

# Salford CCG Recommendations and Next Steps – Healthwatch Salford Access to General Practice Report

#### Primary Care Quality Group – June 2019

NHS 'Salford Clinical Commissioning Group' (CCG) has provided a narrative against each of the recommendations. This has allowed the CCG's Primary Care Quality Group an understanding of the support being provided to practices, as well as the contractual levers available with the Salford Standard, to address areas of concern and performance.

#### Patient information

Initial communication

Between the patient and the surgery at first point of call – using the examples shown in this report, explanation is given to patients when they first contact the surgery so that they understand the reasons why they may be asked some personal information by the reception team.

Due to the changes in the criteria for measuring patient experience for the Salford Standard in 2019/20, the CCG have tasked practices to share their 'Patient Experience Improvement Plans'. The Quality Assurance Team is expecting practices to demonstrate how patient feedback is being acted upon. This will be demonstrated in practice's improvement plans as well as discussions within their face to face or virtual PPG meetings.

#### Salford Wide Extended Access Pilot

More awareness raising is needed for staff and patients around the Salford Wide Extended Access Pilot (SWEAP), to enable patients to access appointments outside of core hours enabling them to better balance their home and work commitments.

The CCG are aware that practices have been provided with posters to advertise the SWEAP. Practices are reminded to make patients aware of the service should patients telephone and express that they will have difficulty attending an appointment within core hours or if all in-hours appointments have been taken. SPCT share utilisation data with individual practices on the number of patients accessing SWEAP. Moreover, the CCG provide monthly data to 'Greater Manchester Health and Social Care Partnership' (GMHSCP) on SWEAP utilisation. Also, the CCG presents the utilisation data from SPCT, alongside the strategic intentions of the CCG in quarterly reports to the 'Primary Care Commissioning Committee' (PCCC).

#### Improvement trials

#### Telephone triage and appointments

Surgeries to consider the possibility of a trial project for a telephone triage system to enable more face to face appointments being freed up when simple concerns can often be dealt with over the phone by the GP.

The digital agenda is seen as a priority for NHS England, as it forms part of the 5 Year Forward View as well as featuring prominently in the NHS Long Term Plan. Practices are



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expected to have 25% of appointments bookable online. This is expected as part of the national contract for general practice. Practices are ultimately responsible for their own telephony systems. Support, advice and guidance are available from the CCG. In respect of e-consultations, practices such as Clarendon Surgery and The Sides Medical Practice are currently 'live' with 'Egton on-line triage'. Pendleton Medical Centre is now operating the I-Plato pre-GP Service, along with Springfield Medical Centre. In both practices it has proved successful, in being able to direct patients to alternative services. This has in turn saved face to face appointments at the practices.

# • Staggered release of appointments

Surgeries to consider the possibility of a trial project for releasing appointments at staggered times throughout the day.

Whilst the CCG are aware that some practices already release appointments at different times of the day, it should be noted that individual practices do ultimately hold the flexibility to determine how they operate their appointment systems.

The 2019/20 Salford Standard Access domain aims to both improve access to primary care medical services and to improve the patient experience of accessing primary care medical services and, as a result, specific KPIs measure both the quantity of appointments provided and encourages practices to ensure that patients wait, on average, no longer than 50 hours for a consultation with a GP.

In addition to the specific KPIs, practices are required to answer positively to a number of questions relating to access to be eligible to hold the Salford Standard contract. The questions cover:

- opening times for both the building and the telephone lines
- the range of appointment types available
- availability of male and female clinicians
- availability of online booking
- assurances around access to interpretation services and the length of appointments when interpreters are required

A new question for 2019/20 is as follows:

<u>Does your practice agree not to ask patients to phone back tomorrow/next week due to a</u> <u>lack of available appointments?</u>

This aims to ensure that patients are provided with a consultation appointment, or signposting to a more appropriate place for their condition, at the first contact with the practice.

# Staff training

# Customer service training for frontline staff

Improve on training that will support front line staff with customer service skills, enabling them to utilise tools for dealing with often difficult and challenging situations whilst delivering first class service to patients.

As explained in the report, the CCG have commissioned SPCT to deliver a programme of work on signposting and care navigation. The CCG has invested this money to support



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issues already identified in general practice, as a concern of patients, as well as the operational impacts which this has made in the running of practices. Ultimately the training is aimed to deliver frontline staff with the skills required to signpost patients accordingly to the most applicable health, social care or third sector service, as well as booking the most clinically appropriate appointment available within the practice.

# Patient confidentiality

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Surgeries to improve on patient confidentiality, ensuring conversations at the main desk cannot be overheard by other patients with the option of using a private room being made readily available for those patients who wish to discuss matters in private.

As detailed within the Healthwatch Salford Report, the SEG are aware of the estates challenges facing general practice reception and waiting areas. As detailed within the report, the CCG has identified 16 practices which have issues related to privacy in reception/waiting areas. 4 of the 16 practices are likely to either relocate to a new build hub or benefit from investment to rectify the problem within the next 12 to 18 months. Of the remaining 12 practices, many currently have very limited opportunities to free space within their existing premises to create private interview space connected to reception / waiting areas. Those practices which can identify space which may need upgrading work can rely on CCG support to access the appropriate sources of NHS funding to undertake this work and will be encouraged to do this. For those practices which cannot currently identify space to create an interview room, a separate project is currently being developed to utilise off-site storage solutions, thereby freeing up space in practices currently used for storing patient records. In addition, beyond the next 18 months, further planned hub developments will have reached delivery stage providing further opportunities for practices to relocate to modern fit for purpose accommodation.

# Accessibility

# • Length of appointments for BSL users

Salford CCG and NHS England to investigate possible operational issues where patients who require longer appointments to accommodate BSL or other interpretation services, feel their needs are not being met.

The CCG are currently undergoing a review of the Primary Care Interpretation and Translation services. A paper was presented to the 'Primary Care Commissioning Committee' (PCCC) on 26<sup>th</sup> March 2019. The PCCC supported the recommendation to take forward an engagement exercise to enhance feedback from clinicians, service users and interpreters and support ongoing service improvement. This will be done via:

- Online survey's,
- Patient feedback forms,
- Annual online survey for Primary Care providers
- Focus group sessions with service users and interpreters to further understand the barriers and needs
- A specific campaign to work with the deaf community to understand their experience and what additional work can be undertaken to improve their experience.

The engagement process is currently in its early stages, with the CCG's Engagement Team involved, to support with the above recommendations. The aim is to hold the first focus group sessions in September.



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Conversations are also ongoing to promote the usage of telephone interpretation and econsultations, the proposal is to work with high usage practices to deliver a pilot and review the feedback. It is felt that by increasing the use of technology for the interpretation services, in turn will improve access for patients especially for emergency appointments.

The CCG's Service Improvement Team is currently liaising with the interpretation service providers to obtain data covering the previous 6 months, to identify the timescales for patients requesting an appointment, to one actually being provided.

# • Surgeries use of the Health Focus Group 'Engagement Packs'

Surgeries to improving on the experience of those patients with learning or communication difficulties by training all staff in the use of the 'Engagement Packs' that were provided by the Health Focus Group.

Following internal discussions within the CCG, it is apparent that the 'Engagement Packs' are roughly 4 years old. The packs were originally printed and distributed by the CCG to all of Salford's member practices, on behalf of the Health Focus Group. However, due to the length of time since the Health Focus Group's programme, the CCG intends to follow this up directly with each practice. The CCG are planning to contact each practice, to establish: Which practices still have a copy of the Engagement Pack? Which practices still use the Engagement Pack?

Moreover, the CCG is continuing internal discussions to establish how the engagement with vulnerable groups can be incorporated into future iterations of the Salford Standard.