

JESSOP MEDICAL PRACTICE



Why am I being asked to complete an eConsult or phone call to gain access to the surgery?

Prior to the coronavirus pandemic we ran a traditional GP appointment system, with our two surgeries (Leabrooks & Ripley) booked in advance via our reception team. This worked well for those who were able to get appointments, but it was difficult for some groups to gain access via this method. Increasing demand and insufficient available workforce meant that people often had to wait a number of weeks. This was far from ideal and if we return to the previous traditional GP model with the current level of demand, there would very quickly be a long wait for an appointment (perhaps 4 to 6 weeks). This is not acceptable in our view.

To improve access, we have added other health professionals to our team, such as Advanced Clinical Practitioners, Nurse Practitioners, and Pharmacists as they are often better suited to meet the needs of our patients and help ensure we use the limited GP capacity where it is most needed.

When the pandemic hit, we followed national directives in moving to a system based on telephone and online consultations, and only seeing people face to face when clinically necessary. This remains the basis for our access system now, though it has evolved somewhat since the pandemic started.

There are 2 ways of requesting help from our team.

- 1. Online consultation, using eConsult.** This is our preferred option, as it goes through several questions to give us all relevant information. The various templates are written by GPs, so as long as you choose the most relevant one to your problem these are appropriate. We realise that it can take some time (a few minutes), but it does save time overall as we can safely determine next steps with the information provided. It is also available all day, so can be completed whenever is convenient for you and you can avoid waiting on our phone system.
- 2. Telephone.** We fully recognise that some people do not have ready access to the internet or are not able to use a smartphone or computer, so these individuals can also access our help by calling the practice. Our reception team will then ask a series of questions, along the lines of the eConsult ones, to pass on to the clinical team. It is important that we have as much information as possible.

Whichever of the above routes are used, all requests for help are then placed in order that they are received on a "triage" list. Every one of these is then reviewed by one of the GP Partners to determine what happens next, based on the information provided. We have various options open to us, ranging from a simple reply with information or a prescription, to allocating the request to one of the clinical team in that day. We take account of requests for a specific clinician where possible.

For requests passed to another member of the clinical team, they will then telephone the patient to discuss the issue. If the problem can be managed remotely such as by telephone or video consultation, then that will occur. If it needs a face to face appointment, such as for an

examination, then the clinician and patient will agree a time for that appointment. Sometimes further investigations may be suggested first, such as blood tests or x-rays, or perhaps an onwards referral is made directly.

We recognise that there is an impression that we are not seeing people face to face. That is not true, and nor has it ever been. We are seeing people who need to be seen, but after an initial discussion on the phone. Our access system is no longer based almost entirely on face to face appointments like in the past due to the issues described above.

Our current system also has its issues of course, but fundamentally it enables us to respond to requests for help the same or following day at the latest – which is a far improved access for all patients from the previous system.

The above system does not apply for the more routine work that our nursing team provide, such as long term condition reviews, cervical smears, childhood immunisations and so on. Appointments for these are still available in advance via the reception team.

Why am I still asked to wear a face covering when attending the surgery?

As per national guidance, we still need to do everything we can to reduce the risk of infection to our staff and patients. We therefore will be continuing with our policy of everybody that enters our building to wear a face covering. When assessing infection control risk, we do need to consider the worst case scenarios which could include COVID19 going through our practice staff which could leaving us too short to look after our patients safely, this is why wearing a face covering in the surgery is still so important.

Why might I be asked to come later in the day or at the end of a surgery if I am unable to wear a face covering?

Our policy for those patients who are unable to wear face coverings, is that if they need to be seen at the surgery, we will invite them towards the end of the day unless clinically urgent. This is so that clinicians can wear appropriate PPE and the necessary cleaning down can take place following their appointment. The patient will also be seen in a separate part of the building and this reduces the number of contacts that those patients may have with other patients building.

Can I still drop things off at the surgery without entering the waiting area?

We acknowledge that some patients may still feel anxious about coming into our buildings, so we will still be providing containers for patients to drop off appropriately labelled samples etc. at the front of our buildings.

.....and please

Continue to be kind to all our staff at the practice. They are all here to help our patients and are following the rules and guidelines set out by the practice to ensure we can care for our patients as efficiently and safely as possible.