

Solihull Healthcare Partnership Patient Event: Summary (15/6/21)

WELCOME...

Good evening and welcome to everyone that has joined us this evening for our Patient Event. This is just the first of many events to communicate with and update patients on what's happening at Solihull Healthcare Partnership and to provide useful information to registered patients. Whilst this event is online and focuses on patient feedback, in future we plan to have further events including online and face-to-face events (COVID-19 restrictions permitting), podcasts and new technologies, with focuses on key themes and current topics such as mental health and wellbeing, long-COVID, and health inequalities and accessibility for all.

My name is Cathy Harrison, Communications Officer for Solihull Healthcare Partnership, and I would just like to cover a few housekeeping points. We will be issuing as a summary on our web site, along with answers to specific questions asked by yourselves attending and our wider patient's feedback, following this event.

As we have a high volume of questions that we are asked frequently, in addition to the questions asked by you the attendees, and to ensure we are able to answer as many as possible (and still finish by 8pm), we have taken the approach for this evening to group the questions together into themes and areas.

To confirm, a number of the Clinical and Management team from SHP will be speaking this evening, and we are pleased to be joined by Lisa Maxfield, Associate Director for Primary Care for Birmingham and Solihull Clinical Commissioning Group.

So firstly, I would like to introduce Dr Lupoli, Chairman for SHP, to provide an introduction

Welcome to what is hoped to be the first of several patient engagement events.

First can I start by introducing you to this evening's panel? We have Dr Bilal Patel, Dr Nish Patel and Dr Sunil Kotecha who, along with me, are SHP board members.

We also have;

- Steve New, our Chief Executive Officer,
- Mandy Holmes our Operations and Governance Manager and
- Rupesh Thakkar, our Chief Clinical Pharmacist

You have already met Cathy Harrison, our Communication Officer, and finally we had Ed Turner who will be managing the IT.

We asked for questions to be put and unsurprisingly we have had many. These questions are broad and varied but they all fall into three or four themes, and it is those themes that will be addressed here tonight. The individual questions will all be published on our website with the responses later this week.

General Practice is the cornerstone of the NHS but has been under increasing pressure over the last 10-15 years.

Although the population has grown, the number of whole-time equivalent GPs has fallen and continues to do so. In the 90s, there nearly 35,000 GPs. In 2015 there were just under 29K and there was commitment made by the government that by 2020, an additional 5000 would be recruited by 2020. This year the number of whole time equivalent GPs is just under 27K – 2000 less than where we were in 2015 with 1 in 3 GP training places vacant.

That equates to half a GP for every 1000 patients where in comparable nations, the average is three and a half GPs per 1000 patients.

Furthermore, to add to the workforce pressures 1 in 5 GPs are over 55 and plan to retire in the next 5 years.

The solution that has been arrived at by the centre is the provision of additional roles into GP. These are other healthcare professionals other than doctors who will support the delivery of care in GP and we speak more of these additional roles later.

Funding for primary care as a proportion of the total funding of the NHS has also fallen in the last 15 years. In 2007, primary care accounted for 11% of all spending but now that is 7%. All this despite 90% of all NHS contacts taking place in primary care.

In addition, we are faced with an aging population and with age comes increasing complexity in managing the impact of the interaction of multiple co-morbidities. It is predicted that in the next 5 years the number of over 75s will increase by a third. Add into the mix the increase in prevalence in conditions such as diabetes and mental health issues, the ambition to increase access via digital technology, and the impact of the pandemic with a back log of chronic disease management and the delivery of the vast majority of the vaccine program, the demand on general practice has escalated. Putting that into figures, March this year saw five million more consultations take place than in the previous month and three million more consultations than in corresponding month of 2019.

It is this triumvirate of challenges of

- THE FUNDING DEFECIT
- WORKFORCE SHORTAGES &
- INCREASED DEMAND

that led to the formation of Solihull Healthcare Partnership in 2018 where these burdens can be shared, where the limited resources can be best utilised and to protect the delivery of primary care to our patients.

However, what is clear is that the traditional model of delivery of primary cannot continue under these pressures. A new model of care has to evolve to meet these challenges.

We need to ensure that all patients' needs are met by a multi-disciplinary work force, and that those with the greatest and most urgent needs are recognised and prioritised. The plans that were put together in October 2019, when the NHS recognised SHP as a single and new organisation, permanently replacing the legacy organisations, were working to a two to three year transition. However, the pandemic intervened and has accelerated that process.

This in turn has raised anxieties, concerns and complaints many of which may have been mitigated if we had been more engaged in the communication process from the outset. As a consequence of these concerns, there has been independent investigation of SHP undertake by Birmingham and Solihull Clinical Commissioning Group (CCG) that was initially presented the Solihull Council's Health and Wellbeing Board this afternoon. We want to take this opportunity to update those of you who

were not aware of the review and we have Lisa Maxfield, the Associate Director for Primary Care at Birmingham and Solihull CCG and the author of that report, to present it to you.

Thank you Dr Lupoli... I would now like to introduce Steve New, CEO, to provide an update on SHP and to answer questions such as why can't we go back to being a single practice?

I'll start with a recap on who we are and go on to discuss why we merged to form SHP and what the advantages are to patients now that we are a Primary Care Network.

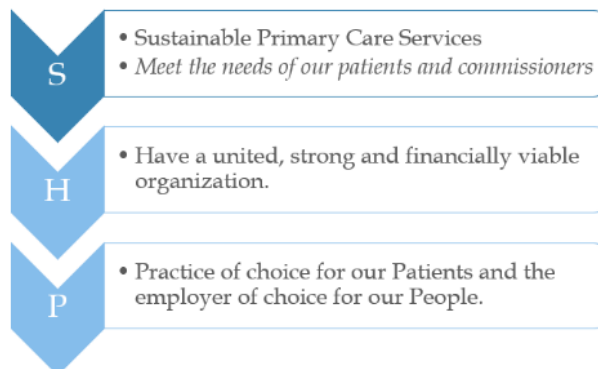


Who are we?

- SHP single PCN**
55,000 patients
1 GMS Contract
- 18 GP Partners**
140 staff
including another 15 GPs
- 7 sites within Solihull and Shirley, West Midlands**
- ETTF project:** To create the SHP Contact Centre & Acute Care Hub at Shirley Medical Centre

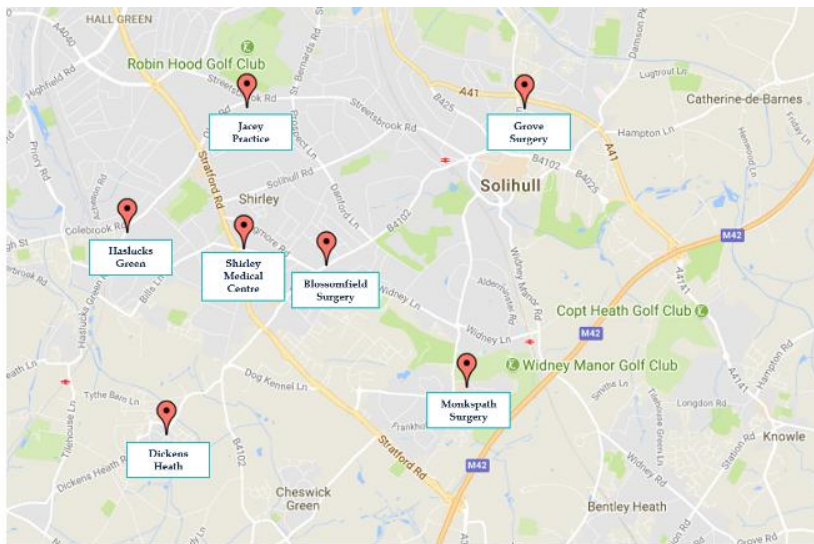
SHP is now one large GP provider that is a single practice Primary Care Network. We have 55,000 registered patients that we provide primary care services to and we deliver these services from our seven GP Surgery sites. In 2019 we started an ETTF project which is NHS England's Estates and Technology Transformation Fund. We used this to redevelop and extend our Shirley Medical Centre building to create the SHP central Contact Centre for incoming telephone calls and also the Acute Care Hub for managing the same day and more urgent needs of our registered patients. SHP is led by 18 GP Partners and has a team of 140 staff that includes another 15 GPs so as a patient of SHP you have access to 33 GPs in total along with a large team of Healthcare Professionals.

SHP Mission Statement



Our aim is to meet the growing needs and expectations of our patients; without losing continuity of care, and we work together to find new and innovative solutions that will provide high quality, excellent care for all.

Our mission is to be the GP Practice of choice of our Patients and the Employer of choice of our staff.



Solihull Healthcare Partnership

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

Our seven GP Surgery buildings are shown here on the map and together they form the network of practices that form SHP. We deliver GP led Primary Care Services to patients who live within our practice boundary which is shown on the next slide.



If you live within our practice boundary you are eligible to be registered as a patient of SHP.

SHP
Primary Care Network (PCN)



- Provide a resilient service for registered patients
- Widen the skill mix in General Practice
- Extended team of Healthcare Professionals:
 - Clinical Pharmacist
 - Social Prescriber Link Worker
 - First Contact Physiotherapist
 - Physician Associate
 - Trainee Nurse Associate
 - Pharmacy Technician
 - Paramedic
 - Mental Health Practitioner

Primary Care Networks, PCNs, were introduced by NHS England in 2019 and all GP Practices are now required to be part of a PCN. The aim of the PCN is to widen the skills mix in General Practice and employ a variety of health professionals creating a multi-disciplinary healthcare team and enable patients to see the healthcare professional that best meets their immediate needs.

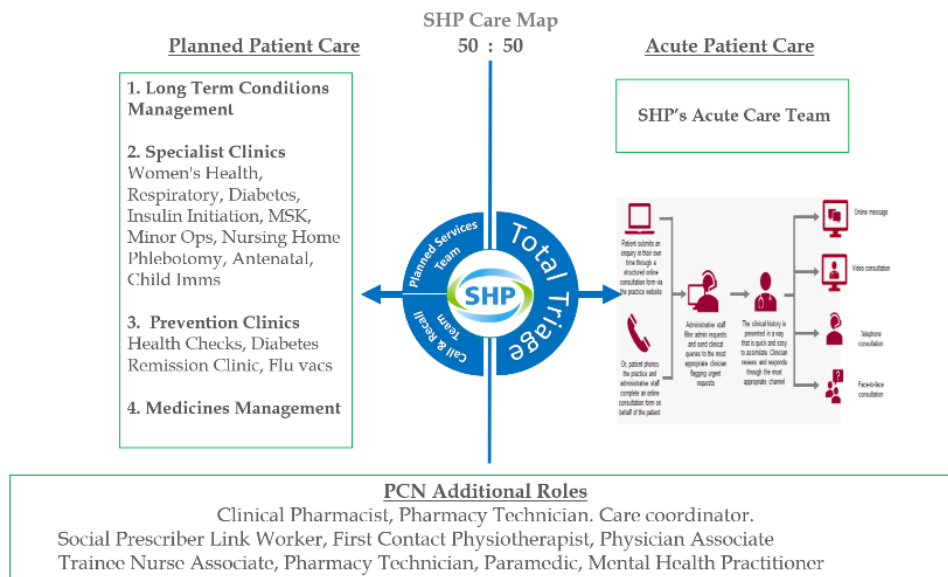
The Extended Healthcare team at SHP now includes:

- Clinical Pharmacist
- Social Prescriber Link Worker
- First Contact Physiotherapist
- Physician Associate
- Trainee Nurse Associate
- Pharmacy Technician

And, we are in the process of recruiting a Paramedic and a Mental Health Practitioner.

We'll hear later from Rupesh Thakkar who leads the SHP Clinical Pharmacist and Medicines Management Team, but I want to give an example of how merging and forming the SHP Primary Care Network benefits our registered patients using the example of our SHP Physiotherapist.

If we were still 7 separate independent GP Practices we wouldn't have seven Physiotherapists. It would be a lottery as to whether or not your practice had a Physio on hand if you had an acute need for an appointment with one. But as a PCN with a central Contact Centre housing trained Care Navigators, you will be booked in with the central SHP First Contact Physio service irrespective of which is your usual GP Practice site.



At SHP PCN we plan for the delivery of healthcare services across our network of sites by dividing services into two. Those that are needed for the Acute, more Urgent Care needs of our patients and those that meet your more Planned Care needs such as annual reviews of patients with long term conditions and specialist clinics such as Child Immunisations and Minor Operations for example and these will be discussed further by our next speakers.

Our Acute Primary care services are managed through our central SHP Contact Centre at Shirley Medical Centre and mean that we can provide you with urgent, usually same day care which accounts for about half of the SHP patient appointment capacity.

The other half of our appointments are for our Planned Care services where the priorities are continuity of care and making sure that you are seen by the appropriate healthcare professional with the knowledge, skills and experience you need.

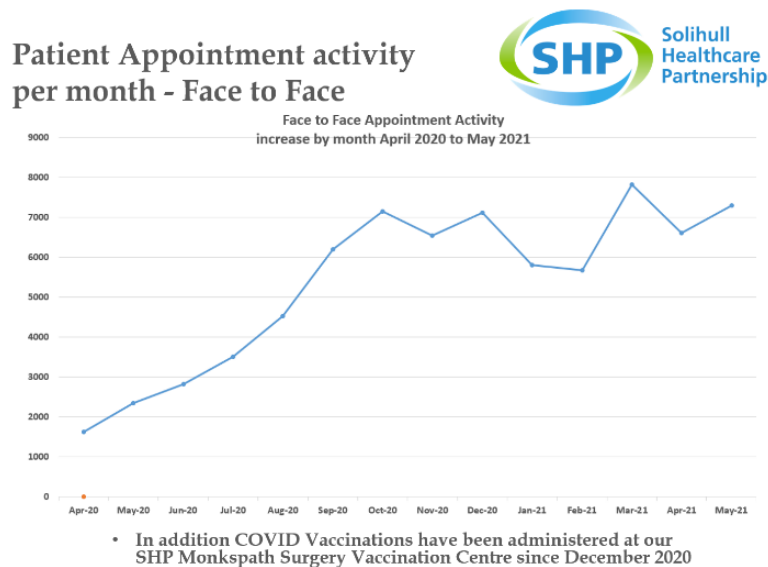
Many patients have been critical of the sometimes long wait times for telephone calls to be answered by our Contact Centre. SHP are not alone in this criticism, but we are working work to continually improve and reduce the time it takes for us to answer your telephone call.

All incoming telephone calls for appointment requests are answered in our central Contact Centre. We have reconfigured our telephone system to present callers with options so that you can select the team you want to talk to and this has led to reduced waiting times for those callers who are requesting appointments.

Our telephone system holds up to 50 callers in a queue to be answered. We have been asked why callers get a message to say our phone system is at capacity and told to try again later then get cut off. This is the equivalent of the old engaged tone when all lines were engaged. We have been advised that 50 calls waiting in a queue is an acceptable limit but I'm open to patient feedback on this please. We have also been asked why the system has stopped telling the caller where they are in the queue until they get down to position 15. Again, this is following advice as we are told that callers often hang up if they are informed that they are at a high number position in the queue

rather than wait to be answered and again this is something that we are always seeking patient feedback on please.

We have also been asked why our GPs are not seeing patients face-to-face, but I assure you that they are.



This slide is a summary of the face-to-face appointment activity per month from the start of the COVID-19 pandemic to May 2021. It demonstrates the steady month on month increase in face-to-face appointments and we are now delivering over 7,000 face-to-face appointments per month.

SHP has faced recent scrutiny following a number of complaints about SHP sent to Birmingham and Solihull CCG, the Care Quality Commission, Solihull Council, Healthwatch and Solihull MPs.

This resulted in Birmingham and Solihull Clinical Commissioning Group commissioning an independent review of patient services at SHP and the findings of this review were presented this afternoon to the Solihull Council Health & Wellbeing Board. As mentioned, one of the authors of the report, Lisa Maxfield, has kindly agreed to present the findings again this evening to our registered patients so I'd just like to thank Lisa for joining us this evening and hand back to Cathy.

Thank you Steve, I would now like to introduce Lisa Maxfield, to present the outcomes from the Independent Review.



Solihull
Healthcare
Partnership



Birmingham and Solihull
Clinical Commissioning Group

Outcomes from the Solihull Healthcare Partnership Access Independent Review

Solihull Health and Well Being Board
15th June 2021

Background

- Solihull Healthcare Partnership (SHP), is a grouping of seven practices serving 55,000 patients merged its management system to become one practice in 2018, consisting of 18 GP clinical partners and 140 members of staff working across the seven sites
- 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
- During 2020 and early 2021 concerns and complaints raised by patients and elected members about reduced telephone access to the CCG and initial investigations were undertaken.
- SHP continued to and were supported by the CCG to make improvements during this time
- April 2021, BSOL CCG commissioned an Independent Review

Independent Review Findings (1)

- The independent review identifies 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 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 the 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, however there are still periods of longer waiting times associated with high demand
- 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

Independent Review Findings (2)

- 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.
- On the whole SHP is performing highly in its care to patients.
- CQC made monitoring calls in November 2020 and April 2021. They are satisfied with the practice and the measures they have put in place to address increasing demand and access
- SHP have delivered services to patients 24/7 throughout the pandemic
- They have been one of the exemplar vaccination centres- some of the highest uptake rates across the Midlands
- Activity increases are up over 15% pre pandemic. For BSol 650k in March 2021 compared to 550k in March 2019. 55% face to face. 56% same for next day and 82% for weekly.

Independent Review Findings (3)

- The public social media campaign via the Social Media site Facebook, which is a private page unaffiliated with the practice itself. The independent Social Media expert the CCG bought in to review the page identified that whilst there is more of a balanced view in recent weeks the page is inappropriately presented as belonging to the NHS. There have been disparaging and derogatory comments about individual staff at SHP and the Media Expert has issued concerns about the adverse impact this could have on SHP staff.
- There is not one consistent Patient Participation Group (PPG) in place at present, which needs to be resolved for the PPG to continue to be an advocate to patients and a critical friend to SHP.



Recommendations

- SHP, CCG and Telephony provider to undertake ongoing review of the call centre. Ensuring use of other digital platforms for ordering repeat prescriptions online rather than by phone and install a direct phone line for other clinical professionals
- SHP to merge separate PPG function to one to focus public engagement and communications
- CCG to report Facebook page as miss representation of a NHS site.
- SHP to ensure robust communication and engagement plan to set out improvements and access arrangements to ensure pro-active communications as to instil public confidence.



Conclusion

- The CCG has fully reviewed all the findings in the independent report and concludes the following:-
- SHP have made significant progress to improve access for patients, call waits are significantly reduced in comparison to 2020, staff recruitment and realignment to the call centre continues.
- Similarly to the CQC findings in November 2020 and April 2021, the CCG can find no breaches to their contract.
- SHP are experiencing unrepresented levels of demand, post the Covid lockdowns and in benchmarking this demand across other similar sites the access experience is not significantly different.
- SHP have been totally transparent in their access issues and are actively engaging with the CCG and others to remedy improvements.
- SHP continue to act and implement improvements of the findings by the CCG Independent Review and Telephony provider.

**Thank you for
listening.
Any questions?**

Thank you Lisa, I would now like to introduce Dr Kotecha, to talk about Patient Access and to answer questions such as why can't I get a face-to-face appointment?

Firstly, I would like to dispel the misconception that we are closed and do not offer face-to-face appointments. Face-to-face appointments occur at all our practice sites. There are telephone consultations daily, video and on line consultations where appropriate, face-to-face, as well as where appropriate home visits.

To keep all of us safe the face-to-face appointments are booked, if deemed clinically necessary and appropriate by the doctor after a telephone consultation.

For certain face-to-face consultations it makes sense to be located at sites where the expert team is like joint injections, baby checks, immunisations. This ensures the right person sees the right professional at right place and this provides not only a safe service, but more efficient. Patients have access to a wider variety of health care professionals than before. This includes GPs of course but also to Practice pharmacists who are experts in medicines queries, nurses who are trained in management of various chronic diseases, first contact physiotherapist for musculoskeletal problems and hopefully soon a mental health professional as well.

In fact, overall we have in total delivered more consultations than we have in previous years. Access to all these services are via expert trained Care Navigators, who will ensure you see the right person at the right time and right place. SHP has evolved into teams that provide an acute care team for problems needing urgent attention and a planned care team for providing care like chronic disease management like diabetic care, asthma care, monitoring heart disease minor surgery, etc.

Thank you Dr Kotecha for answering some of the most frequently asked questions by our patients regarding face-to-face demands. I would now like to introduce Dr Nish Patel, who will talk to you about the acute care team and urgent care.

SHP has created a dedicated team called the acute care team to help all registered SHP patients who require an appointment with a healthcare professional that is urgent. The acute care team includes our Care Navigators who will be the first member of the team who patients will encounter at our receptions desks, telephone or through our online website. Care Navigators at SHP undergo extensive training to help patients navigate and signpost the appropriate healthcare professionals within SHP or through other healthcare organisations which may be more appropriate including community pharmacists, opticians, or in some cases emergency services.

Care Navigators that take telephone calls at our contact centre from patients are supported by dedicated doctors and other allied healthcare professionals including the nursing team, advanced nurse practitioners, clinical pharmacists and more recently physician's associates, paramedic practitioners and a first contact physiotherapist. The information that the Care Navigators have taken from the initial patient encounter is reviewed and processed by the clinical team.

Through this triage processing, patients are given the appropriate advice through our Care Navigator's and offered consultations with the right healthcare professional within SHP. Consultations may take the form of face-to-face consultation, video call, telephone call, text messaging or online communication depending on the clinical need, priority and appropriateness for the patient. At all stages of this triage process, the team at SHP will ensure that patient encounters that are deemed urgent are dealt with safely and within appropriate time frames. Our acute care team at SHP are constantly ensuring that we are reviewing and adapting our processes through analysing data, receiving patient feedback, monitoring changes in our area through the pandemic in order to provide the best urgent care within primary care we can for our patients.

Thank you Dr Patel for providing an update on our Contact Centre team and addressing some of our frequently asked questions regarding telephone triage and the patient journey. I would now like to handover to Dr Bilal Patel, who will be providing an update on planned care.

Our planned care service brings together all the conditions and drug monitoring that require scheduled follow up

Patients with Diabetes, Heart Disease, COPD and Asthma would usually be seen by their local GP practice and we have tried to ensure this continues so there is continuity of care with your local Team.

If patients need more support with their condition, then there is the ability to be seen by one of the other members of this larger team that has a specialist interest and greater experience dealing with that condition.

Some of our patients have very complicated problems and their care is quite specialised. The advantage of being one large practice is that we can also support these patients closer to home and monitor their health with the support of the hospital in a Multi-Disciplinary Team or MDT. These bring together the Consultants, GPs and Specialist Nurses to discuss the best route forward and points at which further escalation or investigation may be needed.

This helps us take pressure of the hospital services and allows them to focus on the really severe cases that truly need specialist involvement.

In addition to those mentioned above, further examples of these conditions are Mental Health, Rheumatology and Skin Lesion Clinics. All these can be supported through the practice and reduce the need for hospital visits.

Routine Care, Complex care and Specialised Care can all be delivered by one of our SHP practices.

Thank you Dr Patel, I would now like to introduce Mandy Holmes, who will be talking to you about patient feedback, and to clarify some frequently asked questions such as why does it take so long to receive a response following a complaint?

As a consequence of changing how services are delivered across SHP, we have actively encouraged feedback as a mechanism to listen to patient's views of the changes made. There are a variety of ways that patients can provide feedback and make complaints and comments to the practice – in writing either through the post or by hand at any of our seven sites, online through the 'Have Your Say' area of the SHP website, allowing you to make a complaint, provide feedback or provide a compliment.

As we have actively encouraged patients to raise their concerns this has resulted in an increase in the number of complaints to manage and a delay in the overall process. Every complaint will be acknowledged within three working days, and will then be investigated with the aim to respond back within 40 working days, in line with NHS England's complaints policy. Some will be beyond the standard timeframe, especially those which are more complex.

If you log a complaint via social media you may be asked to complete an online complaints form – this will ensure that the complaint is not lost within the system and responded to in line with the complaints policy.

The telephone system can help with call related complaints as all incoming and outgoing calls are logged, recorded and monitored.

Nationally there is a delay in responding back to complaints, but we will endeavour to meet the timeframes within our policy as much as possible.

Thank you Mandy, I would now like to introduce Rupesh Thakkar, who will be taking you through medicine management updates and answering questions such how do I order my repeat prescriptions if I am unable to call or visit the practice?

Hi, my name is Rupesh Thakkar I'm a Chief pharmacist at Solihull Healthcare Partnership. I currently have a team of clinical pharmacists and pharmacy technicians and prescription digital clerks.

I want to give you a short overview of our prescription services to date.

Pre the COVID-19 pandemic, we were upscaling our digital technology to support online prescription services. At this point we allowed prescription requests via online form through the SHP website, patient access services and via the surgery prescription post-box.

It is important to recognise, due to the COVID-19 pandemic, we adopted our services to support our patients and in doing so, we opened our telephone lines for repeat prescription ordering to all patients.

As we are moving to business as usual (BAU), we are now able to revert back to using the following prescription ordering services as stated previously but with an added online application called the NHS App. So just to recap, you can use.

- Online services – using the national “NHS App” or our Patient Access service
- In person, using the right sided counterfoil in the prescription box outside each of our sites. Please ensure you write on your request which pharmacy you would like to the prescription sending to.
- By post

The added advantage of using our online services, is for example, The NHS App, as it allows you to:

- view your COVID-19 vaccination status
- order repeat prescriptions
- view your medical record
- get health advice
- register your organ donation status
- review which pharmacy your prescriptions are sent to

It is important to note: our policy states patients can use our telephone line for ordering repeat prescriptions under special circumstances which must be noted within your medical records. These special circumstances include patients aged over 75-year-old, those with severe frailty or those who are long-term house-bound.

This ensuring our telephone lines are freed up to supporting our venerable patients who require this service.

Thank you Rupesh for your update on medicines management and ordering prescriptions.

I would now like to cover communications for SHP. With over 20 years' experience of marketing, PR and communications, I have been set the challenge of improving communication internally across our seven sites and externally with our registered patient population – and as a new role to SHP, what a challenge it is!!



Focusing on patient communications, we currently use various channels for the latest official registered patient updates and information from SHP. These include our web site, social media (primarily Facebook and Twitter), on-site communications across our sites (posters, noticeboards, etc.), local media, printed materials and importantly SHP PPG.

We have continued to provide patient updates and information on our web site, including a series of regular communication updates, COVID vaccine updates and the latest news. As part of the development of our communications plan, and following patient feedback, we are continuing to review our web site to improve the patient journey and ensure accurate information and updates are always available for our patients.

One of the key ways we communicate, listen to and address the concerns of patients is with the SHP PPG. Patient involvement, engagement and communication is of utmost importance to SHP; in order for us to work together to improve patient outcomes and experience of the services we deliver.

SHP wants a single PPG that covers all of our sites, and the SHP PPG has a growing membership and exciting plans for the future. The Interim Chair of the PPG also sits on our Board.

The patients' voice is paramount and SHP fully recognise this and support collaborating with our patients.

We would like to encourage everyone attending tonight to get involved and join the official SHP PPG, which you can do by visiting our web site at <https://solihullhealthcarepartnership.nhs.uk/patient-participation-group/>

Finally, I would like to hand back over to Dr Lupoli for his closing remarks.

Thank you joining us this evening and we look forward to seeing you again at our next event. A summary of this evening and the specific questions asked will be available on our web site by the end of this week.

Have a good rest of the evening and stay safe. Thank you.