

## *Hathaway Medical Centre Patient Newsletter*

### *Important information for patients*

This newsletter details how we are responding to feedback from the National Patient Survey, complaints and patient feedback, outlining changes we will make to the way we support our patients

### **Annus Horribilis – a year of misfortune**

Over the period between June 2015 and March 2016 the practice went through a period of extreme and unprecedented instability

brought about by a number of factors outside of our control coming together to produce the perfect storm. The factors included:

- One GP falling unwell requiring a prolonged period of treatment and recuperation
- One GP deciding to retire due to family circumstances
- Two GPs leaving to relocate elsewhere with their military husbands
- One partner retiring
- One GP unexpectedly deciding not to return to work following their maternity leave

There were many consequences from this period, but three have been a major driver for change:

1. Patients became disenfranchised, unable to see the GP they usually saw, they moved to the GPs who were familiar to them leaving these GPs without appointments to see their regular patients. This was allowed because the practice does not have personal patient lists and allows patients to make appointments with whoever they wish to see.
  2. While our appointment system had been adapted in 2013 to improve continuity, the system was not sufficiently resilient to meet the demands during a crisis.
  3. We received an increasing amount of feedback about how we were failing to support our patients. The practice always endeavours to respond positively to feedback from patients. In response to feedback we received during 2015 we started reviewing how we deliver care to our patients.
- We attended workshops to gather new ideas, we visited other practices to see how they deliver care
  - We looked at alternative appointment systems and alternative appointment structures
  - We spoke to patients, reviewed complaints and compliments we had received and analysed the results of the national patient questionnaire
  - We fully analysed every same-day contact made with us over the week of 18-22 January 2016
  - We evaluated the role of our duty team, the doctors, nurse practitioners and minor illness nurses
  - We benchmarked the number of doctors and nurses we employ compared to other local practice



## *The Key Points - What you said – what we are doing*

YOU SAID – “**Continuity of care**” – the theme that ran through many complaints and was underlining many of the concerns identified in the national patient questionnaire was lack of continuity.

WE HAVE – identified which GP the patients know best and registered them with that GP. Patients will be asked to see the GP they are registered with for their complex care that isn't provided by our extensive and highly skilled nurse team. Because we have many part-time GPs we are creating teams of 2 or 3 GPs so that, if your GP is away, you can be seen by another GP in that team who will liaise with, and update your GP about your care:

Dr Tony Wright	Dr Tam Turek (T)	Dr Phil Grimmer (T)	Dr Jonathan Burrows (T)
Dr Claire Osmond (T)	Dr Laurie Wilson	Dr Vicky Jennings	Dr Lisa Kramer
Dr Victoria Ingham		Dr Shabari Hosur	

(T) Denotes a GP who may have responsibility for training a junior doctor to become a GP.

YOU SAID – “getting **quick appointments** is important.”

WE HAVE – redesigned our appointment system to offer appointments with each GP 4 weeks, 1 week and on the day a GP works. This will allow patients to plan in advance and also to be contacted by their GP within a day or two of asking for an appointment; this will help with continuity.

YOU SAID – “there are **too many doctors coming and going**”.

WE HAVE – always been proud of our position as a training practice for qualified doctors who have chosen to train as GPs. While being a training practice improves care, brings in new ideas and offers patients longer appointments, we recognised that some patients require continuity beyond the time that the junior doctors are with us. Junior doctors will now only see the patients from the team that their supervisor works in thereby maintaining a close link between the patient and their registered GP. It will always be a patient's right to say they do not wish to be seen by a junior doctor.

There are a number of other areas of improvement we will be making in response to your feedback. Again to facilitate continuity, we will be adding clinics through specialist nurses for acute problems such as eczema, back pain, urinary problems, COPD.

We will continue to improve services through a series of questionnaires that we hope you will complete and return to us.

## *Please do not worry*

While we have done our best to allocate each patient to the GP that they have seen most, if you find that you have not been put with your preferred GP, please let reception know. Over the next 6 months there will be form for you to complete requesting to move to your preferred GP. However, one inefficiency we identified was patients seeing a number of GPs for the same problem, attempting to get treatments or medicines not available on the NHS. For this reason, all patients will need to see their GP, or a colleagues from within the team of their chosen GP.