

**South East London CCG (Greenwich) response to
Healthwatch Greenwich October 2021 Feedback Report**

1. COVID 19 Vaccinations and Boosters

It is acknowledged that patients have at times found the information provided on the vaccination programme confusing. As a result communication and engagement colleagues within the CCG have worked hard to keep patients fully informed and to follow are some examples of the approaches that are / have been taken:-

- A letter was sent to all Royal Borough of Greenwich residents including information about the booster vaccination, eligibility and how to book the vaccine.
- A team of Vaccine Champions are visiting neighbourhoods (Woolwich Commune, Woolwich Riverside, Plumstead and Thamesmead) knocking on all doors giving information about the Covid-19 vaccination including booster doses. They are helping residents with information on how to book the booster vaccine as well as promoting the local walk-in vaccination clinics.
- Residents are also being encouraged to sign up for regular updates and become a Community Champion via:-

royalgreenwich.gov.uk/communitychampions

As national information and directives continue to be published, we will work with communications and patient engagement colleagues within the CCG, HWG and the wider community to ensure that messages are simplified and made easier to understand. In addition, that a variety of communication channels continue to be used to disseminate information to the local population.

2. Telephone Triage / Telephony

The feasibility of implementing standardised ways of working across practices within a PCN has recently been put forward by PCN staff. The rationale being to provide each patient within the PCN the same experience when contacting any of the constituent practices. We will therefore encourage and support practices to share good practice and determine whether the inclusion of protocols for answering the telephone and explaining to patients what and why certain information is required i.e. to help direct their call and ensure they receive the most appropriate care, would be pragmatic given the varying sizes and workforce.

With regards to telephony, we will continue to work with practices to seek out opportunities and national funding to upgrade to systems that have greater capabilities. This may however take some time depending on the individual practice contracts and penalties associated with early exit. In the meantime, we will explore

with practices ways in which changes can be made within current systems to improve patient experience.

3. Communication / Face to face appointments

During the pandemic general practice has had to significantly change the way in which services are provided to patients. This has resulted in changes often being made at extremely short notice and at pace to comply with national directives. Practices have however continued to offer face to face appointments throughout for those that have been clinically assessed as requiring this type of intervention. As we embark on what will undoubtedly be a difficult winter period, we will continue to work with practices, PCNs and the local community to ensure that patients are aware of how to access services.

4. Call backs

Workloads within practices are normally determined by the clinical needs of patients accessing services on any given day as well as other emergencies that may take priority. With that in mind practices may not be able to provide a specific timescale within which to contact patients on the telephone i.e. between 1000 and 1030. Acknowledging that this can be frustrating for patients, we will work with practices to identify ways in which patients could potentially be notified of the period within which the call back is likely to take place as well as sending SMS text messages (in the event of missed calls) to inform patients that the practice had tried to contact.

5. eConsult

We will work with practices to determine potential mechanisms for informing patients that their eConsult submission has been received together with an indication of when a call back is likely i.e. by SMS text message with a call by X.

For those that are not comfortable with completing an eConsult form, practices continue to be contactable via the telephone. We will however work with practices to identify ways in which vulnerable patients can access services. This may include the development of easy-to-understand communications, in conjunction with relevant partner organisations, that will subsequently be disseminated to patients and carers.

Where issues have been raised about specific practices these will be addressed on an individual basis and support provided to improve.

NB: It is worth noting that from October 2022, practices are contractually obliged to 'offer and promote' to their patients:

- An online consultation tool;
- A video consultation tool;
- A secure electronic communications method; and
- An online facility to provide and update personal or contact information.

However, all these should be offered *'alongside rather than as a replacement for other access and communication methods'*.

Work is underway to review e-consult at a South East London level with the service likely to be re-procured next year. Activities will be carried out to collect and analyse insight of patient experience to inform this and this feedback will be passed to the team.

6. Making a complaint

Following publication of the 'Mystery Shopper' report, we will work with HWG and practices to ensure that information on how to provide feedback, complain or pass on a compliment is made more prominent within practice sites as well as on individual websites.

7. Electronic Prescription Service / Referrals

We will discuss these areas with practices, the aim of which will be to identify what else can be done to reassure patients following verbal confirmation from the site / clinician involved that each have been actioned.