

# **New Road Surgery**

# General Practice Improvement Programme (GPIP)

# Patient Meetings

#### 12th December 2023

Merger meeting

#### 21st January 2024

Merger meeting

#### Merger update

- Looked at merging but working on 2 separate clinical systems this would have been confusing, clunky and introduced unnecessary risk
- Aiming for June 2024 when the IT systems merge is scheduled

# **PPG Meetings**

#### **21st January 2020**

New Practice Manager (since 2019)

# **COVID-19**11th July 2022

- Increase in appointments in General Practice
- 12th September 2022
- Demands on General Practice
- New afternoon duty doctor system

#### 23<sup>rd</sup> May 2023

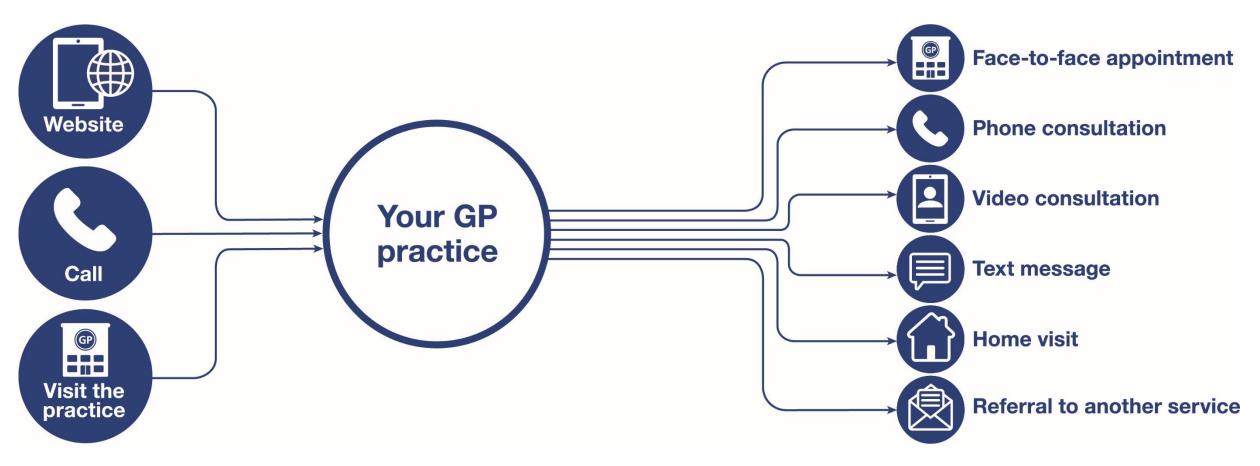
- Demands on General Practice
- New afternoon duty doctor system

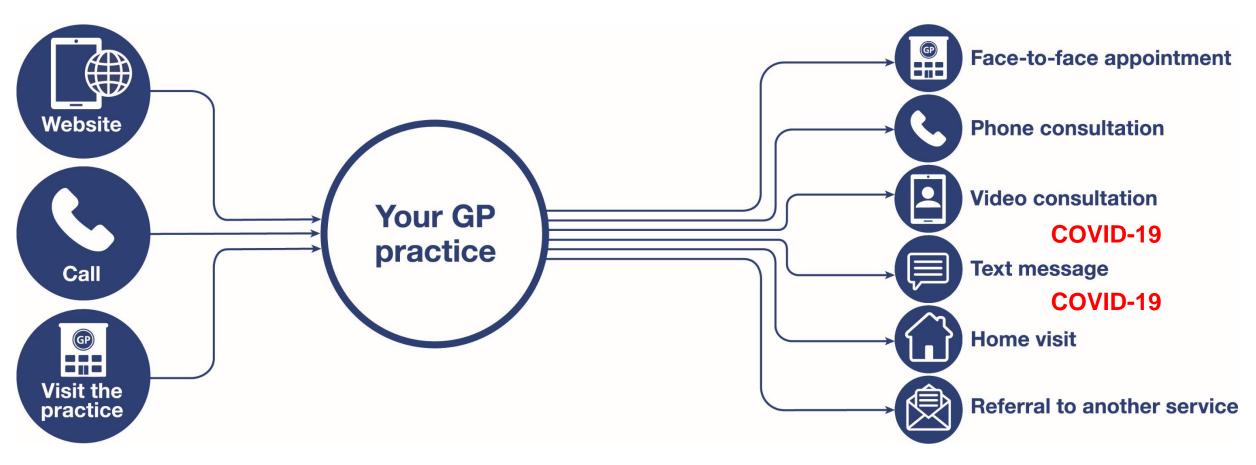
#### 19th September 2023

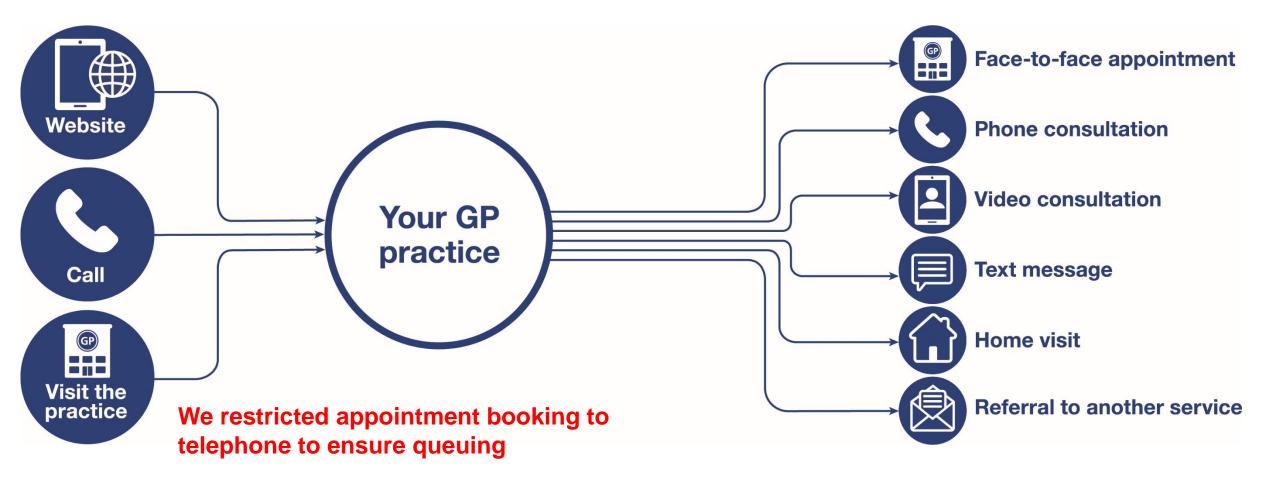
- What to do when demand is higher than capacity
- How best to allocate resources to ensure that they are directed according to patient need

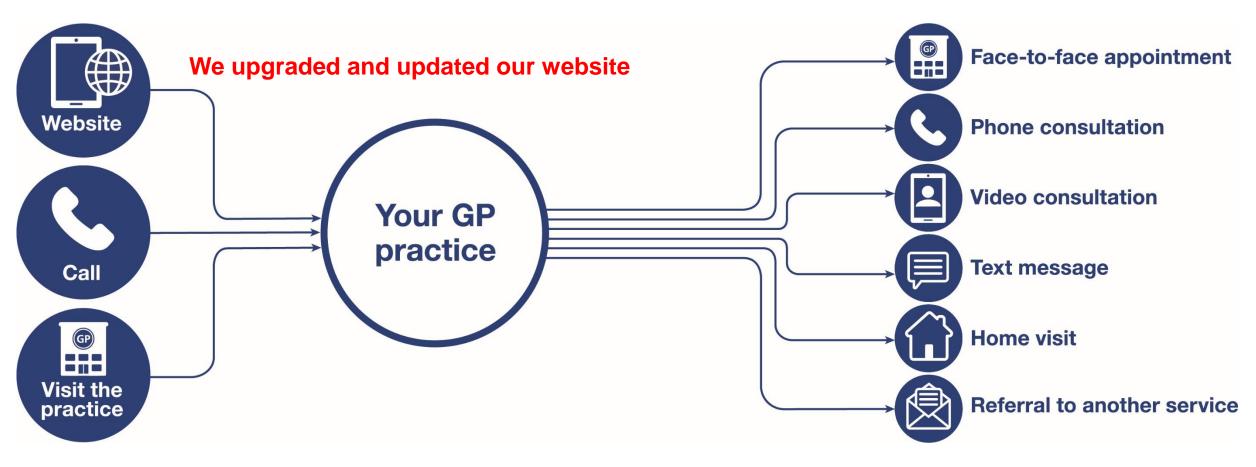


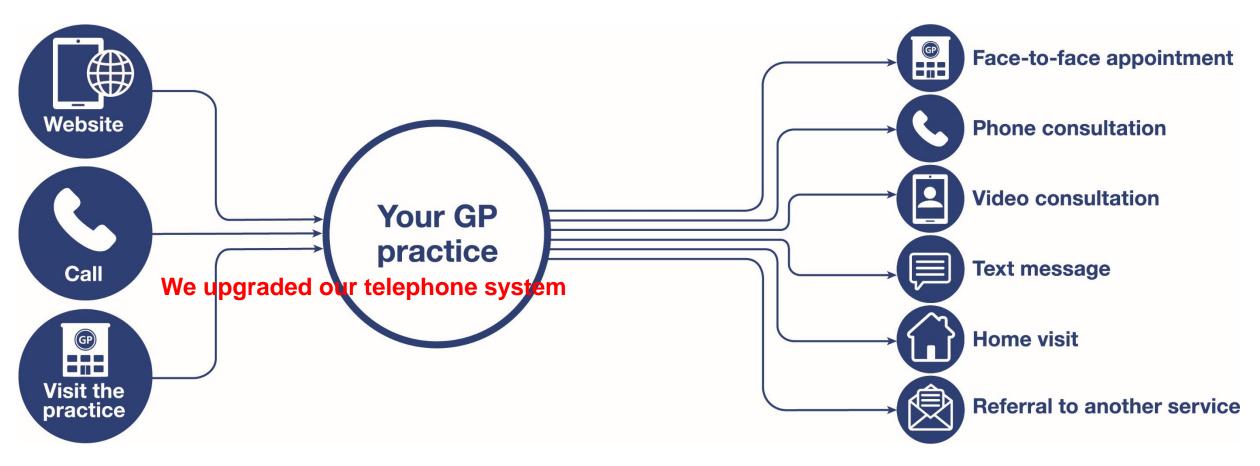








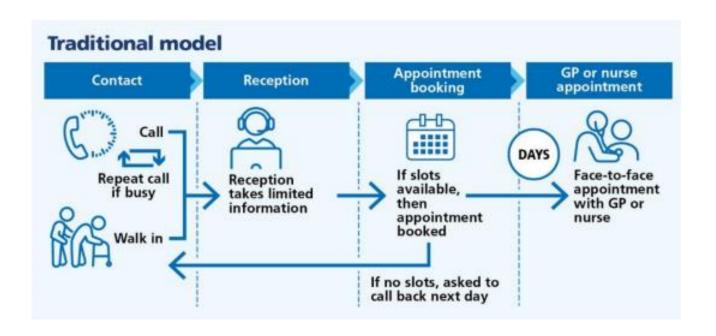




## BUT improving access is not enough...

...if there is not enough capacity to provide the appointments that patients need.

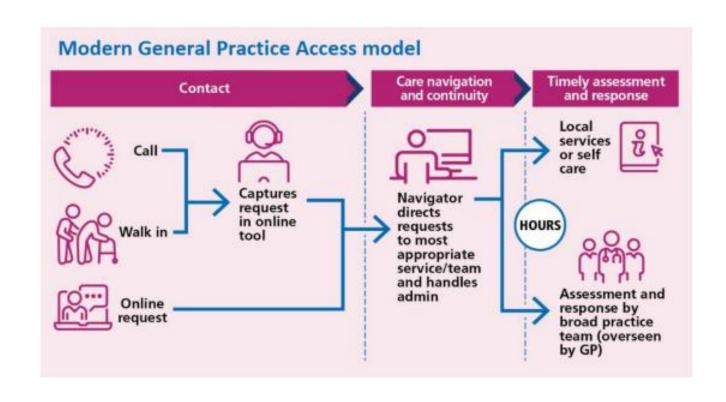
### **Traditional Model**



Appointments being allocated on a first come first served basis rather than clinical need and leaving nowhere for urgent demand.

General Practice is not an emergency service but there is urgent same day demand that needs to be prioritised.

### Modern General Practice Access Model



## Clinical Assessment

Response type	Outcome
Direct booking of urgent appointments	Reception work from list of what is appropriate to book as urgent and these are booked only as required, not first come first served appointment booking, so appointments are still available when patients get through later in the morning
Signposting	Reception work from list of what is appropriate to signpost for other services – Pharmacy First, pharmacist, paramedic and physio appointments, speciality clinics – e.g. DM or nurse appointments, urgent care, minor injuries, A&E
Online consultations for clinical assessments	Reception have an alternative to offer to patients, instead of asking them to call back.  Patients complete a form online, or reception do it for them The form is reviewed by the clinician and actioned - Same day appointment, future appointment - Further information (GP or reception may text or telephone) - Advice and guidance, self-care
Online consultations for admin	Patients can contact the practice with admin requests without having to wait in phone queues

### We know that...

- It's no longer a lottery patients who get through later are offered the same service as those that get number 1 in the queue
- The urgent demand has been prioritised and met
- These patients are not failing to get through or failing to get an appointment when they do get through
- Patients have been signposted to other services, offered alternative types of appointments or have been clinically assessed and prioritised
- Patients can't tell us that they have been trying to get through for days and haven't been able to

### Feedback

#### Positive feedback from staff

Reception - "I'm not afraid to pick up the phone now"

Nurses – can speak to a GP straight away (also emergency response does require pausing clinics)

Positive interactions between doctors and reception

#### **Positive feedback from patients**

Yes, it was easy to use and great to have quick access to a dr for a quick result. Great service, I hope it continues! Yes - we have been very impressed by the response time & outcomes this time & during recent use of the online econsult.

Yes. I was very pleased with everything - the speed with which Dr Patel called me, the fact that he had clearly read my form. The way he dealt with my issue was great.

I was beyond impressed with the service I received on Friday.

#### OK but...

What about the elderly What about urgent

#### **Negative**

I needed to speak to a doctor, my usual doctor, today – we can't meet **want** but we are trying to ensure we meet **need**