HOLMES CHAPEL HEALTH CENTRE

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Tel: (01477) 533100 Fax: (01477) 532563

Dr Stephen R Tate • Dr Robert A F Thorburn • Dr Paul J Bailey • Dr Clare J Taylor • Dr Nicola Hulme • Dr Dinesh Bailoor

Practice Manager - Dean Grice

Notes for attendees of the patient meeting
Wednesday 4th November 2015 16:00 and 18:30

The NHS is unique because of general practice. Health and care services provided by GPs and practice nurses are the cornerstone of the NHS – 90% of patient contact with the NHS takes place in general practice for only 7% per cent of the NHS budget. High quality general practice provides a holistic approach to our patient care, from preventing illness and diagnosing problems, to treating diseases and managing long term conditions. GPs don't just provide care themselves, they also help their patients to navigate the system and access the care they need in other settings. However the current model of general practice that has served well in the past is now under unprecedented strain. There are significant challenges that must be addressed at a national level. Population growth and an aging population are driving up demand and general practice is struggling to respond effectively to these rising health needs. General practice finances/resources are also declining in real terms, exacerbating the problem of demand.

According to the British Medical Association (BMA), over the last 10 years:

- The total number of consultations in GP surgeries increased by 63%;
- The number of prescriptions for acute illness increased by 28%;
- The number of repeat prescriptions for long term conditions increased by 42%;
- The number of test results dealt with by practices increased by 217%;
- Administrative tasks increased by 115% representing increased bureaucratic burden;
- Consultation rates for practice nurses rose by 65%.

This increase in demand on general practice needs to be viewed against the current funding being provided to general practice – real term investment in general practice dropped by 7% between 2010 and 2013.

Funding at the Clinical Commissioning Group (CCG) level is also a factor, with our local NHS Eastern Cheshire CCG still receiving below a 'fair shares' allocation of funding when compared to inner city areas such as Manchester and Liverpool. This is due to the formula being used to allocate CCG funding having a high weighting for deprivation and a lower weighting for age. We continue to believe that with an aging population the formula used for NHS funding needs to better reflect the factor of age.

As you may expect, the BMA reports that morale is low across its members, with GPs reporting the lowest levels of morale of all doctors. This may lead to doctors leaving the NHS, exacerbating the workforce crisis that is forming in general practice. A Department of Health commissioned report by the Centre for Workforce Intelligence states that *'evidence points to a workforce under considerable strain … current workforce levels are not sustainable … Without a significant increase in size, the GP workforce will be insufficient to adequately meet the expected patient demand'.* The government's target is to have 50% of new doctors specialising in general practice. Over the past 20 years only 20-30% of UK graduates have indicated general practice as their unreserved first choice of career. We have seen a 15% reduction in GP Registrar placement applications nationally and locally 1 in 10 GP Registrar placements remains unfilled. The question remains, how can we safely accommodate the increase in demand being placed on general practice if the required resources are not available to us? The BMA is engaging with government and is calling on them to take decisive steps to avert this crisis.

Frustrations being seen at a national level from the patient's perspective:

- An increasing demand from current patients combined with a growing population, leading to greater competition for the limited number of appointments that GP practices are able to safely provide;
- Navigating the 8am patient rush to obtain a GP appointment for that day;
- There not being enough GPs nationally to meet this demand.

In short, patients nationally are frustrated that there are not enough appointments and not enough clinicians.

Additional frustrations being seen at a local level from the patient's perspective:

- An old telephone system which does not allow the GP Practice to be efficient in its dealing with patients. We are currently in the process of upgrading our telephone system to one that will better serve the Health Centre and our patients.
- Telephone consultation books needing to be first assessed by a GP to ensure a telephone conversation is the best way to proceed. We appreciate that this recent change can cause a delay when trying to book a

telephone consultation with a GP. We are therefore willing to revert back to our previous booking arrangements, where patients can directly book any of our remaining telephone consultation appointments.

- Recent GP absences due to illness compounding our demand issues. Where possible, locum GPs were utilised to backfill but it is acknowledged that the Health Centre was put under additional strain over the summer which will have led to some patients having to wait for their routine GP appointment longer than expected. Please note that all urgent medical needs were prioritised and managed by one of our regular GPs in the same way as we do every day.
- Individual GPs not being available five days a week. Our GP Partners are routinely working in excess of 50 hours per week and are still unable to get on top of the current workload being demanded of them. This demand is more than just the need of patients to be seen by their GP, it also encompasses many important tasks that go on behind the scenes at any GP practice up and down the country, tasks such as processing patients new medication requests, progressing patients repeat medication prescriptions, the reviewing and actioning of patients test results, the reading and actioning of patients clinical correspondences, the initiation of investigations and referrals for patients to local hospitals. This additional work is not trivial - without the GPs progressing these many additional tasks a GP practice would very quickly grind to a halt. It would not be safe to further increase the hours being undertaken by the current GPs - to manage the increase in demand GP practices need additional resources (both clinical and administrative).

How are GP Practices funded?

A commercial business can increase revenue and profit by investing in current and new business activities, i.e. increased investment can result in increased revenue. GP practices do not generate their core income by activity, they receive a fixed amount of funding which is based on the number of patient registered with them. This level of funding is the same per patient no matter how many times an individual patient engages with the GP practice over the year. The level of funding is allocated retrospectively, that is to say if we saw an increase in our patient population, it would take 3-6 months for us to obtain the related funding for such an increase. This means that with regards to the recruitment of additional clinicians, GP practices are forced to act 'reactively' rather than 'proactively' – the funding is only available to recruit additional staff once the patient population has increased. Our current patient population is 11,700 which works out at 1,950 patients per GP. In order for us to obtain the funding to be able to employ one additional full-time GP we would need to have an additional 2000 patients register with us. Please note that our patient population 10 years ago was 11,655 and five years ago was 12,210.

Caring Together

The Health Centre is currently working with the other 22 GP practices and the CCG in Eastern Cheshire to try to relieve the national pressure at a local level. The CCG's Caring Together initiative is an example of this, with steps being taken to hopefully provide GP practices with a better level of local funding so that across the whole of Eastern Cheshire we can provide a consistent and equitable level of service to all patients. Caring Together will not solve all of our problems overnight, it will take many years to fully change the model of care to one which allows for the delivery of care to be moved away from hospital care over to community based care model. However, the model proposed within the Caring Together initiative is one that we feel is more sustainable than the current model and we support the CCG in its direction of travel.

Dealing with urgent medical needs on the day

On any day, once our routine GP appointments have been fully booked by our patients, any patient who has an urgent need to see a GP will be added to our Duty Doctor's list. The Duty Doctor role is fulfilled by one of our GP Partners or Salaried GP, with the GP first contacting the patient by telephone to assess the medical situation and then progressing each patient's urgent case as required (this could be advice over the telephone, a medication request made available from reception or our dispensary, or asking the patient to come down to the Health Centre for an urgent face-to-face consultation with the Duty Doctor GP). In these situations, please provide the receptionist with a little more information so that they can help facilitate your medical needs in the best way.

Booking your appointment online

Patients of the Holmes Chapel Health Centre can now access a number of services online, these being booking of appointments online, requesting repeat medication online, updating your contact details online, viewing key information from your GP Medical Record online (current medication, immunisation, allergies).

In order to register for access to the online services (known as Patient Access) patients must attend the Health Centre in person, bringing with them two forms of identification (one photo ID and one address ID). Please contact the Health Centre for further details.

Is everyone in your household registered at the Health Centre?

Please help support your local GP Practice by ensuring that all local residents are registered with us, even if they do not currently have a need to be seen by clinicians at the Health Centre. In this way we can obtain the correct level of funding needed in order to allow us to provide the NHS services that you need.

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Minutes of the Holmes Chapel Health Centre Patient Meetings on Wednesday 4th November at 4:00pm and 6:30pm

Venue:
Meeting held at the Holmes Chapel Methodist Church – thanks go to the church for facilitating these meetings.

Minutes taken by:
Paula Griffin, Medical Secretary, Holmes Chapel Health Centre
Please note that an audio recording was taken of the meetings. In order to ensure patient confidentiality, meeting attendees were asked not to give their name or specific health issues when raising queries and questions.

Holmes Chapel Health Centre representatives:
Dean Grice (Practice Manager), Dr Stephen R Tate, Dr Robert Thorburn, Dr Paul Bailey, Dr Clare Taylor, Dr Nicola Hulme, Dr Dinesh Bailoor, Dr Janie La Coste

Holmes Chapel Health Centre Patient Panel representatives present.

NHS Eastern Cheshire Clinical Commissioning Group not present at the 4:00pm meeting. Present at the 6:30pm meeting. Thanked for their attendance at the 6:30pm meeting.

No press representatives declared themselves at either meeting. A press representative from the Sandbach Chronicle was present for the 4:00pm meeting, arriving late.

Introduction

Safety awareness presented by church representative. Fire exits shown, parking explained.

Dean Grice introduced himself and the GPs. Dean gave an explanation to the roles of:

- Holmes Chapel Health Centre Patient Panel – 12 patient members who are able to regularly provide a patient perspective of the services provided by the Health Centre. It was noted that the patient Panel is a well structured and well organised group and that the Health Centre value highly the feedback and support provided.
- NHS Eastern Cheshire Clinical Commissioning Group – local NHS organisation responsible for the commissioning of services both secondary care (hospitals) and primary care (GP Practices).

Purpose of the meetings
The meeting was arranged to answer frequently asked questions raised by some patients and to facilitate feedback and ideas from patients on how the Health Centre can further improve on NHS services being offered to the local community.

Acknowledged frustrations
It was acknowledged that with an increasing population and an increased demand on NHS services that GP Practices nationally were struggling to meet some patient needs. This is being demonstrated nationally in there not being enough GPs to fill current vacancies and with patients struggling to obtain GP appointments. It was acknowledged that this was a local concern, along with patient frustrations with the current telephone system in place at the Health Centre. Concerns have also been raised regarding planned local housing developments and the additional pressure that this will put on the Health Centre.

Dean gave an apology from the Health Centre regarding the reduced level of access seen by some patients over the summer of 2015 - due to GP Partner illnesses over the summer the Health Centre was put under additional pressure. Appointments were backfilled by Locum GP's where possible. The Health Centre is now back to a full complement of GPs and so it is hoped that patients will now see a return to the previous level of service that they have come to expect.

The main section of the meeting was set aside for the audience to raise questions and queries, which were put to the GPs and Practice manager.

Q1 – The meeting notes handed out indicates that patient levels have not increased, why is it so difficult to get an appointment now compared to say five years ago?
A – Dr Thorburn – The GP Practice population is currently 11,700 and this level has not significantly changed in the last five years. The job is now harder with GPs required to complete much more paperwork and undertake a much wider range of work than in the past. This leads to greater pressure on appointment availability and the GPs share your frustrations. For each patient we have, the required work that patient brings with them is greater than in the past.

- The number of blood tests taken and needing review by the GP has dramatically increased over the past 10 years due to new national guidance;
- We are now doing 'population medicine' rather than 'individual medicine'. More lives are saved by this approach;
- More work is being sent from the hospital to be managed by the GP, for example diabetes was once a hospital based specialty but is now predominantly dealt with by GP Practices;
- The age demographic has changed with an increase in patients aged 65+. As people age there is an increased burden and complexity of their disease;
- 10 minutes is too short for a GP appointment slot.

Q2 – 60 appointments per day, doctors working 10 hour days, how does that relate to the seven doctors on the panel?
A – Dr Thorburn – Each GP has 15 ten minute appointments in the morning and 15 ten minute appointments in the afternoon. The nominated Duty Doctor has an unlimited number (for this reason these need to be limited to urgent appointments only). When booking the appointments, the receptionist is not given the time to discuss with the patient if the doctor is the best person to see (it may be that another clinician could be more appropriate – Nurse Practitioner, Practice Nurse, Health Care Assistant, local pharmacy, etc) which would free up some GP time for other patients. Appointments only take up part of the GPs time, with home visits, paperwork and clinical administrative duties taking up the remaining time.

Q3 – The Health Centre recognises that there is a problem, is this the premises/financial – what are we lacking?
A – Dean Grice - Please refer to meeting notes handed out at the start of the meeting.
A – Dr Thorburn - The building is an element but not sure a new building would solve the problem as the same staff levels would be there. We are looking into all of the options available to us.

- General Practice finances are a problem. General Practice gets very little good publicity and so is not seen as a funding priority;
- Only 7% of NHS budget is spend on General Practice, and we have seen an 11% real term reduction in funding;
- This has resulted in less doctors wanting to be GPs and an increase in doctors aspiring to be hospital consultants;
- Additional pressure is paced on GP Practices as we want to provide our staff with a decent wage;
- There are issues with trying to do the same with less funding;
- NHS provided with £8-£10billion by the Secretary of State but NHS told to make a saving of £22billion, which means a £12-£14billion cut in NHS funding;
- Dr Thorburn would like the service funding to meet the needs;
- Patient expectations have changed over the years, increased expectations;
- Social Services budgets have been cut which has a huge effect on GPs picking up the pieces.

Q4 – Is the situation going to get worse with more patients and with GPs worked harder?
A – Dean Grice - GP Practices are funded per patient; the frustration is we are funded retrospectively. We aim to have enough clinicians for the population. We also believe there may be a percentage of the local

population that are not registered as patients with a local GP. Dean requested that this message be discussed within the local community in order to encourage all local residents to be registered with a local GP, in order to ensure that the Health Centre receives the maximum funding that it can.

Q5 – How many patients does it take to justify another Doctor?
A – Dean Grice – as a general rule of thumb it ratio is 2000 patients per fulltime GP. We have the equivalent of six full time GPs, so we should be able to accommodate a patient population of 12,000 patients. We therefore are not able to fund an additional GP at the current time with the current patient numbers.
A – Dr Hulme - Funding is predominantly calculated on deprivation within the local area and to a lesser extend the age of population. The Health Centre (and Eastern Cheshire) has lower funding than other areas due to us being predominantly an affluent area, despite there being a large proportion of more elderly patients living in the area.

Q6 – The patient's frustrations get expressed to the receptionist on the front desk, sometimes unfairly. It is felt that overall the staff are doing a good job and provide a good service to the patients.
A – Dean Grice - thank you for the positive feedback.

Q7 – The Health Centre occupies a high value site, do you own it? Is it feasible to move to a brownfield site to release money?
A – Dr Thorburn – Yes, the GP Partners own the property via each GP Partner having a second mortgage (which will have been taken out when each GP joined the practice and bought into the GP Partnership).
A – Dean Grice – We are looking at all options available to us in order to be able to continue to provide GP Primary Care services to all residents living within our GP Practice catchment area.
It has been noted that some GP Practices are now struggling with the debt of owning their own GP Practice property, e.g. with a reducing number of GP Partners the remaining GP Partners have to take on more debt which can be financially crippling and on top of decreasing levels of funding has resulted in some GP Practices (nationally) closing.

Q8 – Have Lloyds Pharmacy had any impact on the demands of the Health Centre.
A – Dr Tate - Lloyds are able to offer a minor illness scheme, which patients can utilise, saving valuable GP time for other patients. However, a pharmacist would not be the correct clinician to see for complex medical problems. Community Pharmacies are now able to administer the winter flu vaccination but this does have an impact on the Health Centre as part our funding is provided by the in-house administration of the winter flu vaccination. Therefore a worst case scenario would be this reduction in funding compounding other areas of funding reductions, resulting in destabilisation that could lead to staff/service loss at a GP Practice.
A – Dean Grice – The local Clinical Commissioning Group and Public Health England are currently looking at what services can be commissioned out in the community, rather than being hospital based. This will result in new services being run within a community setting in the future.

Q9 – Telephone consultations, would they be more efficient use of a GP's time?
A – Dr Tate – These approaches are known as 'telephone triage' and work by the patient being directed to a clinician who assesses the patient's situation over the telephone and acts accordingly. This can result in less patients needing to come into the Health Centre to see a GP (saving time) but does result in the GPs needing more time to answer the telephone calls. Nationally, some GPs liked it, some do not. During a trial telephone triage period undertaken by Dr Tate a number of years ago, he found that he was able to deal with half of the calls over the phone, with the other half needing to be seen.
The GPs find it useful prior to seeing a patient to have an understanding of why a patient is coming in to see them. This is why the GPs have asked the receptionists to ask for a brief reason for attending when patients speak to the receptionists to book their appointment.
A survey of people present at the meetings found roughly 70% to be in favour of Holmes Chapel Health Centre adopting a telephone triage approach in the future.
A – Dr Hulme – Examples of things that the GPs can deal with over the telephone:

- Medication requests, if this is not on repeat but you have had it before;
- Sick notes;
- Advice regarding symptoms.

It was an unpopular decision with the patients and staff to change the way that telephone consultations were booked. The Health Centre is therefore reverting back to allowing patients to directly book telephone appointments (rather than these requests having to go to the GP first). Patients requested to please provide the receptionist with a brief reason for needing an appointment so that this can be relayed to the GP. Our receptionists will also then be able to assess if a telephone appointment is the most appropriate route to the GP.

Q10 – Booking online – is there a facility to type what you want to see the doctor about?
A – Dean Grice – Yes, when booking an appointment online via the Patient Access service you need to enter a brief reason for the appointment in one of the textboxes.

Q11 – Confidentiality – patients can hear everything that goes on in reception.
A – Dean Grice - Compared to many other GP Practices we are better off as there is a gap between reception and the waiting room. A second reception hatch, further away from the waiting room, was made to allow for greater privacy for patients, as required. If a patient is happy to have a conversation at the reception desk there is no breach of confidentiality. Having music on in the waiting room creates some background noise and so we have put this in place. The choice of radio station is up for debate!
Another option previously looked into was to build the wall up between reception and the waiting room, however a key responsibility of the reception staff is to be able to monitor the waiting room and this would be inhibited by building such a wall/divide.

Q12 – Online booking, if not on-line are you losing out?
A – Dean Grice - No, with patients booking online this takes some pressure off the telephone lines and so patients calling us on the telephone will be able to get through more quickly. Allowing patients to be able to book appointments online became a mandatory requirement for all GP Practices as of April 2015.

Q13 – Pre-bookable appointments – example given of a letter sent to patient saying pre-bookable appointments available.
A – Dean Grice – Unfortunately, appointment demand exceeds appointment availability / capacity. For the specific example given, there could be two reasons why an appointment was not able to be booked:

- All appointments had been booked up by other patients;
- The appointment book system only goes 1-2 months ahead.

It was acknowledged that the message given to patients in the letter needs to be modified to better reflect the requirement.
A – Dr Thorburn - Some GPs may have some pre-bookable appointments but you can always see another GP as consultations are documented well.

Q14 – Inconsistency of pre-bookable appointments
A – Dean Grice - The number of pre-bookable appointments are the same. We allow the pre-bookable appointments to be booked up to six weeks in advance as a GP would not usually want to arrange a follow up appointment any further ahead. The 'Did Not Attend (DNA)' rate increases if you are able to book further ahead, which results in wasted appointments. Holmes Chapel Health Centre does not have a significant problem with DNAs.

Q15 – would it be possible to have a SMS Text reminder service for appointments?
A – Dean Grice - we had a new clinical system in October 2014 this has some SMS texting functionality. We will be looking into using this with the aim being to send out a text message 24 hours prior to an appointment.

Q16 – how many book on the day appointments are there each day?
A – Dean Grice - the current split is 30-40% pre-bookable, 60-70% book on the day. Any appointment type can be overridden by a GP, i.e. if a GP needs to see a patient on a set day, they can access a 'book on the day' appointment and utilise that appointment slot. Receptionists are not permitted to do this.

Q17 – thoughts on a seven day a week GP Health Service
A – Dean Grice - there is not enough funding at the moment to roll out a national GP service for an extra two days per week. There have been pilot schemes in pockets of the country and this is being monitored to see how it works. Eastern Cheshire did put themselves forward to be a pilot scheme but the Government

did not choose us. There is an argument that this is not a good use of funding to run a GP service on a Sunday – patients do not seem to want a GP appointment on a Sunday.
A – Dr Thorburn - to get a National Health Service to fit lifestyles and provide Saturday and Sunday cover would need support from the Government but GP services are not pushed as an important tool in healthcare. Other services would have to run in conjunction with GPs for the service to be effective, i.e. blood collection, routine x-ray, social services, etc. This would have a huge financial impact on the NHS. It is likely that the solution will involve GP Practices working together to provide an extended GP service, e.g. a four week rota with the four GP practices in Congleton and Holmes Chapel, i.e. Holmes Chapel patients seen at a Congleton GP practice and vice versa. Most of Eastern Cheshire GP practices now share the same clinical system but safeguards would need to be put in place to keep all data safe.
N.B. the gentleman who asked the question thanked the Health Centre for coming along and did say he has been registered with the Practice since 1979 and he felt that a fantastic service is provided and he has always managed to get an appointment on the day he wanted it. Audience applauded. Dean Grice replied that we appreciate we don't get it right all the time but it is great to hear we do get it right most of the time.

Q18 – Will Nurse Practitioners appointments be available for booking online?
A – Dean Grice - not at the moment. They were available online but some patients did not understand the role of the Nurse Practitioner compared to the role of a Practice Nurse. This resulted in inappropriate appointments for the Nurse Practitioners. Work needs to be done to ensure the correct appointments are booked. Health Centre to communicate with patients once this is in place.

Q19 – What is the percentage of pre-bookable and book on the day DNA rates?
A – Dean Grice – exact figures not know at meeting, Dean to pull figures out and add to minutes. Dean reiterated that we have very few DNAs compared to other GP Practices.
Post meeting data - for the month of November 2015, for the GPs and Nurse Practitioners, there were 40 pre-bookable appointments where the patient did not attend, and 25 book on the day appointments where the patient did not attend.

Q 20 – Have we considered a walk-in service to see the Duty Doctor?
A – Dr Hulme - the appointment system has changed frequently. At one stage we did have a walk-in service but a lot of the conditions seen were not acute conditions. A walk-in service is not appropriate for chronic conditions. The risk of extending services with the current number of GPs is that the GP may become unsafe if working excessive hours. GPs also need to consider their work-family life balance. Each GP surgery session creates paperwork which the GP needs to progress on top of actually seeing patients. Each GP practice will also generate thousands of prescriptions that need to be reviewed and signed by the GP. It is felt that the current Duty Doctor system in place at Holmes Chapel works well, i.e. with the Duty Doctor triaging the list of urgent requests and progressing accordingly, e.g. a telephone call from the GP, with approximately 50% then seen face to face by GP.

Q 21 – Does it help capacity with GP Registrar funding?
A – Dr Hulme - we are funded from the Manchester and Liverpool Deanery, the GP Registrar is employed / paid by the Deanery, not the Health Centre. The GP Trainer's grant is £2,000 for the Trainer's time. This includes three hours per week of protected time for teaching which takes the GP and GP Registrar out of seeing patients. The funding is not great, but having the GP Registrars in place at GP practices is obviously great / a necessity for the GP Registrars. Taking on this training role is felt to be beneficial, in that the Health Centre is helping to provide the GPs of the future. GP Registrar applications to the Deanery have fallen over recent years (less doctors wanting to become GPs). 1 in 10 training places nationally are currently not filled. For February to August 2015 we had no GP Registrar in post due to the lack of GP Registrars.
A – Dean Grice - Dr La Coste is involved with the training of students at Liverpool University. We also have a very strong nursing team able to provide mentoring to student nurses in the future.

The 4pm meeting ended at 5.30pm

A patient at the meeting approached Paula (who was taking the minutes) and wanted it documented that she has been a patient since 1985 and felt that the Health Centre provided an outstanding service.

A patient at the meeting mentioned to Paula (who was taking the minutes) that Goostrey does not have a good mobile telephone signal and so calling Goostrey patients on their mobile may be difficult.

6.30pm meeting:

Q22 – What happens to patients who DNA
A – Dean Grice – the number of DNAs at the Health Centre are low. If a patient makes an appointment and DNAs, the patient can technically be deregistered / taken off our patient list. This would only be applied if a patient repeatedly DNA'ed appointments. Patients are advised to call the Health Centre to cancel an appointment, so that the appointment can be allocated to another patient.
The patient asking the question commented that they were very happy with the service provided.

Q23 – Patient impressed with the Internet approach, has a solution been found for the telephone problems?
A – Dean Grice – we are in the process of moving to a new telephone system, which will have a more modern queuing system. With online access to appointment booking it is expected that less people will use the telephone to book appointments in the future.

Q24 – Online access, what information is available?
A – Dean Grice - online services are limited / controlled (due to containing patient information). The full patient record cannot be seen at the current time. More and more will become available over time. If a patient feels that information is incorrect then they should contact the Practice Manager to discuss.

Q25 – 8am telephone is absurd as circumstances not taken into consideration – suggest:

- Book on day – only for urgent cases
- Routine – several day wait
- Different times for patients to phone in

A – Dr Tate – the Health Centre has tried many methods of appointment booking. There is a move towards triage systems (as explained as above). In order to maximise availability we need to rationalise and utilise what we have, patients should also consider other options, e.g. Community Pharmacies have a minor illness scheme – patients can get advice direct from their pharmacist.

Q26 – are there any additional online services scheduled?
A – Dean Grice - each year GP practices get direction on what they need to make available to their patients. This year it was online appointments, with patients being able to book appointments, request repeat medications, update their contact details, see their Summary Care Record, see a snapshot of their demographics, allergies and current medications. Going forward, test results and a view of their medical record will be available. This is dependent on the clinical computer system provider putting this functionality in place.
A – Dr Thorburn - the difficulty of having more information available for patients online is the understanding of the information. For example, test results - a clinician can look at a patient's notes historically and make a clinical decision as to whether the result is normal for that patient. A patient may not be in the position to make such an informed decision. Access to medical records can therefore sometimes generate unnecessary worry for patients. An example of this can be seen with hospitals now copying letters to patients.

Q27 – if a GP sees a test result could they comment on it?
A – Dr Thorburn - this is what we currently do. We have moved away from using the tick box letter that we were using, we now try to provide more information in our letters that go out to patients. It is the clinician's responsibility to provide the test result comment, this is added to the patient's notes. The receptionists can only pass on the information provided by the GP. Test results is one of the areas where we will soon be able to provide this information online. Also, the number of blood tests undertaken has risen dramatically over the last few years, which increase the demand on the GPs reviewing these. One reason for this is the move to do increasingly more preventative medicine, which creates more blood tests and prescriptions.

Q28 –When I phone and speak to a receptionist, they ask what is wrong with me. Why?
A – Dr Hulme - all of our staff have signed a confidentiality agreement and treat patient information as confidential. Receptionists ask on the say so of the GP, as this information is useful for the GP to know prior to seeing the patient. This also allows the receptionists to direct the patient to the correct / most

appropriate clinician – GP, Nurse Practitioner, Practice Nurse, etc. A patient does not always need to see a GP.

Q29 – is there not a danger that a patient could manipulate the system to get to see a Doctor?
A – Dr Hulme – some patients do over egg symptoms when speaking to receptionists, this is human nature as we are all anxious over our health. We have a team of people competent to deal with all problems. If a patient is booked in to see them incorrectly the GP will look to educate the patient.
A – Dr Tate – Dr Tate explained the triage system. Spot survey of people present in favour of telephone triage system was approximately 60%.

Q30 – No confidentiality in the waiting room
A – see Question 11.

Q31 – can patients who live in the village (Holmes Chapel) use the Dispensary?
A – Dean Grice - to be a Dispensing Practice we have to abide to strict guidelines, we cannot take business away from any community pharmacy. We can only dispense to patients who live more than one mile from a community pharmacy.

Q32 – with all the new housing coming into the area how do you feel you will cope?
A – see notes from the 4pm meeting.

Q33 – what is the age profile of Health Centre?
A – see notes from the 4pm meeting.

Q34 – Please explain the budget for referrals to hospital
A – Dean Grice - The local clinical commissioning group (CCG) holds the budget and allocates it to the hospitals. Routine referrals made by a GP at Holmes Chapel are reviewed by all of the GPs at a regular Friday morning clinical meeting. This is to allow the GPs to share knowledge and expertise, in order to ensure that all of our referrals are appropriate while also making the patient's journey smoother / providing a better service, e.g. can we deal with the problem in-house in a more timely manner; are there additional tests or investigations we should progress prior to making the referral etc.
A – Dr Thorburn – highlighted that the GPs became GPs in order to treat patients, not to manage finances / funding – he does not feel that a GP will refrain from referring a patient based on finances. The press have published comments such as "GPs paid not to make cancer referrals" – in Eastern Cheshire we do not take part in such financial schemes.
With regards to suggested changes to medication, e.g. from branded to generic - the local Medicine Management Team advise GPs based on best practice / evidence. If there are a number of medications doing the same thing, then the Medicines Management Team will want the GPs to use the cheapest option (as this enables NHS funding to go further) but if the patient has a problem with the medication it will be changed back.
Local hospital and community services also have less funding in this area (Eastern Cheshire) due to NHS funding being weighted towards areas of deprivation.

Q35 – could the Health Centre mastermind a plan to get patients registered?
A – Dean Grice - yes, we should promote, i.e. get the Parish Council, U3A, Probus, local groups and general public to spread the word.

Q36 – when we get new patients do you ask how long they have been in the village?
A – Dean Grice – no, but we are aware that some families move into the local area but do not register with us straightaway. It can sometimes be many months or years before they need to see a GP and only then register with us. This contributes to us not being able to get the correct level of funding, funding that could be used to help look after other local patients who need the GP services.
We have a significant number of people outside of our practice area who wish to register with us - the GPs have decided not to take these patients on, i.e. to focus on looking after just the local population.
A – Dr Tate - commented that he did have a patient who he saw for the first time who had only just registered but lived in the village for 12 years.

Q37 – what do you think the number of non-registered patient living in the area is?
A – Dean Grice – across our whole practice areas, the GPs feel that the number could be as high as 2,000.

Q38 – do we ask schools to ensure patients are registered with a doctor?
A – Dr Hulme - parents of young children are usually proactive in registering with a GP, the issue is with the middle aged who have no active health problems.

Q39 – how is the Health Centre going to be modernised?
A – Dean Grice – the Holmes Chapel Health Centre is relatively modern compared to many GP Practices. At the moment we offer many services not provided by other GP Practices (our services include: dispensing practice, Specialist respiratory nurse / spirometry service provided in-house, Specialist diabetes nurse, Travel Clinic (NHS and non-NHS), Minor surgery service, District Nurses on-site, On-site leg ulcer clinic, Health Visitors on-site, On-site phlebotomy service (5 mornings per week), In-house physiotherapy service (4 days per week), On-site ultrasound service (1 day per week), On-site midwives (2 days per week), Boots audiology service (1 day per week), Leighton hospital audiology service (1 day per month), On-site anti-coagulation service (0.5 day per week), Speech and language service (1 day per week), ECGs provided in-house, 24 hour BP monitoring provided in-house, Mental Health step 2 interventions sessions on-site (CWP), Mental Health counselling sessions on-site (CWP), Abdominal aortic aneurysm (AAA) Screening). Going forward we would hope to see consultants doing outreach clinics at the Health Centre but at the moment we are restricted on space.
A number of options are being looked into for developing the building – see notes from the 4pm meeting. Early days but the solution will be in line with patient growth.

Q40 – Parking is a problem
A – Dean Grice – parking is a problem in general within the village. We would encourage local patient to walk to the Health Centre rather than drive. The Parish Council have this as a priority.

Q41 – can the Health Centre confirm or commit to a new telephone system?
A – Dean Grice - this has been rolling on for far too long but we have no date as yet but it is one of our top priorities. We are engaged with two companies but a third company is also being looked at as they may be able to provide a greater service to us and the patients. We appreciate that this is a problem that needs resolving and the GPs are committed to putting a new telephone system in place.

Q42 – ability for patients to speak/see clinician.
A – Dr Hulme – the GPs appreciate that this is a major issue (being able to book telephone appointments with a GP) and a meeting was held on Monday to discuss this. See notes from the 4pm meeting for full answer.

Q43 – with the NHS being on its knees are we using the Private Sector?
A – Dean Grice - services at the Health Centre are NHS commissioned. It is more expensive to provide these services in a hospital environment than in a primary care setting, so having more of these services run out of GP practices will save the NHS money / allow the funding to go further.

Q44 – how would the online service work in line with the telephone system? Is text messaging and/or Skype an option?
A – see notes from the 4pm meeting.
A – Dr Thorburn – with regards to Skype, it has been demonstrated and is a mixed blessing. Could be very useful but certain hurdles will need to be overcome, e.g. how we record data. Having a Skype consultation would still require a block of time booking out - this does not release extra time.

Q45 – new building – are we talking to builders/developer?
A – Dean Grice - before we can talk to developers we have to work with the CCG and NHS England who will make the decision on which GP Practices can be developed. For every significant development going ahead in Holmes Chapel and Goostrey I ask the council's planning committee to consider asking the developers to contribute towards improving school and health facilities within the village.

Q46 – are email consultations an option?
A – Dr Thorburn - a non NHS.net email address is not encrypted and therefore not safe / secure. There is also the risk that the email could bounced back and forth with it not saving any time. Dr Thorburn also explained that written communications can be misinterpreted, with body language playing a greater part in how a message is delivered to a patient.

Q47 – taking up Dr Hulme's point, could telephone calls be used to decide if patient needs to be seen?
A – Dean Grice - yes, similar to the old system used. Some GP Practices have a nurse triaging all calls. This is an option that the Health Centre will look into further.

Meeting closed at 8pm