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Sent via email [mreilly@healthwatchworcestershire.co.uk](mailto:mreilly@healthwatchworcestershire.co.uk)

Dear Margaret

Thank you for the letter from Peter Pinfield, dated 8 December 2016, following up on our comments from the "Going to the Doctors" report.

Unfortunately Lynda Dando is on leave at the moment, so if I can respond in the meantime.

Telephone triage is utilised differently on a practice by practice basis, so I'm not sure how we would be able to do any analysis without undertaking a full review. Currently our resources have been prioritised to undertake audits of how appointments are used in terms of reason for appointments, so that we can understand and make appointment use more appropriate, in line with the GP Forward View.

I am not entirely clear what you mean in the comments about time frame. Please contact me on the mobile number above to clarify. However, the Clinical Contact Centre (CCC) triages patients and then either 'consults with patients over the telephone' or refers them to the most appropriate place for a face-to-face consultation if required.

You may find of interest some points of note from the University's evaluation:

- The majority of patients (53%) stated that they had heard of the service first through the GP's own telephone line, with only 17% stating that they had heard about it through alternative practice marketing.
- Of the CCC consultations 34% of patients were given advice on the telephone, 14% were given practice appointments, 26% received

prescriptions, same day appointments were made for 13%, and 2% were referred either to hospital or MIU.

- Through patient telephone interviews undertaken at the University of Worcester, it was concluded that most patients found the telephone service easy to use, with the only issues noted being related to the specific clinical problems presented, as opposed to ease of use of the system itself.

We appreciate the some patient groups may have difficulty using telephone appointments. One would hope that this would be evident when people contact the surgery, or that the surgery would know particular patients well enough to make appropriate arrangements. If there are specific difficulties we would welcome further information to take this up with the practices concerned.

We have data on practice use of Online access. Practices are being approached individually to increase this, and update is included in CCG IM&T training sessions. We are also using an NHS England Facilitator to directly promote its use with any practice which has not achieved registration of at least 10%. We anticipate the next round of data will show improved uptake.

The letter from Peter Pinfield stated that additional appointment time data was attached. Unfortunately we could not see this. If this could be resent, that would be helpful.

We have put reminders in our practice bulletin to publicise the complaints process, including links to your 'patient friendly' leaflet on your website.

Thank you for the offer, but you do not need to attend the Quality and Risk Sub-Committee. We have written a paper based on your report and other data sources and if there are any specific questions we cannot answer from the information you have given us these will be redirected to yourself as an action after the meeting.

Best wishes

Yours sincerely



**Denise Goddard**  
**Primary Care Commissioning Manager**