



Response to Withernsea Patient Comments and Questions Received by Holderness Health following a Drop-In Event at the Meridian Centre

A number of written patient statements and questions were delivered to the practice after an event held at the Meridian Centre in Withernsea. We have separated these into themes and provided a response below. There are some comments that relate to individual patient care which we cannot respond to in a public document as the patient could be identified and we would be likely to breach patient confidentiality. Where a name/contact information was supplied, we will contact these patients individually to discuss their issues. Where no name/contact info was provided, we have no way of reaching you so we would ask that you contact us direct so that we can investigate your concerns. The easiest way to do this is via email to eryccg.feedback.holdernesshealth@nhs.net but you can also write to us at the surgery or contact us by phone. Thank you.

Theme: Appointments

1.	Appointments in 3 weeks' time are inadequate. You need help normally within a week	<p>As you may have heard in the national news, the NHS is under immense pressure with demand for services higher than they have ever been before. This reflects the backlog of care due to COVID-19 and also the physical and mental health impact of multiple periods of lockdown during the last 18 months.</p> <p>Routine appointments are made available up to 3 weeks ahead. However, we also make additional appointments available on a daily basis for patients who feel that their health issue is urgent and cannot wait for a routine appointment. We ask that patients use this 'on the day' appointments responsibly so that they can be directed to those who have an urgent need.</p> <p>When all the 'on the day' appointments are booked, urgent matters are referred to the on-call doctor for triage and a decision about whether further action is needed immediately. This offers a safety-net and ensures that genuinely urgent matters will be dealt with.</p>
2.	Why do we have to make further appointments for blood tests - more waiting. Other surgeries I've been to, you just pop to the nurse there and then. The hospital nurses are very good though	We ask people to book an appointment for a blood test as this allows us to make best use of time, using all possible available appointments. If we asked patients just to pop through for a blood test, it would mean that we could not plan ahead and some appointment slots would inevitably be wasted. Given the high demand for services, we do not want to waste any appointments.

		<p>We do retain an allocated number of slots for 'urgent bloods' so that these can be done immediately where possible.</p>
3.	<p>Lack of basic care for ongoing medical conditions. Telephone appts only this is dangerous practice as people rarely say what they feel to someone they can't see or don't know - you could be talking to the gardener - unapproachable and often cold and uncaring</p>	<p>We have been offering face to face appointments throughout the pandemic and continue to do so. The number of face to face appointments has continued to increase over time as we have been able to safely make changes to the way we work.</p> <p>General Practice continues to work under nationally set Infection Control Protocols which include social distancing, mask wearing and enhanced cleaning procedures. This inevitably limits the number of people we can have in the waiting areas at any one time and therefore the number of face to face appointments we can offer.</p> <p>Our process at present is that the majority of GP consultations take place by telephone first. This allows the GP to assess the situation and deal with matters over the phone where this is possible. When the GP makes the clinical decision that they need a physical examination, or if they have any concerns, they will bring the patient in for a face to face appointment. This is normally the same day or the next day to ensure that there is not a long delay for the in-person consultation.</p> <p>If we were to return immediately to all appointments being face to face, there would be an overall reduction in the number of appointments available because of the need to space out appointments and undertake cleaning between patients. Given the high demand for appointments, we feel that we should try and make as many appointments available as possible.</p> <p>We have also received feedback from many patients that they appreciate telephone consultations as they are more convenient.</p> <p>We ask patients to have faith in the skills and experience of our doctors to know when they can manage a patient by phone and when they need to have a face to face consultation. We would like to provide assurance that it is the GPs that make this decision, not any administrative member of the team.</p>
4.	<p>Face to face appointments should be reinstated now - all this hiding at home should stop. Everyone else has gone back to work now - give up the working from home telephone calls. Hospitals are almost back to normal clinics are</p>	<p>Our GPs have never worked routinely from home other than in exceptional circumstances e.g. when they are unwell or have to self-isolate.</p> <p>The move to telephone consultations during the height of the pandemic was based on national guidance. We have, however, continued to see patients face to face throughout.</p>

	open, doctors and consultants are seeing patients.	Please see the response above for additional information about telephone consultations.
5.	Why are doctors not seeing patients, why are phone consultations the 'thing' now	Please see above two responses.
6.	How can someone diagnose a problem in 7 telephone conversations we eventually were sent to A&E. How can you have a diabetic check up on the phone	<p>Please see above responses regarding telephone appointments.</p> <p>Regarding diabetic checks, there are elements of a review that can be conducted on the telephone. There are some elements which do need to be done in person such as blood tests and foot checks. Ideally, we bring patients in once a year for a full review and complete all elements in person. However, with the complexities of our additional infection control requirements, staff shortages and the national shortage of blood tubes (which has impacted on the number of tests we have been able to perform), we have at times split the checks down in different parts to make best use of staff time.</p>
7.	Doctor rang to arrange appts and asked that I bring some readings with me (got to be face to face then?) Day of appt me in Withernsea surgery - doctor rings from Hedon hardly good organisation	We are unable to respond to this question without knowing more about the specific detail. We are happy to have a one to one conversation with you regarding this issue if you would like to contact us. The easiest way to do this is via email to eryccg.feedback.holdernesshealth@nhs.net
8.	Notified by text of telephone appt went to surgery to try to change it to face to face. Receptionist tells me doctor will ring direct. A week later still no call.	<p>When an appointment is booked (whether telephone or face to face) it is recorded in our clinical system. On each day, the GP will work through their patients list for the day. As they complete calls, these are marked off in the clinical system.</p> <p>Our process is that when an appointment is booked, we ring on two separate occasions at least an hour apart. If we are unable to reach a patient through these two separate contacts, we normally send a text message (if we have a mobile contact number) to let you know that we have called and to ring us back if you still require a consultation.</p> <p>We did experience some problems a while ago in relation to a mobile phone mast in Withernsea where calls were not going through correctly. This was unfortunately out of our control and has since been resolved.</p> <p>If you would like to contact us direct, we can review your notes to identify if we did try to contact you or whether there was a failing in our system that we need to look at. The easiest way to do this is via email to eryccg.feedback.holdernesshealth@nhs.net</p>
9.	We want to be able to see doctors not phone calls, also want confidentiality back. No downloading apps when your given a nurse to	Please see responses above regarding telephone consultations.

	see they cannot prescribe medication so they send you back to reception then no phone calls available, our taxes pay good wages for Drs	<p>We know that some patients do not like to give our reception teams information about their problem. However, this is not something we will be changing. It is in line with that national approach to Care Navigation – and allows us to direct patients to the appropriate service or clinician. It also allows our GPs to prioritise the urgency of call backs and to review appropriate sections of a patient’s notes before the consultation starts, resulting in a more effective consultation.</p> <p>For any patient who strongly objects to this, there is always the opportunity to decline to offer information. Alternatively, if you do not wish to say out loud in the reception area, there is the option to write down your issue.</p>
10.	It took 27 days to get an urgent blood test. Then took 4 weeks for a call back from the doctor	<p>We are unable to respond to this question without knowing more about the specific detail. We are happy to have a one to one conversation with you regarding this issue if you would like to contact us. The easiest way to do this is via email to eryccg.feedback.holdernesshealth@nhs.net</p>
11.	Why am I still waiting and can't get an appt for a diabetic review (over 2 years) no podiatry (3 years) 2 week wait for a GP appt. Medication review and LTC review, lived in Withernsea 6 years and only had 1 review.	<p>We are unable to respond to this question without knowing more about the specific detail. We are happy to have a one to one conversation with you regarding this issue if you would like to contact us. The easiest way to do this is via email to eryccg.feedback.holdernesshealth@nhs.net</p> <p>Our general process is to review all diabetic patients annually. Reviews were suspended last year in line with national guidance but all patients should receive their review this year. We are monitored annually on our performance in this area and have set targets to meet. Our process is to contact patients at least twice when their review is due. If you feel that you are not being sent these letters, please contact us urgently as we will need to look into this.</p> <p>Podiatry is not provided by the practice and is commissioned separately from CHCP and delivered at a range of sites including Withernsea Community Hospital. If you have a query regarding this service, please do raise it with CHCP.</p>
12.	Can you explain why we are given contradictory information regarding face to face and telephone consultations. I have waited in twice all day for a phone call and GP didn't call. If you have to have a phone call he/she should ring. Would like a good reason why face to face appts aren't available.	<p>Please see above responses regarding telephone and face to face appointments and our process for patient calling patients back.</p> <p>If you would like to contact us direct, we can review your notes to identify if we did try to contact you or whether there was a failing in our system that we need to look at. The easiest way to do this is via email to eryccg.feedback.holdernesshealth@nhs.net</p>
13.	Sent a message to book a medication review left on hold for hours and no appts for 4 weeks.	<p>There is a huge demand for services currently and waiting times are longer than we would like for certain types of appointments.</p>

		<p>Several of our Clinical Pharmacists have left the practice over the last 18 months. We have tried repeated rounds of recruitment but have struggled to recruit. This means that we have had reduced capacity to complete medication reviews and waiting times have extended.</p> <p>In October 2021, we have had two new pharmacists join our team and we hope that this will make a significant difference to our capacity over time as they become established in their roles. We have also recruited three Pharmacy Technicians to support the work of the Clinical Pharmacists and reorganised the way that this whole team is managed.</p>
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Theme: Online

<p>14.</p>	<p>Message on answer machine says 24 hour access is available online to query things. I've looked many times and not found it.</p>	<p>You will find this logo on the homepage of our website:</p>  <p>If you click on it, you will be taken through to the online consultation portal where you can submit your medical or administrative query.</p> <p>This facility is available 24 hours a day from 8am Monday morning to 6pm Friday evening.</p>
<p>15.</p>	<p>Why is there no email contact available? This is the 21st century. It's the way the majority communicate these days</p>	<p>We do not accept clinical queries by email because this is not a secure method of communication and is not an appropriate mechanism for the recording of confidential patient data. It is a contractual requirement and a matter of safety that data is saved directly into the patient record. We do have various systems that allow us to communicate with patients via text and email but these are not open to incoming communications unless we are requesting a patient reply about a particular issue. These communications can be recorded straight into your patient record.</p> <p>We do, however, have an email address that we promote widely where you can send feedback or raise issues of a non-clinical nature: eryccg.feedback.holdernesshealth@nhs.net</p>

Theme: Dispensary

16.	Probably not the surgery's fault but after a visit to Castle Hill my prescription from there was not received until 3 weeks later	<p>There is a contractual requirement on hospitals to ensure that patients requiring medication are provided with an appropriate supply at the time of discharge. This is intended to bridge any gap between when the patient is discharged and when the GP surgery receives details from the hospital about any new or changed medication that has been prescribed.</p> <p>Normally we do receive notification fairly promptly from the hospital and this is processed by our team and medication issued. However, as with all systems, things can go wrong. Where, on occasion, notification is missing or delayed, all we can do is chase the discharge information with the hospital. Unfortunately, we have no access to hospital records so must wait until we receive the relevant information.</p>
17.	Why can't everyone use the pharmacy? Only available for some	Holderness Health is a dispensing practice. Current national legislation only allows us to dispense medication to patients who live more than one mile, as the crow flies, from the nearest pharmacy. This means that it is usually our more rural patients who have access to our dispensing services.
18.	Only a handful of times has my prescription been right	<p>We have scanners in our dispensaries which scan the barcodes on the medication being issued and flag up where this is inconsistent with what has been prescribed. The aim of this is to reduce any errors and it makes it very difficult for us to issue the wrong drug. It may therefore be that there has been some error in the prescribing process i.e. what has been written on the prescription itself. It is difficult for us to comment on this without knowing more about the specific detail. We are happy to have a one to one conversation with you regarding this issue if you would like to contact us. The easiest way to do this is via email to eryccg.feedback.holdernesshealth@nhs.net</p>

Theme: Reception

19.	Reception is too public and contravenes GDPR rules.	<p>In common with most surgeries, we ask for a short description of the problem to help us care navigate patients and make sure that they see the most appropriate clinician. For example, a back problem is likely to be better dealt with by one of our First Contact MSK Practitioners than a GP. They are experts in their field and can arrange referrals and tests as required. Whilst patients may feel that they would like to see a GP, this will often result in that patient being passed back to the MSK practitioner for a further appointment. Our goal is to get patients to the right clinician first time as this results in better and quicker care.</p> <p>If any patient feels very strongly that they do not wish to give a description of their condition, they are of course free to refuse. However, we ask that you help us by doing this as it supports us to work efficiently,</p>
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		including a GP or other clinician being able to pull up the relevant parts of your medical record before your consultation.
20.	I had to make 2 appointments, 1 for BP and 1 for bloods on the following day, I queried why the nurse couldn't do both together. Receptionist said that is how it is! I'm 68 and never had this experience before	<p>There has been a system in Withernsea for many years whereby blood tests were completed at the community hospital through a service commissioned by the CCG from CHCP. This is a historical anomaly and we agree that it does not provide efficient or seamless service for patients. Some months ago, working in partnership with CHCP, we relocated the service to our own practice building in Withernsea. The main member of staff who provides this service is a specialist phlebotomist. This means that she is an expert in taking bloods and does this all day. She can process a very high number of bloods each day and is also very experienced at obtaining blood from patients where this is difficult. She does not, however, perform other tasks such as taking blood pressures. This is done by our Healthcare Assistants.</p> <p>Bringing the bloods into our own building has other benefits in that it has allowed us to operate on one system, meaning that our own Healthcare Assistants can also take bloods rather than them all being done at the hospital. Now that everything is under one roof, we would aim to book patients in with one member of staff who would take bloods and blood pressure in the same appointment. However, we may sometimes offer separate appointments if this avoids an appointment being wasted or is the quickest way for both to be done without a delay.</p>
21.	On another appointment I was 5 minutes early. I was 10 minutes late by the time I spoke to the receptionist who spent most of her time seeing to the chap before me. I wondered why the receptionist could not summons help when she is more involved with the chap.	We continue to be short-staffed in our reception team and have been attempting to recruit for many months. It is challenging to balance having appropriate cover on the front desk with having sufficient people answering phone calls. We aim to keep waiting times down to a minimum and provide additional cover when necessary.
22.	Too much battling with receptionist either in person or on the phone	We know that some patients do not like to give our reception teams information about their problem. However, this is not something we will be changing. It is in line with that national approach to Care Navigation – and allows us to direct patients to the appropriate service or clinician. It also allows our GPs to prioritise the urgency of call backs and to review appropriate sections of a patient's notes before the consultation starts, resulting in a more effective consultation.
23.	Lack of confidentiality when the receptionist shouts at old people - every one else can hear her	The screens that we had installed as part of our COVID-secure measures have made it more difficult to hear and be heard. We are currently in the process of seeing what adjustments can be made to these to improve this.
24.	Reception team unhelpful	We apologise to any patient who has had a negative experience with our reception team. We undertake a huge amount of training with staff when they join the practice and we are proud of the very difficult job that our reception team do, often under very difficult circumstances. We ask patients to recognise that our team can only work with what is available to them – sometimes they do not have an appointment to offer or

		<p>cannot fulfil a request due to other reasons. We hope that they will always be helpful and courteous and we undertake call monitoring and coaching to support them in this.</p> <p>If any patient feels that they have not had a courteous service from a member of our team, we would encourage you to raise this with us at the time so that it can be investigated further. As all our calls are recorded, we can now listen back to these to review what was said and done and learning from this can be used for training and coaching of our staff.</p>
25.	When we ring for an appointment why is it we can never get past reception who seem to require every piece of personal medical history, they aren't qualified to assess you.	Please see response above in Q 19.
26.	Why do the receptionists want to know whats wrong with you, can they diagnose you?	Please see response above in Q 19.
27.	Receptionists deciding whether or not you can have an appt and non doctors making a diagnosis over the phone	Please see response above in Q 19.
28.	It's time you got decent receptionists not little hitlers who care about their community	<p>Whilst we are always happy to take feedback and will fully investigate any incident in which our staff have not been courteous to our patients, we find this remark offensive and believe that others will feel the same way.</p> <p>We will not tolerate abuse to any of our staff and will consider removing patients from the list who are abusive.</p>
29.	The receptionists are very rude, they dismiss you.	Please see response above in Q 24.
30.	Rang surgery and pressed for the call back option when it rang me back was told no appts to ring the next day, explained I had pressed the callback option and was told to never press that and to keep holding what is the point of option 1 total waste of time!	<p>We are sorry to hear of this experience. The information you were given is incorrect. We do have a number of new staff members and it may be that one of them did not fully understand how the callback service works. We will ensure that this is addressed.</p> <p>To clarify the situation, we can confirm that when the callback option is selected this 'locks in' your place in the queue. If you were number 10 in the queue, your place is held and you will gradually move up the queue until you reach the front of the queue at which point the system will automatically dial you back. Therefore, it makes no difference whether you choose to remain on the line or use the callback – your call will be answered in the same amount of time. Unfortunately, there is such a high demand for appointments that they can be snapped up very quickly at the start of the day. We hope that the callback service just makes it a little more convenient for people rather than hanging on the line.</p>

		As with all systems, there are some aspects of the system that are not perfect and if any patient has not received a callback within 2 hours, we would ask them to contact us again.
31.	We should be able to see a doctor without explaining to reception what is going on.	Please see response above in Q 19.

Theme: Other

32.	COVID rules posted on door were not executed. It said to wait outside - but if you did, no one invited you in! Also seen a lot of folks not wearing masks at all or wearing improperly	<p>It has been extremely challenging to effectively manage access to the buildings during COVID and we look forward to a time in the post-pandemic world when we no longer need to have the same infection control procedures in place. We fear this may be further away than we would all hope.</p> <p>We believe that it is the responsibility of all patients to think about others and the wellbeing of their community and hence wear a mask when requested to do so in line with national policy for general practice. However, many patients believe that the same rules should apply in a GP surgery as in general life and are reluctant to comply. This puts us in a very difficult situation as we do not wish to deny care to anyone. Our receptionists do ask patients to wear masks but have unfortunately frequently been subjected to rude or abusive responses for doing so.</p>
33.	What does the hospital do? Seems a waste of valuable resource	The hospital is owned by NHS Property Services and a number of services are run from there, primarily by CHCP. Any queries regarding its use should be directed to the CCG as we are not involved in any of the decision-making regarding the hospital.
34.	No continuity of care you never get the same doctor twice	During the height of the pandemic, we moved to a system whereby all appointments were made available 'on the day'. This was in line with national guidance regarding the safe and effective management of patients. This meant that you could only be offered an appointment with a GP that was in the surgery on that day who may not be the one you saw previously. Although necessary, this was unpopular both with patients and with GPs who value their relationships with the patients they know. As soon as it was safe to do so, we changed the system to allow appointments to be booked in advance and to give patients the opportunity to request a specific GP.
35.	Bigger is not better - Withernsea was better off with better care under the old system, at least the doctors knew who you are.	<p>Historically, the Withernsea practice has struggled to recruit GPs. The practice was in a position where recruitment attempts had not been successful and current GPs were approaching retirement. Without the merger, the ability of the practice to maintain any level of service after these retirements was in severe doubt.</p> <p>Since the merger, the practice has successfully recruited 7 GPs. Some of these have been to replace retiring/leaving GPs but we have also been able to add additional GP capacity. In Withernsea, Dr Heaton retired last year but we have two new doctors – Dr Jayne Marston and Dr Olusola Olafimihan. Our GPs from</p>

		<p>the Hedon hub also work regularly in Withernsea covering the 'on-call' duty doctor role which enables the other Withernsea-based GPs to spend more time on routine and urgent appointments.</p> <p>The GPs we have added to the team based in Withernsea are passionate about local healthcare and we believe that you will soon get to know them and value their clinical skills.</p>
36.	<p>I was being treated for [condition removed]. Had a blood test and was told when results came back a doctor would ring me, on August 19th I got a call back from a nurse and wasn't given a reason why a doctor hadn't rang. I was having pains [location removed] and rang to speak to a doctor and the receptionist said she would put me on the list for physio. I said no and wanted to speak to a doctor. She told me physios where more qualified for [problem removed]. Does that mean a receptionist knows more than doctors?</p>	<p>GPs are trained to be generalists and excel in the role of managing complex patients. There are situations when a GPs particular skills and training are not required or where a clinician with more specialised expertise in a particular area is a better option for patients. We have invested considerable time and resource in developing a multi-disciplinary which includes Advanced Nurse Practitioners, Advanced Clinical Practitioners, MSK First Contact Practitioners (physios whose role it is to assess new conditions relating to muscles and bones) and Clinical Pharmacists. We recognise that these roles are not well-understood but they bring much-needed capacity and specialist expertise into general practice. We will be undertaking further work to explain and promote these roles.</p> <p>Our reception team are asked to 'care navigate' patients appropriately and this includes patients with muscle and bone issues being directed to our MSK First Contact Practitioners.</p>
37.	<p>Patient went to Boots for flu vac as usual but was unable to book as they had an unusual number of bookings. I surmised that it might be because people are finding the practice experience difficult and unpleasant. Not only did I gather from the staff that they felt I was right, but also other people in the chemist seemed to agree. People are voting with their feet.</p>	<p>We fully support patient choice with regard to where they receive their annual flu vaccination. The key issue is to vaccinate as many people as possible (in any setting) in order to reach the levels required to protect the community.</p> <p>We receive a very high number of compliments regarding our vaccination programmes and believe that we make it quick and easy for patients to access their vaccination at the surgery. However, we are always willing to take on board feedback and suggestions if patients think there are ways to improve this.</p> <p>So far this year, we have delivered in excess of 11,000 flu vaccinations.</p>
38.	<p>I am 86 years old live on my own. I have lived in Withernsea over 60 years I am bitterly disappointed with the service. I think the whole thing is a shambles.</p>	<p>We are unable to respond to this question without knowing more about the specific detail of your concerns. We are happy to have a one to one conversation with you regarding this issue if you would like to contact us. The easiest way to do this is via email to eryccg.feedback.holdernesshealth@nhs.net but please also feel free to write to us or to contact us by phone.</p>
39.	<p>Can we suggest that you co-opt the 2 local newspapers (Gazette & Withernsea Community News) A Regular feature in which HH answer questions sent in by the public should open up the discussion considerably</p>	<p>We are happy to explore this with the papers.</p>

40.	<p>HH leaflet states 23 GPs and 14 nurses and there are others. A frequent response when a patient asks to speak to or see a doctor is 'I've only got one person on and they're fully booked' can you please find out how many doctors/nurses are in surgery at any one time and also how they are distributed across the whole of HH</p>	<p>There is never a time when there is only one GP working at the practice as we could not deliver a safe service and would be forced to close. We are unsure why information would be relayed to patients in this way and will look out for it when we are monitoring and coaching staff.</p> <p>We are currently working on how we can provide more useful information for patients about our GP and practice team. Initially it may be that we simply provide a list of normal working days and usual working location. However, this is limited in usefulness as although our GPs work the same days each week, they do not necessarily do the same work on the same day each week. So, for example, a GP who works on a Monday may have normal surgeries on two Mondays of the month, care home patient reviews or multidisciplinary meeting on another Monday of the month (say in the afternoon) and their turn on the duty doctor rota on the last Monday of the month. This would mean that on 1.5 of the four Mondays, they may not have bookable appointments but they are undertaking GP work that still needs to be done for patients. When we are delivering large programmes such as the flu and COVID vaccinations, GPs and nurses also take their turns in staffing these.</p> <p>Whilst our GPs all have a 'usual' working location at either the Withernsea or the Hedon Hub, they also rotate between sites on their duty doctor days and when cover is needed due to sickness or annual leave. For example, one of our GPs whose usual working location is Withernsea and who normally works a Monday, could work 3 of the Mondays in a month in Withernsea but on the 4th, they could be on the rota to be duty doctor in Hedon.</p> <p>At present, there are 7 GPs whose usual working location is Withernsea. This is one more than at the time of the merger. In addition, we have a new GP who does at least one day per week in Withernsea. As there are more GPs usually based in Hedon (because there were 2 separate practices there before the merger and double the number of patients), they cover the duty doctor role in Withernsea more frequently than the other way round, meaning that this creates additional capacity for routine and urgent appointments in Withernsea.</p>
41.	<p>Why has the doctors service gone down, the amalgamation isn't working, you took the money so do the work.</p>	<p>Please see response to Q 35.</p> <p>Just to clarify, the practice was not bought out in any way. The GP Partners that were at Withernsea at the time of the merger simply joined forces with the GP Partners at the two Hedon practices to ensure that all the practices would be in a position to continue serving the community in the face of a number of different challenges, including GP recruitment. See Q 35 for additional information.</p>

42.	We don't want anymore lost blood samples. We need a one-stop service where everything can be done in one visit. BP, bloods, peak flow etc	Please see response to Q 20.
43.	NHS stands for National Health Service, we are not receiving a satisfactory service.	Sadly, the NHS has been chronically under-funded for many years. There were significant cracks before the arrival of COVID-19 and the recent pressures within the system have only intensified these. You may be interested to read our open letter from earlier this year in which we try to set out some of the challenges that impact on service delivery. This can be found on the Patient Information page of our website or by clicking this link . Alternatively, we are happy to post you a copy if you write to us or email us at eryccg.feedback.withernesshealth@nhs.net

Theme: Nurses

44.	Nurses are very good	Thank you for this positive feedback which we will ensure is passed on.
45.	On a good note the nurse had everything well organised when we had our virus jab and also they were very kind to everyone. Why should nurses be front line call yourselves doctors.	Our nurses are a valued and critical part of our team and we are pleased to receive positive feedback about the service you have received from them. Both the flu vaccination and the COVID vaccination programme have been a team effort with both our nursing team and doctors administering these.

Theme: Location

46.	No availability of cervical screening for over 3 months then it's at Hedon why? Patients in Withernsea should have their care in Withernsea	<p>If you were not offered an appointment in Withernsea, this is because there was not one available on our rota. We offer patients the option to go to Hedon where this facilitates a quicker appointment. There is no requirement for patients to accept this but we will continue to offer it as an option. Whilst we are mindful that some patients do not have transport, for those that do, the offer of an appointment at Hedon can be much appreciated if it reduces waiting time.</p> <p>In line with national guidance, we were asked to pause cervical screening for a time during the height of COVID for the majority of patients. This created a backlog which we have had to catch up with.</p> <p>Completing cervical screening is a specialised skill that requires specific training. When we recruit nurses, they do not normally have this skill unless they are a fully trained practice nurse and these are very hard to find. Most of our newly recruited nurses come to us from other parts of the NHS such as community services and secondary care and it takes on average a year to 18 months to train them in all the aspects of general practice that they need including cervical screening. Training has not been accessible during COVID so this has delayed the normal training cycle.</p>
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		<p>One of our most skilled women's health nurses who is normally based at Withernsea has also had a period of sickness due to an injury and this has impacted on the number of appointments we have been able to offer.</p> <p>We offer appointments both in Withernsea and in Hedon and nobody is required to travel should they not wish to do so. However, at times, there may be a free appointment in Hedon that would enable an earlier appointment.</p>
47.	<p>I had a doctors appt at 3.30 when I arrived at the surgery I was told my appt was Hedon, at no time was Hedon mentioned. The girl asked if I had a car and answered yes, she said she would message Hedon to let them know I would be late. When I arrived there were 18 people waiting outside. By the time I got in I was the last one to see the doctor (who was marvellous) we finally got home at 7pm. I am 78 years old and being the only driver I was in a bad way all the the next day it was very stressful</p>	<p>We are sorry to hear about this experience which is not of the standard we would hope to offer. Please accept our apologies for the inconvenience you experienced. We are pleased, however, to hear that your experience with the GP was positive.</p> <p>We have undertaken considerable work with our reception teams to ensure that they give out information consistently to patients about times and locations of appointments. We hope that this should not happen in the future.</p> <p>If you know the date that this occurred and wish to contact us, we can try to find the telephone call when the appointment was arranged to see which member of staff was involved and to take up any coaching that may be required. The easiest way to do this is via email to eryccg.feedback.holdernesshealth@nhs.net but please also feel free to write to us or to contact us by phone.</p>
48.	<p>Withernsea is described as low care owning area, even when they do own cars they shouldn't have to travel to Hedon</p>	<p>Please see response to Q 46.</p>

Theme: Follow Up

49.	<p>Find the Dr was excellent but promised to notify/send details of blood test and we heard nothing. Investigation at the surgery with a helpful receptionist revealed that two text message had been sent. These never reached us. There seems to be a glitch whereby the surgery thinks it is sending messages and they don't actually get sent.</p>	<p>We are pleased to hear that you had a positive experience with one of our GPs.</p> <p>There is a failsafe in the texting system whereby the person who sent the text receives an alert if it has not been sent successfully. There may be a training issue around staff knowing what to do with these so we will look into this. Thank you for raising it.</p>
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Theme: Phones

50.	Everyone phoning in at 8am is ridiculous. They cannot cope with the influx of calls. Even with callback system (which is quite a good idea) this can be at an inconvenient time (such as when driving). Also, doesn't allow for people who have to travel to work around 8am or are at work at this time.	<p>During the height of the pandemic, we moved to a system whereby all appointments were made available 'on the day'. This was in line with national guidance regarding the safe and effective management of patients. This meant that everyone had to call as early as possible to try and secure one of the available appointments for that day.</p> <p>As restrictions have eased, we have moved back to a system where routine appointments can be booked up to 3 weeks in advance. These can be booked by calling at any time of the day and GP appointments are also made available to book online.</p>
51.	I was text to contact the surgery to make a health check. I could not get through after 5 days of trying. The telephone system wasn't working properly. I went to the surgery to make an appointment	<p>We recognise that there are problems with our phone system. These do not relate to the system itself which has recently been replaced but to the very high volume of calls and our capacity to answer these effectively. We have done a considerable piece of work around this with data that we can now obtain from the system to model our peak times. In response, we have committed additional funding to add an extra 150 hours per week of reception time. We have had repeated rounds of recruitment and are struggling to appoint to all these roles. In recent weeks, we have recruited 6 new receptionists which will provide around 100 of the extra hours we need but we still need to recruit to an extra 50 hours.</p> <p>We have tried all avenues of recruitment that we can think of but welcome ideas that we may not have considered. We also welcome CVs at any time.</p>
52.	My elderly neighbour 86 doesn't bother to phone now because she worries about waiting all day for a phone call. This causes unnecessary stress.	<p>We are sorry to hear this. Offering telephone consultations has allowed us to massively increase the overall number of appointments that we offer. It has also been essential to manage the number of people in our buildings as we are operating within national infection control guidelines which still require social distancing in general practice.</p> <p>We acknowledge that telephone consultations do not suit everyone and we look forward to a return to a more normal appointment system when the COVID situation allows.</p>
53.	When you are put on hold sometimes it is so long that you have to put the phone down	We would encourage patients to use the callback service where they are able to do so. (We recognise that those with a call-screening system in place cannot do so.) This holds your position in the queue and the system automatically calls you back. Please see response to Q33 for further information. Please also see response to Q57 regarding the steps we are taking to reduce call waiting times.
54.	Why is there a doctors surgery that you cannot get an answer by phoning?	Surgeries across the country are experiencing the same difficulties with responding effectively to the huge call volume we are currently receiving. We are seeking to address the waiting time and the steps we are taken are set out in our response to Q51.

55.	The system is not working hours on hold and getting cut off. Not everyone has the internet	<p>Please see response to Q51.</p> <p>We recognise that not everyone can or wants to use the internet. The reason we actively promote this option is that it is more convenient for many people and it also helps those who do not have online access. Every person who chooses to book an appointment, order a repeat prescription, or complete a consultation online is helping others as they are one less person in the telephone queue.</p>
56.	I am sick to death of trying to unsuccessfully contact the doctors for an appt. They hardly ever pick up the phone until you have been waiting at least an hour. I have even kept them on the phone whilst walking to the surgery and the surgery has been deathly quiet no one in and no phones ringing. In fact the receptionist was rude and abrupt.	<p>Please see response to Q51.</p> <p>We already have a very large team of receptionists and are committed to increasing this team further. They are not always visible as they work from a range of locations. In addition, they all wear headsets and often have their ringers turned off/down as they do not require them to be on because the calls automatically appear on their headset and on screen. This helps create a better working environment as it is very noisy and distracting with all the ringers turned on.</p> <p>We are sorry that you had a negative experience with one of our reception team. We do carry out call monitoring and coaching and would encourage any patient who feels that a member of our team has not been courteous to advise us of this so that we can listen back to the call and address any training needs.</p>
57.	The telephone system is appalling, combined with opaque appointments and stone walling receptionists makes for a bad patient experience	Please see responses above regarding phone access and appointments.
58.	Waiting times for phones are diabolical	Please see response to Q51.
59.	You ask people not to queue but the patients still do this because they can't get through on the phones	Please see response to Q51.
60.	We cannot reach the doctors by phone 2 hours wait to be disconnected	Please see response to Q30.

Theme: Access

61.	Clinics have been cancelled for freezing warts because of pandemic but will these clinics ever come back	We have suspended this non-essential service so that we can focus on delivering more routine and urgent appointments. We will keep the situation under review.
62.	Drs seem to have lifted the drawbridge to the surgery. 3 weeks wait to speak to a GP. Why are GPs working from home?	Please see response to Q4.

63.	Review of chronic illnesses should now be happening. Diabetics are waiting.	Please see response to Q11.
64.	The NHS has been under immense pressure and everybody appreciates how difficult it has been for them to cope. However, every person in this country has a right to access healthcare and this is being made very difficult for local residents, particularly vulnerable people such as the older member of our community, those without transport and the very young. I can see a pharmacist face to face, a physiotherapist face to face or go to A&E and receive health care face to face. Why not a GP who is the first point of contact and the way for us to access referrals and specialists. The residents of Withernsea deserve access to a local healthcare service and are at a disadvantage to other areas in the country. This is not acceptable. Healthcare needs to be for everyone - at local level. The residents of Withernsea deserve access to an efficient service that enables them to access decent healthcare in order to keep themselves health and well. I am a healthy, young resident but strongly believe something needs to be done now before something serious happens to a member of my family or someone else in my community.	Please see response to Q3.
65.	Why did my husband have to go to Hedon for an appointment?	If you were not offered an appointment in Withernsea, this is because there was not one available on our rota. We offer patients the option to go to Hedon where this facilitates a quicker appointment. There is no requirement for patients to accept this but we will continue to offer it as an option. Whilst we are mindful that some patients do not have transport, for those that do, the offer of an appointment at Hedon can be much appreciated if it reduces waiting time.
66.	Had limited use of doctors but when I have it came across as hurry up and they did not listen to my problem just issued tablets. The same with my husband who ended up self referring to a	We are sorry to hear that you did not have a positive experience with one of our GPs. Whilst our GPs are not counsellors, we do have a number of referral options for patients who would benefit from this type of support. We have also invested in expanding our Proactive Care Team and have social prescribing link workers who can make appropriate connections for you. It will take some time for these roles to become

	<p>counsellor. Concern is that in the future we may/will need them and there will be no doctors available.</p>	<p>fully embedded in the practice but we hope that many patients will begin to feel the benefit of having this resource within the practice.</p> <p>We understand and share your concern that there will be insufficient doctors in the future. There is a national shortage of GPs and this problem is magnified in many rural areas. Although Holderness Health has done well recently to recruit new GPs, it remains a very challenging situation. In 2015, the government promised to hire 5,000 extra GPs within 5 years but instead the Royal College of GPs says that between September 2020 and March 2021 numbers fell by 1,307 nationally. The government has since made a new commitment to recruiting 6,000 new GPs by 2025 but it is clear that many GPs across the country are finding the current levels of workload unsustainable and are considering leaving the profession. It therefore remains to be seen whether this new national commitment will be met.</p>
67.	<p>I phoned but got no answer, so I called at the surgery to be told to ring again at 8am, then told to go to the chemist and buy things that I should have got for free.</p>	<p>A GP, nurse or pharmacist will generally not give you a prescription for over-the-counter medicines for a range of minor health conditions. Instead, these are available to buy in a pharmacy or supermarket. This is in line with both national and local NHS policy that GP Practices are expected to comply with.</p> <p>The NHS currently spends around £136 million a year on prescriptions for medicines that can be bought from a pharmacy or supermarket, such as paracetamol. By reducing the amount it spends on these medicines, the NHS can give priority to treatments for people with more serious conditions such as cancer, diabetes and mental health problems.</p>