Ringmead Medical Group Patient Meeting

We would like to wish all of our patients a Happy and Healthy New year.

We would like to thank the patients who attended the patient meeting held at Sandhurst Memorial Hall December 10th, 2024, and those patients who took the time to complete the patient survey.

We received 670 completed surveys with some patients adding very similar comments or questions that formed the basis of the discussion at the patient meeting. We also received some lovely comments and compliments.

The meeting was attended by 72 patients, GP Partners Dr A Sachdev, Dr F Duruwalla, Dr I Aloysius, Dr W Goel, Sarah Bellers Director of Nursing and Quality ICB Frimley, Olly Hemans ICB Frimley Communications Team, Olivia Shaw ICB Frimley Primary Care Development Manager, Ringmead Senior Management staff and members of the Ringmead Patient Group (PPG).

This is a summary of the patient questions raised and Ringmead responses.

1. **We have been asked why we chose these survey questions,**
    - The questions asked are taken from the GP mori survey that is conducted every year. These questions were used so we can benchmark against results we already have.
    - Ringmead decided to add an additional free text box for patient comments or questions so we could have feedback for this meeting.
    - Last year's survey in July 2023 showed that 51% patients were satisfied or above and 49% were unsatisfied or below with the service delivered by Ringmead.

This year 75.52% were satisfied and 24.48% were less than satisfied – a 25% improvement!

2. **We received many comments and questions around the online klinik service.**

Q· I would like it open 24 hours a day / at least surgery opening hours 8-6

Q. My only suggestion is keeping the online consultation service open longer, as 4pm shut off is a bit early, especially as this is meant to be a non-urgent service. If you shut it off when the surgery closes, this will give those who work time to fill it in.

Q. Do not like the system, think it is useless

Q. They need to make ensure all messages are read by a qualified professional and not left to the vagueness of the reception staff

Q. The klinik form is very long, can you change it, sometimes can't select my symptoms.

Q. I did an online consultation form back in May for a lump on my neck - I got a call back from the surgery arranging a face-to-face appointment the same day. After examination I was urgently referred to Frimley Park Hospital where I was diagnosed with throat cancer. Ringmead medical practice has continued to help and support me through a very difficult time. I feel I have had the best of care and thanks to your swift actions the cancer was caught before it spread further. I would like to give a big thank you! (patient name provided in survey)

- Almost all practices in the UK use online consultations as advocated by the NHS, and in Frimley, Klinik online consultations is employed by almost all practices. We are reviewing

which online consultation tool to commission when the contract ends, as new ones are becoming available next year.

- It is not for us to edit in terms of length as it is used by all GP practices and is an independent online consultation tool, however, we have made suggestions to reduce the questions yet retain enough detail for us to triage appropriately. They are similar questions to what the receptionist used to ask in the past
- In essence, Klink does what used to happen before which is a patient called the practice and the receptionist after asking a few questions organised an appointment. Any patient can access services from the practice in multiple ways – walk in, telephone or send in a request online via the website.
- The practice has chosen to introduce another point of access – Klinik. All patient requests for urgent or non-urgent advice are encouraged to be completed on Klinik, accessed via our website.
- Access to Klinik is available on most working days from 8 am and once completed, it goes directly to a clinician, usually a GP, and misses out the receptionist. Requests are reviewed in the same session and day, usually within minutes. The best actions for patient are then implemented according to the priority identified, e.g. a face-to-face appointment (urgent or non-urgent), book a telephone call/video consultation, arrange a home visit, or send an email or a text message to deliver paperwork e.g. sick note, letter.
- As a result, patients with acute problems are seen quickly by the most appropriate health professional, allowing specialist nurses, doctors, and GPs more time to focus on patients needing specialist procedures and those with multiple health needs.
- Furthermore, this facilitates the flexibility to offer longer appointments times outside the standard ten minutes. Additionally, this takes away the need to wait on the phone, and the anxiety this provokes.
- Feedback since commissioning Klinik has been overwhelmingly positive. Over the past 18 months, over 90% of users rated their experience as good or excellent.
- The comment made by the patient demonstrates the way it works and shows clear benefit. Many of the recurring comments are that patients are delighted with this new way of working, in that they do not need to be seen, take time out from work, do not have to wait on the phone, do not have to come into the surgery unless necessary and have been managed in a timely manner, with the case reported by being seen on the same day as urgent.
- It must be reinforced, those not able or are not keen to use this website facility, can telephone or visit the practice in person and the receptionist will manage all requests.
- In terms of closure of Klinik, we have found that majority of Klinik requests come in soon after 8am and drop off after 11. Many practices locally have Klinik open only for the first 1 hour of the day, but ours is open until mid-afternoon. Although the call numbers drop off, the volume of calls takes most of the day for the clinicians to triage and process, on some days well beyond close of surgery.
- Previously some practices had their Klinik open until 6pm and some overnight, and the doctors were working late into the night daily, which is not safe, sustainable nor acceptable.
- There is a clear risk as patients have may have put urgent requests in and this would not be dealt with in a timely way – a safety issue.

- Obviously, once Klinik is closed, patents can phone us if require same day action, and if in queue can press the call-back facility which means they don't have to wait on the phone and will be called back when the next line becomes available.
- If the nature of request is non-urgent, they can put in a Klinik request on another day. 111 and your local pharmacy can also be always accessed for advice.

Telephone Appointments

Q. Long queues – I am told I am number 34 in the queue then I get interrogated by the receptionist

Q. Waiting too long on the phone to make appointments which you can't do online, and the app is annoying

Q. I don't feel telephone call is good enough and that things get missed

Q. Would be nice 2 phone for an appointment and get one even if it was a few days later. I really hope you change all this as it seems a doctor doesn't want to see you anymore. Very poor service

Q. I still think you should be able to see a GP face to Face when you phone up or when doing a klinik form you should be able to speak to the Dr you have requested.

Q. Why do asthma and COPD reviews over the telephone –

<u>Phone system:</u>

- Our new phone system with a single telephone number for all 5 practices, along with newly trained staff and online consultations, has resulted in reduced waiting times on the phone; down from over 90 minutes 18 months ago to less than 15 minutes most of the time and averaging 10 minutes.
- We have the call back facility for those number 11 or more in the queue prompted to select.
- For those patients experiencing extremely complex and, in some cases, end-of-life care, calling the practice had been difficult as their need could be extremely urgent. For these patients, a dedicated telephone number is provided after consultation by the GPs to ensure quick and efficient access to a medical professional.
- Receptionists are not clinicians, and they just enquire about the nature of request so that a clinician can assess the need and urgency of enquiry.
- They complete the Klinik form which then gets passed onto a doctor straight away. Over the past year, we have employed many new receptionists such that the waiting time is much better for those that call, and still recruiting more.
- The completion of Klinik reduces risk as receptionists are not clinically trained – in the past they almost did the triaging in a sense.
- Remote consultations, telephone and video helps us manage patients more efficiently and manage the workload. We manage many more patients this way than in the past.
- Many patients don't need to be seen as they don't need an examination, or can be managed with advice, or signposted to the most appropriate clinician, or another service.

- Many requests are administrative e.g. Sick certificates, prescriptions, results or very minor illnesses, and these can be managed without been seen. Helping to free up much needed appts for other patients that need to be seen, and we will definitely see patients that need to be seen, according to need.
- Worth noting that in the past year we have seen patients face to face 50% of the time and carried out telephone consultations 50% of the time, so actually we are seeing patients a lot of the time
- The remote consultation helps assess the clinical state and there is ongoing training in this area, such that we will not miss anything serious.

Online appts:

- We do have some on-line appts for dedicated services e.g. blood tests, health checks, however these are for specific services that do not require medical advice.
- We work with Klinik to triage into appointments as we have found when online appointments were made available for patients to book online, we found that the wrong service, appointment, length of appointment had been chosen in correctly e.g. ECG to be done in blood test appt., wound dressing in smear appt.
- Additionally, the availability of appointments would also be compromised if online appointments were possible and hence a safety risk.

"See Dr":

- Klinik by triaging assesses if patients need to be seen as explained before.
- Many GPs and clinicians have specific skills e.g. Joint injections, dermatology, Women's Health, Diabetes and hence triage allows an appointment with the correct clinician.
- All Drs would love to see all patients, but not possible given the workload which has gone up by 36% in the last 3 years.
- We are doing much more as hospitals are pushing work out to the GP Practices, more treatments are being done that need monitoring.
- Furthermore, there is a shortage of GPs, with many retiring early, reducing the days worked, and many leaving the country.
- This puts pressure on how many appointments we offer.
- Such is the pressure that some practices locally have said on their websites and phone messages, that when capacity is reached, patients have to call 111 and not the practices – RMG does not do that, we continue managing patients queries without capping.
- It is worth noting that RMG has provided the highest number of appointments per 1000 patients in the ICB Frimley this past year. Out of which half are face-to-face.

Long term conditions (LTC) reviews over the phone:

- Many LTC reviews can be carried out remotely as may a discussion and figures such as recent Blood Pressure or Peak flow reading.
- Guidelines say that there are certain questions that need answering e.g. how many chest infections required high dose steroids in past year, what are your blood sugar readings over the past months, etc., which can be ascertained over the phone
- This then suggests change in management or assessment by a clinician, nurse or doctor, which can then be face to face as appropriate

- Many patients are already well-controlled with their conditions or medications and actually don't need much of a change and just a quick review.

Blood Test and test requests

Q. Blood test appts, why do I need to go elsewhere for a blood test

Q. Can only book 2 weeks in advance for blood tests

Q. I have to access my own blood test results

Q. Why is it difficult to get my GP to tell me the result from the hospital tests. E.g. Frimley and Royal Berks, also mentioned bloods, X ray, Dexa,

- We have blood test clinics available 4 weeks in advance as we have found we get too many patients do attending their appointments (DNAs) if the appointment wait is longer.
- You have the choice of 5 sites for these appointments and the hospital.
- The number of blood tests carried out have increased enormously, especially since hospitals are also asking for these tests and expecting patients to have them done at the surgery. In addition, more treatments and medications need blood monitoring.
- We are also catching up with missed reviews over many years since takeover of SGP.
- We have taken on more trained staff to do blood tests.
- We require patients to look up their results via the NHS app in the first instance or contact the surgery, there will be an action apportioned to the result.
- We do not contact patients as takes up a lot of our time chasing - unless an emergency - as historically we have found that patients do not answer, are away, or have the wrong number on our system, changed number and not informed us, incorrect or stopped landline.
- This is safer and reduces risks. Those with accessibility issues are noted on recorded and contacted as required.
- We do not assess results that have not been ordered by us - for example the hospital tests.
- Results are assessed by whoever has requested the tests such as the consultant in the hospital. GP surgeries do not interpret X ray or Dexa results. Results go to the consultant or clinician who requested the results and majority of the time we don't get them directly.

General Appointments

Q. Why can't I see a GP every time

Q. I want to be seen f2f (face to face)

Q. Why do I have to see someone who is not properly qualified, not a proper GP.

Q. I don't want to see a PA (physicians associate) I don't want an appointment with an untrained physician's associate. The BMA don't consider this to be appropriate way to handle patients

Q. Why was I told to see a Physio rather than a GP in the first place, it worked well as I was able to get treated quickly.

Q. Why do I get given appointment at different site

Q. Should be easier to get appointment closer to home rather than travel several miles

Q. I Do not find telephone apps satisfactory, caller hasn't a clue who I am and if you see or speak to a Dr you never see or speak to the same Dr again, there is no continuity. Most of the people I know of my age think we have been written off at 80!!!!

Q. I did not use Klinik for my one need to contact a GP since merger. I used Pharmacy First who could not help but advised me to phone the surgery. The pharmacy also rang the surgery but much later. The receptionist was helpful when I rang. A doctor rang me promptly. Then another doctor rang in response to the late call from the pharmacy! Both GPs and receptionist were pleasant and helpful.

<u>"See Dr": explained before</u>

- Klinik helps with initial triaging and assesses if patients need to be seen as explained before.
- Many Drs and clinicians have specific skills e.g. Joint injections, dermatology, Women's Health, Diabetes and hence triage allows an appt with the correct clinician.
- We are doing much more as hospitals are pushing work out to the GP Practices, more treatments are being done that need monitoring. Furthermore, there is a shortage of GPs, with many retiring early, reducing the days worked, and many leaving the country. This puts pressure on how many appointments we offer. Such is the pressure that some practices locally have said on their websites and phone messages, that when capacity is reached, patients have to call 111 and not the practices – RMG does not do that.

<u>"see a GP":</u>

The "new" GP is the new wider Primary Care Multidisciplinary Team (MDT):

  - GPs – general and with specialist interests
  - Nurses/nurse specialists/ Advanced Nurse Practitioners/HCA
  - Paramedics
  - Pharmacists
  - Physiotherapists
  - Mental Health Practitioners
  - Social Prescribers
  - Physicians Associates
  - GP Assistants
  - Care coordinators/navigators
  - Trainees: GPs, Hospital Drs, Nurses, PA, medical students, PA …

- **ALL have specialist accredited training** within their role and work within their competence, and are **supervised always with GP** available for advice

So, for:

1. **Acute problems** e.g. minor illness
    - ❖ Paramedic, PA, GP Assistant, Advanced Nurse Practitioner, Nurse, physiotherapist, Duty GP
    - ❖ Some conditions the local pharmacist - Pharmacy First
2. **Complex problem**:
    - ❖ Specialist Paramedic, Specialist Nurse, ANP, Duty GP/GP
3. **Care review**: long-term conditions
    - ❖ Paramedic, ANP, Specialist Nurse, Health Care Assistant, physiotherapist, GP
4. **Mental health problem**:
    - ❖ Mental Health Practitioner, GP
5. **Health promotion**:
    - ❖ HCA, Nurses, Social Prescriber, Care navigator, GP
6. **Home visits:**

    GP, Paramedic, Urgent Care response teams, palliative care team, district nurses

7. **Administration**:

    Care navigators, admin staff, secretaries, social prescribers, GP

<u>PA:</u>

- The BMA says PA's shouldn't work unsupervised and cannot replace Drs – we agree.
- Therefore, ALL of our PAs are supervised and their work is reviewed and audited.
- They also discuss patients with the supervising GP as well as have weekly meetings to see how they are coping

<u>Different sites:</u>

- There are now 5 sites plus ICB commissioned appts in the UCC.
- This means many more appts available to the patients, and cross cover if there is leave e.g. sickness.
- Ringmead offered the highest number of appts in the ICB this past year.
- A site is offered according to need – any on the day or urgent case is offered the next available one, and if not accepted then what is available at chosen site is offered.
- We do not have an infinite number of appts and have to manage as best as possible and hope patients can accept what is offered.
- We do make allowances depending on clinical presentation including home visits by teams if unable to leave home.
- Additionally, we offer specialist services which weren't offered before e.g. joint injections, minor surgery, dermatology, Coil fittings by our specialist team of clinicians and they cannot work at all sites at the same time and are offered appts when next available.

- General Practice is the busiest that have been ever, and empty rooms doesn't mean not working – we are doing remote consultations and patients are being seen at appointed times and hopefully not kept waiting too long. Hence may give the impression that not busy.

Not enough knowledge of patient and age 80+:

The clinician responding will have the full patient medical notes in front of them and should be referring to them. Sometimes has to be treated as "new" when not enough information put on Klinik. We don't consider age to be an issue to providing high quality care, and actually realise that the needs and focus should be greater to support older patients, which we aspire to deliver.

Referrals

Q. I am still waiting for an appt in minor surgery.

Q. I am still waiting for appt with the hospital even there my referral went 6 months ago.

Not every surgery provides a minor surgery service. This is not a core service and is an enhanced service. The alternative would be a hospital referral with very long wait times. Over 6 months wait at the hospital compared to 7 weeks with an appointment at Ringmead.

Once the decision to make the referral is made, the doctor and secretaries will do this within 2/3 days. However, if it is to rule out cancer then the referral is sent within 24 hrs. We cannot control when you will receive an appt. The hospital decides and sends the appropriate appt to the patient. There is a huge waiting list in most specialities for non-cancer appts – Gynaecology is over 8 months, Skin is over 6 months, GI is over 8 months, and mental health is nearly 2 years. We cannot change the referral to urgent as the hospital decides the urgency of the referral.

Other questions or comments

Q. I am not happy about the fact that the recent flu and covid vaccinations were so radically concentrated on Bracknell surgeries when Sandhurst patients represent over 40 per cent of the total.

Q. Why could I not go to Edgbarrow for my Flu and Covid this year.

The Flu and Covid vaccination programme is organised by the PCN who cover other Bracknell practices as well as Ringmead. In order to offer covid vaccinations you need to be an approved Covid vaccination site; this is why not all 5 sites are able to offer covid vaccinations. Previously patients travelled to near Waitrose to be vaccinated, this year we were able to offer covid vaccinations from Edgbarrow, Crowthorne, Sandhurst as well as Birch Hill.

We have improved the offer of Flu vaccinations available at all 5 surgeries with numerous clinicians able to vaccinate as well as nurses.

Q. Early closures of entire site on a regular basis for staff training is disappointing. Could this be done on a site-by-site basis instead occasionally.

According to NHS guidance, every surgery in England takes part in training including Bracknell and Ascot who close for training at the same time once every month. This is because the Out of Hours service can cover the practices in this area at the same time in case of emergencies.

Regular training for clinicians and non-clinical staff is encouraged to keep up to date with guidance and is to enhance the quality of care provided, this is also for non-clinical members to do essential training such as Safeguarding, Basic life support and other clinical skills and learning. It is all about quality and safety

Q. I am frequently sent requests for data e.g. BP when I am travelling. I am given 7 days to respond, and the link has expired by the time I return home

The texting system we use is called, AccuRx, when we send out a link you have 7 days to respond. If the patient contacts us, we will send out a further text and normally we send the link again to patients who have not responded. The texting system is very useful both the practice and the patient for example, BP results can also be sent in using Klinik.

We also received many compliments and positive comments about the whole surgery.

Services are so improved. I really appreciate the improvement.

I have been registered with the practice for nearly 20 years since a teenager. I have seen lots of changes and mergers over the years. I was sceptical with the Crowthorne merge, but they pulled it out the bag. I had no worries when I heard of the Sandhurst merge. Everyone in the practice has always been very helpful. Klinik is amazing. Always very prompt whether for urgent care or non-urgent. I love the call back feature they have om the phones too! A very good practice who is going through a tough time and deserve a break! Well done team Ringmead! Superstars!

My experience of the staff at all four surgeries I have attended has been excellent

Always get well looked after

My outcome was very good Happy and helpful staff

Good at listening, and friendly polite reception staff

Very helpful and good service. Thank you!

Further questions received at the meeting

Q. What is total patient numbers registered? Over 41 000 patients across all 5 sites and the total number of full-time equivalent GPs?
The RCGP 20 years ago suggested for every full time GP a list of 2000 patients, this does not apply anymore. In the new NHS GPs are not the only people who work in practices. To help with capacity there are additional MDT roles. All these roles together with GPs make up the workforce. The previous ratio related to GPs only as there were no other clinicians in practices.
Ringmead Medical Group have highest number of appointments to patients (per 1000 patients). Out of those 50 % are face to face and we are seeing a lot more patients.

Q. Why are vulnerable patients are not being called for RSV immunisations.?

This is an ongoing RSV programme for patients aged 75- 79 years old, at this time of year we have a lot of vaccinations to achieve to certain patient categories including RSV, covid and Flu.

We have already vaccinated 1000 patients with RSV and then had to prioritise the seasonal flu and covid vaccines with 20,000 vaccines given so far. We have restarted the RSV vaccinations now so patients will get called soon.

Q. What is the latest on the CQC inspection?

There has been a recent update about our CQC progress added to the Ringmead website. We have 2 areas requires improvement and we are not in special measures. The areas that need improving are a lot to do with systems and processes, the clinical areas received a good rating. For example, we were following processes but not documenting them correctly

We report directly to CQC once a month and we meet regularly with Frimley ICB Quality team to discuss our process and what actions we have taken. It will take time to fix but we are going in the right direction.

Q. At the last meeting we were promised regularly updates

There have always been regular updates which will be ongoing to inform the registered practice population: We have put several CQC updates on the Ringmead website and we also contribute to the Sandhurst Residents Magazine regularly which goes out to all Sandhurst residents. We have the Ringmead Newsletter on our practice website as well.

We meet with the Ringmead PPG once a quarter to discuss practice news, CQC and any other queries raised by patients or the PPG.