

Thurleigh Road Practice Open meeting 7 May 2025

In conjunction with Thurleigh Road Patients' Group

Held at St Luke's Church, Ramsden Road

Background

The meeting was convened by the Practice and the Patient Group with the aims of:

- Following up on the previous meeting on 2 October 2024;
- Explaining to patients recent and upcoming changes in the Practice;
- Answering questions about issues raised by patients in their responses to the invitation to the meeting.

239 replies were received of whom 188 patients were planning to attend. Of the remaining 51 who responded, 22 would like to attend another daytime session; 22 would like to attend an evening session; 7 do not want to attend an open session at all.

Anna Walker, Chair of the Patient Group, chaired the meeting and members of the patient group were on hand to help.

As with the previous meeting on 2 October 2024, the issues raised by patients in advance in responses to the form were predominantly about how to make appointments (including getting face to face appointments) and the use of the triage form. There were also several questions about continuity of care, follow up appointments and test results, prescriptions, as well as a range of more specific questions.

The meeting

1. Attendance

The meeting was held at the earlier time of 1.30pm to allow people with school children to attend. The first hour of the meeting was given to information from a panel of speakers from the Practice and questions from the floor. This was followed by a further half hour in which the panel and further members of the practice team and the patient group were stationed at tables which people could visit to gain more information on particular topics of interest to them.

Members of the Thurleigh Road Practice team who were present on the panel:

Neil Lazenby	General Manager
Huma Jagirdar	Deputy Practice Manager
Dr Jonathan Christopher	GP Partner
Dr Sajid Patel	GP
Tor Godfrey	Advanced Nurse Practitioner (ANP)
Stephen Woolford	GP Registrar
Amber Cann	Social Prescriber

Several other staff members from the Practice were present including another GP partner, Dr Shazia Ovaisi, Ezara Thompson (Operations Manager), Sophia Mecia (ANP), Linelle Best (Associate Nurse) with Yonatan Tulloch, Joanna Guy and Anna Fordham from the admin team.

The meeting was very well attended with an estimate of more than 150 people present. In addition to the 188 people who had intended to come (not all of whom came, see below) we captured the names of more people who were present and had not signed up online.

2. The meeting

Anna Walker welcomed everyone to the meeting. She explained the purpose of the meeting and then introduced the members of the panel. She then handed over to Neil Lazenby (General Manager) who gave an update about the current staffing situation at the Practice.

There are currently four partners - Dr Ellis, Dr Nasiruddin, Dr Christopher and Dr Ovaisi; six salaried GPs; two registrars; Pharmacist; Social Prescriber; two Advanced Nurse Practitioners (ANPs); two Practice nurses; a Physician Associate (PA); a First Contact Practitioner; plus the management, administration and reception teams.

- Neil Lazenby then addressed some of the issues brought up by patients in response to the invitation to the meeting. He explained that **triage** is a process whereby, every day, a clinician looks at each request sent in online and directs it to the most appropriate team member. The NHS target is that the patient should be seen within two weeks of their request. The appointment offered is then based on need and ensures that the patient is seen by the most appropriate person; not everyone needs to see a GP. Evidence shows that access to appointments has improved and that all patients are offered a face-to-face appointment if necessary. These are now 15 minutes long. Once appointment capacity for the day is reached triage is paused. From October 2025 triage will be open for the same hours as the surgery (Monday to Friday 08:00 hrs to 18:30 hrs.) Huma Jagirdar then added that people who are unable to complete a form online can still either telephone the Practice or come in and staff will help them to complete the form.
- Neil then explained that the new **website** is still a work in progress and that, although it is not yet completely ready, the plan is to improve it with outside help.
- **Continuity of care** - the Practice acknowledges that this is an issue which they are keen to address, but which is not always possible due to staffing/patient need. They will continue to look at this and endeavour to make it happen whenever possible.
- **Preventive medicine** - Dr Stephen Woolford explained that the NHS plan focuses on a shift towards this and explained the differences between Primary, Secondary and Tertiary prevention.
- There will be a Covid and Shingles **clinic** at the Practice on Saturday 10 May.
- There is an innovation with the Practice partnering with St. Luke's Church for a monthly **coffee morning**. Members of the Practice team (a GP, Social Prescriber and member of the admin team) will be present and happy to see patients from the Practice with health and social care related queries.
- Neil then thanked the Patient Group for its support and explained that the Practice had nominated the group at the London awards, where it received a commendation.
- Dr Christopher then told the meeting that the Practice is committed to providing the best possible care to all patients, and that the whole team has the same shared vision.

3. Questions

In the Q&A session the panel took three questions at a time and then responded. The main points covered were:

- Permanent staff - why is it difficult to recruit? Neil and Dr Christopher explained that there is funding to cover sickness/ study leave etc but that finances are much tighter now, especially with increased National Insurance contributions. ARSS (Additional Roles Reimbursement Scheme) funding cannot be spent on employing doctors, but can be used for other Health Care Professionals (HCPs). This may change soon to give more flexibility.
- Expected response time to triage requests? (From a patient who had had issues.) Huma apologised and explained the process. It was agreed that the response time to triage will be stated on the website in future.
- Further questions about triage included: who makes the decision, what is a clinician? How do patients get on to a specific GP's list? Responses explained that the clinician looking at triage can be a GP, ANP, or a Physician Associate (PA). Dr Woolford explained that it's possible to have over 100 requests each morning and that it is the responsibility of the clinician to signpost the patient to the right person. Dr Christopher explained the role of the PA and how funding is given for specific roles. The professional bodies provide guidance and PAs have clinical supervision.
- Several related questions were asked about repeat prescriptions, how to get a prescription for a longer period to cover a holiday and how do patients know when prescription requests have been rejected. Huma explained the processes and Tor said that patients can request extra regular prescription drugs on the triage page under comments. There was a lot of praise from patients for the Pharmacy team and its efficiency.
- Various questions were asked about booking appointments in advance, e.g. for patients needing quarterly injections but not being able to book these until a fortnight before. Dr Christopher explained that the system makes it very difficult for the team to book appointments in advance, much as they would like to. Tor added that she is determined to find a way to work around this, and will be looking into it.
- A patient asked about what the surgery offered for people with mental health issues. They had paid for a private referral and had not thought of asking the GP for an NHS referral. Tor responded that the waiting time for NHS referrals for conditions such as Autism and ADHD is currently 2 years, which is far from ideal and that mental health in general is a huge issue for the Practice.
- There was a question about the role of the social prescriber. Amber explained that her role is to help patients with social issues which may be having an impact on their health. For instance finances, housing, isolation etc. She aims to signpost patients to the most appropriate service.

4. Further questions could be answered by staff in different locations in the church

- Triage / GPs
- Nursing team
- Pharmacists
- NHS App
- Management and administrative staff
- Patient Group

Feedback following the meeting

A short questionnaire was sent out by the Patients' Group on the evening of the meeting to capture feedback. This was sent to all of those who had signed up to attend and the additional people who attended who had not signed up. There were 82 responses of whom 62 people (76%) had attended the meeting. This means that about one third of people who attended submitted feedback.

The response to the meeting and its effect on patients' views of the Practice were overwhelmingly positive with 99% of attendees finding the meeting 'Very helpful' or 'Fairly helpful'. 95% of attendees either already had a positive view of the Practice (39%) or had a more positive view following the meeting (56%). No one attending had a more negative view.

Of those who attended :

Very helpful	Fairly helpful	Not very helpful	Not at all helpful
40 (65%)	21 (34%)	1 (1%)	0

Patients' opinions of the practice following the meeting were:

More positive	More negative	Unchanged – already positive	Unchanged – already negative
35 (56%)	0	24 (39%)	3 (5%)

Of the three patients whose views were already negative, two found the meeting fairly helpful. The third person who had a negative opinion made a wide range of criticisms. They will be contacted by the Patients' Group to request their permission to share this feedback with the Practice.

Of the 62 people who attended, 61 responded to the question about future meetings. 32 would like annual meetings, 26 would like six-monthly meetings and three would like no future meetings.

Of the 20 people who had planned to attend but did not attend, seven would like annual meetings, 11 would like six-monthly meetings and two people did not respond to this question.

Free text comments about the meeting

The comments can be divided into those about the organisation of the meeting and those about the information provided.

People generally were pleased that the meeting was held and there were positive comments about both the format and organisation as well as expressions of thanks to the Practice for the care that it was offering.

Despite best efforts, some people near the back said that they were not chosen to ask their questions. A couple of people suggested having pre-submitted questions. This was the purpose of the sign-up form which led to the choice of the themes which the panel addressed at the beginning of the meeting. Also, having tables at the back for people to speak to

clinicians and administrative staff after the formal part of the meeting worked much less well than in the previous meeting. Members of the panel were waylaid in the body of the church before they could make their way to the back of the church and this meant that the tables were not effectively manned. One person asked that abbreviations and jargon should not be used. Despite the Chair requesting at the beginning of the Q&A session that people should not ask questions about their own clinical care or specific experiences, it proved very difficult to manage this and this was commented upon adversely by one person.

The explanations of how the Practice was run and how triage worked and the reasons why it had been introduced were appreciated. Some people found it helpful to know that it was not always the Practice which took policy decisions and frustration was expressed by “red tape”. A small number of people expressed frustration that appointments could still be hard to get and that the Practice was not yet meeting its aspirations. The innovation of the coffee morning was welcomed.

It was noted that the daytime meeting meant that it was hard for working people to attend and this needs to be addressed for future meetings.

Finally, several people requested more information about the Patients’ Group and expressed an interest in coming to the bi-monthly meetings. They have already been contacted by us and given further information including the date of the next meeting of the group.

Alison Mansfield, Secretary
Sara Turner, Vice Chair

Thurleigh Road Patients’ Group
11th May 2025