



SUMMER 2023 EDITION

# NEWSLETTER

We are the GP Partners and owners of Carnon Downs Surgery and we wanted to take the opportunity to be more visible, engaging with you as the community and our patients.



We have always tried to be open to feedback, both positive and negative, and can demonstrate where we have listened and altered ways of working and processes to better suit the changing needs of our population. However, we know from recent feedback and general chat that some people's experiences have not been as we would have wanted and that there can be an air of frustration displayed at times to our staff.

A lot has changed since covid, and some things are because of covid but a lot more is due to national and local policies that have changed the face of General Practice. This Newsletter is not an opportunity to make excuses but to offer the reality of our situation and work with you to make the best of what we have.

There have been significant changes in the way we are contracted to work and the services we deliver. There are also changes in where the NHS money is going to pay for the services. We thought it would be helpful for you to read as much or as little as you would like to understand a bit more of the current landscape in which we are working. It might explain why your experience of us is very different in a number of ways. If it is any consolation, as partners, we are not happy with some of the changes that we have been forced to be make. In many ways we do not feel that we are doing the same job that made us want to be GPs in the first place.

## THIS IS A QUOTE FROM A SURVEY IN MAY

**" Abominable time frames to speak to a doctor, let alone see one. Zero continuity. Thats after trying to be fobbed off with paramedics or having run the gauntlet of receptionists with job titles which make them sound like medically trained professionals whose responsibility it is to avoid patients getting anywhere near the surgery if they can possibly avoid it. I bet you don't publish this one will you? Just all the ones that say nice comforting self-comforting crap. Be assured I have not spoken to anyone happy with Carnon Downs current service. Did the catchment suddenly become less well since covid, or grown in size four or five fold which might explain why it now takes four or five times longer to be seen? Still blaming covid? yawn ... "**

So, to start with let's look at the historic contractual position and role of us as GPs. Our current NHS contract comes to an end in March 2024.

<https://www.kingsfund.org.uk/publications/gp-funding-and-contracts-explained>



Click the picture or the link above - This explainer sets out how general practices are contracted and paid in England, looking at the services they are contracted to deliver, and the different streams of funding they receive.

In addition to the contractual changes GPs have been asked to create Primary Care Networks (PCN) in the last 4 years and at Carnon Downs we are part of the Coastal PCN which includes St Agnes Surgery, Chacewater & Devoran Surgery and Perranporth Surgery. We have had close working relationships as this group for many years, so it was the natural choice for our network. The PCN has increasingly become the vehicle for which the NHS shares funding and develops workforce where previously we could determine where this was spent. As a result, we haven't had any new money directly to our organisation and we are additionally required to meet a whole new set of targets to get further funding and staff for our community. However, through this we have the access to new frontline staff and support workers and it is the reason why you are now given better access to different professionals and specialists rather than a GP or Nurse for your care. These specialists include Musculoskeletal Practitioners, Paramedics, Mental Health Nurses and Social Prescribers. If you wish to read more about the PCN go to their website via the link above or click the picture.

There is also more information on the following link or click on the picture:  
<https://www.kingsfund.org.uk/publications/primary-care-networks-explained>



If you wish to read more about our PCN go to their website via the link above or click the picture.

Welcome to The Coastal PCN

[Home](#) [About Us](#) [Help & Advice](#) [Contact](#)



# What is our biggest current pressure?



**DEMAND FOR APPOINTMENTS UP 270%**

**REGISTERED PATIENT NUMBERS ONLY UP 13% SINCE JUNE 2019 (PRE-COVID)**

The biggest pressure is the change in demand.

In the last 4 years we have only increased our patient list by around 13% to 6052.

We have not had a large increase during covid but a gentle rise in numbers. What has changed is the demand for appointments.

8 years ago the average number of appointments per patient was nationally about 3.3 a year. Some wouldn't see the practice for years, others may be in twice a week. By 2021 that average rose to 8-9 and a study found 40% were by the same people who frequently attended. Currently we are having nearly 4000 appointments a month. This is almost a tripling in demand in a 4 year period.

It is a common national expectation that we will provide our patients with a 10 minute appointment (8 mins consultation and 2 mins administration).

However only 16.6% of appointments in the last year were under a 10 minute duration, therefore the remaining 80% of appointments, which run over 10 minutes, are compounding the increase in workload and our availability to our patients.

## What has driven this change?

The factors we believe drive this include

- an increase in complexity of health needs
- a backlog of issues from covid that people have held back with
- a massive increase in waiting times for hospital outpatients and procedures so we are seeing people more frequently for health support whilst they are waiting or deteriorating.
- an increase in hospitals asking us to do some of their pre-work or follow up work.
- a culture of urgency and immediacy that we expect in other aspects of our lives being expected now in health care
- we have more government targets and monitoring required to deliver so this increases the number of times we need to see people and the number of tests we do.

### Carnon Downs data May 15 - Jun 11 2023 (19 working days!)

Appts	3759
Face to face	2209
Booked and seen on the same day	32%
Booked with a GP	45%

Data taken from NHS GP  
Appts Dashboard



# Do you know our current Waiting Times for Royal Cornwall Hospital Treliske?

These are the current number of weeks waiting times for your first Outpatient Appointment at the busiest of Clinical Speciality Departments as of June 28th 2023.

Waiting times start as soon as they have received a referral from your GP, optician, dentist or other clinician, and end when you have had treatment or a decision not to treat is made.



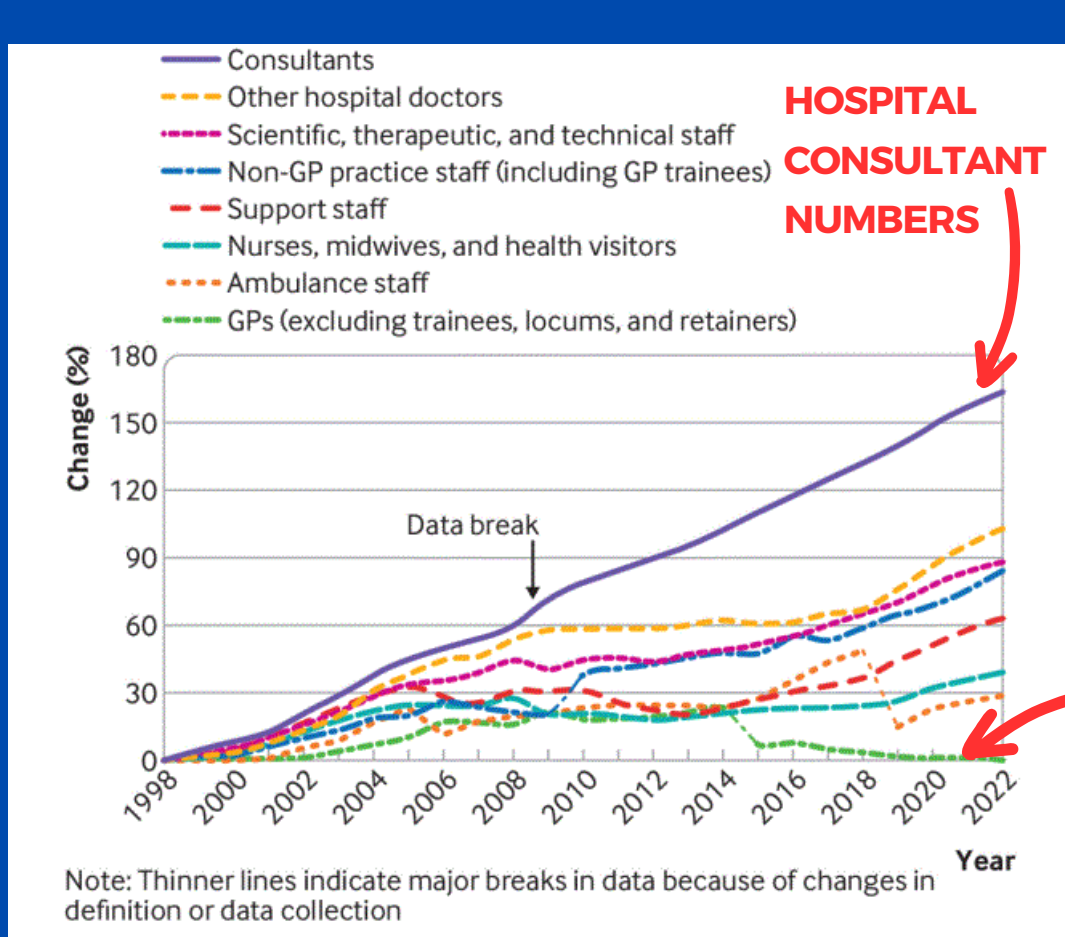
For the most up to date current waiting times for an Outpatient Appointments please follow this link:

<https://royalcornwallhospitals.nhs.uk/waiting-times/rtt-waiting/>

CLINICAL SPECIALITY	WEEKS WAIT
(316) Clinical Immunology	80
(320) Cardiology	76
(654) Dietetics	68
(656) Clinical Psychology	63
(255) Paediatric Clinical Imm.and Allergy	62
(290) Community Paediatrics	62
(651) Occupational Therapy	61
(110) Trauma and Orthopaedic Service	57
(100) General surgery	50
(502) Gynaecology	50
(340) Respiratory Medicine	48
(101) Urology	47
(211) Paediatric Urology	46
(420) Paediatrics	46
(262) Paediatric Rheumatology	44
(421) Paediatric neurology	39
(650) Physiotherapy	33
(191) Pain Management	32
(302) Endocrinology	32
(330) Dermatology	32
(314) Rehabilitation	31
(347) Sleep Medicine Service	31
(307) Diabetic Medicine	30
(430) Geriatric Medicine	30
(120) ENT	28
(675) Cardiac Physiology Service	28
(171) Paediatric Surgery	26
(341) Respiratory Physiology	26
(400) Neurology	26
(130) Ophthalmology	25

# Where is my GP?

We offer more appointments with doctors and nurses as well as other staff such as pharmacists, first contact physios, care coordinators, urgent care paramedics and mental health workers than we did 10yrs ago. Our staff have expanded much more than the expansion of our practice population to try and keep up with the workload, but there is no way to double our workforce to meet the demand that has arisen in last 2 years. This is compounded with the funding being diverted through the PCN as well as the lack of training of new GPs and Practice Nurses over many years. This has made for a perfect storm for congested primary care services.



The graph on the left shows how the national policy has created a lot more hospital consultants and less GPs. Recruitment and retention of GPs is currently much harder with the more demanding, stressful working environment and delayed availability of hospital and community care investigations and appointments.

**THIS LOWEST LINE IS THE FALLING NUMBER OF GPs**

There is an uncertain future of the GP partnership model as both main political parties want to phase out this traditional approach.

Fig 3 | Trends in NHS staff numbers by professional group, England, since 1998-99

Two trends worth noting are the large and consistent growth in the number of consultants—a rise of 163% over the past 25 years—and the rise and fall in qualified GPs. Since 2015 the number of qualified GPs (partners and salaried) has fallen by 7%, equivalent to 1900 GPs.

One lesson from these historical trends might be that healthcare could be in a better position now if spending had grown more consistently over time and across staff groups, allowing the workforce to grow in line with population change and to be able to deliver a better quality service.

Competing interests: I have read and understood BMJ's policy on declaration of interests and have no relevant interests to declare.

Commissioning and peer review: Commissioned, externally peer reviewed.

the [bmj](#) | *BMJ* 2023;380:p564 | doi: 10.1136/bmj.p564

Click the image for a link to the BMA Journal Article 2023

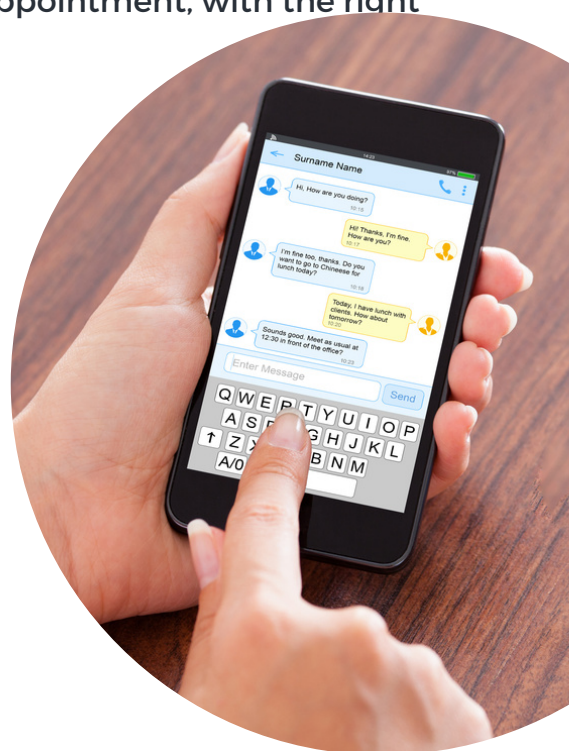


# Access to healthcare - Prevention & Treatment

Some of you have been understandably irritated by receiving texts or letters to offer statins which are a group of medicines that can help to reduce the risk of heart attack and stroke. We have tried this method of contact as a way of easing appointment waits. If someone is in for a check that also requires a cholesterol test then we would make them aware and give them information to highlight the chance of needing a statin depending on the result. We would send information with the result to see if they wanted to have a statin. This is a process we are still trying to refine but is born out of two main reasons: often people book to see us to talk about how they don't want a statin which is understandable but not necessary. We have 1800 people already on statins and with a possible 500-700 more we could discover a sizeable impact on appointment usage.

We are managing appointments to make sure we are allocating our limited resources (staff/consultation rooms etc) appropriately. The complex skill used by our reception team is to make sure patients get what they need with the right appointment, with the right person at the right time.

Telephone appointments were always a feature of our consulting but temporarily became the main way of consulting through lockdown, when we had prolonged infection control measures to adhere to. We still did face to face appointments but had to be more specific in identifying who and when in order to minimise risk to life. When this lifted last spring we reverted back towards more face to face as our figures show. Some people have found telephone calls time saving, reducing journeys and waits in the building, so we have continued to offer this. Also, as discussed above, there has been very high demand for all appointments and we have been supporting our reception staff by doing phone callbacks to help assess what the needs are and getting appropriate action arranged.



We are restricted in space and you have witnessed that it takes a long time to get any refurbishment or building work done. Space is tight so to maximise availability we have built telephone booths to work in, in order to free up clinical rooms for continuing face to face consultations.

We aim to use the telephone mainly for follow-ups, straightforward issues or where it is convenient for patients.

There has also been a national policy around online consulting and the perception is that it eases our workload. This is not our experience. Whether we see you, speak to you or answer an eConsult online, the thinking and decision making, and time taken to take action is no less. They are all different modes of access but not always quicker for us. Our time and availability limitations are the same.





DR PAUL COOK.



DR KATE EMBLING



DR GABRIEL TEFF



DR MATTHEW CUFF



DR SOPHIE HEATON-RENSHAW

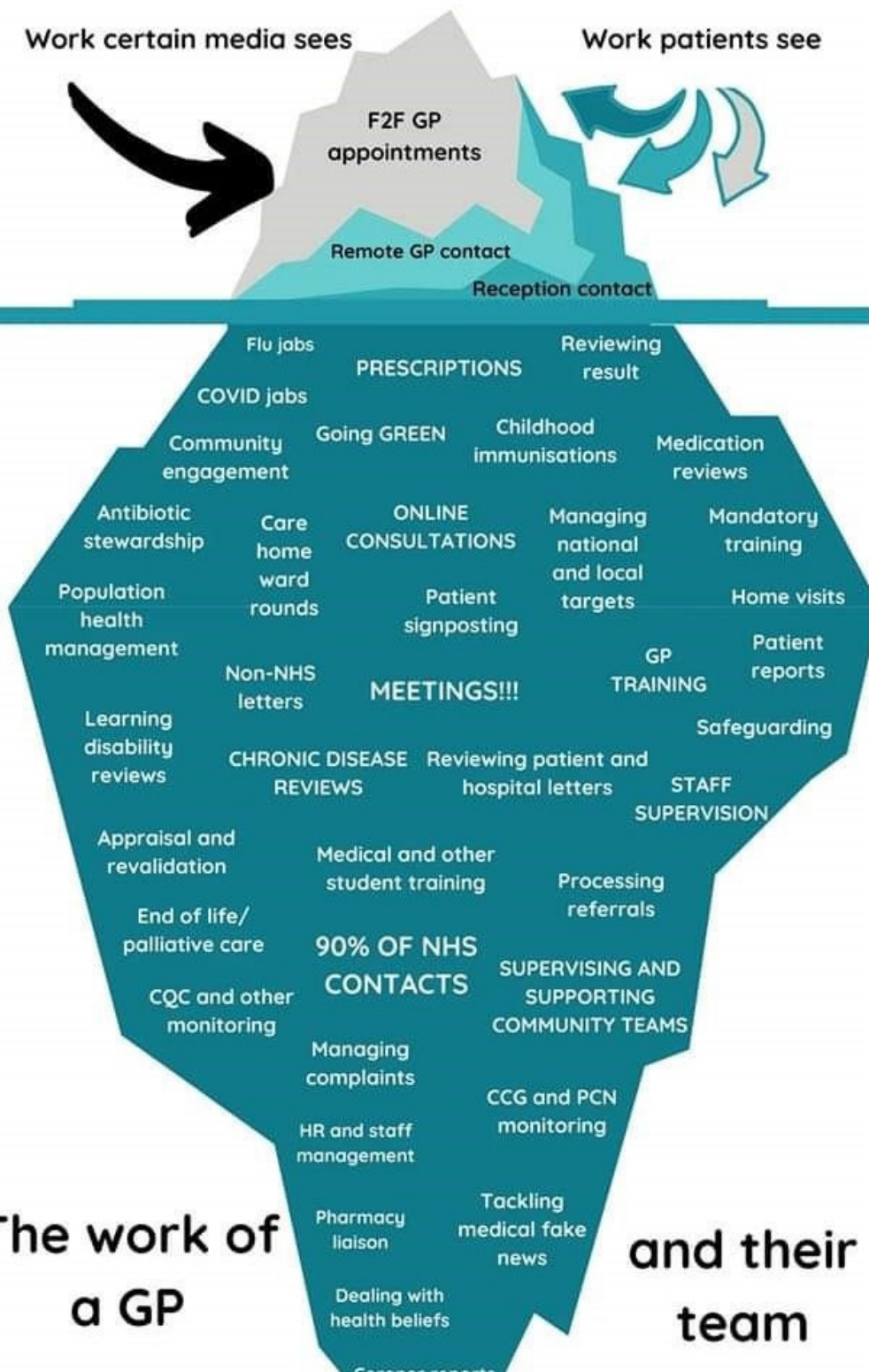


DR LUKE WALDRON

# What are we doing as GPs?

## General Practice

Work certain media sees      Work patients see



You may not be aware of all that we do in General Practice. As a GP the structure of our day includes doing a morning and afternoon clinic as well as home visits to housebound patients in the middle of the day. Throughout the day we have numerous other commitments, some of which are shown in the diagram.

Another important aspect that the GPs manage in our practice is the dispensary. We prescribe, sign and issue thousands of items and this requires a large experienced dispensary team. We aim to dispense medications within three working days, compared to chemists who often require a weeks notice. However more recently you may be aware of the national shortage of many medications. This has resulted in unavoidable delays in supplying some medications as well as a great deal of extra work for our dispensary team.





All of these people play a part in providing your local community healthcare here at the surgery.

We are no longer a small team - everyone here has a part to play and we as partners, hope this newsletter adds to the understanding of who we are and what we do.

It is a large topic and we can provide more detail if you want. We also have a brilliant Patient Participation Group that is keen to receive and provide information about the surgery, you can contact them via our website or by clicking [here](#).

We are always looking at ways to improve patient involvement in developing your surgery and we thank you for your continued support.

Drs Cook, Teff, Embling and Cuff  
Partners Carnon Downs Surgery

**ANOTHER QUOTE FROM  
THE SURVEY IN MAY**

" I have recently seen and spoken to both a practice nurse and a doctor from Carnon Downs surgery. The lovely nurses look after me regularly for INR and bloods and the GP was very swift to call me after picking up on an email sentence from my renal nurse the same day from The Royal Cornwall Hospital, she very speedily helped sort me out. Thank you all! "

If you require any further information regarding the content of this letter please ask to speak with Alison Hunt