



Maltings Quarterly



Quote of the Month: “Real generosity is doing something nice for someone who will never find out.” **Frank A. Clarke**



Maltings Quarterly talks to Susan Trounce – Practice Manager

Just prior to publication, Maltings Quarterly had the opportunity to talk to Susan about patient experience at the Maltings – here’s a transcript of the discussion

Maltings Quarterly (“MQ”) – thank you for the opportunity to talk to you Susan; you’ve been Practice Manager for some time now – how’s it been for you?

Susan Trounce (“ST”) – the Practice Manager role is extremely challenging and it feels as though each day is different as the task has so many dimensions to it. But it’s extremely rewarding and it’s always great to get feedback from patients (both positive and negative) about their experience of the services we offer through the Practice.

MQ – the way in which the Practice operated through the Covid pandemic was very different to what we used to experience before March last year. How were those changes from the Surgery’s perspective?

ST – our first priority was to keep everyone safe – that’s all of the Surgery staff and also our patients. We were hit badly by people catching the virus, by people “being pinged” and required to self-isolate, and by staff by family members who contracted the disease. We had to completely re-design the way in which we operated and from December 2020 to July 2021 and we were also heavily involved in running the Vaccination Centre at Batchwood Hall. Having delivered the flu jabs through the drive-through facility at the Maltings Shopping Centre last Autumn we had the experience to design the administration, patient flow, and support services that were required.

MQ – the big thing that patients noticed about the way you operated in the pandemic was the front door being locked!

ST – yes, I agree; we were reluctant to do it but really there was no other option! It was critical that we were able to limit the number of people in the Surgery at any one time to minimise the threat of contagion for patients and staff. But it’s open now We manage the flow by letting people out of the back door to minimise the threat of infecting anyone in the Surgery.

MQ – the front door is open; but we still can’t get to see the doctor!

ST – that’s not entirely true; people can see the doctor **if it’s clinically necessary**. And that makes a huge difference. The way we operate now is that we have more appointments that can be booked by the Surgery staff **if a face-to-face appointment is necessary**.

MQ – one thing that really makes patients nervous is the fact that “clinically necessary” is being judged by the Receptionists when we call the surgery.

ST – when you call wanting to discuss a health issue with one of our healthcare professionals the Patient Care Advisors take a note of what you tell them and pass it to the Assessment Team to determine the next steps. There are three typical scenarios – what patients are after will generally relate to an administration issue (e.g. repeat prescription), a nursing issue (e.g. relating to dressings) or a medical issue in which case it’s referred to the duty doctor to assess. So if you’re

calling for a GP appointment it will be assessed **by the GP – not Reception** as some other Surgeries do. It's important that you tell us everything that concerns you and answer the questions that we ask as realistically as possible.

MQ – can you tell us a little more about the **Assessment Team**?

ST – it's a multi-disciplinary team involving GPs, Paramedics, Nurses and Admin staff; the goal is to assess what needs to be done and take action as soon as realistically possible. This means that whatever needs to be done usually happens straight away – and that way we can keep on top of everything that's happening and anything that's really urgent is actioned very rapidly.

MQ – but we don't get to **see** the doctor – usually the doctor calls back on the telephone.

ST – because that's the fastest way that we can respond; on that call the GP will assess your condition and if they need to see something specific that can't be assessed on the phone you will be given an appointment later that day. That's the real benefit of this system; we can retain emergency appointments for the people that really need them. And that's why I said earlier the prioritisation is all based on clinical need.

MQ – can the doctor really carry out an effective process without seeing the patient?

ST – the answer is a guarded yes; it would be preferable to be able to see the patient and assess any visual signals that might give the GP an inkling of what is going on. We plan to introduce video appointments soon but we need to upgrade the technology first.

MQ – talking about the telephone it's been a nightmare to get through – the interminable waiting, the “plinky” music and losing the line when you're number one in the queue!

ST – we recently installed a new call-back system so that if the queue is more than 10 then the system will offer to call you back; since we installed this we've been monitoring the time it takes us to call you and it averages 30-45 minutes but it can be longer especially if as now we are asking people to call to book for their flu jab for example. That really saves you waiting on the phone (and getting charged!) and means you can get on with your day. But please remember if you withhold your number the system can't recognise you and will not be able to call you back. You mentioned the “dropped calls” which we recognise must be extremely frustrating. Our supplier ran a number of diagnostics on the system and found the fault so that should not happen again but if patients do have issues it would be very helpful for them to let us know so we can look into whatever the issue might be.

MQ – we hear stories that patient demand is rather high at the moment – can you give us an idea of how that manifests itself from the Surgery's perspective?

ST – “rather high” is an understatement! Before the pandemic we typically received 10,000 calls per month; now we're generally receiving an average of 20,000 calls per month; which averages out to approximately 1,000 calls per day and between 8am and 10 am an average of 400 calls during the first two hours of the day. Demand has doubled !

MQ – one final question, Susan; what's your next big challenge?

ST – without a doubt it's the flu jabs and, where we can, the booster jabs at the same time! We've already had to delay it four weeks from the original planned start date because of logistical issues with the vaccine, so we're at the mercy of the suppliers! We've already sent out two text messages to keep people updated and we'll let you know as soon as we have been able to finalise the plan. Please don't call the surgery asking about the schedule as soon as we can we'll be in touch with all patients to offer them the vaccines.

From Kevin Morris – Editor of Maltings Quarterly

A warm welcome to this second edition of **Maltings Quarterly**. So much has changed since the summer, and the pace of change across public services and cabinet reshuffles is exhausting of itself.

For those of you, like me, who use social media, that too can be a source of exhaustion, but whatever your feelings and opinions are about primary care, there is



Flu & Booster Jabs – Update

1. The Flu Jabs

There have been nationwide delays in the delivery of some flu vaccination supplies, but flu clinics are now getting underway. This year the flu vaccination programme has been extended to include all children aged between 2 and

no excuse for rudeness, intolerance, or unacceptable behaviour however challenging the patient experience might be. This helps no-one, and we need to move beyond the confrontational approach. Over-worked workforce together with public humiliation will change nothing; we need to create forums for a mature discussion about how, as a society, we can look after each other and how the disadvantaged can be supported.

A levelling up agenda is essential as we work through the Covid-19 pandemic which, although now different, is still far from over. I would be interested in how locally, through the Maltings, we might give agency to our residents and community. One option is to address these issues through the PPG; but other forums or modes of communication maybe better alternatives. Do drop me a line with any suggestions.

As the days get shorter and darker, and Autumn becomes winter I wish you all well and hope you stay safe. I leave you with a poem by Michael Rosen whose Covid experience is worthy of our thoughts.

For the 60th Anniversary of the NHS

These are the hands
That touch us first
Feel your head
Find the pulse
And make your bed

These are the hands
That tap your back
Test the skin
Hold your arm
Wheel the bin
Change the bulb
Fix the drip
Pour the jug
Replace your hip

These are the hands
That fill the bath
Mop the floor
Flick the switch
Soothe the sore
Burn the swabs
Give us a jab

15 years old on 31 August 2021, who will be offered the vaccine via a nasal spray.

2. The Booster Jab

In addition, the Pfizer vaccination will be given as a 'booster' dose. When it's your turn, eligible patients will be invited by phone, text or letter by the Surgery.

3. Vaccination of 12- to 15-year-olds. The COVID-19 vaccination resources for schools guidance is now live

On the 13 September the government announced that young people aged 12 to 15 in England will be offered one dose of the Pfizer/BioNTech COVID-19 vaccine.

In line with the recommendation of the independent Joint Committee on Vaccination and Immunisation (JCVI), the government sought the views of the four UK Chief Medical Officers (CMOs) on the wider issues that are relevant to the health of children.

The 4 UK CMOs wrote a letter to the UK Health Ministers setting out their advice to extend the offer of universal vaccination with a first dose of Pfizer-BioNTech COVID-19 vaccine to all children and young people aged 12 to 15 not already covered by existing JCVI advice. The government has accepted the CMOs' advice.

The Department for Health and Social Care has confirmed that healthy school-aged children aged 12 to 15 will primarily receive their COVID-19 vaccination in their school with alternative provision for those who are home schooled, in secure services or specialist mental health settings.

The NHS is preparing to deliver a schools-based vaccination programme, which is the successful model used for vaccinations including for HPV and Diphtheria, Tetanus and Polio (DTP), supported by GPs and community pharmacies. Invitations for vaccination will begin next week.

Parental, guardian or carer consent will be sought by vaccination healthcare staff prior to vaccination in line with existing school vaccination programmes.

There is a reference to staff in the Q&A guidance - see below **Q. Can school staff have the vaccine?**

Ans. Not as part of the schools' programme. All school staff will already have been offered vaccination as part of the adult programme. They should make sure that they have had their 2 doses of COVID-19 vaccine. If they have not yet been vaccinated, they can still make an appointment with their GP or walk in centre or call 119.

Throw out sharps
Design the labs

And these are the hands
That stop the leaks
Empty the pan
Wipe the pipes
Carry the can
Clamp the veins
Make the cast
Log the dose
And touch us last.

4. COVID-19: Autumn and Winter plan

The Government published its COVID-19 [Autumn and Winter plan](#). There's a clear Plan A and Plan B. But it's clear that we can make a significant contribution to staying on Plan A by the simple steps of staying safe:

- Get Vaccinated
- Meet outdoors if you can; and open windows if you can't
- Wear a Face Covering
- Get tested; and self-isolate if you need to
- Stay at home if you feel unwell
- Wash your hands regularly



What's happening about the GP Data Upload?



Social care reform: what's changing and how will it affect you?

In the last Maltings Quarterly we explained what was happening regarding the GP Data Extraction Programme – it was due to be uploaded on July 1st but that was delayed to September 1st – that's been and gone so did it happen? Well no it's been delayed again – indefinitely this time! So let's see if we can unpick this!

The Maltings PPG position has always been that we would support the programme provided it was **open, consensual and safe**; and up to now it hasn't been. The background to this delay is the depth of public opinion about the whole scheme. NHS Digital has now said that the scheme must meet three criteria before it is allowed to go ahead. These are:

- that patients can opt in and out, with previously held data being deleted;
- that a trusted research environment (TRE) is available; and,
- that there has been a thorough campaign to engage, communicate, and make people aware of the programme.

These three criteria go a long way towards meeting the open, consensual and safe criteria; but they'll involve a lot of work and it's not clear at the moment how long that will take! Remember the data that's needed for our direct care has already been uploaded; and that is

From October 2023, no one starting care will be forced to pay more than £86,000 over their lifetime

The government has announced an overhaul to the way people pay for adult social care in England. From October 2023, no one arranging support (such as home care or residential care) will have to pay more than £86,000 over their lifetime in care costs. Individuals with assets of less than £20,000 won't have to pay anything towards their care from their assets. And those with assets under £100,000 will be eligible for some state support, up from £23,250. Prime Minister, Boris Johnson, announced the changes in Parliament on 7 September with the introduction of a new 'health and social care levy' that he said would help fund the new care system and address financial challenges in the NHS. From April 2022, National Insurance contributions and dividend taxes will increase by 1.25 percentage points.

The Prime Minister told MPs the tax hike will raise almost £36bn over the next three years. Find out how National Insurance is changing and how much more you could pay under the new rates. What is changing for social care funding? Under the new plans, from October 2023: There will be an £86,000 cap on care costs across an individual's lifetime. Anyone with less than £20,000 of assets won't have to pay anything towards their care from their assets. People with between £20,000 and £100,000 of assets will be eligible for some means-tested financial support on a sliding scale. The new upper limit of

<p>secure. It's the secondary use of data (e.g. for research) that's more problematical.</p> <p>At the moment, if someone were to opt out after the data had been uploaded then no additional data would be uploaded – but the data that was already there was retained. Privacy Experts pointed out that that was very poor practice.</p> <p>The Trusted Research Environment (“TRE”) overcomes the second major concern; the uploaded data has been pseudonymised and not anonymised. That sounds technical so let's explain. Pseudonomising the data means that all sensitive data that could identify the patient is scrambled by an algorithm before it is stored on the system. Which means that the same algorithm can be used to unscramble the data! Anonymising it means that the sensitive data is removed!</p> <p>In a TRE a researcher has access to the data in a controlled environment, and cannot download individual records – just the summary data. So as the scrambled data stays under the NHS's control it is a much safer environment.</p> <p>As for the communications campaign, well let's wait and see! Previous attempts have been poorly conceived and haven't addressed the concerns that lead to the programme lacking the open, consensual and safe criteria that many organisations have adopted.</p>	<p>£100,000 is more than four times the current limit of £23,250. This means more people will be eligible for some state support than before.</p> <p>The government also intends to tackle 'persistent unfairness' in the social care system by ensuring that self-funders are able to ask their local authority to arrange care on their behalf, so they can get a better deal. Currently, people who fund their own care usually pay higher fees than people who are funded by their local council. How will the new means test work? If your assets are: More than £100,000 You're likely to pay your own care fees in full. But the maximum you will have to pay over your lifetime will be capped at £86,000. Once that cap is reached, your local authority will foot the bill. 'Top-up fees' (where individuals pay the difference towards a more expensive service) won't count towards the cap. If, during your care, your assets fall below £100,000, you'll likely be eligible for some financial help to pay your care fees. Between £20,000 and £100,000 You may be eligible for some means-tested support from your local authority. You'll be expected to contribute some of your income towards the cost of care, but if that isn't enough, the government says that you will contribute no more than 20% of your chargeable assets per year. Less than £20,000 You won't have to pay anything for your care from your assets. However, you may still need to make a contribution from your income.</p> <p>What is the current system in England? If you're assessed as needing social care before October 2023, the current system – with a less generous means test – will apply. If your assets are above £23,250, your local council won't help with care costs. And only people with assets less than £14,250 will receive full financial support. If you need to go into a care home, the value of your property may be included in the means test.</p> <p>Read more: https://www.which.co.uk/news/2021/09/social-care-reform-whats-changing-and-how-will-it-affect-you/</p>
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For further reading –

<p>BBC Health</p> <ul style="list-style-type: none"> • Covid vaccines still effective against Delta variant But the jabs were more effective against the Alpha variant, the largest study of its kind suggests. 	<p>NHS Choices – Behind the Headlines</p> <ul style="list-style-type: none"> • NHS Choices Health A-Z Symptoms, conditions, medicines, treatments and guides Find conditions...
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- [NHS Covid app 'pings' fall after changes](#)
The data covers the first full week since changes to the app were made to mean it notifies fewer contacts.
- [Covid vaccine: US plans to offer booster Covid jabs in September](#)
A third booster Covid vaccine will be offered to anyone who was fully vaccinated eight months ago.
- [Outrage at chronic fatigue syndrome advice update pause](#)
NICE decided to pause the final update to its advice just hours before planned publication.
- [Aspirin may help treat aggressive breast cancer](#)
Doctors hope it could boost the anti-cancer power of other drugs to fight hard-to-treat tumours.
- [Covid-vaccine scientists begin plague-jab trial](#)
The first volunteers have received a dose of the vaccine, made using the same technology as the Covid jab.
- [UK blood supplies to be used to make life-saving drug](#)
Plasma from donors in England can now be used for the medicine, after a previous ban on UK supplies.
- [Covid: Self-isolation ends for double-jabbed and under-18s](#)
Rules change in England and Northern Ireland for contacts of people who test positive for Covid.
- [Covid: 16 and 17-year-olds in England to be offered jab by 23 August](#)
Those in England will be offered a jab or the chance to book one by 23 August, the government says.
- [Twitter's new design to get fix after headache complaints](#)
Unveiled last week, the redesign involved high-contrast colours and a custom-designed font, Chirp.
- [Cancer treatment response may be affected by gut bacteria](#)
"Gut bacteria 'boost' cancer therapy," BBC News reports. The news comes from research into whether people...
- [Could a blood test in middle age predict dementia risk?](#)
"Tissue inflammation blood test points to dementia risk," is the headline in The Times. Researchers in...
- [Acid reflux drugs linked to increased stomach cancer risk](#)
"A drug commonly used to treat acid reflux is linked to a more than doubled risk of developing stomach..."
- [Nutrient drink for Alzheimer's has disappointing result in trial](#)
A new study investigating the effects of a nutrient drink for Alzheimer's disease has led to very different...
- [Marriage may help lower dementia risk](#)
"Marriage and having close friends may help protect against dementia, according to Loughborough University..."
- [Afternoon open heart surgery 'leads to fewer complications'](#)
"Afternoon heart surgery has lower risk of complications, study suggests," says The Guardian. Researchers...
- [Report calls for better mental health support in the workplace](#)
"Up to 300,000 people with long-term mental health problems have to leave their jobs each year, a report..."
- [Blood-thinning drugs may reduce dementia risk in people with irregular heartbeats](#)
"Common blood thinning drugs halve the risk of dementia for patients who have an irregular heartbeat,"...
- [New genetic variants associated with breast cancer identified](#)
"Do you have one of the 180 breast cancer genes? One in five women has a variant that raises her risk..."

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