Healthcare Improvement Scotland

Thematic analysis of MS Teams chat during Primary Care Resilience Webinar #9 - Improving Access to General Practice

Tuesday 14 June 2022

NHS SCOTLAND

Introduction

Throughout this well-attended webinar, virtual attendees took advantage of the MS Teams chat function to respond to presenters, share their experiences and learn from one another. The result was a lively discussion, covering a wide range of topics within the umbrella of access to general practice.

In this document, we have grouped participants' comments by theme, with replies shown in grey cells, in order to make it as insightful as possible for the reader. Some comments have been edited for spelling and grammar to improve readability, and to remove person identifiers, except where permission has been granted by the individual.

The main themes identified were:

Managing the demand

Understanding the demand	
Demand is insatiable. It needs managed, not met.	
What are the encounter types for the data extract?	
	Surgery consultation, telephone to patient, home visit, eConsultation, medicines management & admin.
Yes! Please, please - encounter type essential- if we can't measure it, we can't improve it.	

Approaches
We are moving to 1 week book in advance only for routine appointments.
We are still triaging at the moment - it allows us to control the flow of patients, who they are seen by and varying number of clinicians.
We offered routine F2F appointments that patients could book directly via reception from April and ended up reducing appointment numbers that could be booked directly after a month due to demand. We were unable to see the patients we needed to see in person.
We use askmyGP consult system, GP's triage all requests and book patients in for f2f, telephone consultation, or deal with request through e-mail. Demand is high but we seem to help more patient's using this system compared to a normal pre-book system. You do get patients submitting requests such as ordering medication but we have a staff member dealing with those each day so the GP's concentrate of clinical requests.
When they have respiratory symptoms we insist on a phone call first up then clinician decides if necessary for F2F.
We increased access with new phone system, e-consults, email and the demand was unmanageable.
Think of the time that could be freed up if you scrapped home visits.
We should have moved on from GPs having to sign prescriptions by now.
Signing paper scripts is such a waste of time and can't believe it's not sorted yet.
I agree. There is much that can be done to reduce other "unplanned" workload on GPs that is not appointment driven. Might be worth some SG analysis as there could be some best practice learning?
*See section **Using technology – to manage demand***
*See section **Public messaging and education***

Using technology to manage demand

General question - have any practices found that e-consult or cloud based telephone system(s) have helped with managing patient access/calls? vs traditional telephone access
I find eConsult reasonable to use, but my colleague feels they provide inequitable access opportunities for the tech savvy while excluding those who don't want or know how to use it.
For those in digital poverty or unable to access the internet, our staff complete the form on their behalf so that all enquiries are dealt with in chronological order.
It just made our demand unmanageable. Couldn't limit eConsult requests and phone system with queues of up to 100!
Our phones have gone cloud based which has improved flexible work locations and we have just introduced online enquiries this week. It is most definitely NOT e-consult and is only for routine care. It's too early to say if it is helping to manage workload more effectively.
Some increasing examples where using things like call waiting is helping the patients experience as at least they know where they are in a queue rather than getting an engaged tone
We started using eConsult during the pandemic but uptake from patients has been fairly low - we don't use it to triage in general but for information gathering. Also has been useful for administrative requests.
We've recently upgraded to cloud based phone system - good for management as can log in and see exactly how long the wait time is before patient get through, increase/decrease queuing system numbers all without having to contact phone company. Again though all comes back to how many admin staff you can have answering calls at any 1 time.
eConsult provides too much accessibility - queries coming in which should be directed elsewhere in the first instance and we are then required to respond which all takes time.
Too much potential for patient to interact with the tool incorrectly and either not get the correct care or just get hacked off.
I did have someone who was fed up answering questions so lied royally about their alcohol intake and smoking.
We are still managing our demand without DACS
DACs isn't the answer for everyone so we are not planning to mandate it in Scotland but make it more accessible and useable for those who want to use it
Other practices using DACS report changes in how patients access the practice, and without a well-organised system, it can easily increase demand; patients can text in for some very minor things, and perhaps some Artificial Intelligence bot to signpost to online resources might be good. It also changes the times at which demand is apparent.
A lot of practices in England have to switch off their DACS system and time limit due to demand and nowhere to put patients. We have to be realistic about what DACS can offer both us and patients. Staffing and space to see/consult are rate limiting!

How does online booking work with care navigation? We haven't turned it on. Not sure how it'd work.
We just have a dual system; telephone and eConsult.

I think in England practices have to offer DACS - eConsult or similar. Is a Scottish DACS offering imminent for practices?
Been waiting for this for over a year now.
If we do get a national DACS system, could this include appointment navigation and online appointment booking as well? EMIS would also need to enable us to manage our appointment types in a more sophisticated way.
I'm sure they are testing this just now in Scotland with a few Practices signed up to see how it works. Email was sent last week or week before regarding it.
Practices can sign up to be pathfinder practices for DACs in Scotland, once for Scotland approach. Should have gone to all practices?
This went out in the NES GPM newsletter back in May.
Thanks [name] I remember seeing an email about this a while ago but not heard any more.
If you drop me an email fiona.duff@gov.scot and I will pass it on to the team.
We have signed up- waiting to hear.

[Update August 2022: please note that the deadline for registering to be a pathfinder practice has now passed.]

Public messaging and education

Patient attitude and education
And patient need to be education as to the role of primary care in order to manage these unrealistic expectations.
Better understanding and support from patients.
Is anyone thinking we need to do something to stop patients accessing a free system with utter trivia. So much time wasted by nonsense.
The public need to be aware that there is a national shortage of GPs. They don't understand this is the main reason we are doing all this.
I think we can measure demand till we are blue in the face - but this is only half the picture - we know our capacity but it will never reach the unrealistic demands if we can’t change patients attitude and get more support from SG to do this.
You talk such sense.
When will there be some push back from the Scottish Govt. to educate patients about inappropriate demands?
What would that support look like? We have developed public messaging resources but are they the right messages? Is it about workforce development?
There is a booklet I like called 'When not to worry' ... I think out of date now and not sure who published by but every day there are appointments being used by people with e.g. 1 day sore throat. This booklet is great at describing when as a parent to go to your GP with you child. More of this type of messaging maybe - for all patients! Not sure any evidence out there that it works in the face of 'Best to check' mantra but would feel it was doing something in the right spirit.
Hi [name] would you like to see our PPG report about what our patients wanted help with?
Yes please.
As part of the triage, we do try to educate the patients so they do not necessarily get a contact that day by a clinician, it could be admin phones the patient back and gives them an appointment for another day to try and show that not everything needs dealt with that day, but can indeed wait. We are still making changes to the process.
Agree.
Couldn’t agree more with this - more advertising about managing MINOR symptoms at home needs to be done, cold symptoms for 4 hours doesn’t require urgent GP appointment!
The opposite issue in Inclusion health- how to persuade patients to access care again when trust was low in the past. Lots of unmet and serious health issues.

Media and political support
Lack of political support for primary care during pandemic was very depressing. Once we had delivered early vaccine programme, we were ‘thrown to the press’. We need a lot of visible support from SG."
Agree the negative press has been really demoralising.
So true [name]. I am fed up hearing about A&E and there never ending additional funding.
There is a danger that blaming GPs and practices for lack of access has eroded trust. As GPs/practice teams, we can do a lot and learn from each other, but some of the issues need to be tackled at a large scale government level. SG engagement and realistic chat/comms with public is needed.

Capacity issues

Staffing and Space issues
A big problem, as Humza Yousaf said yesterday, is that NHS & Care staff are "completely knackered"…
Absolutely. This needs much more recognition And a plan as to how we can recover.
It's a leaky bucket that is not being filled as quickly as it is draining…
We need more GPs!!!!
And more admin.
More GPs, more ANPs.
Bigger premises, more GPs.
Need more practice nurses - all want to be ANPs now.
High time SG showed more signs of "meeting the challenge". Clear signs of strain in GP were apparent well before that pandemic.
I have just given up a Practice, partly because I was too busy, but also because the funds needed to employ all the Admin & Clinical staff (deprived area) was unsustainable: Capacity vs Demand Staff cost vs "profit" (aka Partner income).
That's very interesting [name], our accountants always point out how high our administrative staff costs are.... We have a fairly high level of deprivation in our practice.
Extra phone lines are only helpful if you have the staff and premises to accommodate the number of calls.
Definitely, but many Practices do not have sufficient space to accommodate more staff.
We also need more experienced and well managed admin staff. GPs are cutting costs in an attempt to divert funds to more clinicians but the workload being moved on to admin is unsustainable.
Not just more GPs - we've no room and not enough admin or telephony.
More clinical staff and space. We very fortunate to have ANP for home visits, physio and 5 day a week pharmacy. It took us 2 years to train our ANP. None of this happens quickly and requires a large investment in time.
Premises nationally run and not by boards maybe...
I was earning less than my Salaried GP staff.
We had this situation too. It's hard to find the balance of reimbursing partners appropriately for the additional non-clinical work they undertake in running the business.
As the Partner, I was earning less than my Salaried GP staff (think).
Sort out the pensions issue - GPs are leaving in their droves aged late 50's.
With more complex needs, we need more GPs and other MDT members. I have been involved in quality improvement for 25 plus years and yet we are still struggling to keep up with the work, even with these improvements. Need people on the ground.

Work harder. Work from home, longer hours, more access, deal with everything. Earlier hospital discharge, longer OPD waiting lists, inadequate AHP cover. Pension tax problem. Why retire?

Admin staff - role and capacity
We do need to look at the role of the receptionist and number of staff required to provide a safe service. Is there too much focus on clinical staffing numbers rather than admin staff?
Absolutely agree!!! Practices fail and close because they lack administrators. The surgery can technically function without the GP on site but not without the admin team. The majority of the routine business of the day is handled by the admin team - clinical work is not the be all and end all. Sadly the admin team are seen as the lowest of the low and are paid thus.
Definitely, but many Practices do not have sufficient space to accommodate more staff
Yes!
How do I join the meeting on Thursday referred to by Fiona Duff about the role of administrators - I'm not sure if I've missed the invite to that because life is so frantic at the moment with staff shortage and high demand etc. - but it sounds totally relevant to everything that's happening right now.

GP - role
In [HSCP] most areas of the PCIP are being delivered now. But I do worry how attractive the role of the "Expert Medical Generalist" will be long term... What will our role be as GPs?
The constant complex work done by the EMG is draining on GPs.

Using technology to maximise capacity

Addressing space issues - virtual team
I've got a virtual team by giving them laptops and our cloud based phone system means they can handle phone calls at home with headsets etc. Certain part time staff can undertake work in their evenings and now that many of our patient interactions come from our website, there is plenty to be done handling the incoming emails.
We've had administrative and clinical staff working at a second site at times during the past 2 years, partly because they were clinically vulnerable and did not have adequate internet connection for working from home.
Collective work is the way forward with MDT, IT, web based as well as value FTF consultations.
Aberdeenshire have run a virtual community ward since 2017. Aim to improve coms in the community teams (Social work care, DN, GP, OT, Physio). 5-15min max daily meeting now on teams where all patients at risk of admission, palliative, unwell, complex discharge or where the carers are just worried about, are discussed. Hugely successful. Our DNs are angels and do many of the visits where needed. Fits in nicely with Scott's work. Has saved on average 600 admissions a year but more importantly, brought the community MDT team together and improved patient care.

Options for more remote working/admin "hubs"?
Think this is a great idea. I've managed to set up a virtual hub by creating a comms tower in our back office with additional workstations for remote access only. They share one screen / KB & mouse and a KV switch in case we need to access it on site but these machines are reserved for home workers. And don't take up any work space at all, it's all located in a dedicated trolley under a desk.
Remote access hub in our practice would be great, we have one computer in the main surgery for remote use, but it is always fully booked.
I've got a virtual team by giving them laptops and our cloud based phone system means they can handle phone calls at home with headsets etc. Certain part time staff can undertake work in their evenings and now that many of our patient interactions come from our website, there is plenty to be done …
We have computers and space at our branch surgery, 22 miles away, but we can't use them when there is no-one in the building to let us use them remotely. Team viewer drops off regularly, and a 44 mile round trip to switch access on on a regular basis is just not possible.
I think that personal relationships are very important, and remote hubs don't support that. Trust in the admin team is very important and to be cherished.

IT challenges / does hybrid work for you in your practice?
Flexible working is no help if there are not enough people working...and there are not.
But not other staff!
Admin could work from home with better IT.
But the remote access issue is a bottleneck. Staff can't just dial in, they need to be logged in by someone in the practice.
That is poor and should not be needed. [Health board] has excellent remote access and everyone who needs it, including PMs, should now have a laptop and access.
That's not how our system works. There is a limit to the number of people who can access the server remotely, but nobody has to let them on.
In [city] you can either log in remotely to the desktop. If not available you can login to the server.
Swan allows you to work on own laptop - but not perfect.
But [board 1] don't allow this.
[board 2] doesn't allow that for us.
Remote access in [board 3] is restricted to GPs only and cannot use own devices.
That's very short sighted and I am sure you've already told [board 3]. I am sorry to hear that. Sometimes, It's the only way we are surviving just now.
It's been an ongoing fight for years. Due to so many PCIP staff, the GPs have to work from home as they are the only ones with remote access and we don't have space for everyone.
Not even other clinical staff and practice managers? That's frankly obstructive.
This is part of the problem Health Boards should be the same country wide.
Yes but the limited number of software licences prevents access when needed.
Also issues on Docman licences!
Lots of new attached Primary Care staff, which is great, but need extra Docman licences.
IT systems also a bit lacking! Still no sign of updated systems.
We need consistency of the IT available to practices and your teams. It shouldn't be a health board lottery!
Totally agree.
The accessibility options in Windows are a bit limiting for [participant]. Even when staff use their laptops, the screens are extremely small but there's ways round it. In [board2], home working requires you to connect to a desktop machine as there are only so many software licences. - I swapped laptops to get a clearer screen.

Do practices still rely on desktops, or is there a move to personal work laptop?
Laptops are useful for home working, but just not practical for in-practice working - we need dual screens for multiple clinical systems
Even when staff use their laptops, the screens are extremely small but there's ways round it. In NHS Lanarkshire, home working requires you to connect to a desktop machine as there are only so many software licences.
Not easy to use when needing two screens and the screens on the laptop makes the writing too small - maybe my eyesight!
Either get yourself a large screen to take home or upload to your TV at home. You can use your laptop screen as no.1 and your TV as no.2.
HB has restrictive policies with using your own IT to access NHS info.
Shouldn't have to buy any equipment oneself for work purposes. Certainly not that keen to work from home to tie up a TV!
Agree, shouldn't have to but there's always a way round the problem. Personally, I can't see the laptop screen particularly well, it so tiny as you said earlier.
Not much support for working from home, all of our NHS IT is desktop computers.
We have desktop computers, many with dual screens at work, and most of the clinical team can take a laptop home most of the time. I'm using the laptop at home today (it's my day off).
In [board] GPs have laptops now.

Phone system
Agree [name], I wish we were supported by our health boards with telephone systems.
Cloud based phone system was a huge benefit to have already in place before covid. Not a panacea - some patients cannot deal with the lack of engaged tone!
Cloud based caused more complaints than patients getting an engaged tone! Complaints changed from phone is engaged to "I'm number ..... in the queue". I don't think either works.
Some increasing examples where using things like call waiting is helping the patients experience as at least they know where they are in a queue rather than getting an engaged tone. Our patients complain when they're 72nd in the queue!!
Would agree that giving patients a queuing number on phones has definitely reduced the amount of complaints as at least they know how busy we are and what position they are. We currently do not offer any form of online triage.
The investment in phone systems unfortunately doesn't include people to answer them...
Worth a try - phone your own practice. Can you get through? Could you easily cancel an already booked appointment?

Appointments

Types of appointments
70% F2F.
Every appointment can be either phone call or F2F, decided by patient unless respiratory symptoms. Roughly 75% F2F at present. No-one interested in Near Me.
Mostly F2F for routine appointments and telephone, at least initially for on the day requests.
Mostly F2F now with some Tel A/P.
Phone appointments only and GP will bring them down if they need seen. PN Staff Nurse and HCA are mostly F2F.
We are 50/50 at the moment and working with patient choice and care navigation. Telephone consultations are still very popular though.
We do phone first for on the day and care navigate otherwise to pre-booked phone, VC & F2F.
We offer a choice most are face to face.
We offer patients the choice, most are now F2F.
We only started offering choice of f2f or telephone appointment 2 weeks ago - seems to be working well for a patient and GP view. F2f much more popular than we thought would be though.
We've been a year now care navigation then pre-booked F2F/near me or telephone 15 mins. It is working well.
Are home visits a quirky British anachronism for the 21st century?
What are the 12 options that are available to offer patients of your practice please?
[Speaker] ANP, GP, Pharmacy, Physio - and for each - telephone, VC or F2F.

Communication with patients

How do patients know what the choice is? Via the phone, or do you have info on your website/leaflet etc.?
Receptionists asking when patient call in which one they would prefer. Online booking for appointments currently switched off as can't be screened as well as over the phone.
We tried switching online booking recently and realised that this will not work - it doesn't do any navigation support, or help with letting patients know what type of appointment they had booked.
It’s on our website , practice leaflet , practice twitter and messaging on pxs
Less surveys!

SMS
Explore SMS if you haven't already. Appointment reminders can be set with an option to cancel.
SMS comms very useful for us during & since Covid, does circumvent negative FB comments.

Patient Participation Groups (PPGs)

Well done any practice with successful PPG. Lots of horror stories elsewhere about PPGs being dominated by strong individual or single interest group.

How 'representative' are your PPG groups if you have them? Are those who find access most challenging engaging with these groups?
As you saw from our slide - mostly women over 40 - same with the questionnaire - about 70/30 women to men.
Always a challenge. Our PPG members are mostly the well-informed and well-resourced.
We have struggled to recruit to our PPG and it sadly doesn't tend to be representative of the population.
The most disengaged and disadvantage are already too cynical to want to join BUT they do post on the Facebook page - and as long as the points made are pertinent, we put these up and respond to them.
We've considered creating a Cluster PPG to try make it more representative & to foster shared learning.

Do you have a PPG? What's good/what would you change?
[no responses]

In the absence of a PPG has anyone tried another way of canvassing patients?
[no responses]

Other comments

Various
Great to hear Dispensing Practices being mentioned. A hugely important role.
We need primary care away from acute centric health boards.

Where can my practice manager access the NES Sway weekly newsletter?
Should be emailed to practices by locality Network & Learning rep.
From her local coordinator for the region. [name] covers [area].
I send this out weekly to all [board] PMs. If your PM isn't getting, can you please ask them to get in touch? Thanks.
Thank you. Will do.
Join NES General Practice Management FB page.

Slides / recording
Can the slides from today's session be shared afterwards please?
Will slides be shared following webinar?
Slides will be made available to anyone who registered, along with the recording.
Yes & a recording.

Thanks
Fantastic speakers and great chat- thank you everyone, for comments and sharing learning. There's a lot to worry about, but what a team GP is- and lets not have any Norman Doors!
Good Session thank you
Good session, glad I joined, don't normally have time and it was well worth it, so I'm pleased I did.
Great session thanks.
Great webinar - thanks! Valuable discussions on chat
Really good session and chat. Thank you.
Really interesting session, thanks very much
Really interesting to hear about different things going on from across Scotland!
Thank you
Thank you
Thank you so much, very helpful and interesting session
Thank you that was really interesting and informative
Thank you
Thank you. Great session
Thanks everyone!
Thanks to everyone for presenting & discussing. Always good to hear from across Scotland
That was very interesting and some food for thought and action! I will contact some speakers if that's ok for more information

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