

General Practice Report Executive Summary

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Author: Stephanie Learmonth
Research and Projects Officer, Healthwatch Richmond

The Context

“General practice is under strain and bearing the brunt of pressures to meet increasing and changing health needs”

(NHS England, 2013)

In August 2013, shortly after its establishment, Healthwatch Richmond began extensive outreach work and research into the views of Richmond-upon-Thames residents. Qualitative data collection from 105 people across 16 different community and healthcare locations identified the need for improvements to services at GP Practices as a primary concern for Richmond residents. These initial findings were presented to a Public Forum attended by 58 residents in October 2013, where it was confirmed that this issue should be further investigated.

The publication of NHS England’s *“Transforming Primary Care in London: General Practice A Call to Action”* in November 2013 demonstrated the wider context of this issue and further supported the need for this research.

Having identified this need, two further stages of research were undertaken:

1. Analysis of Richmond-upon-Thames’s performance in the national data from the GP Patient Surveys of November 2013 and January 2014.
 - i. The analysis identified generally positive but mixed patient satisfaction with general practice across Richmond. Some practices received very positive and others very negative results.
2. Holding 10 focus groups at a GP Public Forum, organised by Healthwatch Richmond on 23rd January 2014, attended by 98 people, to investigate further the two areas identified previously as of most interest to Richmond Borough residents:
 - i. Getting an appointment at a GP surgery
 - ii. The quality of services at GP surgeries across the Borough.

This Executive Summary looks at the key findings from the GP Public Forum. This was attended by three GPs, eleven other healthcare professionals and some 85 members of the public. By inviting this range of stakeholders to the event, Healthwatch Richmond was able to engage with and encourage dialogue between service providers, key decision makers and service users.

Good practice is far from universal across the Borough, and so the main thrust of contributions from participants related to areas where services still require improvement. Whilst performance in Key Findings listed on the following page is good in some GP Practices, good performance is far from universal across the Borough.

Two major themes emerged from this work

Two underlying themes recurred throughout all the focus groups’ deliberations.

- The need for greater **flexibility** to meet patient needs.
- The need for more **collaborative working**.

“...one in four would resort to using A&E if they couldn’t get a GP appointment in a reasonable timeframe”

(Healthwatch England, 2014)

Key Findings

- **Flexibility** is important to patients in all aspects of their care. It is particularly important in relation to the systems for booking appointments and obtaining access to GPs. These issues account for most of the frustration and dissatisfaction expressed by patients.
- **Collaboration** between the GP and the patient matters. It gives patients a feeling of being involved in their care and the ability to make informed choices on their treatment.
Some participants expressed a wish to work in partnership with GPs to help improve services.
- **Signposting.** There is a need for greater awareness amongst GPs and practice staff of the sources of information and support available to patients. Patients want to be signposted to additional support in the community.
- **Gatekeepers.** Receptionists play the most important role for getting appointments and are perceived as 'gatekeepers' by patients.

Recommendations

Flexibility

- GP surgeries should create flexibility by providing as many ways as possible for patients to contact them to make an appointment.
- Appointments should be offered at times that are convenient to patients including lunch hours, evenings and weekends.
- Nurses can offer various aspects of patient care. This may ease pressure on GPs. Pooling nurses across several practices might provide for additional personnel.
- Ways of helping patients cancel appointment in advance should be explored so that the resulting cancelled appointments can be reallocated.
- Physical access should be ensured for everyone including disabled and disadvantaged patients through physical alterations or adjustments to systems.

Collaboration

- Collaboration and flexibility of care is improved when GPs take time to provide a more person-centred approach to their patients.
- More collaborative working between GP surgeries could improve patient access to a GP with specialist knowledge in a given field.
- Greater efforts are needed to establish effective Patient Reference Groups in GP Practices.

Signposting

- There may be scope for establishing a Borough Working Group of GPs and other interested parties to compile an approved list of resources. This would facilitate improved GP knowledge of support groups and other local sources of information for patients. It would also encourage greater patient self-help and free up GP time.
- Reception areas should have information readily available on local services. Providing leaflets, recommended web sites, and signposting to pharmacies as another useful source of information would help inform patients of the other support available to them.

Gatekeepers

- Training in customer services for front line staff along with developing a person-centred approach to patients which would enhance satisfaction with the system.

“Other than data available through the Quality Outcomes Framework and the GP Patient Survey, very little information is published on the quality of care in General Practice”
(The King's Fund, 2011)

Lessons learned by Healthwatch

Event organisers were encouraged by much positive feedback from Forum participants, both formally through the evaluation questionnaire completed by 69 participants, and informally through comments volunteered immediately after the event. There was 86.7% satisfaction (i.e. ratings of “good” or “very good”) for the programme content. There was praise for the competence of focus group facilitators, virtually all of whom were trained volunteers. For a relatively new organisation in its first year of operation, we were most pleased to note that this event enhanced our reputation. 41% of participants rated the event “better than expected”, and only 3% judged it “disappointing”. Healthwatch Richmond is both maintaining the interest of its established audience and attracting newcomers. 46.4% were returning participants; for 53.6% of participants this was their first experience of a Healthwatch Richmond event.

The positive response reflects the level of planning and coordination that went into the Forum, as well as the commitment and enthusiasm of our volunteers without whom the Forum would not have been possible. The ethnic breakdown of the attendees closely matched the census figures for the Borough displaying that Healthwatch Richmond is engaging with a representative group.

The feedback also reflected areas that were not so positive, such as the contents of the printed hand-outs (60.8% satisfaction). All comments have been gratefully received and provide opportunities for us to improve on aspects that need more attention for future forums.

Next Steps

Healthwatch Richmond will set up a working group to discuss the findings from this research. We will be looking to work with GPs and local commissioners to determine how to most effectively improve Richmond’s General Practice for local residents.

Further Information

Further information on the findings from this executive summary can be accessed in the detailed report available to the public on request.

If you would like to know more about the GP Project and get involved with Healthwatch Richmond’s next steps or any of our other work please contact - info@healthwatchrichmond.co.uk or call 020 3178 8784.



“Today general practice undertakes 90% of NHS activity for 7.5% of the cost, seeing more than 320 million patients per year.”

(NHS England, 2013)