**To the District and Parish Councillors and Patients of Devon Road and Braeside Surgery**

We are aware that the announcement of the proposed merger between our two surgeries has caused some confusion and concern. We are also aware of some criticism of our feedback questionnaire. This statement is intended to provide additional background information and will be followed up by a meeting with District and Parish Councillors in an attempt to further allay any fears and address any remaining concerns.

**WHERE IS BRAESIDE/DEVON ROAD?**

Some patients are unaware of where the two practices are. Braeside and Devon Road Surgery are 5mins by car or 2.4miles apart. The surgeries have a long history of co-operation, for many years we provided cross-cover, and this relationship has continued as we are in the same PCN (Primary Care Network. Groups of cooperating practices.) Our boundaries already overlap, we both have a semi-rural catchment, we are similar in patient list size and demographic, we both are able to dispense to our patients and this will continue to be the case. Practically, we operate the same patient clinical system and telephone system*.*

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**THE FEEDBACK QUESTIONNIARE:**

There has been concern raised about the format of the questions and whether they were sufficiently ‘neutral’. It was certainly popular, with over 2500 responses.

The practices have a contractual obligation to inform patients of any proposed merger and attempt to gain feedback on their opinions. There is no regulatory guidance on the nature of that feedback. After informing both PPGs of both surgeries, Dr Mike von Fraunhofer, Jo White (PM Devon Road Surgery) devised the original questionnaire, discussed, and took feedback from the Devon Road surgery PPG. The suggestion to emphasise the positive elements of the merger, (which caused some of the concerns raised,) came from the patients in the PPG.

The questionnaire was never intended to be a ballot for a vote, and therefore it wasn’t intended to be a neutral single-issue question. The questions asked were designed to elicit helpful patient priorities. For example, 70% of patients felt a greater choice in clinicians and appointment times was very important, compared to only 45% feeling continuity was important. Resilience against

sickness and absences were also a greater priority (55%), (which is an issue for Braeside surgery, given it has only one partner.)

**THE FEEDBACK RESULTS:**

The full questionnaire results are listed below but in terms of the merger question itself:-



So the strongest feeling was indifference! (42%) versus “Strongly For” (33%) with “Strongly Against” being 19%. Whilst this does not amount to an endorsement, it is helpful to know.

It is fair to say we had a vast number (1288) of written comments about the merger. Most comments addressed a range of concerns, many of which we can provide immediate reassurance about and are covered by the details below.

With respect to the merger, some were supportive:- “It’s a good thing to help everyone”, “Think is a good idea”. Some were indifferent:- “As long as I can get to see my doctor it’s fine by me” and some were negative:- “Disappointing news, patients will be the losers.” “Please, no.”

Whilst we do not take the percentages as a ringing endorsement it is helpful to know our patient general sentiment. We understand that some patients will have strong feelings against the merger- possibly because they have had an issue with one of the two surgeries. Or because they fear changes in services may occur. We know therefore, that there are some patients we may never persuade of the benefits of us merging.

**THE MERGER ITSELF:**

**BACKGROUND**

There is a lot of misunderstanding about General Practice. Many people assume GPs are paid a salary, just like junior doctors and consultants in hospital. The doctors in hospital hold no financial stake in the hospital itself, and are not directly responsible that the hospital meets all its legal, contractual and financial obligations.

General Practice is different. It is a business- just like any other private business. Partners in General Practice hold a contract to provide services to the NHS. The bulk of our money comes from having a list of patients, but we also get money to undertake services like phlebotomy (blood tests) and ECGs. We also get some things reimbursed like our rates and some rental costs for the building. All the practices costs, the staff employed, the cost of running the buildings come out from that income. What’s left, is what the partners live off.

Over the past few years, there have been massive increases in staff pay costs, energy bills etc. Furthermore the GP contract also penalises practices that are considered too small. (That is smaller than the national average of 9,374 patients.) Both Braeside and Devon Road are smaller and literally have money taken away from them because of this. Some of the services we run are paid so little the practices make a loss running them. At the same time the workload in running a business like a practice has increased substantially, requiring more and more partnership time. This leaves less and less resources to fund a viable, well run, well appointed, sustainable practice.

Why should you care? It matters because all over the South, practices are closing or giving up their contracts to distant corporations! The reason? Simply that the practices are losing large sums of money and partners cannot afford to continue. Also, fewer doctors want to take on the additional burden of running a practice, so finding replacement partners becomes difficult. As a result, areas like East Kent struggle to have any practices at all. You may also be aware that “mega” practices are forming, huge practices of 30,000+ patients on multiple sites, run by directors living nowhere near those communities. We would like to buck that trend and sustain a local, village-level, traditional practice.

Dr Nicolson is a notable local figure who used to work as a GP at Devon Road (and is happy to criticise us when he feels it is appropriate.) In a recent post he said, “General Practice in NW Kent is the most precarious it has ever been”. He also commented on the fact that many GPs are leaving early because of the problems in the system along with a failure to train enough replacements.

**SO…REASONS FOR THE MERGER:-**

WE CAN’T AFFORD TO CONTINUE ALONE

Both practices have had difficult years and have had to make financial cutbacks and review what services they can run. Merging increases the financial resources we have access to, not least by stopping some of the contract clawbacks. It also allows economies of scale whilst still keeping locality practices run by local GPs. In short it will put us on a stronger financial footing.

BRAESIDE IS VULNERABLE BEING A SINGLE PARTNER

Only having one doctor running a practice is considered highly vulnerable, as all it takes is one accident or a major illness, to remove the only partner. Merging gives a greater security to all the Braeside staff and patients. (This was a priority in the feedback questionnaire.)

IT INCREASES RESOURCES/SERVICES/CAPACITY

We have heard this statement caused some confusion. How can merging bring about more resources, if merging doesn’t increase staffing levels?

* At every level if there are more staff it means more tasks can be shared and divided up and there is strength and depth of staff to cope with demand.
* More partners mean there is intellectual capacity in the partnership to free someone up to apply for new schemes and build new services.
* Having multiple staff at any level, allows us to continue to provide a service during sickness/training and holidays, rather than them stop for two weeks!
* It also allows a greater choice of appointment times for any type of clinician. (A priority for patients in our feedback.)
* It broadens the clinicians available to you! There will be a larger array of clinicians available to both practices; including Paramedics, Advanced Care Nurse Practitioners, Physiotherapists and Physician Associates.

THINGS WILL CONTINUE AS NORMAL!

* Both sites will continue to operate as normal. Our patients are too spread out and no site is big enough to cope with the full practice. There will not be a closure of either site!
* We will NOT make you travel to either site. All services will continue to operate as normal from both Practices. However, you may be seen sooner if you are able to get to the other site.
* You can still see your named doctor! But again, you may be seen sooner if you are prepared to see a different clinician. A merged clinical system would mean all clinicians have access to your medical records.

**WHAT WON’T THE MERGER CHANGE?**

We’re afraid the merger will not enable us to offer that you can see the doctor you want, when you want, all of the time!

IT WON’T END THE TRIAGE PROCESS

The reality is that patient demand for appointments has shot up. The complexity of what we are seeing has increased. The breadth of what we treat has grown and the range of clinicians able to treat a problem has altered.

This means that whilst someone might want to see a GP, they may be referred to another healthcare professional who is able to deal with that problem, freeing that GP appointment for something more complex. Equally, while we accept any patient wants their problem sorted as soon as possible, the reality is some problems can safely wait, whilst others can’t. We believe the safest arbiter of how to manage patient need and demand, is to know what the problem is in advance, so we can triage it to the right clinician at the right time, whilst still trying to meet patient preference. Rather than the old system- that appointments simply go to whoever can get through on the phone the quickest!

We will therefore continue to triage requests via eConsult, to ensure the right problem is allocated to the right clinician in the right timescale.

IT WON’T INCREASE YOUR GPs AVAILABILITY

We want to be honest with you! This merger is unlikely to mean your GP has more time to spend seeing patients. The vast majority of GPs now, do not work full-time as a front-line GP. Yes, they used to, and some of the partners used to work fulltime, but General Practice has changed. It is far more stressful! GPs must cope with far higher clinical risk, far more complex problems, and be aware of much greater volumes of guidance on best practice. There are fewer GPs, but a greater need to serve on committees, advisory bodies and attend meetings. Also like most people, GPs are more aware of their own health and wellbeing than they used to and so there is a greater desire not to work full-time.

As a result, more GPs are part-time and are not available to see patients five days a week. Also, several of our partners serve other parts of the healthcare system running community providers, attending committee meetings, supporting GPs in general. We are afraid therefore, that your favourite GP is not likely to offer more clinical sessions because of the merger.

**HOW WILL THE MERGER MOVE FORWARD?**

As stated above, we will meet with the District and Parish Councillors to further discuss and clarify and concerns and hopefully provide further reassurance. We will also be informing our local MPs and meeting with them if they would like to.

We will continue to engage with the local population and of course our patients as the merger progresses.

An application for the merger will be sent to the Integrated Care Board (the commissioners who run NHS services in Kent.) That will include details of the feedback results, the nature of the plans and our reassurances on services. If approved the merger may occur by spring 2024.

# **Feedback Questionnaire Results:-**

For those who would like to see the results of the feedback questionnaire they are below.









