

Background to the practice

Alwoodley Medical Centre operates two sites – Alwoodley Medical Centre in Moortown, which is the main site, and the Adel Surgery which operates as a branch location. The two sites are 2.3 miles apart by road¹ (1.9 miles on foot). A community pharmacy operates on both sites as separate private businesses.

The practice operates under a “General Medical Services” contract with NHS Leeds Clinical Commissioning Group (CCG).

Over the last several months, the practice has been looking at the best way to ensure they are able to meet the challenges of the future. The practice identified that significant numbers of patients were travelling from Alwoodley to Adel to be seen, and vice versa.

They also identified that during the ‘on the day phone call’ system they struggled to use the appointments available at Adel as the majority of patients calling preferred to be seen at Alwoodley.

The practice increased the availability of pre-bookable appointments at Adel in response to this but there remained problems with utilizing the available ‘on the day’ appointments at Adel with many patients not wanting to travel there.

Another major factor included that the Adel Surgery building needs a lot of investment to bring it in-line with modern healthcare facilities. In particular this includes improved (level) access for people with a disability.

In late 2019, the practice approached their commissioners with a proposal that they wish to operate from a single location, this would allow them to make better use of the staffing and resources they have and therefore make improvements to the care provided to patients.

During March 2020 and in agreement with NHS Leeds CCG, the practice had been conducting patient and stakeholder engagement around the proposal to close Adel branch surgery.

The planned engagement activities included a survey and public meetings, however the meetings were unable to take place because of the Covid-19 pandemic situation and the social isolation policy that followed.

COVID-19 response

The plan for further face to face engagement was paused while the practice focused on the COVID-19 response.

NHS England mandated that all practices move to a ‘100% telephone triage system’, so all requests for GP help start with a telephone call which the practice immediately implemented across both sites.

¹ Data taken from google maps.

The practice kept its response to COVID under review, and because of staffing difficulties emerging due to self-isolation and shielding, the practice closed the branch surgery. This was in line with local and national best practice to ensure business continuity of the main site so that a primary care service could continue to be offered to patients.

Home visiting has dropped significantly, from between 10 and 15 visits per day to only one or two a day. In hindsight many of the visits done in the past may have been manageable by phone or video.

The last two months has shown that many patient conditions can be managed by general practice remotely and make better use of the time and resources available. For example, home visits take four to five times as long as a telephone call or surgery appointment – which is a significant amount of GP time. With the NHS as a whole taking on increasing management by remote means (phone/video chat) the requirement for home visits is expected to be much reduced.

There have been some concerns over ensuring high quality infection control at Adel branch surgery because the carpets and soft furnishings cannot be easily deep cleaned.

The future of General Practice

The general consensus appears to be that COVID-19 will be around for some time, and that emergence from social distancing is very much dependent upon a vaccine. Until that time the practice services will be restricted by social distancing – whereby the clinicians will need to prioritise access to the practice premises for those most in need and whose needs cannot be met remotely – in order to deliver successful infection control.

The mandate from the NHS leaders is to ‘lock in’ the benefits and seize the opportunity to modernise as a direct consequence of this situation – and this really means ‘go digital’ and work with other practices in a ‘network’.

The practice was already part of a primary care network (PCN) which is developing a visiting service for the frail and housebound. Our network is provided by one GP and two paramedics, and as this develops we are hoping a network based home visiting service will be available. The practice expects to maintain its home visiting services for patients who are housebound.

The NHS Long Term Plan expects increased working across primary care networks, with services increasingly delivered over much larger footprints, this will bring benefits to patients around quicker access from specialist clinical staff but it may mean they are not specifically in the practice’s geography but in a neighboring practice area. Patients will increasingly need to travel to access them which would be offset by more care provided via digital consultations.

For Leeds as a city, there is a “100% digital” project which includes help for specific population groups to get online. The practice has seen that the older patient

population have been good adopters of new technology to access health care, however it's important that this will not replace the need for face to face consultation. This is supported by Prof Martin Marshall, president of the Royal College of General Practitioners (RCGP), who gave evidence to the commons health and social care select committee that about 50% of consultations may be online in the future.

Restarting patient engagement on the Adel Branch Surgery Proposal

Although the face to face meeting was postponed, the practice concluded the patient survey – and has published this initial report which was written by an independent organisation.

https://www.alwoodleymedicalcentre.co.uk/images/AdelClosure/Adel_initial_engagement_report.pdf

The practice has taken advice from NHS Leeds CCG who has agreed that the practice can continue its previously planned engagement with patients and hold a public meeting on-line which will be independently facilitated.

This will take place on Wednesday June 10th at 7pm.

Patients are encouraged to register in advance and sign up to take part via the link below and the practice will be in touch with information on how to get involved.

<https://www.smartsurvey.co.uk/s/AdelClosure/>

During the session the practice will share the patient feedback contained in the initial report and address questions and issues that have been highlighted. Patients will have the opportunity to ask further questions and will also be able to view a recording of the session afterwards.

The practice has been actively involving the patient participation group in the engagement and keeping local elected members and Healthwatch Leeds up to date on progress.

How to submit your questions

Questions can be submitted up to 11am on 10/6/2020:

- Within the registration survey
- By email to alwoodleymedicalcentre@nhs.net
- By post to Alwoodley Medical Centre, Saxon Mount, Leeds, LS17 5DT

Comments following the event

Comments can be submitted up to 5pm on 12/6/2020:

- Within the post-event survey
- By email to alwoodleymedicalcentre@nhs.net
- By post to Alwoodley Medical Centre, Saxon Mount, Leeds, LS17 5DT