



Arthur Medical Centre

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Open Letter to Patients of Arthur Medical Centre

29th February 2024

Dear Patients

R.e. Concerns regarding our appointment system & telephony

We write with reference to concerns that have been expressed by a number of patients, directly to the practice and via social media, in relation to accessing care from Arthur Medical Centre. Some recurrent themes which we have identified from this feedback are in relation to:

- Accessing the practice via telephone – particularly at peak times
- Making an appointment
- Signposting to other services – such as NHS 111 or local pharmacies

Firstly, on behalf of Arthur Medical Centre, I would like to offer my sincere, personal apologies for any frustration that patients may feel has been caused by these matters. Arthur Medical Centre strives to provide an exceptional level of care and it is of great concern if a patient feels that they have received less than this.

It is our aim to be as accessible and responsive to our patients' needs as possible. We acknowledge that access to NHS Primary Care (GP surgeries) in general has become increasingly difficult and have been exploring the various root causes to identify opportunities for improvement. We are currently organising our second online open patient meeting and we hope to confirm arrangements in the near future. In the interim, we hope that this open letter will give some insight into the practice, with a particular focus on the three areas detailed above and some of the factors that contribute to difficulties with patient access.

Accessing the practice via telephone

Arthur Medical Centre currently operates eleven telephone lines within the practice, which fulfils a basic level of 'cloud-based telephony'. This is the maximum capacity for the hardware that is in place, which means that there is a physical limit to the number of calls that can be handled at any one time. Once the phone lines are in full use, patients hear an engaged tone when trying to contact the practice, which then inevitably means that there is a need to redial.

We are aware of this issue and I am pleased to share that we are currently in the process of purchasing a new telephony system, which we anticipate will significantly improve accessibility by telephone. This new system will allow a far greater number of patients to be queued, which will remove the 'barrier' of the engaged tone when contacting our practice. The new system will also allow patients to select a callback option, which will allow you to end the call and the system will call you back when you are at the front of the queue for Reception. We expect this new system to be in place by the end of March.

Making an appointment

Arthur Medical Centre currently serves a patient list of 9,170 registered patients. Over the last four weeks, we have provided 3,713 patient appointments. 2,412 of these appointments were with a GP or an Advanced Clinical Practitioner (ACP) with the remainder being nurse or other practitioner appointments. This is approximately 121 GP or ACP appointments per working day. With the exception of the 'On-Call' emergency GP list, patients are generally given the choice of having a telephone or face-to-face appointment and typically around 60% of appointments are face-to-face.

Since the start of November 2023, Arthur Medical Centre has been operating an 'on-the-day' system of appointments. This was introduced to accommodate expected, predictable seasonal increases in demand for these appointments and to allow us to mitigate staff sicknesses which also increase over winter. From a provider point of view, this system has been a success as it allowed us to respond to the majority of patient needs, whilst managing our available resources.

When patients attend an appointment, they are sent a text message which asks them to give feedback on their experience via an online feedback form. Since this was introduced in 2023, we have typically received three to four hundred responses per month with around 90% of patient responses indicating a positive review. Since the on-the-day system of appointments was introduced, the feedback we have received has indicated that this system works well for patients, many of whom indicate a preference for an on-the-day appointment.

Prior to the introduction of the on-the-day system, we operated a system of pre-bookable appointments, however increasing patient demand meant that these appointments were often fully booked four to five weeks in the future. At that time, the practice regularly received complaints from patients which expressed frustration that they could not book an appointment in a shorter timescale. NHS England also recently began to performance measure General Practices on the percentage of appointments booked within fourteen days. Inevitably, this meant that the practice had to consider the best way to use its resources to deliver effective care to the majority of patients. The on-the-day system appeared to be working well and the decision was made to continue with this format of appointments.

Inevitably, like most other public services, any GP surgery is only able offer a certain number of appointments per day before they are fully booked. GPs can only accommodate so many consultations before fatigue and tiredness can potentially begin to affect their work, and it can be unsafe to continue to add additional patient appointments to their list. The British Medical Association guidelines advise that a GP can safely conduct around thirty patient contacts per day and unfortunately with NHS Primary Care funding not increasing anywhere near in line with rising costs, GP surgeries are generally unable to simply hire additional GPs.

We are however constantly reviewing our appointment system to identify and action improvements where we are able, and patients are very welcome to give constructive feedback regarding their experiences.

Signposting to other services

With the increasing pressures on GP practices in mind, there has recently been an increased effort to help safeguard appointments and capacity by referring or 'signposting' patients to other services when practices are fully booked, or where their needs are more appropriately met elsewhere, such as NHS 111, or with a qualified pharmacist. GP practices across Derbyshire are increasingly making use of these alternative routes for patients to ensure they receive a safe service whilst maintaining the practices' ability to provide care.

NHS 111 is a service provided by the NHS to help patients get the right advice and treatment when they urgently need it. In general terms, NHS 111 operators are trained to assess a patient's needs and can book patients in to be seen at their local A&E / emergency department or an urgent treatment centre, emergency dental services, pharmacy or another more appropriate local service. NHS 111 can also send an ambulance, should the patient's condition be serious or life-threatening. In certain circumstances, NHS 111 will refer a patient back to the GP surgery with an appropriate level of urgency for their problem.

Qualified pharmacists can now also assist patients with a number of medical problems and can prescribe or supply medicines for many common illnesses, such as sinusitis, sore throats, infected insect bites, impetigo, shingles and some urinary tract infections in women.

First Contact Physiotherapists (FCPs) are another resource that can be accessed by patients with musculo-skeletal problems, without being referred by a GP. FCPs can be accessed quickly and can assess and diagnose issues, give expert advice on how best to manage conditions and referring patients on to more specialist services, if necessary.

Why are there difficulties with patient accessibility?

There are various reasons for the difficulties patients experience in accessing GP surgeries.

Patient demand has increased significantly in the past few years. This has been more prominent since the pandemic in general terms, however patient demand has also increased due to other related factors. One particular cause is that hospital departments in general have greatly increased waiting lists. This means that patients wait even longer to be seen or treated, and in the meantime, their care rests with the GP surgery, which adds additional pressure on practices. There are also increased levels of hospital referrals being rejected which further adds to the need for support from GP surgeries.

The changing pressures and demand on GP surgeries also creates an increased level of clinical administration that GPs and other clinicians must complete. This work is often unseen, but requires detailed input from staff which in turn impacts their workload and time. GPs are also seeing more complex matters that require a greater amount of support and time.

One major factor is that NHS Primary Care (GP Surgeries) funding is not increasing in line with rising costs and the system is frankly, underfunded. Over the past two years, increases to Primary Care funding has barely covered staff salary increases and other rising costs were absorbed by the 'business'. For 2024, the UK Government has proposed to increase core Primary Care funding by only 1.9%, when staff costs alone are estimated to increase by 10% in the coming year. For Arthur Medical Centre, this would mean an increase of approximately £17,000 whilst our utilities bills have doubled (as have yours), our running and maintenance costs are rising and staff costs alone will increase by more than the proposed financial uplift. This issue affects all GP surgeries across England. The BMA has recently published a statement that the consequences of underfunding would mean that the majority of surgeries will make a significant financial loss and many practices will become financially unviable. A recent report by regional Local Medical Committees found that more than half of GP practices are now at risk of closure within two years, and that many were struggling to afford the staff they need to continue to provide core services. Ultimately, GP surgeries are expected to provide increased services when funding is decreasing in real terms. Unfortunately, this means that we cannot simply increase our staff resources to increase our capacity.

Sincerely, we understand that access to care is a critically important matter for patients and that the difficulties and frustrations that patients may experience can have a very emotive effect. We hope you will be reassured that every member of our team at Arthur Medical Centre is passionately committed to the care of our patients. We are making every effort to ensure that we provide the very best levels of care, service and support with the resources we have, to a diverse community of patients, with diverse needs. We genuinely appreciate that when we interact with patients, they may not be at their best and when apparent barriers to accessing care appear, this can generate frustration and dissatisfaction.

We also hope that the information we have shared in this open letter will give some insight into some of the increasingly complex challenges that all GP surgeries are facing and will be a reassurance that we are receptive to our patients and that we are doing our best to make improvements where we are able. As previously detailed in this letter, we are organising our second online, open patient meeting and the arrangements will be shared in the near future.

Yours sincerely,

(On behalf of the Partners and staff of Arthur Medical Centre)

Azeem Climie
Practice Business Manager
Arthur Medical Centre