



Patient Information

The partners of Carn to Coast Health Centres recognize that many patients are reporting difficulties and delays in accessing services at present. The purpose of this information sheet is to explain some of the issues and what we are doing to address them, while answering some of the questions being asked by patients in this regard.

Many GP practices are currently struggling with huge and unprecedented levels of demand from patients. Although there is a shortage of GP's nationally with numbers actually falling despite promised increases, Carn to Coast has been successful as a larger practice in attracting recruits every year and we have maintained or increased the ratio of GP's to patients on our list. However, for the last several years we have also experienced an ever growing demand for our services from existing patients independent of the growth in our patient list and this growth has been particularly noticeable as Covid restrictions have begun to lift. Within that broader picture, the numbers of patients wishing to discuss mental health issues, including anxiety and depression, which were already growing before Covid, have greatly increased since the crisis began. This is reflected in the level of telephone calls and prescription requests coming into the Practice. It is also why, when we promise you a call, you may well find us telephoning you at 8 or 9 in the evening, often some 12 or 13 hours into the GP's working day.

One effect of Covid has been that it is no longer safe or acceptable to have nearly as many patients physically present on our premises as would have been normal previously. Even with the increasing roll-out of vaccinations and re-opening of commercial and leisure facilities, it does not make sense to encourage patients to attend where a physical examination is unnecessary, especially as those attending may include very vulnerable individuals. To the extent that patients do still visit the surgery premises, it is to be expected that the need to maintain 'social distancing' will long remain a reality. In these circumstances practices have moved hugely towards telephone (and, where appropriate, video) consultation. It is the expectation that this change will be reversed to only a limited degree going forward, as it is in many ways a more flexible approach and takes some of the pressure off surgery premises which were often at full capacity.

GP practices have meanwhile been the main instrument chosen by Government to deliver the Covid vaccination programme, especially for the most vulnerable in the initial 'waves'. This means that, in addition to adapting regular consultation work to Covid conditions, our clinicians (i.e. doctors, nurses, health care staff and so on) have frequently been working Saturdays and Sundays and strictly limiting any time taken as leave. Across the general practice workforce staff are in many instances stressed and exhausted and Carn to Coast are fortunate as a practice that we have had comparatively very low levels of sickness absence, buoyed by the great appreciation shown by the majority of patients, especially at the vaccination clinics themselves.

A priority for practices has to be to ensure that we do everything we can to prevent the pressures upon us from compromising patient safety. One way of doing this is to expand the team beyond those roles which are traditional to GP surgeries. Such additional funding as has been made available by central government is therefore tied to the creation of primary care networks ('PCN's) and the employment by those networks of various ancillary staff, most of which may not regularly have been attached to GP practices. These may now include paramedics, clinical pharmacists and pharmacy technicians, mental health practitioners and health and wellbeing coaches, social prescribing link workers, care coordinators, physiotherapists, physician associates, nursing associates (and trainees).

Carn to Coast Health Centres

For full partnership details see www.carntocoast.co.uk

occupational therapists, dieticians and podiatrists. The PCN's employing these are groups of practices normally serving in the region of 30,000 to 50,000 patients. Carn to Coast has just over the minimum on that basis but has entered into an agreement with Praze Surgery to form the 'North Kerrier West PCN'. (There is also a North Kerrier East PCN comprising Manor, Clinton Road, Harris Memorial & Veor.) Our network has already begun to employ many of the new types of staff to assist us in responding to patient demand. As a result we already now have in our team:

Paramedics – who already play a major part in our visiting service for patients unable to get to the surgery and dealing with acutely unwell patients.

Mental health workers and health coaches; in the past many patients would have been referred to a professional in secondary care on the basis of an initial fact finding by the GP. Now we can in many instances put the patient promptly in contact with the professional to give support direct.

Pharmacists– assisting with medication reviews and queries.

Social prescribing link workers – assisting patients with a variety of needs, which are not strictly medical but can give rise to physical or mental health issues which would otherwise require clinical input and/or medication.

Care co-ordinators and navigators– staff trained to support patients and direct them to the clinician or service best able to assist them.

A first contact physiotherapist – giving prompt advice to patients with musculoskeletal problems who would otherwise be referred to a physio after seeing a doctor or nurse.

All the above are in addition to the team of clinicians who have traditionally worked in a surgery. To make this function effectively we need to ensure that wherever possible we direct you to the person with the right skills. This is certainly not always a GP. For this reason we encourage patients to go on-line and give us details of the problem by way of completing an 'E-Consult', which the patient may complete at their convenience without having to call the surgery. Where the patient does telephone, we require our care navigators (who are thoroughly trained for that purpose) to gather the same information as would be gathered on an E-Consult completed by the patient themselves so that we can assign the problem to the person best able to respond. We fully accept that not all patients will welcome this approach and that it is not perfect but we are constantly looking at ways to improve the approach and do consider it a necessary response to meet the demands upon us with the resources we have available to us.

FAQ (Frequently asked questions)

The GP service I had years ago was much better. Why do we have to have all these changes?

Many of us working within GP surgeries also reminisce about how much easier things were a few years ago. Patients were not nearly so ready to insist on being seen immediately for minor or longstanding ailments and the demands upon surgeries were a fraction of what they are now. They were far less likely to abuse or threaten staff or troll the surgery on-line because they did not get exactly what they wanted. Unfortunately, even if huge numbers of GP's could be recruited in a short period of time, it would be impossible to cope with present demands using an enlarged version of the traditional structure. In reality GP numbers are actually falling not least because of these very pressures. The only solution then is to find new ways of working that use the GP workforce more effectively and supplement it with a team of other staff supported by innovations in IT. This is a work in progress and will take time to implement fully.

Why is a medically unqualified person asking me personal questions when I call the surgery?

We do not ask staff to collect this information so that they themselves can give you medical advice but rather to capture information so that the Practice can deal with the issue most effectively. When a patient contacts us with a problem we need as much information as possible about that problem so that we can decide how urgent the need is and who is the most appropriate member of the team to deal with it. If the staff who answered calls simply acted as switchboard operators or 'receptionists' putting you through to the doctor, then our GP's would spend the majority of their time referring patients on to other people within the practice, rather than talking to a patient whose need is genuinely for a general practitioner. We therefore instruct our care navigators to collect the information we need so that we can respond as appropriately as we reasonably can based on the nature and urgency of the problem as described.

Why are you using your receptionists to put up a barrier?

We are sorry that some patients find it frustrating that the person answering the telephone is reluctant to put them straight through to someone, such as the GP ultimately taking responsibility for their care. This is not because our staff are being obstructive. Yes we instruct them to take certain details but the purpose is not to stop you from speaking to someone; it is to make sure that we have capacity to speak to everyone and not just the person who is most insistent that they should be put through. We are trying to ensure that someone who genuinely needs medical attention is not missed because a patient with a sore throat developed that morning has been more persistent about seeing their GP. Without collecting information as we do, we would find our whole service completely overwhelmed and safety would be compromised.

I asked for an appointment with my GP. Why have you fobbed me off with someone who is not a GP.

Some patients assert a 'right' to speak to a GP out of preference but, in doing so, they may very easily be diverting a doctor from dealing with someone whose medical need really does need the doctor's attention.

I have been paying taxes all my life. Am I not entitled to a better service?

Very few people vote for higher public spending because that tends to mean higher taxes. For many years 'efficiency savings' have been drawn from the NHS which has involved the elimination of any 'spare' capacity and tight levels of staffing. In the absence of 'any 'slack', the ability of the service to respond to an emergency situation or to deal with an increase in demand is limited. At present we have both. It is unfortunate in these circumstances that a minority of patients regard this as the fault of their surgery and a few even dismiss Covid as an 'excuse' for presumed indifference, incompetence or laziness on the part of those attempting to serve them.

I think you have grown too big. If my original practice had not merged with others would I not be receiving a better service?

It is clear that many smaller surgeries cannot cope with the demands put upon them, cannot recruit replacements for partners who wish to retire and find it necessary either to close or to merge. By merging with Pool Health Centre, both Homecroft/ St Day and Trevithick Surgery have been able to remain open and attract new doctors. The alternative would have been for those surgeries to cease to exist. We were unfortunately unable to assist Phoenix Surgery in this way but in the 6 months prior to that surgery closing we received 4000 new patient registrations at Carn to Coast. Even surgeries of our size (30,800 patients) are finding it necessary to work with others - mainly through 'primary care networks' (see above) - to provide some of the services demanded of us.

Carn to Coast Health Centres

May 2021