



Shepperton Medical Practice & the Government's 5 Year Forward View Plan

When/Why did the Government Introduce a 5 Year Plan?

Prior to 2016 the government put out a statement that practices would be open 8-8 and at weekends. This was before they realised there weren't enough doctors to operate the additional hours.

In 2016, they set out a 5 year plan to address this and the following issues:

- Loss of GP's to retirement
- Recruitment and retainment as insufficient numbers of doctors were coming through the system
- The population had grown and demand out stripped supply
- Planning applications for additional housing were granted without sufficient access to medical services putting added pressure on already over worked practices

What happened to the money the government gave us for Extended Access?

(Extended access is the governments pledge for practices to be open 8-8 and at weekends)

- This was given to our Clinical Commissioning Group who in turn gave it to our federation of which all practices in NWS are members.
- Our extended access is available at Sunbury and Studholme and offers appointments for GP's, Physio, blood tests and dressing of wounds
- These services are being developed and added to all the time. They are not of a different standard but it does mean you will have to go to another surgery to access them. Patients of the other practices may have to come to Shepperton to access some services. This will be a continuing trend with the advent of the primary care networks.

LIVI

LIVI has been commissioned as part of the extended access service.

It is accessed via an app on your smart phone and works through a video call. You can request a call at a set time or speak to a GP there and then.

LIVI currently operate in France, Germany and Sweden as well as the UK.

LIVI has saved a patients' life this year. That patient was sitting in a departure lounge waiting for a flight back to the UK when they were taken ill and remembered they had downloaded the app.

What is the Government's 5 Year Plan?

- To free up GP time so that they can spend longer with those patients with more complex needs
- To use active signposting to direct patients to the most appropriate care first time
- To introduce a different skill mix such as Advanced Nurse Practitioners, Pharmacists and Paramedics to help bridge the shortfall of GP's
- To get groups of practices working together to develop and provide services for the area they cover using economies of scale
- To make better use of local services such as the high street pharmacy and social prescribing

So what changes have we made to support the plan.....

New Website

Our new website is designed to help with active sign posting. It enables patients to undertake a range of activities without the need to visit the practice. Some of these activities are:

- Reviews such as asthma, diabetes, pill checks. Once submitted, if we need to see you we will call and book an appointment.
- Requests for medication, medication reviews, synchronisation and queries relating to medication. These will go to our pharmacist to deal with
- Tracking a referral
- Information on all healthcare conditions
- Requesting a sick note, changing an address/name
- Information on local services and pharmacies
- Information about the practice such as opening times and services

New Pharmacist

Currently GP's can spend an hour or more a day looking at and signing prescriptions. In 2016 the government promised 1500 pharmacists would be put in to GP practices.

We were successful in our 3rd attempt for a Pharmacist. Ahmed Zyada joined us at the end of May. We are incredibly lucky to have him. He has previously worked in practices and as a Pharmacist with Southampton CCG.

Ahmed will be undertaking medication reviews, answering your medication queries, dealing with changes to medications and authorising your repeat medication.

On-line Booking of nurse appointments

Our clinical supplier has made some changes to our system to enable us to offer some nurse appointments on line. This has been historically impossible as different procedures take different amounts of time.

Appointments for the following can be booked on-line:

- Dressings
- Smears
- Asthma/Diabetes/COPD reviews
- Pill Checks
- Blood tests
- INR

New Phone System

This week we are having our new telephone system installed to improve communication. The new system will:

- Give us more lines in and out
- Operate a triage system so that if you have queries relating to results, referrals, medication these can be directed to the appropriate person rather than sitting in the queue for reception
- Enable us to analyse when our peak times are
- It will not block the number so patients will know who is calling
- It will queue patients in the cloud and once they drop down to the queuing system it will tell you where you are in the queue

Patient Navigators

This is also part of the active signposting initiative. Our navigators are being trained to get you to the most appropriate care. This may be:

- To the website to complete an assessment, change your address, access further information about your condition, check a referral, request a sick note
- To our pharmacist for medication advice, repeat prescriptions, medication review or synchronisation
- To the high street pharmacy for minor ailments
- To extended access for evening/weekend appointments with GP's, Physio, Phlebotomy (bloods) or wound care
- To LIVI, an app that gives a video consultation by a GP at a time to suit you. They are available until 10pm

Patient Navigators cont...

- If the aforementioned services are not appropriate, the navigator will put you down for a telephone call with a GP. If your preferred GP is working that day and has space it will be with him/her.
- If your preferred GP is not working that day and there are telephone appointments left you will be offered another GP
- If it is urgent and immediately necessary, you will be offered the duty GP
- In each case our patient navigators will ask questions as to the nature of your call. This is so that the GP's can prioritise your call and enable them to have a rough idea of why you are calling
- All of our GP's work part time now due to increased workload and therefore we have moved to a practice based list where they can help each other manage demand better.

What happens to the patient with a telephone appointment?

- The GP will call you back at some point during the day
- They will have read your notes prior to the call
- They will have looked at the comments made by our navigators
- They will take a full history and determine what action needs to be taken
- If during the taking of the history they feel that they need to examine you they will call you down for an appointment on the same day.
- The patient therefore needs to make sure that they can come when called

What happens if I can't come down because I am working or can't use my phone at work?

In this instance it would mean that you have concerns that aren't urgent but you would like to seek the help of a GP. Routine appointments would fall in this category.

The extended access appointments were designed for working people to have access after work and at weekends. The surgery is open until 6.30pm so you could call after work and book one of these appointments at a time to suit you. The GP's who work at the extended access practices are from local surgeries including ours.

An app called LIVI is also available to download and will give you access up to 10pm Monday to Friday and at weekends. This is also run by qualified GP's.

What happens if I rely on someone bringing me?

- We know that some of our patients rely on Shepperton Care or relatives to bring them. We normally know who these patients are and when the GP calls you back they will arrange a day and time to suit your transport needs.
- By freeing up GP time a longer appointment can be given for chronic conditions and complex needs.

Primary Care Networks

(Working with our neighbours)

This year the government introduced Primary Care Networks. These now form part of our contract. The promised money for this goes to the networks and not the practices, enabling us to work together to develop and maintain services for between 30k-50k patients.

Working together means that we could develop a service that might not be cost effective to run in each practice but would be delivered in one of our practices.

Our network is made up of Shepperton, Sunbury, Upper Halliford and Studholme. It serves 55,000 patients. The focus this year is very much on set up and there are quite a few challenges to overcome.

This year the extended hours contract has been moved from practices to the network and there is an opportunity to take on a pharmacist and a social prescriber once the legal entity can be agreed and liability for employment is clear.

Hidden Agenda

- We are already having to set up a new entity between the four practices to enable us to open a new bank account to serve the network
- We are having to engage solicitors, accountants and source indemnities to cover work done in the network
- It doesn't take a genius to see that very soon four practices will become one
- Why would we pay a second set of accountants and solicitors
- If the staff needed to run the network come from existing practices who is doing their work when they go to meetings or undertake this work?
- Then there is the property owned by NHS Property Services which needs a lot of work to get it up to modern standards. They are passing this cost on to the practices and within our network both Sunbury and Shepperton fall in this bracket, neither of us have the resources to undertake the work required and the properties should have been invested in over the years by their owners.

Facts

- Practices are private businesses that hold a contract with the NHS to deliver services to registered patients
- Over 600 practices closed last year because of workload and an inability to recruit GP's being some of the reasons
- If we don't change now this could be us in the future
- When practices close, their patients are spread amongst local surgeries who in turn then can't cope and also fold. If this pattern is repeated very soon there will be no GP surgeries.
- Resources are really stretched and with money being taken from the practices contracts and put into the Primary Care Networks we are effectively being forced to work in a different way.

Our promise to you

- We will continue to support our patients medical needs
- We will continually seek to improve services within the practice and within our primary care network
- We will look at the system over the summer and see if any changes need to be made
- We will look at the new telephone system to see if any changes need to be made

This way of working will retain GP's and improve our skill mix which in turn will futureproof your practice

What do we ask in return?

- Understand why we are changing and change with us to ensure you have a practice for the future
- Speak to us in a considerate manner and we will reciprocate.
- Please do not complain just because you don't like the new system. It is here to stay and I would prefer to use my time improving services.
- Please do complain when something has gone wrong with your care