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00:00
46 So it is just a minute past 7:00 o'clock, so I
00:06
going to start the meeting. So first of all, just to say a very
00:11
warm welcome to everybody. Thank you so much for taking time out
00:15
of your evening to join us here. My name is Caroline latter I'm
00:20
independent public involvement practitioner and I've got over
00:23
25 years experience of working with patients, citizens and the
00:26
public to influence public service change. So my job here
00:30
today I've been asked by the
00:32
practice and. And by the local, any chest commissioning group to
00:36
facilitate this session. So my job is to make sure we have a
00:41
good productive events and people you here find out the
00:45
information you've been seeking. Have your questions answered and
00:48
know more about the next steps.
00:51
People before we start and I've got a few housekeeping issues
00:54
for us an hour doing an event like this online and it's a
00:58
little bit new for us isn't. It's becoming. I hate to say it,
01:01
quote unquote the new normal so but have quite a few of us are
01:05
getting used to it. Aren't we? Look at becoming a bit familiar
01:09
with doing video conferencing and Whatnot, but there are some
01:12
of us who are new to it so we have a bit of housekeeping that
01:16
we want to. I want to just go through in order to set people
01:20
understand how they can participate in this this evening

01:23
session. So the first thing to know is that we will have mute
01:27
by default, so that's a normal practice practice. Now 'cause we
01:31
have to keep background noises to a minimum in order to be able
01:35
to take part in the events, so make sure you're on mute and
01:39
that we will explain how you can get involved later on in the
01:44
session. Don't forget if you're on video to position your camera
01:47
so we can see you would like to see faces. It's important part
01:52
of human interaction, isn't it?
01:53
So keep him to put it I level, make sure it's the stable
01:56
position. And if you don't have much bandwidth, you know, don't
02:00
worry, you might find it easier just to have audio on, so just
02:04
turn off your camera and you can still hear as you can still see
02:09
the screen and you can still participate. We have people
02:12
joining us just by telephone as well, which is great. That makes
02:16
this technology accessible, so we'll be watching out for them
02:19
and I'm going to talk about how we can raise your hands in a
02:23
minute so and give some special instructions for people who are
02:26
just joining by telephone.
02:28
And how they can raise their
02:29
hand as well? So there is a chat function as well. I hope you
02:34
would have seen some of this information in your joining
02:37
instructions, but you can turn on the chat function just by if
02:41
you go down to the bottom of your screen, you'll see a little
02:45

bubble with chat and you can turn that on. We're going to
02:49
encourage you to ask your questions, posed questions or
02:52
issues and comments in the chat function. I'll be monitoring it
02:56
along with my colleague Gayle Cobb, who is also an independent
02:59
practitioner and will be looking for additional questions and
03:02
issues. That we can raise, but also towards the end of the
03:05
agenda. You know, we've got a good half hour. We hope for
03:09
people, for we can raise those additional questions. And also
03:12
if anybody would like to specifically say there.
03:14
Question, you know, using the camera from, you know live, we
03:17
can look at the range that as well and the way to do that
03:21
would be to raise your hand and I'll let you know when we're
03:25
going to be at that stage and how you do that is if you again
03:30
harbor down to the bottom and see the participants bubble.
03:32
Where we currently have 52 participants welcome everybody.
03:35
You can also let some of it. You can raise your hands so it
03:40
should come up with a little box and have raise hand on it so you
03:46
can raise your hands but don't raise your hands yet 'cause
03:50
we're not yet at that part of the agenda. OK, so just also to
03:55
remind you all that we are as promised 'cause we practice have
03:59
been talking to elected members and obviously other stakeholders
04:03
that we. Recording the session and the reason why we're doing
04:06
that is twofold. One to make it accessible to other people
04:10
afterwards so they watch it and listen to it and see what's been

04:14
going on also so that we can produce a report from today's
04:18
session and will be using that reports. The practice will
04:21
publish it on their website and make it available to you and
04:25
they will use that information along with the survey that many
04:29
of you responded to in developing their business case
04:31
and then just finally, you know,
04:33
like. Eddie public event. We all rule learning so we take this as
04:38
a learning experience doing this type of online session. But
04:41
again, let's just be polite. We always are outweighed kinds, and
04:44
we've got no problem at all I have no problem at all in any
04:49
question anybody wants to raise, but we all see obviously do it
04:53
in a respectful way and at the very end I'll also be giving you
04:57
a link to a event evaluation form, just as if we were before
05:02
meeting together in a church in
05:04
a hole somewhere. Just to find out how you experience this
05:07
session and what we can do to learn from it, because I think
05:11
you know we've got some good participation deceived in quite
05:14
a number of people on the zoom today, and it's a great way of
05:19
extending lots more involvement. So should we be doing more so
05:22
it's just something to think
05:24
about? Right, oh, OK. So now that housekeeping is a bit done
05:28
and dusted out. Now start the session properly. So just to say
05:33
thank you to everyone who is registered to take part this
05:37

evening. We had over 136 people register. I know that sometimes
05:41
that doesn't translate into everybody that takes part, but
05:44
clearly there's 55 people on that. Include some of the panel
05:48
and practice members, but it means that all those people can
05:52
then look at the session afterwards on the link.
05:55
And the recording, and I'd also like to say particularly thank
05:59
you to those people who took the time to pose a question in the
06:03
registration information that's been really helpful and in
06:05
particularly because we're running this section online.
06:08
It's not like we're all in a room together, so we have to be
06:12
a bit more thoughtful about how we make sure or addressing the
06:16
questions that you raise. So I and my colleague GAIL have
06:19
looked at these questions a lot of detail. We've gathered them
06:23
together and often we find people ask similar questions. So
06:26
we tried to put them.
06:27
Into themes and will be putting these to the practice during the
06:31
session, so it's my hope that were able to address large
06:35
number of your questions and issues that you've raised. But
06:38
and then we will move to that open session at the end. As I
06:42
said, the live questions session. So as I said, when we
06:46
get to that bit and let you know and you can indicate if you'd
06:50
like to ask the question yourself, live by putting your
06:53
hands up. If not, please just put them into the chat function.
06:57
As I say Galen, I would be monitoring them, and if we

07:01
haven't already addressed the more we feel need to address
07:05
them again, we will put them to the practice and I'm sure
07:09
they'll be happy to tell us. For those people listening in on the
07:13
phone and not going through there an their computer. If you
07:17
want to raise your hand, you can do it by pressing star 9 and
07:22
again will monitor that too.
07:24
OK, so we also you might wish to if you want to and say who you
07:29
are in the chat function. Introduce yourself if you want
07:33
so you know so you know your name and whereabouts you from.
07:36
And also I think we may have some elected members joining to
07:40
an if you were obviously local elected member, please let us
07:44
know you here. Just tell us in the chat function say hello and
07:48
also we have a little pole here. If you'd like to take part in it
07:53
would be great. It just gives it a bit of a feel for.
07:57
Uhm, you know who's who's everyone that's here? So the
08:01
question is which practice do you live closest to? And also
08:04
which practice do you normally prefer to attend and that gives
08:08
us some information 'cause they had quite a lot of questions
08:12
around that, so we can give some live feedback about the people
08:16
who were on the call today
08:18
anyway, so. As you can see, there is also the agenda I'm
08:22
doing that welcome introductions and shortly and going to
08:24
introduce Dr Martens that Cliff who's been the Lee GP for the
08:28

public engagement, and he's going to talk a bit about the
08:32
background and the issues in a minute. But we also have good
08:35
representation from the practice team who wears this evening, so
08:38
I'm not sure how many people you can see, but if you remember the
08:43
practice team you want to give the wave, this gives a wave.
08:47
Hello hello. Practice team and then also we have some members
08:52
of the patient participation group got the chance. Some of
08:56
the members so could you give us a wave as well? Practice
09:01
participation group and queue. So I think without further ado
09:05
let's enough for me for the moments I'm going to ask him.
09:09
Doctor Martin Sutcliffe just to talk us about the background of
09:14
why the practices Barrett IV. And then we've got 2 so far.
09:19
Martin. Thank you very much. Uh, Caroline. So I'm doctor
09:25
success. I wanted the GP partners in the GP trainer in
09:31
practice. Turns out it's a couple of years ago I went to
09:35
their public speaking course with the CCG for about an hour
09:38
and because of that I've got to be the front man for this public
09:42
speaking event. So thanks for
09:43
that. I'm so my job is really to to run through the backgrounds
09:48
and to bring you up to speed with how we got to where we are
09:53
today and how we looking to move
09:55
forwards. Uh, it's quite wordy slides, which I apologize for.
10:00
Will try to make a way through
10:02
them. Um, essentially we merged into being outwardly Medical

10:09
Center, where more often this related surgeries emerged back
10:14
in 2016. Um, and at that time we obviously have the huddle
10:20
brand surgery, which was part of
10:22
nursery Lane. Uh, and that's the years of, uh, well. Done with
10:28
that, we've found it's been increasingly an effort, or we've
10:32
had to be quite coding in order to try and make sure that the
10:37
appointments that are available at adding surgery get used.
10:42
We've done this by things like putting more pre bookable
10:47
appointment saddle. And we have made more directly book up along
10:53
with day appointments available where they're given away by
10:56
reception rather than being guarded by GPS on the telephone.
11:01
But even with that we were finding we were sitting on the
11:06
phone and we were.
11:08
Having to try and persuade people to go to adult to
11:11
get seen in order to get the appointment to used.
11:14
We combine that with needing to run a code, preferably excellent
11:22
service that safe and caring and
11:26
effective. We felt that if we could bring everything under one
11:31
roof at Howard Lee where we have a very modern Health Center with
11:37
lots of space and sizable
11:39
consulting rooms. We felt that we could use our stuff more
11:44
efficiently and deliver better services to our patients.
11:49
I mentioned that with the medical sensor we we saw.
11:54

Compare that with Adal surgery which is very much a a kind of
12:00
a traditional general practice. Really, it's a really a
12:04
converted house and it comes with that. Some of the
12:09
restrictions that a lot of practices have with not
12:13
necessarily the best level access for disability issues
12:17
with narrow doors, narrow
12:18
corridors and. Uhm, you know we frequently find ourselves
12:22
struggling to help people get their wheelchairs and whatnot
12:26
around the corners and down the
12:29
corridor. Adelyn is also in need of some work. Infection
12:35
controllers become a huge issue
12:38
recently and. Whilst adelisa kind of good enough, we feel
12:43
that with the.
12:45
Corona virus issues the software Nishing's and the carpets
12:49
acquire an issue in terms of
12:51
with Delta. Clean them and make sure that your car is safe and
12:57
effective compared to outwardly where we've got hard flaws and
13:00
hard furnishings. And the much easier to clean, so
13:05
much higher standard.
13:09
Take my button so we we extracted some numbers from our
13:15
from our system.
13:17
I remember a quote that I've often heard in presentations
13:20
that in God We Trust all of all of this must bring data.
13:24
So we tried to do some data. Now I want to carry out the data we

13:28
produce that we think the data is fit for purpose.
13:32
And we ought to inform our discussion, but this is not
13:39
research level data.
13:41
We have some issues with the fact that our data changes every
13:47
day. And extracting data two different time intervals will
13:50
produce the different data. For example, when someone changes
13:53
their address. And if I extract data from a patient who.
13:58
Was seen in Addle in 2019, but has since moved to let's say
14:04
Newcastle. I will now get reported then Newcastle Post
14:07
code, so it's quite hard to know where they lived at the time
14:11
they were seen. I'm essentially though when we
14:15
had look at that data.
14:19
Oh, I think my computer gonna play out.
14:26
There we are essentially when we had to look at that data, we
14:30
were looking at patients who are moving. So we looked at hourly
14:33
patients traveling to Addle and we looked at adult patients
14:36
traveling to outwardly. And these are the two kind of
14:41
headline numbers that we were sending patients from. Ould Lee
14:45
across the adult to be seen.
14:47
Five 4700 nearly appointments where that was the case in the
14:52
12 months that we did. Data for.
14:55
Uh, when we looked at patients going the other way, there were
14:59
about five and a half thousand patients who were traveling from
15:03

adult to outwardly in order to
15:05
be seen. Now.
15:08
It's numbers
15:11
and. It doesn't tell the full story because of course some
15:17
people go to a particular surgery for different reasons,
15:20
so we know that some people travel to a surgery in order to
15:25
see the GDP of their choice.
15:27
And if a if a GP wants to if a patient wants to see a specific
15:31
GP and the day that the patient is available is a day that the
15:35
patient is at idle or outwardly, then the patient will travel to
15:39
that their GPS choice quite
15:40
often. But when we married that up with our experience of are on
15:46
the day urgent care service, we felt that the number of patients
15:51
who were needing to encourage to be seen over Apple and travel on
15:56
either round the ring road or
15:59
Stairfoot Lane. We felt that was
16:03
quite significant.
16:05
Um? And on that basis we very much
16:11
feel that focusing the services at Hourly Medical
16:15
Center is probably to the advantage of the service
16:19
effectiveness.
16:21
Now. Play the clutch on my screen a second.
16:28
Hum.
16:29
Kobe 19 came along and I think that the effect of

16:35
COVID-19 was one of accelerat ING a
16:38
transformation process that was already happening.
16:42
It was running away steadily and this is not just in North Leeds
16:46
but on a national basis. It was
16:49
steadily happening. But one COVID-19 came along.
16:53
A way back in March we were in receipt of an instruction
16:57
basically one weekend that said.
17:00
Cancel everything, go to a full telephone triage system.
17:03
Everything gets the one done on the phone first and that's what
17:07
we did. So we have massively changed our appointment system
17:13
at the moment and we don't really run appointments as such.
17:19
We're now running a system where if you like medical care and you
17:23
contact us that day.
17:25
We will contact you back that day if we need to bring you into
17:30
the surgery to see us. That day will bring you in that day as
17:34
long as you're not exhibiting
17:36
symptoms of covert. Because we do have to play are significant
17:40
part in preventing transmission.
17:43
Hum. We think.
17:46
And the future vision that's being discussed nationally is
17:49
that maybe about half of problems as we emerge from this,
17:52
they're going to stay as things that are managed on the phone.
17:56
Was about half are probably going to need to be seen
17:59

face to face.
18:01
And. They the likelihood that is that we were talking
18:06
about Halfing the number of times we bring patients into
18:10
the medical sensors compared with previously, so will
18:12
likely be half in the number of times people visit both
18:16
outwardly annadell which.
18:19
To be fair, it is not particularly helpful to any kind
18:22
of economic case around battle in terms of wanting to keep it
18:26
open. That, however, means that capacity is now huge. We know
18:32
that patients have been upset about 345 waiting times in the
18:37
past while waiting times in our measured in hours or even
18:42
minutes rather than days or
18:44
weeks. Which we hope you would agree is a much more effective
18:50
and responsive service.
18:52
And we've continued to offer services for the people who are
18:57
more in need and have difficulty accessing services that we
19:02
always did. So we still want a home visit service. And in fact,
19:09
working with our neighboring practices were starting to offer
19:13
a more refined and purpose built service for that particular
19:18
group of patients.
19:21
Many of you will know that the pharmacy over saddle has
19:26
remained open over occur in the virus while the.
19:30
Um? While the Medical Center Atlas unfortunately had to be
19:36
temporarily closed because of staffing infection control

19:39
issues. We continue to support not just idle pharmacy, but
19:44
every pharmacy bar patients choose to use. We've actively
19:48
engaged with a recent upgrade to electronic prescribing systems.
19:53
Uh, and that's upgrade means that when a doctor issues your
19:56
prescription, you can choose your pharmacy and go anywhere
20:00
you like. Without needing the piece of paper.
20:04
So we remain supportive of the
20:07
pharmacy. Obviously it's been accused change. Healthwatch
20:11
leads have been doing these things called Weekly Checkins
20:16
during the lock down.
20:18
And, uh. They.
20:22
Feedback that health watch is an independent body have been
20:26
getting suggests that patients not just in now would leave with
20:30
across leads have been managing to use the services in the new,
20:35
the new design and certainly our experiences. The patients from
20:38
both outwardly and that'll.
20:40
Of all demographics and all risk groups have been
20:46
successfully accessing services.
20:52
We have thought about the vulnerable outlet at the Addle
20:55
area, and as I said, home visits are continuing for those who are
21:00
housebound and we have thought about some specific groups. So
21:04
we have for example, gone out to look for our patients with
21:08
learning disabilities in the
21:09

Apple area. And we have sought to review them and make sure
21:15
that we think that they will still be able to access
21:20
services. Obey those services will be different
21:23
as a different sites.
21:27
Now.
21:30
I I I.
21:32
I regret to me to be saying this, but it feels a bit sad to
21:38
be saying this whole objective in these proposals is to
21:42
consolidate and reinforce our service to make sure it is.
21:47
Fit for the future that we can carry on recruiting. GPS nurses,
21:51
pharmacists, paramedics, all the people who will care for you and
21:55
that we can do that safely and
21:57
effectively. But we recognize that the effect of.
22:03
Uh, of closing idle if we go ahead with that would be that
22:07
some patients may feel that they
22:09
will be. Better served by moving to the medical centers.
22:15
There are some neighboring medical centers I think.
22:18
Essentially the medical sensors that are accessible are the high
22:22
field surgery here.
22:24
And the island would surgery
22:26
here. Um?
22:30
To be honest, the travel times and the travel logistics are not
22:35
hugely different to Albert Lee, there slightly shorter.
22:38
Uh, and we would hope that as

22:42
we. Develop our services as a result of this and as we enhance
22:47
them at Old support patients
22:49
much better. We would, we would hope that time you would choose
22:55
to stay with outwardly, but we
22:58
will facilitate. Changing surgery, if that is what you
23:01
choose to do. I'm.
23:05
I think that's the end of my
23:07
background and update. So I shall hand back to Caroline.
23:13
Uh, I think is gonna throw some questions that is.
23:19
Carolina can't
23:25
hear you
23:31
muted.
23:36
I was unable to unmute myself there for a moment, and I think
23:42
that's the function. My husband would very much appreciate. Let
23:46
me button, never mind. First of all, thank you for that.
23:51
Between, you know that there's a lot of questions coming in, so
23:55
GAIL is looking at them. I'm going to make sure we get to
23:59
them. There's a lot about.
24:00
About appointments and access, so I think we'll try it. Will
24:04
try and get to those first, so I think there's a number of them
24:09
that kind of interrelated. And then there's some other issues
24:12
that are coming through as well. So going to look at those while
24:16
I sort of start on some of the first ones, particularly about
24:21

some of the things that came through on the registration
24:24
questions too. So just for those people who have joined,
24:27
discovered a few more people. Join us since welcome. I'm
24:31
Caroline and the independent
24:32
facilitator. This evening, just to remind you that, um, you can
24:36
please put questions and issues in the chat we're monitoring. It
24:39
will pick them up later on. We're going to have to do for
24:43
some live Q&A's for anything in it for additional things that
24:47
people feel that it was important to ask just so you're
24:50
aware as well will produce producing these into a
24:53
frequently asked questions and answers documents, which will
24:56
also be on the practice website, so you get a chance. Look at
25:00
these again afterwards, but it
25:02
feels like. There's a lot of questions around the the
25:05
concepts of appointments about the capacity of the practice to
25:09
have enough appointments. There's some clear issues about
25:12
people being worried. It might be more difficult to get an
25:16
appointment. I think some of the in this is in the pre pre
25:21
questions. There was some concern about patients who have
25:25
adapted live near adult branch. Worried that might not be enough
25:29
at our Woodley and vice versa. People who would normally use
25:33
already concerned the adult
25:34
patients. You take appointments and I'm going to come to. I'll
25:38
just mention this now, but I couldn't come back to it, which

25:42
is the theme arising, I think through the chats that people
25:46
saying that they don't, even if they wanted an appointment to
25:50
Add all that automatically. I think the word here is pushed
25:54
towards having appointments that Alwoodley, so there's a couple
25:57
of issues there. So who will be best kind of pick up on those to
26:02
kick this off?
26:04
So in terms of
26:08
appointments. Or maybe just rates right? The the system that
26:12
we've come to now around coronavirus where we're managing
26:15
everything is what we called doctor first or telephone first
26:19
is different names from the
26:21
model. Um, where everything starts on the telephone and
26:24
everything is managed on the
26:26
day. Our current conversations I think both locally and
26:30
nationally of it. That's that's something we kind of thinking
26:33
will carry on with.
26:35
We love the idea that when you want medical help, it's within
26:40
hours or minutes rather than days and weeks.
26:44
I'm. The concept of the pre-booked appointment is.
26:50
I I don't really know where that's going to fit it in the
26:53
future, but there's a lot of discussion to be had around
26:56
that. Um? So it's difficult as we emerged from cope with what
27:01
we're going to be mandated to
27:03

do. I think I may be in terms of addressing.
27:09
Patients were is there, maybe ask Doctor Records to just come
27:14
in and comment on that.
27:17
Yes hello everybody, thank you for being present. So yes, I can
27:21
see the comments coming through. I think this may be a
27:25
difference. Your experiences will mainly be in the past from
27:28
having a multi to book a pre books appointment and in my
27:32
experience of my surgery you know those? Uh mostly you know
27:35
in the past have been full but I think Arisu has been more with
27:40
the on the day appointments because in the past as well as
27:44
pre booked we always had on the day of both surgeries.
27:48
And it's those ones which have been more difficult to fill. So
27:53
you know that I think it's maybe where the sort of difference
27:58
difference comes. As doctor Sutcliffe said, times are very
28:02
different and hopefully you're enjoying the current system
28:05
where you get contact very rapidly after phoning us. And
28:09
then if you need to be seen if we can't see you because of
28:15
Kovid, then we arrange that.
28:18
So it will the whole, you know, many of your concerns. I think
28:23
moving forward will be less of a concern because we will probably
28:27
continue to work in a different way from what we're doing now.
28:32
Far is total appointments to go. Obviously all the appointments
28:35
that have been an adult will move toward Woodley, so there
28:39
won't be any reduction which is transferring the service in the

28:43
hope that we can offer you a
28:46
better service. So with them with the GP service.
28:52
The on the day pressures the people who want to be seen on
28:57
the day have always been a key thing in our mind and have
29:01
affected the balance of on the day versus pre bookable
29:05
appointments in the past.
29:07
The nursing service is a little bit different and most nursing
29:12
appointments will tend to be pre
29:15
booked. So I think we have had some issues with that in
29:18
the past over Addle as well. We could maybe ask, showing
29:22
Harrington our lead nurse to just pick up on that little
29:25
more.
29:27
Certainly good evening everybody, but we've notice to
29:31
over you know, recent months before conveyed, was the nursing
29:36
appointments weren't being fully taken up and.
29:40
We seem to have a demand in one place more than another, and as
29:46
the nurses only down at Apple three sessions a week, there is
29:51
little scope to increase that 'cause they healthcare
29:54
assistance are working another
29:56
two ships. So by moving services into one area, it's felt that
30:01
having all the nursing service in one area would increase the
30:05
capacity for seeing the patients in a more timely manner, and his
30:10
doctors up to set a lot of our apartments are pre booked, but
30:15

increasingly we are seeing people that are needing on the
30:19
day appointments and when there's a team of nurses that
30:22
can jiggle car payments around between us then it's going to
30:27
allow for better collaborative
30:28
working. But it also gives most part two other members of the
30:33
staff who may need the support of nursing teams as well.
30:37
And you know whether to support GPS, other other
30:40
health care workers as well. So therefore having everybody
30:44
under one roof will allow us to be sort of little bit more
30:49
flexible in a bit more available to the wider
30:52
population.
30:54
I think. So the so the comments we've had back about this in the
31:00
past Carolina Queen about.
31:01
That people feeling that they've been offered and they've been
31:05
pushed to outwardly well, so we feel that we've been pushing
31:09
everyone to add more, which is obviously a little bit of a
31:13
disconnect between us.
31:14
Interesting to to kind of get a perspective from the Admin
31:19
Department and the people in charge of answering the phones
31:23
so Jane Tater business manager supervisors adminer I wonder
31:27
should mind just cool few words on the experience there.
31:31
And yeah, thanks Martin and good evening everybody. Um, certainly
31:36
just just um, in terms of Addle Utilization and um, encouraging
31:41
patients to use the Apple surgery. As Martin says, there

31:46
is a bit of a disconnect in in in how we see it, but certainly
31:52
from an admin POV. And obviously feedback from the GPS. Who are
31:58
triage patients and booking into patients into apartments on a
32:02
daily basis. Although the figures do show the addle
32:07
appointments are quite highly utilized, an that doesn't really
32:11
reflect the effort that it does take. I mean, I do hear the
32:17
admin stuff on a daily basis, and patients who specifically
32:21
want to be seen at the adult surgery will obviously say I
32:27
wanted to go to adult, which is absolutely fine. And if they
32:33
don't, the stock response.
32:34
From admin staff certainly should be that.
32:41
Can you can you get to the addle surgery and then, as I say, the
32:47
majority of patients will say
32:49
no. Which is reflected in the figures that doctor Sutcliffe
32:53
showed up the beginning of the presentation as to why patients
32:58
from Alwoodley are traveling to adult in order for us to use the
33:03
capacity that is across their
33:05
adult. I do have, uh, some evidence of a nurse appointment,
33:10
certainly within the last few
33:12
months where. Even on the day of the appointments, the
33:18
appointments for nurses are half empty, if not less than that,
33:23
an. Obviously it's just not.
33:27
Efficient to have experienced clinicians with no appointments
33:30

when there is such a high demand at awkwardly, and we feel that
33:36
it would be much more beneficial to patients too.
33:41
To meet that demand or Woodley
33:44
Can I want? I think another note on that if I may Caroline. Yes,
33:51
discussing this for a long time.
33:54
And in particular with RPG. About us. Access to
34:01
appointments. Think I may be interesting to just confirm with
34:06
doctor Manning that we've been having those discussions.
34:10
Pulling this phone with us for awhile.
34:13
Yes, I think the meetings we've had this a common. It's a common
34:18
question from patients nearby access to appointments. I think.
34:21
I mean, I'm a retired GP and I have seen changes in the
34:25
service. Nothing with some of the things that we've talked
34:28
about, introducing the signposting, etc. I think this
34:31
will be a way of introducing this much more easily. I think
34:35
I've realized myself there's a lot of content, probably don't
34:38
need to be seen by the G and the fact that the cause of filtered
34:43
in the person is directed to
34:45
the. Appropriate person makes a big difference. I think what
34:48
covert is done as accelerated changes that would have taken
34:52
five years and I have to say on a personal level, I think the
34:56
system that I see in place now is much more efficient than the
35:01
way I worked for many years. Thank you for that. Skew it and
35:05
I think that there's clearly a lot of historical issues there

35:09
about peoples experiences prior to Cove ads and nothing is going
35:13
to be ongoing. Sort of
35:15
understanding how. The practice is going to be accessed from now
35:19
on, isn't it? In this whole knew normal because of covert and
35:23
Whatnot, but I think that is good that the patient
35:26
participation group is aware of it, and I think it's something
35:30
that obviously needs. Close monitoring is clearly a
35:33
passionate issue that patients of gods on the section today, if
35:37
I may, I'd like to ask a few more questions that are related.
35:41
And, for example, we've had some questions both on the chat and
35:45
in advance. About the know if the question about how many
35:49
new registrations you, the practices had, and I think
35:53
this is related to the housing development. Clearly
35:55
there's lots of building going on, which is great,
35:59
providing you housing etc for local people. But clearly
36:02
there's a concern about about maybe increasing pressure, or
36:05
indeed more people that want to access that local service.
36:09
So I think if we could consider that as well, is
36:13
there anybody that can give us some feedback on that?
36:17
Yeah, so that that's really a a data question that I think has
36:21
been asked to us about the numbers of registrations from
36:24
housing developments. I'm the answer is it's gonna take me a
36:28
few days to produce the data, but we will. We will respect the
36:32

question and we will produce the data and we will update the FAQ
36:37
that will be posted on the website with the answer to that.
36:42
Um? At that there is Jane's got any information on OS,
36:47
notice any registration trends from new developments?
36:51
An no, not at all. I mean, when we when we merged,
36:57
obviously, um in 2016, uhm and
37:00
adult. You know, after surgery was still still part of us, an
37:07
obviously we were looking to the future and we knew that there
37:12
were. These knew all the new developments, so we're looking
37:17
forward to having all these new registrations and new patients
37:22
and to practice. But unfortunately I think as alluded
37:26
to in the initial engagement consultation. Engagement
37:29
documents. Can see that we haven't had an increase in our
37:34
list size despite the number of new houses being built.
37:40
OK, unconscious at the time and there's a lot of questions to
37:43
get through, so I'm going to move his own and clear. This is
37:47
an issue is going to continue.
37:48
So, uhm, I'm going to move on to the top topic, which is the one
37:54
around transports. We've had a large number of comments around,
37:58
you know if it adds to close about how to access the main
38:03
main surgery number of comments about there being no direct bus
38:07
routes, and in particular comments around peoples
38:10
individual circumstances. Example, a guide of user who
38:13
knows the root without a stable person who struggle to get bus

38:17
Norwalk those who can't drive.
38:19
And obviously enjoy working walking toward out. So what's
38:23
the pack practices view about this? What, what is it you think
38:27
you can do to minimize this?
38:30
Yeah, so we we recognize that this is an issue and we hugely
38:35
sympathetic about it. We know that that's an issue for many
38:39
patients. In terms of the public transport options I I went on
38:46
the West Yorkshire Metro
38:49
website. An and the options that public transport lists there.
38:53
The quickest route is walking across the back of Leos for
38:57
model surgery over to King Lane and then you can get the number
39:03
7 a bus on King Lane to reduce the length of the walk. But we
39:09
do recognize that that's still a miles work and it's not going to
39:14
be for everybody.
39:16
The least walking option we recognized as it is an hours or
39:20
seen to town and out of town and we know that.
39:25
I think.
39:28
I think we need to think to the future out. It is our intention.
39:34
Very much to maintain this kind of more reactive on the day
39:39
service. And that gives us quite a lot of flexibility to work
39:44
with. RPG to work with the local councillors to work with the
39:50
City Council to work with a CCG and all those kinds of social
39:55
partnerships. And think about how public transport can better
39:59

serve this group.
40:00
Yes, for example, the access bus service that a lot of patients
40:04
in that position might get to
40:05
the supermarket. And we may be able to come to arrangements
40:11
that accommodate accommodate
40:12
that. It may be worth asking Doctor Hall about that as well.
40:18
He was a partner in the in the Moorcroft surgery for merger who
40:24
did not from other branches. That'll be asking for opinion.
40:29
Yeah good evening. Thanks Martin. an American couple
40:33
things on the just.
40:35
Exited that slide you've
40:39
got. They also do things I cyst
40:43
I. Looked at was obviously top it cost of a taxi, which
40:48
obviously we've been live.
40:51
Again, to boldly for model is about £4.50 to five
40:58
pound. I also Rang the
41:01
access bus. And obviously there was pretty Covidien and
41:06
currently, but recovered then patience and presumably after
41:10
kovid patients can call and book transport on the access bus
41:16
which could make out of patients, could get told Lee. I
41:22
also then spoke plus who deliver the service for the access plus
41:28
and they did say that for example the PPG could.
41:33
A negotiator talked to Metro on the patient's behalf with
41:38
practice, support to look at whether the service could be

41:42
could be improved. I mean, we are aware that obviously it's
41:47
not ideal. For some patients that we're going to have access
41:51
problems to transport and um, but I think the benefit you know
41:55
it's not going to.
41:57
Everybody won't be happy 'cause people who can work, that'll who
42:00
are going to struggle to get transport or Woodley are going
42:04
to be disadvantaged.
42:06
What we do think that all the benefits that you highlight the
42:10
we've highlighted in the the proposed closure, it going to
42:14
improve the service to patients.
42:17
Never quite wide practice area mean that'll we go from idle.
42:23
God well and paste it in Shadwell again and in the same
42:27
position as the other patients they are the same distance and
42:31
have the same transportation so just added to that then and
42:34
clearly the transport issues is quite a lot of comments coming
42:38
through on the chat is going to is a major concern. Is this
42:42
something that? Patient participation group little so
42:44
look at it seems that it's a key thing that could be looked at in
42:49
order to try and minimize some
42:51
of the impact. If this proposal is to go ahead.
42:57
I'd be happy to do that and not act as a link. Basically 'cause
43:01
I mean I I have made myself available. I wanted to try and
43:05
expand the patient participation group, but it it's not easier
43:07

now. We were gonna I was gonna have a presence in the surgeries
43:11
to discuss things I think would like to have more involvement
43:14
going forward and look at all the options and I'd be happy to
43:18
do that. Be more than happy to make myself a contact person for
43:22
the people who can't get to all
43:24
the meetings. So there's some comments coming through about in
43:28
particular concern around impact. It may have on people
43:32
that perhaps need more support, so those with disability, for
43:36
example, would had a question that came in Pryor about
43:40
somebody who has an autistic child he likes to go to adult
43:45
'cause it's quieter, you know,
43:47
except rhe. What kind of considerations with the practice
43:51
make around people that have a particular need for support?
43:57
And I think if I can answer as well, again, I mean obviously
44:01
when. We remote of surgery had about 1000 patients who
44:06
joined us from model. We didn't have a surgery
44:09
Natalie. We kept housebound patients on they still stay
44:12
with. Our surgery was still visiting them on. Visits will
44:16
still offer home visits to house from patients and
44:20
obviously it for medical reasons. Patients can't
44:22
travel. Tour would leave from other than they would be able
44:26
to request a home visit.
44:30
I don't think we can. We won't be able to please everybody with
44:37
come with the closure.

44:39
I don't search, it closes it. Some patients will be
44:43
disappointed and obviously we would prefer them to stay with
44:47
our perjury to stand up. Obviously, patients that have
44:51
problems accessing transport Mir Mir wish to join a surge in
44:55
which we have a direct plus LinkedIn, so that's another
44:59
issue that's come through on the chat is that? I think it's
45:04
probably important to remind people about that choice
45:08
elements. I'm assuming looking
45:09
at practice. Partners that you want to continue to look after
45:13
and care for your patient population. But the NHS has a
45:17
policy of choice. You can choose what you know your GP practice
45:20
or what are your thoughts about that. Can I maybe come to doctor
45:25
Raj on that one? Sorry, could you say that again when it was
45:29
about patient choices on the on
45:31
the. Saying, Well, you know, can we go to another practice? Yeah,
45:35
I mean in the end people can choose to go to other practice.
45:39
We'd rather not lose patience with rather keep patients who
45:42
are registered with us and we would try and do everything we
45:46
can. To help those patients, but in the end there are practices
45:51
that are around the Seattle location and they are able to
45:56
take on patients who choose to register with them.
46:00
Don't be a preference, but in the end some people may feel
46:05
they can't. Can't stay with us and with practice support people
46:10

in making that choice. Have you been talking to other local
46:15
practices? Are they aware we've spoken to the practices around
46:19
us and there's four main practices that are aware of
46:23
current situation and they are willing to take on extra
46:27
patients. Make that information available if that. Yep Yep
46:32
salute Lee. Filter.
46:34
You don't want to these patients. That is, again, you
46:38
know if people have that choice.
46:40
OK, I'm going to come onto. There's a question about the
46:43
pharmacy that's come up quite a lot in the pre. The questions
46:47
prior and it has some other bits in the chat, but I'd like to ask
46:52
you about the pharmacy that's in adult. People are worried about
46:56
how if the if Apple closes or it might impact on that pharmacy
47:00
and then will that pharmacy remain. So what discussions have
47:03
you had with the pharmacy? Pharmacy is a massive issue and
47:07
actually the farms is very important for the community we.
47:10
Um? Probably the biggest supplier prescriptions to that
47:15
pharmacy locally, and we've spoken to the owners of Pharmacy
47:20
who are keen to keep it open. As far as I'm aware I think.
47:27
90% of their prescriptions come from us and they will continue
47:31
to come from us whether we have a building, an adult, or an or
47:37
just a Woodley, everything goes electronically. Their flow of
47:40
prescriptions will be
47:42
maintained. So I don't think at the moment the pharmacy hours is

47:47
at risk. They are obviously not part of our an business, so I
47:52
can't. I can't really comment on what would happen and what
47:56
choices they make that from discussions I've had.
47:59
The very keen to keep going and obviously you need to continue
48:04
to involve them in anything happens, so I'm going to come to
48:09
some specific questions, particularly around the premises
48:12
itself. There's a lot of questions around how you know,
48:16
have you. Is this really is really just about saving money.
48:21
Instead of expressing a concern that you've been running down at
48:25
all, why can't you invest in the building? Have you been talking
48:29
to the owners except rhe? So could we just have a address?
48:33
Some of those concerns?
48:36
I'm I can I can answer that as well. Essentially we
48:43
have been. Thinking bout adult for a number of years in terms
48:49
of when we merged, we expected there to be a significant growth
48:54
in patients. We had the 1000 plus patients that came from
48:58
Moorcroft who were in the adult location and we thought that
49:02
with the new buildings we would get a lot more registrations
49:06
coming our way. As it happens, the overall growth that Addle
49:10
has been zero. We've maintained the numbers and nothing more.
49:14
Despite merging despite having.
49:16
Damn all the new buildings around us. I think there are
49:19
plenty of people who are living
49:20

in the. The new premises that have registered with us, but
49:25
they're probably not impacted as much by anything happening
49:29
happening with Apple as some other people are, because they
49:33
will be mobile, they'll be driving, and they probably won't
49:37
face the same same issues as as everything else everyone else in
49:42
terms of money. No, it's it's not about money. It's about
49:46
maintaining resilience for practice. The problem with.
49:49
Yeah, and I just Madison at the
49:51
moment is. The number and the demand from the population is
49:57
huge and we are trying to maintain the services at our
50:02
main site and actually provide a good service at the main site
50:08
while keeping ourselves afloat. I think staff resilience is
50:12
important. If anyone becomes sick than we were struggling to
50:17
man the Apple site and similarly in terms of the building. Yes,
50:22
there's some issues with.
50:24
It's convicted fitness for
50:26
purpose. But in a self money isn't isn't the issue.
50:33
OK, alright so um it's not about testing in the building
50:36
investing in and our people want to know what happened to the
50:40
building as well at the buildings not owned by as its
50:44
own by private landlords so I couldn't really answer as to
50:48
what he would plan to do.
50:51
OK right? Well let me just have a look and see. I'm trying to
50:56
kind of make sure we try and get as many questions as possible

51:00
and I think that we've probably covered most of them.
51:04
Um? How much OK, right? I'm now going to come to life
51:10
question section. I hope that's OK. So just to remind you how we
51:15
do that and we try to get through as much as we can in
51:20
terms of key issues I can see on the the chat, there's obviously
51:25
quite a lot of people making comments and will obviously look
51:28
at those. Incorporate them where we can into the frequently asked
51:32
questions and answers and they just say that can we just keep
51:37
it polite and this is some?
51:39
Pretty simple, so few rude things that we don't need to put
51:42
it in quite such a manner that you can ask our questions with
51:46
still being polite. So would somebody like to um ask
51:50
question, you can do so by putting up your hands. That's a
51:55
look and see if we can do it in a priority order. I would ask
52:01
you to keep your questions
52:03
succinct. You know and will answer. It's best we can, so
52:07
let's have a look and see can we see if people are putting their
52:11
hands up. I think I can see on
52:14
this screen. No, I'm on the train that Caroline is. There's
52:18
no one with a hand up, so to to remind you with you. He wanted
52:22
to speak. How we're going to be old-fashioned there. We found
52:27
someone I Andy.
52:29
Angie so Andy, if you want to just say briefly who you are and
52:35

then watch your question is and Heidi Peterson, local resident,
52:40
the other surgeries. About 100 meters behind our house.
52:44
I'd first like to thank everyone in HS for all the incredible
52:48
work you been doing. Your own
52:51
code 19. Really appreciated by everyone. I added a question
52:54
really. I wrote into the surgery on the 28th of February at the
52:59
number of questions which have been addressed tonight. Not
53:02
going. I'm not going to take everyone's time on this call
53:06
'cause it's obviously were in short supply. I was told that
53:09
she had been received, but the individual emails and letters
53:13
wouldn't be answered.
53:14
Sort of Fair enough. I then started the engagement report
53:17
that you only got 14.
53:19
So I was wondering why 14 letters and emails could be
53:22
directly answered in three months.
53:26
OK, thank you for that Andy. And is this simulation so your
53:30
email was in response to the survey and the engagement was
53:33
going on prior do kovid situation? Yes, yes it's
53:36
pretty cold is 2 weeks 2 three weeks for lock down? So just
53:40
interested to know the answer OK?
53:44
Anne can PetSmart anyway because you will lead for engaging
53:50
activity. I got home late since we had to go digital.
53:54
Say I am.
53:56
We have to. We had to run a a process which we believed to

54:03
be fair and equitable to everything to everybody.
54:07
And. We anticipated that there would be some strength of
54:13
feeling about about this proposal, as there clearly isn't
54:17
all here today and.
54:18
Thought that was entirely
54:20
expected. Uhm, I suppose it's a little bit like what we've done
54:25
with code with naturally we.
54:27
We plan for the worst. Was hoping for the best.
54:32
But in reality, the.
54:35
The level of contact with the surgery with practice and the
54:40
number of letters hasn't been
54:43
as. Hasn't been as the values that we were frightened of.
54:49
In hindsight, it's possible that with only 14 letters we could
54:56
have provided the individual
54:58
responses. However, when when we're applying, we need to make
55:03
sure that our responses are out because your question is
55:08
probably relevant to another hundred 200 people in the area.
55:12
So in terms of use of time and making sure everybody is
55:18
informed, we would prefer to answer your questions in that
55:22
report that's publicly available to everybody, and that's the
55:26
report that we will be
55:28
producing. After this, it depends where all that
55:32
information is being. All those questions are being
55:35

brought together, so we will answer to your points in the
55:39
public arena is the intersection. So you will
55:42
answer all my questions from my letter on the 28th of
55:46
February in a publicly available document.
55:50
We will go through your questions and they will feed
55:53
into the report that we engage in. I don't have access to your.
55:58
The specific questions that you answer just now, I can't.
56:03
For example, today we can't go into individual circumstances
56:06
and Whatnot. We need to think of this on the bigger population
56:11
level, so we will feed all your questions into that report and
56:16
we will do our best to ask him.
56:19
And any questions you got Andy around kind of key issues or
56:23
questions around. Probably you said that quite a lot of them
56:27
being covered anyway, so I'm sure from a practice point of
56:31
view we can look at what those were in presenting additional.
56:35
There can be added into the question. Answer document is
56:38
quite let's me quite big things
56:40
in there. Randy Martin, I'm just never ask you, and some
56:44
obviously some skepticism on the on the chat in particular comma
56:48
that strikes me here that the closure someone saying that have
56:51
been designed around the needs of practice, not the needs of
56:55
the patient, and that's quite that's quite, you know, a thing
56:59
to say, so I mean, I think that's important that you may be
57:04
respond to that.

57:06
Yeah no. I actually agree with response that.
57:12
A practice is.
57:15
It's it's an interesting position being a GP partner.
57:19
I've been fascinated by it.
57:22
Um? On the one hand, you're there too. Sorry, I just most
57:28
activate Siri somehow.
57:30
On the one hand, you're you're a business owner and you have to
57:34
try and run an efficient business in. Your income is
57:38
dependent on that business being efficient and actually what GP
57:41
partner takes over at the end of the day is practice profit
57:45
rather than the salary.
57:48
On the other hand, you are a doctor and you are not
57:52
neighbors, became doctors. In order to move this businesses.
57:57
Um
57:59
and. It's kind of with a heavy heart that you start
58:04
taking business decisions that impact on people's
58:07
lives in this way.
58:10
However. We have to try and
58:13
balance. The desires of the
58:16
community. With what we?
58:20
In our heart of hearts, believe is the best way to secure the
58:25
future of their medical service
58:28
provision. Um? In my.
58:32

After life outside of the practice, I spend a lot of time
58:36
teaching future GPS.
58:38
And I know that when we do our.
58:41
Sessions for them at the end of at the end of their training? Or
58:45
what are you looking for in the
58:47
practice? First of all, the talents they want to earn lots
58:51
of money, which we've disappointed that we haven't
58:53
beaten out of them.
58:55
And then they're looking for practices where they are working
58:58
on a single site and where they don't have to do any home
59:02
visits. And. I'm not. I'm not going for
59:09
engaging with this. No home visits thing 'cause there's a
59:13
group of people who need looking after at their homes. Their
59:17
group of people who I enjoy relish looking after.
59:21
But I think this the businesses on the single spike thing is is
59:27
something that we can address.
59:30
And it's something that we kind of should think about in terms
59:35
of making sure that this is a practice that people want to
59:40
come and work in and want to continue to provide your medical
59:45
care. And then we can plan for
59:49
our successes. So just on that subject, I mean people are
59:54
against skepticism on the chats about people say no. Well, if it
59:58
were told it's not about the money at all and it's a business
60:02
case, you know. Clearly it's about money. I think maybe, just

60:06
maybe, to expand on that a bit more. 'cause I think we talked
60:10
about, you talked about it earlier that what that means in
60:14
terms of resourcing for the practice, because obviously
60:17
money is there, but what else is
60:19
it about? I'm let's go through a few points on money.
60:25
And by the way, you say searching, searching Martin it's
60:28
8:00 o'clock I'm going to extend the session for 10 minutes if
60:32
that's OK with everybody. 'cause it was till 8:00 o'clock. And
60:35
I'm going to ask Charles Dillard, Anthony Shuker, and
60:38
Hazel with her iPad to ask questions after you're finished.
60:42
And then I got the live chat because you've got your hands up
60:46
and it was in that order. OK sorry carry on Martin. So on
60:50
Monday this isn't being done so that we can make more profit. We
60:54
don't think we will make more
60:56
profit. By doing this, we think this will secure the practice
60:59
and that we will be able to run our better practice with better
61:03
services. Um people. Avast is about housing developments. It's
61:08
important to note that the way those housing developments being
61:12
planned and permitted the usual levees that would apply to such
61:17
large developments have not been
61:20
applied. And the City Council's not levied those fees. And
61:24
they've not been passed onto development of community
61:27
services. And that's an issue we've raised with the counselors
61:30

and with the CG. As we've got into this process.
61:35
Uhm, yeah. We've we've genuinely looked at how we can.
61:40
Fill that service and where we could have accessed resource to
61:44
do it, but it's just not being
61:47
there. If this does anything, this will cost the GPS money.
61:52
And you know.
61:55
That's not ideal either, but we truly believe that our proposal
62:01
secures the practice.
62:03
OK, right, so I know that we have the people raise their
62:09
hands, but I'm only going to take Charles Anthony Hazel. So
62:14
Charles if you're available.
62:16
You want to ask you question an will ask somebody from the panel
62:20
to respond. Hello Charles, Hello can you hear Maine? Yes we can.
62:24
The panel's comments on the following. First of all, the
62:28
questionnaire I thought was rather biased that the question
62:32
age, what do you see as the main advantages of providing all
62:36
services at all would like.
62:39
Didn't give people like me who objects to the proposals, the
62:43
scope. Two to make an objection, so I think it should have been
62:50
balanced by another question. What disadvantages to see in the
62:54
closure battle surgery? The first point? and I also made the
62:59
point in my survey response that all existing patients must
63:03
accept the limitations of outlaw, otherwise they would
63:07
have moved to another practice and have you taken that into

63:12
account? Sadly. The conclusion that only found him 30 surveys
63:17
were completed becausr you think that is not something that
63:22
motivates the majority of patients? Don't you think that
63:26
perhaps the covert crisis might just have been part of that? And
63:31
finally, I think the increased home visits where you mentioned
63:35
somewhere that you are expecting to provide more home visits. I
63:40
don't think anyone can seriously expect that to to be maintained.
63:45
Wow, Charles, that was for the price of one there so.
63:50
Thank you so um, rush, just some explanation around the
63:56
survey. I understand that was independently analyzed. Wasn't
64:02
it was independently analyzed?
64:04
I take your point about the survey, not necessarily giving
64:09
you a chance to offer your opinion. I'm hoping that you had
64:15
like today and other options of
64:18
of. Sharing your opinion am the survey. I guess it was what it
64:25
was and in a way it it kind of.
64:28
Provided us with a way of trying to gauge gauge some opinion, but
64:33
yes, I can see there were probably some limitations to
64:37
understand that. And can we just follow up on the home visiting
64:42
point? The home visiting point
64:44
is. People who need home visits will get home visit. It's not a
64:49
case of necessarily well will just increase our visiting to
64:52
see everyone in Addle. It's a case of if people need visits
64:56

for medical needs, they will get
64:58
them. If people are also located further away from the surgery,
65:03
they are more likely to lead home visits. Some because there
65:08
are still plenty of people who are able to drive who are able
65:14
to get around. We were able to get to the awkwardly surgery and
65:19
a lot of people who have raised concerns do attend boat site.
65:24
It may be that they're actually following the doctors, Martin
65:28
said earlier. It's not necessarily the building we're
65:31
hoping that actually as GPS and as as a practice, we will be
65:35
able to maintain our services despite there being probably
65:39
more difficulties than we understand that we understand
65:42
that there are people that are not going to be able to get
65:46
there as easily. If there are other people waiting and we need
65:51
to allow established chance, Martin. Was there anything you
65:54
wanted to follow up there about
65:56
safety? I'm just on your points on patients accepting the
66:00
limitations of adult. There's also something about the
66:04
clinicians, excepting the limitations of adult and the
66:07
problem with the surgery like handle. That's quite small. You
66:12
know, when when I'm sitting there and I'm the only condition
66:16
there on an afternoon with a receptionist, you feel quite
66:21
exposed. It doesn't necessarily feel as information very safe,
66:25
and in this increasingly lettica SOC where we doctors are
66:30
actively punished for errors.

66:32
Uhm, but that doesn't feel like a comfortable place recognition,
66:37
so that's where we come round to this recruitment idea and
66:43
concern. Conscious of time and grateful for price of warm there
66:47
so Anthony, are you still wanting to ask your question and
66:51
I'm sorry I can't see you on the screen but will.
66:55
Freshman. There you are. Hello Anthony.
67:02
My mom is a registered blind and as a guide dog and it's very
67:08
hard to get to our Woodley pretty much impossible. It
67:12
wasn't quite answered on what.
67:15
What would happen there? 'cause like with the other people who
67:19
can't walk necessarily as well? and I think I will take this
67:23
because I obviously that's I raise the issue around access
67:27
and particularly for people with specific needs like that. So
67:31
thank you for put making sure we had that question in advance and
67:36
then so Martin, I think what did you say earlier that you wanted
67:41
people to talk to practice that had specific requirements and.
67:45
Hum. Yeah, I mean when I when I read that I I was, you know it's
67:51
it's a story that breaks your heart really, isn't it? And it
67:56
is very emotive. We understand that there are some specific
67:59
individuals who will struggle.
68:01
Hum. I don't think that we can make a clear plan for a
68:08
specific individual in a public
68:10
meeting arena. What we would say we we discussed this at length
68:14

today was that we had the
68:16
question. We will say that this this whole new system that we
68:21
feel we've adopted intend to continue with. Everything starts
68:24
on the phone.
68:26
Uh, means that patients, like your mom, who I think is on the
68:29
call as well from the chat.
68:32
Um people like him or will be.
68:35
Able to speak to a doctor on the phone as the first port of call.
68:39
Many problems may be managed on
68:40
the phone. And they will be able to come to a bespoke arrangement
68:46
with that doctor about how their health need gets addressed.
68:51
So that might be that they arrange a specific time when
68:56
it's possible to get so loudly it might be that their help me
69:01
gets addressed by remote means. It might be that that specific
69:06
need at specific time does need a home visit.
69:10
We will be will be able to do. We spoke care on the day.
69:15
And I think he said as well at the permit. The patient
69:20
participation group are going to look at a piece of work around,
69:24
impact on travel. and I suppose that clearly people like your
69:28
mom Anthony. That would be those sorts of situations in
69:32
particular. This will be needing to put into a policy
69:36
arrangements around that. Also notice as a wheelchair disabled
69:39
users wheelchair users just put a comment on as well to pick up
69:44
on. OK, so I'm going to go to Hazel as our last question and

69:49
then I'll also then start to wrap up and tell people how they
69:54
can put in further comments and issues after this session. So
69:59
Hazel are you there with us? Are you able to?
70:03
Yeah, yes, it's.
70:06
Still on the part, but it's
70:10
Liz Hello. Very very much feel presenting this. I live in the
70:16
games when I moved to idle I chose a little surgery because I
70:21
could walk there necessary.
70:23
And I've made relationships with the doctors there and and the
70:27
receptionist, and that is quite important when people say, Oh
70:30
you can change to another doctor. It's not as easy as
70:34
that. I think people still with
70:36
a GP. Want some continuity? You might not always be able to see
70:41
that doctor, but anyway, um.
70:44
Adult I think you know. I think it would be missing a trick not
70:49
to just look the tidal surge it and see if it could be not made
70:54
fit for purpose. If it could still be part of the practice.
70:58
After all, they made great efforts to to build a new
71:02
building. Which must have cost a lot of money and I don't think
71:06
it cost that much to make it fit for purpose. I don't know. I
71:10
don't have a lot of facts, but I think it would be very sad if
71:13
they closed it for a lot of
71:15
people and inconvenient. Yes, thank you for that doctor.
71:19

Lewis, would you do you want to?
71:22
That's really important question, and you obviously
71:25
raised by a lot of points in that, and part of it is about
71:30
transport, which I think we've covered quite extensively this
71:33
evening and we are conscious that there are a group of
71:37
patients. We found the quiet atmosphere, the small waiting
71:40
room, the convenience, something after surgery, and we're always
71:43
looking at ways to try and improve patient experience and
71:47
to reassure you would say that the same doctors who work in
71:51
adult are working on Woodley.
71:53
Medical and there are a lot of doctors so you have a choice
71:58
which what do you say? You don't always get the same doctor, but
72:03
we do try and offer continuity as much as we can and with the
72:08
current way that we're working with 100% telephone triage and
72:11
we often avoid you come into surgery at all. We can deal with
72:16
your medical problem on the phone. Deal with your issue and
72:20
you'll get you'll be able to speak to doctor on the same day.
72:24
And then if we feel that you could face to face appointments
72:29
at all, Woodley, we can then because we have flexibility more
72:33
flexibility with appointments, we can arrange a convenient time
72:37
for you to come in.
72:38
Can you see everything in time?
72:41
So I hope that addresses some of
72:43
your concerns. Well, a ***** but you know I.

72:48
It's too far to go for Maine.
72:51
It's too far to go.
72:53
To go to a different and it's a completely different area.
72:57
I know you have the same doctors
73:01
then, but. Same reception stuff and same nurses. They'll be
73:04
working there just a different
73:06
environment. OK, well I can pass the time I said a word. I am
73:13
sorry I have not been able to get to David and Anthony. He had
73:20
their hands raised. You still have an opportunity to submit
73:25
queries and questions that we will look at including to the
73:30
FA, QS so you can submit those up until the 12th, which is
73:36
Friday. And you can do that via an either popping something into
73:41
the practice on post, or you can do it and email you all
73:46
obviously online here so you can
73:49
do that. Will put the session on from today onto the practice
73:53
websites and as I said to you before, we want to understand
73:58
what your experiences of this session were. Yes, I appreciate
74:02
that you many people clearly not happy with some of the issues
74:07
under consideration, but what did you feel like? This was in
74:11
terms of an event? Is it something you want to do more of
74:16
etc etc so they'll be a survey
74:19
that. Will go live on the practice website shortly that
74:23
you can give your post event feedback through. So please do
74:27

tellers you further comments and as I say, you can. Also if you
74:32
want to put more comments about the practices, thoughts around
74:36
developing a business case for closing Dow Dell branch and we
74:40
can do that on the email address. As I say there that all
74:45
would be Medical Center in chess.net or by post. So what
74:50
happens next is the question you've all got.
74:53
Well, what happens next is that will be a further report
74:58
produced from this engagement session along with the FA, QS,
75:02
etc. And that's will be published on the practices
75:06
website alongside the survey report, which you've already
75:10
read and the practice as they are commissioned by and it just
75:15
leads clinical commissioning group and that's the body that's
75:19
responsible for planning, choosing and buying primary care
75:23
services. They practice will develop a business case and put
75:26
it to the CCG and ultimately will be the CC GS decision in
75:31
deciding whether or not Santa accept the proposal that the
75:34
practice take forward. Of course any decision will be
75:37
communicated to you through the practice will be in touch
75:41
obviously needs let me know what's going on and the
75:44
anticipate that decision will be made in the summer, so I'm not
75:48
quite sure what the summer means, but I think it means
75:52
before sort of the official end of the summer.
75:55
So, uhm. We can certainly make sure that questions and issues
76:01
have been raised from the chapter day or included in that

76:05
report. So I just like to say on behalf of myself, Parramatta and
76:10
practice team. Thank you for you for your attendance this
76:14
evening. We certainly appreciate you joining in all those his new
76:18
different way of doing things. It's different to being together
76:22
in a face to face environment. So thank you for taking the time
76:27
to give your views.
76:29
And we very much appreciate your participation, and I don't
76:32
need to say safe journey home because you already home. So go
76:36
off and make yourselves a cup of tea. And I'm not a condition
76:40
so I can recommend that you can have a glass of wine or gin and
76:45
Tonic. And hopefully I will see you again soon. Thank you
76:49
everybody. We're going to close the session now.