



Notes from the Public Meeting, Wednesday 28th September 2022

Meeting attended by 35 members of the public, 5 members of the PPG, Surgery Executive Practice Manager, Surgery Operations Manager, one Senior Partner and one GP

The Chair of the PPG made introductions and gave a short overview of the PPG and how it is the bridge between the Surgery and the patient population.

The Surgery Operations Manager gave a slide presentation about the changes that have happened in the Surgery over the last 12 months:

Slide 1 Staffing.

- There have been a lot of staffing changes through Covid to both the Senior Staff, Clinical Staff and management staff. 2 new doctors joined the surgery during covid; Dr McDonald and Dr Mason
- The surgery now has an Urgent Duty Teams which include Nurse Practitioners, Advanced Nurse Practitioners and a Paramedic Practitioner that work alongside doctors.
- The phone teams have been increased to 5 to deal with the pressure of early morning calls.
- There is now a total of 54 members of staff at the surgery
- The Chanctonbury PCN (which includes Storrington, Steyning, Henfield and Billingshurst) share some staff and have joint training to share some of the costs.
- New roles are being created for Social Prescribers and Health & Wellbeing Coaches
- The surgery currently has 9 doctors some part time and some full time *

Slide 2 IT

- A lot of time has been spent updating the system over the past year. The surgery now uses SystemOne: the same as many other healthcare practices in the area.
- This has had a positive impact. Doctors can now see patient notes immediately.
- The surgery has started using NHS mail internally
- Covid remote working helped staff to increase their hours
- A new website for the surgery was launched last year. It has taken a lot of time to develop and feedback is
- The old online booking system patient access had to be stopped as it did not work with the new system (SystemOne)

Slide 3 HR

- The staff have been re-organised and trained more so they feel better supported and more valued.
- All staff members now have proper work contracts

- Support is also available if they feel stressed at work.
- Effort is being put into staff welfare to make them feel like valued members of a team

Slide 4 Community Engagement

- PPG was set-up thanks to 2 members of the Billingshurst Community Partnership approaching the surgery in November 2021.
- The Surgery and PPG had a stand at this year's Billingshurst Show in June
- The Operations Manager has spoken at WI, Parish Council, St Marys meetings and is very happy to go along to any local meetings to talk about the surgery.
- The surgery has met with our MP twice.

Slide 5 & 6 What the Numbers Say

- The surgery displayed some numbers they had found interesting when running an audit of activities undertaken in the last year. Some of the highlights of this were. 70k+ appointments in the last 12 months, nearly 55k documents processed by the surgery and 93k phone calls.
- The surgery also did a comparison before/during/after the pandemic to see what appointments looked like. This showed that for the same period of 5 months over 4k more GP appointments were offered post pandemic than pre pandemic. It also showed that F2F appointments have been going on through the pandemic, and are now at higher levels than pre pandemic.

Slide 7 Next Steps

- The temporary (covid) screens will stay. It has reduced staff illness
- Processing of prescriptions and medications is changing internally to improve the service to patients
- There will be some more building work; painted lines by the main doors will be added and storage space is going to be increased so less time is spent re-ordering supplies.
- The leaflet stand is being brought back (after covid)
- There will be an emphasis on HSE next year. The last inspection was 2017 and needs updating
- Front of house staff are being trained in how to use the A-Z Work Flow Toolkit designed to speed up and improve patient access to clinical staff by aiding administrative staff in knowing the best pathways through the healthcare system patients can take. This is a commonly used way of working for GP practices and these pathways have been designed with the GPs at the surgery.
- Dispensary automatic ordering for stock is being introduced to save time.
- A Phlebotomist (blood specialist) is being employed. This will reduce the wait time for blood test by approximately 3 weeks which will free up more time for appointments.
- Insurance Report Requests are very time consuming and are taking 15-16 hours per week currently. In future, we will be using a NHS approved company to do this instead of in-house staff.

- E-Consult will be re started by the surgery, this was initially trailed during the pandemic. It seemed to work well for patients back then, but there were no controls over quantity for the practice which made it unsustainable. This has now been changed. E-Consult is widely used as a primary method of online appointment requests by practices across the NHS.
- We have been working on becoming more dementia and LGBTQ+ friendly, and will be continuing to do so.

After a short break the questions from the public were answered by surgery staff.

What improvements are the GP surgery planning to make to provide better care for those living with cancer?

In the last 12 months the surgery has added new systems to ensure that information on cancer services are available to patients within 3 months of diagnosis, as well as a 12 month review after being diagnosed.

We have also improved our systems for monitoring 2 week referral to make sure patients are seen by hospitals.

We are also recruiting a cancer care Co-ordinator who will help all of the different healthcare services and support services link, as well as act as a better point of contact for patients.

What are we doing to improve our administration systems? Could we use processes in place at practices such as Glebe and Pulborough to improve?

We have spoken to and visited practices such as The Glebe in Storrington over the last year so that we can learn from each other. Some of the changes we have made over the last year include:

- *Increasing the admin management time to offer support for staff throughout the day*
- *Increase the training processes for staff*
- *Introduction of a new workflow toolkit designed to be a living how to document to support staff on a daily basis*
- *Introduction of more up to date IT systems to speed up workflows and in some cases remove the old cumbersome ones entirely*
- *More time discussing with other practices around us how they are tackling issues so we can learn from each other*

Can the Covid and 'flu vaccinations be given separately by the surgery?

Yes, the Covid and flu vaccination can be given separately or together.

Could patients be given full online access to records to start with? Can you request it?

Access has varying levels, from just being able to request prescriptions to being able to see results and diagnosis codes on your records right up to being able to see all of the detail in each consultation.

There are plans in the NHS to release the full access to medical records prospectively. However, these are currently on hold, without a new date for go live. Patients can request full access prospectively, or retrospectively. Please be aware that retrospective access takes time to activate as each request must be reviewed individually. As this is extra work the practice would have to take on, there is no time scale on how long it take to receive retrospective access as depending on the demands on the surgery at that time it may take longer as we will have to wait till we have the resource available to grant it.

If your request for retrospective access is just for a one off purpose such as an insurance report. You can do a subject access request these are faster and result in the production of a copy of events between particular dates specified by you.

What are the surgery plans to be current and use technology that works for their patients to access hospital records?

Hospital records are a completely separate issue that the surgery has no control over. The only hospital records that we receive are our letters from your consultants, and discharge summaries if you stay in a hospital. Your full records are the property of the hospital.

There are some systems that specific hospitals have signed up to. These allow you to see more, they do not grant us access. As such these are systems you would need to sign up to (e.g Patients know best). We have no control over these systems so would be unable to help patients with set up or availability of them.

Can you still get an appointment for blood tests or the skin clinic through Pulborough?

Blood tests are mostly handled here at Billingshurst. If there is a long wait for a blood test the clinician may print you a form so you can attend a hospital walk in centre for bloods. The surgery is currently looking for a Phlebotomist to help us bring down the wait time for bloods.

There is still a dermatology clinic at Pulborough, this can be accessed via GP referral. We also run Minor ops clinics for the removal of some skin conditions as well as cryo clinics for conditions that need freezing. These are again accessed via GP referral in the first instance.

Can you still get an appointment for minor issues?

Yes, if you have already visited a pharmacy and you have a minor issue we are still happy to see you. We often recommend pharmacy or the NHS website first as for the majority of conditions you can self treat without needing to wait for a GP appointment.

If the above fails we are happy to see you.

Could the surgery give one day a week for elderly patients that don't have internet access?

It would be unfair to block online access for a particular day. The appointment data does show that more appointments are used depending on the age of patients, which is what we would expect. This shows there isn't really an access issue anymore, more of a supply and demand issue. Which is a national problem we are trying to cope with as best we can.

That being said, we are improving some of our other services which should help with phone line waits.

- 1. eConsult is being introduced to allow more patients to be triaged to the right service after filling out an eConsult online. This will replace online appointment booking with GPs.*
- 2. Prescriptions Team is being expanded so they can deal with more calls separately to reception.*
- 3. Allowing more appointment cancellations via text message.*

It is important to note that while these changes are often technologically related they do not "only benefit the technologically able". If people are able to manage their appointments online, and cancel through text message, this in turn means the phone lines are less clogged improving access for those without online or text access.

Impossible to get appointment to see a GP, how can this be improved?

First and foremost it is important to note that healthcare has changed in a way that means you don't always need to see a GP. The best person to help you may not actually be a GP, for example it may be a nurse with a specialist knowledge relating to your condition.

To that end we are implementing IT systems to help our staff signpost patients better. This includes the introduction of a workflow toolkit that has been approved by the GPs here at Billingshurst Surgery, this helps direct patients to the best service that we offer that suits their presenting condition.

As mentioned before we are also introducing eConsult again. This allows patients online to fill out a form relating to a clinical or administrative query. With this increased information from the form we are able to better signpost patients to the service they require.

Finally we are also continuing to expand our clinical teams. We have been recruiting GPs, Pharmacists, MSK specialists and social prescribers to make sure we can offer a diverse range of professionals to our patients.

Only offering appointments 8-9am is not viable, how can this be changed?

Appointments are offered all day long, 8-9 am is just reserved for only the appointment booking activity to allow us to divert more staff to this for the first hour. The most in demand appointments are of course GP appointments, which will commonly run out within the first 30 minutes of the phone lines opening.

We have debated whether some should be kept back for afternoon calls. But the question remains, how do we know those that called in the morning weren't more in need than those in the afternoon? Whichever way round the system is, there simply aren't enough, and someone will be disadvantaged.

We will be visiting more surgeries again in the new year to look at their appointment systems and will discuss with them what they have done to combat this to see if there are any other solutions they have found that work better.

Why cant I get through to the surgery, 30mins on hold at 48 in the queue doesn't work.

We have increased the phone team staff to help with this. As well as introducing the 8-9 AM appointments only time to allow us to focus our staff for the first hour. In September our average wait time on the phones was just over 8 minutes. More often than not the queue in the afternoon only consist of less than 5 patients. If your query is not appointment related we would suggest calling later in the day when the queues are lower.

If later is not an option, the surgery now has a call back feature when the queue has more than 10 people in it. This allows you to go about your day and when you reach number 1 in the queue we will call you back. Please make sure you have your phone with you and on loud, you only receive one call back. This system does work very well, anytime a patient has reported to us that they did not receive a call back we have found that they missed it, or cancelled it when calling back into the surgery before they reached number 1 in the queue.

At the end of the meeting the Chair of the PPG asked if the meeting was helpful and whether we should do this again in a year's time. The majority said it was, and would like another meeting in 6 months' time. The PPG will meet on 6th October and discuss this.