



# The Great Big MK GP Survey

Resident views on Access and Support in 2023

**healthwatch**  
Milton Keynes

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# Introduction

Healthwatch is the statutory body created to help improve local health and social care services and make sure they work for the people who use them.

Healthwatch Milton Keynes is the local independent champion for people using health and social care services in Milton Keynes. Our main statutory functions as local Healthwatch are:

To obtain the views of people about their needs and experience of local health and social care services

To make reports and recommendations about how those services could or should be improved

To promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services

To provide information and advice to the public about accessing these services and the options available.

We represent the voice of local people on various health and social care forums, including the Integrated Care Board and the Health and Care Partnership (formerly called the Health and Wellbeing Board).

We're part of a national network that reports to Healthwatch England, NHS England and The Department of Health and Social Care on national health and social care trends.

Much of our work is driven by the difficulties experienced by people as they try to navigate local health and care services. This meant we were confident in our ability to highlight specific issues to the ICS Inequalities Steering Group as part of a BLMK wide project to explore ways to reduce the inequalities that are growing for some of our residents as the health and care system comes under increased pressure. The evidence we gathered for this report underline the themes we have highlighted in previous work, and we look forward to seeing the results that the renewed interest in coproducing solutions with affected residents will bring

# Why a GP Survey?

Much of the feedback we receive from residents is about their experience of primary care and accessing their GP. Over the past three years, even with the well documented issues around dentistry and hospital waiting lists, GP access and support remain the highest priority for Milton Keynes residents. This isn't surprising. It's the health service we use most regularly, and often it is the gateway for referrals to hospital care, mental health support and community health services. GPs are also our first port of call when we feel unwell or when we want to talk about preventing ill health.

The current pressures on the NHS mean that for many of us it just feels harder than ever to see a GP. Rather than just setting up a straightforward appointment, the ways in which we are being asked to request appointments have changed a lot too.

We decided to map people's experience across the common themes we hear from people such as registration, de-registration, care and support, and patient involvement in practices. In this way we have been able to build a picture of the patient experience on the whole, as well as being able to gain details of people's experiences at individual practices.

## Methodology

We created a survey that explored the themes and topics around accessing and visiting GPs that people commonly share with Healthwatch Milton Keynes. We also included questions about the areas under review by the professionals tasked with improving and providing GP services.

The survey was widely shared online, and printed copies were also provided to people at the many outreach sites and engagement events we attended across February and March 2023. We provided post paid envelopes for those who felt able to complete the survey independently, and offered support in completing the survey for those who wanted it.

We added the survey results to the feedback received through our usual channels over the same time period to give an up-to-date view of patient experience and perception.

As always, we have asked people to offer suggestions for improvements that they feel would enhance the access and care within General Practice.

This report lays out the responses and feedback following the format of the survey, starting with registration through to the demographics of people we spoke to. The report will end with summary of the findings and the recommendations drawn from the evidence.

Of the **433** people who contributed, there were **330** total responses to the survey, and we drew on the feedback received from **103** people through our other channels. A demographic breakdown of respondents is included at the end of the report.

# The Survey

## GP Registration

We started by asking people about their experience of registration with a doctor's surgery within the last 12 months. The vast majority (**96%**) responded to say that they had not been de-registered from a GP practice in the last 12 months. **12%** of patients advised that they had registered with a GP practice within the last 12 months.

Of the patients who told us they had been de-registered, **75%** advised this was because they had moved out of their GP boundary. The remaining **25%** said they had registered elsewhere because they were unhappy with the treatment they were receiving at their original practice. **80%** said that the de-registration had not been explained or managed well.

People were able to provide more detail about their experience of being de-registered. A selection of the comments highlights the common themes:



*"I decided to move to a practice where I am actually communicated with and cared for."*

*"I didn't know I could ask to stay with my previous practice."*

*"As an older person with disabilities and a carer for a disabled husband, it was very worrying to change practices after so many years."*

*"I got a message on the 'confirm your new address' page which I didn't understand, which turned out to be a de-registration message."*



It remains concerning for Healthwatch Milton Keynes to discover that three quarters of patients who had registered at a new practice in the last 12 months were refused registration until they provided ID and proof of address. One patient told us they had to wait until the staff member who processed registrations was back from leave. Healthwatch Milton Keynes raised how people are affected by barriers to GP registration in our 2019 report, My Right to Healthcare: GP Registration and Access<sup>1</sup> and our 2020 report, My Right to Healthcare: Review<sup>2</sup>

We were, however, pleased to be contacted recently by a local practice who wanted to confirm with Healthwatch Milton Keynes that they could register

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<sup>1</sup> [My Right to Healthcare: GP Registration and Access | Healthwatch Milton Keynes](#)

<sup>2</sup> [My Right to Healthcare: Review | Healthwatch Milton Keynes](#)

people from outside their boundary area under the rule that allows people to be registered with the understanding that they will not ask for, or receive, home visits.

We excluded 11 separate contacts from members of the public about de-registration due to the complexity of the cases. However, to summarise, Healthwatch Milton Keynes was contacted by 11 members of the public during this report's time frame with requests for advice and advocacy support to challenge GP de-registration and the poor consideration given to their individual circumstance. One of these patients did consent to us sharing their experiences, as illustrated in the following case study.

## Case Studies: Michelle's Story

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“I was banging my head against a brick wall, making numerous trips to the surgery to try to get someone to see how unfair this was” *Michelle*.



\*Michelle told us about her child, \*Daniel, who’s in his 30’s and is autistic. Daniel has a communication age of around 10 years old, and lives independently.

The entire family have been at the same GP surgery for 20+ years, even though 10 years’ ago they moved out of the surgery’s catchment area. Their GP was aware of this and had long ago updated Daniel’s record with his new address.

Daniel had been doing well, but was then diagnosed with diabetes, high blood pressure and anxiety. All of this meant that he needed more support and changes to medication.

Last year, 10 years after the family had moved, they were sent a letter to say that the surgery could no longer see Daniel as a patient because he didn’t live close enough to the surgery anymore. This was a huge disappointment, especially as Daniel had just begun to go to the doctors on his own. Whilst Daniel wanted to be independent, his autism meant that any change was a big challenge for him.

Feeling that this was unfair, and worried about how this would affect her son, Michelle complained to the doctor’s surgery, and asked them to reconsider. She met with the practice manager and partners, but the surgery would not change their decision. She then complained to NHS England and also asked Healthwatch Milton Keynes for advice.

After Michelle got in touch with us, we followed up her complaint to NHS England, and contacted our Primary Care team at the BLMK ICB. As a result, we were able to get Daniel back as a patient with his usual doctor’s surgery. They’ve never received an apology about how this was handled, or for the worry and stress that it caused Michelle and her family.

Michelle said: “I’ve spent years supporting my child to be independent and, staying with the same GP is fundamental to his wellbeing. Whilst this was happening, I had to not tell Daniel even though he was asking questions. Being honest with him would have raised his anxiety and had a detrimental effect on his health.”

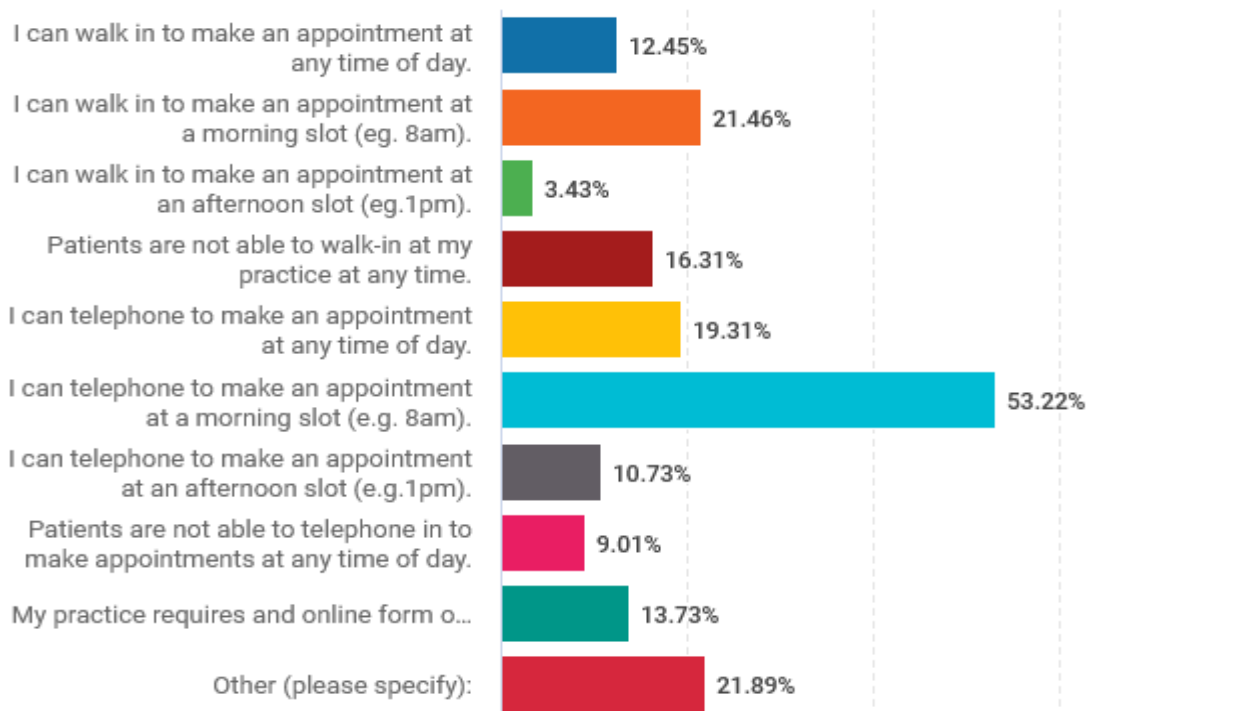


**\* Not their real names**



## Booking appointments and access

How does your GP practice typically expect you to make an emergency appointment?

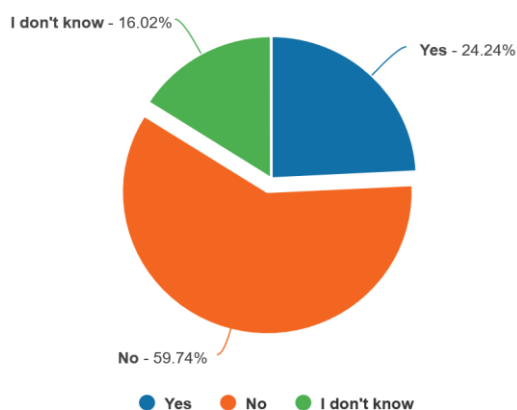


People were able to select all options that applied to their practice. The majority of comments left by those who also selected 'Other' said that whichever method was used didn't mean a patient would get an appointment.

*"The waiting time is 45 minutes no matter what time you call and then you get the receptionist telling you that there is no appointments so call again at 8am the next day."*

People with sensory impairments told us they felt excluded from access to emergency appointments. People with hearing impairments could only use the online options which do not always allow them to access urgent appointments. Patients with conditions such as dyslexia found online options difficult so had to join the phone queue at 8am whether they were seeking a same day appointment or not.

Do you feel the system to access emergency appointments at your practices works well?





## What is working well/ not well with the emergency appointments booking system at your practice?

This question invited people to offer a text response rather than pre-populated answers to choose from. 156 people chose to expand on this and the theme that emerged was that people feel it is more good luck than good management as to who was able to get an appointment. A common response was that triage was non-existent, as many practices only offered on the day appointments:

*"There is only a 2-hour window where they take appointments, and if there isn't one - call back tomorrow".*

*"It feels like a lottery as to whether you will get an appointment or not. It's all to do with luck and where you are in the call queue".*

*"Because you can only make on the day appointments - everything seems to be an emergency".*

*"The only way to get any type of appointment is to go to the practice and queue to make an appointment. ...You hardly ever can get an appointment by phoning as you just can't get through. You can't book an appointment for later in the week only same day appointments".*

*"Emergency appointments are all we can make. At 8 am you call and are assigned an appointment if you're one of the lucky ones".*

Those who were happy to use the online booking systems had reservations about how effective this would be if they required an urgent appointment:

*"The online system is good for making normal appointments but if its urgent, I don't think I would be seen so quickly".*

Some patients told us that the online system was not always available. This may prevent people utilising digital options as a first point of access:

*"Our online access is shocking. They sometimes only open it for an hour, or 4 hours, but they essentially close the online option if they get too busy. And you never know when this will be. This means standard appointments that are not needed urgently cannot be applied for. It does not work well at all".*

*"Sometimes they close the online booking system, so it is not possible to make any appointments, emergency or otherwise".*

*"The online forms are only available during surgery hours. This service is quite often unavailable during these hours though, the message gives a time it will be available again but directs you to 111 or pharmacies".*

Those practices that were able to offer future appointments only offered them four to six weeks in advance instead of within the same week that the patient had called.

*"It doesn't matter how badly you need an appointment - they are always many weeks away. If you need an appointment quickly you are advised to go online at 7pm and hope you are first in the queue"*

Healthwatch Milton Keynes know that many practices utilise **Care Navigators**, alongside clinicians, to triage both telephone and online appointment requests. The responses received, and many of the suggestions offered for improving the system, demonstrate that patients do not have a clear understanding of how the triage system is operated in their GP Practice and reinforcing perceptions that reception staff creating barriers to access:

*"If receptionists believe you, they may speak to a doctor themselves, but they refuse to give appointments with doctors, either by telephone, pre bookable or online. If you use the online service, you get the care navigators tell you that you will get a call via text message."*

*"Receptionists decide whether you need a telephone or face to face appointment no matter what you ask for."*

*"Receptionists seem to be trained to stop you asking for/making an appointment at all costs."*

Patients who felt informed about their practice's systems and processes were more likely to either acknowledge the pressure that Primary care is under and/or report a positive experience:

*"Our GPs are using a triage system so you may get a phone call first or an appointment straight away."*

*"The new phone queueing system works well, but the demand is up to 5 times the appointment capacity".*

*"The triage by the first person you speak to seems to work reasonably well".*

*"First, I have to have a telephone appointment, if needed I can then go into the surgery for blood test, or to see GP if he feels I need a face to face appointment".*

*"Access to the surgery paramedic is usually an option offered".*

### **Do you have any suggestions for how the emergency appointments system at your practice could be improved?**

Most suggestions for improvements asked for more phone lines with more staff answering calls, or for more appointments to be offered. Only four people noted that there were not enough Doctors. This demonstrates a limited understanding that the number of appointments available is directly attributable to the number of clinicians on staff.

The limited number of doctors available to work in In Milton Keynes, and reflected across England, is information which may help promote general understanding of the pressures faced by primary care. There are 27 NHS GP practices to service approximately 280,000 residents and even if NHS England increased funding to support the building of more practices, the number of medical professionals to staff them remains a challenge.

Other, more achievable, suggestions for improving access to emergency appointments included allocating specific staff to emergencies in order to leave other clinicians available for more routine appointments:

*"There should be an emergency Dr/Practice Nurse for that purpose only. My practice tends to have that sometimes, but I don't think is all the time."*

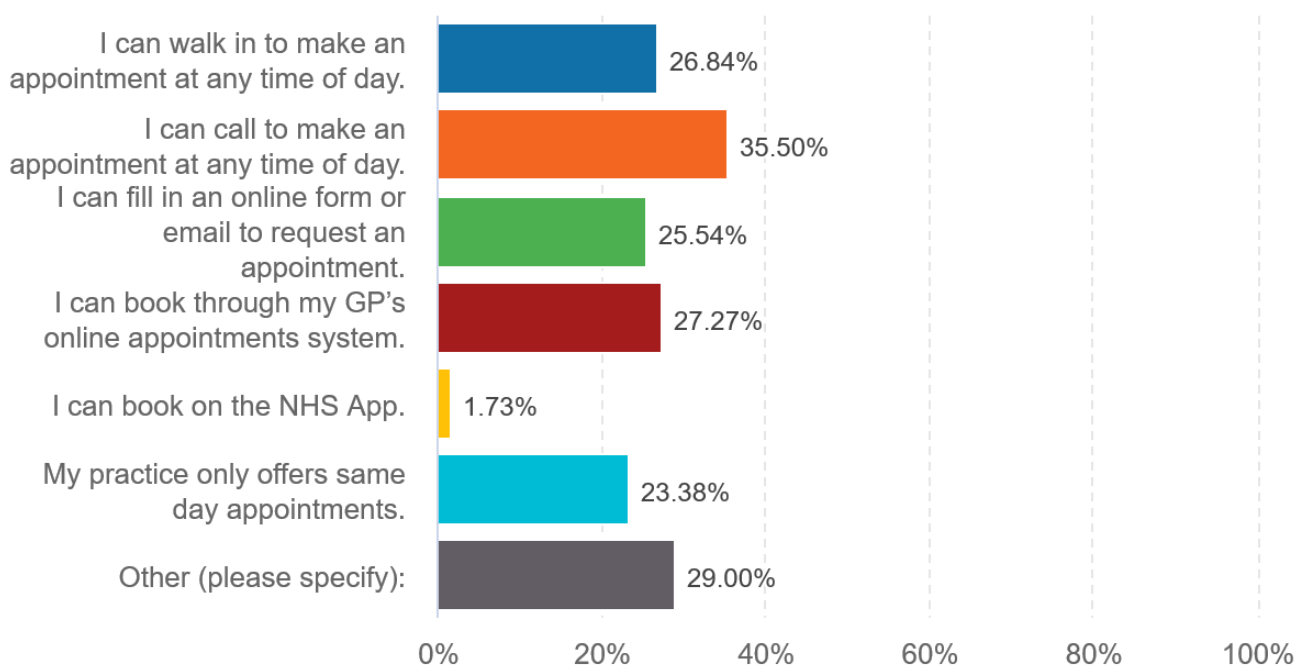
*"The phone line only has about 25 spaces so sometimes you may have to keep ringing back multiple times before getting access to the phone queue. Often all appointments are gone very very quickly. It would be useful to be able to speak with a triage person over the phone that could offer basic clinical advice about what to do/where to go".*

*"Need to allocate at least 2 hours for emergency appointments daily and need to open for longer hours in the evenings. Also, you can one doctor allocated for emergency appointments on daily basis".*

*"I feel they should offer more routine appointments, so things don't become an emergency".*

*"Triage online system or message facility where you can put your symptoms. Sometimes you just need reassurance that symptoms are not something to worry about".*

### How do you make non-emergency or routine appointments in advance, when you need one?



We then asked about making non-urgent, routine, appointments. The numbers illustrated in the chart above are somewhat contradicted by the comments left by those who selected 'Other'. Only 11 of the 67 comments reported that they could get a non-urgent, advance appointment. The main theme in the comments was that the practice only offered 'On the Day' appointments with some people stating that they had ticked the answer 'could' walk-in or phone at any time of the day, but that this would only result in them being told to call back at 8am the next morning.

*"I did have one forward appointment when someone from the surgery 'phoned me to say that test results were in, and the GP wanted to see me. When I went*

*for the appointment, the GP was unaware that I had been called in and asked why I had made the appointment, so the communication had not worked. Usually, we cannot make forward appointments even when the GP has said that they want to see me for a follow up."*

*"To see the GP, you have to call on the day, except in very rare instances. To see nurses and other healthcare professionals, you can get an appointment in advance."*

*"My GP also has a non-emergency automated service but for limited services, such a booking a blood test. I can also email and request advice about the right appointment to make. This has sometimes resulted in being issued an appointment without any further contact needed by me."*

*"However, no guarantee your request for an appointment will be granted."*

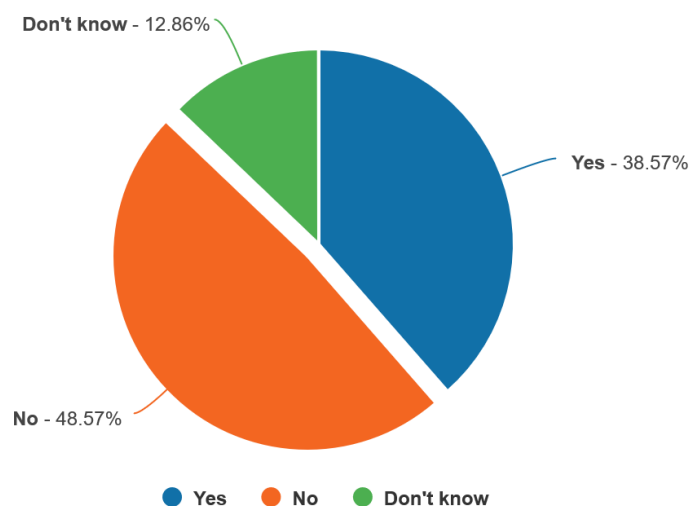
*"They will only let you have contact online that's it and they close the online at all different times of the day."*

*"They called me to cancel a Nurse appointment due to staff being away, I asked if I could book a routine appointment while on the phone to them, they said no - call tomorrow at 8am."*

*"Let people have appointments when they need them not just 'call back tomorrow at 8."*

*"I can never get through on the telephone, get cut off very often, I'm over 90 and can't walk very far so unless someone takes me cannot book an appointment, so I spend taxi money for nothing."*

Do you feel the system to access non-emergency appointments at your practice works well?



**Do you have any suggestions for how the non-emergency appointments system at your practice could be improved?**

142 people left comments and suggestions for improving the way their practice could provide better access to non-emergency appointments. Almost a third

of people said that simply allowing advance appointments to be booked would be one way to improve this system.

*"My practice dropped the non-emergency system and I find that it is easy to miss routine check-ups because the hassle of having to make same day appointments is difficult for anyone working or has responsibilities or needs assistance with children and adults requiring care."*

Alongside the suggestions which were based on having more GPs and more appointments slots, there was a strong feeling of dissatisfaction with the current system. People feel that the system, as it is, is not fit for purpose and needs a complete overhaul.

*'No system for non-emergency appointments. It's all done the same and it's ridiculous and does not work.'*

The majority of people felt that the online system would work better if they were able to accurately describe the issue in the online system as currently it has a very narrow scope. People said it would be better if they could book with a GP, and there were several people suggesting that a visible calendar of available appointments that they could select from would help manage scheduling issues.

*'I personally feel that if patients are given access to be able to book appointments online at a date/time that fits in with their own schedule, it could quite possibly alleviate patients who do not show at their requested time.'*

Several people suggested practices could have an hour in the morning and an hour in the afternoon protected for on the day emergency appointments, freeing up the rest of the day's appointments to be booked at any time.

People were particularly concerned about the difficulty they encountered when trying to book follow up appointments as requested by the GP during their appointment.

*'It would help if, at an appointment, when you are asked to come back in a week. If you could make that appointment before you leave.'*

The frustration with reception staff shone through in a number of comments. This highlights the earlier reflection in this report, that the triage system is not well understood by many patients or is, perhaps, being inconsistently applied. The comments we received suggest that some patients experience reception staff making clinical judgements or decisions about the severity of the patient's illness, rather than triaging them to the appropriate health care professional or setting.

The difficulty in being able to make appointments and to get through an often-perceived arbitrary triage process has led to almost a quarter of people admitting that they exaggerate, or sometimes exaggerate, their needs in order to get an appointment for fear of being stuck in a never-ending loop of 8am phone calls.

## Have you been able to book extended or double appointments if you need them?

Half of all respondents to this question said they had never tried to book an extended appointment. **34%** of respondents said they had not been able to book an extended appointment when they tried to. Most comments that people left, to tell us more about this, said that when they had asked for a longer appointment because they had more than one issue to discuss, they were told they had to make separate appointments for each issue. More disappointingly, they were told they could only make one appointment in that call, and they would have to hang up and call back to make any further appointments.

People who had communication difficulties told us they had asked for longer appointments so that they could be sure they understood what they were being told, but their requests had been dismissed as being unnecessary by reception staff.

Most of the **16%** of patients who said they had been able to book longer appointments left comments to say that this was only available to them because their GP, Midwife, or other health professional had advised the reception staff that a double appointment was required.

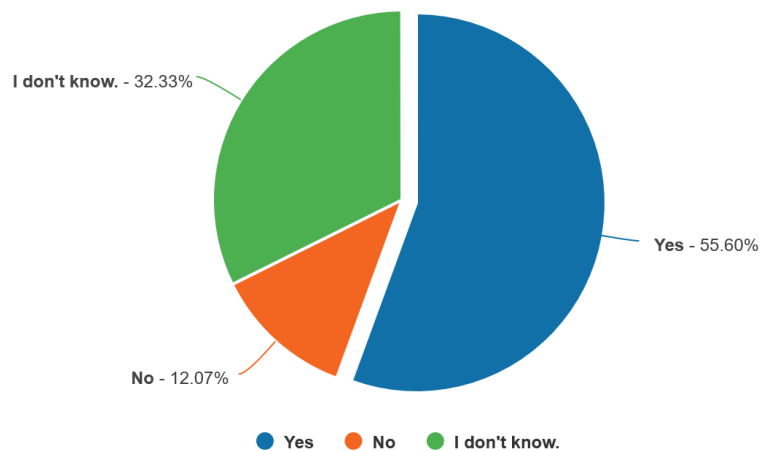
## Is it easy to cancel appointments with your GP Practice if you can't make the appointment?

We asked people if they had any suggestions about what would make it easier to cancel appointments at their practice.

Of the **75** people who chose to comment on this, **57** said either that they would never cancel an appointment that had been so hard to get, or that they had not been able to make an appointment in the first place.

*"I don't know - I haven't been able to get an appointment in the first place."*

*"I wouldn't dare cancel - who knows when you would get to speak to anyone again!"*



The most common suggestion given to improve how people could cancel an appointment was to allow a response to the text confirmation that was usually sent the day before. This would give the practice more opportunity to fill the appointment space. It was also suggested that being able to cancel online, in such a way that it 'removed' the appointment from the practice schedule would be helpful to patients and to the practice.

*"When making a GP appointment I receive confirmation on a text message. It would be good to be able to cancel the appointment, if necessary, via the same means."*



Many people said that waiting in the telephone queue to cancel was impractical in terms of their own time and for the practice itself.

*“Be able to text or complete an online form. At the moment I can only call and wait in the wait queue, which could be 20 minutes. I am never going to wait that long”.*

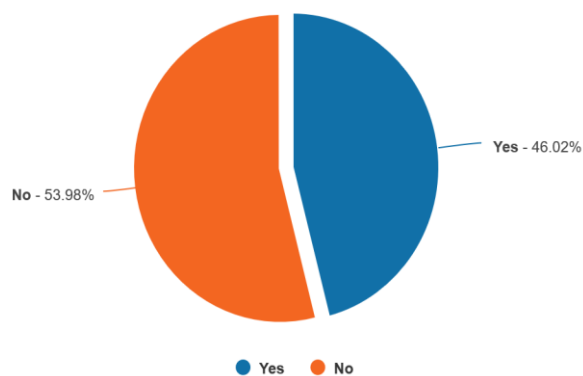
*“If the appointment is a morning one, getting through on the day to cancel it is a nightmare and may incur censures. If I know in advance this is much easier.”*

*“I've reported to them probably half a dozen times that when you call the phone system, there's a message saying press 0 to leave a message cancelling your appointment, but it doesn't work and there's no other voicemail facility so if you don't join the scrabble to get through at 08:00 (20 minutes wait once you finally get through into the phone system is not unusual), then they will make the assumption you have not bothered to cancel and you're abusing the system, so you get in trouble. I'm afraid of being deregistered so I have to join the 08:00 desperate try to get through to someone human to cancel it with them.”*

## Triage process

While this report has touched on triage in relation to other parts of the appointment making process, we also asked about triage specifically. We wanted to gain a deeper understanding of how patients understood and experienced the methods that are used to prioritise patient need.

GP practice receptionists may triage patient calls before giving you an appointment with an appropriate healthcare professional. Are you happy with this approach?



When asked to explain why they were either happy, or unhappy, with this approach two very strong themes emerged. The first being that people believed there was no real triage happening when appointments were all allocated within 30 minutes of the appointment lines being opened for the day. After that it did not matter how urgently the next person might need an appointment. The second was that people felt that the receptionist's role in triage was to decide which health professional the appointment should be made with, not to decide whether they needed an appointment at all.

People who found that they had missed the day's available appointments were often directed to the Urgent Care centre or A&E instead of being offered an appointment the following day, or within the week.



The people who were happy with the approach tended to express an understanding of the need for it, even if they weren't always convinced that the current method was appropriate:

*"I am happy if I have a straightforward need that can be easily triaged by someone not medically trained, I don't like that this means I have to convince a non-medical person that I need to see someone, can lead to further appointments being made".*

*"Triage is a good thing providing the receiver of the call is proficient in understanding the patient's condition."*

*"I would want to know more about how they were basing their decisions - e.g., is it based on a III decision tree?"*

*"It rather depends on their skill level. They are often managing multiple call demands. They have even less time than a GP to understand and triage an issue and determine needs of the particular patient. Some receptionists are amazing, and some have a combative and defensive customer service approach."*

*"This is necessary however it would be useful for them to have a greater awareness of mental health issues that can lead to crisis".*

*"Receptionists should be given the appropriate training and appropriate pay to triage people. Whilst they probably learn through experience, they also develop biases and make assumptions..."*

*"Seems sensible to triage to enable navigators to guide you to the appropriate person".*

A number of the comments appear to support the concern that patients report, that reception staff are making clinical judgements instead of appointments:

*"They want to know what's exactly wrong, if you have queued in person at 8am to request a Dr's telephone call you are asked in front of all the other people in the queue what the problem is. This can be very, very embarrassing".*

*"Feels very uncomfortable and not confidential sharing details with receptionists".*

*"They can be intrusive or can decide whether an appointment is needed or not solely on their opinion".*

*"Because receptionists aren't medical professionals and don't just triage - they make judgements and give incorrect advice".*

From the comments made, being more transparent with patients about what the triage is supposed to be achieving (the right appointment with the right professional), what training reception staff and Care navigators are given, how often do staff attend refresher training, and an assurance that the information is not being broadcast to the whole practice, will increase patient confidence in the process.

*"They should explain each time why they are asking - and not ask for such detail - they aren't going to diagnose me Receptionists are NOT doctors plus a lack of confidentiality when receptionists answer calls in full view and range of a waiting room".*

## Other health care professionals

Two thirds of people said they had been triaged or referred to other health care professionals within the practice rather than seeing their GP. Just over half of these patients were told why this decision had been made.

*"It works when the receptionist explains clearly why they decided that I should see someone else."*

We were pleased to hear that almost 70% of patients who were seen or treated by one of the other health professionals reported that they received the advice and/ or treatment they required and did not have to see a GP for the same issue. The comments we received from people who found this option helpful most often mentioned the competence and efficiency of the professional:

*"The nurse examined me explained the diagnosis, advised me on what to use & what not to use more importantly. She then prescribed a remedy".*

*"I had a wound on my knee that was not healing and had become infected. I saw a nurse at a specialised clinic at the surgery for this. She cleaned gravel out of the wound and dressed it and gave me ointment and additional dressings. I had a follow up with her to check the wound was healing. It was a very good service."*

*"Paramedic is great, very thorough but not enough of them and too few GPs is a dreadful situation."*

*"The staff are very competent, and I know the appointment has been made with the right person to see me".*

Some patients who needed to see a GP following an appointment with one of the other health professionals within the practice felt that they had been misdirected initially because there had not been a GP appointment available, not because the triage suggested they would be better placed seeing another health professional:

*"I feel that this a pass the buck situation".*

Others who had to have a GP appointment because of the same issue following an appointment with one of the other health professionals within the practice reported feeling that this was down to issues with the triage process, particularly around clinical understanding of their needs and the ability or authority of the professional they had seen.

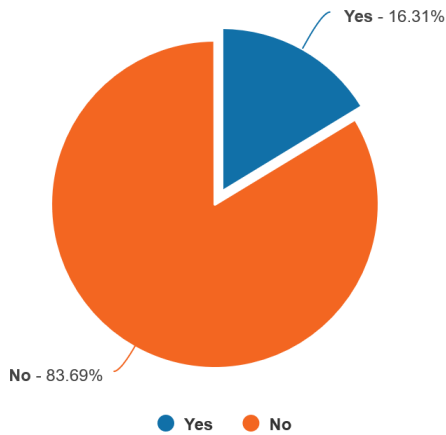
*"I put on the app why I needed an appointment, they booked me with a nurse. The nurse couldn't diagnose/ prescribe what i needed so I had to make another appointment to see a Dr".*

This approach could lead to a loss of trust in the triage process and, more importantly, could undermine patient confidence in the other health care professionals' competence and ability to provide good healthcare. Patients should not be encouraged to see these other health care professionals inappropriately. They are fully trained and competent in their own area of

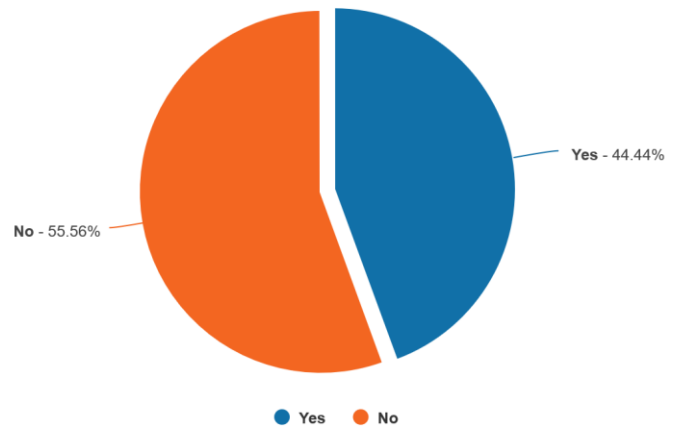
expertise, and it is important to avoid encouraging patient perception that the GP is always the appropriate professional to manage their issue.

# Accessibility needs

Have you told your GP practice about any specific accessibility needs you have?



Does your GP practice remember and meet these needs?



The above charts starkly highlight how people who need extra support experience access at their GP Practice. Healthwatch Milton Keynes, the Centre for Integrated Living (CIL), the Disability Advisory Group (DAG), TalkBack and many other groups supporting and advocating for residents with physical and learning disabilities in Milton Keynes have been highlighting the inequalities created when health providers fail to meet their legal responsibilities under the Accessible Information Standard and the Equality Act 2010, and there is insufficient monitoring of how providers meet the standards.

When we asked people to specify what needs they had, there was an even number of those needing support with English Language, with visual impairments and those who required easy read information. Those who identified that they needed support with their hearing impairment were by far the biggest proportion. Hearing loops not being available or not working, unavailability of BSL interpreters and lip-reading issues were also noted.

*“If one is hard of hearing it can be extremely difficult to access these services, unless you wish to lose your independence and privacy and ask someone to ‘interpret’ for you as most staff are not trained in how to communicate with the hard of hearing”.*

Just over **70%** of those who said they needed support chose to leave comments in the free text ‘Other’ option and expanded on the difficulties they faced. Many of these comments mentioned mobility issues, particularly around their struggles with using their mobility aids in the practice.

People with dyslexia also mentioned their difficulties not being very well understood by staff, including GPs, within their practice.

Women who needed to see a female doctor felt that this was not given the consideration it needed. This is a common theme reported to us by religious women as well.

These are all issues that Healthwatch Milton Keynes have raised previously with individual practices and providers, and with the Bedfordshire, Luton and Milton Keynes Integrated Care Board, and its predecessor – the BLMK Clinical

Commissioning Group. We would hope that, with the advent of the Inequalities workstreams current active across the Integrated Care System, these ongoing issues are prioritised and addressed.

## Digital Services

With the national push towards a digital offer within the NHS, we asked people whether they had found any of the online/ digital messaging, appointment or prescription requests systems used by their GP Practice helpful.

We were pleased to see that **63%** of people who responded to our survey had found the digital services helpful. **28%** said that they did not find these services helpful with the remainder selecting 'I don't know'.

People who have spoken to us about the positive aspects of digital systems, and those who left a positive comment within the survey noted that once they had been shown how to use it, it made contacting their GP practice with prescription or clinical queries a lot easier than trying to speak to someone on the telephone. People mentioned that the font and the words are not always helpful for those people with dyslexia, learning difficulties, sensory impairments or whose first language was not English.

The service that was mentioned the most was the prescription ordering. A small number of people said that the online prescription service kept getting the due dates wrong, but a majority of people found that the online prescription service was the most useful digital service their GP practice had.

A close second was the text confirmations and reminders for appointments. Some people added the caveat that it would be even better if they were able to alter or cancel their appointment by replying. A small number of these responses also said that because this communication was only one way, it made it less useful.

Some people told us that when their practice changed the digital provider/ system that they were no longer able to use it.

*"Just got used to the online then they brought in Klink. Got used to that and now it's Accurx. Can't get that to work for me. Neither can other older people that I know"*

People also left comments to say that they would like to be able to make their appointments online but that this feature has been disabled, or that it is only available during practice hours. One of the things people liked about using digital options for prescriptions was that they were able to make their requests in the evenings or weekends when they had the time to do so.

Patients who said that their practice offered training in the use of the online systems reported the most positive experiences with digital services. People also felt that there needed to always be an offline option available for people who don't have the technology to properly utilise the online services.

People who told us they were not online said that it would help them if people who were online used the digital offer more frequently as it would free up the telephone lines for them. People who used online services suggested that the

digital offer needed to be able to deal with more complex situations than it is currently able to. For this reason, people who were happy to use online methods would like to keep 'in person' options available for times when issues are too complicated for the digital offer as it currently stands.

## Case Studies: **Improving patient access and triage at Stony Medical Centre**



**Stony Medical Centre, located in the town of Stony Stratford in the north of Milton Keynes. The practice serves a patient list size of 10,000 patients and has a Patient Participation Groups (PPG) that works with the practice team to improve patients' experience, providing insight, feedback, and support from the patient perspective.**

The PPG received information about Healthwatch Milton Keynes' Great Big GP Access survey and invited a representative from Healthwatch Milton Keynes to attend their April PPG meeting.

Members of the PPG have an awareness of the current pressures on GP services and the generally negative media attention regarding patients struggling to make GP appointments because of long telephone queues, high demand for appointments and a dwindling GP workforce. The PPG informed us that they felt Stony Medical Centre had established a triage and booking system that worked well for its patients and wanted to showcase to Healthwatch MK what they saw as a good practice model for supporting patient access to Primary Care.

Welcomed by the Chair of the PPG, four PPG members, the Stony Medical Centre's Practice Manager, and the Practice Lead for Watling Vale Primary Care Network the Healthwatch representative was introduced the online consultation tool the practice uses to triage patients when a patient requests an appointment – known as KLINIK. KLINIK is an online triage and patient flow management software which enables GP practice teams to assess what a patient's needs are, how urgently they need support from a health professional and which type of care professional or service could best meet those needs.

### **How it works**

Patients access KLINIK through a link on the main page and are taken through a form where they are asked questions about their health. A duty Doctor and two trained Care Navigators work together to allocate appointments to patients with the right professional based on urgency or signpost them to more appropriate services such as a pharmacy, or emergency services. Every request for care is triaged by the duty team. The team is overseen by the GP.

The duty team determine who is the best person to manage a patient request, and the team is overseen by the Duty GP. This approach reassures the patient that a doctor has

seen their enquiry and has made a clinical decision about who is the most appropriate health professional for their needs, at that time.

Importantly, the system doesn't prevent patients from attending the practice in person, or telephoning to request an appointment but to ensure that access to the service is centred on a person's level of urgency rather than on a first come, first served basis all requests for appointments through KLINIK, on the telephone, or in person, are managed by the duty team.

### **What are the challenges?**

Initially, the practice leads had concerns about implementing KLINIK. They wanted to change traditional access pathways that channels patients into an 8am rush to the door of the practice, or the telephone. However, this historical access model organically 'caps' demand into the service.

Put simply, if we call our GP practice for an appointment, typically the telephone line might only be able to have 25 people on hold, once all the appointments are gone, they're gone and once the practice shuts its doors in the late afternoon there's no way of contacting the practice until the next morning.

KLINIK is accessible 24/7 for patients to submit a request online but 'switches on' when the surgery is open. This gives patients the ability to avoid a rush to discuss their needs with the practice as the surgery opens, but because triaging requests is only possible during opening times, patients will only be contacted during opening times to be given information about appointments, or alternative services that can provide the care or treatment they require. With an online triage form that can be completed at any point during any given day, or evening the practice knew they had to be prepared to see a true picture of their patient's 'unmet needs', all the patients who would not have gotten through on the phone by the time the appointments ran out, those who would have given up trying to get through to make an appointment, those who would have put it off until their symptoms worsened or became urgent. The practice only had the same number of appointments available and were uncertain about what the true demand for the service was.

That unmet need and demand did become visible. With access to triage open to all patients, the team were able to see a truer picture of the number of patients trying to access support each day and they showed the Healthwatch MK representative an example, that on the 1<sup>st</sup> of March of this year 243 people requested an appointment. Initially, a doctor reviewed all triage requests coming through to the practice, but additional resources were needed to make sure all patients were supported. The Practice team trained two Care Navigators to join the triage team and report that this level of staffing works for their practice list size, of 10,000 patients.



Another challenge is cost. Stony Medical Centre has made considerable investment in KLINIK. KLINIK charges a cost per head/patient model. As well as this cost, the practice funds the duty doctor and the two care navigators to manage requests and triage requests through KLINIK. The PPG were concerned that such costs may be a barrier to other local practices implementing online triage tools that support easier access to patients and were keen to inform Healthwatch Milton Keynes about these concerns, so that Healthwatch were better able to challenge the commissioners of Primary Care services regarding their funding support to GP practices embed digital access technology.

### **What are the opportunities?**

It was disheartening for the Practice Team to see in the data coming out of the KLINIK programme that the true demand for their service outstripped their resources to meet that need. However, the team has been able to use data from KLINIK to identify trends in demand, such as a high number of patients requesting help with pain and have been able to provide evidence of patient's unmet needs to health commissioners. This important picture of hidden, unmet need helps commissioners to fund additional support to GP practices that work for patients.

Most importantly, now when 243 people contact the practice in a single day, all 243 will have their needs triaged and all with either be given an appointment, or sign posted to an appropriate service. In the past, many of these patients just would not have been able to get through to get the help and advice they needed.

### **How KLINIK informs the Practice Team**

KLINIK stores data to support the Practice team track busy periods and high demand, trends in the health conditions patients request help with and how many patients are using the system. They can see:

- 9am is the busiest time of the day for practice.
- Mondays are the day of the week where there is always greater demand with nearly a quarter of all contact with patients in a week, being on a Monday.
- Pain and coughs are the most common reasons why patients contact Stony Medical Centre for an appointment.

The PPG themselves are also able to support by analysing the wealth of non-personal data that KLINIK captures and have compiled a list of issues that the PPG can explore, with one of their priorities being how they can work with and support the practice to encourage more patients to use KLINIK.

### **What the patients have to say**

1775 patients had fed back to the practice on KLINIK since January. 45% reported the system as excellent, and 49% reported the system as good.

The PPG told Healthwatch that 58% of patients are using KLINIK, and 42% choose to use the telephone to request appointments. PPG members want to encourage more patients to use KLINIK in the future, and feel that more GP Practices should be encouraged to establish KLINIK, or similar digital triage systems within MK.

In their experience of transformation Stony Medical Centre has:

- Transformed access culture at the Medical Centre from the usual 8am phone rush to an equitable triage system where patients are seen based on their needs.
- Put in place a triage system that 58% of patients are happy to use to request help and support from their GP.
- Been able to see the unmet needs of patients and use this data to inform what additional resources and health professional roles the practice needs when addressing access issues with health commissioners.
- Started a new culture of digital access that if used by all those who can, would improve accessibility to residents that have barriers to using digital systems and need to talk in person/on the phone.



## Booking appointments: Did we miss anything?

We asked people if there was anything further to add when thinking about their experience of booking an appointment at their GP practice. Out of the 74 comments we received in the survey, 53 were negative, 10 were positive and 11 were neutral. Some of the neutral comments offered suggestions that might improve patient experience as well as reducing some of the frustration that gets taken out on reception staff:

*"I would like clarity from my surgery as to the best approach to booking an appointment e.g., which app to use, what time to phone, how to get an emergency appointment etc. I would expect this information to be clearly available on the website along with signposting to other useful sites and services. However, the website is badly structured and out of date".*

*"A more open honest approach -*

- Up to date information in the waiting area and on website*
- Make sure if we have email it is used better and for contacting about updates.*
- Advise when appointments are cancelled due to staff illness.*
- Patient awareness of how many staff may be available to cope with a full list is poor. Updates about this may help people decide if they could delay their appointment – if it could be re-made easily".*

*"Just that it should be a requirement to see a patient face to face every six months if they have any medical identified condition. To keep track of things. You can't see how a person deteriorates over the phone".*

*"It's stressful and often there are no appointments by the time you get through on the phone. Booking appointments online should be made available and you should be able to book appointments in advance".*

*"Only having on the day appointments is causing a lot of the issues - if they could fix this, it would take the strain off the receptionist as well as the health professionals, and patients would probably not be as frustrated and angry at them".*

*"No access to appointments. Get told to go A&E or call 111 for all non-urgent issues when they do not give out appointments. Not reassuring as a first-time mum calling about baby. Appointments always late. If GP practices were better managed, you would find the use of A&E and walk in centres significantly reduced".*

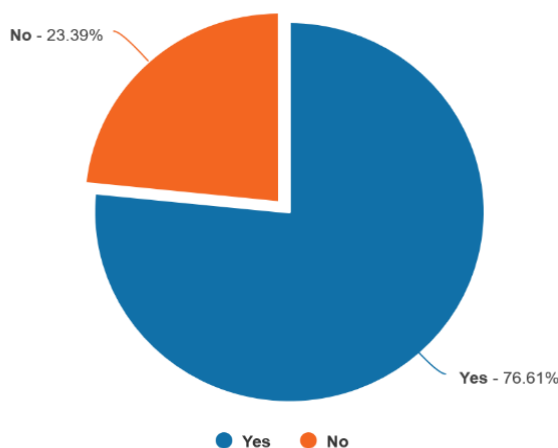
*"Recently, after having called 111, and being told to ring my surgery and request an emergency appointment within the hour, was told to go elsewhere, as there were no appointments. Then rang 111 again, who instructed me to go to A & E. After being seen there, was told they would contact my surgery and recommend an emergency consultation. Two days later, receive a text from the surgery, asking me to call them for a GP appointment. Waited 25 minutes in a queue, to be told I would be put on a waiting list to arrange a telephone appointment with a GP. Two days on and have heard nothing".*

## Care and Support

According to the UK Government's *Health profile for England: 2018*<sup>3</sup>, good or bad health is not simply the result of individual behaviours, genetics, and medical care. This has led to several NHS England initiatives including the establishment of Primary Care Networks, the inclusion of social prescribers in Primary Care provision, and the new recommendation made by Dr Clare Fuller to develop integrated neighbourhood teams. These '**Fuller neighbourhoods**' aim to create a local system that focusses on a more psychosocial model of care that take a more holistic view of a person's health and social care needs.

To gain an understanding of the Milton Keynes 'baseline', we explored people's experience of the care and support they received from their GP Practice.

Did you feel treated with dignity and respect at your appointment?



We began by asking if people had felt they were treated with dignity and respect during their appointment. A high number of people reported that they had a positive experience, but almost a quarter of patients reported feeling that they had not been treated with dignity and respect.

We then asked, whether they answered yes or no, to tell us what had made them feel this way. **132** people chose to leave an explanation the determining theme in over **100** comments was whether people had felt they had been listened to or not.

*"GP is patronising and condescending. I don't always feel heard".*

*"I know [GP] is more expert than me on illnesses and disease, but I know what's happening in my body, and we work together towards getting me the right treatment. This is great, because [GP] understands I am involved in decision-making, not just going there for an edict from on high. It's a rare thing in my experience!"*

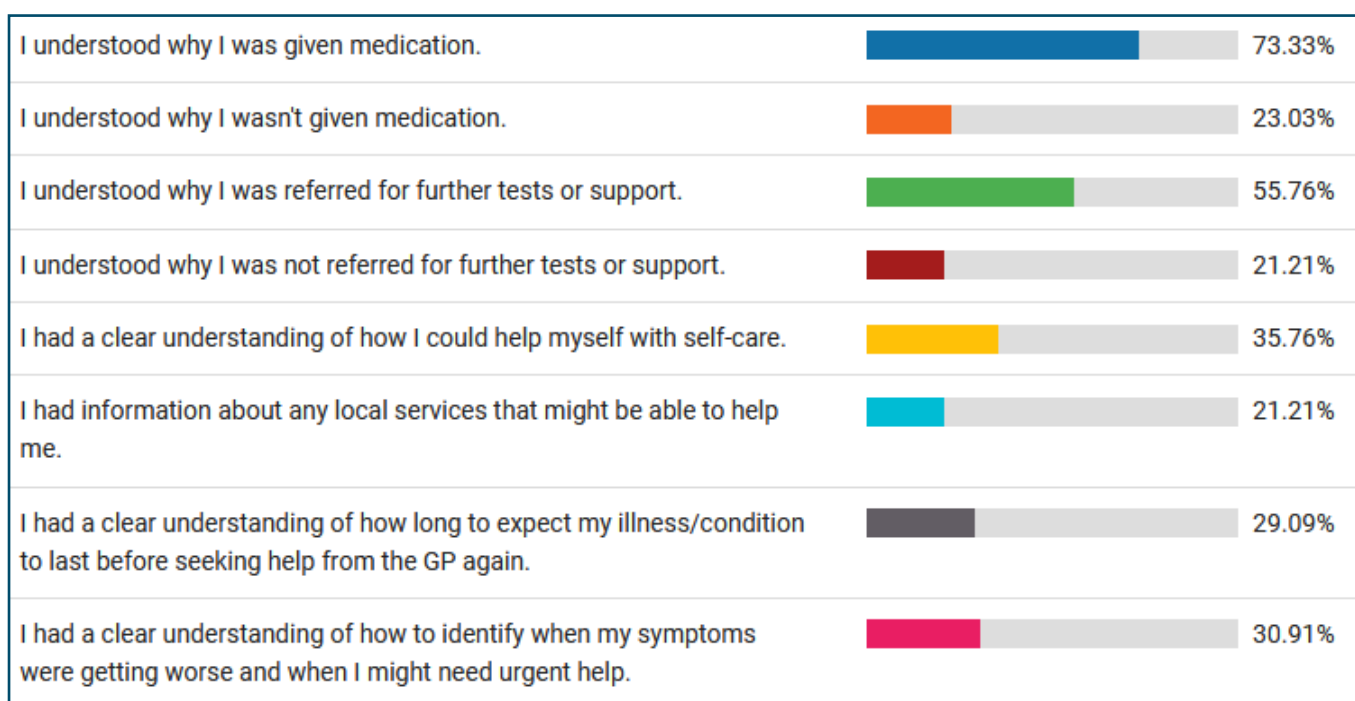
The quality of communication is the underlying theme of almost every complaint and compliment people share with Healthwatch Milton Keynes, whether it is with regards to health or social care clinicians and practitioners, or the administrative and reception staff.

<sup>3</sup> <https://www.gov.uk/government/publications/health-profile-for-england-2018>, accessed May 2023

*“The reception staff were helpful and friendly, and the GP was great. She listened to my concerns, made sure I understood the 'why' of any advice given and agreed (unlike previous practice) that my symptoms required further investigation. Made a referral to the right department (unlike previous practice) and made sure I was aware of what would happen next whichever the assessment showed”.*

*“Staff are often rude, and I often feel like an inconvenience rather than cared for”*

To better understand how informed people felt after being seen by a health practitioner, we asked how they left their appointment:



The numbers of people left wondering about how long their symptoms might last, or when they should seek further medical attention mirrors the findings from Healthwatch Milton Keynes 2022 patient audit in the **Milton Keynes Urgent Care Centre**; where one third of the **231** people we spoke to were attending because their health professional had told them to go to Urgent care if their issue hadn't improved or got worse. No patients we spoke to had been told how long their illness or symptoms were likely to last, or how long it would be until the medication prescribed by their GP would take to have an effect on how they felt.

The standard 10-minute appointment approach within primary care doesn't always allow time for GPs and other health practitioners to explain their reasons for why they have or have not decided on a particular course of action. This may be an area that emerging additional roles with GP Practices and Primary Care Networks could be utilised to support.

## Social Prescribing

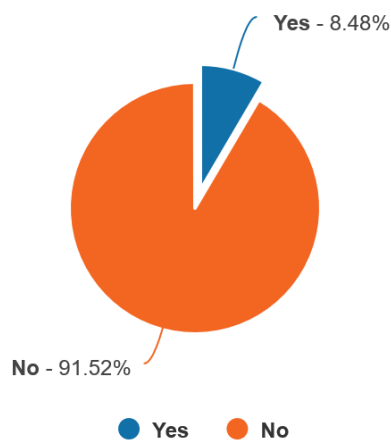
As part of a wider model of personalised care, NHS England has developed a social prescribing framework and, in Milton Keynes, Age UK:MK are commissioned to run the **Live Life** Social Prescribing service. This provides a personalised service to all adults over 18 years of age living in Milton Keynes and registered with a GP.

Social prescribing link workers deliver social prescribing by giving people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing in order to connect them to appropriate community groups and services.

Social prescribing link workers play a pivotal role by developing trusting relationships and providing personalised support.

There is a growing [body of evidence](#) which shows that social prescribing improves wellbeing for people, giving them more control over their lives. Additionally, evaluations of local social prescribing schemes have reported reduced pressure on NHS services, with reductions in GP consultations, A&E attendances and hospital bed stays for people who have received social prescribing support.

### Have you been offered or referred to a 'social prescriber' through your GP practice?



Fewer than **10%** of patients reported being referred to the Live Life Service, or to their own Primary Care Network social prescribers.

Of the **29** people who chose to expand on their answer, **4** people told us they didn't know what a social prescriber was and **10** people told us of their referral to Talking Therapies, their issues with medication, and other activities outside of the scope of the social prescriber role, indicating poor knowledge and understanding of the role of, or if they had been referred to,

social prescribing specifically.

Those few who had used the social prescribing service had, on the whole, found it helpful with one person saying that their social prescriber had been amazing. One person said that they had not found it very helpful and two people had declined the offer.

Wider promotion of the role of social prescribing amongst health professionals and patients could raise awareness of the valuable service social prescribers can provide to people.

## Annual Health Checks

The NHS Health Check is a check-up for adults in England aged 40 to 74. It can help spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. People should be invited for this type of physical health check every 5 years. These checks are designed so that the medical professional can screen for developing conditions and diseases, but also to allow early intervention to prevent you developing the condition or disease.

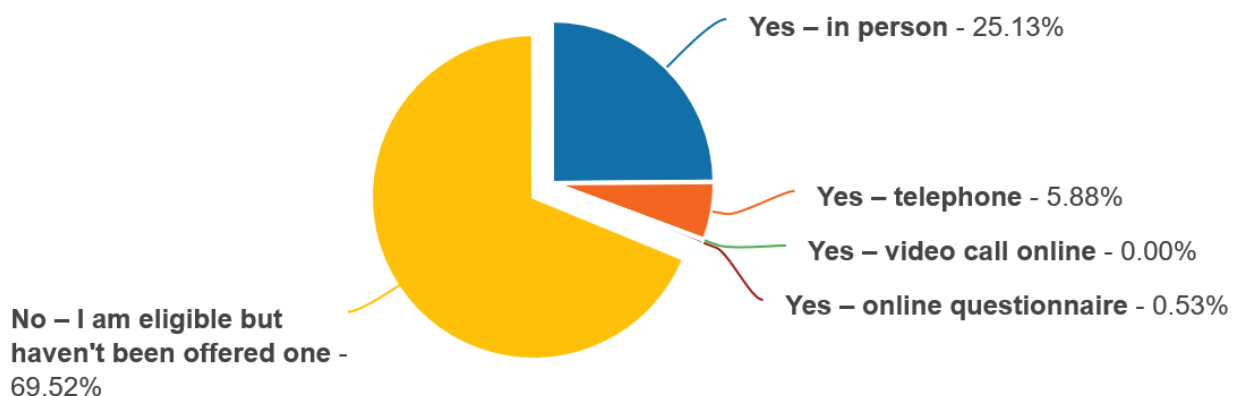
However, there are a number of conditions and illnesses that the NHS and/ or the National Institute for Health and Care Excellence have said that annual physical health checks, including specific blood tests, are required. People with conditions such as diabetes, serious mental ill health and people with learning disabilities should be invited for these checks on an annual basis (every year).

The NICE Quality Standard rationale states that: Annual health checks for children, young people and adults with a learning disability (or a learning disability and autism) can be used to identify and monitor mental health problems. As well as this, young people and adults with a learning disability and mental health needs may have difficulty explaining their health problems, so checking for issues and regularly monitoring needs is important to ensure that these are not missed.

The annual physical health check for people with schizophrenia, bipolar disorder or psychosis is not the same as the NHS Health Check for all adults aged 40 to 74. NHS and NICE analysis suggest that where patients have received elements, such as a blood pressure check, of the health check in unrelated appointments, this is incorrectly being reported as being part of the mandatory health check.

Healthwatch Milton Keynes have previously raised concerns about discrepancies between the number of Annual Health Checks being reported as offered or completed by GP data returns versus what patients have told us.

**Have you been invited for a physical annual health check? (Only answer if you, or the person you are answering this survey for is over 40, is a carer, has diabetes, has dementia, has a learning disability or a serious and enduring mental health condition.)**





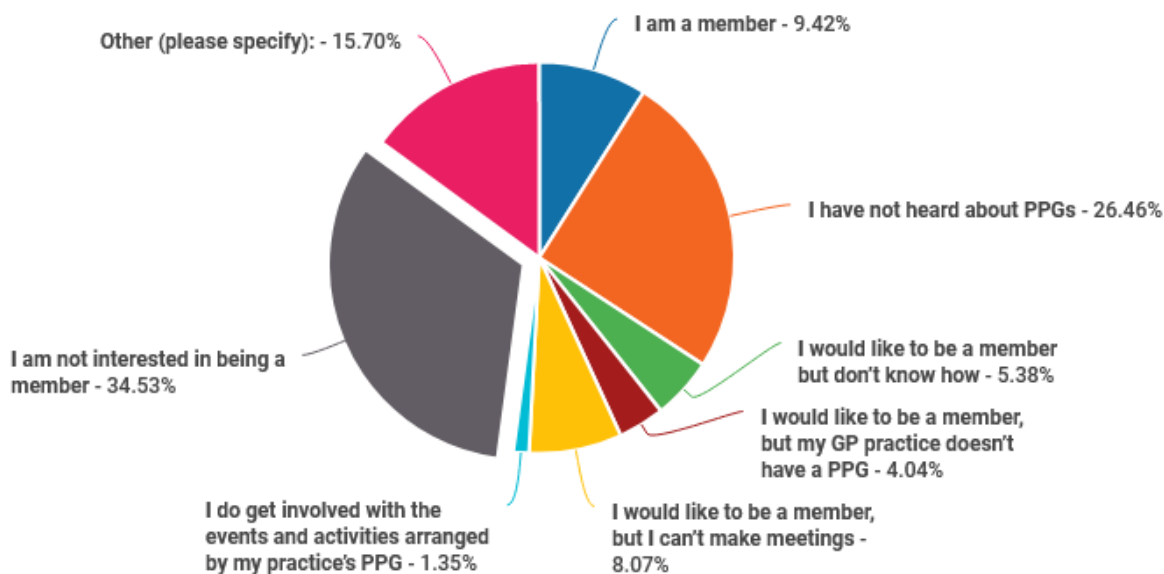
## Patient Participation Groups

Patient Participation Groups (PPGs) within General Practice is not new. The first PPG was set up on the 30 November 1972 at The Health Centre, Berinsfield near Oxford. Despite their development, Patient Participation Groups are still not very well-known, and many people do not know what they do. It is important to note that there is no single or definitive model for a Patient Participation Group. Each group is different. This is considered to be a good thing; in that it means that each group can evolve and develop according to the wishes of the patients in each Practice – the Practice Population.

A PPG is open to every patient on the GP practice list. All communities, groups, genders, ages, ethnicities and disabilities representing the patient list are encouraged to join. There are no other membership requirements except that patients must be registered with the practice. PPG should work closely with the Practice staff, and it is normal for members of the Practice Team, including General Practitioners to be part of the Group.

They are a route for patients to advise and inform the Practice on what matters most to patients and to help identify solutions to problems. Members of PPGs should think about the wider patient interest and not just their own personal concerns when serving on the PPG. Every PPG should be clear about what it is there to and hopes to achieve. It should have well-thought-out core objectives so that if someone asks what the Group does, there is a clear answer. These goals and aspirations need to be realistic and achievable because the PPG is run by volunteers. In many instances, PPGs work in partnership with the Practice and other partners such as local voluntary and community groups, and local Healthwatch.

Findings demonstrate there is scope for growth in the awareness of PPGs across Milton Keynes. We know that practices with well-established and active PPGs tend to have more activated patients within their population. There is a huge opportunity to better connect Social Prescribing and the activities of PPGs in developing 'Fuller Neighbourhoods'.



# Demographics

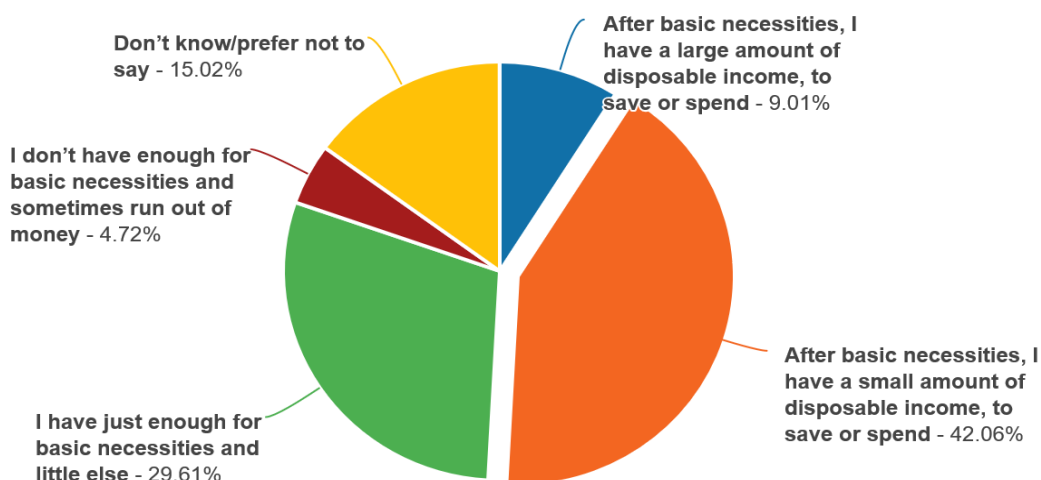
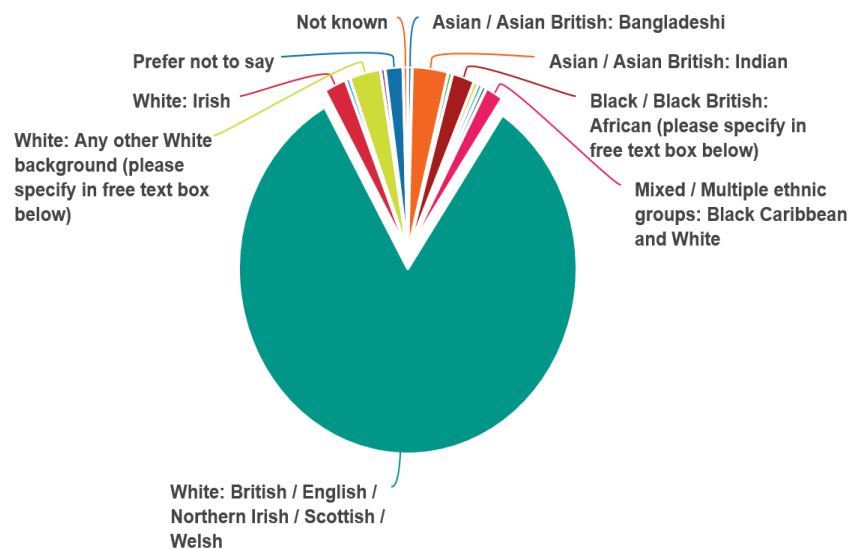
We worked hard to ensure that we reached a variety of people, so as to reflect experiences from across our diverse Milton Keynes Community. As always, any report is a snapshot in time, however many of the issues people have shared with us in this piece of work are longstanding. It will take a concerted, co-produced, effort to find lasting solutions to many of the issues highlighted by residents in this report. Local solutions may be helped or hindered by national pressure and short-term initiatives designed to meet political outcomes rather than focussing on what will make the biggest difference to our local workforce and our residents.

We received responses from multiple patients from every GP Practice in Milton Keynes, and from every estate from Abbey Hill to Woughton.

The ethnic backgrounds of those people whose experiences and opinions contributed to this report was very close to the 2021 census reported population make up of Milton Keynes.<sup>4</sup>

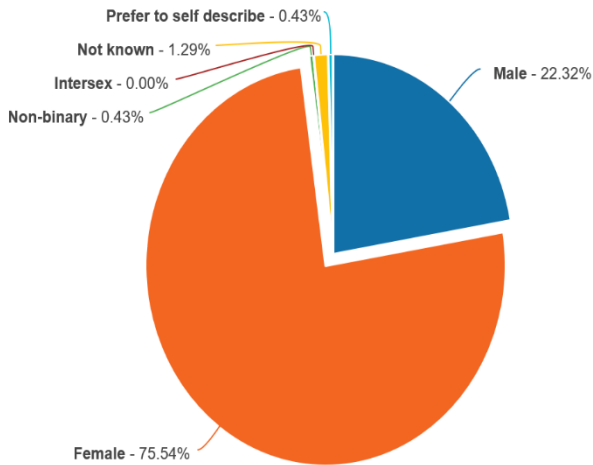
We also asked people to describe their financial situation as we are aware that a person's socio-economic situation plays an important role in their health outcomes.

Please tell us your ethnicity.

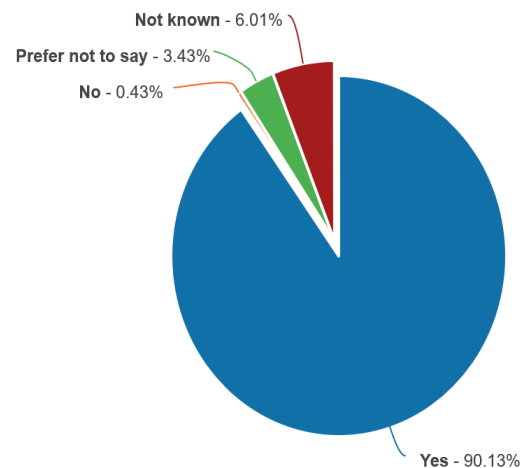


<sup>4</sup> <https://www.ons.gov.uk/visualisations/censusareachanges/E06000042/>, accessed May 2023

How would you describe your gender?

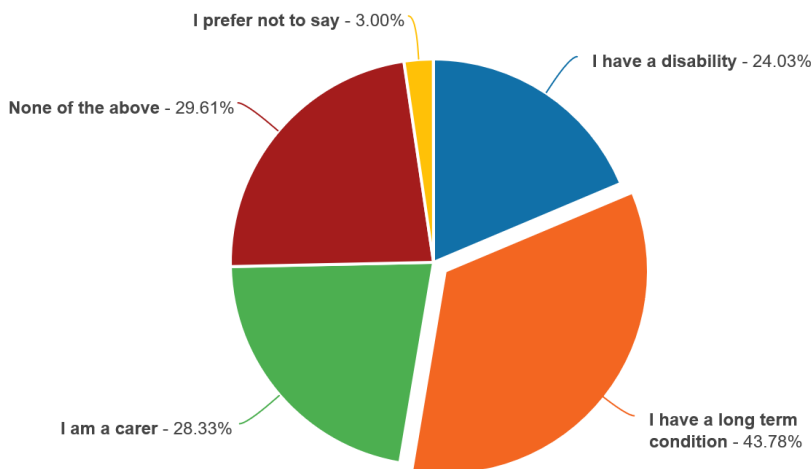


Is your gender identity the same as the sex you were assigned at birth?



We found that we had a higher representation of women, of people with disabilities and long-term conditions, and more carers contribute to this report than the general population. We believe this is because these groups tend to have more contact, and poorer experiences, with their primary care provider, and so may be more activated to share where the system is not meeting their needs.

How would you describe your circumstance?

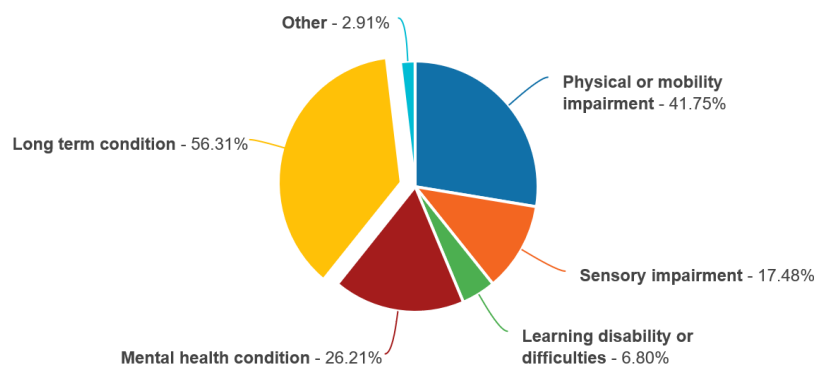


These charts reflect the intersectionality of people's health and their circumstances as people were able to select all that applied to them.

This highlights the need to ensure the system sees each person in the whole rather than working on one section of their lives, or one symptom, at a time.

Around **one quarter** of the people who contributed to this piece of work report having a disability that is likely to require reasonable adjustments to be made.

If you consider yourself to have a disability, how would you describe your disability?



As Primary Care is so often the gateway to other services and supports, it is vital that Primary Care is aware of their obligations, and are provided with the resource to meet these needs.

# Recommendations

- 1) The Integrated Care Board should fully recognise the greater and more complex role that GP Receptionists have taken on in recent years because of increased patient demand, acuity of patient need, the development of complex primary care teams and the requirement to ensure patients are given an appointment or signposted to another appropriate service. The Integrated Care System, and patients increasingly expect more from this role, one of the lowest paid and minimally trained/supported roles within Primary Care. As partners within the Integrated Care System the Integrated Care Board and Primary Care Networks together must:
  - a. Develop high quality training packages and ongoing support for GP Reception and Triage personnel.
  - b. Support practices to communicate to their patients how assessment and triage procedures work in their own practice, how confidentiality is managed, and clearly invite their feedback.
  - c. Demonstrate how triage processes are reviewed and improved in dialogue with patients and carers.

**Improvements made to triage and internal referrals to other health professionals, and how these are communicated to patients, in addition to measuring patient experience of these processes can make a positive impact to appointment availability, patient confidence in triage procedures and patient and receptionist relationships.**

- 2) Primary Care teams must innovate and co-produce with their communities, access solutions to transform current cultural norms of channelling patients through emergency only pathways. This should include improving access to advanced booking for non-emergency appointments, easy and consistent digital access and improving systems for cancelling appointments.

**Transformation of access and improving population health is far more than increasing funding and additional health professional roles. It is about empowering people to have more control over their own care journeys, allowing people to focus on prevention rather than crises, being able to take their time in a longer appointment than taking up several slots to get the help they need and giving them easier channels to free up access for others as soon as they know they can't make an appointment.**

- 3) The Integrated Care Board must develop a method of ensuring Primary Care service providers are compliant with the Accessible Information Standards and the Equality Act 2010. The ICB should review how access and health inequalities could be addressed through so called, Anchor

Health institutions strategies to support smaller strategic partners to proactively meet their legal and ethical obligations.

The collective skills, experience, resources and purchasing power of 'Anchor Health Institutions' within the BLMK Integrated Care System has the potential to provide high quality, easily accessible translation services, equipment, digital software and printed material that enables all residents equitable access to services and information.

- 4) The Integrated Care Board must consider ways it can support the development and sustainability of effective Patient Participation Groups as a golden thread of the Fuller Neighbourhood development.

Patient Participation Groups can play a central and vital role in the developing strong connections between practices, their patients and their community. PPGs with appropriate resources and support already have the model and framework within which to operate, and many already demonstrate benefits to the health and care system through their social value.





# healthwatch

## Milton Keynes

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