Could cloud telephony data help you to secure QOF access points?

This year's quality and outcomes framework puts a new emphasis on access. Derrick Measham, head of research and development at cloud telephony provider X-on, explains how its reports could be used to construct the SMART interventions that are required to unlock the points on offer.

It's no secret that GP practices are under enormous pressure, or that this is undermining public confidence in primary care.

The problem was spelled out in Dr Claire Fuller's 'Stocktake' for NHS England in May, which reported that "there are real signs of genuine and growing discontent with primary care – both from the public who use it and from the professionals who work within it."

While as if to underline the point, the GP Patient Survey that came out in July reported that after a bounce during the Covid-19 pandemic public satisfaction with GP services has fallen significantly. A big part of the reason is access.

The survey found that patients want traditional interactions with their GPs – only half of its respondents had used their practice website in the previous 12 months. Yet just 53% said it was 'easy' to get through on the phone, and 26% said they had avoided making an appointment because it was too hard.

NHS England is well aware of the problem and has made moves to address it within this year's quality and outcomes framework. Read past the first 100 pages of its update and changes for 2022-23, and there is a section on 'optimising access to general practice' with 27 points on offer for improving things at £207.56 per point.

Finding the data to run the QI model
This section of the QOF is built around a quality improvement model that was commissioned by NHS England last October, to complement work being done by the National Access Improvement Programme.

The aim of the QI model is to help practices to understand their demand and capacity, so they can work with staff and patients to make changes to address one and make best use of the other.

Or, as the QOF update and changes document puts it, the idea is to understand the reasons for patient contacts and the type of appointments available, in order to adjust care navigation and triage pathways to divert patients who can be diverted to other services, and to adjust staff rotas to match remaining demand.

Practices that do this, identify areas for improvement, create an improvement plan using SMART goals, execute the plan, and verify that it has had an impact so they can then apply for the access points on offer. It sounds simple, but one of the challenges that practices may face is finding the data.

This is one of the areas in which modern IT systems can help, by generating data in the course of their operation. For example, practices that use X-on's Surgery Connect cloud-based phone

system receive a monthly report that shows, at a glance, how many calls are coming into a practice, how many are answered, and how many fail to get through.

There's no need to conduct a monitoring or a survey exercise to collect that information; it's all in the report (and practices that want to do a 'deep dive' can find out more through a website).

Surgery Connect gives you data about who is calling what numbers and why
So, what kind of data is available? Every report starts with a general summary that details which numbers are taking the most calls. You may find that your surgery has numbers that are no longer attended; and that there's a quick win in connecting them up.

Then, the report indicates who is answering those calls. You can see if one or two people are doing most of the work and, if they are, you can explore why. Perhaps there is someone who could take on some of the load, if they had some training?

Then, there is data for how many calls sit in a queue and how many are not answered at all. That's presented by day and by time of day, so you can look at the report, and see if more people need to be answering calls at busy times, like Monday mornings.

There is also information on the menu choices that callers are making. This will depend on how a surgery is using the system, but there might be data on how many people are making general queries and how many are trying to book an appointment and how many are looking for a prescription.

The prescription figure can be interesting, because it's often quite high in an era when websites and apps offer repeat prescription functionality. Working with your practice patients and carers to create an alternative route for medication advice and repeat prescriptions might be another quick win. And the same could apply to test results.

The key point is that each of the 1,500 surgeries that have adopted Surgery Connect have access to data that will enable them to make a start on the access QIP, by identifying key access issues, drawing up a plan to address them, and checking back that it has worked.

Surgeries that haven't made the move to modern, cloud telephony may like to consider whether this is another good reason for doing so. Those 27 access points at £207.56 per point add up to £5,604; which would cover the cost of our system in most instances.

Modern, cloud-telephony addresses challenges, equitably
Cloud-based telephony does more than generate data. It can help GPs to improve access and reduce the time they spend administering access initiatives. The QOF update and changes document describes a 'buddying' system introduced by a practice to support doctors undertaking telephone triage.

The 'buddy' in this system calls patients and makes sure they are ready for their consultation. Yet Surgery Connect already enables GPs to call patients back automatically, and X-on is working on features that will enable a GP to text a patient to tell them to expect a call - or to notify them of a missed call after a defined number of attempts.

Time saving initiatives like this can improve primary care for those working in it and for their patients. That matters because, while we all know there is a lot of unhappiness with access at

the moment, it's also clear that the solution won't be to tell patients to go online or download an app.

A significant proportion of patients will be unable or unwilling to do that. So telephony will remain an equitable, accessible form of access. The trick is to use modern, cloud-based telephony to direct people to other services where they are willing and able to use them and to provide a better service for those who don't.

NHS England seems to have recognised this in the QOF. It has made money available for improving access, and the data generated by cloud-based telephony systems has the potential to unlock it, while also helping with the problem itself.