

Access to GP appointments

healthwatch
Shropshire

healthwatch
Stoke-on-Trent

healthwatch
Telford and Wrekin

healthwatch
Staffordshire

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Executive Summary

There has been media coverage over a number of years reporting that increasing pressure on GP services means that the public are facing long waits to access appointments. This is borne out by surveys of GPs reporting waits of up to three weeks in some areas. This concern along with discussions with NHS England about Primary Care and access to GP's prompted this collaborative research between Healthwatch Telford and Wrekin, Healthwatch Stoke-on-Trent, Healthwatch Staffordshire and Healthwatch Shropshire. It was suggested through discussion with NHS England was to act as a pilot project with a small number of practices which could lead to a bigger piece of work if a need was identified. The research considered the experiences of patients in booking and accessing their GP practice using surveys that were completed at the time of their appointment.

The survey only captured feedback of those who had been able to get an appointment. It didn't consider the experience of people who had tried to get an appointment and failed or those who had not even tried and had gone elsewhere for advice, such as A&E. To capture those patients would require a further study and the local Healthwatch may wish to consider this for the future.

The study was designed to assess the feelings of patients about when they felt that they needed an appointment and not to form a judgement about whether it was medically necessary.

Despite the concerns about delays in being able to access appointments the research found that very few patients were waiting for excessive periods of time to be seen. Where patients had indicated that they had waited for periods of weeks this was commensurate with the numbers that said they had felt this was when they needed an appointment. Over half of respondents were seen the same day as they had requested an appointment and whilst this is positive in some respects it may be placing undue pressure on surgeries that is not warranted.

Whilst respondents said that they had been seen on the whole quite quickly and that their appointments were convenient, for those that are in work the flexibility of times for appointments was seen as an issue with some working people having to take holiday or make up the time that they were at the doctors. It was suggested that there should be more flexible hours for working people to make appointments but this also has an impact on the hours that practitioners have to work.

It was apparent that there was a lack of understanding of the appointment systems employed by the surgeries despite respondents believing that they understood the appointments system. More could be done to ensure that patients understand the appointments system used to allow for better access to appointments.

Respondents suggested that they would prefer to see the same practitioner at every appointment but few actually asked to see a preferred practitioner, perhaps in the belief that the request could not be accommodated.

A key finding of the research was that very few respondents had only visited their GP once in a twelve month period and there were a significant number who had visited more than 10 times in a twelve month period. It is not clear why this was but frequent repeat visits clearly puts additional pressure on the surgeries and appointment systems.

Introduction & Background Research

Background Research

Nine out of ten public interactions with the health and social care systems are through primary care, including GP services.¹

The Royal College of General Practitioners comments that:

‘The way GP appointments are made can vary significantly between GP practices. There is no minimum set time within which you should see your GP. If your problem is urgent your GP should see you as soon as possible.’

The Citizens Advice Bureau states that:

- You cannot insist that a GP sees you at home
- You have no automatic right to see a specific GP
- All GPs must ensure that a service is provided when they are off duty

Recent CQC inspections have looked at the access to appointments offered by GPs and the experience of patients in using those services. Recent inspection reports showed that the approach by different practices varies considerably and there is not a single process to access a GP appointment between different practices. A recent report for a practice in Eccles, in Greater Manchester found that they were able to offer same day appointments and evening and weekend appointments². As a result patients reported themselves to be happy with the appointments system that involved having a telephone appointment with a health professional before being offered a face to face appointment if necessary.

¹ Department of Health (2012) Primary Care. Available at <http://www.dh.gov.uk/health/category/policy-areas/nhs/primary-care/>

² CQC November 2014; Salford Health Matters Eccles Quality Report; www.cqc.org.uk/sites/default/files/new_reports/AAAA3126.pdf

Relevant studies

National research has demonstrated that patients with more timely access to GP appointments make fewer visits to A&E departments.³ Healthwatch Waltham Forest⁴ reported that 12% of patients attended A&E instead when they were unable to access a GP appointment which creates additional pressure on A&E services. This was also borne out by Healthwatch Staffordshire and Healthwatch Stoke on Trent's March 2015 A&E survey which found that although 97.8% of attendees were registered with a GP practice only 43.3% has attempted to contact their GP before attending the A&E department. Of these over 25% said that they wouldn't have attended A&E if they had been able to access a GP appointment the same or next day.⁵

A study by Healthwatch Staffordshire in February 2013 into A&E at Burton Hospitals Foundation Trust found that patients who had accessed A&E rather than their own GP did so because they had a lack of awareness of the out of hours service for their GP, they wanted to be seen earlier or they did not consider their GP adequate to address their concerns.⁶ Healthwatch Warwickshire in June 2013 also found that there was an impact on A&E services because of patient disenchantment and disregard of A&E services.⁷

Furthermore, a survey of 202 GPs carried out by the Royal College of General Practitioners in 2013 found that over 70% of surveyed GPs predicted that there would be an increase in waiting times in the next two years.⁸ Further research in 2014 by the Royal College predicted that there will have been 60 million occasions during 2014 when patients will not have been able to get an appointment with their GP or practice nurse within a week.⁹ This is borne out by further research published in Pulse Today that cites four in ten GPs predict the average waiting time for appointments at their own practices will exceed two weeks from April 2015 following a poll of 500 GPs.¹⁰ Healthwatch Waltham

³ T.E. Cowling at al. 'Access to Primary Care and Visits to Emergency Departments in England: A Cross-Sectional, Population-Based Study. PLOS One (2013).

⁴ Healthwatch Waltham Forest; Accessing GP Services: What do patients want?; December 2013. www.healthwatchwalthamforest.co.uk/sites/default/files/healthwatch_waltham_forest_-_gp_report_0.pdf

⁵ Healthwatch Staffordshire A&E study March 2015

⁶ Healthwatch Staffordshire Burton A&E report, February 2013

⁷ Healthwatch Warwickshire, June 2013; www.healthwatchwarwickshire.co.uk/wp-content/uploads/Healthwatwch_GP_Survey_Report_Final.pdf

⁸ <http://www.rcgp.org.uk/news/2013/august/longer-waiting-times-for-gp-appointments-predicted.aspx>

⁹ <http://www.rcgp.org.uk/news/2014/september/waiting-times-to-see-a-gp-now-a-national-crisis.aspx>

¹⁰ <http://www.pulsetoday.co.uk/your-practice/practice-topics/access/two-week-wait-for-gp-appointments-to-become-the-norm-in-many-practices-within-a-year> 20 May 2014

Forest found that only a third of respondents to their survey had been able to see a GP the same day and another third had to wait for over 5 days,¹¹ this was also reflected by Healthwatch Surrey¹² where 37% of respondents had rarely or never been able to get an appointment on the day or time of their choice. Healthwatch Lambeth found that the average wait for patients in their study was two to three weeks¹³.

According to the Guardian on 26 September 2014 there has been a steady increase in the proportion of patients who are waiting at least a week for an appointment. In mid-2011 it was 13% but by July 2014 had reached 16%.¹⁴

A 2013 study by the Patient Association found that 38% of people of working age had to take time off work to access a GP appointment. Of these people, 58% had to take a full day off work or longer to access a GP appointment. This finding is supported by Healthwatch studies in Coventry¹⁵ and the City of London¹⁶.

Over half the respondents (57%) in the Patient Association survey stated that they found booking a GP appointment 'very difficult' or that 'it could have been easier'. In addition 61% of patients stated that it took longer than 48 hours to book an appointment.¹⁷ Healthwatch Warwickshire found that 43% of patients there said that the process of booking an appointment was hard. Healthwatch Lambeth reported that patients needed to be assertive in order to make an appointment. It was also reported by Waltham Forest that in some cases patients can be waiting up to a month to book an appointment because they were unable to get through on the telephone. It is widely reported that there is a need to call at a certain time of day in order to secure an appointment for many practices particularly for booking a same day appointment.

Methods of booking for appointments have been explored by different Healthwatch and it has been found that although there are on-line booking systems available there was a lack of awareness of the

¹¹ Healthwatch Waltham Forest

¹² Healthwatch Surrey; July 2014; Getting an appointment with your GP: Experiences of the people of Surrey. www.healthwatchsurrey.co.uk/sites/default/files/healthwatch_booking_a_gp_appointment_report_v6.pdf

¹³ Healthwatch Lambeth; October 2014; GP Survey Report; www.healthwatchlambeth.org.uk/sites/default/files/final_healthwatch_lambeth_gp_survey_report_format_0.pdf

¹⁴ <http://www.theguardian.com/society/2014/sep/26/patients-waiting-times-nhs-gps-uk>

¹⁵ Healthwatch Coventry; February 2015; GP Quality in Coventry: what is important to local people and recommendations for action; www.healthwatchcoventryco.uk/sites/www.healthwatchcoventry.co.uk/files/HWCov_findings_on_GP%2-Quality_SUMMARYREPORT_Feb15.pdf

¹⁶ Healthwatch City of London; December 2013; Report on Healthwatch City of London GP Survey; www.healthwatchcityoflondon.org.uk/sites/default/files/report_on_gp_survey_dec_2013.pdf

¹⁷ Patients Association (2013)

ability to book on-line. Healthwatch Surrey found that although 78% of practices had on-line booking systems only 36% of patients knew about them. Most respondents said that they would use on line booking if they had been aware of the service in Waltham Forest. It was also the case that patients wanted better access to on-line services in Luton¹⁸.

Healthwatch studies have found that being able to see a preferred practitioner is important to patients because of a need to receive continuity of care. Healthwatch Surrey identified that 70% of patients were able to see a GP of their choice for routine appointments but that this was not the case for urgent appointments.

The Royal College of GPs pinpoint reducing numbers of GPs as being part of the reason for the increased waiting times. They state that 7.9% of GP posts were unfilled in 2013 and that by 2022 more than a 1000 GPs a year would be leaving the profession. In March 2014 it was estimated that only 40% of medical graduates had opted to train for general practice.

Current Access to GPs in CCGs¹⁹

According to the 2014 GP survey waiting times for GP appointments within Staffordshire and Shropshire are slightly below the national average at 14.5% and 16% respectively. However, Stafford and Surrounds and Shropshire both have higher than average numbers waiting for a week or more for an appointment with 20% and 18% respectively.

16% of those that were unable to access an appointment or where the appointment was inconvenient in Stafford and Surrounds cited that they had not been able to see their preferred GP. This was also reflected in the responses from Telford with 14% responding that this was the case. Both of these were higher than the national average of 10%. Access to a preferred GP is potentially more important for patients with complex long-term conditions and often for vulnerable or elderly patients.

Of those surveyed patients who could not access an appointment, an average of 8% across the CCGs decided to go to either A&E or a walk in centre. This is slightly lower than the national average of 9%.

¹⁸ Healthwatch Luton; December 2013; A review of GP services in Luton.

www.healthwatchluton.co.uk/sites/default/files/healthwatch_Luton_gp_services_review_report_0.pdf

¹⁹ CCG report July 2014 <https://gp-patient.co.uk/surveys-and-reports#july-2014>

Of the CCGs North Staffs and Stoke had the highest numbers accessing A&E or a walk in centre but this might be explained by the accessibility of the Haywood walk in centre for these locations not just self-referral to A&E.

Plan & Methodology

The study combined the work of four local Healthwatch: Stoke on Trent, Telford and Wrekin, Shropshire and Staffordshire. Each Healthwatch carried out their own primary data collection.

Data collection was via a survey that was largely quantitative but included some qualitative fields to allow for expansion on individual experiences. Understanding and experience of booking appointments and also interaction with practice staff were included in the survey. Surveys were completed with patients in the waiting rooms of GP surgeries by Healthwatch Volunteers, and patients were able to opt out of completing the survey.

A total of 722 surveys were completed by the four Healthwatch involved. There were 99 completed by Stoke, 249 by Telford and Wrekin, 171 by Staffordshire and 203 by Shropshire.

It was agreed by the involved Healthwatch that the project should involve at least 10% of practices from each local Healthwatch area. It was also agreed that, to ensure a consistent approach, each local Healthwatch would use the same criteria to choose which GP surgeries should be included in the study. The sample must include:

1. Surgeries that members of the public have raised concerns about to Healthwatch. These concerns could include concerns surrounding access, quality of care or attitude of staff, or indeed any form of negative feedback about a practice.
2. Surgeries that members of the public have given positive feedback about to Healthwatch, or where there is other evidence of good practice.
3. Surgeries that we as Healthwatch have received little or no feedback on, in order to explore those areas where we have less knowledge.
4. As far as possible a reasonable geographical spread of practices. What constitutes a 'reasonable geographic spread' is at the discretion of each local Healthwatch.

Where there is a lack of evidence in a particular category, or for a particular geographic area, local Healthwatch also used supplementary evidence to help to identify practices, such as publically available ratings from the national GP survey.

As Healthwatch Staffordshire covers 153 GP practices, it should have included 15 practices in the study to get a sample of around 10% however, only ten practices were actually surveyed. This was because there were issues with access to surgeries in some cases and it was not possible to gain access to carry out the survey. The GP practices in Staffordshire are covered by five Clinical Commissioning Group (CCG) areas:

- Cannock Chase CCG

- East Staffordshire CCG
- North Staffordshire CCG
- South East Staffordshire and Seisdon CCG
- Stafford and Surrounds CCG

The sample surgeries were located across the CCG areas in order to be reflective of practice across Staffordshire and effort was made to ensure that surgeries where concerns had been raised and those that were recognised for good practice were included.

There are 22 surgeries in Telford and Wrekin and it was decided that a 10% sample would not be representative and so six were selected to be visited. All the surgeries were urban surgeries except one. Two of the surgeries operate significantly different appointment systems from the others in the sample. The practices were mostly large practices but there was one medium and one small surgery included in the sample.

The amounts of patient feedback held by Healthwatch Telford and Wrekin on the surgeries varied with one practice being included because it had received a poor CQC report but Healthwatch Telford and Wrekin held no patient feedback for it at all.

Stoke-on-Trent included six of the 52 practices in the city in their study which provided just over a 10% selection and these were chosen by a combination of feedback from surgeries and analysis of the National GP Survey with a final choice of 2 high scoring, 2 average and 2 lower scoring practices and ensuring a geographical spread across the 3 localities, North Central and South.

There are a total of 44 surgeries in Shropshire and 5 were selected for the project.

Quality plan

Local Healthwatch has a responsibility to ensure that the insight it creates is of high quality and aligned to best practice across the industry. Research ultimately provides the evidence on which sound decisions should be made, which is why it is important to state up front how quality is ensured during the project. The following process is applied:

We underpin our research activities by applying the Market Research Society Codes of Conduct, which allows us to demonstrate that we are credible, fair and transparent.

We also adhere to a strict data protection policy to ensure that:

- Everyone handling and managing personal information internally understands they are responsible for good data protection practices
- There is someone with specific responsibility for data protection in the organisation
- Staff who handle personal information are appropriately supervised and trained
- Queries about handling personal information are promptly and courteously dealt with
- The methods of handling personal information are regularly assessed and evaluated
- Necessary steps are taken to ensure that personal data is kept secure at all times against unlawful loss or disclosure

We also have firm guidelines for data storage, data retrieval, data security and data destruction. There should be a strict process in place should a data breach occur (which includes containment and recovery, assessment of ongoing risk, notification of breach, evaluation and response).

Wherever possible when local volunteers are used they will not be able to carry out surveys in their own practice as this could create a conflict of influence, however, this is not always possible.

To further ensure the quality of the final report, an internal peer review process is initiated to ensure that the report is fit for purpose before submission. Where data is not robust it is statistically suppressed to prevent disclosure.

Findings

Key Themes

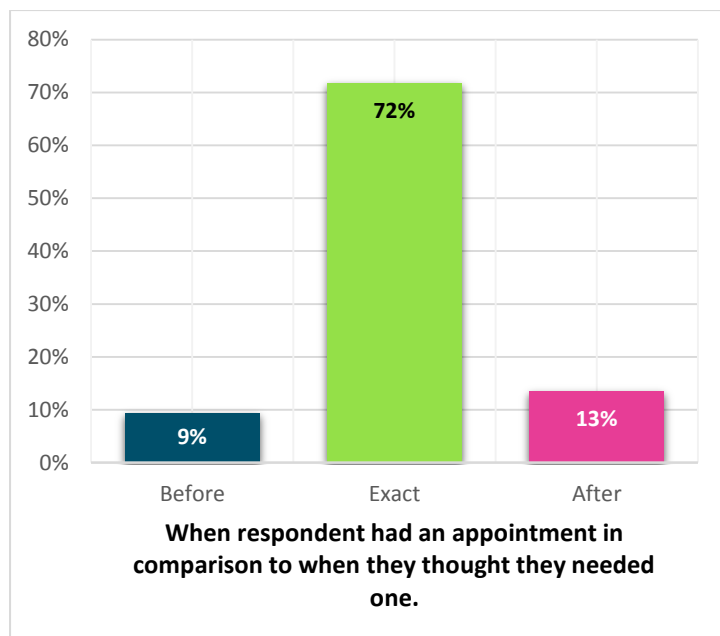
Waiting times

The key reason for this study being undertaken was concern that patients are waiting for long periods of time to see a practitioner. Although there were respondents who had waited for periods of more than three weeks these were a minority of respondents and reflected similar numbers to those who said that they felt they needed an appointment in three or more weeks' time. This does not reflect the findings of other studies elsewhere in the country. It is not clear why there are differences in the experiences for the study areas as opposed to the rest of the country, particularly as there are reported issues with recruiting GPs in North Staffordshire and Telford and Wrekin in particular.

For the combined responses for all four study areas 49% of all respondents said that they felt that they needed an appointment the same day and 84% of those respondents who wanted a same day appointment were able to be seen the same day.

When did you feel you needed an appointment vs when you got an appointment?						
	On the same day	On the next day	A few days later	1-2 weeks later	2-3 weeks later	Over 3 weeks later
On the same day	84%	6%	5%	3%	1%	0%
On the next day	13%	68%	11%	4%	3%	1%
A few days later	10%	6%	69%	9%	4%	2%
1-2 weeks later	18%	2%	10%	66%	5%	0%
2-3 weeks later	0%	7%	7%	7%	71%	7%
Over 3 weeks later	10%	0%	15%	15%	0%	60%

When did you feel you needed an appointment vs when you got an appointment?



For Stoke- on-Trent 44% of respondents said that they felt that they needed a same day appointment and of those respondents almost 80% had seen someone the same day, 10% were seen the next day and 10% within a few days. None of those that thought that they needed a same day appointment had to wait a week or more for an appointment. Stoke-on-Trent had far fewer respondents that said

that they needed a same day appointment than the other three study areas and it is not clear why this is the case.

Irrespective of when respondents thought that they needed an appointment, 35% were seen the same day, 23% the next day, 26% within a few days, and only 5% waited 1-2 weeks and 2% over three weeks. Those that did wait for an appointment had indicated that they believed that they needed an appointment in the timescales they were seen in.

Those that had waited for more than three weeks were patients at the same practice and the same surgery also accounted for 2 of the 5% that had waited for 1-2 weeks. However, this doesn't seem to be an indication of wider problems at the practice with it receiving positive reviews on the NHS Choices website.

For Telford and Wrekin 56% of respondents said that they felt that they needed a same day appointment. Of those respondents who felt that they needed a same day appointment 85% were able to get one. There was one respondent who reported that they needed to see a GP on the same day but had waited for three weeks or more for an appointment but this was an unusual situation rather than the norm for the area.

Unlike results from Stoke on Trent, those respondents who waited over three weeks for an appointment did not all state that they felt that they needed an appointment in that timescale. There were a total of seven respondents who had waited for more than three weeks and only two had indicated that they had wanted an appointment in that period of time. For people who had to wait for 1-2 weeks for an appointment, 15% of them said that they felt that they needed a same day appointment. Therefore, it seems that there is a gap between patient expectations and what is delivered by the GP practice and this may be indicative of a wider issue with appointments for Telford and Wrekin. However, it is not clear how realistic expectations are and whether there is a medical need for a more urgent appointment from the responses that are given.

Staffordshire results showed that 54% of respondents said that they felt that they needed to see a practitioner the same day and of those 88% had an appointment the same day. Of the remaining 12% that had said they needed a same day appointment they were seen either the next day or within a few days.

Only one respondent said that they had waited for over three weeks for an appointment but they had also indicated that they believed that they needed an appointment in that timescale and so their expectations had been met. 8% indicated that they had waited for 1-2 weeks and 2% that they had waited 2-3 weeks for an appointment. This again suggests that there are no issues with accessing appointments that meet the expectations of the patient within Staffordshire and in some cases the speed with which they are able to access an appointment exceeds their expectations.

The experience of respondents in Shropshire was different in that fewer (33%) said that they felt that they believed they needed a same day appointment. 80% of respondents actually had a same day appointment which suggests that slightly more respondents had a same day appointment than had indicated that they wanted one. 3% of respondents said that they thought that they needed an appointment in three weeks or over and there was a slight disparity in who was waiting for three

weeks with 5% indicating they had waited that long. This suggests there are unmet expectations but these are not overwhelming.

Overall results for the study areas showed that irrespective of whether the respondent had indicated that they felt they needed to be seen the same almost 50% did have a same day appointment. Therefore, despite there being concerns across the country about GP waiting times it appears that on the whole patients are being seen in a timely manner. However the perception of some respondents is that there are a lack of appointments available and that they struggle to access an appointment.

[‘I find myself getting anxious just having to ring for an appointment as it is always a struggle to get an appointment.’](#)

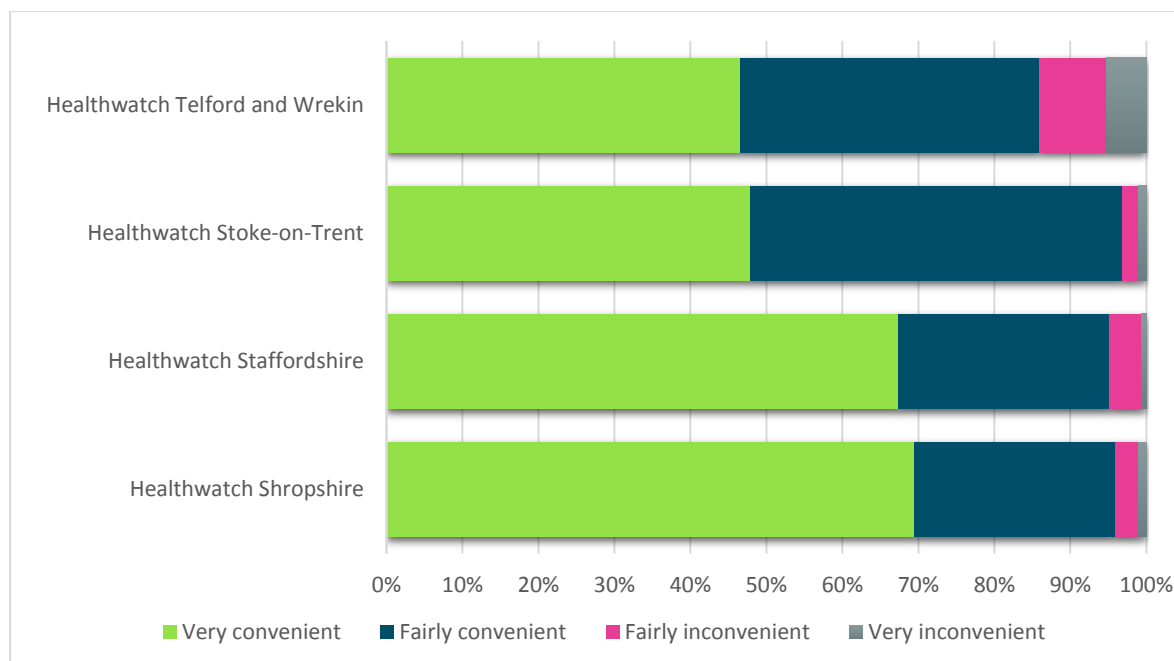
Respondents consistently said that they expected to be able to see a doctor when they wanted and there were various reasons for this including being able to fit appointments around work commitments and child care.

The perception that there are a lack of appointments means that there may be some patients that don't attempt to see their GP. An A&E study carried out at the Royal Stoke Hospital in February 2015 found that there were a proportion of self-referrals to A&E that had not tried to contact their GP first despite being registered with a practice. Although the study did not ask specifically why they had bypassed their GP over 25% of them said that if they had been able to see a GP either the same or next day they would not have attended A&E.

Whilst there are no issues accessing GP appointments in the study areas according to this study it should be remembered that the people surveyed had been able to access an appointment and therefore, hadn't had to try another route to see a healthcare professional.

Convenience of appointments

Respondents were asked if they had found their appointment time to be convenient and 91% reported that their appointment time was convenient.



Although most respondents said that their appointment was convenient, difficulties in getting appropriate appointments for working people was a recurring theme. It was suggested by some respondents that people who work should be given greater priority for appointments that are later in the day in order to fit around working hours. People who were working either full or part time made up 34% of the respondents in the survey and some of them made the point that whilst they were waiting at the GP surgery they either had to take holiday or would have to make the time back up when they returned to work.

[‘I have to take time off work as leave or wait days for an afternoon appointment.’](#)

The need for more convenient appointments for working people is a theme in studies carried out nationally with requests for evening and weekend appointments to be made available for working people. It is reflected in political priorities to make GPs available seven days a week and would be a return to the requirement for practices of certain sizes to make Saturday appointments available.

However, although this would increase convenience for working people it would also increase pressure on existing GPs with the already well documented shortages of GPs in some areas such as North Staffordshire. Wider surgery opening times may be more attainable for those practices that are part of a group structure but where there are small surgeries with a limited number of practitioners it would not be feasible to open for more hours than they do currently. Where this is the case patients need to be informed of the limitations that prevent longer surgery hours.

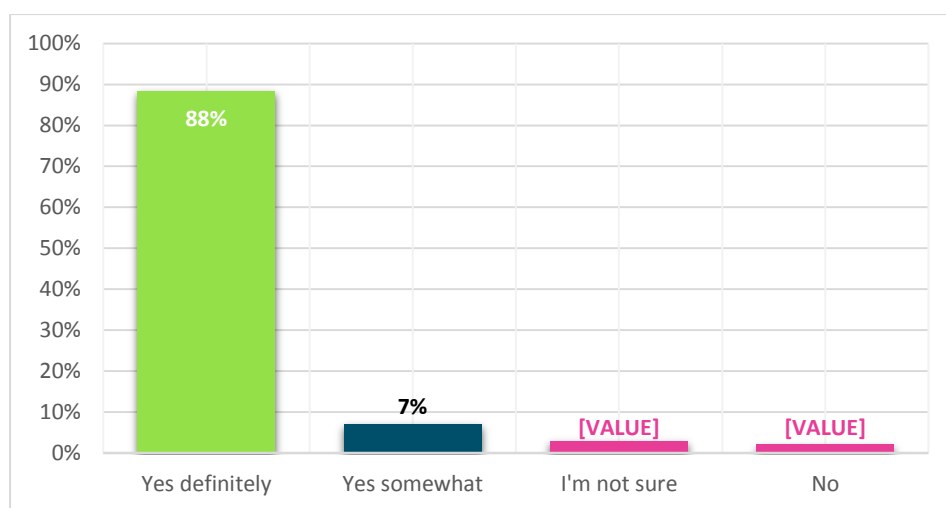
The challenges around the recruitment of GP’s and reports of fewer medical students opting for general practice will be impacted further by a requirement to open for longer hours and at weekends.

In the long term this may cause more problems with being able to access GPs than there are currently. However, there is clearly a need for more flexibility than in the current system.

Appointments systems

Consistently high numbers of respondents said that they knew how to make an appointment. 95% of respondents across the study areas said that they were either sure or fairly sure how to make an appointment. There is little variation between each area in terms of self-reported knowledge of the appointments system.

Do you understand the process for booking an appointment at your GP surgery? (Overall)



However, when respondents were then asked what the appointment system was at their surgery there were clear inconsistencies between what respondents believed to be the system and actually what was the case. For all areas it was clear that each practice was perceived to have different systems in place by various patients, for example the same surgery would have responses in each system type. Therefore, it is not possible to properly evaluate the types of appointment systems that are being used across the study areas and their effectiveness.

This was the case for all of the study areas and suggests that whilst respondents are confident in booking appointments many do not really understand the system that their practice operates. A brief overview of GP practice websites show that it is not always clearly explained how the appointment system operates and there may be scope for further more consistent information to be shared with patients about the systems that they operate.

It is the case that where there are more types of booking systems reported by respondents there was a correlation with not understanding the booking process. Therefore, there is an argument for clear simple and well communicated booking systems.

The particular appointment systems were commented on by some respondents particularly for the surgeries where they operated a 'sit and wait' no appointment system and the impact that has on the

patient and their day. Some reported that there could be long waiting times to be seen by a practitioner and one respondent reported that on one occasion they had waited for three hours to be seen. Another commented how the sit and wait system was not convenient for families with small children.

'If one child is ill I have to take both to school and get the bus back with the sick one. I don't get back until 9.30am or later so I have to wait a very long time to see any GP I can.'

However, the sit and wait system is seen by some as having advantages. For those where there is an appointment system for the afternoon but sit and wait for the morning surgery one respondent commented that the appointments in the afternoon were difficult to get so the option of sitting and waiting in the morning was an advantage.

'Afternoon appointments are no good as have to wait three weeks. Sit and wait is positive.'

Another respondent felt that it was a more efficient service and meant that they were seen more quickly.

'I would rather sit and wait for a few hours than a few days.'

The sit and wait system does appear to have clear advantages for people who want to be seen the same day and are able to wait for indeterminate amounts of time. However, for those that only need a routine appointment or need to be elsewhere at a particular time the system does not work to their advantage. It may also encourage the mentality that all appointments must be considered urgent and therefore may put more pressure upon the system than there needs to be.

Another system that was particularly commented on was a triage system where to be given an appointment there had to be a telephone call back from a doctor. One respondent commented that they preferred the previous system rather than having to wait for a call back and another commented that they had waited for 45 minutes for a call back before they rang again because they were in so much pain. Face to face appointments appear to have been preferred by those respondents rather than telephone appointments.

However, there are benefits to be had through using a triage system. Whilst patients may want to be seen straight away or called back straightaway the benefits of the system means that there may be no need for them to have an appointment or that they could see someone else at the practice rather than the GP. This would reduce the pressure on the appointments system.

Where there were clear appointment systems there were comments about the timing of appointments and the lack of opportunity for respondents to discuss all the health concerns that they may have in one appointment because of restrictions on the length of appointments.

'I would like longer appointments but understand that I only usually come as an emergency, so I have to concentrate on the most urgent thing as I can only talk about one issue per appointment.'

The limited amounts of time allowed for each appointment is a recurring theme in other Healthwatch studies nationally as is the need to make multiple appointments where the patient has more than one issue. The need to keep making appointments is putting additional pressure on the system and

potentially taking up more appointment time than would have been the case if one extended appointment could have been made.

A previous study into the experiences of mental health service users in South Staffordshire and Shropshire found that access to GPs and GP treatment was an issue, particularly for those with learning disabilities²⁰. Extending the length of appointments for some groups such as those with mental health issues would be beneficial in order to assure that there was time to properly discuss often complex health issue. This is a benefit of triage systems where there is the scope to tailor the length of the appointment to the nature of the health issue and also the wider needs of the patient such as that employed by Salford Health Matters in Eccles²¹.

Short time periods allowed for each appointment can mean that where a patient's needs are more complex there is then a negative impact on subsequent appointment times. A number of respondents also said, when asked about their expectations of their GP, that they expected their appointment to be on time but this was not always the case and it had a negative impact on them.

'The only issue is the length of time I have to wait for a planned appointment. Particularly as I work and have to make my work time up.'

Where delays are unavoidable keeping patients informed of waiting times and reasons for delays would be of benefit for patients and certainly where a sit and wait system is in place there should be information on how long a patient could expect to wait in order to try to address dissatisfaction in this area.

Booking methods

Respondents were asked about the method that they used in order to make their appointment. For all areas the highest number of respondents said that they had booked their appointment by telephone. 75% of respondents said that they had telephoned the surgery to make an appointment and 24 % said they had made their appointment in person. Less than 1% of respondents said that they had used on-line booking.

There was however, variation between the areas in terms of the proportions of people using each method. Stoke-on-Trent and Staffordshire had similar percentages of respondents who had booked by telephone, 82% and 78.5% respectively. Telford and Wrekin Healthwatch found that 68% of their respondents had booked by telephone and in Shropshire 70% of respondents had booked by telephone.

The low numbers using on-line booking were despite some respondents citing that they would like to see on-line booking systems from their GPs. It is not clear why on-line appointments are not being used as it is outside the scope of this research, and is worthy of further research. However one respondent provided some feedback on their experience of the on-line booking system at their practice.

²⁰ Engaging Communities; December 2014; Dignity and Respect "In Practice" South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

²¹ CQC Quality Report- Salford Health Matters Eccles- 16/11/2014

[‘On-line appointment systems aren’t always up to date for current appointments. I got an appointment earlier by phoning.’](#)

Studies by Healthwatch Waltham Forest, Healthwatch Surrey and Healthwatch Luton suggested that there was a lack of knowledge on the part of patients that on-line booking was available and this may be a cause for the low take up of in-line booking. It does offer a more convenient way of booking in some cases and avoids having to wait to get through by telephone. It also enables to patient to see at a glance what appointments are available on particular days and times. However, there are limitations with on-line bookings in terms of what can be booked on the same day and this could be why people are not using them. However, Healthwatch Waltham Forest found that many patients would have used on-line booking systems had they been aware of them. On-line booking systems do also require patients to register as users and often require them to request a user number from their surgery. As this would entail a phone call or visit to the surgery it would be just as easy to make an appointment there and then rather than register on-line and then book an appointment.

GP practices have invested in on-line systems and there will be an ongoing cost which seems wasted for what seems to be a very low take up. Investment in understanding why people are not using on-line booking systems and making them more user friendly may be worthwhile. This should be in conjunction with promoting the on-line services with information on the advantages for the patient in using the system. Following that usage should be monitored and should there still be little or no take up practices should consider how they make use of on-line booking systems.

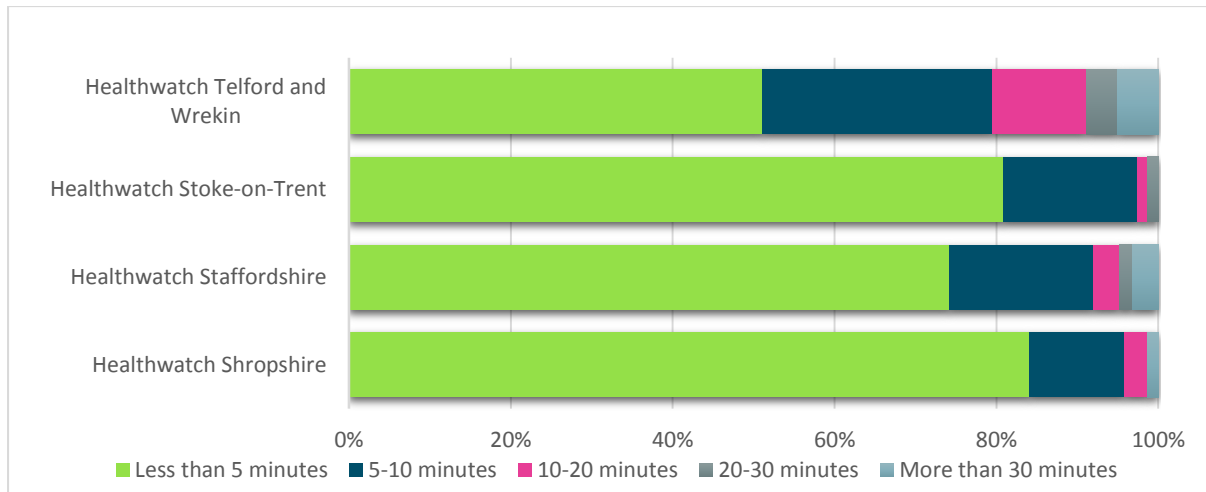
There are disadvantages in relation to on-line booking becoming the main route to book appointments because of the potential exclusion of frail elderly people without access to the internet and those living in rural communities without access to broadband. Therefore, it is important to ensure that there are a range of booking methods available.

Where respondents indicated that they had telephoned their practice in order to make an appointment they were asked how long they had had to wait before their call was answered. For the overall study area it was found that 90% of respondents had had their call answered in ten minutes or less. Between Staffordshire and Stoke on Trent there was little variation with 76% and 80% of calls respectively being answered in less than five minutes. In Telford and Wrekin 50% of respondents said that their call has been answered in less than five minutes, which meant that they still accounted for the largest category of respondents. However, it is significantly less than in the other two areas.

Telford and Wrekin also had higher numbers of respondents reporting that their call had taken more than 30 minutes to be answered accounting for 5% of responses. There were three different surgeries where some calls had taken longer than 30 minutes to answer on some occasions. The delays in answering calls on some occasions is not suggestive of there being specific problems at these surgeries but rather one off issues.

For Staffordshire, Shropshire and Stoke on Trent the results involved percentages of 2%, 1.5% and 1% respectively for respondents taking more than 30 minutes to get through, which was essentially one or two respondents in each survey area. Again there is no consistent pattern of calls going

unanswered at the surgeries involved with the majority of calls at each being answered in less than ten minutes.



However, respondents did comment on the amount of time they could be waiting to get through by telephone and in some cases when they did get through there were no appointments left. One respondent said that they had to ring at 8am or there were no appointments left and they would be told to take their child to a walk in centre which they felt was unacceptable. Another described their surgery as being *'slow at answering the phone, it takes a long time to get through.'*

The time of day that patients have ring to make an appointment was discussed by a number of respondents and this feeling that they had to call at a set point of day to get an appointment would contribute to delays in calls being answered because of the volume of calls being made.

'Appointments system at 8am is stupid, you should be able to phone anytime. I am on tenterhooks while ringing to get an appointment.'

The need to ring at a specific point of the day to get an appointment was reflected in the study by Healthwatch Waltham Forest as well. When a practice is trying to accommodate requests for same day appointments and there are a limited number of appointments it stands to reason that there will be a limited window of opportunity to book one of the appointments. This fuels the air of panic and anxiety that some seem to feel when they are trying to book an appointment. It may be the case that there should be different times to ring for appointments later in the day but there is scope for this to create confusion or a second bottleneck during the day. Once again operating a triage system may alleviate some of the need to ring before a certain time in order to access an appointment.

Preferred practitioner

Respondents were asked if they had asked to see a preferred practitioner and overall it was found that 41% had not asked to see a preferred practitioner. For Stoke-on-Trent 46% had not asked to see a specific practitioner when they made their appointment and this was similar in Staffordshire with 41% having not asked and Shropshire with 43% having not asked. This contrasts with Telford and Wrekin where only 31% had not asked to see a specific practitioner.

Of those respondents who had asked to see someone specifically 60% had seen their preferred practitioner across the study areas. 72% had managed to see their preferred practitioner in Stoke on Trent, perhaps aided by the reduced numbers making such a request, and this was mirrored by respondents in Staffordshire where 71% had seen their practitioner they had asked for. In Telford and Wrekin the number of respondents who had asked for and seen a preferred practitioner was 49%. Again this may be reflective of the higher percentage of respondents asking for a preferred practitioner and this being more difficult to accommodate as a result. However, there were similar numbers who had been able to see their preferred practitioner in Shropshire at 51% without the high numbers of patients making a request.

Some respondents suggested that asking to see a preferred GP meant that they would have to wait longer for an appointment.

'It would have been three weeks to see my preferred doctor.'

From the comments made by respondents there was a clear desire to see a particular GP but this was often not realised.

'You should be able to see a doctor of choice. You should be able to make an appointment for several days in advance to see your doctor of choice. Patients over 75 are allocated a specific doctor but there is no special access for these patients to their allocated doctor.'

So although there is a named GP for those over the age of 75 in practice this doesn't necessarily mean that they are given priority for seeing their named doctor. Whilst for many this may not be a concern it does beg the question what the point of having a specific named GP actually is. There are also other groups than those aged over 75 that could benefit from having an allocated practitioner if it actually carried any weight or meaning. These include people with long term conditions, mental health conditions and learning disabilities.

Those people who had been unable to see their preferred practitioner were asked if they felt it had impacted on their treatment. Comments made by respondents were around having to explain symptoms all over again to a different person, so around continuity of care. For those that said that it hadn't really affected their treatment some made similar comments about continuity of care and having a practitioner who knows their history.

This suggests that there is a preference to see the same practitioner in order to have continuity of care but patients may be unaware that they can specify a preferred GP. Respondents were not asked why they had not requested a particular GP and this could be further investigated in the future but, it was suggested that asking for a particular GP can lead to longer waiting times for an appointment. However, there is little evidence that this is the case when considering the times that respondents had waited for an appointment. This may not be the case if there were higher numbers of respondents asking to see a preferred practitioner.

There was a suggestion that needing to see a female practitioner could cause problems in being able to access appointments at a convenient time.

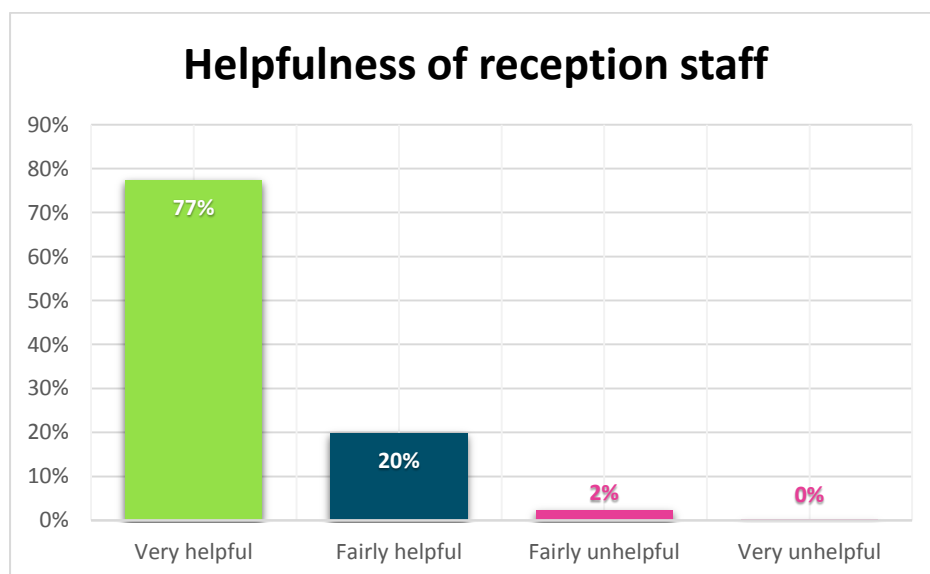
'I need to see a female doctor who only works in the morning, so no appointments available.'

With continuing issues with the recruitment of GP's this could be further exacerbated in the future.

Receptionists

Respondents were asked to give their views on their experience of booking an appointment and this concentrated on their interactions with reception staff.

97% of respondents reported that they found the receptionist to be either very or fairly helpful and this was consistent across the areas.



Despite most respondents finding the receptionists helpful a small minority across all the areas commented that they found the receptionists rude. Healthwatch Coventry also found that similar comments were made about the attitude of reception staff although there is an understanding of the pressures of the work that they have to undertake.

With the continued issues with limited numbers of appointments and the telephone being the preferred method of contact the pressure for reception staff shows no sign of abating. However, there are steps that can be taken to reduce the perception of the patients that reception staff can be rude and unhelpful such as investing in customer service training for staff in some practices.

Additionally respondents who had commented lacked confidence in the reception staff's adherence to confidentiality.

[‘Reception staff are appalling when it comes to confidentiality over telephone calls.’](#)

There is a question about how reception areas are laid out that allows telephone conversations to be over heard by people waiting in the reception area. It suggests that there may need to be a reconfiguration of reception areas at some surgeries in order to safeguard patient confidentiality.

There may be a lack of trust that reception staff will safeguard patient information and this perception needs to be tackled as it reflects a belief that reception staff are not professionals in the

same way as GPs and nurses. Further training for reception staff around confidentiality could be used along with information for patients that explain the role and responsibilities of the reception staff.

Some practices explain to patients that their reception staff will ask for additional information about why patients want to see a doctor in order to book the most appropriate appointment. However, 73% of respondents reported that they had not been asked. This suggests missed opportunities to divert some appointments to practice nurses and healthcare assistants at practices as unless patients specify when booking that they need to see a particular type of practitioner the assumption will be that they need to see a GP.

Those that had been asked reported in the main that they were comfortable with being asked and these accounted for 73% of respondents but a number of respondents commented that they were not. There was a view that the receptionist was prying and that their standing was not high enough to be enquiring

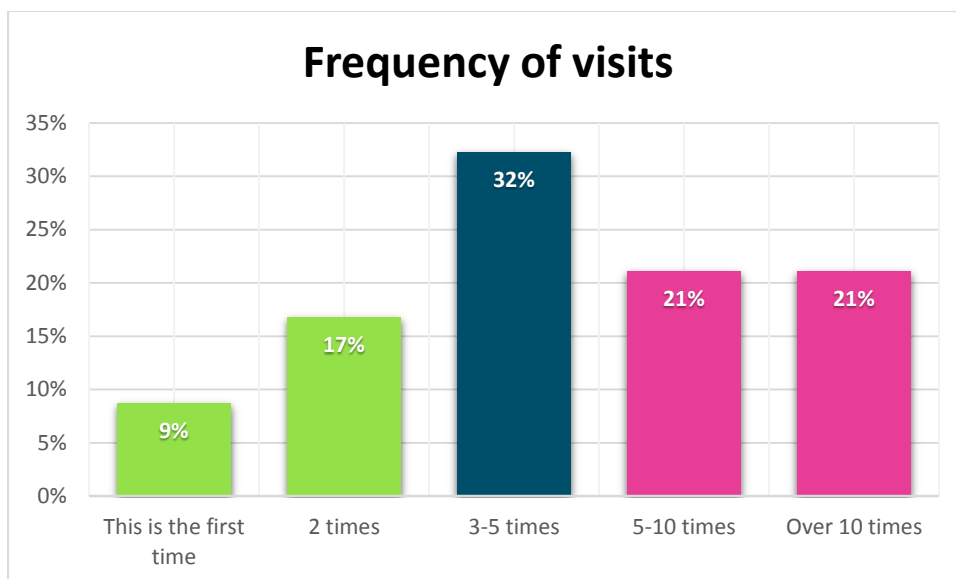
'None of her bloody business. She's not medically trained.'

Where it is the case that receptionists ask the reason for seeing a doctor they are in effect running an informal triage system. This is done with the best of intentions enabling the receptionist to find the most appropriate appointment for the issue that the patient has. However, this is not the way that it is seen by some patients and it may be more appropriate to adopt a formal triage system where assessments are carried out by trained medical staff and they take the decision about if an appointment is needed, when it is needed and with whom. This would potentially relieve the pressure on the appointments system and ensure that patients see the most appropriate person for their medical need.

Visits to the surgery

It was found that 84% of respondents to the survey had booked their appointment for themselves, with 12% having booked for a child in their care and 4% for an adult in their care. There was a spread across all age groups for those attending the practices but the largest group was those that are of working age at 54% of respondents and 34% reported that they were in either full or part time work. This places particular importance on comments that were made about the convenience of appointments for those that are working as it potentially impacts on a large number of respondents.

Respondents were asked how often they had been to see their GP in the preceding 12 months. For each area those reporting that this was their first visit were the lowest number of respondents and overall they accounted for less than 9% of respondents.



Across the 4 survey areas 21% of respondents reported that they had been to see their GP more than 10 times in the 12 month period and the percentage in Staffordshire was by far the highest accounting for 30% of respondents.

There does not appear to be any particular reason for this being a higher percentage in Staffordshire in terms of the demographic makeup of respondents.

As respondents had already raised issues around appointment length and their inability to discuss more than one issue at each appointment, this could go some way to explaining why there are a number of repeat appointments.

Anecdotally outside this project there is evidence that inefficiencies within the system are adding to the need for multiple appointments, for instance referrals between different parts of the system having to go back to the GP simply to complete a referral form for the next part of the treatment path. This is potentially important and may be worth exploring further through a GP survey for instance.

This research only considers those that had managed to get an appointment to see a practitioner and does not consider those that had been unsuccessful in obtaining an appointment. Therefore, it is not clear whether the numbers of patients making repeated visits to the GP are doing so to the detriment of other registered patients.

It was outside the scope of this survey to consider the reasons that respondents were visiting the GP practice and further research is required to look at why people are visiting the GP in conjunction with how often they are attending.

Treatment and diagnosis

Respondents were asked what they expected of their GP and a number of them suggested that they expected correct diagnosis and treatment from their GP practice. There was a sense that many believed that their GP should be able to diagnose whatever was put in front of them and that when this did not happen they felt let down. Whilst this may seem a reasonable expectation in some ways

there may be a need to explore how the public can be educated to appreciate that the doctors are general practitioners and do not have all the diagnostic tools available to them that specialists have.

‘Doctors are not very informative. I was specific last time about my symptoms but the doctor wasn’t very specific about diagnosis. Sent me for tests.’

Expectations around medication varied with some respondents being unhappy that their GP would not simply prescribe sleeping tablets or antibiotics on request. This contrasted with another respondent’s view that medication should not be the first response particularly in relation to anti-depressants.

‘Anti-depressants are not the answer to everything under the sun’.

Previous research around mental health²² has shown that accessing GPs can be difficult for those with a mental health diagnosis and that getting help, support and medication from the GP can be particularly difficult because there is a lack of linkage between the GP and Mental Health Services.

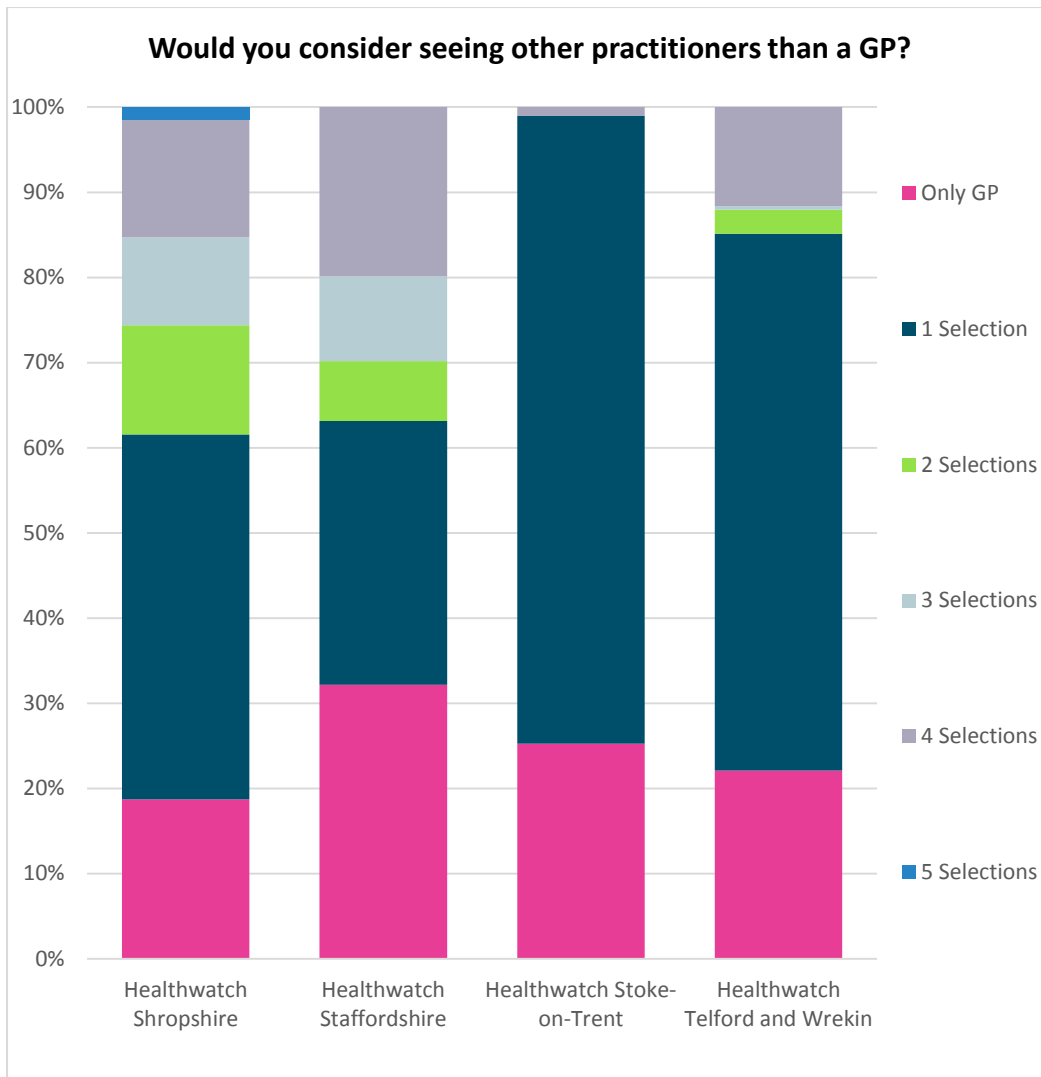
Alongside expectations around treatment and diagnosis a number of respondents commented on the need for practitioners to ensure that patients had understood what had been said to them and to take time to give advice and explain.

‘An ability to get treatment and information about any issues I may have about my health and medicines I am taking at the moment.’

This relates again to the sense that some appointments felt rushed and there was not enough time to have a thorough discussion about the reason that they were there. With increasing pressure on GP practices and the rising numbers of people with long term conditions there is a need for patients to help look after their own health through self-help. GP practices are ideally placed to support this message and enable people to look after their own health. In many cases this support could be provided by nurse practitioners rather than the GP and this would increase the number of appointment times available for more complex issues.

Respondents were asked if they would be willing to consider seeing alternative practitioners including qualified but in training doctors, advanced nurse practitioners and practice nurses. There were varying responses to the question which had multiple options however, there was clear scope for using other types of practitioner than a GP in some cases.

²² Engaging Communities, December 2014; Dignity and Respect “In Practice” - South Staffordshire and Shropshire Healthcare NHS Foundation Trust.



The chart above shows the numbers of alternative practitioners that respondents would be prepared to consider other than a fully qualified GP.

There are still a considerable number of respondents who would only consider seeing a qualified GP in a face to face appointment but there is scope for looking at different approaches to appointments. It may be helpful to explore further the potential for changing patient attitudes towards GP only appointments through a wider promotion of the benefits and skill sets of alternative clinical staff.

Conclusions

This research project was motivated by the perception locally and nationally that there are problems for some patients in accessing GP appointments. Concern had been raised that in some cases patients could wait for more than three weeks for an appointment. Whilst there were some respondents who stated that this had been the case they were the exception rather than the rule. Most respondents were seen the same day whether they thought that they needed to be seen then or not, which in many ways is positive but can raise unrealistic expectations and put additional pressure on practices. Those wishing to book in advance are more likely to experience difficulties in booking an appointment when they wanted one as the practices were more geared up to accommodate same day appointments.

Appointments were not always convenient for people who are working and evening or weekend appointments reserved for working people were suggested as a means by which they could access appointments more easily. However, there are also needs to be an appreciation of the impact this could have on recruitment and retention of practitioners when there are already problems locally and nationally in GP recruitment.

It became clear that although respondents felt that they understood the appointments system used by their practice this was not actually the case. It was not possible from the responses to accurately ascertain what system each practice was using. Two particular system types were commented on by respondents, sitting and waiting instead of actual appointments and a triage system where a medical practitioner called back to determine whether an appointment was needed and when. Both systems were seen as having benefits for patients but also having some drawbacks. Whilst sitting and waiting means that patients don't have to wait weeks for an appointment it does mean that everything is treated as urgent when it isn't necessarily the case. Triage systems have advantages in terms of allocation of appointments ensuring that only appointments that are necessary are made and that they are treated according to medical need. However, it seems that some practices are running a less formal triage system through the reception staff and this is not always accepted by patients putting additional tension into the relationship between receptionist and patient.

Triage systems can act as an enabler to flexible appointment lengths. Respondents said that waiting times for booked appointments could be an issue and they identified that appointments running over time because they were inadequate for more complex issues or multiple health problems caused delays. The research also found that there were a very high number of respondents who had visited their GP practice more than 10 times in a 12 month period and those who had visited only once were very much in the minority. Having to book multiple appointments in order to discuss more than one issue could be one contributing factor to the high numbers of repeat visits although it is far from clear why there are such high numbers of people visiting multiple times in a year.

Patients, on the whole, are accessing their GP practices by telephone rather than booking on-line despite most practices offering the facility. It is not clear why on-line booking is not popular but other research has also identified that on-line booking is not widely used despite being offered and it was found that patients had a lack of awareness of its availability but would use it if they knew about it. Greater use of on-line booking would take pressure off reception staff and also enable greater

flexibility for patients in accessing appointments in advance. However, there is a need to invest time in promoting it as a booking method.

Booking by telephone is the preferred method of booking and there were relatively small numbers of respondents who reported excessive waiting times for calls to be answered. However, it is important to remember that this research spoke only to people who had been able to get through and book an appointment rather than those who did not get through and stopped trying to get an appointment. Respondents reported that they felt they had to call by a certain time in the morning to be able to access an appointment and feeling anxious about being able to get through and this contributed to long waits for calls to be answered. Investing in more than one line or different booking systems could help to reduce this perception and anxiety.

When it came to what patients wanted of their GPs, they ranged from expecting to get an appointment when they wanted it to more intangible expectations of listening and understanding. Some respondents wanted a diagnosis and treatment from their GP which is not always possible for a GP when they lack specialist knowledge. GPs need to have a greater role in giving advice and checking understanding of their patients in order for them to manage their own health more effectively. This would mean more time on some appointments but in the long run could have an impact on the number of visits by some patients and a reduction in overall pressure on services.

There is a potential health literacy issue here which could be explored further as a national concern. Healthwatch Stoke-on-Trent is involved in the Health Literacy programme in Stoke-on-Trent and GP's role in supporting patient understanding is very important.

There were some comments that although respondents didn't consider they needed a same day appointment they didn't feel that they could wait two weeks or more for an appointment. This was particularly the case where the appointment system was divided into urgent appointments on a sit and wait basis in the morning and pre-booked appointments in the afternoon.

Overall it was found that whilst there are some areas for improvement the experience of patients within the four Healthwatch areas does not appear to reflect national reports of severe delays accessing appointments and with a small number of exceptions people are generally happy with the services they receive from their GP practices. More can be done to meet the expectations of patients in some areas and to manage expectations in others. However it must be acknowledged again that the cohort for this survey had managed to obtain appointments and it may be that there would be a different perception if the survey had been able to speak to patients unable to get appointments.

Recommendations

1. Give consideration to operating triage systems in some practices and how they can be developed to give greater flexibility and access for patients. This would ensure that best use of appropriate appointments is made.
2. Make use of other practitioners to deal with some appointments in order to make best use of GP time. This would require further investigation of the reasons why patients are accessing GP appointments. It will also require clear patient information on types of appointment dealt with by each type of practitioner.
3. Practices should be encouraged to provide all patients with clear information about the appointment system being used in a variety of forms – paper, web and notices. This would help to promote better understanding of the local system and could reduce the apparent expectation of same day appointments. By making information available to all patients it will promote greater understanding of the appointment system and could prevent pressure on same day appointments.
4. Some work could be commissioned to understand the barriers and benefits of using online booking systems from the patient perspective and perhaps enable an increase in uptake if improvements are made. If usage does not increase despite modification and promotion consideration could be given to discontinuing the use of on-line booking and the resource redistributed. Whilst it is accepted that this is currently a contractual obligation there may be scope for reconsideration.
5. Provide support for reception staff including clear guidance on appointments policy and systems, customer service training and confidentiality training. Provide patient information on the roles and responsibilities of reception/office staff.
6. Give consideration to operating flexible appointment lengths for some patients with long term conditions or complex needs such as mental health problems or learning disabilities in order to give quality time and response to the patient and prevent appointments overrunning and impacting on those in the waiting room. This will require consideration of the individual's medical background and may require a triage system/call back from medical staff rather than reception input.
7. Ensure that telephone lines are adequately staffed and that there are adequate lines to meet demand. Carry out monitoring of call volumes over a period of time to establish peak demand patterns, also include numbers of lost calls where possible in order to recognise unmet demand.

8. Where patients have long term conditions or complex health needs ensure that the patient sees the same practitioner about the same issues wherever possible taking into account patient choice. This would help to ensure continuity of care and provide reassurance for the patient.
9. Healthwatch to carry out further research into the reasons why patients are seeking GP appointments and the reasons why there are so many patients having multiple appointments in a twelve month period. Give consideration as to whether there are long term health conditions that may be better managed thus reducing the need to see the GP so frequently.
10. There are a cohort of patients that have special requirements and further research is required to understand what those requirements are and how best to meet them.
11. Consideration could also be given to giving GPs protected time to deal with long term conditions to provide continuity of care. For example, the extensivist model²³ uses a dedicated GP practice for long term conditions and frail elderly patients who can take up more time enabling other GPs to have more time to see general patients. And this could be done either by creating a separate or by creating a specialist GP role within a practice.
12. Consideration should be given as to how inefficiencies can be reduced in referrals between GPs, specialist services and onward referrals. This may require further study to consider how this could be accomplished without leading to additional GP appointments.
13. Although respondents reported that appointments were generally convenient there were incidences where expectations of when appointments were needed were not met, including those who had believed that they needed an appointment in advance but were seen the same day. It is recommended that there is further longitudinal research on appointment access trends which will allow monitoring by NHS England.

²³ <http://www.pulsetoday.co.uk/commissioning/commissioning-topics/ccgs/nhs-england-int-talks-to-set-up-complex-care-gp-practices/20005619.article#.VUjAgvViko>

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Appendix

Healthwatch GP Project

Healthwatch is carrying out a project with NHS England to inform the way that GP practices are managed and to help to improve services. Thank you for taking the time to complete this survey.

1. Healthwatch Area (to be filled out by administrator)

Healthwatch Staffordshire

Healthwatch Stoke-on-Trent

Healthwatch Telford and Wrekin

Healthwatch Shropshire

2. Name of GP surgery (filled out by interviewer)

3. Time and date of survey (filled out by interviewer)

4. Do you understand the process for booking an appointment at your GP surgery?

Yes definitely

Yes somewhat

No

I'm not sure

Page 1

Healthwatch GP Project

5. What is the process for booking an appointment at your GP surgery? (If the process is mixed select as many options as apply)

- All appointments are booked for the same day
- Some urgent appointments are booked for the same day, most appointments are booked in advance
- The GP calls back to book an appointment
- The nurse calls back to book an appointment
- The mornings are for urgent appointments, the afternoons are for booked appointments
- You sit and wait for an appointment
- Don't know

Other (please specify)

6. Based on this appointment, did you book an appointment for:

- Yourself
- An adult you care for
- A child you care for

7. Did you book your appointment:

- By phone
- Online
- In person

8. If you booked this appointment by phone how long did you have to wait for your call to be answered?

- Less than 5 minutes
- 5-10 minutes
- 10-20 minutes
- 20-30 minutes
- More than 30 minutes

9. How helpful was the receptionist?

- Very helpful
- Fairly helpful
- Fairly unhelpful
- Very unhelpful

Healthwatch GP Project

10. Did the receptionist ask you to describe your symptoms/what was wrong?

- Yes
- No
- I can't remember/I'm not sure

11. If yes, were you comfortable describing your symptoms to a receptionist?

- Yes definitely
- Yes somewhat
- No
- I can't remember/I'm not sure

Other comments

12. When did you feel that you needed an appointment?

- On the same day
- On the next day
- A few days later
- 1 - 2 weeks later
- 2-3 weeks later
- Over 3 weeks later

Other comments

13. When did you get an appointment?

- On the same day
- On the next day
- A few days later
- 1 - 2 weeks later
- 2-3 weeks later
- Over 3 weeks later

14. If you asked to see a preferred practitioner, did you see your preferred Doctor/practitioner?

- Yes
- No
- I did not ask to see a preferred practitioner

Healthwatch GP Project

15. If you didn't see your preferred doctor/practitioner, did this have an impact on your care?

16. How convenient was the time of day of your appointment?

- Very convenient
- Fairly convenient
- Fairly inconvenient
- Very inconvenient

17. If the appointment time or date was not what you wanted, did you try to change it and were you successful?

- I changed my appointment
- I tried to change my appointment, but could not get an appointment I wanted
- I was unhappy with my appointment, but did not try to change
- I was happy with my appointment

18. If, in your experience of your last appointment, you were unable to see a GP quickly would you have been happy to see a:

- Doctor in training (qualified)
- Advanced nurse practitioner (an Advanced Nurse Practitioner is a nurse that has the power to manage case loads, make diagnoses, develop care plans and prescribe and manage medication)
- Practice nurse
- Received advice from a qualified Doctor or Nurse over the phone

Other (please specify)

Healthwatch GP Project

19. What do you expect to get from your GP surgery?

20. Do you have any other comments about your experience?

21. Approximately how many times have you needed to book an appointment at the Practice in the past year? (including this visit)

- This is the first time
- 2 times
- 3-5 times
- 5-10 times
- Over 10 times

Healthwatch GP Project

22. Do you have a long-term condition or disability?

- Yes
- No
- I'm not sure
- Prefer not to answer

23. Do you have any special access requirements?

- Yes
- No
- I'm not sure
- Prefer not to answer

24. If yes, are your requirements adequately catered for?

- Yes
- No
- I'm not sure

25. If you answered no to the last question what are the problems you have?

Healthwatch GP Project

26. What is your ethnicity?

- White English/ Welsh/ Scottish/ Northern Irish/ British
- Irish
- Gypsy or Irish Traveller
- Other White background (please complete 'other' box)
- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed/ multiple ethnicity background (please complete 'other' box)
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian/Asian British background (please complete 'other' box)
- African
- Caribbean
- Other Black/Black British background (please complete 'other' box)
- Arab
- Prefer not to answer

Other (please specify)

27. What is your sexual orientation?

- Heterosexual
- Bisexual
- Gay
- Lesbian
- Other
- Prefer not to say

Healthwatch GP Project

28. What is your employment status?

- Work full time
- Work part time
- Retired
- Unemployed
- Full time carer
- Student
- Unable to work
- Prefer not to answer

Other (please specify)

29. What is the age and gender of the person for whom the appointment was for?

	Male	Female
Under 18	<input type="radio"/>	<input type="radio"/>
18-24	<input type="radio"/>	<input type="radio"/>
25-34	<input type="radio"/>	<input type="radio"/>
35-44	<input type="radio"/>	<input type="radio"/>
45-54	<input type="radio"/>	<input type="radio"/>
55-64	<input type="radio"/>	<input type="radio"/>
65-74	<input type="radio"/>	<input type="radio"/>
75-84	<input type="radio"/>	<input type="radio"/>
Over 85	<input type="radio"/>	<input type="radio"/>
Prefer not to answer	<input type="radio"/>	<input type="radio"/>

30. Is your gender identity the same as the identity that you were assigned at birth?

- Yes
- No
- I'm not sure

Thank you for taking the time to take part in this survey