



# Accessing GP Services: Stort Valley & Villages Locality 2014



# THE RIGHT TO ACCESS

You have the right to access services on an equal basis with others, when you need them and in a way that works for you and your family - *Healthwatch England*



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## Glossary of Terms

<b>Accident and Emergency (A&amp;E)</b>	The emergency department in a hospital specialising in acute care of patients who present without prior appointment.
<b>Care Quality Commission (CQC)</b>	Regulate, inspect and review all adult social care services in the public, private and voluntary sectors in England.
<b>CCG Locality Area</b>	An area within a CCG which provides local engagement and outlines priorities which respond to the specific health needs of that area.
<b>Carer</b>	Anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
<b>Clinical Commissioning Group (CCG)</b>	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
<b>East &amp; North Herts CCG</b>	Responsible for the services for half a million people (552,900) registered at 60 GP Practices across east and north Hertfordshire.
<b>Enter and View</b>	Monitoring visits to publically funded service providers carried out by trained Healthwatch Hertfordshire representatives.
<b>General Medical Council (GMC)</b>	A fee-based registered charity with statutory obligation to maintain a register of medical practitioners within the United Kingdom
<b>General Medical Services (GMS)</b>	The contract between general practices and NHS England for delivering primary care services to local communities.
<b>General Practice</b>	A 'doctors surgery'. A medical facility in which a GP receives and treats patients. They may have one or more buildings they work from, and be made up of a wide range of staff, including additional doctors, nurses, receptionists, and other administrative staff.
<b>General Practitioner (GP)</b>	A medical doctor who treats acute and chronic illnesses and provides preventive care and health education to patients.
<b>Healthwatch England</b>	The national consumer champion in health and care. Holding significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.
<b>Healthwatch Hertfordshire</b>	Working at a local level with statutory powers, they are a champion and watchdog for county wide services. Additionally they directly support people in their community by giving them information or signposting them to the local services they need.
<b>Healthwatch Network</b>	Made up of Healthwatch England and 152 local Healthwatch, one of which is Healthwatch Hertfordshire. Designed to have 'eyes and ears' in every region of England, reporting what matters to users of health and social care nationally using local knowledge.

## Glossary of Terms Continued

<b>Hertfordshire Health and Wellbeing Board</b>	The Health and Social care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
<b>Index of Multiple Deprivation (IMD)</b>	A qualitative study, used by the UK government, of deprived areas in English local councils.
<b>Long Term Health Condition (LTC)</b>	A condition that cannot, at present be cured; but can be controlled by medication and other therapies.
<b>NHS 111</b>	A service available 24 hours a day, seven days a week. It can provide medical advice and details of the best local service that can provide care, in addition to telephone consultations and triage.
<b>NHS England</b>	An executive non-departmental public body of the Department of Health. Responsible for overseeing the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012.
<b>NHS England Area Team, England Midlands and East</b>	Commissions GP services within its area.
<b>Triage</b>	The practice of quickly assessing the severity of a wound or illness in order to prioritise order of treatment.
<b>Out-of-Hour Care</b>	The out-of-hours period is from 6.30pm to 8.00am on weekdays and all day at weekends and on bank holidays.
<b>Patients Participation Group (PPG)</b>	A group, made up and led by patients of a particular practice and facilitated by that practice, designed to represent the needs and concerns of all patients.
<b>Potential Years of Life Lost (PYLL)</b>	A measure of premature mortality. It is an estimate of the average years a person would have lived if he or she had not died prematurely.
<b>Practice Manager</b>	A non-medical professional who manages the overall running of general practices.
<b>Primary Care Trust (PCT)</b>	A type of NHS England trust, now defunct. PCTs were largely administrative bodies, responsible for commissioning primary, community and secondary health services from providers. Until 31 May 2011 they also provided community health services directly
<b>Sit and Wait/Walk In</b>	A system of seeing a medical professional that does not rely on booking an appointment. Patients simply arrive and wait to be seen.



“...we hope that the report will also prompt other practices to take action enabling the whole county to benefit from the work undertaken.”

Valerie Harrison Healthwatch Hertfordshire

### Foreword

The Government has put in place legislation that places an obligation on local Healthwatch to obtain the views of local people regarding their needs for, and experiences of, local health and care services and importantly to make these views known. Over the past year Healthwatch Hertfordshire has heard a great deal from the public about GP services, particularly in the Stort Valley and Villages. In line with its responsibilities, therefore, Healthwatch Hertfordshire decided to conduct a survey of people in Bishop’s Stortford and the surrounding area to find out more about people’s experiences and establish the kinds of changes that might make things better.

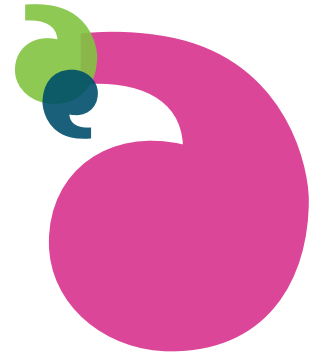
During May and June of this year surveys were carried out in Bishop’s Stortford and the surrounding communities. Workshops were held to learn about the views of people with particular needs such as people with disabilities. Discussions were held with all participating GP practices. The results provide a very rich picture of local concerns and issues. There are very clear messages about difficulties in obtaining appointments at convenient times, methods of making appointments and about times when people prefer to see the same GP rather than the first available GP. These are all contained in this report which the Board of Healthwatch Hertfordshire and the Steering Group who helped guide the research, very much hope will stimulate local debate and action.

I should like to thank the Steering Group and the staff of Healthwatch Hertfordshire for the very considerable time and effort that has gone into the survey and the production of the report, and to record my appreciation to all who provided information and/or took part in the surveys and workshops. The very high response rate from local people suggests that access to GP services is a very significant issue. There will be an opportunity at the launch event to discuss the way that Healthwatch might support the local population and GP services to use the Report and its findings as a platform for improvement, and I hope that through local partnerships positive change can be brought about.

Access to GP services is also an issue for people elsewhere in Hertfordshire. Healthwatch has therefore shared the report with NHS England and The East and North Herts Clinical Commissioning Group (who, together, have oversight of GP practices and primary care in Hertfordshire). With their support, we hope that the report will also prompt other practices to take action enabling the whole county to benefit from the work undertaken over the past months in Bishop’s Stortford.

Valerie Harrison  
Healthwatch Hertfordshire Board  
representative on the Steering Group.





### **Comment from NHS England Area Team**

NHS England welcomes the opportunity to work jointly with East & North Hertfordshire CCG, Hertfordshire Healthwatch and the GP practices in the Stort Valley and Villages area in responding to the recommendations within this report. This information will help to expand understanding of both the good practices and the challenges for patients and carers when accessing GP services. Access is a key priority of our Primary Care Strategy and this report will drive our joint action plans between NHS England, CCG and local Practices; our overall objective being to improve the quality of primary care services and enhance patient experience.

NHS England Hertfordshire and the South Midlands Area Team

### **Comment from CCG**

The CCG would like to thank Healthwatch Hertfordshire for undertaking this review. Whilst many of the issues are not new, the review has helpfully highlighted these from the patient's perspective and provided helpful feedback (both positive and negative). The CCG will use the findings of the report in our discussions with GP practices. This will also enable us to provide focused support.

Lesley Watts  
Chief Executive East & North Hertfordshire CCG

### Acknowledgements

Many thanks to all the all the Practice Managers, Staff, Patients, and Patient Participation Groups (PPGs) of the participating Practices. As well as partner organisations including East and North Hertfordshire CCG, East and North Hertfordshire NHS Trust, Herts Urgent Care, NHS England (Hertfordshire and the South Midlands Area Team), Princess Alexandra Hospital Trust, Bishop's Stortford Town Council, Sawbridgeworth Town Council, Much Hadham Parish Council, East Hertfordshire District Council and Hertfordshire County Council.

We would also like to add a huge thank you to all those who participated by completing the survey or attending the focus groups. Organisations who assisted in this include: Carers in Herts, Bishop's Stortford Citizen's Advice Bureau, Bishop's Stortford Learning Disability Forum, Bishop's Stortford Methodist Church, Hertfordshire Library Services, the Healthwise team at Hertfordshire Age UK, Herts Young Homeless, and Waggoner's Court.





# Executive Summary

## Healthwatch Hertfordshire responds to the views and concerns we hear from the members of the public who contact us.

This report provides summary and analysis of the GP Access project conducted by Healthwatch Hertfordshire between May and June 2014.

This piece of research was undertaken as a direct response to public feedback. The people in the Stort Valley and Villages locality expressed real concern and dissatisfaction with some of the GP services provided in the area. After conducting the initial desk based research and meeting with the GP contract holders, NHS England Area Team, as well as other stakeholders, we quickly became aware of the deep rooted issues affecting people's access to GP services.

This project focused on the single locality area of Stort Valley and Villages, not only because

of the feedback mentioned above, but so that Healthwatch Hertfordshire could work closely with each Practice and ensure our work was thorough and locally relevant.

We hope our recommendations stimulate debate and dialogue between Patients, GP Practices, East and North Herts CCG, and the contract holders, NHS England. We hope people and organisations will be supported to make real change in terms of GP Access and that the recommendations will be considered alongside key developments locally.

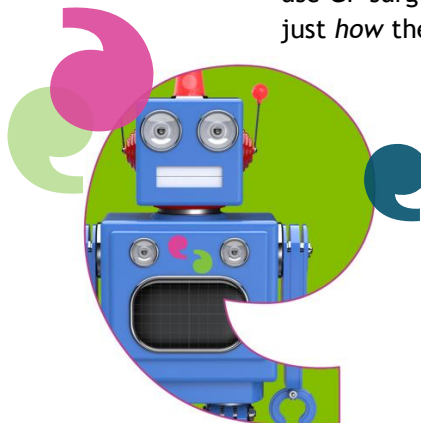
Although our recommendations relate to the local practices and area involved, we are aware that some, if not most of what we found, is indicative of systemic issues faced by the county and nationally. Therefore we hope to use our findings to develop our understanding within this wider context.

### Aims of the Study

- To identify people's concerns and practical ways GP practices can address these.
- To identify trends of how and why people use GP services the way they do.
- To understand the impact GP access has on other services.
- To understand the challenges faced specifically by each practice and factor this into our research.
- To identify and share good practice.
- To use local evidence to raise the profile of systemic issues county wide and nationally.

### Overview of the Research

- Our research concentrated on the Stort Valley and Villages CCG Locality and the 5 practices based there.
- Our research focuses on 'access' and not clinical practice.
- The main research phase ran over a 4 week period- 12th May- 9th June- and was in the form of surveys and focus groups.
- We spoke to **838** people in total - **763** people completed our survey and **75** people took part in our focus groups.
- Our survey received a higher response rate than the GP Patient Survey for most Practices and concentrated on *why* people use GP surgeries the way they do, and not just *how* they use them.



### Overview of Findings

#### The findings suggest that-

- Appointment booking systems are considered to be confusing and inflexible from the patient's perspective.
- More people were positive about their Practice if they had an understanding of the booking system.
- Most people wanted an appointment at an agreed time in the near future. Some said they often have to bypass the system by asking for urgent same day appointments or using 'sit and wait' inappropriately, because they cannot get a convenient advance appointment.
- The most popular method for booking an appointment is over the phone; but many people told us they go to the surgery in person because of difficulties getting through on the phone. Healthwatch Hertfordshire is concerned that those who are unable to get to the surgery in person because of difficulties may be disadvantaged.
- If people cannot get an appointment within the time frame they ask, they are more likely not to see or speak to anyone than seek services outside their Practice.
- We found low usage of online booking with many reporting that systems are not user-friendly.
- The majority of people we surveyed said they like to see a particular doctor. Most stated reasons such as the GP's manner rather than continuity. He or she 'listens to me' was the most cited reason other than continuity for preferring to see a particular GP.
- The research highlighted the importance of the reception team for the patient experience, with feedback in general being positive. The way receptionists communicate messages and look for solutions has a significant impact for patients and their view of the Practice.
- For each Practice, our findings supported the findings of the GP Patient Survey (July 2014)<sup>1</sup>

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<sup>1</sup> The GP Patient Survey is conducted twice yearly by IPSOS MORI on behalf of NHS England. From 1<sup>st</sup> December 2014 this will be replaced by the mandatory Friends and Family Test (FFT). For more information on the FFT please visit <http://www.england.nhs.uk/ourwork/pe/fft/>

## Recommendations & Next Steps

- The full summary of recommendations to practices can be found on page p68.
- The individual practice responses to these recommendation start on p74.
- This report is also designed to be used as a tool for the community, one that empowers people to ask for and track change. We will support champions from the community to help promote the report, monitor progress and give us feedback. This will allow us to measure the impact of this work and ensure that agreed changes are followed up on.





# About Healthwatch Hertfordshire



# Healthwatch Hertfordshire is the independent consumer champion that gathers and represents the public's views on health and social care services within the county.

## About Healthwatch Hertfordshire

We represent the people of Hertfordshire, and our aim is to give individuals and representatives of a community, a stronger voice to influence and challenge how health and social care services are provided.

We can do this using the following powers and functions<sup>2</sup>:

- Through local engagement we gather the views and experiences of local people to build an understanding of why and how people use NHS services. This, along with wider intelligence, is used as evidence to

influence providers and decision makers to propose change and improvement.

- Through the Healthwatch Network and Healthwatch England<sup>3</sup>, we share information to identify gaps and trends in order to influence national and local policy regarding health and social care.

- We alert national bodies; such as Healthwatch England, the Care Quality Commission (CQC), and/or council scrutiny committees where appropriate, to concerns about specific providers, health or social care matters.

- We signpost and provide information about people's choices and where to get help if things go wrong.

- We represent local people's voices via our seat on the statutory Hertfordshire Health and Wellbeing Board.

### How can Healthwatch Hertfordshire hold local health and social care services to account?

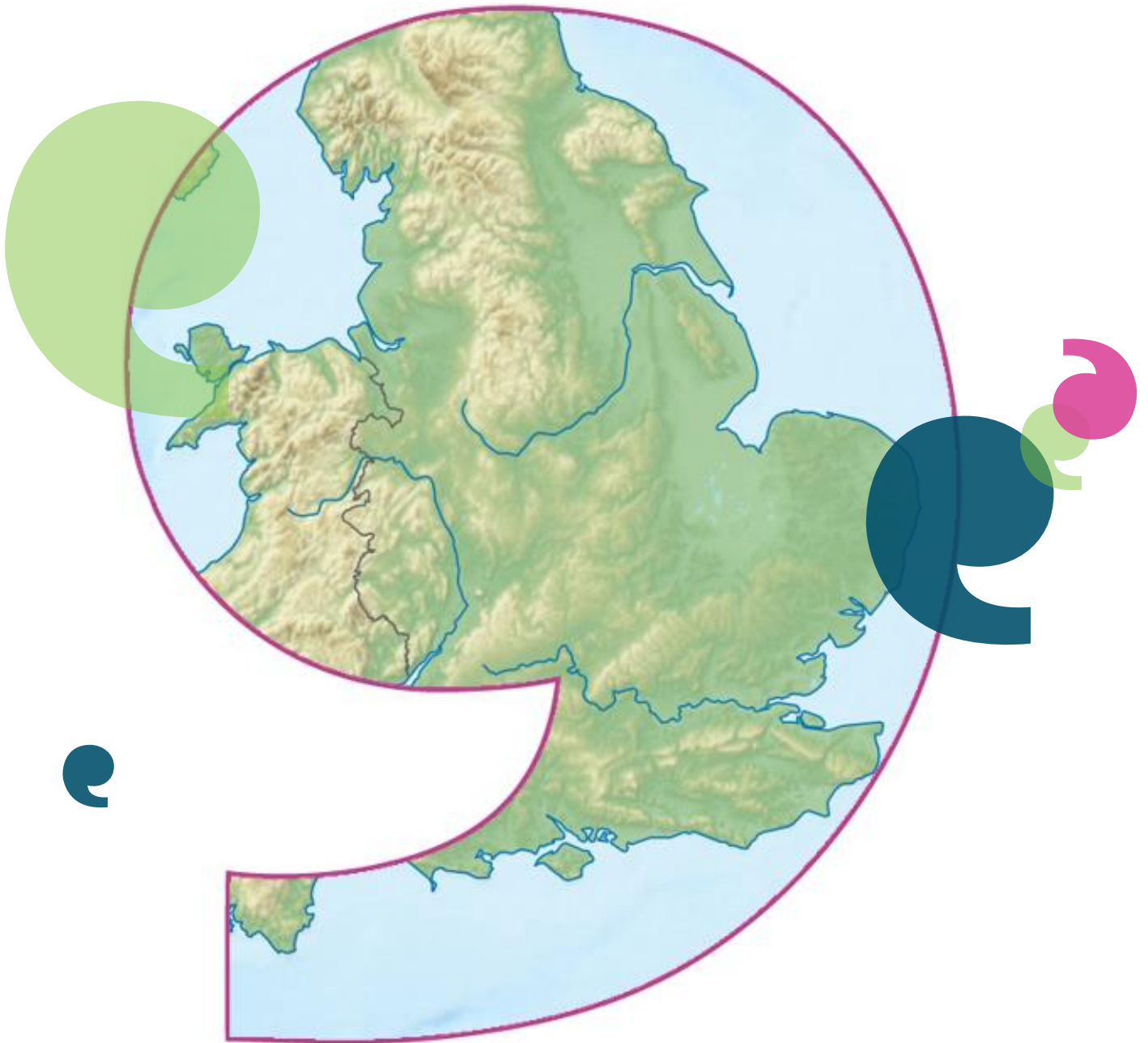
- We can request information from local organisations, commissioners and providers. They then have a duty to respond to request within 20 working days.

- Service providers and Commissioners have a duty to respond to formal recommendations made by Healthwatch Hertfordshire, within 20 working days.

- Trained members of Healthwatch (staff or volunteers) are authorised to perform 'Enter and View' visits. These are powers to go to a service unannounced or announced and have a look at the work and/or standards in that practice.

<sup>2</sup> The powers and functions of Healthwatch are set out under section 5 of the Health and Social and Care Act 2012 <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>3</sup> The Healthwatch Network is made up of 152 local Healthwatch Organisations. Healthwatch England is the overarching body which guides and supports each Local Healthwatch. Each Healthwatch is independent and funded by the Local Authority not Healthwatch England. For more information please visit <http://www.healthwatch.co.uk/how-we-work>



# National & Local Context

**This section sets our findings in a wider context, and provides information about who is responsible for ensuring improvements are made.**

### The National Context

There are many challenges associated with access to GP services, such as, demographic changes, growing public expectations, and economic and financial pressures.

#### Demographic changes

Nationally the greatest growth is expected in the number of people aged 85 or older: typically the most intensive users of health and social care services. 53% of people report they have a long term health condition. The number of people living with more than one longer term health condition is set to rise from 1.9 million in 2008 to 2.9 million in 2018. Modern practices have to meet these changing needs and current patterns of use which are considerably different to twenty years ago.

#### GP patient ratio

There are no clinically set standards for the ratio of GPs to patients, nor has the ideal skill-mix in general practice been established. This depends on the needs and complexity of the patients and population served, and factors such as the level of experience of staff and their competencies<sup>4</sup>.

Although the number of GPs (full time equivalent) has grown over past 10 years, it has not grown at the same rate as other medical specialties<sup>5</sup>. There are fewer GPs per head in the UK when compared to Europe<sup>6</sup>,

<sup>4</sup>[http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/general-practice-in-london-dec12.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/general-practice-in-london-dec12.pdf)

<sup>5</sup> NHS England 2014 <http://www.england.nhs.uk/wp-content/uploads/2014/03/emerging-findings-rep.pdf>

<sup>6</sup> 40,236 GPs in England. 20,435 are female and 19, 801 are male.

and practices are finding it increasingly difficult to recruit partner GPs<sup>7</sup>.

The British Medical Association's (BMA) report on the Future of General Practice (2013), found that although younger GPs still aspire to be become partner GPs, they are deferring taking on this responsibility to a later age. The report also found that working as a salaried or locum GP remains an attractive alternative to working as a partner GP, as for some these roles are primarily devoid of the pressures of management and financial responsibility<sup>8</sup>. This along with the gradual increase of GPs choosing to work part time, and the fact that the peak age for female GPs leaving the workforce is 35-39 years and for males it is 55-59 years, all inevitably has an impact on the shape of GP practices, as well the patient experience of it.

### Patient satisfaction

Nationally, people's overall satisfaction with the care provided by their GP is high, with 86% of people rating their surgery as good. People tend to be happy with the clinical service they receive, and instead find frustration with the experience of making an appointment: Nationally, only a quarter of patients rated making an appointment as good; 25% stated

that they do not find it easy to get through on the phone<sup>9</sup>.

### Commissioning Arrangements and Contracts

Primary care is largely provided through contracts between GP Practices and NHS England. These contracts say which services practices must provide, and what remuneration they will receive.

NHS England is responsible for primary care contracts and has a duty to commission primary care services in ways that improve service quality, reduce inequalities, promote patient involvement and further integrated care.

Each GP practice is accountable to their local NHS England Area Team for the satisfactory delivery of the contract. In the past the PCT team would compile a balanced score card of evidence about each GP practice and would RAG rate them. The 'red' practices would be visited by the most senior team. However, the performance monitoring approach is now changing, and there is now a quality framework (QOF) in place, with the key tools going forward being the primary care web tool

<sup>7</sup> <http://www.pulsetoday.co.uk/your-practice/practice-topics/employment/gp-vacancy-rates-quadruple-in-two-years/20002034.article#.U-ooPuNdWZk>

<sup>8</sup> <http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gpc-vision/gp-views-on-the-future>

<sup>9</sup> GP Patient Survey 2014



and E Declaration. These have yet to be used to full effect.

Local NHS England teams are expected to liaise with the local CCGs to get a full picture of practice performance, as well as the CQC, who are now also monitoring GP practices.

Clinical Commissioning Groups (CCGs) have a huge part to play in driving up the quality of primary medical care but will not performance manage primary-care contracts. Individual GP performance failures are dealt with through local processes and then, if that fails, through the General Medical Council (GMC).

### What does the Contract say?

All five Practices listed in our study work within the General Medical Services (GMS) contract<sup>10</sup>. This is the contract agreed nationally, and stipulates essential services to be provided. These essential services are set out in legislation and outline that general practice must provide services during core hours to manage their registered patients and temporary residents who are ill.

In 2004, the government negotiated revisions to the contract with three major effects. First

the Quality and Outcomes Framework (QOF) enabled practices to earn extra income if they improved the quality of care, mainly in relation to patients with Long Term Health Conditions<sup>11</sup>. Second the contract enabled GPs to opt out of delivering out-of-hours services and to accept a reduction in income for doing so. Many chose this position and where this happened, out of hours care was taken on by other providers, such as the 111. Third, GPs pay increased largely as a result of the incentives contained in the Quality Outcomes Framework.

Further changes to the contract took effect from April 2014. These changes attempt to address concerns around out-of-hours services. The core contract will now require GPs who have opted out of the out-of-hours services to monitor and report on quality, and support greater integrated care. Additionally people aged 75 years and over will have a named, accountable GP. There will also be a reduction in the number of indicators in the Quality and Outcomes Framework, and GPs will have a greater role in reducing avoidable emergency admissions<sup>12</sup>

<sup>10</sup> Other contracts practices could work within are the Personal Medical Services (PMS), a locally agreed alternative to the GMS contract, and the Alternative Provider Medical Services (APMS) contract, which allows practise to have a contract with non-NHS bodies

<sup>11</sup> This performance is measured against a range of metrics outlined in QOF

<sup>12</sup> NHS England 2013 <http://www.england.nhs.uk/wp-content/uploads/2013/11/gms-contr-let-at113.pdf>



### Funding

With regard to funding, the NHS faces a projected funding gap of £30 billion by 2021/22. Primary care is seen as having a key role in helping reduce this gap by providing more personalised, accessible community based services for patients. However, there is some debate as to whether primary care can succeed in providing a high level of service when allocated funding to this sector is only 8% of the total NHS budget.

Funding is allocated by NHS England to GP Practices using the Carr-Hill Formula, this formula adjusts the global sum total based on a number of local demographic factors as well as other factors which may affect the Practice workload. Once funding is calculated and received, it is up to the Practice how it is spent.

When the NHS was established, GPs were paid mainly on the basis of capitation payments for each patient on the registered list. Capitation payments meant that the income of GPs reflected the number of patients registered with them with the size of payments varying according to the age of patients. These payments remain an important component of most GPs' pay, but successive changes to the

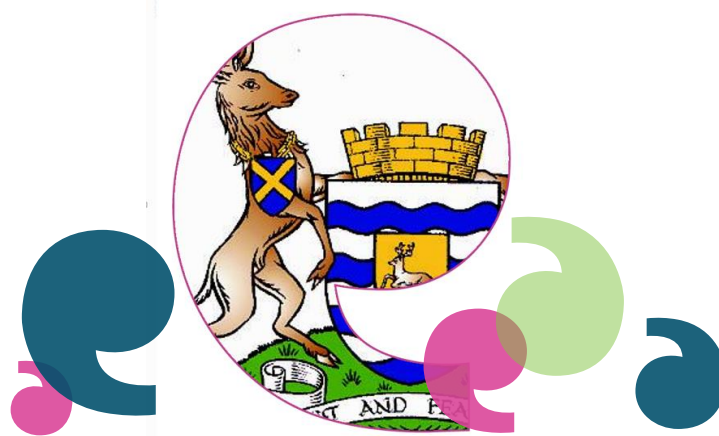
contract have provided funding to cover practice costs, fees for providing specified services, incentives for health promotion activities, and most recently, pay for performance under the Quality and Outcomes Framework. This result is a complex and varied system of remuneration that defies simple characterisation<sup>13</sup>.

Although practices are in essence individual businesses, they cannot see themselves as separate to the rest of the NHS services. GP services are considered the cornerstone of NHS services and the gateway for most people in accessing care, with around 90% of people's interactions with the NHS being through their GP surgery<sup>14</sup>. The implications of positive and negative practice of surgeries affects not only other GP practices within that area, but also other aspects of the health service such as secondary and out-of-hours care.



<sup>13</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/commissioning-and-funding-general-practice-kingsfund-feb14.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/commissioning-and-funding-general-practice-kingsfund-feb14.pdf)

<sup>14</sup> <http://www.hscic.gov.uk/primary-care>



## About Hertfordshire

Hertfordshire is a county in the East of England Region with a population of approximately 1.1 million (Census 2011). However, this figure is rapidly growing with an estimated increase of 11% between 2012-2021. This is higher than the projected 9% increase for England overall. This population growth, along with the increasing growth in the numbers of older people,<sup>15</sup> means that although Hertfordshire consistently performs higher than the average for England in terms of health and wellbeing indicators<sup>16</sup>, it faces specific challenges in managing the increasing pressures and demands on Health and Social care services.

Hertfordshire's population is 81% White British, which is similar to England, but the proportions of other ethnic groups vary considerably across the county. This diversity inevitably has an impact on the design and delivery of services. The ward with the largest population is Bishop's Stortford Central, representing 0.88% of the total resident population of the area, or 9,829 residents.

Although Hertfordshire as a whole is one of the least deprived areas of the country,

people's health does not always reflect this. There exist significant inequalities across the county in terms of health and lifestyle behaviours, as well as access to services, all of which, unsurprisingly, can and do lead to health problems.

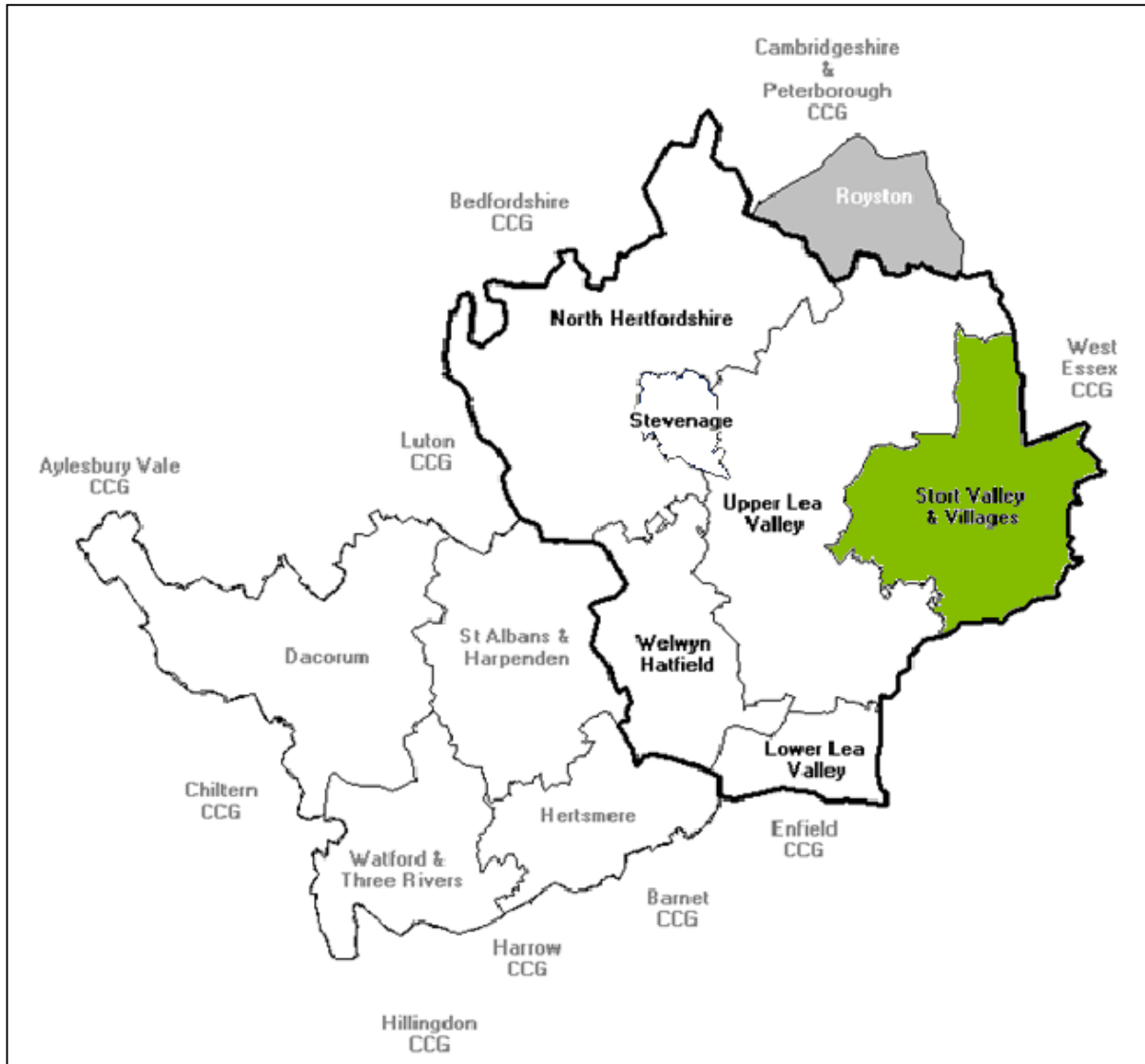
Hertfordshire is made up of 3 Clinical Commissioning Groups (CCG), which allocate a proportion of health funding to 11 regions, called CCG Locality Areas. The CCG locality areas provide local engagement and outline priorities which respond to the specific health needs of the area. The practices in this study come under East and North Herts CCG, and Stort Valley and Villages CCG Locality Area.

<sup>15</sup> The number of people over 65 years of age is set to increase by 22.4% in Hertfordshire between 2011-2021.

<sup>16</sup> Local Government Association. Health and Wellbeing within Hertfordshire- a comparison by ward.

## About Stort Valley and Villages CCG Locality

Map of Stort Valley & Villages CCG Locality Area - Within the Context of East Herts/County



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The Stort Valley and Villages CCG Locality (SVV) includes the eastern region of East Hertfordshire District and falls under the East and North Herts Clinical Commissioning Group (ENH CCG). It borders West Essex CCG locality, which is the lead commissioner of services at Princess Alexandra Hospital Trust

(PAH), their main provider for secondary care, as well as Upper Lea Valley CCG Locality.

The largest Towns situated within the Stort Valley and Villages locality are Bishop's Stortford and Sawbridgeworth, the locality





also includes Much Hadham which is considered a large service village<sup>17</sup>. SVV has a GP registered population of around 59,000. Of this population 22.1% is aged under 18 years (0.5% higher than E&N Hertfordshire average), and 15.5% is aged over 65 years (0.8% less than E&N Hertfordshire average)<sup>18</sup>.

Based on the Index of Multiple Deprivation (IMD) 2010, Stort Valley and Villages is a prosperous area and is less deprived than the whole of Hertfordshire and the England average. The most deprived area within this locality is Bishop's Central Ward, with an IMD 2010 score of 25.98, which ranks it outside England's most deprived 20%.

In 2012 despite low deprivation, Stort Valley and Villages CCG locality was ranked third highest for Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare for the CCG localities in Hertfordshire.

### Population growth and expansion:

Between 2001 and 2011 the number of dwellings in East Hertfordshire District changed from 53,316 to 58,346. In 2013 the figure was 59,430, meaning in two years 1,084 homes were created<sup>19</sup>.

Bishop's Stortford in particular has seen rapid population growth due to the increased popularity of Stansted Airport, strong transport links to London, the redevelopment of Jackson Square and the Rhodes Art Complex, as well as the transformation of the multi storey car park into apartments and houses. Furthermore, plans have been accepted to start the first phase of building 2,200 new homes in the area<sup>20</sup> - the largest redevelopment the town has seen for 40 years. The first phase began in April 2014.

<sup>17</sup> <http://eastherts-consult.limehouse.co.uk/portal/issuesandoptions?pointId=1281520790613>

<sup>18</sup> Based on April 2013 figures. [Source:] Pg.3. NHS East and North Hertfordshire CCG Stort Valley and Villages CCG Locality Profile 2014.  
<http://atlas.hertslis.org/IAS/Custom/Resources/CCGProfileStortPDF.pdf>

<sup>19</sup> <http://atlas.hertslis.org/IAS/profiles/profile?profileId=280&geoTypeId=15&geolds=26UD#iasProfileSection7>

<sup>20</sup> <http://www.bishopstortfordnorth.com/>

### Stort Valley and Villages CCG locality group aims and priorities:

The key health priorities for the SVV CCG locality 2014/15 group are:

- Improvement in patient experience of their access to primary care.
- Supporting patients with long term conditions and end of life care, using personal health planning and advance care planning.
- Review of cancer management to support early diagnosis with effective review of two week wait referrals.

As of January 2014 the SVV locality group listed it's achievements as<sup>21</sup>:

- Several of the practices which have been tackling access problems have made improvements in their patient satisfaction scores.
- Successfully running two pilot schemes designed to test the different ways of working. One was the 'Patient Access' telephone triage project at Central Surgery. This project aimed to telephone triage all contacts. The project effectively reduced A&E admissions during surgery opening hours, however it was deemed 'unsustainable', and therefore an approach of mixed appointment along with telephone triage is being adopted. Second Pilot is with South Street on 'Productive General Practice'
- After complaints about 0844 numbers, those practice previously using the higher charge rate have switched to local numbers.

- Practices are beginning to explore collaborative ways of working in the future.
- Developed close working relationship with GPs in West Essex CCG, and been consulted by them in developing their 5 year plan for the development of local services and clinical pathways.
- Set up patient groups in all practices and now have a locality patient group that is active in supporting the commissioning agenda.
- Started a project with Carers in Herts to identify a 'Carer Champion' in each surgery to better meet the needs of carers.
- Continued to manage and support best clinical practice, especially in improving Cancer diagnosis, which has been made a locality priority.
- Have been running a pilot on 'enhanced pharmacist support' to all the practices. A part-time pharmacist is employed to run a session in each practice every week, working on a variety of projects to improve quality and safety.
- The locality has also appointed local GPs as leads in Patient Participation, Long Term Conditions, Mental Health and Medicines Management. They have also appointed a 'Locality Nurse Lead' who represents practice nurses on the locality board.

<sup>21</sup> <http://www.enhertscgg.nhs.uk/sites/default/files/30-01-2014/7%20Locality%20Commissioning%20Group%20Reports.pdf>



# Research Background & Methodology



**In order to create a robust and useful piece of work, we broke our research down into 4 stages.**

### Research Design

The main research was conducted over a four week period from the 12th May to 8th June, and focused on the five practices within the CCG Locality Area: Central Surgery (Sawbridgeworth); Church Street Partnership (Bishop's Stortford); Much Hadham Health Centre (Much Hadham); Parsonage Surgery (Bishop's Stortford); and South Street Surgery (Bishop's Stortford). When formulating the research design, we decided to use a range of methods, divided into separate phases.

#### Phase One - Desk Research

We started with desk based research, which involved mainly using secondary data to build an understanding of the local area and issues. Via desk based research, we studied the practices' websites, and what people were saying about the practices on NHS choices, in CQC Reports and in the GP Patient Survey (completed every 6 months). We then sent each Practice Manager a questionnaire<sup>22</sup> to obtain supplementary data not listed on the website, in order to clarify that the information on each website was correct and up to date. Follow up meetings/discussions were held with Practice Managers to clarify answers and talk through practice specific issues for those who wished to do this. Each practise was also sent a letter, addressed to their PPG, informing them of our work and asking for their support and involvement.

#### Phase Two - Stakeholder Discussions

We consulted with stakeholders, partners and members to obtain a wider understanding. Discussions and meetings were set up, either face to face or by telephone, with our NHS England Area Team to discuss their relationship and views of the 5 practices; E&N Hospital Trust, Princess Alexandra Hospital Trust and Herts Urgent Care regarding their findings and perspectives on GP

<sup>22</sup> Please see Appendix 2 for a copy of the questions.



access and its impact on A&E admissions and Out-of-hours care. We also had ongoing meetings with Healthwatch Hertfordshire's steering group on GP access. These Healthwatch members included PPG members, GPs, and healthcare professionals, and representatives from organisations such as Carers in Herts and were, therefore, able to bring different perspectives on the GP Access debate. It provided community and provider expertise and was vital to shaping our research and knowledge.

### Phase Three -Survey Work

This was our main research phase. We collected primary data by conducting face to face surveys<sup>23</sup> at popular community locations, community events and markets in the Stort Valley and Villages area. The sample method we used was random sampling to make our data more reliable and be representative of the population as a whole. We also worked with partners such as the Citizen's Advice Bureau in Bishop's Stortford and the Methodist Church, also in Bishop's Stortford, who agreed to hold and conduct our surveys for us within those venues. We also travelled with Herts Library Services mobile libraries in order to reach more rural communities.

We were keen to speak to people outside rather than within the surgery. This approach reflected our commitment to interview people in neutral settings, enabling an unconstrained view of their experiences and increasing the value of our findings. We did hold one face to face surgery session within each practice to represent the views of those who could be considered successful in getting an appointment. Surveys were also left within practices for people to complete themselves.

Simultaneously, we ran an online version of our survey. This was promoted via Twitter, Facebook, our website, and partner websites including Town, District and County Council sites. In addition we had cards printed with a link to the online version which we gave to people who were too busy to stop and speak to us in person.

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<sup>23</sup> See Appendix 6

### Phase Four - Focus Groups

In order to ensure we heard from 'hard to reach' groups that might not be picked up in Phase Three, we ran five focus groups. These included; The Learning Disability Forum (Bishop's Stortford), AGE UK (Sawbridgeworth), Waggoner's Court House (Bishop's Stortford), Herts Young Homeless (Hatfield), and Carers in Herts (Welwyn Garden City). They were organised through the group leaders. As the focus group fitted into an existing pattern of meetings, the turn out rate was high.

These semi-structured interviews were conducted by members of the team with a research background and supported by leaders who normally facilitated each group. Due to the interviews being conducted within a familiar setting there was a sense of continuity. This created a stronger sense of trust between the interviewees and participants, which in turn added to the validity and reliability of the data provided. These interviews were recorded and thematically analysed. Although compared to content analysis, this can be considered less reliable, we were keen not to constrain the data provided and to maintain its richness.





# Practice Backgrounds

### Practice Backgrounds

Of the five practices in the locality, three are based in Bishop's Stortford- Church Street, Parsonage Surgery and South Street. Central Surgery is based in Sawbridgeworth and Much Hadham Health Centre is located in Much Hadham. The practices in total serve approximately 58,000 patients, South Street Surgery is the largest with approximately 20,000 registered patients. Church Street Partnership follows close behind with 17,000 patients. Parsonage Surgery is the smallest with approximately 4,000 registered patients.

Church Street, South Street, and Much Hadham all operate from multiple premises. Church Street has three surgeries, South Street has two and Much Hadham has one main surgery in Much Hadham but also branch surgeries in Hudson Village and Little Hadham Village Hall with very limited hours.

#### Appointment Systems

The two largest practices- Church Street and South Street- use similar appointment models and both make use of a 'Sit and Wait' or 'Walk-in' clinic they run each day. Central Surgery is running a pilot scheme using telephone triage for all initial contact with patients. Parsonage and Much Hadham both use traditional models of booking and do not have a 'sit and wait' option.

All practices offer a mixture of same-day (urgent) and pre-bookable appointments, and the facility to book these appointments online as well as via phone. All practices offer telephone triage, home visits and appointments with a Doctor or a Nurse. All but one also have a Nurse Practitioner on site.

The tables on the next three pages provides a fuller description of services offered by each practice. This information is based on the data provided by the surgeries





## Staff

	Central Surgery	Church Street Partnership	Much Hadham HC	Parsonage Surgery	South Street Surgery
Number of GPs	7	7	3	3	17
Number of GPs (FTE)	5.5	6	2.5	2	9.88 plus 2.5 FTE Registrars
Number of Nurses	1	5	2	0	4
Number of Nurse Practitioners	2	0	1	1	1 plus 3 Nurse Prescribers
Number of Healthcare Assistants	2	2	0	1	27
Number of Admin/Receptionists	12	20	9	8	32 (22.85 FTE)

## Patients

Total number of registered patients	11,881	17,000	6,400	4,400	19,998
Total number of patients aged 75+	994 (8.4%)	1,200	565 (8.7%)	Unknown	1,429 (7.1%)
FTE Doctor-Patient Ratio	1-2,160	1-2,833	1-2,560	1-2,200	1-1,615

## Accessibility

Is there free car parking at the surgery?	Public car park is free for the first hour.	Church Street: No Thorley HC: Yes Haymeads HC: No*	Yes	No	South Street Surgery: No  Bishops Park: Yes
Are there facilities which allow disabled access?	Disabled access. Disabled parking bays. Disabled Toilets.	All surgeries have easy wheelchair access and disabled toilets.	Power assisted Main Door. Disabled Toilets.	Main door wide & automatic. No stairs. Wide hallways. Disabled toilets.	Wheelchair access. 2 downstairs consulting rooms. Disabled toilets.

## Patient Involvement

Is there a PPG?	Yes	Yes	Yes	Yes	Yes
How does the Practice link/communicate with their PPG?	Via Partner and Practice Manager	Regular meetings attended by Practice Managers & Partners.	A partner and receptionist is part of the group.	PPG and Practice Manager meet every 2 months. (PPG's choice).§	2 Partners, Practice Manager and Business Support Coordinator are in the group.

\* Parking Available but cost incurred

Large Hospital Car park, not free. However minimal cost: £1.00 for up to 2 hours.

§ If there is an urgent matter an emergency meeting is held 8-10 PPG members tend to attend the meeting, minutes are distributed to the wider group of 200.

## Appointments

	Central Surgery	Church Street Partnership			Much Hadham HC			Parsonage	South Street	
		Church Street	Thorley HC	Haymeads HC	Much Hadham	Hudson Village Hall	Little Hadham Village Hall		South Street Surgery	Bishop's Park HC
<b>Surgery Hours</b>	Mon-Fri 09:00-18:30	Mon-Fri: 08:00-17:00	Mon-Fri: 08:00-18:30	Mon-Fri: 08:00-13:00/14:00-17:00 Weds: 18:30-21:00* Sat: 08:15- 11:45*	Mon-Fri: 08:00-12:00/16:00-18:00	Mon-Fri: 08:00-12:00 Alternate Tues: 08:00-11:00	Mon-Fri: 08:00-12:00 Alternate Tue: 08:00-11:00	Mon: 08:00- 18:30 Tues-Thurs: 08:00-20:00 Fri: 08:00-18:30†	Mon-Fri: 08:00-17:30 Sat: 08:00-11:00*	Mon: 08:00-21:00 Tues-Fri: 08:00-18:30
<b>Number of GP appointments available per week (advance &amp; urgent)?</b>	650 including telephone triage	Variable		Unlimited	405			1/2 pre bookable 1/2 book on the day	900‡ + unlimited urgent in sit and wait. (Approx. 325)	
<b>Booking arrangements for advance appointments?</b>	Contact during opening hours 08:00-18:30	5 appointments 2 weeks in advance; 3 appointments 24 hours in advance; 4-5 appointments 22:00 day before. §		None	Contact any day after 10am	Contact any day after 10am	Contact any day after 10am	Anytime	4 weeks in advance for routine or ongoing matters. 4 days in advance for acute non urgent matters 2 days in advance for acute non urgent matters.	
<b>Booking arrangements for same day appointments</b>	Contact during opening hours- 09:00-18:30	Balance released at 08:00 on the day.		Book on the day until 10:00am. Then seen in order or arrival.	Contact on the day	Contact on the day	Contact on the day	Ring on the day	Sit and wait clinics at both practices. Duty Doctor call back.	

## Practice Backgrounds

	Central Surgery	Church Street Partnership		Much Hadham HC		Parsonage	South Street
How long are appointments?	1-2-1: 10 mins Phone: 5 mins	10 minutes	10 minutes	10 minutes		10 minutes	10 minutes
What other Clinics/ Services are provided?	Same as Much Hadham HC - Refer to this section of the table.	Various		Ante/post natal/ child immunisations/ Diabetes/Asthma/Cervical smears/Family planning/Counselling.		Midwifery/Community Dietician/CBT (supports rest of area) Smoking cessation.	Home visits on a daily basis inc. residential home visits. Baby clinic/chronic disease clinic/minor op clinic & midwife.
Online booking?	Yes	Yes		Yes		Yes	Yes
Computerised check-in?	Yes	Yes	No	Yes	No	Yes	Yes
How do you cater for patients who wish to see a preferred GP?	Preference accommodated if possible.	Preference accommodated if possible.		Preference accommodated if possible.		2 GPs - Male & female each week	Preference accommodated if possible or earliest alternative.
How do you log & cater for Carers?	Carers are recorded on the system if they notify us of this.	Recorded on system if notified. Actively seeing possible Carers.		Carers are offered appointments to suit their needs.		Asked if a Carer when registered. Computer flags carers and try to accommodate.	No Answer Given
How do you log & cater for people with Long Term Health Conditions?	Nurses	Clinical System flags this up.		Computer flags patients with LTC. Needs are accommodated.		Computer flags patients with LTC. Needs are accommodated.	No Answer Given
Premium/local charge phone line?	Local Number	Local Number		Local Number		Local Number	Local Number
Home Visits?	Yes	Yes		Yes		Yes	Yes

\* Pre-booked appointments only

† Partner GP will stay until last patient is seen or spoken to via phone. It is not uncommon for the GP to be there until 22:00.

‡ Includes 50 appointments specifically for Nursing Home visits.

§ Per Session



# Key Findings

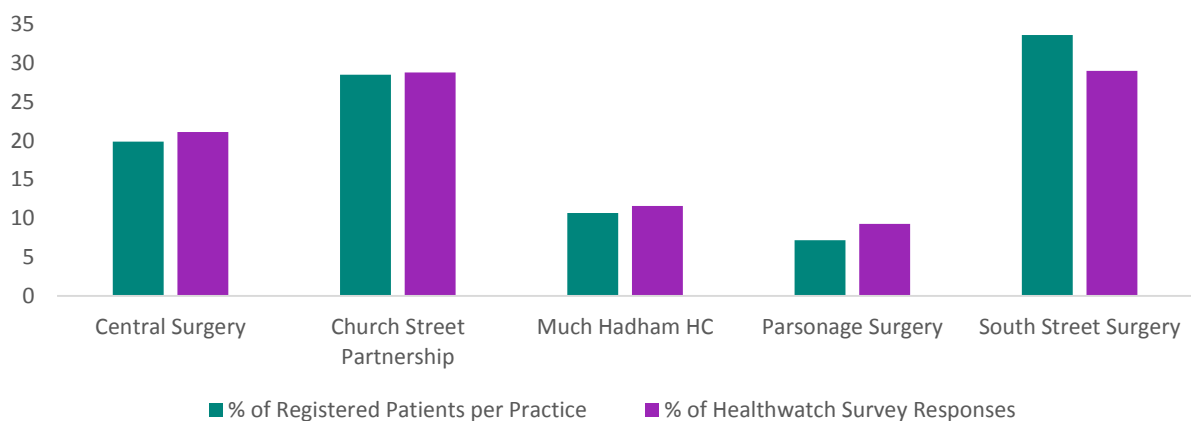


## Websites & Practice Manager Responses

Information on each practice website did tend to match the answers provided by the Practice Managers. Core information such as contact details and opening times were present and correct. However, for some practices, information such as ‘other clinics/services’ offered wasn’t listed fully on their website. For all practices, ‘how to make an appointment’ was listed, but appointment systems were not always fully explained or written in a simple or accessible way. Although some practices did suggest that for routine appointments, patients should call after a certain time (so not to block the phone for urgent appointments), not all practices did this and could be something all practice websites could add.

## Patient Survey Responses

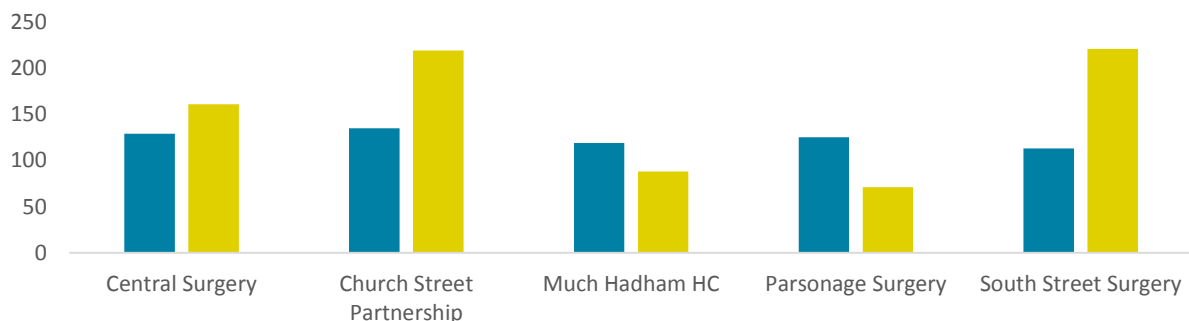
Comparison of Registered Patients with Respondents to HwH Survey per Practice



Within the four week period of our study a total of 763 people completed our survey. Of those 595 were street surveyed, 142 were surveyed within the practices, and 154 people completed the survey online. 26 surveys were completed within Bishop’s Stortford Citizen’s Advice Bureau and Bishop’s Stortford Methodist Church. There was a representative distribution of respondents from

each practice, and typically we received more feedback from the larger surgeries. For all surgeries, apart from Parsonage and Much Hadham we received more responses per surgery than the GP Patient Survey (July 2014).

### Comparison of Respondents to the GP Patient Survey with HwH GP Access Survey per Practice



■ No. of Respondents to GP Patient Survey July 2014 ■ No of Respondents to Healthwatch Hertfordshires GP Access Survey

### Demographics

Of the total number people we surveyed, **86%** of people had visited their surgery within the last 3 months, and **60%** of these were within the last month. More women (**65%**) spoke to us than men (**33%**), **68%** were of working age and just over **30%** were over 65 years old. **37%** had children under 16 living with them. We made a conscious effort to speak to people of working age and people with children by surveying people at the leisure centres, during after work hours and at family events.

We made this decision because this group is normally underrepresented in similar studies. Furthermore, some of the changes regarding patient access, suggested by the government, affect these groups, for example, convenience of online booking, telephone triage, as well as the 8-8 opening times.



When we asked people ‘do you consider yourself to have a Long Term Health Condition or disability?’ **37%** said ‘yes’, **58%** said ‘No’ and **5%** preferred not to say. Of the people we spoke to with a Long Term Health Condition or disability **47%** were between the ages of 16-65, and **51%** were over 65 years old. It was interesting to find that most people did not mind providing this information, especially since we were talking to them in public. Additionally many people asked if we considered their condition to be a disability or Long Term Health Condition. This suggests that although the figure depicting people with a Long Term Health Condition or disability is high, it could be much higher due to people living with these conditions but not knowing their condition could be classified in this way.

### Getting an Appointment

Q. When you last contacted your surgery to book an appointment, when did you want it for?		
The Same Day	290	39%
The Next Day	65	9%
Within the Week	243	33%
In 2 Weeks Time	95	13%
In 3 Weeks Time	23	3%
Following Month	20	3%

Our study found that although **39%** of people wanted an appointment the same day, the majority of people wanted to be able to book an appointment in the future, the next day, within the week or within the month.

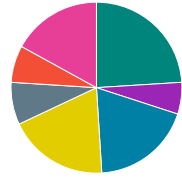
These figures varied only slightly when looking specifically at age or people with a Long term Health Condition or disability.

Of the people we spoke to, **43%** of 16-65 year olds, **33%** of Over 65s and **38%** of people with a LTC or disability wanted an appointment the same day. The other **60%** or so wanted to be able to book an appointment for the future. This suggests that the majority of people want the appointment system to be flexible and would prefer to book an appointment at a convenient time for them.

With regard to when people were offered an appointment, there was not a strong correlation between when they were offered one and when they wanted one.

There was also some variation between people feeling 'Sit and Wait' was an appointment offer and people who felt strongly it wasn't. The majority of comments we received in relation to this question were about 'Sit and Wait', giving the impression people felt quite strongly about this appointment method.

Q. And, when was the appointment offered?		
The Same Day	171	24%
The Next Day	45	6%
Within the Week	135	19%
In 2 Weeks Time	135	19%
In 3 Weeks Time	60	8%
Following Month	48	7%
None offered...	120	17%




*Haymeads sit and wait now gives you a time, so you can go away and come back - Church Street Partnership*

*Sit and wait works for me. Though there could be more doctors and less nurses on duty and improvement of initial assessment. - South Street*

*Sit and wait does not suit working people. - Church Street*

*The times I have been obliged to use sit and wait, I had to leave after waiting over 90mins to pick up children from school. Not user friendly at all. - South Street Surgery*

*Some people just need a prescription. - South Street Surgery*



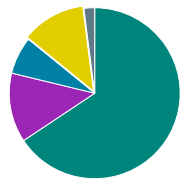
*Some sort of system is needed to determine needs/urgency- quick triage like A&E. - South Street Surgery*

Of the people who were ‘offered’ sit and wait, **52%** wanted an appointment that same day, **4%** wanted an appointment the next day and **44%** wanted an appointment between the timeframe of within a week and within a month.

South Street Surgery states it’s ‘Sit and Wait’ service is for ‘urgent medical matters that cannot wait for an advanced appointment’<sup>24</sup>, whereas Church Street does not define what type of appointments people should be using their sit and wait for. For both surgeries there does not seem to be a triaging service offered for people using these clinics, rather it is based on a ‘first come first served’ approach. The findings suggest that if the ‘Sit and Wait’ clinic is for urgent matters then a large number of people are misusing this service, or being ‘offered’ it inappropriately.

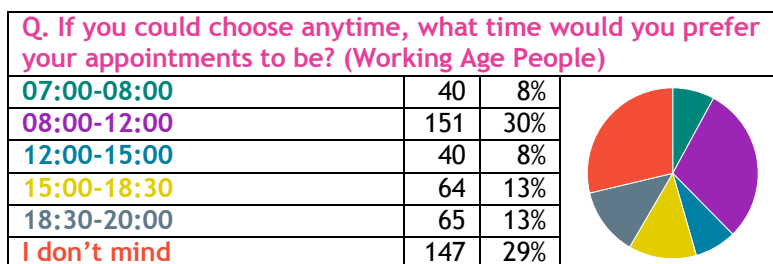
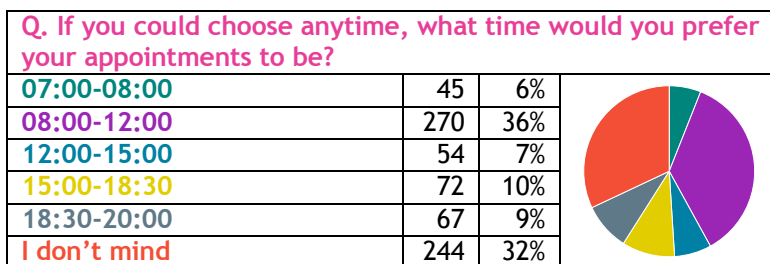
When we asked respondents if “the appointment [they] were offered was suitable?” **37%** of people stated it wasn’t. Of these people, a high proportion of participants said it was because of ‘the day’ the appointment was offered (**65%**). The second highest reason cited was because of the time (**13%**), and in close third, because ‘it was not with the GP [they] wanted’ (**12%**). These results, along with the finding that **32%** of people don’t mind what time of day their appointments are, indicates that people feel more strongly about the timeframe within which they get seen rather than the particular time of the appointment.

Q. Why was [the appointment] not suitable for you?		
The day	137	65%
The time	27	13%
It was not with a GP	15	7%
It was not with the GP you wanted	25	12%
It was not with a Nurse	4	2%



<sup>24</sup> [http://www.southstreetsurgery.co.uk/urgent\\_appointments\\_t86929.html?a=0](http://www.southstreetsurgery.co.uk/urgent_appointments_t86929.html?a=0)

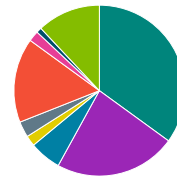
When looking specifically at working age people we found the results did not vary much compared to the overall results. **29%** didn't mind when the appointment was. However **6%** more of working age people would appreciate appointments outside working hours.





When appointments were not suitable for them, a high proportion of the respondents went to the appointment that was offered anyway (35%) or went to 'Sit and Wait' (23%). Some of those that didn't go to the appointment that was offered used a variety of other services; such as having a telephone consultation (6%), visiting a walk-in centre (3%), or ringing 111 (2%). However, a large number of people didn't seek help elsewhere and instead either decided to call the surgery again at another time (16%), or didn't see or speak to anyone (12%).

Q. [if the appointment offered was unsuitable] What did you do on this occasion?		
Went to the appointment that was offered anyway.	95	35%
Went to 'Sit and Wait'	63	23%
Had a telephone consultation	16	6%
Rang 111	6	2%
Visited a Walk in Centre	8	3%
Decided to call back my surgery another time	45	16%
Saw a pharmacist	5	2%
Went to A&E	3	1%
Didn't see or speak to anyone	34	12%



Although there is an argument that people could use other services better, such as seeing a pharmacist instead of a GP for symptoms, the result shows that even if people don't have the option to see a GP they are more likely to do nothing than seek help from services outside their GP.

When asked if what they had decided to do resolved their health issue, 52% said 'Yes' what they did was effective, 36% said 'No' and 12% said they were 'unsure'.

### Methods Used to Book Appointments

Our study found that most people primarily used the phone to book their appointments (58%). The second most popular option was to go 'in person' (32%). Only 10% booked online. When asked if they had used their preferred method to book their appointment, most people said yes.

These results did not vary much between 16-65 year olds and over 65s. For both groups only 10% booked online. Those aged between 16-65 made more use of the phone (61%) rather than going in person (28%). Whilst over 65s were only slightly more likely to phone (49%) than go in person (41%).

People provided a variety of reasons for their preferences. Although all surgeries provide the facility to book online, most patients either did not know about it, or did not feel this system was adequate or flexible enough. Furthermore, people felt at a disadvantage if they booked online. They felt they would have more chance of getting an appointment if they could speak to somebody directly. What people did find useful about the online system was being able to see which doctor is working and when.



*I prefer to speak to someone as then you have the chance to put your case to the receptionist and explain why you need an appointment. You can't do that online, and the system never works anyway! - Church Street*

*[Receptionists] have to listen to you if you are in front of them. - Church Street*

*Online is complicated and you have to use passwords. - Central Surgery*

*I would not know how to [book an appointment] online - Much Hadham*

*Using online is impossible, easier to pick up a phone and use it. I prefer speaking to a person. - Parsonage Surgery*

*You get to see and choose time, person and location. - Church Street*

*I didn't realise online was available - South Street*



When asked ‘the last time you phoned, how long did it take to get through to someone who could help you?’ **51%** answered over 5 minutes, **11%** waited over 10 minutes, and **9%** waited over 20 minutes to speak to someone, with **8%** of people giving up before they spoke to anyone. Of the **67%** of people who said it was particularly difficult to get through at a certain time of the day, **98%** stated this time to be between 08:00-10:00 in the morning.



*Appointments open up at 8am and you can never get through until 8:30. By then all the appointments are gone. - Church Street*

*Impossible to get an appointment in the week unless you phone nonstop at 9am AND say it is an emergency. - Much Hadham*

*A call waiting system would vastly improve my ability to get an emergency appointment, as I am often on the phone at 8am, so would be one of the first in the queue. - Parsonage Surgery*

*All appointments are gone by 08:45. - South Street*

*Would like to be able to call at any time of the day to make an appointment, not just very early in the day. - Central surgery*



### Reception and Receptionists

Reception staff are the first point of contact for most patients, whether this be on the phone or in person at the surgery. Therefore it was positive to see that 62% of people thought the receptionists at their surgery were friendly. Although the majority of people stated that they can be overheard by other patients when speaking to the receptionist (83%), it was mixed as to whether people minded this or not.

In the reception area, can other patients overhear what you say to the receptionists?			
Yes	615	83%	
No	86	12%	
I don't know	39	5%	

Q. If yes, do you mind?			
Yes	179	29%	
No	228	37%	
Sometimes	210	34%	



*[There is a] privacy issue in reception. Some might think that a problem. - Much Hadham*

*I don't always want to tell receptionists of my problems. - Parsonage Surgery*

*I was asked what was wrong in front of everyone. It was embarrassing. Are the receptionists qualified to do this? - South Street*



The general feeling was that you don't - and you shouldn't - have to tell receptionists anything confidential or private, therefore it should not matter if other people in the waiting room overhear what you say to the receptionist. However, if it is necessary to speak about personal or private matters, then people naturally want privacy to do this. When making appointments by phone, people felt uncomfortable with the idea that the receptionist would be sitting at the main desk and what was being discussed could be overheard.

Those who were aged between 16-65 years minded more about privacy in the waiting room than those over 65 years and those who stated they had a LTC or disability.

### Preference of Doctor

Most people (66%) prefer to see a particular GP. For some people this is because they value continuity, for others it is because they like the manner and approach of a particular doctor.

When asked why they prefer to see a particular GP, participants gave the reasons of 'continuity' and 'skills and manner' in equal proportions. Many people listed qualities such as 'caring' 'understanding', 'patience' and 'listening' as very important, with 'listening' being the most cited reason for wanting to see a particular GP after 'continuity'. Of the people who stated 'continuity' as the reason they preferred to see a particular GP, it was to avoid 'having to continuously repeat [themselves]'. People who stated they had an LTC or disability listed the 'skill' of the GP as important in addition to their manner. They also wanted to see someone they felt specialised in their condition.

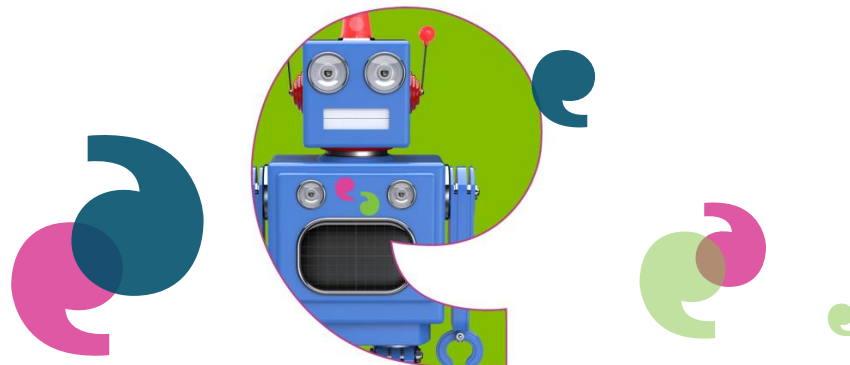
7% of females who preferred to see a particular GP stated they preferred to see a female GP. 5% of men also preferred to see a female GP. Females tended not to elaborate on why they preferred to see a female GP whereas males gave reasons such as the manner of that GP- 'caring' 'patient' 'looks at me instead of the [computer] screen'. . No patient surveyed expressed a preference for a 'male' GP.



When asked if they would see a different GP if they needed an appointment sooner, most people said 'Yes' (76%). Those that answered 'No' or 'Not sure' gave reasons such as 'it depends who I had to see', and not wanting to see some particular GPs.

Q. Is there a particular GP you prefer to see or speak to?			
Yes	483	66%	
No	254	34%	

Q. Would you see a different GP if you needed an appointment sooner?			
Yes	371	76%	
No	39	8%	
It depends/I'm not sure	79	10%	





## Can You Give An Example of One Thing Your Surgery Does Well and One Thing it Could Improve?

The last question in our survey asked participants to identify what their Practice does well, and where it could improve.

For respondents, identifying areas for improvement seemed easier than identifying what was done well. This was reflected in the number of comments we received for each question- 898 (59%) comments regarding improvement and 629 (41%) for what was done well.

Respondents listed people skills, communication and customer service when identifying things the surgery did well and focussed more on systems and processes as areas for improvement, though the attitudes of some staff was cited as an area for improvement.

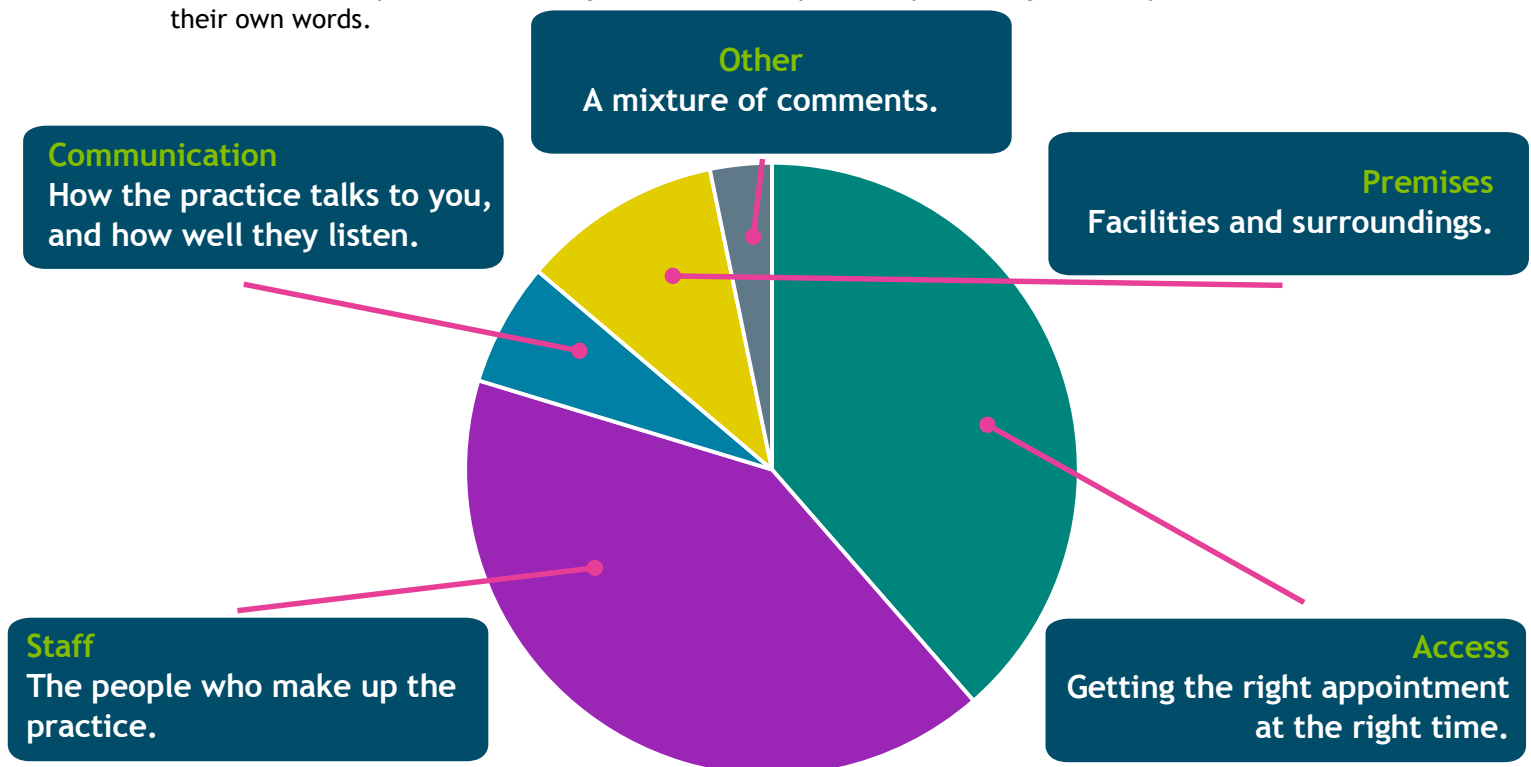
The four main areas commented upon by respondents were:

- Premises
- Communication
- Access
- Staff

**Note:** Some respondents commented on more than one aspect, and aspects could be positive and negative, hence total percentage of comments being over 100%

Only 4% of respondents commented on anything outside of these four topics.

On the following pages we present a summary of the feedback received, what was done well and what could be improved, and also give some direct quotes, representing what respondents felt in their own words.



Comments which suggested access was good, stated this with regard to getting an appointment, being offered 'sit and wait' and the option of telephone triage. Having a variety of booking options, getting an appointment when needed, and being offered the option of 'sit and wait' and a telephone consultation with a doctor or nurse, when no other forms of appointments were available were all valued.

## ACCESS



Of those who commented on access

33% List Access as Good. 67% Feel it Needs Improving



For those 67% who felt access needed improving, the main difficulties people faced was, not being able to book an appointment within a suitable time frame, getting through on the phone, no "triage system" at 'sit and wait' and sit and wait being inappropriate for young children, being given telephone triage instead of face to face, and waiting for a doctor to call back.



“For urgent issues, you know you can sit and wait, even if you have to wait a long time.”

South Street

*“The sit and wait clinic is frustrating when you have young children with you. Asking them to sit and wait quietly for over 2 hours when they are ill is near impossible.” - South Street*

*“Sit and wait too long. Sometimes the option is A&E if urgent.” - South Street*

*“Flexible for people with children. Always get an appointment when necessary” - Much Hadham*

*“Urgent issues can be dealt with in sit and wait. You know you’ll be seen, even if you*

*“They almost always find a way to see my child ASAP when he is ill. - Parsonage Surgery*

*have to wait for some*

*time” - South Street*

*“Don’t immediately put me on hold as soon as I get through! They do this every time.” - Much Haddam*

*“Options available where I can see doctors and nurses.” - Church Street*

## ACCESS

*“There has only ever been a handful of times they have*

*“Sometimes they prefer to prescribe drugs without seeing me when I want to be seen.” - Central Surgery*

*actually managed to give me an appointment when I want or need one.” - Parsonage Surgery*

*“[T]he telephone consultations are particularly helpful,*

*“Phone triage can be frustrating. Tell people symptoms and then call back at awkward times.” - Central Surgery*

*rather than taking my children out of school for something that can be sorted over the phone.” - Central Surgery*

*“Sit and wait is a joke, people turn up and queue well in advance of the surgery opening, meaning that if you turn up at the opening time you are usually 20+ in the queue, the wait is then anything between 2-4hrs to see a GP, this doesn’t work with young kids who are poorly, as they often need feeding etc. It would be better for turn up and wait if you can get an appointment on line, for example if you are patient number 20, your estimated time to be seen is between 10-11, this would eliminate the people who queue out in the cold when supposedly they are sick. Kids should also be prioritised.”*

Church Street

The majority of the positive comments related to the staff. Most people we spoke to told us they understand or sympathise with the challenges faced by the staff at the Practices. 44.2% of the positive comments were in reference to doctors, 29% to nurses, 12.7% to receptionists and 14.1% did not specify a specific staff group. Doctors and nurses were seen as being thorough, friendly, approachable and that they listened. Whilst receptionists on the whole were polite, friendly and helpful.

## STAFF



Of those who commented on staff

74% Regard the Staff as Good. 26% Feel Improvements Are Needed



With regards to improvements, participants felt that some doctor's knowledge on long term health conditions, such as mental health, could be improved; that doctors could be better at being able to see the whole picture rather than just the presenting complaint, as well as the attitude of some receptionists.



“Receptionists are very friendly and willing to help.”

South Street

*“Have had receptionists who have tried to diagnose me themselves. Ridiculous! Receptionists are rude, have been told to go to a chemist instead of have appointment with doctor despite already going to the chemist! It’s not the receptionist’s job to diagnose.” - Central Surgery*

*“Nurses are always switched on and deal with appointments-save GPs time.” - Church Street*

*“Nurses & Child Health clinics are very good. Repeat prescriptions are also good and the GP does call back if he says he will.” - Church Street Surgery*

*“Some receptionists could improve their people skills.” - Much Hadham*

*“Very good GPs regardless of who you see.” -*

## STAFF

*Parsonage Surgery*

*“The nurses are great and I don’t mind seeing them for general advice and asthma checks and concerns and worries.” - Central surgery*

*“Receptionist attitude. They should not be diagnosing!” - Church Street*

*“Gets it correct when considering my chronic problems.” - Much Hadham*

*“[Receptionists] will listen to you, as to why you need the appointment and if necessary get you in ASAP or suggest seeing the nurse.” - Parsonage Surgery*

*“[I would like] Doctors that listen to my health issues not just one problem.” - South Street*



*“[They] look after my disabled husband. Amazing. Go out of the way to help.”*

**South Street**

Participants who noted communication as the best thing their surgery does, said this in relation to getting results, referrals and follow up appointments in a timely manner. People also highlighted the 'text confirmation' of appointments as well as 'text reminder' system as particularly useful.

# COMMUNICATION



Of those who commented on communication

75% Felt Communication Was Good. 25% Felt it Could Be Improved



Giving the patient more information on how the appointment system works and the different options of how to book an appointment was considered needing improvement.

Participants also highlighted a break in communication between the clinical staff and the receptionists. People particularly thought it would be useful if doctors could book follow up appointments themselves rather than making the patient go through the reception again.



Doctor phones me to check up on me and update me. He also makes my follow up appointments for me.

Parsonage Surgery

*“Understanding their IT systems and how to make them work for patients.” - Parsonage Surgery*

*“Getting results such as blood tests on the phone is efficient.” - Church Street*

*“Provide more information about on line appointment making.” - Much Hadham*

*“Communication better than in the past.” - Central Surgery*

*“Text confirmation of appointments [is good].” - Parsonage surgery*

# COMMUNICATION

*“Referral to hospital quick.” - Much Hadham*

*“Handled urgent paperwork for me on 2 occasions very well.” - South Street*

*“We need to know how to access them before we need to..... I only know about things like sit and wait through local social networking, not from having been given any information from the surgery.” - South Street*



*“I’ve had a different midwife for each appointment and different views causing panic in some situations as things were not followed through and paperwork was not completed or handed over.”*

**Parsonage Surgery**

Participants highlighted the location of surgeries, having multiple sites, ease of parking, and facilities such as electronic sign-in, blood pressure machines, and an area for children to play, very useful and important to them.

## PREMISES



Of those who mentioned premises  
**62%** Regarded Premises as Good. **38%** Felt Improvement Were Needed



However physical access to some surgeries and consulting rooms, parking issues, as well as the general appearance of some practices, were seen as areas for improvement.



“It’s really handy to have a pharmacy on site.”

Central Surgery



*“Car parking is horrendous.”  
- Much Hadham*

*“Find a way to improve waiting area,  
which I realise is difficult because of  
its situation, being in a hospital  
corridor.” - Parsonage Surgery*

*“Electronic  
check in [is  
good].” -  
Parsonage  
Surgery*

*“Disabled access  
needed, put in a lift.” -  
South Street*

*“Clean, not crowded,  
pharmacy on site.” - Much  
Hadham*

*“Disabled access and parking  
is not very good, not sure they make it clear  
enough to patients that only certain consultant  
rooms allow for disabled access.” - Church Street*

## PREMISES

*“3 surgeries  
gives  
choice.” -  
Church Street*

*“It’s local, I can get there and it’s  
next to a chemist.” - South Street*



*“[There is] an area with books and  
toys to entertain the children waiting.”*

**Central Surgery**

### Focus Groups

One of the main roles Healthwatch Hertfordshire performs is to continually challenge health inequalities. Part of our commitment within this, is to listen and give voice to groups which are sometimes hard to reach.

In order to achieve this within our study, we set up a number of focus groups with:

**Carers in Herts**


**Bishop's Stortford Learning Disability Forum**

**Herts Young Homeless (HYH)**

**Age UK Hertfordshire (Healthwise)**

Each focus group session was set up through the existing group leader, and lasted between 30- 90 minutes. The questions asked were still GP Access focused, however conducted in a more informal setting- through semi- structured interviews. The participant responses were electronically recorded and then analysed at a later stage. Due to the focus groups being arranged through county wide organisations, it was not possible to ensure all participants were from the specific locality area we were looking at. This was specifically the case for Herts Young Homeless and Carers in Herts. However, where comments relate to the practices involved we have noted this.





“So I actually spoke to the Receptionist and said, “Can you check this person is flagged up as a carer?” And she didn’t even know what I was talking about.”

### Carers in Herts

This focus group was organised through the Wellbeing Manager of Carers in Herts, which is an organisation which gives support and information to unpaid family and friends who look after someone. The focus group took place in Welwyn Garden City, and due to not all the attendees being registered with the 5 Practices this report looks at, the conversation covered more general points about good and bad practice in relation to Carers.

The focus group members said that the following points were important:

- Being ‘flagged’ on the system as a carer doesn’t always result in getting an enhanced or more flexible service. The participants said they weren’t offered more flexibility when making appointments and they had never been asked about their caring role by the doctors. Suggested ‘good practice’ for Practices in relation to Carers included the following:

- Information and signposting. When they register with the Practice some information could be provided, for example about Carers in Hertfordshire, the Carers Passport, some information about carers counselling etc.

- Receptionists should be able to see that the person is a carer when they make an appointment and bear that in mind when negotiating the appointment.

- Doctors should be able to see that the person is a carer and ask them about their caring role as part of consultations e.g. how it is impacting on their health and wellbeing.



● Carers should be offered an annual carers health check which include a blood pressure check (because carers are more likely to have high blood pressure) and a check on mental wellbeing which could result in a referral for counselling/therapy.

● Participants said that having to call the surgery at a particular time of day does not work for carers - at 8.30am they might be involved in personal care or their might be care workers visiting.

● Carers can't leave their cared for person to go and queue at the surgery so this means they are disadvantaged compared to other people who can go and person and get first choice of appointments.

● Participants mentioned the frustration of issues with consent for the Practice to speak to the carer on behalf of the cared for person. So some surgeries will not give test results to a carer even if the cared for person is unable to communicate or understand. Some of them have lengthy processes for getting consent to do this.

● Participants mentioned that staff have a different way of talking to them than to the cared for person, which can be confusing.



### Waggoner's Court House

This focus group was set up through the House Manager at Waggoner's Court House, based in Bishop's Stortford. Waggoner's Court is an assisted living property with elderly residents.

The focus group members said that the following points were important:

● Doctors approach and attitude.  
Participants agreed that they preferred to see a particular doctor based on their manner and prefer a relationship that has been built up.

*"Our doctor always has time to talk to us and is genuinely caring" (Parsonage)*

● Some participants were frustrated due to difficulties in getting home visits.

*"I had to argue with the receptionist just to get someone to come and see how poorly Mum was" (Church Street)*

● Some participants said Practices need to understand that elderly patients can be reluctant to go to the doctors and might play down symptoms. They need to take the word of family carers or care home managers and not always rely on what the patient says.  
(Church Street)



“What’s the problem? What’s wrong? What’s the matter with you, then?” There are ways of saying things that, you know, make you feel like you’re not being silly or asking the world.”

### Bishop’s Stortford Learning Disability Forum

This group was organised through a member of the Bishop’s Stortford Learning Disability Forum, a forum which meets bi-monthly to give local people and groups their say about what is happening in Bishop’s Stortford. In attendance were people with learning disabilities, family carers, professionals, local business people and council members who were all keen to get involved and hear what the local issues are. All of the above, expect council members gave comments on their experiences of GP Practices within the area and Hertfordshire.

The focus group members said that the following points were important:

● All participants agreed that sometimes receptionists are not polite and patient enough on the phone.

*“The Receptionist asks what your problem is, which sometimes you don’t always want to be discussing that with the Receptionist.”*

● They said they often have to wait a long time in the waiting room which they find frustrating.

*“People with autism find it very tough to sit and wait”* (Church Street)

On waiting for a call back from a doctor at Central Surgery: *“It got to the end of the morning of the surgery and nobody had phoned back.”*

● People reported receptionist and doctors speaking to the carer rather than the patient.

*“[T]hey don’t talk to the service user. Quite often they’ll talk to the person supporting.”* (Church Street)

*“The Doctor doesn’t normally communicate with them. They communicate directly with the support staff. Unless you’ve got somebody there who’s willing to speak up for themselves.”* (Church Street)

● People said they would appreciate more flexibility with appointment days/times as they might have to book transport and someone to support them at the appointment in advance

*“It’s difficult to get an appointment in advance if you ask to see a particular doctor.”* (Much Hadham HC)

● People needed to see the same doctor or one who knows the patient.

*“Because they never see the same Doctor, there’s normally a lot of anxiety around even going to the GP’s surgery because they’re not going to see somebody that they know, and that can be a very difficult process.” (Church Street)*

● Purple folders - seems like doctors aren’t very proactive with looking at them, the patient has to encourage them. If used well, they are considered to help with the issue of continuity because the doctor can have a look and see what happened last time.

*“The only people that really have an issue filling them out is the Nurses.” (Church Street)*

*“I sort of shove it under their noses.” (Much Hadham HC)*

● Not really about access but some comments about annual health checks. What’s included in the check seems to vary:

*“I supported somebody to go to their annual health check, and all they really did was the blood pressure, check their height and weight, and who was checking these people for well women and well men’s checks? Nobody’s doing it.”*

● Some positive comments:

*“Some of the Doctors there are absolutely excellent, and one of our service users with a learning disability went recently, got her health check, and she was there an hour. I mean, excellent service. They went through absolutely everything with her” (Church Street)*

“I do think it’s really hard to get certain Doctors who will actually sit there and go through all of the information before they give it to you, because every time I go to see a Doctor, they just give you tablets.”

### Herts Young Homeless (HYH)

Through the co-ordinator for the service involvement group ‘I-pro’, a focus group was set up with people who are homeless or vulnerably housed and use the HYH service for support. Due to the complexities and uncertainties people face when in this situation, it was not possible to ensure all those we spoke to were from the Stort Valley and Villages CCG Locality. Therefore, the focus group session aimed to highlight specific issues this group faces countywide when trying to access GPs.

The focus group members said that the following points were important:

- Have to be quite assertive to get an emergency appointment and emphasising that it’s urgent, otherwise you have to wait a long time.
- Lots about needing medication at short notice and the system not really accommodating this. E.g. it can take a long time for a repeat prescription to get processed. If the patient is feeling low they might not request the repeat with a lot of notice.
- With mental health conditions like depression it can be hard to phone in the morning and later on there are no appointments left.
- Importance of having a doctor who knows you and listens to you. Can be distressing to have personal conversations with someone you’ve never met.
- Explaining the same thing over and over again to different professionals is frustrating, including out of hours. Especially multiple medications and dosages. It can be difficult for people to remember complex information like this, especially when in crisis.
- The feeling that doctors don’t listen and try and rush you.

*“I like the fact that they’ve got the sort of surgeries in the surrounding villages, so it saves me going all the way to Much Hadham”  
(Much Hadham HC)*





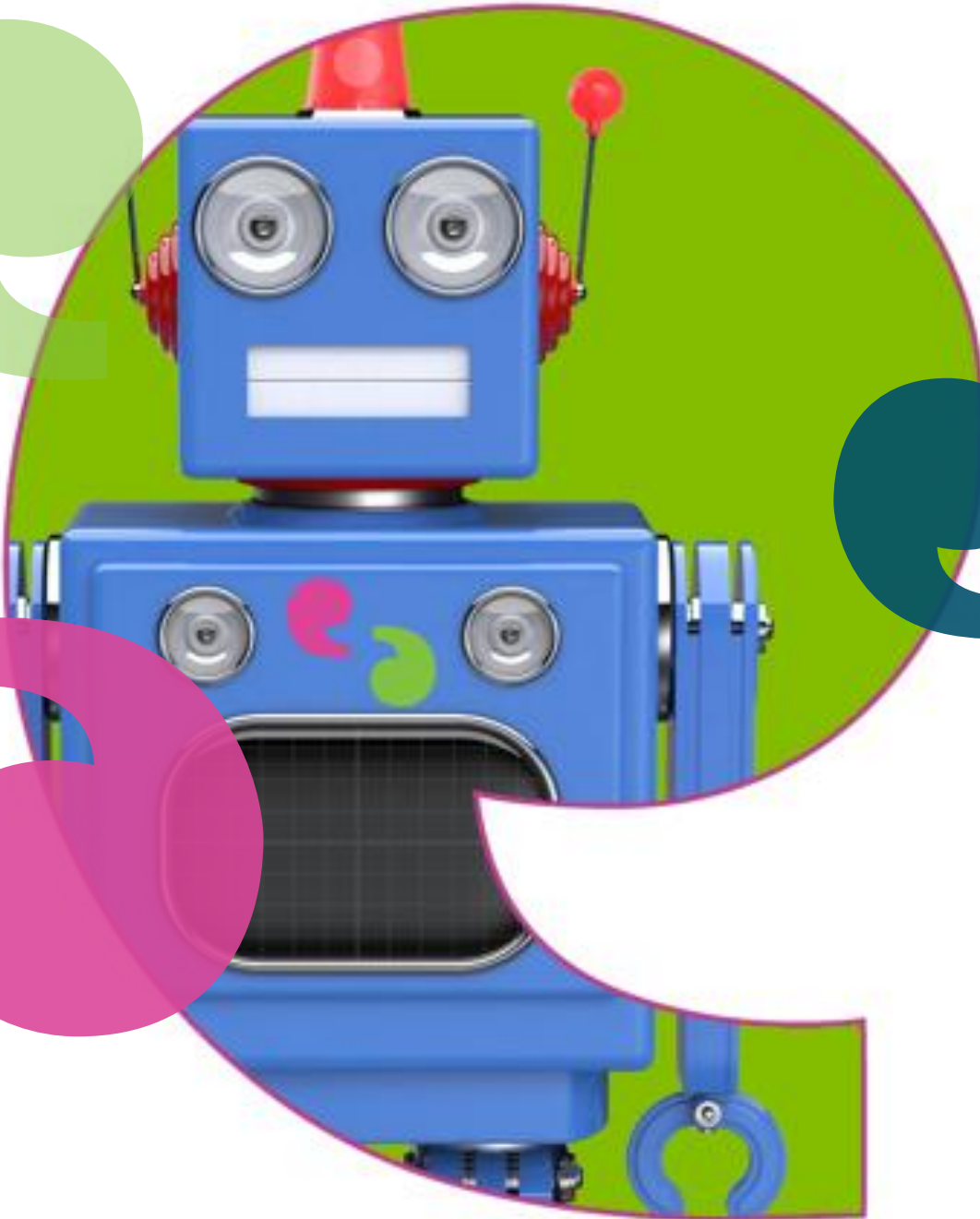
### Age UK Hertfordshire (Healthwise)

Through the Head of Community Services and the Healthwise Group Leader of Age UK Hertfordshire, we spoke to older people about their experiences of access to their GP. This focus group took place in Sawbridgeworth at one of Healthwise's regular meetings, therefore all the participants who attended happened to be registered with Central Surgery, Sawbridgeworth, and their comments relate to this practice specifically. Healthwise is a countywide service which helps older people retain their independence through a 10 week programme of healthy eating, gentle exercise, digital inclusion and social interaction.

The focus group members said that the following points were important:

- Participants felt quite strongly about the change in appointment system, and were not very positive about the phone triaging system, preferring a 'return to the old system', where you could 'just go in and book in person'. There was some confusion around how to book an appointment with the surgery, with some people feeling the only way to do is by phone. This was off putting for some participants, causing them to not try and book appointments when they need them.
- Participants were quite sceptical about the efficiency and reliability of phone triage, and would prefer to be seen in person by GP.
- Participants said that being able to understand the doctor was very important, and felt this was not always the case with the GPs at their surgery.
- Participants felt the skills of the GP is very important in helping them trust the doctor's diagnosis.
- Participants felt better communication is needed between the Practice and other Services and did not have good experiences with this personally.





# Conclusion

## Our findings and recommendations highlight practical and achievable solutions to the issues identified by the people who use the services.

### Getting an Appointment

Most people would like an appointment to see their GP at an agreed time in the near future. Because current systems do not enable this, some people are unintentionally using systems put in place to ensure priority cases get seen first by the GP, by asking for same day appointments unnecessarily, and by using sit and wait clinic inappropriately. This was because Patients felt that they had no choice between being seen that day or waiting a long time for an appointment. Patients also felt like their only option was to go to 'sit and wait' even if they didn't need an appointment for a few weeks.

### Booking Methods

All surgeries have the facility to book online. However, it was found to be considerably under used. Across all practices, patients felt that the online systems were not as user friendly as they could be.

Although people found phoning extremely frustrating they continued to use this method as they trusted it more than online booking, and found going in person difficult or inconvenient. Patients felt strongly that speaking to a person meant you were more likely to get an appointment, and noted going in person was the most successful method.

Most comments conveying dissatisfaction with the booking methods related to the phone systems. They did not understand why they were being told appointments were released at a certain time, and that they should ring at this time, but then not able to get through. People that could, would by-pass the phone system by going in person, that way 'the receptionist' could not ignore them'. However this highlights the question of what those people too ill to go in person do.

This suggests the participants felt distrust with the appointment system as it stands and felt they needed to go to extra lengths to get an appointment. Many people we spoke to stressed how 'obvious, [it was, that] releasing



appointments at certain times and telling people to call at those times would make those times of the day extremely busy'. Therefore felt perplexed that Practices did not account for this or do anything about it.

### Reception and Receptionists

Over half the people we spoke to feel the receptionists at their surgery are friendly. When people sought improvement in this area they tended to focus on an individual rather than the overall team. Although the majority of people we spoke to, felt they could be overheard in the reception area, responses were mixed as to whether they minded this or not. Participants naturally felt more strongly about this if they needed to discuss private or confidential matters.

When phoning, participants felt they did not want to discuss personal details for fear of the receptionists being in the main waiting room, and others being able to overhear. It was interesting to note, that those who were aged between 16-65 years minded more about privacy in the waiting room than those over 65 years and those who stated they had a LTC or disability.

### Preferred GP

The majority of people would like to see a particular GP, but would be happy to see a different GP if they needed an appointment sooner. The reasons listed for seeing particular GP was continuity and skills and manner in equal measures. For many people it was how the clinical staff treated them, and feeling that the GP was 'listening' and 'understanding' was important. He or She 'Listens to me' was the most cited reason other than continuity for preferring to see a particular GP.

Based on this findings Healthwatch Hertfordshire worked with practices to create recommendations that could help improve access. These recommendations can be seen on the following pages, and the practice's responses.<sup>25</sup>

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<sup>25</sup> Appendices 1-5



# Limitations of Study

### Limitations of Study

#### Area

Due to Healthwatch Hertfordshire being a relatively small team compared to the size and breadth of Hertfordshire as a whole, the decision was made to focus on a specific locality area when undergoing this piece of research. Although, it could be argued a county wide level approach might be fairer than a local approach, focusing on a smaller area enabled the work to be thorough and for us to work more closely with the practices involved. Furthermore, as mentioned earlier in the report, Healthwatch Hertfordshire believes the findings represent systemic issues which can be translated not only county wide, but nationally.

#### Sample Size

In order to engage with the numbers we did, staff and volunteers committed to being out in the locality area for the period of the study. Staff could not commit to being out the office everyday over the period of the month due to other work commitments. However, staff and volunteers did commit to working weekends and evenings, and were able to be out surveying most days. Healthwatch Hertfordshire believes that a good sample size was achieved despite these limitations.

#### Surveys

All staff and volunteers underwent training before completing surveys with the public. The questions were designed not to be leading, and interviewers were told to write the responses to the open ended questions exactly how they were said by respondents. Respondent's answers to the questions will understandably be based on interpretation and understanding. Where possible interviewers were told to clarify questions without leading respondent's answers, and to make notes of any extra points respondents made so a fuller understanding could be gleaned. A review of this process was continually undertaken to ensure all interviewers were consistent.

During the survey work we spoke to some people who were not registered with a practice at all, and some people who have actively chosen to register out of the area due to the issue of access. Since our survey was not designed to record either of these, we are unable to give exact numbers on this. However, these issues are important ones, and one which could be looked at in a further study.

We also noted that some people who experienced good access felt they did not need to complete our survey as their impression was to only say something if you are unhappy. Therefore, we made a conscious effort to encourage the people who felt this

way to complete the survey, by explaining the importance and need to share good practice.

### Focus Groups

Due to some of the focus groups being organised through countywide organisations, we could not guarantee all participants would be from the locality area in the same way we could for the surveys. All group leaders and potential participants were told the study focused on the Stortford and Villages locality area, however due to the focus groups being run in place of a group meeting to which these participants belong to, the decision was made to include those from out of area, but explain this fully in the report -this was especially the case for complex groups such as Herts Young Homeless.

### Recommendations

From the findings, Healthwatch Hertfordshire formulated a number of recommendations which apply to all practices. These recommendations were submitted to each practice along with an 'individual practice report' which depicted practice specific findings. We then spoke to the practices about these recommendations and changed the wording where necessary. Some practices were happy with this approach, and others would have preferred individual practice recommendations which were created in partnership. This feedback will be taken on board and used in future.





# Recommendations



Using the data we have collected from our research, we have suggested some recommendations for the Practices to consider and discuss with us.

These recommendations aim to be practical and achievable and some will be more relevant to a particular surgery than others.

## Recommendations

### Appointment Booking

1	Complete an annual audit of appointment demand, particularly ahead of extending opening hours.
2	Review the methods used to book an appointment to identify issues, particularly online booking.
3	Review the Practice's approach to telephone consultations and promote more thoroughly.
4	Agree and communicate protocols for booking different types of appointments (same day, within the week, within the month). This should be communicated to patients and staff members.
5	Prioritise certain groups for appointments with a particular doctor. For example, people with long term conditions or Carers.

### Phone Systems

6	Audit the distribution of telephone contact throughout the day, with a view to easing the pressure at peak times. This may result in either:  a) Encouraging patients to contact at different times during the day. b) Redistributing resources.
7	Alter telephone message to give patients an indication of how long they can expect to wait on the phone.

## Receptionists & Reception Area

8	Review the 'script' used by receptionists for booking appointments, including language used to communicate messages and ensuring solutions are offered.
9	Review mandatory training programme for reception staff to ensure it equips them with skills including excellent customer service.
10	Ensure there are clear and prominent signs in the reception area and waiting rooms to let patients know they can speak to receptionists, in private, on request.

## Communication

11	Ensure there is a simple, practical explanation of the appointment system for patients; particularly patients who are not regular users of the surgery and new patients.
12	Ensure any changes to the appointment system are fully communicated to patients, preferably in advance.
13	Ensure patients know how they can make comments and give feedback about the Practice.
14	Ensure the complaints procedure is clear and accessible to patients.

## Physical Access

15	Ensure patients mobility needs are considered where possible. e.g. in the reception area, avoid speaking to patients in wheelchairs from behind the high part of a desk.
16	Ensure patients are asked about mobility needs when making an appointment.
17	Ensure arrangements for accessing translation and interpretation (including BSL) are made clear to patients.



# Next Steps

## Next Steps

This report will be launched to the public at an event in Bishops Stortford on 24th September 2014. This will be an opportunity for patients, the public, practices and other stakeholders to discuss the findings and recommendations and how to use them to promote improvement locally. But the launch is just the beginning. We want this report to be a tool for the community that empowers people to ask for and track change. Healthwatch has asked Practices, NHS England and the CCG to agree to some actions and continue to work with us to ensure progress is made. We'll support champions from the community to help promote the report, monitor progress and give us feedback. This will allow us to measure the impact of this work.

We believe this research has relevance wider than the Stort Valley and Villages locality and we would like to see people in Hertfordshire using the report to challenge the way things work in their own areas. However, many of the findings relate to systemic challenges that can't be resolved at the local level which is why we are sharing this report with Healthwatch England and the Department of Health as evidence of the need for change.





# Appendices

# Central Surgery Recommendations

## Appointment Booking

<p>1.</p>	<p>Complete an annual audit of appointment demand, particularly ahead of extending opening hours.</p> <p>Central Surgery: Due to the complexity of our appointment system, and the fact that GPs arrange appointments not receptionists, completing an audit of demand may be more difficult for us than other practices. However, we understand the importance of tracking patient demand, and we are happy to work with Healthwatch Hertfordshire on this.</p>
<p>2.</p>	<p>Review the methods used to book an appointment to identify issues, particularly online booking.</p> <p>Central Surgery: After consulting our Patient Participation Group (PPG), we believe that more publicity is needed to improve the use of other forms of booking such as online booking and booking in person if patients wish to book this way. We agree to take action in regards to this.</p>
<p>3.</p>	<p>Review the Practice's approach to telephone consultations and promote more thoroughly.</p> <p>Central Surgery: This is not relevant to Central Surgery, as the majority of our consultations are completed through a telephone triage system.</p>
<p>4.</p>	<p>Agree and communicate protocols for booking different types of appointments (same day, within the week, within the month). This should be communicated to patients and staff members.</p> <p>Central Surgery: Most people are seen or spoken to by a doctor on the same day, whether they want a same day appointment or a routine appointment. We agree that more publicity around booking systems would help diffuse any confusion, and will take action in regards to this.</p>
<p>5.</p>	<p>Prioritise certain groups for appointments with a particular doctor. For example, people with long term conditions or Carers.</p> <p>Central Surgery: This is not relevant to Central Surgery, as patients get a choice to see or speak to a particular GP when they make an appointment.</p>

## Phone Systems

<p>6.</p>	<p>Audit the distribution of telephone contact throughout the day, with a view to easing the pressure at peak times. This may result in either:</p> <p>a) Encouraging patients to contact at different times during the day. b) Redistributing resources.</p> <p>Central Surgery:</p> <p>a) We will encourage patients to ring at different times for different appointments eg nurse HCA Flu appointments and to try and encourage patients to book online particularly for these type of appointments to alleviate the morning rush. b) We will look to try and redistribute resources within our existing constraints ie inadequate building and financial limitations</p>
<p>7.</p>	<p>Alter telephone message to give patients an indication of how long they can expect to wait on the phone.</p> <p>Central Surgery: Our telephone system does not allow this. It is not always possible to know how long it will take for a GP call back.</p>

## Receptionists & Reception Area

<p>8.</p>	<p>Review the 'script' used by receptionists for booking appointments, including language used to communicate messages and ensuring solutions are offered.</p> <p>Central Surgery: We agree to take action on this.</p>
<p>9.</p>	<p>Review mandatory training programme for reception staff to ensure it equips them with skills including excellent customer service.</p> <p>Central Surgery: We agree to take action on this.</p>
<p>10.</p>	<p>Ensure there are clear and prominent signs in the reception area and waiting rooms to let patients know they can speak to receptionists, in private, on request.</p> <p>Central Surgery: There are already signs in the reception area and waiting rooms.</p>

## Communication

11.	<p>Ensure there is a simple, practical explanation of the appointment system for patients; particularly patients who are not regular users of the surgery and new patients.</p> <p>Central Surgery: We agree to take action on this.</p>
12.	<p>Ensure any changes to the appointment system are fully communicated to patients, preferably in advance.</p> <p>Central Surgery: We have promoted upcoming changes extensively in the past via leaflets, our website and our practice booklets. We are committed to do this in the future as well.</p>
13.	<p>Ensure patients know how they can make comments and give feedback about the Practice.</p> <p>Central Surgery: This has been identified as an we will take action on.</p>
14.	<p>Ensure the complaints procedure is clear and accessible to patients.</p> <p>Central Surgery: This is made available on our website and at our reception desk.</p>

## Physical Access

15.	<p>Ensure patients mobility needs are considered where possible. e.g. in the reception area, avoid speaking to patients in wheelchairs from behind the high part of a desk.</p> <p>Central Surgery: The desks at reception have lower sections to accommodate patients who use a wheelchairs. However, we will discuss this with staff to make sure they use these sections fully and do not unintentionally speak to people in wheelchairs from behind the high sections.</p>
16.	<p>Ensure patients are asked about mobility needs when making an appointment.</p> <p>Central Surgery: All consulting rooms are on the ground floor and accommodate mobility needs. However, we agree that there may be something to consider around transport needs and trying to sync these with appointments offered. We agree to take action on this.</p>
17.	<p>Ensure arrangements for accessing translation and interpretation (including BSL) are made clear to patients.</p> <p>Central Surgery: We agree more promotion is needed around this, so that patients are aware these services are offered. We are happy to take action on this such as add this to our website and put a notice up on our notice board.</p>



# Church Street Partnership

## Recommendations

### Appointment Booking

1	<p>Complete an annual audit of appointment demand, particularly ahead of extending opening hours.</p> <p>Church Street: A manual audit will be carried out. Although this will not include data on online bookings, it will still provide a helpful snapshot of demand.</p>
2	<p>Review the methods used to book an appointment to identify issues, particularly online booking.</p> <p>Church Street: All appointments are made available online. In response to patient feedback, appointments are released at 10pm for online booking. The Practice promotes the availability of online booking and all patients who are register with the Practice are offered the opportunity to sign up for it.</p>
3	<p>Review the Practice's approach to telephone consultations and promote more thoroughly.</p> <p>Church Street: Telephone consultations are offered to patients where appropriate and the Practice will ensure this continues to happen.</p>
4	<p>Agree and communicate protocols for booking different types of appointments (same day, within the week, within the month). This should be communicated to patients and staff members.</p> <p>Church Street: Efforts have been made to ensure patients understand the appointments system. Information about the appointment system is available on the Practice website and on information sheets given out in the Practice. The way the information is presented will be reviewed to ensure it is as clear as possible for patients.</p>
5	<p>Prioritise certain groups for appointments with a particular doctor. For example, people with long term conditions or Carers.</p> <p>Church Street: Work is underway at the Practice to improve the experience for Carers, led by the Carers Champion. The Practice wants to ensure Doctors are aware which patients are carers so that they can discuss their caring role with them as part of consultations. The Practice recognises that the appointment system disadvantages some carers whose caring role means that they aren't able to phone or come in to the surgery at 8.30am. The Practice wants to identify these people so that they can be prioritised.</p>

## Phone Systems

6	<p>Audit the distribution of telephone contact throughout the day, with a view to easing the pressure at peak times. This may result in either:</p> <p>a) Encouraging patients to contact at different times during the day. b) Redistributing resources.</p> <p>Church Street: A manual audit will be carried out to better understand demand. The Practice has limited flexibility to redistribute resources because it serves three sites which must all have reception cover during opening hours.</p>
7	<p>Alter telephone message to give patients an indication of how long they can expect to wait on the phone.</p> <p>Church Street: In response to patient feedback telephone messages have been changed recently to provide more useful information. The Practice is exploring the introduction of a queuing system which would let the caller know their queue position. Technical issues arising from the fact that there are three sites have delayed progress, but this is still being actively pursued.</p>

## Receptionists & Reception Area

8	<p>Review the 'script' used by receptionists for booking appointments, including language used to communicate messages and ensuring solutions are offered.</p> <p>Church Street: The Practice recognises the importance of this and has made changes recently to ensure that the offer is explained clearly to patients. Describing the different appointment options in a way that patients can understand so that they can choose the most suitable options is something that the Practice team are continuing to work on.</p>
9	<p>Review mandatory training programme for reception staff to ensure it equips them with skills including excellent customer service.</p> <p>Church Street: The Practice recognises the importance of reception staff and is pleased to see many positive comments about the reception team. Regular training and refreshers are provided for the team and the Practice will ensure this continues.</p>
10	<p>Ensure there are clear and prominent signs in the reception area and waiting rooms to let patients know they can speak to receptionists, in private, on request.</p> <p>Church Street: In response to patient feedback the Practice has recently introduced a sign which asks people to stand back from the reception desk so that conversations between patients and receptionists are less likely to be overheard. Patients can ask to speak to a receptionist privately and receptionists take external calls in another room where they cannot be overheard by other patients.</p>

## Communication

11	<p>Ensure there is a simple, practical explanation of the appointment system for patients; particularly patients who are not regular users of the surgery and new patients.</p> <p>Church Street: In response to patient feedback an information sheet about the appointment system has been produced and the information on the website improved and made more prominent. This will be reviewed to see if it can be made clearer for patients.</p>
12	<p>Ensure any changes to the appointment system are fully communicated to patients, preferably in advance.</p> <p>Church Street: The Practice makes every effort to ensure that changes are communicated, including putting up signs in the waiting room, updating the website and explaining things to patients in person. The Practice is considering asking patients to provide and email address so that it is easier to get messages out to some of the patient population.</p>
13	<p>Ensure patients know how they can make comments and give feedback about the Practice.</p> <p>Church Street: The Practice values patient feedback and is considering the introduction of a comments and suggestions box so that it is easier for patients to give their views and for the Practice to understand what is most important for patients.</p>
14	<p>Ensure the complaints procedure is clear and accessible to patients.</p> <p>Church Street: The complaints policy and procedure is on the Practice website and there are signs in the waiting room with information about how to make a complaint.</p>

## Physical Access

15.	<p>Ensure patients mobility needs are considered where possible. e.g. in the reception area, avoid speaking to patients in wheelchairs from behind the high part of a desk.</p> <p>Church Street: Patients with mobility needs are flagged on the systems and receptionists always ensure their consultation is in a suitable room. Major changes to improve accessibility are limited by the layout of the buildings.</p>
16	<p>Ensure patients are asked about mobility needs when making an appointment.</p> <p>Church Street: Same as above</p>
17	<p>Ensure arrangements for accessing translation and interpretation (including BSL) are made clear to patients.</p> <p>Church Street: Translation and interpretation is promoted within the surgery and offered to patients who require it. The Practice will review how this is done and consider stronger promotion.</p>

# Much Hadham Health Centre

## Response to Recommendations

### Appointment Booking

1	<p>Complete an annual audit of appointment demand, particularly ahead of extending opening hours.</p> <p>Much Hadham: An administrator regularly checks appointment demand, and amends surgeries accordingly. We will continue to offer appointments on the day, both urgent and after 2pm, two day, four day, and up to two month in advance.</p>
2	<p>Review the methods used to book an appointment to identify issues, particularly online booking.</p> <p>Much Hadham: Need to advertise online more.</p>
3	<p>Review the Practice's approach to telephone consultations and promote more thoroughly.</p> <p>Much Hadham: The GP is advised via software message when patients request this.</p>
4	<p>Agree and communicate protocols for booking different types of appointments (same day, within the week, within the month). This should be communicated to patients and staff members.</p> <p>Much Hadham: Add types of appointments to website. Posters and info sheets in the waiting room.</p>
5	<p>Prioritise certain groups for appointments with a particular doctor. For example, people with long term conditions or Carers.</p> <p>Much Hadham: An alert is added to clinical records that pop up when patient is called up.</p>

## Phone Systems

6	<p>Audit the distribution of telephone contact throughout the day, with a view to easing the pressure at peak times. This may result in either:</p> <p>a) Encouraging patients to contact at different times during the day. b) Redistributing resources.</p> <p>Much Hadham: There is a message on the phone as it answers, advising patients to call after 10am if non urgent appointments or results are being requested.</p>
7	<p>Alter telephone message to give patients an indication of how long they can expect to wait on the phone.</p> <p>Much Hadham: Reception to wait to hear if patient can wait; reception to clarify if it's urgent or if the surgery can ring back.</p>

## Receptionists & Reception Area

8	<p>Review the 'script' used by receptionists for booking appointments, including language used to communicate messages and ensuring solutions are offered.</p> <p>Much Hadham: Staff are currently undergoing communication training.</p>
9	<p>Review mandatory training programme for reception staff to ensure it equips them with skills including excellent customer service.</p> <p>Much Hadham: Staff are currently undergoing communication training.</p>
10	<p>Ensure there are clear and prominent signs in the reception area and waiting rooms to let patients know they can speak to receptionists, in private, on request.</p> <p>Much Hadham: Check notices are still showing explaining if private discussion wanted.</p>

## Communication

11	<p>Ensure there is a simple, practical explanation of the appointment system for patients; particularly patients who are not regular users of the surgery and new patients.</p> <p>Much Hadham: This is available via leaflets/posters/website.</p>
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12	<p>Ensure any changes to the appointment system are fully communicated to patients, preferably in advance.</p> <p>Much Hadham: Staff would explain this to patients. Additionally employ the use of posters and website.</p>
13	<p>Ensure patients know how they can make comments and give feedback about the Practice.</p> <p>Much Hadham: We have a comment box by the main entrance, and encourage feedback via our website and posters.</p>
14	<p>Ensure the complaints procedure is clear and accessible to patients.</p> <p>Much Hadham: Clear posters outlining the process, as well as information on the website as well.</p>

### Physical Access

15.	<p>Ensure patients mobility needs are considered where possible. e.g. in the reception area, avoid speaking to patients in wheelchairs from behind the high part of a desk.</p> <p>Much Hadham: Desk height is not excessive and is not a problem. Additional facilities:</p> <ul style="list-style-type: none"> <li>- Wheelchair Access</li> <li>- Electronic Doors</li> <li>- Disabled toilets</li> </ul>
16	<p>Ensure patients are asked about mobility needs when making an appointment.</p> <p>Much Hadham: Not needed due to above.</p>
17	<p>Ensure arrangements for accessing translation and interpretation (including BSL) are made clear to patients.</p> <p>Much Hadham: There is a translation service available.</p>

# Parsonage Surgery

## Response to Recommendations

### Appointment Booking

1	<p>Complete an annual audit of appointment demand, particularly ahead of extending opening hours.</p> <p>Parsonage Surgery: A GP appointed to start end September 2014. Therefore, from this date we will be able to offer more appointments a.m. and p.m.</p>
2	<p>Review the methods used to book an appointment to identify issues, particularly online booking.</p> <p>Parsonage Surgery: Have added Healthcare Assistant to SystemOnline for extra appointments</p>
3	<p>Review the Practice's approach to telephone consultations and promote more thoroughly.</p> <p>Parsonage Surgery: GP has added specific slots for telephone consults at end of certain clinics.</p>
4	<p>Agree and communicate protocols for booking different types of appointments (same day, within the week, within the month). This should be communicated to patients and staff members.</p> <p>Parsonage Surgery: Staff meeting set up to clarify protocols and will work on adding information to new website to be launched as soon as possible.</p>
5	<p>Prioritise certain groups for appointments with a particular doctor. For example, people with long term conditions or Carers.</p> <p>Parsonage Surgery: Appointment slots being confirmed going forward.</p>

### Phone Systems

6	<p>Audit the distribution of telephone contact throughout the day, with a view to easing the pressure at peak times. This may result in either:</p> <p>a) Encouraging patients to contact at different times during the day. b) Redistributing resources.</p> <p>Parsonage Surgery:</p>
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	a)spoken with PPG and clarified that we will endeavour to add information to website & advise receptionists to request patients with non-urgent requests to call after the busy a.m. period.
7	Alter telephone message to give patients an indication of how long they can expect to wait on the phone.  Parsonage Surgery: PPG was previously consulted in relation to this & the findings were that patients preferred to hear an engaged tone, rather than being on hold for an undetermined timescale whilst paying for a call.

### Receptionists & Reception Area

8	Review the 'script' used by receptionists for booking appointments, including language used to communicate messages and ensuring solutions are offered.  Parsonage Surgery: Script in place, but will revisit with staff.
9	Review mandatory training programme for reception staff to ensure it equips them with skills including excellent customer service.  Parsonage Surgery: Mandatory training in place for all staff throughout the year.
10	Ensure there are clear and prominent signs in the reception area and waiting rooms to let patients know they can speak to receptionists, in private, on request.  Parsonage Surgery: Clear laminated signs x2 already on reception desk and reception staff advised to show sign if patients are struggling to explain or request to be seen in private area.

### Communication

11	Ensure there is a simple, practical explanation of the appointment system for patients; particularly patients who are not regular users of the surgery and new patients.  Parsonage Surgery: Appointment system is explained to all new patients registering, we will also update our new website to clarify.
12	Ensure any changes to the appointment system are fully communicated to patients, preferably in advance.  Parsonage Surgery: Staff to explain & website will clarify.

13	<p>Ensure patients know how they can make comments and give feedback about the Practice.</p> <p>Parsonage Surgery: Comments box prominent on reception desk and staff can advise patients if request made directly- will also add detail to website.</p>
14	<p>Ensure patients mobility needs are considered where possible. e.g. in the reception area, avoid speaking to patients in wheelchairs from behind the high part of a desk.</p> <p>Response missing.</p>

### Physical Access

15.	<p>Ensure patients mobility needs are considered where possible. e.g. in the reception area, avoid speaking to patients in wheelchairs from behind the high part of a desk.</p> <p>Parsonage Surgery: To be discussed in staff meeting to update staff</p>
16	<p>Ensure patients are asked about mobility needs when making an appointment.</p> <p>Parsonage Surgery: To be discussed in staff meeting to update staff</p>
17	<p>Ensure arrangements for accessing translation and interpretation (including BSL) are made clear to patients.</p> <p>Parsonage Surgery: To be discussed in staff meeting to update staff &amp; requests followed up by Secretaries</p>

# South Street Surgery

## Response to Recommendations

### Appointment Booking

South Street:

We monitor our available appointment numbers regularly and have completed demand data collections in the past looking at requests for different types of appointments and requests for different clinicians. We will be repeating this in the next few months. We note you mentioned extended opening in your first recommendation. As for many practices locally and nationally increasing opening hours is not possible within current resources without spreading resources more thinly during current hours. Any extension of hours may have to have a joint solution among all local practices.

On-line booking has been available at South Street for a number of years. Our website is currently being reviewed by a subcommittee of our patient group. They are looking at how easy it is to navigate and book appointments and their feedback will be used to develop changes. We will then promote this option for appointment booking further.

You recommend prioritising certain groups for appointments with a particular doctor. We have currently allocated all over 75s a named GP. We have decided as a practice to gradually roll this out to all age groups to improve continuity especially when patients have ongoing chronic conditions. We have a number of GPs who only work a few sessions a week and if they are popular it is not possible for all the patients who want to see them to have an appointment.

Our sit and wait clinics are under regular review and in July we made some changes in response to feedback. We now have the option of sit and wait or minor illness appointments on the day. If a patient has an on the day need for an appointment they can either sit and wait or if their problem is on the minor illness list of problems they can have a timed minor illness appointment. Most common childhood problems are on this list and many parents now seem to prefer this option. The patient just need to say if the problem is on the list they do not need to tell the receptionist what the problem is.

### Phone Systems

South Street:

We have moved back to a 01279 number this year as patients advised us they would prefer this. Our phone system allows us to monitor numbers of calls across the day so we will review this data. We already have a separate number for results which patients can call during the afternoon. In the morning our results administrator calls patients with urgent results so that they do not need to call in. We are looking at enabling a text service which

would allow us to text patient's results. We have looked at messages on the phone with wait times and have sought feedback from our patient group in the past this may be something we can review again once we have looked at average waiting time data.

### Receptionists & Reception Area

South Street:

Our receptionists have had some specific training in recent months linked to the Productive General Practice project we have been carrying out.

Patients can speak to receptionists in a corner of the reception desk area but unfortunately our current surgeries provide some obstacles in terms of their design to make it possible to provide a completely private area. The same applies to wheelchair users as both surgeries have a high desk and if the receptionist comes round from the desk she cannot see the computer screen to enable her to deal with the patients issues. Mobility needs are generally discussed when making an appointment but at South Street we only have 2 downstairs rooms and on some days the midwife uses this leaving us with only one room. If there is a patient who needs to be seen downstairs then sometimes the patient needs to wait until this room is available. We have been trying to move to more suitable premises for many years where we could better provide for these patients, we are currently working with the CCG on a proposal and hope that we will then be able to deliver services from more suitable premises in the future.

### Communication

South Street:

We do provide leaflets and explanations of systems but this is something that can be reviewed and improved. Our patient group have just produced a leaflet which is due to be printed soon a focus of this newsletter is asking for feedback about specific issues. We will also be having a suggestion box for comments to go back to the group as some patients may feel more comfortable feeding back to the patient group than directly to the practice.

## Physical Access

Ensure the needs of patients who use wheelchairs are considered in the reception area e.g. avoid speaking to the patient from behind a high desk.

Please refer to content under the receptionist and reception area.

[Name of Surgery]

Staff	
Number of GPs	
Actual Doctors (full time equivalent)	
Number of nurses	
Number of Nurse Practitioners	
Number of Healthcare Assistants	
Number of Administrators/Receptionists	
Patients	
Total number of patients	
Number of Patients aged 75+	
Appointments	
Surgery hours	
Number of GP appointments available each day (advance and urgent)	
Length of an appointment	
Booking Arrangements for same day Appointments/Urgent Appointments	
Booking arrangements for advance appointments	
What other clinics/services are provided?	

Can patients book appointments online?	
Is computerised check-in Available? (yes/no)	
What is the appointment protocol for Patients who want to see their own GP?	
What is the appointment protocol for Carers? (if any)	
What is the appointment protocol for people with long term health conditions?	
Is there a premium or local charge to phone the surgery?	
Are Home Visits Available?	
Are Telephone Consultations Available?	
What is the protocol for patients arriving late for appointments	
Protocol for repeat prescriptions e.g. is an online service available	
Number of patients failing to attend appointments in the last month	
<b>Physical access</b>	
Is there free car parking at the surgery?	
What facilities are available to allow disabled people to access the surgery?	
Is interpretation provided if required?	
<b>Patient involvement</b>	
Does the Surgery have Patient Participation Group?	

How does the Practice link with the PPG? E.g. is the practice manager/a partner on the group?	



Q1. When was the last time you contacted your GP Surgery for an appointment?

- Within the last month
- 1-3 months ago
- 3-6 months ago
- 6 months to a year ago
- Over a year ago

Q.2a. When you last contacted your surgery to book an appointment, when did you want it for?

- The same day
- The next day
- within the week
- in 2 weeks' time
- in 3 weeks' time
- The following month
- Other, please specify: \_\_\_\_\_

b) And, when was an appointment offered?

- The same day
- The next day
- within the week
- in 2 weeks' time
- in 3 weeks' time
- The following month
- None offered, I went to "sit & wait"/offered sit & wait
- Other, please specify: \_\_\_\_\_

c) Was this suitable for you? If yes, skip to Q.3.

- Yes
- No

d) If not, why was it not suitable for you?

- The Day
- The Time
- It was not with a GP
- It was not with the GP you wanted
- It was not with a Nurse
- Other. Please specify: \_\_\_\_\_

e) What did you do on this occasion?

- Went to appointment that was offered
- Rang 111
- Saw a Pharmacist
- Didn't see or speak to anyone
- Went to "Sit & Wait"
- Visited a Walk in Centre
- Went to A&E
- Had a phone consultation
- Decided to call back my surgery another time

f) Did this resolve the issue? If yes, skip to Question 3.

- Yes
- No
- Not Sure

g) If not, why? Please comment: \_\_\_\_\_

Q.3a. What time of the day do you usually prefer your appointments to be?

- 07:00-8:00
- 8:00-12:00
- 12:00-15:00
- 15:00-18:30
- 18:30-20:00
- I don't mind

Q.3b. What time of the day was your last appointment?

- 07:00-08:00
- 8:00-12:00
- 12:00-15:00
- 15:00-18:00
- 18:30-20:00
- I can't remember

Q.4a. What method did you use to book your last appointment?

- Went in person
- Phoned the surgery
- Booked Online
- Other. Please specify: \_\_\_\_\_

Q.4b. Is this your preferred method for booking appointments?

- Yes
- No

Q4c. Please Comment on why/why not: \_\_\_\_\_  
\_\_\_\_\_

Q.5. When you last phoned your GP surgery, how long did it take to get through to someone who could help you?

- Immediately-within a minute    1-5 mins    5-10 mins    10-20 mins    Over 20 mins  
 Gave up before I could get through to anyone, please comment: \_\_\_\_\_  
 I've never phoned

Q.6a. Is it particularly difficult to get through to your surgery at a particular part of the day? If no skip to Q.7

- Yes    No    I don't know

Q.6b. If yes. What time?

- 08:00- 10:00    10:00 – 12:30    12:30-14:30    14:30-16:30  
 16:30-18:30    18:30-20:00

Q.7. Do the receptionists at your GP surgery give you the information you need in a friendly manner?

- Yes    No    Sometimes

Q.8a. In the reception area, can other patients overhear what you say to receptionists? If no skip to Q.9.

- Yes    No    I don't know

Q.8b. If yes, do you mind?

- Yes    No    Sometimes

Q.9a. Is there a particular GP you prefer to see or speak to? If no skip to Q.10.

- Yes    No

Q.9b. If yes, why is this? (please comment): \_\_\_\_\_  
\_\_\_\_\_

Q.9c. Would you see a different GP if you needed an appointment sooner?

- Yes    No    I'm not sure/it depends on the urgency

Q.10.

Can you give an example of one thing your surgery does well?	What is the one thing your surgery could improve?

Q.11.What is the name of the GP Surgery you are registered with?

- Central Surgery    Church Street Partnership    Much Hadham HC    Parsonage Surgery  
 South Street Surgery    Other (please specify)

Q.12. How old are you?

- Under 16    16 -65    Over 65    Unknown/Prefer not to say

Q.13.What is your gender?

- Male    Female    Transgender    Prefer not to say

Q.14.Do you have children under 16 living with you?

- Yes    No    Prefer not to say

Q.15. Do you consider yourself to have a disability or long term health condition?

- Yes    No    Prefer not to say





## Healthwatch Hertfordshire

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