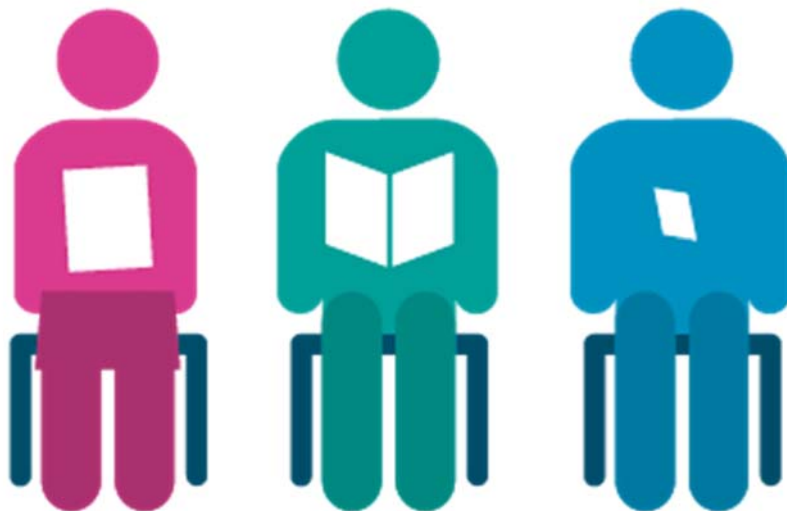


WAITING ROOM



A day in the life

Halton GP Practice Managers

Acknowledgements

We would like to thank the following for their help and support in the production of this report:

- Our Team led by Roy Page, with Sue Ellison and Paul Cooke.
- The Healthwatch Halton Admin Team Dave Wilson and Julie Doyle
- NHS Halton CCG Support Team Sarah Vickers and Julie Holmes

Finally a thank you to all 17 Practice Managers in Halton, especially Maria Stacey, Diane Hanshaw and Jacky Slator.

Table of Contents

Acknowledgements	2
Objectives.....	4
Background	4
Results	6
Spreadsheet Data	7
Practice Managers Survey 2016.....	11
Three Visits Reports	23
Observations.....	23
Levels of Access	23
Appointments.....	23
Did Not Attend (DNA) Problem.....	23
Use of Emails and E-consultation.....	24
Information Screens	24
Patient Participation Groups	24
Recommendations	24
Triage Systems.....	24
Reduction of 'Did not Attends'.....	25
Improve Communication - Golden Rules	25
Training in use of IT Systems	25
Re-invigoration of PPGs	25
Support of Practice Managers	26
References	27
APPENDICES.....	28
Notes of 'A day in the Life of a Practice Manager' - Castlefields Health Centre	28
Notes of 'A day in the Life of a Practice Manager' - Beaconsfield Practice	31
Notes of 'A day in the Life of a Practice Manager' - Grove House Practice	36
Response from NHS Halton CCG	39

1) Objectives

- 1.1 The Kings Fund report 'Understanding Pressures in General Practice' details the many challenges facing GP Practices:

'General practice is in crisis. Workload has increased substantially in recent years and has not been matched by growth in either funding or in workforce.'

'Pressures on general practice are compounded by the fact that the work is becoming more complex and more intense. This is mainly because of the ageing population, increasing numbers of people with complex conditions, initiatives to move care from hospitals to the community, and rising public expectations.'

These effects were observed in differing degrees across our survey.

- 1.2 Our survey was to look at the Practice Manager (PM)'s role. It is a complex role. PMs and the admin staff cover a wide range of tasks including finance, access and appointment management, staffing, prescriptions, patient facilities, Patient Participation Groups and Information Technology.

- 1.3 Our objectives were thus:

- To look at the role of Practice Managers and the operation of GP Practices.
- To identify possible ways in which Healthwatch Halton could help the GP Practices in Halton.

2) Background

- 2.1 This survey followed on from our GP Access Project completed in 2014. The objectives were to understand the Practice Manager's role and the operation of a GP Practice. From which it was hoped to understand how Healthwatch Halton could best support the GP Practices and Practice Managers in Halton.
- 2.2 This project has been carried out by a Task and Finish team consisting of three volunteers ('The Team'), the Healthwatch Halton admin team with support from the Primary Care and Community Commissioning Team at NHS Halton CCG.
- 2.3 Initially we decided to adopt an earlier survey carried out by Healthwatch Liverpool during March 2014. This consisted of 32 questions to which we added one further question related to patient records (the 'long survey'). Healthwatch Liverpool had sent their questionnaire to all 94 Liverpool GP Practice Managers and a total of 34 (36%) were returned.
- 2.4 This 'long survey' only received four replies from the 17 practices in Halton. The team attended a CCG PM Meeting in November 2014 to understand the lack of

response. The PMs explained their difficulties involved in answering the questions in the survey. The reasons given included:

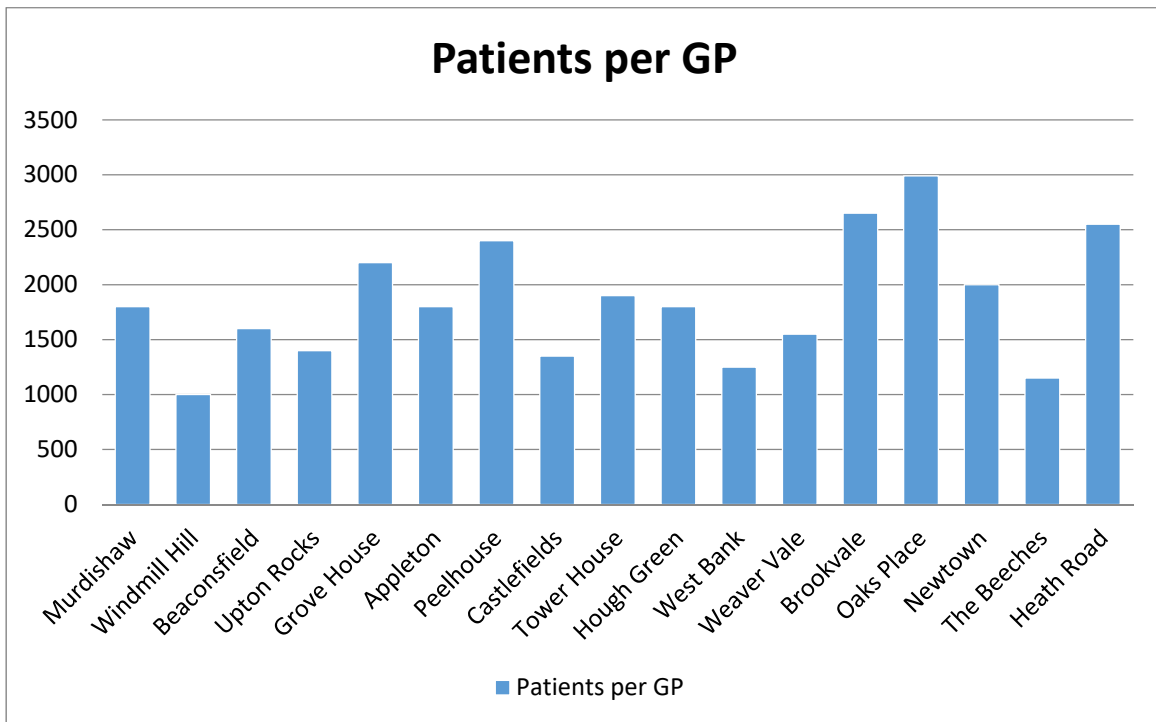
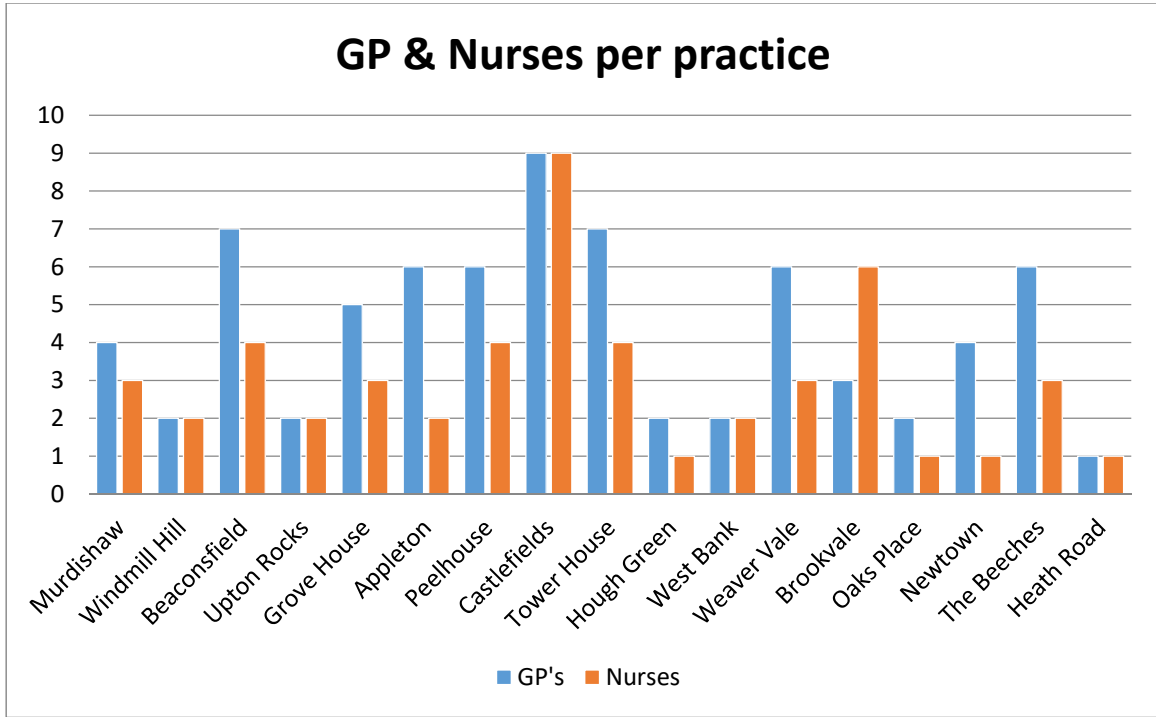
- The lack of term definitions which could lead to misinterpretation
- The information requested was available elsewhere
- The onerous amount of research required in their already overloaded schedules.

Also they stated they could not understand the purpose of the project and hence the general lack of response.

- 2.5 The team met with the CCG representatives and reviewed the survey. It was decided to research the open sources of information (e.g. Practice websites, national surveys) and produce a spreadsheet with this data. The CCG team were also able to provide information subject to privacy stipulations. This allowed the team to reduce the questionnaire to 11 questions ('the short survey') which could not be derived elsewhere. It was also agreed that the three Task and Finish Team members would each visit a Practice to better understand how GP Practices operate.
- 2.6 The proposals were agreed with the Practice Managers (PMs) and subject to a review by the CCG team and the Practice Managers a report could be produced based on the data spreadsheet and the short survey.
- 2.7 At a PM meeting 24 November 2015 it was agreed that the PMs would complete the short survey.
- 2.8 By March 2016 again only four short questionnaires had been returned. It was decided to write to individual PMs and ask what the problem was. Following this, a further six replies were received and with follow up telephone calls an additional 5 responses were received. The following report was based on these fifteen returns and the spreadsheet finally completed in June 2016.
- 2.9 Upton Rocks and Heath Road Practices did not return the reduced surveys.

3) Results

There are seventeen practices in the Halton CCG area as shown below. The GP and Nurse numbers are as of January 2015.



3.1 Spreadsheet Data (16 Practices - Dateline June 2015)

This summary of the spreadsheet data was provided by Halton CCG.

Part of the additional information gathered was from data collected in May 2015 when practices were asked to submit data regarding access, staffing and appointments as part of the PMS review that was being undertaken at that time. As stated sixteen practices provided data and a summary of the data is below.

It should be noticed that this information was collected for a different reason to this paper and therefore cannot be wholly verified. Also since the data was collected there may have been changes to the information provided. For instance two practices have since merged which brings the total number of practices in Halton currently to 16.

3.1.1 Access

Q1. At what times are your phone lines operational on a daily basis?

Phones were operational in the majority of practices between 8.00am-6.30pm. In practices where this was not the case, i.e. the phone line was operational from 8.30am, an alternative telephone number (usually a mobile number) was always provided for emergencies. On average phone lines were operational for 50.35 hours per week.

Q2. At what times during the week is telephone access restricted to emergencies only e.g. half day closing or lunchtime

Nine practices did not restrict telephone access to emergencies only at any time. Two practices restricted access during lunch times only, i.e. sometime between 12 noon and 2.00pm; one practice restricted access at lunchtimes plus one afternoon per week and another three on one afternoon a week only. Another practice restricted access between 8.00am-8.30am every day.

Q3. At what time does your practice front door open and close on a daily basis?

The majority of practices were doors open either 8.00am-6.30pm or 8.30am-6.30pm most days of the week. A couple of practices opened doors from 8.45am and 9.00am respectively. A further five closed doors at 6.00pm. A number of practices offer extended hours; actual extra opening hours ranged from 7.00am or 7.30am-8.00am and 6.30pm-7.00pm or 8.00pm on various days of the week.

Q4. What hours is your front door closed for lunch and/or half day closing?

The majority of practices (10) did not close for lunch or half day on a weekly basis. One practice closed at lunchtimes on a daily basis, and another practice closed at lunchtimes plus one half day a week. A further five practices closed for one half day a week.

Q5. Do you offer extended access - Time/Dr Time/Nurse Time?

Twelve practices offered extended hours, mainly sometime between 7.30am-8.00am and 6.30pm-7.00pm. Six practices offered extended hours on one day a week, with the remainder offering extra hours on 2-3 days a week. All practices except one offered both GP and practice nurse appointments during extended access. The remaining practice only offered GP appointments.

3.1.2 Staffing and Appointments

Q6. In a perfect week how many hours of GP face to face appointments are available?

The average number of hours in a week when GP face to face appointments were available was 563. This varied from 143 to 1080 hours. There was a close correlation between the size of the practice and the number of appointments offered.

Q7. What is the standard appointment length for a GP?

The standard GP appointment length for the majority of practices was 10 minutes with a few offering up to 15 minutes. One practice noted that "doctors spend as much time as is required by the patient".

Q8. Do you offer different appointment lengths? If yes, what is the length and what is this for?

Fifteen practices provided different appointment lengths as required. They all provided double appointments when necessary or requested by the patient. For example, one practice offered 20 minute appointments for minor surgery, care plan reviews and cancer reviews.

Q9. In the perfect week of the total number of face to face appointments, what is the percentage split of same day access and book ahead appointments?

Thirteen practices offered more same day appointments than book ahead. The ratio varied from a split of 40% same day/30% book ahead to 85% same day/15% book ahead. However the majority offered 70% same day and 30% book ahead. Grove House offered a majority of pre-bookable appointments, but each day one GP took the role of duty GP and dealt with all urgent requests, including arranging same day appointments and home visits.

Q.10 Do you offer GP telephone consultations?

All practices offered GP telephone consultations, using varying systems e.g. some used consultation slots, others used special sessions or had a set number allocated per day.

Appleton Surgery was the only practice that offered a complete telephone triage service. Clinicians would return triage telephone calls to patients at a pre-agreed time

in order to establish whether their problem was one which could be dealt with over the telephone without the need for them to attend the surgery. Where it was determined there was a need for the patient to be seen the patient would be offered an appointment.

Q11. In a perfect week how many hours of other practitioner's appointments are available? (e.g nurse practitioner, nurse, health care assistants etc)

The average number of hours in a week when other practitioner's appointments were offered was 176. This varied from 20 hours per week to 549 hours. Although this was a wide variation it did closely correlate to the size of the practice. Appointments were offered with nurse clinicians, nurse practitioners, practice nurses and healthcare assistants (HCA) as applicable to the practice.

Q.12 For each type of practitioner what is the percentage of same day and book ahead appointments?

The majority of practices offered more pre-bookable appointments with nurses and HCA's than same day appointments, with seven offering 100% pre-bookable appointments. A number of practices would also offer same day appointments if available. Some practices slightly varied the percentage split according to the practitioner and one practice varied the split according to need.

Q.13 Do you offer telephone consultations with other practitioners?

Fourteen practices offered telephone consultations with other practitioners, whilst two did not offer this facility.

Q.14 How many face to face appointments does a GP see/offer in a session?

Six practices offered 15 face to face appointments in a standard GP session. One practice offered 14 appointments, five offered 16 appointments and two offered 18 appointments.

Q.15 How many face to face pre-booked appointments do you offer in a perfect week before 9am and after 5pm?

The average number of weekly hours when face to face pre-bookable appointments were offered before 9.00am was 40 and after 5.00pm was 38, so more or less an equal split between morning and afternoon. Three practices did not offer any appointments before 9.00am but all offered appointments after 5.00pm. The actual number of hours pre-booked appointments were offered varied, but correlated with the practice list size.

Q.16 In a perfect week, what is the total number of non-clinical hours i.e. receptionists, admin support?

The hours varied according to the size of the practice. The maximum figure was 723 hours and the minimum was 111 hours. The average number of hours was 413 per week. It should be noted that two practices did not provide any data.

Q.17 If you offer extended hours, how many extended hours of GP time is available and how many nurse hours is available?

Of the 12 practices that offered extended hours, eight offered more GP time than nurse time. Two offered more or less the same number of hours for each, and one offered slightly more nurse time. One practice did not provide a split, only total number of hours. Four practices did not offer extended hours.

Q.18 What services do you currently offer above core GMS contract? E.g. 24hr BP, Spirometry, ECG etc.

This information is not included as it became clear that practices did not include everything they did and that work to establish what was above core GMS was required as part of the PMS review.

Q.19 How many home visits are undertaken in an average week?

The average number of home visits undertaken in an average week was 34. This ranged between 2 and 74 and was closely correlated to the size of the practice, with larger practices undertaking more home visits than smaller ones.

3.2 Reduced Survey

Following the low response rate to the initial survey, we spent a number of months working with NHS Halton CCG and the Practice Managers network to review and revise the survey into a reduced format. The original 33 questions were reduced to 11 and the new survey was emailed to all Practice Managers in January 2016

A reminder email was sent in March 2016 and in total 15 of the 17 local practices responded to the survey.

Practice Managers Survey 2016

Q1. What is the name of your practice?

1. Beaconsfield Surgery
2. Grove House Practice
3. Tower House Practice
4. Newtown Surgery
5. Peelhouse Medical Plaza
6. Weaver Vale Practice
7. West Bank Medical Centre
8. Oaks Place Surgery
9. Hough Green Health Park
10. The Beeches Medical Centre
11. Appleton Village Surgery
12. Castlefields Health Centre
13. Windmill Hill Medical Centre
14. Murdishaw Health Centre
15. Brookvale Practice

The responses to the questions are referenced to the above numbers.

Q2. How do you deal with urgent, same day appointments?

1. Urgent Requests for appointments are triaged by the GP on call same day appointments are booked by receptionists until all full. Then the patient would decide if urgent and is yes as above
2. The Receptionist is trained by the GP's to signpost the patient to the most efficient way of addressing their issue (some patients are not aware of other services that can help). For those patients that have an urgent need to see a GP the same day that we cannot help by other means, the Receptionist will forward the request to the doctor on duty for that day. He/she is then responsible for triaging the request and might telephone the patient or ask them to come in (we run an urgent on the day clinic in the mornings that patients can only get in to via the duty GP) - or might decide it is not really urgent for that day and make an appointment later in the week.

3. Anyone requiring an urgent appointment is seen on the day. Same day routine appointments are released on the day.
4. If all the appointments are gone for the day, any emergency appointment requests will be dealt with by the Duty Clinician as to whether they warrant an emergency appointment or a home visit, or if they could be dealt with at the Urgent Care Centre.
5. We have on the day appointments and urgent appointments also everyday
6. We have a duty doctor every day (two on a Monday) who will review all urgent calls received on the day. All the patients will receive a telephone consultation and if necessary will be invited in for an appointment on the same day.
7. Predominantly we have 'book on the day appointments' with urgent appointment slots available for each session- we also have a triage telephone service for over 75's.
8. We do take necessary information and pass to our GP who triages them and do the necessary
9. 70% of appointments are available on the day and 30% of appointments are pre-bookable. Emergency on the day appointments are also available.
10. Patients are given the option to come and sit and wait to be seen.
11. We operate a fully triaged telephone appointment system for appointments with GP's and the Nurse Clinician. We also have a duty on-call GP each day for emergencies.
12. GP call back - a nominated doctor has a list of 'telephone consultations' to triage the need. Receptionists tell patients they are unable to book any appointments for the same day and that they will receive a call back that morning (up to 11am). The GP decides if the need is urgent/not for an appointment etc. and will prioritise use of the appointments. Many calls can be dealt with by other means, i.e. transfer to other services within the Practice.
13. We have emergency slots each day for urgent appointments. We also have same day appointments that are released at 8am each morning, these can be booked in person at the practice, via telephone or by patient online access.
14. We have at least 18 urgent appointments that are given out each day to those patients requesting to be seen in an urgent capacity. We also have a GP call back telephone list and have open access to patients under the age of 18, over the age of 75, any patients on our Cancer register and any patients with a special note on their clinical records. These patients may wait to be seen, but will always be squeezed in somewhere.
15. Our appointments that are put on in advance are split 50/50. 50% are pre-bookable and the other 50% are book on the day. We also have an emergency clinic every afternoon. If a patient informs us that they have an emergency that will not wait then they will receive a telephone triage and if needed they will be booked into that clinic.

Q3. How many appointments are DNA'd (monthly average)?

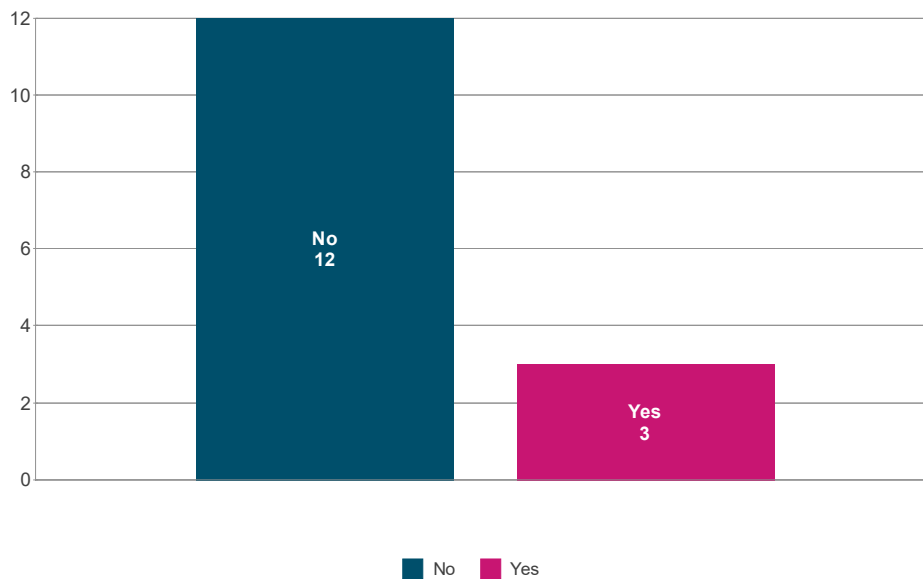
1. In 2015 - 175
2. In Jan this year we had 135 (GP and nurse appointments)
3. 125
4. 150
5. 109
6. 200 (inc Nurses & GP's)
7. 16 DNA GP 18 DNA nurse
8. 70-80
9. For the month of February 39 GP Appts were dna'd.
10. For GPs and nurses some 147.
11. Approx. 250
12. Not known without a search. Less now that we text patients upon booking and the day before the appt.
13. GP approx 40; Nurse between 5-19 per month; Health Care Assistant between 7-19 per month
14. Between 10-15 but it very much varies depending on the month and the weather.
15. 190

Q3b. How are you addressing the need to reduce the number of missed appointments (DNAs) and what else do you think could be done?

1. Letters to all patients who DNA. Already use text messages to remind patients of appointments.
2. We've tried a lot over the years:
 - I. We wrote to patients - but that caused massive offence with patients saying they'd either cancelled the appointment or never booked it in the first place)
 - II. We've put up figures on our plasma screen (last month X appointments were wasted sort of thing)
 - III. We've tried positive messages rather than negative (last month Y people turned up on time for their booked appointment - thank you! sort of thing)
 - IV. We're now using MJOG - a mobile phone reminder service.
 - V. We are also looking at telephoning older patients who don't have mobiles to remind them AND calling older patients who DNA to check everything is OK.
3. A record is made on the patient's notes to record a DNA. Patients who are multiple DNA's are contacted.
4. We have introduced a text reminder service which also allows patients to cancel via text. This has reduced DNA's significantly. This could be enhanced by patients keeping us up to date with mobile numbers.

5. Advertising in the waiting room/newsletter/website. Texting service allows cancellation of appointments.
6. We have introduced a policy where we write to all patients who DNA, the letter escalates through a process. If a patient DNAs for three appointments they receive a telephone call from the management team to establish whether there is any reason why they are unable to attend and if there is any support they need or whether the patient is just not cancelling appointments. We also advertise the number of DNAs in the waiting room.
7. We send out text reminders and also telephone patients to remind them of nurse appointments- we also send out 'did not attend' letters to patients who fail to attend chronic disease and screening appointments with the nurse-
8. MJOG DNA and also we send letters out for persistent DNA. Better awareness of appointment system helps. (MJOG is an automated appointment reminder system)
9. We have implemented MJOG a text reminder service to help address this issue.
10. Notification on the Jayex call board
11. The practice has a text message reminder facility
12. As above. Working well. We also write to patients who DNA more than 3 times advising them that this is not acceptable. We have not had to remove patients from the list due to DNA's yet and hope not to do so - this is mentioned in the letter however as a last resort.
13. Text messaging reminder service is in place for all booked appointments. We also give reminder phone calls for our Practice nurse appointments. Reducing the DNA rate is something that the practice has worked hard on, even involving our PPG members for ideas, and although DNA rates have fallen compared to what they used to be, we still have a lot more DNA's than we would like. This is one of the practice Key Performance Indicator's so it is monitored on a monthly basis.
14. We don't address it because in the past when this has been attempted patients have become quite volatile and defensive and the consensus from the GP's was that it is not worth the effort to try and chase/berate those offenders who waste GP time by not turning up. If it was a child or someone on a register who DNA's their appointments, there are follow up mechanisms to ensure well-being and that there is not an underlying cause for the missed appointment.
15. Yes we advertise this on our website, on our waiting room TV and in the waiting room. Patients can email the practice using the generic email address, they can also text in if they need to cancel an apt or leave feedback. We also have patient partner where patients can book, amend or cancel an apt 24hrs a day.

Q4. Do you offer email, in addition to traditional forms, for patient consultation feedback e.g. Test results?



Q4. Comments

2. However, we are currently piloting e-consultations where patients fill in a form online with their symptoms and the doctor will email/call back accordingly.
4. Not at the moment.
7. We do not email test results to patients however, we use email for all other patient correspondence depending on patient preference.
10. No not at present.
11. The practice offers on-line consultations
15. Patients can email the practice on the generic email address.

Q5a. Do you regularly review demand and make amendments to your appointment system to match capacity to demand?

Q5. Comments

2. Of course we do!
4. Yes where possible.
5. We try to but demand always exceeds capacity.
6. We are continually reviewing our appointment system to try to meet demand.

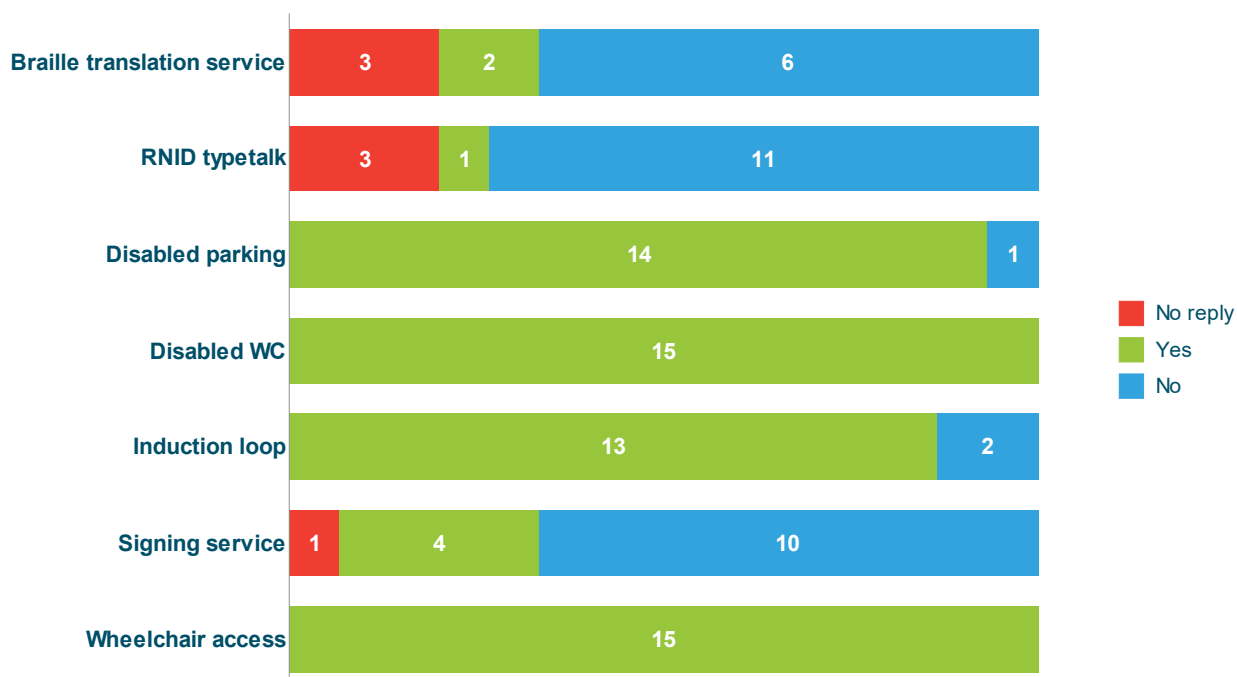
7. We regularly review our appointment system and encourage and listen to patient feedback and comments- we are pleased with the recent GP Survey results regarding patient appointments.
10. We never have enough appointments for the demand but patients are invited to sit and wait. Most practices do not offer this facility and patients in other practices are told to attend the walk- in.
12. Regular Access Group meetings - adjustments at least monthly as a result of suggested trials.
13. This was another big area that the practice looked at, again involving our PPG members. Appointments were adjusted for more early morning and later evening appointments as well as emergency appointments and telephone consultations.
15. Practice is constantly looking at how we run appts and will reflect clinical and admin labour to match demand where possible.

Q5b. If 'Yes' to Q5, how often do you review it?

1. Annually
2. As and when the need arises - eg during periods when clinicians are off, as a clinician leaves, when the reception staff feel demand is outstripping supply, when new clinicians start, when the time to
3. Quarterly.
4. We look at it bimonthly currently
5. As required.
6. Continually.
7. On-going.
8. Daily.
9. On a quarterly basis
10. This is managed by the Partner of the Practice and is reviewed daily.
11. At least bi-monthly.
12. As and when required to do so or if there is a large increase in the patient population growth which is also a Key Performance Indicator and is looked at monthly.
13. We hold a partners meeting every Monday afternoon and the appointment rota is a regular agenda point which is reviewed each week.
14. As often as needed.

Q6. Which, if any, of the following facilities do patients have access to at your Practice?

- Braille translation Service
- RNID Typetalk
- Disabled Parking
- Disabled WC
- Induction Loop
- Signing Service
- Wheelchair Access
- Step Free Access



Comments

2. Please note that all the 'nos' above can be sourced on request, but we do not provide 'just in case'.
6. We advertise the free service offered by the Deafness Resource Centre.
12. Safe in Town service for vulnerable people
5. Language line and signing service if needed

Q7. How are patients made aware that the Doctor or Nurse is ready to see them e.g. do you use information screens?

1. Information screens for GP's Nurses call patients in personally.
2. We have a call board.

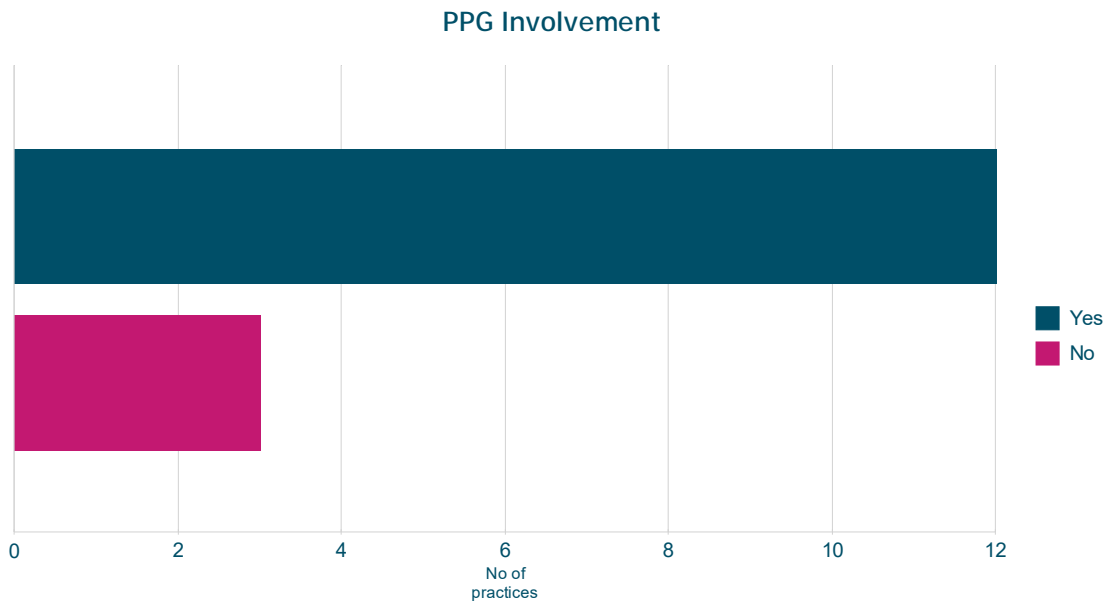
3. They are notified on a patient call out screen.
4. The doctor calls the patients
5. Call Board.
6. Over tannoy or the nurse/doctor comes out of the room to call the patient.
7. The GP / nurse/ reception staff call patient in.
8. Our patients get booked in by reception staff who updates them on running times of GP/ nurse.
9. Information screen calling system.
10. Jayex call board showing their name. Partially sighted patients will be look after by receptionists.
11. Via a call system.
12. Screens, GP call if required.
13. The GP comes out and shouts the patient from the waiting room. We do not use information screen at the practice.
14. We have a television screen which alerts patients by way of making a noise and then the patients name flashes up indicating where they are to go in.
15. Jayex screen and personal call in if needed

Q8. What measures are in place to publicise what your Patient Participation Group does?

1. PPG members are in waiting area twice per month to promote the group. Notices and on website.
2. Notices in the waiting room, info on our website, info in our Patient newsletter, info on our Facebook site, plus we have a specific patient group information leaflet.
3. Information on website, waiting room, newsletters.
4. Posters on walls and website.
5. TV, Newsletter, Website, Questionnaires which the group distribute in the waiting room.
6. We have a notice board in the waiting room, we also advertise it on the website. We are currently undertaking a patient survey and members of the PPG are giving these out in the waiting room and telling patients about the group.
7. website- information in waiting room.
8. Web site and practice leaflets.
9. Advertised in practice on website and television screen in waiting area.
10. Web site and Newsletter.
11. Information available on practices website, we also have a dedicated PPG notice board and PPG member come in and speak to patients.
12. Leaflets on reception desks. Included in Practice Booklet.
13. We have a patient newsletter that is produced bi-monthly and we have posters up around the surgery.

- 14. We have a television screen which has a powerpoint presentation on it detailing the PPG. We also have a notice board.
- 15. Website, waiting room TV, word of mouth from patient group.

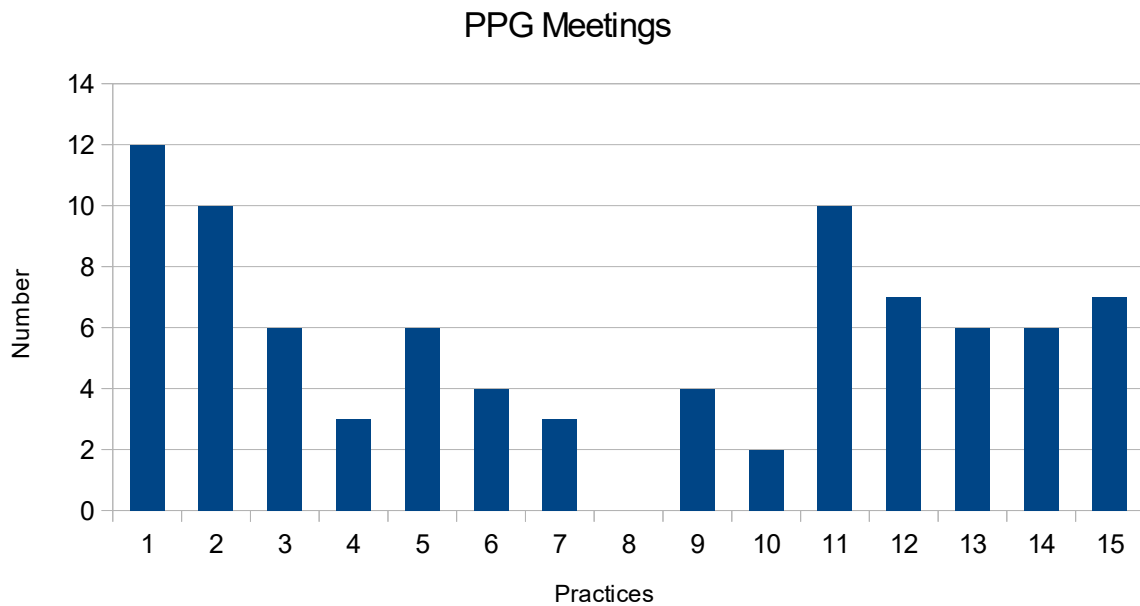
Q9. Has your PPG been involved in decisions about systems used by the practice e.g. Methods of Booking appointments, hand washing facilities?



Q9a. Comments

- 5. Changes to appointment system, refurbishments
- 6. PPG were involved in the decision making of new toilet facilities and also making the pathways more accessible as they had reduced accessibility due to over grown shrubs.
- 12. Phlebotomy service changed as a result of request. Help us with flu clinics.
- 13. PPG members have been involved in appointment access decisions
- 15. PPG's are consulted about all important changes to the practice, we have recently had a full re invigoration of our washroom facilities and the PPG was involved in all decisions made.

Q10. How many PPG Meetings have been held in the past 12 months?

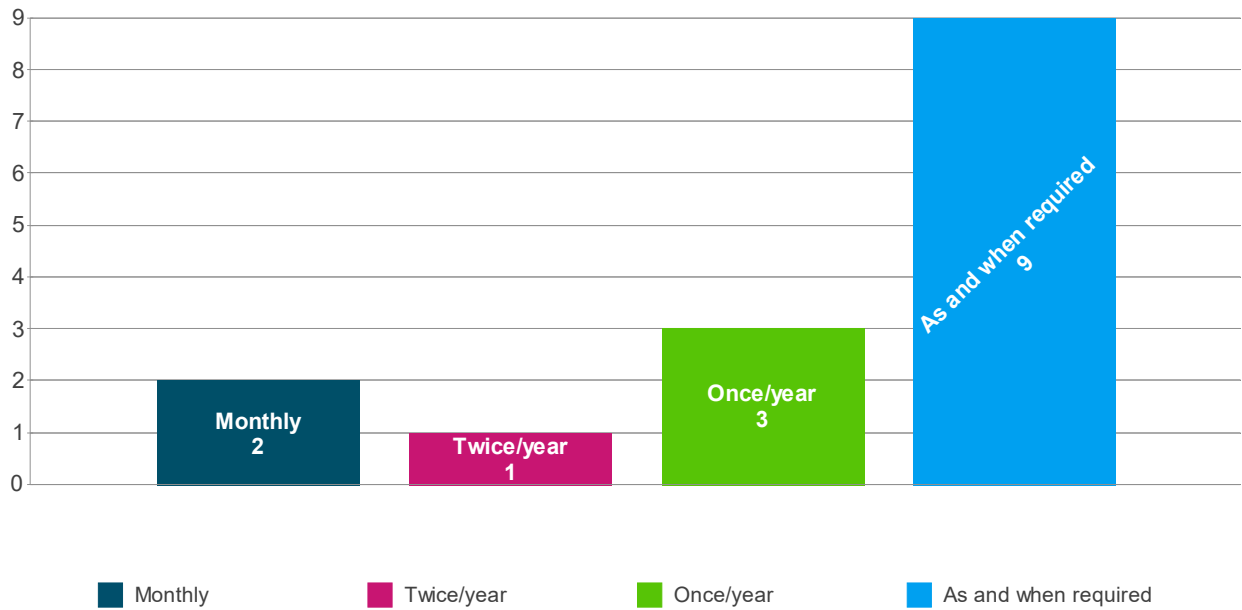


10a. Comments

6. The meetings were held quarterly but more recently as requested by the PPG we have moved to bi-monthly.
7. We have a very proactive PPG who work closely with the practice.
10. Difficulty due to no room available now we open lunch time and Thursdays.
11. During 2015/2016 we held 10 monthly meetings.
12. Now quarterly due to lack of availability of Chair - to be reviewed when new Chair appointed
13. We try and hold PPG meetings bi-monthly. If we are unable to hold one we stay in contact via email to the group.
14. Our PPG meet approx. every 6-8 weeks

Q11. How often is your practice leaflet updated?

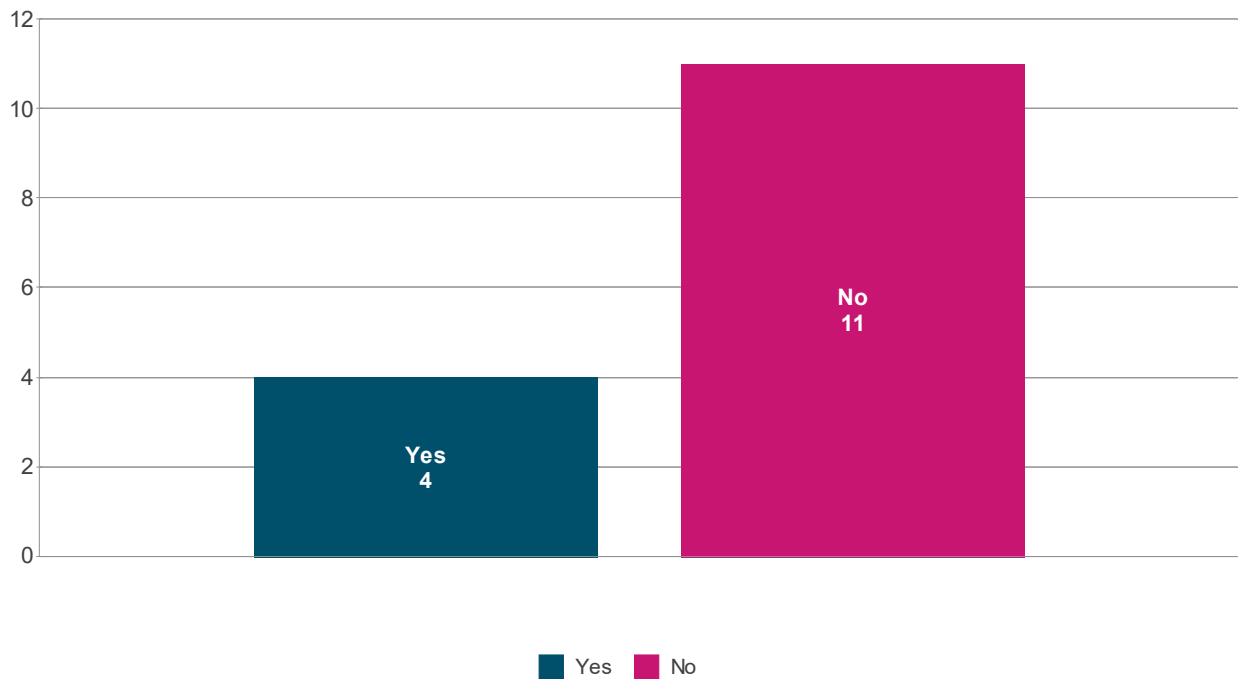
Update frequency



11a. Comments

1. Normally annually or if there is a change. It is monitored on a regular basis and the PPG use it during their waiting room sessions.
2. At least annually.
5. 4 times since October 15.
10. Updated whenever there is a change in services, staff etc.
12. Awaiting new version currently.
13. We don't have a practice leaflet as such as we fall under a bigger organisation of LCH. We do however have a practice newsletter which we update bi-monthly.

Q11b Is it available in a variety of formats and/or languages?



11c. Comments

2. On request only (although it is available to download from our website too).
5. On request - As we create it in house.
7. As per recent PPG meeting we are currently looking at having the practice leaflet available in other languages.
12. Will be done in house as/when requested.
13. The newsletter can be requested and produced in larger print if required.
14. If requested it could be presented in a different format but as it stands it is only produced in one format

3.3 Three Visits Reports

Three visits were carried out at the following Practices. The team wish to again thank the three Practice Managers for sparing us the time and answering our questions. Outline reports are included in the appendices to this report.

4) Observations

4.1 Levels of Access

Reference: Spreadsheet Q1-5

1. The spreadsheet results and short survey show good levels of access provision within the practices during the week. This however does depend on the support of three systems:-

- o Two Urgent Care Centres where patients can receive treatment at a weekend and therefore they must be supported in the long term.
- o The GP Extra Scheme which provides extended opening hours in Widnes (Mon -Fri 6:30am - 9:00am and Sat and Sun 9-00am -3-30pm).
- o E-consultation (an on line 'virtual doctor' service) at four practices - Grove House and Murdishaw in Runcorn and Appleton Village and the Beeches in Widnes.

These were reported in the recent CCG newsletter 'Working Better Tgether for the People of Halton'.

4.2 Appointments

Reference: Spreadsheet Q8, 9, 10 Reduced Survey Q2

1. All practices have well defined procedures that are understood within the practice by patients.
2. Only one practice has a fully triaged appointment system.
3. All practices have a triage system by GP for urgent calls.
4. Same day access for a face to face appointment ranges from 39% to 80%.

4.3 Did Not Attend (DNA) Problem

Reference: Reduced Survey Q3b

1. Practices have employed several tactics to reduce DNAs (did not attend), but the levels are still relatively high. The text service and publishing results in waiting rooms seem to be effective.

4.4 Use of Emails and E-consultation

Reference: Reduced Survey Q4

1. Only three Practices appear to offer email responses for test results etc. As mentioned above however a new on line 'virtual doctor' service is available at four practices, which may be offered.

4.5 Information Screens

Reference: Reduced Survey Q7

1. Information Screens are used at nine of the practices to call the patients. These are very useful for providing Health information, services available at the practice and news items.

4.6 Patient Participation Groups

Reference: Reduced Survey Q8, 9 and 10.

1. Varying levels of success were observed with the PPGs. PPGs could play a very effective role in improving the patient experience at practices.
2. The use of a virtual PPG system is being investigated at some practices.

5) Recommendations

We appreciate that a great deal of work is done 'below the surface' as it were and we may not be aware of all this work, but our seven recommendations are hopefully constructive. We hope that these recommendations would be beneficial to the Practices and the Patients in Halton.

5.1 Triage Systems

Given the pressures on the GP Practices the greater use of triage systems seems inevitable to improve the efficiency of appointments and consultations for the clinicians. Telephone consultations are now a common practice to deal with increasing patient demand.

It is necessary to ensure that the triage systems are audited, monitored and evaluated as to its use, effectiveness, efficiency and safety.

Protocols are required which clearly outline the steps of the triage process and the roles and responsibilities of those involved. It may be worthwhile working with PPG's to carry out a case study on the full triage system to enable other practices to determine what benefits accrue to the patients and the practice. This should be sympathetic to the needs of older people and people with multiple complaints where relationships have built up a level of confidence with particular GPs.

5.2 Reduction of 'Did not Attends'

From our observations and discussions with Practice Managers it is clear that the issue of DNA's is well recognised, as is very clearly outlined by the infographic from GPonline.com website¹.

We are aware that all the Practices work very hard at reducing DNAs. How to improve DNAs could be a project for the PPG groups to work on together. A universal system of dealing with DNAs would help the GP Practices in that patients would be treated the same in all practices. We would suggest a survey be carried out to find out the reasons why patients DNA and to ally this with PPG Forums developing DNA reduction projects to be used in all the practices.

5.3 Improve Communication - Golden Rules

It may be worth developing a set of 'golden rules' starting with 'They shalt not DNA, unless you have a very valid reason' for use across all the Practices. Several guides have been produced on 'how to use your GP Appointment' in best way. May be a project for PPG.

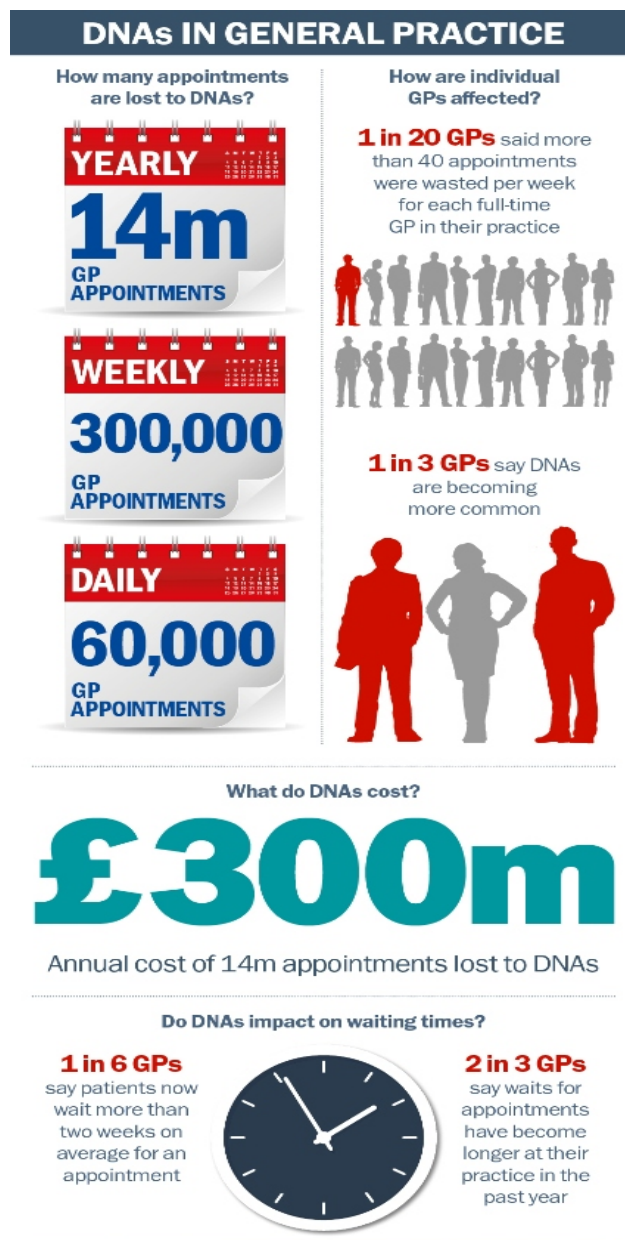
5.4 Training in use of IT Systems

To provide education / training for patients involving how to use Patient Access, Email contact, E-consultation and Text services with their GP Practices. This could be using the PPGs and perhaps a Healthwatch Seminar. The improved use of Technology would be mutually beneficial.

It was noted that some text reminder systems do not allow responses from the patients. This should be made clear in the initial reminder text to the patient.

5.5 Re-invigoration of PPGs

It appears, from anecdotal evidence we have received from Healthwatch members and members of local PPG's, that some PPG's need re-invigorating. The re-establishment of a budget head for PPG groups within Practice funds would be useful to provide a positive



GPonline.com

¹ <http://www.gponline.com/infographic-dnas-affect-general-practice/article/1352205>

role for the PPG. Healthwatch would support the use of a 'Healthwatch champion' within each of the PPGs.

PPG Assistance - We suggest adopting Healthwatch Swindon's document, '*Patient Participation Groups - Improving the experiences of Patients and Carers*'² - as a suitable PPG framework for Halton.

The objectives of the PPG are:

- Contribute to the continuous improvement of services and quality of care by supporting the practice in seeking, reviewing and responding to the views and experiences of patients.
- Foster improved communication between the practice and its patients.
- Provide practical support for the practice and help to implement change.
- Encourage patients to take more responsibility for their health.

Virtual PPGs have been investigated by some of the Practices and this may be a way forward, as it offers some advantages.

NAPP ORGANISATION (www.NAPP.org.uk)

This independent organisation provides a support system to PPGs and CCGs which promotes collaborative projects. It does require a modest fee payment (Currently £60-00 initial fee and £40-00 thereafter for PPGs), but it may be worth the CCG funding this to encourage the PPGs, when the PPGs want to participate.

NAPP's mission statement includes the following aims:

- Building better participation
- Getting PPGs in place
- Helping PPGs work well
- Knowing and working with patients
- Influencing beyond the GP practice
- Self-assessment sheet
- Making on-line GP Services work well for Patients.

5.6 Support of Practice Managers

From our observations it appeared that Practice Managers were quite isolated professionally and sometimes lacked the support that had often been present in Primary Care Trusts. Is there more besides the NHS Halton CCG PM Meeting that could be done to support Practice Managers?

The creation of GP Federations may produce a more collaborative approach between Practice Managers and encourage a team working atmosphere.

² <http://www.healthwatchswindon.org.uk/resources/patient-participation-groups-improving-experiences-patients-and-carers-framework-july-2015>

6) References

- Healthwatch Liverpool 'Improving Access to GP Services.'
http://www.healthwatchliverpool.co.uk/sites/default/files/final_version_gp_access_report_pdf.pdf
- Healthwatch Halton 'GP Access and Out of Hours Provision Report 2014'.
<http://www.healthwatchhalton.co.uk/wp-content/uploads/2014/06/Healthwatch-Halton-Access-to-GP-Report-PUBLISHED.pdf>
- NHS Halton CCG - 'A Strategy for General Practice Services in Halton' January 2015. <http://moderngov.halton.gov.uk/documents/s36299/GPStrategydocumentFinalDraft1.pdf>
- Kings Fund Report May 2016 - 'Understanding Pressures in General Practice'
<https://www.kingsfund.org.uk/publications/pressures-in-general-practice>

APPENDICES

Notes of 'A day in the Life of a Practice Manager' - Paul Cooke

Castlefields Health Centre - 23rd July 2015 - 8.40am to 5.00pm

Introduction

First of all I have to thank Maria Stacy, Practice Manager at Castlefields Surgery and her staff and colleagues for their kind hospitality and welcome to me in carrying out this exercise. Their openness and patience in answering my questions has led to a much greater understanding by me of the Practice Manager role.

Itinerary

I accompanied Maria during her day during which we discussed the operation of the practice and various issues currently effecting the practice. A full tour of the building was therefore included.

- Welcome by Maria Stacy
- Confidentiality Agreement
- Organisation Chart / Practice Booklet (Attached)
- Administration Team- Team Scheduling, Test Results, Patient Records Management
- Social Care in Practice Worker- dealing with +21yrs Patients
- Deputy Practice Manager- Payroll, support role, accountant role outlined.
- Receptionist Interview
- Lunch
- Meeting 'Liverpool University - Quality Visit for Student Placements'
- Lead Receptionist
- Meeting 'Nurse Clinicians/ CCG Social Work Manager'
- Special Interest Practice Nurse
- Medicine Monitoring Team Member
- Reception-Front and Back Office
- Dr Lyons-Senior GP Partner
- EMIS Demonstration
- Final Discussion

Points of discussion Précis

Various topics were discussed during the day and explanations of the different systems given. Some notes of the discussions follow:

Triage Process

One GP and Nurse Clinician will call back patients identified by receptionist for a triage call. This is proving successful and is saving time and unnecessary appointments.

Practice Areas

An area is identified in the PMS contract, but a clear boundary is not provided. The practice is best defined by the patient population. Also noted that adjacent Practice Areas can overlap and co-exist.

Practice Manager Training

The AMSPAR (Association of Medical Secretaries, Practice Administrators and Receptionists) is the key route for Practice Manager Training. Maria did two AMSPAR courses, which were the Medical Secretary and Practice Manager courses. The PM course is a generic business management course with extra training by experienced PMs and also accounting by financial experts.

Locum GP

Use of Locums is minimised as they are expensive, but are obviously essential in certain situations.

Violent Patient List

This is a list of Patients who have exhibited violent behaviour in a Practice and have been removed from the patient list for that reason. They remain on the VP list for at least a year with regular reviews. Castlefields is the only practice registering violent patients. Security support and usually chaperones are required for consultations which makes this a high maintenance activity. The practice is paid for this extra work /inconvenience as part of the CCG agreement.

DNA Process

Three occurrences are followed by a letter. If non-attendance re-occurs then the patient will be barred from the practice. The EMIS system monitors the DNAs.

Anti-Coagulation Contract Changes

This contract has recently been awarded to an outside contractor by the CCG. HW Monitoring of the new operator may be necessary.

'Over 75' Special Interest Practice Nurse

Improving services for Older People.

Practice Pharmacist

To be appointed shortly. Advertisement being prepared currently.

PPG Effectiveness

The Practice does not receive funding for PPGs. Practice currently is considering a Virtual PPG, as PPG has not proved successful.

Well-Being Scheme

The scheme is proving successful. A specialist has been appointed by the CCG to manage and drive the various projects within the scheme.

Conclusion

I learnt a great deal during this visit, and this was largely due to Maria's patience and willingness to answer the questions I raised and explain the more complex issues. Some items of discussion have been omitted for reasons of confidentiality, but the majority of the issues are outlined.

Notes of 'A day in the Life of a Practice Manager' - Roy Page

Beaconsfield Practice, Widnes

My day was split into 3 sessions comprising of an interview/informal discussion with:

1. Diane Hanshaw - PM
2. Angela - Reception Manager
3. Julie - Practice Nurse

1) Discussion with Diane Hanshaw PM

The Practice building and car park at Beaconsfield is leased and the size of the car park was dictated by the local authority (I note this because the car park is generally full or nearly full). The Practice does not lease the whole building, there are other businesses in the building which have a medical interest, eg Bridgewater Community Healthcare Trust and the Health Improvement Team.

Bridgewater Community Healthcare provides services for Treatment Room, Physiotherapy, and Podiatry.

There is also speech therapy carried out in the building, possibly delivered by Bridgewater Community Healthcare?

A maintenance company is under contract to carry out building services and grounds maintenance as required/identified. The Practice arranges all building services repairs regardless of which business in the building is affected by the fault.

Organisation Structure of the Surgery - Further detail.
See chart - Clinical

The Partners in the business are made up of 5 GPs

In addition to this there are:

4 Salaried GPs

2 GP Registrars. These are employed by Mersey Deanery

There is a lead employee from HR side St Helens and Knowsley Trust HRT&Cs, who is responsible for the 2 GP Registrars.

There is 1 Senior Practice Nurse and 1 Practice Nurse

There are 2 Healthcare Assistants (HCA)

The Practice Manager holds monthly meeting with the Practice staff and also the Partners.

General:

Appointments:

The Practice has in round numbers 11,600 registered patients. NHS England decides if and when they can close their books, following a request from the Practice.

On the Day appointments.

Two doctors are allocated to 'On the day' appointment requests by patients from the telephone and also from patients calling into the practice. The two doctors are allocated to this duty on a rota basis.

Patients cannot obtain On the Day appointments via the telephone automated service or by 'on-line' appointment systems.

The remaining doctors are allocated to the above sentence.

Also doctors do telephone patients under certain circumstance to discuss their medical problems. These are additional to the appointments in the clinical system.

One doctor (Partner) is allocated to visit Oak Meadow Nursing Home every day. There are 19 beds at the home. Whilst Oak Meadow is within the catchment of Beaconsfield Practice, the patients within the home are not necessarily registered with Beaconsfield Practice. In these cases Beaconsfield doctors do not have access to their medical records. Whilst summary records may be available, the doctor may wish to phone the patients registered practice for information.

GP summary medical record information is available to other clinicians outside the practice. The summary record content and access in line with Government guidelines and applies to all practices.

Individual Practices decide what information on summary records is made visible to patients who have on-line access.

Patient Participation Group (PPG).

The PPG group has been in place for about 7 to 8 years. It is active and self supporting.

The Chair, Vice Chair and Secretary (person who takes the meeting notes) are all volunteers from within the PP group.

The PP group conduct audits and sit in with patients in the waiting room to discuss their service and take on any issues, good practice etc, but not complaints.

The PM attends PPG meetings which are held monthly. There are approximately 12 patients in the Beaconsfield PPG.

Services/Clinics:

Well Being surgery at the Practice on Tuesday afternoons. Both GPs and Nurses refer patients to well being.

Minor Surgery.....	GP run HCA Assist
Baby clinic.....	GP run
Coil and implant fitting (family planning)	GP run
Dermatology.....	GP run (planned to start in September 15)
Anti coagulation clinic.....	GP Lead with Practice Nurse and HCA run

Additional services:

- Child Health Surveillance
- Childhood Immunisation
- Health Check Plus review
- IUCD/Implants
- Well person checks
- Chronic Disease management
- Spirometry
- Travel clinic
- Phlebotomy
- Sexual Health
- Vaccinations
- Menopause

Age Concern visit the practice fortnightly.

Patients who have experienced heart failure can either be discharged back to the Practice or a Bridgewater cardiac nurse. Both situations involve an annual review with the patient.

It costs Practices more to refer patients to other sources than treat within the Practice, Beaconsfield is looking to expand its areas of 'special interest' to maximise its treatment within the Practice, within practicable boundaries.

It is also looking at collaborative work in this area with other GP practices to create a pool of special interest facilities, this will save money from referral costs.

DNAs

A text message regarding patient's appointments is sent to patients who have provided their mobile phone numbers. This is a reminder of the appointment sent out before the appointment date/time.

This is facilitated by a private company paid for by the practice.

The practice experiences about 100 DNAs per month. A letter is sent from the practice to the patient for the particular DNA.

This does reduce the DNAs for those patients who have received a letter.

However other patients who previously have not DNA'd tend to bring the average back up between 50/month to 100/month.

Repeat DNA patients get a slightly stronger letter for the 2nd and ongoing DNAs.

2) Discussion with Angela - Reception Manager

Up to 7 staff work in Reception. The team under the Reception Manager is a flat structure.

There are currently 2 trainees in Reception following an apprenticeship route. Training for staff is done both in the practice and formally for apprentices at college for a Business and Administration level 2 NVQ qualification. I understand this is a generic qualification that would suit a variety of businesses. College time is 1/2 day/week.

In addition to this 'People Skills' training is done in house. Mandatory training for both clinicians and reception/admin staff is also done in house.

Reception answers the phone for any call not just patient appointments. The training covers how to deal with conflict issues.

All training is funded by the Practice.

Reception staff are also trained in the use of CPR and defibrillation.

The Reception Manager sits in on PPG meetings and the PPG group has its own notice board in the patient waiting room.

All staff and close relatives cannot be registered for health at Beaconsfield practice and are required to register at an alternative practice.

There is no triage for appointment at Beaconsfield practice and there are no plans to include for triage. This is at the request of the doctors.

The envisaged problem of telephone triage is that patients will only relay the specific complaint giving them the cause to make the appointment. Whilst face to face appointments allow the doctor to examine and discuss with patients, where secondary problems may be revealed which could alter the diagnosis.

The triage phone system would then appear to lose valuable time in the appropriate course of action.

In the event that the on call doctor(s) are fully booked, details of the patient are taken by the receptionist and the doctor is informed, and the doctor decides if the patient should be seen.

Email and On-Line use:

A low percentage of patients currently communicate to the practice via email.

Approximately 30% of patients use on-line repeat prescriptions.

3) Discussion with Julie - Practice Nurse

A Practice Nurse is at the Practice every day it is open.

There are 2 full time Practice Nurses at the practice and 2 Health Care Assistants (HCAs).

HCAs perform :

- Health checks
- Blood pressure tests
- B12 injections
- Anti coagulation INR - service

Practice Nurse performs:

- Travel vaccinations and information for holidays/working abroad
- Baby immunisation (from baby to school)
- Diabetes
- Asthma
- Hepatitis
- Pregnant women's injections and smears

Mental health patients tend to see the same nurse for consistency.

The normal patient capacity is up to 30 patients/day. Depending on the treatment appointments can be either 15 or 30 minute slots.

A patient's Care Plan is managed by the Practice Nurse, who will chase up patients for required appointments.

The Practice Nurse/HCA will assist a Doctor performing a minor operation as part of the Minor Operations Clinic.

Home visits are made to housebound and patients with Chronic Diseases.

The Practice Nurse is responsible for the medication stock at the Practice.

There are links with Age Concern - 1 day per fortnight at the practice and the Health Improvement Team.

Notes of 'A day in the Life of a Practice Manager' - Sue Ellison

Grove House Practice, Runcorn

Monday 19th October 2015 10am to 4-30pm

Introduction:

To understand the working day of a Practice Manager it was decided I and colleagues Roy and Paul – would each spend a day *shadowing* a Practice Manager. This exercise was undertaken as part of a Healthwatch Task & Finish Group working on the Practice Managers Survey.

Three Practice Managers volunteered to facilitate this.

Jacky Slator (then Business Manager) of Grove House Practice, High Street, Runcorn WA7 1AB (Part of the St. Pauls Health Centre) was my PM for the day.

My Visit: Monday 19th October 2015 from 10.am to 4.30pm.

Opening times of Practice:

- Mon & Tues. 8am to 6.30pm
- Wed. & Fri. 7am to 6.30pm
- Thurs. 7am to 8.00pm
- Sat. & Sun. Closed
- Tel. 01928 566561

- Patient Leaflets are available at the Practice.
- Clinics, Services and information are available on-line.
- GP & Nurse Clinics
- Practice Regulator Status and current Registration Status
- CQC Inspection Information available on the Patient Website
- Patient Forums
- PPG
- Virtual Patient Group
- Over 75's
- Grove House Member
- Select Language is Available on the Website

Staff Details:

- Dr. D. Wilson (M) Senior Practitioner
- Dr. C. Forde (F) Partner
- Dr. C. Allen (F) Partner
- Dr. S. L. Hayes (F) Partner
- Dr. L. Brown (F) (nee Wang) Partner
- Dr. V. Williams (F) (nee Rees) Salaried G.P.
- Dr. Ashraf (F) G.P. Trainee - G.P. Registrar

- 3 Practice Nurses (F)
- 2 Health Care Assistants (F)
- Support Staff (Admin. Team)
- Attached Staff: One day a week teaching is given to a 4th year medical Student (from the University of Liverpool)

From Notes of the Day:

Jacky Slator invited me to her office to discuss my visit. After I signed the confidentiality form she asked me if there were any areas of special interest or requests that I would like to focus on during the visit. I suggested that I observed her continuing with her work as she would do so if I'd not been visiting.

CQC Visit:

Whilst in the office I asked Jacky about the recent CQC inspection at the Practice. Three people visited and the Practice was assessed on five criteria. Feedback is given on the day. One thousand words were given on criteria. It is up to five years between visits. There are four grades: Outstanding, Good, Needs Improvement, Special measures.

Staff Training:

The following were mentioned: PLT training, Mandatory Training (on line), CPR update.

Locums: Two or three do-the-rounds or agency.

Terminal Patients:

A district nurse or Macmillan nurse is kept up to speed.

GP Meeting:

I was invited to attend a GP meeting. This was to update each of them with any problems, of an important or urgent nature, that they needed to be fully informed about.

Appointment System:

Drs. triage patients. Bookings can be made on line. Appointments can be made up-to two weeks in advance.

Reception:

I was invited to meet and observe the Reception staff.

Several of the reception staff had been working at the Practice for many years, one for nineteen years another for seven.

The staff members told me of the increased technology compared with their early days of training.

I found all the reception staff to be warm, kindly and understanding regarding patients and in dealing with my questions.

QUOTE: 'If the patients understood our job they would see us differently'.

Their job has entailed dealing with drinkers, collapses, but no births.

Administrator:

A staff member invited me to her office and kindly showed me the set-up (on computer) of the type of information she sends and receives concerning the Practice. For example

Charities will contact her with information also she has to continually supply patients with information.

Feedback and information from Jacky:

Back in Jacky's office, she explained that her working day would include dealing with patient enquiries, complaints and meetings.

The Computer System (for appointments)

Jacky explained how she needed to update the appointment system - usually monthly - working to highlight the availability of staff for clinics etc. Dates are checked for when staff are unavailable because of leave, holidays or placements etc. This was very time-consuming work as it was essential for Jacky to assess and work out the best outcome possible, taking in to account unforeseen situations or changes. It was very much a fine-tuning exercise when there are obviously only so many spaces or staff available to cover the time needed.

Flu Jabs:

Flu jabs are ordered a year ahead.

There is a non-egg version (only in packs of 40) for those with allergies. If possible it is arranged, with another Practice, to share.

As Pharmacists are now providing flu jabs in larger numbers, which wasn't known when ordering a year earlier, this could affect how many take-ups there are for the Practice.

Summing up my visit:

My report can only be a *snap-shot* of the Practice at the time it was written. All practices update and change constantly particularly regarding staff numbers. The Practice website highlights and updates patients with the latest information/changes. My visit was very rewarding as I found it informative and I learnt from *all* the staff I met throughout the day, I found them very open, obliging and helpful. It left me with a better understanding of exactly how a Practice functions.

Jacky answered my questions fully, she was extremely supportive during my day at her Practice, and I'd like to thank her again for making my visit such a positive experience.

First Floor
Runcorn Town Hall
Heath Road
Runcorn
Cheshire
WA7 5TD

Tel: 01928 593479
www.haltonccg.nhs.uk

24.04.2017

Dear Dave,

Thank you for your letter dated the 6th March 2017 regarding “The 'Day in the life” report on the Practice Manager role.

The report was discussed at the Primary Care Commissioning Committee on the 18th April 2017, where the Committee carefully considered the findings and reviewed the recommendations in order to identify future areas for development. All recommendations will be collated into the GP Forward View Implementation Plan which will be shared with you once complete.

The Committee noted your thanks to the practice managers and to Sarah and Julie for their contribution and will pass on your note of appreciation.

The Committee would also formally like to thank Healthwatch Halton for undertaking this review and acknowledge its statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

We have agreed as a formal Committee of the Governing Body to strengthen the Healthwatch role in Primary Care and would like to ensure that you are represented at this Committee. We have a vacant position that we would like to once again offer to a Healthwatch Halton representative so they/you can be involved, informed and engaged.

Thank you once again and we look forward to continue working with you.

Kind Regards
Leigh Thompson



your **voice** counts

We want to hear about the treatment and care you receive from our local health and care services

Hospitals, GP's, Dentists
Opticians, Social Care
Non-emergency services

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Halton website today.

You can even leave feedback anonymously



Leave feedback now:
www.healthwatchhalton.co.uk

Telephone: 0300 777 6543 Email: enquiries@healthwatchhalton.co.uk
Healthwatch Halton, St Maries, Lugsdale Road, Widnes, WA8 6DB

