

Online Consultation Questions from 7th October 2020

I have reviewed the meeting content from Monday. The practice has only communicated a proposed plan for closure as a solution rather than suggesting the possibility of alternative approaches to the problem. The sole reason for closure of the surgery is given as 'lack of space to provide safe care during the current pandemic. You have not indicated whether any consideration was given to ideas/plans to overcome this single area of concern. Do you accept, on the face of it, with a little planning and forethought, it would be possible to overcome the problem in respect of space at Woolsthorpe but which may not be as easy to introduce at Croxton?

Brainstorming:

Separate entry/exit is available at Woolsthorpe. Is this available at Croxton?

Handing out medication by delivery to patients at the rear or front of the building without compromise. Or through the window in the dispensing area.

Single consulting room/nurses room. Staggering appointment times to minimise use of the waiting room.

Utilising spare capacity by relocating storage, etc.

Increasing the size or capacity of the waiting area by any available means.

Have any of these aspects received consideration?

The current layout of Stackyard includes:

Issues with access. (one entry exit point?)

Issues re proximity of reception and meds dispensing (the suggestion of providing this through the waiting area on Monday would put further pressure on the waiting room and reduce capacity for patients waiting for appointments with GP or nurse)

Passing from waiting room to consulting room and egress involves a crossover between patients socially distancing for medication and the reception area.

Access from car park to surgery includes 9 (narrow) steps where socially distancing is all but impossible.

Thank you for this comment. It is important to understand that our proposal to close Woolsthorpe surgery is as a result of a major change in appointment management with the introduction of telephone, internet and video consultations. This means that the number of people who need to attend the surgery building is very low. We estimate the reduction has been around 80%. All the necessary face-to-face activity can be met at Croxton with consolidation of our clinical and administrative services on this site. It is therefore difficult to justify the ongoing use of the Woolsthorpe surgery – we have already utilised capacity but, as far as structural work, we iterate that the building does not belong to us. We note the comments about the Stackyard building but, as the number of individuals who need to attend in person will be limited as a result of the aforementioned changes in appointment activity, we believe that there will be few problems. This has certainly been our experience of running the new arrangements over the past 6 months.

The statistics provided on the slide presentation give rise to some concern.

Slide 1: Of 387 patients who live in Woolsthorpe, the age demographic totals only 222 indicating that 165 patients are unaccounted for.

Slide 2: 485 telephone calls from 186 patients but no indication of which demographic was responsible for what percentage of calls. Age UK have suggested that older people who have had the facility to see their doctor, face to face for all their life, will struggle to adapt to telephone triage for example, because they have hearing problems. Consequently they may not want or have the capacity to consult their GP when an issue arises.

This appears to be borne out between the split of age demographic on slide 1 (assuming the split element is correct ie even split between under 60 and over 60) and the reduced incidence of over 60 on slide 2 in respect of the number of consultation calls).

Slide 3: Appears to confirm the point raised re Slide 2 with a higher percentage pre 60 (62%) than post 60 (38%) resulting in appointments.

The figures, admittedly, only covering Woolsthorpe based patients (but that is all I have to base any observation on) equate to .4 per week day patient appointments and .79 per week day nurse appointments. This would not appear to indicate any problem regarding space.

You are correct that there was an error in the numbers on the slides shown on Monday. This should have been corrected for today's presentation. The telephone consultation slide was broken into age groups, so hopefully your query has been addressed. As the numbers of face-to-face appointments arising from the telephone appointments is so low, it is difficult to justify the ongoing use of the building in Woolsthorpe. *(slides attached)*

As far as travel to The Stackyard is concerned, (CO2 emissions) no mention has been made of the number of trips necessitated by able bodied patients who travel 6 to 12 miles round trip (depending on the route taken but still incorporating travel along country roads) to collect medication on a regular basis. How many patients 'from Woolsthorpe alone' have monthly repeat collections? Are you content/prepared to increase pressure on the delivery service to bring medication to patients in adverse weather conditions which may occur during the winter months? Although the shortest route between the two surgeries is little more than 3 miles this entails travel along winding, hilly and in places very narrow and exposed country roads. Perhaps not an issue during the summer months but much more so during a potentially dark winter morning or afternoon, with possible adverse weather conditions.

What you are saying about carbon footprint is misleading. The fact that fewer people see a GP face to face will reduce carbon, yes. But the fact remains that if prescriptions were available from Woolsthorpe there would be fewer journeys to collect, as most can be collected on foot. It is very misleading to try to disguise this by talking about the change in appointments. Prescription collection and appointments are quite different.

Dr Wooding answered this in his presentation (available to view online). Overall we believe we are saving about 45 car journeys per day in the new system.

We currently provide a medication delivery service for our patients and have approached Woolsthorpe Parish Council to work with us in expanding this service within the village, as well as working with the local community, if there is additional requirement.

In 2017, when the proposal to form the Group was first instigated, one of the points raised was regarding travel for those without access to their own transport. It was acknowledged as an issue at the time. It does not appear to have become any the less so in the intervening period. I cannot find any public transport option which provides direct travel between Woolsthorpe and Croxton on any sort of convenient level. Indirect travel via Grantham can take up to 90 minutes one way. Taxi /car sharing especially during the pandemic may not be an option, especially to high risk patients, (shielding is merely 'paused' at this stage) The only other option I have been able to find is a community bus service which requires booking, but this doesn't appear to provide travel between Woolsthorpe and Croxton. How are you proposing to overcome this?

The practice will always continue to provide face-to-face appointments when they are clinically necessary. For those patients who have a genuine medical need, our home visiting service will remain unchanged. However, our experience has shown that 80-90% of GP contacts can be managed effectively and safely by remote consultation, allowing patients to remain in the comfort of their own home. We have received positive feedback about this new way of working.

We have been looking into voluntary car schemes and have contacted Grantham Area Community Transport (leaving an answerphone message and emailing via their website). We will also be discussing transport/travel with our PPG.

Woolsthorpe has had a surgery for over 100 years - the current building has ample room for expansion if necessary - even before Stackyard Surgery was built, could this not have been considered?

The surgery building in Woolsthorpe is not owned by the practice so this not an option for us. In addition, due to the number of face-to-face appointments have been significantly reduced by our new ways of working, expansion of the surgery would not be a feasible option.

My partner and I have registered for on-line GP consultations, but are not sure how it works after that. Do we have to download anything to our computer, such as Skype for example? Perhaps you could clarify.

You need to follow the links to Engage Consult which is available on our Practice website. Please [click here](#) for How to sign up to use Engage and [click here](#) to find out How to send an online message to the GP. If we do a video consultation with you, we will send you a link via text message to enable the consultation to take place – nothing needs to be downloaded.

At the end of July, the National Health Executive indicated that demand for face-to-face consultations is on the rise, with an increase of 10 times as many requests in comparison to demand for telephone consultations. Prof Martin Marshall, Chair of the Royal College of GPs said 'Once more normal service resumes in General Practice, patients who want face to face appointments will be able to have them.' How does this equate with your proposal to close Woolsthorpe surgery and which diminishes the opportunity and availability of face to face appointments to patients of the surgery?

You should be in no doubt that telephone consultations are not an effective substitute for face to face appointments. It is a great shame that you are accepting that the telephone is to be considered the norm for the future.

Matt Hancock (Secretary of State for Health) stated in a speech at the end of July that 'better tech means better healthcare', and that he wanted to 'double down on the huge advances we've made in technology within NHS and social care'.

Speaking on the future of the NHS, he said that remote consultations have proved popular with doctors and that they free up clinician time. He also said: 'The feedback from this transformation has been hugely positive especially from doctors in rural areas who say how it could save long travel times both for doctors and patients. So from now on, all consultations should be teleconsultations unless there's a compelling clinical reason not to.' (*Pulse July 2020*)

The Practice will continue to provide face-to-face appointments to any patient when clinically appropriate, as has been the case throughout the pandemic so far. Going forward, we will continue to offer appointments via video, email, telephone and face-to-face consultations which will accommodate the needs of our patients over the differing demographic groups.

Why did you not use zoom?

The NHS use Teams as it is more secure and more sophisticated to be able to provide these types of quite complex live online events. The ability to logon from the practice website should have been straightforward.

What about referrals where will we be sent?

With regards to out-patient appointments these should be completely unaffected if a pathway of care has already started. With regards to new referrals, patients have the right to choose the provider of any consultant-led care.

We all want to keep our services as local as possible, I've used Stackyard and its better in my opinion than Woolsthorpe, we can't keep everything in every village, much as it would make it easier, can you think about offering a medication delivery service?

Some patients can have their prescriptions delivered, what happens if you cannot drive and don't have anybody that can collect, especially if like myself and those who have to pay for their prescription, what happens then?

You said only 4 patients drive regularly from Woolsthorpe to collect prescriptions – at 16:42 on 2 October there were 4 people in a queue waiting to pick up prescriptions.

To clarify, that is approximately 4 patients per day from Woolsthorpe. We will be looking to expand the delivery service or working with the local community to look at other options and have already informally approached Woolsthorpe Parish Council for their input. This was also discussed in Dr Wooding's presentation. (*available on our website*)

The indication that the car-park has been declared unsafe by the local council would not appear to be an issue for ambulatory patients of Woolsthorpe visiting Woolsthorpe surgery. If this is an issue has any consideration been given to seeking a remote facility as at Croxton? I am not aware that there has been any observable degradation in the state of the car park over the years and which also services the Village Hall and the rear of a number of houses on the Main Street. There does not appear to be any prohibition notices posted or warning signs indicating the car park is unserviceable. During the period of surgery closure, notwithstanding the Grace and Favour status of the car park Has any contact been made with the car park owner to remedy the situation or any approach to the local or village Parish Councils to consider options available to make the car park any less unsafe?

We initially approached the Belvoir Estate regarding the car park and we believe they have contacted the landlord of Woolsthorpe Surgery.

I am firmly against closure.

We appreciate your concern and it is noted.