



Deep Dive Report

**Access to Primary Care – Avoiding the
8:00 am Rush**

healthwatch
Staffordshire

Healthwatch Staffordshire

0800 051 8371

Support Staffordshire, Civic Centre, Riverside, Stafford ST16 3AQ

Website

www.healthwatchstaffordshire.co.uk

Email

enquiries@healthwatchstaffordshire.co.uk

Twitter

<https://twitter.com/HWStaffordshire>

Facebook

<https://www.facebook.com/HWStaffordshireOfficial>

Instagram

<https://www.instagram.com/hwstaffordshire/>

Contents

Page

Executive Summary	3
Introduction	5
Methodology	7
Next steps in Integrating Primary Care	8
The Current Staffordshire Position	12
Patients Experience	13
The National Primary Care Access Recovery Plan	15
Empowering Patients	17
Implementing Modern General Practice	19
Building Capacity	21
NHS 111 and Out of Hours Care	24
Communication and Zero Tolerance	25
Collaboration with Patient Participation Groups	25
Recommendations and ICB Response	26
Main References	27
Appendix 1: Guide To Making Appointments with Your Primary Care Team	28
Appendix 2: Feedback from patients with Neurodiverse issues	29
Appendix 3: Health Passport	30

Executive Summary and Recommendations

Primary Care Services are regarded by many as the front door of the NHS. They are the first port of call when people feel unwell and are seen as the main co-ordinator of care for people living with health conditions in the community.

The face of General Practice changed dramatically during the Covid Pandemic, having to adapt very quickly to different ways of working and increased workloads. Working under intense infection control measures, they delivered consultations by a variety of routes including phone, video calls and face to face. For patients that meant access to their GP practice became more difficult and often by remote means, as telephone lines were engaged and physical access to the surgeries was severely restricted with only 49% of patients surveyed saying they found it easy to get an appointment.

Moving out of the pandemic, primary care reported a further sizeable increase in workload. Surgeries are attempting to meet demand while coping with workforce shortages, low morale and communication systems that are not always fit for purpose.

From a patient perspective the difficulties in getting through to their surgery to secure an appropriate service had got more frustrating and for many has come to be associated with the **8.00 am rush**.

Healthwatch collated the views and experiences of patients around Staffordshire. We looked at what changes are being put in place to improve access to general practice as well as what can be done to reduce the stress in the system on both patients and practices.

In May 2022 NHS England published the Fuller Stocktake on Primary Care which sets out a new vision for integrated primary care based on developing streamlined access to urgent care for those that need it, more personalised care from a team of professionals for those with complex care needs and a proactive approach to prevention at greater scale.

Locally the Integrated Care System has produced a five-year primary care strategy based on these principles with the ambition that patients will have good access to high quality, sustainable and resilient general practice reducing inequalities and variation in practice. It forms one of the seven interdependent delivery portfolios that drives service transformation in Staffordshire and Stoke on Trent. It has been shared with Staffordshire County Council Health and Care Overview and Scrutiny Committee.

This was followed up in May 2023 by the government's Primary Care Recovery Plan which aims to take some of the pressure off primary care teams by tackling the appointments issue backed up by investment in better telephone systems and digital tools.

The central ambitions are to tackle the 8am rush by making it easier for the public to contact their practice by phone and online, and to know the same day how their request will be

handled by the practice team. Patients are to be encouraged to make greater use of the NHS APP to order prescriptions, send and receive messages from their practice and to view their summary medical notes. To achieve this approach practices are moving from gatekeeping GP and Nurse appointments to navigating patients to the most appropriate member of the practice team.

The range of healthcare professionals working in surgeries has expanded considerably since 2019 with over 775 additional staff recruited across Staffordshire and Stoke, making considerable use of pharmacists, physiotherapists mental health nurses and social prescribers amongst others, who can resolve patient issues. without the necessity of seeing a GP.

Plans are also in hand to increase the range of services to which patients can self-refer including:

- Selected musculoskeletal services such as physiotherapy.
- Audiology for older people including hearing aid provision.
- Weight management services
- Community podiatry (chiroprody)
- Wheelchair and community equipment services
- Talking therapies

Negotiations are in hand to allow community pharmacists for the first time to prescribe a range of medications for minor illnesses including some antibiotics which again will reduce the need to go to the GP surgery.

Based on feedback from patients we have arrived at a list of seven key findings to support our NHS colleagues progress their plans.

Key Findings:

1. Wider advertising to bring the public along with the changes in the way patient access is being managed using a variety of media settings considering people's communication needs and languages with minimal use of jargon.
2. Promotion of the Care Navigation approach with patients so that being asked about the reason for their call by surgery staff is not seen as intrusive and becomes the norm.
3. Further promotion of the NHS App accompanied by some digital awareness training for patients in how to set up and use it to book appointments, order repeat prescriptions, send messages to the practice and to access their medical records.
4. Encourage surgery staff to outreach into their communities by attending or organising health and wellbeing events in their catchment area.
5. Encourage Patient Participation Groups (PPGs) and Carers Groups to contribute to the promotion of more patient friendly advice and guidance.
6. Better understanding of people with neurodiversity so that reasonable adjustments can be made to make access better. (see appendices 2 and 3)
7. Promote a brief guide for patients in accessing an appointment with their surgery (see appendix 1)

Introduction

Background

Primary Care services are regarded by many as the front door to the NHS. The term “Primary Care” encompasses General Practice, Dentistry, Community Pharmacy and Eye Health services. These services are the first port of call when people feel unwell and are seen as the main co-ordinator of care for people living with health conditions.

Access to General Practice and NHS Dentistry are the two most often raised concerns with Healthwatch Staffordshire by the public, so we started to look at both these areas in more detail.

In May 2022 NHS England published the Fuller Stocktake on Primary Care which set out a widely accepted framework for change. The Fuller Stocktake sets out a new vision for integrated primary care based on developing streamlined access to urgent care for those that need it, more personalised care from a team of professionals for those with complex care needs, and a proactive approach to prevention at greater scale.

This was followed up in May 2023 by the government’s Primary Care Recovery Plan. This sets the changing background against which we will look at local implementation and patient feedback.

On NHS Dentistry we have received almost 100 pieces of patient feedback that we have submitted to a Parliamentary Enquiry that was taking evidence in April 2023 and reported in July.

Why we created this Deep Dive.

The face of General Practice changed dramatically during the Covid Pandemic, having to adapt very quickly to different ways of working and increased workloads. Working under intense infection control measures, they delivered consultations by a variety of routes including phone, video calls and face to face. They took on responsibility for medical care for local care homes and contributed to the organisation and delivery of the covid vaccinations for their practice populations. For patients that meant access to their GP practice became more difficult and often by remote means as telephone lines were engaged and physical access to the surgeries was severely restricted. Since the ICB has taken on the GP commissioning role it has recognised that general practice is working under intense workload and workforce pressures and is struggling to maintain a service that meets demand.

As we moved out of the pandemic primary care reported a sizeable increase in workload due partly to pent up demand from the public and a build-up of hospital waiting times for treatment. Surgeries are attempting to meet demand while coping with workforce shortages, low morale and communication systems that are not a fit for purpose.

From a patient perspective the difficulties in getting through to their surgery to secure an appropriate service had got more frustrating and for many has come to be associated with the **8.00 am rush**.

“I had to ring my surgery 210 times before I got through to speak to someone.”

“I rang my surgery and was told I was in a queue and could have a ring back when it was my turn. I waited two hours for a callback by which time there were no appointments.”

“If I want to make sure I get an appointment I go and wait outside the surgery for them to open first thing in the morning.”

“I got through to the surgery by 8.20 to be told to ring back after lunch time when more appointments would be released.”

The intention of the Deep Dive is to seek the views and experiences of patients around the county and look at what changes are being put in place to improve access to general practice as well as what can be done to reduce the stress in the system on both patients and practices.

Developing our approach

When taking over the delivery of the Healthwatch contract in 2022 several possible areas for deeper investigation had been identified of which primary care access was one. As we talked to individual patients, members of local patient participation groups and carers groups the theme of access was the number one concern.

We engaged through our intelligence network with wider members of Support Staffordshire including social prescribers.

Through the course of our engagement work we spoke to some practice staff about the practicalities of facilitating access for patients who require additional support in arranging appointments.

Discussions also took place with our commissioners at Staffordshire County Council, and the Staffordshire Integrated Care Board’s primary care team.

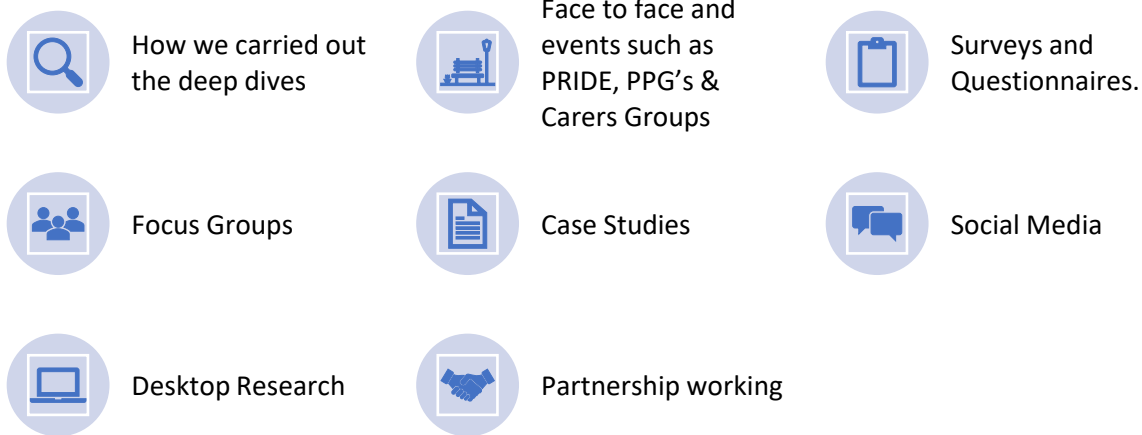
We worked with Healthwatch England and used the ‘Theory of Change Model’ to help us to focus our resources in the areas of the deep dive most needed. This will help Healthwatch Staffordshire to

- Increase chances of successful outcomes.
- Identify what is working, and what is not, so we can adjust our approach and target resources.
- Measure and communicate the effectiveness of our work.
- Evidence the outcomes we achieve.

Anticipated Outcomes

- To gain an overview of patient experiences of accessing General Practice across the county to date.
- To identify more specific practical issues that patients are raising that need to be considered when reshaping General Practice Services.
- To assist residents/patients to understand the way General Practice is being delivered is changing.
- To develop a patient guide to accessing General Practice

Methodology



We used a combination of approaches to collect feedback on primary care access from individuals, attendance at events, meetings with patient groups and staff working in services over a period of 10 months commencing in November 2022.

- Anonymised patient survey data relating to Staffordshire and Stoke on Trent taken from the annual National GP Survey managed by Ipsos with 16,500 local responses.
- Healthwatch day-to-day work: enquiries from patients received in our inbox and via duty phone calls, or on our website, via HWE web submission form, through relevant enter and view (E&V) visits to NHS MPFT Community Nursing and Integrated Mental Health Teams in Lichfield, followed by writing our independent reports, with recommendations.
- Contact with 25 Patient Participation Groups by Healthwatch Engagement Officers across the North, Southwest and Southeast of the County. (Engagement with over 200 patients)
- Engagement with 7 Carers Groups run by Staffordshire Together for Carers across the County
- Building on previous wider Healthwatch Staffordshire engagement, South Staffordshire District Councillors commented on and fed back on Healthwatch Deep Dives

- Meeting with Staffordshire County Council Councillors (Members of the Health Care and Overview Scrutiny Committee) To review findings and comment.
- Meeting with representatives of Staffordshire Social Prescribers.
- Meeting with an NHS 111 patient audit group.
- Several meetings with Primary Care Managers.
- Various ICS meetings attended by Healthwatch Staffordshire to feedback the patient voice to influence strategy and delivery, such as the impact of pharmacies advising patients and supporting GP's.

Next Steps for Integrating Primary Care: The Fuller Stocktake Report May 2022

This report commissioned by NHS England and NHS Improvement sets out a vision for integrating primary care going forward at a time when it is reported that there are real signs of growing discontent – both from the people who use it and those who work within it.

Quote from The Fuller Report:

***“Every day, more than a million people benefit from advice and support of primary care professionals – acting as a first point of contact for most people accessing the NHS and also providing an ongoing relationship to those who need it. This enduring connection to people is what makes primary care so valued by the communities it serves.*”**

***Inadequate access to urgent care is having a direct impact on GPs’ ability to provide continuity of care to those patients who need it most. In large part because of this, patient satisfaction with access to primary care is at an all-time low despite record numbers of appointments. The 8am Monday scramble for appointments has now become synonymous with patient frustration.*”**

At the same time, primary care teams are stretched beyond capacity, with staff morale at a record low. In short primary care as we know it will become unsustainable in a relatively short period of time.”

Dr Fuller recognises that it is vital to retain continuity as one of the core strengths of primary care whilst recognising that people’s needs and expectations are changing. On one hand, a growing number of people have complex needs, such as multiple long-term conditions, requiring highly personalised care and support. On the other hand, many people who are in good health would prioritise faster access to advice from a wider group of professionals.

The report outlines a new vision for integrating primary care, improving the access, experience and outcomes for communities which is centred around three essential offers:

- **Streamlining access to care and advice** for all people who get ill but only use health services infrequently providing them with much more choice about how they access care and ensuring care is always available in their community **when they need it.**
- **Providing more proactive, personalised care with the support from a multi-disciplinary team of professionals** to people with more complex needs, including, but not limited to those with multiple long-term conditions.
- **Helping people to stay well for longer** as part of a more ambitious joined up approach to prevention.

The report acknowledges that improving the experience of accessing primary care is essential in restoring the confidence of the public.

Louise Ansari, national director at Healthwatch England, which called for a national review of GP access welcomed the report:

“Having called for a review of GP services, we are pleased to see the Fuller report address some of the key long-standing issues that hundreds of thousands of people shared with us over the last two years.

Access to GP services remains one of the top priorities for the public, especially for people who face barriers to care such as disabled people, people from ethnic minority backgrounds and those on lower incomes, and we particularly welcome the focus on personalised care.

By recognising that people need better access to same-day urgent care, while also sometimes prioritising greater continuity of care, the NHS can improve and strengthen its relationship with the public.

In looking to develop neighbourhood care teams, there will be opportunities for the NHS to improve collaboration across services, and better engage with service users, carers and the voluntary sector.

Through improving data collection and sharing systems, we hope to see the development of a primary care system that understands its communities and addresses disparities in access. GP practices are a vital first port of call for people who need care and so it is important that access to General Practice works for everyone, regardless of where people live, their abilities, or their ethnicity. We look forward to supporting a swift and effective implementation of approaches outlined in the report.”

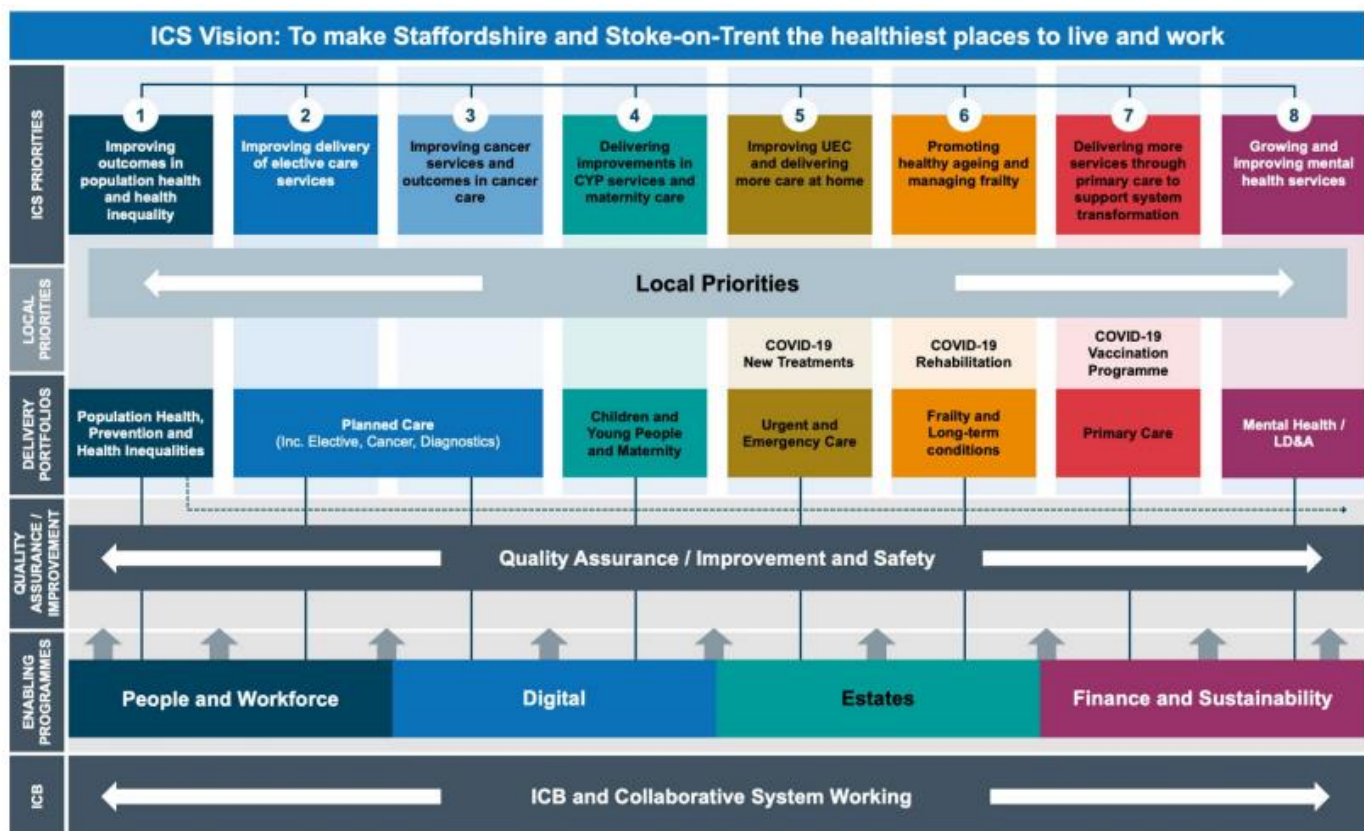
Healthwatch Staffordshire does recognise that there have been positive signs of closer collaborative working between teams from across general practice, wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff share

resources and information. We have observed the formation multidisciplinary teams being built around Primary Care Networks dedicated to improving the health and wellbeing of local communities and tackling health inequalities.

How the Integrated Care System (ICS) will work with partners to implement its 5-year strategy based on the Fuller Report.

Dr Claire Fuller, the CEO designate Surrey Heartlands ICS and GP, who led the national stocktake, said: **“Primary care must be at the heart of each of our new Integrated Care Systems.”**

Within Staffordshire and Stoke on Trent Primary Care is seen as one of seven interdependent delivery portfolios delivering more services that support system transformation as outlined in the diagram below.

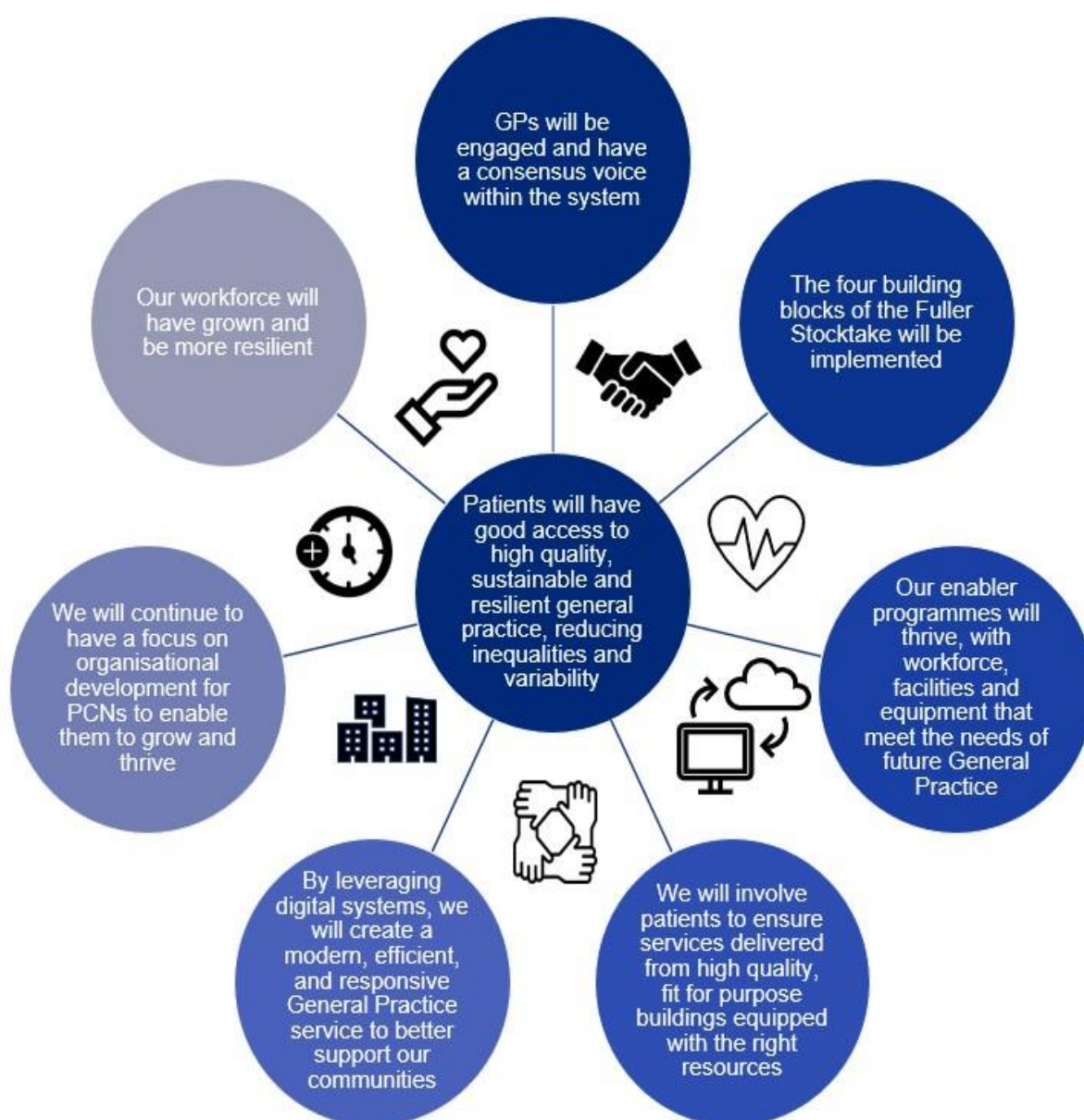


Our local ICS has developed a 5-year Primary Care strategy to work with partners across all sectors to make a difference to residents and communities across Staffordshire and Stoke on Trent. The strategy aims to continue its contribution to the health and wellbeing of the local population. It outlines the direction of travel for general practice in terms of how it will support its sustainability and development as well as playing a key role as a partner in the ICS.





“This strategy brings a renewed focus on our model of care which builds on the Fuller Stocktake Report around population health management and integrated teams whilst continuing to develop and deliver on the ongoing work programmes that already exist. The strategy focuses less on organisations and boundaries, and more on people (patients and workforce) and places. The strategy and its implementation will be overseen by the Primary Care Collaborative which is a collective of senior leadership across general practice including Primary Care Networks (PCNs) and Local Medical Committees (LMCs)”.

Staffordshire and Stoke on Trent ICB General Practice 5-year Strategy.

The central ambition of the strategy is that patients will have good access to high quality, sustainable and resilient general practice reducing inequalities and variation in practice.



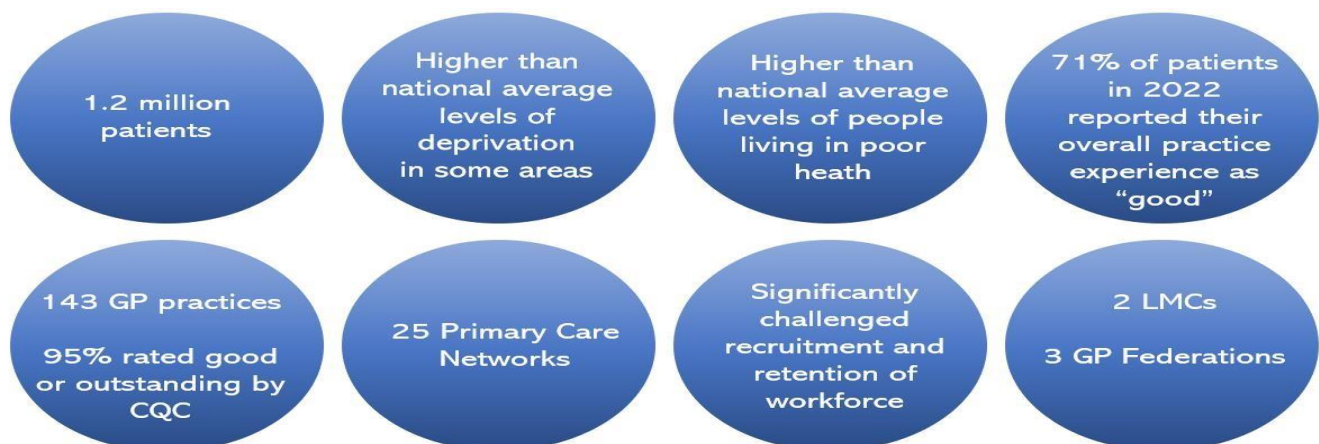
Key components of the ICS General Practice Strategy 2023

<p>Integrated Teams in Neighbourhoods</p> <ul style="list-style-type: none"> • Working across health and social care • Dedicated local community multidisciplinary teams (MDTs) – improve health/wellbeing and health inequalities • Partnership working – Co-production and personalised care • Ability to tackle determinates of health and help people live happy and healthy lives 	<p>Same Day Urgent Primary Care</p> <ul style="list-style-type: none"> • Same day urgent care and continuity of care hand in hand • Single urgent care teams to offer patients the care appropriate to them • Care from most clinically appropriate service and professional in most appropriate mode 
<p>Prevention</p> <ul style="list-style-type: none"> • Primary care having an essential role in preventing ill health • Preventative healthcare – Core20PLUS5 focussed on reducing healthcare inequalities • Building on successful national programmes • Positive local community action • Making every contact count 	<p>Personalised Care</p> <ul style="list-style-type: none"> • Continuity of care where this is most needed • Supported by risk stratification • “What matters to me” • Shared decision making • Central to improving access 

The Four Building Blocks taken from the Fuller Stocktake Report

The current picture on Primary care in Staffordshire and Stoke

A good health service relies on a resilient, functioning, and sustainable general practice service. There are 27,500 appointments daily across Staffordshire and Stoke on Trent that GPs and their teams are providing, of which 10,800 are same day appointments. A further 1,165 enhanced access hours per week are being offered for patients to access booked appointments between 18.30 and 20.00 on weekdays and 9.00 to 17.00 on Saturdays to support those who cannot access their surgery during the working week. The number of consultations has increased by 11% on pre pandemic levels but demand is still increasing. Additional investment adding 2,200 extra consultations per week was made over the 2022/23 winter period.



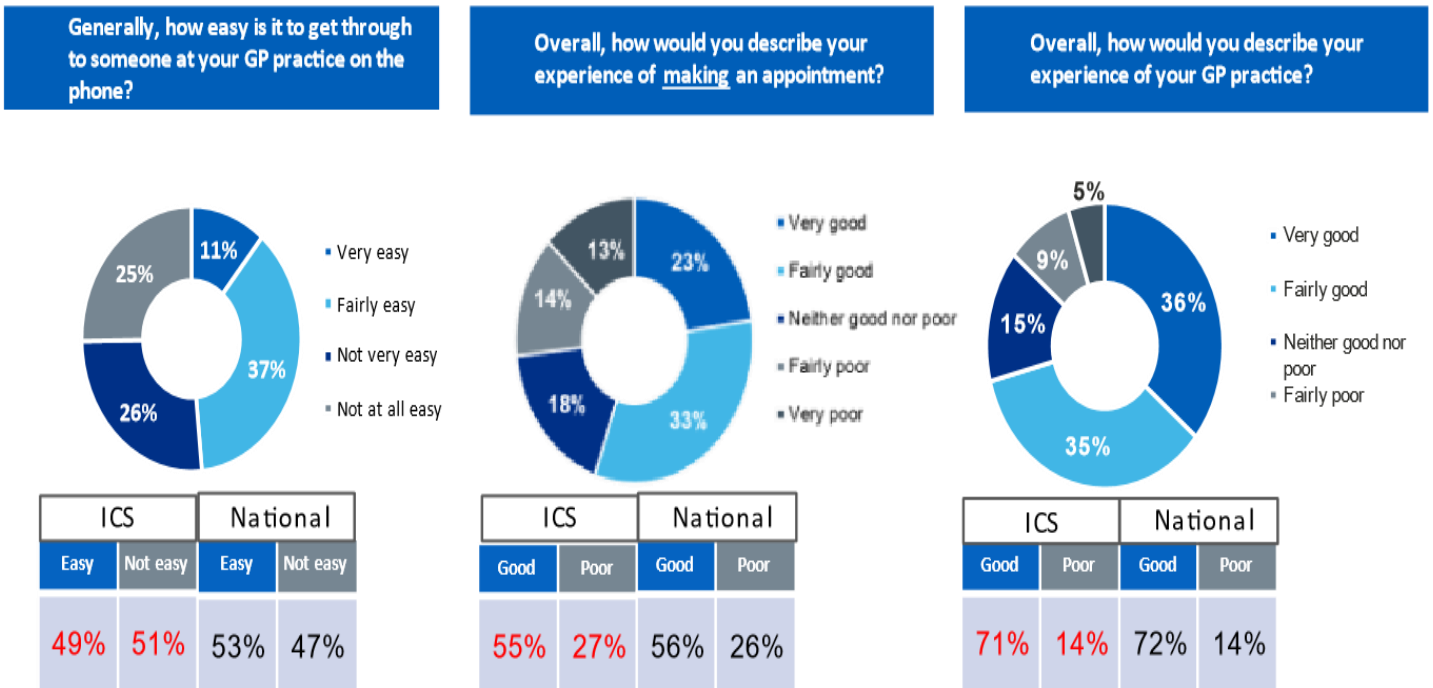
Healthwatch has been speaking with general practices and we have been working to understand the intense workload and workforce pressures that they are facing.

Patient’s Experiences

When speaking with patients, being able to make an appointment with a GP was their main concern. Once they had secured access to an appointment their experience was generally positive. Healthwatch feedback to ICS, PPG’s and wider partners has supported GP practices to start improving their ability to support patient access as a priority. This feedback from Healthwatch to key partners helped them to understand where to focus their resources. Highlighting treatment is not one of those areas as this is generally seen as positive. The priority area to focus on is patient access.

Healthwatch has been using the national GP survey based on patient feedback. This offered a structured questionnaire sent out to patients in paper form with the option of online completion. For Staffordshire and Stoke on Trent there were just over 16,500 responses.

The chart below highlights that only 49% of respondents found it easy getting through on the telephone to their practice with 55% describing their experience of making an appointment as good. Patients rating their overall experience of their GP practice as good was 71%.



The top six areas of feedback from our enquiry line

Feedback through the Healthwatch enquiry line highlighted issues raised from members of the public with **access** and **booking appointments** accounting for 36%. As can be seen from the patient feedback below we received a mixed response. Further exploration with patients and discussion with primary care managers confirmed that there are differences in how practices

operate. The variations across Staffordshire are affected by a number of factors including the size and makeup of patient lists, staffing resources available, rurality and the actual space available in surgeries.

“I find it really difficult to contact the surgery by phone between *eight and nine o’clock as I am travelling into work. By the time I get through appointments have often been taken up”

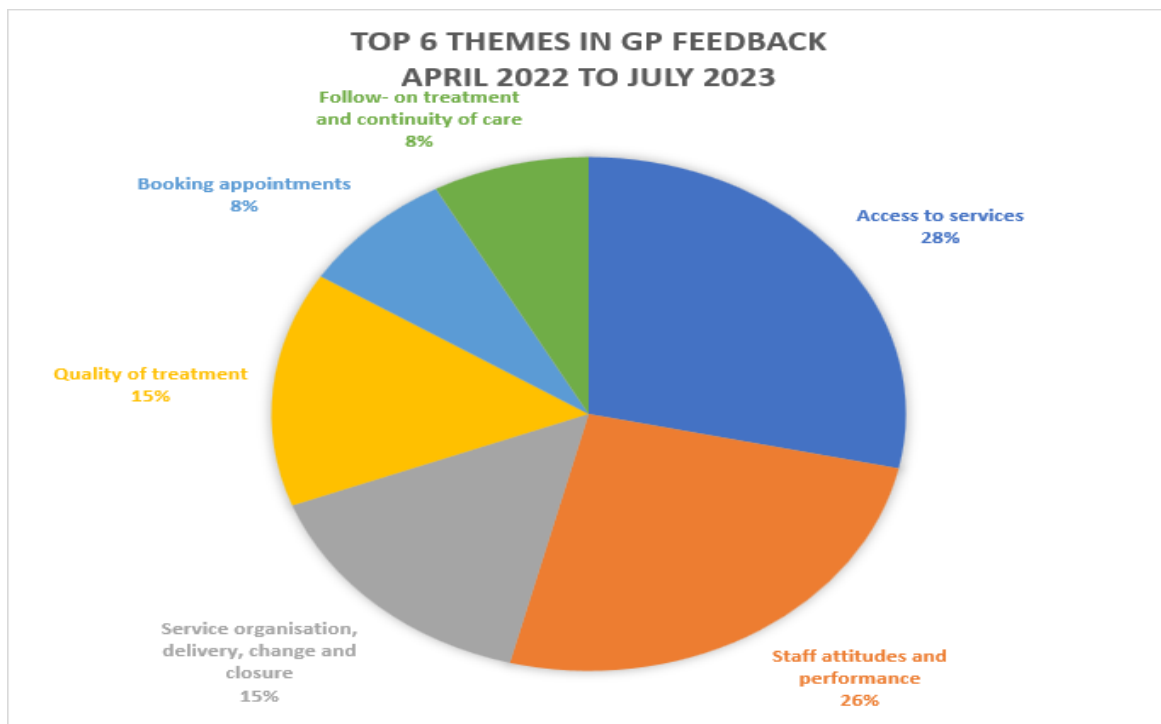
“I have been offered a ring back by the doctor during the morning with no specific time. She was very helpful when she called, but I was struggling to find a private space at work to take the call”

““I have been waiting a long time for surgery and had to go back to my GP for further treatment as my pain is getting worse”

“My surgery is really good, and I usually am able to get an appointment for either a face-to-face consultation or a phone call on the day if I need it”

“When my baby was unwell, I rang the surgery and received a call back from one of the doctors within an hour for a telephone triage. I was asked to take her down for a full examination after which she was referred to the paediatric assessment unit at the hospital “

“Routine appointments seem to be booked up well in advance and having tried online I had to resort to phoning”



Quality of treatment 15% came up when patient expectations weren't met. This featured more for people with mental health needs or drugs and alcohol issues. Also, some cases where difficulties in access was perceived to have resulted in delays in diagnosis and patients have called ambulances or gone to A&E.

We also received complimentary comments where patients felt their surgery had helped them through the most challenging of times.

Staff attitudes and performance accounted for 26%. The feedback was primarily about tensions in communication between receptionists and patients which has led to a small number of patients being removed from practice lists. A separate deep dive is looking at neurodiversity.

Follow on treatment and continuity of care 8% has been raised particularly by carers and people with multiple conditions who missed out on regular follow ups during the pandemic. Positive comments have been received about practice-based pharmacists resolving issues around medication reviews and ordering of blood tests.

Service organisation, delivery, changes and closure 15% Patients moving into new housing that falls outside current practice boundaries in East Staffordshire have been struggling to register with their local surgery and needed signposting through the primary care allocations team at the ICB. Patients' groups in two areas of the county have contacted Healthwatch for advice regarding practice mergers and patient disbursement.

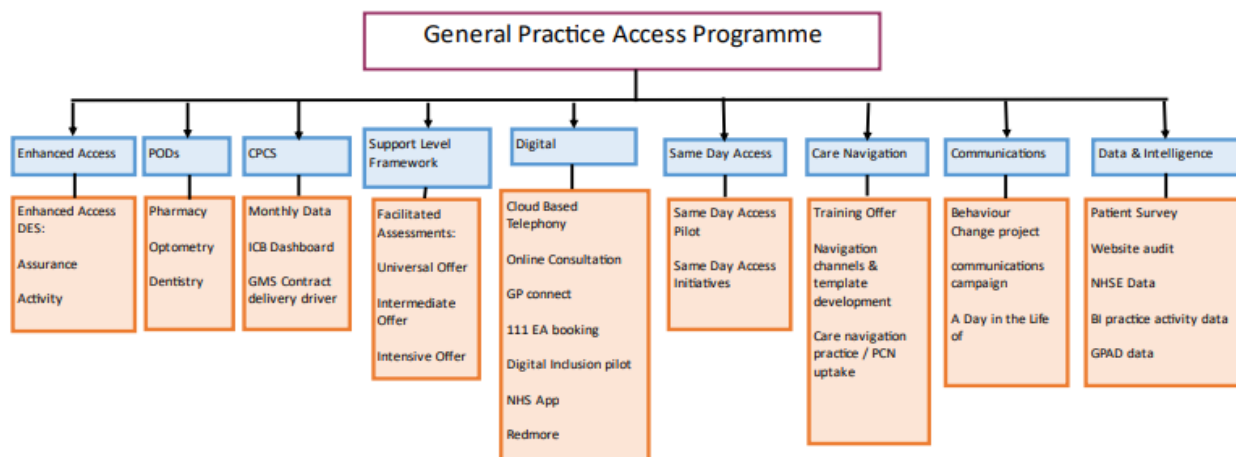
The National Primary Care Access Recovery Plan - Taking the pressure off General Practice

While accepting the Fuller vision, NHS England's initial attention is focussed on taking the pressure off general practice and tackling the 8am rush. The National Primary Care Access Recovery Plan published in May 2023 sets out the details and is underpinned by changes to the GP contract.

This plan has two central ambitions:

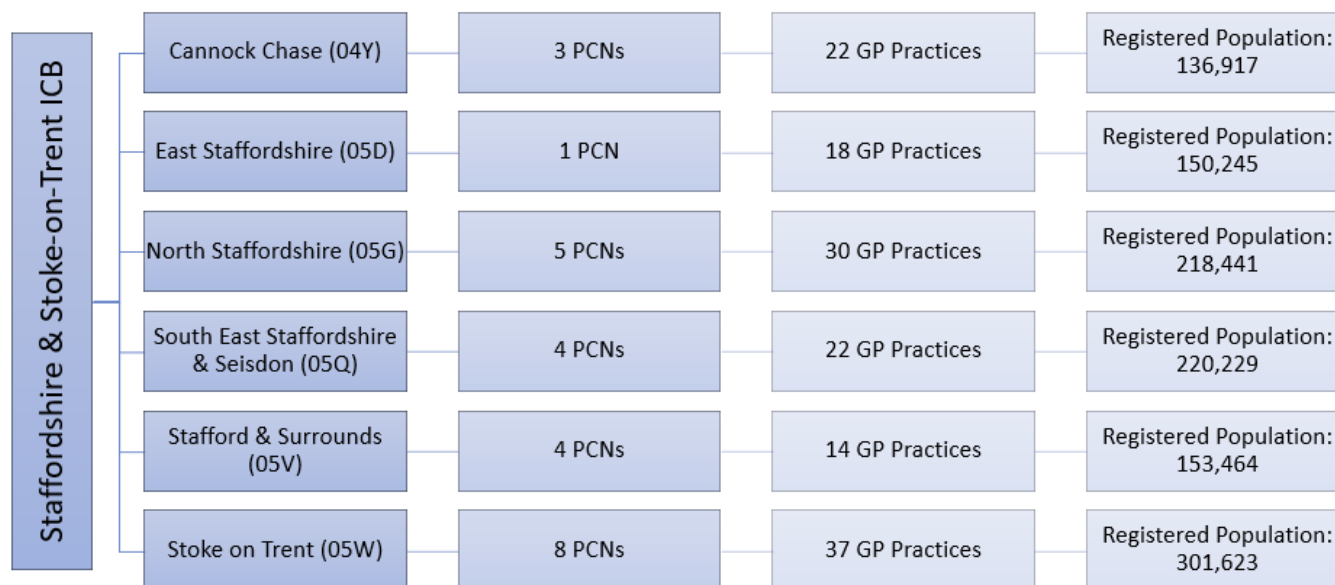
- 1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment, with investment in general practice to enable this.
- 2. For patients to know on the day they contact their practice how their request will be managed.**
 1. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
 2. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
 3. Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services).

How will this work for Staffordshire?



Taking forward improved access to General Practice across Staffordshire and Stoke is a complex process with multiple workstreams as outlined above.

Much of the work to drive changes forward is being undertaken at Primary Care Network level where groups of local practices are working closely together with a range of local providers across primary care, community services, social care, and the voluntary sector, to offer more personalised, co-ordinated health and social care to their local populations.



Registered Population: as of 1st February 2023

The Integrated Care Board is due to receive a report on progress across Staffordshire and Stoke in delivering the Access Recovery Plan at its November Board. Some practices

are already operating in line with the plan. However, it will take time for these processes to be set up and running across all practices in Staffordshire and Stoke-on-Trent.

The concerns raised by Healthwatch as well as other partners including the County Council Health and Care Overview and Scrutiny Committee are that the members of public did not know enough about the changes to access to primary care. Healthwatch has been working with primary care managers and the ICS engagement & communications director to stress the importance of advising the public on new ways to have their needs met.

The Recovery Plan focusses on four key areas Empowering Patients, Implementing Modern General Practice, Building Capacity and Cutting Bureaucracy.

Empowering patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve some of the pressure on general practice.

The **NHS App** has over 15 million logins a month, and over 31 million people have signed up. NHS England is working towards extending public access to four existing functions and as of November 2023 these are available to 90.3% of Staffordshire Patients.

- (i) to view their prospective entries in their clinical notes including immunisations, test results and consultations.
- (ii) order repeat prescriptions many of which are sent direct to a nominated pharmacy.
- (iii) to see messages from their practices as an alternative to text messaging.
- (iv) manage routine appointments increasing the range of clinics accessible by this method over time.

Patients in some practices are currently using System Online or Patient Access as alternatives to the NHS App.

For some conditions general practice involvement is not necessary if it is clear to patients where to get care and it is clinically safe to do so directly. This is more convenient for patients and frees up valuable practice time. This is already a reality for some conditions, but the number of **self-refer options**, guided by clinical advice will be extended in Staffordshire during the autumn of 2003 as referral protocols are finalised.

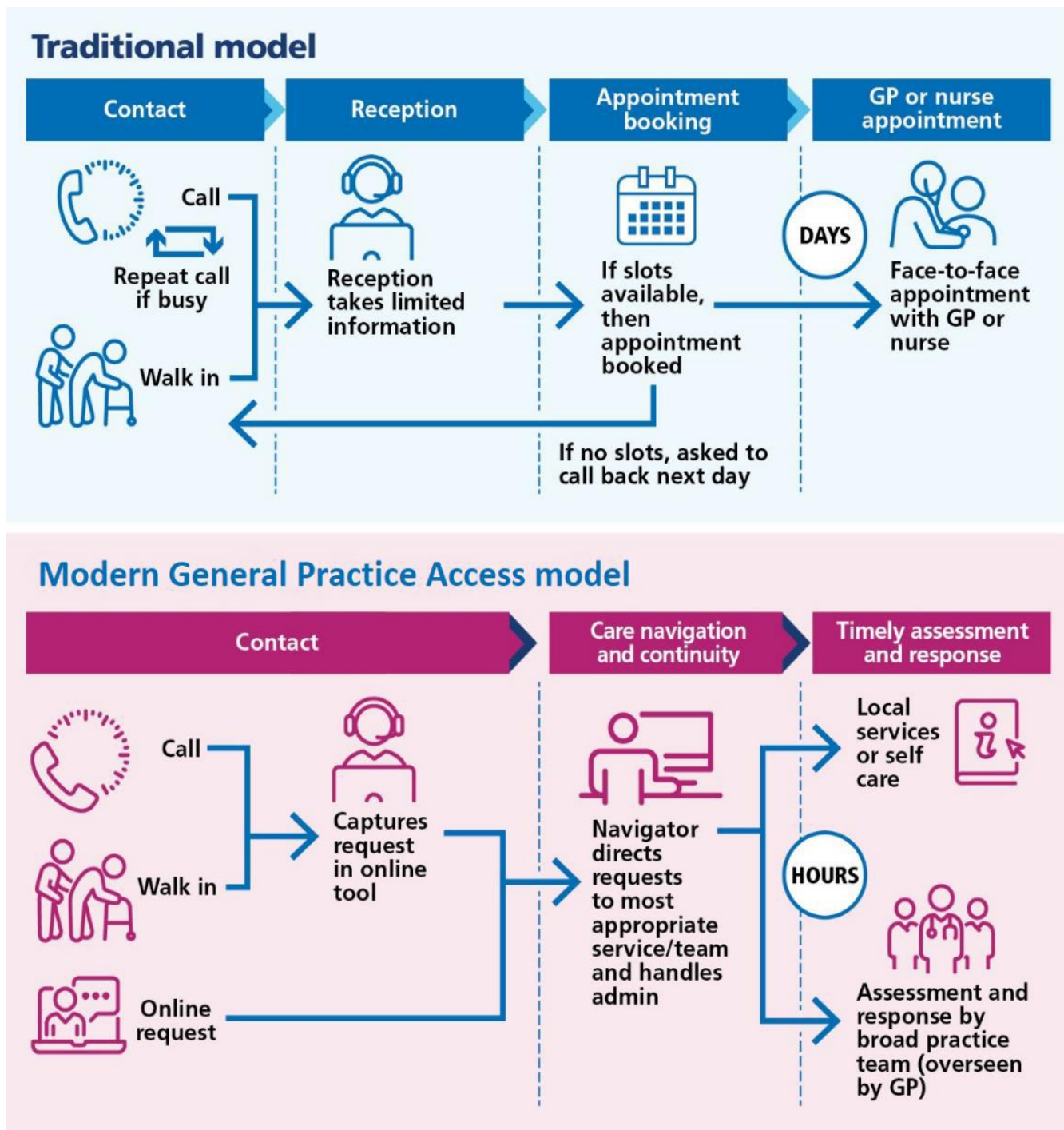
This will mean that more Staffordshire patients will be able to access a wider range of community services without having to be seen first by their GP. These include selected musculoskeletal services such as physiotherapy, audiology for older people including hearing aid provision, weight management services, community podiatry (chiropody), wheelchair and community equipment services, talking therapies.

Home monitoring can substantially improve health outcomes and reduce the need for regular and urgent appointments. A good example is blood pressure control through home monitoring, reducing heart attacks and strokes. To make home monitoring easier for patients

and practices, the NHS is funding the digital tools for patients to send their readings to their practice, where staff can review and add them to their clinical record with 'one click'.

It is proposed that the already well used **community pharmacies** will have an expanded role, for the first-time offering prescription only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP. Patients who are entitled to free prescriptions will still get their medications without charge. This is currently the subject to negotiation with the aim of being in place before the end of 2023.

Implementing Modern General Practice Access



The central ambitions are to tackle the 8am rush by making it easier for the public to contact their practice by phone and online, and to know the same day how their request will be handled by the practice team.

This approach is a change to how many practices have traditionally worked and what patients have expected. Patients may be asked to provide more information about their issue when they make a request, but in return the practice team can better assess their need and tell them on the day how their request will be handled, based on clinical need, and respecting their preference for a call, face-to-face appointment or online message. Patients will always be able to choose to contact their practice by telephone, in person, or online, and should be asked how they prefer to get a response.

This transition will be underpinned by:

- **Improving Telephone access** – Support has been made available to help practices move towards installing digital cloud-based phone systems. It is reported that in trials in moving to high-quality digital telephony raised ‘ease of getting through’ scores by 30 percentage points, driven by these features:
 - **queuing** enables practices to manage multiple calls, patients are notified of queue position and wait time, and never get an engaged tone
 - **call-back** enables patients have the option to be called back when they are higher in the queue -particularly useful for people who use pay as you go phones.
 - **call-routing** supports directing patients to the right person or team.
 - **integration with clinical systems** allowing practice staff to quickly identify patients and find relevant information with less searching.

Good progress is being made locally in changing to digital phone systems with 96% of practices using digital telephony. There is commitment from the remaining 4% to advance as soon as operationally possible.

Feedback from patients is that new phone systems are more user friendly but need backing up with better informed call takers who can navigate the caller to the right service in a timely manner. A programme of staff training has been developed to support this change.

- **Digital Access**

While people will always be able to ring their practice, the option of making online requests easy and dependable will become increasingly available. Practices need to offer accessible and easily usable websites.

Practices are required contractually to provide online access. However, this was introduced at pace during the pandemic when many practices neither had the time to fully assess the range of products on offer nor to fully implement systems and workflows supporting online access. NHS England are making high-quality online consultation, messaging and booking tools available to general practice, alongside guidance on the relative strengths of the tools in different areas. ICBs are working with PCNs and practices to decide which tools will best enable them to shift to the Modern General Practice Access model.

Patients have commented positively about the increasingly wide range of information available on their practice websites which is helping them to both manage their own health and to use the new online request forms for services from their practice where available.

When speaking with people, the move towards digital access did concern many. When we spoke with a group of over 55's they told us that they were suspicious of smart phones and may struggle to view the screen. To overcome some of these concerns it would be helpful if practices reach out with some digital awareness training for patients to help them gain confidence and understanding in contacting their practice in new ways. Newcastle North PCN have recently started a series of digital awareness sessions for patients in their group which are advertised through practice websites, patient newsletters and directly texting patients.

We were also advised that people in rural areas cannot reliably access the internet with relatively weak broadband and mobile phone connections, and significant gaps in some locations particularly in parts of Staffordshire Moorlands.

The recovery plan comments that many practices that encourage patients to make online requests find it becomes the preferred route and overwhelmingly so for working age adults when using high quality tools. These requests are easier for practices to sort to different members of the practice team and respond to, especially where practices combine all patient requests (online, in person and by phone) into a single online tool.

Case Study

"I was contacted by my son's nursery to say he had become unwell during the afternoon. I spoke with my surgery by phone and was advised to complete an online triage form with details of my son's condition. Within an hour I had a message back from the surgery advising that my son needed to be seen that day. As appointments for the surgery were booked up, I was advised to go through NHS 111 at 6.00pm to be booked in at the out of hours doctors which I did. I drove to the appointment in the grounds of Royal Stoke Hospital found and paid for parking and took my son to be seen. He was prescribed

medication that I then had to get from a chemist before returning home late in the evening”

Building Capacity

The recovery plan acknowledges that as practices deliver improved access, they will have to manage more patient requests and optimise the use of the full practice team, but it also means continuing to build total practice capacity.

Since its introduction in 2019, the Additional Roles Reimbursement Scheme (ARRS) has supported salary costs for ARRS staff, including pharmacists, care co-ordinators and social prescribing link workers working across primary care networks. The range and number of staff employed has increased to 616 whole time equivalents (WTE) across the 25 Primary Care Networks with expansion to 730 WTE by the end of March 2024, making a significant contribution to patient care and managing practice workloads. These roles are now being promoted to the public as part of an awareness raising campaign.

Healthwatch has been influencing this campaign with valuable patient feedback that is incorporated into a series of activity and materials being released to help patients and members of the public understand the positive changes to local primary care. This has supported the local ICB primary care team to produce five videos, showing five different ARRS roles and how they can help patients. These videos outline why it may be more beneficial for a patient to see, for example, a first contact physiotherapist in the first instance, as opposed to their GP.

The videos that have been created for this campaign feature the following:

- **Overview from Dr Paddy Hannigan** – Clinical Lead for Primary Care within the ICB and also the partner member for primary care on the Board [Paddy Hannigan Introductory Video – YouTube](#)
- **Care co-ordinator role** – First point of contact when patient contact the Primary Care Networks and will be directed to appropriate professionals to meet the needs of the patient. [Jess – Care Coordinator – YouTube](#)
- **Social prescriber role** – Availability increased across the county and successfully dealing with the wider social needs of patients and linking them into resources in their communities. Releasing GP appointments for other patients. [Tim – Social Prescriber – YouTube](#)
- **Clinical pharmacist role** – patients are increasingly discovering the benefits of pharmacy input in the surgery particularly with medication reviews and renewal of repeat prescriptions. Increasing role of community pharmacies in advising and treating minor illnesses/conditions
- [Becky – Clinical Pharmacist – YouTube](#)

- **First contact physio role** – Physiotherapy for muscular skeletal issues. IAPT mental health services. Other proposed going forward [Steve - First Contact Physio - YouTube](#)
- **Paramedic role** – paramedics can support population health management through on-the-day acute visits and telephone triage; treatment of minor ailments and injuries; and medicines supply via patient group directions (PGDs). They can also undertake home visits and support the Enhanced Health in Care Homes Service. [Amanda - Paramedic - YouTube](#)

The adverts below have been produced by the ICB with partners and patient feedback. The are to be advertised on buses, billboards, media, and radio.

The testimonials are as follows:

- Kevin, patient:** The Clinical Pharmacist at my GP surgery found new medications that work better for my diabetes.
- Evie, patient:** The Social Prescriber at my GP surgery connected me to community groups and activities for emotional support that suited my individual needs.
- Maureen, patient:** The Paramedic at my GP surgery visited me at home to check up on my condition. I was reassured of a swift recovery.
- Marie, patient:** The First Contact Physio at my GP surgery assessed my back pain and prescribed me the exercises and medications I needed.
- Muhammad, patient:** The Care Coordinator at my GP surgery created my personalised care plan and organised my referrals and appointments.

All testimonials include the NHS Staffordshire and Stoke-on-Trent Integrated Care Board logo and the text: "Who helped you today?", "The new GP team. Discover how the roles can help with your healthcare needs."

Feedback from patients has been very favourable with many positive stories.

“Four of us who are all carers were sharing our frustrations in trying to get a backlog of medicines reviews for our relatives sorted out at the same practice. We had all been trying to book GP appointments and struggling to get through and shared this at a carers group

meeting which Healthwatch happened to be attending. Together we looked at the practice website and Healthwatch pointed out there was a pharmacist working in the practice. We all contacted the surgery and arranged to speak with him. He was able to complete the review, order some blood tests and book one of our relatives in to see a GP. It was a really good service. We have shared our experiences with the rest of the group and its encouraged us to look at what else is provided from the surgery. “

“I was contacted by the practice pharmacist to review my medications. They advised a change in my blood thinning medication which was both better for me and cheaper for the NHS”

“I rang my surgery to make an appointment for a knee problem. Having explained the nature of the problem to the receptionist I was advised I could have an appointment with a physiotherapist without seeing my GP. I was given the contact number for the service and having contacted them was called by a physiotherapist within 24 hours. They were able to offer me some initial self-management advice and booked me in to see them face to face at a time and venue that was suitable for me.”

“My wife was admitted to a care home some months ago and this has left a big hole in my life. I have become isolated and depressed. I was seeing my GP who suggested I saw one of the social prescribers. They helped me by introducing me to a carers group and two lunch clubs which has enabled me to get out and mix with people again. I look forward to going out now and having time for me as well as visiting my wife in the care home. “

“I had become very stressed due to the threat of being made homeless and I had been to see my GP. The social prescriber from the practice was introduced to me and they were able to help me to connect with housing and benefits support when I didn't know where to turn. With their help I have been able to keep my flat. I feel a great sense of relief and haven't needed to go back to see my GP.”

“The Social Prescribing Link Worker gave me relevant information, contacts and support we so badly needed and had been unable to find for the current and ongoing care for my elderly and poorly mother-in-law. I feel a great weight has been lifted, knowing that I have sound, experienced care, knowledge, support and advice available now and in the future should this be needed.”

Social Prescribing is increasingly acknowledged by both patients and staff as having an important complimentary role to play alongside clinical treatment. It is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing with the help of a link worker. Feedback from social prescribers is that their workload has increased rapidly as awareness of their roles has grown. There is some evidence from local evaluation in East Staffordshire that

the involvement of a social prescriber with a patient can save up to 5 GP appointments that can be used for other patients.

The majority of social prescribers working in primary care are employed by the voluntary and community sector (VCSE) and have strong local community networks on which to draw thus helping practices to connect more with their local communities. The VCSE has also attracted significant additional funding to contribute to reducing health inequalities and encourage the uptake of preventative healthcare such as health screening and vaccinations.

NHS 111 and Out of Hours Access

“NHS 111 can help if you have an urgent medical problem and you’re not sure what to do.

Go online to <https://111.nhs.uk/> or call 111. Alternatively, download the NHS App
In Staffordshire and Stoke-on-Trent, we’re continuing to provide a new and improved way for you to access urgent NHS care when you need it.

Our current enhanced offer enables the 111 service to directly book patients into time slots for emergency departments and same day emergency care services, when clinically appropriate.”

By triaging a greater number of patients through 111 first, unnecessary attendances at emergency departments can be avoided.

Importantly, the priority is to help people get to the right service for their needs in the quickest way. The ambition over time is that more patients will use the 111 service to make sure they get to the right part of the NHS first time.

Alternative access to NHS 111

If you have difficulties communicating or hearing, you can:

- Call 18001 111 using the [Relay UK app](#) on your smartphone, tablet, or computer, or via a traditional textphone; or
- Use the NHS 111 [British Sign Language \(BSL\) interpreter service](#) if you’re deaf and want to use the phone service.
- View the video link to help people with a learning disability, autism or both, to use the NHS 111 service. <https://horizonhealthcare.nhs.uk/practice-information/easy-read-news/nhs-111-an-inclusive-service/>

Other resources are also available on the NHS 111 service including:

- a [large print guide to NHS 111](#)
- an [easy read guide to NHS 111](#)
- an [audio guide to NHS 111](#)

Healthwatch sits in on regular audits of NHS 111 calls and offers constructive feedback to the service and to the ICS emergency care workstream.

Communication and Zero Tolerance

Good communication between patients and their surgery is key and for most of the time works well. Arrangements are in place to book interpreters and BSL signers for example and there is a flagging system on patient notes where adjustments need to be made.

Communication does not always run smoothly and through our enquiries line and our deep dive on co-occurring needs we have come across several patients where this has become challenging due to unacceptable behaviour. Under the NHS zero tolerance policy that has resulted on occasions with patients being removed from GP lists.

Some people with mental health needs and people with neurodiverse conditions including autism and certain learning disabilities struggle to voice their needs and don't always react well in unfamiliar situations. (Appendix 2)

To address this issue the Staffordshire and Stoke-on-Trent NHS Health Passport which can be taken to all appointments has been introduced for anyone with a learning disability, learning difficulty or autism. It is an important document which tells NHS staff about a person's needs such as, medication, personal details and how they like to communicate highlighting where adjustments can be made. (Appendix 3).

Awareness training for front line staff would make a difference in the way this cohort of patients experience services and would reduce potential confrontations.⁴

Collaboration with Patient Participation Groups

Across the county we have seen patient participation groups working with their local practices and PCNs supporting their work including:

- Organising or participating in local Health and Wellbeing events around the county increasing engagement with the public.
- Making podcasts of interviews with staff for practice website and placing practice newsletters in local shops for those who don't use the internet in Kidsgrove.
- Giving patient feedback on a modern general access pilot in Leek.
- Providing volunteers to consistently support the covid vaccination programme in East Staffordshire at Pirelli Stadium.

- Lobbying for the establishment of a specialist community diabetes service in the Southeast of the County where there is a higher incidence of the condition and no specialist service.
- Raising patient concerns in Burntwood with the ICB over patient disbursement due to practice reconfiguration.

Going forward PPGs are well placed to reinforce messages to patients as services change and to review patient feedback with their practice.

Recommendations

1. Wider advertising to bring the public along with the changes in the way patient access is being managed using a variety of media settings considering people's communication needs and languages with minimal use of jargon.
2. Promotion of the Care Navigation approach with patients so that being asked about the reason for their call by surgery staff is not seen as intrusive and becomes the norm.
3. Further promotion of the NHS App accompanied by some digital awareness training for patients in how to set up and use it to book appointments, order repeat prescriptions, send messages to the practice and to access their medical records.
4. Encourage surgery staff to outreach into their communities by attending or organising health and wellbeing events in their catchment area.
5. Encourage PPGs and Carers Groups to contribute to the promotion of more patient friendly advice and guidance.
6. Promote a brief guide for patients in accessing an appointment with their surgery. (see appendix 1)
7. Better understanding of people with neurodiversity so that reasonable adjustments can be made to make access better. (see appendices 2 and 3)

Response from Staffordshire and Stoke ICB Primary Care Access Lead

Healthwatch Staffordshire have involved us regularly as they were developing this useful report. We will use the feedback and recommendations to help shape our System Level Access Improvement Plan currently under development.

Main References

The NHS long Term Plan 2019

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

Next Steps for Integrating Primary Care –The Fuller Stocktake Report May 2022

<https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>

Staffs and Stoke ICB Primary Care Strategy May 2023

<https://healthwatchstaffordshire.co.uk/wp-content/uploads/2023/10/GP-Strategy-April-23.pdf>

The Delivery Plan for Recovery of Access to Primary Care

<https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf>

Appendix 1

An Easy Guide To Making Appointments With Your Primary Care Team

- Get to know your GP Practice and its website if you have access to it.
- Plan ahead for non-urgent issues like prescription renewals, medicine reviews and screening appointments.
- See if you can book online if you have access via phone apps or the internet. If not call the surgery during the day to arrange.
- Follow your surgery advice on calling for test results which are usually available from around lunchtime.
- If you feel unwell with minor ailments, you can seek advice from your local pharmacy who may be able to recommend over the counter treatment.
- You could seek advice from NHS 111 online or by phone which is particularly useful when your surgery is closed.
- If you need to book a consultation with the surgery team you will be asked to give some details about your problem so that you are directed to the right health professional to help you. It will not always be a GP and your appointment maybe face to face or by telephone. It is also helpful if you know your availability.
- Home visits are only available at the discretion of the GP for patients that are housebound.
- In an emergency, for example severe chest pain, loss of consciousness or choking ring 999 for an ambulance.

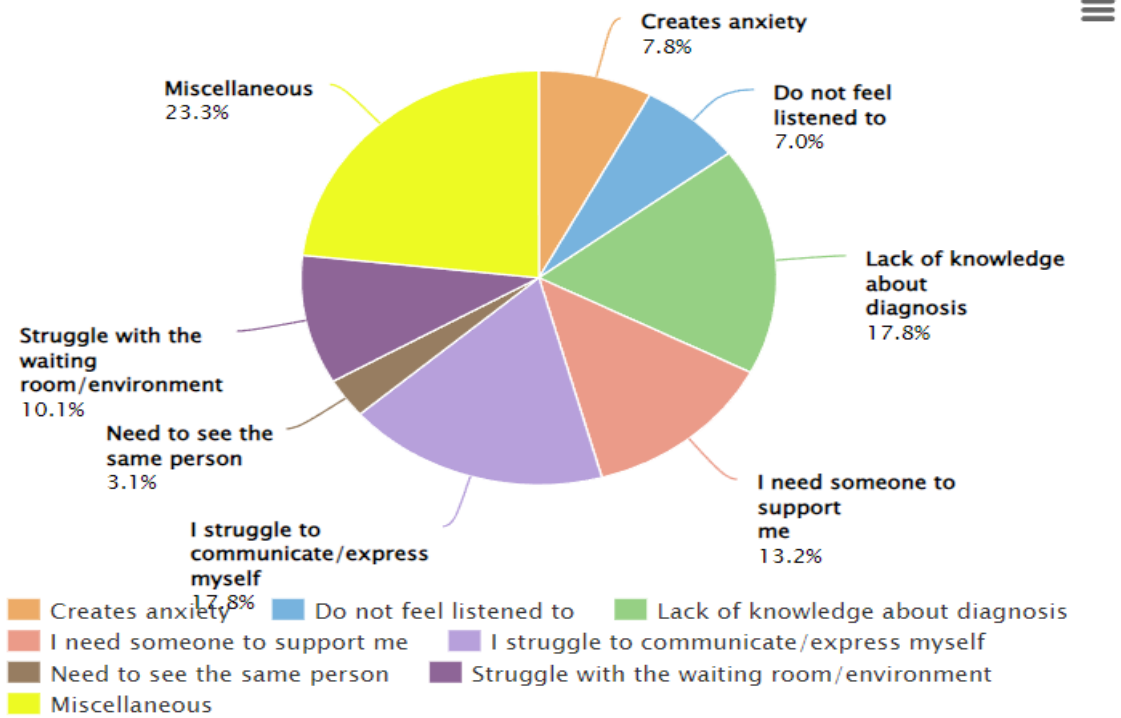
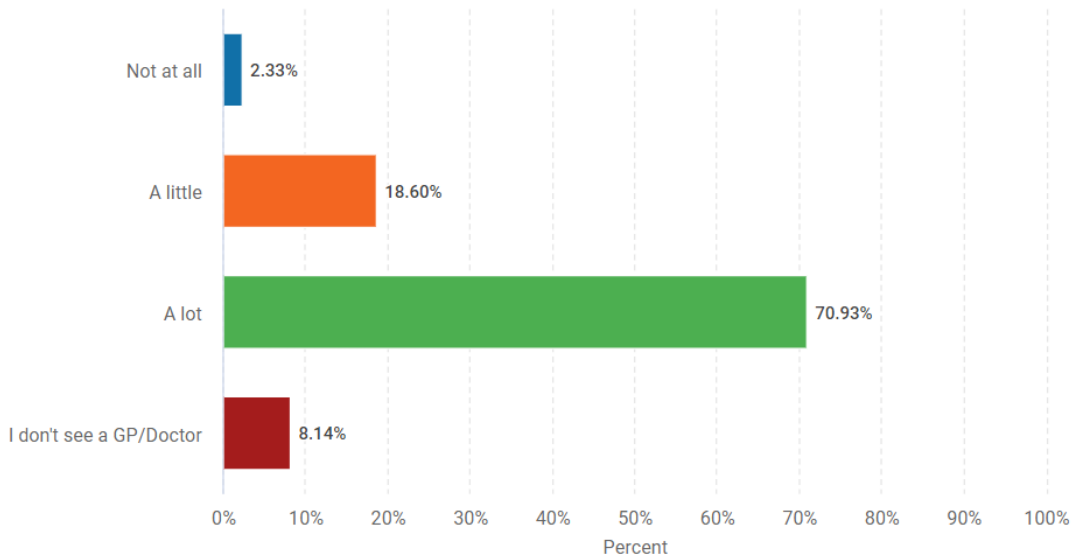
This simple guide was developed drawing on feedback from patients and guidance on a range of local GP websites.

Appendix 2

Feedback from patients with neurodiverse issues

The charts below are taken from our recent deep dive on the experience of people with co-occurring needs and highlights how they feel when seeing a doctor.

How does your condition affect you when you see a GP/Doctor:



Appendix 3

Health Passport

Attached below is a full copy of the health passport forms that is available for people with learning disabilities, learning difficulties and autism to use to help share their personal health needs.



My Health Passport



My name is

If I have to go to hospital, this book needs to go with me. It gives hospital staff important information about me.



Nursing and medical staff:

This needs to hang on the end of my bed.

A copy should be put in my notes.



This passport belongs to me. Please return it when I am discharged.



Nursing and medical staff:

Please look at my passport before you do any interventions with me.

This passport includes:



Summary sheet about my needs.....2

● Things you must know about me.....3

Decision making.....6

● Things that are important to me.....8

How you know I am in pain.....10

● Things that I like and do not like.....11

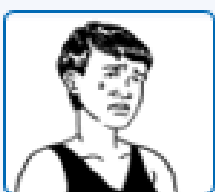
Additional information.....12

Key contacts13

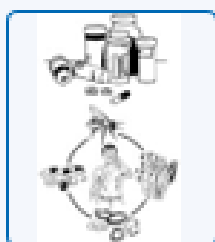
A summary of my needs



My communication needs (the language I speak, do I use words, pictures, gestures or Makaton):



How you will know I am in pain or uncomfortable:



My medication and allergies:



Eating, drinking and using the toilet (any help I need, do I wear dentures, do I have swallowing problems, what is my diet, do I use continence aids, how I will let you know if I need help):



Nursing and medical staff:

- Please use the communication resources on the ward intranet.
- Please remember that mental capacity is decision-specific.
- Please remember to make reasonable adjustments. The use of **TEACH** may help:
 - **Time** – provide extra time or a second appointment; put me first on the list so I don't have to wait
 - **Environment** – think about using a side room, dimming the lights

Date completed

Completed by

Things you must know about me

3

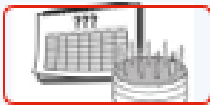
- **Attitude** – don't make assumptions and don't judge
- **Communication** – think about using pictures to help explain things
- **Help** – know when to ask family, carers or other professionals.



My name:

I like to be known as:

My NHS number:



My date of birth:



My address:



My phone number:



How I communicate and the language I speak:



Family, carer or other support contact:

Their name:

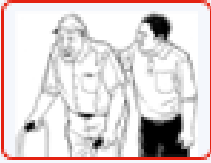
Their relationship to me (like mum, dad, home manager, support worker):

Their address:

Their phone number: **More contacts are listed on page 14**

Date completed

Completed by



My support needs and who gives me the most support:

The language my carer speaks:

Date completed

Completed by



My GP practice: Their address:

Their phone number:



Other services or professionals involved with me:

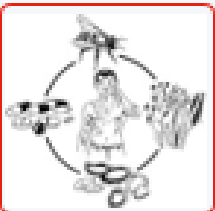


My religion:

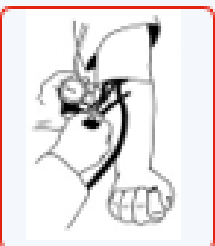
My religious or spiritual needs:



My ethnicity:



My allergies:



My medical interventions (like how to take my blood, give injections, take my blood pressure):



My heart conditions:

My breathing problems:



My risk of choking or having problems swallowing:



My current medication:



My medical history and treatment plan:



What to do if I am anxious (worried):

Decision making

Nursing and medical staff:

Date completed

Completed by



Note that the main outcomes from LeDeR (leading causes of death) are: constipation, pneumonia, acid reflux, swallowing issues, epilepsy, recurrent falls, respiratory failure, cardiovascular.

If you are aged 18 or over and can make your own decisions, you can use a legal document called a **Lasting Power of Attorney** to name someone to make decisions for you if you cannot make your own decisions in the future.



I have a Lasting Power of Attorney:

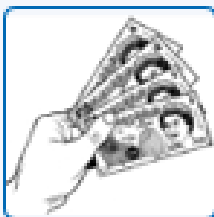
Yes No

I have a Health and Welfare Power of Attorney:

Yes No

I have a Property and Financial Power of Attorney:

Yes No



As part of your ongoing health and care support, you might be eligible for **funding** (financial help) to meet some of your health and care needs. This could be from your local council or, in some circumstances, from the NHS. I am funded by:

- Section 117
- Continuing healthcare (CHC)
- Local authority (council)
- Self-funded
- Join-funded CHC

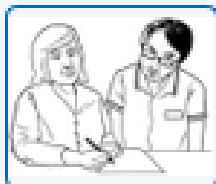


If you are at risk of harm to yourself or to others and need urgent mental health treatment, but it is felt you are not able to make the right decisions about your treatment, you may be detained (sectioned) under the **Mental Health Act**. This law means you may be treated without your agreement, but it will only be done to make sure you get the treatment you need..

I am under the Mental Health Act:

Yes No

Decision making



If you are aged 16 or over and have been assessed as not being able to make your own decisions, The Mental Capacity Act can protect you and make sure any decisions made about you are in your best interests.

Local **Mental Capacity Act** policies and the Mental Capacity Act Code of Practice must be followed. If I am assessed as not being able to consent to my treatment, these people must be involved in any decisions about me:

Contact 1

Their name:

Their relationship to me:

Their contact details:

Contact 2

Their name:

Their relationship to me:

Their contact details:

Things that are important to me



How to communicate with me (do I use words, pictures, gestures or Makaton):

Date completed

Completed by



How I take medication(do I take whole tablets, crushed tablets, injections or syrup):



How I move around(my posture in bed, do I use walking aids):



Personal care (any help I need with dressing or washing):



Seeing and hearing(any help I need, do I wear hearing aids or glasses):

Date completed

Completed by

Things that are important to me



Eating (any help I need, how I will let you know if I need help, do I wear dentures):



Drinking (any help I need, how I will let you know if I need help, how much do I drink, do I need thickened fluids):



How I keep safe(do I need bed rails, any help I need with challenging behaviour):



Using the toilet(any help I need, how I will let you know if I need help, do I use continence aids):



Sleeping (my sleep pattern and routine):

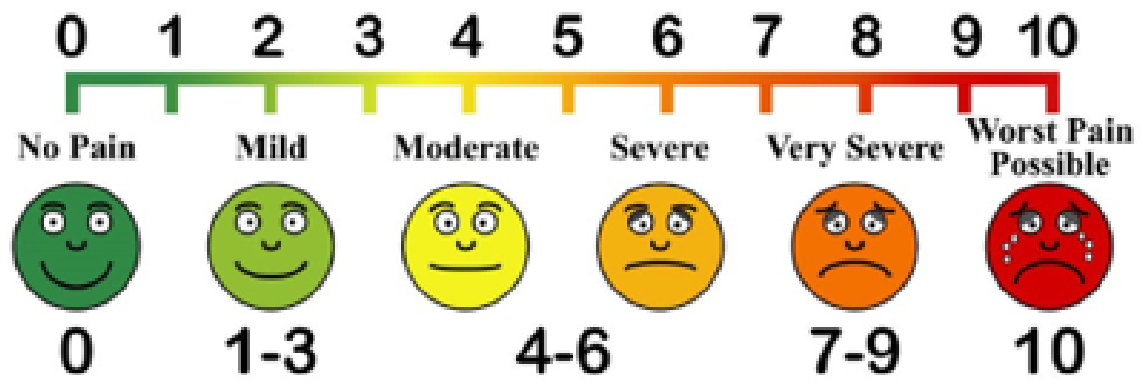
Date completed

Completed by

How you know I am in pain

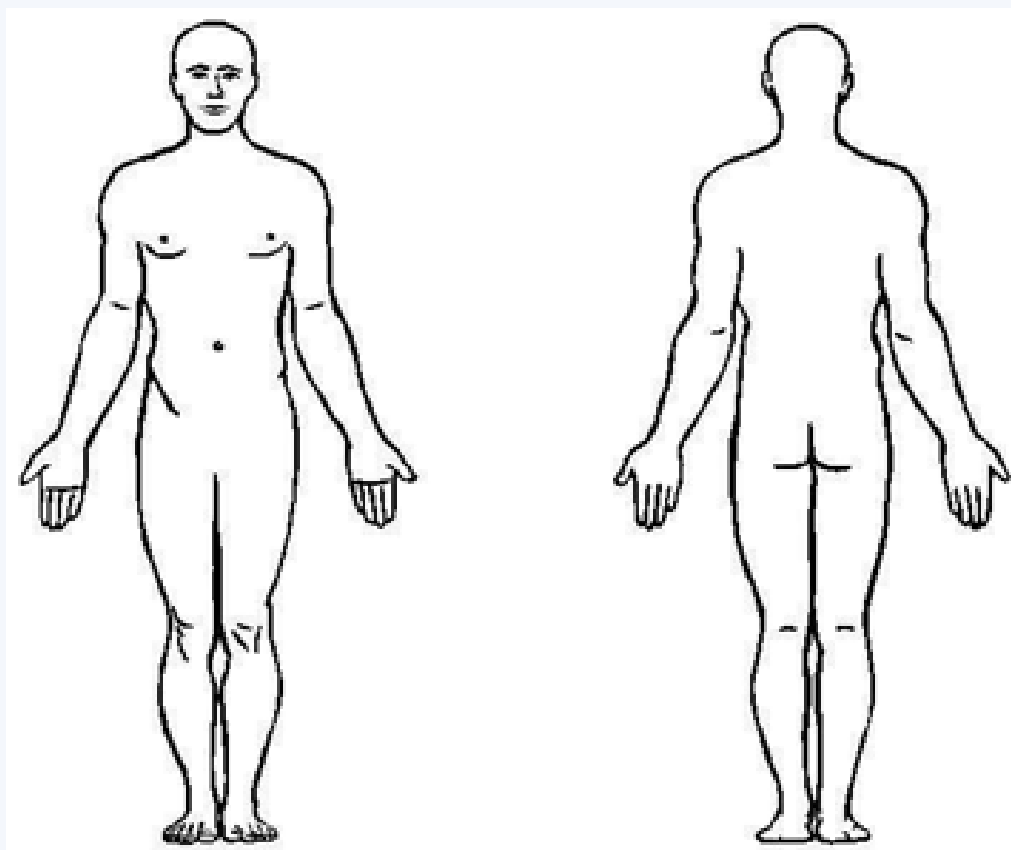
linked to this PC

PAIN ASSESSMENT TOOL



Date completed

Completed by



Things that are important to me



Things that I like (what makes me happy and what do I like to do, like watching TV, reading, music, routines).

Please do this:

Date completed

Completed by



Things that I do not like(what makes me unhappy and what do I not like to do, like shouting, being touched, certain foods).

Please do not do this:

Additional information

The five principles of the Mental Capacity Act:

Date completed

Completed by



Everyone has the right to make their own decisions and must be assumed to have mental capacity unless proven otherwise.



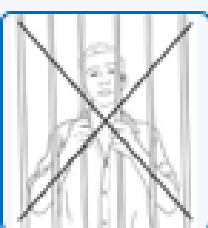
Everyone must be supported as much as possible to make their own decisions before anyone says that they are not able to.



Everyone has the right to make what others might think are unwise decisions.



Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.



Anything done for, or on behalf of, people without capacity should be the least restrictive of their basic rights and freedoms.



Nursing and medical staff:

- Please refer to my summary care records for my most recent medications.
- Please always follow the Mental Capacity Act 2019 principles for all aspects of decision-making.

Date completed

Completed by

Key contacts



Please contact your local community learning disability team if you have any questions about the passport.

Community Learning Disability Health Team

Address: 41 Broom Street, Hanley, Stoke-on-Trent ST1 2EW Phone: 0300 123 1152 or 0300 123 1152



Adult learning disability social care contacts:

- **First contact**

Phone: 01785 278444

Email: AdultFirstContactReferrals@staffordshire.gov.uk

- **Adult Learning Disability Team North**

Phone: 01782 485020

Email: ALDTnorthduty@staffordshire.gov.uk

- **Adult Learning Disability Team South**

Phone: 01543 334888

Email: ALDTsouthduty@staffordshire.gov.uk

- **Young Adults Learning Disability Team**

Phone: 01785 278472

Email: ALDTyoungadultsduty@staffordshire.gov.uk



Local safeguarding teams:

- **Stoke-on-Trent City Council**

Phone: 0800 561 0015

- **Staffordshire County Council**

Phone: 0845 604 2719

Key contacts



Any other family, carer or other support contacts:

Contact 1 Their

name:

Their relationship to me (like mum, dad, home manager, support worker):

Date completed

Completed by

Their contact details:

Their phone number:

Contact 2 Their
name:

Their relationship to me (like mum, dad, home manager, support worker):

Their contact details:

Their phone number:



Useful websites:

- www.easyhealth.org.uk
- www.intellectualdisability.info
- www.mencap.org.uk/gettingitright

This Health Passport was developed by the Staffordshire and Stoke-on-Trent LeDeR Programme and the Health Facilitation Team - Community Learning Disability Health Team and based on original work by Gloucester Partnership NHS Trust

All images used in this document are copyright CHANGE www.changepeople.org

Date completed

Completed by



Healthwatch Staffordshire

Support Staffordshire

Stafford Civic Centre

Riverside

Stafford

Staffordshire

ST16 3AQ

www.healthwatchstaffordshire.co.uk

