

Summary of the public meeting held on 20th January 2024 in relation to concerns about the Ammonite Partnership and Maiden Newton GP surgery

More than 110 people attended the meeting which lasted two hours.

When Ammonite took over management of Maiden Newton Surgery they made 11 pledges to the community about their intentions in order to address questions and concerns from patients. The majority of these pledges have not been kept and the concerns listed below would largely be resolved if these commitments were honoured.

A range of opinions about the GP surgery were expressed. This is a summary of the main themes and questions that arose.

A significant number of people said that they were very pleased with the service they had received at the surgery. There seemed to be high levels of satisfaction especially about contact with the nurse and more recently with reception staff.

There was recognition that some of the dissatisfaction about the service being received are attributable to national issues, particularly under- funding in the NHS and difficulties in recruiting and retaining GPs.

Everyone was grateful to have a GP surgery and there was an emphasis on wanting to work collaboratively towards changes that will be mutually beneficial.

Concerns were expressed across the following themes:-

1. Communication (a) It is hard to get through on the telephone. Some people appreciated the call back system and that worked well, but far more people found it difficult to get through especially if they had limited opportunities to make a call, e.g. when they are at work. (b) many people expressed frustration at a lack of communication about issues such as reviews (which either weren't happening or had switched to paper exercises without the patient being informed) (c) Communication was not always **confidential**, e.g. receptionists asking about treatment/medical matters in front of other patients. Another **confidentiality issue** related to patients who were themselves unable to complete an e-consult form being advised to ask someone else to help them. Even close relatives may not wish to discuss personal medical matters with family members and certainly not before they had

discussed it with a doctor. (d) Some of the decisions taken by the surgery, both for individual patients and for service delivery, were not explained, so that patients did not understand the rationale for the decision e.g. changes to prescriptions. (e) some people felt they had been given templated responses which did not address or acknowledge their individual concerns.

2. Appointments – There were mixed views about using e-consult. Some people really liked it, others hated it. The overriding view was that it would be good to have a choice about how to make an appointment. There was also concern about the length of time between raising a medical issue and seeing a doctor. In addition, people were often made to wait for a long time in the waiting room without apology and explanation. People wanted to be able to choose face to face consultations. There were descriptions of serious medical problems developing, after telephone or other remote interactions, which could have been spotted in a face to face consultation. Some people talked about resorting to paying for expensive private consultations or going to A and E, recognising the problems that creates in the wider NHS.
3. Culture – The surgery no longer feels like a happy, welcoming place. Many people in the village remembered that not that long ago, the staff seemed happier and the atmosphere more relaxed and welcoming. There are no longer toys, books or magazines. This may be a change from the pandemic that hasn't been reviewed. Some people talked about a 'lack of care' and gave examples of non-respectful attitudes from staff. There was also recognition of poor behaviour by some patients and concern about the impact on surgery staff.
4. Continuity/consistency of care – many people would prefer not to have to repeatedly explain their medical issues to multiple doctors. Getting to know the GPs and the GPs getting to know the patients felt very important to people. Some people expressed concerns about the quality of locums, e.g whether they read notes adequately before giving medical

advice, with examples given of avoidable medical problems arising from ill-informed locum decisions. Lots of people wanted to get to know their doctors. Many people spoke positively about the consistency and quality of the nurse care at the surgery. Whilst there may be some national issues around recruitment it was felt that Maiden Newton surgery was a GP practice operating like a branch surgery. The consensus was that this is not adequate for a patient population of 3000. This may be an organisational issue which can be raised with the Integrated Care Partnership. Some people expressed concern that their 'named GP' was a doctor in Bridport whom they had not met.

5. Medications/dispensary – many people had experienced incorrect medications being dispensed, inappropriate medication being prescribed (where it was felt the doctor had not thoroughly read medical histories), medication missing and/or unavailable. Some people described travelling to the surgery to collect medication when they had been told it would be available, only to find that it was not ready. These delays sometimes meant that patients were left without vital medication. Also it was felt that receptionist time was being taken up with dispensary issues. If there was a separate dispensary this could free up the receptionist. A concern was also voiced about medication being dispensed with a single signature. A specific issue was raised about medication having to be discarded if it was taken out of the surgery before the patient realised that the wrong medication had been dispensed.
6. Travelling to Bridport – the surgery being closed on Thursdays was a concern, especially as people believed that on that day 3 GPs were in Bridport answering e-consults. 1 of these could carry out that task in Maiden Newton so that the surgery could remain open for other services. In addition people had sometimes been given appointments at Bridport Medical Centre. Clearly this disadvantages people who do not have their own transport and can't make the journey.
7. Confidentiality – please see number 1 above.

8. The impact of mistakes and problems – people described surgery staff having to spend time correcting mistakes, taking actions to mitigate avoidable problems, responding to patient concerns about these issues. This is not a good use of staff time, especially in the context of resource pressures.

ACTIONS

- People wanted the momentum created by this meeting to continue and for organisers to communicate the summary and any actions back to the community in a variety of ways to maximise participation.

The organisers met on 25/01/2024 to discuss the findings of the meeting and agreed the following actions:

- Chair of the meeting to email Ammonite Health Partnership to request a meeting to discuss the above in a spirit of partnership and collaboration. This email will be copied to people who were invited to the 20th January meeting in their official capacity.
- Renew attempts to contact the Integrated Care Partnership to secure their advice and involvement
- Confirm membership of the Patient Participation Group and ensure the effectiveness of the group to support patient concerns.
- Notes from the meeting, and updates from subsequent actions, to be distributed via Parish Councils, community Facebook and web pages, and on request via email.