**Pilsley Branch Surgery - Quarterly Progress Report to the Primary Care Co-Commissioning Committee (PCCC).**

**Q3 Report to the October PCC Committee.**

1. **Introduction**

The previous reports provided by Staffa Health to the PCC (July and September 2020) explained the operating model of the practice in light of Covid-19 pandemic.

Since July the operating model has largely stayed the same. We continue to operate a ‘triage first’ telephone based appointment system along with online access via eConsult which remains popular with some patients. Face to face appointments at Pilsley surgery are continuing three mornings per week (Tuesday, Wednesday and Thursday). There are two blood taking clinics, three GP sessions and two practice nurse sessions provided per week.

The practice have begun to focus on the delivery of Covid vaccinations since December, with the Sharley Park Covid Vaccination centre opening on the 7th January. At the time of writing patients in the over 80yrs group are being contacted by telephone initially to book them in for their vaccinations, with two thirds of them already having been vaccinated and all of the patients in our care homes have received their first vaccination.

1. **Progress report**

The following action plan details the work the practice has been doing to meet its obligations with regards to working towards the Pilsley branch closure. Changes and additions for this quarter’s report are highlighted in yellow.

Key to RAG Rating:

|  |  |
| --- | --- |
|  | Completed |
|  | In progress |
|  | Not started |

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|  | **Action** | **Update** | **RAG**  **Rating** |
| 1 | Review current service offers to increase overall capacity at the practice, e.g. GP to provide additional capacity to triage demand for same day urgent care | * Following a change in our operational model 100% of all patients who contact the practice for an appointment each day (for urgent or routine matters) are given a telephone consultation that day. Where patients need to be seen face to face this will also be provided the same day. * Patients are also able to complete an online consultation (eConsult) 24 hours a day 7 days a week. These are responded to within 1 working day. |  |
| 2 | Work with the Pharmacy to review opportunities for additional or enhanced services which can continue following Pilsley branch practice closure | * Further discussions with the Pharmacist and the Regional Manager of Well Pharmacy in Pilsley have taken place. There have not been any formal arrangements made as yet but discussions are continuing. |  |
| 3 | Increase the number of telephone, online and video consultations available and support patients to ensure they are able to access these services | * From 15th March 2020 Staffa Health have offered telephone or video consultations for all urgent or routine requests (not including nursing appointments such as blood tests). * Online Consultations were launched on the 7th April 2020 (eConsult) and are available to patients 24 hours a day 7 days a week via the Staffa Health website. Patients can expect a response within 1 working day. Overall the number we receive each week is between 90 and 100. * In July the PCC were keen to understand the practices plans to engage with patients around the changes that have taken place in accessing primary care services and how video and telephone consultations might mitigate some of the original concerns that were raised in the Consultation process.   A survey has been issued to patients who have had a telephone consultation. The full report can be found [here](https://www.gpwebsolutions-host.co.uk/1970/files/2021/01/Telephone-Consultation-Patient-Satisfaction-Survery-Jan-2021.docx), however a summary of the results is as follows:   * Patients report very high levels of satisfaction (97%) with the waiting time for a consultation. * Telephone consultations met patients’ needs in full in 84% of instances. * Over half of patients have no preference for a face to face or telephone consultation. 13% prefer a telephone consultation. For 33% of patients, face to face appointments are still preferred. * 99.14% of respondents said that their experience of a telephone consultation was excellent or good. * The main suggestion for improvement patients gave was to give patients a better indication of when their call back time should be.   The practice are very pleased with the extremely positive feedback from patients on this.  A survey was also conducted to understand patient satisfaction for using eConsult.  The full report can be found [here](https://www.gpwebsolutions-host.co.uk/1970/files/2021/01/eConsult-Patient-Satisfaction-Survery-Jan-2021.docx), however a summary of the results is as follows:   * The majority (95%) of patients did not find it difficult to submit an eConsult. * Two thirds of patients received a telephone consultation in response to their eConsult. Nearly all of the remainder received text information in response and only a very small minority required a telephone consultation. * 69% of patients reported that their needs were met entirely by the response to their eConsult * 95% said that their experience on eConsult was good or excellent * 98% of respondents said they would use the eConsult system again. * The majority of the suggestions for improvements received related to the format of the forms and the question that they were asked.   Again, the practice are very pleased with the extremely positive feedback from patients on this system.  There is also a survey in progress to gauge feedback on video consultations however the number of responses are small at this stage. Further responses will be obtained and the feedback summarised for the next report. |  |
| 4 | Streamline routine reviews for patients with long-term conditions and move to an annual review where possible | * All annual Long Term Condition (LTC) reviews have been pulled into a single appointment process that takes place in a patient’s birth month from the 1st June 2020. * In addition to this a patient’s annual medication review is also now being incorporated into this birth month review. |  |
| 5 | Consider availability of bus travel and transport, and the reliability of the service is accepted as a reason why patients may be late to appointments | * The availability and reliability of the local bus service is acknowledged. The practice will accept this as a reason for lateness to appointments for Pilsley patients and their appointment will be accommodated. |  |
| 6 | Display a poster notifying patients ofthe outcome of a conversation between NHSE (KW) and the Local Authority, around possible changed to bus schedules. | * The local bus service in Pilsley has been discussed by the CCG with the Local Authority and the service provider Stagecoach.   Due to a significant reduction in passenger use as a result of the Covid-19 pandemic bus services in Pilsley are operating to a reduced frequency.  In common with other bus routes, the frequency of future timetables is under review. As yet no decision about the future of this service has been made.  Regrettably, Derbyshire County Council, the CCG and the practice are not able to fund or subsidise any future transport solutions in Pilsley. The practice are aware of this issue and will communicate any further developments with patients as they become known on their website.   * Changes to the practice’s operating model means the frequency of face to face appointments has reduced and therefore the need to travel to a surgery is lessened as patients access more of their care over the telephone and online. These changes will remain post Covid-19 pandemic and will therefore support patients to access care from home rather than rely on public transport to surgeries. * The practice has been working with Derbyshire Community Transport to help patients get to the Covid Vaccination centre. The transport has been extremely useful to a small proportion of the older, less mobile cohort of patients who have been invited for their vaccinations. The practice will signpost patients to this service in future. |  |
| 7 | Take steps to improve car parking arrangements at the remaining three premises | * The Tibshelf surgery landlords have purchased the house and garden that sits within the curtilage of the existing surgery car park and are proposing to convert this area to car parking, subject to the appropriate planning permissions. This would increase the number of car parking spaces from 39 to 51. * Plans to increase the capacity of the Tibshelf car park and the surgery are being submitted to the CCG in January for agreement in principle. * The Car Parking at Holmewood surgery is considered more than adequate, even with increased future attendances. The Holmewood practice is surrounded by two council owned car parks that are for community use and can accommodate 50+ cars. * The Stonebroom surgery has limited car parking capacity, however there is on street car parking available on the main road and surrounding estates. * The move to a telephone based service has significantly reduced the number of cars parked at all surgeries. A previous audit of car parking at the Tibshelf site in June showed that the car park was on average only 57% occupied over a day and this has not changed significantly. * Whilst it is anticipated the levels of face to appointments will increase in future the practice have implemented a telephone consultation first model which will continue to keep the number of attendances to a minimum. |  |
| 8 | Undertake work on their premises in order to increase the number of clinical rooms at the main Tibshelf site. | * The practice are working with their landlords on a development proposal for a +250msq extension at Tibshelf surgery. Phase 1 of this project is an interim internal reconfiguration that will provide an additional 4-5 consulting rooms at Tibshelf (Pilsley Surgery currently has 5 clinical consulting rooms). * The practice and the landlords will require both aspects of this proposal to be agreed before work can commence on the interim reconfiguration works. * We are waiting for some clarifications with regards to the financial aspects of the development programme and these are currently being worked through with the CCG. Once this is clear a Project Initiation Document will be submitted to the CCG for approval. Once this is approved the internal reconfiguration works can be started. The timing of the internal reconfiguration works will also be dependant of when the Section 106 monies can be drawn down to fund phase 1 of the project. * In the meantime one of the existing rooms at Tibshelf is being equipped to be able to undertake consultations. The remaining rooms require more substantial building works to make them suitable for consultations. * If the full 5 room internal reconfiguration is not in place by 1st April 2021 the practice are confident that the clinical staffing and consultations taking place at Pilsley currently could be accommodated within Tibshelf and also at Holmewood if necessary. This is achievable while we are keeping face to face consultations to a minimum. Any expansion in face to face appointments when he pandemic subsides could be accommodated by opening up the Stonebroom surgery, which has been closed in order to provide care for potential covid patients. |  |
| 9 | Identify new ways of providing supportive and proactive care to the most vulnerable patient groups | * The practice committed to identifying new ways of providing supportive and proactive care to our most vulnerable patients such as: * Frail elderly * Less mobile * Disabled * Low incomes * Mental health * Young families * Carers * People in poor health * The recent changes to service provision has made access for all of the above patents easier with appointments being given the same day in all cases and the majority conducted remotely thereby reducing the need to travel to a surgery. * Shielding patients, patients with dementia and patients with a learning disability were contacted by phone to check they were safe and well and have the support they needed during the initial Covid lockdown. Deaf and hearing impaired patients were contacted to explain new processes and options to help them access services. Around 50% of patients over 70 years were comfort called and these calls were well received. * The South Hardwick Primary Care Network has two social prescribers in post who support patients with physical or mental health or wellbeing issues. * The practice is piloting the use of the Comprehensive Geriatric Assessment for frail elderly patients. These assessments are being done for new patients registered to care homes at the moment but if successful will be something we would complete for other vulnerable patients in the community. A Multidisciplinary team meeting is held every week for care homes patients. Lead staff members from the relevant health and social care providers attend a Microsoft Teams meeting to discuss care plans for care homes patients. |  |
| 10 | Provide home visiting capacity to support the housebound and frail elderly | * It is recognised that there may be an increase in requests for home visits for Pilsley patients who are frail and would find travelling to another surgery difficult. The practice will still operate a strict home visiting policy based on health need; however we have taken steps to increase our capacity in this area. We currently have additional capacity and anticipate that this will continue once services return to normal after Covid. |  |
| 11 | Review practice operating models, administration systems, timing of appointments and appointment types to ensure these work for patients and with a view to improving access where possible. | * Since the onset of the Coronavirus pandemic the practice’s operating model has changed in every aspect. See summary at the beginning of this paper. * We have quite quickly expanded our spectrum of care methods and now offer remote methods such as photo messaging, eConsult, video consult and text messaging in addition to telephone consultations, face to face appointments and home visits. * Our new operating model has significantly improved access times for consultations and administration processes for patients at all surgeries. There is less necessity to travel to a physical surgery either for consultation or for tasks such as prescriptions, registration or collection of sick notes, records and other information and this will continue post pandemic. Some electronic tasks are completed much quicker than past paper-based processes.      * Our operating model will continue to be reviewed at regular intervals in order to improve access for all patients. |  |
| 12 | Ensure communications is robust within the twelve month period to keep Patients’ informed of progress. | * Updates for all patients on the current operation of the practice have been provided on our website and in surgeries. * A patient Newsletter was drafted in June 2020 and this included an update on the Pilsley Surgery. This is available on our website and social media while the practices are not open-door. * The Staffa Health Facebook page posts updates for patients on a daily basis and has over 700 followers. * The PCC reports will be made available on the Staffa Health website. * Pilsley Parish Council have also been sent a copy of this report for information. * Communications are ongoing as things change. * The practice are planning to provide some information in their next Newsletter to ensure Pilsley patients are clear how to access care after the 31st March 2021. |  |

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