



***Let's Talk...* Accessing GP
Practice Appointments
Engagement Report**

August 2021



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Key Findings

1. Many patients are experiencing difficulties and long delays in contacting their GP practices by telephone. As well as increasing the risk of an adverse impact on patient's health and wellbeing it also lowers public satisfaction, and people's confidence in General Practice is undermined. Some patients are moving to other practices, which could potentially cause pressures on smaller surgeries.
2. Many people are unaware that staff answering surgery telephones are not receptionists but trained 'care navigators' who are attempting to signpost people to the most appropriate professional rather than carrying out a clinical triage. The public mistrust call handlers' ability to correctly signpost to the most appropriate professional and interactions are not always successful.
3. The use of a multidisciplinary team is accepted by some but rejected by others who still want to see a doctor and have continuity of care.
4. The inability to secure an appointment can have serious emotional, mental, physical and financial impact on patients. Those who have the means are opting for private care, but this is not an affordable option for many who face long waiting times.
5. There are concerns for those who cannot, or do not want to use remote consultations, a suspicion that remote diagnoses might be less accurate, and that the practices might not respond to digital communication. Some people prefer face-to-face consultations and continuity of care with a named doctor. Others appreciate that digital technology facilitates a prompt reply, easy access to records and test results and the avoidance of travel to see a professional.
6. Electronic prescribing was welcomed by some, but others found the system too complicated and too difficult to manage - especially if ordering multiple repeat prescriptions.

Recommendations

1. Telephone access to practices needs urgent improvement to reduce long waits and repeated attempts that put patients in an ill-temper before a conversation with a call handler even starts.
2. Better communication is needed about the care navigator role so the public understand their interactions with the call handler, not as a clinical triage, but as a means to get them to the most appropriate professional, which may not necessarily be a doctor.
3. There needs to be a shift from media messages, such as 'if you are ill, see your GP' to messages that suggest 'see the team at your GP practice'. Altering the emphasis in this way will support the move to signposting patients to multidisciplinary team members.
4. Practices should continue to offer face-to-face appointments to those who prefer them and to those who are digitally excluded.
5. GP practices could offer training and mentoring for those who are digitally excluded. This would increase patient choice and confidence in using practice websites and online consultation tools, which would reduce pressure on telephone lines.

6. Practices should monitor and ensure that electronic communication and responses to patients fully address their concerns and are within stated timescales.

Introduction

In June 2021 Healthwatch Rutland, in partnership with Healthwatch Leicester and Leicestershire, embarked on a project to investigate the public's experiences and opinions about new ways of working, or accessing health and social care that have emerged during the COVID-19 pandemic. The aim is to understand the impact these changes have had on service users, whether the changes have been perceived as positive or negative and how people's health and wellbeing has been affected because of this.

The *Let's Talk* project, will look at different themes each month and each Healthwatch intends to report individually on every subject. A final report will bring together findings across Leicester, Leicestershire and Rutland at the end of the project in Spring 2022.

The themes we hope to address are:

- Access to GP practice appointments
- Visiting patients in hospital
- Regular NHS health checks and screening
- Emergency care and NHS 111 First
- How people have experienced changes in the delivery of social care
- Access to maternity and children's services

This is the first report in the series and reflects public experiences and opinions about accessing GP practice appointments in Rutland.

Context

The NHS England General Practice Five Year Forward View (2016)¹ acknowledged and attempted to address increasing pressures on General Practice. Responses proposed included an increased number of doctors and a greater reliance on other health professionals within multidisciplinary teams (MDTs). These measures were reinforced in The NHS Long Term Plan (2019)² and patients might now find themselves signposted to a variety of health professionals including: paramedics; nurse practitioners; pharmacists; physiotherapists; physician associates; and social prescribers.

Nationally, pressures on GP services have substantially increased as the country has emerged from pandemic restrictions. Such pressures are widely cited as resulting from: problems with staff recruitment and retention; ongoing COVID-19 precautions and the vaccine roll-out; pent-up

¹ Retrieved from: www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

² Retrieved from: www.longtermplan.nhs.uk

demand from patients who delayed seeking help at the peak of the pandemic; and long hospital waiting lists, meaning struggling patients are expecting more from GP services³.

Before the pandemic GP practices could be accessed by telephone, through an online platform, or by simply walking into reception to sort prescriptions, check for appointment availability and so on.

From the first lockdown in March 2020 all GP practices were instructed by NHS England to close their doors to walk-in access and to implement a 'total triage' model where every patient is triaged by telephone or online engagement before making an appointment, see diagram 1 below for a sample patient pathway:

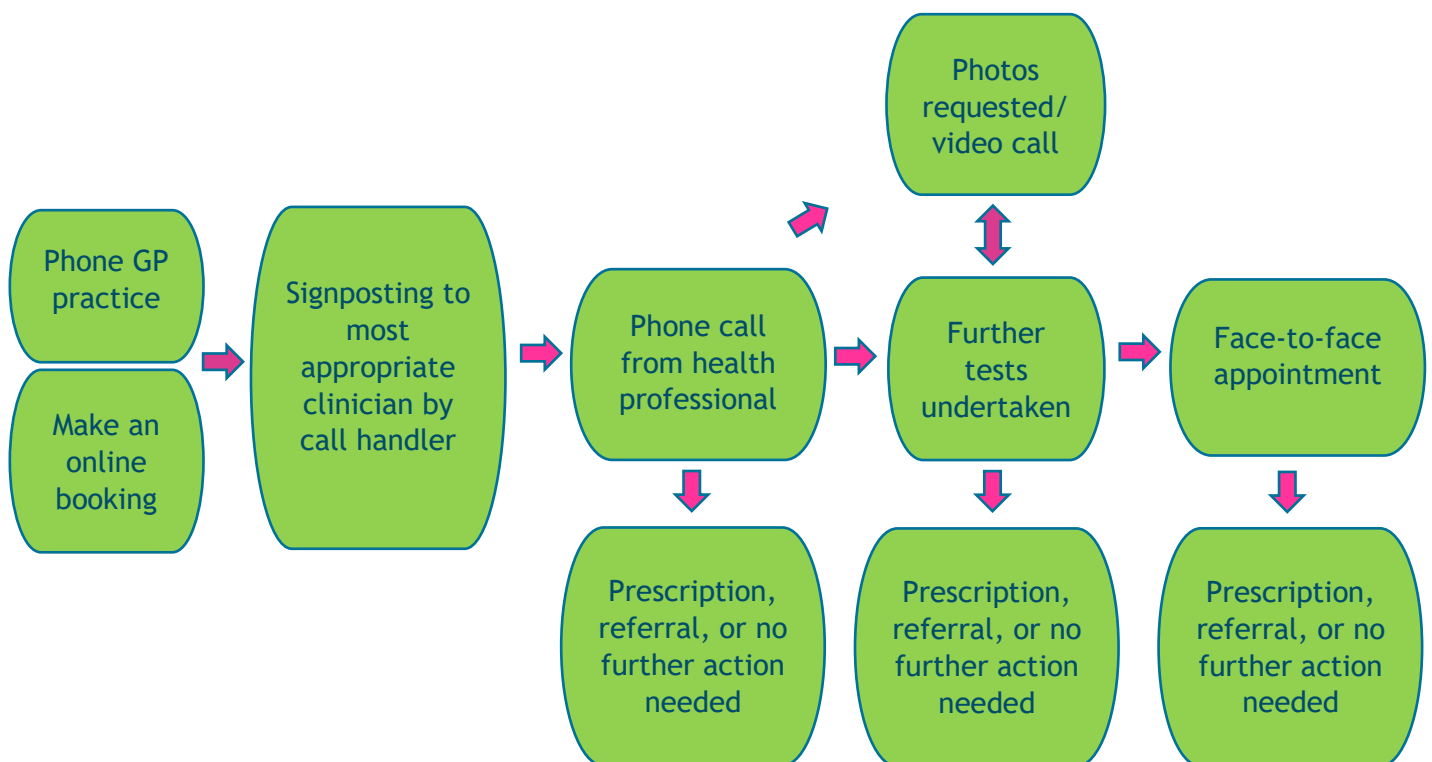


Diagram1: The patient pathway

As 'unlocking' from the pandemic has progressed, GP practices are currently instructed to offer a blended approach of face-to-face and remote appointments, with digital triage where possible.

Method

This *Let's Talk* project uses qualitative research methods, asking semi-structured questions (see appendix 1) in small discussion groups or individual interviews, with the main benefit being the collection of richer and deeper accounts of people's experiences and expectations. However, this means that a smaller number of people are involved than when using quantitative methods such as closed questions in surveys.

³ See for example: <https://blogs.bmj.com/bmj/2021/05/14/if-general-practice-fails-the-nhs-fails/>

Strict ethical guidelines were followed, to ensure participant wellbeing, anonymity and confidentiality, interviewer safety and research integrity. With COVID-19 measures still in place, face-to-face contact was kept to a minimum, with most feedback being received over the phone, or via Zoom focus groups; with the exception of one face-to-face discussion with a Patient Participation Group (PPG).

Feedback was received from 26 people:

By telephone interview - 5 males and 1 female, ages ranging from 55-64yrs and 75+

By email - 12 emails, mixed ages, and sexes and one from a PPG

Zoom focus groups - 5 females

Face-to-face discussion with Oakham Patient Participation Group - 1 male and 2 females

Although feedback about primary care was not specifically sought during the recent Healthwatch Rutland *What Matters to You?*⁴ research, many people talked about their experiences of accessing services at GP practices, so their comments have been used to widen the demographic base and enrich the data in this report. The data was thematically analysed.

This report draws on participants' own words to illustrate their points.

Findings

The comments from the feedback, as well as from our previous 'What Matters to You?' work were grouped into the following themes following the patient journey from first trying to contact their GP practice, to their experience of the care provided. We also asked people what changes they thought would improve their experience.

1: Getting through to the GP practice by telephone

The difficulty people had with getting their calls to the practice answered was mentioned by 22 people numerous times. People reflected on long telephone queues and consistent engaged tones. This is clearly a very emotive and frustrating situation for people, as shown by the examples below.



⁴ www.healthwatchrutland.co.uk/report/2021-08-19/what-matters-you-report

Diagram 2: Frustration with phone lines

Negative comments regarding telephone access came most frequently from patients of Oakham Medical Practice (OMP) and also Lakeside Healthcare, Stamford, which is used by Rutland residents who live in the east of the county. The strength of feeling on this matter has also been reflected on social media.

However, many people did positively report on getting through to the GP and the care given, including:

“My husband got up one morning and his elbow had completely ‘blown out’. He couldn’t lift it. I rang the surgery and they called him in. They thought it might be gout, so they sent him to Stamford Hospital for a blood test. There was no delay and people were very understanding. We had an excellent service.” Empingham Medical Practice

“I was able to get through to the GP. Someone rang me back. I saw somebody that evening and I was in Peterborough Hospital for a consultation with dermatology within about 10 days.” Oakham Medical Practice

Impact on patients:

People’s comments also highlighted the impact not being able to get through to their GP practice had on them.

1. Not being able to ‘get through’ and ‘giving up’ can impact negatively on patients’ health as the following comment demonstrates:

“I had loads of tablets to take and they had some side effects. You don’t know how you are going to react. They have given me a nasty dry cough, but I can’t be bothered trying to ring the GP to discuss it. It’s ridiculous.”

2. Confidence and satisfaction with GP practices is undermined, for example:

“I have had [my own] troubles and in real need to see a doctor. Both problems are ongoing and long term. Where are the GPs hiding? Why is everyone else working and not them? Trying to get through is a nightmare. I tried phoning yesterday and couldn’t get through - permanently engaged [...] I phoned again today, this morning. Again, the line was busy. I tried just after lunch and managed to get through to the receptionist only to be told [there was] no phone call from the doctor available and told to phone again tomorrow [...] I am fuming.”

3. Patients are also moving to other practices which, they have heard, offer easier access, for example:

“I couldn’t deal with the unprofessional service and stress of even trying to get through on the phone, let alone beg for an appointment, my only option was to leave a surgery that is 3 minutes from my house to have to register with one miles away.”

This potentially places greater pressure on the smaller surgeries and ‘shifts the problem’.

2: Perceived triage by receptionist

Once through to the practice by telephone, some participants demonstrated strong feelings about having to speak about their health problems to people they understand to be receptionists and ‘gatekeepers’, as diagram 3 shows:

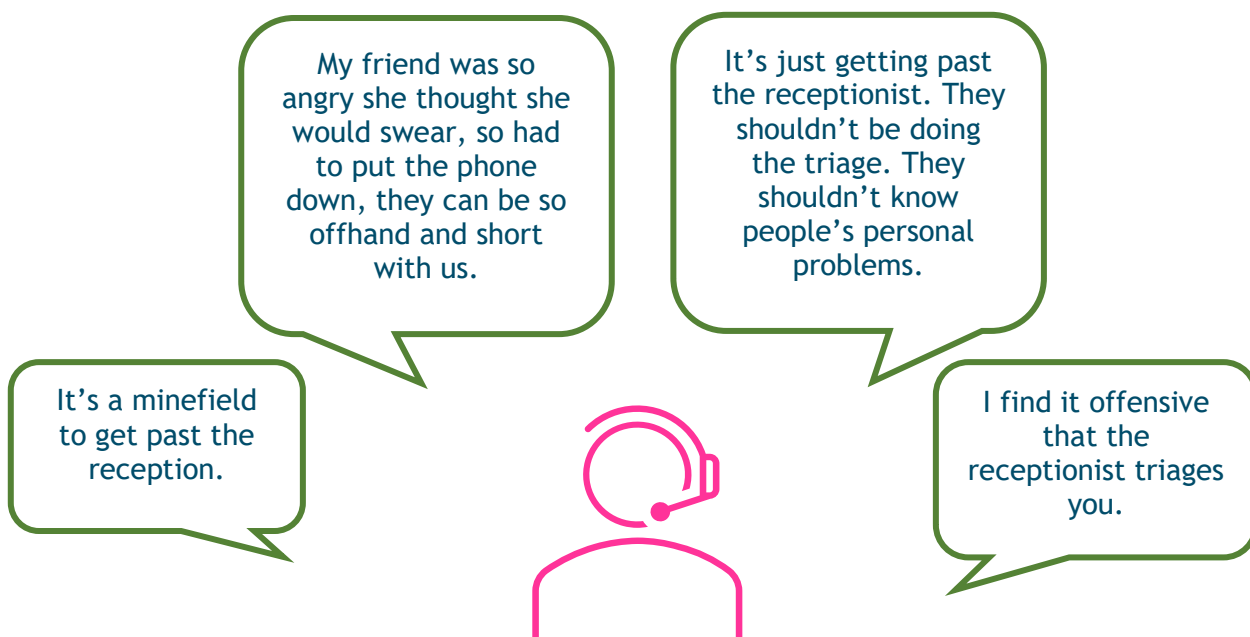


Diagram 3: Talking to the surgery call handler

Many practice receptionists are now being trained and employed as 'care navigators' to support patients by signposting them to the most appropriate member of the MDT. It is not a clinical triage but is frequently perceived as such by the public, for example:

"I found that my left leg was swelling, and I was very concerned. I did not want to go to Accident and Emergency because that is where the front line is in the fight against COVID-19. I had to leap hurdles put up by receptionists on the phone, which made me feel they were trying everything they could to get rid of me. [This is] including when I rang in the afternoon and being told to ring in the morning. Then, when ringing in the morning, being told to ring in the afternoon. It took real persistence to eventually get to a doctor who immediately treated me for suspected DVT [...] I am concerned that receptionists are making medical judgements."

Impact on patients:

1. There seems to be a lack of communication from the practices about this shift in role from 'receptionist' to 'care navigator', for example:

"When [my husband] did get through he asked for a talk with a GP but, no, apparently the receptionist can now do this [...] This is not acceptable. When did receptionists become medics?"

2. The public think that care navigator signposting is a clinical triage, for example:

"I hope I'll be triaged by somebody with medical experience, rather than just the receptionist."

3. Participants wondered whether receptionists and care navigators are bound by rules of professional confidentiality, for example:

"Too much emphasis and control has been given to the receptionist. You don't want to tell them your problem especially in a small town when you know them."

However, there were also positive comments about interactions with receptionists/care navigators, including:

"I mean they are always very polite. The receptionists - I have no problems with that and most of the staff." Oakham Medical Practice

"I've got no complaints at all. People have listened and have not been off hand. I've no complaints." Empingham Medical Centre

"[The] staff are brilliant, they are just under a lot of pressure." Oakham Medical Practice

3: Appointment availability

Since the start of the pandemic, the public message for accessing GP appointments from NHS England⁵ has been:

'To prevent the spread of coronavirus (COVID-19) there have been changes to GP appointments. But it is still important to get help from a GP if you need it.'

However, 17 people commented on the difficulty of getting appointments either by telephone or online. We heard from people who had been sick, in pain and worried about a potential serious illness/diagnosis, or anxious about loved ones. The feedback clearly shows the emotional, mental and physical cost for people being unable to get appointments, as shown by the following examples:

Emotional: *"I'm really struggling and absolutely stressed for days and days trying to book a simple phone GP consultation to have advice and look after my health."*

Mental: *"For my own mental health I couldn't deal with the unprofessional service and stress of even trying to get through on the phone, let alone beg for an appointment."*

Physical: *"In September I was bleeding from my rectum, I wasn't able to see anybody, all the tests were remote. It could have been simply diagnosed as piles but as it was remote, I had to do lots of tests, which had then run out, so I needed to do them again. People are dying, I am sure."*

Impact on Patients

1. There is a potential for public confusion in the language used in national information. Words such as, *'It's still important to get help from your GP if you need it'* can undermine the shift towards the use of multidisciplinary team members and reinforce an enduring public perception that only seeing a GP suffices.
2. The inability to secure a quick appointment adversely affects patients' wellbeing, as demonstrated by:

"The surgery website said that I would be contacted within three working days of the online submission which I had assumed would be a telephone consultation. But this was just a text telling me I had to wait 10 days for the Doctor to call me. It is several weeks now since my first call to the surgery during which time I have been practically housebound and unable to do basic tasks and having to rely on family and friends to help with my shopping, etc. My telephone consultation isn't until [later in] June and I can't for the life of me see how a consultation for a bad back can be conducted over the phone."

⁵ Retrieved from: www.nhs.uk/nhs-services/gps/gp-appointments-and-bookings/

3. Many patients are unable to access the GP Practice and due to pain or worsening conditions, those with the financial means are finding it necessary to seek private health care, for example:

“The pain got worse so we discussed as a family what we should do and came to the decision that he should go privately. We contacted the [private hospital] without a referral and mentioned to the consultant about this and he sorted the problem out within days. The operation took place a few days later and he is now in recovery.”

4: Positive and negative opinions regarding accessing the GP Practice digitally

The NHS Long Term Plan (2019) promised a greater use of technology for easier patient access to consultations. The speed of change increased at the onset of the COVID-19 pandemic as a means of reducing infection risks. This was, for many, a first experience of using technology to access services at their GP practice. The following table shows public concerns and perceived benefits of using digital technology to access their GP Practice.

| Patient's concern | Example |
|--|--|
| Often difficult to navigate | <i>“You seem to have to plough through the system.”</i> <i>“When you go online it so cumbersome, filling out the form on website and uploading photos.... It took me two hours to try and work out.”</i> |
| Some people are excluded due to cost, unwillingness, or inability to access the technology | <i>“I'm happy using Zoom for social things but I'm not very good. I'm lucky that my grandson, who lives with me at the moment, helps me out. I am not frightened of it; I have got the hang of the bits that I need. But I do know people who could benefit from extra help and some who just are not interested.”</i> <i>“I am not happy with the digital emphasis, around 50% of the practice are not digitally connected.”</i> |
| No access to up-to-date technology and Wi-Fi | <i>“My husband has an old iPhone and can't download the NHS app onto it.”</i> |
| Things are missed if you are not face-to-face | <i>“I know lots of older people can't use the technology. Also, a lot of information can be picked up face-to-face and you lose that if the consultation is remote.”</i> |
| Some services do not work well for patients online or on the phone | <i>“I was then referred to the physio by the GP for a phone consultation. How can you do a physio consultation by phone?”</i> <i>“You can't do mental health on the phone - you can't see it. Online excludes some people, especially if it's a mental health problem.”</i> |
| Delay in reply or no response to patients' digital communications | <i>“I think email can be useful for those that can use it and needs to be a lot better [at GP practices]. It's a good and concise way of describing symptoms when relevant. I tried emailing the practice and got no response - I think a one working day response is adequate. I actually ended up writing a proper letter to the Doctor.”</i> |

| Perceived benefits | Example |
|--|---|
| Good if you have caring responsibilities | <i>"For a family, I can quite understand that if a child is ill a telephone or a video consultation is much more convenient than having to wrap up two or three children and take them to a surgery and then occupy them when one child is being looked at."</i> |
| Promptness of reply | <i>"I sent an email to the surgery. That night the GP phoned me up and said a GP would phone me in the morning. The next day a GP phoned and somebody from social services because I am a carer."</i> |
| Ease of accessing your information and records | <i>"I use Patient Access. You can look up your own records and test results."</i> |
| No need to travel | <i>"It's fine for routine things, absolutely fine. If I need to make a change to prescription, as told by consultant, that's the most efficient way of doing it, rather than traipsing in for a 5-minute chat to get things altered on the computer."</i> |
| Ease of use | <i>"I've had a few appointments by phone and by video - often phone first, then video. The tech is very easy and for some things with the GP I prefer it. We've had good results." "We've got online consultation with the GPs at the moment, and I have to say, 'Ask my GP' is working really well for us."</i> |

Table 1: Patient concerns about, and perceived benefits of, digital technology

Electronic Repeat Dispensing

In recent years prescription systems have been digitised:

'With two-thirds of prescriptions issued in primary care being repeat prescriptions it's estimated that up to 80%, of all repeat prescriptions could eventually be replaced with Electronic Repeat Dispensing (ERD). This could save 2.7 million hours of GP and practice time'⁶.

We asked participants if they had any experience of using online repeat prescriptions and discovered then many had difficulty with the system, although some felt it was beneficial. Out of the 12 comments made about ERD 6 were negative and 6 were positive.

Impact on patients:

1. Problems occurred when patients were unable to use the new system, for example:

"When they changed the system, we weren't informed and so we ran out of tablets."

2. People found it difficult to speak with a doctor about amending prescriptions, which could have a serious clinical impact, as shown by:

"I had repeat prescriptions that were manual. Now they have gone online with the new system. I was due my next replacement medicines, but it came up I was ordering too early. On the sheet the ones I had for years were up for review, but no one is reviewing them. You are blocked getting your medicines. One medicine I had been on for years hadn't come and

⁶ Retrieved from <https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers/maximising-electronic-repeat-dispensing>

they had deleted it off my prescription. I tried to get in touch with the doctor, but I haven't heard from anyone since."

3. One person emphasised the extra burdens placed on carers:

"I can access [the patient's] records to order prescriptions. Our tablets all run out at different times according to how many have been prescribed. I've asked the pharmacy to take over the management of our prescriptions. It's one extra hassle I can do without. It's an extra burden since patients were made responsible for ordering their own prescriptions and pharmacies don't do it anymore. It's difficult when you are trying to order for two people."

Benefits for patients:

1. Ease of use:

"No problem at all, do that online, takes about 6 days [to be delivered] or you can collect tomorrow at the pharmacy."

2. Patient control:

"When the pharmacies were managing the prescriptions there was a lot of waste and stockpiling by patients [...] I love the prescription system. I want to be in control."

5: Face-to-face consultations

In March 2020, the NHS were encouraging GP practices to use remote appointments to mitigate risks of COVID-19, however many participants stated a preference for face-to-face consultations, as demonstrated by the following comment and those previously included:

"[...] the doctor knows the patients and so does the receptionist. Seeing somebody face-to-face says so much more, as on the phone there are things they cannot see."

These reasons are summarised in the following diagram:



Diagram 4: Perceived benefits of face-to-face consultations

6: Using the multidisciplinary team

Many participants preferred the continuity of care formerly afforded by a family doctor with whom they had built a relationship. The introduction of multidisciplinary teams and appointments with any next available doctor, even prior to the pandemic, was not always readily accepted, for example:

"I don't want to talk to a nurse I want to see my doctor."

"The locum Doctor is the only appointment; I can't speak to my own Doctor."

But other participants showed an acceptance of seeing other professionals, for example:

"I do think there's a place for more nurse practitioners. I know a lot of older people expect a GP but when they are trained in specific areas, such as diabetes they can save a lot of GP time."

"Actually, any clinical person could have dealt with the matter. So, I'd quite happily speak to a paramedic, a nurse or whatever."

7: Satisfaction with the care provided

Despite the anxieties and frustrations expressed about accessing GP care, it is particularly important to note that 29 comments were made expressing people's gratitude and thanks to NHS Staff for the care they received once they had managed to navigate through the system, such as:

"Within about 15 minutes a GP rang me back and said could I be at the Rutland Memorial Hospital within about half an hour, and I said 'yes I'll get there' they said wait outside and someone will call you in and I had a thorough examination by a nurse and by the GP and they said everything was absolutely fine. So, I can't complain, really good."

"I did see Dr X face-to-face with [my] trouble. The doctor was very good and rang me up a week later and then, a week after that, to see how I was doing. I thought that was good."

8. What single change people want to see in accessing GP Practice appointments

Participants were asked to suggest one change that they would like to see in accessing GP services. The diagram shows the top three answers in order:



Diagram 5: Most frequently mentioned changes

Conclusion

This report highlights the increasing difficulties and complexities involved for patients when trying to access GP practices and the services they offer. While the reasons behind these difficulties are understandable, the potential impacts on patients and their well-being cannot be overlooked. Equally, the genuine appreciation for care received should be applauded.

As all sectors of the NHS are under pressure, the relationship between the different service providers and the patients they serve is becoming increasingly strained. Here, Healthwatch Rutland has attempted to provide context to the challenges that General Practice is experiencing in meeting patients' need for services. This report demonstrates to primary care commissioners and providers where these difficulties are, how they are experienced by patients, their impact, and what the potential risks might be.

We suggest that new ways of working in primary care could work better if commissioners and practices can improve their communications with the public, offer support and training to those whose first choice is not digital communication but who are happy to 'give it a go', and maintain a non-digital alternative for those who are digitally excluded.

Response

From Dr Hilary Fox FRGP, Clinical Director of the Rutland Health Primary Care Network:

"Thank you to Healthwatch Rutland and to everyone who contributed to the report.

It is very useful to hear patients' views on the changes in general practice that have resulted from the NHS Long term plan and the NHS emphasis on Digital First; and to provide deeper understanding of the benefits of new ways of working and the challenges patients face due to the surge in demand following the lockdowns and ongoing pandemic.

We know that we have more work to do in making people aware of the alternatives to GP appointments, such as community pharmacy, mental health services and integrated social care; so that we can be sure that those with complex medical needs can continue to access their practice."

Acknowledgements

We are very grateful to all those who took the time to share their views and experiences with us. Thank you!

About Healthwatch Rutland

Healthwatch Rutland is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch Rutland and the people who we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at www.healthwatchrutland.co.uk



About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at www.connectedtogether.co.uk



Appendix 1- Question script for interviews and group discussions

1. What is your experience of getting an appointment at your GP practice?
2. During the pandemic GP practices have used a digital triage approach where you get a phone call or video consultation first. What did you think about that? Did it work for you?
3. Do you have any experience of using online repeat prescriptions?
4. If you have had a consultation at the practice how satisfied were you with the outcome? Did you get appropriate treatment? Were you treated in a caring manner?
5. What single change would improve your experience of accessing care at your GP practice?
6. Any other comments?

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