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

Dear Margaret

Thank you for this informative report which we have reviewed in combination with the latest Mori National Patient Survey. There are some similarities between the two.

We note from your results that there are variations in being able to get an appointment on the day and time wanted, between 16% to 34%. This data is a little difficult to interpret without understanding whether this is purely for clinical need or based on convenience; the former would be of concern if this were the case. As you state in your report there is the need to consider the implications of the variations.

The comments on being offered a same day consultation by telephone is very interesting, particularly the age profile you refer to with younger people not keen on this method of consultation. Many practices offer this type of service already for example by the Clinical Contact Centre in the South of the County or individual practices having dedicated telephone appointment slots. Perhaps this is an education or information issue and practices need to publicise more. What are your views on this? Clearly given the recruitment and retention issues in general practice plus the increasing workload, we need to make best use of the limited resource we have and broaden the range of access opportunities for patients – including using community pharmacists more widely for minor ailments (just one example).

We agree that online appointments need encouraging and are delighted that we are in the top 10% of CCGs in the West Midlands for numbers of appointments made this way. How do you think we can be even better? Can you help promote this at all?

We think continuity of care for those who have complex health needs is really important so we are encouraged to see that 44% felt this was not important to see a preferred doctor if urgent. 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 non-emergency appointments may not be in line with current direction of the GP Forward View and the difficulties General Practice faces.

The response of 53% willing to see another GP in another GP practice is extremely helpful data, as we are exploring ways of managing more services in primary as part of a capacity plan. In some areas this is already in place, for example in South Worcestershire extra Primary Care appointment capacity has been put in place utilising hubs and other practices. The 'hub' working models are also being encouraged nationally and we would hope to use this in other parts of the County in the near future. I think we can alleviate some of the concerns outlined by patients in your report, ie a 'hub' is not necessarily in a GP building or a physical face to face consultation, however, confidential, secure arrangements are put in place to access patient records necessary for a consultation.

Points related to distance, trust and continuity are all considerations when we put new services in place. You have suggested that we consider further testing of public acceptance and practical implications of same day appointments at another GP in the local area. This is already being formally researched with the University as part of South Worcestershire's involvement with alternative GP access schemes for the GP Access Fund (formerly the Prime Minister's Challenge Fund). This includes detailed, qualitative patient feedback, and the learning can be shared in other parts of the patch when we develop different service models. It also includes feedback on telephone consultations, which so far have come back with positive responses. It may be that some patients who completed your survey have also used this service.

The data on days and times of appointments you have collected is again extremely useful, for example only 1% wanting appointments on a Sunday and limited demand on a Saturday afternoon. We can understand lunch time and Saturday appointments being requested, but it was interesting that so many retired people want early morning 14%, lunch time 39%, evening 17% and Saturday morning 30% appointments. Whilst we may need to maximise use of specific appointments for particular groups of patients and to balance this with clinician availability and workload, we can encourage alternative additional appointment slots through various mechanisms such as enhanced services or access programmes. This is something we will continue to work on. Breakdown by area would be helpful with this information, particularly as many surgeries open outside core hours for a short period. We will be commissioning extended access from practices in Redditch & Bromsgrove and Wyre Forest during 18\19 and this kind of feedback is really helpful.

It is encouraging that patients generally found doctors and staff helpful and gave them what they needed.

It is not clear why patients do not know how to make a complaint as this is generally advertised in practices via posters, leaflets, practice newsletters etc. One would

hope that this may be because they have not been required to do so. It is something we need to reinforce with practices?

You recommend some Points for Consideration by Worcestershire's CCGs – your report and the recommendations will be considered by the County-wide Primary Care Quality & Risk committee at its meeting on 19 January 2017.

The team would welcome input into any further surveys/feedback work you plan.

Yours sincerely

A handwritten signature in black ink, appearing to read 'L. Dando'.

**Lynda Dando**  
**Director of Primary Care**