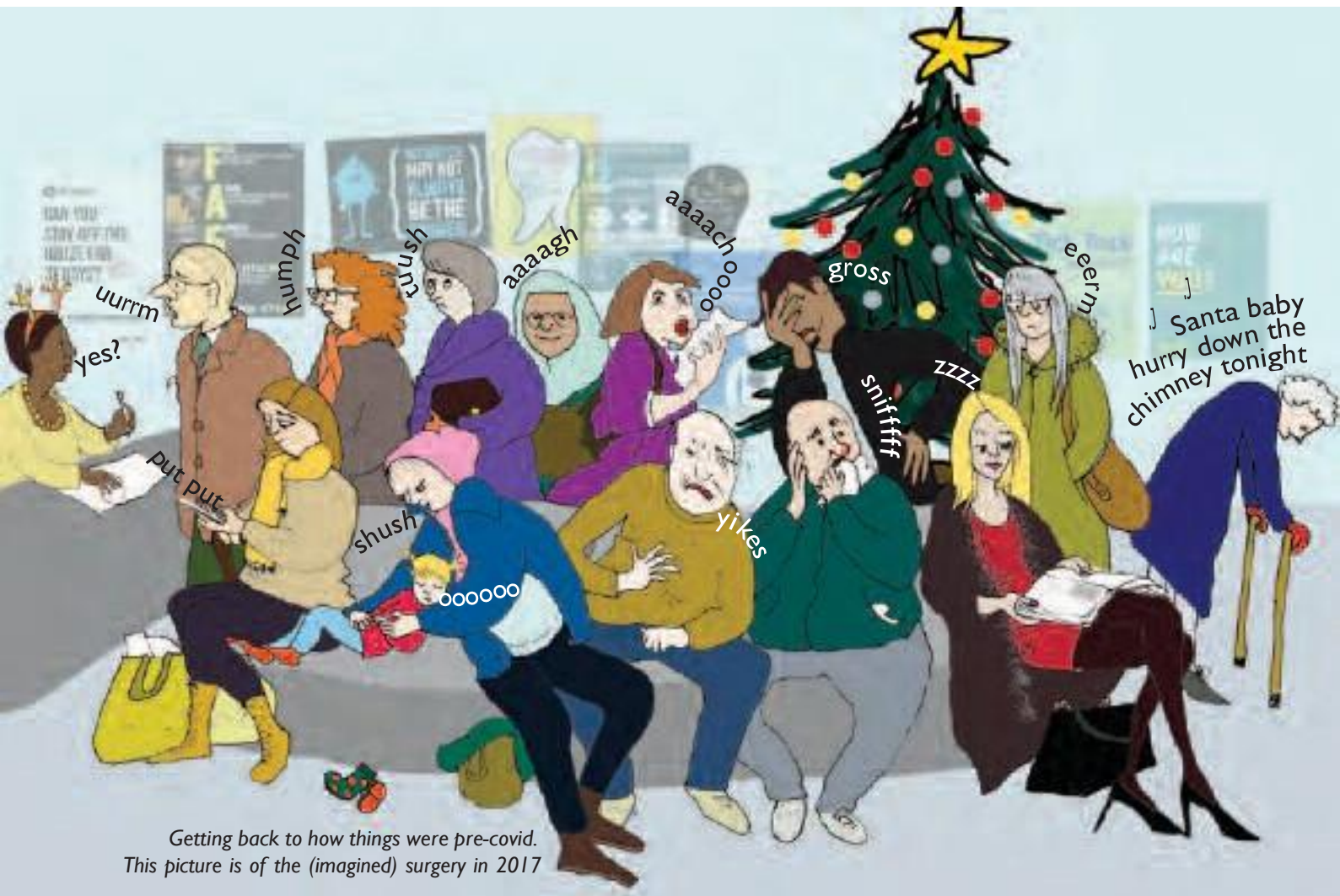


# Porter Brook Medical Centre Newsletter

Winter 2023



The staff – both the medics and and the admin staff – at Porter Brook are very stretched at the moment. So we, the patients’ group have taken pity on them and are going to produce this copy of the newsletter ourselves and give you our take on what is happening to the NHS.

These are not necessarily the views of the practice.

# Why is it so hard to get an appointment?

## Why is this happening?

Is it the backlog from Covid, the extra burden of winter illnesses, or the illnesses left untreated and diagnosed during lockdown? Is it the shortage of GPs or the NHS on its knees? Like almost every issue there isn't just one reason and it's a combination of all of these problems, but mainly because there has been a reduction in funding going into the NHS since 2008, an increase in demand and a reduction in the number of GPs.



treatments and vital operations were postponed. All this when the NHS has had funding cuts for over a decade and staffing levels have become dangerously low. The number of GP consultations have increased across the country by 50 million but there has been a fall in the number of GPs working. The recently published NHS long term workforce plan says we need 12,000 more.

## Not enough staff

Many experienced nurses and doctors, especially those nearing retirement are leaving.

There are more than 110,000 unfilled vacancies within NHS England. Many of these are GP vacancies. Each GP visit is costed at £38 which pays for 10 minutes. A visit to A&E costs around £200 while an ambulance call-out is about

£400. In England GPs offer more than 300 million consultations a year, while A&E only 23 million.

The pressure on the GP service means many people are encouraged to use the 111 service. This can work well but being less discerning than a trained medic, using a computer programme to determine procedure, can sometimes lead to inappropriate overuse of health resources as it doubles the number of ambulance call-outs. Sometimes it is difficult for the caller to know the difference between a minor problem and a real emergency.

Another problem for GPs is that they are using one set of software and the NHS uses a much older one, so every connection, referral, test and communication takes more time to find and process.

Meanwhile, many elements of what we think is the NHS are now private companies running services such as hearing, disabilities, walk-in centres and even GP surgeries. These companies have been encouraged to come and profit from providing this care and along with the nursing

**Doctor migration reached an all time high in 2021.**

**One doctor claimed he is paid less for a caesarian section than a hairdresser gets for cutting your hair.**

During lockdown every health worker in the world was facing a completely new situation and needed to respond rapidly to deal with a disease we didn't really understand and evolve treatments by experimentation. Meanwhile people continued to get ill and need care but diagnosis,

agencies and pharmaceutical companies they are leaking the funding from the NHS. Such fragmentation makes it harder to manage what is already one of the largest, most complex organisations in the world.

So yes, GPs are struggling and the system they work in is beyond breaking point. The recently appointed chair of the Royal College of GPs (RCGP), warned that the current landscape for GPs is 'unprecedented' and the sector faced 'a huge social, environmental, and economic challenge'. As a result, she argued, the NHS was facing one of the 'gravest obstacles' in its 75 years of existence.

To tackle the issues within general practice, the college's manifesto, **Seven Steps to Save the NHS**, calls for the protection of patient safety, fairer resource allocation, funding reviews, an increase in the number of GPs, better treatment for international graduates coming to work as GPs, and investment in the general practice infrastructure.

If patients are to receive the care they deserve, GP services must be appropriately funded, supporting doctors and health practitioners to do their jobs better, valuing their skills and protecting their health and wellbeing, with proper support from the surrounding non-privatised NHS, and technology fit for purpose.

## Not all bad

There have been some changes which work well, if not better than in the past, and have helped ease the pressure on GP appointments.

- The availability of online information for those who have access can help inform our decisions regarding treatment needed and enable us to manage our own health better.
- Telephone appointments, and sending photos by phone can often lead to successful treatment, testing and referral or a quicker appointment if needed.

***The NHS is probably the best thing this country has ever created. It improved the life expectancy for generations who didn't have to keep money aside for doctor's bills or to pay for private insurance like they do in the USA.***

- The new e-consult service works well for many health needs, all freeing up valuable GP time or face-to-face consultations

Meanwhile the NHS needs more than our applause and we must use our voice and our power to ensure its survival.

The NHS is funded by taxation but we pay a lot less towards health than most other comparable countries such as France, Germany, Australia and Canada.

If we want better care we need to spend more on health than we do now.

The NHS is not unaffordable, it is about priorities. Without it most people would lose this precious gem that has been a proud model for 70 years.

Be it a broken limb, accidents, bodies wearing out or not wearing well, infected by disease or in pain, it can happen to us all at any time.

We should all be able to expect to receive the treatment we need, free at the point of contact, without fear of not being able to pay. If we demand this and win it, proper investment could ensure better general health, health awareness and healthy lives – the GP issue will be resolved.

We are lucky to have benefited from the care of the NHS all our lives and it is our greatest wish that our and your children and grandchildren should have free and simple access to advice and treatment, basic preventive care and maintenance of well-being, dentistry, care in pregnancy and at birth and death and access to emergency treatment if and when necessary.

# What can we do to help?

Many of us have experienced the frustration of not being able to access the health care we need as soon as we want it, sometimes with long waits to see the GP and other health practitioners. There is much advice to talk to our pharmacists, ring 111, go to the Walk-In Centre or if we think it's an emergency to go to A&E.

## First of all we can be sensible about managing our own health:

- We can learn to manage minor illnesses ourselves. It's here that pharmacists can help a lot with advice and recommendations on over-the-counter remedies. They can also advise you if, from what you have told them, they think you should ring 111 or see your GP. Remember that time can also be a great healer.
- Seek information and advice sooner rather than later. Don't leave your worries until the last minute. We know getting to see a doctor can take a while so book early!



## Be responsible about how we live and try to avoid illness in whatever way we can.

- Take the vaccinations available.
- Eat healthily with lots of fruit and vegetables, resisting the temptation to fill-up with over-processed, sugary foods.
- Exercise: don't spend too much time looking at your screens – phone or TVs.

- Walking, cycling or just being outside particularly in green spaces or away from roads is good for both your physical and mental health.



- Don't damage your health with smoking or vaping, drugs or drinking excessive alcohol.
- If you have children remember the importance of teaching them good habits early in life and make sure that they get plenty of exercise outdoors.

- Don't forget the importance of sociability. Sometimes just sharing a meal with family or meeting up with friends for a chat can make you feel a whole lot better.



# Do you know about eConsult?

A patient tells of their experience

I had no idea of its existence until the receptionist suggested it, as part of a trial of the system for the practice. I'd needed to get advice and medication quickly after a trip to A&E abroad but couldn't get an appointment for nearly three weeks.



The eConsult is regularly monitored, and all submissions are triaged. I was both impressed and pleased to receive a text saying someone would contact me within a few hours – and she did just that. The Physician Associate was

very helpful and clear about the next steps needed. Within a few hours I had both the medication I needed and a plan for further consultation with a hospital department. (This has now happened.)

The electronic form was easy to access, with a series of questions to work through in sequence. I did this quite quickly, trying to make my responses clear and succinct, as there is a word limit. At times, I felt as though I was repeating information I'd already given but decided to answer each question in isolation and ignore the repetition.

So how was my experience? Really good. The questions may need some finessing but the eConsult process was clear, smooth-running and responsive. Thankyou!

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## General Practice Improvement Programme (GPIP)

Demand and complexity in general practice are increasing, and almost all practices are facing a widening gap between patient demand and their capacity to meet that demand.

The GPIP has been set up by NHS England to deliver a plan to support practices move to a 'modern general practice model' that helps practices to:

- see all patient need, by providing inclusive, straightforward online and telephone access
- understand all need through structured information gathering

- prioritise and allocate need safely and equitably (including continuity of care)
- make best use of other primary care services and the multi-professional team
- improve efficiency of their processes and reduce duplication.

Work has already started at Porter Brook and the patients' group were given an introduction to the ideas. Hopefully all patients should see the results of this work – particularly that around being able to get appointments more easily and when we want them.

# From daunting to successful

Shannon is the IT Care Co-ordinator at Porter Brook Medical Centre and Hallam University. She worked alongside the other Care Co-ordinator, Charlotte, on their flu season campaign – here she tells us all about it

“ I think we were the dream team. We started in August figuring out who needed an invite and to order the vaccines to match those numbers. We were able to experiment with and use the new Accurx system to send out booking links to our patients, giving them the option to choose an appointment that fits around their schedule – but also the option to decline and save them ringing reception! I was nervous about using the system at first as I was worried people wouldn't get the texts and not be able to book in! But it exceeded our expectations, and our flu clinic slots were being booked in a matter of seconds. It was great to see our patients taking such interest in the flu clinics, getting them ready for the winter season.

My next project was our T-spot clinics for our student population. I had the responsibility to ensure that all our IT tech was running smoothly for the clinic and making sure I had all ten laptops working. The biggest obstacle was the free WiFi. I'm sure we've all had our own experience with temperamental internet and how frustrating it can be when it's not working, or it works but at a snail's pace! I also didn't think I would have any problems with plugging the extension cables in... until I went to the venue to find that the plug sockets were on the ceiling!! (I know I'm tall, but I'm not that tall!).

However, once everything was set up and our clinicians were logged on, it went swimmingly. We got to see our lovely smiling (well as much as they could be for a blood test) students get their T-spots and it was a brilliant turnout – thank you to all who turned up! Our nurses were amazing with how quick and easy they made it and how great they were with supporting our few nervous ones who weren't the best with needles. The supporting staff helping with the checking-in and flow in and out really helped keep the pace up. Oh, and the free tea, coffee and biscuits were also a bonus. We even had some accompanying music from the DJ at the Pretty Little Thing student event who were across from us – kept us upbeat and in a good mood throughout the day!

It makes me so happy that these two important events went so well and now on to the next projects! ”



Shannon and Charlotte

# We asked some patients what they thought were the issues affecting them and the practice, and they said...

When I feel ill I can't hang on a phone call being number 12 in the queue. I want to talk to somebody right away



I think they're great. They have really helped me this year. So much better than my doctor at home.



Sometimes I think the surgery just exists to give us the drugs the government has decided we should all have!



*My first expectation of a good general practice is that it establishes the conditions in which a knowledgeable and trusting patient/GP relationship can be built. The model on which NHS primary care was founded was a doctor's familiarity with their patients, their domestic and family situation, housing, and workplace conditions. Thus informed, GPs were to serve, and for the most part still do, as gatekeepers for nearly all the rest of the NHS. My concern is with maintaining or returning to good health, an ever-growing issue for us older people, then I want to see someone who knows me and my multiple, interconnected health issues. I want to receive health rather than medical care from my GP.*



*Like most of us I am very concerned about the dreadful position the NHS is in at the moment. The media seem to be running a campaign to undermine the fundamentals of the service. They constantly tell us how long the waiting lists are, and of the 'failing' hospitals, whilst simultaneously drip feeding us the idea that "If you go private everything will be better".*

*This is not true.*

*The NHS is ridiculously underfunded having been forced to make cuts to their budgets every year for at least the last thirteen. In my experience almost everyone who works for the NHS does a great job most of the time – no one can be perfect all the time! Instead of moaning about the shortcomings lets put pressure for change on the government to fund all aspects properly and stop privatising it!*



# Joining the patients' group

**Early in early in 2011 the Porter Brook Medical Centre practice decided to set up a Patients' Group to help improve both communications with and co-operation between the practice and its patients to help improve the service.**

The group was advertised, encouraging patients of differing ages, gender, ethnicity and backgrounds to join. The first meeting was held in September 2011 and since then the group has met regularly. None of the original members remain (life changes things for all of us), and we are grateful for their contributions. New members have joined and we would like to expand our numbers again and would be delighted to welcome you to the group.

What we do:

- The practice tells us about their decisions on service development and provision. For example better ways to make sure everyone can get the right appointment with the right person at the right time.
- We then represent the views of the patients providing feedback on our needs and concerns. So it is important that as a rep you talk to as many other patients as you can to be able to represent their views and concerns.
- We contributed to the design of the practice patient survey including looking at responses in order to inform future ways of working, trying to make sure that the questions were clear and easy to understand.
- We have the responsibility for editing and production of the practice newsletter in conjunction with surgery staff. This also involves letting patients know about the partner organisations the practice works with to help everyone keep as healthy as they can.



At the moment we are involved with how we can improve services in the future. Details of which we will give in future newsletters.

The group aims to meet no fewer than four times a year and meetings usually take place in the meeting room at Porter Brook.

During covid we turned to virtual meetings as a way of keeping the group involved with what was going on at that very important time for all of us. Whilst we are now back to meeting in person it is still possible for members to join our meetings virtually if they are unable to attend in person. The practice says that the technology has so greatly improved that if you have doubts it will be a lot easier and more pleasant than you think. Hopefully this can help a wider group of people to join the group as it is important that we are representative of all the patients which the practice serves.

There has never been a more important time for patients to get involved with how we move forward after what has been and still is a very challenging time for the practice. Being able to meet in person is obviously an advantage but also being able to join the group and take part virtually is an excellent way to contribute and get involved particularly during the cold, dark, wet winter months.

So, if you feel you have something to offer and are interested in joining us please get in touch with Jenny Bristow, chair of the group, at [dysonb@blueyonder.co.uk](mailto:dysonb@blueyonder.co.uk) for an initial chat and more details of what is involved.