

The Changing Face of GP Services November 19th 2015

Event Report

Background to event

Annually, RCCG seeks to engage with members of the public around key elements of the commissioning plan, at a time when feedback can actively influence the direction of travel and the plans of the CCG. In early autumn, it was agreed to focus on primary care, and the changes and challenges the future will bring. Feedback will also inform the Primary Care Strategy, new to the CCG for 2015-16.

Following the innovative AGM in the summer, it was also agreed to work with Healthwatch, and to use a different approach. External facilitators were brought in to run 2 sessions, namely Ian Macmillan, and Tony Husband, who together use creative techniques to capture comments and feedback. Over 110 people were booked onto the event, with a small number failing to attend on the day. Attendees included staff from partner organisations and the wider health community; the voluntary and community sectors, patients, members of Patient Participation Groups, practice staff and local councillors.



It was agreed to run two sessions, one during the afternoon, and one early evening to enable people of working age to attend. This was successful to an extent; the evening session proved less popular, but attracted a significantly younger audience than many engagement events.

Feedback from discussions

Where we are now

There is a real feeling of trust in GP practices 'My GP knows me'; alongside an appreciation of the vital job that GP's – and their staff – perform. However this sits

alongside growing expectations '*people want it now*'; with people transferring their Amazon-influenced experiences to health services.

In addition there are patient frustrations, for example with inconsistencies in services and unreliable contact and access (telephone systems were referred to several times); and surgery based frustrations, such as the level of DNA's- there were suggestions that we tell people how much missed appointments cost, or even charge people. People also mentioned the high level of issues coming to GP surgeries that are social rather than medical, and the high levels of deprivation in Rotherham.



What people want

Triage/who do I see? / Solutions #1

'Practices want to treat patients quickly and get them on the mend'- this aspiration is shared by patients, who equally want to be seen quickly and supported in getting on with their life by *'a professional who can diagnose and treat me appropriately'* - *'the name or role of the person treating me is not important, it's their actions.'*

However, we also hear from patients their reluctance to share personal details with reception staff. The importance of getting the first contact came through several groups; frustration with telephone and triage systems.

For triage systems to work, patients need to have real confidence that they are being efficiently and confidentially referred on to the right person. Some people see this trust in a particular role (for example a nurse). However, what runs throughout these comments is the need to ensure the patient's initial contact works well – if it does, it could help to reduce workload considerably, referring patients to pharmacies and other health professionals as needed.

There is also an acknowledgement that much of what comes through a GP surgery is not always within a GP's power to resolve; social problems, debt, caring responsibilities for example. A number of the groups considered solutions around GP practices working together across geographical areas to deliver a wider range of services; this would also ensure that all patients had access to the same range of services and opportunities – important as services move out of hospitals. This also relates to GP practices located with and/or working closely with services from the local authority and the community and voluntary sector (social care, social prescribing, mental health services for example).

What should I do?

It's a rainy cold morning, and I'm not feeling well
 I can't get an appointment, so who do I tell?
 I'm leaving the house and I'm making my way
 Should I visit the chemist I pass every day?
 I know I'll be seen at A and E
 But I should really go to my own GP
 I sat in the surgery, waiting in line
 Hoping to be seen in a reasonable time
 People around me with colds and with coughs
 Wasted appointments cost far too much
 I'm finally seen, the GP says that I'm fine....
 P'raps should have gone to the pharmacy 1st time?

Key messages/actions

- *Get triage right at GPs- so that people only see the doctor if they need to. The right staff, training and roles are vital for this to work.*
- *Make sure other help and services are there for those that don't need to see a GP*
- *Messages – to patients must be consistent across all, simple and straightforward; for example about self-care and using pharmacies, and need to be well promoted*
- *Consistent services; equality of access across Rotherham*

Self care/Solutions#2

The need for people to be more responsible for their own care was widely discussed; this links strongly with the existing CCG commitment to social prescribing. However, many patients remain unaware, and a number may not feel ready for this responsibility for a variety of reasons. The need for information and education was noted several times, however some patients may need additional support – these could be challenging and frightening concepts for some people. There remains a real need to get a number of messages out, and to look at how people can be better supported to self-care, either through the GP surgeries or through other mechanisms. Some groups wondered if this could come through the voluntary sector, or patient groups. It will be important to build trust in self-care and in support mechanisms such as tele-health; patient stories could be paramount in demonstrating the alternatives for other patients.

Information for patients remains a vital part of self-care; reliable, easily understandable information accessible through a number of mechanisms -not everyone uses electronic media, or might think to check when ill and looking for options. This was discussed by a number of groups (and illustrated in a cartoon); information on what is available is vital to enable patients.

Key messages/actions

- *Information about self-care and tele-health for practice staff, carers and patients – what is there? What do patients need?*
- *Can we expand the approach re 'right care first time' with either/or more volunteers/wider information strands*
- *Are there barriers – are some people eligible/offered opportunities that they don't take up- if so why, and what would make a difference (could this be discussed by practice groups or by patient groups – preferably not people who are already informed advocates?)*



Access and alternatives /solutions #3

We cannot assume that everyone has access to technology and the internet: a number of people do not. These might be older people, however older people are the fastest growing group coming online. There may be barriers for other groups; for example younger people on low incomes may have limited access phone contracts. Where new media allows, there is real enthusiasm for accessing services online; this from younger, working patients, and those

with limited mobility. The more traffic that can be diverted to these alternatives potentially frees up face to face consultations for those that need them.

These issues link very much with the concerns around triage; any online systems equally need to be able to identify and direct those patients who need a more or less urgent or specialist response.

A number of groups referred to practices that currently have walk-in surgeries; these may be limited to certain times and days, but seem to be very much valued by their patients.

Key messages

- Roll out, promote and encourage use of patient online services as they become available
 - (may be a role for PPGs to set up and demonstrate in waiting rooms?)
- Walk in at GP practices -?
- Note that no great demand for Sunday services!



111 /solutions #4

111 was mentioned separately a number of times – each was negative in terms of patient experience. However, this was in the context that for access to work well, and to achieve 'Right care first time'; 111 or similar has to work and work well. A more local solution was suggested, and again could link into practices working together or community hubs and networks of GPs.

- 111 working effectively, backed by strong local knowledge and clinical expertise



Mental health/solutions #4

All the comments made around mental health noted that improvements are needed, especially around speed of access to services

- All comments around mental health will be fed back to the lead commissioner
- Reception staff may benefit from training on mental health awareness, to better communicate with, and signpost patients

Patient information/ Solutions #5

Where patient records were discussed, there was a consensus that people were happy for appropriate professionals to securely share information about them, if this meant better, faster and more effective care.

- Access to patient records across organisations to ensure safe, fact and excellent care

Learning, what we would do differently

This event, more than many did divide the attendees in terms of feedback. A small number of attendees were extremely negative at the approach, whereas a majority of others were extremely positive:-

'It was a great way to engage the audience and be creative and perhaps be out of our comfort zone but not in an uncomfortable way. Don't think I have every laughed so much at an event like that which made a pleasant surprise.'

'It was a brilliant idea to invite Ian and his colleagues to front the discussions. We all really enjoyed the afternoon as well as feeling that we were contributing to future planning decisions.'

The event was planned closely with Healthwatch, and with the facilitators, and was planned and set up according to advice from the facilitators. However on reflection, greater focus should have been given to solutions, stronger facilitation arranged on table groups, and more time allocated. This has been discussed with the facilitators, who have agreed that they would approach a similar session differently in the future.

The timings of the sessions could also be reviewed for future events. Parents noted that they preferred sessions from 10-12 or 12-2, to fit with childcare commitments and school times. The afternoon session was oversubscribed, and a number of people attended the 5-7 session who stated a preference for earlier in the day; the evening session was less popular, but did attract a different demographic to some extent.

Next steps

The table below demonstrates the most common themes – each of the issues below were raised by a number of people/groups; where appropriate several comments have been amalgamated.

What people told us	What we are already working to address What we cannot do What we will do in the future
Get triage right at GPs- so that people only see the doctor if they need to. The right staff, training and roles are vital for this to work.	<p>We know that this is an issue, in some practices in particular. We are working with GP practices in Rotherham to look at the issues, possible solutions, and new models of working.</p> <p>Some practices do already offer telephone triage.</p> <p>We cannot make practices change the way they do things currently as each is an individual contractor.</p> <p>We will encourage practices to use a wide range of members of the work force in order that patients see the best person for their problem</p>
Make sure other help and services are there for those that don't need to see a GP	<p>We are already working closely with the voluntary sector around social prescribing and RMBC where we buy and plan services together (Better Care Fund). We are also encouraging practices to get involved with pharmacists in practice, as well as training Physicians Associates. We have an agreement that patients can get certain prescription items for free from pharmacists.</p> <p>Rotherham CCG has a strong commitment to social prescribing. There is evidence to show that this approach has really helped people to improve their own care and wellbeing, and has also helped people to access other services, reducing isolation, and addressing financial issues.</p> <p>Although we can work with RMBC and other partners, where services are the responsibility of RMBC, our ability to guarantee them is limited.</p> <p>We are looking at the how GP's can work across wider areas to ensure all appropriate healthcare is in place. This will include secondary care consultants advising and supporting GP practices.</p> <p>We will continue our work around social prescribing, and actively seek areas to expand into with this approach.</p>
Messages to patients must be consistent across all, simple and straightforward; for example about self-care and using pharmacies, and need to be well promoted	<p>We have already developed information materials about alternatives to A & E, and distributed them across Rotherham, using leaflets, information discs and 'credit card' handouts. We also worked with young people to produce information in a format they found useful, and working with Voluntary Action Rotherham have established Volunteer Health Ambassadors who are helping us to get the messages out to communities.</p> <p>We have also worked with the public on our medicines waste campaign, to make sure the messages work well for patients</p> <p>We will continue to spread these messages, and will work with different communities to ensure that the information goes out in appropriate ways.</p>
Can we expand the approach re 'right care first time' with either/or more volunteers/wider information strands	<p>We are continually looking for ways to spread these messages, and will continue to work with communities and partners to look at how we can extend this work, within our financial constraints and capacity</p> <p>We will continue to spread these messages, and will work with different communities to ensure that the information goes out in a variety of ways.</p>
Consistent services; equity of access across Rotherham (practices working together)	<p>We are working with all GP practices to improve the consistency of services and equity of access.</p> <p>However, GP practices have to choose to work together; and agree the services and manner in which they are provided.</p> <p>We will continue to seek improvements in this area</p> <p>We are currently investigating an agreement where all practices provide a minimum level of services above that of the General Practice contract. We are working on implementing this gradually over the next 3 years</p>

<p>Information about self-care and tele-health for practice staff, carers and patients – what is there? What do patients need?</p>	<p>We have lots of information on self-care, and are currently piloting a project in Rotherham where patients will be able to carry out some tests and checks themselves, with the results going directly to the GP practice. For example, patients could have blood pressure checks at home, without needing to go into the surgery. The practice would receive the data directly, and act on these appropriately.</p> <p>If the pilot is successful, we will extend the work across Rotherham.</p>
<p>Are there barriers in self-care – are some people eligible/ offered opportunities that they don't take up- if so why, and what would make a difference?</p>	<p>As yet, no barriers for patients have been identified as the pilot has only just commenced. We will identify any issues or barriers as part of the pilot and take it through the practice groups.</p>
<p>Roll out, promote and encourage use of patient online services as they become available - (may be a role for PPGs to set up and demonstrate in waiting rooms?)</p>	<p>All Rotherham practices have the ability to offer online appointments, the ability to request repeat prescriptions and patients to have access to their own summary care record. NHS England and the CCG are working with practices to promote and encourage practices to increase online bookable appointments. All practices should have posters and/or leaflets to promote their patient online services within the surgery and on their websites.</p> <p>Many practices can also offer the electronic prescription service, which allows a patient to nominate a community pharmacy to receive their prescription electronically. This reduce the need to visit the practice to order repeat medication.</p> <p>We are working with the remaining practices to introduce these functions, where they are not yet in place</p> <p>Practices will be able to offer patients access to their detailed coded record from April 2016.</p>
<p>Walk in at GP practices-? Note that no great demand for Sunday services!</p>	<p>We have noted these comments, and that some patients prefer booked appointments, and others walk-in clinics. We also note that where access is difficult for patients, walk in clinics may seem a better option.</p> <p>There is no contractual definition of how access is to be provided; what sort of sessions to provide is decided by each practice.</p> <p>However with the shortage of GPs now starting to impact, it is not an efficient use of resource to have GPs waiting for patients.</p> <p>It is also very stressful for GPs and patients where more attend than they are able to see. In addition, drop-in sessions can be an inefficient use of increasingly scarce resources, as it is much harder to match demand and staffing.</p> <p>We will continue to work with practices and patient groups on access</p>
<p>111 working effectively, backed by strong local knowledge and clinical expertise</p>	<p>RCCG is working closely with Yorkshire Ambulance Service and other commissioners at improving the experience of phoning 111. We are aware that there are sometimes issues with response times and that the questions asked during assessment appear irrelevant.</p> <p>111 is becoming a key element of the local health economy and is likely to develop as a single point of access into urgent care services.</p> <p>We will ensure that it delivers good outcomes for patients, ensuring that they access the most appropriate service.</p>
<p>Reception staff may benefit from training on mental health awareness, to better communicate with, and signpost patients</p>	<p>We have passed all comments on Mental Health Services back to the Mental Health lead commissioner.</p> <p>We will discuss this with the Practices, and look for ways of raising this with staff</p>
<p>Access to patient records across organisations to ensure safe,</p>	<p>We are working with partners across Rotherham's health and social care providers to develop integrated care records. As the first stage of this</p>

fact and excellent care

Rotherham GPs are now able to view Rotherham Hospital's records for their most at risk patients.

We aim to provide Rotherham Hospital clinicians with access to GP records soon and will be running a communication and engagement exercise to determine how we should develop this.

Appendix: Poems

What we want

A slice of everything, all day, every day, through your life
All day, every day
Care and understanding
All day, every day
Respect and consistency
All day, every day
No waits No delays
No systems or hurdles.
Communication from and to,
Telling us what's on offer and what is not
Services under one roof,
Free phone calls
Online access for those who want it
Flexibility for those that need it
One single record system enabling my care
Walk in access at every surgery.

PPG

I can't get to see my GP
That doesn't bother me
I'll just go to A & E
Then I'll come back and see
What improvements there can be
I Know!
I'll join the PPG!

Choice

Choice is an option for those who voice it
Do all of this and we'll be sorted!

Seeing the doctor

You want to see a doctor
The one you want to see
You find he's not available
For a month or 2 or three
You start to pull your hair out
And that makes you go bald
It makes you want to shout
'Can we work together,
To get the message out'
If everyone attended
The appointments that they made
Then everyone will be happy
And money would be saved

Hello Doctor

Hello Doctor, Hello Doctor
I've come with a chest infection
The worried well, They die as well
Give me your best injection
Hello Doctor, Hello Doctor
I've got a case of piles

I've sat a while, And I can't smile
And I've had to walk for miles
Hello Doctor, Hello Doctor
I've got tonsillitis
With your co-operation,
I need an operation
'Sorry my man, its hepatitis'

The pie of health

The doctors getting older and so am I
The times they are a changing
I really wonder why....
I'll go and fetch a pie!
To ensure that I don't die.
It's the pie of happiness
It's the pie of life
It's not the pie of slappiness
Someone pass a knife
The pie was once enormous
But now its shrinking fast
Not an elephant but a dormouse
The pie is trying to warn us – time is running out!

Expectations

Communication is a thing
And so is responsibility
Expectations another thing
Does the doctor have the ability
To cure me with all facility?
Or shall I just have a cup of tea?

We need.....

Continuity of care is important
Communication is key
But can you get an appointment>
And not go to A & E
Lack of understanding what's available
Same services, names change.....
We need stability
We need responsiveness
How about a hub of community joining services
Ensuring patients can explore opportunities
Streaming to services and using technologies

Fight the good fight!

Time is very precious,
And we need every second
To treat our patients quickly,
And get them on the mend.
Mental health is paramount
Every penny counts.
Put patients on a path that's right
Healthcare shouldn't be a fight!