

## **SHIPSTON MEDICAL CENTRE**

### **Patient Meeting**

**Tuesday 27<sup>th</sup> September 2022 7.15 pm – 9.00 pm**  
**Shipston Primary School, Station Road, Shipston on Stour**

#### **Present from the practice:**

Partners:	Dr Paul Daniel, Dr. Tim Marshall, Dr Richard Levison, Dr. Emily McHale. Rachel Vial (Business Partner)
Advanced Clinical Practitioner:	Kate Pearson
Clinical Pharmacist:	Sukhi Sidhu
Health and Wellbeing Coach:	Vicki Guise
Social Prescriber:	Jackie Close
Dispensary Manager:	Donna Fisher
Administrative staff:	Jeannette Wheeler and Diana Wilkinson (notes)

#### **Present from the Patient Participation Group:**

Chair: Carole Nossiter

Other members of the group attended as part of the audience.

#### **1) Welcome, introduction and housekeeping – Rachel Vial, Business Partner and Carole Nossiter, Chair, Shipston Medical Centre Patient Participation Group**

Carole welcomed attendees to the meeting.

Carole said that this was the first Patient Meeting since May 2019, and there is an intention to return to holding annual meetings in the Spring. Carole stated that the challenges for the NHS and its patients are understood and shared by Shipston Medical Centre (SMC), and the purpose of the evening was to understand those challenges and look at what is being done to improve things. Questions had been invited in advance and where it was appropriate, some had been answered on the handouts. (eg details of flu and Covid vaccinations – see handouts)

Carole outlined the topics which would be covered and said that there would be an opportunity for questions at the end of each section. She explained the handouts which were available for attendees and which are included at the end of the minutes.

#### **2) Building update – Dr. Paul Daniel, GP Partner**

Dr. Daniel gave an update on the project to develop a new medical centre. He recapped on the structure of the project, namely a collaboration between SWFT and the partners at SMC. SWFT and SMC have different funding structures and requirements for their own accountability and financing, so it has been a lengthy process for each to attain the necessary approvals and funding. The GP partners

have had to take a commercial bank loan, which is secured by the approval of an annual rent from the Clinical Commissioning Group (now the Integrated Care Board).

The CCG identified SMC as a priority need for a new medical centre, and after undertaking an options appraisal supported the development with SWFT on the Ellen Badger site, and an exciting design was developed which involved many services which would be an asset for the community. During the design process SWFT underwent a bed review and until this was complete they felt unable to obtain the necessary approvals to progress their inpatient part of the project. In order to keep the project moving SWFT decided to continue a phased approach, with the new surgery, Health and Wellbeing Centre, outpatients and community services as the first phase.

To allow for the phasing, a re-design took place and contractors were appointed and planning permission sought in January 2021; this took until March 2022 to be approved, with conditions attached.

During the last few years a series of events – the pandemic, rises in the costs of materials, the war in Ukraine leading to increased prices, inflation and the increased costs of borrowing – has led to costs of the project escalating significantly.

Despite every effort to keep the project viable costs became unmanageable for the medical centre, which is very disappointing for SMC, particularly in view of the considerable financial cost to the partnership, and the effort put in to get the project to this stage.

There is still a desperate need for a new medical centre and the partners' priority is to continue to explore solutions to maintaining quality healthcare provision to the community and to work with the Integrated Care Board to look at all possible options.

Questions, comments and feedback from the audience:

**Q:** *I recently attended the League of Friends meeting about the hospital. It was clear that both patients and the practice are frustrated with the outcome and direction of the meeting. There is a lack of confidence in SWFT, and a feeling that they were distracted by the bed review. I am not sure how the vote of no confidence effects the project but there is a need to bring it back on course very soon. The Moreton hospital project is a good example of what can be achieved. Does Dr. Daniel agree with that summary?*

**A:** *Yes, the frustration is shared. Unfortunately this is a very unusual position where global events have had such an impact.*

**Q:** *It feels like nothing has moved in 5 years?*

**A:** *A lot occurred in the past 5 years to develop a fully worked-up design ready to go.*

**Q:** *It says on the bottom of the SWFT document that SMC has been offered one floor. Are you considering that?*

**A:** *Our original business case included occupying areas on 3 floors, for different purposes. We have approached the Integrated Care Board (formally the Clinical*

Commissioning Group) to ask for their advice and are awaiting their views about that option. However one floor is a fraction of what SMC identified was needed overall.

Q: That exacerbates the frustration as it feels as though we are dependent on bureaucracy; the ICB need to be told the absolute importance of making a decision quickly; there was talk of a new medical centre 10 years ago.

A: Significant time has been spent trying to progress this project.

Q: At the League of Friends meeting it was stated that there is a March 2023 deadline for their money to be taken out if there is a lack of progress?

A: That is SMC's understanding.

Q: How much Section 106 money came from the Campden Road development?

A: Section 106 money is what District Councils receive from developers to mitigate the effect of the new development on the local infrastructure. SMC cannot apply for it directly; the ICB applied and £86k was received, which was spent on architects, surveys and the expert advice that was needed by SMC.

Q: Are you looking at other options?

A: We would look at other options, and we are waiting to discuss the situation with the CCG. We do have to be aware that a big build would come with the same budget risks as the ones we have just undergone.

Q: Will SWFT still progress the Health and Wellbeing Hub?

A: Our understanding is that this is the case.

Q: Will the rest of the project have an elastic budget?

A: The SWFT budget is more elastic as it is a larger organisation and has access to central government finance and larger budgets.

Q: What services do you think will be provided locally in order to avoid people having to travel to Warwick, Stratford etc?

A: We hope that services such as outpatients, radiology, physiotherapy, Shipston Home Nursing, District Nurses, mental health commissions and a suite to access secondary care. There should be a focus on prevention, eg Type 2 diabetes.

Q: It has been said that Shipston Home Nursing will be in the new building but in a report to the Charity Commission they have said that there won't be enough room for them.

A: SMC is not aware of the facts relating to this.

Q: If there are no in-patient beds this will affect the health and wellbeing of the families of patients, as they have to travel or may be unable to travel.

A: SMC agree with this.

Q: Has community fundraising been considered for the project?

A: It has not been considered due to the structure of primary care premises funding.

**Q:** *At the League of Friends meeting it was stated that 100 rooms were included – do we really need these? What was the original plan and what would SMC do with the money now available?*

**A:** *Rachel - Dr. Daniel was misquoted – the 100 rooms was in total, not just for SMC. The practice wants the best environment it can get but can only influence the GP sections, and we can only design these within certain nationally set parameters. Carole noted that the PPG is feeding into the bed review.*

**Q:** *How is SMC coping in the current premises?*

**A:** *We are making the best of what we have; the pandemic has helped us learn how to utilise the newer tools we have and recognise what can be done over the phone. We can, for example, text fit notes to patients. Use of e-consults means that we can better use the rooms we have, and the doctor working on Campion Ward can work remotely for SMC.*

**Q:** *What does the NHS have to do with well-being?*

**A:** *Health and wellbeing initiatives can play a big part in the prevention of illness.*

### **3) What is happening in General Practice – Rachel Vial, Business Partner**

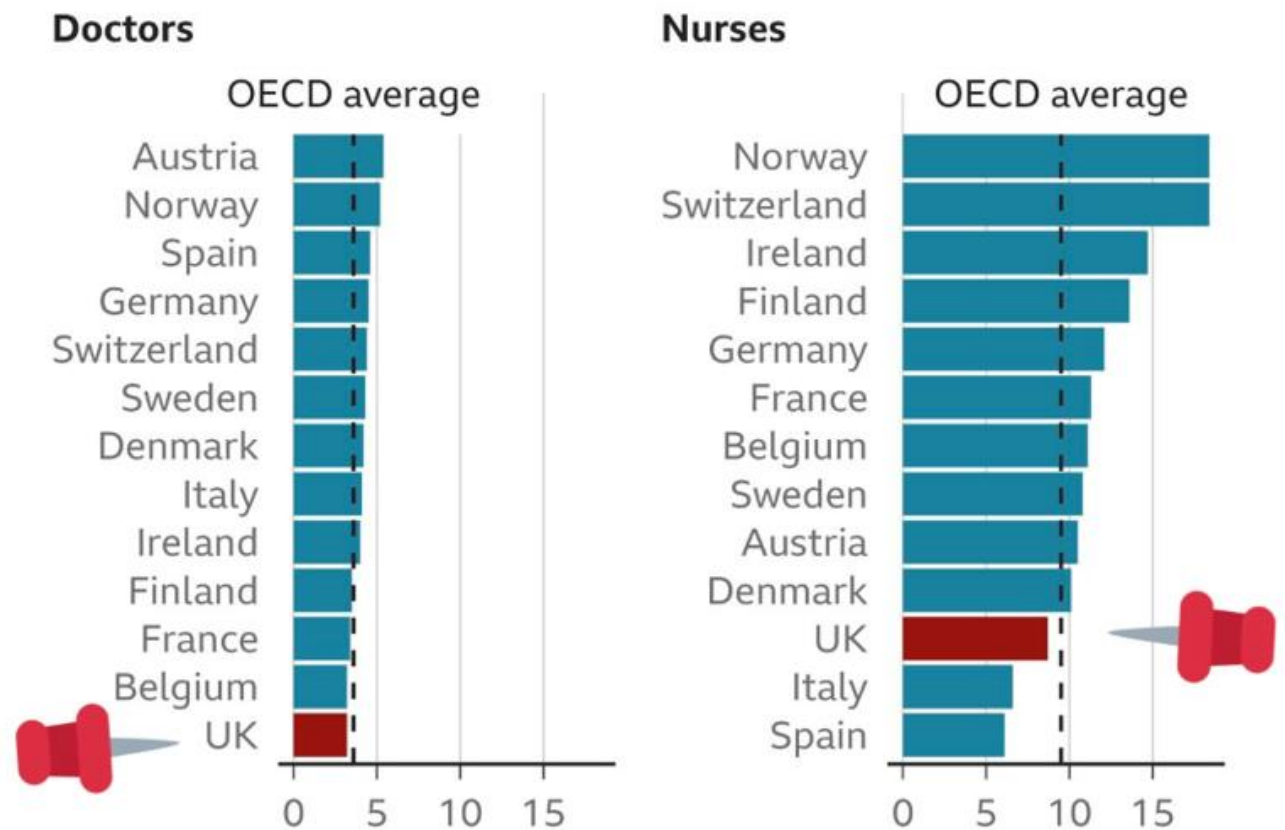
Rachel said that the two main challenges for general practice were that there were not enough doctors, and demand was increasing. The two slides below show the number of doctors and nurses in the UK compared to other European countries, and the annual change in GP and hospital doctor numbers across a three year period.

In 2015 the government made a commitment to increase the number of GPs by 5000; there are now 4000 less than at that point.

Nationally there are 0.45 WTE fully qualified GPs per 1000 patients; this figure has dropped from 0.52 WTE from September 2015. At Shipston Medical Centre there is roughly 0.55 WTE GPs per 1000 population, which is higher than the national and regional averages.

# Provision of doctors and nurses in the UK low compared to Western Europe

Practising doctors and nurses per 1,000 population, 2021



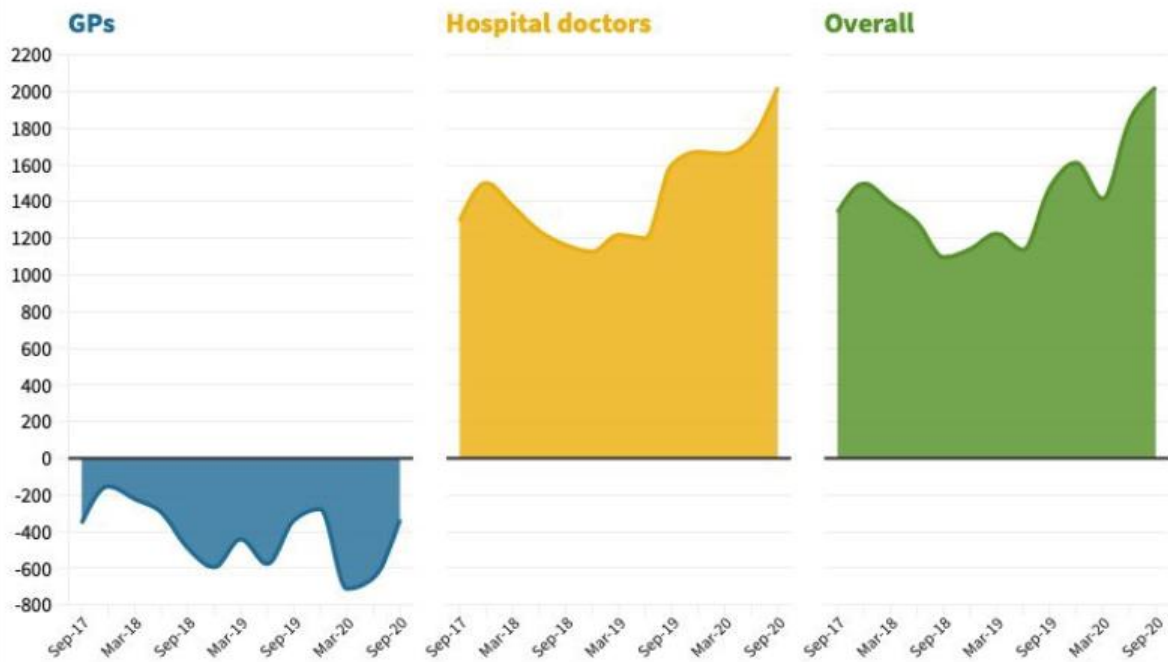
Note: OECD average calculated using figures from 2021 or latest available data for each nation

Source: Organisation for Economic Co-operation and Development (OECD)

BBC

### Rolling annual change in fully qualified NHS doctors (FTE)

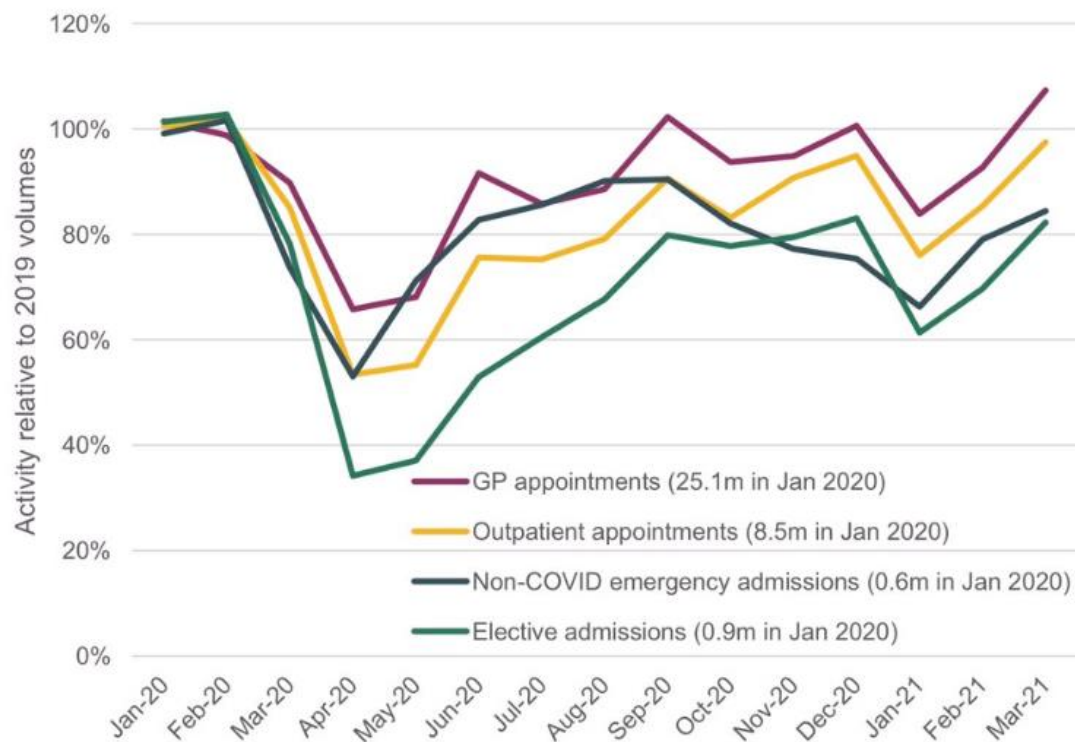
September 2017 to September 2020, shown quarterly



NHS Digital Sources: [Hospital workforce stats](#), [General Practice workforce stats](#) • Note: The datasets used here are published according to different timescales. To compare total annual change combining the GP dataset (quarterly) with the hospital dataset (monthly), this analysis uses a quarterly average of the annual rolling change in hospital doctor figures.

The following graph shows the types of activity being carried out within the NHS from January 2020 to March 2021, and shows that the number of GP appointments provided has risen.

**Figure 6.16. Monthly NHS activity compared with 2019**



Note: Non-COVID emergency admissions refer to those where COVID-19 is not the primary diagnosis.

Source: NHS Digital's Hospital Episode Statistics.

#### **4) What about Shipston – Rachel**

Rachel then outlined the specific challenges at SMC. These included staffing changes such as losing 3 long-serving partners since 2019 – Dr. Gilder, Dr. Pritchard and Dr. Williams, which has meant a break in continuity for a lot of patients. Four new GPs have been recruited during this time (Drs. McGivney, Shipley, Dunn and Naylor), however there have been no applicants for a recent maternity cover post, which is an unprecedented situation for the Medical Centre.

Additionally, demand for services often outstrips clinical capacity at SMC, despite staffing levels being better than at the majority of practices. The European Union of General Practitioners and BMA have recommended a safe level of patient contacts per day in order for a GP to deliver safe care; this is not more than 25 contacts per day. SMC GPs and Advanced Practitioners consult at levels significantly higher than this. "On the day" demand is between 1 and 2% of the population each day, and alongside this more appointments are being provided for routine care.

Another challenge has been sickness and other absences. Practice colleagues who catch covid cannot come into work due to infection control, even if they feel well enough to work. This has meant that clinics have sometimes had to change at short notice. However the increase in telephone appointments has allowed more people to

be dealt with, as telephone appointments are generally shorter than face-to-face appointments.

Rachel explained that on days of exceptional demand services have to be limited to ensure that those who access the service do so in a safe manner. This is not something that SMC wants to do, but the top priority is ensuring that the right action is taken for each individual patient seen. Other professions such as pilots have defined safe limits for a reason, and SMC ensures clinicians also have these to try to avoid clinicians making mistakes due to fatigue.

When demand continually outstrips capacity this can have an impact on the workforce in terms of their longevity of service, due to the intense pressures.

### **Solutions**

SMC has expanded its training, supporting medical students and specialist trainees at various stages of their GP training. It has also expanded its use of other roles such as Advanced Clinical Practitioners and utilises the resources available through the Dene and Stour Valleys Primary Care Network (PCN). Resources for additional roles come via the PCN, which is made up of three practices – Hastings House Medical Centre in Wellesbourne, Meon Medical Centre in Quinton, and SMC. These roles include Clinical Pharmacists, Pharmacy Technicians, Social Prescribers, Health Coaches and Physicians Associates.

In order to explain some of the new roles, colleagues from SMC and the network spoke about what they do.

**Kate Pearson** – Advanced Clinical Practitioners have qualified within a different profession, eg from a nursing, paramedic or physiotherapy background. They have worked in their own area for a number of years and then take a Master's degree which allows them to prescribe, examine and interpret some test results. There are 4 of these roles at SMC, who take part in duty clinics, assess patients and undertake face-to-face and telephone appointments. Two of the ACPs deliver ward rounds at Low Furlong and Shipston Lodge, which includes looking after patients with co-morbidities and delivering end-of-life care. Jan Flynn leads the Frailty Team who undertake home assessments for frail patients within their caseload.

**Sukhi Sidhu** – is a Clinical Pharmacist who has been working within SMC for 3 years and is now seeing patients face-to-face as well as speaking to them over the telephone. Clinical Pharmacists do medication reviews & monitoring, deal with patient concerns, and checking on drug side effects and appropriateness. They also deal with letters from other care providers, such as hospitals, and hospital discharge drug changes. They also do safety audits and deal with GP and dispensary queries. Sukhi is currently doing a prescribing course and will be offering clinics supporting people with high blood pressure in managing their condition.

**Q:** *Where does the Dene and Stour Valleys PCN fit in?*

**A:** *Government money for additional roles goes into the PCN not individual practices. A single practice would probably not be able to employ a physiotherapist*



*for example, so if one is shared across 3 practices it means that patients can have access to this services.*

**Q:** *My medication review carried out via telephone was very good.*

**A:** *Sukhi is an expert in medications.*

**Q:** *Do clinical pharmacists see patients face-to-face?*

**A:** *Yes, they can do.*

**Q:** *Would it be Sukhi if it was a face-to-face review?*

**A:** *It might be, or it could be a nurse if it was diabetes related.*

**Jackie Close** – is a Social Prescriber and described how her role takes a non-medical, holistic approach to helping people, connecting them to groups and service for practical and emotional support. Rachel gave an example of an elderly couple who had visited the surgery and had been cold for 10 days due to a boiler breakdown. A nurse assisted them to resolve this, but now this would be referred to a Social Prescriber who knows about a wide range of available help and can take the time to help.

**Vicki Guise** – is a Health and Wellbeing Coach who looks at a patient's whole lifestyle, can take the time to talk to them about everything and try to find solutions. It is a personalised one-to-one service where people can talk openly.

**Q:** *Do referrals to Jackie and Vicki go through a GP or nurse?*

**A:** *There would currently be too much demand if there was no referral process, and the clinician can identify if the Health and Wellbeing team are the appropriate route. There are two new workers starting soon and perhaps at some point self-referrals could be considered.*

Rachel went on to talk about the different ways of working that are available to patients and that assist SMC to have GP resource available where it is most needed, as the days of the doctor being the person who helps with everything are gone, recognising that Doctors specialist knowledge and skills need to be used where most needed. Rachel asked that patients help SMC by considering whether their need is urgent or routine and which access route might be the best for them. Options that are utilised include:

- The Community Pharmacy Consultation Service which can help with minor ailments such as stings, allergies, coughs and colds etc.
- The 111 helpline.
- Routine pre-bookable telephone appointments.
- Home visits for people who are physically housebound.
- Online access – e-consults.
- Telephone appointments – these help to provide more appointments overall and can be used where a patient does not need to be examined.

- The 'On the day' triage process which matches patient need to the most appropriate health care professional.
- Extended Access Hub in Shipston which provides additional GP and Nurse appointments on a Thursday evening and will be expanded to include more Thursday evening appointments and alternate Saturday mornings.

It was recognised that not every route will be suitable for every person.

**Q:** *Why can't you book an appointment three months in advance when your GP asks you to?*

**A:** *We reverted to only putting appointments on six weeks ahead during the pandemic, as we were having to cancel so many appointments. There is also the logistical challenge of finding the right rooms for face-to-face and remote. Clinicians also need to take their annual leave so if appointments are only made for 6 weeks ahead there are less to cancel when leave is booked.*

**Q:** *Can patients request a home visit?*

**A:** *Home visits are restricted to those who are genuinely housebound, i.e. are unable to leave their home. We know that many people have transport difficulties but unfortunately this is not sufficient reason to request a home visit, as we do not have the resource to visit people at home where this is preferred but not needed. We can do 3 surgery consultations in the time it takes to do a home visit.*

**Q:** *There used to be GP availability on a Saturday, and at Ellen Badger on a Sunday.*

**A:** *As an independent organisation the Medical Centre is contracted by the NHS to provide services Monday to Friday 8am until 6.30pm. The intensity of all the hours requiring cover is the reason that out-of-hours work is now commissioned by the CCG; it was too intense for practices to meet all requirements. The practice used to undertake the separately commissioned Out of hours work, but ceased when this started to have a detrimental effect on the clinicians working in the service.*

**Q:** *How many full-time GPs do you have?*

**A:** *A full-time GP would work 9 sessions of 4 hours and 10 minutes, which would be 40 hours a week. Drs Daniel, Marshall, Levison and Naylor are contracted to work these hours over 4 days each week, and in reality often work significantly more hours. We have a lot of part-time GPs, which is usual for the profession, as part time work is often closer to full time hours due to the volume and intensity of the work. Due to the national shortage of GPs it is a buyer's market, as indicated by the lack of applicants noted earlier, even though we have put no restrictions on what days and times of work we are offering.*

**Q:** *Is the pension cap forcing SMC to have less full-time GPs?*

**A:** *People are experiencing large tax bills on pension scheme payments so there may be an impact in future but not at the moment. We believe the main reason for working part-time is for individuals to achieve a work/life balance.*

Rachel thanked Carole and the PPG.

Carole thanked Rachel and the team for useful insights into the challenges faced by SMC, and closed the meeting with results relating to SMC from the GP National Patient Survey, the results of which are shown overleaf.

## GP PATIENT SURVEY

Results from the 2022 survey

### Practice details

#### Shipston Medical Centre

The Medical Centre, Badgers  
Cres, Stratford Rd, Shipston-On-Stour  
CV36 4BQ  
MB4025 Practice code

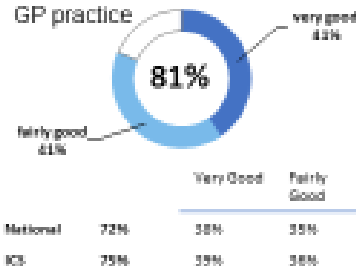
**266** surveys sent out

**111** surveys sent back

**42%** completion rate

### Overall experience

#### Good overall experience of this GP practice



① Comparisons with National results or those of the ICS (Integrated Care System) are indicative only, and may not be statistically significant.

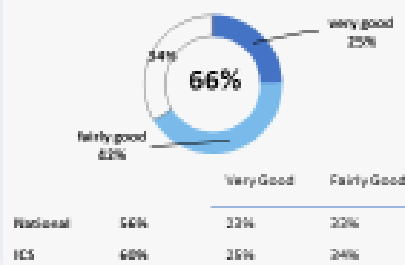
Data by type

# Shipston Medical Centre

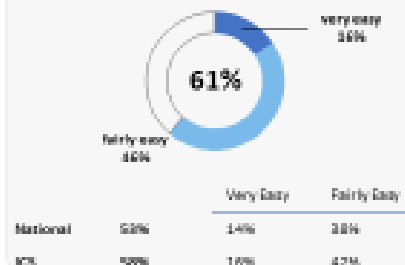


### Accessing the practice

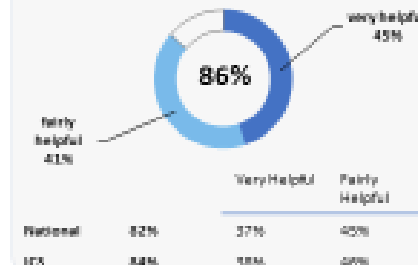
#### Good overall experience of making an appointment



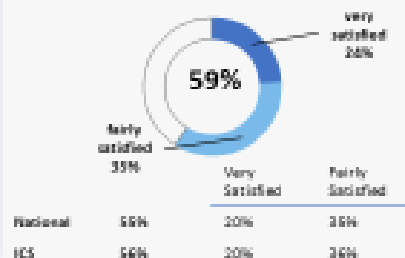
#### Easy to get through to this GP practice by phone



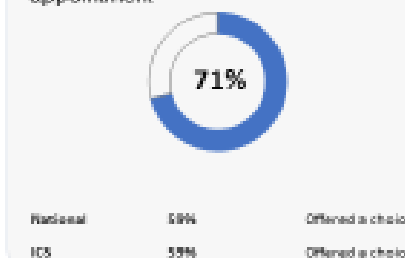
#### Helpfulness of receptionists at this GP practice



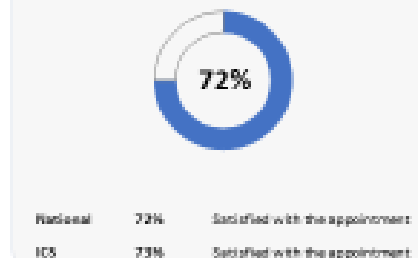
#### Satisfied with the general practice appointment times available



#### Offered a choice of appointment when last tried to make a general practice appointment



#### Satisfied with the appointment offered



For more information about this practice, please go to: <https://my.gpms.co.uk/PracticeExperience?practicecode=MB4025>



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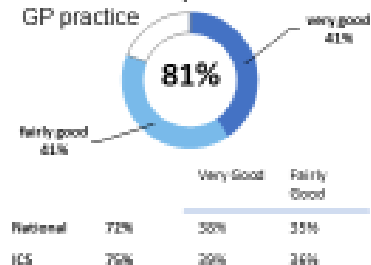
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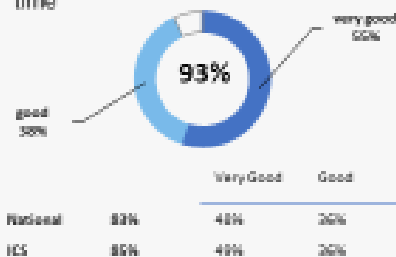
Data by Ipsos

# Shipston Medical Centre

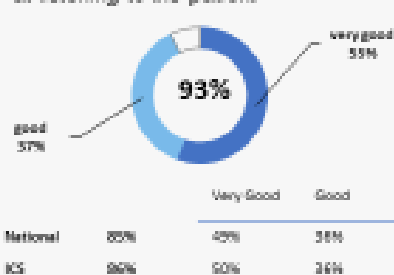


### Appointment experience

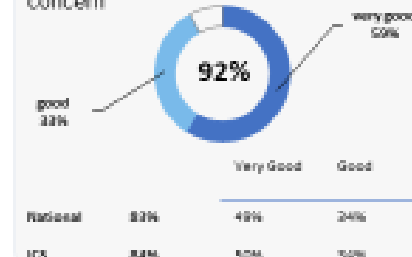
The healthcare professional was good at giving the patient enough time



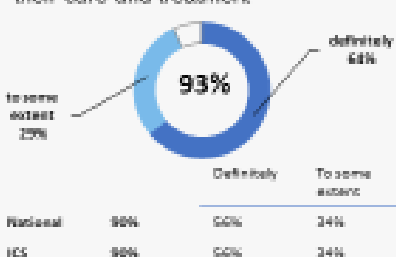
The healthcare professional was good at listening to the patient



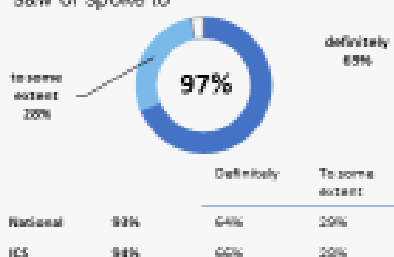
The healthcare professional was good at treating the patient with care and concern



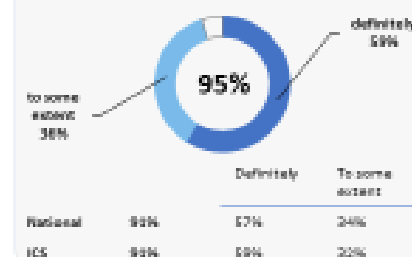
The patient was involved as much as they wanted to be in decisions about their care and treatment



The patient had confidence and trust in the healthcare professional they saw or spoke to



The patient's needs were met



For more information about this practice, please go to: <https://gp-patient.co.uk/Practice/ShipstonOnStourGP/practicecode/MB4025>



### **Handouts provided at the meeting:**

- Meeting evaluation form
- **Vaccination plans information**

## **Flu and Covid Vaccinations 2022**

Flu vaccinations are purchased and administered by the practice. Covid vaccinations are procured and disseminated nationally and administered by the South Warwickshire GP Federation. Unfortunately due to delivery schedules and logistical challenges we have not been able to co-deliver the vaccines this year.

### **Flu Vaccines**

We will be inviting people in groups as follows in line with NHS policy:

*Those aged 2& 3, or 65 and over, pregnant women, carers, household contacts of immunosuppressed individuals and those younger than 65 in the 'at risk' groups (chronic kidney disease, chronic heart disease, chronic respiratory disease, chronic liver disease, diabetes, immunosuppression, chronic neurological disease, learning disability, splenic dysfunction or splenia)*

Flu vaccinations will ONLY be offered to the group who are aged 50 and over on 31st March 2023 (unless in an at risk group as outlined above) AFTER the groups above. We expect to be offering vaccines to this group late October. Please wait for your invite before contacting us to book.

All flu clinics are at Shipston Medical Centre.

### **Covid Vaccines**

The following groups will be invited based on guidance from JCVI:

- All adult aged 50 and over
- Those aged 16-49 in clinical risk Group (including pregnancy)
- Those aged 16-49 who are household contacts of people with immunosuppression
- Those aged 16-49 who are carers as set out in the green book
- Residents in a care home for older adults and staff working in care homes for older adults.
- Frontline health and social care workers.

Invites will be sent out in age group priority.

The local centre for Covid vaccinations is Stratford Hospital, and there are clinics on Thursdays, Fridays and Sundays. To book here please call 01926 962 718

To book at other centres please use <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/> or call 111

- **South Warwickshire NHS Foundation Trust information**

The latest information on the Ellen Badger Hospital Development can be found online at:

<https://www.swft.nhs.uk/our-hospitals/ellen-badger-hospital/ellen-badger-hospital-development-plans>

- **SMC newsletter**

This is available from:

<https://shipstonmc.warwickshire.nhs.uk/>

<https://twitter.com/ShipstonGP>

<https://www.facebook.com/ShipstonMC> ShipstonGP