

**healthwatch**  
Salford

# How was your appointment?

At your Salford based GP practice



**November 2022**

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# About us

Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need. Our service is free, simple to use and can make a real difference to people in Salford and beyond.

# Summary

Throughout the large volume of feedback, we received for this project, there was an overwhelming sentiment that patients wanted to get back to the way things were before the COVID-19 pandemic hit. People told us of their frustrations with trying to access timely appointments, how the appointments themselves were conducted and how they struggled to stay connected with their GP in the changing world.

We acknowledge that a lot of these systems, whilst not ideal, were in place to protect members of the public alongside staff. During our engagement phase for this project, measures were put in place to return systems to a new normal, opening up surgeries and offering more face-to-face appointments. Nevertheless, this report is a snapshot of how patients told us it was like for them over the last couple of years.

From our findings we offer providers and commissioners the following items of recommendation:

## Communication

- **GP services and secondary care to work in a more co-ordinated way and patients to be better informed about their referral pathway**
- **Improvements are required to ensure patients are given timely access to their prescribed medication.**
- **Explanation is given to patients when they first contact the surgery so that they understand the reasons why they may be asked some personal information by the reception team (this is similar to the recommendation in our previous report on GP services in 2019)**

## Patient and staff Ideas

- **GP services to look at and consider the range of improvements suggested throughout this report by patients and staff, to improve their overall experience, in particular:**
  - o **Increasing the patient's choice of the number of ways in which they can make an appointment**
  - o **Improving on phone calls into the surgery to alleviate the 8am race, which is so prevalent at many surgeries**
  - o **Increase the number of out-of-hours appointments available**
  - o **Make better use of online and app technologies to enable patients to engage with practices away from the telephone**

- o **Training frontline staff on clinical triage to equip them better when making decisions about where to direct patients**
- o **GP services to continue to review and develop support for staff wellbeing**

## **Patient information**

- **GP services and commissioners to look at effective patient information campaigns to enable patients to make the right choice of where they access healthcare.**

# Introduction

Following continued feedback from the public about their experiences with Salford based GP practices alongside our own objectives from our business plan 2022-2023, we wanted to focus on GP services in a bit more detail.

By asking patients to tell us in their own words how using these services has been for them, we hoped to understand the things that have been good, the things that could have been better and learning patients' ideas for improving overall patient experience.

## Methodology

We initially put together two working groups, one comprising of practice managers and the other of public volunteers from Salford. Through their collaboration, we were able to design a project that would provide insight into best practice at GP services, as well as areas for GP services to improve.

Moving away from our traditional quantitative surveys, we decided to ask three qualitative questions of patients:

- 1. What were the good things about their GP practice?**
- 2. What things needed to be improved?**
- 3. What ideas did the patients have to improve experience?**

In addition, we asked demographic questions to help us learn more about any recurring experiences shared by people from particular backgrounds.

The survey was made available for all Salford residents to complete online, with paper copies also distributed to the 16 Salford libraries. Survey packs with freepost return envelopes were also kindly given by library staff to residents who were part of the 'Books at Home' service. Posters were created and shared amongst Salford's 38 GP practices, pharmacies and other public places to help promote the project. To enable us to be more accessible, people were also invited to phone us in the office and chat through their answers.

The engagement phase of the project was initially for a period of six weeks from 18th April to 29th May 2022, but this was extended for a further couple of weeks.

Some GP practices were very proactive in their approach with helping us to promote the surveys amongst their patients by using iPLATO (their bulk text messaging system) to send out a blanket text to a large proportion of patients. This proved to be an extremely effective way in gathering feedback. We received patient responses to 37 out of the 38 practices, though some practice

responses were low in number, with a few higher owing to their welcomed approach in helping us to promote this project.

A staggering 1,715 people started to take part in our survey with only half of these partially completing it. We were able to harvest some of these partially completed surveys to add to a grand total of 954 completed surveys – the most we have ever gathered on one project topic in Salford.

Different ways people took part in the survey	Number of people
HWS web page	658
Facebook – sponsored post	136
Facebook – What’s on in Salford	47
Paper surveys	43
Phone calls into office	27
Library listening tour	23
Salford Pride	16
QR code from posters	4

In addition to the main public survey, we felt it was important to gather feedback from staff to find out how they felt services had run over the last couple of years. The practice managers working group helped us to formulate some questions and we were pleased to receive a healthy 71 responses to the staff survey.

## Analysis

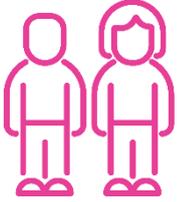
The GP project working group comprised of experienced research volunteers who examined the high volume of survey responses, and together we reviewed a total of 1474 comments from the first two questions, some with multiple themes running through them.

Once the initial draft report had been authored, it went through two systems of independent quality control before being reviewed by the providers and commissioners of GP services for their comment. After this, the GP project working group had time to review the finished report before its publication.

In addition to this main report, we agreed to share with practices shorter bespoke reports of what their patients were saying. We felt that 14 of these practices provided us with enough data to ensure patient anonymity, which will provide them with valuable insight to help improve their own service.

# Demographics

83% of the people who took part in the survey went on to give us more details about their backgrounds. They told us:



497 Women  
227 Men  
3 Nonbinary



24 people identified as being asexual, 17 as bisexual, 31 as gay men, 608 as straight, 9 as lesbian/gay women and 7 as pansexual

19 people told us that their gender was different to what they were assigned with at birth

295 people said that they had a long term physical or mental impairment or condition

101 people identified themselves as being a carer

## Their ages

16-17	2
18-24	13
25-49	185
50-64	248
65-79	262
80+	31

## Top 5 long term health conditions

- 1 – Respiratory (159)
- 2 – Hypertension (124)
- 3 – Mental health (89)
- 4 – Diabetes (87)
- 5 – Cardiovascular (51)

## Their religion/ belief system

- Buddhist – 2
- Catholic – 7
- Christian – 446
- Hindu – 1
- Jewish – 4
- Muslim – 10
- Spiritualist – 1

726 people told us about the race they identified with:

<b>Arab</b>	
Arab	2
<b>Asian or Asian British</b>	
<b>Chinese</b>	2
<b>Indian</b>	2
<b>Pakistani</b>	2
<b>Black/African/Black British/Caribbean</b>	
<b>Caribbean</b>	1
<b>Black Portuguese</b>	1
<b>Mixed/Multiple ethnicity</b>	
<b>Asian and White</b>	3
<b>Black African and White</b>	2
<b>Black Caribbean and White</b>	2
<b>Black Pakistani</b>	1

<b>White</b>	
<b>British, English, Northern Irish, Scottish and Welsh</b>	677
<b>Gypsy, Traveller or Irish Traveller</b>	2
<b>Irish</b>	8
<b>Any other White background</b>	5
<b>Eastern European</b>	1
<b>Undisclosed</b>	4
<b>Any other ethnic or national group</b>	
<b>Belgian</b>	1
<b>Black African/Caribbean and White</b>	1
<b>British Arab</b>	1
<b>Greek</b>	1
<b>Persian</b>	1
<b>Polish</b>	2
<b>Portugal</b>	1
<b>White European</b>	1
<b>Undisclosed</b>	2

**31 people told us that they were d/Deaf or had a severe hearing impairment**

# What the patients said

755 (79%) of the people who took part in the survey left a comment for question 1 'Tell us about the good things at your GP practice' with 719 (75%) commenting on question 2 'Tell us about the things that need to be improved at your GP practice'. The comments were graded for their sentiment (positive, negative and mixed) with multiple themes pulled from them.

Number of people who took part in the survey	954	
Number of comments left for question 1	755	79%
Number of comments left for question 2	719	75%
Overall positive sentiment of comments	641	43%
Overall negative sentiment of comments	739	50%
Overall mixed sentiment of comments	94	6%

## Appointments



### What has worked well

14% of comments mentioned appointments in a positive way with many people telling us that telephone appointments were a convenient way for people to access GP appointments, especially those who work. Some went on to tell us that following their telephone appointments, they were invited in to meet with the doctor face to face, many of which happened on the same day. Generally, these people felt satisfied that this method of having contact with a health professional was meeting their needs and concerns.

Some practices that provided apps and online facilities were also seen as a convenient way for people to access GP appointments.

Patients felt that the hallmark of a good appointment included: short waiting times to get an appointment, as well as being seen on time; the speed and efficiency of procedures like blood tests. Comments also told us that if it was an important issue, you are seen face-to-face quickly.

Telephone appointments were also hailed as positive by some, with people telling us that they prefer having them first, where you can be assessed and

listened to without pressure. Others said that telephone appointments are good for repeat prescriptions.

Patients also talked about how they had embraced online and app services before the pandemic and sorely missed the ability to contact the surgery remotely or book appointments in advance throughout the day.

**NHS Greater Manchester Integrated Care told us that the core contract for GP practices in Salford changes annually, with service requirements being removed or added. Recently, changes to this contract included a requirement for all practices to offer directly bookable appointments online as well as in person or via the telephone and they assured us that they will be monitoring this closely.**

There were many examples of how technology has been integrated successfully into patient care pathways. One patient recalled that the flexibility of their practice's call back response service was useful during a long telephone queue. Many patients appeared to have had positive experiences of telephone consultations, finding it helpful to be able to submit photos to assist with a diagnosis and to have their prescription sent directly to their preferred pharmacies.



“Fantastic service always get back to you and provide excellent care”



Survey respondent

## What has not worked so well

Nearly a quarter (24%) of the comments talked about appointments in a negative light with people telling us of the barrier that speaking over the telephone presents, rendering some patients unable to convey their problem to the doctor or nurse.

The phone system itself was criticised in many cases with examples of lengthy recorded messages, lines that keep people on hold for 20mins and then cut off and the scramble to be the first in the queue at 8am which so many practices still adhere to.

Some patients were of the opinion that receptionists make it very hard to speak to a doctor. It was a common theme through the comments that patients felt receptionists were ‘crossing boundaries’ and didn’t feel they should be telling them every detail about their issue in order to be considered to talk with a doctor. In some cases, patients did not feel their conversations were

confidential, whether that be from the patient's end of the telephone or in person at the reception desk.



**“There’s no patient confidentiality with receptionists acting as doormen and expecting all the info about why you want to see the doctor before even considering booking you in.”**

Survey respondent



The COVID-19 restrictions on face-to-face appointments also had an effect on patient satisfaction, with one in five people (21%), commenting that they wanted to see GPs working back in the surgery. During the engagement phase of this project, Salford Clinical Commissioning Group had advised GP practices to return to face-to-face appointments, so the impact of this change could not be measured.



**“Telephone appointments are difficult for the Dr to assess what is going on and I find it hard talking on the phone. I would much prefer a face-to-face appointment”**

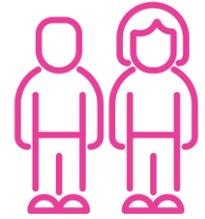
Survey respondent



In contrast to those positive comments received around appointments, a third (30%) of respondents felt there was an increasing delay in being able to get a timely appointment with some surgeries having waiting times reported of up to three or four weeks away just for a telephone appointment.

Another running theme throughout some responses was how patients felt that the GP did not listen to them, with some going on to comment that doctors seemed disinterested during phone appointments and just wanted to end the call quickly.

## Staff attitude



Nearly a third (28%) of the comments were themed around staff attitude, with a pleasing 21% of positive sentiment and just 7% of negative sentiment.

### What has worked well

Throughout the survey, many examples of very positive experiences with doctors, nurses, and receptionists were reported.



“Caring, compassionate, clever, and knowledgeable, open minded, community focused and they were heroes throughout Covid”

Survey respondent



Respondents valued polite, courteous, friendly, and approachable staff; staff were frequently described as caring and empathic, and many patients felt that they were listened to with understanding and patience.



“ There was a young male doctor who's left now who was really good because he took the time to listen to you. He said, 'you can talk to me any time you need to', and that's priceless. Some doctors want to get off and give you a pill, but this doctor took his time”

Survey respondent



Positive interactions with receptionists were helpful to patients, with some respondents acknowledging the benefits of long-term reception staff as they know their patients and know how to react to any problem that may arise. Many respondents seemed to value experienced reception staff, particularly when

they were found to be friendly and professional. Efficient handling of appointment requests with a caring attitude was noted to be beneficial to respondents.



**“I feel very lucky to receive care from all staff members. Receptionists go out of their way to resolve issues quickly and efficiently”**

Survey respondent



At times, patient experiences seem to vary within the practice, with one patient telling us "One [receptionist] spoke to myself and other patients both on the phone or in person in a very unprofessional manner. My appointment was with the practice nurse who was amazing, very caring and understanding my concerns."

Patients reiterated that the positive experiences they have had are despite what they recognised to be difficult working conditions. Descriptions of how they found clinical staff include: informative and knowledgeable, easy to talk to, accommodating, empathic, considerate, caring and supportive, listen to patients, calm and understanding presence, reassuring, respectful of older patients, and endeavouring to help and assist the patients with their 'best interests at heart'. Preparation for appointments appears important to patients; for example, it is appreciated when doctors have reviewed a patient's notes prior to the appointment.

## **What has not worked so well**

Accessibility of appointments was raised by many respondents; concerns were often with respect to the role of receptionists, including confidentiality when requesting appointments, and having repeat prescription requests refused. There was an overall impression across the feedback that receptionists are viewed as the appointment gatekeepers and that once a patient accesses clinical staff their issues are appropriately resolved. Many respondents perceived receptionists to be at times taking on medically orientated tasks without the necessary knowledge or training e.g., informally triaging patients when determining who is offered an appointment. Patients also observed office and reception staff shortages.

Communication was frequently commented on, with patients describing feeling rushed and limited in what can be discussed in their appointment time (i.e., may

have more than one problem but only one is addressed). Some respondents felt that telephone appointments were being used inappropriately and that there was a reluctance to offer face-to-face appointments. Some patients perceived hostility and a lack of warmth from staff. Others found staff to be argumentative, unhelpful, rude, and were made to feel as if they were wasting staff time. Examples of communication breakdowns were shared e.g., not letting a patient know that their appointment will be late or cancelled, and breakdowns between multiple members of the practice team in arranging medication for vulnerable patients.

There is a need for improved awareness when dealing with older patients, particularly those who may be confused, unfamiliar or uncomfortable with the technology now in use to access appointments. Patients in this demographic have experienced staff as abrupt and insensitive, with respondents raising concerns about being 'talked down to' and that 'younger doctors can't be bothered with you if you're older'.

A lack of continuity of care negatively affected relationships between some patients and their doctors. Doctors were often unfamiliar with their patients e.g., due to seeing locum doctors and GP trainees, which makes it hard to trust staff, and some patients found it difficult to see the doctor with whom they feel they have the best relationship. This further caused concern where patients had told us that doctors were not reading their notes properly and prescribing medication that had provoked a bad reaction for patients in the past.

Situations were shared where respondents felt there was insufficient care. This included a lack of recognition of what are or could potentially be serious conditions, with some patients feeling that their care is not being managed with the urgency that they feel is appropriate e.g., a patient suspected they had cancer but was not offered alternative options when told that there were long waiting lists. Other respondents reported a lack of follow-up by their GP once discharged from hospital, and not having a review after starting new medication.

Some people felt that primary care was massively underfunded and without an injection of cash, it would be hard to recruit more doctors.



**“Staff could smile and be more welcoming as the last thing you need is a miserable face when you’re feeling ill”**

Survey respondent



## The surgery building



### What has worked well

Generally speaking, when it came to the surgery premises, patients were understanding of the safety restrictions that COVID-19 had imposed. Patients said that they felt safe and secure, acknowledging the efforts staff had made to negate the spread of infection.



“They have kept covid safeguarding in place which makes me comfortable being a CEV [clinically extremely vulnerable] Patient”

Survey respondent



A lot of comments were made that surgeries presented as hygienic and clean, giving a good ‘first impression’ to the patient.



“The reception area is always clean and well laid out”

Survey respondent



### What has not worked so well

Some patients did talk of the physical barriers presented to them with main reception doors being closed and only accessible by pressing an intercom button. For wheelchair users and patients with limited mobility, we heard that the entrance doors to some surgeries were heavy and cumbersome and were not designed to be operated manually. Patients from the d/Deaf community reported some of the difficulties in using the intercom system and described how hard it was to attract the attention of reception staff.



“The physical building is beautiful but the doors from reception leading to consultation rooms are heavy and awkward to handle to open and close from wheelchair”

Survey respondent



Other comments from patients described the physicality of the surgery buildings as being too small to accommodate the number of patients, with some feeling they were not fit for purpose and should be moved to a larger premises. In some surgeries, waiting rooms were not well laid out with obstacles that could pose as hazards to people with sensory impairments.



“TV not working could cause barriers for d/Deaf patients. Chairs could be obstacles for blind patients”

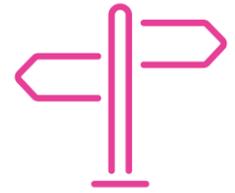
Survey respondent



**NHS Greater Manchester Integrated Care told us that colleagues who deal with the primary care estate (GP surgery buildings), were very interested to hear about some of the comments made in relation to difficulties in patients accessing GP practices. There have been opportunities for practices to apply for DDA (Disability Discrimination Act) compliance grants, whereby 66% of the cost is funded for items such as external door ramps and automated external doors with the remainder funded by the practice. However, NHS Greater Manchester Integrated Care acknowledge that due to the varying age and quality of some premises, it is not always possible to address accessibility issues, particularly where the premises have been converted from residential or other use.**

**Healthwatch Salford will be sharing further intelligence with the primary care estates team, to help identify those practices mentioned within our feedback.**

## Referrals



### What has worked well

For some patients, referrals into secondary care or other services went well. Patients talked about some GPs being proactive in contacting them following health concerns with others saying that their surgery had a dedicated COVID monitoring team. Where patients were kept informed of their position on waiting lists, this allayed their fears of being 'missed off' and forgotten.



**"Getting a referral for the breast clinic was also very easy and they didn't brush off my concerns"**

Survey respondent



### What has not worked so well

Where people had talked negatively about referrals, their comments seemed to stem from lack of information and communication. The pandemic sent into disarray a number of working practices and these patients who had previously been referred to services outside of the GP practice, were left unsure of when they would be seen. This frustration, combined with the worry about their health and unable to ascertain the status of their referral, often led them to request appointments with their GP, adding more demand to an already pressurised service.



**"Communication between the Doctor and the hospital is poor. I had to wait quite a few weeks to get test results back to GP when the consultant said it would only take a couple of days. GP did not know what hospital appointment was about"**

Survey respondent



## Prescriptions and medication



### What has worked well

Patients told us that the facility to order prescriptions online was a valuable service to them. Some patients also spoke of how GP practice staff went out of their way to support them in ensuring they could access the right medication, with one commenting that their receptionist rang around many pharmacies to get the medication that was needed. Having a pharmacy that was attached to the surgery building was also hailed as a positive, meaning many patients were able to pick up their prescriptions after appointments with their GP in a timely and convenient way. Patients also talked about the helpful knowledge of pharmacists, with many outlining how medication reviews, explanation about medication and the offers of annual flu vaccinations helped to relieve the stress of contacting their GP surgery for an appointment.



**“The practice pharmacy has been a lifeline in answering queries about medication”**



Survey respondent

### What has not worked so well

Many comments to do with medication mentioned that doctors and nurses do not follow up after prescribing, with some patients telling us that they had been given the wrong or conflicting medication. Some patients also felt that GPs had been ‘over prescribing’ antibiotics straight from telephone consultations. In contrast to what has been working well, for some practices, their online systems for ordering repeat prescriptions were no longer operational, which patients really missed. This resulted in them joining the telephone queue when contacting the surgery. Communication between the GP and pharmacy had deteriorated during the pandemic, with some patients experiencing vast delays in getting their medications with others mentioning that their prescriptions had been ‘lost’ when sent electronically.

## Reasonable adjustments



### What has worked well

People told us that in some practices, staff would demonstrate care and patience with people who have mobility issues. For example, during lockdown when the main doors were kept shut, some staff would come to the door and help the patient into the building. We heard of examples where practices were happy to print off medication instructions and test results to those people who

requested the information on paper. Some people who are carers for their loved ones, particularly those with dementia, appreciated it when clinical staff spoke directly to the patient and did not bypass them to speak with the carer. Phone appointments were seen as a positive adjustment for some patients who suffered with anxiety. The interpretation service was also highlighted by some patients as a reasonable adjustment.



**“Sometimes they make adjustments for my daughter with severe learning disabilities and autism with her appointments”**

Survey respondent



**“My GP is really helpful I suffer with fibromyalgia and she is always there when I need to have a rant and is helping me to reduce the medication that I take... we are doing it at my pace”**

Survey respondent



## **What has not worked so well**

In contrast, we heard from patients who felt that the digital uptake of services was detrimental to people who did not have the access or knowledge to make use of these services ‘online’, with the elderly particularly affected. With patients whose first language is not English, some felt that their practice did not do enough to be inclusive, commenting that many forms and procedures were only provided in English. Patients who had long term mental health difficulties also commented on the inconsistency of not being able to see the same doctor. This was detrimental to their progress, often with the patient having to repeat the same story over and over to different locums.

## **Other things ...**

### **What has worked well**

Some respondents praised the service and the staff working under difficult circumstances and dealing with pressures in the last 18 months. They highlighted

how being referred to another clinician rather than a doctor is working well, plus having the choice of seeing a practice nurse rather than a doctor if this is more appropriate. Follow-up contact is highly regarded by patients, especially when they are recovering from COVID-19. There was praise for triage systems and practices that offer a range of services.

## What has not worked so well

Some respondents noted that patients with long-term problems should be able to see the same doctor every time for continuity and a good standard of care. The service feels impersonal for some patients as they feel unable to build relationships with changing staff. Some respondents reported being made to feel bad for needing an appointment and that receiving quick help is determined by which patients chase issues up themselves. Medical records featured as a theme in the results; some respondents commented that they had been waiting long periods to receive them or were not able to access them electronically. The process of getting a fit note for work can be slow and complicated for patients. Communication between GPs and external services was noted as an area for improvement in the responses; in addition to this, some respondents highlighted the importance of staff making accurate notes and keeping paperwork safe. Data protection came up as a concern, especially as patients are encouraged to use online services. They may not feel confident about how their personal information will be used and shared; there is a sense that more consideration is needed for patients who are not familiar with technology in general. Respondents told us that online services and booking systems need improving, as this would benefit patients who work during the day. The process of booking appointments needs to be more inclusive to people who cannot call at 8am or stay on hold to get an appointment.



**“If you manage to get through to the receptionist for a call from doctor you can't always take the call from work”**

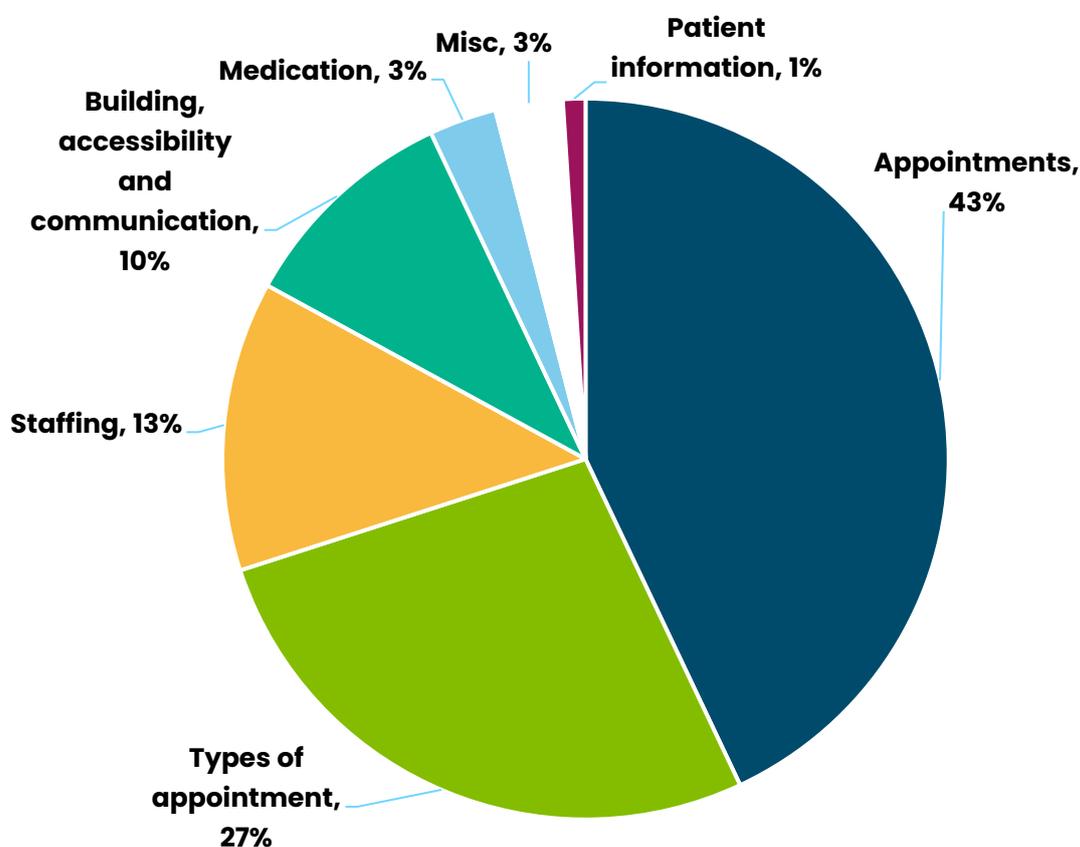
Survey respondent



It is important to patients that phone messages are up-to-date and short, ensuring they are not cut off before they can get through to reception. Some respondents highlighted the issue of annual health reviews and not being invited to these regularly. There are issues with asking patients to travel out of area for a service like a blood test or telling patients to come back another day when they have travelled to pick up a prescription.

# Patients suggestions for improvements

For the third question of the survey, we asked participants to tell us what would improve their experience at their GP practice. 654 people responded to this question, around 69% of the total survey participants. From these answers, we were able to draw out over 900 comments relating to particular themes, which we have grouped together under 7 headings.



Appointments was the most common theme in the suggestions (43%) with patients calling for a better appointment system. How the patients access appointments in the first place can play a huge part on their overall satisfaction. Suggestions for improvements included:

- To offer more choice into the number of ways patients can make an appointment, including telephone, online, via an app and in person – especially for those who are elderly or may struggle with digital services.
- Increase the number of appointments available on the day and appointments that can be booked in advance.
- Improve phone calls into surgeries with shorter recorded messages and moving away from the '8am race' that renders so many patients unable to access appointments.
- Make appointments available out of usual hours for those who work.
- Increase and improve upon the number of online and app services that patients can access, especially as many patients told us these services were in existence before COVID and worked well.

**NHS Greater Manchester Integrated Care told us that from 1 October 2022, Enhanced Access services are available across Salford:**

- **Monday to Friday, 6.30pm – 8.00pm**
- **Saturdays, 9.00am – 5.00pm**

**This new service is a requirement for groups of GP practices called Primary Care Networks (PCNs). For patients, this means there will be more appointments available to them, at a range of times that will suit people who cannot always attend appointments during traditional opening hours. Appointments can be booked via the patient's usual GP practice, but may be offered from a location elsewhere in the local area.**

The next theme was around the type of appointment offered, with respondents talking about choice and confidentiality affecting their overall experience. Suggestions for improvements in this area included:

- A return to face-to-face appointments.
- Clinical staff to be aware that patients are not always able to take part in remote appointments comfortably, often with the patients' confidentiality at risk.
- Continuity with being able to see the same doctor.
- Patients being able to choose their preferred gender of doctor when requesting appointments for personal reasons.
- To ensure that appointments run on time or that better communication is provided about delays.
- Increase the number of proactive 'health check' appointments.
- Make better use of technology to offer more video call appointments.

- More support for patients who have received diagnoses for long term conditions.

13% of the patients mentioned staffing as a theme, with suggestions for improvements as follows:

- Staff to be trained and supported to offer patient interactions in a more friendly manner.
- Obtain more funding to increase the number of doctors, nurses and reception staff.
- More frontline staff to answer the calls early in the morning when there is a bottleneck of patients waiting to get through.
- Staff to be more aware of autism and neurodivergent conditions to know how this can affect the patient in front of them.

**NHS Greater Manchester Integrated Care told us that the lack of GPs was not necessarily a funding issue. They said that a high numbers of GPs were leaving the profession, with some retiring early due to the pressures and negative media attention that has emerged since the pandemic. There are not enough GPs nationally to replace them, which suggests that becoming a GP is no longer an attractive career for many newly qualified doctors.**

**An option open to PCNs is to use the funding available as part of their contract called the Additional Roles Reimbursement Scheme (ARRS), which provides PCNs the opportunity to employ a variety of new roles (e.g. practice pharmacists and physiotherapists). However, NHS Greater Manchester Integrated Care went on to tell us that every PCN is looking to appoint these additional roles, so there are not enough staff for every PCN to make full use of this available funding. This can also pose a risk to other areas of the system if staff move into ARRS roles. PCNs also report issues with patients being less willing to see these other professionals, who are often more able to provide specific support to patients.**

Patients also talked about the surgery buildings themselves with some older buildings seeming to be tired and not very accessible. Accessibility also ran through this theme with communication. Suggestions for improvement from the patients included:

- Communication needs to improve between the surgeries and external agencies (hospital, mental health, community services, pharmacy etc.) so that patients do not feel neglected as they await test results and referral updates.

- Some patients suggested that practices need to be more aware of communication difficulties that some patients face and tailor their services to make them more accessible.
- Improve on the accessibility of some surgeries by having automatic front doors operated by a button.
- Make better use of some surgeries to host external health services (mental health, physiotherapy etc.).
- Refresh waiting rooms so that they are more patient-friendly with up-to-date, clear information.
- Bring back children's areas to help distract worried children and make waiting areas safer by using finger-safe door attachments.
- Look to improve or relocate some practices where the buildings do not lend themselves fully to a functioning GP surgery.

Some patients mentioned the need to improve on medication and prescription services, providing the following suggestions:

- Ensure seamless dialogue between the GP practice and pharmacy so that patients are given the right information about when to collect medications.
- Improve the process for patients being able to request repeat prescriptions so that they can do it online.
- Offer medication reviews.

# What the staff said

We invited staff to complete a separate survey asking 13 questions about how life was for them from the other side of the counter. 71 staff members responded from a wide range of roles, including admin/reception, practice managers, GP partners, nurses, pharmacists and phlebotomists.

## How was their workload now compared to before the pandemic?

We started our questions by asking how they felt their workload was now, compared to before the pandemic. 59 of them (83%) felt that their workload had increased, with only 12 (17%) feeling that it was about the same. Nobody felt that their workload had decreased.

Additional feedback from GPs mentioned that there was a huge increase in patient demand, often with patients presenting with more complex issues than before the pandemic. GPs have also seen an increase in mental health-related consultations and longer waiting lists for secondary care as a result of the pandemic.

Reception and admin staff have felt overwhelmed by the increase in demands from both the patients and commissioners with an increase of audit paperwork and emails to be dealt with. Lots of external clinics were cancelled because of COVID-19, meaning that patients had to be referred back into the system. This created frustration and staff commented that patients became more verbally abusive to staff.

Practice and business managers talked about how they had a bigger role to play in supporting staff who were stressed due to the sheer volume of workload, exasperated by incidents of sickness, low morale and staff vacancies. Delays in secondary care were also seen as a burden in bouncing patients back to primary care for re-referral into the system, adding to patient frustrations.



**“Patient expectation is extremely high... frustrations with secondary care, waiting lists, access to other services all being channelled through primary care”**

Practice manager



Nursing staff told us how patients with long-term health conditions had been unable to attend reviews and so were coming in with symptoms of much worsened conditions, which had an impact on the appointment times.

## **Did they feel that their wellbeing had been affected by their workload?**

We went on to ask the staff if they felt that their own wellbeing had been affected due to their workload. Over half, 42 (59%) of them felt that it had, with 23 (32%) saying it had not. Others were not sure.

GPs went on to explain that the increased pressure from the extra workload was unmanageable at times, which often impacted on them personally, for example their marriage and family life. They also felt that the media portrayal of GPs had been unfair and hurtful, leading to increased public misconception of how practices were being run. One GP told us that they were currently off work due to stress.

For admin and reception teams, their reasons were not too dissimilar, also saying that increased work pressure from patient demand and low staffing were leading to staff developing mental ill health.



**“I have been in tears as I do not have enough pairs of hands and the abuse from some patients can be so soul destroying”**

Reception staff member



Practice and business managers said that they were working longer hours and missing breaks to support staff and patients, whilst implementing new systems to accommodate the changing directives from the government and commissioners. This all adds to the deterioration of mental health with one practice manager telling us that they were so stressed they had brought their retirement forward.



“I realised I could no longer sustain working at this pace. It felt like I was treading in treacle every single day. I was not sleeping, I lost all my confidence in my role... I was forever conscious of making the wrong decisions or mistakes, I was overwhelmed”

Assistant practice manager



The majority of nursing staff did not feel that their wellbeing had been adversely affected. Some did report feeling more isolated during COVID-19 with fewer interactions and meetings with other staff members, but they were positive in their acknowledgement of support from the wider practice staff.

### **How did they feel about patients access to appointments since the pandemic?**

30 (42%) of the staff felt that patients' access to appointments had improved since the pandemic, with 6 saying it had greatly improved. 14 (20%) said it had remained the same with 27 (38%) feeling that it had deteriorated.

GPs explained that the introduction of telephone triage meant that patients were often contacted quicker, but there was still dissatisfaction from patients as they wanted to be seen face-to-face. With the introduction of the telephone appointments, this also enabled more patients to be contacted in a day. One GP did feel that the telephone appointment system was less efficient.

Reception and admin staff echoed the sentiment that by introducing telephone appointments, this opened up access to more patients each day than before the pandemic, but patient perception was that staff were 'being lazy' in not seeing patients face-to-face. They also mentioned about more locum GPs being used, resulting in less continuity of care for patients and more frustrations.

Practice and business managers felt that whilst they had increased access to appointments by the points previously mentioned, patient demand will outstrip supply no matter what they do.



“We continually review our appointment system to offer maximum appointment numbers. Patients presenting with multiple problems, many mental health, which clinicians address to give the best care but are pressurised to maintain appointment times”

Practice manager



Nursing staff talked about how patients were making appointments to see them as it was impossible to see a GP, hoping that the nursing staff would pass information onto the GPs.

### **How did they feel about patient’s attitudes towards staff since the pandemic?**

Overwhelmingly, 63 (89%) of the staff felt that patient attitudes towards them had deteriorated since the pandemic, with 27 (38%) of them saying it had ‘greatly deteriorated’. 7 (10%) were not sure and only 1 (1%) thought it had improved.

GPs felt that negative attention about primary care from the media resulted in an increasingly rude attitude from some patients. Comments also referred to patients having unrealistic expectations, seeming no longer prepared to wait for services.



“The level of aggression, particularly towards our reception staff, has been unbelievable. We have had staff absences in all areas secondary to the stress of work, largely due to the attitudes of patients”

GP partner



Reception and admin staff felt that they were being treated as scapegoats for delays in referrals to secondary care and reiterated those comments from GPs

of how the media portraying them in a negative light was adding fuel to the fire. Patients posting nasty comments onto social media also left teams feeling demoralised.

Practice and business managers also mentioned that the negative press in the media was fuelling patient dismay with the service. They added to the comments about patients' frustration at having to wait for secondary care appointments.

Some nursing staff felt that patient attitudes had remained the same, though due to pressures, staff were more sensitive to the comments.

### **What has worked well at GP practices over the last 18 months?**

All staff commented on how technology had enabled their service to adapt and improve their services to patients, technology such as telephone and online appointments, the NHS app and practice website. Enabling patients to be able to send in pictures of their medical conditions where appropriate was also championed as a way of cutting down waiting times and allowing more access to clinical support. The opportunity for flexible working from home for some roles was seen as a positive step to keep up productivity whilst maintaining staff wellbeing. One reception staff member mentioned how their GP had written a 'guideline book' which helped frontline staff to navigate their way in signposting patients to the most appropriate appointments. Practice and business managers talked about how proud they were of their teams stepping up to undertake new roles and help out in other areas where staffing was at a shortage. Increasing some appointments from 10 minutes to 20 minutes was also hailed as a positive step forwards. In general, staff felt well supported by their colleagues during these difficult times.



**“Due to the increase in demand even if we have no appointments left our reception team does a fantastic job in directing patients to the best care for their health concerns”**

Practice manager



### **What improvements did staff feel need to be made?**

There was a general consensus that more support and funding in the recruitment and retention of staff was needed, across all job roles. It was felt that a bigger emphasis was needed on helping the patients to understand self-care and what different options were available to them should they need

medical assistance, not always 'an appointment with the doctor'. Some GPs and practice managers felt that primary care was often used as a 'dumping ground' from secondary care where referrals and clinic waiting times had slipped. Communication was felt to be poorer than before the pandemic between the GP practice and external organisations and this needed to be improved.



**“Better communication with outside agencies, so we don't find out they are sending letters to patients without our knowledge. Not making national television the first port of communication. NHS England and CCG need to communicate better with practices”**

Practice manager



### **What suggestions did staff have to improve patient access and experience?**

- Training on clinical triage could be given to front line staff to equip them better when making decisions about where to direct patients.
- Increase face-to-face appointments to more reasonable levels.
- More university places should be offered up to medical students with incentives for people to train as doctors or nurses.
- Continuation of early morning and out-of-hours appointments.
- More technological services could be utilised for those patients who have the capability, freeing up alternative traditional ways of accessing appointments for others.
- Less focus on same-day access and targets with more focus on appropriate access.
- Patient education campaigns enabling patients to make the right choice in where they access healthcare.
- Improve communication between primary and secondary care so that the patients are not caught in the middle.
- Recruit more GPs and work on retaining them within the practice.

# Conclusion, responses and next steps

This project has helped us to understand what matters most to patients, whether they have had positive or negative experiences at their GP practice. The COVID-19 pandemic brought many changes to the way services work; we learned that staff have been dealing with large workloads and the challenge of quickly adapting services to keep people safe. Collecting patients' feedback at this moment in time, when services are evolving once again, provides GP practices with an ample opportunity to commit to positive changes large and small that will pave the way forward for a better experience for patients.

As GP surgeries strive to become more accessible and open, we continue to monitor progress and encourage patient feedback throughout our daily Healthwatch activities.

We welcome the following responses to our recommendations from NHS Greater Manchester Integrated Care and the Northern Care Alliance, and look forward to reporting on the progress of our recommendations during the summer of 2023.

To recap, our recommendations included:

## Communication

- GP services and secondary care to work in a more co-ordinated way and patients to be better informed about their referral pathway

## Response from NHS Greater Manchester Integrated Care:

**“Good organisation of care between primary, community and secondary care is essential in ensuring that patients receive high quality care. GM Integrated Care have developed some Primary, Community and Secondary Care Principles, which will be implemented in Salford to ensure that healthcare providers work together in a more coordinated way. In addition to this, there is also the GM ‘While you wait’ website [www.whileyouwait.org.uk](http://www.whileyouwait.org.uk), for Those Awaiting Treatment is available, along with the NHS Planned care website [www.myplannedcare.nhs.uk](http://www.myplannedcare.nhs.uk) that provides advice and support while waiting for hospital treatment and helps patients and carers to prepare for a hospital consultation, treatment, or surgery. This includes giving information about**

**hospital waiting times and the availability of other supporting and local services while waiting. This site is updated weekly and can be viewed by anyone, which means the patient, their family or carer as well as NHS teams can all see the latest information”**

- Improvements are required to ensure patients are given timely access to their prescribed medication.

### **Response from NHS Greater Manchester Integrated Care:**

**“GM Integrated Care have produced documents titled ‘Primary Care Demand Supporting General Practice’ and ‘Community Pharmacy’, which outline a number of recommendations including:**

- o **Managing patient expectations**
- o **Strengthening communication between general practice and community pharmacy**
- o **Reducing the number of short notice routine repeat prescription requests**

- Explanation is given to patients when they first contact the surgery so that they understand the reasons why they may be asked some personal information by the reception team (this is similar to the recommendation in our previous report on GP services in 2019)

### **Patient and staff Ideas**

- GP services to look at and consider the range of improvements suggested throughout this report by patients and staff, to improve their overall experience, in particular:
  - o Increasing the patient’s choice of the number of ways in which they can make an appointment
  - o Improving on phone calls into the surgery to alleviate the 8am race, which is so prevalent at many surgeries
  - o Increase the number of out-of-hours appointments available
  - o Make better use of online and app technologies to enable patients to engage with practices away from the telephone

- Training frontline staff on clinical triage to equip them better when making decisions about where to direct patients
- GP services to look at staff welfare

## **Patient information**

- GP services and commissioners to look at effective patient information campaigns to enable patients to make the right choice of where they access healthcare.

### **Response from NHS Greater Manchester Integrated Care:**

**“The Salford communications team at NHS Greater Manchester Integrated Care (formerly Salford CCG) created a local campaign called ‘Right treatment, right place’ to inform people which is the most appropriate service to use for a particular condition or illness (self-care, NHS111, pharmacy, GP or A&E). The campaign was launched in June 2021 and is still ongoing on our social media channels. To date there have been:**

- **407 social media posts (203 Facebook, 204 Twitter)**
- **160 clicks (to website)**
- **122,800 reach (different people have viewed the information)**

**For information, the Twitter account has 17,206 followers and Facebook has 11,494 followers.**

**In addition to social media, the campaign was amplified last winter and was run on outdoor advertising (billboards, telephone kiosks), bus rears, pharmacy bags, digital radio, adverts in the Salford Weekly News and digital adverts. This paid-for activity focused mostly on self-care and pharmacies. There is currently no budget to repeat this paid-for activity, but there are plans for a similar campaign at a Greater Manchester level.”**

**(See also ‘Patient information’ on pages 37 & 38)**

## Northern Care Alliance

Whilst this report focused on the outcomes of patients who had been using GP services, given that we had identified some communication issues, we felt it was important to share our findings with the Northern Care Alliance (responsible for secondary care at Salford Royal Hospital). Upon receipt of this report the Northern Care Alliance responded:

**“A transformation improvement programme called ‘Waiting Well’, led by a team of NHS experts has been created to look at these issues. The first phase of this work focused on validating waiting lists, which has helped to streamline our processes. The team are now working on how we can improve communication with patients on the waiting list.**

**Additionally, our staff are following Greater Manchester/National approach by directing our patients to the “My Planned Care” service for indicative waiting times.**

**Our staff signpost patients to ‘While you Wait’ website which provides a wealth of information on local help and support which can be utilised to assist our patients.**

**We are also exploring what would be the most helpful additional information we can send out on our patient letters.**

**This is all work in progress, and the contents of this Healthwatch report has provided us with some valuable insights which will help us to shape our improvements.”**

## Next steps...

We will revisit our recommendations during the summer of 2023 to report on progress and look forward to working with commissioners and providers of GP services as they strive to improve patients overall experience.

For more details on this project, please contact Mark Lupton (project lead) on: 0330 355 0300 or [mark@healthwatchsalford.co.uk](mailto:mark@healthwatchsalford.co.uk)

# Patient information

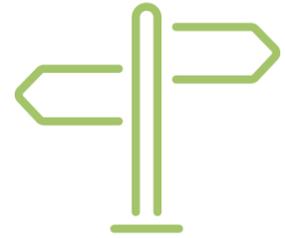
## GP practice

Every GP practice in Salford is open for expert medical advice, examinations, treatment and prescriptions

If you have tested positive or have symptoms of Covid-19, try to stay at home and avoid contact with others.



**NHS**  
Greater Manchester  
Integrated Care



## NHS 111

Tried home remedies, still feeling unwell and unsure where to go? Call NHS 111 who will assess your symptoms and advise you what to do next

If you have tested positive or have symptoms of Covid-19, try to stay at home and avoid contact with others.



**NHS**  
Greater Manchester  
Integrated Care

## Emergency Department

If it's not a 999 call but you still think you need to go to the Emergency Department, call NHS 111 first to book an assessment time

If you have tested positive or have symptoms of Covid-19, try to stay at home and avoid contact with others.



**NHS**  
Greater Manchester  
Integrated Care



# Patient information

## 999

Call 999 for life-threatening emergencies. This is when someone is seriously ill or injured and their life is at risk

If you have tested positive or have symptoms of Covid-19, try to stay at home and avoid contact with others.



## Self-care

If you are feeling under the weather and taking care of yourself at home, use home remedies or over-the-counter products

If you have tested positive or have symptoms of Covid-19, try to stay at home and avoid contact with others.



## Pharmacy

If you are feeling unwell but don't need to see a GP, speak to your local pharmacist who can offer you advice on over-the-counter products

If you have tested positive or have symptoms of Covid-19, try to stay at home and avoid contact with others.



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# healthwatch

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