

# New Bank HC — Access, Ratings, and Timescales

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This summarises the response points provided by Warren Tuite, Head of Primary Care from GTD Healthcare. [warrentuite@nhs.net](mailto:warrentuite@nhs.net)

## 1) ACCESS (today vs. target)

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- New Bank has **not** been moved onto GTD's "modern GP access model" yet (others have). That model promises a **GP triage response within 48 hours** (same-day if urgent) and books care by priority bands (P2 ≤48h, P3 2–7d, P4 7–14d).
- At handover, New Bank **lacked a clinical/operational management structure** (discovered ~48 hours before transfer). GTD used cross-cover within 24 hours and kept on-site operational support.

### Meeting asks (practical)

- **Date** to move New Bank onto the 48-hour triage standard (including P2/P3/P4 rules).
- **Weekly access dashboard** (avg time to first response; waits by P2/P3/P4; % urgent same-day handled).

## 2) REVIEWS/RATINGS (Google, NHS site)

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- Reviews will be **monitored monthly** going forward. Historically, **Google review responses were "tricky"** due to access/setup; GTD says they're only just managing to access Google at **other sites**.

### Why this matters for our "persistently low ratings" complaint

- If sites **cannot access or reply to reviews**, problems go unanswered and ratings stay low. GTD's wording implies this is **wider than New Bank** ("other sites"), which aligns with our concern that poor responsiveness is a system issue—not just a one-off here. (*Inference from their email.*)

### Meeting asks (practical)

- **Google Business Profile**: confirm New Bank access is live; name the account owner; set a **reply SLA (e.g., 5 working days)**; log actions taken from reviews monthly.
- Publish a dated **"You said, We did"** board and **quarterly update** (website + waiting room); GTD says they've done this before and will work with the PPG.

### 3) (RE)STAFFING & RESOLUTION TIMESCALE

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- They **avoid changing staffing models for ~6 months** after a takeover (unless there's real risk).
- For New Bank, within the **first 5 months** they:
  - Hired a **replacement Operations Manager** (started ~2 weeks before the email).
  - Are considering applicants for an **interim Practice Manager** and will **re-advertise** the permanent post (first campaign failed).
  - Put in place a **new Medical Lead** from day one, plus a **Pharmacist** and a **Nurse Associate**.
  - They note typical recruitment (with notices) **takes ~3 months** per role.

What that implies for “when does this get better?”

- **Leadership gap:** Until an **interim PM** is appointed and a **permanent PM** is secured, day-to-day access reliability is fragile.
- Using GTD's own times: if interim is being chosen now and ads are re-run, **a realistic window is ~1–3 months** for interim cover and **another recruitment cycle** (≈3 months) to secure the permanent PM. That places full stability **after** leadership is settled—and after any 48-hour model change is implemented and bedded in. *(This timeline is derived from their 3-month recruitment norm and 6-month “no big changes” posture.)*

### 4) DIRECT ANSWERS TO ORIGINAL QUESTIONS

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- **Access standard & application at New Bank:** GTD's standard = **triage response within 48 hours** (same-day if urgent) with P2/P3/P4 booking windows. **Not yet applied** to New Bank; date **not given**. *(Ask for a go-live date + dashboard.)*
  - Q1, this addresses timescale but not access methods, and current patient load (still only 1 GP at New Bank? surely makes this difficult to achieve until re-staffed?)
- **Why access is currently poor at New Bank:** Handover **without management structure**, plus **missing/under-scoped care-coordination tasks**; GTD provided cross-cover and retained on-site ops, but leadership recruitment is still in flight.
  - Q2, any possibility of temporarily transferring in additional, more experienced, or more 'skilled' staff? Especially applicable to the front desk, but additional support for the GP would be helpful. I don't want to unreasonable pressure on ease-of-access issues if the doctor's real load is 10,000 patients on his own.

- **Low ratings across GTD sites:** GTD admits **review response access issues at other sites**, now being fixed, and promises **monthly monitoring**. This supports our concern that **slow/no review responses** are a **systemic** contributor to poor ratings. (*Ask for proof of access + a response SLA + monthly log.*)
  - Q3, GTD should be able to access these reviews and reply, but I want to note that some practices do have 'review responses' already, many that either partly or very firmly blame patients for their access problems, or use passive aggressive or distancing language to avoid responsibility, further frustrating patients. This absolutely needs to be fixed. Whoever is currently doing this for all practices I was able to check, is doing a bad job.
- **Estimated timescale to fix (staffing & process):**
  - **Interim PM:** selecting now → **~1–3 months** is a reasonable, GTD-consistent estimate. (*Based on their "typical 3 months" recruitment.*)
  - **Permanent PM:** re-advertising → allow **another ~3 months** to offer/notice.
    - Q4, this seems reasonable, recruiting is hard.