



**A Report into Local Peoples
Satisfaction of GP Services in
the Borough of Solihull**

| Contents | Page |
|---|-------------|
| 1. About Healthwatch Solihull | 3 |
| 2. Executive Summary | 4 |
| 3. Background to this Study and Report | 5 |
| 3.1 Service Watch | 5 |
| 3.2 Healthier Communities Scrutiny Board | 6 |
| 3.3 National Context | 6 |
| 4. Solihull in a National Survey Perspective | 7 |
| 5. Analysis | 8 |
| 6. Conclusions and Next Steps | 9 |
| 7. Acknowledgement | 9 |
| 8. References | 9 |

1 About Healthwatch Solihull

Healthwatch is the consumer champion network for health and social care services as set out in the Health and Social Care Act 2012.

Healthwatch works at a local and national level. Each local Healthwatch is a statutory body and is represented at the local Health and Well Being Board. Healthwatch Solihull will listen to all views and enable local voices to be heard by taking them to policy makers, commissioners, stakeholders, providers and regulators.

'Healthwatch Solihull exists to ensure that there are improvements in health and social care services for local people by providing a voice for local people that influences decisions and increases choice.'

Healthwatch Solihull is not only set up represent patient and public interests locally, it will also give local voices influence at the national level through Healthwatch England (HWE), who work with a network of 152 local Healthwatch organisations to ensure that the voices of consumers and those who use services reach the ears of national decision makers.

Our Vision is to be a sincere well led organisation.

Through the power of the collective voice of the local people of Solihull we work together to find the best way of improving Health and Social care. Healthwatch Solihull is representative of diverse communities. It provides intelligence including evidence from people's views and experiences to influence the policy, planning, commissioning and delivery of health and social care. Locally, it also provides information and advice to help people access and make choices about services as well as access independent complaints advocacy to support people if they need help to complain about NHS services.

2 Executive Summary

A combination of information emerging from our own 'Service Watch' questionnaires, discussion at the Healthier Communities Scrutiny Board and national sources has led Healthwatch Solihull to recognise some potential concern about access to and satisfaction with GP services.

Since September 2013, about 50% of respondents to the 'Service Watch' survey have made reference to GP practices and of those about a third have expressed dissatisfaction.

This has led our team to undertake desk research and, in particular, to pick up and undertake some detailed breakdown of local results from the national GP Patient Survey, an independent survey run by Ipsos MORI on behalf of NHS England.¹

This work has shown that, whilst satisfaction levels reflected by the survey are aligned with national norms, there appear to be pockets of exceptionally high satisfaction mirrored by pockets of substantially lower satisfaction and that perceptions of access to GPs are lower than perceptions of experience at GP practices overall.

Both of these areas of potential concern merit further, deeper study and Healthwatch Solihull have arranged to work with Healthwatch Birmingham to do further survey and analysis work covering both areas.

Anecdotal evidence, potentially supported by the national study, suggests that at practices undertaking social prescribing approaches, or encouraging self-referral to social support agencies, satisfaction levels may be higher. This, too, will be examined further.

3 Background to this Study and Report

3.1 Service Watch

Since August 2013, at public engagement events, through our website and through our e-newsletters, Healthwatch Solihull has invited people to complete one of our “Service Watch” questionnaires. These are general opinion gathering surveys to find out people’s views on a range of health and social care related services to invite them to rate and comment on different services. Recurring themes have been monitored and prioritised for further evaluation.

Approximately 50% of the Service Watch reports completed over this period, when referring to GP practices, have included comments about access to services and ratings in which negative sentiments outnumber the positive.

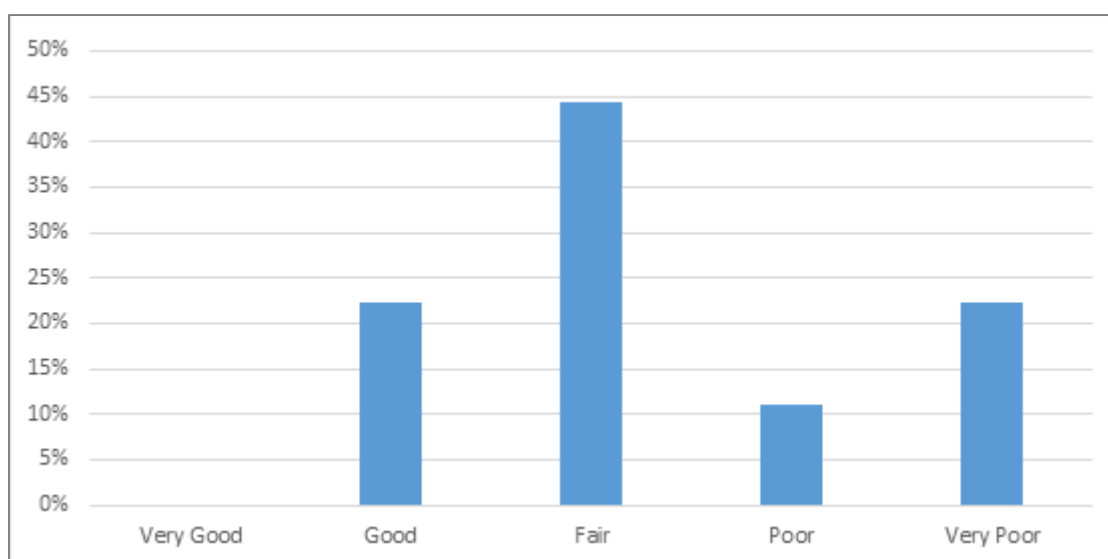


Fig 1 - Service Watch Responses related to GP Access

The comments below have been selected to illustrate the above:

“Service OK but can’t get through on phone, can never get appointment. New System Dr gave letter with appointment on but don’t know if this is new, definitely better.”

“Good, appointments can be a bit difficult but are anywhere you go these days.”

“Good service professionally provided. Good appointment system giving choice.”

“Alright, can get appointments quickly, usually get an appointment within 2 days Staff are fine”

“Everything was OK, Can wait up to an hour... - not told of any delays in going in to see the doctor.”

“It was ok, generally you have to wait far too long if you want to book an advanced routine appointment.”

“...At the moment, you cannot book any routine appointment within 2 weeks most of the time!”

“...not being able to get an appointment for three weeks, by this time the problem as got worse”

“Recently changed the appointment system and made it better and easier to see or speak to a doctor as before I believe people were wasting appointments for menial reasons. I can now be comfortable in knowing my young children can be seen without wasting A & E time.”

There was also one comment relating to access with a disability

“...I have been constantly told that disabled children don't qualify for services because parents are coping...”

Whilst “Service Watch” surveys are not targeted at randomly selected respondents and may not be representative of GP practices as a whole across the borough they do reflect “on the spot” opinion and therefore can be indicative of a potential issue and indicate that a more in-depth fact finding survey should be undertaken.

3.2 Healthier Communities Scrutiny Board

Earlier this year, when the Healthier Communities Scrutiny Board discussed the NHS Communications Plan, it was minuted:

“Members commented and reiterated that the Walk-in Centre was popular owing to their extended opening hours coupled with Borough-wide GP access and Members recounted many experiences of people not able to get appointments with their GPs. Members also highlighted that more than 50% on the registered list at the Walk in Centre were not Solihull residents. They asked for more information on whether NHS England anticipated any key messages from the consultation. In response, the Director of Commissioning NHS England advised that she was aware that people were likely to feedback that they decided to register at the Walk in Centre for convenience, employment location and flexibility purposes. She was aware of GP access issues in the Borough and that this was being explored.”²

3.3 National Context

In the past two years there have been many examples of concerns relating to access to GP services reported in the national media. Some examples being:

- In June 2013, Dr Claire Gerada, then Chair of the Royal College of GPs acknowledged to the Commons health select committee that at many GP surgeries it was not possible to get a same-day appointment if one called after 8.30am, but argued that this was not the fault of doctors.³
- In December 2013, the BBC reported analysis by The Royal College of General Practitioners indicating that millions of patients in England wait a week or longer to be seen by their GP surgery.⁴
- In September 2014, The Guardian reported remarks by Dr Maureen Baker, Chair of the Royal College of GPs, suggesting that intolerably long waiting times to see a GP have become a national disgrace that could endanger people’s health.⁵

Such reports in themselves may not provide evidence of a systematic analysis but may contribute to the perception that there is a problem at the national level.

4 Solihull in a National Survey Perspective

To obtain a clearer picture of the Solihull position within this national context, we then analysed data from the GP Patient Survey run by Ipsos MORI on behalf of NHS England and published in July 2014.¹

This surveys every GP practice in England. We therefore extracted results for patients in the borough focusing on the questions relating to access to services, overall experience and recommendation of a practice.

The graphs below set out the results of this analysis, but for the purposes of this report the actual practices are anonymised by using postcode references:

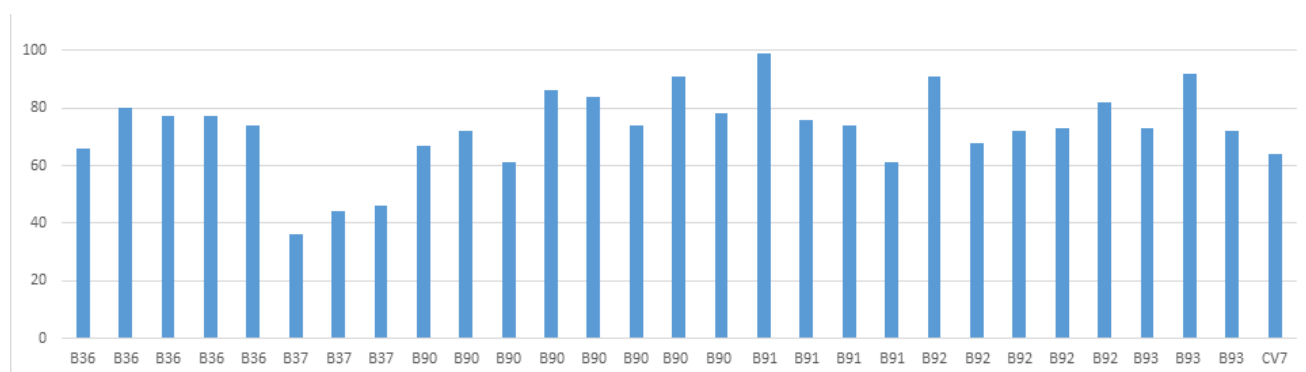


Fig 2 - Good Overall Experience of Making an Appointment by Practice

Fig 2 above shows the percentage of respondents at each practice who describe the experience of making an appointment as good overall. It can be seen that the results are mixed, ranging from 36 to 99 per cent.

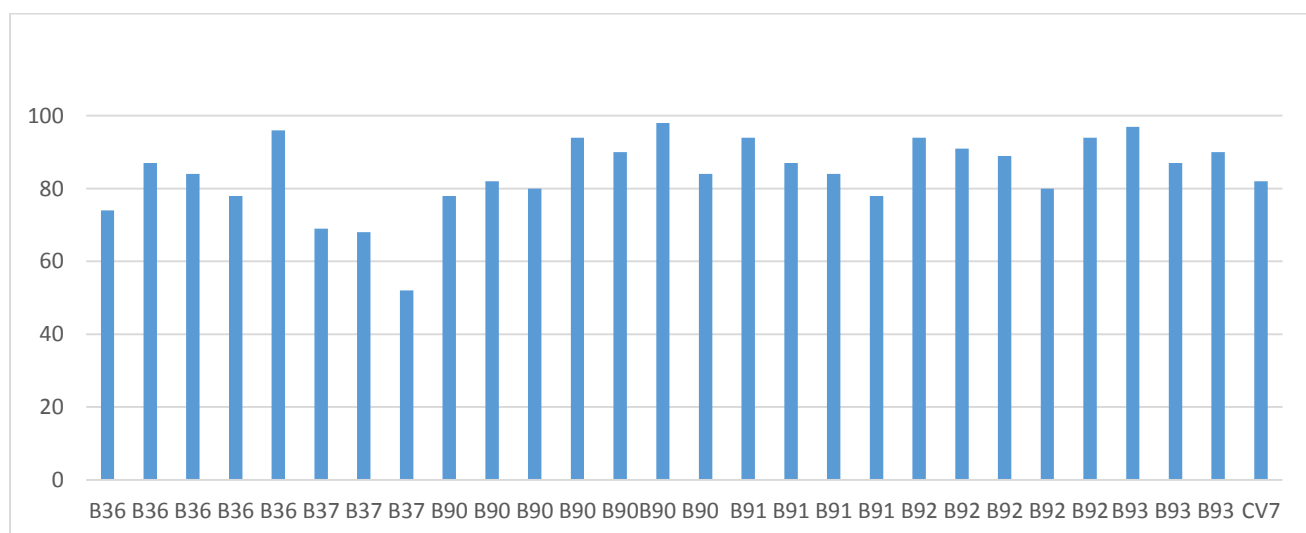


Fig 3 - Good Overall Experience of the Surgery

Fig 3 above shows the percentage of respondents at each practice who describe the overall experience as a patient at the surgery as good. Again, the results are mixed, ranging from 51 to 98 per cent.

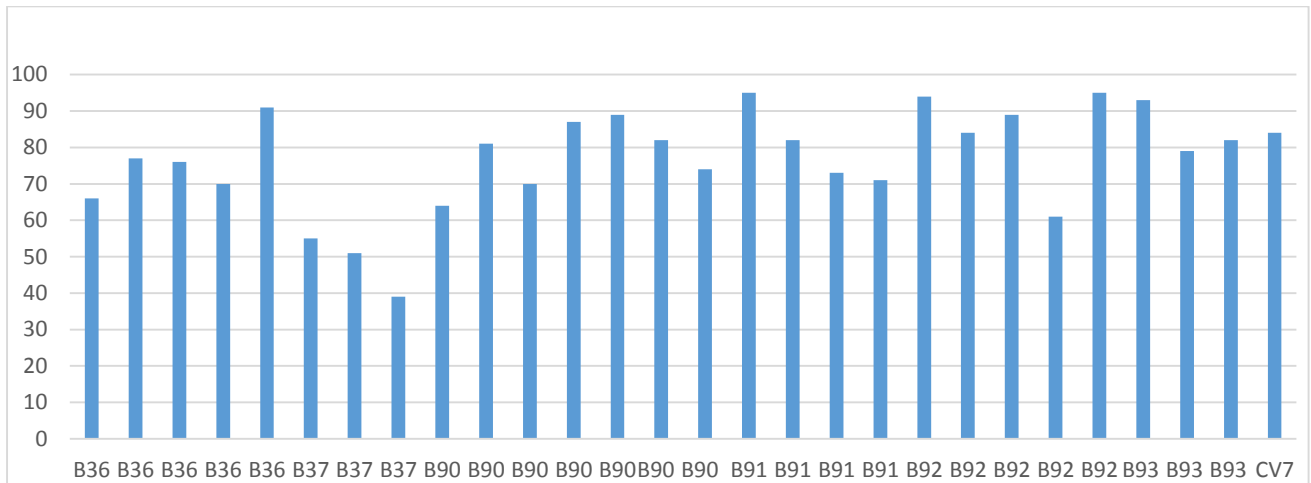


Fig 4 - Would Recommend Practice

Fig 4 above shows the percentage of respondents at each practice who are sufficiently satisfied with the surgery that they would recommend it to someone new to the area. The results range from 39 to 95 per cent.

5 Analysis

There does seem to be a small broad correlation between the overall satisfaction levels in Fig 3 and the ‘recommend to someone new in the area’ results in Fig 4. However, there is a disparity in the actual numbers and it is intended to seek a better understanding of this.

It can be seen that there is not a ‘north / south divide’ in these results, but there are specific practices which represent pockets of significant dissatisfaction.

Where practices have positively adopted social prescribing approaches, ie promoting or referring patients to relevant support organisations such as the CAB, to assist people in resolving other issues that may be contributing to poorer health or presenting medical issues, there is some evidence of much higher levels of patient satisfaction being expressed.

The CAB reports that the majority of such referrals from GP practices (approx. 600 pa) are self-referrals, where the client has seen information at the surgery with only a small number (approx.30 pa) being direct GP referrals. They also report that where the Practice Managers actively assist with the promotion of the scheme then referral figures are significantly increased.

The Solihull average measures for good overall experience, at 84.4%, is close to the regional average of 83.0% and the national average of 85.7%.

The ‘would recommend the practice to new people in the area’ average for Solihull, at 77.1%, is not dissimilar to the regional, 76.0%, and national, 78.7%, figures.

The ‘good experience of making an appointment’ average for Solihull, 72.8%, again compares fairly closely with the regional, 69.0% and national, 74.6%, figures.

6 Conclusions and Next Steps

We conclude that:

- there are pockets of good examples throughout the borough, with practices showing good practice where overall patient needs and the patient experience are given a high priority.
- there are pockets of dissatisfaction with GP services that should be explored in greater detail.
- the national issues with access to GP surgeries are reflected in Solihull, although some practices appear from satisfaction levels to be managing this more effectively.
- there is further work to do in exploration of the issues raised in this report, to explore behind the high level picture drawn thus far.

Accordingly, Healthwatch Solihull intends to survey and evaluate patient experiences in greater depth, to seek to understand what good looks like and support the promotion of good practice tailored to suit the needs of the local population.

In this context we have committed to work with Healthwatch Birmingham to jointly follow up the national survey and drill further down into the local needs and issues.

7 Acknowledgement

Healthwatch Solihull gratefully acknowledges the use of the Healthwatch Luton GP Survey to form a basis and rationale for the locally focussed GP Survey which we will adopt.

8 References

¹ <http://www.england.nhs.uk/statistics/2014/07/03/gp-patient-survey-2013-14/>

² Minutes of the Healthier Communities Scrutiny Board 10th February 2014 Item 7

³ <http://bma.org.uk/news-views-analysis/news/2013/june/gerada-dont-blame-us-for-waits>

⁴ <http://www.bbc.co.uk/news/health-25494943>

⁵ <http://www.theguardian.com/society/2014/sep/26/patients-waiting-times-nhs-gps-uk>