



Accessing GP services

Barking and Dagenham
June 2019

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2 Introduction

2.1

Details of Report:	
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2.2 Acknowledgements

Healthwatch Barking and Dagenham would like to thank everyone who contributed and gave their time to the project.

2.3 Disclaimer

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was contributed at the time of undertaking this project.

3 About Healthwatch

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care

Everything that Healthwatch Barking & Dagenham does will bring the voice and influence of local people to the development and delivery of local services; putting local people at the heart of decision making processes.

4 Background & Strategic drivers

GP services are vital and usually the first point of contact for many when something isn't quite right with their health. When undertaking a survey of local residents' views of their local health and social care services, in answer to an open question asking what areas of health and social care should we look into next year? , 27% of local people told Healthwatch that the main thing they struggled with was the ability to access these services.

GPs are a universal service, which most of us have used at some point. They play a pivotal role in the community, through the provision of advice, referrals and free healthcare. Yet over the past year patients have increasingly contacted Healthwatch Barking and Dagenham about a number of issues. These have included:

- Appointments that need to be booked two weeks or more in advance.
- Short contact time with GPs
- GPs asking patients to only discuss one issue per appointment

Issues including unanswered phones, or delays in answering the phone, has become an increasing problem - leading people to become frustrated or seek alternative ways to book an appointment.

Interestingly, local people and GPs agree when it comes to 'Did not attend (DNAs)'. Both are frustrated because of the time wasted in a stretched service. Local people are frustrated because they have to wait longer for an appointment, while DNAs cost the practice both money and the time that could have been spent with other patients.

Healthwatch Barking and Dagenham undertook this project to understand the problems and barriers local people face and make recommendations for solutions that are within the grasp of the local GP practices.

Healthwatch Barking and Dagenham provides a strong voice for all age groups in the community. GPs are an important service; we spoke to both local people AND local GPs to find solutions and support improved access. Everyone's opinions and views matter.

By the end of the project we had spoken to 250 local residents and a number of GPs.

5 Methodology

Healthwatch Barking and Dagenham believe that the people who use the services are best placed to tell us their views. This enables us to have a true reflection of how a service is working, make recommendations on where improvements are needed and highlight what is working well.

To enable respondents to take part without the fear of their personal details being shared or having an impact on the services they receive, Healthwatch explained the following information when people completed surveys and took part in focus groups.

- Healthwatch Barking and Dagenham exists to enable local people to influence the delivery, design, quality and standard of local health and social care services
- Participant evidence, both quantitative and qualitative, is important and helps to ensure that the experience of service users are presented to relevant organisations involved in delivery.
- Participation in the research is voluntary, and does not affect access to services.
- All the information collected will be kept strictly confidential; copies of the report will be made available on our website or can be emailed on provision of a participant's email address

The survey was distributed to all those individuals and organisations currently on the Healthwatch mailing list and was uploaded to the website, and completed by residents of Barking and Dagenham. Distribution via social media was also used to encourage responses from local people.

At the end of the project 164 questionnaires had been completed, evidence from which was collated along with views, stories and and comments received via other methods of engagement including focus groups and street engagement.

The number of respondents was larger when compared to other primary research seriously undertaken by Healthwatch Barking & Dagenham. This is a reflection of the level of concern that has been communicated to us since August 2017 regarding access to GP services and the fact that GPs are a universal accessed by the majority of the population at some stage.

The focus groups paid particular attention to current issues people face in accessing GP services and considered solutions to these.

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6 Summary

Our research shows that while most people are happy with the services they receive from the GP, there are areas where small changes could bring some needed improvement.

- There is a substantial variation in the way practices provide and respond to urgent care appointments. For example, evidence from local patients shows that a ‘walk-in service’ for urgent appointments works for some patients, but for others having to wait in the practice for two hours can be challenging due to work commitments.
- Telephone triage for urgent appointments was seen as positive for some patients. Patients felt it was a good way to deal with urgent appointments understanding that an appointment would be provided if they needed to be seen face to face.
- Evidence gathered shows that there is variation not only between practices but also between GPs. While some GPs are happy to discuss more than one health issue, others limit the number of problems that patients can discuss, resulting in patients booking multiple appointments in order to discuss their health needs holistically.
- For many patients their preferred option was to book an appointment over the phone. However, it was evident that getting through to the practice on the phone was a challenge:
 - 27% waited less than 5 minutes
 - 34% waited over 10 minutes
 - 16% had to redial.
- Patients said that staff conduct was variable and dependent on individual staff members. While some were personable, others were not helpful. Feedback indicates that staff do not always present in a caring or helpful manner to patients. Those who did, were cited as such.
- It was evident from the findings that patients want more information available at their practice about different support services. Some individuals prefer to receive information through a face to face interaction, rather than be given leaflets.

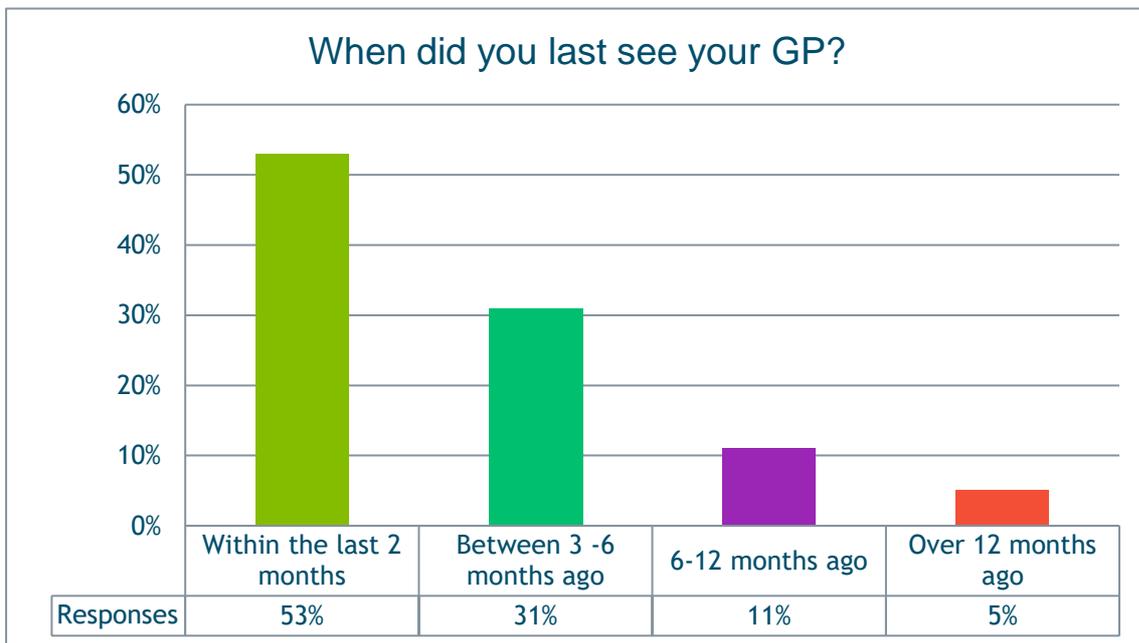


7 Findings

Our findings include evidence gathered using the following methods: pop up engagement events, surveys, and focus groups. In total, the project received feedback from 250 local people.

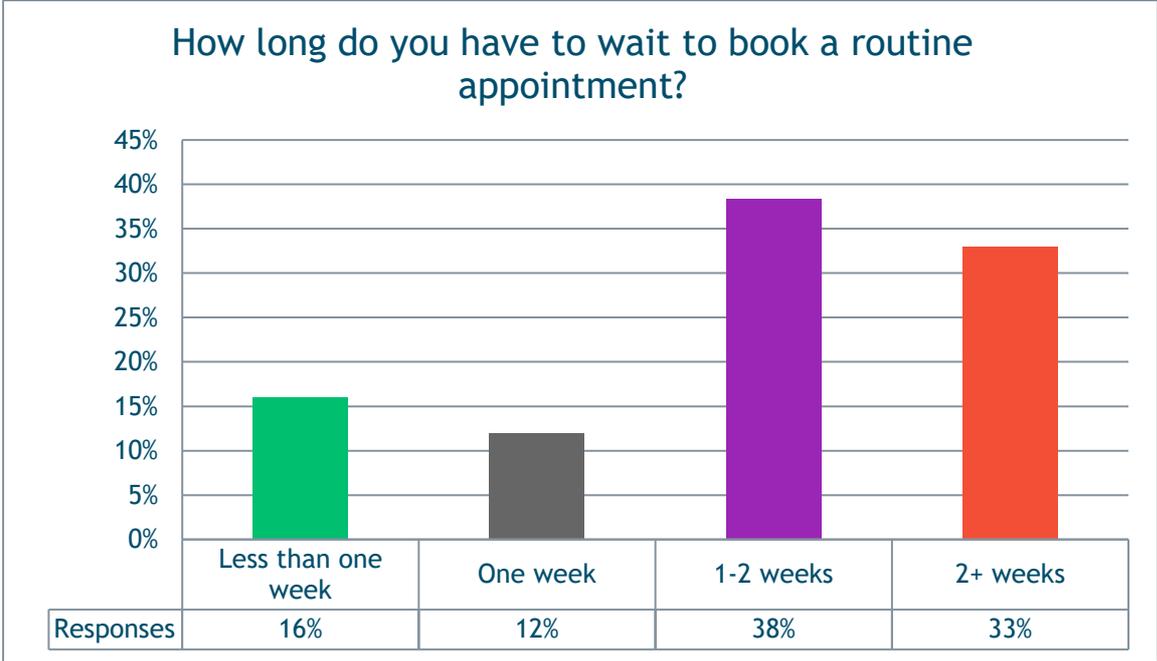


When did you last see your GP



Just over 53% of people we spoke to had last visited their GP within the last 2 months. Only 5% of the respondents had visited their GP practice over 12 months ago. This shows that evidence gathered as part of this project reflects the most recent experiences.

Appointments



Feedback shows that waiting times for a routine appointment varied, 38% of the respondents said they waited between 1 to 2 weeks, 33% said they waited over 2 weeks, 12% waited for one week and 16% waited for less than a week. Respondents who waited up to 2 weeks were fairly satisfied with the time they had to wait. However those who waited longer felt that more needs to be done, so patients can be seen earlier.

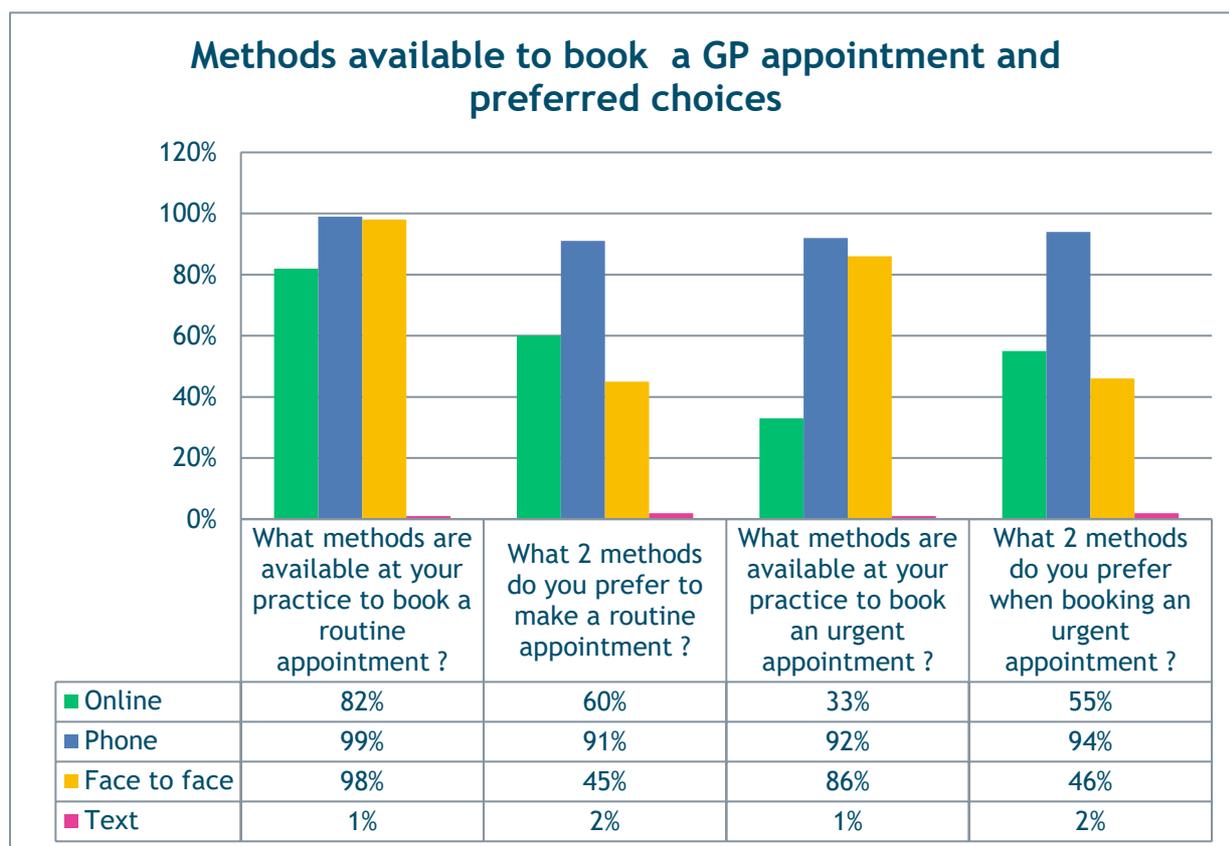
Nationally waiting times seem to be at two weeks. Pulse undertook a survey of 800 GPs nationally and their findings state that “waiting times for GP appointments remains at two weeks, despite attempts by the NHS to relieve pressure on practices. <http://www.pulsetoday.co.uk/news/gp-topics/access/pressures-force-gp-practices-to-halt-routine-appointmentbookings/20036756.article>

Quotes

- “My practice is very quick in giving me an appointment”
- “Waste of time to be honest”
- “Very happy with the service”
- “Not too bad, I usually wait around a week, the most I have waited has been 2 weeks”
- “3 weeks, I have a long term condition and trying to get an appointment is awful”



Booking appointments



Patient feedback shows there are a number of different ways to book appointments including online, phone and face to face but the overwhelming majority of people we spoke to preferred to book their GP appointments by phone or face to face.

Although for some individuals their preferred option was to book an urgent appointment online, it was recognised by many that this may not be the best way to allocate appointments. Online bookings pose a challenge as there is no way of assessing whether the health issue is urgent. This would also leave those who are vulnerable and unable to use online services in a difficult position as they are unlikely to get an appointment.

Deaf patients told Healthwatch they prefer to book face to face as they are unable to use the phone and find that there are not always urgent online appointments available which makes booking an appointment a challenge.

Individuals with Learning difficulties and disabilities also said they preferred to book appointments face to face, even though for many this was challenging and it meant having to get to the practice at least 30 minutes before opening times to have a chance of being able to make an urgent appointment.

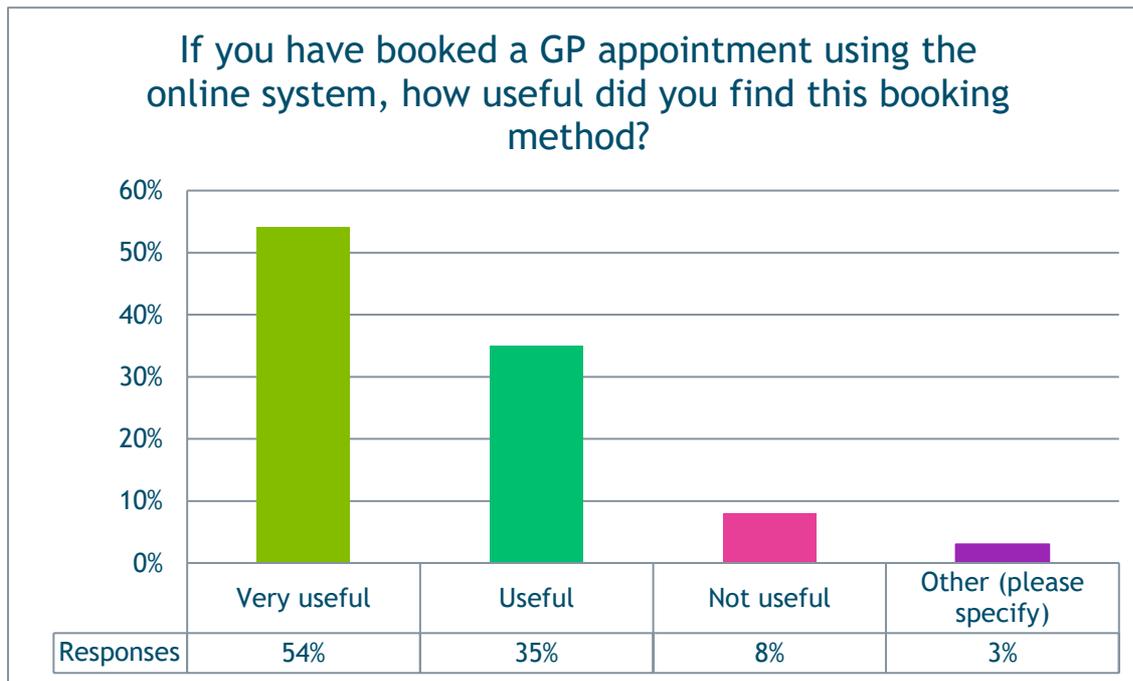
“I would prefer to just book an urgent appointment on line, but I know patients end up going to see the GP when the problem is not urgent so this will just open the door for more of this to happen”.



“I am deaf, I have no option but to visit the practice to book an urgent appointment, and sometimes I am very ill but I still need to go as I need to see the GP”

Online Booking System

Those used the online booking system found it to be useful and quick.



Patients said they wanted to be able to undertake other activities online including:

- Being able to book appointments with the Nurse- including cervical screening
- Booking appointments for children’s immunisations
- Booking children’s appointments online

“Beats waiting on the phone for endless hours”

“It’s brilliant, only thing is that you can’t book urgent appointments, or same day ones, but I understand why, as how can you access the urgency of the problem, so better phone or face to face”

“For deaf people, a texting triage should be made available for urgent appointments.”

“For me the online option works well, but there is nothing on there for same day appointments, so I have to go and wait at the practice and because I am deaf it is a struggle.”

“It was really good at first, but recently there is nothing available, and I check for a whole week, at the ending I just went to the walk in session at the practice”

According to NHS England and the British Medical Association, practices should be encouraging at least 20% of their patients to access at least one of the online services below:

- booking and cancelling of appointments
- ordering of repeat prescriptions
- viewing of detailed information in their GP record, held in coded form where requested by the patient and where GPsOC approved systems are available.

<https://www.england.nhs.uk/gp-online-services/about-the-prog/gp-practices/>

This brings a challenge to local practices because there is a cohort of patients who have told Healthwatch that they do not wish to use the online system. However, some told Healthwatch that they did not know the option was available. Furthermore, while visiting practices we observed that most of did not display any information about the service. **More work needs to be undertaken to ensure patients know that the online system is available and how to use it.**



Unable to book children's appointments online

Parents highlighted that they are disappointed because they cannot book online appointments for their children who are under 16 years of age.

The practice managers we spoke to also highlighted that some parents were unhappy with the limitations of the system, however they were unable to do anything to assist their patients as the issue is outside of the

control of the practice.

On a few occasions parents booked an appointment for themselves and then called their practice to change the appointment, allocating it to their child instead. Some practices were accommodating with this and others were unable to assist. Parents we spoke with didn't understand why some practices couldn't allow for this process and felt it could be a simple way of meeting the needs of parents.

Quotes

"I go to work every day and I am also trying to get the other kids ready for school, calling the practice up during rush hour really makes it difficult"



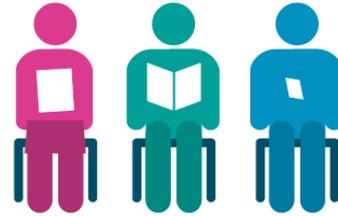
Urgent Appointments

The way practices run and deliver urgent appointments vary from practice to practice.

Some practices ask their patients to phone first thing in the morning, but this poses a big challenge to individuals as they struggle to get through on the phone.

Some patients reported that some GP practices run a walk service for urgent appointments, however they all run silently differently:

WAITING ROOM



- **Walk in : first 15 patients are seen**
Patients have to go to the practice at 8pm and the first 15 patients are seen. Some same day appointments are available in the afternoon, which patients need to phone in for. The walk-in appointments are available every morning. **Patients report they are usually seen within two hours.**
- **Telephone triage**
Patients call or visit the practice in person, and then the GP calls them back and ‘triages’ them. If the patient needs to be seen, then an appointment is arranged. If not, they are required to book a routine (non-urgent) appointment. Some patients are prescribed medication over the phone, avoiding a visit to the practice. Patients were very happy with this method of delivering urgent care services, however, caution should be exercised.
- **Call and book**
Patients call their practice in the morning and are given an emergency appointment. They are usually seen between routine appointments. Feedback shows that this method can and does work, however, concerns were raised about practice’s capacity to answer phone calls. Waiting times are also dependent on how many urgent cases need to be seen during the morning slot.

Quotes

“Phone- lines should be accessible for people when calling. The practice should take your details for the emergency appointment and then give you a time slot to come to, rather than wait for an hour with a child or older person.”

“The walk in works great”

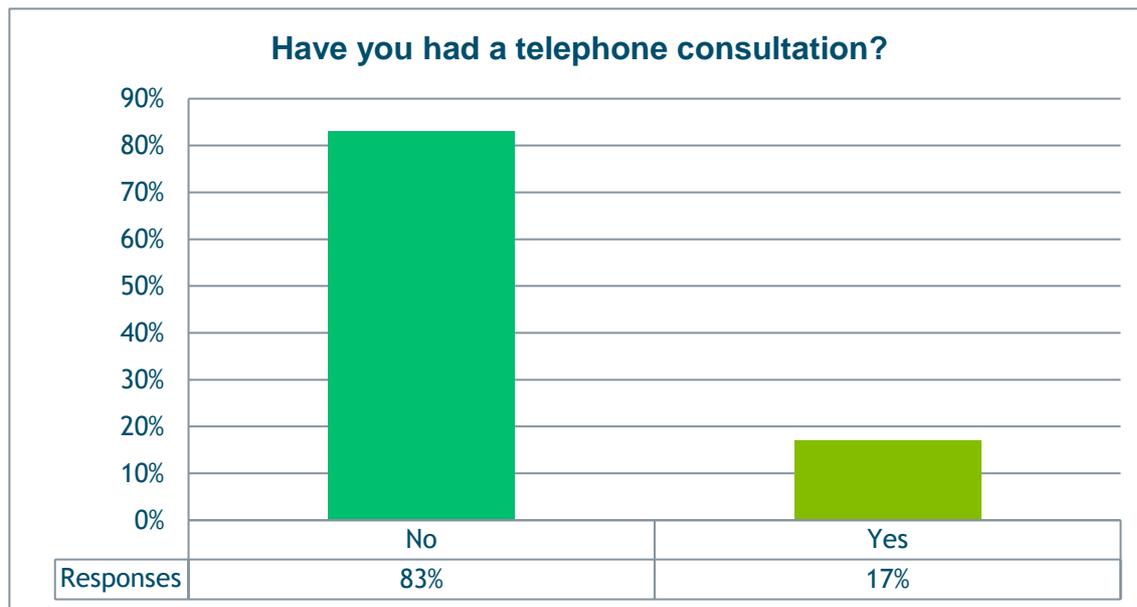
“Great service, yes you have to wait but you are seen”

“I am deaf which means I have no option but to walk in to the practice”

“The telephone call from my doctor works for me, I work long hours and this means I don’t have to take hours off work”



Telephone consultation



Although 83% of the patients we spoke to had not experienced a telephone consultation, 17% of these were in favour of this. Others (20%) commented that they would not consider a telephone consultation.

Patients who said they would consider a telephone consultation said that *although they would be happy to speak to a GP about health issues over the telephone if it was for a condition such as an ear infection, sinus infection or a skin related issues, then people wanted to see a professional face to face*. A journal article states that *“the telephone first approach shows that many problems in general practice can be dealt with over the phone. The approach does not suit all patients or practices and is not a panacea for meeting demand”*

<https://www.bmj.com/content/358/bmj.j4197>

Patients also highlighted the importance of a telephone consultation appointment being at a fixed time. For example, one patient said *“my GP practice does not give a specific time, I am told they will ring between particular times. I work from 9pm to 5pm and knowing that my GP may call me within a two-hour time slot, really does not work for me. They need to give a specific time. Telephone appointments can be successful and really convenient for people like me, but really the practice should give me a time. I have missed my call previously as I can’t just hang around my phone for 2 hours waiting when I am working”*

GPs highlighted the difficulty of some patients not recognising the assisted nature of telephone consultations, leading them to make a face to face appointment to receive the same advice. This costs the service resources and time, but also **suggests the need for public reassurance that the quality of advice that they receive over the phone is comparable to the service they may receive face-to-face.**



Offering these appointments increases capacity and provides an alternative choice to patients.

Patients who had a telephone consultation told us their experiences:

“Great idea, works perfect for me”

“fantastic and my GP has called me in if needed and booked me in a follow up appointment which would need to be face to face”

“works perfect for minor health issues”

“Was a waste of my time”

The majority of the patients who had experienced this service found that it met their needs. Although telephone consultations are successful according to a research piece, there are significant drawbacks and limitations too, which need to be taken into account by health professionals, for example there are no visual cues to assist with the diagnosis and language barriers can also be a challenge.

<https://bmjopenquality.bmj.com/content/2/1/u202013.w1227> . Therefore, care needs to be taken that medical issues are investigated sufficiently and proper training is provided to all professionals (GPs, Practice Nurses, Practice Managers etc) who will be providing the telephone consultation service to ensure that they adhere to best practice guidelines.

Challenges for those whose first language is not English

Language is a common barrier to those individuals who are new to the country. The majority of people we spoke to who were in this category said they found it easier to speak to the receptionist about their health and symptoms in face to face conversation. They reported that receptionists struggled to understand some of their accents, but they also found it a challenge to explain their health issue over the phone and understand the answer without being able to pick up visual as well as auditory clues.

Quotes

“I find it hard to speak over the phone, as my English is very poor, I am going to a class to learn but at the moment, I find it easier to speak to the doctor and receptionist face to face”

“The receptionist speaks too fast on the phone, I don’t understand so I go to the surgery to make my appointment”

“My receptionist can speak my language so it is easy to book an appointment”



School letters

Both parents and GPs felt that some appointments that had been made at the request of a school were unnecessary.

Parents reported that schools required them to provide medical proof of illness from a GP if the child was absent for three days or more. The parents were aware that, in some cases, there was no need for a prescription from or appointment with the GP.

Parents felt that they had no option but to book a GP appointment either through their practice or the GP HUB to avoid confrontation with the school.

Quotes

“As an adult, with a viral infection, I may need up to a week to be off work and recover and feel better and I won’t go to the doctor, as number one it’s hard to get an appointment but also as the doctor will tell me to rest, so it’s basically a waste of an appointment, but when it comes to a child, the school start to harass parents and keep asking have you taken your son to the doctor, and they say we have to take the child to the doctor after three days, so we are forced to GP to the doctor even if the child has a cold”

Parents commonly requested clarity in guidelines to prevent undue pressure from schools.

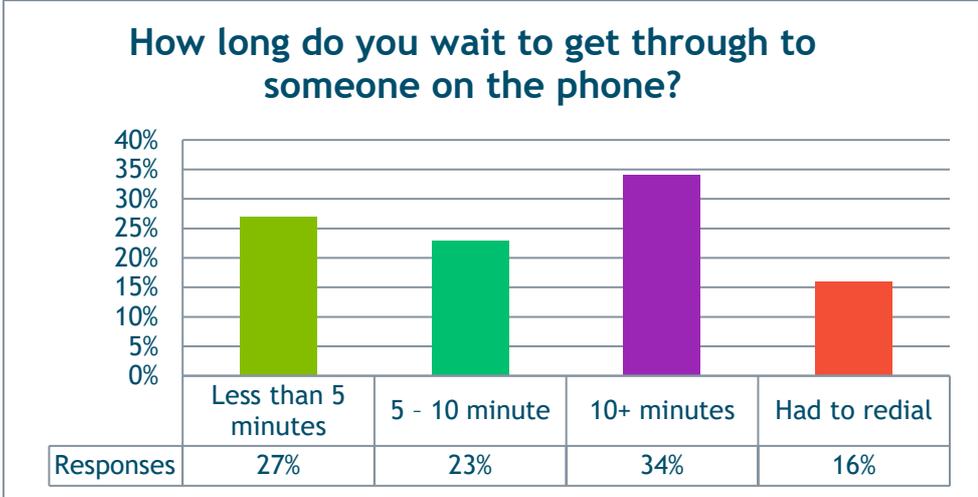
“It’s very frustrating, when the school keeps questioning if I have taken my daughter to the doctor”

Extended hours

Some patients expressed the difficulty in getting a GP appointment that suited their own work patterns. Many occupations no longer adhere to the traditional 9-5 working hours and GP Practices may need to consider how to adjust their service hours in order to meet the needs of those who can’t access the service within traditional working hours. For example by working in a shift pattern in order to provide evening or weekend appointments. While urgent appointments are available through the HUB, this is not appropriate for patients who have a health issue requiring further investigation or for continuing care in a long term condition.



Getting through to the surgery by telephone to make an appointment



There was a mixed response from respondents. 27% reported that they waited for less than 5 minutes, 23% commented that they waited between 5-10 minutes, 34% said they waited for over 10 minutes and 16% said they had to redial as there was no answer. This shows that 50% of callers have to wait for longer than 10 minutes when trying to contact their GP, a significant proportion of whom have to redial because there is no answer.

Patients recognised that receptionists have a challenging job. However, a small percentage of patients said when they had been waiting for an appointment in the surgery they had observed members of staff talking to one another rather than answering the phone.

Patients also observed some receptionists taking up to 10 minutes trying to find a suitable appointment for a patient on the phone. They felt that clear guidelines should be given for the number of appointments that were offered before a phone call is terminated by the operator, in order to reduce phone waiting times.



Patients who waited for more than 10 minutes and those who had to redial were not pleased with the amount of time it took to get through to the practice by phone. National research by Heathwatch England found that “people raised booking appointments as a key issue. Most of the people we spoke to found booking an appointment over the telephone to be difficult. Generally, calling before 9:00

a.m. was problematic, especially if the practice only allowed for same-day booking.”

https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20151222_peoples_experiences_of_primary_care_full_report_0.pdf

Comments from patients

“Very Sharp on the phone”

“Average”

“Frustrating”

“Hard to see why it takes so long on the phone”

“Really Good”

“No problems answer pretty quickly”

“Long time, at least 20 minutes and sometimes they don’t answer it”

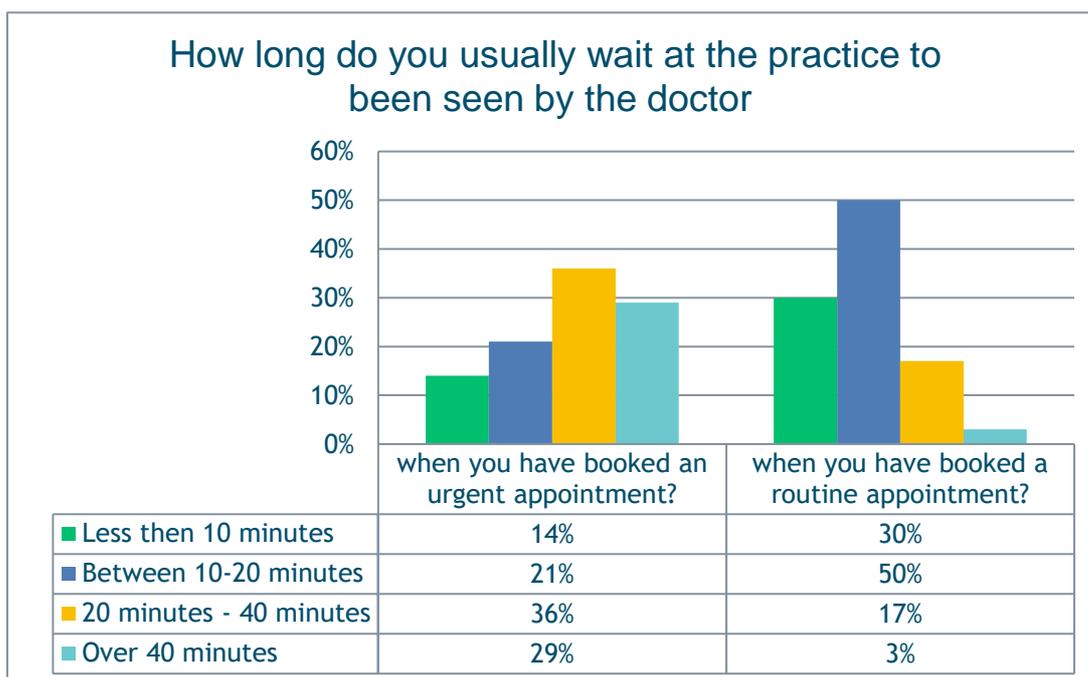
“The problem is some patients”

“I am a carer and trying to call between in the morning is a challenge, I can’t keep on trying especially in the mornings”

“Reception need to stop talking so long on the phone to every person if they need give an appointment that all they need to say”.



Feedback on how long patients wait at the practice from their appointment time to seeing their GP varied. The results in the table below shows what patients told Healthwatch.



Patients who booked a routine appointment and waited between 20-40 minutes were clearly dissatisfied with the waiting times, especially those who had waited for longer than 30 minutes. A few patients said when it was an urgent appointment they did not mind waiting between 30-40 minutes but they felt this was too long for a routine appointment.

Patients also highlighted that they felt there was a one-way system, as staff were quick to tell patients they were a few minutes late however the practice did not tell patients waiting when the service was running late.



“I don’t mind waiting for up to an hour when its urgent but when it’s for a routine appointment that’s just not right”

“The practice really need to communicate with patients when the practice is running late, if we are late the receptionist are very quick to saying that we are late, but they don’t realise that when they are late they don’t even bother to tell us. It should be a two-way system”.

No difference in the waiting time, urgent or routine it’s still a wait between 20-minutes.

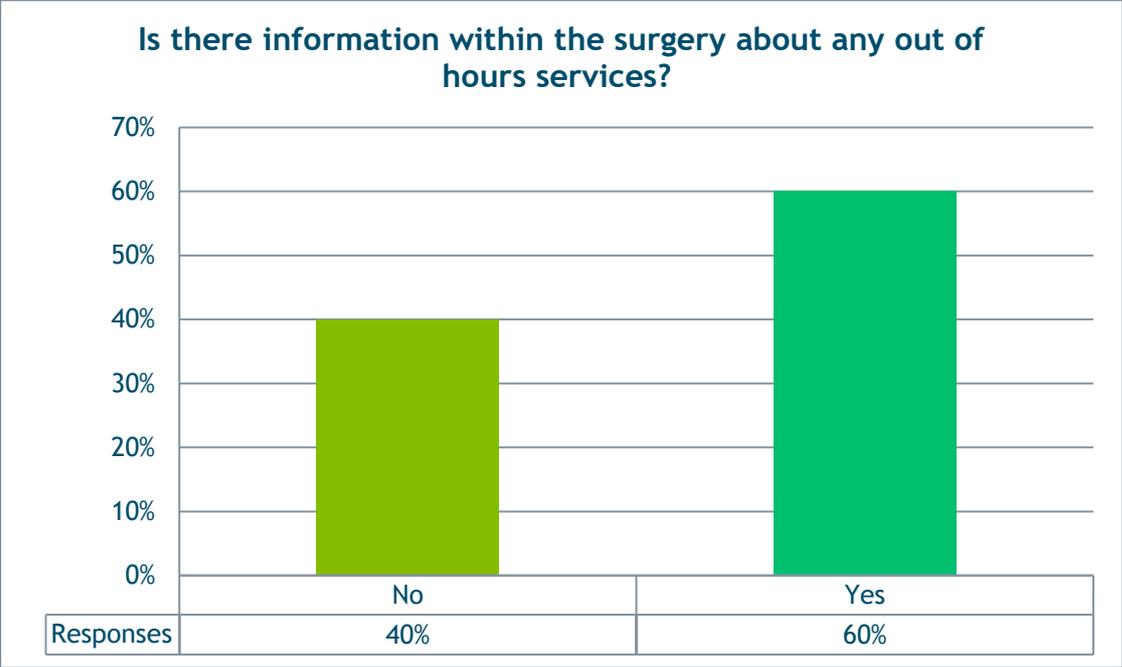
“Dr’s are never on time for your appointment and they do not make reasonable adjustment for asd patient to ensure they are not kept waiting”

“My practice is pretty quick, I have to see the doctor on a regular basis and seriously I think the last 3 months I have waited once for about 20 minutes”

“Pretty good”



Signposting

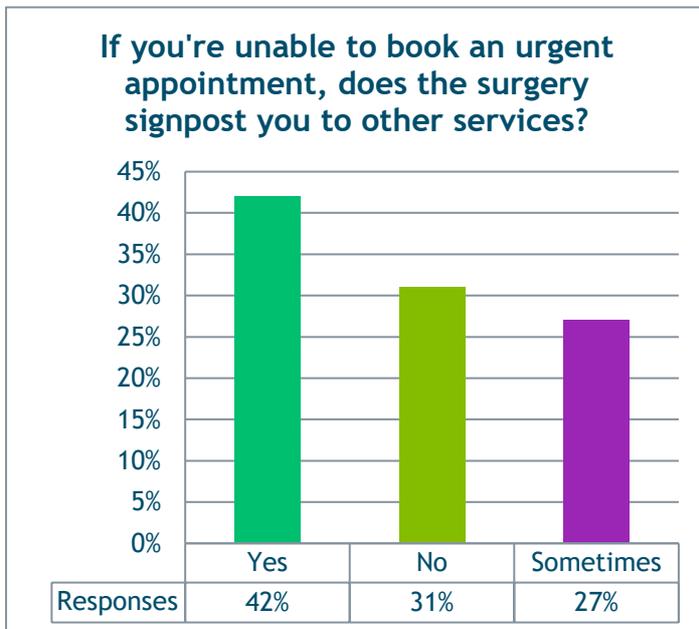


We asked patients if there was any information within the practice about the out of hours' services that they could access. 60% of people said there was information within the practice and 40% said there was no information.

When visiting a GP practice, we asked patients if they had noticed any information within the surgery about the out of hours' services. Seven people said they had seen information within the practice and seven said they had not. A poster was displayed on the display board advertising the HUB service and advising patients of what to do if they needed an urgent appointment during evenings and weekends. Some people commented that the poster needed to be bigger.

Feedback from patients indicates that posters about urgent care need to be big and colorful. Black and white posters are insufficient, lacking prominence.

Evidence also shows that some noticeboards in GP practices contained a large quantity of information, but there needed to be better consideration given to what was featured, how much was featured and clarity of style in order for patients to readily see the most important and relevant information. A few patients told us that their practice had out of date information and others said there was no information displayed at their registered practice.



From the patients we spoke with:

- 42% said the reception staff gave them advice about other health services they could access
- 31% patients had not been offered any information at the time of trying to make an appointment
- 27% patients said it was dependent on who they spoke to.

Patients told Healthwatch they were signposted to GP Hub and the Walk-In Centre.

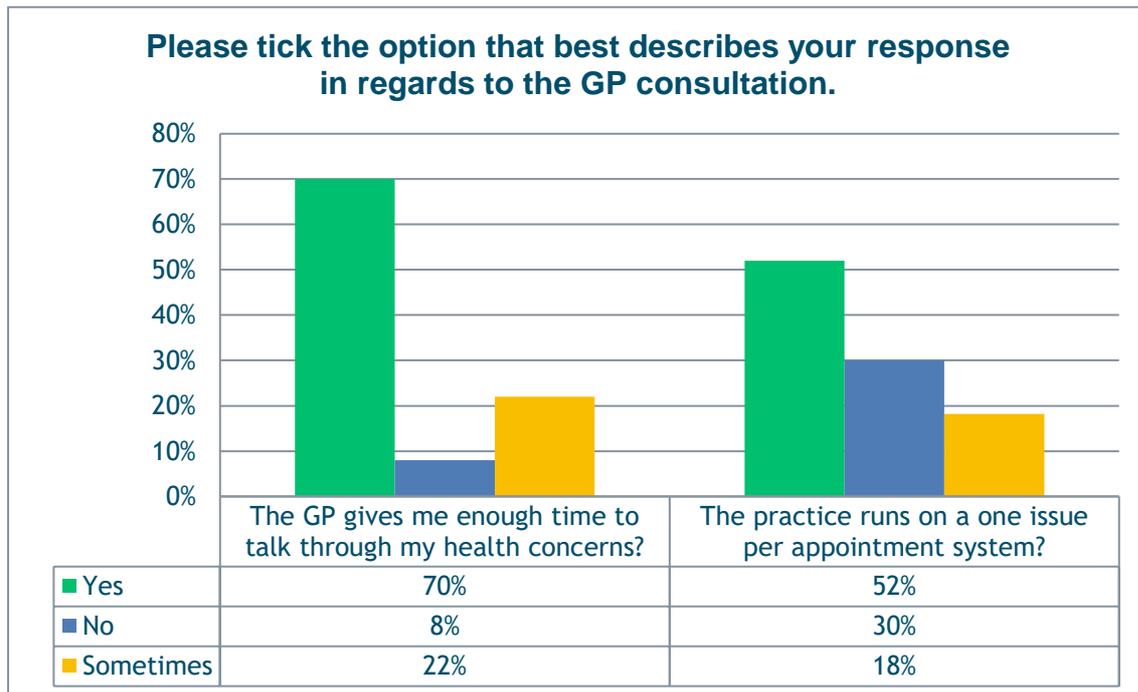
Information boards

Patients commented that some practices were very good at displaying information, for example including information on healthy lifestyles and services, but that information boards are confusing because they regularly contain both up to date and out of date information.

A study conducted in 2018 found that “Waiting rooms had on average 72 posters on 23 different topics, and 53 leaflets covering 24 topics. The study concluded that much of this material was ‘outdated and poorly presented’. The researchers ‘noted a large amount of out-of-date information, blank displays, duplicated posters, closed leaflets pinned to noticeboards, out-of-use television screens, posters targeted at staff, and other poor utilisation of resources.’ Only half of the practices in the study had a TV screen in their waiting area, ‘despite substantial evidence that educational videos in the waiting room lead to positive outcomes’, <http://www.managementinpractice.com/editors-pick/health-education-material-gp-waiting-rooms-often-‘outdated’-study-finds>

Information boards can be a useful way of communicating not only what services are available from the practice but also information on out of hours’ services as well as health and wellbeing advice. However, evidence suggests that information displays are not seen as priority within practices. Investing time to ensure attractive displays with up to date, relevant information will be beneficial in the long term. The challenge would be to have a dedicated individual within each practice to take responsibility of the display.

How well patients are treated by staff at the practice.



Patients told us whether they had enough time to discuss their health matters with their GP. Of those:

- 52% said the GP only dealt with one issue per appointment
- 30% patients indicated this was not the case.
- 18% person said sometimes the GP only addressed one issue but at other times was quite happy to discuss more.

When looking further into this, it was evident, that this was dependent on what GP the patient saw. In a small amount of cases if the appointment was urgent the patient had limited of amount of time with the doctor.

Patients felt strongly that GPs need to see patients for the full allocated time, rather than limit patients to one issue per appointment.

“One issue per appointment you should have your allocated time you should be able to take about whatever issue you want in the allocated time”

“The GP is really good - -explain everything does all the tests that are noted.”

“I have enough time with my GP to go through my health problems they are very good at this practice”

“Varies two GPs are very nice, one is awful, one spectrum to another”

Healthwatch representatives also spoke to patients about the amount of time they had with the doctor and if they felt this was adequate:

- The majority of the patients (70%) people said the GP gave them enough time to talk about their health concerns.



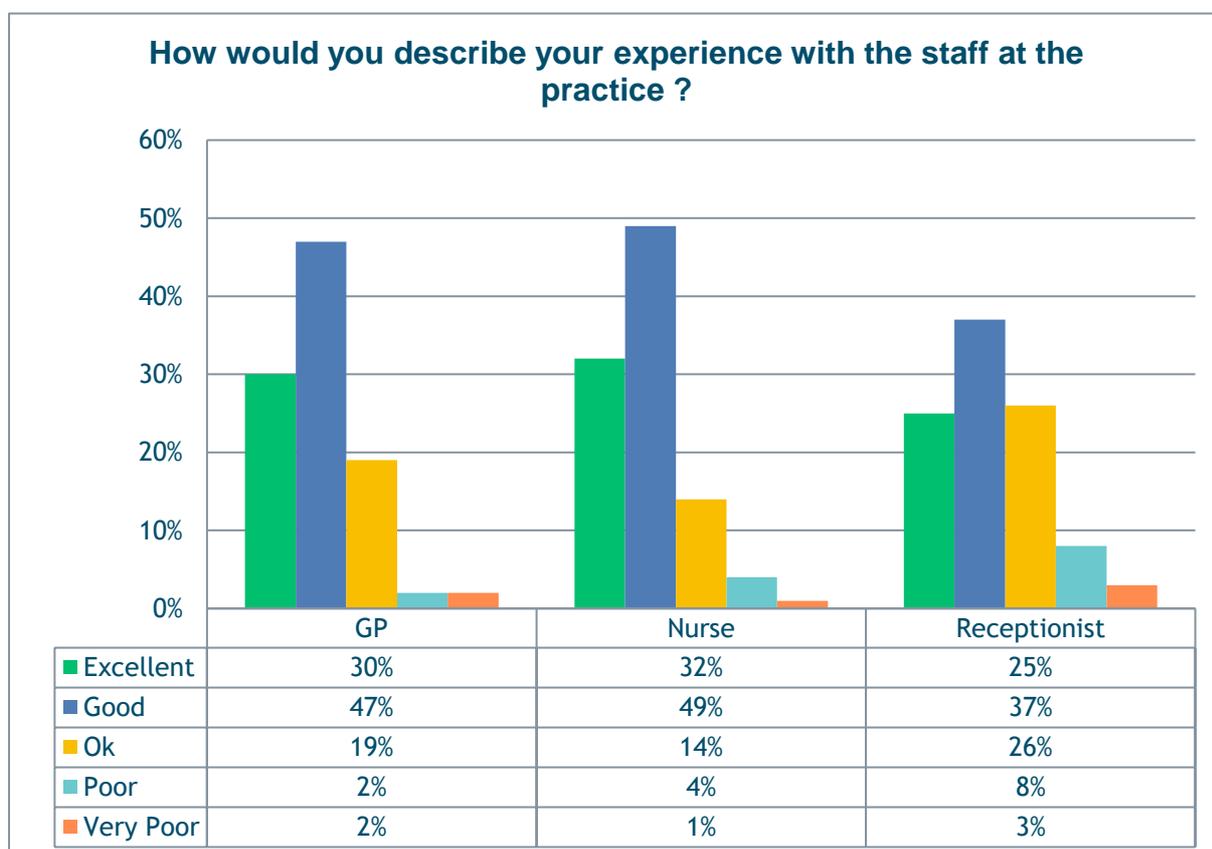
- 8% patients said they were not given enough time to discuss all the issues
- 22% patients said it was dependent on how busy the practice was.

An article in the Guardian states “you sit in the waiting room and read a sign that says you should only discuss one thing with the doctor and make another appointment if you have multiple problems. And you only have a 10-minute slot to tell your story, be examined, agree a plan and ask any supplementary questions.

Many patients feel hurried by this short time frame, especially elderly people who may take several minutes just to walk into the room and settle down. And it’s a tough ask for doctors too; in 10 minutes they have to engage with the current problem, deal with ongoing conditions like diabetes, offer interventions such as smoking cessation, feed the computer and listen out for a hidden agenda - the real reason you’ve come”

<https://www.theguardian.com/lifeandstyle/2016/sep/05/gp-appointment-doctor-patient-surgery-health>

Members of the community felt patients need to be told to make notes of the things they need to speak to the doctor about, suggesting that this could help save time and mean better use of the limited time with the GP.



Majority (77%) of the people we spoke with described their GP as either good or excellent. In terms of nurses 81% of patients we spoke to described their nurse as excellent or good.

Furthermore 62% also indicated that their receptionist was either good or excellent and 26% said they were 'okay'. Some patients said reception staff treated them rudely or with disrespect.

“GP or Nurse will usually listen to all my issues and then decide the best solutions. sometimes they make referral to other service/Hospital where they do not have the facilities or resource to deal with it”

“Everyone is nice”

“Receptionists should be more attentive and nicer to people”.

“Does not make a difference- you wait hours on end- also the receptionist never tells you if there is a delay. COMMUNICATION! “

“Receptionist need to be more caring especially to children with autism. they are lovely but they really had no training on what children and parent go through”.

Train the receptionists to deal with people like people. We are humans too. The receptionists are not doctors- when they tell people the problem is not urgent. Get the doctor to call us and check the problem.

Privacy

Concerns were raised about confidentiality within the waiting room. Patients said receptionists ask the medical reason for booking an appointment, but because the waiting room is open plan everyone else can hear what is said.

Social Prescribing

“Around half of GP appointments are not directly related to medical conditions, according to experts. Growing evidence shows that referrals to community services such as exercise or art classes, history groups and even ballroom dancing can boost health and wellbeing more than dishing out pills or other treatments.”

<https://www.england.nhs.uk/2019/01/army-of-workers-to-support-family-doctors/>

The GPs we spoke to commonly cited social issues as one of the prime reasons for the pressure on their services, commenting ‘people see their GP as a first port of call’

Interestingly local people talked about social prescribing in a number of forms. People wanted more information available in the practice about other organizations or groups they could attend and information about English classes.

“NHS England plans to recruit 1,000 social prescribing ‘link workers’ as part of the NHS Long Term Plan. The link workers will be able to give people time to talk about what matters to them and support them to find suitable activities that are a better alternative to medication as part of a step change in the provision of



'personalised care'. <https://www.england.nhs.uk/2019/01/army-of-workers-to-support-family-doctors/>

At the local level, the GP networks need to ensure that link workers are fully trained and aware of the different organisations and activities that local people can access. A system needs to be in place to ensure that up to date information is available to those undertaking the role.

A plan needs to be in place so that individuals who are housebound can also take benefit from the provision made by link workers.

Booking in for appointments

Feedback from patients show that touch screens used within practices to book in for appointments worked well avoiding unnecessary queuing. Some people also said it was easy to use, particularly praising the large size of text used.

Electronic display

Most people felt the electronic display worked well. However, one carer said this was no use for blind people, reporting that their GP did not take account of blindness, meaning that their mother had missed her appointment.



8 Recommendations

Healthwatch received a very good response rate both from patients and GPs to this investigation. Healthwatch Barking & Dagenham recognise that the issues highlighted in the report are mirrored across the country, but nevertheless discovered some areas within the services' control to improve.

The universal nature of the service, caused service users to want to share their experiences and highlight the issues. Patients told us what was working well within the practices they are registered with as well as the areas for improvement they experienced. Taking into consideration the evidence we have gathered Healthwatch are making the following recommendations to all the practices within Barking and Dagenham:

Privacy

Patients highlighted that there was no privacy when discussing private and personal information in the reception areas of their practices. Therefore, we recommend that all practices should implement the following:

- **Proactively** offer a private space for patients who wish to have a discreet conversation.
- Use hazard tape and walking stickers on the reception floor to help define a privacy zone around the reception desk.

Communicate delay of service

Patients highlighted that there was no communication for receptionists when a service is running late. We recommend all practices within Barking and Dagenham to implement at least one of the following options:

- Display a prominent notice, which is updated on a half-hourly basis and close to the reception window, informing patients of the anticipated delay to appointment times. Eg: 'We apologise that **appointments are currently running 15 minutes behind schedule**. We are working hard to rectify this.
- If the practice has a white board in the waiting area this can also be used to convey the message. This has been used in other areas before and has proven to be successful.
- Practices who are using the electronic screens should display the information on these screens and ensure that ALL reception staff are competent in updating the information.
- A named member of staff needs to be responsible to ensure the above happens on a daily basis.



Display boards and signposting

There is some good information displayed on the boards within the practices however it is clear that a 'less is more' approach to displays needs to be taken and that boards need to be reviewed on a weekly basis to ensure that information displayed is:

- Current
- Essential
- Relevant

Therefore we recommend that all practices take the following approach:

- A staff member at each practice takes the lead to keep information up to date.
- In co-production with patients, Practices decide on the top five most-important messages required by patients, displaying no-more than five pieces of information on the notice-board at a time
- Two staff members attend the training provided by Healthwatch on how to how to display information.
- Each network creates a standard items list that is agreed and displayed in all practices within their network.
- At least one file of additional information for patients is made available at each practice. This should be indexed according to issue. Eg: information for Diabetes.

Social prescribing

Local people spoke about social prescribing in one form or another. People wanted more information available in the practice about other organisations and groups that would provide the social support that they needed, including English classes.

GPs also agreed that some patients do not need medical advice but turn to them as a first point of call. Taking feedback into consideration Healthwatch recommend the following to all three GP Networks.

- GP networks need to ensure the link workers are fully trained and aware of the full range of organisations and activities that local people can access. A system needs to be in place to ensure that up to date information is available to those undertaking the role.
- A plan needs to be in place so that individuals who are housebound can also take benefit of what link workers can provide.
- GP networks need to engage with their patients to find out what kind of information would assist and support them.



Online appointments

- **Pro-actively** ask each patient who telephones for an appointment whether they are aware of the online booking system. Design a simple pdf instruction document of how to use the system and email it to each patient who either isn't aware of, or doesn't know how to use the online system. For those who have tried, but failed to use the system, provide a once-a-month drop-in to show them how to get started. Offer to set-up the online service for those who are unable to do so for themselves.
- Advertise the system clearly on the display
- Actively encourage patients to use the online system by using the holding audio to deliver a message to patients that telephone bookings are prioritised for urgent appointments and that routine appointments should be made using the online booking system.

Training for receptionists

- The receptionists should attend customer service training which focusses on effective communication with patients, both face-to-face and over the phone; including how to deal with those who are rude, angry, upset, obstinate, violent or simply don't have English as their first language.

One issue per appointment

- There should be a consistent approach to enable patients to discuss more than one health issue during an appointment. It is evident from the research that there is an inconsistent approach to this across the networks, practices and even between GPs.

Telephone Consultations

- GPs highlighted the difficulty of some patients not recognising the assisted nature of telephone consultations, leading them to make a face to face appointment to receive the same advice. This costs the service resources and time, but also **suggests the need for public reassurance that the quality of advice that they receive over the phone is comparable to the service they may receive face-to-face.**



9 Response

22 July 2019

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Dear Manisha,

Thank you for sending me a copy of the draft report by Healthwatch B&D on accessing GP services in Barking and Dagenham. It provides a most valuable and interesting insight into the issues people in the borough face when they need to see their GP.

It is reassuring to see that, based on the feedback you received, most people are happy with the care they receive from their GP. However, it's clear there is room for improvement and I acknowledge that for some patients access is an ongoing problem.

GP access is a nationally and locally recognised issue. Each individual GP contractor has different ways of managing their appointment systems, (not standardised). This, coupled with increasing GP demand on increased consumer expectations, has affected access.

As you will be aware, NHS Barking and Dagenham Clinical Commissioning Group (CCG) – along with our neighbours and close partners in Havering and Redbridge – have been working to transform primary care across the three boroughs. Our aim is to ensure that patients have access to consistent, high quality services wherever they live.

More funding is being put into general practice via our GP Resilience Scheme as well as the CCGs' own Extended GP Access scheme. The introduction of new primary care networks (PCNs) and a National Extended Hours Direct Enhanced Scheme will give us a great opportunity to improve access across the system and will bring real benefits to patients in Barking and Dagenham, Havering and Redbridge. We are also looking to our PCNs to reduce variability and standardise good working practice to manage their appointment systems.

The issues you raise in your report's summary in relation to appointments, inter-practice variation and contacting practices by 'phone are all areas that we have identified as priorities for improvement, so your findings will be closely considered as part of our ongoing work.

I also note with interest your recommendations regarding privacy, improving communication and signposting, telephone consultations, single-issue appointments, online booking, training for receptionists, and social prescribing. Please rest assured that addressing these is a priority for the CCG's primary care team, and these issues will all be discussed at my weekly meetings with my fellow CCG for chairs Havering and Redbridge and our senior management team.

New models of consultation are the way forward in improving access and we have dedicated members of our primary care team working on telephone consultation and online projects.

Chair: Dr Jagan John
Accountable Officer: Jane Milligan
Managing Director: Ceri Jacob
NHS Barking and Dagenham Clinical Commissioning Group



Once your report is finalised, I would welcome the chance to meet you to discuss your findings further. The feedback from patients in Barking and Dagenham will also be of great value to my colleagues in primary care so I'm keen to ensure that the report is shared with our GPs and practice teams so they can carefully consider the issues raised.

Yours sincerely



Dr Jagan John
Chair
Barking & Dagenham Clinical Commissioning Group