



Access to GP Appointments - Overview of Findings

Between December 2015 and February 2016 Healthwatch Northumberland worked on a countywide project to better understand patients' experiences of accessing GP appointments and the systems used by GP practices. Both patients and GP practices were contacted for their feedback and other sources information were also examined.

Overview of the Access to GP Appointments Project

This overview must be considered alongside the full report which presents the findings question by question and includes quote examples of patients' experiences as well as other supporting sources of data.

Background, Aims and Method

Throughout 2015, feedback from the public has highlighted access to GP appointments as a key issue in Northumberland, in terms of the time patients have to wait between requesting an appointment and seeing their GP, as well as different ways access to GP appointments is offered. There has also been some feedback about how long patients wait beyond their appointment time until they are seen by their GP. However, this does sit alongside much positive feedback from patients about their GP services.

Healthwatch Northumberland's Access to Healthcare Task Group recommended that this issue was explored in more detail to help us understand the scope and scale of the problem for patients as well as look at what patients say works well for them with regards to the delivery of GP services so that it can be usefully shared.

The aim of the project was therefore to find out more about patients' experience of accessing GP appointments in Northumberland, from both a patient and practice perspective. Two questionnaires were designed (one for patients and one for GP practices) which aimed to provide us with a snapshot of the current situation in Northumberland. Additional sources of data were also reviewed and offer additional support for the conclusions and recommendations drawn in this report.

In total, 136 people participated in the patient survey and 43 practices completed the GP practice survey.

Summary of Survey Findings

Feedback from GP practices

Feedback indicated that GP practices found it difficult to answer some of the questions (e.g. as appointment availability varies day-to-day and they do not monitor certain information). However, it was reiterated that this survey was intended to provide a 'snapshot' of the current situation. The main findings from the GP practice responses are as follows:

- Appointment availability varies day to day and is dependent on a range of factors including GP working patterns, staff illness and holidays and the popularity of GPs. However, most practices indicated they would see patients the same day if necessary.
- 33 of the 43 practices said patients do not have to call to book an appointment at a specified time. In cases where patients do have to call at a specified time this is typically for same day appointments and early in the morning or after lunch.

- 11 GP practices said that they use telephone triage, a further 10 indicated they *sometimes* use it and 22 practices told us they do not use telephone triage.
- 29 practices indicated they offer patients telephone call backs
- Many practices found it difficult to tell us how many telephone call backs are resolved and how many lead to an appointment. However, estimates indicated the majority of these are resolved by phone and do not require a face-to-face appointment due to their nature.
- Ways in which practices define “urgent” varies considerably. Some practices adopt a fully patient led approach whereby the patient decides if their appointment need is urgent, some practices use an approach whereby it is initially patient led but then goes to a GP to make the final decision and others use specific triaging methods (e.g. Doctor First and Navigator). The term “urgent” usually refers to cases when the patient believes they need to be seen the same day, however, little guidance on this is given to patients.
- 33 GP practices told us they signpost patients to other services and support. This did not seem to be done consistently and a range of methods were used which varied in how direct they are. A few highlighted that they make use of and signpost patients towards their on-site pharmacists. Others described how they are unable to signpost due to staff training/not asking patients why they need an appointment and others indicated they don’t need to do this as most patients wish to be seen by a GP.
- With regards to how long patients wait until the GP sees them for their appointment, most indicated this varies (e.g. depending on GP, unforeseen emergency cases, how long other patients take). However, most indicated patients are typically seen within 15 minutes of arriving for their appointment and that waits of up to 30 minutes are unusual.

Feedback from patients

Feedback received from patients is very mixed, even within the same GP practice. Whilst many patients are satisfied with their GP practice and accessing appointments, we have identified some issues. The key findings from the patient survey are:

- The majority of patients (73%) book their GP appointments by telephone
- 50% of patients wanted to see a named GP and of these 81% saw a named GP
- When booking their appointment, 38% of patients were seen the same day, 10% were seen the next working day, 26% were seen within a week, 9% waited 1-2 weeks and 17% waited more than 2 weeks
- 31% of patients told us they had to phone at a specified time to book their appointment, however some working patients told us they found this impractical (especially when telephone call backs were involved)
- 45% of patients said they were asked why they needed an appointment
- 23% were offered a call back from a GP
- 30% of patients were asked if they needed an “urgent” appointment - this was not usually defined and often patients had to disclose information about their need for an appointment in order to determine whether a same day appointment was required

- Just 6% of patients said they were signposted to other services - this included pharmacies, a nurse practitioner, district nurse, a talking therapy service or a health website.
- Approximately 1 in 5 (18%) respondents were seen on time for their appointment and a further 60% indicated they were seen for their appointment within 15 minutes. However, 18% of respondents waited 16-30 minutes to be seen and 4% waited 31-45 minutes.

Whilst we identified some limitations of the questionnaire used, in some cases the qualitative data provided by patients offered a more useful narrative concerning their experiences of accessing GP appointments. Qualitative responses revealed a number of themes:

- Many patients are happy with accessing GP appointments at their surgery and have no problems.
 - However, many patients, particularly working patients, find it very difficult to make an appointment due to the telephone triage/GP call back system and some perceive it as wasting patient and GP time/resources.
 - Some patients told us they have to call their GP practice several days in a row at a specified time when appointments are released in order to get an appointment.
 - Numerous patients explained during busy periods when appointments are released (usually in the early morning) the phone lines are often engaged or calls go unanswered. Some also mentioned having to compete with other patients trying to book appointments in person.
 - Some issues were also identified with regards to booking appointments in advance due to when they are released and some practices require patients to phone the day they need an appointment, which is often impractical (e.g. for arranging follow ups).
 - Some patients told us they have had to wait weeks for a routine appointment, up to a month in some cases.
 - Concerns were raised about receptionist staff attitudes and how patients' requests for appointments are handled. Furthermore, several patients explained they did not feel comfortable disclosing the reason they needed an appointment to someone who is not medically trained.
 - In a few cases, patients have found it so difficult to make an appointment with their GP that they avoid seeking medical attention or use alternative health services (e.g. walk-in centres).
- With regards to the Blyth Acute Service (pilot site), patient feedback has generally been very positive in that the service allows patients to book a same day appointment easily and they are seen quickly. Furthermore, as a result, some patients are no longer using other services (e.g. hospitals, A&E) as an alternative to visiting a GP. However, some issues were raised relating to the telephone lines often being busy and having difficulties getting through.

Frequency of patient responses, by GP practice

The table below indicates the number of patient responses, per each GP practice. Comments from when patients were asked “do you have any other comments about your experience of accessing a GP appointment?” have been analysed in terms of if they indicated whether their experience was largely positive, neutral or negative - this is also displayed below.

GP Practice	No. of patient responses	Overall positive experience	Overall neutral experience	Overall negative experience	No comments/ not applicable
Bedlingtonshire Medical Group	8	2	0	4	2
Belford Medical Group	1	1	0	0	0
Branch End Surgery	1	1	0	0	0
Brockwell Medical Group	4	1	0	2	1
Burn Brae Medical Group	4	1	0	0	3
Cheviot Medical Group	3	3	0	0	0
Collingwood Medical Group	0	0	0	0	0
Coquet Medical Group	3	1	0	1	1
Corbridge Medical Group	0	0	0	0	0
Cramlington Medical Group	1	0	0	1	0
Elsdon Avenue Surgery	0	0	0	0	0
Forum Family Practice	3	0	1	2	0
Gas House Lane Surgery	6	4	0	1	1
Glendale Surgery	3	3	0	0	0
Greystoke Surgery	7	3	0	3	1
Guide Post Medical Group	1	0	0	1	0
Haltwhistle Medical Group	2	2	0	0	0
Haydon Bridge & Allendale Medical Practice	5	4	0	1	0
Humshaugh & Wark Medical Group	2	0	0	0	2
Infirmery Drive Medical Group	0	0	0	0	0
Laburnum Medical Group	0	0	0	0	0

Lintonville Medical Group	5	0	0	5	0
Marine Medical Group	4	2	1	1	0
Middle Farm Surgery	2	1	0	1	0
Netherfield House Surgery	1	1	0	0	0
Ponteland Medical Group	2	0	0	2	0
Prudhoe Medical Group	5	3	0	0	2
Riversdale Surgery	2	1	0	0	1
Rothbury Practice	3	2	0	0	1
Scots Gap Medical Group	0	0	0	0	0
Seaton Park Medical Group	10	1	1	4	4
Station Medical Group	1	0	0	1	0
The Adderlane Surgery	2	2	0	0	0
The Bellingham Practice	0	0	0	0	0
The Bondgate Surgery	7	1	1	5	0
The Gables Medical Group	0	0	0	0	0
The Sele Medical Practice	3	1	0	1	1
The Village Surgery	3	2	0	0	1
Union Brae & Norham Practice	3	0	0	1	2
Waterloo Medical Group	1	0	0	0	1
Well Close Medical Group	9	2	0	7	0
Wellway Medical Group	16	4	1	6	5
White Medical Group	1	1	0	0	0
Widdrington Surgery	2	0	0	2	0
TOTALS	136	50	5	52	29

Conclusions

PACS Vanguard offers an opportunity to show that service providers and commissioners really value the views of patients and that they want to ensure their experiences of health and social care truly inform how services are planned and delivered in the new model of care to meet patient needs.

We have received mixed feedback from patients through this project, both between and within practices indicating that what works well for one patient (or practice), may not for another. This has also been reflected in other sources of data (e.g. NHS choices, Healthwatch Northumberland feedback), thus supporting the conclusions and recommendations of this report. However, further targeted engagement work would be useful to inform the development of PACS in Northumberland, such as with patients who work.

Many patients have expressed that they are happy with access to GP appointments at their practice. More specifically, when considering the development of PACS, experiences of patients accessing support through the ‘hub’ model has been largely positive and provides support for this way of delivering primary care.

However, from this project, we have also identified a number of areas in which improvements are required:

- Whilst certain appointment booking systems work well for some patients, they are not valued by others - one size does not fit all. For example, some groups of patients (particularly those who work) find certain systems impractical and feel they do not have the same access to appointments as other patients. Systems must therefore offer some flexibility; this may include extended opening hours, encouraging the use of online booking, increasing the availability of advance routine appointments, telephone call backs at times agreed with patients and giving these patients priority over early or later appointments.
- Greater clarity is required with regards to what constitutes “urgent”, particularly as some patients have been criticised for their inappropriate use of urgent appointments. Guidance given to patients would benefit both patients and the practice.
- In order to increase access to GP appointments, GP practices should ensure patients are proactively signposted to appropriate alternative services/health care professionals using a range of means. For this to be successful, some patients may require information from their GP practice about the roles of different health care professionals and what they are qualified to assist with (e.g. nurse practitioners, pharmacists).
- Many patients raised issues related to releasing appointments at specified time due to “rush hour” telephone traffic meaning the telephone lines are often engaged or calls go unanswered. In other cases, when patients do get to speak to a receptionist, all the appointments are taken and they are

advised to call back at the same time the following day (this can sometimes go on for several days in a row). This appeared to be less of a problem at the Blyth Acute Service, although some patients did tell us they struggled to get through by telephone.

- Some patients feel reception staff act as ‘gatekeepers’ to appointments and that they feel like a nuisance when they request one. Similarly, many patients feel uncomfortable disclosing information to them and do not understand the reasons for sharing this information with staff that are not medically trained. Some staff may require further support or training on how to handle calls and provide a good service for patients.
- Monitoring information with regards to the success of telephone call backs and whether they led to a face-to-face appointment would also be advantageous. Similarly, monitoring how many face-to-face appointments could have been resolved by telephone or by another health care professional (e.g. pharmacist) may also be beneficial in increasing access to GP appointments.

Recommendations

- The findings of this project should be utilised along with other sources of patient engagement information and GP practice feedback to inform the development of PACS in order to increase access to primary care.
- GP practices and commissioners should continue to demonstrate, share and learn from examples of good practice to improve experiences for both patients and GP practices.
- Healthwatch Northumberland will continue to seek feedback from patients about their experiences of health and social care and share this regularly with service providers and commissioners so that they can continue to inform how services are planned and delivered across the county.