SUMMARY NOTES/QUESTIONS FOR ICB :- MEETING 20.3.23

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|  | **Manor (including Kennington)** | **19 Beaumont Street (including Botley)** |
| Will patients each have a named doctor. | All patients will be allocated a named GP. In practice they may not see that GP, particularly for issues that don’t require continuity. | |
| Will patients be able to make appointments for a doctor a day or two in advance. | Both practices operate a triage model. All requests for appointments are triaged by a clinician within 1 working day, who will decide on whether the patient needs to be seen, and if they do by whom and in what timescale. | |
| How many doctors will be present at each surgery. | At this point we don’t know enough about the patient demand to be able to give a firm answer on this. We will be looking at this in more detail and planning our clinical cover (including nursing staff, GPs, urgent care clinicians etc) accordingly. | |
| Will each of the two current surgeries be available for the new GP Practices to operate from. | Yes | Yes |
| Will Patients be triaged first before deciding if they need to see a doctor. | Yes | Yes |
| Will patients be contacted by a doctor or other clinician when they are discharged from a hospital appointment. | This depends on the admission type and whether the patient needs GP input. | |
| How do the incoming provider intent managing the practice, will it be left for the Practice Manager to run day to day. | The current leadership teams from Manor and 19 Beaumont Street will take over the day to day running of the practices. We will be absorbing the existing staff from Botley and Kennington into our teams. | |
| What systems will be put into practice which are proven to work. | Both Manor and Beaumont Street are well functioning practices with good clinical and non-clinical systems. We will be rolling these out across the new sites. | |
| What procedures with they put in position to properly liaise with patients and instil a more open and understanding attitude towards patients. | We will work closely with our PPGs and will be looking to fully engage with all the PPG groups throughout this process. | |
| What procedures will they put in place to ensure staff are properly trained. | Both practices have training programmes in place, both for new starters and for existing staff. | |
| What are their staff turnover levels where they currently operate from. | Very low, particularly on the clinical side. | Very low, retirement is main reason for leaving. |
| What procedures will be put in position to ensure there is continuity of care for patients. | Both practices operate a clinical triage model which ensures continuity where it is required. | |
| What are your experiences of working with your Patient Participation Group. | Bi-monthly hybrid meetings  Regular catch up with Chair of PPG and PM  PPG volunteer at flu and covid clinics  For example, PPG was involved in drafting of all patient comms re Kennington | Quarterly hybrid meetings  Regular emails from Practice to PPG  No Chair currently which has made communication more difficult |
| Will receptions be open full time and will patients be encouraged to attend reception to make appointments. | Yes we aim to open full time. Patients will be encouraged to use online forms but can come in or call to make an appointment if they don’t have access to a smart phone/internet etc | |
| What procedures are likely to be put in position to avoid patients having to ring at 8.0am and wait in a que to speak to a doctor? | There are online options which patients are encouraged to use. Patients are encouraged not to call at 8am as the phone lines can be very busy and there is no benefit to calling that early, if a patient needs to be seen on the day they will be, regardless of what time they call. | |
| A lot of patients want to be able to receive care locally and not have to travel to a surgery. How can this be ensured. | Both practices intend to keep both sites open with appointments offered at both. | |
| How many doctors do each provider believe they need to provide at both surgeries to ensure a safe and proper service is available. | This will be confirmed in due course once we have had time to properly analyse demand. | |
| How will the providers ensure that services are never let to get to where we find them today, given this has been years in the making. | Both practices are committed to providing excellent patient care. | |
| Is it then intention that the two new practices will be part of the same PCN? | Kennington patients will join the OX3+ PCN which is a collaboration between The Manor Surgery and Hedena Health. | Botley patients will join the Healthier Oxford PCN which is a collaboration between 19 Beaumont Street, Summertown Health Centre and Banbury Road. |