

Review Team – End of Review Report on progress towards Recommendations

Riverside Medical Practice and Associated Services

Foreword

An independent team was commissioned by East Lothian Health and Social Care Partnership (ELHSCP) to carry out a review of Riverside Medical Practice (RMP) and associated services provided by ELHSCP and NHS Lothian (NHSL) in Spring 2022. The full report was published in August 2022 and can be accessed [here](#).

The Review Team used a values-based approach where the principles of independence and transparency; dignity and respect; and care and compassion were paramount. The Review Team gathered a range of information about the access and capacity of RMP and associated services and made seventeen recommendations.

This report summarises our collective assessment and evidence regarding the progress made by RMP and associated services in meeting the recommendations set out. We note the significant amount of work that has been done by all parties involved.

In the six months from October 2022 to March 2023, RMP and ELHSCP have provided regular updates to the Review Team. In addition, RMP have published a monthly report which is available on their website.

Undoubtedly progress has been made. We were delighted to hear of the collaboration between RMP, ELHSCP and NHS Lothian (NHSL) which resulted in a new telephone system being introduced in March 2023; continuing communication about the RMP contract and of improvements in the sustainability and consistency of the Care When it Counts (CWIC) service.

The Review Team worked with RMP to ensure the complaints handling procedure met the required NHS Standards. We note the significant reduction in the number of complaints received both by constituency MSPs and RMP. We hope this trend will continue. We are saddened to hear that the RMP Patient Participation Group has come to an end but pleased to see that RMP plan to prioritise patient engagement through their new Patient Panel.

The key driver for the initial review was dissatisfaction by RMP patients as outlined in complaints, primarily because of delays in getting through to the practice's telephone system and accessing an appointment with a GP. Whilst there have been some improvements to the telephone system, the Review Team is unclear how this will impact and improve the patients' experience of accessing care at the practice.

We recognise the many challenges RMP and ELHSCP have in meeting the needs of the public they serve. Being unable to pre-book an appointment with a GP was one of the significant themes noted from the complaints analysed and from the Patient focused groups. The Review Team are aware of evidence that patient-requested pre-bookable appointments with GPs will increase patient satisfaction and enhance the continuity of care. At the time of writing, RMP have stated that they are trialing pre-booked appointments but have not provided the Review Team details of the pilot. Despite the Review Team's recommendation to introduce this change as a matter of urgency, this recommendation has not been completed. It remains in the early stages of progress. The Review Team is concerned that until this recommendation has been fully implemented there will continue to be difficulties in access and continuity for the patients in Musselburgh.

Many thanks to the GP Partners and the team at RMP. We witnessed their commitment and professionalism throughout the review process and welcome their final [Report](#) in response to our review, which sets out their top priorities to:-

1. Maintain our focus on quality of care and patient safety.
2. Maintain our workforce.
3. Continue to work with ELHSCP and NHSL, to advocate for the ELHSCP provision outlined in our Contract which we believe our patients need and are entitled to.
4. Reinstate a considered amount of patient-requested pre-bookable GP appointments.
5. Implement Vision Online and increase our use of online medication review, to improve both our efficiency and patient experience.
6. Offer training around complaints, feedback and managing challenging conversations to more of our team.
7. Develop our new patient panel; review and renew our patient engagement strategy.

It is good to see the robust efforts RMP have gone to engage with the Review and its recommendations. The detailed progress reports that RMP have produced indicate engagement with the problem areas highlighted in the review. However, there are defensive elements within RMP's progress reports and final report that feature the wider factors, such as the service provided by ELHSCP CWIC service contributing to the current situation. Whilst there are no doubt pertinent issues outstanding, this must be taken alongside the factors which are very much within the control of the practice. These were equally important to be addressed.

We wish to thank the community, patients, teams at RMP and ELHSCP for their contribution and commitment to this Review. Looking to the future, we very much hope the patients of Musselburgh receive accessible continuity of care when they need it.

In closing, I would like to thank and express my personal appreciation to my fellow team members for their valued contribution: Fiona Duff, Dr Scott Jamieson and Dr David Shaw.

A handwritten signature in black ink, appearing to read 'Dorothy Armstrong'. The signature is written in a cursive style with a large, sweeping flourish at the end of the name.

Dr Dorothy Armstrong

Lead, Independent Review Team

Recommendations

Lead organisation	Progress against Recommendation
RMP	<p data-bbox="398 408 1823 480"><i>1. Urgently review the telephone system to ensure it meets patient need. Areas to be considered include call-waiting, filtering of phone calls and content of messages to be more patient centred.</i></p> <p data-bbox="398 512 1823 778">We are pleased to hear about the introduction of a new telephone system in March 2023 and the collaborative working between RMP, ELHSCP and NHS Lothian to achieve this. The practice has introduced a new 'phone journey' based on patient feedback and consultation with changes including an engaged tone when phone queues are full, a call countdown feature so patients know where they are in the queue and new more useful messages for patient on hold. However, the Review Team is unclear at this time how this will impact and improve the patients experience of accessing care at the practice particularly with difficulties getting through in the morning.</p> <p data-bbox="398 815 1227 842">The review team consider this recommendation to be ongoing</p>
RMP	<p data-bbox="398 855 1823 927"><i>2. Carry out further work to maximise the utilisation of the data from the telephone system to improve the patients' experience of accessing care.</i></p> <p data-bbox="398 959 1823 1190">The practice advised they had completed this recommendation in Oct 2022. The practice has a useful dashboard to assess call patterns. This is not comparable to previous data and therefore changes to improve the patient experience, in particular the 'bottle neck' at 8am cannot be established. This data has not been made public, but the Review Team have been provided with a copy. The Review Team has highlighted that using this data to track the impact of change ideas will be important to improve patient experience of accessing care.</p> <p data-bbox="398 1222 954 1249">This recommendation should be ongoing.</p>
ELHSCP	<p data-bbox="398 1265 1823 1369"><i>3. Urgently review their [ELHSCP] contracting and working arrangements with RMP to develop a shared understanding of how the resources provided [in addition to GMS] such as the CWIC service can be delivered and sustained.</i></p>

	<p>The absence of a reviewed and updated agreement (SLA) between RMP and ELHSCP as to the level of service expected from both parties remains a continuing obstacle to improving access. It is unlikely that an improvement in prebooked access for patients will be forthcoming without such an agreement regarding the input RMP should expect from CWIC on a daily/ weekly basis.</p> <p>The Review team understands that discussions are ongoing between RMP and ELHSCP. From the data provided by ELHSCP significant progress has been made by ELHSCP to deliver a more sustainable and consistent CWIC service which RMP can rely on. From the data provided it appears that on some days RMP is not utilizing all of the appointments available to them from CWIC.</p> <p>The Review Team believes the current SLA is not deliverable in its current form. We would encourage both parties to continue discussions as the CWIC service provides a more consistent level of service.</p> <p>There is a fundamental weakness in the relationship between NHS Lothian, ELHSCP and RMP. It is likely that without a satisfactory resolution in the contracting arrangements, there will be limited opportunities for improvement to patient access.</p> <p>This recommendation is in progress but not completed.</p>
RMP	<p><i>4. RMP should carry out Quality Improvement work to identify the nature of the requests they get from patients in relation to pre-bookable, same day or urgent care.</i></p> <p>The practice advised they had completed this recommendation. RMP have stated they have data to support this. The recommendation asked for a new assessment and improvement with an understanding of the demand for pre-bookable, same day or urgent care. A better understanding can help reduce on the day requests and improve patient satisfaction and care. Actions from this can reduce call volume, care navigation, more pre-booked access with increased continuity of care. No data has been provided by RMP beyond their 2018 and 2021 work.</p> <p>This recommendation has not been completed.</p>

RMP

5. *RMP should continue to review the job title, role and working hours of the team to ensure that there is sufficient staff working with the appropriate skills at the right time i.e., 8am-10 am to meet patient demand.*

The practice has reviewed staff working patterns and adjusted these and are content they have a full complement of staff whose working patterns match fluctuations in patient demand across the week. At this time, the review team are unclear of the impact any change has had on patients being able to access the practice by telephone to make an appointment at times of highest activity. The data shared with us continues to show a large bottle neck for access immediately after 8am, which is unlikely to be overcome with staffing changes alone. Less reliance on 'on the day care' only will help reduce the need for patients to call from 8am-10am. This should reduce call volumes at that time and allow better call answering potential from the existing staff as the work is spread throughout the day. Although a review has been undertaken, evidence has not been provided to assure the review team that there are sufficient staff to meet patient demand within the current access model.

This recommendation has not been completed and should be ongoing.

<p>ELHSCP & RMP</p>	<p>6. <i>ELHSCP & RMP continue to promote and signpost patients to the range of alternative services that are available in the locality. This information should be easily accessible for patients in a range of venues and formats, such as on-line and in the community.</i></p> <p>RMP continues to promote services through its updated website, phone messages, waiting room screen and new patient booklet and considers that this recommendation was completed in Oct 2022. ELHSCP has set up a Communications Working Group which RMP is a member of, which is looking at signposting across East Lothian. The ELHSCP has developed a communications plan, including a signposting page on their website which will benefit patients and practice across ELHSCP.</p> <p>It may be useful to regularly audit the numbers of patients care navigated to different services and clinicians both in the practice and to external services. This would demonstrate the effectiveness of signposting promotion and activity.</p> <p>The Review Team recognises that the increased range of services associated with the GMS 2018 Contract brings with it more complexity for patients in how to access different services across Scotland. This would benefit from a consistent process across practices to share this information, coordinated nationally and locally.</p> <p>This recommendation will require to be progressed on an ongoing basis by ELHSCP and RMP as services are developed and changing.</p>
<p>RMP</p>	<p>7. <i>RMP continues to support its call navigators learning and development and consider further training in areas such as Care Navigation, Customer Care and Challenging Conversations and Complaints. The practice considers developing a Care Navigation protocol for the call navigators which could also be shared with patients.</i></p> <p>The Review Team is delighted to hear that the practice has reviewed their internal care navigation protocols but disappointed that they took an operational decision not to share these with patients.</p> <p>RMP Staff have attended a variety of relevant training both internally and externally provided by NHS Education for Scotland (NES) and Medical Defence Union (MDU). Details of this are within the RMP monthly Review Reports on their practice website.</p> <p>This recommendation will require to be progressed on an ongoing basis as services are developed and as part of staff induction and development.</p>

<p>ELHSCP & RMP</p>	<p><i>8. ELHSCP & RMP continue to review their triage and telephone consultation processes and consider providing more personalised call back or a booked telephone consultation time. RMP should review its list of issues which should be managed in a face-to-face appointment to prevent patients having to have both a telephone <u>and</u> face-to-face consultation.</i></p> <p>RMP state that 98% of patients (RMP month 5 report) are receiving a direct face-to-face appointment with RMP from their first telephone call. and double handling is minimal.</p> <p>Some patients are directed to CWIC or to the Duty Doctor for on the day/urgent care. The review team has received no evidence from ELHSCP that the triage and telephone consultation process within CWIC has changed at this time.</p> <p>This recommendation should be progressed on an ongoing basis.</p>
<p>RMP</p>	<p><i>9. In collaboration with ELHSCP, review the process for signposting to ELHSCP services to reduce double handling or duplication.</i></p> <p>This is an issue for all general practices in Scotland with wider multidisciplinary teams supporting practices. Solutions to improve direct booking to improve patient experience and administrative burden need to be prioritised.</p> <p>ELHSCP have developed a specific signposting site on their website to address the complexity and constantly changing services. This is a very welcome development.</p> <p>This recommendation should be progressed by RMP in collaboration with ELHSCP on an ongoing basis as services change and develop.</p>
<p>RMP</p>	<p><i>10. Consider introducing on-line appointments for more routine appointments with the practice nurse and other members of the team.</i></p> <p>The Review Team is pleased to hear about RMPs work to develop online medication reviews in collaboration with the HIS Primary Care Access programme. Patients can now access an online review for their prescribed hormone replacement therapy, anti-depressant or anxiety medication. There are plans to introduce further online reviews. However on-line reviews are different from on-line appointment booking which would allow patients to book an appointment without having to telephone in.</p> <p>Although this recommendation is not yet fully implemented, we note progress has been made and work will be ongoing.</p>

RMP

11. RMP review its access arrangements for patients who find it difficult to access care over the telephone or online.

The Review Team is pleased to hear about the changes the practice has made including prominently highlighting this issue on their website landing page pop-up. RMP have said this is available in various formats which are user friendly and accessible. For those patients unable to access the website, the information is available in the practice booklet and from call handlers.

A more detailed policy of different appointment access methods such as booking at the front desk, available openly to patients, would give the Review Team further assurances of equity of access.

This recommendation should be ongoing

RMP	<p><i>12. RMP adopt the NHS Model Complaints Handling Procedure to ensure patients can make complaints in an accessible and person-centred manner.</i></p> <p><i>a) Survey those patients who have complained to monitor the process and subsequent satisfaction.</i></p> <p>This has been achieved.</p> <p><i>b) Measure and Monitor the Key Performance Indicators for Complaints and report these on the RMP website.</i></p> <p>This has been completed.</p> <p><i>c) Review the policy and associated materials about unacceptable actions.</i></p> <p>This has been completed.</p> <p><i>d) Ensure staff continue to be supported about how best to respond, resolve and learn from complaints.</i></p> <p>This is on-going and noted as a priority for RMP.</p> <p>The Review Team note and acknowledge the significant work undertaken to both improve the complaints process and to ensure the Practice adheres to the NHS Model Complaints Handling process. We also hope this Review will highlight the importance of making it easier for patients to provide feedback in all formats, to ensure they have access to the appropriate information and that learning and improvement is a crucial part of the process. We also encourage patients and relatives to use the complaints process and if dissatisfied with the response to go the Scottish Public Services Ombudsman for a review of their complaint.</p> <p>This recommendation has been completed but RMP should continue to ensure that patients can complain in an accessible and person-centred way and that they use the learning from any feedback and complaints to improve the services that they provide.</p>
NHSL & ELHSCP	<p><i>13. Support the contractual and legislative requirements for the monitoring and reporting of complaints. Consideration should be given to further learning and training opportunities for staff.</i></p> <p>RMP, ELHSCP and NHSL have made significant progress in ensuring complaints processes at RMP follow the NHS Model Complaints Handling Process.</p>

	<p>We welcome the introduction of an on-line feedback form and widening access to allow patients to make a complaint in person, on the telephone or via email. Information about making a complaint is written in a patient focused, user friendly way and is available in the practice and via their website. Data has been shared with the Review Team and is part of the NHSL annual complaints return. A small sample of written complaint responses were shared with the Review Team lead and found to be courteous and caring. The complaints were taken seriously, and appropriate actions were taken. The largest percentage of complaints were recognised as being about access and the ability to consult with a GP.</p> <p>We encourage RMP, ELHSCP and NHSL to continue seeking ways to improve their feedback and complaints process with more engagement with their patients and to publish more information about how complaints have resulted in improvements.</p> <p>This recommendation is ongoing.</p>
RMP	<p><i>14 Resume pre booked appointments, particularly for patients with more complex conditions or increased need.</i></p> <p>We are aware that RMP's website advises there is the ability to have patient-requested pre-booked appointments to fulfil the Extended Hours Directed Enhanced Service. We would encourage the practice to promote these more widely so that patients are more aware of this service. RMP have advised that at the time of writing, on a trial basis, some pre-booked appointments will also be possible at other times, although the review team haven't been given any details of the pilot. Whilst this is positive, we would welcome this as a permanent offering of sufficient pre-booked appointments throughout the day. Until this is addressed, the Review Team believe the wider issues regarding access will likely continue.</p> <p>This recommendation is in early stages of progress.</p>
RMP	<p><i>15. Working with PPG and other stakeholders RMP to produce a Vision and Values Blueprint as a basis for building relationships.</i></p> <p>The Review Team agreed that RMP should prioritise the patient engagement work (Recommendation 17) before this recommendation is addressed. We recognise, however, the ongoing tension with some of the community due to adverse experiences with RMP, rebuilding trust will take time. We acknowledge the positive feedback shared by some patients and shared by RMP.</p> <p>This recommendation is currently on hold but we would encourage RMP to revisit it once the patient forum has been established and develop a collaborative vision and values statement for the practice.</p>

<p>ELHSCP & RMP</p>	<p><i>16. ELHSCP & RMP to renew the patient engagement strategy to include the principles in the National Standards for Community Engagement and the VOICE tool.</i></p> <p>It is disappointing to hear that the PPG has stepped down, as the Review Team was impressed with their commitment and passion to improve services. We are pleased to hear that the practice has worked with stakeholders to develop a new panel and would hope that the membership of the panel is open to any patient who wishes to be involved and is not limited to patients ‘invited’ to be on the panel by RMP. We welcome the priority that RMP has placed on this action and their commitment to a renewed patient engagement strategy.</p> <p>This recommendation is ongoing.</p>
<p>RMP</p>	<p><i>17. RMP to review prescribing processes alongside pharmacy team, informed by patient experience to improve quality and efficiency of access to acute and repeat medication.</i></p> <p>RMP advised in their month 1 report they had met with ELHSCP Advanced Clinical Pharmacist to improve prescribing processes. They have described improvements by increasing serial prescribing, reducing the volume of ‘acute’ medication requests (those not on repeat) and a process to streamline authorisation for ‘low risk’ prescribed items. By doing so, patient experience of medication requests should improve and data to support these improvements could be tracked by the practice.</p> <p>This recommendation is well progressed and ongoing.</p>

Implications for wider general practice in Scotland

This Review has highlighted several areas which are not unique to RMP. The Review Team have shared their Reports with colleagues in the Primary Care Directorate at Scottish Government to ensure any learning points can be considered. In tandem, we hope the work carried out by the Review Team may be of interest to General Practice in Scotland and beyond.

The Review Team recognises that the increased range of services associated with the GMS 2018 Contract brings with it more complexity for patients to access different services. Some of the recommendations made may be of interest to the wider primary care workforce.

General Practice access challenges and capacity issues have been reported more widely. The GP Workforce Survey highlights a challenging workforce trajectory. We welcome Healthcare Improvement Scotland's ongoing Primary Care Access Programme which aims to support practices with quality improvement project to improve patient experience of accessing care, which RMP have participated in. The Review Team also acknowledges the commissioning of a General Practice Access Short Life Working Group by the Cabinet Secretary for Health and Social Care in November 2022 to develop principles for good access to General Practice. This is Co-Chaired by two of the members of this Independent Review, and we note the learning from the RMP Review being considered throughout the process. The output from this subsequent group will be published in Summer 2023.

Conclusions

The Review Team is mindful of the wider challenges facing the NHS in Scotland during the pandemic recovery, staffing issues and increasing patient demand. We also acknowledge and appreciate the significant pressures facing healthcare professionals and the impact of working under such constraints every day. Protecting time to dedicate to improvement is difficult. We need to remain patient focused, caring and compassionate. Patient experience and feedback whether it be a comment, complaint or compliment are all opportunities to listen, to learn and to improve.

The Review Team welcomes how this Review has shone a light on the access and capacity issues that General Practice faces in Scotland. In addition, we appreciate how this work has raised awareness of the complaints process within primary care. A good feedback process should be welcomed in all care settings to improve the quality of care we provide to patients.

This Review has been a unique opportunity at scale to highlight some of the challenges general practice is facing. Collaborative, sensitive, and compassionate relationships help us put the needs of our patients first. All parties we met during this Review cared deeply about the community they serve. This commitment must remain at the heart of good, accessible, well-resourced general practice care in Scotland. At times, we would have liked to have seen a stronger emphasis on openness and transparency, patient focus and compassion. The challenges facing primary care have caused a significant impact upon the ability to consistently deliver these fundamental principles.

General Practices are primarily about providing a duty of care to serve their patients. Whilst the work of this Review is now concluded, we recognise that a number of the recommendations are not yet complete.

We thank RMP, ELHSCP and NHSL for their on-going commitment to further improvements and we wish them well in the future.