

## INTEGRATED CARE AND WELLBEING SCRUTINY PANEL

<b>Title of Subject:</b>	GP Patient Survey
<b>Date of paper:</b>	10 September 2020
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<b>History of paper:</b>	First paper regarding 2020 GP Patient Survey to Integrated Care and Wellbeing Scrutiny Panel
<b>Executive Summary:</b>	<p>The GP Patient Survey takes place every year. This paper discusses the 2020 survey, including a heat map benchmarking practices against each other, how this will be approached with practices via a workshop in the practice managers' forum to share best practice and utilising more immediate forms of patient feedback such as individual practice patient satisfaction surveys and the Friends and Family Test to evaluate interventions when implemented.</p> <p>Reviewing the GP Patient Survey is one of several sources of data that informs the CCG's continuous work programme to improve primary care quality, which is overseen by the Primary Care Delivery and Improvement Group and Primary Care Committee.</p>
<b>Recommendations required of the Committee (for Discussion and Decision):</b>	For information, comment and noting the work programme overseen by PCDIG and PCC.
<b>Principles addressed by proposal (QIPP, national/regional policy etc):</b>	Patient experience

## 1. INTRODUCTION

- 1.1 The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.
- 1.2 It is administered on behalf of NHS England by Ipsos MORI. In NHS Tameside and Glossop CCG, 14,106 questionnaires were sent out, and 3993 were returned completed. This represents a response rate of 28%. This is a return rate year on year drop of 2% and reflects the trend locally and nationally of fewer patients responding since 2018.
- 1.3 The GP Patient Survey measures patients' experiences across a range of topics, including:
  - Making appointments
  - Waiting times
  - Perceptions of care at appointments
  - Practice opening hours
  - Out-of-hours services
- 1.4 The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time, though it was redeveloped in 2018.
- 1.5 The redevelopment in response to significant changes to primary care services as set out in the GP Forward View, and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The survey was also opened to patients aged from 16, rather than 18. These changes were carried through into the 2019 survey, providing continuity of comparison across 2018 / 2019. These changes mean that it is not possible to make comparisons with earlier years than 2018.
- 1.6 The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data which limits the detail provided by the results.
  - The data is provided once a year rather than in real time.
  - The differing models of general practice delivery across locality and networks - the Primary Care Access Service or Primary Care Network (PCN) delivered services - should not be seen as 'different' by patients, but may have impacted on practice level responses.
- 1.7 The GP Patient Survey is one of the tools used within the routine monitoring level of the CCG's Primary Care Quality Assurance process to understand quality reviewing patient safety, patient outcomes and patient experience. While the GP Patient Survey provides part of the patient experience element, other sets of data reviewed include the Quality and Outcomes Framework, the Friends and Family Test, practice complaints and the data available around the management of long-term conditions. The information available through the CQC process and information available from other organisations such as Healthwatch is also used as part of our holistic view of our practices.
- 1.8 This year's survey was carried out between 2 January and 3 April 2020, providing a snapshot of general practice during that three month period. The coronavirus pandemic significantly affected the country from March 2020 onwards, which may have impacted upon the number of responses to the survey in its final month.
- 1.9 The response to the global pandemic means that general practice has put in place new methods of working that were not in place at the time of the survey. General practice now has a total triage system in place with appointments delivered by telephone, video and face-to-face consultations where safe and clinically appropriate. Some of the issues raised through the survey may therefore already have actions implemented.

- 1.10 We have seen a year on year reduction in the number of responses submitted from Tameside and Glossop patients but believe targeted work undertaken by our communications team, practices, Primary Care Networks, Patient Participation Groups, Patient Neighbourhood Groups, Healthwatch and the voluntary, community and faith sector can help support improved uptake in future years. A clear action plan will be developed through the autumn for a communications plan to be launched late autumn ahead of the 2021 survey window. This will be overseen by Primary Care Delivery and Improvement Group (PCDIG) and by Primary Care Committee.

## **2. TAMESIDE AND GLOSSOP 2020 GP PATIENT SURVEY RESULTS**

- 2.1 As with the national average scores, Tameside and Glossop practices have seen a year on year reduction in average scores alongside, in general, achieving scores lower than the national average. However, Tameside and Glossop CCG has broadly similar scores to most of the ten CCGs, across the country, it is closest to in terms in demographics. The average figures hide differences in individual practice performances, with some Tameside and Glossop practices achieving high scores compared to the national average.

### **Perception of care**

- 2.2 Participants' perceptions of care in T&G were very similar to the national average. 97% of participants reported that the healthcare professional they saw at their last appointment: gave them enough time; listened to them; and treated them with care and concern. Over 90% of participants felt that: they were involved in decisions made about their care and treatment; they had confidence and trust in the healthcare professional; and their needs were met.
- 2.3 85% of participants felt that their mental health needs were recognised or understood, in line with the national average.

### **Overall experience of GP Practice**

- 2.4 77% of participants in T&G said they had a good overall experience of their GP practice – lower than the national average of 82%. 10% said they had a poor experience, compared to 7% nationally. The T&G average score is composed of individual practice scores ranging between 53% and 99% of patients describing their overall experience of their GP practice as good, with 54% of Tameside and Glossop practices achieving a score higher than the national average.

### **Managing health conditions**

- 2.5 75% of participants in T&G reported that they had enough support from local organisations and services in managing a health condition, similar to the national average of 77%.

### **Mental health needs recognised and understood**

- 2.6 85% of participants in T&G reported that their mental health needs were recognised and understood, similar to the national average of 85%.

### **Online services**

- 2.7 72% of participants in T&G said that their GP practice's website was easy to use, compared to 76% nationally. 22% are accessing their medical records online – higher than the national average of 19%.

### **Additional findings**

- 2.8 Patient experience is an important indicator of quality in general practice, which includes how easy it is access. No system of access will work for all patients and needs to be designed to appeal to the widest group of patients possible and where it can't meet the needs of all patients all the time, this impacts upon patient satisfaction.

- 2.9 This is highlighted in the GP Patient Survey that shows lower national averages for access scores and year on year reductions, which is also repeated in the Tameside and Glossop year on year results. An example of where this is not the case is the question about how helpful the participants found the receptionist at their practice, which is 85% - similar to the national average. Tameside and Glossop practices' scores range from 60% to 99% in this question, with 59% of practices scoring higher than national average.
- 2.10 Practices with a higher index of multiple deprivation score have lower achievement in the GP Patient Survey. Out of the 14 lowest benchmarked Tameside and Glossop practices the majority are amongst the 10% most deprived neighbourhoods in the country, with two amongst the 20% most deprived in the country and one each in the 30% and 40% most deprived neighbourhoods in the country. Deprivation and any inequalities in health that arise out of deprivation clearly impact upon a patient's experience of primary care, which will link into wider work to be undertaken in reducing inequalities within Tameside and Glossop.

### 3. UTILISING THE GP PATIENT SURVEY TO IMPROVE PATIENT EXPERIENCE

- 3.1 General practitioners are independent contractors, and like all providers need to be the drivers of their own improvements – this is the only way improvements will be adequately embedded within a practice. By using data to understand their current position they can put in place plans relevant to their individual practices to support improvements in patient experience.
- 3.2 In these circumstances the role of the CCG is to provide that data to practices alongside forums where practices can discuss their successes and challenges, explaining what has and hasn't worked for them. All practices are different – working in different ways with different patient demographics but the power of peer discussions lies in the sharing of good practice and how that develops into interventions for improvement in each organisation by utilising the elements felt to be applicable in different practices.
- 3.3 The heat map in **Appendix 1**, benchmarks each PCN in terms of achievement. This will allow us to undertake targeted work at both PCN and individual level to support interventions that will have a positive impact on patient experience.
- 3.4 A range of scores in each question between Tameside and Glossop practices can be quite large and with some practices achieving percentages significantly higher than the national average, while others score lower, the higher scoring practices can share what works for them with lower scoring practices, who can then put in place interventions for improvement.
- 3.5 Primary Care Network leadership can also influence and facilitate the sharing of good practice. Sharing good practice is a tool that has previously been shown to work with Tameside and Glossop practices and is a key part of the Quality Improvement indicators in the Quality and Outcomes Framework. We have previously used it to share the learning from the Primary Care Quality Scheme, the Locally Commissioned Services Quality Improvement bundle and to develop co-designed guidance for general practices.
- 3.6 This is done partly by benchmarking practices and sharing the benchmarking with all 37 practices so they can see their own performance and where that sits within the CCG area. It allows us to know which practices are high and low achievers and which practices we will target to support, while also providing us with detailed information on the areas practices need to improve upon. Areas of improvement are different in each practice, but by working on them individually it should support overall improvement in the patient experience across Tameside and Glossop as a whole. We will undertake targeted work with 14 practices.
- 3.7 Six practices have achieved higher than the CCG average score in every question. Out of those six practices in the majority of questions they have also achieved a higher than the

national average score. Questions of note in these practices were the quality of advice given and the overall experience of general practice.

- 3.8 Peer support will be provided by utilising existing group forums such as the monthly Practice Managers Forum as workshops to share best practice. In addition, targeted support will be given to practices achieving low overall patient experience scores by visiting them to discuss their challenges. The visits undertaken with the Quality Improvement Clinical Lead also allow for further sharing best practice and direct practice to the Greater Manchester GP Excellence programme which will be able to provide further directed operational support.
- 3.9 The use of an existing forum recognises time constraints within general practice, with even large practices being small organisations with limited resources. By taking into account a potential capacity crunch at practices and using meetings they already attend, practices are more likely to engage. The power of peer learning lies ensuring as wide a spread of practices attending and sharing both their positive and negative experiences, supporting improvement across all Tameside and Glossop practices.
- 3.10 The GP Patient Survey takes place annually and is an important tool in understanding patient experience. There are other more immediate tools that can be used to measure patient experience and any interventions that are put in place. Practices with low scores will be encouraged to undertake their own patient satisfaction surveys to understand the impact of their interventions.
- 3.11 The Friends and Family Test is currently suspended until 30 September 2020. Once this is back in place, this provides practices with a further source of feedback to understand improvements in patient experience. Healthwatch provides both the CCG with invaluable feedback and also undertakes targeted work with practices to help support improvements in the patient experience of primary care. This work will continue. Practices have now been advised that they should be investigating complaints, providing another invaluable source of feedback while awaiting the publication the next GP Patient Survey, which will ultimately inform us of how successful interventions will be.

#### **4. BUILDING BACK GENERAL PRACTICE AFTER THE INITIAL COVID-19 RESPONSE**

- 4.1 Although general practice has remained open throughout the pandemic, a number of contractual aspects of primary care were suspended to allow practices to focus on that immediate response and urgent care delivery. As we have moved through the initial phase of the pandemic into a new normal practices have been asked to reintroduce the full breadth of services. The GP Patient Survey and all other forms of general practice feedback feeds into the wider work that is being undertaken to support primary care to reintroduce services that were stood down at the early stages of the pandemic and ensure that there is no inequity of healthcare within Tameside and Glossop.
- 4.2 A recent Building Back General Practice survey, completed by practices, highlighted the services that each practice has reintroduced and the barriers to reintroduction that may exist. Primary Care Networks and the CCG will continue to work with practices to help them overcome these barriers and ensure all our population has access to the same services, regardless of which general practice they are registered with.
- 4.3 This survey was undertaken before the recent "Phase 3" letter from NHS England to all providers, requiring the majority of activity to resume in primary care. Prior to that the CCG had set out its expectations of primary care with regard to other services commissioned from it outside the core general practice contracts. These include locally commissioned services and any other services delivered outside the core contracts, with practices being advised they should be delivering these services to 100% of our population. Guidance has been provided to support the reintroduction of these services. This means that the care available

in general practice now is equal to that before the pandemic, albeit delivered differently to how it was previously, in some cases.

- 4.4 The recent appointment of a Health and Social Care Digital Transformation Manager to the CCG will help practices retain the best of the changes that have occurred since the start of the pandemic, while ensuring that that the move to more digital does not disenfranchise patients, addressing digital deprivation and avoiding building inequality into the system.
- 4.5 The survey has identified that the majority of practices are now delivering, amongst others, cervical screening, childhood immunisations, routine management of patients with long term conditions – including diagnostics, health checks for patients with learning disabilities and mother and child 6 – 8 week checks.

## **5. RECOMMENDATIONS**

- 5.1 As set out at the front of the report.

