

**GP access/method of access**  
**Research findings**  
**March 2023**

## 1. Introduction and aims

Healthwatch South Tyneside, in our role as the independent local champion for people who use health and social care services, commissioned MMC Research and Marketing Ltd to survey residents of South Tyneside and follow up with a series of focus groups. The aim was to develop an understanding of how easy or difficult it is to access GP services in the region and residents' experience of waiting times. The research also set out to evaluate how the legacy of COVID-19 is impacting care (particularly in terms of face to face vs virtual appointments) and to understand how waiting times for different procedures are impacting patients and identify whether other healthcare support is offered in the interim.

There are two reports covering the results of this research project. This report focuses on GP access/method of access.

The insights gathered will be used to feedback to local service providers, ensuring that the needs of the local community are listened to and addressed by GP practices in South Tyneside.

## 2. Methodology

In order to gather a clear picture of current experiences of GP access in South Tyneside, a dual quantitative and qualitative methodology was chosen. Firstly, to capture the views and perceptions of a wide audience in a quantitative survey before running a qualitative focus group to explore individual views and experiences in greater depth.

A 10-minute online survey was disseminated in order to reach a wide range of South Tyneside residents. The survey was disseminated via an online consumer research panel, an invitation on the Healthwatch website, shared with select groups on Facebook, and via a QR code on posters in GP surgeries. Participants were offered the opportunity to be entered into a prize draw to win a £50 Amazon voucher as an incentive to take part. The survey was conducted between 6<sup>th</sup> September and 3<sup>rd</sup> November 2022. A total of 181 South Tyneside adult residents took part.

At the end of the 10-minute online survey, participants were asked if they would be interested in taking part in an online focus group to further explore the topics. A selection of those that opted-in were invited to join one of the focus groups to explore their experience of accessing their GP.

This focus group with eight participants took place in November 2022.

#### A Note on quantitative analysis and reporting

The results have been analysed statistically and the following points should be kept in mind when interpreting the findings:

- Not all percentages will add up to 100% because of decimal point rounding or multiple-choice questions
- Findings based on small numbers (i.e. <5%) should be interpreted with caution
- Where respondents skipped a question, the base size will not equal the total number of surveys completed
- Where 0% is shown, answers were less than 1%.

### 3. GP appointment experiences

A range of patients participated in the research, some with very frequent GP requirements and some with less regularly health needs. Most respondents in the quantitative survey attended the GP every three to 12 months. Only patients who attended at least every two years qualified to take part in the survey.



Q4. Thinking about the average over the last year, how often, if at all, have you had an appointment with your GP practice to discuss issues relating to your health? Base size: All respondents (181)

Qualitative participants all had recent experiences of making appointments with their GPs and some had positive experiences i.e. getting through on the phone to the surgery quickly or being able to make a same-day appointment. However, many others had more mixed experiences causing frustration and even physical decline of symptoms as well as a decline in their mental health.

That said, there was a high level of goodwill towards GPs and the NHS. Participants understand that budgets are stretched and that GP surgeries are under-resourced. In many cases there was an appreciation that GP surgeries are doing their best, however residents' patience is running out around their need to return to some sort of post-COVID normality.

Appointment length was an issue for some participants. After facing barriers and long waits for appointments, they feel pressurised to only raise one medical concern per appointment, or rush through their symptoms once they are talking to a doctor. Greater availability of double appointments, or more clarity on what patients can use their appointment time for would help to manage expectations.

In the quantitative survey, fewer than a third of patients rated their GP practice as excellent. Over half said they received a fair service, and 14% had had a poor experience with their GP.



*Satisfaction levels are not impacted by frequency of visiting the GP.*

Q6. How would you rate your overall experience with your GP practice?

Base size: All respondents (181)

## Making appointments

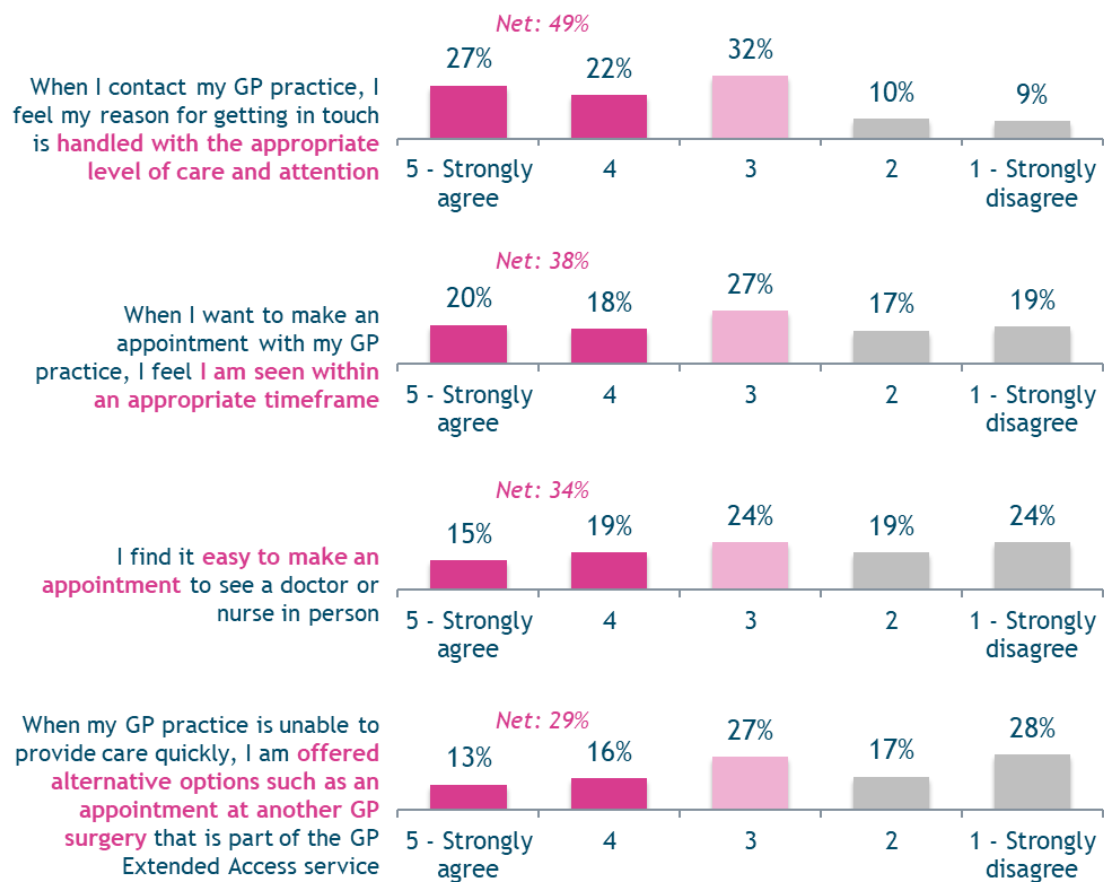
Telephone was the contact channel of choice for the majority of participants. It was perceived as the only - or most successful - method of making an appointment, requesting a repeat prescription, or checking on test results. Alternatives such as Patient Access or e-Consult had some interest, but low levels of usage currently.

Frustrations with phoning the surgery included:

- Having to listen to a long recorded COVID-protocol message at the beginning of every phone call.
- Long queue/wait times, with no guarantee of reaching the front of the queue before the bookable appointments run out.
- Difficult or impossible to get an appointment. Some were completely unable to get even an emergency appointment. Others had to wait so long for an appointment that they had to resort to other solutions such as an A&E visit.
- Not always offered alternatives if no appointment is available, e.g. 111, extended hours service, pharmacy services.

“I’ve tried ringing and making an appointment for a UTI because I knew the symptoms. I’ve had it plenty of times before, but the appointments they kept giving me were like two or three weeks down the line. So, I had to call 111 and then get myself checked out at the A&E, and they gave me antibiotics straightaway.”

Half of the quantitative survey respondents agreed they were treated with care and attention, but only a third found it easy to make an in-person appointment and fewer than a third were offered an alternative.



Q7. Using a scale of 1 to 5, where 1 is 'strongly disagree' and 5 is 'strongly agree', how strongly do you agree or disagree with each of the following statements about your GP practice? Base size: All respondents (181)

A couple of participants in the focus groups had used the Patient Access (or NHS) app. One was very positive about it and had also managed to show her elderly parents how to use it. When she moved GPs, using the app was a major factor in her choice of a new GP. The other participant liked the idea but didn't think she could book appointments on the app - either functionality differs across GP practices, or she hadn't had sufficient support to

learn how to use it. Other participants were not aware of/had not considered using the app, however would be interested to learn more about it. There was an agreement that, whilst such an app would be an important tool for the NHS, there should always be an alternative telephone contact channel for urgent attention or for the digitally disadvantaged.

*“Well, I wanted to talk about Patient Access. Because I’ve now had that system on my mobile phone for about three years, and I’ve found it very simple to use, very quick, very efficient, and so I haven’t had to call a GP about an appointment. I think it’s an amazing system that all the GPs should have.”*

**e-Consult** was also used by a small number of participants. Again, this was well received by those that had used it for non-urgent care. It was felt that filling in an online form was easier than waiting on hold on the phone, and that the GP or a nurse could be relied on to contact the patient within 48 hours.

### **Customer service**

Connected to the challenges of getting an appointment, the biggest issue identified with GP experience was the service received from receptionists (or practice managers or ‘care navigators’ as one participant described them). Many participants had examples of GP staff lacking in empathy, not listening to patients’ concerns, and even rudeness.

*“We do expect it to take a while [to get through on the phone], but then to be greeted with so many hurdles after that: I also expect to be treated with kindness and compassion and empathy, and to be treated like a human being, and I expect that person to treat me with respect because I’m the one who’s not okay. Like I’m treating you with respect, but I’m the one who’s got whatever issue that may be, whether it’s mental or physical or otherwise, to then be treated like crap I think is a massive hurdle. And it kind of makes you go “Forget it, I’ll deal with it myself” and then it just gets worse.”*

Many participants voiced concerns about the amount of power that receptionists have, to decide who does - and doesn’t - get to have an appointment. It was felt that although they have regular training, they weren’t trained to ask the right kind of questions to be able to successfully triage patients.

Positive receptionist contacts provide a ‘halo’ over the rest of the GP experience and patients are likely to be more understanding if they have to wait for an appointment/test

result, or if they can't get a face-to-face appointment when they want one.

## Continuity of care

Many participants were nostalgic for when they would be able to see the same GP at each appointment, who knew their history and with whom they could build a relationship.

Whilst there was an appreciation that the world has changed, and with so many locum and part time GPs this isn't often possible, it remains a frustration.

This frustration is centred on three issues:

1. Appointments are already short, and additional time is spent repeating medical history to each new doctor the patient sees.
2. Experience and care levels are not consistent with some doctors (and other specialists) providing a more confident/more clinically experienced service than others.
3. Because their need often isn't continuity of care, the care received can feel impersonal and less empathetic than the patient would like.

"They're not taking any notice of you whilst you're in there. So they're not listening, and you feel like you're not being heard, and I think that's the biggest critical point of it. It's like you're being put on some sort of conveyor belt. They're very, very impersonal at the moment, very."

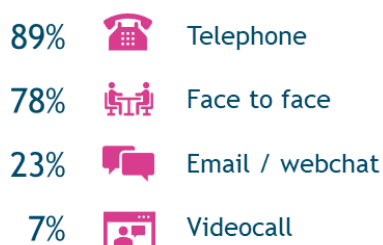
Some participants were registered with large GP practices which include a number of GPs that specialise in different areas. Having access to specialists is seen as a benefit.

Although, in reality, it is often even more difficult to get an appointment with the GP the patient wants to see because of this.



## 4. Methods of accessing GPs

Telephone appointments were most likely to be offered at South Tyneside GP practices. Just over three-quarters said their GP offers in-person appointments meaning that nearly a quarter feel they cannot get a face to face appointment with their GP.



Q11. Thinking about ways in which appointments can take place, which of the following types of appointment are currently offered by your GP practice?

Base size: All respondents (181)

Telephone appointments were also the most common channel amongst focus group participants. Speaking to a doctor or nurse on the phone is often preferred over face to face for:

- Minor issues
- Test results (if clear / nothing serious identified)
- Repeat prescriptions
- Quick appointments where the patient knows what they need, e.g. antibiotics for an infection they have had before.

It is often easier to fit a telephone appointment into a busy day, especially for those with work or caring commitments.

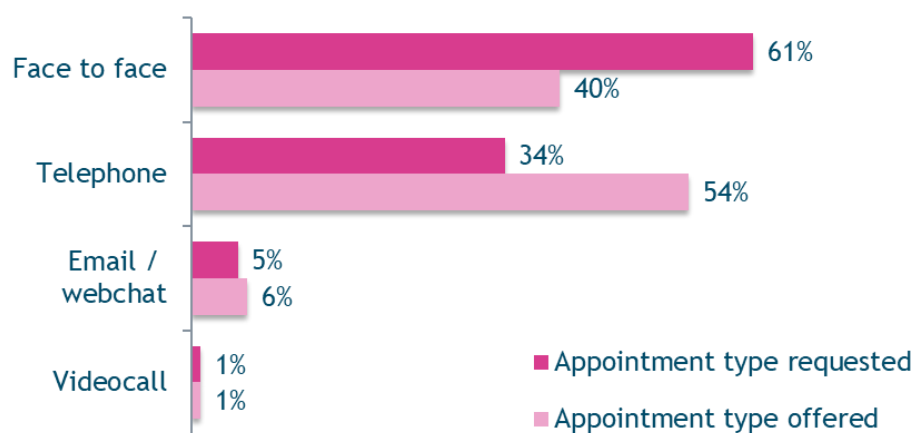
Video appointments were rarely used. It is more likely that patients will be asked to send a photo (if appropriate) to discuss on a phone call. One participant had a positive video appointment experience with an out of hours GP appointment.

There were complaints about being asked to send in photos, as some conditions such as skin conditions may not look the same in a photo as in real life. One participant felt

disregarded (“fobbed off”) when sending a photo of a rash and was only sent a message with a prescription for cream.

There was a little interest in more access to video appointments but, for most participants, face to face is still the preferred option other than for the appointment types above which are acceptable by phone.

This was validated by the quantitative survey. Nearly two-thirds of respondents wanted to see their GP face to face at their last appointment, with a third preferring a telephone appointment. Over half were given a telephone appointment although two in five did manage to see their GP in person.



Q12. Thinking about your last appointment at your GP practice, please can you select which type of appointment you wanted and which type of appointment you were given by your GP practice? Base size: All respondents (181)

## Alternatives to GP appointments

There was some evidence in the focus groups that more people are turning to private healthcare or using 111 or A&E when they can't get a convenient GP appointment. Moving to private healthcare can be expensive but is seen as a worthwhile investment to receive a reliable level of care when needed. Others feel they just can't afford the investment or are unwilling to pay even though they don't feel they receive a good enough service from the NHS.

*“I’ve worked a long time, I’ve paid National Insurance for a long time, and I worry that as I get older I’m not going to have that same level of care that has been there in the past. I think if I had known then maybe what I know now, would I have opted for private healthcare? Yes, 100%.”*

This feeling of being let down by the NHS is especially apparent when patients feel they are not listened to or misunderstood by reception staff playing the role of gatekeepers to appointments. One participant was told there were no available appointments before being given an appointment at the same surgery by 111. Another went to A&E even though she knew the GP would be best placed to help her as she couldn’t wait two weeks for the first available appointment.

*“I remember calling my GP and saying I need an urgent appointment and they said they didn’t have anything. Then I rang 111 and I was at my surgery having an appointment that was available, that they could have given me on the phone but didn’t. And when I confronted that at the time, I said, “I did try ringing”, they went “Oh well, we didn’t think that you were actually having any sort of an emergency, so we didn’t tell you that we had anything.”*

*“I’ve tried ringing and making an appointment for a UTI because I knew the symptoms, I’ve had it plenty of times before, but the appointments they kept giving me were like two or three weeks down the line. So, I had to call 111 and then get myself checked out at the A&E, and they gave me antibiotics straightaway.”*

A further alternative to regular GP appointments is to use the pharmacy for minor issues or repeat prescriptions. There was a feeling that many patients don’t know the number of services that pharmacies offer and that this should be better communicated. This can save patients a lot of time compared to waiting on hold to the GP surgery. However, negative pharmacist experiences such as running out of a repeat prescription medication can have a serious impact on medical care as in the case of one participant whose partner was suffering withdrawal side effects when he couldn’t get his medication:

*“He decided to say “right, that’s it, I can’t take that medication, even though I need it, because I can’t guarantee that I’m going to get the prescription in time, and it’s causing too much problem in the family home”. So now he’s just dealing with pain that he doesn’t really need to, because of the way the prescription system’s run.”*

The issue of speaking to a nurse instead of a doctor was also raised during the groups. Depending on the experience of the practice nurse, many participants were happy to be offered a nurse appointment instead of a doctor if it meant they would be seen quicker. However, others felt this was a barrier to getting proper medical care. It is important that nurses can quickly escalate the appointment to an urgent doctor appointment if they are not able to help the patient.

“I don’t think that you always have to see the doctor. I think my generation, especially, think you’ve got to see the doctor for everything and not ... if they say the nurse wants to talk to you, they think, ‘What does the nurse know?’”

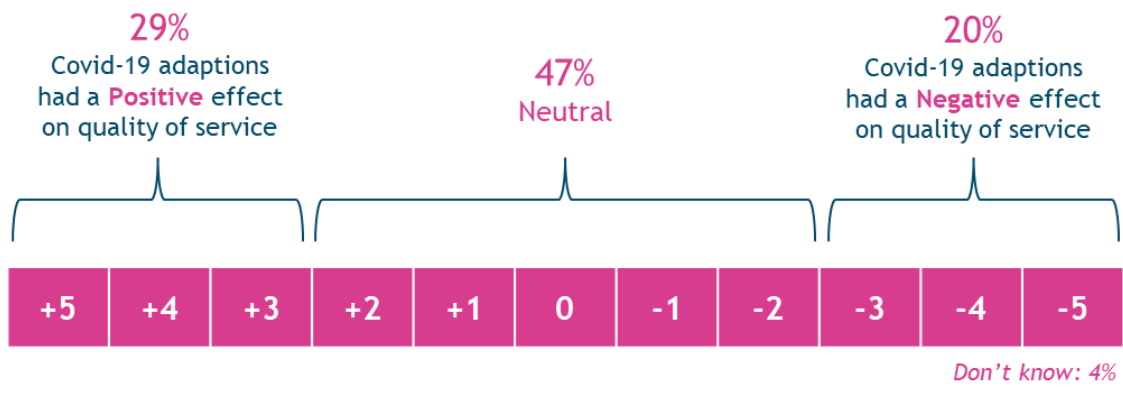
## 5. The lasting impact of COVID-19

Participants did appreciate that COVID continues to impact the NHS and did accept the need to continue to limit the number of face to face appointments, but patience for the reduced level of service is quickly wearing out. Some felt that the GP surgeries have stopped most other COVID protocols e.g. wearing masks, plastic screens etc, and therefore were expecting waiting times, appointment availability and service levels to improve as well. There was a feeling that COVID was being used as an excuse for poor GP service which is unacceptable and doesn’t address the real reason for not being able to get the appointment you want.

“Sometimes I think since COVID that some GP practices have used COVID as an excuse to deal out a shoddy service.”

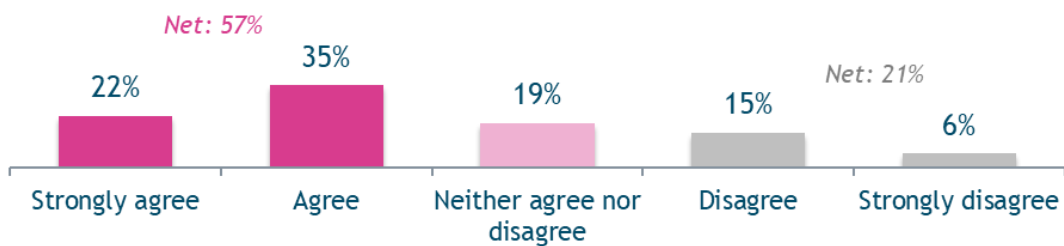
“You fight your way through. Somebody else said about being on the phone a long time and not being able to get face-to-face appointments. That happened at the start [of COVID]. But even when you could get face to face appointments it was very much with whoever’s available, and that’s not really very helpful when you want a little bit of continuity of care.”

Views in the quantitative survey were polarised over whether adaptations improved the service at GP practices, although slightly more (29%) felt the adaptations were positive than negative (20%).



Q8. Please think about how, if at all, your GP practice adapted to the COVID-19 pandemic in order to adhere to Government guidelines. E.g., Online bookings, mask wearing, social distancing etc. Using the scale below from -5 (negative) to +5 (positive), please tell us whether you perceived these changes to have a positive or negative effect on the quality of the service delivered, or if there was no change at all? Base size: All respondents (181)

57% felt that Covid-19 safety measures adopted by their GP were still impacting on the level of care that they receive. 21% did not feel there was a lasting impact of Covid-19 measures at their GP practice.

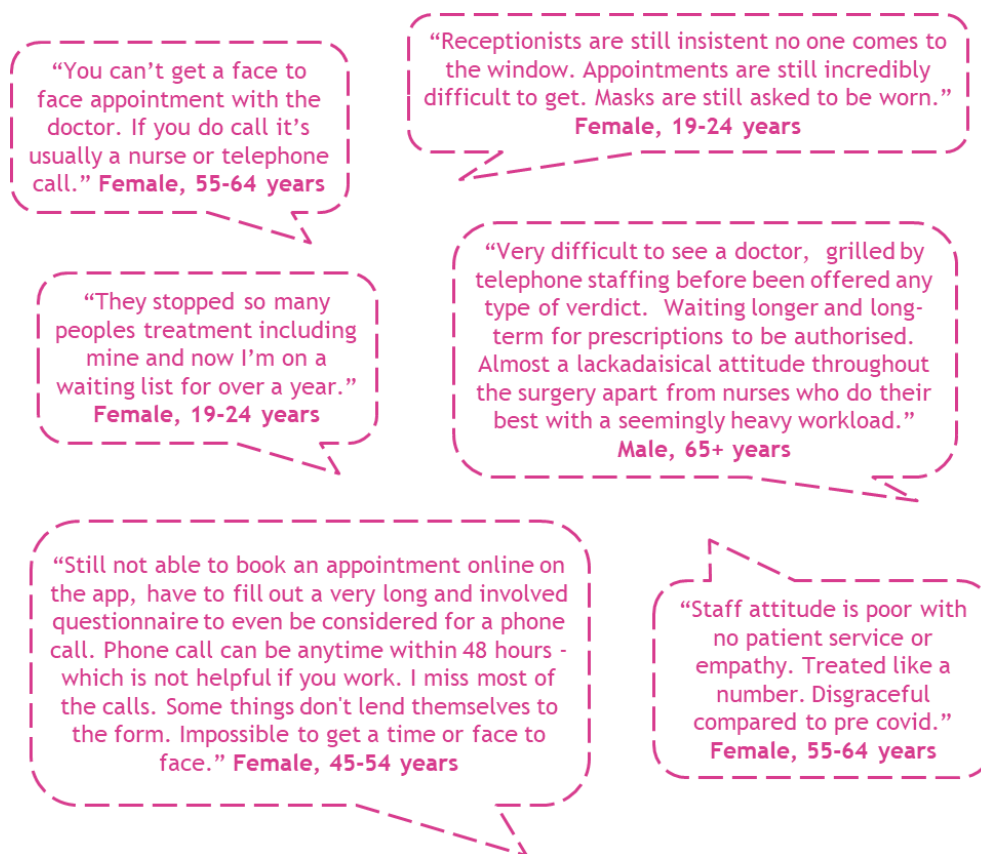


Q9. On a scale of 1 to 5, where 1 is 'strongly disagree' and 5 is 'strongly agree', to what extent do you agree or disagree with the following statement? The COVID-19 pandemic and safety measures introduced by my GP practice are still continuing to impact on the level of care I receive.

Base size: All respondents (181)

The majority of impacts mentioned in the quantitative survey were negative: Long waiting times for appointments, lack of face to face appointments, and difficulty communicating with the practice are causing issues for many patients across GP surgeries.

## Negative Impacts:



## Positive Impacts:



Q10. Please can you tell us why that is? Base size: All respondents that agreed that Covid-19 adaptations are still impacting on GP services (103)

## 6. Patient communication

The common thread linking all experiences was the importance of communication. Unless it is a particularly urgent, or a painful problem, patients are willing to wait for treatment as long as they are kept up to date. Communication needs to include:

- The updated likely waiting time
- Any additional test results/implications (rather than not receiving any test results until all investigations are completed)
- Solutions to reduce pain/symptoms while waiting. e.g. physio exercises, dietary advice, painkillers, complementary therapies.

“To me, the method of communication is irrelevant as long as the communication happens. As long as there is a system in place that people know about and that people are regularly updated, that’s really the only important factor.”

Patients that feel they are not being looked after or kept up to date are more likely to give up and put up with symptoms/pain and may be less likely to seek help from GPs in the future until a condition becomes unmanageable.

Patients that do feel they are being kept up to date feel involved, and more positive about their medical treatment.

“So, all through the process of getting her diagnosed [with autism], it was emails backwards and forwards, letters with appointments, face to face appointments. It was great. It was absolutely brilliant. I cannot fault them at all. I felt involved. It was like I was involved in my daughter’s treatment.”

Communication of test results was also raised as an area for improvement. When patients are often waiting longer than expected for test results, feeling that they don’t understand the results or implications can compound feelings of frustration and being let down.

“[After waiting a long time to get an appointment for tests], anything I did get after the test to say what they found, was weeks later and using a bunch of jargon that I didn’t understand. For example, what hinted that it was chronic appendicitis, they said “There’s uncertain significant inflammation of the appendix”. What does that mean?”

Respondents in the quantitative survey were asked if there was “anything else” they would like to tell us about their GP experiences. Although the comments varied, the common thread through all of them was the importance of good communication between the patient and the GP.

**Top issues spontaneously mentioned in verbatim comments:**

- Not being able to get a face to face appointment with GP
- Long waits to get through to GP practices on the phone, and further waits for an available appointment
- More likely to be given a nurse appointment than GP - worries that diagnosis might be incorrect
- Appointments not at convenient times, e.g. needing to wait all day for a telephone call without being given a time slot
- Test results taking longer than usual to come back, causing delays and anxiety
- Lack of long-term, consistent care for those with chronic, long-term conditions
- e-Consult forms are lengthy and difficult to complete for those that are told to use them.



“I know of a number of patients misdiagnosed due to phone or sending a photo appts. Father in law has major heart issues and waiting YEARS to see his consultant when his medication needs reviewed every few months and he had expressed he feels there's something not right with it. Truly appalling service.” **Female, 25-34 years**

“I feel all professionalism and care has gone. The receptionist can be so off putting allowed to sit there by managers with sunglasses on their heads, asking very personal questions in front of others. You can never get to see GP that know you and your medical situation so you are forever explaining yourself. More so if you are caring for someone.” **Female, 55-64 years**

“I do think GP's should now be seeing patients face to face. I feel they do not want to return to this. Instead they are giving appointments with nurses who are very nice people and very knowledgeable, however, they are not trained doctors. Myself and others are left feeling anxious that perhaps the correct diagnosis has not been given. People do need the reassurance of a doctor. I feel there is no longer a need for doctors not to see patients.” **Female, 65+ years**

Q19. The survey will be coming to a close shortly. Before it ends, we would like to give you the opportunity to share anything else on this topic in the box below.

Base size: All respondents (181)

## 7. Conclusions and recommendations

In summary, although some participants were happy with their GP experiences, the majority felt that their needs are not currently met in terms of access to appointments, or customer service.

The emotional impact of long appointment waiting times and negative GP access experiences can be significant and casts a shadow over expectations and perceptions of the whole NHS. Patients can become resigned to not getting quick treatment, referrals or reassurance which means they are more likely to delay getting medical attention next time they need it until their symptoms are much worse.

There are a number of ways to improve the patient experience given the constraints on appointment availability:

1. Improve receptionist/care navigator training to include more empathy for patients and a higher level of customer service even when phone lines are busy, and staff are under pressure. Getting through to the GP practice on the phone can take time. The attitude of, and service provided by the reception staff is hugely important in shaping patient experience of making an appointment. A focus on the training and wellbeing / morale of reception staff will ensure that patients feel valued even if they are unable to get the appointment they want.
2. More investment in functionality, communication of, and user support for patient access apps and other ways to more easily make non-urgent appointments, request repeat prescriptions and check test results.
3. Consider investing in better telephone queue technology to make phoning the surgery easier and reduce the likelihood of being disconnected before getting to the front of a long queue. e.g. callback services.
4. Provide more choice and clarity over appointment types, e.g. nurse vs doctor, telephone vs face to face vs video call, appointment vs app vs pharmacist advice / prescriptions. Patients would feel more in control if they are provided with information on how to navigate to what they actually need. Increasing awareness of alternative channels to make and conduct appointments would make patients feel like they have more control of their experience. Awareness levels of video appointments and e-Consult is low. e-Consult could also be improved in terms of how simple it is to fill in the form and make an appointment.
5. Work with patients as partners: patients appreciate that the NHS is under pressure and GPs are not always able to provide the level of service they would like. Frustrations would be minimised by providing more information to patients about the situation at individual practices in terms of likely waiting time to get through on the phone, likely wait for an appointment, and appointment methods / alternatives available. The more patients feel involved in the GP practice community, the more forgiving they will be when issues arise.

When patients feel involved in their own care and feel the GP surgery is invested in their personal wellbeing, they are more likely to stay in a positive mindset and also be more accepting of longer waiting times and other challenges accessing a GP.

## 8. Appendix: respondent profiling from quantitative survey

### Respondent profile

This section of the report details the demographic breakdown of the 181 individuals who completed the survey.

Before continuing with the questionnaire, respondents were first asked to confirm they lived in South Tyneside and were registered with a local GP (selected from a list). The survey ended if they lived outside of the area or were not registered with a GP from the list. In order to qualify for the survey, participants also had to confirm that they had had a GP appointment at least once in the last two years. This is to ensure all participants could share recent experiences of South Tyneside GP practices.

#### Gender

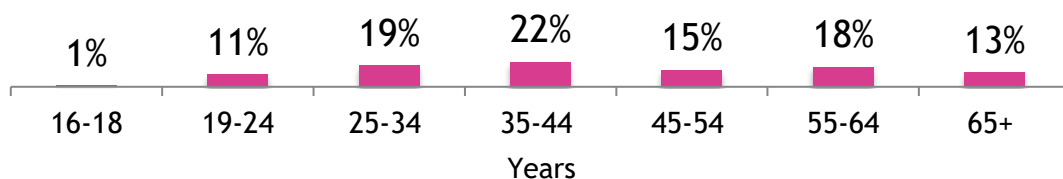
As a consequence of a primarily online methodology, where sample demographics were allowed to fall out naturally, a higher percentage of females (77%) participated in the survey, with males making up 22% of the sample. Two participants (1%) selected 'prefer not to say'. No participants selected 'prefer to self-describe'.



Q20: Please select your gender.  
Base size: All respondents (181)

#### Age

Participants from all age groups completed the survey. Approximately a third were aged 16-34, just over a third were aged 35-54, and another third were aged 55 or over. Again, respondents were given the opportunity to select 'prefer not to say', and one person selected this option.



Q2: Please select the age band which applies to you.

Base size: All respondents (181)

## Ethnicity

93% of those who took part in the survey were white: English/Welsh/Scottish/Northern Irish/British. 6% of participants identified with non-white ethnic groups.

Ethnic Group	
	<b>White</b>
93%	English/Welsh/Scottish/Northern Irish/British
1%	Irish
-	- Gypsy or Irish Traveller
1%	Any other white background
	<b>Mixed/Multiple Ethnic Groups</b>
-	- White and Black Caribbean
-	- White and Black African
1%	White and Asian
1%	Any other Mixed/Multiple ethnic background
	<b>Asian/Asian British</b>
-	- Indian
-	- Pakistani
1%	Bangladeshi
1%	Chinese
-	- Any other Asian background
	<b>Black/ African/Caribbean/Black British</b>
1%	African
-	- Caribbean
-	- Any other Black/African/Caribbean background
	<b>Other ethnic group</b>
-	- Arab
1%	Any other ethnic group
1%	Prefer not to say

Q22: Which of the following best describes your ethnic group or background?

Base size: All respondents (181)

### Health problems or disabilities

A total of 47% of respondents said their day-to-day activities were limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months, with 22% saying their activities are limited a lot and 25% saying their activities are limited a little.



Q23. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Base size: All respondents (181)

### Caring responsibilities

Around a quarter of respondents were carers and regularly looked after another person. 76% of respondents had no caring responsibilities.



Q24. Are you a carer? By this we mean that you regularly look after someone to help them with their daily life because they're ill, disabled, or can't manage without your support.

Base size: All respondents (181)

### Children in the household

Nearly two-thirds of respondents had no children under the age of 18 living in the household. 34% of households included one or two children.



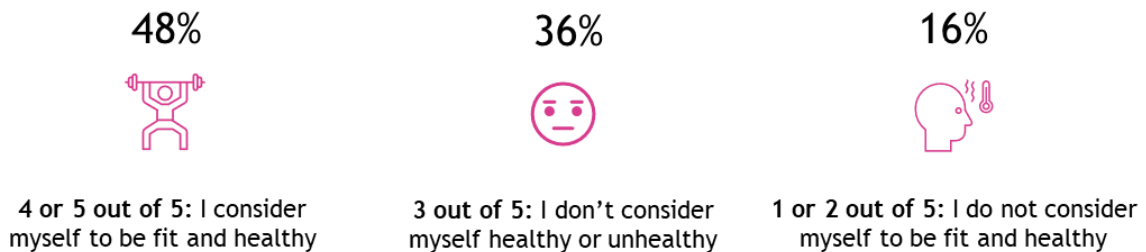
Q21. How many children under the age of 18 live in your household?

Base size: All respondents (181)

## Health status and diagnosis

### Current health profile

Just under half of respondents said they consider themselves to be fit and healthy. Of the remainder, 16% did not consider themselves to be fit and healthy.



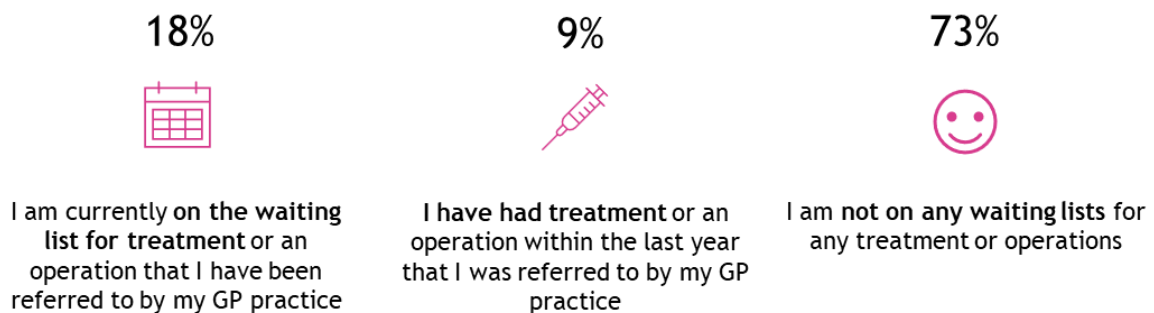
*Those that consider themselves healthier see their GPs less often than unhealthy participants*

Q3: On a scale of 1 to 5, where 1 is 'strongly disagree' and 5 is 'strongly agree', to what extent do you agree or disagree with the following statement? I consider myself to be a fit and healthy person

Base size: All respondents (181)

### Medical treatment

Just over a quarter (27%) have either had treatment recently or are on the waiting list for treatment or an operation.



Q13: Please can you now tell us which of the following statements best applies to you? By treatment or operation, we mean procedures such as a knee or hip replacement or cancer treatment.

Base size: All respondents (181)

## GP practices

Patients from a wide range of South Tyneside GP practices participated in the survey, providing a snapshot from across the entire region. The highest number were registered at Marsden Road.

13%	Marsden Road Health Centre	3%	Wawn Street Surgery
9%	Farnham Medical Centre	3%	West View Surgery
9%	Central Surgery	2%	Albert Road Surgery
6%	Colliery Court Medical Group	2%	Dr Dowsett & Dr Overs
6%	The Glen Medical Group	2%	Drs Haque and Haque
6%	Trinity Medical Centre	2%	St George's and Riverside Medical Practice
5%	Imeary Street Surgery	2%	Victoria Medical Centre
5%	Mayfield Medical Group	2%	Whitburn Surgery
4%	Dr Thorniley-Walker and Partners	1%	East Wing Surgery
4%	Ellison View Surgery	2%	Prefer not to say
4%	Talbot Medical Centre	5%	Other (responses include Oxford Terrace, Longrigg, Riverview, Fusehill and Fulwell)
3%	Ravensworth Surgery		

Q5. Please select your GP practice from the list below.

Base size: All respondents (181)