CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

16 December 2021

Time 1.30 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Council Chamber, Fourth Floor, Civic Centre

Membership

Chair Cllr Susan Roberts MBE (Lab)
Vice-chair Cllr Paul Singh (Con)

Cllr Greg Brackenridge
Cllr Jaspreet Jaspal
Cllr Milkinderpal Jaspal
Cllr Rashpal Kaur
Cllr Sohail Khan
Cllr Lynne Moran
Cllr Phil Page
Tracy Creswell (Healthwatch)
Tina Richardson (Healthwatch)
Rose Urkovskis (Healthwatch)

Quorum for this meeting is three voting members.

Information for the Public

If you have any queries about this meeting, please contact the Scrutiny Team:

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

1 **Apologies and Substitutions**
[To receive any apologies for absence and notification of substitutions].

2 **Declarations of Interest**
[To receive any declarations of interest].

3 **Minutes of previous meeting** (Pages 3 - 10)
[To approve the minutes of the previous meeting as a correct record.]

DISCUSSION ITEMS

4 **Primary Care** (Pages 11 - 38)
[To discuss Primary Care in Wolverhampton. Report from Paul Tulley (Wolverhampton Management Director) of the Black Country and West Birmingham CCG, and Survey Report from Healthwatch Wolverhampton are attached].

5 **Date of Next Meeting**
[The date of the next Health Scrutiny Panel is on 10 February 2022 at 1:30pm].

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 7 October 2021 Agenda Item No: 3

Attendance

Members of the Health Scrutiny Panel

Tracy Cresswell
Cllr Jaspreet Jaspal (Via MS Teams)
Cllr Milkinderpal Jaspal (Via MS Teams)
Cllr Rashpal Kaur
Cllr Sohail Khan
Cllr Lynne Moran
Cllr Phil Page
Tina Richardson
Cllr Susan Roberts MBE (Chair)
Cllr Paul Singh (Vice-Chair)
Rose Urkovskis (Via MS Teams)

In Attendance
Cllr Jasbir Jaspal (Portfolio Holder for Public Health and Wellbeing) (Via MS Teams)
Cllr Linda Leach (Portfolio Holder for Adults) (Via MS Teams)

Witnesses
Professor David Loughton CBE (Chief Executive of the Royal Wolverhampton NHS Trust) (Via MS Teams)

Dr. Salma Reehana GP (Chair of the Black Country and West Birmingham CCG) (Via MS Teams)

Paul Tulley (Managing Director – Wolverhampton Area of Black Country and West Birmingham CCG)

Vanessa Whatley (Deputy Chief Nurse – Royal Wolverhampton NHS Trust)

Sarbjit Basi (Director of Primary Care – Black Country and West Birmingham CCG) (Via MS Teams)

Dr Rashi Galati GP (Vice-Chair – Local Commissioning Board) (Via MS Teams)

Alison Dowling (Head of Patient Experience and Public Involvement)

Employees
Julia Cleary (Scrutiny and Systems Manager)
John Denley (Director of Public Health)
Kate Warren (Consultant in Public Health) (Via MS Teams)
Earl Piggott-Smith (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies and Substitutions**
An apology for absence was received from Cllr Greg Brackenridge.

2 **Declarations of Interest**
There were no declarations of interest.

3 **Minutes of the Meeting held on 8 July 2021**

Resolved: The minutes of the Health Scrutiny Panel meeting held on 8 July 2021 were confirmed as a correct record.

4 **Minutes of the Special Meeting held on 29 July 2021**

Resolved: That the minutes of the Special Health Scrutiny Panel meeting held on 29 July 2021 be approved as a correct record subject to the resolution being clearer that the information pack should contain details about access to transport options to Walsall Manor Hospital.

5 **Healthwatch Wolverhampton Annual Report 2020-2021**
The Manager of Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual Report 2020-2021 to the Panel.

The Chair referred to the point in the annual report regarding GP communication with patients being an issue before and during the pandemic. She would have liked to have seen precise details in the report regarding which surgeries they had received answers from. She proposed a Special Health Scrutiny Panel to be held in December 2021 to consider Primary Care appointments. She asked if Healthwatch could complete an audit on Tuesdays and Thursdays at GP surgeries to see how easy it was to contact the surgery and arrange an appointment.

The Healthwatch Manager offered to share the report on GP communication which had been completed a few years ago. She agreed to contact GP surgeries ready for the Special meeting which would take place in December.

A Member of the Panel referred to the reference in the Annual Report of an underspend of approximately £19,000. He also referred to the pilot mental health scheme which some schools in the City were participating in. He stressed the importance of support mechanisms for youngsters. He asked why there was an underspend when there were situations which needed improvement such as young people's mental health and emotional wellbeing.

The Healthwatch Manager confirmed there was an underspend, which would be transferred into next year's finances. Healthwatch Wolverhampton did work quite closely with the colleges on the matter of mental health. She would come back to the Panel on why there was an underspend and why it had not been spent on an area of priority need.

A Panel Member referred to the reference in the report which stated that Healthwatch had directly helped 845 people. Of the total funding Healthwatch received, that worked out as £2,300 per person. He would have hoped that Healthwatch could have helped more people directly particularly during the Covid pandemic.

The Healthwatch Manager responded that it was difficult for Healthwatch to fully engage with the public during the Covid pandemic. Not everyone was able to engage with digital platforms. She offered for the Managing Director of Engaging Communities Solutions (ECS) to come back to the Panel on matters regarding finance. It was however true that the bulk of the funding received was spent on staffing costs. Whilst 845 people had been directly helped, this did not represent the amount of times Healthwatch may have contacted them, for example some people could have had 10-15 contacts.

A Panel Member commented that an underspend was not necessarily a bad thing for Healthwatch to have. It could show prudent financial management during a difficult time from Covid. They stated that Healthwatch had done a tremendous job in difficult circumstances, adding that a lot of people had been directly helped. She asked the representatives from Healthwatch to comment on their links with Wolverhampton's Voluntary Sector Council.

The Healthwatch Manager responded that the Voluntary Sector Council had provided them with a list of names of people to call for welfare checks during the pandemic. On the subject of mental health and improving digital inclusion, partnership working with the Voluntary Sector Council was important.

The Vice-Chair referred to a section in the annual report which referenced the difficulty some people had in contacting GP surgeries and that Healthwatch had contacted the relevant surgeries. He asked if a list of the surgeries could be provided. He also asked how many Patient Participation Groups there were across the GP surgeries. He also referred to the fact that following recommendations from an enter and view visit it had been another two years before Healthwatch had revisited the premises.

The Healthwatch Manager responded that they hoped to revisit premises within 12 months of having made recommendations in the future. There had been a number of staffing changes for people who managed the enter and view process which had also been a mitigating factor. Enter and view reports were always available on the website for people to access. She was happy to bring any enter and view report to scrutiny in the future. She would have to refer to the original report with reference to the GP surgeries contacted and the number of Patient Participation Groups (PPG). She didn't know the exact number of PPGs.

The Chair on behalf of all Panel members thanked Healthwatch for providing their Annual Report.

Resolved: That Healthwatch provide information at the Special Health Scrutiny planned for December 2021 on Primary Care Access in Wolverhampton.

6 **The Royal Wolverhampton NHS Trust - Quality Account 2020-2021**

The Deputy Chief Nurse from the Royal Wolverhampton NHS Trust presented the Quality Account 2020-2021 for the Trust. A copy of the slides are attached to the signed minutes. She thanked the Chair for her statement she had provided on behalf of the Panel, which had been included in the Quality Accounts. Three priorities were addressed in the Quality Accounts, Workforce, Safe Care and Patient Experience.

The Vice-Chair referred to the performance of the Trust against national operational standards. In the report, of the 23 columns, 5 were in the green (meeting target indicator) and 18 were in the red (not meeting target indicator). He completely understood the challenges of Covid. The one area that particularly stood out was the two weeks wait for breast symptomatic patients indicator. The performance in 2020/21 was 51.14%, the target for the year was 93%. He asked what measures the Trust were taking to improve performance in this area. He thanked New Cross Hospital for their services.

The Deputy Chief Nurse responded that performance in the two weeks wait for breast symptomatic patients was now much improved. They had been working collaboratively with other hospitals in the Black Country and West Birmingham CCG area.

Panel Members thanked the representatives from the Trust for the report, which it was clear a great deal effort had been put into.

A Panel Member referred to the Trust's partnership with the private company Babylon and asked for comment on what they saw as the private sector becoming more involved with the National Health Service. They asked how the Trust could address fundamental issues of inequality such as the digital divide and people from poorer backgrounds more likely to have health problems and live shorter lives. They had a particular interest in how Female Genital Mutilation (FGM) was reported by hospitals because medics were often the first to become aware of the occurrence. They asked about the overall process in managing FGM including where it was seen within the Trust, how it was reported and who was informed. They commented that end of life care in the community was more complicated than within a hospital setting. They believed there was often a disconnect between the care a person received in the community and what their primary care doctor or trust staff felt was appropriate.

The Chair requested that the question regarding Babylon be deferred to a special Health Scrutiny Panel meeting on Primary Care planned for December. The Deputy Chief Nurse commented that inequalities was a huge challenge for the Trust. They had tried to improve their understanding of the situation by an analysis of data, such as looking at geographical locations of patients where inequalities were more prevalent. The Trust were looking at inequalities based on deprivation and ethnicity. They were analysing urgent and routine healthcare pathways. They were also looking at other inequalities such as learning disabilities and how they performed against the standard. They were analysing key planned pathways, particularly focussing on hip arthritis, Chronic Obstructive Pulmonary Disease (COPD), heart failure and cataracts. They had been addressing waiting times by ethnic group in addition to social economic status. A key area for which they would be publishing a

dashboard was in maternity, to identify health inequalities in this area. The Trust were actively pushing the inequalities work forward.

The Head of Patient Experience and Public Involvement added that the Trust were working with Wolverhampton Voluntary Council on a project scoping the issue of social isolation. It recognised that technology was not for everyone. They were hoping to be successful in receiving some national funding for the project. They were also working with the University of Wolverhampton on coproduction and codesign. A series of workshops had taken place with particular patient groups. Clinical staff and patient representatives had attended each of the workshops. The Trust had been conducting some research on complaints related to end of life care and the findings of this work would be published in the forthcoming months.

The Deputy Chief Nurse remarked that the Trust had partnered with Compton Care to have a post where someone supported people from ethnic communities in order to access end of life care resources. Most of the FGM cases were picked up in maternity services by midwives. There was a process for reporting them. It was monitored every month through the safeguarding operational group within the Trust. There was an end of life steering group at the Trust which looked to share best practice across all services. The Community nursing teams worked hard, where they were not involved in some cases it was when domiciliary care agencies were providing some end of life care. There was now a Wolverhampton place-based group, which involved the hospice, RWT, the CCG, Healthwatch and the voluntary sector. This group looked to address what could be done better in terms of the care people received.

Panel Members thanked the Trust for the report received on the Quality Accounts 2020-2021.

7 **Primary Care Access and Q&A**

The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG introduced the item. He explained that they had been asked to focus on the issue of Primary Care Access. He commented that during the pandemic lockdown demand for GP services had been reduced due to anxiety from patients about contacting their GP. This meant there would now be people presenting with issues to their GP that they ordinarily would have brought earlier. They had heard the concerns raised by the public regarding Primary Care Access, this was through direct contact, Healthwatch, Councillors and Members of Parliament. The CCG understood the frustration of patients who wanted an appointment with their GP but were unable to obtain one when they needed. Demand for services was at a heightened level.

The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG commented that GP practices also faced additional pressures of delivering the vaccine programme. As Covid was still prevalent practices were having to continue to deliver services in a Covid safe environment. This did change their operating procedures including how they managed access to their surgeries and the telephone triage model.

The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG displayed a graph which showed that from April 2020 there was a

significant reduction in appointment numbers. Appointments had then built back up again slowly over the course of the year. Levels of activity in Primary Care were now at the same level or above that prior to the pandemic. Before the pandemic the vast majority of appointments were face to face at approximately 86%. In June 2020 the overall levels of GP activity had reduced and there was a much smaller ratio of face to face appointments and a higher level of telephone consultation. In June 2021, levels of activity had significantly increased. The proportion of face to face appointments had increased but had not returned to the same levels as in January 2020. They did not necessarily expect face to face appointments to return to the level they were pre-pandemic because of the different ways services could now be offered. In August of 2021, 57% of appointments were being seen face to face. This local figure was also the same as the national figure. Even at the height of the pandemic GPs were still seeing some people face to face.

The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG showed a slide from the national LMC (Local Medical Committees) snapshot survey from March 2021. 69% of patients accessing GP services were now considered complex. Consequently over 50% of GPs had advised of increasing consultation times. The CCG did not receive routine data of the number of calls being received by GP practices. However, at Dr Reehana's practice, Health and Beyond group, call volumes were up 165% in June, 80% in July and 30% in August, compared to the same months last year. One of the positive changes from having more telephone appointments was that more people had received a consultation on the same day as booking the appointment.

Whilst they were receiving information from the general public on GP Services, they also wanted their own data. They were therefore focusing on three area of intelligence. They had conducted a snap shot review. This review had focused on websites to ensure they were as user friendly as possible. They were also developing a dashboard to give the CCG real time information on the level of activity at GP practices. The CCG were analysing the GP Satisfaction Surveys, which were undertaken at each practice.

The Director of Primary Care remarked that the CCG's approach had focused on four areas. These were:-

- Local Improvement Plans
- Consolidate national must dos
- Centralised oversight of all system wide programmes
- New emerging projects

With regard to the Local Improvement Plan they had shared feedback from the snapshot audit with the Place Commissioning Board. Quick wins had been identified such as improvements to the website and other online channels. They had worked with each Place team in developing a local approach. As part of the restoration and recovery plans they had put together a package of resources. They were in the process of recruiting a Primary Care Access and Engagement Co-ordinator for each place. Three out of five had been recruited to date. They had also recruited a Covid vaccination co-ordinator for each of the five places. A one hundred thousand pounds restoration and recovery fund had been provided for each local Place Board to support their restoration and recovery. They were developing a practice resilience resource programme.

The Director of Primary Care commented that they had allocated an access and engagement resources budget of over a quarter of a million pounds. They were also developing an empowering and enabling patient engagement programme. This was focusing on four areas:-

- Patient champions for access
- Key message toolkit / briefing and support
- Myth busters – alternative options
- Patient Leadership Development Programme

The CCG had supported Practices and PCNs by:-

- Working Together: A guide to involving patients, carers and their communities in general practice/PCNs
- Developing strong and inclusive PPGs (Patient Participation Groups)
- Practicing support to train and support staff to implement guide
- Asset Mapping social support systems / networks/orgs link to Social Prescribers

The CCG were working with Healthwatch, the voluntary, community and faith based sector to engage and support access improvements for vulnerable individuals and communities from the protected characteristic groups. In terms of overall system planning they were trying to advance on line / video consultations, GP Connect which linked 111 to practice appointments, and progressing the community pharmacy consultation scheme. They were mindful of ensuring digital opportunities and not increasing inequality in the health system. He highlighted the work the CCG were completing on improving communications, this included work on the call infrastructure.

The Director of Primary Care requested the support of the Health Scrutiny Panel to enable co-production and links with user and community groups. He offered Councillors the opportunity to shadow GPs to gain an insight into the changes in practices. The CCG would continue to work with the Place teams to co-produce plans to improve Primary Care access. This would help inform the longer term plans to transform the delivery of Primary Care.

The Chair reiterated her desire for Healthwatch to collect data on access to Primary Care. She then suggested a special meeting on Primary Care later in December.

The Panel spoke in favour of some Members of the Panel shadowing a GP. A Panel Member asked if someone had a telephone consultation and as a consequence a face-to-face appointment was also required, was this counted as two appointments or one. They also highlighted the importance of patients having a good understanding of how the medical system worked, such as dentistry issues being seen by a dentist and not a GP and eye issues being seen by an optician.

A Panel Member commented that any graphs in the future on slides from the CCG on Primary Care should show percentages and numbers to make the data clearer. He spoke of the disparity in how well Patient Participation groups operated.

The Chair asked for some information on how the CCG worked with the vertically integrated primary care practices and whether proposals would also apply to them. The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG responded that the vertically integrated practices were one of the six Primary Care networks in Wolverhampton. They would be soon meeting each of the six Primary Care networks about their plans and they treated each of them the same.

Resolved:

a) That a Special Health Scrutiny Panel meeting on Primary Care take place in December 2021

b) That some Members of the Health Scrutiny Panel shadow a GP before the Special meeting is held in later December.

8 **Date of Next Scheduled Meeting**

The date of the next scheduled meeting was 10 February 2022. There would however be a Special Health Scrutiny Panel meeting on Primary Care at some point in December 2021.

The meeting closed at 3:43pm.

Title:	Primary Care Access
Date:	7 December 2021
Author:	Paul Tulley, Wolverhampton Management Director, Black Country and West Birmingham CCG
Status:	Report to Wolverhampton Health Scrutiny Panel
Version:	Final

Agenda Item No: 4

1. Introduction

1.1 The CCG attended a meeting of the Health Scrutiny Panel on 7th October which was considering access to GP services. It was decided by the Panel that a further meeting on this topic would be scheduled for a later date and this report has been prepared to provide an update to the report that was presented on 7th October.

2. Context

2.1 Health services have changed significantly over the past 18 months as a response to the international COVID pandemic. These changes have included the range of services being provided, with a significant primary care capacity being utilised to deliver the vaccination programme, and the method of delivery with a significant increase in telephone and video consultations. Use of improved technology has been in place for some years (before the COVID pandemic), and allows access to clinicians in order to ensure that those patients whose needs can be met without a face to face appointment are managed in the fastest manner possible. It is recognised that this is appropriate for some conditions and not for others, and that there should always be an element of patient choice.

2.2 It is recognised that as the technology has been introduced, there has been significant learning both in individual practices and nationally in terms of which patients are best suited to different methods.

2.3 Throughout the pandemic response, all GP practices in Wolverhampton have remained open and have seen patients face to face. The balance between virtual and face to face consultations has remained similar to the national averages, as shown later in this document.

2.4 For those patients accessing face to face consultations through primary care, as with all areas of the health service, capacity has been reduced by the requirement for social distancing and enhanced infection prevention and control measures that continue to be in place. It is imperative for containing the spread of COVID that all services are provided safely and staff are protected from infection as high staff sickness rates will further limit capacity.

2.5 Demand for NHS services remains very high, both in primary care and in hospitals. GPs report an increase in demand for appointments of between 25% and 50%, and attendances at the Urgent Treatment Centre (UTC) (a primary care service at the front of the Emergency Department and the Emergency Department (ED) both are significantly above normal levels.

3. Primary Care Workforce

3.1 A significant barrier to increasing face to face time with a GP is the national shortage of GPs. The recent national commitment to training more general practitioners will help with this, but it takes many years to train GPs through their specialist training before they are ready to go into practice.

3.2 To reduce the impact of the delay in training the NHS has introduced a new scheme for primary care, the Additional Roles Reimbursement Scheme (ARRS) which allows primary care to introduce new practitioners to work alongside the existing GP workforce. During the practice triage process, when a patient rings, the triage team will often redirect a patient to one of these extended roles. They will offer the expert advice and care that the patient needs without the requirement to see the GP first. This will save the patient an extra journey to see the GP to be referred on, and also helps to protect the GP face to face sessions for those patients for whom the GP is the most appropriate clinician. The roles that can be recruited to through this scheme are:

- Clinical Pharmacists – work as part of the multidisciplinary team in a patient-facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas. The Clinical Pharmacist can be a prescriber or undertake training to become one.
- Social Prescribing Link Workers – connect people to community groups and agencies for practical and emotional support and complement other approaches such as care navigation and active signposting.
- Physician Associates – healthcare professionals with a general medical education who work alongside and under the supervision of GPs providing clinical care as part of a wider multidisciplinary team.
- First Contact Physiotherapists - can assess, diagnose, treat and manage musculoskeletal (MSK) problems and discharge a person without a medical referral. Those working in these roles within a network can be accessed through direct referral by staff in GP Practices.
- Community Paramedics (funding not available until 2021) - this role is currently being developed. Some networks have already trialled this role where the request for a home visit was triaged by the GP and then home visits, apart from those which were complex or end of life care, were undertaken by the paramedic. Some of the outputs were that more patients were managed at home and there was earlier intervention by the multidisciplinary team.

Following feedback from networks who wanted greater flexibility in the roles they could recruit, there have been more roles added to the ARRS. During 2020-21, PCNs can recruit and employ the following roles as part of the scheme:

- Care Co-ordinator – works closely with GPs and other primary care professionals within the network to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers.
- Pharmacy Technician – will complement the work of the Clinical Pharmacist by using their pharmaceutical knowledge to undertake activities such as audits, discharge management and prescription issuing. This role will be under the supervision of the Clinical Pharmacist and will be part of a wider PCN pharmacy team.

- Dietitian – diagnoses and treats diet and nutritional problems. Dietitians will support PCNs with patients of all ages with their food intake to address diabetes, food allergies, coeliac disease and metabolic diseases.
- Health and Wellbeing Coach – will use health coaching skills to support people with self-identifying existing issues and encourages proactive prevention of new and existing illnesses. They may provide access to self-management education, peer support and social prescribing.
- Nursing Associate (from 1 October 2020) – is a new support role that bridges the gap between healthcare assistants and registered nurses. The role will be part of the PCN nursing team under the supervision of a nurse.
- Occupational Therapist (OT) – supports people of all ages with problems arising from physical, mental, social or development difficulties. OTs can help GPs across the network with frail patients, those with complex needs, those who live with chronic physical or mental health conditions and who need help with managing anxiety or depression.
- Podiatrist – can help diagnose and treat foot and lower limb conditions. Podiatrists provide assessment, evaluation and foot care for a wide range of patients.

As part of improving access, the local PCNs have recruited additional staffing to these roles. The first wave of these appointments are in place with the remainder to start by March 2022 which will improve appointment slots over the winter.

4. Estates

4.1 Another significant issue for general practice is the primary care estate and, in particular, the changes that have had to be made to the use of GP premises in response to the Covid-19 pandemic. The requirements around Covid safe practice have impacted both on the number of patients that can safely be seen in the practice building and also on the space available to accommodate additional staff.

4.2 Throughout the pandemic guidance has been identified nationally to guide practices to keep patients and their staff safe. The link attached contains the most up to date guidance provided to support practices through winter.[1]

4.3 The three clinical pathways (high, medium and low risk) applied to health care settings have been removed from the most recent guidance but can be interpreted locally if required, for example a practice may have separate waiting areas and clinical rooms for low risk and high-risk patients, or stagger clinic times.

4.4 Distancing should be 1m plus (2m if possible and certainly if Covid is suspected or confirmed), mask wearing is to continue in health care settings unless medically exempt. The guidance also

[1] Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 - GOV.UK (www.gov.uk)

recommends that triage and testing remain in place over the winter, so it would be expected that patients would be triaged before being booked in for a face to face appointment.

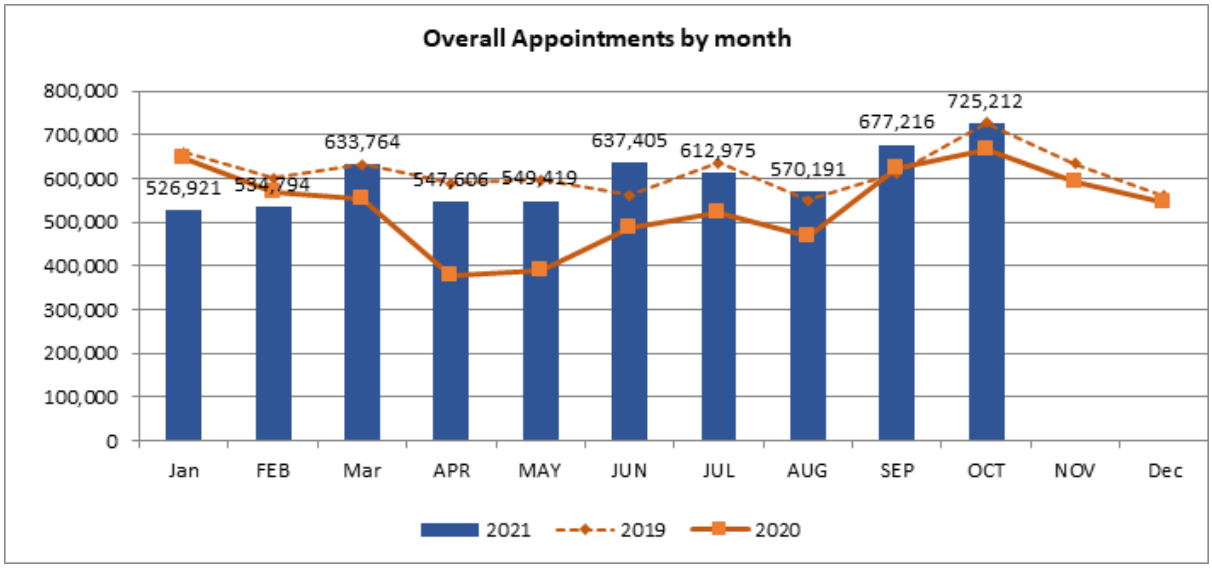
4.5 The guidance also contains information on decontamination and cleaning (see section 6.4.2.) generally practices have a through clean each day, and decontamination of seating etc. between each patient and hourly wiping of touch points such as door handles.

4.6 Risk assessment of all staff remains in place and it is expected that any new guidance in the light of the Omicron variant will advise that staff wear masks and maintain distance whilst in communal offices and areas, and continue with twice weekly lateral flow testing.

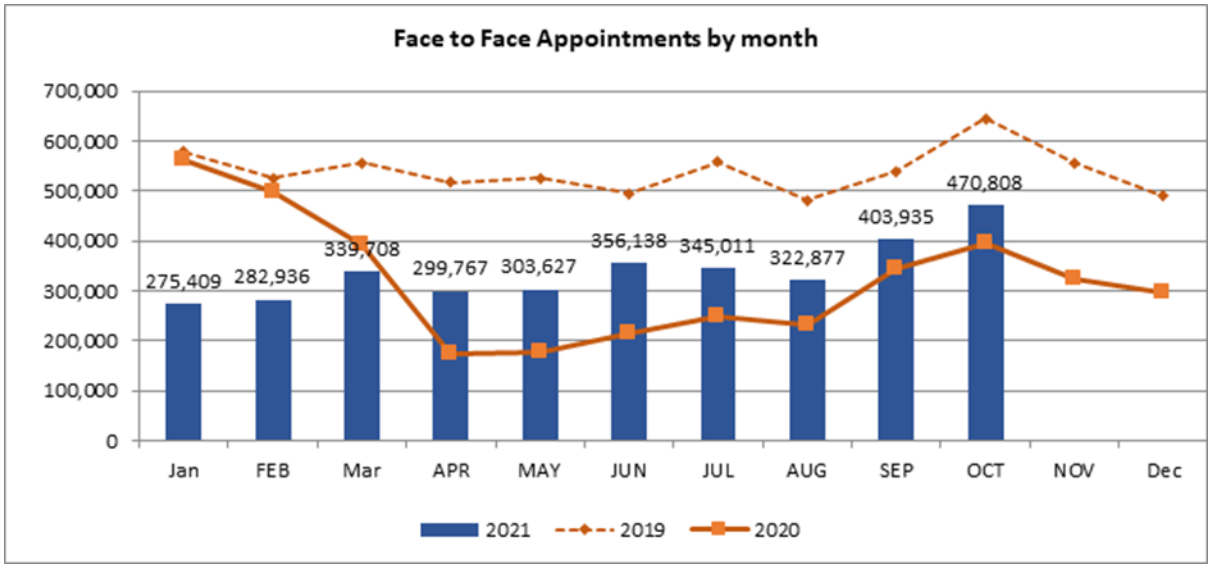
5. Current position

5.1 The table below shows the total number of GP appointment and GP face-to-face appointments over the last three years for Black Country and West Birmingham CCG practices.

5.2 After a significant reduction in the early part of the pandemic, from March/April 2020, it can be seen that GP appointments returned to pre-pandemic levels and for the seven- month period of April – October have been 1% (44,627appts) higher in 2021 compared to 2019.



5.3 Face to face appointments have increased significantly in the most recent two-month period but remain below pre-pandemic levels. The position in the Black Country is similar to the national position. During the pandemic clinicians and patients have made greater use of remote (telephone and video) consultation and it is anticipated that a greater use of these alternative consultation methods will continue going forward.



6. Winter Access Fund

6.1 On 14 October 2021, NHSE released the document "*Our plan for improving access for patients and supporting general practice*". This plan set out a range of actions to respond to the growing challenges in primary care to manage the growing demand.

6.2 The guidance announced the release of £250m nationally to enable the achievement of pre-pandemic appointment levels and increasing the proportion of face to face appointments[2] whilst creating capacity to support the local economy to respond to the increase in resilience of the system for winter. It identified a range of supporting interventions that included:-

- Review of guidance on infection prevention to increase flexibility in practice
- Moving to cloud-based telephony - nationally funded short-term solution/framework for long term local procurement
- Change of model of extended access delayed until October 2022
- Guidance from the Royal College of GPs to be issued on the optimal blend of face to face/remote monitoring by end November
- Additional module of the primary care Quality and Outcomes Framework (QoF)to be commissioned – National Institute of Health Research to assess impact of remote versus face to face
- Incentivised real-time patient reported satisfaction to be in place by April 2022
- NHS Digital working to publish practice level appointment data – this will include patient satisfaction (identified above)
- Establish a new Access Improvement Programme - additional capacity to support practice redesign
- Zero tolerance to be supported by work with Police and Crown Prosecution Service

6.3 On 28 October BCWB submitted its access bid to NHSE for its fair shares allocation which equates to £6.4m.

[2] BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf (england.nhs.uk)

7. Additional GP-led services

7.1 There are two initiatives in place allowing for patients to receive a primary care service outside their own practice:

a. GP Extended Access Programme. This is a service run by Wolverhampton GPs which offers both virtual and face to face appointments at a number of locations across the city.

b. The city has two Urgent Treatment Centres – one in Parkfields at the Phoenix Centre and one which is co-located with the New Cross Hospital Emergency Department. This is a service where patients can walk in to receive urgent primary care services.

7.2 Using Winter Access Fund the CCG is commissioning additional GP appointments through the Extended Access Programme until 31 March 2022.

7.3 Health and Beyond have established an additional clinic at their Ettingshall Medical Centre site which can be used by patients from any of their group's practices, with capacity for up to 120 face to face appointments each day.

8. Community Pharmacy

8.1 Community Pharmacy services can offer advice and supply medicines for many patients who might otherwise need to visit their GP.

8.2 In addition to promoting community pharmacy as a provider of primary care the CCG is implementing the NHS Community Pharmacist Consultation Service (CPCS). Through this initiative, general practices are able to refer patients for a minor illness consultation to a local community pharmacy, once a local referral pathway has been agreed.

8.3 The CPCS aims to relieve pressure on the wider NHS such as A&E and general practices, freeing up capacity for the treatment of patients with higher acuity conditions, by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.

8.4 Low Hill Medical Centre in Wolverhampton was part of the national pilot of the scheme. The practice has established pathways between themselves and the pharmacies within the local community and has tested the model ready for roll out across other practices.

8.5 Dedicated resource has now been identified to accelerate implementation of the CPCS across Wolverhampton.

8.6 The Wolverhampton Prescribing Support Team are continuing to work with practices to increase the uptake of electronic repeat prescribing. As well as providing training to practices they are also supporting practices by identifying patients suitable for electronic repeat prescribing and contacting patients to explain the process and support them to make use of it where they wish to do so.

9. NHS 111

9.1 NHS 111 is a national NHS service that can be accessed by phone or on-line. Patients who have urgent but not life-threatening medical need are encouraged to contact NHS 111 who will assess their needs and can offer health advice as well as directing patients to urgent treatment centres, GPs, pharmacies, emergency dental services or other local services. NHS on-line can also provide general health information and advice, advise where to get emergency supplies of prescribed medicines or how to get a repeat prescription.

10. Telephone Access

10.1 Getting through to the GP practice on the phone is a key area of concern for patients. There are three main ways in which this is being addressed:

10.2 Traditional telephone systems may have a limited number of lines putting a physical constraint on the number of calls that can be handled at any one time. Some practices have moved to cloud-based telephony systems which remove this constraint, provide greater flexibility on how queues can be managed and provide real-time information on demand and capacity in the call handling system. This does not address staffing constraints, and at times of very high demand practices operating a cloud-based telephone system may still experience long waiting time if demand greatly exceeds the number of staff available to take calls.

10.3 Managing incoming phone calls is particularly challenging if they are concentrated in a short period at the start of the day and practices may encourage patients to make non-urgent calls, for instance for repeat prescriptions, later in the day.

10.4 As an example of planned changes, all 8 practices in RWT PCN are currently having the phone system upgraded and this will be fully completed on the 22nd December 2021. To complement the new system, a central call hub is also being implemented to supplement the existing staff across the PCN manage calls. The call hub and new system will introduce the following features:

- Queue holding position
- Call back functionality
- Single holding messages
- Streamlined call options

Calls from the practices will be transferred to and answered from the hub and an overflow is in place in case of long call times. New scripts are being developed with relevant care navigation training to ensure a consistent approach to call handling.

11. Care Navigation

11.1 Wolverhampton has a well-established care navigation scheme, with all practices engaging in training and updates since implementation in 2017. Call handlers have been upskilled to recognise a set list of criteria of eligibility for different services, such as community pharmacy, optometry, and dentistry. Extended access appointments are also offered as part of the

Wolverhampton criteria. This has also extended with the addition of new roles in practice, that do not need an initial GP consultation. By asking a few initial questions, front line staff can navigate patients directly to first contract practitioners, mental health link workers, and social prescribers.

11.2 While this may increase the pressure on phone lines due to the length of the call, it enables patients to be directed to appropriate care that meets their needs and reduces unnecessary appointments.

12. Digital Offer

12.1 All practices are now contractually required to provide a core digital offer to patients as follows:

- Practices offering online consultations that can be used by patients, carers and by practice staff on a patient's behalf, to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs
- The ability to hold a video consultation between patients, carers and clinicians
- Two-way secure written communication between patients, carers and practices
- An up to date accessible online presence, such as a website, that, amongst other key information, links to online consultation system and other online services prominently
- Signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice's online presence and other communications
- Shared record access, including patients being able to add to their record
- Request and management of prescriptions online
- Online appointment booking

12.2 As part of our Digital First Primary Care Programme of work we are working with practices to ensure that this minimum core digital offer is available across all practices. Extending this digital offer means that patients have a choice of ringing, walking into or contacting their practice online. The NHS app also provides a core tool for patients to digitally access their practice. To use the NHS App you must be aged 13 and over and registered with a GP surgery in England. You can use the NHS App to:

- get your NHS COVID Pass – view and share your COVID Pass for places in England that have chosen to use this service and travel abroad
- get advice about coronavirus – get information about coronavirus and find out what to do if you think you have it

- order repeat prescriptions - see your available medicines, request a new repeat prescription and choose a pharmacy for your prescriptions to be sent to

- book appointments - search for, book and cancel appointments at your GP surgery, and see details of your upcoming and past appointments

- get health advice - search trusted NHS information and advice on hundreds of conditions and treatments. You can also answer questions to get instant advice or medical help near you

- view your health record - securely access your GP health record, to see information like your allergies and your current and past medicines. If your GP has given you access to your detailed medical record, you can also see information like test results and details of your consultations

- register your organ donation decision - choose to donate some or all of your organs and check your registered decision

- find out how the NHS uses your data - choose if data from your health records is shared for research and planning

12.3 In addition, if your GP surgery or hospital offers other services in the NHS App, you may be able to:

- message your GP surgery or a health professional online
- consult a GP or health professional through an online form and get a reply
- access health services on behalf of someone you care for
- view your hospital and other healthcare appointments
- view useful links your doctor or health professional has shared with you
- view and manage care plans

This functionality is gradually being introduced as online consultation suppliers integrate with the NHS App and we will work with individual practices to ensure this functionality is added as it becomes available.

13. Communications

13.1 As part of the local access programme, the communication team re-launched their access communication plan with four key strands.

- Informing people how to access their practice in different ways (F2F, telephone, online)
- Raising awareness of MDTs that make up general practice, what their roles are and informing patients they may see one of these rather than a GP
- Zero Tolerance approach to abuse and aggression towards primary care staff – campaign to normalise behaviours we want to see

- Encouraging confidence for people to make better decisions about the care they need (self care/self referral) they don't always need to see a GP

13.2 Over the next few months we will launch new advertising campaigns to support these strands online, on radio and through our community networks.

13.3 Training will be established for practice staff to support the development of improved social media presence for our Primary Care Networks. This will enable them to communicate with patients in a more consistent way.

13.4 Raising awareness of the new ways that people can access health advice via the NHS App, online consultations and through NHS111 is important. However, success is also dependent upon the right services being in place for people to access consistently across primary care. The communications will support and complement the wider access work.

13.5 We have also recently developed a leaflet titled 'Your GP Practice is here for You' this explains the new way of working in primary care covering all four key stands of our plan to advise people on the following:

13.6 Different ways to access the practice- We are encouraging patients to consider other ways of making contact with the practice when phone lines are busy, these include completing an e-Consult form, using the NHS app or the practice's website all of which will be responded to by the practice in a timely manner.

13.7 Awareness and understanding of MDTs- Informing patients they may not always need to see a GP and will receive an appointment with another member of the experienced MDT. GP access and practice teams alike have identified this as a priority area for communications to improve patient awareness and understanding of these roles.

13.8 Access to appointments- Informing people that their appointment may be face to face, however if appropriate a telephone or online appointment may be offered

13.9 Where else they can help- We are encouraging patients to help us to help them by making sure they access the most appropriate service for their needs. These are out key messages to the public:

- Use your local pharmacy for advice and over the counter treatment
- Try calling the practice later in the day if you don't need an urgent appointment
- Please use online services where possible to keep phone lines clear

- Ensure you attend your appointment or cancel it if no longer required
- Get vaccinated to reduce pressure on services from covid/ flu

13.10 We have also launched a #BeKind campaign in response to the aggressive and abusive behaviours our practice teams are exposed to. This campaign aims to normalise the behaviours we expect to see towards our staff and will be shared across primary and secondary care to ensure all healthcare staff are treated accordingly.

14. Engagement

14.1 As part of the access programme, investment was secured to ensure the active involvement of the local community in the co-design of a programme of activity to improve access. Access and engagement officers have been appointed to work across the Black Country. Additional engagement, analysis and project support is facilitating the development at pace of a targeted test bed approach to improving primary care access.

14.2 The programme brings together teams together to collaborate on a number of defined activities with clear outcomes in place. The teams included in this work are the place-based teams, access and engagement officers, PCNs in Wolverhampton, the communications, digital and BI teams, local authorities, Healthwatch, the VCSE and finally educational establishments.. These programmes of work include training and development of patient leaders (Patient Participation Group members) to support engagement at practice level and collaborating with WVCS on a patient ambassadors programme to raise awareness and increase the use of the NHS APP.

15. Social Prescribing

15.1 Social Prescribing is an approach whereby "patients" referred by Health and Social Care professionals are supported to access support in the community, in order to improve their health and wellbeing. The on-going development of Social Prescribing forms part of the NHS Long Term Plan.

15.2 It is estimated that at least 20% of GP consultations were for social rather than medical problems and the high level, long term, aims of social prescribing are to reduce the rise of healthcare costs and to ease pressure on GP practices and other health and social care services.

15.3 People referred to Wolverhampton's Social Prescribing Service are allocated to a Link Worker who will support that person on their chosen journey; spending time with them to understand their needs, issues and the barriers they face; working alongside them to break down those barriers, practical and otherwise, and then moving them out of the service into provision that meets their needs and interests. In this way customers develop and increase social networks and interests, improve mental health and well- being, increase fitness levels, better manage long term conditions, increase resilience, and become less reliant on statutory health and social care provision.

15.4 The Social Prescribing service began as a pilot funded by the CCG in May 2017 with 3 Link Workers. Since then the service has grown through additional funding (Dept. of Health & NHSE Additional Roles funding through PCNs) and has since grown to

- 12 adult Link Workers working with customers aged 18 plus (5 funded through the CCG, 7 funded through NHSE PCN additional roles funding)
- 2 Young People Link Workers working with 13-17 year olds (funded via PCNs)
- 1 FTE manager / 2 FTE admin staff (funded through the CCG)

15.5 From a modest start over 4 years ago Wolverhampton's social prescribing service is now well established and the team were finalists for the National Association of Link Workers Social Prescribing #LinkWorkerDay2020 Awards for 2020 Social Prescribing Programme of the year.

15.6 The service has received over 4300 referrals since it started (2170 since April 2020), with current rates approaching 150 a month. Two thirds of those referral have come from GPs with a third from other sources. There was a spurt in Council referrals during the early stages of COVID but very few outside of that. We have responded to the individual needs of each of those people and that has included making 1950 referrals to over 300 organisations in our City since April 2020.

15.7 Since April 2021 the service has used the following measures at the start and finish of its work with customers to measure outcomes:

- Personal Wellbeing score (a short version of ONS4) - shows an average self-reported increase in wellbeing of 40% six weeks after initial engagement.

- Health & Wellbeing Prism (customers score themselves in 8 areas of life)– average increase in overall score of 8%

- Measure of 'Happiness level' through an Impact App called Podnosh – average increase of 23% in happiness

15.8 In addition, the service also funds 3 days a week of a general adviser through Citizens Advice Wolverhampton (mainly benefits & debt advice), that accepts c200 referrals each year. Impact has included an income gain for customers that is currently running at over £130K per annum, with the associated benefits in terms of well being

15.9 The service is operating in a complex environment, exacerbated by the restrictions imposed by COVID. It has responded by significantly increasing on-line support and directly providing a wide range of on-line activities, developed telephone befriending, supported customers to get on-line including providing IT equipment and skills and increasing telephone support.

16. Conclusion

16.1 Access to primary care services is important to patients and general practice in Wolverhampton is working hard, with support from the Clinical Commissioning Group, to address the challenges it is facing in continuing to provide a high-quality service to local people.

16.2 We welcome the opportunity to discuss those challenges, and the actions that practices, PCNs and the CCG are taking to address them with the Health Scrutiny panel on 16th December and to answer any further questions arising from this report.

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Health Scrutiny 16 December 2021

Healthwatch GP Access Report 2021

Background

GP Access has been a concern both locally and nationally for some time, however COVID and the restrictions has exacerbated this over the last 18 months. Healthwatch were asked by the chair of Health Scrutiny Panel to carry out a piece by contacting all the practices including their branches around access.

Healthwatch staff and volunteers contacted all 56 GP practices (this included branch surgeries) between 15 November and 26 November, however one practice was omitted off the original list and they were contacted on 3 December. Healthwatch has a list of questions they would be asking each of the practices (see Appendix 1).

The report has been written from a Primary Care Network (PCN) prospectus and Healthwatch will engage with the clinical directors for each PCN to share any issues identified.

Total Health PCN – consists of 12 practices
Wolverhampton South East PCN – consists of 11 practices
Wolverhampton North PCN – consists of 10 practices
RWT PCN – consists of 8 practices
Unity West PCN – consists of 6 practices
Unity East PCN – consists of 9 practices

A list of all the practices within each PCN will be found in Appendix 2.

Total Health PCN (12 Practices)

The practices within the Total Health PCN were contacted on 19 November and 23 November between 2.20pm and 4.10pm.

We timed how long it took to answer the telephone and the average amount of time to get through was 4.75 minutes. The shortest amount of time for the telephone being answered was one minute and the longest time for the telephone to answered was 18 minutes.

Out of the 12 practices 11 had messages left on their system. The message was heard before the phones were connected to a receptionist, however some of these messages were not always clear, these varied from the messages being interrupted by a dial tone so you missed some of the message, to the message apologising for not being able to take the call, to hold or try later. A branch practice had a message asking you what practice you were a patient of and you were put through to another message asking for the reason of the call.

Eight practices had messages on their answering service that explained about the different times to call for different services, such as calling for blood test results.

11 practices had call waiting, whilst the other practice picked up the call more or less straightaway.

Three practices who had call handling indicated where you were in the queue.

There were mixed experiences around the calls being cut off. Nine of the practices the calls did not cut off, however the remaining three it varied where you were listening to the message as to where you got cut off, one if you did not catch which section you needed, it was not repeated and then the phone was cut off and you had to ring back, another practice the call was picked up and voices could be heard in the background and the phone was put down and the other practice the phone was just cut off.

Some of the practices you did not get the engaged tone, however there were several practices that the engaged tone came through between the recorded messages.

The majority of the calls were answered within one or two attempts.

From the 12 practices, there were appointments at only one practice for both adults and children on the day that we called

Face to face / Telephone consultations

It varied across the practices for appointments for adults as to whether appointments were telephone consultations or face to face. Four practices explained that it was the GP who made the decision. One practice explained it was telephone only, three practices shared there were

a mixture of appointment types. The GP speaks to the patient by phone and if required will see the patient face to face but there were also wholly telephone consultations.
One practice shared that they had been mostly telephone but have started face to face appointments and one practice said that patients can request face to face unless they have COVID.

For children's appointments three practices explained that it was the GP that speaks to the patient by phone and if required will see the patient face to face. One practice explained that face to face is available, but the parents have to contact the practices in the morning, otherwise it was telephone. Four practices explained there was a mixture of face to face and telephone consultations. One practice said that patients can request face to face unless they have COVID.

Signposting patients to other services.

One practice would signpost patients to walk in centre, they did not have any out of hour appointments at the practice. Several of the practices would signpost patients to walk in centre, NHS 111 or urgent care treatment centre. A few practices would signpost patients to GP website for online triage as well as Walk in Centre, NHS 111 etc. One practice with three branches gave different responses to the questions asked around signposting, one explained they would not signpost to other services, one explained they would signpost to NHS 111, and one didn't respond to the question.

Several of the practices pre-booked appointments, however there were a number that patients were not able to pre-book. The average length of time that appointments could be booked in advance for was approximately 1 week.

Eight of the practices said that doors were not open for patients to walk in, they have to press a buzzer first. Three practices said that doors were open for patients to walk in and one practice said that their doors had been open however due to the new variant they have reverted back to patients pressing a buzzer or ringing a bell.

Wolverhampton South East PCN (Health & Beyond) (11 Practices)

The practices in the Wolverhampton South East PCN (Health and Beyond) were contacted on 17 November and 19 November and the times they were contacted were between 09:00 and 14:45.

The average amount of time to get through was 13minutes, with the shortest time being less than one minute and the longest length of time waiting was 46 minutes, and the call was not answered. There were three practices that were not answered after being on the phone a considerable amount of time.

One of the practices was used as the main contact centre for the PCN and the number was displayed on the website, so this practice would have calls coming in from patients within their practice and patients who had got the number from the website.

There were recorded messages on all of the systems.

All of the practices had call handling which varied from being one in the queue up to number 17 in the queue.

The calls that were answered where done on the first attempt. None of the calls were cut off. Out of the 11 practices there were only two practices that had appointments for both children and adults on the day that we called.

Face to face / Telephone consultations

The practice offered a mixture of face to face and telephone consultations. One of the practices was being used as a Red site for positive COVID patients and an Urgent Treatment Centre were patients had to pre-book, they offer over 100 appointments face to face per day for the PCN. There were separate entrances into this practice and patients are directed accordingly.

Signposting patients to other services.

Signposting was not forthcoming with some of the practices, with one practice refusing to answer the question as they felt uncomfortable even though it was explained who we were. A few practices explained patients would be advised to contact NHS 111, call back at 8am the following day or make a pre-booked appointment.

All of the practices that we spoke to offered pre-bookable appointments and these could be made up to 2 to 4 weeks in advance.

The majority of the practices were open for patients to walk in, including a practice that was designated as a vaccination hub, however due to the nature one practice being used as a red site, the patients would have to ring the buzzer to be let in.

Wolverhampton North (10 practices)

The practices in the Wolverhampton North PCN were contacted on 15 November and 19 November and the times they were contacted were between 9am and 4pm.

The average amount of time to get through was four minutes, with the shortest wait being one minute and the longest wait being 16 minutes.

Only two out of the ten practices did not have recorded messages on their phone systems explaining various areas such as vaccines, appointments are varied dependent on the clinical decision, triage system, care navigation and different times to call for non-urgent appointments, blood tests / results and prescriptions.

Only two of the practices did not have call waiting and none of the practices cut patients off whilst waiting for the phones to be answered.
All of the calls were answered on the first attempt apart from one practice that was not picked up after seven minutes. We ended this call.
One practice had additional branches and all the calls were diverted to one main number.

None of the practices had appointments for that day for adults, however one practice explained there were no urgent appointments for the day (9.12am) but patients could ring back after 10am for a non-urgent appointment.

Another practice explained that they had no appointments at the time of the call (9.37am) but it was explained to the patients that they were put on a cancellation list and are contacted if appointments become available. Slots had also been reserved for WMAS and NHS 111 to use, however if these are not used the slots get used by the practice.
One practice had appointments on the day when we called (15:41).

Only one practice has appointments on the same day that we called.

Face to face / Telephone consultations

Appointments were a mixture of face to face and telephone appointments for adults and two practices explained that there were face to face appointments for children, however, one practice would require the parents to do a lateral flow test before attending the practice.

Signposting patients to other services.

One practice explained that they would try and accommodate appointments for their patients within the surgery, however if they were unable to do this they would signpost the patients to Urgent Care Centre or Walk in Centre. One practice (and branches) did not signpost their patients, they asked the patients to call back the following day. One practice (and branch) would sign post patients to NHS 111 or their website for care navigation.

Seven of the practices offered pre-bookable appointments that could be made from 1 week to 6 weeks in advance. one practice (and their branches) did not offer pre-bookable appointments.

Four of the practice's doors were not open for patients to walk in, they have to press a buzzer first. Six practices doors were open for patients to walk in

RWT PCN (8 practices)

The practices in the RWT PCN were contacted on 15 November and 19 November the times they were contacted were between 8am and 9 am, however one practice was omitted from the list, and they were contacted on 3 December at 2.25pm

There were only two practices that we were able to contact. One practice we were on the phone for 20 minutes before we got through and the other practice, it took an hour and 25 minutes before getting through after ringing over 20 times.
One practice was contacted three times between 8am and 9am and it was constantly engaged.

The practice that was contacted on 3 December at 2.25pm was answered within one minute.

Of the three practices that we contacted one practice had call waiting and we were number eight in the queue, one practice was answered immediately, and one practice had the engaged tone. Two out of the three practices it only took one attempt to contact however the remaining practice it took 20 times to get through.

Face to face / Telephone consultations

Two out of the three practices had appointments, one of these were for emergencies only. The other practice had no appointments. The appointments for adults were for telephone consultations only, however for children it was decided by the GP as to whether children were seen face to face or had a telephone consultation.

Signposting patients to other services.

One out of the three practices would signpost their patients for Walk in Centre (WIC) or Urgent Treatment Centre (UTC). Two of the practices you were able to pre-book appointments. This varied within the two practices, as with one practice you were able to prebook up to eight weeks in advance and the other practice you could book two weeks in advance.

Five of the practice's doors were not open for patients to walk in, they have to press a buzzer first. Three practices doors were open for patients to walk in

Unity West PCN (6 practices)

The practices in the Unity West PCN were contacted on 16 November and the times they were contacted were between 8:48am and 11:48

The average amount of time to get through was 2 minutes, with the shortest waiting time being less than 1 minute and the longest waiting time being 6 minutes.

One practice was closed until further notice to protect their staff (this was on their website). One practice we were unable to contact, we tried nine times between 8.58 and 9.20.

Of the four remaining practices, three had messages left on their system around care navigation and around blood tests etc.

Three of the practices have call waiting available and the positions varied from 1 to 6, the remaining practice was answered after the second ring. None of the calls were cut off whilst waiting. None of the calls had the engaged tone and were all answered on the first attempt.

Face to face / Telephone consultations

Only one of the practices had appointments for adults at the time we called, and they were a mixture of face to face and telephone consultations. They explained that they have six staff answering the phones from 7:30am. Two practices had no appointments available on the day, however appointments were offered face to face and by telephone consultation. The remaining practice split their appointments for morning and afternoon and at the time of calling the practice they had no morning appointments available. They advised patients to ring back after 1:30pm for afternoon appointments and again these would be a mixture of face to face and telephone consultations.

All four practices had appointments available for children. One practice explained that these were face to face and the remaining three had a mixture of telephone consultations and face to face appointments.

Signposting patients to other services.

Two practices offered signposting to other services such as the walk in centre or NHS 111. One practice explained that if patients needed to be seen they could go to the Walk in Centre. One practice explained that they have NHS111 appointments. They are also open until 8pm every night and weekends from 8am to 2pm for other practices to make appointments at their surgery

All practices were able to pre-book appointments, and this varied from 1 week to 4 weeks in advance.

One of the practice's doors were not open for patients to walk in, they have to press a buzzer first. Four practices doors were open for patients to walk in

Unity East (9 practices)

The practices in Unity East PCN were contacted on 24 November, 25 November and 26 November and the times they were contacted were between 8:15am and 11:31am

The average amount of time to get through was 2 minutes, with the shortest waiting time being less than 1 minute and the longest waiting time being 8 minutes. One practice and their branch were contacted at 8:15am and we were informed that patients cannot make appointments until 8:30am, however on checking on one of the practices websites the information said that the practice was open from 8am.

The seven practices we contacted four of the practices had messages on around care navigation and additional messages around blood tests etc, however two of these practices had long messages around covid. Three of the practices had no messages around care navigation or blood tests.

Five of the practices have call waiting available and the positions varied from 1 to 6, and the two remaining practices was answered after the second ring. None of the calls were cut off whilst waiting. None of the calls had the engaged tone and were all answered on the first attempt.

Face to face / Telephone consultations

Three practices had appointments available on the day, the remaining four had no appointments. However, for one practice patients can call in the afternoon after 2pm.
Two practices explained where there were no appointments however, they were able to book an appointment at an alternative practice.

One practice refused to answer any more questions from us.

Three of the practices the appointments were telephone consultations only.
One practice was face to face appointments and one practice was mixed.
One practice the GP would make the appointments themself.

Six of the practices had appointments for children. One practice explained the staff put the patient through to the GP, if they were not on a call or with a patient. Two practices it was telephone appointments only.
One practice had a mixture of face to face and telephone consultations, one practice explained that the GP makes the decision around face to face or phone consultation. One practice was face to face, they had been carrying out face to face appointments for some time.

Signposting patients to other services.

One practice asked the patients to call back in the afternoon if they were unable to offer a morning appointment.
Three practices did not offer alternative services to their patients.

Two practices signpost their patients to NHS111, Walk in Centre or Emergency Department, and they also have the facility to book appointments at an alternative surgery.

Four practices patients were able to pre-book appointments, and it varied across each practice, one practice was 1 week ahead, one practice was 1 to 3 weeks ahead and 1 practice was every week for Monday, Wednesday and Friday.

One of the practice's doors were not open for patients to walk in, they have to press a buzzer first. Eight practices doors were open for patients to walk in

Conclusion

There were some good practices within in some of the PCN's and Healthwatch understand that each practice are individual businesses, however they would recommend that this is shared across the practices within the PCN for consistency and continuity for the patients.

The messages that were left on the telephone systems were informative, however some were very long and there was no evidence of different options for patients with language barriers or D/deaf to access these messages.

More communication needs to be shared with patients around the different times they can contact the practice for urgent and non-urgent appointments available.

Some PCN's were good at signposting to other services, however the choice of where they were signposting needs to expand to other services such as pharmacists, as this was not evident from the conversations that Healthwatch had with the staff within the practices.

Tracy Cresswell
Healthwatch Manager

Appendix 1

GP Practice:	PCN	Date Contacted	Time	Name of person spoken with

Observations to be made	
Was there a message left on the answering machine before you got through to the practice explaining that patients will be asked why they need the appointment?	Yes / No (comments)
Was there a message around times to call the practice for different reasons, for example results of blood tests etc	
How long did it take to answer the call?	Record time
Was call waiting available?	Yes / No (comments)
If YES, did it tell you what number you were in the call ?	Yes / No (record number)
Where you cut off whilst waiting?	Yes / No (record number cut off and how long you had been waiting)
Did you just get engaged tone?	Yes / No (Comments)
How many calls did it take before you were answered?	Please list
Were there any appointments for adults on the same day?	YES/NO
Were these appointments **Face to face** **Video** **Telephone** **Home visits**	

Were there any appointments for children on the same day?	
Were these appointments **Face to face** **Video** **Telephone** **Home visits**	
If there are no appointments available what services are offered/ advised to you to do/go	Comments
Could you make a pre-booked appointment? YES/NO	Yes / No
If so, how far in advance do you have to wait for the appointment?	

Appendix 2

Unity East PCN
Ashmore Park Health Centre
Bilston Family Centre
IH Medical
Mayfield Medical Centre – Willenhall Road
Mayfield Medical Centre – Bushbury
Poplars Medical Centre
Primrose Lane Practice
Probert Road
Griffiths Drive

Unity West PCN
Castlecroft
Penn Surgery
Pennfields Health Centre
Tettenhall Medical Practice – Lower Green
Tettenhall Medical Practice – Wood Road
Tettenhall Road Medical Centre

RWT PCN
West Park Surgery
Lead Road Surgery
Alfred Squire Surgery
Coalway Road Surgery
Oxley Surgery
Penn Manor
Thornley Street
Warstones Health Centre

Total Health PCN
Tudor Medical Practice
Fordhouses Medical Centre
Duncan Street Surgery
East Park Medical Centre
Newbridge Surgery
Dr Vij – Whitmore Reans
Dr Vij – Ednam Road
Dr Vij – Pendeford
Wellingtong Road Surgery
Leicester Street Medical Centre
Owen Road
Pendeford Health Centre

Wolverhampton South East PCN
All Saints
Bilston Health Centre
Bilston Urban Village
Bradley Medical Centre
Caerleon Surgery
Church Street Surgery
Ettingshall Medical Practice
Grove Medical Practice
Hill Street Surgery
Parkfield Medical Centre
Woodcross Health Centre

Wolverhampton Nortyh PCN
Ashfield Road
Cannock Road
Keats Grove
MGS Medical – Bradley
MGS Medical – First Avenue
MGS Medical – Ruskin road
Prestbury Medical practice – Prestwood road
Prestbury medical practice – Bushbury
Showell Park Health Centre
Woden Road Surgery

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