healthwatch Southwark

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Appointment systems at Southwark GP practices - are they working?

December 2017

Acknowledgments

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To read a summary of this report, please see our website: http://healthwatchsouthwark.co.uk/sites/default/files/gp_appointments_in_southwark_-_summary_report.pdf.

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Introduction

What is Healthwatch?

Healthwatch is an independent organisation positioned in every local authority area across England, and supported by a national body - Healthwatch England. Healthwatch Southwark (HWS) exists to ensure local people have a voice when it comes to shaping health and social care services, so that they work as well as possible for everyone. Our role is to:

- Gather the views of local people about access to and the use of services.
- Share what we hear with the people who provide, fund, design, and monitor them.
- Act on concerns when things go wrong, and try to find solutions.
- Champion the patient and public voice on the various boards and decision-making committees we attend.
- Visit health and social care services to find out what it's like for people using them, and make recommendations.
- Provide information and signposting on local health and care services.

Find out more by visiting our website.

Why did we look at Southwark GP's appointment systems?

The Healthwatch remit is huge - we cover both health and social care for children and adults. Therefore, Healthwatch identifies priority areas in order to channel resources into work that will achieve the greatest impact.

From October 2016 to February 2017 we spoke with 397 local people about what they thought HWS should focus on in 2017/18. (See the full report on our website.) The most common concern by some distance was the issue of getting timely access to GPs. People told us about their frustrations with GP appointment systems, which vary across practices in the borough, and the time it takes to get seen. Here are some typical comments we received from people who completed our priorities survey:

> ***"The way GPs are doing their appointment system at the moment isn't working out. You either have to hope to book on the day (which is only supposed to be for emergencies - and even that's when you're very lucky) or you have to book an appointment for two weeks in advance. There's no in-between."*** - Southwark resident

> ***"Waiting times for GP appointments. No point everyone being told to phone at 8am - it shouldn't be survival of the fittest."*** - Southwark resident

In March 2017 the HWS Advisory Group agreed this as a priority area for 2017/18.

Background

National context

We hear from the national media that people are finding it increasingly difficult to get appointments with their GP and that this is having an impact on other health services such as hospital emergency departments.[1]

In 2015, The National Audit Office, in their Stocktake of access to general practice in England report, claimed the demand for general practice is increasing. However, more up-to-date data was needed about general practice activity to understand this in more detail. One of the recommendations in this report was that:

"NHS England should research how different practices' appointment-booking and other working arrangements drive variations in access. Such insights would help NHS England and practices themselves to understand the effect of different approaches, such as same-day appointments, on key indicators of access."

In April 2016, NHS England published The General Practice Forward View which was a commitment to support general practice over the next five years in response to growing concerns about pressures in the system. This was focussed mainly on increasing the investment in general practice and expanding the workforce, thereby improving patient care and access.

In the same year, the King's Fund published Understanding the pressures in general practice which reviewed various sources to establish the contributing factors to the 'crisis' in general practice.

The report noted as well as increases in the volume of patients seeking appointments, there are other pressures having an impact:

- An ageing population and an increase in the number of patients with multiple and complex conditions, which has made the workload of GPs more intense.
- Difficulties in recruiting and retaining GPs. Due to workload pressures, some GPs have opted to retire early. There are also fewer GPs working in the role full time. There appears to be a trend for fewer GPs to want to become a partner in a practice and an increasing use of locums (doctors who work ad hoc across practices to fill gaps – they tend to be much more expensive than salaried doctors).

[1] For example, http://www.telegraph.co.uk/news/2017/09/14/soaring-complaints-against-gps-becomes-harder-get-appointment/;

Local context

Southwark's Primary and Community Care Strategy 2013/14 - 2017/18

NHS Southwark Clinical Commissioning Group's (CCG) Primary and Community Care Strategy set out a vision for more care to be provided in the community, rather than in the hospital setting. the strategy focussed on the need for services to work together more closely so that:

- Quality is improved and the variation between services is reduced.
- All patients have easier access to services.
- Resources and examples of good practice are shared.

The main examples of this strategy's implementation are the establishment of GP federations (collaboration of GP practices) in the north and south of the borough, and the commissioning of a new Extended Primary Care Service (EPCS) in both north and south Southwark.

Extended Primary Care Service (EPCS)

Southwark was one of the Prime Minister's 20 'Challenge Fund' sites chosen in 2014, to pilot a new model for primary care. The aim was to provide additional GP appointment hours and improve access. Southwark CCG commissioned the Extended Primary Care Service (EPCS) which makes available additional GP and nurse appointments for Southwark patients from 8am - 8pm, 7 days per week.

There is an EPCS in Peckham, provided by Improving Health Ltd (IHL), the south Southwark GP federation. This was launched in November 2014. There is also an EPCS in Bermondsey, provided by Quay Health Solutions (QHS), the north Southwark GP federation. This was launched in April 2015.

To book an appointment for the same day, a patient has to phone their practice, speak to either a GP or a nurse and, if a 'urgent' appointment is felt necessary and cannot be provided at the practice, the patient will be booked an appointment at the EPCS.

More recently, practices have been able to refer people for 'non-urgent' appointments as well. This means that non-clinical staff, like receptionists, can book appointments on the next day or further ahead.

In May 2017, Deloitte, commissioned by Southwark CCG, published an evaluation of the EPCS, which looked at the four key stages: design, implementation, operation, and sustainability. Deloitte made 16 recommendations on how they felt the service could be improved. These were around access, expanding the offer, the need for more data, sustainability, and key learning. NHS Southwark CCG formally responded to these recommendations in August 2017.

Delegated commissioning

Since April 2017, NHS Southwark CCG, rather than NHS England, has had fully delegated commissioning responsibilities for primary care, including GP services.

This is one of the ambitions set out in the NHS Five Year Forward View.

Patient feedback

Our previous work

In December 2015, HWS published 'Access and experience of services – findings from our community focus groups' which reported that some Southwark residents had problems accessing their GP. This included getting appointments when required, and having limited knowledge of out-of-hours services. Some people said they would choose to go to A&E if their GP was closed or busy.

This led HWS to carry out visits at King's College Hospital and St Thomas' Hospital A&E departments. Patients were interviewed in the A&E waiting areas about why they chose to come to A&E rather than other services available to them.

We found that some patients were either unaware of the availability of alternative services, or did not have much confidence in using them. People told us they had struggled to get an appointment with their GP and therefore used A&E instead.

Southwark's performance in the GP Patient Survey (GPPS)

The GP Patient Survey (GPPS), is carried out every year by NHS England. The most recent findings were published in July 2017, based on a survey completed by patients between January and March this year. 49,661 surveys were completed nationally, 8% (3,894) of which were from Southwark patients.

Question	National results (2017)	National results 2017 compared to previous years	Southwark results (2017)
Generally, how easy or difficult is it to get through to someone at your GP?	68% 'easy'	↓	70% 'easy'
How would you describe your experience of making an appointment?	73% 'good'	↓	69% 'good'
Were you able to get an appointment to see or speak to someone?	84% 'yes'	↓	82% 'yes'

The table above shows that the majority of people are satisfied with their GP service. However, the satisfaction levels are declining year-on-year. Southwark performs higher than the national average for ease of getting through to the GP. When it comes to the experience of making or ability to get an appointment, Southwark comes out below the national average.

Methodology

'Enter and View' (E&V)

Within the Healthwatch regulations, the Government has imposed a duty on certain commissioners and providers of health and social care services to allow 'Authorised Healthwatch Representatives' to enter premises (with some exceptions) to observe the quality of services. We call this Enter and View (E&V).

This is an opportunity for Healthwatch representatives to see and hear for themselves how services are provided. We collect the views of those using a service, at the point at which they receive care. This can also include the views of carers and relatives. We are also able to talk with staff to understand their experience of working in and delivering the service. Speaking to people directly enables us to collect rich qualitative information. It also means we talk to people we would not normally encounter. This function can be conducted announced or unannounced. In Southwark, we often inform a service before we visit.

We decided to use E&V to visit each GP practice in Southwark. We did not want special arrangements to be made for our visits and therefore decided not to inform practices of the time of the visit – just the day we would come to the practice.

We were supported by our trained E&V volunteers. Each visit was attended by at least one member of staff and a volunteer, and lasted up to two hours depending on how many patients were in the waiting area and the clinic times.

All visits took place between May and August 2017.

What information did we collect?

In order to get as complete as possible a picture of appointment systems in GP practices, we carried out the following:

- Practice Manager's survey
- Receptionist interview
- Semi-structured interviews with patients who we met during our visits (we also promoted the survey online).

Practice Manager survey

Prior to each visit, we emailed the Practice Manager to inform them of our visit and we sent an online survey to gather their perspective on the design and management of the practice's appointment system. We wanted to understand:

- How GP practices manage their appointments for patients. This including when they release different types of appointments, how patients can make an appointment, and how decisions are made about offering appointments.

- What alternatives are offered/suggested, including when appointments run out.
- Potential improvements to the system.
- Barriers to improvement, and what pressure surgeries are under.

Receptionist interview

We interviewed at least one, and ideally two receptionists at each GP practice to get their perspectives on how the appointment system works in practice.

Wherever possible these interviews were conducted in a private space away from reception where it was possible for receptionists to talk freely. We wanted to understand:

- How the appointment system works 'in real life', and their experience of working with it.
- What options are available for reception staff if they cannot offer an appointment in house with a GP.
- Their responsibilities and what training and support is available to them.
- How they feel the systems work well or could be improved.

Patient survey

During our visits we also spoke to patients in the waiting area. We gave patients the choice between completing the survey themselves or being talked through a survey (which was the option most people chose). If the team completed the survey with a respondent, the survey was visible to them and we noted down word-for-word what was said. Only a handful of people declined to take part in the survey.

In order to give as many Southwark residents as possible the opportunity to give their views outside of our E&Vs, the survey was also promoted via other channels including Twitter, Facebook, Healthwatch Southwark website, our monthly e-newsletter, at community events, via community and voluntary sector communication channels and GP practice Patient Participation Groups (PPGs). Many surgeries helpfully displayed posters advertising the survey in their waiting areas.

From the patient survey, we wanted to understand:

- Whether patients understood the appointment system at their GP practice.
- The ease of contacting the surgery and making an appointment for urgent and routine needs, at the appropriate time.
- How patients felt about questions asked when they were making an appointment.
- What methods of interaction with their GP practice they would be happy to have (face-to-face, phone, text etc).
- Whether they would be happy to be seen by an Advanced Nurse Practitioner (ANP) instead of a GP.
- Their knowledge and experience of the Extended Primary Care Service (EPCS).

How many people did we speak to?

The table below shows the data we collected:

Number of GP surgeries visited	44 *
Number of surgeries for which Practice Manager completed an online survey	39
Number of receptionists we spoke to	50
Number of patients we spoke to/ heard from online	550

* *Please not that we visited each GP practice site, even if a couple of sites were managed as part of the same 'practice' or GP group. This is because some of them operated different appointment systems and patients are usually registered to a particular site. Conversely we also talked to staff and patients at each practice even if they were co-located at the same site. These 44 individual entities have been referred to interchangeably as 'surgeries' and 'practices' in this report.*

Across the 44 GP sites we visited, the minimum number of patient survey responses is 3, the maximum is 31. The average is 12.

The variation reflects how busy each surgery was at the time we visited, as well as extra work they may have done to promote the survey, and their list sizes. See Appendix 2 (on page 83) for more detail.

Please see Appendix 1 (on page 81) for a demographic breakdown of people that completed a patient survey.

How to read this report

The information in this report is based purely on what we heard from Practice Managers, reception staff, and patients.

On some occasions, what receptionists told us differed to what Practice Managers told us about the appointment systems (or two receptionists' views differed). Where this was significant, we have tried to highlight it in the report. The responses of Practice Managers were most often used for the 'facts and figures' about appointment systems whereas receptionists provided us with more detail about how they deal with a variety of scenarios 'on the ground'.

It has never been our intention to recommend the 'ideal' appointment systems or to rank practices. This is because appointment systems are quite complex, and we have not investigated all factors that impact on them (e.g. patient list size and demographics). However, we do feel our findings shed light on positive and negative aspects of different elements of the appointment systems and multifaceted issues which impact on a patient's experience. They also reflect staff's experience of managing these systems, trying different approaches, and coping with pressures.

We do not claim that this report fully represents the views and experiences of all Southwark's GP-registered population and practice staff. Nevertheless, our methodology enabled us to speak to a large sample of local residents. Our approach looked at quantitative and qualitative experiences of appointments systems. However, we feel qualitative detail gives a richer and deeper insight - this demonstrates the variety of experience and points to both reasons for difficulties, and potential solutions.

The next section of this report presents our findings. It is presented thematically, to try and reflect the journey a patient goes through when trying to make an appointment, and key areas where Southwark's appointment systems are distinct from each other:

- Contacting the practice
- Understanding of appointment systems
- Booking appointments in advance
- Booking same-day appointments
- Clinical triage
- Extended Primary Care Service
- Receptionists asking about a patient's condition
- The role of receptionists - redirecting patients
- Support and training for receptionists
- Walk-in systems
- Alternatives to face-to-face appointments
- Use of Advanced Nurse Practitioners
- Pressures on GPs.

To distinguish between patient and practice feedback, we have colour-coded sections of the report - **pink for patient feedback** and **green for practice feedback.** Direct quotes have been presented in boxes.

Key findings and recommendations

Key findings and recommendations

In this section, we have highlighted the key findings and our recommendations. Our full findings are on page 28 of this report.

In some sections of the report, we have made recommendations for issues that need further review by NHS Southwark Clinical Commissioning Group (CCG), the north and south GP federations, and individual GP practices.

We are not in a position to say which overall appointment systems are better than others - there may be particular reasons why a practice has chosen to operate such a system, e.g. a younger population, or population with complex needs. We do, however, feel it is our role to highlight the variations and possible advantages and disadvantages, so that the CCG and the GP federations can work with GP practices to identify if the appointment system in place is fit-for-purpose and work towards a system that provides greater consistency of approach across the borough.

Contacting the practice

Key findings

- 76% of people said that they find it *'very easy'* or *'easy'* to **contact their practice**, and 23% find it *'difficult'* or *'very difficult'*.

- Comments indicate that getting through on the **telephone** can be difficult, especially at certain times of the day.

- Some comments referred to the ease of **navigating the telephone system,** e.g. whether it just keeps on ringing or tells patients where they sit in the queue, or whether there is a separate system that allows patients to cancel appointments.

- Some people reported positive experiences using **online booking**, but some people found the online offer inconsistent with what was available via reception.

- Some people find the **time at which same-day appointments are released** (usually 8am) difficult for a variety of reasons.

Recommendations

1. **Practices**, with the support of Patient Participation Groups (PPGs), should review their telephone systems to identify if any improvements could be made. This should include:
   - Seeking views of receptionists to see if they have the right number of phone lines / enough staff at busy periods to answer phones.
   - Whether patients hear a message informing them they are in a queue.
   - Whether a phone option or answerphone should be dedicated to cancellations.

2. **Practices**, with the support of PPGs, should explore ways of promoting online booking other than use of flyers and posters - e.g. 1:1 conversation in the waiting area.

3. **NHS Southwark CCG and GP federations** should review the online booking system, to explore:
   - The interface between patients booking online and the triage system (i.e. do people booking online bypass triage?)
   - Whether the appointments patients see available online are the same as those available via reception.
   - What types of appointments can be cancelled online (e.g. those booked online only, or regardless of where the appointment was made?)

   The above should then be shared with practice staff and patients.

4. **Practices**, with the support of PPGs, should consider when same-day appointments should be made available (e.g. those that only release appointments in the morning could consider also releasing some in the afternoon - to not disadvantage people that aren't able to call early in the morning).

5. **NHS Southwark CCG and GP federations** should review the 'iPlato' text reminder system and its impact on appointments where patients did not attend (DNAs), in order to determine whether it should be rolled out to all practices.

Understanding of appointment systems

Key findings

- 83% of people said that they **understood the appointment system** at their GP practice 'very well' or 'quite well'. However, 16% had little or no understanding; some described the systems as '*confusing*'.

Recommendations

6. **Practices**, with the support of Patient Participation Groups (PPGs), should provide clear descriptions of the booking system, both in the waiting area and on the website.

7. **Practices** should involve their patients when considering making changes to their appointment systems, and if changes are made to systems, they should inform patients proactively about this.

Booking appointments in advance

Key findings

- 28% of people said they **waited** less than a week for the last GP appointment they booked in advance and 71% (in total) waited less than two weeks. 5% had waited longer than four weeks.

- An estimated 78% of people normally wait under two weeks for a GP appointment.

- 48% of people said they were 'always' or 'usually' able to book GP appointments in advance on their **preferred day**. 23% said this happened 'rarely' or 'never'.

- Length of time to wait for an appointment was often mentioned as needing to be offset against the convenience of the appointment. It would also be balanced against people's desire to see a particular GP.

- Some people commented that they were never able to book a convenient appointment because of the system in operation, e.g. practice not allowing patients to book far enough ahead to allow for a convenient time or enough planning.

- There is significant variation in **how far ahead** GP practices allow patients to book, with some allowing only a week.

Recommendations

8. **Practices, with support from NHS Southwark CCG and GP federations**, should consider:
   - Whether they are operating with an ideal ratio of same-day versus booked-ahead appointments. This is to avoid patients being forced to request same-day appointments, due to lack of advance availability.
   - Whether their system for booked-ahead appointments is fit-for-purpose, ensuring that there is a rationale for the system in operation (this is particularly important for practices who do not allow patients to book far ahead).
   - How to mitigate the impact of using locum GPs on patients' ability to book ahead.

Booking same-day appointments

Key findings

- 20% of people said that they were 'always' **able to get a same-day/urgent appointment** when they needed to. 28% of people answered 'usually', 18% 'sometimes', 15% 'rarely/hardly ever' and 8% 'never'.

- Some who said that they could get same-day/urgent appointments then went on to mention **calling at certain times** e.g. *"only if you call between 8am and 8.30am."* Some people who expressed difficulty getting same-day/urgent appointments mentioned busy phone lines and slots being taken too quickly.

- This then led into further discussions about specific broad topics: clinical triage, the Extended Primary Care Service, and receptionist questioning and decision-making.

Recommendations

See sections on 'contacting the practice' and 'clinical triage' for recommendations that relate to 'booking same-day appointments'.

Clinical triage

Key findings

- One practice in Southwark **triages *all* patient appointment requests**, including booked-ahead / 'routine' requests.

- Otherwise, **triage is mainly used for same-day requests**. Practices can be divided into those triaging all patients on the day, or releasing a certain number of appointments to book at reception and triaging after these are used up.

- For these latter practices, the **number of slots bookable** at reception varies greatly, as does the **extent to which triage is used** once they run out.

- **Once patients have been triaged**, GPs may be able to solve their issue over the telephone, fit them into a reserved slot in the practice or book them in at the Extended Primary Care Service (EPCS), 'squeeze them in' around other commitments, or redirect the patient to another service or routine appointment.

- The main issue raised by patients about triage systems was **problems with the call-back mechanism** – e.g. they might miss calls or have to 'wait around' all day for a call. This was also mentioned by some receptionists.

- Several practices were finding **triage helpful in managing demand** for appointments, as it allows patients to be dealt with more rapidly, and longer in-person slots at fixed times to be freed up. Patients who really need urgent help are more likely to receive it.

- Some patients **need more help to understand** the unfamiliar triage systems.

Recommendations

9. **Practices** should ensure they are carefully reviewing their triage system on an ongoing basis, from both a staff and patient perspective. This should include:
   - Paying particular attention to vulnerable/complex needs patients, and instances where they were not able to see a clinician face-to-face (or had to wait).
   - Imitating good practice in some surgeries whereby certain vulnerable people are not triaged.

10. **NHS Southwark CCG and GP federations** should explore the different triage systems in operation to determine:
    - How practices can share learning about their triage systems.
    - What systems work well and why.
    - Whether practices should adopt any good practice identified.

11. **Practices and GP federations** should consider how triage call-back systems could be improved from both a staff and patient perspective. This should look at:

- The time demand on practice staff.
- The convenience to patients e.g. if no call-back 'slot' is specified.

Extended Primary Care Service (EPCS)

Key findings

- Receptionists at 41 out of 44 practices told us that the **EPCS was an option for patients** triaged by their GP as a matter of course or after appointments run out – though the extent of use varied from nearly all patients to hardly any. Only two said explicitly that it was not used.

- Only 38% of people we spoke to said they had **heard of the EPCS** (this included people that didn't know it by name but were aware of the service).

- We didn't directly ask if people had **used the service**, but through comments we were able to identify that around 12% had done so.

- Comments made about EPCS reflected **low awareness levels** and uptake, with a number of patients commenting that they had **not been offered** or even made aware of the service. Some people even told us that they had been told by their practice to go to other services such as the New Cross/Waldron walk-in centre (in Lewisham) instead of being told about the EPCS.

- In some cases, we discussed whether patients would use the EPCS if offered, and found that around 70% **seemed willing to use it**.

- **Negative comments** however included:
  - **Location** of the EPCS and cost to get there. This included some patients saying that the hub allocated to their practice was actually in a less convenient location than the other hub.
  - **Wanting to see a regular GP or someone with access to their notes** (implying that patients did not know EPCS has access to notes).

Recommendations

Please note, some of these recommendations reference the Deloitte evaluation of Southwark's EPCS and Southwark Clinical Commissioning Group's (CCG) response to these recommendations.

12. **NHS Southwark CCG and GP federations** should monitor and evaluate the impact of the upcoming EPCS communications campaign (we support Deloitte's recommendation (14) to - *'Explore a way of developing a stronger awareness of EPCS'*).

13. **NHS Southwark CCG and GP federations** should provide an update on their plans to look at quantifying practice/patient preference for flexible use of north and south EPCS (as stated in the CCG's response to Deloitte's recommendation (4) to - *'Explore*

the possibility of allowing federations to refer to either hub.')

14. **NHS Southwark CCG and GP federations** should investigate how the referral route to EPCS could be further streamlined, particularly in light of our recommendations around triage generally (in relation to Deloitte's two recommendations relating to telephone management (2, 3) - *'Explore if the pooled telephone management system should be started again'* and *'Share best practice and promote cooperation across practices on telephone management'*).

15. **NHS Southwark CCG and GP federations** need to review staff training around EPCS, and explore further options, so the following can be avoided:
    - Inconsistent explanations about the service offer.
    - Patients being referred to out of borough services e.g. walk-in centres.
    - Patients feeling that they have no choice (e.g. because their own practice doesn't offer same-day appointments).
    - Not giving patients important information about the EPCS e.g. that staff can access their patient records.
    - Inappropriate referrals being made, such as vulnerable people who would benefit from seeing their named doctor.

Receptionists asking about a patient's condition

Key findings

- At the vast majority of GP practices, receptionists told us they **asked patients their reason** for requesting a same-day appointment, but this was less common for advance appointments. 64% of patients said that they had been asked questions about their condition by the receptionist at their practice.

- When we asked **whether people minded being asked** such questions, 63% said that they did not mind, 27% had negative feelings about this, and 9% had mixed or varying feelings.

- The most common reasons for not liking this question are feeling it is a **personal/private** issue, finding the question intrusive, or feeling embarrassed or uncomfortable.

- Some people feel that this question allows **better decision-making or is used to prioritise** how patients are seen. Others feel that such questions **shouldn't be asked by non-clinical staff** or used to re-direct people away from the practice.

- 37 practices told us that they had **arrangements in place to protect patients' privacy** – for example a side room, barrier rope or written slip.

Recommendations

16. **NHS Southwark CCG and GP federations** should ensure receptionists' training includes techniques for how to ask patients about their condition, such as:
    - Explaining to the patient why receptionists may ask for this information.
    - Ensuring patients understand that they do not have to give this information.

17. **Practices** should explore how privacy could be improved at the reception desk. We know there is some good practice across the borough and encourage practices to learn from this.

The role of the receptionists - redirecting patients

Key findings

- Receptionists at some surgeries use information about a patient's condition only to **provide a note to the triaging GP**.

- However, in other cases receptionists may use this **information to re-direct patients away from same-day GP appointments**. This could be filtering out administrative tasks or suggesting that the patient see an alternative in-house clinician such as the nurse. In other cases, it might involve more judgement, such as suggesting that the patient book a routine appointment instead, or visit an external service (e.g. pharmacy, A&E). The basis and strength of these suggestions varied.

- In practices that do not triage all requests, **once appointments have run out**, triage may then be used. Receptionists may alternatively use their judgement to 'squeeze in' a patient around other appointments. They may suggest alternatives such as a nurse appointment, pharmacy, walk-in centre, NHS 111.

- At practices that triage all same-day appointment requests, **after triage slots run out** receptionists may again suggest other options, including walk-in centres or calling again tomorrow.

- There is good practice at many surgeries where receptionists are very conscious of the limits of their skills and emphasise that they would always seek a clinician opinion when necessary. However, in other cases receptionists are making judgements about urgency and need potentially beyond their skillset. It is unclear how often this happens and we feel this is something needing guidance/review.

Recommendations

18. **GP federations** should consider providing formal, coherent protocols for practices explaining under what circumstances receptionists might or might not suggest a) routine rather than urgent appointments, and b) services external to their surgery (including pharmacy, A&E, UCC, walk-in centres, 111). It should be

clear at which point a clinician's decision is necessary.

19. **Practices, with guidance from GP federations,** should provide clear, written guidelines to receptionists about the limits of their responsibilities regarding patient redirection.

20. **NHS Southwark CCG and GP federations** should review practices' use of walk-in centres in other boroughs, including:
    - Comparison with their use of the Southwark EPCS and the reasons for this.
    - The implications of this for costing and future commissioning.
    - The implications should the Lewisham walk-in centre close.

21. **NHS Southwark CCG** should investigate whether the Pharmacy First system is being operated correctly at all pharmacies.

Support and training for receptionists

Key findings

- 28 surgeries' receptionists mentioned some form of **training**. This varied greatly in timescale and intensity with some of the most comprehensive training apparently provided via Protected Learning Time (PLT).

- There are some **significant gaps in training** – for example some receptionists have not received training on EPCS. Other receptionists wanted more support in their role categorising and redirecting patients.

- At 16 practices, **flowcharts, lists and protocols** are in place for at least parts of the system, to assist receptionists in decision-making or redirection.

- Many receptionists emphasised the importance of on-the-job **experience and team support**, including from clinicians.

Recommendations

22. **Practices** should ensure that all receptionists are enabled to attend Protected Learning Time (PLT) sessions on a regular basis.

23. **GP federations** should assist practices to complete a training audit for their reception staff, including key areas such as EPCS.

Walk-in systems

Key findings

- Only one Southwark GP practice appears to be offering a **walk-in service** in the strictest sense, whereby patients queue rather than being booked a slot. This service is triaged.

- Many practices have **switched from walk-in to triaged systems** within the last few years. This was usually because of intense pressure on walk-ins, including from administrative

requests, meaning that the sickest patients were not always seen.

- Some patients **understood this reasoning,** but others told us they would like to see **walk-ins reintroduced**.

Recommendations

No specific recommendations around walk-in systems as this has been covered elsewhere.

Alternatives to face-to-face appointments

Key findings

- When asked if patients would be happy with **alternatives to traditional face-to-face appointments**, 72% of people said they would accept a telephone appointment, 28% would accept an online video chat, and 21% would accept an online typed chat.

- 23% of people said they would **only choose face-to-face** appointments.

- **Concerns about telephone appointments** include being hard-of-hearing, having English as a second language, or that the doctor will not be able to examine patients and see their symptoms.

- Those that had **concerns about online options** raised the following as reasons: having poor eyesight, not having the right technology, difficulty expressing something quite complex in writing.

Recommendations

24. **NHS Southwark CCG and GP federations** should involve patient representatives as they explore alternatives to face-to-face appointments (Healthwatch staff have been involved in some workshops). If practices decide that options such as online consultations would relieve pressure on surgeries and provide convenience for some of their demographic, patient choice should be paramount.

Use of Advanced Nurse Practitioners (ANPs)

Key findings

- 83% of people said they would be **happy to see an ANP**, instead of a GP, for an illness they are trained to deal with. 13% said that they wouldn't be happy to and 4% didn't know.

- Comments from both patients and staff acknowledged that use of ANPs could help **take pressures off the GPs, enabling speedier access**. Staff also emphasised the benefits of having non-GP clinicians such as pharmacists in-house, and the wide range of services these staff can provide.

- **Positive comments** also reflected peoples' experiences of having previously seen an ANP, and confidence in their training and skills.

- However, some people have **concerns** about seeing an ANP specifically relating to their knowledge and skills, or because they fear they might need to see more than one clinician.

- **Patient information and choice** was also felt to be important, highlighting that awareness of the role of ANPs is relatively low.

Recommendations

25. **Practices** that do not already employ one should consider the benefits of upskilling existing nursing staff or employing an ANP (or other non-GP clinicians).

26. **Practices** should consider adopting procedures so that if the ANP cannot treat the condition, the patient can be referred quickly to a GP (perhaps bypassing standard appointment systems) in order to avoid waits for multiple appointments.

27. **GP federations and practices** should work together to display consistent information (so there are unified communications across Southwark) in GP waiting areas about ANPs (and other non-GP clinicians), their skills and training, and what they can and cannot treat. Some GP waiting areas do display such information.

Challenges and pressures

Key findings

- When asked about **pressures on their systems and barriers to improvement**, staff at a striking 27 practices mentioned broad issues around resourcing and demand, particularly GP recruitment. Changes in the local population and GP provision are impacting on this. There was widespread recognition of this challenge among patients also.

- 21 practices mentioned **problems stemming from patient attitudes or behaviours**, particularly people not attending or cancelling appointments (DNAs). Again, patients also commented on this problem. Practices have different approaches to tackling DNAs and some are being supported by their federations with patient education.

- Six practices mentioned **premises** challenges.

Recommendations

28. **Practices** should provide better and clearer information about patients' different options for accessing primary care, in order to help relieve demand. Leaflets and posters in waiting areas should be systematically rationalised so that people know where to look.

29. **Practices** could consider a specific notice board focused on different topics around access, such as:
    - What counts as an 'urgent' problem
    - How to request repeat prescriptions and medical certificates
    - What pharmacies can offer

- Pharmacy First
- EPCS
- NHS 111
- Different in-house practice staff, including ANPs
- Avoiding DNAs.

30. **GP federations** should continue to provide resources for public education around DNAs. **NHS Southwark CCG** should consider a wider public education campaign to reinforce this.

31. **NHS Southwark CCG** should work closely with Southwark Council around regeneration projects and population change in the borough to ensure adequate GP coverage.

Case studies

Case studies

These case studies give a snapshot of some of the key distinctions between appointment systems, and work as examples of how they come together at individual practices.

Surgery 1

Slots are released every morning at 8am for people to book via reception or online. Receptionists do not ask patients why they are requesting an appointment, but book them straight in.

Once the slots run out, patients requesting same-day appointments are put on a list and the on-call GP will call them when they have time. After this, if the problem is not dealt with, the GP will try to 'squeeze' patients in at the surgery if necessary, ask them to make a routine appointment, or book them in at the EPCS.

Advance appointments are released every day, two weeks ahead.

Surgery 2

All requests for same-day appointments will be triaged by a doctor. Patients should call from 8am to be put on the list, but this list is unlimited. They cannot do this online. Receptionists will ask the reason for the call and if the request is for administrative reasons such as a repeat prescription, they will try to help instead. They might also suggest another clinician like the nurse.

After talking to the patient the triage doctor might book them a slot set aside for this purpose at the surgery, or book them in at EPCS.

Routine appointments are released for the patient to book directly, one week ahead.

Surgery 3

Four same-day appointments for each GP are released daily at 8am. Patients can call and book them directly, without reception asking questions. Once these are used up, if the patient is aged under 5 or over 80, the receptionist will still book the patient in.

Other patients who feel their need is urgent will be called by the GP. If they need to be seen, they will be fitted in at the surgery around the other appointments – for example after the main surgery. Few patients from this surgery go to the EPCS as there are barriers to access, particularly the cost of travel.

There is no limit on how far ahead patients can book routine appointments.

Case studies

Surgery 4

All appointments, whether same-day or advance, are triaged by a clinician. Patients must call the surgery between 8am and 10am. The receptionist asks about their problem so that the triage doctor or Advanced Nurse Practitioner can prioritise the calls, and the patient will be called back during the day. If patients miss two calls back from the clinician, they will need to try again the next day.

After 10am, patients will be added to the list for triage only if they are very young or old or have a serious condition on a list provided to receptionists. Other patients might be advised to try a pharmacy or the New Cross walk-in centre.

After the doctor speaks to the patient, most who need to be seen are booked in at the EPCS. In-house same-day appointments are reserved for serious and long-term cases.

Patients can book online for a very limited number of appointments, which essentially bypasses the triage system.

Surgery 5

Same-day GP appointments are released for patients to book in two batches at 8am and in the early afternoon, by contacting reception (not online).

Receptionists ask patients the reason for their appointment in order to make a note for the doctor. They might also advise the patient that they could be treated by a nurse or via Pharmacy First, or suggest a routine appointment instead, but this is not enforced by receptionists.

Once same-day appointments run out, patients requesting a same-day appointment may be 'squeezed in' at the discretion of the GP, reception will suggest A&E or a walk-in centre, or the patient will be triaged by a GP who might squeeze them in at the surgery or book an appointment at EPCS.

Advance appointments are usually released a couple of months ahead, though for locum appointments there is much less notice.

Our findings

Contacting the practice

Patient feedback: Contacting the practice

We had previously heard, via our signposting function and in our work to set priorities, from patients who were having difficulty getting in touch with their GP practice, usually by telephone. Some people said their practice would take calls only at certain times, and some were not sure they were calling the right number because it just kept ringing with no message.

We asked patients - ***'How easy is it for you to contact the GP surgery to make an appointment?"*** 526 rated this.

How easy do patients find it to contact their surgery?	% of 526
Very easy	32%
Quite easy	44%
Difficult	17%
Very difficult	6%
Don't know	2%

The following sections now explore comments made by some of the respondents in relation to the question. Not everybody explained their rating so numbers of mentions are given only for comparison between topics.

Patient feedback: Telephone contact

This question most often resulted in discussions about the ease of getting through to the surgery by telephone.

27 of the people who rated contact as 'difficult' or 'very difficult' mentioned difficulties contacting the surgery by telephone (lines being engaged and having to try again, being put on hold, long waits, or the phone not being answered). Some of these (eight) then said that this made it hard to get GP appointments, usually because they had all gone by the time people got through, though this was not the case for all.

> ***"In the morning it's busy - if you keep calling you will get something out of it."*** - Patient survey response

Five people who did not rate the ease of contact said that this was because getting through on the phone might depend on the time of day, or vary from day to day.

> ***"If you don't ring at a specific time, they won't answer. I came late for my appointment because there was traffic - I walked for so long. I couldn't call them to tell them that I was running late and they just sent me home."*** - Patient survey response

> ***"There is an automated system to book appointments via the phone but when you go through it, it doesn't always work."*** - Patient survey response

However, another 27 people who mentioned difficulties with telephones nevertheless rated contact as 'very' or 'quite easy', perhaps because they were willing to 'just try again', they knew they would get through eventually, or they were told where they were in the queue.

Comments from five people who found contacting their surgery very easy included that they always got through on the phone, got through first time, or got through quickly.

> ***"It says 'someone will be with you' and it's never that long."*** - Patient survey response

Practice feedback: Telephone queues

We asked practice staff whether their phone system told patients that they had reached the practice.

24 receptionists said their phones did play a message, 14 said they did not and staff at 6 practices were not sure or gave an unclear answer.

At two practices sharing a site, the receptionist told us -

> ***"Yes - if they are the second or later in the queue it tells them. However, we have one phone line for each of the two practices here and if someone is first in the queue but the receptionist can't pick up because they're busy on the other line, the patient won't hear anything to tell them this."*** - Receptionist

Similarly, at another practice there are several lines and a receptionist said:

> ***"We're very bad at answering - we need to reorganise it, for example, have fewer lines so that people do get a message/engaged tone - or we need more staff."*** - Receptionist

Furthermore, a few practices do not have a system to hold patients in a queue or the number that can be held is limited – if all the lines are in use or the queue is 'full', the patient hears an engaged tone and needs to redial.

> ***"It holds 6-7 calls and plays a message to people in that queue with the queue position. If there are more than 6 or 7 in the queue people have to redial. But we have 5 phones [so this is unlikely]."*** - Receptionist

Two receptionists said that they had had complaints because the phone rang for a long time with no message, but others did not think it was a problem that their system did not include a message and/or a queuing system.

> ***"I don't think that's a problem. The doctor is very hot on his phones and I was told I was really fast by a lady who called from Guy's!"*** - Receptionist

> ***"If it's engaged, patients redial. 2-4 staff are answering the phone***

first thing. There's a good chance of getting through." - Receptionist

"It says press x for appointments, y for admin staff. It's the same line but comes up on our screen what it is - it's not worth the effort the patient goes to choose an option. I think it could be improved to say you're in a queue." - Receptionist

Patient feedback: Online booking

Among patients rating the ease of contacting their surgery as 'very easy' or 'quite easy', five specified that they could book online and described this as easy or the system as ***"state-of-the-art"*** and ***"easy to navigate"***. In a later question, two people said that using online booking enabled them to get a convenient appointment.

However, several people highlighted (here and in the later discussion) differences between the appointments available online and via reception.

"Online often has no appointments available." - Patient survey response

"A small number of slots are listed on the patient access website." - Patient survey response

"If I am lucky enough to make an appointment online, these can be as early as the next day, or several days hence. If I go into the surgery, or phone up then it's usually a couple of weeks." - Patient survey response

"It seems that waiting times vary significantly. What I find curious is that appointments available online don't seem to match what's available over the phone - they seem to be two distinct systems. So effectively that means I'm disadvantaged if I book online." - Patient survey response

Practice feedback: Online booking

All practices offer some of their appointments for online booking. Some implied that what the receptionist can offer was the same as what a patient sees online, whereas others release different sets of appointments online and at reception (with the number available online varying).

"Three quarters of our appointments are online, so we're asking all patients to use the online system, but there is resistance - lots don't want to use it…As a receptionist I can see the online appointments but I can't book them myself - I would have to unblock them and I'm not allowed to do that. So the patient has to go online. It's gone a bit too far. Hard for the elderly and those with no English." - Receptionist

Not all practices offer online booking for same-day appointments. 26 practices said that they did, 14 did not and for four it was unclear. In a few cases, online appointments are released at a different time from those available via

reception - at one practice at 7am (whereas reception opened at 8am); at another 2am.

Six practices which normally triage all same-day appointment request (see page 41) said that they offered online booking for same-day appointments, and it was not always clear how this worked. One receptionist explained that their (limited) online booking bypassed the triage. In another, this had previously been the case but the practice was now trialling online signup for the triage list instead.

At two sister practices, online booking for triage slots was going to be introduced soon to help patients who found it hard to call between 8am and 9am. At a different practice, staff were concerned that they could *not* allow online access for same-day appointments, to free up receptionists and phones, as they thought this would bypass triage.

Practice feedback: Booking in person

Some practices that use triage (see page 41) pointed out that patients who came in person to book appointments might then have to go home and wait for the doctor to call them.

In contrast, at a non-triaging practice a receptionist said that if someone was struggling to get an appointment -

> ***"Sometimes we suggest people come and queue early if they can - that's not fair to everyone but there it is…[But] only 3-4 are queueing when doors open. Not all the appointments will go before the phones open."*** - Receptionist

One practice opens for in-person bookings (at 7.30am) before the phone lines open (at 8am).

Another practice operates a system whereby patients can make an appointment via a kiosk screen between 8am and 10am. They may be given an appointment time, and can choose whether to sit and wait. It was not clear to us whether patients can book these slots by phoning the surgery.

Patient feedback: Time windows for contacting the practice

Eight people (three who found contacting the surgery 'quite easy' and five who found it 'difficult' or 'very difficult') commented specifically on difficulties around calling at 8am (other than long waits on the phone at this time). Problems included having to stay at home to book, working a night-shift, finding this difficult to do when unwell, and coordination with family life.

> ***"You have to programme yourself to get up and get an appointment."*** - Patient survey response

> ***"During holidays it's fine, term time it's a nightmare. There is a queue and you have to call at 8am which is exactly the time the children are going to school or we are going to***

work. You could have a call waiting system so you can leave the phone waiting while doing other things." - Patient survey response

Practice feedback: When practices release appointments each day

Most practices told us at what time they released same-day appointments or what time patients could start calling to be added to the triage list. For the eight that did not tell us, we checked their websites. The vast majority of Southwark practices (39) open same-day bookings at 8am. Ten surgeries have an afternoon appointment release system as well as morning release of appointments.

What time are same-day appointments released or triage lists opened?	Number of practices
7.30am	1
7.30am (in person), 8am (telephone)	1
8am	31
8.30am	1
8am and in the early afternoon/12pm/1pm	8
8.30am and 3pm	1
9am and 2.30pm	1

In some cases, where bookings/triage lists open at 8am the windows for booking were described as limited, with two practices saying patients should call before 8.30am, two before 10am, and one before 11.30am. One surgery had triage booking windows 8.30-10am and 3-4pm. It was not clear whether these were strict rules or merely estimates as to how long appointments would be available. Other receptionists commented on this, with four pointing out that patients should call as soon as possible.

"There will not be any appointments in the day if they miss the morning call in times." - Receptionist

"Patients can call at any time during the day for an appointment but the best time is first thing." - Receptionist

In contrast, some practices said that patients could be added to their triage list throughout the day.

Practice feedback: How patients can cancel unwanted appointments

'DNAs' (Did Not Attends) are people who have not attended or cancelled a booked appointment. This leads to a large number of wasted appointments, costing money and reducing the availability of appointments for those who need them. We asked receptionists what methods patients could use to cancel appointments.

- 39 surgeries said patients could cancel using the online patient access system – there was a lot of uncertainty among receptionists about whether this was only if the patient booked online, or for all appointments when a patient has online access.

- 34 said patients could come in to cancel (this is probably higher as receptionists may have thought this was obvious).
- 32 said the patients should call using the usual phone line, whereas 11 surgeries said they had a special phone line or answerphone (and the machine might light up to show a message has been left) – these can be helpful when lines are busy with people booking appointments.
- 30 said patients could cancel by text message. This was often using the 'iPlato' system which sends a text reminder of the appointment and asks patients to reply if they want to cancel.
- 23 said patients could send an email. A few receptionists who mentioned email did add that this was not always the best way to cancel as it could be missed, though it could be useful if the phone lines are busy.
- Two mentioned that the patient could leave a note at the surgery.

Three receptionists pointed out that patients should still contact the surgery to cancel even if very close to the time of the appointment they will miss.

> ***"If someone rings to cancel even 20 minutes ahead I offer to re-book them, because I can still use that appointment, for example if there are people sitting in the waiting area or asking for cancellations."***
> - Receptionist

> ***"If someone cancels last minute we can still use the slot as a phone appointment so as not to waste it - e.g. to give blood results."*** - Receptionist

> ***"We ask them to give us one hour's notice so we can give the appointment to an emergency patient."*** - Receptionist

Understanding of appointment systems

Patient feedback: How well patients understand the appointment system

We wanted to hear from patients how well they understood the appointment system at their surgery, such as how to book, or when appointments are available. We know from previous engagement that it is frustrating when people do not understand the rationale behind the system, and sometimes doubt whether it is benefiting them.

We asked patients - ***'How well do you understand the appointment system at your GP surgery?'*** 545 people rated this.

How easy do patients understand the appointment system at their practice?	% of 545
Understand it very well	39%
Understand it quite well	44%
Little understanding	12%
Do not understand at all	4%
Don't know	1%

Some systems were described as ***"easy"***, ***"simple"***, and ***"reasonable"***. Many people explained that they know to call at 8am or ***"just ring up."***

> ***"I know there are other methods but as phone booking works so well I have never need to explore them."*** - Patient survey response

In contrast, some people who did not feel confident in their understanding explained that the methods they were told to use did not seem to work.

> ***"Sometimes it's confusing - you can be seen on the day and other times they say a week to get an appointment."*** - Patient survey response

Others found the system confusing:

> ***"It is REALLY complicated. You can make an appointment for some days and there are different types of appointments and it is so confusing."*** - Patient survey response

Information provision

Three people told us they had been given information to make the system clear, for example, through a leaflet on joining the practice. Two people said that whilst they understood the system 'quite well', information could be better. Six who had 'a little understanding' or 'did not understand at all' agreed with them.

> ***"Although I understand it quite well, I do so because I have been quite proactive. I believe that the surgery is rather too passive in providing information to patients. If you are there frequently, then you find out more, if not, one may be in the dark."*** - Patient survey response

A couple commented that they were not fully informed when systems changed.

Booking appointments in advance ('routine')

Patient feedback: Time waiting for a 'routine' appointment

We wanted to know what people's experiences are of booking appointments in advance. We wanted to understand how long they had to wait for this type of appointment, as we heard in previous engagement that people were not satisfied with the length of time they sometimes waited.

We asked patients - ***'The last time you made an appointment in advance with the GP, how long did you have to wait for an appointment?'*** 511 people answered this question.

We also asked - ***'Is that a normal length of time for you to wait at this surgery?'*** 333 people said that the figure they had given was their normal wait (64 said it was not, 96 were not sure and 57 did not answer this or gave an unclear answer).

Thus we had data on the 'normal' wait for 333 people, and this table shows the breakdown of waits as a percentage of *'normal'* waits as well as a percentage of people's *most recent* waits.

Length of wait for a GP appointment booked in advance	% of 511 people's most recent waits	% of 333 people's 'normal' waits
Less than a week	28%	32%
1-2 weeks	43%	46%
Stated 2-3 weeks	0% (1 person)	0% (1 person)
3-4 weeks	16%	17%
Longer than 4 weeks	5%	5%
Not possible to book in advance	0% (2 people)	N/A
Wanted the appointment for a specific period, so didn't ask for the soonest available	5%	N/A
Can't remember	3%	N/A

One person who had waited several weeks for an appointment commented:

> ***"I tried to book an appointment on 28th July, and was told there was no availability to see my doctor until September. I gasped and said, 'September?!' To which the alarming reply came, 'Well, it is almost August now', so that sounds like that wait is commonplace not unusual! I didn't actually get a specific date in September though! The first availability [for any doctor] was 24th August."*** - Patient survey response

In some cases, (three) the difficulty of booking in advance meant that people relied on emergency slots.

> ***"When I was told that there was a minimum 4 week wait, I was then told to ring in at 8am and then somehow there might be appointments available? I'm really not sure how that should be the case…"*** - Patient survey response

Seeing preferred GP

Nine people explained that their last wait was for their preferred GP rather than any GP (this might have applied to other respondents too). A patient who said they usually waited for one or two weeks added:

> ***"I had to wait six weeks to see [my preferred GP] once - as it was very important, I waited"*** - Patient survey response

Another who said they waited more than four weeks explained why:

> ***"The GP I have seen for years has reduced the number of days she works. Her schedule is never posted for more than 4 weeks. If you miss her slots you have to keep calling or be prepared to see someone else. I decide on whether continuity of care outweighs my urgency to see a GP. It is a juggling act which I think discriminates against those with complex conditions."***
> Patient survey response

Seven people noted that their wait would have been longer if they had not accepted either telephone advice, 'any' GP, or a male GP.

Patient feedback: Preferred appointment times

We asked patients - ***'Are you able to book an appointment in advance with a GP (or an advanced nurse practitioner) on your preferred day?'*** 522 people rated this.

Are patients able to book advance appointments on their preferred day?	% of 522
Always	20%
Usually	28%
Sometimes	18%
Rarely/hardly ever	15%
Never	8%
Don't know	11%

For many people, the length of wait needed to be offset against the convenience of the appointment. Some (eight) said that they can get a convenient time only if they were willing to wait; for others (nine), the length of wait itself meant that the appointment could not be considered their preferred time:

> ***"I sometimes have to wait 3 weeks. For a woman doctor I was once told the wait was 6 weeks as they didn't have any female doctors working until then! Completely unacceptable."*** - Patient survey response

> ***"I have only tried to make an appointment once in about 5 years and the waiting time was 5 weeks to see my doctor and about 4 weeks to see ANY doctor. By that time, any ailment will probably have cleared up, or killed me!"*** - Patient survey response

Patient feedback: Limits on booking appointments ahead

Some people (four) said that the practice would not allow them to book appointments far enough ahead for convenience.

> ***"I can get what is OK by going far enough into the future. The problem is that they can't do this more than about 3 weeks in advance."*** - Patient survey response

> ***"Sometimes. Their booking system is the biggest problem, e.g. if you call on a Monday, they'll only offer you an appointment for the next Monday - or they say there's no appointment and tell you to call back the next day at 8am, maybe then there'll be one for the Tuesday a week later."*** - Patient survey response

> ***"Trying to book an appointment in advance and told week after week there are none available."*** - Patient survey response

Practice feedback: When practices release their advance / 'routine' appointments

There is significant variation in how far ahead Southwark practices release appointments to be booked by patients. Notably, four surgeries release appointments only a week in advance and nine surgeries two weeks or less in advance.

How far ahead are appointments released?	Number of practices
1 week	4
2-4 weeks	6
4-8 weeks	25
8 weeks +	5
Unclear or no answer	4

We did not ask explicitly for practices to tell us whether they staggered the released of advance appointments. However, 13 mentioned that they did.

As well as booked-ahead/ 'routine' slots (maybe four to six weeks ahead), four surgeries mentioned that they released varying numbers of appointments 24 or 48 hours ahead. A receptionist explained:

> ***"This means there are always bookable GP appointments available in the next two working days at earlier times in the day."*** - Receptionist

Two practices release appointments further in advance and also weekly/in the next five days. Four practices

mentioned a more complex staggering system – e.g. four weeks, seven, four and two days ahead.

> ***"The next available appointment is in four weeks. The practice release appointments at least three times a week which they call embargo appointments. These are not emergency appointments but are for when patients want to book an appointment sooner than four weeks; then they are told about the embargo slots."*** - Receptionist

> ***"We embargo some over the course of weeks so they're released gradually for different timescales - a new GP set this up and it's been a godsend."*** - Receptionist

In three practices slots released nearer the date are those with locum doctors whose schedule is not known as far ahead. One of these surgeries also has 'embargo slots' to enable patients to see a specific GP.

Booking same-day appointments ('urgent')

Patient feedback: Ease of getting a same-day appointment

We asked patients ***'Are you able to get a same-day or 'urgent' appointment with a GP (or a nurse practitioner) when you need to?'*** 519 people told us how often this was possible.

Are patients able to get a same-day or 'urgent' appointment when they need to?	% of 519
Always *	17%
Usually	25%
Sometimes **	24%
Rarely/hardly ever	12%
Never	10%
Don't know	12%

** Five specified that 'always' or 'usually' applied to children or pregnant women.*
*** One said that 'sometimes' meant that only children could get an appointment.*

Several people highlighted that they would get an appointment, but only if they called at certain times. Sometimes this was a narrow window ***("only if you call between 8am and 8.30am"***); others found appointments were available until 11.30am. However, the need to call promptly in the morning was the reason for four ratings of 'sometimes', and one rating of 'rarely'.

Inability to book same-day appointments

A couple of people who 'sometimes' got same-day appointments highlighted the challenge of getting through by telephone.

> ***"You have to call immediately after 8am and redial repeatedly - but all the slots tend to go within 20 minutes or so, before the surgery opens for face-to-face bookings."*** - Patient survey response

> ***"Too busy, I'd be on for an hour and not get through; told to ring back. The only hope is to come to the door and stand outside."*** - Patient survey response

Some practices are simply not offering same-day appointments – this was mentioned by three people (in addition to one who felt that their practice's EPCS-only offer was not sufficient).

> ***"On-the-day is no longer offered - you have to call at 8am for the next day. I needed an urgent appointment one day. I could not phone them till 8.12am as their phones had a busy tone. Receptionist told me I'd missed 8am call for next day appointment. How upsetting it is."*** - Patient survey response

These discussions then led into the much broader topics of clinical triage, the Extended Primary Care Service (EPCS), and receptionist questioning/ redirection, which have all been given their own sections below.

Clinical triage

Practice feedback: When is triage used?

One of the key differences between Southwark GPs is in the way they use clinical triage. This is when a qualified medical professional (often a GP, but sometimes a nurse or Advanced Nurse Practitioner) talks to the patient, usually over the telephone, to find out about their condition and decide how urgent it is, what priority it should have and whether/where the patient needs to be seen.

One practice in Southwark triages all patients requesting *any* type of GP appointment, including routine appointments. However, clinical triage is used most often when patients request a same-day GP appointment. There are two main ways triage may be used:

1. In some Southwark practices (16) *all* patients requesting a same-day appointment are triaged by a clinician (over the telephone).

2. In other practices (27) receptionists book in patients requesting a same-day appointment up to a certain point and then GP triage is used (to varying extents) once all or a certain number of appointments run out. In some surgeries, further appointments are set aside for the GP to use to call in some triaged patients for face-to-face consultations if needed.

3. In one final surgery it is the other way round with telephone triage slots being released in the morning and face-to-face appointments (implicitly bookable at reception without triage) in the afternoon. Triage was mentioned again as an option for patients who could not book one of these slots.

We were not able to collect consistent or comprehensive information on the proportion of appointments reserved for booking on the same day at each practice. In some cases, it might be as many as three quarters or a third of appointments but some surgeries said that they had only 'limited' appointments bookable via reception.

Two surgeries were classified as 'type 1' because while cancellations might be bookable at reception, it seemed that these usually became available only later in the day (e.g. 12pm).

Three surgeries classified as 'type 2':

- At one, the only same-day appointments bookable at reception are last-minute locum appointments (or cancellations).
- In another, the manager said slots were bookable by reception, whereas a receptionist told us these were advance-bookable slots almost always left over on the day.
- In another surgery, one receptionist told us slots were set aside for reception to book while the other said this was only if there had been cancellations of advance bookings.

Some exceptions to triage

There are of course nuances within the systems, including at practices that usually triage all patients:

- There are occasionally exceptions to the rule that all patients be clinically triaged. For example, at one surgery, a receptionist can go ahead and book in patients needing an interpreter or aged under two.
- In two practices, if the triaging doctor has not filled all in-person slots by 1pm they are then released for booking directly by reception.
- Some practices offer bookable telephone *consultations* at a fixed time as an alternative to telephone triage, for those who know that their issue can be dealt with over the telephone or missed the window to be put on the triage list.
- At least four of the practices triaging all same-day requests also release some *bookable* appointments one or two days ahead, meaning that patients still have an opportunity to book an appointment, without triage, in the near future.

Capacity to triage patients

Some surgeries that triage all patients may have unlimited slots to do so. Others have a certain number of slots, or a window within which patients must call in order to be added to the list. We did not ask about this systematically, but for example:

- One surgery insists that patients call between 8am and 10am, unless they are particularly vulnerable.
- One surgery has a window of 8am to 11.30am, with later callers being phoned as and when a GP became available.
- One has 20 slots for telephone advice in the morning, but said - ***"Doctors will also squeeze some people in depending how much time there is."***
- At one practice, individual doctors have different attitudes as to whether their triage lists should be limited.

In surgeries which triage patients only once a certain number of appointments have run out, triage capacity can vary widely. Some examples:

- Some surgeries explicitly do not have a capacity limit for triage calls, though it was not always clear to us whether triage was routinely used or only for potentially serious cases identified at reception.
- Some surgeries specified a certain, considerable number of triage calls (e.g. 30 slots in the morning, 30 slots in the afternoon).
- Others squeeze triage into the duty doctor's administrative slots or between patients.
- One receptionist outlined that there were only three emergency calls and the practice might run out of capacity to triage on a Monday.
- Another said that after the list got to a certain length, the duty doctor would decide whether to talk to the patient or ask them to call tomorrow.

Practice feedback: What can clinicians offer after triage?

GPs or other clinicians undertaking triage may often be able to meet a

patient's needs over the phone, for example, giving advice, making a referral, ordering tests or writing a prescription. Thus there is some crossover between 'telephone triage' and a 'telephone appointment/ consultation'. In other cases, patients need to be seen or given further help, and clinicians may have a range of options for providing this.

(Not all options will have been noted here for all practices, as receptionists may have omitted to mention some, and as we did not ask GPs directly).

Seeing patients in the surgery

Timetabled slots may be set aside for GPs to use to call in triaged patients for face-to-face appointments. This includes some surgeries where a certain number of slots are bookable at reception. (One practice's several sites are able to share these slots between them – so people might be called into their surgery or another site.)

GPs might in addition, or instead, use their discretion to 'squeeze in' a patient in-house around their other appointments that day (e.g. one surgery told us that empty phone slots could be used for this purpose). This might be if the patient refuses the option of going to EPCS, for small children, elderly people, or complex cases like cancer patients (16 mentions – including practices both with and without set-aside slots).

> ***"Doctor is very flexible about squeezing in patients, including if they refuse EPCS. Even if the receptionist would say he is not available, he might then come out of his room and say 'Hello Mrs S!' and squeeze her in then. Surgery finishes at 5.30 and the GP is here till 6.30 so he'll use that time."*** - Receptionist

13 practices mentioned that after triage, GPs might tell the patient to book a routine appointment rather than the same day. Three mentioned that GPs might tell the patient to see another clinician in house – a mental health nurse, practice pharmacist, practice nurse, or healthcare assistant.

The Extended Primary Care Service (EPCS)

Other GPs redirect patients outside the surgery. The most frequent option mentioned was the EPCS, with 41 of the 44 practices mentioning this option. The EPCS is a significant new development in Southwark primary care and has therefore been given a separate section of this report (see page 48).

Other re-directions outside the surgery

Clinicians may also decide at triage that the patient should be seen in another external service – there were five mentions of A&E or the Urgent Care Centre (in one case because UCC was closer than EPCS), three mentions of community pharmacy, four of SELDOC and three of the New Cross walk-in centre.

Patient feedback: Triage systems

We became aware of the increasing importance of triage systems in Southwark general practice only during the course of this study. We therefore did not ask patients their views about it systematically. However, some patients told us their views during broader discussions.

When we asked patients about their experiences of booking same-day appointments, eight people who said that they 'always' or 'usually' get one explained that the offer might be a telephone call. Six people who said they 'sometimes' got appointments or did not leave a rating said this was because of triage and seemed to have understood the question to be about in-person appointments only.

> ***"They get an advisor to call you back to decide if you need to be seen that day."*** - Patient survey response

When patients were asked at the end of the survey for any final comments or suggestions for improvement at their practice, one said that they disliked triage whereas four said that it was working 'ok'. Six people said they would like to see an increase in triage, or that they would like to see more urgent cases prioritised (implying at least basic triage).

> ***"Try to put people who need urgent care at the top of the list."*** - Patient survey response

Specific issues in triage systems

Overall, five survey respondents mentioned problems with the triage call-back system.

> ***"You generally get a call back. I was passing out randomly so that wasn't good enough - I might not have been able to pick up. They've always called me in after the call back anyway."*** - Patient survey response

> ***"They usually do call back. It's ok - what I want gets dealt with. [But] if it's a real emergency I don't want to have to wait for the GP to call me back to find out if I'll get an appointment - I'll just go to A&E."*** - Patient survey response

> ***"I think that the call-back service by a doctor is a good idea but then sometimes the doctor asks you to come in anyway and then trying to get there in a short time can be frustrating and I may not be able to arrange this in time, as in, getting a lift there."*** - Patient survey response

One person however said that this worked well:

> ***"I cannot fault the accuracy of the call-back system - if a GP says they will call, they do, at the said time."*** - Patient survey response

Two further people suggested refinements to triage systems:

> ***"After an A&E emergency visit, although I got a telephone***

appointment…I was not offered a face-to-face appointment until four weeks away. I did not need an emergency appointment but I did need to discuss the event urgently, in my opinion, to allay my anxiety. Perhaps there should be more refined questioning." - Patient survey response

"I had to take a whole day off to make this appointment. The doctor had requested me to make the appointment, but then the receptionist insisted that I follow the system, meaning I was not going to be seen at the time." - Patient survey response

Practice feedback: GP telephone triage

Many Southwark practices have switched to triaging systems over the last few years. Receptionists seemed, more often than not, positive about triaging systems, with some expressing very enthusiastic views –

"A new partner at the practice had this system in a previous practice and they have implemented it here - best change to the system in five years!" - Receptionist

However, at least one surgery has used triage then discontinued it.

"It didn't run well. There was only one doctor and running times were long. The Care Quality Commission (CQC) didn't like it." - *Receptionist*

Advantages

Triage can help practices to manage demand and ensure that the most serious cases are dealt with first. The GP often decides in what order to talk to each patient, based on a description of the problem provided to reception. For this to happen reception still need to ask the patient, but the decision is left to a clinician.

"The duty doctor calls urgent cases first and leaves sick notes and blood results to the end of the day." - Receptionist

The GP may be able to deal with some patients more quickly over the telephone and then move on to the next case, rather than waiting for all patients to arrive for a specific ten-minute slot. This can save GP time and enable more patients to be dealt with each day. (Conversely, the GP might be able to spend longer on the telephone with a patient if needed). Quick phone discussions can be used to deal with a simple issue or to prepare a patient for a later face-to-face appointment.

"Doctors like the triage system e.g. being able to ask people to do tests etc. before they actually see them." - Receptionist

A Practice Manager pointed out the advantage of this for the GP –

"Clinicians have been able to triage their patients effectively while maintaining patient contact." - Practice Manager

This then means that in-surgery slots are available for those who need them, and in some cases that patients who need urgent care can be helped even after appointments bookable at reception have run out.

> ***"[Triage] means we are able to ensure we see the patients that need to get seen rather than using up on the day appointments for non-urgent issues and having none left for those that didn't get through at 8am because everyone else is trying at the same time."*** - Receptionist

> ***"It has helped to reduce wasted appointments and improved the management of patient care."*** - Receptionist

> ***"The doctors know they can do whatever's necessary e.g. book later in the day or send to IHL [the EPCS]."*** - Receptionist

Disadvantages

Issues with the system of the GP calling the patient were mentioned at three surgeries, reflecting concerns also raised by patients (above). Patients need to 'wait about' for the GP to call them for triage, and/or may miss the GP's call. This can be difficult for the patient, especially if they work or have other responsibilities, and may waste time for the surgery.

Surgeries have different rules about how this works. Some examples were described to us:

- The doctor will try to call the patient twice. However, if the patient misses both calls, but rings the surgery back, they will be put through or the doctor will be informed. A receptionist at this surgery said - ***"by the end of the day the Doctor will have spoken to everyone."***
- The doctor will try to call the patient twice, and after that the patient will have to call again the next day to go on a new triage list.
- At a third surgery there did not seem to be a rule. One receptionist said:

> ***"Some patients on the triage list do miss loads of calls - like yesterday someone missed four, but had a child with a temperature so I put them through to the GP directly and they'd hung up!"***- Receptionist

Practices also have differences in whether they could specify a call time – at one the call time cannot be specified, partly because the GP calls patients in order of priority. At another, a receptionist said:

> ***"I do try to give a time for the call back like 'in the next hour' - but we can be flexible, someone might say 'call after 12.'"***- Receptionist

At one surgery a receptionist told us that **further telephone calls** were necessary in cases where a triaging GP refers the patient to EPCS, but asks reception to call the patient to make the booking.

> ***"It just creates more work for everyone. Often I have to call the***

patient back a few times to get through and book them in, or the patient keeps calling back. One of the GPs just books them in himself which is much easier, it's just time wasting otherwise." - Receptionist

At a few practices, some patients needed extra help to understand the triage system.

"The change was quite sudden for the patients." - Receptionist

"It's a very new system, not everyone seems to understand the new GP triage call back. We have a new leaflet…" - Receptionist

One receptionist also felt that the GP triage system at their practice had gone too far -

"Free up more appointments with people's own GPs because at the moment all the GPs have to spend so long on calls and helping the triage doctor. Seeing their own GP face-to-face is still important to patients - they fear something will get missed." - Receptionist

Extended Primary Care Service (EPCS)

Southwark has two Extended Primary Care Service (EPCS) hubs run by the two GP federations. Bermondsey Spa serves practices in the north of the borough, and Lister Primary Care Centre in Peckham serves practices in the south (the latter has replaced a walk-in centre).

Patients who cannot get an appropriate appointment at their own practice can be referred to the EPCS, which is open from 8am to 8pm seven days a week. For same-day appointments, the referral has to be made by a clinician. Doctors and nurses at the EPCS can access patients' full medical records. The EPCS is intended to feel like an extension of a patient's GP practice. It is helping to improve access to primary care services but is not intended for all patients, e.g. those with complex needs requiring continuity of care, or people needing an onward referral.

As well as GP practices, referrals can also be made to the EPCS by A&E at King's College Hospital and St Thomas' Hospital, Urgent Care Centres, and SELDOC (the out-of-hours GP service).

The EPCS is not appropriate for patients with complex or multiple long term health conditions who require continuity of care from their regular GP practice.

Practice feedback: Referrals to the EPCS

Receptionists at 41 of the 44 practices said that referral to the EPCS was an option for patients after triage by the GP. Only two implied explicitly that it was *not* used for GP appointments - for example:

> ***"Not so much. It's at Bermondsey. The nurse service, yes. Now we have a permanent doctor most people can be fitted in here so it's not necessary."*** - Receptionist

However, the extent of use varies significantly - comments about use of the EPCS ranged from ***"We send quite a few there"*** to ***"not very often - as a last resort."*** At some surgeries EPCS is the main option; for others it is used after in-house reserved slots had gone. Some of the receptionists we interviewed did not mention EPCS as an option proactively, and some highlighted barriers to patients using the EPCS.

> ***"Most are booked at Lister or for routine appointments. In-house same-day appointments are reserved for more serious, chronic cases and long-term conditions, and the rest go to the Lister."*** - Receptionist [this practice triages all patients].

> ***"If the doctor can't prescribe without seeing the patient, they might send them to EPCS. Might send a patient there once or twice a week."*** - Receptionist

> ***"Our use of EPCS is limited - mostly we can fit people in here or patients don't want to travel."*** - Receptionist

> ***"I don't want to say they have no choice but it might be their only option, and most will then [agree to] go."*** - Receptionist

Some receptionists noted the exceptions to EPCS use.

> ***"We do not send patients with chronic conditions, the duty doctor normally sends people with simple conditions such as an uncomplicated dressing, coughs and colds etc. We prefer to see elderly people in house."*** - Receptionist

Several practices also mentioned use of EPCS routine appointments, which are bookable at reception and can be the next day. However, we did not ask about this systematically as it was only just beginning at the time of our visits.

Patient feedback: Have patients heard of and used the EPCS?

We asked patients - ***'Have you heard of the Extended Primary Care Service?'*** 479 gave a response to this question (this excludes seven unclear responses and includes patients that were attending EPCS appointments while we were visiting a practice that shared the same site).

Had patients heard of the EPCS?	% of 479
No (including people who confused it with the old walk-in)	62%
Yes (including people who were aware of the service but not by name)	38%
Not sure	1%

In many cases, further comments or discussions revealed whether patients had used the service (please note that this was not asked of everyone).

Had patients used the EPCS?	% of 401
No *	87%
Yes (including for their dependent children)	12%
Not sure	0% (1 person)

* *Figure includes all those who said they had not heard of the service, unless otherwise stated.*

Patient feedback: On use and promotion of the EPCS

Two people said they had seen a poster about the EPCS and another said:

> ***"[Surgery name] has been very proactive promoting this service and several friends have joined [surgery name] after hearing about how good it is."*** - Patient survey response

Two people implied they had been sent to EPCS as an appointment was not

available at their practice, though they were not necessarily pleased about this:

> ***"I get sent there literally every time I call up."*** - Patient survey response

Notably, another person said:

> ***"The receptionist made it seem alright, which made me want to give it a try."*** - Patient survey response

However, most comments about the promotion of the service reflected low awareness levels and uptake. At least six people told us the service should be better publicized or that they would like a leaflet.

> ***"Please do check with all the GP practices, their websites, their literature and what receptionists are told to tell patients. I think you will find inconsistency. I am absolutely certain you will find little or no staff training."*** - Patient survey response

> ***"It's not a service that is explained well to the public at any other opportunity other than on a need to know basis."*** - Patient survey response

Some were unaware of the details of the service and how to use it:

> ***"I think I may have used this service on a Saturday very recently but I was not told it's available seven days a week."*** - Patient survey response

Several people said that they had never been offered the service, even when it would have been helpful, and described the consequences.

> ***"I went to the Waldron Centre [walk-in clinic in New Cross, Lewisham] when I couldn't get an appointment; it was for my baby who was five days old. Would have been good to have been offered an appointment at EPCS."*** - Patient survey response

> ***"Surgery NEVER give me this and tell me to go to Deptford [New Cross] walk-in, but to phone them first for an urgent appointment that day, or I go to King's A&E!"*** - Patient survey response

While one person said that they were not offered the service but could request it because they were aware of the offer, two others had found this difficult.

> ***"A patient would have to get past the receptionists first. Some of them just do not have any common sense. I saw a poster about EPCS in the chemist. When I asked about it at my GP, the receptionist said they knew nothing about it. I do not have faith in most of the staff there!"*** - Patient survey response

In our question about people's ability to get same-day GP appointments, some people mentioned the EPCS proactively. Seven people who said they would or sometimes would get an appointment specified that this might be at the EPCS. However, one person who said they

'rarely' got a same-day appointment said EPCS had not been offered until they got to the Urgent Care Centre.

> ***"I had to go to the Urgent Care Centre but no doctor was available. I was referred to a practice which receives urgent referrals. GP practices should publicise this service if they have no appointments."*** - Patient survey response

Terminology around the EPCS

We noticed that receptionists and Practice Managers sometimes did not refer to EPCS as such, which might be contributing to patients' confusion. Other terms used included:

- ***"Peckham overflow"***
- ***"The Lister"***
- ***"QHS"***
- ***"IHL"***
- ***"The hub"***
- ***"A central hub location in north Southwark"***

In one surgery we mentioned the 'EPCS' and a receptionist misunderstood this to mean 'electronic prescriptions'.

Patient feedback: Attitudes to the EPCS

In a smaller number of discussions (166 people), further comments uncovered patients' attitudes to the EPCS. We discussed whether patients would use the service, or would go again.

Would patients use the EPCS?	% of 166
Yes	70%
Not stated but comments imply yes *	
Maybe/probably	1%
No	25%
Not stated but refused in past	
Not stated but comments imply no **	
Not sure	3%

* *Comments implying someone might use the service included: having used the service several times, leaving a positive comment about a past experience there or about the service concept, or saying the GP should publicise this and that they have used equivalent services elsewhere.*

** *Comments that implied someone might not use the service included negative comments about the idea or a past experience, or saying it was less convenient to their home than a preferred service such as Guy's Urgent Care Centre.*

Some people qualified their response saying that they would use the service, only for urgent/emergency cases, or for something ***"less serious"***, if ***"desperate"***, if it meant they would be seen earlier, or only for new/not ongoing problems.

Positive comments

There were 47 positive comments about the EPCS. Several people said it sounded like a good idea or would be helpful. 11 people said that they liked the fact it would enable them to be seen/seen more quickly.

> ***"I'd go because it provides for the same day when needed - it doesn't matter who you see then."*** - Patient survey response

14 people told us they had had a positive previous experience at the EPCS, ranging from 'it was all right' to 'excellent' and 'very helpful'. Two of these pointed out that once they knew the service, they felt more confident using it again.

> ***"I like it because I know how it works, and also I once got good treatment there when they picked up my son's asthma which other doctors had missed."*** - Patient survey response

Five people said that the EPCS was well-located for them, sometimes being closer than their GP surgery or on a convenient bus route.

Two people praised the long 8am-8pm opening hours, one saying:

> ***"London is a 24-hour city - I'm pro that."*** - Patient survey response

Negative comments

There were 58 negative comments about EPCS. The most frequently mentioned negative aspect was distance, travel and transport or parking issues (26). This included people with access needs, worries about cab fares, A&E being closer, or worrying about leaving their 'comfort zone'. One person said that they could not access the EPCS hub which was geographically closer to their home due to the North/South allocation.

> ***"Depending on the exact location in either Bermondsey or Peckham, it might cost me a cab ride. I would feel uneasy on a dark winter's day."*** - Patient survey response

> ***"I was told to go to Bermondsey Spa but I was pregnant at the time. It was too far and my child needed to be collected from school."*** - Patient survey response

> ***"The whole point is that the GP is local to me and the Lister isn't near to me at all."*** - Patient survey response

> ***"Ease of access by public transport would be a concern if I was feeling unwell."*** - Patient survey response

16 people mentioned that they would prefer to see their regular GP for continuity of care – this included a few people who said they had complex or long-term health conditions. Another person was worried that EPCS clinicians might not have access to their records including notes on adverse medicine reactions (this would not have been the case as EPCS does have access to patient records).

> ***"I want to see my regular doctor as I find explaining each time to a different doctor draining."*** - Patient survey response

Four people said they would prefer a walk-in service, and another that they

did not like the triage booking system for EPCS referrals.

> ***"They make the appointment and call you back - I don't think you should have to do that."*** - Patient survey response

Some people had had previous poor experiences with the EPCS. This included poor communication with their GP surgery (two), issues with staff (two), or being 'sent back to the GP' (two) – this included one person who should not have been sent to the EPCS on the same day without clinician triage.

> ***"The receptionist wasn't very nice. I was feeling faint and the receptionist just wanted to get me out instead of helping me."*** - Patient survey response

> ***"I was sent to Lister on Friday by reception, but when I got there they told me that the doctor needs to refer me. So now [Monday] I'm back here waiting to be seen by a doctor at the surgery."*** - Patient survey response

Finally, in our previous question about whether people are able to get same-day appointments, one person was very unhappy that same-day appointments from that surgery were offered *only* at the EPCS:

> ***"I don't intend to travel a way to see a doctor if I am that unwell."*** - Patient survey response

Receptionists asking about a patient's condition

As well as formal triage by clinicians, many practices use their receptionists to help direct patients to the correct source of help. However, the level of responsibility of receptionists varies significantly between practices and takes place at different stages in the appointment system.

At many surgeries, receptionists ask patients who request an appointment what the problem is. There are different reasons for this (sometimes but not always involving receptionist decision-making) and different reactions from patients.

Practice feedback: Receptionists asking patients questions about their condition

At the vast majority of practices, receptionists said that they asked patients why they need to see the GP if they requested a same-day appointment.

- 37 practices ask this of all patients.
- Three practices' receptionists said they did not ask this for all patients, but did ask once appointments ran out and patients were to be triaged.
- Three practices' receptionists said they did *not* ask this. One other practice's receptionists did not ask this, but patients attending a walk-in session would be asked to write down a reason for the triage doctor.

We also asked whether receptionists asked patients the reason for their appointment when booking in advance.

- At 25 practices receptionists said they did not ask the reason for advance GP appointments (though at nine of these they would ask regarding nurse appointments).
- At 11 practices, including the one which triages, receptionists said they did ask (or sometimes asked) the reason for an advance GP appointment.
- At two practices, one receptionist said they would ask only for the nurse and one receptionist said they would ask for the GP as well.
- At one practice the reason is not asked unless the patient requests a double appointment.
- We do not hold data for five practices.

Patient feedback: Receptionists asking patients questions about their condition

We asked patients whether receptionists at their surgery asked about their condition. 439 gave a clear response.

Do receptionists ask patients about their condition?	% of 439
Yes (including where receptionists ask when booking same-day appointments)	40%
Implied yes *	18%
Sometimes	6%
Only for particular types of appointments e.g. telephone or follow-up	0% (2 people)
Only for certain patients - adults/children	0% (2 people)
No	26%
Don't know/uncertain	9%

* *Patients who commented on how it had been without explicitly saying yes.*

In face-to-face surveys, we then asked about patients' feelings about being asked by reception what the problem is - whether their surgery was currently doing this or not. 309 people told us their opinion.

How do patients feel about being asked this question by reception?	% of 309
Do not mind, or positive	63%
Negative	28%
Mixed or varying feelings	9%

Patient feedback: privacy concerns and receptionist attitudes

We discussed with many patients the reason for their attitude towards being asked questions by receptionists. The most common reason for patients disliking this was the feeling that this is personal or private, and finding the question intrusive, embarrassing or uncomfortable (mentioned by 26 people).

Similarly, many (16) felt that only a clinician should ask this question, with several using the phrase - ***"it's between me and the doctor."*** 14 people said they sometimes minded being asked about their condition, or that it depended on the illness and whether it was personal, intimate or embarrassing.

> ***"The reason is the receptionists talk loudly and are asking things that are confidential and people in the waiting room can hear what is being asked."*** - Patient survey response

> ***"If I don't want to tell them, I say it's private - it depends on the problem. They will respect that I want to speak to the doctor and not them."*** - Patient survey response

For other people (eight), privacy in front of other patients was a concern. Some were happy to answer over the phone but not at the surgery in person. One person who did not mind being asked said that the process had improved:

> ***"On the phone this works fine. But until not long ago patients at the desk had to answer personal questions with other patients hanging on every word. This has now been solved by having patients queue up a yard or two away."*** - Patient survey response

The approach of receptionists was important in determining how people responded to being asked about their problem. 10 people said they did not mind because reception staff were good (i.e. being described as experienced, sympathetic, polite, professional); another said they trusted the receptionist to be professional when dealing with the information. In contrast, others said:

> ***"I understand why they ask it but things don't stay as hush hush as they should."*** - Patient survey response

> ***"Some receptionists can be rude and don't listen. Others can listen, understand you and make sure they email the GP or give you a phone call time if urgent."*** - Patient survey response

Practice feedback: Privacy for conversations with receptionists

We asked whether practices had an area that was used if patients wanted more privacy to talk to the receptionist (patients might wish to discuss a personal matter even when receptionists do not directly ask what the problem is.)

- 37 practices have privacy arrangements in place, though some implied these needed improving.
- Four practices do not have any privacy arrangements. In one of these, reception do not ask patients personal questions. In another, they said - ***"If it's private, we just put 'private'"***. At the other two, receptionists wanted to see arrangements put in place.
- We do not have information for three practices.

Practices with privacy arrangements may offer a side room or corridor, or talk to the patient within the receptionists' area (though in three cases this is 'space permitting'). At one practice, the only more private area available is a sub-section of the reception desk blocked from the waiting area by a column – we observed this and in many cases it would provide adequate privacy. Two receptions have, in addition to side rooms, a rope at reception and a note asking those queuing to stand back.

In two cases, instead of being taken to another area, patients will be asked to write down information, perhaps on a special slip (one of these receptionists explained - ***"It is difficult to leave reception areas as sometimes there is no cover."***) In two other practices, writing down the problem might be an option if private space is limited at that time.

A few receptionists also emphasised that they aimed to be discreet or sensitive even at the desk.

> ***"Many people we know…we know in advance who likes their privacy. Some women don't like to talk about for example smear tests if there are men around, so we'll ask roundabout questions like 'Did you have a letter saying you need a test with the nurse?"*** - Receptionist

> ***"If they are hesitating at reception, I'll write down that it's personal for the doctor."*** - Receptionist

> ***"We whisper… If it's really busy we might not ask and write a note to the doctor to say it wasn't a suitable environment to ask."*** - Receptionist

At two practices with no arrangements and one that was space-limited, receptionists wanted better arrangements for privacy.

> ***"I simply get closer and encourage others to move away from reception. There should be more private areas for them to talk to reception."*** - Receptionist

> ***"Sometimes we ask patients to move back in the queue as it can be too close. We need a line to tell patients to stand back."*** - Receptionist

Patient feedback: Perceptions of why the receptionist is asking about their condition

Another factor in how patients felt about being asked this question was how they thought the information was being used. Some people felt that it enabled better decision making, with 11 saying it allowed prioritisation:

> ***"Last week... I was able to communicate a symptom which triggered an emergency response and I was seen within two hours by the GP."*** - Patient survey response

Some people felt that these decisions should not be made at reception. 17 people thought that receptionists asking this question aimed to redirect patients away from appointments, and that this was not right (conversely, eight said that they did not mind being asked because they had never been refused appointments as a result). Of these, six specified explicitly that only a clinician should decide whether to offer an appointment; another six that the patient knows when they need to be seen.

> ***"My health problems are so far outside of the clinical knowledge a receptionist has - it would be a clinical risk for them to make an ill-informed decision, overriding the patient's better knowledge, and denying access to the right help."*** - Patient survey response

> ***"I think everyone who requests an appointment needs it; no need to ask why."*** - Patient survey response

A further nine respondents said that they did not know why receptionists asked about their condition, or that it did not contribute to better decision-making:

> ***"If it helps them understand who I need to see, okay, but most of the time they only have one GP."*** - Patient survey response

> ***"A bit pointless. They have tried to help but not really understood the problem."*** - Patient survey response

A few patients pointed out that not everyone will be honest or not everyone will have the same communication skills.

> ***"It is silly to be asked, you can just manipulate the system to get seen."*** - Patient survey response

> ***"I normally request appointments for a reason and know how to persuade the receptionists. I worry about people without the same level of confidence."*** - Patient survey response

This had also been mentioned in the question about same-day appointments, with some implying that the ease of getting an appointment depended on how articulate the patient is:

> ***"You have to really explain and be prepared to come in at any time."*** - Patient survey response

Role of receptionists - redirecting patients

Practice feedback: Receptionists re-directing patients rather than triage or an appointment

Please note that in this section, numbers reflect the number of receptionists who remembered to mention each option on the day of our visit and might not be exhaustive.

Among the 40 practices where receptionists ask patients about their problem, some (seven) gave only one reason for this - making a note to help the clinician to triage patients so they can call those with the most urgent symptoms first. (Overall 20 practices gave this as *one* of the reasons for asking patients this question.) This means that in some cases, patient perceptions that receptionists are aiming to redirect them by asking about their condition are incorrect.

However, in many cases asking this question helps receptionists decide whether to suggest alternatives to a same-day, in-house GP appointment. As demonstrated by the very mixed patient feedback, this is controversial. It may help ensure patients' needs are met in the quickest, most effective way, and to help manage the substantial demand on appointments and ensure that they are not wasted. However, there is also a risk of receptionists making decisions or suggestions beyond their skill or knowledge. We therefore asked practice staff more about the suggestions they might make, and on what basis.

Not all explained how this decision was made, though some were clear that clinician input was key:

> ***"If the receptionist is unsure where a patient should be advised to go, they will ask a clinician to advise them."*** - Receptionist

> ***"Admin at reception - for non-clinical matters only. A&E for something like chest pain. But any other medical issues the GP will decide."*** - Receptionist

In some (17) practices, receptionists aim to redirect administrative requests away from urgent appointments/triage calls, or away from appointments at all - repeat prescriptions and medical certificates are often dealt with via reception (even if a patient has forgotten to request them on time). However, in at least one triaging surgery such requests *will* be added to the triage list - perhaps ***"at the end of the day and we inform them of this."***

Some receptionists (19) told us they asked for information about the patient's needs in order to ensure that they are seen by the correct clinician within the surgery.

> ***"[We ask] because we have a wide range of clinicians - pharmacists, CPN, doctors, nurses, HCA. Only the GP is triage though."*** - Receptionist

> ***"Anything meds-related, we see if patient is aware we have a pharmacist on offer – they can do minor ailments - eye, rash, constipation. There's a list on Pharmacy First."*** - Receptionist

In 15 surgeries there was ambiguity or some suggestion that receptionists might make a decision about whether the patient's case was urgent enough to be triaged or seen on the day, or could be seen in a routine appointment.

For example, some receptionists said they would ask about a patient's condition ***"to ensure the matter is urgent"*** or ***"to decide if it's an emergency or routine."***

> ***"Some people might have a chest infection and that is urgent. You can tell if they need to be seen urgently."*** - Receptionist

> ***"We do a little bit of triage though we're obviously not clinicians."*** - Receptionist

> ***"Reception triage even though we're not supposed to."*** - Receptionist

In contrast, at other practices, receptionists emphasised that they did *not* try to determine the urgency of a medical issue.

> ***"If there are appointments, will still book in for minor conditions if requested - things like hay fever could actually be quite severe."***

> ***"If it's urgent to them, we book them in for triage"*** - Receptionist

> ***"I wouldn't suggest routine instead of on-the-day because what I think isn't an emergency might be for them - even stuff like bloods, which you only need in a month, they might be really worried about so I leave it on the triage list for the doctor."*** - Receptionist

Only a few reception staff proactively mentioned potential redirection to an external service as a reason for asking patients about their condition. However, when we prompted receptionists to tell us this, staff at 28 surgeries agreed they might redirect to, or gently suggest, pharmacies.

For several receptionists it was unusual to suggest the pharmacy, and others were emphatic about patient choice.

> ***"It might be the patient… could get help from the pharmacist, though the receptionist is not responsible for 'deciding' whether the patient needs to be seen in the surgery."*** - Receptionist

In a few cases, recommending the pharmacy did involve more of a judgement by the receptionist:

> ***"I'll look at consultation notes to find more info and sometimes it says the patient can get medication over the counter."*** - Receptionist

> ***"If it's a cough or cold we'll ask about the pharmacy and say they can book [here] in 2-3 days if that doesn't work."*** - Receptionist

In other cases, the receptionist's role was more about raising awareness about services – often Pharmacy First. This allows pharmacists to give medicines for common illnesses for free to people who do not pay for their prescriptions, without them seeing a GP.

> ***"Even for blood pressure the pharmacy can often do it if no nurse is available here."*** - Receptionist

> ***"They don't always know that the pharmacy can do things without the doctor."***
> - Receptionist

However, some receptionists raised issues with the Pharmacy First scheme.

> ***"We inform people of Pharmacy First but normally they say 'I don't pay for my prescriptions' so they want to see the doctor. 70% of local people don't pay for prescriptions. Pharmacies, like the one next door, are making people pay for things like paracetamol. The scheme's not working quite right?"***
> - Receptionist

In addition to redirection to local pharmacies, three receptionists mentioned that they might send the patient to A&E if they were very worried (for example for heart or breathing problems), and they might call an ambulance. One Practice Manager mentioned opticians and dentists and another ***"third party services if it is non-urgent or not a GP matter."*** One suggested SELDOC or 111 but another said, ***"we don't direct to 111 generally as they just ask them to call the GP back or go to A&E."***

Why do some receptionists ask the reason for advance appointments?

Reasons mentioned for asking the reason for advance GP appointments were:

- To ensure the patient is seeing the correct clinician, and could not be seen by e.g. an optician, dentist or pharmacist (three practices).
- To give the doctor a note about the reason (two practices).
- To check it is for only one issue, or whether to book a double appointment (one practice).
- Because the practice has trainee GPs who cannot deal with all issues (one practice).

> ***"Book and then ask, if the slots are available. We try to see if there are other ways to deal with the issue."*** - Receptionist

Practice feedback: Receptionists suggesting options to patients when there is no capacity in the practice

Please note that in this section, numbers reflect the options receptionists remembered to mention on the day of our visit and might not be exhaustive.

When appointments run out

As discussed above (page 41), Southwark practices have different approaches to using triage by clinicians: they might triage all patients who request a same-day GP appointment, or they might start to do this after some or all appointments have been booked up at reception.

28 surgeries use clinician triage to deal with patient requests after appointments bookable at reception run out (this includes the one surgery where there was also triage in the morning session). At five of these practices, clinician triage was the *only* option suggested by receptionists for this scenario. In others, it was one of several options, and used to varying extents – sometimes as the default and sometimes for exceptional cases. Receptionists might therefore be suggesting other alternatives.

In at least eight practices, receptionists mentioned being able to use their judgement to 'squeeze in' urgent cases even after appointments had officially run out (rather than put them down for triage). Two practices' receptionists might ask the GP to call the patient straight away rather than wait for triage later; four might ask the GP to book the appointment (based on notes) without triage. In some cases, this is the rule for children or older people and in others is based on urgency.

> ***"If it needs to be seen I usually add them on as an extra and let the doctor know what's happened - for example for chest pain, diabetic crisis, high blood pressure."*** - Receptionist

Two receptionists said that after appointments run out, they might suggest a nurse appointment as an alternative to GP triage (depending on the patient's problem).

Directing the patient to a pharmacy was mentioned by ten practices as an option when appointments ran out.

> ***"The vast majority who want an emergency appointment get one. But if none are left we might redirect simple cases - colds, hay fever. If we're really overloaded. I'll say 'in the meantime, [try the pharmacy]."*** - Receptionist

> ***"I would try to offer an alternative before putting a patient on the list for the duty doctor to call - like the pharmacy"*** - Receptionist

Other external services mentioned were:

- Walk-in centres in other boroughs (suggested by five surgeries - usually the New Cross / 'Waldron' centre but one also mentioned Soho)
- NHS 111 (eight practices)
- Urgent Care Centre (seven practices)
- A&E (five practices – all saying only if the case was a clear emergency or life threatening, such as chest pain)
- SELDOC (four practices).

Five practices might suggest after appointments ran out that the patient tried calling again in the afternoon session or the next day – in one case this

was ***"after checking with a clinician"***. In two surgeries the receptionist might book a routine appointment.

When triage slots are full

As discussed above (page 41), Southwark practices have different approaches to using triage by clinicians - they might triage all patients who request a same-day GP appointment, or they might start to do this after some or all appointments have been booked up at reception.

At practices which triage all requests for same-day GP appointments, we did not ask systematically about how many slots were available for this. Some explained that they had unlimited slots, whereas others had a fixed number or time window (see page 40). Some also mentioned to us what they might do when the slots ran out.

At some practices (mentioned by four), once triage slots ran out, receptionists might 'squeeze in' the patient to speak to a GP anyway – perhaps using their discretion, checking with a duty doctor, or using a more formal protocol.

> ***"We quiz them more after 10am [when the triage list is closed], or if we run out of slots before 10 - about whether it's urgent: their age and condition."*** - Receptionist

An appointment with a different in-house clinician was suggested as an option at two surgeries.

A walk-in centre (e.g. New Cross) was mentioned by seven triaging surgeries as an option when triage slots run out – one receptionist described it as - ***"[the] one real option if they want to be seen today."***

Four receptionists mentioned that they might suggest that the patient call again tomorrow if they had missed the triage slots/window, either to be added to the list or for a next-day appointment 48 hours hence. In contrast one receptionist said:

> ***"We never tell the caller to try again tomorrow - the doctor makes that decision."*** - Receptionist

Support and training for receptionists

Practice feedback: Support and training provided

It is beyond the scope of this report to examine whether receptionist training is adequate for their level of decision-making responsibility.

However, we asked reception staff what support they have had around how to make decisions and perform their roles well - for example, training or flowcharts. We noted that this varied in extent and formality, and did not always correlate with the level of decision-making reported by the receptionist.

When asked about this, some receptionists reiterated that they do not make decisions or always consult the clinician.

> ***"Within reason, we don't give clinical advice. We try to filter out but ultimately it is for the doctor to decide what to do."*** - Receptionist

Training

One receptionist when describing the support in place noted that - ***"Everything is changing, there is a lot to keep up to date with"***, reinforcing the importance of constant information sharing.

28 surgeries' receptionists mentioned some form of training (and we are missing data for two practices). Training courses ranged from 'basic receptionist training' when someone started the job to e-learning, wide-ranging training on a regular basis, and (in one case) the chance to do NVQs or Primary Care Navigator training.

Many receptionists mentioned monthly Protected Learning Time (PLT) training and several said they were able to put forward ideas for topics including those relevant to appointment booking. One receptionist mentioned a course provided by their GP group on ***"Coping at the sharp end"***, and another had had ***"triage training from the doctors and pharmacists about what questions to ask."***

Service areas where special training had been provided included Pharmacy First, EPCS and online booking systems, each mentioned at a couple of practices.

One receptionist mentioned resuscitation or CPR training but nothing relevant to appointment booking; another said they had had CPR and customer service training but that:

> ***"We need more training and support in how to categorise appointments - what is routine, urgent, emergency… There is a lack of information here; we don't get told a lot and it makes us seem stupid and incompetent at our job in front of a patient."*** - Receptionist

Two receptionists specified that they had not had training. In one surgery

longstanding receptionist said, ***"I haven't been knowingly trained but grown with the system as it has developed"***, though a newer colleague said they had had basic training when they started the job.

Flowcharts and guidance lists

16 practices' receptionists mentioned flowcharts or lists to guide them in directing patients. These had varying levels of coverage and detail, for example:

- Full flowcharts.
- A full guide script for receptionists to use when booking – this was updated when EPCS started.
- Lists of what different clinicians can treat.
- Conditions appropriate for the minor illness nurse.
- Conditions appropriate for pharmacy or Pharmacy First scheme.
- Cases appropriate for the EPCS.
- Lists of what conditions to send straight to A&E or the early. pregnancy unit, rather than book for triage.
- Lists classifying 'acute' versus 'routine' problems.
- 'Red flag' lists – e.g. children under two, especially if high temperature, rash, feeding issues, being short of breath. In one surgery this was a formal protocol about what to do after the 10am cut-off for being added to the triage list, including a list of emergency exemptions.

However, there was one indication that receptionists might sometimes go beyond the guidance provided by such lists, perhaps beyond their responsibility.

> ***"If someone's short of breath we'll ask for more info - e.g. are you asthmatic, is it on exertion, is there pain. We don't have a flowchart - probably should!"*** - Receptionist

Less formal support and learning

14 receptionists mentioned email updates and/or practice meetings to share information about new processes or services.

> ***"We have monthly practice meetings with updates - for example there's a new procedure for UTIs where they do a form and sample first, no appointment needed."*** - Receptionist

Five mentioned posters and leaflets.
18 receptionists emphasised the support of their colleagues and managers in knowing how to manage situations.

> ***"The staff have been very supportive, and let me ask loads of questions - I ask all the time. It's easy to make mistakes but important to get it right. It's a great team."*** - Receptionist

> ***"We can speak to any one of the doctors for advice - they're so approachable. The pharmacist six doors down is also really helpful - we can call any time to find out if he can deal with a problem, e.g. ringworm."*** - Receptionist

Many Southwark receptionists have been in post for many years (sometimes decades). Staff at 11 practices emphasised the importance of experience.

> ***"Use your own initiative and common sense - you get to know the patients, can look up on the screen e.g. if they're diabetic. Some people don't like to push for an appointment but actually they need it."*** - Receptionist

> ***"We have awareness of what each clinician actually treats. We learn by experience."*** - Receptionist

At three surgeries receptionists were relying exclusively on experience and mutual support, although only one of these systems seemed to involve receptionist decision-making about redirecting patients.

Walk-in systems

Practice feedback: Are walk-in systems still used in Southwark?

For the purposes of this report we define a walk-in clinic as one where patients can attend a surgery in person and see clinicians by queueing (or with a numbered ticket), rather than in a booked slot at a specified time. Only one Southwark practice seems to be offering this in the strictest sense. This is an 'open access' clinic for 45 minutes each morning whereby patients fill out a short form about their problem, and are triaged by a clinician to see a GP or nurse.

> ***"It is made clear on the form that access to open surgery is based upon the problem rather than the time of arrival. This system has been in place for many years and is well liked by our patients as it affords same-day access to a clinician."*** - Practice Manager

At other surgeries not operating walk-ins, receptionists did sometimes note that, if a patient came in person for an appointment, they would try to find one as soon as possible and the person might sit and wait. If a patient appears to be seriously ill or have access difficulties, the receptionist might inform the GP that they are waiting.

> ***"Once an older man with a bad leg came in. We asked him to go home and he said he couldn't. I popped in to the doctor and explained. He couldn't hear very well [to be triaged on the phone] so the doctor saw him then. We are flexible depending on needs."*** - Receptionist

Practice feedback: Disadvantages of walk-in systems

Several practices (at least five) had within the last few years (sometimes recently) switched from walk-in appointment systems to triaging systems - very different approaches. Thus when discussing the advantages of triage, many receptionists did so in comparison to walk-ins.

Walk-ins would be 'inundated' and people would have to queue for a long time (e.g. up to two hours) in a busy waiting room, patients might be turned away, and GPs faced a heavy workload.

> ***"Every day we were having to turn people away from 9am or 9.30am even though it was supposed to be until 10am. There were disgruntled patients. The doctors were working from 7.45am 'til lunch then a long afternoon. The system was breaking. So this new system is keeping the surgery open, which people like."*** - Receptionist

One key reason for the pressure on old walk-in systems was that they were used for administrative requests such as sick notes, repeat prescriptions and housing letters.

> ***"People queued early for the twelve slots, with massive queues. The same people came again and again - and they stopped coming when the system ended! They might want prescriptions and housing letters and now we can just do that at reception."*** - Receptionist

> ***"People who used [walk-in] all the time wonder how they will get their repeat prescriptions - but that's exactly why we stopped it because people who were genuinely unwell weren't getting seen."*** - Receptionist

Another receptionist pointed out that walk-in systems might not promote equal access -

> ***"We won't go back to walk-in system - it wasn't fair, especially on children, older people, working people. People were queueing from 7.15 or from noon for 2pm - not fair on those who are very sick."*** - Receptionist

Patient feedback: Views on walk-in systems

As so few practices now offer a walk-in service, we did not ask patients about this. However, as mentioned above, four people said they would prefer a walk-in service over the EPCS. In the 'any other comments?' question at the end of the survey, 12 people said they would like practices to re-introduce walk-in clinics.

> ***"We used to be able to walk in between 9 and 11am, or thereabouts, take a seat and be seen in about 30 minutes. What happened to that service?"*** - Patient survey response

However, two other people said that they understood why the walk-in systems at their surgeries had ended -

> ***"I can understand why the 8 to 10 o'clock walk-in service has been scrapped. During the few times I attended between these times the waiting areas were always jam-packed with folk who, for the main part, probably could have been dealt with over the phone, or even dismissed out of hand."*** - Patient survey response

Alternatives to face-to-face appointments

For some patients, working patterns and other restrictions mean that attending surgery in person can be a challenge. This can be exacerbated where surgeries are under pressure and choice of appointment times is limited. When we carried out Enter and View visits to King's Hospital A&E and to St Thomas' Hospital A&E we found that some people went there because it was closer to home/work.

For GP practices, alternatives to face-to-face appointments might in some cases save time. Telephone triage and telephone consultations are in widespread use as they enable practices to deal with more patient requests and devote more time to those who really need it. In addition to this, Southwark CCG is looking into the possibility of offering online GP appointments via a smartphone app.

Patient feedback: How do patients feel about alternatives to face-to-face appointments?

We asked survey respondents whether they would be happy with different alternatives to a traditional face-to-face GP appointment. Of the 536 people who answered this question:

- 387 (72%) would accept a telephone appointment.
- 155 (28%) would accept an online video chat (comparable with Skype).
- 115 (21%) would accept an online typed chat (comparable with Messenger).

Other suggestions given by respondents included email (12), home visits (six), and text messages (six).

As is to be expected, many who selected one of the alternatives to face-to-face appointments specified that it would depend on their condition or situation.

Positive comments

It is unclear how many people actively prefer other methods of consultation over face-to-face appointments. One person told us -

> ***"I work full time so anything else would be good!"*** - Patient survey response

Those who were positive about the use of alternatives often focused on convenience.

> ***"Occasionally that's appropriate. Quick answers - it's good for that."*** **[Telephone]** - Patient survey response

> ***"If you just want a prescription you might not need an appointment and something like messenger would be good for that."*** **[Online typed chat or online messenger]** - Patient survey response

Some (four) explained that they preferred online video conversations to the telephone because they could show the GP their symptoms.

Barriers to using alternatives to face-to-face appointments

122 people (23% of respondents) said they would *only* choose face-to-face appointments. The reasons given included English not being a first language, feeling more relaxed and at ease interacting in person, and getting to know the doctor.

Several (14) patients who would accept a telephone appointment did not, however, feel that it was the best option. The reasons given included being hard of hearing, having poor English, or the doctor not being able to see the symptoms.

> ***"[I would take a telephone appointment] if I was confident I didn't need an exam - but how often would that come up?"*** - Patient survey response

Several people had other concerns about communicating via a computer.

> ***"Talking to a computer is not as quick; you can't express yourself and the urgency."*** **[Online systems overall]** - Patient survey response

> ***"That would be quite difficult to do especially if you want to talk about mental health."*** **[Online typed chat or online messenger]** - Patient survey response

> ***"It might not be clear who is on the other side of the messenger conversation."*** **[Online typed chat]** - Patient survey response

Other reasons given for not selecting online options included poor eyesight, not having internet access or skills or the right technology, or finding this complicated or difficult. Dyslexia or preferring a conversation are barriers to using typed options.

> ***"That would be laborious and difficult with my eyesight."*** **[Online typed chat]** - Patient survey response

> ***"I struggle with email and haven't a clue about Skype or Messenger. I don't think I'd cope if unwell."*** **[Online systems overall]** - Patient survey response

Advanced Nurse Practitioners

Some practices have Advanced Nurse Practitioners (ANPs) as well as traditional practice nurses. An ANP is different to a normal practice nurse in that they do some things traditionally associated with the GP. They have had extra training in order be able to treat some conditions, make diagnoses or prescribe treatments.

Practice feedback: Advanced Nurse Practitioners (ANPs) and other non-GP clinicians

We asked staff whether their practices had an Advanced Nurse Practitioner (ANP). 16 said they did, 24 did not (or that their ANP was still training/not yet able to prescribe) and four were not sure or gave an unclear answer. Positive comments were made about ANPs.

> ***"Our minor illness clinics enable either practice to channel demand, allowing our GPs to offer more appointments to those patients with complex needs."*** - Receptionist

> ***"People are happy to see her - she has 'her own' patients who ask for her."*** - Receptionist

Another receptionist was happy to be getting an ANP soon - ***"I'm excited as it opens more doors."***

While we did not ask about other non-GP clinicians, many surgeries mentioned these – for example practice nurses, healthcare assistants (HCAs), pharmacists, mental health practitioners, midwives, and a paramedic. They were noted as being helpful in a wide range of situations.

> ***"We have a new pharmacist on site - does asthma, diabetes reviews, and phone consultations… about meds queries and certificates. The HCA does bloods, diabetes, health checks, blood pressure, the Pill…"*** - Receptionist

> ***"We have a pharmacist, so anything to do with medication, especially hospital scripts, we can make an appointment with them."*** - Receptionist

> ***"Our nurses and HCA provide both routine appointments and also specialist clinics - Holistic Health Assessments, COPD Clinics, Health Management (for patients with chronic diseases) and travel clinics."*** - Receptionist

Two practices noted that their ANP was able to triage patients for the EPCS and another a paramedic.

Patient feedback: How do patients feel about Advanced Nurse Practitioners?

In the survey we explained the function of an ANP and asked patients - ***'Would you be happy to see an advanced***

nurse practitioner, instead of a GP, for an illness which they are trained to deal with?' 532 people answered this question.

Would patients see an ANP?	% of 532
Yes	82%
No *	12%
Don't know	6%
No answer	

* *'No' includes 5 people who said they would only use an ANP for the traditional functions of a practice nurse or having been referred to them for follow-up care after diagnosis by a GP.*

Positive attitudes

A large majority of survey respondents (83%) indicated that, when appropriate, they would accept an appointment with an ANP instead of a GP. Some people recognised the advantages of ANPs taking pressures off the GP and enabling speedier access - 15 people thought that this would save the GP time; seven said they would be seen more quickly by an ANP.

> ***"I have seen our practice nurse and she is very professional; as good as the doctor."*** - Patient survey response

> ***"I don't want to use a doctor's appointment when I don't have to. I don't want to waste time. Happy to see a nurse."*** - Patient survey response

> ***"If we had more nurse practitioners to see patients for illnesses they are trained in, it would take pressure off doctors and more appointments would be available."*** - Patient survey response

Many people stressed their confidence in ANPs' clinical ability (32), had a previous good experience with an ANP or other nurse (23), or felt there were positive advantages to seeing an ANP, such as more holistic care (15).

> ***"If they have a specialist area they are well versed and trained in then often nurses are better suited to listen and respond as they have extra time that GPs do not have."*** - Patient survey response

Cautious or negative attitudes

However, not everyone was as enthusiastic. 15 of those who would see an ANP expressed concerns or saw the ANP as a less preferable option to the GP.

Among those who would refuse an ANP appointment, many said they preferred to see a GP or 'their' GP and some (12) expressed actual concerns about ANPs' knowledge, training and experience or felt their care was less good.

Four people reported previous negative experiences when seeing an ANP, including wrong diagnosis. Several saw the roles of GP and ANP as very distinct.

> ***"I do not believe nurses have the same in-depth knowledge as doctors do."*** - Patient survey response

> ***"I prefer a GP, as they will explain the medication clearly."*** - Patient survey response

> ***"They are still a nurse and not a doctor. If I feel something is not right, I want to see a doctor."*** - Patient survey response

The role of the GP was still an important factor for patients in deciding whether to be seen by an ANP. For some (8), the fact that the two work in close proximity was reassuring, for example to seek a GP's opinion or reassurance. However, for others (5) the possibility of needing to see two different clinicians was frustrating.

> ***"Before I saw a nurse and then she had to consult with a doctor. Then I had to make an appointment to see a doctor, so the process took longer."*** - Patient survey response

> ***"[If] they can't determine fully what the problem is, it's more cost and time effective to just see a doctor."*** - Patient survey response

Choice and information

Among those who were willing to see an ANP, many people emphasised that they were only willing to do so if certain conditions were met such as where the ANP is properly trained, can diagnose/prescribe, and the patients' needs are not too complex.
A few people pointed out the need for greater information and patient choice.

> ***"The GP practice would have to explain the difference between the nurses as I only found out now from reading the above definition [on the Healthwatch survey]."*** - Patient survey response

Two patients only wanted to be offered ANP appointments after clinical triage.

> ***"The question is who is making that judgement. I don't think reception is able to decide."*** - Patient survey response

Pressures and challenges

Practice feedback: Pressures on appointment systems

We asked Practice Managers to tell us about pressures on their practices and any barriers to improving their appointment systems. Combined with information from receptionists, this gave us information about challenges faced at 36 of the surgeries.

Staff at a striking 27 practices mentioned broad issues around resourcing and demand. As well as general comments, this included:

- Problems around GP recruitment, being unable to cover absences, and the need to use expensive locums (18 mentions).
- Staffing problems generally – vacancies, absences and 'lack of clinical resources' (eight mentions).
- Demand and funding issues (nine mentions) – with one specifying a lack of funding to employ an Advanced Nurse Practitioner (ANP).
- Workload (one mention).
- General pressure on the NHS (one mention).

> ***"Rising demand, but the supply envelope is the same (funding is either the same or - more likely - decreasing on a yearly basis)."*** – Practice Manager

> ***"Other surgeries nearby closing has caused more pressure on our appointment system."*** - Receptionist

21 practices mentioned problems stemming from patient attitudes or behaviours. This included general comments on patient attitudes and education, as well as 16 references to DNAs (people not attending appointments), two to lateness and one to people presenting with multiple issues at appointments.

> ***"Patients' understanding that not all appointments need to be dealt with by a GP, and that other clinicians can do it. Patients accepting off site appointments at the EPCS Hub."*** - Practice Manager

> ***"Patient education is vital as patients' perception of urgent is not always the same as a clinician's. Self-management for minor ailments and sometimes common sense."*** – Practice Manager

> ***"Medical certificates. We always remind people to book their appointment four weeks ahead to get these renewed, but they don't like to; they leave it until the last minute and then want an urgent appointment."*** – Receptionist

Six practices said they faced challenges around their premises – for example not having enough space to offer more appointments.

"We need more clinical rooms so that we can expand in line with our population growth." – Practice Manager

Other comments were around social deprivation or the more complex needs of the local population.

"Pressures in social care and employment benefits reviews have an impact on demand in general practice. Secondary care and other provider failures mean that the work has to be picked up in general practice such as mental health..." – Practice Manager

"Sometimes it's hard to find a time that works for people even for emergencies because people are under pressure - e.g. mums who have children with diarrhoea or chickenpox might still have sent them to school and gone to work." – Receptionist

"People say the waiting time is long but we have a lot of chronic patients who need double appointments - we're improving it but it's hard to keep everyone happy." – Receptionist

Patient feedback: Pressures on appointment systems

There seemed to be widespread awareness among patients of the pressures on GP surgeries, often combined with a sense that staff are doing their best with limited resources.

In the final question of our survey, the most common suggestion for improvement overall was simply more doctors and/or more resources. This included people stating that surgeries had 'too many patients'. A couple of these comments specifically mentioned the need for full-time doctors and fewer locums.

"All surgeries need a review how to meet current demands that is a given as we are aware needs are greater than the number of GPs available." - Patient survey response

"The appointment system could be improved by no longer taking on new patients as I think that the surgery is oversubscribed with patients and this is why the waiting time for appointments is not quick enough to cater for everyone." - Patient survey response

There were some suggestions that reception staff were also overstretched, making it hard for people to book appointments. Five people suggested more reception staff or other staff to support patients to make appointments. Other suggestions included supporting patients to check-in electronically and providing test results online, in order to save receptionists' time.

Four people also referenced more systemic issues around GP commissioning and management, implying that external factors were inhibiting surgeries' ability to perform well.

"Get more doctors and trust the surgery to make their own decisions based on their own experience. Do not impose upon them rules and targets and so on." - Patient survey response

Practice feedback: DNAs

With some receptionists we discussed the approach being taken to reduce 'DNAs' (people not attending appointments). A couple mentioned that after two or three DNAs a patient might be de-registered, and one said this seemed to be helping reduce the problem. A group of sister practices were working together to produce patient education materials and many practices display the number (and sometimes cost) of DNAs in the waiting area. Some practices will text or call patients to tell them they missed an appointment and ask the reason. At least two staff mentioned that they call round patients who have an appointment that day to check they will attend.

"Each morning, staff ring round patients who have nurse appointments - it takes 30-40 minutes but is worth the time saved. The Practice Manager calls those with smear tests booked as they often need reassurance. They have been doing this for 2-3 months and seen an improvement in nurse DNAs."
- Receptionist

"We try to call the first ten appointments between 8 and 8.30am. They might say they've got better or missed the train!" - Receptionist

However, one receptionist felt that the reminder text system had not had much impact on DNAs.

Patient feedback: DNAs

The issue of 'DNAs' was mentioned as a problem or topic for further work by some patients (seven). There were mixed views about what GP practices should do about this, with some saying people should be charged and others saying that it needs to be looked into further.

"DNAs should be charged - people should know that it's costly. People don't think about others and the cost… send them a letter saying how much they have cost the NHS." - Patient survey response

"The DNA should be looked at in depth. [Practice name] have around 250+ every month. This takes a lot of GP time where they could be seeing other patients. I do not feel it is appropriate to penalise patients that have DNAs as these are normally vulnerable patients. DNAs should be broken down so we can see what categories of patients DNA and look at creative ways to reduce these." - Patient survey response

A few people made suggestions for ways to limit this, such as having a cancellation phone line (two) or sending reminders (one).

Conclusion

Conclusion

We chose to investigate Southwark's GP appointment systems because local people had previously spoken to us about difficulties accessing their GP. Comments ranged from people not being able to make appointments when they wanted, not understanding how the appointment systems worked, and some feeling that GP appointment systems were unfair.

In investigating this we found that people's experiences of their GP surgeries vary widely – many are positive. However, key challenges faced by patients include:

- 23% find it difficult to contact their practice, with particular problems around telephone systems, sometimes low usage of online systems, and difficulty calling at 8am.
- Some patients are waiting too long for a routine appointment.
- Some people are unable to reconcile their need for appointments with GP continuity.
- Some practices do not allow patients to book far enough ahead.
- There are some challenges around call-back systems used with GP triage.
- Few people have heard of and used the EPCS. Challenges around use including travel and lack of GP continuity.
- 27% of people do not like being asked their condition by receptionists, but this occurs for some appointments in most practices.

GP practices have tried to design their appointment systems to mitigate some of these problems, whilst also balancing the needs of different patients and manging the often substantial demand on their services. This report highlights the complex nature of the appointment systems that have emerged - from both a staff and patient perspective.

What we have found is that Southwark GP practices operate very different systems, each with their own benefits and challenges. We spoke to staff and patients about several elements of their systems, as well as external factors that impact on people's experiences. Factors (which were beyond our capacity to analyse quantitatively) such as list size, complexity of patients' needs, people's lifestyles and cultures and the practices' staff composition are all likely to impact on how appointment systems operate. We therefore conclude that it is not possible to recommend a one-size-fits-all appointment system.

However, we did identify several areas of good practice as well as some approaches which concerned us. In particular, we feel that the level of decision-making responsibility of receptionists needs further attention, as does the guidance provided on where they should re-direct patients if necessary.

One thing which is paramount is that appointment systems are flexible and that practices are offering different ways for people to book appointments

and receive appointments. What one patient might think works well, another patient might not. For example:

- Offer different ways for people to book and attend appointments - such as telephone or face-to-face consultations.
- Allow people to book and cancel appointments in a variety of ways.
- Offer a range of appointment times and waits to suit different needs and lifestyles.
- Raise awareness about non-GP clinical staff - such as a pharmacist or nurse.
- Explore how the Extended Primary Care Service (EPCS) offer could be expanded and better utilised.

Our recommendations reflect ways in which we think these findings can be implemented. We look forward to hearing how the surgeries, GP federations and NHS Southwark CCG plan to adjust their ways of working, share learning and good practice as the systems continue to evolve

Next steps/response to our findings

In any report we publish with recommendations, we invite commissioners and providers to formally respond - in this case, NHS Southwark CCG and the north and south GP federations. These organisations received the draft report and were given 20 working days to write a formal written response on how they will action/not action the recommendations we have made. This response has been published alongside the main report. In order for Southwark residents to help shape how these organisations will take our recommendations forward, Southwark CCG and Healthwatch Southwark organised a public event prior to the final report being published.

Appendices

1. Demography of patient respondents

Below is a demographic breakdown of who completed our patient survey. We spoke to 550 people in total, but not everyone completed this information.

Age	Number
Under 18	3
18 to 25	30
26 to 45	152
46 to 65	160
66 and over	91
Not provided / unclear	114

Gender	Number
Female	284
Male	158
Transgender	1
Not provided / unclear	107

Ethnicity	Number
TOTAL WHITE	**249**
White British/English/Welsh/Scottish	187
Irish	8
White – other (includes mixed White e.g. British/Irish)	33
White – not further specified	21
TOTAL BLACK	**97**
Black African/Black African British	54
Black Caribbean/Black Caribbean British	15
Black/Black British – not further specified	28
TOTAL ASIAN	**30**
South Asian/Indian/Pakistani/Bangladeshi	12
Chinese	1
Filipino	1
Asian/British Asian – not further specified	16
TOTAL MIXED	**16**
White British and Black Caribbean	4
White British and Black African	1
Mixed – other	2
Mixed – not further specified	9

TOTAL OTHER	**16**
Arab	3
Latin American or Latin/Hispanic (not including White South American – classified as White other)	6
Other (some of these might traditionally fall into the above categories)	7
UNCLEAR or UNSPECIFIED (includes 'British/English/Welsh/Scottish - unspecified')	**142**

* We asked people to self-define their ethnicity rather than ticking boxes, which is why not all of these definitions fit the standard formats used.

Disability	Number
Self-identified as having a disability	99
Self-identified as not having a disability	340
Not provided / unclear	111

Employment	Number
Employed full time on standard hours	148
Employed in a different pattern – e.g. part time, shifts, nights, weekend work	88
Not currently employed – e.g. student, homemaker, unemployed, retired, long-term sick/disabled	193
Not provided / unclear	121

2. Breakdown of patient survey responses by surgery

We requested the patient list sizes from NHS Southwark CCG in June 2017. Please note, this may not be the latest patient list sizes available

	Surgery (with alternatives names in brackets)	Practice list size	Number of patient responses
1	3-Zero-6 Medical Centre (306 Lordship Lane/Dr Chawdery)	4790	15
2	Acorn and Gaumont Surgery	10490	22
3	Albion Street Group Practice	13929	12
4	Avicenna Health Centre	2770	8
5	Bermondsey Spa Medical Practice	9220	19
6	Blackfriars Medical Practice	6893	20
7	Camberwell Green Practice (Dr Durston)	11475	20
8	Concordia Melbourne Grove Medical Practice (Melbourne Grove)	7053	11
9	Concordia Parkside Medical Centre (Parkside)	5531	6
10	DMC Chadwick Road	6734	13
11	Dr Aru - Lister Centre	5456	10
12	Dr Misra - Borough Medical Centre	2567	3
13	Dr Sharma - Borough Medical Centre	2260	4
14	Drs Roseman & Vasant - St Giles Surgery	6485	9
15	Drs Virji & Begley - St Giles Surgery	4331	5
16	Dulwich Medical Centre (DMC Crystal Palace Road)	9714	16
17	East Street (The Surgery)	8592	12
18	Elm Lodge Surgery	7790	23
19	Falmouth Road Group Practice	6534	12
20	Forest Hill Road Group Practice	12490	24
21	Hambleden Clinic	4853	15
22	Hurley Group Practice - Lister Centre	6417	6
23	Lordship Lane Surgery (Dr Doha)	4370	9
24	Maddock Way Surgery	3330	7

25	New Mill Street Surgery	5155	4
26	Nunhead Surgery	9516	31
27	Old Kent Road Surgery	7519	11
28	Park Medical Centre (Dr Bhatt)	5474	9
29	Penrose Surgery	6906	10
30	Queens Road Surgery	5639	12
31	Silverlock Medical Centre	7454	15
32	Sternhall Lane Surgery	5246	9
33	Surrey Docks Health Centre	10679	12
34	The Gardens (The Surgery)	7164	13
35	The Trafalgar Surgery	3886	8
36	Villa Street Medical Centre	7073	13
37	Nexus - Aylesbury Medical Centre (Thurlow Street)	58092	8
38	Nexus - Bermondsey & Lansdowne Medical Mission at Decima Street (Decima Street/Bermondsey & Lansdowne)		13
39	Nexus - Bermondsey & Lansdowne Medical Mission at Artesian Health Centre (The Artesian)		13
40	Nexus - Sir John Kirk Close Surgery		5
41	Nexus - Commercial Way Surgery		14
42	Nexus - Dun Cow Surgery		5
43	Nexus - Manor Place Surgery		9
44	Nexus - Princess Street Group Practice		28

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