Remote Appointments

Insight into remote healthcare appointments during the COVID-19 pandemic

May 2021

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Introduction

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the city of Salford.

Healthwatch Salford:

⇒ **Provides** people with information and support about local health and social care services

⇒ **Listens** to the views and experiences of local people about the way health and social care services are commissioned and delivered

⇒ **Uses** views and experiences to improve the way services are designed and delivered

⇒ **Influences** how services are set up and commissioned by having a seat on the local Health and Wellbeing Board

⇒ **Passes** information and recommendations to Healthwatch England and Care Quality Commission

Healthwatch Salford has statutory powers that enable local members of the public to influence Health and Social Care services under the Health and Social Care Act 2012.

This project was designed to explore potential inequalities surrounding the shift to remote, digital healthcare appointments around the COVID-19 pandemic. The focus was to document patient stories mainly from 3 specific backgrounds: those over 65 years of age; patients with disabilities and those patients whose first language isn't English..

In our published priorities report of 2019, we looked at the NHS 5-year plan and in particular the views of Salford residents. As part of this report, we focussed on future technologies and found that the majority of people felt it was important for patients to be able to talk to their healthcare professional from wherever they were:

> Some respondents didn't shy away from the use of technology in communicating with the NHS but this technology needs to be simple to use and more importantly, reliable.
>
> Services also need to remember that not everyone is comfortable using technology.

This report captures the voices and experiences of people across Salford who accessed or struggled to access healthcare appointments during the COVID-19 pandemic. Whilst we acknowledge that this is a relatively small sample size and not indicative of every person living in Salford, it is nevertheless a true reflection of what they told us at the time. All patients stories have been anonymised using a pseudonym.

Methodology

The challenges to engage with people during the pandemic restrictions have highlighted how people may be feeling more subjected to isolation and loneliness, further resulting in difficulties in accessing healthcare.

We wanted to hear those real time stories from the people where the digital transition had worked well and those where it hadn't.

In tandem with our Salford focus, Healthwatch England (national coordinating body for local Healthwatch's) also launched a project to look at digital exclusion on a national level, the findings of which will be published in a report later through this year.

We decided to conduct telephone interviews with patients across Salford and so tailored our interview questions to align with those of Healthwatch England's, in order that our findings would feed into the national project. This allowed the people of Salford to not only have their voice heard locally, but nationally as well.

Engagement

By nature of this project, we knew that getting the message out for people to come forward for interview was not going to be easy. We decided to first approach our GP Practice Managers in asking them to support us by posting out project flyers to patients on their lists whom they felt fitted into this category.

Over 700 project flyers were mailed out to the GP practices across Salford. We also enlisted the support of other organisations such as Salford CVS, Salford CCG etc, to assist us with spreading the word and inviting people to come forward for a chat.

Pop up display banners further advertising our project with contact details were also displayed at the 3 main vaccination centres in Salford: Eccles Leisure Centre, Irlam and Cadishead Leisure Centre and the Clarendon Leisure Centre.

Salford residents were invited to make contact with us, where Healthwatch staff were able to carry out individual phone call interviews, building up a picture of what the experience has been like for those patients.

We also heard from community group coordinators who were able to give us collective insight into some of the issues that their community members faced.

In addition to hearing from the patients, we also had conversations with healthcare staff and learnt of how the transition had been for them and their services.

In total we spoke to 23 people, some of whom represented others in their peer group:

Cohort	Number of interviews
People over the age of 65	5
People living with a disability	5
People whose first language wasn't English	5
Autistic people	2
Staff who work across health and care	6

Summary

Over the past 12 months the pandemic has forced people to interact with one another in new and sometimes innovative ways. Whilst a lot of the health services and their patients have embraced the new technologies made available to them, it has also further compounded those patients whose barriers before the restrictions made access to these services difficult.

Health services where possible have been able to utilise the use of technology for video calls as a facility for consulting with patients. These services however have also been mindful of the difficulties that some patients would face using this communication method, so have often defaulted to the telephone as the initial offer for remote appointments.

None of the people we spoke to had experienced a video call healthcare appointment, but concerns were raised from some as to the cost of mobile data/Wi-Fi should this facility be available in the future.

A short summary of our findings are:

Privacy	It is important that patients are able to feel comfortable discussing personal matters from a private setting in their own home. Clinicians should be aware that the lack of privacy for a patient, could reflect in the detail of information discussed.
Choice	The majority of people whom we spoke to, whilst in the main were able to access appointments, felt they were not given a choice of whether this appointment would be in person (face to face) or over the telephone. For differing reasons, some people told us that they would have felt more satisfied if they would have seen their GP in person.
Confidence	For some patients, remote appointments are difficult for them to absorb and remember key points of the consultation, resulting in them questioning their understanding of the discussion after the consultation has ended.
Comms	For some people whose first language isn't English, we learnt that it is important for them to see the person they are talking to. Visual clues, body language and lip reading, all play an important part to communicating. When interpreters are used, they need to be punctual and reliable. Access for Deaf BSL users also needs to be improved with the prompt answering of text services where provided.
Awareness	Some patients didn't seem to be aware of the support that is available to help them learn or improve their digital skills.

"I'm not deaf, and I don't have a hearing aid, but I prefer to see peoples faces when they are talking to me"

What the patients told us

People over the age of 65

When making appointments to see their GP, some people over the age of 65 years had been used to visiting the surgery in person and speaking with reception staff over the counter. The challenge for these people to adapt to ringing the surgery had received mixed feelings with frustration at being held on the phone and difficulty in hearing, creating certain barriers. Nevertheless, these people seem to be understanding of the changes and complimentary to the service they have received.

We spoke to support staff who work with people older people in the community, and they told us that they had seen a significant increase in the level of support they need to give people in making their healthcare appointments.

"Patients are now encouraged to complete an online form when they want to make an appointment – many older people do not have a computer or the skills to do this"

In response, healthcare staff did seem to be helpful and cooperative, offering face-to-face appointments where they felt necessary.

Concerns were also voiced that even if the technology was made available, the cost of this coupled together with Broadband and data packages, were often a major worry for older people.

Veronica's story

Veronica lives on her own in a modest small flat in the heart of Salford. As a lady of her later years, she finds modern technology difficult to understand and prides herself on getting by with just a landline telephone as a way of communicating.

When an ongoing medical problem seemed to be worsening, she decided to make an appointment to see her Doctor. She telephoned the surgery and was asked to give a brief description of her problem. Veronica is quite hard of hearing and prefers to speak to people face to face as opposed to over the phone. She struggled to hear what the receptionist was saying and had to ask her several times to repeat herself. When she was offered a call back from the Doctor, she asked if it was possible for her to call into the surgery instead as she couldn't hear very well on the phone. The receptionist asked if she was registered deaf and when Veronica said she wasn't, the receptionist replied that the Doctor would decide if he needed to see her when he spoke to her over the phone.

"I'm not deaf, and I don't have a hearing aid, but I prefer to see people's faces when they are talking to me"

Veronica waited for her call back at the arranged time, but when the Doctor telephoned, she felt he was speaking very quietly and with an accent that was difficult to understand. Despite a disjointed and difficult phone conversation, Veronica was not offered the opportunity for a face-to-face appointment.

She was very complimentary of the Doctor but couldn't remember exactly what he said, leading her to feel slightly anxious.

Thomas's story

Thomas had a minor skin rash that was irritating him, making him itch and worsening the symptom over time. He tried to make an appointment to see his Doctor but when he couldn't get through on the telephone, he decided to visit his local pharmacy to see if he could get some advice.

The pharmacist had a look at his skin problem and advised that he needed to make an appointment to see his Doctor. Eventually, when Thomas was able to get through to his surgery, he was advised that the Doctor would call him back on the phone the next day.

When the Doctor phoned, Thomas explained his symptoms, struggling at times to get his words right as to the location and extent of his problem. This led Thomas to feel frustrated. His Doctor made out an electronic prescription for Thomas to pick up creams from his local pharmacy and asked in the meantime if he was able to take pictures of his condition with his phone and send them to the surgery. Thomas is in his early 80's and whilst he has recently learnt to use his phone camera, sending them on by email is not something he has ever thought about.

When he visited the pharmacy, he asked the staff to help him send the pictures on, but they were unfamiliar with his phone, and could not help.

"I was worried that if I couldn't email the pictures the Doctor could be missing something important"

Thomas feels that if he was given the option to come into the surgery to have a face-to-face appointment, he would have had more confidence in the diagnosis and not have felt the pressure to using the technology he was unfamiliar with.

People who have a disability

We spoke to members of the Deaf community as well as those who support them and we were told that there are still inconsistencies with interpretation services at appointments. Some members of the community feel they have a 50% chance of an interpreter turning up to secondary care appointments, a worry that is further compounded by the pandemic.

Response from Salford CCG:
Salford CCG have advised that they will explore this matter with provider organisations who refer patients into secondary care, to clarify if this matter is due to referrals not including the correct detail.

One Deaf patient who uses British Sign Language (BSL) told us that they used to book appointments with their GP by going into the surgery and communicating with reception staff in person. Since the pandemic, they can no longer do this and must rely upon a text service, of which many texts are often unanswered, leaving the patient further isolated and vulnerable.

In response, healthcare staff did seem to be helpful and cooperative, offering face-to-face appointments where they felt necessary.

Concerns were also voiced that even if the technology was made available, the cost of this coupled together with Broadband and data packages, were often a major worry for older people.

"Text messages don't work as services never responded quickly. I've not really seen a Doctor, my health is now not so good"

Salford Deaf patient

Jane's story

Jane needed to make an appointment to see her doctor about a delicate, personal medical problem that she felt embarrassed about. Initially she telephoned the surgery but after several frustrating attempts to get through, she gave up. Her husband went down to the surgery in person, but was told by reception staff via an intercom, that he couldn't come into the building to make the appointment and had to ring instead. He did this from the surgery car park, got through straight away and was told that the GP would call Jane back at an arranged time.

Jane lives in a small, terraced house with her husband and 3 children. When the GP telephoned Jane back, she struggled to find an area in her busy house where she could have the conversation in privacy. She felt embarrassed about her problem and was very careful what she was saying as she didn't want her children to hear, so feels she wasn't able to give her Doctor the full picture of what was wrong.

"I was so embarrassed, I couldn't wait for the call to be over"

The experience has left Jane feeling that if she needs to make a similar appointment and it has to be on the phone, she will rather just manage her condition as best as she can until such time that she can see her GP face to face in the surgery.

"I don't want to have a phone consultation again for my current problem, I'll just manage it myself until I can get into the surgery again"

Jane was never given the option of coming into the surgery. She was told that the initial consultation would be by phone and if the GP felt the need to see her in person, he would arrange a further appointment at that time.

If a face-to-face appointment had been offered, Jane feels that she would've been more comfortable to talk about her problem, knowing that her conversation was private.

People whose first language isn't English

From our conversations with people whose first language was not English, we learned that not being able to see the person you are communicating with can add an extra barrier onto an already challenging communication situation. Sometimes these people can pick up on visual clues to acknowledge whether someone understands them or not and having the ability to physically point to a symptom in real time can break many of these communication barriers down.

Following conversations with a couple of people, we were also told that there appears to be trust and confidentiality issues with some interpreters as on occasions, they have been known to talk about openly with others about their client's personal problems.

"I could hear she was talking about me to people I knew in the supermarket, I was so embarrassed"

Salford patient who used an interpreter

Roya's story

Roya was staying in a hostel with her teenage son when she needed to see her Doctor about a medical problem. Usually, she would walk into the surgery and make the appointment with the receptionist over the desk but given the restrictions she was happy to make this appointment by telephone as it meant she did not have to travel so far.

"I don't mind making an appointment over the phone as the surgery is not close to where I live"

The reception staff explained to Roya that as it wasn't an emergency, she would have to have a phone consultation, so she was given an appointment when her GP would call back. As Roya had limited command of the English language, the surgery also arranged for an interpreter to be present on the call with her.

Her GP called back and proceeded with the consultation alongside the assistance of the interpreter. Roya was satisfied with this process though she felt at times, the interpreter did not fully listen, instead just summarising her symptoms and on occasions adding in new symptoms meaning that Roya felt the GP didn't get to understand the full picture.

Roya was not given the option to meet with her GP face to face and says that this would have been more beneficial to her as she could have shown him the symptoms visually. If a video call had been offered, she would not have been able to take this up either as due to low funds, she has limited amount of mobile data each month which has be shared with her son for online schoolwork.

Unfortunately, the interpreter did not give her name for Roya to give feedback to the language agency.

Response from Salford CCG:
NHS Salford CCG advised that they have service level agreements (SLAs) in place with the interpretations providers which requires all interpreters to undertake annual safeguarding and information governance training. In the event of such situation, a patient should make a formal complaint to NHS Salford CCG, to allow for them to investigate.

Autistic people

We spoke to a local group leading on supporting autistic people and they told us that when it comes to GP appointments, people's experiences were very mixed. Where experiences were good, they were amazingly good and where they were poor, they were incredibly poor.

The shift to remote health consultations has had a negative impact generally, by reducing the autistic persons perceived ease of accessing the service resulting in their unwillingness to engage. This barrier to accessing services has led to a reduced attendance at routine check-ups etc and disaffection from future use of GP services.

They felt that too many GPs were insisting on all initial contacts being made through online systems and websites, when many of these patients were unable to access the internet, either through lack of financial or technical resources, lack of technical competence, aversion to web systems or difficulties in dealing with confusing systems. We were told that many autistic people have little or no viable work history and are long term benefit recipients. In a lot of cases, they are also from a lower socioeconomic background, so technology and access are likely to be extremely limited.

Telephoning into GP surgeries was still possible but seemed to be widely discouraged by healthcare providers. This often had a knock-on effect leaving some autistic people to feel that they had been told they cannot have access to GP services.

Some autistic people have experienced reduced confidence in confidentiality because of increased 'probing' by GP reception staff, often making it much more difficult for them to succeed in getting a consultation. The reduced predictability of whether they would get a consultation or not, has also caused increased stress and missed appointments.

For those who had experienced telephone consultations, clinicians seemed more pressed for time which made it more difficult for the patient to understand what was being asked resulting in an increased disconnection from clinician.

Elevated trust issues have also come into play when patients have heard someone in the background on a phone/video call, leading them to query how many people might be listening in on the call, which they cannot verify by sight.

A few autistic people may prefer to avoid human contact or may be non-verbal actually preferring to communicate online usually via a keyboard, so they become frustrated and confused that they are being asked to go online but still asked to make voice contact for at least initial consultations.

Many of them will have trouble articulating that they need to have a face-to-face appointment, find it even harder to do so over the phone or on video links for a variety of reasons. A very small number of them do report a preference for phone or video consultations.

We asked autistic people what could be done to make access to healthcare appointments better and were told that:

♦ There is no need to change pre-existing phone-in system to get appointments

♦ There is no need to move away from timed appointments

♦ There needs to be greater flexibility over options to have remote or face-to-face appointments

♦ Health services should think through carefully and trial online systems before going live.

"Think before changing anything! Is the planned change necessary? Does the planned change give any real advantages?"

Autistic Salford resident

What healthcare staff told us

How GP Services have changed

We are aware that each GP Practice across Salford has the technological ability to offer video consultations as part of their Digital First Primary Care offer.

Practices were already working on implementing this; however, this was expedited due to COVID-19. Over the last 12 months primary care has done a huge amount of work on implementing video consultations, working with Salford Clinical Commissioning Group and investing in hardware including laptops with built in microphones and cameras to allow clinicians to work from home, should they need to isolate. In practices, they have invested in cameras, headphones, and new monitors.

As well as video consultations, they have launched new online websites with the ability for patients to send in pictures in a secure way so that clinicians can review these as part of delivering care to patients.

The ability to undertake video consultations is there, however this is offered by clinicians where it is clinically appropriate to do so. Anecdotal feedback from patients to practice managers has been that most do not like video consultations and as they progress out of a national lockdown, practices recognise that more work needs to be done with patients to understand and gain their input into developing digital services.

Secondary Care Clinics

Some clinics in secondary care have mobilised to offer consultations by remote video call. By using a video system called AccuRX, clinicians have been able to invite patients to have remote appointments with their consultant.

As with any video system that relies upon technology, this one isn't without its teething problems. Clinicians have at times been kept waiting whilst they link up with patients using the service, unsure of whether it is a connectivity issue at the patients end or theirs. This has at times had a knock-on effect to other patients on their appointment list, with timings being squeezed.

Predominantly, patients at most of these clinics have been offered an initial telephone consultation, with only a few requesting to utilise the video technology.

A lot of the time, clinicians can gather information over a phone call which saves the patient having to attend the clinic, incurring travel and car parking anxieties.

Most consultations are followed up with a letter sent to the patient, outlining the things discussed. This move to remote consultations has seen an increase in patients contacting medical secretaries and the Access Booking and Choice Teams by phone or email with further queries following their consultations.
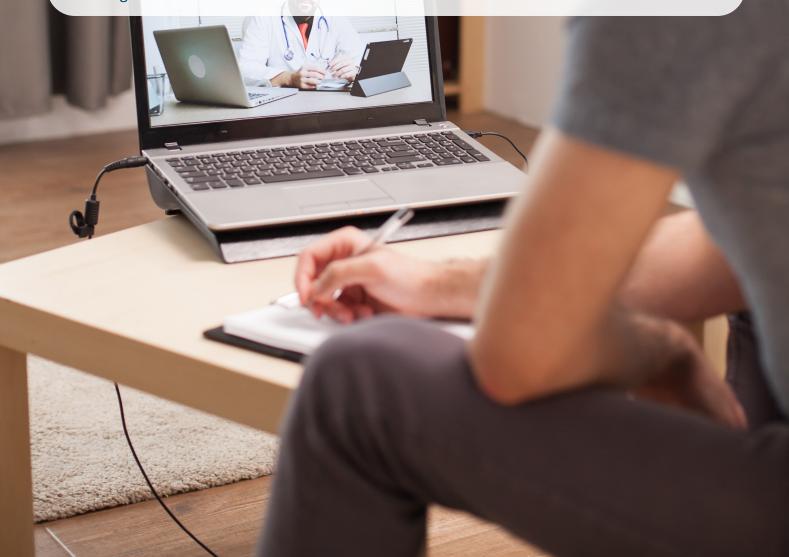
Embracing new ways of working

The Salford Community Dietetic Team, who run an adult service, have told us that due to following the social restrictions of COVID-19, they have utilised telephone and some video call appointments for patients which has meant that they have been able to increase capacity to a certain extent.

Some patients have reported a positive outcome from this in that that they have not had to take time out of work to attend a face-to-face appointment or endure travel anxieties. However, with the main demographic of their patients not being digitally connected, the team are mindful that this remote method may not suit everyone.

There are also certain drawbacks to remote appointments as some essential activities cannot be carried out, for example when patients need to be weighed. To get around this, the team have carried out 'door step' weights where they have weighed patients in the hallway/entrance of their homes in a safe manner whilst observing strict social distancing and COVID safety measures.

Another useful part of carrying out appointments at the patient's home which is missing with appointments carried out over the telephone is that the Dietitian can discuss and help the patient understand the contents of their kitchen cupboards and help them gain better knowledge of what foods to seek out for their dietary needs.

Going forwards, the Community Dietetic Team hope to be able to offer patients a variety of options for appointments, including telephone, video calls and face to face appointments either in a clinic setting or, for those patients who find it difficult to leave their home, at their house. As shielding and social distancing eases, referrals are likely to increase, but by continuing to offer telephone or video appointments for those patients who want them, they hope to minimise the adverse effect this will have on waiting times .

What support is available in Salford around digital technology?

Age Friendly Salford (AFS) Tech and Tea

Tech and Tea is the low-level digital skills programme delivered as part of the Age Friendly Salford programme and delivered by Inspiring Communities Together ensuring older people are not left behind because they are digitally excluded.

Tech and Tea at Home is aimed at older people with no access to digital equipment and little or no digital skills.

Historically this programme was delivered in community settings improving older people's skills in using technology to manage their own health and wellbeing.

During the pandemic they have moved to a 5-week virtual offer. All of their virtual sessions are delivered via Zoom. Participants purchase a tablet at a heavily subsidised price at the start of the course which is delivered to their doorstep fully set-up. Participants are fully supported by a tutor to access Zoom for the first time. The course covers Zoom, staying safe online, Google searching, email and social networks and problem-solving.

To register your interest in taking part in Tech and Tea At Home, please complete the short form: https://www.inspiringcommunitiestogether.co.uk/events/community-learning/

AFS Engagement Programme (delivered via Zoom): Tech and Tea Online is open to any older person who is interested in developing their existing digital skills and addressing questions about using digital technology.

You can watch a short video about the sessions here: https://youtu.be/g3DvgzZ7E1U

Access to Tech and Tea Online and to the other AFS engagement programme activities is via the e-newsletter. To sign up please email Andrea Whelan::
andrea@inspiringcommunitiestogether.co.uk

Digital Wings

Digital Wings is an online learning programme that will help people keep up to date with digital trends and boost their knowledge and confidence. There is a wide range of modules available, such as staying safe online, digital trends and data, and understanding more about Google. These can be done on the Digital Wings website or on the Digital Wings app.

Anybody can use Digital Wings, so please pass these details on to friends and family.

https://digital.wings.uk.barclays/
If you're asked for the company code, please use 0000737 for Salford.

Tech and Tea Digital Equipment Scheme

The purpose of the Tech and Tea VCSE Digital Equipment Scheme is to provide resources to develop digital capacity within VCSE organisations working with older people. Salford recognises that during the pandemic more organisations have had to move their activities to on-line and this may be a barrier for older people and VCSE organisations to engage due to lack of digital equipment.

The scheme will provide either laptop or tablet technology up to a maximum of five pieces of equipment to enable VCSE organisations to use to support digital inclusion for older people. The equipment can be loaned to older people or used by staff and volunteers.

Technology can be a means to enable older people to renew and develop social contacts and engage actively in their communities. It can provide opportunities to:

⇒ participate in meaningful work and other activities (whether paid or on a volunteer basis)
⇒ interact in new ways with family and friends
⇒ learn, develop skills and gather experience and share learning, skills and experience with others.

Staff and volunteers of the VCSE organisation will attend the wellbeing conversation training and that older people are sign posted to the Age Friendly Salford Tech and Tea programme if the equipment is to be loaned out to ensure they have the skills and confidence to use the equipment provided.
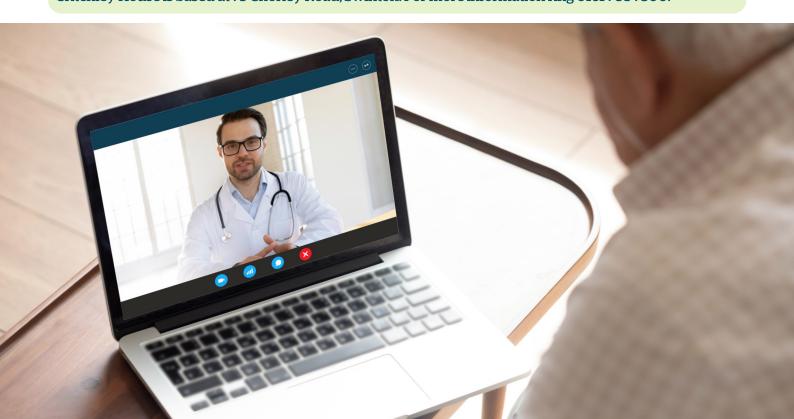
If you work with a VCSE organisation and you would like to apply for up to five laptops/tablets to help in your work supporting older people in Salford, please complete the application form:
https://forms.gle/ckY4fjkNzqtFwBXS8

Critchley Community Hub and Garden Cafe

Critchley Community Hub and Garden Cafe has a fully equipped IT suite and free Wi-Fi. Prior to government restrictions they held weekly Tech and Tea classes led by an experienced trainer and in partnership with ICT (Inspiring Communities Together) enabling Salford's older people to become familiar with basic IT. They also held weekly drop in classes providing one to one support.

They are hoping that with the easing of lock down measures, they will be able to resume these classes in the near future.

Critchley House is based at 75 Chorley Road, Swinton. For more information ring 0161 788 7300.

Conclusion and next steps

Whilst this report has detailed inter-group findings, at 22 experiences the sample size is not large enough to draw any group-specific conclusions or insights but reflects on individuals lived experiences.

As the ongoing COVID-19 pandemic continues to alter processes, affect health and social care provision and impact communities, research exploring inter-group disparities is important to know where to focus attention, support, and resources.

Although we can draw no group-specific conclusions from our research, we have identified some possible recommendations within our results which may provide avenues for further research and engagement. We hope this will compliment the national report from Healthwatch England on Digital Exclusion, later in the year.

Our recommendations are:

Privacy

1   Clinicians should ask the patient if they are happy to talk with confidence in their home environment before proceeding with the consultation, offering a face-to-face appointment in the surgery to those who identify privacy is an issue.

Response from Salford CCG:
NHS Salford 'Clinical Commissioning Group' (CCG) advised that they will raise awareness of this issue with Salford GP practices. The CCG also intends to share this with senior clinicians, including GPs to explore how this can be promoted as best practice

Choice

2.   Staff who are the first point of contact for patients, should be trained to identify those who may struggle with a remote appointment (hard of hearing, need use of interpreters etc), and feel empowered to be able to recommend a face-to-face appointment with the clinician.

Response from Salford CCG:
The CCG are in the process of developing a interpretation and translation training programme which will address a number of areas, such as dialect awareness, non-verbal communication and BSL.

Confidence

3   All staff should check back with the patient at the end of the call/video call, to ensure that the patient has understood what has been communicated to them, opening the door for patients to ask further questions if they are unsure.

Response from Salford CCG:
NHS Salford CCG advised that this should be carried out as clinical best practice, as part of the consultation which is carried out by a clinician with a patient. This would be the expected standards by professional bodies, such as the 'General Medical Council' (GMC) and 'Royal College of Nursing' (RCN).

Communication

4   Access for Deaf BSL users' needs to be improved with the prompt answering of text services where they are provided.

5   Patients who use interpretation services to be provided with information on where to raise comments about these services.

Response from Salford CCG:
NHS Salford CCG confirmed that all Salford practices should be familiar with the booking of a specific language or BSL interpreter. Where patients have concerns regarding the quality of an interpreter, this should be raised with the GP practice, which can then be escalated to NHS Salford CCG. The CCG has the ability to raise any concerns directly with the provider in question.

The CCG understands that this raises a question, as to how individuals with BSL as a first language can raise any concerns. As such, the CCG are exploring this through various forums at a local and national level, including social media platforms to raise awareness amongst BSL patients of how they can raise any concerns they might have.

Awareness

6   Commissioners and providers need to raise public awareness about the different ways in which people can engage with their healthcare practitioner and where they can go to learn or improve their digital skills.

7   Changes to services no matter how quick, need careful consideration as to how these will be communicated to the public taking into account of the diverse needs of the Salford community. Use of language, plain English and ensuring the messages are disseminated as widely as possible is essential to ensure any change is communicated and understood.

Response from Salford CCG:
Salford CCG informed Healthwatch Salford that there are various mechanisms any ways in which commissioners are able to raise awareness of any changes to the delivery of healthcare provision. The CCG has an extensive social media presence in Salford, as well as utilising the 'Life in Salford' magazine to reach as many Salford patients as possible. When services are being re-commissioned or procured, the CCG involves various patient groups and forums to update on changes in models of care. An example of this includes the CCG's Citizens Panel, which connects the CCG with over 5000 patients across Salford. The Citizens Panel has previously been held face to face in the Salford community. Once restrictions are lifted, the CCG will look to review what engagement mechanisms can be implemented. The CCG is always exploring new ways to connect and engage with communities across Salford, such as the "Your Voice" pages on our website: https://www.salfordccg.nhs.uk/your-voice/engagement-forums/citizen-panel

In recent years, strategies published by NHS England, such as the NHS Five Year Forward View, published in 2017, referenced the digital changes taking place. The CCG recognises the fast pace change right across the NHS, not just in general practice, to the way in which clinicians and patients now interact as a result of Covid-19.
As part of the Salford Standard 2021/22, which is a local contract between Salford's GP practices and Salford CCG, practices are expected to work together in innovative ways. An example of this being the need to gather patient experience feedback on access to GP services. The CCG have recommended that practices come together in their neighbourhoods, called 'Primary Care Network's (PCNs), to discuss patient experience in accessing services. In addition to this, the CCG has also signposted practices to Healthwatch Salford, who will be able to provide support and assistance where appropriate.

Response from the Northern Care Alliance

"We welcome this report and are already actioning the issues raised within the report around the challenges to communicate and engage with people in 2021 through the "Meeting Elective Care Needs Across the System" Programme. This will be achieved through a change in culture within and between organisations to support implementation of a shared vision and maximise the opportunity to collectively 'Build Back Better.'

We are looking to include the lessons within this report regarding primary care and patient experience in a launch workshop being held on 29 April 2021 to help to solidify our own aims of the Programme to work as a single integrated system, flexing organisational boundaries through clear and agreed delegated authority. Data and evidence will drive the questions and agreement as a system of one version of the truth and help to frame the environment we want to create for the future, without jumping straight to solutions.

Fundamental to this process will be exploring new approaches to redesigning person-centred, neighbourhood based holistic models of care across multiple agencies. The system will consider overarching socioeconomic approaches and drivers, rather than just statutory healthcare targets and measures, including inequality and inclusion.

The programme will be evaluated by outcomes and will enable partners to have the required honest and open discussions to support a better patient experience and ultimately, deliver improved patient outcome for the people we serve."

Jayne Harris
Head of Delivery & Transformation Group Elective Access

If you require this report in an alternative format, please contact our office on:

Telephone: 0330 355 0300

Email: info@healthwatchsalford.co.uk