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Dear Margaret

### **Going to the Doctors Survey**

Thank you for the latest report, a summary of which was presented to the Joint Primary Care Quality and Risk Committee in June 2017.

It is unfortunate that at this point we do not have the latest national survey to compare with, which might help identify specific actions or practices to target.

Whilst we were pleased to see that the sample size is slightly larger than for the previous survey, other than the CCG cumulative data, it is unclear which practices were involved in the audit. This information is important as the actions required might relate to all or just a few practices.

Following the last audit we have communicated to practices either directly or as a whole county some findings and actions. It is important that where further work is indicated, that it is directed at the right level, and if needs be on a specific practice basis.

We were pleased to see that fewer people than previously, in R&B and the South, were rarely or never able to get an appointment. We are aware of some capacity and workforce issues in a small number of practices. We are working on a programme of resilience to help these practices, particularly when sudden clinician sickness impacts on services. We will be reviewing the access information from the National Patient Survey when it is published.

The findings on being able to see preferred doctors for either urgent or routine care were interesting, and we would not disagree with this based on patient need. Again this is linked into your question on being willing to see a GP at another surgery. This information is particularly useful as the GP Forward View promotes working at scale as an option for managing workflow, and ensuring capacity is maximised. It will also support our longer-term plans to increase extended access in line with National direction. Your data on extended hours provision, shows a subtle but slightly different view from the previous survey, and we would hope to use this as one source of information for extended access plans and current provision in the South of the county.

It is always encouraging to hear about some of the positive responses and comments regarding particular groups of staff at practices and where patients were happy with the treatment and information they received from their doctor.

We note your suggested recommendations as per Appendix 1. However, it would be useful to have data on a practice basis related to these recommendations. This will enable us to target specific practices or allow us to make a specific response to you.

If we can comment on some specifics in the meantime:

Practices continue to increase their offer of accessing online appointments, and are monitored on this. Overall we meet the target, but are aware of practices which need to increase their usage, and the national target is increasing. Facilitators are working with GP practices locally to improve this.

We appreciate that telephone access is variable. Much of this is linked to outdated telephone infrastructure. There is some detailed mapping being undertaken to improve IT telephony infrastructure. This is slightly more complex in that there are huge funding considerations, not least practices being tied into telephone contracts for a number of years, with unreasonable release clauses. Use of NHS resources has to be carefully considered to make this a workable solution, and we continue to pursue solutions at scale.

Telephone triage or consultations are an accepted method of managing appointments and patients' clinical needs. We see this continuing and increasing. All clinicians who offer this service have access to the patient's clinical record and therefore will be able to see if frequent telephone consultations are occurring. We have explained that the EMIS IT system is not designed to run routine reports on telephone usage on a patient basis. EMIS does allow for alerts so this is, and can be, used to mark records for patients who cannot easily use the telephone.

We think continuity of care is important, but managed in line with risk and urgency. It may be that in future we have to see other health professionals other than a GP to manage our needs, for example an advanced nurse practitioner for diabetes care, or paramedic to review an urgent home visit case. Unfortunately to consider enabling patients to access preferred GPs for every appointment may not be in line with current direction of the GP Forward View and the difficulties General Practice faces.

There is increasing use of GP 'hubs' in the South of the county to allow patients additional access to appointments other than at their surgery. This is managed in a robust way with access to the full patient record. This type of access has increased under the GP Access Scheme and we continue to monitor uptake. Similar schemes will come on line during 2018/2019 in the North of the County under National extended access programmes.

It is not clear why a high proportion of patients do not know how to make a complaint. We are assuming that because most patients have never needed to make a complaint, that they would only try and find out about the process if needed. However, we wonder if this data only relates to specific practices as we find that most practices have clearly publicised processes.

If you remember following the last report, we have put reminders in our practice bulletin (which is directed to GP practices) to publicise the complaints process, including giving links to your 'patient friendly' leaflet on your website. There should also be posters in surgeries and information in the practice leaflet.

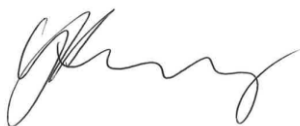
Last week we audited all practice websites to check that it includes information about how to make a complaint. There were 4 practices (3 in the South and 1 in R&B) where it was not easy to find or entirely clear how to make a complaint. One of these practices had changed their website and was not aware there were problems. The practices have been contacted and 2 made improvements immediately, the other 2 are currently working on improvements.

We have contacted the University of Worcestershire to see if their findings can be shared more widely.

Of note, we will be reviewing the National Patient Survey results when published, which should highlight any further actions required.

Yours sincerely

On behalf of the Primary Care Quality Sub-Committee



**Dr George Henry**  
Chair Quality and Risk Sub-Committee



**Lynda Dando**  
Director of Primary Care and Development



**Dr Jonathan Leach**  
Vice Chair Quality and Risk  
Committee/Clinical Lead

## Appendix 1

### **Points for Consideration by Worcestershire's CCGs**

#### **MAKING AN APPOINTMENT (4.1)**

- i. GP surgeries could consider how they will further promote and develop the online appointment booking system.
- ii. CCGs to further consider how telephone access to GP surgeries, particularly in the South Worcestershire CCG area could be improved.
- iii. CCGs to further consider the implications of variations in respondents getting an appointment at the time and on the day that they wanted.

#### **GP "TRIAGE" / CALL BACK SYSTEMS (4.2)**

- iv. GP surgeries should continue to review telephone triage systems to ensure that:
  - a. the system is accessible for those patients for whom telephone access is difficult
  - b. there is flexibility in the implementation of the system for patients that require this.
- v. GP surgeries should ensure that staff are alert to identifying patients who receive advice and treatment over the phone on a number of occasions within a defined time frame without having seeing a GP face to face. This would enable the patient's information to be reviewed.

#### **SEEING A PREFERRED GP (4.3)**

- vi. CCG to consider how patient's preference for continuity of care for non-urgent medical issues can be safely and effectively managed within GP surgeries

#### **WILLINGNESS TO SEE A GP IN ANOTHER SURGERY (4.4)**

- vii. CCGs to widely publicise findings and learning from the University of Worcester research.
- viii. Further consider public acceptance and the practical implications of enabling SAME DAY appointments at another GP in the local area in areas other than South Worcestershire.

#### **KNOWLEDGE OF THE COMPLAINTS SYSTEM (4.7)**

- ix. CCGs and GP surgeries to further consider:
  - a. how patients can be better informed about how to use the complaints process should they need to
  - b. how patients can be provided with reassurance that feedback and complaints will not impact on patient care