

# **Can patients with a clinical need access emergency General Practice appointments in Birmingham?**

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Healthwatch Birmingham



## What is Healthwatch?

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice.

Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services. Examples of such services are general practices, pharmacists, hospitals, dentists, opticians, care homes and community based care. We hear these experiences via our Information and Signposting Line, our [online Feedback Centre](#), and through our community engagement activity, led by staff and volunteers. You can read more about the work of Healthwatch Birmingham [here](#).

## How do we select the issues we collect evidence about?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System. We describe this system in more detail in our [2015-2016 Annual Report](#). By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

## Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham Board members, patients, members of the public, service users and carers. They provide us with further relevant experiences, and share other relevant knowledge, skills and support.

Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are looking at. This helps us to form a deeper understanding of the issue from the perspective of these professionals, and encourages them to take prompt action to effect positive changes for patients and the public.

## What differences do our reports make?

We follow up our reports to measure the impact they have had. That is, we ascertain if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make as a result of the report. If Healthwatch Birmingham finds no improvement, we may decide to escalate the issue to [Healthwatch England](#) and local regulators. We also monitor the changes to see if improvements are sustained.



## Can patients with a clinical need access emergency General Practice appointments in Birmingham?

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### Executive Summary

- We heard via our Feedback Centre that Birmingham residents were having problems in getting an emergency appointment with their GP.
- As part of our Topic Identification and Prioritisation System, members of the public selected this issue as one which they felt Healthwatch Birmingham should explore further.
- We gathered further relevant experiences from 66 patients via our community engagement volunteers and an online survey.
- Most of the actual cases that we heard about should, in the views of 72 GPs we talked to, have had either an emergency appointment or a referral to A&E.
- This means that some patients are not getting access to an emergency GP appointment when GPs consider it to be an emergency.
- Our findings clearly indicate that there is unfairness in the system for getting an emergency GP appointment across Birmingham, with a wide variation in the management of requests for such appointments.
- GPs told us about some of the barriers to providing emergency appointments, which included high demand from patients and shortages of GPs. However, some practices highlighted that they have effective mitigations in place to handle such issues.

### What next?

#### Sharing Best Practice: Follow up report in Spring 2017

Healthwatch Birmingham is keen to help Birmingham GPs to share best practice. We hope that in doing so General Practices will find out about practical changes they can make, within the ongoing changes taking place as part of local Sustainability and Transformation Plans (STPs). The sharing of best practice will support GPs to improve patient care, and to avoid the demand failure<sup>1</sup> associated with patients seeking treatment via alternative services when they cannot obtain a same day appointment at their General Practice.

**Please share your feedback about our report: if you are a Birmingham GP, please help share best practice with your peers by telling us your experiences and suggestions of how allocation of emergency GP appointments could be improved?**

- What ideas have worked or not worked within your locality?
- What could GPs do to encourage collaborative working to improve this issue?
- Have you considered using incentives put in place to improve this issue (e.g. the Prime Minister's GP Access Fund)?  
Please tell us which fund you have accessed, or plan to access, and how the fund may be used to improve how emergency GP appointments are allocated in your practice.

Healthwatch Birmingham will share this best practice via a report published in Spring 2017. We will circulate it to all Birmingham GPs, Clinical Commissioning Groups (CCGs), Local Commissioning Networks (LCN), patient participation groups (PPG) and other relevant service users groups, as well as posting on

our website. We would like to work with these organisations to ensure that this report is widely shared, read, and used as a lever for positive change. If you share suggestions for best practice, and give explicit permission, we will acknowledge your contribution in the report.

### **Patient experience feedback: Follow up report in Autumn 2017**

Healthwatch Birmingham will continue to listen to patient's experiences regarding this issue via our online Feedback Centre, through community engagement and by patient's completing our Feedback Postcards.

This feedback will continue to be published via a number of channels:

- We monitor and then publish patient feedback on our online Feedback Centre. Providers are notified of feedback, and invited to have their response to the feedback published online.
- We will provide CCGs with a quarterly report of all General Practice patient feedback.

We will publish a follow up report in Autumn 2017 in which we will share all relevant patient feedback about access to General Practice appointments received in the previous six months. This will report if any changes have happened regarding this issue. We will circulate it to all Birmingham GPs, Clinical Commissioning Groups, Local Commissioning Networks, patient participation groups and other relevant patient organisations, as well as posting on our website.

We hope to be able to report that variability in access to emergency General Practice appointments has decreased through the sharing, and implementation, of best practice.

## Can patients with a clinical need access emergency General Practice appointments in Birmingham?

### Background

#### Why did we collect and report further evidence regarding this issue?

Healthwatch Birmingham heard from patients in Birmingham, via our online Feedback Centre, that they are finding it difficult to access an appointment at their General Practice. The information we received clearly indicated that there were people with apparently serious conditions who were not able to obtain a same-day General Practice appointment. Members of the public, and professionals working for health and social services in the city, told us they would like Healthwatch Birmingham to explore this issue further.

#### What patients told us<sup>ii</sup>

*Unable to see GP on same day. I have a young child and was concerned with his health (asthma). There was no time to see patients. GP was brilliant but has taken on too many patients, thus not patient centred enough*

*Recently tried to book appointment, told no places for more than one week, another occasion called few days after another rebuff got appointment for later the same week (thought I won the lottery). Seriously, the system does not work for the community, in recent years we have had to utilise Erdington Walk-in Centre to gain the necessary treatment to treat my mother in-law not mention a visit to A&E which in normal circumstances would be out of the question. Please reconnect with your community particularly the elderly; I wasn't given the opportunity once to say who my appointment was for? This is totally inadequate service, deeply frustrating seeing a family member unwell unnecessarily, the potential harm and distress this causes have a knock on effect through the family...*

Healthwatch Birmingham is still hearing from patients about this issue via our Feedback Centre and through our community engagement activity. Below are some of the experiences we have heard:

*Since the Glossy new building has opened it is impossible to get an appointment when you are actually sick unless you can crawl to the place and queue up at 8am, which if you are sick and can't manage it. Hard Luck. This is obviously done to put people off coming hoping they will just give up! The powers that be know that as well as we do. This is not only due to the Doctors, but the NHS overall. However, if someone could give an explanation as to why since the place opened their only seems to be a couple of Doctors working at any given time. Where are the other doctors? As I can never get a straight answer. If they are somewhere else then could someone please provide an explanation as there are plenty of us who think the same thing? Sincerely, a frustrated patient. PS could the answer be that there is some Private Practice going on, in which case the people should know or are we just Customers now. (September 2016)*

*Paramedics took me to Good Hope. Then further treatment twice a week for 7 weeks. By the team of nurses at Tower Hill. They all were all excellent and professional with good spirits. Reception was a disappointment, as a nurse told me to book Tues & Thurs for the next week. Girl on reception said there are no appointments, go back to Good Hope. I told nurse and eventually got the two appointments I needed. I am aged 70 and no longer drive. Well done nurses! Reception needs retraining. (September 2016)*



*I could not get reception to understand I had been sent out of hospital with one week of tablets and needed more. They could not offer me an appointment before the tablets would run out. I kept being told to try tomorrow until I was so fed up I registered at another GP. (November 2016)*

### Why is this issue important for patients?

Good access to General Practice care is essential. It helps improve general health, and minimises the use of more expensive NHS services<sup>iii</sup>.

The extent to which patients are refused emergency appointments in Birmingham is not known. Also, the way that General Practices decide whether or not symptoms warrant an emergency appointment varies between practices across Birmingham. This report offers insight into the situation, and a platform for action to be taken to improve services.

There is not a national or local policy stipulating how General Practices should manage and provide emergency appointments. The NHS England Standard General Medical Services Contract 2015/16<sup>iv</sup> states that contractor practices must arrange for its patients to access such services throughout the core hours of the day in case of emergency.

This means that individual GPs are required to have their own arrangements in place for providing this service. Improving patient access to primary care and reducing the differences between individual GP practices is therefore an important policy priority at local and national levels.

## What we did

### How we hear patient's experiences.

Patients and the public are sharing their experiences with us in a variety of ways, including through our online Feedback Centre, through community engagement and by completing our Feedback Postcards. We wanted to hear the experiences of patients who had contacted their General Practice with symptoms that required same-day appointment. We took the following steps to identify which patients we heard from had symptoms that required a same-day appointment we:

1. Requested patients to tell us about their experience of trying to book a same day appointment at their General Practice.
2. Recorded the experiences of 66 patients (see Table 2, page 14).
3. Selected 20 of these cases.
4. Asked General Practitioners (GPs) to tell us which of these 20 cases warranted an emergency appointment (either face to face or via telephone, and either with a GP or nurse).

### How did we involve patients?

Patients filled in our survey<sup>v</sup> online or face-to-face throughout July 2016. We included the views of a wide range of people with differing experience of this issue, which could lead to them having poorer health. These include people living with mental health related issues, a learning disability, a sensory disability (e.g. hearing or visual impairment), and parents with a child under five years old.



We asked relevant Birmingham-based voluntary and community organisations to share our online patient questionnaire with their service users. With the help of our community engagement volunteers, we heard the experiences of patients that might not have digital online access and those in harder to reach groups.

We worked with St Paul's Crossover Centre, Bordesley Green, to engage with women in particular about their experiences. Many women were from Middle Eastern or Asian countries whose first language was not English: with our Feedback Centre translating into over 100 languages, we could record their experiences on this issue. Members of the public who attended the Birmingham South Central CCG's Fun Day and AGM also filled in the questionnaire.

### What did we ask patients?

The patient questionnaire asked:

- What symptoms had they told the receptionist when they requested an appointment.
- Whether they were given an appointment, and if so within what timescale, and the type of health professional they saw.
- Their age, gender and ethnicity.

### Who participated in the patient survey?

- Sixty-six patients (47 female) reported their experiences of trying to make an emergency appointment at their General Practice.
- Citizens from nine of the ten Birmingham districts took part.
- They were from a wide variety of ethnic groups; 39/66 (59%) stated that they were not 'white and British'.
- Two respondents reported that they were living with a sensory disability.
- Five respondents with a learning disability.
- Fourteen respondents had mental health related issues.
- Five respondents had a child under five years old.

### How did Healthwatch Birmingham determine which patients had a clinical need for a same-day General Practice appointment?

We needed to know whether the symptoms the patients told us about warranted a same-day appointment. We selected 20 of the patient's experiences from the 66 cases for GPs to comment on<sup>vi</sup> (see Box 1a and 1b, page 7 and page 8 for the full list of patient experiences received about this issue.) The demographic characteristics of these 20 patients are shown in Table 3 (Page 15).

**Box 1a: Symptoms patients gave when requesting a same-day appointment, and the outcome of the request.**

**Case 1: A female patient (aged 25-49 years) with a chest infection, loss of voice and difficulty breathing due to asthma.**

*"Was given a consultation at the practice with a GP or Nurse Practitioner. I think it was a few days after the call it definitely wasn't the same day ... In the past few years I've had to use the NHS Walk in Centre as I've not been able to get an appointment the same week!"*

**Case 2: A British male patient (65 to 79 years) living with a mental health problem experiencing a crisis.**

*"... they know about it, when it is really bad I need help urgently, I told the lady that I cannot book them in advance, I need it now. It ended up me taking taxi to A&E Queen Elizabeth Hospital" He obtained an appointment the following week. "It was about ten days, which is too late. After all when I go to hospital they say "why did you come here not to your GP."*

**Case 3: A female patient (65 to 79 years) with known Type 2 diabetes with a high blood sugar count, dehydration and unable to swallow.**

*"Was not offered, email from practice manager advised trying again next day"*

**Case 4: A male patient (65 to 79 years) with an ulcer related to his diabetes.**

*"I was given a consultation at the practice with a GP or Nurse Practitioner within 4 hours."*

**Case 5: A female patient (65 to 79 years) with severe clinical depression.**

*"I was given a telephone call with a GP or Nurse Practitioner within 4 hours."*

**Case 6: A male patient (25 to 49 years) with sudden shortness of breath, rapid heartbeat and who feels faint.**

*"I had to wait two weeks for appointment with the doctor"*

**Case 7: A female patient (50 to 64 years) with a burn caused by hot water.**

*"Three days later, and I had to insist and argue with the receptionist. I was seen by the nurse twice and the GP once after that."*

**Case 8: A male patient (25 to 49 years) with sudden visual disturbance.**

*"I was given a consultation at the practice with a GP or Nurse Practitioner within 4 hours".*

**Case 9: The mother of a young baby who is wheezing.**

*"I was given a consultation at the practice with a GP or Nurse Practitioner over 4 hours but on the same day."*

**Case 10: The father of an autistic boy (no age given for the child) who is in severe pain with an ingrown toenail.**

*"I was not offered a consultation, and not advised to go elsewhere".*



**Box 1b: Symptoms patients gave when requesting a same-day appointment, and the outcome of the request.**

**Case 11: A male patient (50 to 64 years) has a cough.**

*"I was given a consultation at the practice with a GP or Nurse Practitioner over four hours but the same day."*

**Case 12: The mother of a child (5 years) who is unwell and vomiting.**

*"I was not offered a consultation, and not advised to go elsewhere. Just said sorry no appointments available ring back in the morning"*

**Case 13: The mother of a baby (under 3 months) who is unwell and not feeding properly.**

*"I was given a consultation at the practice with a GP or Nurse Practitioner within 1-2 hours."*

**Case 14: A male patient (25 to 49 years) with extreme knee pain and swelling.**

*"Given an appointment after 5 days."*

**Case 15: The mother of a young girl (6 years old) who has a rapid heartbeat that takes time to slow down after exercise. She is also sweating.**

*"Told it was busy, asked for symptoms. Told the doctor would call back, but he didn't. Appointment did not take place."*

**Case 16: A female patient (25 to 49 years) with a severe allergic reaction: rashes all over her body.**

*"I was given a consultation at the practice with a GP or Nurse Practitioner the following week."*

**Case 17: The mother of a child (under 10 years) with suspected chicken pox.**

*"I was given a consultation at the practice with a GP or Nurse Practitioner within 1 - 2 hours."*

**Case 18: A male patient (25 to 49 years) in severe post-operative stomach pain.**

*"I was referred to A&E immediately."*

**Case 19: A male patient (50 to 64 years) with emphysema, who has been coughing for 3 weeks, has breathing difficulties and is vomiting.**

*"I was not offered a consultation, and not advised to go elsewhere."*

**Case 20: A female patient (50 to 64 years) with a severe headache and vomiting.**

*"I was not offered a consultation, and not advised to go elsewhere"*

## Understanding the issue

The decision of whether symptoms require a same day appointment is a clinical judgement. That is, it is made by individual General Practitioners rather than stipulated in guidelines. In order to know which of the requests for a same day appointment were clinically appropriate, Healthwatch Birmingham asked our GP respondents to state how each of the 20 patients would be managed in their individual practices.

The possible management options in the questionnaire were:

### Type of consultation or referral

- Given a consultation at the practice with GP or Nurse Practitioner.
- Given a visit at home by GP or Nurse Practitioner.
- Given a telephone or e-mail consultation by GP or Nurse Practitioner.
- Referred to A&E.
- Advised to call NHS 111.
- Advised to visit Pharmacy.
- Other - please state.

### The timeframe

- Within 1 - 2 hours.
- Within 4 hours.
- Over 4 hours but same day.
- Next day.
- Not applicable.
- Other - please state.

GPs were not told whether these patients had been given an emergency appointment. We also asked GPs to comment on the barriers they face when trying to provide emergency appointments within a clinically appropriate timeframe. The questions were piloted with one Birmingham GP. All three Birmingham CCGs then promoted the survey in their weekly newsletter to GP members. The questionnaire was also emailed directly to GPs, for who we had contact details for.

## What we found

Seventy-two GPs participated in the survey. The level of access to emergency General Practice appointments are shown in Table 1 (Page 10).

**80%**

At least 80% of GPs said that they would treat 18 out of the 20 patients as an emergency (see column headed 'Considered by  $\geq$  80% of GPs to need a same day appointment or referral to A&E').

**6/18**

Only six of the 18 patients, reported they obtained an emergency appointment (see column headed 'Patient offered either a same day appointment or referral to A&E').

We also asked GPs what the barriers were to providing emergency appointments (see Appendix 1, page 15). Their replies indicate that the most common barriers to offering same day General Practice appointments are high demand (47% of GP respondents), low capacity (23% of GP respondents) and requests for appointments by patients with minor health issues (37% of GP respondents).

Although some of our GP respondents reported huge difficulties in providing emergency appointments, other practices have implemented effective mitigations to handle such issues.

Table 1: Management of requests for urgent GP appointments

Case Number	Total number of GPs who gave each management option						Total GP responses	Considered by $\geq 80\%$ of GPs to need a same day appointment or referral to A&E	Patient offered either a same day appointment or referral to A&E
	Same day appointment	Next day appointment	Refer to A&E or call 999	Advise to call NHS 111	Advise to visit a pharmacy	Other			
1	66 (93%)		5 (7%)			0	71	✓	X
2	56 (81%)	1 (1%)	1 (1%)				69	✓	X
3	43 (60%)		27 (38%)			11 (16%)	72	✓	X
4	53 (76%)	12 (13%)				2 (3%)	70	X	✓
5	62 (86%)	9 (13%)	1 (1%)			5 (7%)	72	✓	✓
6	21 (30%)		46 (65%)	3 (4%)		0	71	✓	X
7	43 (60%)		23 (32%)	1 (1%)	2 (3%)	1 (1%)	72	X	✓
8	38 (55%)		24 (35%)			3 (4%)	69	✓	X
9	66 (92%)		5 (7%)			7 (10%)	72	✓	✓
10	65 (92%)	5 (7%)				1 (1%)	71	✓	X
11	38 (53%)	27 (38%)		1 (1%)	5 (7%)	1 (1%)	72	X	✓
12	70 (100%)					1 (1%)	70	✓	X
13	72 (100%)						72	✓	✓
14	62 (86%)	6 (8%)	3 (4%)		1 (1%)		72	✓	X
15	56 (80%)	5 (7%)	6 (9%)			3 (4%)	70	✓	X
16	49 (71%)		16 (23%)	1 (1%)	2 (3%)	1 (1%)	69	✓	X
17	61 (86%)	2 (3%)		1 (1%)	5 (5%)	2 (3%)	71	✓	✓
18	53 (74%)		16 (22%)			3 (4%)	72	✓	✓
19	63 (88%)	1 (1%)	8 (11%)				72	✓	X
20	60 (83%)	2 (3%)	8 (11%)		1 (1%)	1 (1%)	72	✓	X

## Local and National Data

### Local data

We examined the local Clinical Commissioning Group data from the 2016 GP Patient Survey. This shows that although many patients seem to have good general access to primary care, a notable minority of patients report difficulties. Out of all patients able to get an appointment (not just those who wanted a same day appointment):

- 16% could get an appointment but had to call back closer to or on the day they wanted (national figure 12%).
- 16% of patients in Birmingham were not able to see or speak to someone last time they tried (national figure 11%)<sup>vii</sup>.

This suggests that access to General Practice appointments in Birmingham is worse than the national average.

It may also be important to note that demand for same day appointments seems to be slightly higher in Birmingham than the national average. Approximately 45% of patients in Birmingham wanted to see or speak to someone on the same day as contacting their surgery<sup>viii</sup>, slightly higher than the national figure of 40%<sup>ix</sup>.

Sandwell and West Birmingham Clinical Commissioning Group commissioned the Primary Care Foundation to support their GP members to review patient access appointments. General Practices reviewed their data around their appointment systems and they identified that 53.5% of appointments are bookable on the same day and 46.5% of appointments are bookable in advance<sup>x</sup>.

### National data

The national GP Patient Survey<sup>xi</sup> shows strong performance in many aspects of patient's experience of booking appointments, but also high levels of variability. For example, the 2016 GP Patient Survey shows that, out of all patients trying to get an appointment:

- 73% were able to get an appointment,
- 12% could get an appointment but had to call back closer to or on the day they wanted,
- 11% were not able to get an appointment at all<sup>xii</sup>.

With respect to access to primary care in general, the National Audit Office has commented that access to appointments varies largely between different practices, with the proportion of patients unable to get an appointment ranging from 0% to 52%<sup>xiii</sup>.

### What national and local initiatives may improve access to emergency appointments?

Nationally, numerous policies seek to improve access to primary care. For example, the recent General Practice Forward View has pledged direct funding for improved 'in hours' and 'out of hours' access<sup>xiv</sup>. The government has also committed to recruiting 5,000 extra doctors working in General Practices, and to ensuring that people have access to General Practices from 8am to 8pm, 7 days per week, by 2020. The Department of Health and NHS England also have a range of initiatives to improve access, including the Prime Minister's GP Access Fund<sup>xv</sup>.

The draft Birmingham and Solihull Sustainability and Transformation Plan (BSol STP) identifies three causes for the challenges faced by GPs. One of these is the unjust variation in the quality of and access to clinical services. In response, the 'Transformed primary, social and community care: Community

Care First' work stream of the BSol STP has as its strategic objective the 'Delivery of a new planned and deliberate care model which moves activity from secondary care into primary and community care settings'. One of the ways it plans to do this is to implement Enhanced General Medical Practice. This aims to increase access to General Practice in and out of hours by 8.12% on the current baseline. The draft BSol STP includes a number of other plans, which hopefully will improve access to emergency General Practice appointments, either directly or indirectly.



Locally, Clinical Commissioning Groups see the improvement of General Practice access as an important priority. In their recent primary care strategy, Birmingham CrossCity CCG identified access to primary care as the foundation to a high performing local NHS health economy. They have committed to securing access at the right time, in the right place for all people who require medical advice and treatment<sup>xvi</sup>.

Birmingham South CCG has also made improving access to primary care a priority in their primary care strategy<sup>xvii</sup>. In addition, they are part of the Wave Two pilots for the Prime Minister's GP Access Fund, which aims to increase access and deliver wider transformational change in General Practice<sup>xviii</sup>. Sandwell and West Birmingham CCG has also recognised there is variation in access to emergency general practice appointments in Birmingham.

With the aim of reducing this variation, the CCG has developed and commissioned a Primary Care Commissioning Framework (PCCF).

We are pleased that they have also developed a General Practice strategy, which is currently waiting to be ratified by their Governing Body. This seeks to deliver General Practice in different ways while also empowering patients to self-care.

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## What next

We look forward to hearing from patients whether they have experienced an improvement in access to General Practice appointments because of these national and local initiatives.

### Sharing Best Practice: follow up report in Spring 2017

Healthwatch Birmingham is keen to help Birmingham GPs to share best practice. We hope that in doing so General Practices will find out about practical changes they can make, within the ongoing changes taking place as part of local Sustainability and Transformation Plans. The sharing of best practice will support GPs to improve patient care, and to avoid the demand failure<sup>xix</sup> associated with patients seeking treatment via alternative services when they cannot obtain a same day appointment at their General Practice.

If you are a Birmingham GP, please share best practice with your peers by [telling us](#) your experiences and suggestions of how allocation of emergency GP appointments could be improved?

- What ideas have worked or not worked within your locality?
- What could GPs do to encourage collaborative working to improve this issue?
- Have you considered using incentives put in place to improve this issue (e.g. the [Prime Minister's GP Access Fund](#))?  
Please tell us which fund you have accessed, or plan to access, and how the fund may be used to improve how emergency GP appointments are allocated in your practice.

Healthwatch Birmingham will share this best practice via a report published in Spring 2017. This will be circulated to all Birmingham GPs, CCGs, Local Commissioning Networks, patient participation groups and other relevant service users groups, as well as posting on our website. We would like to work with these organisations to ensure that this report is widely shared, read, and used as a lever for positive change. If you share suggestions for best practice, and give explicit permission, we will acknowledge your contribution in the report.

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## **Acknowledgements**

Healthwatch Birmingham would like to thank all of the patients and GPs that participated in this project. We are particularly grateful to Dr Elizabeth Croton, of the Bournbrook Varsity Medical Centre in Birmingham for commenting on the draft version of the GP questionnaire as well as a draft version of the report.

We are grateful to all Third Sector organisations who shared our online questionnaire with their members/service users, particularly the staff and volunteers of the St Pauls Crossover Centre for this assistance. We also thank Birmingham South Central CCG who agreed to us asking patients about their experience of this issue at their annual Fun Day and Annual General Meeting.



## Glossary

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. <http://www.nhscc.org/ccgs/>

In Birmingham we currently have three CCGs.

Birmingham Cross City: <http://bhamcrosscityccg.nhs.uk/>

Birmingham South Central: <http://bhamsouthcentralccg.nhs.uk/>

Sandwell and West Birmingham: <http://sandwellandwestbhamccg.nhs.uk/>

Local Commissioning Networks (LCN). These are groups of General Practices that are organised around a specific geography, reflective of local clinical insight whose aim is to improve local outcomes and respond to the needs of their patients. They ensure that local priorities are based on patient experience.

Patient Participation Groups (PPGs) who are practice-based groups that exist to create a partnership between patients and the GP practice, so they can work together to improve services provided by the practice. PPG meetings are usually chaired by a patient and are supported by GP practice staff. Some practices operate a “virtual” PPG, where patients are usually contacted via email. Further information can be found on your local CCG website.

**Table 2: Patient's characteristics (N=66)**

Gender			
Female	71% (47)	Male	29% (19)
Is this the gender you were assigned at birth?			
Yes	97% (64)	No	2% (1)
Prefer not to say	2% (1)		
Age Group			
17 and under	5% (3)	18-24	9% (6)
25-49	50% (33)	50-64	24% (16)
65-79	9% (6)	80+	0% (0)
Prefer not to say	2% (1)		
Religion/Belief			
No religion	39% (26)	Christian	32% (21)
Muslim	20% (13)	Sikh	5% (3)
Prefer not to say	5% (3)		
Ethnicity			
White British	41% (27)		
Pakistani	14% (9)		
White Irish	8% (5)		
Caribbean	6% (4)		
Any other Asian background	6% (4)		
Indian	6% (4)		
Any other Black/African/ Caribbean background	6% (4)		
Any other White background	8% (5)		
Bangladeshi	2% (1)		
White and Black Caribbean	2% (1)		
Prefer not to say	3% (2)		

Do you consider yourself to have a long term disability?			
No	52% (34)	Yes	42% (28)
Prefer not to say	6% (4)		
Do you consider yourself to be, or answering on behalf of someone who is:			
Living with mental health needs	21% (14)		
A child under 5 years	8% (5)		
Living with a learning disability	8% (5)		
Living with a sensory disability (e.g. hearing or visual impairment)	3% (2)		
Not applicable	62% (41)		

**Table 3: Characteristics of the patient cases we asked GP's to evaluate (N=20)**

Gender			
Female	50% (10)	Male	50% (10)
Is this the gender you were assigned at birth?			
Yes	100% (20)		
Age Group			
17 and under	5% (1)	18-24	15% (3)
25-49	35% (7)	50-64	25% (5)
65-79	20% (4)	Prefer not to say	0% (0)
Religion/belief			
No religion	40% (8)		
Christian	30% (6)		
Muslim	25% (5)		
Prefer not to say	5% (1)		
Ethnicity			
White British	35% (7)		
Pakistani	20% (4)		
White Irish	10% (2)		
Caribbean	5% (1)		
Any other Asian background	5% (1)		
Any other Black/ African/Caribbean background	5% (1)		
Any other White background	10% (2)		
White and Black Caribbean	5% (1)		
Prefer not to say	5% (1)		

Do you consider yourself to have a long term disability?			
No	60% (12)	Yes	40% (8)
Do you consider yourself to be, or answering on behalf of someone who is:			
Living with mental health needs	10% (2)		
A child under 5 years	15% (3)		
Living with a learning disability	5% (1)		
Living with a sensory disability (e.g. hearing or visual impairment)	0% (0)		
Not applicable	70% (14)		

## Appendix 1

### The barriers to offering emergency appointments in General Practices in Birmingham: the GP view

We asked GPs what the barriers were to providing emergency appointments (all responses are listed in Box 3, page 18). The most common were high demand, low capacity and inappropriate requests for appointments.

#### High demand, low capacity

Forty seven per cent of all GP respondents identified high demand for appointments as an issue.

- *Too much demand, too little appropriate clinical time and access*
- *YES-funding. We URGENTLY need more GP appointments. We would need about TWICE the capacity for same day appointments, not enough appointments per population !!!!!!!!!!!!!!!*
- *Due to demand on the appointments and underfunded extra contractual work being done*

The perception of high demand for appointments is consistent with an analysis of national data recently carried out by The Kings Fund, which found that activity in General Practice has increased significantly over the past five years, and that this is one of the factors behind increased pressures<sup>xx</sup>.

Twenty three per cent of GPs also identified low capacity and staffing issues as a major barrier to providing appointments.

- *There is a lack of GP appointments, period. Variety of reasons: 1. Endless, pointless, reviews of patients; 2. Worried well; 3. Lack of GPs, 4. Public demand etc.*
- *General Practice is working well beyond capacity and the Clinical Commissioning Group keep giving us more to do*
- *Practices are over worked/completing surveys/attending meetings/complying with CQC requirements/workload unfunded from hospitals/appraisal process/frequent GP attendances by well people/very little support from Birmingham city council/young doctors not wanting to enter General Practice for many of the above reasons/There will be a real crisis shortly and it will not be possible to offer a quick fix as it takes years to train and establish a GP who sees 95% of all patients for about 6% of the NHS budget.*

This is consistent with the case put forward in the General Practice Forward View, which acknowledges current staffing shortages in primary care and the need to expand rapidly the workforce<sup>xxi</sup>. Birmingham

Cross City CCG has the second lowest number of GPs per 100,000 amongst its peer group, and the third lowest number of practice nurses per 100,000 against its peer group.

A 2014 Centre for Workforce Intelligence report (carried out on behalf of the Department of Health) found that the demand for General Practice services pointed to a workforce under considerable strain, with a slowly growing GP workforce unable to keep up with increasing patient demand<sup>xxii</sup>. The factors of high demand and low staffing therefore seem likely to make it more difficult for practices to offer urgent appointments.

In his speech at the 2016 Conservative conference Health Secretary Jeremy Hunt announced an extra 1,500 medical school places from September 2018; this will increase the number of medical school places by up to a quarter.

### **Inappropriate requests for appointments**

Thirty-seven per cent of GPs respondents cited inappropriate patient requests for emergency appointments as a barrier to provision.

- *GP services are already overstretched. We get a lot of requests for emergency appointments for trivial non urgent things due to patient anxiety, internet and press hysteria and lack of support for the extended family. People's expectations are higher than the system's ability to meet them and this is the fault of the government who have set up services like NHS 111 which are NOT run by clinicians able to make decisions based on the history and are protocol led. If this continues the NHS will collapse.*
- *High patient demand in deprived area, attending for non-medical, social and trivial self-limiting conditions including to ask for remedies available over the counter because these are free on prescription, sick notes, do not attend because of easy and free access to GP and against it constant pressure, excessive micromanagement and manipulation by political masters and media giving us little chance to deliver appropriate care.*
- *Patients frequently request urgent appointments for the same day as they are worried about their health but then they turn down the appointments offered the same day if they have other plans (including waiting in for a parcel, hair appointment, it's raining etc.) or if appointment offered is not with their favourite doctor. We also have a surprisingly high number of DNAs for appointments booked as an emergency a couple of hours before. We also have an excellent Advanced Nurse Practitioner who is very able and the vast majority of patients who see them are very satisfied but some patients turn down appointments with the ANP because they insist they must be seen by a Doctor for minor ailments.*

### **The ways practices organise requests for appointments**

The way that General Practices organise access to emergency in-hours appointments differs across Birmingham. A recent report by the NHS Alliance noted that, even within a Clinical Commissioning Group area, there are wide variations in access driven by the variation in approach, operational model and staffing levels across practices<sup>xxiii</sup>. More specifically, a recent survey carried out for Birmingham South Central Clinical Commissioning Group with its General Practices also found large variation in the practices that hold back same day appointments that they release later in the day. For example, their research showed that 100% of responding practices in the Edgbaston district were doing this, compared with 33 percent in the Kings Norton district and 43 per cent in the Pershore district<sup>xxiv</sup>. This is not surprising as there are no standard arrangements required for providing access to emergency appointments.

A number of GP respondents stated they are using a telephone triage system to manage requests for urgent appointments. For example, one respondent stated:

- *We offer a total doctor telephone triage service which deals with these situations well. Other practices often rely on reception staff to make decisions about how urgently patients need seeing or whether to escalate the request to a clinician.*

Other practices have changed the types of appointments that they are offering in order to meet demand from their patients. For example, some GPs stated that they have the majority of appointments on the day in order to meet demand for this type of appointment. However, some GPs also acknowledged that this approach does have some drawbacks with respect to their ability to allow patients to book ahead. For example, one GP stated:

- *We operate an open surgery, essentially a walk in and wait, twice daily except for Wednesday afternoon. If an emergency presents during the open surgery operation the patient is prioritised. We will also see emergencies immediately between open surgeries. However, offering this level of access does impact on the available of appointments for book, however patients can ALWAYS be seen.*

Other practices have opted to make more use of telephone consultations to help make sure ‘on the day’ bookable appointments are available. One respondent stated:

- *We operate a full telephone consultation service bookable on the day via our HUB or in advance by our app. Once these appointments are gone we also have an urgent service telephone call back until 6:30pm. Face to face direction bookable appointments are available with our PA, registrars. We also have carer slots that are bookable in advance.*

**Responses to the survey made it clear that General Practices are organising the provision of emergency appointments in different ways. This is likely to contribute to variations in the level of availability of urgent appointments across the City. We urge practices to share best practice. This will contribute towards the provision of same-day General Practice appointments.**

**Box 3: In Birmingham, are there barriers to general practices offering emergency appointments within a clinically appropriate time frame? If so, please outline these, or make any other general comments that relate to emergency GP appointments below. GP’s comments\*:**

<i>Demand is extremely high. Patients class most clinical problems as emergency.</i>
<i>Much better than a rural setting where there are major transport delays. When you say A+E- we have to assume that it may also include advising 999?</i>
<i>Expectations of patient/politicians etc to get appointment within 48 hrs/ 24hr and 7 day service have made it very difficult to over emergency appointment because of lack of appointments due to patient demand and not enough GP/ nurses etc. Questions not detailed enough to make a clinical judgement.</i>
<i>Due to demand on the appointments and underfunded extra contractual work being done.</i>
<i>Workforce capacity</i>
<i>We offer telephone triage for all urgent appt requests &gt;12yrs old and same session appts for all children requesting urgent appts.</i>
<i>Unfortunately patients feel everything is important and wants appt same day , this may be for prescription, medical note.</i>
<i>No manpower and funding, overloaded with work and cannot offer any more</i>
<i>Yes, too high demand in inner city Birmingham</i>
<i>patient understanding - GP not resourced for minor surgery consultation but likely to prefer to attend GP regardless; majority of work undertaking by GP is non-emergency and therefore workload distribution can be difficult to plan as the nature of ‘emergency’ work is unpredictable</i>
<i>Increased demand and difficulty meeting this with current capacity</i>
<i>All children under 12 are seen as and emergency on same day at end of surgery or in between patients</i>

\*All comments presented as submitted by GPs, in line with Healthwatch Birmingham’s publishing policy.



**Box 3: In Birmingham, are there barriers to general practices offering emergency appointments within a clinically appropriate time frame? If so, please outline these, or make any other general comments that relate to emergency GP appointments below. GP's comments\*:**

*Lots of local practice closures resulting in remaining practices having increasing list sizes and patient demand*

*Patients insisting upon using GP consultations for conditions that could either be self-managed or alternative provider e.g. Pharmacies*

*telephone consultation, walkin centre*

*Availability of appts and drs*

*General Practice is working well beyond capacity & the Clinical Commissioning Group keep giving us more to do*

*Not enough appointments to meet the demand*

*We are always tight with appointments, but will also see patients as extras if emergency. The difficulty can be deciding whether appt is urgent - and staff now use standard forms if a patient states they need to be seen urgently.*

*...With education comes civilised behaviour. Everyone wants to be seen the same day. Everyone wants to break the rules. Its like a jungle here...*

*Not a problem in my practice*

*No*

*This survey is hard to complete due to the lack of clinical information. We triage our emergency appointments to decide a clinically appropriate timeframe.*

*Practices are over worked/completing surveys/attending meetings/complying with CQC requirements/workload unfunded from hospitals/appraisal process/frequent GP attendances by well people/very little support from Birmingham city council/young doctors not wanting to enter General practice for many of the above reasons/There will be a real crisis shortly and it will not be possible to offer a quick fix as it takes years to train and establish a GP who sees 95%of all patients for about 6% of the NHS budget*

*General practice needs better funding. Individual patients should be allowed to decide if something is an emergency in our view, and seen at their own request. Should we then disagree, the initial reasoning can be discussed as part of the patient's health education.*

*People attend as emergency which are not. No way to control as leads to complaints.*

*Demand has certainly grown over the years but the number of doctors or resources allocated to primary care has not followed this demand.*

*Increasing workload; Dumping of work by secondary care; Increased administration burden; Increased non GMS work*

*Too much demand, to patients everything is an emergency in my area. We simply do not have capacity to fulfil everyone's urgent requests.*

*Demand outstrips supply. Not enough resource to employ clinical staff and particularly ANPs*

*Recruitment problem. Shortage of GPs and Nurse Practitioners*

*High DNA rate 270 in July 2016 leads to access problems*

*GPs provide same day appointments but increasingly triage to ensure that these are not abused by patients*

*No*

*We need more telephone triaging and nurse practitioners to do theses.*

*yes not enough clinicians and high patient demands*

*The surgery offers normal appointments with 24 to 48 hours and all emergency and urgent appointments are given for the same clinic or same day.*

\*All comments presented as submitted by GPs, in line with Healthwatch Birmingham's publishing policy.



**Box 3: In Birmingham, are there barriers to general practices offering emergency appointments within a clinically appropriate time frame? If so, please outline these, or make any other general comments that relate to emergency GP appointments below. GP's comments\*:**

*As per answers, we operate open surgery, essentially a walk in and wait, twice daily except for Wednesday afternoon. If an emergency presents during the open surgery operation the patients is prioritised. We will also see emergencies immediately between open surgeries. However offering this level of access does impact on the availability of appointments for booking, however patients can ALWAYS be seen. I am a PM and I have completed this on behalf of the practice, as our GP's are too busy seeing patients to complete surveys.*

*We operate a full telephone consultation service bookable on the day via our HUB or in advance by our app. Once these appointments are gone we also have an urgent service telephone call back until 630 pm . Face to face directly bookable appt are available with our PA, registrars. We also have carers slot that are bookable in advance.*

*Restricted contract opening hours, partly alleviated by 'extra-hours' schemes. The use of extra appointments at other surgeries again helps.*

*Capacity of practices and patient demands and expectations for minor illness*

*there are not any in our surgery as far as I am aware*

*Clearly capacity is an issue. Unfortunately a lot of 'emergency' appts are not the true case, telephone triaging can be very useful for such instances, once the clinician is experienced. We found that demand on the day was highest and therefore we switched to having the majority of our appts as book on the day.*

*high demand, time, too many visits, meetings, heavy workload, too much demand*

*GP services are already overstretched. We get a lot of requests for emergency appointments for trivial non urgent things due to patient anxiety, internet and press hysteria and lack of support for the extended family. People's expectations are higher than the systems ability to meet them and this is the fault of the government who have set up services like NHS 111 which are NOT run by clinicians able to make decisions based on the history and are protocol led. If this continues the NHS will collapse*

*GPs are being overwhelmed by demand, both requests for apt and time with patients. Need lower lists or more health care providers. Also need Clinical Commissioning Group to tell TV and papers that NHS cannot cope with demand to reduce expectations.*

*Only barrier is huge demand - surgery full of people wanting "emergency " prescriptions and letters - clogs up system for those in need but we fit them all in*

*all children seen same day*

*Not enough GPs or appointments . Practice opening hours - those ringing later in the day less likely to have appointments available. Increasing health anxiety generally and a lot of worried well being seen and GPs worried about litigation and complaints being unable to turn them away*

*The barrier is the large volume of people using the emergency services for non emergency problems*

*No excellent WIC locally*

*We offer a total doctor telephone triage service which deals with these situations well. Other practices often rely on reception staff to make decisions about how urgently patients need seeing or whether to escalate the request to a clinician.. Practices may experience difficulty providing adequate numbers of emergency appointments at various times of day and allowing some flexibility to respond to fluctuations in demand. Patient perceptions of what constitutes an emergency are often very different to that of clinicians.*

*Patients frequently request urgent appts for the same day as they are worried about their health but then they turn down the appts offered the same day if they have other plans (including waiting in for a parcel, hair appointment, it's raining etc) or if appointment offered is not with their favourite doctor. We also have a surprisingly high number of DNAs for appts booked as an emergency a couple of hours before. We also have an excellent Advanced Nurse Practitioner who is very able and the vast majority of patients who see them are very satisfied but some patients turn down appts with the ANP because they insist they must be seen by a dr for minor ailments.*

\*All comments presented as submitted by GPs, in line with Healthwatch Birmingham's publishing policy.

**Box 3: In Birmingham, are there barriers to general practices offering emergency appointments within a clinically appropriate time frame? If so, please outline these, or make any other general comments that relate to emergency GP appointments below. GP's comments\*:**

*yes , for us we have a daily emergency clinic , but there are only so many patients that we can see. There is a large demand for appointments from our patient population.*

*There are a lack of GP appointments, period. Variety of reasons: 1. Endless, pointless, reviews of patients; 2. Worried well; 3. Lack of GPs; 4. Public demand etc.*

*high pt demand in deprived area attending for non medical , social and trivial self limiting conditions including to ask for remedies available otc because these are free on prescription ,sick notes ,dna because of easy and free access to gp and against it constant pressure ,excessive micromanagement and manipulation by political masters and media giving us little chance to deliver appropriate care*

*We offer emergency appts, and will always fit in children. When all appts have gone reception will ask us first re squeezing people in - or we telephone patients up and triage*

*High demand, lots of emergency/same day appts taken up inappropriately for things that could have waited for routine appt or didn't need to see GP.*

*Yes. Too much demand, too little appropriate clinician time and access. Problems with accessing other appropriate sources of help and using GP as default and least difficult to contact.*

*YES - funding. We URGENTLY need more GP appointments. We would need about TWICE the capacity for same day appointments. not enough appointments per population!!!!!!!!!!!!!!*

\*All comments presented as submitted by GPs, in line with Healthwatch Birmingham's publishing policy.

## References and Endnotes

<sup>i</sup> Failure demand is created by a failure to do something or do something properly the first time round, leading to patient seeking care from another part of the health and system such as A&E.

<sup>ii</sup> All quotes are reported verbatim.

<sup>iii</sup> National Audit Office (2015) Stocktake of access to general practice in England [Online] Available from: <https://www.nao.org.uk/report/stocktake-of-access-to-general-practice-in-england/>

<sup>iv</sup> NHS England Standard General Medical Services Contract 2015/16 [Online] Available from: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/06/gms-2015-16.pdf>

<sup>v</sup> The purpose was not to obtain a representative sample of the experiences of people in Birmingham; such research is outside the remit and resources of Healthwatch Birmingham. Due to this methodology, we anticipated that many participants would respond because they had a negative experience. We designed the project to provide a deeper understanding of these experiences, and to provide a dataset that could inform the design of the GP questionnaire, and compliment the GP dataset to deepen our understanding, and that of CCGs and GPs, regarding this issue. We selected those cases that clearly listed the symptoms the patient told the practice when the request for an urgent appointment was made by the patient. We also selected the types of symptoms that patients commonly present to GPs.

<sup>vi</sup> Please note that patients may belong to practices that are not included in the survey. This should be taken into account when reflecting on any discrepancies between what the patient said happened and what the GP said would happen.

<sup>vii</sup> Data drawn from GP Patient Survey Online analysis tool

<sup>viii</sup> Data drawn from GP Patient Survey Online analysis tool

- <sup>ix</sup> <http://gp-survey-production.s3.amazonaws.com/archive/2016/July/July2016NationalSummaryReport.pdf>
- <sup>x</sup> Private correspondence.
- <sup>xi</sup> <http://results.gp-patient.co.uk/report/explanation.aspx>
- <sup>xii</sup> NHS England (2016) GP Patient Survey - National Summary Report: July 2016 Publication [Online] Available from: <http://gp-survey-production.s3.amazonaws.com/archive/2016/July/July2016NationalSummaryReport.pdf>
- <sup>xiii</sup> National Audit Office (2015) Stocktake of access to general practice in England [Online] Available from: <https://www.nao.org.uk/report/stocktake-of-access-to-general-practice-in-england/>
- <sup>xiv</sup> NHS England (2016) General Practice Forward View [Online] Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>
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- <sup>xvi</sup> Birmingham CrossCity Clinical Commissioning Group (2016) Primary Care Strategy 2016/20 [Online] Available from: <http://bhamcrosscityClinicalCommissioningGroup.nhs.uk/publications1/strategic-documents/2816-birmingham-crosscity-ClinicalCommissioningGroup-primary-care-strategy-2016-2020/file>
- <sup>xvii</sup> Birmingham South Central Clinical Commissioning Group (2014) A Strategy for Quality Improvement in Primary Care [Online] Available from: <http://bhamsouthcentralClinicalCommissioningGroup.nhs.uk/publications/plans-and-policies/primary-care/28-primary-care-strategy/file>
- <sup>xviii</sup> <https://www.england.nhs.uk/ourwork/futurenhs/pm-ext-access/wave-two/about-wave-two-pilots/#20>
- <sup>xix</sup> Failure demand is created by a failure to do something or do something properly the first time round, leading to patient seeking care from another part of the health and system such as A&E.
- <sup>xx</sup> The King's Fund (2016) Understanding Pressure in General Practice [Online] Available from: [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/Understanding-GP-pressure-Kings-Fund-May-2016.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Understanding-GP-pressure-Kings-Fund-May-2016.pdf)
- <sup>xxi</sup> NHS England (2016) General Practice Forward View [Online] Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>
- <sup>xxii</sup> Centre for Workforce Intelligence (2014) In-depth Review of the General Practitioner Workforce [Online] Available from: <http://www.cfwl.org.uk/publications/in-depth-review-of-the-gp-workforce>
- <sup>xxiii</sup> Primary Care Foundation and NHS Alliance (2015) Making Time in General Practice [Online] Available from: <http://www.nhsalliance.org/wp-content/uploads/2015/10/Making-Time-in-General-Practice-FULL-REPORT-01-10-15.pdf>
- <sup>xxiv</sup> Birmingham South Central Clinical Commissioning Group (2014) A Strategy for Quality Improvement in Primary Care [Online] Available from: <http://bhamsouthcentralClinicalCommissioningGroup.nhs.uk/publications/plans-and-policies/primary-care/28-primary-care-strategy/file>

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