

A message from our Senior Partner, Dr Oluwatoyin Ogunsanya:-

I would like to start by thanking you, the patients, for your co-operation with the practice in the delivery of care. I can reassure you that the interest of patients is always the forefront of our thoughts.

The Covid-19 pandemic and the consequences of this and other recent NHS pressures has meant a tremendous increase in the workload for GPs. The work we do as GPs is probably not well understood by many, and I would like to take this opportunity to highlight other areas of our work which have increased tremendously as a result of COVID, and because of hospitals sending work traditionally done in hospitals to primary care which usually should be done in secondary care. The early and premature discharge of patients into the community has meant that GPs are now burdened with extra workload. Looking after patients is not just consultations, but also reading laboratory results and correspondence, referring patients to hospitals and other services, and also writing letters relating to accommodation, employment, benefits and other areas.

These important parts of our work have also seen a spike in demand. Someone unable to get a certificate to allow him or her to receive employment benefits may be just as distressed as someone having a chest infection. We don't decide who should see us, when they should see us. Everyone is welcome. This is our role. But it is important to understand that resources are finite.

We acknowledge that we have many patients on our list, and recent attempts to control this by closing the list have not gone down well with NHS England. Historically, we took on Shotgate Surgery because the private provider could not afford to run the service at the current cost, and we continue to maintain it at an effective loss.

Each GP has more than 37 patient contacts per day, in a combination of face to face appointments, telephone consultation and home visits. The BMA recommendation is 25 per day, but we have worked beyond this to maintain patient services. In addition, we spent the rest of the time in clinical administrative roles which I alluded to earlier.

I do accept that we have enormous problems with the telephone system which we have struggled with over the years to correct by changing providers. We are still reviewing this to see if we can get better service from other providers.

I am however concerned and frustrated that patients find it acceptable to abuse reception staff because they cannot get an appointment, and in some instances cause actual damage to the surgery and threaten to "fire bomb" the practice. I do not see how burning the surgery down would improve access or get the individual the appointment needed.

Whilst I accept the service can be improved, I take pride that we provide excellent care in some respects and we are well known to have set up the best chronic disease management care in the area. In addition patients registered with the practice have the best diabetes, chronic lung disease and coronary heart disease care in the area.

The threats of aggression towards our staff have meant that staff are leaving. This is counterproductive. It takes six months to train a receptionist in order to be able to provide adequate service to our patients.

In my 27 years of being in the practice, I have not seen this level of aggression that staff are having to cope with, and I cannot see any justification for this.

We always welcome opinions on how the service could be improved, and I hope we can all work together to create an environment which will improve our community.

I therefore implore every one to help us to stem out this aggression.

I would like to wish all a happy Xmas and healthy 2023.

Dr Oluwatoyin Ogunsanya