healthwatch Richmond upon Thames

GP Project Report

10/03/2014

Intended Audiences

Richmond-upon-Thames residents
General Practitioners working within the Borough of Richmond
Healthwatch Richmond's membership and trustees
Richmond Clinical Commissioning Group
NHS England
Care Quality Commission
Healthwatch England

Acknowledgements

Author: Stephanie Learmonth
Research and Projects Officer, Healthwatch Richmond

Compilers of the Forum event Evaluation and Equality Monitoring Report:
Stephanie Learmonth, Nana Apprey-Abraham & Olga Janssen

Contributors: Mike Derry, Olga Janssen, Penny Alexander, Naomi Connelly, Kathy Sheldon

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Key Findings & Recommendations

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 about 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 and enable surgeries to share good practice.
- 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, recommending 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.

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Context and Research Methods

Context

"General Practice is under strain and bearing the brunt of pressures to meet increasing and changing health needs"

(NHS England, 2013)

"General Practice as we know it is under severe threat of extinction"

(Dr. Maureen Baker, Royal College of General Practitioners, 2014)

General Practice in this report is taken to mean doctors and all those involved in the primary care team, such as receptionists, nurses and other staff. Discussion has recently been critical around the current level of public involvement in the National Health Service (NHS) (Hudson, 2014). The current report is conducted at a time when there were many national publications, such as the 'Call to Action' (NHS England, 2013) being issued. Nationally it is recognized that "*general practice is under strain and bearing the brunt of pressures to meet increasing and changing health needs"* (NHS England, 2013).

GP care makes up a large proportion of the health care that is provided to Richmond's residents; there are around 30 GP practices in the borough of Richmond-upon-Thames (Richmond Clinical Commissioning Group, 2013). The ageing of the population has been widely reported to be putting increased pressure on primary care (Addicott & Ham, 2014). Furthermore in the NHS England (2013) report *Improving General Practice- a call to action* it states that "*general practice and wider primary care services face increasingly unsustainable pressures"* and that there is *"growing dissatisfaction with access to services"* (NHS England, 2013). Evidence collected by Healthwatch Richmond and across the country (Healthwatch Warwickshire, 2013; Healthwatch Norfolk, 2013; Leeds LINk, 2012) shows that access to appointments is a clear issue to patients in many boroughs. The following research therefore looks at what patient experience of GPs' services is like in the London Borough of Richmond-upon-Thames and examines the issues that the local community face. It is important to note that the research cannot be extracted from the national picture as this may affect the perception and salience of the current local concerns.

Context and Research Methods

Research Methods

Data Collection

This report covers 4 stages of data collection:

1. Qualitative data collection with the Richmond public
2. Feeding back to the reference group and a public forum
3. Analysis of the national data from the GP Patient Survey
4. Holding 10 focus groups at a GP Public Forum on the 23/01/14

1. Qualitative data collection

In our first stage of qualitative data collection 105 people at 16 different community groups and healthcare locations were asked the question "what is your experience of health and social care in Richmond-upon-Thames?" 31 of these comments referred to GP services **(Sample of comments - Appendix 3),** of which 23 were negative and 8 positive.

2. A reference group and Public Forum

The results of the data collection were fed back to the reference group and a public forum. The reference group met twice and consisted of two Richmond residents including an ex-practice nurse. The public forum was used as an opportunity to share the current findings of the qualitative data and to ensure that Healthwatch Richmond was acting within Richmond residents' best interests. It was agreed within the reference group meeting, through the public forum, and within Healthwatch Richmond's Trustee Board, that GP services were of a primary concern for Richmond's residents, which prompted the following phases of research.

3. Analysis of National Data from the GP Patient Survey

The qualitative data was then triangulated with the weighted GP Patient Survey (Ipsos MORI, 2014) from the data available in November 2013 and January 2014 respectively. This is aggregated data, collected from the periods January-March 2013 and July-September 2013. Additional information on the sampling strategy and weighting of the data can be found elsewhere (Ipsos MORI, 2014). Richmond-upon-Thames's practice data was extracted from this survey and analysed by each surgery. Response rates varied between surgeries **(Appendix 4)** however Roland, et al., (2009) suggests that response rates and non-response bias variance would not have had any systematic disadvantage to practices.

Results of analysis of National Data from the GP Patient Survey

In the 2013 GP Patient Survey for Richmond, 87% of people rated their experience of GP services as 'very good' or 'fairly good', and out-of-hours GP services were rated as 49% 'very good' or 'fairly good' (NHS Commissioning Board, 2013). Whilst this is considered a generally good response, when the data was examined further it was clear that there was great variation within the satisfaction for each GP surgery, particularly in the overall experience of making a GP appointment **(Figure 1)**, and whether an individual would recommend their GP surgery **(Figure 2).** A full list of participating surgeries and the sample size of respondents for each GP Surgery is given in **Appendix 4.**

Figure 1. **Overall experience of making an appointment.**

Response rate by GP Surgery with mean line displayed. Sample sizes of total number of respondents for each GP Surgery ranged from 34 to 215.

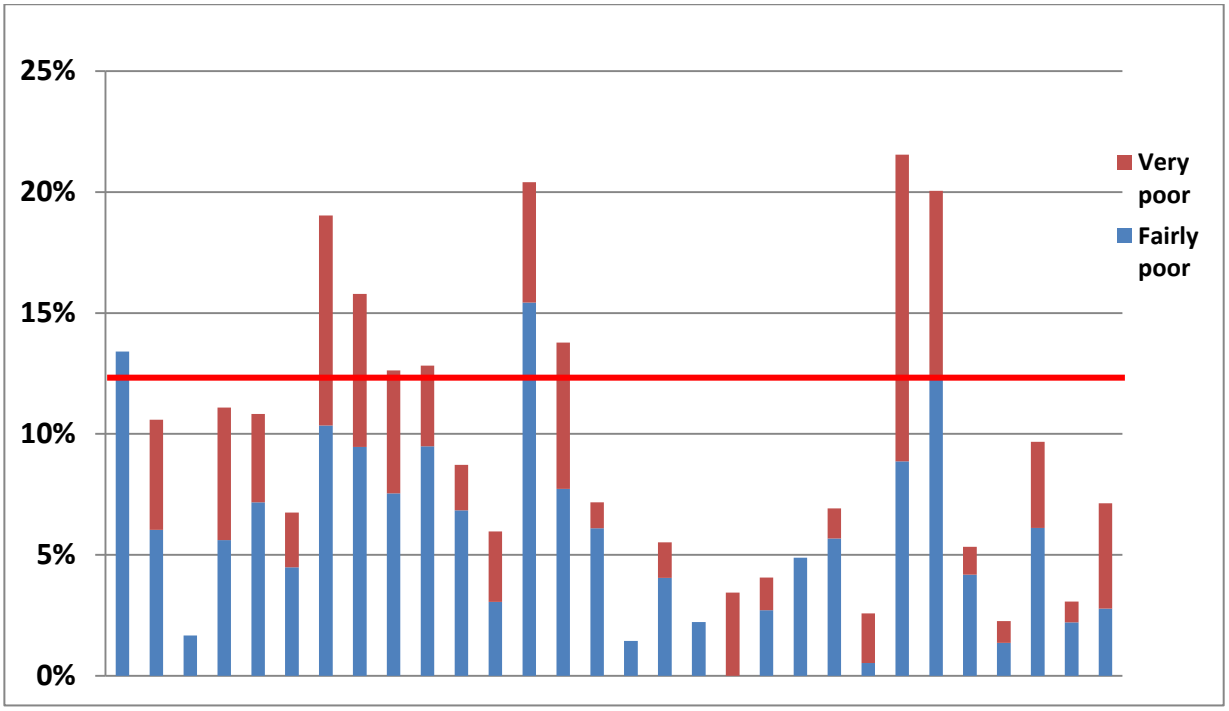
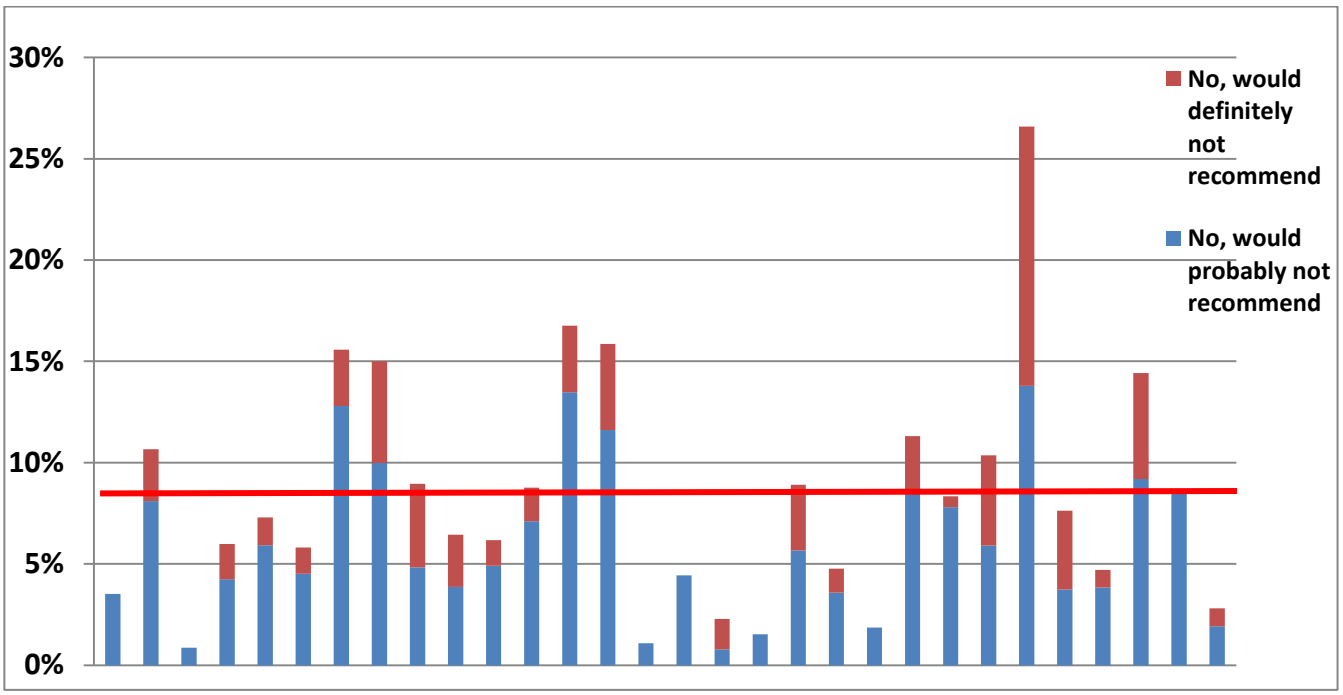


Figure 2. **Would you recommend your GP surgery?**

Response rate by GP Surgery with mean line displayed. Sample sizes of total number of respondents for each GP Surgery ranged from 35 to 224.



Patient satisfaction varied between practices. This was apparent in four indicators of performance, drawn from the GP Patient Survey and the qualitative data collected. These four indicators of performance were broadly categorized as:

1. GPs' performance
2. Other staff performance; receptionists and nurses
3. Opening times
4. Appointments

These four areas were amalgamated into two broader themes: getting a GP appointment, and patient experience of the service offered at the GP surgery.

4. The GP Public Forum on 23/01/14

The subsequent and final stage of the research process was the GP Public Forum. This focused on residents' experience of the two broad themes and their thoughts for improving appointment systems and general GP services. A collaborative co-design approach was used, which is a variation of the experience-based co-design approach by Donetto, Tsianakas, and Robert, (2014). The approach looks at redesigning services in conjunction with the professionals who supply the service and patients who use the service. The approach brought local GPs, patients, Richmond residents and healthcare professionals together in a GP Public Forum which saw 98 people attended and 10 focus groups held (for a list of organizations in attendance please see **Appendix 5)**. Each focus group was facilitated by an individual trained in facilitation skills. The composition of groups varied as to the ratio of professionals to patients. Focus groups were recorded by voluntary scribes.

Two questions were asked by the facilitators of each focus group to reflect the two broad themes, with each question given half an hour's discussion time:

1. *What's good or bad about getting an appointment at your GP Practice?*
2. *Thinking about your experience of the service offered at your GP Practice…*
   What things could your Practice improve?
   What does your Practice do well/ what could others learn from your Practice?

This enabled us to establish qualitative evidence from a wide group of people on the patient experience.

To help establish the significance of the individual issues raised by the focus group members, we then asked:

1. *For this group, what are the most important things about getting appointments?*
2. *For this group, what are the most important things for the service at a GP Practice?*

Data saturation was reached after the Forum with no new themes being identified. However, qualitative data following the Forum was also collected from local community groups, particularly those who were not able to make it to the Forum through existing disabilities and vulnerabilities. These community groups' comments further fed into the arising themes and gave a more comprehensive picture of Richmond's Primary Care.

Data Analysis

Analysis of data from the focus group discussions

As the Forum was the final stage of our data collection, we had pre-existing research questions and were not able to analyse without theoretical preconceptions from the previous stages. A theoretical thematic analysis approach was taken to setting out the pre-existing frame of the research questions. An analysis of the collected evidence from these focus group discussions was made using the staged approach described by Ritchie & Spencer's (1994) framework.

- Familiarisation: reading the notes from each table's discussion and facilitators' feedback.
- Identifying a thematic framework: writing out concepts and beginning to look at categories.
- Indexing: making comparisons between and within texts.
- Charting: putting quotes from the notes received on the focus groups' deliberations underneath the thematic content.
- Mapping and interpretation: finding associations between themes and interpreting, to form the analysis represented in this report.

It was useful to take this data-driven approach to mapping and interpretation, so that practical recommendations could come out of the themes. The practical recommendations, many volunteered already by participants at the Forum, are also based on the analysis A thematic framework was co-constructed between two researchers, to assist inter-rater reliability..

Discussion of Findings

From the data analysis two overarching global themes emerged:

1. The need for flexibility at every point in GP Services.
2. The need for further collaborative working to enhance GP Services.

The importance of flexibility was the largest global theme: it encompassed almost every aspect of the patient's experience at a surgery.

Flexibility

Forum participants spoke of the need for further flexibility with appointment services through statements raised by focus groups: *"increased flexibility to book double appointments where necessary"* and *"flexibility in the appointment system"*. It was clear that patients are having real difficulty with the practicalities of booking appointments. Some need more flexibility around the booking system, such as booking a longer time with a GP. The rigidity and inflexibility of the system when trying to make an appointment by telephone was an example of the challenges people faced: *"rigid telephone policy, i.e. phoning at a certain time to book an appointment"* and a group facilitator commented after that *"many found [the telephone policy] restrictive"*.

A paucity of appointments at flexible and convenient times for working individuals and unpaid carers, such as evening and weekend appointments, were issues. Some examples of good practice at local surgeries were given including; flexible appointment times and flexible appointment booking; advanced booking systems and triage services; and automated telephone booking, all of which enhance the flexibility of the appointment system.

Rigidities in the System and the Receptionist's Role

Receptionists were seen to be "gatekeepers", playing a key role for getting appointments, with both positive and negative outcomes. Their perceived lack of flexibility was a theme occurring alongside widespread patient frustration with the booking system. Receptionists sometimes were seen to be *"screening calls via invasive questions"* and were generally felt to be unhelpful by many in the focus groups. The perceived lack of flexibility in the appointment system coincided with negative feelings towards receptionists' "*discourteous and disinterested*" attitudes and the seeming unavailability of doctors.

Respondents expressed greater uncertainty and dissatisfaction around securing an emergency appointment where some suggested that the "*allocation of [emergency] appointments [is] down to chance"* could lead to a patient's feeling of a lack of control over a system.

Discussion of Findings

Although many patients shared negative experiences, an example of good practice was given by a patient where a receptionist had booked the same GP for all appointments, thereby attempting to provide a level of flexibility within the appointments system.

Within two focus groups there was a suggestion that appointments not attended by patients should be re-allocated, with text messages offering the opportunity to reallocate. The incidence of patients not attending a booked appointment could be further reduced by text message appointment reminders: *"text message reminders have the capacity to reduce DNAs (do not attends)"*.

Patient Choice and the Unavailability of a Preferred GP

Comments such as *"a lack of GPs with too many patients may be impacting on the care offered"* and *"appointments are too short"* highlighted patients' feelings about the unavailability of doctors. There was recognition of the increased demands on surgeries and doctors but a concern that this shortage of time could be impacting on the care patients receive was also evident. Within the focus groups there was a local theme of care being impacted by GP unavailability, either of a male or female doctor or of a named GP. This was reflected in some patients concerns about plans to allocate patients a named GP and then having to wait to see that GP. Scribes summarised the focus group's discussion with: *"proposal of named GP for the over 75's many felt were unrealistic and hard to deliver. Concerns were raised over the length of time they may have to wait to see their named GP*". On the other hand, many patients were looking forward to having this service and the continuity of care it might provide. Older persons' community groups reinforced this and requested further information on how a named GP system might work.

Inaccessibility

Surrounding flexibility is the sub-theme of access. Some people with disabilities reported issues that prevent or make it more difficult to use a GP surgery. This was seen through the difficulty hard-of-hearing people experience when using an automated telephone booking system *"automated telephone systems [are] difficult for people with impaired hearing".* Another issue was computer access and literacy when systems are online *"over-reliance on online systems/resources may be confusing and disillusioning for the older population*". The quality of a GP surgery's adjustments for those who might need them was an area of great importance: "*practice not easily accessible for disabled residents to the extent that residents need accompanying to the practice*". This highlights inflexibility eroding independence, which was further emphasised with: *"requested sign language/disability specialist not present at appointment"*.

More should be done to cater to the different needs of vulnerable groups of people who visit a GP surgery and an increase in flexibility and understanding of GPs is required so that services cater for those with different needs.

Discussion of Findings

In an aging population it follows that there will be an increase in the numbers of those performing caring roles. Discussion about carers' needs centred on inclusion, their wellbeing and collaborative working. This was seen in the responses: *"Carers do not feel fully included in decisions/processes"*; *"Increased attention to the needs and status of carers*"; *"More collaboration with carers and checking on their wellbeing"*, all indicating the needs of carers not being met within a GP consultation. There is also a need to further cater to those whose later life may put restrictions on their ability to access a GP surgery.

Collaboration on Multiple Conditions

The need for flexibility is also emphasized when the patient has multiple conditions or complex conditions. Some patients spoke of the need to *"improve arrangements for managing patients with multiple conditions"* and that *"linked practices with diagnostic specialists to improve diagnosis and range of services"* could help address this. Coordination of medication and reviewing care for complex conditions was considered problematic: *"[the] system makes it hard for the GP to make arrangements for managing multiple conditions",* with the potential consequence of not completely meeting patients' needs.

Following the Forum, certain community groups also raised the need for collaboration and flexibility to meet their needs. For instance, those with Myalgic Encephalomyelitis (ME) felt a need for good collaborative working to make a diagnosis in the first instance and then flexibility in the management of their condition through home visits.

Information and Collaboration

The second global theme to emerge from the focus groups was a need for more information and for more collaborative working. There was dissatisfaction with the level of knowledge for some conditions: *"[GPs need to] improve knowledge and support for mental health conditions like depression"*. Information on conditions and services was considered to be a priority for a good service at a GP surgery. There were comments on the positives: *"good at signposting services and handing out printed material during consultation"* and the negatives: *"lack of knowledge about related services".*

Patients seemed to be looking for alternative ways of getting information other than through their GP and suggested that pharmacies had a role to play within this *"pharmacists can also provide useful information in addition to G's".* Pharmacists, who attended the Forum, were keen to play a supportive role to GPs and patients alike and may be able to assist by providing information to the public on medication and local resources. To enhance finding pharmacists that can assist the patient a focus group commented that *"prescription[s] should have contact details of local pharmacists".*

Discussion of Findings

Forum participant's comments reflected a bigger picture of the need for more information *"better use of reception area in terms of sharing information and raising awareness [of] volunteer groups"*. It was suggested that information could be conveyed to patients through recommended leaflets, patient participation groups, and information in the reception area.

Nurses were another practical suggestion as a source of information and a further way to collaborate on the patient's care when the GP may not be available *"Increase in nursing-led care could lessen the pressure on GPs"*. There was also a call for nurses to be trained further to recognise symptoms and for an increase in particularly qualified Practice Nurse/Nurse Practitioners to lead varied aspects of patient care. The suggestions patients give indicate patients' willingness to take on a more collaborative role in determining ways for developing and improving GP Practices to meet patient needs.

Partnership between GPs and Patients

The theme of collaboration was also evident with patients wanting to feel that they were collaborating with the GP in their care. The skills of some GPs were evident in the comments for one focus group *"patients felt very involved and autonomous in the decision-making regarding their care"*; *"some GPs were described as 'brilliant' and 'marvellous' in their personal skills" (an observation made by a facilitator on behalf of the focus group)*. Other GPs appeared to have less developed communication skills: *"[they] need to treat patients as humans/ individuals"*, and, *"some GPs [are] perceived to be 'scary'"*. This need for a sense of collaboration and being included in the consultation feeds into an underlying theme of patients' needs to feel involved and in control of their care. Focus groups had a keen appreciation for the work that GPs do; one group reported that *"[GPs] understand patients' needs concisely*", demonstrating that much of the frustration and dissatisfaction around GPs is with the appointment systems and access, although as previously seen there are exceptions to this.

Conclusions

Timely and convenient access

Throughout this extensive piece of research it is clear that a priority for Richmond-upon-Thames residents is improved access to GP services. This is also consistent with a key finding of the Call to Action: *"...people in London want a service that provides timely and convenient access to care"* (NHS England, 2013).

This Healthwatch Report has looked at the ways in which people want timely and convenient access to care. Our analysis has uncovered a strong desire amongst patients for greater flexibility, and provided an exposure of the rigidities of the current system, particularly with regard to arrangements for making appointments and for access to GPs. It was interesting to note in the research that many patients referred to the appointments and GP *"system",* their feelings towards the impersonal and inflexible nature was evident in their language.

Meeting the needs and preferences of patients, their families and carers

The NHS Constitution states that: *"NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers"* (Department of Health, 2013). Healthwatch Richmond's research into the needs and preferences of the local population reveals a constantly reiterated desire for more collaborative working across the entire Primary Care service. This includes improved partnership: between individual GP and patient; between GP and carer; between GP practices and patient groups; and across the Borough's GP practices. Collaboration extends to the critical role of GP receptionists, not only as gatekeepers to the service, but also for establishing a patient-centered culture. It looks too at the scope for GP practice nurses to have an increased role. More joint working with other healthcare providers, such as pharmacies, is advocated, as well as pooling of resources and sharing of good practice between service providers. An attitudinal change is necessary amongst those practitioners who are resistant to such a collaborative approach.

Conclusions

Strengths of Healthwatch Richmond's research

A major strength of the collaborative co-design approach, adopted for this Healthwatch Richmond research project, was the encouragement of dialogue between service providers, key decision makers and service users, whom we had invited to the final stage of our research: the GP Public Forum.

It was heartening to note that at least one patient from at least 22 of the approximately 30 GP practices attended the Public Forum. We were mindful that a public forum would not be a comfortable environment for some members of the public. Nor would it give sufficient opportunity to explore the particular experiences and needs of certain groups of the public. Accordingly, we had separate meetings with members of 20 different community groups. The report is richer for all of the community groups that we were able to collect experiences from and their evidence features strongly in this Report. Moreover, as the detailed equality monitoring reveals in the Appendix 1 of this Report, the range and number of members of the public consulted are sufficiently great for Healthwatch Richmond to assert with some confidence that our findings are broadly representative of Richmond residents' views.

Our extensive qualitative and quantitative research, spanning a period of six months, shows that there are many issues with individual GP practices that are not being picked up and resolved. This Report provides examples of ways that GP Practices within Richmond can improve their patient satisfaction ratings.

Furthermore, our findings concur with the GP Patient Survey data (Ipsos MORI, 2014) and their random data sample collected from the latter part of 2013 and early 2014. Data saturation of the qualitative data was met in our research. It is safe to conclude that the issues covered within this Report are ones that concern patients and that they are passionate about improving. If the recommendations of this report were followed it is reasonable to assert that patient satisfaction would increase.

Next Steps

Resolving patient issues with GP practices: the next steps

Healthwatch Richmond has 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 General Practice for Richmond's residents.

We were struck by the insight evident in the public's deliberations and the collaborative nature of all the focus groups conversations. Patients expressed sympathy for their GPs, who were seen to be working within a restrictive system. Many of the patients we spoke to were eager to assist GPs in working out how to develop and improve services. Patient reference groups are one way that this could be implemented.

Healthwatch Richmond's own experience, confirmed in the feedback received from 69 Forum participants and fully analysed in Appendix 2 of this Report, is that well-planned and followed-through public engagement receives an enthusiastic response from patients and an increased commitment to active participation. There was high praise for the work of Healthwatch Richmond's volunteers, without whom this project would not have been possible.

Hudson (2014) advises that the the potential for public and patient engagement to create change is significant but that the evidence base for this is currently small. The effectiveness of Healthwatch Richmond's public engagement will be measured by the seriousness with which GPs and decision-makers in the Borough take the findings and recommendations of this Report and by what they implement in terms of improvement to GP services. Incremental improvements have the potential to greatly increase patient satisfaction.

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Appendix 1 Equality Monitoring Report

At the end of the Forum we asked participants to complete an equality monitoring form to see how representative participants were of the population of Richmond-upon-Thames. Participants were asked about their: *sex; age, ethnic group; religion; disability; employment;* and whether they were: *a patient, GP, carer, or other health professional;* the *number of GP appointments in the last six months they had attended*, and the *name of their GP Practice.* The data below presents the findings of the equality monitoring report from the 69 attendees who completed the survey. A comment is given to show the relevance of the finding in each case.

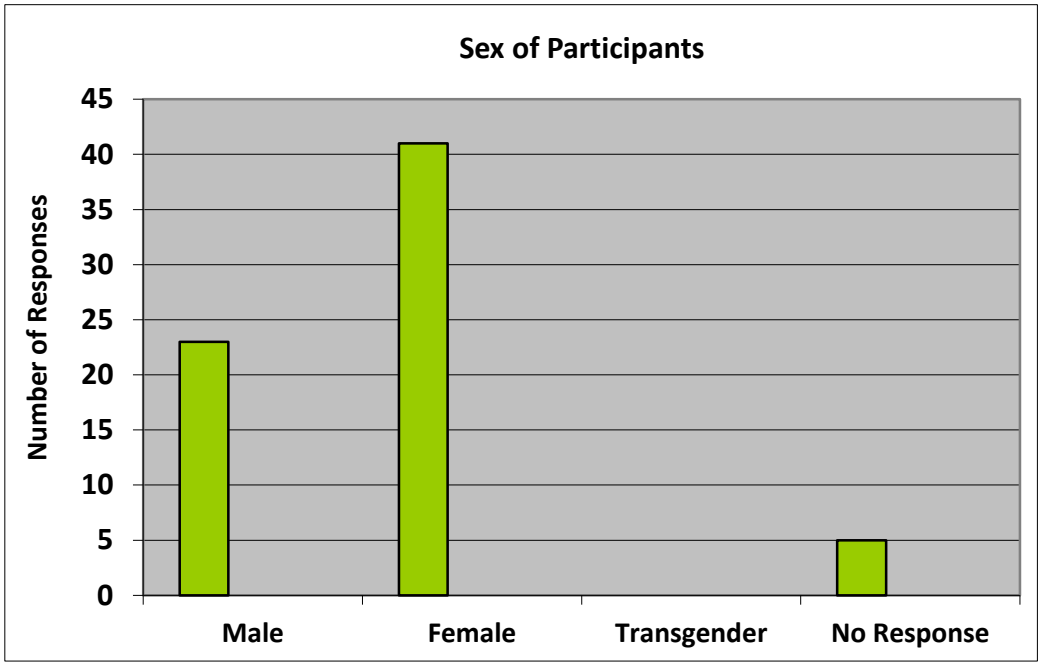
Overall, Healthwatch Richmond can be satisfied that it has captured a good representative sample of Richmond residents' views. It has a particularly wide reach in the number of Borough GP practices, which had at least one patient in attendance at the Forum. Twenty two practices from a Borough-wide provision of some 30 GP practices were represented.

A weakness in the representation was the low number of patients in full-time employment at the Forum. Parallel with this finding is the relatively low number of patients under the age of 50 who attended. Public meetings at 6 p.m. on a weekday would appear to be inconvenient for these patients and alternative ways of seeking their views are required.

Sex

Of the 64 respondents who completed this question, 23 (36%) were male, 41 (64%) were female and none were transgender. Five participants did not report their gender. We would expect a higher rate of participation from women than men at such an event. A 36% sample of men is good, and sufficiently high to give a reasonably balanced picture of both male and female views.

Figure 3: Sex of participants

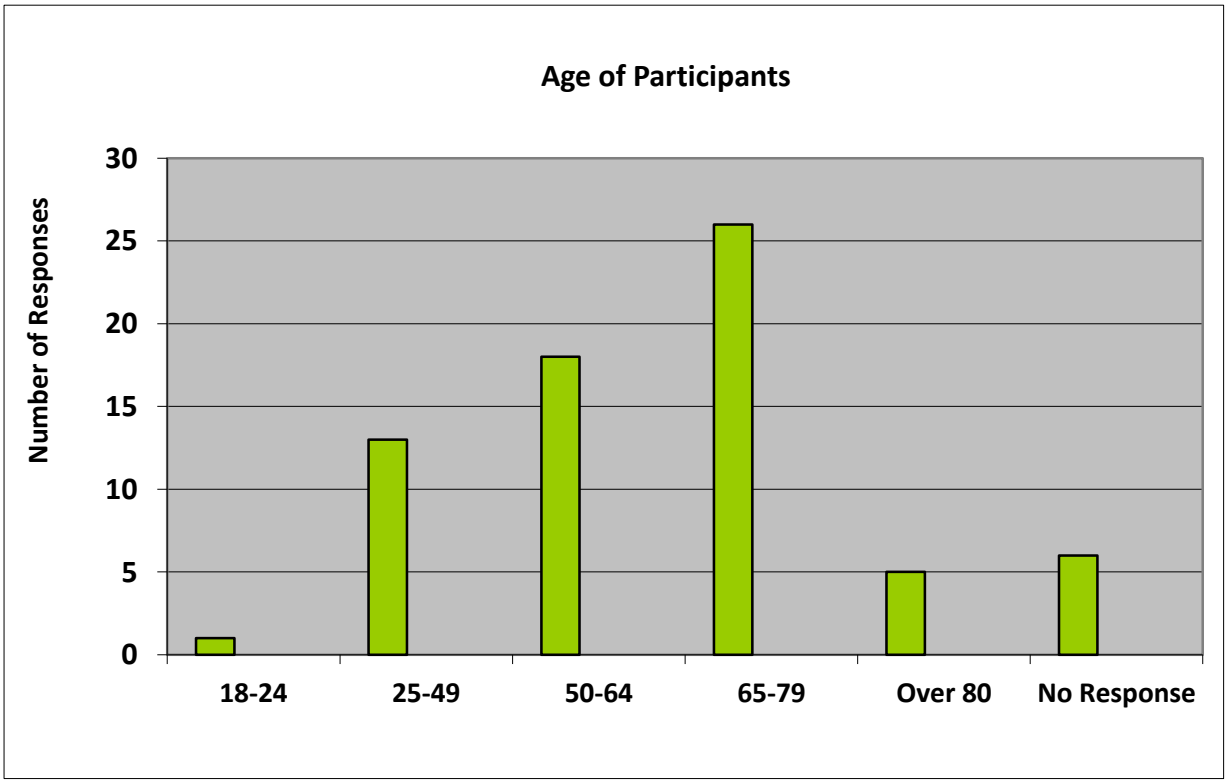


Appendix 1 Equality Monitoring Report

Age

Figure 4. shows the mix of participants who attended the GP Forum event by age. It is heavily weighted to those aged 50 and over (77.8%). Twenty six (41.3%) of participants were aged between 65 and 79, followed by 18 (28.6%) of participants, who were aged between 50 and 64. Five participants were over the age of 80. Just one participant was aged 18-24, and 13 were in the 25-49 age group. 6 participants did not report their age (no response). We would expect a high take-up by the retired – 45% of respondents in our survey were over the age of 65 – partly because they have more time to attend such events, but also because patients make increasing use of their GP surgeries as they get older. That said, Healthwatch Richmond acknowledges that younger patients were under- represented at the Forum.

Figure 4: Age of participants

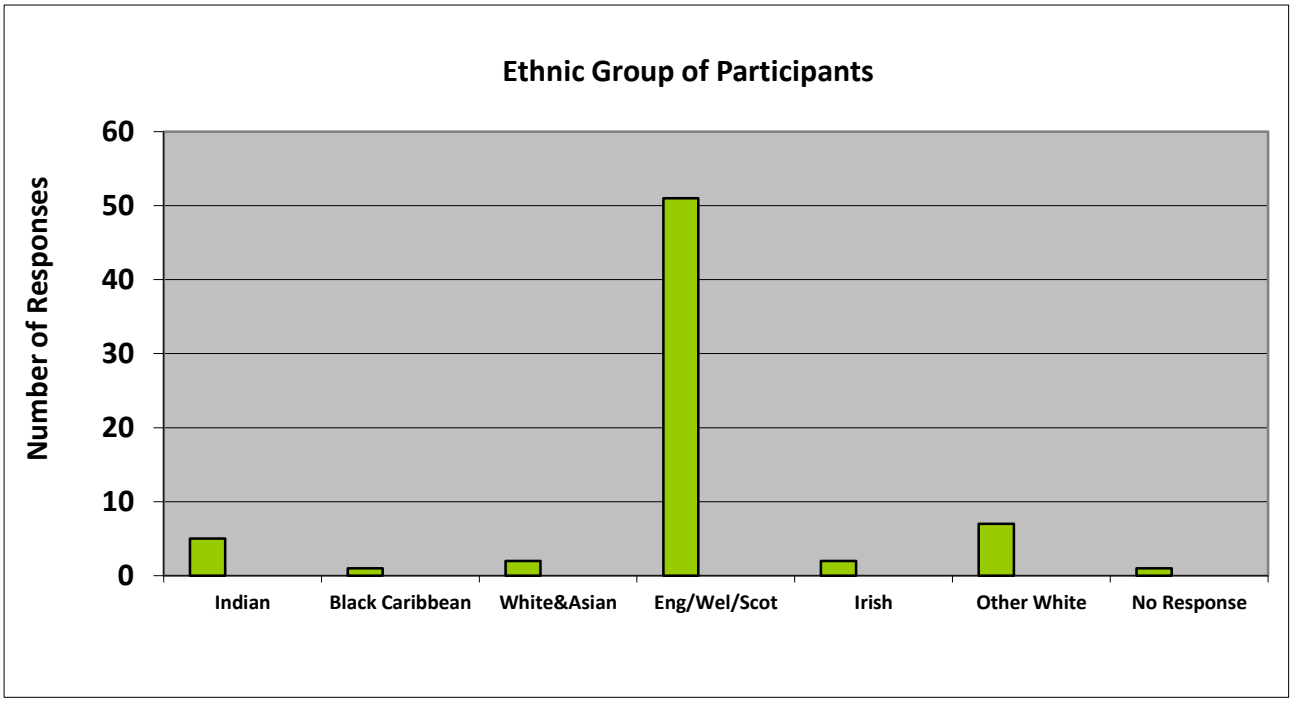


Ethnic Group

Figure 5. shows the ethnic group of participants who attended the GP Forum event. It shows that 51 attendees (75%) reported that they are *English/Welsh/Scottish*, along with 7 (10.3%) whom described themselves as being *White Other*. Five attendees (7.4%) reported that they are *Indian*, and 2 (2.9%) reported that they are mixed *White and Asian* and the same for *Irish*. One person (1.5%) described themselves as *Black*. One person did not give a response.

The census ethnic breakdown of Richmond-upon-Thames (London Borough of Richmond upon Thames, 2013) illustrates how closely our sample represents the Borough's population. The census states that the Borough is consisted of 86% White, 7% Asian and 1% Black.

Figure 5: Ethnic group of participants



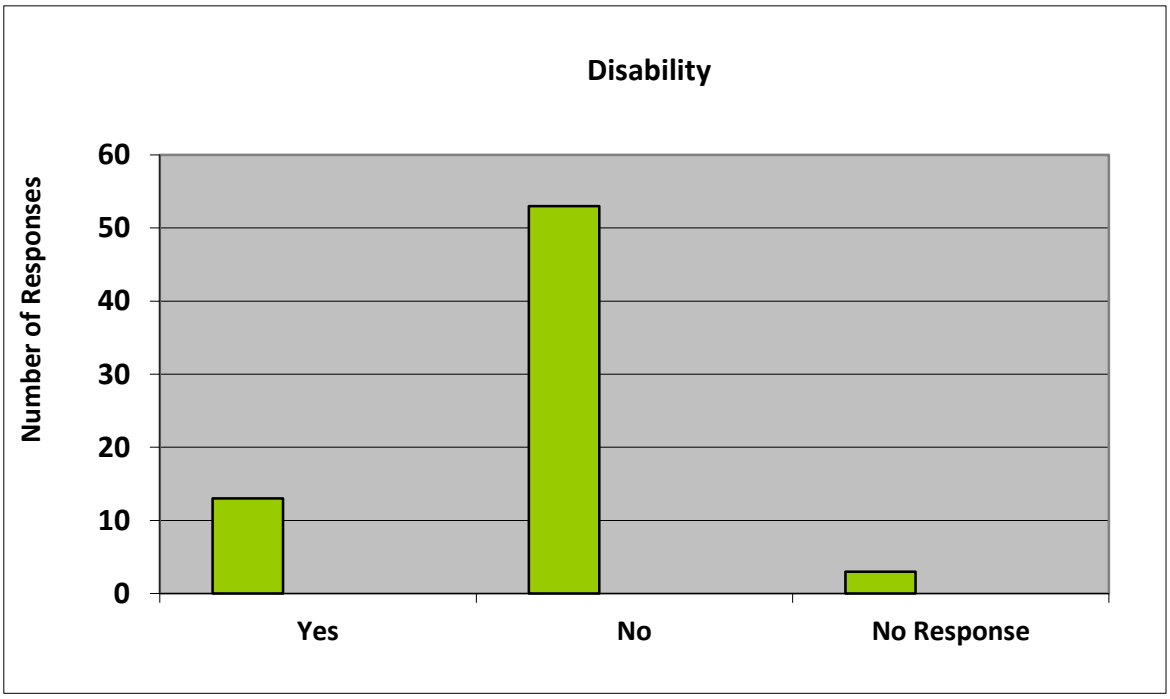
Religion

Thirty nine (59%) of 66 respondents said that they had a religion or belief. Twenty seven (41%) had no religion or belief. Three did not answer this question. We asked those who had a religion or a belief to state it. Twenty seven gave "Christian" or a Christian denomination. Three were Jewish. Two were Hindu and there was one Buddhist and one Sikh. The remaining four did not divulge their religion.

Disability

Among 66 respondents 53 (80.3%) reported not having a disability and 13 (19.7%) said they had a disability. 3 participants did not answer the question. The census does not currently contain a borough profile of disability so we are not able to compare this with the percentage of those attending. However, Healthwatch Richmond has a proud record of working closely with people who have a disability and was pleased at these good attendance levels.

Figure 6: Disability among participants



Employment status

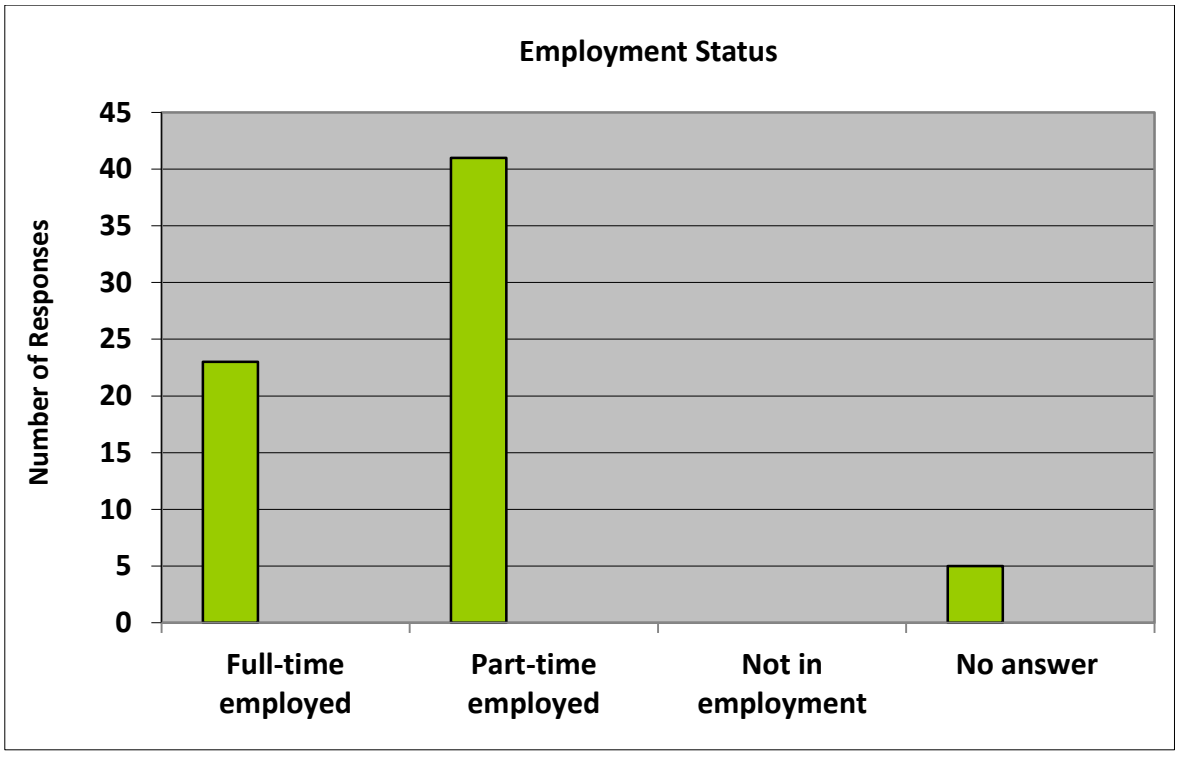
It was not surprising that we had a very high incidence of people (55.4%) not in employment attending the Forum. The early start of 6 p.m. made it difficult for those in full-time employment, particularly those who commute to work, to attend. Moreover, it tends to be the retired who have the time to participate in such events. Healthwatch's volunteers themselves have an average age above 60, and 45% of respondents to the Forum survey were over the age of 65.

Healthwatch acknowledges that it is not capturing the views of enough patients in full-time employment. Like GP surgeries in the Borough, it will need to explore more flexible ways to facilitate the participation of these patients, to ensure their voice is heard.

	Frequency	Percentage
Full-time employed	21*	32.3
Part-time employed	8	12.3
Not in employment	36	55.4
Total	65	100
No answer	4	

*The figure of 21 (32.3%) in full-time work is artificially augmented by the 15 health care professionals in attendance at the Forum, who completed a questionnaire.

Figure 7: Employment among participants



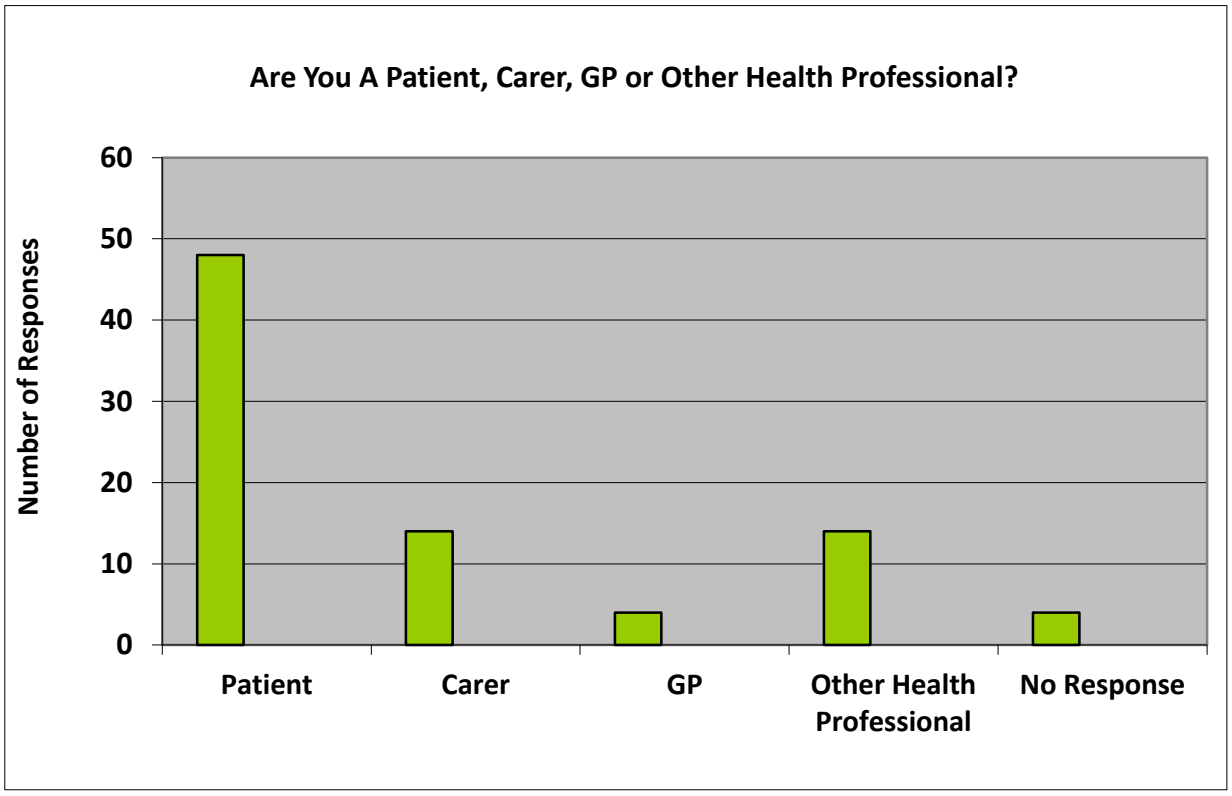
Are You a Patient, Carer, GP or Other Health Professional?

In addition to the above, we asked participants whether they are *a patient*, *a carer*, *a GP*, or *other health professional*. Four attendees did not answer the question.
The remaining 65 participants ticked all that applied to them. Figure 13 summarises the findings. The majority (48) reported being *a patient*. There were 14 *health professionals,* 4 *GPs* and 14 *carers*.

It was interesting to note the multiple roles 12 participants identified with, which would give them a double-faceted (and sometimes triple-faceted) view of GP services.

By inviting service providers, patients and decision makers to come together and share perceptions, Healthwatch Richmond had sought to encourage dialogue between the various stakeholders.

Figure 8: Participants who reported being *a patient, a carer, a GP* or *other health professional*

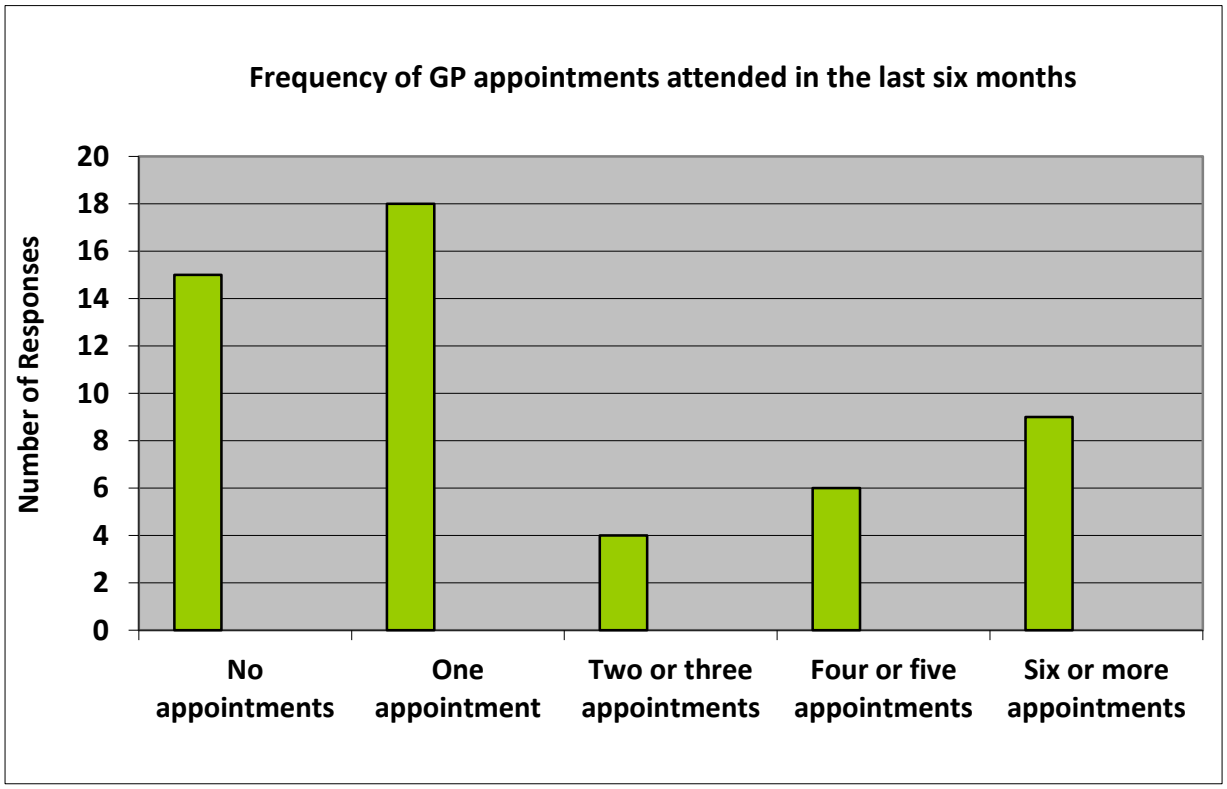


Frequency of GP appointments attended in the last six months

We asked participants this question in order to have a sense of the amount of recent experience of GP appointments our respondents had. The more frequent their visits, the greater the experience we were drawing on.

NHS England gives some interesting data from the London Borough of Tower Hamlets in its "Call to Action" (2013). Although only 2-5% of patients, registered there with a GP practice, attend more than 6 times in 6 months, they account for 25% of all GP appointments. It seems likely that the picture for Richmond-upon-Thames is not dissimilar in this respect. It may not be unreasonable, therefore, to describe such patients as experts on their local GP practice's service, at least for their condition.

Figure 15: *Number* of GP appointments attended by participants in the last six months



Appendix 1 Equality Monitoring Report

How representative were Forum participants of Richmond's GP Surgeries?

The very wide coverage of the Borough's GP surgeries amongst Forum participants was indicative of the good reach Healthwatch Richmond has already achieved.

Of the 30 Borough practices, listed as having responded to the National GP Practice Survey of patient satisfaction, 22 were named as the surgery attended by one or more participants at the Healthwatch Forum on 23 January 2014. A further five surgeries were cited by participants, but these were differently named from those on the National Survey list. Details are given below. It is possible that, in some cases, patients refer to their GP Practice with a different name from the one it is known by in the National Survey. Accordingly, it seems reasonable to conclude that there were in at least 22 different GP practices represented at the Forum event.

Listed below, in alphabetical order, are the 22 GP Practices in the Borough appearing both in the National Survey and represented at the Healthwatch Forum.
In order to give a measure of the level of participation in patient experience research, we have given alongside each GP practice name:

i. the number of patient respondents in the 2013 Ipsos MORI survey
ii. the number of patient participants at the 23 January 2014 GP Forum

Practice name	2013 MORI Survey	GP Forum
1. Acorn	127	3
2. Broad Lane	74	2
3. Cross Deep	162	3
4. Deanhill	38	1
5. Essex House	132	1
6. Glebe	148	2
7. Hampton	211	2
8. Hampton Hill	137	1
9. Hampton Wick	139	1
10. Jubilee	84	1
11. North Road	101	2
12. Pagoda Avenue	123	2
13. Paradise Road	50	2
14. Park Road	194	2
15. Richmond Lock	100	1
16. Seymour House	215	2
17. Sheen Lane Jezierski*	132	(6*)
18. Sheen Lane Johnson*	162	(6*)

19. Twickenham Park	104	1
20. Vineyard	57	4
21. Woodlawn	72	2
22. York	198	3

- There are two surgeries in Sheen Lane. Patients did not always differentiate them.

The additional five surgeries cited by participants at the Forum event all had just one participant. They were:

- Shepperton Health Centre (this is outside of the Borough)
- Dr Wright
- Teddington
- St Margarets
- Twickenham

Those eight GP Practices listed on the National Survey returns for the Borough, but apparently not represented at the Forum, are given below with their sample size in the National Survey.

- The Green and Fir Road 121
- Staines Road 34
- Thameside 61
- Richmond Green 34
- Crane Park 35
- Castelnau 62
- Queens Medical Centre 58
- Kew 54

Appendix 2 Evaluation of the GP Public Forum 23rd January 2014

Sixty nine attendees of the 98 present completed an evaluation questionnaire, giving a 70% return rate.

Strengths identified

- An exceptionally well organised event (86.8% satisfaction for the programme content)
- Very good catering (82.6% satisfaction)
- Praise for the commitment of Healthwatch volunteers
- A nice balance of returning Healthwatch participants and newcomers
- Very good event publicity
- Healthwatch Richmond is already establishing a reputation for exceeding public expectations

Areas identified for closer attention in future

- The quality of printed handouts
- Aspects of the chosen venue detracted from an all-round positive experience
- The content and delivery of some speakers' addresses
- The timing of public events to facilitate better attendance from commuters

Evidence to support the bullet points listed is given in the detailed analysis of returns below.

Question 1. **How would you rate this event? Please put one tick in each line.**
Very good/good/average/not so good/ poor

a. the information you got before the event

Information Before the Event		
	Frequency	Percent
Very good	19	27.9
Good	31	45.6
Average	12	17.6
Not so good	5	7.4
Poor	1	1.5
Total	68	100.0
No response	1	

Note: 50/68 rated this aspect "very good" or "good", giving it a 73.5% satisfaction rating.

b. the speakers and group leaders today

The speakers and group leaders today		
	Frequency	Percent
Very good	19	27.5
Good	33	47.8
Average	14	20.3
Not so good	3	4.3
Total	69	100.0

Note: 52/69 rated this aspect “very good” or “good”, giving it a satisfaction rating of 75.4%
Some indicated that, asked to differentiate, they would have given a higher rating to the group leaders than the speakers. Several participants volunteered after the event that they were particularly impressed by the group leaders (or “facilitators”), the majority of whom were trained volunteers.

c. the printed hand-outs you received today

The printed hand-outs you received today		
	Frequency	Percent
Very good	15	22.4
Good	27	40.3
Average	22	32.8
Not so good	2	3.0
Poor	1	1.5
Total	67	100.0

Note: 42/67 rated this aspect “very good” or “good”, giving it a satisfaction rating of 62. 7%, the lowest approval rating of the five aspects assessed in question 1. Possible explanations for this lower rating are given in the answers to question 3. analysed below.

d. the contents of the programme today

The speakers and group leaders today		
	Frequency	Percent
Very good	23	33.8
Good	36	52.9
Average	7	10.3
Not so good	2	2.9
Poor	0	0.0
Total	68	100.0

Note: 59/68 rated this aspect "very good" or "good", giving it a satisfaction rating of 86.8%. This is an outstanding result, which reflects the very careful planning that went into the event.

e. the venue and the catering

The venue and the catering		
	Frequency	Percent
Very good	29	42.0
Good	28	40.6
Average	10	14.5
Not so good	2	2.9
Poor	0	0.0
Total	69	100.0

Note: 57/69 rated this aspect "very good" or "good", giving it a satisfaction rating of 82.6% Comments in answer to question 3, given below, indicate that there was some dissatisfaction with the venue: Clarendon Hall. In view of this, the very high rating given is a reflection on the exceptionally high quality of the catering at the event.

Appendix 2 Evaluation of the GP Public Forum 23rd January 2014

Question 2. How did this event compare with your expectations?

The venue and the catering		
	Frequency	Percent
Better than expected	26	40.6
As expected	36	56.3
Disappointing	2	3.1
Total	64	100.0
No answer	5	

Note: Healthwatch Richmond were particularly pleased with this result. It is an excellent finding for a new organisation that for so many our performance exceeded expectations, and only 3% found the event disappointing. It establishes a high reputation for Healthwatch Richmond in the local community.

Question 3. We would welcome comments specific to what we could improve.

37 (54%) of respondents to the evaluation questionnaire answered this question.

Organisers were particularly interested in the reasons for the lower rated printed handouts (62.7% satisfaction). It would appear that some members of the public just want more printed information. Suggestions listed below are a useful checklist for future Healthwatch Richmond events.

Several aspects of the venue and how it is used merit review for next time: the heating at Clarendon Hall was inadequate; more and larger screens for projected information are needed; less densely presented and less complex information on screen is preferred; the acoustics need optimisation through good microphone coverage and a functioning loop system.

Selection of good speakers is an issue. More vetting of content may be desirable in advance of the event. Some diplomatic advice on the importance of a measured delivery as well as limiting the content of an address to headline messages of interest to a Richmond audience would be beneficial.

The request for more time for the event is indicative of the enthusiasm of participants for this Healthwatch GP Forum. It is consistent with the 86.7% satisfaction rating for the content of the programme. (Question 1d) It appears to have been so good that several wanted more of it!

The observation that the early start (6 p.m.) precludes participation from those who commute to work, and arrive home later in the day, is a valid one especially in view of the low take-up at the event by those in full-time employment, (see our equality monitoring data in the Appendix 1 of this

Report.) It is all the more pertinent in view of complaints from the public about inaccessibility of GP surgeries, which are not open in the evenings. The starting time merits review for the next Healthwatch Public Forum.

Below is a complete list of the feedback Healthwatch received.

Written Information (*8 comments)*
Print-out/email of feedback given by facilitators at the end of the forum and list of who people are and how they relate to GPs for those new to Healthwatch.
Information from overhead and slides in advance of the meeting.
Perhaps an outline timetable of events with information circulated.
nformated *(sic)* about events with flyers.
Set out at the beginning and in the literature what you will do with the information.
Printed handouts should have been printed bigger for people with visual impairments.
Handouts should be prepared for all to see and read.
Meeting agendas for each table.

Clarendon Hall was too cold *(7 comments)*
Hall was rather cold.
Warmer environment/hall
Hall should be well heated.
The lighting was too dim and the room was a bit cold.
Room in Clarendon Hall was too cold
A little more heating.
A little cold.

Timing of the programme *(6 comments***)**
More time for presentations at the start and better links to group discussions
More time required for presentations and discussion groups.
More feedback information from the speakers - more time given to them to speak.
A later start for the programme would allow more working age commuters to participate.
More time for the discussion groups
Start on time and more time for speakers

Legibility of information on the screen *(6 comments)*
The agenda on the screen was pale and difficult to see.
Could not read the writing on the OHP at the meeting - it was too small.
The information projected on the screen was not readable - too small
Too much writing on the screen. Need to understand that there are disabled people who could not understand what was being said.
Some of the graphs had a lot of words

Appendix 2 Evaluation of the GP Public Forum 23rd January 2014

Speakers *(5 comments)*
Speakers were a bit dull and did not talk specifically about Richmond - very generic.
Too many chiefs at the meeting and not enough Indians.
Speakers were a bit fast.
Some of the speakers spoke too fast.
Historical context information about changing demand for general practice over the last 20 years would be useful from speakers. A proper awareness of discussion needs awareness of both supply and demand

Room lay-out, furnishing and catering *(3 comments)*
Room arrangement and catering
Sparkling water sprayed everywhere when opened.
More chairs.

Management of acoustics *(2 comments)*
The loop system was not working
Poor microphone

Publicity for the event *(2 comments)*
More work on publicising - only heard about the forum through local Diabetes UK group
Getting information about the event out to the community e.g. in GP surgeries so that people will feel able to comment outside of their surgery.

Topics covered *(2 comments)*
Integrated care - involving multidisciplinary teams especially for people who are vulnerable and with long term conditions.
Explanation of how all health organisations relate to one another.

Positive comments *(3 comments)*
Generally the event was well timed and run. Equal chance for members of the group to talk.
Genrally happy. Our questions and answers were OK.
Good progress - snappy

Question 4. How did you hear about this event?

Responses to this question demonstrated the excellent communications, publicity and networking skills of Healthwatch Richmond. Many respondents had heard of the event from a multiplicity of sources. The sheer range of methods used for publicizing the event was impressive.

They were:

Electronic communication

29 Instances of email
2 Newsletter
1 Facebook
1 Mailing list from another meeting
1 Website

Personal invitation/ word of mouth

26 Instances of a personal invitation
8 By word of mouth

Through membership of a Richmond group

5 Through a GP Practice or Patient Participation Group
3 Through Richmond Clinical Commissioning Group (CCG)
1 Membership of Friendship League
1 Through a Network meeting
1 Through membership of Richmond Diabetes Association

Printed publicity

7 Local Newspaper
5 Flyer

Question 5. Had you heard about Healthwatch Richmond before this event?

Only 8 (11.6%)of the 69 respondents had not heard about Healthwatch Richmond before this event.

Question 6. Is this the first Healthwatch Richmond event you have attended?

Richmond Healthwatch was most encouraged to learn that it is both retaining the interest of its established audience and bringing in large numbers of newcomers. Thirty two (46.4%) said they were returning participants, and for thirty seven (53.6%), this was their first experience of a Healthwatch Richmond event.

Question 7. Please tell us about any concerns you have about health and social care locally to help us identify future areas of work.

A key role of Healthwatch Richmond is to provide a listening ear to the concerns of Borough residents and to respond to them.

Forty four participants responded with concerns in answer to this question.
Generally speaking, respondents did not raise new issues. Rather, they confirmed areas for improvement already identified and recorded within focus group discussions at the Forum.

The most frequently mentioned issue was Mental Health Services, with at least six instances of concern. These are already being covered by a parallel Healthcare Richmond project.

A second common concern was out-of-hours services, raised by at least three people.

The following examples give a flavour of other points raised:

- information on surgeries with wheelchair access
- help for setting up a GP focus group
- communications (various aspects raised)
- more collaboration with voluntary organizations
- pooling resources
- raising GP awareness generally

Appendix 3 Sample of qualitative comments

Appendix 3- Sample of qualitative comments from 106 residents collected at 16 different community group locations throughout Richmond-upon-Thames.

I had been experiencing inflammation of joints in hands, significant pain, limited mobility and impaired ability to work. Made three appointments with GP to discuss but was not offered any treatment or refereed on. My joints are significantly swollen and I'm struggling to do my job.
Patient found that getting an appointment on the same day to see the GP was impossible. Commented that you have to either book up weeks in advance, or call up dead on 8am for morning appointments, or 12pm for afternoon appointments and phone lines are always busy. Said it was easier to get an appointment that day if you went into the centre in person. Patient self-employed and if sick, needs urgent treatment or they lose income - Access to the GP is impossible.
Patient thought that the waiting times for the appointments at this GP was terrible. You have to wait a long time - up to 4 weeks, to get an appointment. When you finally have a time, they say you have to get there within 10 minutes of the appointment or they cancel it. However, you can arrive at whatever time your appointment is meant to be and wait up to 45 minutes before you're seen by a doctor.
Local NICE Guidelines are not being followed by GPs for children with Myalgic Encephalomyelitis (ME). Transition from Children's care to Adult care for people with ME is not smooth
The practice I think is generally good. It can be a bit hit and miss getting appointments when you want them, and I rarely see the doctor I want. It depends how urgent. It usually takes a couple of weeks to get an appointment, but I can sometimes get an appointment within a couple of days - it depends when I ring up!
I think this surgery is really good. Much better than my previous GP.
My experience with the GPs here is really great. They have a personal touch and I always feel like I can really talk to my GP.
The waiting times at GP surgeries are unacceptably long.
Found the doctors service was good - really easy to get an appointment, but have to get there early.
The GPs are all young doctors and come and go before you can get to know them. There are also long delays - half an hour to 40 minutes before you get seen by the doctor. Otherwise they're OK. When you get to see the GP its fine.
Finds the general service OK but it can be difficult to get an appointment. Called nearly 100 times yesterday and couldn't get through to see a GP.

Appendix 4 Response rates for Richmond-upon-Thames GP patient survey data (Ipsos MORI, 2014) per GP surgery.

	Overall experience of making an appointment	
	Practice Name	**Total Responses**
1	BROCKBANK (PARK ROAD)	194
2	BATES (PAGODA AVENUE)	123
3	JEZIERSKI (SHEEN LANE)	132
4	JACKSON (ACORN)	127
5	THOMAS (YORK)	198
6	GRIFFITHS (PARADISE ROAD)	50
7	HUDSON (SEYMOUR HOUSE)	215
8	BHATIA (BROAD LANE)	74
9	FLOOD (ESSEX HOUSE)	132
10	JUBILEE SURGERY	84
11	O'FLYNN (HAMPTON WICK)	139
12	ROBERTSON (CROSS DEEP)	162
13	LEWIS (HAMPTON)	211
14	THE VINEYARD SURGERY	57
15	CROWLEY (NORTH ROAD)	101
16	STENT (THE GREEN & FIR ROAD)	121
17	JOHAL (TWICKENHAM PARK)	104
18	JOHNSON (SHEEN LANE)	162
19	SARAJLIC (STAINES ROAD)	34
20	CHILDS (THAMESIDE)	61
21	SMITH (RICHMOND LOCK)	100
22	SAYER (RICHMOND GREEN)	34
23	SAYER (DEANHILL)	38
24	PENNYCOOK (HAMPTON HILL)	137
25	KUDRA (WOODLAWN)	72
26	CRANE PARK SURGERY	35
27	PALACCI (CASTELNAU)	62
28	COOPER (QUEENS MEDICAL CENTRE)	58
29	FITZMAURICE (KEW)	54
30	BOTTING (GLEBE)	148

Appendix 4 Response rates for Richmond-upon-Thames GP patient survey data (Ipsos MORI, 2014) per GP surgery.

	Recommending GP surgery to someone who has just moved to the local area	
	Practice Name	**Total Responses**
1	BROCKBANK (PARK ROAD)	196
2	BATES (PAGODA AVENUE)	126
3	JEZIERSKI (SHEEN LANE)	136
4	JACKSON (ACORN)	131
5	THOMAS (YORK)	201
6	GRIFFITHS (PARADISE ROAD)	53
7	HUDSON (SEYMOUR HOUSE)	224
8	BHATIA (BROAD LANE)	76
9	FLOOD (ESSEX HOUSE)	136
10	JUBILEE SURGERY	86
11	O'FLYNN (HAMPTON WICK)	144
12	ROBERTSON (CROSS DEEP)	164
13	LEWIS (HAMPTON)	214
14	THE VINEYARD SURGERY	59
15	CROWLEY (NORTH ROAD)	107
16	STENT (THE GREEN & FIR ROAD)	127
17	JOHAL (TWICKENHAM PARK)	104
18	JOHNSON (SHEEN LANE)	166
19	SARAJLIC (STAINES ROAD)	35
20	CHILDS (THAMESIDE)	62
21	SMITH (RICHMOND LOCK)	106
22	SAYER (RICHMOND GREEN)	35
23	SAYER (DEANHILL)	37
24	PENNYCOOK (HAMPTON HILL)	139
25	KUDRA (WOODLAWN)	77
26	CRANE PARK SURGERY	35
27	PALACCI (CASTELNAU)	64
28	COOPER (QUEENS MEDICAL CENTRE)	60
29	FITZMAURICE (KEW)	54
30	BOTTING (GLEBE)	158

Appendix 5 List of organisations in attendance at the GP Public Forum 23/01/14

Right At Home (Wimbledon, Putney and Kingston)
Richmond Clinical Commissioning Group
Crossway Pregnancy Crisis Centre
Hampton on Thames Community Association
Richmond Council for Voluntary Service
Integrated Neurological Services
London Borough of Richmond upon Thames Council
Managing Care Ltd
NHS England
Healthwatch England
FiSH Neighbourhood Care (Friendship, Independence, Support, Help)
Evolved Clinic
Local Medical Council
Richmond Psychosocial Foundation International
General Medical Council
Kingston & Richmond Local Pharmaceutical Committee
Essex House Surgery
Richmond upon Thames Lesbian Gay Bisexual Transgender Forum
Integrated Neurological Services
Care Quality Commission
Kingston Hospital
Hounslow and Richmond Community Healthcare NHS Trust
Mencap

Appendix 6 Raw data from the GP Public Forum

What's good or bad about getting an appointment at your GP practice?

Focus Group 1.

Telephone appointments- relatively easy.
Appointment with desired GP is difficult. People don't necessarily know the specialism of the doctor which makes a choice difficult.
Online booking service as an addition to telephone is excellent, you have the names of doctor and can order repeat prescriptions but it needs computer literacy.
Slippage due to sudden increase in patients following a closure of a neighbouring surgery
Good night time booking service
Limited opening hours- access to people who work
Booking system for support services- phlebotomy difficult
Extended support services very good (Mortlake, Barnes & East Sheen)
SMS reminders are good
Care home staff feel disregarded by GPs makes discussion difficult need to make fixed appointment for patient.
GPs could communicate by Email- for service charges and health information.

Focus Group 2.

Good-
Access
Walk in
Double appointments (junior doctor)
Triage assessment (phone home) Doctor calls back
Prescription pick ups
Receptionists attempts to book same GP (communication)
GP smiles and knows why I am there
Early morning appointments & Late evening appointments
Results (communication) over telephone or an option of call or email.

Bad-
Continuity (part time doctors)
Up to three weeks to get an appointment
Communication/ openness (change of doctor/ practice ownership)
Access- Physical for people with wheelchairs and a GP of choice
Flu jab process (timeliness)
Referral processes (delays/ lack of)- lack of money?
Lack of consistency/ opening times

Focus Group 3.

Good:

Appendix 6 Raw data from the GP Public Forum

Planned appointments – can book 2 weeks in advance
Open access from 10:30am weekdays
Positive response to feedback regarding physical access
Record keeping between hospitals/clinics
Flu jab process handled well – walk in clinic, informative SMS
Computerised information & SMS confirmation good for enabling disabled people's independence

Bad:
8.30/9am timeslot to call for appointments is a difficult time during daily routine
Doctor not aware of the full picture due to abysmal record keeping, inadequate patient notes
Subject to chance when you need an urgent appointment
Named GP not available for 2 weeks
GP will not do home visits for long term conditions unless patient is severely ill
Inadequate time for communication
Requested sign language/disability specialist not present at appointment
Lack of GP continuity transitioning from child to adult
Little flexibility for working parents/unpaid carers
Perception of receptionists screening calls via invasive questions
Automated telephone systems difficult for people with impaired hearing

Focus Group 4.
Good:
Provision of walk in clinics
Some practices allowed advance bookings
Effective in response to triage services
Seen reasonably quickly when urgent
Option of home visits

Bad:
Phone lines busy in the morning
People found it restrictive that to ensure a home visit you had to ring by 10am

Appendix 6 Raw data from the GP Public Forum

Focus Group 5.

Good:

GP has been flexible in changing appointments to fit in with work routine

Support staff phone for our appointments usually

Medication delivered regularly by local pharmacy

Bad:

Practice not easily accessible for disabled residents to the extent that residents need accompanying to the practice

Lack of appointments available

Named GP has been assigned but only been available once due to part time working hours

Not asked if male or female doctor would be preferred in situations when this would be deemed to be important

Surgery can forget to inform pharmacy about medication

Automated system too quick for some to key in details

Too much reliance on computerised/online systems

Focus Group 6.

Good:

Automated booking has made it very easy to book desired GP at a convenient time as this information is readily accessible

Automated booking also allows people to book appointments at the weekend

Availability of late & early appointments at some surgeries

Telephone appointments with GP are useful

Some practices can offer an appointment on the day

Service from some reception staff notably good

Bad:

Usually not able to get an appointment on the day

Even in emergency have to walk to the surgery and wait to be fitted in

Unable to get through on the phone

Having to go into depth about the problem to the receptionist

Receptionist attitudes are not helpful at times

Instances where only 8 patients can be seen a day

Restricted to using the automated system with no option of speaking to actual staff

GPs working part time hours

Appendix 6 Raw data from the GP Public Forum

Focus Group 7.

Telephone appointments are useful but mainly need physical interface
Not enough provision of GPs
Too many patients allocated to a GP which may impact care
New staff are not prepped enough, e.g about regular prescriptions
Not enough consistency in access to health centres.
Clarification needs to be provided on the structure of health centres
Allocation of named GP was unanimously important

Focus Group 8.

Lack of access at evenings and weekends, also leading to spikes at A&E
Poor out of hours services mainly due to problems with harmoni & 111
Unhelpful reception staff – poor gatekeepers
Rigid telephone policy, i.e phoning at a certain time to book an appointment, many found restrictive
Electronic communication only helpful to some
Variable quality of locum GPs
Provision of continuity of care

Focus Group 9.

Good:
Allocated quick appointment when symptoms have been serious
Wide choice of GPs improves access to appointment times
Out of hours service for some is well managed – GP & administrator both present. This experience is not widespread however

Bad:
No online booking for majority however when available it works well
On average most found doctors/nurses to be running 20 minutes late. No explanation or apology was offered. This even occurred when individuals had the first appointment of the day. This does reflect double standards as patients can be dropped if they are 10 minutes late
Expected to able to define symptoms as urgent or routine to receptionists without any medical input
Levels of discourtesy and disinterest from receptionist/admin staff was found to be widespread.
NHS Choices website did not reassure patients that actions were taking place to counteract negative feedback put forward regarding admin staff
Some felt attitudes from reception staff were occasionally approaching something like condescension. This may point to a particular cohort of admin staff recruited
Basic imposed time slot of 10 minutes many felt were restrictive

Appendix 6 Raw data from the GP Public Forum

For this group, what are the most important things about getting appointments?

Focus Group 1.
Addition of online booking service- good for some
Limited opening hours- bad

Focus Group 2.
Good- Walk in, Doctor calls back
Bad- Continuity, Access- Physical for people with wheelchairs and a GP of choice

Focus Group 3.
Prioritisation based on need/urgency of the problem
Flexibility for parents, carers
Ease of access to appointments/receptionist via the telephone system
Good system for advance bookings (non urgent)
Good use of SMS (texting) service
GP organised walk in clinics for flu jabs

Focus Group 4.
Home visits
Flexibility in appointment system

Focus Group 5.
Option of late /evening appointments
Easy physical access
Helpful service from receptionist

Focus Group 6.
Provision of emergency appointments
Standard where patients are always able to speak to a receptionist or support staff

Focus Group 7.
Lack of emergency appointments is frustrating for all
Ready availability of routine appointments very important
Triage system is working well and needs to be maintained

Focus Group 8.
Opening hours, including accessibility of out of hours and 111
Referrals to consultants
Enough staff to manage high influx of calls

Focus Group 9.
Waiting times – GPs often running late
Improvement in attitudes from receptionist and admin staff

Appendix 6 Raw data from the GP Public Forum

Thinking about your experience of the service offered at your G.P. Practice…
What things could your Practice improve?

Focus Group 1.
Shuffling between specialists- lack of overall management and often done in a bad way
System makes it hard for the GP to make arrangements for managing multiple conditions- need someone to review care for the individual
Designated GP should be assigned according to complexity and age, not just age.
Coordination of medication
Need to manage expectations (especially time for referrals)
Linked practices with diagnostic specialists- to improve diagnosis and provide a wider range of expertise. Supports concept of federalism.

Focus Group 2.
Contact details for Practice manager flagged up
More effort to highlight numbers for DNAs

Focus Group 3.
Treat patients as humans/individuals
Availability of early morning/late evening appointments
System to manage no-shows
Equal access for online & telephone bookings
Increased flexibility to book double appointments where necessary
More freedom to provide negative feedback without repercussions
Consistency of engagement with voluntary sector
More consistency at a signposting level
Patient groups at each practice
More education about patient groups
Increased patient involvement/influence on GP practice management
GP complaint procedure should include support from health advocate

Focus Group 4.
Carers do not feel fully included in decisions/processes
Lack of coordination in medication delivery & communication between GPs
Difficulties in prescription renewal

Focus Group 5.
Accessibility for disabled residents
Longer opening hours weekdays
Surgery to be open at the weekends

Appendix 6 Raw data from the GP Public Forum

Focus Group 6.

Receptionist attitudes

Increased attention to the needs and status of carers

More collaboration with carers and checking on their wellbeing

Focus Group 7.

GPs neglect to explain side effects of medications

Patients were not informed about the issues surrounding non-compliance of medication

District nurse does not work enough hours to benefit most patients

Out of hours service is not satisfactory

Nursing staff –

- Not trained to understand symptoms despite asking questions
- Have felt it necessary to threaten to call PCT?

Focus Group 8.

Being open at weekends, lunchtimes & bank holidays, this could possibly be negotiated through a rota system like vets and pharmacists

Focus Group 9.

Lack of continuity of care, could not see the same GP very often due to long waiting time for appointment

Over reliance on online systems/resources may be confusing and disillusioning for the older population

Not holistic enough in their approach to care

One person felt they had to convince their GP to take their symptoms seriously

Proposal of named GP for the over 75's many felt were unrealistic and hard to deliver. Concerns were raised over the length of time they may have to wait to see their named GP

Computer used as a medium in consultation could act as a distraction for GPs as not all their attention is focused on the patient

More correspondence from GP surgery about local services & health bulletin

Try to reduce the waiting time to see the nurse practitioner. Increase in nursing-led care (vaccinations, blood tests) could lessen the pressure on GPs. In some cases it was unnecessary to see the doctor first and would be more efficient to refer directly to the practice nurse

Initiation of pharmacy advice service could also reduce appointments made for GPs

Improve knowledge and support for mental health conditions like depression

Appendix 6 Raw data from the GP Public Forum

Thinking about your experience of the service offered at your G.P. Practice…
What does your Practice do well/ what could others learn from your Practice?

Focus Group 1.
Good staff- look after patients well, skills, teamwork and friendly
Care homes generally happy with GP services

Focus Group 2.
Good collaboration – look over GPs computer screen together during consultation
Appointment text reminders people have generally found useful
Better use of reception area in terms of sharing information and raising awareness for volunteer groups
Change DNA process to free up appointments
Consistency in performance monitoring for diabetes checks & LTC
Set up annual reminders for diabetes checks

Focus Group 3.
GP times/schedules for mental health patients within a single day – dedicated session for mental health patients across all specialisations
Good info about available services (signposting)
High level of communication between community matron and GP
Good signposting from community matron
Text message reminders have the capacity to reduce DNAs
Mixed level of engagement between GP and voluntary sector

Focus Group 4.
Home delivery of medication well organised
Good reception service
Availability of practice nurse & phlebotomist can save time for patients

Focus Group 5.
Friendly reception staff
Good bedside manner from GP - made patients feel comfortable and made the effort to ensure patients understood what he/she was saying
Appointment did not feel rushed
Practice nurses are always friendly and thorough in their explanations
Patients felt very involved and autonomous in the decision making regarding their care
Blood tests provided at surgery very helpful as avoids the inconvenience of going to hospital

Appendix 6 Raw data from the GP Public Forum

Focus Group 6.

Some GPs were described as “brilliant” and “marvellous” in their personal skills
Excellent continuity of care
Too many locums is not ideal for patients
Should be recognised that continuity of care is especially important to older patients
Practices should be staffed by male and female GPs
More utilisation of nurses
Blood tests available in practice
Some patients complain that they are being told too much information to take in at one time whereas others feel they could be told more information.
Delivery of double appointments is very beneficial to care
More information on how to make an appointment should be visually displayed in surgery

Focus Group 7.

Importance of the care pathway needs to be recognised across all practices
Leaflets placed in the right location in surgery can aid in supplying necessary information
Prescription should have contact details of local pharmacists
Pharmacists can also provide useful information in addition to GPs
For some chronic conditions it is more appropriate for GP to refer directly rather than signpost patients
Patient participation groups and other services at the surgery need to be publicised

Focus Group 8.

Variation in willingness to refer to specialist services
Understanding patients’ needs concisely
Reactive attitude rather than proactive
Denial of referral (underlined by managerial constraints on GPs right to make decisions)
Shortage of time for appointments (5 items or fewer)
GPs must supply any special instructions with prescriptions
Patient Choice – many patients don’t want it

Focus Group 9.

Some felt GPs did base their consultation on their symptoms and would go over allocated time slot
Good at signposting services and handing out printed material during consultation

Appendix 6 Raw data from the GP Public Forum

For this group what are the most important things about the service at a GP Practice?

Focus Group 1.
Improvements- arrangements for managing patients with multiple conditions
Linked practices with diagnostic specialists to improve diagnosis and range of services

Focus Group 2. –

Focus Group 3.
Time – flexibility to book longer (double) appointments
Information in terms of signposting & collaboration with the voluntary sector
Equal access for the disabled who cannot use new computerised systems

Focus Group 4. –

Focus Group 5.
Disabled access
All feedback above is important

Focus Group 6.
Some GPs perceived to be "scary" therefore may highlight the need for consultation skills training
Patients should be informed if staff is running late

Focus Group 7.
Role of pharmacy in clarifying medication
Lack of knowledge about related services
Signposting to other organisations
Opening hours at some services make it difficult to access

Focus Group 8. -

Focus Group 9.
Continuity of care whereby there is easy access to see the same GP. That way a good relationship between GP and patient can be developed
Access to a GP within a reasonable timeframe depending on severity of sytmpoms
Availability of weekend and evening appointments
Increase in signposting services
Surgery is in a convenient location