

PRIMARY CARE ACCESS HUBS FEEDBACK REPORT

WORKSHOP – 31 January 2018
BROMLEY PARISH CHURCH



Date of the meeting: Wednesday 31 January 2018

Time of the meeting: 2pm to 4pm

Venue: Bromley Parish Church, Church Road, Bromley, BR2 0EG

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1. Introduction

Bromley Patient Participation Group (PPG) and Patient Advisory Group (PAG) members were invited to attend a Primary Care Access Hubs engagement event. The purpose of the session was to provide:

- An overview of the access hub service
- An opportunity to ask questions about the current service
- An opportunity to share experiences of using the service and suggest areas for improvement
- An opportunity to comment on potential future areas of service development
- Insight into how their views will be used as part of future commissioning decisions

2. Attendance

The engagement event was open to all Bromley PPG and PAG members. Participants were invited either through their individual PPG chairs or by practice managers at their GP surgery.

There were 22 participants from the PAG and the following GP surgeries:

- ❖ Addington Road Surgery
- ❖ Bromley Common Practice
- ❖ Cator Medical Centre
- ❖ Charterhouse Surgery
- ❖ Chelsfield Surgery
- ❖ Corner Ways Surgery
- ❖ Knoll Medical Practice
- ❖ Manor Road Surgery
- ❖ Southborough Lane Surgery
- ❖ South View Surgery
- ❖ St Mary Cray Practice
- ❖ Stock Hill Medical Centre

Representation from Bromley CCG included:

- Jessica Arnold – Associate Director of Primary Care
- Fiona Gaylor – Senior Engagement Manager
- Tanya Taunton – Primary Care Commissioning Development Lead
- Jess Seal - Primary Care Commissioning Development Lead

3. Background and context

Jessica Arnold gave a presentation providing an overview of the existing service. The presentation slides are available on request. A summary of what was covered included:

- Background to the use of the term ‘hub’
- Funding arrangements
- Hub locations
- Hub opening times
- How to get a hub appointment
- Number of appointments available

- Who can access the hub
- Service patients can expect to receive at the hub
- Utilisation rates
- Re-procurement of the service
- Potential areas for future service development

4. Question and answer session

Participants were given the opportunity to ask questions during this part of the session. The questions captured and the responses were as follows:

Q: What is the current demand for access hub appointments?

A: In October 2017 the number of access hub appointments was increased by 10% to cover the winter period between October and March and the utilisation rate has remained the same which indicates that the demand meets the supply of appointments. The current rate of use is around 97%.

Q: How do you cancel an access hub appointment?

A: When you book, you should be given a number to call and cancel. (Some participants noted that they had not been given a number). There are receptionists based at each of the hubs who are able to cancel appointments.

Q: Do you get a text message giving you the details of how to cancel?

A: Not currently, but we hope this will be up and running within the next few weeks.

Q: Do most of the access hub appointments go to those patients whose GP surgeries happen to be the location of the access hub?

A: No. Each practice is allocated a certain number of appointments based on their list size which remains ring-fenced until midday. After this time, all appointments that have not been used are put into a centralised pool, which then operates on a first come first served basis to minimise waste of appointments.

Q: Why weren't these hub locations tendered for?

A: The Bromley GP Alliance was responsible for sourcing the hub locations. They came to agreements with GP surgeries who had the space and were willing to host the hub on their premises. Consideration was also given to ensure geographical spread across the borough.

Q: What is the average wait to get an access hub appointment?

A: Appointments are currently made on the day for weekday appointments. You can book in advance for weekend appointments.

Q: **Are access hubs just in existence in London, or is this a national initiative?**

A: It is a national initiative; however we do not know how implementation is going in other parts of the country.

Q: **Where are the GPs coming from? We have noticed that a lot of GPs in the area are leaving.**

A: This is not unique to Bromley, it is a national problem. A lot of GPs are leaving and/or retiring early. We are working to try to support GPs, but we have no influence over individual decisions. All GPs working in Bromley access hubs are Bromley GPs. They choose to take on extra hours. This should not reduce the number of appointments available elsewhere.

Q: **This service clearly has benefits for commuters. What about retired GPs who might want to return to practice for a few hours?**

A: Yes, there are schemes in place to support retired GPs who would like to take on a little work.

Q: **Do hubs provide home visits?**

A: During winter 17/18 there was not enough staff interest to provide this service. However we are looking at putting additional capacity into the nurse visiting service.

Q: **This is an excellent service and supporting people who can't access GP services in normal office hours. How well do patients understand the difference between urgent care centres and hubs?**

A: It was agreed this needed better communication to help patients have a better understanding of the different services.

Q: **Would you consider patients booking directly into hubs, rather than through their GP?**

A: Currently, booking through GP surgeries seems like the best process, otherwise the service would be inundated and would not allow a fair allocation of appointments across the borough.

Q: **If opening hours are based on experience – patients don't understand the service. We were told hubs are open 8am-8pm, that's not the case. The true opening hours need to be communicated. In promotion it doesn't mention 111.**

A: GP services are available to all Bromley patients between the hours of 8am and 8pm, through a combination of GP surgeries and the access hubs. 111 direct booking should be enabled within the next few weeks so we will take that on board.

Q: Are all patient records on the “cloud”?

A: Patient records are not on a “cloud”. There is data sharing between GPs and the hubs which mean a GP working in the hub can access your records, even if you are not from that practice.

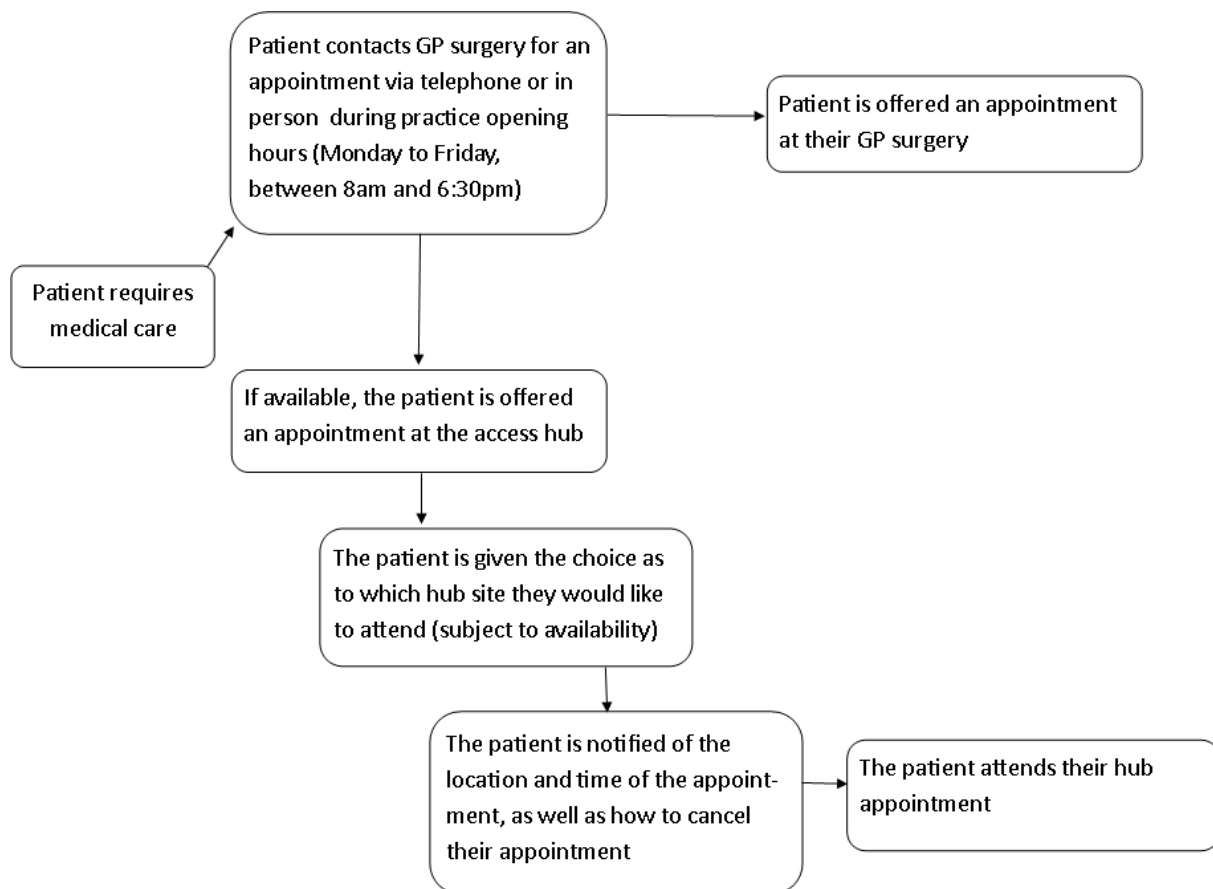
Q: Why do we have WiFi in practices if funds are short?

A: The WiFi provision in GP surgeries is a national initiative and has not affected the funding for Bromley.

5. Patient journey exercise

Participants were presented with a flowchart which outlined the patient journey with regard to accessing an access hub appointment. There was a discussion on experiences of using the service and how personal experiences matched the journey outlined or differed in any way. Those who have not used the service before provided feedback on what they thought would work well or could be improved. This feedback was captured on post it notes where participants were able to write down their comments and place them on the relevant part of the flowchart. Please see figure 1 below.

Figure 1



Common themes raised included:

- Clear communication strategy required to ensure consistency with the messages and information being provided about the services.
- Clear and consistent approach to how patients access hub appointments.
- Good experiences of using hub appointments.

All comments and feedback received as part of the exercise have been grouped into themes and can be found in [Appendix A](#).

6. Potential areas for future service development

A number of potential service developments for the revised service specification were shared. Participants provided feedback via small group discussions on tables, where a facilitator captured their comments. Some common themes which arose from the discussions were similar to the pathway exercise around consistency with information being provided to patients being of high concern. In addition, it was also felt that cancellation information was not being provided by all practices, which ties in with Do Not Attend (DNA) rates and having a system in place to reduce these. With regard to Christmas Day provision, there were mixed opinions as some felt that the service should be open 365 days a year, whilst others felt that this was not necessary as there were other health services in place should people require medical care. Overall, it appeared that most people were in support of nurse appointments, however it was also asked whether other health care professionals could also be utilised as part of the service. Lastly, there was a question around whether the service was for routine or urgent appointments and it was felt that this should be made clear as part of the re-procurement.

All comments and feedback received through the discussions can be found in [Appendix B](#).

7. How much do you know

Prior to the session beginning, all participants were asked to answer the following questions on a scale of 1-4. The purpose of this exercise was to get an understanding of the group's knowledge on the existing service prior to the session, and then to compare these scores once they answered the questions for a second time after the session had taken place. The tabled values below are average scores for all responses from participants.

Participants were asked to use the following responses to answer the below questions:

- 1 – no
- 2 – not really
- 3 – some understanding
- 4 – yes

Question	Before session	After session
I have heard of the access hubs	3.7	3.9
I know what service I can receive at the access hubs	2.7	3.7
I know who can use the access hubs	3.0	3.9
I know how to get an access hub appointment	3.1	3.9
I know what times the access hubs are open	2.4	3.8
I know where the access hub locations are	3.1	3.9

As shown above, there was a clear shift in awareness in all of the six statements, with the largest shift being around understanding what times the access hubs were open. This exercise demonstrated the importance of providing the correct information to the public to ensure patients are given useful information to enable them to be aware of services which are available to them, as well as how and when they can access them.

8. Event evaluation

At the end of the session, all participants were asked to complete a brief evaluation form. They were asked how much they agreed with the following five statements as well as given the opportunity to share any further comments or feedback.

78% felt there was enough time to discuss the issues.

94% felt able to express their own opinions.

100% felt their views had been listened to.

94% understood why the meeting took place.

89% would like to attend a follow up meeting on this topic.

The written feedback from the evaluation forms can be found in [Appendix C](#).

Equality data of the participants has been collected and is available on request.

9. Next steps

We were fortunate enough to be able to capture a great deal of feedback during the exercises and discussions throughout the session which has been shared as part of this report. The feedback captured will be reflected on and considered for future service developments, in particular better communication in the wider sense but also from GP

surgeries as it is clear that there are inconsistencies in the information being offered. It also has to be made clear to the public the various healthcare service options that are available to better educate patients on accessing the right care at the right time.

With regard to timescales, re-procurement of the access hubs is being reviewed strategically. We need to allow for sufficient time to review the current service to ensure that a new specification and contract for the access hubs is integrated with the future model of the wider urgent care system for Bromley, as well as meeting national guidelines set by NHS England.

A you said, we did report will be published reflecting how views have impacted.

APPENDICES

APPENDIX A: Feedback from patient journey exercise

Communication to patients from practices

- Consistent approach to communications essential.
- GP surgeries to have consistent approach to informing patients about the hub.
- Hub appointments should be used for urgent requirements.
- Rebrand the service and provide clear information about the name, hours and services provided.
- Surgeries should include information about the hubs on their answer phones.

How the system works

- Provide clear information on how the system works.
- What impact will the new NHS Primary Care Services for people in Central London have on local services?

Workforce

- Health and wellbeing of GPs providing primary care services is important.
- Publicise role of the nurse practitioner.
- Concern over GP retention and recruitment.
- Are GPs able to cover their own practice and then take on additional work at the hub.

Monitoring/evaluation

- Review why people go to the hub and whether it is appropriate use of the service.
- Evaluate patient experience.
- Monitor how many patients are unsuccessful at getting a hub appointment.

Patient experiences of the hub appointments

- Good feedback on use of the hub including access, good service, efficient and effective.

DNAs

- Information on DNAs needs to be fed back to the surgery.

Making/getting an appointment

- Some issues experienced in actually getting an appointment with people advised to call later or the next day.
- Would be good to have option to book these appointments online.
- Surgeries having difficulty booking appointments.

Cancelling an appointment

- Patients need to know how to cancel and some options on how this could be done were suggested – such as text message and via the internet.

Hub locations

- Locations of the hubs need to be clearly signposted.

Other

- Priority should be given to disabled and vulnerable patients.
- Patients with chronic conditions may feel excluded and disadvantaged.
- When no appointment is available either at practice or the hub.
- What happens when the surgery doesn't use their allocation of appointments?
- Relationship between patient and their named GP may change.

APPENDIX B: Feedback from potential areas for future service development discussions

Promotion/ advertising

- Consistent message with clear information about the hub including how to access and the kind of conditions that can be seen there.
- Just use one simple document for staff and patients.
- Promote further as some people are not aware of the service or understand the term 'access hub'. GP practices should be proactively offering appointments.
- Promote the access via 111.
- Answer phones to have consistent information about the hub.
- One phone number for all hub sites.

DNAs

- Inform practices when their patients DNA.
- DNAs must be reduced as it wastes appointments for others.
- Letters to patients that DNA.
- Clear information on how to cancel your appointment.
- Promote widely the impact of DNAs.

Christmas Day provision

- Mixed views with some people feeling it wasn't necessary whilst others felt it was needed.

Text messaging

- Would help reduce DNA
- Improve communications by confirming appointments and allowing patients to cancel.

Nurse appointments

- Some support for nurse appointments at the Hubs where as others felt that there should be more routine nurse appointments available through practices.
- Clarity needed on what services they would provide and how they would be used appropriately.
- Shortage in nursing staff a concern.
- Access to pharmacists.

Locations

- Location of these services needs to take account of people with disabilities, mental health conditions etc.

Cancellation

- Clearly communicate how to cancel appointments – be it through 111, via text messaging and practice staff.

Advance pre-bookable appointments

- This was welcomed if the primary aim of the hub service was to provide convenient out of hours appointments.
- The current system – ie only being able to book an appointment on the same day – makes the service feel more like urgent care.

Other suggestions

- Use self-care and self-diagnosis on the web.
- How does the out of hours doctor service (Emdoc) work with the hubs?
- Mixed views on the name of the service with suggestions provided on renaming/rebranding.

APPENDIX C: Feedback from evaluation forms

- Good to hear views from others.
- Would have liked more time to have more discussions.
- Need to act on what has been discussed today – we have discussed this before and need some actions.
- Need for clear and concise communications.
- More clarity on what we needed to achieve today and not sure how accurate the statistics are.
- Excellent and well run workshop
- Keen to hear more about next steps and the development of the contract specification and procurement.
- Good information and keen to share outcomes with friends and family.
- Very pleased with my practice and the hub service.