

**Report to the Somerset Primary Care Commissioning Committee Meeting on 8
December 2021**

Title: GP Patient Survey – December 2021 Update	Enclosure D
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Version Number / Status:	V1
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Summary and Purpose of Paper

This paper provides the committee with the next steps following the outcome of the GP patient survey results analysis along with the planned further actions to be taken over the course of the coming months.

Recommendations and next steps

The Primary Care Commissioning Committee is asked to approve the outlined way forward and next steps.

Impact Assessments – key issues identified

Equality	No impact identified			
Quality	No impact identified			
Privacy	Detail on individual practice GP patient survey results and subsequent internal CCG analysis has been largely anonymised for the purpose of this report.			
Engagement	No impact identified			
Financial / Resource	No impact identified			
Governance or Legal	No governance or legal risks			
Risk Description	Where we have identified practices who have achieved under-average results there is an element of risk to reputation. However, this has not been noted as a formal, significant risk on the CCG risk register.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

**GP PATIENT SURVEY: DECEMBER 2021 UPDATE – PRIMARY
CARE COMMISSIONING COMMITTEE**

1 Update on Patient Experience workstream

- 1.1 Ensuring the patients of Somerset receive the best possible experience at their general practice is a priority for Somerset CCG and we are working with our providers to ensure they continue to put patient experience first as part of their wider mission of delivering high quality and effective care.
- 1.2 One of the ways of measuring performance is through the national patient survey which serves as a guide to further understand the position of the primary care providers in Somerset, how they are performing against the national benchmarks in areas relating to experience and access to services. Somerset's overall score on patient experience described as 'good' has increased by 2% on 2020 to 85%, putting the county above the national average which is currently sat at 83%.
- 1.3 The purpose of this report is to inform the Committee of the action taken since the last meeting in September 2021 and set out the engagement planned over the coming months. At the previous Committee in September a breakdown of our initial analysis was shared based on the following GP patient survey questions:
 - 1) Generally, how easy is it to get through to someone at your GP practice on the phone?
 - 2) How helpful do you find the receptionists at your GP practice?
 - 3) How easy is it to use your GP practice's website to look for information or access services?
 - 4) Overall, how would you describe your experience of making an appointment?
 - 5) Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?
 - 6) Overall, how would you describe your experience of your GP practice?
- 1.4 We reported that a large number of our practices are performing above the national average and there are around 15 that fall below it, when averaging the scores. We have since conducted further internal analysis that looks more specifically at patient access and the wider correlation to overall patient satisfaction. Our additional analysis of a further 8 indicators as detailed below. As expected, the two outcomes from the two different sets of indicators align and practices with lower patient satisfaction also have a lower rate of access.
 - 1) How satisfied are you with the general practice appointment times that are available to you?
 - 2) How often do you see or speak to your preferred GP when you would like to?
 - 3) On this occasion, were you offered any of the following choices of appointment (time of day)
 - 4) How long after initially trying to book the appointment did the appointment take place? (Inc same day, Next day, a few days later)
 - 5) Were you given a time for the appointment?

- 6) Last time you had a general practice appointment, how good was the healthcare professional at listening to you
- 7) Last time you had a general practice appointment, how good was the healthcare professional at treating you with care or concern
- 8) Were you satisfied with the appointment (or appointments) you were offered?

1.5 From the 14 key indicators we are able to highlight which practices have below average results. This ranges from practices that are under the average for all 14 indicators right through to those that do not have any indicators below average.

1.6 We have decided that we will initially focus on the 15 practices who fall below the national average on at least 50% of our chosen indicators. The comprehensive overview of patient experience and access means we are now in a solid position to begin engaging with providers on this basis.

2 Current action and next steps

2.1 Whilst it is not a contractual obligation to obtain outstanding patient survey results, there is an expectation that all providers in Somerset should be operating above the national average. It is important that we engage with our providers who are falling below the national average to understand individual practice results in greater detail and provide the opportunity for an open conversation about any pressure, concerns or support the CCG can provide. The overarching aim is to improve experience and access for the patients of Somerset and through collaborative engagement it is hoped that we can work with providers to improve the results of the survey.

2.2 We acknowledge that it is not appropriate to base the sole benchmark for gauging the reality of performance in general practice on the patient survey alone and there are many factors which influence survey results. For example, if a three partner practice had all three partners off sick at the same time and locums were running the practice for six months, we would expect to see experience results suffer as a result. However, the patient survey results do provide a starting point to initiate conversations with providers. We will work with providers to celebrate success and address challenges in a supportive way.

2.3 We will take this work forward with our approach varying from practice to practice, depending on their specific circumstances. This will take place as part of our fully integrated work on primary care assurance across the CCG and wider system to ensure an aligned approach.

2.4 We will write to all providers in Somerset to reiterate our expectation on patient access and overall experience and again whilst recognising it is not a contractual obligation to perform about the national average, the CCG is committed to ensuring Somerset is an exemplar of how great patient access and experience is achieved. This letter will be issued over the coming months and will provide the option for providers to contact Somerset CCG to individually review their results and access support for improvement.

- 2.5 Every practice identified for engagement will be contacted with the view to setting up a meeting. These meetings will provide the opportunity for providers to share their thoughts, feelings, rationale for each under average result and agree the steps they will take to improve the survey results in the coming years. They will also be given an opportunity to seek support and request interventions. These requests will be supported and actioned by the CCG.
- 2.6 Assurance Framework visits are planned to recommence from April 2022. Colleagues undertaking these conversations will be informed of the practice results and any subsequent meetings to better inform their discussions. It is important to note that individual survey specific provider meetings will take place prior to April 2022, however the outcome of these meetings will feed into a potential follow-up on progress at a subsequent Assurance Framework visit.
- 2.7 We will engage with all relevant CCG teams who have an interest in performance and quality improvement to ensure a collaborative, system-wide response to improving patient experience and access. Improvement of this nature needs to be inclusive to avoid silo working and a duplication of discussion.
- 2.8 An update on individual practice positions will be shared with the CCG senior management team. The purpose of sharing information on identified under average practices is to ensure the conversation of access and experience is included in on-going practices of note discussion at senior management level – again avoiding a duplication of discussion and raising the profile of this workstream.
- 2.9 We have identified which providers are performing well against both the national and local average; we will be actively engaging them to recognise their commitment and to understand success factors to share learning across Somerset. This will be done prior to any communication with under average providers as it will strengthen our ability to provide support. Particular areas of interest are to understand key characteristics (e.g. List Size, Location, Demographic, Access model) and their correlation to a positive patient experience.
- 2.10 Symphony Health Care Services (SHS) currently account for 15 out of our 64 practices in Somerset. We will work with SHS to analyse their results as an overall provider and agree an action plan with them as appropriate. Conversations of this nature have already started and will continue over coming months.
- 2.11 We will approach CCG locality leads and share the results given our analysis allows us to review results at Primary Care Network level. This will further support both their regular conversations with each PCN but also enable a collaborative approach to improvement; this is particularly important following our initial engagement and subsequent action plan as Networks will be able to ‘check-in’ at regular intervals. Locality leads will be asked to ensure they have a good understanding of individual practice discussions to support where possible.

- 2.12 The overarching aim is to improve general practice service for Somerset patients and therefore it is important to recognise that conversations of a similar nature are taking place regularly. It is paramount to our response that we integrate the intelligence across all workstreams related to practice support and improvement to better inform outcomes.
- 2.13 As we make progress with the content of this report we will update and feedback to the Committee through the primary care update report. We are also very willing to meet with any of the Committee separately to discuss the content of this report and associated action in greater detail.

Luke Best & Ed Garvey
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