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# Solihull GP Practices, Access and Technology

Solihull PCNs collective response to Healthwatch Solihull's investigation into ***“people’s experiences of accessing GP services via technology” (April 2021).***

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## Background and Summary

The NHS Five Year Forward View placed an emphasis on technological development with the commitment to *“offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients”*.

Solihull GP practices and Primary Care Networks (PCNs) welcome and have embraced the technological changes. The Covid Pandemic has accelerated the digital and technological revolution as a necessity to maintain services while ensuring patients and staff are kept safe.

We appreciate that these new technologies have come with some teething issues and that while most practices and their patients have found these developments easy to embrace, others have found the use of technology unfamiliar and have struggled with its use. Consequently, HealthWatch Solihull’s review of technology in GP practices is a helpful stocktake of how these changes are progressing. The Solihull PCNs are committed to working with HealthWatch Solihull to ensure these changes are inclusive and beneficial for patients.

GP practices and the PCNs are committed to implement NHS England’s technology requirements and enable our patients and their families to use them with relative ease. Alongside this, practices recognise that some people will require more traditional ways of accessing their practices and their healthcare professionals, and so will ensure there is a plurality of access offers.

Overall the technology advances in the NHS have successfully enabled greater efficiencies for patients and the NHS. However these new approaches are not a panacea to address the numerous issues facing the NHS in terms of access and inequalities. Solihull GP practices and PCNs are mindful of this, and welcome working with HealthWatch Solihull to ensure developments are considered and reflective, as well as supportive of our patients.



## Response to the HealthWatch Recommendations

***“...the information and the language regarding accessing GP services via technology need to be simpler and clearer...”***

Solihull GP Practices and PCNs appreciate the rapid implementation of new technological tools has been confusing for some. We acknowledge the need for a comprehensive and consistent description of how people can gain access to the multitude of services at their GP practice (and elsewhere).

***“...encourages general practices to:***

- offer clear instructions about how to access and use these services***
- address issues that patients may experience due to having consultation via telephone/video rather than face-to-face consultation***
- tackle poor access to booking appointments and call-back systems”***

All practices already offer face to face consultations with patients, where this is safe and appropriate. Practices acknowledge where patients are expressing their concerns about remote consultation, that we consider offering a face to face consultation based upon need.

Practices acknowledge that the public perception, often fuelled incorrectly by social media, is the opposite impression. In reality, GP practice consultation rates have increased. Staff morale is often dented by such perceptions and that in turn can lead to staff absence or resignations, compounding access issues.

Whilst many patients have found remote access via telephone has made their access easier, we acknowledge that some have found it causes problems, such as those working in schools or on factory lines.

Locally, in an exciting new initiative, Solihull Council / Public Health are piloting a project to provide technology to patients, along with training on how to use it, to reduce social and digital isolation. SoliHealth is engaging with this project as part of their Neighbourhood Working pilot in Rural PCN.

As we see Covid numbers reduce, NHS England has encouraged practices to reset and restore those services that have been given a lower priority over the last year. Practices in Solihull are working together to implement this and yet do so safely.

***“...assure people that they can trust that technology-based methods to access GP services are confidential.”***

With regard to confidentiality using the new technology tools, all practices understand their obligations to the legislation on data protection and GDPR, and there are policies in place on the procurement of digital tools and their use in practice. Practices acknowledge that even though this requirement is being met, making a public statement to this effect may reassure people.



***“...Addressing such issues would be helped by good ‘patient and public involvement’ (PPI) in the design and development of services.”***

The 5 PCNs are in different stages of developing their patient engagement tools. Plans in this regard have been deferred due to the Covid pandemic and PCNs ask for understanding in this regard. The PCNs are working together on collective public communication and engagement. We would welcome working with HWS to develop these approaches and ensure we are engaging in an inclusive manner.

PCNs are already in discussion with Solihull MBC around linking such PPI with already established neighbourhood forums.

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## **Comments on Positive Aspects of Technology Changes and Primary Care Access**

The last year has seen rapid and significant change to the way patients and practices interact and some will have found the changes easier than others to adapt to. This survey understandably highlights some of the challenges of such changes. There are of course also many good reasons for such changes and benefits accrued as a result.

- One of the most common reasons to contact the surgery is for a prescription, and all Solihull practices use the electronic transfer of prescriptions (eTP) directly to pharmacies, avoiding the need for patients to collect pieces of paper. This has, for example, reduced the number of lost prescriptions. The rate of eTP usage is nearly 100% in Solihull.
- The changes may have impacted on different demographics in different ways, and some in particular have found it easier to speak to their GP by phone or video, e.g. those caring for relatives or working from home; on furlough or in isolation; those with mental distress.
- The use of technology to send documents and other information has meant patients can get these immediately rather than having to attend the surgery. This has helped people get “fit notes” within minutes of speaking to a doctor and in a format that can be sent easily to their employer. Self-help leaflets arrive electronically and link to current up-to-date websites (whereas previous paper leaflets were often lost or went out of date).
- New registrations are often now online, making this easier and quicker for many.
- Changes to the process of death certification, coroner’s enquiries and funeral arrangements have involved the use of technology and remote documentation transfer such that bereaved relatives can proceed with making arrangements more rapidly.
- Planned weekly telephone “check-in calls” to all Solihull’s residential care homes, by GPs and clinical pharmacists, have proactively supported care home staff with their queries and led to greater preventative action to address resident’s needs. This has included video calls between residents and their longstanding GP.



## The Covid Pandemic, Safe Infection Control and the Use of Technology

- It has been important to maintain patient and staff safety during the pandemic, and the impact of essential infection prevention and control measures may not always be apparent to the public, however the first Covid outbreak in the UK was in a GP surgery. A number of surgeries in Solihull nearly collapsed during the pandemic due to staff illness. Sadly, some GP staff have died during this pandemic. Implementing alternative methods of access using technology has been critical for the safety of our staff and our patients.
- The parallel running of GP services, Covid response services and Covid vaccination services has been a feat of extraordinary commitment and dedication by GP staff. GPs have even been into hospitals to help them run their wards where there have been staff shortages. Solihull's practices and PCNs have been recognised locally and regionally as leading the way during the pandemic.
- Technological interoperability between services has been developed during the pandemic so that, for example, 111 calls that do not require immediate advice, can be booked directly by 111 into the GP appointment schedule for the same or next day.
- Telephone triage of clinical cases has enabled far more rapid assessment and access to immediate assessment in clinically appropriate and safe environments. For example, appointments at the Covid Referral Centre (CRC) are bookable within an hour of speaking to a GP or nurse practitioner. Home assessment by rapid response nurses or paramedics has been possible after GP triage, generally within a few hours.
- Use of SMS text messaging to seek patients' preferences on having the Covid vaccination has reduced the amount of time receptionists spend phoning patients. More recent developments in remote vaccination booking has enabled this to be entirely digital for those who are able. And whilst this may not suit all patients, the use of technology has reduced the pressure on staff and been easier for many patients. This in turn frees up reception staff to support those who are not familiar with technology.

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## PCN Specific Responses

### Solihull Healthcare Partnership (SHP) PCN

- SHP have engaged Telecom Consultants to advise on the reconfiguration of their telephone system to improve patient services.
  - Following this review by an external consultant, we have reconfigured our system. As a result we have seen a significant impact on reduced call wait times.
- SHP have invited a PPG representative, as a lay member, onto their Board in order to seek patient input into the development and delivery of services.
  - This lay member serves as our link to patients and provides two-way communication and engagement with patients.



- Our PPG is a group of patients who meet with practice staff to discuss practice issues and patient experience to improve our services. The patients' voice is central to this and SHP fully recognise this, and understand the benefits of patient engagement.
- SHP have employed a dedicated Communications Professional to improve patient communications and ensure patients are kept informed and up to date.
  - We regularly inform registered patients of the latest official healthcare information, and updates and information from SHP, including how to access and understand our patient services and their care.
- In addition:
  - Online Consult- to address an increase in patient demand and digital use, SHP were pioneers introducing Online Consult in August 2020, in an attempt to allow patients to request non-urgent clinical assistance from the practice. We reviewed NHS Digital's recommendations and chose the most appropriate platform for our clinical systems. Online platforms are still early in their development and we have learnt some valuable lessons from that pilot.
  - As a result of significant increased demand on our telephone, with 9 out of 10 patients contacting us by telephone, we continue to focus on patients being able to access the practices through our telephone system. We have listened to our patients and redirected resources accordingly, and support improving patient access for the majority of patients and telephone answering times.
  - SHP are continuing to provide services as we have been doing throughout the COVID-19 pandemic, and we continue to offer and prioritise delivering care and services based on clinical need. SHP continues to provide services and face-to-face appointments with our healthcare professionals, in a safe and zone-based way to protect our patients and staff. Face-to-face appointments are available to all patients where there is a clinical need. When patients call, SHP continues to assess the most appropriate way to provide care to patients, which may include a face-to-face consultation and also ensure it is provided by the most appropriate person, for example a Pharmacist, Health Care Assistant, Social Prescriber or Physiotherapist.

### GPS Healthcare PCN

GPS have changed their access model numerous times during the pandemic to be responsive and agile to both patient need and to ensure the safety of staff and patients. We have maintained a model of seeing patients face to face according to need throughout, either for on the day issues, or cancer screening and immunisations. This has been stepped up further over the last six months in particular, to include those with more long term issues that require physical examination. Staff Covid Risk Assessments meant that we initially had to use a central call system to maintain the resilience of the practice and keep staff safe. However due to patient feedback, we adjusted this last summer to direct patient calls to their local surgery site. We have brought in a new telephone system which is more responsive to patient needs and allows us to track call volume so that team resources can be adapted. It also allows a queue and call back system and more real-time messaging to inform patients of any announcements. We have developed a new website during the pandemic, which has clear access and signposting information as well as information about the vaccine effort. Patients can link to online access for requesting their medications this way. In the last year, we have recruited more GPs to increase



our appointment capacity and a team of six clinical pharmacists who are part of our GPS core team. The clinical pharmacists have enhanced our care of patients with safe and effective prescribing. We have employed social prescribers who are linking in with our more vulnerable or isolated patients to help them navigate their health and care needs and help with access where needed. Throughout, we have maintained our staff training, audited our performance and made improvements. We have a strong ethos of quality improvement at GPS and aim to strive constantly to measure how we are doing and then make changes, with patient care and staff welfare at the centre of what we do.

### Rural PCN

- Rural PCN are auditing the reason for patient calls into the surgery, to see whether there are regular queries that could be answered quicker and better with for example, promotion of online access to records, and active signposting to the most appropriate service. The intention is to find a way to engage with and involve patients on these ideas and improvements.
- The telephone system in Rural PCN has also been adapted to suit need, offering better signposting, and better resilience within their teams. Rural Solihull PCN practices now use a system called Purecloud.

### North Solihull PCN

- North Solihull PCN has taken specific measures to focus on patients from 'health inclusion' groups such as those with a learning disability, mental health issues, or from a BAME community. The vaccination programme has attempted to address the perceived and actual inequality seen nationally within such groups. This has successfully increased the uptake of the vaccine in the population in North Solihull far beyond other areas with a similar demographic. The use of technology and phone access was vital to enabling this.
- In North Solihull, most practices are part of the Redcentric phone system which allows for greater resilience at times of peak demand, as well as consistent message and call transfers out of core hours and at weekends.

### South Central PCN

South Central PCN have seen a significant increase in demand on the telephones, with most patients using this access method. We continue to promote the use of online access for repeat prescriptions, medical records, and active signposting to the most appropriate service and redirect accordingly, this may include a face-to-face consultation along with video and telephone appointments. This ensures it is provided by the most appropriate person, for example a Senior Clinical Pharmacist, Physician Associates, Health Care Assistant, and Social Prescribers. Furthermore online consultations are currently being developed within our practices.

We have held regular virtual meetings throughout the pandemic with the PPG groups as a great way to engage with and involve patients on these ideas and improvements.



South Central are continuing to provide services as we have been doing throughout the COVID-19 pandemic, and we continue to offer and prioritise care and services based on clinical need. South Central have continued to offer appointments in hours and outside normal working hours including until 8pm on weekdays and on both a Saturday and Sunday.

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## **Conclusions**

The PCNs acknowledge the need for clearer explanations on access via technology, including:

- The need to improve website information and accessibility
- The plurality of options to access surgeries to support people with constraints, such as; work, caring responsibilities, disabilities, language barriers, etc.
- How to access face to face consultations if technology is a barrier
- Clarity about telephone call-back times (and whether it is acceptable for patients to use their phones whilst awaiting a call)
- Processes around missed calls and if practices will phone again and how many times
- The confidentiality of digital tools

The Solihull PCNs are grateful to HealthWatch Solihull for their report and are committed to working with HealthWatch to improve patient experience of local health services.

## **Clinical Directors: -**

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## References: -

The following reference links give the background to the national policy on digital and technological changes in the NHS.

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<https://www.england.nhs.uk/gp/infrastructure/patient-online/>

<https://www.england.nhs.uk/gp-online-services/about-the-prog/>

<https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/harnessing-technology-and-innovation/>

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf>

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1>





## Appendix 1

### Specific comments on the survey questions.

1. Do you own a smartphone/computer/laptop?
  - a. We understand the objective of the survey was to look at the experience of people accessing GP services using technology.
  - b. This question links closely to Q9 on whether a person has access to such technology via a household member or relative. We have found this to be a common occurrence during the pandemic, particularly for those with disabilities or communication / language issues.
  - c. Future surveys might ask about the demographics in relation to learning disabilities, communication or when English is their second language.
2. Does your smartphone/computer/laptop have a webcam/camera?
  - a. There have been studies on the use of video consultations in healthcare, and even when the equipment is available there are often challenges around performing video consultations because of technological reasons, such as camera focusing, broadband bandwidth, privacy, etc. Practices have to take such things into consideration. During the pandemic the use of video consultation has increased significantly, especially in some specific circumstances, such as dermatology cases, housebound and shielding patients.
3. What is the name of the GP surgery are you registered to in Solihull?
  - a. For confidentiality reasons the survey data has not been shared with PCNs.
4. What methods do you use most frequently to access services at your General practice?
  - a. The responses should be contextualised around the complexity of access to healthcare services and the changes over the last year. During the pandemic, government regulations and national campaigns encouraged all people not to attend their GP surgery (or other health facilities) unless they had phoned first. This was for the safety of patients and staff and to ensure practice resilience. Consequently, in terms of patients making an initial contact with the surgery to seek advice, we would have expected all patients to have done so by means other than coming into the surgery. Video calls to the practice as an initial contact method would neither be available nor appropriate.
  - b. Contact back to patients by healthcare staff would usually be by phone in the form of triage to assess what is the best way to assess, advise and treat a patient's condition. The national model recommended by the Department of Health has been to perform telephone triage first during the pandemic, again for safety reasons. In the Key Messages from the NHS England Guidance on *"how to establish a remote 'total triage' model in general practice using online consultations"*, it says *"All practices should be using a total triage model to protect patients and staff from avoidable risks of infection."* And *"All practices must have access to an online consultation system to support triage."*
  - c. Practices across all PCNs use Apps for patients to access some services, where they are most effective and efficient, such as ordering repeat prescriptions. Other circumstances may not be appropriate for the use of Apps as they are not yet sophisticated enough to deal with the subtleties of patient contact.
  - d. The PCNs across Solihull are working together to look at the numerous Apps available and approved by the NHS to see which ones may be best suited to general practice. This is a complicated field in which none of the Apps are perfect and all have some drawbacks. Therefore we are all working together in our commitment to support our patients in this regard.



5. Do you have an option to choose between video/telephone appointments and face to face appointments?
  - a. Practices have been encouraged by the Department of Health to do as many consultations as possible remotely. Section 6.4 of the NHS England Operating Procedures states that *“Practices and PCNs should continue to triage patients remotely in advance wherever possible.”*
6. How many times have you tried to access services at your GP surgery since September 2019?
  - a. There are of course different types of access- contacting the surgery for advice, an appointment, a prescription, signposting, feedback, etc. Some may be initiated by the patient, some by the practice. Some may be appropriate for general practice; some may be more appropriate for other services e.g. opticians, pharmacy, social care, housing etc.
7. How many times were you able to successfully access services at your GP surgery since September 2019?
  - a. Within a funding constrained public service, there will always be limits on the demand practices can meet at certain times. Practices always endeavour to respond when asked.
  - b. Practices have put in various measures to allow for a plurality of access methods, so that can free up staff to respond on the phones.
  - c. Practices have also tried to introduce guidance for patients on what queries might be best addressed at specific times or by alternative methods, e.g. accessing test results outside of peak times; using online access to order repeat prescriptions, using SMS text responses to indicate preferences for vaccination uptake.
8. How long does it take for you to access services at your GP surgery?
  - a. We were unsure whether this question is asking about that initial contact method, or subsequent waiting times for a response. For example, is this asking how long it takes for a phone call to be picked up? Or how long an online enquiry for a non-urgent issue is responded to? Or how long before a prescription is made available?
  - b. It should also be taken into consideration that the pandemic has at times affected staffing capacity through illness, isolation, bereavement and even sadly staff deaths. This has at times had a significant impact on practices’ ability to respond as efficiently as they and their patients would like.
9. Who do you book appointments or access services at your GP surgery for?
  - a. The survey data has not been shared with PCNs.
10. How would you rate your understanding of the method you use to access services at your GP surgery?
  - a. The survey data has not been shared with PCNs.
  - b. Practices acknowledge that some patients struggle with technology to undertake videos or photographs, and the survey highlights such understandable issues.
  - c. Future surveys might clarify what action was then taken when this became apparent (e.g. was the patient then seen with a community nurse or relative present using their phone, or seen face to face in surgery).
11. Does the use of technology, including telephones, apps, video calls or websites discourage you from using GP services?
  - a. The survey data has not been shared with PCNs.
  - b. We feel this question should be contextualised given the broad range of services available from practices, some of which might be much easier using technology, e.g. ordering prescriptions, and others not, e.g. abdominal examination.
  - c. In our experience for example, patients who are working or having to isolate or shield, have found the use of telephone and video calls much more enabling than sitting in a



waiting room or having to travel to the surgery. It is also much safer from an infection control perspective.

- d. However we appreciate that for some professions, such as key workers, teachers, track workers, it is difficult to stop their job to take a call. Practices are usually able to flex such calls on request as surgery hours are often longer than most people's working day. Many PCNs also offer evening and/or weekend appointments.
- e. We acknowledge that some patients have shared their frustration at the reduction of availability to come into the surgery to see a GP. However in line with national guidance, all GP surgeries have remained open to face to face consultations where this is necessary and safe to do so. GPs have found though that most conditions can be managed remotely, and it is more the lack of familiarity of undertaking consultations this way that is the issue.
- f. We should emphasise the benefits of technology. Phone / remote consultations have meant patients have not been waiting unproductively in the surgery, and have been able to go about their home or work duties more easily; this has also reduced the travel time and expense to patients. The benefits to carers who have not had to bring their dependent to the surgery are easily recognised.

12. How easy is it to access services at your GP surgery?

- a. The response to this question should take into consideration the broad range of service available and hence the different levels of access to each.
- b. There is a difference in the accessibility to some services in comparison to others. For example, prescription ordering has been moved almost entirely to remote methods and via pharmacies. Initially some patients found this unfamiliar and yet everyone now orders their prescriptions this way. This is in line with national guidance and has increased the efficiency for the NHS and the speed at which collections can be made from pharmacies. It has reduced the number of lost prescriptions and other errors of ordering. Overall these changes have markedly increased access to this service.
- c. In contrast, in line with national guidance and to reduce the risk to patients, non-urgent minor surgical procedures and steroid injections have been put on hold because of the increased infection risk from such procedures, and so some patients will have been frustrated by the lack of access to such services.
- d. The majority of GP services have been as accessible during the pandemic as before.
- e. Some chronic disease reviews (diabetes, asthma, etc) for patients who are stable have been deferred to reduce the risk to patients and staff. Reviews for those who are unstable or particularly at risk have been continued and where possible done remotely.
- f. Media outlets have given the impression that GP Practices were closed for much of the last year. This is incorrect. All GP practices in Solihull have remained open and often for extended amounts of time. The methods of access and the sites on which people have been seen may have changed in line with national guidance to maintain stringent infection control measures. The public perception has at times been that surgeries have been closed when that has not been the case. In recent audits of practices across the BSol CCG area, this showed that 51% of appointments with GPs were face-to-face, even under the current guidance to do as much remotely as possible.
- g. Patients who have found themselves temporarily isolating or living out of the area, have been able to access their GP by remote means without having to re-register with a local GP. This would not have been the case prior to the introduction of new technologies.

13. Does the method you use to access services at your GP surgery meet any special requirements you have due to a disability or long term condition?



- a. The survey data has not been shared with PCNs.
  - b. We believe we have used technology to increase access to those with disabilities and certain long term conditions such as mental health.
  - c. Practices have found some patients with mental health issues have engaged more easily with their doctors on their regular reviews during the pandemic. The level of mental illness and suicidality has increased significantly during the pandemic lockdowns. In particular, younger patients who do not usually discuss their mental health issues with doctors, have engaged far more, and have found the use of telephone consultations to be a more comfortable way to open up about such personal and emotional issues.
14. Have you had telephone consultations/appointments with a healthcare professional from your GP surgery?
- a. The survey data has not been shared with PCNs.
  - b. We would expect almost all patients who have been in contact with their surgery to have had a telephone consultation as this is the recommendation by NHS England, even if they were subsequently seen face to face in surgery.
  - c. We feel the important question is whether the phone consultation addressed the concern or question the patient was asking. For example, some patients are phoning because they are tired and wonder if they are anaemic. A phone call can clarify if they need to see a doctor first, or whether it would be more sensible to organise a blood test initially and then consult the doctor with the result.
15. Please rate your experience of the telephone consultations/appointments you have had.
- a. The survey data has not been shared with PCNs.
16. Have you had video consultations/appointments with a healthcare professional from your GP surgery?
- a. The survey data has not been shared with PCNs.
17. Please rate your experience of video consultations/appointments.
- a. The survey data has not been shared with PCNs.
18. Which do you prefer?
- a. Future surveys might broaden this question to the various services and circumstances people have for contacting their surgery.
  - b. Clinician access is quite different for the multiplicity of clinical reasons. HCA appointments for ECGs and blood tests, Nurses appointments for dressings and vaccinations, GP appointments to discuss diabetic treatment etc.
  - c. Depending on whether people are in work or caring for someone may alter their preference as opposed to when they are not.

***“GP Online Services are enhancing the quality of care that practices can offer their patients by giving them online access to their health, and increasing choice and convenience. The government is committed to enabling patients to go online to book appointments, order repeat prescriptions and view their own health records within their GP practice, and it is already saving time for practices and their patients, allowing them to take more control of their healthcare. It’s an example of how the NHS is embracing new technology as part of its drive to offer modern, convenient and responsive services to patients, their families and carers – with GP practices leading the way.” NHS England - <https://www.england.nhs.uk/gp/infrastructure/patient-online/>***