
Methods of GP access Report

healthwatch
Walsall



October 2020

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***Healthwatch Walsall = HwW**

About Healthwatch Walsall

Healthwatch Walsall is an independent consumer champion created to gather and represent the views of the public. Healthwatch will play a role at both national and local level and will make sure that the views of the public and people who use services are considered.

At a local level, Healthwatch Walsall will work to help people get the best out of the health and social care services in their area, whether it is improving them today or helping to shape them for tomorrow.

Your local Healthwatch is all about local voices being able to influence the delivery and design of their services - not just people for who use them, but for anyone who might need them in the future.

On a strategic level, Healthwatch collaborate with commissioners, stakeholders and service providers to Inform local policy and co-produce service design when we can. Healthwatch Walsall influence to gain better outcomes for people and communities accessing current and future services.

Introduction

This project was an agreed piece of work from patients/service user experiences we received during 2019/2020. Patients indicated that they were having difficulties contacting a number of GP surgeries/practices.

Patient intelligence was gathered from various sources: our online service feedback centre, face to face outreach, calls to our Freephone telephone number and our Email info@ account.

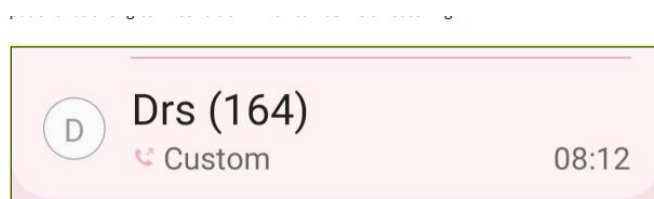
It should be noted that this intelligence was gathered and was happening prior to the outbreak of COVID-19.

COVID-19 then broke out early this year in the UK. Patients were still finding it difficult to contact for diagnostic investigation and results, repeat medication and other results.

In addition, there has been a greater move to online use of services which may not be open to all and may not be practical for some sections of the community who are not technology aware, experienced or have the funds to maintain internet access.

There was also concern that if patients were not readily able to access their GP services, where were they getting healthcare?

One particular example of the difficulties in contacting a GP surgery/practice is highlighted below. One patient attempted to call their GP surgery/practice 164 times in 14 minutes to book an appointment to discuss their medication as they had a rare immune system condition.



*Screen shot from patient phone appeared in our Intelligence report issued September/October 2019

Link to report: <https://tinyurl.com/y6m28yhw>

Methodology

It was decided that the project would be split into two parts. For the purposes of this report, each process will be named 'Part A and Part B.'

Part A

This was carried out in the form of an online patient survey with set questions and the opportunities to expand in free type to offer further insight or comments.

The survey was available via our website and was distributed via social media platforms and contact networks to attract as many participants as possible.

Part B

This was carried out by a small group of volunteers and HwW staff undertaking a 'mystery shopper' exercise by calling a selection of surgeries/practices.

The selection of practices to call were drawn from a GP list supplied by Walsall Clinical Commissioning Group, based on available resource of volunteers and staff available to undertake the calls at the time. This equated to 44 surgeries/practices out of a possible 52.

Attempts were made to call each surgery/practice one day a week, in the morning and afternoon over a 6-week period. The weekly calls were made on different days across Monday to Friday, AM and PM. We were able to ascertain the number of times/attempts it took to make contact and access the service.

We recorded the number of attempts, length of time and the length of time before speaking to a staff member.

Part A - Online Survey

Findings

- There were 84 survey responses.
- 39 of respondents had tried to call their GP surgery/practice during COVID-19 outbreak.
- 49 respondents called between 8.00am and 10.00am.
- 42 respondents said that they could get through to their surgery/practice, but 28 were not able to get through and 14 were able to get through sometimes.
- 11 respondents telephoned more than 30 times to get through to their surgery/practice on one occasion.
- 55 respondents tried between one to 6 times before getting through.
- One respondent commented that they had tried 120 times to get through on the phone.
- 41 respondents sought to contact their GP surgery/practice over a period of 1-3 days.
- 5 respondents said that they had tried for one or more weeks.
- 29 said that they had waited for 2-5 minutes to speak to someone. With 21 respondents stating that they had waited for more than 10 minutes. 14 respondents said that they had waited for a minute or less.
- 61 respondents were triaged by reception staff when they got through.
- 36 respondents said that they had been directed to a practitioner to meet their needs and 31 said that they had not.
- Of those that had been triaged by the staff, 26 respondents said that it had worked for them and 37 it had not worked for them.
- 21 respondents had contacted their surgery practice with an undiagnosed issue and 15 in relation to multiple health conditions.
- 31 respondents said that they had their issue resolved and 26 said that their issue was partly resolved. 15 said that they had not had their issue resolved.
- 40 respondents would not like to continue to be triaged this way. 20 were happy to be triaged and 18 were unsure.

- 37 respondents felt that contact times available suited their needs. 24 did not and 20 stated that their needs changed.
- 32 respondents had mixed feelings regarding the effectiveness of their GP practices telephone system. 25 rated as very poor and 7 rated as poor. 8 respondents very good and 12 good.
- 43 respondents do not use online appointments, 23 did and 18 used them sometimes.
- 62 respondents know about web-based communications and services with their surgery.
- Of those that had used web based, 27 respondents had not found it easy to use, 18 had found it easy to use and 16 sometimes said it had not worked.
- 11 respondents had additional needs.
- 17 respondents who were not able to contact their GP surgery/practice did nothing, 12 had sought advice through the internet, 10 had self-treated and 10 had spoken to a pharmacist.

Respondents comments (collated from survey)

Respondents were asked what recommendations they would make that would improve their experience of accessing their GP practice by telephone.

There were a number of comments about the length of messages when they are initially connected to the practice but before someone answers their call.

1 respondent suggested that messages be limited to **'10 seconds and use buttons e.g. press button 2 for important information and advice on COVID-19 so we can avoid the delay listening to information we don't want or have heard'**.

Others spoke about a lack of appointments when they did get through to the surgery. One respondent commented that an improvement would be **'less waiting time to be answered only to be told no appointments and to ring back the next day'**.

There was mixed feedback about the use of answer phones with one respondent commenting that they **'would much prefer to speak to a person when I phone instead of a recorded voice. It is very impersonal and cold'** whilst another suggested that there should be **'a message service so people can leave their details and a brief outline of the problem and this is monitored continually by a member of staff who forwards it to the relevant member of staff to engage.'**

'I would suggest that receptionists are trained in customer relations... they need to understand that they are there for us the patients and not be obstructive or unhelpful... some receptionists are positively hostile.'

There were some comments on the limitations of E-consult with one saying that the system **'kicks you off constantly or it takes too long to fill in when you are not feeling well'** and another saying that they would like to **'just be able to telephone the surgery to request an appointment; not to have to use E-consult as I feel this is for the doctor's convenience not the patients.'**

There were also comments about the timing of call backs from doctors. One commented that they would like to have a **'set time to be called back by a healthcare professional'** and another said, **'it's a huge waste of time hanging around waiting for a call.'**

To find out what the impact was when patients are not getting access to GP services, we contacted another healthcare provider. We posed 3 questions.

- Q1. Have you had an increase in patient attendance that could not get a face-to-face appointment with their own GP?
- Q.2 Have you been told by attending patients that surgeries have been referring them to your service to seek face to face consultation?
- Q.3 The attending patients' conditions, could they have been dealt with at GP appointment?

The answer came back... 'In short - Yes, Yes and Yes.'

I understand that it's a challenging time for all and the landscape of appointments has changed dramatically, but this is having a detrimental impact on the poor patients who are probably incredibly confused about how to access services.

Part A Recommendations

- Patient awareness of online services could be increased.
- A telephone system that enables patients to select options to take them to the professional to meet their need.
- The reasons and benefits of triage should be explained to patients if not already being done.
- Consider if frontline GP staff should receive customer service training.
- Surgeries/practices could consider having telephone systems that have adequate incoming lines for patients and are staffed at surge periods to meet need.
- Consideration should be given to the availability and suitability of digitised access and communications to such groups as Learning Disabilities, Deaf or hearing impaired, Blind and visually impaired, Non-English reading or speaking groups. As well as the level of equipment access that is needed if online is to be the way forward.
- There needs to be a detailed study of the effects when patients cannot access GP services in terms of the impact on other services and resources as well as patient healthcare outcomes. It may mean that patients are not diagnosed and treated until an acute condition requires intervention. Outcomes may be life altering or life threatening?
- A further investigation into the levels of IT/Web knowledge and access could be made to ascertain the levels of those who are digitally challenged for various reasons or choose not to use digital technology and to establish access routes for those patients.
- Patients need assurance that they can contact their GP surgery/practice to access services. They may either neglect their condition which may escalate, requiring acute intervention later or visit other providers placing additional pressures on those services.

Part B - *Mystery Shopper

***Mystery shopper** = individuals who test the response rate, time and length of time to speak to a surgery/ practice staff member.

Findings

Planned calls	Actual calls	% achieved
528	464	87

- 402 of 464 calls were answered/connected 1st call (87%), 62 calls were not answered or connected on the 1st Call (13%).
- On 28 occasions calls took more than 5 attempts to get through.
- The most calls made to a GP surgery/practice before getting through was 61 attempts.
- Messages varied in length with lots of information to take in.
- Some messages were confusing around opening times from the GP website.
- Many messages directed patients to use online services, eConsult.
- Calls were cut off after connecting or a message was played through.
- The longest wait on a phone to get through and speak to someone was 43 minutes and this was after 30 attempts to get through, a message playing and the caller being on hold.
- Whilst the majority of calls were answered promptly by most of the surgeries, there were concerns about the extended wait times to speak to a receptionist due to long messages, being placed on hold (in queue).
- After messages were played through there can be a lengthy wait for patients before speaking to a staff member. 43 minutes on one occasion and other patients were cut off.
- Some surgeries/practices have in place an option to select their need i.e. appointment or request repeat prescription, this means patients get to where they need to be quicker and releases other departments to meet other patients' needs.
- When there is a queuing system in place the queue can vary from less than 10 to more than 20. These numbers may represent a long wait/cost for patients.
- Some messages did identify carers and asked them to identify themselves as a carer to reception staff.
- On a number of occasions after the message is played patients were directed to book appointments online via E-Consult.

Notable number of call attempts before getting through.

Surgery/practice	Number of call attempts in one session
Sina Health Centre	61, 26, 10, 11, 5
Blakenall Family Practice	34, 32, 25, 20
Northgate Practice	43, 38, 12
Portland Medical Practice	22, 6
New Invention Practice	39, 21, 5

Surgery/practice	Number of call attempts in one session
Palfrey	15, 7, 7
Blackwood	30, 7,
Pinfold Bloxwich	13

Also, as part of this process, surgeries/practices were also asked for 5 questions:

Questions	Yes	No	No response*
Q1. Do you offer online appointments?	40	2	2
Q2. Are online appointments booking system available during COVID-19?	25	18	3
Q.3 Do you offer online repeat prescriptions?	39	2	3
Q.4 Is there information on your website of how to book online appointments?	35	1	8
Q.5 Do you inform patients who are unable get an appointment about Extra GP Appointments in Walsall or Urgent Care Centre?	41		3

*No response may mean question was not answered, staff member did not wish to answer or did not know the answer.

From the sample of 44 surgeries asked:

- 91% of the sample surgeries offer online appointments.
- During COVID-19 the online appointment booking was only 57% available.
- 89% offer online repeat prescriptions.
- 80% have online information on how to book online appointments.
- 93% of surgeries refer patients to other care venues if an appointment cannot be made to meet patients' needs.

During this work we received several calls from patients who were unable to contact their surgery by phone. They did not have use of the internet or did not wish to contact in that style. The particular surgery had moved two of their other surgeries under one roof.

Whilst not part of the mystery shopper exercise, HwW called the surgeries on behalf of patients until we got through. A staff member commented that the surgery had 'staffing issues', which could have added to the issues of contact with the surgery/practice.

The patients' needs were passed to the surgery staff. On a number of occasions, it took over 30 attempts to get through to the surgeries. The matter was shared with the Practice Manager and later to the Commissioner of GP services. Additional resources have been made available at the surgeries/practices and there has been no further patient contact with HwW to raise the issue. It appears there has been an improvement.

We received calls from other health/social care professionals who had been trying to contact GP surgeries for a medication update and a safeguarding issue. They too had not been able to access the surgery/practice when urgently needed.

Part B Recommendations

- Ensure GP phone systems and staffing levels meet patient numbers/demand.
- Consider a recall/call back system in place so patients are not kept online waiting (some patients may incur costs by being kept on hold).
- If not, messaging is up to date, valid no more than 1 minute in length.
- Consider an option to skip messaging.
- Telephone systems have an audible queuing system so that patients know where they are in the queue.
- If there is a patient queuing system in place, no more than 10 places in the queue (each queue space will take time to answer so someone is 10th may have a 30 minute plus wait time) if this exceeds more than 10 patients are informed to call back, consider the urgency of call and reschedule?
- Have a separate/alternative surgery contact number for health/social care professionals so that they can quickly access patient records, meet urgent needs such as safeguarding issues etc. This would also reduce the patient wait as parties are not jostling for contact via one number.
- Consider a patient scheduling system so that patients call in time allotted sessions dependent on their need and not a free-for-all from early morning 8.00am onwards.

Conclusion

Telephone Access

The majority of the calls get through first time, but patients have concerns with telephone messages (variety, amount of information, confusing or contradictory information and their length).

An additional concern is the length of time from the end of a message to being spoken to by surgery/practice staff or to join a queue to speak them. This varies in times also.

Telephone contact is important to patients to access healthcare and represents an opportunity for patients to be involved with their healthcare and not just completing an online form. E-Consult and prior 'Push Doctor' offered a quick and convenient vehicle to access healthcare and was aimed at those who could afford and had the equipment to do so.

Online Access

There continues to be a move to deliver services online in many sectors of society. As technology changes and newer users become experienced in time this may be the future. However, inevitably there may be those who get left behind due to access, affordability issues or other physical considerations.

Online, digital access will suit some but not all. Those that cannot or will not access digital services should not be forgotten. The move to 'digital only' may create a new inequality placing those patients at higher risk and other services in higher demand.

Possible Impact

Those patients that cannot access healthcare when they need it from GP surgeries, migrate to other service providers such as Urgent Care, Extra GP Appointments, Local Pharmacists, Emergency Departments and some may turn to Internet web searches for diagnosis and treatment.

Any additional strain on services may affect healthcare of patients and treatable conditions may become long term or even life threatening. Services that have to pick up any demand may in turn have to divert resources to meet patient need thus, those services may become adversely affected, patients that would normally be treated by those services in turn may be affected.

If you wish to comment on the report above, then please

Email: info@healthwatchwalsall.co.uk Or Tel: 0800 470 1660.



To share your patient experiences contact us on

Telephone: 0800 470 1660

Email: info@healthwatchwalsall.co.uk

Website: <https://healthwatchwalsall.co.uk/>

Service feedback review centre page:

<https://healthwatchwalsall.co.uk/services/>

Facebook: HealthwatchWSL

Twitter: @HWWalsall

Instagram: hwwls

YouTube: Healthwatch Walsall 2020

Part of Engaging Communities Solutions



Methods of GP Access - October 2020

Appendices

Part A - Online Survey results & breakdown analysis

There were 84 responses to the survey and not every respondent answered every question. As the number of respondents is relatively low the findings are presented as a count rather than as percentages.

Who responded to the survey?

Participants were asked for the first part of their postcode and the highest number of respondents (28) said that they lived in the WS3 postcode area; 11 said that they lived in WS9 and 10 lived in WS2 whilst another 10 lived in WS4.

The respondents were asked about what practice they used but not all of the practices in Walsall had responses from their patients and there were low numbers attached to each of the practices. Therefore, it would not be meaningful to provide any breakdown of numbers of respondents for each practice.

The practices where there were no responses may need to be specifically targeted to increase engagement with their patients.

60 of the respondents said that they had a long term condition, and 16 said that they did not; 7 of the respondents preferred not to tell us if they had a long term condition.

41 of the respondents said that they were available throughout the day; 25 said that they worked 9-5 on week days and 19 said that their work times were variable. 14 of the respondents said that they had children of school age.

62 of the respondents said that they were aged 45 years or over; 16 were aged 35-44 years; 4 were aged 25-34 years and one was aged 18-24 years. There were no respondents aged under 18. The lack of representation amongst younger people and the large age band of over 45's mean that there is the potential for the results not be representative of those using and accessing online services in primary care.

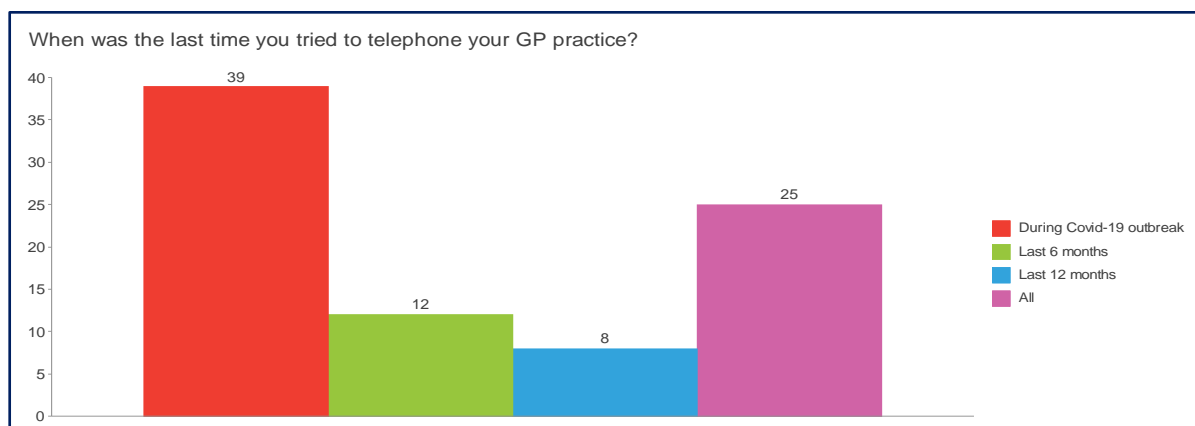
69 of the respondents identified themselves as White British and 5 identified as Asian/British Asian Indian; 2 identified as White Irish and there was one respondent for each who identified as Other White background; Black/Black British African; Other Black background; Asian/Asian British Chinese. A number of ethnic backgrounds were not represented in the responses and therefore, further analysis according to ethnic background and experiences has not been undertaken as it would not be representative.

When asked about their religion or belief 44 respondents said that they were Christian and the next largest group said that they had no religion or belief (20); 11 said that they preferred not to tell us what their religion or belief was. 4 respondents said that they were Sikh; 1 said that they were Muslim and 2 said that they had another religion or belief not listed. As with the other protected characteristic categories, there is under representation in the respondents from across the religious beliefs of the people of Walsall.

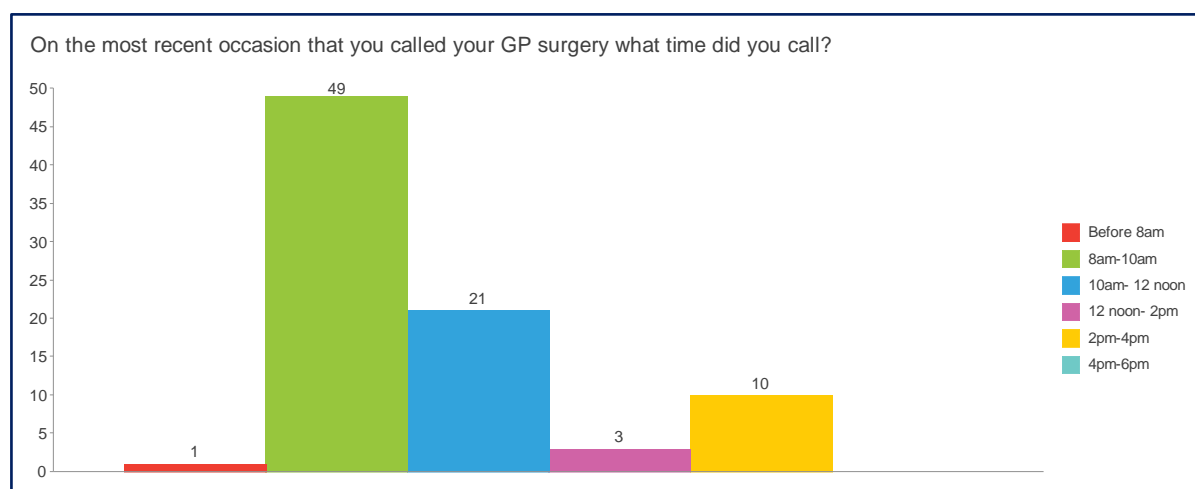
40 of the respondents said that their marital status was married; 0 of the respondents said that they were in a civil partnership; 17 were single and 8 were co-habiting. 65 respondents said that they were heterosexual; 4 said that they were homosexual; 1 bisexual and 8 preferred not to tell us their sexual orientation.

Contact with GP Practices

Respondents were asked when they had last tried to telephone their GP practice. 39 of the respondents said that they had tried to telephone during the Covid-19 pandemic and 25 said that they had tried during the Pandemic, in the last 6 months and the last 12 months.



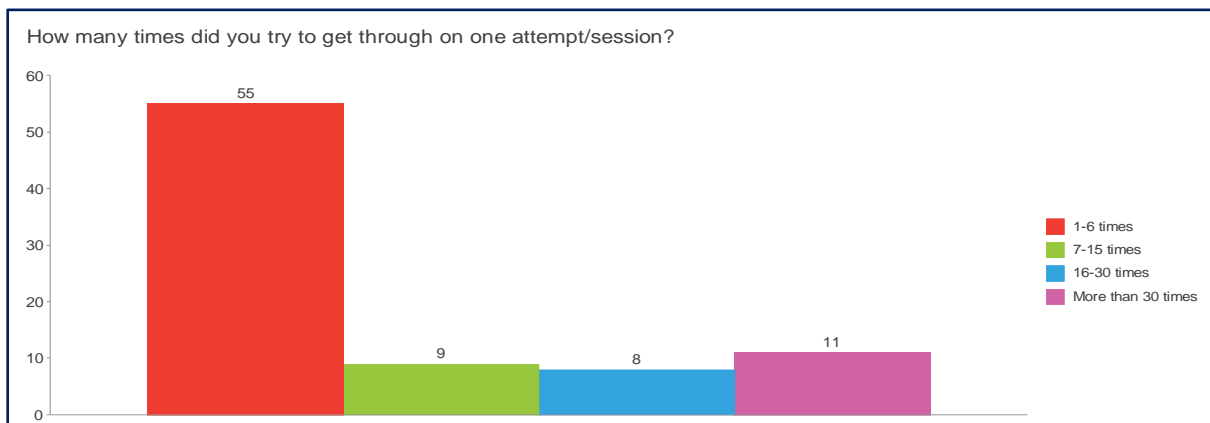
Respondents were asked what time of day they had called on the most recent occasion that they had telephoned their GP practice. 49 of the respondents who answered the question said that they had called between 8am and 10am, making this the most popular answer; 21 said that they had called between 10am and 12pm and 10 said that they had called between 2pm and 4pm. Despite practices generally being open beyond 4pm, 0 respondents said that they called between 4pm and 6pm.



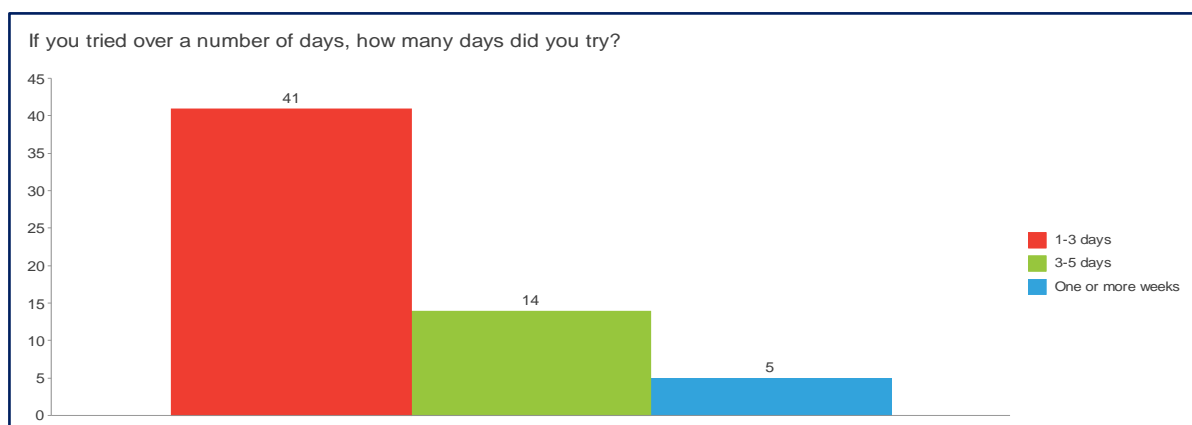
When asked if they were able to get through to their GP practice the highest number of respondents (42) said that they were able to get through. 28 said that they were not able to get through to their practice and 14 said that they were able to get through sometimes.

When asked how many times they had tried to get through at one time, the highest number of respondents (55) said that they had tried between one and six times.

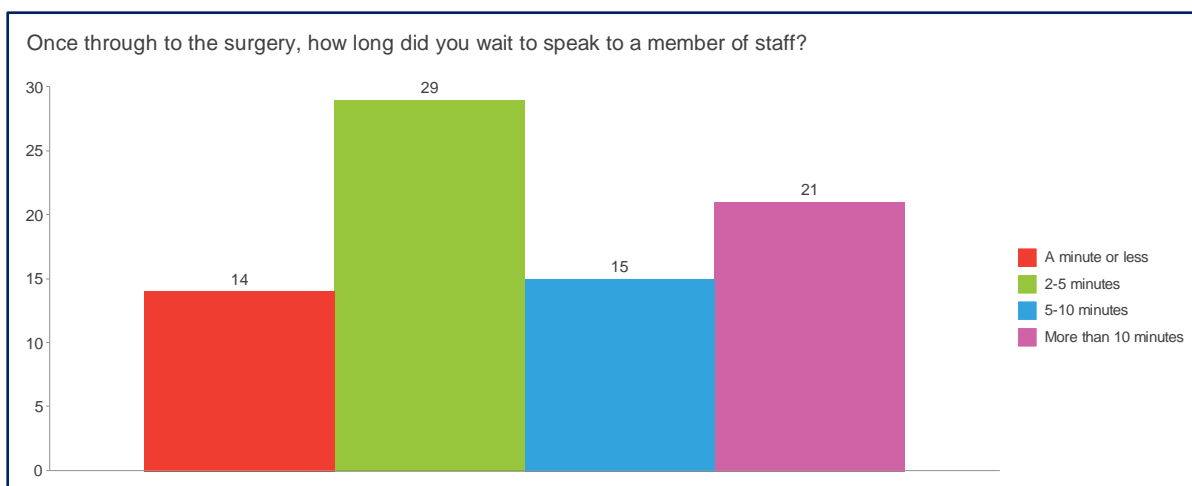
11 of the respondents said that they had tried more than 30 times to get through on one attempt.



Where respondents had tried over a number of days, they were asked how many days they had tried. The highest number of respondents said that they had tried over 1-3 days to get through to their GP practice. 5 respondents said that they had tried for one or more weeks to get through to their GP by telephone.

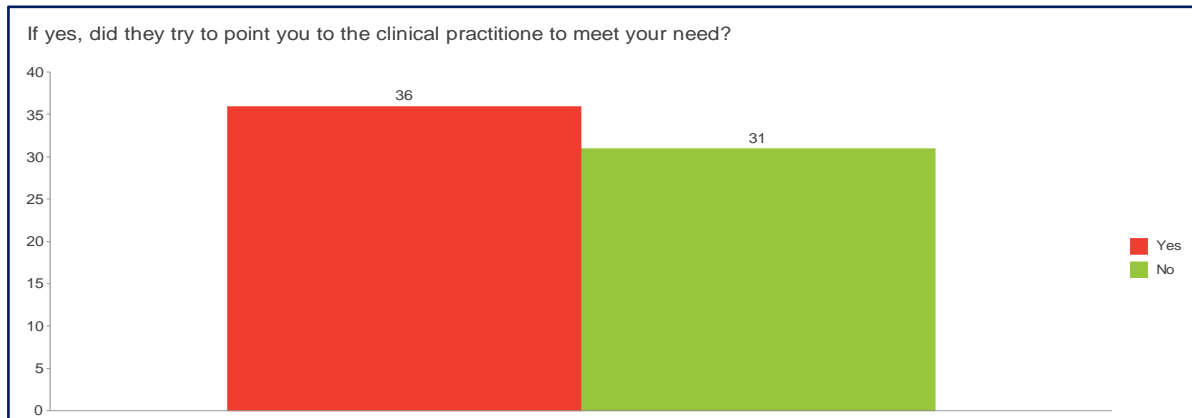


When asked how long they had waited to speak to a member of staff once they had got through to the surgery, the highest number of respondents (29) said that they had waited for 2-5 minutes to speak to someone. The next highest group (21 respondents) said that they had waited for more than 10 minutes. The smallest group (14 respondents) said that they had waited for a minute or less.

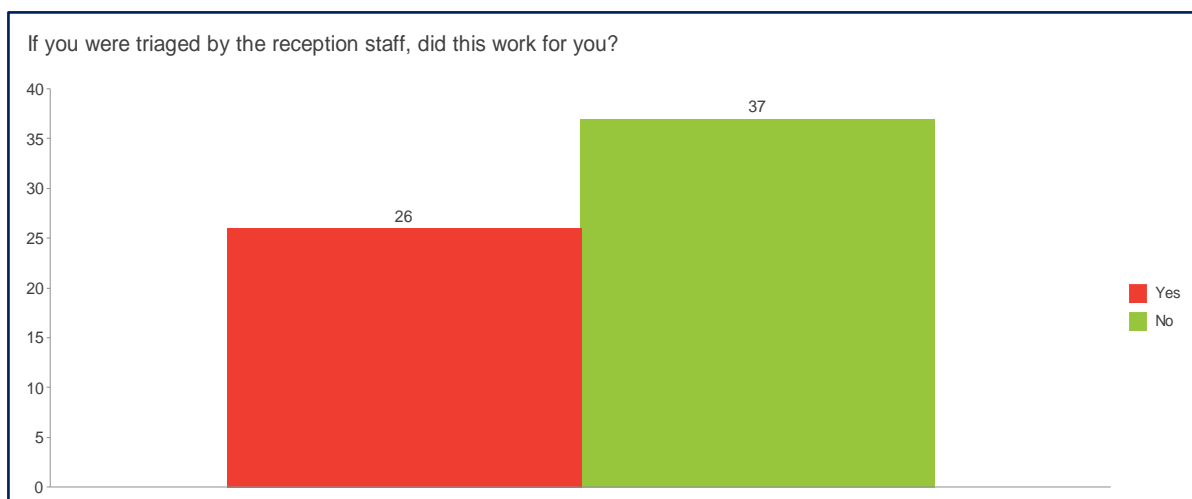


61 respondents said that when they called their GP practice the member of staff taking their call asked what their call was about.

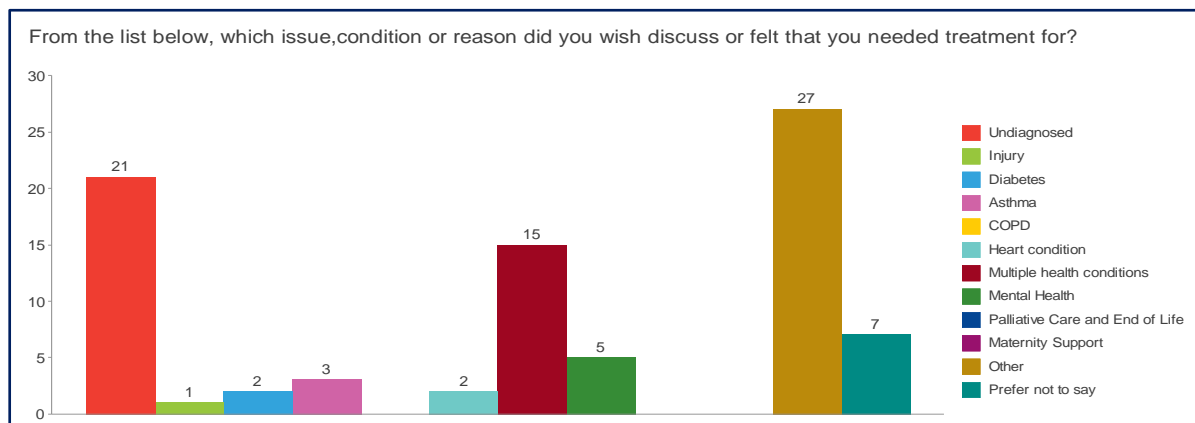
Those that said they had been asked were then asked if the member of staff had tried to point them in the direction of a practitioner to meet their need. More respondents answered the question than had answered yes to the previous question. Therefore, 36 respondents said that they had been directed to a practitioner to meet their needs and 31 said that they had not.



Those that had been triaged by the staff were asked if it had worked for them, again more respondents answered the question than originally indicated that they had been triaged by reception staff. 26 respondents said that it has worked for them and 37 respondents said that it had not worked for them.

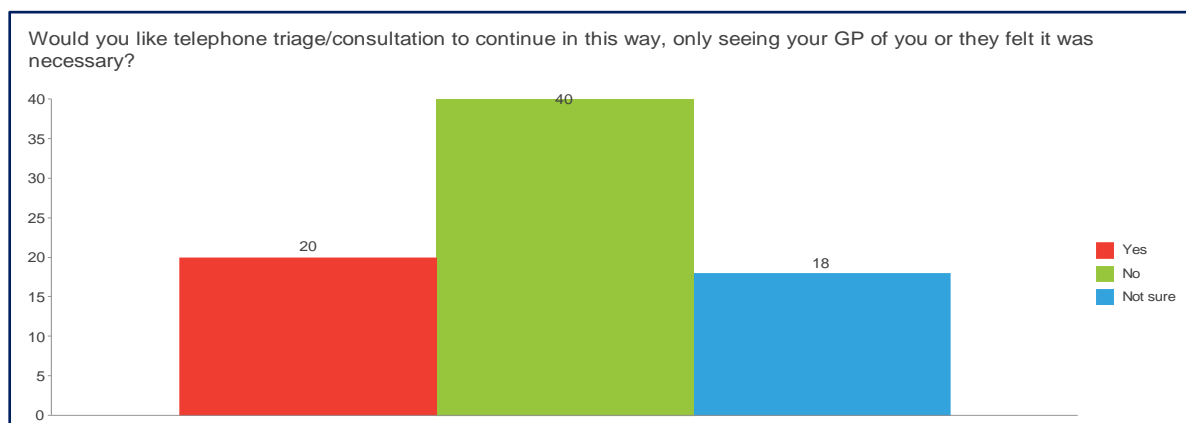


When asked what condition or issue they had contacted the practice about was, the highest number of respondents (27) said that it was for a reason other than those listed. 21 said it was for an undiagnosed issue and 15 said it was in relation to multiple health conditions.



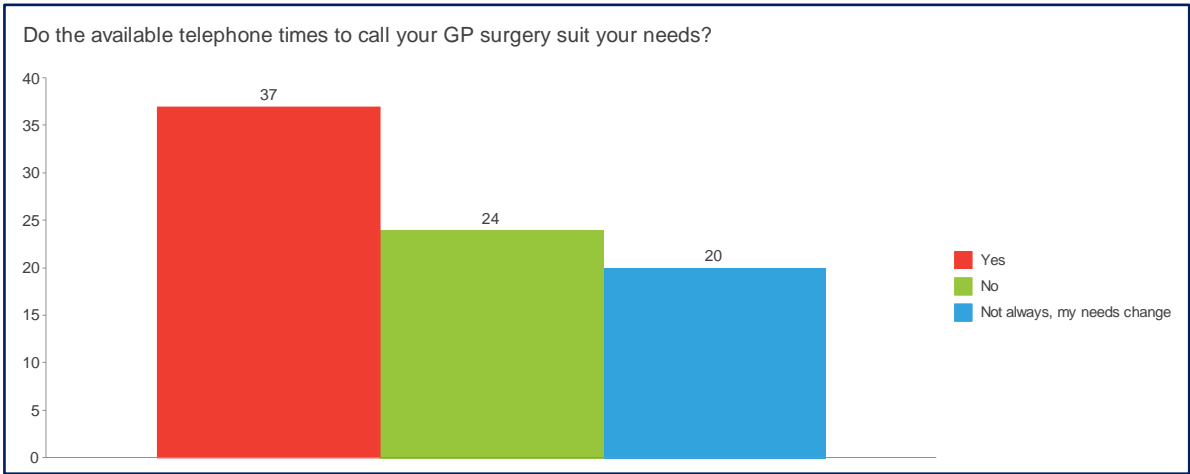
Respondents were asked if they had their issue resolved once they had spoken to a healthcare professional at their practice. 31 respondents said that they had their issue resolved and 26 said that their issue was partly resolved. 15 said that they had not had their issue resolved.

We asked respondents if they would like telephone triage and consultations to continue in the same way. The largest group of respondents to the question (40) said that they would not like it to continue in the same way. 20 said that they were happy for it stay the same and 18 were unsure.

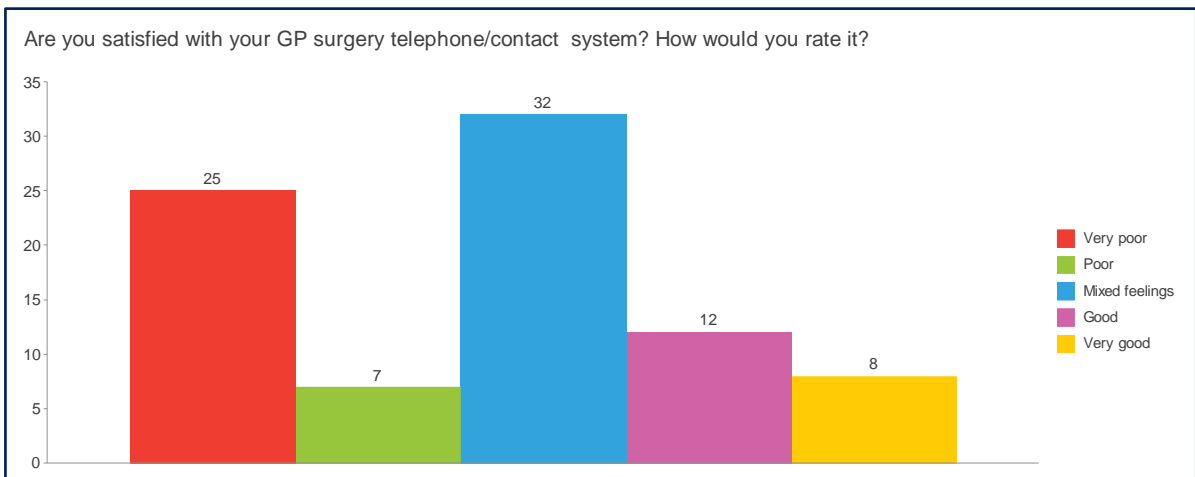


When asked if the times available to telephone their GP practice meet their needs the highest number of respondents (37) said that they did. 24 said that they did not and 20 said that their needs changed and so they did not always meet their needs.

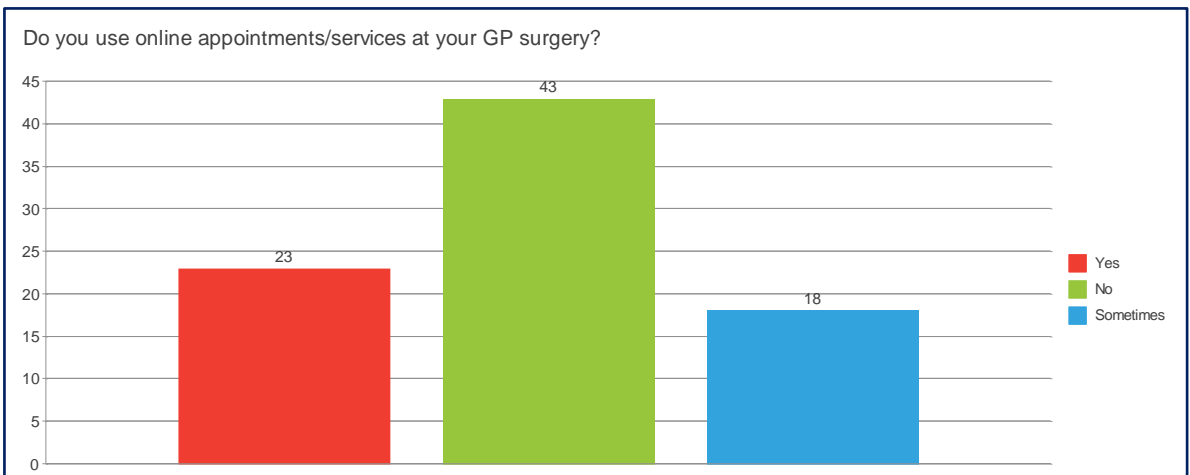
We looked further at who said that the times did not meet their needs. 10 of the respondents who said that they did not meet their needs worked from 9-5 on weekdays, but 9 of the respondents who said that the times did not suit their needs had also said that they were available during the day.



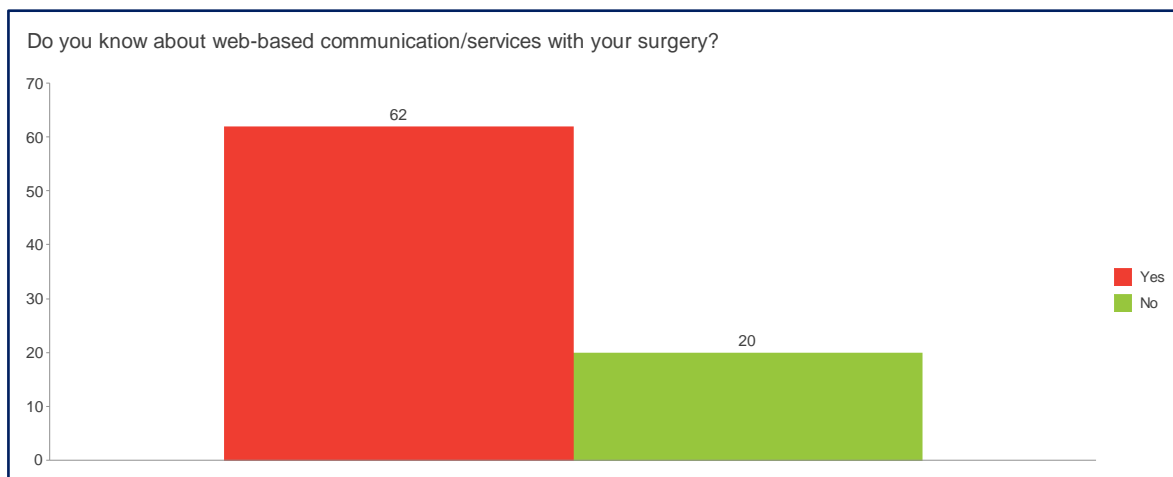
32 respondents said that they had mixed feelings about their GP practices telephone contact system and 25 said that they rated it as very poor and seven that they rated it as poor. 8 respondents said that it was very good and 12 said that it was good.



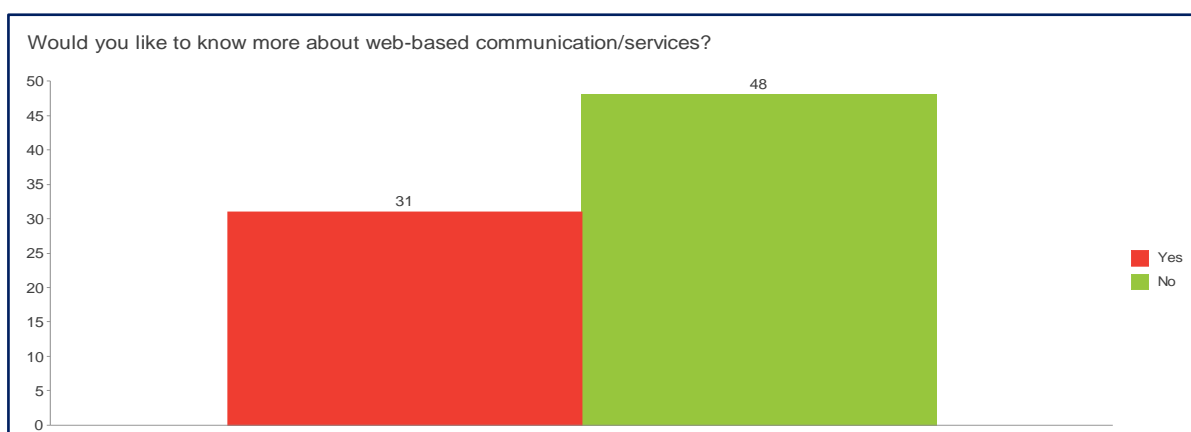
When asked if they used online appointments at their GP surgery the highest number of respondents (43) said that they did not. 23 respondents said that they did and 18 said that they used them sometimes.



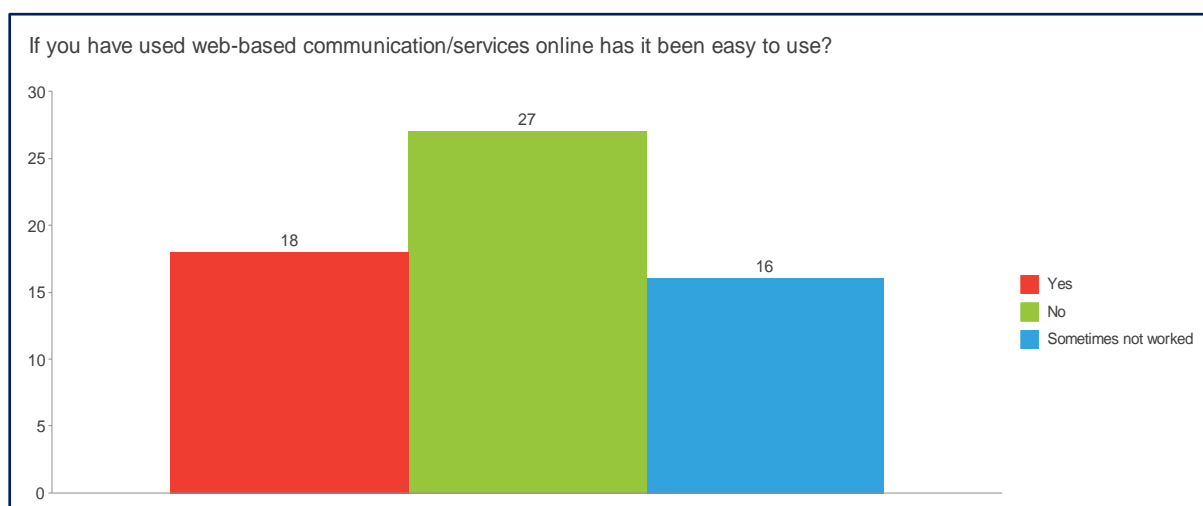
62 respondents said that they knew about web-based communications and services with their surgery.



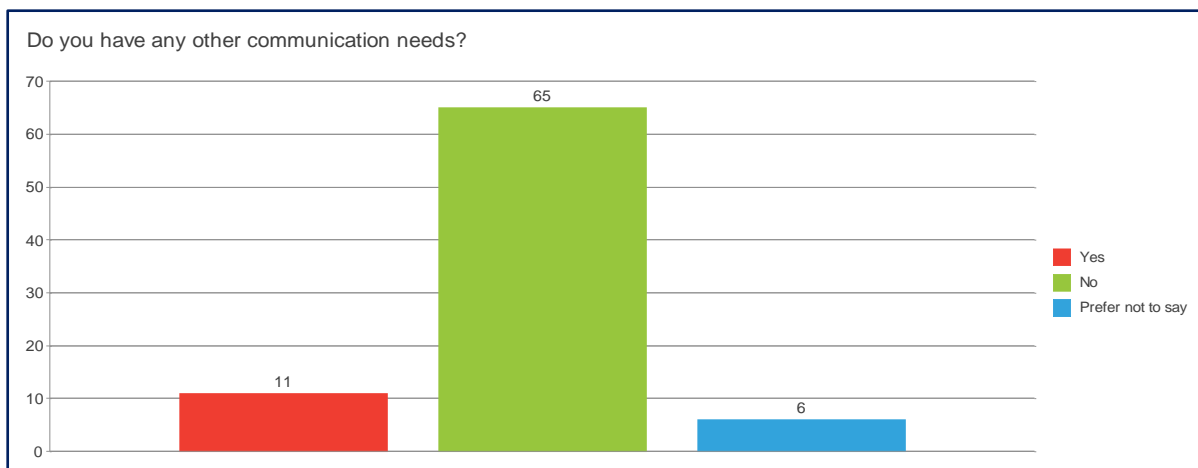
When asked if they would like to know more about web-based communication and services 48 respondents said they would not and 31 said that they would.



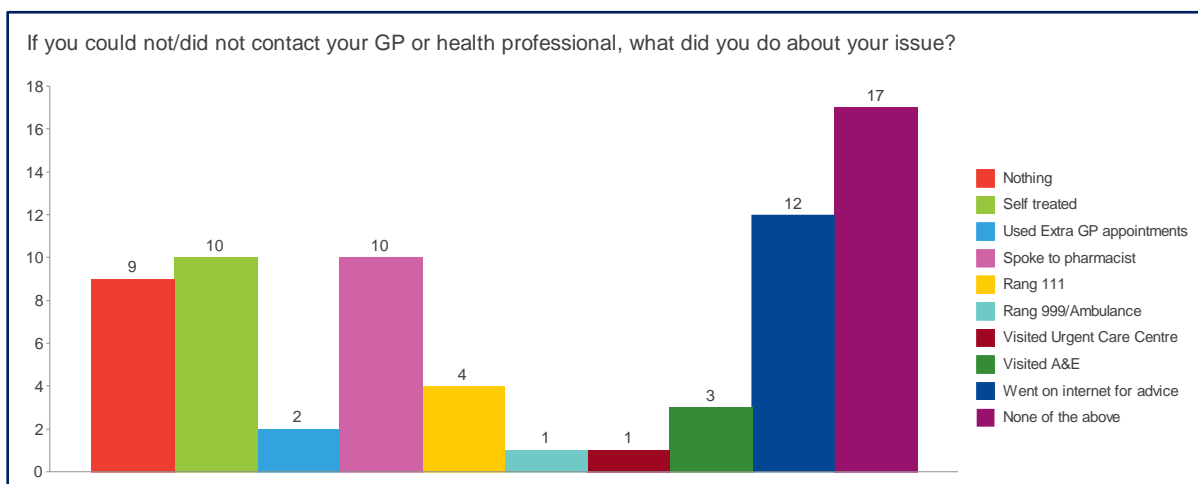
Those that had used web-based communication or services with their GP practice were asked if they had found it easy to use. The largest group of respondents (27) said that they had not found it easy to use; 18 said that they had found it easy to use and 16 said that sometimes it had not worked.



When asked if they had any other communication needs 11 respondents said that they did have additional needs.



Respondents were asked what they had done about their issue if they had not been able to contact their GP or health professional at their practice. 17 respondents said that they had not done any of the actions listed. 12 had sought advice through the internet; 10 had self-treated and 10 had spoken to a pharmacist.



Respondents were asked what recommendations they would make that would improve their experience of accessing their GP practice by telephone.

There were a number of comments about the length of messages when they are initially connected to the practice but before someone answers their call. 1 respondent suggested that messages be limited to 10 seconds and use buttons e.g. press button 2 for important information and advice on COVID-19, 'so we can avoid the delay listening to information we don't want or have heard'.

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There was mixed feedback about the use of answer phones with one respondent commenting that they ‘would much prefer to speak to a person when I phone instead of a recorded voice. It is very impersonal and cold’ whilst another suggested that there should be ‘a message service so people can leave their details and a brief outline of the problem and this is monitored continually by a member of staff who forwards it to the relevant member of staff to engage.’

There was feedback about phones going unanswered with one respondent saying that they ‘tried 120 times one morning and it was either engaged or just rang out after the recorded message.’

Unfortunately, there were some comments that suggest that respondents felt that phones were going unanswered through by choice with one suggesting that ‘staff answer the phone when they hear it ringing.’

This feedback also reflects the views of some respondents that improvements could be made in staff attitudes, particularly amongst reception staff, with comments such as ‘I would suggest that receptionists are trained in customer relations... they need to understand that they are there for us the patients and not be obstructive or unhelpful... some receptionists are positively hostile.’

There were some comments on the limitations of E-consult with one saying that the system ‘kicks you off constantly or it takes too long to fill in when you are not feeling well’ and another saying that they would like to ‘just be able to telephone the surgery to request an appointment; not to have to use E-consult as I feel this is for the doctor’s convenience not the patients.’

There were also comments about the timing of call backs from doctors. One commented that they would like to have a ‘set time to be called back by a healthcare professional’ and another that they would like to have a ‘set time to be called back by a healthcare professional’ and another said, ‘it’s a huge waste if time hanging around waiting for a call.’

Part B - Mystery Shopper

Data is retained by Healthwatch Walsall