

## **Cornerstone Practice and HealthCare works smarter with Surgery Connect**

**An NHS GP practice with four surgeries in Blackburn with Darwen has carefully implemented X-on Health's cloud telephony system to make it easier for staff to handle high call volumes, and for patients to reach the service they need. Practice manager Katie Stanton explains.**

Cornerstone Practice and HealthCare is an NHS general practice with four surgeries in Blackburn with Darwen. It provides services to around 26,000 patients, some of whom live in very deprived areas with high levels of health need.

The surgeries take a high volume of calls; and as demand soared after the Covid-19 pandemic, practice manager Katie Stanton started looking for a new cloud telephony system to handle them. "We needed a telephony system to work as we did," she says.

"The four surgeries are different sites, with different demographics and patient lists. Staff also tend to be based at one site or another. We wanted to recognise that, and to make sure that each site could have its own phone number and contact point.

"But, at the same time, we wanted to work a bit smarter. One of the surgeries is really short of receptionists, so we wanted to be able to direct calls to other teams. And we wanted to reduce the length of time that patients spend waiting, because in an area like this, people can run out of credit if they have to sit on the line for 40 minutes."

### **Working smarter with Surgery Connect**

Cornerstone Practice and HealthCare picked X-on Health's Surgery Connect, which is used by more than 2,400 practices and 24 million patients across England.

However, it didn't just install the new system: it thought carefully about the workflows that it would support, as part of an accelerator programme set up by NHS England to help practices make high-impact improvements. "Configuring the system is something that we really needed to think through," Katie says.

"We spent a lot of time on that, and it was the most valuable thing that we did. We looked at the configuration of our existing call system, and at how we wanted things to work for us and our patients." The outcome of the work is a call flow with options that callers can pick to leave the main queue, some of which take them to other technology-enabled services.

"We have seven or eight options, which is quite a lengthy list," Katie says, "But we designed the system to deal with the highest volume of calls first and the low priority options at the end. Sales reps, for example, who we would prefer to send us an email.

### **More options to reach the right service, first time**

The first option that patients are given is to order a repeat prescription. "That's a big part of our call volume," Katie says, "so we wanted them directed to the relevant team straight away."

Another early option is to pick up test results. "These also generate a lot of calls," Katie says, "and we've added a message, so people are aware of some important things, like how long it can take for results to come through, and when we will and won't get in touch about them."

A further option is for patients who need an annual review: although this is trickier. “Some reviews are straightforward, but others are complex and take time, so it can be tricky to work out how long will be needed,” Katie says. “So, these calls go to administrators, who are expert at setting appointments.

“After prescription ordering, our main volume of calls is for people requesting an appointment. We want to provide equity of access across all platforms and using the same terminology by phone and online is part of that. For this reason, we have used the pre-set terms used in our new online consultations system, PATCHS”, Katie says.

“We ask if patients are getting in touch about a new or an existing condition. It’s taken some patient adjustment, but we wanted to get away from the idea that everything requires an appointment with a GP, which is often the expectation. We’re trying to get across that ‘you are contacting us with a need, and we will navigate you to the right service. This may be an appointment with a GP or other healthcare professional, or we might direct you to a different service such as a pharmacy or dentist’.”

### **Roll-out and reaction**

With the design work done, Cornerstone Practice and HealthCare put the system live at its Bentham Road surgery, ironed out a few issues, and then rolled out to the Lambeth Street, Rhyddings, and Shadsworth surgeries. In total, the deployment took less than three months, and reaction has been positive.

“It has gone well,” Katie says. “Staff like it. It’s good to have real-time data on what is happening, and we can pull reports to identify pressures and potential adjustments. Being able to make changes quickly, and to get feedback on their impact, has been great.

“We used to have a lot of complaints about the telephony, both formally and informally. People would come into reception and say: ‘I waited 40 minutes, and then I got cut off.’ There’s a lot less of that now,” Katie says.

Patients also like call queuing – which means they don’t get a ‘busy’ tone at peak times and can choose to have the surgery call them back. The ability to divert calls to individual mobile phones has helped staff who work remotely and is also a helpful addition to the business continuity planning of the practice. Display boards in each reception office show at a glance how long (or short) the queue is, and how the team is performing.

### **Tips and tricks**

Asked what advice she’d give to other surgeries thinking about moving to Surgery Connect, Katie says to go for it; but really think through the workflow, and how the system will connect with other technologies. For example, the practice has at least three systems that can be used to send a text to patients, and doesn’t want to be using all of them, all of the time.

“You need to think about how you want things to work, and which technology is best for which job,” she says. “You can’t afford not to do that well. You won’t feel like you’ve got the time, but you have to make the time, because it will pay off.

“Also, once the new systems are in place, go back and review things to make sure they are right. We have said the way we use Surgery Connect should be consistent across the group.

Sites can change things if they want, but we have said: if you have a good idea, share it with all of us! If it's good, we'll all want to do it."