**AGM 2023 QUESTION AND ANSWER SESSION**

**Q (i)** I opted out of confidential information being provided to private companies. My referral to Musculo Skeletal (MSK) did not go through and I was told it was because this was a private group. I though I was only opting out of private research.

**A (i)**  MSK is in Solent NHS ie a group outside the surgery and information cannot be shared if this is what you selected. Referrals from ESP to Portsmouth Hospitals are OK but to an organisation like Solent Health a box in the patient’s records has to be ticked at the time of the referral to say information can be shared. Likewise, from Solent NHS to ESP.

ESP will check this patient’s records.

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Q (ii) Part 1 When will medication reviews be reinstated? My current problems would have come up sooner if this had been done.

Part 2 When told by a doctor I would be seen again I had problems getting an appointment.

A (ii) Part 1 The medicine review process is changing to be proactive and targeting patients who need review, rather than reactive as it was during Covid.

 Part 2 The shortage of doctors makes it harder to produce rotas for the doctors. This should be rectified in coming weeks and appointments made available on the booking system. The doctor tasks reception to contact the patient rather than the patient needing to phone every day to try and arrange an appointment.

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Q (iii) Being told the doctor will call “sometime today” increases stress because of the waiting and possibly missing the call.

Vast improvements have been noted and congratulations given for these.

A (iii) By giving as much information as possible to the care navigator in reception when you call, will enable your name to placed on the list for a call at an appropriate time ie urgent / less urgent. You can tell reception if the call should be after / before a certain time if you know your availability.

If a doctor does not get a reply when calling, they will try again.

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Q (iv) I have been with the practise since the 1950s. Are old handwritten records available?

Does access to these old records mean the “saga” of past medical history is not readily available?

A (iv) A patient can request in writing, to be provided with copies of all their records. This may however take some time to produce.

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Q (v) If I phone and say I want to go private can I do this?

A (v) ESP don’t do private appointments but can arrange referrals elsewhere.

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Q (vi) Texts regarding appointments eg flu vaccination say to use the on line link but I cannot use online.

A (vi) You can phone the surgery to make the appointment.

How to contact the surgery is in the new patient leaflet. For those who can use online, video calls will also be an option if required.

The surgery’s website has been renewed. If you find anything on this or on the new patient leaflet that is amiss please let the surgery know.

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Q (vii) I’m assuming the reception team are employed externally. Why? The main issues I have are with them.

A (vii) ESP employs its own staff and have a robust training programme for reception staff. Since Covid there has been a heavy turnover of reception staff but things are stable now.

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Q (viii) What training and access do the reception team have? Trying to book a routine appointment is impossible as we are told it is not an emergency.

A (viii) A patient requesting a routine appointment might be asked by the care navigator to complete an E – consult request. Alternatively, reception staff will take as much information as possible to be provided to the medical team who will decide on the urgency and the timing for any call back. There is no direct patient access to appointments with a doctor. It is not possible to just book in to see a doctor. It may be that another of the health professionals working at ESP is a more appropriate person to deal with the problem.

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