



Christmas Maltings & Clements Practice Patient Newsletter

Dr David Brandon, Clinical Lead GP

The beginning of the New Year is traditionally a time of reflection of times past, for thoughts and expressions of good intentions for the year to come.

I wanted to take this opportunity to write to patients and staff alike, to review the year gone past and our coming plans.

It is a very challenging time for General Practice across the UK, but this has been felt particularly sharply in Haverhill. I must confess therefore, that I returned to the Clements Surgery to take on this role as Clinical Lead from December 2018 with some trepidation! Nevertheless, I have been made to feel very welcome by a fantastic group of staff and, on the whole, a supportive and well-meaning patient population.

To put this further into context for you, I had left my previous role as a Salaried GP here in 2015/16 as it had started to feel rather helpless; the workload impossible, the demands unsustainable, and the future felt dismal and worrying. The practice was then very fortunate that in 2017, rather than facing closure, the Suffolk GP Federation stepped in and took over the management of the Surgery thus protecting its future. This was a fairly unprecedented move and somewhat understandably, a period of great flux and change has followed.

The Suffolk GP Federation are a not-for-profit company run by a co-operative of GPs across Suffolk, and have protecting the future of General Practice for patients as their main priority.

I was delighted to be asked to take on the responsibility of providing in-house leadership and to develop ways to improve the service for the future.

I believe that we still have a long way to go, but I wanted to take this opportunity to share with you all some of what we have done over the past year. Not all of it has been "visible" in the truest sense but has been vital towards the aim of achieving our objective to provide safe and high quality care.

The Long Term Medical Conditions Clinic

One of our key areas of concern was the lack of appropriate diagnosis and monitoring of long term conditions (e.g. diabetes, high blood pressure and heart failure), as well as medication reviews and clinical leadership oversight. We took on the rather ambitious task of completely overhauling the system, and the data is showing enormous improvements in both the quantity but also quality of reviews being undertaken.

We launched the new system in April 2019. Those patients with a long term condition are now invited in for an appointment with one of our excellent nursing assistants. At this appointment we undertake a review of all a patients long term conditions in one go (rather than separate appointments for separate conditions). These invites are spread out over the year rather than all our long term condition patients being asked to come in at the same time.

The nursing assistant then completes a detailed

health questionnaire with the patient, which is linked in electronically to match with the type of condition(s) that you have.

I have then personally undertaken to review nearly all of these results (I have had help from some fantastic colleagues when I have been away!). This means undertaking detailed medication reviews, providing a structured plan for any follow up appointments, and speaking to patients who need changes on the telephone.

Those that have a more complex medical problem such as Diabetes or COPD are seen in a follow up appointment with the nurse so that changes can be made and education offered.

This may sound simple, but given that we have many thousands of people with long term conditions, many of whom have not had a structured review for a long time and may be a long way off "well controlled," this has been an enormous task. I am so grateful for the support and patience of my excellent nursing team (as well as all the hard working back office staff) involved in this.

We are not by any means at "the finished result" but the improvement has been striking. A statistic that never fails to amaze me is the results of an audit we carried out last October. This demonstrated that with using the new system, we had (from April-October 2019) diagnosed nearly THREE TIMES as many people with a new diagnosis of diabetes than in a whole year in years gone past. And that was only a little over half way through the year! This means that we could then treat them and reduce their chances of long term health complications. I look forward to sharing all our improved statistics with you, which in real terms means improved quality and quantity of life for our patients with fewer heart attacks, strokes and suchlike.

e-Consult

In December 2019, we "soft launched" our e-Consult system.

This system allows patients to contact the surgery, ask questions or seek appointments through a high quality, safe and reliable online platform available on the practice website.

We have held patient consultation events (often at a rather larger scale than we had anticipated!) and have listened to concerns as well as explaining how we hope that this platform will make it easier to access appropriate services. Whilst at present, many patients are still making appointments by telephoning the practice, we have been having

growing numbers of patients completing the online consultation templates on our practice website.

We have a dedicated daily triage team of Doctors and other clinicians then looking at these and are endeavouring to respond as soon as possible, with the end of the next working day as the absolute deadline. The early data has been extremely promising.

Right from the start, this system has been popular, and even on week one, we received 5 times as many e-Consults sent into the practice than the next highest users anywhere in Suffolk. Now it is even higher, and the average week has seen us processing more than 650 e-Consults per week.

EVERYONE who has needed an appointment as a result of their e-Consult has been able to book one within the time window that their triage code has identified a need for.

Without this system, we would need 5 ADDITIONAL full time doctors in order to meet this same demand, an aspiration that is impossible to achieve!

Staffing

None of this would be possible without the hard work and dedication of the excellent staff at Clements Surgery and the support of the staff from the Suffolk GP Federation. The intensity of the work is often relentless and exhausting, so it is a testament to my team that these two major implementations have been such a success. We have been successful at recruiting a number of new high quality staff, as well as a number of new doctors who are joining us in the first few months of 2020.

I would like to thank you all so much for everything that you do, every last one of you.

Other areas of progress in the last 12 months

- Clearing a backlog of more than 8000 overdue medication reviews and 1400 overdue medical records summarised (Converting paper records into electronic records)
- Development and implementation of a high quality medication review procedure
- An improved CQC rating of "Required improvement" (now "Good" for Safety, which has been an early priority)
- Rescuing the Steeple Bumpstead surgery from closure (and the chaotic unfunded reallocation of their patients)
- Working with Haverhill Family Practice to develop the foundations of a local Primary Care

Network

- Securing agreements that will ensure health services will continue to be available from the Christmas Maltings site
- Development and training of a wide range of excellent practitioners with varied roles to improve the quality of the care we are able to offer and improve patient access
- Development of the electronic practice Safeguarding and Palliative Care registers which are linked into the main clinical system
- Development and implementation of a robust and reliable process for the monitoring of patients prescribed high-risk medications
- Relocation of the Dispensary to the Clements site as well as upgrades and improvements, including the roll out of the home delivery service. If you are eligible for medicines to be dispensed from the practice (if you live more than 1 mile away from a pharmacy), please consider using the dispensary for your medications. Any profits made from the dispensary can then be directly re-invested into the practice for the purposes of improving patient care, and towards recruiting additional clinical staff.
- A clampdown on abusive or antisocial behaviour towards the staff of the practice
- The growth and empowerment of the Patient Participation Group (more information about how to join can be found at the end of the newsletter)
- Working collaboratively with partner practices in the Suffolk GP Federation and Suffolk Primary Care for the purposes of idea sharing, the sharing of resources and intellectual property

What happens next?

After a period of great change, there needs to be a period of stability for the changes to embed, so 2020 is going to be more a year for refinement rather than revolution. We look forward to the improved data expected following the changes made with the Long Term Conditions clinic, but for 100% achievement this will probably take a further year of fine tuning. I also look forward to training several colleagues to be able to provide the comprehensive medication reviews and structured plan that I have been undertaking to do myself, so that this system is robust and sustainable in the long term.

e-Consult will continue to be available, and it should become clearer that this is available following the update to the phone message as well as further publicity. We continue to have appointments available for telephone booking, but we will be encouraging those that can use the e-Consult system, to do so. We will continue to consult with our patients and PPG for feedback on this implementation.

I would also like to make 2020 a year of improved communication between the practice and the community, and I will do my best to keep you updated with developments. Over the course of the year, I hope to have improvements made to the practice website including better information regarding practice services and more information about clinical staff. An area of feedback that we hear all too often is that patients do not know their doctor, or the staff that they are seeing. Many patients report that they cannot see their regular GP, even though that regular GP may have long since left the practice! I also hope that the improved flexibility provided by the e-Consult system will allow for patients to have more say about who they see if there is no time priority to do so.

As mentioned above, we continue to work hard to recruit additional staff, and have been making really good progress on that front, which you should notice as they join our numbers. This is set against a national trend of shrinking GP numbers and resignations.

Continuous learning and staff development is ongoing, and we are working towards expanding our training provision of both clinical and non-clinical staff. Continuing to promote an organisational culture of supporting one another and offering high quality "customer service" is an utmost priority.

I pledge that I will work as hard as I can to continue to drive forward improvements, to provide safe patient care, to treat staff and patients alike with dignity and respect, and to do everything in my power to ensure that your access to healthcare is safe and fair.

What can you as patients do to help?

We are due to be re-inspected by CQC and need to demonstrate the continued improvements we have been making.

One of the key areas of concern from CQC is the poor regard in which we are held by our patients when surveyed, or when looking at NHS Choices online. Whilst I wholeheartedly recognise that we have a long way to go before we can be considered to be offering a perfect service, I would ask that you consider the work we have been doing and the progress we have been making over the past 12 months before you cast your judgement on us online.

I would also ask you to consider very carefully what impact that the feedback that you write online may have on our ability to recruit new staff to the practice. People want to work somewhere they feel wanted.

I know how easy it is to express frustration, but equally, if you have had a good experience of the care you have been provided please consider writing something nice online.

You can of course do so anonymously if you wish. You will find links to [Healthwatch](#) and the Friends and Family test on the practice website. Positive feedback on [NHS choices](#) is also appreciated.

The cliché of "positivity breeds positivity" has never been so true and you would also be amazed to see how much of a difference positive feedback makes to the whole team.

I wish you all a Happy New Year, and a healthy and positive 2020.

Dr David Brandon
Clinical Lead GP



**If you require this newsletter
in an alternative format
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Contact us

If you have any questions or wish to share feedback with us, please email

WSCCG.christmas-clements@nhs.net or call 01440 841300.



To keep up to date with our news visit www.christmasandclements.co.uk or search for 'Christmas Maltings and Clements Practice' on Facebook.

Patients can also join the Surgery's Patient Participation Group. To find out more please email **WSCCG.christmas-clements@nhs.net**

Healthwatch Suffolk

You can also share feedback with Healthwatch Suffolk, an independent body set up to shape and influence local NHS and social care services. Call **01449 703949** or email **info@healthwatchesuffolk.co.uk**.