**Patient Forum Minutes – 14.12.2022**

**Attendees: Judith Hardy, Marion Vause, Steve Mahoney, William & Maureen Graham, Sheila Harris, Moyra and Jackie Carey, Susan Falconer, Patricia Binsted, Stephen & Sally Parsons, and Patricia Thomsett-Jones**

**Lesley Betts – Practice Manager**

**Rebecca Seaman – Assistant Practice Manager**

**Apologies: John Surridge, Edwina Russell, Alan Prior & Iris Connaughton**

1. **Current situation at Balmoral Surgery**

Lesley told the group that we have called a meeting today, to inform our members of recent staff changes that have happened and the impact that this will have on the practice.

Dr Singh retired from the practice on 30th November. Dr Viney is currently on sick leave, and we do not know when he will be back. Lucy, our ANP, has sadly handed in her notice, as she has got a job much closer to where she lives.

Lesley informed the group that in March we used to offer 65 half day sessions per week, and at the end of January we will only have enough clinicians to offer 42 half day sessions per week, which will be a loss of 322 appointments per week.

We are asking the remaining partners to cover some sessions, where possible, but most of them already work a full time week and we have to ensure that they are working safely and looking after themselves, as we cannot also have the remaining GPs fall over.

Lesley said that we are not quite at crisis point yet, but we are close and we wanted to keep the group informed of what was happening, and to inform them of the steps that we are taking now to try and prevent a crisis. Lesley has met with the ICB (previously the CCG), to inform them of the situation and to see if they can offer any advice. Sadly the things that they suggested, are things that we are already doing. Lesley and partners have also met with the Local Medical Committee (LMC) to inform them of the situation.

Lesley said that after advertising for a GP for some time, we have very recently had someone contact us who would like to work with us in a salaried role. Lesley and two of the Partners met with him yesterday, and hopefully he will work 5 sessions a week from February, which is the sessions that have been left by Dr Singh’s retirement. Although this is some positive news, Lesley said that in the past we have had clinicians withdraw their applications before their start date, so she will feel more confident once he has started.

Lesley said that we do ask our salaried GP to hold a list of patients, like the partners. Although patients are registered with the practice, they do also have a usual GP, and this is how we distribute work, including clinic letters, blood results etc. Therefore the salaried GPs do need to hold a list of patients, otherwise the workload would be unmanageable for the partners that are left. At the moment, the partners remaining are also doing the paperwork for the partners that have left as well. In the past, the only time that they would need to cover someone else’s paperwork, was went someone was on annual leave.

We do also have Advanced Clinical Practitioners (ACPs) working in the practice, but they are not GPs and there is a limit to how much you can ask them to do.

Lesley said that our PCN (Deal & Sandwich PCN), has underspent the money that has been allocated to them for Additional Roles. This means that the PCN has been able to put out adverts to try and recruit a Clinical Pharmacist for each practice. However, as of yet, no applications have been received and we ideally would like a total of five Clinical Pharmacists.

We have spoken to the group before about eConsult. Lesley told them today that due to the reduction in GPs in the practice, we have made the decision to again reduce the time period in which patients can submit an eConsult. This means that it is only available between 8-10am each day. Sadly, we cannot cap the number of contacts that we have each day through eConsult, and patients are given a time frame in which someone will get back to them. Therefore we have had to make this decision to reduce the time period that is available, so that the incoming work is manageable. We should not turn eConsult off, as we are contractually obliged to provide this service but may be able to do so for a short time if necessary. Lesley added that it is also a valuable resource for some patients, and for the practice, as the built in algorithms and the detail that patients put in the eConsult often mean that a patient’s problem can be dealt with by someone other than a GP. A member of the group asked how eConsult could be accessed, and Lesley told him that it is on our website.

Due to our current situation, we are now planning to manage our practice list. We have never done this before, but from now on, we will only register newborn babies (when a parent is registered with us), and patients returning to a household that is registered with us (e.g. university students). We will have a standard letter which will be given to patients which tells them how they can register at another practice.

The practice does have Tier 2 sponsorship, and therefore we are hoping that we may receive an application from someone who needs this, in order to work in the UK.

We are also looking at signing up to something called “Clear desk”, which is a paperwork solution that is provided by a local GP Federation. This would mean that a remote GP employed by the Federation would log in to our system and process our clinic letters, readcode these letters, sign electronic prescriptions and action pathology results.

Lesley told the group that the remaining partners have decided that it is now necessary for them to follow the BMA Safe Working guidelines to protect the clinicians we do have and to ensure patients being seen are offered a safe service. These guidelines incorporate **At Your Service** which is a paper written by the Policy Exchange and endorsed by Sajid Javid and states that no more than 28 encounters per day (14 per half day session) is the safe working level for GPs. This includes telephone, online and face to face encounters. It takes into account the admin needed to support these encounters e.g. dictating referrals, dealing with letters from hospitals on previous referrals, signing repeat prescriptions, reading and acting on pathology results received, completing medical reports for DVLA, Fostering/Adoption papers etc

Most of our surgery sessions currently consist of between 10 – 13 consultation slots. This is because the GPs are often supervising our learners (GP registrars and trainee ACPs) and so have two slots taken out to give them time to facilitate this. They then have extras added for eConsults, messages from patients etc meaning they often have well in excess of 14 contacts per half day session.

From now on once an individual clinician reaches 14 encounters per half day session they will have no more added to their list. When we reach this level for all clinicians working on a particular day, we will be asking patients who contact us for an appointment for that day to book ahead in our pre-bookable slots or contact us another day if it can wait. If it cannot wait, then they will be advised to call 111 to access a UTC or A&E department.

We are not an emergency service and can only provide planned care to our patients within the capacity we have to make sure the service provision is safe.

We will not be able to perform things outside of our GMS contract e.g. PSV/Taxi medicals. These can be done elsewhere for a fee and would be payable if performed here anyway and don’t require access to the patient record.

We will keep all of this under regular review and hope to return to a more normal level of service provision as soon as we can but for now, we don’t have much choice other than to take the steps outlined. We really hope that you will understand and support our decisions.

We have also published Locum sessions on an online platform that has been setup for Kent & Medway GPs. We have already had some applicants. Some of these sessions will be worked remotely and some will be face to face. In addition, Dr Singh has already come back from retirement to work some locum sessions for us as well.

Becky told the group that we aim to add a pop up to our website which informs patients of how we are currently working, and said that we welcome any other ideas of how we can inform patients about this. She also encouraged the group to share this information with any patients that they know as well.

Lesley said that the PCN has been given some Winter Pressures money and this is being spent by lengthening the enhanced access sessions that are held at Deal Hospital. The money has meant that the GP, ACP and physio sessions have all been lengthened. Becky added that this is different from the UTC, which is also at Deal Hospital. The enhanced access appointments have to be booked through your practice, but the UTC can be booked by 111, but does also allow walk ins when capacity allows. Becky has produced a leaflet, which will be going on our website which aims to simplify the ways that patients in Deal can access Primary Care, as we agree that it is very confusing for patients.