

“You Said, We Did”

The Telephony service was discussed at the January 2024 Healthcare Central London Pan-Westminster PPG meeting and the themes captured from the feedback are listed below with the actions from the Project Team to ensure that these issues are resolved.

Key features of the service provision:

- Phase 1: Provide ‘Surge’ support for Practice call handlers whereby some calls are redirected to the central team when the waiting time to get through to the Practice exceeds a pre-agreed threshold
- Phase 2: Offer Practices pre-planned telephone support to allow them to have Practice meetings and training
- Phase 3: The central team to be able to take all calls for specific Same Day Appointment requests. We are awaiting the specification on this but envisage this being an option for non-complex patients. Within this, patients will have a choice as to whether they would like to be seen in the hub or wait for an appointment at their Practice

Areas of concern	Actions from Project Team
How will the service cope with the demand- high call volumes, especially during peak hours, which can lead to long wait times?	The current plan is for the centralised telephone support to act as an extra layer of resilience at a Practice, redirecting calls whilst allowing patients choice as to whether they would like to be redirected to the central team to reduce their wait time
How would the service manage and maintain adequate staffing levels to handle all incoming calls from Practices?	The central team consists of 25 Care Coordinators who are already working on behalf of Practices to complete agreed tasks on their behalf. We are currently upskilling these Care Coordinators and having them shadow Practice staff to be able handle calls on behalf of Practices. We will be regularly reviewing the data and getting feedback from colleagues to monitor the capacity of the team and ensure they are able to carry out the functions of their role.
How will the service support patients with hearing impairments or language barriers who may face difficulties communicating effectively over the phone?	Practices vary in the way that they support their patients with Language barriers in that some will have bi-lingual staff whereas others may try to communicate in English and others may use the translation service Silent Sounds. The central team will use Silent Sounds as would a Practice However, a Practice that we are supporting has bi-lingual staff and a diverse patient list. They prefer for non-English speaking patients not to be routed through the central team, which is something we have been able to facilitate using the Surgery Connect Cloud-Based Telephony System
“It is not one size fits all”. How will the service manage all of the different cultures and nuances at various Practices?	This is one of the challenges of centralised services, trying to arrive at a model that works for all Practices. We acknowledge that a ‘one hat fits all’ approach is less complicated to manage, but that exceptions will need to be made to ensure that the provision works for all Practices. This has already been experienced with non-English speaking patients as explained in the above response

<p>Discussing sensitive health information over the phone with a new service and unknown people can raise privacy and confidentiality concerns for patients. For example: a patient being worried about the confidentiality of their information or the possibility of others overhearing their conversations. How will the service guarantee that patients' privacy and confidentiality are respected, and how will patients be reassured of this?</p>	<p>Patients' medical records are accessed for care delivery only in the same way that this is managed at Practice level. The centralised team have all received training in data security and are aware of how confidentiality is imperative to our patients. Depending on the request made, the Care Coordinator handling your call may need to access your medical record, but this would be purely to ensure that you get the appropriate response to your request.</p> <p>Access to medical records is auditable allowing data controllers to see when a record has been accessed, who by and the duration. Should there be any concerns fed back, we will investigate and respond within the agreed timeframe.</p> <p>With the Phase 3 explained above whereby the centralised team can take all requests for non-complex same day appointments, patients will be given a choice as to whether they would like to be redirected to the central team to book a same day appointment.</p>
<p>What plans have been put in place for the service should it experience technical issues such as dropped calls, poor call quality, or system outages? These issues can disrupt communication and hinder patients' ability to access support.</p>	<p>Business continuity Plan?</p> <p>The centralised team offer another level of resilience for Practices, allowing them to redirect their calls should they experience technical disruptions at their practice i.e. If their lines or internet were down, they could redirect their calls to the central team who could take requests on their behalf until the disruption was resolved.</p> <p>Our centralised system can be delivered remotely should we experience connectivity issues on site, this could involve temporarily using space within a Practice or allowing members of the team to work from home until the issues are resolved.</p>
<p>As part of the service, patients may interact with different staff members each time they call the Practice, leading to a lack of continuity of care and difficulty in developing trust and rapport with their healthcare providers. What considerations have been given to this?</p>	<p>It is our intention to maintain 'continuity of care' as much as is possible and are currently looking at IT solutions that may be able to assist us in ensuring that only patients that are clinically appropriate are able to be routed through to the Same Day Access booking. Within this, patients will still have a choice as to whether they are redirected to the central team to book a Same Day Appointment or whether they prefer to wait for an appointment at their Practice.</p> <p>If a Practice has bad telephone access (could be caused by staff sickness, absence etc) then it is likely that a greater proportion of their calls are handled by the central team than the Practices that are fully staffed. Where we notice that Practices are experiencing difficulties, we will liaise with them to see what support the federation can provide in overcoming their issues.</p> <p>Our roll out model involves care coordinators each having up to x4 Practices that they are supporting, meaning that they will become more familiar with their allocated Practices ways of working, patients etc. The training they are currently going through also involves shadowing of the Practice-based team.</p>

<p>How will the service operate to ensure there are minimal errors to understanding communication over the phone leading to mistakes in appointment scheduling, medication instructions, or other important healthcare information? This can have negative consequences for patient care and safety.</p>	<p>In the same way that a Practice based receptionist could make an error, so could a centralised administrator. We acknowledge that mistakes can have negative consequences and therefore confirm the following</p> <ul style="list-style-type: none"> • The team is already familiar with General Practice and have expertise in GP Practice administration. • The team is overseen by a GP Clinical Lead and a Service Manager who has overall responsibility for service delivery, quality and safety. • Our overall governance involves investigating all complaints and incidents to ensure that they are resolved and that we learn from each episode.
<p>Implementation of this service may lead to patients' overreliance on phone support. What will be done to ensure other communication channels, such as in-person visits, secure messaging platforms, or telehealth services, which could better meet the needs of certain patients are not neglected?</p>	<p>Patients access GPs by presenting at their Practice, by calling or online</p> <p>Over the past two years, we have made significant improvements to Online Access with the use of PATCHS where we now receive approx. 9k monthly across all HCL member Practices (satisfaction score of 4.3/5). We believe that Online Access will continue to grow, freeing up capacity for patients that wish to contact their Practice by phone</p>
<p>The potential problems such as communication errors and others can contribute to decreased patient satisfaction with the GP practice. How will the service work to ensure patient satisfaction is maintained?</p>	<p>We send patient experience survey to all patients seen in our Same Day Access Hub, eHub (online consultations) and Enhanced Access service (evening and weekend appointments)</p> <p>We are currently reviewing the best way of collecting feedback from patients that are dealt with by the centralised telephone support function, this is currently via a short online survey.</p>
<p>Patient Choice Patients expressed concern that they would lose access to their Practice team, with more and more routine access functions being conducted by the central team.</p>	<p>We will work with each Practice to ensure that appropriate information about the centralised support is made available to their patients.</p> <p>The federation manages additional GP appointments at central locations across Westminster which patients can be booked in to by their Practice team. These are mostly used for Same Day appointments and to streamline the access to these appointments, we intend to develop a pathway whereby patients wanting to book into these appointments can choose to be redirected to the central booking function, freeing up time for Practice based receptionists.</p>