

Extended Access to GP Appointments

The impact of the report 'Week Spot?'
on the offer to patients

July 2019

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Recommendations

1. Continued investment in GP practice staff, especially frontline staff, is required. Training for frontline staff in awareness of the Extended Access service and other associated issues is provided on an ongoing basis.
2. The disconnect between staff awareness of the commissioned Extended Access service and its offer and promotion to patients requires further investigation. This report provides a clear rationale for such an investigation.
3. Healthwatch Manchester will actively promote the service through its distribution channels as part of its information and signposting function and as a champion of patient rights.
4. A dialogue is opened between GP Practice Managers and Healthwatch Manchester regarding these issues and also regarding the issue of registration with a GP practice falling within defined parameters.

1. Introduction

1.1 Healthwatch Manchester continually seeks to demonstrate the impact of its work upon health and social care services in Manchester. This report aims to present the impact of a previous investigation and its findings.

1.2 The investigation took place in 2017 and its findings were presented in a report: 'Week Spot?'. The investigation took the form of a 'mystery shopper' exercise where frontline staff in GP practices were asked if they were aware of the 7 Day Service (also called the Extended Access Service, Out of Hours and Weekend Service). The service provides extra GP appointments outside usual surgery times in the evenings and at weekends.

1.3 Despite formal commissioning arrangements regarding this service, the findings showed that only 40% of frontline staff were aware of its local availability for patients. This worrying statistic was highlighted to commissioners and other healthcare leads in Manchester and prompted swift action by Manchester Clinical Commissioning Group and Primary Care Partnership.

1.4 In early 2018, frontline staff from GP practices were provided with awareness training regarding the service including when and how to offer it to patients. This was followed by a dramatic fall in the number of complaints received by Healthwatch Manchester regarding long waiting times for GP appointments.

1.5 However, in early 2019 Healthwatch Manchester began again to receive complaints from patients around long waiting times for GP appointments. In June 2019 Healthwatch Manchester conducted the same mystery shopper exercise in order to determine whether staff were now aware of the Extended Access service.

1.6 The main objectives of this report are to:

- Present an analysis of the service through review methodology and key findings and
- Make recommendations regarding areas for improving access to the service.

2. Methodology

2.1 Mystery shopper style phone calls were used as the method of investigation. This provided an opportunity for Healthwatch Manchester to understand the actual, everyday experience of contacting a GP practice to enquire about the service.

2.2 Healthwatch Manchester values individuals' experiences with, and feelings about, health services. A qualitative method such as this means we can better understand some of the issues patients face.

2.3 Healthwatch Manchester conducts investigations with the aim of collecting data that is of practical use. We believe research should be used as a starting point to suggest service improvements.

2.4 Healthwatch Manchester staff and volunteers were deployed to conduct this research and analyse its findings.

2.5 Every GP practice within the Manchester locality was contacted by telephone as part of this investigation.

2.6 These GP practices were all contacted between 18th and 25th June 2019.

2.7 Callers did not disclose they were speaking on behalf of Healthwatch Manchester. This was vital to ensure integrity of results and to keep conversations as naturalistic as possible.

2.8 Callers followed an agreed script. This is included as appendix one and helped ensure a valid comparison across data.

2.9 If nobody from a practice answered the telephone on the first occasion, a maximum of two more attempts were made to contact them. Two practices failed to respond to a call on all three occasions.

2.10 There was no standardisation of what equated to a score of 1-5 on the scales for clarity, politeness and quality. Callers made assessments based entirely on their personal views. This underlines the personal and subjective nature of this investigation. Healthwatch Manchester values individual experience and believes there is a valid comparison to be made. However, we would recommend further research that takes a more standardised approach.

2.11 The results of the investigation are anonymised in this report. There is little value in assigning positive or negative responses to individual GP practices and this report may still achieve its aim of general review to highlight issues around access to the service.

2.12 Results are configured by North, Central & South Manchester and are not configured by postcode, ward or location. This could be a useful direction for future research.

2.13 Healthwatch Manchester recognises the limited scope of this research due to logistical constraints such as only contacting each surgery once. Variation in results may vary according to other factors such as time of call and respondent.

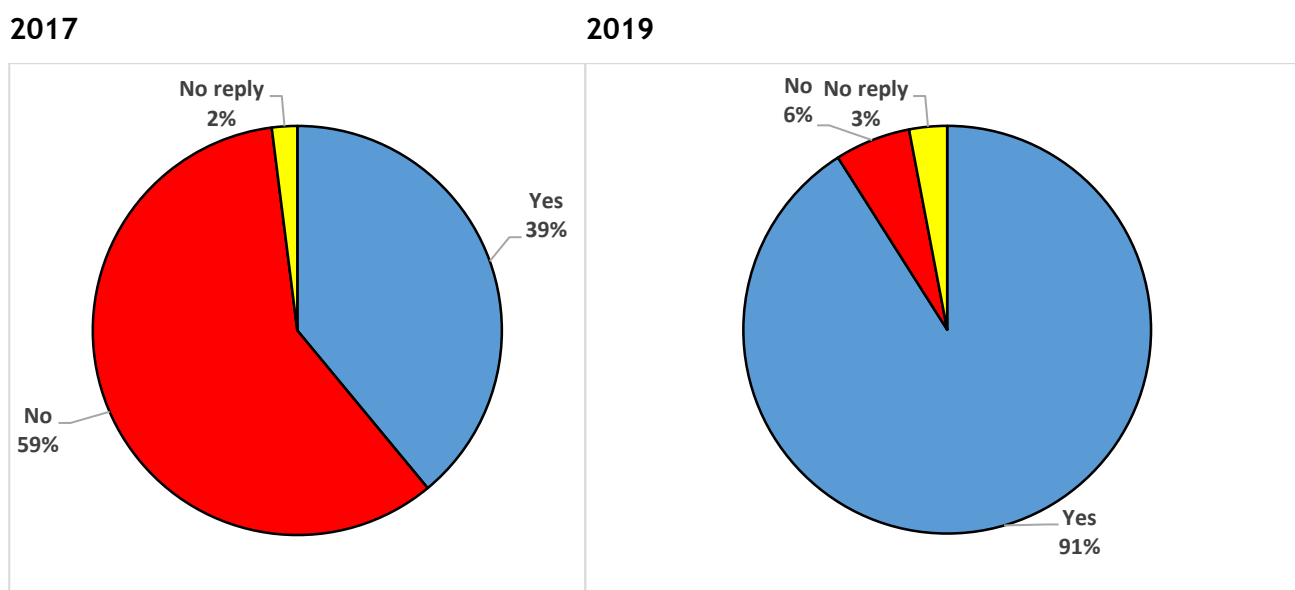
3. Key Findings

3.1 Responses to the Extended Access service enquiry

Callers spoke to frontline staff at each GP practice in Manchester. They asked the following question: “I have just moved to Manchester (or name of the area). I am calling to ask if your practice provide the Extended Access Service.”

3.1.1 Figure 1 illustrates a significant improvement in the proportion of positive responses. An impressive 52% increase in the number of positive responses was observed.

Figure 1. Comparison of 2017 and 2019 overall proportion of responses to the Extended Access service query



3.1.2 Where the service was not offered but a service such as “out-of-hours service” “hub service” or “enhanced service” was proposed, these were included as positive results. Also included as positive results were those frontline staff who talked about a reciprocal arrangement or federation with other services. However, it’s acknowledged that this difference in terminology can be very confusing for patients and staff.

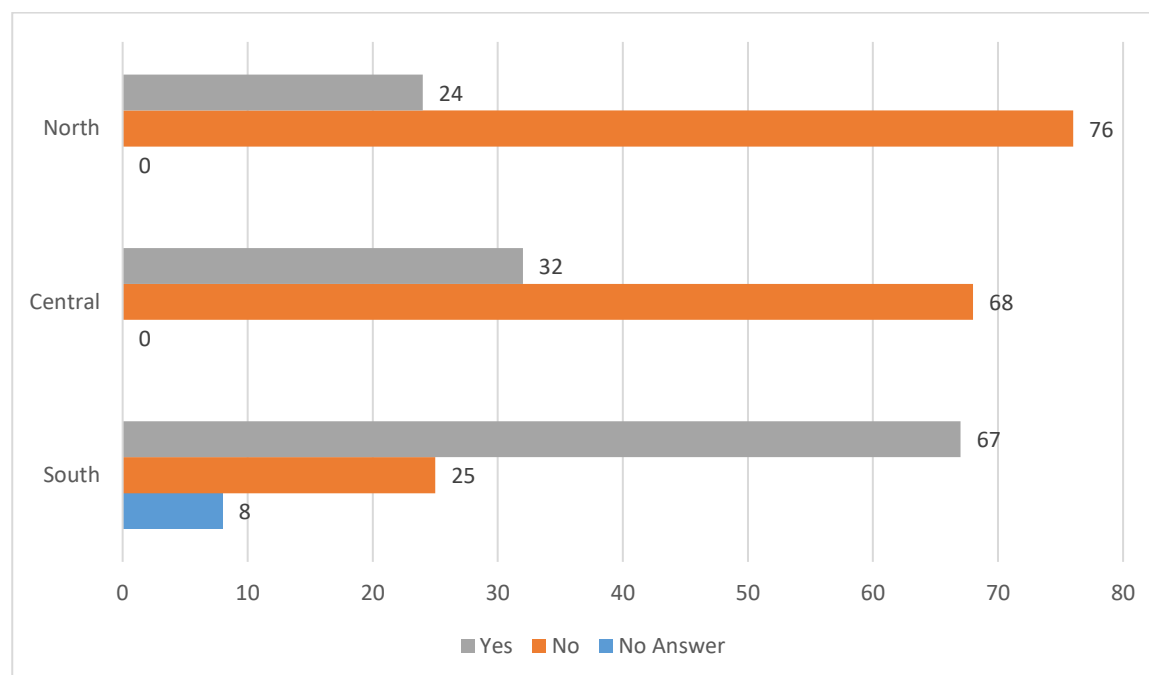
3.1.3 Many frontline staff required lots of prompting or repeated questioning to share relevant information. They are also included as positive responses. However, it should be noted less confident or assertive patients may not have been as persistent and not received this information.

- 🌸 “Really helpful but called it the ‘7 day service’ and ‘the hub’”
- 🌸 “After 3 prompts mentioning Hub, Out of Hours/weekend service - still no”
- 🌸 “At first she just said Monday evenings but when prompted said there’s access to ‘the hub’”

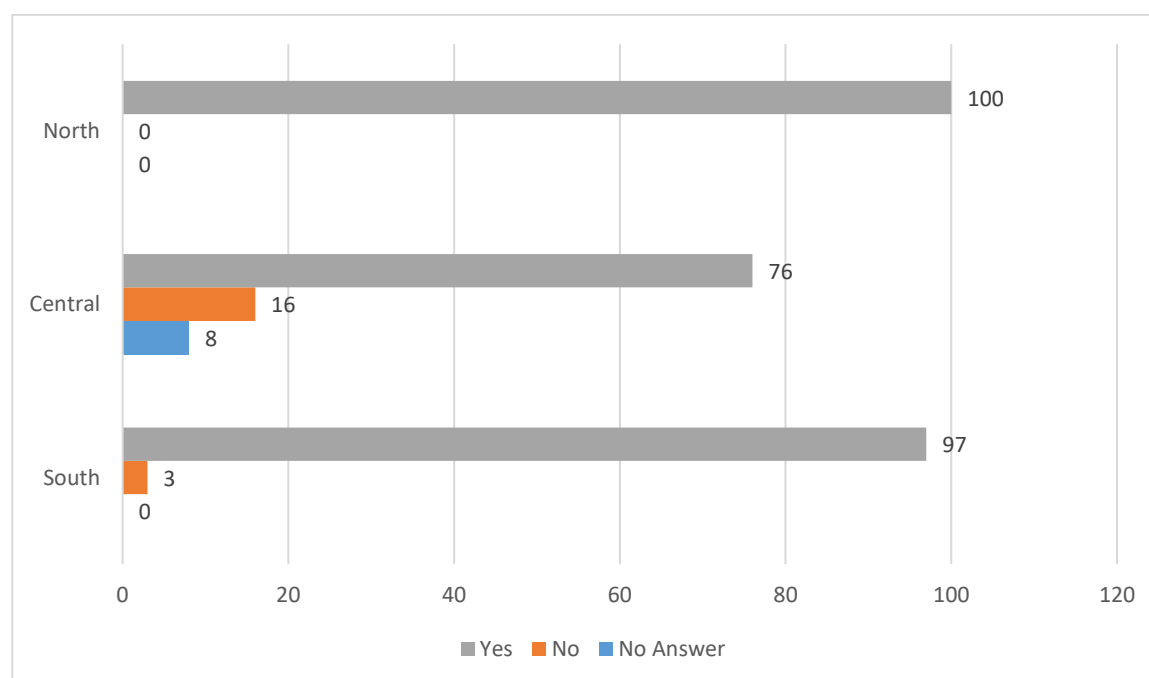
3.1.4 Many frontline staff refused to proceed with the conversation without confirmation from the caller that they were moving to within the postcode boundary set by the practice. This was particularly prevalent for central Manchester practices. When challenged on this, callers were told that this was due to the need to protect limited patient spaces as these were being taken up by transient or commuting workers in the City with local residents missing out.

Figure 2. Comparison of 2017 and 2019 proportion of responses to the Extended Access service query by location

2017



2019



3.1.4 There is now no significant variation between responses from GP practices in the South of the city as opposed to North and Central. There is, however, significant difference in the responses from Central as opposed to North and South.

3.1.5 A more detailed breakdown of data by North Central & South is presented in Appendix 2.

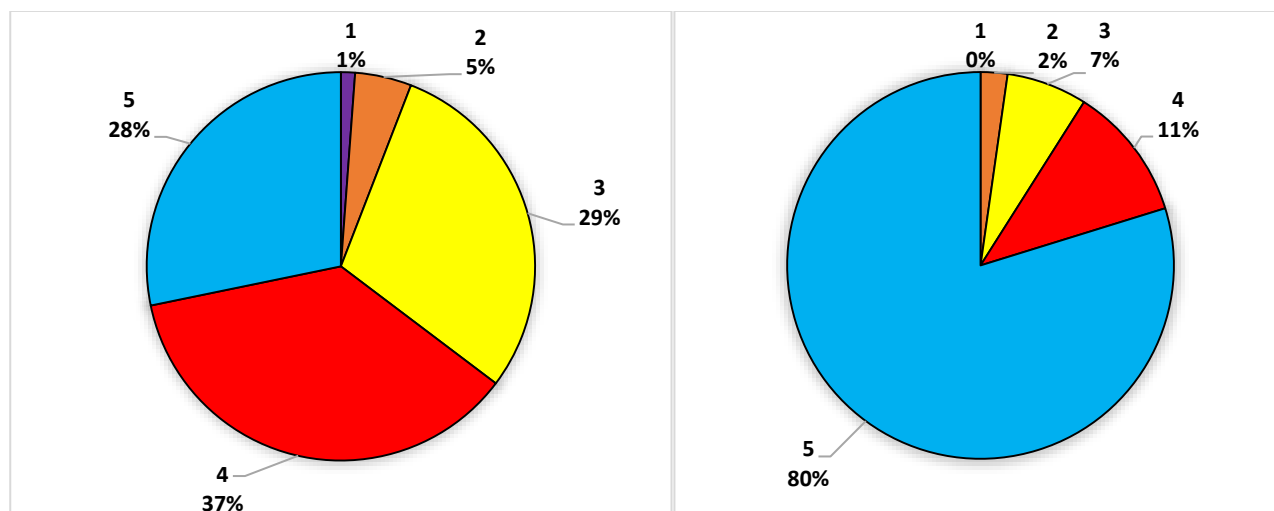
3.2 Clarity of Information

This relates to whether the caller felt information was given in a clear and easy to understand manner.

Figure 3. Proportional rating of clarity of information

2017

2019



Rated 1-5 with 1 being the lowest and 5 the highest

3.2.1 There is a significant improvement in the reported level of clarity provided in the responses.

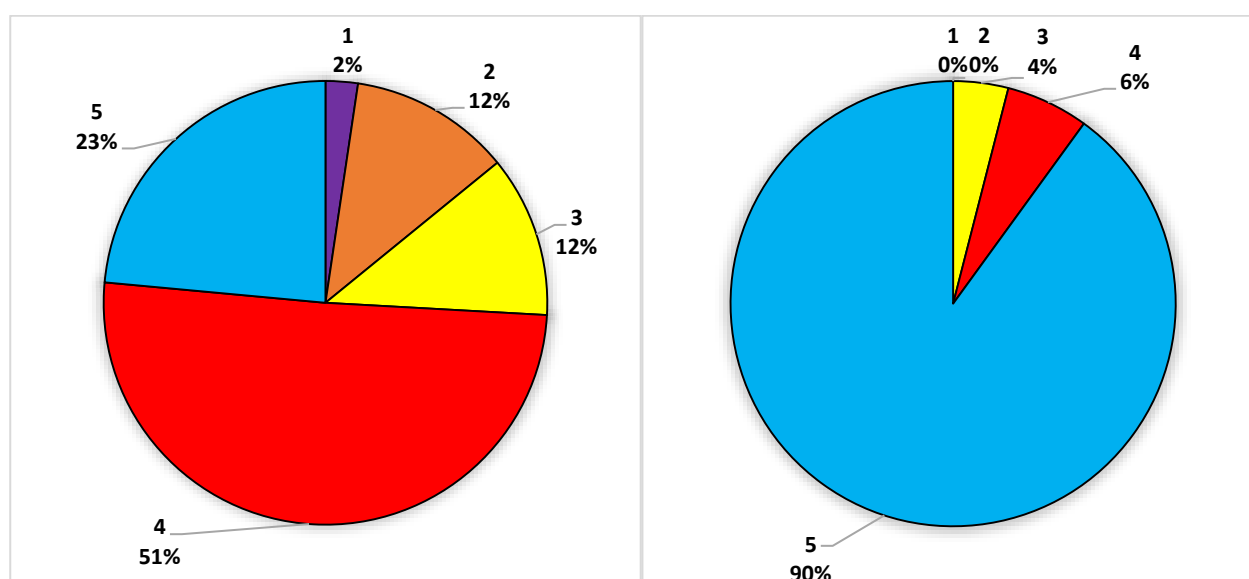
3.3 Politeness

This criterion relates to whether the caller judged the telephone manner of the respondent to be of an appropriate and acceptable nature.

Figure 4. Proportional rating of politeness

2017

2019



Rated on a scale 1-5 where 1 is lowest and 5 highest

3.3.1 There is a significant improvement in the reported level of politeness provided in the responses.

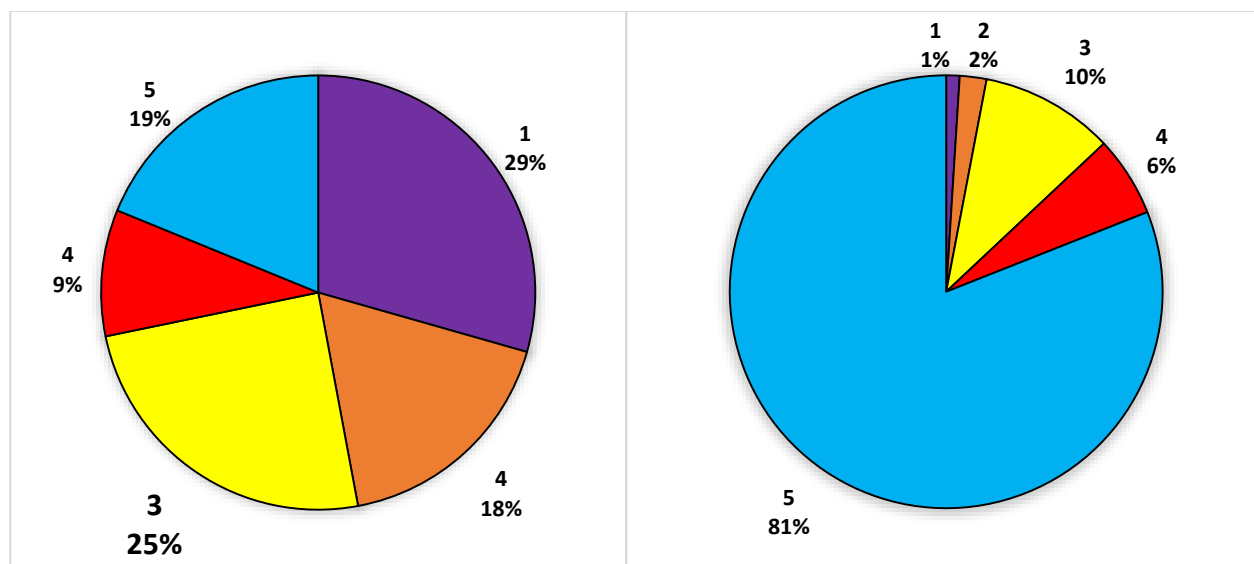
3.4 Quality

This criterion relates to the quality of information provided to the caller. Practices may be rated highly for clarity and politeness but poorly for quality if they gave poor information.

Figure 5. Proportional rating for quality of information

2017

2019



Rated on a scale of 1-5 with 1 being poorest and 5 highest.

- 3.4.1 There is a significant improvement in the reported level of politeness provided in the responses.
- 3.4.2 It is recognised the scope of this study is limited by a lack of resources. Specifically, only one conversation was had with each practice and experiences may change over time and depending on other factors such as who answers the phone. However, a single conversation is a valid indication of patient experience.

4. Conclusions

4.1 There was an increase in the level of frontline staff reporting their awareness of the Extended Access service and that either their practice provided the service or provided access to it.

4.2 There were improved levels of politeness, quality of information and clarity of information from frontline staff.

4.3 It is highly likely that these improvements are a result of the investment in frontline staff by the Manchester Primary Care Partnership and Manchester Health & Care Commissioning. This investment came as a result of the findings in the Healthwatch Manchester report 'Week Spot?'

4.4 From the patient's perspective it would seem more likely that the service will be offered when faced with a long waiting time for an appointment. This does not, however, account for the recurrence in recent months of an increase in the number of complaints to Healthwatch Manchester regarding this issue. Healthwatch Manchester is unable to pursue an investigation into this matter using a mystery shopper exercise.

4.5 From the commissioner & providers' perspective it would seem more likely that patients who are provided with the service receive treatment in a timely and appropriate manner and are themselves less likely to present at a Walk-in Centre or Accident & Emergency Department.

4.6 There are a small number of frontline staff who, despite prompting, either deny that the Extended Access service exists or that it is provided through their practice.

4.7 There is an issue regarding GP practices establishing postcode boundaries as a barrier to registration. Whilst Healthwatch Manchester acknowledges that this lacks compliance with the NHS Constitution it is apparent that local patients may face issues around accessing a GP practice nearby if limited spaces are taken by transient or commuting populations.

Appendices

Appendix 1 agreed script

Procedure used by the callers from Healthwatch Manchester:

1. Call the GP Practice
2. After greeting the receptionist, explain the scenario by saying “I have just moved to Manchester (or name of the local area). I am calling to ask if your practice provides the Extended Access Service”
3. The receptionist should recognise the term and be able to explain how it works.
4. If the receptionist doesn’t know the term “Extended Access” then an additional hint should be given. For example, “Would I be able to see another GP in Manchester when my own GP is not available?”
5. If the receptionist still doesn’t know what to do, then the receptionist is not aware of the scheme and is recorded as answering no to the question.
6. If the receptionist says that they can book another GP for you then the practice is recorded as offering the service even though they may be calling it by another name.

The answer to the question regarding the Extended Access service is recorded as a YES

- If the receptionist understands/knows the term “Extended Access service” or
- If they say they can book you another GP when the surgery is closed or
- If they offer you an equivalent service but use a different term such as “7 Day service” or “out-of-hours service” or similar or
- says they are part of a federation and can get you an appointment with another GP

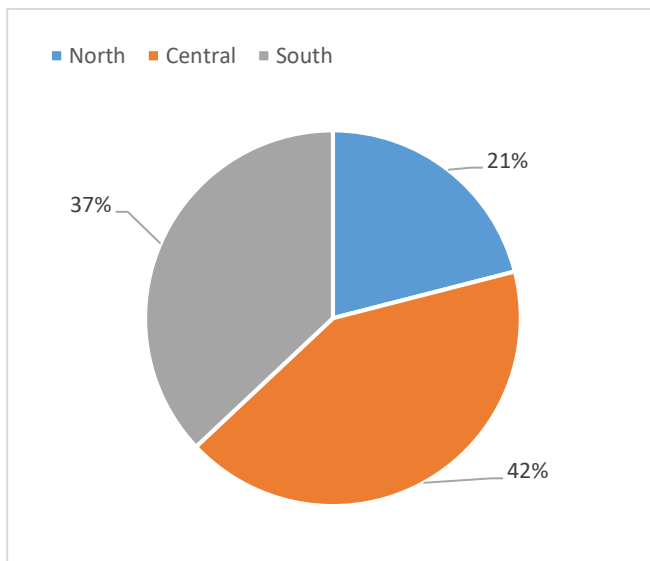
The answer is recorded as a NO

- If they did not understand the term OR the alternative
- If they deny that the service exists
- If they can only provide appointments during opening hours, even if this includes extended opening hours at the weekend
- If they referred the caller to a walk in centre or accident and emergency

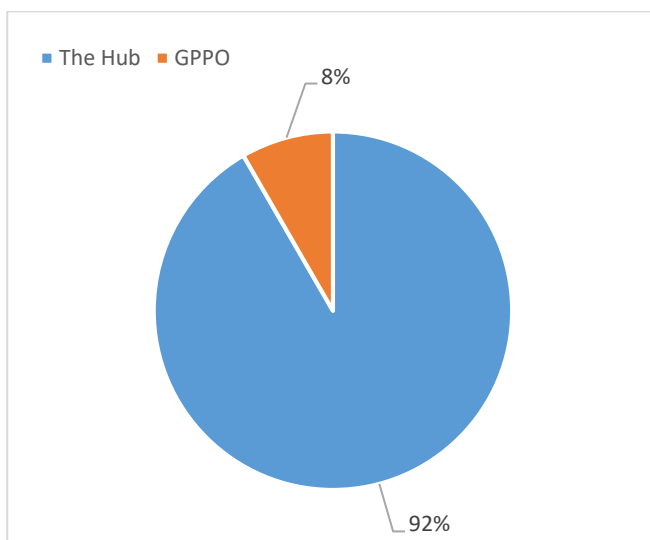
Other factors clarity, politeness and quality are rated on a scale of 1-5 with one being the lowest score and five the highest. Responses are recorded immediately after the telephone conversations and callers may also record narrative comments if they wish.

Appendix 2 detailed breakdown of data

Where frontline staff required prompting in relation to the main query:



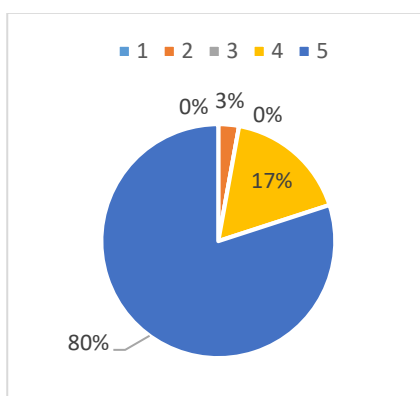
12% of frontline staff gave the Extended Access service a different name. Proportionally:



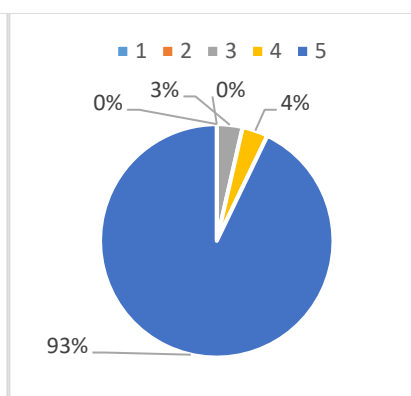
Clarity, Quality & Politeness by Area (Rating 1 - 5 where 1 is poor)

Clarity

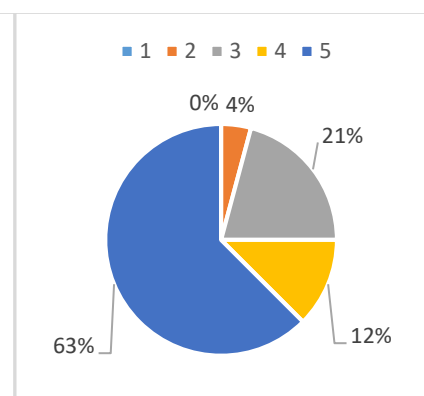
North



Central

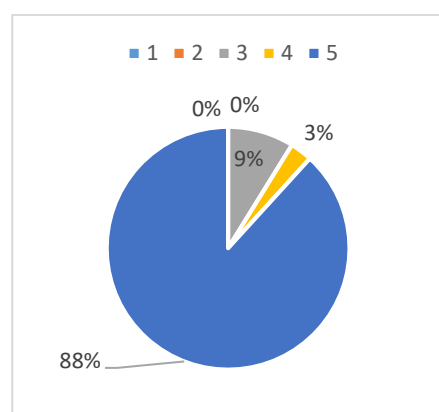


South

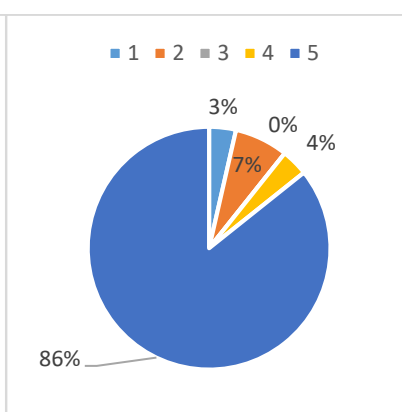


Quality

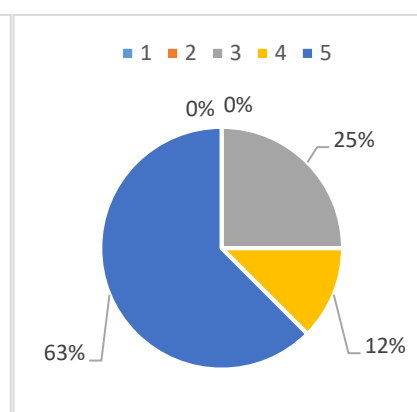
North



Central

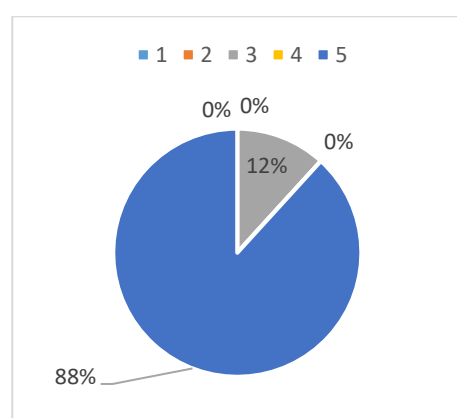


South

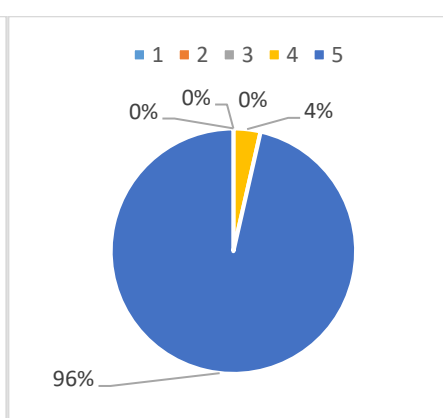


Politeness

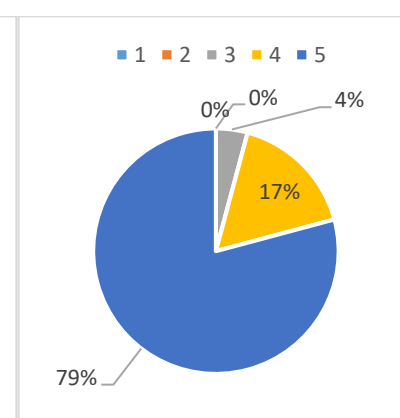
North



Central

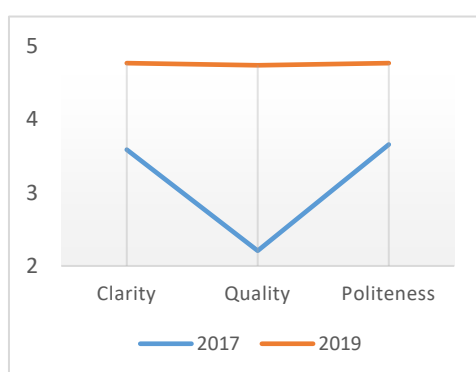


South

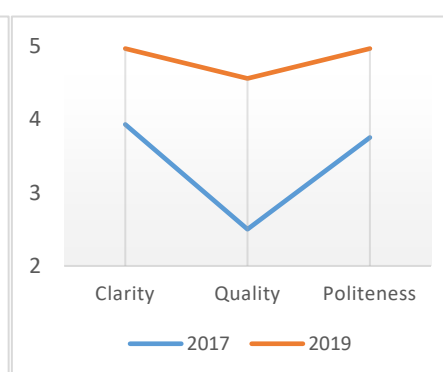


Overall by area

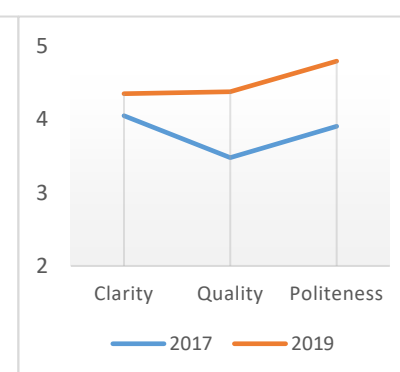
North



Central



South



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