healthwatch Warrington

GP Access in Warrington: Exploring Ways to Improve Access and Share Best Practice

Enter and View Project Summary Report

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Acknowledgments

The Healthwatch Warrington team would like to thank all GP surgery staff, Patient Participation Group Representatives and patients for their valuable contributions. We would also like to extend special thanks to our dedicated Enter and View representatives for their valuable contributions that helped to make this project possible.

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Executive Summary

What is Healthwatch Warrington?

Healthwatch Warrington is a consumer champion; helping local residents and communities to get the best out of health and social care services. We are a Charitable Incorporated Organisation, with a Registered Charity Number of 1172704". We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services. You can find out more about us online: http://www.healthwatchwarrington.co.uk/

What is Enter and View?

Part of the local Healthwatch programme, in line with The Health and Social Care Act (2012), is to carry out Enter and View (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run, and talk with staff and service users to gain their feedback and make recommendations for improvement.

E&V visits can happen if people identify a problem, but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice to be shared. Once a visit has taken place, a report is compiled that contains the visiting team's findings and recommendations. This is shared with the service for their comments, which are published in full, and the finalised document is then shared with commissioners, regulators and Healthwatch England. For more information about the E&V process and for copies of our published reports, please visit our website: http://www.healthwatchwarrington.co.uk/our-work/enter-view/

Project Background and Purpose of the visits

Healthwatch Warrington made the decision to visit GP practices within the borough; with a particular focus on access, as well as the general environment of surgeries. This is because access to primary care services (mainly GPs) has been identified as a recurrent theme mentioned within the public feedback data collected by Healthwatch Warrington.

GP access is often highlighted as a problematic aspect of patient experience, with common issues including; difficulties encountered when booking appointments, a lack of appointment availability and communication problems. However, public service reviews also suggest that there are areas of good practice that need to be highlighted and shared.

With the GP registered population of Warrington already reaching 213,000 (as of 2014/15) and demographic projections indicating increasing levels of demand due to the town's expanding and ageing population, improving GP access is likely to remain high on the health and social care agenda for the foreseeable future (See: Warrington Joint Strategic Needs Assessment Core Document - 2015/16).

Therefore, our authorised representatives visited a sample of GP practices, covering a spread of GP clusters in Warrington, in order to gather feedback directly from patients and conduct specialist E&V visits.

Introduction to this Report

The purpose of this document is to provide a holistic overview of the main findings collated via Healthwatch Warrington's GP access E&V visits; including any key themes and trends identified. For an in-depth review of each visit, please refer to our individual GP access E&V reports (published on our website). The report begins with a brief discussion of our key findings and recommendations. The main body of the report outlines the methods used, the results gained from the project and concludes with an appendices section.

Key Findings

Collectively, our GP access Enter and View reports revealed a tapestry of consistent themes and trends relating to primary care access in Warrington. Although most patients that we spoke with were generally satisfied with their surgery's appointment booking systems, there were aspects of access that could be improved.

Namely, phone access remains the most popular method of gaining an appointment, and consequently, was often a source of patient dissatisfaction and frustration, owing to long waits to get through to reception (due in part to staff capacity, especially at peak times).

In response, some GP practices have been proactive in searching for solutions to ease the pressure on phone booking systems (such as upgrading online booking facilities, piloting new phone system arrangements, encouraging patients not to miss appointments without providing sufficient prior notice and asking patients to consider using alternative resources when appropriate – such as pharmacists).

Furthermore, local people told us that seeing the same GP was important to them, but appreciated that the recruitment of more staff (especially GPs) was necessary in order to improve access. The desire for greater investment in staff

recruitment was mirrored in the comments provided by Practice Managers; who recognised the need to recruit more GPs, and other frontline staff, in order to safeguard effective patient access to care.

In addition, patients told us that they would like to see upgrades to the physical environment and surroundings in surgeries; often with a view to improving access for disabled visitors (for example, the installation of automatic doors). Practice Managers highlighted the large funding gaps and third party agreements that would need to be resolved in order to make such changes; with some Practice Managers already seeking external funding to address these issues. These are issue that local commissioners and organisations will need to work in cooperation with GP surgeries on to tackle.

Of course, it is important to recognise that a significant number of patients wanted to tell our visiting teams that the quality of care they receive from the surgeries was fantastic. Local people were appreciative of the professionalism and positive attitudes demonstrated by staff members that often went the extra mile, despite capacity pressures due to high workloads. This was revealed not only in the survey responses collated by Healthwatch Warrington, but also our visiting team's 'on the ground' observations.

It was also clear that Patient Participation Groups, and Third Sector organisations, can play an active part in fostering constructive two-way dialogue between practices and patients, as well contributing to practical issues, in order to improve GP access. Many Practice Managers recognised the valuable contributions that Patient Participation Groups make and wanted to further develop these relationships. Clearly, there is common ground and tangible issues that all parties can work on together, as well as good practice that should be shared.

Further to the above, it was clear that a number of GP surgeries were happy working within the cluster model, and are engaging with other surgeries and the local care system (such as care homes) to offer additional services and greater access for patients. Practice Managers were passionate about making this model work and felt that greater funding and granting of greater responsibilities to local practices would help to improve the delivery of care in Warrington.

To sum, strengthening the wider patient voice and fostering patient-centred values will remain a priority for Healthwatch Warrington; we are confident that we can continue to influence change that will benefit local communities and GP practices alike. As such, we have compiled a list of overarching recommendations, in addition to the recommendations contained our individual GP access reports;

Recommendations

1. **Review Displays and Noticeboards to Ensure that Information is Relevant, Clear and Up to Date:**
   These resources are an excellent way to communicate important information to patients (for example, upcoming events and access policies). However, visiting teams noted that displays and noticeboards were not always clearly arranged, kept up-to-date, relevant, uncluttered, or written in an easy read font (in terms of colour and size). Surgeries should ensure that displays and noticeboards are utilised effectively (for example, by arranging notices by themes and denoting these with headline banners).

2. **Adopt a Consistent Approach and Format for Accessible Information:**
   Providing people with information in accessible formats is an essential part of ensuring that access is efficient and fair for all. However, the visits showed that accessible information was not always available in a consistent and appropriate format. As such, Healthwatch Warrington recommends that surgeries and local organisations work together to develop and deliver effective accessible information resources for local people.

3. **Promote Awareness Raising about the Roles and Skills of Staff Within GP Surgeries (and Support Services):**
   In addition to visiting GPs, a wealth of alternative staff resource is available for patients to access; both within and outside of the surgery (for example, Nurse Practitioners and pharmacists). Finding ways to inform patients about the alternative options available would help to alleviate pressure on GP appointments, as would making it easier to access these resources (for example, allowing patients to book online appointments to meet with practice nurses and not just GPs). This also ties in with current NHS England campaigns that promote the use of alternative resources in the care system.

4. **Help to Strengthen Patient Participation Groups and Display Related Information Prominently:**
   Our findings demonstrate that Patient Participation Groups play a key role in promoting better access at GP surgeries. Surgery staff should meet with patient representatives regularly; supporting the growth and participation levels of these groups; encouraging the recruitment of representatives with diverse backgrounds and skillsets. Patient Participation Group information should always be displayed in a prominent position within the surgery and on their websites, in order to keep the public updated on their activities and encourage more people to join them.

5. **Improve Awareness Around the Causes of Telephone Access Delays and Develop "How to Get the Best Out of Your Call" Guidance:**
   One of the main causes of frustration for patients were frequent delays experienced when attempting to access their surgeries via telephone. While this often related to capacity issues (such as a lack of phone lines and reception staff), this was also compounded by patients not being aware about (or using) alternative booking methods and other usage issues. Providing consistent and accurate guidance on how to make effective use of phone calls (such as explaining why receptionists may be asking medical questions) may help to reduce the frustration experienced by patients using the phone access method.

6. **Boost Awareness and Improve the Capacity of Online Access Resources:**
   The findings of our reports suggest that online booking and the use of mobile applications was recognised as an important access tool that should be developed and promoted across a wider footprint. Not only would this help to reduce an over-reliance on telephone bookings, it would also help to widen access to those groups who may prefer to use non-verbal and flexible booking methods. GP surgeries, commissioners and NHS England could work together to better develop these resources and adapt them to suit the needs of surgeries and patients.

7. **Ensure that Disabled Access Needs are Take into Consideration:**
   As the reports highlight, GP practices were open to reviewing the additional facilities that patients required, in order to widen access. Indeed, many GP surgeries already offer a range of additional access resources to accommodate the needs of all patients. However, the reports and survey findings did highlight a number of issues that surgeries should look to address to improve access for those patients with additional needs, for example;

   - Drop down sections were not always featured in reception desks, or were sometimes blocked off and obstructed. Furthermore, information was not always positioned at eye level.

   - Disabled toilet facilities were not always fitted with safety cords and there not always sufficient numbers of chairs with mobility support features present, or appropriate spaces made available to accommodate wheelchair users.

     Visiting teams felt that some surgeries would benefit from conducting disability access audits, or working with local organisations to consult upon improving access for those visitors with additional needs.

Recommendations continued

8. **Take Steps to Enhance Privacy and Dignity in Public Areas:**
   As a number of reports highlighted, there were some concerns around privacy and dignity in public areas; for example, reception desks were sometimes positioned nearby seating areas, with no limited or no background noise present, which could lead to sensitive conversations being overheard. Healthwatch Warrington has suggested a number of ways in which privacy and dignity could be improved; such as introducing low level noise from TV or radio systems, or having notices that control patient flow at reception desks to avoid conversations being overheard.

9. **Find Potential Ways to Access Funding to Allow for Environmental Upgrades and Share Good Practice (With Guidance and Support from Commissioners):**
   A number of the above recommendations, particularly those relating to upgrading building facilities (such as the installation of automatic doors), require third party permission and / or additional funding to complete. As the report details, Practice Managers have made bids to external funding sources (for example, to NHS England) in order to carry out access improvements. Furthermore, commissioners and other local decision makers should offer guidance and support in this respect, and liaise with GP surgeries and patient representatives to determine priority areas that funding allocations would need to reflect. Local commissioners could also help to spotlight examples of good practice and encourage this to be shared across the cluster models.

> Collectively, our GP access Enter and View reports revealed a tapestry of consistent themes and trends relating to primary care access in Warrington.

Methods

Following a detailed audit of Healthwatch Warrington's intelligence databases and the outcomes of numerous partner meetings, the staff team identified that access to services (particularly in relation to GP practices) was a frequently cited topic in patient feedback.

Furthermore, following the introduction of the GP cluster model, there have been significant changes in the way that GP services are structured and delivered in the local area; such as moves to foster greater cooperation between surgeries to achieve increased access and extended services for local people. As such, Healthwatch Warrington recognised the value of undertaking a headline project that focused on GP access in the area. In line with Healthwatch Warrington's strengths as a consumer champion and to utilize the skills and experiences of our volunteers, a mixed method (purposive sampling) approach to data collection was adopted; centred upon tailored E&V visits and survey work.

Between September 2016 and April 2017, Healthwatch Warrington carried out a total of 14 GP access E&V visits, encompassing the following surgeries;

- 4 Seasons Medical Centre Ltd
- Cockhedge Medical Centre Ltd
- Culcheth Medical Centre
- Eric Moore Partnership Medical Practice
- Fairfield Surgery
- Greenbank Surgery
- Guardian Medical Centre
- Holes Lane Surgery
- Padgate Medical Centre
- Parkview Medical Practice
- Penketh Medical Centre
- Springfields Medical Centre
- Stockton Heath Medical Centre
- The Quays, Grappenhall Surgery

These practices were selected on the basis of the public feedback received by Healthwatch Warrington and other sources of intelligence (such as published Care Quality Commission reports and Joint Strategic Needs Assessment GP Cluster profiles). It was considered that carrying out visits to a sample of practices from each cluster would give us a more complete picture of how GP access was working across Warrington.

In addition, the Healthwatch Warrington staff team designed two GP access surveys; one for patients (see Appendix A) and the other for Practice Managers (see Appendix B). The survey questions focused on both the patients and management's general views about access at their surgery and also asked for their suggestions. These surveys were mainly used in conjunction with the E&V visits (hard copies) and were available online via Healthwatch Warrington's website.

Healthwatch Warrington received a total of 146 patient survey responses and completed a Practice Manager survey during each E&V visit (14 in total). The majority of responses were collected by our E&V volunteers during the surgery visits. However, Patient Participation Group representatives in some of the practices also helped to gather responses and a small number of patient responses were submitted online. The relevant survey results were included within each E&V report to compliment the visiting team's observations and were used to inform and strengthen the recommendations offered in each report.

The following section of this report will provide an overview of the main themes and trends identified through our analysis of all data collected during the project; which formed the basis of our key findings and recommendations.

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Results

Areas of Focus

Each GP Access Enter and View report was divided into sections; arranged according to specific areas of focus (for example, reception areas and appointments). The list of focus areas was tailored to fit the context of each visit, but generally focused on access issues and most of those listed below appeared in the majority of individual reports. Therefore, a comparative analysis has been conducted that spotlights common themes and trends found in these reports. It is important to note that not all areas needing improvement apply to all surgeries. Similarly, where there were instances of good practice, these examples will also be included for consideration, to arrive at a balanced overview.

External Access and Appearance

This was a key areas of focus across the board, given the project's emphasis on access issues. External access and appearance covers a range of important aspects; such as car parking arrangements, outdoor signage, nearby public transport routes and building maintenance. Not only is physical infrastructure crucial for allowing suitable access into a care setting, but how a building looks can impact on how welcoming the environment feels to visitors (helping to shape a patient's overall impression of a service, or willingness to utilise it).

Visiting teams found that external signage (such as the practice's name and opening hours) at some surgeries was either located too far away from the main road access, limited, obscured by objects (such as ivy), inconsistent, needed to be repaired or replaced (for example, some signs had missing or slipped letters, or font was too small), or was simply absent altogether.

In certain cases, this made the surgery more difficult to locate for visitors (especially those coming for the first time) and could be a barrier to efficient access. An example of good practice was evident when one Practice Manager arranged for signage to be repaired - following a recommendation in the Enter and View report – and now their surgery's name is prominently displayed above the main entrance (in large lettering). Healthwatch Warrington would encourage GP surgeries to review their signage and ensure that the above issues (if applicable), are addressed.

Helpfully, surgeries also posted a range of signposting information near the main entrance doors; advertising other services and Third Sector organisations that patients may wish to contact.

Another recurrent issue was a lack of automated external door access (with sufficient space for wheelchair access). A number of surgeries lacked automatic (electronic) doors and instead had manual (sometimes narrow), heavy doors for visitors to use. This would make access more difficult for patients with additional mobility needs, or those with push chairs. Although funding issues may cause delays to taking action in this regard, some surgeries are already seeking to address these issues by applying for additional funding. For instance, this problem was discussed with one surgery's Practice Manager. They had already recognised the difficulties that patients encountered using the existing front doors and had proactively applied for funding from NHS England to help improve front and back door access for patients.

The visiting teams also noticed that some GP surgeries lacked dropped kerbs (both within surgery car parks and nearby access routes), which are especially useful for patients with additional mobility needs, or those with push chairs. For example, one surgery had both dropped kerbs and TacTiles in place, just outside the front entrance. This is an area that both surgeries and the Council (or relevant third parties) may consider for improvement, as some public pavement access lies outside the remit of a GP practice to alter.

Similarly, whilst many surgeries benefit from close proximity to public transport routes (such as bus stops located near the main entrance), this was not always the case – with relatively long distances needing to be travelled, on foot, to find the nearest bus stop. This is an issue that local planning authorities should take into consideration, in conjunction with local surgeries and residents.

In terms of car parking, many practices offered plentiful and free car parking spaces for visitors. GP car parks were also generally observed to be clean, well-maintained and well signposted. However, it was noted that in some cases, surgeries did not have sufficient bays in place to cope with demand at peak times, or did not have a dedicated car park for visitors to use. Where this was the case, plans for expansion were restricted by third party agreements (requiring funds and planning permission to purchase additional land to build spaces upon), or the location of the surgery (for example, next to a main road, with no room to build a car park). GP surgeries and relevant third parties should look to review car parking spaces (where access issues may have been identified) and see if alternative arrangements are available (such as sourcing nearby parking spaces for the surgery to utilise).

Furthermore, it was also noted that in some instances, disabled parking bays were not clearly indicated with the International Symbol of Access. Surgeries should take action to make sure that disabled access bays are clearly demarked, going forward.

Reflecting on the general condition of outside spaces, visiting teams often found them to be clean, well-maintained, with single-level paving or wheelchair ramps. However, these spaces could often benefit from the inclusion of flowers, bushes and other decorations to make the surgery's entrance to appear more attractive and inviting. Also, where damaged fencing, a lack of adequate lighting, or other 'wear and tear' issues were mentioned, surgeries and relevant third parties should review outside spaces for future improvements.

Reception Area

Visiting teams also recorded their observations of GP reception areas, which act as the main access hub within the building (guiding visitors, taking calls, arranging bookings, etc.).

Boards with staff information on (including names, photographs and job titles) are useful feature in reception areas, as it lets patients know which members of staff are on duty and who they can approach for help. Additionally, brightly lit and well maintained desk spaces enhanced the atmosphere and made the surgery feel more welcoming for visitors.

Reception desks also act as ideal spaces to advertise and signpost patients to other relevant services, or have notices in multiple languages (by displaying posters and leaflets, as well as verbally). Whilst it was noted that hosting prescription boxes near desks was a good idea, it may be better to move patient feedback cards / boxes away from the reception desk to a more discreet location; as it may make patients more reluctant to feedback if they can be seen to be doing so by staff.

Some reception areas were also fitted with electronic check in machines (which had the option to display information in multiple languages, such as English and Polish). Not only can this serve to reduce queues at reception, it also improves access for patients that prefer information in alternative language formats. In some instances, visiting teams were also asked by reception to sign visitors' books upon entering and leaving the surgery. This indicates robust security and visitor flow monitoring procedures being in place.

Furthermore, as many reception areas are situated in close proximity to waiting areas, the visiting team found that it was a good idea to have reception desks cordoned off, with signs directing patient flow and asking patients to wait behind a clearly demarcated line to be seen (to improve the privacy of the person currently speaking with reception staff). A white noise box, or low level radio / TV playing could also help to boost privacy at reception (so that sensitive conversations were not so easily overheard).

It should also be highlighted that the visiting team frequently found reception staff to be polite, warm and respectful when interacting with visitors. As reception staff are most likely to be the first service professionals that patients meet upon entering the surgery, a friendly and efficient service (aided by having sufficient staff numbers to cover the desk) here is particularly important in forming patients' overall impressions of access at their surgery.

One potentially problematic access issue discovered in some reception areas was a lack of dropped down or lowered level section designs incorporated into reception desks; which can be helpful for wheelchair users. Desk accessibility should be assessed, perhaps during a disability access audit.

Waiting Room / Seating Area

Again, waiting rooms are an essential environmental component in the patient's access journey.

Visiting teams considered seating arrangements, from the perspective of patients, and commented that it was better when a variety of chairs, in sufficient numbers, were provided (to include chairs with arm / back support and at adjustable or varying height levels – to assist patients with mobility issues). Visiting teams also noted that some surgeries provided seating in rows (with some rows shorted to enable wheelchair users, or those with push chairs to navigate these spaces more easily). Some practices also had sections in waiting areas with no seating, to make room for wheelchair users, which were particularly helpful when situated near other seats (so patients or visitors in wheelchairs could sit with their friends, relatives or carers).

From a hygiene perspective, it was also encouraging to see chairs made from fabrics that were easier to clean (during a number of visits, some chairs had been removed for deep cleaning – showing that maintenance and infection control policies were being carried out).

Noticeboards and leaflet stands were frequently placed in waiting areas. In what the visiting team felt was a good practice measure, some surgeries arranged noticeboards into coherent sections and labelled these with heading banners; guiding patients to material that was relevant for them. Examples of useful information to display here were 'Did Not Attend' figures, which reminded patients of the wasted surgery time incurred when prior notice was not given for missed appointments. However, noticeboards were not always kept up-to-date and were sometimes cluttered; staff or volunteers would need to ensure that notices are updated regularly in order for them to remain effective. The visiting

teams also noticed that in some instances, dedicated Patient Participation Group noticeboards were not displayed prominently and should be moved to a more central location.

Many GP waiting areas were also fitted with electronic information boards, which displayed useful notifications and sometimes provided ambient noise to help make these areas more private. It was especially beneficial if these screens used larger lettering, which was easier for patients to read from a distance.

Electronic screens fitted in waiting areas were also used to call patients to their appointments (with optional sound callouts included). Whilst some patients preferred this for discretion purposes, some surgery staff were seen to come out into the waiting area and meet patients personally when their appointment was due (this was not only personable and established a rapport, but helped to ensure that patients found the correct room to visit in a timely manner). However, it was appreciated that this was easier to implement at smaller surgeries.

The visiting teams noted that some waiting areas had been decorated with plants, had children's areas and other amenities that made them appear more inviting for visitors; although some surgeries required further financial investments to update waiting areas. Aside from aesthetics, low-level ambient noise and partitioned sections in waiting areas also enhanced privacy levels for patients (as large, open spaces can sometimes cause echoing and lead to private conversations being overheard).

Additional Facilities

For the purpose of the Enter and View visits, additional facilities comprised of any special adaptations that surgeries provided for visitors with additional access needs.

Visiting teams noted that accessible information (easy read format) was not readily available in every surgery in the local area (it may have been absent, or plans were in place to produce this material at a future date). Healthwatch Warrington would encourage GP surgeries to work in partnership with organisations, such as Speak Up, to design and produce accessible information for patients and carers.

Many surgeries had access to British Sign Language support (for example, by using Google applications) and were equipped with a hearing loop, located at reception. However, this was not always clearly advertised (with a sticker) to indicate that it was available as an option.

As discussed previously, the provision of visitor wheelchairs, disabled parking bays, wheelchair ramps (where surgeries were not on a single-level), automatic or push button doors (with slow-closing bars), lowered-level desks and disabled access lifts (where needed), should be reviewed by surgeries to ensure they are fully operational and that access is open to all visitors.

Visiting teams noted that the majority of GP surgeries' disabled toilet facilities were well signposted and kept in a clean condition (in some surgeries, disabled toilets were close to the entrance or waiting areas, for convenient access). Additionally, many GP surgeries offered separate standard and disabled toilets (along with baby changing facilities). However, the teams noted in a number of practices, safety cords had not been fitted in disabled toilets (which may also have been positioned out of the line of sight of staff). This issue needs to be addressed as a priority, as it could present obvious health and safety risks.

In terms of access for speakers of foreign languages, most surgeries had access to either Language Line translation services, electronic book-in machines with foreign language options and information / leaflets in multiple languages (or a combination of such).

The reports also picked up on some interesting ideas for improving access through additional features; one surgery promoted 'Let's Check' initiative files, as well as 'Autism Cards'; another was able to contact deaf patients via fax (if preferred); and some surgeries offered a 'chaperone' service (advertised in the building and online) to help guide patients through the building, upon request.

On a positive note, it was especially encouraging to hear that Practice Managers were open and responsive to accommodating patient requests for additional access support (depending on their individual needs and the surgery's capacity). As an example of good practice, one branch surgery recognised and acted upon access issues raised by disabled patients – installing a wheelchair ramp to improve access when this feature was requested by visitors.

However, some Practice Managers commented that patients may not wish to ask for this support, even if these resources were already in place. Perhaps, Patient Participation Groups and other parties could help to raise awareness and confidence levels amongst patients to encourage them to make use of additional resources, or request them as required. Again, surgeries may consider arranging disability access audits to check that they are fully accessible for patients with additional needs.

Dementia Friendly Approach

Visiting teams were encouraged to be aware of dementia friendly access features and adaptations in GP surgeries. For example, non-reflective, block (unpatterned) flooring was fitted in some surgeries and kept on a single height level; reducing trip hazards for visitors with perception issues. Some surgeries also had contrasting colours between different walls and the floors. Furthermore, a number of surgeries had large clocks or calendars in place, with notices written in large font to help direct patients.

In addition, it was helpful when consultation rooms had staff names written on them (on placards), with photos, to help dementia patients navigate the surgery. Optional chaperone services were also useful in this respect. Recognising good practice, providing staff with dementia awareness training opportunities (if not already available) and reviewing building arrangements, in line with dementia access needs, would be beneficial actions for GP surgeries to undertake, moving forward.

Navigation around building

The visiting teams also focused upon the ease of navigation for patients when moving around the surgery (for example, when visiting a consultation room, or toilet).

The team noted that access was much better when surgeries had overhead signs in place (i.e. indicating where different sections of the building where) and when rooms had the name of staff or its function labelled on them (for example, a GPs name and the number of the consultation room). Perhaps layout maps for larger surgeries should be offered to patients when visiting reception (if needed).

Staff were often seem to be on hand to help guide patients, but this could be more difficult at peak times; clear signage would help to reduce pressures on staff in this regard.

Sometimes, even when signage was in place, it was written in small font, may have been written in difficult to read colour contrasts (for example, text written on black or blue backgrounds), or was inconsistent (which could cause confusion). Also, sometimes eye-level signage was not clearly visible, due to obstructions (which would need to be removed). This would need to be addressed on an individual basis, to ensure signs are legible. Furthermore, internal doors were not always automatic, or push button operated (they were heavy, with no slow close bars and were quite narrow). This would need to be addressed to improve patient access.

Cleanliness and Maintenance of Communal Areas

On the whole, visiting teams found GP surgeries to be very clean, free from obstructions and with well-maintained communal spaces. Toilet facilities were also generally seen to be clean and well stocked with cleaning supplies (such as soap). However, there were instances where hand gel dispensers were either difficult to find, or absent, which should be reviewed for infection control purposes.

Patient Voice and Feedback

Patient involvement in their surgery is vital for securing efficient and effective access. A strong relationship between patients and their surgery is also critical for establishing positive interactions and building trust; promoting a constructive, patient-centred culture.

Patient Participation Groups are vital links that strengthen the voice of patients by meeting with surgery staff in order to communicate patient feedback, attending public meetings and organise outreach events to connect surgeries with the wider community. Visiting teams found that the size and activity levels of Patient Participation Groups varied significantly across Warrington.

What became clear, is that when these groups were larger, more active and attracted a diverse range of skillsets and experiences, they were able to assist with supporting surgery activities (such as flu clinics), helping the surgery to make improvements for patients (such as maintaining and enhancing website facilities) and also better communicate with patients to alert them to issues that the surgery was experiencing (for example, Patient Participation Groups have helped to raise awareness of the negative impact of patients not turning up for appointments). The visiting teams were, in some cases, given the opportunity to speak with Patient Participation Group representatives and gained valuable insights into access issues at their respective surgeries.

It was apparent that many Practice Managers valued the contributions made by Patient Representatives and wanted to establish even stronger relationships with them, moving forward. Healthwatch Warrington would encourage such initiatives; it may be useful for very active Patient Participation Groups to share good practice and support the growth of others within their clusters. As mentioned earlier, Patient Participation Groups should also be promoted within surgeries effectively; with dedicated noticeboards placed in prominent positions and kept up-to-date.

Giving patients opportunities to provide feedback is also of fundamental importance when looking for ways to improve access. Many surgeries displayed patient feedback cards, CQC reports, posters, surveys and leaflets (such as Friends and Family Test literature), alongside signposting materials (for example, complaints or advocacy support advice).

However, although many surgeries had drop boxes for patients to return their feedback securely, these were sometimes located near the reception desk, or in sight of staff (which could deter patients from feeding back, due to a lack of anonymity). Furthermore, patient feedback literature was sometimes missing, or difficult to find without asking (which again, could deter patients from taking part in feedback exercises).

The visiting teams also noticed that in certain cases, the surgery's complaints procedures needed to be updated, made consistent and easily accessible (for example, differing policies were displayed online and within the surgery).

Furthermore, Healthwatch Warrington as an independent consumer champion would welcome the opportunity to provide GP surgeries with our own promotional material for display, as we offer patients the opportunity to leave anonymous and comprehensive feedback.

Safety

In terms of safety, visiting teams (for the most part) did not note any obvious hazards, with emergency exits and fire extinguishers were usually clearly marked. In fact, there were instances of good safety practice that it would be useful to share. For example, some surgeries also had rear exits and secure doors that were only accessible with staff fobs. Furthermore, visiting teams were sometimes asked to sign into the surgery (at reception) and complete non-disclosure forms (to protect patient confidentiality); signalling proactive security practices being in place.

However, there were examples of corridors potentially being blocked by notices, or seating arrangements, single entrances (with no additional fire exits observed), heavy doors that closed too fast (which could be made safer with the installation of a slow close bar, or automatic doors). Such issues would need to be address, in line with health and safety regulations.

Staffing, Leadership and Promoting Positive & Respectful Attitudes

Visiting teams spoke with members of staff to find out more staffing and leadership. The teams also spoke with patients and observed their interactions with staff to see if positive and respectful attitudes were encouraged within each surgery.

It was evident from the reports that staff were generally seen (and perceived by patient representatives and patients) to be professional, warm, caring and engaging. For example, staff in one surgery came in on their day off, to help support a Macmillan coffee morning (and the cakes on sale were made by staff).

Furthermore, many staff told visiting teams that they enjoyed their jobs and felt supported to delivery high quality care. However, it was also apparent that greater resources for recruitment (in particular, for more GPs), could help to improve access and care in the area.

The Enter and View reports also revealed many examples of good practice relating to staffing arrangements and training. For example, one surgery mentioned having a Public Health Champion; who had undertaken 'Making Every Contact Count' and Connect 5 training, to help broaden mental health awareness within the surgery (which in turn, cultivates positive and respectful attitudes). It was also positive to hear that Practice Managers regularly attend the Practice Manager Forum and build strong relationships with other surgeries; to share support, information and best practice. Some practices also make use of new technology (such as Skype) to work in different and more efficient ways. It was also encouraging to see that one surgery focused on creating a working culture whereby staff are matched to jobs that are suited to their particular skills and personalities (which again, benefits patients and the practice).

Appointments

The Enter and View reports indicated that GP surgeries had diverse systems in place for managing appointments. These issues were explored in more depth in the patient survey responses and Practice Manager commentary.

On reflection, was interesting to hear that most surgeries using the Dr First system have since moderated and adapted the telephone triage system, according to the surgery's needs and patient feedback. Some surgeries were also piloting new systems to try and improve telephone access (as detailed in individual reports). It would be useful for Practice Managers and Patient Participation Groups to share these findings, once reviews have taken place. Visiting teams also found it useful when surgeries displayed their opening times and booking procedures both onsite and online. Historically, patients have

alerted Healthwatch Warrington when they have received inconsistent advice and information from local GP practices about opening times / booking procedures. As such, ensuring the accuracy of this information is vital for promoting efficient patient access.

Online booking was also discussed numerous times as a potential avenue for reducing pressure on telephone access; if promoted effectively and expanded to include more appointment options and updated regularly.

Patient Survey Responses

When combined with the visiting team's observations of specific focus areas, the patient survey responses collected by Healthwatch Warrington give a comprehensive insight into patient's views on access; including what they think is working well and their suggestions making things better (see Appendix A). Please note, not all survey responses related to GP surgeries visited by our Enter and View Team and not all respondents answered every question presented to them.

Background Information

Firstly, patients were asked which GP surgery they were responding about (with the 146 responses broken down as follows);

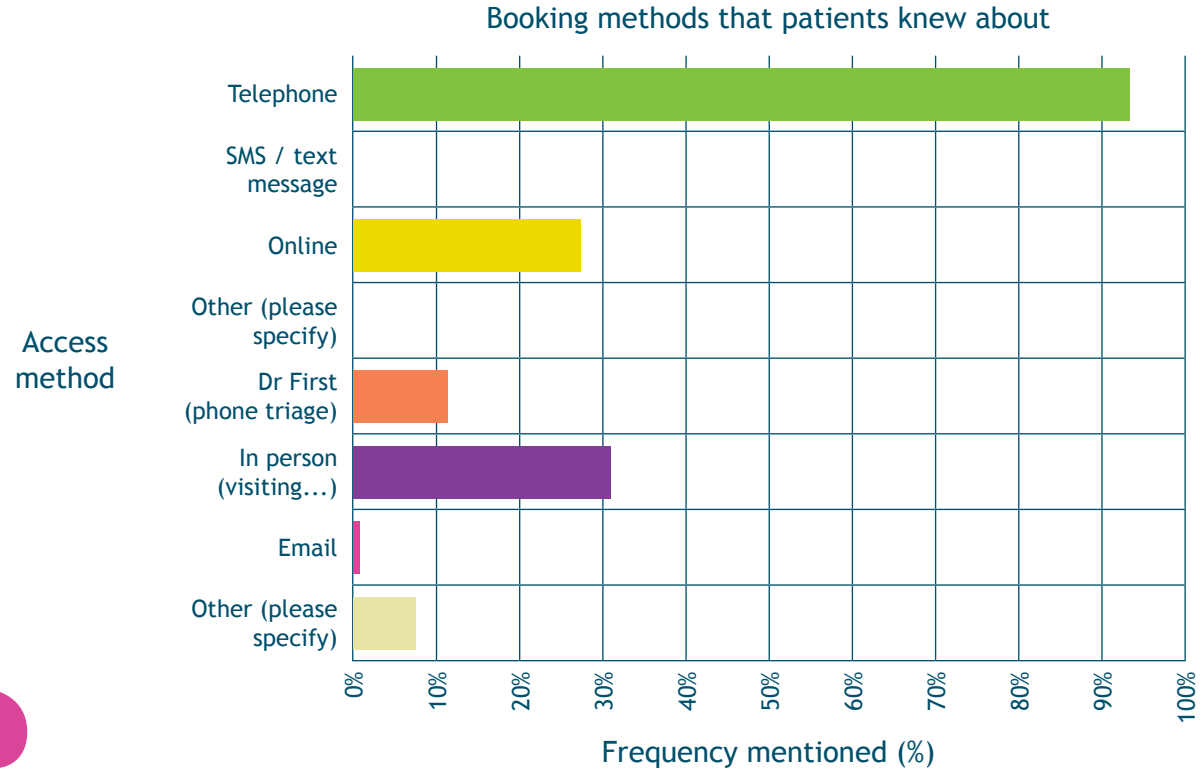
GP Surgery (Name)	No. of Survey Responses
4 Seasons Medical Centre Ltd	3
Cockhedge Medical Centre Ltd	5
Culcheth Medical Centre	13
Eric Moore Partnership Medical Practice	7
Fairfield Surgery	4
Fearnhead Cross Medical Centre	6
Folly Lane Medical Centre	1
Greenbank Surgery	22
Guardian Medical Centre	13
Holes Lane Surgery	13
Padgate Medical Centre	7
Parkview Medical Practice	11
Penketh Medical Centre	12
Springfields Medical Centre	5
Stockton Heath Medical Centre	14
The Quays, Grappenhall Surgery	10
Total No. of Responses	**146**

- Approximately 1/3 of respondents were male and 2/3 were female (out of 109 respondents who shared this information)
- Around 47% of respondents told us that they either had a disability, a long-standing illness, mental health needs or a combination of these (out of 95 respondents who shared this information)
- In terms of age groups, around 44% of respondents were 25-49, approximately 46% were aged 65 and above, around 9% were 24 and under (with the remainder choosing not to share this information)
- Out of 143 respondents, 96.5% had visited their GP within the last 12 months.

How did respondents seek to access their GP?

Respondents were asked how they were able to book appointments at their surgery. This was to gauge the most popular methods of access and whether patients were aware of the various appointment booking options available to them. Nearly all respondents chose to answer this question (145 out of 146);

- Over 90% of respondents mentioned phone access (additionally, 10% mentioned phone triage), which was by far the most popular booking method).
- Just under 1/3 of respondents mentioned being able to book appointments by visiting reception in person and the third most popular option was online booking systems (around _ of respondents mentioned online access and only 1 person mentioned email access).
- 'Other' responses mainly referenced problems with telephone access.



Respondents were then asked, if booking by phone, how long they normally waited to get through to reception. Only 10 respondents either skipped this question, or told us it was not relevant to them; with the vast majority having used telephone access.

- Encouragingly, under 1/3 told us that they normally waited less than 5 minutes to get through.
- Just under 1/3 stated that they normally waited between 5 – 10 minutes to speak with a receptionist.
- Furthermore, around 23% of respondents said they waited longer than 10 minutes and around 9% said they could not get through at all on the phone as lines were busy.

When expressing dissatisfaction with waiting times, some respondents provided further details about why they thought things were not working as well as they could; for example, one patient said that automated messages stating the surgery was closed were left on too long, which prevented them from getting through to reception; "45 times I tried ringing, from 8:30am till 9:07am and when got through I was told that all appointments had gone". The patient also said that the receptionist did not take their feedback on board and replied that the patient would need to ring at 8:30am next time, which left them unhappy.

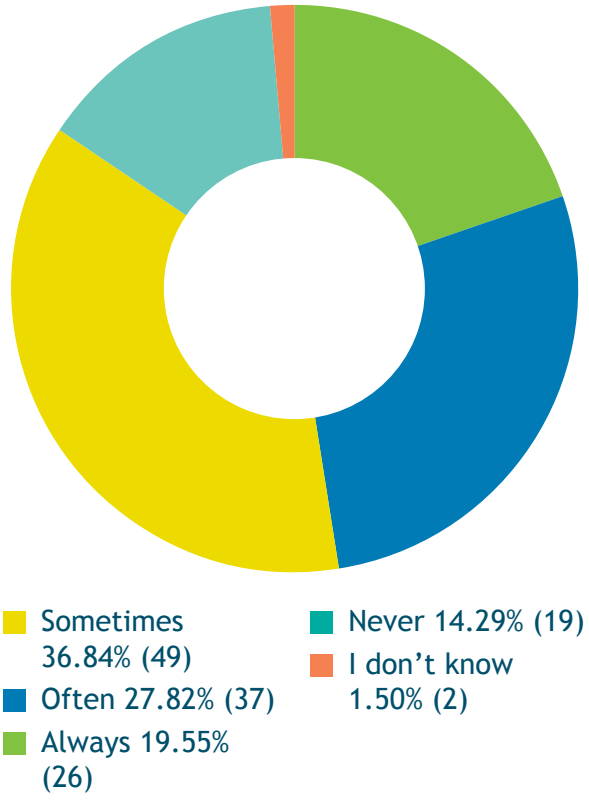
It is apparent, based on these results, that traditional booking methods (phone and in-person) remain the most widely known and popular ways of accessing GP appointments for local people. As such, in order to reduce pressure on phone access facilities, it would helpful to better promote and improve alternative booking methods (e.g. online access); especially in those surgeries with low levels of satisfaction in terms of appointment booking. Alternatively, more resource needs to be focused on effectively managing phone systems to better cope with demand. Further to the above, surgeries may need to review their phone access arrangements to ensure that systems are set up and working as they should be (such as automated messages not being left on longer than stated).

Suitability of appointments and getting to see a named GP

Patients were asked how often they were able to book an appointment for the date and time that suited them (133 out of 146 responded);

- Around 20% said they 'always' could, with just over _ saying that they 'often' could.
- Just over 1/3 of patients said that they 'sometimes could'.
- Approximately 14% of patients said that they 'never' could.

How often patients told us that they could book a suitable appointment



Patients were also asked about their appointment preferences (127 answered);

- Approximately 52% of patients had 'no preference', or were flexible as to when they could visit their surgery.
- About 28% of patients said that they would prefer morning appointments.
- 9% of patients told us that they would prefer afternoon appointments.
- Only around 3% of respondents mentioned that they would prefer evenings (after 6pm) or weekend appointments.

In relation to the cohort sampled, weekday mornings appear to be the best option. However, further samples would need to be taken, at different times and amongst different groups (such as workers) to gain a more representative picture (however, GP surgeries told Healthwatch Warrington that these were peak times for business, suggesting that these are indeed the most popular timings).

The survey also asked patients how often they could get to see a named GP of their choice (135 answered this question);

- 42% of patients told us that they 'always' or 'often' could get to their preferred GP
- Just over 1/3 told us that they sometimes could get to see their preferred GP
- Around 13% told us that they never could
- Based on these results, it would seem that many people can often get to see their preferred GP; dependent on the nature of their health needs (how soon they would need to be seen) and staffing arrangements (e.g. a patient may need to wait one week to see their preferred GP, if they were busy or on leave, but could choose to see another GP sooner).

How often patients told us that they could book an appointment with a named GP of their choice

Sometimes 36.30% (49)
Never 13.33% (18)
Often 26.67% (36)
I don't know 8.15% (11)
Always 15.56% (21)

Overall satisfaction levels with GP surgery booking systems

Respondents were also asked how satisfied they were, overall, with their surgery's booking system (143 out of 146 answered this question);

- The majority of patients, over 2/3, were either 'Very Satisfied' (around 26%) or 'Satisfied' (around 42%) with their surgery's booking system.
- About 9% of patients felt 'neutral' satisfaction with the system.
- Just under _ of patients were either 'Not satisfied' (about 17%) or 'Very Unsatisfied' (around 6%).

Patient satisfaction levels with their surgery's booking system

Satisfied 41.96% (60)
Neutral 9.09% (13)
Very satisfied 25.87% (37)
Very unsatisfied 6.29% (9)
Not satisfied 16.78% (24)

What happens when people cannot access their GP?

We also wanted to know what happened if patients had not been able to access a GP appointment; did they use other services (and which), or had they not sought any treatment as a consequence (67 respondents answered this question);

- Around 55% of patients answering this question told us that they had not sought any alternative treatment, when they were unable to get a GP appointment previously. For example; "Not accessed treatment at all. I have issues which mean I'm not good with unfamiliar people. So even in an urgent situation I would not seek treatment, unless I could see a familiar GP. But when booking on the day for urgent things, this can be impossible".
- Around _ of patients answering this question told us that they had visited the hospital or A&E, having not been able to secure a GP appointment.
- 13% of patients answering this question had used the Out of Hours service at Bath Street when they were unable to get a routine GP appointment.
- A smaller number (4%) had either used a pharmacy for advice, or NHS 111.

Out of Hours access

We also wanted to find out if patients were making use of the Out of Hours service, whether they were being made aware of this option, and if there were any evident barriers to access;

- Around 1/3 of respondents (out of the 135 answering this question) told us that they had used the Out of Hours Service.
- Out of those patients answering 'no', the majority (87%) said that they had not needed to use the service.
- A smaller number (3%) told us that it was either too far for them to travel, or they were unaware of the service (3%).
- The remaining patients told us that they had not been able to access Out of Hours for various reasons; one patient had "not heard good things" about the service; another felt that there was no point (given their serious health conditions); another patient experienced communication difficulties; similarly, a patient told us that "I find it difficult using telephone and Out of Hours relies on telephone access"; and one patient had been told that their medical issue was not considered urgent enough to be able to use the service.

In general, although there may be areas for improvement – such as phone access, the patients we spoke with were aware of the Out of Hours service, which was reflected in the Enter and View findings (it appears to be well signposted and advertised within GP surgeries).

Disabled or Assisted Access

We also asked patients whether they had any additional access needs, and whether they felt that their surgery accommodated these needs. A total of 10 respondents said that they had additional access needs; ranging from wheelchair access to translation services. Around half of these respondents felt that their needs were being met. However, the remaining sub-group felt that there were problematic issues, or that things could potentially be made better;

- A number of patients with mobility issues received assistance from their relatives and one patient relied on their son to speak for them during appointments. This could present potential issues if relatives and carers are unavailable to attend.
- Some patients reported communication difficulties and wanted their surgery to have; "More awareness around those with communication difficulties. I sometimes rely on written communication". Another patient told us that "I often have to write things down due to communication issues. Whilst My GP is, the aware rest of the practice team aren't. This often stops me accessing the surgery; as I have issues with telephone and if I need urgent (on the day) appointments, these can't be booked online - which is an issue. Also due to mental health issues, I also find it hard wait in waiting room, but there is no quiet place to wait at my surgery".

Cluster referrals

As part of the cluster model approach to GP services in Warrington and focus on the delivery of services in primary care settings, surgeries may refer patients to another GP practice that offers a specialist service. We wanted to find out if this was happening and what type of specialisations were being utilised;

- Out of the 126 patients who answered this question, 17% told us that their GP had referred them to another GP offering a specialist service.
- The services mentioned by patients included; clinics based at the Halliwell Jones Stadium, specialists at Eric Moore Partnership Medical Practice; Bloods clinics; physiotherapists and warfarin clinic (Grappenhall surgery).

Suggestions for Improvement and General Feedback

As part of the survey, we also asked patients to share their views on how to improve access at their GP practice and for any other comments / feedback. These responses have been analysed and grouped into the following categories;

Appointment Availability

17 respondents (around 12% of the total) discussed appointment availability;

- Many of these patients wanted to the option of booking appointments in advance, so they could better plan their visit to the surgery (which the data suggests was not possible in every surgery), for example; “It would be useful to be able to book appts a week in advance so I can plan them”.
- Some patients reported access difficulties caused by a lack of appointments on offer (particularly at peak or holiday periods), or the apparent lack of capacity at certain surgeries in terms of handling a large volume of registered patients, for example; “Have had problems with getting an appointment for a dressing at Christmas time”.

Online Access

13 respondents (around 9% of the total) also singled out online booking as a priority area in terms of improving GP access;

- A number of patients wanted the option to book online appointments to see different members of staff (e.g. nurse practitioners), rather than just their GP.
- Some patients reported difficulties accessing online booking due to technical difficulties; “I found online access difficult due to password and login issues”, which need to be addressed.
- Patients also mentioned that same day or urgent bookings are not always available online; which means they have to call or travel to the surgery to book, which is not always feasible for them.
- Patients that reported not having the option to book online would like to make use of this method (especially to avoid having to call to book).
- Other patients said that when appointments had been cancelled by other patients, these were not always made available online. This would suggest that practices need to ensure that websites are updated in a timely manner so that these slots are available to those patients booking online.

Phone Access

31 respondents (around 21% of the total) referred to phone access in their further comments and suggested improvements;

- Many patients wanted their surgeries to operate more than one phone line, as this was perceived to be the cause of long delays getting through to reception (particularly at peak times / days, such as Mondays; “Having one phone line is rubbish. You try to check which appointments are available, by which time they are gone”; “The surgery has a telephone system that is a lottery getting through. Given up some days, as it is impossible to get through (Mondays especially); “If you are calling at 8:30am, it could take up to 1.5 hours in the past to get through”.
- Some patients told us that the phone line’s automated messages were sometimes presenting access issues; “Appointment line states too much information when trying the phone line and you will be in a queue before this information. Phone line takes too long”.
- A number of patients reporting phone access issues wanted an alternative option, such as booking in-person, which were not always available at their surgery.
- On balance, some patients had noticed an improvement in phone line capacity at their surgeries (such as when automated systems were introduced).

Triaging

3 respondents discussed triaging related issues;

- One patient wanted staff conducting triages to have medical training (or have awareness of the issues that the patient had).
- Similarly, another patient was concerned about confidentiality as they felt reception staff asked for too much information from them (this could also relate to patient awareness around the purpose of the triaging process – which may not have been clearly communicated by the surgery).
- As an example of good practice, one surgery’s phone line hosts a recorded message by one of the GPs, to advise patients about the information that reception staff will ask for; which would provide some background context and reassurance for patients.
- Another patient wanted referrals to be better coordinated between the hospital and GP surgeries.

Appointment Length

One patient told us that they had plenty of time with their GP. However, another patient said that the main issue for them was the actual length of an appointment; “The main thing is there is not enough time to speak about any problem with the GP, as there is not enough time to deal with everything - only one problem per appointment, which does not make sense (there should be more time)”. This would suggest that patients with more complex needs may require single, longer appointments (rather than having to book multiple appointments, on different days). This could be reviewed on an individual basis.

Opening Hours

16 respondents (around 11% of the total) made comments about the opening hours of their surgeries;

- 9 patients said that they would like to have weekend access (particularly on Saturdays), as this would be more convenient for them. For example; “Working, so couldn’t access local GP…access for working people at suitable hours”.
- 5 patients wanted to have later or evening opening hours (after work) and one patient wanted to have access to earlier appointments.
- Some patients said they were satisfied with their surgeries’ current opening times and found them convenient.

Staffing

12 respondents (around 8% of the total) made comments in relation to staff and staffing arrangements at their practices;

- 6 of these patients said that they wanted more consistency in the members of staff they were able to see, for example; “Would like it if I could see the same GP”.
- 2 patients said that they had encountered delays accessing the surgery by phone, as there was only one member of staff on reception able to deal with their calls.
- Related to the above, 2 other patients wanted more members of staff to be recruited at their surgeries.
- One patient told us that their Practice Manager was poor at handling complaints, when these were made.

Disabled Access

3 respondents offered feedback in relation to disabled access at their GP surgeries;

- A patient told us that there needs to be guidance in surgeries to support the continuity of care for patients with rare conditions; this extends to ensuring that referrals are made to consultants with adequate expertise – but generally, these will be out of area.
- One patient's partner told us that; "I care for more husband, who has Parkinson's, and always find it difficult to get suitable appointments for him, but I'm not allowed to go and discuss his medication without him being with me".
- Another patient told us that they are unable to secure home appointments, despite living on their own and having no transport.

Building and Physical Environment

10 respondents (around 7% of the total) highlighted access issues in relation to the surgery's building and physical surroundings;

- A patient wanted somewhere quieter for patients to wait in at the surgery, due to their health needs, whilst another patient said their waiting room needed to be expanded, as it was too small for purpose.
- Two patients also told us that car parking can be problematic and impact on their overall visiting time, for example; "car parking can be an issue - especially when they ask you to be early to avoid this".
- A patient told us about some potential health and safety issues at their surgery; "badly lit approach and leaves are slippery".
- One patient mentioned that they would like to have access to drink making facilities, whilst they waited to be seen.
- Others wanted to see a general upgrade to the facilities at the surgeries, as the décor was outdated or contributed to an "oppressive" atmosphere.

Other Comments

3 respondents' insights did not fit into the above categories, but still provided valuable commentary that should be taken into account;

- Two patients wanted to praise the NHS as a system (which they felt was under-resourced) and wanted to see more investment in the NHS to ensure equality of access to quality of healthcare was maintained.
- One patient called for better medicines management at their surgery. Healthwatch Warrington are conducting a pharmacy headline project over 2017/18, which will look into relationships between pharmacies and GP surgeries.

Positive Feedback

Encouragingly, 73 respondents (around 50% of the total) wanted to share positive feedback and comments of praise about their GP surgeries, and in particular the overall quality of care they received (once they had accessed the surgery) and the efforts of staff (GPs, nurses and reception staff, etc.).

For example;

- *"This surgery is really perfect for me and all staff, including receptionists, are really good";*
- *"It's really very efficient - everyone GP reception staff, office staff, nursing staff. You would go a long way to find another surgery like this"; and*
- *"Care is very good - all round".*

Practice Manager Survey Responses

We received a total of 14 Practice Manager survey responses (covering 100% of the GP Access Enter and View visits conducted). The questions for Practice Managers mainly related to the access arrangements in place at surgery, relations with Patient Participation Groups and their thoughts on how access could be improved at their surgeries (see Appendix B). For the most part, the bulk of these responses were used to inform the key facts within individual Enter and View reports and answers were specifically related to the surgery in question. However, certain sections of the surveys do offer rich intelligence from a summary perspective and will be explored here in further detail.

What changes did Practice Managers want to see to help improve access?

We asked Practice Managers (from a service perspective) if there any changes they would like to see, or recommendations they would like to make that could help improve access to GP surgeries for patients (alongside their additional comments). From their responses, the following themes emerged;

Online and Electronic Access

Mirroring the calls of patients for greater online access to booking appointments, some Practice Managers identified this as a key priority area for improving choice and access for patients;

- Another Practice Manager wanted to introduce electronic check in stations at reception, to alleviate waiting times and release reception staff to conduct other duties.
- One surgery reported that DNAs had already been reduced significantly due to the availability of online booking facilities; online appointments are accessible from 7.30am and some appointments are available to book 7 days in advance.

Working in partnership / Strengthening the Cluster Model

A number of Practice Managers focused on the need for greater co-operative partnership working within the cluster models and across the town, which would require further support from the CCG to achieve. Practice Managers shared examples of good practice that underlined the need for greater joint work to improve access and services for patients, for example;

- One Practice Manager highlighted the need to reduce the amount of “red tape” that impedes better intra-cluster networking. This Practice Manager was happy to work within the cluster model and was willing to share good practice and help other surgeries to improve access. This Practice Manager would also like to see GPs have more direct influence on commissioning, rather than a “top down approach”.
- One Practice Manager recalls a heart failure clinic that had been running as a pilot within the cluster model. However, funding was withdrawn by commissioners, despite patient feedback being positive, and the practice would like to see greater funding aimed at older people to help improve access (such as the heart failure clinic).

- Another Practice Manager was proud of their surgery's proactive approach to working within the cluster model and partnership working. They wanted to see more investment in primary care and services moved out of acute Trusts and into local practices (requiring significant changes in current funding arrangements). The Practice Manager was confident that local GP practices were better positioned and have the expertise necessary to deliver these services, but there remains a funding imbalance that needs to be addressed to achieve this transition. Similarly, another Practice Manager wanted surgeries to come together in order to offer 24 hour ECG clinics for their patients.
- In terms of working with local providers, one surgery was involved in providing nursing home care; where GPs visit care homes in the area in order to support residents by completing 'ward rounds within the home'.

Building and Physical Environment

Again, echoing the views of patients, some Practice Managers wanted to focus on improving the physical environment to help boost access to their surgeries;

- A Practice Manager recognised that there can be flooding issues at the car park near their surgery and this caused issues for patients; due to draining issues. This would require greater funding for physical infrastructure and repairs to resolve (for example, from the Local Authority).
- One Practice Manager felt that space was a big factor in stopping them from carrying our more developments on-site and that more could be done to improve access if the surgery had a bigger building (again, this relates to funding / infrastructure investment).
- 3 Practice Managers highlighted the need for more funding to make improvements to their buildings (specifically relating to front doors and disabled access). This could potentially come from local commissioning sources, or NHS England funds related to accessibility (as highlighted in the Enter and View visit findings). For example, a Warrington GP surgery is currently bidding for 2 funds with NHSE for building improvements relating to access.
- Another Practice Manager recognised the need to improve signage and notice within their surgery (a common theme in the Enter and View reports). It should be noted that third parties (for example, building management companies) can cause restrictions as to the changes that Practice Managers can make in these respects).

Tackling Missed Appointments

A recurrent theme was the need to reduce the frequency of patients not attending appointments ('Did Not Attends' or DNAs). For instance;

- One surgery had experienced over 100 DNAs in a single month, which impacted negatively on the availability of appointments for other patients. To help free up more appointments for other patients, service users need to recognise the importance of attending pre-booked appointments, or notifying surgery's in advance if they are unable to make it (so that these can then be offered to other patients). An awareness campaign could be raised in relation to this issue (and promoted by partners).
- With the aim of reducing DNAs, another surgery takes a proactive approach; Patients are sent appointment reminders via text, and if they miss an appointment, a notification is sent. If multiple appointments are missed, the practice will contact patient to discuss mitigating circumstances, but may ask them to seek another practice if recurrent issue. However, this method is reliant upon patients agreeing to receive text messages (in which case, letters may be sent). Echoing these sentiments, one practice manager said that they would like to encourage more patients to sign up to the SMS system to help reduce DNAs.

Encouraging patients to make use of alternative services

These comments tie in with recent NHS awareness campaigns that seek to steer patients to use other resources than the GP, when a visit would be unnecessary, to help free up resources and help them access quicker treatment. In accordance with these principles, one Practice Manager commented that;

- "Patients should be encouraged locally, and nationally, to make best use of other resources, such as pharmacists".

Recruiting More Staff

A shortage of GPs (as well as other key medical staff) is well-known national issue and is also the case in Warrington. As such, some Practice Managers wanted to express their wish for more staff to help improve access (which would, in part, rely on national funding and training priorities to align with this need), for example;

- "More GPs / clinicians would help to meet the needs of the surgery, but they can be hard work to recruit; though the surgery has always managed to recruit clinical staff".
- "Ideally, the surgery would benefit from another doctor, as the doctors are under a lot of pressure, especially more admin staff".
- "More GPs are needed – as trying to replace GPs is difficult".
- "More GPs - urgently trying to recruit a GP, which is proving very difficult, as this surgery is high pressured.
- "Though there are no vacancies at present, more GPs would help deliver more care".

Staff Training

Other Practice Managers wanted to prioritise improving the quality and provision of the training on offer to existing staff, and in this way, improve access for patients (by maximising the available staff resource more efficiently);

- One surgery trains its entire staff team to be able to carry out administration duties (such as staffing the reception desk and phone lines), as needed – at peak times.
- Another surgery has encouraged staff to take part in a non-medical prescribers course (to improve patient care) and is also aiming to upskill administration and support staff in navigation and sign-posting, to further support patients.
- A particularly useful example of good practice was one surgery's approach to staff recruitment and training; whereby staff are assessed based on their preferences and skills in order to allocate them to a role that they are well suited to and would enjoy (partly values based recruitment – Healthwatch Warrington encourages such approaches, in line with the findings of our Mental Health Report (2016).
- Furthermore, one surgery's staff members had undertaken Connect 5 training (provided by Warrington Borough Council) to help broaden their general awareness of low-level mental health and wellbeing issues.

Being Open to and Encouraging Patient Feedback

Practice Managers also placed great value in receiving patient feedback and encouraging their staff to have strong relationships with Patient Participation Groups in order to help improve access for patients, for example;

- One Practice Manager described their PPG as having "excellent" social media presence and its own website. The Practice Manager also felt that the PPG was dedicated to working with the practice in a constructive manager and was impressed with the public engagement events that their PPG had worked hard to organise. The PPG had also been instrumental in helping the practice with public relations when a new phone system was introduced – which helped to reduce DNAs. The Practice Manager also wanted to recruit some younger members to join the PPG, to help make the group more representative and planned to target schools and colleges for recruitment.

This demonstrates the advantages that surgeries can enjoy by having a strong, proactive and two-way dialogue based relationship with their PPGs. The findings of this report are discussed in the executive summary, along with the recommendations proposed by Healthwatch Warrington for improving GP access in the local area.

For an overview of the reports' main findings and recommendations, please refer to the executive summary and recommendations sections.

Appendix A. Patient Survey Questions

Survey: "Accessing Your GP Surgery"

Healthwatch Warrington is your local, independent consumer champion for health and social care services. We would be grateful if you would tell us more about your experience of accessing your GP; including what is good and what could be improved.

Please take a few moments to answer the following questions. Your answers will be **kept completely confidential**. Your personal details **will not** be directly passed on to the provider.

1. What is the name GP Surgery that you are registered with?

.....

☐ I don't know

2. Have you attended a GP appointment within the last 12 months?

☐ Yes ☐ I don't know

3. How are you able to book GP appointments at your surgery? (tick any methods that apply)

☐ Telephone ☐ SMS / text message ☐ Online

☐ Dr First (phone triage) ☐ In person (visiting reception) ☐ Email

☐ I don't know ☐ Other (please specify below):

.....

4. If booking by phone, how long are you normally waiting to get through to reception?

☐ Less than 5 minutes ☐ 5 - 10 minute ☐ 10+ minutes

☐ I cannot get through, as line is busy ☐ I don't know (visiting reception)

☐ Not relevant

5. Overall, how satisfied are you with the surgery's booking system?

☐ Very satisfied ☐ Satisfied ☐ Neutral

☐ Not Satisfied ☐ Very unsatisfied

6. How often are you able to book an appointment for the date and time you want?

☐ Always ☐ Often ☐ Sometimes ☐ Never ☐ I don't know

7. Which days & times are most suitable for you to visit the surgery (e.g. Monday, morning)?

.....

☐ No preference

8. How often are you able to book an appointment to see the named GP of your choice?

☐ Always ☐ Often ☐ Sometimes ☐ Never ☐ I don't know

9. Have you either visited another service (such as A&E), or not sought any treatment at all, because you were unable to access your GP?

☐ Alternative Service (please list below)

.....

☐ Alternative not sought ☐ Not applicable ☐ I don't know

10. Have you ever accessed the Out of Hours Service?

☐ Yes ☐ No ☐ I don't know

11. If you answered 'No', please state why you have not used this service (tick any that apply).

☐ Not needed
☐ It was too far for me to travel
☐ I was unaware of the service
☐ I don't know
☐ Other (please specify below):

.....

12. Do you require any additional support when accessing your GP surgery?

☐ British Sign Language
☐ Translation services
☐ Wheelchair access
☐ None
☐ I don't know
☐ Other (please specify below):

.....

12b. If you answered 'Yes', does your GP surgery meet your additional needs?

☐ Yes ☐ No ☐ I don't know

13. Have you ever been referred to another local surgery offering specialist services?

☐ Yes (please specify) ☐ No ☐ I don't know

.....

.....

.....

14. Do you have any specific problems or suggestions for changes that could improve access at your surgery, e.g. different opening times? (please provide further details)

.....

.....

.....

.....

.....

15. Any additional comments or feedback?

.....

.....

.....

.....

Thank you!

Appendix A. Patient Survey contact information

If you wish to receive our newsletter, please tick here ☐ and write your email address below. If you would like to receive information about any other type of support from Healthwatch Warrington, please tick here ☐ and leave your contact details below.

Your contact details

(optional – if you wish to remain anonymous, please leave section blank)

The person completing this survey is:

☐ Myself (patient) ☐ My carer ® My friend or relative ☐ A member of staff

Name .....

Telephone number .....

Email address .....

Address .....

.....

.....

Data Protection Act 1998.

This information is collected, processed and stored to adhere with the UK Data Protection Act 1998. We will store all Healthwatch Warrington information and will never, without your expressed consent, pass on any of your personal details to any other parties.

Monitoring Information Form

To ensure we are meeting the needs of our diverse and vibrant community, we are asking you some further detailed questions.

Gender:

☐ Male ☐ Female ☐ Transgender ☐ Other

If other, please describe

.....

Sexual orientation:

☐ Heterosexual ☐ Gay ☐ Bisexual ☐ Lesbian ☐ Prefer not to say

Age:

☐ 17 and under ☐ 18-24 ☐ 25-49 ☐ 50-64 ☐ 65-79 ☐ 80+ ☐ Prefer not to say

Do you consider yourself to have any of the following?

☐ Learning Disability or Difficulty
☐ Long-standing illness
☐ Mental health condition
☐ Physical Disability
☐ Sensory Disability
☐ None
☐ Prefer not to say
☐ Other

.....

What is your religion?

☐ Buddhist ☐ Jewish ☐ Christian ☐ Muslim
☐ Hindi ☐ Sikh ☐ None ☐ Prefer not to say
☐ Other religion

What is your marital status?

☐ Civil partnership ☐ Co-habiting ☐ Divorced ☐ Married
☐ Single ☐ Widowed ☐ Prefer not to say

What is your ethnicity?

☐ White British ☐ White Irish ☐ White Gypsy/Traveller
☐ Other White background ☐ Black British
☐ Asian Indian ☐ Asian Pakistani ☐ Asian Bangladeshi ☐ Asian Chinese
☐ Other Asian background ☐ White and Asian
☐ White and Black African ☐ White and Black Caribbean
☐ Other Mixed Background ☐ Other ☐ Prefer not to say

Appendix B. Practice Manager Survey Questions

Survey - "GP Surgery Access" (For Practice Managers)

Healthwatch Warrington is the local, independent consumer champion for health and social care services. We would be grateful if you would provide us with more information that will help us to better understand patient experiences of accessing your GP surgery; with the aim of highlighting good practice and suggesting improvements where appropriate.

Please take a few moments to answer the following questions. You are under **no obligation** to take part in this survey. Your answers will be included in our project report, which will be shared with local partners, such as the CCG and CQC.

1. What is the name and address of the GP surgery? (please write below)

.....

.....

☐ I don't know

2. Approximately, how many patients are registered with the surgery? (please write below)

.....

☐ I don't know

3. How many GPs are employed at the surgery and other staff? (please indicate below)

Staff Type	No. of Staff
GPs	
Nurses	
Receptionists / Administration	
Other (please specify):	

4. What are the surgery's opening hours, including any extended opening hours, i.e. evenings and weekends? (please specify below)

Extended Hours	Days / Opening Times
Evenings	
Weekends	

Week Day	Opening Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

☐ This surgery refers patients to the Out of Hours Service ☐ I don't know

5. If available, how are patients made aware of extended hours & Out of Hours service? (tick any that apply)

☐ Clearly visible on information signs / notices

☐ Reception staff inform patients directly

☐ Leaflets are provided with this information

☐ Displayed on the surgery's website ☐ No information is provided / available

☐ Patients must request this proactively ☐ I don't know ☐ N/A

☐ Other (please specify below):

.....

6. How can patients book appointments to visit the surgery? (please tick any relevant)

☐ Phone ☐ SMS/Text message ☐ Online ☐ I don't know

☐ Dr First (phone triage) ☐ In person (visiting reception) ☐ Email

☐ Written correspondence

☐ Other (please specify below):

.....

7. Are patients able to request an appointment with a named GP? (please tick one box)

☐ Always ☐ Often ☐ Sometimes ☐ Never ☐ I don't know

8. Are same day / urgent appointments available, and if so, when? (please tick one box)

☐ Yes (please indicate days & times below): ☐ No ☐ I don't know

9. Does the surgery advertise its opening hours and admissions procedures on its website?

☐ Yes (both) ☐ Yes (just opening times) ☐ Yes (Just the admissions procedures)

☐ No ☐ The surgery does not have a website ☐ I don't know

10. Does the surgery have any special adaptations or services in place to help make it more easily accessible for disabled patients or those with additional needs? (tick any that apply)

☐ Wheelchair ramp ☐ Hearing loop ☐ British Sign Language support

☐ Disabled toilet facilities ☐ Disabled parking spaces

☐ Translation services ☐ Foreign language leaflets / info ☐ I don't know

☐ Other (please specify below):

11. Does your surgery have an active Patient Participation Group (PPG) or forum?

☐ Yes ☐ No ☐ I don't know

11a. If an active PPG exists, on average, how often they meet with surgery staff, e.g. quarterly? (please write below)

☐ I don't know

12. Does your surgery offer any specialist services or specialisations? (please tick one box)

☐ Yes (please specify below): ☐ No ☐ I don't know

13. Does your surgery make referrals on behalf of patients to other local surgeries that may offer specialist services not offered by this surgery?

☐ Yes ☐ No ☐ I don't know

14. From a service perspective, are there changes or recommendations you would like to make that could help improve access to the GP surgery for patients? (If so, write below)

.....

.....

.....

☐ N/A

15. Any additional comments or feedback? (please write below)

.....

.....

.....

☐ N/A

Thank you!

Appendix B. Practice Manager Survey Questions continued

If you wish to receive our newsletter, please tick here ☐ and write your email address below.

.....

If you would like to receive information about any other type of support from Healthwatch Warrington, please tick here ☐ and leave your contact details below.

Your contact details

(optional – if you wish to remain anonymous, please leave section blank)

The person completing this survey is:

☐ Practice Manager ☐ Other staff member

Name .....

Telephone number .....

Email address .....

Address .....

.....

.....

Data Protection Act 1998.

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Appendix C. Distribution List

This report has been distributed to the following organisations:

- Warrington Borough Council
- NHS Warrington Clinical Commissioning Group
- Care Quality Commission
- Healthwatch England
- Patient Experience Group Networks and GP Practices in Warrington

healthwatch
Warrington

your voice counts

We want to hear about the care you received from a local healthcare service.

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Warrington website today. You can even leave feedback anonymously.

Leave feedback now:

www.healthwatchwarrington.co.uk

Telephone: 01925 246893 Email: contact@healthwatchwarrington.co.uk
The Gateway, 85-101 Sankey Street, Warrington WA1 1SR