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**Shifnal & Priorslee Medical Practice**  
**Response to questions dated 9<sup>th</sup> June 2021**

**1. Appointments – completed work to improve telephony? After 2019 enter and view report.**

*Teldoc is implementing a project to enable the Call Centre at the head office to take Shifnal & Priorslee calls efficiently and professionally, which will help reduce call waiting times for patients. The existing call centre staffs are highly trained and already take patient calls for 49,000 patients throughout Telford. There is currently a recruitment drive to ensure the correct amount of skilled staff are available to take calls, call routing will be in conjunction with the reception staff at the Practice in Shifnal and Priorslee. The telephony project is in progress to align call systems and queues and infrastructure to be ready for the transfer, this is planned for late summer 2021. In the interim the operations manager is focussing on improvements to the current telephony set up.*

**2. Patients report high levels of dissatisfaction of the number of times they have to make calls to the practice, and the length of time they spend on the call, results and appointments.**

*The call volumes have increased by 76% across practices which is an unprecedented demand and something which cannot be resourced for. We recognise the experience calling into the practice is not acceptable. We are working towards reducing the number of times a patient calls into the practice through changes to process. Due to the pandemic the numbers of calls have dramatically increased, this was also due to patients being told to call back for appointment availability. The practice has now increased the volume of appointments available, reducing the waiting times and need to call back. Comparing April 21 to May 21 we offered 21% more routine and urgent on the day telephone appointments. S&P has brought in extra GP's, ACPs, physiotherapists and clinical pharmacists to help increase the number of appointment available.*

*Due to attrition and minimal training at the practice, the larger working demands on staff during the pandemic, ensuring time is available for upskilling has been difficult. There is a requirement to ensure staff are trained to a high standard and are able to assess urgency and signpost to appropriate alternative services, if applicable. This will ensure patients do not need to call back later or the next day for an appointment. The priority now is to upgrade the knowledge and skills for the reception staff to be better equipped to manage calls effectively, efficiently and with appropriate soft skills. In addition to the above the new practice at Shifnal will provide additional services, extra clinical rooms enabling increased resources having an impact on appointment availability.*

### **3. Are will still doing only telephone appointments? Are no initial appointments face to face?**

*Telephone appointments are still being offered as standard approach unless there is an urgent medical need. The telephone appointment can also act as a triage a process to then further clinically assess the patient and for the doctor/clinician to decide whether a patient needs to be seen face to face. This allows priority access to be seen by Doctors/Clinicians.*

*Face to face appointments are offered for dressings, smears, immunisations, blood tests, minor surgery, IUD and contraceptive implant insertions. All other medical queries are given a telephone appointment with a clinician, followed by a face-to-face appointment if clinically indicated. The numbers of telephone appointments available to be booked online have increased since May 2021 and we are looking to increase further upon analysis of utilisation and DNA (did not attend) rates. This is reviewed on a regular basis to optimise appointment availability and continuous improvement.*

*Other methods of Patient access is available for patients to book appointments online and access other services such as Online Consult, this is an exciting new online service which is being trailed and hopefully will be coming soon.*

*We have opened additional appointments on a Saturday morning clinic at Priorslee providing further access for patients.*

### **4. Do you have plans to increase the number of staff handling calls and if so when would you expect to see improvements in waiting times?**

*Yes, we are recruiting as per answer to questions 1. Improvements will be made in the interim to monitor call queues and calls answered by staff. For example, we are re-purposing existing staff to be able to answer calls and additional staff to provide support at peak times, from other practices. Additional recruitment to increase staff is ongoing. Patients can communicate with the practice via email, and we are assessing if this is viable from a resourcing perspective, for patients to make appointments using email.*

*We are planning to trial a change in surgery opening times to help reduce peak call periods before and after lunch and extend the face-to-face access at Priorslee through lunchtimes. This is subject to reduced staffing during lunchtimes; however it will improve access to reception and increase access to phone lines by two hours per day. We are also reopening the waiting rooms at both Shifnal and Priorslee.*

### **5. Before the pandemic you reported through a survey, we asked the practice to complete that you offered 67% of GP appointments through online channels. This appears to have been reduced, is this the case? If so, could you tell us why and when you will be returning to pre-pandemic levels?**

*Answered this question above, we have increased the clinical workforce and hence increased the number of available appointments this will be reflected in an increase in available online appointments.*

**6. They have to wait for between 2 and 4 weeks for a telephone appointment (including to find out test results), how long do patients have to wait on average?**

*We are unable to comment on previous average times patients have had to wait for telephone appointments. Currently routine appointments are being booked within two weeks. Emergency appointments are available on the day. Other appointments are being made within a week for example, medication reviews, and Physio reviews. Advance Clinical Practitioner appointments are available within a 10 day period; this is an increase on previous appointment volumes and availability.*

*Concerning test results, how clinicians deal with test results are being reviewed, they will be dealt with in a more proactive way; we are introducing patient letters to help explain any abnormalities in blood, radiology and microbiology results. This will help to reduce the call volume and improve patient communication. Booking an appointment where a doctor needs to review the patient due to results is made a priority by reception staff. We would also like to encourage patients to use the online access app where possible. Tests results can be viewed without the need for a phone call and patients will be informed should a follow up appointment is required.*

**7. How are the calls triaged to assess urgency? Several report telling the receptionists they were concerned about 'lumps' (one in the breast) and were only offered telephone appointments weeks ahead.**

*We acknowledge this is an important aspect of reception work; receptionists are not clinically trained to be able to assess any medical information and make decisions. The receptionists are trained to ask questions, escalated to a supervisor if necessary and relay information to a clinician to make decisions. There are trigger aids available to assist with this process which identifies any life-threatening or serious symptoms. We are introducing a training programme for our front of house, as part of that training will there will be teaching on recognising urgent symptoms and signs that need prompt attention by a clinician. This will be monitored moving forward to ensure staff are responding appropriately to patient contact via coaching and training.*

**Staff and services**

**8. A significant number of patients report very poor experiences when communicating with some of the reception staff, particular members of staff being rude, off-hand and inappropriately acting as gate keepers. Will you provide reception staff with extra training to address these issues raised by patients?**

*Yes, we value and recognise excellent communication skills in the role of a practice receptionist and any previous experience of poor communications is disappointing. As new Operational Management is now in place there will be a focus on, training and development with an ongoing training plan put in place. A new structured approach to on-boarding new staff and ongoing training will be instigated. A Quality monitoring system will be implemented to enable coaching and regular coaching and feedback.*

*Soft skills, communications and behavioural training will be a priority for the existing staff to be able to deal with patients in an empathetic and professional manner ensuring dignity and respect when speaking to patients face to face and over the telephone.*

*The training has already commenced and will be ongoing, a review of material and induction pack is happening at the moment, the training will be provided by experienced SME's in-house and where we feel additional expertise is needed, we would look at outsourcing, however we have a wealth of*

*experience and content at Teldoc we are tapping into. The initial subject matter focus is, soft skills/call etiquette, signposting correctly to ensure best use of appointments and clinicians and importantly the ability to identify life threatening triggers and being able to appropriately refer to emergency services when needed. The Online CBT courses supplied by the NHS provider are a priority which also include whole range of excellent training, we have a PLT afternoon coming up in July which will allow us additional time to upskill and focus on training.*

*Training needs analysis is ongoing and continuous learning and coaching through quality sessions is also happening.*

**9. A number of patients report a missed diagnosis or mismanagement of a condition. How does the practice deal with these types of concerns when they are raised? Can the practice demonstrate that there is a learning culture in relation to concerns of this type?**

*Any complaints are dealt with by the Patient Experience Lead, the complaint or clinical issue is discussed with the lead complaint GP and then fed back to the clinician involved. If the complaint is of a serious nature then it is highlighted as a significant event and then dealt with by the Head of Clinical Workforce and discussed at the regular significant event meetings and Quality Governance. Our ethos is always to look for learning and continuously improve the service we provide.*

**10. Several patients report that you do not provide ear wax removal services and are referring privately, we understood that all practices are contracted to do so, can you confirm the practice position on this?**

*Ear irrigation was stopped during the pandemic; ear irrigation is not part of the GP contract and although patients have been referred to private services throughout the pandemic, we are reviewing the date to recommence this service and many others that were suspended due to the pandemic. We recognise for some patients this is very important, these cases are looked at on a case by case basis.*

**11. Do you provide blood tests at the practice, a patient reports that some people can access them at the practice, and some have to go elsewhere?**

*As a practice we are contracted to provide blood tests for those patients on certain medication e.g., warfarin, disease modifying antirheumatic drugs and drugs where the practice has signed a shared care agreement with secondary care.*

*We are currently focussing on specific priority clinics for blood tests carried out at the practice i.e. Diabetes, other blood tests are at the Hospitals Phlebotomy department.*

*Moving forward we are hoping to return to all blood tests being undertaken at the Hospitals Phlebotomy department. The results take between 2 to 5 days to receive back at the practice, and the doctor then will look at the results and as stated in a previous answer we are looking at any efficiency that can be made in communicating results via different mediums and ensuring abnormal results appointments to discuss are prioritised.*

**12. Confidentiality and data protection - A patient described a breach of patient confidentiality that was reported to you for which no apology was issued. Can you tell us how you would normally deal with a breach of this sort? Patient involvement.**

*We take breaches of any kind seriously and any breach reported will go through the Complaints and incidents process. We are very sorry if a breach or complaint was not acknowledged or apology not given, this case can be looked at individually. We have introduced a new complaint handling process at Shifnal & Priorslee and have a dedicated Patient Experience lead taking ownership of all complaints. The complaints process is now published on the website which will be reviewed and updated in line with Teldocs website moving forward.*

*All staff are bound by a duty of confidentiality with training and awareness of all Information Governance areas, including GDPR through mandatory training, coaching and ongoing awareness through team communications.*

**13. Communications**

**How do you engage and involve patients in the running of the practice, and do you have any plans to develop the relationship with patients?**

*Moving forward Teldoc will be implementing an improved communication strategy. For the Shifnal and Priorslee Practice, this will involve regular meet and greet for our patient Participation Group. This will allow patients' views to be heard and feedback and updates from the practice can be shared.*

*We are initiating a patient engagement programme to highlight the positive work the practice is doing, informing patients of the services we offer and highlighting the changes the practice is making and positive adjustments to improve patient experience.*

*In terms of the new build for the Shifnal Practice, this is very exciting, we are in the middle of purchasing the land, this is imminent, followed by planning application submission, both these aspects will be completed this month, July 2021. Once they are completed and planning approved, planning takes around 6-12 weeks, the tender for the building contract will take place, this takes three months, once tender approved the build should take approximately twelve months from the start date, we are looking at completion approximately December 2022.*

*The new build Practice for Shifnal will be an excellent health hub for the community, it has six consulting rooms, six nurse treatment and consult rooms, Counselling room, large reception and waiting area, large administration and reception services, six toilets including baby changing facilities, fifty eight parking spaces, very accessible building light and airy, with space to grow further. The capacity of the building will allow more services to be delivered than currently offered. As news of the new build practice emerges, we will be able to share key milestones about the progress of the build, it will be a practice the community can be proud of.*

*We will be sharing further milestone information and visuals with patient groups as the new build plan progresses.*