



Access to Primary Care Services

A report by Plymouth LINK May 2011

In partnership with the primary care team of NHS Plymouth and the Care Quality Commission (CQC), Plymouth LINK has been looking at access to primary care services (GP's, dentists, opticians, pharmacists) in Plymouth.

Following an increase in feedback relating to accessing primary care services in the city, Plymouth LINK met with representatives from NHS Plymouth and the CQC to discuss the issues raised and carry out some wider research into access difficulties for different communities in the city, (including young people, visually impaired, asylum seekers and refugees, carers and many more).

Over the two meetings, the group discussed:

- The feedback received.
- Results of the survey.
- Potential improvements to services.
- How NHS Plymouth can ensure they meet CQC standards in preparation for registration.

In the discussions it was clear that there is a lot of existing good practice, however improvements were still needed to address some of the issues made.

On the following pages are recommendations based on the feedback received and discussions during the meetings.

Plymouth LINK will share this information with:

- NHS Plymouth
- Sentinel
- Devon Docs

for their response to the issues raised and recommendations for improving primary care.

We will also share this information with:

- Plymouth community healthcare
- Adult social care services
- Plymouth NHS Hospitals Trust

for their information, and to encourage consistent good practice.

As per regulations, Plymouth LINK will look forward to hearing from you regarding this report within 20 working days, to include:

- A response to the issues raised
- Work that is already being done to improve areas raised
- New plans, ideas for responding to recommendations
- Challenges for services to support LINKs understanding.

Proposed service improvement plan

<u>Area of service</u>	<u>Recommendations</u>
<p><u>Getting an appointment</u></p> <ul style="list-style-type: none"> - People needing translation services need support to register with GPs as they do not have the support of Language Line until they are registered with the surgery. - People with a hearing impairment cannot hear their names called or can have difficulty on the phone to the surgery. - Dental surgeries do not use Language Line, unlike GPs, making access difficult for non English speakers. - Time taken to get an NHS dentist 	<ul style="list-style-type: none"> ◆ System needed so that non English speakers can identify themselves and their language in a surgery (poster, card, other). ◆ Work with organisations/health champions to support registration process. ◆ Consider development of simple/pictorial registration form (which will be suitable for people with limited language, learning difficulties/visually impaired, cannot read etc.) ◆ Patients with a hearing impairment to have a note on file for receptionists/GP/dentist. ◆ Explore use of other formats to ensure appointments are not missed i.e. <ul style="list-style-type: none"> - text messaging/email to book/confirm appointments. - use of existing waiting room screens to alert patients to appointments or - a number system so that patients can track their turn. ◆ All dental surgeries to be encouraged to use Language Line/form part of local monitoring/negotiation of contracts to include access requirements. ◆ Dental Access Centre to review accessibility as a point of access for many communities. ◆ Review of existing waiting list system and consideration of use of a 'choose and book' style system for patients.

<ul style="list-style-type: none"> - Access to services for isolated, excluded groups 	<ul style="list-style-type: none"> ◆ NHS Plymouth to explore success and increasing opportunities to outreach to new communities (GP and dental services to gypsy and traveller sites and dental services to homeless shelter/REC etc.)
<p><u>Information</u></p> <ul style="list-style-type: none"> - Amount of jargon - Information accessible to patients 	<ul style="list-style-type: none"> ◆ Information when developed, reviewed or reproduced to be tested for plain English via LINK and other groups. ◆ All patients to be asked about their communication needs so that languages, large print, ability to read etc. can be logged on file. ◆ Communication needs of patients to routinely form part of referrals to Sentinel. ◆ Identify how non English speaking patients can alert a service to their own language (discussed possible posters/individual cards). ◆ For patients who do not read English guidance on communication to be gained from 'Shout it out' project. GP awareness recommended in supporting patients regarding taking prescription medicines etc. ◆ Surgeries to research and understand make-up of local population/catchment area in terms of languages spoken and raise staff awareness.
<p><u>Patient involvement in treatment</u></p> <ul style="list-style-type: none"> - Patients often do not understand in order to be involved. - Approaches of health professionals do not always encourage patient involvement. 	<ul style="list-style-type: none"> ◆ As above regarding information. ◆ Staff training to include some good practice involving patients – this will reinforce the new commissioning requirements on

<ul style="list-style-type: none"> - Patients do not understand their rights. 	<p>providers to evidence public and patient involvement (PPI).</p> <ul style="list-style-type: none"> ◆ Patients' rights/Charter to be visible in all surgeries.
<p><u>Staff attitudes</u></p> <ul style="list-style-type: none"> - Lack of understanding of primary care staff of challenges and needs of different communities. - Reception staff can come across as rude. 	<ul style="list-style-type: none"> ◆ Staff training to include disability awareness, basic sign language and equality and diversity to raise awareness. ◆ Customer service training/principles introduced to reception staff. ◆ New PPI requirements will improve how services evaluate patients. ◆ Review/improve how patient feedback is used to influence staff development/appraisals/performance management.
<p><u>Environment</u></p> <ul style="list-style-type: none"> - Cluttered environments can be distressing for some groups of patients (i.e. LD). - Parking can be difficult at GP/dental surgeries. - Some surgeries are upstairs with no lift. 	<ul style="list-style-type: none"> ◆ Quality Outcomes Framework to make sure this forms part of the check. ◆ Estates strategy and planning to incorporate layout. ◆ Consider whether a sign in the existing parking area could divert patients to local parking. ◆ Surgeries to display parking options within surgeries. ◆ Consider whether general communication with patients could include parking references (i.e. appointment letters etc.) ◆ Surgeries to consider whether they can offer a ground level appointment to certain patients and how this could be delivered.

General

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| <ul style="list-style-type: none">- Primary care could work increasing closely with the Third Sector.- People with mental health needs who do not show for appointments may indicate illness but GP's unaware.- Patients may not fill a prescription and be at risk but pharmacies are unaware. | <ul style="list-style-type: none">◆ Consider how system could alert staff to whether patients who do not turn up are ones at high risk if an appointment is missed.◆ Consider for certain patients whether monitoring of prescriptions is needed to alert to concerns.◆ LINK to feed relevant issues into staff training programmes as they are developed each year. |
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