

# Bristol GP Survey

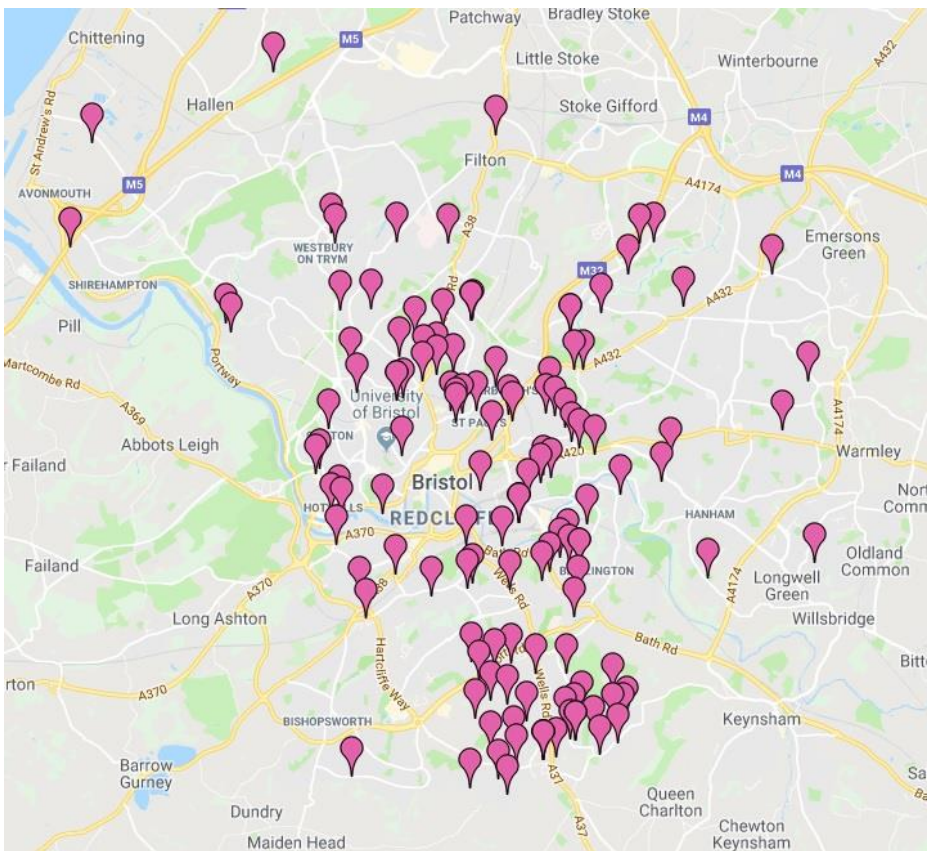
## BACKGROUND:

Healthwatch Bristol’s work priorities are set at open advisory group meetings. During these meetings, members of the public, voluntary sector partners and local service providers discuss the key issues that are affecting local people around health and social care. At the advisory group meetings in May and July 2018, we discussed the feedback that we had received from local people about changes within GP services. We considered the potential aims of any Healthwatch work and discussed the specific questions and concerns that we could explore.

The advisory group decided that Healthwatch should run a survey to determine the level of awareness that the general public has of the changes that are happening within GP services, and understand how these changes have impacted or are impacting on people’s experiences.

Through this survey, Healthwatch Bristol captured the views of 359 residents, sharing their experiences of 47 different GP surgeries across the city (see map below).

Although we received a positive response from local people, the maximum number of respondents from any one GP surgery was 35. This makes drawing statistically significant conclusions or comparisons between GP surgeries difficult; therefore, the feedback from this survey aims to provide a snapshot of people’s views and opinions about the changes that are happening across GP services.



In order to gather feedback from patients from different communities across the city, the Healthwatch volunteers and development officer approached GP practices and asked to spend time speaking to patients in their waiting rooms.

By engaging with patients in their surgeries, Healthwatch was able to capture the views of people from a variety of cultures and backgrounds with 20% of respondents reporting being from a BAME background.

We also promoted the survey through our website, social media and local engagement events.

**BACKGROUND AND PROJECT AIMS:**

The project aimed to ask the public if they are aware of the NHS transformation changes that have happened, and are happening, across the city and more widely.

The NHS Long Term Plan was published on 7 January 2019, and it sets out what changes and improvements will take place within the NHS over the next 10 years. The plan focuses on several areas, with primary care being one of them. With £4.5 billion extra in funding promised by 2023/24, the plan outlines how this money will be spent and what changes are needed to make primary care more effective and accessible to all.

One of the main changes that will happen in line with the plan is that GP surgeries will join together to create Primary Care Networks (PCNs). On top of their existing contracts, local GP surgeries will sign a network contract covering a locality of typically 30 - 50,000 patients. The different surgeries within the PCN will take a proactive approach to their population's health and wellbeing and will be able to share resources to meet the needs of the population.

The new PCNs are currently forming and will be developed over the next five years. Once in place PCNs will be expected to provide: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care, support early cancer diagnosis, cardiovascular disease case-finding and locally agreed actions to tackle inequalities.

The NHS Long Term Plan aims to prevent people from having to use secondary care services. To do this, there will be a wider range of resources available within our GP surgeries, such as pharmacists, physiotherapists, paramedics, physician associates and social prescribing link workers, who will support patients with their health and wellbeing.

The plan envisages that digital services will also be more readily available and states that all patients will have the right to access primary care via telephone and online services. You can find out more about the NHS Long-Term Plan and Primary Care Networks here:

**W:** [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

**W:** [www.kingsfund.org.uk/nhs-long-term-plan-explained](http://www.kingsfund.org.uk/nhs-long-term-plan-explained)

In this report, it is important to note that when we are discussing practices mergers, this can mean several different arrangements. Sometimes practices formally merge contracts to become one organisation such as Bridgeview which is made up of Southville, Gaywood, Malago and Marksbury Road surgeries. The new PCNs will be made up of several independent practices that will work in partnership to deliver a wider range of services.



# Bristol GP Survey

The survey consisted of a series of 12 questions that aimed to find out:

- If the public is aware of changes that are happening in their GP surgeries
- How the changes affect how people access their surgeries
- How people make appointments or would like to make appointments with their surgery
- What else have people tried before making a GP appointment
- How can technology be used more effectively to meet patients' needs
- Has their GP surgery merged with other surgeries and what impact has this had
- Would they be able to attend different venues for specialist treatments and if not, what barriers are in place to prevent them from doing this.
- How do patients look after their health to prevent needing to see a doctor
- Are there any other services that patients would like to see provided by their GP surgery

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## KEY FINDINGS:

1. In response to the question are you aware of any changes to the GP services you use, 56% of the respondents said yes, and 44% said no.
  2. Waiting times for appointments have increased or remained lengthy. Healthwatch received some reports of people waiting up to four weeks for an appointment to see a named GP.
  3. Waiting times in surgeries were highlighted as excessive at times with people reporting that they have had to wait for up to three hours for their appointments.
  4. Telephone consultations were described as useful, but people would like to have the option of a face to face appointment if they want it.
  5. There were concerns that the telephone triage systems in place require patients to speak to a receptionist about their health concerns, while patients may prefer to only speak to a doctor.
  6. People are keen to use online systems, but concerns were raised about usability and effectiveness. Other functions that people would like to see more readily available online are registration, booking specialist appointments and reordering prescriptions.
  7. There were concerns that the continuity of care had been affected by surgery mergers. Appointments are more readily available if you are willing to see someone who is not familiar.
  8. Some people commented that with surgeries merging and practices using more technology, access to GP services might become harder for particular groups of people.
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# Bristol GP Survey



## BRISTOL GP SURVEY ANALYSIS

**338 (94%) people answered the question ‘Are you aware of any changes to the GP services you use?’**

There was a fairly even split in the yes/ no responses received for most of the GP surgeries discussed in the survey.

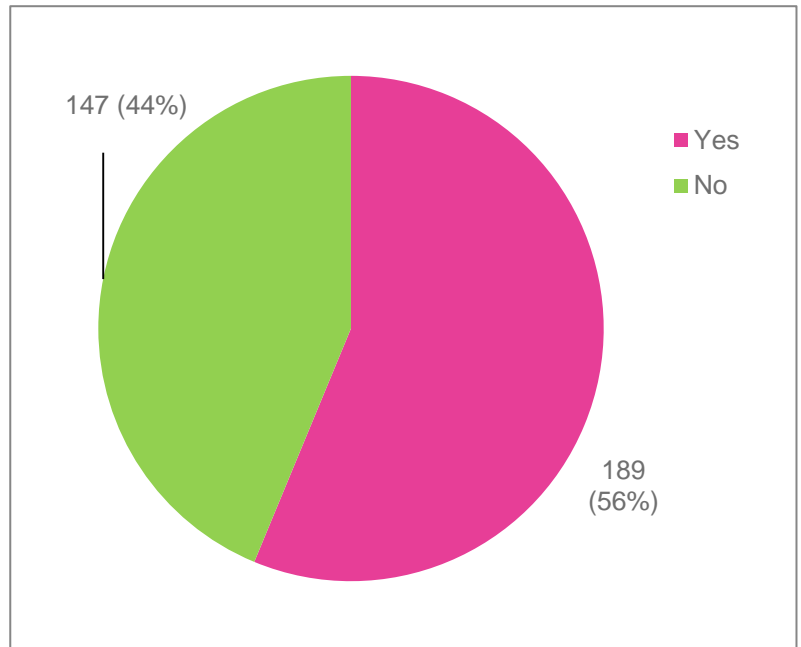
Of the 189 respondents who said they were aware of changes happening to GP services:

50 (26%) respondents said that their GP surgery has started using telephone consultations or online services, such as appointment booking systems.

28 (15%) were aware of a merger between their GP surgery and another.

25 (13%) expressed that waiting times for appointments had changed.

13 (7%) expressed that the continuity of care had suffered and they cannot see their named GP unless they are willing to wait many weeks for an appointment.



**‘How have the changes affected you, your family or the person you care for?’ 293 respondents (82%) shared their experiences**

89 (30%) respondents commented on waiting times for appointments. Broken down this equalled 74 negative responses and 15 positives.

Most of the GP surgeries discussed were described as having longer waits for appointments, or that it was difficult to get through to make an appointment *“...seems to be even more difficult to get an appointment and I can’t get through on the phone for ages either”*

A handful of GP surgeries received positive feedback about waiting times; these tended to be where a merger had taken place and patients were open to seeing someone new *“It is easier to get appointments that suit plus the newsletter is good at sharing info”*

Alongside this, 42 (14%) respondents stated that waiting times in waiting rooms have increased.

Continuity of care was highlighted by 30 (10%) respondents. Feedback suggested that these people could not see their named GP unless they were willing to wait for an extended period. One respondent commented that *“there is rarely any appointments available and those that are four weeks away”*



# Bristol GP Survey

51 (17%) respondents stated that telephone and online services had affected the services they receive from their GP surgery. 24 (48%) respondents said that the new systems were positive, and 27 (52%) said that they were not.

Online booking and apps were regarded positively, with respondents stating that they are keen to use this technology to make it easier to access services *“My online booking App has made life so much easier. I just log on and see if I can book a doctor or nurse. It saves me calling the surgery, particularly as I am deaf”*.

There were concerns from some respondents that online services are not accessible to everyone *“It’s basically all wrong, what about older people? How can I show my skin conditions over the phone or camera?”*

Telephone consultations were highlighted by some as being useful, with one respondent saying *“especially for circumstances where I feel doubtful if I need an appointment”*. The main concern of people commenting negatively about telephone consultations was that they wanted to see their doctor face to face. *“...I also have concerns that GPs will be missing out on the body language of the patient. Given the large percentage of communication that is non-verbal, one needs to question how much will be missed?”*

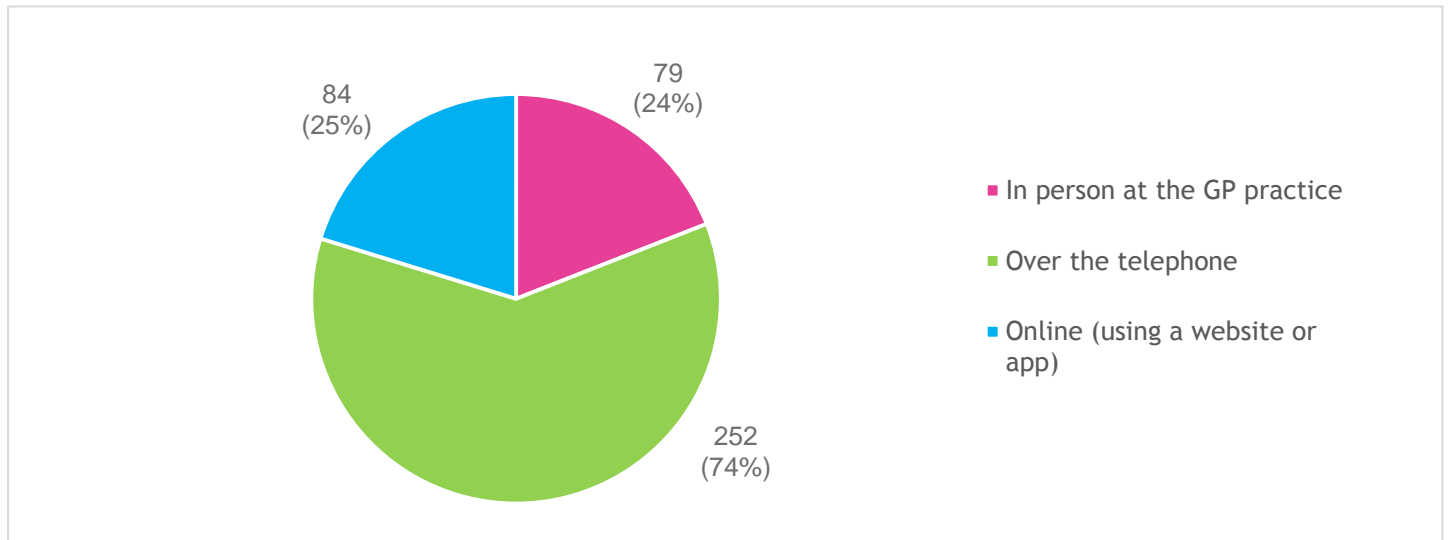
Another point of interest was telephone triage systems and people’s discomfort in discussing health problems over the phone or to a receptionist.

We had very positive responses from people who had been offered appointments to see other health professionals, such as a practice nurse or paramedic *“I attend the practice to see the nurse as well as the GP; I am very happy with the service I receive”*. Patients with long-term conditions stated that although other practitioners were useful, they should not replace regular appointments with a named GP *“I am happy to see the practice nurse, but when it is an ongoing problem I need to see the GP”*.



# Bristol GP Survey

We asked people ‘How would you usually book an appointment with your GP Practice?’ 342 (95%) respondents answered this question. Respondents had the option of choosing multiple answers to this question and were asked to add extra comments if they book appointments differently to the listed answers.



The majority of respondents, 252 (74%), indicated that they book appointments with their GP by using the telephone.

In addition to the quantitative data outlined above, 46 people took the opportunity to share extra comments alongside their answers. Of these, 14 (30%) respondents said that waiting times when calling in for an appointment were excessive, and sometimes people couldn't get through to make an appointment *“It is usually quicker to get in my car and drive to the surgery rather than hanging on the phone for up to 15 minutes and on occasions being cut off.”*

13 (28%) respondents explained that not all types of appointments are available for online booking, the systems are often overloaded, and people are struggling to make appointments to be seen quickly *“Never any appointments available online except a month or so later.”*

Booking appointments was the topic that received a lot of negative feedback with one respondent explaining that to get a same-day appointment at their surgery, they have to queue outside the surgery at the beginning of the day.

*“You have to queue outside the surgery in the freezing cold and rain during the winter from at least 7.45am to stand any chance of being seen, and they don't open until 8.30am. So if you're not ill, you certainly will be by the time you get in. It's disgusting, especially forcing the elderly to stand for so long. It's impossible to get through on the phone and they hardly ever have any online appointments”.*



# Bristol GP Survey

We asked people about technology and how they feel it can be used more effectively to meet their needs. 246 (67%) of the survey respondents shared their thoughts on this topic.

We received more positive feedback to this question with 148 (60%) respondents saying that they are happy with or would welcome change regarding GP surgeries using technology more effectively. *"I learnt about online appointment from HWBristol today she showed me on her mobile. This is better for me as I call from my mobile and this cost lots when I have to wait for them to answer for up to 15/20 minutes"*.

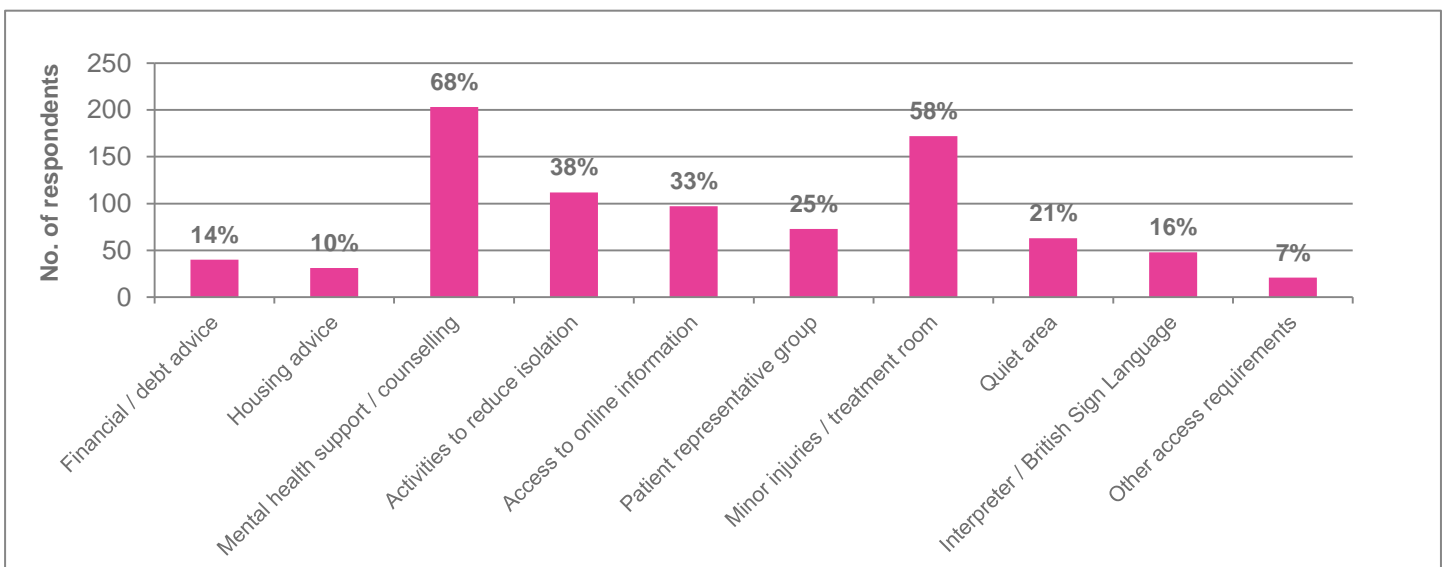
The majority of people who commented negatively, responded with a straight 'no', for example, *"I am concerned that it's assumed everyone can use technology and want to"*. The age group that was most concerned about changing technology in services were people aged 65+, with many comments from respondents in this age groups about not having access to the internet or a computer.

Of the positive feedback, 63 (24%) respondents indicated that they use online systems with their GP surgery or would like to see more online services for booking appointments, registration, re-ordering prescriptions and arranging specialist appointments. *"It would be useful if you could book appointments for the nurse not just GP's online"*.

59 (23%) respondents to this question said they already use an application, such as Patient Access, or would like to see the use of Apps improved. *"Patient Access app is very, very good. I can order repeat prescriptions, book doctors' appointments and blood test appointments"*.

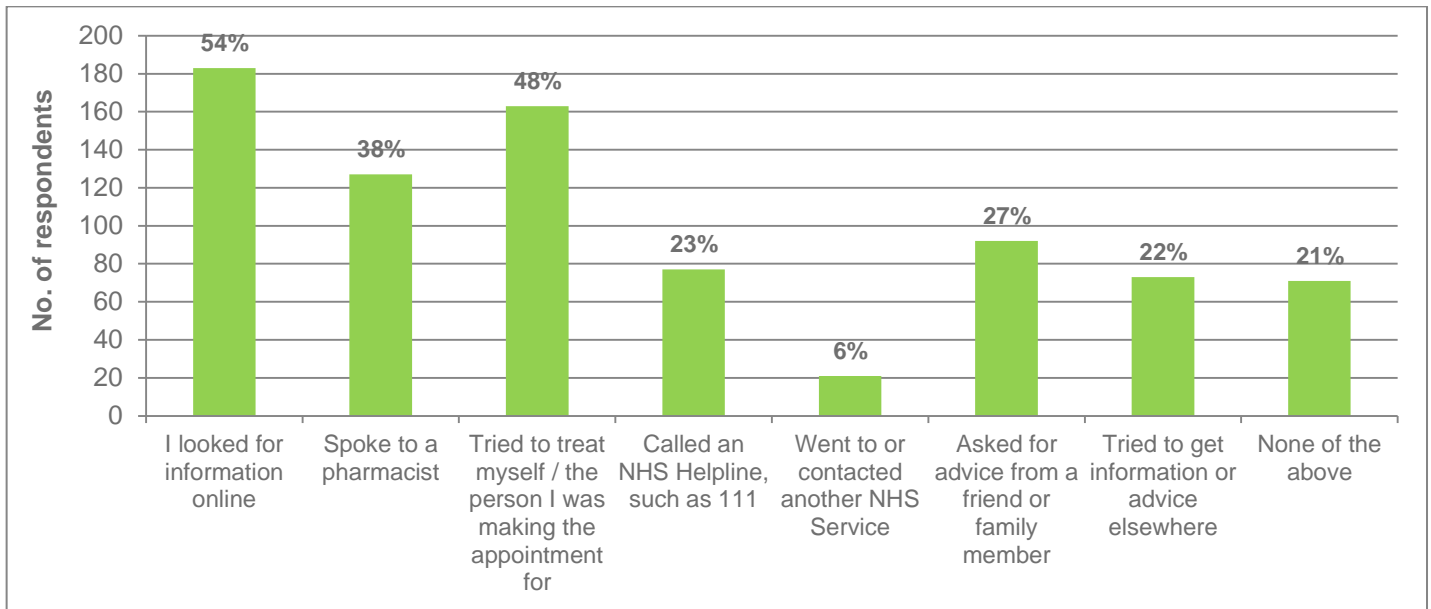
Some people in this group also expressed that they would be open to using video call appointments such as Skype

We asked what other types of services or support patients would like to see available at their GP surgeries. We heard from 298 (83%) of the respondents. Respondents had the option of choosing multiple answers to this question.



# Bristol GP Survey

We were interested to find out what steps people take to seek help or support for their health before making an appointment with their GP. 339 (94%) respondents shared what they do. Respondents had the option of choosing multiple answers to this question.



Some people commented that they had tried other avenues to get advice before making an appointment, for example:

- specific helplines for certain conditions
- using the library to look up advice
- Social media support groups.

Following on from this, we asked people how they look after their health to prevent them from needing to visit the GP. 308 (86%) people responded to this question.

The main themes arising from this question were that diet and exercise are how most people look after their health with 215 (70%) people highlighting it as a key factor in looking after themselves.

Other preventative measures were discussed, such as taking the correct medication as prescribed, sleeping well/ having time to rest, therapy and meditation, being aware of your mental health and stress, alcohol and smoking intake, regular GP check-ups, support from family and online advice.

We asked respondents if their GP surgery had merged with another in the local area and what impact this had had on the services they receive. 340 (95%) people responded to this question.

The three main groupings of surgeries where mergers have happened are:

**Pioneer:** Avonmouth, Bradgate and Riddinglease

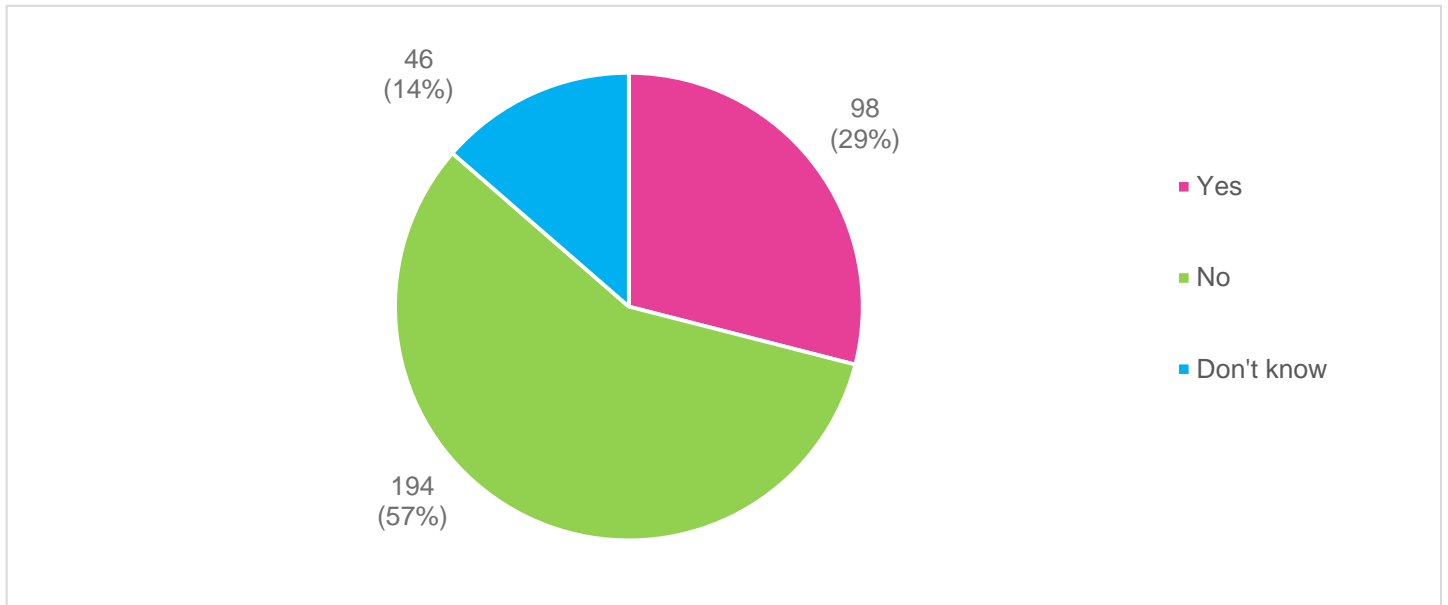
**Bridgeview:** Gaywood, Southville, Malago and Marksbury Road

**Fireclay:** St George and Lodgeside





# Bristol GP Survey



100 respondents said that their GP surgery had merged with another, representing patients of 23 different surgeries across the city. Some of the surgeries identified in the responses have not merged but rather work out of the same building or over two sites.

30 (30%) respondents that answered yes to this question said that the services they received have improved or stayed the same since the merger.

58 (58%) respondents raised concerns that the mergers have been detrimental to the services they receive. *“It’s much more difficult to get an appointment. High turnover of clinicians means they never get to know the patients very well”.*

19 (19%) respondents stated that continuity of care had been affected. People were concerned that they cannot easily get an appointment with their regular doctor and reported that services have lost their personalised touch. *“I don’t know any of the new GP’s, and they don’t know me”*

Some of the respondents did express that it was now easier to see a specialised health professional and that there was more choice when booking appointments. *“There is better availability of appointments, and you can get a same-day appointment if you are willing to use the other site.”*

18 (18%) respondents said that the merger had impacted on them getting an appointment, with 16 of these comments stating that it is now harder to get an appointment to see a GP. *“It’s become even more difficult to get an appointment to see a GP that you’ve actually met before”.*

Five (5%) respondents stated that travelling to a different practice is problematic or not accessible to them.

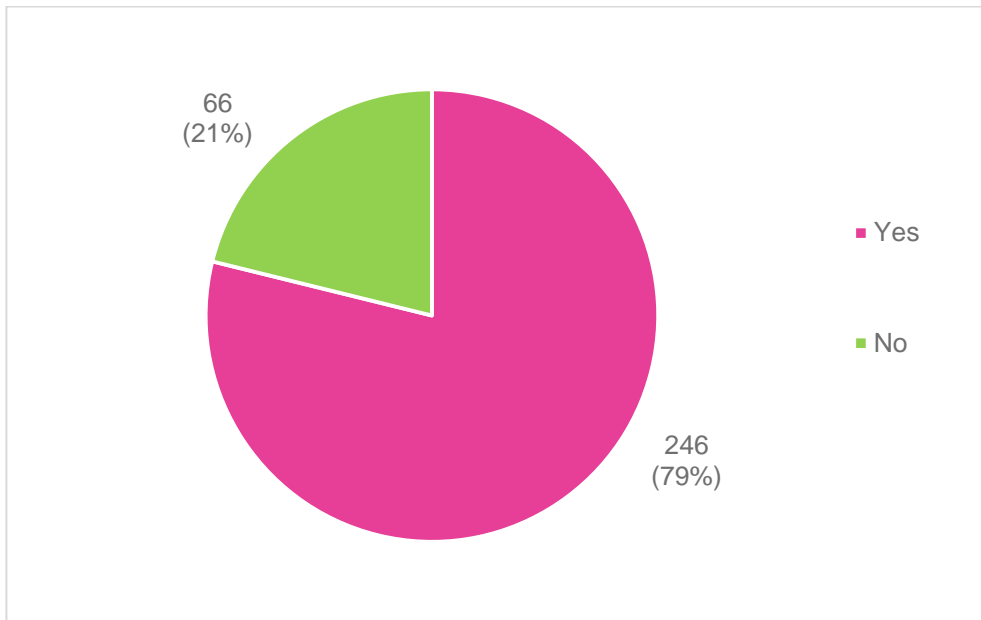
*“Appointments they call you in for (e.g. flu jabs) might be at either practice, and they treat you as if you’re awkward if you say it needs to be at a specific one. I registered with the practice nearest to me because it’s near, it’s no good telling me it’s the same service at a different practice because they’ve merged. I can’t get to the other one because it’s too far to walk”.*



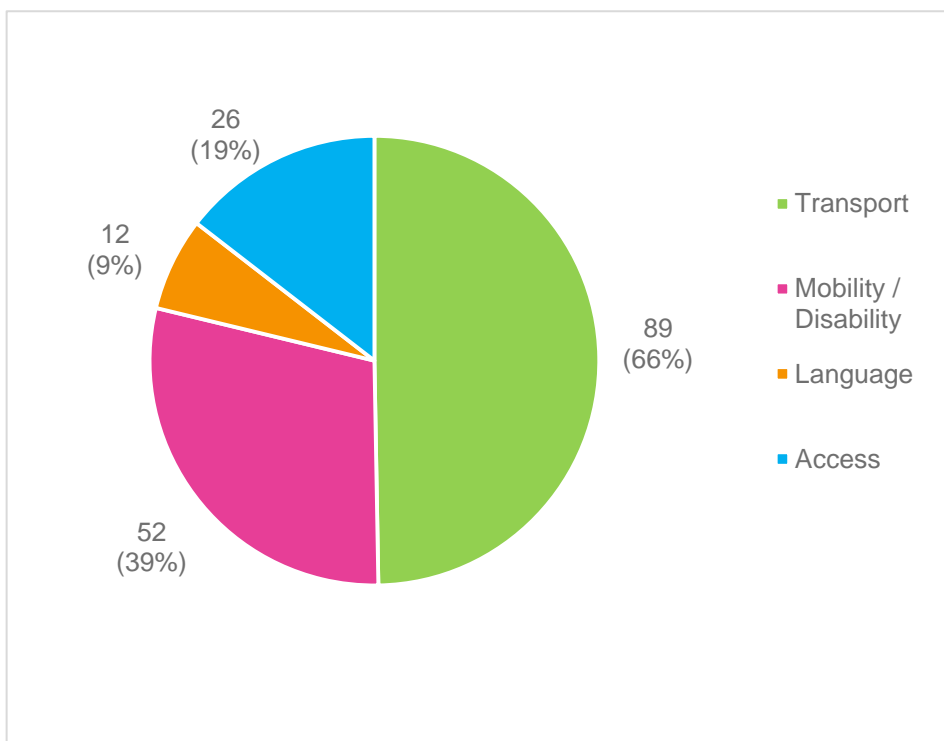
# Bristol GP Survey



With the merger of GP surgeries increasing, Healthwatch wanted to know would people be able to get to alternative health venues for specialist services, such as podiatry, health visitors and physiotherapy. We heard from 312 (87%) of the respondents.



We then asked what barriers there are, if any, for accessing other health venues. Respondents had the option of choosing multiple answers to this question. We heard from 135 (38%) of the respondents.



Other barriers highlighted by respondents were:

- That it is difficult to fit appointments around working hours
- Lack of experience and training for staff around mental health and autism
- Anxiety around seeing a new GP or health practitioner
- Parking and expenses
- Childcare.



**CONCLUSIONS:**

The feedback gathered from the survey highlights issues that have arisen from the changes that are happening with GP services.

Healthwatch heard concerns from people around waiting times to see a GP. Many people commented that it is becoming increasingly difficult to get an appointment to see a doctor, particularly their own named GP. Some people said that they had to wait up to four weeks to see their GP. Some people commented that waiting times in surgery waiting rooms have increased, but this was a small proportion of the respondents in comparison.

Telephone consultations were discussed a lot with very mixed responses from the survey respondents. The main point was that people prefer to see their GP face to face. That being said, a large number of people said that they were happy with the telephone consultation service and that it was very convenient for minor health concerns.

Some respondents were concerned about the triage systems in place in surgeries, namely where patients need to tell receptionists their health problems before being given an appointment to see a doctor or other health professional. In most cases, respondents stated that they only felt confident and comfortable telling their GP their personal information.

Online systems were widely considered to be beneficial. Respondents commented that they would like to see systems such as appointment booking, registration, and re-ordering of prescriptions more available via surgery websites, or applications such as Patient Access.

It was highlighted that some patients would not be able to use online systems due to a lack of access to or knowledge of computers. Some respondents were concerned that these systems will limit the services they can access.

Several people discussed the merger of GP surgeries. They shared concerns that they could no longer see their named GP quickly, meaning that continuity of care had been reduced. In contrast to this, some patients highlighted that there is more availability of appointments once a merger has taken place, but this relies on patients' flexibility to see someone new.

Patients can see other health professionals, such as nurse practitioners or paramedics, for some treatments or conditions. Where offered, this had been very positive for many of the respondents, making it quicker for them to access services for routine or minor health problems.

Healthwatch heard that where GP surgeries have merged people had found it easier to get specialist appointments. There were concerns that some of the systems in place are not accessible to everyone. Several people from the deaf community explained that they have had difficulty accessing appointments because the online booking system was not sufficient. There were also concerns that people with reduced mobility would not be able to access services provided by partner surgeries due to the distance they would need to travel.



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## RECOMMENDATIONS

1. As GP services go through the process of merging into primary care networks, surgeries need to be aware of patients' access needs and make sure that there are adequate systems in place to support them to access the services that they need, whether that is at their 'home' surgery or another nearby.
2. Online services were said to be useful for patients when booking appointments, managing prescriptions, and accessing their health records. From the feedback gathered, the public would like to see these services improved and built on, with wider availability of appointments and shorter waiting times.
3. There seems to be a lack of understanding around the triage systems in place in many surgeries with patients concerned about sharing their health problems with receptionists. It would be beneficial for surgeries to explain their triage systems to patients, particularly the training that receptionists receive in order to give patients greater confidence in the support they receive when they call. This could be done through a short recorded message that patients hear when they call in or go online to book appointments. It is also something that could be discussed via patient newsletters and with support from Patient Participation Groups.

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## WHAT WILL HAPPEN NEXT?

Healthwatch Bristol will share the findings of the Bristol GP survey with GP surgeries across the city, in addition to Healthwatch England and the Care Quality Commission. We will also share it with Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group, who commission local GP services so they can use the information gathered to influence the development of primary care networks.

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## ACKNOWLEDGEMENTS

Healthwatch Bristol would like to thank the people who took the time to share their views and experiences with us through the survey. We would also like to thank the Healthwatch Bristol advisory group who helped to compile the questions and design the survey, the volunteers who engaged with their communities to increase the reach of the survey, and finally the GP surgeries that let us speak to patients in their waiting rooms in order to engage with their patients.

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## Responses

We asked Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) and the GP practices that received 10 or more responses from the survey to provide a response to this report.

We would like to thank the CCG and the GP practices that responded and in particular Montpellier Health Centre for providing an extensive response to the feedback that was received about their services.

### Response from Bridgeview Medical:

We have been operating a model of Care Navigation to get patients to the right clinician first time since October 2018, and in this respect we are similar to the majority of practices across South Bristol. There will be variances between practices but overall we feel that we are about 80% similar. We do get some kick back from some patients who refuse to answer even the most basic questions when the Care Navigator is trying to take some history and work out how to direct them. These navigation calls do take longer than normal and we have had a lot of complaints about phone access. We have recruited more care navigators but there is a limit to how much we can afford. We also realise that our current telephone system is no longer meeting our, or the patients' needs and we have started negotiations to sort this out, but we are only mid-way through our contract so there will be a cost to any change. To ensure the navigators have good options to work with we have invested in additional GP sessions, Nurse Practitioners and Pharmacists in all sites. We also continue to work hard with our Community Webs model to help those patients that don't need clinical services but potentially will access these appointments if nothing else is available.

Continuity of care is as important to our GPs as it is to the patients who really need it and we are looking at our model of care to see how it can be improved.

We are increasing our online bookable appointments to give greater flexibility to our patients and to meet our contractual obligation with NHS England.

We are providing large Saturday clinics every Saturday now to deliver additional GP and Nurse Appointments. We are deliberately trying to provide appointment types that patients find difficult to access during the week.

In advance of the drive from NHS England we are looking at various digital options to provide patients with new options for getting advice from the GPs. There are a number of applications available that are relatively new to Primary Care and we need to ensure we chose one that provides the right balance between patient access to clinical advice and GPs not feeling they are at the mercy of an unending list of e-mails. We will also have to look at Skype consultations as a way forward.

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# Bristol GP Survey

## Response from Fireclay Health:

Digital Developments - We process 62% of our prescriptions electronically; we offer an online service which enables patients to book appointments, order medication and review their own patient record and we communicate with our patients via SMS text and email. We are closely monitoring digital developments and will embrace future change. We are however very mindful of the fact that we need to offer choice to our patients and ensure that we support our patients with many different forms of communication; we will continue to focus on telephone, face to face and digital communication.

## Response from Montpelier Health (MHC):

Montpelier Health  
Wellbeing at the heart of the community

Are you aware of any changes to the GP Services?	If 'YES' please specify below	How have the changes affected you, your family or the person you care for?	How could your GP practice use technology better to meet your needs?
Yes		I have many health conditions and I have to wait many weeks to see a GP I prefer to see and the Practice Nurse. The care of the GP is good but the wait for appointments is bad! I don't like a telephone call from the GP as I had to wait a week.	I don't mind a GP telephone consultation, but in the past I have waited almost a week. If the call was the same day I would prefer this, but this is not the case.

### MHC Response:

Currently, the next available advance booking for a non-urgent telephone appointment is within one week. However, we have 'same day' appointments which are released at various intervals throughout the day, ie. 8am, 12 noon and 4pm to ensure that we have telephone and face-to-face appointments available throughout the day, (and slots for urgent queries where patients with an urgent problem will be contacted the same morning/afternoon by telephone by the 'on call' GP.). This is not a clinical triage, it is a clarification of need and the receptionist is then able to make the patient an appointment with the most suitable clinician to help them within the appropriate urgent/non-urgent time frame. We also have bookable appointments to book 'within 14 days'. This means we have approximately 50% pre-bookable and 50% same day appointments available both face to face and telephone slots, pre-bookable and 50% same day appointments available.



# Bristol GP Survey



Are you aware of any changes to the GP Services?	If 'YES' please specify below	How have the changes affected you, your family or the person you care for?	How could your GP practice use technology better to meet your needs?
Yes	<p>a) Referred to a pharmacist at the practice rather than a GP for a dermatology appointment.</p> <p>b) Telephone triage by the receptionists.</p> <p>c) Telephone call backs by GP.</p> <p>d) Un- satisfactory toilet cleaning standards at the surgery owing to an inadequate cleaning service provided under contract with the CCG.</p> <p>e) Often very long waits for the telephone to be answered by the receptionist.</p> <p>f) Often very long lead-in times for a non-urgent appointment - up to two weeks and longer if wanting to see a particular GP.</p>	<p>g) Despair on the part of one member of my household who is not making appointments at the surgery as often as necessary because of the difficulty in getting an appointment with a named doctor.</p> <p>h) Dread at the amount of time spent listening to crap music on the phone's 'hold' function.</p>	<p>i) Much higher functionality and easier access needed on the appointment website.</p> <p>j) A telephone system is needed which indicates how long the wait is likely to be before the receptionist will be available to take the call.</p> <p>k) Appointment slots available for booking more than two weeks in advance given that all slots are often already booked up two weeks in advance.</p>



# Bristol GP Survey

## MHC Response:

- a) Our Clinical Pharmacist is qualified to deal with all minor illness issues, infections, pill checks, chronic conditions (hypertension and diabetes for example), medication reviews and all problems relating to external symptoms, eg rashes and other dermatological problems.
- b) On answering the call and listening to the patient's request and details of their condition, our receptionists are now trained to 'navigate' the call to the correct clinician. This may mean a face-to-face appointment or a telephone call with one of our healthcare professionals, eg. a minor illness nurse, physician associate, clinical pharmacist, or GP or a suggested self-referral to a pharmacy in the first instance.
- c) We operate a 'Named GP' system each morning and afternoon, where urgent queries (but not issues that would previously have been considered 'triage/ on call') are overseen by a senior member of the Call Handling Team. These patients are then navigated to either the 'Named GP' for the shift or referred back to the call handler for redirection if felt inappropriate for the Named GP to deal with.
- d) There are ongoing concerns at the poor standard of both building maintenance and cleanliness within areas of the Montpelier Health Centre Building which is owned and maintained by NHS Property Services.. This is in marked contrast to the adjacent Bath Buildings surgery which is owned by the practice and for which we are able to directly employ cleaning staff who provide an excellent service. Our Operations Co-Ordinator is in regular contact with NHS Property Services in order to resolve these issues, and we also encourage our patients to voice their concerns to them directly in an attempt to highlight the problem further.
- e) We have a designated Call Centre with call handlers answering calls throughout the day. Unfortunately due to a high number of calls, on occasions there will inevitably be a delay in calls being answered. We are aware that calls are waiting, but need to ensure that each call is dealt with properly.
- f) and g) We offer non-urgent appointments within two weeks - these are released daily. It is not always possible to book with the same GP within this time as many GPs now work part time in many surgeries and therefore we cannot always offer continuity of care with the same GP each time. The assumption of 'my doctor' has been replaced nowadays with 'my GP practice' nationwide. All Montpelier GPs are trained to a high standard of competence and patient notes are kept clearly and concisely in order for any GP colleague to be able to provide continuity of care if a patient is unable to see their preferred GP.
- h) We try to vary the 'call waiting' music to suit all tastes. Unfortunately the choice provided by our telephony provider is limited!
- i) Our website and patient access is currently under review and we hope to introduce new services in the near future.
- j) Our telephone system was updated last year. The telephony provider actively discouraged us from installing the 'queue number' call waiting facility. This is because although the system



# Bristol GP Survey



would work well when all call handlers were logged on, if they had to leave their desk to follow up an enquiry, then a call waiting would automatically increase in number, ie; 'you are number 4 in the queue' would change to 'you are number 5 in the queue' and this would cause a lot of confusion and irritation to the caller. We are informed that many practices who went ahead and installed this service have now removed it because of the number of complaints it created.

k) We offer non-urgent appointments within two weeks - these are released daily

Are you aware of any changes to the GP Services?	If 'YES' please specify below	How have the changes affected you, your family or the person you care for?	How could your GP practice use technology better to meet your needs?
Yes		Has privatised its website so will not use it	

**MHC Response:**

Our website is outsourced to a private website developer as we do not have the technical experience to maintain this in-house.

Are you aware of any changes to the GP Services?	If 'YES' please specify below	How have the changes affected you, your family or the person you care for?	How could your GP practice use technology better to meet your needs?
Yes		a) The changes have not yet affected me however the proposed changes strike me as something that would not be accessible for many people. I would be able to have a telephone appointment and book online, as I am young and confident with technology. However I have anxiety and struggle to remember everything I want to say right away, and may feel awkward and rushed off the phone without saying everything I intended to. This	b) So far I've had problem after problem with the website. Just about any website you could visit is less problematic.



# Bristol GP Survey



has been my experience when telephoned by my GP that it is more rushed and I don't feel completely listened to. Additionally I work with people with Alzheimer's and wonder how they would be impacted by this system, as they may not be confident with phone and online booking systems, or remember how this works. Consideration for older patients and their confidence with a new system would be needed.

**MHC Response:**

a) In order to signpost patients to the correct service for their condition they are asked to provide the receptionist/call handler with as much information about their condition as possible. This is not a clinical triage, it is a clarification of need and the receptionist is then able to make the patient an appointment with the most suitable clinician to help them. Our navigation system offers us the capacity to offer more conveniently timed appointments to:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People experiencing poor mental health (including people with dementia)

On answering the call and listening to the patient's request and details of their condition, our receptionists are now trained to 'navigate' the call to the correct clinician. This may mean a face-to-face appointment or a telephone call with one of our healthcare professionals, Minor illness Nurse, Physician Associate, Clinical Pharmacist, or GP. In the case of other minor problems (and flu symptoms with no previous risk from long term medical conditions or other possible complications), patients are signposted to their local pharmacist for advice in the first instance.

We operate a 'Named GP' system each morning and afternoon, where urgent queries (but not issues that would previously have been considered 'triage/ on call'). These patients are added to an 'on screen' list by the call handlers. These calls are monitored and then navigated to either the 'Named GP' for the shift or referred back to the call handler for redirection if felt inappropriate for the Named GP to deal with.



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We strive to ensure that all our patients are treated according to their individual needs. Our navigation system offers the opportunity for older patients or those with additional needs are signposted to the correct service. Our call handlers and face-to-face receptionist staff will always treat such patients with patience and respect Our 'Patient Services Lead' staff member is available to offer additional support. Both our navigation and on line services will not replace patient care for those patients unable to use these systems.

Our website and patient access is currently under review and we hope to introduce new services in the near future.

Are you aware of any changes to the GP Services you use?	If 'YES' please specify below	How have the changes affected you, your family or the person you care for?	How could your GP practice use technology better to meet your needs?
Yes		<p>Online consultation forms (there are around 20 suppliers of these and I know BNSSG CCG are hoping to procure one of these) or easier ways to get appointments. (My practice releases minimal appointments on the EMIS app, requiring a phone call to book one 90% of the time. Although I do always check first, just in case there is one at a suitable time with a GP who knows my history).</p> <p>a) I often know what medication I need and so the ability to send an email or fill out a form would be good-</p> <p>b) Often a letter from my consultant at a hospital to the GP requesting bloods and/or meds can take 2 months to action. An email service or better information sharing between primary and secondary</p>	



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		care would be much better as I would receive medication in a much more timely way and would reduce the risk of my condition deteriorating.	
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**MHC Response:**  
Repeat prescription requests can be made on line - [montpelierhealthcentre@nhs.net](mailto:montpelierhealthcentre@nhs.net)  
The majority of correspondence from secondary care is sent electronically or downloaded direct to patient notes and is actioned daily. Any routine communication by post is scanned to notes within 48 hours. Urgent post will be scanned same day. We have a designated GP who reviews all documents daily.

Are you aware of any changes to the GP Services you use?	If 'YES' please specify below	How have the changes affected you, your family or the person you care for?	How could your GP practice use technology better to meet your needs?
Yes		More promotion and information about NHS go and other health apps, such as medication trackers or peer support apps like MeeTwo	

**MHC Response:**  
We will shortly be introducing QR Info Pods for a variety of helpful health promotion and information

The following Primary Care Network information was included in our Spring Newsletter and added to our website on 27 February 2019:-

<p><b>Primary Care Networks</b> Primary Care Networks (PCNs) are groups of family doctors and other health professionals who work together to develop programs and services designed to meet your everyday health needs. These can include health</p>	<p><b>Are they not already here?</b> Approximately 85% of the UK is already covered by practices working together.  The aim of the Refreshing NHS Plan is for the whole country to be covered by April 2019, so</p>
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teams, after hours care, clinics and workshops.

A key part of the NHS Long Term Plan is to drive every practice across the UK to become part of a local Primary Care Network (PCN). Montpelier Health Centre will become part of a PCN in the near future.

So to help you keep up-to-date with developments, we've shared ten FAQs about Primary Care Networks, covering what they are and what they mean for the NHS:

### **What is a Primary Care Network?**

'Primary Care Network' is the generic term used to describe a group of practices, and others, working together to care for a population of 30 to 50,000 patients in a geographic area. They're occasionally referred to by different names, e.g. primary care homes, clusters, localities, neighbourhood, etc.

### **What does this mean for patients?**

The introduction of Primary Care Networks will bring many benefits to patients.

Amongst other things, they'll experience: more joined up digital, telephone-based and physical services

shorter waiting times to see the right professional more diagnostic and other services within their community for them and their families, for prevention, episodic illness and long term conditions.

### **Is there any evidence for this way of working?**

There is evidence that this is a successful way of working at 3 healthcare organisations in New Zealand, Canada and the Netherlands

that every practice will be in a Primary Care Network.

### **Is this a way to make practices merge?**

This is about existing practices working together, not making them merge.

Done well, this collaborative approach to primary care will also help smaller practices cope, by sharing economies of scale with larger practices.

### **What will PCNs do?**

They will enable practices to share data, staff and resources, so they can help develop and deliver a wider range of integrated services in their network.

The hope is that, as these services develop, less work falls to practices, and patients get a better service, e.g. self-referral to physiotherapy and mental health therapists without seeing a GP first.

### **Who else will be involved?**

Eventually it is hoped that all community-based health services, social care and voluntary sector organisations become involved - with both helping plan and provide services.

More advanced PCNs are already involving local schools, job centres, housing offices and others.

### **How can I find out more?**

There's a lot of resources available on the NHS web site, including case studies and a useful video:



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## Response from Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG):

This report is welcome and aligns well with the work the CCG is doing with GP practices to ensure that the largely excellent services they provide continue to improve and are responsive to the people they serve. The recommendations within the report seem wholly sensible and it would be good to share them with practices so that they can begin to think about how they can continue to develop in these areas.

The CCG is supporting GP practices to roll out care navigation training for receptionists to ensure that patients get to the right appointment with the appropriate clinician first time and we are keen to improve access to primary care including through greater use of digital technology. We will use the report's recommendations to inform how we implement these and work with practices to engage their patients in these changes.

