Appointments at GP practices: Join the Conversation
Tuesday 5 December 2017

Event Report

Who came?

This joint event was publicised through various local networks:

- **NHS Southwark Clinical Commissioning Group** (CCG) disseminated information via its website, its engagement email list, its GP e-bulletin, Twitter, flyers at the South Southwark Patient Participation Group (PPG) and the Southwark PPG Network meeting.
- **Healthwatch Southwark** circulated information via its website and Community Southwark's website, and in e-newsletters that go out to local people who have an interest in health and social care.
- Printed flyers were posted to tenant and resident associations, local libraries, community centres, CAB, pharmacies and GP practices.

113 people had booked to attend this event, and on the day 69 people registered at reception. In attendance were a mix of health and social care professionals, local residents, and representatives from the community and voluntary sector.

Introduction

Stephen Whittle (a local GP patient, chair of Healthwatch Southwark, member of the CCG's Governing Body, and chair of local charity Time and Talents) opened the event, noting that the high attendance demonstrated the importance of the issue of GP access.

Stephen explained the roles of Healthwatch Southwark (HWS) and NHS Southwark Clinical Commissioning Group (CCG):

- HWS promotes the voice and experience of patients to ensure that health and social care services are designed, commissioned, delivered and monitored in the best possible way. It also has a signposting function.
- Southwark CCG is made up of all GP surgeries in the local area, and they are responsible for planning, monitoring and paying for most of the health services in Southwark.

HWS engaged with local residents last winter to find out what they thought its priorities should be. The most frequently mentioned issue was timely access to GPs, with people expressing concern about long waits, difficulty contacting surgeries, a 'lottery' to get an appointment, and lack of alternative service awareness. Based on this feedback, HWS visited all the local GP practice sites between May and August 2017 to talk to patients and staff about their appointment systems.

Stephen took part in some of these visits. He told the audience that he felt patients were well aware of the pressures on general practice, and mostly wanted "more GPs now!". But HWS's project and report, and this event, were about finding what can be done in the meantime to make better use of resources. He also pointed out that if people cannot see their GP, they may go to hospital – and two visits to A&E costs the same as a year's worth of GP visits.[1]

Stephen then introduced the panel:

- Aarti Gandesha, manager of Healthwatch Southwark
- Caroline Gilmartin, Director of Integrated Commissioning at Southwark CCG
- Dr Emily Gibbs, GP at Manor Place Surgery and Clinical Lead for Community Based Care at Southwark CCG
- Tilly Wright, Practice Manager at Villa Street Medical Centre, and Chair of the Southwark Practice Managers' Forum
- Rebecca Dallmeyer, Executive Director of the North Southwark GP federation (Quay Health Solutions), which is made up of 18 GP practices
- Nigel Smith, Managing Director of the South Southwark GP federation (Improving Health and Lives Ltd), which is made up of 20 GP practices.

Healthwatch Southwark's findings

Aarti presented key findings and recommendations from the Healthwatch Southwark report - *Appointment systems at Southwark GP practices - are they working?* - on the following themes:

- Booked ahead appointments ('routine')
- Same-day appointments ('urgent')
- Clinical triage
- Extended Primary Care Service (EPCS)
- Receptionists asking patients about their condition
- The role of receptionists - redirection
- Alternatives to face-to-face appointments

[1] https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/primary-care/

The CCG's perspective

Caroline Gilmartin reiterated that the good attendance reflected the topic's importance. She thanked HWS and those who had participated in the survey – *"it is very unusual to have this amount of qualitative data to work with to improve services."*

The CCG recognise that there are problems and that GP appointment systems do not have a quick fix, but this will be a process of gradually getting better. During this process, dialogue and engagement with service users is critical.

However, Caroline wanted to 'shout out' that there were a lot of good things happening in general practice in Southwark. The vast majority of healthcare nationally is in primary care and access is a national issue. The national GP Forward View set out plans to ensure all CCGs can improve access, but Southwark had been ahead of the game as it had already started the Extended Primary Care Service (EPCS), the 8am – 8pm service. The issue with that service is whether it has yet fully 'bedded in'.

The local context is that most people report good experience with GPs, but this is declining and there is a lot of variation, which is not acceptable or explainable. Rigorous Care Quality Commission (CQC) inspections have taken place of all the Southwark practices. They found that 27 were Good, but we also had a short-notice closure, 4 rated Inadequate and 6 Requires Improvement.

Caroline, together with Emily Gibbs, then gave a joint presentation to talk about what the CCG is doing to support the areas described in the HWS report.

Caroline finished by saying that *"There is a dialogue to be had. Improving things is not just the responsibility of services – but we need to put patients in a position to use services responsibly. You can't do that if we don't talk to you."* She encouraged patients to remain involved and to put their names down for their practice Patient Participation Groups (PPGs).

The CCG will share the HWS report and ensure ongoing changes are influenced by this work. There have not been a huge number of surprises.

The federations' and practices' perspective

Tilly Wright then spoke about her response as Chair of the Practice Managers' Forum and in light of her experience as a manager herself. Rebecca Dallmeyer and Nigel Smith gave their perspectives as heads of the two Southwark GP Federations.

All three of them spoke about the need to ensure that use of the **EPCS** is optimised to expand the capacity of general practice and promote equitable access. This includes ensuring staff and patients know about the service [Tilly] and making it *"truly an extension of your GP practice"* [Rebecca]. Rebecca drew attention to the longer hours of the service to suit people's busy lives. She said it is also being used for more and more things, such as vaccinations and smear tests, plus some services not offered in all GP practices like more complex contraceptive advice.

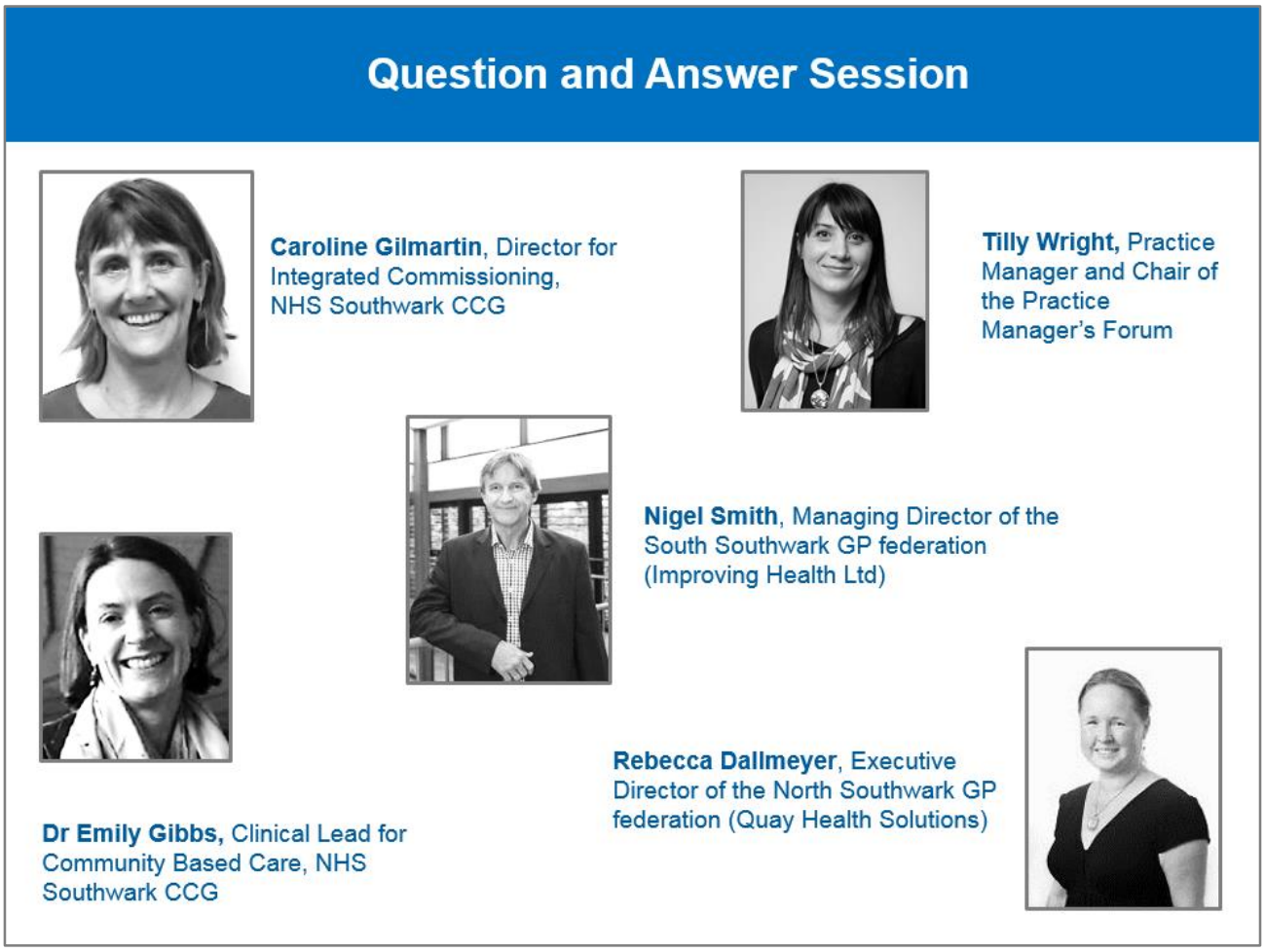
Tilly and Rebecca both mentioned a need to **work with GP receptionists**. Tilly highlighted the difference between triage and signposting – *"Receptionists should not be doing triage, but signposting they can do, and they can give advice on where people can go."* Rebecca recognised that receptionists do "mostly terrific work", and we should help them provide signposting in a consistent way. There are guidelines from the National Organisation for Excellence in Primary Care on how best to do this.

Tilly said that a third topic to take to the Practice Managers' Forum would be topics such as privacy when people are asked questions at reception, because ***"confidentiality is at the top of our list."***

Nigel also explained that work has been taking place to deal with back office management, reducing the **demands that paperwork places on GPs' time**. *"When we talk about access and outcomes, we're often talking about demand and capacity. How to get patients to the right person at the right time."* Tilly also mentioned that *"There is a balance to be met between clinical needs and patient expectation."*

The patients' perspective: Comments and questions for the panel

Stephen opened up the discussion to the audience, asking them to focus on solutions to the problems that have been identified. 15 people then asked 22 questions, which are arranged here thematically.



Leadership and improvement

"The Practice Managers' Forum sounds fantastic, but what clout does it have? Do all practices have to attend?"

Tilly: "It is voluntary, but all practice managers or their representatives are invited. We do have clout. We have taken on some big issues - for example, challenging a national agency that the NHS had outsourced work to, which then improved the service they offered to us. And challenging the IT support provided to us – some high-level people came and listened to us. The CCG also come to meetings. We support each other. I can see another practice manager nodding in agreement with this!"

"What level of cooperation and collaboration is there between the two federations [north and south Southwark]?"

Nigel: "There isn't a one-size-fits-all system, as HWS recognise in the report. What we can do is continue to work together to share good practice. Cluster meetings are well attended so practice managers must feel that they are useful. We'll always have issues but we need continuous learning."

Rebecca: "We absolutely do collaborate! The north and south federations are set up to reflect the way practices refer to either Guy's and St Thomas' Hospital, or King's. They're supporting practices to provide the most consistent and equitable care possible. We in the north learnt from the south EPCS service starting up first."

"The practices are inspected by CQC. In school Ofsted inspections, 'Good' is not seen as good enough – 'Outstanding' is what schools look to achieve. But Southwark doesn't have any Outstanding surgeries."

Caroline: "You're quite right to point out that there are no Outstanding ratings. There are one or two Outstanding practices in London, and not many across the country. Anecdotally, we've compared practices *we* might consider outstanding with practices *rated* outstanding… and it seems that this rating was often because of a particular, specialist service or outreach. We do have more Good surgeries than other categories, but no one's being complacent."

"To what extent does technology limit what you can or can't do?"

Tilly: "There is a long way to go. Some things it supports us to do, but others… We're promoting online access, but [the national system] limits the way we can provide. There are lots of things we could do with Skype, but there are issues with security and safeguarding. Often the technology is there but not the systems and support to make it usable."

"Please involve us patients more!"

Caroline: "That's a no-brainer. The challenge is to do it consistently, at the EPCS and all GP surgeries. And to pull the information together so that we hear the patient voice in a more coherent way. We have some strong ways to involve patients via the PPGs. A question that came through clearly is 'But how can we influence you?'. We [the CCG] need to challenge ourselves."

Communication and service awareness

"About the ease of communications: My GP put together an EPCS poster but it raised questions with us about the hours and locations. A simpler name is also needed. Regarding the word 'triage' we also need to use better language – 'triage' implies someone is prioritising or segmenting patients. Could we have them just 'decide how you will be seen'?"

Nigel: "Yes, language is really important and needs to convey what we want it to convey. The EPCS naming was well-intended – to show that the service is an 'extension' of your surgery. We need to establish what we think triage means: ensuring you see the right person, at the right time."

Caroline: "All the points show the need to engage better, especially the pushback on language."

"About raising awareness of the EPCS: there's a difference between seeing a leaflet, and having someone at the desk telling you that this service is available to you."

Rebecca: "I agree, it's not the same. I'm a bit upset, as we did a lot of work getting staff to understand the service and how to communicate it to patients."

Nigel: "I agree it's more powerful to hear about the service than read it. This shows that we need ongoing training – staff turnover is high so training everyone once in one go isn't enough."

"The use of acronyms and buzzwords in communications about health is high. Can we get back to plain English please?"

Caroline: "I agree we are often guilty of this. The CCG do try to use HWS as a 'filter' when we are putting together patient letters, to make them more comprehensible."

Continuity of care

"People my age [an older person] have a named doctor. Does that mean we have to wait longer for appointments?"

"My GP knows me well and knows that I object to being examined by a male doctor. I recently saw another GP who didn't know this, so he couldn't offer me anything other than an eardrop. They don't have time to look at all the notes for information like this, so the personal touch and continuity of care is important."

Tilly: "Appointment systems should allow for more urgent cases to see their named doctor within a few days. For less urgent cases you should have a choice of whether to wait longer or see someone else."

Caroline: "It is difficult for everyone to see their named doctor all the time as list sizes and surgeries are getting bigger. It's important to be able to feed back about the unacceptability of an approach to you. There are ways for surgeries to make an electronic note of this. It needs to be a dynamic conversation with your practice."

Different elements of appointment systems

"A suggestion: Our surgery releases appointments at 8am and noon. Patients with mental health issues, narcolepsy or epilepsy may find it hard to call or attend the surgery at 8am and even at noon because they are still asleep. Doctors should be able to code patients in these categories so that reception know the patient genuinely has an issue with this and to still make them an appointment that day."

Emily: "Practices often know their patients well and high need/vulnerability often is well-coded on systems to allow flexibility. This should be consistently refined on both sides."

"I have personal experience of waiting 45 minutes to get through on the phone, and then once you're through to reception you wait again."

Tilly: "GPs could look at this to spread out appointments more, avoiding peaks, so that there is less urgency for everyone to call at certain times. Online access should also reduce the phone queue as not everyone will need to call. This issue needs constant reflection, taking into account changes in the season, demand, and patients."

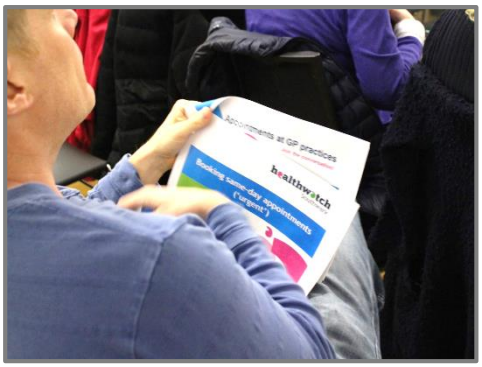
"Obviously some receptionists are, or think they are, doing triage. Is it possible to always have a clinician sitting in the reception area first thing in the morning when the phones are ringing, to answer questions?"

Stephen: "This 8am challenge is a theme that is coming through clearly. The question of who it favours, and is a clinician available to triage the patients?"

Tilly: "My practice has a very complex system but it does seem to work without major queues. We have a well-staffed reception, online access, staggered appointment release with appointments bookable for the next one to two days, but people wanting a same-day appointment are being called by a clinician within the hour. There are also phone appointments which can be pre-booked at an allotted time. There is capacity with different clinicians, not just GPs. To get us to this point took time, and it changes with the seasons, with staff capacity – for example we have more staff at the moment so we're changing how the appointments get released. Practices have to fit within the resource envelope of money and staffing and the types of patient they have – so there might be lots of need on a Monday. It's about attention to detail. There will always be someone who's not getting exactly what they want, but staff should be trained to offer the best possible option, and ensure it's safe and appropriate. If it makes sense within an individual practice's system, then yes, a clinician could be in reception at 8am!"

Emily: "The question of terminology [e.g. 'triage'] goes back to the training need. The words 'priority' and 'need' are ones to go back to."

"I found that my surgery was using EPCS a lot. Is this service at capacity and if so, can it be further resourced? Is there an ideal average number of patients at each surgery that could use it? If practices use it more, there is more time for more complex patients to be seen in their own surgery."



Nigel: "The EPCS is now well used. There is a pattern: usage is low on Sundays, which is hard to address. On weekdays it is now mostly working to capacity, as this has increased a lot over the last twelve months. We have been looking at having Advanced Nurse Practitioners (ANPs) and other clinicians there. There is still variation in use by GP practices – some don't need it or are convinced they are meeting demand, whereas for others the use is high."

"[Surgeries keep patients waiting a long time on the phone] yet if you're 7-10 minutes late for an appointment you have to re-book for 3-4 weeks later."

Nigel: "If people are late, there is a knock-on effect. There have to be parameters or by the end of the day some patients won't be getting seen. We can see it is frustrating for patients to have to be so strict but we have to do what is best for the most people."

"There has been a lot of talk about phone call access but my surgery has a system where you have to queue at 7:15 and it's a walk-in. The experience of booking in person is different to over the phone."

Caroline: "I'm not aware of any walk-ins operating in Southwark GPs."

Aarti: "We're aware of one. There's a short chapter in the report about this type of system."

Stephen: "And there are definitely cases where people queue outside the surgery to try to have a better chance of an appointment."

Caroline: "We need to have a look at this."

The Healthwatch report and sample size

"I compliment Healthwatch on taking the time to do the survey. However, I'm concerned about the small sample size, and also that it was only people being seen in a service. This makes it statistically invalid. What about people who weren't at the surgery and couldn't get an appointment?"

"I'm not convinced by the survey – 550 respondents out of 330,000 registered patients seems low… Also, it was done in the summer months – it'd be more useful if it was ongoing."

Aarti: "1:1 conversations allowed us to gather this level of qualitative data which is what can sometimes be most useful. We already have statistics from the Friends and Family Test and National GP Patient Survey that give simpler data from a large number of people."

Stephen: "This kind of sample size would please big broadcasters!"

Caroline: "I agree with Stephen! The challenge is less to HWS and more to the CCG."

Miscellaneous questions

Do you take patients off your books if they don't attend for a long time? I had experience supporting a vulnerable man – he couldn't read and write – and he was taken off the books because he hadn't been to the surgery in a long time. We had to take him to the Deptford walk-in for care.

Caroline: "There is a process known, rather unfortunately, as 'list cleansing'. It's hard in London where people move around a lot. The registered population can be 30-40% higher than the actual population recorded in the Census etc. It's often out of practices' hands. There is national, centrally-delivered work to keep GP lists as up-to-date as possible. We do have to get it right to provide the best care – e.g. if practices are aiming to provide 90% immunisation rates, smear test reminders and blood pressure checks, they need to know who is still there. People can however be re-registered very quickly and should be able to access 'immediate and necessary' treatment."

Are the federations happy with liaison between general practice and mental health and social care? [Clarified]: this is about the pressures that failing social care is putting on GPs.

Rebecca: "The Local Care Networks bring together providers of services such as the GP federations, the local hospitals, community health services and social care to join up care better for people and they have been focussing on people living with three or more long term conditions."

Tilly: "There are lots of pilots around mind and body, holistic care. E.g. in Walworth we're working with a community centre and nursing team to provide a more well-rounded service."

How can people find out about GPSIs – GPs with special interests and expertise (in e.g. mental health, dermatology, diabetes…)

Caroline: "This is often not public knowledge as patients need a referral to see a GP with special I without expertise, and would see a GPSI without necessarily knowing that the expert they are seeing is a GPSI."

What strategies are there in Southwark to tackle undiagnosed diabetes?

Emily: "It's a growing problem. We're a pilot borough for a national prevention programme of pre-diabetes screening and intervention. Public health trainer model also being used."

Rebecca: "The CCG has also commissioned annual health checks for diabetes patients."

Close

The event ended with Stephen informing attendees that an event report would be written, detailing the questions people asked and the answers that were given. He also invited attendees to submit any further questions they had by posting it in the question box provided and invited guests to food and refreshments to end the event.

Stephen reminded attendees that the HWS full report would also be published on Friday 15th December, and that NHS Southwark CCG and the North and South GP federations have been invited for formally respond to the report and recommendations.

Feedback from the event

38 people filled in evaluation forms.

- 14% of respondents rated the event as excellent, 63% as very good, 14% as good and 9% as average.
- 35% of respondents rated the Healthwatch presentation as excellent, 41% as very good, 19% as good and 5% as average.
- 11% of respondents rated the CCG presentation as excellent, 38% as very good, 41% as good and 11% as average.
- 74% of respondents agreed that they knew more about Healthwatch Southwark and NHS Southwark CCG as a result of the event, 21% were not sure and 6% disagreed.
- 94% of respondents agreed that they are able to put their questions to the panel and were listened to and 6% were unsure.
- 60% of respondents agree that the panel discussion was useful and they know the next steps that will improve GP services and 40% were not sure.

In response to the question 'What was the best thing about the event today?', the following responses were received:

"Very approachable panel".

"The Healthwatch findings and recommendation. Also, the professionals acknowledge their shortfalls on information and are going to look into them."

"The presentations were excellent but there was much more time for questions the usual and they were taken seriously and answered fully and honestly."

In response to the question 'If you could improve one thing about the event, what would it be?', the following responses were received:

"Better microphone system as could not hear some of the questions"

"Give us a glossary of all the jargon and initials"

"Include a patient on the panel"

"You need a better TV/monitor so that people can see it"

Other comments included:

"Have another event in a year to tell us how things have moved forward and what has happened."

Demography of attendees

36 people filled in equal opportunities forms:

- 48% identified as White British, 35% as Black or Black British, 6% as Asian or Asian British, 3% as White Irish, 3% as White European, and 3% as Mixed White and Asian.
- 27% identified as male and 78% as female.
- 96% stated that their gender des not differ from their birth gender and 4% preferred not to say.
- 58% identified as Christian, 18% as no religion, 6% as Muslim, 3% as Hindu and 3% preferred not to say.
- 69% identified as heterosexual, 17% as gay or lesbian and 14% preferred not to say.
- No-one was pregnant or had had a baby in the last 12 months.
- 48% were single, 28% married, 12% divorced, 8% widowed and 4% cohabiting.
- 38% were aged 45 – 59, 25% 65 – 74, 13% 75 – 84, 9% 30 – 44 and 6% 85 – 89.
- 40% identified as having a long term illness, 33% as having no disabilities, 20% as being deaf or having partial hearing loss, 13% as having mental ill health, 3% as having sight loss and 3% as having a learning disability.