



healthwatch York

Access to GP Services



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Access to GP Services

Background

The role of GPs has undergone significant change in recent years. As the first point of access for the general public when they need help and advice with a medical issue, primary care services (services from GPs, dental practices, community pharmacies and high street optometrists) play a pivotal role in the provision of care within the NHS. However, GPs today face many challenges which directly affect the way in which they serve the needs of their patients. In 2014, it was reported that GP consultations have increased by 24% since 1998. Over 90% of NHS patient contact happens through GP practices.ⁱ Despite this, funding levels have fallen as a percentage of total NHS spend, representing 7.2% of NHS funding from April 2016.ⁱⁱ This has had a significant impact on levels of patient involvement and satisfaction in certain areas of access and the ability of services to meet the increasing needs and demands of the local community.

Following the implementation of Clinical Commissioning Groups in 2013, GPs have assumed responsibility for “buying” services for the local population as well as continuing to provide them directly to their patients within their surgeries. The idea behind this decision was that GPs were in a better position to use their local knowledge of the population and what they needed and could therefore have a direct influence on which services were commissioned at a local level.

However, this dual role for GPs has led to a greatly increased responsibility and the suggestion that they do not have as much time to spend in their surgeries with patients. As a result, morale amongst GPs has declinedⁱⁱⁱ because they are now dealing with an increasing amount of paperwork and bureaucracy^{iv}. In a BMA survey of 2015 more than nine in ten GPs (93%) said that their heavy workload has negatively impacted on the quality of patient services.^v Many older GPs are taking early retirement as they have become increasingly disillusioned with the system which has led to a national shortage of GPs in many surgeries. It is also more difficult to attract new recruits to general practice in England, with one in 10 training places not being taken up^{vi}, as the

concept of the “family” doctor who knows their patients seems to be a thing of the past. Around one in five (19%) GP trainees - the youngest cohort in the profession - are considering working abroad before 2020.^{vii} The resulting workload pressures have led to talk of a “GP crisis.”^{viii}

In order to meet the demands of this new way of working, many general practices have merged with at least one, sometimes more, to become so called “super practices”. They have a large number of doctors and often work across several sites in a local area in order to provide a wide range of care services with other health professionals such as practice nurses. This has led to some concerns that these practices are more like businesses, are more impersonal, and that it will be harder to see the doctor of your choice^{ix}.

In some ways the NHS has been a victim of its own success. As a result of advances in medical treatments, people are living longer but an ageing population brings its own pressures and challenges. Many older people experience long term health conditions (for example respiratory problems and diabetes) which GPs are being encouraged to manage in the community to try and reduce admissions to hospital and keep them in their familiar home environment. These patients should have a named GP to provide continuity of care. However, whilst this is recommended for continuity of care, it is not always possible to achieve. As a result, patients may feel uncomfortable discussing their care with a GP who does not know about their condition and be more reluctant to share concerns. Although electronic records are readily available to view by any GP in the practice, this does not replace the comfort of having a “family doctor” who is familiar with the social as well as medical aspects of the patient's condition.

The general public has become much more informed of advances in medicine and are keen to exercise their right to access the latest treatments regardless of availability and cost. This means that sometimes they may have unrealistic expectations of the services that their GP can provide and this leads to frustration and resentment. However, despite recent changes and budget restrictions, patient satisfaction at a national level with GPs has remained relatively high. Patients want to go to a surgery that is relatively close to home where it

is easy to make an appointment and has opening hours that fit in with their lifestyle and commitments. It is therefore not surprising that it is in these areas that most dissatisfaction is expressed. This tallies with local trends based on survey results.^x Many surgeries operate a system where patients call at 8am to make an appointment but are unable to get through to a receptionist. When they do so, it is not uncommon to be told that there is a 3 week wait. This has led to extra pressure on Accident and Emergency Departments as patients will go there to seek advice if they cannot get an appointment with their GP quickly.

Some surgeries operate a triage system. When a patient rings the surgery an 'on call' GP rings them back to discuss their problem and give appropriate advice. This allows the GP to clarify the urgency of the problem, decide whether an early appointment is necessary or signpost the patient to other services such as the local pharmacy for appropriate advice and treatment. Patients feel more reassured following a discussion about their problem and are encouraged to take responsibility for their own health when alternative options are suggested. The disadvantage is that it is not always convenient for patients to wait for the GP to ring them back.

Patients do seem to appreciate the fact that overworked staff are doing their best to provide a good service in a climate of exceptional demand and reduced budgets. Their frustration is directed at the system rather than the staff. The increased use of technology such as the internet and Skype is transforming access to GP services for patients with busy lifestyles and hopefully surgeries will be able to share ideas about what works well in order to improve patient experience in the future.

Why is Healthwatch York looking at access to GP services?

60% of the respondents to Healthwatch York's work plan survey 2015-16 told us that access to GPs should be part of our work plan. Their comments included:

“Getting an appointment at the GP is getting increasingly difficult.”

“Make it easier to make appointments at doctors – not getting up at 8 am to make an appointment for that day”

“There are severe difficulties obtaining GP appointments. Appointments are only booked two weeks in advance. I am repeatedly advised to ring back in two weeks' time.”

In addition to the feedback from the work plan survey, we received comments and concerns from members of the public about access to GP services. This feedback was provided via the online feedback centre on the Healthwatch York website, by email, letter, phone or in person. The main areas people gave us feedback about were:

- Problems making appointments
- The impact of mergers and federations
- Physical access at GP services
- The named GP scheme
- Practice Participation Groups (PPGs)

Healthwatch England's report “Primary Care – a review of local Healthwatch reports”^{xi} was published in March 2015. The report reviewed the findings of over 550 visits to GP surgeries by local Healthwatch and the experiences shared by 11,000 patients across England.

The Healthwatch England report identified five key concerns:

1. Access: People are concerned about accessing appointments due to a lack of wheelchair access, poor translation services for people who are Deaf and difficulty booking appointments

2. Choice: People said they were 'rarely' or 'never' able to see a doctor of their choice or given the opportunity to elect to see a GP of a particular gender
3. Information and education: People said they do not always have enough clear information to make informed choices about their care
4. Being listened to: People said they often felt rushed through appointments and that the system for complaining about primary care is difficult to navigate
5. A safe, dignified and quality service: Some people were unhappy with the attitude of some care staff, particularly GP receptionists

A number of local Healthwatch submitted evidence to the House of Commons Health Select Committee for their review of Primary Care in September 2015. We were able to submit some of our initial findings from workshops, our issues log and our online feedback centre to the committee. The full report was published in April 2016.^{xii}

The Simplyhealth / YouGov Everyday Health Tracker measures consumer attitudes and behaviours towards their everyday health. 2,000 people are surveyed every quarter. In September 2015 24% of the people surveyed indicated that they were willing to pay 'some of the cost' or 'all of the cost' of visits to their GP^{xiii}. This may indicate that nationally attitudes are changing towards charging for missed appointments for example. Healthwatch York wanted to explore whether this was the case locally.

Not every patient seen by a GP needs the expertise of a doctor. The report "Making Time in General Practice" was commissioned by NHS England in October 2015^{xiv}. GPs used an audit tool to identify consultations which were potentially avoidable. From a study of almost 5,000 consultations 73% were identified as unavoidable contacts and 27% were identified as potentially avoidable contacts. The main areas for potentially avoidable appointments were:

- Patients who could have been seen by others in the practice such as a practice nurse

- Patients who could have been seen by other services, particularly pharmacies
- Patients who could, given the right support, have been in a position to self-care
- Requests from other clinicians, such as opticians and secondary care clinicians that could have been avoided
- Requests for documentation such as fit notes for employers, gyms, benefit appeals etc.

Healthwatch York wanted to explore which other services local people had used instead of their GP.

What we did to find out more

- 1) We held group discussions at the Healthwatch York Assembly in April 2015, focussing on what Healthwatch York should do to find out about local peoples' experiences of accessing GP services and how organisations would be able to help. The Assembly was attended by 20 people representing key stakeholders (Vale of York Clinical Commissioning Group (CCG)); York Hospital; York CVS; City of York Council, Healthwatch York partners (Age UK, York Older Peoples' Assembly (YOPA), St Nicks and Older Citizens Advocacy York (OCAY)) and Healthwatch York volunteers.
- 2) Throughout 2015 we continued to gather feedback and issues via the online feedback centre on the Healthwatch York website, by email, letter, phone or in person.
- 3) We held workshops at the Healthwatch York Annual meeting in July 2015, asking questions about the key issues people had raised:
 - (i) Making appointments and opening hours
 - Does your surgery offer appointment times to suit you, for example, early mornings, evenings, weekends?
 - Do you want your surgery to offer extended hours?
 - How easy is it to make appointments?
 - How far in advance can you book?
 - Can you book and cancel appointments online?
 - Does your surgery offer text/email reminders for appointments?
 - What are your thoughts on charging for missed appointments/ cancellation policies?
 - (ii) Impact of practice mergers and federations
 - Have you been affected by a practice merger?
For example, is there now a central booking number rather than speaking to your own surgery? Have the opening hours changed?

Are some services, e.g. blood taking, only offered at certain surgeries? Are there different policies on repeat prescriptions?

- Is there a Patient Participation Group for the individual practice or the group? If it is for a group practice is it at a location you can get to?
- Were you fully informed about the merger? Was there any consultation about changes/ impact

(iii) Examples of good practice

- Support for people with long term conditions
- Communication
- Keeping in touch, such as practice newsletters
- Approachable and helpful staff
- Facilities, e.g. toilets
- A visible and proactive Patient Participation Group
- Detailed practice information enabling patients to make best use of services, for example, details of doctors' specialisms, range of services offered by the Practice nurse
- Easy access to repeat prescriptions and medicine use reviews
- Confidentiality (especially around reception desks)
- Named GP for over 75s
- Clear information about chargeable services – e.g. letters for insurance, travel, some vaccinations

(iv) Barriers

- Are there barriers to you getting the service you need, e.g. receptionist will not give you an appointment, have to book online, appointments for certain services only on certain days of the week which you cannot make?
- How physically accessible is your surgery, for example, automatic doors, ramp access?
- Will they provide an interpreter if you need one?
- Is there a car park at the surgery? Are there disabled spaces? Is it on a bus route?
- What if I cannot get into the surgery? Can I have a home visit?
- Does your practice provide/help with e.g. further information about your condition, information and support for carers, travel costs for medical appointments?

- Any experiences of 28 day prescribing (where you can now only have 28 days' worth of medication for a single prescription)?

4) We carried out a survey asking people about their experiences of accessing GP services in York. The survey was available online and in paper form from October to December 2015. It was emailed to 838 individuals, groups and organisations. 1300 paper copies were distributed by post and via community venues, pharmacies and libraries. Working with Healthwatch York partner York People First, an independent self-advocacy group run by people with learning disabilities for people with learning disabilities, we produced and distributed an easy read version of the survey with additional questions about annual health checks and accessibility.

There were 260 responses to the survey in total, 36 of these were easy read.

5) We asked York's Young Inspectors to help us by giving us feedback on their own GP practice from a young person's point of view. The York Young Inspectors' programme recruits and trains a group of excluded young people (13 to 18 years, or up to 24 years with a disability) to inspect services in York and give feedback from a young person's perspective on how they could be improved.

Eight young people aged 12-17 reported back to Healthwatch York about their experiences during January 2016. Three of the young people were males aged 12, 14, 15. Five were females aged 13, 14, 15, 16, 17.

The following is a summary of their activity:

Activity	Number of young people
Visited surgery	2
Attended an appointment with GP	3
Made an appointment with GP	1
Attempted to make an appointment	2
Carried out website research	5

6. We attended a York Racial Equality Network (YREN) Open Forum – Health for All in April 2016. The aims of the Forum were to:

- Improve understanding of how health services in York are organised and planned
- Improve understanding of how individuals and organisations can influence decisions about the provision of health services
- Provide feedback on work YREN has been undertaking relating to health inequalities
- Provide a consultation opportunity to identify specific changes that YREN would like to see, that would make health services more appropriate and accessible to Black and Minority Ethnic (BME) residents
- Recruit volunteers to become more involved with the YREN Empowered Voice project

In addition to the feedback gathered from the five YREN members at the April 2016 Open Forum meeting, we were also able to record details of the health inequalities issues raised by YREN members at their health inequalities Open Forum meeting in June 2015.

7) We had conversations with other local agencies including York Association for the Care and Resettlement of Offenders (YACRO) and Citizens Advice York.

What we found out

1 At Healthwatch York's Assembly in April 2015 concerns were raised about difficulties making GP appointments, particularly in getting through on the phone. There was also concern about surgery staff lacking awareness of the needs of patients with autism, visual impairments, hearing impairments and other conditions. People at the Assembly felt that more information about GP services and other services should be more widely available. In particular it was felt there is a lack of information about the GP Out-Of-Hours service, how it works and its role at York Hospital.

Notes from the discussions held at Healthwatch York's Assembly in April 2015 are included as Appendix A.

2 A summary of the comments and concerns from the Healthwatch York Feedback Centre and issues log is included as Appendix B.

The main themes from the Feedback Centre and issues log were:

- Problems making appointments. People reported delays in getting appointments - typically 2-3 weeks. Problems getting through on the phone, particularly at 8 am. Problems with booking systems, including patients being told by their GP that they need to make another appointment in 3 or 4 weeks' time but the booking system only allowing booking for 2 weeks in advance. Long waits for students to get appointments and a lack of consistency as to whether they can get appointments at other practices within the group they are registered with.
- The impact of mergers and federations. People reported confusion over which surgery their appointment was at, difficulty getting appointments with the GP of their choice, reception staff not being as helpful as they could be.
- Access to GP surgeries. People reported problems accessing buildings – such as front doors which cannot be opened if patients use a wheelchair or mobility scooter, problems for Deaf patients accessing British Sign Language (BSL) interpreters, problems with parking, queries about the named GP scheme, problems accessing Patient Participation Groups (PPGs).

- Other feedback included the issue of privacy at the reception desk, complaints about the volume of music played over the phone and in the waiting room, the inconvenience caused when patients are unable to get repeat prescriptions over the phone.
- A number of examples of good practice were reported. A number of GPs were praised for being friendly, good at listening, trans-friendly and good with people with learning difficulties.

3 The notes from the workshops held at Healthwatch York's Annual Meeting in July 2015 are included at Appendix C.

Feedback on making appointments and opening hours included:

- People would like appointments at times to suit them – early mornings, evenings and Saturday mornings.
- Making appointments by phone can be very hard.
- People felt that booking systems should allow appointments to be made for more than 2 weeks in advance.
- Booking online presents a barrier for some people – patients have mixed experiences but generally have a favourable opinion once they have been able to get it set up.
- People felt that text and/or email reminders for appointments are very useful.
- People had mixed views about charging for missed appointments – concerns were expressed about the cost and difficulty of administering charges, and that there are potentially many reasons people don't attend.

Feedback on the impact of practice mergers and federations included:

- Concern that travelling to different surgeries would be an inconvenience for frail and elderly patients to have to go to an unfamiliar surgery.
- One patient who experienced a practice merger said that it was 'messy' at first but has now settled down – there are now more

options for appointments but less chance of seeing a doctor that you know.

- Some people raised concerns about what larger practices would mean for them; such as ‘Can you still see your own GP?’
- It was reported that one practice used to have a prescription line which was stopped after a merger – patients can now request prescriptions online, however using the internet is a barrier for some people.

Experiences of Patient Participation Groups (PPGs) were mixed:

- One person commented that the PPG appears to be for the group rather than for each surgery
- Many people were not aware if their practice or group has a PPG.
- Not everyone whose practices had been involved in a practice merger were aware if there had been opportunities to consult on the merger.

Feedback about barriers to accessing GPs included:

- The lack of car parking spaces at some surgeries is an issue, and the need for accessible spaces for disabled people.
- A surgery on a convenient bus route is an important factor for some patients.
- There are issues for Deaf people who need a BSL interpreter.

Workshop attendees made a number of suggestions for improvements including:

- Making sure that if someone is a carer, this is on their medical record and on the record of the person they care for.
- Offering support for former carers. “It would be good to have access to information such as leaflets without having to ask – it can be embarrassing to ask for some subjects.”
- “Some practices have a ‘health hub’ to provide information about medical conditions and information such as support for carers – this should be promoted better.”
- “Provide more information for patients so they can do more to help themselves.”

4 Survey results

All the quantitative results of our general access to GPs survey and our easy read access to GPs survey are included at Appendix D. We received responses from patients at ten local GP practices, both large group practices and single practices. Respondents had attended 29 different GP surgeries.

Making appointments

A number of questions asked respondents about their experiences of making appointments. In response to Question 5, 50% of respondents said they made their appointments by phone. Question 12 asked people to comment on the statement: “When I ring to make an appointment, it’s easy to get through” 45% disagreed or strongly disagreed, 42% agreed or strongly agreed, 13% neither agreed nor disagreed. A lot of comments were added in response to this question, mostly if people disagreed or strongly disagreed that it was easy to get through on the phone to make an appointment. The main themes were:

If it’s difficult to get through on the phone, people go to the surgery to book in person. Comments included:

“I make my appointments in person because it’s so difficult to get through.”

“It is a free for all at 8am and it's a hell of a job, redial, redial, redial. I now go to the surgery at 8am and enter as soon as the doors are open.”

It can take a long time to make an appointment by phone. Comments included:

“It can take up to 30 minutes of constant attempts to get through.”

“Sometimes it has taken 20 minutes, or 1 hour with multiple rings of 5 to 10 minutes.”

“Frequently I cannot even get in the phone queue - the message says that there are too many callers. It can take 5 minutes of ringing back until I can be put on hold to wait for the next operator.

It is then typically at least 10 mins (though is often at least 20 mins) on hold.”

“Rings for hours. Once spent 20 hours, in one week, on the phone, listening to stupid irrelevant messages, but due to my perseverance, I did get an appointment.”

Making appointments by phone is not convenient for a number of people. Comments included:

“It usually takes at least 15 minutes to get through which makes it particularly difficult for me as I have a 2 year old.”

“My phone bill is going up!”

“Call at 8:30 when lines open and it's always a waiting game and no one answers phones during lunch. For people who work full time it's ridiculous.”

Question 19 asked about the ways people can make urgent appointments at their practice. 75% make urgent appointments by phone – either early morning or at lunchtime.

Question 11 asked people to comment on the statement “I can get appointments with my GP whenever I want them.” 40% agreed or strongly agreed, 45% disagreed or strongly disagreed, 15% neither agreed nor disagreed. A lot of comments were added in response to this question. The main themes were:

People said it was easy to get appointments for their babies and young children, but not so easy to get appointments for themselves.

Booking systems can make it hard for patients to get appointments when they want them. Comments included:

“My husband needs an implant every 12 weeks for prostate cancer, the surgery will not let us book in advance.”

“I can only book appointments for that day (practice policy), and they have often all gone by the time I get through despite being on the phone as the line opens at 8am. This is really frustrating when I am looking for an appointment for my young children.”

“I can rarely see a GP when I want/need to unless I book an emergency appointment.”

Question 13 asked people to comment on the statement “My surgery offers a good range of early morning, evening and weekend appointments.” 54% agreed or strongly agreed, 22% disagreed or strongly disagreed, 24% neither agreed nor disagreed. Comments indicated that many people felt that evening and weekend appointments were not relevant to them. Some people said they didn’t know if there were weekend or evening appointments.

Other comments were about the difficulties of working people getting appointments including:

“Evening and weekend appointments are needed especially for those that work. Taking time off work can be expensive and may cost you your job. If no doctors are available do I go to A&E?”

“There are no weekend appointments - if I didn’t work part time I would find it difficult to be seen.”

“No weekends, evening only till 18.30 and nothing before 8.30 - not ideal for working people.”

Reception staff and confidentiality at reception

Questions 14 and 15 asked about reception staff and confidentiality at reception. When asked to comment on the statement “Reception staff are friendly and helpful” 78% agreed or strongly agreed, 10% disagreed or strongly disagreed, 12% neither agreed nor disagreed.

Comments made by people who agreed with the statement included:

“Very helpful and caring”

“Most of the time my experiences have been excellent”

The main theme of the comments made by people who disagreed with the statement was that reception staff were perceived as ‘gate keepers’. Comments included:

“I feel that reception staff block you getting appointments, they say try next week because the computer won't book that far in advance, when you ring the following week you're told the same again.”

“Most of the reception staff are friendly but some are hard to get past.”

When asked to comment on the statement “I can speak confidentially at reception if I need to” 42% agreed or strongly agreed, 38% disagreed or strongly agreed, 20% neither agreed nor disagreed. The overwhelming theme of the comments people made in response to this question (19 comments) was that people felt they could not speak in confidence at reception because other people could overhear. Comments included:

“You cannot speak in confidence with a queue of patients behind you in a small space.”

“Anyone in reception can hear everything, including phone conversations.”

“Receptionists generally don't allow for confidentiality at the counter.”

“Everybody can hear what I am talking about.”

Question 16 asked respondents to comment on the statement: “I can choose which doctor I want to see.” 57% agreed or strongly agreed, 28% disagreed or strongly disagreed, 15% neither agreed nor disagreed. The main theme of the comments made was that people felt they had to wait longer if they wanted to see a particular doctor.

Responses to the Easy Read version of the survey (which did not have an option for ‘neither agree nor disagree’) revealed that 54% agreed with the statement, 46% disagreed.

Question 17 asked respondents to comment on the statement “My GP gives me time to talk through my health concerns.” Of respondents to the standard survey 79% agreed or strongly agreed, 9% disagreed or strongly disagreed, 12% neither agreed nor disagreed.

Of respondents to the Easy Read survey (which did not have an option for ‘neither agree nor disagree’) 89% agreed, 11% disagreed.

Question 18 asked respondents to rate their experience of their most recent GP appointment:

Excellent or good	76%
OK	18%
Poor or very poor	6%

Question 21 asked respondents which services they had used instead of their GP:

Pharmacist	27%
A & E	20%
GP Out of Hours	14%
Walk in centre	19%
Minor injuries unit	7%
Practice nurse	13%

The majority of the comments in response to this question were about the walk in centre which was located on Monkgate. There were also comments which indicated that some people are unsure whether there is a minor injuries unit in York. Comments included:

“I miss the walk in centre on Monkgate when A&E isn’t appropriate and pharmacists aren’t sufficient.”

“The walk in centre seems to have disappeared”

“I can’t find the walk in centre.”

“What walk in centre?”

“Minor injuries unit? – don’t have one.”

Questions 22- 26 were about GP practice mergers. Almost half (49%) of all respondents said their practice had merged with another practice.

When asked about whether consultation had taken place prior to the merger, and whether patients' views had been listened to, the majority of respondents felt they were not sure.

Question 25 asked whether there had been any impact, positive or negative, following the merger:

Yes – a positive impact	8%
Yes – a negative impact	36%
No impact	56%

The main themes of the comments about practice mergers were that people felt that it had become harder to book an appointment and the inconvenience of attending a surgery further away from home.

Comments included:

“Appointments offered at other surgery – I can't get there!”

“The local surgery has closed and the joint surgery is the other side of town. If I need a taxi it costs £5 each way.”

“Not able to see preferred GP at nearest practice venue.”

“More doctors but worse phones.”

“Too big – too many patients so people have to wait for an appointment.”

Questions 27-32 were about access and attitudes. Question 27 asked whether respondents considered themselves to be a disabled person:

Yes	24%
No	76%

Question 28 asked respondents who considered themselves to be a disabled person “How accessible is your GP practice?” A number of comments were about the lack of automatic doors and problems with heavy or narrow doors. There were a number of comments specifically about issues for people who use wheelchairs including:

“I have a daughter with a disability who is a wheelchair user. Our GP practice is in quite an old building and access isn’t great. There isn’t much space inside either and it always seems we’re in someone’s way.”

“Difficult to gain access (heavy doors) but once inside there is a lift but space in the waiting room is limited.”

“There is a ramp and automatic doors but getting the wheelchair down the corridor and into a treatment room is difficult as there isn’t enough space to turn.”

Question 29 asked respondents whether they considered themselves to have a mental health condition:

Yes	20%
No	80%

Question 30 asked respondents who considered that they had a mental health condition how supportive their GP practice is. The majority of people responded to this question with positive comments including:

“Incredible. My GP is absolutely amazing. She gives me so much time and goes above and beyond her job description.”

“The doctors and receptionist have been incredibly understanding, supportive and helpful with me and genuinely do care”

“My GP practice have always been very supportive. On occasion when I could not get an appointment, I spoke to a GP on the phone. They discuss with me possible treatment options and have referred me to see the primary mental health worker at the practice for regular on-going support.”

The main theme of the responses to this question was the importance placed on the continuity of seeing the same GP. Comments included:

“My GP is very supportive, it is the same GP I have seen since day 1, and she is excellent, having sent me emergency prescriptions when I have been unable to physically get to the practice.”

“Very poor. Not enough time in appointments to discuss mental health issues. Never the same doctor so unable to build trust and open up to them.”

Question 31 asked whether or not respondents were carers:

Yes	14%
No	80%
Former carer	6%

Question 32 asked respondents whether their GP had asked if they are a carer:

Yes	10%
No	90%

Comments included:

“I am always asked how I am coping even if I'm escorting my husband to an appointment.”

“There is a displayed notice to say that carers are supported but I don't feel that happens at all.”

“Always asks if I'm ok and how things are when I go alone and are very supportive.”

“It's on the system clearly on both mine and my husbands who I care for.”

Respondents to the Easy Read survey were specifically asked two additional questions:

Does your doctors' practice provide you with easy read information?

Yes	47%
No	53%

Do you get offered an annual health check?

Yes	82%
No	18%

Question 33 asked respondents to tell us about things they felt their practice does really well. The main themes were:

- Praising GPs – for listening to people, being friendly and supportive, treating patients as individuals, coming out to the waiting room to invite patients in.
- Praising reception and other staff –for being welcoming, helpful, greeting patients with a smile.
- Making appointments – providing same day appointments for urgent cases, sending text reminders, putting aside set appointments for urgent cases every day, online same day appointments, GPs calling patients when appointments are not appropriate.
- Other feedback – taking care that the waiting queue is kept at a suitable distance from the appointment counter with notices prominently displayed regarding confidentiality, an active PPG which is well supported by the medical staff, pop in Saturday flu clinics, a good diabetic clinic, excellent mental health care, minor skin surgery, good practice nurses in the community.

Questions 34-37 were about Patient Participation Groups (PPGs).

Question 34 asked whether respondents were members of their PPG:

Yes	8%
No	64%
Not sure what it is	28%

Question 35 asked respondents who were not members of their PPG why they were not. The majority of comments indicated that people had not heard of the PPG or did not know what it was. There were also a number of comments from people who felt they did not have enough time to join their PPG. Comments included:

“I don’t think there is one in my practice.”

“I don’t know how you become a member.”

“I currently work full time so don’t have enough time”

A number of comments were from people who felt that their particular circumstances would prevent them from joining their PPG. Comments included:

“I have dementia.”

“It’s impossible for us to attend in the evening.”

“I would be unable to access this group as not online.”

“I am a carer 8 hours per day”

“I use Makaton to communicate”

“I did sign up, expecting meetings to be at my local surgery, my mobility is slightly impaired, and the other surgeries are not so conveniently located.”

Questions 36-38 were about how effective PPGs are, whether they are representative of the practice population and whether PPG meetings are online. The vast majority of responses to these questions was “Don’t know”.

Question 39 asked respondents if there was anything else they would like to tell us. The main themes were:

Appointments:

‘I’m always told to ring at 8.30am when they release more appointments. I can’t, as this is when I start work.’

‘They need to sort out their phone system.’

‘It takes over 2 weeks to get an appointment with any doctor.’

‘I think it has got slightly better since you can talk to a doctor over the phone as you sometimes don’t need an appointment just to talk through something.’

‘Sometimes we have just given up trying to get an appointment.’

Waiting times at the surgery:

‘Each time I’ve had an appointment I’ve had to wait almost an hour, without apology or being informed of the delay upon arrival. Quite annoying when taking time off work.’

‘Ensure staff explain to us when there is a delay and apologise for keeping us waiting. It is a simple matter of courtesy and respect to say sorry when you’ve been waiting 20 minutes and had arrived early in the first place.’

Other comments:

‘When I asked one of the practice nurses about seeking information and advice about the sexual health needs of older LGBTI (Lesbian, Gay, Bi-sexual, Trans, Intersex) people she asked me what I meant by the term.’

‘We’ve just registered but haven’t really heard anything from them. I wonder if it might be good to give people a welcome or information pack. Or even an induction.’

‘Zero understanding of cerebral palsy.’

‘Since the merger almost all of the GPs have left or retired. We now have a surgery where I feel little sense of belonging.’

‘Space is very limited – my practice now has its own pharmacy in the waiting room so there are queues of people at reception or pharmacy desk almost constantly. The limited space is tricky for me – using a mobility scooter and for wheelchair users and Mums with pushchairs.’

‘No visual signing for waiting patients, so the hard of hearing might miss appointments. Limited display of leaflets in surgery.’

‘Staff helpful and efficient but somehow the patient views are not fully exploited/understood/listened to/used to maximise GP patient communication.’

Positive comments received in response to this question included:

‘Generally very good when you need an urgent appointment.’

‘I am very satisfied with my GP’

‘The people on reception, and also at the pharmacy, which has relatively recently been added to the practice, are always helpful.’
‘I am very well received as soon as I walk through the door’
‘I can’t praise them enough and always recommend them.’

5) The young inspectors reported back to us about their experiences, a summary of their findings is included here:

All but one of the young inspectors has never made an appointment or attended their GP without a parent or carer. More often than not it is their mother who decides they need an appointment and makes the appointment for them.

“I’m too scared to make my own appointment and to go alone.”

“My parents always make an appointment and come with me.”

Two female young inspectors and one male young inspector said they would feel more comfortable making their own appointment if they were supported to do so.

Only one young inspector has made their own appointment in the past, sees the doctor alone and feels confident in doing so. She is 15 years old. The last time she visited her GP was over 3 months ago. She always goes into the surgery to make an appointment on the way to school because it is easier than trying to ring because it takes ages to get through, especially if she has no credit on her phone. She also stated that whilst she can go the doctors alone, she had been informed she was too young to pick up her prescription.

“It’s easier to go in to make an appointment than use the phone. It takes ages to get through and I have no credit.”

At one surgery the Young Inspectors discovered that you must be 18 years of age or over to register for online booking.

All the young inspectors say their parent/carer accompanies them to see the doctor. Their doctor has never requested to see them alone or requested the parent/carer to leave. One young inspector said they had left the room whilst mum spoke to the doctor alone.

None of the young inspectors said they would request to see a specific doctor, they would see any.

Two male young inspectors expressed a level of embarrassment about seeing a doctor if it was a more personal issue. They would rather suffer than see a doctor.

Five surgery websites were looked at in varying detail. Four young inspectors looked at their GP surgery websites to see how they could get involved as a patient. They said they couldn't easily find information specifically about involving young people. They also reported that some of the general information about patient involvement groups, such as minutes of meetings, was out of date.

Petergate surgery has set up a virtual patient participation group which they hope will “attract members from a variety of different age groups and backgrounds so that the group is as representative of our patients as possible.”

Heworth Green surgery, which is part of the Priory Medical Group, has a display board dedicated to young people. They have consulted with young people and offer teenage clinics. In the Priory Pulse Quarterly newsletter Autumn 2015, which is produced by the Patient Participation Group (PPG) they stated: “We've been thinking that a young people's PPG could be just what's needed”.

Qualitative feedback from the Young Inspectors

Appropriate training needs to be provided to receptionists and doctors to deal with the following issues

- Anxiety
- ADHD
- Personality disorders
- Self harm
- Depression
- Other mental health issues

Important qualities from staff

- Friendly
- Non-judgemental
- Warm
- Sincere
- Make you feel safe

Things young people need to help them access/ feel comfortable

- Visual things to look at help you feel less nervous
- One-to-one spaces to talk/disclose
- To be able to access independently of parents
- To be put at ease as soon as they enter the building

Most disliked phrases heard from GPs

‘Its just a phase’

‘Its quite common’

Young people also fed back that laughing is a big no-no.

What young people would like to see more of

Improved access to services online

Opening hours outside school times

Confidential spaces

An understanding on what they can say confidentially

Being able to go to the Doctors without their parents, or having the option to take someone else.

Quotes

‘Surgeries need teenage stuff like magazines, gaming and WIFI so we can check our phones’

‘We found it really hard to make an appointment’

‘We found lots of out of date information on the websites we looked at’

‘We would like more self-help information online’

6) Notes from the YREN open forum are included as Appendix E.

YREN members told us that there are issues for Muslim, African and Asian women particularly, but women generally, who want to see a female GP. Men who want to see a male GP face the same issues. They feel they face confrontation and challenge at reception.

There are also issues for YREN members around interpreting:

- Few people are aware of interpreting services
- Close community members and children are used inappropriately as interpreters

7) From our conversations with York Association for the Care and Resettlement of Offenders (YACRO) we understand that there are a number of issues around ex-offenders accessing GP services, particularly for women. Unfortunately we were not able to explore these issues within the scope of this piece of work.

Citizens Advice York told us that a number of issues had been raised with them in 2015/16 about charging for medical evidence, particularly from clients on low or limited incomes. Most of the issues were from people who were charged for evidence for appeals against the Department of Work and Pensions (DWP) decisions not to award Employment Support Allowance (ESA). Citizens Advice York have written a report to the Health and Wellbeing Board which contains a number of qualitative examples. This report is included at Appendix F.

Conclusion

Problems making appointments were reported from the Healthwatch York Assembly, our feedback centre and issues log, workshops at our Annual Meeting and our Access to GPs survey. People reported difficulties getting through on the phone, particularly at 8am when the phones are very busy. The need to ring at 8am to get an appointment is stressful and causes problems for carers and people at work.

Booking online presents a barrier for some people. Patients have mixed experiences but are generally in favour once they have been able to get it set up.

Booking system restrictions are the cause of a lot of frustration and inconvenience for patients. Many people reported that 'the system' only allowed them to book appointments 2 weeks ahead. This restriction is particularly a problem when a GP has told the patient to book an appointment for 3 or 4 weeks time and they are not able to do this.

Not everyone can get an appointment at a time to suit them – early mornings, evenings and Saturday mornings. However many people do not feel they need appointments at these times.

Positive feedback was received about the use of phones and e mail. Many people welcome phone consultations with their GP where appropriate. Appointment reminders via text and e mail were appreciated by patients where GPs offered them.

Our survey showed a general lack of awareness of Patient Participation Groups (PPGs). Our conversations with members of the BME community and Deaf people indicated that there were particular issues in getting patients from these communities involved.

Getting to see the doctor of their choice was an issue for almost half of the respondents to our Easy Read survey. This may mean that patients with learning difficulties are not able to see a GP they are familiar with and feel comfortable with.

Our survey showed that most respondents don't have much understanding or awareness about practice mergers. From conversations with patients, feedback we received via our feedback

centre and issues log it would appear that patients' main concerns are about the practical aspects of mergers – the things that affect their experience such as changes to booking systems and phone numbers. Attending appointments at different sites can cause confusion and misunderstandings for some patients who have to go to an unfamiliar surgery.

Many of the comments we received show that there is confusion about some of the alternatives to going to see a GP. A number of people did not know whether we had a walk-in centre or minor injuries unit in York.

Physical accessibility issues were reported via our survey and our face to face meetings with people. In some cases it was difficult for patients using wheelchairs or mobility scooters to open the main door to their surgery. Issues about lack of space for wheelchairs in waiting rooms and corridors were also reported.

The work that the York Young Inspectors carried out revealed a lack of confidence among young people when accessing GP services.

Lack of awareness of options around interpretation was an issue for members of the Black and Minority Ethnic (BME) community and Deaf people. Inappropriate use of children, other family members or other community members as interpreters was reported.

Charges for medical evidence are having a significant impact on disabled people and people with health problems who have low or limited incomes. They are being charged more than they can afford in order to increase their income through work.

Good practice examples were reported:

- There was praise for GPs and other staff from patients with mental health issues
- Most of the respondents to the Easy Read survey agreed their GP gives them enough time to talk about their health concerns
- GPs were praised for being friendly, good at listening, trans friendly, good with people with learning difficulties, treating patients as individuals, coming out to the waiting room to invite patients in.

- Reception staff were praised for being welcoming, helpful, greeting patients with a smile.
- Parents of a child with autism praised staff at one practice who understood that the surgery waiting room was a challenging environment for their child. Staff suggested that the family went for a walk outside while they were waiting and texted the parents when the doctor was ready to see them.

Recommendations

Recommendation	Recommended to
Support GP practices to improve their systems for making appointments, particularly by phone. Explore the practicalities of opening up e-booking systems to under 18s in those practices where this is not currently possible.	NHS England Vale of York Clinical Commissioning Group
Support GP practices to increase their use of technology (phones and computers) to improve access to services for patients. <ul style="list-style-type: none"> • Text reminders • Online booking systems for appointments and repeat prescriptions • Use of telephone consultations • Wifi for patient areas 	Vale of York Clinical Commissioning Group / Virtual Clinical Network
Support GP practices to increase awareness of Patient Participation Groups (PPGs) to ensure they are representative of the patient population including young people, disabled people, people from the BME community. Consider how Healthwatch York might be involved in this work.	Local Medical Committee (LMC) Vale of York Clinical Commissioning Group
When planning mergers, consider all the practicalities which will affect patients' experience of accessing their GP and consult with patients prior to the merger.	Any GP practices in York considering a merger
Consider the role of GP practices in providing information to enable people to take more responsibility for their own health. Explore ways of involving patients of all ages and backgrounds to make sure the information is useful and useable.	Virtual Clinical Network All GP practices in York
Consider using Patient Participation Groups to find out patients views on whether there is a need for additional early morning, evening or Saturday morning appointments.	All GP practices in York Vale of York Clinical Commissioning Group NHS England
Consider how to enable all GP surgeries to be fully accessible for all members of the community.	Property Physical Access Committee

<p>Consider how best to meet the needs of all patients who need interpreters including Deaf people, and members of the BME community. Revisit the recommendations in Healthwatch York's report – Access to Services for Deaf People.</p>	<p>All GP practices in York Vale of York Clinical Commissioning Group NHS England</p>
<p>Consider what can be done to explore the issues around ex-offenders access to GPs, particularly women.</p>	<p>City of York Health and Wellbeing Board</p>

Appendices

Appendix A: Notes from Healthwatch York Assembly April 2015

Appendix B: Comments and concerns from Healthwatch York feedback centre and issues log

Appendix C: Notes from Healthwatch York Annual Meeting workshops July 2015

Appendix D: Results of Access to GPs survey and Easy Read Access to GPs survey

Appendix E: Notes from YREN Open Forum meeting April 2016

Appendix F: Citizens Advice York report on charging for medical evidence

Appendix A - Notes of discussions from the Healthwatch York Assembly April 2015

Concerns raised:

- Phones not being answered
- The practice of asking patients to ring at 8am for urgent appointments
- Lunch breaks with no cover at Reception
- Lack of staff awareness of the needs of patients with autism, visual impairments, hearing impairments and other conditions
- Misinformation from Reception staff

Suggestions to reduce demand on GP services:

- Sending reminders such as text messages to reduce the number of 'Did Not Show' (DNS)
- Can people turn up without an appointment to use the DNS slots?
- Use of technology such as online booking systems for appointments and repeat prescriptions
- Use of telephone consultations

Demand for more information regarding GP services and other health services available:

- Clear messaging about what you should go to your GP for
- Information about the GP Out of Hours services
 - How does it work?
 - How to contact the service
 - Barriers to using the service e.g, unknown GPs
- The role of the GP Out of Hours Service at York Hospital
- NHS 111 and Pharmacy services – are these alternatives to GPs advertised?

Specific issues regarding students:

- Many students don't register with GPs
- They are more likely to go to Accident and Emergency Departments
- Do students get the correct information?

Appendix B - Comments and concerns from the Healthwatch York Feedback centre and issues log

1. Problems making appointments

(i) Problems with delays in getting an appointment:

- Patient with shingles could not get an appointment for 3 weeks
- Patient had an 8 day wait for an appointment for a sore throat. The throat was better by then so he cancelled the appointment. The patient said that there is no walk in centre so A&E was the only alternative.
- Patient couldn't get an appointment within 10 days. They tried three times to get through by phone. The receptionist was 'off hand'.
- Concern over a 4-5 week wait with blocked ears causing hearing difficulty.
- Appointments take weeks to get and there is no parking
- There is a problem with the appointments system. I usually wait 2 weeks.
- It's difficult to get an appointment.
- I used to get appointments in 2-3 days, now it is 2-3 weeks.
- The appointment system (at Priory Medical Group) is a disgrace. Almost impossible to get an appointment at the time you are ill – usually 2 weeks later
- Difficult to get an appointment with GP immediately. Always days to wait.
- Since 30 April I have been trying to make an appointment to see a nurse. I have called at least 8 times only to be told there are no available appointments and I should call back tomorrow. Ridiculous and insulting waste of my time.
- After having treatment for cancerous cells at just 25 years old I was horrified when I tried to make an appointment for my 6 month check-up. The only day I can make it to the doctors is a Friday, after 20 minutes on hold, I was told the practice do not offer cervical smears on a Friday and that was that. No help on where I could go for a check-up. After searching online I have since made an appointment at Monkgate who miraculously do take appointments on a

Friday! I think my next step will be to change doctors, you would think with 3 practices to choose from you could get an appointment with 2 weeks notice, but not here!

Jorvik Gillygate Practice replied: We are sorry you felt our staff to be unhelpful. We normally offer Friday nurse appointments but we recently had a brief spell when we had a shortage of nurses due to sickness leave and recruitment delays. We are now fully staffed again and have also trained another nurse to take smears to reduce likelihood of this happening in future.

(ii) Problems getting through on the phone:

- It is a problem for carers to ring at 8-9 am for a GP appointment. They may call the GP out for a visit instead.
- Problems with a recorded message when ringing at 8am and phone blocked or engaged all morning. (The patient thinks the phone system is linked to the hospital switchboard.)
- You can never get through on the phone and expect to wait for over 5 minutes (more like 10) for them to answer the phone. You can do repeat prescriptions online but you have to return again with a passport, driving licence or utility bill which defies the point really!
- Surgery closed for lunch from 12:00 until 1:30 with no phone or Reception service. Patients who phone are given an emergency number. (Patient thinks this is related to the closure of Gillygate Surgery.)
- Receptionists can be stroppy and unhelpful on the phone.
- In an emergency you can get a 'same day appointment' but only by joining the even longer phone queue first thing in the morning.

(iii) Problems for patients who work full-time:

- Patient tried to make an appointment for a health check he had been invited for (40-74 year olds). He couldn't get an appointment outside working hours.
- A full-time worker had problems making an appointment by getting through on the phone.

(iv) Problems with the booking system:

- A patient was told they needed an appointment in 3 weeks but the system only lets them book 2 weeks in advance.
- Staff ignore the contact form on the website and are then stroppy and unhelpful on the phone.
- I've registered to use the online booking system, and was able to book an early morning appointment. I didn't realise initially that there are tabs across the top to change the dates looked at, so I thought there were no appointments available at Cherry Street at first. It didn't come up on the list of surgery options because there were no appointments for the shorter time period. But once I'd twigged that, it was very simple to get an appointment I wanted. It was great to be able to do that at my convenience!
- I regularly get asked by the doctor to "Come back in four weeks" only to be told by a receptionist that the booking system won't allow me to make an appointment more than three weeks in the future. This means that I have to phone a week later, and wait in a fifteen minute queue, to make my appointment.
- Jorvik Practice replied: We are reconsidering our management of review appointments. Pre-bookable appointments can be booked up to 3 weeks ahead. We previously extended this to 4 weeks but this resulted in a higher rate of patients failing to attend or notify us. Many more appointments were being lost, wasting NHS resources and denying other patients of an opportunity to see a doctor or nurse.

(v) Students

- There is a 3 week wait for students to get an appointment
- Some receptionists within Unity practices will let students go to other Unity practices if there is a long wait, but some won't.

2. Impact of Mergers and Federations

From the Self Advocates Forum (for people with learning difficulties):

- Not enough information given about the merger though better range of services available after the merger happened

From the issues log:

- Invited for a routine check but not told it would not be at their usual surgery.
- Following mergers, reception staff should help patients and not assume they know their way around the building.
- The surgery was disorganised with uncaring, unpleasant staff. It was stressful and I was made to feel unwelcome like a nuisance and a burden. (Healthwatch York contacted the person who left this comment. It became clear that the merger had led to some miscommunication. We raised this direct with the practice manager. They were very responsive, and agreed to make changes to letters inviting patients to appointments, to make sure the location for these appointments was clear. They also discussed challenges arising from the merger with all reception staff to help make patient's first visits to new sites as easy as possible. We were impressed with their willingness to address the concerns raised and make changes to services.)
- My GP is great but the merging of the York Medical Group (4 practices?) is a BIG problem. One central telephone number has been introduced - on the switchboard at this central location (in the city?) they have all the details of your appointment and probably many other details! I'm a mobility scooter user and unfortunately there aren't automatic doors in the Acomb practice. This means I have to phone the central number to ask them to inform reception that I am outside and could the heavy door please be opened. They do this by sending a 'pop up note' to the Acomb reception. I only do this if it's raining, otherwise I'll wait outside until someone leaves or enters the practice. I have been assured that there will be a more direct telephone number in the future - I'll still need to telephone to get the door opened but it will be easier! This puts me off seeing my GP but it cannot be avoided at times.

Update on this issue: The practice now has its own 'personal' number again – back by popular demand! There are 2 members of staff in reception that are solely present to answer the phone as

well as the 'greeting' staff when you turn up for an appointment.
No difficulties with my scooter now!

- I have been with the surgery for a while, Gillygate was great on its own. The merger happened and things got worse, really difficult to get appointments, staff I was comfortable with had left and the reception team did not want to help, this I think should be expected with such a big change really.... when I think about the surgery now it is so much better than it ever was, the doctors are fantastic really caring and down to earth, felt really comfortable with one of the doctors, it was easy to get an appointment and so fast. I feel like the change was necessary and needed now that it has in fact gotten better but I can also see why the surgery got such bad reviews during the transition period. I say keep it up Jorvik Gillygate you are now doing a smashing job!

Jorvik Gillygate Practice replied: We are pleased that, now Gillygate branch surgery has closed and we all staff & clinicians have relocated to our Woolpack House site, we now feel able to offer a better service to our patients.

From NHS Choices:

I have been a patient at Southbank Jorvik Medical Practice for many years. They were an outstanding practice. But since the merger things seem to have gone quite wrong. I can never get an appointment with the doctor I want at Southbank - the receptionists seem to want everyone to be seen at Stonebow. I live less than 5 minutes walk from the Southbank surgery, but at least 30 mins walk to Stonebow so this is really inconvenient for me. They have also removed the function where you could book appointments online the night before. This was brilliant, and I cannot understand why this fantastic idea has been reversed. I can now never book online and always have to speak to a receptionist - surely this cannot be more efficient than patients booking their own appointments. The doctors are still great (when you are allowed to see them), but I have to say the administration side and ease of dealing with reception has gone badly wrong. Jorvik Practice replied: We have recently introduced our Urgent Care, same day, clinics at South Bank as well as at Woolpack House (Stonebow) in response to patient demand.

3. Access to GP Services

Comments and concerns from the Healthwatch Feedback service and issues log:

a. Access to the buildings:

- The front door is not automatic – difficult to open if using a stick or in a wheelchair.(Heworth Green Surgery)
- Patient has to ring reception desk for the door to be opened for her mobility scooter. Made worse when centralised telephone system installed as could not speak to receptionist at the surgery direct but this has now been addressed (York Medical Group, Acomb)

b. Problems for Deaf patients:

- Problems with access to BSL interpreters for Deaf patients.
- A receptionist wouldn't book an appointment, with a BSL interpreter, for a Deaf patient.(various surgeries)

c. Problems with parking:

- There is a problem with parking. Some people restrict access. More signs are needed.(Fulford Medical Group)
- Problems with parking. (Clifton Medical Practice)

4. The named GP scheme

- Do all GPs have a Well Woman Clinic?
- Patient received a letter giving the named doctor for older people. The patient went for a health check which was very good. "Really good service."

5. Practice Participation Groups

- Patient tried to join a PPG online but got no response.
- The practice have an online PPG. The patient thinks face to face would be better.

6. Other feedback

- The only small issue is the privacy of your details from the reception staff. I have had comments directed at me about my medical records in front of other patients by one particular

receptionist and have left feeling embarrassed. I do not feel that they should be commenting on your medical issues when they ask you what the appointment is for when you are booking it.

- Please can you cancel this horrendous sound (music while waiting on the phone) which we are subjected when trying to make a medical appointment? The TV in the waiting room is also unnecessarily loud and obtrusive. Some of us wish to read. It is a medical practice not an entertainment lounge.

Jorvik Gillygate Practice replied: We don't have any control over the music played over the phone but have requested from our support team that this be turned down, if possible.

To improve confidentiality for patients at the Reception desk, we play a radio in the waiting room. The volume of this is checked daily. We are investigating other alternatives to improve confidentiality.

- Patients are inconvenienced because they cannot get repeat prescriptions over the phone. Jorvik Practice replied: Our Prescription Phone line was closed to improve:
 - Patient Safety – many people use mobile phones, messages are often unclear and drug names are often complicated, with many sounding similar.
 - Telephone Access - to increase capacity for patients booking appointments and ringing with clinical emergencies.
- I can usually be seen when I need to be (by calling on the morning), and most of the GPs are able to help me. The care when I was pregnant was good, and the office staff are always very helpful. The Antibac hand gel is often broken, which is a bit annoying.

7. Good practice examples from local GP surgeries

- “Excellent GP. Can always see my preferred GP” (My Health, Huntington)
- “Friendly staff. GPs spend time” (Heworth Green Surgery)
- “Trans friendly doctor” (Jorvik Medical Practice)
- “Receptionist is very good” (The Petergate Surgery)

- “GPs are excellent”
- Good treatment from receptionist and nurse following a dog bite.
- Praise for GPs from Self Advocates Forum for people with learning difficulties.
- “Evening appointment offered” (Clifton Medical Practice)
- “Home visit on same morning” (Old School Medical Practice)
- “Very good for same day urgent appointments” (Haxby Group, Huntington)
- Praise for surgery and GP – “Appointment next day and children are seen straightaway”
- A new doctor introduced himself to needy and vulnerable patients.
- Patient suffered recurrence of an eye problem. He rang his GP and got a GP appointment and an appointment at the eye clinic the same day.
- Patient received a letter giving the named doctor for older people. The patient went for a health check which was very good. (Haxby Group)
- Haxby Group Practice are very good for same day urgent appointments
- On two occasions I phoned Huntington Surgery at 8.30am and was able to make an appointment to see a doctor that morning
- All staff are friendly and the GPs are always willing to spend time to ensure you understand the medication
- I have been using this practice for over 25 years since I was a child and will never use another one as long as this practice stays open. Most of the doctors and Nurses are friendly, welcoming and easy to talk to without feeling fobbed off. 1 doctor in particular I find to be excellent at listening and dealing with your problems and even will call you at home to ensure you have all the information you need.
- Dr Barrett is very Trans friendly and understands. Also Dr Lockett referred my daughter to the Tavistock Clinic with no problem or questions.

- Very good service. Unable to stand up due to balance problems. Surgery called. GP visited me at home later that morning, diagnosed and wrote prescription.
- My GP always asks about my general life and work. (i.e. he remembers details about me although I don't see him that often, perhaps once or twice a year), he listens properly, explains things clearly and does not rush the appointment. I have always managed to see him and not been forced to see another GP.

Appendix C - Feedback from Annual Meeting Workshops 28th July 2015

1. Making appointments and opening hours

Does your surgery offer appointments at times to suit you eg early am, evenings, weekends?

- Monkgate surgery do Saturday mornings, had been offered 8.30am.
- Can get an appointment at any time but not to see a specific GP.
- Where there is a village surgery which is only open two days a week, there is no provision for patients who need urgent appointments on the other days. They have to make their own arrangements to get to the surgery in the main town.
- Aware of 8am calls for emergencies.
- Fulford is very good for making appointments - never had a problem. Sometimes had to see the nurse
- Making appointments is no issue - but no early, evenings or weekends though. Some only open from 8 on one day
- Extended hours - yes. Saturday morning and evenings would be helpful

How easy is it to make appointments?

- Making appointments by phone can be very hard but the service is usually great when you get there.
- Where there's a central reception for booking appointments, you may have to wait if a specific time is required eg at Lavender Grove there is a two week wait for an appointment with a specific GP. At Cornlands Road this is reduced to a 10-day wait.
- Triage system where you phone and the GP calls back. One example given of having to wait one week for the GP to phone back.
- Phoned in for an emergency appointment, nurse phones back to ask about the problem.
- Phoned to see a GP and ended up seeing a nurse practitioner instead with no warning.
- Had to wait a long time for the phones to be answered at all practices.
- Not able to get an appointment on the day to see a specific GP.
- Can phone as soon as they open and not get through until 10am.

- Telephone systems in York are getting old (Haxby surgery) – there are a restricted number of lines coming into the surgery therefore making it difficult for patients to get through. All GP practices in York, bar one, come under the hospital telephone system. This will change in the next 6 to 12 months and there will be a new telephone system and network. If there was more than one telephone line in, more staff would be needed to answer it.

How far in advance can you book?

- Patients are asked to return in three or six weeks, etc. but the booking system only allows an appointment two weeks in advance. The onus is on the patient to remember to make the appointment later. This means they may forget.
- How far in advance can you book? Only up to 2 weeks in advance; Fulford allows you to book further in advance; you may have to wait for quite a while to see a particular GP - had to wait 3 weeks to see a specific GP. Dentists allow you to book 6 to 12 months for the next appointment - should be able to do this with the GP.
- DNA appointments tend to be the pre-booked appointments, so a case could be made that this is why bookings are not allowed so far ahead.

Can you book and cancel appointments online?

- Booking online presents a barrier for some people. Patients have mixed experiences but generally have a favourable opinion once they have been able to get it set up.
- Can book appointments four weeks in advance online at some practices, others only two weeks.
- Monkgate surgery (York Medical GP) have difficulties with online service.
- Booking online is useful and you can also cancel online.

Does your surgery offer text/ email reminders for appointments?

- Text and/or email reminders for appointments are very useful.
- Email and text reminders are available at all three practices within the group
- Some practices use text messaging for designated appointments but the Government is removing funding for text messaging services. There is ongoing discussion about what this will mean.

What are your thoughts on charging for missed appointments/cancellation policies?

- Concerns were expressed about the idea of charging for missed appointments. People felt this might give a negative view of the practice or cost too much to administer. Also some people have good reasons for not attending. Sending a text reminder was considered a better option.
- Charging would be hard to police and carry out. Perhaps if three appointments are missed in a row some form of penalty, but not financial, should be considered – possibly remove from the practice list.
- Not concerned about charging but it would be difficult to identify an appropriate amount.
- Always thought we should charge for people who habitually don't attend for appointments - some people can miss in the tens of appointments
- Some practices send a letter to DNA (after 3 times DNA) - check with GP first as there may be a reason they didn't attend. But may not be straightforward - dependent on the individual patient/may have dementia/maybe English is not their first language/frightened
- No power to charge - would need national authority to charge and then how would you administer it.

2. Impact of practice mergers and federations

Have you been affected by a practice merger? For example, is there now a central booking number rather than speaking to your own surgery? Have the opening hours changed? Are some services, eg blood taking, only offered at certain surgeries? Are there different policies on repeat prescriptions?

- Constant mergers since 1981! Now the practice is really large and not positive from a patient's point of view.
- One patient who experienced a practice merger said that it was 'messy' at first but has now settled down. There are now more options for appointments but less chance of seeing a doctor that you know and so forming a relationship.
- Another patient said that the appointment system had changed following a merger. Patients now have to phone at 8.00 and it

takes around 20 calls before they are even put in the queue to be put through.

- One practice used to have a prescription line which was very good. This was stopped after a merger. The patients can now request prescriptions online which is a good service. However, using the internet is a barrier for some people.
- Some people feel that smaller practices can offer more personalised services.
- Some people raised concerns about larger practices such as – “Can you still see your own GP?”
- A patient wondered if a merger meant more costs for the practice with the increased administration burden and number of doctors involved.
- A patient suggested that larger practices would be able to purchase more equipment and possibly offer more clinics and minor surgery.
- Some people wondered if larger practices would have a wider range of GP specialist areas. This thought related to the practice of York Hospital referring some patients with long term conditions back to the care of their GP. It was felt that a GP in the practice who took an interest in, for example, MS would be very helpful and reassuring for patients.
- Would a GP with a particular special interest be able to establish ‘fast track’ communication with the relevant consultant?
- Would other GPs be able to give patients the option of seeing a colleague with a special interest in their condition?
- GPs must find it stressful – no continuity with patients as they used to have. No idea which GP you are going to see and you have to give all the background over and over again each time you see a new GP.
- It is hard for GPs to keep up with new services available through the NHS.
- Important for patients with mental health problems as they need continuity of service and care with the same GP. This could make a massive difference to the patient.
- Non-holistic service now; families used to be treated as a whole, not now.
- Blood taking can be done at any surgery within the Group, wherever the nurse is available.

- Much travelling to different surgeries within a Group although this is not always a problem as some may be close to home. A number have very small car parks.
- Travelling to different surgeries would be an inconvenience for frail, elderly patients to have to go to an unfamiliar surgery.
- There are no positives in relation to mergers as they become impersonal. Small is beautiful.
- A 92-year old patient was booked a taxi journey to Haxby surgery for a B12 injection. A nurse visits the patient on a daily basis for insulin injections therefore no logic in the Haxby appointment.

Is there a Patient Participation Group for the individual practice or the group? If it is for a group practice is it at a location you can get to?

- The PPG appears to be for the group rather than for each surgery.
- Experiences were mixed. Of two patients from the same practice, one had heard of and was a member of the PPG and the other had never heard of it!
- The PPG member commented that the PPG was a little like Healthwatch, in that, knowing she was a member of the PPG, people would tell her things they would not raise directly with the surgery.

Were you fully informed about the merger? Was there any consultation about changes/ impact?

- Information on the mergers was in the surgeries, not sent out to patients. No awareness of the opportunity to consult on the merger.
- Not fully informed about merger but this doesn't seem to have made any difference. It would have been nice to receive letter. Asked about automated prescriptions and can be sent electronically to prescriptions - not all practices can do this. Some are enabled and some aren't - is in process in York. Pharmacists have to be set up for this as well.
- Most are not aware if the practice or group has a patient participation group - only one aware of it but not involved.
- Need younger people involved to find out what their wants and needs are - need a cross-age group to reflect all.
- Is there a two-way mechanism - sounding board for practice and feedback opportunities for patients as well.

- Mergers can give you more options for appointments - more chance to go to a different surgery if all the appointments are taken at your usual one.
- Must be compliant with CQC as well
- Was there any consultation - one says yes, some don't remember and some knew it was happening but can't remember how they knew or whether there was any formal consultation. Some were informed but were not sure if they had been consulted. Is there a formal process that surgeries have to go through to merge?

3. Examples of good practice

- Some practices keep in touch with patients by having a newsletter, for example, My Health and Haxby Group.
- Praise for staff – “Good customer service”
“Receptionists are much better now. Some are excellent.”
“My GP practice were excellent. I had a fast track appointment for cancer care”
“Community practice is excellent.”
- Accessible premises at Priory Centre Acomb, My Health and Haxby Group (Haxby and New Earswick surgeries).
- Some people with long term conditions said they experienced good practice.
- Haxby Group offer a telephone consultation service. This is very useful for patients with long term conditions.
- Some practices have a good system for recalling patients for medicine use reviews, asthma checks etc.
- GPs were said to be ok with people with mental health issues in comparison with A&E where the language used was ‘terrible’.
- Text messaging to remind people about appointments is a good service.
- The systems for ordering repeat prescriptions and having medication delivery to their home are very good.
- Patients in Haxby like having the pharmacy next to the surgery and also the extended opening hours the pharmacy offers.
- Clifton/Priory offer open surgeries. Patients were aware of practices in West and East Yorkshire also offering open surgeries.
- In Pocklington there are two doctors on call each day. The receptionist can ring them if necessary and the doctor can then phone the patient to give advice.

- A patient liked the prescription line that used to be available at her practice. This has been stopped now but the patient is happy with the online system set up to replace it.
- The idea of giving older people a named doctor is a good idea in theory but doctors leave so there are changes. One patient had a very good experience of this service but another had to wait 20 days to see the named doctor as the doctor is very popular and also has a teaching commitment.
Many patients said that they like to see a doctor that they know and who knows them.
- A patient commented that having a welcome poster in many languages might be considered good practice but it discourages people from learning English and integrating. The NHS spends a lot of money on interpreters.
- Email liked by some for receiving test results but not by others especially if the results are not good. If the results are OK then email and text are fine otherwise people would prefer a phone call.
- Having access to own notes would be useful but may not be available. One person knew it was possible and managed to get a copy but it was hard work. One person also knew but had not tried. Most people did not know having a copy of your own notes was possible. This could lead to life-changing effects if a problem was identified.
- No newsletter, not even at the surgery, only questionnaires asking how the surgery and staff were doing.
- Receptionists are generally friendly and good. Trying to contact a Practice Manager (Lavender Grove) proved impossible. This was to ask about help with signposting in relation to loneliness, dementia, etc – this is not the way it should be.
- Automatic booking systems are very good eg contact every six months for diabetic testing. At lavender Grove the medical staff are good and personable. The nurses at Monkgate are nice and friendly.
- Initiated own medicine-use review and the GP was very helpful.
- Reception areas are not private enough.
- GPs have been assigned, not only for those over 75, but have no chance to see them – even over five years.
- The chargeable services are OK especially for information on particular holiday destinations.
- Very good at sending for an annual review of blood pressure (if needed). On a normal visit you may not get results of tests and

you have to phone. One thinks receptionists shouldn't give results - GP should do. Patients need to understand distinction between different roles - nurses/nurse practitioner/GP.

- In the Haxby practice it is the patient's responsibility to contact the surgery for their test results. This may not be made clear in all surgeries, it is important to know who is responsible for contacting the patient about test results.
- Not all GPs are good at looking at results - disappointed in some GPs.
- If you are not happy with any service you receive from the practice then you must complain. Nurses are excellent and receptionists are also excellent. E-mail consultations are difficult - from a GP point of view they can't be sure who is reading the e-mail. E-mail could be used more for general communications. There should be good telephone consultation and more practices should offer NHS Annual Health Checks.

4. Barriers

- It is sometimes hard to book an appointment by phone.
- Some practices offer a phone call with a nurse for people who can't get to the surgery.
- Home visits seem to be limited to people who are registered as bedridden.
- There are no nominated spaces for wheelchairs.
- Could a wheelchair be provided at all doctors' surgeries for patients' use?
- Car parking is hard at some surgeries. There are not many spaces.
- Some surgeries are convenient for bus routes. This is an important factor for many patients.
- A patient asked "Are doctors asking the right questions?"
- Doctors are not offering a holistic approach. They have separate appointment to look at symptoms separately.
- Practices could offer more understanding of mental health, exercise, pain relief, self-medication etc.
- It would be good to have access to information such as leaflets without having to ask for it. It can be embarrassing to ask for some subjects. Make the information visible.
- Some practices have a 'Health Hub' to provide information about, for example, medical conditions and support for carers. The staff should promote this more.

- Some practices have good electronic prescription systems but sometimes people struggle. Older people do not realise they have to reorder 14 days before they need the new prescription. People with multiple prescriptions can struggle as their medications are out of line.
- Sometimes there is a wait of 3 or 4 hours for an out-of-hours doctor to come. People don't know what to do in these circumstances.
- Lavender Grove is all on one level but does not have automatic doors. The car park is very small with only one disabled space. The doors are heavy therefore difficult for frail patients. Cornland access is OK.
- Car park space is at a premium. The bike parking space at Monkgate is difficult if cars are parked as well.
- GPs seem to pull out all the stops to prevent home visits. Example of this – offered triage and more pain tablets. Not good.
- It is easier to get an out-of-hours service than a home visit.
- GPs should have a mission statement on looking after carers, there is no support for carers at Monkgate.
- The 28-day prescription service is money-making for GPs and inconvenient for patients who could previously get three month prescriptions. GPs need to be more patient friendly. How universal is this 28-day prescription service? Repeat prescriptions do need regular reviews so that people are not stockpiling or using an incorrect dose.
- Not being listened to by GPs, e.g. articulate patient, looking well, was not listened to. The GP appeared to think the patient was exaggerating. Previous mental health problems appeared to be affecting how the GP looked at the patient. The patient asked for a specific service, the GP said no, so changed GP and the service was given.
- GP choice on 28 day prescribing - people with Long Term Conditions or need for daily drugs may wish for a prescription for a longer period. Most chemists deliver - but this is a pharmacy decision - think this is age related.
- Receptionists can be awkward about getting appointments. Have had to wait 3 weeks - is there a legal maximum time you can ask someone to wait?
- New national GP contract means all will have a named GP

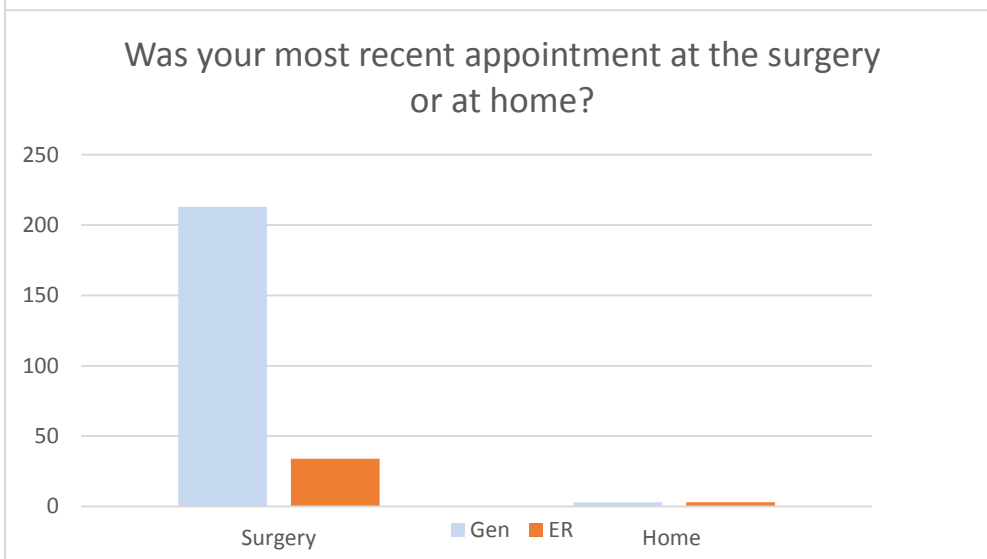
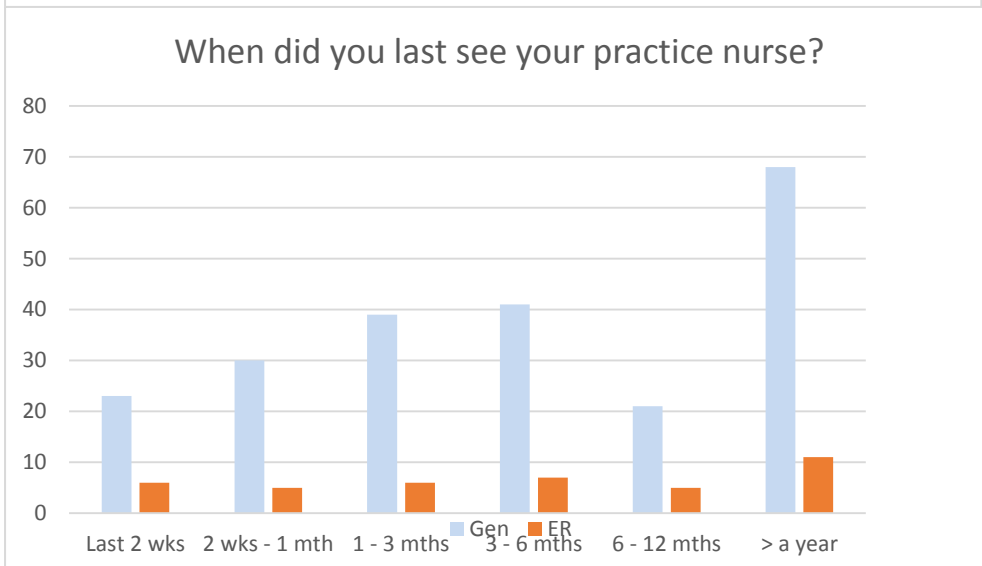
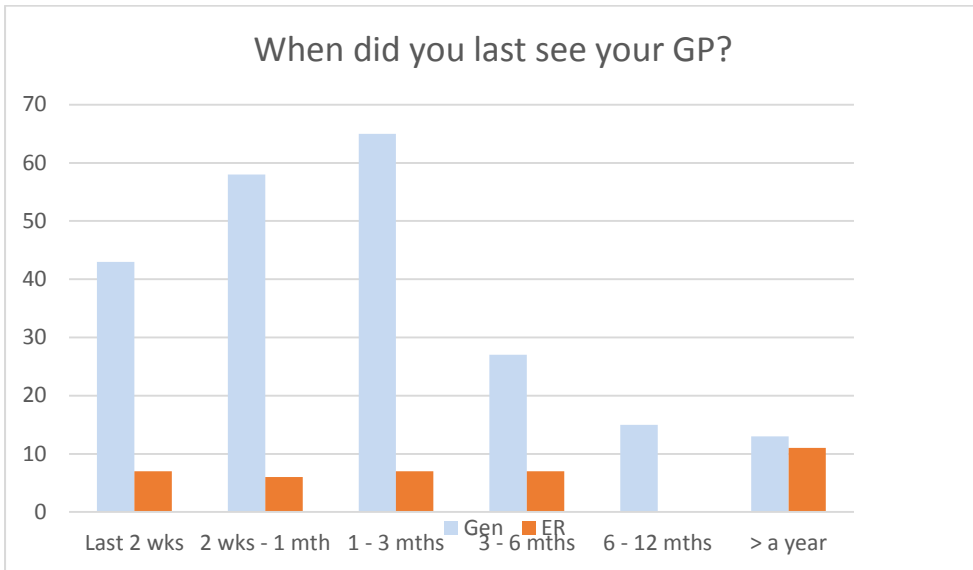
- Not all surgeries have parking - can be an issue in inner city areas. Many surgeries will only have some spaces - not necessarily enough
- Not always listened to by GP. BSL signer can be more difficult to find than an interpreter for a foreign language. PCT used to pay for interpreter services and now the practice has to pay for them.
- In an emergency would struggle for BSL interpreter - for a foreign language could use language line - easier if planned appointments. Hospital have access to interpreters as well.

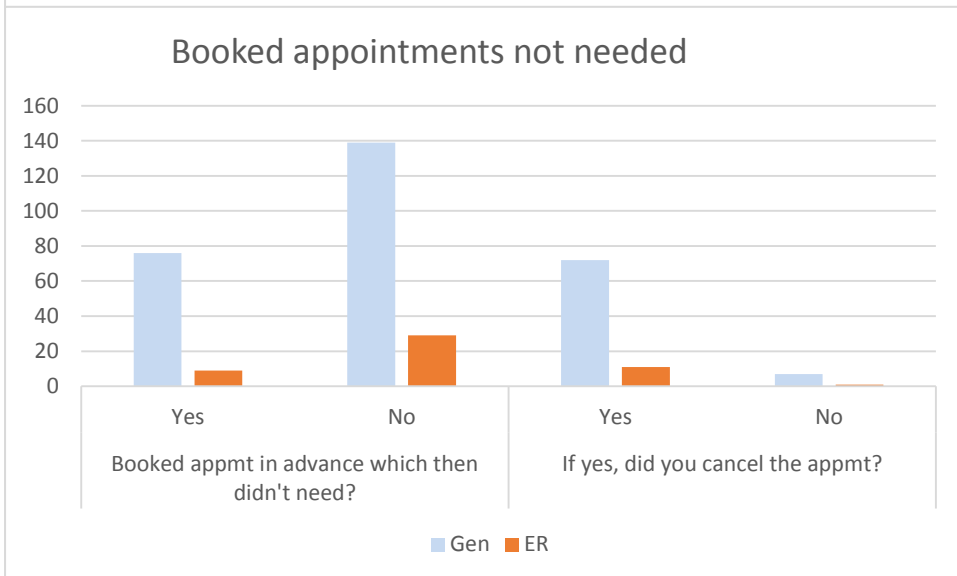
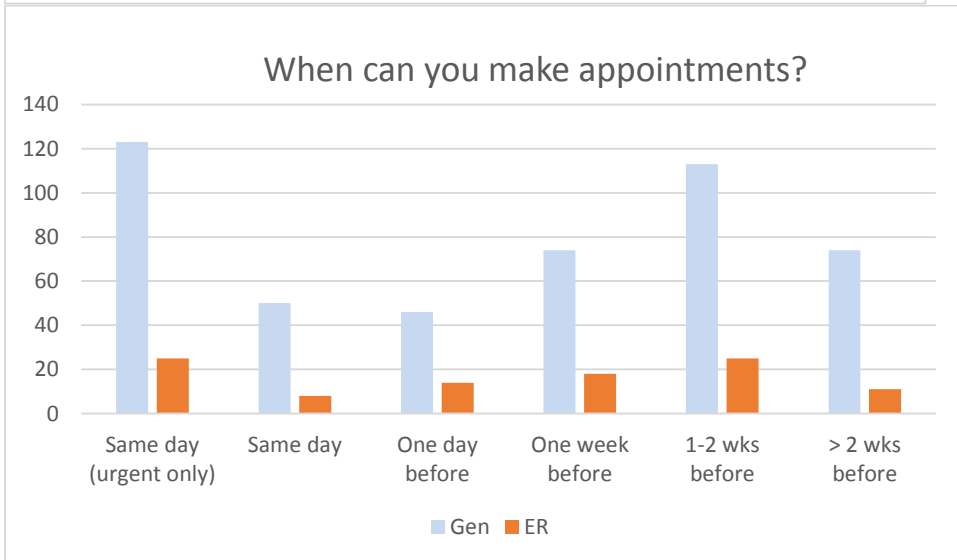
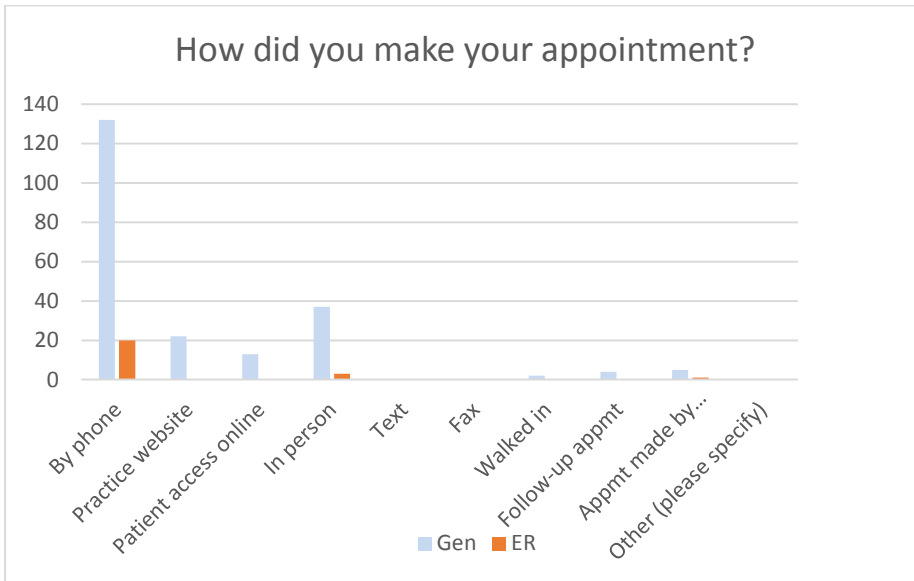
Suggestion for Improvements

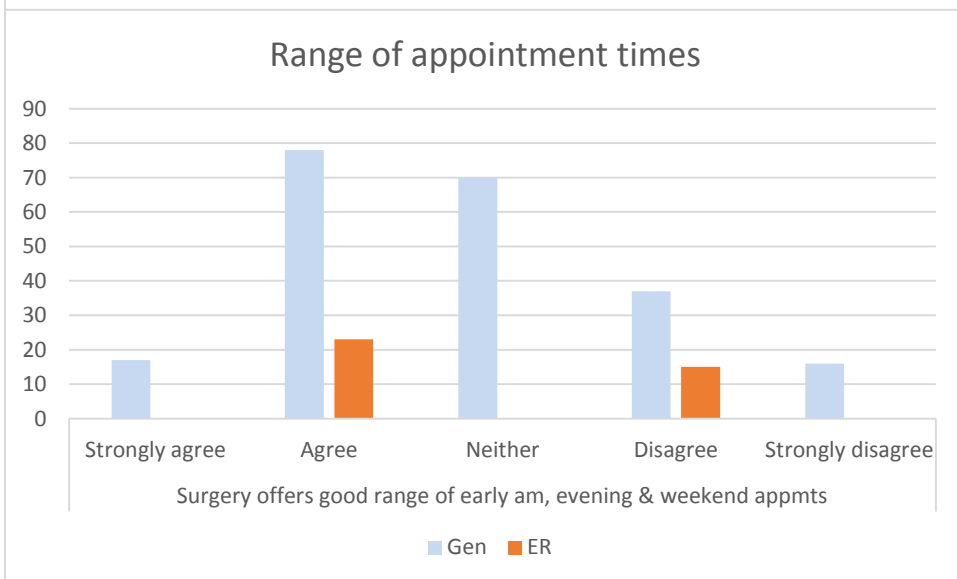
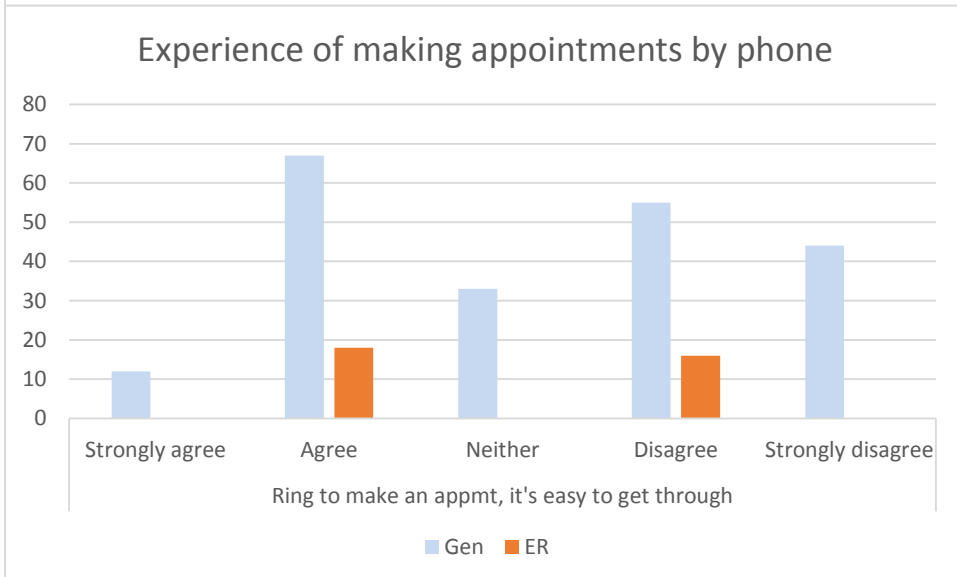
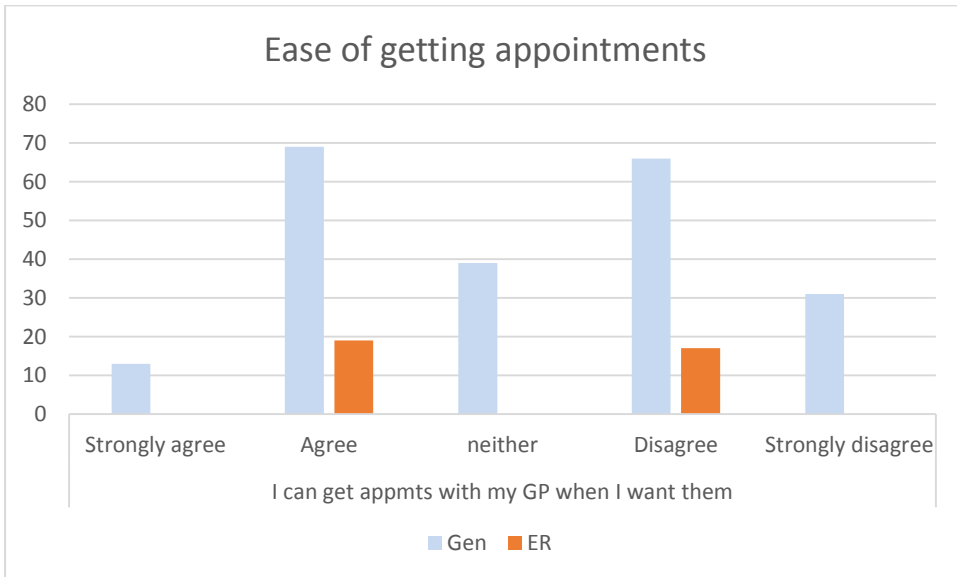
- Extended hours such as evening appointments would be useful for people such as carers as well as people who work.
- It would be easier for patients if practices were more standardised so that people know what is available. They should share best practice.
- More use of social prescribing would reduce doctors' time and decrease patients' isolation.
- Provide more information for patients so they can do more to help themselves. Make the information visible. Promote it more. Make it possible for patients to access information about potentially embarrassing conditions without having to ask.
- Offer support for former carers. This would be a preventative measure to try and reduce ill health in carers when their loved one has gone. Doctors are aware of patients who are in this position and could make an effort to support them.
- Do surgeries have a register of patients who are carers? Could this be on patients' records to alert medical professions of this? It could be linked to the records of the person they care for.
- Do medical records show that a patient is Deaf or has a severe or profound hearing loss? Flagging this up for the medical professional before they see the patient would be helpful to both parties.
- None of the 5 surgeries* have an Equality and Diversity Statement that would suggest them being LGBT friendly. (*surgeries not named)
- Opticians provide a good service to "all people" and are not judgemental. Could surgeries copy this practice? Do our GPs have values that reflect these underlying principles?

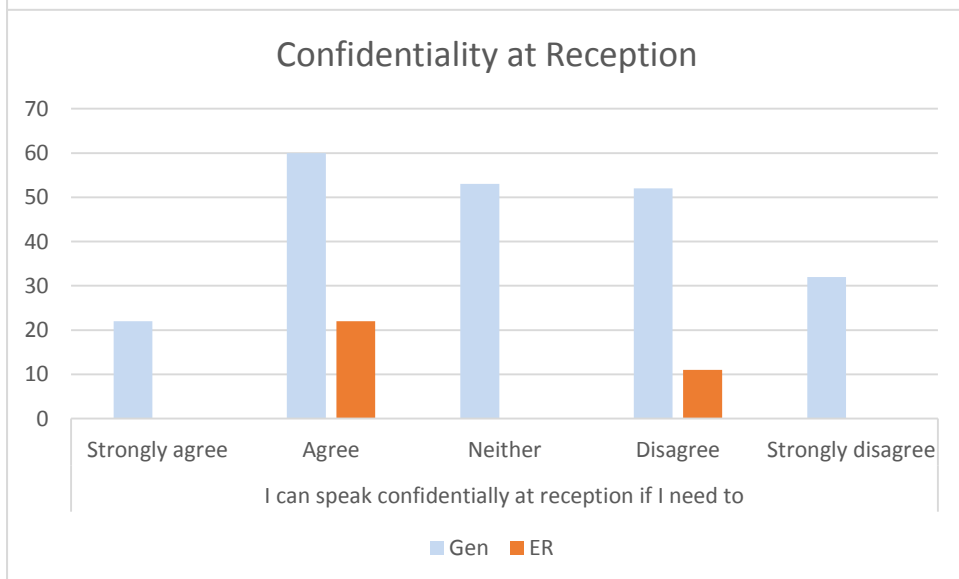
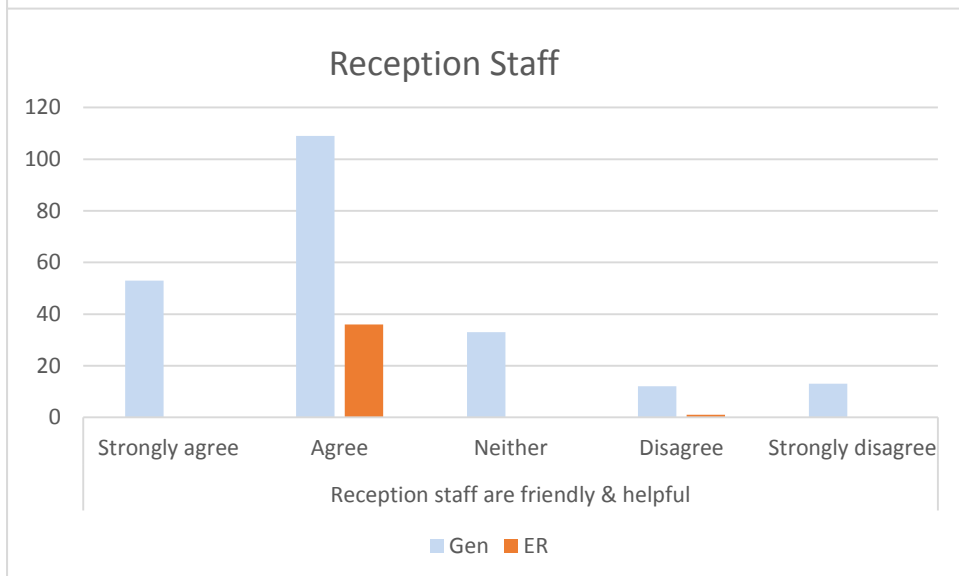
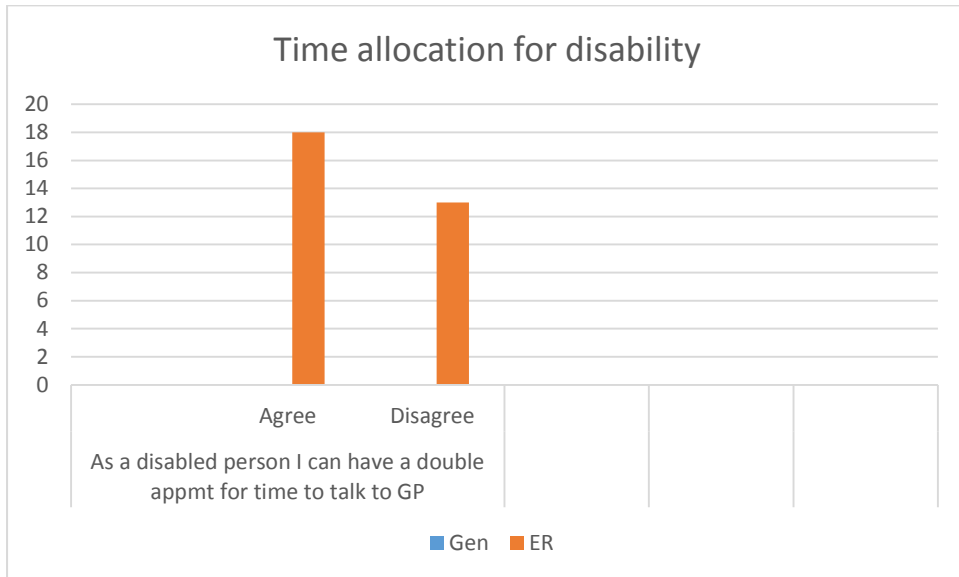
- A patient commented that a Scottish practice was really good. No prior appointments were made. All appointments were made on the day and people were given an interview by phone.
- FAX is good for Deaf people
- Need Deaf awareness training for all staff including receptionists
- Best solution for Deaf people is to establish a relationship with a particular doctor and try to always see that doctor. They can work out how best to communicate – mixture of writing things down, gestures etc. But it can be tricky to get an appointment with the doctor they want, at the time they want.
- Beech Grove has no newsletter
- Healthwatch York to work with patients to produce a top ten tips guide for GP's and Receptionists working with Deaf patients, including
 - Use clear language
 - No phones
 - Don't rush people
- There should be music played outside consultation rooms, so that people passing outside can't hear what's being said inside.
- Referral letters should be by email, and consultants' letters could be emailed. (comment: Private Consultants do everything by letter.)

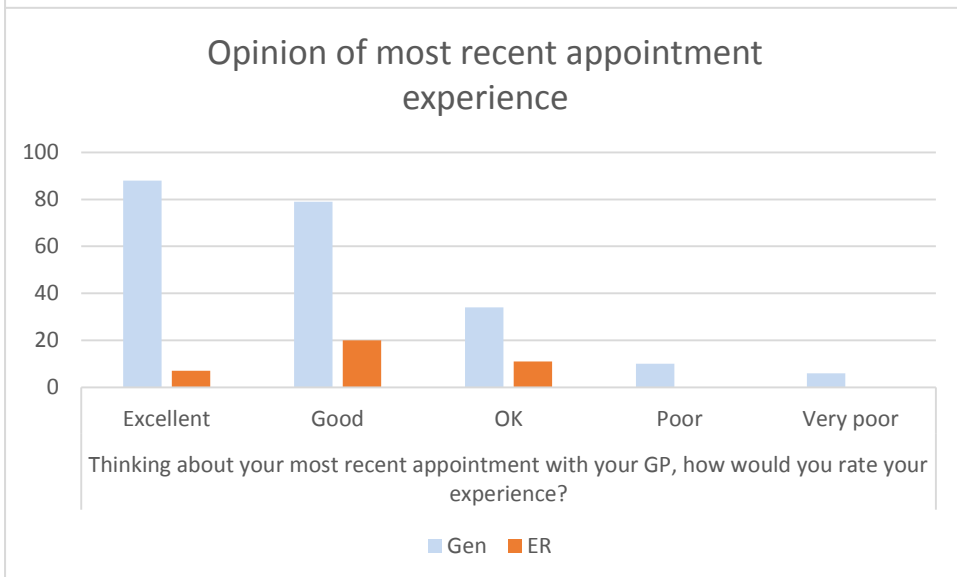
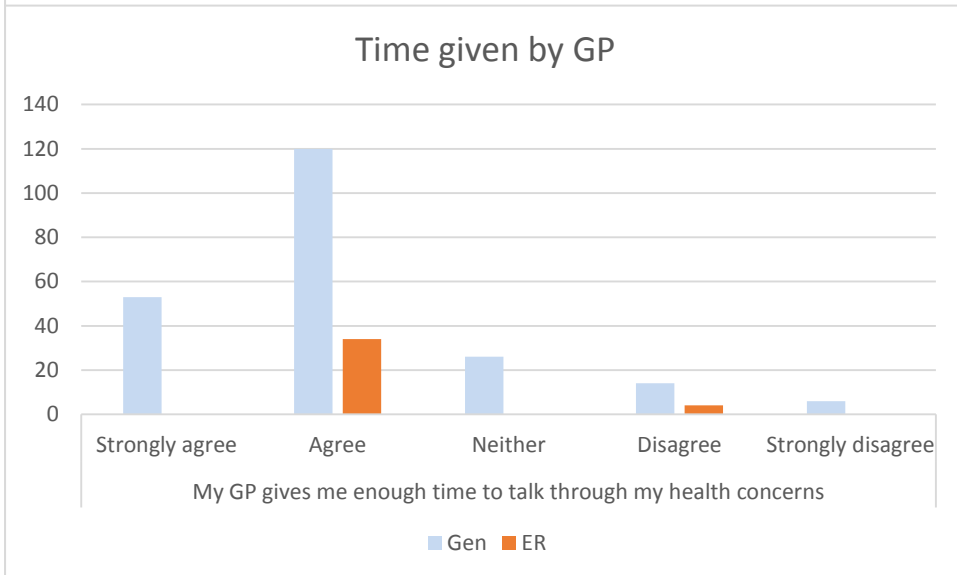
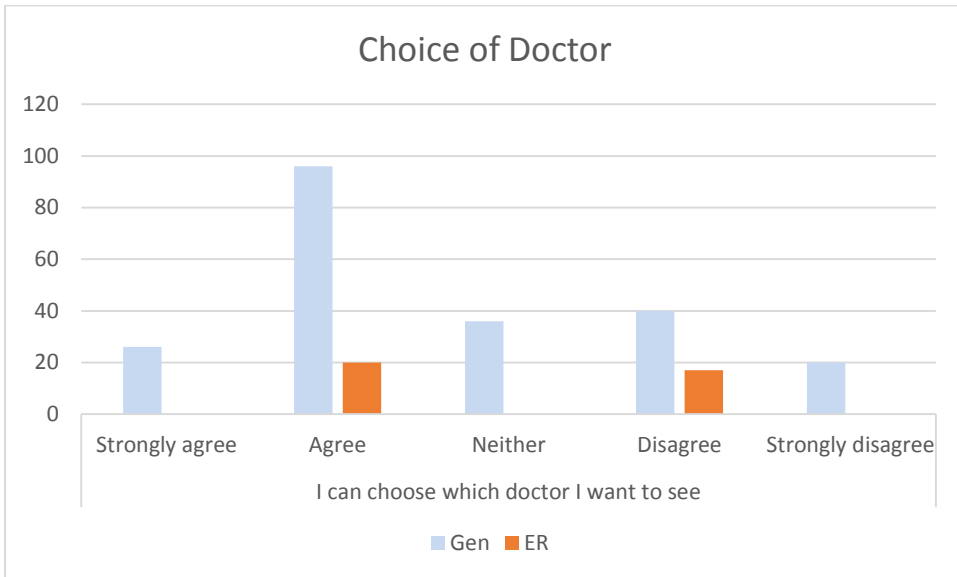
Appendix D – Quantitative data from the GP Survey

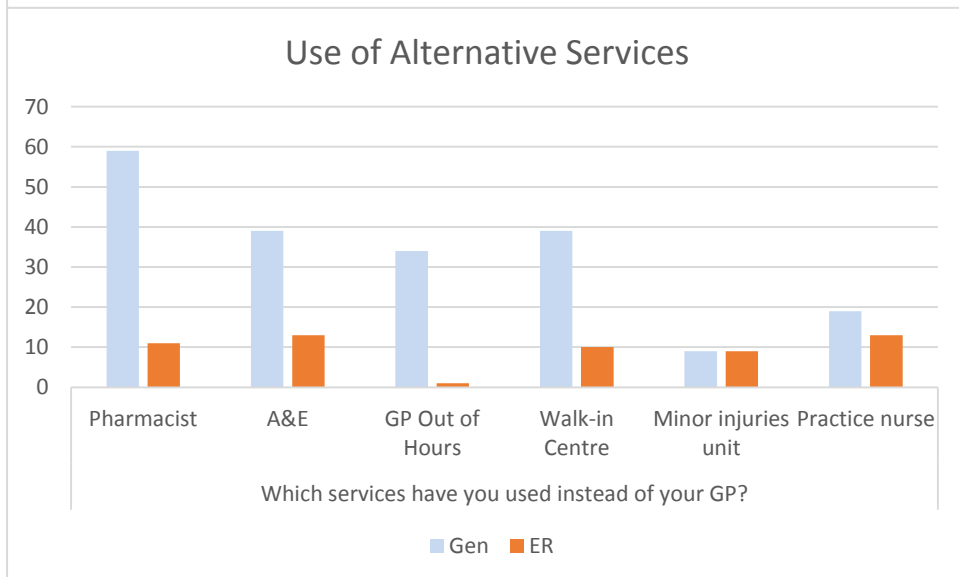
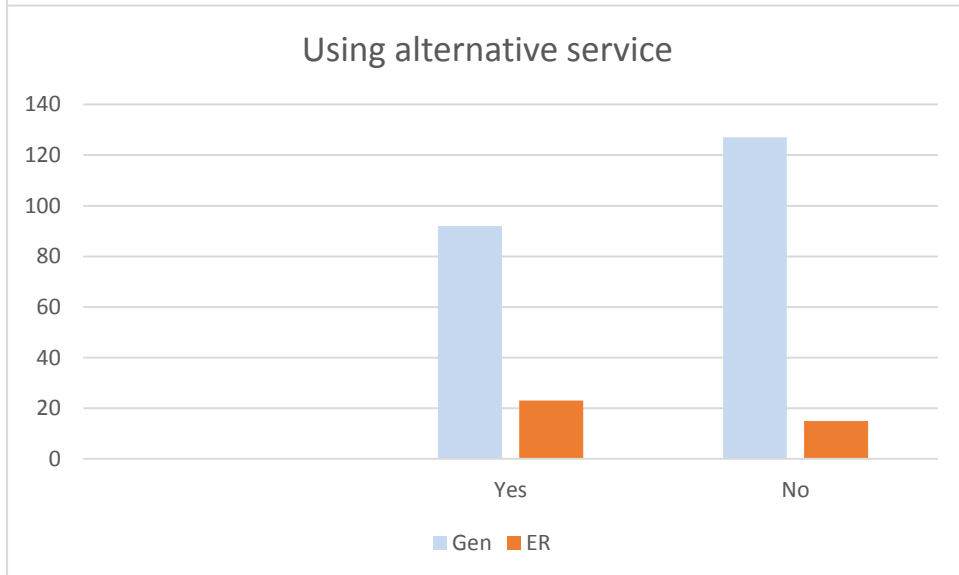
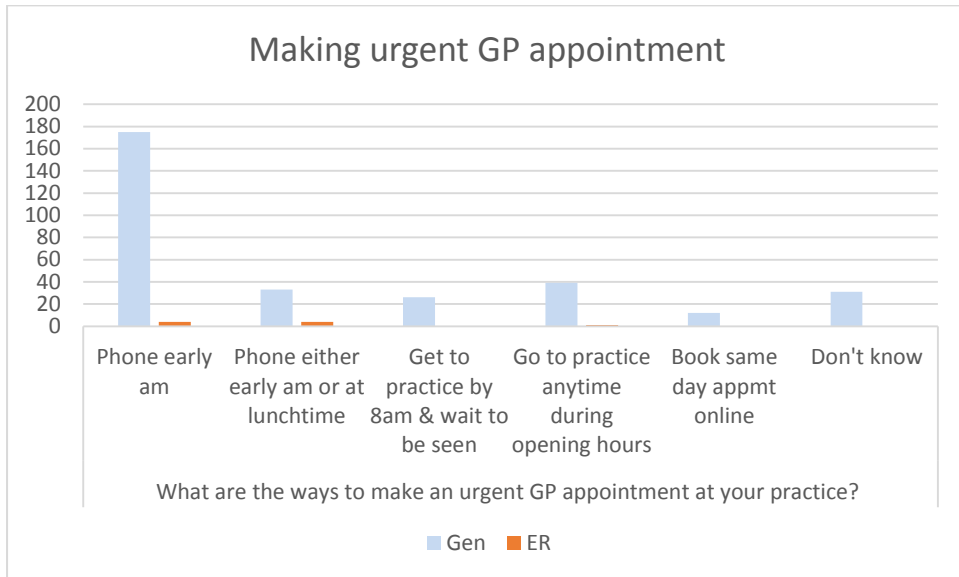


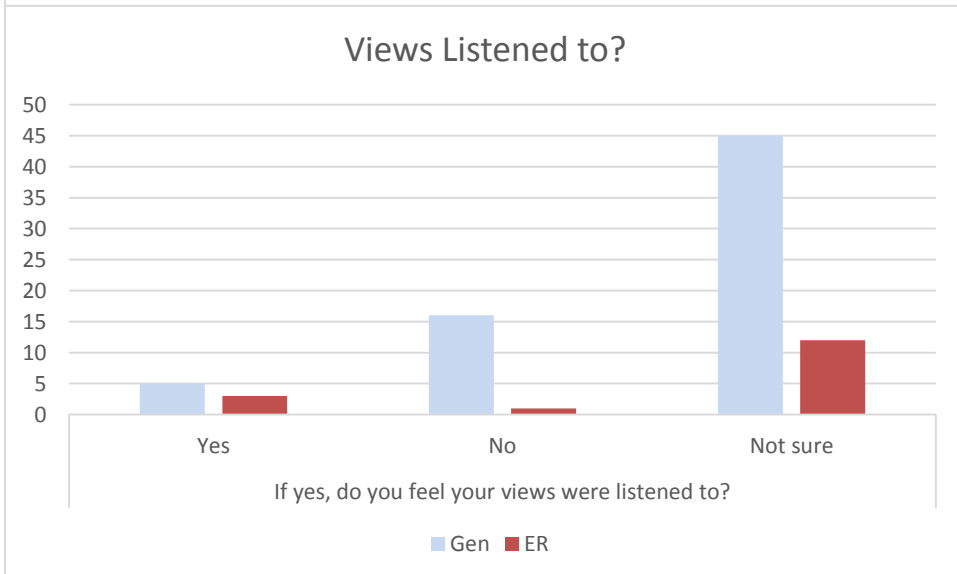
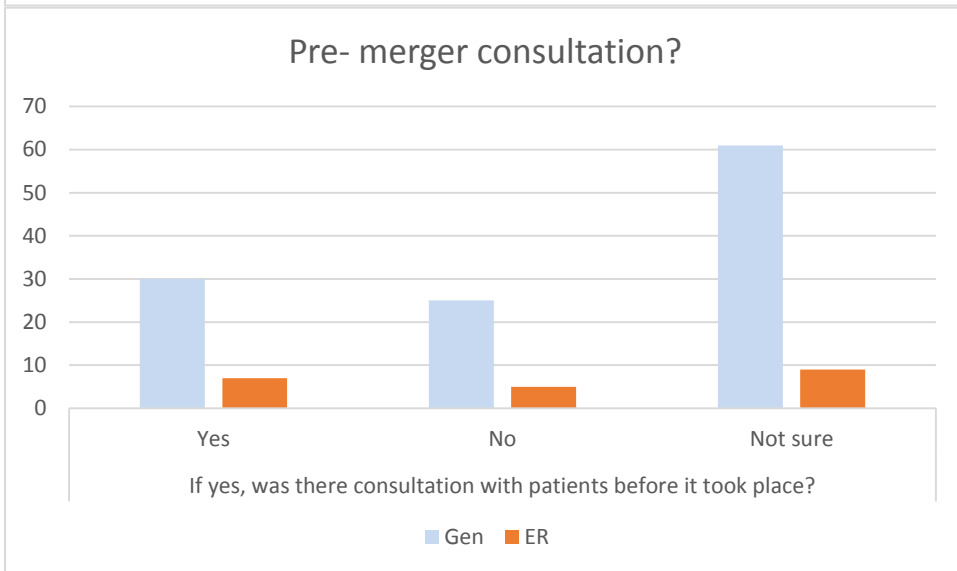
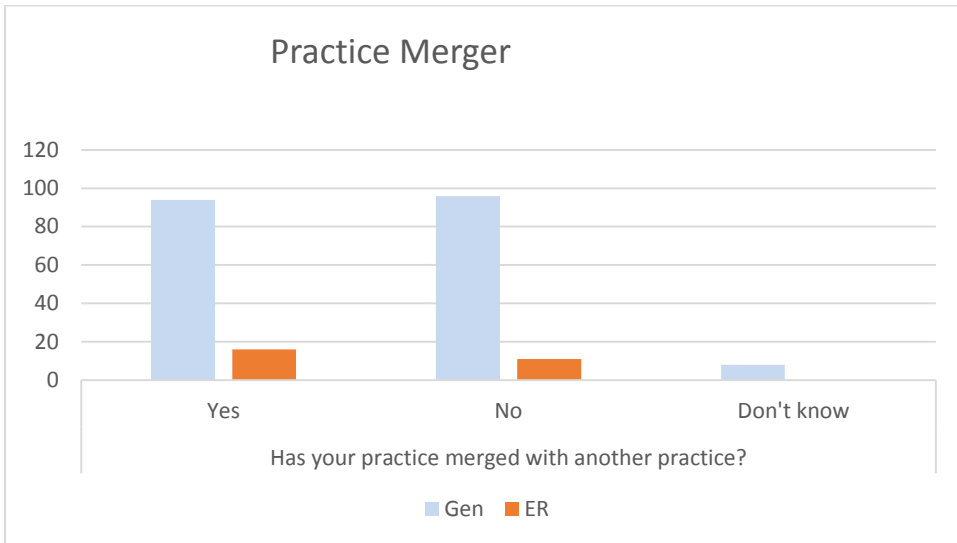


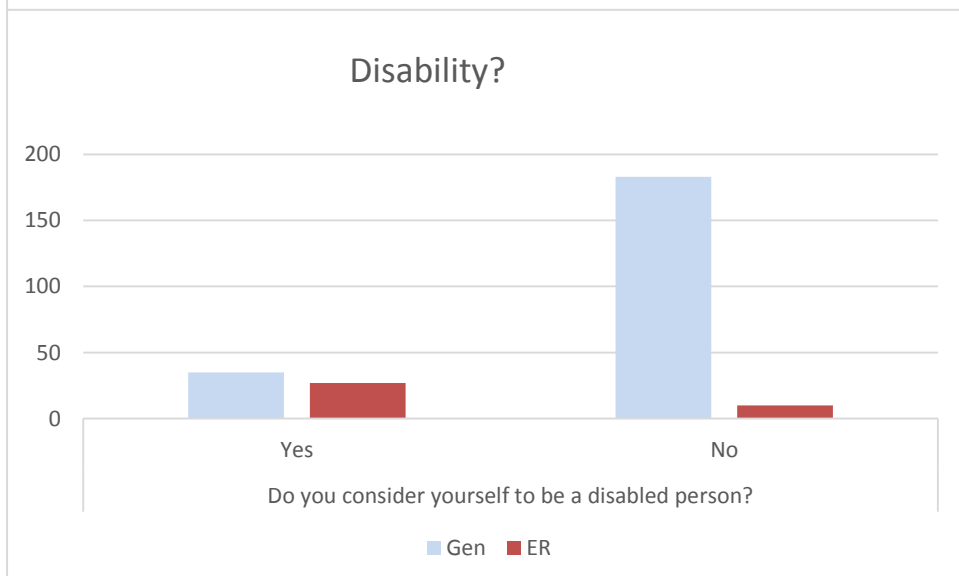
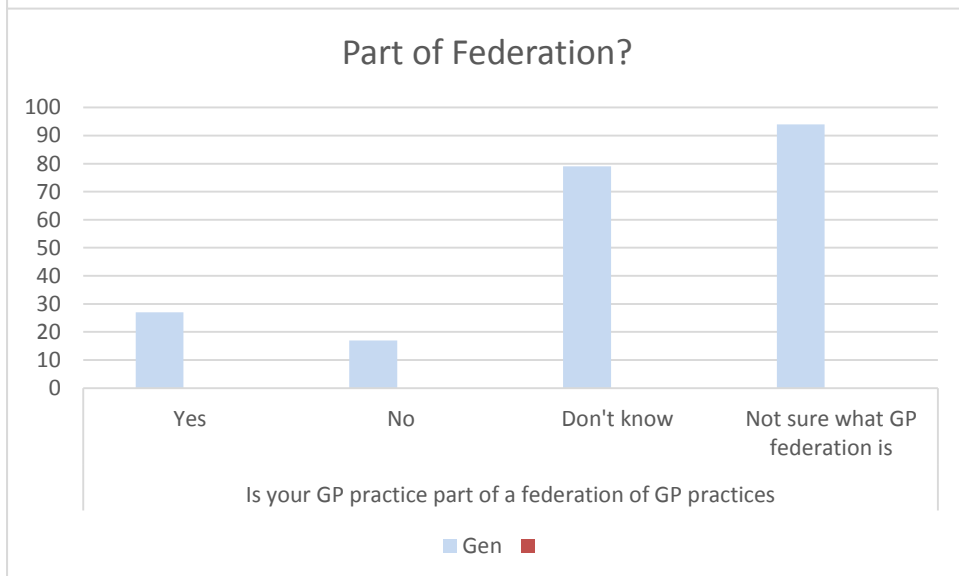
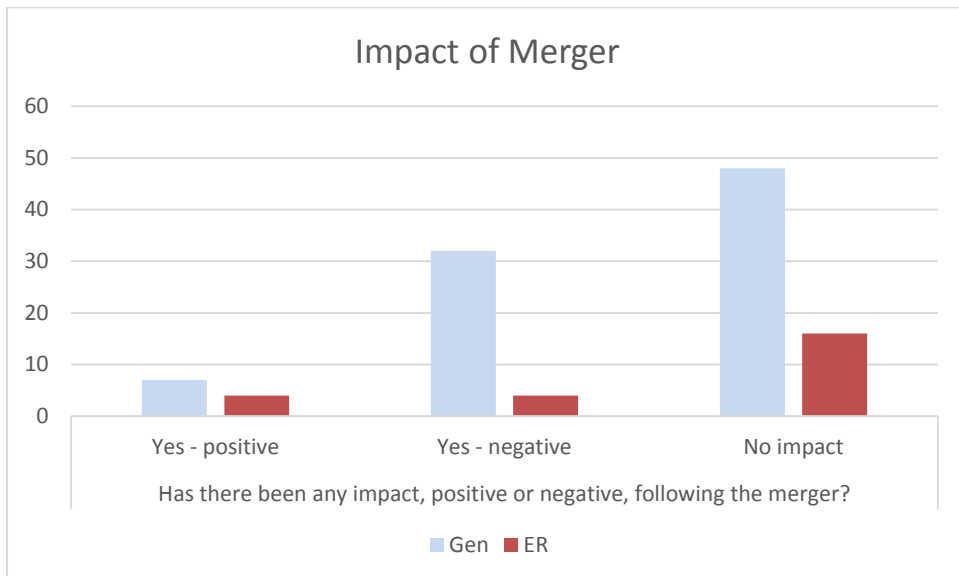


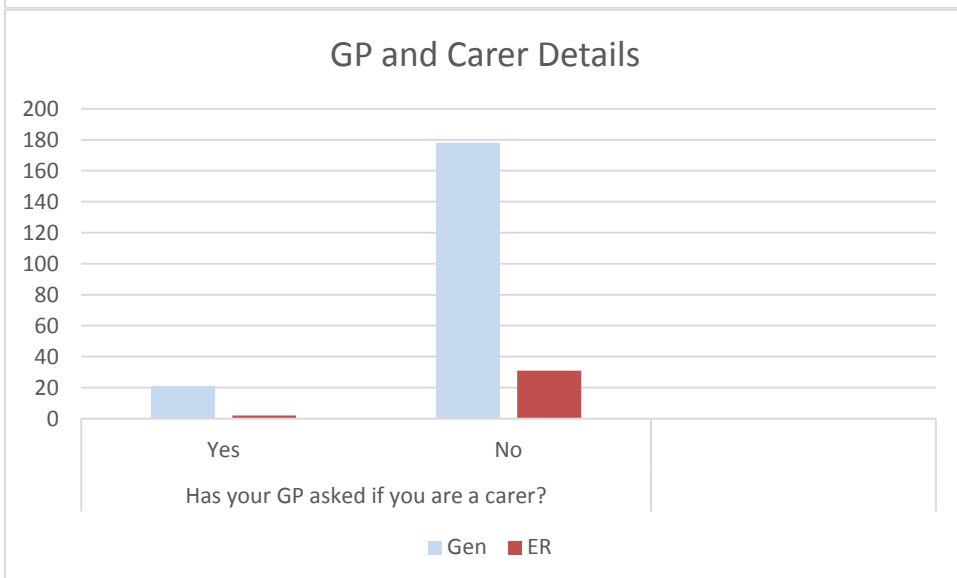
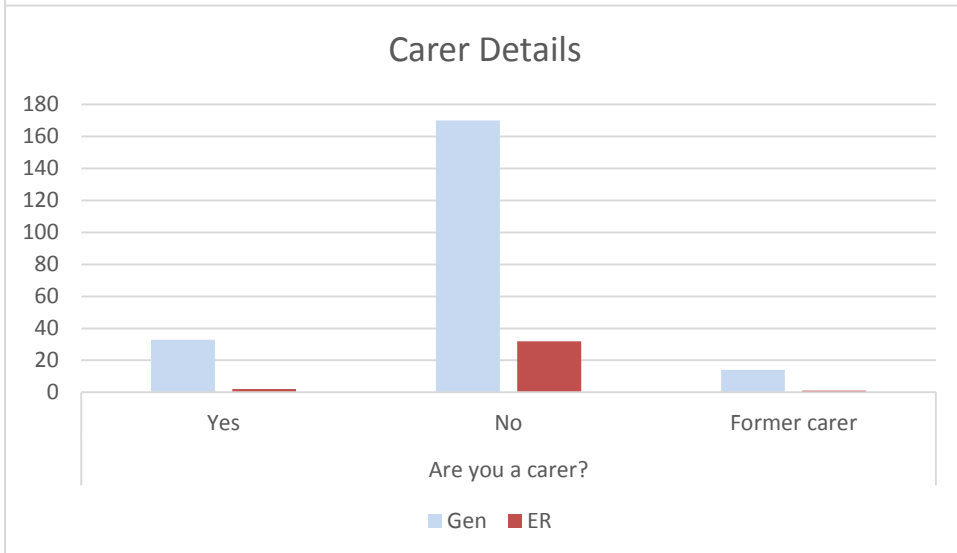
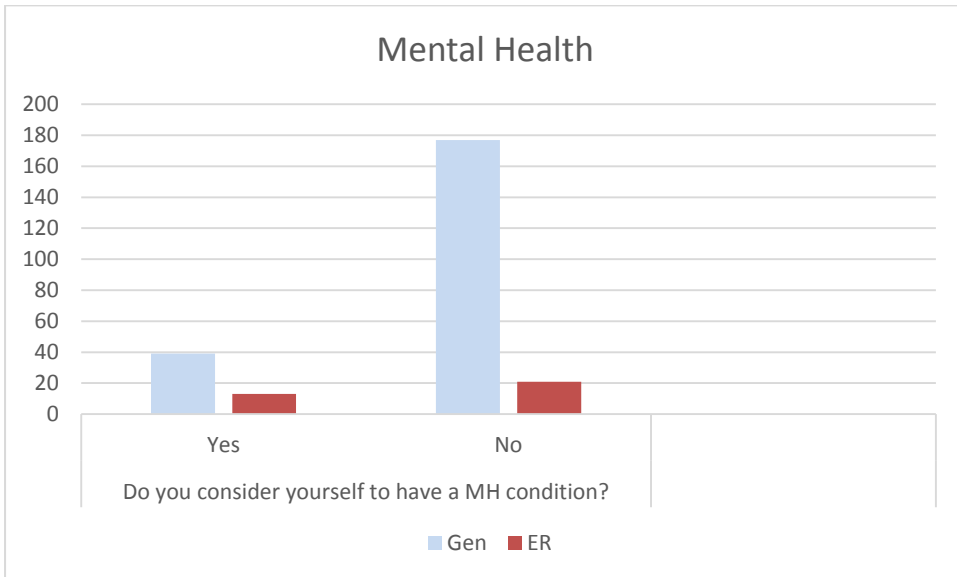


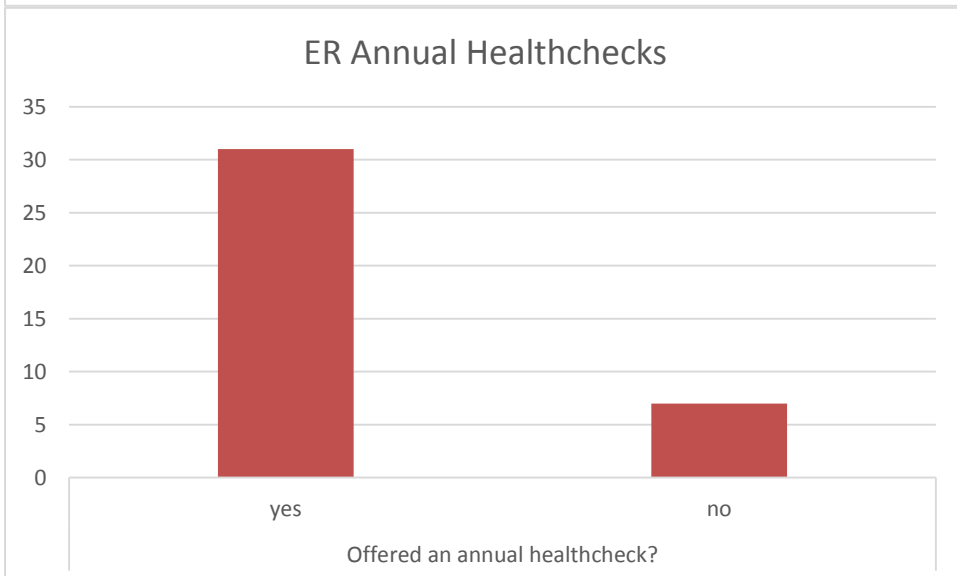
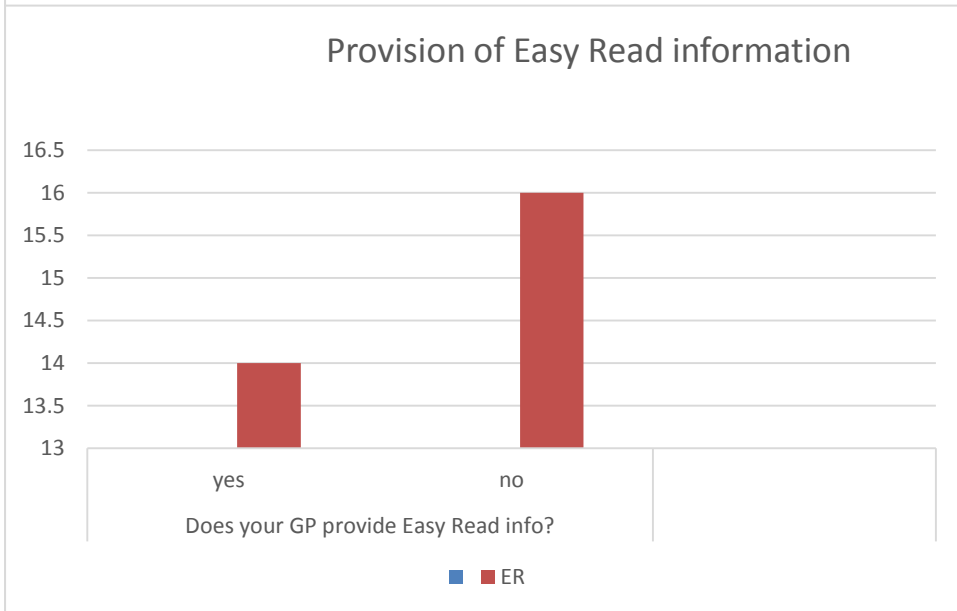
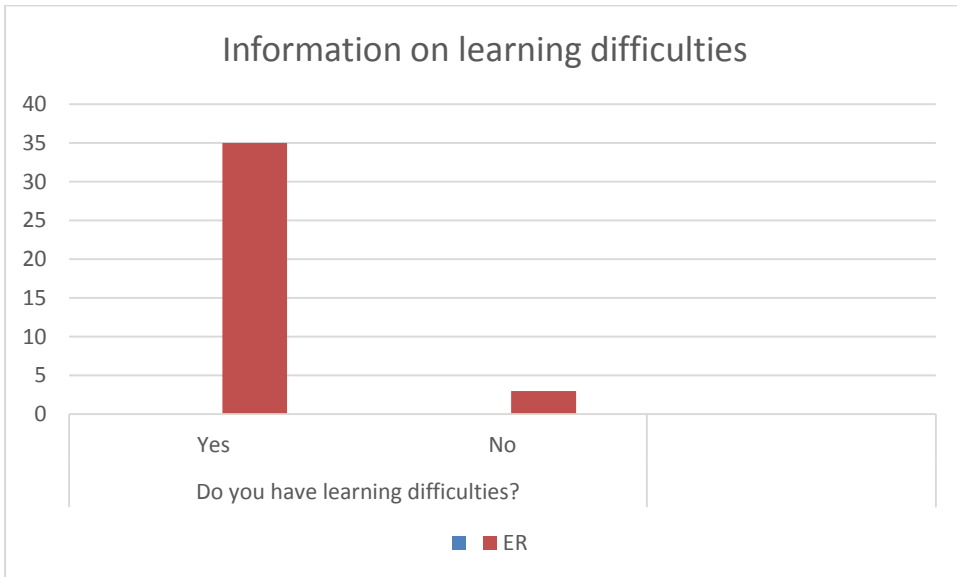


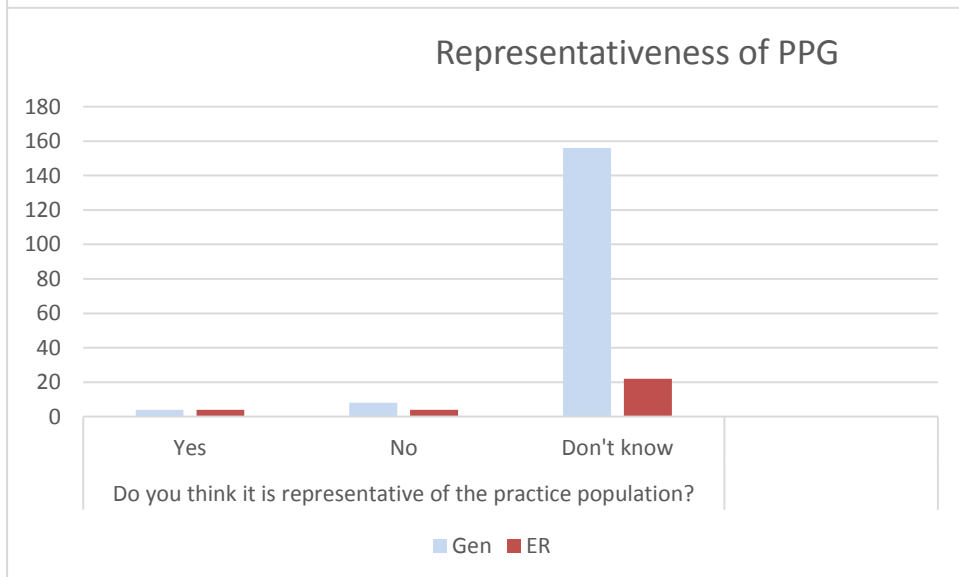
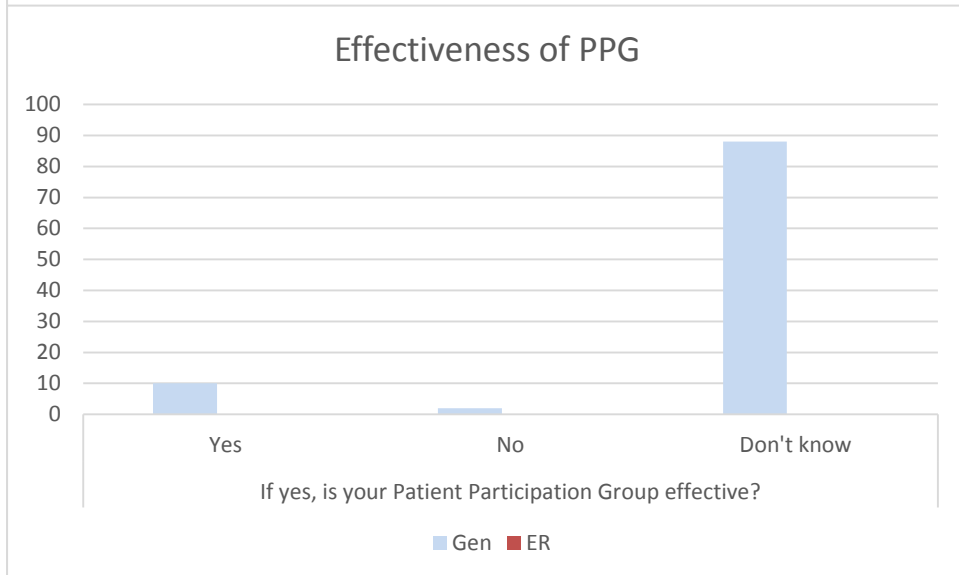
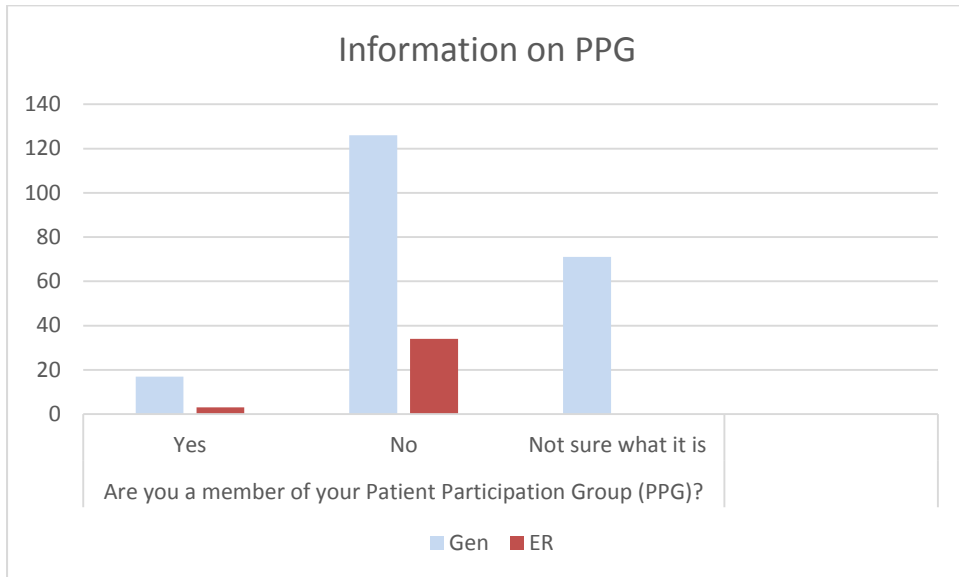


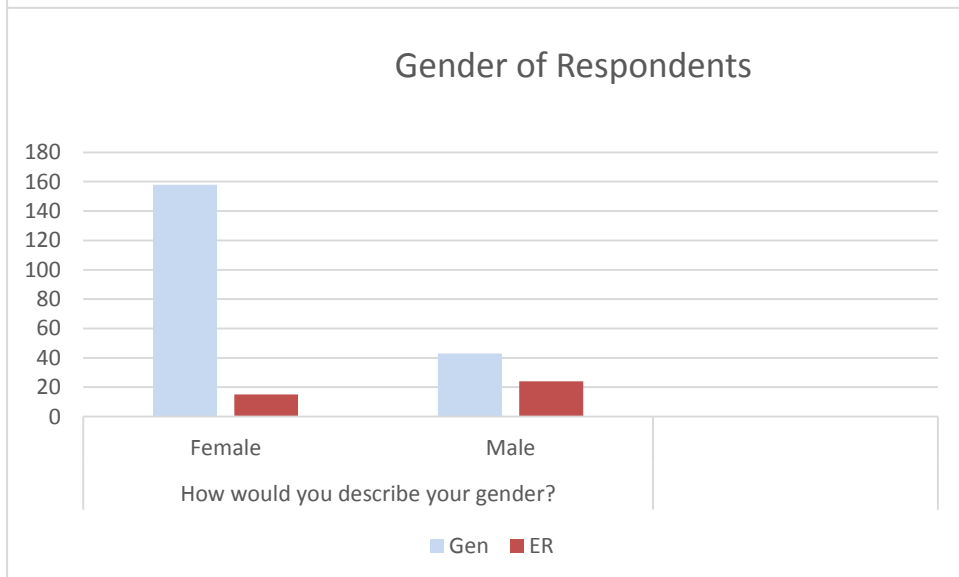
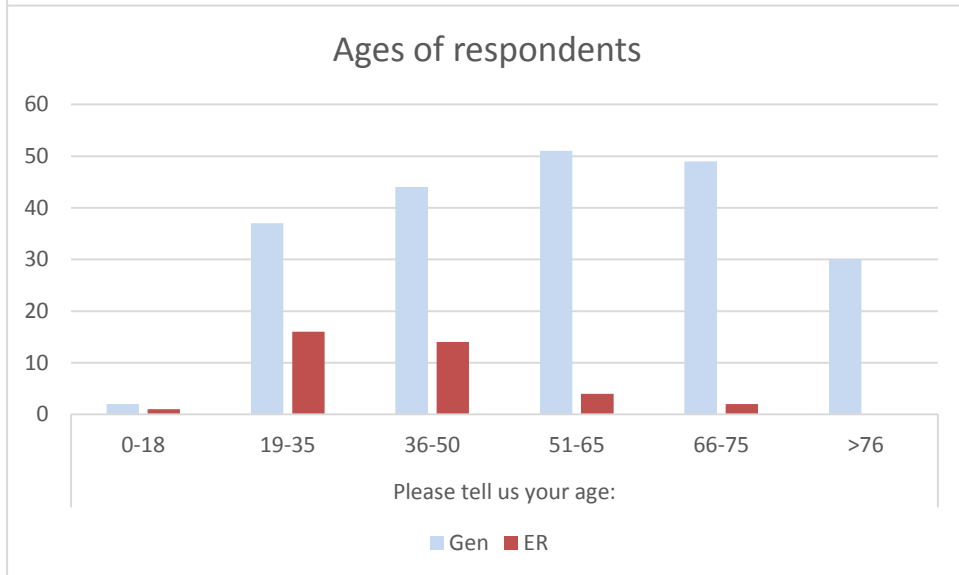
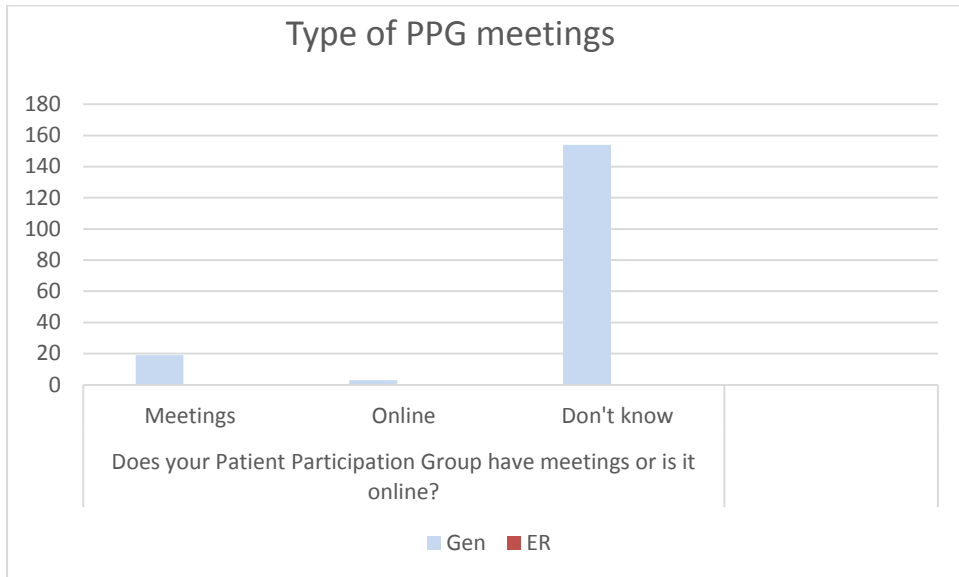


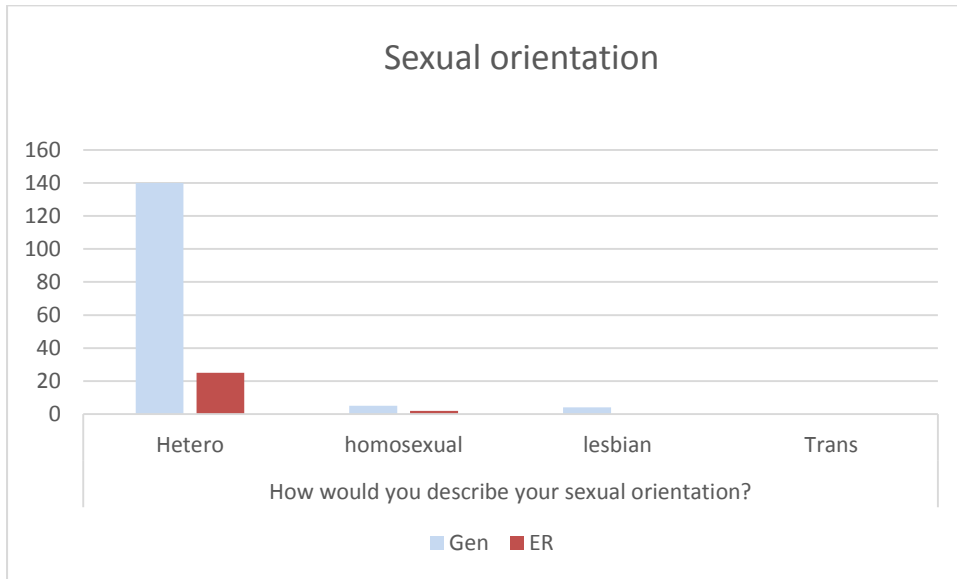












Appendix E - Notes from York Racial Equality Network (YREN) Open Forum April 2016

Access to GP Services

- There are issues for Muslim, African and Asian women particularly, but women generally, wishing to see a female GP:
 - Not confident to complain, navigate the receptionist
 - So struggle to get the appointments they want
 - They feel they face confrontation and challenge at reception

The issues are the same for men who wish to see a male GP

- Ringing the GP at 8.00 am to get an appointment is a challenge – it causes sleeplessness as people are anxious about having to call back
- Not being able to communicate quickly enough can lead to people stockpiling medication if they have auto repeat prescriptions.
- Only one out of the five focus group attendees were aware of GP Patient Participation Groups (PPGs)
- There is confusion over the walk in centre now it is at A & E not Monkgate. There was a lack of information for the community about the changes and how best to use the service
- There is a lack of awareness of the possibility of GPs ringing patients to triage them or discuss their issue.

Communication

- Few people are aware of interpreting services – it's a barrier to accessing services alone
- There are cultural barriers around people understanding their rights
- Children are used inappropriately for interpreting, this can lead to child becoming a 'communication carer.'
- There are issues around using close community members to interpret – this reduces peoples' confidence to disclose fully.
- There needs to be increased awareness of options for interpretation:
 - Language line
 - You can bring a parent/family member/partner
 - You can bring a friend

- Sometimes there is a problem with receptionists understanding peoples' accents – this can lead to misunderstandings
- When there are difficulties in continuity - not seeing the same doctor – it's hard having to start all over again – this adds to the tensions and barriers which already exist
- It's good that NHS 111 is not automated, it's easier than 101

Knowing what your rights and options are

- Organisations should use groups like YREN to get messages out – but the information provided needs to be useful – and useable
- There is potential for Healthwatch York to work with YREN and other partner organisations to develop Community Health Champions – the go to person for health questions. The Community Health Champions could use Healthwatch York to get answers if they don't know them. We could pilot this with one place and see if it could grow.

Other issues

There are issues with

- Dentists
- Opticians
- Hospital access – there is a hope/expectation that we will see the named consultant
- Exercise, diet, smoking – we need to have access to public health info.
- Mental Health - buildings are important in helping people relate to services.
- Antenatal services – a significant proportion of people have no internet access and they are not told of other options.
- **Hospital complaints** – Do we have breakdown of data by ethnicity?
- **Religion** – this is recorded on admission at hospital - is this routinely notified to the Chaplain? If not, why is it recorded?
- **Nutrition in hospital** – How culturally aware are the catering team? Has there been any additional training for staff over 2 years?

- **Importance of Health Passports** – it's really hard to have to keep explaining things – but if doctors and nurses take note of the passport it helps; especially for hidden impairments.

Appendix F – Report by Citizens Advice York on impact of GP’s Charging for Medical Evidence



This report has been completed by Citizens Advice York: an advice provider in York offering free, independent, impartial, confidential legal advice in areas of welfare benefits, debt, consumer, housing and employment.

In 2015/16 Citizens Advice York have seen 5,593 clients with 16,425 issues. Unfortunately our Advice Issue Codes do not include issues around access to GP services and in particular GPs charging for medical evidence so we do not have comprehensive data of the extent of this problem. Nevertheless we have many issues that have been raised, some qualitative examples from 2015/2016 are below:

- A client on a low income with health problems was charged £29.50 for a tick box form and signature needed to renew their bus pass. The client decided not to pay full fare and wait a few months until they was eligible for the older person’s bus pass.
- A client who is appealing the DWP’s decision not to award enhanced rate mobility for Personal Independence Payment (PIP) was told that a letter to evidence their condition would cost between £50 - £70.
- Another client appealing the DWP’s decision not to award Employment Support Allowance (ESA) would be charged either £20 or a £70 fee depending on the type of letter.
- A client appealing the DWP’s decision not to award PIP is unable to afford the £20 charge for medical evidence letter from the GP.
- Another client appealing a PIP decision would incur a charge of up to £85 which they cannot afford and if the tribunal hearing went

ahead without medical evidence this could potentially hinder the case.

- Another charge was £42 for a client who was appealing DWP's decision not to award ESA.
- A client who has mental health problems and has experienced domestic abuse needs to provide medical evidence from the GP for her ESA application. This costs £20 which the client is unable to afford.
- In some cases a GP letter is practically demanded by DWP, e.g. to prove that a client's condition has worsened or that they require a home assessment, but DWP are still not prepared to request it.

In many of these cases (where there is enough time) Citizens Advice York are using resources to make applications for charitable assistance to help with these charges. Charities are increasingly overstretched and the stigma of having to rely on charity is also having a negative effect on clients.

The above cases are of significant concern to us, particularly due to the high level of successful ESA and PIP appeals demonstrating incorrect decisions made following the assessment and/or possible new evidence presented at the appeal stage. From our statistics, 62% of known outcomes for PIP appeals were successful and 44% of known ESA appeals were successful. Statistics from the Ministry of Justice also shows that in Quarter 4 of 2015/16, 63% of PIP appeals were successful and 58% of ESA appeals were successful^{xv}.

The charges for GP medical evidence have a significant impact on a client's ability to obtain this important evidence, as well as those residents who do not come to Citizens Advice for help. Although the NHS is under significant financial constraints, it cannot be fair to charge people who are often on a low or limited income, who have reduced capability for increasing that income through work due to the very nature of having a health problem or a disability. The idea of having to rely on charity causes distress for many clients, and is not guaranteed to be successful, and again this is for clients who approach Citizens Advice for assistance. We have no data on how many residents may have been dissuaded from appealing a DWP decision due the charges associated with medical evidence. Furthermore, it does not fit with the Health and

Wellbeing's aims of reducing health, and wider, inequalities and to reduce financial and social exclusion.

Possible recommendations for consideration of the Health and Wellbeing Board:

- Waive the cost of GPs medical evidence for those receiving means-tested benefits
- Reclaim the cost of GPs medical evidence from DWP
- Provide evidence to the DWP of the negative impact of GP charges and request that the onus should be on the DWP to request medical evidence, rather than the claimant.
- On the occasion where a client seems to be in need of a GP letter or other medical evidence, Healthwatch could write to the DWP requesting that the DWP pay the cost of the GP's letter or confirm the need for a letter.

Thank you for considering our report.

Kind regards

Beth Hurrell

Research and Campaigning Coordinator
Citizens Advice York

References

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Contact us:

Post: Freepost RTEG-BLES-RRYJ
Healthwatch York
15 Priory Street
York YO1 6ET

Phone: 01904 621133

Mobile: 07779 597361 – use this if you would like to leave us a text or voicemail message

E mail: healthwatch@yorkcvs.org.uk

Twitter: @healthwatchyork

Facebook: Like us on Facebook

Web: www.healthwatchyork.co.uk

York CVS

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