

Independent Review into the access issues at Solihull Healthcare Partnership

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Executive Summary

NHS Birmingham and Solihull Clinical Commissioning Group (BSOL CCG) have requested an independent review to understand the access issues at Solihull Healthcare Partnership, to be led by Dr Lucy Evriviades an Independent GP commissioned on behalf of the CCG. Lucy is a GP Partner at Chaddesley Corbett Surgery and Medicines Lead GP; NHS Hereford and Worcester Clinical Commissioning Group. Officer support is from Lisa Maxfield, Associate Director of Primary Care, NHS Birmingham and Solihull Clinical Commissioning Group, new to post in April 2021. Both parties have no previous knowledge of the prior issues, or any relationships with Solihull Healthcare Partnership, thus ensuring the integrity of the independent review.

Solihull Healthcare Partnership (SHP), is a grouping of seven practices serving 55,000 patients. SHP merged its management system to become one practice in 2019, consisting of 18 GP clinical partners and 140 members of staff working across the seven sites. In merging together, SHP developed one call centre for patients to access their care, which went live at the start of the Covid 19 pandemic in April 2020. The CCG has become increasingly aware of the concerns of patients and elected members, in accessing care by telephone. This independent review identifies recommendations and details the actions taken by both the CCG and SHP in addressing the situation.

The authors would like to thank all contributors who kindly agreed to be interviewed as part of the compilation of this report.

1.0 Background

1.1 Solihull Healthcare Partnership (SHP), is a grouping of seven practices serving 55,000 patients merged its management system to become one practice in 2019 consisting of 18 GP clinical partners and 140 members of staff working across the seven sites, the seven sites are: -

- Grove Surgery
- Shirley Medical Centre
- Monkspath Surgery
- The Jacey Practice
- Haslucks Green Medical Centre
- Blossomfield Surgery
- Dickens Heath Medical Centre

1.2 SHP merged their clinical systems and their GMS contract to have one ODS code in 2019 to become one large organisation. Their intention to have one call system that was redesigned for their 55,000 patients went live in April 2020.

1.3 On March 23 2020 as the Covid 19 pandemic took hold, the majority of general practices across the country moved to a total triage model to protect both their staff and patients. SHP moved to a total telephone/total triage model which involved segregating practices into red, amber, green and purple zones, as did all practices across NHS Birmingham and Solihull.

- Red zone – The CCG coordinated the provision of a centrally located red centre, provided and staffed from Badger out of hours provider. This COVID Referral Centre (CRC) was for patients with any medical issues that needed a face-to-face

appointment, and who may potentially have COVID symptoms. Any patients with these symptoms were referred to this site.

- Amber zone was held at Monkspath Surgery. This was for all sameday/face to face care and not to see any patients suspected of COVID-19 (temperature, respiratory symptoms, throat symptoms and acute GI symptoms). This zone was for essential face to face appointments that still need to take place.
- Green sites were SHP Grove, Haslucks, Jacey and Blossomfield sites which represented a patient-free area and used for digital/telephone consultations by clinicians.
- Purple zone was represented at Dickens Heath, where screening and immunisations could take place safely.
- Virtual zone clinical & non-clinical. This zone represented clinicians and administrative staff who were working from home but still managing patient care.

- 1.4 In September 2020 SHP redesigned their traditional receptionist role into a “Care Navigator” function. “Effective care navigation is important to providing coordinated person-centred care and support. Care navigation is an emerging idea in the UK, with a growing evidence demonstrating benefits for patients and carers. Care navigators can occupy many roles and play a crucial part in helping people get the right support, at the right time, to help manage a wide range of needs”. (source [Care navigation | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/care-navigation))
- 1.5 In redesigning their receptionist role into a Care Navigator function, SHP implemented a patient call centre. The call centre telephony system that was deployed was a CCG recommended system using Red Centric, as the GP call supplier. Five practices moved to Red Centric initially with another two waiting to join. All seven practices are now part of that system.
- 1.6 The CCG began to receive complaints from both elected members and patients during the summer of 2020, with comments stating patients were waiting on average 90 minutes to get through to the call centre.
- 1.7 The CCG arranged a number of meetings with the partnership at SHP and assurance was given that they were actively trying to resolve the issues and an action plan was provided by SHP. A joint meeting with the CCG, SHP and Councillor Sexton took place on 16 September 2020 to discuss concerns regarding telephone access and to seek assurances from SHP about how this would be addressed.

2.0 Outcomes from the initial meetings

- 2.1 An action plan was supplied by SHP to the CCG (Appendix 1).
- 2.2 It appeared that there was a reduced resource, to staff the call centre, due to covid restrictions, staff sickness, self-isolation and recruitment issues. Due to this issue, and to assist any vulnerable patients having difficulty accessing their GP, the CCG set up an informal process whereby if the CCG received any patient queries directly from patients or from MP’s/Councillors on behalf of their constituents, their contact details were emailed directly to the Practice Manager at SHP to request a call back to the patient as a matter of urgency.
- 2.3 **Table 1.** below shows that the CCG received a total of 127 calls from patients making complaints about the telephone access issues since July 2020. The table shows that the number of complaints has started to reduce since February 2021 and since deployment of the action plan in Appendix 1 and the communications set out in Appendix 2.

Table 1.

July 2020	0
August 2020	2
September 2020	41
October 2020	23
November 2020	20
December 2020	9
January 2021	18
February 2021	4
March 2021	3
April 2021	7

2.4 It was further identified that SHP needed to improve their communications to advise patients of alternatives to calling the practice (e.g. requesting repeat prescriptions via the SHP website). SHP further employed a communications manager to support this process. The role was appointed to include updating the webpage and sending information out to patients to keep them updated of the situation.

2.5 Outcomes following the initial intervention during the summer 2020.

2.6 Following the meeting on 16 September 2020, complaints continued to come into the CCG and SHP, as well as comments on social media. Patients and elected members were expressing their concerns that the situation was not improving.

2.7 SHP state that their call volumes have increased due to the covid vaccine demand. Data revealed that calls to the partnership increased from 25,824 in February to 39,075 in March 2021 - an increase of more than 50 per cent. (*source: SHP communications*)

3.0 Independent review commencing April 2021.

3.1 The CCG continues to receive concerns from elected members and members of the public that the situation outlined above has not improved. The CCG has instructed an independent review into the situation and this report details that independent review.

The CCG has asked Dr Lucy Evriviades and Lisa Maxfield, to conduct an independent review and investigate the situation.

An internal meeting took place within the CCG with the following officers who had been involved with the issues.

- Senior Primary Care Contracting & Commissioning Manager
- Senior Patient Experience Manager

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- Digital Project Manager

Meeting ascertained the background outlined in sections 1 and 2 and interventions so far by the CCG and SHP.

3.2 A review of the SHP website now shows that patients can undertake the following: -

- Book an appointment online.
- Book an online appointment using online consult.
- Order a repeat prescription.
- Register as a new patient online.

4.0 Interview with SHP

4.1 A meeting with SHP members in May 2021 with two GP partners and the Chief Executive identified their version of the events. SHP acknowledge that there were initial issues with the telephone call centre and that they have undertaken significant work to remedy the situation.

4.2 Patient participation and communications

4.3 Consolidation of a Patient Participation Group (PPG) is currently in place. Prior to the merger, five practices had a PPG. Monkspath Surgery still have a PPG in place., this operates outside of the newly formed SHP PPG. One patient has been put in place as the interim Chair of the SHP PPG until elections take place. The consolidation process continues. A draft Terms of Reference have been written and once all of the patients who have put themselves forward for the new PPG have been recruited to, meetings and consultation on these Terms of Reference will take place.

4.4 An experienced Communications Manager came into post in January 2021, to manage the communications directly to patients and to keep their website and all information, current and up to date. SHP are currently reviewing their communications plan and strategy, looking in detail how they can reach all of their patients, especially those not able to access digital platforms and the most vulnerable groups. They are working in collaboration with the CCG communications team to develop this work.

4.5 Call centre realignment

4.6 In reviewing their call centre processes, SHP have now split their service model into planned and unplanned care. Care Navigators are in place to answer urgent and on the day calls for unplanned care. Manning the call centre are 33 Care Navigators across Monday to Friday 8.00am – 18.30pm. 24 Care Navigators are WTE (full time), with the remaining nine working part time, most on 30 hours per week contracts. They have undertaken extensive demand and capacity modelling, utilising national tools produced by NHS England. They have now split their staffing model, based on this modelling activity and review of demand across the working week as follows: -

Monday 28% of staff on duty (highest demand identified in their modelling)

Tuesday 18% of staff on duty

Wednesday 18% staff on duty

Thursday 18% staff on duty

Friday 18% of staff on duty

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SHP have advised that they have Increased Care Navigator staff on shift on Mondays as their Call data shows increased demand on Monday mornings. The timings of staff shifts are staggered throughout the day and week – with increased demand on weekday mornings.

The shift patterns for staff are;

- 8am-2pm, 12.30 pm-6.30pm
- 8am-4pm, 10.30am-6.30pm – Full time

Appendix 3 identifies an example staff shift rota. The colours represent the surgeries and the rotas demonstrate where they have reviewed call data and reflected that with their Care Navigators. In reviewing Appendix 3, note SMC represents Care Navigators based at Shirley Medical Centre in the SHP Call Centre.

The General Administration team are also available to support at peak periods where demand is at its highest in the mornings. This is represented by Admin 1 and Admin 2 on the rota and typically covers 8am-9am.

SHP Managers also support at times where there is increased demand – typically 8am-9.30am and 4pm-6.30pm, this is detailed on the rota in Appendix 3.

Appendix 4 evidences an analysis of call volumes versus staff capacity. For example, a Monday in April prior to introducing the call options and Monday 17th May when SHP commenced the phone options.

- 4.7 SHP have undertaken significant reviews of their capacity and demand and are still recruiting Care Navigators to their organisation. Appendix 5 outlines the reviews they have undertaken in April and May 2021 to identify capacity and demand.
- 4.8 SHP are looking to reintroduce their extended hours contract, which was nationally suspended during the Covid 19 pandemic and to support the Covid 19 vaccination programme.
- 4.8 A team of staff have been put into place to proactively manage planned care and disease registers. They have a team that proactively call and recall patients who need a review of their care, this is to reduce calls to the call centre and proactively manage all patients care.
- 4.9 SHP have further put into place a centralised Medicines Management Team. This team directly manages all patient repeat requests for medication, which takes activity away from the call centre.
- 4.10 The call centre is set up with 50 phone lines. This means that 50 calls can be queued to be answered at any one time. There is an automated telephone system that tells the caller what number they are in the queue. If the patient is 51 and above in the queue the phone service informs the caller and then defaults to an engaged tone.

4.11 Face to Face appointments

Table 2 below shows the number of face to face appointments that SHP have continued to provide during the course of the pandemic. Whilst there is a reduction in face to face activity, this is due to the GP operating model changing to a total triage system across Birmingham and Solihull CCG.

Table 2.

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Month	Face-to-Face Appointment
11/2019	17712
12/2019	14352
01/2020	18411
02/2020	15742
03/2020	8964
04/2020	1632
05/2020	2345
06/2020	2827
07/2020	3523
08/2020	4531
09/2020	6200
10/2020	7155
11/2020	6547
12/2020	7120
01/2021	5809
02/2021	5674
03/2021	7828
04/2021	6616
05/2021	7301

In Summary, Face-to-face activity for the period 4th January 2021 to 28th May 2021, total: 29,714

SHP GP Workforce is shown below, however SHP employ a range of clinicians to manage face to face and virtual assessments with patients.

	Quantity	WTE
GP Partner	18	15.375
GP	15	11.5
Total SHP Doctors	33	26.875

5.0 Interview with the Interim PPG Chair for SHP.

5.1 Most GP practices now have a Patient Participation Group (PPG). From 1 April 2015, it is a requirement in the GP Contract for all practices to have a PPG.

The role of the PPG includes:

- being a critical friend to the practice;
- advising the practice on the patient perspective and providing insight into the responsiveness and quality of services;
- encouraging patients to take greater responsibility for their own and their family's health;
- carrying out research into the views of those who use the practice;
- organising health promotion events and improving health literacy;
- regular communication with the patient population. (*Source The patients Association*).

5.2 The interim PPG Chair, has kindly given consent for the information below to be added into the independent review.

5.3 PPGs merger

5.4 The Interim PPG Chair described her experience over the last two years since the practices came together in the SHP merger in 2019. She has been the Chair of the PPG at the Shirley site for two years and has now taken on the remit of interim PPG Chair, bringing together the five PPGs that were once in existence. Four of the PPGs have now merged and one remains in place, Monkspath PPG. She personally believes that the four PPGs that have come together have a good relationship with the SHP partners and were able to be open and transparent and challenge the partnership where necessary, acting as a critical friend. She believes PPG members are listened to and there is a collegiate relationship on behalf of all patients, except for the Monkspath PPG. The Interim PPG Chair states that the relationship with Monkspath PPG is not collegiate and despite being written to by the SHP partnership in May 2021, to advise that SHP only desire to have one PPG as a merged organisation, this PPG refuses to come together as one PPG. Four online meetings took place in the autumn of 2020 with members of Monkspath PPG and the four merged PPGs. The Chair of Monkspath PPG did not disseminate information to wider members of the PPG and they remain unable to fully merge and constitute the 5 PPGs together due to the lack of collaboration with Monkspath PPG. She describes this situation "as in limbo". Appendix 6 shows the draft Terms of Reference for the newly aligned SHP PPG.

5.5 The Interim PPG Chair describes the events leading up to the access issues as a "perfect storm". The merger of the practices, instigation of the call centre and coupled with the national pandemic led to this "perfect storm". The fact that General Practice had to change its operating model at the same time and that patients had difficulty getting through to the practice with the new call centre has compounded the situation.

5.6 The Interim PPG Chair states that Monkspath PPG are continually sending out newsletters actively encouraging patients to complain, she believes that given all the

circumstances leading to what she describes the perfect storm, that whilst patients should be complaining where necessary, patients should also be supporting the partnership. Appendix 7, 8 and 9 show the most recent newsletters and SHP does not contribute to or oversee these newsletters.

5.7 Feedback on SHP as a partnership

- 5.8 The Interim PPG Chair believes SHP have done significant work to rectify the access situation. However, she claims that they are not always quick enough to respond to issues and to pre-empt or manage patient expectations. Examples of this include a backlog of complaints that the partnership are managing, back dated to April 2021, communications not updated from 4th May on their website and updated action plans not actioned in time. She describes them as always being on the back foot and not proactive enough.

5.9 Social media

The Interim PPG Chair discussed at length the significant issues with the “Solihull Partnership-Patients” Facebook page, which is a private page unaffiliated with the practice itself, set up by a patient and in its representation displays the use of the NHS Logo. Patients and non-patients are able to join this group and believes using the NHS logo is a mis-representation of what this site offers.

This social media page has been set up by a patient who is the administrator and she believes the page is not adequately moderated and has become “toxic” and “poisonous”. She describes that there are individuals at the partnership named on this site, with often defamatory comments made by members of the site that are not regulated or moderated. She has spoken to SHP staff who have been extremely upset and stressed by comments made on the site.

- 5.10 She is very concerned that patient safety is at risk due to the many comments on the site and the perception it creates. She describes that there are frequent social media conversations about how much the partnership is earning in delivering differing vaccinations and that the perception it creates that the GPs only want patients to have vaccines to earn money and not in the best interests and wellbeing of patients.
- 5.11 There is also a perception created on the Facebook page that that the partnership has made staff cuts in its merger. She further believes that the site creates a perception that the Partnership is seen as continually making excuses and not seeing patients. She does not believe that either of these perceptions are true.

5.12 Engagement with patients

The Interim PPG Chair continues in her role as interim PPG to act as the voice for patients in a supportive capacity to the partnership with the four other PPGs that have come together. She remains committed to being an advocate for patients and a critical friend to the partnership.

- 5.13 The Interim PPG Chair described an online meeting that was held in February 2021 where patients were invited by an internet link and asked to post questions in advance. The meeting was chaired by the Chair of Monkspath PPG, and in attendance were, SHP Chief Executive and a GP partner. The meeting was poorly attended despite being publicised widely. The GP partner stated in the meeting that the intention was to have one PPG for SHP. The Interim PPG Chair meets with the

communications manager every two weeks to ensure timely and accurate information is being cascaded to patients.

6.0 Meeting with Healthwatch Solihull

- 6.1 As part of this review Healthwatch Solihull were approached to determine their role and experience with local patients. Healthwatch Solihull have been involved since summer 2020, when patients began to complain to them directly about issues with the call centre at SHP and being unable to access services at SHP. As a consequence Healthwatch Solihull have undertaken an investigation report (Appendix 10). The views and concerns of patients have been feedback to all of the six primary care networks (PCNs) in Solihull on 17 May 2021, which included SHP. An ongoing relationship continues with all PCNs and SHP and Healthwatch have been acting as a critical friend and support to SHP. Healthwatch have offered to go into the call centre at SHP and this was verbally agreed but to date has not been actioned.
- 6.2 Healthwatch Solihull stated that whilst the online system has been useful for some patients, some people have not been able to access services this way and it has been difficult to navigate. They also identify that communications to patients could be improved, as patients are concerned about confidentiality on line and that SHP could make their confidentiality pledge more explicit. They further identify a period of time early in 2021, when the online system malfunctioned and was not accessible; their recommendation would have been that SHP stated this on their phone message service to inform patients if this should happen again.
- 6.3 Healthwatch Solihull identify that they are also part of the Facebook social media group mentioned above, and expressed their concerns in relation to the negativity and statements that are being made by members of the public in this forum.
- 6.4 Healthwatch Solihull, have presented at the Solihull Health and Wellbeing Board about their intervention and support to try and assist patients.
- 6.5 Healthwatch Solihull further raised concerns about the lack of cohesiveness of the PPGs and that not having a robust PPG in place is a risk for patient advocacy.

7.0 Meeting with the Local Pharmaceutical Committee

- 7.1 As part of this review, a meeting was held with members of the Birmingham and Solihull Pharmaceutical Committee. They described that they only become involved when pharmacy contractors began to raise concerns. They describe that during the winter of 2020, there were significant concerns raised by patients to their pharmacy contractors about the access issues at SHP. Long waits were experienced on the phone in trying to get through to remedy professional pharmaceutical issues and they cited that this highlighted the risk for patient safety. There was not an exclusive phone line for professionals to speak to SHP staff to remedy patient prescriptions and this had an impact on local pharmacy contractors administering emergency medicines.

7.2 They can confirm that during 2021, the situation has improved significantly and describe the experiences of their contractors now as “almost back to normal”. However they recognise there are still concerns and angst amongst some patients and that this may take some time to resolve. The LPC stressed that they wish to continue to support SHP to make improvements for pharmacy contractors and patients.

8.0 Meeting with the Care Quality Commission (CQC)

8.1 As part of this review, a meeting was held with the CQC Inspector for Birmingham and Solihull. The CQC carried out an annual regulatory review of the individual GP practices that now form Solihull Healthcare Partnership just prior to their merger in September 2019 and found no concerns. The individual practices were rated Good and Outstanding by CQC.

8.2 The CQC describe that concerns were raised to them from circa 30 patients concerned about reduced access from August 2020 to present. When the concerns started to come in a decision was taken by CQC to undertake a monitoring call with the partnership, this took place in November 2020. The partnership were aware of the rising complaints and told CQC about actions they were putting in place including: recruitment of additional call handlers; the introduction on-line consult; intercoms placed at the individual practice locations so that patients could turn up to the practice and book appointments face to face; calling patients where possible to free the telephone lines for example, for flu vaccination appointments; and arranging checks on the telephone system to see if there were any issues. Over the next few months between December 2020 and March 2021 the number of complaints received by CQC fell and so it appeared that action taking was starting to have an effect. However, in April 2021 there was a spike in the number of complaints received and a meeting was arranged between the CQC and the registered Manager in May 2021.

8.3 At the meeting in May 2021 the CQC Registered Manager further described the actions the partnership had made to the call centre, increasing recruitment of call handlers further, changes to the online consultation service due to safety issues, assurance about sites being open and the telephone system working appropriately. The CQC were assured that the partnership was trying hard to remedy the situation and a decision not to undertake an inspection at this time was taken. The CQC continue to engage with the practice and a CQC inspection is likely to be undertaken within the near future. When CQC has engaged with the partnership they have found them to be engaging, transparent and honest about the access issues.

9.0 Call Comparison with other GP centres

9.1 As part of this review, a call wait comparison with other similar sized practices and their call centres on Monday 17 May 2021 was undertaken. **Table 2**, shows the calls received, calls answered and average wait time from 3 other practices, that have been anonymised.

9.2 Table 3

Sample A 40,000 patients	SHP 55,000 patients	Sample practice B 62,000 patients	Sample practice C 52,000 patients
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1700 calls received	1316 calls received	788 calls received	1427 calls received
970 answered	985 answered	Answered 712	1029 answered
Average answer time 5 minutes 30 seconds	Average answer time 9 minutes 19 seconds	Average answer time 6 minutes and 45	Average answer time 7 minutes 36 seconds

The rationale for the unanswered call difference between calls received and answered, is that those calls show as abandoned, due to either being unable to join the call queue at certain high demand times (which is set at maximum call queue capacity of 50 for SHP, based on patient and telecommunication consultant feedback) or the patient hung up the call.

9.3 The NHS does not appear to have any call handling standards that we were aware of at the time of writing this report, compared to the standards determined by private industry in the United Kingdom.

10.0 SHP mystery shopping exercise

10.1 A sample of calls were taken between 12pm on Wednesday 19 May 2021 and 12pm Friday 21 May 2021. The mystery shoppers were asked to record the following data:

- Date and time of call
- Number in queue at start of call
- Overall wait time (mins/secs)

The calls were made to the main SHP telephone line (0121 705 1105).

Upon dialling this number, the caller is faced with a number of options:

Line menu	Description
Option 1	COVID19 vaccination queries
Option 2	Repeat prescriptions
Option 3	Insurance and registrations
Option 4	Test results
Option 5	Appointments
Option 6	All other enquiries

10.2 For the purpose of the exercise, a mixture of these options were chosen. The results were as follows:

Shopper	Date	Time of call	Caller number at start	Overall wait time (mins.secs)	Option chosen
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1	19/05/2021	16:35:00	12	11.43	Opt 6
2	19/05/2021	17:12:00	8	6.55	Opt 5
1	19/05/2021	17:13:00	9	7.47	Opt 6
2	20/05/2021	08:45:00	10	8.25	Opt 5
1	20/05/2021	09:05:00	11	18.56	Opt 6
2	20/05/2021	09:49:00	14	8.57	Opt 5
2	20/05/2021	10:36:00	15	10.23	Opt 5
1	20/05/2021	12:54:00	6	2.54	Opt 6
1	20/05/2021	13:30:00	6	2.47	Opt 6
2	20/05/2021	15:30:00	10	7.35	Opt 5
1	20/05/2021	15:49:00	6	5.26	Opt 4
1	20/05/2021	15:56:00	0	0.27	Opt 1
2	20/05/2021	17:09:00	3	2.04	Opt 5
1	20/05/2021	18:15:00	8	9.47	Opt 5
2	21/05/2021	08:48:00	15	19.58	Opt 5
1	21/05/2021	09:15:00	-	-	Opt 3
1	21/05/2021	09:17:00	15	17.24	Opt 5
2	21/05/2021	09:46:00	14	11.11	Opt 5
2	21/05/2021	10:06:00	1	7.24	Opt 5
2	21/05/2021	10:44:00	10	19.11	Opt 5

10.3 This exercise confirms the difference in customer experience from calling at peak times. As expected, demand is higher early in the morning. The average wait time from this mystery shopper exercise was **9 minutes and 20 seconds**.

10.4 It is worth noting that it appears that option 5.2 takes the caller to the same queue as options 6 and 4.

11.0 SHP Call Centre Review

11.1 On Monday 21st May an officer of the BSOL CCG IT team attended SHPs Shirley site with officers from Red centric (SHP's telephony provider) including their Service Delivery Manager, their Account Manager and the Head of Collaborative Solutions.

11.2.1 Feedback from the meeting was that the meeting was well received. The meeting included: -

- A full review of the changes that SHP have been made as of 17th May 2021 to their call system and instigation of the 6 call areas.
- Identified the next steps, ongoing support required and new functionality available from the provider.
- An agreed action plan as detailed below: -
- Key changes made as of Monday 17th May 2021 continue to be monitored.

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- SHP have confirmed that waiting times for appointments has come down but highlighted that the prescription line has the most demand. They will implement a further breakdown of options for prescriptions into queries and requests to identify further where the demand is, for further action.
- They all agreed that the prescription line will cease to exist as of 21st June 2021, this will hopefully ease demand on the call centre. They will revert back to their normal prescription processes on line, in practice and for some patients who are clinically identified by phone. The CCG officer has requested a before and after picture of what has been implemented and the difference this has made and will continue to monitor the effectiveness of these changes.
- Red centric are going to continue to support them and monitoring their call centre activity, advising of any further configuration changes which could help manage demand.
- SHP continue with their recruitment drive, and upon attaining more staff will look to have one or two members solely focusing on returning any abandoned calls, from 2pm everyday as an example.
- They will be reviewing their call reporting license.
- SHP is already looking into clinical system integration, which will help with call times to screen patients and administration time after every call. SHP will be exploring to add a survey at the end of every call, to get validated feedback from their actual callers/patients. Red centric will work with them to set the parameters for this validated feedback.
They have further identified having a live chat function on their website, allowing patients to raise queries in real time with the practice to ascertain whether they need to be ringing the practice. This is not something Red centric currently provide but is possible and they will collaborate together to work through this action.

12.0 SHP as a GP provider and overall performance of the partnership

1211` The overall patient performance for the partnership is outlined below.

12.2 Immunisations and boosters' vaccinations

12.3 Regarding patient care activity and current achievement, SHP are achieving 96.29% for immunisations and 92.37% boosters (*Source; Open Exeter for January 2021*)

Flu Vaccinations: SHP performance: -

- 8th out of 161 practices for children aged 2yrs vaccinated with a flu vaccine,
- 15th out of 161 practices for children aged 3yrs vaccinated with a flu vaccine.
- Scored 94% of over 65s vaccinated.
- Ranked 18th out of 161 practices for patients aged 65 and over and those at high risk, for our flu practice performance figures.

12.4 Cancer care

12.5 Cancer care reviews are measured at 97% out of target 90% which SHP check daily and action through their planned care team.

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12.6 Depression reviews are at 87% against the target of 80% which SHP check daily and action through their planned care team.

12.7 Smears

12.8 Smears for over 50's years are 82%

12.9 Under age 50 is 74% (target is 80% for both and they are targeting the under 50's by actively running searches of patients due on a month-to-month basis and outstanding smears.

12.10 Screening

Breast screening population	6628
Breast screening undertaken	3297 (50%)
Breast screening declined /DNAd	2402 (36%)
Bowel screening population	8614
Bowel screening DONE	6312 (73%)
Bowel screening non responders & declined	1788 (21%)

12.11 Covid vaccinations delivery

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Over 80s

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	3580	120	183	2590	3460	3397	96.65%	94.89%	72.35%

75-79

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	2235	79	131	2143	2156	2104	96.47%	94.14%	95.88%

70-74

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	2871	131	192	2729	2740	2679	95.44%	93.31%	95.05%

65-69

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	2663	141	387	2432	2522	2276	94.71%	85.47%	91.33%

60-64

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	3266	245	2200	2644	3021	1066	92.50%	32.64%	80.96%

55-59

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	3750	393	2873	2532	3357	877	89.52%	23.39%	67.52%

50-54

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	3893	489	3104	2707	3404	789	87.44%	20.27%	69.54%

40-49

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	7776	1883	6479	5200	5893	1297	75.78%	16.68%	66.87%

30-39

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	7482	5312	6619	2599	2170	863	29.00%	11.53%	34.74%

18-29

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	6634	5223	6034	326	1411	600	21.27%	9.04%	4.91%

CEV

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	1483	72	191	1195	1411	1292	95.14%	87.12%	80.58%

CV

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	4815	600	3286	2000	4215	1529	87.54%	31.75%	41.54%

Carers

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No First Dose	No Second Dose	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	1035	165	628	766	870	407	84.06%	39.32%	74.01%

Others

Practice Code Merged	Vaccinating PCN	Partner Name	Postcode	Individuals	No Doses	Invited	First Dose	Second Dose	% First Dose	% Second Dose	% Invited/In div.
M89017	GPS Healthcare PCN & Solihull Healthcare Partnership	SOLIHULL HEALTHCARE PARTNERSHIP	B91 2AG	NA	NA	877	210	991	NA	NA	NA

13.0 Conclusion

13.1 The findings from this independent review identify that there were significant and widespread access issues for patients during the majority of 2020 and into the Spring of 2021. This was due to the instigation of a new call system and call centre, change

Independent Review into the access issues at Solihull Health Care Partnership

of the GP operating model for access to keep both patients and staff safe during the pandemic, coupled with the Covid 19 pandemic itself. The findings from this report show that SHP have made significant strides in trying to address the problems and concerns made from patients, carers and Healthwatch Solihull. The mystery shopper experience shows that call times have reduced, and the average wait time is nine minutes and twenty seconds, this correlates to the information SHP submitted of nine minutes and nineteen seconds. On the whole SHP is performing highly in its care to patients and no actions have been taken by CQC, as the regulatory body in relation to the access issues.

- 13.2 A review of the Call Centre on 21st May 2021 clearly shows that SHP are continuing to remedy access and call centre issues and have a forward action plan in place as detailed in section 11.
- 13.3 SHP have shown that they have been fully engaging, collaborative and willing to work with wider partners, patients and the CCG in order to improve the access issues.
- 13.4 There remains significant conflict with the patient group who determine themselves as SHP's Monkspath PPG, which needs to be resolved as soon as possible, so that the PPG can remain an advocate for patients and a critical friend to the partnership.
- 13.5 It is clear that reputational damage has been done to SHP, not only from the Solihull Healthcare Partnership – Patients Private Group Facebook page, but also concerns raised across partners and patients. This will take time to remedy and raise patient confidence in the service again.
- 13.6 The findings in this report identify that there were significant concerns about the access issues at SHP and show that the CCG itself recorded 127 complaints during 2020 and 2021. The majority of complaints were received in the Autumn and Winter of 2020. We recommend that the CCG review its processes to identify triggers for an independent investigation/review should this type of scenario occur within the future.
- 13.7 Following this independent review a set of recommendations are listed below.

14.0 Recommendations

- 14.1 An ongoing review of the call centre at SHP with Red Centric and CCG Officers needs to continue to ensure the actions are implemented and ongoing improvements are made.
- 14.2 An independent consultant to be brought in to review the social media that interviewees have cited as part of this report. In particular, the Solihull Healthcare Partnership Patients Private Facebook Page. Interviewees have raised concerns that the social media could be defamatory and is causing patient safety concerns.
- 14.3 SHP should set up a telephone line that is direct for professionals to seek advice so that it diverts any activity away from the main patient phone lines. This is to ensure quick access for professional to professional in the best interests of safety to the patient.

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- 14.5 SHP need to resolve the issues between their PPGs, an offer has been made from the CCG Communications and Engagement Team to act as a mediator between the patient group acting as Monkspath PPG and the official SHP PPG to resolve the issues.
- 14.6 SHP need to make sure they are pro-active in all their patient communications as to instil public confidence in their services.
- 14.7 Healthwatch will be undertaking their own mystery shopper exercise and have agreed to share their findings once complete. A correlation to the CCG mystery shopper findings, once received will be required.
- 14.8 The CCG needs to review its processes should concerns and complaints be raised and identify triggers that would spark an investigation or independent review
- 14.9 The CCG could work with GP call centre providers to work through a consistent set of call handling standards. Given the length of calls patients are waiting as detailed in section 10.

Appendix 1 SHP Letter to the CCG and Action Plan January 2021

29 January 2021

Dear Jason

In response to your request for updated information, please see the below the latest updates on our Call Centre data, Action Plan progress, and the continued actions and next steps in place to improve patient telephone access.

Call Centre Data:

During October and November 2020, the structure of the call centre was still a two-stage process for patients who were calling to make an appointment. The patient's call would first be picked up by a Call Handler who would sign-post the call to the appropriate team. Approximately 50% of the calls were from patients who wanted to book an appointment. These calls were then transferred to one of the Care Navigators, who would speak to the patient and manage their request.

The table below details the volume of incoming calls answered during October and November 2020 by the Call Handler and then the number of patients who were transferred to a Care Navigator:

Month	Number of answered incoming telephone calls per month	
	To Call Handler	To Care Navigator (booking appointment)
Oct-20	21462	10161
Nov-20	17465	7025

The telephone system that we use provides us with the activity data for the incoming calls received. The following table details the average waiting time to answer the call:

Month	Average wait time to answer hh:mm:ss
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Independent Review into the access issues at Solihull Health Care Partnership

	To Call Handler	To Care Navigator (booking appointment)	Potential total for those booking an appointment
Oct-20	00:08:57	00:27:21	00:36:18
Nov-20	00:11:58	00:37:12	00:49:10

During this time, we received a number of complaints about the waiting times for patients who were contacting the Call Centre. We acknowledged that the service patients were receiving wasn't acceptable and agreed internally that we would change the operational model of the call centre. We agreed to remove the two-stage process that we had in place (i.e., speaking to a Call Handler and then being transferred to a Care Navigator), and change the model to a combined Call Handler/Care Navigator role. This process was implemented in early December 2020.

As a result of the operational changes and recruitment of new staff into the SHP Call Centre, the waiting times for patients have been improved. We continue to manage Call Centre resource and increasing numbers of staff having to self-isolate due to positive COVID-19 tests.

The table below details the volume of incoming calls answered during December 2020 and January 2021*:

Month	Number of answered incoming telephone calls per month
Dec-20	13937
Jan-21	11933

The activity data for December 2020 and January 2021* is as follows:

Month	Average Wait time to answer hh:mm:ss
Dec-20	00:19:03
Jan-21	00:16:49

Independent Review into the access issues at Solihull Health Care Partnership

**Data from 1st January 2021 to the 22nd January 2021*

Call Centre Action Plan:

We continue to progress our Call Centre Action Plan. The following outlines our progress to date and further actions to continue to address the challenges with telephone access.

Activity:	Action:	Progress Update:
Call Transfer	Reconfiguring how the calls are transferred to Care Navigators	Task completed
Phone Audit	Meeting with Redcentric to do a complete audit of the phones	Task completed
Recruitment	Increase staff levels	Temporary/agency staff were employed to support whilst recruitment is taking place. New starters are imminent, and we are continuing to actively recruit
Training	Call Centre Training Programme	Introduced and in progress
Online Consult	Where possible and appropriate we are continuing to advise that patients use our online consult services for non-urgent queries, which supports freeing up the phone lines for elderly and vulnerable patients	Staff continue to manage online consult
Patient Access – Access Issues	Rectify access for patients who were having problems accessing Patient Access, a web site/app registered patient can use to order repeat prescriptions online	We continue to actively contact patients to resolve any access issues and then ensure they are set up with Patient Access
Patient Access - Promotion	Promote the use of Patient Access to those who aren't currently using it	Promotion ongoing, further communication planned across digital platforms
Reception Desk Access	To support vulnerable and hard to reach groups - Opening the front doors of SHP practices to offer patients an alternative way of making contact, for making appointments, prescription queries and general queries	All sites open except. Blossomfield Surgery – This is our 'Red Site'. Dickens Heath Medical Centre – Limited access
Patient Complaints	Working with local Stakeholders and Partners to answer patient complaints and comments	Ongoing
Communications Support	Working with local stakeholders and partners to support communications back to patients - e.g. via newsletter drops via the Councillor)	Ongoing
Face-to-Face Planned Care Appointments	Call and recall – Telephoning patients, to reduce demand on the Call Centre, and	Ongoing – e.g., Flu vaccinations, cervical screening, etc.

	to support vulnerable and hard to reach groups	
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We continue to operate in challenging times and in addition to the Call Centre Action Plan, we have been hosting the largest COVID-19 Vaccine site in Solihull since mid-December 2020. To date (16th December 2020 to 24th January 2021), we have administered 5,535 COVID-19 vaccines to SHP Patients, care homes and healthcare workers.

We continue to communicate to patients and provide regular updates on our web site and social media, alongside updated phone messages and on-site communication as relevant. In addition, we are in the process of reviewing our communication channels to ensure we are providing clear and relevant information to all patients.

We are committed as a team to delivering our plan and patient telephone access remains a top priority.

Yours sincerely,

Chief Executive

Solihull Healthcare Partnership

Appendix 2 Patient Communications



UPDATE TO REGISTERED PATIENTS (20/4/21)

The latest in a series of communications to keep registered SHP patients and stakeholders updated...

The COVID-19 pandemic has changed our lives in many ways, and this includes the way patients are able to access their general practice. We have seen a significant increase in registered patient telephone calls to SHP (51.3% increase in incoming telephone calls from February to March 2021), alongside an increase in patients requesting appointments and more telephone appointments being offered.

Did you know?

According to the [GP Patient Survey 2020](#), the majority of patients (76.3%) said they had booked an appointment over the phone in the past 12 months, and two in five had booked in person.

In England there has been a longstanding aim to harness digital technology to deliver health care – the [NHS Long Term Plan](#), however progress up until this year had been relatively slow. To address the increase in patient demand and increase in digital use, we introduced Online Consult in August 2020 to attempt to allow patients to request non-urgent assistance from the practice.

Unfortunately, Online Consult remains currently unavailable. We apologise for any inconvenience this may be causing and are working hard to reinstate this service as soon as possible.

There are many reasons for Online Consult currently being unavailable;

- **Online Consult is currently under review** as we have seen a recent increase in demand of the facility not being used for non-urgent clinical queries and to address patient issues and concerns, including access, data privacy and patient confidence. Therefore, we need to ensure it adheres to patient safety online and clinical governance. It is our intention to reinstate Online Consult, as soon as possible, for non-urgent clinical queries and once we have the governance structures in place to ensure it is safe to use. We plan to have this available from 4th May 2021.
- **9 out of 10 of our registered SHP patients contact us by telephone** – Following recent criticisms we have received from our registered SHP patients regarding call waiting times, which have justifiably been made, we have prioritised our focus on patients being able to access us through our telephone system. We have listened to our patients and redirected resource to address and support improving patient access for the majority of patients and telephone answering times. We have seen significant improvements to our recent call answering performance – for example, on Thursday 1st April 2021 we had an average inbound answer time of 21 minutes 17seconds and two weeks later on Thursday 15th April 2021 this had improved to an

average inbound answer time of 5 minutes 34 seconds - which forms the basis of our ambition to improve further.

- **Redeployment of resource** to ensure patients are able to access us face-to-face by visiting one of our surgeries to ask in person about booking an appointment, repeat prescription requests and for queries. A reminder the following sites are open, Monday to Friday, excluding Bank Holidays:
 - Shirley Medical Centre (9am-4pm)
 - Jacey Practice (9am-5pm)
 - Haslucks Green Surgery (9am-5pm)
 - Grove Surgery (9am-5pm)
 - Monkspath Surgery (9am-6.30pm)

Did you know?

We are working hard on our roadmap out of lockdown, of which we will be communicating full details to registered SHP patients shortly. However, we are now already seeing an increase in surgery face-to-face GP appointments, alongside GP telephone appointments, and are planning to open Dickens Heath Surgery in early May.

We understand our patient's frustrations, we are continuing to work hard on delivering care for our registered patients, finding solutions to the challenges of increased demand, and to improve our patient access and telephone answering times.

Contact us

A reminder, if you have any queries, concerns, comments, compliments or suggestions, please contact us directly via;

- Online – using our Patients Feedback page – [Have Your Say](#)
- In writing – Send to Solihull Healthcare Partnership Management, Shirley Medical Centre, 8 Union Road, Shirley, Solihull, West Midlands, B90 3DT, OR drop off at any one of our surgery sites
- Email – admin.shp@nhs.net – a reminder this email address is for non-clinical queries only.

We would like to thank our registered SHP patients for their continued support and patience.

Full details are also on the SHP web site - <https://solihullhealthcarepartnership.nhs.uk/latest-news/>

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Monday		8-8.30	8.30-9.0	9-9.30	9.30-10	10-10.30	10.30-11	11-11.30	11.30-12	12-12.30	12.30-1	1-1.30	1.30-2	2-2.30	2.30-3	3-3.30	3.30-4	4-4.30	4.30-5	5-5.30	5.30-6	6-6.30	
SMC	Location																						
BLOSSOMFIELD		phones				online & emails																	
MONKSPATH																							
MONKSPATH																							
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DICKENS HEATH																							
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MANAGER 1																							
MANAGER 2																							

Tuesday		8-8.30	8.30-9.0	9-9.30	9.30-10	10-10.30	10.30-11	11-11.30	11.30-12	12-12.30	12.30-1	1-1.30	1.30-2	2-2.30	2.30-3	3-3.30	3.30-4	4-4.30	4.30-5	5-5.30	5.30-6	6-6.30	
SMC	Location																						
MONKSPATH																							
SMC																							
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ADMIN 1																							
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Independent Review into the access issues at Solihull Health Care Partnership

Thursday	Location	8-8.30	8.30-9.0	9-9.30	9.30-10	10-10.30	10.30-11	11-11.30	11.30-12	12-12.30	12.30-1	1-1.30	1.30-2	2-2.30	2.30-3	3-3.30	3.30-4	4-4.30	4.30-5	5-5.30	5.30-6	6-6.30	
SMC																							
A/L																							
MONKSPATH																							
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JACEY																							
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GROVE																							
SMC																							
SMC																							
ADMIN 1																							
ADMIN 2																							
MANAGER 1																							
MANAGER 2																							

Friday	Location	8-8.30	8.30-9.0	9-9.30	9.30-10	10-10.30	10.30-11	11-11.30	11.30-12	12-12.30	12.30-1	1-1.30	1.30-2	2-2.30	2.30-3	3-3.30	3.30-4	4-4.30	4.30-5	5-5.30	5.30-6	6-6.30	
A/L																							
SMC																							
SMC																							
GROVE																							
SMC																							
DICKENS HEATH																							
JACEY																							
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HASLUCKS/SMC																							
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Appendix 4 Call Centre Volumes

Independent Review into the access issues at Solihull Health Care Partnership

Monday 26th April

****PRIOR TO NEW TELEPHONE OPTIONS IMPLEMENTED****

Interval	In Abnd		In Ans		In	Call Centre Staffing	Admin Team	Total Staffing	In Ans per staff (avg)	Avg Tlk	Avg In Ans
08:00:00 - 08:29:59	76.0%	530	24.0%	167	697	8	2	10	16.70	00:02:19	00:10:33
08:30:00 - 08:59:59	53.2%	92	46.8%	81	173	8	2	10	8.10	00:03:06	00:17:08
09:00:00 - 09:29:59	58.8%	87	41.2%	61	148	8		8	7.63	00:03:28	00:25:44
09:30:00 - 09:59:59	68.4%	91	31.6%	42	133	8		8	5.25	00:03:13	00:33:05
10:00:00 - 10:29:59	67.5%	83	32.5%	40	123	8		8	5.00	00:02:13	00:31:42
10:30:00 - 10:59:59	64.5%	71	35.5%	39	110	9		9	4.33	00:02:30	00:30:44
11:00:00 - 11:29:59	69.2%	83	30.8%	37	120	9		9	4.11	00:02:32	00:36:33
11:30:00 - 11:59:59	63.8%	67	36.2%	38	105	9		9	4.22	00:02:46	00:28:35
12:00:00 - 12:29:59	62.5%	65	37.5%	39	104	9		9	4.33	00:03:41	00:34:17
12:30:00 - 12:59:59	69.7%	69	30.3%	30	99	9		9	3.33	00:03:21	00:32:57
13:00:00 - 13:29:59	62.6%	72	37.4%	43	115	9		9	4.78	00:03:06	00:45:53
13:30:00 - 13:59:59	83.9%	94	16.1%	18	112	9		9	2.00	00:02:32	00:56:14
14:00:00 - 14:29:59	79.1%	91	20.9%	24	115	6		6	4.00	00:02:35	00:40:31
14:30:00 - 14:59:59	69.4%	77	30.6%	34	111	6		6	5.67	00:02:55	00:32:58
15:00:00 - 15:29:59	61.5%	48	38.5%	30	78	6		6	5.00	00:03:16	00:38:00
15:30:00 - 15:59:59	75.2%	76	24.8%	25	101	6		6	4.17	00:03:40	00:39:26
16:00:00 - 16:29:59	85.7%	120	14.3%	20	140	4		4	5.00	00:05:45	00:21:53
16:30:00 - 16:59:59	68.6%	72	31.4%	33	105	4		4	8.25	00:04:20	00:30:45
17:00:00 - 17:29:59	88.2%	135	11.8%	18	153	4		4	4.50	00:03:08	00:28:48
17:30:00 - 17:59:59	76.1%	54	23.9%	17	71	4		4	4.25	00:02:18	00:16:10
18:00:00 - 18:29:59	34.8%	8	65.2%	15	23	4		4	3.75	00:02:32	00:07:40
	71.0%	2085	29.0%	851	2936					00:03:06	00:30:27

This shows all calls inbound, answered and abandoned, against actual staffing levels. This is where Care Navigators were taking all calls, prior to options being put in place

The 'Admin Team' are our flexible staff options which are implemented in instances of high call volumes

Monday 24th May

****AFTER NEW TELEPHONE OPTIONS IMPLEMENTED****

Interval	In Abnd		In Ans		In	Call Centre Staffing	Admin Team	Total Staffing	In Ans per staff (avg)	Avg Tlk	Avg In Ans Time
08:00:00 -	74.7%	398	25.3%	135	533	11	2	13	10.38	00:02:36	00:11:31
08:30:00 -	27.7%	31	72.3%	81	112	11	2	13	6.23	00:03:17	00:16:22
09:00:00 -	45.7%	48	54.3%	57	105	11		11	5.18	00:03:13	00:21:59
09:30:00 -	45.1%	37	54.9%	45	82	11		11	4.09	00:02:52	00:21:05
10:00:00 -	43.5%	40	56.5%	52	92	11		11	4.73	00:03:01	00:19:17
10:30:00 -	38.4%	33	61.6%	53	86	11		11	4.82	00:02:55	00:11:12
11:00:00 -	12.1%	7	87.9%	51	58	11		11	4.64	00:02:31	00:04:48
11:30:00 -	16.2%	11	83.8%	57	68	11		11	5.18	00:02:48	00:07:10
12:00:00 -	22.1%	17	77.9%	60	77	11		11	5.45	00:02:46	00:06:50
12:30:00 -	9.5%	6	90.5%	57	63	11		11	5.18	00:03:10	00:03:33
13:00:00 -	7.3%	4	92.7%	51	55	11		11	4.64	00:02:25	00:01:07
13:30:00 -	6.8%	4	93.2%	55	59	11		11	5.00	00:02:38	00:01:44
14:00:00 -	8.5%	5	91.5%	54	59	11		11	4.91	00:02:38	00:02:54
14:30:00 -	6.7%	3	93.3%	42	45	11		11	3.82	00:02:31	00:01:13
15:00:00 -	17.5%	7	82.5%	33	40	8		8	4.13	00:02:32	00:09:37
15:30:00 -	29.4%	20	69.1%	47	68	8		8	5.88	00:02:38	00:11:20
16:00:00 -	29.1%	16	70.9%	39	55	6		6	6.50	00:03:06	00:08:31
16:30:00 -	7.7%	3	92.3%	36	39	6		6	6.00	00:02:44	00:04:56
17:00:00 -	6.3%	2	93.8%	30	32	6		6	5.00	00:02:59	00:03:10
17:30:00 -	15.2%	5	84.8%	28	33	6		6	4.67	00:02:19	00:06:25
18:00:00 -	0.0%	0	100.0%	14	14	6		6	2.33	00:01:51	00:01:09
	39.3%	697	60.7%	1077	1775					00:02:44	00:08:23

This shows all calls inbound, answered and abandoned, against actual staffing levels.

With the new options implemented, this spreadsheet only shows calls answered by the Appointments Team (Care Navigators) as the other calls are filtered off to the appropriate team

The 'Admin Team' are our flexible staff options which are implemented in instances of high call volumes

Appendix 5 Capacity and Demand Review

Context to Monday 26th April and Monday 24th May Statistics

<p>Monday 26th April was chosen as a representative week where the call centre was taking ALL calls into the organisation. This includes calls for appointments, prescriptions, planned care review appointments, COVID vaccination queries, test results, and registration and referral queries</p>
<p>Options were added to the phone lines, enabling patients to be transferred directly to the correct team - i.e., option 1 COVID vaccination queries, option 2 prescriptions, option 3 insurance, registration and referral queries, option 4 test results (goes to the call centre), option 5 appointments (split between planned care reviews (going to call / recall team) and all other appointments (going to the call centre), and option 6 for all other queries (going to the call centre)</p>
<p>Monday 24th May statistics were gathered on the second Monday of the new call flow options - there is an increased capacity within the call centre as additional Care Navigators have been recruited. Recruitment is ongoing as capacity still needs to be increased. All other calls from options 1, 2, 3 and the planned care review element of appointments were all transferred to other teams, leaving the call centre to manage more appropriate calls</p>
<p>Both spreadsheets detail the total number of inbound calls, those answered and those abandoned. We have also looked at the number of staff on duty and the average calls per member of staff.</p>
<p>The level of abandoned calls has reduced from an average of 71% on 26th April to 39% on 24th May. Capacity still needs to be increased in order to reduce further the waiting times and the level of abandoned calls.</p>
<p>Recruitment is ongoing and the increased capacity can be seen from 26th April to 24th May. In order to reduce the waiting times, further Care Navigators are required so recruitment is ongoing. A training programme is also in place with an external provider</p>
<p>After further analysis, the area of concern is the waiting times for option 2, prescriptions. An action plan is in place as follows:</p> <ul style="list-style-type: none">i) split out the options so patients can choose either prescription queries or repeat prescription requests.ii) if the majority of calls relate to queries, additional capacity will be required within the medicines management team.iii) if the majority of calls relate to prescription requests - the plan will be to cease patients requesting prescriptions over the telephone (except those already agreed to do so) and revert back to pre-COVID arrangements (in person at each site or online)iv) promoting digital access to services will also be part of this review (Patient Access and NHS App)

Appendix 6 Draft PPG Terms of Reference



Interim Terms of Reference Solihull Healthcare Partnership (SHP) (SHP Virtual Patient Group May 2021)

Rationale

The delivery of general practice is evolving under new NHS long term planning and SHP continues to face a variety of challenging government objectives and priorities, which are continually changing.

As healthcare is being brought closer to the patient, SHP is being required to 'deliver' more each year. It is vitally important that all resources, including registered patients, are used wisely, demonstrating that the patient perspective is valued and respected.

This group aims to develop a shared understanding of the context of our local health and care needs and how we can support healthcare professionals at SHP in identifying need and promoting support, advice and information about services and access to these.

As a single and unified Patient Group from seven* legacy sites, it is important that there is representation and involvement from the patients historically linked to these sites to ensure equality and equity in our partnership with SHP.

This guidance is suggested as a first step and serves to reassure prospective members of the group of our ethos and ambitions. As the group grows we can together agree how SHP PPG is to grow and develop.

Purpose

To provide a forum to work with SHP on a variety of areas that impact upon patient services, wellbeing and safety including such issues as:

- Providing a patient perspective from lived, practical experiences
- Improving communication between patients and the Partnership
- Acting as a sounding board for forward planning and communications and access strategies
- Considering service suggestions which could benefit groups of patients or individuals by giving a clear voice to patients as partners in their own health, care and wellbeing
- Assisting in evaluating and prioritising demands on resources
- Determining responses to patient satisfaction questionnaires and shaping suitable action plans with staff to address patient concerns
- Considering specific operational issues as raised from time to time
- Acting as a forum to discuss complaint trends with staff in order to seek improvements or determine appropriate courses of action
- Acting as patient support for specific patient and community events

Membership and Structure

To be discussed and agreed when the single PPG has recruited patients who can join meetings to re-draft these ToR and develop focus groups to take ownership of future activities.

Activity/Activities

To be agreed once new mailing list in operation and focus groups are agreed.

Communications (updates, bulletins)

By email shp.ppg@nhs.net

*Blossomfield, Grove and Shirley Medical Centre (legacy Bernays and Whitehouse); Haslucks Green, Jacey (Northbrook and Dickens Heath) and Monkspath

Patient Voice



April 2021

Monkspath Patient Participation Group

Email: monkspathppg@hotmail.com

Chris Doolan, well-known local pharmacist, to speak at our next Open Meeting

All patients, registered at Monkspath Surgery, are very welcome to join us at our next meeting. The meeting will be held by zoom at 7.30pm on Tuesday 27 April 2021.

You are asked to register in advance—see below.

Chris will be looking at the recent challenges faced by community pharmacies. This will include how they have been generally affected by Covid-19 and the adjustments they have had to make. In addition, Chris will look at challenges on the horizon. Rumours abound about the impact that integration with primary

care might have on the future of community pharmacies.



ONLINE SURVEY

We are asking you to complete a quick and anonymous online survey.

It focusses on two issues and asks for your experiences of:

- Making a complaint to SHP
- Difficulties in obtaining repeat prescriptions.

[COMPLETE THE SURVEY HERE](#)

YOUR IDEAS

Several patients have told us that they have ideas about how SHP might improve access and services or have professional experience that might be useful to SHP. If that applies to you, please let us know via the Email address.

SHP OPEN MEETING

Date for your diary – SHP is organising an online event with SHP Chairman, Dr Lupoli, and the Chief Executive Officer, Steve New on 15th June 2021. More details to follow.

A BIT MORE ABOUT CHRIS

Since gaining her BSc degree in Pharmacy from the University of Aston in Birmingham in 1981, Christine has worked as a community pharmacist throughout the West Midlands region both in an employed and a self-employed capacity. Between 2001 and 2007 she was the Managing Director of a chain of retail pharmacies based in Birmingham. For the last 13 years she has been employed as the manager of the pharmacy in Monkspath.

In addition to her work Christine has sat as a magistrate on the Birmingham Bench for 27 years. In 2009 she completed an MSc degree in Human Resource Management and Business at the Aston Business School. She is a member of the General Pharmaceutical Council and the Royal Pharmaceutical Society.

Having recently moved from Birmingham to Lapworth, in her spare time, she is currently enjoying discovering her new surroundings and furnishing her new home.

7.30pm, Tuesday, 27 April, 2021

ALL MONKSPATH PATIENTS WELCOME

[CLICK HERE TO REGISTER](#)

Patient Voice



March 2021

Monkspath Patient Participation Group
Email: monkspathppg@hotmail.com

FRONTLINE VOLUNTEERS
A Very Big Thank You!



Volunteers continue to play an important role. On the weekend of 13/14 February we were asked to provide 'marshalls' to direct people from one marquee to another. Your response was magnificent and we quickly had plenty of volunteers. With you telling us that you enjoyed the experience and would happily do it again. Our thanks go to each and everyone of you!

FUTURE MEETINGS-
Let Us Have Your Ideas!

Want to know more about the treatment of a particular illness? Has Covid-19 changed the NHS for all time? Why is Government planning yet another NHS reorganisation? How do we make sure the patient voice is heard – now that we are just part of a much larger Solihull Healthcare Partnership? Send us your ideas for future topics.

MPPG STEERING GROUP-
New Members Needed!

We have two vacancies and are particularly keen to see more women and young people join the Steering Group. If you are interested, please contact us.

Latest News

A useful source of information is the 'latest news' section on the Website. It changes regularly and so it is worth checking.
<https://solihullhealthcarepartnership.nhs.uk/latest-news/>

Dr Lupoli In The Spotlight

On 9 February 2021, we hosted our first public meeting on Zoom, with Dr Lupoli (SHP Chairman) and Steve New (SHP CEO) answering questions that had been submitted before and during the meeting. Please find a brief summary of the meeting below.

The topics covered by a wide range of questions asked:

- Q1-2 Problems with the telephone system
- Q3 Practice staffing levels
- Q4 Lack of face-to-face appointments and a misdiagnosis
- Q6-8 Have patient needs been neglected
- Q9-11 Issues with the online Patient Access
- Q12 Contact & communications with registered patients
- Q13 Minor Surgery at Monkspath
- Q14-15 Using the nearest surgery
- Q16-19 Contact with those not using the Web
- Q19 Forthcoming changes to primary care
- Q20 Staff leaving Monkspath.

My two key takeaways:

- 1) Given the performance of SHP's call centre was the subject of much criticism in 2020, it is disappointing that it's still a significant issue for many patients. A month ago the average waiting time, on the busiest day Monday, was twelve minutes.
- 2) SHP must balance the demands posed by COVID, not just the vaccination programme, so a number of patients are assessed at less risk so an appointment or assistance will be delayed. Alongside more telephone / online contact with medical staff.

We learnt a lot from the meeting. Next time we will endeavour to ensure supplementary questions are put and the meeting will be audio recorded. We will continue to respect privacy, so some questioners can remain anonymous, if they so wish. We are pleased that Dr Lupoli answered some challenging questions and has stated he would be happy to return to a future meeting. In the meantime, who would you like us to invite to our next Zoom meeting? What issues would you want us to feature? Please tell us your suggestions. Email: monkspathppg@hotmail.com

David Page, Interim Chair, Monkspath PPG



Patient Voice



June 2021

Monkspath Patient Participation Group

Contact us by Email: monkspathppg@hotmail.com



Cllr Karen Grinsell
Chair, Solihull Health & Wellbeing Board

SHP—Subject To More Scrutiny!

On the 20 May MPPG provided a deputation, by letter, to the Solihull Health and Wellbeing Board (H&WB). The presentation and responses can be found [HERE](#) and lasts for 7 minutes.

The MPPG presentation refers to longstanding systemic failure in a number of areas; including around the telephone system and access to face to face interviews.

The last year, has seen these concerns appearing on the agenda of several bodies: Clinical Commissioning Group; Healthwatch, Adult Social Care & Health Scrutiny Board and the H&WB itself. Members of Parliament and local Councillors have also received casework from constituents on a regular basis. Sometimes it feels that SHP is a 'hot potato' that no one is prepared to tackle effectively. The next H&WB Board will discuss this in detail on 15th June and more details will be in the next newsletter.

SHP TELEPHONY

-Improvements at last?

Failings with the SHP telephone system have been a persistent problem from the very first day of the establishment of SHP.

This has caused immense agony and distress amongst patients. Early in the new year, we became aware of a local NHS-authorized telephony expert who was very willing, at no cost, to review the SHP system.

Consequently, we immediately emailed the SHP Operations & Governance Manager providing the contact details, hoping to see the offer being welcomed and early improvements to the system being implemented. Unfortunately SHP's failure in communications is not limited just to telephony and we were not even given the courtesy of a reply!

Five months later, in May 2021, SHP report that they had a 'telephone system consultant' review the system. Many will say 'Better late than never' and it will be interesting to hear from patients about the degree to which waiting times have gone down and whether or not the system is user friendly.

NEWS ITEMS

SOLIHULL FIRST ADVOCACY

For those that need it this body can provide an advocacy service to support you in making complaints. This can include anything from proof reading letters through to detailed support in serious case. Please see:

www.solihullfirstadvocacy.com/

DEDICATED LINE FOR HEALTH PROFESSIONALS

It will come as a surprise to many of you to hear that when health staff need to speak to SHP that they have to join the same queues as the rest of us. This is an inefficient use of staff time and not in patients' best interest. We have written to SHP calling for a dedicated SHP phone line for staff in hospitals, pharmacies, local charities etc.

BIG IS NOT ALWAYS BEAUTIFUL!

There is much in the national media suggesting that access to face to face appointments is harder in the largest practices. More research will tell. That is increasingly becoming evident is that

large practices are leading to more and more services only being available from one of the original surgeries.

This can have a negative impact on patients, particularly on the elderly, where being directed to more distant surgeries can be disorientating and also costly. We call on SHP to take this issue seriously and certainly encourage patients to use RVS volunteer drivers.

NEXT MEETINGS

This month we will be hosting two open meetings and have invited local elected representatives. Please put these in your diaries. More details to follow.

7PM TUESDAY 22 JUNE 2021



Meeting with Councillors Karen Grinsell (Chair) and Rosemary Sexton from Solihull Health and Wellbeing Board



7PM TUESDAY 29 JUNE 2021

Meeting with Julian Knight and Saqib Bhatti our two local Members Of Parliament.



Independent Review into the access issues at Solihull Health Care Partnership

Appendix 10 Healthwatch Solihull GP Access Report

Provided as a PDF