

# GP Access in Cornwall 2017:

“What’s your experience?”



We can make a difference, but we can't do it without your feedback





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- For the full survey results and detailed analysis, along with demographic reach and appendices, please visit: [healthwatchcornwall.co.uk/our-work/our-reports/](https://healthwatchcornwall.co.uk/our-work/our-reports/)



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# About Us

Healthwatch Cornwall is an independent, publicly-funded organisation. We have statutory duties and a remit to ensure health and social care services in Cornwall are the best they can be for people, now and in the future.

By listening to your experiences of publicly-funded health and social care services we are able to inform decisions made by the commissioners and providers of them. This means your voice is heard by those planning and delivering services and can influence positive outcomes.





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# Background to the Survey

During 2017, general practice represented one of the most common areas the people of Cornwall had been telling us about. A significant proportion of this feedback related to the increasing difficulty they experienced in accessing an appointment with a doctor. The term 'access' is broad comprising of factors such as: timely access, physical access, ease of booking and choice. It is important to consider a range of factors which may influence people's experiences of accessing an appointment with a doctor in general practice. This is often reflected in the feedback we receive about the public's perceptions of general practice, which has drawn our attention to the potential variation in experiences highlighted through the feedback people share with us.

The Care Quality Commission as the regulator of health and social care provision has rated all GP Practices in Cornwall and the Isles of Scilly (CloS) as either 'Outstanding' or 'Good'. This is fantastic feedback on our GP services. The National GP Patient Survey data 2017 shows general practice services in CloS are consistently regarded by patients as better than the England average (Ipsos MORI, 2017). However, these reports, in line with the national picture, have begun to show a decline in areas such as: ease of getting through on the phone, accessing an appointment, and of the convenience of appointments (Ipsos MORI, 2017).

People are living longer, with more complex, long-term health conditions. Nationally, pressures on general practice are frequently

portrayed in the media, with workload in general practice reported to have increased by 16% since 2000 (RCGP, 2017). The Royal College of General Practitioners (RCGP) anticipate the number of occasions on which patients having to wait more than a week for an appointment with a doctor, will rise from 80m in 2016/2017 to 102m in 2021/2022. The RCGP believe this has the potential to impact upon patient safety.

There is a shortage of general practice doctors (GPs) nationally and locally - demand is increasing while the number of doctors being recruited is not. The long-term trend for part-time working and portfolio careers for both male and female GPs has continued, as have issues with GP recruitment and retention (Baird et al., 2016). However, increasingly there are initiatives to move care from hospitals back into the community setting. The Sustainability and Transformation Partnership between Health and Social Care, known in Cornwall as Shaping our Future, is an example of this.

While continuity of care in general practice is valued, it is in decline in England. The National GP Patient Survey 2017 revealed the proportion of patients in England who were able to see their preferred doctor fell from 65.3% in 2012 to 55.6% 2017 (Ipsos MORI, 2017). Given the growing prevalence of complex, long-term health conditions, ageing population and increasing frailty, there is an ever growing need for improved care coordination and continuity. While care continuity plays a significant role in influencing patient satisfaction in general practice; it is also proven to be an important



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factor in reducing hospital admissions for conditions that are generally considered manageable in primary care (Deeny et al., 2017).

It is evident therefore, services may need to be provided in other ways to ensure they meet the public's needs and offer the best possible patient experience within the allocated budget and resources. One current approach to improving access to general practice is through NHS England's General Practice Forward View 2016 (NHS England, 2016). Plans were established to enable Clinical Commissioning Groups (CCGs) to extend access to GP services, to include routine evening and weekend appointments in order to meet local demand. In February 2018, this was brought forward to ensure 100% of the population have extended access by 1 October 2018 (NHS England and NHS Improvement, 2018).

In response to public feedback the aim of Healthwatch Cornwall's 2017 survey: Access to an Appointment with a Doctor in

Cornwall, was to understand the variation in people's experiences of accessing an appointment with a doctor in Cornwall, along with their expectations and preferences, to help inform and shape future plans. We worked collaboratively with Kernow Clinical Commissioning Group (KCCG) (also known as NHS Kernow), in order to develop the survey, then share our findings with them, so they can be used to inform decisions being made about current and future provision of services. KCCG is the clinical commissioning group for Cornwall and the Isles of Scilly. The Group was formed with 62 GP member practices (at the time of the survey), across ten localities in Cornwall and the Isles of Scilly, who are responsible for commissioning a range of services locally, including general practice, hospital care, mental health care, children's care, community health services and GP out of hours'/NHS 111 services. KCCG are working with NHS England to jointly commission and monitor the contract of GP services within the locality, with NHS England maintaining overall accountability.

## Acknowledgements:

Healthwatch Cornwall would like to thank its dedicated team of volunteers who supported this project and helped to spread the word about the work we do. We are appreciative of collaborative approach in working with KCCG both during the development of the survey and for the future work this project will permit. Through KCCG and the Citizen Advisory Panel, we reached out to Patient Participation Groups for their views and were grateful to receive their input. We are thankful to all our partners in health and social care, and to local businesses and organisations who shared our survey with colleagues and the public. We would especially like to thank Josh Harvey from the Business Information Team at KCCG who provided on-going support to our research team with the survey database.

Finally, a big thank you to the people of Cornwall who took the time to complete our survey: Access to an Appointment with a Doctor in Cornwall 2017.



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# Executive Summary

## What we did

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Healthwatch Cornwall launched a survey in December 2017 in order to assess how difficult or easy people in Cornwall find accessing an appointment with a Doctor. We worked collaboratively with Kernow Clinical Commissioning Group to develop the survey. The survey received 2102 responses between 13 December 2017 and 19 January 2018, nearly double our desired sample size. This gave us confidence the information gathered was representative of the views of the people of Cornwall.

This survey was focussed on people's experiences of accessing a routine/non-emergency appointment with a doctor, based on the feedback we collected throughout 2017. People told us routine - as opposed to urgent appointments, were the main area of concern for them. We also asked questions about people's preferences, in order to inform planning for service provision in the future.

In this report, we have not commented on individual practices, but we have made comments about any variation in care identified. Further analysis at locality and practice level will follow this report. We will continue to inform the public about this throughout 2018. While this survey did not seek to evaluate people's experiences of their consultation with a doctor or healthcare professional, there were a wealth of positive comments and gratitude about the service people received at their doctors' surgery. This positive feedback aligned with other survey findings, such as National GP Survey data for Cornwall (Ipsos MORI, 2017).

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*“The staff both receptionists and Doctors are so caring and lovely, making you feel as a patient (both myself and family) that we are important in each visit.”*

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*“All the staff are amazing!”*

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*“Across the board, all staff are friendly and professional and have a caring attitude.”*

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*Natalie Swann*  
Research Manager - Healthwatch Cornwall



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# Key Findings:

## Call back (triage) systems worked for some yet were frustrating for others

- Most people (84%) booked an appointment with their doctor by phone, of which 16% phoned their surgery using a call back or triage system. This is where they were called back by a doctor for a consultation or by an administrative person to book an appointment. Many practices had telephone triage or call back systems in place, although it was not clear where this was the only system in place used to access an appointment with a doctor. Triage systems while helpful for some, were a clear source of frustration for others, especially for those who were less able to answer their phone when working for example. People experienced missed calls or after several attempts could be put to the back of the queue. Some people felt they did not want to share personal, confidential information with administrative staff.

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“Telephone call back systems are extremely difficult when you are a carer and work.”

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“A very efficient friendly surgery. Have never experienced problems in securing an appointment. Their doctor-led triage system has always worked for me.”

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“Have to discuss medical issues with a receptionist which I feel is intrusive. Appointments are weeks later and you have to wait a week to speak with a GP before you can even get an appointment.”

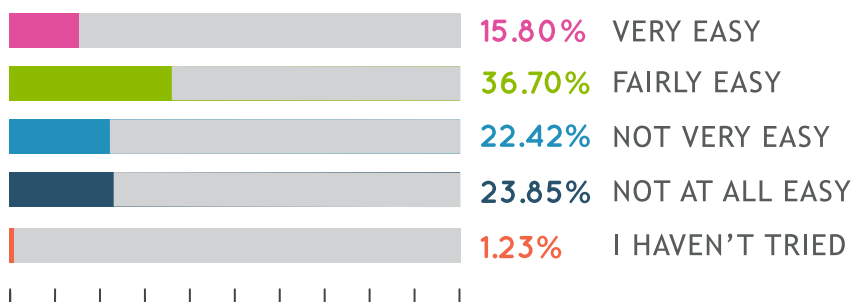
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## Mixed experiences of getting through on the phone and in booking an appointment

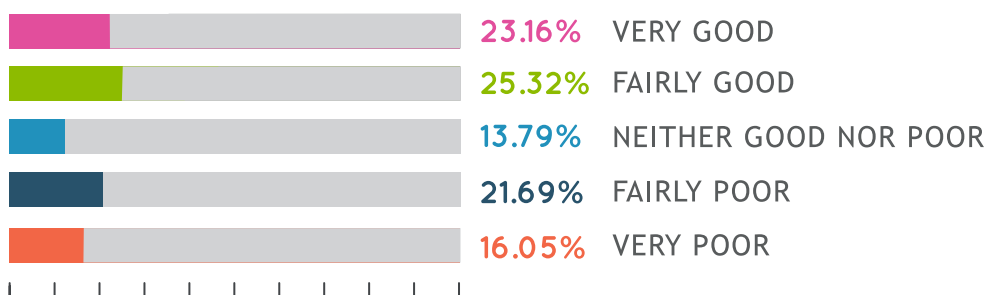
- There was a variation in people’s experiences across GP practices in Cornwall, in both: getting through to the practice to make an appointment, and in the experience of making an appointment (see appendix 6). Around half of people (53%) found getting through on the phone easy and their experiences of booking an appointment as positive (48%). However, nearly half (46%) found getting through to speak to someone not easy and the overall experience of booking an appointment was poor for 38% of people. Experiences varied depending on which practice people were registered with.



Q17 HOW EASY IS IT TO GET THROUGH TO SPEAK WITH SOMEONE WHEN PHONING TO BOOK AN APPOINTMENT AT YOUR SURGERY?



Q18 OVERALL, HOW WOULD YOU DESCRIBE YOUR EXPERIENCE OF BOOKING AN APPOINTMENT AT YOUR SURGERY?



“Can take some time to get through and appointment availability varies... used to be very easy now not so.”

“Appointments are released in batches which results in a bottleneck on the phone at certain times of day or frustration in being told to try again at a later date and time.”

“How have all the appts gone for the day by 8.35 when the phone line doesn't open till 8.30 and apparently can't pre book.”

“I neglect myself and conditions rather than having to go through hassle of booking an appointment. If it's for my kids I persevere but not me.”

“...When I work, how am I meant to keep calling and waiting up to 40 minutes to get through to be told, sorry no appointments available. That's when you have to ring and say it is urgent...”

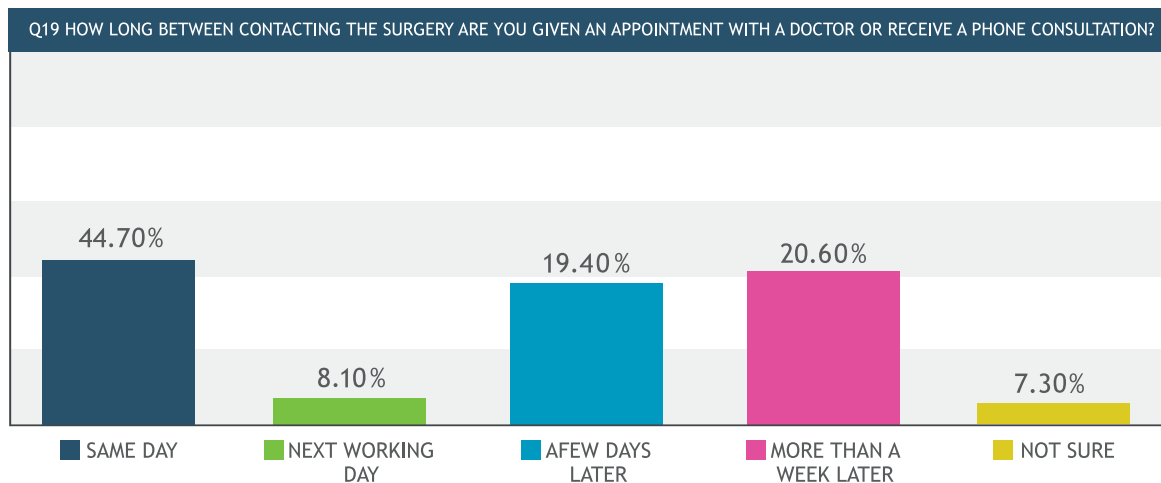
“It's a great practice, but routine appointments are impossible. Have to wait until deterioration forces plea for emergency (appointment).”





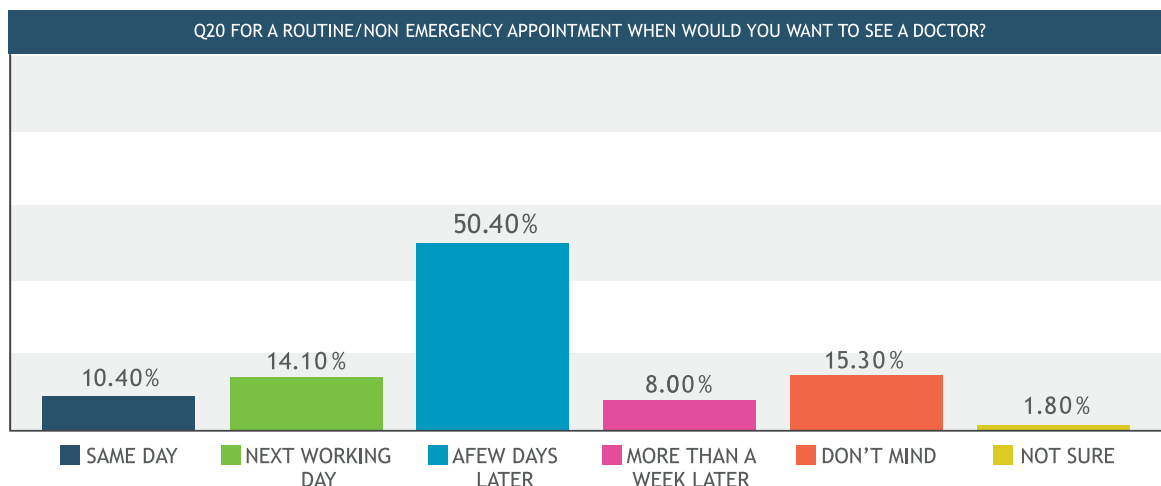
## Variation in wait to see a doctor

- There was a variation across Cornwall, in how long people waited to access a routine/ non-urgent appointment with a doctor. While many were given an appointment with a GP quickly, on either the same day (45%), or the next working day (8%), nearly one in five waited longer than a week (21%), with some reporting they waited several weeks.



## Appointments provided same day although people preferred a few days later

- There was a clear difference in when people were given an appointment with a doctor, with when they wanted an appointment with a doctor. While nearly half of appointments were provided on the day people called (45%), half of respondents told us they wanted an appointment several days later and only 10% wanted a same day appointment. While people preferred to wait several days for an appointment, many appointments were only offered for the day on which people called. On the whole, people's personal situation (working full time, student, carer etc) did not influence either when people wanted an appointment, or when they were provided with an appointment with a doctor. People aged between 25-49 and 50-64 were more likely to find their appointments not convenient.





## Possible undue pressure to ensure swift access to a doctor

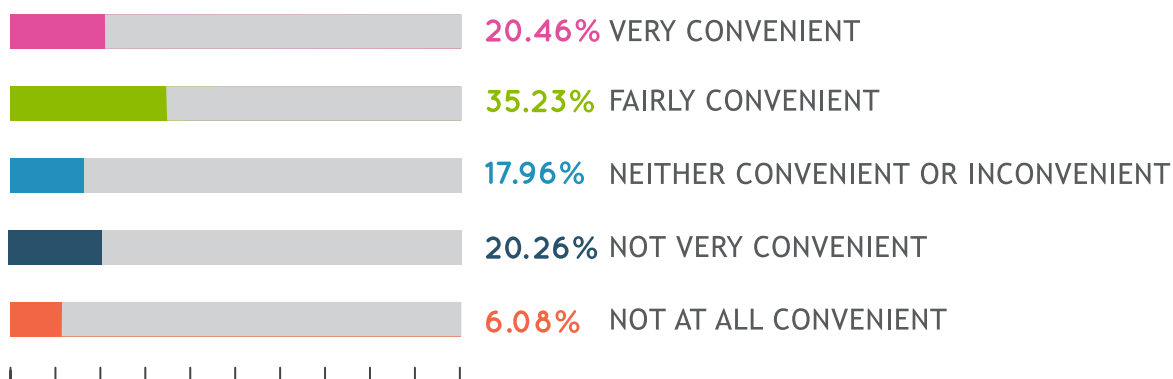
- **It appears there may be an undue pressure within the system to ensure rapid access to an appointment with a doctor where it may not be needed.** Current systems that only offer appointments on the day people call do not take into consideration people's preferences or personal situations, given that offering 'on the day' appointments are common and pre-bookable appointments less so. Those who were not able to take a same day appointment or did not manage to book an appointment on the day they called, had to call back and try again the following day(s). This was not only a cause of frustration, it added to the daily volume of calls and to the length of time it took to get through on the phone. There was a bottleneck of calls often first thing in the morning when bookings for the day's appointments opened.

"Quite often you get through and told the time offered is all they have, take it or leave it and you can't book for the next day or any day after that."

## Can't book ahead or see preferred doctor, are main reasons if appointments aren't convenient

- Appointment times were convenient for just over half of respondents (56%) and not convenient for a quarter of people (26%). People who worked full time were more likely to rate their appointments times as not convenient, yet on further analysis, neither the day nor time were more significant. **The two main reasons people did not find their appointments convenient were because they could not book an appointment in advance or they could not see their preferred doctor.** Responses were grouped as the following: they couldn't book ahead (20%), they couldn't see a preferred doctor (12%), followed by the day (12%) and time (9%). In the 'Other' category, people told us a combination of any of these factors meant their doctor's appointment wasn't convenient. Not being able to book ahead or to see a preferred doctor were the two most commonly written responses in the 'Other' category. Difficulties with accessing an appointment due to work, childcare, being dependent on others or being a carer were other factors

Q 21 HOW CONVENIENT ARE THE APPOINTMENT TIMES USUALLY OFFERED WITH A DOCTOR AT YOUR SURGERY?





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“...It would be nice to have more onward appt availability when you know you don’t need to see a Dr for a few days or have availability to attend (ie Shift patterns). We always have to ring at 8.30 am on the day we want to be seen.”

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“It is difficult to get an appointment around my work times but also difficult to book ahead for a suitable time/date..”

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“...There is an inequity of care in Cornwall....We can’t even book a future appointment, we have to phone back every day to see if there is an appointment for that day the next week! I only ever will go to the doctor if I am seriously unwell. Even then I’ll put it off until I can stand it no longer!”

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“It annoys me when you’ve been told by your GP to make another appointment in a week or so time, to be told by the receptionist that you can’t & will have to phone on the day.”

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### People with long term conditions or a mental health diagnosis less likely to find appointments convenient

- **People with a mental health diagnosis or a long term condition were less likely to find their appointments convenient, with more respondents telling us: they couldn’t see a preferred doctor or couldn’t book ahead, was the reason.**

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“...it feels like such an effort to get an appointment especially when you suffer from a mental health condition...It’s also hard to get appointments with doctors you know, I find it stressful to see different doctors all the time.”

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“Due to my mental health problems I rely on seeing the same Dr because he knows me well and I feel unable to see anyone I don’t know.”





## Satisfaction with normal surgery opening hours for many

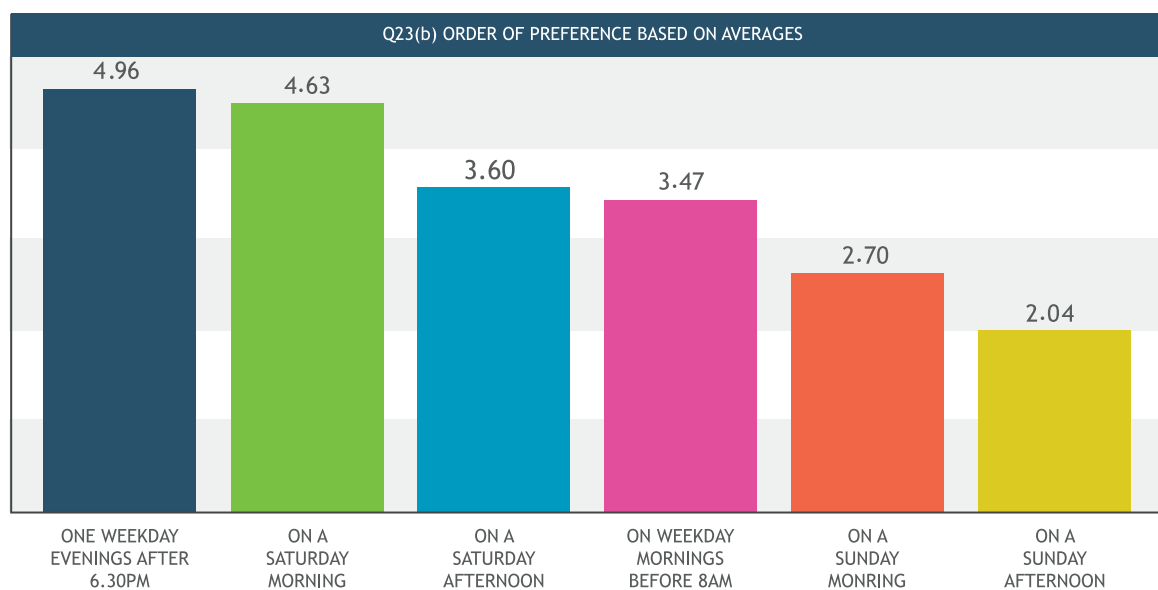
- There was a high level of satisfaction with appointments offered during ‘normal’ surgery opening hours of 8am to 6.30pm. Nearly three quarters of respondents (73%) felt appointment times during normal surgery hours were sufficient, nearly a fifth (22%) felt they were not sufficient, and 5% of people were not sure. This further demonstrated the availability of appointments offered during ‘normal’ opening hours, was less likely to be a cause for why appointments were not convenient.

Q 23 (A) FOR A ROUTINE APPOINTMENT WITH A DOCTOR, ARE APPOINTMENTS IN ‘NORMAL SURGERY HOURS’ IS SUFFICIENT?



## Weekday evenings, Saturdays mornings, then Saturday afternoons are the top three preferred alternatives

- Just over a quarter of people felt ‘normal’ surgery hours were not sufficient or were not sure (27%). For these people, weekday evenings, followed by Saturday mornings and Saturday afternoons, were the three most popular alternatives in order of preference. Sunday mornings followed by Sunday afternoons were the least favourite options.



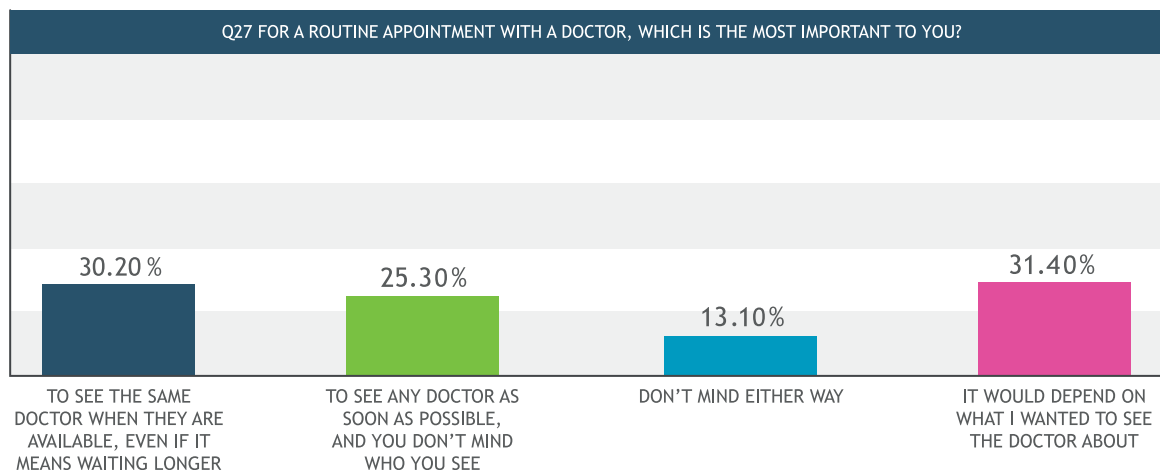


## People willing to travel for a weekend or evening appointment

- To access a weekend or evening appointment, 90% of all survey respondents were willing to travel a fifteen minute journey to access an appointment with a doctor, and around 80% were willing to travel for up to 30 minutes.

## Continuity of doctor more important than speed of access for many

- Continuity of care with a preferred doctor was clearly important to people. When asked what was most important to people when making a routine appointment with a doctor, nearly a third of respondents (30%) were willing to wait longer to see the same doctor - ranked higher than seeing any doctor as soon as is possible (25%). Of the 31% who felt it would depend on what they wanted to see a doctor about, nearly two thirds stated that for long-term or pre-existing health conditions, they wanted to see a doctor they knew well, but for new conditions would be happy to see any doctor. GPs with a particular specialism and gender were other factors that influenced who people preferred to see. Of the two thirds of survey respondents (1406) for whom seeing the same doctor was not their preference, 66% were willing to travel to see a different doctor at a different location if it meant they could see someone sooner, but only half (48%) would travel further, if the doctor they were seeing did not have access to their medical records. (NB this included those who selected 'it would depend on what I wanted to see the doctor about' of which two thirds stated for a pre-existing or long term condition they preferred to see the same doctor).



“If it was about a long standing problem I would like to see my usual doctor. If it was about something new e.g. a chest infection I would be happy to see whoever was available.”

“I might ask for a GP with expertise/interest in a particular area, or choose a female GP for gynaecological issue etc.”



\*Q28(A)...HAPPY TO SEE A DIFFERENT DOCTOR AT A DIFFERENT LOCATION IF IT MEANT SEEING SOMEONE SOONER?



YES 66%



NO 34%

\*Q28(B) ...EVEN IF THEY DID NOT HAVE ACCESS TO YOUR MEDICAL RECORDS?



NO 52%



YES 48%

### Some who required regular appointments still found it difficult to access a slot or to pre-book

- Nearly a third of people (30%) told us they had been diagnosed with a long term health condition. Patients with long term conditions such as diabetes and heart disease require more regular contact with a health care professional (although not all of those appointments will need to be with a doctor). Of the 14% who told us they had been admitted to hospital in the last 12 months, half (41%) had been diagnosed with a long-term condition. Patients such as these often require more regular access to appointments than others. However, some patients for whom regular appointments were necessary still told us they found it difficult to get an appointment or were unable to book routine appointments in advance.

“If you have any condition that is permanent, and affects your ability to do things, or could quickly deteriorate it should flag up on your records so staff will know you need to be seen sooner instead of having to argue your case.”

“It is often difficult to see the same GP about an on-going condition, this can lack continuity in your care.”

### Most people happy to see a trained professional other than a doctor where appropriate

- GP surgeries often employed a range of allied healthcare professionals, such as nurse prescribers, physiotherapists or occupational therapists. It was positive to see that nearly nine out of ten people were happy to see a trained healthcare professional other than a doctor, where appropriate. There was some evidence that some people who saw a healthcare professional other than a doctor, were either not clear why they had not been provided with an appointment with a doctor, or felt they still needed to see a doctor.

“...yes I think there should be more allied health professionals in doctors surgeries, physio, OT [occupational therapist], dietetics etc...”

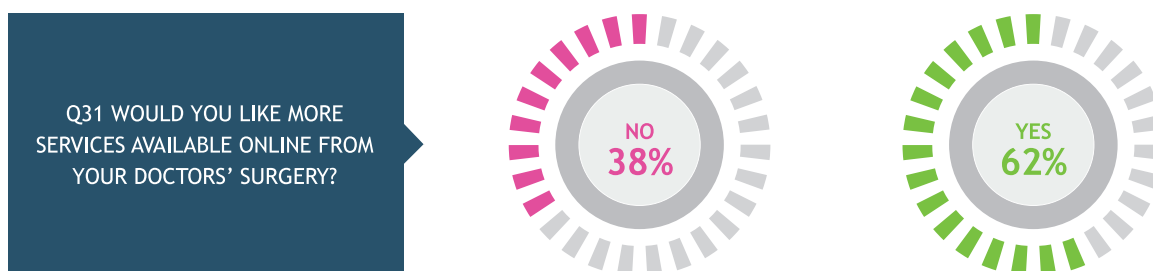


## Some still not sure what to do if they couldn't access an appointment

- For those who could not secure a routine appointment with a doctor fast enough, many would accept an appointment at a later date (55%) or would wait and call back (21%). However, more than one in ten people (13%) were not sure what they would do. This highlights the need for education or advice about alternative options, should an appointment not be available when people call.

## Online services provision varied and nearly two thirds wanted more online services

- There was a variation in both the types of online services currently accessible, as well as a difference in the availability of online services across practices in Cornwall. In general, people wanted more online services accessible to them, such as booking appointments, checking test results, communication with healthcare professionals, etc. The ability to book appointments online was the most popular response, with those who work being most likely to request more online services from their practice.



“I would use an online booking service, this would better enable me to arrange child cover, appointments etc... around the allotted appointment. It would also help ease telephone lines as often it is hard to get through to the surgery when it opens.”

“It would be convenient for me to order medication online as I am a carer and find it difficult to get out to the surgery to ask for a repeat and it would also be convenient to book appointments online for the same reason.”

## Further Points for Consideration:

While the following comments do not form part of the key findings, they are worthy of further consideration, based on feedback gathered across the breadth of the survey:

- Where recent mergers of practices took place, people were not always happy about their new level of service, or about the consultation process itself. Therefore, effective public consultation should be paramount for any future practice mergers. Lessons learnt from those where mergers have already taken place should be shared and guidance and support given to practices planning mergers, in order to maintain public trust and satisfaction.



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“Since our surgery has merged with another surgery this has caused problems for booking appointments and it takes much longer for the phones to be answered. This was not a problem previously.”

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“My previous Surgery merged with [another surgery] then closed its premises down. I had been with the surgery for over 50 years! No one had the courtesy to notify me of the changes being made. They seemed to think that a poster in the waiting room was sufficient!! ...”

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- People expressed they sometimes felt the pressures faced by their doctors and admin staff while booking an appointment or during a consultation. This can lead to a poorer service where people feel rushed and more anxious during their appointment as a result. Improved training for staff could be provided, to include regular refresher training to ensure people are treated with empathy and respect. Support should also be made available for staff when they themselves experience stresses in their role.
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“Well - our doctors are brilliant, hardworking, compassionate, caring and often run in to the ground because of the pressure they work under. They do a fantastic job. I just wanted them to know I am very grateful for their care! :)”

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“I would like additional training for the reception staff in order to provide a more sensitive and caring dialogue with patients.”

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- People raised concerns about the future of general practice. They were apprehensive of for example, the number of new housing estates being built without the promise of new services to support this. Kernow CCG and general practice could do more to communicate effectively with the public in how they are working to address these issues. Furthermore, assurances relating to how they are working with planning and local government departments to address this would be welcomed.
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“It’s a good service but there is much building work going on in the town as it grows. I do wonder what infrastructure and capacity plans are in place.”

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“I understand as well that there is a shortage in GPs which in turn worries me when they say that in Cornwall they want more patients treated in the community instead of hospital. That will stretch GP services even further.”

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“...I have been told they cannot recruit more GPs despite actively trying...”

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## Next Steps:

Healthwatch Cornwall will continue to work with KCCG to understand how the recommendations made in this report will be taken forward. This work will include survey analysis at locality and practice level following the publication of these survey results. We will provide updates as the project progresses throughout 2018 and intend to review the impact on patient experience.

## Survey Results and Detailed Analysis:

For the full survey results and detailed analysis, along with the demographic reach and appendices, please visit: [healthwatchcornwall.co.uk/our-work/our-reports/](http://healthwatchcornwall.co.uk/our-work/our-reports/)

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## Recommendations:

### Telephone booking systems:

1. As triage systems seem to be on the increase, it is important that procedures are in place to ensure where possible, people are able to provide the practice with suitable times when they are available to receive a phone call and their preferences documented (where practices are not already doing so). For those who are unable to accept a call, for example due to work, alternative methods of accessing an appointment could be made possible, especially if triage is the only system for booking appointments in a practice. Surgeries using a triage system could do more to help patients understand the relevance of asking questions related to their symptoms, condition or their request for an appointment - especially when introducing a triage system into a practice. Furthermore, where in place (or where being considered), practices should review the success of triage systems, which should include patient feedback.
2. Work should be undertaken within surgeries where people's experiences of getting through to the practice on the phone, or of making an appointment are seen as positive, so that good practice, and effective systems or processes could be identified and shared with GP practices, where experiences are poorer. This may serve to address the variation in experiences across Cornwall.

### Availability of appointments:

3. Commissioners should work with individual GP practices or localities to identify where people's experiences of accessing an appointment are poorer, in order to seek out



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possible solutions to reduce waiting times for an appointment with a doctor, and improve the variation in waiting times across the county as a result.

4. Greater consideration could be given to offering more routine appointments that can be booked in advance, to alleviate the bottleneck of calls and call waiting times, first thing in the morning. This could reduce the need for repeat calling on subsequent days, when all appointments for that day are quickly taken. It would serve to meet people's preferences for an appointment a few days later and result in more people being likely to find their routine/non-urgent appointments convenient. This would also go some way to supporting the recommendation above.

### Seeing the same doctor:

5. Systems could be implemented to enable more people to see a preferred doctor or the same doctor, especially where it supports continuity of care for people with a pre-existing or long-term conditions. This might include people: recently admitted to hospital, with a mental health diagnosis, with conditions which require regular appointments with a particular doctor or a doctor with specialist knowledge. These patients should have greater access to appointments that can be booked in advance, which would also reduce some of the pressure on phone lines.

### People's preferences:

6. People's preferences for appointments outside of 'normal' 8am to 6.30pm appointments (weekdays) and their willingness to travel should be considered in the development of new services.

7. Methods to flag specific groups of patients could speed up the appointment booking process by reducing the need to divulge information about their booking, as well as the time spent on the call. This could improve patient experience when booking an appointment and reduce the frustration felt by patients in having to share personal information. These patients could include for example: people with long-term conditions, anyone recently admitted to hospital, those with a diagnosis of cancer or a mental health condition.

### Clear information for people:

8. Where it is decided appropriate to provide an appointment with a healthcare professional other than with a doctor, staff should fully explain the decision so that the person is aware who they are seeing and why, given the information they have provided.



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There is also potential for further public education to better inform people about the range of healthcare professionals who could manage their care and how this could alleviate the demand for GP appointments, where appropriate.

9. It was not clear from our survey whether people were provided with guidance or knew where to look for advice, if they did not secure an appointment with a doctor when they called. However, further, on-going public education about people's options in these circumstances should be considered. This may include information on the practice website, as a message while waiting in a practice call queue, or as part of public education campaigns.

### Online services and electronic medical records

10. Kernow CCG and GP practices could aim to provide a more equitable online service, along with broadening the types of online services available across Cornwall. An increase in the provision of online appointment booking could be made available. This may be particularly useful for people who require more regular appointments and for those who find calling first thing in the morning, or receiving a triage call back less accessible.

11. Consideration should be given to whether patients' medical records would be accessible if appointments were offered in a setting other than their regular surgery. Should seeing a doctor elsewhere become an option, people should be informed when booking whether staff would have access to their medical records.





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