MACDUFF
Medical Practice

Dr Howard Wright
Dr Marguerita Smith
Dr Daniela Margaritescu

Counsellor Glen Reynolds
By eMail

Our Reference: *07_23*
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Dear Counsellor Reynolds,

MEETING MACDUFF MEDICAL PRACTICE FRIDAY 10 JUN 2022

Thank you for taking the time to come and visit our Practice on Friday 10th June. At the meeting I explained that we had two of our GP Partners sick at home, but I was pleased that we had the time to discuss many of the complaints and other issues raised by your constituents c. April of this year. Prior to the meeting you were good enough to forward some of the main issues so that I was in a position to provide you with an informed and considered response.

At time of our initial correspondence we had been in the extraordinary and unfortunate position where the coincidence of staff absence through sickness, and the reliability of agency Locum GPs, resulted in an immediate lack of availability. Whilst we were dealing with the unintended consequences of the requirement to reschedule patients, and had taken immediate steps to inform our patient population, we understand that this was also a frustrating period of time for our patients whose lived experience was that we were just not seeing patients. This situation was unavoidable, and sadly happens from time-to-time.

You were aware that we had recently made a public announcement that we were changing our modus operandi; and although you were heartened to hear that we were effecting change, you wanted to better understand the underpinning rationale. I explained that for some time the GP Partners had been looking at the daily operation in some detail; and that we had carried out a significant operational analysis based upon statistical information and best-practise from successful medical practices, as well as the areas where we had been less successful in order to provide the best possible conditions for a successful transition. The planning for this change had taken some months, and although we had been slightly distracted in the earlier part of the year, we are now moving forward with a newfound confidence and vigour. We acknowledged that there were many areas where we hoped to improve; and your suggestion of better communication with the general public would be a key area of bridging the gap in order to build confidence was welcome. Hitherto we had opted to use the medium of our website, social media, and Deveron FM as a means of communicating our Practice messages but acknowledged and accepted that a newsletter may reach members of the community that we may otherwise have missed. Indeed we are now working on the

inaugural newsletter which will be ready for publication in July; and we plan to continue this on a regular basis going forward.

The lived experience of our patients having, or not as the case may be, face-to-face appointments was discussed at length; and I explained that we have never locked our doors, and we have never stopped seeing patients in the Practice. Availability of appointments often boils down to clinician availability vis-à-vis patient demand. It is a common thread across all medical practices in the UK, and we offer a combination of many types of appointments in order to cater for this. Many of our patients have welcomed telephone consultations, and the option to dynamically change to video consultation very quickly offers convenience for the patient and also allows the GP to see many more patients in the day than would ordinarily have been seen, with a standard 15 minute face-to-face appointment model, in the practice. We operate a daily duty team consisting of a duty GP, and at least one Advanced Nurse Practitioner, or Emergency Paramedic Practitioner, over and above that of the pre-bookable and on-the-day appointments so that urgent cases may be reviewed by an appropriate clinician. I mentioned an appropriate clinician because although the patient may contact the Practice and ask to speak with a GP; it may very well be that the most appropriate clinician is a nurse, or the Practice does not have the expertise or the specialist equipment to deal with the request; but clinical triage allows the patients' needs to be met.

A patient may contact the Practice and request to see a specific GP; but the next pre-bookable appointment with that GP may not be for some time; but our model allows the patient's needs to be assessed much quicker, and there is always the option of another clinician, or duty GP, to interject in accordance with the clinical requirement. It may be appropriate to offer signposting or referring to secondary care; or the optician or physiotherapists as an example. Our Practice area covers a significant part of the region; and it is not always possible to offer a home visit because of clinician availability on any given day – but the decision to carry out a home visit is, and always has been, decided by the Duty Team.

We are also affected by sickness; and the second order effects of any of our staff going sick puts an additional strain on our resources, and so protecting our staff is key to our ability to operate with our doors open. This includes physical barriers to prevent the transfer of infection as well as protecting their general and mental health from systematic and sustained abuse from a minority of patients. We constantly assess the risk, and Covid has not gone away; I showed you the Practice population Covid statistics in order to highlight the challenges we face. I mentioned the challenges faced by our Clinical Administrators on a daily basis; and discussed the abuse that many have been subjected to. Although this is a common theme throughout many medical Practices in the UK, as the frustrations manifest themselves as a perception that the administrator is a barrier between the patient and the GP, there is no excuse for abusive behaviour and we have a robust Zero Tolerance approach to combat this. No medical Practice anywhere can operate without their Clinical Administrators, also known as receptionists. Indeed no matter the importance of the GP, Advanced Nurse Practitioners, Emergency Paramedic Practitioners, Pharmacists, Nurses, or

management; if the Clinical Administrator does not turn up for work – or worse goes off with stress – then the system begins to fail very quickly. The success for any operation can be measured by the correlation of its administration. It is for this reason that we are fiercely protective of our staff. You had touched on the matter of appropriate training for our administrators; and I provided you with our training strategy and measurement of effect. We have provided appropriate training and mentoring to all of our administrators; and constantly evaluate in order to learn and improve. This philosophy has paid dividends as we have achieved higher standards of administration with fewer people because of the inclusive and supportive culture, and flexibility of mind demonstrated by our highly competent team. We acknowledge that we don't always get it right, and patients do let us know where we have failed to meet the high standards that we strive to achieve; but we are always willing to listen and improve.

The role of the Clinical Administrator

I explained the rationale behind the job title of Clinical Administrator as opposed to Receptionist. The title of Receptionist, in a Medical Practice context, does not accurately reflect the role. There is no other comparative role in any other place within industry that the role of the Clinical Administrator can be matched with or measured against. A Clinical Administrator may be tasked with Reception duties; but that may be only one of many tasks throughout the day or recurring week. The role is diverse, and includes: taking and making telephone calls, administering prescriptions, preparation of Subject Access Requests and GDPR, as well as carrying out tasks as directed by a clinician; but the key point is that a Clinical Administrator does not offer clinical opinion or clinical advice, and they may only divulge information to patients or third parties under strict guidelines – and they are subjected to a strict confidentiality clause. Furthermore, the clinical system records all events where a medical record has been accessed and can be forensically examined if need be. The patient has the right to request that only certain members of staff may access their record; and if and when this is the case then the operational parameters are explained to the patient at the point of request. This model is how every medical and dental practice in the UK operates. We ensure that our Clinical Administrators are trained to carry out the role expected of them; and take appropriate steps to maintain currency and competency.

Social media platforms

We spoke about the importance of using social media in a positive way in order to channel our messages. We have a professional and moral obligation to ensure that our social media pages are not there to be used as a platform for the creation of an intimidating, threatening, or hostile environment which causes offence and stress for others. We are cognizant that the overwhelming majority of people are socially responsible and that anything published online is open to interpretation; but the speed with which the subsequent recording and sharing of misinformation can, and does, cause irreparable damage. Indeed some of the defamatory comments aimed at persons, positions, or practises that have been placed in the public domain; many of which are littered with foul and expletive profanity is, at best, unacceptable – and has

caused extreme distress amongst our staff. Our approach is simple – we will not allow profanity, bullying or intimidation – including mocking gestures – on any of our platforms. Whilst we understand that anyone can have an off-day; we will not tolerate any kind of abuse of our staff.

Our Culture

You raised the point about our culture, and I explained that we now have a positive and inclusive culture based upon mutual respect where co-operation and the sharing of workload, empathy, and no-blame ethos is commonplace. We are creating opportunities for people to grow and advance; we encourage people to expand their boundaries and express themselves professionally. We respect that mistakes are made, but taking ownership of the mistake and learning and improving has taken time to embed. Trusting that targeting issues and not people, with the intention of learning and improving; and not shaming has taken time to embed. Our team has demonstrated selfless commitment; doing the right thing, often on a difficult day, whilst remaining pretty humble – and is not divided. Whilst we may agree to disagree on certain aspects – our focus remains to be that of providing a quality service. Our team do not arbitrarily leave work for others to complete, and we are communicating better than ever – it was not always that way.

Notwithstanding, our administrators are trained, and our mentoring programme, complimented by our administrative rota, ensures that we can operate and change dynamically in order to meet the daily challenges of each day. Building a successful team takes time; and changing from a fixed to a growth mind-set in an ever-changing environment has been key to our future success. We are not yet classing ourselves as a mature operation, rather we are continually evolving. Our administrators have a wide array of skills and are easily able to switch between tasks; they demonstrate flexibility of mind and a team spirit that is growing in strength every day. They are open minded and keen to learn and exploit many of the available technologies and modern digital working practises that are, and always have been, available to us – it was not always that way.

I provided you with a Practice presentation in order to highlight the challenges that we have faced and overcome since May 2019 including:

- The merger of three practices and the coming together of different teams
- Covid 19
- A premises upgrade
- Digitization, Paperlite, & Electronic Working Practises
- IT Hardware Upgrade c.£25k investment (GP Partners)
- Largest IT platform upgrade in 10 years (Pilot Practice)
- Retirement of two GP Partners
- The recruitment of GP Partners

We spoke about the predictable behaviour of teams; and the phases that are necessary and inevitable in order for teams to grow, face up to challenges, tackle problems, find solutions, plan work, and deliver results; all of which formed the basis of our training and mentoring ethos.

Statistical evidence

You raised the point that the statistical charts shown on our social media page, depicting appointment numbers and highlighting where patients had failed to attend pre-booked appointments may have been exaggerated. I explained and demonstrated that the underpinning data comes directly from our clinical system and is a matter of medical record. We have interrogated our clinical system at length in order to ascertain the requirement for change. It is only by having accurate information that we can make informed decisions; and this critical analysis formed the basis of our future planning. Furthermore, I explained that anything placed in the public domain by our Practice is based upon fact; and any inference to the contrary is considered as unfounded hearsay. Since your visit the Covid positive numbers for our practice population are shown at Figure 1:

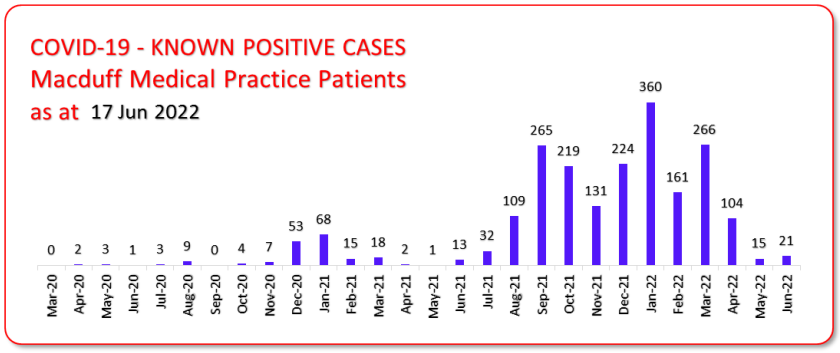

Figure-1

Clinical Triage

Your question pertaining to the rationale for change was very welcome; and thank you for allowing us the opportunity to explain that we have assessed the demand and measured our ability to deliver the requirements of our contractual obligations to NHS Grampian. It is important that we all understand the reasons and rationale for change and we have considered:

- What we are doing right now is proving to be more and more challenging
- Patients are spending an inordinate amount of time waiting in a telephone queue
- Public opinion is that Administrators are clinically triaging patient requests and are a barrier to them seeing a GP
- We have 3 GP partners and rely heavily on Locums - this brings unintended consequences
- We face complaints
- We have faced adversity
- We need to improve our public profile
- We need to support each other - with everything!

Will the new system be better?

The truth of the matter is that we don't know! But what we do know is that elements of what we do right now do work; and that a return to Chronic Disease Management, post Covid, will ease much of the administrative pressure on multiple recalls – thus freeing up time to focus on other areas of operation. We do know that the current online systems do work:

- MED3 Fitnote
- SMS

- Vision Online Services (VOS) / Patient services
- Subject Access Requests and GDPR issues
- Non NHS requests
- Complaints

Knowing that these systems work proves, on the balance of probability, it is more likely than not that the Clinical Triage system could work. The planning for change is evidence-based and is a balance between the demand and our capability to deliver; and underpinned by an overwhelming desire to improve that what we do. The system is completely in our hands - we control the website, and our ability to adapt to the ever-changing environment has been proven time and time again. If it is not working we can adapt - and if it looks like it is going to fail we can change. We all hope that it is going to be better; and even if it is found that what we are doing just now is better than what we are planning to do - we will have demonstrated a willingness to change, and we will be even better prepared to meet the challenges of the future.

Our administrators will not be making appointments for patients at the point of call; rather they will be processing their requests – it will be a clinician who triages the requests, and directs the appropriate courses of action for administrators to follow. Patients will have the option to use a web-based programme to inform us of their requirements; and if they phone the Practice because they cannot access the internet, our administrators will complete the online form with them at the time. This will be carefully monitored to ensure that we do not overstretch our resources and ability to operate.

Chronic Disease Management

Although we have been dealing with Long Term Conditions throughout the pandemic hitherto, having carried out a detailed analysis of the requirement we are now in a better position, with appropriately qualified nursing staff to restart the formal process of the annual review programme in August 2022. The table below outlines the demand, which is approximately a third of the Practice's population. The table shows the breakdown of monthly requirement for the planning and co-ordination of patient appointments; many of whom will require to have two appointments in the month: An initial information gathering appointment with bloods being taken, and a review appointment in order to discuss the results.

	680	122	708	47	123	557	136	1213	205	3791
	Asthma Only	COPD Only	Diabetes and NO Respiratory	Type 1 Diabetes and NO other chronic disease	Diabetes AND a Respiratory Condition	CHD, Stroke, HF, and NO Respiratory	CHD, Stroke, HF, AND Respiratory	CKD, PAD, AF, HT and NO Respiratory	CKD, PAD, AF, HT AND Respiratory	Totals
Month	H1	H2	H3	H4	H5	H6	H7	H8	H9	
Jan	57	13	74	3	18	43	7	106	24	345
Feb	62	7	72	3	6	47	8	104	17	326
Mar	65	14	65	6	16	46	9	124	10	355
Apr	62	9	57	3	14	51	14	103	25	338
May	41	11	57	3	12	63	13	94	18	312
Jun	56	10	51	6	13	48	13	94	15	306
Jul	58	7	55	4	10	44	7	96	16	297
Aug	59	13	59	3	7	50	11	81	17	300
Sep	55	8	56	3	10	48	16	126	17	339
Oct	50	10	50	3	5	35	14	99	18	284
Nov	61	15	51	4	6	47	11	87	17	299
Dec	54	5	61	6	6	35	13	99	11	290

Figure 2

Patients will be invited for review in accordance with their month of birth; and we will be advertising the strategy; and carrying out refresher training for our staff in order to provide a seamless transition. Underpinning the rationale behind the requirement to change is to better exploit the information management systems in order to reduce the amount of times that a patient gets called to the Practice i.e. a patient with multiple conditions is called for routine review once a year instead of being called multiple times, for each condition, throughout the year. This is a tried and tested system; and one with which I was fortunate enough to have been an early adopter for NHS Grampian in 2018. The reduction in administration allows us to focus on other areas of our operation – with a view to providing a better overall service.

Summary

We are not saying that our way is the only way, nor are we professing to have a solution to all of the challenges and issues that we face; but what we are saying is that we have analysed the requirement and built an evidenced based strategy based upon lessons learnt, and established best practises from successful medical practices. We will evaluate, adapt, and improve as we move forward and accept that we will be held to account if we fail to deliver. We are using this opportunity to take forward the very best of what we do whilst capitalising on the opportunity to discard less effective and outdated practises; but we are not considering failure as an option!

Thank you once again for allowing us the opportunity to meet with you and to respond to your questions. I found our meeting to be incredibly useful and I hope that I provided sufficient assurances for you to be confident that our rationale to change is based upon sound analysis; and that our delivery of the service is underpinned by equally sound planning. We will continue to monitor and evaluate our operation, and welcome the opportunity to work with you. It is our hope that you may be able to use your sphere of influence in some way to help advertise the region as being an attractive option for future GPs to come and work with our community.

Yours sincerely

Keith J Anderson MBE | Practice Manager | For GP Partners