

Wellington Medical Centre Patient Participation Group

Annual General Meeting 2017

Practice Manager's Report

1. INTRODUCTION

Wellington Medical Centre has experienced considerable change in the last year as a result of responding to situations and crises that the practice has faced and from the implementation of plans designed to proactively address the longer term challenges facing the practice.

It has been widely publicised in recent years that General Practice is experiencing unprecedented pressure due to rising workload attributable to factors which include an ageing population, the increasing complexity of managing patients with multiple health conditions (many of whom would previously have been managed in secondary care), increasing patient expectation and demands, time spent complying with new regulatory challenges e.g. Care Quality Commission (CQC), GP and nurse revalidation, and an increase in work being transferred from secondary care into the community. Mounting workloads, falling morale and increased stress levels have led to difficulties in recruiting and retaining GPs and there has been a shortage of locum (stand-in) GPs to cover for GPs when they are on annual leave or are not in work due to sickness.

Like other GP practices these factors have had a considerable impact on Wellington Medical Centre. We have therefore had another challenging year but the practice has responded positively, and taken the opportunity to implement more sustainable methods of working as outlined below.

2. ADDRESSING THE PRESSURES ON GENERAL PRACTICE

Nationally and locally, plans have been agreed to address the health & social care crisis. In 2014, NHS England (NHSE) published its *"Five Year Forward Plan"* which covers a number of themes such as the importance of public health and ill-health prevention, empowering patients and communities, strengthening primary care and making further efficiencies within the health service. In March 2017, NHSE published *"Next steps on the Five Year Forward View"*, a plan which reviews progress at the half way point of the five year forward view and sets out priorities for the next two years.

In Somerset, Somerset Clinical Commissioning Group (Somerset CCG) has published the *"Somerset Sustainability and Transformation Plan"* (STP). This is an ambitious plan to transform health and care across Somerset and aims to deliver high quality care and more prevention of illness whilst addressing major financial pressures linked with shortages of key staff across all areas of health & social care.

These plans and in particular the *"10 High Impact Actions Releasing Time To Care"* which is contained in NHSE's Five Year Forward Plan have greatly influenced the practice's Strategic Plan which is a three year development programme, updated last year for the period 2017 – 2020 to address the pressures and challenges currently facing Wellington Medical Centre.

The 10 high impact actions releasing time to care are:

1. Active Signposting
2. New Consultation Types
3. Reduce DNAs

4. Develop The Team
5. Productive Workflow
6. Personal Productivity
7. Partnership Working
8. Social Prescribing
9. Support Self Care
10. Develop QI (Quality Improvement) Expertise

Plans developed in relation to each of these actions has resulted in the implementation of a number of improvement initiatives during the last year. Some of the resulting major changes are detailed below.

High Impact Action - Develop The Team

New Models of care have been implemented to develop the team by widening the skill mix of our clinical team which now includes:

- Primary Care Practitioners (trained paramedics) to work alongside our Duty Doctors and assist with managing urgent care by undertaking home visits and seeing patients with acute illness and minor injury;
- Clinical Pharmacists to undertake discharge medication reconciliation, medication reviews, long term condition management, spirometry (lung function tests), flu vaccinations, diabetic foot checks, patient medication queries, HRT, pill checks;
- A Musculo Skeletal (MSk) Practitioner, who is a physiotherapist but is employed to assess patients with musculoskeletal issues rather than administer ongoing physiotherapy treatments. Patients seeing the MSk Practitioner will still be referred on to a physiotherapist if ongoing treatment is required.

High Impact Action - Active Signposting

In February 2017 the practice ceased the telephone triage system, in operation since April 2016, because implementation of new models of care described above requires signposting by Reception and other staff to ensure that patients are directed to the most appropriate clinician rather than booking everything with a GP. Implementation of this initiative has involved:

- Receptionist training to ascertain patients' needs, and be able to identify medical emergencies so patients can safely be directed to the most appropriate service or clinician ;
- Developing a directory of services including services outside the practice for patients to be directed to e.g. voluntary and community sector services, community pharmacies, dentists, hospital outpatients, optometrists, welfare rights, housing, 111;
- Developing a replacement website for the practice which is now active but still being developed.

These two actions were given priority to reduce the extreme pressure on our GPs who were in serious danger of burnout, but also to create capacity for the GPs to deal with the more complex medical issues that only a GP can deal with.

Work has commenced in relation to several of the other high impact actions. Progress will be discussed with the PPG at future meetings.

3. STAFF CHANGES

In addition to the initiatives outlined above the practice has experienced some significant changes in staffing. August 2016 saw the retirement of Dr Bevan following 29 years of service at Wellington Medical Centre. Dr Bevan was not only a very popular GP but was

also the Senior Partner and a valued colleague so his departure was a wrench emotionally and professionally.

However, we were delighted when, despite national and local difficulties recruiting GPs, Dr Louise Dunn agreed to join the practice as a GP Partner and took up her post in September 2016. We were also very pleased when Dr Wynne stepped into the role of Senior Partner.

In December 2016 our Lead Nurse retired from the practice. This was unexpected, therefore unplanned and left a hole in the practice nurse team clinically and managerially. Recruiting a replacement Lead Nurse proved difficult over Christmas and the New Year but on re-advertising the position we were thrilled to appoint Lucie Gillard as our new Lead Nurse. Lucie joins us following many years experience as a practice nurse and since joining the practice in May 2017 has already had a positive impact on the team.

During the summer of 2016 we undertook a recruitment campaign for additional Receptionists. The response was phenomenal and we appointed six. Sadly within the last month, two of the six have left so we are currently in the process of recruiting again.

In September 2016 the Practice Manager's assistant left the practice. Her role was to assist with management functions particularly financial accounting, human resources management, building management and quality monitoring. I was delighted when a member of the administration team agreed to a secondment into this role. This arrangement has worked so well that it has now been made permanent.

Following a lengthy period of sickness absence, Dr Michaels return to work in February 2017 but almost immediately resigned. So after 19 years of service at Wellington Medical Centre he will be leaving general practice on 4th August 2017. Again despite the national picture, we were very pleased to receive 4 applications for Dr Michael's vacancy and subsequently appointed two salaried GPs working 4 sessions each, to cover the 8 sessions Dr Michaels currently works. Appointing two GPs to replace Dr Michaels gives us the flexibility to increase the number of session they work over time so we have the capability of expanding GP capacity if this is needed in the future. Dr Sarah Thomas will take up her post on 8th August 2017 and Dr Lynn Donlevy will join us on 4th September 2017.

It is really difficult to fully explain to anyone not involved, just how complex and pressured general practice is now for all staff members regardless of their role. The high turnover of staff in the last year, which as a practice we have not experienced before, is perhaps testimony to this.

4. ACTIVITY LEVELS

Patients are sometimes surprised when I detail the volumes of some of the activities we undertake so I thought it may be interesting to provide you with data for a selection of the activities we have undertaken for the period 1st April 2016 to 31st March 2017. This is provided below.

Number of patients currently registered	15,024
Telephone calls answered	91,218
Patient consultations – face to face	21,180
Patient consultations - telephone	36,199
<i>Included in the consultations data are extended hours appointments</i>	<i>1,349</i>
Appointment DNA (Did not attend)	3,388
Referrals made	5,400
Prescription medication items issued	377,480
Minor surgery completed	263
Minor injuries / casualty self-referral seen	196
Contraception coils and implants	142
Pneumococcal vaccination (adults and children) given	314
Seasonal flu vaccination given	3,900
Shingles vaccination given	217

5. PATIENT FEEDBACK

We encourage and welcome patient feedback as this provides us with a valuable insight into our services from the patient's perspective and can inform service improvement.

Feedback is received from a wide variety of sources which includes letters of complaint and compliment, friends and family test, NHS choices and Google reviews. Feedback from all sources is considered and responded to as appropriate. Below is a summary of the patient feedback that has been received during the last year.

a) Friends & Family Test

The Friends & Family Test provides an indication of how likely someone is, to recommend the practice to friends and family. There have been 93 friends and family feedback forms returned as follows:

Extremely likely	50 %
Likely	7 %
Neither likely or unlikely	9 %
Unlikely	11 %
Extremely unlikely	23 %

Where comments have been provided they have included the following themes

Negative

- Telephone triage
- Reception triage
- Appointment availability
- Telephone answering
- Chemist
- Cryo stopped
- Transfer between doctors
- It's not the way it was
- Prescription ordering via telephone
- Not enough doctors
- Rude receptionists
- Cannot register

Positive

- GPs
- Care / service provided
- Staff
- Building
- Triage
- Pro Active
- Service to nursing home

Comments are mostly anonymous which is frustrating we cannot fully investigate and respond to the issues raised so we may be missing learning opportunities that could improve service delivery.

In recent years we have dramatically changed our appointment system twice and this has generated peaks in service dissatisfaction. I fully understand how unsettling this is for patients but I would hope that over time patients will come to appreciate the reasons for these necessary changes.

b) Complaints

There have been 19 formal complaints involving the issues below.

- Appointment availability / length
- Clinical treatment (including errors)
- Communication
- Confidentiality
- Delay in diagnosis
- Failure to diagnose
- Practice management
- Repeat prescription process
- Staff attitude / behaviour / values

Of the 19 complaints, 6 have been fully upheld and a further 8 have been partially upheld.

6. CONCLUSION

It is always difficult to decide what to include in these reports so I hope the issues I have focussed on have been of interest. If you have any queries or there are other issues you were hoping would be covered, please do not hesitate to contact me.

As a practice we strive to provide the highest quality care and deliver excellent service to our patient population using team work to react quickly and sensitively to daily demands blended with well-equipped premises and efficient systems for the prevention and planned care of chronic conditions.

Despite the introduction of new models of care I would like to reassure patients that as a general philosophy, it remains that the GP Partners aim to preserve the best elements of a traditional style of personal, friendly, accessible family medical practice.

As Practice Manager, I feel very fortunate that the GP Partners at Wellington Medical Centre are highly motivated, innovative and responsive to change. The Partners are mindful of increasing demand for primary care services and other potential developments which will impact on the provision of healthcare in Wellington over the next few years including the substantial expansion of local housing. In response to this, in the last year the GP Partners embraced the opportunity to add to our existing team of clinicians with the employment of Primary Care Practitioners, Clinical Pharmacists and a Musculoskeletal practitioner to work alongside the doctors, with a view to developing sustainable methods of working.

Financially the practice has maintained its position, although this has meant undertaking additional funded activities to replace contract income that has been ceased. We continue to be a training practice for medical students and GP trainees and one of our GPs has agreed to become a trainer to replace Dr Michaels when he leaves.

Therefore, notwithstanding the considerable challenges we have encountered in the last year and the huge workload that has resulted from implementation of major new initiatives, it has been a very successful year for the practice and we entered the new year with increased positivity, greater optimism and feeling that the changes implemented in the last year have made the practice more robust and sustainable.

Lydia Daniel-Baker
Practice Manager

Useful links

<https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>

<https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>

<http://www.somersetccg.nhs.uk/news/somerset-five-year-health-and-care-plan-published/>
<https://www.england.nhs.uk/expo/2016/11/14/releasing-time-for-care-10-high-impact-actions-for-general-practice-dr-robert-varnam/>