

GP quality in Coventry: what is important to local people and recommendations for action

February 2015



Summary Report

Healthwatch is the independent consumer champion for health and social care in Coventry. We give local people a voice - making sure that views and experiences are heard by those who run, plan and regulate health and social care services.

Our aims in undertaking this work were:

- To support the work of the Local Health and Wellbeing Board task group on primary care
- To enable the views of local people to influence the way forward
- To help define a bench mark for good quality GP services in the City

GP services are frequently the subject of national policy initiatives because of their central function in the health system. It is important to Healthwatch that the views of local people are a driver in future development of local GP services.

Therefore, Healthwatch Coventry undertook to gather qualitative information about what is important to local people, when they are using GP services via their GP practice or the Coventry Walk in Centre. We ran two qualitative surveys and four focus groups. Meetings were also held with a sample of GP practice managers and visits made to local the Walk in Centre.

Our surveys were available to the whole City and the focus groups and conversations with practice managers were focused on Foleshill and Henley wards, which are areas where public health indicators show less favourable outcomes for local people

Healthwatch gathered the views of 277 people. The outreach activity enabled the views of different sections of the community to be gathered and more in-depth discussions to be held and information to be collected.

Findings

Our work identified some trends in what people wanted and detail about what people thought made a good quality GP service/experience.

GP practices:

- People valued their GP practice being close to their home (10-15 minutes travelling time)
- The strongest preference was to be able to travel to a GP practice on foot
- For a routine matter most people would prefer to wait to see a GP of choice at their practice; as a second choice they would see another GP at the practice. For those aged 25-54 the second preference was the practice nurse and third preference another GP in the practice.

- For an urgent matter, when they could not see their GP, people would prefer to have a phone consultation with their GP; or alternatively see a practice nurse
- 93.6% felt reception staff were very important to their experience of their GP practice
- The most frequently used words to describe the characteristics of good reception staff were:
 - Approachable
 - Respectful (dignity)
 - Helpful
 - Caring
 - Friendly
 - Sensitive and considerate
 - Professional
 - Calm and patient
- 67% of respondents did not know if their practice had a patient group
- We asked people to describe what made them feel confident in their GP or nurse? The most frequent answers were that they were knowledgeable; listening; and compassionate/reassuring
- Other elements which were considered to be important for good quality GP care related to access to appointments; requests for longer consultations; improvements to disabled access; having more health checks; ensuring the needs of people with learning disabilities are addressed; the need for more GPs and more appointment slots; and continuity of care/relationship.

Walk in Centre:

We found that the Walk in Centre is being used by people who:

- Have not been able to get a GP appointment/feel they have to wait too long for a GP appointment at their own practice
- Do not have a local GP
- Feel, based on previous experience, that it is easier to use this service than their GP.

53% thought the service at the Walk in Centre was 'good' and 15% that it was 'very good'. The two most frequently suggested improvements were for reduced waiting times and/or for more information about waiting times and position in the queue.

In response to our question about what could be improved at people's own GP; easier access to appointments; improved customer service skills; and more time with their GP, so as not to feel rushed were highlighted.

The needs of older people and working age people are different in some respects as we found indicators that those aged 25-34 preferred attending the Walk in Centre. Those aged 35-44 also seem more likely to use the Walk in Centre.

Conclusions

There is scope for significant development in gathering patient views, feedback and in patient involvement in GP services. We are not confident that the friends and family test will contribute to meaningful engagement activity as without understanding the reasons behind the ratings people are making, the results will not be useful for making any changes to services. Also buy in from practices is needed in order to make the commitment to develop and change, based on patient feedback. Currently patient panels or patient participation groups are not widely known and can be small groups or operated as virtual groups. Therefore they are not a mechanism to communicate with the bulk of the practice population. This does not necessarily mean they are not helpful, but there should be more clarity regarding the reality of their role and breadth of involvement in them.

By necessity running a GP service requires a lot of processes, however not having any patient input into the design of patient related processes or an overly rigid approach is likely to lead to frustration for patients.

The emphasis people place on soft interpersonal skills and relationship factors present a challenge to the future delivery of GP services. It is clear to Healthwatch that the desire of patients for face to face contact and a relationship with their GP or practice nurse is a factor which must have a high priority because it is important for how people behave and how likely they are in seeking to engage with GP services when needed.

Some potential solutions to issues of demand such as email contact are moving away from face to face contact and the relationship which people wish for. Therefore, it is important that consideration is given to how best to use the resource for face to face contact and how this can be targeted to best meet the needs of patients.

From our findings it seems likely that some GPs are less popular because of patient judgements regarding interpersonal skills such as listening and communication skills and about how knowledgeable the patient feels the GP is. This has a knock on impact on demand for other GP's time.

Reception staff need support and training. Customer service focused training should be available to an agreed standard for new and existing staff. We found evidence that practice managers would support the availability of this kind of training. Practice managers also suggested additional topics for reception staff training, which should be scoped further to gauge the level of interest across the City. Training should be available to all practices rather than to locality groups.

There was a lack of awareness of Healthwatch and the extent of our role including the Independent Complaints Advocacy Service (ICAS). Healthwatch can assist by

providing information to go in practices' complaints policies. Healthwatch can also supply information for practice websites.

More could be done to provide information to people about waiting times during their time at the Walk in Centre and to gather feedback for people who use it.

A limiting factor on the role of the Walk in Centre is that it does not have access to any patient records or hold any patient notes. IT systems ought to be able to make this facility more connected into the primary care system and less stand alone.

There should be a clear message to the local population regarding the purpose of the Walk in Centre and what they should use it for. It seems likely that the Walk in Centre also has an impact on attendance at A&E and the level of demand at A&E it is preventing should be researched and understood.

Recommendations

- A. Customer service focused training must be developed locally for new and existing reception staff and run on a continuous rolling programme
- B. Support/resources/templates are developed to enable GP practices to produce a good quality practice leaflet with consistent up to date key information about accessing out of hours services; how to raise a complaint etc.
- C. The role of the Walk in Centre as part of urgent care and primary care provision in the City is made clear and public messages regarding the role of the Walk in Centre are clarified and consistent.
- D. IT systems should connect together patient information in order to support the delivery of care; this should include connecting the Walk in Centre to enable improved flow of information.
- E. There must be further development of patient engagement culture and mechanisms in GP practices; there should be more than one way for patients to give their feedback/perspectives and this should be sought by the practice rather than expecting a patient to approach practice staff.
- F. Patient participation groups or panels must either be promoted much more to practice populations to be meaningful, in terms of reach and influence or have a clear purpose as a small group of patients acting as a sounding board for the practice.
- G. The role of Healthwatch and the Independent Complaints Advocacy Service (ICAS) should be promoted to GP Practices and by GP practices to patients.
- H. Ways to improve communication links between commissioners, the CCG and GP practices should be explored and developed. There must be a clear offer

of communication channels, training and other support mechanisms which are available to all Coventry GP practices.

- I. Coventry should adopt a statement of what a good quality GP service is (as there is no publically recognisable statement of good quality GP care). The following should be included because it is based on the evidence we have gathered:

Access:

- There is a range of methods for booking appointments
- The methods for making an appointment should take account of the needs of people who work and young people (the most unpopular system is having to phone at 8.00 or 8.30 to make an appointment and then being told to phone back the next day)
- A practice should not have an 0844 phone number
- Having a text reminder service
- A time slot or/time frame for phone consultations is booked
- A patient friendly system for repeat prescription requests
- Adaptation to process and access are made in order to meet the needs of physically or learning disabled or those with a sensory impairment

Staff:

- Receptionists should provide a customer focused service (approachable, caring, helpful)
- GPs are knowledgeable and listening with good interpersonal skills
- Practice nurses should be well trained and have good interpersonal skills

Information:

- The practice has up to date information for patients about their services, out of hours GP services and how to raise a concern or a complaint
- The practice has up to date web based information (its own website and information is kept up to date on NHS Choices)
- The GP practice are aware of the role of Healthwatch and PALS services in NHS Trusts

Raising issues

- There are clear and easy ways of raising a concern or complaint regarding the practice to practice staff
- Reassurance is given to patients that there will be no repercussions (such as removal from the practice list) for raising issues or making suggestions
- The practice has a listening culture
- Timely and full responses are given by the practice

Patient engagement:

- The practice has a range of pro-active mechanisms to capture patient feedback and a route for patients to be involved via a patient group
- The practice can show that patient views have been listened to for example by a change which has been made

Full Report

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1. Introduction

Healthwatch is the consumer champion for health and social care in Coventry. We give local people a voice - making sure that views and experiences are heard by those who run, plan and regulate health and social care services.

We are independent of services (such as hospitals and GPs) and decide our own programme of work. We have a statutory role and legal powers including the right to request information and to get a response to our reports and recommendations.

We work to influence the planning and delivery of NHS and social care services based on what local people tell us.

2. Why we undertook this work

Healthwatch sits on the local Health and Wellbeing Board and in 2014 a Task Group on Primary Care Quality was convened, with the purpose of being the central vehicle for overseeing the development and implementation of an action plan to improve and reduce inequalities in primary care for the residents of Coventry. An early action of the Task Group was to support the Director of Public Health in producing her annual report on the topic of primary care¹

Queries regarding GP services are the most frequent information calls to the Healthwatch Coventry Information Line and people frequently talk to Healthwatch about their experience of GP services during contacts made through Healthwatch outreach activities.

3. Aims

Our aims in undertaking this work were:

- Support the work of the Health and Wellbeing Board Task Group on Primary Care
- To enable the views of local people to influence the way forward
- To help define a bench mark for good quality GP services in the City

GP services are frequently the subject of national policy initiatives because of their central function in the health system. It is important to Healthwatch that the views of local people are a driver in future actions to develop GP services.

¹ *Primary care at the heart of our health, November 2014*

4. Methodology

Healthwatch Coventry undertakes qualitative research to gather evidence about what local people think and want from local services. For this piece of work we used different methods to gather information in some depth about the preferences local people have when accessing and using GP services and how this impacts on how they go about this. We used different methods, some generic and aimed at the whole population of Coventry and some targeted at people who lived in Foleshill and Henley wards as these areas show some of the poorer health outcomes in the City.

We held an initial discussion regarding GP quality at a meeting of the Coventry and Rugby Clinical Commissioning Group patient panel summit on 30 April 2014. Semi-facilitated discussion of what makes good quality in GP care took place in groups. Notes of the discussion can be found at appendix 1. This discussion proved useful for identifying potential further questions and was used to help form the questions asked as part of this research.

An exercise regarding GP quality was also run at the Healthwatch Coventry annual meeting in July 2014.

Our methods for gathering views about good quality GP services were as follows:

4.1 Paper and electronic survey to gather views on what makes good quality GP care.

This survey was designed to try to capture people's preferences regarding GP services rather than direct feedback on named GP practices (see appendix 2). The survey was made available through the Healthwatch Coventry website, community outreach by Healthwatch and Coventry and Rugby CCG; through libraries; some GP practices and other community settings. It was also distributed to the Healthwatch membership and through voluntary sector networks.

A pilot version of the questionnaire was trialled through a stall at a local Morrison's Supermarket in July and this led to some changes being made to the questions to simplify them slightly.

The majority of the surveys were completed by post or online and others were completed through one to one interviews undertaken by Healthwatch volunteers or staff, for example at three lunch clubs in the Foleshill area of Coventry run over the summer of 2014.

The survey was live between July and the end of September 2014.

4.2 Survey of people using the Coventry Walk In Centre

As the Walk in Centre plays an important role in primary care and urgent care in Coventry a second survey was developed to gather information from people using the Walk in Centre (see appendix 3). This aimed to find out how people came to

use the Walk in Centre services, their views about it and to ask questions regarding their own GP.

The majority of these surveys were conducted as guided interviews by Healthwatch volunteers on visits taking place on 8 July 2014; 11 September 2014 and in the evening of 24 September 2014. Self completion versions were also given out.

4.3 Focus groups

Following discussions with the Public Health Team at the City Council two areas of Coventry were identified for more detailed conversations around GP care. The areas were Foleshill and Henley. Four focus groups were held at:

1. **Mental health carers group:** held at the Coventry Carers Centre with 10 women and one man attending. All participants were residents of Foleshill and Henley and had GP's in those areas.
2. **Wood End leisure centre:** we talked with a group of five people (four women and one man) all of whom were White British aged 55-75 and were registered with different GP surgeries.
3. **Angolan community at the Whitefriars Housing Office in Wood End:** Seven people participated (four men and three women) from the Angolan community. They were all of working age.
4. **Shree Mandata on Stoney Stanton Road:** 15 people from the local Asian community attended all who were aged 50 and over.
5. **We also tried to run a fifth focus group at Foleshill Children's Centre** however it was not possible to get people to attend.

The initial focus group prompts were based around the survey in order to focus on the preferences and tradeoffs people might make. We asked them some questions and used a traffic light rating system for them to rate things in order of importance. This system proved difficult to manage. This led us to alter the focus group prompts/methodology for the remaining three focus groups (see appendix 4). The last two focus groups utilised some of the initial findings from the paper surveys as prompts for further discussion.

1.4 Meetings with practice managers

Healthwatch staff and volunteers also organised six meetings with a selection of practice managers from the Foleshill and Henley areas to understand their perspectives.

The conversation topics were:

1. Appointment systems
2. How the surgery accommodate patients who present as an urgent case

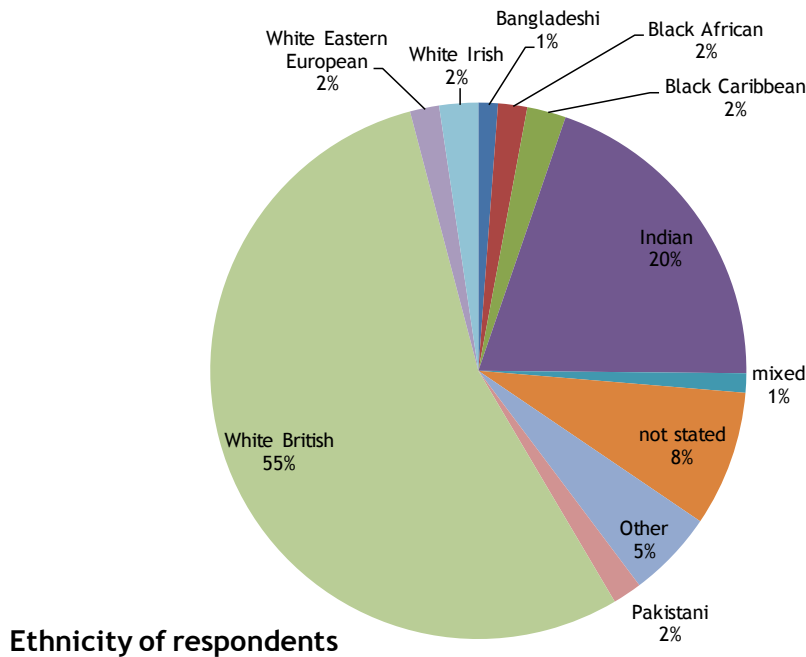
3. If other systems been tried before
4. What training do reception staff receive
5. What training would be helpful for your reception staff, if it were available in Coventry
6. How the surgery finds out about patient experience and satisfaction
7. If anything could be changed for the better
8. What, if any, external support would help the surgery achieve this?

5. Survey findings: quality questionnaire

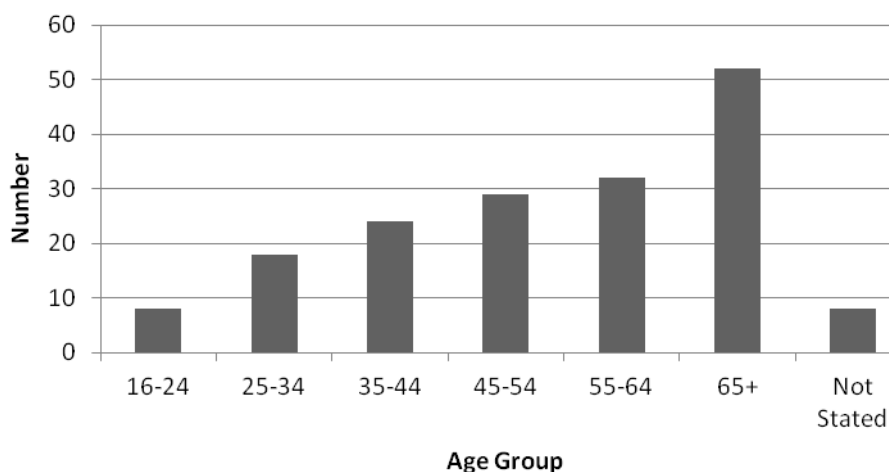
5.1 Details of respondents

171 Responses were received to the survey on what makes good quality GP care. The questionnaire can be found at appendix 3.

55% of the respondents to this survey were White British; and 20% were Indian. 61% were female.



Age Groups of Respondents



Therefore 30% of respondents were aged 65 or over.

5.2 Ranking questions

The GP quality survey asked a series of questions in order to try to ascertain the preferences of local people regarding the location of services; surgery times; who appointments are with and if they are face to face or use other methods.

The analysis below is designed to provide an impression of what people would like from General Practice, rather than a statistical analysis.

The questions asked respondents to rank options in order of preference. Not all respondents ranked in this way some, for example seeing all the options as important and others picking just one option.

For the purposes of analysis the responses for the strongest preferences (ticks for 1 and 2 in the scoring system) have been used.

The percentages below are helpful for identifying the trend in what people preferred and have been produced both as a percentage of all answers to the top preference and then as a percentage of all answers to all preference options.

5.2.1 Distance from where you live

We asked how important four factors were in the location of a GP surgery and if seeing a GP more quickly or a GP with a specialism influenced this.

Question options	A	B
That your GP surgery is within 10-15 minutes distance to your home	38%	15.2%
That your GP surgery is anywhere in the City but you can see a GP on the same day that you request an appointment	22%	9.0%
That your GP is anywhere in the City as long as the GP has specialist knowledge on your condition	17%	6.9%
That your GP is in the same ward/area you live in	23%	9.2%

Key: A = Breakdown of strongest preferences
B = Strongest preferences as % of all preferences given

A breakdown of answers by age category shows that older respondents 55-64 and 64+ showed a slightly stronger preference for seeing a GP with a specialism than younger people. However, this does not affect the overall trend from the survey sample that people had a desire for local access.

A second question related to location was about how people prefer to travel to their GP practice:

Question options	A	B
Easy to get to by public transport	30%	13.5%
Easy to get to by car	32%	14.4%
Easy to get to on foot	38%	17.3%

There was a stronger preference for walking to the GP practice or travelling by public transport amongst older people aged 65+.

5.2.2 Extended access

We asked about alternative times and methods for GP appointments.

Question options	A	B
Appointments after 6pm are available on some days	27%	10.5%
Appointments are available on Saturdays	20%	7.7%
Appointments are available before 9am	21%	8.1%
Telephone appointments are available	24%	9.2%
You are able to email your GP to ask questions	9%	3.6%

Fewer people answered this question than any other questions. It seems that people who did not identify with the options given chose not to rate them. This is potentially because some respondents were happy to go to the GP during the day. As 30% of the sample for this survey were over 65 this may have a bearing on the results related to this question.

There is quite an even spread of preferences indicating that different people prefer different things based on their personal circumstances. Emailing questions was not so popular - this might be linked to the age and ethnicity demographics of the respondents.

When carrying out the guided interview version of the survey it was apparent that some people had no experience of phone appointments and therefore found it hard to relate to this as an option.

5.2.3 Waiting versus who and where

For a routine matter, we asked people to rank if they would prefer to wait to see a GP of choice or if they would see another health professional:

Question options	A1	A2	B1	B2
To wait to see the GP of my choice at my practice	52%	15.6%	15%	4.0%
To see any GP at your practice if its sooner than waiting for GP of choice	26%	7.7%	40%	10.7%
To see another health professional (eg nurse) rather than wait for a GP	13%	4.0%	30%	8.1%
To see any GP, anywhere in the city if you could see them quickly	9%	2.6%	14%	3.9%

Key: A1 = Breakdown of strongest preferences
A2 = Strongest preferences as % of all preferences given
B1 = Breakdown of second strongest preferences
B2 = Second strongest preferences as % of all preferences

The results were that most people preferred to wait for a named GP at their practice; as a second choice they would see another GP at the practice; as a third choice people would see a practice nurse and their fourth choice was to go elsewhere in the City.

For those aged 25-54 the second preference was the practice nurse and third preference another GP in the practice.

We also asked about people's preference for an urgent matter where they could not see their GP in person:

Question options	A1	A2	B1	B2
To see a practice nurse in person	27%	9.3%	37%	10.6%
To have a phone consultation with a nurse	9%	3.0%	26%	7.4%
To have a phone consultation with a GP	41%	13.9%	19%	5.3%
To go to the Walk in Centre (if your GP is not available)	23%	7.7%	19%	5.3%

Here, having a phone consultation with a GP or seeing a practice nurse in person were the strongest preferences.

Those in the 25-34 age group had slightly different preferences: phone consultation with GP or going to the walk in centre, however the sample size was quite small.

5.2.4 Experience of appointment

We asked respondents to rank the following elements of their experience:

Question options	A1	A2	B1	B2
Appointment is on time	29%	14.6%	20%	4.4%
You don't feel rushed	27%	13.8%	31%	7.0%
GP invites you to ask questions	24%	12.2%	31%	6.8%
You are provided with additional information that you can take away with you	19%	9.8%	18%	4.0%

Keeping to time was the most important factor for people, followed by not feeling rushed. Here there is a challenge as keeping appointments to time may reduce the amount of time people have with their GP.

5.2.5 Clinical Quality and Safety

We gathered views on how important the following factors were to patient experience of GP services:

Count of responses	Very important	Quite important	Not important	No answer
A) GP uses plain English and avoids medical jargon	143	21	1	6
B) GP explains test results in a way you understand	155	8	8	0
C) GP involves you in choices in your future care	143	19	0	9
D) You are treated with dignity and respect	155	8	0	8
E) You feel confident in the GP's medical knowledge	158	4	0	9

Therefore the majority of respondents felt that these factors were very important for patient experience.

5.3 Findings regarding the role of receptionists

We asked respondents to say how important they felt reception staff were to their experience of their GP practice. Overwhelmingly 93.6% said they were 'very important', with the remainder either saying they were quite important or not answering this question.

We then asked people to explain why they thought this. The answers can be broadly categorised into the following areas:

5.3.1 Practical role

Many comments related to the practical role which reception staff have in the working of the practice. These comments can be summarised as follows:

Practical role of reception staff	Number of comments
First point of contact role; first impression	22
Appointment making role	8
Gate keepers/gateway	3
Help practice run efficiently	3
Information provision role	4
Link between Dr and patient	2

5.3.2 Positive experiences

Some respondents gave detail of their positive experience with the GP reception staff at their practice:

- *They can follow up any problems by communicating with other people eg hospital*
- *First contact with surgery; all the staff are exceptional at my surgery*
- *I have been coming to this GP for 22 years and never had a problem with staff. They are very helpful and caring. Always ready to help if needed. Polite and friendly. Feel like you can talk if any problems occur which they can help with*
- *They can reassure and install confidence in the practice*
- *Friendly service - helps you to relax if nervous about seeing your GP*
- *They can put you at ease, offer reassurance and answer queries*
- *Courtesy, confidentiality, empathy all important - all to be experienced at our surgery*
- *Mine are always helpful. They also take pride in their work and think of the people they are dealing with*
- *Staff are open and friendly. Treat everyone in the same way.*
- *A welcoming experience can make you feel more relaxed when attending*
- *You build up a relationship with them, see them more than the doctor*

5.3.3 A few respondents provided detail of negative experiences of reception staff at their practices:

- *Because they are the first point of call and if they are not polite or welcoming or helpful then they deter you from wanting to come to the practice*
- *As the first point of contact, it is important the reception staff make you feel welcome and that your concerns are important. Being ignored by reception staff when you first walk in is very distressing. We know they are very busy but a simple 'be with you in a moment' or even an acknowledgement by raised eyebrows and a nod of the head works wonders*
- *I feel sometimes they want to know more than what is actually necessary*

5.3.4 Comments about what makes good reception staff

Many of the comments emphasise interpersonal skills such as empathy and understanding. The receptionist's role in helping people to feel at ease is seen as significant. Professionalism and discretion are also valued. People also value being treated with respect and feeling listened to.

The most frequently used words to describe the characteristics of good reception staff were:

- Approachable
- Respectful (dignity)
- Helpful
- Caring
- Friendly
- Sensitive and considerate
- Professional
- Calm and patient

For example respondents said/wrote:

- *They are the face of the GP surgery and need to be helpful as well as professional. Training is important*
- *Frontline staff, first hand impression, it's important that staff treat clients with dignity and respect most of all politeness*
- *They are the gateway to the provision of personal healthcare and therefore need excellent customer service skills and to be knowledgeable about provision of services while maintaining personal discretion.*
- *Easier to speak to friendly staff*
- *The receptionist needs to be approachable and helpful. Having rude and difficult receptionists is not or should not be an option*
- *They need to be welcoming, sensitive, patient, well organised*
- *Helpful, friendly and discreet reception staff make the trip to your surgery a more enjoyable experience*

5.4 Awareness of triage system

We asked people if their practice used a triage system to assess if people needed to see a GP. 58% said they did not know. It seems that the concept of triage was not widely understood/or the term was not familiar to many and this will have influenced the responses.

Answer	No.	%
Yes	24	14%
No	38	22%
Don't know	100	58%
No answer	9	5%
TOTAL	171	100%

Just nine respondents answered the question about how triage was used in their practice by giving details regarding this.

5.5 Awareness of patient panel

Patient panels, patient reference groups or patient participation groups have been established in GP practices in recent years. We asked people if their practice had a patient group in order to see how widespread knowledge of these groups was.






The results show that 67% of respondents did not know if their practice had a patient group.

Answer	No.	%
Yes	34	20%
No	10	6%
Don't know	115	67%
No answer	12	7%
TOTAL	171	100%

5.6 What makes you feel confident in your GP or nurse?

Our open question resulted in a lot of responses which we have themed and grouped. The most frequently mentioned factors were:

	No. of times mentioned
Knowledgeable	27
Listening	22
Compassionate and reassuring	11
Clear at communicating	8
Friendly and welcoming	8
Knows my medical history	7
Answers questions	7

-  *That they have knowledge, skills, good attitude. Listened to what we say, good listening skills. They are compassionate and caring, good people skills.*
-  *That they involve you - talk about your condition, invite you to ask questions.*
-  *That they listen carefully, allows the patient to ask questions or explain symptoms.*
-  *Their ability to communicate clearly.*
-  *They are knowledgeable, professional/friendly*

- 🌱 *Understanding my medical needs and my background of health. GP explaining and helping me to understand*
- 🌱 *My doctor can speak in Punjabi and can explain in more depth to me in my language. They have a respectful attitude.*
- 🌱 *Long term relationship. GP knows about the patient. GP is a permanent, long term member of the practice team and not a locum*
- 🌱 *My GP is kind, patient giving plenty of time to find the cause of the problem. Privacy and respect*
- 🌱 *Practice nurse knows medical history, specialism in diabetes, good shared records, provides access to GP when needed*
- 🌱 *Their attitude towards me; if dismissive does not instil confidence.*

5.7 Is there anything else which is important for GP quality?

This was a free text question resulting in comments relating to access to appointments; requests for longer consultations; improvements to disabled access; having more health checks; ensuring the needs of people with learning disabilities are addressed; the qualities people felt make a good GP; the need for more GPs and more appointment slots; and continuity of care.

For example:

- 🌱 *Encourage health checks and screenings*
- 🌱 *High turnover of GP's - hard to get consistency*
- 🌱 *I have a GP that doesn't listen and tries to rush you and has no interest and that is why no one wants to see that GP, they will wait in a queue*
- 🌱 *I think it should be made clear if they are a teaching practice*
- 🌱 *I value the Walk in Centre. Doctors have too many people to see*
- 🌱 *If nurse is on holiday and she is the only nurse in the practice there should be cover - especially when the holidays are nearly 2 weeks.*
- 🌱 *In 3 years I have never been able to see my own GP. This is something I would prefer to be able to do*
- 🌱 *In the waiting room you maybe deaf or not able to read, they should put on a red light on and send someone out to take you in*

- *It would be useful for the surgery to advertise each GP specialism and for priority given to patients in need of this. My experience of GPs is very varied and while some are brilliant, others seem demotivated and lacking in basic communication skills. It is usually the case that the only appointments left are for those latter doctors.*
- *Providing interpreting services for patients with language difficulties is very vital, sometimes a matter of life and death*
- *Provision for proper access for disabled and visually impaired people in particular.*
- *Seeing the same GP is better as they get to know you*
- *Sufficient appointments to meet demand at all GP practices across the City.*
- *The experience starts when you walk through the door, does it feel friendly? Is the receptionist helpful? If you have to wait does someone explain why? If you are a person with a learning disability who helps you navigate the process? How are you informed of the problems?*
- *The GP's need to take on board what consultants or specialists have prescribed and not change medication when you get home to what they think and then you contact the consultant who is not happy.*
- *They speak the English language clearly. That I am treated with respect, as a human being, and they have eye contact with me, not just looking at their computer screen, as they talk.*
- *Time for a longer appointment when needed*
- *To try and see children even though they are full*
- *We should be able to access the service of any GP and all GPs. We shouldn't be restricted by catchment areas as certain areas have.*

6. Survey findings: Walk in Centre survey

The Walk in Centre operates at the City of Coventry Health Centre (which opened in 2012) close to the town centre in Coventry. The contract to run the Walk in Centre is held by Virgin Care. It provides:

- Access to nurse/GP for people who can't access a GP appointment or are working locally.
- Opening hours 8 am - 10 pm every day (not able to pass anyone over to out of hours).
- Maximum waiting time of 4 hours (set in contract)

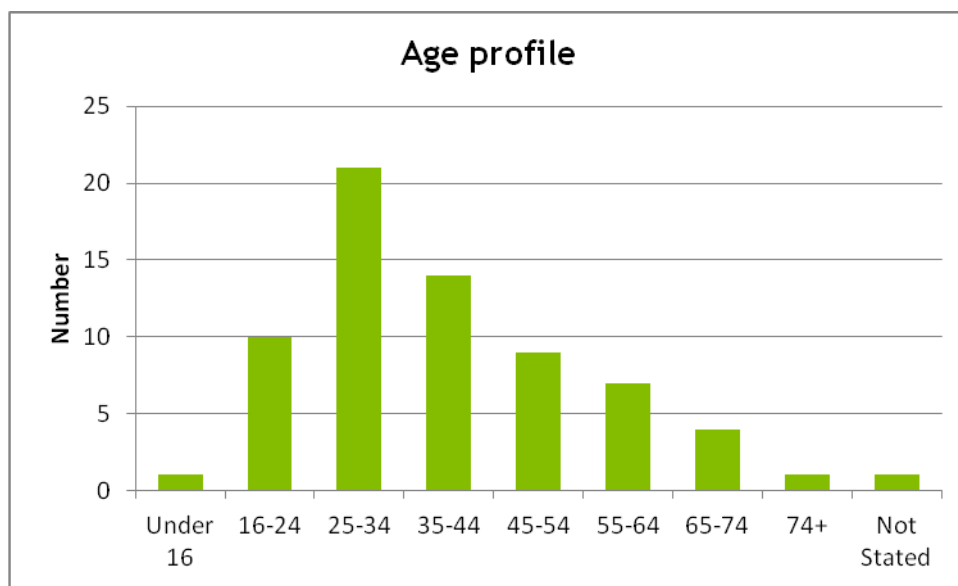
There is a flagging system in operation, which gives certain symptoms a priority to be seen more quickly eg Chest Pain. Otherwise people are seen in the order in which they arrive.

NHS 111 refers people to the Walk in Centre.

6.1 Details of respondents

68 people completed this survey. 53% of respondents were White British. 41 respondents were female, 21 were male, one was transgender and one did not say.

The age profile of respondents as follows:



Therefore, the respondent to this survey had a younger age profile than those responding to the GP quality survey; with 31 % being aged 25-34 and 52% aged 25-44.

Survey respondents had GP practices in the following areas of Coventry:

Area of Coventry	
Allesley	Holbrooks
Bell Green	Longford
Binley	Radford
Broad Street	Spon End
Cheylesmore	Stivichall
Coundon	Stoke
Foleshill	Stoke Aldermore
Gosford Green	Walsgrave
Henley	Willenhall
Henley Green	Wyken

Eight respondents were registered with GP practices in the same building (the City Centre Health Centre). Six respondents were not registered with a GP practice at all and Nine were registered with a practice outside Coventry.

The location of some respondents' GP practice was unclear from their description.

6.2 Questions regarding Walk In Centre

Of our sample 47 people (69%) had used the Walk in Centre previously; 19 of these said they used the Walk in Centre 'regularly' and 15 that they used it 'rarely'.

6.2.1 Making a choice to attend or being advised to

We asked questions to find out if people were making an active choice to attend the Walk in Centre or were using it because someone else had advised them to do so, and who that was.

40 respondents (59%) said they chose to attend on that occasion. 21 said they were advised. The remainder did not answer. As most had been to the Walk in Centre before they saw themselves as choosing the service.

For those who were advised the sources of this advice were:

GP or GP staff	9
Friend, family or neighbour	5
Nurse	2
Work colleagues	3
111 phone service	1
Not stated	1

For those who said they chose to attend the factors influencing this choice were:

Easier than getting a GP appointment	20
Particular injury/medication	7
Convenient location	6
Other	1
Not stated	6

We asked people to rate their experience of the Walk in Centre and this showed that 53% thought the service was 'good' and 15% that it was 'very good'.

Very Good	Good	Poor	Very Poor	Not Stated
10	36	7	3	12
14.70%	53%	10.30%	4.40%	17.60%

We asked people if there was anything which could be improved at the Walk in Centre:

- 19 people mentioned waiting times either in terms of the wait being too long or not having enough information about how long the wait would be
- Four people commented that there should be more Drs or staff
- Five people said that information could be improved - this was about feeling that they did not know how long they would wait and not being informed about any changes to the waiting time or where people were in the queue.
- Three comments related to the building environment including cleanliness and seating
- One person said that parking should be improved.

6.3 Questions regarding own GP practice

The second part of the survey gathered feedback on the respondent's own GP practice.

6.3.1 Positive features

We asked what was good about people's own GP practices and answers can be categorised as follow:

Positive comment about GP	15
Related to good service/relationship	13
Positive comment about nurses	2
Positive comment about access to appointments	3
Positive comment about reception staff	1
Location convenient	3

Five people also mentioned issues with getting appointments and 1 mentioned an issue with reception staff.

6.3.2 Suggestions for improvement to own GP practice

45 respondents gave suggestions for things which could be improved at their own GP practice. 20 mentioned being able to get an appointment sooner with an additional two people asking for urgent appointments to be sooner and one for appointments within 24 hours.

Three people would like easier access to a named GP, for example one comment was that the person wanted to see their GP rather than a locum.

Six comments related to customer service or a need for greater customer service skills; with a further two comments regarding a need for more understanding of patient perspectives.

Three people said they would like more time with their GP so as not to feel rushed.

Other things which were mentioned were:

- Be seen by own GP not referred to Walk In Centre
- Be seen by GP rather than triage appointment
- Hygiene
- Physical environment
- Better access to repeat prescriptions
- Have more than one GP
- More female GPs
- Continuity of GP
- Longer opening hours
- Clarity of rules and regulations
- Need to trust GP

6.4 Walk in Centre observations

6.4.1 Video screen

This is located towards the left hand side of the waiting area so is not easy to see from the seats on the right. It gives public health information and has a rolling message giving the waiting time - which during this visit was 'up to 3 hours'. The message also states that patients are prioritised but then says that not all patients are - this seems somewhat confusing.

6.4.2 Calling people in

Patients were called in to see clinicians by them coming out and shouting for the person. However, one person was called via a message on the video screen and a tannoy announcement asking them to go to a certain room. Some people were either not there or could not hear, resulting in the staff coming out to call them more than once.

Some people went in to see someone and then came out and waited for a further period of time.

One man had to go and move his car. He informed reception that he was doing this and he was called whilst he was absent and then told that he would have to wait and see if they could fit him in.

6.4.3 Patient engagement

The Walk in Centre asks patients to rate the service by placing a counter in a box and through an annual patient survey, usually on a theme. We saw that children liked to use this box.

7. Focus group findings

7.1 Carers Centre Mental Health Group

Participants had different GP practices and therefore reported different experiences of access to an appointment.

- *“I think my Doctor is the best in Coventry - very good, I am diabetic and they will see me on the same day or come out to me at home and bring my medication”*
- *“I have waited from 2 - 4 weeks. I have asked for a call but not received a call. Always told Dr is busy. Encouraged to see a nurse. I chose this surgery because it is close for my wife to walk there”.*
- *“My son has a Learning Disability, when he is unwell he cannot communicate and gets frustrated, he lashes out at me and others and becomes aggressive. Dr doesn't want to see him. On one occasion when my son was feeling ill the Dr didn't want to see him and make a diagnosis because he finds it difficult so he just wanted to write a letter to send him for respite care and post it to me”.*

Participants would like the following from their GP practice;

- Get an appointment with my GP when I feel it is urgent
- To be listened to and asked "what is wrong?" "how are you?"
- To be given time to explain what I need and not feel rushed
- If medication is not the answer - give advice about what else I can do
- Just go the extra bit further to make me feel valued and heard
- I'd like to be asked what is convenient for me - not have to consider what is convenient for the Doctor
- I want to feel reassured - Dr to show concern
- Receptionists need to be well trained and patient as well as polite

7.2 Wood End Focus Group


All participants felt that the receptionist played an important role in their interactions with their surgery. "They are the first point of contact and need to give a good impression"

All Participants also felt that the quality of service and level of knowledge that their GP had was more important than the amount of time they had to wait to see a doctor.

All said that they were happy to wait a couple of days to see their preferred doctor rather than go elsewhere to be seen sooner.

- *“At my surgery there is a good doctor and a not so good doctor. The good doctor is very popular so it is harder to get an appointment, if you are*

happy to see a different doctor you can get in sooner but won't necessarily be happy with the treatment you receive. I would prefer to wait to see the 'good' doctor, but sometimes can wait 7 - 10 days for an appointment".

 *"My practice uses a text messaging system to remind us that we have an appointment, I find this helpful and I think it reduces non-attendance"*

7.3 Angolan Group

7.3.1 Use of appointments

The group decided that an emergency appointment was for something that was unexpected and for something that made you feel 'at risk' (health wise) and that a routine appointment was to maintain ongoing best health; or at the point self medication was not working and you had tried all other ways that you can think of to get better.

Most of the group felt that if they felt 'under the weather', generally unwell they just got on with it as it is so difficult to get an appointment. Some said they would self medicate with over the counter products, others just wait to feel better. Half of the group said that they only went to the GP when they felt it was an emergency.

Half of the group said in an emergency they would use the Walk in Centre, as although the wait was long, they knew they would be seen the same day.

7.3.2 Other Comments

A service improvement system was suggested which is used in Angola which is called 'The Yellow Book'. This is an official comments book which is held in local health provision where people who have used the service write their thoughts and improvement suggestions. 'The Yellow Book' is inspected by an external official person/body where these comments and suggestions are collected from.

7.4 Shree Mandata

7.4.1 Use of appointments

The group were asked what they felt the difference was between an emergency and a routine appointment:

The general feeling of the group was that an Emergency appointment was for something that couldn't wait for more than 24 hours and a routine appointment was for something that could wait up to a week.

7.4.2 Access to information

Many of the group said that there were lots of posters but as in a lot of cases, when at the surgery they feel unwell it is unlikely that they would read posters or leaflets.

Some said that an electronic message board was used and it was a bit more likely that they would notice this.

- *“A surgery newsletter would be good, could be put in the surgery and library.....where people meet”*
- *“Posters aren’t good for people who have a language barrier”*
- *“Doctors should tell us about their website and how to see it”*

7.4.3 Other Comments

A general discussion was had about the gaps in the communication process between GP, patient and consultant (hospital). It was the experience of a few participants that they didn’t feel, as patients, they were informed properly by the consultant on things such as how long they should continue with medication being prescribed by the consultant and whether the GP would be informed and would support this medicine regime.

Unhelpful process:

A man was in the GP surgery and he asked to leave his information for his repeat prescription requirements. He was told he must phone, he said he could write the requirement down if she could pass it to the right person. The receptionist insisted that the procedure was he **MUST** phone in. The man asked to borrow the surgery phone; he rang the surgery from the surgery and could physically hear the person in the next room that he was speaking to.

Making an appointment - when it does not work from patient perspective

The appointment system at one focus group participant’s practice is that a patient calls the surgery number at 8.30am. They reported that the phone is constantly engaged therefore a patient is inclined to use five for ring back which incurs a cost to the caller. This call is answered by a voicemail facility then someone calls you back in a short while to tell you there are no appointments left for today. The person disclosing this information explained that he physically attended the surgery at open of business at 8.30am one morning to ensure he could get an appointment to be told there weren’t any left for that day.

Reception staff

Ideas for support for reception staff were:

- CCG to train all reception staff in customer service and dignity
- Have a mystery patient experience
- Rate reception staff

8. Discussions with practice managers

8.1 Trainings for receptionists

There was a general consensus from all practice managers that general customer service training is always helpful.

It was commented that: *“PCT used to provide great training”* and *“General customer service training is always welcomed”*. *‘Years ago the FHSA used to run training which was good: introduction to the new receptionist; refresher for receptionists (included body language)’*.

Suggestion for useful training for reception staff from Practice Managers:

- Dealing with aggressive patients and diffusing situations
- Recording accurate and adequate information,
- Chaperoning
- Safeguarding for vulnerable adults (“Safeguarding training is currently delivered by the practice nurse as it’s very difficult to get hold of someone at the council”).
- Confidence in dealing with different situations
- Personal safety
- New computer systems

8.2 Difficulties

Some practice managers considered that the overload of administration detracted from staff doing their jobs. One Practice Manager described it as “drowning in paperwork”.

One Practice Manager said that the introduction of the Friends and Family Test was an added burden in terms of cost and time.

There is a general problem of not being able to recruit salaried GPs which makes the practice rely heavily on locums which pushes the cost up and prevents continuity of care for patients. One practice said it was short of 20 appointments a week due to a GP vacancy which they could not recruit to, the other GPs were doing additional surgeries but there was still this short fall.

It was commented “we are always putting in bids for extra funding but these opportunities are getting less. Since the CCG has come into being we find ourselves being able to offer less to patients”.

Issues with clinical IT systems being not very user friendly eg letters etc are stored on one system which is attached to the clinical system and therefore opens up in a different interface.

8.3 Patient engagement

In our sample most used annual surveys. One practice said it did not have a patient panel/participation group so therefore there was little patient engagement work.

The forthcoming introduction of the 'Friends and Family' test survey into practices didn't seem particularly welcome.

8.4 What would help

The Local Medical Committee (LMC) were said to be very supportive along with the Godiva locality group of the Clinical Commissioning Group. There was some criticism of the level of support from the NHS England Area Team (which is currently responsible for commissioning GP services).

Some comments were:

- GP and Practice Manager consider practice and staff are under stress and any external help / funding to improve would be welcome. GP thinks patients need reminding that appointments slots are limited.
- More support/connection with Dieticians/physios/health visitors would be helpful. The practice manager finds it hard to communicate with health visitors, never available; they don't come to meetings when invited etc.
- Regular communication i.e. new services that are rolled out. It would be beneficial if a meeting or training was prearranged.
- CCG to encourage more students into GP practice. Coventry City Council to release land.
- Healthwatch could provide information about its services and text for practice complaints policy and practice website
- Are part of Godiva locality group in the CCG feel removed from the Inspires group eg went to a training session and was only rep from Godiva practices. Godiva have a meeting of the practice managers on monthly basis and feedback on what went on at Board level.

There was also a certain sense of confusion and in one instance frustration regarding the different support provided to member GP practices by Godiva and Inspires groups within the CCG.

9. Observations and conclusions

Healthwatch gathered the views of 277 people through this piece of work. The outreach activity enabled the views of different sections of the community to be gathered.

9.1 What people want from their GP

The survey findings highlight that people value GP services being close to home and within walking distance. Therefore, this must be a consideration in any future reconfiguration of GP services in the City.

There were similar rankings of preference for appointments being available at other times or in other ways; with appointments after 6pm the slightly stronger preference, followed by telephone appointments and appointments before 9am and on Saturdays. Email contact with a GP was not rated as highly.

People are making choices about how long they wait to see a GP and have different expectations/behaviours depending on whether they consider their health matter to be urgent or routine. For routine /non urgent people prefer to wait to see a named GP. There were indicators in our findings of a willingness to accept telephone appointments for urgent matters if face to face appointments with a GP were not available; as well as a willingness to see a practice nurse.

Respondents valued their appointment being on time and also not feeling that they were being rushed. Being able to or being invited to ask questions was also valued. This presents challenges in terms of managing appointment demand and allowing enough time for patients.

The needs of older people and working age people are different in some respects as we found indicators that those aged 25-34 preferred attending the Walk in Centre. Those aged 35-44 also seem more likely to use the Walk in Centre.

We found that the Walk in Centre is being used by people who:

- Have not been able to get a GP appointment/feel they have to wait too long for a GP appointment at their own practice
- Do not have a local GP
- Based on previous experience have concluded that it is easier to use this service than their GP

Generally our survey respondents who were using the Walk in Centre had positive things to say about their own GP practice.

The Walk in Centre was also rated positively, despite concern from respondents regarding waiting times and information about how long they would wait.

9.2 Confidence

It can be difficult for people to know about the clinical competence or effectiveness of GP services, however, it is clear that feeling confident in a particular practitioner is important. Patients valued listening skills and knowledge - however how patients define whether a GP or nurse is knowledgeable was not so apparent and may merit further investigation. Soft interpersonal skills are very important to people.

Across the survey and focus groups people have highlighted issues of GP practices sometimes having a less popular GP and the impact this has on the availability of the more popular GP(s). From our findings, it seems likely that GPs are less popular because of patient judgements regarding interpersonal skills, such as listening and communication skills and about how knowledgeable patient feels the GP is.

9.3 Reception staff

Reception staff were seen as important as the first point of contact setting the tone for a practice. Respondents were generally aware of the significance of the role of reception staff for their access to appointments. Some see reception staff as having an important information and link role.

Therefore attitude, manner and approach are seen as very important to patients for their positive experience of the practice.

In order to meet the list of personal qualities and skills listed by respondents as necessary for reception staff, they need support and training. Customer service focused training is relevant and should be available to an agreed standard for new and existing staff. We found evidence that practice managers would support the availability of this kind of training.

Practice managers also suggested additional topics for reception staff training, which should be scoped further to gauge the level of interest across the City.

9.4 Patient engagement

This is an area where there is significant scope for development. Patient panels/reference groups have been promoted as a route for patient engagement in GP practices in recent years, however a significant proportion of survey respondents did not know if their practice had one and some practices do not operate them. Therefore, information about involvement in, membership of and the work of patient groups should be promoted more by practices. Currently patient panels or patient participation groups can be small groups or operated as virtual groups and they often have little resource to support their work. Therefore they are not a mechanism to communicate with the bulk of the practice population. This does not necessarily mean they are not helpful, but there should be more clarity regarding the reality of their role and breadth of involvement in them.

It seems unlikely that the friends and family test will contribute to meaningful engagement activity as without understanding the reasons behind the ratings people are making, the results will not be useful for making any changes to services. Also buy in from practices is needed in order to make the commitment to develop and change based on patient feedback.

9.5 Practice leaflets and information

During our visits to practices to distribute questionnaires or talk to practice managers we collected practice leaflets. We found that some leaflets contained out of date information eg phone number for the 'Health Authority' or contact details for NHS direct rather than NHS 111. There were also issues with print quality and readability with some. Desk top publishing is not necessarily a skill that staff at all practices will have, so it is important that practices are supported to give out up to date information and a template could be provided to help them to do this.

Not all practices are aware of up to date information about contact details for different services - for example we were asked about Patient Advice and Information Services (PALS) services and what currently existed and were able to pass on information.

Some practices display a lot of information and the comments from our focus groups provide an interesting perspective on this and how people are not necessarily able to take in information when visiting their GP. The alternative suggestions for conveying information such as a practice newsletter and promoting practice websites are also interesting.

There was a lack of awareness of Healthwatch and the extent of our role including the Independent Complaints Advocacy Service (ICAS). Healthwatch provided a short piece regarding this service to go in an updated version of a practice's complaints policy following our visit. Healthwatch also supplied information for the practice's website.

As an additional piece of work Healthwatch is reviewing all of the online information regarding GP practice in the City available via NHS choices.

9.6 Processes

By necessity, running a GP service requires a lot of processes, however not having any patient input into the design of patient related processes or an overly rigid approach is likely to lead to frustration for patients; as the discussion at one of our focus groups about requesting a repeat prescription illustrates. Having clear and user friendly process will enhance the management of demand and patient needs and increase patient satisfaction.

9.7 Physical access

Disabled access was highlighted as one of the additional factors for a quality GP service; including making adaptations for learning and physical disabilities to enable use of services. Whilst we only visited a sample of practices the variation in premises was evident. There were barriers which could be quite easily overcome such as autumn leaves on a disabled ramp; doors which were difficult to open and reception desks with no wheelchair height section.

9.8 Continuity of relationship/care

There are threads through the comments people have made to us regarding valuing continuity of relationship/care from a GP and preferring to see GP who knows a person's medical history; as well as some concern regarding seeing locums. People said they were willing to wait to see a named GP for a routine matter and the group of older people at the patient panel summit valued continuity of care for long term conditions.

The emphasis people place on soft interpersonal skills and relationship factors present a challenge to the future delivery of GP services. The GP practice system is under strain because demand is rising and in Coventry there are a significant number of GPs who are approaching retirement age. Both locally and nationally conversations are taking place about how to deliver GP services and broader primary care services in the future. It is clear to Healthwatch that the desire of patients for face to face contact and a relationship with their GP or practice nurse is a factor which must have a high priority because it is important for how people behave and how likely they are in seeking to use GP services when needed.

Some potential solutions to issues of demand such as email contact are moving away from face to face contact and the relationship which people wish for. Therefore, it is important that consideration is given to how best to use the resource for face to face contact and how this can be targeted to best meet the needs of patients.

9.9 Role of Walk in Centre

As a walk in service, demand for the service fluctuates and there can be extremely busy periods, which impact on waiting times. For example we were advised that people tend to arrive for when the service opens. The service fulfils a need in the City for extra primary care capacity. It deals with a significant number of patients and appeals to people who are willing to wait in the knowledge that they will see someone on the day as well as those who are not registered with a local GP.

People who completed our survey at the Walk in Centre came from a variety of different areas of the city. Some people were from GP practices close by, as they could attend the Walk in Centre after finding they could not get an appointment in the time frame they wanted at their own GP practice. The Walk in Centre collects information about which GP practice lists users are from and therefore could pull off statistics regarding this.

More could be done to provide information to people about waiting times during their time at the Walk in Centre and to gather feedback.

The limiting factors on the role of the Walk in Centre are that it does not have access to any patient records or hold any patient notes. It passes information back to an individuals' own GP practice (by fax) however, this is dependent on the person being able to identify their own GP practice in a way which is understandable to Walk in Centre staff. This seems a somewhat antiquated

approach and IT ought to be able to make the facility more connected into the primary care system and less stand alone.

There should be a clear message to the local population regarding the purpose of the Walk in Centre and what they should use it for. It seems that the messages have shifted from the original widespread advertising to Coventry residents when it opened about it providing a choice and an alternative place to register with a GP. Also recent local strategy documents have started to say that people should go to their own GP, however there is a capacity issue at some GP practices.

It seems very likely that the use of Walk in Centre also has an impact on attendance patterns at A&E, probably by acting as an alternative. The level of additional demand at A&E the Walk in Centre is preventing should be researched and understood.

10. Recommendations

Healthwatch Coventry makes the following recommendations to be addressed by the commissioners of GP services; Coventry and Rugby CCG; Public Health Coventry and other partners:

- A. Customer service focused training must be developed locally for new and existing reception staff and run on a continuous rolling programme.
- B. Support/resources/templates are developed to enable GP practices to produce a good quality practice leaflet with consistent up to date key information about accessing out of hours services; how to raise a complaint etc.
- C. The role of the Walk in Centre as part of urgent care and primary care provision in the City is made clear and public messages regarding the role of the Walk in Centre are clarified and consistent.
- D. IT systems should connect together patient information in order to support the delivery of care; this should include connecting the Walk in Centre to enable improved flow of information and access to patient records.
- E. There must be further development of patient engagement culture and mechanisms in GP practices; there should be more than one way for patients to give their feedback/perspectives and this should be sought by the practice rather than expecting a patient to approach practice staff.
- F. Patient participation groups or panels must either be promoted much more to practice populations, to be meaningful in terms of reach and influence or have a clear purpose as a small group of patients acting as a sounding board for the practice.

- G. The role of Healthwatch and the Independent Complaints Advocacy Service (ICAS) should be promoted to GP Practices and by GP practices to patients.
- H. Ways to improve communication links between commissioners, the CCG and GP practices should be explored and developed. There must be a clear offer of communication channels, training and other support mechanisms which are available to all Coventry GP practices.
- I. Coventry should adopt a statement of what a good quality GP service is (as there is no publically recognisable statement of good quality GP care). The following should be included because it is based on the evidence we have gathered:

Access:

- There is a range of methods for booking appointments
- The methods for making an appointment should take account of the needs of people who work and young people (the most unpopular system is having to phone at 8.00 or 8.30 to make an appointment and then being told to phone back the next day)
- A practice should not have an 0844 phone number
- Having a text reminder service
- A time slot or /time frame for phone consultations is booked
- A patient friendly system for repeat prescription requests
- Adaptation to process and access are made in order to meet the needs of physically or learning disabled or those with a sensory impairment

Staff:

- Receptionists should provide a customer focused service (approachable, caring, helpful)
- GPs are knowledgeable and listening with good interpersonal skills
- Practice nurses should be well trained and have good interpersonal skills

Information:

- The practice has up to date information for patients about their services, out of hours GP services and how to raise a concern or a complaint
- The practice has up to date web based information (its own website and information is kept up to date on NHS Choices)
- The GP practice are aware of the role of Healthwatch and PALS services in NHS Trusts

Raising issues

- There are clear and easy ways of raising a concern or complaint regarding the practice to practice staff
- Reassurance is given to patients that there will be no repercussions (such as removal from the practice list) for raising issues or making suggestions
- The practice has a listening culture

- Timely and full responses are given by the practice

Patient engagement:

- The practice has a range of pro-active mechanisms to capture patient feedback and a route for patients to be involved via a patient group
- The practice can show that patient views have been listened to for example by a change which has been made.

11. Acknowledgements

Thanks to Carla Elkins from Coventry and Rugby CCG for helping to distribute the survey; Sandra Walsh from Coventry City council for putting the survey in libraries; practice managers for their time. Also thanks to the funding advice group support officers at VAC for facilitating links with local community groups.

12. Responses

No one organisation is responsible for GP services in Coventry. GP practices operate independently as contractors for the NHS.

Therefore getting action to address the findings and recommendations of this report requires collective response involving a number of agencies working together.

GP practices are, at the time of writing, 'commissioned' by NHS England working through its local Area Teams. They work to ensure that GPs meet the requirements in their contract with the NHS. Local Clinical Commissioning Groups (CCGs) have a role in promoting and supporting good practice amongst their GP members. GPs also have support organisations such as the Local Medical Committee and universities train GPs through medical schools.

Therefore, Healthwatch presented this report to the multi-agency Primary Care Task Group on 27 November 2014 and further discussion was held at the group's meeting on 22 January 2015. As a result further discussion and thinking will take place for example regarding patient engagement in primary care and what the primary care system should be like in the future. Healthwatch will continue to press for the patient voice to be foremost.

Healthwatch has also sent the report to Coventry and Rugby CCG, NHS England and Virgin Care (provider of the Walk in Centre) for response.

Primary care is very high on the agenda locally and the Director of Public Health's Annual Report 2014² focused on the challenges for local primary care.

² <http://www.coventry.gov.uk/publichealthreports>

Appendix 1: Healthwatch Coventry and Coventry and Rugby CCG Pilot discussion on GP Quality

Introduction

A pilot discussion session was held as part of the Coventry Patient Panel Groups Health Summit meeting on 30 April 2014. This meeting was attended by 10 people representing 8 GP practices. There were two practice managers represented, plus staff from the CCG. The majority of those taking part were in an older age group.

The group spent an hour considering what quality of GP care /services looks like in terms of 3 elements of care.

1) Access to GP Practice (including access to appointments with GPs and other staff)

- **Various ways to access appointments or advice from GP practice - not channelling people towards one point of access i.e. telephone, email**
- Better management of people's expectations - honesty regarding availability of a particular service or GP
- Good communication regarding what is and is not available
- Communication available in a multiplicity of media and be accurate and readable
- Out of hours appointment service - taking into account patients with busy lives who work 9-5 Mon - Fri
- To get an appointment when I want/need one
- Clear information about who to go to if you have a problem and what to do out of hours
- **Happy to wait for a named GP but in an emergency happy to see any doctor**
- Access to GP with specialism in particular area and this information available for patients to see - **important for people with long term conditions**
- **A local phone number**
- Physical access including disabled access
- Difference in access since 48 our target taken out
- Some people still want to see a GP rather than a nurse

2) Quality of the clinical care/treatment provided by GPs and other staff - including information; routine health checks; referrals etc

- **Concern about receptionists doing triage of patients**
- **Giving test results by receptionists - are people happy**
- General feeling that specialism's of GPs or nurse are a good thing but query over access. **Specialism increase confidence. (eg given COPD/Diabetes/ blood taking)**
- **Clear and summary patient notes (so don't have to repeat yourself)**
- **Gender specific access**

- Establishing trust through continuity - who we see and how illnesses are treated
- No use of acronyms - clear understandable information
- **Good signposting - Staff having a good knowledge of local support services**
- Clear, consistent procedures
- **Informative practice information pack available as standard and kept up to date - showing info regarding opening hours, Staff names and job titles, phone numbers, email addresses, website, Practice Manager name, particular GP's specialist areas.**
- **Accessible and user friendly website with clear information**
- **Continuity for recording data on patient records regardless of which GP sees them.**
- Standardisation of information given (there is too much variation even within the same practice)
- Some patients don't want to see trainee Drs - concerns over experience
- Differing opinions on one problem one appointment rules

3) The manner of interactions between patients and GPs/other staff: compassion; privacy; dignity; respect.

- **Important role of good quality, well trained receptionist - need for further training to support this (warm , friendly, , relaxed receptionists can make a practice)**
- Develop relationships in order to encourage trust through continuity
- **Feel listened to and heard**
- Not feeling intimidated and feeling able to talk in confidence to GP
- Staff to respond in a way that gives the patient faith that their issue will be dealt with appropriately, professionally and in a timely manner
- Calm - less rushed manner
- Personal service - empathy
- **Eye contact, smile, welcoming attitude, making patient feel reassured - especially nervous patients. Don't look at computer.**
- Putting patient at ease, being made to feel comfortable
- **Honesty about what can be provided**
- **Take into account people's individual needs re communication support (filling in forms and reading material isn't suitable for all and some may need additional patience and support with this)**
- **Respect privacy and confidentiality, people do not like talking in an open reception area where their conversation can be overheard. People are not comfortable talking to reception staff regarding their health issues.**
- Do not patronise
- Reassurance that - "patient identifiable data is kept confidential"
- Difference of opinion about whether Drs should physically come out and get next patient waiting or if this is a waste of their time.
- Nurses listen
- Variations in how patients could get results at different practices

4) Other

- **Ensuring that receptionists/ front line staff feel well supported and fully informed can have a positive effect on service delivery**
- Reassurance that if you complain you will be treated with respect - some patients have a fear that they will be "kicked out of the practice", labelled as "trouble makers", "complainers"
- **listen to patient group**
- Availability of clear information in reception at point of contact
- **Robust and regularly updated training for clinical and none clinical staff to ensure continuity of information across the practice.**
- Staff team and patient groups working closer together - inviting patient group members to practice meetings. GP s attending Patient Group meetings. (less "them and us")
- GP asking for opinions more often, what the patients want from them and what they think of the service
- More opportunity to give our views
- Involve the patient - not as a tick box exercise
- GP boundaries
- Federations of practices - impact?
- Information about NHS 111 and access to other urgent care services - confusion about routes of access

Conclusions: some things could be taken to be a marker of quality

Access:

- Having a text reminder service
- Not having to phone at 8.00 or 8.30 to make an appointment
- A range of methods for booking appointments
- Not an 0844 phone number
- Time slot or /time frame for phone consultations booked

Quality

- Easy access information
- Meeting individual needs (how to measure)

Interactions

- Coventry wide training course for GP receptionists to support them in their role - could CCG facilitate
- Award scheme for good practice - receptionist awards

Other

- Quality of patient engagement and listening to patients and responding

Key

BOLD - points where there was agreement/support from more than one participant or were thought to be a priority

Appendix 2: Quality questionnaire

About us:

Healthwatch is the champion for health and social care in Coventry. We give local people a powerful voice - making sure that views and experiences are heard by those who run, plan and regulate health and social care services. We are independent of services (such as hospitals and GPs).

Part of our role is to ask people what they think about services to build a picture of where services are doing well and where they can be improved.

This project:

We are gathering information from local people on using a GP service to find out what is important to them.

Part 1

Q1 To give us an understanding of what area of Coventry you live in, this will help us to make sure our survey sample covers Coventry please tell us:

1A) What area of Coventry do you live in (e.g. Foleshill)?

1B) What is your postcode?

Q2 How important are the following factors regarding the location of your GP surgery? Tick one box per question to score with 1 meaning most important

	Tick relevant box			
	1	2	3	4
That your GP surgery is within 10-15 minutes distance to your home				
That your GP surgery is anywhere in the City but you can see a GP on the same day that you request an appointment				
That your GP is anywhere in the City as long as the GP has specialist knowledge on your condition				
That your GP is in the same ward/area you live in				

Q3 How important is it that GP appointments are available at the following times? Tick a score of 1-4 with 1 meaning most important

	Tick relevant box			
	1	2	3	4
Appointments after 6 pm are available on some days				
Appointments are available on Saturdays				
Appointments are available before 9 am				
Telephone appointments are available				
You are able to email your GP to ask questions				

Q4 For a routine matter please place the following in order of preference 1 being your preferred, 2 your second choice and so on	1	2	3	4
To wait to see the GP of my choice at my practice				
To see any GP at your practice if its sooner than waiting for GP of choice				
To see another health professional (eg nurse) rather than wait for a GP				
To see any GP, anywhere in the city if you could see them quickly				

Q5 For an urgent matter please place the following in order of preference 1 being your preferred, 2 your second choice and so on	1	2	3	4
To see a practice nurse in person				
To have a phone consultation with a nurse				
To have a phone consultation with a GP				
To go to the Walk in Centre (if your GP is not available)				

Q6 How important are each of the following in your experience of your appointment. Score 1-4 with 1 meaning most important	Tick relevant box			
	1	2	3	4
Appointment is on time				
You don't feel rushed				
GP invites you to ask questions				
You are provided with additional information that you can take away with you				

Q7 How important are the following to you regarding your GP premises? Tick 1-4 with 1 meaning most important	Tick relevant box			
	1	2	3	4
Easy to get to by public transport				
Easy to get to by car				
Easy to get to on foot				

PART 2: How important you think the following are :

Q8 Clinical Quality and Safety	<i>Please tick one option</i>		
	Very important	Quite important	Not important
F) GP uses plain English and avoids medical jargon			
G) GP explains test results in a way you understand			
H) GP involves you in choices in your future care			
I) You are treated with dignity and respect			
J) You feel confident in			

the GP's medical knowledge

--	--	--

Very important

Quite important

Not important

Q9 How important do you think the reception staff are to your experience of your GP practice

--	--	--

Why is this

Q10 Does your GP practice operate a triage system to decide who should get a GP appointment and how quickly?

yes

no

Don't know

If yes how does this operate/work?

Q11 What makes you feel confident in a GP or practice nurse?

Q12 Does your GP practice have a patient panel or patient reference group

yes

no

Don't know

Q13 Is there anything else you think is important for GP quality that we have not covered?

--

Part 3: About you (so that we can give details of our survey sample).

What ethnic group would you say you are from?

White

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Traveller/Romany	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>
Other White (please say)	<input type="checkbox"/>

Mixed

White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Other Mixed (please say)	<input type="checkbox"/>

Asian or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other Asian (please say)	<input type="checkbox"/>

Black or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Other Black (please say)	<input type="checkbox"/>

Chinese or other ethnic group

Chinese	<input type="checkbox"/>
Other ethnic group (Please say)	<input type="checkbox"/>

Your Gender Male Female Transgender

Please indicate you age
Under 16 16-24 25-34 35-44 45-54 55-64 65+

Thank you for taking the time to complete our survey - we really appreciate it.

Confidentiality

The information we are gathering from this survey will be used by Healthwatch Coventry. The information you provide will be used anonymously. Personal contact details will be treated as confidential and will not be passed on to third parties without your consent. In all cases if you choose to share your personal contact details these will be detached from the information you have shared in the questionnaire.

We do not need to know your name and address unless you choose to share this with us. If you would like to share your name and address please fill in the section below.

Optional: your contact details

Would you like to receive more information about Healthwatch Coventry and feedback on our findings from this survey? Yes No

If **yes**, please give us the following details:

Your name:

Title:

Address:	
Postcode	
Email address:	
Telephone no.	

Please return the form to:

Freepost RSZB-RKRJ-KSKK
Healthwatch Coventry
Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2EZ

Appendix 3: Walk In Centre questionnaire

Give your views on the Walk-In centre and GPs

Who we are

Healthwatch Coventry is the independent champion for local Health and Social Care services. This means we are not part of the Walk-In Centre. We are asking for local people's views and feedback on services as part of a piece of work looking at GP quality.

How will Healthwatch use this information:

We use the information we gather from your answers to show what works and what doesn't and to argue for changes to be made to Health and social care services where needed. We will produce a report of what people tell us which will not identify individual people.

Q1. Is this your first visit to the Walk-In Centre?

Yes No

If No answer Q2 if yes go to Q3

Q2. If you have used this service before how often to you use the Walk-In Centre?

Rarely Occasionally Regularly

Q3. How did you come to use the Walk-In Centre today?

Were you (A) advised to come here? Yes No

If yes by whom?

Or did you (B) choose to come here yourself Yes No

If yes why was this?

Q4. What do you think about the service you receive here at the Walk in Centre?

Very Good

Poor

Good

Very poor

Q5. What do you like about the Walk-In Centre?

Q6. Is there anything you think could be improved at the Walk-In Centre, please say what?

Part 2: We are interested in views on different GP practices in Coventry

Q7. Which GP practice are you registered with?

Q8. What do you like about your GP practice?

Q9. What would you say could be improved at your GP practice?

Some information about you

Completing this section will help us to check that we are including a wide range of people from across Coventry.

Gender

Male

Female

Transgender

Please indicate your age

Under 16	<input type="checkbox"/>	25-34	<input type="checkbox"/>	45-54	<input type="checkbox"/>	65-74	<input type="checkbox"/>
16-24	<input type="checkbox"/>	35-44	<input type="checkbox"/>	55-64	<input type="checkbox"/>	74+	<input type="checkbox"/>

Are you?

White

British

Irish

Traveller/Romany

Eastern European

Other White (please say)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian (please say)

Mixed

White and Black Caribbean

White and Black African

White and Asian

Other Mixed (please say)

Black or Black British

Caribbean

African

Other Black (please say)

Chinese or other ethnic group

Chinese

Other ethnic group (Please say)

Optional

Would you like to learn more about Healthwatch Coventry and hear the results of this piece of work? If so please provide us with your contact details

Name:
Address:
Post Code:
Email:
Telephone:

Confidentiality

The information gathered will be used anonymously. Personal contact details will be treated as confidential and will not be passed on to third parties without specific consent.

Thank you for taking the time to complete this questionnaire

Please return this completed form to our FREEPOST address by 8 August 2014

FREEPOST RSZB-RKRJ-KSKK
Healthwatch Coventry
Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2EZ

Appendix 4: Focus group prompts

Outline for Focus Group

Explanation of the Project

We have asked over 200 people for their views on GP Quality in Coventry. People have told us a variety of different things. We want to find out a bit more around what you think is important about GP Quality.

Warm up Question

- What is important to you when you visit your GP?.....list down what people say and give dots to prioritise this . Stick 3 dots for most important, 2 for next then 1
- Have an open discussion on how they have prioritised

Receptionists have an important role

From our survey it tells us that nearly 95% of people surveyed think the role of receptionist is very important to the GP visit experience. People have told us that it is important that the receptionists are 'customer friendly'?

- What could receptionists do/what needs to happen to make it a better experience for patients?

Your Need for Urgent and Routine Appointments

- What do you feel the difference is for you between these two needs?
- What do you do when you have a need for a routine appointment?
- What do you do when you have a need for an urgent appointment?
- What would make these experiences better for you?

Access to information about your GP practice

About 60% of people surveyed didn't know some basic information about their surgery like 'does it have a patient panel' and 'does it use a triage system (an assessment to see whether you need to see a nurse or doctor or whether you are an emergency)'.

- How can the GP surgery that you go to help you to know this sort of information and any other information you think you need?

Appendix 5: areas of Coventry where GP quality survey respondents live

Area of Coventry	no of responses
Aldermans Green	4
Allesley	4
Allesley Park	7
Bell Green	3
Binley	5
Canley	3
Chapelfields	3
Cheylesmore	5
Coundon	13
Courthouse Green	4
Earlsdon	9
Eastern Green	2
Exhall	4
Finham	1
Foleshill	23
Gosford Green	1
Henley Green	3
Henley Road	1
Hillfields	2
Holbrooks	4
Kerseley	1
Longford	7
Meriden	1
Paradise	2
Poet's Corner	2
Potters Green	1
Radford	11
Radford Road	1
Sewall Highway	2
Spon End	2
Stoke	7
Stoke Heath	1
Stoney Stanton Rd	1

Area of Coventry	no of responses
Stivichall	2
Stivichall Grange	1
Tile Hill	7
Upper Stoke	1
Walsgrave	2
Whoberley	3
Willenhall	1
Wood End	1
Wyken	8
not stated	5

TOTAL

171

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Email: healthwatch@vacoventry.org.uk
www.healthwatchcoventry.co.uk



Healthwatch Coventry is provided by Here2Help