

South Gloucestershire GP survey

The aim of this survey was to gather a snapshot of current GP service provision. Healthwatch received 234 responses during October 2017 - February 2018.

- This survey stemmed from a discussion with South Gloucestershire' Health Scrutiny Committee (HOSC) last summer.
- The committee was keen to understand:
 - the accessibility of GP services, including the ease of obtaining appointments
 - people's willingness to see different GP surgery staff versus a named GP
 - if there are differences in people's experiences of using GP services across the district
 - some of the approaches GP surgeries are using to make their services more accessible.

HEADLINES:

- 1) Most respondents reported accessing their GP surgery by car due to convenience, distance, a lack of physical mobility or the lack of a viable alternative, including public transport options. Parking availability was often reported as a challenge, although where surgeries were located near other services, e.g. shopping centres, this became less of a problem. Many respondents reported walking and/or cycling to their surgery and enjoyed the opportunity to be able to travel in this way.
- 2) Waiting times were consistently highlighted as a concern, even where the appointment booking system and/or GP surgery was considered efficient. The majority of respondents expected to wait anywhere from one - six weeks for an appointment, with three weeks appearing the norm.
- 3) We received mixed reviews of appointment systems, ranging from the very efficient to the very poor. The vast majority of respondents made appointments by telephone. Where available respondents reported using online booking systems, but frequently noted the limited nature of these services, for example they only enable access to appointments with GPs, not the full range of surgery staff.
- 4) Respondents consistently reported confusion over the difference between 'urgent' appointments (which are dealt with immediately) and 'non-urgent/ routine' appointments. Respondents were not clear on what is considered 'urgent', which appeared to be compounded by the variety of approaches to triage/ assessment and the variation in waiting times being experienced across the district.
- 5) Although 25% of respondents reported that seeing a named GP was the most important factor for them, the majority of respondents reported that being seen the same day was key. This does not align with people's lived experiences. We did not specifically ask, but it is notable that very few comments reference any kind of referral or signposting to other services, self-care, pharmacy or community/ voluntary sector organisations. A handful of respondents noted that long waits for GP services had led them to use Minor Injuries or A&E instead. No respondents mentioned the GP-based minor injuries service.

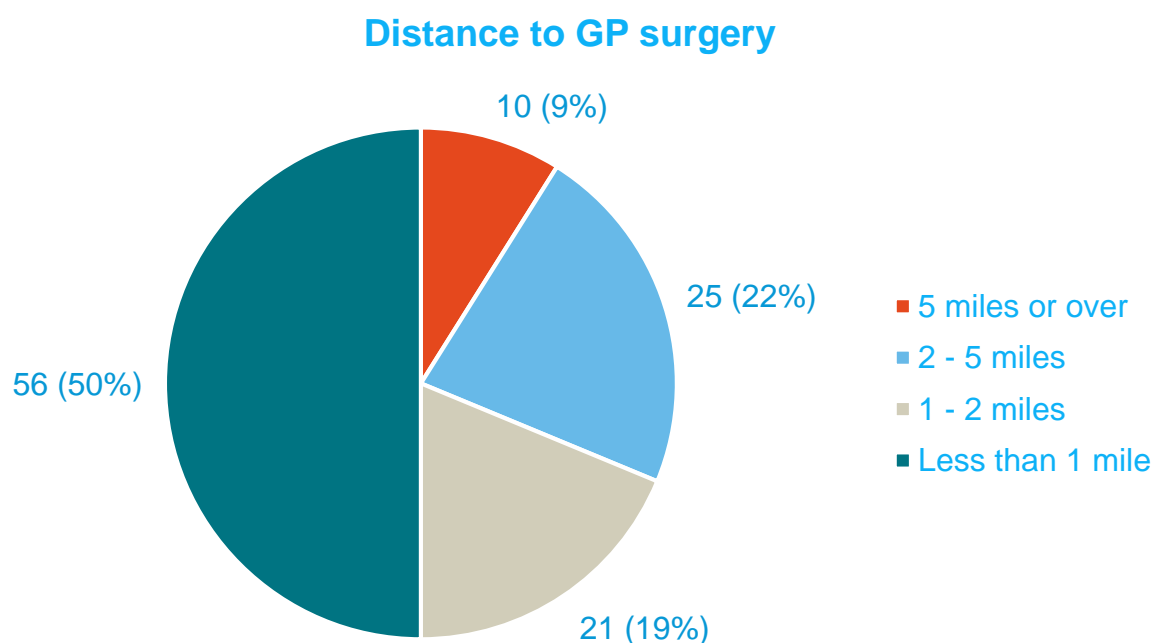
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- 6) When travelling outside of South Gloucestershire for care, travel and accessibility of parking was often referenced as problematic. For those respondents that live in rural parts of South Gloucestershire, use of services out of area is accepted, often more convenient and accessible via public transport.
- 7) There appears to be some expectation that GP services will either be expanded or will develop or modernise to meet increased patient need.
- 8) Experiences varied enormously in relation to perceived flexibility of GP services to meet customer demands. A significant cohort of respondents reported finding their GP surgery to be flexible to their needs, however this was often acknowledged as being due to the respondent's ability to be flexible. Where respondents reported inflexibility from their GP services, the impact for those people with work or family commitments was evident, with a desire for evening and weekend appointments frequently requested.
- 9) A limited number of statements relating to equalities issues were identified, however the small number has made it impossible to generate any statistically significant results.

SURVEY FINDINGS:

1) Accessibility of GP services, including ease of obtaining appointments

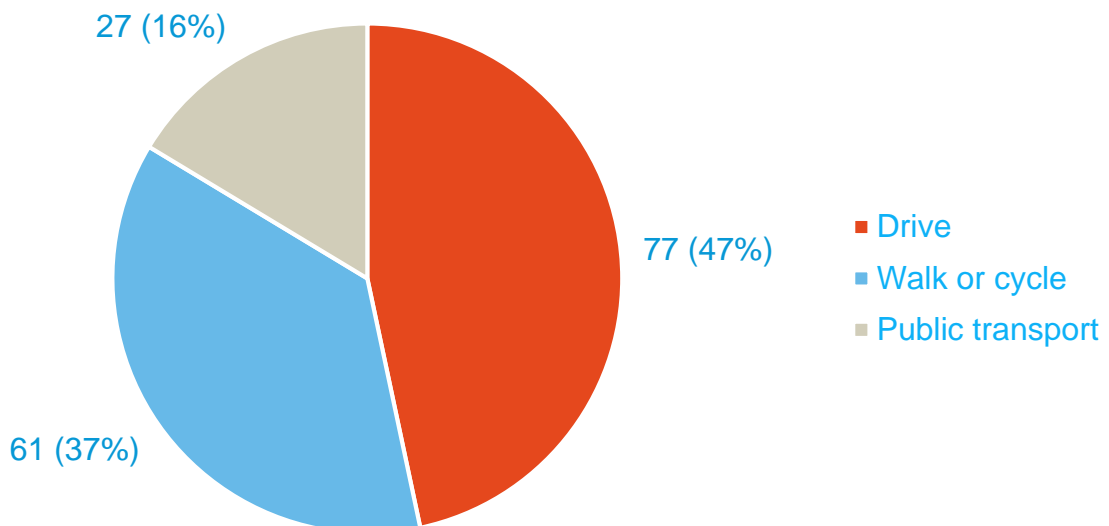
Distance to surgery: 112 respondents (48%) provided information about the proximity of their surgery.



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165 respondents (70%) provided information about how they access their GP surgery.

Mode of transport



43 (18%) respondents reported a lack of public transport, or where present, its infrequency made it an ineffective way to travel to appointments.

Parking provision:

116 respondents (49%) discussed accessibility of parking on-site or near to their GP surgery. The results were almost 50/50 with 56 respondents reporting that parking is available, either due to on-site facilities or proximity to shopping car parks, and 60 respondents reporting little or no parking on site.

10 respondents specifically referred to disabled parking bays in their answers, seven of whom reported no or very few bays provided at their surgery, which had a negative impact on their ability to access services.

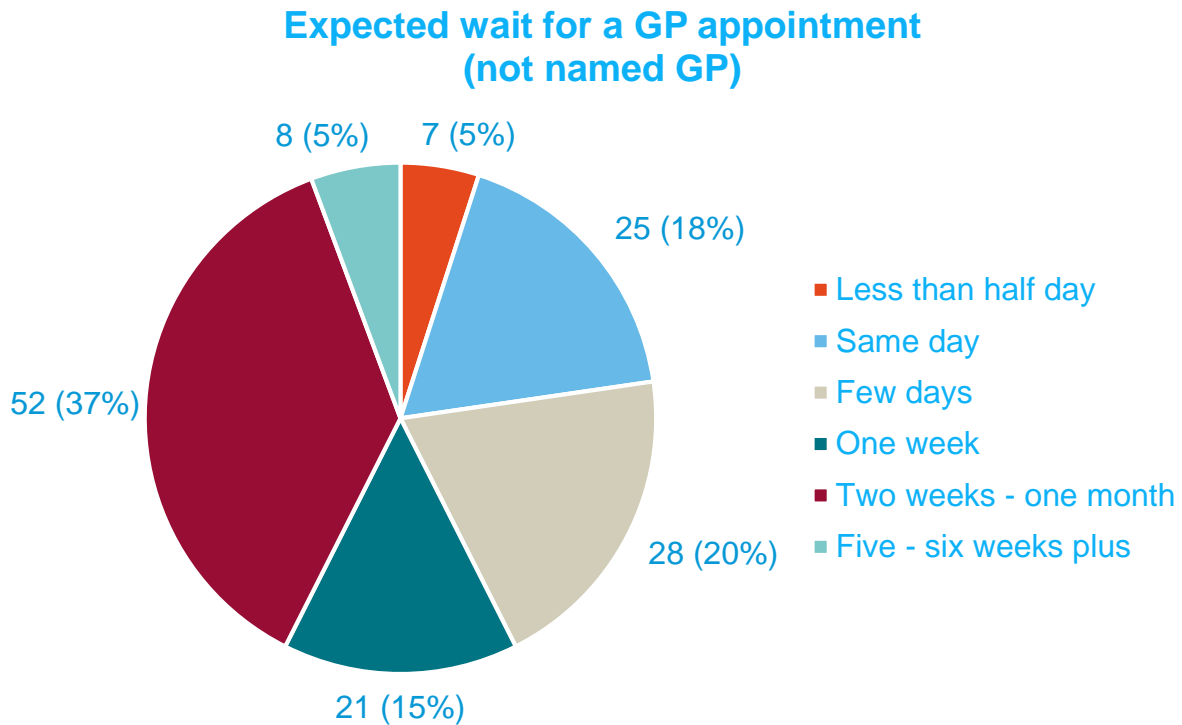
Accessing appointments:

We asked people to score from 1 - 100 how easy they find it to get an appointment with a named GP (if they have one). The average score was 38 out of 100 which appears relatively low.

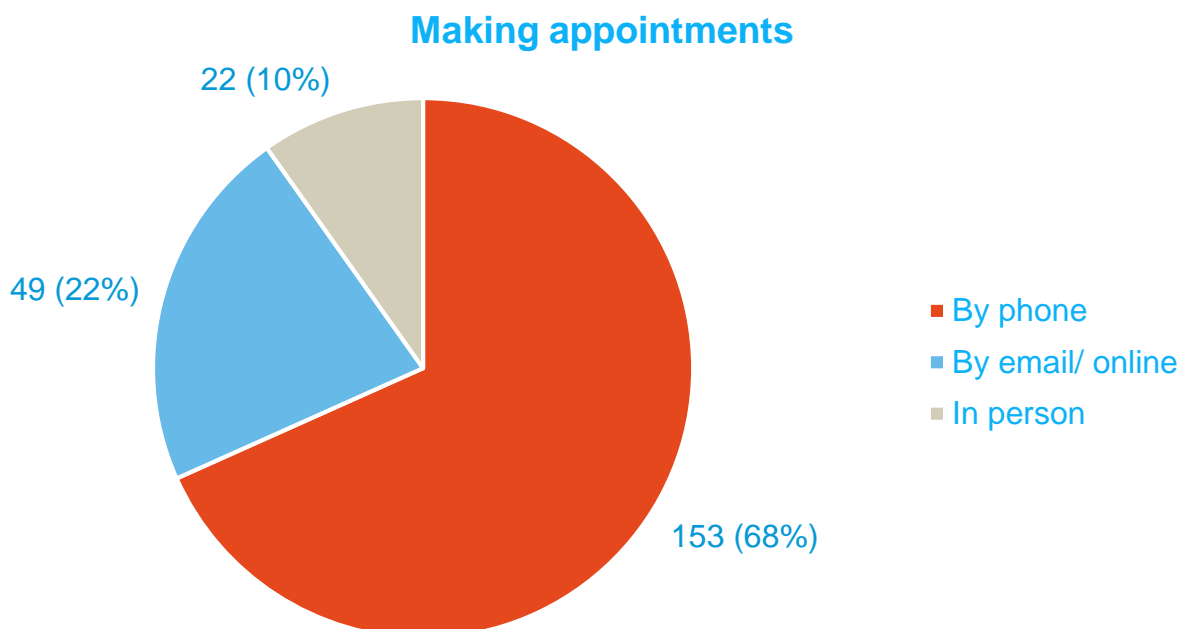
A number of respondents stated that they do not have a named GP, do not know who their named GP is, see a different GP every time or try to not see their named GP due to demand.

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We asked people to tell us their expected wait to get an appointment with an unspecified GP. 141 respondents (60%) provided an answer as follows:



224 (96%) of respondents provided information on how they make appointments with their GP surgery. Telephone was by far the most used method (153 respondents (68%)), as follows:



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Respondents provided a great deal of feedback about appointment booking, with the ratio of positive and negative feedback being almost equal in quantity.

BY EMAIL OR ONLINE (49 respondents):

What works well?

25 respondents (51%) shared positive experiences as follows:

- Access to same day appointments with ease through their online system (if they were flexible on which GP they saw)
- Availability of an online app
- Usefulness of a text reminder service where provided.

What could be improved?

20 respondents (41%) shared negative experiences as follows:

- Generally unable to make appointments with a named GP or other surgery staff, e.g. a practice nurse, online. In order to do this most reported needing to call the surgery, which negated the effectiveness of the online service.
- Needing to log on the online service late at night, e.g. 12am (midnight) in order to secure an appointment.
- A limited number of appointments available online, which invariably resulted in them having to call the surgery instead, again negating the effectiveness of this service.

BY PHONE (153 respondents):

What works well?

69 respondents (45%) reported positive experiences when calling their surgery to request an appointment, including:

- Receiving call backs from GPs within a reasonable time (one - three hours reported).
- Getting through to the right service/ department within the surgery.
- Access to phone consultations
- Access to urgent appointments on the same day
- Effective triage service

What could be improved?

84 respondents (55%) shared negative experiences as follows:

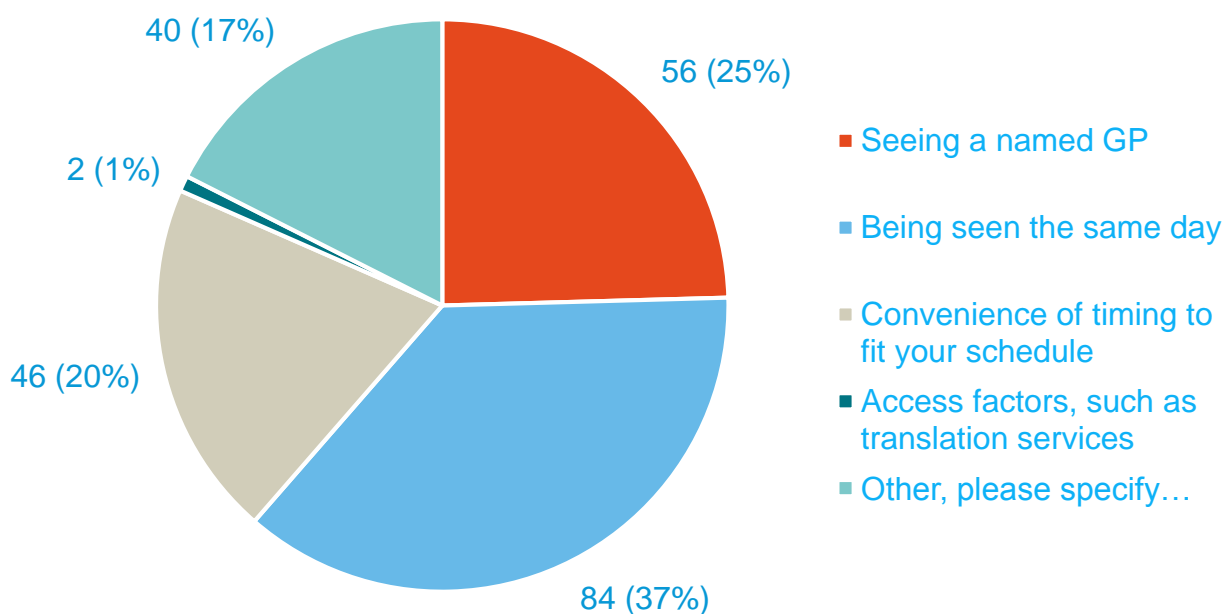
- High demand and difficult to get through.
- Lack of real-time updates between online and phone appointment systems resulting in appointment availability not being up to date.
- Concerns were raised about non-medical triage carried out by reception staff. Respondents also reported an abrupt/curt manner from some reception staff and discomfort at their “probing” questions.
- Confusion about what constitutes an urgent appointment.
- Delays in securing longer-term or less urgent appointments - respondents reported anything from three - six weeks for an appointment.
- Respondents reported being ‘in limbo’ not knowing when a GP was going to call back to triage them, or if they would be assessed as requiring an appointment - this was especially difficult for respondents that have work/ child care commitments.

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2) People's willingness to see different staff versus a named GP

We asked people what the single most important element of GP care is for them. 228 respondents (97%) provided a response as follows:

Single most important element in GP care?



40 respondents (17%) took the opportunity to share their own thoughts on what is important for them. Responses varied from very specific to very general. The common themes were as follows:

- Confidence in the GP or their competence to make correct diagnosis (x 6 comments)
- Being seen in an appropriate timescale (same day if urgent; ASAP for non-urgent) (x 16 comments)
- Having a choice of GP that specialises in the medical area you are suffering from, including being able to see a same sex GP.
- Continuity of care for a particular issue - an awareness of your medical history (x 5 comments)

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3) Differences in people's experiences across the district

South Gloucestershire's Health Scrutiny Committee were particularly interested to understand any differences in people's experiences of using GP services based on their location within South Gloucestershire.

53 respondents (23%) reported having used services outside of South Gloucestershire.

- There were positive experiences reported of having used services in Bristol, e.g. Southmead Hospital and Bristol Eye Hospital, however there were some issues highlighted with these services around journey time, traffic jams, parking challenges and cost of transportation.
- Two respondents highlighted having chosen to travel outside of South Gloucestershire. In both instances the respondents had chosen to pay for private care in order to expedite treatment due to waiting times.
- 12 respondents (23%) reported that they use services outside of South Gloucestershire because they are the nearest and/or easier to access from their homes via public transport. One of the 12 respondents also reported using services elsewhere due to shorter waiting times. Services used include:
 - the Royal United Hospital, Bath
 - Tetbury Minor Injuries Unit
 - Cam Minor Injuries Unit
 - Gloucestershire-based GP surgery
 - Dursley Community Hospital

The vast majority of these respondents are located in rural wards of the district, or on the boundary with neighbouring local authority areas, e.g. BS30, BS35, BS37, GL9, GL12 and SN14 postcodes.

We also received a handful of comments that highlighted perceived gaps or a change in demand for GP services, as follows:

- *“Quite difficult and getting steadily worse due to the increase in population in Thornbury.”*
- *“Since all the new houses have been built in Thornbury it's getting more difficult to get services”*
- *“Can only get to the GP by car. Parking is getting more difficult as such facilities in Thornbury are becoming full.”*
- *“No alternative. No service in Charfield which is a growing issue given that Charfield is to have around 1600 new homes including the 1200 in the JSP [Joint Strategic Plan]”*
- *“My family had to travel by car in order to use our GP services. We used to live near our GP, but had to move house as we have a child now. Parking is a problem at our GP too. It would be helpful if we have a GP at the newly-built community in Charlton Hayes.”*
- *“I live in Wickwar which is just in South Gloucestershire so I chose Wotton in Gloucestershire for my doctor. It is about 4 miles away. The same as travelling to Yate.”*

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4) Flexibility/ adaptability of GP services:

196 respondents (84%) provided feedback about their surgery. Their statements were broad and varied greatly in sentiment.

115 respondents (59%) reported finding their surgery accommodating to their needs, with call backs, triage services and extended hours providing all of the flexibility that they need. For some respondents their experience was generally positive, however they included a caveat, for example:

- *“As I’m retired and have access to transport I can be flexible rather than expect my GP to be flexible.”*
- *“Provided that I am willing to see any doctor, I can usually get a prompt appointment”*

71 respondents (36%) reported that they do not find their GP surgery flexible, with the most reported reason being a perceived lack of flexibility in appointment times for those with work or family commitments (25 comments).

- *“No extended hours surgery - very difficult to get an appointment without missing work. Also difficult to get appointments outside of school hours so the children don’t have to miss school*
- *“Could the GP surgery not provide appointments outside of office working hours? Please? Stay open till later, say 8pm. Rotate which doctors cover this, perhaps it would suit their family life to have mornings off....”*

Other comments included restrictive, complex and inflexible appointment systems, waiting times for appointments and several comments

that suggested a perceived lack of choice and disempowerment

- *“Have always assumed that access/time is my problem - the receptionists always give that impression.”*
- *“I work to their appointment availability...”*
- *“They generally don’t, you take what’s on offer or not at all.”*

We asked for feedback regarding support or adaptations that are made to enable access for people with disabilities, for example through the Accessible Information Standard:

- Nine respondents reported their surgeries as accessible environments with ramps, handrails, lifts, good lighting, disabled parking bays and access to interpreters.
- Four respondents explained that a lack of continuity in staff made accessing their GP surgery difficult. Three of these respondents, who identified as carers for people with learning disabilities or mental health issues, highlighted that seeing different professionals can present a challenge when trying to manage their loved ones’ anxieties and behaviour.
- One respondent told us that a growing reliance upon telephone consultations is having a negative impact on their feeling of ‘connectedness’ and their confidence in their GP’s ability to understand their condition.
- One respondent stated that their surgery is not accommodating of people with disabilities - unfortunately no further details were provided.

We recognise the statistical limitations of these responses, however the impact of continuity of care is a well-documented in health literature for people with complex needs.

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What will Healthwatch South Gloucestershire do with this information?

- We would like to work with the Patient Participation Groups to take any actions or work forwards in order to explore the themes from this report in more detail.
- We will present the findings to the Health Scrutiny Committee in May 2018 and will work with the committee to further explore and understand the themes that have emerged.
- Healthwatch has already made contact with the Clinical Commissioning Group and asked if it can attend the GP cluster meetings to share the report findings and discuss them in more detail with the multi-disciplinary teams.

We also hope through these conversations, to establish how the feedback received from survey respondents compares to data that the Clinical Commissioning Group and GP services have collected from patients themselves, particularly regarding waiting times and appointment booking systems.

- We will present the findings from this report at the South Gloucestershire Equalities Forum conference in March - with particular reference to any differences in experiences for those residents living in rural South Gloucestershire.