



SANDHURST GROUP PRACTICE

PATIENT ENGAGEMENT EVENT

Held on Sat 30th April 2022, 10am – 12 noon

at Golden Eagle Centre, Eagle House School, Sandhurst, GU47 8PH

Summary

We held this Patient Engagement Event so that doctors, practice staff and patients could work together to explore their feedback on services that are being provided at Sandhurst Group Practice, explain recent changes at the practice and get patient input about how they would like to inform developments at the practice and how further information should be shared.

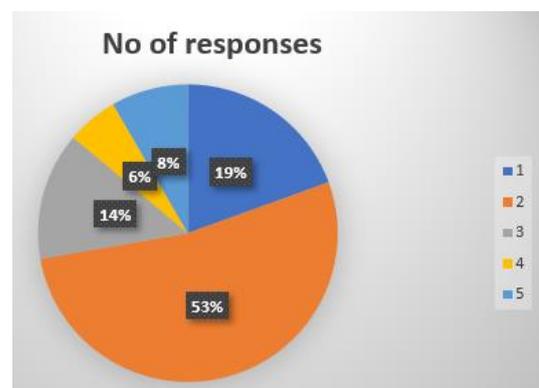
The partners at the practice - Dr. Anita Vakil, Dr. Rohail Malik and Dr. Emma Joynes – led the presentations with support from Hannah Lawrence (new Business Practice Manager), Faye Simpson (new Deputy Manager) and Sylvia Leppard (Practice Nurse Manager). Four other members of staff were also present, and the meeting was facilitated by Sally Kemp, an independent facilitator.

There were 43 patients and stakeholders present, and we were grateful to Eagle House school for hosting the meeting when other community venues were unavailable.

A temperature check

As people arrived, we asked them ‘How satisfied are you with Sandhurst Group Practice’s care on a scale of 1 to 5, where 1 is low and 5 is high?’. This provides a baseline for satisfaction, so that we can measure improvements. Their feedback was:

Rating	No of responses
1	7
2	19
3	5
4	2
5	3
Total	36



Introduction and Scene Setting

Dr. Vakil opened the meeting, expressing how keen the partners were to hear the patients' views and their desire to understand the issues, explain the position, and work together to move the surgery forward constructively. The partners are the doctors who are responsible for running the practice as well as delivering care.

She acknowledged patient concerns, such as getting through on the phone, booking appointments, and managing prescriptions and thanked everyone for submitting questions in advance. She explained how the GP workforce is changing, with more people wanting to work in part time roles, for example to allow for their caring responsibilities, and how broadening the clinical workforce and looking flexibly at working patterns is important moving forward. The primary care team, consisting of GPs, nurses, clinical and managerial colleagues is central to our care.

She said that the partners are taking the patient concerns seriously and have an improvement plan in place, but also see that there are good aspects of care present, such as patients' experience of the care they are receiving when with a clinician. This is still highly rated, as the 2021 national GP patient survey shows. See footnote ¹ The nursing team is well respected, and the new practice management team bring a fresh perspective, experience from elsewhere and are keen to listen.

Dr. Malik then shared the themes that emerge from the questions that had been submitted in advance, recent feedback and complaints, giving the following areas to look at:



¹ 94% of respondents say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment

Local (CCG) average: 89% National average: 89%

98% of respondents had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment

Local (CCG) average: 96% National average: 96%

Your feedback about Sandhurst Group Practice

We then worked in small groups with a member of the practice team to explore the following questions:

- What do you think is working well and less well at SGP?
- What other questions do you have?

Each group shared key points, as follows:

What is working well?

- The clinical care is good and more face to face care is being delivered.
- The doctors and nurses are brilliant when you get to them
- Great care is being experienced by some people present
- The surgery is a vital community asset
- The vaccination programme was a great success
- The different options to get help, like e-consult and phone calls from the doctors, are particularly helpful for people who work

What is working less well?

- An example was given of someone who had attended hospital and wanted urgent help. They were offered a routine appointment at a later date and were unclear how to follow up their treatment in a timely manner.
- A patient found it difficult to access a doctor and felt let down by a receptionist who didn't understand their condition, which could have become life-threatening.
NB. For an emergency, please call 999 as GPs are not an emergency service.
- Accessing cryotherapy and blood tests
- Communications, such as sufficient notice of the meeting today, and reaching people who don't have access to computers/mobile phones. An example was given of when a clinician asked for a particular message to reach a patient, the person muddled it.
- Being told who my named GP is when my previous GP had left
- The reception staff should have tools to deal with abusive patients e.g. move them to a different practice. They should not have to tolerate the abuse that I heard about in my group.
- People value E-consults, but these are currently turned off in the evenings. Could this be reviewed?

What other questions do you have?

- What is the context of developments around the practice that we need to understand? For example, what is offered by the Primary Care Network (a group of general practices working together in Bracknell and the surrounding areas) and other options such as evening/weekend GP appointments at Boundary House?
- What is happening with blood tests?
- How many GPs do you have per patient and how many are full time?

Full details of the group work is captured in Appendix A.

The changes we've already made and have planned - Questions and answers

What's happening with blood tests?

There have been some cancellations to blood tests recently because of staff sickness, so nurses have been doing extra shifts and rearranging appointments. There's a new phlebotomist joining shortly who will be doing blood tests five days a week, which will boost capacity. The admin team look at any cancelled blood tests and prioritise people who are elderly, frail or need regular blood tests. Blood tests are also available at Aldershot if needed.

We run drug monitoring searches weekly to check that we are caring appropriately for people who need regular tests.

A patient who needs regular blood tests said that she had always been able to get an appointment for her regular 8-week tests throughout and before the pandemic.

Why is phone access so difficult? Why is there no indication of where I am in the queue? How can I get an urgent appointment?

We talked about the 20% increase in demand for GP care that has occurred since the pandemic. The 'position in queue' feature on the phone was turned off in response to patient feedback. We continue to look at options to improve the phone systems and have increased reception capacity. As the practice makes improvements, we will keep you informed by a new practice newsletter we're putting in place. Phoning later in the day may help.

The practice have recently put in an 'On the Day' service for urgent help, available by pressing option 1 when you get through in the phone. This service has been in place for four months, and we continue to refine how it is operating. Depending on your level of need, as well as practice appointments, there's a variety of care options that this team can access, such as Extended Hours (evening and weekend appointments at Boundary House) or the Urgent Care Centra at Brants Bridge.

The team are in regular contact with the doctors through the day, and the doctor has flexibility to make different appointments if needed e.g. on the next day.

The reception capacity has been increased, with three people answering option 1 calls, and six to eight people answering other calls.

How can I make my next routine appointment? Can I do it when attending the surgery rather than phoning?

Please do. This is now possible again.

Can you make more appointments available online?

The option to book online is now available again through patient access, you can register for this access by selecting the patient access option on our website then selecting register or by contacting the practice. We make around 25% of appointments available online, and these are used up very quickly. There is a balance to be struck between how many appointments are released online, and how many are managed by the practice to support people who don't have online access or who may have more urgent need. We continue to keep this under review.

How might E-consult help? The E-consult questions are repetitive and the hours are difficult. Can they be changed?

E-consult is available via the Online Consultation button on the practice web site. No app is needed. We try to respond within 48 hours (but it is sometimes longer) and triage the consultations that are received so that urgent contacts are prioritised. As examples of what e-consult is good for, prescriptions and hip pain were mentioned. We can phone or text you or refer your care needs to the best person to help you e.g. directly to a physiotherapist for hip pain.

Unfortunately the questions can't be streamlined by the practice, because they're a national system, but we understand they are being reviewed.

We will review the E-consult arrangements in the practice and try opening them up for evenings.

How many GPs do you have? How many are full time?

We cover the rota based on half day 'sessions', either morning or afternoon e.g. 1pm to 6:30pm. Our contract requires us to be open 8am to 6:30pm, and much work happens after these hours e.g. the doctors reviewing test results and managing referrals.

Partners are doctors who are responsible for the practice as a whole (including staff, quality standards and finances) with support from the practice management team as well as delivering clinical care. Salaried doctors focus mainly on care, and increasing numbers of GPs nationally are choosing to work as a salaried doctor rather than become a partner. Locum doctors don't normally do paperwork and may work in several practices. A lot of doctors prefer working like this and we need to respond to their needs as there is a shortage of GPs nationally and locally, where the high cost of housing can be an inhibitor.

For the 18,785 patients on our list, national standards say that we need 56.3 sessions per week. Until recently, we have been offering 60 sessions. Two doctors who have recently left the practice are moving practices to be closer to their homes, so this has temporarily reduced the number of sessions to 49. We are making up for this by offering more appointments within a session and two GPs are being interviewed at the moment.

To meet people's care needs, keeping Sandhurst as a good place to work is important, and flexibility is important to attract and retain GPs and other staff. But we have to cover the rota and the full

opening hours so we continue to look at other ways of working to improve our service, both within Sandhurst and as part of the Bracknell and District Primary Care Network (local practices working together when helpful). The On the Day service is an example. Like other practices, we are looking at technology solutions as well.

There are many other trained and accredited clinical professionals who work as part of the primary care team at Sandhurst and this is increasingly important:

- The nursing team has been highly respected for many years, and patients receive expert care from them, such as for asthma and diabetes. We are hoping to bring a nurse who can prescribe into the team (this is a separate two year qualification)
- One pharmacist will soon be able to issue prescriptions and can offer 30 minute appointments. We're building our in house pharmacist capacity.
- We have access to a physiotherapist, who is called a 'First Contact Physiotherapist' because they are trained to see patients without them needing to see a GP first.

Can we bring more than one condition into an appointment?

For urgent appointments, unfortunately not. Our routine appointments are ten minutes long and we try to run to time as best as we can. Doctors will do their best to be flexible when needed but often focusing on one condition is necessary.

A patient said how helpful the doctor had been recently with helping her with multiple conditions within one appointment when she came prepared with the information needed.

Suggestions received

1. Make it easier to cancel an appointment if you need to. How many patients don't turn up because they can't get through?
2. Make E-consult available in the evenings for people who work
3. Fully separate 'urgent' and 'routine' calls so that people calling for a routine appointment aren't coming in on the same telephone line as the people calling with urgent needs.
4. Make information available on how to make an urgent appointment, how to make a routine appointment, and what I should do if I need to see someone soon, but not today.
5. Review the wording on the phone message about the urgent appointments to make sure it is clear.
6. Can you offer more appointments when GPs want to work? E.g. school hours?
7. The tone of the sign in reception about one condition only in an appointment is not helpful.

Summary and next steps

These notes from the meeting and the answers to outstanding questions that could not be responded to in the time available will be emailed to participants and put on the practice web site by 13th May.

A new practice newsletter will start being issued in May.

The meeting was drawn to a close by Dr. Joynes, who thanked everyone for their time and input, and the Mayor of Sandhurst, Mrs Davenport, gave an impromptu vote of thanks to the practice for holding the meeting.

Final comments

The attendees were asked to share any feedback about the meeting or suggestions about how the practice could communicate better as they left the meeting, and the following comments were received on post it notes:

On the meeting:

- Thank you so much for organising the meeting. It was very informative and constructive. And thank you for all your hard work 😊
- When we receive feedback from the meeting, it might help if some positives came from that e.g. opening up the e-consults in the evening

On communications:

- A newsletter is an excellent start and hopefully it will evolve from there. Many thanks
- Put out newsletter to all patients in print format in the post
- Use the Sandhurst Residents Association quarterly magazine. It is delivered to every home
- Explain how the new system works, if we are directed to other surgeries in Bracknell (not a real problem but could be if someone is less mobile)
- Better communication between SGP and pharmacy
- People conveying information to others is the best way to reach people who may not have access to the internet; Sandhurst is well placed to do this
- The Library and Day Centre may be good places to share information
- Contact the administrators of the "We Love Sandhurst" group to post the newsletters on Facebook.

How can I be more involved?

If you would like to be involved further, there is a range of options available, and we would welcome your input:

- The Sandhurst Group Practice Patient Participation Group.
<https://www.sandhurstgp.co.uk/patientGroup> (or contact the practice)

- Healthwatch Bracknell Forest, which collates feedback on people's experience of health and care in the area:
<https://www.healthwatchbracknellforest.co.uk/share-your-views> or call 0300 0120184 between the hours of 09:00 – 17:00 Monday to Friday.
- Frimley Clinical Commissioning Group - Get Involved – for keeping up to date and informing healthcare developments in the wider area.
<https://www.frimleyccg.nhs.uk/get-involved>

Appendix A – Output of full group work

The following output is a verbatim capture of the flipcharts produced by the five groups when they considered:

- What do you think is working well and less well at SGP?
- What other questions do you have?

Each group presented key points to the meeting, which are captured in the main body of the report. Similar comments have been grouped together to improve readability.

What works well?

- Prescriptions and batch prescriptions
- Telephone appointments
- Blood tests and x ray referrals
- E-consult
- Great care when you're seen!
- Fantastic doctors
- Results via the internet
- A vital service to the community. Good and positives.
- New team – good first call and visit to the surgery
- My referral was good
- More face to face appointments
- Good face to face care with reception first
- Clinical care is good
- Having a Patient Participation Group who are working well

What works less well?

- Phones/ telephone feels inaccessible
- The 'option 1' telephone message
- Phoning for results
- A doctor asked to see a patient but didn't know why when the patient was seen
- Communications about GPs leaving and changing lists
- Bloods needing repeating, no phone call
- Part time GPs

- Unable to get a blood test in house/ blood test appointments/ blood tests not working for some
- Functions removed from Patient Access (appointment etc)
- Follow up to tests e.g. blood tests
- Can't reply to text messages
- Inconsistency of notifications for vaccinations
- Patients are concerned about contacting surgeries
- E-consults are not working for everyone. Turned off overnight. Lack of availability.
- Clinicians asking reception to give messages to be given to patients (training, communications)
- Communications in general and electronic communication
- Follow protocols
- Delays in referring – patient access issue
- Phone calls back by GP take too long
- Technology is difficult for some
- Advertising
- Perception that we have to manage our own health and that of elderly relatives

What additional question would you like to ask? See Appendix B for responses to these questions.

- Why are there no phones answered on training days?
- Named doctors disappearing. The web site says we should have one. Do patients still have named doctors?
- Why do doctors not make appointments for patients?
- Audiology at SGP
- Have services offered at Sandhurst changed? Services offered at the surgery to be listed in the newsletter, web site, etc
- How many GPs are covering both practices?
- PPG – impact on patients?
- How to improve telephones?
- What are Prescribing Clerks?
- What is a PCN?
- Can we have ratio of patients to GP, compared over a few years?
- Blood tests – what options are available to book?
- Follow up appts/tests required from hospital, what is best way to book?
- Why do some patients not have a named GP?
- How many prescribing Nurses do you have at the practice?

Other points

- Using social media e.g. Facebook to communicate with patients
- Newsletter should be printed and on the web site. Distribute in chemists, Tesco, etc
- Understanding what the new system is, is CRUCIAL!

Appendix B

Answers to additional questions from the day and those received in advance (that have not been answered in the report)

1. Why are there no phones answered on training days?
111 is available during this time if the problem is urgent for that time. On training days we are only usually closed for the afternoon, and this allows our whole team to receive training.
2. Named doctors disappearing. The web site says we should have one. Do patients still have named doctors?
We are starting to move away from named GPs as a practice to enable patients more flexibility when booking appointments as we have some GPs that do not work every day. This will take time and patients will be informed when this change is made. You will continue to have the option to ask for an appointment with a particular GP.
3. Why do doctors not make appointments for patients?
Doctors are able to book future appointments for patients, nurses are trickier to book due to the individuals skill sets so they tend to ask reception to do this.
4. Audiology at SGP?
Audiology use one of the rooms in the practice to run some of their clinics from, this is usually twice a week.
5. Have services offered at Sandhurst changed? Services offered at the surgery to be listed in the newsletter, web site, etc
There have been no changes to the services offered at the practice. This information will be added to the newsletter in May
6. How many GPs are covering both practices?
We currently have 10 GPs employed by the practice, as well as locums working for the practice.
7. PPG – impact on patients?
The group are very active and are happy to bring items to meetings on other patients' behalf, please feel free to contact them as detailed in the report.
8. How to improve telephones?
We are currently looking a new telephone systems and processes within the practice and will share any updates with you as soon as they are available.
9. What Are Prescribing Clerks?
Prescribing clerks process prescriptions on the IT system and send these to the GPs to check and sign off.
10. What is a PCN?
*A PCN is a primary care network. We are part of Bracknell and District PCN which is made up of 7 practices within the local area.
PCNs have been created nationally to support practices in offering health care services to their patients. For example, our PCN has a paramedic home visiting service which allows our GPs to remain in practice where possible and deal with more patients, they also provide first contact physiotherapists, pharmacists and are currently recruiting a mental health worker.*
11. Can we have ratio of patients to GP, compared over a few years?
We currently have patient list of around 18,700 patients and 10 salaried GPs. The patient split is worked out on the number of sessions that each GP works for the practice, as explained in the report.

12. Follow up appts/tests required from hospital, what is best way to book?
For tests it would be best to call the practice to book into see the appropriate nurse. For routine reviews with GPs these can be made online through patient access, on the phone, or an e-consult could be submitted.
13. Why do some patients not have a named GP?
Whilst we are in the process of recruiting new GPs the other doctors within the practice including locums are looking after the patients whose GP has left. We are looking at moving away from being allocated one GP and working as a group to allow patients more choice and flexibility over who they see. You will continue to have the option to request to see a particular GP.
14. How many prescribing Nurses do you have at the practice?
We currently have one nurse prescriber.
15. Why are e-consults not open in the evening?
Even though it states not to use the service for anything urgent we had a few patients submit urgent e-consults during our non-working hours, so this option was turned off. We are looking at reviewing this and risk assessing having the service open of an evening.