

OAK HALL SURGERY

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Dr Tauseef Azim
Assisted by:
Dr Mahaveer Pulapalli

41 / 43 High Street
New Romney
Kent TN28 8BW
Tel: 01797 362106

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[REDACTED]
Town Clerks Office
Town Hall
New Romney
TN28 8BT

Dear [REDACTED]

Thank you for your letter dated 7th April 2022 and received on 8th April 2022.

I do understand some of the frustrations patients are voicing; this is largely due to a change in the delivery of services and the way Primary Care has had to operate.

Health care settings continue to be told to socially distance and wear face coverings.
I enclose the latest poster from the BMA (British Medical Association).

We continue now and have throughout the pandemic seeing patients face to face when required following a triage process by a clinician.
On a weekly basis we have between 560 and 570 appointments (depending on duration of appointment) of which approximately 390 are / can be Face to Face.
We see Patients Face to Face for Blood Test, Smear, Baby Immunisations, injections, dressings etc.
If a patient needs to be seen by a Doctor they absolutely are, and we have face to face appointments daily for the Doctor to book patients into.

Sadly, things have changed and seeing the doctor on every visit is difficult as they are now so thinly spread, they need the support of their patients and the wider community to prevent them from becoming overwhelmed and wanting to leave.

They have to concentrate on the workload that only they have to / can do. They support the other members of the clinical team in decision making and care planning.
They can treat more patients via telephone, as this increases the appointments available, Face to Face appointments have to be 20 minutes to allow for donning and doffing of

PPE, cleaning the room before and after a patient and writing up the consultation and any onward referral forms for investigation such as blood forms or x-ray forms.

There is a chronic shortage of Primary Care Doctors at the moment. Oak Hall for example, used to have 6 Doctors just 6 years ago when we had 4600 patients. Now we have 2 Doctors for 6500 patients, with a workload that equates to 7400 patients.

The Government have made it clear there are no New Doctors ready and trained to enter Primary Care, 1000's have retired without replacement, some passed away due to covid, this will be the case for the next 7 years.

The Government & NHSE have changed Primary care into PCN's (Primary Care Networks) to share services, and work at scale, because there are no doctors (General Practitioners) to be had. This has been a difficult and time consuming process and continues to be as PCN's find ways to work together and deliver best possible care.

We now have Nurse Practitioners, Pharmacists, Physiotherapists, Social Prescribers etc. to allow the Doctor to deal with Frailty, End of life, Palliative care, Looked after children, Babies, Test results, discharge summaries, prescription enquiries, etc. That's not to say you will never see a Doctor.

There is also a movement to change the wording in Hospitals etc. from see your GP (General Practice) to contact your surgery as more patients will be seen and treated by someone other than the Doctor.

You may say why can I see a consultant....Consultant's in hospital are specialists in their field. Your surgery will refer to them for that one aspect of your care and if that consultant retires or leaves there is another waiting to take their place. They often have 30 minute appointments. They are well supported with a Nurse and admin team for their needs alone.

Primary Care does not have that luxury. I have had an advert running for 2 years and no applicants, The Primary Care Doctors deal with the whole range of ailments and rely on secondary care for their expertise.

The Doctors also have patient reports some of which are complex, Coroner reports can take a very long time to discuss and complete, they also have mandatory training, preparation for appraisals, I could go on.

I was explaining the other day about the process between the hospital and Surgery. Hospitals are required, under contract, to supply 2 weeks medication on discharge as it can take this time to receive and process any discharge information all of which goes through the Doctors for action. It often happens that this is overlooked by the hospital and the first we know is when a patient is out of medication and has an expectation that we should know. The same happens with Sick Notes (Med3) They should be initiated by the hospital but rarely are, putting additional pressure on General Practice.

We are trying to make things better for our patients but in a different way and we all know how change can be hard.

We have had so much New technology to deal with in the last 2 years so we can still deliver care.

It is a testament to our administration team that they have stayed on the front line got to grips with some very difficult systems to ensure our patients continue to get their medication and be cared for and treated for their illness, sometimes under the pressure of abuse and challenges such as a lack of staff due to sickness and isolation.

We have engaged a company to install the new telephone system to improve our patient experience and the frustration that we only have 5 incoming lines. Building work outside should start soon to improve patient experience and comfort.

The team here were not able, for the most part, to work from home unless they were in isolation while they were unwell to offer telephone consultations.
Due to the lack of rooms we have to offer remote clinics such as the HUB at PCN level.

Each clinical setting is different in available space, air flow in the rooms and staffing. We have to get very close to patients for many different treatments,
Our waiting room is small and we are working with a high infection rate in the area, but the building is grade 2 listed so changes to the structure are not easy.
We have also run out of useable space.


We are very concerned by the New Housing projects in the area; this will amount to several hundred homes without additional infrastructure to support the families such as GP surgeries etc.

Everyone at Oak Hall is passionate about care and keeping patients and staff safe.

We would love a purpose built surgery so we could deliver more care safely.
Parking for staff even just a few spaces would help.

Thank you so much for looking into this on behalf of our patients.

Yours sincerely,



Practice Manager