Eastham Group Practice

Patient Access Report

Reporting Period

January – December 2024

1. Executive Summary

This report outlines the development and implementation of a Clinical Triage Model of Care designed to modernise and improve patient access within general practice. The initiative responds to increased demand, workforce constraints, and the need to provide responsive and equitable care. Our model is based on the principle of prioritising patients according to clinical need and capacity, making best use of our existing resources, promoting self-care where appropriate, and ensuring patients are not turned away. The approach emphasises simplicity, fairness, and efficiency while preserving continuity and clinical safety. It is also rooted in a reflective and continuously improving practice culture.

2. Appointment Access

The practice has moved toward a centralised clinical triage system supported by a designated hub. Patients can access care via online submission, telephone, or by walking into the practice. All points of entry are routed through care navigation, and initial contact is assessed for appropriateness. The hub aims to resolve issues that can be appropriately managed within five minutes. Cases that require more than ten minutes, demand a higher level of clinical expertise, involve continuity of care, or would be better managed externally are escalated accordingly. This structure ensures that patient needs are matched to the most suitable resource or clinician, optimising both efficiency and safety.

3. Online Access and Digital Services

Digital access is integral to the new model. Patients are encouraged to use online routes for initiating contact, triage, and appointment booking. This approach supports rapid data gathering, efficient case handling, and better allocation of clinician time. However, digital inclusivity remains a core concern, and mechanisms are in place to ensure that patients who are digitally excluded are still able to access services equitably. The practice has actively supported digital inclusion by holding both one-to-one and group digital education sessions for patients who have needed support using online tools. These sessions aim to empower patients, build confidence with technology, and reduce barriers to accessing care. The practice is committed to helping people help themselves and

supports this through accessible digital tools, ongoing guidance, and practical support where appropriate.

Between January and December 2024, the practice received a total of 29,604 access requests through the PATCHS online system, reflecting strong patient engagement with the digital model. Of these, 21,104 requests **(71.3%)** were submitted directly by patients, demonstrating that a significant majority have successfully adapted to using the online system independently. A further 5,536 requests **(18.7%)** were submitted by parents or carers on behalf of patients, while 4,039 requests **(13.6%)** were submitted by practice staff, often in support of patients with limited digital access. These figures underscore the growing patient confidence in using online platforms as a primary access route.

In addition to PATCHS usage, the NHS App has seen significant uptake. Over the same period, patients used the app to order 17,090 prescriptions, book 397 appointments, and cancel 474 appointments. This continued growth in digital engagement highlights the effectiveness of the practice's efforts to promote accessible, patient-led care and supports our commitment to digital inclusivity and service efficiency.

4. Telephone Access

Telephone access remains a vital part of the practice's access model, particularly for patients who are not digitally enabled or who require immediate verbal contact. The triage hub continues to manage all incoming calls, ensuring that patient queries are efficiently routed to the appropriate service. As part of our ongoing efforts to improve access and reduce bottlenecks, the practice has made targeted changes to the way calls are handled, including redistributing demand across the day, improving care navigation, and promoting online access where appropriate.

Comparative data between an average three-month period in 2023 and the same three-month period in 2024 illustrates significant improvements in telephone access. The total daily call count reduced from 12,195 in 2023 to 6,670 in 2024, reflecting a more balanced distribution of demand across multiple access routes, particularly via digital platforms. In the critical first hour of the day, which traditionally experiences the highest surge in call volume, the number of calls dropped sharply from 5,287 in 2023 to 518 in 2024.

This strategic shift also had a substantial impact on the number of abandoned calls. The total number of abandoned calls fell from 7,475 in 2023 to 1,721 in 2024, a reduction of over 75%. Notably, abandoned calls in the first hour decreased from 4,552 to just 119, demonstrating a significant alleviation of pressure during peak hours.

These improvements can be attributed to the successful implementation of the clinical triage model, increased use of digital tools such as PATCHS and the NHS App, and the ongoing work of our care navigation team to redirect patients appropriately from the outset.

This data not only highlights the success of our interventions but also reinforces the importance of maintaining a responsive and multi-channel access strategy that meets the varied needs of our patient population.

5. Enhanced Access

Although not extensively covered in our original redesign, the practice acknowledges the importance of extended and enhanced access as part of overall accessibility. We actively participate in PCN-wide extended hours services and are reviewing local capacity to meet out-of-hours and weekend demand. Additional reporting on this will be included in future versions of the access report.

6. Access for Vulnerable or Priority Groups

Ensuring equitable access for all patients, regardless of need or ability, remains a core principle of our access model. The practice is particularly mindful of the needs of vulnerable groups and has taken targeted steps to support them effectively. We serve a high population of patients with learning disabilities, many of whom reside in local residential care homes. To ensure their care is proactive, personalised, and responsive, we host a weekly video conference with the registered managers of these homes. These sessions provide a structured forum to review non-acute concerns, problems, and general queries, enabling early intervention, better care planning, and reduced disruption for patients who may find accessing care through traditional routes more difficult.

We also recognise that not all patients can engage with digital services. As part of our commitment to digital inclusivity and ongoing service improvement, we are working closely with our telephone provider to explore solutions that allow non-digital patients to be prioritised within the phone system. Specifically, we are seeking to implement a feature that enables these patients to be placed at the front of the telephone queue, reducing waiting times and ensuring that those who rely on verbal contact are not disadvantaged.

Throughout all contact channels—whether digital, telephone, or face-to-face—our care navigation and triage systems are designed to identify and respond appropriately to patients with complex or additional needs. The model continues to emphasise clinical continuity where required, safe delegation of care, and responsive signposting, all while upholding our commitment to fairness, dignity, and accessibility for all.

7. Patient Feedback and Engagement

The practice maintains a strong focus on feedback and patient engagement to inform and improve service delivery. A continuous cycle of idea testing, patient surveys, and feedback collection (including through the Friends and Family Test and practice-designed surveys) allows us to understand patient experiences and expectations. We are committed to a culture of reflection and improvement, and regularly assess whether the service meets patients' needs and where adaptations might be required.

Our new model of access was launched on 1st December 2023. To evaluate its impact and gather real-time insights during the transition period, we implemented a structured feedback exercise during the first four weeks following the launch. During this period, we contacted every individual who accessed our services, regardless of the method of contact or the nature of their request. Each person was asked to respond to four key questions designed to assess their experience of accessing care under the new system:

This proactive engagement allowed us to gather both qualitative and quantitative feedback at a critical stage in the system's implementation. The results provided valuable insights into what was working well and where further refinements could be made.

The table below shows the feedback we received:

How did you contact the practice for support?	
Contact Method	**Number of Responses**
In Person	33
Telephone	106
PATCHS	507

How would you rate the process of getting the care you needed?	
Rating	**Number of Responses**
Poor	46
Fair	53
Good	70
Very Good	130
Excellent	292

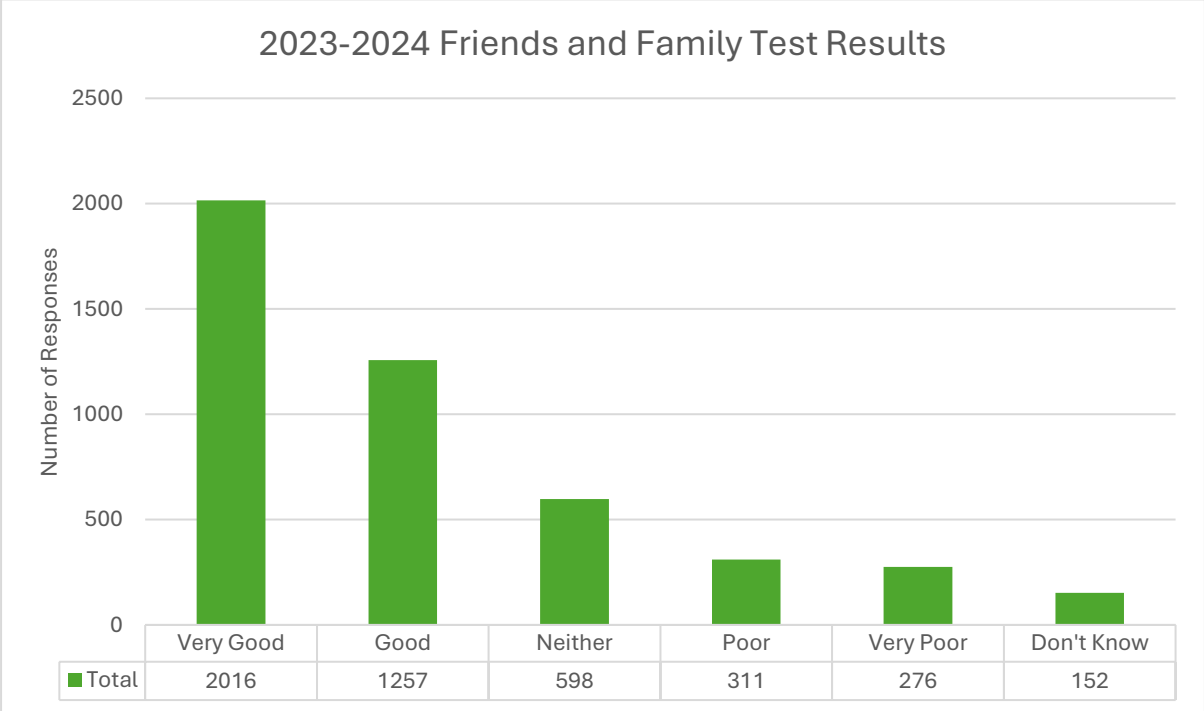
If you have received care from us before, would you say the process was…	
Experience Compared to Previous Care	**Number of Responses**
Don't Know	18
Much Worse	22
Worse	41
About the Same	140
Better	132
Much Better	233

How did you feel about the help you received?	
Feeling About the Support Received	**Number of Responses**
Very Unhappy	18
Unhappy	34
Neutral	62
Happy	154
Very Happy	323

The feedback received during the initial implementation period of the new access model was overwhelmingly positive and reflects a strong patient response to change. The majority of patients rated the process of accessing care as "Very Good" or "Excellent," and a significant proportion reported that the new system was either "Better" or "Much Better" compared to their previous experiences. Similarly, the emotional responses captured show that most patients felt "Happy" or "Very Happy" with the help they received. These results indicate that patients have not only adapted well to the new system but also appreciate the improvements in clarity, responsiveness, and efficiency.

In addition to this targeted feedback campaign, we continue to collect patient input through the Friends and Family Test, ad hoc surveys, and informal feedback received during clinical or administrative interactions. We remain committed to a culture of reflection and improvement, where patient voice plays a central role in shaping how care is delivered.

The graph below shows an overview of our Friends and Family Test feedback:



The Friends and Family Test results for 2023-2024 are overwhelmingly positive, with 70.99% of patients rating their experience as ‘Very Good’ or ‘Good’.

The feedback affirms that the practice’s approach to redesigning access has been well-received and provides a solid foundation for continued refinement and ongoing improvement.

8. Access Improvement Initiatives

Recent improvements to patient access have included the design and implementation of the clinical triage hub. This has been developed by a dedicated project team, including

practice managers, clinical leads, and administrative staff, with wider engagement from patients and the practice team. Central to this improvement has been the implementation of a clinical triage hub, which enables structured assessment of patient requests across multiple access routes. The triage model is based on clearly articulated principles: making the best use of resources, prioritising care by need, maintaining a simple system, and supporting clinical development and delegation. All patient requests are assessed through a structured workflow involving care navigation, data gathering, and triage before being directed to the most appropriate care provider. The process aims to be both efficient and patient-centred.

The work undertaken aligns closely with the NHS England directive on transitioning towards the Modern General Practice Access Model (MGPAM). Our access redesign reflects the key principles of this model, including separating clinical triage from care delivery, maximising digital access while supporting inclusivity, and improving responsiveness through smarter workload allocation. The practice is also embracing data-driven decision-making and patient feedback loops, both of which are central to MGPAM's emphasis on continuous improvement and demand management.

9. Key Metrics Summary

To evaluate the success of our model and ensure accountability, several audits and data tracking activities are either in progress or planned. These include an audit of appointment appropriateness, frequent attender reviews, and an analysis of non-attenders. We are also preparing to review our telephony data, including call volumes, wait times, and patient satisfaction with phone access. Other areas of focus will include a demand-versus-capacity study, the measurement of non-visible workload, and an assessment of digital services uptake and accessibility. In addition, we aim to track staff wellbeing and the appropriate use of external healthcare services. These metrics will form the basis of our ongoing quality improvement cycle.

10. Conclusion and Next Steps

The implementation of a structured clinical triage model represents a significant shift in how we manage patient access. This modern approach allows us to prioritise patient needs more effectively, make better use of limited clinical resources, and reduce inefficiencies across the system. Our commitment to safety, equality, and continuity remains central throughout this transformation. Over the coming months, we will finalise the staffing and operational framework for the triage hub, roll out routine audits, and continue to refine the model based on patient and staff feedback. The practice is confident that this approach will deliver more responsive, accessible, and sustainable care that meets the expectations of our community