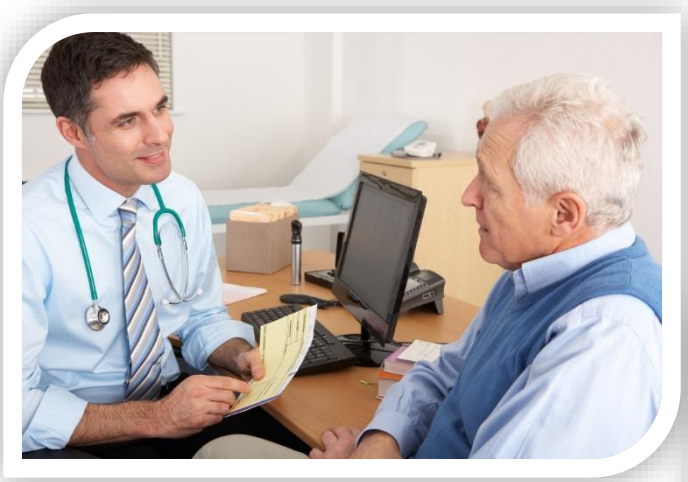

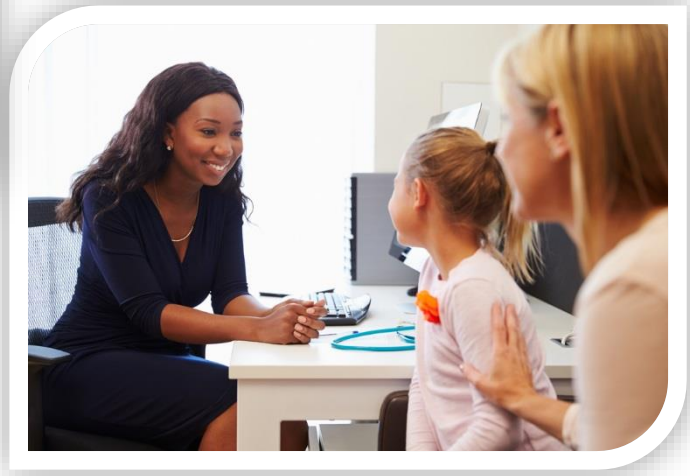

General Practice in Norfolk:
Working relationships with patients and other services (Part one).

***Stephanie Tuvey**, Project Officer*

Please contact Healthwatch Norfolk if you require an **easy read**; **large print** or a **translated** copy of this report.

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Healthwatch Norfolk

Healthwatch Norfolk is the local consumer champion for health and social care in the county. Formed in April 2013 as a result of the Health and Social Care Act, we are an independent organisation with statutory powers. The people who make decisions about health and social care in Norfolk have to listen to you through us.

We have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We are here to help you influence the way that health and social care services are planned and delivered in Norfolk.

Who is this report for

This report is primarily intended for all GP practices and the five Clinical Commissioning Groups (CCGs) across Norfolk.

It may also be of interest to:

- Residents of Norfolk
- NHS England (NHSE)
- Practice Managers
- Providers of community, mental health and acute services in Norfolk
- Local Medical Committee (LMC)

Acknowledgements

We are extremely grateful to all the members of the public who took the time to share their experiences and enabled us to carry out this project whilst visiting practices. We would also like to acknowledge all the Practice Managers, GPs, General practice nurses and receptionists who gave us the opportunity to talk to them and welcomed us into their practices. Finally, we would like to thank Healthwatch Norfolk volunteers, the CCGs and the LMC for their support throughout the project.

"We would like to thank Healthwatch for the professional and facilitative way you have worked with us. Your feedback has been sensitive and concise and your presence in our surgery was a very positive thing. We look forward to working with you more."

"Our Practice participated in this project and we look forward to seeing the overall results and details of how this information will be used to influence commissioning arrangements and support for primary care going forward."

"Would love to see the overall survey results, findings, report and ultimate actions from this work."

Summary

General Practice is one of the most heavily used services within the NHS. A recent GP Patient Survey found that seven in ten patients had seen or spoken to their GP in the previous six months (Ipsos Mori, 2016). For most people, GP practices are the first point of contact with the NHS, providing vital access to a wide range of health and social care services.

A growing body of evidence suggests that unsustainable demands are being placed upon General Practice in England. A recent study found that from 2010 to 2015, the number of face-to-face consultations grew by 13% and telephone consultations by 63% (Baird, Charles, Honeyman, Maguire & Das, 2016). They also found that over the same period, the GP workforce grew by 4.75% and the Practice Nurse workforce by 2.85%. Funding for primary care as a share of the NHS overall budget fell every year over this five year period, from 8.3% to just over 7.9% (Baird et al., 2016).

Commencing in August 2015, Healthwatch Norfolk decided to explore the relationships between General Practice, patients and other health and social care services in Norfolk. A mixed-methods approach was adopted, involving quantitative and qualitative data capture through the use of patient questionnaires and interviews with GPs and practice staff.

Healthwatch Norfolk's staff and volunteers visited 18 GP practices responsible for providing services to patients from 43 different sites in Norfolk. We spent over 63 hours in waiting rooms surveying patients and listening to their views. A total of 338 patients completed a survey and after each visit we collated and shared their anonymised feedback with the practice staff. We conducted one-to-one interviews with 73 members of staff including Practice Managers, Nurses, Receptionists and GPs, generating over 24 hours of recorded dialogue. A further survey to validate our findings was completed by 46 senior primary care staff.

Of the 338 patients who participated in the survey, two thirds (233) had travelled by car to access the GP practice, with little use of community transport. The two most prevalent methods for booking an appointment were by telephone (59%) and in person (30%). In contrast, only four of the patients we spoke to had made use of online services to book their appointment.

The majority (89%) of patients were happy with the service being provided by their GP practice, rating the service four or five stars out of five. Many patients reported very positive experiences of the staff working in the GP practice and 79% felt listened to in consultations. Some reported mixed experiences of booking appointments with many comments relating to either waiting times or a lack of availability.

Analysis of the transcribed staff interviews and validation survey identified a number of key themes for practice staff. By cross referencing these themes with findings from the patient survey, this report makes a number of recommendations to improve local primary care services:

1) NHS organisations across the county must make plans to integrate the information systems used by primary care. Staff told us the two systems are unable to communicate with one another, causing additional problems for some practices.

2) Our patient survey found that only 4% of patients booked appointments online whilst others found the experience of telephoning for an appointment disappointing. Practices should raise awareness of online appointment booking systems and support patients to use these systems more frequently.

3) Staff highlighted the difficulty in getting patients to complete the Friends and Family Test (FFT). Healthwatch Norfolk will continue to encourage local people to share their experience of using primary care and make this feedback available to local GP practices in order to improve local services.

4) Staff held mixed views on community transport in Norfolk and suggested that patients are not fully aware of the transport available to them. Healthwatch Norfolk will work in partnership with Norfolk County Council and the Older Peoples' Strategic Partnership to map the availability of community transport in Norfolk and improve signposting.

5) Primary care staff described challenges in communicating with other care providers including hospitals, community and mental health services. Healthwatch Norfolk will undertake further work to engage with these services and explore the issues raised by primary care staff.

1. Why we looked at this

Healthwatch Norfolk's primary strategic role is to gather local people's views and experiences of health and social care to build an evidence base that we can use to help inform service improvement. This project enabled us to do this in depth, capturing the knowledge and experiences of professionals and enabling us to develop an understanding of the public's experiences of GP practices.

GP practices are the services in Norfolk that patients most frequently choose to discuss when we are out and about engaging with the public at events, markets, shopping centres and elsewhere. This is shown below in Table 1, highlighting the numbers of comments we received.

Table 1. HWN comments received and those relating to GP services

	Total comments	GP Practices	%
2013/2014	529	201	38.0%
2014/2015	891	228	25.6%
2015/2016	1136	375	33.0%
Overall total	2556	804	31.5%

Comments regarding GP services usually make up around a third of all the comments we receive. Therefore, we felt it was vitally important to gather a deeper understanding of these services from multiple sources. To really understand the practicalities and realities of General Practice we felt it was equally important to gather professional insights by talking to those working in the system.

1.1 General Practice

In 2014-2015 it was reported that there were 7,875 GP practices across the UK (National Audit Office, 2015). Locally in Norfolk and Waveney we have approximately 113 GP practices including larger practice groups and smaller branch practices that are spread over Norfolk across the five CCGs. At the time of writing, the Health and Social Care Information Centre (HSCIC) stated that 1,033,202 patients were registered to a GP practice in Norfolk (2016).

GPs, nurses and other practice staff play a crucial role in managing patients' conditions within the community. For most people, GP practices are the first point of contact with the NHS, providing vital access to a wide range of health and social care services. In the eyes of the public these local services are held in high regard and are vital to the general health and wellbeing of our population. Currently, GPs manage most patient care often without having to refer to other services or hospitals but there are concerns that hospitals would be overwhelmed if this balance were to change even slightly (Roland & Everington, 2016). For a high quality and responsive NHS, the Five Year Forward View (NHSE, 2014) identified strong General Practice services as vital to making the NHS fit for purpose. This service is traditionally known as the jewel in the crown of the NHS yet it is under growing pressure as a result of a combination of factors, so it is clear action is needed now (Baird et al. 2016).

General Practice is one of the most heavily used services within the NHS. A recent national GP Patient Survey found that seven in ten patients had seen or and spoken to their GP in the previous six months (Ipsos Mori, 2016). In 2014-2015 there were an estimated 372 million consultations in General Practice alone, which is has risen by 60 million over the last five years (National Audit Office, 2015). This demand is further compounded by the traditional methods that patients continue to use when booking their appointments, such as on the telephone and in person at the Practice. Often patients have a clinician of choice that they wish to see. This can enable continuity of care for the patient, but can also cause delays within the system. Rising demand can affect patient care and experiences and has increased the frequency of comments about the inability to talk to someone on the phone in the Practice, particularly at peak times. In connection to this, in today's society, patients want instant access to GP services, which is not always possible due to the demands on this provision of healthcare. High patient expectations can lead to patient perceptions of services not working in the best way they can to suit their needs.

A growing body of evidence suggests that unsustainable demands are being placed upon General Practice in England. From 2010 to 2015, the number of face-to-face consultations grew by 13% and telephone consultations by 63%. As a result, it is not uncommon for a single GP to see 60 patients in one day. Over the same period, the GP workforce grew by 4.75% and the Practice Nurse workforce by 2.85%. Funding for primary care as a share of the NHS overall budget fell every year over this five year period, from 8.3% to just over 7.9% (Baird et al., 2016). UK GPs report very high levels of stress and a much lower satisfaction when compared to counterparts from other countries. The Commonwealth Fund survey of GPs highlights some worrying trends for those working in the UK (Martin, Davies & Gershlick, 2016). They found only 26% of UK GPs are satisfied with the amount of time they have with patients, with 92% reporting they spend less than 15 minutes on each consultation.

Good access to General Practice reduces the pressure upon other services within the NHS, such as hospital Accident and Emergency departments (A&E), therefore, enabling the health system to make best use of its resources. For example, it is suggested in 2012-2013, that 5.8 million people attended A&E because they could not get a GP appointment. Consequently, to secure the sustainability of the NHS in the future, General Practice cannot continue to work as it does currently, there is a need for change. Even though more investment is required without a willingness to do things differently as highlighted in the General Practice forward view (NHSE, 2016), General Practice will not have a stable future ahead (Baird et al., 2016).

How we did this

2.1 Aims

This project was established to further develop an understanding of the public's experience of care provided through GP practices in Norfolk, whilst also gathering valued insight from professionals working in these services. It was important to understand the complexity of General Practice and its interaction with other parts of the health and social care system in order to piece together an understanding of the whole picture in Norfolk, learning from both professionals and patients. As a result these questions formed the basis for the project:

- What are the public's experiences of using GP practices in Norfolk?
- What works well and what causes difficulties for professionals that can have a knock on effect to seamless approaches to patient care and experiences?

Healthwatch Norfolk will be following up the findings from this project with similar projects looking at secondary care services, including hospitals, community and mental health services because we feel it is important to find out more about how relationships between local services affect people's experiences of care.

2.2.1 Organisation of the project

We used a mixed methods approach, combining both qualitative and quantitative methods for breadth and depth of understanding (Johnson, Onwuegbuzie & Turner, 2007). These methods can work fruitfully together helping to cancel out areas of weaknesses of each component (Hammersley, 1996). This is further supported by Teddlie and Tashakkori (2011), implying that 'mixed methods' enables the best techniques to be utilised to answer research questions, looking more thoroughly into an area of work than quantitative methods could do alone.

Our mixed methods approach involved three key components (*Figure 1*): using questionnaires to survey patients at GP practices, holding interviews with professionals working at GP practices and using an online questionnaire to survey professionals working in all GP practices we were unable to visit.

***Figure 1*. Three main methods**

Using this approach we followed five main steps throughout the project as shown in *Figure 2*.

In step one, letters were sent out to a range of Practice Managers across Norfolk requesting their involvement and participation in this project. Initial contact was then made with a follow up telephone call to discuss the project with the Practice Manager.

Step two involved piloting the project and conducting visits to test the patient survey and interview questions. The structure, format and organisation of visits were also tested to enable the project to blossom, working well to meet both patients' and professionals' needs.

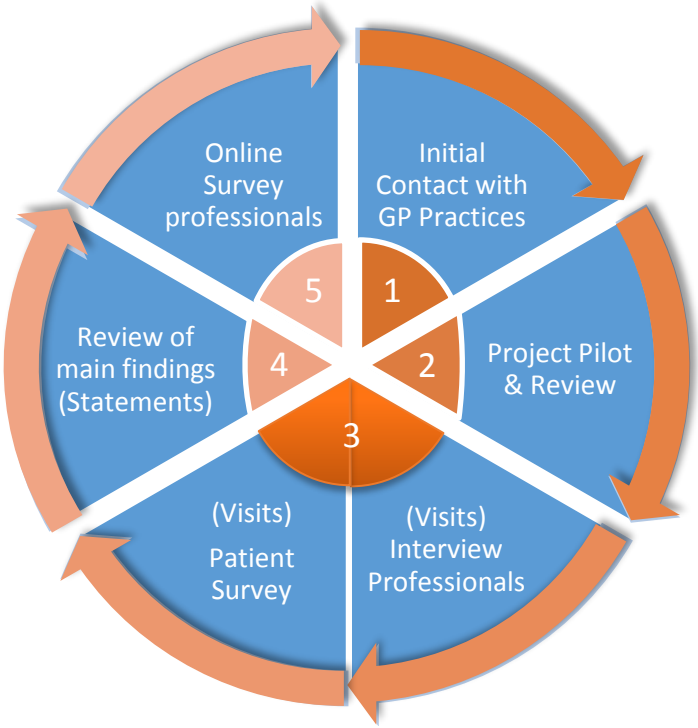


***Figure 2*. Five step process**

Step three required visiting practices involved in the project across Norfolk. The visits embraced two main mechanisms, talking to professionals (interviews) and talking to patients (survey). Both patients and professionals were approached on a one-to-one basis to gather their views as detailed in sections 2.3 and 2.4.

Step four reviewed data gathered from patients and professionals in order to develop initial findings. Feedback from professionals had identified significant barriers to participating in project visits due to pressures on workload and staff capacity. As a result, steps four and five provided an opportunity to validate initial findings and broaden participation to include a greater number of local GP practices.

Finally, step five developed a final online survey for all practices in Norfolk to gather their views on the project's initial findings from interviews with professionals. This acted as a form of validation across the project to see what matters were really concerning Norfolk General Practice professionals as a whole. This encompassed reviewing the initial findings from both patients and professionals to develop the initial headlines.

2.2.2 Observations of General practice

As we were conducting our visits we had the opportunity to undertake some observations at each surgery, looking at the surgery from perspective of a patient. This involved seeing the environment and people in each practice we visited and simply noting what we saw. An observation sheet was designed and used at every surgery visit. The sheet was completed by Healthwatch staff and volunteers, capturing things such as: access, cleanliness, displays, signage, car parking and waiting areas (see Appendix 7.5).

2.3 Visits

This project looked to consider the experiences of health professionals and patients with a focus on GP practices being at the heart of care. It enabled us to look at the complexity of General Practice in Norfolk and its interface with other parts of the health and social care system. We approached an equal number of GP practice sites in each of the five CCG areas in Norfolk.

The initial contact with GP practices was a preliminary barrier to the flow of the project, but this was overcome by finding new ways of working and co-ordinating once the initial contact was made.

A letter detailing the project was written and posted out to a random selection of GP practices in Norfolk in August 2015 initiating contact with Practice Managers. We then contacted practices following up from the letter to ask for their participation Responses were mixed and Practice Managers proved very hard to contact due to the busy daily routines of their roles. With this in mind, our approach altered to find new ways of speaking to key professionals.

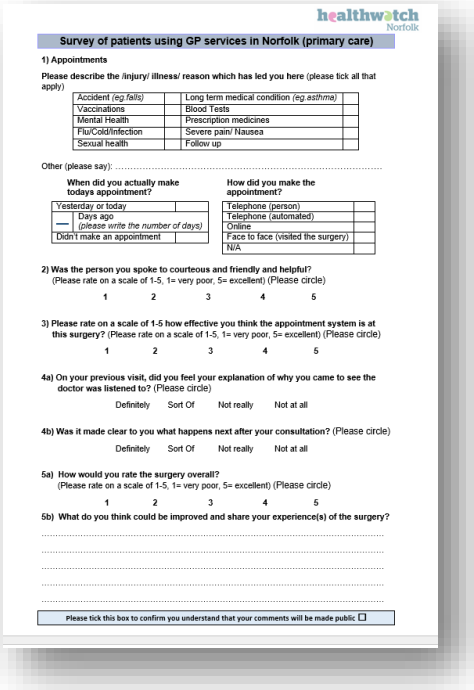
We attended Practice Manager meetings for three out of the five CCG areas in Norfolk to work with GP practices, whilst advertising the project in the LMC monthly newsletter. All these efforts resulted in us making **18 Visits** to GP practices between August 2015 and March 2016 across Norfolk, engaging with staff responsible for providing services at a total of **43 sites**.

Each visit was arranged in advance with a senior manager and completed in one day, limiting disruption to normal services. Time was allocated to engage with patients and interview four key members of staff from each practice, including the Practice Manager, a General Practitioner, a practice nurse and a receptionist. The time of visits varied, resulting in some GP practices visited in the morning and some in the afternoon, which often affected the number of patients we were able to speak with.

2.4 Patient Survey

GP practices are often a hive of activity with many patients using the services throughout the day, therefore it was important to speak to patients whilst they were waiting to be called in for their appointment. As a result, we used a questionnaire to engage patients quickly and efficiently.

By analysing feedback about GP services on our Feedback Centre, which includes service user reviews and comments captured through general engagement, we identified some recurring themes to explore further. We then developed a questionnaire based on these recurring themes. Questions were refined through consultations and discussions with Healthwatch Norfolk staff, General Practice staff and patients whilst it was piloted at



healthwatch Norfolk

Survey of patients using GP services in Norfolk (primary care)

1) Appointments

Please describe the /injury/ illness/ reason which has led you here (please tick all that apply)

Accident *(eg falls)*		Long term medical condition *(eg asthma)*	
Vaccinations		Blood Tests	
Mental Health		Prescription medicines	
Flu/Cold/Infection		Severe pain/ Nausea	
Sexual health		Follow up	

Other (please say): .....

When did you actually make todays appointment?		How did you make the appointment?	
Yesterday or today		Telephone (person)	
— Days ago *(please write the number of days)*		Telephone (automated)	
		Online	
Didn't make an appointment		Face to face (visited the surgery)	
		N/A	

2) Was the person you spoke to courteous and friendly and helpful?
(Please rate on a scale of 1-5, 1= very poor, 5= excellent) (Please circle)

1 2 3 4 5

3) Please rate on a scale of 1-5 how effective you think the appointment system is at this surgery? (Please rate on a scale of 1-5, 1= very poor, 5= excellent) (Please circle)

1 2 3 4 5

4a) On your previous visit, did you feel your explanation of why you came to see the doctor was listened to? (Please circle)

Definitely Sort Of Not really Not at all

4b) Was it made clear to you what happens next after your consultation? (Please circle)

Definitely Sort Of Not really Not at all

5a) How would you rate the surgery overall?
(Please rate on a scale of 1-5, 1= very poor, 5= excellent) (Please circle)

1 2 3 4 5

5b) What do you think could be improved and share your experience(s) of the surgery?

.....

.....

.....

.....

.....

Please tick this box to confirm you understand that your comments will be made public ☐

***Figure 3*. Patient questionnaire**

initial surgery visits. This led to a final paper questionnaire of six questions (*Figure 3* & Appendix 7.1).

The questionnaire was administered by Healthwatch Norfolk researchers and volunteers on a face-to-face, one-to-one basis using paper questionnaires whilst allowing patients to personally complete it if they preferred. Patients were approached in GP waiting rooms and asked if they wished to complete the questionnaire. Patient engagement sessions lasted for three hours on each visit and were arranged in agreement with Practice Managers who made patients aware of our visit. The project led to a total of 18 visits to GP practice sites resulting in 63 hours of contact time with patients.

After completion the questionnaires were collated and securely stored in individual practice folders at Healthwatch Norfolk offices until needed for analysis. Patient feedback sheets (Appendix 7.4) were created for each GP practice involved with a summary of the patients' comments, which were then shared with the individual practices within two weeks of each visit.

2.5 Professional Interviews

At each GP practice visit we conducted interviews with a range of staff. One-to-one, face-to-face interviews enabled the aims of the project to be clearly described and questions to be addressed. Interviews were facilitated by a Healthwatch Norfolk researcher using an informal style to encourage open expression whilst applying a consistent approach throughout the project.

We chose to interview staff in these four roles; Practice Managers, practice nurses, GPs and receptionists, in order to gather an array of experiences and insight into communication between patients, GP practice staff and other health and social care services. All participants received an information sheet regarding the project and all were asked to give informed consent to recording the discussion, to capture detailed comments that could be later transcribed, resulting in a limited need for note taking.

Interviews took the form of a semi-structured discussion lasting 20 minutes with each of the four members of staff. Professionals were asked a range of questions based on the following topic areas, as developed by Healthwatch staff:

- Systems and procedures
- Access to facilities and the location of the practice
- Communication
- Choice and referrals
- Safety
- Dignity
- Training, information and education
- Courtesy and customer care

These topics remained the same throughout and questions were tailored in relation to each interviewee's role within the surgery. From the initial visits these questions were refined based on feedback received from staff whilst piloting the project.

2.6 Online Professional Survey

The implementation of the visits evidenced the strain on local General Practice services in Norfolk, with many staff clearly stretched due to current demand on General Practice. This was also emphasised in the response we received from some practices, citing staffing issues and concerns around time and availability. We were not able to visit all 113 GP practices in Norfolk, due to the limited capacity of both GP practice staff and the Healthwatch Norfolk team. This demonstrated the need for an efficient process that could gather views more widely, but was convenient for professionals to respond to easily.

With this in mind, Healthwatch staff, researchers and key partners collaborated to develop an online survey that posed statements from our initial findings. After looking through all 72 transcripts we began to piece together the main themes and findings from what professionals had told us. These statements gave participants the opportunity to agree or disagree on a five point (Likert) scale, giving a clearer picture as to the main issues and concerns across the whole of Norfolk. The creation of the survey was targeted at senior managers/staff working in GP practices ideally a Practice Manager or GP partner from each practice. This gave General Practice staff another opportunity to become involved in the project and allowed us to extend our reach further across the county, to gather balanced views and insight, whilst validating our preliminary findings.

The online survey was promoted in a number of ways:

- Chairs of the Monthly CCG Practice Managers Meetings
- LMC monthly newsletter
- Professional contacts made throughout the project

This survey was run for four weeks to enable participation over the Easter period and to account for this busy time of year and current NHS pressures.

2.7 Strengths and Limitations

Healthwatch Norfolk recognises that this project work has some limitations. This project provides a snapshot of local General Practice services in the eyes of both the patients and professionals working with the system (*Figure 4*).

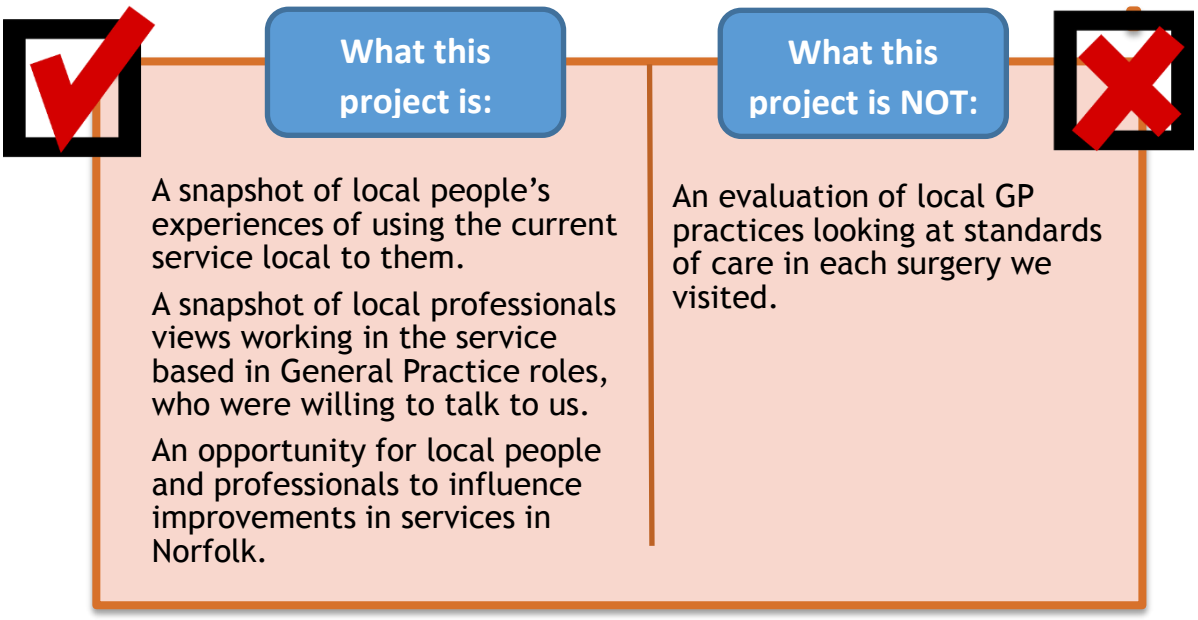


***Figure 4*. What this project is and is NOT.**

Strengths of the project:

- A system wide approach to GP practices in Norfolk involving both patients' and staff.
- This was an in-depth study that used a mixed methods approach enabling us to capture rich detailed information, not done before, to form the overall picture of General Practice in Norfolk.
- This was a reactive project that evolved after each visit to address any issues or concerns raised to involve as many practices across Norfolk offering wider opportunities to work with us.

Limitations of the project:

- All staff involved in the project that we interviewed were selected by Practice Managers at each practice so it was always likely that we were going to meet people who were passionate with strong views about General Practice.
- Whilst we strove to speak to the same number of practices from each of the five CCG areas in Norfolk, some areas were more willing to be involved than others, which meant that there was an unequal involvement for practices across the county (see section 3.1).
- Making successful initial contact and engagement with Practice Managers proved difficult due to the busy nature of their role and availability, compounded by the strain that General Practice is under at this current time. As a result of this, Healthwatch Norfolk engaged with a smaller number of practices in-depth on a one-to-one basis than originally hoped.

3. What we found out

3.1 GP practice visits

We made 18 GP surgery visits talking to staff from GP Practices responsible for services at 43 sites across Norfolk (some practices were responsible for providing services at multiple sites or 'branch surgeries'). The map below demonstrates the areas we visited and the surgeries involved. For a detailed list of named surgeries please see Appendix 7.3.

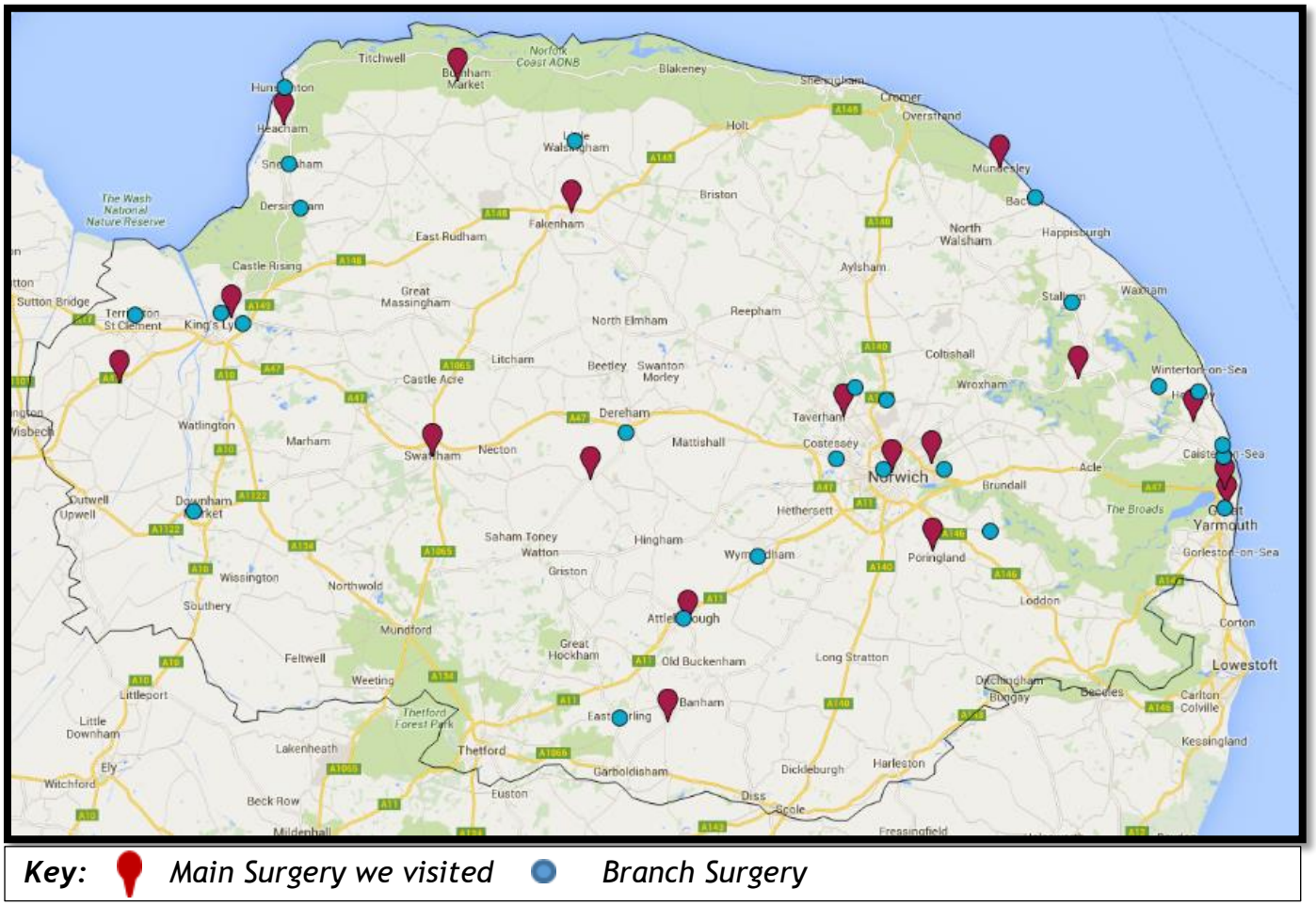


***Figure 5*. Map of GP practices Healthwatch Norfolk visited.**

At CCG level there was some variation in GP practices involvement from each of the five CCGs (Table 2).

Table 2. CCG Area of GP practices involved

Clinical Commissioning group	Practice visits	Branch Surgeries
West Norfolk CCG	5	12
South Norfolk CCG	4	9
North Norfolk CCG	4	9
Great Yarmouth & Waveney CCG	3	8
Norwich CCG	2	5

3.2 Observations

Our visits to each GP Practice was anticipated and staff had put arrangements in place to accommodate the visit plan/timetable set out for the day. We felt that all the staff we encountered were friendly, welcoming and willing to talk to us. The majority of patients were also happy to openly share their experiences of using the service (see section 3.3). GP practices can often be a hub of activity throughout their opening hours and our observations confirmed this to be true across most of the eighteen surgeries we visited across Norfolk.

We viewed each practice as a whole from a patient's perspective, observing a range of areas, some of which include: patient signage, cleanliness, use of technology, entrance/waiting areas and access (*Figure 6* & Appendix 7.5). Upon arrival, many practices gave us a tour of their facilities. One main factor that varied across sites was space. It demonstrated a great range of variation with some much larger practices, resulting in more rooms. However, there were much smaller sites too. All these practices were trying to deliver services effectively for patients as best as they could. Some of the smaller sites explained the effect this has on the services they are able to provide for patients. Some practices were constricted in how many staff they could have working at one time due to a lack of consulting rooms or restrictions on the size of building. One issue identified particularly within small practices related to reception areas - often conversations could be overheard by other patients, resulting in privacy issues and concerns - but due to the layout of many practices this appeared unavoidable.

It was observed that the majority (13 out of the 18 practices) of practices visited had a dispensary as part of the services they offered, meaning that patients could access prescribed medication on site, whilst patients registered to practices with no dispensary would need to access their local pharmacy. In some cases, local pharmacies were situated next door or near the General Practice site benefiting patients further. A greater number of practices had book-in screens for patients to use upon arrival (15 out of 18) often enabling the information to be displayed in a range of languages to suit the population. Other technology included large television screens and LED scrolling signs used to display information. These were present in some waiting areas and were sometimes used to display patients' names and room numbers to call and direct patients to their appointment with a clinician. In this instance, a patient's name would scroll across followed by the room they were to attend.

The reception areas were usually manned by one or two staff and this was the patient's first point of contact in the practice. This was also where staff were able to access the computing systems used within the practice. As expected the reception area and waiting rooms were very busy and became increasingly so as the volume

of patients rose throughout the day. One consistent theme across all surgeries noted was the use of clear signage on consultation rooms, making accessibility clear for patients.

All waiting areas displayed patient information regarding the surgery, their services and other services and organisations. There were stark differences between patient information boards where the location, size and clarity of the boards varied greatly. At times, information was outdated and it looked like little thought had gone into keeping patient information current. In some instances, information was up-to-date and there was lots displayed but in a way that looked chaotic and resulted in posters and leaflets pinned on top of each other, so that not all information was visible. One example of good use of patient information was shown in a surgery that used clear and colourful laminated patient information displayed in a spacious and clear manner.

Figure 6 shows the components observed across the 18 practice sites:

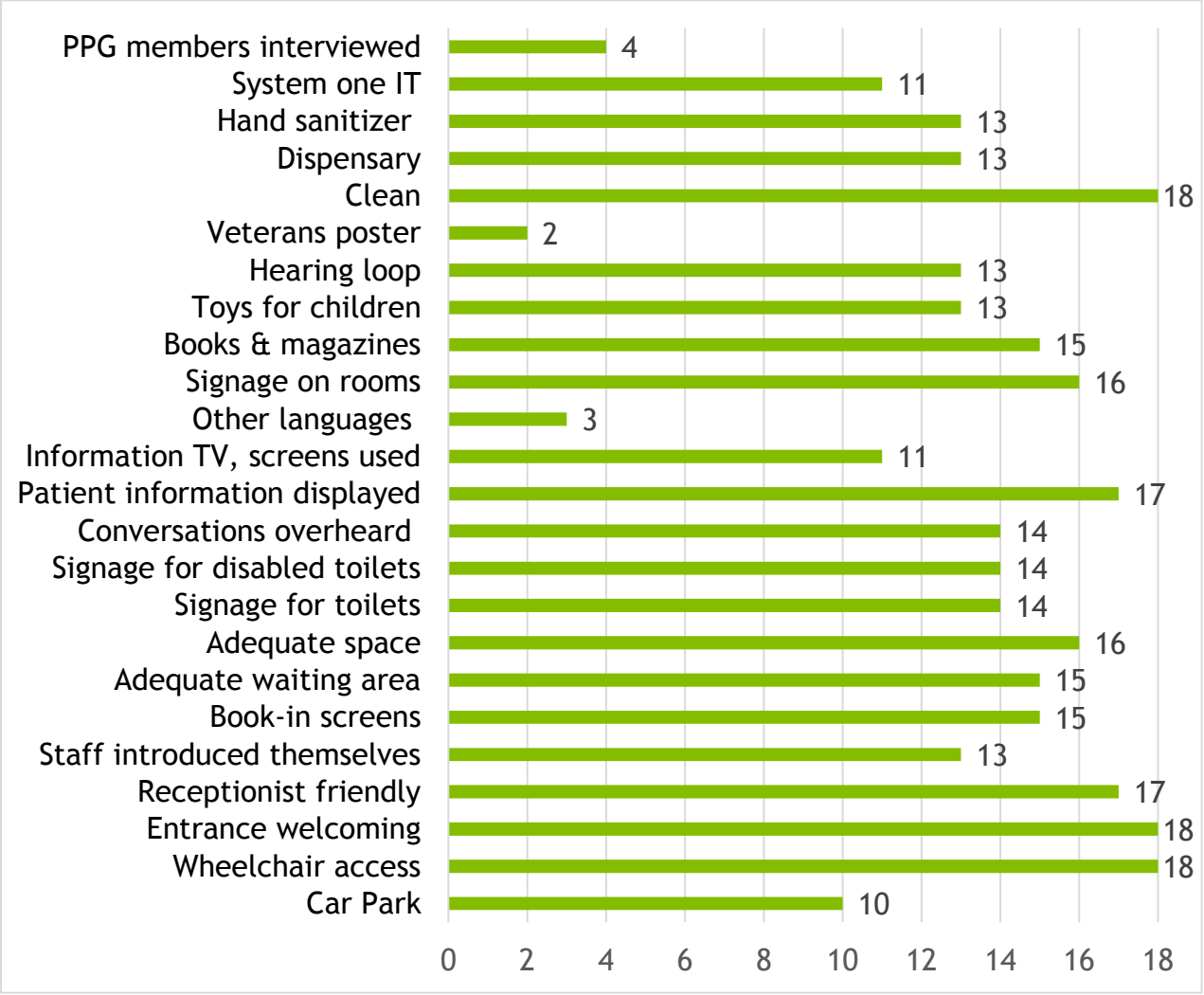


***Figure 6*. Components observed in General Practice sites.**

3.3 Patient Survey Results

All patients involved in the project were people who had experiences of accessing GP practice services for themselves or others. A total of 63 hours were spent in 18 different GP practice waiting areas across Norfolk. Patients were approached on a one-to-one basis and made aware of the voluntary nature of completing the questionnaire. A total of three hundred and thirty eight (338) patients participated in undertaking the questionnaire whilst they were waiting in their GP surgery.

In this sample of patients there was an unequal proportion of male and female participants with sixty eight percent (68%) of females responding and thirty two percent (32%) of males responding. Ninety-seven percent (97%) (306 patients) of people surveyed described their ethnicity as British. These patients ranged from the ages of 16 to 96, with an average (mean) age of 55. With such a vast range of ages the most commonly reported (mode) age by patients was 70 years old, highlighting the prevalence of an older, aging population in Norfolk using local services.

All the patients surveyed lived in Norfolk (*Figure 10*), which is unsurprising due to individual catchment area restrictions GP practices have limiting which patients can register to use their services. Upon closer analysis, a high proportion of patients accessing GP services came from Great Yarmouth and Caister-on-sea giving a postcode district of NR29 (30) and NR30 (24). As expected from visiting a variety of GP practices, further patients came from a range of areas such as: Snettisham (PE31) (21), Fakenham (NR21) (20), Watton (IP25) (18), Loddon (NR14) (15), Mundesley (NR11) (13), Swaffham (PE37) (13), Reepham (NR10) (10) and Norwich (NR3) (8).

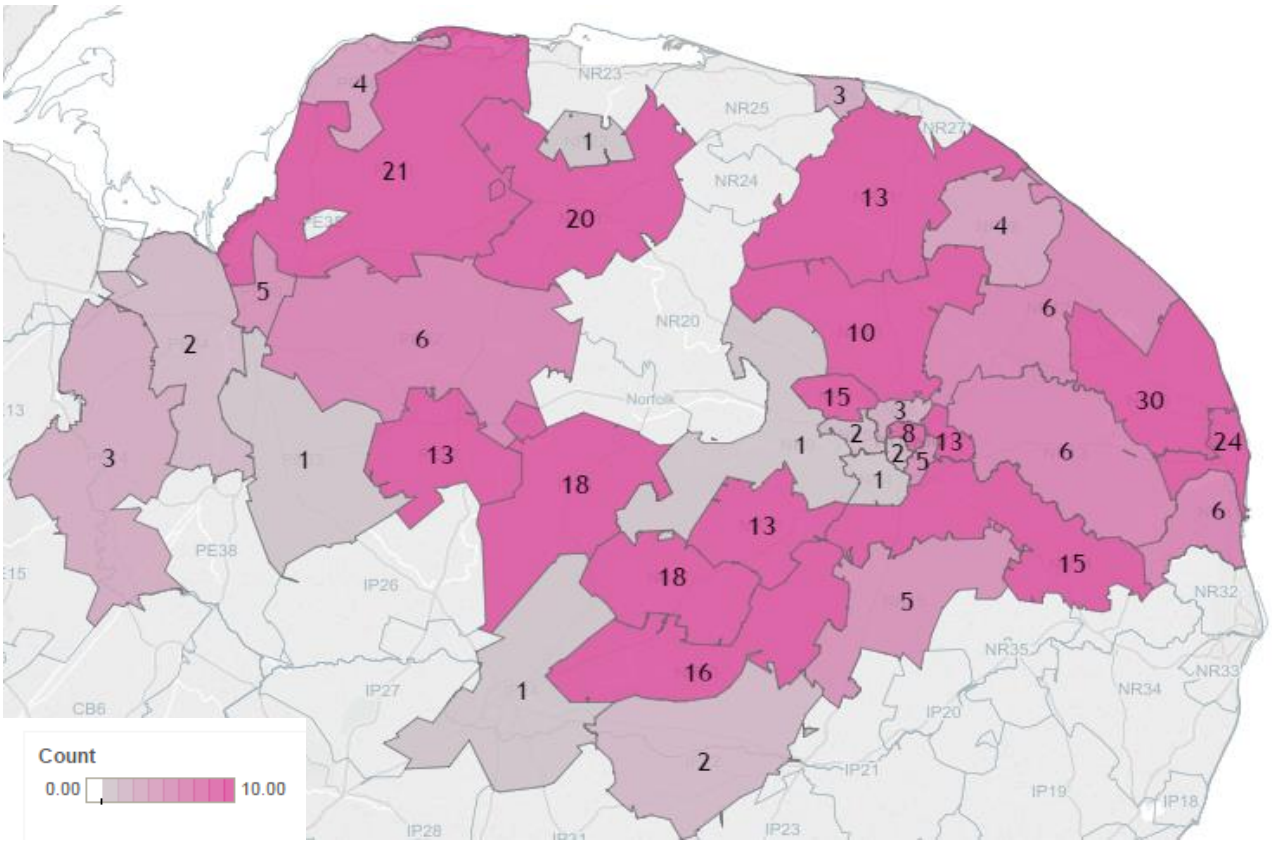


Figure 7. **Areas of Norfolk Patients came from accessing their local GP surgery.**

Patients were asked how they travelled to the surgery (*Figure 8*). Three hundred and twenty patients (320 out of 338) chose to leave a response to this question. A large proportion of patients arrived by car (69%) as expected, whilst a smaller group of patients walked to their surgery (17%). Other patients used public transport in the form of a bus (4%), a taxi (2%) or community transport (1%) whilst a further 2% cycled to the GP Practice. This implies that parking was essential for many patients when accessing services and many comments highlighted concerns regarding improvements needed over parking availability at their GP surgery.

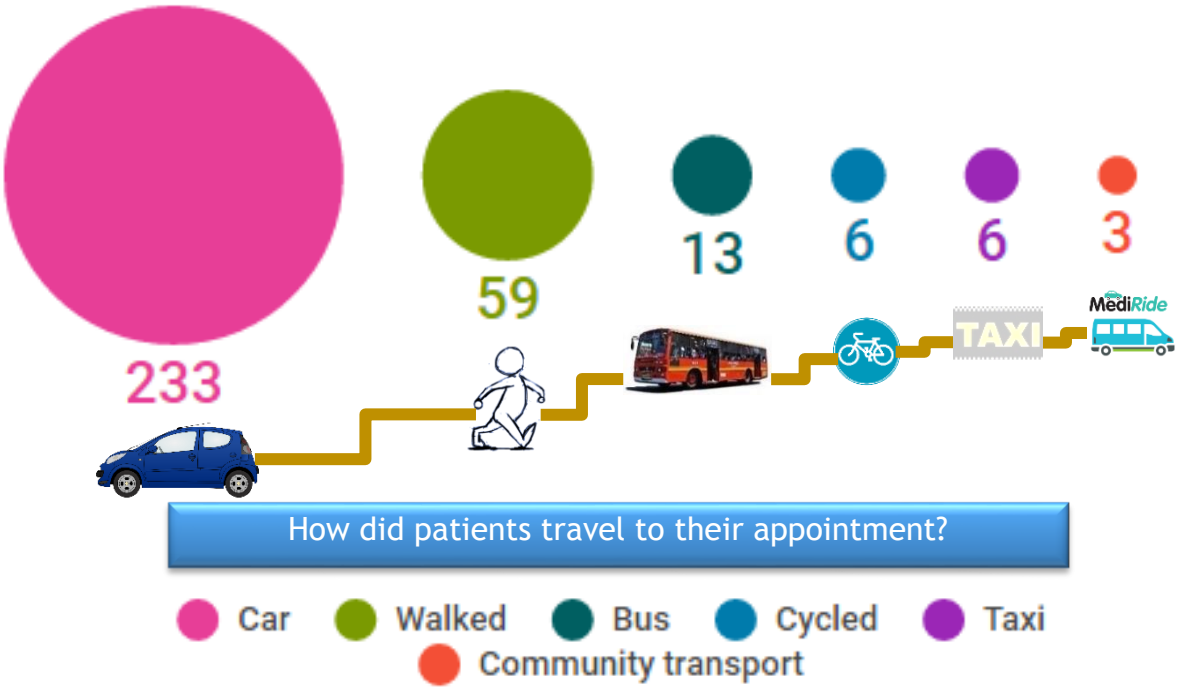


***Figure 8*. Transport used to travel to GP surgery**

For those 233 who had travelled by car to the GP practice, 221 (95%) chose to respond to a question about parking. Looking at the responses there was quite a mixed reaction to this question. Fifty-three percent (53%) believed it was 'very easy' to park when accessing the practice, yet 28% stated it was 'not very easy' and 20% stated it was 'neither easy nor difficult' to park.

In terms of access and ease of getting to the surgery when people were asked 'How easy is it to get to this surgery on scale 1-3?' 264 said it was 'very easy' to get there. Overall satisfaction with the location of the GP surgery was high compared to low satisfaction responses; 16 patients said it was 'not very easy' to get to the surgery whilst 30 believed it was 'neither easy nor difficult'. Twenty eight (28) patients chose not to answer this question.

3.3.1 Appointments

Patients were asked to select their reason for attending the GP practice on the day we spoke to them (*Figure 9*). Patients most commonly reported attending for blood tests (57) or follow up appointments for an ongoing issue (50), for a flu/cold/infection (41) and for reasons relating to a long term medical condition (34).

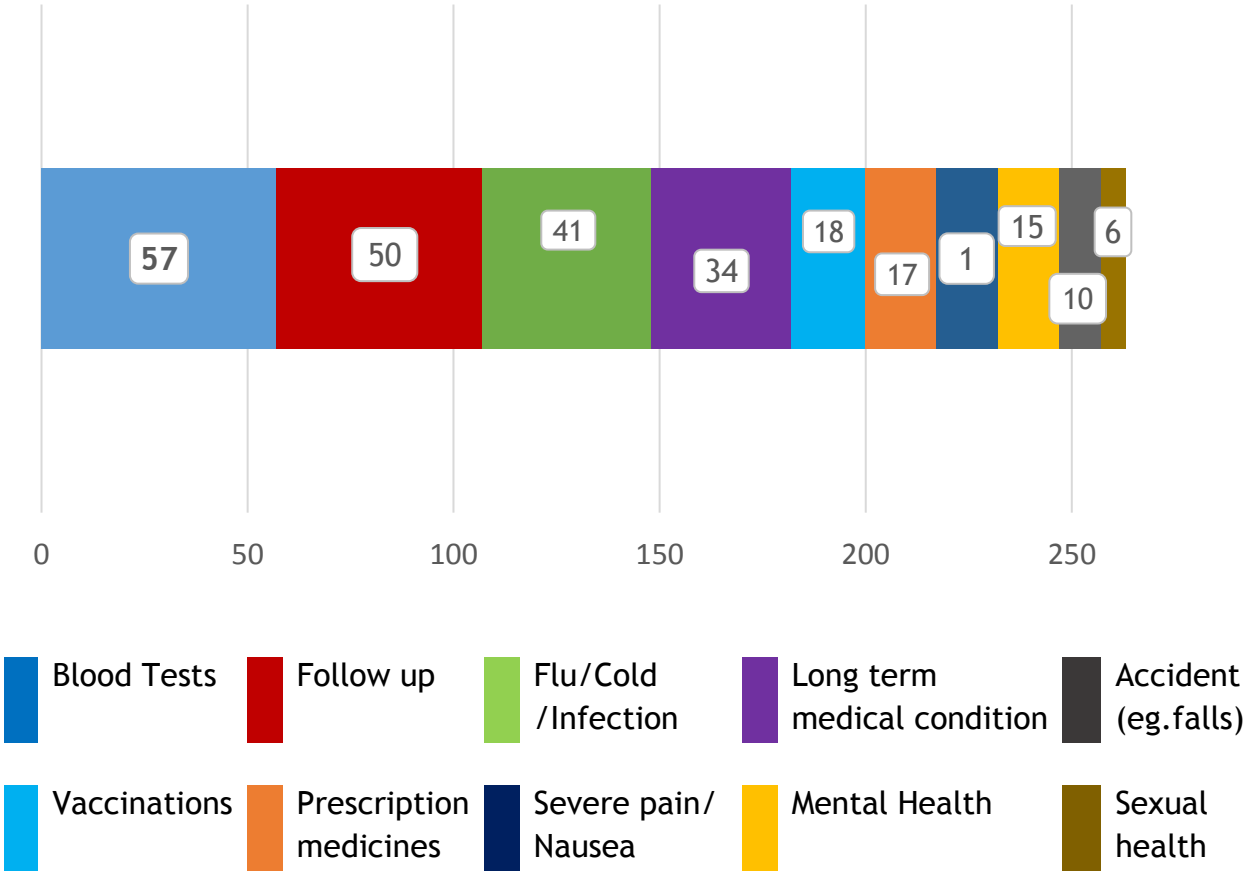


***Figure 9*. Reasons patients were attending their GP Practice**

One hundred and eighteen patients (118) chose to provide a written detailed response regarding their reasoning for needing an appointment. The most common reasons raised included: child health and vaccinations, midwifery appointments, blood pressure checks, dressings and further reviews/check-ups.

Unsurprisingly there was a large degree of variation in waiting times from the patients' experiences of booking an appointment. Thirty-three percent (33%) booked their appointment on the same day or the day before, demonstrating a high demand from the public for appointments and their requests for urgency to be seen in General Practice. It also demonstrates that effective appointment systems are working well to see the patients in a timely manner. A further 24% reported booking their appointment more than 14 days before (see *Figure 10*).

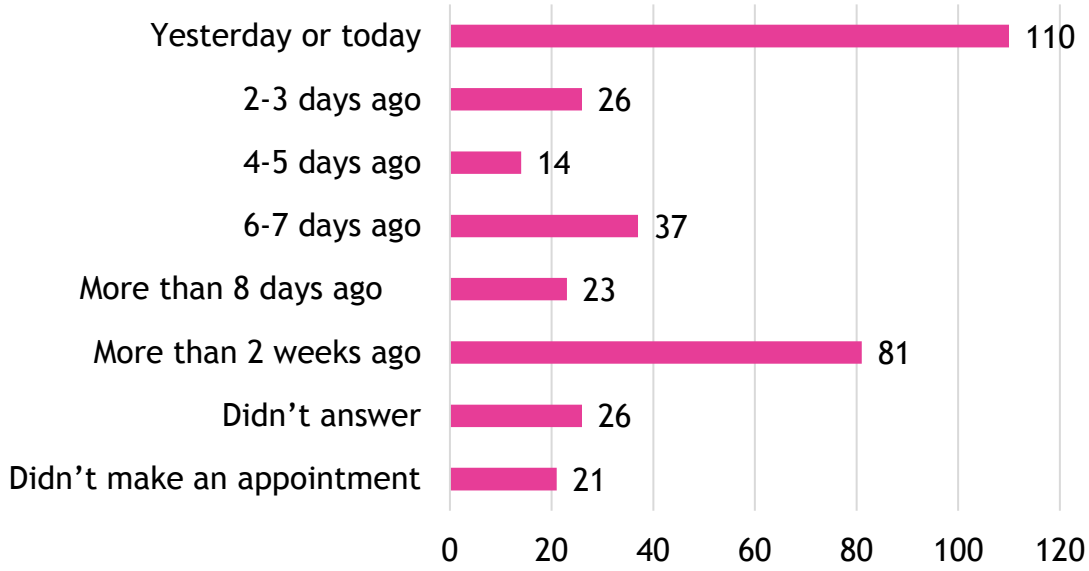


***Figure 10*. Number of days ago when patients booked their appointment.**

Table 3 portrays how patients booked their appointments. The two most prevalent methods were on the telephone (57%) and in person at the GP practice (30%). This was further supported by professionals highlighting the increased demand on the phone lines throughout the day and at peak times. Interestingly, there was scarce use of online bookings by the participants we spoke to, with only four patients making use of this method.

Table 3. *Method of booking appointments used by patients*

Method of booking appointment	Number of patients	% of patients
Telephone (person)	194	57.40
Telephone (automated)	4	1.18
Online	4	1.18
Face-to-face (visited the surgery)	101	29.88
N/A	20	5.92
Didn't answer	15	4.44

Patients were asked to rate the appointment system on a one to five scale, one being poor and five being excellent (Table 4). Sixty-seven percent (67%) of patients rated the appointment system highly positively rating it four or five stars. In contrast only 4% rated the appointment system very poorly with one out of the five stars. This contrasts with patients' discussions and experiences expressed to us in the open ended question at the end of this survey where patients told us that getting appointments was problematic.

These ratings indicate that patients may have a perception that they can't get an appointment, however overall, they also told us that the appointment system appears to work well for them. Twenty (20) people chose to not answer this question.

Table 4. *Overview rating of appointment booking system*

Rating out of 5	Number of patients	% of patients
1 star	12	3.55%
2 stars	15	4.44%
3 stars	66	19.53%
4 stars	94	27.81%
5 stars	131	38.76%
Did not answer	20	5.92%

3.3.2 Staff

Most patients felt that reception staff had been friendly, courteous and helpful, with 91% (307) rating their experiences at four or five stars out of five and only one giving a rating of one star.

Patients were asked to think back to their last visit to the GP practice when seeing a member of clinical staff and responded to the question 'did you feel your explanation of why you visited was listened to?' (*Figure 12*). Just over three quarters of people were very positive about staff attitudes and felt they were listened to when accessing the service in a consultation with clinical staff. Seventy nine percent (79%) (268) responded that they 'definitely' felt listened too, with no one stating that they weren't listened too ('not at all'), however 4% said 'not really' and 12% said 'sort of'.

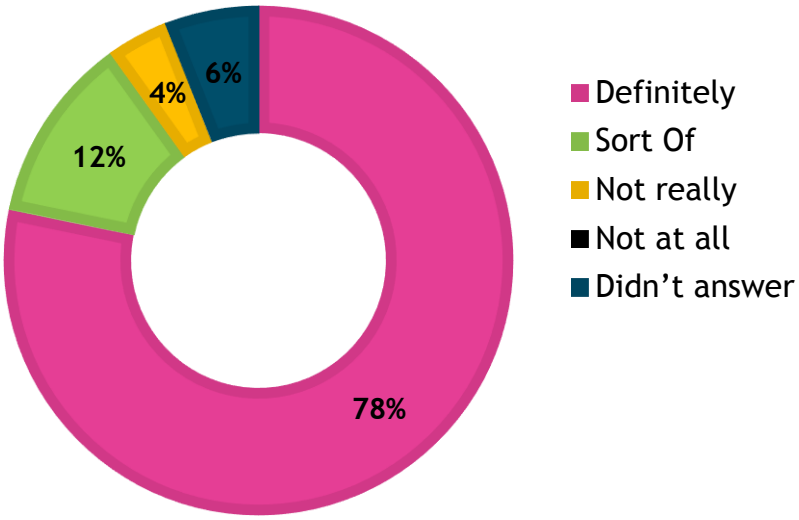


***Figure 11*. Do patients feel listened to in consultations?**

Eighty percent (80%) were of the opinion that from their experiences the next steps from consultations were clearly explained and they felt informed (*Figure 12*). This

is further supported by only 1% stating 'not at all', 3% suggesting 'not really' and a further 9% said 'sort of'.

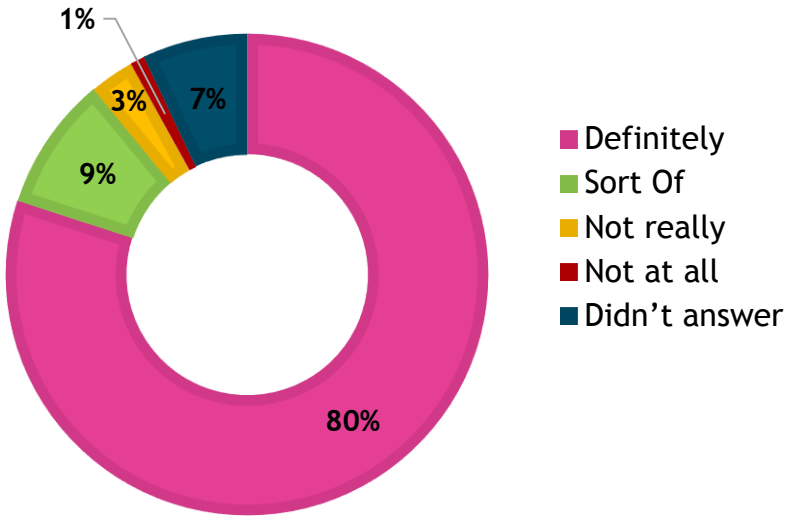


***Figure 12*. Did patients feel the next steps were explained as a result of the consultation?**

3.3.3 Overall Service rating and comments

On the whole, patients rated their practice very highly. When asked to rate their service from one star (low/poor) to five stars (high/excellent), 89% of patients (299) rated the service as four (39%) or five stars (50%) out of five. A further 11% either chose not to leave a rating or rated the service at one, two or three stars out of five. Of the 338 patients who took the time to complete this survey 124 patients chose to leave additional feedback regarding their experiences by providing a free text comment. Patients were asked to suggest what could be improved and to share their overall experience of using the service.

Many of the comments relating to treatment and care referred to aspects that could be improved around administration and organisational issues, such as music in waiting areas, delays in waiting rooms, waiting times, and communication. These suggestions were passed on anonymously to each practice in order to support ongoing improvements to local GP services: *"We understand it's not always possible but would be helpful if they ran on time."* Another point raised related to pharmacies and prescriptions: *"The only downside is the communication from the surgery with the pharmacy regarding prescriptions."* Waiting times were clearly a pressing issue for some: *"Waiting times are long and can be difficult when you have a child. Be nice to be told how long appointment will be if running late so could potentially go away and come back."*

The majority of patients (86%) referred positively to staff working within the tough environment of General Practice, in particular their attitudes: *"Staff very helpful and well looked after"; "Very professional and personable, ten out of ten"*. In terms of access to GP practices, many patients referred to some difficulties with appointments but this clearly was not the case for all patients: *"Always extremely difficult to get your own doctor for an appointment."* However, another patient demonstrated *"…appointment system very good for children."* Finally some issues

were raised with structural concerns: *"The service is good but it's just the car park that is an issue."*

"Booking an appointment - always seems impossible. Reception staff not always helpful. I think everything should be put on the system the importance of seeing someone."

"This fab surgery is under extreme pressure - having had to take on folk from Watton etc. Quite hard to get an appointment now. Everyone here is lovely."

Appointments...

"Appointments are few and far between."

"Understand that the doctors are busy but hard to get an appointment. Hard and expensive having to ring continuously as you can't get through. Parking facilities terrible."

"More appointments slots, I usually have to wait a while to get one."

"Have to phone up by a certain time on the day. Waiting times are long and can be difficult when you have a child. Be nice to be told how long appointment will be/if running late so could potentially go away and come back."

Access...

"Don't like sit and wait it's not practical for people with kids."

"Ongoing for 2 weeks, issue with speaking to pharmacy about medication. The GP's don't seem to communicate with the pharmacy. Ongoing issue still not resolved."

"Car park is an issue and I wish they could extend it but the staff are very good here and I've had no complaints."

"Very good here, especially compared to other surgeries I've been at. My husband and I came for our new patients check and they picked something up we didn't even know about. They referred him and sorted it excellently."

"Friendly and very good service, they are wonderful."

"Been very lucky - can't fault the service at all."

Good services...

"There can be delays but it seems to be because the doctors are thorough and helpful."

"Very happy, we have been with the surgery, my husband and I for many years. It's excellent. I actually have a surgery at the end of my road but I prefer and choose to come here!"

"Very good staff and the doctors work very hard!"

"Really friendly, nice atmosphere in the surgery."

your voice

"How long you have to wait for an appointment. How long you have to be on the phone before you can get through."

"Moved from London10 years ago. Lots of doctors I saw regularly but they seem to have gone now so I'd like to see more permanent doctors. Good attention to care."

"Routine appointments could have more availability but other than that I am happy here!"

"Longer appointments if necessary - sense of rush by the doctor; more phone lines and some staff not too friendly."

What could be improved...

"It would be good if they could use technology more such as emailing and texting to communicate information including reminders about appointments. Since we lead busier lives if would be nice to have a prompt."

"Would prefer to see name across the screen because I'm hard of hearing and worried I will miss appointment."

3.4 Staff Interviews

All professionals involved in the project worked within GP practices on the frontline of healthcare, caring for patients on a day to day basis. Professionals were made up of four key roles from each practice; GPs, practice nurses, Practice Managers and receptionists. From the interviews a total of 73 NHS staff were interviewed one to one with one interview involving two NHS staff (see Table 5). All the staff we spoke to had a wealth of experience and knowledge and most of whom were senior members of staff in their role. In particular we had a range of qualified Nurses, practice nurses, nurse practitioners and senior lead nurses.

Table 5. ***NHS staff we interviewed.***

Professional Job Role	Number of staff
Practice Manager (PM)	18
Receptionist	18
General Practitioner (GP)	19
Practice Nurse	18
Total	73
(These interviews generated over 24 hours of recorded dialogue resulting in 72 transcripts)	

As a total of 73 staff were interviewed, this resulted in a wealth of rich evidence of views and experiences, gathered from those working at the heart of the NHS. It was imperative to assemble a whole picture of staff views from Norfolk in this sample, yet there were clear points that kept emerging and were raised time and time again in each interview, throughout all of the eighteen visits.

Staff were asked a range of questions relating to eight topic areas: systems and procedures, access, communication, choice and referrals, courtesy and customer care, dignity, safety and training of staff. In order to find the most important aspects highlighted by NHS staff in this Norfolk sample, a workshop meeting was held with Healthwatch Norfolk staff and key partners to discuss the initial findings. After looking through all 72 transcripts of the interviews we began to collate the main themes and findings from what professionals had told us. From this we were then able to design a further survey formed of statements from our initial findings.

The top three areas of concern were identified from the original eight topic areas, using evidence collated by the interviewer regarding the main themes and findings. All this information was then analysed and discussed further. Below demonstrates the process we followed in identifying the important aspects and further main themes running within these. When communicating with staff the main topics that most staff spoke of consistently in the interviews related to 'systems and procedures', 'access' and 'communication' (see *Figure 13*).

Staff were particularly concerned with Information Technology systems (IT) used in practices across Norfolk. They often referenced the differences between GP practices and the IT systems they utilise. SystmOne and EMIS Web were the most commonly referred to General Practice systems.

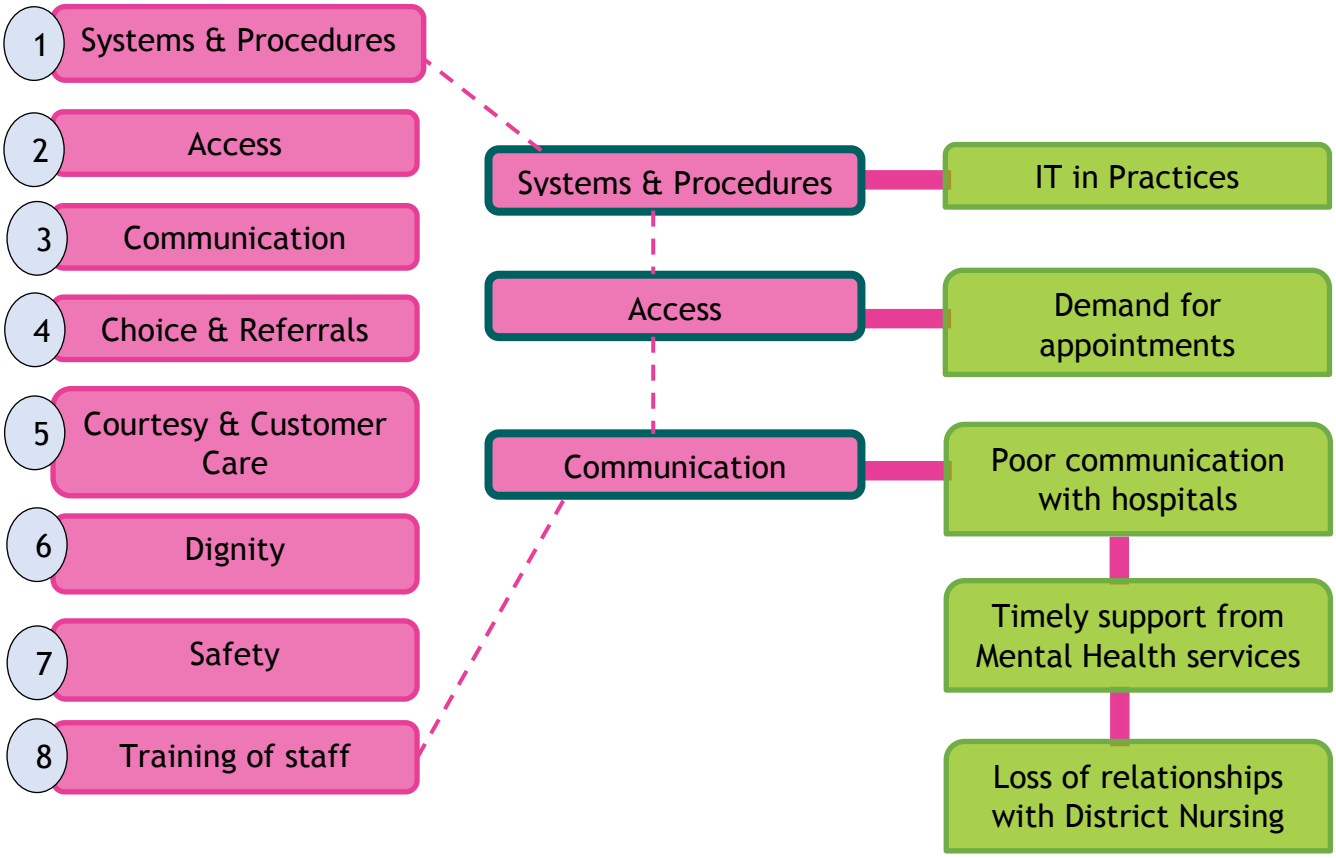


***Figure 13*. Main themes established from interviews with professionals.**

Access proves vital to successful patient care and yet many staff recounted the capacity and demand issues facing General Practice in Norfolk. The suggestion that there will never be enough appointments clearly emerged, portraying the strain upon this service.

Finally, communication developed into the largest area of concern; specifically communication between GP practices and other services within the health and social care system in Norfolk. Community services, mental health services and acute services (hospitals) were often mentioned. Staff felt that timely support was vital from mental health services and this sample suggested that this was not happening, particularly when contacting the crisis teams in certain CCG areas.

Similar views were held with practice staff, regarding acute services. Staff often reported having patients arrive for consultations instructed by consultants in the acute setting returning patients for results to their GP. However, staff we spoke to described how information was not disseminated back to GP practices in a timely fashion, resulting in patients seeing a clinician with no results or knowledge of what has happened to the patient and why they were there, leading to confusion for the patient. Staff told us at times this also resulted in General Practice picking up the shortfall and sometimes undertaking further work, such as conducting further tests and blood tests that should have taken place at the hospital.

Many practice staff disliked the District Nursing Hub system that is currently used by community services in Norfolk. Staff described a lack of ability to get in contact with

a district nurse and messages not reaching them or being passed on. A significant loss of relationship was commonly reported with patient criteria becoming increasingly narrow, meaning that patients who used to see district nurses may no longer fit the criteria. It is unclear if a suggested narrowing patient criteria is due to changes set by the commissioners or by the provider themselves.

3.5 Online Professional Survey

A total of 46 responses to the survey were submitted externally by a range of participants. In this sample, all the respondents were senior members of staff such as, Practice Managers or GP partners. Participants were asked to identify their role and results reveal that two were GPs and the further 44 were Practice Managers and senior managers. Other job titles expressed were chief executive and business manager. These 46 senior staff were working at a total of 43 GP practice sites across Norfolk, of which 13 practices were visited on our initial visits. Thirty (30) practices were new to the project and had not been visited. Upon closer inspection, practices completing this online survey were part of a variety of CCGs in Norfolk (*Figure 14*).

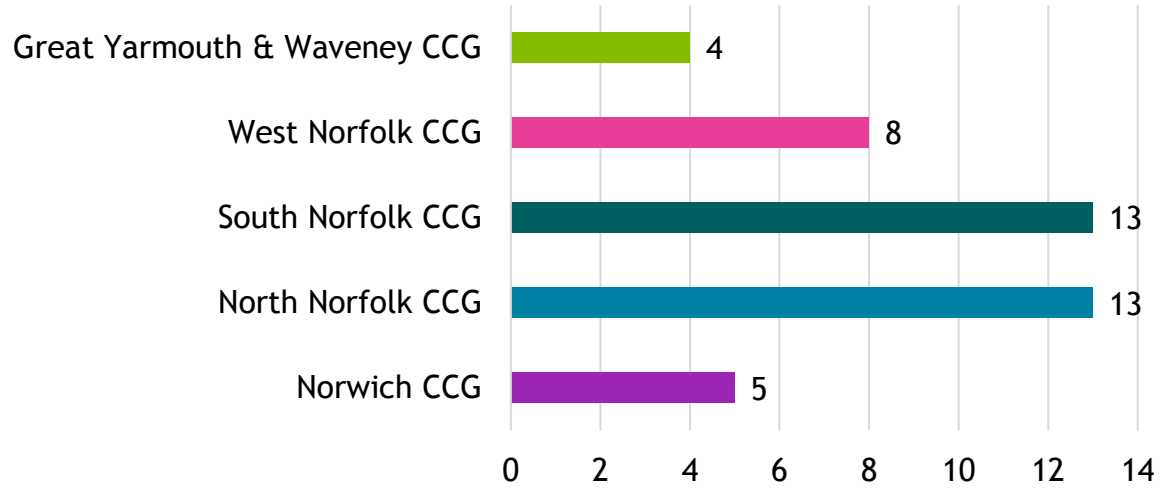


***Figure 14*. CCG areas of GP practices involved in online survey.**

From the 16 statements provided, questioning professionals in each of the eight topic areas, there were a wide range of responses to the five Likert scales used. As with the professional interviews there were many areas that did not present concerns or issues with staff generally feeling happy with current arrangements. Equally, some questions received mixed results. However, from the 46 responses, it was once again evident that some themes featured very prominently in the responses we received.

Results from this online survey (Appendix 7.6) displayed mixed views on the use of triage in General Practice and its effectiveness with many neither agreeing nor disagreeing. A similar result was also reflected when staff were asked about their ability to acquire patient information leaflets in another language, with some practices able to and others not.

INTRAN services were seen as providing a positive service (41 out of 45 staff agreed) and good results reflected systems for training staff in GP practices were working well, with a further 36 staff agreeing to this statement. Thirty-eight (38) out of 45 staff felt that patients were given adequate information on their choices for their care and a total of 43 staff reported that dignity was maintained to the highest standard across practices involved in this project. Once again these results suggested no area of concern. Thirty-nine (39) out of 46 staff agreed that access to patient transport in Norfolk is variable and awareness of what is available is limited. Another area of concern was the undertaking of the Friends and Family Test (FFT) in General Practice by patients. 39 of 46 staff agreed that response rates are often low as it is difficult to get patients to complete the form.

None of the feedback highlighted significant concern amongst staff but we identified six key issues that we felt merited further exploration. Interestingly, these six areas of concern matched the five main themes evident from the original staff interviews, including: IT systems in General Practice, appointments, workload/demand upon service, relationship with community nursing, mental health services and secondary care (hospitals).

3.5.1: External scrutiny and workload is increasing whilst respect from both professionals and patients is diminishing.

One very prominent theme that was evidenced in this online survey were staff members' concerns over rising workloads and external scrutiny. Thirty-one (31) out of the 46 NHS staff members 'strongly agreed' with this and only one disagreed.

3.5.2a: Communication with mental health services is poor with slow response rates, little or no mental health representation at Multi-disciplinary Team meetings and a lack of clarity on service criteria, clinical roles and professional credibility.

A total of 42 staff either 'agreed' (15) or 'strongly agreed' (27) that communication was poor, with three staff neither agreeing nor disagreeing and one who disagreed. This indicates that there is an ever increasing need for clear and timely communication between General Practice and mental health teams to enable General Practice staff to feel fully supported and able to care for patients appropriately in a timely manner. Without this severe delays could and can result in severe consequences for the health and wellbeing of their patients.

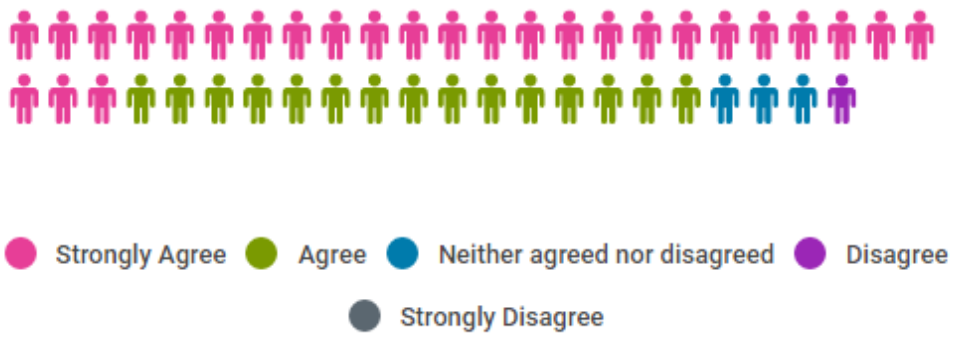


***Figure 15*. Staff views on poor communication with mental health services.**

3.5.2b: Slow responses limit timely access to mental health crisis teams.

A total of 37 out of 46 (81%) 'strongly agreed' that slow responses limit timely access to mental health crisis teams. Seven (7) staff agreed with this statement, and 2 individuals 'neither agreed nor disagreed'. Again without this timely support, General Practice cannot co-ordinate care efficiently to meet the needs of their patients, who may in turn be extremely vulnerable.

***Figure 16*. Staff views on slow response times from Norfolk's Mental Health crisis team.**

3.5.3: The two I.T systems EMIS Web and SystmOne don't talk to each other resulting in a barrier to effective and timely communication exchange.

One important aspect in today's society is technology. General Practice staff acknowledged that there are many IT systems being used which has led to areas like Norfolk using multiple IT systems within General Practice. Staff we spoke to told us that this results in challenges communicating with other providers. For example, if one practice is using an IT system that is different to that being used by community services, then any notes recorded by the district nurse would not be visible to the GP practice staff. Forty one (41) out of 46 'strongly agree' or 'agree' that this can be seen as a barrier to effective patient care. Five people did not believe this to be the case and disagreed with this finding (*Figure 17*).

***Figure 17*. Staff views on IT systems not communicating with each other.**

3.5.4: There are many incidences of very poor communication between hospitals and practices, leading to delays in results, readmissions, prescribing discrepancies and additional workload for GPs.

It was evident that there is a divide between General Practice GP services and secondary care hospital services. Communication is vital between the two to create seamless patient care. However, our results indicate that there is very poor communication between hospitals and GP practices which results in a poor and confusing service for patients. Nineteen (19) staff 'strongly agreed' that there is very poor communication and agreed with the above statement. A further 24 staff 'agreed' strengthening the issue raised meaning 43 out of 46 (93%) staff felt this was a concern for them and their practice. This divide is rather alarming, depicting a fragmented health system in which services are not working together effectively. In contrast two individuals 'neither agreed nor disagreed' and one stated they 'disagreed'.

***Figure 18*. Staff views on poor communication between practices and hospitals.**

3.5.5: Access to appointments is influenced by capacity; demand for appointments is rising and there will never be enough appointments.

From the visits it was evident that there are high demands on General Practice in Norfolk and this in turn was one of the main concerns highlighted by staff from this survey. Twenty-two (22) members of staff 'strongly agreed' that demand for appointments is continuously rising. A further twenty one supported this by 'agreeing' to the above statement. There was only one individual who disagreed (*Figure 19*).

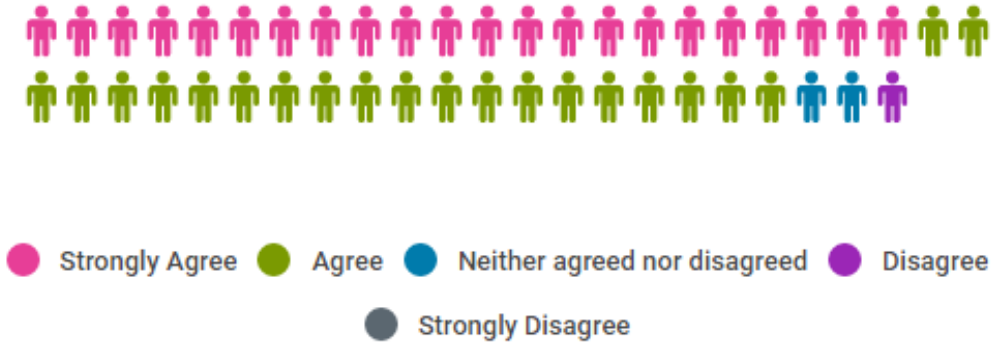


***Figure 19*. Staff views on appointment demands increasing.**

3.5.6a: The criteria for community nursing services can curtail access and interferes with timely patient care.

There was growing concern regarding the district nursing service in Norfolk and the use of the District Nursing Hub. There was general dislike for the way this system works and as a result staff raised concerns regarding the criteria for district nursing services in Norfolk and the belief that this has gradually narrowed over time. It is unclear if this is due to changes set by the commissioners or by the provider themselves. Forty-one (41) staff believed that changes to community services' patient criteria can in turn interfere with timely care for patients in Norfolk. Of those 25 'strongly agreed' and 16 'agreed'. No one reported to 'strongly disagree' with this statement, as *Figure 20* demonstrates.

***Figure 20*. Community nursing criteria can interfere with timely patient care.**

3.5.6b: There is a sense of a lost relationship with community nurses and communication via the hubs is difficult

Another concern was surrounding communication with the District Nursing Hub. General Practice staff described a poor quality of communication which has partly led to a loss of relationship with district nurses and GP practices. Fourteen (14) staff 'strongly agreed' this to be the case with 24 staff agreeing.

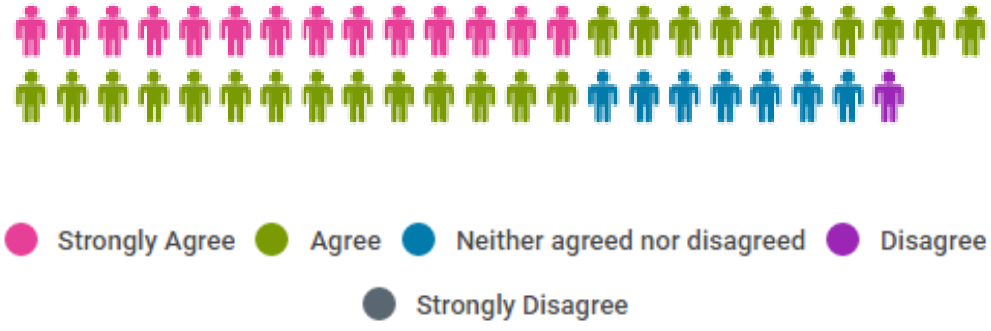


***Figure 21*. Staff views on communication with District Nursing Hub can be difficult.**

Respondents were given the opportunity to provide any further comments they wished to make regarding General Practice. Sixteen (16) individuals chose to leave further comments as shown on the following pages. Three of these comments regarded the positive work we have done with practices (see page four).

"The future success of the National Health Service depends completely on effective, efficient well-resourced primary care communicating seamlessly with all other levels and providers. Until the crippling bureaucracy and unrealistic expectations of primary care are tempered alongside an appreciation of the sheer versatility and excellent management that exists in primary care today we are in danger of losing what currently exists and consequently a meltdown of the whole system."

"Media attention - always negative. We strive to do all we can to help the patients pathway to be as smooth as possible with less and less resources. Goalposts always being moved. Recruitment and retention difficult. Locum costs exorbitant. Outside scrutiny - don't get me started!"

"CQC inspections perform a much needed function but the cost should not have to be borne by General Practice."

"Primary care in Norfolk is struggling more today that it has previously in last 10 years to my experience because of increased demand and expectations lead largely by political hype. we haven't yet reached peak of GP or nurse retirements and the governments tactics and policies seem to be set to drive not only mature GPs to earlier retirement than previously planned but to disengage the younger GP population and the future i.e. junior docs. Unless there is a major change of view in the very near future we face the prospect of the service failing widely and it seems the Minister doesn't understand or accept that this current moment is pivotal to the future of the NHS in its current guise."

"General Practice delivers excellent care and could do so much more to promote health and care for people who are, or believe themselves to be, ill in this country. It has so much potential but is, from my viewpoint, on the verge of collapse because of catastrophic cuts in funding set against rising healthcare demands. Totally inadequate resourcing and spiralling bureaucracy have pushed the service to the brink, and this is resulting in both medical and nursing professionals leaving or avoiding joining the service altogether. I believe primary care is in crisis and only significant and sustained investment in resources including people will salvage the situation."

"There is very little focus on the needs of young people (18-25). Most of focus in continuously on elderly care and hospital avoidance. Mental health care for young age groups is particularly difficult to acquire and the demand, particularly for this age group is rising rapidly. This practice rarely uses district nurses or patient transport and so is not able to comment."

"There is insufficient good communication and engagement between the CCG & primary care both in decision making and imparting information. It is the perception that the CCG favours the QE and that the preferred pathway for money is that it is poured in to the hospital to shore it up rather than improve primary care services. Perception is the truth when there is little or no evidence to the contrary."

"Primary Care is full of staff who strive to provide an excellent service. This is often hampered by box ticking and issues around the worry of CQC visits. Primary Care is aware of patient needs and expectations and they should be given more authority to get on with provision of services. Box ticking does not mean you are giving a good service it can mean you have enough staff to do the box ticking when clinical needs are being neglected. Too much emphasis is on administration and proving you are doing the right thing."

4. What this means

As this piece of work utilised a variety of methods, there were some key themes emerged throughout the project that are important to summarise here. There were topics of concern for both patients and professionals and areas that were shown to be working well, as shown in section 4.1. We spoke to a total of 119 professionals working in GP practices including Practice Managers, GPs, practice nurses and receptionists. Of the 119 professionals, 73 participated in one-to-one interviews and a further 46 completed the online survey to validate our initial findings. We communicated with 338 patients who all completed the patient survey on site at GP practices we visited. Section 4.2 describes the top five key messages from this project taking into account patients' and professionals' views and experiences of GP services in Norfolk.

4.1 What works well?

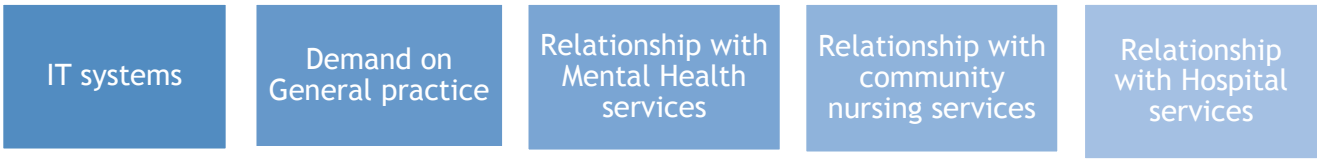
From all the methods used in this project there was variety of evidence that suggests that some key areas are working well within the system, for both staff and patients. Observations demonstrated a very clean and often welcoming environment upheld in practices visited and no patients made any remarks to doubt this. Importantly patients overall felt happy with the services they are provided from their GP practice with 89% rating it as four or five stars out of five. This demonstrates the confidence patients have in the service and could also illustrate that patients are responding to actively being encouraged to access their GP practice as the first point of call, unless it is an emergency. Possibly highlighting the increase in demand we have seen raised time and time again by staff working in practices.

Another element also common across most practices was the use of signage in GP practices. The signage was often very clear and doors were always addressed with clinician's names or roles. This all adds to the welcoming environment making patients aware and able to easily navigate their way around the site. Access to practice was very positive too with particular reference to the accessibly for wheelchair users.

Safeguarding and patients' dignity were strong elements that staff felt were managed very well in individual practices and no concerns were raised. Over half of the staff agreed that safeguarding is good within their practice and that overall responsibility falls to their safeguarding lead. Staff felt that patients were given adequate information on their choices and that their care and dignity was maintained to the highest standard across practices involved in this project. In turn, patients were very positive about staff working in General Practice. Most patients (79%) felt listened to in consultations and 80% felt that explanations were made clear with regards to their care and further treatment, highlighting that the feedback we gathered makes it clear patients do value the hard work that staff are doing on a day to day basis.

4.2 Summary of key themes from staff interviews and patients views

Below demonstrates the top five concerning key messages from this project taking into account patients' and professionals' views and experiences of GP services in Norfolk:



4.2.1 IT systems in General Practice

One area of concern expressed in the majority of GP Practices we visited was the use of IT systems in health and social care, both nationally and locally in Norfolk. Professionals described an unequal spread of practices using EMIS Web in Norfolk compared to others using SystmOne. It is believed to be a split of 70% System One and 30% EMIS practices, clearly defining the possibility for system issues, communication and complications to arise as a result. It was recounted that when making the decision for which system to operate on, some GP practices were not fully informed; for example about which systems are being used by other local health and care services, which could lead to communication issues.

> ***Practice Manager**: "When I first started here we were EMIS LV which is a really 30-year old system… So one of the first things I did was look at should we go EMIS Web because obviously we're used to EMIS, or should we go SystmOne? At the time nobody informed us that SystmOne was the prevalent one, that was the one that outside agencies use, that was the one that could connect people so when we said, "So it's completely our choice?" and they said, "Completely your choice" we went, "Well, we'll go EMIS" because it's just an upgrade. We don't have to relearn it. Makes total sense." So we upgraded and we find EMIS Web brilliant, superb, but now we understand that the midwives, the ICCs, the district nurse - everybody else - is on SystmOne. They can't see us, we can't see them, so it creates extra administrative work because they're sending information that we're then having to physically cut onto the patient record because there is no connection."*

> ***Nurse**: "District nurses can be a bit tricky…because we don't do the arrangement thing because we can't do choose and book, and we're not on SystmOne so there's a bit of communication loss there."*
>
> ***Practice Manager**: "We assessed and we looked at both systems but my clinicians felt comfortable using EMIS. My GPs I still think would prefer EMIS. If I had my choice I would probably prefer system one. But we've got work collaboratively as a practice and what's right for the whole team. But I think there are plans for EMIS and system one to talk to each other eventually."*

We were told that constant rumours have been floated that the two systems 'will be' or 'are being' developed so that they can communicate through one another but these rumours have never turned into a practical reality

> ***Practice Manager**: "We've talked about access to SystmOne. Categorically, pressure needs to be brought so that all providers have access to SystmOne. As a county, Norfolk is vastly SystmOne based, so why haven't we got the Norfolk and Norwich, the James Paget, out of hours?"*

Adding to the unease across GP practices, it was evident that this same issue affects other key services within the health and social care system in Norfolk, that do not use SystmOne. This has a knock-on effect as to what information GP practices can gain from those services and vice versa. One example was highlighted that could have serious safety concerns for patients, due to the limited or no information they have access to.

> ***Practice Manager**: "It's a big bug bear of mine at the moment. The system of choice in Norfolk is system one, we're EMIS. And we don't get the communication lines as system one practices do. So you've got all the community staff going on and putting all the notes but we don't get anything. And until such time as they integrate both systems then I feel we've got the rough end of the wedge so to speak. And anything you hear in meetings, "We're developing this as system one, we're developing this as system one," "Well hold on guys, what about EMIS practices?" I feel we're almost a poor relation in as far as clinical communication is concerned."*
>
> ***Practice Manager**: "I'm part of the council members at CCG and I've asked pretty much every month for the last three years when EMIS and SystmOne are going to be able to talk together? Because they must. There's thousands of doctor surgeries in the UK and EMIS has about half so there must be a way for them to link together."*

With this in mind, the majority of practice staff called for further pressure to be applied for one universal system to be used across the county by GP practices. This concern was further indicated and evidenced strongly in the staff online validation survey. Forty-one (41) out of 46 respondents said they 'strongly agree' or 'agree' that the two main IT systems do not communicate to each other resulting in a barrier to effective patient care (section 3.5.3). Therefore, Healthwatch Norfolk is suggesting that an appropriate body needs to take a lead on the IT systems utilised in General Practice across Norfolk and advise on a way forward towards making a universal system across Norfolk a reality (recommendation 5).

***Practice Manager**: "…disappointingly, out of hours are not on SystmOne. …but it's a very fragmented system that a patient can speak to someone over the weekend…yes, we get the out of hours reports, but they're shooting in the dark really, because they haven't got access to SystmOne. Likewise, A&E. We've had conversations with A&E…only certain individuals in A&E can access SystmOne. Well, surely it should be a coordinated process. A&E has got SystmOne viewer, but only certain clinicians can use it. So what's the point?"*

4.2.2 Rising demands on General Practice

All practices involved in this project placed a spotlight on the demand that General Practice in Norfolk is under and the effect this has on their ability to provide good patient care. Outcomes from this project indicate that many staff described this as a constant battle from day to day, with supply not being able meet demand. The National Audit Office, (2015) estimated that there were 372 million consultations alone in General Practice in 2015 so it would not be uncommon for a practitioner to see 60 patients in just one day.

***GP**: "One thing to say is that the demand outstrips supply. That underpins everything. So we're constantly battling with that."*

***GP**: "Bottom line is it's a supply and demand equation. Because all has failed the test, Confucius said, work expands to fill the time available to do it in. So if you double the appointments then they still get filled up, that's something that happens.*

GP: "Having spent 20 years as a GP partner, General Practice in its current form is dying. Once its gone it will never come back and with it goes the good will, replaced by a salaried service. Unfortunately the most cost effective part of the health service has not been valued, and that has been reflected in a decline in doctors wishing to be partners in General Practice. Sadly NHS England seem to be allowing practices to fold and return the keys and not actively funding and encouraging mergers and federations of practices which is my preferred future."

For some, the demand upon GP practices is impacted by the buildings they are housed in, as to what services they can provide. The increasing demand of patients accessing the service means that some practices have simply out-grown the physical capacity of their building. For example, a practice with 10,000 registered patients would not be able to cope in a small cramped building with little space for consultation rooms. One practice highlighted restrictions on how many staff they can have working at any one time due to a lack of space in a building which is no longer fit for purpose, out-grown by the patient population.

GP: *"We've got permission to build an additional surgery room and an additional administrative area. We have the feeling that NHS England thinks, "Oh great, then we can push even more on these people." Well, they don't understand that we're so bursting full at the moment that we actually need those two rooms to pick up the pieces."*

This appears to create a postcode lottery type of scenario for local people; whether you can access a particular service or not depends on where you live and whether your GP practice can staff the service. As a result, some practices have had to stop accepting new patients due to constraints in General Practice, consequently some have closed their patient list. Linked to this is the scenario of practices taking on additional patients from existing practices due to the current GP practice landscape in their area. The suggestion was made that if NHSE continues to ask practices to cater for patients registered elsewhere, this will result in burnout of that practice and it may not be long until that practice can no longer cope.

GP: *"Yes, we want just to register formally our unhappiness about the extra number of patients that get sent to us from the neighbouring practices, because the neighbouring practices have closed their lists. At the moment, we are driving quite long distances to see patients who don't live in our practice area, and some of them are actually next door to a surgery that has closed their list. Literally, I have visited somebody who lived five metre away from the door of the other surgery and that's putting a lot of pressure on us."*

GP: *"Yeah. Unfortunately, NHS England see us as an easy answer to a problem that's happening somewhere else, but soon we will be a problem as well because we will not be able to manage this for long."*

Patient expectations are high

Alongside the ever-increasing demands are the high expectations of patients. Staff made many references to patients having increasingly higher expectations towards access to GP services. Staff made particular reference to patients' high expectations regarding accessibility to appointments and in specifying the clinician that they wish to see.

We also found evidence of this in some of the patients' responses to our survey, demonstrating the level of expectation in today's society:

- *"Just being able to see my own doctor urgently as I have COPD."*
- *"Get a doctor whenever I want."*
- *"Asked to make an appointment was supposed to be tomorrow but they rang to give me one today which was very good."*

Further evidence supporting this was highlighted in the recent national GP patient survey indicating that for many patients their perceived ability to get an

appointment was often related to their own convenience (Ipsos Mori, 2016). According to the same survey, 48% of respondents could not get an appointment because *'there weren't any appointments on the day I wanted'*. The results for this same survey in Norfolk show that 47% did not get an appointment as it was not on the day they wanted, 15% because it was not at the time they wanted and 13% due to not being able to see a preferred GP. These were the top three reasons, all of which fit with the common theme of convenience. Together, these findings suggest that satisfaction in making an appointment for patients relies greatly on it being convenient to them, in turn concurring with the high patient expectations cited by staff. For many of the reception staff we interviewed, they emphasised they are, at times, in a difficult position when patients request appointments. The question of whether or not to ask the patient about the purpose of their appointment is difficult. Reception staff had mixed views on this but all stressed that they were not medical professionals and as such it was considered unnecessary to establish whether a patient's need was urgent or not – but rather simply to ask if it was urgent and take the patient's word. Some described how an issue for a patient may be seem as 'urgent' in their eyes but perhaps not so clinically, however, patients want to be seen as soon as possible.

> ***Receptionist:*** *"We ask the patient if it's urgent, they say yes, we put them in with the doctor, the doctor then comes and says, "Hm, that wasn't urgent for today." No, I know that it's not, but I'm not medically trained to tell them it's not. I had a lady the other day ring up because she's got a lesion. It's been there for six months, but she wants an on-call appointment. I know the doctor's not going to be happy with that. I tried to get her to come in the next week, but she wouldn't."*

Perhaps as a result of the increasing demands upon General Practice, patients perceive that appointments can be more difficult to access, as the results of our survey shows:

- *"Appointments are few and far between."*
- *"More appointments slots, I usually have to wait a while to get one."*

The staff we interviewed suggested that this has led to some misuse of the system as described below, with increasing instances of patients booking appointments and not cancelling them, therefore not arriving for the appointment as also confirmed in our online survey findings. As a result, vital appointments and clinical time are wasted; some surgeries were making patients aware of this.

> ***Receptionist:*** *"But now patients have got used to it. They know if they say it's urgent for today, they're not going to have to wait till next week, the week after; they'll be seen today."*

> ***Practice Manager:*** "Increasing broken appointments are a concern, putting unnecessary strain on an already stretched system."

Never enough appointments

The staff we interviewed universally acknowledged that the number and availability of appointments is an increasingly challenging problem in General Practice and expressed the belief that practically there would never be enough appointments, even if you added more to the day, to cope with the day to day demand.

> ***Receptionist**: "I'd say there will never be enough. They'll just never be enough; that's the problem. And I don't know how much clout as a team, Healthwatch has, but that is the problem. I mean, yes, the GPs: we've got this number of GPs and this number of appointments, but there will never be enough. And then I think we could work from 8:30 in the morning until 7:30 the next morning and have appointments filed up and there still wouldn't be enough. But I think that we genuinely give a good service, that people who need to be seen on the day are seen."*

Workload increasing

The daily workload in General Practice was consistently referred to as becoming 'unmanageable', with staff emphasising its growth as a result of rising demands. The workload for NHS staff was described as unsustainable and cited as one reason why so many staff are leaving and retiring early, particularly in General Practice.

> ***GP**: "The seven day NHS always existed, I used to do lots of out of hours work in years gone by until the out of hours became so skewed and unmanageable and unsafe. But there was a time when I used to do midnight to eight in the morning and be quite happy doing that because I was doing something useful. But when I had to go from the other side of Acle to the other side of Dereham then I realised time was right to call it a day because that's not sustainable."*

> Practice Manager: "More and more pressure is being put on primary care from the Government and NHS England, together with local CCG. I feel that this situation can only get worse with the rumours of the new GMS contract, and the Five Year Forward View. GPs at this practice have always been, and will continue to be, patient focused. This in turn causes them stresses in their attempt to continue to give an excellent level of service to our patients. We have an excellent staff base who are loyal to both the practice and the patients. I wonder, however, how long this can continue with the increased workload."

Senior staff evidenced their experiences day to day, clearly describing the pressure staff face working in General Practice today in Norfolk practices.

GP: *"And on top of all that, we have to manage the practice and do all the other things we have to do. So deal with 80 blood results a day, maybe 60 pieces of mail, and ten-minute appointments throughout the day. And ten-minute appointments, as you'd appreciate, ten minutes is not long to first meet a patient, identify what the problem is, explore it with them, examine them, come up with a management plan, and initiate the investigation, is quite difficult to do in ten minutes. So there's a constant pressure of workload."*

Practice Manager: *"Practice management is becoming more onerous with managers often working 15-20 hours over their contracted time (mostly unpaid), to keep up with the workload. This could so easily be alleviated without all the red tape and hoops that practices have to jump through."*

The GP and patient relationship

Some staff highlighted the changing patient and GP relationship leading to a mistrust and lack of understanding. Staff felt that patients no longer seem to realise that staff are working in the best interest of the patients and are working very hard in doing so. In today's current climate staff feared that the relationship had become increasingly difficult, particularly due to the sheer amount of patients seen on a day to day basis and the relatively short period of time they have with each patient.

GP: *"On the one hand, we're patient focussed…but patients don't understand. Their perception is we're doing nothing…and it's factually completely wrong."*

In connection to the patients' perceptions of care, a GP recounted a particular instance of working with other services; in this case with a hospital to meet the needs of a patient who needed a referral. As a result of the lack of timely response from the consultant treatment had been delayed. This resulted in the patient's family becoming concerned and contacting Care Quality Commission (CQC) saying their needs were not being met. This GP went onto highlight the lengths they had gone to working on behalf of that patient to push things forward. They displayed their concern that patients did not seem to understand how committed staff are in accessing the right help and support for their patients and that there efforts sometimes were not respected.

GP: *"I know you're a patient voice and that's good thing, but sometimes it's not a good. Sometimes there's no trust, there's no belief that we're working hard in the patient's interests."*

Patients want to always see a GP – the nurse is the last resort

Closely linked to this is to this is the growing expectation of patients to see a GP in their practice or a preferred GP when in some instances they did not need to be seen or their needs could have been dealt with by another clinician such as a nurse or another service such as a pharmacy. Some staff felt that patient education was vital to using GP services appropriately.

***Receptionist**: "We're seeing inappropriate things as well because patients just think, "Go to the doctor, go to the doctor," where now there are other agencies or it may have been doesn't need dealing with by other services."*

***Nurse**: "The one thing that I don't like is that a patient will often come in because there's no urgent appointments with the doctor, they'll come see a nurse. "I didn't want to bother the doctor because he's busy." I'm twiddling my thumbs here. Usually it's something that is totally inappropriate, it might be something in their eye or-- and you just think, "Well, I can't even see that anyway."*

Practice Manager: "Given the increased demands from an aging population, together with population growth around Norwich, a huge education piece needs to be undertaken to educate patients as to the capacity constraints. We are still seeing too many 'coughs and colds' and 'sore throats' that patients demand should be seen by a GP....and get very aggressive when they are guided that GP appointments should be for those with real needs!"

Phone lines always so busy

One aspect of demand that stood out from the visits and staff interviews was the use of the telephone as a means of contacting the surgery. All practices shared the experience of the initial 8am or 8.30am 'rush' putting a strain on the telephone lines, due to the sheer number of patients trying to make an appointment. Yet this intensity continues throughout the day for many practices, with one practice highlighting they receive around 400 calls a day. Staff told us that for most patients this was the most popular way of making an appointment for a variety of reasons.

***Receptionist**: "The phones are very busy and it doesn't matter if you've got ten incoming lines, they will always be busy and you'd always get someone saying, "Well, I can't get through on the phone."*

***Receptionist**: "The vast majority are done through the phone because of the rurality of the area. Our phone lines open half past eight, and it goes crazy for about the first hour."*

***Receptionist**: "…or they will walk in because they feel that they're waiting on the phone if it's the morning."*

It was also evident through interviewing staff that practices across Norfolk have a range of appointment-booking telephone systems in place. Patient experience will differ greatly; some patients will call and the phone may be engaged so they will be cut off, when others call if the receptionist is busy the phone just rings and rings, and still others may encounter a queuing system in operation. A queuing system seemed to be favoured by both staff and patients when communicating. Through our patient survey, many patients expressed how it was difficult to get through on the telephone and said it was helpful to know where you were in the queue. For example one patient suggested that the phone line is always busy due to lack of a queuing system: ***"Lines busy there's no waiting or music"***. Another patient highlighted an improvement was needed in the waiting time on the telephone: ***"Waiting time on the phone - queuing system"***. Lastly, one patient expressed their concern with the telephone system: ***"Understand that the doctors are busy, but it's hard to get an appointment. Hard and expensive having to ring continuously as you can't get through"***. Taking patient preferences into account, it would prove useful to have queuing systems in place in every General Practice across Norfolk to help manage patient access (recommendation 1).

Use of online appointment booking is limited and needs encouragement

It was interesting to note that telephones were ringing off the hook and lines always busy, yet online bookings and appointment are clearly not being utilised by patients to their advantage. According to the national GP patient survey, 86% of patients had not used any online booking system in the previous six months, in Norfolk results were hardly dissimilar at 85%. The percentage of patients choosing to book appointments online has not increased dramatically changed remaining at 6% for the past two years (Table 6). For Norfolk patients, awareness of online appointment booking services in GP practices has remained the same – 51% since January 2015. The majority (85%) of patients do not use any online appointment method – a proportion that has remained high since January 2015.

Table 6. ***GP patient survey results - January 2015, July 201 and January 2016 on online services.***

	CCG Average % Jan 2015	CCG Average % July 2015	CCG Average % Jan 2016
How you normally book appointments			
Online	5%	6%	6%
Awareness of online services offered by GP surgery			
Booking appointment	28%	29%	31%
Ordering repeat prescriptions	33%	34%	35%
Accessing medical records	2%	3%	4%
None of these	8%	8%	7%
Don't know	51%	51%	51%
Use of online services at GP surgery in past 6 months			
Booking appointment	6%	6%	7%
Ordering repeat prescriptions	12%	12%	12%
Accessing medical records	0%	0%	1%
None of these	85%	85%	85%

Most staff said online services are available to patients in their practices, but often limited in some way. When questioned further, staff described a mixed bag of options for patients in relation to online appointments. Very few practices provided online appointments for both GPs and nurses. Yet patients hinted at the need for more online services and appointments in practices to create ease of access: "*More online appointments may be useful…*".

> ***Receptionist***: *"The online is limited to a certain degree because we need to control a bit what they're booking in for with the online system, so it's there. But they're used. The online appointments go most days."*
>
> ***Practice Manager***: *"Then we also have online booking facility so a limited number of appointments available online. The reason we have it limited is because of our demographic we don't get a lot of people booking through the online system, and we don't want to lose-- waste appointments, so we have a couple a day available and if they're not used, they turn into bookable appointments so they're never lost."*

Since April 2015, every GP practice has been required to provide an online appointment booking facility. From the visits and observations we made when practice waiting areas it was very clear that online services were not routinely or clearly promoted to patients. We saw little evidence of patient information (e.g. posters and notices) promoting this aspect of the GP service but there was no clear reason why practices would not want to use online methods to their advantage. This is further supported by responses to the patient survey showing that only 4% booked their appointment online. Given that the telephone lines are so busy and there is such a demand, it could be highly beneficial to make sure of an additional service

that could help alleviate the pressure on the phones. Staff suggested that patients may be put off online booking as a result of confusion over the different roles of clinician hold.

We suggest, therefore, that practice across Norfolk could do more to make patients aware of how to use their online services easily. Some practice staff clearly see the benefit of promoting online services and support our suggestion of its benefits in addressing some of the demand within General Practice.

> ***Receptionist:*** *"We try to encourage more people to do it online because the phones are very busy."*
>
> ***Receptionist:*** *"Majority of our patients phone through to the surgery but we are trying to encourage the online services. We are really pushing it at the moment because obviously that would help them because they can then check appointments, cancel them, see when they are if they've forgotten when it is, and obviously order their repeat medication online as well so we are really trying to push that so people can obviously do all the online services which is easier when they're at home seven days a week."*

Some of the staff we interviewed highlighted the effort they had put into online services in opening up availability to allow patients more access and flexibility when booking appointments. One particular example that stood out was a practice that described the roles of staff particularly nurses and what they can do alongside the appointments that could be booked online, enabling patients to have greater awareness and to make a better choice of clinician. Some staff were keen to stress that patients do not always need to be seen by a doctor but require more information to arrive at this decision.

> ***Receptionist:*** *"I mean, also we noticed that people couldn't book smear tests online, so we've now allocated set slots for cervical screening so patients can now book those online as well. So we do change it when we notice things need to be slightly updated to allow the patients to do more things."*
>
> ***Receptionist:*** *"We're always looking at the website and seeing where we can change things, for example the nurse, we've now introduced a system where it actually tells the patients what each nurse does, so what the nurse practitioner does, what the practice nurse does, so when they book appointments online they don't book in with the wrong nurse."*

4.2.3 Relationships with Mental Health services in Norfolk

Perceptions that mental health service are poor and their resources cut

Mental health services seemed to be at the forefront of many clinicians' minds. It was widely acknowledged that many staff had concerns regarding the quality of mental health services and the timely nature of their support the views expressed centred around the quality of mental health services not being as good as they should be, a matter that staff felt we would hear time and time again in relation to the reduction in (financial) resources allocated to local mental health services.

> ***GP:*** *"Mental health is in complete chaos, as you've probably heard from other people. But again, that's a resourcing implication…that's a resource issue, and it's also a demand issue, and it's just escalating as the resources are cut. I think someone said there was a 25% cut from last year on their budget, but in the same time, demand would have increased by multiples of that. And so they're trying to design their service to square that demand-supply equation, but at cost to patients."*
>
> ***GP:*** *"It's a national problem and it's been underfunded for a long time."*
>
> ***GP:*** *"But x has her hands tied because x not resourced. And they're having to manage on the resources they have. But it has a knock-on effect on the way the service looks to patients."*

GPs unsure where to send patients for mental health support and communication with the service

In particular reference to one group of clinicians, GPs highlighted their concerns about the confusing state of mental health services in Norfolk and alluded to the fact that it is difficult to know the appropriate departments of the mental health service that specific patients should be referred too. This interferes with effective communication between GPs and mental health services and impacts upon the quality of the relationship.

> ***Practice Manager:*** *"We have a regular multidisciplinary team meetings so that is very well attended. So we have our integrated care coordinator, community matron, we had some therapy staff last time, social worker, one of our GPs heads it up, I go to it and we're very open to anybody else who feels there's value. Mental health workers were invited but they've never come."*
>
> ***GP:*** *"I don't think they have great communication between us and the mental health services. I think we find it very confusing here the number of acronyms and team names for the various different bits in the mental health services. It's difficult to know which bit of it we should be referring to for a particular problem, and inevitably, if we don't get it right, they'll send it back and just to say, No, we're not the right people."*

This highlights the vital need for clear communication lines between GP practices and mental health services. The General Practice Five Year Forward View suggests it will look to address this, in the form of 3,000 mental health workers working in surgeries (NSHE, 2016). However, staff were unsure of how that will look in reality. Staff told us that timely communication between GP practices and mental health services is so vital. This point was stressed further by staff describing an absence of mental health workers in GP practices and in particular non-attendance to the multidisciplinary meetings that many practices hold.

Mental health support inappropriate at times

Not only were there implications from funding for mental health services but the staff persisted that, at times, the support offered to patients is inappropriate and the timelessness of that response to support is questionable, therefore not benefiting the patient when help is needed the most. This was particularly so when attempting to access support for young people.

> ***Practice Manager**: "There is very little focus on the needs of young people (18-25). Most of focus in continuously on elderly care and hospital avoidance. Mental health care for young age groups is particularly difficult to acquire and the demand, particularly for this age group is rising rapidly."*

Staff told us that often many patients need one-to-one support, may not be able to cope with big groups of people and that the initial referral may default to Cognitive Behavioural Therapy (CBT) which some clinicians do not consider the appropriate approach for every individual.

> ***Nurse**: "Actually people who think they've self-referred to wellbeing, not being responded to, actually identifying services they can actually access. People that I really do think need a one-to-one being offered, weeks later, a CD or just inappropriate and actually insulting. We had last week, one of the GPs was really concerned about somebody and spent one hour trying to access somebody to help them in mental health and they just did not respond."*

In the more extreme circumstances of need, timely access to mental health service can be critical, yet far too often staff described instances where support took too long and the consequential affects this can have on patients care.

***GP**: "So you can have patients referred with active suicide… I had a patient…I referred him urgently. Not only referred him; faxed the letter; phoned the referral agency; spoke to them directly…and he wasn't seen for five months.*

There was some contact made with him over the telephone. But I said to them and specifically both verbally and in my written referral "This guy was very intelligent. He was not suitable for a telephone assessment…

…because …you wouldn't get how unwell he was and how at risk he was by speaking on the telephone. He was extreme risk. And yet, despite all that, it took that long to see him. And he survived because we kept a close eye on him, he had some input from a private source, and luck. And that's a recurring theme with mental health. It's absolutely not fit for purpose.

Oftentimes, telephone triage is used to manage patients who we have assessed already and the people that doing telephone triage are not as qualified as we are. So you see…it doesn't make any sense, this service, and it's got no hope of being successful."

The need for appropriate and timely mental health support was further advocated in our validation survey findings, with 91% of staff agreeing that they had experienced slow response rates from mental health services. It was also strengthened in further comments staff chose to make.

***Practice Manager**: "If you could grant one wish it would be for Mental Health Services to be completely redesigned, putting the patient at the forefront of everything the Mental Health team does, together with the budget to allow this to happen. I lie awake at night worrying about patients out in the community who need help but can't access it. Suicidal teenagers need to be seen sooner than the current six week wait."*

Clinical need and timely support

It was also referenced that it takes a lot of effort to get mental health services to take on a patient or even see a patient - despite a GPs referral - particularly when a patient may not wish to openly talk about their circumstances. One Practice Manager articulated their staff's challenges with relationships between mental health services and GPs; essentially, the issue was that a GP may decide a patient has a clinical need to be seen within the referral time of 72 hours, yet mental health services too often dismiss and discredit the GP's recommendation, suggesting the support is not required so urgently.

***GP**: "If you're worried about someone, it would often take quite a bit of ringing and faxing to get someone seen or to get someone seen again because they were asked or they didn't want to talk to the people and they did try. And they seemed to have a very low threshold for saying all they didn't want to talk to us so we've discharged them. These are people that aren't really likely to talk to them…"*

***Practice Manager**: "The Mental Trust we have issues with…the kind of pressures between our GPs thinking that a patient needs to be seen in 72 hours…And often they'll get bumped by Mental Health who say that they've triaged them and they don't think that's necessary…You know, they could have a conversation about that. But instead they just usually send a fax saying this is being rejected. And that's, well it could be clinically dangerous and it could put the patient at risk…"*

Some staff described the barriers put up by the mental health service crisis team in accepting a patient with (in their view) limited consideration given to the clinical need of a patient. They also articulated a sense of a lack of respect for general practice and that a good working relationship is so vital between those working together for the mental wellbeing of patients in health and social care for Norfolk's patients.

***GP**: "I think it's just that we, sometimes, you get put around the houses. And, it can be very frustrating, I was shocked how I was dealt with by a member of the crisis team recently. It was very, very inappropriate and very, very disrespectful. It was pure…it was putting up a barrier to try and make sure they did not get to have to deal with that person that time. They didn't show any respect for the clinical need for patient, or any respect for the time and effort that I would have to present. So, appalling service. That needs to be fed back to the crisis team."*

Another example provided in an interview demonstrated the lack of timely support when involving the Norfolk Mental Health Crisis Team, to the detriment of the patient's wellbeing and that of their family member:

***Practice Manager**: "We had been monitoring and reviewing the patient's condition, and felt it was appropriate to refer through to the crisis team because things were definitely getting worse.*

Four-hour referral, crisis team then rang us back an hour-and-a-half into that four-hour referral and said, You need to see the patient face-to-face. We have done a telephone review with the patient and his mother this morning, why do we need to see face-to-face?" "Oh, no. You must see face-to-face." We asked the patient to come down here. He wasn't happy doing so but he attended. He started physically attacking his mother in the consultation room. Ultimately, police were called. He assaulted a police officer, and was then arrested."

Unfortunately it was often recounted that mental health services were not providing help quickly enough as general practice staff would like, when they are working for the best interests of their patients.

> ***Nurse**: "It's not always available at the speed you would like it to be available, but we can all say that. We would like ideally a mental health nurse to be available when you need one. But that's not feasible. It's not going to happen."*
>
> ***Nurse**: "Sometimes, when you've got sort of urgent things, you want them to pick up and it doesn't always feel like there being picked up urgently, if at all…"*

4.2.4 Relationships with District Nursing

When asked about communication with other services outside of the GP practice, community nursing was commonly referred to and in particular the District Nursing Hub (Single Point of Access) that is in operation in Norfolk. A majority of staff expressed deep dissatisfaction and were keen to articulate the reasons for their dissatisfaction. Most frequently it was the difficulty in communicating and the barrier to communicating with district nurses directly as the new hub arrangement does not allow for this to happen easily.

> ***Nurse:*** *"You would like to be able to just pop along the corridor and have a word with the district nurse and say, "Can you just go out and see Mrs Blogs round the corner?" That's not feasible. It used to be years ago because everything was much smaller. We weren't as busy, they weren't as busy…"*

Others described how communication used to be efficient and effective between GP practices and District Nurses, but this was no long the case in Norfolk. This dissatisfaction was evidenced in the interviews and in the results from the validation survey. Practice staff felt there was a loss of relationship particularly between GPs and district nurses. The staff in General Practice often recounted how they used to know the district nurses personally, but now they don't, due to the change in the system and the way it operates. This loss of relationship indicates another deficit in communication between GP practices and community services which in turn have the potential to affect patient care, smooth transitions and access to services outside of the GP practice that patients may need.

> ***GP:*** *"Where we used to have district nurses worked very closely with us, we knew them all personally, they'd be in and out of our consulting room, talking to us directly, you know, exchanging information about patients. Where now they're don't have an office; they're based from home; they get work delivered electronically by a single point of access. There's no continuity of care. There's no feedback."*

This is supported by other comments received from staff, setting the scene of community nursing today and how it operates. Staff continued to share their concerns at the current system and disappointment at a perceived lack of progression in the service, from their perspective.

> ***Nurse:*** *"You have to do an electronic referral. It goes to a central hub, they then look at it, decide what we need to do, who needs to do it, and then they send somebody out. It may not be somebody actually even from this area. That's progress? I don't know. I wouldn't necessarily agree that was progress but that's how it is and that's what we have to work with."*
>
> ***GP:*** *"So we are expected to do a referral form or ring a hub, where you talk to somebody who isn't going to be involved with the patient care, who then communicate with the district nurses and send them out. So there's been a disconnect between the GPs and the district nurses."*

> ***GP**: "…something that they call a transformation, which I think has been a disintegration of care from the surgery. So two or three years ago, we had our district nurses based in the surgery."*

Strict and narrowing eligibility criteria

Some nursing staff in particular expressed their concern that the criteria patients need to fit to be seen under a district nurse has become very stringent now, with little room for flexibility. Staff gave examples of where practice now differs to the past, when patients would have been seen by a district nurse for dressings to be changed but now patients no longer fit the criteria or there are no community nurses available. This results in practice nurses taking on the addition workload and seeing patients who would have previously been seen by community nurses.

> ***Nurse**: "I think it has but I don't think it's most probably the nurse's fault. I think it's just general constraints on the system. But often for an example, we've had a 91 year old lady who had a hip replacement, and district nurses wouldn't come out to take her clips out. She was reasonably mobile. But how mobile you'd be after a hip replacement. There's not a lot of flexibility. That woman was in her 90's, a frail lady, but she could step out of her door, so that was it, that's cut and dried. They weren't going to come out to her. So she did struggle to the surgery, where a few years ago there would have been a little bit of discretion there."*
>
> ***Nurse**: "…patient choice, if there are even a choice really because they have a very strict criteria in district nursing that there is no choice. There has to be a very housebound patient really can't step out of the door to qualify for a home visit. Which sometimes seems, doesn't seem to be a lot of flexibility in that."*

This increases the demands placed upon General Practice staff and we have been told that these ever increasing demands will not prove to be sustainable for the future of General Practice and better, stronger links to work together need to be forged. What was also alarming to us was the constraints upon districts nurses' time when they are out visiting patients. One member of staff described how the service that the district nurses offer on the ground is very good yet a district nurse explained how she could not spend long with a patient as she had so many other patients to see in the day: *"The service they offer on the ground is great. [The district nurse] collects some paperwork, and she said, "I've just been to [the patient] and I had to tell her I hadn't got time because I've been booked in to take her blood…".*

This closely resonates with the continuity of care that patients have told Healthwatch Norfolk that they want, particularly when they are receiving care

within their own home. Both staff and patients report that this is no longer the case and described the effect this can have on a patient care as a result, particularly when care is not sufficiently followed through. This closely coincides with the continuity of care that patients want, particularly when they are receiving care within their own home.

> ***Practice Manager**: "…use of bank, use of agency, lack of organisation, lack of communication, lack of any systems because there are different people every day going to see these patients that they used to have a relationship with and would know INR needs to be done, hasn't been done because it's just a different work list."*
>
> ***Practice Manager**: "We don't see the team anymore because they're completely transient. Their base is now their home. They pick up their work list the night before from the hub. There's no continuity for the patients, this is not me very negative about it, this is the feedback from the patients. There's no continuity."*

Poor quality community nursing service due to miscommunication

Alongside the lack of continuity experienced by patients - with so many different nurses going into patients home to provide care all from the same system – patients and staff told us mistakes can be made and miscommunication is common. One member of staff working in General Practice gave a very practical example of this and what the affect has been on staff working within and from the 'hub' system leading to increasing concern.

> ***GP**: "We had a significant-event meeting where there was about 12 examples of anti-coagulation therapy, blood results not communicated appropriately from the district-nurse team to us. 12 significant in a period of two or three months. And that's not a function of the poor district nurse practitioners; that's the function of a service that's been cut back and designed to keep them working-- not speaking to people, really; just doing unit jobs, job after job, without any face-to-face, quality communication. So the quality of the service falls apart, whereas the quantitatively, you could argue, it may be slightly improved, but it's a massive cost to quality of care. So that's a problem for example with district nursing services."*
>
> ***GP**: "They know that I'm unhappy with the service that's being offered. The service we have now is worse than it was two or three years ago. But there's got to be a better way of actually transforming the service."*

The conclusion of our findings relating to community nursing to indicate that further work is need to understand the hub system, the views of those working within it and the impact upon patient care. This is further work that Healthwatch Norfolk could undertake (section 4.3 and recommendation 3) complimenting the work with have achieved with the emphasis of GP practices being at the heart of care for patients.

4.2.5 Relationships with Hospitals in Norfolk

One very prominent theme throughout the interviews, that was evident from the start of the project, was the relationship between primary care (GP practices) and secondary care (hospitals) in this region. In Norfolk we have three main acute hospitals and all were referenced throughout this project, in respect of areas of both good and poor practice. Staff had several concerns regarding the relationships and communication they currently have in Norfolk, particularly with some consultants working in secondary care and their perceived attitudes towards GPs.

> ***GP**: "In a lot of ways there is the dignity and decorum of being a GP has gone out of the window. 80% of the time I don't feel either of those two qualities in my day-to-day life really. Not with patients, not with professionals because there's such a condescending attitude across that system. And I think of the hospital consultant fraternity, the times they are nice to me almost makes me cry because nine times out of ten they have an attitude about things, and I get spoken to like as if I were a medical student, and when I'm closer to retirement than to the beginning that's really tough. That's one side of things."*

Our project has shone a light on the existing communication channels between the primary and secondary services and found evidence that neither are simply not communicating as they should. We were told that communication is usually initiated by GPs and can be very difficult and at times unfruitful.

> ***GP**: "The solution really is in secondary care, and I can't get secondary care to respond. So that guy, we're trying desperately to admission avoid - which is what the government would like us to do - but I can't sort him out because I can't get the secretary to call me. The consultant was very engaged with me the first time, but there's been developments and he hasn't phoned me back, and now he's gone on holiday. And I'm stuck. And all the time, there's a patient with a problem that's not life threatening but is distressing and needs a solution."*

One concern commonly expressed regarding communication with acute services was the quality of paperwork that GP practices received from hospitals. Many GPs reported inconsistencies in the documentation that they received which in turn generated distrust. Many referenced the increased workload on GPs or General Practice staff as a direct result of having to check the accuracy of all written communication they receive from hospitals. All this time adds up and on top of a day full of 30 to 60 patients. GPs felt they were being stretched even further by

having to double check information that should be clear and concise upon first inspection.

> ***GP**: "It's pretty poor, it tends to be one-way, sending stuff out, and then us having to correct. I think the issue a lot of us have is there's a continuous need to check everything that's done. Paperwork comes in incorrect, wrong drugs, no drugs, no paperwork, or tool and it's just kind of pushed out, and then it's up to us to check it and make sure it's correct and then send it back ask to be done again, or to be changed, or to be corrected. So we can't rely on it, I think we know that we can't rely on it, so we look at the actual list of medications."*

Another issue raised was the verbose nature of written communication from hospitals and often the information is written in quite lengthy paragraphs rather than being short and sharp to the point, making it harder and more time consuming to address the patient's most pressing needs.

> ***GP**: "Communication from the hospital, the written communications, as far as I'm concerned I think that needs to be sorted out but I don't think it'll be sorted out in my lifetime, because the letters are so verbose they're not crisp, and it's not precise, it's not clear, it's not specific, it's not short. So that leads to a lot of minutes and therefore hours spent trying to unravel what's in there. In the front hospital there's a big gap there, and things can be streamlined and made far far more crisp than they actually are…Whereas letters nowadays if you look at them end up in a fairly fluid paragraph. You know, "I suggest we try this if it is okay with you," kind of thing. Then that leaves us in limbo because I wouldn't know whether that has been discussed with the patient…"*

Always referred back to General Practice

By far the most prominent concern regarding primary and secondary care communication, was frustration of an additional workload falling onto General Practice as a result of a patient having attended an appointment at the hospital. Practice staff felt that GPs are seen as the 'get out clause' for so many instances between primary and secondary care. Practice staff told us that patients are consistently being sent back to GP practices across Norfolk with requests for further test and further blood results - all elements that practice staff think could swiftly have been organised in the time of presenting to secondary care - yet consultants send patients to their GP.

> ***GP**: "…I know that they are trying to get a hand on this but patients are being continually pushed away from secondary care back to us. And often, the patient doesn't understand why they got their results. You get, say, a consultant, you have a test on, and then you just get nothing and told to see a GP for the results. Now, this GP may not be specialist so we can't necessarily interpret the results properly. You end up with all these wasted appointments because they've come to see to say, "Where are my results?" and then they haven't been sent. So there's an awful lot of trying to organize what they're doing."*

Not only was this issue expressed very strongly, when it does happen the end result is patients returning to the practice to sit before their GP with an appointment asking for their results - and the GP has nothing to tell them because there has been no communication, no results sent through and the GP cannot help the patient. This then in turn lead to a wasted appointment and further work for the GP to chase up and find the results and disappointment and frustration for the patient. Staff commonly recounted instances of asking for test to be completed, medication to be given which all equate to further demand on an already strained system and workload on GPs in Norfolk, as this example suggests:

> ***GP**: "for instance, I had some blood results phoned through that were quite unhealthy looking. I looked at it, I didn't know why they were there, but I looked through and this person had been in QE for a few days, and they've been sent out. They wanted to just repeat the blood test a week or so later, and also check a result that they've requested but haven't gotten it back by the time the patient was discharged. That's an irritation in itself when they say, "GP to follow-up, can you chase this query, this result, that result." So this particular one, I managed to download the results from the admission and found that the ones that we did repeat it at their request a week later - on a Friday afternoon, we got the results - were less good, so then we had to ring up the MAU and say, all of that, So they took them back in."*

Prescriptions cause concerns for some practices when patients have been given a prescription at the hospital or told to collect at their GP practice but the practice cannot prescribe it. This is often due to the limitations in place upon General Practice prescriptions and what comes within the formulary and budget. We were told this puts a strain on the patient and doctor relationship and tension between primary and secondary care. Staff said they felt that primary and secondary care have become very remote from one another and the gap is increasing.

GP: *"Oftentimes, patients who come with an illegible prescription that we're supposed to write medication for it, and sometimes it's a medication that we wouldn't recommend or we're not funded for in primary care. Or the prescribing advisors to primary care would say, "This is a high-cost option. We can't afford this." But consultants continue-- so primary care, secondary care not talking to each other in terms of the prescribing lead. So you get tensions there."*

Practice Manager: *"This should have all have gone through the hospital. So they should not be discharging patients saying, "Well, NICE guidelines do recommend this but actually primary care and the CCG may not do this but go and speak to your doctor." Because actually it raises expectation, it just shifts, and I have to say in the last few months I've dealt with so many patient complaints and all of them say, "But if you see my hospital letter, doctor x has said--" It really is impacting on the relationship between the doctor and the patient because then it's a bit like somebody else said I'll have it and then you're my doctor, you're the one saying I can't."*

With reference to communication with secondary care one GP stated: *"You have to work hard sometimes to get the response you need for a patient. So in that sense, you're almost an advocate for the patient in secondary care."* The problem of additional workload being gained from General Practice was also evident in the recent General Practice Five Year Forward View (NHSE, 2016). There is a recommendation for new regulations to take effect to stop this from occurring and that CCGs would be the ones responsible for ensuring this is maintained.

GP: *"Because things like the on-call days, I can easily see another 10-15 patients if I wasn't spending time doing prescriptions for pretty mundane stuff, that a hospital clinic tells the patient, "Go to the doctor and get it."*

GP: *"Because we do waste an awful lot of time in it. It wastes sort of our secretaries' time, our time, and the hospitals secretary's times, and then the consultant times when we write to them and say, "Can you actually explain what the medication this is? Was this stopped, was it not stopped?" So the electronic discharge should have stopped that happening, and I think it's reduced it a lot, and at least we can read what happened now, but it's still bit of an unreliable thing in terms of medication."*

GP: *"Let's say, a day, we see, say, 30 patients, I'd say probably a couple of those would be purely admin things, literally. I've got a letter from the hospital, what does it mean? Have you got my results from the hospital? Real things that should have been there, so I'd say probably a couple of appointments a day or this is come through, what does it mean? So that's the referral that we spoke about last week or that kind of thing. It's probably one or two a day for every doctor."*

The staff we interviewed told us the amount of time they are spending addressing these issues is increasing and one GP recalled that one or two appointments a day are often absorbed by these sorts of administrative tasks due to lack of clear communication between hospital and patients and hospital and the GP practice. In light of this further work is needed to address these issues (recommendation 3, section 4.3).

Having to refer once again

It was interesting to note that, in contrast, practice staff reported that often communication is maintained when a patient does not attend and appointment or a referral in secondary care. However, wrapped around what would seem a straight forward issue of a patient not attending is the added complication that often patients were unaware they had an appointment. This was suggested to be due to either the original documentation or communication being delayed or the fact that the patient had cancelled their appointment but the hospital department had not followed this through. All these examples cited often result in the patient being taken off the referral list. In the case of a genuine error, the patient has to go back to their GP to be referred again.

> ***GP**: "Unfortunately, what they'll often do is they'll write thank you for referring x but they did not attend. In line with our current guidelines, we're discharging them, but they don't copy the patient in. So the patient, if they haven't received the appointment, has no idea that this has gone on. Some departments do some don't there's no policy."*

We were told that some departments appear to operate a 'two strikes' policy; they automatically cancel a patient from their list and often do not inform the patient of this, thereby causing further confusion for the patient and practice.

> ***GP**: "There's some departments where you'll be seeing, you got, say, rheumatoid arthritis, you'll see a consultant for ten years and you missed one appointment and discharged. It's obvious that they need to come back so then they'll come and see us, they say, "This has happened, I couldn't make the appointment, I cancelled it." And we then write a letter back to them. I don't think we will change that. That's always been like that."*

One final point that we would like to highlight is the recurring theme that patients do not want four of five people involved in their care. This is because these scenarios involving many practitioners or services can become very confusing for patients particularly when the professionals are voicing something differing opinions (and occasionally conflicting opinions between consultants too).

GP: "I think if there is another concept I would highlight is that there are too many people doing the same thing. And often you find that at lots of different agencies, all kinds of flowery names are involved and everybody's writing large reams of stuff on the computer screen and it goes around in great big circles. Someone coined this phrase recently and said everybody's signposting, nobody's actually doing it. Everybody's telling what the other person ought to be doing kind of thing, and that gets pretty tedious. And of course from the patient's point of view, I'm sure it gets pretty muddy because different people can have different opinions, none of which is wrong but having those slight variations of it, medicine it's not a terribly precise science much of the time."

4.3 Next steps and further work for Healthwatch Norfolk

The findings from this piece of work will be shared and discussed with the practices involved and partner NHS organisations in Norfolk. We have made five recommendations (overleaf) based on the evidence we collected and we will keep an eye on these and ensure that the public and staff are informed of our progress.

The detailed interviews with staff highlighted the difficulty in getting patients to complete the FFT feedback form once they had used the service. We will continue to work with GP practices to enhance the patient feedback they receive and use our patient feedback centre as a way to promote the value of feedback to both patients and GP practices. We will continue to create good communication and relationships with GP practices across Norfolk, working with them in a positive way, emphasizing the success of this work. In relation especially to the FFT, we will continue to look into ways of partnership working with GP practices to increase their FFT responses throughout our further work and engagement in the future.

Following on from this large piece of work we will consider the option of further work to:

- Investigate the reported variation in awareness and provision of patient transport in Norfolk, using the links we have initially made with many GP Practices across the county. This would entail working alongside Norfolk County Council and the Older People's Forum around the Living Longer, Living Well Strategy in relation to transport (recommendation 2).
- Explore the relationships between community services, mental health services and acute services (hospitals) in Norfolk with GP services, as a way to further explore our top five findings from this report (recommendation 3).

5. Recommendations

Evidence	Recommendation	For	Follow-up action *"HWN will…*
1. Booking appointments by telephone and online Only 4% of patients we spoke to had booked their appointment online with many others finding the experience of telephoning for an appointment disappointing.	Practices should raise awareness of their online appointment booking systems and encourage patients to use them. Encourage practices to adopt a queuing telephone call system.	GP Practices in Norfolk and their PPGs	…contact all GP Practice Managers, PPG Chairs and CCG Primary Care Directors.
2. Community transport for patients Staff did not know whether local people were aware of what community transport is available in Norfolk – none of 338 patients we surveyed had used community transport to attend their GP practice.	Map the availability of community transport in Norfolk and improve local signposting.	Healthwatch Norfolk and Norfolk Older People's Strategic Partnership Board	…present a formal project proposal to the Quality Control Panel in October 2016.
3. Relationships with community nursing, mental health services and hospitals Staff raised concerns regarding timely patient care and effective communication when working with other NHS services.	Further explore the key messages raised by staff in General Practice by engaging with community nursing services, mental health services and hospitals.	Healthwatch Norfolk	…present a formal project proposal to the Quality Control Panel in December 2016.
4. Patient feedback in GP practices Staff highlighted the difficulty in getting patients to complete the FFT once they had used the service.	Encourage practices and patients to make use of the Healthwatch Norfolk feedback centre.	Healthwatch Norfolk	…promote feedback from local people and increase availability to commissioners and providers of local GP services.
5. IT systems used in General Practice Staff told us practices are operating on two IT systems and that this can compromise communication between GP Practices and other services, potentially to the detriment of patient care.	System leadership is required to coordinate investment in primary care information systems in Norfolk and improve information sharing across health and social care services.	Sustainable Transformation Plan (STP) Project Management Office	…scrutinise development and delivery of the Local Digital Roadmap.

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7. Appendix

7.1 Patient Questionnaire

Survey of patients using GP services in Norfolk (primary care)

1) Appointments

Please describe the /injury/ illness/ reason which has led you here (please tick all that apply)

Accident *(eg.falls)*		Long term medical condition *(eg.asthma)*	
Vaccinations		Blood Tests	
Mental Health		Prescription medicines	
Flu/Cold/Infection		Severe pain/ Nausea	
Sexual health		Follow up	

Other (please say): ……

When did you actually make todays appointment?

Yesterday or today		
—	Days ago *(please write the number of days)*	
Didn't make an appointment		

How did you make the appointment?

Telephone (person)	
Telephone (automated)	
Online	
Face-to-face (visited the surgery)	
N/A	

2) Was the person you spoke to courteous and friendly and helpful?
(Please rate on a scale of 1-5, 1= very poor, 5= excellent) (please circle)

1 2 3 4 5

3) Please rate on a scale of 1-5 how effective you think the appointment system is at this surgery? (Please rate on a scale of 1-5, 1= very poor, 5= excellent) (please circle)

1 2 3 4 5

4a) On your previous visit, did you feel your explanation of why you came to see the doctor was listened to? (please circle)

Definitely Sort Of Not really Not at all

4b) Was it made clear to you what happens next after your consultation? (please circle)

Definitely Sort Of Not really Not at all

5a) How would you rate the surgery overall?
(Please rate on a scale of 1-5, 1= very poor, 5= excellent) (please circle)

1 2 3 4 5

5b) What do you think could be improved and share your experience(s) of the surgery?

……

……

……

……

Please tick this box to confirm you understand that your comments will be made public ☐

6) Arriving today

How did you get here?

Walking	
Bus	
Car	
Taxi	
Cycling	
Community transport	
Other	

If you arrived by *car* how easy is it for you to park on a scale of 1-3?

1- Not very easy	
2- Neither easy nor difficult	
3- Very easy to get here	
N/A	

How easy is it for you to get to this surgery on a scale of 1-3?

1- Not very easy	
2- Neither easy nor difficult	
3- Very easy to get here	

About you

Please tell us a little about yourself:

Sex	Male/Female
Your age (years)	
Postcode (first half only e.g PE30)	
Your ethnicity	

Tick all options that describes you:

Retired	
Student	
Employed full-time/part-time	
Unemployed/ house person	
A carer	
Ex armed-forces personnel	
Are or have been in the care system	
You needed a carer immediately after you have been discharged from hospital.	
You have/ need treatment for cardiovascular issues.	
You have/ need treatment for diabetes.	

Thank you for doing this survey. We value your feedback.

Patient Survey Prize Draw

We'd like as many people as possible to complete this GP Patient Survey. To help with this, we are running a Prize Draw. If you choose, you can enter our Prize Draw to win a £50 Love2shop voucher. To enter, please provide some contact details.

This part of the survey will be removed so that your personal details are separated from the answers you have given. This means that your answers are kept in confidence and you cannot be identified.

Yes, I'd like to be entered into the Prize Draw (please tick) ☐

Contact telephone number……..

7.2: Professionals interview guide

1) Systems and procedures
- Appointments and booking systems. - Triage and arrangements for urgent appointments. - Home calls and visits. - System difficulties affecting patient care. - Identifying ex-service personnel. - Confidence in adhering to the Armed Forces Covenant.
2) Access *(this refers to the facilities and location of practice)*
- Ease of patient access to the practice. - Procedures for patients unable to access. - Patient transport and location.
3) Communication
- Developing the practices atmosphere and approachability. - Effective communication with providers. - Inclusive methods communication. - Information Technology and service providers. - Working with ex-service personnel.
4) Choice & Referrals
- Patient choice and referrals. - Practical realities of patient's choice. - Choice and patients families. - Patient tracking in referrals system. - Enabling patient choice.
5) Courtesy and Customer Care
- Patient feedback regarding courtesy and respect. - The service your practice offers for patients.
6) Dignity
- Managing patient's dignity. - Understanding the practices approach towards: Deprivation of Liberty Safeguarding, Mental Health Capacity, Disabled People and Palliative/End of Life care.
7) Safety
- Understanding staff training on Norfolk safeguarding. - Understanding multi agency interaction on safeguarding. - Awareness of restrictions to Norfolk-MASH process and overcoming them. - Knowledge of what's in place to prevent harm to patients.
8) Training of staff
- Understanding in-house training for all staff. - Types of training provided. - IT systems and training. - Sharing information and educating patients.
9) Current working practices
- Examples of effective practice. - Examples of constraints in practice.

7.3: GP practices Involved in working with us

This list includes practices we visited across Norfolk and their branch surgeries.

1	**Gayton road health centre**	**9**	**Fakenham Medical Practice**
-	Carole Brown Health Centre	-	Walsingham Surgery
-	The Hollies Surgery	**10**	**Shipdham Surgery**
-	Fairstead Surgery	**11**	**Mundesley Medical Centre**
-	St. Augustines Surgery	-	Bacton Surgery
-	Hunstanton Medical Practice	**12**	**Heathgate Surgery**
2	**The Park Surgery**	-	Rockland St Mary Surgery
3	**Kenninghall Surgery**	**13**	**Oak Street Medical Practice**
-	East Harling Surgery	**14**	**Drayton Medical Practice**
4	**Heacham Surgery**	-	St Faiths Surgery
-	Snettisham Surgery	-	Horsford Medical Centre
5	**Newtown Surgery**	**15**	**Ludham Surgery**
-	Caister Surgery	-	Stalham Green Surgery
-	The Lighthouse Medical Centre	**16**	**Campingland Surgery**
6	**Burnham surgery**	**17**	**Attleborough Station Road Surgery**
7	**St john's surgery**	-	Attleborough Queen Square Surgery
-	Branch Surgery	**18**	**Thorpewood Surgery**
8	**Ormesby Surgery**	-	Dussindale Surgery
-	North Caister Medical Mentre		
-	Hemsby Medical Centre		
-	Martham Health Centre		
-	The Windmill Surgery		
-	Toftwood Medical Centre		
-	Beechcroft Surgery		
-	Old palace Medical Practice		

Practices involved in the online survey

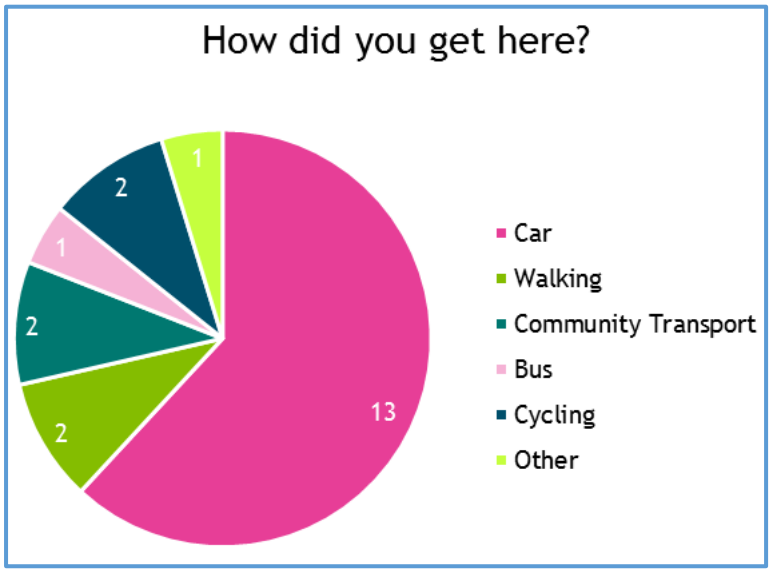
This list includes all 43 practices that completed the professional online survey.

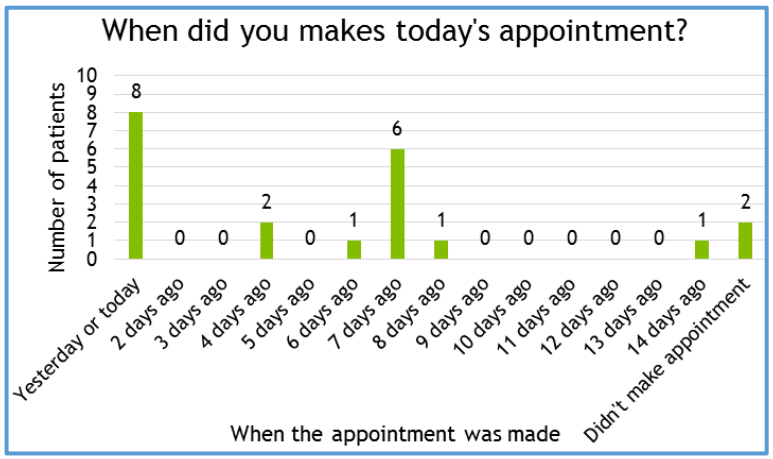
1	Orchard Surgery	23	Oak Street Medical Practice
2	Theatre Royal Surgery	24	Gorleston Medical Centre
3	Trinity & Bowthorpe Medical Practice	25	Acle Medical Partnership
4	UEA Medical Centre	26	Feltwell Surgery
5	Coltishall Medical Practice	27	Heacham Group Practice
6	Bacon Road Medical Centre	28	Reepham & Aylsham Medical Practice
7	School Lane Surgery	29	Drayton Medical Practice
8	Sheringham Medical Practice	30	Terrington St John
9	The Humbleyard Practice	31	Brundall Medical Partnership
10	Staithe Surgery	32	The Market Surgery, Aylsham
11	Fakenham Medical Practice	33	Mundesley Medical Centre
12	Thorpewood Medical Group	34	East Harling & Kenninghall
13	Hoveton and Wroxham Medical Centre	35	Campingland Surgery
14	Litcham Health Centre	36	Upwell Health Centre
15	Wymondham medical practice	37	Attleborough Surgeries
16	Mattishall Surgery	38	Elmham Surgery
17	Great Massingham Surgery	39	Parish Fields Practice
18	Ludham and Stalham Green Surgeries	40	Greyfriars Health Centre
19	Holt Medical Practice	41	Old Mill and Millgates Medical Practice
20	Heathgate Medical Practice	42	The Nelson Medical Practice
21	Millwood Surgery	43	Long Stratton Medical Partnership
22	Vida Healthcare		

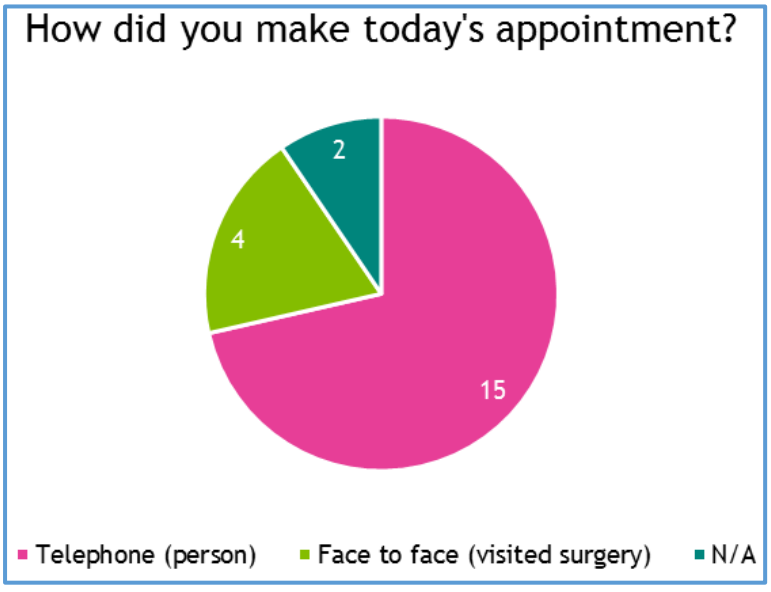
7.4: Patient feedback sheet example

Surgery: **xxxx**
Date of visit: **xxxx**

What the patients said…





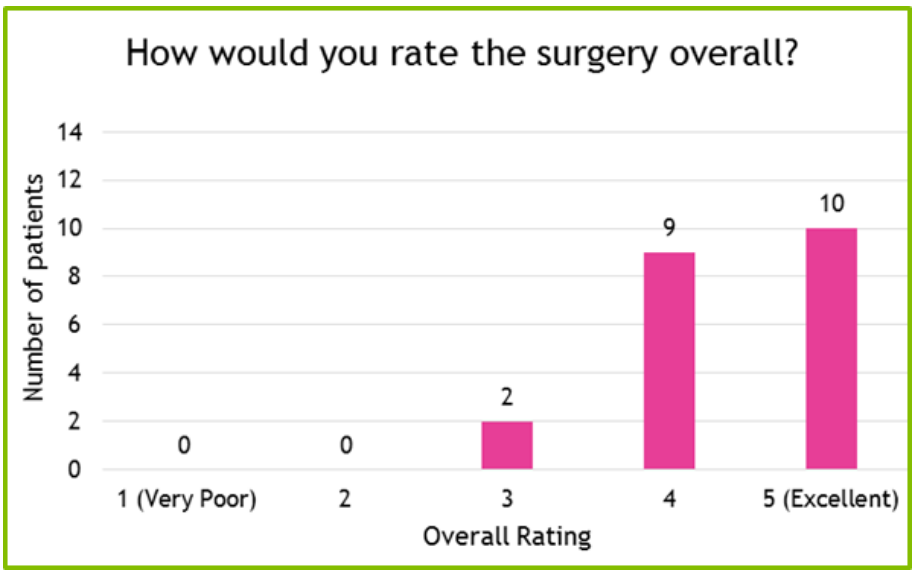


- **Access:** 20 of the 21 service users believe it is easy to get to the surgery. Of those that drove, 7 noted that it is easy to park. Three stated that it is not easy to park.

- **Reason for visit:** Flu/cold/infection (2); follow up (2); blood pressure check (2); vaccinations (1); severe pain (1); among other specialised issues

- **Staff attitudes:** Patients were asked to rate if the person they spoke to when making an appointment, was friendly, courteous and helpful. All either rated the staff as **'excellent'** or **'very good.'**

- **Previous visit:** Patients were asked if on their last visit, they were listened to. All respondents said they **'definitely'** were. 19 out of 21 patients stated that they were clear what happens next also.



We asked the service users what could be improved at the surgery:

- Six individuals mentioned that when they are at the surgery, there is often a long waiting time:
    - *"Long waiting time, sometimes over an hour."*
    - *"Waiting times are long…Be nice to be told how long appointment will be/if running late so could potentially go away and come back."*
    - *"Don't stick to waiting times…Long waiting times when seated."*

- *"Just to be able to contact the surgery in the morning if it's important."*

- Eight service users mentioned the difficulties with the appointment system:
    - *"Being able to make an appointment before the day."*
    - *"Have to phone up by a certain time on the day."*
    - *"Being able to get through in the morning to make an appointment."*
    - *"Can't always get an appointment on the day you want to see them."*

- Three patients noted that the parking facilities need to be improved.

- Two individuals felt that an 'updated surgery' would improve things overall.

- Eight respondents praised the surgery and/or staff:
    - *"Brilliant surgery, well looked after."*
    - *"GPs are excellent."*
    - *"The doctor I see makes my appointments and he is very good."*

7.5: Observation sheet

Observation checklist: observations of the surgery from the patient's perspective

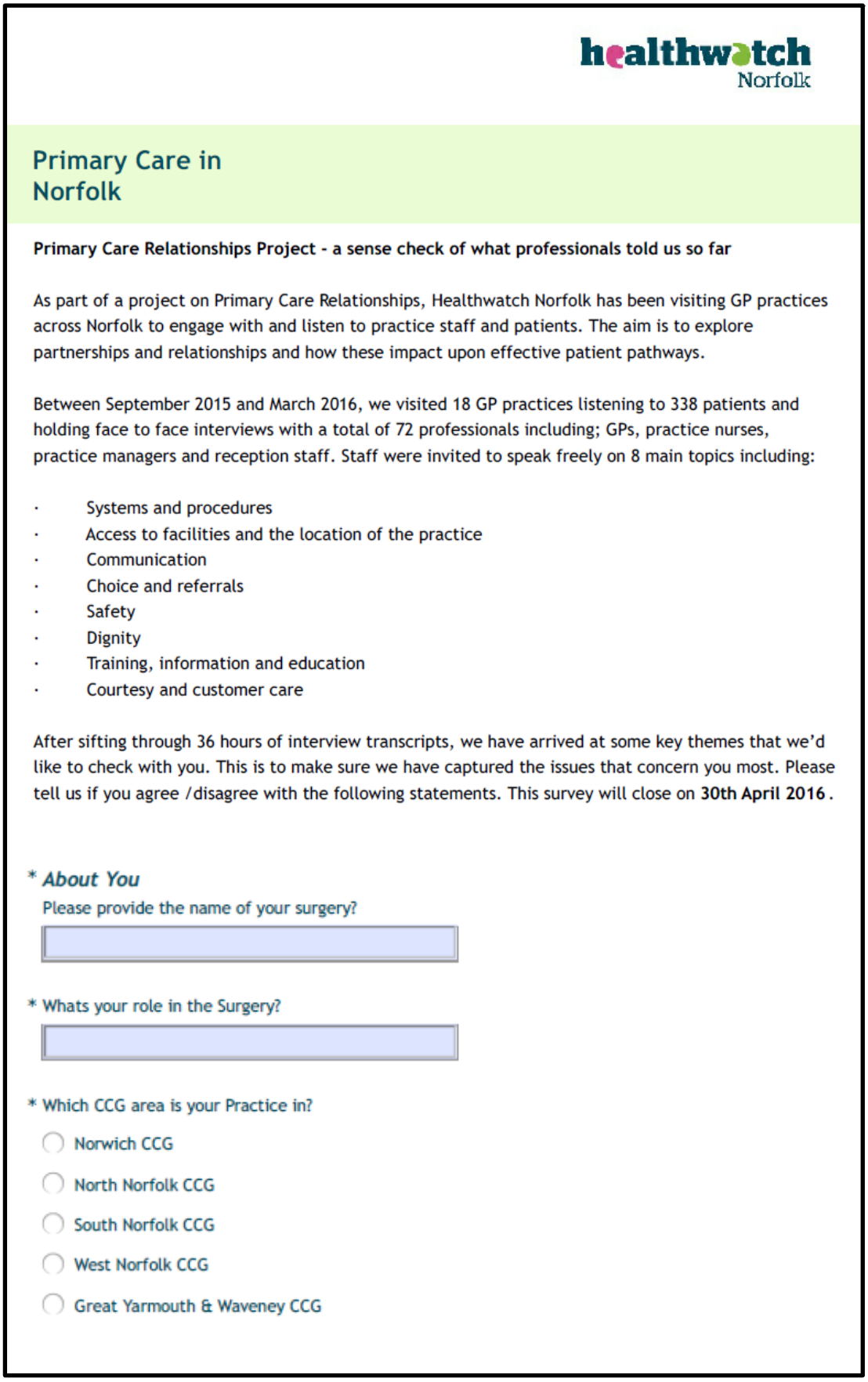
Surgery:

Date of visit: Staff:

Observation	Yes	No	Comments
Is the car park adequate?			
Was there access for wheelchairs?			
Was the entrance and waiting area welcoming?			
Did the Receptionists/staff greet people in a friendly manner?			
Did staff introduce themselves by name?			
Do they have book in screens for patients to use?			
Was the size of the waiting area(s) adequate for patients waiting?			
Was there adequate space for wheelchairs, pushchairs etc?			
Were there signs for toilets?			
Was there a disabled toilet?			
Could any staff-patient conversations be overhead by other patients?			
Was there a display of patient information/posters?			
Was there an information display screen, TV, monitor in operation?			
Provision for languages other than English?			
Were there signs on individual doors/rooms?			
Were there books and magazines?			
Were there toys and/or a play area for children?			
Do they have a hearing loop?			
Do they have a veteran's poster?			
Does the surgery look clean?			
Is there a dispensary/pharmacy in or next to the surgery?			
Are there hand sanitizers available?			
Which IT system does the surgery operate? (please circle)	EMIS	System 1	Not sure

Any other comments:

7.6: Professionals online survey



healthwatch Norfolk

Primary Care in Norfolk

Primary Care Relationships Project - a sense check of what professionals told us so far

As part of a project on Primary Care Relationships, Healthwatch Norfolk has been visiting GP practices across Norfolk to engage with and listen to practice staff and patients. The aim is to explore partnerships and relationships and how these impact upon effective patient pathways.

Between September 2015 and March 2016, we visited 18 GP practices listening to 338 patients and holding face to face interviews with a total of 72 professionals including; GPs, practice nurses, practice managers and reception staff. Staff were invited to speak freely on 8 main topics including:

- Systems and procedures
- Access to facilities and the location of the practice
- Communication
- Choice and referrals
- Safety
- Dignity
- Training, information and education
- Courtesy and customer care

After sifting through 36 hours of interview transcripts, we have arrived at some key themes that we'd like to check with you. This is to make sure we have captured the issues that concern you most. Please tell us if you agree /disagree with the following statements. This survey will close on **30th April 2016** .

* ***About You***

Please provide the name of your surgery?

* Whats your role in the Surgery?

* Which CCG area is your Practice in?

- Norwich CCG
- North Norfolk CCG
- South Norfolk CCG
- West Norfolk CCG
- Great Yarmouth & Waveney CCG

Systems and Procedures

A) "The two I.T systems EMIS web and System One don't talk to each other resulting in a barrier to effective and timely communication exchange".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

B) "Triage takes several different forms but generally does not seem to work well for most practices".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

Access

A) "Access to appointments is influenced by capacity; demand for appointments is rising and there will never be enough appointments".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

B) "Access to patient transport is variable and most patients are unaware of how to obtain patient transport to get to the surgery or other services".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

C) "The criteria for community nursing services can curtail access and interferes with timely patient care".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

D) "Slow responses limit timely access to mental health crisis teams".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

E) "Obtaining patient information leaflets describing specific conditions and procedures in languages other than English is difficult."

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

F) "Whilst using the INTRAN service can occasionally cause a delay, this service has an exceptionally good reputation".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

Communication

A) "There is a sense of a lost relationship with community nurses and communication via the hubs is difficult".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

B) "There are many incidences of very poor communication between hospitals and practices, leading to delays in results, readmissions, prescribing discrepancies and additional workload for GPs".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

C) "Communication with mental health services is poor; with slow response rates, little or no mental health representation at MDT meetings and a lack of clarity on service criteria, clinical roles and professional credibility".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

Choice and Referrals: "In general, patients are given adequate information about their choices and an enabling approach appears to be the norm".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

Safety: "In general, safeguarding issues become the business of the practice's Safeguarding Lead".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

Dignity: "There are good examples of dignity practice in GP practices with little or no need for concern".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

Training of staff, information and education: "Systems for training staff appear to work well in GP practices".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

Courtesy and customer care: "Response rates to Friends & Family Test questions are usually low because it's hard to get patients to fill the form".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

Finally, something else you talked about a lot.... "External scrutiny and workload is increasing whilst respect from both professionals and patients is diminishing".

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

Any other comments...

If you wish to make any further comment regarding primary care, please do so below.

healthwatch Norfolk

Thank you!

Thank you for taking the time to complete this survey

If you have any questions about this survey please contact us by emailing **steph.tuvey@healthwatchnorfolk.co.uk** or by calling **01953 856029**.

Please click 'done' to submit your answers.