



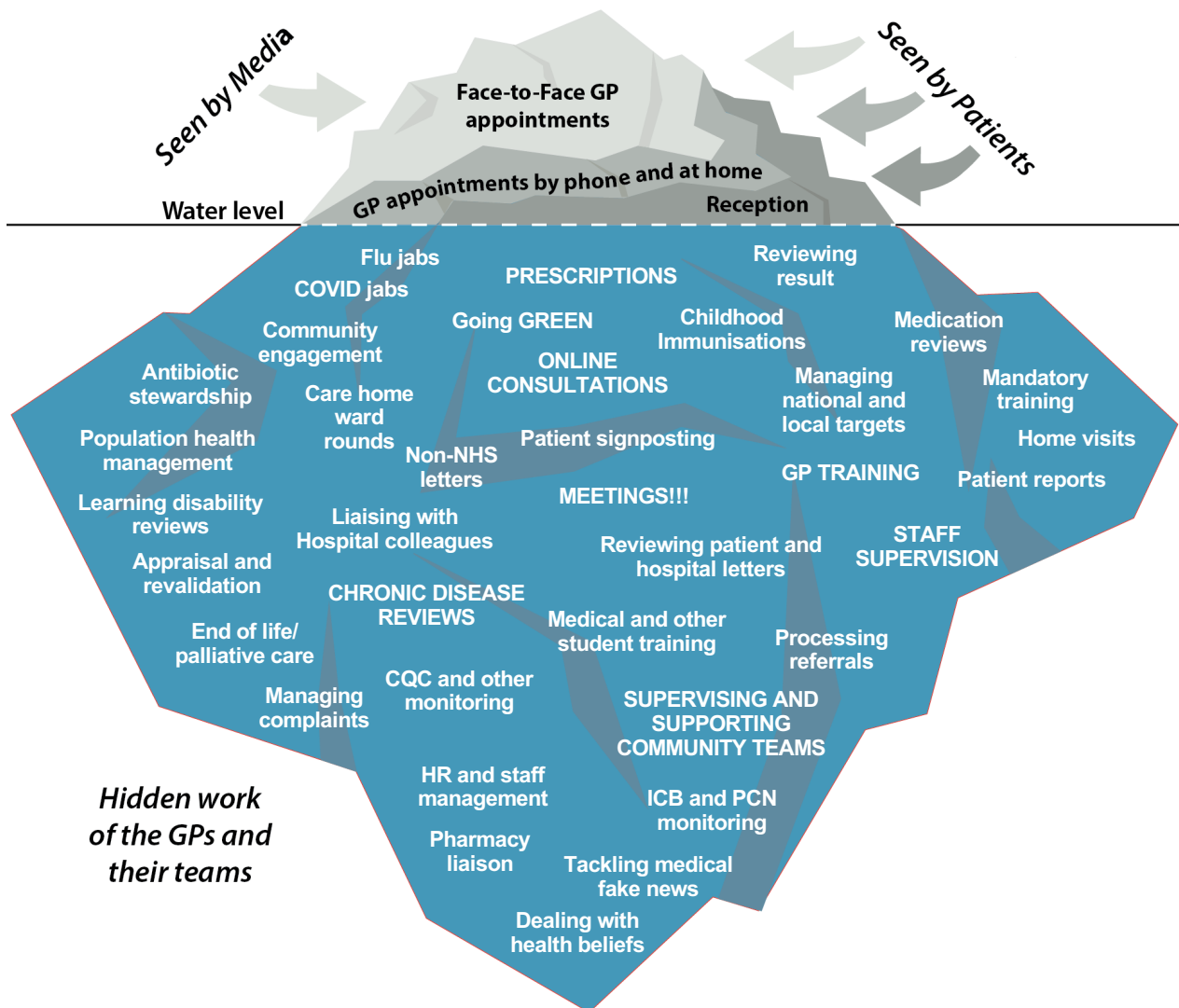
St Stephen's Gate Medical Partnership Patient Participation Group Newsletter Spring 2024



The work of the Medical Partnership

In this edition of our newsletter we have decided to focus on the work of the staff in the surgery that may not be visible to patients but nevertheless forms a vital part of clinical care. It is essential in maintaining the surgery as an effective part of the wider healthcare system.

ICEBERG MODEL OF THE MEDICAL PRACTICE



We are no doubt all aware of the negative publicity in the press and social media about GP surgeries and the way they have been working since the pandemic and also about the waiting times to see a clinician. However, at St Stephen's Gate we are proud of the service we provide and strive to work in a way that meets patients' needs appropriately. We hope that this illustration provides some insight into the work that goes on behind the scenes and is undertaken by clinicians and administrative staff.

PPG Newsletter Spring 2024

The work that patients are aware of includes fielding phone calls and messages, offering access to on the day appointments for emergencies which are provided by GPs, nurse practitioners, a Physicians Associate, a Physiotherapist, a Pharmacist and Mental Health workers. Housebound patients may be offered a home visit and these are undertaken by our GPs and the home visiting service.

We also offer routine, face to face and telephone appointments for issues that are not considered to be an emergency with a similarly wide range of health professionals.

It is likely that you may wait up to 4 weeks for a routine appointment, depending on the nature of your problem & the member of staff you need to see.

Each day, GPs are not only seeing patients, but are writing referral letters, acting on letters that arrive from the local hospitals (and they can number more than 40 letters per GP per day), authorising prescriptions – on average 40 per day per GP, reviewing and acting on results and responding to tasks that can come in from patients themselves, other health professionals, and other agencies such as social services, the police and the department of work and pensions. Other clinical team members also undertake many similar tasks.

None of the clinical work would be possible without the back up of our very skilled administrative staff. The Iceberg model shows the wide range of other activities that go on in support of clinical work.

The partners within the practice also have responsibility for the management of the practice – the overall finances, staff recruitment and management, training and education, the upkeep of our buildings, liaising with staff in other practices and ensuring that the service we deliver complies with a multitude of regulations.

We have been very disappointed by the latest contract that was imposed on GPs on the 1st April this year, despite 99.2% of GPs who belong to the British Medical Association (the doctors trade union) rejecting it.

We have been offered a 1.9% funding increase when inflation is running at 4%. We are very aware of how the cost of living crisis is affecting our patients and this contract effectively amounts to a cut in the money we are being given to provide primary care services. 300 million people have an appointment in a GP surgery each year (compared with 23 million who attend A&E). There is approximately 0.44 of a GP for every 1000 patients, hence the importance of our highly skilled clinical and administrative colleagues who work alongside the medical staff.

We continue to do all we can to protect our patients from the impact of these pressures .

Melissa Korn