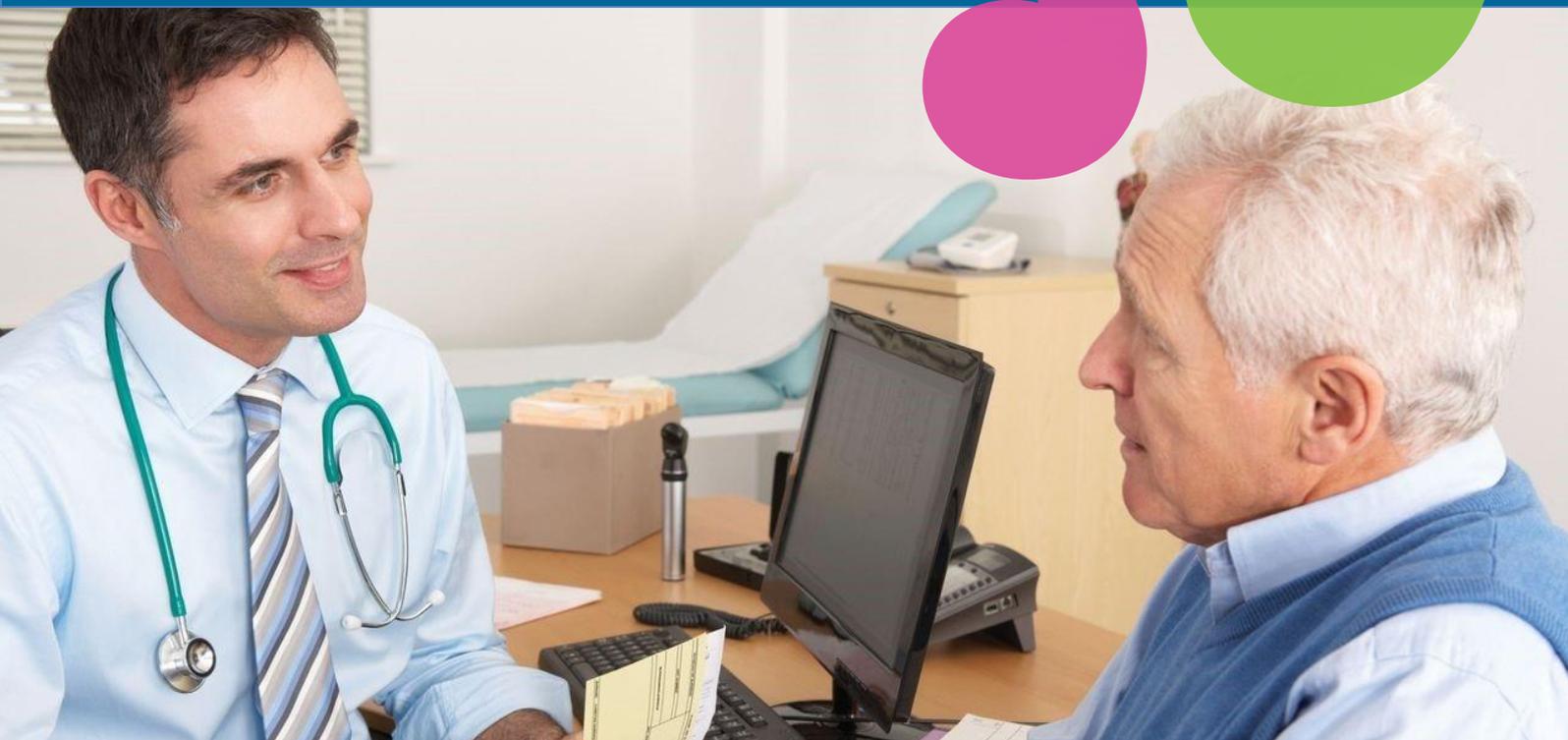


Patient experiences of GP services in Northamptonshire

May
2015





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Summary

Difficulties accessing primary care services¹, including long waits for appointments with General Practitioners (GPs), is something that has been highlighted locally and nationally. It was the highest concern raised in our ‘Make Your Voice Count’ surveys of over 1,000 members of the public of Northamptonshire during the last two years (Autumn 2013 and Autumn-Winter 2014).

In April 2014 Healthwatch Northamptonshire, the independent consumer champion for people using health and social care, talked to patients using the Accident and Emergency Department (A&E) at Northampton General Hospital (NGH) over a two week period. We wanted to find out whether people had tried to use other services, instead of going to A&E. 1 in 5 (20%) of the people we spoke to said they had attended A&E at NGH because they were unable to see a GP (General Practitioner) when they needed to². Healthwatch England’s summary of research from across the local Healthwatch network has also identified that 1 in 5 patients faced with long waiting times to see their GP are going to A&E instead³.

To find out more about the issues we visited 25 GP practices across the county and spoke to 234 patients about their experiences of booking GP appointments, communicating with staff, receiving treatment, their thoughts on the good aspects of service at their practice and their concerns. We also spoke to the practice managers to find out more about how their practice works, what they thought worked well and their views on the challenges faced. We were also very fortunate to work with a Deaf man who did some “mystery shopping” at 5 of the GP practices, to assess how accessible primary care is for Deaf patients.

This report gives an overview of the findings from all 25 practices, highlighting trends in patient experience, good practice and areas of improvement. The results for each individual GP practice will be available on our website over the next two months, www.healthwatchnorthamptonshire.co.uk. This report will be shared with GP practices and commissioners of primary care with a request for responses to the recommendations.

¹ See description of Primary Care in Appendix 4

² Healthwatch Northamptonshire Survey of patients waiting in Accident and Emergency at Northampton General Hospital, August 2014, www.healthwatchnorthamptonshire.co.uk/sites/default/files/hwn_ae_survey_report_-_final_js_050814.pdf

³ Primary Care: A review of local Healthwatch reports, www.healthwatch.co.uk/resource/primary-care-review-local-healthwatch-reports



Key findings

- Nearly one fifth of people (19%) said it was ‘difficult’ or ‘very difficult’ to get an appointment when they needed one. 58% of people in our survey found it ‘easy’ or ‘very easy’ to get an appointment when they needed.
- Some common themes emerged from peoples’ comments about their good or bad experiences of getting an appointment, highlighting what matters most to patients. These were:
 - being able to get an appointment without much wait
 - being able to book an appointment in advance
 - the triage system (i.e. over-the-phone conversation with a doctor to assess whether a face-to-face consultation is needed)
 - the phone system
 - being able to see a doctor of choice
 - being able to choose the appointment time.
- Nearly a quarter of people said they wanted to see a GP of their choice but were not able to. Many commented that they could see a GP of their choice, but that meant they would have to wait a long time. The increasing need for more GPs (due to population growth, lack of funding, GP retirements and recruitment issues) and the increasing use of locum/temporary GPs is likely to impact on this further despite the NHS Constitution stating that “You have the right to express a preference for using a particular doctor within your GP practice and for the practice to try to comply”⁴.
- Insufficient funding for additional GPs and not being able to recruit them is an area of concern for the practice managers we spoke to. The Royal College of General Practitioners (RCGP) has estimated that the Nene Clinical Commissioning Group (CCG) area will need 165 additional GPs (a 55% increase) and Corby CCG area an additional 18 GPs (57% increase) by 2020 to keep up with population growth and demand⁵.

⁴ NHS Constitution:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

⁵ RCGP, February 2015, <http://www.rcgp.org.uk/news/2015/february/new-league-table-reveals-gp-shortages-across-england.aspx>



- 12% of the people we spoke said they had problems communicating with the practice staff or doctors and good communication was frequently highlighted as something that mattered. Some were frustrated that GPs dismissed their concerns. The need for GPs and other staff to speak clearly was also frequently mentioned.
- Just over half of the 17% of people who told us they had additional needs said that they were met. Our Deaf mystery shopper found that the communication needs of Deaf and hearing impaired patients are not being met. Only one practice, of the 5 practices our mystery shopper visited, said they could provide an interpreter without qualifying this with a statement that this would mean a longer wait.
- Nearly everyone we spoke to (98%) was always or usually satisfied with the treatment and service they received at their GP practice. One of the most appreciated aspects of the GP service was the staff, especially the difference helpful and friendly staff who listen to the patient make. 14 people found the attitudes of reception staff unhelpful or felt that they were a barrier to getting to see a GP (and 8 people did not like having to tell a receptionist what their medical issue was).

Recommendations

1. Commissioners and GP practices should review and align all patient feedback, including the Ipsos Mori national GP patient survey, this report and the practice data we will send to the 25 practices and any feedback from their Patient Participation Groups. This feedback should be used to develop action plans to improve the patient experience. The plans should be published on practice websites.
2. Practices should consider how they can improve access to the surgery, including telephone access using local rate phone numbers and having an appropriate number of phone lines and staff to answer them throughout the day. Text messaging for deaf patients to book appointments should be used. Practices should also ensure patients who want to can book appointments online and know how to use the system. By March 2015, all GP practices should have in place an online booking system⁶.

⁶ www.england.nhs.uk/ourwork/pe/patient-online/



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3. Practices should enable people to book appointments in advance for non-urgent needs and be able to choose a convenient time.
 4. Practice should consider how extending their opening hours could better meet patient's work and caring commitments and ease the pressure on emergency services.
 5. Practices should ensure that triage is undertaken by appropriately trained clinical staff.
 6. Practice staff, particularly receptionists, should consider the impact staff attitudes and behaviour can have on patients and receive customer services training where necessary.
 7. Practices should consider ways to enable patients to see the doctor of their choice.
 8. The federated model of GP practices is to be welcomed and encouraged to enable shared specialities, greater expertise and services 'closer to home' to better meet patient needs.
 9. Deaf awareness training should be completed by all practice staff and additional measures should be implemented to improve access for deaf and hearing impaired patients, particularly the use of British Sign Language (BSL) and consideration of patients who lipread.
 10. Practices and commissioners should take note of new initiatives to improve access without compromising patient safety or the quality of care, such as those highlighted by the Royal College of General Practitioners⁷ (e.g. smartphone apps and web consultations, co-location with other services and increasing access for socially excluded and harder to reach groups, new systems to better manage patient flow, small GP teams for patients, proactive care planning and promotion of self-care).

* One more surgery was visited but there were no patients to speak to. One surgery was selected but not visited as the practice manager was not available.

⁷ Patient access to general practice: ideas and challenges from the front line, Royal College of General Practitioners, February 2015, [www.rcgp.org.uk/news/2015/february/-/media/Files/Policy/A-Z-policy/Patient access to general practice.ashx](http://www.rcgp.org.uk/news/2015/february/-/media/Files/Policy/A-Z-policy/Patient%20access%20to%20general%20practice.ashx)



Method

25 GP practice surgeries* (listed in Appendix 1) were visited by 2 Healthwatch Northamptonshire volunteers or members of staff. 2-3 practices per area (locality) of Northamptonshire were chosen based on the following criteria:

1. The practice with the highest proportion of people attending A&E in each locality.⁸
2. The largest practice in each locality (or second largest if the largest met criteria 1).
3. The practices most complained about to NHS England⁹ and Healthwatch Northamptonshire.

The patient and practice manager surveys were conducted face to face in the surgeries. The questions were developed by a working group of volunteers supported by Healthwatch Northamptonshire staff. The patient questions were designed to supplement, rather than repeat, those asked in the national GP Patient Survey¹⁰ and to explore the following themes:

1. Ease and experiences of booking an appointment
2. Choice of GP
3. Communication and support for additional needs
4. Satisfaction with treatment
5. Good and bad practice

The practice manager questions sought to find out more about:

- the appointment booking system used by the practice
- the recruitment and retention of GPs
- extended opening hours
- additional services and facilities
- patient engagement and complaints systems
- equality and diversity
- the suitability of the 111 service
- examples of good practice
- thoughts about system-wide pressures and the pressures on their practice.

The full survey questions are listed in Appendix 2.

5 of the 25 GP practices were also visited by a Deaf volunteer 'mystery shopping' to see how easily he could make an appointment, how accessible they were and how deaf aware they were.

⁸ Data provided by Nene CCG, correct as of June 2014

⁹ Data provided by NHS England, correct as of July 2014

¹⁰ <https://gp-patient.co.uk>



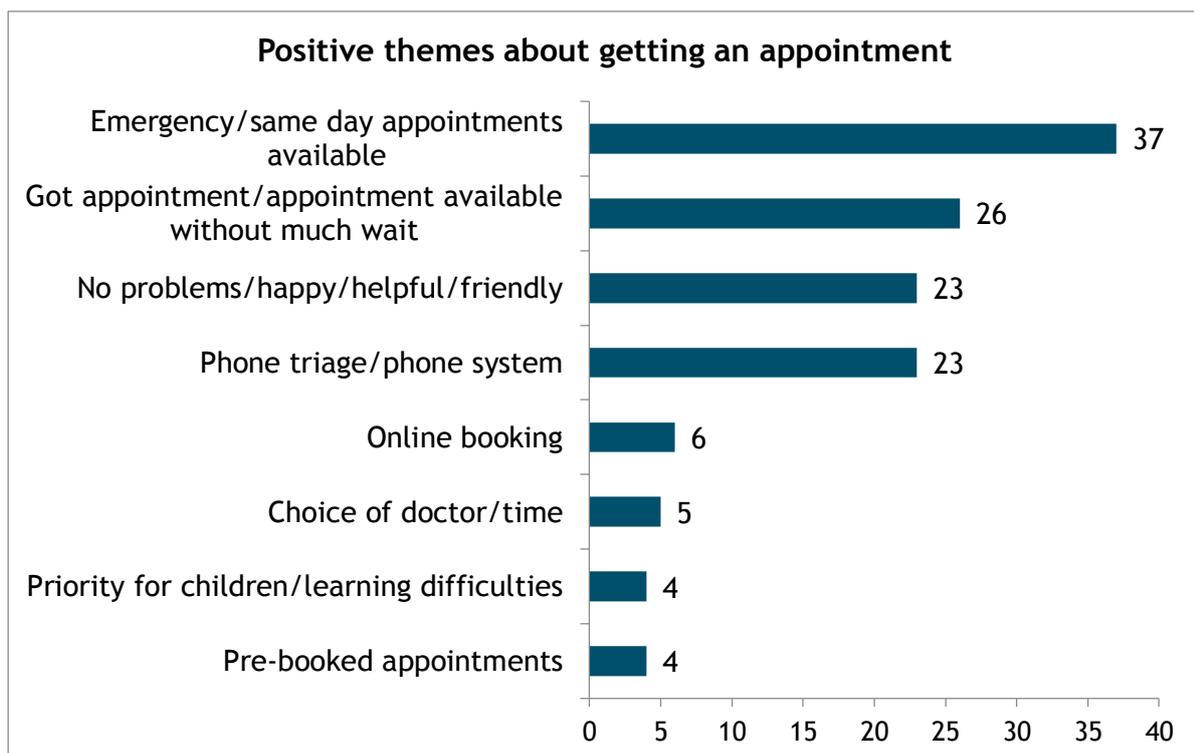
What people told us

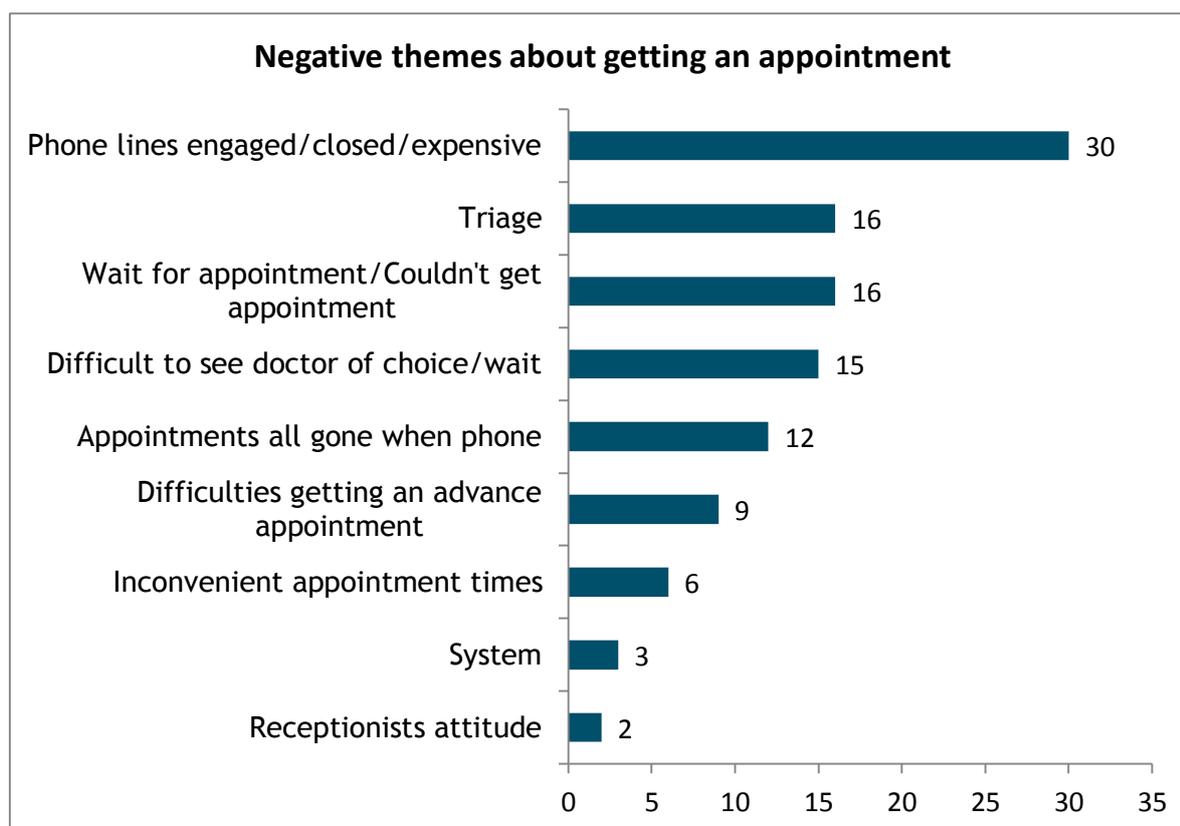
Ease of getting an appointment

Nearly one fifth of people (19%) said it was 'difficult' (14%) or 'very difficult' (5%) to get an appointment when they needed one. 58% found it 'easy' (36%) or 'very easy' (22%) and 23% found it 'OK'. 228 people answered this question.



When asked to tell us more about their experiences of booking an appointment (including how it was easy or difficult, how long they had to wait and any impact this had on them) the following positive and negative themes emerged:





People who found it very easy to get an appointment gave comments such as:

“Helpful - I explain issue on phone and get to see doctor straight away if needed, and choice.”

“Never experienced a long wait; on the day appointments are available and I can book in advance a suitable time. Phoning for appointments is good.”

“I like online choice & booking. They always fit you in or try to find a cancellation later in the day.”

“The service is excellent, you are even told how many patients are before you when you ring for an appointment.”

The appointment systems used by the practices with the highest proportion of patients finding it very easy or easy to get an appointment include the following elements:

- Phone triage by a duty doctor (two on duty in morning, one in afternoon) to decide how quickly a patient needs to be seen and offer appointment and additional appointments for emergencies.
- A mixture of appointments available for booking up to 3 months in advance, up to 48 hours in advance, available on the day and fitting in emergencies on the day.



-
- Flexible booking and online booking.
 - Extra appointments on Mondays.
 - Extend opening hours in the evening to finish seeing waiting patients.
 - Manageable number of phone lines so that they are answered quickly.

Some examples of mixed experiences include:

“Easy to get an appointment if you’re not specific about who you want to see BUT your ‘own’ doctor could take a month.”

“It’s very difficult to get an appointment at 8am because lines are always engaged. If you persist you always get an appointment.”

“It does not feel right that we have to disclose why we need to see GP over the phone”.

People who found it very difficult to get an appointment gave comments such as:

“Phone lines are continually engaged.”

“Waited 10 days for an appointment.”

“Ring in the morning at 8.30 and queue for appointment, if no appointment then ring again the next day - this can go on for days.”

“Difficult to get an appointment because of the system and have to ring in the morning at 8.30, which means having to stop on the way to dropping a small child at school”

“It took a long time to get through and then they were fully booked, I had to go to A&E.”

Other difficulties include:

“Long wait to see doctor of your choice. Often passed on to a nurse when phoning for appointment.”

“Can be very difficult for those who have to take time off work. A little more flexibility needed.”

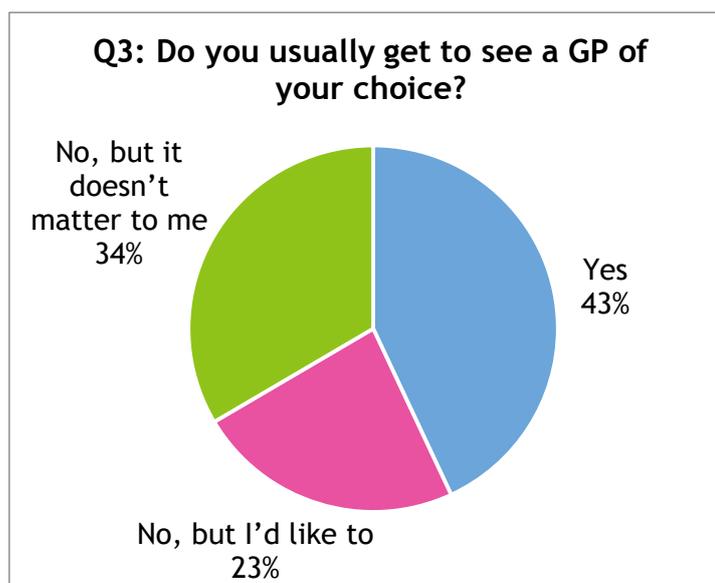
“No advanced booking”

“I wanted to come with my baby on Tuesday but could not get an appointment until Friday. I’m not very happy considering a same day appointment was needed.”



Seeing a doctor of choice

Nearly a quarter of people (23%) wanted to see a GP of their choice but were not able to. 43% did usually get to see the GP of their choice and 34% said it didn't matter to them. 216 people answered this question.



When asked to tell us more about why seeing a doctor of their choice was important to them or not:

- 64 people commented that they prefer to see their own doctor or nurse for continuity (half of all comments)
- 41 people (one third of all comments) didn't mind who they saw
- 7 people commented on being able to see a doctor of their choice if they were prepared to wait
- 5 women wanted to be able to see a female doctor
- 2 people mentioned wanting to see a nurse.

Ease of communication with staff and meeting of additional needs

The majority of people we spoke to (88%) did not have any problems communicating with the practice staff or doctors. 24 people (12%) said they did, 5 of whom said that understanding someone's speech or accent was difficult. 2 people mentioned hearing difficulties, 2 people thought that doctors could be dismissive or lack understanding and 2 commented on receptionist manner.

We wanted to find out if people with additional needs, such as hearing and visual impairments, learning or physical disabilities and English as a second language were offered the right support.

31 people (17%) had an additional need but only 18 people (just over half, 58%) said their needs were met. One person said their needs were partially met, 5 (16%) that



their needs were not met and 7 did not comment. 186 people answered this question.

11 people told us more about how their needs were met. 5 said that they had hearing impairments that were catered for. For example:

“I use a hearing aid and know they have a hearing loop at the surgery”, and
“I’m hard of hearing but the doctors explain things well”.

4 people mentioned their additional medical needs being met, 1 person that their surgery had good access for wheelchairs, and one that their child with learning difficulties was well supported.

5 people talked about how their needs weren’t met. 2 people mentioned hearing impairments and one mentioned the lack of a hearing loop system. 1 person said:

“The doctor doesn't realise that my son is deaf so does not always speak directly to him, looks away. My son can lip read but the doctor does not always accommodate this. It would be helpful if a note was made on my son’s record that he is partially deaf.” (We asked a receptionist and found that there was no note on his record. They said they would rectify that.)

Physical access needs were partially met for one person. They said:

“There is a lift for wheelchairs but I can’t reach the button to open the door.”



Access for deaf patients - our mystery shopping exercise

Last year national organisation SignHealth's 'Sick Of It' report highlighted a number of difficulties and inequalities that Deaf patients experience when accessing healthcare¹¹. They found that 45% of Deaf people still have to walk into their surgery to make an appointment, because of the lack of other ways to do it and a shocking lack of even basic health information in British Sign Language (BSL). Access to health services can be so difficult for Deaf people that potentially life-threatening health conditions can be missed and poor treatment offered when a diagnosis is made. 8 in 10 Deaf people want to use sign language but only 3 in 10 are given the chance. 70% of Deaf people who hadn't been to their GP recently had wanted to go, but didn't, mainly because there was no interpreter.

There are also problems for patients who lipread. A local organisation, Deafconnect, has received a number of criticisms about how doctors communicate with Deaf patients, especially from those who only lipread, such as:

- Doctors often do not look at the patient when they speak, looking at their computer instead.
- Doctors often sit with the window behind them putting their face into shade, making it hard to lip read.
- Doctors speak too quickly and do not write down how frequently medication should be taken.

To find out more about the communication and access problems experience by Deaf people one of our Deaf volunteers visited 5 GP surgeries. He looked at 6 areas of access. The findings are summarised here in the words of the volunteer and from his perspective. The deaf volunteer's first language is British Sign Language (BSL).

Arrival

1 of the 5 practice receptionist met used some basic sign language.

Practice 1: When I arrived the receptionist seemed okay, communicated a simple few words by sign language but she was not fully fluent. She was very helpful and used different ways of communicating, for example writing on paper.

Practice 2: When I arrived the receptionist was nice and polite. She communicated by writing on paper but couldn't sign basic BSL.

Practice 3: The receptionist was helpful and patient when I needed help. She communicated by writing on paper but couldn't sign basic BSL.

Practice 4: It was okay. The receptionist communicated by writing on paper but couldn't sign basic BSL.

Practice 5: Communicated by writing on paper, no basic BSL signing.

¹¹ Sick Of It - How the Health Service is Failing Deaf People, SignHealth, March 2014, www.signhealth.org.uk/health-information/sick-of-it-report/sick-of-it-in-english/



Registration

None of the 5 practice registration forms had a question asking if the patient needed additional access services, such as interpreters and our volunteer made the same comment for each of the 5 practices:

Patients needed to register on the form and one thing that needs to change is to ask patients if they need support to access services, such as an interpreter.

Booking an appointment

It is difficult to make appointments as they are usually arranged over the phone or in person. None of the 5 practices visited by the volunteer use emails to book appointments and only one had online booking (with another planning to introduce it). One practice appeared to have the facility to book appointments by text message, the rest did not.

Practice 1: Very difficult for me as I will have to ring up or pop in to make arrangements for an appointment when I need one. No access for email or text message.

Practice 2: Very difficult for me as I will need ring up or pop in to the centre to make an appointment. No access for email or text message. Only automatic text messages sent to confirm appointment times.

Practice 3: Good news that appointments can be booked online. Text message need to set up.

Practice 4: Poor service as no access for booking. I would have to pop in or ring up to make an appointment. Once the appointment is made I will get a text message confirming the date and time. The practice is trying to set up online booking for the future, and is looking into using the SignVideo videophone interpreting service. The practice also has a typetalk minicom. No text message service.

Practice 5: Very difficult for me as I will have to ring up or pop in to make arrangements for an appointment when I need one. No access for email or text message or online booking.

Interpreters

Only one practice said they could provide an interpreter without qualifying with a statement that this would mean a longer wait. One practice said they couldn't provide a BSL interpreter, one receptionist did not know how to book one and two said there would be a wait.

Practice 1: They don't provide BSL interpreters.

Practice 2: Staff don't know about interpreters and not aware of how it works.

Practice 3: Will provide interpreter but not sure how quickly one can be booked as it depend who is available.

Practice 4: Yes provide.

Practice 5: Provide BSL Interpreter, but will have to wait longer.



Waiting room access

One practice did not have an electronic screen to call the patient's name when it was time for their appointment.

Practice 1: There is a screen to inform me when I should see the doctor.

Practice 2: Not sure how the screen and calling of name works.

Practice 3: Not sure how the screen and calling of name works.

Practice 4: Not sure how the screen and calling of name works.

Practice 5: Poor access in the waiting room as no screen to tell me when I should see the doctor so I have to keep watching when the flash light is ready.

Deaf Awareness

The Deaf awareness and provisions at each practice were variable

Practice 1: When I asked about staff awareness and told them that they can bring in a volunteer for Deaf awareness training they were not sure what that meant. I wasn't clear to me that the practice had a fire alarm.

Practice 2: Very poor, don't know about BSL Interpreters, no Deaf awareness, no access to text message to make appointments.

Practice 3: Good that provide interpreters and patient when communicate.

Practice 5: Poor, as need to improve access to booking service and TV screen.

Treatment and service

Nearly everyone we spoke to (98%) was always or usually satisfied with the treatment and service they received at their GP practice. 5 people (2%) were not satisfied. 201 people answered this question.

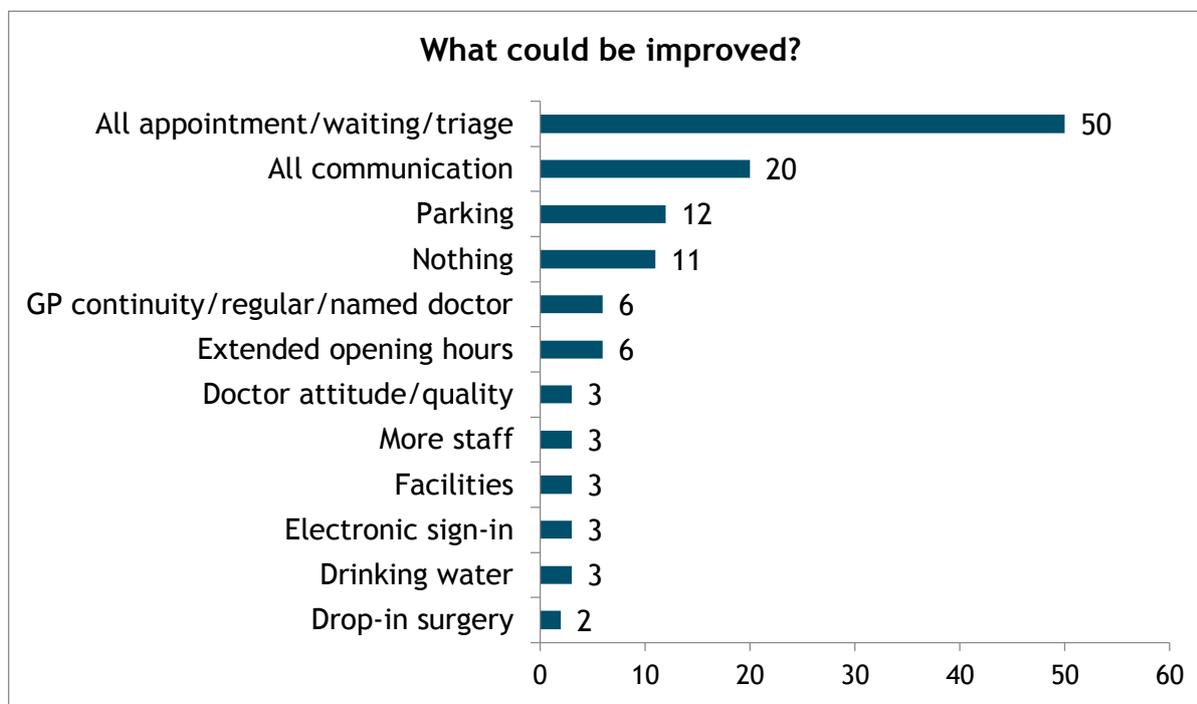
When asked to tell us more, people who were not satisfied or who said they were usually satisfied (but not always) gave us the following reasons:

- 7 people commented on being unhappy with aspects of their medical treatment or diagnosis.
- 4 people thought that some of their doctors were dismissive or that they didn't listen.
- 4 people mentioned issues relating to reception (2 people did not like having to tell the receptionists about their medical issues and 2 commented on the attitude of the receptionists).
- Other comments included: doctor always seemed short of time, not given enough information, lack of continuity between the doctors they saw, and not liking being limited to one topic per appointment.



Things that could be improved

When we asked how GP services could be improved, a significant majority of the comments were about appointment system:



Suggested improvements to appointments, waiting times and triage include:

- improving the appointment booking system (21 mentions)
- reducing the waiting time to get an appointment (16 mentions)
- improving the triage process (i.e. don't use receptionists to triage or triage over the phone) (5 mentions)
- giving longer appointments (4 mentions)
- reducing waiting times in the surgery (2 mentions)
- seeing nurses (1 mention)
- routine appointments (1 mention).

For example:

“Difficult to get appointment to fit around work and school hours.”

“Better arrangements for routine appointments. Have to book weeks ahead to see a particular doctor.”

“Ease of making appointment - sometimes receptionists can make you feel you are asking too much, more flexibility in making appointments would be good. You should be able to make appointments in advance.”



“I object to being questioned by a receptionist who assesses whether I should see a doctor or not and who.”

“Not very happy with having to discuss symptoms firstly over phone.”

“Same doctor in surgery instead of several locums - locums are satisfactory but better to be able to see the same person.”

Suggested improvements to communication include:

- confidentiality and customer service at reception (9 mentions)
- communication, telephone manner and phone access to doctors (4 mentions)
- phone answering time/phone lines (4 mentions)
- notices, test results, and communication with the pharmacy (1 mention each).

For example:

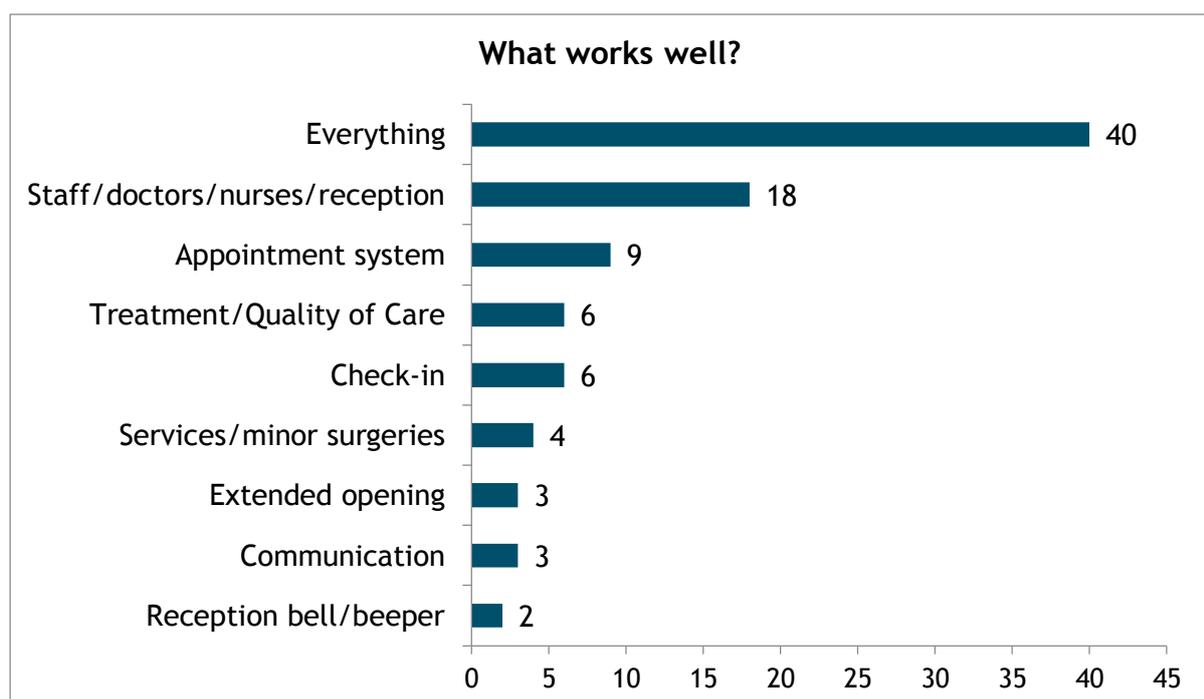
“Attitude on phone could be improved sometimes”

“Better reception, improved telephone communication/conversation”

“Confidentiality at reception could be improved, including on the phone. The new partition improved things but perhaps other rooms could be used”

Things that work well

We also asked people to tell us what they thought worked well at their GP practice. The most common things mentioned are shown below:





Things that work well about staff include:

- helpful, caring, knowledgeable and efficient staff/staff attitude (10 mentions)
- doctors/clinical staff (8 mentions).

Things that work well about the appointment system include:

- the ease of making an appointment (1 mention)
- being able to get an appointment on the same day/emergency appointment (2 mentions)
- being able to book online (2 mention)
- the system in general (4 mentions).

Examples of things that people said work well:

“Wide range of clinical services in house.”

“Doctors thorough & personable - discuss options and preferences and make arrangements elsewhere if needed, e.g. blood taking at hospital if a long wait for it here.”

“As a whole the system works well, staff are efficient and the medical staff are both caring and knowledgeable.”

“A reception bell so receptionists can do other work.”

“Online system for repeat prescriptions; being able to get an appointment when need.”

“Always very supportive. I have a small baby so am often worried but am always reassured and informed.”

“I feel the waiting time when reaching the surgery is excellent, patients usually only waiting a very short time.”

“The doctors listen - this means a lot.”

“Doctors explain well and follow through with treatment. We are foster parents and the service is very good for children in care. They put themselves out to look after any child that comes into our care.”



Additional comments

Finally, we asked people if there was anything else they wanted to tell us. 91 people mentioned positive things and 21 people mentioned negative things. The majority of positive comments were expressing general happiness with the surgery or excellent service (62%, 56/91) and helpful and caring staff and doctors (20%, 18/91). Other positive themes mentioned were:

- clinics and service (5)
- appointment availability (3)
- being better than other surgeries (3)
- premises (1)
- being friendly and easily accessible (1)
- having changed the telephone system (1)
- providing good information (1)
- short waiting times (1)
- parking (1)

Most of the negative comments were about the appointment system or availability (31%, 9/21) or specific treatment issues (14%, 4/21). Other negative themes mentioned were:

- appointment length (3)
- receptionist and admin staff (3)
- difficulty getting through on the phone (2)
- access for those with disabilities or hearing issues (2)
- having to use the out of hours NeneDoc service when the surgery was closed over Christmas (which was poor)
- the 111 service questions being biased towards heart attacks and bleeding (1)
- reception confidentiality (1)
- not all staff speaking clearly (1)
- parking (1)
- referrals needing chasing up (1)
- lack of equipment (1)
- lack of doctors as population increases (1)



Wider issues mentioned by practice managers

We asked the practice managers of the surgeries we visited to tell us more about some of the pressures on the practice and challenges they face. These are summarised below.

Growth in patient numbers was a concern for most practices:

- Most practices said that their patient numbers were increasing, often due to new housing developments, population growth and because people are living longer with more complex needs (and are not always aware of what services are available to them).
- There is also pressure on practices as a result of public expectation and demand.
- Practices are developing recruitment strategies, building plans and room rotas to deal with growth.
- Some do not have enough space for expanding clinics, staff numbers, and parking. One practice manager said they needed twice as much space but they are awaiting to hear if they will get funding for a new building. Old buildings need refurbishment.
- Practices are struggling to cope with an increasing number of patients without extra funding.

Targets, administration and underfunding can cause pressure:

- Frequently changing government targets and schemes were a challenge for some, such as the provision of extra hours, the right for patients to have an appointment at any surgery of their choice, and summary care records being made available to patients.
- Administration demands and meeting deadlines is challenging for one practice manager but they thought it was gradually improving.
- One practice would like funding for another GP - funding on patient numbers doesn't reflect the increased volume of work.
- One practice was concerned about how extended hours would work.

Pressures on appointments:

- One practice was considering using a call centre to reduce the pressure, but patients were not happy with that.
- People not showing up for appointments is a problem. One practice found this happened more with nurse appointments as they would often be booked further in advance than doctor appointments.



-
- Lack of resources and staff impacts on the number of appointments available and choice of GP.

Hospitals and local health and care services:

- One practice manager said it would be good to have local ultrasound and pacemaker checking equipment at Danetre Hospital instead of at NGH.
- Another said it can take weeks to get an x-ray result from Danetre hospital.
- Cuts to mental health services, including lack of resources and lack of care in the community were concerns and put pressure on GPs.
- One practice would like the mental health services provided by Northamptonshire Healthcare Foundation Trust (NHFT) to be via their practice.
- Two practice managers mentioned that it can take a long time for hospital discharge letters to reach them and that clinic letters can take even longer (weeks). Electronically sent letters arrive quicker but not all wards do this.

Practices have little control over patients attending A&E:

- One practice said they had no control over A&E attendances if patients self-refer.
- Another practice was frustrated that patients still go to A&E when their surgery is open and there is always a doctor they can speak to on the phone.
- One practice manager thought that patients mainly go to A&E when the practice is closed and another thought a high proportion of their patients went to A&E because they are situated near a hospital.

Filling staff vacancies was not a big problem for most of the practices¹²:

- One practice was having trouble finding suitable candidates for a vacancy.
- Two were concerned about filling GP vacancies and the impact of being understaffed on the other GPs.
- One practice mentioned using locums to fill temporary posts but another mentioned that this is costly and there is a lack of locum cover in their area, making it hard to cover annual leave and sickness.
- Practices involved in GP training were more optimistic about recruiting new GPs, although one mentioned that some newly qualified GPs move out of the area once qualifying.

¹² There are a high number of GP vacancies for the region as a whole and it can be hard to attract GPs to the area.



The 111 service is mostly adequate and improving but the diagnosis questions could be improved:

- Most practice managers thought it worked ok or adequately and had improved since it was introduced.
- Some thought that the questions asked by the 111 phone operators were not very good (too much of a ‘tick box’ approach, diagnosis not accurate, too many people being sent to A&E) and that the phone operators did not receive adequate training.

Practice managers’ examples of good practice and shared services

We also asked practice manager for examples of things that work well and whether they share any services with other practices.

Sharing services:

- Some practices share specialist doctors and clinics and think that more sharing would be useful.
- It can be difficult for rural and semi-rural practices to share service.
- Some practices feel that sharing services does not work or can be logistically difficult (e.g. doctor rotas, room availability and transfer of patient records).

Examples of good practice

- A minibus service to collect patients who cannot easily get to the practice otherwise - cuts down on the need for home visits.
- Saturday morning drop-in flu clinics (drop-in works better than appointments).
- Registrar training - these doctors have been to other practices recently so can share good practice and keep the practice ‘on its toes’.
- Clinical meetings attended by doctors and nurses work well.
- Choosing appropriate doctors for patients with specific treatments and having specialist GPs.
- Easy access to practice nurses and specialised nurses.
- In house training and courses for phlebotomist.
- Dealing with minor injuries to try to avoid sending patients to A&E.



-
- Use of Health Care Assistants to take pressure off treatment room (e.g. time consuming dressing changes).
 - Having a group and noticeboard for carers working with Northamptonshire Carers to gain accreditation.
 - One practice liaises directly with the Urgent Care Centre and keeps track of A&E attendances.
 - Practices working together as a federation and discussions with other surgeries about opening a Health and Wellbeing Centre which would be open to patients from all the surgeries involved and offer additional treatments and clinics.
 - Concentrated this year on health checks, e.g. checks on patients between 40 and 60 who could be at risk of diabetes.
 - Reinstating the old appointment system at the request of patients - patients just arrive and wait.
 - GPs will see patients after hours if it is an emergency.
 - Innovative technology - screens in waiting rooms and a signing in screen.
 - Developing a new website or updating existing websites and enabling Skype consultations.
 - Staff retention and staff who give service above and beyond duty.
 - One partner assigned as a feedback guardian to review and investigate any issues.
 - One practice focuses on care planning using a more pro-active approach.
 - GPs attending patient locality engagement meetings to share knowledge and information and tackle issues.



Conclusions

Difficulties accessing primary care have been highlighted by several local Healthwatch and by Healthwatch England, summarised in their recent report¹³. The most frequently mentioned issues relating to GP practices were physical access to GP surgeries and translation services, availability of appointments and frustrations faced when trying to book them, choice of doctor, being listened to, receptionists' attitude, and receiving clear information, which is mirrored by our findings.

Different practices use different appointment booking systems to best meet the demand for appointments. Given the differences in the staffing arrangement and local population of each practice it is unrealistic to suggest that all practices use the same system. However, there were clearly some aspects of appointment booking systems that patients disliked, especially:

- having to phone first thing in the morning and then finding that there were no appointments available
- struggling to get through to the surgery on the phone at certain times of day
- not being able to book an advance appointment
- having to explain their problem to a receptionist who would then decide if they could see a doctor.

The age range of the people we spoke to was broad (see Appendix 3) but the needs of different age groups of patients can vary. For example, the Citizens Advice Bureau found that people aged 18-34 are more than twice as likely to go to A&E or an NHS walk-in centre when they can't see a GP compared with those aged 55 and over¹⁴. We heard from working age people who can struggle to get to an appointment during working hours. Practice managers also told us how the needs of the growing elderly population are demanding as people live for longer with increasingly complex health needs. Initiatives such as extending surgery opening hours, sharing of services between GP practices, increasing the services available at health centres and communicating better with patients about what is available to them could help meet the needs of various patient groups. Encouraging people to better use pharmacies (such as Nene Clinical Commissioning Group (CCG) has been doing) may also relieve pressure on GPs.

The communication needs of Deaf and hearing impaired patients are not well met. We would encourage all practice staff to attend deaf awareness training, such as that being run by the Local Medical Council (LMC) and practice managers to attend the LMC Annual Conference in July 2015 where this report will be presented and

¹³ <http://www.healthwatch.co.uk/primarycare>

¹⁴ Citizens Advice Bureau, December 2014, www.citizensadvice.org.uk/index/policy/policy_publications/er_health/evolving-expectations-of-gp-services.htm



Deafconnect will talk about deaf awareness. By law, under the Equality Act 2010¹⁵, all health services are required to make ‘reasonable adjustments’ to make sure they are accessible to all. This duty requires GPs and dental practices to anticipate the needs of Disabled people and, where possible, make adjustments to provide the same level of service as for non-Disabled patients.

Acknowledgements

Healthwatch Northamptonshire would like to thank the volunteers who visited the GP practices, helped develop the surveys and helped with data entry and analysis. We also want to thank the people we spoke to at the GP practices including the practice staff we spoke to and who helped facilitate our visits. Particular thanks to Deafconnect for conducting the mystery shopping and giving us additional feedback from their clients.

¹⁵ <http://www.equalityhumanrights.com>



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.



Contact us

Get in touch

Address: Healthwatch Northamptonshire CIC
Sunley Conference Centre
Boughton Green Road
Northampton
NN2 7AL

Phone number: 01604 893636

Text message: 07951 419331

Email: enquiries@healthwatchnorthamptonshire.co.uk

Website: www.healthwatchnorthamptonshire.co.uk

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Appendix 1 - List of practices /surgeries

Nene CCG locality/Corby CCG	Practice	Surgery/Notes
Corby CCG	Woodsend Medical Centre (Dr Khalid & Partners)	
	The Lakeside Surgery (Dr Wilczynski & Partners)	
Wellingborough	Abbey Medical Practice	Pilot site
	Irchester Health Centre (Dr Pasquali)	
	Albany House Medical Centre (Dr Coulson & Partners)	
	Redwell Medical Centre (Dr Loughton & Partners)	
East Northants	Rushden Medical Centre (Dr Hanspaul & Partners)	
	Spinney Brook Medical Centre (Dr Bevan & Partners)	
Kettering	Mawsley Village Surgery	Pilot site
	Eskdail Medical Centre	
	Rothwell & Desborough Medical Practice	Desborough Surgery visited
Central	Abington Medical Centre (Abington Health Complex)	
	The Mounts Medical Centre	
	Greenview Surgery	



Northampton East and South	Drs Lakha, Abbas & Takla (Favell Plus Surgery at Weston Favell Health Centre)	It was not possible to visit this surgery due to the practice manager being unavailable
	Kings Heath Practice	No patients were available to speak to at this surgery
	Moulton Surgery	
Northampton West	St Luke's Primary Care Centre	Pilot site
	Queensview Medical Centre	
	Delapre Medical Centre	
	Langham Place Surgery	
South Northants	Brackley Health Centre	
	The Parks Medical Practice	Blisworth Surgery visited
Daventry North	Bugbrooke Medical Centre	Pilot site
	The Saxon Spires Medical Practice	Guilsborough Surgery visited
	Abbey House Medical Centre	Abbey House surgery visited
	Danetre Medical Practice	



Appendix 2 - Survey questions

Patient survey

Q1: How easy is it to get an appointment when you need it? (Please tick one)				
Very easy	Easy	OK	Difficult	Very difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2: Please tell us more about your experiences of getting an appointment, including how it is easy or difficult, how long you have to wait to get an appointment, and whether the system works well for you:				
Q3: Do you usually get to see the doctor/nurse/health professional of your choice?				
Yes	No, but I'd like to	No, but it doesn't matter to me		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Please tell us more about how this is important to you or not:				
Q4: Are there any problems when communicating with staff or doctors?				
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>			
Please tell us more:				
Q5: Are you satisfied with the treatment and service you receive here?				
Yes, always	Yes, usually	No		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Please tell us more:				
Q6: What do you think could improve the patient experience at your GP practice and what do you think works particularly well?				
Improvements:		Works well:		



Q7: Do you have any additional needs that require support? Such as hearing or visual impairment, learning or physical disabilities, English as a second language, etc.

Yes

No

If so, are they met?

Yes

No

Don't Know

Please tell us more:

Q8: Is there anything else you would like to tell us?



Q1: What is the staff makeup of the surgery (+ see briefing)? Do you have any nurse practitioners / prescribers and do you provide a mental health service?

E.g. Have there been any changes to the surgery staff since the briefing? What are they?

E.g. Which staff provide mental health care and advice?

Q2: Have you any GP or staff vacancies? How long have these posts been vacant?

Q3: How does your appointment booking system work? (only need to ask about what is different to the briefing)

E.g. the role of the receptionist, whether there is online booking, how far in advance patients can book appointments, how much choice patients have over time and GP, whether they use an 0845 number, how many phone lines they have, telephone triage? What do you do with temporary or unregistered patients?

Have any significant patient criticisms of the appointment system been reported by the PPG and how have these been addressed?

Q4: Does the practice conduct home visits?

Yes

No

How are these organised?

Q5: What additional facilities does the practice have? (only need to ask about what is different to the briefing) (E.g. specialist clinics, counsellors, blood tests, specialist doctors, dressing changing facilities, drop in sessions)

Do you share facilities with any other GP practices in your locality? Or does your practice or GP cluster have any specialisms/clinics or specialist doctors?

If so, what and is this working? Would you like to see any more?

Is there anything else working well in your locality? Are there any plans for further sharing of resources?

Q6: Does your practice have any extended opening hours or do you plan to (if not mentioned in briefing)? Has this been requested by your PPG?



Q7: Is the 111 Service prominently advertised by the Practice and does the service provide adequately for your patients and for their out of hours requirements? (Also see PPG and Patient Surveys and Reports)

Q8: Do you have an active patient engagement group? How is advertised and how can people join? Is it funded by the practice and how often do they meet? (Other than what is mentioned in the briefing)

Q9: Where is your complaints system publically displayed?

E.g. Is it in the patient information leaflet, noticeboard, reception desk?

How are complaints dealt with?

Q10. How else do you communicate with patients?

E.g. noticeboards, leaflets, website, guidelines about best times to call

Q11: What is your equality and diversity policy? How is it implemented? E.g. How provide access for those with physical, visual, hearing, and/or learning disabilities and autism and non-English speakers. BSL/interpreters? Is there staff training or understanding of obligations?

Q12: What other staff training does your practice have?

What decision aids/training are receptionists given?

Q13. Are there more patients attending your practice than there used to be? Have you any thoughts on why that is or why there is pressure on GP practices?

Q14: Is there anything else you would like to tell us about? E.g. things that are working well, challenges the practice faces, additional support needs they have, thoughts about A&E attendance, etc.



Appendix 3 - Diversity information

Diversity questions were optional.

Gender

Female	96	71%
Male	39	29%

Age

Under 11	0	0%
11-15	2	2%
16-24	13	10%
25-34	19	15%
35-44	17	13%
45-54	19	15%
55-64	13	10%
65-74	18	14%
75-84	20	16%
85 and over	5	4%

Nationality

British	68	88%
Polish	2	3%
Caribbean	1	1%
Nigerian	1	1%
Asian	1	1%
Scottish	1	1%
Lithuanian	1	1%
Latvian	1	1%
Danish	1	1%

Ethnicity

White: English/Welsh/Scottish/Northern Irish/British	113	91%
Black or Black British: Caribbean	3	2%
Asian or Asian British: Chinese	1	1%
White: Any other background	2	2%
Black or black British: African	2	2%
Asian or Asian British : Bangladeshi	1	1%
Asian or Asian British: Pakistani	1	1%

Do you consider yourself to be disabled?

Yes	16	16%
No	81	84%

If yes , please specify

Physical Disability	8	42%
Visual Impairment	6	32%
Hearing Impairment	5	26%



Appendix 4 - Primary Care in England

Primary Care is healthcare provided in the community to diagnose and treat health needs and send people on to specialist services. Primary care services include GP practices, dental surgeries, opticians and pharmacies. These services are most people's first point of contact with the NHS and where 90 per cent of interaction with the NHS takes place. As such, problems with the provision of Primary Care affect a large number of people and have the potential to impact the whole of the NHS.

The term Primary Care is confusing to many. It describes services not supplied by hospitals (secondary care), emergency services or providers of mental health or community services. The definition also sometimes includes district nurses, walk-in-centres and out-of-hours GP services, depending on the care they are providing.

NHS England is responsible for commissioning GP, dental, pharmacy and optometry services and for carrying out contractual compliance and performance monitoring. It is a jointly agreed objective of the Clinical Commissioning Group and NHS England that local patients should have easy access to safe, high quality and accessible services.

www.healthwatch.co.uk/sites/healthwatch.co.uk/files/primary_care_a_review_of_local_healthwatch_reports.pdf