 3-4 days to authorise instead of the previous 48 hours. In a lot of cases, patients complained of concerns about obtaining repeat prescriptions, lack of medication reviews and incorrect medication being authorised (i.e. old medications when a GP has updated to another drug, etc.)

- **What can be done to improve this service for patients and pharmacies?**
- **Is there a limit on the amount of medication issued, as 3-monthly supplies reduce the number of calls required to the surgery or pharmacy, reducing cost and strain on resources?**

Staff Attitude:

It is an extremely sensitive subject that needs to be broached. Overall, the GPs' responsiveness and patient concerns were not questioned. GPs were considered to be attentive, caring and helpful. However, there have been several complaints of unhelpful staff and frayed tempers, and some patients have been told to register elsewhere if they are unhappy with the service. This is unacceptable. While under-resourced staff, or staff in new job roles/responsibilities, can be stressful, there needs to be a better understanding of patient needs and frustrations. Often, the patient is unwell or worried and already frustrated by the lack of responsibilities they have encountered. Better emotional intelligence and understanding should be used to try and resolve issues calmly. The merger has brought significant changes for staff and patients, and not everyone is equipped to deal with massive change they neither understand nor particularly want.

- **What can this group do to support practice staff more?**
- **What training has the new or relocated staff been given to help manage the change?**
- **How can we manage escalating concerns and a growing lack of confidence in how our healthcare is being provided?**

Finally, not every point was fully discussed, but these are the key points that HSAG would like to take further. There was representation from HG PPG members, who admitted they are a relatively new group without clear guidelines and structure, but there was a desire to work with the HSAG to make progress and represent HS management/partners. The PPG will meet with HS again, and members of the HSAG will be present to put forward concerns.

A committee of 6 representatives was approved.