

Ardleigh Surgery Doctors.

Season's greetings to all our patients, friends and advocates of Ardleigh surgery.

News from the surgery

We have a clinical pharmacist; his name is Joseph Davies. Joseph will have patient consultations on Tuesdays both face to face (F2F) and telephone and admin on Wednesdays. Joseph will be dealing with the following:

- Medication reconciliation i.e. making sure that your discharge medication and outpatient medication changes are reconciled with your repeat prescription list on your GP system.
- Prescription queries – Complicated patients on multiple medications
- F2F & Telephone Consultations for minor health conditions like flu, constipation
- Care homes medication queries
- Medication reviews
- New patients for their first medication issue

Dr Babalola, our GP trainee, has now finished his training and will be leaving us to take up a substantive GP post in London. We wish him good luck.

Lisa Sotheron, our health care assistant and phlebotomist, is now a qualified nurse and she will be working as a practice nurse and will no longer be doing routine phlebotomy clinics.

We have recruited a new GP assistant, Joshua Scoote, who's replaced Sam Taylor.

We now have extended access GP clinics at our sister surgery Riverside health centre in Manningtree. This will be on the third Saturday of every month depending on staff availability

Information for all our patients

Please book in yourselves and your children to have your flu vaccinations if you have not already done so. There is a high prevalence of viral respiratory illness this winter as we are all mingling without face masks.

The bank holiday hours for Ardleigh surgery are as follows:

We are open at 0800hrs and close at 1830hrs every weekday over the holidays except the 25th, 26th of December 2023 and the 1st of January 2024.

As the dispensary and pharmacist will be busier than usual, please request your medications early but no more than a week earlier than usual.

The next compulsory Northeast Essex Surgery training afternoon will be on Tuesday the 30th of January 2023. The Surgery will close from 12.30hrs and dispensary from 12.00hrs.

Future dates are:

Tuesday 30th January 2024

Thursday 22nd February 2024

Wednesday 27th March 2024

In this episode, I reviewed complaints to the surgery from January to September 2023. We received eighteen formal written complaints within this time frame. They centred around six main reasons.

1. Lack of access to GP services
2. Medication request
3. Appeal against removal from our list
4. Perceived unprofessional attitudes from staff.
5. Disagreement with diagnosis or plan of action
6. External and non-NHS services.

Please go to the Ardleigh surgery newsletter page on our website to read my analysis.

Analysis of the complaints

Medication requests

These complaints usually centre around medication not being ready even though the patient had requested it within the 3 working days required by the dispensary. This occurs usually because the request was made after 1200hrs on the day. So, for example if you request your medication by 1700hrs on Monday the 11th of December, it will be ready on Thursday the 14th of December, but if you request the medication at 2000hrs on the 11th the medication will not be ready for pick up until Friday the 15th of December. This is because this request will only be processed on the next working day, which will count as day 1.

We also have problems where a patient subscribes to a remote chemist and they then decouple their nominated remote pharmacist and ask for their prescription to be sent to a local chemist. We do this regularly for antibiotics, pain killers, steroids, insulin etc. However, some patients do this regularly for routine prescriptions when they had forgotten to order in time. The problem arises when the next prescription is also sent to the local chemist rather than the remote chemist and we get the complaint. It is the responsibility of the patient to ensure that they have requested that their prescription goes to the local chemist on only one occasion, and that they want to remain with their nominated remote chemist to avoid their prescriptions going the local pharmacist when it is next ordered.

Next, we have patients who have travelled and forgotten their medication at home, and then request that we urgently send their prescription to a pharmacist in their holiday or temporary location. We are not able to do this immediately and this can lead to a complaint.

To prevent this happening please do take your medication when you travel on holidays. Likewise, our patients have family who visit them, and they may have forgotten their medication. We are then asked to prescribe their medication and we politely decline asking instead that the family member contact their own surgery and ask the prescription clerks to send a prescription electronically to a local chemist. If the visitor is coming from abroad, we do not have some of the medication available and some are prescribed by a specialist only we do get complaints mainly out of frustration of not been able to get the medication. If family is coming to visit you, please ask them to bring enough medication for the duration of their visit. This is especially important for family visiting from outside England.

For those of you who's relative are going into respite homes for the holidays please ensure that they have enough medication to last the period of respite

Lastly, in a minority of cases, medication requests are not processed in time due to staffing shortages, mis communication and for these cases we apologise as it compliant will be justified.

Lack of access to GP services

Why is it so difficult to get a GP appointment? Simple answer is that there are not enough clinicians to meet the demand. We are providing significantly more appointments than we did in 2019. In September 2023 we provided 5321 appointments, 3735 were face to face, 1535 were same day. When you consider that our list size is only 7525, then we are seeing 2/3 of our list size every month. Demand has increased due to multiple factors;

The population is aging and with age comes multiple long-term conditions and polypharmacy, all of which need monitoring.

The pandemic started the trend of hospital doctors asking GPs to do examinations and investigations for them as they could not see the patient. This trend has continued, and we are now doing a lot of care that use to be done by our hospital colleagues.

The pandemic lead to a stoppage of routine care so patients now on waiting lists need care whilst they are wating.

The pandemic lead to young families moving into the area and children tend to require a lot more GP services.

The hardships endured by our patients during the ongoing cost-of-living crisis has worsened the physical and mental health of many and some people have no one else to talk to other than the clinicians at the GP surgery.

We have been a three-partner surgery since the 1970's and yet our work has changed beyond recognition. As a result of all of the above we cannot meet the demand. We must triage patients calls and see those who we think are most at need. Patients that we cannot always see are temporary patients (those who are staying with relatives), this may include students who were Ardleigh surgery patients but are now registered at their university address. Patients who are respiting out of our catchment area cannot be visited or seen by us. If your elderly relative is about to go into respite and has a cough it is best that we see them before they go. The residential home can ask for their local GP to see them as a temporary patient, but it is not guaranteed that they will be seen or seen within a timely

manner. Alternatively, try and chose a respite home within our catchment area. If that cannot be done temporarily register your elderly relative with the local GP as soon as they arrive at the residential or nursing home so that the local GP knows of their existence. We are not able to see two patients in one appointment. It is usual for a husband and wife, or a mother and two children. The question asked of the clinician is to quickly review the other person who has not got an appointment. This poses a problem as we will normally look through our patient list and read up on the patients that we are going a see. Seeing a patient that was not on the list can lead to errors as well as causing the clinician to run late. I would suggest that if you feel your relative has a medical condition that needs seeing then please call the surgery and book an appointment for them. If all the appointments are gone be prepared to give up your appointment in case the clinician say they only have time for one person. During online consultations, we routinely get emails to our workflow staff detailing clinical symptoms and signs and asking for the email to be passed on to a clinician. The reply is always that the patient needs to book an appointment as email threads are not a suitable replacement for a physical assessment. In addition, as the clinician is always in consultation with patients there is no time to read and answer and clarify these emails. We get over 20 a day and that would require 20 appointments just to read and clarify the problem, let alone physically assess and treat. It is for this reason that we ask that you do not use emails as a mode of accessing clinician advice.

Appeals against removal from the surgery list of patients.

There is a zero-tolerance policy across all NHS organisations. Our staff knows that when you call it is because you or your loved one is unwell, so a lot of allowance is given to consider that you are frustrated and not your usual self. Two warning letters of abuse within 12 months will lead to list removal. Examples of abuse that will lead to a warning letter include members of staff being called a "**** idiot" or members of staff being told that a patient "hopes they or their loved one will get the same type of cancer". A serious threat to life, for example, a threat to murder or seriously harm a staff member will result in immediate removal from the list and a referral to the police. This has happened in the last year at the surgery.

Perceived unprofessional attitudes from staff

Some of our complaints describe unprofessional attitudes from our staff. For example, we will get complaint that a staff member was rude to patient or adopting a noncaring attitude. When a receptionist navigates a patient to the minor eye complaint services for example, the patient may interpret that as being fobbed off by staff. When asked the question "are you saying I am wasting your GP's time by calling? ", the answer is no, but the caller thinks otherwise. These allied health professionals are actively being pushed into general practice by the NHS to help relieve the shortage of GPs and nurses, so you will be navigated to the physio if you have a musculoskeletal problem, or to the mental health practitioner if you are feeling low etc. These health care professionals are specialists in their field of work, if you visit the minor eye clinic for a red eye you will get a visual acuity test, glaucoma test and the eye will be examined with a slit lamp and if you need to be referred to the eye clinic the optometrist can do this directly. This assessment superior to the one done by clinicians at the GP surgery.

Disagreement with diagnosis and action plan

This is usually the case for example where a depression diagnosis is given after a patient presents with tiredness all the time. This diagnosis is reached usually after a full physical examination and initial blood test are all normal. My advice would be to seek the opinion of

another clinician at the surgery with your concerns that the diagnosis may be wrong. You may be correct in your perception. If the second clinician comes to the same conclusion there is also the option of a private GP for a third opinion.

External and non-NHS services.

We routinely get complaints about experiences patients have had outside of our surgery and we will direct them to the service in question. Our GP surgery can only address complaints about services that we provide and not those provided by other NHS providers.

I hope this gives you an insight into our complaints. We are a learning organisation and we do review all our complaints to see what we can learn from them and how we can improve our services. If you feel we have done something right do let us know, we can also learn from complements. A complement suggests that we have done something right and this weill encourage us to continue to do it and spread the practice to other practices in our group.