



Improving Access to GP Services

Report of Healthwatch Liverpool

Access to GP services Task and Finish Group

March 2014

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Section 1

Executive summary

- 1.1 This report presents the findings and recommendations of a Task and Finish Group convened by Healthwatch Liverpool in response to feedback received by Healthwatch from members of the public about access to GP services.
- 1.2 The Task and Finish Group was brought together from October 2013 to January 2014 with the aim of gathering further patient experience and the views of seldom heard groups so as to inform conclusions and recommendations for commissioners and providers.
- 1.3 The Group comprised of Healthwatch Liverpool (scrutiny) volunteers, service providers, members of the public and interested parties.
- 1.4 The Group drafted and agreed a Terms of Reference (see page 10) and devised an action plan aimed at using different techniques and targeted engagement to gather the views of the wider public and GP service providers.
- 1.5 The Group agreed to produce a questionnaire for patients; 753 completed questionnaires were received. Targeted focus groups and visits to voluntary and community organisations were carried out to obtain in-depth feedback. Another questionnaire for GP practice managers was sent out, and 34 completed. GP practice websites were reviewed, and five GP practice visits took place. Practices were selected through patient feedback received, showing both good and not so good patient experiences, and by the appointment systems used.
- 1.6 Based on the analysis of the available evidence the Group compiled this report and a series of informed recommendations which will be presented to the Liverpool Clinical Commissioning Group, NHS England, and disseminated to individual GP practices.

Overall Conclusion

- 1.7 There are many positive examples throughout the report of where patients indicate their GP practices are working well in regards to accessing services, however there were also many examples where feedback indicated that improvements are needed.
- 1.8 From the evidence collated from the patient questionnaires the main issues were appointment time and date, being able to see a GP of choice, and not being able to get through on the phone (see Section 7).

- 1.9 Some GP practices made extensive use of locum GPs, and lack of privacy at reception desks and staff attitude were other issues. It appeared that receptionists are often put in a difficult position when asked by GPs to carry out triage duties, i.e. get details from patients to explain why they want/need an appointment; they are not clinically trained, and understandably many patients only want to discuss private matters with the clinicians.
- 1.10 The feedback from patient questionnaires and focus groups showed that patients from groups with protected characteristics as defined by the Equalities Act 2010 often faced additional barriers. Patient experience varied between GP practices, and while there were examples of good practice, including the pilot Restore project and the pilot GP Champs project, there is room for improvement to ensure more equitable access to GP services is provided.
- 1.11 Patients need to be provided with more information about the options available for accessing health care, to help ensure appropriate use of the services available.
- 1.12 Overall, the evidence indicates that there are marked inconsistencies between GP practices, with some apparently easily accessible while at others there remains a lot of work to be done.
- 1.13 One question this raises is what is being done to iron out these inconsistencies between practices; for example, what mechanisms are there to ensure that good practice is shared? Another question is whether a mechanism exists for commissioners to ensure that issues around accessibility are monitored and acted on?

Recommendations

The way that GP practices currently are commissioned is complex, and therefore it is difficult to determine who takes lead responsibility for some of the actions Healthwatch Liverpool recommends. For example, while each GP practice decides which appointment system to use, it is not clear to Healthwatch who has lead responsibility for monitoring that systems are effective.

Therefore, Healthwatch Liverpool can make recommendations to more than one commissioner or provider relating to any particular point. In following up this report, Healthwatch will try to clarify which organisation can make the biggest difference in implementing these recommendations.

Healthwatch Liverpool (scrutiny) makes the following recommendations, that GP

practices:

- a) Provide enough phone lines for patients to get through within a reasonable waiting time;
- b) Ensure that there are enough reception staff available to book appointments where appropriate;
- c) Ensure that online booking is made available to patients as soon as possible; Healthwatch Liverpool is aware that every GP practice should provide online booking by April 2015;
- d) Offer flexibility in their appointment system, ensuring that same-day and advance appointments are available;
- e) Limit the use of locum GPs wherever possible;
- f) Give patients the choice to see the same GP, explaining if necessary that an appointment may not be available as soon in that case;
- g) Ensure patient dignity by providing privacy at reception;
- h) Ensure that receptionists are not used to carry out triage duties;
- i) Ensure that double appointments slots are made available to People with a Learning Disability/ Learning Difficulty in order to allow for enough time for those patients to answer and ask questions;
- j) Ensure that staff training for all GP practice staff is provided so that staff have at least a basic level of cultural competency;
- k) Have a Patient Participation Group (PPG), and encourage the PPG to be involved in all discussions about improvements to appointment systems;
- l) Ensure practice websites have up-to-date information available in plain English, without clinical jargon (look at Appendix V in this report for some ideas of what patients would like to see on a GP website), and include the PPG in evaluating the practice website.

Healthwatch Liverpool (scrutiny) also makes the following recommendations to commissioners:

- m) That commissioners ensure that reasonable adjustments to GP premises are

made as per the Equalities Act 2010;

- n) That NHS England commissions a national campaign, using television and radio, to help make patients aware of the options available for accessing health care;
- o) That current systems are reviewed to take into consideration the needs of the different communities that make up the City of Liverpool, e.g. asylum seekers, refugees and others who may be experiencing difficulties when attempting to register with a GP;
- p) and that commissioners monitor all of the above and ensure that inconsistencies in accessibility and service provision between practices are kept to a minimum.

Section 2

What is Healthwatch

- 2.1 Healthwatch Liverpool was established under The Health and Social Care Act 2012 and came into being in April 2013. Healthwatch Liverpool provides an opportunity for citizens and communities to have a stronger voice to influence and challenge how health and social care services are provided within their area.
- 2.2 Healthwatch Liverpool enables people to share their views and concerns about local health and social care services and to understand that their contribution will help build a picture of where services are doing well, and where they can be improved.
- 2.3 Healthwatch Liverpool is able to alert Healthwatch England to concerns about specific care providers.
- 2.4 Healthwatch Liverpool also provides people with information about their choices and what to do when things go wrong; this includes signposting people to the relevant provider, and supporting individuals who want to complain about NHS services.
- 2.5 Healthwatch Liverpool provides authoritative, evidence-based feedback with informed recommendations to organisations responsible for commissioning or delivering local health and social care services.

Section 3

What led to choosing this topic for Task and Finish work?

- 3.1 Healthwatch Liverpool relies on feedback received from the public to help inform further investigation or set up a task and finish group for a more in-depth study. Between April and September 2013, a substantial part of public feedback received mentioned access to GPs, e.g. the availability of appointments, and the ability to contact the practice.
- 3.2 To a large extent it is to be expected that more feedback is received about GP services, as more patients attend their GP practice compared to attending hospitals or other health services. However, the evidence pointed to quite wide variations in accessibility, so Healthwatch decided to form a Task and Finish group to:
 1. Use existing feedback from patients, and invite more patients to comment on what they identify as good practice and the barriers (if any) to accessing GP services in Liverpool.
 2. Find out from GP practices what is in place to limit and/or remove barriers to access for patients, in order to identify what works and what doesn't seem to work as well.
 3. Make recommendations which will contribute towards improving the commissioning, delivery and/or monitoring of GP services.

Section 4

Improving Access to GP services - Terms of reference

At the first meeting the Group agreed the aims of the Task and Finish work and drew up a list of those to be invited to future meetings.

The Group agreed to look at 2 main strands of access to GP services:

1. Access to see a GP, for example the availability of appointments and continuity of communication.
2. Equity of Access, acknowledging the barriers people may face for different reasons, for example but not exclusively through disability or cultural reasons. Also, looking at what is being done to improve access, for example but not exclusively the availability of different formats (like Easy-read) and various languages, and physical accessibility.

Section 5

Methodologies of Engagement

- 5.1 A variety of methods were used to gather patient feedback about access to GP services (please also refer to Appendix I: Task and Finish Group Acknowledgements).
- 5.2 A patient questionnaire (Appendix II - Patients questionnaire - general) was drawn up and distributed by Group participants and disseminated via Healthwatch Liverpool contacts, voluntary sector networks and organisations, as well as some Sure Start centres. In total 753 patient questionnaires were completed and returned.
- 5.3 The Group wanted to gather more in-depth feedback from people with protected characteristics (as defined in the 2010 Equalities Act) in a targeted and pro-active manner, and by using more than one method. Therefore the Group decided after some discussion to ask for limited equality and diversity information in the questionnaires, only asking for age, disability and language/ability to communicate.
- 5.4 Group participants also worked with staff from Inclusion Matters, Sahir House, and Liverpool Asylum seekers and Refugee Association (LARA) to prepare and distribute an amended version of the patient questionnaire aimed at asylum seekers and refugees (Appendix III - Amended patient questionnaire aimed at asylum seekers and refugees).
- 5.5 Community and voluntary sector groups helped to distribute and return questionnaires, including staff at Barnardos Young Carers, Chinese Wellbeing, Asylum Link, Granby Somali Women's Group, Irish Community Care, Refugee Action, the Social Inclusion Team, and Inclusion Matters. This helped to ensure that the service users of these organisations did feedback about access to GP services. Staff from these organisations also provided feedback about barriers they had encountered when supporting service users, and where they had seen instances of good practice.

Other methods used to get more in-depth feedback from patients included:

- 5.6 Several targeted focus groups/ workshops were held to discuss barriers and good practice experienced by people with specific protected characteristics, including asylum seekers/refugees, service users of mental health services, people with a learning disability, and members of the LGB & T community.
- 5.7 Group participants visited and spoke with a variety of voluntary sector organisations working with diverse groups and their service users to get more in-depth feedback from service users' perspectives. This included

visits to Granby Somali Women's group, Young People's Advisory Service (YPAS) GP Champs and Gay Youth Are Out (GYRO).

5.8 There were many other individuals and groups Healthwatch Liverpool wanted to hear from, and the aim was to encourage anyone to participate and to provide their experiences by getting in touch with the Healthwatch scrutiny team.

To get information from GP practices, the Group:

5.9 Developed a questionnaire for GP practice managers; 34 were completed and returned (Appendix IV - Practice managers questionnaire).

5.10 Visited five practices to speak with practice managers and patients. This allowed the Group to ask more in-depth questions about different appointment systems, what was being done to remove any potential barriers, and to ask about good practice and problems with access at the different GP surgeries.

5.11 Researched GP websites - 55 GP practice websites were looked at to see what information was provided and how accessible this information was (Appendix V - Checklist for GP practice websites).

To get further relevant information, the Group:

5.12 Invited speakers to the Task and Finish meeting, i.e. speakers from the Royal Liverpool Hospital's A&E department; Inclusion Matters; the Social Inclusion Team; Access and Evac-U-8; the Liverpool Local Medical Committee, and Vikki-Marie Gaynor who spoke about her experiences of accessing health services as a transgender woman.

5.13 Staff from the Liverpool Clinical Commissioning Group (CCG) and GPs were invited and attended the Task and Finish meetings. NHS England (North West) staff were also invited.

5.14 Carried out desktop research.

Section 6

Background research

- 6.1 At the first meeting of the Task and Finish Group, group participants discussed what they thought makes a good GP practice. The main points were:
- A broad service able to deal with a variety of conditions, e.g. pre- and post-natal, minor surgery.
 - Welcoming, caring and well-informed, well-trained receptionists who greet patients with a smile.
 - GPs who listen, ask appropriate, relevant questions, explain what the options are, and do what they say they will do.
 - All staff trained to deal appropriately with the diverse patient population. All staff trained and understanding about Mental Health and patients' wellbeing, especially when patients are experiencing a crisis.
 - Being able to see the practice manager (in case of complaints).
 - The option to see a male or female GP, and for continuity the ability to see the same GP.
 - An efficient, flexible appointment system, with both same day appointments and appointments that can be booked ahead of time.
 - Appointment times to fit in with work/care/ other commitments.
 - More time at appointments if necessary.
 - Accessible systems (phones, booking-in system) e.g. for deaf or hard-of-hearing patients or patients who can't read, with adequate support for those who can't use the systems.
 - Good practice leaflets and a well-maintained practice website, with clear information and guidance for example about referrals (choose and book), phlebotomy clinics, etc.
 - Inclusive building design, with a relaxing and bright waiting area with excellent access, privacy at reception, and shelter for patients waiting outside.
- 6.2 However, the Group was well aware that “the perfect appointment system” doesn't exist. What constitutes good access to GP services for one patient can be very different for another, and depends on many factors; for example being in work and working hours, state of physical and/or mental health, or the ability to communicate in spoken and/or written English.
- 6.3 According to the NHS Constitution,
“**You have the right** to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons” ¹

¹ NHS Constitution

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf (last accessed 7th February, 2pm)

- 6.4 However, the Group became made aware that for some patients the initial hurdle can be to get registered with a GP service; feedback was received that this was a problem at times for individuals, and for particular groups of people, e.g. asylum seekers.
- 6.5 The Group invited Dr Rob Barnett GP, secretary of the Liverpool Local Medical Committee (LLMC) to discuss this and other issues. The LLMC is an organisation that represents the views of GPs within an area, not unlike a trade union.
Dr Barnett told the Group that most Liverpool practices should be taking patients on. If a patient is within the catchment area they should be allowed to register, even though practices may have preferences, for example to register a whole family. If a practice refuses to register a patient they have to give a legitimate reason. A patient can ask for that in writing within 14 days.
- 6.6 Dr Barnett acknowledged practices can be hesitant in registering patients who are asylum seekers, refugees, or people who have been trafficked. He said one reason for this could be that GP practices don't get paid if a patient isn't registered with that practice for at least 3 months, and depending on when someone registers in a quarter this could be up to nearly 6 months. More transient groups in the population may therefore encounter more resistance when trying to register, although this is not acceptable.
- 6.7 British Medical Association (BMA) Guidance states that "All asylum seekers and refugees are entitled to register with a GP" and "GP practices retain the discretion to register refused asylum seekers to the same extent that they have this discretion in relation to registering any patient, regardless of his or her residency status".²
In other words, unless a patient is not in the practice catchment area (and guidance around catchment areas is changing from October 2014) there should be no reason to not register someone who is an asylum seeker or refugee.
The BMA guidance also states that "Practices are not required to check the identity or immigration status of people registering to join their lists and there is no obligation on prospective patients to provide evidence in this regard".³
The guidance continues to advice GP practices to consider an individual's circumstances before asking for information.
- 6.8 The NHS Constitution also states that "**You have the right** to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply."⁴

² Access to health care for asylum seekers and refused asylum seekers - guidance for doctors, BMA Ethics Department, November 2012: p1.

³ Ibid, p2.

⁴ NHS Constitution, as before

However, it was clear from patients' feedback that there were marked differences between practices in this regard; whilst most patients would accept that they may have to wait longer to be able to see a particular GP, some practices appear to rely on locum GPs to such a large extent that it severely restricts the ability to see the same GP. This did concern the Group, as it can limit continuity of care. Also, there was a question about how in those practices that use locums extensively a GP will be allocated for patients over 75, who are due to get a 'named' GP responsible for their care (although this does not mean that the patient has to see this GP all the time).

- 6.9 The Royal College of General Practitioners stated in July 2011 that "A good practice has a flexible and efficient appointment booking system".⁵ However, the picture that emerged from the feedback that the Group received showed quite marked variations between Liverpool's GP practices.
- 6.10 There are manifold pressures on GP practices at a national level and in Liverpool; demand has been increasing over the years and is expected to increase further, partly due to an ageing population and an increase in people with long-term conditions⁶. Additionally, patients' expectations may have increased over the years. Results from the GP Patients Survey published in June 2013 show that "Just over three quarters of patients (76%) say that their overall experience of making an appointment was good, with 35% saying it was 'very' good. This is down from 78% who described their experience as good last year. Few (10%) patients describe their experience as 'fairly' poor or 'very poor'⁷.
- 6.11 Inequalities in access to GP services between more affluent and more deprived areas are an issue. The NHS' "Call to Action" states there are "persistent inequalities in access and quality of primary care, including twofold variation in GPs and nurses per head of population between more and less deprived areas", and that there are "growing reports of workforce pressures including recruitment and retention problems".⁸

⁵ It's Your practice, Royal College of General Practitioners, July 2011, p22 http://www.rcgp.org.uk/-/media/Files/Misc/rcgp_ityp_full_booklet_web_version.ashx last accessed online 21/03/14

⁶ Improving General Practice - A Call to Action <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/igp-cta/> last accessed 21/03/14

⁷ GP Patients Survey Results; http://www.gppatient.co.uk/results/download/_y7q2/Y7W2%20National%20Summary%20Report.pdf. Last accessed 14/03/14

⁸ Improving General Practice - A Call to Action, as above

If a practice can't recruit enough permanent GPs and nurses, access to services and continuity of care will be compromised.

- 6.12 Resources for GP services have not been keeping up with demand. For example, while in 2005/06 10.95% of the NHS budget in England was spent on general practice, by 2011/12 this had gone down to just 8.5% of the NHS budget. At the same time, GPs have been treating more patients, and are expected to continue to do so.⁹
- 6.13 Dr Rob Barnett, GP and secretary of the LLMC as mentioned above, spoke about the growing pressures on GP services in Liverpool. The commissioners for Liverpool's GP services expect 70 appointments per 1,000 patients, so in future more GPs may be needed as consultation rates are going up. There is a concern that expectations and demand are not sustainable. While access to GPs is an issue, there is no one-size-fits-all appointment system to solve this. Most busy times at a practice are predictable, usually Mondays and Fridays and the winter surplus, so that can be taken into account when planning appointments. He acknowledged that patients may want to stay with a particular GP for continuity, although in theory patients could move to another practice with an appointment system that suits them better. However, patients in nursing homes may not get to choose their GP practice in future, as there are plans to have some GP practices aligned with local nursing homes. This is supported by the CCG.
- 6.14 There are initiatives to help relieve the pressures on GP services. Dr Jim Cuthbert, GP spoke to the Group about Winter Pressures funding, which is made available to help relieve the extra demand on services during the winter months. Some of this is for hospitals, some for services in the community and some for GP practices. Each GP practice decides how to spend the money; some may run extra appointments, while others may provide other additional services.
- 6.15 The Clinical Commissioning Group (CCG) has also been working to improve pathways for patients with long term conditions, and is carrying out ongoing work to re-design care for the elderly. The aim is to provide more patient care in the community, and work is underway to look at all services at a Neighbourhood level. This may assist to alleviate pressures on GP practices.
- 6.16 Patients also have a role to play to help alleviate pressures on GP practices; while the vast majority of patients use health services and GP services appropriately, too many appointments are still being missed (this gets called DNA, for Did Not Attend), as illustrated by some of the responses to the practice manager's questionnaire. Most GP practices already provide notices

⁹ <http://www.rcgp.org.uk/news/2014/february/34m-patients-will-fail-to-get-appointment-with-a-gp-in-2014.aspx> last accessed 21/03/14

stating how many appointments were missed and the implications of this, both in time and money.

- 6.17 More education and an awareness campaign are needed to ensure patients know of the options for accessing health care available to them, and which option to use. Liverpool Clinical Commissioning Group has published advertisements in a campaign to try and make people aware of the various options for getting help, but this only reaches a part of the population; a national campaign on easily accessible media such as television and radio, reaching a wider audience, might be more successful.
- 6.18 Too many patients still attend A&E when it would be more appropriate to see their GP. The Group invited staff from the Royal Liverpool and Broadgreen Hospitals Trust to a meeting to discuss this. Karen Curley, Directorate Manager, Emergency Care, Dr Kate Clark, Emergency Department Clinical Director, and Dr Pete Burnham, Clinical Lead, Acute Medical Unit attended.
- 6.19 The Royal's A&E department sees between 100-174 patients each month who could be treated by a GP (out of a daily average of 250 patients seen at A&E). Many present with muscular-skeletal (e.g. back pain) or ear, nose and throat symptoms. Patients sometimes seem to view A&E as a one stop shop, even when symptoms can be treated by a GP.
- 6.20 The Royal works closely with the CCG's Urgent Care Lead and with GPs around this. Software is used for a GP diversion scheme. Patients identified as suitable for GP treatment are offered that option and are given advice. A&E staff can arrange the appointment, but it can be time consuming and sometimes it may be quicker and easier to treat the patient at A&E.
- 6.21 The Royal reported that it can be difficult to manage people's expectations - patients want to be seen quickly, get a diagnosis and/or second opinion, and be treated. It was emphasised that education is key in order to explain when it is not appropriate to go to A & E.
- 6.22 A 6-month pilot started on 4th November 2013 with a GP practice relocating to the back of the A&E department, offering 14 appointments on weekday evenings (7pm-11pm) and 48 appointments at weekends. On the first evening they filled 10 appointments. This is not an additional service, it is a relocation of an existing and previously underused service. However this will not be advertised, as ideally patients should go and see their own GP.
- 6.23 There are recurrent attendees - homeless people in particular. The Royal also sees a large number of patients with drug and alcohol related problems and a high number of people with COPD who, as a result of not engaging with other support services, are not able to manage their symptoms well and attend A&E. No one gets sent back out on to the street, and the Royal works closely with the Basement, a Liverpool charity that works with homeless people, to ensure anyone leaving the hospital has somewhere to

go; but this does take time away from dealing with Accidents and Emergencies.

- 6.24 There has been a problem with Nursing Homes being told by some GPs to refer a patient to A&E. Thanks to better care plans A&E is now seeing a decrease in the number of care home residents attending, but there are patients coming to A&E for a catheter change for example, which should be done out in the community by a community or district nurse.
- 6.25 There have been other instances of GPs inappropriately referring patients to A&E, so Dr Pete Burnham from the Acute Medical Unit has arranged a phone clinic pilot for GPs to use from 9am-1pm. GPs can call and arrange for an appointment (if appropriate), usually within 24 hours at the relevant department/clinic, or through the supported phone call they can be signposted elsewhere. The hope is that this will lower the numbers of patients referred to A&E by GPs.

Section 7

The Patient Experience

As outlined in the 'Methodologies of Engagement' chapter, several ways were used to find out about patients' experiences when accessing GP services. Many patient experiences were collated via the patients' questionnaires, of which the results follow below.

7.1 Patient questionnaires - the results

To get feedback from patients about access to the GP practices they used, the Group designed a patients' questionnaire which was distributed from October 2013, with a closing date of 17th January 2014 (Appendix II).

By the closing date a total of 753 patient questionnaires were received. Of those, 696 covered Liverpool GP practices, while 57 questionnaires (8%) were received for other North West areas. The data from those questionnaires has been forwarded to the relevant local Healthwatches.

Completed questionnaires were received for 84 out of a total of 94 Liverpool GP practices - for 10 Liverpool GP practices no feedback was received at this time. Responses per practice varied from 1 to 52 questionnaires completed.

For 11 practices fifteen or more completed questionnaires were received. Those practices have been highlighted as examples throughout the report. Please note that these 11 practices were not selected for any other reason than that there was more evidence available compared to other Liverpool practices.

Some comments about other practices that received less feedback have been included in this report for illustration purposes, as they provide a particularly good example of some of the issues raised.

It would be impossible to have all data received available in this report. A further breakdown of the data, including the number of questionnaires received per Liverpool practice, will be made available on the Healthwatch Liverpool website in April 2014.

As previously outlined, there were 2 versions of the patients' questionnaire, one general version and one specifically aimed at asylum seekers, refugees and migrants. Differences were (please see Appendix III for the amended patient questionnaire aimed at asylum seekers/ refugees):

- The general questionnaire did not ask if people were asylum seekers, refugees, or migrants, how long someone had been in the UK, whether

patients were registered with a GP, or how helpful patients thought practice staff were.

- The questionnaire aimed at asylum seekers, refugees and migrants did not ask the question about whether the GP seen was a regular or locum GP. Also, instead of asking if English was a first language, the question asked was “Are you able to communicate with a nurse or GP in English?”

However, the general questionnaire was distributed widely and also completed by people who did not have English as a first language, including migrants, and potentially asylum seekers and refugees.

- The total number of returned questionnaires specifically targeted at asylum seekers, refugees and migrants was 66. This included:

Asylum seekers: 29

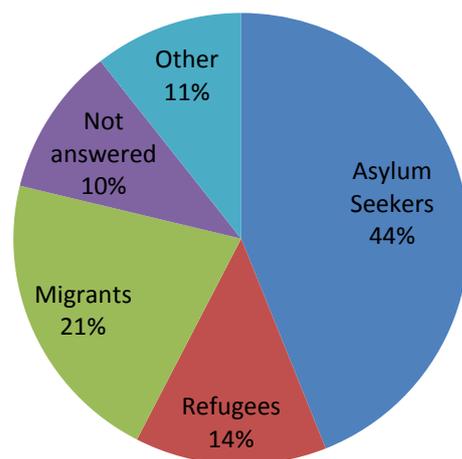
Refugees: 9

Migrants: 14

Not answered: 7

Other: 7

The “other” category included: Support worker, British citizen, Born in the UK, Born in Liverpool, Student social worker, Resident.



- The question “How long have you been in the UK?” was answered by 27 people. Responses varied from 3 months to 58 years.

- The question “Are you registered with a GP?” was answered by 66 people. Of those, 62 said they were, 4 were not. Reasons given for not being registered were:

“The GP I want have refuse to register (me) as I have no identity card”

“Just moved to Liverpool”

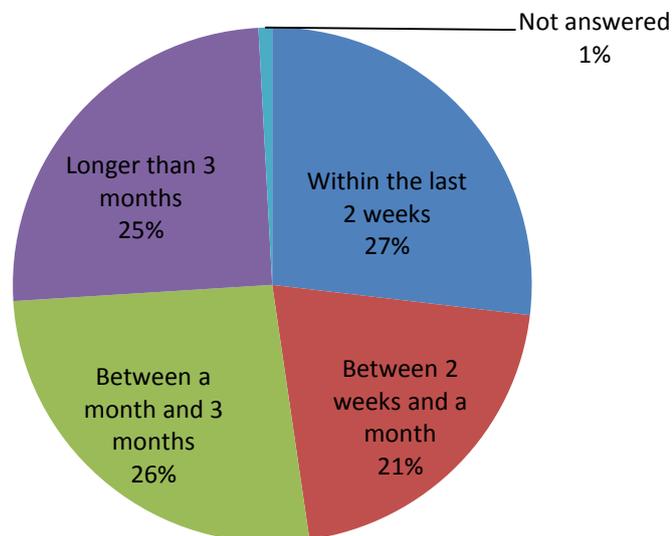
“I don’t know how to register”

After asking which GP practice respondents were registered with (if registered) , both the general and the amended version of the questionnaires began by asking the following question:

1: When did you last see your GP?

The total responses for Liverpool were as follows:

Within the last 2 weeks	187	27%
Between 2 weeks and a month	145	21%
Between a month and 3 months	183	26%
Longer than 3 months	175	25%
Not answered	6	1%
Total	696	100%

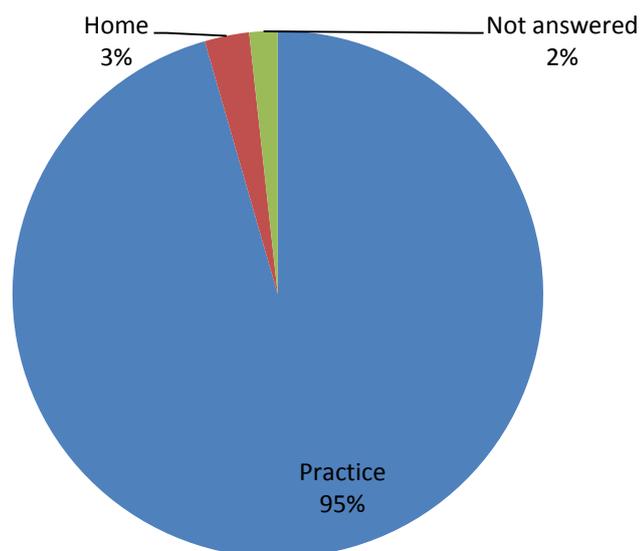


The table and pie chart show that responses were fairly evenly divided.

2. Was it at the practice or at home?

The vast majority of respondents (95%) stated they had visited their GP practice, while 19 patients (3%) had a home visit, and 12 people (2%) did not answer this question.

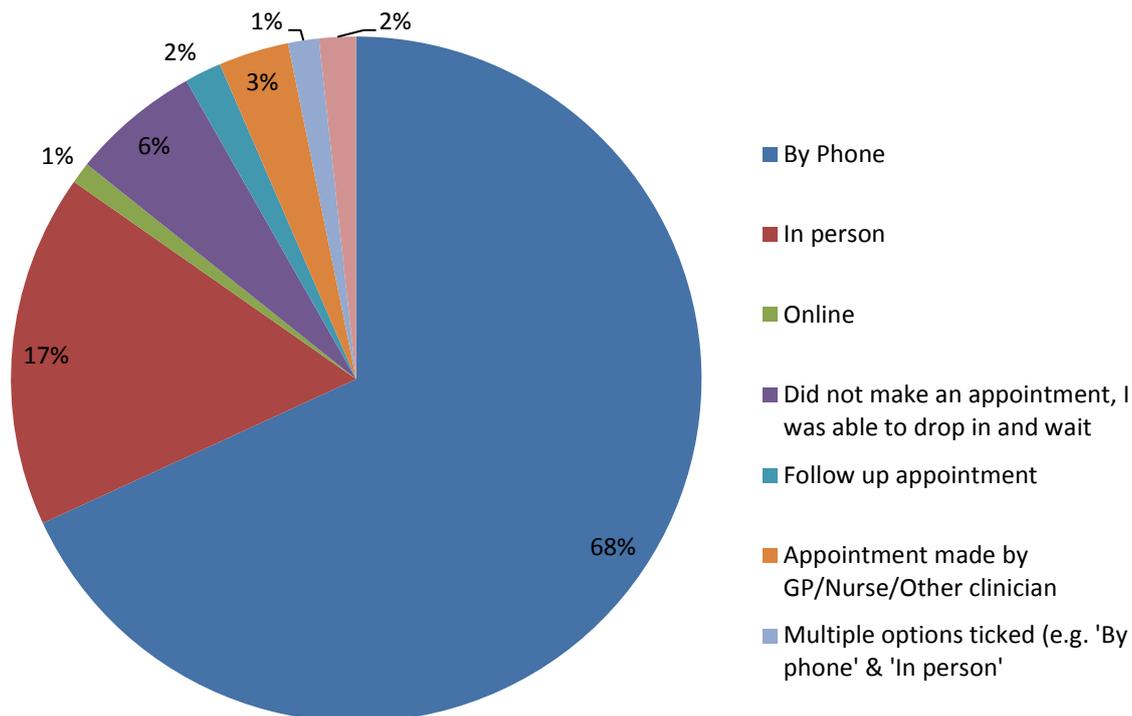
Practice	665	95%
Home	19	3%
Not answered	12	2%



3. How did you make the appointment?

Just over two-thirds of respondents (68%) said they had booked their appointment by phone, while 17% of respondents made their appointment in person.

By phone	474	(68%)
In person	116	(17%)
Online	7	(1%)
Did not make an appointment, I was able to drop in and wait	42	(6%)
Follow up appointment	12	(2%)
Appointment made by GP/Nurse/Other clinician	23	(3%)
Multiple options ticked (e.g. 'By phone' & 'In person')	10	(1%)
Not answered:	12	(2%)
Total	696	(100%)



Responses for different GP practices varied, e.g. at Jubilee Medical Centre 16 out of 16 respondents (100%) made the appointment by phone, whereas at Brownlow Health out of a total of 16 responses, 5 people made an appointment in person, 4 called in, and 4 did not need to make an appointment as they could drop in and wait. Two more patients booked an appointment online.

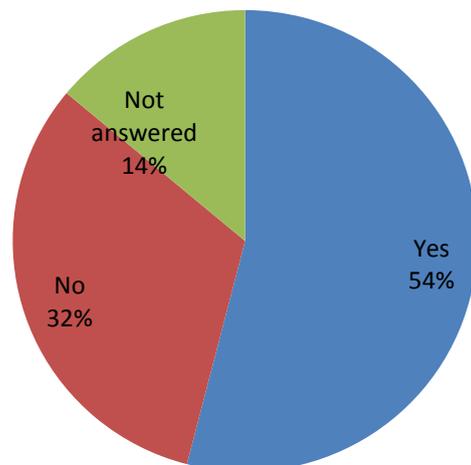
These variations occur because of appointment systems used (e.g. providing drop-in sessions), and also because of the options offered to book appointments - many GP surgeries do not offer the option to book an appointment online yet.

Additionally, if patients find it difficult to get through by phone they are more likely to attend the practice and book an appointment in person.

4. Is it easy to get through if you ring the practice?

The overall response was that just over half (54%) said it was, whereas just under a third (32%) said it was not. However, if only taking the 474 patients who responded they had booked their appointment by phone in to consideration, then nearly half (223 or 47%) said it was not easy.

Yes	376	54%
No	223	32%
No answer	97	14%
Total	696	100%



There was a marked difference between practices; for Valley Medical Centre, with 29 responses overall, 23 respondents said it was easy to get through, 5 did not respond, and 1 said it wasn't easy to get through on the phone.

In contrast, for nearby Netherley Health Centre, with 40 responses overall, 9 said it was easy to get through but 28 respondents said it was not easy. Some of the comments included:

“Takes 20 minutes to get through, then lucky to get an appointment”

“Have to ring at 8am and get engaged signal continuously and when do get through usually all appointments gone so have to try next day but sometimes advised to ring back”.

Vauxhall Health Centre also got positive feedback, with 24 out of 28 stating it was easy to get through, and 2 saying it was not. Comments for Vauxhall Health Centre included:

“Sometimes you have to wait, usually been free”

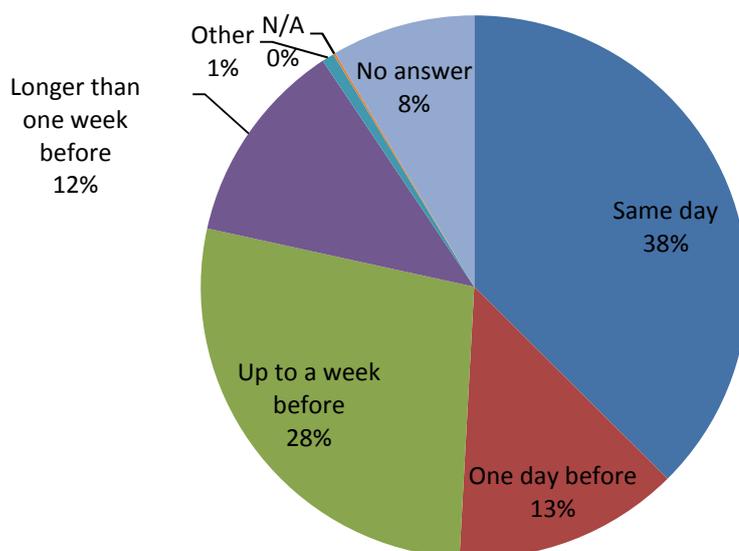
For Princes Park Health Centre the response was less favourable; out of a total of 30 respondents, 7 said it was easy to get through, but 3 times as many (21) said it was not easy. Comments included:

“You have to continuously ring and hang up, ring and hang up until you get through. This can take up to 15 minutes”.

“When you eventually get past the busy tone there are no appointments left so you have to queue from 7.30am”.

5. If you made an appointment how far in advance did you make it?

Same day	261	38%
One day before	93	13%
Up to a week before	192	28%
Longer than one week before	85	12%
Other	5	1%
N/A	1	0%
No answer	59	8%
Total	696	100%

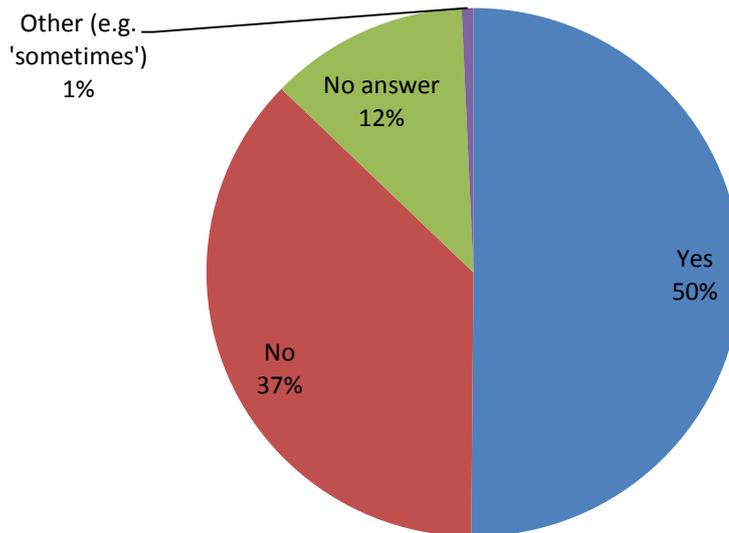


Results show that more than one-third of respondents got an appointment the same day, whereas one in eight booked the appointment more than one week in advance. Whether this was by the patient's choice was asked in the following question:

6. Could you get an appointment at the time and on the day you wanted?

Yes	349	50%
No	258	37%
No answer	84	12%
Other (e.g. 'Sometimes')	5	1%
Total	696	100%

Whilst half (50%) of respondents were satisfied with their appointment date and time, a sizeable proportion (37%) were not. This was also reflected in differences per practice and some of the comments received.



For Breeze Hill, out of a total of 29 responses, 16 said they could not get an appointment at the time or day wanted, while 6 said they could, and another 6 did not reply. Comments received included:

“Have to wait 2 weeks for appointment”

For Belle Vale Health Centre, out of a total of 52 responses, 21 said they could get an appointment on the day and time wanted, whilst 28 said they could not. One comment was:

“Cannot get an appointment on day required, had to wait for days”

In contrast, 14 out of a total of 20 respondents for St James Health Centre said they got an appointment on the day and time wanted.

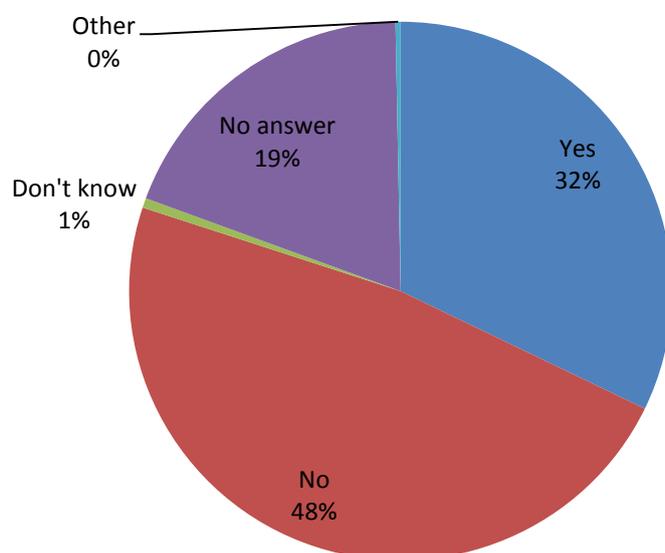
7. Can you make appointments for evenings or Saturdays if you need them?

The responses were as follows:

Yes	224	32%
No	333	48%
Don't know	4	1%
No answer	133	19%
Other	2	0%
Total	696	100%

All Liverpool GP practices are currently contracted to be open between 8am and 6.30pm on weekdays. Several GP practices have extended opening times after 6.30pm, a few have early morning sessions, and some used winter pressures money to provide GP access on a Saturday morning during winter months. Several respondents did not answer this question but added

comments at the end of the questionnaire, e.g. ‘Not open on Saturdays’, ‘evening only’.



The following question was only asked on the questionnaire aimed at asylum seekers, refugees and migrants, which was completed by 66 people. Not all answered all questions, as shown below:

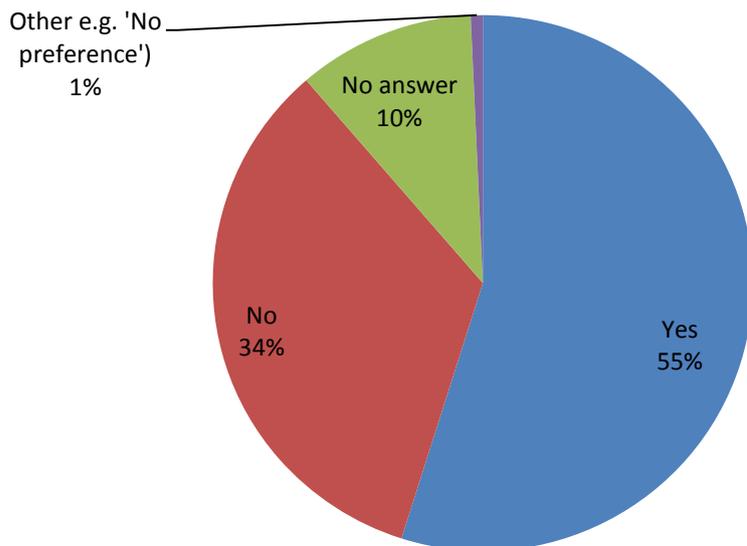
How helpful do you feel the staff are at your GP practice?

1= Poor 2= Average 3= Good	1 	2 	3 	No answer	Total
The Receptionists	12 (18%)	30 (46%)	24 (36%)	0 (0%)	66 (100%)
The Practice Nurses	4 (6%)	20 (30%)	35 (53%)	7 (11%)	66 (100%)
The GPs	5 (8%)	19 (29%)	40 (60%)	2 (3%)	66 (100%)

The question below was asked on all questionnaires:

8. Were you able to see the doctor you wanted?

Yes	382	55%
No	235	34%
No answer	74	10%
Other (e.g. ‘No preference’)	5	1%
Total	696	100%



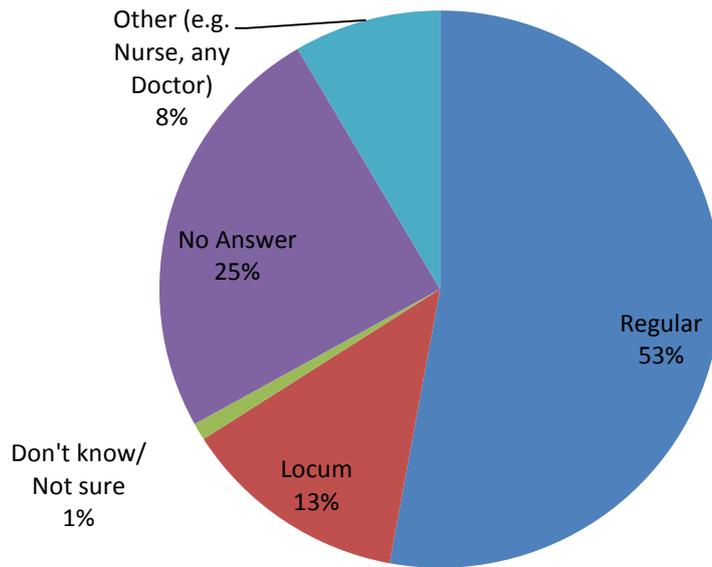
While overall results showed that more than half of respondents saw the GP of their choice, just over one-third did not. Again, there were marked differences between GP practices, with 24 out of 28 respondents at Vauxhall Health Centre saying they did see the doctor they wanted, while at Netherley Health Centre only 4 out of 40 responded they saw the doctor they wanted, and 31 did not.

9. Was it a regular doctor or a locum?

Responses again varied between practices. Overall results show more than half of the respondents saw a regular, permanent doctor, one-quarter did not answer this question, and 13% saw a locum.

Regular	368	53%
Locum	91	13%
Don't know/ Not sure	7	1%
No answer	171	25%
Other (e.g. Nurse, any doctor)	59	8%
Total	696	100%

At Priory Medical Centre, 9 out of 15 respondents saw a regular doctor, while 6 people did not answer this question. At Belle Vale Health Centre, 26 out of 52 in total saw a regular doctor, while 11 saw a locum GP.



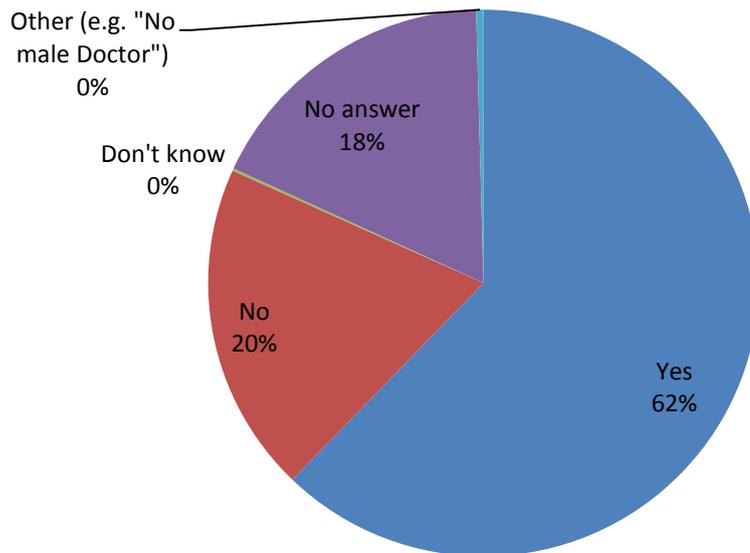
At Abercromby Health Centre no-one responded they had seen a locum GP, with 11 stating they saw a regular GP, and 4 more saying they saw a “doctor” or “named doctor”, while at Netherley Health Centre the majority (25 out of a total of 40) saw a locum GP, with only 9 responding they saw a regular GP. Some comments for Netherley Health Centre were:
 “All locum doctors”
 “Not usually a regular (doctor)”

10.If you particularly want to see a male or female doctor is this usually possible?

This question received the following overall response:

Yes	433	62%
No	136	20%
Don't know	1	0%
No answer	123	18%
Other (e.g. “No male doctor”)	3	0%
Total	696	100%

For Brownlow Group Practice 12 out of 16 said they could see a male or female doctor, while 4 did not respond. At Princes Park Health Centre, 14 out of 30 said they could see a male or female doctor, while 7 said they could not.



At St James Health Centre, 16 out of 20 said they could not choose to see a male or female doctor, while 4 said they could. Obviously, where a practice has no more than one GP, patients can't choose whether to see a male or female GP.

11. Have you ever used another service because you could not get an appointment?

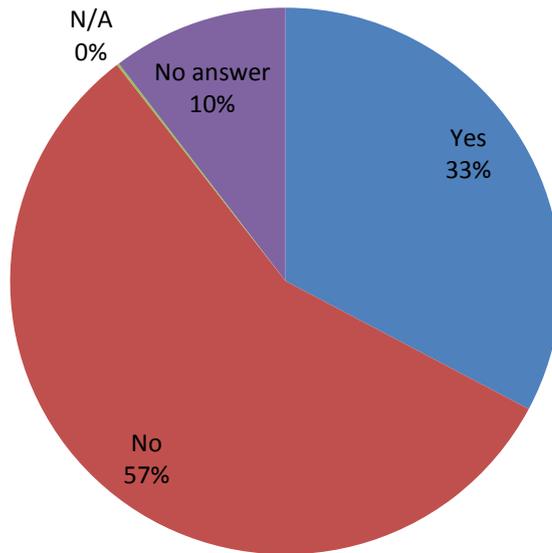
Overall results show that nearly one-third of respondents used another service, while 57% did not.

Yes	228	33%
No	395	57%
N/A	1	0%
No answer	72	10%
Total	696	100%

Again, results varied between practices; at Belle Vale 24 out of 52 did use another service, 23 did not. At Netherley Health Centre 21 out of 40 used another service, 13 did not.

At Princes Park Health Centre 15 out of 30 respondents said they had used another service, while 10 said they had not:

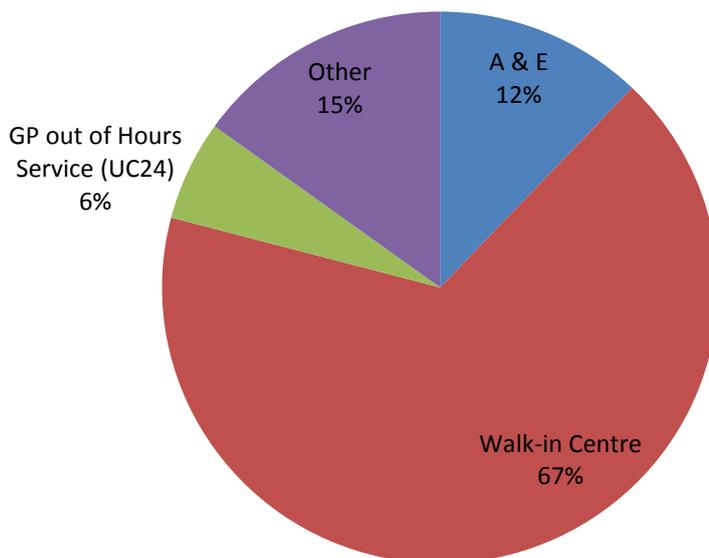
“There is no longer emergency appointments so if you want an appointment due to being very unwell, you still have to wait weeks before getting an appointment, which results in me going to the walk-in” (Princes Park Health Centre).



At the other end of the scale, at Vauxhall Health Centre only 3 out of 28 respondents said they had used another service because they could not get an appointment, with 22 stating they had not.

Although 228 respondents said they had used another service, 11 more (239) stated which service they had used. As shown below, of the 239 respondents 160, or 67%, had attended a Walk-in centre.

A & E	29	12%
Walk-in Centre	160	67%
GP out of Hours Service (UC24)	14	6%
Other	36	15%
Total	239	100%

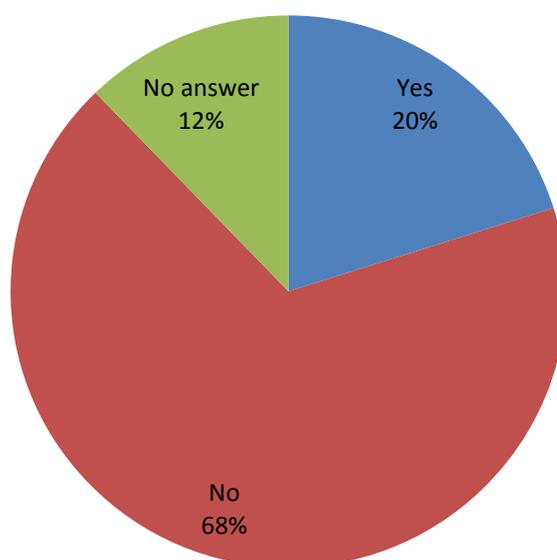


Of the 36 people categorised as “other”, over 30 ticked more than one option, e.g. “A&E” AND “walk-in centre”. Two respondents mentioned “pharmacy” or “Chemist”.

12. Have you ever used the GP out of Hours service (UC24)?

140 people, or 20%, said they had.

Yes	140	20%
No	471	68%
No answer	85	12%
Total	696	100%



When asked why they had used the out-of-hours service, most respondents had done so because of developing a problem when their GP surgery was closed (96 people, or 69% of the 140 who had used the service). However, a further 35 people (25%) said they had used the out of hours services because they had not been able to get an appointment during the day.

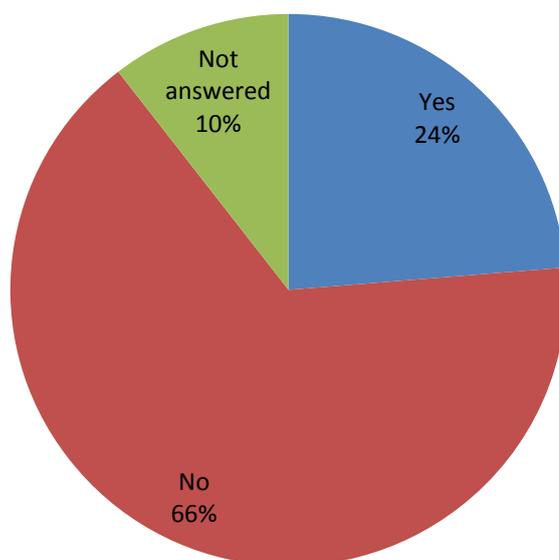
You had not been able to get a GP appointment earlier in the day	35	25%
You developed a problem at night or at the weekend	96	69%
Other (e.g. ticked both answers, “At Christmas”)	7	5%
No answer	2	1%
Total	140	100%

The next few questions were asked to try and identify some additional (and by no means exhaustive) barriers patients from groups with one or more protected characteristics as defined by the 2010 Equality Act may encounter when trying to access GP services. Other parts of this report further address

these and other barriers as identified by the feedback received through questionnaires and focus groups.

13. a) Do you consider yourself to be disabled in any way, including limited eyesight/ hearing?

Yes	165	24%
No	458	66%
Not answered	73	10%
Total	696	100%



13. b) If yes, how does your GP surgery accommodate this?

Several respondents mentioned that the practice they attend has wheelchair access, or that staff would assist where necessary, e.g.

“GP will listen to me carefully and speak loudly and close to my less deaf ear” (Abercromby Health Centre)

However, some comments mentioned physical barriers to access:

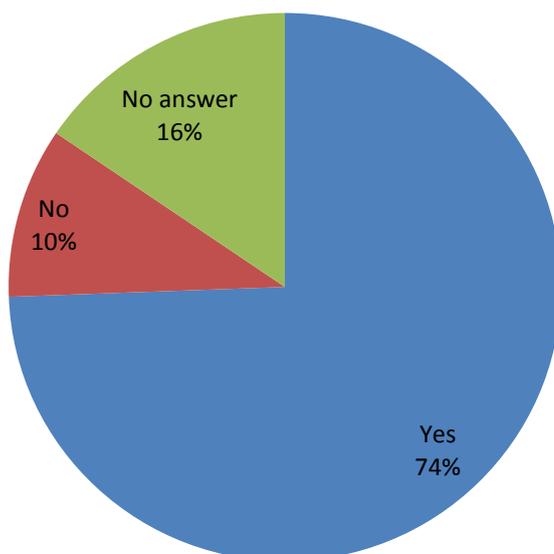
“They don't, door is broke so get stuck in door” (Breeze Hill)

“Does not. Broken door into surgery blocks mobility access” (Belle Vale Health Centre)

14. a) 1. Is your first language English?

The response was:

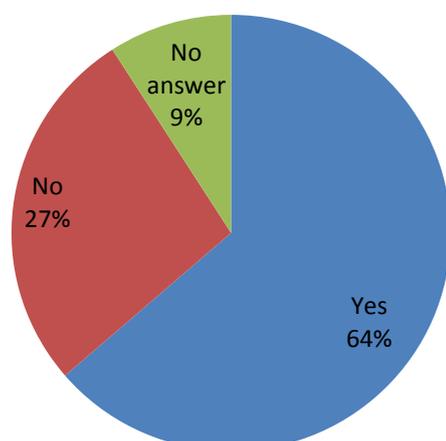
Yes	518	82%
No	70	11%
No answer	42	7%
Total	630	100%



In the version of the questionnaire aimed at refugees and asylum seekers, which received 66 responses, the question was slightly different:

14. a) 2. Are you able to communicate with a nurse or GP in English?

Yes	42	64%
No	18	27%
No answer	6	9%
Total	66	100%



Respondents on both versions of the questionnaire were then asked:

14. b) If No, how does your GP practice accommodate this?

Some responses received were:

“Interpreter via telephone” (Kensington Park Practice)

“I have translator” (Great Homer Street Surgery)

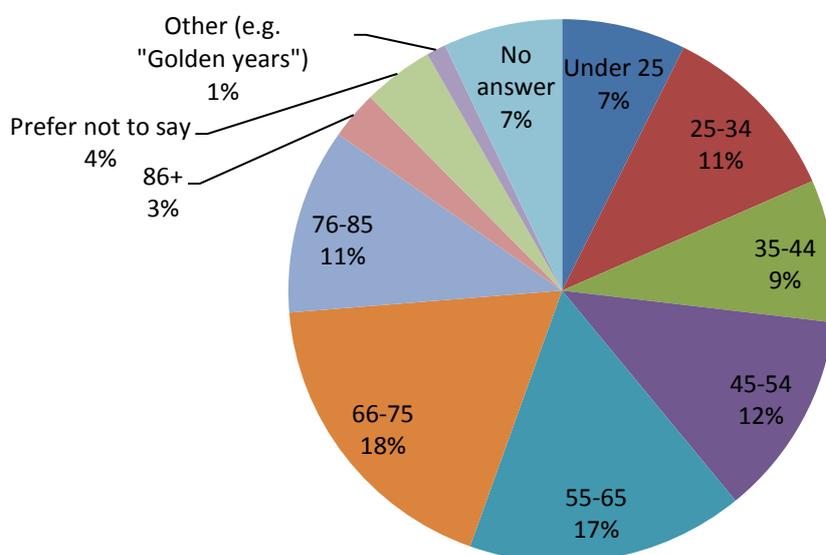
However, interpreting services are not always available:

“I need interpreter, but sometimes I don't get interpreter or they don't turn up” (Kensington Park Practice).

15. How old are you?

The youngest respondent who provided their age was 13, the oldest 94. The breakdown was as follows:

Under 25	51	7%
25 - 34	77	11%
35 - 44	59	9%
45 - 54	85	12%
55 - 65	114	17%
66 - 75	127	18%
76 - 85	77	11%
86+	20	3%
Prefer not to say	29	4%
Other (e.g. “Golden years”)	8	1%
No answer	49	7%



Additionally, one respondent stated age was “Not relevant as should get a good service regardless of age” (0.1%).

Additional comments

16. Do you have any further comments about the appointments system?

Altogether 399 respondents left further comments, although the vast majority were comments in response to specific questions on the questionnaire, e.g. just adding “evenings only” about evening or weekend opening.

- However, some themes could be identified; for example, 22 comments were received about phone access, including:
“It is very hard to get an appointment on the same day even when you phone early in the morning as the line is often engaged and you may need to get to work” (Gateacre Brow Surgery).

“If you don't attend the doctor's personally in the morning, by the time they have answered the phone, all the available appointments for that day have been taken” (Mere Lane Health Centre).

“To add some telephone lines so that I can more easily call the practice for appointment making” (St James Health Centre).

Comments about phone triage systems being used at practices received 5 positive comments, 3 negative ones, and 1 neutral.

For Belle Vale Health Centre, 9 respondents mentioned the telephone number was expensive to call:

“The telephone number is premium rate from a mobile phone and once placed in a queue for 10 minutes plus costs to me £5 plus for one phone call”.

By the end of October 2013 all Liverpool practices were supposed to provide an ‘0151’ landline number, as this is cheaper to call and therefore more accessible for patients, however Belle Vale Health Centre still used an 0845 number until very recently. This has now been changed to a ‘0151’ landline, but concerns were raised that it has left some patients out of pocket.

- Additionally, 13 respondents said they liked that they could book appointments online, or would like to be able to do so.

- Reception staff were perceived as a barrier by 12 respondents, and an additional 8 people thought that reception staff at the practice they attended were not very helpful or did not have a good attitude.

Part of this was due to a perceived lack of privacy, which was mentioned by 7 respondents and also was a theme from some of the focus groups. Some of the comments were:

“Difficult getting past the receptionists who want to know everything before even considering booking an appointment. No privacy!” (Abercromby Health Centre).

“Getting past receptionists causes problems. No privacy. Receptionists give results of tests” (Abingdon Medical Centre).

However, 2 respondents were more positive about reception staff, with one stating

““The receptionists are always very helpful” (Kirkdale Medical Centre).

- Continuity of care, e.g. being able to see the same GP, was also commented on by several people, some positive and some not so positive:

“I am happy to see different doctors most of the time but recently I had a re-occurring issue and it was brilliant that I was able to book in with the same doctor so as not to have to re-explain myself at every appointment. Seeing the same doctor made the whole situation much easier and this is a service that is missing from many GP practices” (Westmoreland practice).

“Doctors frequently change at the centre so I no longer have a regular doctor. I see whoever is on duty, but would prefer a regular doctor” (Princes Park).

Overall 31 further comments were made about the use of locum GPs:

“This practise does not have "regular" GPs" I am seriously thinking of transferring from my present GP to one that is more accommodating” (Breeze Hill).

“Only one permanent Doctor, others are locums” (Fiveways Medical Centre).

“The GP does not accommodate anything or want to assist me because they are all locums” (Princes Park Health Centre).

7.2 Conclusions from the Patient Questionnaires

The results of the patient questionnaires showed there are large variations between GP practices. However, from looking at the overall picture, the following issues came out on top:

- 7.2.1 More than one-third of respondents (37%) said they could not get an appointment at the time and on the day wanted the last time they had visited a GP.
- 7.2.2 Just over one-third (34%) of respondents were not able to get an appointment with the doctor they wanted to see on the last time they had visited their GP practice.
- 7.2.3 One-third of respondents (33%) had used another service because they could not get an appointment.
- 7.2.4 Nearly one-third of respondents (32%) said it was not easy to get through to their GP practice on the phone.
- 7.2.5 Even though overall 13% of respondents said they had seen a locum GP, the use of locum GPs appeared to vary widely between practices, from no locums reported at one practice, to a practice where more than 60% of patients said they saw a locum GP, and only 22% a regular doctor.
- 7.2.6 The experiences of respondents who considered themselves to have a disability varied when accessing GP services, with some reporting positive experiences and adjustments being made by their GP practice, while others fed back that there were barriers.
- 7.2.7 The respondents who did not speak English as a first language also had varied experiences; while 19 said they could communicate well enough, 29 said they did need access to an interpreter - access which wasn't always provided.
- 7.2.8 From the further comments received, other issues and potential barriers to access mentioned included lack of privacy at reception, and staff attitude.

Section 8

Targeted Focus groups

From the questionnaires it was evident that there were additional barriers to accessing GP services for people with a disability or those who did not have English as a first language. Further patient feedback was gathered through focus groups and by visits to voluntary and community organisations, as well by inviting various speakers to the Group.

8.1 Asylum seekers, refugees and migrants

“They do not have any consideration for English not being my first language and have also attend a home visit and instead of waiting 5 minutes for my daughter to interpret, they have seen me, (I’ve) not had any answers to my illness and (they) left in a rush” (Comment received on a patient questionnaire about Princes Park Health Centre).

8.1.1 To find out more about the barriers faced by asylum seekers, refugees and migrants feedback from the amended patient questionnaires was used. Mohammed Taher, Community Development Worker at Inclusion Matters provided regular input to the Group, and Group participants spoke with several organisations working with refugees and asylum seekers. Healthwatch Liverpool facilitated two workshops at a Liverpool Asylum Seekers and Refugees Association (LARA) “Asylum Seekers’ Route to Health & Wellbeing” Event on the 6th of November 2013 at the Kuumba Imani Millennium Centre, attended by approximately 30 people. Additionally, Tina Davies-Taylor and Jan Awang from the Social Inclusion Team spoke to the group.

8.1.2 Some of the issues raised from focus groups were not just applicable to asylum seekers and/or refugees, including:

- Lack of communication between current and previous GP, having to explain history each time.
- The need to ring at set times to get an appointment, and long waits for appointments and blood tests. Also difficulties getting an appointment when chronic conditions get worse.
- Problems getting more than one issue dealt with at a time.
- Problems with diagnosis and a reluctance to refer to specialist services.

8.1.3 However, from the information and feedback gathered it became clear that other barriers were faced specifically by asylum seekers, refugees, and migrants, including:

- Not knowing the system, lack of information, and different expectations of what a Doctor can or should do. Some service users from overseas countries where people pay their doctor expect the GP to examine them and tell them what is wrong. In the UK, GPs expect patients to say what is wrong or how they feel, and use this for diagnosis.
- Dispersal policies - only those who have been 'dispersed' in the community can register with a GP. In Liverpool UC24 provides primary health care for asylum seekers who have not had a decision yet.
- The Social Inclusion team have made an official complaint to NHS England, as there are Liverpool GP practices that appear unwilling to accept asylum seekers. Other practices like Vauxhall Health Centre and Great Homer Street Surgery provide positive examples of good practice.
- Too long a gap between registration and receiving treatment; in this time people can be moved or dispersed to other areas and have to start the process again before being treated.
- There is a big variation between GP practices in terms of their use of interpreters, including when patients register. One person fed back they had waited months for an appointment and clearly signalled that an interpreter would be needed, yet no interpreter was provided on the appointed day.
- Some asylum seekers need to have a medical declaration completed by their GP to be entitled to 'Section 4' support, to prevent becoming destitute. GP practices usually charge money for completing forms as this is an extra piece of work and not in their contract. Charges can vary from £15 to £75, and there is no clarity from practices what the charges are.
- Staff attitude was highlighted by a number of asylum seekers, refugees, and staff of organisations providing support. Some had experienced a poor and unhelpful attitude from reception staff, while other participants said that they felt that their entitlement to services was being unjustly questioned, not just by non-clinical staff but also by GPs and nurses.
- Some participants mentioned institutionalised discrimination against ethnic minorities in Liverpool as a barrier.
- Although not in the remit of this Group, several people fed back there can be problems with interpreting services themselves. Not all languages are available (e.g. Bambara), and occasionally a language could not be provided by telephone. Also, Granby Somali Women's Group mentioned that the quality of the interpreting itself can be patchy.

8.1.4 Suggestions to break down barriers and improve access to GP services for asylum seekers and refugees were:

- Specific staff training around cultural competency to help improve staff attitudes, and training about asylum seekers' and refugees' rights to services.
- A more diverse workforce being employed.
- Information for patients about patients' rights and how to complain should be easily available.
- More reassurance about confidentiality policies, including when using interpreters, would make it easier for some patients to be more open and to ask for help.
- Extending the 40+ "MOTs" (health checks) to people newly arrived, to identify multiple issues people may have, including trauma and an increased risk to some conditions.
- Use good practice to look behind the obvious symptoms, make sufficient time and listen to the patient properly.

8.1.5 Additionally, a pilot scheme is currently ongoing in Liverpool that addresses some of the issues raised above, the Restore project (**RE**search into implementation **ST**ratagies to support patients of different **OR**igins and language background in a variety of **E**uropean primary care settings)¹⁰.

The project is being carried out simultaneously in several European countries. In Liverpool it has been facilitated by the University of Liverpool, involving representatives from local BME communities who have worked together with the university to develop a training package based on a similar package that was developed in the Netherlands.

The training provides background information about for example cultural differences of illness experience, and differing expectations about the role of GPs in healthcare. There is also a focus on communicating with people who may have less fluency skills in English, and may have low literacy skills.

For the Liverpool project, a training provider using professional actors has adapted the training package by using scenarios that in some instances were based on actual patient experiences. The training has been successfully piloted at Abercromby Health Centre, and once evaluation is complete the aim is to roll it out to other GP practices.

¹⁰ <http://www.fp7restore.eu/index.php/en/project-details> Last accessed 19/03/14

8.2 Lesbian, Gay, Bisexual & Transgender (LGB & T)

“Doctors don't care in this centre. I am Gay and had problems coming out (mental health) these Doctors were not interested - they did not even signpost where I could get help!! They don't care or understand” (Comment received on a patient questionnaire about Breeze Hill).

“I would like to say that as a gay man I find Greenbank Surgery very friendly. I have been with others that frankly need to be more LGB & T aware and friendly” (Comment received on a patient questionnaire about Greenbank Drive Surgery).

- 8.2.1 Group participants attended the LGB & T network meeting at LCVS on the 23rd January 2014 to discuss access to GPs, asking about good practice experienced and where there are barriers to access. Experiences were quite varied. Several barriers to access were identified, including some that were more specific to the LGB & T community.

Some general issues people fed back were about difficulties in getting an appointment; at one practice online appointments were made available, but only few and for weeks later. The touch screen to log arrival may not be suitable for everyone, while the automated loudspeaker could cause problems, particularly with non-English names although names also flash up on screen. Receptionists weren't always very helpful, and some receptionists seemed to think shouting would aid comprehension for a speaker of a foreign language. Lack of continuity, because it was impossible to see the same GP, was also reported.

Staff attitudes towards LGB & T people varied a lot - one person fed back that at their previous practice the staff's attitude had not been good, but at their current GP it was easy to talk about their sexuality and partner. Participants sometimes had to come out to their GP for medical reasons, and/ or when asked for next of kin details. One person mentioned they had not gone back to a previous GP as the reaction to coming out had not been good.

Several people reported that assumptions of heterosexuality were being made, for example a lesbian woman was asked which contraceptives she was using, rather than asking if she needed to use contraception. This meant people felt they had to give more information than they really wanted to. Assumptions were also made about medical treatment (e.g. that “as a lesbian you don't need smear tests”).

It was pointed out that some people might feel less comfortable to discuss their sexuality than others, and that even very confident people might find

it difficult to challenge attitudes and misconceptions. It can be easier to stand up for others, but there is no advocacy specifically for LGB&T people.

In addition to the focus group held at the LGB & T network meeting, Vikki-Marie Gaynor came to speak to the Task and Finish Group about her experiences as a transgender woman and the experiences of other trans people on Merseyside in accessing health services, including GP services. She has been a supporter of the Merseyside Transgender Alliance who are campaigning to get a gender re-assignment centre on Merseyside. She fed back that there is a gap in services for transgender youth - many are seen as too young (under 12), or get to 16 and get moved to adult services, which is under a lot of pressure already.

The experiences of transgender people regarding access to GPs are varied. While some GPs show good practice, there are others who have refused to refer or treat transgender people. At some practices trans patients still are addressed by the wrong title, or the wrong name is used on paperwork. Many doctors and other practice staff don't have a very good understanding of what is involved.

The lack of privacy at GP reception desks can mean having to 'out' yourself - which may be ok in a GP treatment room, but not at reception in front of a waiting room. There is a need for privacy and confidentiality.

A positive experience came from a Trans woman attending the LGB & T network meeting, who had her new name recorded on the touchscreen at her GP surgery before her gender recognition certificate had come through.

8.2.2 Suggestions for improvement were:

Staff training may help to improve services, but several participants wondered if it was realistic to expect training would be provided, as it is very difficult to get training about for example mental health and suicide on GPs' agenda, never mind Equality & Diversity and staff attitude.

Provide privacy, possibly a private area, at reception.

Information on display can help identify a LGB & T-friendly service. National organisations like Stonewall work extensively with healthcare providers to ensure that they understand the needs of lesbian, gay and bisexual people (please see www.healthyives.stonewall.org.uk). GP practices on Merseyside can apply for a Navajo Charter Mark that is awarded to organisations that can prove they are LGB & T friendly. Patients want to know where those GP services are, it is a question that is asked regularly on social networks.

8.3 Mental health

“I have decided to simply not even try for an appointment anymore. All of the serious relapses in my mental health have been due to not being able to see GP to renew my prescription for antidepressants” (Comment received on a patient questionnaire about Princes Park Health Centre).

- 8.3.1 A focus group was held in January to discuss some of the barriers to accessing GPs for people experiencing mental ill health. Some of the feedback received from those present was:

It can be difficult to get through on the phone. Lack of privacy was a major issue; glass partitions at reception desks meant having to speak louder, and receptionists at times were not mindful and would shout.

After phoning in numerous times one person was seen by a locum and not the regular GP who knows more about the patient - continuity of care was lacking, especially when seeing a different GP all the time.

A lack of knowledge and/or understanding from practice staff about mental health can have a serious impact on someone’s wellbeing. One example given was a locum doctor reducing someone’s medication and doing a review without knowing the patient. When the patient questioned this, the GPs attitude was dismissive to say the least.

- 8.3.2 Suggestions for improvements were:

Ensuring access to a GP, as self-help and self-care are not helped if unable to see a GP when necessary.

Continuity; seeing the same GP who knows you and can provide support with recovery.

Longer consultations when necessary.

To help improve privacy, for reception to have a card with the patient’s details (address etc.), so that all receptionists have to do is ask “Are these details still correct?”

There now is an online directory available, Wellbeing Liverpool <http://www.wellbeingliverpool.org.uk/> , which provides information about Mental Health and Wellbeing Services, activities and groups in Liverpool. This is a useful tool for GPs and GP practice staff, but is accessible to anyone who can use a computer.

8.4 Physical and/or sensory disabilities

“Would like to see more disability awareness. Practice manager said too busy and don't know where to get advice” (Comment received on patient questionnaire about Fulwood Green Medical Centre).

- 8.4.1 Tony Rice and Ged Smyth from Access & Evacuate came to speak to the Group about barriers to accessing GP services for patients with a physical disability. The top 10 Disability issues when accessing public buildings, including GP surgeries, are transport, parking, entrance, reception, attitude, toilet access, information formats, moving around inside the building, emergency evacuation, and lack of staff training.

However, as well as the physical facilities, staff attitude tends to be seen as one of the main issues. Outcomes can sometimes be better when the attitude is supportive and enabling in overcoming any barriers, even when access is less good, although this does depend on the individual and maybe the nature of their disability. In contrast, providing a fully accessible building but unhelpful attitudes can have a more negative impact, e.g. if a hearing loop is available but staff are not able or willing to use it.

- 8.4.2 The Equality Act 2010 states that reasonable adjustments have to be made to ensure anyone with a disability can access services. Although public buildings have to take access needs into account, no “Access certificate” exists - unlike safety certificates for electricians for example.

GP practices also need to think about fire safety, health and safety, and about evacuation procedures in case of an emergency, taking into account how people with a disability can get out safely. Staff need to be trained, and where appropriate, equipment should be provided and staff trained on how to use it.

8.5 Learning Disability/ Difficulty

“Always engaged and you can never get appointments. I have a learning disability and I can't read/write” (comment received in a patient questionnaire about Garston Family Health Centre).

- 8.5.1 For someone with a Learning Disability or Learning Difficulty (depending on how people define themselves) there may be additional barriers to accessing services. Group participants discussed this with a total of 5 people with a Learning Disability/Learning Difficulty on 2 occasions.

One person sometimes booked their own appointment, while for the other 4 appointments were made by their parents or support workers, usually by phone.

None of the respondents always saw the same GP, it varied. At times there still was quite a wait at the GP even though an appointment time had been given, but usually there was enough time for the consultation.

Positive experiences at GPs were mentioned, for example, a referral to a dietician by the GP resulted in losing weight, and several mentioned having the annual health check or “MOT”. One individual mentioned they liked their regular GP, and felt they could talk to the GP.

However, all said that the GP didn’t always speak to them, but to their parents or support worker instead. Three said they would like staff (GP, nurse) to talk with them more; as they are the patient, the doctor should speak to them.

One person mentioned that “too many questions get asked in too short a time, which leaves me no time to think what the answer is”.

Two people mentioned they had combined appointments with a parent, e.g. both the individual and their parent were seen during the same consultation.

8.5.2 Some suggestions for improvement were:

GPs and/or practice nurses should speak to the patient, not their parent or carer. To avoid any confusion, it may be better to not combine appointments for family members.

The GP should ask the patients first if they have any questions, NOT their parents/carers.

GPs need to ensure that patients with a Learning Disability/Difficulty are allowed enough time to answer any questions from the GP, and to ask questions themselves.

GPs and other clinicians should be aware that general comments can have a stronger impact on someone with a Learning Difficulty, e.g. a nurse mentioning a patient “may have cancer in the next 10 years” caused unnecessary worry. Another patient referred to “bad comments” being made about their weight.

8.6 Young people

8.6.1 The Young Person's Advisory Service (YPAS) and Brownlow Health GPs are currently providing the GP Champions for Youth Health project (GP Champs), a GP drop-in session for young people. This is to provide an easily accessible service in a friendly, supportive environment, with as few barriers as possible.

YPAS consulted with more than 200 young people via a questionnaire and focus groups about their experiences of GP services. YPAS has kindly allowed us to quote from their research.

In response to a question asked about the experience of going to see a GP, 42.5% of respondents said they had a good experience, while 26.5% said it had not been good. Reasons given were the GP attitude/approach, lack of continuity (e.g. not seeing the same GP), the environment (e.g. lack of current and/or age-appropriate information), and accessibility (e.g. not easy to get an appointment).

Nearly one-third of respondents said there were issues they would not talk to their GP about, including personal issues, mental health and sexual health.

37% said they would talk to or go to other people and agencies about their health, including walk-in centres, YPAS, and friends and family.

8.6.2 When asked what was needed to make going to a GP a more positive experience, friendly staff and consistency came out top, followed by age-appropriate information. The GP Champs drop-in pilot, held every Thursday at the YPAS building, provides all this, and Healthwatch Liverpool looks forward to seeing the findings from the Pilot.

8.6.3 Staff members from Barnardos Action with Young Carers Staff distributed the patient questionnaires to some of the young carers they work with, and additionally fed back that:

“Anecdotally many young carers tell us that they feel invisible to health professionals generally but particularly feel this with GP’s who don’t make the attempt to engage with them and ask them their views. Young carers and their disabled parents, when asked about their advice, said the most important thing is to include and support the whole family. GP’s may only see the individual patient and therefore critically lose sight of the impact on the whole family. Good identification of young carers relies on an early intervention approach and GPs are well placed, but the ‘right’ questions may not be asked and therefore young carers fall through the gaps”.

8.7 Conclusions from focus groups

From the feedback received through focus groups and visits to other organisations, it is evident that additional barriers to GP access are faced by people from groups with protected characteristics as defined in the Equalities Act 2010, for example by asylum seekers and refugees.

Again, patient experience varies between GP practices, and while there are some examples of good practice, like the pilot Restore project and the pilot GP Champs project, there is room for improvement in most areas to ensure more equitable access to GP services is provided.

Section 9

Conclusions from the overall patient experience feedback

- 9.1 There are many positive examples from patient feedback where patients indicate their GP practices are working well in regards to accessing services, however there were also many examples where feedback indicated improvements are needed.
- 9.2 Although the patient experience varies between practices, from the evidence some consistent themes appear, such as the inability to book an appointment at the time and on the date wanted, or not being able to see the GP of choice; however, this is not true of all GP practices.
- 9.2 Patients need to be provided with more information about the options available for accessing health care to help ensure appropriate use of the services available. In order to do that it would be useful to clarify what services can and can't do, e.g. what can a pharmacist provide?
- 9.3 It is clear from the feedback received that patients from groups with protected characteristics often face additional barriers when accessing GP services. This can range from a patient's lack of knowledge about the NHS and what it does, or staff's lack of knowledge about patients' backgrounds and/or conditions, to staff attitudes.
- 9.4 Organisations like the Social Inclusion Team and many voluntary and community organisations play an important role in supporting patients and/or service users to overcome barriers when accessing GP services, and there are several GP practices that show good practice in providing access for patients.
- 9.5 However, the evidence indicates that there are marked inconsistencies between GP practices in Liverpool, and one question this raises is what work is being carried out to address these inconsistencies.

Recommendations from the overall patient experience feedback (as highlighted in the executive summary)

Healthwatch Liverpool (scrutiny) recommends that GP practices:

- 9.6 Provide enough phone lines for patients to get through within a reasonable waiting time;

- 9.7 Ensure that there are enough reception staff available to book appointments where appropriate;
- 9.8 Ensure that online booking is made available to patients as soon as possible; Healthwatch Liverpool is aware that every GP practice should provide online booking by April 2015.
- 9.9 Offer flexibility in their appointment system, ensuring that same-day and advance appointments are available.
- 9.10 Limit the use of locum GPs wherever possible;
- 9.11 Give patients the choice to see the same GP, explaining if necessary that an appointment may not be available as soon in that case;
- 9.12 Ensure patient dignity by providing privacy at reception;
- 9.13 Ensure that receptionists are not used to carry out triage duties;
- 9.14 and/or commissioners ensure that staff training for all GP practice staff is provided so that staff have at least a basic level of cultural competency;
- 9.15 and commissioners ensure that reasonable adjustments to GP premises are made as per the Equalities Act 2010;
- 9.16 and double appointments slots are made available to People with a Learning Disability/ Learning Difficulty in order to allow for enough time for those patients to answer and ask questions;
- 9.17 and current systems are reviewed to take into consideration the needs of the different communities that make up the City of Liverpool, e.g. asylum seekers, refugees and others who may be experiencing difficulties when attempting to register with a GP.

Section 10

Engagement and research: GP practices

To help get an overview of what was available, the Group wanted to find out more from the GP practices, including about the appointment systems used, what they themselves thought worked well and where there were issues or maybe barriers for patients to access GP services, and to find examples of good practice, or where improvements could be made.

In order to get this information, a practice managers' questionnaire was sent out (see appendix IV), and 5 GP practices were visited. Additionally, the Group researched GP websites to see what information was available.

10.1 Practice managers' questionnaires - results

Questionnaires were sent out to all 94 Liverpool GP practice managers. A total of 34 (36%) were returned, covering the following practices (in alphabetical order):

- Abercromby Health Centre
- Abingdon Medical Centre
- Albion Surgery
- Belle Vale Health Centre
- Benim Medical Centre
- Bigham Road Medical Centre
- Brownlow Health
- Dovecot Health Centre
- Ellergreen Medical Centre
- Fairfield Medical Centre
- Gateacre Brow Surgery
- Greenbank Drive Surgery
- Hunts Cross Medical Centre
- Jubilee Medical Centre
- Knotty Ash Medical Centre

Mather Avenue Surgery
Mere Lane Health Centre
Moss Way Medical Centre
Netherley Health Centre
Oakvale Medical Centre
Penny Lane Surgery
Poulter Road Medical Centre
Priory Medical Centre
Riverside Health Centre (Dr Julian)
Rock Court Medical Centre
Rocky Lane Medical Centre
Sandringham Medical Centre
Sefton Park Medical Centre
Stoneycroft Medical Centre
The Grey Road surgery
The Village Medical Centre
Walton Medical Centre
Westmoreland Medical Centre
Yew Tree Centre

Questions asked were:

1. How many patients are registered with the practice?

The number of patients registered per practice varied from 2,124 to 30,000 for the 27 practices that provided this information.

2. How many GPs work at the practice?

The number of full-time GPs per practice varied from 1 to 18.4 full-time equivalent (FTE) GPs.

Most practices had both male and female GPs. Single-GP practices like Abingdon Medical Centre or Moss Way Medical Centre have either one male or one female GP.

3. On average, what proportion of appointments is covered by locum GPs?

There was a large variety in the extent that locum GPs were used by the practices. Some, like Rock Court Medical Centre and Dovecot Family Health Centre for example, did not use locum GPs at all. At the other end of the scale, Netherley Health Centre used locum GPs continually.

4. Over the last three months, why have you used locum GPs?

Locum GPs were used by 8 practices to cover GP vacancies, while 22 practices used locum GPs to cover annual leave. Additionally, practices used locum GPs for maternity and paternity cover, and to cover planned or unplanned sickness leave.

Four practices used winter pressures funding to employ locum GPs to provide additional appointments during the winter months, when demand tends to be higher.

3. How many practice nurses, nurse practitioners and health care assistants work at the practice?

All practices provided access to a practice nurse or nurse practitioner - smaller practices on a part-time basis.

Twenty practices provided access to a Health Care Assistant.

6. On average, what proportion (%) of appointments are covered by practice nurses/ nurse practitioners/ health care assistants?

Abercromby Health Centre and Poulter Road Medical Centre indicated that the nurses/ nurse practitioners have their own list and/or clinics, while Jubilee Medical Centre said nurse/ nurse practitioner “appointments are of different lengths for different purposes”.

Other practices stated nurses/ nurse practitioners/ health care assistants provided between 20% to 50% of all appointments offered by the practice.

7. Please list any other health professionals at your practice.

- 14 practices mentioned they had sessions provided by a midwife
- 9 practices mentioned a health visitor
- 8 a health trainer

- 3 a pharmacist (of whom one in-house, and one working anti-coagulation clinics)
- 3 counsellors (one employed directly by Hunts Cross Medical Centre)
- 4 drug workers/ counsellors
- 1 a gynaecologist
- 1 a community matron/ district nurses.

Most of these health professionals were not directly employed by the GP practices, e.g. Liverpool Community Health provided health visitors, and Addaction drug workers.

As part of a pilot the Citizens Advice Bureau (CAB) ran advice sessions for patients at Mather Avenue Surgery. These sessions have now finished at Mather Avenue Surgery but have been rolled out and are available at a number of Liverpool GP practices, providing advice about debt and other non-medical issues that may have an impact on people's health.

8. How many receptionists work at the practice?

Most practices had at least one full-time and additional part-time receptionists, while 6 practices employed several part-time receptionists.

9. Is your practice a training practice?

Sixteen practices said they were a training practice, and another 16 said they were not. One practice was applying to become a training practice, and both this practice and one other had medical students attached.

10. If yes, how many trainee staff work at your practice?

The number of trainee GPs attached to a practice varied from 1 at Belle Vale Health Centre and Westmoreland Medical Centre, to 5 at Oakvale Medical Centre.

11. What are the practice opening hours?

As mentioned before, the GP specification for Liverpool stipulates patients have to be able to contact their GP practices (at least by phone) between 8am and 6.30pm on week days. All practices reported that they were contactable during these hours, Monday to Friday.

12. Are extended opening hours available, e.g. evening or weekend slots?

19 practices said they provide extended opening hours, 14 did not. Additionally Hunts Cross Medical Centre said they provide Saturday morning opening during the winter months, funded by winter pressures money.

Gateacre Brow Surgery provides early opening (7am-8am) on Monday and Friday mornings. The Village Medical Centre also offers early opening on a Monday, and late opening until 7.30pm alternate Mon/Tue/Wed. The other 17 GP practices with extended opening hours all provided this in the evening, with 11 providing an extra hour one evening per week (mostly Mondays or Wednesdays). Westmoreland Medical Centre opens every weekday until 7pm, while Priory Medical Centre has extended opening 2 evenings per week, and every 2nd Saturday of the month.

13. What routes are there for patients to book appointments?

All 34 practices said patients can book appointments by phone or in person. Sandringham Medical Centre stated they have an “automated booking system via the telephone without speaking to a receptionist. Able to book, cancel and change GP appointments 24/7”.

Twenty-two practices said patients can book online, while 4 said this is not possible. Another 5 practices said they plan to provide online booking in the next few months. Three did not answer the question.

14. On average, what percentage of your appointments are:

Same-day appointments

Drop-in appointments

Pre-booked appointments

Home visits

Phone consultations/ triage

Email consultations/ advice

Every GP practice can decide which appointment system it wants to use, as long as the practice offers enough appointments relative to the number of patients registered with it. The varied responses between practices to the question “On average, what percentage of your appointments are same-day appointments/ drop-in appointments” etc. are therefore a reflection of the different systems used.

The amount of same-day appointments available varied from 15% at Abingdon Medical Centre to nearly 93% at Belle Vale Health Centre.

Not many practices appeared to use drop-in appointments. For Brownlow Health, more than half of their appointments are filled by drop-in, while Ellergreen say 60% of their appointments are drop-in. Mather Avenue Surgery state that 37% of their appointments are drop-in appointments.

Other practices said they have a few drop-in appointments available “as needed”, or like Poulter Road have a drop-in session one morning per week.

Practices varied in the amount of pre-booked appointments offered. Where Sandringham Medical Centre said only 10% of their appointments are pre-booked, Stoneycroft Medical Centre's appointments are 94% pre-booked.

Several GP practices said the amount of home visits carried out depends on demand. Walton Medical Centre stated that on average the GPs carry out 91 home visits per month, whereas most other practices said it was between 1% and 5% of their total amount of appointments.

Brownlow Health was the only GP practice stating they use some email consultations/ advice, albeit less than 1% of the total of appointments provided.

15. Do you use phone triage for appointments?

Fifteen GP practices, including Oakvale Medical Centre and Stoneycroft Medical Centre use phone triage to book appointments, where a GP phones the patient to speak with them and then decides whether to offer the patient an appointment or another option. Twelve practices said they did not use phone triage. Of those who do, 10 said it was carried out by GPs, 1 said it was carried out by a nurse, and 4 said it was carried out by both GPs and nurses.

16. How many appointments are missed at your practice per week on average?

The amount of appointments missed on average per week (DNA - did not attend) varied per practice. Where percentages were given, this varied between 2% for Gateacre Brow Surgery and 8.5% for Brownlow Health. Figures varied from less than 5 at Abingdon Medical to 77 per week at Westmoreland Medical Centre, however different practice sizes did explain the discrepancy in these figures to some extent (although not completely).

Some practices responded by saying "Very few" (Greenbank Drive Surgery) or "Far too many" (Penny Lane surgery), while others like Jubilee Medical Centre and Hunts Cross Medical Centre said it varies.

17. What are you doing to reduce the number of missed appointments, and what else do you think could be done?

The responses were fairly similar. The main points were:

- Text message reminders sent to patients.
- Reminder calls the day before an appointment.
- Letters written to patients who did not attend. Some practices did this the first time someone missed an appointment, others after two or more.

- Posters and/or messages displaying numbers of missed appointments.
- Some practices added a note to the file of patients who fail to attend several times, so the GP can discuss this with the patient.
- As a last resort some patients have been removed from the practice list.

However, other practices said it was less of a problem as most of their appointments are on the same day:

“As the majority of appointments are booked on the day this has resulted in very few DNAs” (Yew Tree Centre).

“We have a daily triage and all GP appointments are booked by a GP on triage, usually same day, and so our DNAs are few” (Oakvale Medical Centre).

18. What do you think works well, and what works not as well, with the appointment system that you use?

Sefton Park Medical Centre responded, “no system we have tried meets universal approval”. Penny Lane Surgery also said “there is no one size fits all for any practice”. Liverpool areas and GP practices have diverse and differing populations, and appointment systems need to reflect that.

Benim Medical Centre and Jubilee Medical Centre mentioned demand for appointments is high, which can mean staff are over-stretched and availability is an issue.

Many practices responded that having a higher number of same day appointments available worked relatively well, and kept the number of patients who missed appointments down.

Most practices also offered pre-booked appointments, for example at Walton Medical Centre appointments can be pre-booked up to 12 weeks in advance, at Hunts Cross Medical Centre up to 6 weeks in advance.

Westmoreland Medical Centre did point out that offering more same day appointments could mean that waiting times to see a specific doctor for a pre-bookable appointment increased.

Several practices, including Belle Vale Health Centre, stated that online access for booking appointments and getting repeat prescriptions worked well, however Poulter Road Medical Centre did point out that although this is becoming popular “many patients are advising that they don’t have the internet/computer etc... which is making the service limited”.

Knotty Ash Medical Centre and Mere Lane Health Centre mentioned that patients can find it hard to get through at 8am. Bigham Road said patients can phone at 8am to book for the morning, 1pm to book for the afternoon.

Both Stoneycroft Medical Centre and The Grey Road surgery mentioned that phone triage by a GP worked well for urgent appointments. Oakvale Medical Centre also uses phone triage; patients calling before 11am will speak to a GP on that day.

Dr Julian's practice at Riverside Health Centre said it was easy to be flexible with appointments as it is a single-handed (one GP) practice.

19) Are your premises and services accessible independently by people with a wide range of disabilities, for example wheelchair users, patients with visual and/or hearing impairments, or patients with a learning disability?

Responses from 27 practices stated they were, one said "Mainly", and 6 did not answer the question.

Twelve practices provided a link to their own surgery website to provide more information, and fifteen gave some more detail about facilities. For example:

Most practices said they had ramps and/or level access, and electronic doors and/or a wider entrance.

Mather Avenue Surgery mentioned they have door frames painted in a darker colour to help identify doorways, and mechanical medical couches for easier access onto examination couches.

Brownlow Health mentioned they have a learning disability lead in the practice. Stoneycroft Medical Centre has a flag alert on their computer system for patients with a sight impairment or a learning disability so that staff are aware and can assist as needed. Rock Court Medical Centre mentioned they have long serving staff members (who) recognise patients who require assistance.

A few practices mentioned barriers to access; Dovecot Family Health Centre does not have disabled parking, as the council has stated there is not enough space for a parking bay or drop-off point. The Village Medical Centre said their doors are not electronic and can be quite heavy, but that staff will always help patients.

20) Is assistance or an alternative available for patients who don't know how to, or do not want to, use booking-in screens at the surgery?

Apart from 2 practices that don't use booking-in screens, assistance was made available for patients who didn't know how to, or did not want to, use booking-in screens at the surgeries. All said reception staff would be willing to either show how to use the screen, or book patients in at reception.

21) How are patients made aware that the Doctor or Nurse is ready to see them?

Most practices used an "Envisage" television screen or tannoy system to make patients aware that the Doctor or Nurse was ready to see them, while in 2 practices the doctor or nurse called patients themselves.

22) Do you gather equality and diversity information from your patients?

Twenty-nine practices said they gather equality and diversity information from their patients. Three practices said they did not.

23) What provisions are in place for patients who have English as a second language or a communication difficulty?

Thirty-three practices said they provided interpreters either by phone or in person when required for patients who have English as a second language or a communication difficulty. Several practices also mentioned providing British Sign Language (BSL) interpreting if required, while Greenbank Drive Surgery has some information booklets available in other languages in waiting rooms.

At The Grey Road surgery reception staff use translator cards, available in over 20 languages and they will translate standard documentation on request using Microsoft Office. Brownlow Health provides student health services, and have had Chinese translators for the last 3 years during Fresher's week to aid University Students in registering and giving info regarding the NHS.

24) Do you have a Patients Participation Group (PPG)?

Eight practices did not have a Patient Participation Group (PPG) at the current time. Rock Court Medical Centre said they have one planned, while 24 practices said they do have a PPG, although Walton Medical Centre's is a virtual group and thus only accessible to patients who can use, and have access to, a computer.

25) How do you publicise what the PPG does?

Practices publicised what the Patient Participation Group does in a variety of ways; through websites, notice boards, posters in waiting rooms, via a newsletter and by using the TV screen in the surgery.

26) Has the Patients Participation Group been involved in decisions about the appointment system used by the practice?

Twenty practices had involved their Patient Participation Group in decisions about the appointment system used by the practice.

27) Do you have a practice leaflet?

Practice leaflets were available in 33 practices, although 2 said they were not up-to-date, in one case because of staff changes.

Most practices did not have the leaflets available in other formats. Seven practices said leaflets in other formats were available, and seven more said other formats were available on request. Abercromby Health Centre said they were awaiting CCG funding to have the leaflet and some standard recall letters interpreted.

28) Do you have a practice website?

Thirty-one practices said they have a website. Two said they do not, although one of those said they use the NHS Choices website. Twenty-nine practices said they update their website regularly, one said they update the NHS Choices website as and when staff change, and one had not updated their website yet.

29) Can patients contact the practice by email?

Fourteen practices said patients can contact the practice by email, while thirteen said this was not possible. Five additional practices had an email address available, but Oakvale Medical Centre and Rocky Lane Medical Centre said theirs was just for repeat prescriptions, while Dr Julian at Riverside Health Centre had the practice manager's email available to contact. Mere Lane Health Centre have a GP email address available on the website, but said use is not encouraged as the majority of GPs are part-time and urgent requests could be missed.

30) Any further comments about your practice?

Some of the comments received were:

“One member of staff is actively involved in the For-get-me not group in the area, attending meetings and helping to make life easier for dementia

sufferers and their carers. She sends birthday cards out to all patients 74+ years with a questionnaire which is helping the practice to diagnose dementia patients” (Belle Vale Health Centre).

“We are a small high demand practice striving to move forward. Recently developed a patient participation group which hopefully will grow. Always looking to develop any new ideas to help maintain a quality service for our patients” (Bigham Road Medical Centre).

“Our practice also plays an active part in looking after hostel dwellers and the homeless population in Liverpool” (Brownlow Health Group).

“Patients and members of our PPG are very complimentary with regards to our open access system and appointment system to cater for all needs” (Greenbank Drive Surgery).

“We feel our telephone triage system works very well. We have spent a long time educating patients on how to access our services to ensure that all patients are aware that they can leave a message at any time during our opening hours and they will get a GP response the same day, resulting in an appointment if clinically indicated or telephone consultation or advice” (Stoneycroft Medical Centre).

10.2 Practice visits

As part of the Access to GP Task and Finish work, 5 GP practices were visited to speak with practice managers, and with some of the patients where possible.

The practices visited were:

The Elms Medical Centre

Jubilee Medical Centre

Vauxhall Health Centre

Netherley Health Centre

Abercromby Health Centre.

These practices were chosen because of initial feedback we were receiving from patient questionnaires and/or because of the differing appointment systems used.

10.2.1 The Elms Medical Centre

The visit to The Elms Medical Centre was prompted by an interest in the appointments system used by the practice. The Elms has 8,300 patients registered, and since April 2012 has been using a phone triage appointment system, where a patient calls the practice, and gets a call back from a GP,

usually within an hour. Patient and GP will then discuss symptoms and decide if the patient should be seen by a GP or nurse, a prescription sent or phone advice provided. Usually no advance GP appointments are booked, although after triage a GP may decide an advance appointment is warranted. Nurse appointments are still booked through reception.

The change of system was largely due because of the high demand for appointments, which the practice was finding more difficult to respond to. The advantages from the practice's point of view is that it has been easier to cope with demand, as not all patients need to be seen by the GP, and few appointments are now missed (DNAs).

There has been a mixed response from patients to the change; for patients with acute needs the response has been positive, but people who were used to more continuity by seeing the same GP like it less. The GPs also value continuity; it has taken time for both patients and staff to adjust to the new system.

Healthwatch received 8 questionnaires about The Elms, and while 6 responded that they got an appointment on the day and time wanted, one comment received was:

“When I ask reception to book an appointment she says: doctor will call you and if it was necessary you will have an appointment. It's difficult for me to explain my problem on the phone”.

10.2.2 Jubilee Medical Centre

Jubilee Medical Centre has 7,500 registered patients. The visit to this practice was prompted by positive patient feedback from all 16 responses to the questionnaire, and by the fact they had changed from a phone triage system after 40% of patients said it was worse or much worse than the previous system, while 30% said it was a bit better. Specifically, patients fed back they would receive the call-back at a time or place that wasn't convenient, e.g. at work where there may not be a private space available to have a conversation.

From the 16 patient questionnaires received about Jubilee Medical Centre the overall feedback about appointment access was very positive, e.g. it was easy to get through on the phone. One comment said: “Working well for me”.

The practice manager explained the practice prioritises the phones between 8-10am, with 4 phone lines being available. All reception staff do every task, so when necessary they can prioritise answering the phone. Also, 30%

of patients have signed up for booking advanced appointments online, which relieves pressure on the phone.

For same-day appointments patients phone in, and if they call before 3pm they will either get a phone consultation or an appointment to see a GP that day. There are few DNAs (did not attend) appointments, however demand and managing patient's expectations are issues.

10.2.3 Vauxhall Health Centre

The visit to Vauxhall Health Centre was prompted by the feedback received from 28 patient questionnaires, which was positive overall. Much of this feedback came through via Irish Community Care, whose staff spoke with service users and where necessary supported patients to complete the questionnaire.

The Group was also interested in the practice's work and connections with organisations such as the Social Inclusion Team to ensure Irish Travellers receive primary health care.

The practice manager said that many Irish Travellers are registered at Vauxhall Health Centre, partly through support from the Social Inclusion Team who may bring people to the practice, and partly through word-of-mouth. Some of the patients may be illiterate, but by working with the Social Inclusion team ways to help support people in accessing health care have been set up, for example by providing little ID cards with a patient's date of birth on it. Staff from the practice carry out visits to the Travellers' site, and some of the winter pressures money gets used to check on immunisations for example.

Two GPs from the practice also run a weekly clinic at the Whitechapel centre for homeless people.

The practice manager said that patients calling in before 10.30am are guaranteed to be seen that day, and winter pressures money would be used to provide extra appointments during the winter months.

Leaflets with basic practice information were available in Polish and Chinese.

The design of the inside of the practice building was unusual and patient-friendly in that there was no window at reception; instead the desk had been made higher. There was a lower desk for patients who use a wheelchair, which did have a glass barrier. The reception desk was a fair distance away from the chairs in the waiting area, thus ensuring privacy for patients speaking to reception staff.

10.2.4 Netherley Health Centre

The visit to Netherley Health Centre was prompted by patient feedback received from 40 patient questionnaires. Many responded it was difficult to get through on the phone, and the feedback indicated that a high level of locum GPs were used at the practice. One comment said: “If surgery was fully staffed it would work”.

The practice manager said there are 2 phone lines and 3 receptionists at 8am when the doors open. Patients do tend to queue to make appointments in person, especially if they want to see a particular GP.

There had been a high use of locum doctors, with only one part-time permanent GP employed up until September. This was increased to one full-time permanent GP, and the practice now tries to use regular locums who will provide more services than usual locum GPs through an arrangement between the practice provider and the agency used.

There had been problems with using locum GPs in the past, for example some would not appear for work, so the practice tried to limit the amount of advance appointments. There is a pharmacy in the building, and the pharmacist did make sure to check any prescriptions issued.

10.2.5 Abercromby Health Centre

The visit to Abercromby Health Centre was prompted by feedback received from 20 patient questionnaires, and because of the practice’s involvement in the “Restore” pilot project mentioned in the chapter about asylum seekers, refugees and migrants.

It was clear from the patient feedback that most patients (16 out of 20) had to wait for up to a week or longer to get an appointment at the practice, however 11 said they got their appointment at the time and day wanted, while 7 did not. One comment stated:

“You never can, it is as if they say that you have to plan to be unwell, bring back the days if you are unwell you wait your turn in a line”.

Both practice staff and members of the PPG acknowledged the appointment system needs improving, although they will always see patients on the day in case of emergency. They have tried to lower the level of missed appointments by sending patients text reminders, but that has not really worked.

The practice manager said they do make an announcement to the waiting room if appointments are over-running by more than 20 minutes, and patients can then re-schedule should they want to do so.

However, another comment mentioned that “The doctors are prepared to spend extra time with patients who need it. They have for me. I am therefore prepared to wait if others need longer, but it can be inconvenient for some who may, for example, be working”.

10.3 GP Practice Websites

Ever larger numbers of patients are using the internet, and GP practice websites can be a useful tool for providing information to patients. As part of looking at access, the Task and Finish group decided to look at GP websites to see what information is provided and in what format.

However, it is important to remember that a sizeable proportion of the Liverpool population (17% according to statistics from June 2012 ¹¹) has never been online. GP practices should accommodate the fact that many of their patients may not have access to a computer, and ensure that this does not negatively impact on access for those who can't go online.

A list of questions was drawn up by the group to provide a consistent approach when looking at the websites. Some of the main headings were (for the full list, please go to Appendix V):

Contacting practice

Out of hours

New patients

Access needs

Who works there

Comments/complaints

A total of 55 Liverpool GP websites were checked using these questions. Several Liverpool GP practices do not have their own website, but have online information available on NHS Choices. NHS Choices websites were looked at where the practice did not have their own.

¹¹ Data from a presentation by “Go On, It's Liverpool” campaign about digital inclusion;
http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=8&ved=0CFEQFjAG&url=http%3A%2F%2Fwww.go-on.co.uk%2Fwp-content%2Fuploads%2F2013%2F12%2FGo_On_Presentation_Inside_Government_-_Digital_Inclusion.ppt&ei=ByMoU4CDO42Y1AWHi4G4BQ&usq=AFQjCNF0ztHgOD75T21BmZgKhZLDliizFA&bvm=bv.62922401,d.d2k Last accessed 18/03/14.

Several Liverpool GP practices, specifically those who changed provider in April 2013, appeared to have more than one website which led to some confusion.

There were large variations in the quality of practice websites, with some providing excellent, up-to-date information, and others hardly providing any information at all. One website (Everton Road General Practice) only provided the practice name, address and telephone number and a photo of the entrance to the practice. Quite a few websites contained information that was out of date, e.g. providing contact details for NHS Direct.

Most practices provided their address, telephone number and opening times on the home page of their website. Most sites had information about what to do when the practice is closed (out-of-hours), however 11 did not have this information, while 8 could have displayed the information in a clearer manner.

Only 14 practices had a map of their catchment area on their website. Even though there are proposals to allow patients to register at any practice from October 2014, regardless of the catchment area, GPs won't have to carry out home visits if the patient lives outside the catchment area. It is therefore still useful for patients to be able to see if they live in the catchment area of their chosen practice.

Not all websites used plain, easy to understand language without clinical jargon. As most patients are not clinicians, and may not understand clinical language, this raises a barrier.

Most practices had information about how to register, however nine did not provide information about this and on seven websites the information could be improved or easier to find.

Most practices had no or very little information available about access and support for patients with a disability or sensory impairment. NHS Choices websites provided clear options for practices to submit information about physical/ sensory accessibility, e.g. disabled parking, hearing loop availability, etc.

Most practices had no information about interpreting services available to speakers of other languages. A few mentioned the languages spoken by members of staff, and it was encouraging to see that several GP websites (St James Health Centre, Brownlow Health) provided patient information in other languages.

Not many websites provided descriptions of staff roles, e.g. what a practice nurse or a health care assistant can do for patients, to help manage

patients' expectations and explain when it may not be necessary to see a GP.

Very few websites provided information about specialisms/ special interests of staff, particularly GPs, at the practice. Providing this information can be particularly helpful to break down barriers for some groups of patients, for example someone with a mental health condition may feel more encouraged to attend a GP practice where one or more GPs have a special interest in mental health issues.

All GP practices have to display information about raising concerns or making a complaint on the premises, including how to contact NHS England when not wanting to raise a complaint with the practice concerned, or when not satisfied with an initial response to a complaint. Out of the 55 practice websites looked at, 10 provided no information about how to raise a concern or make a complaint at all, 15 provided some information, and 20 provided good information about making a complaint with the surgery. Few websites provided links to external organisations where concerns could be raised, including Healthwatch.

From April 2015 all GP practices have to be able to offer patients the option to book appointments online. This does not need to be done via a practice website, however it would be useful to have a link on the homepage of practice websites. This may also work well for keeping patients up-to-date with any changes at the practice, if those are highlighted on the same page.

There was a lack of clarity about charges for services. A few websites (e.g. Ellergreen Medical Centre) listed what kind of services will incur charges, but fees charged were not available on any websites checked.

It was noted that some GP websites displayed advertisements for non-NHS services, mostly for private secondary care services. These GP practices are mainly based in more deprived areas of Liverpool, where large sections of the population are unlikely to have the means to access private health care.

Some examples of better practice websites according to the group (although this is by no means an exclusive list) were Mather Avenue Surgery, Gateacre Medical Centre, and Hunts Cross Medical Centre.

Examples of websites that need improving were those provided by SSP, a provider that has been running 13 GP practices in Liverpool since April 2013. Although the outline provided for the websites could be useful to some extent, hardly any information was made available and most of the SSP sites were full of empty 'buttons' that when clicked on directed users to an empty page.

10.4 Conclusions from engagement and research: GP practices

- 10.4.1 From the responses received to the Practice Managers' questionnaires, it is clear that all GP practices vary in size, number of GPs and other practice staff, appointment systems and services offered.
- 10.4.2 Although all are contactable between 8am and 6.30pm on weekdays, this does not mean appointments are available during those times, and quite a few did not offer appointments outside of the core hours.
- 10.4.3 Appointment systems differed from practice to practice, although most appeared to offer a mix of types of appointment, e.g. advanced pre-bookable appointments and same-day appointments.
- 10.4.4 Those practices providing more same-day appointments appear to have fewer patients missing appointments, whereas practices with more advance appointments available note this is a bigger problem.
- 10.4.5 Continuity and some flexibility may be easier to provide by a small, one-GP practice; however larger practices tend to be able to offer more additional services to patients.
- 10.4.6 GP websites ranged from barely providing any information at all to being informative and very accessible. It was not clear to the Group what standards should be expected from GP practice websites, and there may be a role to play for NHS England and the Clinical Commissioning Group in clarifying this.
- 10.4.7 The Task and Finish Group designed a 'wish list' of what information they would like to see on a GP website (Appendix V), which may be of use to any GP practices looking to upgrade their websites.

Section 11

Overall conclusions and recommendations

- 11.1 There are many positive examples throughout the report of where patients indicate their GP practices are working well in regards to accessing services, however there were also many examples where feedback indicated that improvements are needed.
- 11.2 From the feedback and evidence collated from the patient questionnaires it was apparent that appointment time and date, seeing a GP of choice, and not being able to get through on the phone were the main issues (see pp 15-34).
- 11.3 Some GP practices made extensive use of locum GPs, and lack of privacy at reception desks and staff attitude were other issues.
Receptionists are often put in a difficult position when asked by GPs to get details from patients to explain why they want/need an appointment; they are not clinically trained, and understandably many patients only want to discuss private matters with the clinicians.
- 11.4 The feedback from patient questionnaires and focus groups showed that patients from groups with protected characteristics as defined by the Equalities Act 2010 often faced additional barriers. Again, patient experience varies between GP practices, and while there are some examples of good practice, including the pilot Restore project and the pilot GP Champs project, there is room for improvement in most areas to ensure more equitable access to GP services is provided.
- 11.5 Patients need to be provided with more information about the options available for accessing health care, to help ensure appropriate use of the services available.
- 11.6 Overall, the evidence indicates that there are marked inconsistencies between GP practices, with some apparently easily accessible while at others there remains a lot of work to be done.
- 11.7 One question this raises is what is being done to iron out these inconsistencies between practices; for example, what mechanisms are there to ensure that good practice gets shared? Another question is whether there is there a mechanism for commissioners to ensure that issues around accessibility are monitored and acted on?

Recommendations

The way that GP practices currently are commissioned is complex, and therefore it is difficult to determine who takes lead responsibility for some of the actions Healthwatch Liverpool recommends. For example, while each GP practice decides which appointment system to use, it is not clear to Healthwatch who has lead responsibility for monitoring that systems are effective.

Therefore, Healthwatch Liverpool can make recommendations to more than one commissioner or provider relating to any particular point. In following up this report, Healthwatch will try to clarify which organisation can make the biggest difference in implementing these recommendations.

Healthwatch Liverpool (scrutiny) makes the following recommendations, that GP practices:

- a) Provide enough phone lines for patients to get through within a reasonable waiting time;
- b) Ensure that there are enough reception staff available to book appointments where appropriate;
- c) Ensure that online booking is made available to patients as soon as possible; Healthwatch Liverpool is aware that every GP practice should provide online booking by April 2015;
- d) Offer flexibility in their appointment system, ensuring that same-day and advance appointments are available;
- e) Limit the use of locum GPs wherever possible;
- f) Give patients the choice to see the same GP, explaining if necessary that an appointment may not be available as soon in that case;
- g) Ensure patient dignity by providing privacy at reception;
- h) Ensure that receptionists are not used to carry out triage duties;
- i) Ensure that double appointments slots are made available to People with a Learning Disability/ Learning Difficulty in order to allow for enough time for those patients to answer and ask questions;
- j) Ensure that staff training for all GP practice staff is provided so that staff have at least a basic level of cultural competency;

- k) Have a Patient Participation Group (PPG), and encourage the PPG to be involved in all discussions about improvements to appointment systems;
- l) Ensure practice websites have up-to-date information available in plain English, without clinical jargon (look at Appendix V in this report for some ideas of what patients would like to see on a GP website), and include the PPG in evaluating the practice website.

Healthwatch Liverpool (scrutiny) also makes the following recommendations to commissioners:

- m) That commissioners ensure that reasonable adjustments to GP premises are made as per the Equalities Act 2010;
- n) That NHS England commissions a national campaign, using television and radio, to help make patients aware of the options available for accessing health care;
- o) That current systems are reviewed to take into consideration the needs of the different communities that make up the City of Liverpool, e.g. asylum seekers, refugees and others who may be experiencing difficulties when attempting to register with a GP;
- p) and that commissioners monitor all of the above and ensure that inconsistencies in accessibility and service provision between practices are kept to a minimum.

Note: The information provided in this report was accurate at the time of production of this piece of work. Healthwatch Liverpool would be pleased to hear if any changes to services have occurred.

Section 12

APPENDICES

Appendix 1

Task and Finish Group acknowledgements

Task and Finish Group participation:

Moira Mc Loughlin: Chair, Healthwatch Liverpool (scrutiny) volunteer

Dorcas Akeju OBE: Healthwatch Liverpool (scrutiny) volunteer

John Bruce: Healthwatch Liverpool (scrutiny) volunteer

Cllr Janet Kent: Councillor for Belle Vale ward

Mavis Morgan: Healthwatch Liverpool (scrutiny) volunteer

John Roberts: Healthwatch Liverpool (scrutiny) volunteer

Gary Smyth: Healthwatch Liverpool (scrutiny) volunteer

Mohammed Taher: Community Development worker, Inclusion Matters

Sarah Thwaites: Manager, Healthwatch Liverpool (Information)

Eric Toke: Healthwatch Liverpool (scrutiny) volunteer

Jacqui Waterhouse: Manager, Matchworks locality, Liverpool Clinical Commissioning Group (CCG)

Support provided by Inez Bootsgezel (Healthwatch Liverpool (scrutiny) development officer).

The Group would like to thank all the members of the public who contributed their observations, experiences, questions and suggestions, the GP practice managers who completed the practice questionnaires, and the practice managers who met with us when visiting their practice and answered our questions.

We would also like to thank the following individuals and organisations for their willingness to share their knowledge and expertise with us:

- Tina Davies-Taylor and Jan Awang, Social Inclusion Team (LCH)

- Rob Barnett GP, Liverpool Local Medical Committee
- Karen Curley, Directorate Manager, Emergency Care, Dr Kate Clark, Emergency Department Clinical Director, and Dr Pete Burnham, Clinical Lead, Acute Medical Unit, Royal Liverpool and Broadgreen Hospitals Trust
- Ed Gaynor, GP and Jim Cuthbert, GP
- Vikki-Marie Gaynor
- Tony Rice and Ged Smyth, Access and Evacuate
- Andy Kerr, Chair, LGB & T network

The following organisations helped by sharing some of their knowledge and experiences, distributing the questionnaires, and/or allowing us to drop in on their activities:

- African Elders
- Asylum Link
- Barnardos Young Carers
- Chinese Wellbeing
- Gay Youth Are Out (GYRO)
- Granby Somali Women's Group
- Irish Community Care
- LGB & T network
- Liverpool Mental Health Consortium
- Merseyside Polonia
- People First
- Refugee Action
- Sahir House
- Wicked Fish
- Young Person's Advisory Service

GP Access - Patients' Questionnaire

Name of GP Practice.....

Address of GP practice.....

1. When did you last see your GP?

Within the last 2 weeks	
Between 2 weeks and a month.	
Between a month and three months	
Longer than three months	

2. Was it at the practice or at home?

Practice	
Home	

3. How did you make the appointment?

By phone	
In person	
Online	
Did not make an appointment, I was able to drop in and wait	
Follow up appointment	
Appointment made by GP/Nurse/Other clinician	

4. Is it easy to get through if you ring the practice? Yes/No
 Comments:

5. If you made an appointment how far in advance did you make it?

Same day	
One day before	
Up to a week before	
Longer than one week before	

6. Could you get an appointment at the time and on the day you wanted? Yes/No

7. Can you make appointments for evenings or Saturdays if you need them? Yes/No

8. Were you able to see the doctor you wanted? Yes/No

9. Was it a regular doctor or a locum?

10. If you particularly want to see a male or female doctor is this usually possible?

Yes/No

11. Have you ever used another service because you could not get an appointment?

Yes/No

If Yes, which service?

.....

A & E	
Walk-in Centre	
GP out of Hours Service (UC24)	

12. Have you ever used the GP out of Hours service (UC24)?

Yes/No

If Yes, was this because:

You had not been able to get a GP appointment earlier in the day	
You developed a problem at night or at the weekend	

13. a) Do you consider yourself to be disabled in any way, including limited eyesight/hearing? Yes/No

b) If Yes, how does your GP surgery accommodate this?

.....

14. a) Is your first language English?

Yes/No

b) If No, how does your GP practice accommodate this?

.....

15. How old are you? years/Prefer not to say

16. Do you have any further comments about the appointments system?

Thank you for taking the time to complete this survey!

If you would like to receive this questionnaire in a different format, please contact us:

Healthwatch Liverpool - Phone: 0151 227 5177 (ext. 3234),
Email: healthwatchliverpool@lcvs.org.uk Website www.healthwatchliverpool.co.uk

APPENDIX III - Amended patient questionnaire aimed at asylum seekers/ refugees



GP Access - Patients' Questionnaire

Are you:	
An asylum seeker	
A refugee	
A migrant	
Other (please explain)	
How long have you been in the UK?	

1. Are you registered with a GP?

Yes/No

2. If not, why not?

.....

Name of GP Practice

Address of GP Practice

3. When did you last see your GP?

Within the last 2 weeks	
Between 2 weeks and a month.	
Between a month and three months	
Longer than three months	

4. Was it at the practice or at home?

Practice	
Home	

5. How did you make the appointment?

By phone	
In person	
Online	
Did not make an appointment, I was able to drop in and wait	
Follow up appointment	
Appointment made by GP/Nurse/Other clinician	

6. Is it easy to get through if you ring the practice?

Yes/No

Comments:

7. If you made an appointment how far in advance did you make it?

Same day	
One day before	
Up to a week before	
Longer than one week before	

8. Could you get an appointment at the time and on the day you wanted? Yes/No

9. Can you make appointments for evenings or Saturdays if you need them?

Yes/No

10. How helpful do you feel the staff are at your GP practice?

1= Poor 2= Average 3= Good	1 	2 	3 
The Receptionists			
The Practice Nurses			
The GPs			

11. Were you able to see the doctor you wanted?

Yes/No

12. If you particularly want to see a male or female doctor is this usually possible?

Yes/No

13. Have you ever used another service because you could not get an appointment?

Yes/No

If Yes, which service?

A & E	
Walk-in Centre	
GP out of Hours Service (UC24)	

14. Have you ever used the GP out of Hours service (UC24)?

Yes/No

If Yes, was this because:

You had not been able to get a GP appointment earlier in the day	
You developed a problem at night or at the weekend	

15. a) Do you consider yourself to be disabled in any way, including limited eyesight/hearing?

Yes/No

b) If Yes, how does your GP surgery accommodate this? (For example, longer appointments)

.....
16. a) Are you able to communicate with a Nurse or GP in English?

Yes/No

b) If No, how does your GP practice accommodate this ? (For example, an interpreter)

.....
c) How old are?years/Prefer not to say

d) Do you have any further comments about the experience of visiting your GP?

.....
Thank you for taking the time to complete this survey!

APPENDIX IV - Practice managers questionnaire



Questionnaire for GP Practices (Practice Managers)

Name of GP Practice:

- How many patients are registered with the practice?
- How many GPs work at the practice?

Full-time?	
Part-time?	
If part-time, how many full-time equivalents (fte)?	
How many male GPs (fte) work at the practice?	
How many female GPs (fte) work at the practice?	

- On average, what proportion (%) of appointments is covered by locum GPs?
- Over the last three months, why have you used locum GPs?

To cover GP vacancies	
Unplanned GP absence	
Annual leave	
Other	

- How many practice nurses, nurse practitioners and health care assistants work at the practice?

	Full-time	Part-time	If Part-time, FTE
Nurses			
Nurse practitioners			
Health care assistants			

- On average, what proportion (%) of appointments is covered by practice nurses/ nurse practitioners/ health care assistants?
- Please list any other health professionals at your practice.

- How many receptionists work at the practice?

Full-time?	
Part-time?	
If part-time, how many full-time equivalents?	

- Is your practice a training practice? **Yes / No**

- If yes, how many trainee staff work at your practice?

GPs:	
Other (please specify):	

- What are the practice opening hours?

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

- Are extended opening hours available, e.g. evening or weekend slots?

Yes / No

If yes, which days/ times?

Evenings:	
Weekends:	

- What routes are there for patients to book appointments?

By phone	
In person	
By email/ online	
Other (please explain)	

- On average, what percentage of your appointments are:

Same-day appointments		%
Drop-in appointments		%
Pre-booked appointments		%
Home visits		%
Phone consultations/ triage		%
Email consultations/ advice		%

- Do you use phone triage for appointments? **Yes / No**

If yes, is this carried out by a nurse or GP?

Nurse	
GP	

- How many appointments are missed at your practice per week on average? (DNA - did not attend)?

- What are you doing to reduce the number of missed appointments, and what else do you think could be done?

- What do you think works well, and what works not as well, with the appointment system that you use?

- Are your premises and services accessible independently by people with a wide range of disabilities, for example wheelchair users, patients with visual and/or hearing impairments, or patients with a learning disability?

Yes / No

Please provide details or perhaps a link to your own surgery website with the key information on.

- Is assistance or an alternative available for patients who don't know how to, or do not want to, use booking-in screens at the surgery?

Yes / No

- How are patients made aware that the Doctor or Nurse is ready to see them?

- Do you gather equality and diversity information from your patients? **Yes / No**

- What provisions are in place for patients who have English as a second language or a communication difficulty?

- Do you have a Patient Participation Group? **Yes / No**

- How do you publicise what the Patient Participation Group does?

- Has the Patient Participation Group been involved in decisions about the appointment system used by the practice?

Yes / No

- Do you have a practice leaflet?

Yes / No

Is it up-to-date?

Yes / No

Is it available in a variety of formats and/or languages (e.g. easy-read)?

Yes / No

Please provide some more details

- Do you have a practice website?

Yes / No

Does it get updated regularly?

Yes / No

- Can patients contact the practice by email?

Yes / No

- Any further comments about your practice (e.g something specific to your practice like a specific group of patients you work with, success stories, or any additional information you think we should know about).

Thank you for your co-operation. It is most appreciated.

APPENDIX V - Checklist for GP practice websites

Is there information on the following?
<u>Contacting Practice</u>
Telephone number(s) easy to find
Contact email
<u>Appointments system</u>
Make appointments by phone
Make appointments online
Drop in appointments available
Saturday appointments available
Evening appointments available
Times of appointments clear
Opening times clear
Can make appointments with other health professionals
<u>Out of hours</u>
Clear information on what to do out of hours
<u>New patients</u>
Information about how to register
Link to new patient form available from website
Map of catchment area
Details of catchment area

Details of what happens if you move house
<u>Location</u>
Directions to practice
Map highlighting location
Disabled parking
Public transport information
<u>Access needs</u>
Accessibility of building for wheelchair users
Hearing loop available
Language services available
Accessibility of website - e.g. can you change colour, size of font settings?
Accessibility of website - e.g. is a link to a screen reader available for people with a visual impairment?
<u>Who works there</u>
Photographs of staff
Names of all staff
Information about doctors
Special interests of doctors
Role of Practice Nurse(s)
Role of other clinical staff
<u>Services</u>

General services provided
Specialist services provided
Fees for non-NHS services e.g. insurance medicals
Services for particular patient groups
<u>Patient Engagement</u>
Patient Participation group
Patient surveys
<u>Comments/complaints</u>
Links to scrutiny services e.g. Healthwatch
Guidance on how to complain/comment
<u>Additional Information</u>
Links to other websites e.g. NHS Choices
Date last updated
Are there 'redundant buttons' (Click and nothing appears)
Practice news
Advice leaflets in English
Advice leaflets in other languages

healthwatch Liverpool is independent from the services you use and it represents an opportunity to ensure health and social care services really meet your needs.

Information - We give you information about the care choices you have and help you to navigate the health and care system.

Scrutiny - What's good or not so good about the services you use? We gather the views and voices of local people and hold services to account.

Advocacy - If you need help to resolve a complaint about a health service, Healthwatch Advocacy could help.

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 **0300 77 77 007**
(Calls cost the same as for a local landline)

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