



Patient Group 7/3/23

MINUTES

Attendance

- 7 pts present
- Plus Camilla Hawkes from the practice



¶

**Patient-participation-group-meeting¶
Tuesday-Mar-7th-2023,-5-6pm¶**

¶

¶
AGENDA¶
¶

- 1.→Introductions¶
- 2.→Access & appointments:¶
 - Update from the “focus group” project¶
 - Update on our incoming demand vs our capacity¶
- 3.→How the practice and patients communicate, is changing: ¶
 - PATCHES see www.patches.ai will replace “eConsult” and will also replace our text software from 1st April¶
 - NB that this change is not our idea / of our choosing!¶
- 4.→Recruitment & staffing update¶
- 5.→Any other business¶
- 6.→Date of next meeting ¶

¶

**Optimising people-centred access in primary care in the context of Covid-19:
facilitating organisational and policy change**

Collaborative focus group – meeting one

Monday, 30 January 2023, 14.00-16.00

Facilitator and research team

Jennifer Voorhees; Jonathan Hammond; Rebecca Goulding

Focus group – we discussed the focus group which had taken place on 30/1/23 (& the 2nd one is due on 13/3/23)
3 people present today had been part of it (Camilla + 2 pts) and feedback was positive.
Good thing to do, even if there is no clear way to solving any of the intractable issues

Agenda

1. Welcome and introductions (14:00-14:25)
 - Purpose of the research
 - Plan for the meeting and ground rules
 - Introductions
2. Access to primary care (14:25-15:10)
 - What we've learned about access
 - The experience of access

(Break 15:10-15:20)

3. Improving the experience of access (15:20-15:45)
 - Next steps
 - Creating an action plan
4. Reflections on the meeting (15:45-16:00)


Broad themes from focus group

- The role of/importance of continuity and the dissatisfaction of both staff and patients with the current offer of predominantly same day appointments [including difficulty calling practice in morning during commute/school run times and the pressure this places on staff]
- Vulnerable patients who cannot use the systems as well as others were discussed, and it was noted that the online interface through e-consult was not a great fit for all patients [would like opportunity to free text more, frustrations with being told to ring practice after filling it out].
- It was recognised that it can be difficult for patients and staff to fully appreciate the pressures that each other are experiencing, and that the language used in interactions can have a powerful effect.


Some suggestions for action included


- Explore pros and cons of named/preferred GP
- Learn from other practices doing it differently- ie with named lists or other systems
- Engage in proactive work around frailty and other groups with unmet health needs.

Since the 1st focus group, the practice has engaged in an exercise to review all the Gp appt systems we have used since 2013. See next few slides

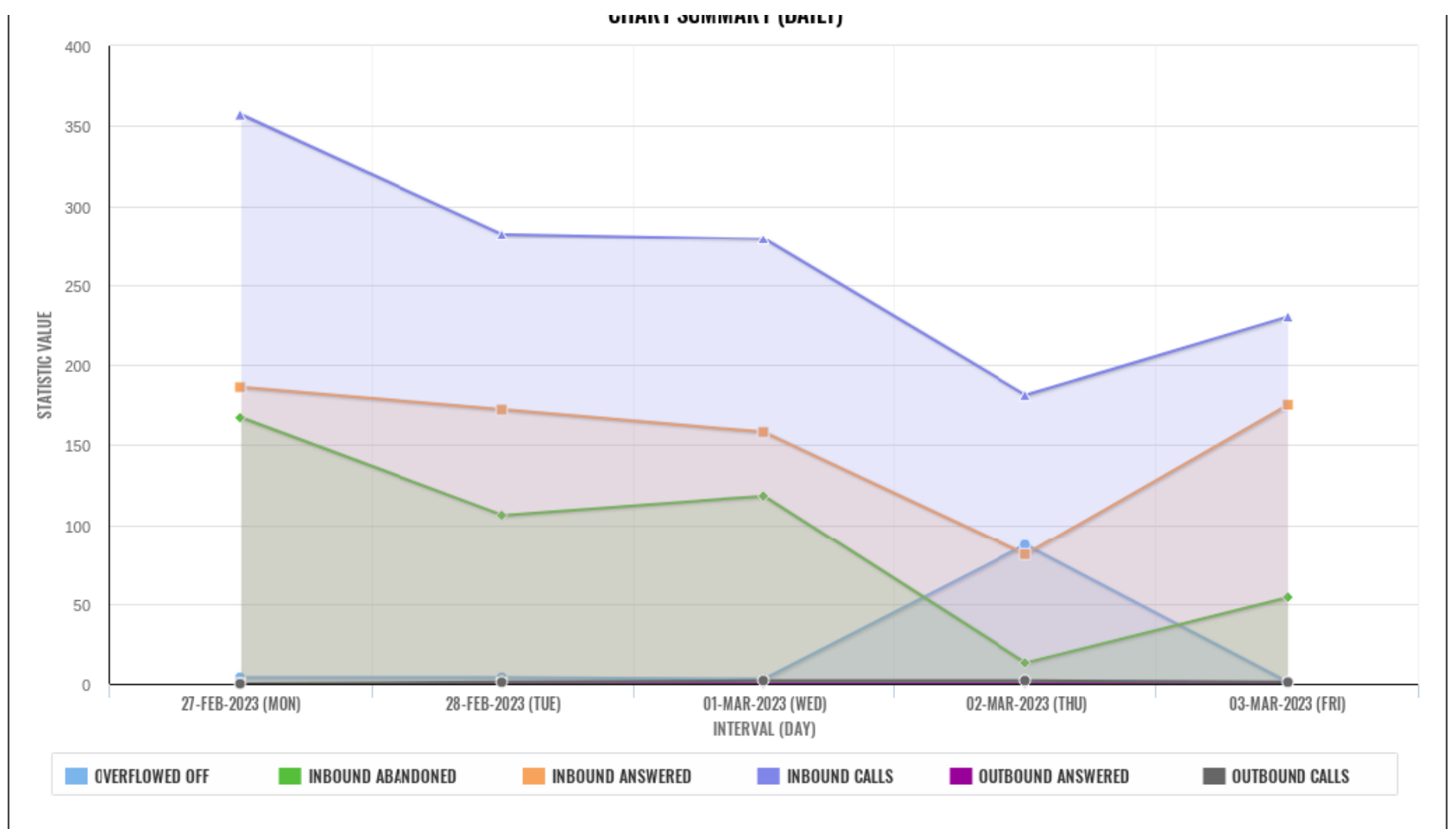
Name of system 	On-the-day ¶ Plus ¶ <u>eConsults</u> ¶ 2022-2023 ¶	Some pre-bookable appts ¶ ¶ 2014-2020 and 2021-2022 ¶	"Doctor-First" ¶ ¶ 2013-14 <u>approx</u> ¶
Criteria			
How to book routine GP appointments	Bookable on-the-day, released each day at 8am and at 1.30pm. Staff keep a small number back for patients who are vulnerable and unable to navigate the system themselves, or where there is a clinical need for a particular timeframe.	Pre-bookable from when they are added to our computer system—generally 2-6 weeks in advance.	All patients wanting to see or speak to the GP had to ring before 11am on the day and were added to a GP list. That GP contacts the patient and either deals with the issue on the phone or gives them a <u>face-to-face</u> appointment that day.
How to book acute GP appointments	Acute care needs are seen in our Critical Service which runs daily 8 am—11 am. Patients can get a call back from the on-call doctor about acute care and if necessary be seen: one GP is the on-call doctor and appointment with other GPs are reserved for this purpose. After 11 am our duty doctor is available for Red Flag reasons only.		There was a duty doctor who manages acute care after the 11am cut-off time.
<u>eConsults</u>	Online forms dealt with within 48 hours. Where the eConsult indicates that a routine or Critical Service appointment is needed, the GP redirects the patient (<u>eConsults</u> are not a route to a quicker GP appointment.)		Not available back then

Name of system	On-the-day Plus eConsults 2022-2023	Some pre-bookable appts 2014-2020 and 2021-2022	"Doctor-First" 2013-14 approx
Criteria			
Mismatch between Supply v demand	The mismatch is <i>visible</i> in the number of patients unable to get a routine on-the-day GP appointment (because they are "full"). The mismatch is <i>felt</i> by patients as they have to ring again on a different / multiple occasions, and by staff who are aware of this dissatisfaction.	The mismatch is <i>visible</i> in the wait for a routine GP appointment which is 2022 had got to 6 weeks (and sometimes no routines were available to book at all). The mismatch is <i>felt</i> by patients having to wait a long time, and by on-call GPs having to deal with overly long lists of patients who ask to be dealt with in the Critical Service instead of waiting.	The mismatch was <i>visible</i> in the number of patients on the GP's lists each day which were unmanageably high.
Adjustments made for vulnerable & complex patients	We prebook appointments for this group	Patients who are coded as vulnerable got appointments on the day. Some appointments prebooked by GP.	Patients who are coded as vulnerable always got appointments on the day.
Follow-up of results	When we ask a patient to contact the practice for review / to follow up a test result or a hospital letter we text them a weblink to prebook an appointment (there are a limited number of these so at times they run out) unless it needs urgent discussion when it is dealt with on the day	Patients asked to book a prebookable appointment unless it needs urgent discussion when it is dealt with on the day	Patients asked to ring to speak to doctor who requested their tests on a day they work unless it needed urgent discussion when it was dealt with on the day

Name of system 	On-the-day ¶ Plus ¶ <u>eConsults</u> ¶ 2022-2023 ¶	Some pre-bookable appts ¶ ¶ 2014-2020 and 2021-2022 ¶	"Doctor-First" ¶ ¶ 2013-14 <u>approx</u> ¶
Criteria			
Average number of GP appointments "wasted" as patients did not attend	One a week ¶	14 a week ¶	None ¶
Advantages for patients	Appointments available <u>everyday</u> ¶ Good access to on-the-day care for acute needs ¶	Can book ahead and plan around this. ¶ Good access to on-the-day care for acute needs ¶	Appointments available every day. Can ring on the day your preferred GP works ¶ We made a commitment that we would deal with all demand on the same day. ¶ Good access to on-the-day care for acute needs ¶
Advantages for the practice	<u>Prioritises acute care</u> so we know there is sufficient capacity for it every day. ¶ Workload can be dealt with safely and is not overwhelming for GPs ¶ Very few appts need rearranging if a GP is away unexpectedly. ¶	GP can ensure patients have appointment booked for review in the time frame they feel is appropriate (<u>as long as some left</u>). ¶ There is capacity for on-the-day/urgent care. ¶	Simple to run. ¶ Continuity of care if GP signposts day to ring for review by same doctor. ¶
Challenges and frustrations for patients	<u>Have to ring on the day</u> to book an appointment. ¶ Having to phone on multiple occasions because routine appointments get booked up quickly ¶	When there is a long wait for <u>prebookable</u> appointments patients may not feel this is acceptable or tolerable. ¶	Only able to prebook in exceptional/limited circumstances. ¶ Preferred doctor might be full for that day ¶
Challenges and frustrations for the practice	GP may not feel sure that patients will get reviewed when they want to be. ¶ Some patients book lots of routine appointments whereas others say they never can. ¶	Our data evidences that when the wait for a routine appointment is longer than <u>3 weeks</u> , <u>patients</u> feel unable to wait and ask to be on the Critical Service list instead which can make it unmanageable for the on-call doctor. ¶ More complex for our appointments administrator to plan ¶	Whenever a GP was on leave <u>either</u> the remaining GPs had unmanageable workloads. The only other option was to book a locum GP to deal with their work which was unaffordable. ¶

Name of system 	On-the-day ¶ Plus ¶ <u>eConsults</u> ¶ 2022-2023 ¶	Some pre-bookable appts ¶ ¶ 2014-2020 and 2021-2022 ¶	“Doctor-First” ¶ ¶ 2013-14 <u>approx</u> ¶
Criteria			
Potential patient safety issues	Unmet need for those who are unable to book a routine GP appointment. ¶ ¶	Long duty lists risk not having enough time to deal with the acutely unwell patient who clinically needs to be seen that day. ¶ Staff burnout leading to poor care. ¶	The commitment to deal with all work on the day meant the workload was beyond a safe level. This resulted in GP burnout and staff wanting to leave. ¶
Impact of unplanned absences	Fewer routine appointments available that day. ¶ But rare to have to cancel any appointments which means less work for the practice. ¶ ¶	Complex to manage as need to cancel prebooked routine appointments. This is even harder when the wait is long as patients who booked 4 weeks ago will not want to (and shouldn't) wait yet another 4 weeks. ¶	Can leave limited capacity to meet patient demand for that day and remaining doctors can be overwhelmed. ¶ Rare to have to cancel appointments. ¶

After a period of technical issues, we have recently re-started getting regular data about our "performance" answering calls. We will use it a basis for improvement. At the meeting we discussed getting data which is broken down by hour of the day, as the 8am-9am period is likely always to be a longer wait than later on.



Detailed Report Fields/Statistics														
Interval (Day)	Overflowed Off	Inbound Abandoned	Inbound Answered	Inbound Calls	Outbound Answered	Outbound Calls	Max Wait Time	Avg Waiting Time	Avg Answer Time (In)	Avg Abandoned Time	% Service Level	Avg Ring Time (Out)	Total Talk Time	Avg Talk Time
27/02/2023	4	167	186	357	0	0	00:32:15	00:06:08	00:10:53	00:00:59	2.8%	00:00:00	10:04:53	00:03:15
28/02/2023	4	106	172	282	0	1	00:25:44	00:04:55	00:07:25	00:01:03	2.8%	00:00:00	09:04:16	00:03:09
01/03/2023	3	118	158	279	0	2	00:24:44	00:05:04	00:08:03	00:01:11	2.9%	00:00:00	07:36:38	00:02:53
02/03/2023	87	13	81	181	0	2	00:17:38	00:02:20	00:04:59	00:01:29	5.0%	00:00:00	03:19:19	00:02:27
03/03/2023	1	54	175	230	0	1	00:29:17	00:06:31	00:08:08	00:01:26	3.0%	00:00:00	08:47:02	00:03:00
	99	458	772	1329	0	6	00:32:15	00:05:12	00:08:17	00:01:07	3.2%	00:00:00	38:52:08	00:03:01

Discussion points raised

- If we accept that some queueing to be answered is inevitable, then is there anything we can do to improve the pt experience while queueing? [EG the length of welcome message before being moved in to the queue/ or told that the queue is in fact full].
- The tone of the SMP messages tend to be pleasant.
- "Mass texts" warning that the practice is full / reduced capacity: recently we have sent several of these. Camilla asked the group how it felt receiving them. On one hand: we wish to be transparent about current pressures; on the other hand it does add to the "day's bad news" for 95% of our pts who would not have contacted us anyway. The group could see both sides of the issue. It was felt that a period of sending such texts is not a bad idea, but does not have to be for always (could have a period when you then don't send such texts, as the point is made).

PATCHS ONLINE SYSTEM

This is replacing eConsult and other software which we use for texting to patients,
from 1/4/23

patches

The Next Generation
in
Online Consultation

Getting Started with
PATCHS

 advanced



Key Features

PATCHS is a next generation online consultation system including all the features a modern practice needs to run efficiently.

It has been designed in a modular way to make it fully customisable. Features can be enabled/disabled at any time to tailor the solution to your practice's specific needs. These are some of the key features and associated help links.

Feature	Description	Key Help Links
Online Consultation	Allow patients to contact the GP practice online for support.	Submitting a Request Responding to a Request
Video Consultation	Conduct video consultations with your patients using PATCHS' inbuilt system.	Conducting a VC
Ad-hoc and Bulk SMS Messaging	Initiate messages with specific patients or target cohorts	Ad-hoc SMS Messaging Bulk Messaging
Clinical System Integration	Auto-register patients and file consultations directly into the clinical system in 1-click with no manual work	Auto-Registration Auto-Filing
Demand Management	Limit the number of patient requests by type, day of week, and hour. Switch PATCHS off out of hours.	Request Limiter
Booked Slots	Schedule routine requests for convenient times in the future to spread demand	Booked Slots
Patient Facing Services	Enable patients to use NHS Login, book appointments and order prescriptions	Booking Appointments Medication Requests

PATCHS Patient Journey



A patient has an issue and wants support from their GP practice.



The patient goes to their GP practice website and clicks on the PATCHS banner.



Patients are presented with options to Contact GP, Review Messages, Editing Details, Check Symptoms, and to find local services.



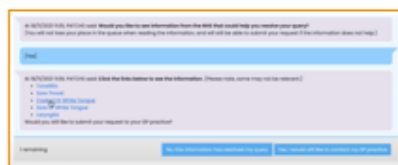
Choosing to contact their GP, they then Register, login using a PATCHS account or NHS Login, or continue without an account



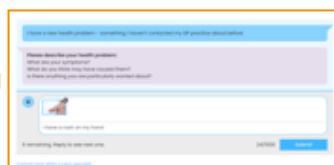
Patients then select if they are submitting a request for themselves or someone they care for (proxy)



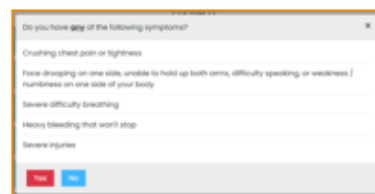
If enabled, the Signpost AI may then ask the patient to complete relevant clinical questionnaires to gather additional information.



If enabled, the Signpost AI will then present relevant NHS self-help links to the patient, where upon the patient can choose to continue or cancel the request.



They then answer a few simple open-ended questions using free-text, adding images/ document at any time as required.



They are first asked if they are experiencing any 'Red Flag' symptoms. If so, they are directed to call 999 or visit A&E.



Patients then select the type of request they want help with (New Health Problem, Existing Health Problem, Repeat Medication, Admin or Other)



The patient is told how they will receive a response and the wait time. They are told to call the practice if the practice changes or if they have not heard back.

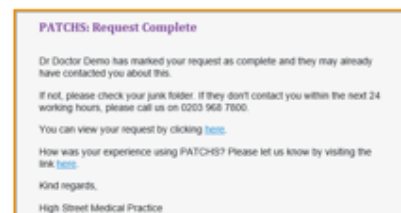


The practice reviews the request and either initiates a 2-way conversation for follow-up questions, provides advice, or arranges a consultation (telephone, video, face-to-face)

If the practice starts a conversation the patient will receive an email or SMS telling them to log into PATCHS to respond



Once the consultation is complete the patient receives a notification it is closed. They can then provide additional feedback on their experience



Possible benefits & drawbacks

- ✓ Real time translation of written text
- ✓ The online form is just a few free text questions, not LOADS of questions as currently
- ✓ Currently we use 3 different methods to send texts to patients. This is confusing to receive as they show as 3 different "conversations" on the phone. PATCHS means there will be fewer methods in use.
- x We believe that a login is needed to receive messages. However it may be that you can use the NHS login as part of the NHS App. We are encouraging people to use the NHS app anyhow eg for ordering repeat prescriptions it is the safest way with the clearest "interface".

Recruitment & staffing update

- Advanced Clinical Practice staff funded by Primary Care Network
 - What is an ACP?
 - Paramedic, weekly on a Friday
 - "Winter clinic" – 30 appts per week till end of May
- Salaried GP vacancy – agreement ! To be in post Aug 2023
- Patient Support team: Clare, Kim, Dawn, Nicola now in role
- Nurse placement is providing us additional capacity in nurse team
- [Camilla on sabbatical May to July]

Any other business - Online records access

- From 12.2.2 –patients can see all their own GP held records created since 12.2.23 in the NHS App even if they have not previously asked us for / been granted, online access
- We have offered full access since 2016 (using a formal request process)
- Only 1200 practices nationally have "turned on" this function, the rest are taking longer.
- SMP is committed to transparency. We are a custodian of the records on behalf of patients. The records belong to the patient.
- Records of some patients who may be vulnerable, have not been opened up in this way. Because for these patients there is a higher risk of there being 3rd party or distressing references. However if the patient request us then we will do a detailed records review & then we may be able to open up the access.

Date of 2023 meetings

- 13th June 2023 2pm – 3pm ** time may change – Dr Gordon to lead
 - 19th Sept 2023 5 pm – 6pm
 - 12th December 2pm – 3pm
-
- Discussion re if face to face or on zoom. Attendance has been higher with zoom but NB if we are sticking with zoom even partially then practice to reach out to pts who may welcome support with their tech.
 - Request for next meeting to focus on 2023/24 GP contract and how the practice is feeling in the midst of the wider NHS changes / maelstrom