

OCCG response to Healthwatch Oxfordshire Report on People's Experience of Using GP Services in Oxfordshire 2017

This survey was carried out between December 2016 and February 2017 and tested people's views about access to and care from GP services, including the out of hours GP service. It included views on health professionals other than GPs and opinions on use of online services. 403 people participated from a total of 67 Oxfordshire practices. This report notes the key findings and proposes responses to the issues raised.

Making appointments

Noted that most people still make appointments by phone and a greater proportion are happier with the service offered than in 2014. More people are using the online booking option and patients who do not have this option have expressed a wish to access it.

OCCG Action: *Practices are contractually obliged to promote and offer patients the ability to book appointments online and also now need to routinely consider whether the proportion of appointments that can be booked online needs to be increased to meet the reasonable needs of their registered patients. The CCG will continue to work with the Digital Transformation Team to monitor provision of online booking and offer support to practices to increase uptake.*

Discussing problems with a receptionist

The role of the receptionist is developing and for many practices is likely to extend to care navigation roles in line with GPFV. However, a significant minority of patients are uncomfortable with having to explain to a receptionist their reasons for wanting to see a doctor.

OCCG Action: *The CCG will share good practice on communication with patients about the extended role of the receptionist in helping patients to get to the right clinician or other source of support. This should also be incorporated into the design of training programmes for reception staff.*

Waiting times for appointments with a GP

Although satisfaction with waiting times has improved since 2014, a higher number of patients reported having to wait between 1 and 4 weeks for an appointment and this group were more dissatisfied.

OCCG Action: *The survey took place during the GPAF implementation period, with only PML hubs up and running. The CCG will continue to promote the availability of hub services through publicity campaigns and will monitor availability of information on practice websites and in locations offering services out of hours. We will also work with federations to identify practices with low referrals and support them in increasing their usage of the hubs where possible. The CCG will also use its available resources to support practices whose stability is impacted by retirements of GPs and difficulties in recruiting in order to ensure that workload issues do not impact on access to services.*

Reducing waiting times for appointments to less than 7 days

The CCG would agree with this as a key ambition, set out in our Primary Care Framework as a key feature of our new model of primary care

“All patients requesting a routine appointment will be able to book one within one week if clinically appropriate:

- This appointment may not need to be face to face, but if the patient would prefer this then all efforts must be made to provide this.
- The appointment will be with the most appropriate health care professional.”

Oxfordshire Primary Care Framework, p.7

Alternative clinicians to support GPs

The high proportion of respondents who would be happy to see an alternative health professional is encouraging, but there is a significant minority who still prefer to see a GP.

OCCG Action: *The General Practice Forward View (GPAF) has a strong focus on extending the range of clinical skills available in practices in order to reduce the workload of GPs. This included providing training to practice nurses to develop their clinical skills, supporting practices and federations bidding for funding for clinical pharmacists. A number of practices are now employing emergency care practitioners to assist with triage and management of patients needing same-day appointments or physiotherapists to deal with musculoskeletal problems. The CCG will continue to support practices who are addressing high demand by broadening the range of clinical skills available to support GPs, including funding staff training and commissioning the services of ECPs and nurse practitioners from federations. Again, good communications with patients about the skills of these staff will be essential and the choice of a patient to see a GP if that is their preference will always be respected.*

Seeking advice from pharmacists

The survey asked whether respondents had considered seeking advice from a pharmacist before booking an appointment with a GP but unfortunately did not record how many people had actually done so. Pharmacists can deal with many patient queries and the CCG also commissions a minor ailments service in some pharmacies. Flu vaccinations are also available from community pharmacies.

OCCG action: *Our medicines management team will continue to promote the availability of support from pharmacies and routinely seek patient views on how well this is working for them. Patient experience of using the minor ailments service is collected regularly and the responses will be used to develop the service. OCCG has a local policy of promoting use of over the counter medications where this is more appropriate than accessing medications via the GP and this should also help to relieve pressures in practices.*

Developing the role of reception staff to support access to services

Noted that training and communication skills are crucial and that patients have understandable reservations about sharing their information.

OCCG Action: *The CCG will be commissioning training for practices wishing to extend the role of the receptionist to cover signposting and advice for patients to ensure that they get treatment from the most appropriate clinician as speedily as possible. A number of practices already make use of their reception staff in this way and there are many examples of good practice that can be shared. It is expected that training will be made available towards the end of the year.*

Use of technology

The concerns of some patients that they may not be able to access GP services by traditional means is noted. Practices are now required to ensure that those who are able and wish to access services online are able to do so, and uptake of this option is growing. However, it is acknowledged that a significant cohort of patients will not find this an acceptable option, and it is essential that telephone and face to face access is maintained.

OCCG Action: *Practices are responsible for their own phone systems, but we have a key role in coordination and integration of telephone and computer systems across the county. We are currently working on plans to improve telephony systems in Oxford with the City GP Federation and our digital transformation colleagues in the our local commissioning support unit to improve communications systems across Oxfordshire.*

Out of hours services

The mixed responses to the quality of services offered outside practice hours is a concern, with lack of satisfaction with the Out of Hours GP service being a particular issue.

OCCG Action: *The extended access hubs now offer an additional option for patients wishing to see a GP or other health professional when the practice is closed and we will continue to develop the various local models to work out which are the most appropriate and effective in local areas. Urgent care services are under review at the moment with CCGs asked to look into reconfiguring current services to provide urgent treatment centres across the county and we will be involving patients in planning for this. We will also continue to work with the providers of the current out of hours services to monitor patient satisfaction and to ensure that specific concerns raised by patients are addressed.*