

Access to primary care GP surgeries in Somerset:

What local people told us

Local health
and care
shaped by you

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References

^[1] <https://www.england.nhs.uk/statistics/2019/07/11/gp-patient-survey-2019/>

^[2] <https://healthwatchsomerset.co.uk/wp-content/uploads/LongTermPlan-HWSomerset-Final.pdf>

^[3] <http://www.somersetintelligence.org.uk/somerset-facts-and-figures/>

Introduction

Healthwatch Somerset is the county's independent health and care champion. It exists to ensure that people are at the heart of care. A dedicated team of staff and volunteers listen to what people like about local health services, and what could be improved. These views are then shared with the decision-making organisations, so together a real difference can be made. This report is an example of how views are shared.

Healthwatch Somerset has been talking to local people about their experiences and views of accessing care at GP surgeries in Somerset. This report tells you what people said when we spoke to them about this.



Executive summary

Background

Results from the *NHS National GP survey 2019*^[1] and the Healthwatch Somerset report *NHS Long Term Plan: The views of Somerset residents*^[2] showed evidence that some patients had negative experiences when accessing appointments at their GP surgery. We also recorded a lot of feedback during 2018/19 about booking appointments at GP surgeries. This report is a result of our efforts to better understand patient experiences of accessing appointments at their Somerset GP surgery.

What we did and who we spoke to



We produced a digital survey that was open for one month, and aimed to talk directly to people at one GP surgery for each of the 13 Primary Care Networks in Somerset during this time. The survey was promoted through our professional networks and the surgeries we approached about visiting for engagement.

There were 355 responses to the survey. 67.4% of respondents were female and the highest number of people in a single age range was 24.5% (they were aged between 66 -75 years old). 93.7% of people stated that they were White British.



What people told us

Many of the comments that people made showed some common themes.

- * The survey results showed that 70% of people booked their appointments over the phone, with the next most popular booking method being face-to-face.
- * More respondents said the booking process worked well.
- * When asked: “What could be done to improve your experience of booking an appointment?” the most popular response was an increase in appointment availability.
- * A significant number of people we spoke to were not satisfied with the length of time it took to answer the phone when they called the surgery.
- * Some people like to see the same GP at each visit because of the personal relationship they have created. This is particularly so for those with mental health issues.
- * Some respondents were prepared to wait longer for an appointment in order to see their preferred GP.
- * Some people told us they were not comfortable being triaged by reception staff.
- * Many people who were satisfied with their continuity of care were seen by the same medical professional.



Recommendations

1. Review the procedures surrounding emergency/same day appointments with a view of increasing appointment availability and reducing call waiting time.
2. Increase information about social prescribing to improve understanding and uptake.
3. Work with people who have long-term conditions to see how continuity of care could be improved.



Background

During 2018/19 Healthwatch Somerset received a lot of feedback about access to appointments at their GP surgery. We wanted to better understand the challenges faced by people when accessing their GP surgeries in Somerset and make the commissioners of services aware. The project is intended to support the development of GP Primary Care Networks.

Commissioning is the continual process of planning, agreeing and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with general practices being a part of a network, typically covering 30,000-50,000 patients. The networks provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

We recorded 671 experiences about GP surgeries from the people of Somerset between 1 April 2018 to 31 December 2019.

26% (172) of these were about booking an appointment.

Figure 1. shows the themes for the 172 booking experiences that were recorded.

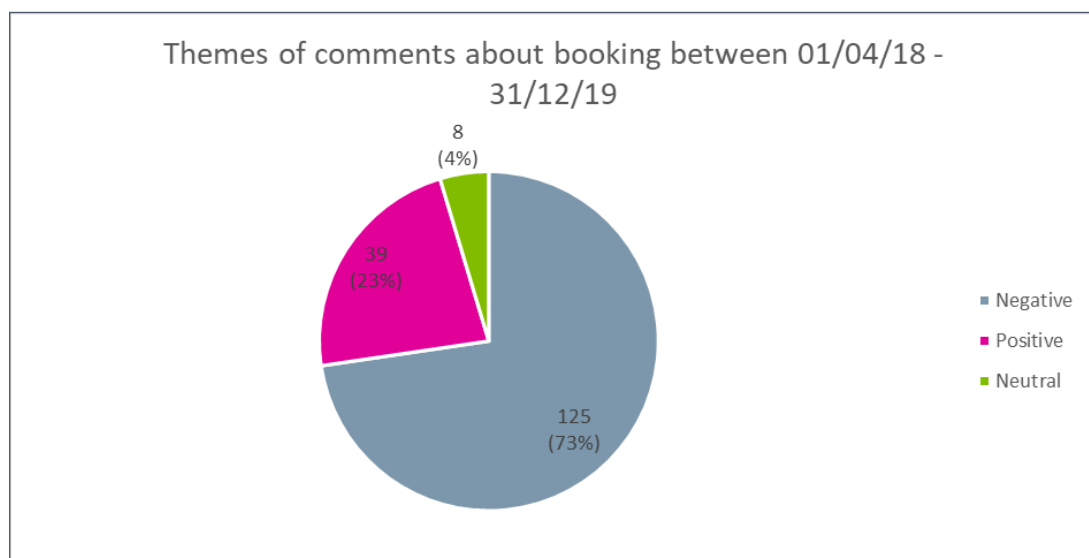


Figure 1. Proportion of negative, positive & neutral comments.

Over half of the booking experiences we recorded contained comments about the lack of available appointments.

A third of the 172 comments from people included long call waiting times when trying to book their appointment over the phone.

“Under one doctor for blood pressure, I needed to see a nurse or doctor for another medical reason. Was told to ring 8.30am to make an appointment; tried for four days, when eventually got through was told no appointments. Tried to ring again next day, and still not seen anyone.”

“It takes weeks to get just a telephone consultation. Three to four weeks to get seen by your doctor. My experience is that for anything they consider trivial (such as being in constant pain which wakes you every night), they simply don't care. The online service is equally as bad, the site won't accept messages, so you're left trying to get through by phone and then having a long conversation with a relatively unhelpful receptionist. In person they are fine, but I can only assume that the less appointments they manage to record the better their records look. I would prefer to register with a different centre if possible, that is if I can find one that is actually prepared to see patients or take their calls.”

“They have always been good, very efficient. Can always get an appointment and friendly staff. Offers a load of extras and support if needed.”



The NHS National GP survey carried out in 2019 also provided some useful and interesting data that has been used to guide the project^[1]. For example, it shows that in Somerset, 66% of respondents were satisfied with the general practice appointment times that were available to them.

The NHS National GP survey is not open to everyone in England - people are randomly selected and sent the survey to complete. In 2019, a total of 17,061 questionnaires were sent to Somerset residents and 8,057 were returned completed^[3]. This response rate is approximately 1.5% of the Somerset population, based on an estimate of 555,195 people living in Somerset during 2017.

The Healthwatch Somerset report *NHS Long Term Plan: The views of Somerset residents*^[2], also produced some evidence of what people would like from their NHS Services. Comments gathered during the NHS Long Term Plan engagement that have relevance to this project are:



- * Quicker and easier access to their GP with longer and better-quality interactions.
- * To be able to access more help closer to home, e.g. more outpatient appointments in local community hospitals, physiotherapy based in the GP surgery.
- * More community transport options to help those people in the more rural areas to get to GP and hospital appointments.

We wanted to determine the most effective and ineffective elements of accessing GP Primary Care Services for the people of Somerset.

The aim of the project was:

- * To identify any best practice that makes it easier for people to access Services at their GP surgery.
- * To identify challenges and obstacles that people face when accessing services at their GP surgery.

What we did

- * We contacted key stakeholders such as Somerset County Council and the GP surgery Patient Participation Groups (PPG) asking them to support the project, and provide any appropriate existing data they may hold.
- * The Somerset Clinical Commissioning Group (CCG) were interested to find out more about people's views around continuity of care and social prescribing. Therefore, we included two questions in our online survey that addressed these issues.
- * Alongside this, relevant experiences that were recorded on the Healthwatch Somerset database between 1 April 2018 and 31 December 2019, were extracted for analysis and summarised for inclusion in this report background.
- * We created a survey that could be completed online and during engagement at GP surgeries. An explanatory flyer (pictured right) was also produced to accompany the survey.
- * The survey ran from 13 February to 13 March 2020 and asked for people's experiences of accessing services at their GP surgery.
- * We selected one GP surgery from each of the 13 Primary Care Networks in Somerset, and requested that they actively promote the survey amongst their staff and service users.
- * Of the 13 GP surgeries we contacted:
 - Six failed to respond to our communications
 - Five offered dates to visit and engage with surgery visitors
 - Two added the survey to their websites
 - Two promoted the survey through their PPG
 - One sent texts to patients and actively promoted the survey through reception staff.
- * Our volunteers were able to attend one GP surgery to talk to patients and staff.
- * The survey was actively promoted through Healthwatch Somerset's social media channels and contacts.
- * Somerset Maternity Voices Partnership (MVP), Somerset CCG and Somerset Health & Wellbeing Board also promoted the survey through digital networks.



Who we spoke to

348 people completed our online survey and seven paper copies were also completed resulting in a total of 355 local responses.

67.4% of people who took part were female, and 30.6% were male; 1.1% preferred not to confirm their gender. The remainder stated they were transgender (two people) or other (one person).

Of the 351 of respondents who shared their age, 24.5% said they were aged between 66 -75 years old.

Figure 2. displays the complete age range of respondents.

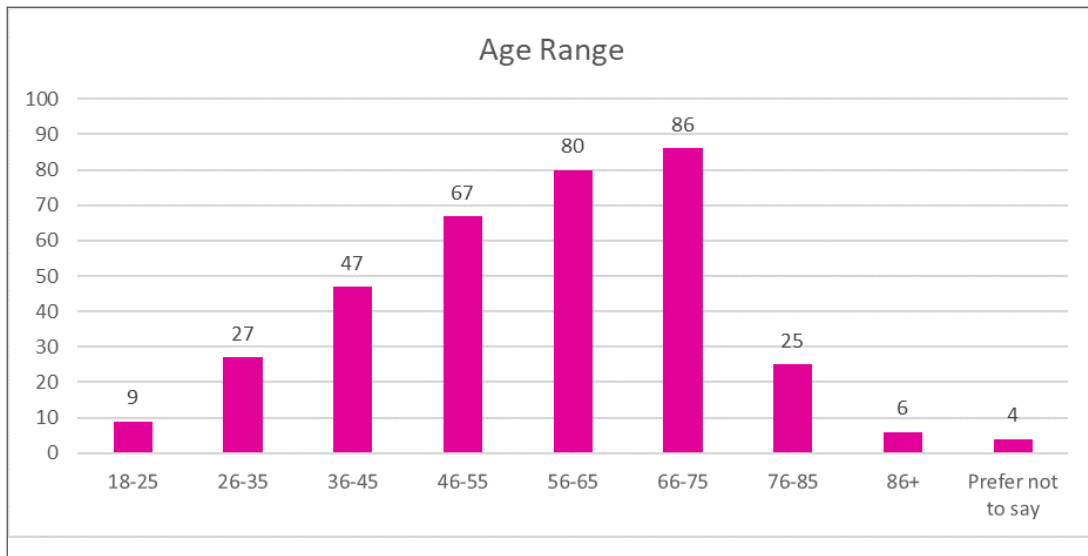


Figure 2. Age range of respondents

93.7% of people stated that they were White British.

We asked people whether they had a long-term health condition. Of the 346 who answered, 61% said they did.

12% of people identified themselves as an unpaid carer.

A full breakdown of survey respondents can be seen in **Appendix A**.

Our volunteers

Healthwatch Somerset has a team of trained volunteers. 28 of our volunteers were involved and collectively contributed about 15.5 hours of their time. They supported the engagement by:

- * Reading and checking information sheets and surveys
- * Visiting GP surgeries and local groups to encourage survey completion
- * Helping to promote the online survey.



Key messages

- The survey results showed that 70% of people booked their appointments over the phone with the next most popular booking method being face-to-face.
- More respondents said the booking process worked well.
- When asked “What could be done to improve your experience of booking an appointment?” the most popular response was an increase in appointment availability.
- A significant number of people we spoke to were not satisfied with the length of time it took to answer the phone when they called the surgery.
- Some people like to see the same GP at each visit because of the personal relationship they have created. This is particularly so for those with mental health issues.
- Some respondents were prepared to wait longer for an appointment in order to see their preferred GP.
- Some people told us they were not comfortable being triaged by reception staff.
- Many people who were satisfied with their continuity of care were seen by the same medical professional.

What people told us

Survey results

These survey results are not representative of the population of Somerset but do reflect some key points about booking an appointment with a GP surgery in the area.

Which GP surgery are you registered with?

The top five are listed below (highest to lowest):

1. Blackbrook (Taunton Vale Healthcare)
2. Burnham & Berrow Medical Centre
3. Highbridge Medical Centre
4. Wellington Medical Centre
5. Ryalls Park Medical Centre

The full list of surgeries can be seen in **Appendix B**.



How did you book your appointment?

Figure 3. shows how respondents booked their appointment.

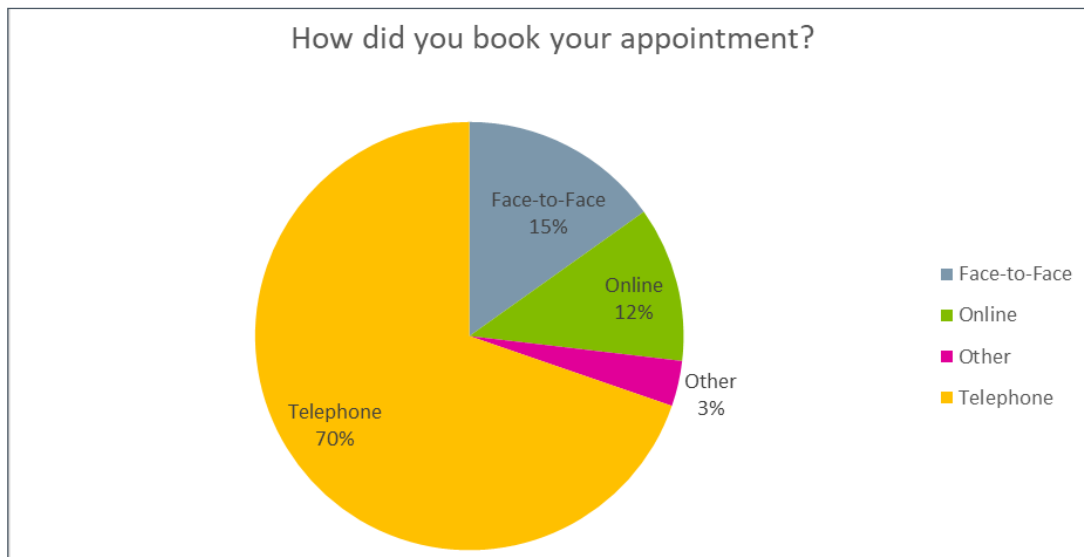


Figure 3. Different ways appointments were booked.

When you booked your appointment, which medical professional was the appointment with?

The top five responses were:

1. Doctor - 193 responses
2. Nurse Practitioner - 69 responses
3. Practice Nurse - 51 responses
4. Healthcare Assistant - 11 responses
5. Paramedic (8 responses for paramedic listed in 'Other').

The full list can be seen in **Appendix C**.

Was this who you wanted to see?

60% of the 349 people who answered this question said 'yes' they saw the medical professional they wanted to see, only 18% said 'no'.

Of the 61 people who said 'no', 92% had wanted to see a doctor.



What worked well with the booking process?

292 people answered this question and 38% of people told us they received an appropriate appointment.

"There is a phone-back system so that if the lines are busy you don't have to wait on the phone. It works very well indeed."

"The phone lines are always busy in the morning. If I need an emergency appointment, I always attend the surgery when it opens."

For the most part people were pleased that they were able to book an appointment at a time, location, or with a medical professional of their choice. Many people we spoke to were positive about the booking process, some comments recorded helpful and friendly staff or good experiences with online booking systems.

Figure 4. shows themes from responses to the question ‘What worked well with the booking process?’ The number of comments for each theme is displayed in white.

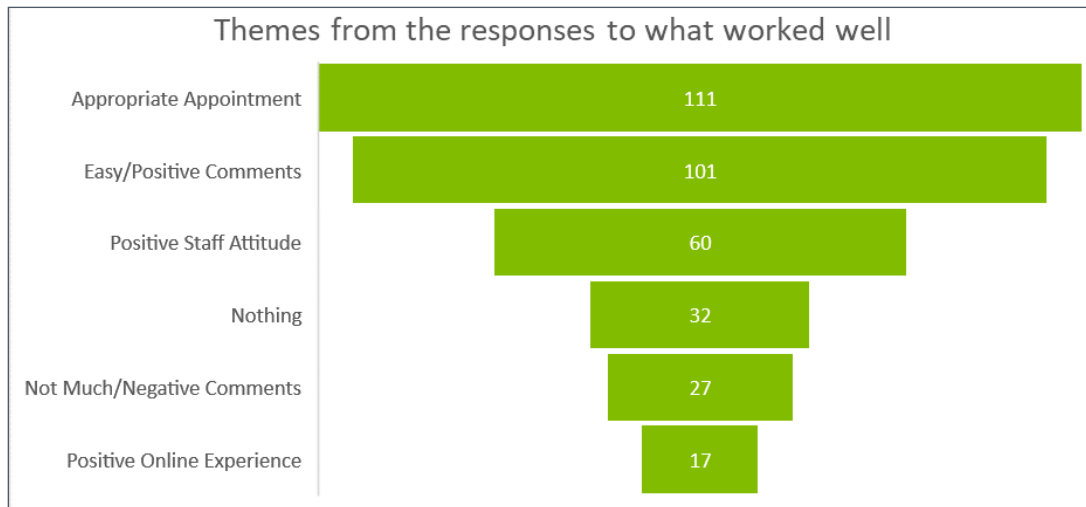


Figure 4. What worked well with the booking process.

What did not work well with the booking process?

There were 284 responses to this question, 42% of comments indicated people were unhappy at the limited availability of appointments. Other reasons included: having to wait more than a few days to see a medical professional; not being able to see their GP of choice; a lack of appointments available that fitted around work and school.

25% of people we spoke to commented that nothing was wrong with the booking process or that it worked well.

Figure 5. shows themes from responses to the question ‘What did not work well with the booking process?’ The tally of comments for each theme is displayed in white.

“Only being able to call and make an appointment on the day is very difficult because if you don’t call at 8.30 then you stand little chance of an appointment. I leave for work at 8.30 and I drive so it is impossible to do this.”

“I would rather have seen a GP, but it ultimately worked well seeing a Nurse Practitioner. She knew her stuff.”

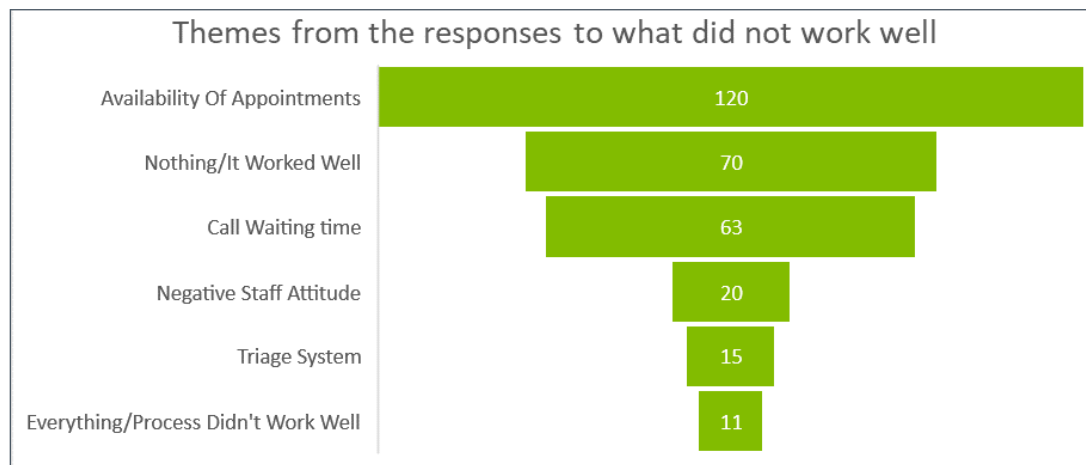


Figure 5. What didn't work well when booking an appointment..

What could be done to improve your experience of booking an appointment?

“I have to call early to have a hope of appointment. I have previously tried to book online, but didn't find the process satisfactory - there were only a few appointments available online, so I find it easier to call. Also, it can be easier/quicker to explain verbally rather than write.”

“More appointments to be available. Getting through at 08.30 to be told all appointments have already been booked is not acceptable. Telephone consultations are not that helpful as the information is unclear.”

100 responses (37%) of the 268 received said that to improve the booking experience more appointments should be made available. These comments reflected the responses given for ‘What didn't work well with the booking process?’ with many people saying they had to wait too long for an appointment or the call waiting time was unacceptable.

Figure 6. shows themes from responses to the question ‘What could be done to improve your experience of booking an appointment?’ Again, the number of comments for each theme is displayed in white.

“Not having to wait so long for an appointment and having to tell the receptionist the reason for an appointment.”



Figure 6. What could be improved.

Somerset CCG wished to gain a further insight to patient opinion regarding the continuity of care and social prescribing, so we asked the following questions.

Do you feel that you have received continuity of care at your GP surgery?

351 respondents answered this question.

Figure 7. shows the distribution of all the responses.



Continuity of care is the experience of care over time. It could mean seeing the same healthcare professional each visit, having a good therapeutic relationship with your healthcare professional, and/or having a seamless experience if accessing more than one service for the same condition.

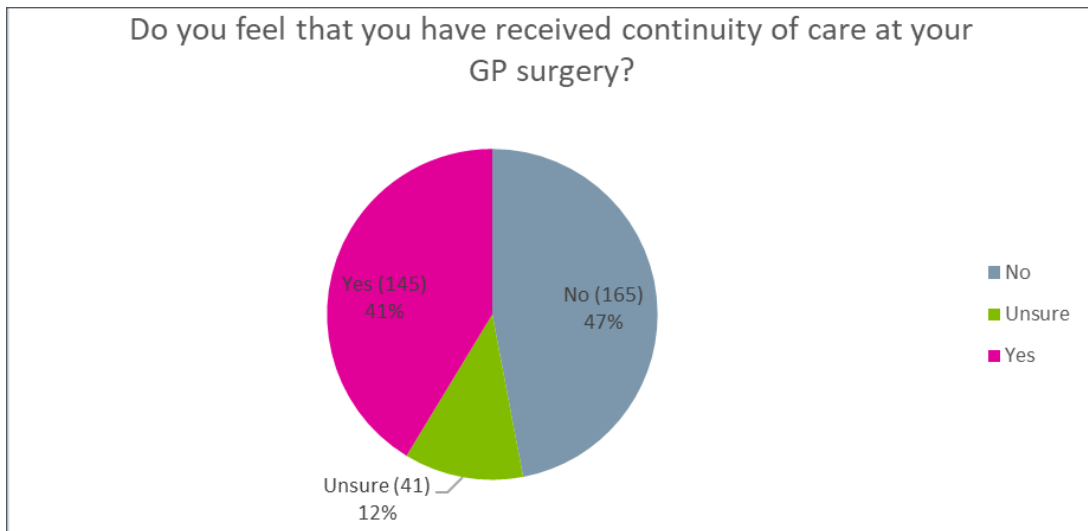


Figure 7. Continuity of care.

Please tell us more about your experience with continuity of care

113 People responded to this question, only one of the comments spoke of a negative experience.

40 comments were positive about the care they received.

“Only downside has been latest call when duty doctor didn’t read notes or really listen, giving me dismissive advice that had already been tried months ago - not great!!”

“Continuity of care has been good even if I have had to see other health care professionals than the one requested.”

“Although I do not see the same professional every visit, I feel that they are always aware of my history and I don’t spend time bringing them up to speed.”

Another 37 responses felt satisfied with their continuity of care as they had seen the same doctor.

“I manage to see the same doctor who remembers what treatment/tests and why. We are able to have meaningful conversations as a result of this understanding.”



What do you think would improve your continuity of care?

“All patients are given an allocated doctor but it is very rare that you actually see them. I think it would be more beneficial to see the same doctor on a regular basis if possible, especially for continuing conditions. Not so important for new conditions necessarily, although they could be linked at which point continuity of care would be important.”

There were 248 responses to this question.

90 people commented that the being able to see the same doctor would improve their continuity of care.

30 respondents suggested that an increase of GP’s at the surgery would be of benefit.

“More GP’s will obviously improve the care available to patients in my area.”

“What the NHS needs countrywide is more money and for healthcare professionals to be valued for what they do. There are too many patients for each practice and not enough staff due to money.”

21 comments indicated that there was no need for improvement.

“I am perfectly satisfied with the service I have been receiving and cannot suggest improvement in this instance.”



Have you experienced social prescribing at your GP within the last year?

A total of 248 people answered this question.

Figure 8. shows the distribution of all the responses.

Social prescribing, sometimes referred to as community referral, is when a GP, nurse or other primary care professional refers you to a range of local, non-clinical services, such as a support group or the gym.

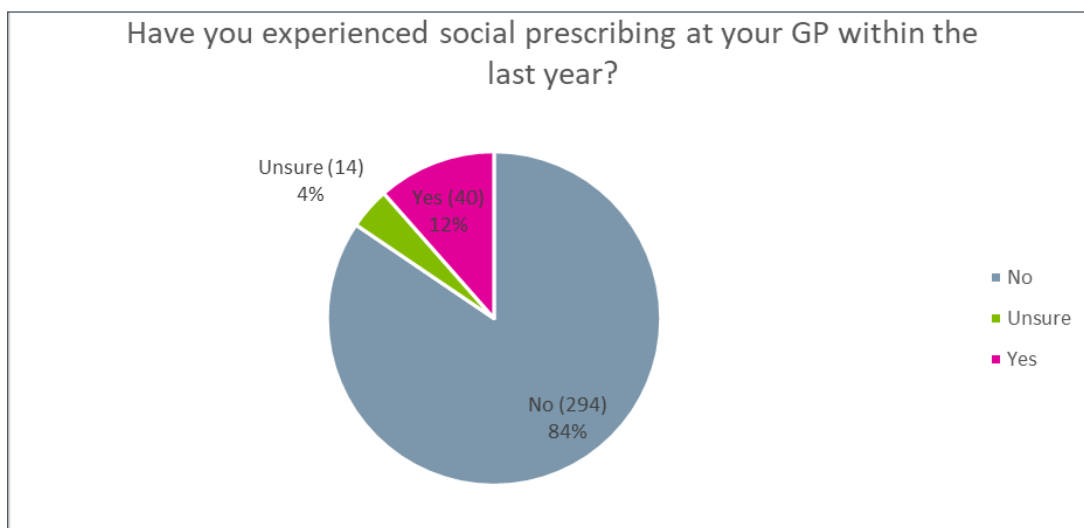


Figure 8. Social prescribing.

How did you find this experience?

37 people gave a response to this question.

19 people had a positive experience, 12 had a negative experience and three people said it was okay. Three comments did not correspond with the question.

“Brilliant! Very helpful and worthwhile”

“Okay but I can understand some people would find this difficult”

“I was prescribed the gym for my back pain which I thought was a great idea. However, when it came to it, the gym was still too expensive for me to access even with the discount. And the discount only lasted a few weeks.”

Do you think you might benefit from social prescribing in the future?

329 people responded, as detailed in Figure 9.

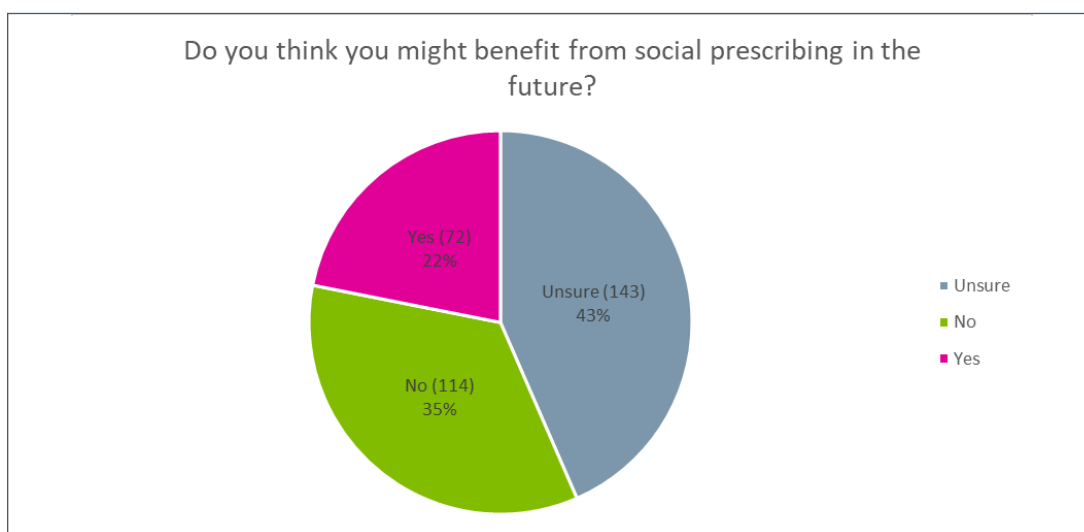


Figure 9. Future benefit of social prescribing.

Recommendations

1. Emergency/same day appointments are not available to book online because triage is required; this results in peak time phone jams with supply unable to meet demand. It would be beneficial for both surgeries and patients if this procedure could be reviewed to reduce call waiting times and emergency appointment allocation.

Dependant on the surgeries' capacity potential improvements could include, (but are not limited to), the following:

- Increasing reception/triage staff during peak times to reduce call waiting times.
- An online triage system, such as **Doctorlink**[®] to assist with the allocation of emergency appointments.
- Introducing/increasing same day 'drop in' clinics for emergency appointments.
- Trialling online/phone appointments may free-up more appointments.



2. Increasing the information about social prescribing, as the data suggests that people are not fully aware of what it is or how it could work for them.
3. Working with people who have long-term conditions to see how continuity of care could be improved to better meet their needs.



Limitations

Face-to-face engagement to gather people's experiences became limited early into the survey period due to the COVID-19 outbreak. This saw a significant impact at GP surgeries even before government restrictions were put in place, which restricted Healthwatch Somerset's ability to communicate with surgeries and carry out face-to-face engagement.

Stakeholder's response

This report has been shared with Somerset CCG, who said:

"We don't think there are any surprises here but the world has drastically changed since Healthwatch Somerset collated these results. Until such a time comes where the threat from this life-threatening illness can be significantly reduced, people are not going to be able to access healthcare in their usual ways. Therefore, we need to try and work out a way in which we can make these results relevant to our new environment.

"Patients and clinicians have been reluctant to change how they access/deliver primary care for many years but this crisis has forced a transformation of delivery of services. This report highlights what patients feel comfortable with which, unfortunately, is not safe in the current climate. We need to use this as a way of highlighting what a lot of work needs to be done to support patients in changing how they access primary care that doesn't leave our most vulnerable patients with reduced access."

Ed Ford, Somerset CCG Chair



Next steps

We know that it is important that people know what has happened as a result of them sharing their experiences and views with us. We will work with commissioners and providers to ensure these findings along with what people told us are used to develop how GP Primary Care services can be accessed in the future.

We aim to repeat the survey before the end of 2021 to help us assess how, or if, this report has impacted on the booking process at GP surgeries in Somerset.

Our findings will be presented to the Somerset Health and Wellbeing Board, and the report will be published on our website and shared with Healthwatch England.



Thank you

Healthwatch Somerset would like to thank everyone who took the time to contribute their views and experience.

Thanks also to our dedicated volunteers, participating GP Surgeries, Somerset Maternity Voices Partnership and the healthcare regulating bodies who helped to support the engagement activity.

Without them we would not have been able to reach the number of people we did.



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Appendices

Appendix A. Respondent demographics

Age	No.
18-25	9
26-35	27
36-45	47
46-55	67
56-65	80
66-75	86
76-85	25
86+	6
Prefer not to say	4
Ethnicity	No.
British	326
Other	10
Prefer not to say	8
Other mixed background	3
Bangladeshi	1
Unpaid carer	No.
No	303
Yes	41
Prefer not to say	3
Gender	No.
Female	236
Male	107
Prefer not to say	4
Transgender	2
Other	1
Long-term health condition	No.
Yes	210
No	125
Prefer not to say	9

Appendix B. GP surgeries

GP surgeries named by respondents	
Axbridge & Wedmore Medical Practice	Minehead Medical Centre
Beckington Family Practice	North Curry Health Centre
Blackbrook (Taunton Vale Healthcare)	North Petherton Surgery
Bruton Surgery	Oakhill Surgery
Burnham & Berrow Medical Centre	Oaklands Surgery, Yeovil
Buttercross Health Centre/Ilchester Surgery	Park Medical Practice, Shepton Mallet
Cannington Health Centre	Penn Hill Surgery, Yeovil
College Way Surgery, Taunton	Porlock Medical Centre
Cranleigh Gardens Medial Centre, Bridgwater	Preston Grove Medical Centre, Yeovil
Creech Medical Centre, Creech St Michael	Quantock Medical Centre, Nether Stowey
Crown Medical Centre, Taunton	Quantock Vale Surgery, Bishops Lydeard
Diamond Health Group, Yeovil	Queen Camel Medical Centre
Dunster Surgery	Ryalls Park Medical Centre, Yeovil
East Quay Medical Centre	Springmead Surgery, Chard
Essex House Medical Centre, Chard	St James Medical Centre, Taunton
Exmoor Medical Centre, Dulverton	Taunton Road Medical Centre, Bridgwater
French Weir Medical Centre, Taunton	The Meadows Surgery, Ilminster
Frome Medical Practice	Vine Surgery, Street
Glastonbury Health Centre	Warwick House Medical Practice, Taunton
Grove House Surgery, Shepton Mallet	Wellington Medical Centre
Hamdon Medical Centre, Stoke-Sub-Hamdon	Wells City Practice
Hendford Lodge Medical Centre, Yeovil	Wells Health Centre Partnership
Highbridge Medical Centre	West One Surgery (Crewkerne Health Centre)
Langport Surgery	West Somerset Healthcare, Williton
Lister House Surgery, Wiveliscombe	Westfield Surgery, Radstock
South Petherton Surgery	Wincanton Health Centre
Martock Surgery	

Appendix C. Medical professionals

Appointment booked	No.		No.
Doctor	193	Osteopath	1
Nurse practitioner	69	PCP	1
Practice nurse	51	Pharmacist	1
Healthcare assistant	11	Physiotherapist	1
Paramedic	8	Telephone triage - health navigator	1
Acute care practitioner	1	Trainee doctor	1
Diabetic nurse	1	Urgent care clinic	1
Mental health nurse	1		

Why not get involved?



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