



**AGENDA ITEM**

3.2.9

**QUALITY & SAFETY COMMITTEE**

**THEMATIC REVIEW OF COMMUNITY HEALTH COUNCIL (CHC) ACCESS  
FEEDBACK - PRIMARY CARE**

<b>Date of meeting</b>	20 <sup>th</sup> September 2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Sarah Bradley, Assistant Director of Primary Care
<b>Presented by</b>	Jane Armstrong, Clinical Director of Primary Care
<b>Approving Executive Sponsor</b>	Chief Operating Officer (COO, DPCMH)
<b>Report purpose</b>	FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Access Forum	February 2022	NOTED
Primary Care Board		

**ACRONYMS**

GMS	General Medical Services
GP	General Practitioner
LMC	Local Medical Committee
CHC	Community Health Council
WG	Welsh Government
IPC	Infection Prevention Control
MHOL	My Health On Line
DHCW	Digital Health Care Wales
SRG	Stakeholder Reference Group

## 1. SITUATION/BACKGROUND

- 1.1 The Community Health Council produce monthly “Public Feedback” Newsletters which summarise the feedback from patients following their experiences with all aspects of the healthcare system. Recent reports indicated 87 patients (of 97 total responses) focused on Primary Care experience.
- 1.2 With approximately 90-95% of all patient healthcare contact being experienced within Primary Care it is to be expected that the majority of CHC feedback will relate to Primary Care access/experience.
- 1.3 It should be noted that some positive experiences were reflected as part of the feedback, however, the purpose of this paper is to identify key themes of patient dissatisfaction and therefore areas for improvement.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 5 key themes can be identified from the feedback:

- Telephone access to GP surgeries
- Face to Face GP appointments
- Sharing personal/clinical information with Receptionists
- Pre-bookable appointments
- Digital consulting systems such as MHOL/eConsult/‘My Surgery’

Theme 1: Telephone access to GP surgeries

2.2 Frustrations with GP telephone systems is one of the most common concerns raised, including being put on hold for lengthy periods of time, or simply, an inability to connect with GP phones system due to the lines appearing constantly engaged. This often results in patients having to call back and/or press redial numerous times. This problem is more common during the early morning ‘rush’ for appointments, between 8.00am and 9.00am. Many also complain about lengthy “Welcome Messages” and are frustrated that they are “forced” to listen to the message in Welsh before hearing the English options.

2.2 The CHC undertook a telephone survey across CTM practices in October 2021, to test the responsiveness of GP telephone access. The CHC wished to validate the claims that patients were having difficult accessing receptionists for advice and appointments. The full survey and results are available at <http://cwmtafmorgannwgchc.wales>.

A summary of the results are as follows:

The results of the CHC survey were:

- 88% of surgeries (main and branch) connected first time. 1 surgery did not connect at all despite 4 attempts. 1 surgery took 52 attempts before connecting.
- 90% of calls connected to recorded message in under 5 seconds.
- 90% of recorded message was easy to understand, 1 was confusing and 1 did not connect at all.
- 62% of calls were answered within 2 minutes. The longest wait for a receptionist to answer following a recorded message was 1 hour and 23 minutes.
- 94% of calls were made without a termination being made during the call itself.
- 86% of surgeries had bilingual messages.

2.4 The results reflect those obtained from a similar exercise undertaken by the Health Board's Primary Care Team a couple of months earlier in the same year. The practice which did not respond was contacted and it was revealed that at the time of the survey there had been a telephone 'outage'. The results of this survey has been shared, discussed and analysed by the Access Forum Group and the results used to inform useful discussions with practices and suggestions for improvements.

## Access Standards

2.5 Access is now a key part of the GMS NHS Contract. In 2019, practices were required to update or renew their telephone systems as part of the agreed set of 'Access Standards'. However, what was not accounted for was the impending impact of Covid later in the year and the resultant significant increase in demand which would be experienced (approximately 20% increase in contacts with practices), and also the impact of Covid related absence on practice administrative teams. Both of these have a significant impact on GP practices ability to operate speedy and responsive telephone processes.

- 2.6 The frustrations with telephone systems, experienced by CTM patients is not a local issue. As a result of similar national concerns raised by patients, Welsh Government have introduced a revised Access Commitment on the 1<sup>st</sup> April 2022.

The revised Access Commitment is as follows: -

- *A more planned and forward-looking approach, where contact is supported throughout the day to resolve the issues around the '8am bottleneck' and repeated attempts at contacting and/or obtaining a consultation or other help and support. The release of all appointments at 8am (or other narrow window of time) is no longer acceptable.*
- *All practices must provide a telephony service (preferably Voice over Internet Protocol solutions or sufficient incoming and outgoing lines) that fully meets the needs of patients.*
- *All practices must offer a digital means of access in addition to telephone and in-person. The digital platform is for non-urgent access and only necessary for use during core hours*

## Theme 2: Face to Face GP appointments

- 2.7 Access to 'face to face' appointments is another top concern. Patients are still expecting pre-covid levels of face to face GP appointment to be available, and for some, this is the preferred or ONLY solution.

- 2.8 The GMS Contract agreement for 2021-22, introduced the concept and encouraged practices to implement Care Navigation and Signposting to an appropriate alternative service or health care professional. The Access Commitment remains.

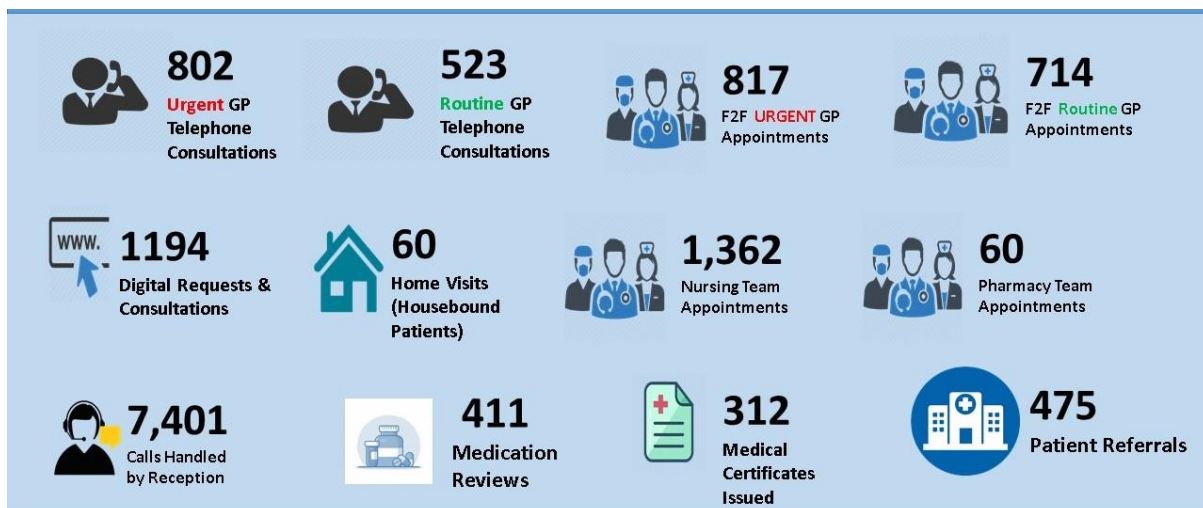
- *All patients telephoning the practice have their calls received by a standard recorded message, and subsequently calls are answered and care navigation undertaken. Where clinically appropriate, patients may be signposted to another appropriate service.*
- *Where access to a service is clinically appropriate and patients require access to GMS services, they will be offered an appropriate consultation, whether urgently or through advanced booking consistent with the patient's assessed clinical need, without the need for the patients to contact the practice again.*
- *Available appointments must be a mix of remote, face to face, urgent, on the day and pre-bookable to reflect the blended model of access, as determined by the practice in discussion with the patient. A more planned and forward looking approach should be taken to the scheduling of appointments throughout the day, or for future dates, meaning it is no longer acceptable for all appointments to be released at 8am for that day.*

- 2.9 It is important practices engage with patients to clearly describe their appointment systems and how best patients can access services. This must be clear and readily available to assist with the education of

patients and other stakeholders. As indicated above, the Welsh Government’s **Help Us to Help You** campaign has produced a short video and flowchart to help inform the public of what they can expect when contacting their GP practice (Appendix 1 – available on request). These resources are available for practices to use on visual display units in waiting rooms, websites, and social media.

2.10 Practices will be required to take a more open and transparent approach, through an automated and standardised public facing dashboard, for the sharing of information and reporting, at a practice or cluster level, on GMS contact activity. The approach to this will be enabled via the national Data Project Programme with support from the Health Board and DHCW.

An example infographic is shown below:



*The above infographic represents actual data for a GP Practice (13,556 patient list size) in the Rhondda Cluster, for the month of July.*

2.11 This will assist with promoting a consistent message and managing patient expectation and allay the perception within local communities (and national media) that GPs are limiting patient access and contact. There appears little sympathy from patients as to the challenges facing general practice and there is an increase in aggressive behaviour being reported directly to practices and via social media.

### Theme 3: Sharing personal/clinical information with Receptionists

2.12 Patients report being unhappy to be questioned by reception staff regarding the reason for their call and/or request for a GP appointment and often believe non clinical staff are making clinical assessments on whether the patient should be seen by a GP. As a

result, there is confusion and a reluctance, by patients, to share brief details of the reason for their call.

- 2.13 Not all patients are appropriate to be seen by a GP and Reception staff (or Care Navigators) are instructed by GPs, to take brief details of a patient's symptoms in order to direct the patient to the most suitable clinician – or signpost to an appropriate service (e.g. pharmacy, dentist, optometrist, physiotherapy, social services etc.) based on the information given.

As part of 2022-23 Access Standards requirements:

- *All non-clinical patient facing staff must undertake formal Care Navigation training. A National training package is being developed by Health Education Improvement Wales (HEIW) and is expected to launch by the end of summer 2022.*
- *All existing, non-clinical, patient facing staff to undertake the national care navigation training package and all new patient facing staff complete the national care navigation training package within 3 months of start date [if virtual course is available from HEIW]. Practices will supply names of new starters and date of training undertaken.*

- 2.14 The GMS Team are working with practices on a Cluster and practice basis to confirm that appropriate training is undertaken and staff training records are maintained to ensure appropriate follow up and refresher training is completed.

Theme 4: Pre-bookable appointments

- 2.15 Patients report they are frustrated at being unable to book appointments in advance and are often asked to call back to book an appointment on the day the appointment is required.

As part of 2022-23 Access Standards requirements:

- *Appointments are made available throughout the day for advanced booking and there is an expectation patients will not be asked to call back. One call sorts it all.*
- *Regular review and rescheduling of appointment offering to ensure a mix of consultation appointments are available to suit the needs of the patient.*
- *Available appointments must be a mix of remote, face to face, urgent, on the day and pre-bookable to reflect the blended model of access, as determined by the practice in discussion with the patient. A more planned and forward looking approach should be taken to the*

*scheduling of appointments throughout the day, or for future dates, meaning it is no longer acceptable for all appointments to be released at 8am for that day.*

2.16 We recognise this is a significant shift in historical appointment planning and scheduling in practices and every surgery will be asked to create and develop a unique spread of appointments to suit the needs and demands of its practice population.

2.17 Vital to the success of this challenge will be clear patient communication, reflective practice and listening to the needs of patients. They will also have a responsibility to clearly explain and publicise the changes to their systems. As part of this planning process (and as per 2022-23 Access Standards):

- *Practices to undertake the national patient experience survey which should include 25 completed questionnaires per 1000 registered patients from a range of practice population and captured through a range of methods.*
- *Practices are required to produce a reflective report. As a minimum, the report should include;*
  - *An Equality Impact Assessment to review population and access needs. National guidance will be produced to support practices with this.*
  - *Utilise results of the national patient experience survey to develop an action plan which will demonstrate how practices plan to move forward with implementing and communicating change effectively.*
  - *That they have reflected on patient experience and can demonstrate improvements made, improvements made are to be discussed at collaborative level.*
  - *Intelligence from their telephone system to show how they have interrogated the data, and evidence call demand comparisons.*

Theme 5: Digital access routes (MHOL/eConsult/My Surgery applications)

2.18 The use of digital applications was encouraged during the start of the pandemic as a way of introducing alternative access and to reduce footfall during the Pandemic. The use of these alternative contact methods is still being encouraged as it takes demand away from busy telephone lines, offers quick feedback for patient queries and are convenient processes for those who find attending a GP practice routinely difficult.

2.19 Patient feedback on being asked to utilise “alternative” or electronic methods of access is a mixed bag of responses. Much of the recent positive feedback is specifically in praise of the use of online tools

such as eConsult, MHOL (My Health Online), My Surgery App etc. Many patients find the self-help tools quick and easy to use and often find they do not require a GP appointment. It is particularly helpful for renewal of Medical Certificates and for ordering repeat prescriptions with scripts often being sent directly to a preferred pharmacy 48-72 hours later, avoiding a second visit to the practice.

- 2.20 Many practices use eConsult as a preferred triaging tool with some surgeries working diligently to encourage “those who can” to use this option as a first point of contact for non-urgent requests. The digital platform is only to be used during core hours. However, many patients do not like, or cannot access online solutions and it is important to recognise and accommodate this cohort of patients. Practices do appreciate that modern technology is not suitable, available, or appropriate for many of our patients and “traditional” access methods (telephone, walk-ins) are available for those unable to access online options.

As per the Access Standards (2022-23):

- *Practices undertake care navigation on digital requests in a similar and equitable fashion to telephone requests.*

## **Compliance and Monitoring of Access Standards**

- 2.21 GP Practices are required to submit their Access Standards achievement, each quarter, using an online assessment reporting toolkit provided via the Primary Care Information Portal. This is systematically analysed by the Health Boards Primary Care Team and then through to a quarterly Access Forum which has representation from practices, primary care team and CHC. This group also looks at triangulation with other factors such as concerns, incidents, CHC feedback and good practice across and outside of CTM. A comprehensive list of the guidance and standards for 2022/23 is available on request.
- 2.22 Primary Care Team regularly attends CHC Service Planning Committee, CHC Executive Committee (by invite) and CHC Full Council meetings (by invite) to address specific issues or to present on current planning, as appropriate and have recently presented an overview of current Access Standards (2022-23).
- 2.23 The Primary Care Team representatives also attend Stakeholder Reference Group (SRG), as required, and have recently presented (in August) an overview of current Access Standards (2022-23).
- 2.24 There are open channels of communications with local Councillors to address specific issues brought to them by their constituents and they

are supporting the dissemination of the national messages regarding different access routes.

- 2.25 The learning from access, not only for GMS but for the other primary care services, will be fed into the Listening and Learning Framework and the repository which is to be held on the health boards Sharepoint site.

### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 There remains variation with access as practices recover from Covid pandemic and embed the new access standards. The practices have until the end of March 2023 to put the necessary changes in place. The Primary Care Team will continue to monitor and to offer support to practices where problems identified. In a small minority of cases it is also undertaking targeted intervention (detailed action plan) where access is identified as a particular concern.
- 3.2 Clear, obvious and continuous messaging through robust communications is key to helping patients understand the various routes to access. This must be done at different levels, Welsh Government, the Health Board, Practices, CHC and all stakeholders so messages are consistent and clear.
- 3.3 Increasing demand for GP contacts and appointments and workforce challenges have been a key feature of 2021/22 and will remain an area of focus for 2022/23. Work is being undertaken to collate the detail of contacts so that variance in face to face appointments offered by practices across the Cwm Taf Morgannwg footprint can be assessed in greater detail. As activity data becomes readily available practices will be able to compare and contrast with peers to establish improvements and adopt best practices or address issues which may have been resolved elsewhere.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Access is a key feature of patient experience
<b>Related Health and Care standard(s)</b>	Effective Care
	The more than one Healthcare Standard applies please list below:



<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Health

## 5. RECOMMENDATION

5.1 The committee is asked to **note** the contents of this report.