



# How do I register?

A mystery shop of Croydon

GPs on registration

March 2019

## Findings in brief

**Average waiting time:**  
2 minutes 34 seconds  
with 36 surgeries  
picking up earlier than  
this.

**Staff attitude was**  
positive at 68% of  
practices - just 8% of  
practices were seen as  
negative.

**Staff helpfulness**  
was positive at 70% of  
practices - just 9% were  
negative.

**Just 15% of GPs gave**  
accurate registration  
information where no  
ID or address is  
requested.

**58% of GPs gave**  
consistent registration  
information between  
phone and website.

**18% did not have**  
information on  
registration or did  
not have a website.

# Recommendations in brief

## No ID needed:

GPs should register people without ID or address in line with Primary Care contract

## Use NHS standard information:

GPs could use registration information from the NHS website.

## Adopt the GMS1 form as standard:

This ensures all relevant data is received from patient at the start.

## Offer practice address to register:

GPs should use practice address for those with temporary or no fixed address.

## Dedicated staff and phone lines:

This will improve patient experience and also support staff to do their best.

## Focus on the 'service' aspect:

GPs could apply customer service training to improve patient experience.

# Executive Summary

Registering at your GP is crucial to ensuring that patients can get access to health services. Unfortunately, there seems to be barriers to registration concerning information on registration processes. This means people cannot gain access to services they need and are more likely to end up in accident and emergency departments where they know they will be seen.

It also affects the health economy, as thousands of unregistered patients seeking services usually in urgent care and accident and emergency settings can cost providers significant income. Last year, Croydon Health Services NHS Trust lost £1m due to unregistered patients using services. Registration numbers also help define how much money Croydon's health and social care services can get in terms of funding from central government so it is important that all who can register.

Our research comprised of a simple mystery shopping exercise. Our staff and volunteers rang up every one of Croydon's 57 GP practices three times over a five-week period in November to December 2018 to ask one question:

**“How do I register with your practice?”**

We assessed the response in terms of waiting time to pick up (how long it took to speak to a person not connected to a number), staff attitude, staff helpfulness and accuracy in line with the standards of the NHS Primary Care contract that states that anyone can register without a request for identification, and in the case of homeless people, without an address or formal identification.

## **These are our findings:**

**Waiting times:** The average waiting time was 2 minutes and 34 seconds, with 36 surgeries below this time, and 21 above this time. However, there were two which after a hold time of 11 minutes.

**Staff attitude and helpfulness:** 68% of practice's attitude was positive and just 8% of practices were negative, and with helpfulness 70% of practices were seen as helpful and 9% of practices were unhelpful.

**Accuracy:** 77% of practice's did not give the national standard information that they could just fill in a form without any identification. Just eight practices (15%) did give the correct information.

**Websites:** While 58% found themselves consistent with what they said on the phone, only 7% had placed accurate information on their websites. 18% did not have a website or any information on registration that you can access.

**These are our recommendations linked to provider and commissioner:**

Based on our findings we make the following recommendations for the Croydon Clinical Commissioning Group (CCG) and GP Collaborative (GPC).

- **No ID needed:** GPs should meet national standard as defined in the Primary Care Contract in registering people without any ID.
- **Use NHS standard information:** GPs should make the process of registering easier, applying the well-written and clear information as shown on NHS website to their own websites.
- **Use GMS1 as the standard form:** While they might want to know more, this consistency ensures all relevant data is received.
- **Offer practice address:** GPs should clearly show that people with temporary or no fixed address can register under their GPs practice address.
- **Focus on the 'service' aspect:** It is after all the National Health Service. Practices that have applied customer service principles service industries register better patient experience.
- **Dedicated staff and phone lines:** By placing dedicated phone lines with staff specially trained for call answering, waiting times on the phone will be reduced and positive patient experience will increase. Staff will feel supported too.

A response from NHS Croydon Clinical Commissioning Group is shown in section 4.

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# 1 Background

## 1.1 Context

### About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to your voice. From improving services today to helping shape better ones for tomorrow, we listen to your views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

### National level - Registration

As part of the Primary Care contract that every GP practice has to agree to, it states that any person can be registered irrespective of their circumstances, including without an address or the need to provide any identification

Recent General Data Protection Regulation legislation also considered how private information is being gathered and used.

On the NHS website on registration, it clearly states how to register, see <https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>

Patient registration can also affect how much money Croydon gets to deliver services. If the numbers are not reflective of true demand, there is less money to be spent on services. GP registration number are also used to plan future demand not just for health services but also for council services as well. They need to accurately represent.

This is all the more relevant with the introduction of Integrated Primary Care Networks, where groups of GPs in specific localities will design services to meet

those neighbourhood needs. Each of these will be defined by the number of registered patients, and reflect how much resource will be available to spend.

### Local level:

Within Croydon, we found this to be an issue amongst those who were homeless. When we published research on the experiences of homeless, February 2018<sup>1</sup>, and street homeless July 2018<sup>2</sup>, we found that street homeless were unable to gain access to services they need such as mental health services, because they were not registered with a GP. In some cases, some GPs refused to register homeless people, which is against the Primary Care Contract they signed up to.

The impact of non-registration affects the patient significantly, but also the health economy too, as those unregistered are more likely to use services such as urgent care and accident and emergency as their first service. Some also may arrive in crisis, costing the service more as well as bring significant negative experience to the patient.

At the Croydon Health Services NHS Trust AGM in 2018, it was mentioned that the cost of unregistered patients using their services was £1m.

It is therefore important that everyone who needs access to health services, irrespective of situation or background, is registered with a GP.

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<sup>1</sup> <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2018/06/Healthwatch-Croydon-The-Experiences-of-Homeless-People-using-Health-Services-in-Croydon-February-2018.pdf>

<sup>2</sup> <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2018/07/Street-Homeless-experience-of-health-services-in-Croydon-June-2018.pdf>



## 1.2 Rationale and Methodology

We wanted to gain insight into the experience of trying to register as a new patient in Croydon. A simple mystery shopping exercise, would reflect the experience and would also see differences in services across the network.

Unlike hospitals which are the responsibility of the state, GPs take NHS contracts, but are run privately-run practices. Therefore, no two practices, organise and deliver their services in exactly the same way. As long as they deliver services according to the Primary Care contract, the way they do it is defined by the partners and practice managers. This can allow for differentiation between one practice and another.

However, from the customer's perspective, they should receive a constant and effective service irrespective of which practice they go to.

## 1.3 Method

Our research comprised of a simple mystery shopping exercise. Our staff and volunteers rang up every one of Croydon's 57 GP practices, three times over a five-week period in November to December 2018 to ask one question: "How do I register with your practice?"

Each of the three calls to each surgery was made at varying times on a different day to allow for changes in staff and pressure times.

We assessed the response in terms of waiting time to pick up, staff attitude, staff helpfulness and accuracy in line with the standards of the NHS Primary Care contract that states that anyone can registered without a request for identification, and in the case of homeless people, without an address or ID.

### Thank you

We also thank our Healthwatch volunteers who supported the staff team in collating and analysing the data: Making the calls - Olaide Hamed, Carole Hembest, Michael Hembest, James Kotei, Brenda Namabo, Megan Nash and Tariq Salim; Analysis - Ruth Busia, Megan Nash and Beatrice Owusu-Amankrah.

## Limits of the insight

As with any mystery shop, this is a snapshot on the days we called. We managed the issue by deciding to call three times, each on a different day and time. The aim is to ensure we had consistency in terms of what question we asked, the time it took to speak to someone, and the recording of answers. This were checked carefully

We could only ring three times. In some cases, we could not get through after 11 minutes and so we have no idea what the experience or information given would be like, but these instances were few. The fact we could not connect for a call shows a barrier in itself.

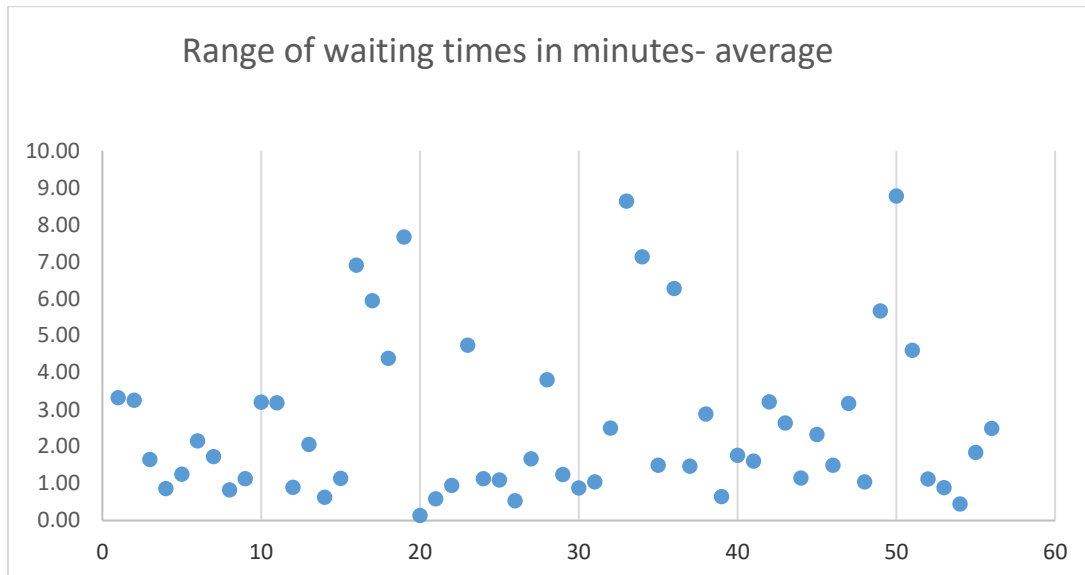
In defining trends, we set our own standards across three calls. Three of the same experience was 'all positive/negative', two of one, was 'mostly positive' and if it was mixed, it was defined as such. There were some places where we did not get data and this is recorded.

In terms of accuracy, we set against the high standard of the Primary Care contract that anyone can be registered without ID or address. So even though the staff may have been professional, helpful and supportive, if they mentioned ID or address proof, it was recorded as not accurate.

Likewise, website assessment was based on the day we looked in December 2018 and so may have been updated since then.

## 2 Insight results

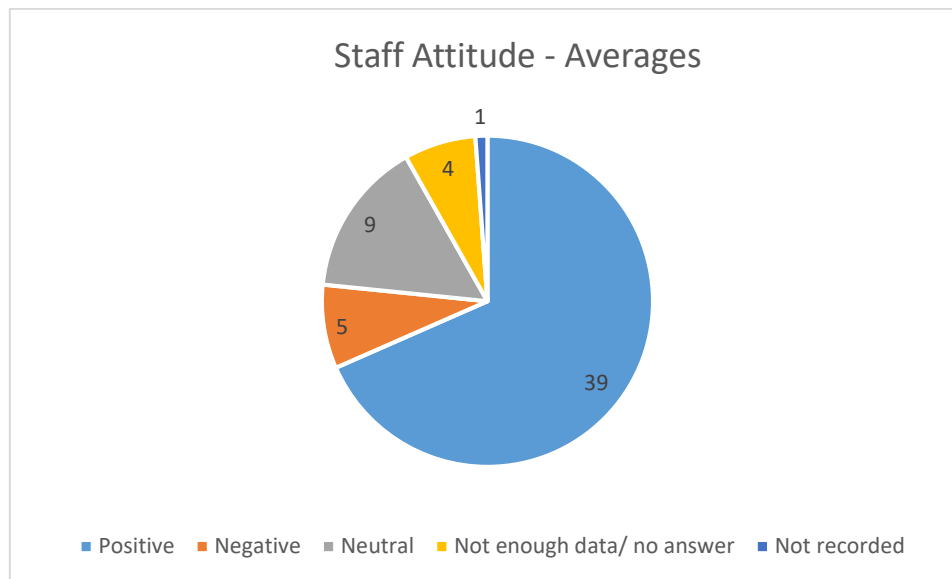
### 2.1 How long did it take to speak to a receptionist?



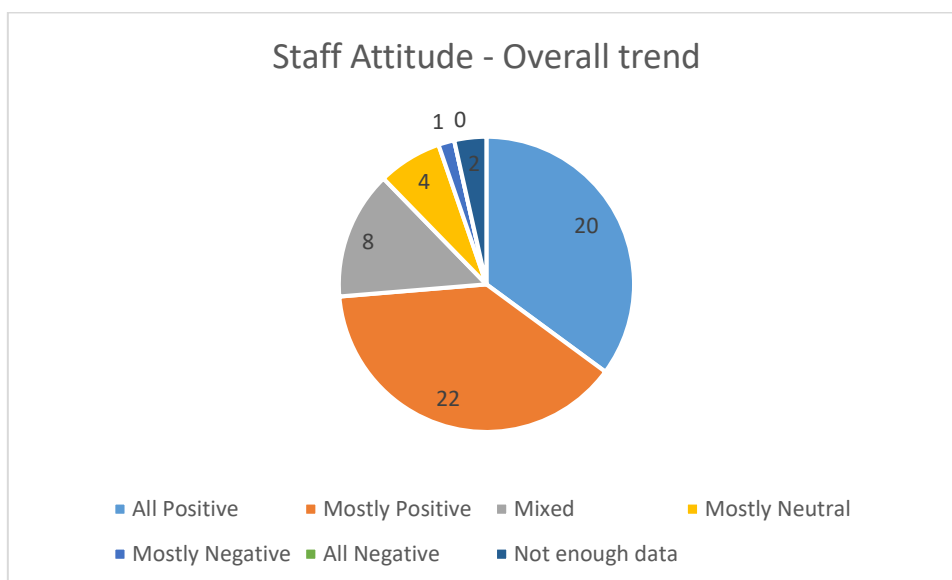
The average time that our mystery shopper had to wait for the call to be picked up was 2.55 minutes equalling 2 minutes and 34 seconds, with 36 surgeries below this time, and 21 above this time.

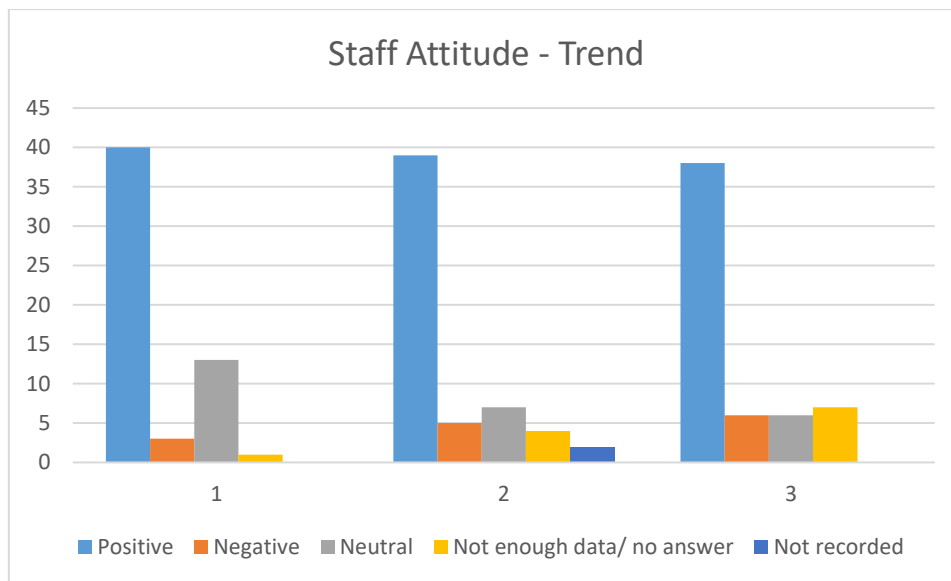
However, there were two which we did not pick up after 11 minutes.

## 2.2 What was the attitude of the staff when enquiring about registration?



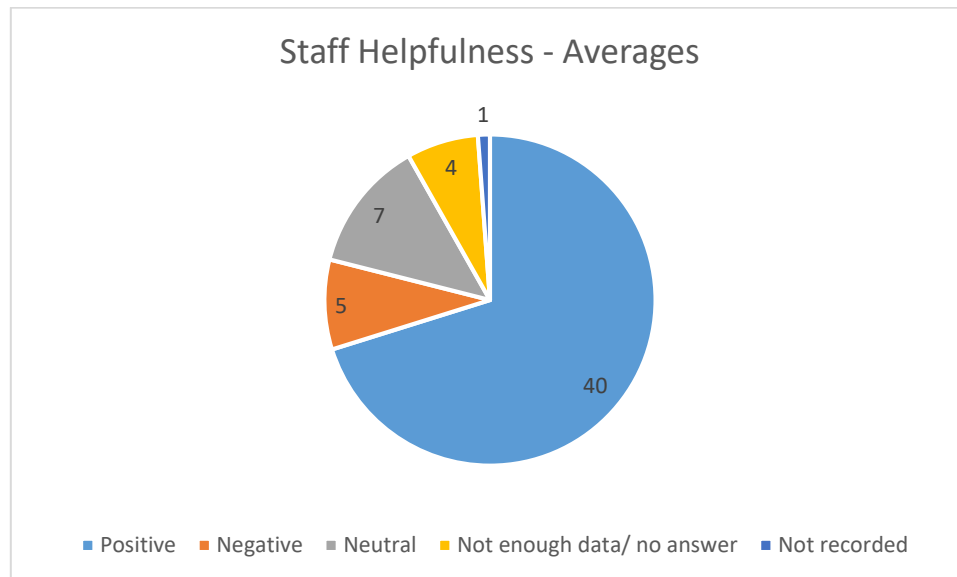
When mystery shoppers asked about registering at their practice, 68% of practice's attitude was positive and just 8% of practices were negative. On the trend across the calls, 35% were positive every time, with a further 39% mostly positive, (positive two times). Only one surgery was mostly negative (two times) and none was negative all the time, with 7% we could not get to speak to as we could not get through.



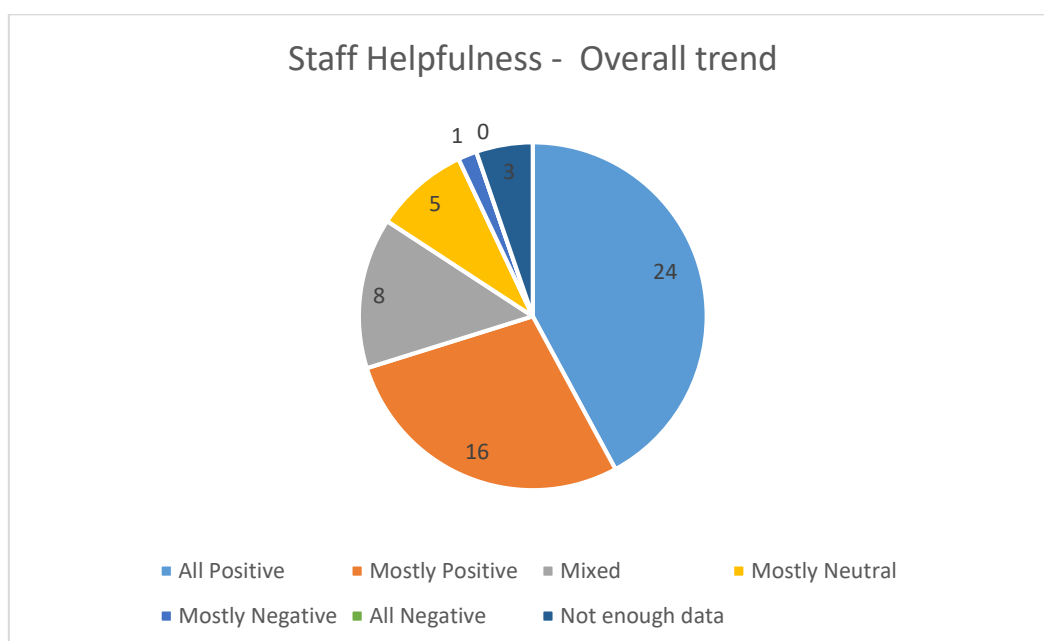


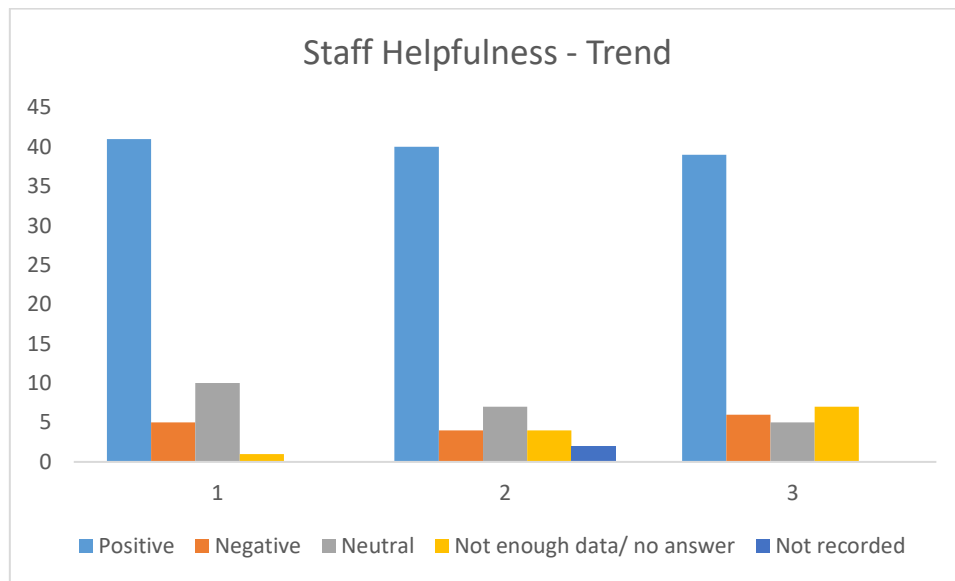
The trend across the three calls shows a consistent number scored positively for staff attitude.

## 2.3 How helpful was the staff when asking about registration?



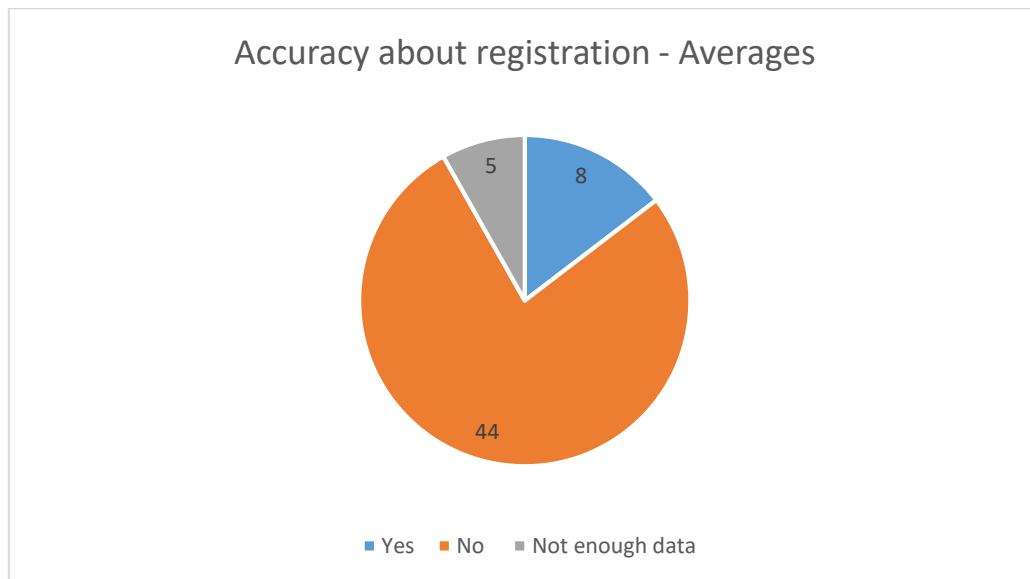
When mystery shoppers asked about registering at their practice, 70% of practice were helpful and 9% of practices were unhelpful, with 13% neutral. On the trend, across the calls, 42% were helpful every time, with a further 28% mostly helpful, (helpful two times). Only one surgery was mostly unhelpful (two times) and none was unhelpful all the time, with 7% we could not get to speak to as we could not get through.



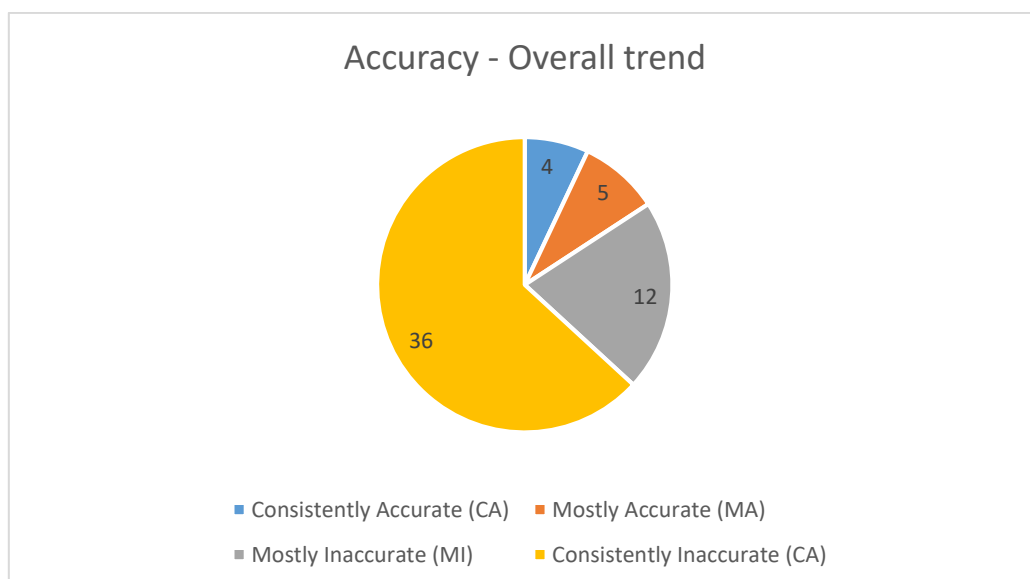


Again, the trend across the three calls shows a consistent number scored positively for staff attitude.

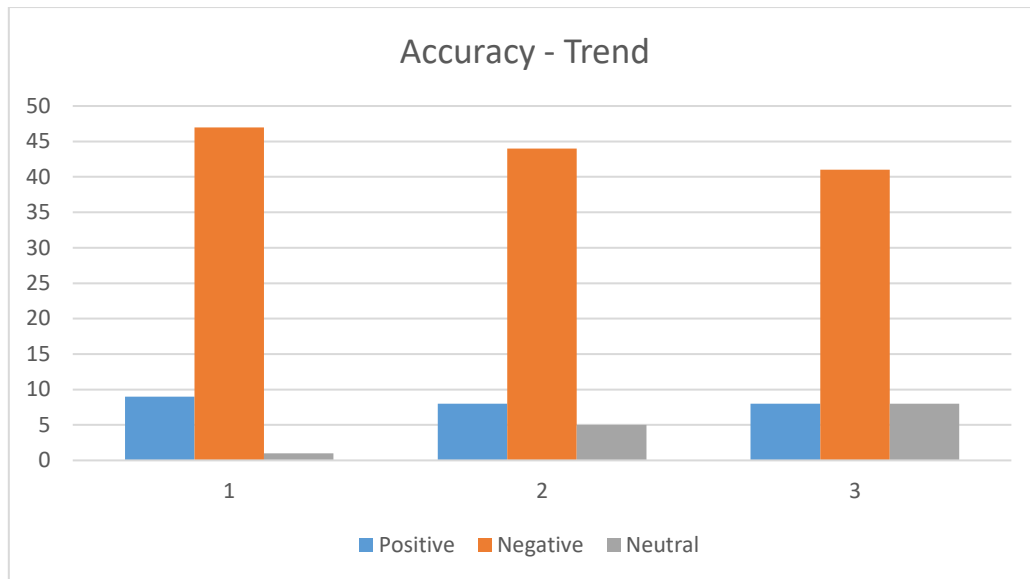
## 2.4 How accurate was the information given on registration?



However, when mystery shoppers asked about registering at their practice, 77% of practice's did not give the national standard information that they could just fill in a form without any identification. Just eight practices (15%) did give the correct information. On the trend across the rounds of calls, just 4 surgeries (7%) were consistently accurate, and 5 surgeries (9%), mostly accurate two times. 63% were consistently inaccurate (inaccurate every time), and 21% mostly inaccurate (inaccurate on two occasions).







Again, in terms of numbers across the calls the trend was consistent, with slightly higher of those who we could not get data for.

## 2.5 Good practice - a selection of responses:

These are examples of good practice, where GP practices but no barriers in terms of registration. All of these are in line with the Primary Care contract that each GPs sign up to.

“Just come in and get a form at the surgery.”

“Pop in - application form, can use any surgery. NO ID, just bring yourself. Takes 48 hours to be put on the system, can still book an appointment.”

“Come and get registration pack.”

“Come in, name and address. Homeless? Just come in.”

“Registration form.”

“If homeless, should have a card/note to say that they're homeless.”

“Come in, name and address. Homeless? Just come in.”

“Pick up the registration form, have health check with the nurse.”

“Meet and greet, after 11am pop in.”

“Come in to collect the form, if no proof staff says she will query it for me when I come down to the surgery.” (She's helpful).”

“Pick up the registration form, have health check with the nurse.”

## 2.6 Below standard practice - a selection of responses:

This list shows responses we received highlighting barriers in terms of ID requirement, area consideration or exclusion based on circumstance, such as not being digitally connected or homeless. All of these are in contradiction of the Primary Care contract that each practice signs up to.

### ID requirement

“Come to surgery. Bring two forms of ID ie personal, passport, proof of address.”

“Form to collect from surgery. Need proof of address. Need proof of ID, passport, driving licence, bank statement, utility.”

“We ask for proof of address, bill, bank statement, driving licence. If I have children, they need proof of immunization. The prefer to register the whole family in the surgery.”

“Fill in a form (10-4) two proofs of ID, bill within 6 months. Photo ID.” (Put back on hold mid-sentence).”

“Download the forms or collect at reception. Two types of ID, photo and proof of address.”

“NHS No. passport, proof of ID, you need something to show your identity”

“Proof of address, proof of ID, form to fill out. 7 Days unto system.”

“Come in at 1:30. ID- passport, driving license, address- utility bill, bank statement.”

“Bring NHS no. Photo ID/utility Bill, will take 3-4 weeks as they are changing their system.”

“Need proof of address, ID, if no proof of address we don’t register you, no one will register you without proof of address.”

“Come in and complete the form. You need proof of address i.e. tenancy agreement, birth certificate or Photo ID.”

“3 IDs, picture with bill etc. Passport or driving licence, some ID necessary. No registration otherwise.”

## Area requirement

“Need to be your area, I.D. proof of address, bank statement. If you are not in this area you cannot register.”

“Need to be in borough. Photo ID, Utility bills, Bank statement.”

“You need to be in this postcode.”

“Have a meeting with the doctor then I can have a form. Only if you live in the area.”

“Catchment area, “Oh my God”. Photo ID, collect forms, proof of address. All right we’ll register you.”

“Can’t give information unless you are living within the catchment area.”

“Come in. In area.” (Would not give information without postcode).

“Asked for DOB then I had to have meeting with the GP. Advised that this is <<a specific location in Croydon>> and there are other surgeries in Croydon.”

“The receptionist said that if one doesn’t live within the area, they can’t register. She asked for the area where I live, I just hung up. She sounded very rude.”

“Registration form, driving licence, passport, proof of address, photo ID (If you don’t have DL or passport). Must be with catchment area. Homeless- not sure of what to do if the person is homeless.” (The receptionist was polite and helpful. She didn’t rush through the call).”

“If you are in catchment, collect forms, two IDs. If you don’t have stuff there are ways. But no one to check. Call back on Monday, Manager will be in then.”

“Zero tolerance policy. States they will terminate the call. In catchment area., proof of address if you have it. Bank statement less than 3 months, passport clarify your name, under16 birth certificate, re passport: can’t refuse but have to make sure you register right name. not essential, take 48 hours to process.”

“Don’t cover Croydon, only if you live in <<specific location in>>.”

“Need a postcode before they can talk to me.”

## Barriers due to circumstance

“Not taking any more patients.”

“Call dropped after 30 seconds, 3 times.”

“No patients at the moment. Maybe call back in a month.”

“Registration at surgery. Proof of ID, passport, utility, proof of address.  
Don't register homeless people.”

“Use online, homeless still use online.”

“Online. Go online, don't know how to register if you are homeless.”

“Not taking registration at the moment but you can go to your local  
chemist.”

“Asked a lot of questions about where I was but, in the end, told me to go  
to a nearby pharmacy who would advise me.”

“Personally, not taking registrations.”

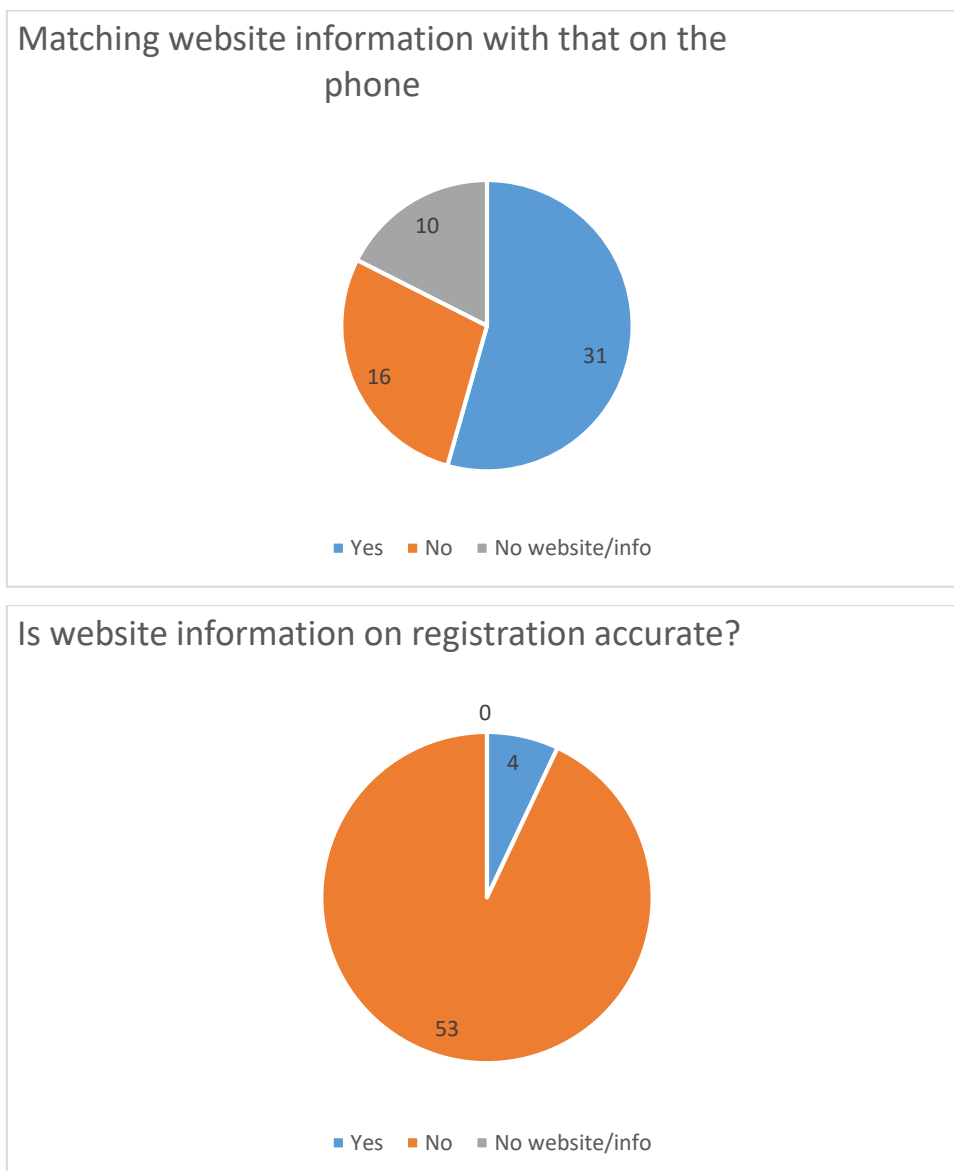
“No new registration, cap on it. Couple of weeks, local chemist ask there.”

“Website. Go to library or come to the surgery.”

“Website- use computer surgery, IT room. Registration <<web address>>.  
We will sort it out for you. Me: ‘no computer’ she: ‘oh, do it on your  
phone’. Me: ‘No smart phone’, she: ‘why is that?’.”

## 2.5 Website information

### Consistency with what was said on the phone and overall accuracy.



We analysed what GPs had presented on their website concerning registration and found that 54% found themselves consistent with what they said on phone conversations, with 28% inconsistent and 18% not having a dedicated website page or information about registration. When it came to accuracy only 7% (four practices) gave accurate information in lines with national standards.

## 2.6 Case studies of good practice

As a result of doing this insight we found that three surgeries have achieved positive results in all areas of staff attitude, helpfulness and most importantly accuracy in line with the Primary Care contract.

We spoke to them to find out more about what they had done in their surgery to achieve these results and so gain insight into best practice taking place in Croydon.

### North Croydon Medical Practice:



#### Accuracy:

“Five years ago, we looked at the NHS Primary Care contract and saw we had a responsibility just to register people at the practice. Also there needs to be consistency in how we do this so that each person is treated the same. We realise there are barriers to the homeless and there are barriers to those who are under addiction and may not have their paperwork organised but need care. We believe that patients that need the care must just get it.

The CCG also sent a document within the last nine months, reminding us of the protocol<sup>3</sup>. This was cascaded to all staff so they know the importance of registering all people, irrespective of background and only on patients say so. We also incorporated the new General Data Protection Regulations into

<sup>3</sup> This was an action by the CCG in response the Healthwatch Croydon report on Street Homeless published in July 2018.

communication, in particular into recording, copying and keeping of private data at registration.”

### Waiting times:

When the phone rings, we aim to pick it up within three rings. We have three staff at any time to pick up the phone. If there is an overflow, the calls will go upstairs to the administrative team who are trained to take the additional calls. We have increased the number of telephone lines from 4 to 10 with 3 dedicated to phone enquiries.

### Helpfulness:

“It is after all called the National Health Service, whilst care is important, we also focus on the service aspect The GP partner greets staff each day to find out how they are doing to remind them of the importance of good customer service. We invest in professional training from a consultant who works in the hospitality industry to ensure good customer service is given by the team.”

### Attitude:

“The team has a meeting every Thursday where issues can be discussed. The appreciation of the staff is needed so they feel valued. They need to be recognised for the work they have done. We take feedback very seriously from patients, any feedback is actioned swiftly.”





## A T Medics - Parkway, New Addington



### Accuracy:

We feel as a practice that we don't want to put barriers up for patients, we want to make things as easy as possible for patients, so part of that was the registration process, so, patients who have just moved into a new home in the area will not necessarily have ID, or it is still packed away so then you know, the stress of moving without them having to find a local GP. So, we say to staff, get them registered. National Guidelines say we can register patients from anywhere. We have signed up to be a 'Safe Surgery', where anyone can walk in and register without forms of ID. We don't put any barriers up at all. This helps our homeless and traveller community."

### Attitude:

"We are very, very proud of that. Training, we regularly look at guidelines, we do role plays in team regular meetings where we all get together and do difficult situations and do a role play on that and ongoing training if we change processes or anything like that. Staff can bring suggestions or ideas to meetings they can bring up what they have difficulty with, patient experience."

### Waiting times:

“We are fortunate here that we manage the three practices together, so we have a dedicated call hub based at one of the surgeries, so I have again, dedicated call handlers that are highly trained just to deal with the calls in a timely, effective manner which then again helps reception staff to be a bit more customer focused on the patients that attend at the reception window.”

### Overall comments

“First of all, so nice to be recognised for this. They main, the key thing we do right is customer service focus, so we centre the customer first, make it easy for the patient to register with us rather than easy for the surgery. Also, we don’t know the circumstances of the patient, where they have come from and what problem they have had before. So, in that circumstances you want to be the best friend to the patient rather than make it hard for them. We are there to help them rather than push them away.”



## Dr Baskaran Surgery - New Addington



### Helpfulness and attitude:

I have worked in a managerial position for high profile companies and our local authority, I have brought my 40 plus years of experience to this surgery, we have a customer focused approach. Most of the staff have worked at the practice for many years and have knowledge and experience of the patient population. The practice is like a family, and we have close relationships with the patients. We have a telephone overflow system, whereby if the phone is not answered immediately by the reception staff, people in the back office will pick up the phone to deal with patients, everyone works together. We deal with issues and complaints on the spot, very rarely does it go past the practice manager. We also offer care navigation and signposting to services, to support the patient experience. It is important to show empathy to patients with understanding and tolerance so that they feel valued and cared for.

### Access:

The CQC commented that the access is good at this surgery. Our GPs meet and greet all new patients, sometimes if it is not too busy patients will be registered

straight away on the computer and offered where possible appointment for a consultation. We also register people on a temporary basis, something that is appreciated by our patients

# 3 Findings & Recommendations

## 3.1 Findings

Based on what we have heard these are our findings:

**Waiting times:** The average waiting time was 2 minutes and 34 seconds, with 36 surgeries below this time, and 21 above this time. However, there were two which we did not pick up after 11 minutes.

**Staff attitude and helpfulness:** 68% of practice's attitude was positive and just 8% of practices were negative, and with helpfulness 70% of practices were seen as helpful and 9% of practices were unhelpful.

**Accuracy:** 77% of practice's did not give the national standard information that they could just fill in a form without any identification. Just eight practices (15%) did give the correct information.

**Websites:** While 58% found themselves consistent with what they said on the phone, but only 7% had placed accurate information on their websites. 18% did not have a website or any information on registration that you can access.

## 3.2 Recommendations

These are our recommendations linked to provider and commissioner:

Based on our findings we make the following recommendations for the Croydon Clinical Commissioning Group (CCG) and GP Collaborative (GPC).

- **No ID needed:** GPs should meet national standard as defined in the Primary Care Contract in registering people without any ID.
- **Use NHS standard information:** GPs should make the process of registering easier, applying the well-written and clear information shown on NHS website to their own websites.
- **Use GMS1 as the standard form:** While they might want to know more, this consistency ensures all relevant data is received
- **Offer practice address:** GPs should clearly show that people with temporary or no fixed address can register under their GPs practice address.
- **Focus on the 'service' aspect:** It is after all the National Health Service. Practices that have applied customer service principles service industries register better patient experience.
- **Dedicated staff and phone lines:** By placing dedicated phone lines with staff specially trained for call answering, waiting times on the phone will be reduced and positive patient experience will increase. Staff will feel supported too.

Responses from NHS Croydon Clinical Commissioning Group and the GP Collaborative are shown in section 4.

## 4 Responses to our insights

Before publication, we shared this report and its full data with the relevant providers and commissioners of services to give a response to our recommendations and findings. This is their response:

### NHS Croydon Clinical Commissioning Group

We are pleased to hear from this survey undertaken by that the majority of local people's experiences of Croydon's GP Practices were positive. At the same time, we would recognise that there are always some areas for improvement.

NHS Croydon CCG monitors patient experience at our Practices through our quality dashboard and ease of access for patients is part of the national survey of practices. However, as a result of this report we will;

- Recirculate information around registering patients, and ensure GP reception staff are aware of the correct process to improve consistency across the borough.
- Continue to support the training of practice staff on quality improvement and workflow optimisation, to help them improve access for patients.
- Promote the use of the additional appointments available at our extended access hubs and ensure that these are also available for homeless patients.

**Dr Agnelo Fernandes, Clinical Chair of NHS Croydon CCG and local GP said:** "We thank Healthwatch Croydon for their mystery shopper survey. It is pleasing to note that local people think that our general practice colleagues were mainly positive and helpful. It is also recognised, however, that there is always room for improvement and will work with our GP colleagues to address the gaps raised in the report."

# 5 Quality assurance

## Design

Does the research ask questions that?

Are pertinent? Yes

Increase knowledge about health and social care service delivery? Yes

Is the research design appropriate for the question being asked? Yes

a) **Proportionate:** Yes; b) **Appropriate sample size:** Yes - we called all GP practices three times

**Have ethical considerations been assessed and addressed appropriately?** Yes, we reviewed other mystery shops undertaken by other Healthwatch organisations and also informed the Chair of NHS Croydon Clinical Commissioning Group before we began. No other GP was aware this was taking place to allow for authenticity in responses. We did not advertise this research to anyone else except our commissioner.

**Has risk been assessed where relevant and does it include?**

a) **Risk to well-being:** Yes

b) **Reputational risk:** Yes

c) **Legal risk:** Have appropriate resources been accessed and used to conduct the research? There was no need to refer to legal resources for this research.

**Where relevant have all contractual and funding arrangements been adhered to?** None to be considered.

## Data Collection and Retention

**Is the collection, analysis and management of data clearly articulated within the research design?** Yes.



Has good practice guidance been followed? Yes.

Has data retention and security been addressed appropriately? Yes.

Have the GDPR and FOIA been considered and requirements met? Yes.

Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? .i.e. the Mental Capacity Act.

None required for this research.

Has appropriate care and consideration been given to the dignity, rights and safety of participants? This did not involve speaking to patients, but we presented ourselves as average patients seeking information on registration to practice staff.

Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? No participants.

## Collaborative Working

Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? There was not contractual agreement for this research, but our working with partners was clearly agreed in advance of research taking place such as NHS Croydon Clinical Commissioning Group and our commissioner at Croydon Council.

Have any potential issues or risks that could arise been mitigated? These are shown below:

Risk factors	Level of risk	Contingency
Cannot access key people to research	low	We will record a non-answer. This still gives us information about systems.
Contact organisations let you down in terms of support	low	N/A, we are using public services
Question set does not work with group	low	Use question that is relevant to current legislation

Data is seen by providers as being out of date or not reflecting latest changes in service	low	Will be relevant if we publish in a timely way
Not enough respondents	low	N/A all GP surgeries will be contacted with three attempts made.

**Has Healthwatch independence been maintained?** Yes, this research is shared with partner organisations before publication for their comment, but only factual inaccuracy would be reviewed. This does not affect the comments of experiences we receive.

### Quality Controls

**Has a quality assurance process been incorporated into the design?** There was a proper process of scoping.

**Has quality assurance occurred prior to publication?** Data collection was checked and re-checked.

**Has peer review been undertaken?** No peer review was undertaken. It was not required for this research project.

### Conflicts of Interest

**Have any conflicts of interest been accounted for?** We do not feel there are any conflict of interests.

**Does the research consider intellectual property rights, authorship and acknowledgements as per organisational requirements?** The research is owned by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

**Is the research accessible to the general public?** It appears on our website as of 29 March 2019

**Are the research findings clearly articulated and accurate?** To the best of our knowledge, we believe they are.

## 6 References

**Healthwatch Croydon (2018)** *Street Homeless Experience of Health Services in Croydon*

<https://www.healthwatchcroydon.co.uk/wp-content/uploads/2018/07/Street-Homeless-experience-of-health-services-in-Croydon-June-2018.pdf>

**Healthwatch Croydon (2018)** *The Experiences of Homeless People using Health Services in Croydon*

<https://www.healthwatchcroydon.co.uk/wp-content/uploads/2018/06/Healthwatch-Croydon-The-Experiences-of-Homeless-People-using-Health-Services-in-Croydon-February-2018.pdf>

**NHS England (2018)** *How to register with a GP*

<https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>



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