

# GP Access Report

Experiences of accessing GP services in Derbyshire



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# About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012 and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who builds a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

# Summary

The ways in which patients access their GP services is changing, the Covid-19 pandemic has accelerated many of these changes but even prior to the pandemic many GPs were increasingly offering a wider range of ways to access their services.

Face-to-face appointments are traditionally how many patients would access their GP; however, this is not the only option available, and for some patients and their individual health concerns, alternative appointments may be more suitable and even preferable for their lifestyle.

In response to the Covid-19 pandemic, GP surgeries offered alternatives to face-to-face appointments that included access to care moving to a triage system, online bookings, and video and phone consultations.

Part of the role of Healthwatch Derbyshire (HWD) is to understand the experience of people using these services and to give people the opportunity to speak up and have their voices heard.

Collecting feedback and providing opportunities for people to share their experiences with HWD means that we often hear about the issues and difficulties people face.

As services started pandemic recovery and a level of normality returned, patients were contacting us with their frustrations at not being able to access face-to-face appointments. The perception from some patients appeared they expected GP services to be delivered in the same way as before the pandemic.

As of October 2022 there are 1,115,331 people registered with a GP practice in Derbyshire, including Derby city.

## Method

Throughout the summer of 2022, HWD ran a survey to hear from patients, carers, and the wider public, offering an opportunity to share their views and recent

experiences of accessing their GP. An easy-read version of the survey was also created, and paper copies were shared on request.

Feedback from the survey will help local health providers to understand how the ways in which appointments are accessed affect patients. The findings and recommendations contained in this report will be shared with GP practices as well as Derby & Derbyshire Integrated Care Board which is responsible for commissioning and providing GP services.

The survey was shared widely on our social media channels. Our social media promotion ran from June through to August. On Facebook, Twitter, and Instagram the survey had a combined reach of 30,499. This is the total number of unique accounts that viewed our campaign to promote the survey. Social media posts promoting the survey were shared over 120 times.

The survey was also promoted amongst our networks, with almost 200 organisations and groups working across the county invited to share the survey with their members. We also shared the survey with all GP surgeries in Derbyshire, with a request to promote it to their patients and Patient Participation Groups (PPGs). We promoted the survey at events attended by our engagement team and used this as an opportunity to gather some more in-depth comments and feedback, in addition to completing the online survey.

In total, we received 1,135 responses to the online survey, 158 responses to the easy-read version, and 77 responses either in person at events and engagements or from paper copies of the survey. We received responses from patients of almost every GP practice in Derbyshire.

## Findings

The survey asked respondents a range of questions including which area of Derbyshire they lived in, the name of their GP practice, when they last contacted their GP, and the reason for the contact (urgent, non-urgent, test results, review, follow-up, or other). We also asked respondents **how they contacted their GP** and 77% stated they did this via a telephone call.

## Contacting your GP

When we asked, **'How many times did you telephone your GP practice before you were able to speak to a member of staff?'** the majority of respondents (65%) stated between 1-3 times.

Of those who were able to contact their practice by telephone, 45% of respondents told us it took less than 10 minutes for their call to be answered. 73% got through within 20 minutes and 83% got through within 30 minutes. These percentages are accumulative, with the main findings being 17% had to wait longer than 30 minutes and almost half at 45% took less than 10 minutes to get through to their GP practice.

However, 50% of relevant responses answered 'No' when asked, **'Are you satisfied with the length of time taken to answer your telephone call?'** This shows that respondents have a level of expectation around how long they should have to wait to have their call answered.

In our easy-read version of the survey, we asked, **'Tell us how easy it was to get an appointment at your GP practice'** and 54% of people described it as 'hard'. This is a broadly even split with those who found it 'easy' or 'okay' at 46%.

### Tell us how easy it was to get an appointment at your GP practice



"Very difficult to get through on the phone and when you manage to eventually get through there are no appointments left for the day, the appointments are given on a daily basis. If you can't get an appointment you have to try again the next day."



### Tell us how easy it was to get an appointment at your GP practice



"When you phone, a friendly well-trained receptionist answers, asks some questions and there's a triage system offering phone call back from a health professional who decides if an appointment is needed. This system started before Covid and has improved in my experience."



## Appointment type

We asked respondents about **their most recent appointment type**. 47% said they had a telephone appointment after contacting the practice and 38% had a face-to-face appointment after contacting the practice.

Most respondents stated that their appointment was conducted via telephone, closely followed by a face-to-face appointment. These findings reflect Derbyshire GP appointment figures from May 2022, where 357,001 appointments were carried out face-to-face, and 146,091 appointments were carried out by telephone (May 22 Derbyshire GP Appointment Highlights, NHS Derby and Derbyshire Integrated Care Board).

## eConsult/web-based

Of those respondents who told us they have used eConsult or another web-based form, 56% rated their experience as very good or fairly good.

Of those who rated eConsult as 'good', their comments focussed on ease of use, responsiveness, ability to send queries and questions not just appointment requests, and saving time waiting for the phone to be answered.

Where there was a negative experience of eConsult, the reasons for this included repetitious – too many questions, inability to book appointments, inability to cancel or reschedule appointments, and limited times of availability.

### Using eConsult for appointments



"I contacted my practice and indicated that this was not an urgent matter. I got a response within a couple of hours and a GP phoned me the next day who then prescribed me some antibiotics which I picked up the following day.

"Really easy. I have used e-Consult a few times and the response has always been the same, sometimes I even get a phone call the same day. I'd always opt for this option in the future rather than phoning the practice, it's so simple."



## Using eConsult for appointments



“Too time-consuming to fill out the form and never a convenient time when the GP calls back to discuss as it's usually the next day.

“I don't feel the system works for full-time working people. I had two call-backs that were unannounced therefore I wasn't given enough time to exit the office (I don't want to discuss my ailments with work colleagues present) the call-back system would work better if I knew when to expect the call.”



## Telephone consultations

When patients told us their recent experience included a telephone consultation, we asked, '**Were you called back at the time/time frame advised?**' 82% said they were, and 80% stated that this time frame was convenient for them.

### Telephone consultation – called back as advised and convenient for patient



“It was reassuring to know that the time frame was adhered to and it helped my dad to care for my mum in their daily routine, knowing roughly when the call was going to happen. It meant he could be prepared by having his phone by him and have his thoughts in order before speaking.”

“It meant I could get on with my day at home whilst listening for the phone. It also meant I could keep other calls to a minimum length of time to try to prevent my phone from being busy when the doctor called.”



## Telephone consultation – not convenient for the patient



“I had to have my mobile on at work which is not normally permitted. The call came through when I was in a meeting.”

“I couldn't take or make other calls in case doctor rang, couldn't go out etc.”



“I was not offered a face-to-face appointment and I am working in an area where there is no phone signal, making it very difficult.”

## Practice staff & outcomes

**The survey asked respondents who their appointment was with, whether face-to-face, online, by email, or by telephone.** The highest responses were GP (60%) nurse practitioner (13%) and practice nurse (6%).

We then went on to ask, **‘Do you think you saw (or had a consultation with) the practice member who was best placed to deal with your issue/concern?’** 66% said Yes, 16% said No, and 18% said they were Unsure.

We also asked, **‘Were you clear at the end of your consultation/appointment about your diagnosis, treatment, or any next steps in your care?’** 68% were clear about their diagnosis/treatment/next steps, 19% were unclear about their diagnosis/treatment/next steps and 13% were unsure about their diagnosis/treatment/next steps.

## GP patient survey

The findings from this HWD survey should be considered in line with other recent survey results, including the GP Patient Survey (GPPS) and an England-wide survey providing data about patients' experiences of their GP practices.

Results from the Derbyshire GPPS showed responses ranged from 60% to 85% across PCNs where people described their experience of their GP as 'Good'.

Satisfaction around being treated with care and concern by a healthcare professional was high at 84%, this demonstrates that patients are happy once they can see their GP or healthcare professional, but the process of getting an appointment is where they experience difficulties. The GPPS survey reports of 50/50 split when asking how easy it is to get through to someone at your GP practice on the phone, this is mirrored in our own survey findings.

## Recommendations

Based on the findings from the survey carried out, the following recommendations are made:

- Consider how practices use eConsult or other web-based forms of appointments. The service received many positive comments, yet there is low awareness from patients of whether this is offered by a practice. When asked 59% said they were unsure if their GP practice offers eConsult or another web-based form. Survey respondents also saw the benefits of this type of appointment as a way of freeing up phone lines or face-to-face appointments.
- Consider opportunities within individual practices for alternative practitioners to GPs. Many respondents reported seeing an alternative healthcare professional, *and* they felt this was the right person. Patients may not be aware that there are other professionals able to treat them, apart from a GP, and this could be promoted further to patients.
- One of the most frequently occurring themes for what could have been improved was the appointment booking/contact system. Some comments gathered in the survey also reflect long wait times. Respondents told us they want a clear and accessible appointment booking system in place with different methods offered, online, phone, or going to practice to book.

- A frequently occurring theme and feedback about what worked well is clear communication between the patient and health professional. Consideration is to be given to the use of tools for communicating and keeping patients up to date with any changes or developments around access to services, and that communication should be clear and easy to understand.

## Executive Summary

### What worked well and what could be improved

As part of the survey, we were also able to identify the top five factors that make the most difference when things go right, as well as where they could be improved.

We asked respondents, **'What was good about your consultation/appointment? (Please tell us the things that worked well for you, for example, timing, technology that worked well, staff approach, treatment etc.)'** This gave respondents the opportunity to tell us in their own words the positive elements of their experience.

The responses were identified within different categories of the most frequently occurring themes and feedback. The five most common responses, in order of majority, as to 'what was good about your appointment' are:

- Compassion is shown during the appointment
- Telephone appointment is appropriate, convenient, and met the person's need
- Responsive – the practice/staff member/health professional responds to questions, query concern raised, and/or do what they say they will do, (within an appropriate timescale)
- Clear communication between the patient and health professional so the patient understood
- Short wait (acceptable for the patient) for an appointment.

Similarly, we also asked, '**Was there anything about your consultation/appointment that could have been improved? (Please tell us what didn't work so well for you, for example, timing, technology, staff approach, treatment etc.)**' Again, the most frequently occurring themes were identified into categories, with the most common responses, in order of majority:

- Access to a face-to-face appointment
- Short wait (acceptable to the patient) for an appointment
- Appointment booking /contact system
- Specific time scheduled for the appointment
- Responsive - the practice/staff member/health professional respond to questions, query concern raised, and/or do what they say they will do, (within an appropriate timescale).

As can be seen in the findings above, there is a correlation between the responses as to what makes for a good appointment are also areas that people have said need to be improved. Where there are differences in what worked well and what could be improved; patients ranked compassion shown during the appointment as the most positive element, and access to a face-to-face appointment was identified as the top priority for what could be improved. The similarities can be found in considering a short wait for an appointment, as this was identified as something that worked well for some patients but also demonstrated an area for improvement for other patients.

Also identified in what worked well and what could be improved, the survey told us that responsiveness is important. Patients have a good experience if the practice says what they are going to do/offer and then does it within the timescale given. They are responsive. When surgeries do not do what they say they will or offer (appointments) they are not responsive, and patients are dissatisfied.

The survey results identified some key themes around 'good' patient experiences. A GP system that is already facing high demand may benefit from additional resources, but there are steps that can be taken to improve the patient experience with existing availability and resource. Consideration should be given to communication, managing expectations, and responsiveness, as

identified in our top five factors that make the most difference when things go right.

The work captured in this report carried out by HWD is not intended as a critique of GP services during a time of pandemic recovery whilst still faced with ongoing challenges, but rather to highlight the experiences of patients in accessing their GP service, identifying areas for improvement and encourage the sharing of good practice.

There were many positive responses to the survey, both in terms of what GP practices are doing well and the positive experiences of patients. Practices may wish to share and promote the findings to help challenge any negative perceptions, as well as serve to recognise the pressures on healthcare professionals and their continued hard work in the face of difficult circumstances.

## Next steps

This report is to be shared with GP practices across Derbyshire, with an offer of their individual practice data being made available to them on request, along with comment detail for relevant questions. The report will also be shared with Derbyshire PPG Network to share amongst their members.

Practices are encouraged to discuss the findings with their PPG and look at ways of implementing recommendations, seeking further feedback from their patients for clarity. HWD would welcome further discussions on how we can support practices as well as hearing how the findings from the survey have been used.

The report will be shared with PCNs, Joined Up Care Derbyshire, and Healthwatch England.

# Responses from Health & Care System in Derbyshire

## Response from Derby and Derbyshire Local Medical Committee:

Derby and Derbyshire LMC welcome this report and the work of Healthwatch Derbyshire to capture the experience of residents when accessing care from their General Practice.

We welcome the positive experiences of many respondents when accessing their surgeries but also recognise the frustrations. Demand for General Practice appointments has been higher since the Covid pandemic than prior to it with appointment levels provided in General Practice some 20% higher comparing 2022 with 2019. This is despite a reduction in the number of GPs over that time, hence the need to try and use other members of the primary healthcare team to meet the needs of patients. Triage allows practices the opportunity to try and ensure the person is seen by the right member of the team first time and increasingly this might be someone like a first contact physiotherapist or a clinical pharmacist rather than a GP. This allows GPs to focus on the work that only they can do but it does mean people may not see their GP in the way they were used to doing.

At the start of the pandemic General Practice was instructed nationally to move to a process of total triage where all patients were assessed on the telephone ahead of a face to face consultation. This was done very successfully with many patients preferring the convenience of telephone consultations over a face to face attendance. Infection prevention and control measures also required rooms to be cleaned after each patient which significantly slowed down the rate at which face to face consultations could be done making telephone consultations a more efficient way of meeting demand. These rules have been relaxed progressively over time allowing a return to more face to face appointments as part of a blended access offer which now includes telephone and sometimes online consultations as well.

Despite these freedoms however demand continues to exceed supply with General Practice in Derbyshire currently providing almost twice as many appointments as it is effectively funded to do. These pressures and a greater number of GPs retiring or leaving the profession than being trained means there are no easy solutions and access will continue to be a challenge. We remain grateful to HWD for their work in helping to understand the challenges.

**Dr Ben Milton, Medical Director, Derby and Derbyshire Local Medical Committee**

## **Response from NHS Derby and Derbyshire Integrated Care Board:**

We're very grateful to colleagues at Healthwatch Derbyshire for collecting the thoughts of local patients on their experiences of accessing general practice. We're also very grateful to everyone that responded to the survey. This type of survey is really helpful to us, as we can put it alongside other information and get a richer picture of how services are working for the benefit of patients. The findings of the survey are welcomed, and we are pleased with the high levels of satisfaction the survey outlines though we do understand the concerns that people have about access.

We continue to work with our colleagues in General Practice to make improvements in all of the areas referenced in the survey questions, whether this be appointment systems, online booking applications, the range of staff working in practices and the types of appointment available, whether on the telephone or face-to-face. We have issued a campaign to promote the range of roles available in general practice and will continue this through 2023, along with raising awareness of use of online booking and information tools, such as e-consult and the NHS App. In 2022 we also started to get more data on GP appointments. This survey very helpfully adds to that by helping us to hear the voices of the people of Derbyshire and their experiences of accessing their GPs. We will use that data and the findings of this survey to support practices to continue to improve their access for patients.

In response to the issues raised through the survey, we will continue to work to:

- Use the GP appointment data and the results of this survey to identify, support and work with practices where patients are struggling the most to get access to services;
- Use IT and technology where possible to improve access, by giving every GP practice the capability to provide patients with:
  - The ability to submit an electronic form for triage by the GP practice for non-urgent and administrative tasks;
  - The opportunity for patients to share documents and images with GP practices as part of the consultation process;
  - The opportunity for patients to be sent online forms to capture information outside of the appointment for those cases where this is clinically relevant;
- Make sure patients know about and can access the full range of services available in primary care including community pharmacists and

optometrists and the new roles that we are recruiting to including pharmacists, community paramedics and mental health workers

**Clive Newman, Director of GP Development, NHS Derby and Derbyshire Integrated Care Board**

## Further Resources

- [https://www.kingsfund.org.uk/sites/default/files/2022-08/How%20to%20make%20change%20happen%20in%20general%20practice\\_Aug-2022.pdf](https://www.kingsfund.org.uk/sites/default/files/2022-08/How%20to%20make%20change%20happen%20in%20general%20practice_Aug-2022.pdf)

'How to make change happen in general practice' The first point – "Changes work best when they're driven bottom-up" sights patient surveys and feedback as part of this process.

- <https://www.gp-patient.co.uk/practices-search>

GP Patient Survey practice comparison and reports which can be broken down by National, ICS, PCN and GP practice.

## Thank you

Healthwatch Derbyshire would like to thank all those who contributed to the survey who shared their experiences and feedback with us. We'd also like to thank the professionals and public across Derbyshire in our networks and beyond who shared the survey and enabled a high volume of responses. We also send our thanks to the HWD volunteer who gave up their time to assist in the analysis of the survey responses.

## Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all GP patients within Derbyshire but nevertheless offer useful insight.

It is important to note that the engagement was carried out within a specific time frame and therefore only provides a snapshot of the patient experience collected. They are the genuine thoughts, feelings, and issues GP patients have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

As the survey contained qualitative data it is important to consider how this is interpreted and to ensure the avoidance of bias. There are ways to try to maintain objectivity and avoid bias with qualitative data analysis, and these include the use of multiple people to code the data and reviewing any findings with peers. HWD Engagement Team worked on the survey, data analysis, and this report, with different members of staff involved. HWD volunteers were also involved, and a volunteer was able to check the results and findings and ensure objectivity.



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