

Our GPs

The shape of services today, and in the future.



A report by Healthwatch Croydon

September 2016

“GPs see over one million people every working day in England.

The average patient visits their doctor just over five times a year, and the demand for services across the system, including general practice and wider primary care, continues to rise.”

Deputy Medical Director, NHS England

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Executive Summary

Healthwatch is the official ‘patient voice’ across England. Established as part of the Health and Social Care Act 2012, we champion the views and experiences of health and social care service users. Healthwatch Croydon, the local consumer champion, has conducted extensive research on the experience of GP services across the borough, analysing 1,856 stories over a one year period (1st September 2015 - 31st August 2016).

The Experience of Local People

We found that patients are broadly satisfied with the quality of treatment received, with many accounts of ‘professional and knowledgeable’ doctors and nurses. Patients are also positive about receptionists and practice management, on the whole.

There are however some noticeable negative trends and we may ask to what extent these are related to capacity. Patients voice concerns over telephone access, receptionists making ‘clinical’ judgements, and waits of weeks for routine appointments. Patients are less likely now to see a GP of choice, or a GP at all (the rise of the telephone triage) and a number of patients do not know who their GP is. Whether this matters to patients or not, care is becoming less personal over time. Findings in brief include (more on pages 19-24):

Service Accessibility

While most patients receive emergency appointments within a reasonable timeframe, it can be problematic booking the appointment, particularly by phone. Those who find that appointments are unavailable often have to repeat the process the following day(s). Online booking, although widely promoted, offers limited choice.

We said:

- Staffing and phone capacity should be able to accommodate as many callers as possible during peak times. Online alternatives need to be more effective.
- Could patients who are unable to get their appointment be supported in some way, rather than simply finding themselves ‘out of luck’.

While triage is clearly necessary, some patients express concern that receptionists may be making ‘clinical decisions’. Telephone triage by GP is considered a ‘poorer quality consultation’ by some patients.

We said:

- When triaging, even at a basic level, competency needs to be demonstrated.
- Recourse to a second opinion may reduce diagnostic errors.

Wait at Appointment

We have found that some practices can consistently run late. Waiting environments vary in physical condition and layout - some are well considered, others less so. At one practice, receptionists were unconcerned that the hand sanitizer was empty.

We said:

- Patients should be informed of delays, not simply ‘left in their chairs’.
- A pleasant environment will make patients more relaxed, and less anxious.
- Regular audits of hygiene would prevent unsanitary conditions arising.

Clinical Treatment

Patients tell us that consultations are generally of good quality, but when commenting on user involvement specifically, sentiment is more mixed. On medication, patients comment that ‘GPs can be too quick to prescribe’ with a ‘lack of alternative options’.

We said:

- It is important that patients feel listened to, are respected, and involved in any decisions. Despite time constraints, GPs should do their best to ‘get to know’ their patients and listen, before making decisions.

One patient was encouraged to take a hearing test locally, but not informed that the wait would be much shorter at a hospital further away.

We said:

- On referral to services, patients should be equipped with all available information.

Administration

At some practices, patients who have not been able to register, or are in the process, have not been supported or advised on alternative options, even in situations of need.

We said:

- If at all possible, staff should provide information and signposting advice.

Repeat prescription systems are convenient for both patient and practice, however the enhanced role of the receptionist may lead to potentially harmful errors - one patient found that the dose had been incorrectly doubled. Patients also raise concerns about receptionists conveying test results, with some receiving incorrect diagnosis.

We said:

- Safe working practices should be clearly demonstrated, with staff fully trained, and adequate safeguards in place to ensure that mistakes will be unlikely.

Managing Expectations

Through our research, we were surprised to find that many patients (the majority) are well aware of the pressures, particularly on demand, and understand the waiting times and limited options. There is however less acceptance of receptionists ‘stepping into the clinical domain’ so patients need reassurance.

The Future - ‘Transformation’ of Primary Care

Current plans, known as ‘Transforming Primary Care’, or ‘Co-commissioning’, could lead to a ‘range of benefits for the public and patients’. This includes improved access to primary care and wider out-of-hospital services, more services available closer to home, improved health outcomes, equity of access, reduced inequalities and a better patient experience through more joined up services.

It is essential that those who run our services today, and plan them for tomorrow, listen to, and respect the views and experiences of the many people who use them.

1. About Healthwatch

Healthwatch is the official 'patient voice' across England. Established as part of the Health and Social Care Act 2012, we champion the views and experiences of health and social care service users.

2. GPs in Croydon

Croydon has 57 GP practices, with 403,045 registered patients. Practice size varies considerably - the smallest with around 1,700 patients is Downland Surgery, while the largest, Brigstock & South Norwood Partnership, caters for almost 17,000 (Croydon Clinical Commissioning Group). Organised into six 'Clinical Networks', the practices work together locally, on areas including extended opening hours, and providing tests and specialist treatment. Often as the 'first port of call', GPs will inevitably have the greatest exposure to patients, and will be working as hard as ever, to serve their many, and varied needs.

3. About this Report

Healthwatch Croydon, the local consumer champion, has conducted extensive research on the experience of GP services across the borough during a one year period (1st September 2015 - 31st August 2016).

We acquired qualitative feedback, that is to say, people talking about, or writing down their experiences, from 1,856 patients across Croydon, with all practices represented. We chose this approach, rather than a survey, as by listening to people we get a real sense of what matters to them (not to us), and therefore the trends are reflective of their views, experiences and expectations.

Our Patient Experience Panel has met weekly over the last year to apply 'coding' to all experiences received, this enables us to identify all issues and the wider themes, effectively turning raw feedback into 'hard evidence'.

4. The Experience of Local People

We found that patients are broadly satisfied with the quality of treatment received, with many accounts of 'professional and knowledgeable' doctors and nurses. Patients are also positive about receptionists and practice management, on the whole.

There are however some noticeable negative trends and we may ask to what extent these are related to capacity. Patients voice concerns over telephone access, receptionists making 'clinical' judgements, and waits of weeks for routine appointments. Patients are less likely now to see a GP of choice, or a GP at all (the rise of the telephone triage) and a number of patients do not know who their GP is. Whether this matters to patients or not, care is becoming less personal over time.

In this section, we examine each aspect of the service.

4.1 Service Accessibility

4.1.1 Booking Processes

Appointment booking policies and processes may vary at individual practices, but we hear common themes that apply to most - having to phone at a certain time (often to find all appointments gone), not being able to book 'too far in advance', and finding online systems limiting, and impersonal.

"It's almost like a battle for an adult who is not frail to get an appointment or to get through at 8am on the phone line to get an emergency appointment with a GP, so what happens to all the elderly and vulnerable patients struggling with mental health issues under their care?"

"My major gripe with this practice is the fact that it is virtually impossible to secure an appointment to see a doctor, not even for a sick child. The receptionist will tell you to call in the morning at 8am but this is the advice they give everyone. You call anyway but so is everyone else and lines are blocked. When you finally get through, all the appointments are gone. Sometimes I am so frustrated I feel like screaming!"

"It's a good service and I can't complain. Having said that, you can't book too far in advance, a facility to do this would be useful. The online booking system has a very limited choice of slots, so I hardly ever use it. I wonder how many people do?"

"You cannot talk to an online facility."

Given the demand on services, it is necessary to prioritise patients who most require the appointment. Patients are generally negative about being triaged by receptionists, with mixed reviews about telephone triage by GPs.

"I've got a female GP and she looks after me very well. Shame about the receptionists though, they should mind their own business and give people appointments, rather than ask questions they're not qualified to."

"If receptionists need to ask me questions in order to get an appointment, then this should be explained on the phone."

"We will not be able to get an appointment with a doctor we want. We need to call the surgery and wait for the phone call to be answered and then the doctor will call us. They may call any time so you have to be next to the phone. There will be no guarantee the doctor will give any appointment and most of the time they don't. They just talk to you on the phone and try to give a solution, but sometimes doctors need to see the patients to make proper assessments."

"I am usually able to get an appointment within a week or so, and the telephone consultations they offer are very helpful in the event of an emergency."

4.1.2 Opening Times

Experiences on opening times are mixed, however patients are generally appreciative of extended (early, late, weekend) options.

“They have very accommodating opening times - early and late clinics! Would definitely recommend the practice!”

“I would definitely recommend this surgery. The only downside is the opening hours. For example the long break in the middle of the day when the surgery is closed.”

“They open Saturdays now which is pretty good and I recently benefitted from one of those appointments. My needs are sorted out and quickly as well.”

4.1.3 Telephone Access

According to the GP Patient Survey 2015-16, around a third of patients do not find it ‘easy’ to contact their practice on the phone. Indeed, our research reveals that the ability to make contact by phone is the single most negative topic. For every person leaving a compliment, around 10 complain about congested lines. It is interesting, that 20% of complaints originate from one ward, so inequity of access may be an issue in the borough.

“The waiting time for getting through has increased over the years - I have found myself at number 48 in the queue, with an hour wait to get through (you are then told that there are no appointments available, despite calling at 8am). You practically have to beg for an appointment! There has to be a better way to distribute the appointments and cut down on the waiting times.”

“I have been registered at this surgery for over 10 years. Appointments are always almost impossible to get. I'll have to call at 8am sharp to have the slightest possibility to book an appointment. So when I do call at 8am sharp I'll most likely be the 35th caller waiting to be answered, only to be told to call and try the next morning by extremely rude receptionists!”

“The fact you have to wait until 8.45am until you can ring and then have to spend at least half an hour on redial to get through is just unacceptable. Then to not be able to get an appointment because the only late evening is already fully booked!”

4.1.4 Waiting List

Patients comment they are able to get emergency appointments the same, or next day. For routine appointments, patients cite waits of a week, or more.

“When my dad collapsed at home, we phoned the surgery and were given a 9.20am appointment on the same day (you can't get much faster or better than that!)”

“My husband and I are very happy and know that if we have an emergency we can see a doctor immediately.”

“I find the service here is good, I usually get seen in 1-2 days.”

“I sometimes have to wait 4 weeks for appointments - they say they're 'fully booked'. When I book in person there are only 2-3 people in the waiting room, so where have the appointments gone?”

“Extremely long wait to get an appointment. I recently tried to book an appointment to see any of the doctors in the practice using the automated phone system. I was only offered dates 3 weeks later. This is appalling and, having had the experience of living in several other countries in the past, I am ashamed of how poor the health service has become in our country by comparison.”

4.2 Getting There

4.2.1 Catchment/Distance

Most patients live near their practice, and location is a main consideration when choosing to register. Although catchment areas are defined, there is sometimes confusion on where the boundaries lie, and some patients comment on limited (or no) choice of practice.

“I rang to see if I am in their catchment area - the receptionist told me yes. When I went there to register, the receptionist told me they just quickly wanted to check I'm definitely in the catchment area. I got approval and proceeded filling in forms and giving my ID and utility bills to confirm the address. A week later I receive a letter telling me they can't register me after all because I'm not in their catchment area. Complete waste of time!”

“I have been with this practice for over 10 years, as unfortunately I have little other choice due to my location.”

4.2.2 Travel/Parking

It is not the responsibility of practices to provide customer parking, however public transport does not suit all patients, or situations.

“I wouldn't dream of going to our surgery unless it was necessary - too much hassle. No parking nearby. We have to park 3 or 4 streets away which is not good if you are feeling unwell anyway.”

“My only concern is that it's not very accessible - no parking on site - although it's only a short walk from the bus if you're in pain or have limited mobility it could be difficult.”

“It's easy to park outside the surgery on the street.”

4.3 Wait at Appointment

4.3.1 Waiting Time

Sentiment on waiting times is mixed, according to comments. We have found that practices can consistently run late, or on time. It is not clear whether late running is due to understaffing, or good quality (lengthy) consultations.

“It's quite busy here today, but usually it's not a long wait (around 10 minutes).”

"I do find myself waiting 20-30 minutes after appointment times but the doctor is good, as are reception."

"Avoid unless you want to sit in the waiting room for hours."

"The staff are friendly enough, but if you want an appointment here you may as well just block out the entire day. I can't recall the last time I was ever seen on time, and have to wait on average 20 - 40 minutes late for my appointment even when I book early in the morning. Something is seriously wrong in this practice, whether it's short staffing or more patients than they can handle, I'm not sure. But something needs to be changed because for those of us who have plans or who work, it's unacceptable to be so late routinely."

4.3.2 Environment/Layout

Many practices are not purpose-built, and some offer small waiting areas that may be crowded, with lack of seating, and generally uncomfortable. Some patients comment on mobility challenges.

"The reception is dingy and miserable looking with depressed looking receptionists and doctors."

"The waiting area is very small and has no ventilation or any form of fresh air as the windows are always closed and no other form of clean fresh air is provided (no air conditioner or humidifier). The room is also dirty and has uncomfortable cheap seats with no space between them, so you are always "touching" somebody else as the place is packed."

"The waiting room had no seats available and the overspill of patients waiting went out of the door and onto the street - so I was standing the whole time."

"It's a hot day and they have 2 fans on, it's pretty pleasant and compensates for the lack of windows."

"I am disabled and using a motorised vehicle. At the surgery, the lift on the outside is not working, so I have to use the side entrance which is alright, but the door does not open automatically and so I have to hold it open while driving through."

Patients also comment on hygiene, with mixed reviews.

"A small but clean waiting area with plenty of useful brochures on display."

"I used the toilet facilities at this surgery and there was neither toilet paper nor paper towel for drying my hands. The toilet brush holder was covered in thick dust and the whole place looked unsanitary. When I told the reception staff there was no paper in the toilet, I did not get a thank you but just an annoyed grunt - not impressed. I also pointed out that the hand sanitizer was empty and the reply was 'yes, we know'."

4.3.3 Privacy

It is notable that almost as many people comment negatively about privacy, as complain about waiting times. This suggests privacy should not be underestimated as an issue.

“The reception are usually fine, but their questions can be intrusive, especially if asked in this small waiting room - I feel this should be dealt with by the doctor, in private.”

“In the waiting room we can hear every word the receptionist says (even people's private addresses).”

4.4 Clinical Treatment

4.4.1 Carer Involvement

Carers and family members are broadly positive about their experiences. At one practice, the electronic display encourages carers to identify themselves.

“The doctor has been brilliant. I have seen them a few times in relation to my son's social communication and health concerns and the doctor has always treated me as a sensible, intelligent adult, and really taken on board my views and opinions as a mother, something that I am afraid I have not always experienced from my previous surgery. I don't feel I am being rushed through an appointment and the doctor has been genuinely concerned and helpful. It feels to me like a great example of what a good GP practice should be.”

“It's good to be able to get my family involved.”

4.4.2 Choice

It is increasingly the experience that patients can wait 2 or 3 weeks to see their GP of choice. Due to demand on the service, this is largely understood, and patients may get seen much sooner by another GP, if required.

“Happy with the GPs themselves but to see my GP of choice it's a 2-3 week wait. I think the service overall is pretty good but waiting times can vary. I know services are under pressure, so I do understand.”

“Never get my doctor, I want to see him because he knows my history, so I wait a month. I can see others before this time but they do not know my history.”

“It takes 3 weeks to get an appointment with my named GP.”

“The surgery is quite good - I can always get appointments when needed. It is a little more difficult to see a lady doctor though, but that's understandable isn't it.”

Some patients say they do not have, or are aware of, a named GP.

“I can usually get an appointment but I don't know who with (have no idea who my current doctor is). They are good, even the locums, but they do move around a lot.”

“While I like the practice, it's more and more disturbing that it is almost impossible to book an appointment with the same doctor over any length of time as they seem to frequently leave the practice.”

“No allocated GP anymore. Think it's the same everywhere.”

“You don't see the same GP twice. I don't even know who my doctor is - I went for some tests at the hospital a couple of weeks ago and was embarrassed that I didn't know who the GP was (they needed it for the form).”

4.4.3 Quality

Patients are broadly complimentary about the quality of their GP consultation, with many citing ‘professionalism’ and a good level of support.

“All of the staff here are very caring and efficient. I have to visit frequently due to many and various health conditions and I am never made to feel like I am time wasting or making it up.”

“My GP is very helpful and extremely knowledgeable. The doctor communicates very well and makes me understand what is wrong and the various options available to cure things. The doctor goes out of his way to provide aftercare and support whilst I'm on my medication.”

“Very caring service. My wife has a major illness, I am her main carer and deal with most contact with surgery. I have found this surgery to be the best in our 32 years of marriage. The professionalism, humility and compassion from receptionists, doctors and nurses gives you a great feeling of what's good about life. My wife has been in some dark places but got through it and enjoying life with their continuing care.”

4.4.4 Medication

Although medication may be required for clinical reasons, the majority of comments are negative, with some patients feeling that alternatives can be overlooked, and ‘cheaper’ medication may not be effective.

“Doctors can be too quick to reach for the medication. What about alternatives?”

“I've been on anti-depressants for a very long time and I wonder if I'll ever get off them. If I don't take them I don't sleep so what choice do I have? Even a reduced dose means I'll be wide awake. I'm worried about the long term effects.”

“I was fobbed off with medication and told to come back only when it ran out. This is not an ideal way to diagnose as it strings things out.”

"It seems to me, that rather than look at what is wrong and try to help, the main aim of the GPs in this practice is to get you off any medication that they judge to be expensive and to replace it with a cheaper version. This would be perfectly alright if it was explained to you. What I was surprised with was to be told it was going to improve a condition when that was not the case at all."

4.4.5 User Involvement

We have all heard accounts of GPs 'tapping away at their computer' or 'not making eye contact' or 'not listening'. Comments suggest sentiment is mixed, with some patients feeling involved in their care, while a similar amount, not.

"I have a lovely doctor now - doesn't read the previous doctor's notes and actually talks to me! I can always get an appointment as he knows I'm with Shared Lives and have a learning disability. They're very well organised."

"I had never seen this doctor before, but would have no hesitation in seeing them again. I found them to be extremely caring. They listened to my concerns and were able to give me reassurance and explained why I was feeling so unwell. I in no way felt rushed."

"I have been attending this practice for 17 years now and I can honestly say I have never had any problems. Staff are excellent, receptionists always polite, courteous and very friendly and always take time to listen which I feel is most important when you need help. Doctors always excellent, care is always 100%. Never feel that you are being rushed out always have time to listen and respond appropriately and never feel I am being a nuisance. Excellent."

"My mother had an appointment with the GP for her persistent foot pain. The GP she saw took her blood pressure (no problem with that) but paid no interest or did not examine her foot. Said she needs to lose weight and eat only boiled food and this will help with her blood pressure. She came to see you for her foot pain! Did not address this at all. Mother came home and was upset as she's still in pain and this hasn't been addressed."

"The GPs at this practice do not read your medical notes properly as apparently you have a medical condition that you were never ever diagnosed in having. Uncaring GPs who do not bother asking you questions."

4.4.6 Referral

Patients have mixed experiences on referrals - some are appreciative of receiving specialist treatment and tests, others cite waiting times longer than expected, miscommunication between providers, and lack of information. One patient was encouraged to take a local hearing test, but not informed that the wait could be much longer, as a result.

"I was referred for a cataract operation and haven't heard anything in 2 months."

“Being referred to the hospital is frustrating! I notice that sometimes there are ‘miscommunications’ between the practice and the hospital which results in even longer waiting times.”

“When people are over a certain age (I’m 90), are they still entitled to certain tests? I asked for a diabetes test but was told I couldn’t have one. The doctor said I’ve had the test in the past and can’t have another. I’ve paid from my own pocket to get seen at Shirley Oaks.”

“It took me ‘months’ to see my GP of choice (a female doctor). It was kind of worth the wait though as she got me referred to mental health services very quickly and has supported me since.”

“It was a 4 month wait to see the nurse for my ear check and treatment. It’s totally unreasonable. Referred here by my doctor. I got a letter, saying I should get another letter in a month! The first time I went to Guys and it was a 2-3 week wait (that was last year). I won’t come here again, I’ll use Guys, but once these referrals are booked you can’t cancel. When the referral was made it seemed sensible as I live in Shirley and this is more local, but 4 months is too long for 10 minutes of treatment.”

4.5 Staff Attitude

4.5.1 Receptionists

There is a common perception of the ‘rude receptionist’, however we found sentiment to be marginally positive at most practices, with some exceptions.

“The phone lines were extremely busy - 43 in line at 8am however I held on as my mother needed to see a GP and I felt it was urgent for that day. The phone was answered quite quickly by a friendly receptionist who booked my mother for a telephone call from a GP.”

“When you enter the practice you feel a positive attitude towards work and ‘us patients’. Lovely reception, they are very friendly and positive, always helpful.”

“This is the best practice I’ve ever been with. Great reception staff, always wanting to help when in the waiting room. They have always helped everyone I’ve seen approach the desk. They know how to help on the phone, if unsure they find out rather than fob you off. A superb reception team.”

“Twice I have called up and both times reception staff were extremely rude over the phone. Not sure on the overall surgery, but couldn’t believe how rude reception staff were.”

“The reception staff are shockingly dismissive and rude. On many occasions I’ve felt patronised by them. They need to understand that there are other GPs in Croydon that we could easily join.”

4.5.2 Practitioners and Nurses

Comments suggest sentiment on doctors and nurses to be clearly positive, with many more accounts of pleasant experiences, than bad.

“The doctor I saw was extremely attentive and was clearly thinking only about how they could help me. I felt under pressure and tense because of my circumstances and the trauma I had experienced but thanks to the calming influence of the doctor I knew that I would receive the best of care and direction.”

“The visiting nurse is friendly, very charming and efficient. My doctor is wonderful - someone who listens, understands and remembers their patients, takes the time to explain medical matters with sensitivity and with a combination of hard work, knowledge and experience appears to balance the needs of all patients with professionalism.”

“After having a bad experience before at this surgery when having a blood test I was nervous about having one done again but I saw the nurse and they were fantastic, absolutely brilliant. I would recommend them to anyone who is a little nervous about it. The nurse did it so quick and made me laugh!”

“I would like to comment on the nursing staff at this surgery. Following a recent operation, the resulting wound required packing and dressing every day for almost a month. All the nursing staff were cheerful, helpful, caring, respectful and reassuring at a worrying time for me.”

4.6 Administration

4.6.1 Organisation

Patients are largely complimentary about practice management, with some giving examples of efficient, person-centred service.

“Good practice was observed where the practice manager briefed the staff in the morning and made sure they were alright.”

“A first class centre, well organised, with a pleasant environment. Importantly the level of care is excellent, personalised where patients are made to feel that you're more than just a number. Numerous other services are available including dietary etc. Sets the standard for what a modern NHS centre should be about.”

“My practice was running a walk in flu jab service this morning. It was very well organised. Patients were greeted with an abundance of very cheerful and helpful staff. When I went there was virtually no waiting time, a pleasant change. It is nice to see how smoothly a large operation such as this can be, handled with some thoughtful planning. My congratulations.”

4.6.2 Registration

It is probable that people will most likely comment on registration, when not satisfied. Feedback therefore may not be representative, but highlights issues around support, advice and information.

“A pregnant woman came in to register, she didn't have good English, and she was with a friend who was translating for her. She said her due date is tomorrow and so she needed an emergency appointment - she'd tried to register the previous week but didn't have proof of address so was turned away, so today she was there with the proof. Her request for an emergency appointment was declined however because she was told she had to have a 'new patient check' first, and the first of those was only available in a week. When she reiterated that it was an emergency because she was due imminently the receptionist said 'well you should have registered earlier then shouldn't you'. And that was it - no support was offered, no guidance on what she could do next in this clearly urgent situation. Nothing.”

“My husband and I recently moved and had a look at NHS Choices to identify which practices were accepting new patients. We took a day off work especially to go and register at this practice 'that was accepting new patients.' The receptionist was extremely unhelpful and stated that they were not accepting any new patients, and did not even tell us where else we could register. It felt like she just wanted to get rid of us so that they would not have to do any work even though the practice had no patients waiting. I would not recommend this practice to any new patients as they will just turn you away.”

4.6.3 Repeat Prescription

If systems are set-up and operated correctly, obtaining a repeat prescription should be a 'smooth process'. However, some patients experience delays, wasted journeys, and do not have complete trust in the receptionist's role. Other patients express convenience, able to visit the practice less often.

“I often have problems with prescriptions - I get to the chemist to find the medication's not there. Each side 'blames the other' and I'm never sure whose fault it is! This system has been going for a while, so they should've sorted any problems out by now. Yes, being able to renew online is fantastic, but only if it works.”

“I have to call between a certain time for test results and repeat prescriptions and 'I hate it'.”

“Requested an electronic repeat prescription. 72 hours later still unavailable to collect from the pharmacy. Receptionist - sarcastic, arrogant and rude. Put the phone down on me when questioned. Made me wait 1.5 hours to collect a prescription that literally took 5 minutes for the doctor to complete. The doctor dismissed the whole fact that the service provided was totally unacceptable, unprofessional, lacked accountability and duty of care.”

“I think receptionists are making decisions that really the doctors should make. Once, when I got to the chemist, I found they had doubled my dose, without my knowledge.”

“Friendly and helpful reception staff. They offer fax services for repeat prescriptions, which are ideal for me as I don't have to phone or attend the surgery.”

“Can't praise them enough - prescriptions are done over the phone now and they arrange it with the chemist so I don't have to come in so often.”

4.6.4 Test Results

At some practices the reception staff may convey test results, this raises questions over safeguards and training. Some patients experience delays, and observe 'confusion' between the practice and hospital.

"One time I asked about some results, I was told one thing and then another. I was told I was fine, as the receptionist read the report, but I know that my cholesterol would not have suddenly gone back to normal, so I queried this, and they said they had not read it properly. Receptionists should be trained to give results properly or not at all."

"It took 12 weeks to get my blood test results. I kept phoning and it still took that long."

"Very unhappy on visiting the doctor today to be told that I had to go back to the hospital to see where my CT scan result of 4 weeks ago was - 'you've obviously been lost in the system'. The hospital said it was 'up to the doctor' to review the result from a link that would have been emailed to him, that has subsequently 'timed out'. Let's just hope I'm not sitting here with a major heart problem!"

4.6.5 Complaints

It is the right of all patients to complain, however some fear reprisals, find it difficult to contact management, or do not always find receptionists accommodating.

"I did once consider lodging a complaint, but I don't want the hassle, or to be blacklisted!"

"When phoning to voice a concern, I was told the practice manager was 'unavailable' but would call back. Did she? No!"

"The receptionist was really rude, they were laughing at me as I was really disappointed. I asked their name to make a complaint but they refused to give it."

"My experience of this practice is disappointing and concerning. After complaining about some treatment my complaint was lost and then ignored until I spoke to the practice nurse at another appointment!"

4.7 Communication

4.7.1 Advice/Information

Comments suggest sentiment on advice and information is mixed. Some patients are appreciative of text reminders and advice on supplementary tests and treatment, while others complain about receiving incorrect, or contradictory information.

"I love the text reminders about the appointments and the fact that I can book appointments online - only thing is they could offer more of these appointments."

“I am conscientiously reminded about annual blood checks and other preventative procedures.”

“The doctors are in my experience, and that of my wife, very good. However, the management and reception staff are of poor standard. It is very difficult to get an appointment, and almost impossible to get an emergency appointment. Furthermore, information provided can be misleading or contradicted by another member of staff.”

“Far too long a wait time for phoning in, getting appointments and several members of reception both rude and providing unreliable advice on things like opening times.”

5. Learning from Experience

Based on what we’ve heard, we have summarised ‘key’ recommendations that may be considered to improve the service in certain areas.

It is the role of Healthwatch to influence the commissioning and delivery of services, therefore our recommendations are not prescriptive, but intended to inspire solutions to the issues that clearly exist.

5.1 Service Accessibility

While most patients receive emergency appointments within a reasonable timeframe, it can be problematic booking the appointment, particularly by phone. Patients at one practice are commonly ‘on hold’ for an hour - this not only illustrates inconvenience, but the acute demands on the system. Those who find that appointments are unavailable often have to repeat the process the following day(s).

Recommendation

5.1.1 Staffing and phone capacity should be able to accommodate as many callers as possible during peak times. Could patients who are unable to get their appointment be supported in some way, rather than simply finding themselves ‘out of luck’.

Action: By this time next year, we hope that more patients will make contact within a reasonable timeframe, and if not, supported in getting their appointment.

Although widely advertised, we generally find that online booking can offer very limited choice - this discourages use, and reduces effectiveness.

Recommendation

5.1.2 Choice of more slots, with greater flexibility on advance booking, would divert more patients away from the phone.

Action: By this time next year, we hope that more patients are using online booking facilities, and do so more regularly.

5.1 Service Accessibility (Continued)

Most (if not all) practices assess patients when booking, to establish priority. While triage is clearly necessary, some patients express concern that receptionists may be making clinical decisions.

Recommendation

5.1.3 When triaging, even at a basic level, competency needs to be demonstrated. If training is provided, it may reassure patients to see certificates on display, and/or to be advised that assessments are established practice policy.

Action: By this time next year, we hope that more patients have confidence in their triage, and view the practice as a 'service', rather than 'receptionists' and 'doctors'.

Some patients regard telephone triage by GPs as a 'poorer quality consultation' and if denied physical access with a legitimate condition, may have some justification.

Recommendation

5.1.4 Patients would benefit from reassurance that telephone triage will not impact on their health and wellbeing. Recourse to a second opinion may reduce diagnostic errors.

Action: By this time next year, we hope that patients will have more confidence in the ability of GPs to triage over the phone, and have recourse to challenge decisions (if not able to do so at present).

With provision of early, late and weekend appointments, patients are benefitting from ever increasing choice.

Recommendation

5.1.5 To ensure that as many patients as possible benefit, extended opening should be widely advertised. Information in nearby social venues (such as supermarkets) may increase awareness, and encourage patients who have not sought treatment, due to work of other commitments, to get seen.

Action: By this time next year, we hope that patients are aware of all options available to them, with more people previously restricted by hours, able to get seen.

For routine appointments, some patients comment on waiting times of 2 (or more) weeks. While this may be safe and reasonable within service constraints, expectations need to be managed.

Recommendation

5.1.6 To give patients insight of challenges, many practices display the did-not-attend rates. Publicising 'pressures on the system' is not necessarily a bad thing, and in doing so, patients may become more understanding over time.

Action: By this time next year, given that capacity will not have significantly improved, we hope that more patients are tolerant of waits that do not overly inconvenience them.

5.2 Catchment

Although catchment areas are defined, there is sometimes confusion on where the boundaries lie. One patient who was cleared for registration, was later declined.

Recommendation

5.2.1 Practice staff should have a full list of post codes within their catchment, and check before advising registrants.

Action: By this time next year, we hope that catchment areas are well-known by staff and patients.

Some patients comment on very limited (or no) choice of practice. If this is correct, it seems unfair, should patients receive an unsatisfactory service in their locality.

5.2.2 If a patient is able to demonstrate a clear unsatisfactory service, and has no alternative, would it be unreasonable to register elsewhere?

Action: By this time next year, we hope that patients are able to leave practices that have clearly not served them satisfactorily.

5.3 Wait at Appointment

We have found that practices can consistently run late, or on time. It is not clear whether late running is due to understaffing, or good quality (lengthy) consultations.

Recommendation

5.3.1 Whatever the reason for delays, patients should be informed, not simply 'left in their chairs'. Many practices notify patients through their electronic display, while at one practice a notice in reception states 'if you have been waiting for more than 30 minutes, please notify a member of staff'. We found this to be reassuring for those waiting, demonstrating a good level of support.

Action: By this time next year, we hope that those experiencing delays are aware, and have some estimation of timing.

Practices vary considerably in their physical condition and layout - some are well considered with artwork displayed, others are dimly lit, with little stimulation.

Recommendation

5.3.2 A pleasant environment will make patients more comfortable, and generally less anxious. Something as simple as a vibrant colour, or picture, may go a long way.

Action: By this time next year, we hope that more patients are complimentary about the waiting environment.

5.3 Wait at Appointment (Continued)

At one practice, receptionists were unconcerned that the hand sanitizer was empty.

Recommendation

5.3.3 Given that hygiene should not be overlooked, regular audits of equipment and environment would prevent unsanitary conditions arising.

Action: By this time next year, we hope that patients are always able to wash their hands, and when not, are supported by staff.

Many patients complain about 'lack of privacy' in the waiting area, with some able to overhear confidential information, such as addresses.

Recommendation

5.3.4 As most waiting areas are confined and quiet, and the nature of visits highly personal, it will be inevitable that patients sometimes overhear 'private matters'. However, staff should do their best, perhaps calling patients to one side, when having personal, often confidential discussions.

Action: By this time next year, we hope that staff will be more conscious of confidentiality and data protection, and uphold patients' privacy wherever possible.

5.4 Clinical Treatment

Patients tell us that consultations are generally of good quality, while carers comment on feeling involved and valued. Choice is an 'ever increasing' issue, with some patients who prefer a certain GP having to wait several weeks.

Recommendation

5.4.1 It might be the case that care is becoming less personalised over time, as more GPs retire, and locums move around. Many patients understand this, but a significant number feel disadvantaged. For those patients particularly, staff should 'do their utmost' to match patients with their GP, within a reasonable timeframe.

Action: By this time next year, we hope that practices are able to uphold continuity of care, for those who rely on their preferred GP.

Some patients say they do not have, or are aware, of a named GP. At one practice, a clear majority of those waiting did not know who they were booked to see.

Recommendation

5.4.2 If it is not possible to assign a named GP, patients should be advised on arrival, or beforehand through letter or text message, who they will be seeing. This is a basic level of information, and sometimes important.

Action: By this time next year, we hope that most patients will be aware of who their appointment is with (good care should be personal).

5.4 Clinical Treatment (Continued)

On medication, patients comment that ‘GPs can be too quick to prescribe’ with a ‘lack of alternative options’.

Recommendation

5.4.3 Although medication may be required for clinical reasons, patients should be listened to when voicing concerns. Alternatives should be considered when appropriate.

Action: By this time next year, we hope that more patients will be offered alternatives to medication.

Patients may also consider ‘cheaper’ medication to be inferior to premium brands, with some doubting effectiveness.

Recommendation

5.4.4 It is acknowledged that GPs will not generally prescribe ineffective medication, while ‘cheaper’ brands do save the NHS a considerable amount of money. Therefore, patients need to be reassured.

Action: By this time next year, we hope that more patients will have trust in brands they do not recognise, or consider ‘cheaper’.

When commenting on user involvement, sentiment is mixed. While some patients feel involved, others do not. One person states that an ailment was completely ignored - the GP was not interested in examining a ‘painful foot’, but instead ‘took blood pressure and advised on losing weight’.

Recommendation

5.4.5 It is important that patients feel listened to, are respected, and involved in any decisions. Despite time constraints, GPs should do their best to ‘get to know’ their patients and listen, before making decisions.

Action: By this time next year, we hope that more patients feel respected and involved.

One patient was encouraged to take a hearing test locally, but not informed that the wait would be much shorter at a hospital further away.

Recommendation

5.4.6 When referring to services, GPs should give patients all available information, so that decisions and choices may be informed.

Action: By this time next year, we hope that fewer patients will regret choices made, given that reconsideration is not always possible.

5.5 Administration

At some practices, patients who have not been able to register, or are in the registration process, have not been supported or advised on alternative options, even in situations of need.

Recommendation

5.5.1 Practices have a 'duty of care' towards their own patients, but we ask if it is appropriate, or safe, to leave people (some in need, or vulnerable) unsupported. If at all possible, staff should provide information and signposting advice.

Action: By this time next year, we hope that unregistered patients are not simply 'turned away' without assistance.

Repeat prescription systems are convenient for both patient and practice, however the enhanced role of the receptionist may lead to potentially harmful errors - one patient found that the dose had been incorrectly doubled. Patients also raise concerns about receptionists conveying test results, with some receiving incorrect diagnosis.

Recommendation

5.5.2 Safe working practices should be demonstrated, with staff fully trained, and adequate safeguards in place to ensure that mistakes will be unlikely.

Action: By this time next year, we hope that fewer patients will receive incorrect prescriptions or diagnosis.

At all practices we visited, the complaints policy was clearly displayed. Most practices also provided suggestions boxes, or Friends and Family feedback cards. It is the right of all patients to complain or feedback, however some fear 'reprisals', find it difficult to contact management, or do not always find receptionists accommodating.

Recommendation

5.5.3 It is essential that patients are supported to feedback or complain, as this documents any issues. The Parliamentary and Health Service Ombudsman portrays complaints as a 'positive thing to do', through its 'Complain for Change' campaign. All practices should welcome feedback and complaints, and make it as convenient as possible, to do so.

Action: By this time next year, we hope that more patients will feel encouraged, and supported, to leave feedback or complain.

6. Managing Expectations

Without a 'sea change' in capacity, certain things are 'here to stay' - the longer waits, receptionists taking a greater role, care that is more impersonal. There are opportunities to limit demand on services, such as enhancement of online options and raising awareness of self-care alternatives, but this will only go 'so far'.

Through our research, we were surprised to find that many patients (the majority) are well aware of the pressures, particularly on demand, and understand the waiting times and limited options. There is less acceptance of receptionists stepping into the 'clinical domain' to triage for appointments and process prescriptions and test results. If it can be demonstrated that staff are competent and professional, and that safeguards exist, it will be possible to build confidence and trust in more patients, thereby increasing satisfaction.

7. Transformation of Primary Care

In 2014, NHS England invited Clinical Commissioning Groups (CCG's) to come forward with expressions of interest to take a greater role in the commissioning of primary care services, initially GP practices. 'Primary care' includes GP's, dentists, pharmacists and some other out-of-hospital health services.

This is one of a series of changes set out in the NHS 'Five Year Forward View' which aims to develop 'seamless, integrated out-of-hospital services based around the needs of local populations.'

7.1 Benefits for the Residents of Croydon

The plan, known as 'Transforming Primary Care', or 'Co-commissioning', could lead to a range of benefits for the public and patients, including:

- Improved access to primary care and wider out-of-hospital services, with more services available closer to home.
- Improved health outcomes, equity of access, reduced inequalities.
- A better patient experience through more joined up services.

Co-commissioning could also lead to greater consistency between primary care services and wider out-of-hospital services. It will enable development of a more collaborative approach on staffing, premises, information management and technology challenges.

7.2 Getting Organised

Healthwatch Croydon, the Health and Wellbeing Board, Croydon CCG and other partners constitute the Croydon Primary Care Joint-Commissioning Committee, the forum that will oversee implementation and delivery.

The role of the committee, under section 83 of the NHS Act includes:

- Awarding and monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract.
- Designing new 'enhanced services' (services which are not essential) and local incentive schemes.
- Decision making on whether to establish new GP practices in an area.
- Approving practice mergers.
- Making decisions on 'discretionary' payments.

Although in its infancy, co-commissioning is set to radically 'transform' local GP services.

8. Glossary of Terms

CCG	Clinical Commissioning Group
GP	General Practitioner
NHS	National Health Service

9. References

GP Patient Survey 2015-16

www.england.nhs.uk/statistics/2016/07/07/gp-patient-survey-2015-16/

Healthwatch Croydon on Co-commissioning

www.healthwatchcroydon.co.uk/sites/default/files/hwc_on_co-commissioning.pdf

National Health Service Act 2006

www.legislation.gov.uk/ukpga/2006/41/contents

“I have seen the practice grow, and get steadily busier over the years.

Despite the ever increasing demands, the doctors, nurses and team on reception all do a first class job. I have nothing but admiration.”

Croydon Resident, 2016