



# Access to GP-led Services Slough Patient Views

July 22

**NHS**

**healthwatch**  
Slough

# Content

This is a collaborative project between Healthwatch in the South of England and the NHS

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# Introduction



# Introduction

Timely access to locally available clinical support when peoples' health needs have gone beyond the scope of self-care and community pharmacy is an essential part of maintaining individual wellbeing.

It is a key factor in levelling up and addressing the health disparities within our society. Access to GP-led services also impacts the capacity of, and need for, hospital-based care (such as A&E). The COVID-19 pandemic has put a huge strain on the NHS and impacted how the public access health services.

Staff at GP practices have been working hard to deliver the vaccine programme and catch up on the backlog of treatments. General Practice has needed to follow NHS England operating standards, revised at different points of the pandemic (see *Timeline p13*).

Like many organisations, General Practice needed to adapt quickly as our Country went into lockdown and respond to new ways of working such as offering video and telephone consultations. Some people have told us that these new ways of accessing GP services have worked well them, allowing them to save time and get the help they need, quickly. But for others it's been more difficult, time consuming and frustrating to access support when they need it.

All of this has taken place within the context of workforce pressures across the NHS. For example: the British Medical Association (BMA) report that, as of April 22 there are 1622 fewer fully qualified full time GP's than in 2015 and each practice has on average 2,026 more patients than in 2015. The average number of patients each GP is responsible for has also increased by around 300 – or 16% – since 2015. The planned recruitment target of 6000 additional GP's by 2024 has also not been met. \*BMA June 2022

The media has recently been sharing reports that GP practices have been closed during the pandemic, despite the fact that in Dec 21, **29.1 million** consultations were available, of which 3.9 million were covid vaccinations. This is 1 million and 40,000 more than the **24.16** million consultations available in Dec 2019



The additional funding provided by central Government is enabling practices to make changes as shown on page 42.

Similarly, there is a lot of media and national attention on the backlog of planned care (like operations) for hospitals and the need to reduce waiting lists, but we rarely see any mention of the impact this has on GP led services who are the first port of call for those people who are waiting for a procedure or operation.

Local Healthwatch have been listening to people's experiences of accessing GP led services and we have also been listening to the staff who have been working in GP practices through the pandemic.

When trying to improve and build better systems for patients and staff It is essential to listen to the voice and collaborate with those who use services and also those that provide them.





**Collaborating to get good  
outcomes for all**

# Collaborating to get good outcomes for all

**Local Healthwatch will always remain independent and impartial while working with partners to get things done.**

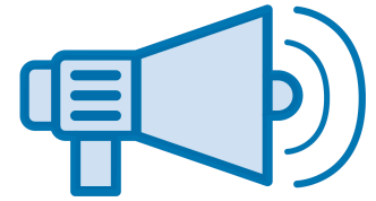
This project emerged because Healthwatch was receiving a high level of feedback from the public regarding primary care. Healthwatch managers met to discuss this emerging trend and decided that it was a sensitive issue that required a measured and balanced response.

We agreed that involving and understanding the way practices had been asked to respond and change during the pandemic was critical to establishing a conversation between practices and the people they support.

Early discussions with the NHS and other stakeholder showed that the best way to ensure success would be to establish a regional advisory/working group that would be made up of key stakeholders in primary care and beyond. This included: CQC, GP's, Practice Managers, Reception staff, Local Authority Scrutiny Officer, Commissioners, Integrated Care System communication staff and Healthwatch.



This level of partnership and collaboration, on this scale, was a new approach for us but one that was necessary to deliver on this important agenda.



The advisory group has supported the work and been instrumental in developing the staff and public surveys, communications, challenge and solution finding. Going forwards the advisory group will be key in defining and contributing to the next steps and ensuring that we identify constructive solutions to benefit both GP staff and also the people who use their services.

This way of working has been extremely successful, and has offered up considerable learning.

We are very proud of the fantastic work undertaken to date by the advisory group but also the Healthwatch teams and the collaborative work across the south of England.

The fact that we have had over 250 responses for the primary care staff survey, and over 7000 responses to the public survey, is testament to that.

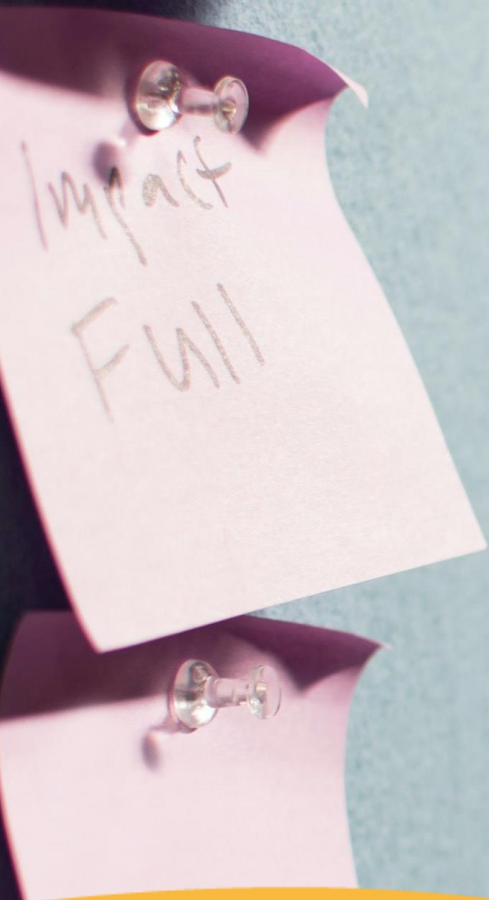
We have developed **trusting and collaborative relationships** with primary care and the broader system partners that we can build on going forwards – this is **a great achievement**.



# Acknowledgements

**This collaborative work was made possible with the help, support and guidance of the project advisory group members:**

- Local Healthwatch Managers in Wiltshire, Isle of Wight, West Sussex, Bracknell Forest, Royal Borough of Windsor and Maidenhead, Slough.
- Healthwatch Surrey, East Sussex, Brighton and Hove
- Healthwatch West Sussex – Volunteer and Locum Practice Manager
- Care Quality Commission – Primary Care Lead
- Sussex NHS – Commissioner
- Wessex Local Medical Committee Doctors
- Isle of Wight Council – Scrutiny Officer
- Frimley Clinical Commissioning Group – Slough Associate Director of Primary and Community Care Transformation
- GP Practice Managers from Sussex
- Hampshire and the Isle of Wight Clinical Commissioning Group – Primary Care and Communication staff



# Methodology

# What we did:



July 2021: We set up a regional working group with representatives from the Care Quality Commission, the Local Medical Committee (LMC), Practice Managers, Clinical Commissioning Group communication team, IOW Council and other local Healthwatch.



We undertook some research into government mandated changes to GP practices during the pandemic. We also looked at data relating to consultations with GP staff both before and during the pandemic



October 2021, we ran a survey for staff who work at GP surgeries, The survey closed on October 19 2021



In November 2021, we ran a survey for the general public, asking them to share their experiences on accessing GP services within the last 6 months (between June and December 2021). The survey closed on December 31 2021.



January/February 2022 we asked our regional and local group members for case studies to illustrate improvements made recently to GP practices



# Timeline of changes



# Timeline of changes

How GP-led services were asked to operate at different stages of the pandemic

## A GP Timeline of the COVID-19 Pandemic

March 2020	GPs are informed by NHS England that remote consultations are to be rolled out to the general public, with face to face consultations only available if absolutely necessary. Total triage was introduced (every patient contacting the practice is first triaged before booking a consultation. This was seen as important, for reducing avoidable footfall in practices, to protect patients and staff from the risk of infection.)
December 2020	First Covid-19 vaccine is administered in the UK.
May 2021	New Guidelines are given by NHS England reversing the need to 'total triage' and that 'all practice receptions should be open to patients' to minimise digital exclusions.
September 2021	Downing Street state 'the public rightly may choose to want to see their GP face to face – and GP practices should be making that facility available to their patients'.
December 21	GP practices were asked by the Government to prioritise covid vaccination/boosters and urgent consultations.



Snapshot of themes



## Snapshot of themes

- **Long Telephone Queues** – Large amount of feedback regarding the length of time it takes to get through to surgeries. Many commented that they had to try multiple times. The feeling of frustration can often be **exacerbated by lengthy messages whilst on hold.**
- **Availability of consultations** – those patients registered to surgeries that appear only to offer on the day consultations, have commented that by the time they get through on the phone, all the allocation for the day had gone. This is despite calling as soon as the lines open. They are told to try again the next day.
- **Telephone consultations** – Mixed feedback with some preferring the immediacy and efficiency of telephone consultations, whilst others question the diagnostic effectiveness of them. Most respondents would prefer a more narrow time window for a call back in order to fit in with working and home pressures.
- **Online Services** – A mixed collection of responses from those who like the convenience of online services such as eConsult, to those who find it frustrating or impersonal. Digital exclusion is a factor for those who don't use the internet or who cannot get the system to work for them.

“When you ring you just get streams of recorded info about how busy they are, no ‘sorry to keep you waiting’..... you just have to persevere”

# Snapshot of themes

**Triaging** – A varied understanding of the pressures of primary care and the way in which the triaging system that has been adopted works.

**Staff Attitudes** – Whilst some people were sympathetic to the workload of practice staff and GPs, others were frustrated at having to explain their issues to patient advisors /receptionists during the triage process.

Positive feedback often centres on the staffs' ability and capacity to show empathy to the patient when dealing with their enquiry.

**Face to Face consultations** – Concern that the lack of face to face consultations leads to an inferior service is a theme that resonates through the responses. Worry that telephone consultations are not adequate or that if they needed a face to face consultation, that it wouldn't be available.







What patients shared



## What patients shared in Slough

Patients from 16 practices responded to the survey, responses ranged from 1 to 22 per practice.

The majority of respondents said they last contacted their surgery between Sept and Dec 2021 (38% of these in Nov).

74% stated they were contacting their surgery on behalf of themselves.

58% of respondents tried self-care before contacting their surgery. Other options included seeking advice from family and/or friends (26%) and contacting or visiting a pharmacy (21%). Only 11% had tried ringing NHS111 or using the NHS111 service. (note – respondents may have tried more than one option).

44% of respondents felt they had an urgent need for contacting their surgery.

Thank you to the 162  
people across  
Slough who  
responded to our  
patient survey.

# What patients shared

## High level Demographics for Slough

Age Range	No.
18 to 24	2
25 to 49	64
50 to 64	55
65 to 79	28
80+	6
Prefer not to say	7

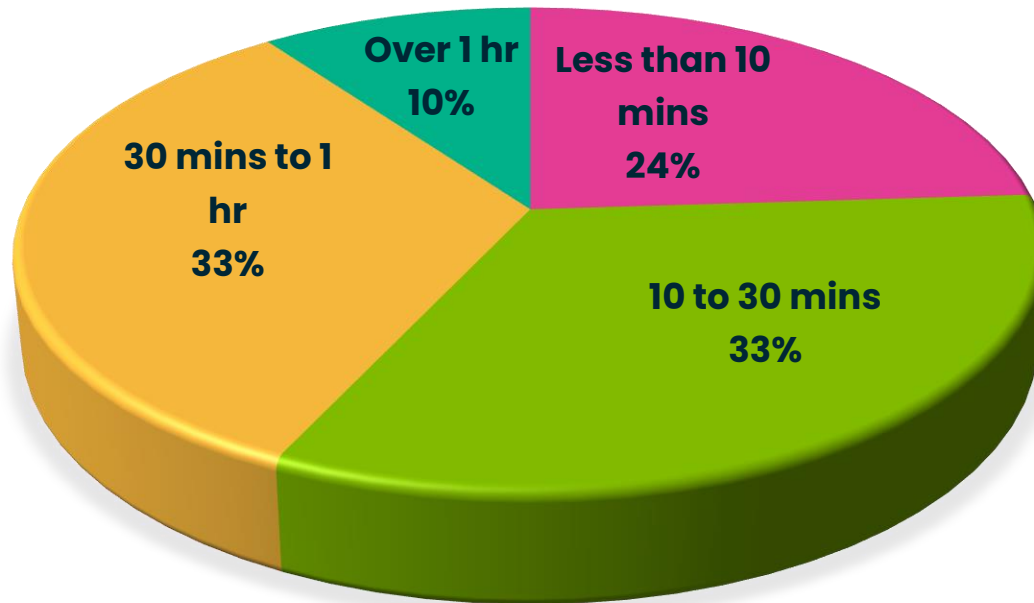
Gender Identity	No.
Woman	103
Man	48
Prefer not to say	11

Ethnicity	No.
White British	55
Asian/AB/Pakistani	32
Prefer not to say	23
Asian/AB/Indian	20
White Other	10
Asian/AB Any Other	8
Mixed/Multiple	3
Black/BB/Caribbean	3
Black/BB African	3
White Irish	2
Arab	2
Irish American	1

# What patients shared

The majority of respondents (78%) tried calling the surgery to arrange their appointment/consultation. 11% advised they tried using online systems (whether eConsult, askmyGP or other systems).

When asked how long they had to wait for their call to be answered (of the 159 respondents who answered this question):

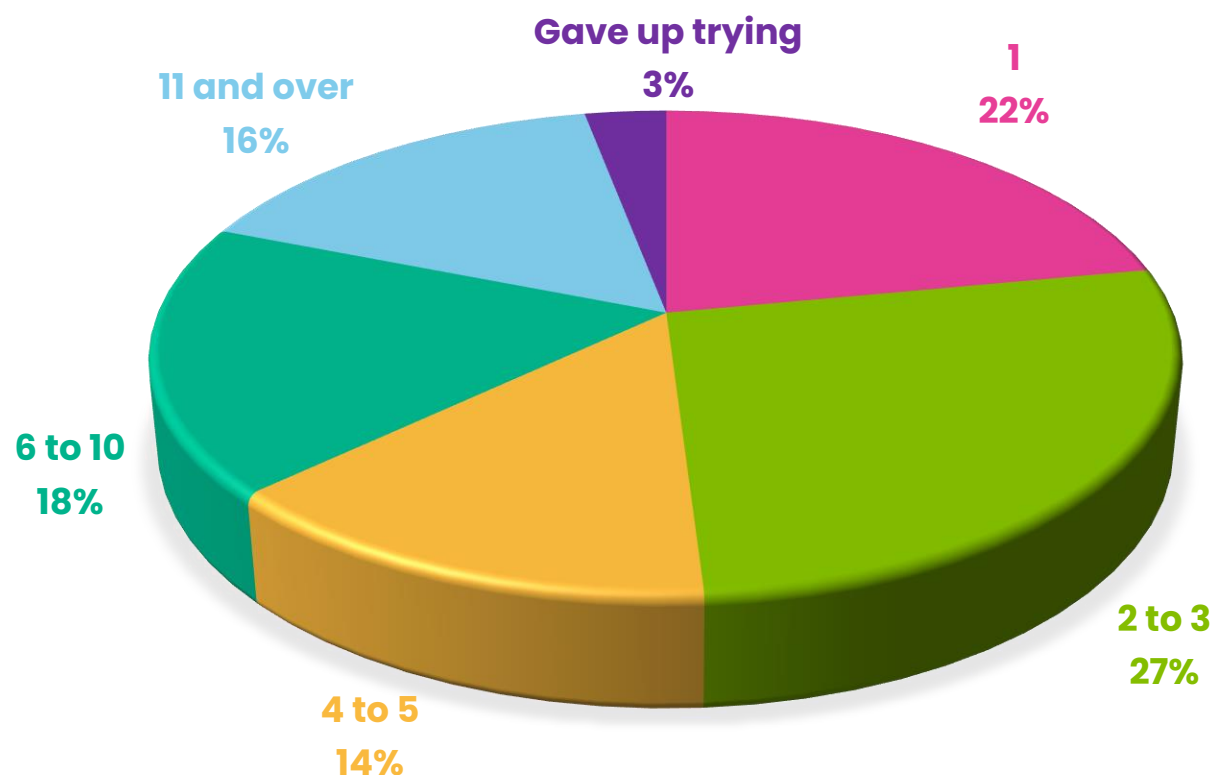


Time taken to answer	% of respondents
Less than 10 minutes	24%
Between 10 and 30 minutes	33%
Between 30 minutes and 1 hour	33%
Over 1 hour	10%



# What patients shared – telephones

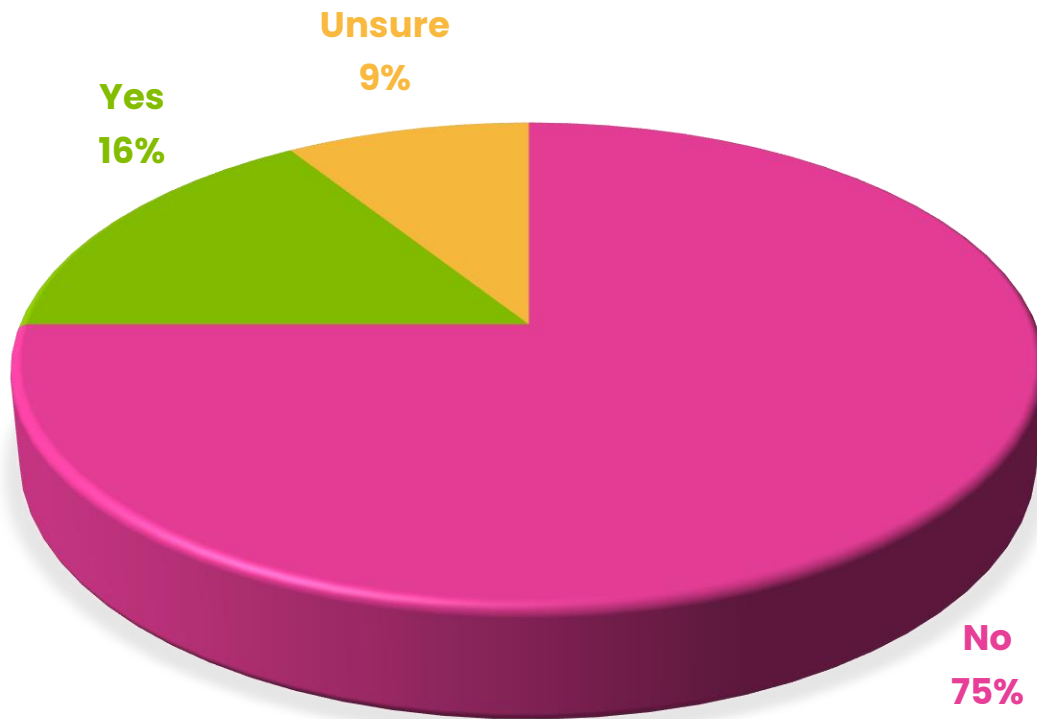
When asked how many times did you call before being able to speak to a member of staff (of the 157 who responded to this questions):



Num ber of Calls	% of respondents
1	22%
2 to 3	27%
4 to 5	14%
6 to 10	18%
11 and over	16%
Gave up trying	3%

# What patients shared – telephones

When asked if they were satisfied with the length of time taken to answer the call (of the 159 who responded to this questions):



Answer	% of respondents
No	75%
Yes	16%
Unsure	9%



## Access by telephone – comments that detail challenges for patients

*“Very difficult to get through and book an appointment. Need to be on the line at 8:30 prompt and able to hold on a queue for 30-40 min. If you can’t do this, you can’t book an appointment as they will have none remaining – even if you call at 9am”*

*“I was unable to contact the practice as phone lines were turned off, this happened on 2 days running, I phoned in the afternoon as the appointment was not urgent , I was surprised surgeries are allowed to switch phones off”*

*“There are no options to book online appointments anymore. And telephoning for appointments is at certain times only, they do not fit in with work”*

*“There is a real problem since the start of covid. They have tried new system but too many complaints. For urgent appt you can only phone from 8 a.m. and phone engaged. It took 56 times dialing to get through last time”*

*“16 lengthy calls made with only one reply”*





## Access by telephone – comments about what people liked

“I've had to contact my GP a few times throughout the pandemic and they've always been excellent, with rapid telephone response from GP to ascertain how urgent a problem, whether to send photo (on one occasion), and whether they need to see me”

*“Phoned back in the next hour was very helpful”*

“Very busy, 25 minutes waiting, but reception staff were amazing. Kind, cheerful, sympathetic and went out of their way to make sure my child was safe to wait until appointment and seen by a doctor as soon as possible”

*“phone answered very promptly”*

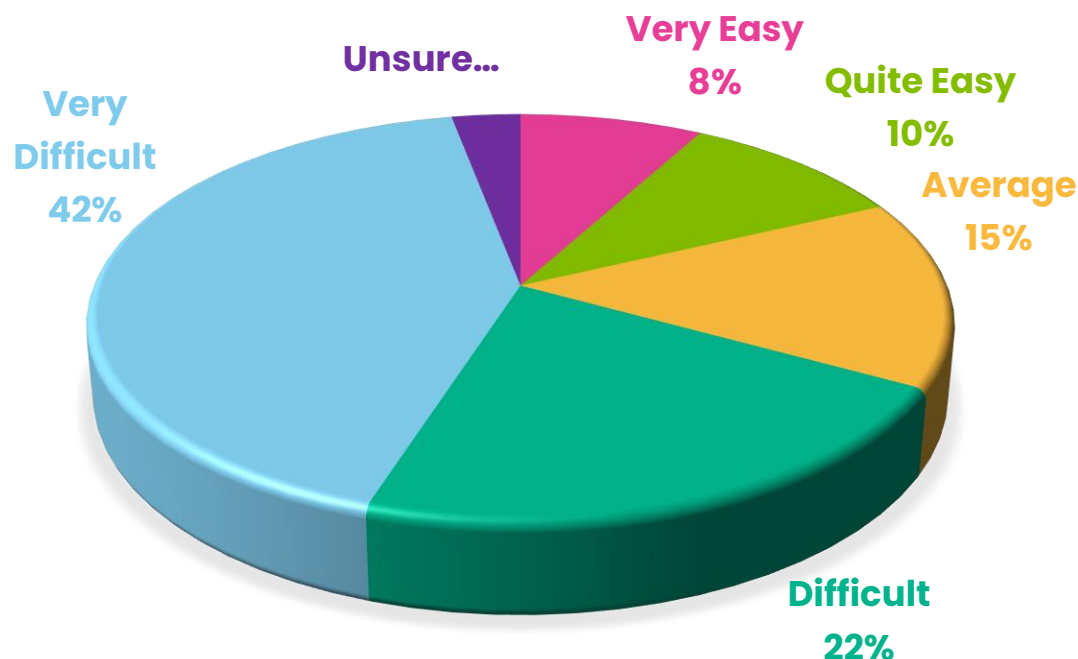
“It worked very well. I had a response leading to action, i.e x-ray and physio”





# What patients shared – appointments

When asked how was your most recent experience of getting an appointment/consultation (of the 161 who responded to this question):

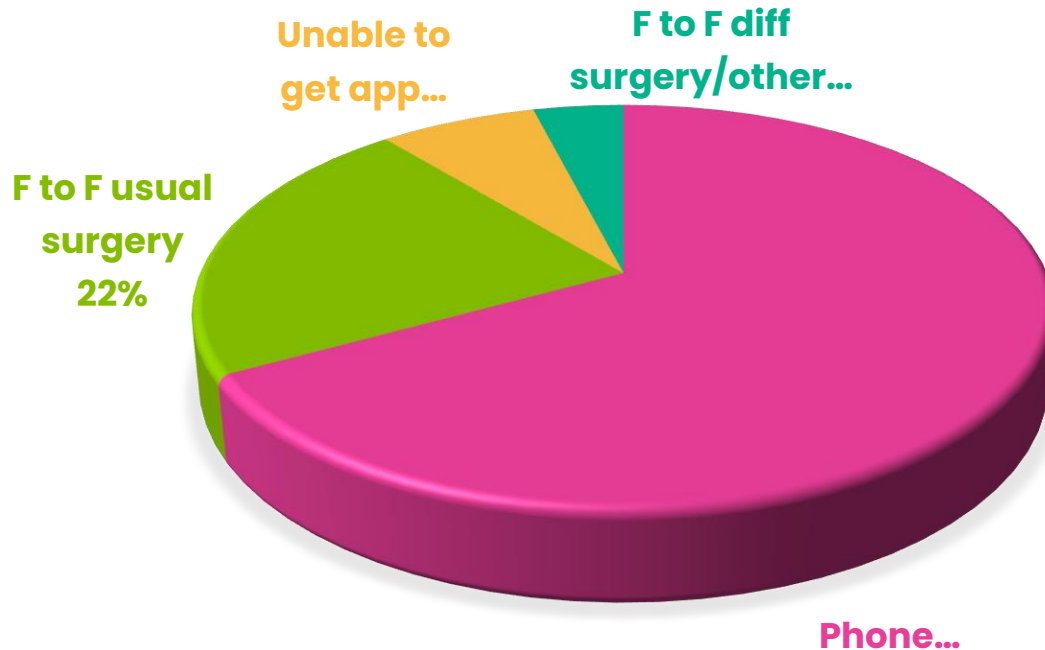


Answer	% of respondents
Very easy	8%
Quite easy	10%
Average	15%
Difficult	22%
Very Difficult	42%
Unsure	3%

When asked if they felt they had been responded to in a reasonable timeframe 33% said Yes

# What patients shared – consultations

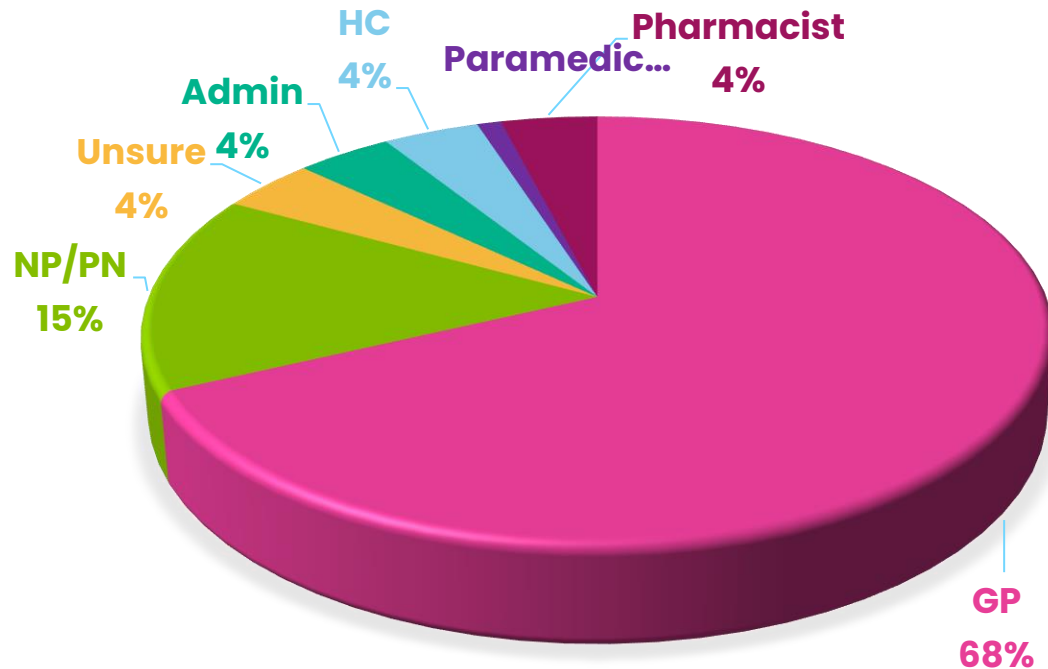
When asked how the consultation was conducted (of the 156 who responded):



How conducted	% of respondents
Phone	67%
Face to face at usual surgery	22% (some of these may have had phone call first)
Unable to get appointment	7%
Face to face at different surgery/Email/Text/Online/Other	4%

# What patients shared consultations

Who the consultation was with (of the 155 who responded):

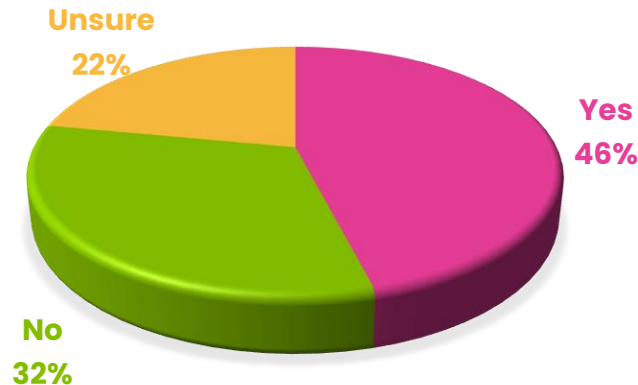


With	% of respondents
GP	68%
Nurse Practitioner or Practice Nurse	15%
Unsure	4%
Admin/Reception	4%
Healthcare Assistant	4%
Pharmacist	4%
Paramedic	1%

52% of respondents believed they saw the staff best placed to deal with their issue, 33% said they didn't believe this and 15% were unsure.

# What patients shared online consultations

When asked are you able to use online consultation systems like eConsult or Doctorlink: (of the 160 who responded)



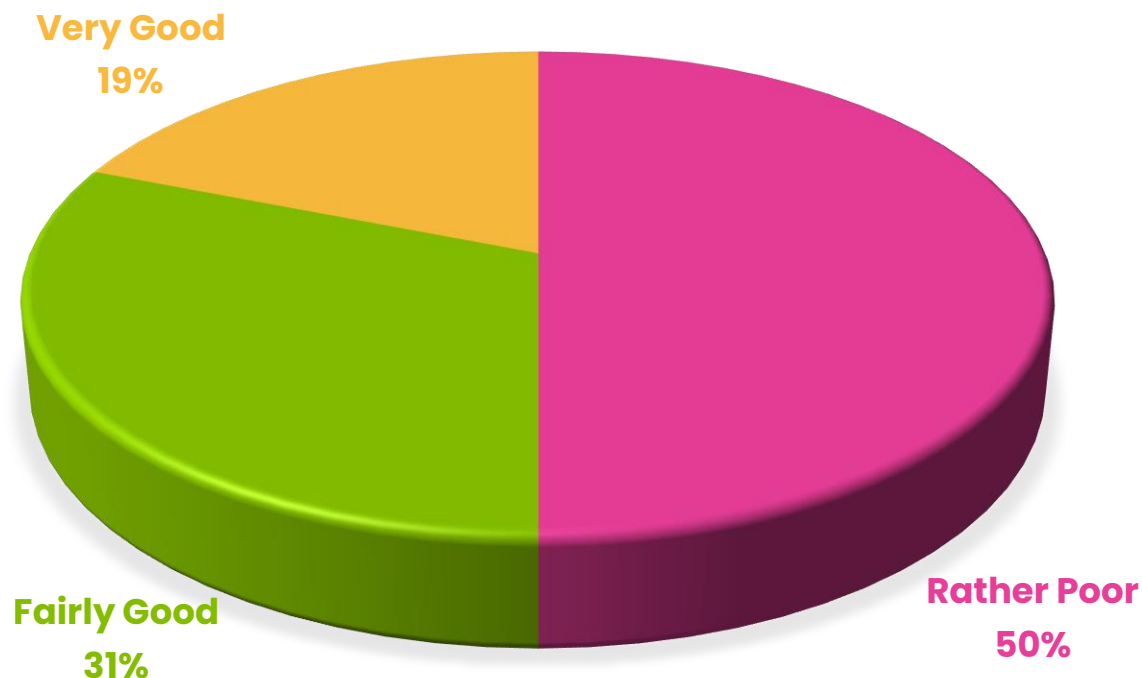
Answer	% of respondents
Yes	46%
No	32%
Unsure	22%

In addition, respondents who answered “No” were asked to state why:

Reason	Number of comments
Problems with systems (unavailable, not working, busy, tells you to call surgery, doesn't cover all issues, often turned off)	12
No internet at home/don't use IT	9
Not been told about them	7
Surgery doesn't have the systems	2

# What patients shared – online consultations

When asked if you use eConsult how would you rate it: (of the 78 who responded) – note due to error on survey there was no “Very Poor” option

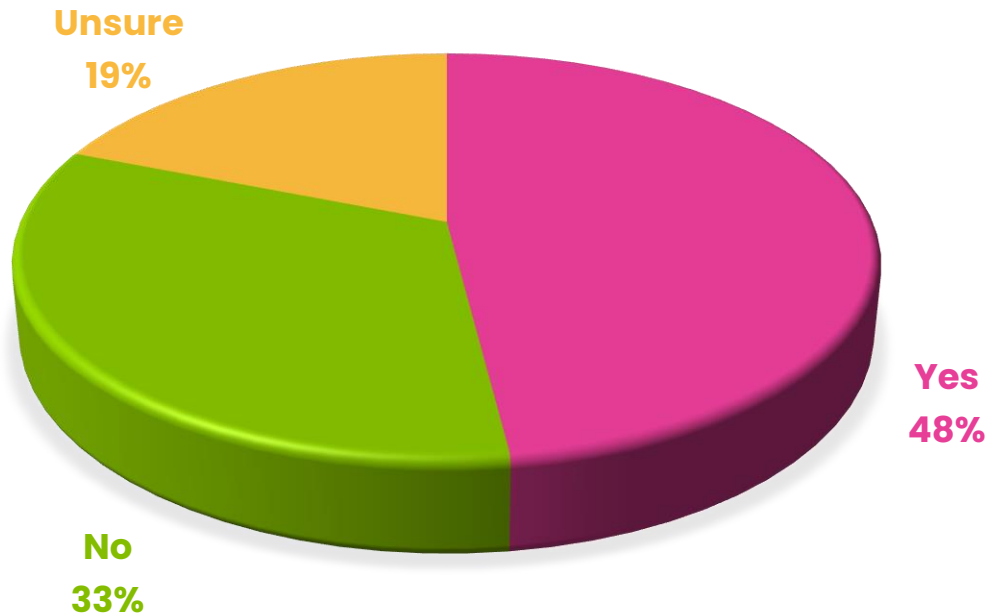


Answer	% of respondents
Rather Poor	50%
Fairly Good	31%
Very Good	19%



# What patients shared - advice

When asked if they were clear at the end of the consultation about their diagnosis/treatment/next steps (of the 157 who responded):

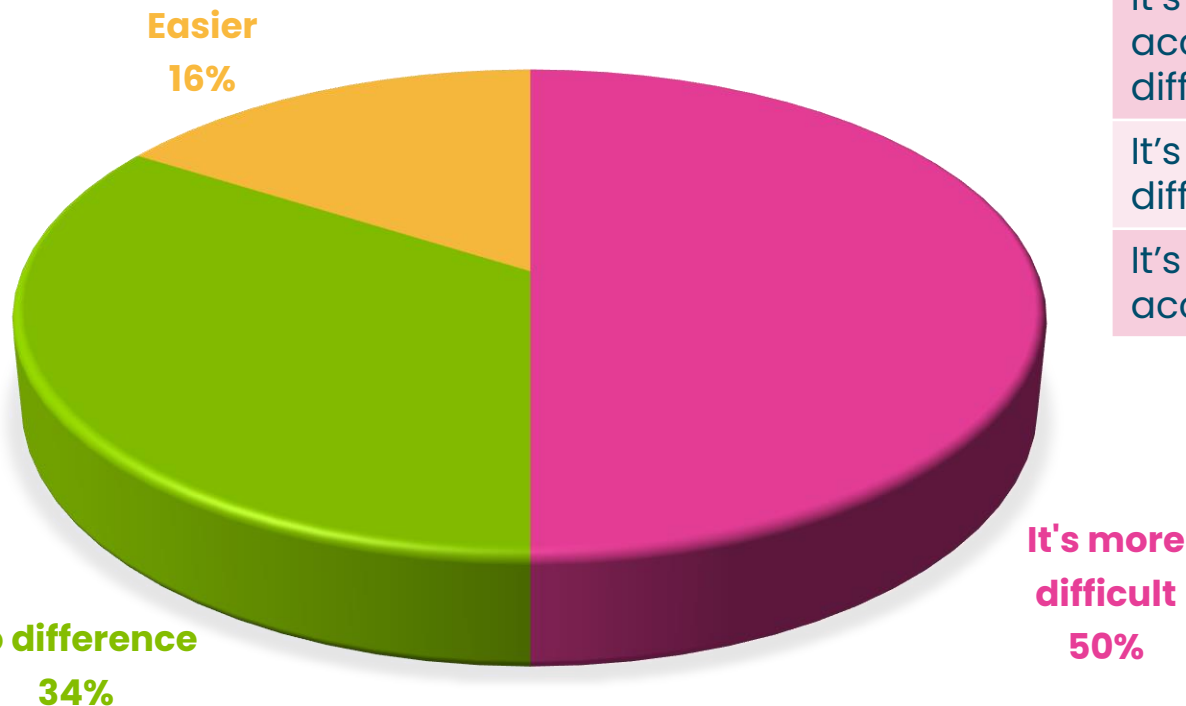


Answer	% of respondents
Yes	48%
No	33%
Unsure	19%

Only 6 people advised they had ever had problems cancelling an appointment.

# What patients shared – IT

Respondents (151 answered) were asked if they felt the increased use of IT over the last 12 months had impacted on their ability to access GP services:



Response	% of respondents
It's made access more difficult	50%
It's made no difference	34%
It's made access easier	16%

# Patient experiences of contacting their surgery

The following table shows the main themes raised by patients and the number of times these themes were identified in the survey responses.

Theme	No. of comments
Issues contacting the surgery initially – including long waiting times for calls to be answered, told no appointments available once able to get through, long waiting time to get through only to be told to use online services, cut off after long wait, told to only call at certain times but all appointments filled, unhappy being triaged by receptionist	81
Difficulty actually getting to see GP – including being told GP unavailable or too busy, long waiting times, inability to book ahead for routine issues, no call backs from GP when told would be, no face to face appointment only phone calls available)	51
Positive comments about services and/or staff	10
Negative comments about staff attitudes	6
Negative comments about general service provision (including clinical treatment)	4
Issues with eConsult/askmyGP – including access, no appointment available, lengthy process to complete forms, process too rigid for all issues, delayed call backs or no call back/response received	3
Difficulties getting follow up appointment	2
Specific issues relating to phone messages – including length of message, too much information to go through, too many options, repeated messages	2

# Patient experiences of getting an appointment

These themes are specific to the comments received when asked about experiences of getting an appointment

Theme	No. of comments
Long waiting times to get an appointment	15
Positive comments in general	10
General negative comments about treatment received	8
Issues about being diagnosed by phone then needing to see a GP anyway	8
Call backs not done at the time stated or not at all	5
Unable to get an appointment at all	3
Not being able to see GP	1

# What patients said was good about their appointment

Theme	No. of comments
The advice given (support, treatment, reassurance and helpfulness)	19
Response times to calls, getting appointments, referrals and call backs	15
Staff attitudes	13
Online/phone consultations	8
Being able to see a GP face to face	4
Everything was good	2
In addition "Nothing good at all" was a theme under this area	27



# What patients said could be improved about their appointment

Theme	No. of comments
Would have preferred face to face	19
Phone systems need improving	11
Call backs should be done at time stated or give a slot	10
Too long waiting times to get an appointment (once through to reception)	7
Negative staff attitudes	7
General negative comments about individual treatment issues	7
Better use of IT	2
Better access/communications for people with additional needs e.g. deaf	1
Being able to forward book	1

# What patients shared

When asked if any of the following ever prevented you from making an appointment: (note – these are the number of times each answer was commented on – respondents could answer more than 1)

Answer	No. of times commented
Long phone queues/waiting to get call answered	127
Concerns you are adding pressure on the NHS	43
Covid restrictions	34
Lack of confidence using IT	20
Difficulties accessing IT	18
Caring duties	11
Transport problems	8
Cost of phone calls	8
Having to be available to call at certain times only	3



**What frontline staff shared**

# What frontline staff in GP surgeries shared



In November 2021, Healthwatch in the South East opened a survey for all staff in GP surgeries to ascertain their views on how their work has changed in the last 18 months. They were asked to share their thoughts on their surgery - the strengths and where there could be improvements. 267 people responded from a variety of job roles – 55% were non-clinical.

The emerging themes from this survey include a tired, overstretched workforce that are becoming frustrated with the public's demands and attitudes. There is a call for patient engagement to highlight the way in which triaging works and why this is necessary.

However, what is most striking is the pride the staff have with how they have delivered consultations to the public and the way in which they have adapted their working practices in the fast paced changes that the COVID-19 pandemic brought about.



**“I am very proud of the service the medical centre in which I work delivers to its patients but the continued increased pressure cannot be sustained and staff morale is at rock bottom, particularly as patients don’t seem to appreciate how swift a service we provide.”**

(Non-clinical staff, 4+ years in service)





# Comments from GP staff in the South East

“

General practice has massively changed in the past 18 months. It has been very stressful. We are very tired and also feel under attack from the mass media who appear to have an agenda against us.

“

We are particularly proud of our Covid vaccination program which still continues. Our team have played a major part in this continuing into the booster/flu stage. It has been difficult but rewarding to have vaccinated so many patients.

“

Ceasing battering of GP practices would be most welcome. We saw 75% of our patients via face to face appointments in August and our cancer referrals have not fallen during the pandemic – might be nice if DOH [Department of Health and Social Care] and press recognised achievements rather than constant denigration of primary care in the media.

“

The media needs to be brought to task over their horrific condemnation of GPs – and sometimes we wish we could bring our patients in for a "day in the life of".... to see what actually goes on behind the scenes – the public think a GP surgery is run by a couple of Receptionists, a Practice Manager, a Nurse and maybe a few GPs – if they knew we had teams of staff of over 50 people etc they might begin to see the bigger picture.

“

Morale is generally good, but staff are tired. We look forward to getting back to some form of normality and hopefully returning to as things were prior to the pandemic.

# What 3 things do patients need to know?

**112 staff** responded to this question: **What three things do you think patients need to know before they contact your practice, that would help them and you?** These are the top messages in order of frequency/popularity:

- The GP practice is **under huge pressure** and may be short of staff due to Covid – please be patient, we are committed to helping you (40 mentions).
- **Options to try** before contacting the practice, eg pharmacy, self help, NHS 111, online info, physio and other First Contact Practitioners, etc (30 mentions).
- You may be referred to **a practitioner other than a GP** – most appointments will be via phone first followed by face to face consultation if needed (19 mentions).
- **Be prepared:** give a clear description of symptoms and when they started (15 mentions).
- **How triage works**, ie the receptionist will ask you questions to direct you to the practitioner best suited to your needs (12 mentions).
- **How to book an appointment** (online or phone) and expected length of appointment (12 mentions).
- **Don't be rude to staff**, it won't help (9 mentions).
- Face to face appointments **are an ongoing option** (8 mentions).

Less frequently mentioned but still common were:

- **Follow our Covid requirements** (mask, waiting arrangements, etc).
- **Book on the day** appointments over the phone – **book advance** appointments online.



Improvements made or in  
progress

# NHS England Priorities



# NHS England 2022/23 National Priorities

On 24th December 2021 NHS England published the 2022/23 priorities and operational planning guidance, which sets out the priorities for the year ahead and was further updated on 23 February 2022. The key priority for primary care is to improve timely access to primary care by maximizing the impact of the investment in primary care and Primary Care Networks, to extend capacity, increasing the number of appointments available and driving integrated working at neighbourhood and place level. This is one of eleven priorities, a number of which have additional implications for General Practice and are included here for their relevance and to demonstrate the breadth of work for primary care services.

**Planning Priority** – Improve timely access to primary care

## **Ask of primary care:**

- Continued integration of services closely with community care.
- Extend the primary care workforce to increase capacity, particularly in terms of the number of primary care network (PCN) roles and GPs, through of the Additional Roles Reimbursement Scheme (ARRS) and other support for the workforce.
- Continued need to provide good level of access, including digitally.
- Implementation of two new Direct Enhanced Services (DES) for planned anticipatory care and personalised care and an expanded focus on cardiovascular disease and prevention. Address the backlog of interventions for patients with long term conditions.
- Increased use of community pharmacy services

# NHS England 2022/23 National Priorities

**Planning Priority** – Invest in the workforce

**Ask of primary care:**

- Accelerate the introduction of new roles such as anaesthetic associates and first contact practitioners and expanding advanced clinical practitioners.
- Develop the workforce required to deliver multidisciplinary care closer to home, including supporting the rollout of virtual wards and discharge to assess models

**Planning Priority** – More effective response to Covid-19

**Ask of primary care:**

- Delivery of the vaccine programme, planning to maintain the infrastructure that underpins our ability to respond as needed.

**Planning Priority** – Use of digital technologies to transform patient care

**Ask of primary care:**

- Increase adult registration with the NHS app and NHS UK as part of continued use of digital technology to transform the delivery of care.



# NHS England 2022/23 National Priorities

**Planning Priority** – Deliver significantly more elective care to tackle the elective backlog (waiting lists), reduce long waits and improve performance against cancer waiting times.

## **Ask of primary care:**

- Though mainly aimed at secondary care providers, we will need to ensure timely presentation and effective primary care pathways including:
  - Working with Primary Care Networks to support implementation of early cancer diagnosis as set out in the Network Contract Directed Enhanced Services (DES)
  - Running local campaigns to complement national advertising to raise public awareness of cancer symptoms and encourage timely presentation

**Planning Priority** – Improve the responsiveness of urgent and emergency care and build community care capacity

## **Ask of primary care:**

- Prevent inappropriate attendance at Emergency Departments
- Reduce length of hospital stay
- Deliver more capacity at home and improve hospital discharge
- Virtual wards to be expanded to managing patients with Covid-19, acute respiratory infections, urinary tract infections, chronic obstructive pulmonary disease and complex presentations such as those living with frailty.

# NHS England 2022/23 National Priorities

## Planning Priority – Improve Mental Health Services

### Ask of primary care:

- Improve and expand mental health services and meeting the needs of those with autism and/or learning disabilities.
- Primary Care Networks to continue with the use of mental health care practitioner ARRS role
- Emphasis on the needs of those with autism and/or learning disabilities, with request for practices to ensure they are able to access primary care, the importance of annual health checks and maintenance of learning disability registers.

## Planning Priority – Develop an approach to population health management

### Ask of primary care:

- Utilise improved access to, and quality of data to allow understanding of disease patterns and outcomes to inform patient pathways and patient need.
- Particular emphasis on using data to inform prevention initiatives as they relate to the [NHS Long Term Plan](#)
- Requirement for systems to work to promote prevention, restore the monitoring and management of long term diseases, progress against the NHS Long Term Plan and reduce use of antibiotics.

# Improving access in Slough, shared by local NHS Managers



# What local NHS managers have done to support patients and primary care

## Slough Place

### Improved Access to General Practice (IAGP) Extended Access Service

#### Slough IAGP Providers since April 2021:

- Langley Health Centre on behalf of LOCC Primary Care Network (PCN)
- Bharani Medical Centre on behalf SHAPE PCN
- Farnham Road Practice on behalf of SPINE PCN
- Herschel Medical Centre on behalf of CSN PCN

#### This service offers:-

- same day booked access and pre-booked appointments
- Lead practices offer one or two on the day appointments each Saturday and Sunday (appointments released early morning)
- The service monitors the uptake and effectiveness of on the day booking to design roll out across all practices.
- Shared clinical and administrative information for all.
- A dedicated phlebotomy clinic in place on the weekend.
- A dedicated courier service collects samples from agreed PCN hub locations Saturday and Sunday lunchtime.

# What local NHS managers have done to support patients and primary care

## Slough Place

### Improved Access to General Practice (IAGP) Extended Access Service

**New Models of Care** – A wider skill mix (GP, nursing, health care assistants, clinical pharmacists and Physician Associates), innovative modes of consultation – sharing access to specialist clinical skills, sharing of full patient records across all practices and collaborative appointment management across a single service. Service provision reflective of local population demand. Service is delivered in collaboration with other existing services.

## Technical Innovation

The aim is for:-

- patients to experience a seamless service through shared clinical records, enabling continuity of care and access across 7 days. GPs able to see a full patient record from another practice.
- every patient to receive text reminders for appointments in core hours and the extended service towards helping to reduce 'Do Not Attends' (DNAs).
- DNAs are recorded and reported by the lead practice provider.
- individual practices have responsibility to ensure appointments are offered on the practice online booking system.
- Commissioned solutions eg 'Docman Share' to support use of technology to connect practices and view clinic documents.

# What local NHS managers have done to support patients and primary care

## Slough Place

### Improved Access to General Practice (IAGP) Extended Access Service

#### Collaborative working

- The PCN level service started on the 1st April 2021, offering patients' pre-bookable/ same day booked appointment on 7 days per week. The allocation of available appointments was initially agreed by the commissioner and practices. There is one appointment book per PCN with selected slots available for online booking/ subject to digital offer and on the day booking from a central point.
- NHS 111 and Out of Hours services still exist for patients to see a GP in the normal way. Once interoperability is in place, this service will also be able to be accessed in this way, where patients in need of on the day appointments can be seen at any service where there are vacant appointments and booking via Out of Hours and NHS 111. ensuring the service is accessible to all patients within their CCG localities.

We are grateful to [NHS Frimley Clinical Commissioning Group](#) for their formal response to this report. This can be found as appendix 1 of this report.



Douglas Bader  
Rehabilitation Centre

# Recommendations





# Some patient recommendations

**The following are a selection of relevant patient recommendations taken from the overall project**

## Phone systems

- New phone systems or increased number of call handlers or lines dedicated to appointments booking should be put in place to unblock lines for enquiries and test results and reduce call waiting.
- Phones able to have a third person in the consultation.
- A dedicated phonenumber for diabetic nurse at surgeries.
- Dedicated phonenumber for registered carers.
- Continue to review pre-recorded messages to ensure they don't deter patients or lead them to believe they are a burden on an overstretched service
- Implement phone queue system in all services
- Staggered lunchbreaks – many surgeries close over lunch but this is when working people are more likely to call.
- Each surgery should look at ways in which to increase the efficiency of call handling in order to prevent long telephone queues.






# Some patient recommendations – continued

## Appointments and consultations

- More specific time slots (i.e. 1 or 2 hour windows instead of 'morning' or 'afternoon') for phone consultation/GP calls to help people plan their day to take the call.
- Increase the opportunities for face to face meetings giving people the choice of virtual or in person appointments/consultations.
- Alternative methods to cancel an appointment.

## Information technology

- Review online application forms as they are reported to be repetitive, confusing, poorly constructed with limited choices, and to improve response time.
  - Improve relevance of e-consult questions by providing the option of free text.
  - Continue to review ease of use of GP websites adopting standard templates
- 



# Some patient recommendations – continued

## Communications

- Inform patients as far as possible of changes to practice staff.
- Patient engagement regarding the role of clinicians and patient advisors in the surgery, with emphasis on the importance of triaging.
- Clear communication regarding the future of primary care consultations so that patient expectations can be managed.
- Include information on websites/waiting rooms about the different staff in the surgery.
- Calibrate patient need (e.g. to see a clinician) sensitively, taking care not to suggest their concern/issue is more or less serious.
- All staff GP practice staff conducting a consultation, should introduce themselves and their role within the practice.
- Training for staff on autism and learning disabilities so they can better understand their needs.



# Next Steps

## Healthwatch plan to follow up this work by

- Taking similar reports being produced in the South Region from the Local Healthwatch participating areas, we will produce a regional project report, including all of the rich learning from this collaboration. We aim to publish in July 2022.
- Resources allowing, we'll use the insight from staff and patients to support practices with a communication toolkit that has been collaboratively designed.
- We will ask the Frimley Integrated Care System (from July 2022) what they have learnt from people through this work and how this will be used going forward.
- We will take opportunities to showcase this work nationally and continue to seek examples of good practice that we can share back to our Integrated Care System and local practices.



# Appendix 1 – Local NHS response to our report

# Appendix 1 – NHS Frimley Clinical Commissioning Group formal response June 22

## Overview

The Frimley Health and Care Integrated Care System (ICS) aims to support people to live longer healthier lives whilst improving access to the care they need. General practice is at the heart of the care provided by the NHS and over a lifetime, 85% of our patient/doctor contacts will be in general practice – nearly 16,000 a day across our Integrated Care System.

As we continue our journey in creating healthier communities and tackling health inequalities, we are strengthening and transforming general practice in a number of ways. This includes:

**Staff** – The general practice team is expanding to include a wide range of other professionals such as paramedics, pharmacists, physiotherapists and mental health practitioners. Community services are also being brought closer to practices to allow more joined up care. These services are, subject to approval, also likely to include maternity, mental health, physiotherapy and specialist nursing.

**Better knowledge of services** – As well as the above, there are a wide range of options outside of the GP practice available to local people when seeking support. This includes the NHS website (for information on symptoms and care), the healthier together website, (for those caring for under 18s), the NHS app, 111 online or over the phone and through the support of local pharmacies.

**Digital Access** – Local people can contact their surgery or make a routine enquiry online without having to telephone during core hours, Monday to Friday 0800 to 1830. They can take more control over a long-term condition or see elements of their health record at the touch of a button. People can be seen from home, which they may feel more comfortable with, and it can solve transport issues, fitting in more easily around family and working life.

### **Listening to local people**

Over the past six months we have undertaken considerable listening and engagement activity to better understand the views of local patients, carers and wider communities. This includes:

- Digital Access Survey (over 600 responses)
- Focus groups with 40 people from key groups including parents, people with long term conditions, men aged 18-25 and people with English as a second language.
- Local Healthwatch primary care staff survey
- Local Healthwatch review of all GP practice websites and telephone answer messages (commissioned by the CCG)
- National primary care staff survey
- Local partnership and stakeholder working groups looking at improved communication and shared approaches to working with local communities.

The findings from the above work (available on request), alongside the findings in this recent Healthwatch report all correlate. The key themes are broadly the same and as a result we are already working to ensure that the feedback is being utilised to inform transformation work across our Primary Care services.



### What are we doing in response?

- A range of communications materials, both internal and external, which have been/are being continuously produced. These focus on areas including access, demand and new roles within primary care. The materials are being shared with partner organisations and used across social media and through other routes to reach as far through our communities as possible (links to key information below)
- Improved practice websites with clearer information about where and how services can be accessed. Based on what patients have told us (via Healthwatch and via internal engagement) we have made key items and information more prominent and developed a more user-friendly and accessible interface.
- **59 out of 72 practices** have confirmed commitment to the new Frimley primary care website offer, with **34** practices already live with improved access to practice information and signposting to self-management options, the remaining websites are due to go live shortly.
- Alternative sources of information have been developed for minor injury and minor illness, including the Frimley Healthier Together website – focused on children's health, for parents and families
- Improved practice telephone systems with more capacity for incoming and outgoing calls, responding directly to patient feedback about the difficulty in reaching their practice on the phone.

## Appendix 1 – NHS Frimley Clinical Commissioning Group formal response June 22

- **14 out of 16 PCNs** have been delivering or are in the process of implementing telephony/e-hubs which provide a centralised telephony/e-consult service for their constituent practices to support their patients' access to primary care services.
- Continued review of practice telephone recorded messages – further to a review by Healthwatch a number of changes have been made (or are being made) based on recommendations and feedback received.
- Rapidly expanded online consulting tools that give alternative routes for administrative requests and access to routine appointments, freeing up telephone systems for those who need to use them.
- All Practices in Frimley offer online consultations.
  - An online consultation enables you to contact a GP or other health professional over the internet. It saves you waiting for an appointment or going to the GP surgery.
  - You can tell your GP about your health using a smartphone, tablet or computer. The type of online consultation you have depends on your GP surgery. Many GP surgeries use a questionnaire or an online form.
  - After your online consultation, your GP surgery will follow up. It can be an:
    - electronic message
    - phone or video call
    - face-to-face appointment
  - Some online consultations enable you to contact your GP surgery to request things like test results, sick notes and GP letters.

## Appendix 1 – NHS Frimley Clinical Commissioning Group formal response June 22

- The NHS Community Pharmacist Consultation Service (CPCS) was launched on the 29 October 2019 and is available across Frimley CCG. The CPCS facilitates patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes.  
The service is helping to alleviate pressure on GP appointments and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this.
- Training our workforce to help patients access the right service, first time
- Provision of community engagement support and training for our Primary Care Networks. Supporting ongoing development, building new community-based relationships, and enhancing skills within primary care.
- Continuing to recruit and develop our expanded workforce
- Providing additional funding during periods of increased demand, for additional appointments
- Developing more services at scale, to make best use of the new workforce across all our practices and provide consistent and reliable service offers

## Appendix 1 – NHS Frimley Clinical Commissioning Group formal response June 22

- The development of a 'digital champions' scheme, ensuring constant feedback and suggesting development opportunities leading to co-design of new services and support offers
- Supporting communities to carry out projects in their local communities that impact health and wellbeing (via our Innovation Fund and NHS Charities schemes)

### Further information and useful links:

The following links will take you to further useful information and resources linked to this work.

- ['Your GP Practice is working differently' poster](#)
- [Know where to Go when feeling unwell poster](#)
- ['Helping you to stay well' information](#)
- ['Helping you to stay well' booklet](#)
- [Frimley Health and Care Integrated Care System website](#)
- [Frimley Healthier Together website](#)
- [Information projects supported by our Innovation Fund scheme](#)

## For more information you can speak to Healthwatch Slough



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