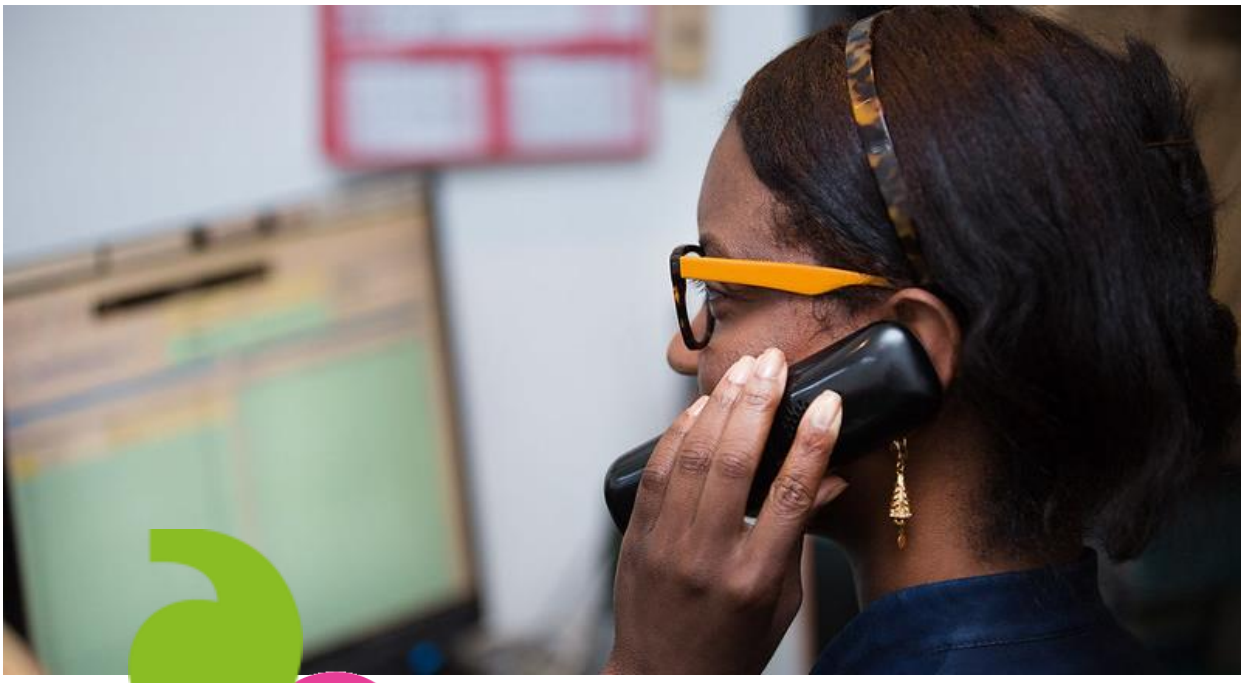
healthwatch Coventry

Report of mystery shopping exercise of GP phone systems



August 2021

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Summary

This document reports on the experiences of Healthwatch staff and volunteers in contacting GP practices in Coventry by telephone. The findings show a variation in the access to GPs by telephone across Coventry and also highlighted the different approaches to phone systems and messages being used. Some of which worked better than others from a patient point of view.

Telephone contact is the main access route to GP services at this time. From our experiences the things that we can see will help are:

Considering the tone of the message:

- use a welcoming and positive tone
- human voices are better than automated ones
- not too formal

Pace:

- slow how the message is spoken down so people can take the information in
- repeat key information eg phone numbers

Keeping messages short:

- what information is helpful and relevant from a patient point of view and what information can be given at a different time to just those who need it
- make sure information is up to date

Can it be easily understood?

- use Plain English principles eg don't use technical or complicated words

Testing messages:

- check the message by ringing in as a patient would every time the message is updated – this can identify things like a volume issue
- get patient input especially at times such as considering a new phone system or new menu options

Healthwatch therefore recommends that:

1. GP practices review existing telephone messages to shorten and simplify information wherever possible

2. GP practices put in place a process to regularly review answer messages to ensure information is up to date/current eg Coronavirus related changes

3. GP practices make use of the guidance provided by NHS England on communicating with patients

4. Coventry and Warwickshire Clinical Commissioning Group develops information, tools and technology solutions to support GP practices and works with practices to ensure phone access is improved

5. Primary Care Networks and GP practices involve patients by creating routes to input into or trial messages and phone systems – especially when changes are being made to these.

Introduction

Healthwatch Coventry has the role of representing the interests of patients and the public in our local NHS and social care services by gathering views and feedback on services and taking these to those who run and plan services.

What we looked at and why

We had been hearing from local people about problems getting through to some GP practices in Coventry on the phone, which was stopping them from accessing services. We also received feedback that some GP practices had long and complicated messages on their phone systems including one that someone had timed as nearly 6 minutes long

We therefore planned a 'mystery shopping' exercise. Healthwatch volunteers and staff made calls to all of the GP practices in Coventry to see what it was like to use the phone system and how long it took to get through to talk to a member of practice staff about booking an appointment.

We wanted to identify good practice and how widespread the issues reported to us are.

This piece of work is not intended to gauge how accessible GP appointments are.

How we did this

There are 54 GP practices in Coventry. Each person taking part had a list of GP practices to call taken from a list of practices obtained from Coventry and Warwickshire Clinical Commissioning Group (CCG).

We created a structured form and hosted this in Survey Monkey for them to input what they experienced into. We also recorded a selection of the messages on GP phone systems as MP4 files.

We decided not to place an extra burden on GP phone systems during the morning opening time peak and therefore made our calls between 9.30 am 12.00 pm and 2.00 pm – 4.00 pm. We avoided the lunch time period as many practices close during lunchtime.

We attempted to call each practice up to four times. We set a cut off time for how long we would wait on the phone of an hour.

More information about our method can be found in the appendices.

Most calls were made between 9.00 am on Monday 14 June and were concluded by 4.00 pm on Friday 25 June. Three Calls were made between Thursday 8 July and Monday 12 July.

What we found

One of the phone numbers we had was incorrect. The list of practices included one practice which was not in Coventry, so this has not been included. Three GP practices were missed in our first round of calls and so these were called on later dates.

How many attempts we made to contact practice before getting through to the phone system:

How many attempts before connecting	first time	second time	third time
Number	44	7	2

Use of menu and voice systems to manage calls

Calls to six practices' phones went straight through to a receptionist. Most did this in under three minutes with one taking 4-5 minutes.

All the other practices had some form of voice messages and dial options on their phone systems.

Length of first message

We timed the length of the first message we heard on practice phone systems, finding all were under three minutes as follows:

Less than 30 seconds	Between 30 seconds and 1 minute	Between 1 and 1.5 minutes	Between 1.5 and 2 minutes	Between 2 and 3 minutes
4	17	14	7	5

Whilst two or three minutes does not sound much, whilst listening to information on the phone it felt quite a long time. We did not find the five or six minute messages people had previously told us about when we made our calls. This is most

likely due to messages being changed by practices or perhaps messages feel longer to people.

Options within first message

Most of the phone systems provided several options for the caller to pick after hearing the first messages.

Topics frequently covered were:

Appointments	28
Test Results	14
Referrals	8
Prescriptions	14

A mystery shopper found at one practice:

> - No options went straight into the queuing system without being told you were. I knew it was a holding queue as it played music, but the music was intermittent initially making me think I had been cut off until the music resumed. This continued for the duration until the call was picked up

How long does the call take to join the queue to speak to the receptionist?

We timed the next phase in the phone systems by picking the option to speak to a receptionist.

First, we timed how long it took to join the queue:

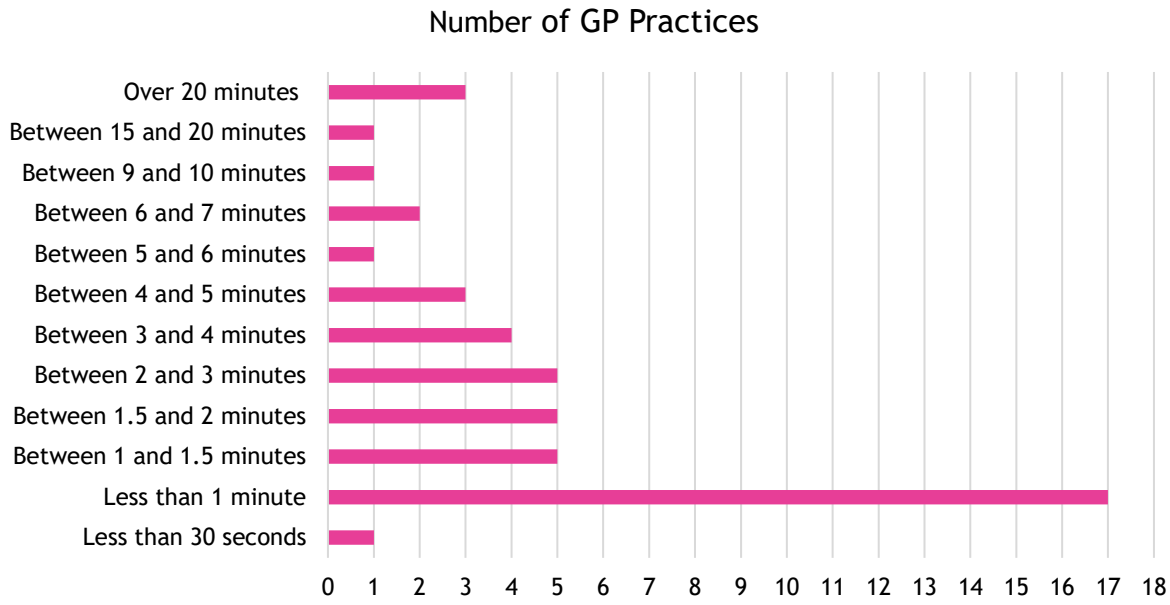
Length of time	count
Less than 1 minute	25
Between 1 minutes and 1.5 minutes	10
Between 1.5 minutes and 2 minutes	8
Between 2 minutes and 3 minutes	8
Between 2 minutes and 3 minutes	1
Between 4 minutes and 5 minutes	1

At one surgery at this point our mystery shopper noted:

> - "The call went round a second loop even though I pressed 2 for reception".

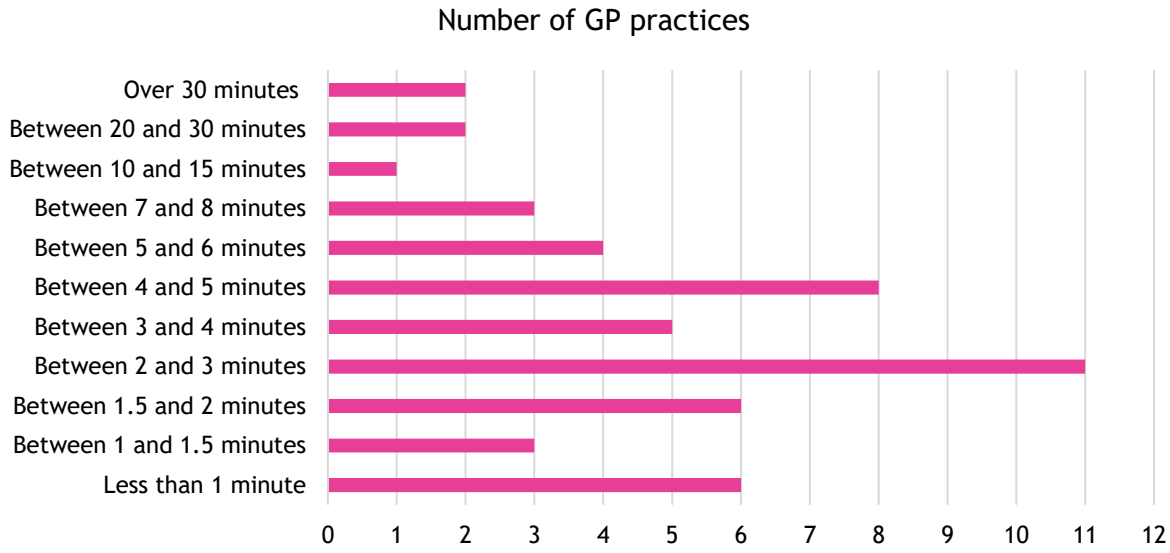
Once you joined the queue how long was it before the receptionist answered?

Finally, we timed how long it was before the receptionist picked the call up. 55% answered in under two minutes:



Overall length of wait:

We recorded the overall length of time callers spent on the phone call i.e. how long the call took from joining any message/queuing system to reaching a person. For two practices we did not get through.



- I became caller 9 at 9 minutes after starting the call, I became caller 7 at 38 minutes. I then aborted call here.
- I waited an hour, I joined the queue at ' there are more than 30 calls in the queue' at 1 hour I reached caller number 26
- It took 26 minutes to get through to the receptionist

Tone and helpfulness

We also considered how easy to understand the messages were. The tone of the messages, the amount of information and helpfulness of the information given during the messages.

As six of the GP practices did not have phone messages and calls to them went straight through to the receptionist, here we are looking at those which have a phone system with automated messages.

Plain English and clarity

Plain English is about having the reader or listener in mind and using the right tone of voice and being clear and concise. This includes avoiding using acronyms, technical language or lesser used phrases and terms.

Our callers felt that the great majority of phone messages were in plain English in terms of the language used but that four were not. Our callers found other issues which impacted on how easy it was to understand and take in the information and about how the message made them feel.

Terms used

Some words and phrases used in messages would not be easily understood by some patients and public, for example:

- *'Contractual obligations'*
- *'medical secretary'*
- *'referrals'*
- *'telephone triaging'*
- *'do not attend the surgery speculatively'*

Electronic voices

Ten phone system used an electronic automated voice for at least part of the message. Our callers found such electronic voices to be harder to understand than a human voice as they had unusual intonation in how the words were spoken, were too quick in pace or sounded odd in other ways.

- The automated voice was akin to that of a male gameshow host. Some of the information was helpful but the language not plain enough.
- Negative tone, very fast pace to the automated voice. The voice changes from a female automated voice to a male automated voice then back to a female automated voice, sounds very unwelcoming and not personal
- Automated very quick pace, no pauses

Quality of the recording

We noted the following about two messages:

- The person recording the message stumbles over their words a few times, makes it slightly harder to understand
- A good positive message, human voice that spoke clearly but the volume was very low

How positive or negative people found the message

The tone of the message is important in terms of how the message made people feel. The tone came from both how the message was spoken but also from the emphasis in how the information was given. The same information can be phrased in either a more positive or negative way. The level of formality in the messages was also picked out by our callers.

- Voice is very clear and easy to understand
- A very unwelcoming opening message. It's a very negative message, the tone is very formal. It left a feeling about everything a patient couldn't do rather than what they could
- Very formal tone
- It was quite a harsh message, no introduction at all

Information given

Complexity

Our callers preferred the short simple messages and found some messages to be too complicated for them to be able to take in the information given.

- Very long message then splits to 3 surgery options
- The message was complicated, long with detail being spoken quickly including 2 phone numbers and a website address. [I] didn't fully understand which number was for what.

The following were frequent topics covered within voice messages in practice phone systems. There was an emphasis on providing COVID-19 related information:

Information topic	No of GP practices
General COVID-19 information	27
Who should attend the surgery	14
Prescription re-ordering/Prescription Ordering Direct information	11
General COVID-19 vaccine information	7
Current appointment process	21

Other topics covered by some GP practices, but less often were; calls are recorded; request for a home visit, surgery opening times, insurance and Safeguarding, pharmacy, if you have chest pains, hang up and dial 999, and information about how to opt-out of the NHS digital data sharing.

14 practices had a secondary message and the topics covered included: secondary COVID-19 related message; what to do if you are experiencing domestic abuse, how to manage your appointments online.

One practice gave out of date COVID-19 self isolation information in its message.

NHS 111 was mentioned in eight messages by practices but often without explaining what this service is and what it does, for example

- *If call is urgent considering calling 111 or 999,* - no further explanation about what urgent might be.

Callers felt that some practices gave too much information, making it hard to take this in and example is a message covering:

- *How over 25s can now book their appointment for vaccination and giving detailed instruction to follow. Detailed info about using POD text service. Detailed info about data opt out.*

Some messges gave lots of COVID related information which callers did not think was particularly relevant unless they were given a face-to-face appointment. They could be given this information when they were booked into a face-to-face appointment rather than having to listen to it every time they called the surgery.

Access to appointments

Two practices stated within their phone messages that there were no appointments:

- One included the information ‘there are no appointments left today phone back tomorrow’.
- Sorry no GP appointments call 111 or 999 in an emergency, do not ring to book a COVID vaccination, book at http...[it gave a website location I couldn't write it down quickly enough]. It states they are meeting their contractual obligations and mentions numbers of patients. States calls are recorded.
- Reception will be asking for details of symptoms 'to prioritise patients' needs. Due to new guidelines we are asking that you don't attend the surgery.

Other features and content

Our callers found the phone systems that told them where they were in the phone queue to be helpful.

Some messages gave out external numbers and asked people to ring them, for example for Prescription Ordering Direct (POD). People will become familiar with the number over time but in the first instance it can be hard to take down information when on the phone when some people do not have a pen and paper at the ready.

One practice had set up a direct link to POD through pressing a number on its system. This worked well in the sense of connecting people with the service but the GP phone system did not say that pressing that option would go to an external number.

Statements about not tolerating abuse of practice staff had been added by some. In one instance this was the first statement in the phone message.

Examples of messages

We found that phone messages varied a lot. There were some that were welcoming and demonstrated some clearer, more helpful information for a patient and others which were unwelcoming and had unclear and sometimes unnecessary information.

With a positive tone and some good content, recorded using human voices

"Welcome to XXXX Medical Centre, the surgery is open from 8 am until 6:30 pm Monday to Friday. Important information regarding COVID-19 Coronavirus. If you have a new, continuous cough, a fever, or loss of or change in taste or smell, please book a test immediately by telephoning 119 or visiting the NHS 111 website. As this is an ever changing situation, please visit the following websites for up-to-date information – www.gov.uk or NHS 111, as these resources are updated on a regular basis. Thank you.

If you are calling to order a repeat prescription, please telephone Prescription Ordering Direct (POD), on 024 76246 072. If you wish to speak to a receptionist or have any other query, please hold and your call will be answered shortly."

"Welcome to XXXX. In line with recent guidelines, our front doors are now unlocked, and you no longer need to use the bell to gain access.

Please do continue to consider whether you do need to come down in person. Please do not attend if you have a new cough, fever, or loss of taste or smell. We are continuing with the same telephone triage system that we have used for a number of years. Please be assured that we have seen patients who have been triaged as requiring a face-to-face appointment throughout the pandemic and will continue to do so.
If you require a repeat prescription, please phone the POD directly on 02476 246 072. Thank you.

Thank you for calling XXXX. Calls are recorded for training and monitoring processes. Please listen to the following options. Please press 1 for appointments, press 2 for home visit requests, press 3 for results and general enquiries."

Positive patient focussed messages - positive tone and some good content, recorded using automated voices

"Thank you for calling XXXX home of Doctor XXXX and Partners.

If you are experiencing any of the symptoms of Coronavirus, please do not visit the surgery. Please contact the NHS Coronavirus service on 119. If you are requested to attend the surgery, for the health of our staff and patients, please ensure that you are wearing a mask and are adhering to social distancing guidelines.

Please note that all calls are recorded for training and monitoring purposes. Please press 1 for appointments, press 2 for prescriptions, press 3 for results, for any other query, please press 4."

"Welcome to XXXX, if you have a life-threatening emergency, please hang up and dial 999.

All calls are recorded for training and monitoring purposes. If you require a sick note, this can only be issued after 7 days of sickness, so please visit the website, and fill in the form or call back after this period.

As a result of the current Coronavirus pandemic, the doctors are telephone triaging all appointment requests to help protect you and our staff. Our receptionist will ask you information about your condition or perhaps send you a text message link for you to complete. This will help you and us to book an appointment with the right clinician in a timely manner.

Please listen to the options. If you require an appointment or cancelling an appointment press 1, any other query press 2, press star to return to the main menu."

Examples of messages that had a negative tone

"Hello, welcome to XXXX, this is Dr XXXX, a GP at the surgery. The practice will not tolerate verbal abuse or aggressive behaviour towards any member of staff. We are here to navigate you to the best possible outcome, but this might not always be what you have requested or want. Aggressive behaviour is not acceptable, and we take any incident very seriously.

The rest of the doctors and I have trained the receptionists to ask you a few questions before booking an appointment. This is to ensure they book you in with the most appropriate healthcare professional for your health needs and concerns. This is also helpful to us as doctors to prioritise those patients that need help urgently.

Coronavirus update. For national up-to-date information about Coronavirus, please visit the national government website – www.gov.uk/Coronavirus.

In line with guidance from the government and NHS England, we have made changes to the way we provide services to protect patients and staff. We are primarily booking telephone consultations, some of which are book in advance, but the majority are book on the day, and all released at 8am. You will only be asked to come to the surgery for a face-to-face appointment by a clinician. Please check our website for updates on the services we are delivering in line with government advice.

If you have developed symptoms similar to Coronavirus, a persistent cough, loss of taste and smell, fever and shortness of breath, do not phone or come into the surgery. Self-isolate. If you become more unwell, access 111 Coronavirus online and follow the symptom checker and advice.

Please listen carefully to the following options, press 1 to speak to a receptionist, press 2 to speak to a medical secretary relating to hospital referrals available between 8:30am and 3pm. If you are calling about a repeat prescription, please call the Prescription Ordering Direct service (POD) on 024 76246 072."

NHS guidance to GPs

NHS England has issued Standard Operating Procedures and guidance to support GP practices to delivery services during the current phase of the COVID-19 pandemic.

An NHS England letter to GPs in May 2021 says:

"We recommend that practices review existing telephone and online access routes, with a view to avoiding lengthy or complex messages and other information which may be confusing for patients, and ensuring maximum transparency, being clear where possible about the length of time patients may be holding for on the phone."[1]

NHS England had produced and recently updated the Access to General Practice Communications toolkit.[2]

This tool kit contains a useful list of key patient messages which include:

- *"General practice is here for you, but how you contact your GP surgery might be different at the moment. Face-to-face appointments are available to patients where there is a clinical need. If you have a strong preference that your consultation is carried out face-to-face then please talk to your practice. You will be asked to first discuss your conditions over the phone or online with a member of the healthcare team to assess what would be most appropriate for you and which practice member would best provide it.*

- *Most GP practices are also offering online consultations and video consultations, as well as telephone and face-to-face consultations. These can be convenient and flexible ways to receive healthcare. If you have a preference about how to access care you can discuss it with your practice.*

- *You can attend the practice in person but please ensure you follow social distancing measures and do not attend if you have symptoms of COVID-19, are self-isolating due to a positive COVID-19 test or have been in close contact with someone with COVID-19.*

- *Your NHS services have a range of measures in place to keep you safe from COVID-19, including regular cleaning of patient areas and social distancing. Please ensure you wear a face covering when attending the practice.*

- *General practice continues to offer care based on clinical need.*

[1] *NHS England updated standard operating procedure (SOP) to support restoration of general practice services (May 2021). Accessed at www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/B0497-GP-access-letter-May-2021-FINAL.pdf*

[2] C1307-access-to-general-practice-comms-toolkit-june-2021.pdf

- *General practice continues to offer routine screenings, health checks and immunisations".*

It also includes a sample telephone message, and this is good from a patient perspective because of the tone of voice, simplicity and positive focus. It avoids 'do not' types of messages. It is reassuring.

> *"Answerphone message*
>
> *Thank you for calling xxx we are here to help you. Our opening hours are xxx. Appointments are being delivered by phone, using video calls and messaging to your mobile or computer, and face-to-face. You will be advised on the best approach for you and can discuss your preference with us. If you need to come into the surgery, please remember to wear a face covering. Measures are in place to keep you safe from infection during your visit to the surgery. You can also call NHS 111.*
>
> *We cannot answer COVID-19 vaccine enquires or manage vaccination bookings on this number.*
>
> *The NHS is prioritising vaccinating those people who experts have agreed will benefit from it the most. We will let you know when it is your turn to book your vaccination. In the meantime, you can get information about the COVID-19 Vaccination online at www.nhs.uk/covidvaccination."*

We think this guide is helpful.

Conclusions

Information shared on GP phone messages should have the primary aim of enabling patients to navigate to the correct point of contact for their enquiry or issue. There is the opportunity to provide some information in the phone message, but this should be kept to a minimum as it is hard for people to take in information which is complicated and directs people to many other routes.

GP practices vary in size and how they operate, so it is important that practices are able to develop their own messages. However, messages must also be seen from the patient point of view. Poor messages and phone systems will lead to patient frustration and will not enable patients to take some control or initiative related to their health concern.

Overall, we found that during non-peak times the majority of practices provided a route to get through to a receptionist, which worked and did not take too long. It was concerning that we did not get through to two GP practices and whilst writing up this piece of work we have received significant amount of direct patient feedback about one or these practices indicating an ongoing issue with getting through on the phone.

For the practices we got through to, we measured call answering waits ranging between one minute and 26 minutes. This is quite a variation of experience. We understand the GP services are very busy at the moment with lots of built-up demand due to the pandemic along with the direct impacts of the pandemic. However, from a patient point of view it seems that some GP practices are impacted more than others and therefore some patients are impacted more than others.

Phone access routes, systems and messages should be viewed as a helpful tool by both practice and patients.

The things that we can see will help:

- The tone used should be welcoming and positive – the same information can be given in either a positive or negative sounding way
- Human voices are better than automated ones
- Don't be too formal in tone
- The pace at which information is spoken is important – it needs to be slowed down
- Repeat key information eg phone numbers to give people more time to write it down if they need to
- Use Plain English principles eg don't use technical or complicated words – Coventry has a diverse population and English is a second language for many and education levels in the population vary
- Consider what information is helpful and relevant from a patient point of view – and what information can be given at a different time to just those who need it.
- Remember those who phone up more regularly will keep hearing the message and this can be frustrating if it is a long message
- Check the message by trying it by ringing in as a patient would every time the message is updated – this can identify things like a volume issue or fast pace.
- Get patient input especially at time such as considering a new phone system or new menu options

Recommendations

Healthwatch Coventry makes the following recommendations

1) GP practices review existing telephone messages to shorten and simplify information wherever possible

2) GP practices put in place a process to regularly review answer messages to ensure information is up to date/current eg Coronavirus related changes

3) GP practices make use of the guidance provided by NHS England on communicating with patients

4) Coventry and Warwickshire Clinical Commissioning Group develops information, tools and technology solutions to support GP practices and works with practices to ensure phone access is improved

5) Primary Care Networks and GP practices involve patients by creating routes to input into or trial messages and phone systems – especially when changes are being made to these.

What next

We will share this report with Coventry and Warwickshire CCG, the primary care networks of local GP practice and the Health Scrutiny board of Coventry City Council.

It will also be shared with the Care Quality Commission and NHS England and Healthwatch England.

In addition, we will be following up regarding the two GP practices we did not get through to understand more about this and we will make all the relevant organisations are aware.

Thanks

Thank you to our volunteers who rang GP surgeries.

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Appendices

More about our method:

1. Dates and times of calls

When we made the calls:

Date	Number
14/06/2021	4
15/06/2021	5
16/06/2021	6
17/06/2021	5
18/06/2021	1
21/06/2021	1
22/06/2021	7
23/06/2021	10
24/06/2021	7
08/07/2021	1
12/07/2021	2

Time slots when calls were made that connected:

Date	Number
9:15-10:00	6
10:00-11:00	8
11:00-12:00	15
12:00-12:30	5
13:30-14:00	5
14:00-15:00	12
15:00-16:00	1
16:00-17:00	1

2. GP Voice Message: Logging form

Name of GP Practice:	
Name of Volunteer:	

Dates:		Time of day call was made e.g. 10.45 am
	First Call	
	Second Call	
	Third Call	
	Fourth Call	

1. If you call and you're unable to listen to the message, please indicate why by marking the appropriate box below:

Recorded for each attempt (up to 4 attempts to call)			
	Phone line engaged		Phone number is incorrect
	Placed in a queue/on hold for over 3 minutes		Practice doesn't have a voice message – call connects straight to reception
	Phone line won't connect (e.g. deadline)		Other (please specify):

2. When your call connects what topics are covered in the voice message:

General Covid-19 info	
Covid-19 vaccine info	
Specific vaccine info (over 60s)	
Specific vaccine info (over 50s)	
Specific vaccine info (over 40s)	
Who should/should not attend the surgery?	
Current appointment process	
Prescription Ordering Direct service info.	
Services/advice the GP practice cannot provide	
Anything else (Please describe)	

3. Is the information clear and provided in plain English?

Yes	
No	

Any other comments about this, positive or negative? eg tone, what does it feel like

4. How long is the first message?

Less than 30 seconds	
Between 30 seconds and 1 minute	
Between 1 minute and 1.5 minutes	
Between 1.5 minutes and 2 minutes	
Between 2 minutes and 3 minutes	
Over 3 minutes (please say how long)	

5. What options are provided after the first information message?

Appointments	
Test Results	
Referrals	
Prescriptions	
All other enquiries	
Anything else (please describe)	

6. Do these options take you to a secondary message?

Yes	
No	

7. What topics does the second message cover?

The same as the first message	
The same as the first message but a shorter version	
General Covid-19 info	
Covid-19 vaccine info	
Specific vaccine info (over 60s)	
Specific vaccine info (over 50s)	
Specific vaccine info (over 40s)	
Who should attend the surgery	
Current appointment process	
Prescription Ordering Direct service info	
Other info (please describe)	

8. Is there is a second message? If yes, how long is this?

Less than 30 seconds	
Between 30 seconds and 1 minute	
Between 1 and 1.5 minutes	
Between 1.5 and 2 minutes	
Over 2 minutes	

9. Are there any further messages before you can choose the option to make an appointment?

Yes, how many?	
No	

10. How long does the call take to join the queue to wait to speak to a receptionist?

Less than 1 minute		Between 5 to 6 minutes	
Between 1 to 1.5 minutes		Between 6 to 7 minutes	
Between 1.5 to 2 minutes		Between 7 to 8 minutes	
Between 2 to 3 minutes		Between 8 to 9 minutes	
Between 3 to 4 minutes		Between 9 to 10 minutes	
Between 4 to 5 minutes		Over 10 minutes (say how long)	

11. Once you joined the queue to make an appointment how long did you wait until you got through to a receptionist?

Less than 1 minute		Between 6 to 7 minutes	
Between 1 to 1.5 minutes		Between 7 to 8 minutes	
Between 1.5 to 2 minutes		Between 8 to 9 minutes	
Between 2 to 3 minutes		Between 9 to 10 minutes	
Between 3 to 4 minutes		Between 10 to 15 minutes	
Between 4 to 5 minutes		Between 15 to 20 minutes	
Between 5 to 6 minutes		Over 20 minutes (say how long)	

12. How long was your overall call from dialling the surgery to connecting to the receptionist (add up the recorded times from Q11 and Q12)?

Less than 1 minute		Between 7 to 8 minutes	
Between 1 to 1.5 minutes		Between 8 to 9 minutes	
Between 1.5 to 2 minutes		Between 9 to 10 minutes	
Between 2 to 3 minutes		Between 10 to 15 minutes	
Between 3 to 4 minutes		Between 15 to 20 minutes	
Between 4 to 5 minutes		Between 20 to 30 minutes	
Between 5 to 6 minutes		Over 30 minutes (say how long)	
Between 6 to 7 minutes			

13. Any other comments or observations

List of GP practices

Allesley Park Medical Centre
Allesley Village Surgery
Anchor Centre
Bredon Avenue Surgery
Broad Lane Surgery
Broomfield Park Medical Centre
Central Medical Centre
City of Coventry NHS Healthcare Centre
Copsewood Medical Centre
Coventry GP Group of Practices
Edgwick Medical Centre
Engleton House
Foleshill Surgery

Forrest Medical Centre
Forum Health Centre
George Eliot Medical Centre
Godiva Group - Stoney Stanton
Godiva Group - Gosford Green
Godiva Group - Holyhead
Govind - (message says the Gables)
Henley Green medical centre
Hillfields - Dr Sani City of Cov Health Centre
Hillfields - Dr Bano City of Cov health centre
Holbrooks Health
Jubilee Healthcare
Kensington road
Kenyon Medical Centre
Limbrick Wood surgery
Longford Primary Care Centre
Mansfield Medical Centre
Meridian
Moseley Avenue Surgery
Paradise medical centre
Park House surgery
Park Leys Medical Practice
Phoenix Family Care
Priory Gate Practice
Quinton Park Medical Centre
Sky Blue Medical Centre
Springfield Medical Practice
St Georges Surgery
Stoke Aldermoor Medical Centre
Stoke Aldermoor Surgery
The Cheylesmore Surgery
The Gables Medical centre
Torcross Medical Centre
Walsgrave Health Centre
Westwood Medical Centre
Willenhall Oak
Willenhall Primary Care Centre 1
Windmill Surgery
Woodend Health Centre
Woodside Medical Centre
Woodway Medical Centre

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