

Appointment systems at GP practices - are they working? Formal response to HWS's report and recommendations

This document details the formal response provided by NHS Southwark Clinical Commissioning Group (CCG), and the North and South GP Federations, to Healthwatch's report - *Appointment systems at GP practices - are they working?* To read the full report or summary report, please visit our [website](#).

	HWS recommendation	NHS Southwark CCG response	GP Federations response
	Contacting the practice		
1	<p>Practices, with the support of Patient Participation Groups (PPGs), should review their telephone systems to identify if any improvements could be made. This should include:</p> <ul style="list-style-type: none"> – Seeking views of receptionists to see if they have the right number of phone lines / enough staff at busy periods to answer phones. – Whether patients hear a message informing them they are in a queue. – Whether a phone option or answerphone should be dedicated to cancellations. 	<p>The CCG supports this recommendation and would expect practices to engage with PPG's to identify if improvements can be made to individual telephone systems.</p>	
2	<p>Practices, with the support of PPGs, should explore ways of promoting online booking other than use of flyers and posters - e.g. 1:1 conversation in the waiting area.</p>	<p>Patient Online materials are provided by NHS England. The CCG worked with Age UK to train volunteers to become digital champions to work in practices and support patients with online services and provided IT equipment to practices to support this work.</p>	<p>Federations are supporting non clinical staff to develop connecting and communication skills through navigation and signposting training and development.</p>

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		<p>Practices are encouraged to also have information regarding the online booking of appointments on their practice website.</p>	
3	<p>NHS Southwark CCG and GP Federations should review the online booking system, to explore:</p> <ul style="list-style-type: none"> – The interface between patients booking online and the triage system (i.e. do people booking online bypass triage?) – Whether the appointments patients see available online are the same as those available via reception. – What types of appointments can be cancelled online (e.g. those booked online only, or regardless of where the appointment was made?) <p>The above should then be shared with practice staff and patients.</p>	<p>The CCG would expect practices to ensure that online appointments support practices individual appointment systems. We also expect practices to review the interface between patients booking online and the triage system for on the day appointments.</p> <p>The CCG expects that all appointments available to be booked online can also be booked over the phone, or via reception directly at the same time i.e. certain appointments are not offered by each different mode.</p> <p>The functionality of the patient online function is determined by the national system providers. Currently only appointments booked online through the patient online system can be cancelled via the patient online service. The CCG would encourage practices to make it easy for patients to cancel appointments</p>	<p>Federations are working with practices to support the increased the take up of online booking. This includes increasing patient awareness and reviewing booking systems - this is contributing to improvement. This support will continue in 2018/19 to help practices continue to improve patient access channels through peer review and sharing learning.</p>

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		<p>to reduce DNA appointments. Examples of practice's doing this is via text messaging or a separate telephone line.</p> <p>The CCG will have an on-going dialogue with practices through the Practice Manager Forum.</p>	
4	<p>Practices, with the support of PPGs, should consider when same-day appointments should be made available (e.g. those that only release appointments in the morning could consider also releasing some in the afternoon - to not disadvantage people that aren't able to call early in the morning).</p>	<p>The CCG encourages practices to review appointment systems with their patient participation groups. The CCG does not have any contractual levers to dictate patient appointment systems. However, we are aware of the difficulties patients report and will continue to work to facilitate improvements according to the need of patients.</p>	
5	<p>NHS Southwark CCG and GP Federations should review the text reminder system and its impact on appointments where patients did not attend (DNAs), in order to determine whether it should be rolled out to all practices.</p>	<p>All practices have access to a text reminder service. This is funded by the CCG. Individual practices utilise this differently for their patient population. Practices are encouraged to review the impact of text messaging on their DNA appointments. As above the CCG has no specific contractual power, but we</p>	<p>Federations are supporting practices to review their appointment systems and reduce DNAs that are one of the '10 high impact areas' identified in the GP Forward View</p>

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		continue to work with practices and federations to improve this.	
Understanding of appointment systems			
6	Practices , with the support of Patient Participation Groups (PPGs), should provide clear descriptions of the booking system, both in the waiting area and on the website.	The CCG supports this recommendation and will communicate this through the Practice Managers Forum, as other engagement forums with practices.	
7	Practices should involve their patients when considering making changes to their appointment systems, and if changes are made to systems, they should inform patients proactively about this.	The CCG support this recommendation and encourages practices to engage with their patient participation groups when making significant changes to appointment systems. We will review how we might have more impact in this area.	
Booking appointments in advance ('routine')			
8	Practices, with support from NHS Southwark CCG and GP Federations , should consider: <ul style="list-style-type: none"> – If they are operating with an ideal ratio of same-day versus booked-ahead appointments. This is to avoid patients being forced to request same-day appointments, due to lack of advance availability. – Whether their system for booked-ahead appointments is fit-for-purpose, ensuring 	Practices have individual appointment systems and operate different ratios of on the day appointments to routine appointments to need the needs of their population during different periods of the year. To support practices model their appointment systems such that they meet the needs of their population the CCG has commissioned a digital access tool to	Federations are supporting the development of the digital access tool and continue to support peer review. For example, cluster/neighbourhood meetings have focused on sharing access and also the availability of the Extended Primary Care Service which provides same day appointments.

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	<p>that there is a rationale for the system in operation (this is particularly important for practices who do not allow patients to book far ahead).</p> <ul style="list-style-type: none"> How to mitigate the impact of using locum GPs on patients' ability to book ahead. 	<p>among other things provide data to practices to support practices consider and respond to patient patterns of need and make informed decisions to improve access to appointments.</p> <p>The CCG has engaged with Healthwatch and patients as well as practices to develop this tool.</p>	
Booking same-day appointments ('urgent')			
See 'contacting the practice' and 'clinical triage' sections.			
Clinical triage			
9	<p>Practices should ensure they are carefully reviewing their triage system on an ongoing basis, from both a staff and patient perspective. This should include:</p> <ul style="list-style-type: none"> Paying particular attention to vulnerable/complex needs patients, and instances where they were not able to see a clinician face-to-face (or had to wait). Imitating good practice in some surgeries whereby certain vulnerable people are not triaged. 	<p>The supports the recommendation that practice's review their triage systems on an on-going basis and the federations worked with practices in this area. The CCG encourages the sharing of good practice across practices to support improvements in access to appointments for patients. The Practice Managers Forum is used for sharing good practice.</p> <p>It is envisaged that the access tool commissioned by the CCG to support practices make improvement to access which can be reviewed on a regular basis.</p>	

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10	<p>NHS Southwark CCG and GP Federations should explore the different triage systems in operation to determine:</p> <ul style="list-style-type: none"> – How practices can share learning about their triage systems. – What systems work well and why. <p>Whether practices should adopt any good practice identified.</p>	<p>The CCG encourages the sharing of good practice across practices to support improvements in access to appointments for patients using the Practice Managers Forum.</p> <p>It is envisaged that the access tool commissioned by the CCG to support practices make improvement to access which can be reviewed on a regular basis</p> <p>GP federations have also been facilitating the sharing of good practice across practices.</p>	<p>Federations have supported the review of triage systems and will continue to facilitate the sharing of good practice at cluster, neighbourhood and member practice meetings.</p>
11	<p>Practices and GP Federations should consider how triage call-back systems could be improved from both a staff and patient perspective. This should look at:</p> <ul style="list-style-type: none"> – The time demand on practice staff. – The convenience to patients e.g. if no call-back 'slot' is specified. 	<p>The CCG supports this recommendation. GP federations and practices have been continuously improving this as part of the delivery of the extended primary care service.</p>	<p>The federations have carried out reviews of demand and call back (including timeliness and effectiveness) to improve access to EPCS. These reviews are shared with practices during practice meetings and good practice shared at cluster/neighbourhood meetings. Reviews will continue during 2018</p>
Extended Primary Care Service (EPCS)			

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12	NHS Southwark CCG and GP Federations should monitor and evaluate the impact of the upcoming EPCS communications campaign (we support Deloitte's recommendation (14) to - <i>'Explore a way of developing a stronger awareness of EPCS'</i>).	The CCG will complete this following the campaign.	Federations will support the CCG evaluation
13	NHS Southwark CCG and GP Federations should provide an update on their plans to look at quantifying practice/patient preference for flexible use of north and south EPCS (as stated in the CCG's response to Deloitte's recommendation (4) to - <i>'Explore the possibility of allowing Federations to refer to either hub.'</i>)	This will be reviewed as part of the work stream being undertaken by the GP federations and CCG in response to progressing the recommendations made in the EPCS evaluation report. However patient data sharing agreements currently do not enable this flexibility.	The Federations responses are aligned with the CCG comments
14	NHS Southwark CCG and GP Federations should investigate how the referral route to EPCS could be further streamlined, particularly in light of our recommendations around triage generally (in relation to Deloitte's two recommendations relating to telephone management (2, 3) - <i>'Explore if the pooled telephone management system should be started again'</i> and <i>'Share best practice and promote cooperation across practices on telephone management'</i>).	This will be reviewed as part of the work stream being undertaken by the GP federations and CCG in response to progressing the recommendations made in the EPCS evaluation report. IHL, the GP federation in south Southwark, tested centralised telephone triage for a number of practices however it was established that triage is more appropriate if done by a GP who knows the patient i.e. a clinician at the patient's	Federations will continue to seek improvement. EPCS service improvement plans are reviewed monthly. The centralised telephone management tests did not improve efficiency or effectiveness and models of best practice will be reviewed and shared

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		practice. The CCG and federations reviewed other areas and practices that have tested this and their outcome to see if we can learn from this locally.	
15	<p>NHS Southwark CCG and GP Federations need to review staff training around EPCS, and explore further options, so the following can be avoided:</p> <ul style="list-style-type: none"> – Inconsistent explanations about the service offer. – Patients being referred to out of borough services e.g. walk-in centres. – Patients feeling that they have no choice (e.g. because their own practice doesn't offer same-day appointments). – Not giving patients important information about the EPCS e.g. that staff can access their patient records. – Inappropriate referrals being made, such as vulnerable people who would benefit from seeing their named doctor. 	<p>At the start of the service significant training was completed to ensure practices and receptionists gave consistent messages regarding the service. Our GP federations are progressing this as providers of the service. This work needs to continue on an on-going basis and we will work with the GP federations to ensure this happens.</p> <p>Clinicians and operational managers at the extended primary care services discuss inappropriate referrals with individual practices so learning is shared.</p>	<p>Federations will progress as part of the workforce development. Specific programmes being implemented in 2017 and 2018 are focussed on practice front line staff and support connecting and communication skills</p> <p>Federations audit referrals and share learning with practices individually and collectively to help ensure continuous improvement.</p>
Receptionists asking about a patient's condition			
16	<p>NHS Southwark CCG and GP Federations should ensure receptionists' training includes techniques for how to ask patients about their condition, such as:</p>	<p>Funding has been available through the GP Forward View to up skill and train receptionists to become care navigators. A care navigator will have knowledge of</p>	<p>Federations are implementing navigation and signposting training and development to better equip staff in practices with connecting and communication skills</p>

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	<ul style="list-style-type: none"> Explaining to the patient why receptionists may ask for this information. Ensuring patients understand that they do not have to give this information. 	local support services for patients that may support improved health and social outcomes.	
17	Practices should explore how privacy could be improved at the reception desk. We know there is some good practice across the borough and encourage practices to learn from this.	The CCG supports the recommendation that practice's should look at how patient privacy can be reviewed at reception desks	Federations actively work with the practice manager forum where privacy at reception has been discussed.
The role of the receptionists - redirecting patients			
18	GP Federations should consider providing formal, coherent protocols for practices explaining under what circumstances receptionists might or might not suggest a) routine rather than urgent appointments, and b) services external to their surgery (including pharmacy, A&E, UCC, walk-in centres, 111). It should be clear at which point a clinician's decision is necessary.	The CCG recognises that this recommendation would be helpful to practices, however due to the individual nature of practice's appointment systems each practice should ensure they have coherent protocols for receptionists to follow.	Federations provide EPCS and ensure that clear protocols are in place. Audits are conducted, and the findings discussed with practices to help ensure continuous improvement
19	Practices, with guidance from GP Federations, should provide clear, written guidelines to receptionists about the limits of their responsibilities regarding patient redirection.	It is expected that practices should manage this as employers of receptionists. The primary care navigation training for receptionists will support this work.	Federations facilitate the training and development programmes previously described to enhance patient signposting / redirection and communication skills. This is supported by protocols for EPCS

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20	<p>NHS Southwark CCG and GP Federations should review practices' use of walk-in centres in other boroughs, including:</p> <ul style="list-style-type: none"> – Comparison with their use of the Southwark EPCS and the reasons for this. – The implications of this for costing and future commissioning. – The implications should the Lewisham walk-in centre close. 	<p>The CCG receives data regarding patient use of walk in centres in other boroughs.</p> <p>Individual practice utilisation of the extended primary care service is reviewed at the contract performance meetings. GP federations meet practices with low utilisation to understand barriers of utilising the extended primary care service. The priority is patient access to appropriate appointments which does vary on a practice by practice basis.</p> <p>The extended primary care services are near to operating at 100% capacity or utilisation. It is expected that utilisation may increase should the Lewisham walk-in centre closes for our registered population. The CCG will continue to review this.</p>	<p>Federations closely monitor the utilisation of EPCS by referral source and time of day. This comprehensive management information forms the focus for service development and contract meetings with the CCG</p>
21	<p>NHS Southwark CCG should investigate whether the Pharmacy First system is being operated correctly at all pharmacies.</p>	<p>The CCG is currently reviewing the Pharmacy First Scheme and will ensure this recommendation is included as part of this review.</p>	
<p>Support and training for receptionists</p>			

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22	Practices should ensure that all receptionists are enabled to attend Protected Learning Time (PLT) sessions on a regular basis.	The CCG hosts practice learning time events every month which focuses on clinical training for clinicians. However, at this time the CCG often hosts non-clinical training for practice staff. All practices are encouraged to send attendees.	Federations are working with practices to deliver non clinical / reception training at times and places that suit these staff
23	GP Federations should assist practices to complete a training audit for their reception staff, including key areas such as EPCS.		Federations provide support to practices where needed and facilitate workforce development programmes which all practices can benefit from
Walk-in systems			
No specific recommendations around walk-in systems as this has been covered elsewhere.			
Alternatives to face-to-face appointments			
24	NHS Southwark CCG and GP Federations should involve patient representatives as they explore alternatives to face-to-face appointments (Healthwatch staff have been involved in some workshops). If practices decide that options such as online consultations would relieve pressure on surgeries and provide convenience for some of their demographic, patient choice should be paramount.	The CCG has been working with practices to develop a specification for online consultation development which meets needs of Southwark practices. This work is being completed to nationally set timescales. Healthwatch and patients have been involved in the development of the specification and the CCG will continue to	The federations will support practices to provide alternatives to face to face appointments if requested to do so

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		engage with Healthwatch and patients in this work.	
Use of Advanced Nurse Practitioners (ANPs)			
25	Practices that do not already employ one should consider the benefits of upskilling existing nursing staff or employing an ANP (or other non-GP clinicians).	<p>Practices employ staff based on the needs of their individual populations. The CCG recognises the importance of practices utilising a varied workforce with different skills. To support this the CCG has:</p> <ul style="list-style-type: none"> • Developed a pre-registration nursing degree course with King's and Guy's based on primary and community care to increase exposure to nursing in a primary care community care setting thus supporting more recruitment and retention of nurses into this setting. • Identified senior nurses to work as mentors. • Created GP practice placements for pre-registration nurses. • Supported workforce schemes including primary care pharmacists to support and compliment the work of 	<p>Federations have developed lead nurse roles who work with the CCG to provide more opportunities for nurse training and mentoring.</p> <p>Federations are part of the NHS England Clinical Pharmacists in General Practice program and have recruited 9 pharmacists to work across practices to provide enhanced medicines management services as part of the general practice team</p>

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		GPs e.g. by completing medication reviews.	
26	Practices should consider adopting procedures so that if the ANP cannot treat the condition the patient they can be referred quickly to a GP (perhaps bypassing standard appointment systems) in order to avoid overall longer waits or multiple appointments.	Practices have processes in place to ensure that patients are booked with the correct clinician such as clinical triage or receptionists asking patients for the reason of the appointment. The CCG would expect practice's to follow this recommendation if this situation was to occur.	
27	GP Federations and practices should work together to display consistent information (so there are unified communications across Southwark) in GP waiting areas about ANPs (and other non-GP clinicians), their skills and training, and what they can and cannot treat. Some GP waiting areas do display such information.	The CCG would support this recommendation.	Federations will work with practices and the CCG to help ensure consistency
Challenges and pressures			
28	Practices should provide better and clearer information about patients' different options for accessing primary care, in order to help relieve demand. Leaflets and posters in waiting areas should be	The CCG would support this recommendation. The CCG has provided EPCS communications materials.	

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	systematically rationalised so that people know where to look.		
29	<p>Practices could consider a specific notice board focused on different topics around access, such as:</p> <ul style="list-style-type: none"> – What counts as an ‘urgent’ problem – How to request repeat prescriptions and medical certificates – What pharmacies can offer – Pharmacy First – EPCS – NHS 111 – Different in-house practice staff, including ANPs – Avoiding DNAs 	<p>The CCG would support this recommendation.</p> <p>There are national and local materials which support some of these requests.</p>	
30	<p>GP Federations should continue to provide resources for public education around DNAs. NHS Southwark CCG should consider a wider public education campaign to reinforce this.</p>	<p>The CCG will consider a wider public campaign on DNA appointments. Currently individual practice’s manage these messages to patients.</p>	<p>Federations will continue to support practices to provide resources as recommended</p>
31	<p>NHS Southwark CCG should work closely with Southwark Council around regeneration projects and population change in the borough to ensure adequate GP coverage.</p>	<p>The CCG works closely with Southwark Council around regeneration projects and population change in the borough to ensure adequate GP coverage. The CCG is a member of the Health and Wellbeing</p>	

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		Board. Southwark Council is also invited to attend the CCG's Primary Care Commissioning Committee. The CCG presented to OSC Healthy Communities on this area.	