

SURREY HEARTLANDS INTEGRATED CARE SYSTEM - Patient Experience

Purpose of report: To provide the committee with an update regarding the programmes of work underway in Surrey Heartlands Integrated Care Board (ICB) to address the challenges around access to primary care.

Introduction:

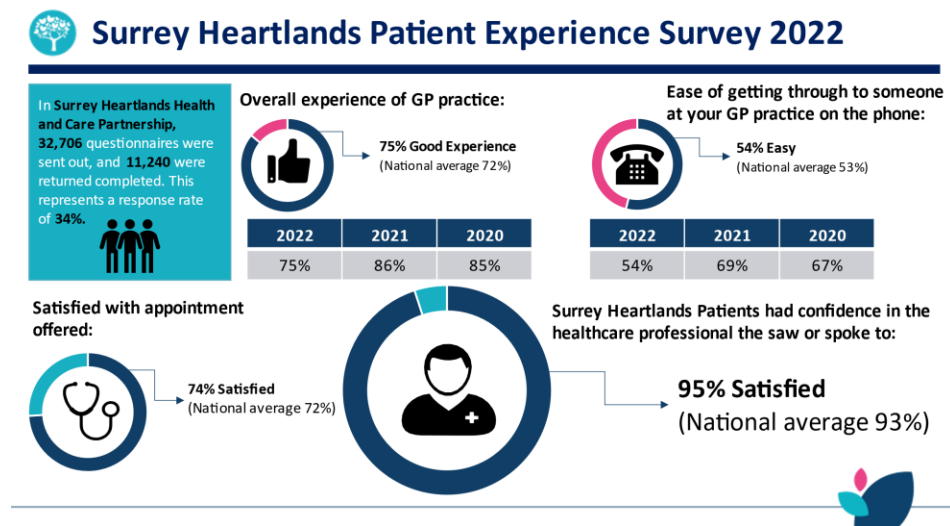
1. Good primary care is the foundation of an effective health system for patients. When working well, it supports the early identification of serious illnesses and the management of chronic conditions, while also helping people to live healthier lives. To achieve this, two defined areas aligned to the Fuller Stocktake ([Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](#)) have been identified:
 - a. **Personalised Care for the who need it:** delivering care from a named health or care professional (using all disciplines in Health & Care)
 - b. **Streamlined Access:** Expanding Multidisciplinary Teams (MDT) and providing flexibility to tailor services to local demands. Optimising data and technology to integrate siloed same day urgent care services.
2. This paper provides an overview of the proactive approach being taken within Surrey Heartlands to address the access challenges, which are being caused by an increased demand for services, both in terms of volume and complexity, combined with ongoing workforce pressures with reduced GP numbers. The approach outlined below will address these challenges, helping improve patient experience and outcomes as a result.

Patient Experience

3. We should remember that good access does not necessarily mean providing more appointments, access means that an assessment is made on clinical need, on the day of calling or sending an online request, and that an appointment may

either be made on the same day if urgent, or at a later more convenient date if providing continuity of care is deemed to be more appropriate.

4. The GP Patient Survey (GPPS) <https://gp-patient.co.uk/> is one way that gives patients the opportunity to provide feedback on their experiences of their GP practice and other local NHS services, and answer questions on a range of issues such as access to services.
5. The survey provides data at practice level using a consistent methodology, which means it is comparable across organisations. The survey also provides data at Primary care network (PCN), Integrated care system (ICS) and National level. The survey covers a range of topics including making an appointment, overall experience, helpfulness of receptionists, what patients do when their GP practice is closed & NHS Dentistry to name a few.
6. Nationally satisfaction with care received remains high, but overall satisfaction with general practice has fallen. Coming out of the pandemic, general practice has also seen a rise in demand from backlogs and the impact on COVID on the public's health.
7. The full Surrey Heartlands Health and Care Partnership latest survey results slides can be viewed via Appendix 1, below provides a snapshot of some questions compared to 2020, 2021 & most recent 2022:




Demand:

8. NHS Digital has been collecting data from general practice appointment systems and publishing local monthly data, since 2018. We call this the general practice Appointment Data (GPAD). This published data provides a picture of general practice appointments and includes details such as the number of appointments, the healthcare professional carrying them out and where possible, the mode of delivery e.g. face to face, telephone.

9. GPAD is described as experimental statistics and as a result has several limitations. **NHSD** has an excellent explanation of those limitations here <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/appointments-in-general-practice-supporting-information>. In particular GPAD cannot identify consultations taking place outside of the appointment book, which includes a large number of responsive phone calls and other remote consultations. It is also worth noting that clinicians and patients may choose to book an appointment more than two weeks into the future, and the system is incapable of identifying such patient and clinician choice.
10. Through this data, we can see that in the last year, General Practice has offered more than **5,487,202** million appointments – that’s over **6.5 per cent** more than the year before. There have also been over **2.3** million online requests submitted by patients, some of which would have resulted in appointment, but not all.
11. In October 2022, this data became publicly available down to practice level for the first time, with the aim of informing patients about how many appointments each practice is delivering, the length of time from booking an appointment to the appointment itself, to support the transparency about performance, and give patients more information to help them make informed choices when choosing their practice.
12. A snapshot of the January data can be seen in the slides below. It shows the percentage of appointments that have been seen within the two-week appointment mandate. Surrey have consistently scored well against the national benchmark and this information is shared and discussed during practice level access visits carried out by the primary care commissioning team.

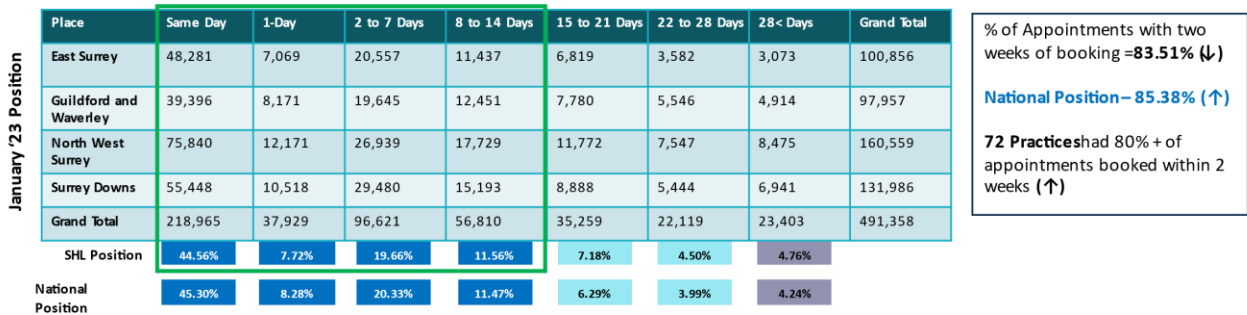
January 23 GPAD - Delivery against the 2 -week appointment mandate...



2-Week Appointment Ambition

Nationally, a requirement has been outlined that all patients who require an appointment should have access to one in their time within 2week. In turn, appointment booking across Surrey Heartlands has been prioritised to ensure urgent needs are seen on the same day, and an additional 100k extra appointments have been made available throughout winter, by increasing GP opening hours. 31,000 additional phone lines are now available across GP practices and data on how many appointments are available and waiting times have been made available to the general public, enabling patient choice.

In 2022, GP surgeries in the area offered more than 5.48 million appointments. Of those, 4.38 million of those appointments were booked within 14 days that’s four for every patient registered at a GP in Surrey Heartlands. Over half took place within a within a day.



Why might an appointment be booked further in advance?

There are many reasons why the remaining appointments may be booked further in advance: proactive care for people with long term conditions and for people living in residential and nursing homes, appointments for immunisations, cervical screening and travel vaccinations.

With a desire to provide a tailored approach for patient, some people may also choose to wait to see a specific health practitioner within a Practice or to get a test or screening.



General Practice Development Toolkit

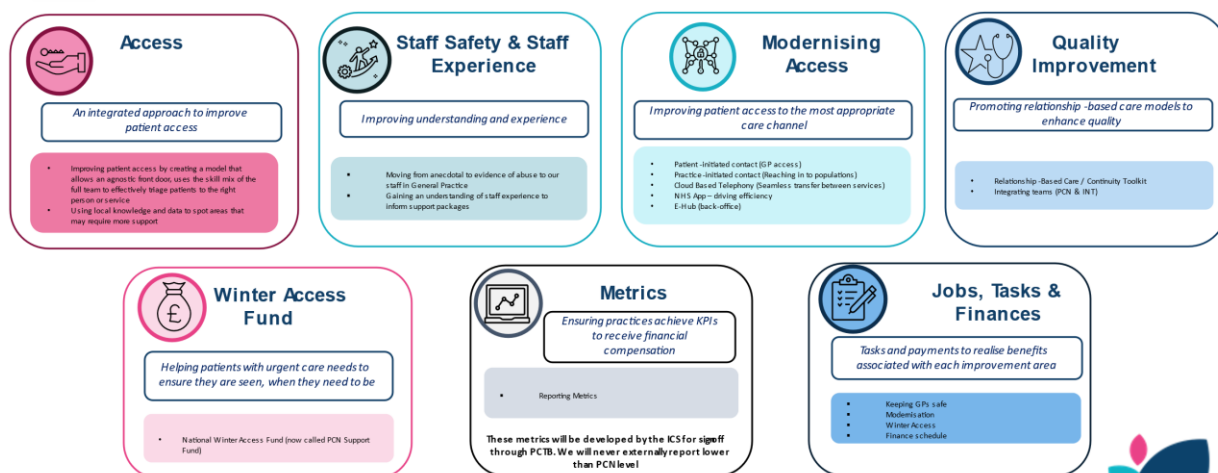
13. The challenges faced by the health and care sector are greater today than they have ever been, with a gap between the demand for health and care, and what is currently able to be delivered. In line with the Fuller Stocktake, there is a need to radically modernise the design and delivery of health and care. Building upon previous work undertaken across Surrey Heartlands, there is now a need to focus heavily on two key areas that matter most to local communities; making it easier for patients to access the care they need, when they need it, and creating the space and time for clinicians to provide the continuity of care that is so important to many patients.
14. Our system has a clear support offer to general practice through the GP Development Toolkit. As illustrated below, these core areas within the toolkit aim to provide the insight as well as support to radically transform general practice and wider Primary Care services. This support package will be in the form of teams, who will 'parachute' into localities to support in building the foundations required to succeed.
15. Whilst the toolkit aims to modernise GP services, and maximise efficiency, our philosophy of "channel agnostic" access means that built into the programme is an undertaking that patients should always be able to receive the same, or an equivalent service, however they access their GP practice - be that digitally, by telephone or by walking into the surgery.



Key Components



The Fuller Stocktake report sets out a vision for integrating primary care, through improving access, experience and outcomes for communities. To achieve this, we need to identify priority area for initial focus in order to measure provisional baselines and future impact. Below provides the areas that have been used throughout to measure success:



These 'parachute' teams propose to use a simple model of analysis and delivery, as illustrated below:



1. Discover – Analyse ‘as-is’



2. Develop – solution with local tailoring



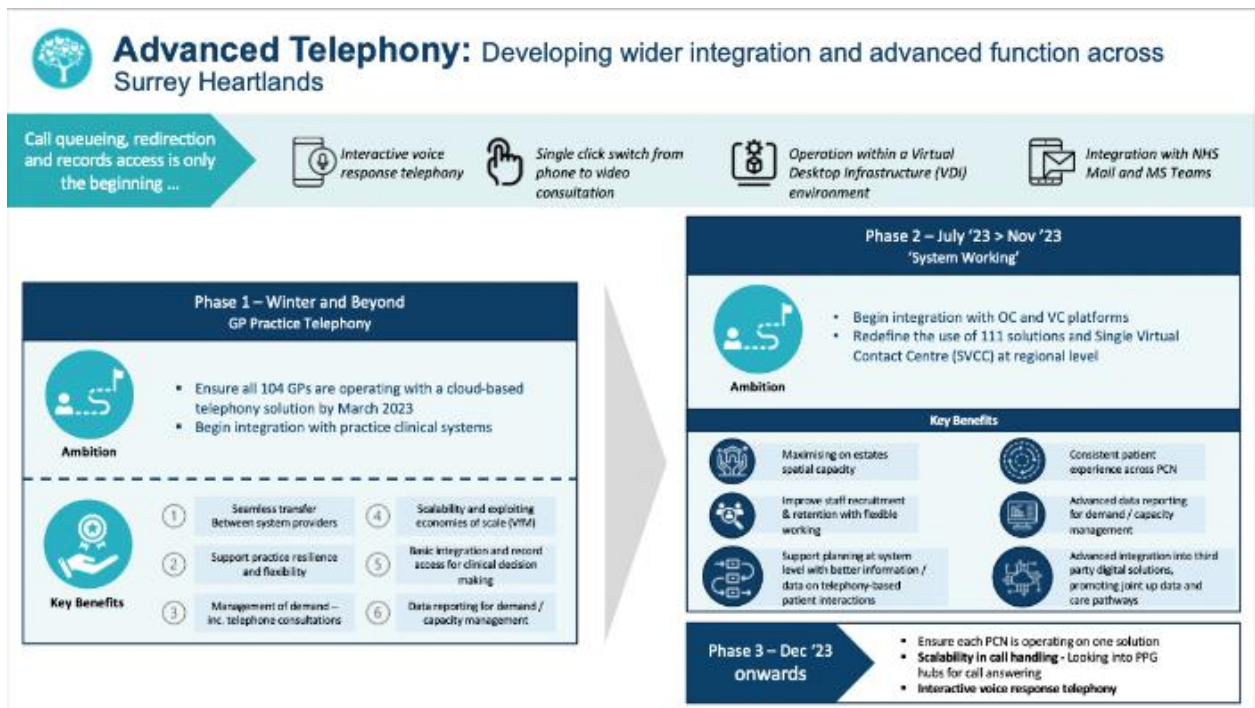
3. Deploy – Iterating to ensure best practice



4. Embed – To ensure continuity of initiative

16. This scalable model across general practice and the wider primary care organisation has enabled Surrey Heartlands to harness a blueprint of best practice, ahead of scaling to ensure greater efficiency and staff satisfaction across the geography. Below provides a few examples of how the ‘Development Toolkit’ is already doing this:

17. **Advanced Telephony – 98 per cent of Practices across Surrey Heartlands now live with cloud-based solution, allowing more intelligent redirection and signposting for patient to MDTs within INTs.** It also means the end to frustrating engaged tones patients may have experienced in the past.



18. **Digital inclusion –** Developing a ‘Digital Surrey’ website to hold information that will enable citizens who want to connect with health and other services digitally, to do so. Primary care staff and other professionals, or friends and family, will be able to use it to help people access IT equipment, find local free WiFi, or to connect them with a volunteer ‘Digital Champion’ to help them learn new digital skills (e.g. how to use the NHS App). The workstream will also include digital skills training and support for workforce, as well as a train the trainer accreditation, so staff can then train ‘Digital Champion’ volunteers themselves.

19. Continuity of Care – Best practice recommendations to embed within clinical organisations and associated methodologies ensuring the most vulnerable, frail and complex patients receive personalised care.

Continuity of Care – Quality in Consulting

Addressing continuity of care at practice level

Quality matters, and too often clinicians are frustrated by fragmented care and a lack of time. Take a look at the RCGP 'Continuity of Care Toolkit'. It shares the learning and experiences from practices who have been improving their continuity over a two-year period, with support from the Health Foundation. Based around 6-steps from setting out your ambition to implementation, the practices involved in bringing this resource 'Toolkit' to you range from 35,000 to 45,000 patients, located in urban, rural, affluent or deprived areas. The result is a resource that can be tailored to your practice.
Watch the introduction here before you start your journey: <https://www.youtube.com/watch?v=KJljsrvev4&t=163s>

Practice Need	Why	Methodology
Considering the importance of continuity of care within individual Practices	Developing trust & relationships at patient level but also familiarity at the clinical level to best serve patient need based on prior knowledge	Meet and discuss continuity of care with Practice teams
Understand how each Practice is currently performing on the continuity aspect of Relationship-based care	To establish a relationship baseline and 'as is' ways of working	Review Practice continuity of care data set. This will be facilitated by the ICS
Identify any barriers that may be faced when enhancing continuity of care	Understanding the level of effort required to implement and dot continuity measures	Summarise thoughts and plans around continuity of care based on Practice discussions. Summaries should be no longer than a single side of A4.
Identify opportunities to change and make changes with Practice teams	Promoting an Agile iterative way of working to harness the best out of local GP teams	Implement Practice continuity of care plans through clear change management methodology
Understand and address the impact on any changes made	Establishing KPIs to measure success	Review Practice continuity of care plans after 6 months which will be informed by the updated data set (ICS facilitated)
Reflect and review Practice plans for continuity of care	Creating an environment that promotes reflective environment and ensure any changes made are worthwhile	Summarise Practice thoughts and provide a clear, concise report to the ICS. Summaries should be no longer than a single side of A4.

20. Data Driven Decision Making – An understanding of the data within the system, how this can be best stored, harnessed, and acted upon to drive improved clinical outcomes

Measuring What We Do

Good quality data helps drive change. We need to measure the right things to know if what we are doing is working, whilst avoiding data collection burden. Knowing the **speed** at which patients can access care, **how** (mode) they are accessing care, what it **feels like** (quality) to patients, and how **clinicians feel** about their job is important. The ICS will develop these metrics and will never externally report below PCN level.

1

Speed & Ease

Ensuring patients are able to access primary care early, efficiently and receive the appointment type of their choosing

Example metrics

- GPPS Questions
- Q11: When would you have liked this appointment to be?
- Q19: What type of appointment did you get?
- Q28: How long after initially trying to book the appointment did the appointment take place?
- Q22: When was your last GP appointment?
- Q23: What type of appointment was your last GP appointment?
- Q26: Who was your last GP appointment with?

2

Modality Balance

Improving the balance of care across multiple modalities and care types with seamless transition between them.

Example metrics

- Total appointments
- Ratio of F2F vs Online vs Telephony
- Online appointment booking -> 25%
- Referral to GPC PCS
- Referral to Integrated Neighbourhood Teams (INT)
- Goals
- ↑ A&E Attendances
- ↓ Unplanned admissions

3

Quality

Improving patient experience and satisfaction through improved quality of care

Example metrics

- Communication
- Patient understanding of changes to Model of Care
- GPPS Q7: Is there a particular GP you usually prefer to see or speak to?
- Performance Indicators
- CQE
- Length of appointments
- Personal Relationships
- GPPS Q8: How often do you see or speak to your preferred GP when you would like to?
- GPPS Q27: How good was the healthcare professional at giving you enough time, listening and treating with care and concern?
- GPPS Q26: Were you involved as much as you wanted to be in the decision about your care and treatment?

4

Team Working & Learning

Whole team learning an approach to relationship based care

Example metrics

- Job Satisfaction
- Staff Survey
- GPPS Q31: Thinking about the reason for your last GP appointment, Were your needs met?
- Appropriate management and resolution of complaints

Sources of data

NHS Digital

GP PATIENT SURVEY

Embedded Excel Tables

The embedded file provides stock question from the GPPS

21. For the full insight into delivery ambitions and transformation across General practice, please see the complete General Practice Development Toolkit in **Appendix 2.**

Conclusions:

22. As highlighted above, the challenges being faced by the health and care sector are greater today than they have ever been. In order to modernise the design and delivery of health and care to help address these, and to realise the benefits that developing technology, improved data, and the developing workforce can bring, Surrey Heartlands is implementing a GP Development Toolkit.

23. The streams of work involved in the toolkit are necessarily focused on two key areas;

- a. Improving access for patients, so they can more easily access the care they need, when they need it.
- b. Creating the space and time for clinicians to provide the continuity of care for patients with more complex needs.

24. The GP development toolkit will support general practice to make the radical changes that are necessary to modernise the design and delivery of health and care now and in the future.

Recommendations:

25. For Information.

Next steps:

26. Activity within the PCN development toolkit to be progressed, including engagement with patients and other stakeholders as relevant within each workstream.

Report contact

Nikki Mallinder, Director of Primary Care, Commissioning and Development, Surrey Heartlands ICB

Contact details

Nikki.Mallinder@nhs.net

Sources/background papers

- [Microsoft Word - FINAL 003 250522 - Fuller report\[46\].docx \(england.nhs.uk\)](#)
- <https://gp-patient.co.uk/>
- <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/appointments-in-general-practice-supporting-information>. In particular

Appendices

Surrey Heartlands Health and Care Partnership latest survey results slides - Appendix 1

General Practice: Development Toolkit – Appendix 2