Healthier place
Healthier people
Healthier futures

NHS
Black Country and
West Birmingham
Clinical Commissioning Group

Wolverhampton Heath Scrutiny Panel

Access to GP Services

30th June 2022

1. Introduction

1.1 The CCG attended a special meeting of the Health Scrutiny Panel in December 2021, which was held to discuss access to GP services. This report has been prepared to provide an update on the issues raised by the Panel and the wider work that has continued to move forward.

2. Background

2.1 When information was presented in December, Covid levels were still high. Covid vaccinations continued to be delivered by primary care and practices were working under guidance aimed to reduce the spread of the Covid virus and protect both patients and staff.

2.2 Since this period, progress has been made in the restoration and recovery of GP services, with all local and national targets that had been suspended temporarily now back in place. All national and locally commissioned schemes have been fully re-established for 22/23, including the provision of extended access.

2.3 Through the Winter Access fund, an additional 12,000 appointments were made available to patients in Wolverhampton over the period January – March 2022. These have been a mix of urgent and routine appointments, to help with levels of demand but also to tackle waiting times for routine interventions (e.g., smear tests). Additional appointments were also in place across both the Easter and Jubilee extended weekends (148 and 886 consecutively).

2.4 Practices are now working to ensure that their patients receive the proactive care they are used to in supporting management of their conditions and can access services when they need to, which includes being able to walk into the surgery and access face to face care, where clinically appropriate. Additionally, we can build on and embed the core digital offer which now forms part of each practice's contractual requirements.

2.5 We recognise that in certain areas there will be a backlog of patients who have missed their anniversary dates for particular services, such as cervical screening and childhood vaccinations. We are working with practices to understand this and ensure there are plans in place to catch up on this work and over the next 12 months we will be closely monitoring local and national data to provide assurance of a return to a usual cycle of care delivery for all patients.

2.6 Practices continue to follow the Infection Prevention Control guidance, with the publication of the Living with COVID-19 paper since the last HOSC discussion. This includes the requirement for staff, patients and visitors to wear a mask/face covering in healthcare settings. Communications toolkits are available for practices to enable messaging to patients in a cohesive manner.

3. General Practice Activity

3.1 The most up-to-date national data on general practice activity is from April 2022.

- NHSE restoration and recovery monitoring uses appointment numbers from April 2019 compared to April 2022 as an indicator of recovery status. This data indicates that 57% of Wolverhampton practices are providing more appointments when compared to April 2019

- The Wolverhampton average split between face to face and telephone is 66% to 33%, in comparison to the national figure of 62% face to face and 38% telephone. All patients are able to request a face-to-face appointment, and telephone triages are converted into face to face where clinically required.

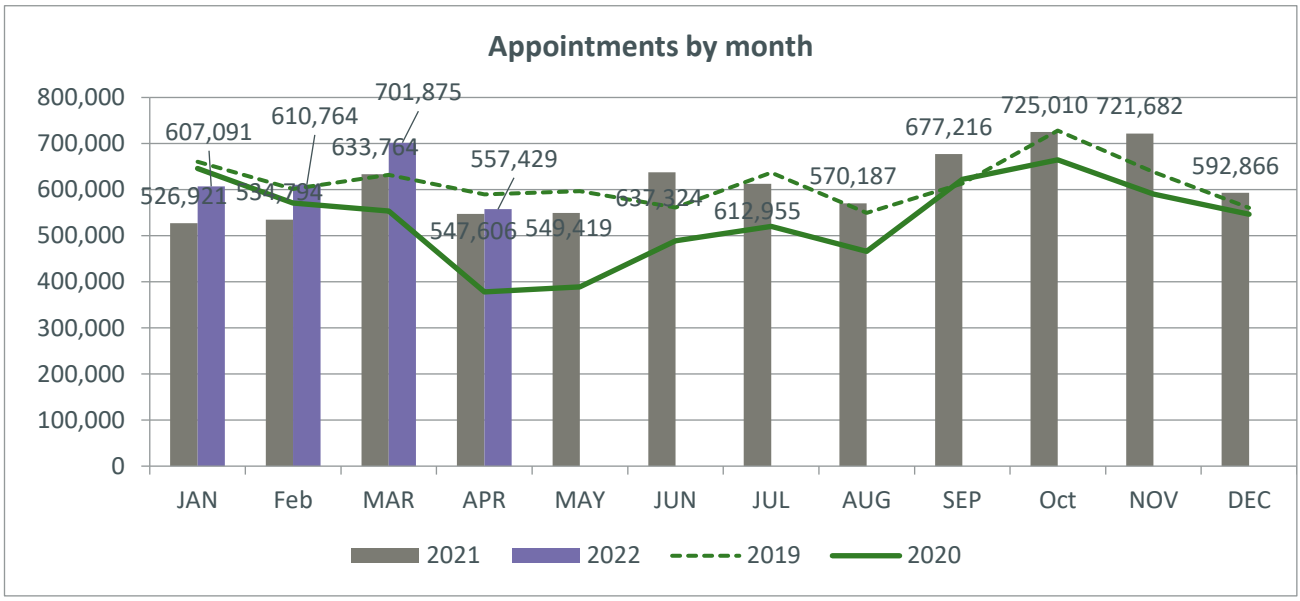
- 58% of appointments were with GPs. 25% were with Practice Nurses, and 18% were Other Direct Patient Care

- 47% of appointments are 10 minutes in duration, with 33% lasting 11-20 minutes.

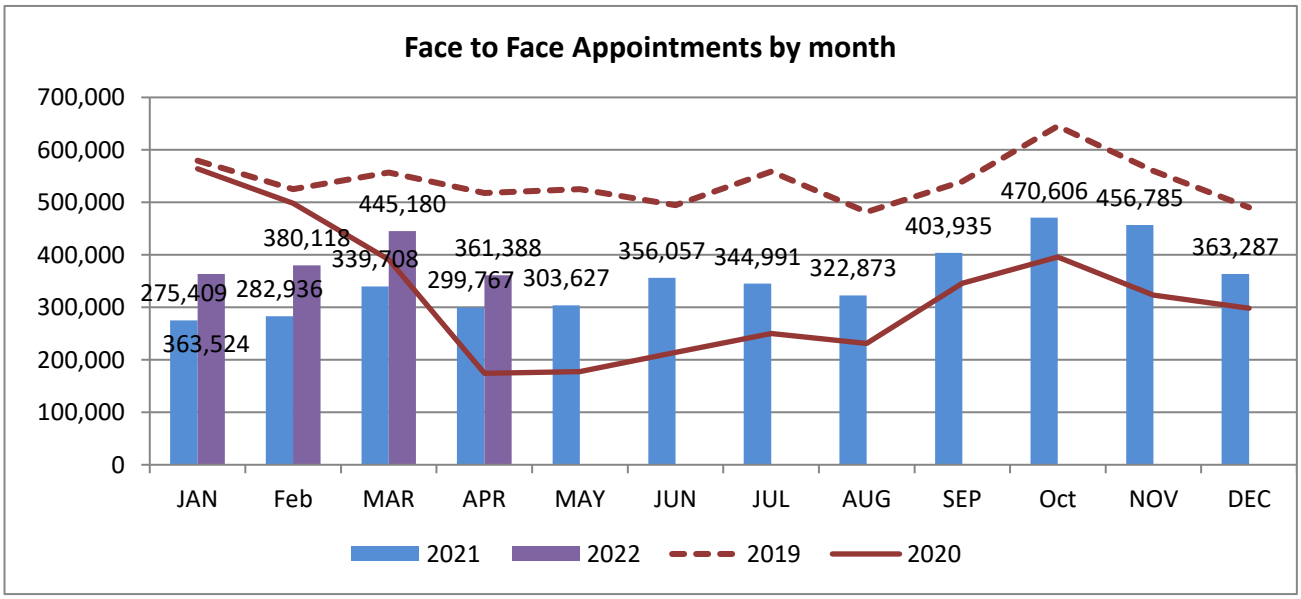
4. Appointments over Time

4.1 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.

4.2 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.



4.3 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.



5. Community Pharmacy Consultation Service

5.1 Referrals into the CPCS are increasing. For April, the BCWB area was the highest referrer in the Midlands region.

5.2 The Wolverhampton Prescribing Support Team are continuing to work with practices to increase uptake of CPCS. All practices have been contacted and have either received front line staff training or have it scheduled in. 27 out of 38 practices have completed this training to date and have been connected to local community pharmacies with referral routes in place.

5.3 Each PCN has practices referring to the CPCS and are noted as achieving national targets surrounding this.

5.4 As well as providing training to practices, the Prescribing Support Team are alsosupporting practices to identify 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, as part of the drive for efficiency.

6. Digital Access

6.1 The CCG Place and Digital teams are working in collaboration with the City of Wolverhampton Digital Wolves team. Utilizing the well-established trusted partner network from 100% wolves online, the CCG team will enable additional resources and devices to be channeled to these groups, so that patients get support to access services online.

6.2 This will incorporate a new digital champion initiative funded by the CCG, linking the trusted partners to community-based volunteers to support digital skills in the community. This will link to the voluntary sector, NHS and local libraries volunteer schemes, and the Digital skills training provided by the adult education service.

7. Patient Involvement

7.1 Practices are being supported to re-establish Patient Participation Groups (PPGs) where these were suspended, or their operation was changed over the last two years. It is for the practice (together with the members of the PPG) to decide on how to make sure meetings are appropriate and accessible, and we are contacting all practices to understand the current situation with regard to the operation of PPGs, including training and support needs, and make sure that they are fully supported in reinstating PPG groups.

7.2 The Engagement team has completed PPG chairs training sessions, with a number of Wolverhampton chairs attending.

7.3 We have also been able to offer training for practice managers on developing PPGs. Run in four bite size sessions, the course gives practices some tools and techniques to help to maximise the value of the PPG and gives support to practice managers. The aim of the programme is to confirm the remit of their PPG to ensure they are contributing positively to the work of the practice.

8. Health Scrutiny Panel Resolutions

8.1 Resolution 1a. To develop a consistent approach to messages left on answerphones, taking into account language barriers and accessibility.

8.1.1 Telephone messages are part of a wider consistency approach that is being taken as a system to primary care access, noting that it is for each practice to decide what message it wants to use for its own patients. Toolkits have been circulated as a support aid for practices that include national and local messages, and this is being increased to include changes in service e.g., patient access routes over bank holidays. However, it will be the practice's decision to utilize these resources.

8.1.2 As part of the mapping of the digital offer in primary care, patient contact points are being reviewed, including consistency of websites and telephony systems. An organization has been appointed to review websites as part of the wider review.

8.1.3 We are in communication with Healthwatch regarding the telephone review they have concluded on behalf of the Panel. Their findings will also be used to support this work. Discussions have been held with PCN Clinical Directors as to the utilization of the data following the review, and how to support practices identified through this process. This work will continue over coming months, in collaboration with Healthwatch.

8.2 **Resolution 1b - To develop and enhance staff signposting knowledge and triage skills, including the introduction of a training programme to standardise provision.**

8.2.1 Primary Care access to mandatory training has been supported by the training hub. Clarity Teamsnet, which is an online portal to support knowledge and compliance and workforce management has been procured for all practices. This includes mandatory and additional training, appraisal, and revalidation of both clinical and non-clinical staff.

8.2.2 The training hub has a training calendar in place for all levels of staff that practices are able to access. This includes reception admin and clerical training, including support for practice managers. Previous sessions have included effective communication, managing conflict, care navigation and active signposting. Feedback is sought from practice staff as to what is beneficial, and the training hub are reviewing the needs of the current workforce, including a new starter programme, to inform the commissioning of the future training offer.

8.3 **Resolution 1c. To share with patients more information about the different times patients can contact the practice for urgent and non-urgent appointments.**

8.3.1 From a CCG perspective, this work is supported in a number of ways. Campaigns have been disseminated to both general practice and the public regarding appropriate use of services (see resolution 1e).

8.3.2 As noted above, practices are provided with resources to update websites and communication channels informing patients around 111 etc. consistency of the use of these tools will form part of the website review as previously discussed.

8.3.3 The digital work-stream supports access out of hours, as self-help advice access to booking, and repeat prescriptions can all be done at a time convenient to the patient online rather than necessarily being restricted to when the practice is open.

8.4 **Resolution 1d. To ensure that the vulnerable (including new-borns and young children) and elderly are prioritised for appointments and that face-to-face consultations for this group are as readily available as appropriate.**

8.4.1 Prioritisation in primary care is based on clinical need of the issue that is presented. Reception staff are trained to differentiate between urgent and routine appointments, and the conditions that are allocated to these slots. All virtual/ telephone appointments that require a physical examination are converted into a face-to-face slot; practices have processes in place to ensure this is the case.

8.5 **Resolution 1e. To communicate more with patients on the purpose of the 111, 999 service and the NHS App.**

8.5.1 During recent months, our focus has been to publicise the NHS 111 online platform as the first port of call for urgent care, in particular encouraging people to contact 111 before attending A&E or calling 999 if it is not a medical emergency or if they are unsure of where to go. National campaign materials have been circulated to partners to promote, alongside social media schedules and videos from local health care professionals promoting NHS 111. As seasonal urgent and emergency care pressures continue, we have continued to share public messaging promoting NHS 111 online, particularly during recent Bank Holiday periods. During March and April, households within a three-mile radius of an ED Department received a leaflet advertising NHS111 and information on the benefits of using a local pharmacist for minor ailments/queries.

8.5.2 NHS Digital funded local work with digital transformation specialists to complete research to understand how the NHS App might benefit key cohorts of patients who currently use NHS urgent and emergency care services more than most, for example parents of 0-5 year old and young people. This research has provided us with useful insights into the barriers, benefits, motivations and opportunities to influence NHS App usage locally. Using the insights, a campaign approach and communications toolkit were developed and have been delivered during April and May 2022 across Wolverhampton and the areas of the Black Country. The campaign messaging has been derived based on feedback from local people and the campaign has included social media advertising on Spotify, Facebook / Instagram and Snapchat. Alongside this campaign will be an additional resource that has been developed to help mitigate exclusion and mobilise a network of digital carers. This includes the development of a peer-to-peer support Facebook group, community tips and tricks, tools around NHS App features and a range of curated web links to help people access devices, connectivity and digital skills, in addition to finding out more about key NHS App features and benefits.

8.5.3 At the beginning of the campaign uptake for the NHS App was 17%, the BCWB uptake as of 1 May was 33.76% so there has been improvement, albeit we remain below the national average of 45%.

8.6 Resolution 2- That all PCNs monitor the new telephony system being introduced in the RWT PCN, with a view to potentially introducing a new system, working with partners, in other PCNs should it greatly improve the patient experience.

8.6.1 The new telephony system that has been introduced by the RWT practices is having a positive impact on patients' experiences and operational developments are still occurring.

8.6.2 The new system, and associated dashboard, enables performance to be reviewed within the trust. By using the performance dashboard, it can be identified that the call wait has steadily declined since January and is on average half of what it was (33.8 mins down to 12.8 mins). There has also been a significant reduction in the longest wait experienced which has reduced by two thirds. The number of dropped calls has also decreased, with an indication that the call back facility is easing this.

8.6.3 Practices have received positive feedback on the call back facility, and this has also helped ease the number of inbound calls as the dashboard identified that the same numbers were calling multiple times prior to this facility being installed.

8.6.4 Practices are grouped so that the calls are pooled, enabling patients at the busier practices to get through more efficiently. The practices are also currently recruiting call handlers, to increase capacity within the reception teams. This will enable appointment bookings to be diverted to a call group and reception queries dealt with separately.

8.6.5 The CCG is supporting those practices that do not have this level of functionality to access improved telephony systems where required (see section 8.8 for further details).

8.7 **Resolution 3- The CCG explore the possibility of introducing a specific role in each PCN to monitor access and quality across the surgeries and make recommendations where required.**

8.7.1 Each of the PCNs in Wolverhampton appreciate the need for business development and operational management. Each network has committed to this by employing managers to aid the transformation and day to day coordination of services delivered by the PCN.

8.7.2 These staff provide a central point of contact and work plans include identification of areas of issue and raising with the board of the PCN, including access.

8.8 **Resolution 4- That the CCG complete a facilities and technology audit of GP practices in Wolverhampton and facilitate improvements where necessary.**

8.8.1 We have assessed the telephony functionality of each practice's system against a maturity matrix, to review the system capability in each practice. The functionality we believe is a minimum requirement includes the following criteria-

- Call queuing
- Call backs
- Reporting Dash boards
- Patient record integration

8.8.2 To complement this, we have completed a procurement exercise to enable a preferred provider to be offered to practices. The offer is out to practices that we will support the capital costs of transferring to the new provider, redcentric, while practices will be responsible for the ongoing revenue costs.

8.8.3 there are a number of practices that have expressed an interest, and discussions are ongoing.

8.8.5 There is also a refresh occurring of Check in screens, enabling patients to check in via mobile phone check in, and pre appointment question prompts to reduce the time needed at reception or when arriving for your appointment.

8.9 **Resolution 5- With the increased use of digital services, the Panel seeks reassurances from the CCG on the safety of data such as images, audio and video files.**

8.9.1 As part of the procurement of digital technologies, providers must adhere to a number of principles in order to access the portal. Data protection policies and adherence to Caldicott principles are one of the conditions, if a provider does not meet the requirements, then procurement will not be accepted.

8.9.2 In order to gain agreement from relevant CCG committees, an extensive Data Protection Impact Assessment is also required.

8.9.3 There are also requirements for the standards of which personal records and information are protected through online security. Privacy policies can be found on each of the practice websites, and through the provider of video and e consult (Privacy notice | Patient Access Support Portal

9. Conclusion

9.1 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 as we move towards full restoration of services.