

## Overview of Healthwatch Richmond's Findings on General Practice

2013-2016

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## Introduction

Since our inception in 2013 general practice has been a key priority area for Healthwatch Richmond. Over this time we've spoken to hundreds of patients and professionals about their experiences of general practice through:

- 1 public event bringing 98 patients and professionals together to identify what makes good care
- 25 visits to around a third of Richmond's GP practices
- 80 outreach sessions to groups and organisations reaching over 1000 people
- 100 calls and emails from patients regarding general practice

From April 2016 GPs will be commissioned by Richmond CCG which gives opportunity for greater local control of general practice. This aligns with *Working together for better care* which promotes better integration of general practice with hospital and community based support.

To inform the CCG in commissioning general practice we have reviewed all the patient experience data that we have collected to date to identify action that can be taken to improve care across the borough. This is summarised in the following sections.

## Quality of care

The picture of clinical care from patients we have spoken to is very positive. Most of the comments received have praised the caring nature of staff and the quality of the care that they receive.

Not all comments about care are positive however. The most common criticisms relate to people not getting the care that they wanted. People have expressed concerns about being referred to other professionals but not being given treatment or advice to help in the meantime. Others have said that they were not offered the right treatment or had to fight for it. Examples that people have given included being referred to a dentist for antibiotic prescription, or recognising symptoms of a UTI from previous infections and having to fight to see the doctor to get treatment.

Concerns about quality of care were relatively small in number and covered a wide range of issues making it hard to identify patterns. One small but surprising cluster of concerns related to carers of people with Front Temporal Dementia who told us that marital problems had been diagnosed instead of dementia because personality is affected before memory. A small number of people raised concerns about prescriptions which included errors and administrative problems with repeat prescriptions. Some people wanted a GP with more expertise in their specific condition. The conditions mentioned included diabetes, Parkinson's disease and ME.

## Recommendation

Clinical care in General Practice in Richmond is generally good but there is room for improvement in relation to rare conditions.

Outcomes Based Commissioning is enabling GPs to provide better support within the community. It would also enable better access to expert support and guidance for GPs.

## Booking appointments

Patients at about half of practices we visited raised concerns about booking appointments saying that it was the area most in need of significant improvement.

Lots of the people we spoke to told us that they would go to Teddington Walk-in Centre or A&E if they could not get an appointment at their GP. This echoes the feedback from our 2014 GP Public Forum and Healthwatch England's research which found that *"...one in four would resort to using A&E if they could not get a GP appointment in a reasonable timeframe"*.

Where positive experiences of booking appointments were identified it was at practices such as Seymour House and Lock Road and Twickenham Park Surgeries where automated telephone booking systems are used. These receive notably better feedback than practices that do not use these systems. Automated booking systems are not without detractors however. A small number of people said that they needed to call earlier in the day to get a same day appointment.

## Online booking

There is low awareness and low uptake of online booking across most of the practices that we visited. GPs told us that the process for setting up online access creates a barrier.

Where we have seen higher awareness of online booking it has resulted from staff actively handing out information and encouraging people to sign up. Broad Lane Surgery has reported an increase in the uptake of services, including on-line booking, following promoting these on their recorded telephone waiting message.

Despite the demand on telephone booking across the patch and the ability for online booking to relieve some of this pressure we are not currently aware of any practice that has high take up of patients booking appointments online.

## Recommendation

People have told us that better access to General Practice will prevent them from making avoidable trips to A&E and Urgent Care.

Further work could be undertaken to understand automated telephone booking systems and online booking as this may improve patient experience of booking appointments.

## Information

### Confusion about Hubs, Out of Hours, Urgent and Emergency Provision

Not all practices clearly displayed their opening times, clinics and services or information about accessing care out of hours. There was generally low awareness of out of hours services and the information promoting it was sometimes incorrect. Some people said that they would have used out of hours care instead of going to A&E or Urgent Care had they known about it.

People have told us that they are confused by Hubs, Out of Hours, NHS 111 and Urgent and Emergency care and they feel that they get to access a different type of care depending on where, when and how they present.

Creating simple and effective pathways that patients understand and promoting them effectively is essential to ensuring that patients have access to these and to managing demand on GP appointments.

### Accessibility

Provision of information in other languages was inconsistent. In some practices we observed children translating for their parents. One practice displayed a poster explaining in community languages how people can access translation and accessible information. This information and service should be available at all practices.

### Other support

Patients have told us that getting support from the community is important for their wellbeing and would help them to stay healthy, happy and resilient, avoiding visits to the doctor: *“It’s really beneficial to know that you are not alone”, “it is fantastic and is social, practical and therapeutic. I strongly recommend it”, “Knowing that there was support available for profoundly disabled children when I was pregnant would have alleviated some of the anxiety but nobody told me it existed so I didn’t think to look for help”*.

Doctors told us that they want to help people to find more support but that this is difficult because things change frequently and they are not aware of the central points of contact. Information that would help people to access community support was often difficult to find, inconsistent and confusing. Some practices, including Twickenham Park, had made good efforts to provide useful information and patients recognised this.

## Recommendations

The CCG should encourage a consistent approach to providing information so patients have access to information at their GP practice that enables them consistent and clear access to support offered in the area by providing:

1. Opening times, clinics and services
2. Information about how to access Out of Hours, Hub, Urgent and Emergency care
3. Information promoting practices’ PPGs, newsletter
4. Online booking
5. Choose well information/ self-care advice and healthy living advice/self-referral (currently provided by mytimeactive)
6. A foreign language poster
7. Information about the key community based support hubs including the Carers Hub, CILS, Healthwatch Richmond and Richmond CAB
8. General information about Adult Social Services and Achieving for Children.

## Confidentiality

In some practices patients could be overheard when speaking to receptionists or even to doctors. Privacy is a right and whilst we accept that there are limits imposed by premises, it is important to ensure that practices do all they can to preserve privacy. We saw some practices taking practical steps including:

- Asking the Patient Participation Group to audit the privacy arrangements at reception
- Moving seating away from the reception area
- Providing automated check-ins
- Using signs to ask people to queue a distance from reception
- Displaying posters letting patients know that they could speak to a receptionist in private should they wish

## Recommendation

Practices should undertake a privacy audit and consider what they can do to improve privacy if there are areas where conversations can be overheard within their practices.

## Patient Participation

Where active patient participation groups exist they have made significant contributions to the practices and are valued by them. This has included helping practices to prioritise improvements to facilities, undertaking audits of services, reviewing compliments and complaints and helping to improve care in practices themselves and supporting the practice's communications with its patients.

Most practices have expressed a desire to increase the number of patients involved in them. In general however we have not found that many patients know about PPGs.

## Conclusion

General Practice is generally viewed positively by patients across the borough and we have found much to support that. The problems that we have encountered however are generally widespread and longstanding. These issues are significant for patients as they impact on wellbeing, quality of life, satisfaction and in some cases they have direct cost implications for the wider system.

We did however identify isolated areas of good practice which proves that, however difficult to resolve, none of these problems are intractable or prohibitively expensive.

Richmond CCG is now in a unique position as both a local commissioner of General Practice and a membership organisation bringing General Practices together. The CCG should use its leadership and commissioning roles as both carrot and stick to resolve problems that local patients and the local community have identified as the most important issues for them.