

healthwatch

Tower Hamlets

The Tower Hamlets GP Report:
Satisfaction with booking
appointments and waiting lists in
GP Surgeries across the borough





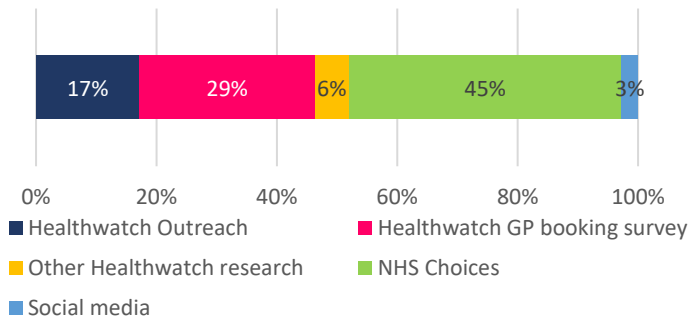
Healthwatch Tower Hamlets has been conducting research on patient satisfaction with the **appointment booking process and waiting time for appointments in GP surgeries** in the borough.

As part of our research, we have undertaken the following:

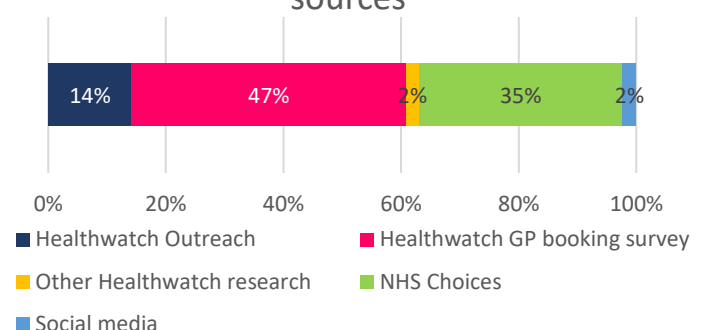
- A patient satisfaction survey carried out between October 2018 and January 2019, both online (promoted through social media) and face-to-face in GP surgeries, with 289 respondents.
- General monitoring of GP surgeries as part of our regular outreach programme (September 2017 to February 2019), including data obtained in the community, as well as reviews on NHS Choices and social media.

We have identified a total of **789 issues on booking** and **506 on waiting for appointments** (from first contacting the surgery until being seen).

Booking data- sources



Waiting for an appointment- sources



We also interviewed representatives of **23 GP practices**, in order to understand how each surgery handles the process of booking appointments. These included ten practice managers, nine senior receptionists and three GPs. **Seven further practices** provided only basic information; only Grove Road Medical Centre, Harley Grove Practice and Globe Town Surgery refused to participate in interviews and Island Medical Centre failed to respond.

We also conducted secondary data analysis of the following:

- Booking data from GP surgeries available through the Edenbridge system, which extracts the data from EMIS on a daily basis and presents it back in live dashboards.
- Data from the National GP Patient Survey (GPPS) 2018 (2773 responses).
- Data publicly available through NHS Choices.

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Summary and recommendations

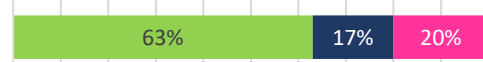
Patient experience of booking appointments with a Tower Hamlets GP is mixed/leaning positive.

Patient experience of time spent waiting for appointments is also mixed.

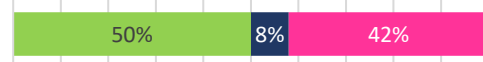
Waiting for an appointment- Healthwatch data



Booking appointments- aggregated Healthwatch and GPPS data



Booking appointments- Healthwatch data



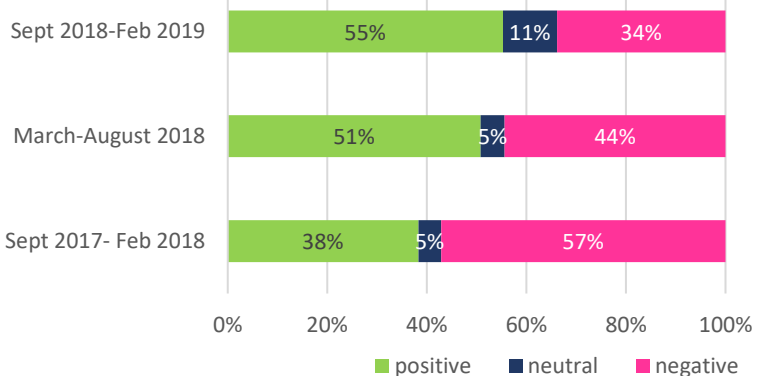
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ positive ■ neutral ■ negative

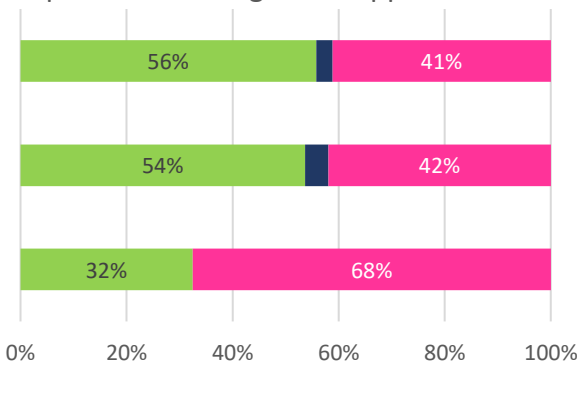
On both counts, patient experience is improving.



Opinion of the booking process



Opinion of waiting for an appointment

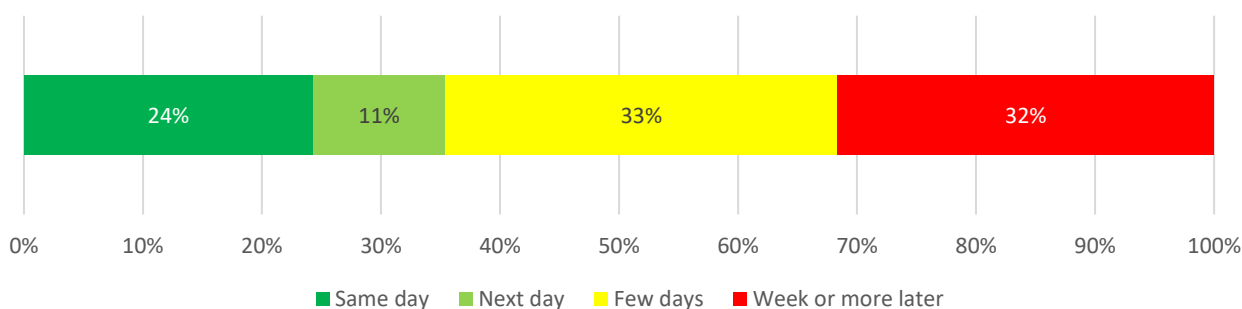


Almost a quarter of patients are seen on the same day.

Almost a third wait more than one week.

Those who wait more than one week tend to think waiting times are unreasonable.

When did you receive an appointment?



RECEPTION



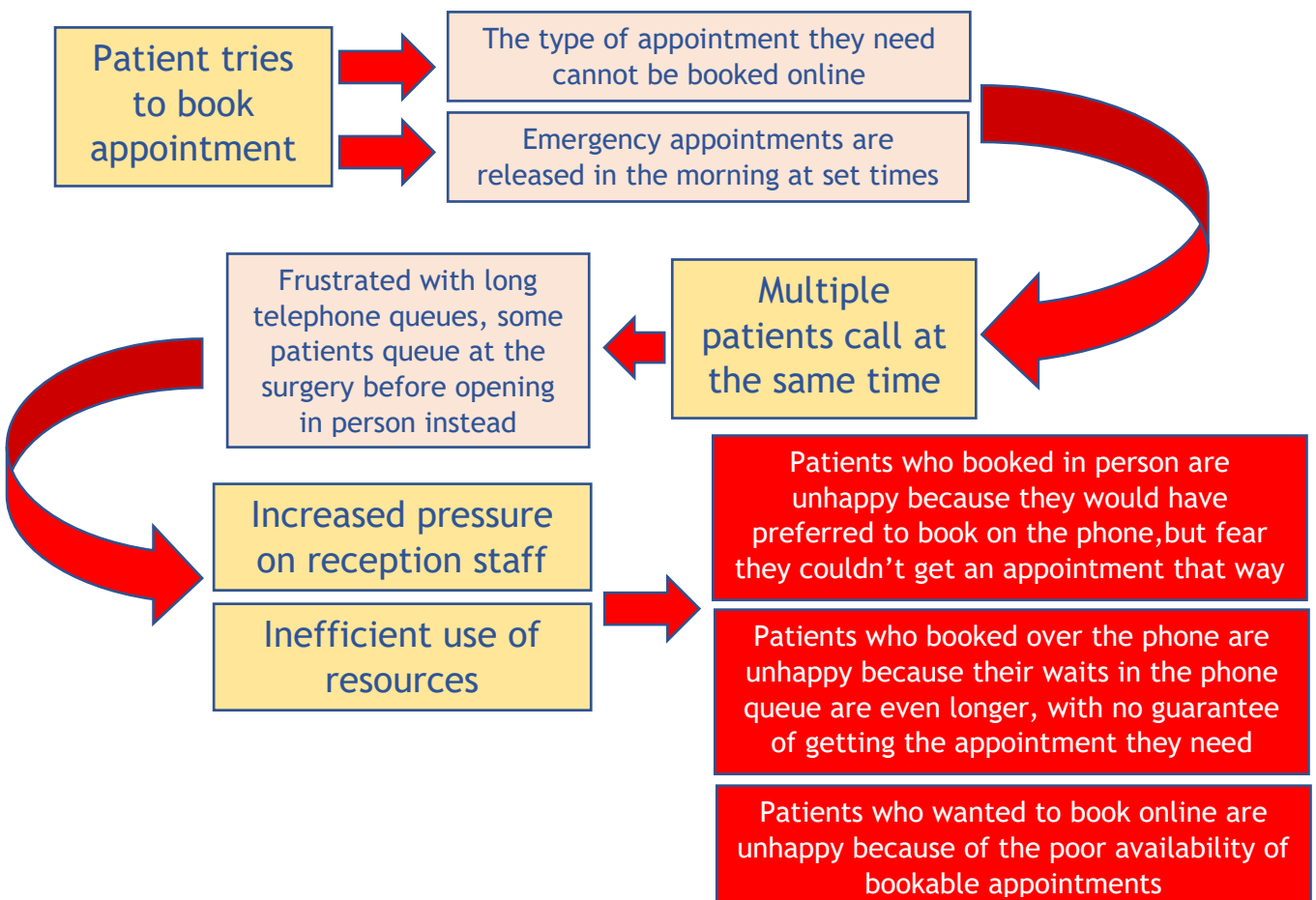
Most patients book appointments **over the phone**.

Only 10% book GP appointments **online**.




The scope of *what appointments can be booked online* is limited, with many surgeries not allowing online booking for **emergency GP appointments** or for **nurse appointments**.

20% of patients have found it difficult to contact their practice on the phone.




This results in more patients **turning up to book appointments in person**, and in a **poorer experience for everyone**.



No distinction between routine and emergency appointments

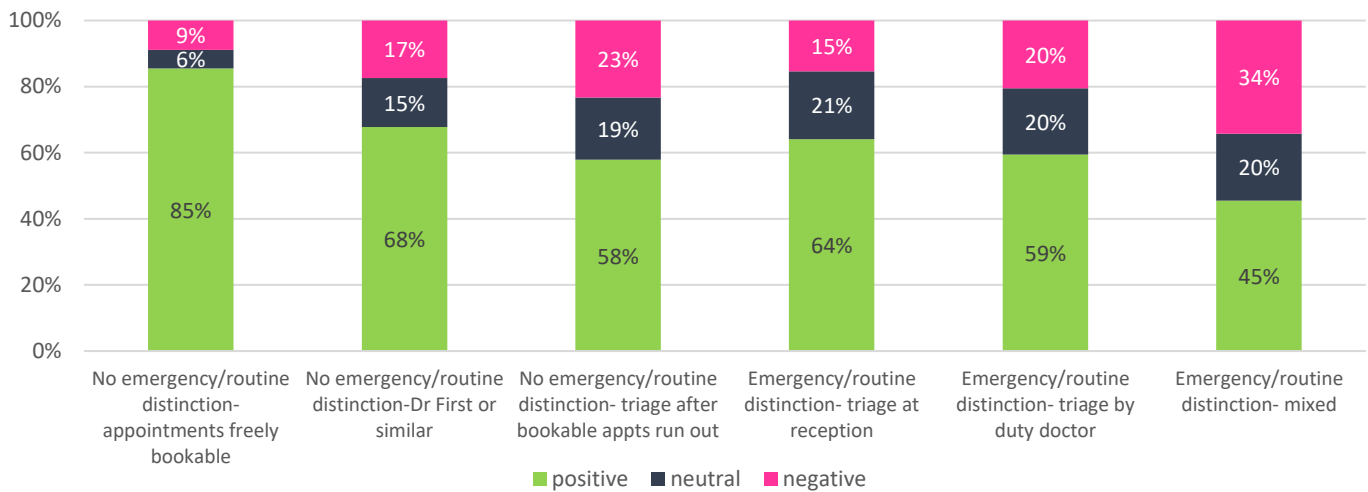
Free for all		Doctor First or similar		Callback triage after appointments run out	
New appointments are released every day, at specific times and patients can book them at reception, without any kind of assessment as to how urgently they need to be seen.		All patients are triaged by medical professionals (usually doctors via telephone and offered appointments in person if and as necessary. Practices aim to handle most of their workload on a daily basis.		Patients can book a limited number of same-day appointments directly. Once they run out, they receive a call back by the duty doctor instead who decides if they need to be seen.	
		4 surgeries		3 surgeries	
					
Advantages	Disadvantages	Advantages	Disadvantages	Advantages	Disadvantages
<ul style="list-style-type: none"> Popular with patients Flexible 	<ul style="list-style-type: none"> Requires high staffing levels Not practical for large surgeries 	<ul style="list-style-type: none"> High % of patients seen on the day Patients seen quickly/ conveniently Telephone consultations as alternative to being seen in person Efficient use of resources for practices with low capacity 	<ul style="list-style-type: none"> Not practical for working people- must be available on phone Difficult to book/plan in advance Over-stretching of phone lines 	<ul style="list-style-type: none"> Patients confident they can get emergency appt or telephone consult when needed Patients believed receptionists aware of their needs/ problem-solve well 	<ul style="list-style-type: none"> Difficult to understand/ unpredictable Some perceive reception as gatekeepers

Distinction between routine and emergency appointments

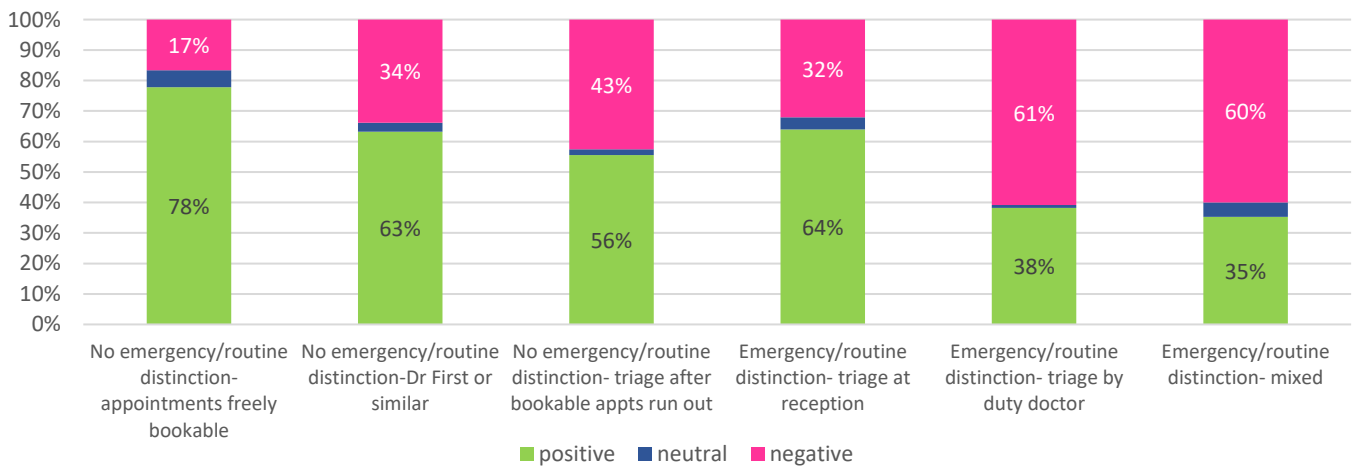
Triage at reception		Triage by duty doctor		Mixed system	
Some appointments are reserved for emergency (on the day); while others can be booked in advance (routine). Patients explain at reception what they need an appointment for. Receptionists receive instructions from doctors on how to triage patients.		Patients who ask to be seen urgently are added to a call-back queue and triaged by a medical professional (usually, the duty doctor). Patients who need a routine appointment can book directly with reception.		Routine appointments and a limited no. of emergency appointments released daily can be booked with reception. Patients that need to be seen urgently can also be added to a triage list and called back by a medical professional.	
		9 surgeries		5 surgeries	
					
Advantages	Disadvantages	Advantages	Disadvantages	Advantages	Disadvantages
<ul style="list-style-type: none"> Works well in well-staffed surgeries Easy to understand 	<ul style="list-style-type: none"> People distrust the triage process/ see reception as gatekeepers Difficult to reach at peak times. 	<ul style="list-style-type: none"> Flexible Patients perceive surgeries as busy, but coping well 	<ul style="list-style-type: none"> Poor availability of both routine and emergency appts Over-stretching of phone lines 	<ul style="list-style-type: none"> Multiple ways to book- better flexibility 	<ul style="list-style-type: none"> Phone lines overstretched in the morning Poor availability of routine appts Some see reception as gatekeepers

Patients of practices running a *Doctor First or similar* booking system reported a **higher level of satisfaction with their experience booking an appointment and the time spent waiting for one**, as did the patient of the one practice that *allowed unrestricted booking of all appointments on a first come first served basis*.

Experience booking an appointment



Time spent waiting for appointment



Recommendations

1. There is no evidence that distinguishing between routine and emergency appointments, particularly at multiple levels, helps patient satisfaction with booking and waiting times. Unless it is justifiable for other reasons, this approach should be re-evaluated.
2. Aim to see most patients within one week or, if not feasible, two weeks.
3. Improve access to and promotion of telephone and online consultations, particularly for emergency appointments. Explore the possibility of adding the option of uploading images to e-consult forms, for symptoms that need a visual diagnosis.
4. Discourage the practice of queuing outside the surgery before opening for emergency appointments by improving telephone access and allocating appointments more efficiently.
5. In the long run, consider integrating an AI-based chat triage algorithm into the online booking process. This could make it possible to make emergency and nurse appointments available for booking online and could improve self-care.
6. Improve transparency; explain to patients how the booking system works and meaningfully engage with different groups of patients, including working people.

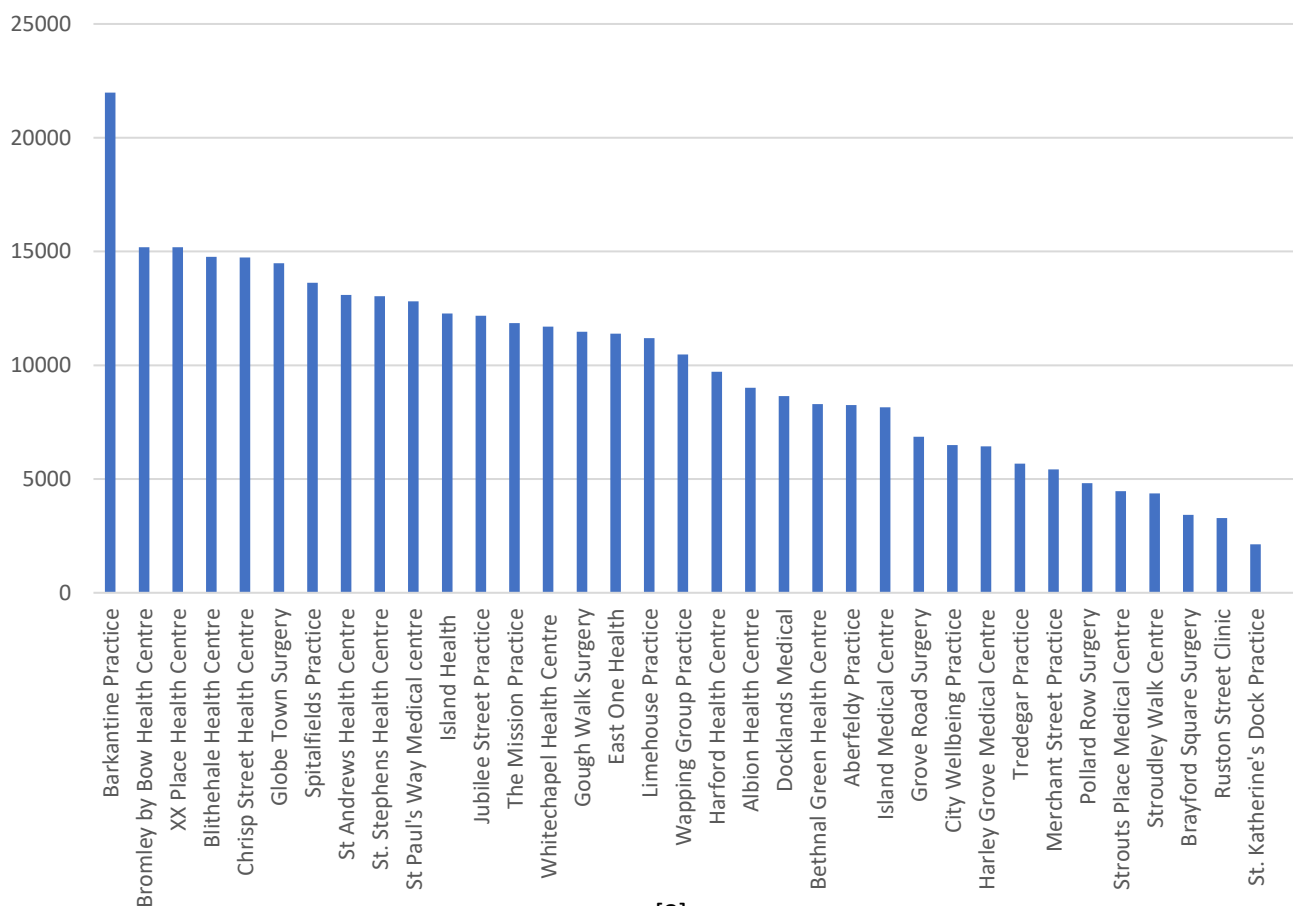
Overview



There are **35 GP practices** in Tower Hamlets (excluding the Health E1 Homeless practice, and the All Saints Practice, which closed down in 2018).

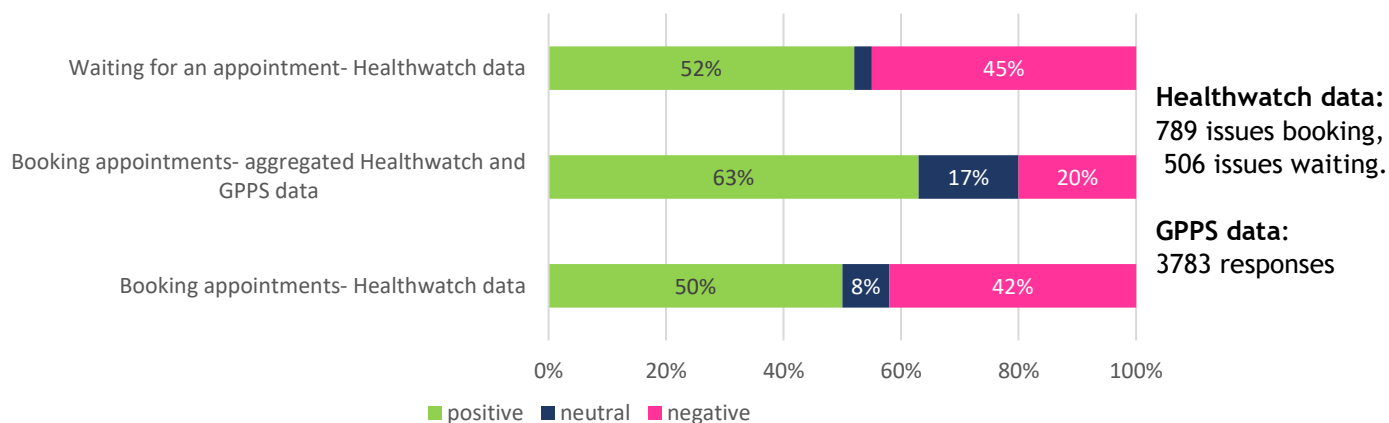
The average practice in the borough would employ **7 GPs** working **41 clinical sessions** weekly between them, serving **9910 registered patients** and seeing **148 patients daily**.

Size of surgery, (no. of registered patients)



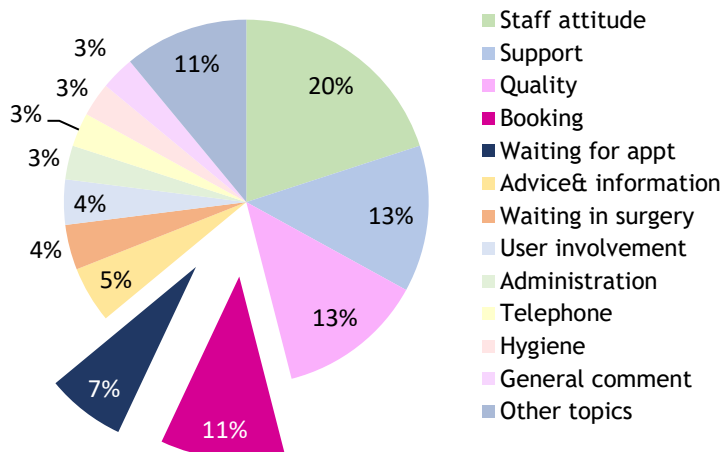
General patient opinion

According to Healthwatch data over the last 18 months, opinion of **booking** and **waiting list** are both **mixed**. Respondents of the GP Patient Survey had a more positive view of the booking process than respondents who gave feedback to Healthwatch.

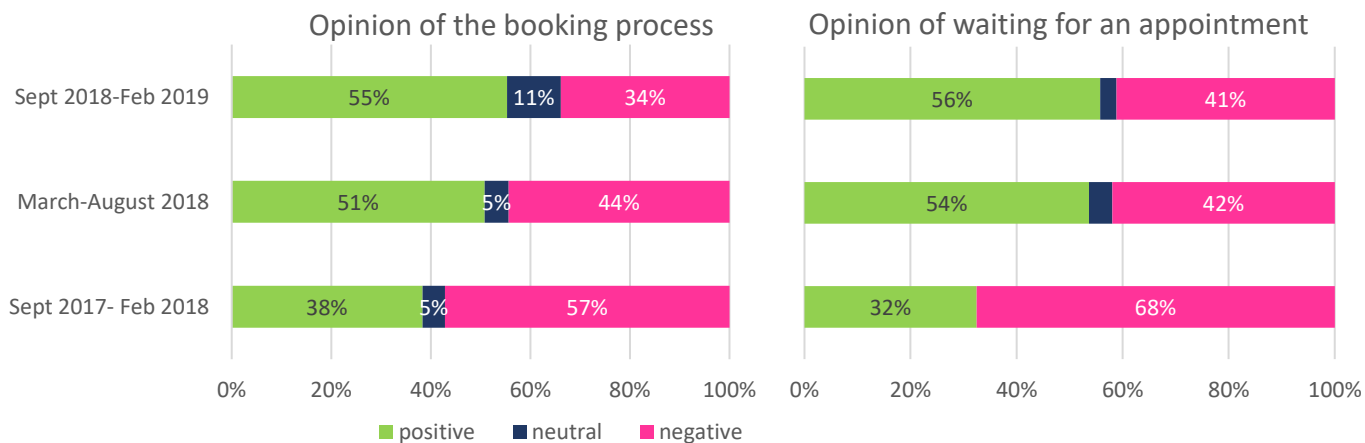


Booking and waiting for appointments are among the most important topics discussed by patients who gave feedback to Healthwatch about their GP surgeries.

(All Healthwatch data on GP surgeries, September 2017: February 2019; 6687 issues from 1559 comments).



Since September 2017, both aspects have been **improving**.



Sept 2018: Feb 2019: 387 issues
March-August 2018: 248 issues
Sept 2017- Feb 2018: 154 issues

Sept 2018: Feb 2019: 294 issues
March-August 2018: 136 issues
Sept 2017- Feb 2018: 77 issues

Surgeries most praised for booking experience (names redacted)

Aggregated GPPS and Healthwatch data

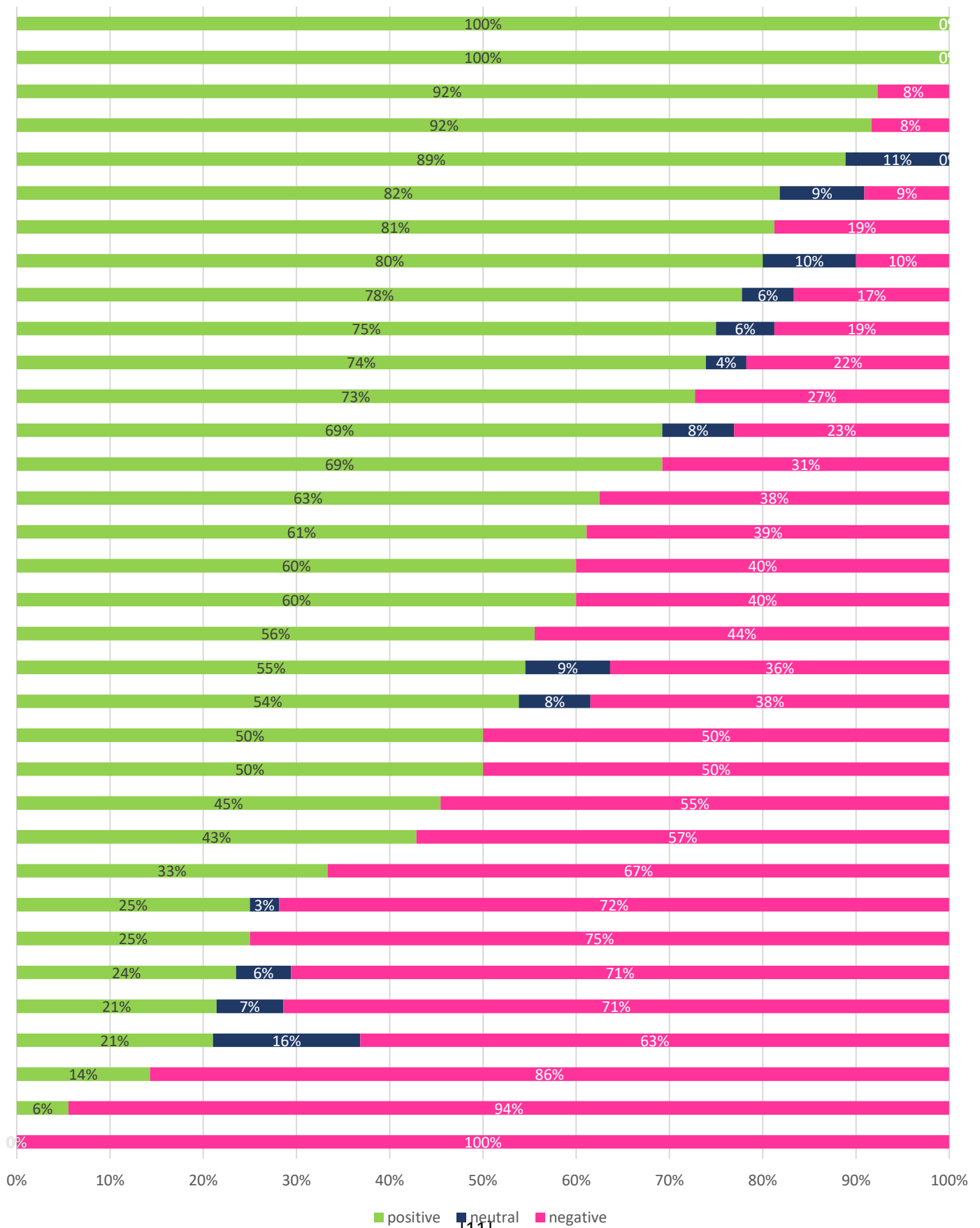
Healthwatch data 789 issues
 GPPS data: 3783 responses
 Total: 4572 opinions



Surgeries most praised for reasonable waiting lists (names redacted)

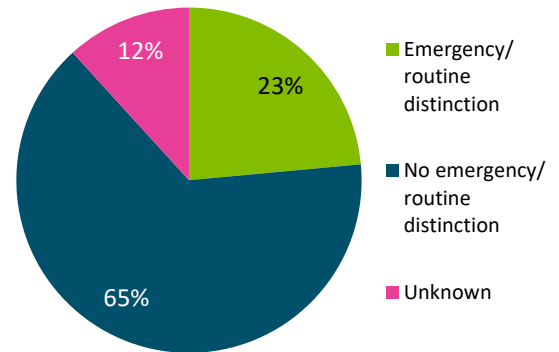
Healthwatch data

Healthwatch data
506 issues



How do surgeries handle booking appointments?

Based on informational interviews with practice managers, receptionists and other professionals, we have found out that **21 practices** in the borough operate a booking system that distinguishes between emergency and routine appointments, while **8 practices** do not.



One practice has changed its booking system in January 2019, moving from a system that did not distinguish between routine and emergency appointments to one that does.

Practices that did not distinguish between emergency and routine appointments were on average **larger** than those that did. They had **more registered patients**, employed **more GPs** and worked **more clinical sessions**.



Among the practices that **do not distinguish between routine and emergency appointments**:

- **One practice** allows the booking of all their appointments on a mostly first come first served basis, without triaging patients.
- **Four practices** (five until January 2019) operate a Doctor First or similar system, in which all patients are triaged on a daily basis over the telephone, in most cases by GPs, and given appointments according to need following triage.
- **Three practices** start triaging patients (triage usually done by a duty doctor) only after all bookable appointments for the day have been booked.

Among the practices that **do distinguish between routine and emergency appointments**:

- **Eight practices** allowed emergency appointments to be booked with triage performed by reception staff; the extent of the triage process varied between practices, as did the extent to which reception staff members were trained to perform triage. Routine appointments could be booked normally, in advance.
- **Nine practices** (formerly eight) had a duty doctor (and sometimes other professionals) perform triage by telephone for patients who requested emergency appointments, while routine appointments could be booked normally, in advance.
- **Five practices** used a mixed system, in which some emergency (same-day or 48 hours appointments) were released on a daily basis to be booked normally, with only minimal reception triage, as emergency appointments, and some were triaged by a duty doctor (for instance, after the bookable emergency appointments ran out). Routine appointments could still be booked normally, in advance.

Two surgeries in the borough also offered registered patients the possibility of **being seen on a walk-in basis**.

In both cases, the walk-in clinic ran in the morning, while booked appointments were available in the afternoon (one surgery allowed everyone to book appointments released daily, with no routine/emergency distinction, while the other one operated a callback triage with the duty doctor for emergency appointments).

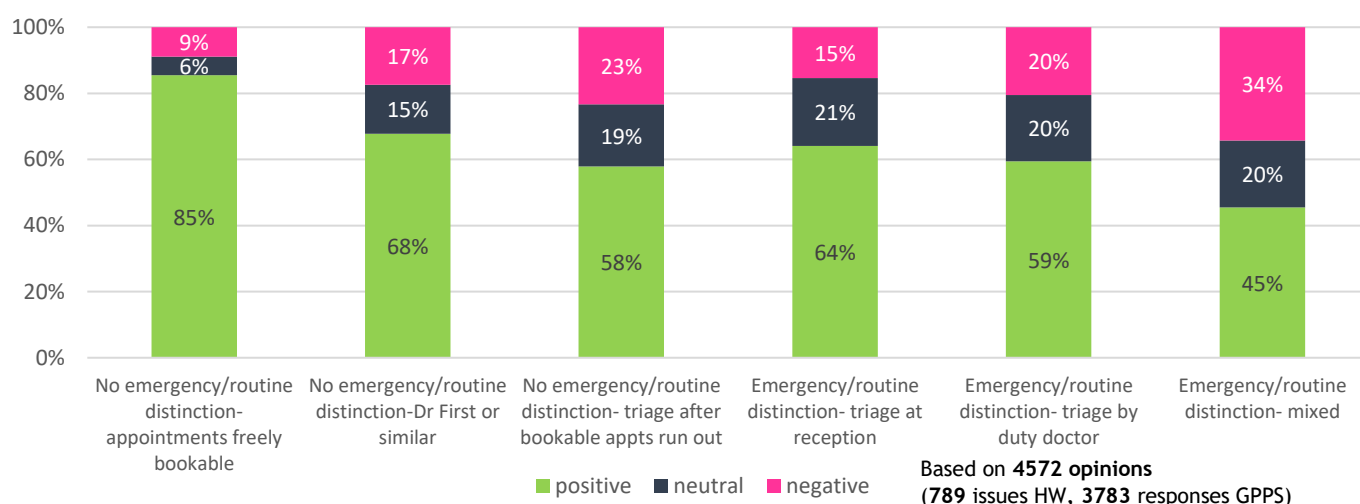
Both practices reported that emergency patients are typically seen on the same day, either at the walk-in service or through an appointment.

Patient satisfaction with booking systems

Patients of practices running a *Doctor First or similar* booking system reported a **higher level of satisfaction** with their experience booking an appointment, as did the patient of the one practice that *allowed unrestricted booking of all appointments* on a first come first served basis.

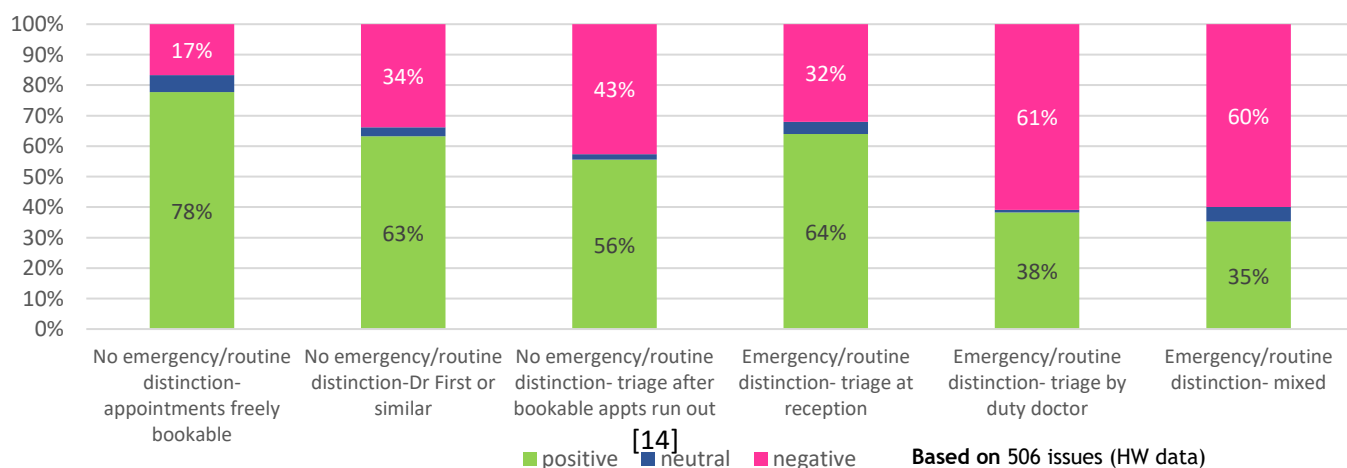
Among practices that do distinguish between routine and emergency appointments, patients of those where emergency appointments could be booked with reception triage had the most positive experience and those of practices that employed a mixed system the least positive.

Experience booking an appointment- aggregated Healthwatch/GPPS data



Similarly, practices that *ran a Doctor First or similar booking system, triaged emergency patients at reception* and the one practice that *allowed unrestricted booking of all appointments* had higher percentages of patients **satisfied with the amount of time they had to wait for an appointment**. Surgeries where *routine appointments could be booked normally and emergency appointments triaged by the duty doctor*, as well as those that *employed a mixed system for handling emergency appointments* had higher rates of disappointed patients.

Opinion of time spent waiting for appointment- Healthwatch data



No routine-emergency distinction: All appointments freely bookable

New appointments are released every day, at specific times and patients can book them at reception, without any kind of assessment as to how urgently they need to be seen.

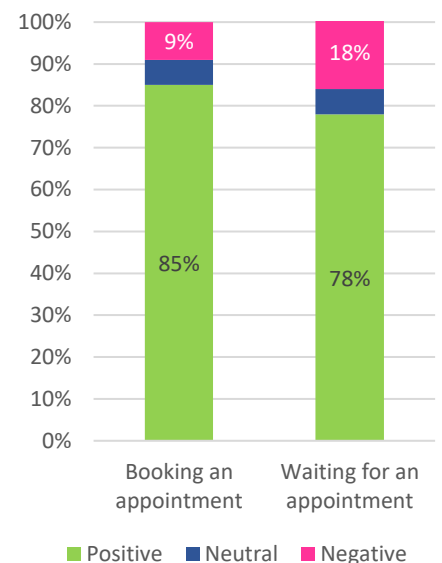
Only one practice in the borough functions this way; the same practice also runs a walk-in service in the morning for its registered patients.

“Patients are not asked why they need an appointment, no one is turned away. We believe everyone should be seen, even if just for educational purposes. Patients can be seen within 24 hours- either on the same day or the next day, if they call at specific times in the morning/ afternoon; or use the walk-in service. If they call at different times during the day, it can take up to a week.”

Practice manager

What patients say about the practice handling booking this way

- *They are a good practice. They are always there for me, I have no difficulties making an appointment. I am happy to see any doctor, I don't have to see my own doctor.*
- *My experience booking the appointment was very good. I like using the app [for online booking]. it is easy and convenient, and you don't have to call anyone.*
- *My experience booking the appointment was good. I can make appointment quickly, I don't have to come down to the GP. Sometimes I have to wait 1-2 weeks.*
- *My experience booking the appointment was very good. they are very prompt and efficient, I was able to choose an appointment convenient for me. Since I have had my son, I have been really impressed by the level of care and cover. It has been really good.*
- *I came to the walk-in service. I was seen the same day but thought the waiting time is a bit too long. My experience booking the appointment was good, because they respond quickly.*
- *They are very helpful. Booking appointments works quite well, I can book an appointment in less than one week. I usually book my appointments in the morning. They have one of the best reputations in the borough.*
- *If I'm ill I can walk into my GP and I can also book up to three weeks. They also do the tablets straight to the chemists which is great so I can just go straight there.*



Booking: GPPS data 67 responses, HW data 20 issues, total 87 opinions

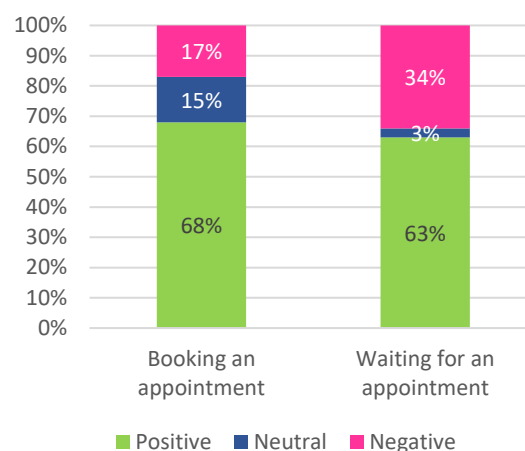
Waiting list: HW data 18 issues

No routine-emergency distinction:

Doctor First or similar

There is no distinction between routine and emergency appointments; all patients are triaged by medical professionals (in most cases doctors, but nurses, prescribing pharmacists and others may also be involved) via telephone and offered appointments in person if and as necessary following a telephone discussion. Practices aim, to varying extents, to handle most of their workload on a daily basis.

Four practices in the borough (five until January 2019) use a system of this type.



Booking: GPPS data 521 responses, HW data 120 issues, total 641 opinions

Waiting list: HW data 68 issues

“Patients can call the practice or submit an online form. 60-70% of patients get a call back from their GP, others have their needs met by other professionals (practice pharmacist, nurse, HCA etc.) Reception staff are trained in recognising potential emergencies/ high priority cases: things like chest pains, someone feeling suicidal or concerns about a small child). They flag these cases to the doctors, and they are prioritised in calling. Usually we get back to patients within a few hours, so we can see them on the same day if needed- only the ones who call late in the afternoon don’t get seen the same day.”

GP in practice with Doctor First booking

What patients say about practices handling booking this way

What works well/ advantages of the system

Patients say that they can be seen quickly and conveniently; they appreciate being able to receive a telephone consultation as an alternative to being seen in the practice in person.

- *I didn’t like the system at first, but they have the GP call you, discuss your concerns and they make the most appropriate appointment, or sometimes give you advice if you don’t need to be seen. Without fail, I have been offered an appointment both quickly and at a time convenient to me and my work. System works very well.*
- *The first time I called for an appointment, the Dr called me back within two hours & without hurrying me at all, let me talk about the five (!) issues I’d piled up to talk to her about. She then made me appointments with the practice nurses for my various ailments (two separate ones - but made sure to book them both on the same morning to minimise inconvenience), ordered me some tests, and issued me a prescription, which was sent to my local chemist instantaneously. I’ve not experienced this triage approach before, but it was brilliant & saved me a trip to the GP - bonus.*

- *I got through to reception in 10 minutes, the doctor called back 10 minutes later and asked us to come in.*
- *Phone call to receptionist to explain problem. Follow up call comes from a GP, often within the hour and appointment made over the phone, usually for the same day. My experience booking the appointment was very good. Who could not want to be seen the same day?*
- *I understand the appointments system has now changed. You phone in for a telephone consultation and if the doctor believes you need to be seen you are invited in - much better approach. I've always been seen after my telephone consultations.*
- *The doctor calls you back to understand the urgency of the issue: if you do not need to see him it can refer you to the pharmacy, but if he thinks he need to see you they give you a same day appointment or you just collect your prescription from reception.*
- *Sometimes when the doctor calls back an alternative solution and advice is given over the phone. This is very helpful rather than having to come in.*

What doesn't work well/ disadvantages of the system

People may need to take the call from doctors while working away from home and find it difficult to get to the surgery with only hours' notice. Phone lines are in some cases busy, making surgeries hard to reach. Some patients with chronic issues feel the system is suited for people with acute problems, but not for them.

- *I have found all the doctors at the surgery to be great. My only criticism would be the booking process - working full time it can be difficult to take a call back from the doctor and talk about issues on the phone when at work. I understand that a triage system can be useful, but it assumes patients are able to talk openly about the issues when the doctor calls, which is not always the case. Other than this, making appointment is easy and I have always been seen quickly.*
- *It's difficult to plan to come in for the same day or next day appointments if you have work. It would be helpful to have earlier or later appointments. I work on the other side of London and it can be hard to get to.*
- *I have to phone up and say I want an appointment and then I have to wait for a ring back. It's not like I have to wait around for the call, because I just give them my mobile in case I'm out and about, but still, you can't just walk in and ask for a phone number. I want to be able to walk in, not have to ring up and wait to be rung back.*
- *There are only two ways of getting the appointment to see a GP. (i) you queue up before 8.00 am and take your chance or(ii) you call them on the phone at 8.00 am and take a chance. In both cases the appointments are limited to the same day only.*
- *My experience booking the appointment was very poor. It takes almost an hour for someone to answer the phone. It's wasting my time. Should not be like that.*
- *My experience booking the appointment was very poor; unhelpful reception staff and policy of only giving emergency appointments despite ongoing issues.*

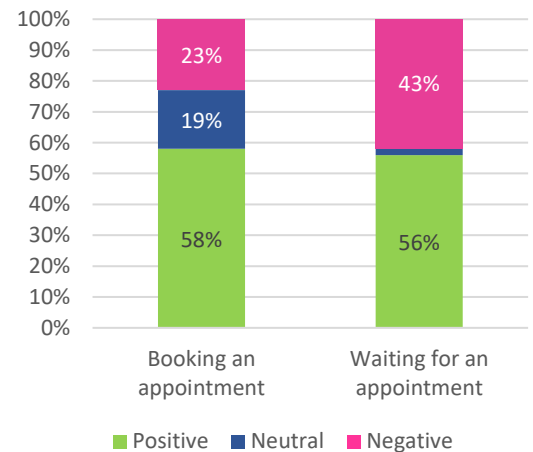
No routine-emergency distinction- Callback triage after bookable appointments run out

There is no distinction between routine and emergency appointments; patients can book a limited number of appointments made available each day directly with reception. Once on the day appointments run out, patients receive a call back by the duty doctor instead, who may decide to give them a same-day appointment if they determine that the patient needs to be seen urgently.

Three practices in the borough use a system of this type.

“As long as there are same-day appointments available, they are given to patients. Once they run out for the day, patients are triaged by doctors via telephone- it is always doctors who call back- always on the same day.”

Receptionist in practice operating this system



Booking: GPPS data 360 responses, HW data 101 issues, total 461 opinions

Waiting list: HW data 50 issues

What patients say about practices handling booking this way

What works well/ advantages of the system

Most patients felt that receptionists were aware of their needs and able to problem solve well. They feel they have been able to get an emergency appointment or telephone consultation when they needed one.

- Reception staff: I've known some of them for a long while now and they are always ready to help out and accommodate to my times, even when given short notice (via emergency booking). The staff are always helpful and understanding to my needs, are ready to provide additional information when requested and the reception provided is always approachable and friendly.*
- I don't have an issue getting an appointment as they always offer alternatives when there aren't any appointments available e.g. Telephone consultations. Overall amazing practice definitely recommended.*
- I have a son with special needs. I don't have to wait in the queue for him to get an appointment. I can just call them, and they give me a two-hour slot. I'm my son's own carer and I keep telling my GP to make a note on his record that I am his carer. I think all GP's should do that.*
- I think the doctors are very good and booking an appointment is easier than before, when I come into the surgery the service is very good and has improved.*

- *The staff at reception helped me on many occasions, when I was in pain, they helped me getting an urgent appointment with a doctor.*
- *[Responding to a thread about people who have switched to the GP at Hand service] Our local GP provides a great phone call back service. Why would I want to go somewhere I am not known?*
- *I have not had one problem with their appointment system and in fact have nearly always had an appointment for the following or even the same day. The staff are friendly, polite and efficient.*
- *I always manage to get an appointment in time and the GP even called me to solve a simple medical issue I had which saved me coming into the practice.*
- *As with all NHS services it's difficult to get through on the phone - but that's because there are a large number of patients - the practice seems to be doing really well at introducing systems to help free up the phonedlines and make it as easy as possible for people. The practice manager seems to be doing a great job!*
- *The best thing about the practice is that I'm able to get an appointment when I want either on the day or the day after with a GP of my choice.*

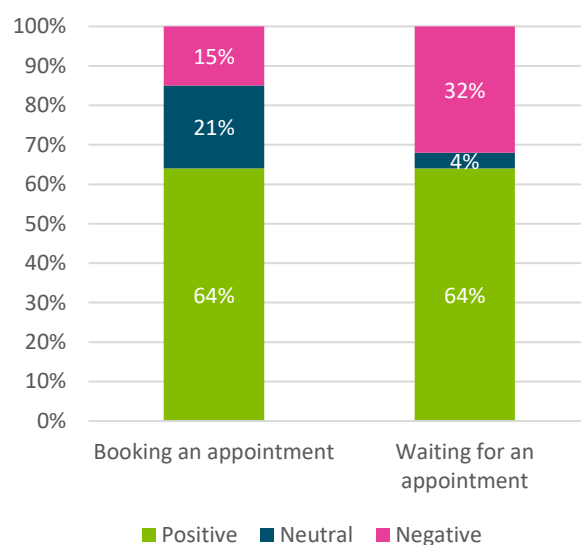
What doesn't work well/ disadvantages of the system

Some patients perceived reception staff as obstructive; receptionists do not always add people to the duty doctor's call-back queue, even though they believe they should get a same-day appointment. Some patients find the system difficult to understand.

- *Good practice. The only downside I see is the morning appointment system. They really need to get more people on the phone lines or have a good online system.*
- *My child got an appointment within 4-6 days. That was a bit too long. My experience booking the appointment was poor. It takes forever to book an appointment.*
- *It is often difficult to get a suitable appointment through the admin office, whose sole purpose in life seems to be preventing one from seeing a doctor. However, the care from the doctors I have seen has been the best I have ever experienced.*
- *My wife had an emergency, but they couldn't see her. I call and have to wait a long time to set an appointment. My GP told me to come in an emergency, but the receptionist said it wasn't allowed when emergencies happened.*
- *My whole family comes here but the reception isn't good. I came from a different GP and the systems are so different. Receptionists aren't helpful. The GP's are very good. My mother has depression and has issues booking appointments.*
- *The receptionists are rude and unhelpful, they are disrespectful, and behaviour is unacceptable. Receptionists think they are doctors and start advising us, 'do they know more than us'. Appointments are unavailable, can't get through on phone, always being fobbed off.*

Routine-emergency distinction- Emergency appointments triaged at reception

A certain number of appointments each day are reserved for emergency appointments (on the day); while others can be booked in advance, as routine appointments. Patients explain at reception what they need an appointment for. Receptionists receive instructions from doctors on how to triage patients and determine whether a patient needs to be seen urgently or whether they can wait for a routine appointment; in some cases, they receive triage training from the network.



Eight practices in the borough use this system.

“Reception staff decide whether patients need to be seen urgently, after checking with doctors. Doctors trained reception staff to do the first point of triage and provided them with a template to use; receptionists also received triage training from the network.”

Receptionist, practice where emergency triage is done at reception

Booking: GPPS data 773 responses, HW data 129 issues, total 902 opinions
Waiting list: HW data 91 issues

What patients say about practices handling booking this way

What works well/ advantages of the system

Most patients feel they have been able to get an appointment within a suitable time frame. They found the system easy to understand, straightforward, and relatively flexible. They also found reception staff helpful.

- *They have a very good booking system, one time I rang the practice before 8 am and I was seen before 9, they are brilliant with emergencies.*
- *My experience booking the appointment was very good. No dilly dallying, straight to making an appointment. If its urgent there are appointments available on the same day, if none available they make one available which is great. Follow up really good, they go above and beyond regarding patient care.*
- *My experience booking the appointment was very good. They understand the complexities and arrange appointments. I really like this surgery and the staff are brilliant, they are great at booking appointments and I am able to get same day appointments.*
- *My experience booking the appointment was very good, because it's easy.*

- *Always polite. If you ask for a quick appointment, they do book you in early.*
- *They booked two appointments together. My old surgery in Essex was very funny about this, but here they're willing to accommodate, so they're better.*
- *I got to pick the day, got the appointment I wanted.*

What doesn't work well/ disadvantages of the system

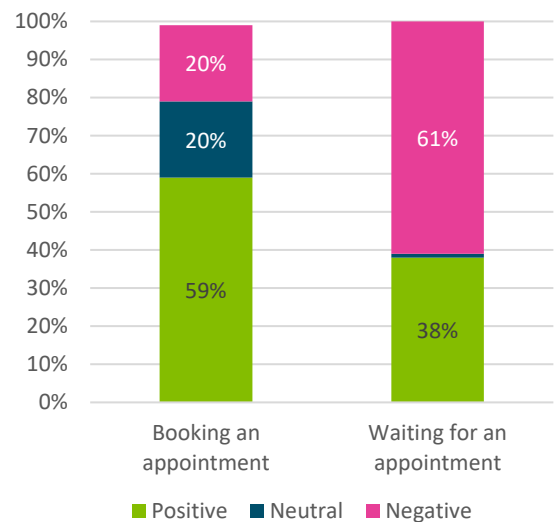
Some people dislike sharing private, potentially sensitive medical information with receptionists or feel distrustful of the accuracy of triage performed by admin rather than medical staff; they may perceive receptionists as obstructive gate-keepers to the care they need. Getting through to practices at peak times can be difficult, and some patients report a poor availability of appointments.

- *The biggest thing that infuriates me is being asked 'Can I ask what it's about?' I don't want to tell the receptionist what I am calling about, it's not a triage. They told me it helps the doctors prepare.*
- *Staff wouldn't even take a look at my wife even though this is the fourth time she has a miscarriage.*
- *Their website claims that you can "Book an appointment at least 2 weeks ahead if you want to". I was also told by a GP to book an appointment (with him) 2 weeks after having a nurse's appointment (you can only have one outstanding appointment) and before leaving the surgery. Note that I did point out to him the difficulty of making such appointments. However, on multiple occasions by receptionists at both sites have been told "the schedule is not yet available". When challenged (with the advice above), all they can do is repeat that mantra, often in slower, patronising, tones. Furthermore, I would have preferred to discuss my concerns privately with them to offer them the chance to correct things, but they offer no means to contact anyone other than phoning reception.*
- *If I call before the surgery opens, I get a voicemail message telling me to call during opening hours. Then I call as soon as the lines open, I wait for more than 20 minutes, then when they finally get to me, they tell me "there are no more appointments, you'll have to call back next morning". I have to explain to them that I need to be seen today because I have a serious chronic condition- and that's when usually they manage to give me an appointment. They try to offer me a telephone consultation first, but I prefer face to face appointments because I get to ask about more things.*
- *The reception is very busy sometimes. Sometimes they don't answer calls, that's why I come in person. on the phone I can wait 20 minutes that's why better to come in or I send someone in for me.*
- *The practice should be ashamed of themselves. They take on new patients everyday but cannot provide appointments to their patients. This is the second week I am looking for a next day or same week appointment but the earliest is in a week. The people disgust me!*

Routine-emergency distinction-

Emergency appointment triaged by a medical professional

Patients who say that they need to be seen urgently are added to a call-back queue and triaged by a medical professional (usually, the duty doctor, although nurses and prescribing pharmacists may also be involved, depending on the nature of the query). Patients who need a routine appointment can book directly with reception; some practices have limits as to how far in advance. **Nine practices in the borough (eight until January 2019) use this type of booking system.**



“The urgent care team is made up of a doctor and a nurse (2 doctors on Monday mornings), they work from the phone list and call in patients who need to be seen. Calls are made well within the hour. Receptionists only ask patients why they want to be seen urgently to enable appropriate signposting where needed, we have a ‘who does what list’ to ensure patients are booked appropriately.”

Head of reception, practice where emergency triage is done via telephone by medical professionals

Booking: GPPS data 902 responses, HW data 179 issues, total 1081 opinions

Waiting list: HW data 125 issues

What patients say about practices handling booking this way

What works well/ advantages of the system

Many patients perceive this booking system as offering them flexibility. Patients who gave positive feedback also perceive their practices as busy/ stretched but coping efficiently.

- *The booking system is really good also allowing you to choose your date and time in advance. Or you can call for a sooner appointment.*
- *At first, I found it difficult to get appointments but then the receptionists explained the different ways of booking and ever since I rarely have problems with it.*
- *In my experience, the practice has made many improvements over the past few years especially with regards to answering my calls within a quicker time period, offering the earliest GP appointments, contacting me when required and being very polite and helpful in general. I am grateful for being able to see my own wonderful GP each time, as continuity of care is extremely important to me.*
- *They always manage to offer a reasonable appointment to both me and my family should we request one. Always busy and I don't think I ever entered the surgery when it hasn't been full.*

- *Although appointments are sometimes difficult to get hold of, I was advised to do online consultation to get a quicker response. The next day, I received a call for an appointment. I'm happy to say that this service works their way around in a number of ways for us patients by providing more significant ways of booking appointment.*
- *I attended the surgery around 2:30pm and requested an emergency appointment, I was given a 4pm appointment and I returned saw a Dr and he was amazing!*
- *The receptionist was extremely helpful and personable. She sorted out the blood form. Then unexpectedly by me, arranged for me to see the on-call doctor there and then. I think I only waited 10 mins!!*

What doesn't work well/ disadvantages of the system

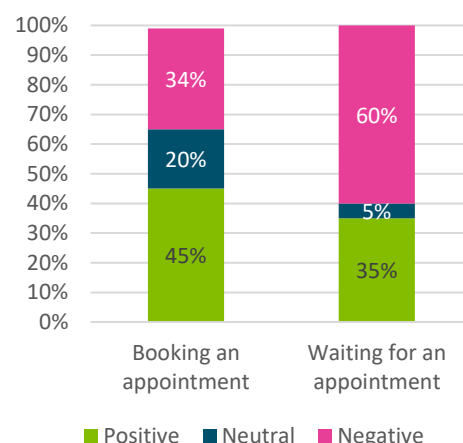
Phone lines are often over-stretched, making it difficult to reach practices. The availability of both emergency and routine appointments is reported to be poor; people may wait for more than two weeks or even a month for a routine appointment; or they may not be able to book one at all. Allocation of emergency appointments is seen as inefficient.

- *Their phone lines are seldom attended. Confusing information to patients in regard to emergency call times. You will never get through to their phone lines during these emergency call hours. Do not consider a fracture in hand as emergency at all.*
- *I had to call twice to get an appointment because there was no appointment list open. Even 2 weeks ahead!*
- *You can't book more than two weeks in advance but trying to get one of the slots within the period is nigh on impossible. I have had a problem with my knee for six months and have tried three times to get an appointment, but nothing was available. I find the system hideous.*
- *It is virtually impossible to get a face-to-face appointment at this practice without having pre-appointments first. Even when specifying the problem upfront you are often required to restate the problem in a pre-appointment. This may be a method of reducing the load of unnecessary appointments but goes too far in the other direction of hindering urgent and necessary appointments. It may even be wasting more of the practice's resources when a clear need for an appointment requires two slots not one.*
- *Appointment reservation opens at 8am Mon - Fri when I'm cycling to work, making it impossible to do. All appointments are taken within 5 minutes. The only way I can get an appointment is to take 2 days off work, one to deal with the reservation process (8am for 5 mins) and the second to attend the appointment itself. This is very unfair to those of us who have to work for a living.*

Routine-emergency distinction-

Mixed system

Patients who need a routine appointment can book directly with reception. A number of emergency appointments released daily can also be booked at reception, either on the day or less than 48 hours in advance (depending on the practice). Patients that need to be seen urgently can also be added to a call-back triage list and called back by a medical professional. This is done either when there are no more on-the-day bookable appointments or if they need to be seen with particular urgency. **Five practices in the borough use this system.**



“Patients needing urgent (24 hours) appointments are first asked about their symptoms by reception. Receptionists then add patients they believe are urgent to an “emergency list”, and patients on an emergency list are called by a medical professional for clinical triage. Usually a doctor, can sometimes be the practice nurse. The doctor or nurse then decides whether they need to be seen immediately. Otherwise, they can book 48-hour appointments via telephone/ in person at 9 am or 12 pm, or they can book routine appointments on the phone/ in person/ online. There are also “green slots” reserved for issues such as medication reviews or certification letters, that are normally dealt with by phone.”

Senior admin, practice using a mixed system

Booking: GPPS data 703 responses, HW data 135 issues, total 838 opinions

Waiting list: HW data 85 issues

What patients say about practices handling booking this way

What works well/ advantages of the system

There are multiple ways to book appointments, which some patients feel allows for better flexibility and choice. Some believe this system to be efficient, particularly in relation to increased pressure on services and a growing population.

- For me as the surgery has grown, I have seen so many alternative ways to see my GP. I never have a problem consulting with a Dr. [...] I can book an appointment in advance if it's something that I'm concerned about but can wait if I want to see a specific GP with a specific date and time. However if myself (or my children) are really poorly and it cannot wait then there are a number of options I can use, I can speak to a receptionist (yes they will ask questions, they have to if you want them to help you effectively, but you can of course decline) and they will either give me a telephone consultation for that day, or, depending on how I'm feeling, the next day. From this consultation if the GP feels that they need to see me then they will open up an appointment slot. You can also speak to a receptionist if you believe that you are too unwell to wait until the next available appointment then you can come in at 10am and sit and wait to be seen by either a GP or a Nurse Practitioner. You can also fill in an e-consult form and the GP will read and contact you after reading.

- *Today, I completed an online form to book a (non-urgent) follow-up appointment following a routine health check. The surgery phoned me back within one hour, with an appointment to see a doctor within a week. I think that's remarkable, given the context in which the NHS is operating, the staff at my practice deserve great credit.*
- *Recently I was concerned about my father's health, I had a telephone consultation with a Dr who told me to bring him in for review that same day. The Dr thoroughly examined my father, He was kind, caring and compassionate. He really took my concerns into account.*
- *Appointment 1 was for an emergency; I was squeezed in coming up to 6pm on a Friday evening by a conscientious and knowledgeable practitioner that managed to prevent me from making an unnecessary trip to A& E. Appointment 2 was a routine appointment and in response to my request for an early appointment that would not impact upon my working day I was scheduled to be seen at 8am.*

What doesn't work well/ disadvantages of the system

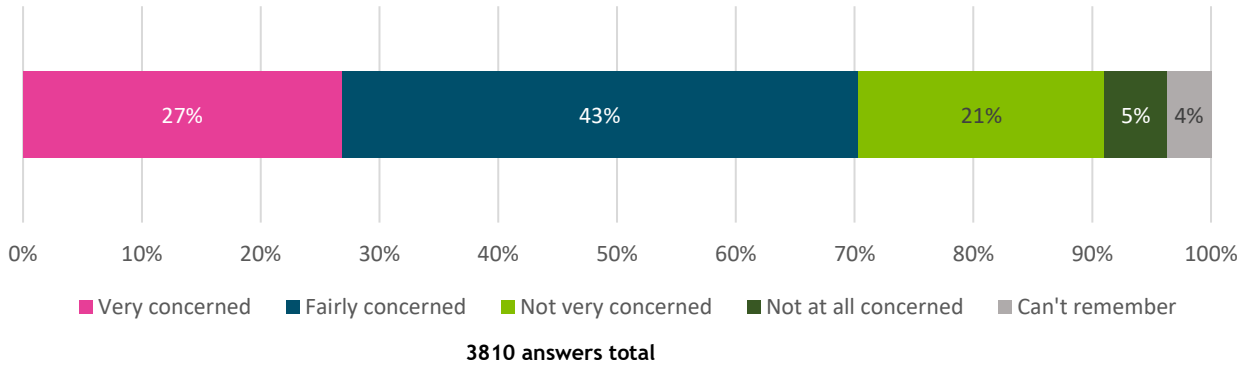
The system is poorly understood and prone to admin errors. Several patients report receiving inaccurate information from reception. Patients have to call very early in the morning to get emergency appointments, causing over-stretching of telephone lines. Availability of routine appointments is poor. Reception staff are perceived by some as obstructive gatekeepers.

- *I called on the day to get my children immunised for an urgent trip abroad, the receptionist took my children's details and said that the nurse will call me on the same day to discuss if the children need to get immunised for this trip. I left my work number with the receptionist. I did not get a call back all day. I called again first thing in the morning next day and I was advised that the nurse had called my mobile number and there was no answer. How and why would she call my mobile number when I left my work landline?*
- *I rang on a Friday morning after attempting to send in for an online consultation as the form told me to seek an appointment urgently. The receptionist didn't ask me anything about my condition/symptoms, just told me to come in a 9.30 on Tuesday morning. I turned up, having taken the morning off work, only to find there was no record of any appointment for me.*
- *Very few 48 hours appointments that are usually not available and are taken within minutes of being released. Impossible to get through by phone. Staff are not knowledgeable, rude and say different things about the same problem.*
- *It's a practice run by a receptionist without any medical training, that decides if you get to see a GP. Even with a hospital discharge letter saying you must see your GP, you still can't get an appointment you get told to go to the hub.*
- *When I have to call and make my booking to see the GP they have many times mixed up the bookings. Receptionist tell me different and misleading information all the time. Due to my work profession, I cannot be at my phone all the time, I told the receptionist to ask the GP to call me at specific time frames, they still get it wrong.*
- *I feel the receptionist judges how urgent your issue is, then provides the date.*

Appointments timing: expectations and reality

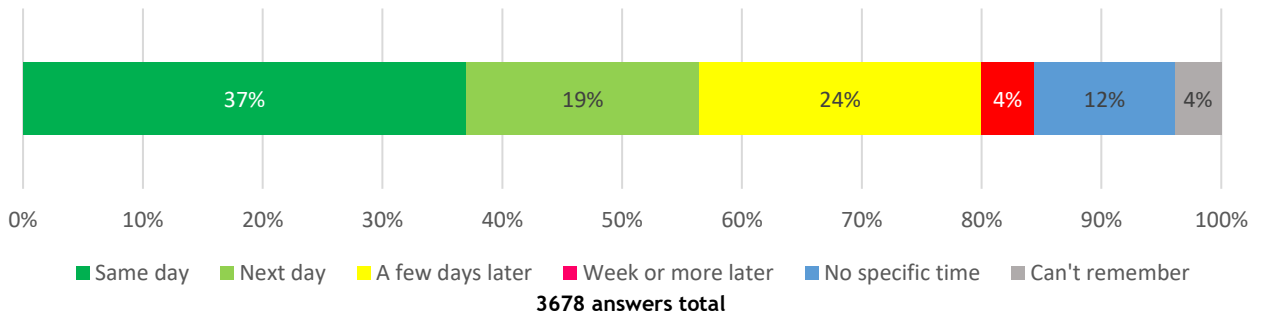
70% of respondents to the GP patient survey felt “**very concerned**” or “**fairly concerned**” about their health when they made an appointment.

How concerned were you at the time you made the appointment?
(GPPS data)



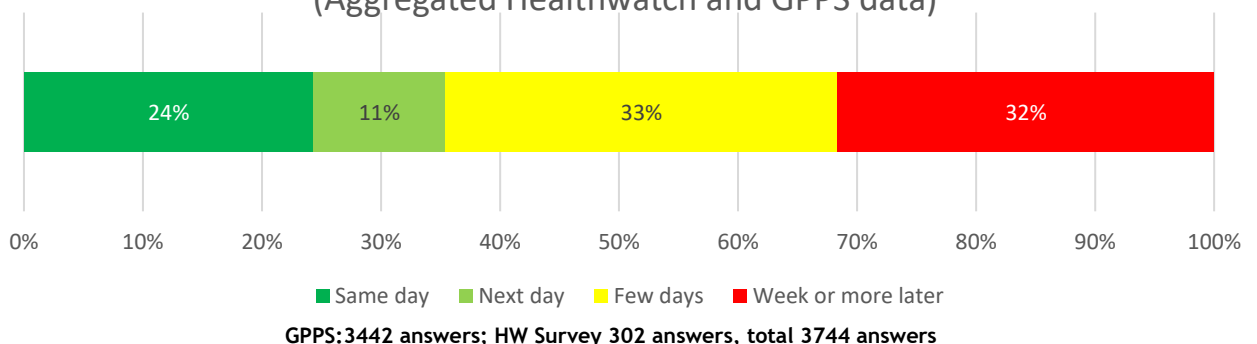
37% of GPPS respondents wanted to receive a same-day appointment; a total of 80% wanted to be seen within a week.

When would you have liked this appointment to be? (GPPS data)



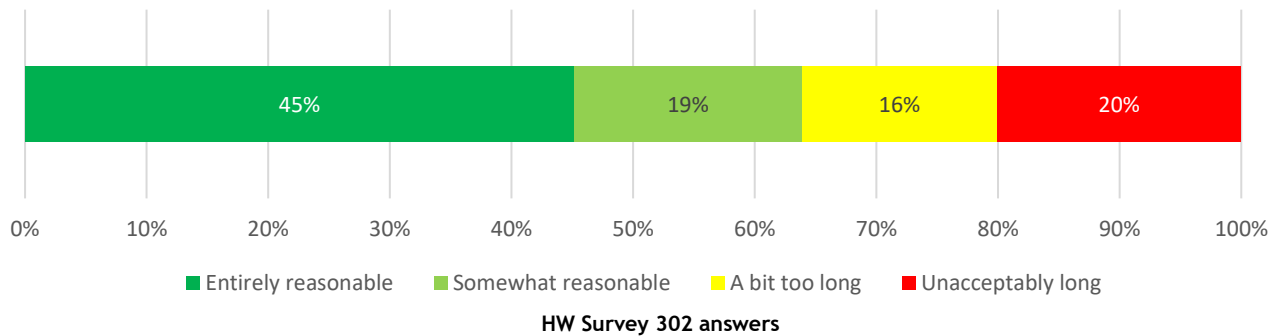
However, only about a quarter of patients were seen on the same day; and over 30% had to wait for more than one week to be seen.

When did you receive an appointment?
(Aggregated Healthwatch and GPPS data)



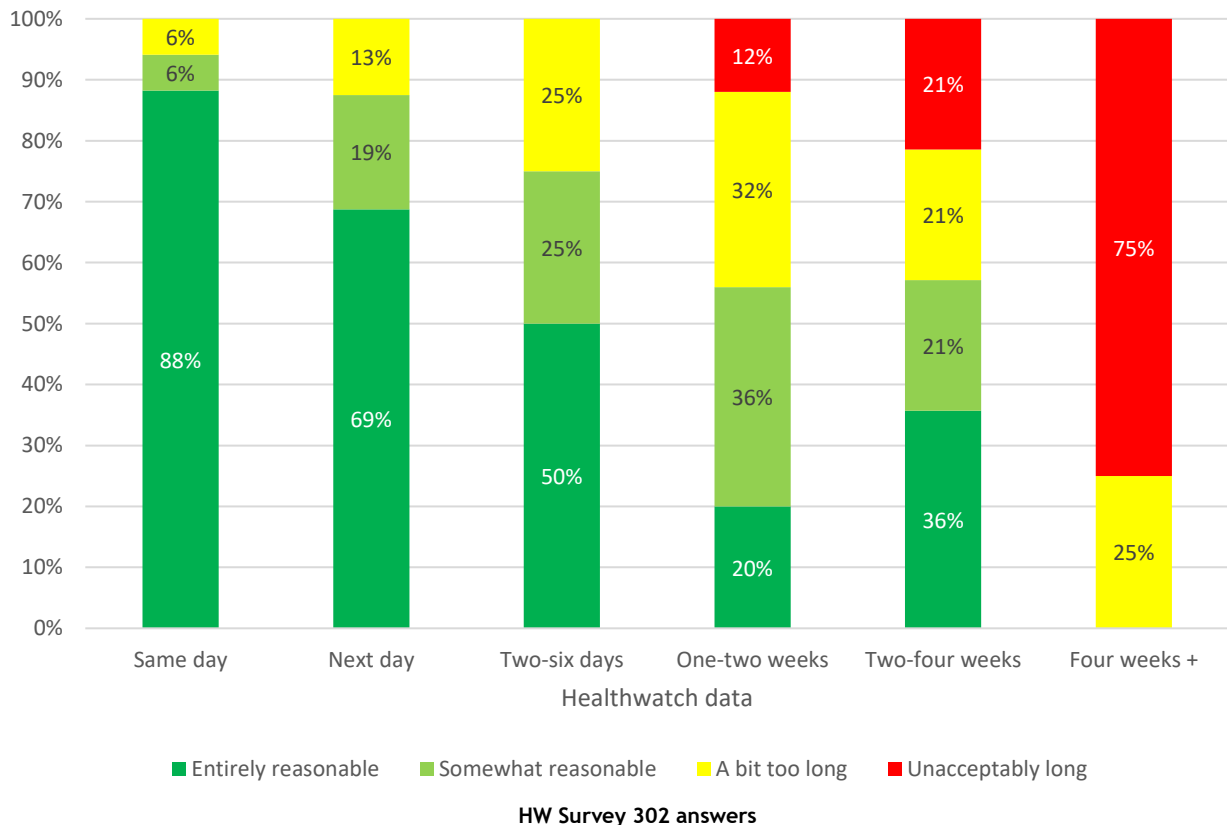
Two thirds of respondents to Healthwatch’s own GP booking survey thought that they had to **wait a reasonable amount of time** for an appointment.

Do you believe the time you had to wait for your appointment is...
(Healthwatch data)



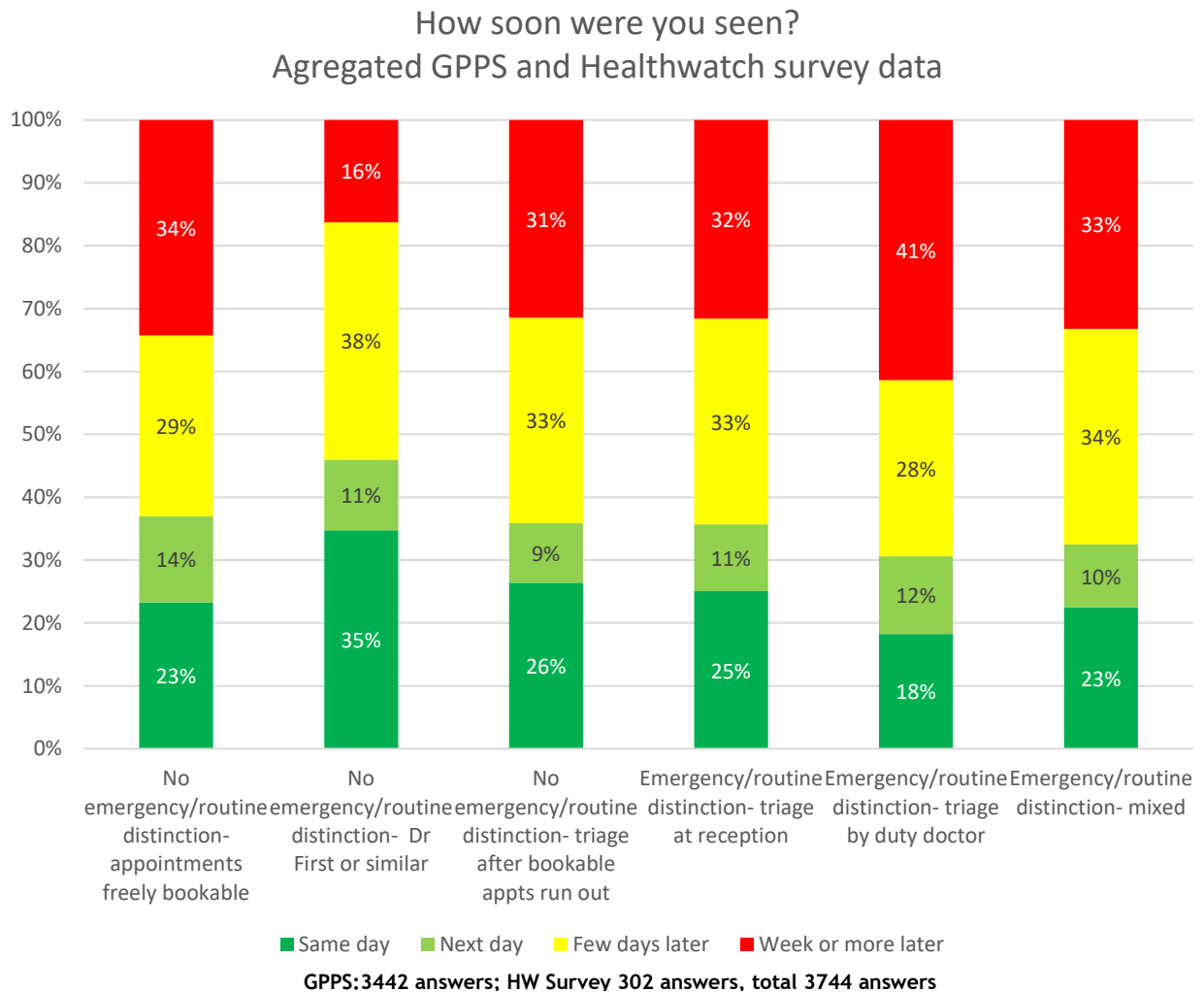
More than 90% of patients seen on the same day or the next day thought that they were seen within a reasonable amount of time.

On the other hand, nearly half of those who waited for more than one week and a majority of those who waited more than two weeks believed that they have waited too long to get an appointment.



Surgeries that run a *Doctor First* or similar booking system have a higher percentage of patients who report being seen on the same day and a lower percentage of patients who report being seen after more than one week.

The opposite is true of surgeries where *emergency appointments are triaged by the duty doctor* and routine appointments are booked in advance.



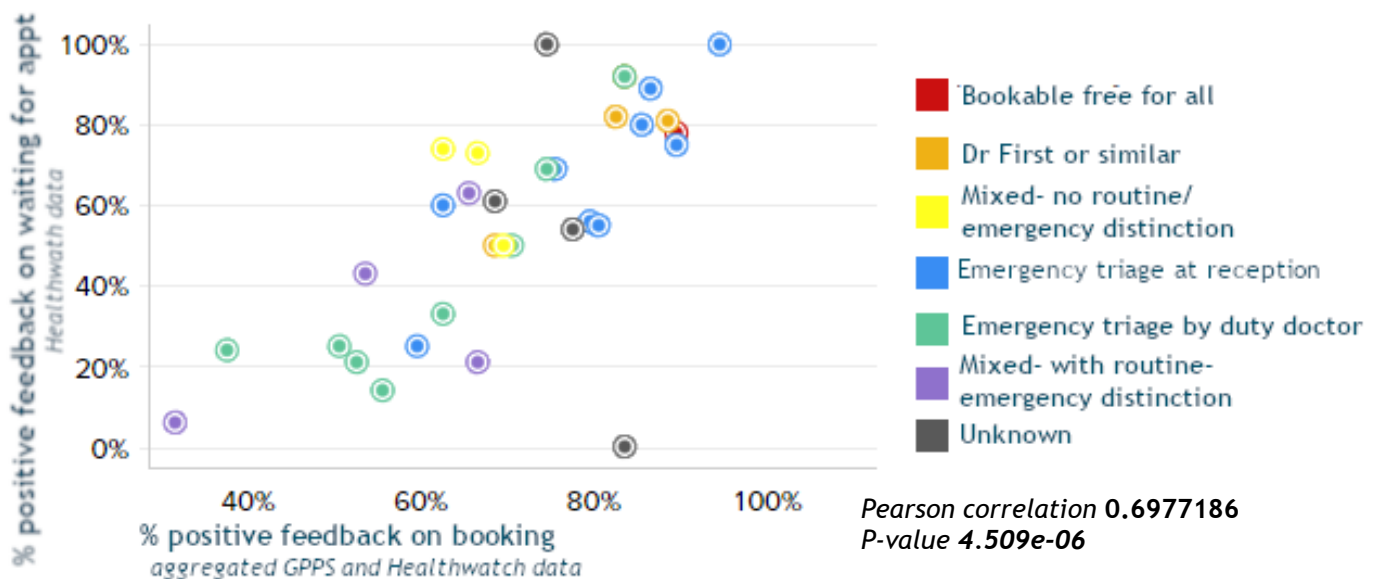
“The vast majority of patients are seen or otherwise dealt with on the same day, we deal with all our workload on a daily basis. Very routine things like medication reviews are dealt with by the practice pharmacists, not by the doctors.”

GP, practice running a Dr First booking system

“Routine appointments are made available for booking within 72 hours, one week or two weeks; if none are available, patients are advised to use hub appointments or online access. For emergency appointments, patients are added to a call-back list; the doctor calls on the same day and decides if they need to be seen on the same day- or offered hub appointments.”

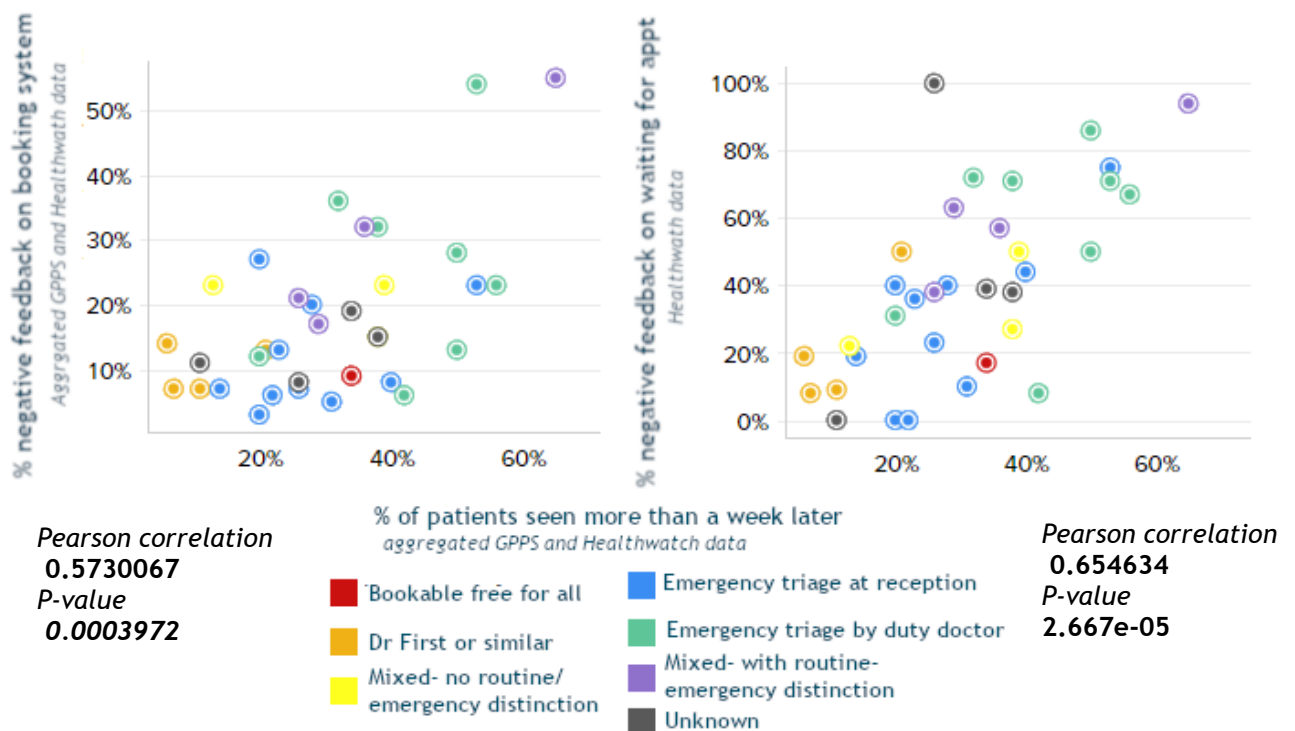
Senior admin, practice where emergency appointments are triaged by doctors

Unsurprisingly, practices where patients gave positive feedback about the booking system are the same ones where they gave positive feedback on being seen promptly after making an appointment.



Booking: GPPS data, 3783 responses + HW data 789 issues, total 4572 opinions
Waiting: HW data, 506 issues

The more patients a surgery saw after more than one week, the more likely it was to receive negative feedback, both for booking appointments and for waiting times.



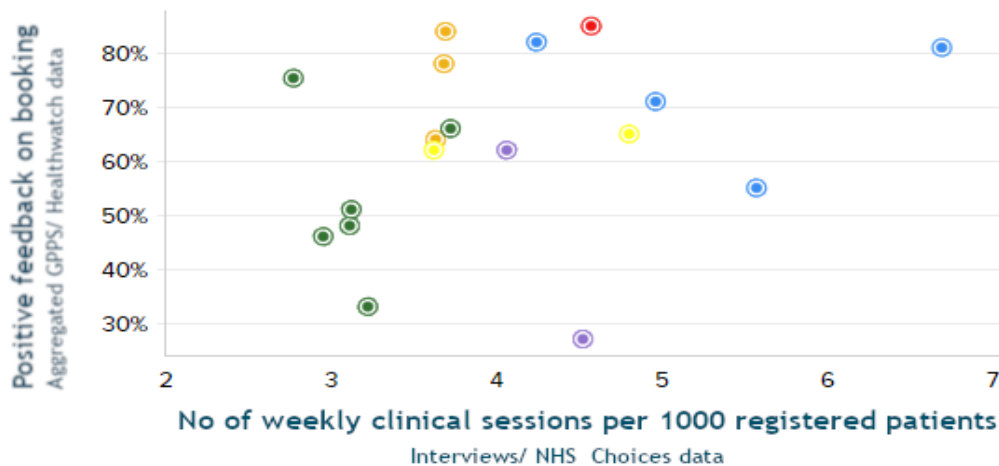
Booking: GPPS data, 3783 responses + HW data 789 issues, total 4572 opinions
Waiting: HW data, 506 issues
Patients seen: GPPS data 3442 answers; HW Survey 302 answers, total 3744 answers

Capacity and stretching

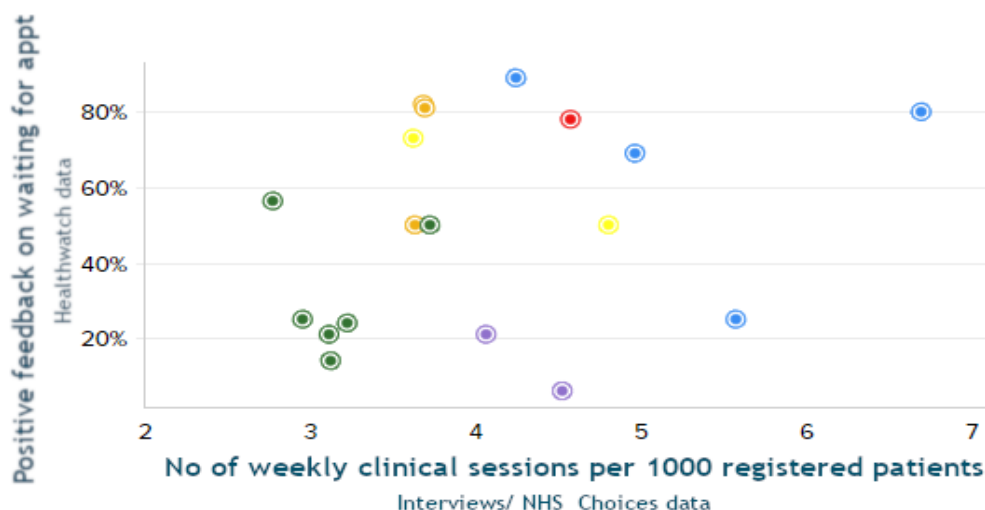
Based on data obtained from informational interviews, the number of **clinical sessions worked weekly** in a Tower Hamlets GP surgery varies from as few as 17 to as many as 80. The largest surgery in the borough has nearly 22,000 registered patients while the smallest one has just over 2000.

The number of **weekly clinical sessions per 1000 registered patients**, used as a measure of a surgery's capacity to provide appointments to patients varies widely, from as little as 2.8 to as many as 6.7

As can be observed in the below graph, the relationship between a surgery's capacity and patient satisfaction with obtaining appointments is not straightforward and could be influenced by the type of booking system a surgery operates with.



- Bookable free for all
- Emergency appts triaged at reception
- Doctor first or similar
- Emergency appts triaged by duty doctor
- Mixed (no routine-emergency distinction)
- Mixed (with routine-emergency distinction)



Booking: GPPS data, 3783 responses + HW data 789 issues, total 4572 opinions

Waiting: HW data, 506 issues

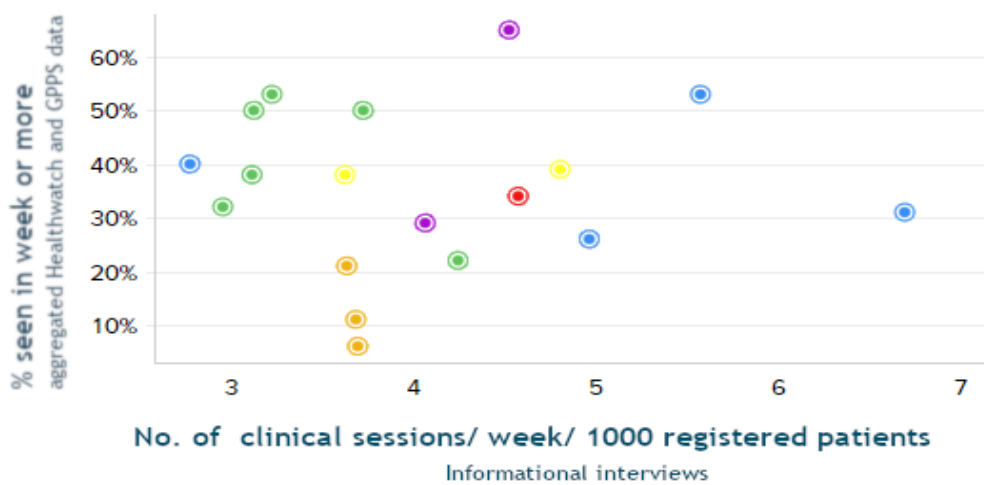
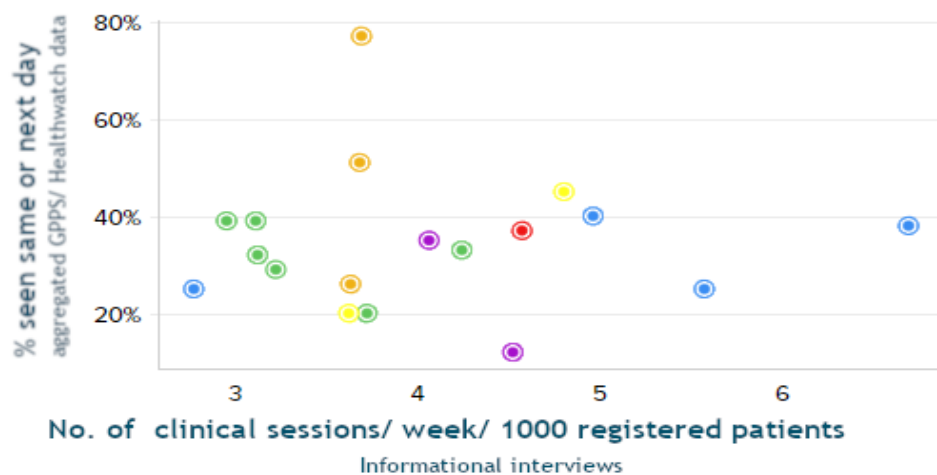
- Surgeries where emergency appointments are triaged at reception tend to have a good capacity to provide. They tend to have high levels of patient satisfaction, because they have sufficient capacity to offer appointments within a reasonable time frame to anyone, including patients deemed not to need to be seen urgently.
- Surgeries that don't distinguish between routine and emergency appointments appear the best equipped to do more with less. They have good levels of patient satisfaction, despite relatively limited capacity.
- Surgeries where routine appointments are booked at reception and emergency appointments are triaged by a duty doctor are the most over-stretched, struggling to provide appointments in time for both emergency and routine patients. At least as far as *patient satisfaction* is concerned, adding multiple levels and types of appointment rather than simplifying the system appears to be counter-productive.

- *"We deal with our workload in a daily basis. If a patient were to call us with acute symptoms when we have no more same-day appointments left, we would try to offer them an e-consult or phone consultation; if not doable we advise them to call back the next day. This rarely happens, usually if multiple staff members are off sick, it's the exception rather than the norm. If the patient is urgent, we try to accommodate it on the day."* (GP, practice with Doctor First booking system)
- *If a patient calls late in the day with acute symptoms and we have no more same-day appointments left, we tell GPs about their case and GPs instruct us what to do next: either squeeze them in on the same day if they are urgent, or otherwise we would give them a next day appointment or a hub appointment. Non-emergency appointments are normally within 3-4 days.* (practice manager, surgery with reception triage)
- *"We aim to determine: who needs to be seen urgently? (ex: breathing problems) Who needs to be seen within 24 hours? Who needs to be seen within 48 hours? (for example, people with lumps or other symptoms that may indicate cancer). The duty doctor deals with this daily, AM and PM. If someone were to come in late in the day, any clinicians left in the building would have to make a decision based on the patient's symptoms, and either offer a hub appointment on the same evening, advise them to call 111 or 999. We are also a hub practice, which gives us a few more appointment slots, that we can use for emergency walk-ins."* (Practice manager, booking system with triage by duty doctor)
- *"80% of our patients are emergency patients seen the same day. About 20% are routine, seen within 1-3 weeks, it does depend on when in the day or week they call. Often our bookable emergency appointments are gone after the first 15 minutes after 8 am in the morning; and after that everyone who needs to be seen urgently would have to be called back by the duty doctor. If the duty doctor determines that the patient does not have an urgent need to be seen on the same day, they would have to call again the following morning"* (Practice manager, mixed booking system)

Furthermore, perhaps surprising, there is also no straightforward relation between the capacity to give appointments, as expressed in the “number of weekly clinical sessions per 1000 registered patients” measure and when patients are being seen.

As can be observed in the below graphs, **surgeries with a Doctor First or similar booking system are better at seeing a higher proportion of patients on the same day or the next day and avoiding seeing patients in more than one week despite having limited capacity.**

Surgeries where emergency appointments are triaged at reception have a higher capacity than those where they are triaged by a medical professional, but they have only slightly higher rates of patients seen on the same day or the next day. Surgeries with limited capacity, which triage emergency patients with a duty doctor, tend to have longer waiting times for routine appointments, leaving little in-between being seen on the day and being seen two weeks later.



- Bookable free for all
- Emergency appts triaged at reception
- Doctor first or similar
- Emergency appts triaged by duty doctor
- Mixed (no routine-emergency distinction)
- Mixed (with routine-emergency distinction)

What happens if a patient needs to be seen on the day, but there are no more appointment slots left?

- *We try to offer them an e-consult or phone consultation; if not doable we advise them to call back the next day. This rarely happens, usually if multiple staff members are off sick, it's the exception rather than the norm. If the patient is urgent, we try to accommodate it on the day. (GP, practice with Doctor First booking system)*
- *They would be offered a hub appointment or a call the next day (they would be added to next day's call-back queue). They may also be signposted to a pharmacy instead. (Senior receptionist, practice with Doctor First booking system)*
- *The on-call doctor makes the decision. Personally, I try to squeeze them in if it's before 6:30 or book them in for the next day if they can wait. Other GPs may refer them to the hub. (GP, practice with mixed booking system).*
- *We would tell GPs about their case and GPs would instruct us what to do next: either squeeze them in on the same day if they are urgent, or otherwise we would give them a next day appointment or a hub appointment. (Practice manager, practice with reception triage).*

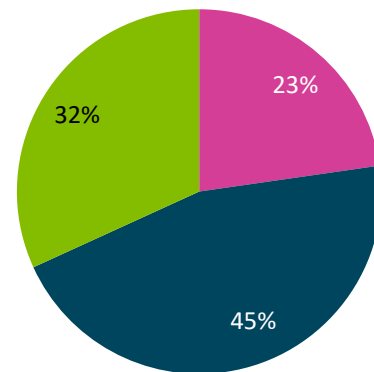
What happens if a patient with acute symptoms prefers to be seen in two-three days' time?

- *We try to accommodate what people need if they can't come in on the day; we have some flexibility for individual cases- but normally we don't have more than 3-4 people booked in advance. We try not to do this too much because it breaks the flow of the system. It's clinicians who make individual decisions in these cases and they flag them up with admin staff. (GP, practice with Doctor First booking system)*
- *We can be flexible within a week's time. However, except for review slots, we cannot book appointments for more than two weeks in advance. (Senior receptionist, practice with Doctor First booking system).*
- *We can be somewhat flexible, because we have the 48-hour appointment slots; they may need to go through the telephone triage with the on-call doctor. (GP, practice with mixed booking system).*
- *We would check cancellations, but hub appointments are most likely to be offered. (Head of reception, practice which triages appointments with medical professionals).*
- *Most likely hub appointment. They can call back the next day to see if there are any cancellations, but a hub appointment is the most likely outcome. (Practice manager, practice which triages appointments with medical professionals).*
- *We can be flexible on that, non-emergency appointment is normally within 3-4 days. (Practice manager, practice with reception triage).*
- *That's actually a point of major frustration and a challenge for us; we often have to tell them to call back the next day. (GP, practice with mixed booking system).*

Who gets to be seen first?

Out of the 22 surgeries whose staff members were interviewed by Healthwatch:

- 10 stated that they prioritise seeing patients from certain groups (e.g. children, elderly, people with complex chronic issues) or with certain symptoms (e.g. chest pain, shortness of breath, mental health crisis).
- 5 stated that they see patients primarily on a first come first served basis.
- 7 said they prioritise patients based on symptoms/ circumstances in the call-back triage queue for emergency appointments, but book routine appointments on a first come first served basis.



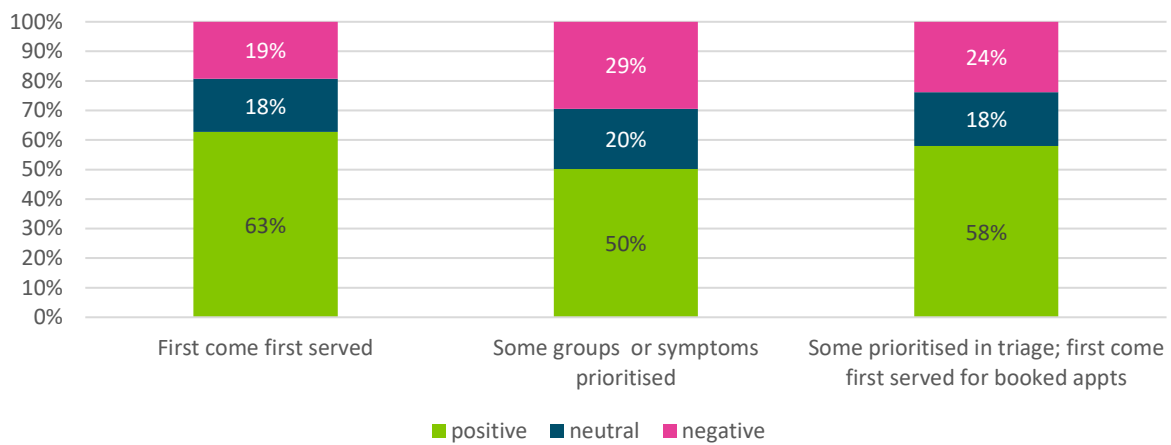
- First come first served
- Some groups or symptoms prioritised
- Some prioritised in triage; first come first served for booked appts

- *“Reception staff are trained in recognising potential emergencies/ high priority cases: things like chest pains, someone feeling suicidal or concerns about a small child. Admins flag these cases to the doctors, and they are prioritised in calling. Generally, if a receptionist has particular concerns about a patient, they can flag it for the GPs.”*
- *“Children under two go automatically to the triage queue. Patients who are housebound or in mental health crisis are also prioritised.”*
- *“The duty doctor decides whom to prioritise; we are particularly careful if someone is elderly or isolated”*
- *“The walk-in clinic is generally first come first served; people with obvious acute issues (swollen foot, breathing difficulties) may be seen first. In triage we prioritise children and the elderly; we would never turn away a child or an older person. Children with rashes would need to be seen straight away.”*
- *“The duty doctor would make individual judgements based on each patient’s needs. Someone who is young and hasn’t had many issues in the past could still be acutely ill; therefore, we want to make sure we are treating everybody equally and take individual needs into account rather than operating with a rigid list.”*
- *“Mostly first come first served, but patients who are registered with the Integrated Care Pathway- those with the most complex needs, sometimes have a note in their records stating that they should be seen straight away.”*
- *“We have a “red flag guidance” that we use in order to determine patients who would get called first. Anyone with chest pains, breathing problems, shortness of breath, bleeding- will be prioritised. Also, elderly, pregnant, small babies.”*

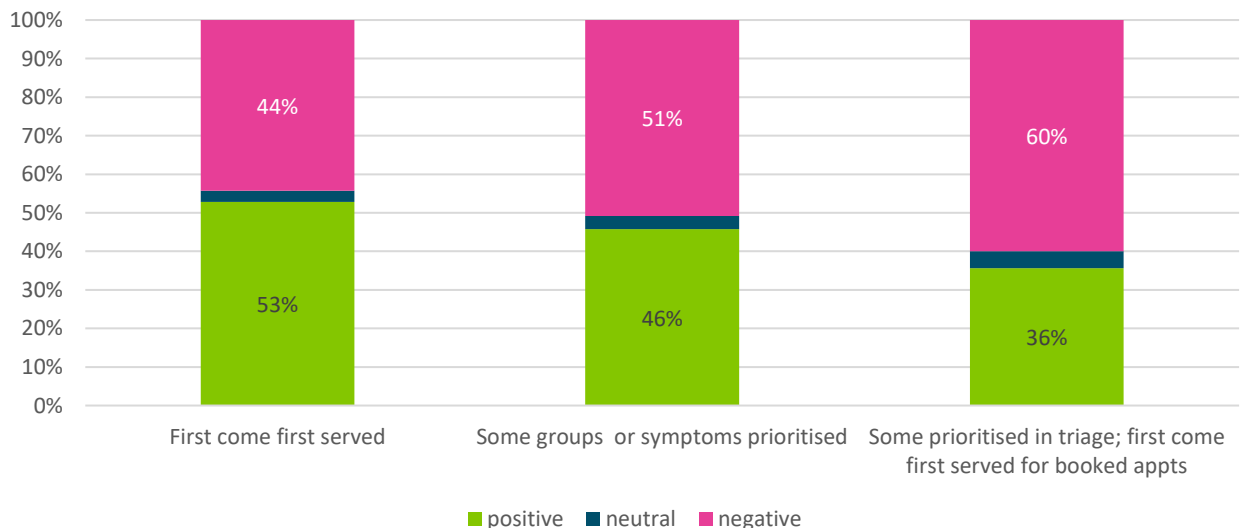
Surgeries that offered appointments on a first come first served basis had somewhat higher levels of patient satisfaction with both the process of booking appointments and the length of time they had to wait for an appointment.

Practices that consistently prioritised certain types of patients had the lowest levels of satisfaction with the booking process; while those which gave out routine appointments on a first come first served basis and emergency triage prioritising the most at-risk patients had lower levels of satisfaction with waiting for an appointment.

Satisfaction with booking appointments- aggregated GPPS and Healthwatch data



Satisfaction with time waiting for appointment Healthwatch data



Booking: GPPS data, 3783 responses + HW data 789 issues, total 4572 opinions

Waiting: HW data, 506 issues

Of the feedback received by Healthwatch on booking appointments, 13% came from children (under 18) or their parents and 4% from older people

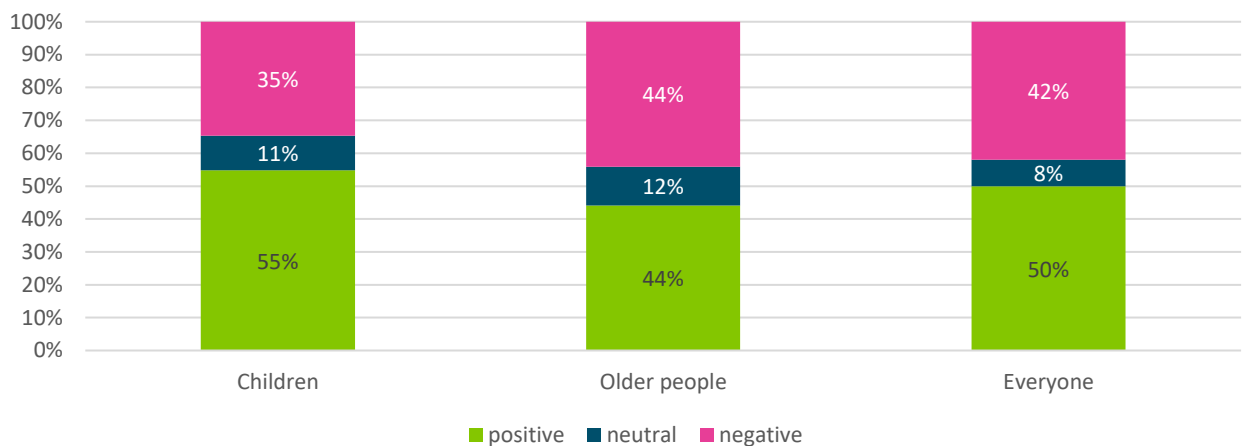
Of the feedback received by Healthwatch on waiting for appointments, 16% came from children (under 18) or their parents and 6% from older people.

Children/ parents who booked appointments for children were *slightly happier* than other respondents with both the experience of making an appointment and with the time they had to wait to get one.

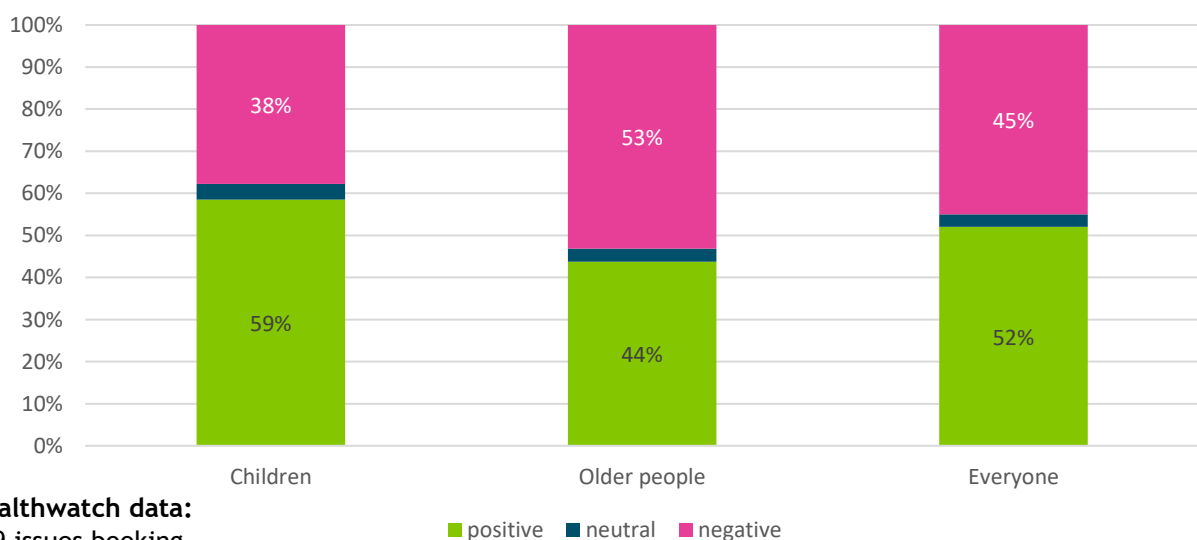
Older people were *slightly less happy* with both.

This may indicate that parents with children feel that they are more fairly prioritised than older people do.

Healthwatch data
Opinion of the booking process

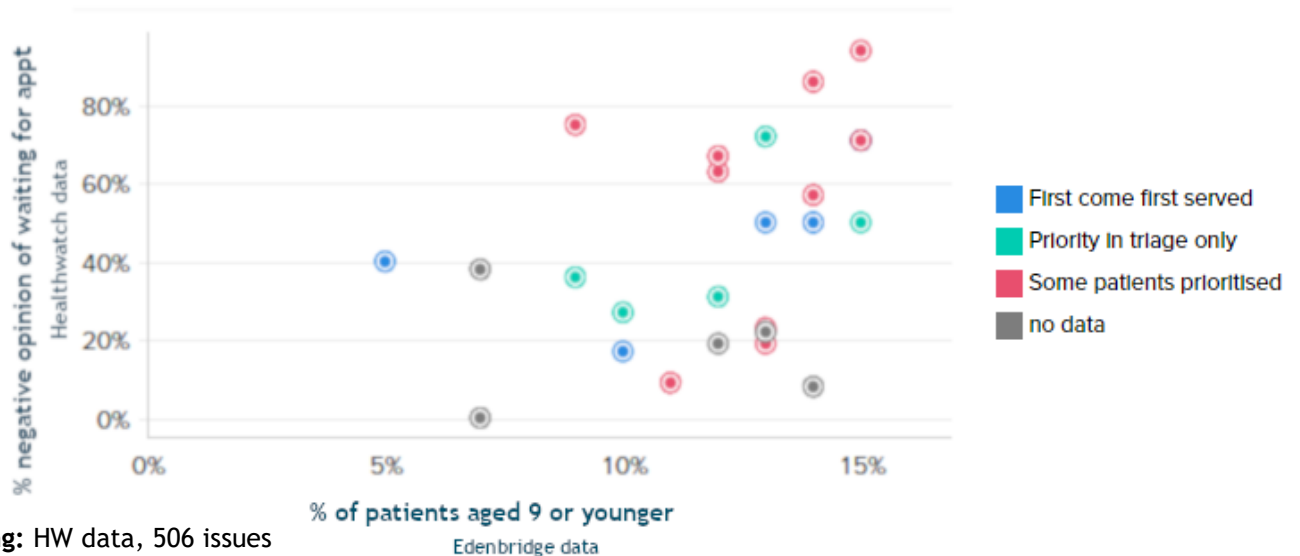


Healthwatch data
Opinion of waiting for appt



Healthwatch data:
789 issues booking,
506 issues waiting.

There is a weak relationship between the percentage of patients **aged 9 or younger** that a practice has and the percentage of patients who are **dissatisfied with the time spent waiting for appointments**.



Waiting: HW data, 506 issues

This relationship appears to be somewhat stronger with practices who prioritise certain categories of patients (which would typically include children). It is also noticeable that overall practices serving a population that includes a larger percentage of children are more likely to prioritise appointments rather than giving them on a first come first served basis.

This could indicate that surgeries serving a higher proportion of child patients tend to prioritise seeing children faster, which leads to satisfaction with waiting times for child patients/ their parents, but dissatisfaction for adult patients, who are faced with longer waits instead.

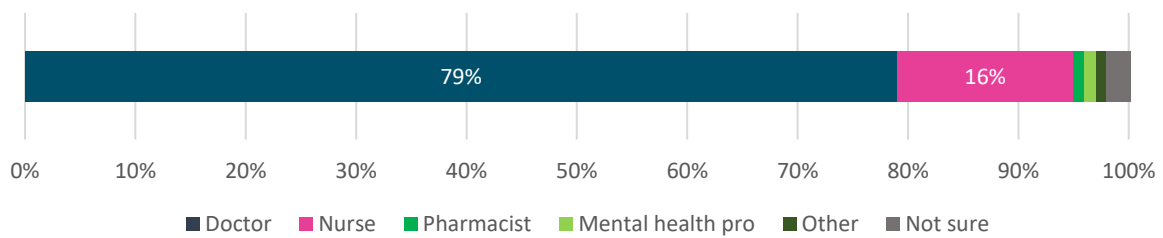
No similar relationship exists between satisfaction with waiting for appointments and the percentage of patients aged 60 or older; nor the percentage of patients with at least one chronic illness.

Choice of appointments and continuity

Most respondents who made an appointment with their practice needed to see a GP, with around a quarter requesting appointments with nurses or other professionals.

Which professional did you make an appointment with?

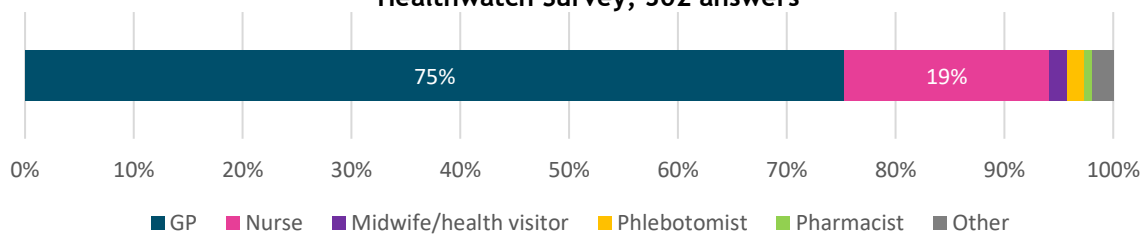
GPPS data 3781 answers



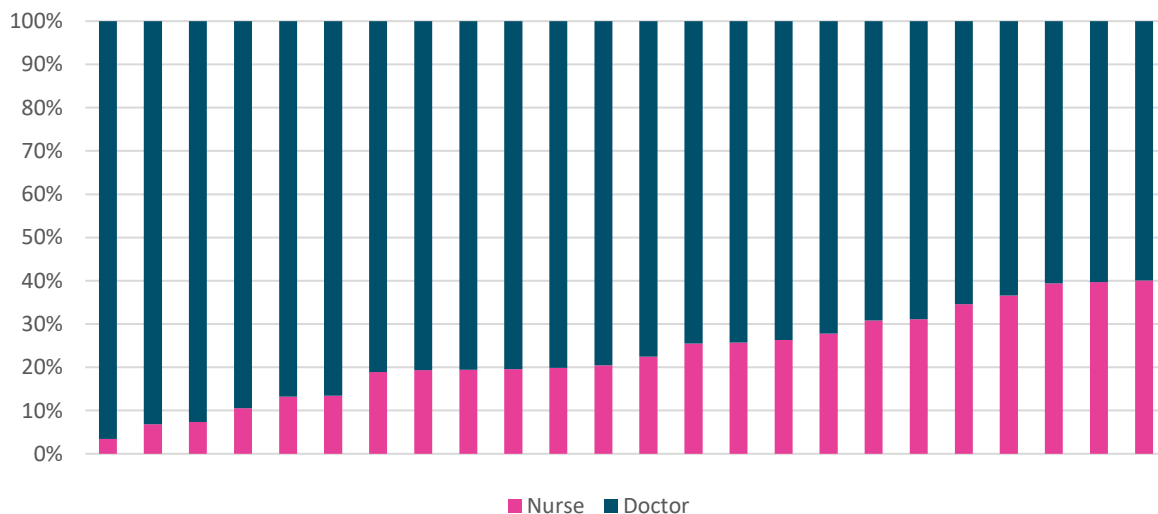
Which professional did you make an appointment with?

Healthwatch data

Healthwatch Survey, 302 answers

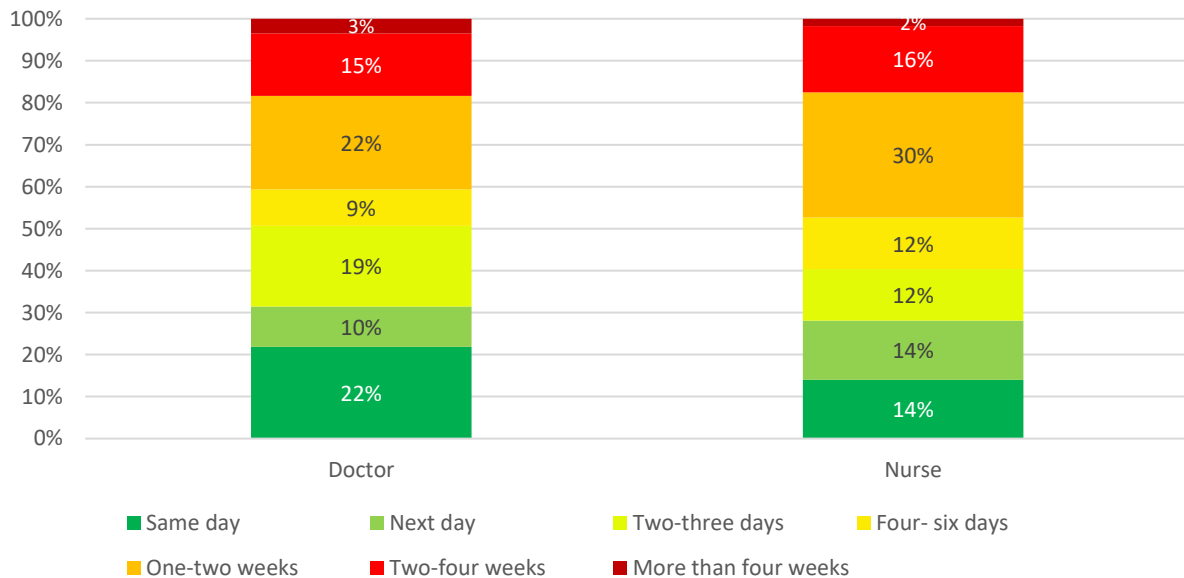


Data collected from the Edenbridge system shows a wide variation between GP surgeries in terms of the proportion of GP and nurse appointments they offer. This aspect appears to have no relation to a surgery's booking system, variation in appointment times or patient satisfaction with booking.



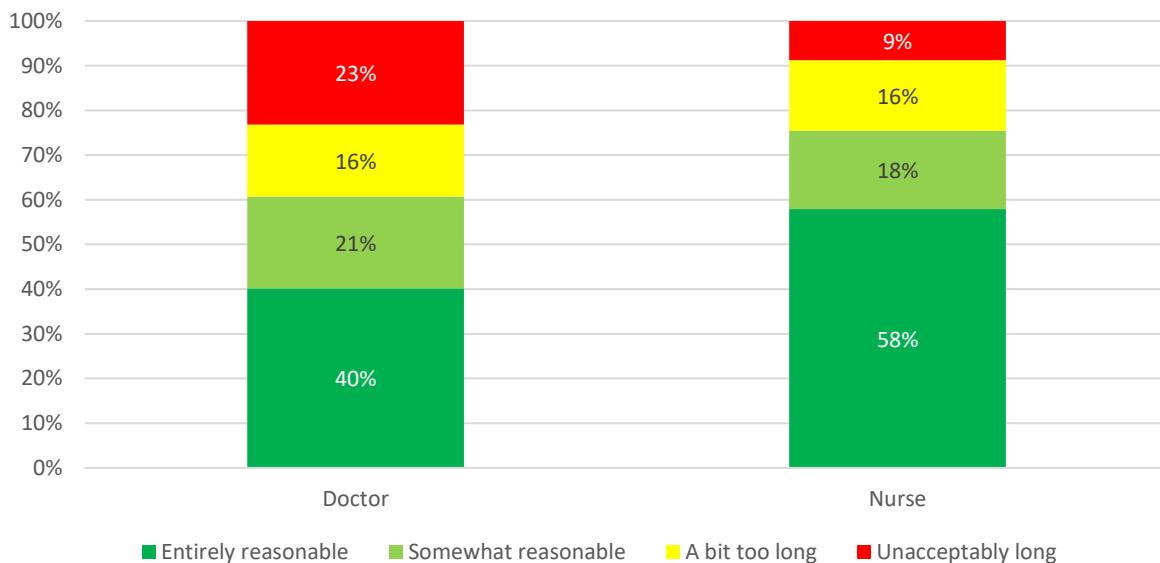
Respondents to Healthwatch’s GP booking survey were more likely to think they waited a reasonable amount of time for nurse appointments than for doctor appointments, despite waiting for nurse appointments slightly more, possibly because nurse appointments tend to be booked for less urgent issues.

How long did it take for you to get an appointment?
Healthwatch survey data



Healthwatch Survey, 302 answers

Do you think the waiting time is...
Healthwatch data

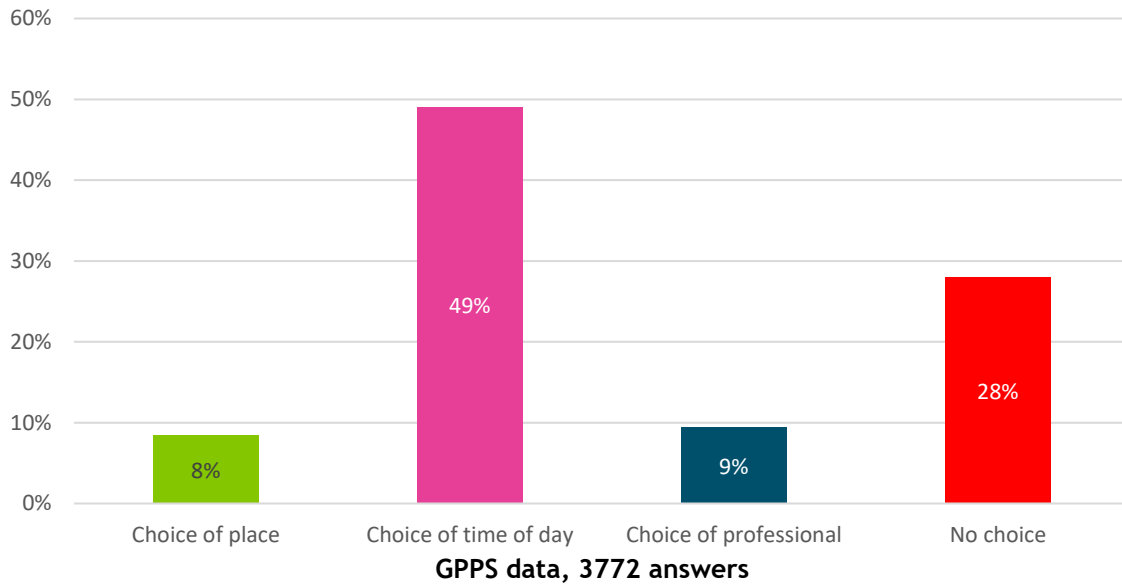


Healthwatch Survey, 302 answers

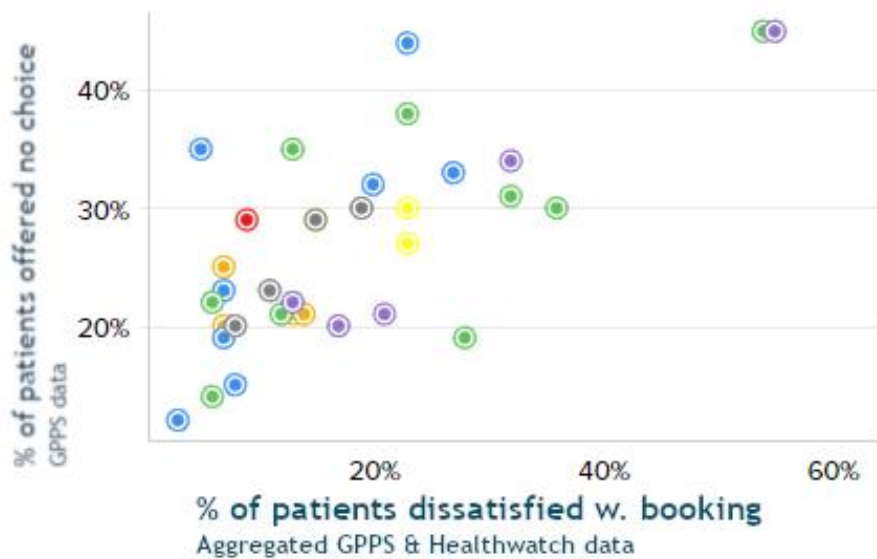
In informational interviews, some respondents (practice managers, receptionists or GPs) mention how nurses and other professionals, such as prescribing pharmacists or healthcare assistants can help alleviate the pressure on GPs.

- *Regular GPs see around 110 patients on a daily basis between them. We also have a registrar that does 100 routine appointments every week and a prescribing pharmacist who sees about 40 people a week. (Reception team, practice that triages emergency patients with medical professionals)*
- *Very routine things like medication reviews are dealt with by the practice pharmacists, not by the doctors- we don't think this would be very good use of doctors' time. This allows us to have fewer routine appointments and deal with most patients on the day. 60-70% of patients get a call back from their GP, others have their needs met by other professionals (practice pharmacist, nurse, HCA etc.) (GP, practice with Doctor First booking system)*
- *When patients call the practice, reception makes a call about either putting them on a GP call-back list or referring them to the nurse practitioner. (Senior receptionist, practice that triages emergency patients with medical professionals)*
- *Telephone triage of urgent patients is done by a GP and a prescribing pharmacist; or, if relevant the issue can be referred to the nurses. (Practice manager, practice that triages emergency patients with medical professionals)*
- *There are four doctors in the practice on a normal day- one "on-call" and three regulars. The on-call doctor has 16 emergency slots for the day. The other three have two each- total 32. There are also two practice nurses, one has 8 emergency slots in a day and one 4. The practice prescriber has 4 emergency appointments. To triage patients, it's usually the on-call doctor who does it, but it can sometimes be a practice nurse. (Senior admin, practice with mixed booking system).*
- *Depending on what the issue is, patients would receive a reply from a doctor, a nurse practitioner or reception. If they call in the morning they would be called back within a few hours. (Senior receptionist, practice with Doctor First booking system).*

According to GP patient survey data, most patients trying to book an appointment were offered a choice in terms of **when to have the appointment**, while a few were offered choices of place or professional. Only a minority were offered no choice at all.



Surgeries where more people said that they were offered no choice also had higher levels of dissatisfaction with booking appointments.



Pearson correlation
0.6962385
P-value
4.818e-06

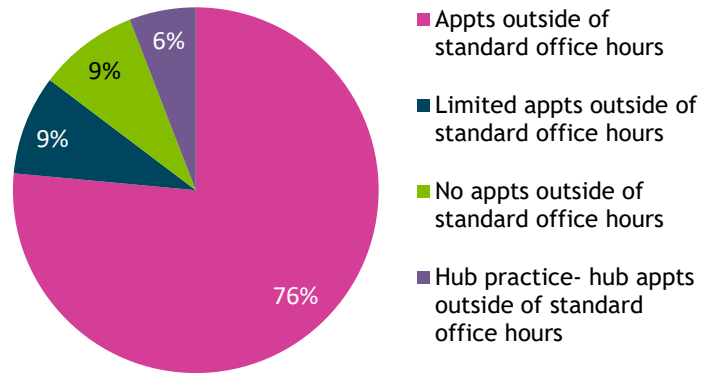
- Bookable free for all
- Doctor first or similar
- Mixed (no routine-emergency distinction)
- Emergency appts triaged at reception
- Emergency appts triaged by duty doctor
- Mixed (with routine-emergency distinction)

Choice: GPPS data, 3772 answers

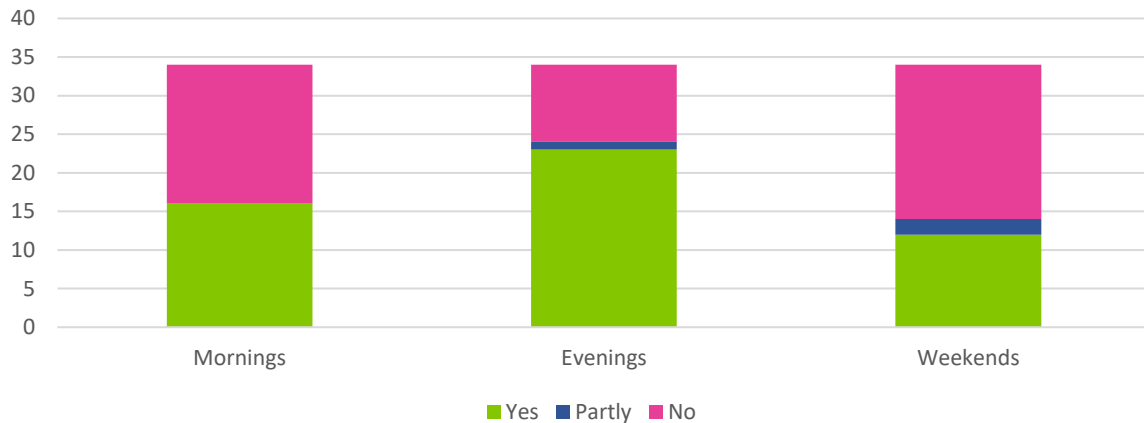
Booking: GPPS data, 3783 responses + HW data 789 issues, total 4572 opinions

The extent to which surgeries can offer patients flexibility in terms of appointment dates and times varies.

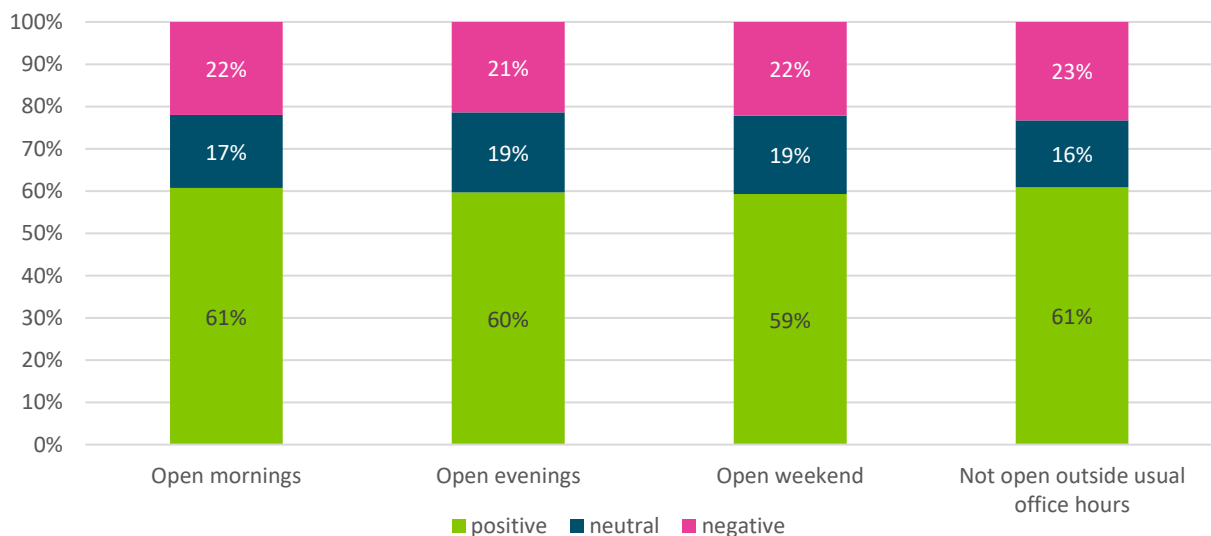
A majority of GP practices in Tower Hamlets have **at least some availability outside of standard office hours**, either before 8:30 am in the morning, after 6 pm in the evenings or at weekends.



Appointments available outside usual office hours
NHS choices data



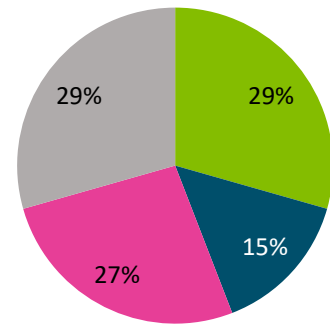
Variation in opening times appears not to have any impact upon patient experience with booking appointments:



Booking: GPPS data, 3783 responses + HW data 789 issues, total 4572 opinions

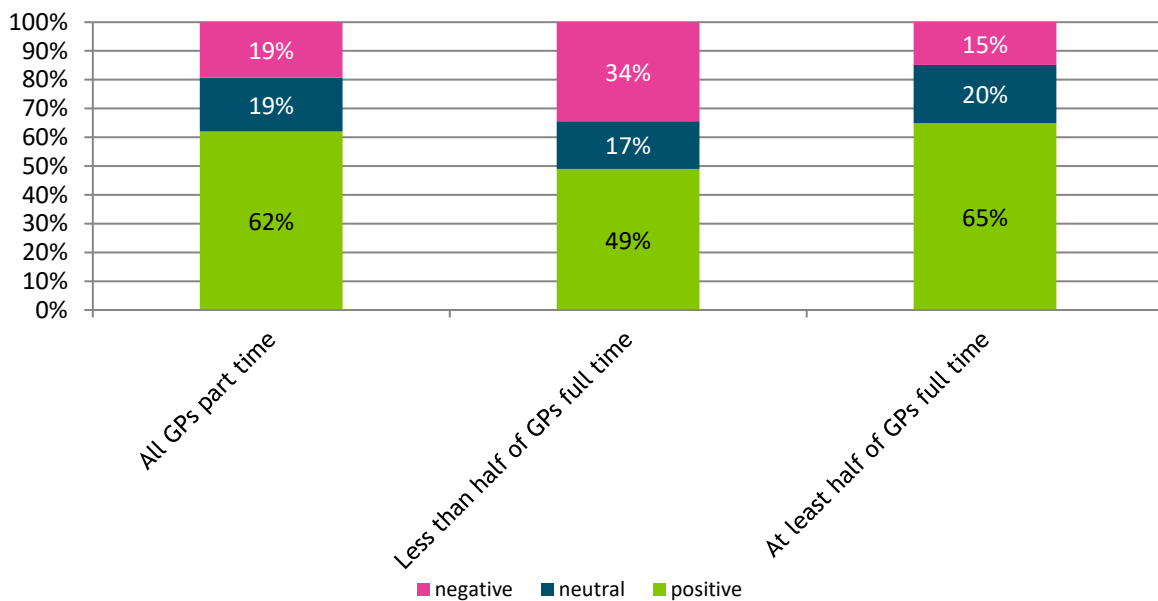
Based on informational interviews, we estimate that around three quarters of Tower Hamlets GPs work part time in one surgery, and most surgeries are staffed by GPs working part time.

- All GPs part time
- Less than half of GPs full time
- At least half of GPs full time
- Proportion unknown

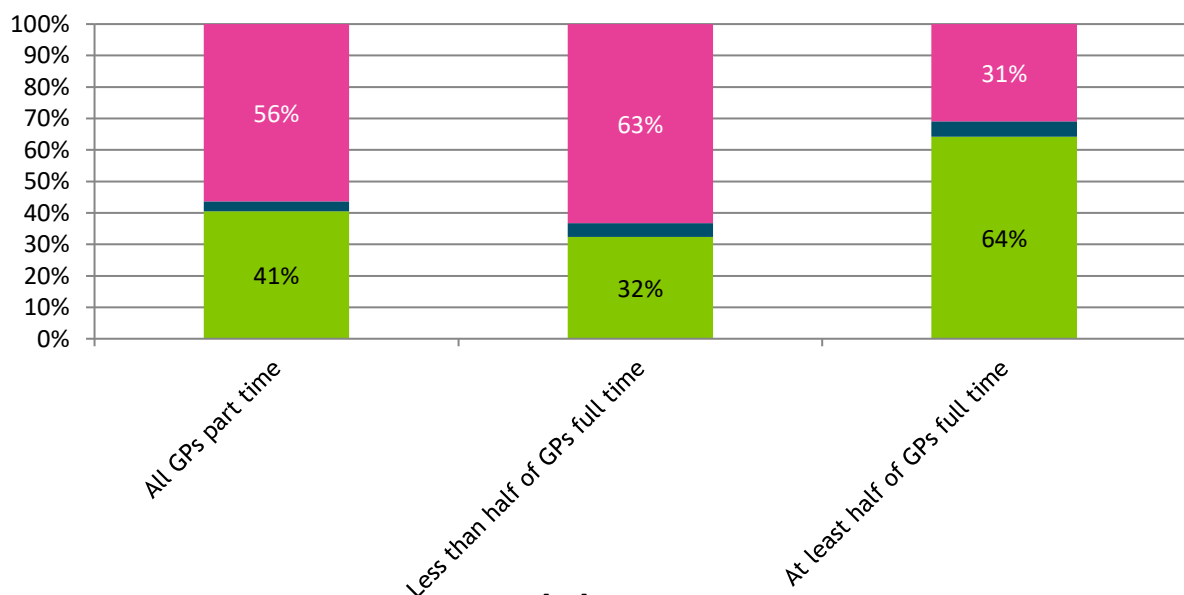


Patients of surgeries where half of the GPs or more work full time report a higher level of satisfaction with their experience booking appointments and with the amount of time they have to wait for appointments; while those in surgeries where a minority of GPs work full time are the least satisfied.

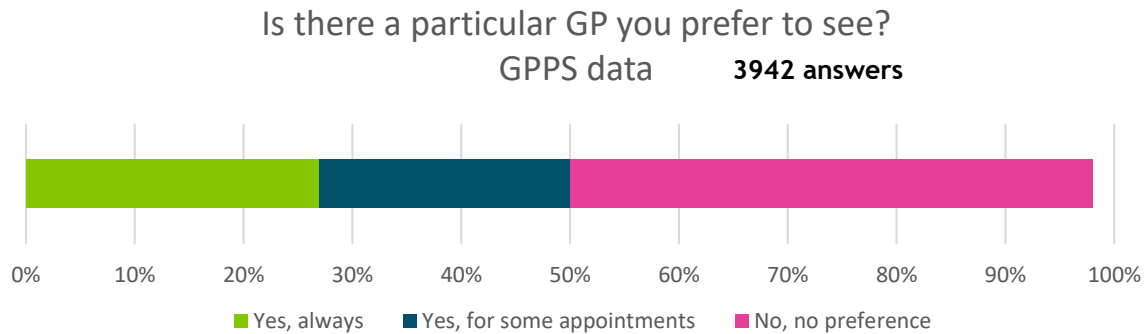
Opinion of booking experience
Aggregated GPPS and Healthwatch data



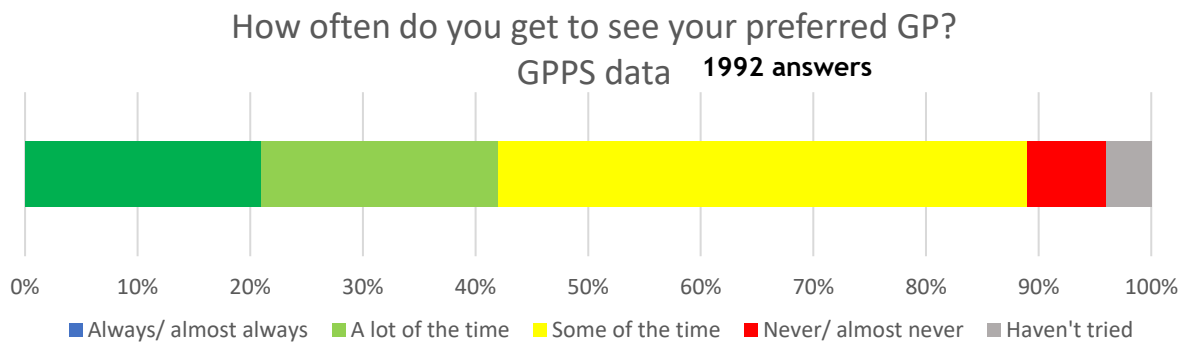
Opinion of waiting for appointments
Healthwatch data



According to GP Patient survey respondents, more than half of Tower Hamlets patients **prefer seeing a specific GP at least sometimes.**

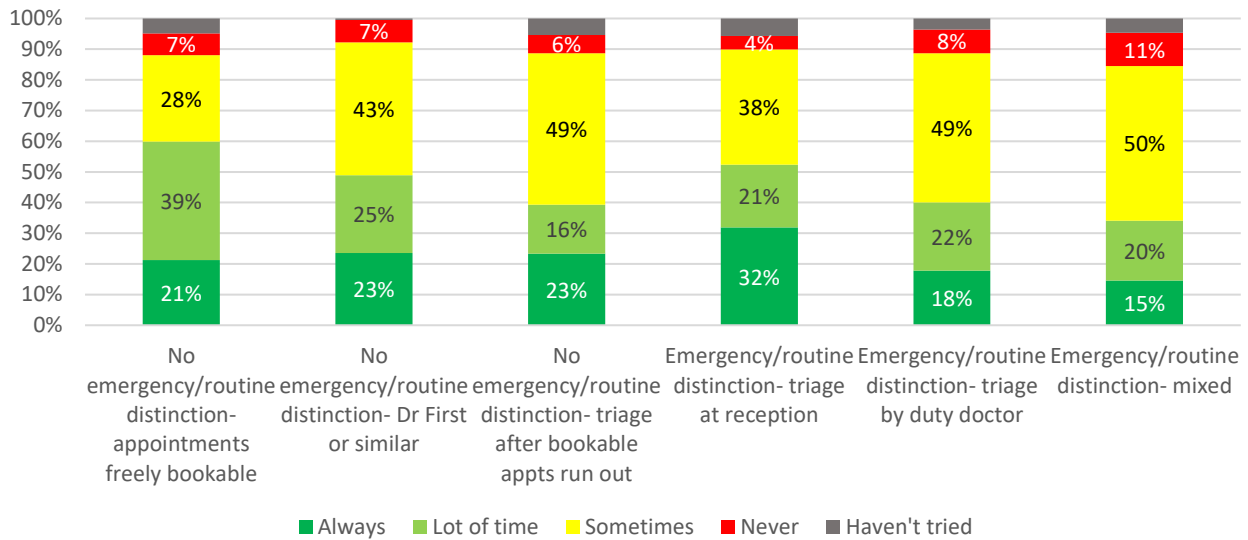


While less than half of respondents reported seeing their preferred GP consistently, only a small minority stated that they could never see their preferred GP.



- You can get appointment the next day, but not with your own GP. Otherwise waiting time can be about 3 weeks. As I am on the integrated care system, I am able to see my doctor sooner and for longer. I get to see my GP for 20-30 minutes, but she goes the extra mile, she might see me in her lunch break or after work.*
- I may not see my regular doctor but that's isn't a problem because a doctor is a doctor and I know I am in good hands.*
- It would be nice to see the same GP each time one visits and over the years the practice has lost some of my preferred GPs through retirement and career progression. That said, I have always been treated with the utmost professionalism by whichever GP has telephoned me or seen me.*
- As it is a large practice, it can be quite hard to see the same member of staff twice unless you are flexible with your appointment times. However, all of the GPs are quite helpful, and this has never really been a problem for me, although I have had to re-explain things a few times but with some chronic health conditions this is par for the course.*
- I struggle with mental health issues and the Community Mental Health Team discharged me into primary care. Within 6 months, I saw four different practitioners within the practice. It would have been really important for me to see the same person every time, but it is really difficult to get appointments straight away.*

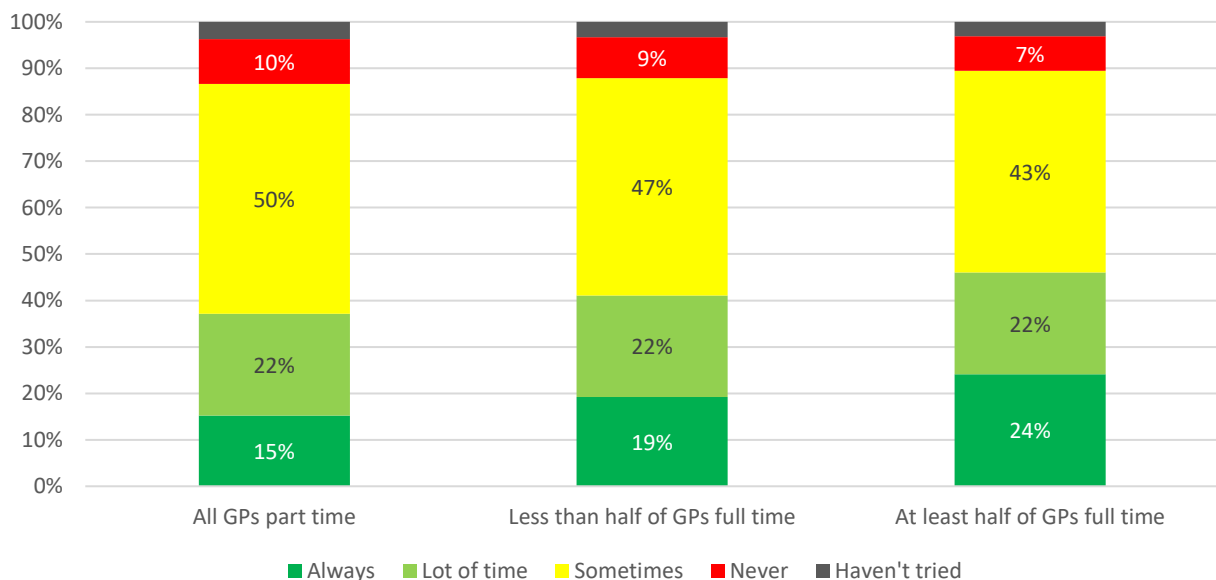
Differences regarding this aspect between practices running different types of booking system were relatively small; with those employing *mixed booking systems* faring worse than those where *appointments could be booked at reception* and those running a *Doctor First* or similar system.



GPPS data, 1992 answers

Unsurprisingly, patients of surgeries where a majority of GPs work full-time found it easier to see the GP that they preferred consistently. The differences, however, were quite small.

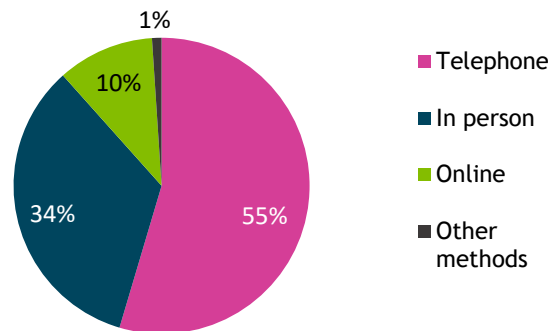
How often do you get to see your preferred doctor?



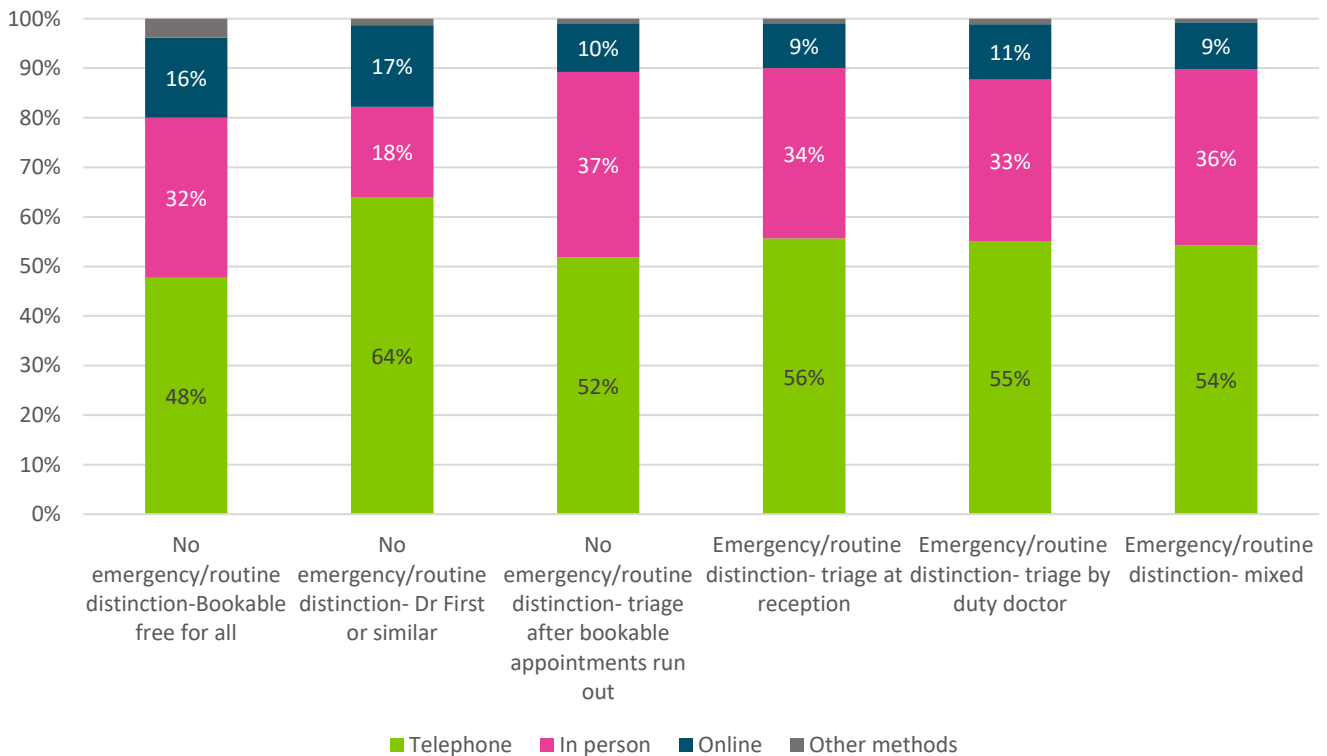
GPPS data, 1992 answers

How patients book appointments

A majority booked their appointments over the phone. One third booked face-to-face and only a minority booked them online.



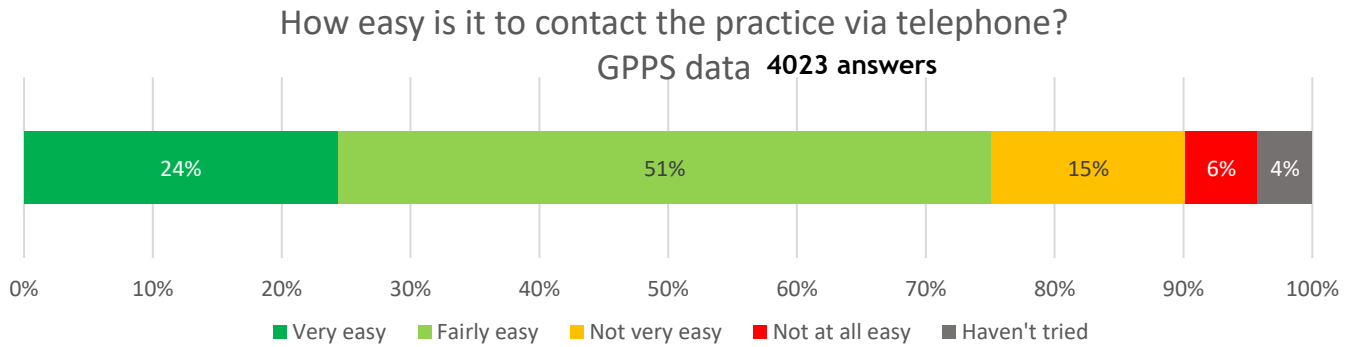
Patients of surgeries with a **doctor first or similar** booking system were more likely to book appointments over the phone and less likely to book them in person. Otherwise, differences between types of surgeries were relatively minimal.



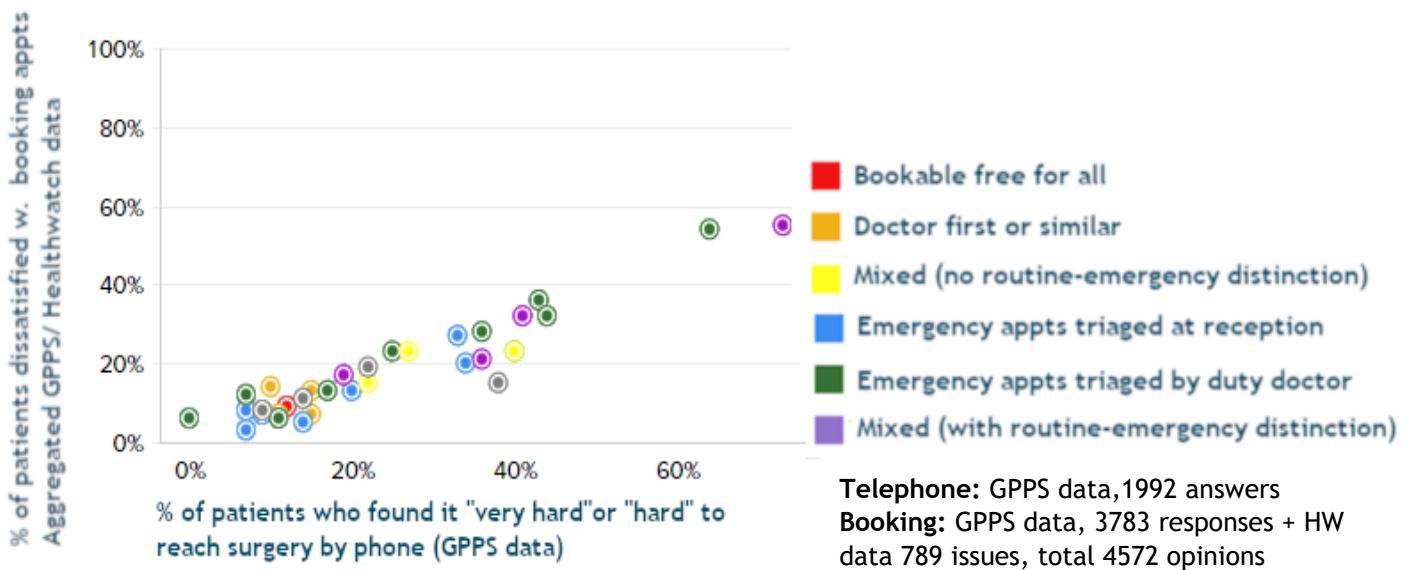
GPPS data, 4040 answers+ Healthwatch Survey 302 answers, total 4342 answers

Contacting the surgery via telephone

According to GP Patient Survey data, most patients found it easy to contact their GP practice via telephone.

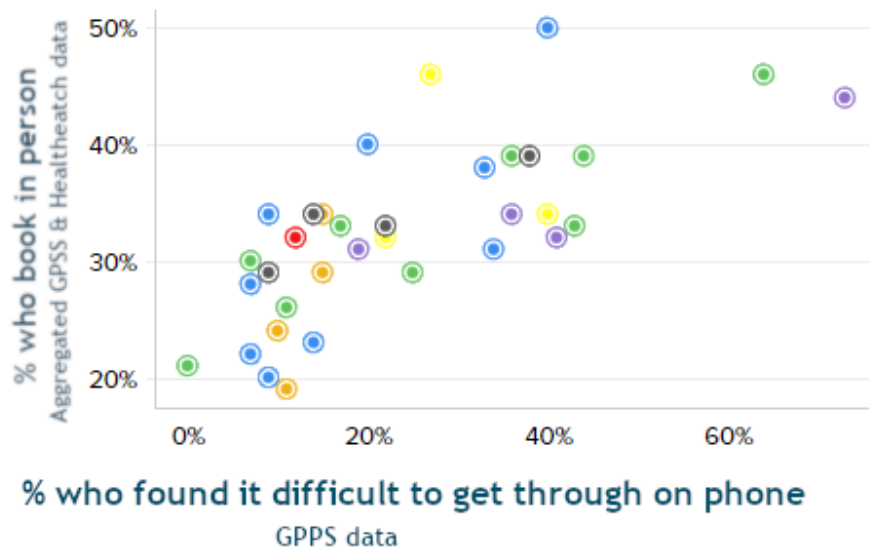


Unsurprisingly, surgeries where patients reported difficulties getting through on the phone were strongly associated with dissatisfaction with booking.



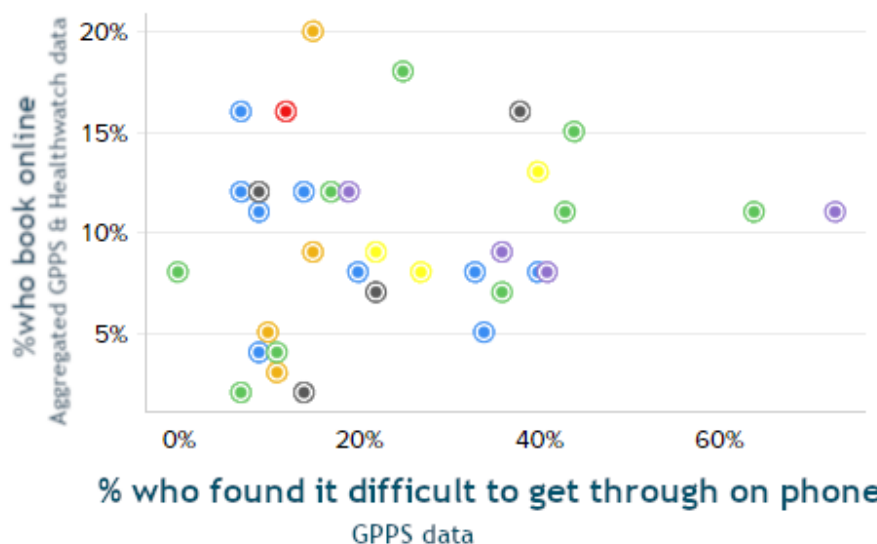
- The staff on the front desk and the telephone are all very helpful, they always try to fit me in as soon as possible, they are always friendly and polite and unfailingly treat me with respect. My GP is fantastic, and I cannot speak highly enough of him, he makes sure I am involved in all decisions about my treatment. Other staff are always smiling and cheerful and very helpful.*
- Their telephone service is rubbish. I have to redial & redial at two minutes to 8:30. When you finally get through to the menu, they then say that they are unable to take your call. And by the time you get through, they don't have any appointments.*

Dissatisfaction with responsiveness on phone lines correlates with a higher rate of patients booking appointments in person. On the other hand, it appears to have no relation with appointments booked online.



Pearson correlation
0.7202248
P-value
1.569e-06

Booking how:
GPPS data, 4040 answers +
Hw Survey 302 answers,
total 4342 answers



Telephone: GPPS
data, 1992 answers

Pearson correlation
0.1555458
P-value = **0.3797**

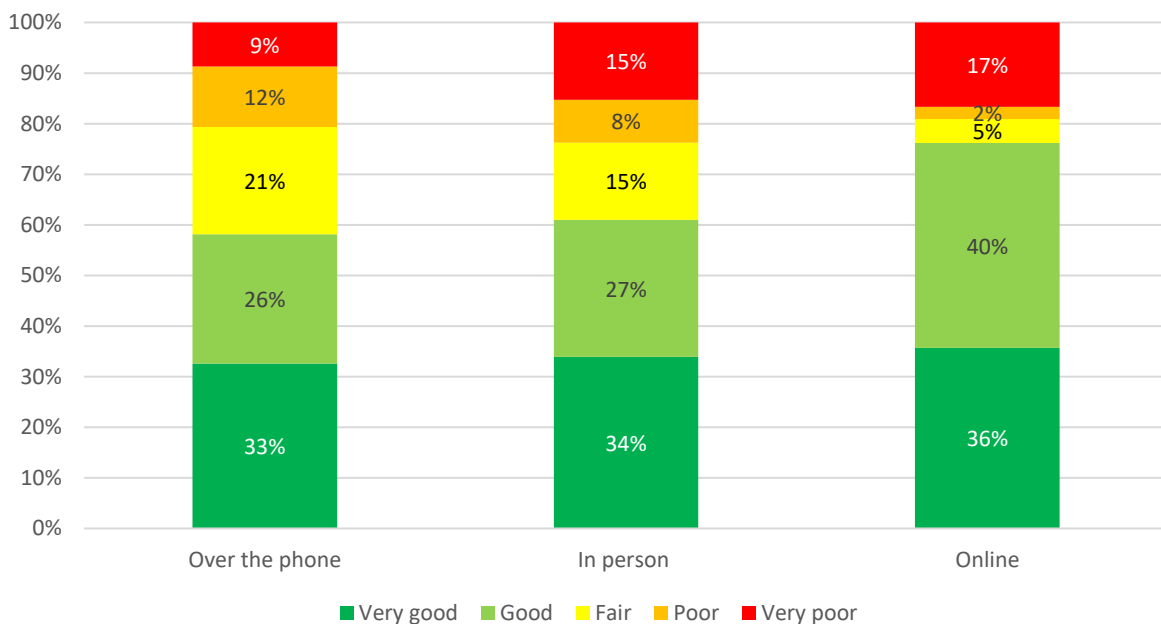
- Bookable free for all
- Doctor first or similar
- Mixed (no routine-emergency distinction)
- Emergency appts triaged at reception
- Emergency appts triaged by duty doctor
- Mixed (with routine-emergency distinction)

This data could indicate that *booking appointments by phone is currently the majority's preferred method*; however, when patients find it difficult to contact the surgery/ book appointments by phone, they resort to *showing up in person to book appointments* and not necessarily *trying to book online*.

This could be explained by the fact that *a majority of surgeries only allow the booking of routine, and not emergency appointments online*; whereas phone lines are at their busiest when *emergency appointments* are being released; many of the people turning up in person because they can't get through on the phone may be after emergency, rather than routine appointments.

- *Tried to call- 40 minutes not answering- so I came in to book at reception. (Patient, surgery that triages emergency by GP call-back)*
- *"I would recommend everyone registers for the patient access service as you are able to book an appointment to your likely from the available slots and with a doctor of your choice. I understand it is hard for receptionist to keep up with everyone wanting an appointment by phone as they only realise them on the day so telephone lines do get busy. With online service you can book whenever you please, no need to wait for 45mins on the line and get no appointments and no need to call 8am. (Patient, practice that doesn't distinguish between routine and emergency appointments)*

According to our Healthwatch GP Booking Survey, there is relatively little difference between those who book appointments over the phone and in person; they are broadly as likely to have a positive experience, but those who book in person are more likely to have a strongly negative one.



Healthwatch survey, 302 answers

Surgeries where a higher number of patients booked their appointments in person had higher rates of dissatisfaction with booking. This effect appears to be stronger in surgeries that distinguish between routine and emergency appointments than those that do not.



This does not necessarily mean that people who book appointments in person have a poorer experience. Rather, *the conditions that lead to many appointments being booked in person* are associated with a booking system that patients in general find frustrating and user-unfriendly.

Controlling statistically for the variable “percentage of patients who found it difficult to get through on the phone” shows that there isn’t anything inherent to booking an appointment in person that causes dissatisfaction.

Rather, *when patients find that they have to wait unreasonable amounts of time in the phone queue, they feel forced to show up in person instead.*

This makes it frustrating for both those who book appointments in person in these circumstances, and those who remain in the long telephone queue.

Model 1	Model 2	
(Intercept)	-0.18 * (0.08)	0.03 (0.04)
% of patients who book in person	1.10 *** (0.22)	-0.08 (0.15)
& of patients who find it hard to get through on phone		0.73 *** (0.07)
R ²	0.43	0.88
Adj. R ²	0.41	0.88
Num. obs.	34	34
RMSE	0.10	0.04

*** p < 0.001, ** p < 0.01, * p < 0.05

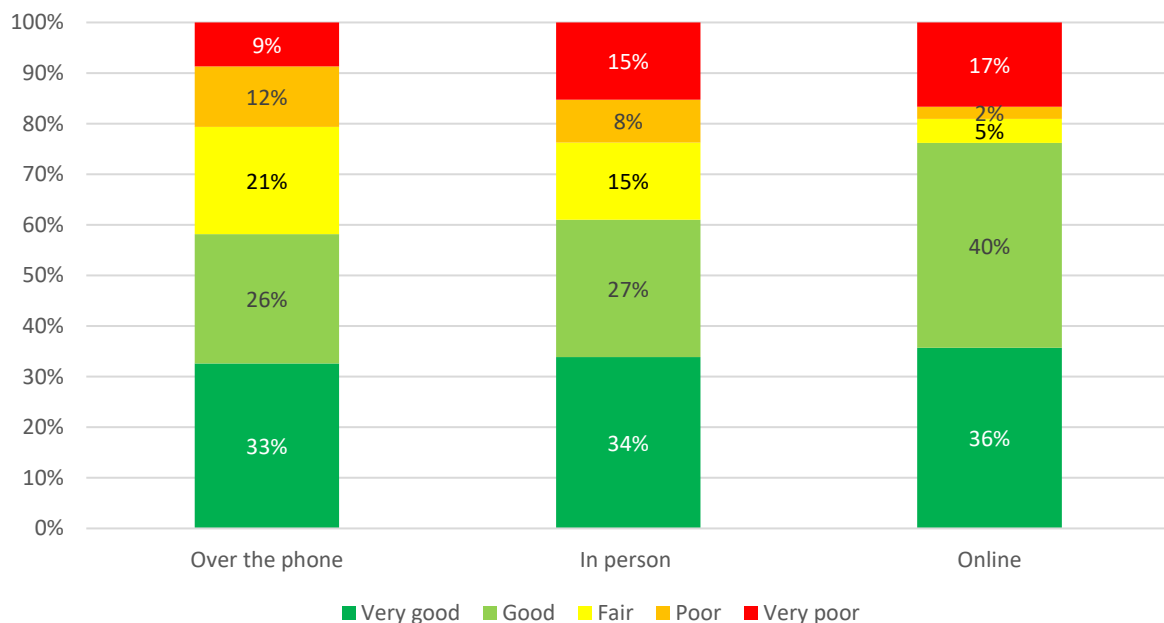
What patients are saying

- *If I call before the surgery opens, I get a voicemail message telling me to call during opening hours. Then I call as soon as the lines open, I wait for more than 20 minutes, then when they finally get to me, they tell me "there are no more appointments, you'll have to call back next morning".*
- *I booked an appointment with a GP and got it within two-four weeks. My experience booking the appointment was good, but I think the wait is unacceptably long. I booked my appointment in person. I live close by, so it's easy to come in. If I phone the calls are not answered or the wait is very long.*
- *It's easier to come into the surgery to make appointment. The queues are long. The wait is far too long. They are always overbooked, so have to wait a while to get an appointment.*
- *I have had to come in to make an appointment. Even when I come in, they say there are no emergency appointments. The doctors are all fine but getting an appointment is very difficult.*
- *The reception is very busy sometimes. Sometimes they don't answer calls, that's why I come in person. On the phone I can wait 20 minutes, that's why better to come in or I send someone in for me.*
- *I came in the morning to book my appointment at reception. It took a bit of adjustment to coming in so early in the morning and not being able to book otherwise.*

Booking appointments online

Data from the Healthwatch Booking Survey shows that **service users who book appointments online are more likely to have a good experience**. They are, however, also more polarised, being also the most likely group to have a “very poor” experience. This suggests that booking appointments online is *a useful and valued tool, as long as it works and delivers as intended*.

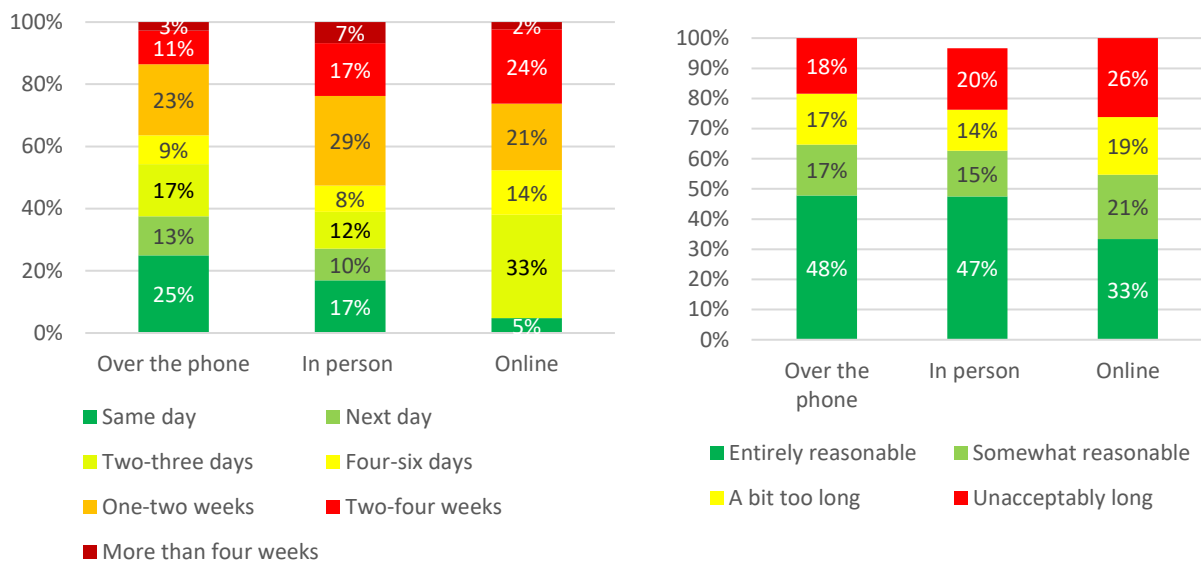
Patients also mention finding online booking *easy to use*.



Healthwatch survey, 302 answers

- Best GP I've ever had. I have complex medical conditions which sometimes mean I visit the surgery frequently. I use the online booking service and usually get an appointment with my preferred doctor within a few days. I receive txt message reminders a couple of days before.
- The best thing about [my GP] is that you can do almost everything online. They have appointments, symptom checkers and repeat prescriptions.
- Online booking makes it easy to book since all available time slots" can be seen.
- It was easier to book online than wait in a phone queue.

This is despite the fact that people who booked appointments online got them later than those who booked over the phone or in person; and despite the fact that consequently people who booked appointments online were slightly more likely to find waiting times unacceptable.



Healthwatch survey, 302 answers

According to the informational interviews we have conducted, **16 out of the 22 surgeries** we have interviewed *only allow routine appointments (sometimes more than 2 weeks away) to be booked online.*

- “It would not be suitable to book emergency appointments online because it would cause a high number of DNA’s and there would be no way of filtering genuine medical emergencies.” (Practice manager, surgery that triages emergency by GP call-back).

In one case, the practice even decided to *only make some routine appointments available online:*

- Only some of the routine appointments are available online- around 20% of them, and 3 weeks in advance- at the moment they are all booked up. We do it this way because we feel it’s fairer to patients - if you give this limit of intervals everybody gets a chance to book. We have consulted about this with our IT team, and in the future, we intend to allow all routine appointments to be booked online. We are currently focused on developing a reliable triage system with the practice pharmacist, so that we can make sure that even though people won’t always be able to book appointments at their leisure can still be triaged and be seen based on clinical need. (Practice manager, surgery that triages emergency by GP call-back).

Poor availability of online booking may discourage patients from using it.

- *Only 2 appointments available, weeks in advance. This was after trying to book over the phone for a date nearer, the only option was a same day, but they were fully booked the three times I called, despite calling at exactly opening time. Had to call about 20 times before getting through. It's a mess.*
- *Online system is convenient but never shows many free appointments - need to call. Waiting time for appt is too long.*
- *There are hardly any slots available, the service is erratic, the timeline absurdly long.*
- *Excellent identification by e-consultation algorithm of urgent need for appt. However, attempt to book appointment through on-line booking system indicated that none available for >1 week. The phone booking system is so tortuous - thrown back to hear multiple options again and again unless one slots into first appointment offered. The next available appointment with my 'own' GP was about 3 weeks away.*
- *My experience booking the appointment was very poor. You're either told to call at a particular time or no one answers the phone and when they do there are no appointments available. Calls can take 7-8 mins to be answered which is far too long. Even online, there's no function to check for cancelled appointments, I use the patient access online service. They need to catch up a little bit at this surgery, too far behind, it should be fast and efficient, health needs to be prioritized.*
- *Online appointment system is not so great. Next appointment is not until April 2018. Really? Seriously? What is going on.*

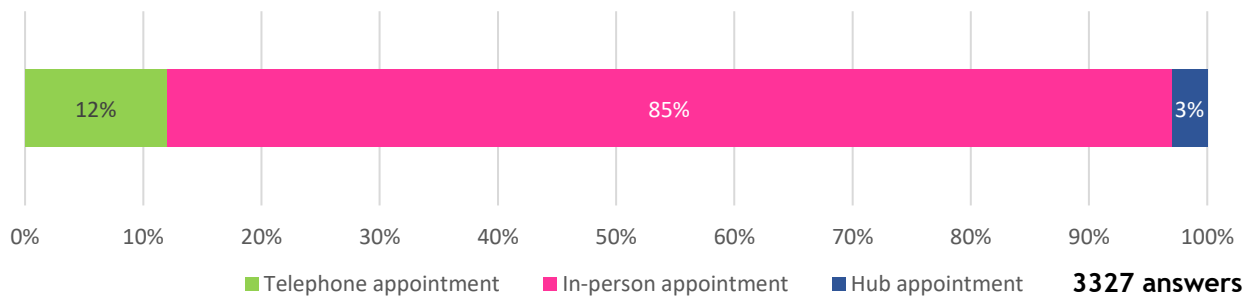
Availability of online appointments is further reduced because many surgeries (15 out of the 22 interviewed) do not allow the booking of nurse appointments online.

- *All appointments with doctors and the nurse practitioner can be booked online. Not for HCAs and nurses though, because each have their different skills/ specialisation and their work is organised in clinics. We have tried in the past to offer nurse appointments online too, but patients never followed directions about which nurse appointments to book for their need- we had one man who booked in to the smear test clinic! (Practice manager).*
- *All GP and midwife appointments can be booked online. Not nurse appointments, because different things one may need from a nurse take different amount of time. At the moment not phlebotomy either, because blood tests need to be pre-approved in a previous appointment by a professional. In the future, it may be possible to use forms for pre-approval and allow patients to book online after obtaining the forms. (Practice manager)*

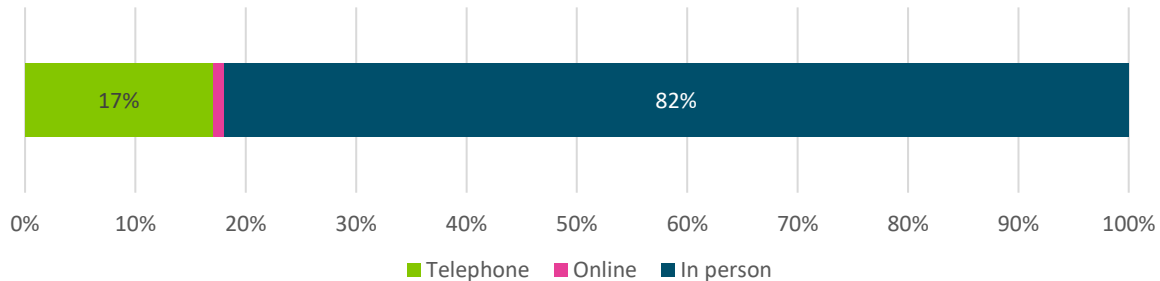
Alternatives to in-person consultation

All practices in the borough offer **telephone consultations**; as well as either **online consultations** or **e-consult** (in which patients submit their symptoms through an online form and are called back by a doctor on the telephone).

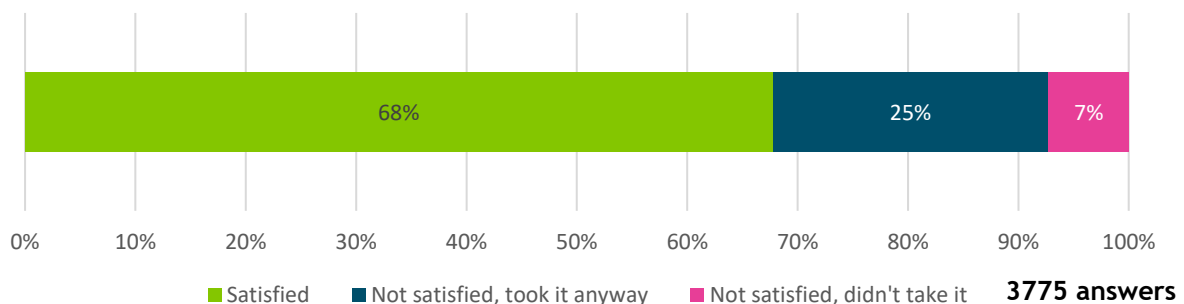
85% of Tower Hamlets respondents to the National GP Patient Survey were seen in person in the surgery after requesting an appointment; a further 12% received telephone consultations, including e-consult. Unfortunately, no separate data on uptake of online appointments is available.



Based on informational interviews with practices, we estimate that around **17% of appointments given in Tower Hamlets surgeries are by telephone, and less than 1% online**. Most surgeries receive one or two requests for online consultation daily, if any.

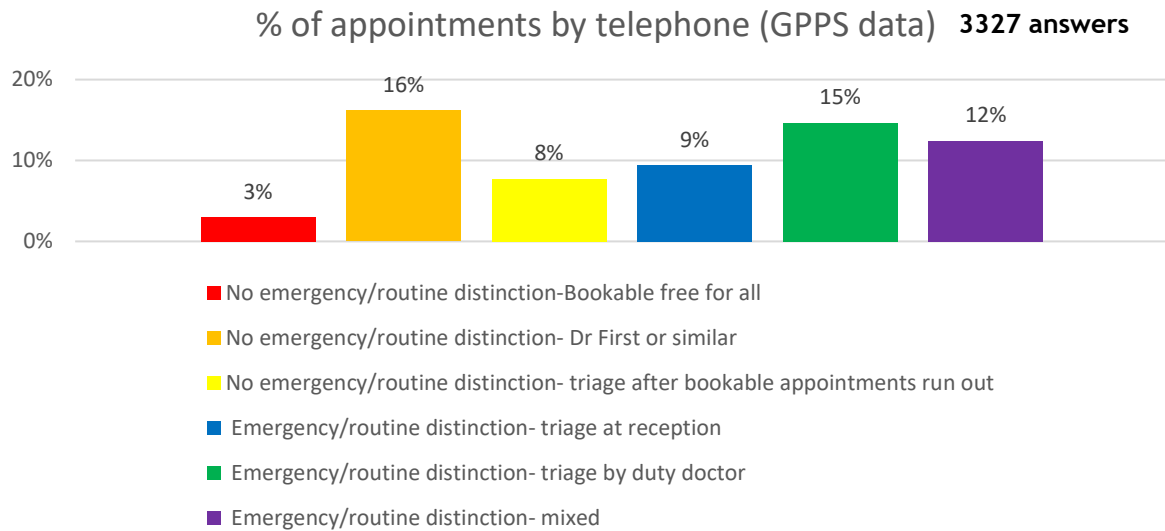


Most Tower Hamlets patients who responded to the GP Patient Survey said they were satisfied with the type of appointment they were offered; a majority of those not satisfied felt compelled to take it anyway.



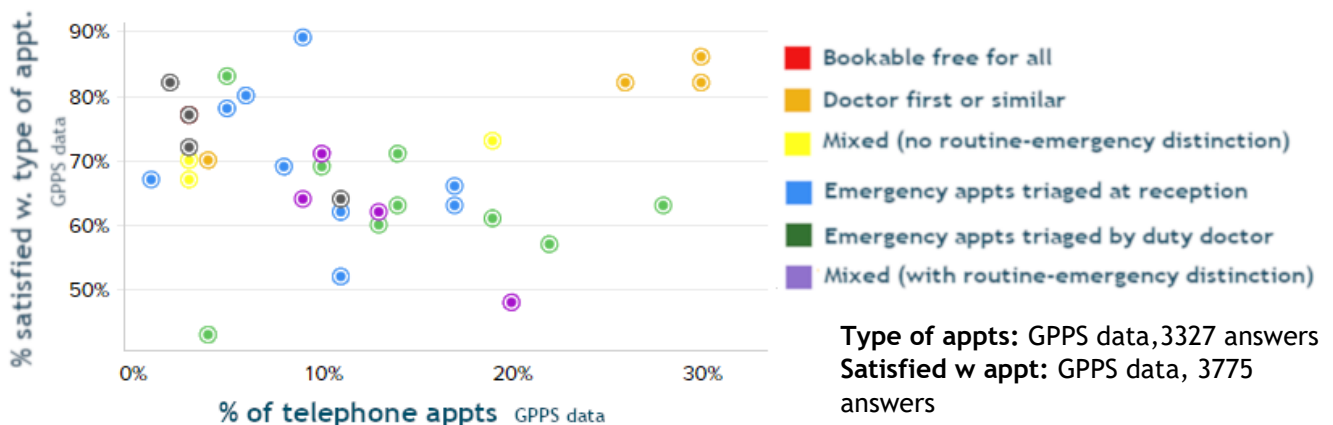
Telephone consultations

Surgeries with booking systems where triage by a medical professional is involved in the process of obtaining appointments had a higher rate of use of telephone appointments; reflecting the fact that in some cases doctors may be able to diagnose and give advice by telephone with no need for a face-to-face appointment.

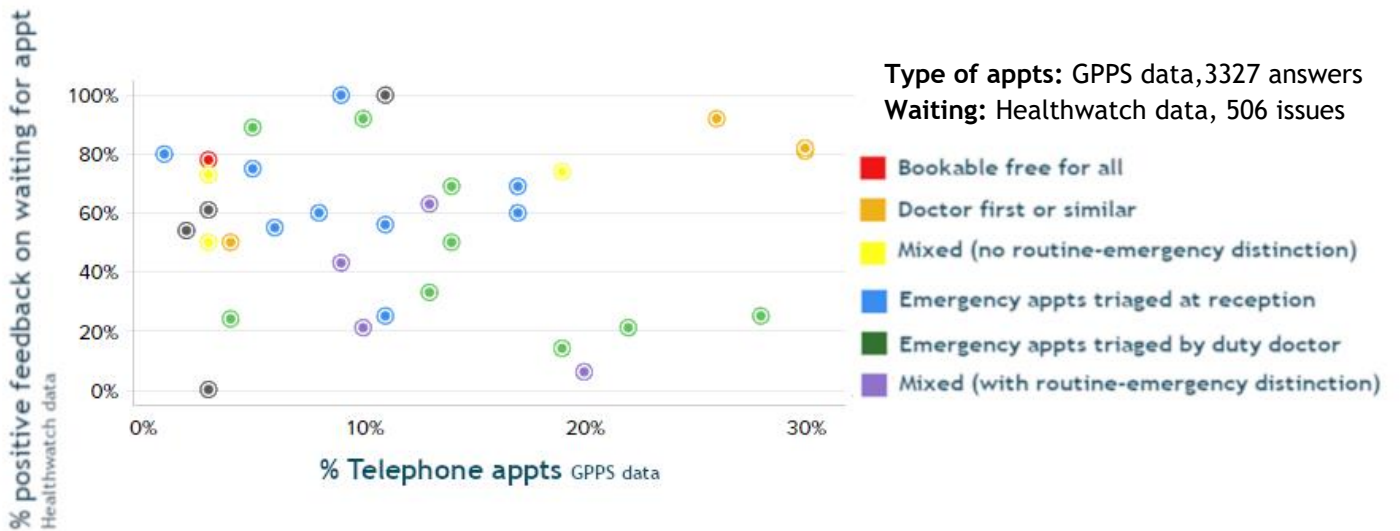


There is no straightforward relationship between the rate at which telephone appointments are offered, as it may be influenced by the type of booking system used.

As shown in the graph below, surgeries with a Doctor First or similar booking system tend to have both high rates of telephone consultations and high levels of patient satisfaction with the type of appointment given. For surgeries that distinguish between routine and emergency appointments, higher rates of telephones consultations tend to be associated with lower levels of satisfaction with the type of appointment given. This may happen because they have a more limited availability of emergency/same day appointments, and some patients feel they only received a telephone consultation when they should have been seen in person on the same day.



A fairly similar relationship appears to exist between the rate of telephone consultations and satisfaction with the time spent waiting for an appointment: in practices that operate with a routine-emergency distinction, a higher rate of telephone consultations is associated with a lower satisfaction with waiting times, while a slight opposite tendency is shown in practices where there is no such distinction.



Overall, most patients give positive feedback on having the choice of a telephone consultation; there are, however, some (usually patients with more complex issues), who prefer to be seen in person.

- *I've only had good experiences at this GP practice with friendly helpful staff. I really appreciate the quick response to online queries and telephone appointments instead of having to come into the surgery-thank you!!*
- *Telephone consultations are really convenient and usually mean I can get my problem sorted quickly and efficiently.*
- *[By the time I get through to the phone queue in the morning, reception tells me they're out of appointments]. I have to explain to them that I need to be seen today because I have a serious chronic condition- and that's when usually they manage to give me an appointment. They try to offer me a telephone consultation first, but I prefer face to face appointments because I get to ask about more things.*

Online consultations

Currently, uptake of online consultations is low, but many surgeries are considering promoting them further, in order to decrease pressure on GP surgeries and make it more convenient for patients to access the practice.

Research commissioned by NHS England and conducted by Healthwatch Tower Hamlets in June 2018 found that a majority of local people are at least open, in principle, to the idea of seeing their doctor online. Only a small minority, however, had already used an online consultation in their GP surgery.

Young professionals in relatively good health who are already using their GP's practice online system to book appointments are the group most likely to use and benefit from using online consultations. Older people, people who don't work outside the home and people with disabilities are the least likely to be interested.

We have received broadly positive feedback from patients who have used online consultations with Tower Hamlets GPs.

- *You can also use the 'e-Consult' service (which is like an enhanced phone appointment but mainly online) where you just have to fill in an online form giving details about your problem, any medication you are taking etc., attach pictures of any rashes etc, and then a GP will review and call you if they need to speak to you, instead of you having to call and try and get a GP appointment in person. This is really, really useful because sometimes you may be ill and it's not urgent or you might have run out of a medication that isn't on repeat, but you can't wait until the next available appointment. I find this is a great option for trying to fit health care around work.*
- *Although appointments are sometimes difficult to get hold of, I was advised to do online consultation to get a quicker response. the next day, I received a call for an appointment. I am happy to say that this service works their way around in a number of ways for us patients by providing more significant ways of booking appointment.*
- *I like the online consultation, good follow up. Patient care is really good.*
- *Really good- online consult is really good, so I don't have to go there all the time- and I think that's really good [that practices are starting to offer online consultations more and more].*
- *It's virtually impossible to get an appointment over the phone- it takes over a month. For emergency appointments I have to sit in the waiting room for hours. If online consultation solved the problem and meant I'm seen faster, I'm all for it.*

On the other hand, from discussions with both surgery staff and patients, we have identified a number of obstacles to accessing online consultations, namely:

- **Some patients may not be aware of the existence of an online consultation or e-consult option.**

Through research we have undertaken for NHS England in June 2018, we have found that 31% of the 256 respondents who took part in our study didn't know whether their GP surgery had an online system and a further 6% incorrectly believed it didn't have one.

- **Some patients may not have the computer literacy to use it or not understand how the system functions.**
 - *We tried pushing the online service since last year, but we suspect our patients have a low level of internet literacy. Many of them are Bengali and need advocates. Since we have a walk-in clinic and hub appointments, they can be quite easily seen in person promptly so perhaps they feel less need for it. (Senior receptionist).*
 - *We get around 40 e-consult forms a month (1-2/day). However, we get around 30 emails every day on the practice's generic email, containing medical queries, that doctors respond to. This is not an official form of consultation and it shouldn't happen, but in practice it does. (Practice manager)*
 - *"How many older people have got access to a computer and can type? Many elderly people don't have a computer or even a phone. People have to be confident enough to do it". (Multiple focus group participants, June 2018, older people's group)*
- **There are reports of technical malfunctions, or of practices failing to answer online queries promptly.**
 - *I tried to use the online services, but the GP rarely responds to it. (Patient feedback)*
 - *Don't bother with online services as there is no response. (Patient feedback)*
 - *Online services don't work, they're not reliable- they should make them more reliable, a lot of times you don't get a response from the practice. My husband tried e-consult- he filled the form and he never heard back. (Patient feedback)*
 - *I tried it once, I filled in the questionnaire- I received the standard automated reply- "someone will get back to you within 24 hours" and no one ever did! It's been one month! (Patient feedback)*
- **Some patients don't see online consultations as trustworthy.**
 - *I know that the practice offers online services, but I can't use them, they wouldn't be suitable for the requirements I have, and I wouldn't trust online consultations anyway- how could they check my daughter's skin condition, for example*

Person most likely to have an online consultation



Person least likely to have an online consultation



Source: June 2018 Healthwatch Tower Hamlets

Carried out for NHS England

Survey of 256 local people

Next steps

This report is currently reviewed by the **Tower Hamlets CCG** and by **providers of GP services**, for the purpose of identifying opportunities for opening a wider dialogue with GP practices on how booking systems could be improved for greater patient satisfaction.

We will be reporting back on its impact shortly.

If you would like to share our own experience of GP surgeries in the borough, or on any other topic pertaining to health and social care in your local area, please check our website, <http://healthwatchtowerhamlets.org.uk>.

Your feedback can make a difference!

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