

The Future of Patient Care at Avenue House Surgery



It is very difficult to foresee the future of healthcare but there is no doubt that it is changing dramatically. The doctors at Avenue House Surgery are probably almost as confused as you are but we thought it would be a good time to inform you of some of the changes that we do understand and also try to make it clear how we hope to provide high quality care in the coming years

This newsletter will try and outline what we feel about things as a Practice , where we sit locally in the healthcare system and also give some insight into the political changes that are being argued about

Our Mission Statement

“Help the patient by knowing the person”

This is the statement at the heart of our organization and one which we all believe in. We offer you a personal doctor whom you will probably see for the majority of your consultations so you get to know them and they get to know you. We think this relationship is crucial when care is needed.

Our recent patient satisfaction surveys suggest that this thinking is valued by patients and is not something you find in every part of the healthcare system. We want to be able to offer you quick, efficient access to any health professional when you want something simple doing eg cholesterol test, however when you feel that your problem is more complex then we want to be able to offer you the Doctor or Nurse that you feel you could best relate to.

Training

We intend to continue as a Training Practice. Nurses in training are often attached to our District Nursing Team and you will find that there are nearly always young doctors in the building at various stages of their training, from students to those about to finish their training and look for their own Practice. Many have considerable hospital experience and keep us all on our toes!

Community Obligations

We feel that a Medical Practice should contribute to the society in which it is placed. We have always been involved in latest developments in medical care in the Community. We have supported patients with drugs problems and currently support the Homeless Centre in Chesterfield.

How are things going to change?

We do believe that it is a good idea that GPs will take more responsibility for the spending of the healthcare monies as they are probably best placed to decide on how to get the best patient care available from the pot of money. The reason they are best placed is that they talk to patients everyday who describe how things have worked out for them in the healthcare system and whether they got the care and advantage that they had been hoping for. The pot of money is limited, but it always has been, and we must try to use it more effectively.

How do patients know that their interests are going to be looked after?

The key is that patients must have a real voice in the decisions that are being made on their behalf. At an individual level it must be possible for you to sit with your Doctor and discuss treatment options and also be able to look at the risks and benefits and likely outcomes. At a larger level we want to create an active and influential Patient Participation Group where changes within the Practice can be discussed openly and patients must be able to influence those decisions. Our first meeting is scheduled for 1st September 2011. We want to ensure that the changes over the coming year truly offer patients a much greater say in what they want a Medical Practice to deliver and that this partnership approach of Doctor and Patient will give opportunities to improve care.

Surely any cut in services will be bad news for patients?

There is an awful lot of waste in the NHS which patients and doctors could address. Some pathways of care are complex and quite difficult for the patient to navigate. Efficiencies in these areas would release savings that could be invested in other areas of care. Also it is an unfortunate fact that not all medical interventions result in good outcomes. We want to be able to offer you a discussion as to whether it is probably the right time for surgery or which hospital might offer the best service.

The Political Situation

What is Practice Based Commissioning (PbC)?

In future Practices will take on a responsibility for the budget providing the majority of your medical care. This budget buys you operations, out-patients appointments, A & E attendances, District Nursing Care, Diabetes care, in fact, the vast majority of your medical care. In previous times the Practice was aware of this budget but it was managed by the PCT. The PCT will close down but will probably re-fashion itself to support the Practices in delivering care. The latest news (June 2011) suggests hospital doctors and nurses will join the GP's.

The Local Political Situation

What is a GP consortium?

The GP Practices in North Derbyshire have formed themselves into three groups or consortia. The Chesterfield locality Consortium has 13 Practices and just under 114,000 patients and is up and running and preparing to meet the deadline of 2013 when the budget responsibilities are set to formally pass over to the Practices.

Will practices be making cuts in order to keep up their revenue?

The pot of money for providing patient care is totally separate from the money earned by GPs as their take home pay. If any savings are made then it is required that those monies are re-invested back into patient care and must not become part of Practice income.

How will the consortium tackle the budget deficit?

Considering the national picture the Chesterfield Consortium is not badly placed to try and manage deficits and eventually strike even. There are three main budgets that will have to be carefully looked at:

- Prescribing
- Outpatient Appts.
- Admissions to Hospital

There are some major issues of waste within the present system and if these were corrected then there should be financial savings. The practice would welcome the opportunity to discuss how we tackle the challenges and we hope our new Patient Participation Group will provide this opportunity.

What are the views at Avenue House Surgery?

We feel positive about the changes currently being discussed but we are concerned about the talk of bringing a lot more commercial competition into the NHS. This aspect we would want to challenge. We are passionate about the NHS and we will always seek to defend it but we do feel that the service should be listening much more to patients and changing in response to these discussions.

We feel that there are many excellent providers in the health care system but the services are not always 'joined up'. The 'patient journey' is therefore often too complex and the patient does not have enough information about what is happening



An Example of why we feel patient pathways do not always have the result we would like to see.

A patient at the end of their life has a strong desire to die in their own home with their family around to support them. They do not wish to spend their last few days in a busy acute hospital ward.

- **What is the ideal situation?** The GP or Nurse discusses the options with the patient and the family. They agree on a plan and are able to set up a number of 'care plans' with the out of hours service and the ambulance service. This will mean that if the patient becomes uncomfortable when their own GP or Nurse is off duty, the other health care professionals on duty know what to do and a stressful and unnecessary hospital admission is avoided. The patient will also be kept comfortable and pain free and in their own home where they are most at ease.
- **What sometimes happens?** The terminally ill patient has 'care plans' in place expressing a desire to remain in their own home. However the patient becomes uncomfortable during the weekend, the family are not immediately available, the GP is off duty and a neighbour calls 999. The ambulance crew disregard the care plan because it is not within their emergency 999 protocol and the patient is taken to a hospital ward. The admission protocols are triggered and the patient is admitted to hospital where they receive inappropriate treatment and later die on the ward.