

Improving access to primary care – engagement summary

Engagement summarised:

- 1 CCG B&NES-wide survey on booking GP appointments results
- 2 Ipsos MORI GP Patient Survey results
- 3 CCG focus group with Your Health, Your Voice members (patient group)
- 4 Discussions with primary care professionals at CCG Cluster Meeting

1. B&NES patient feedback (shared in ‘Booking GP appointments’ survey’):

(473 respondents from across B&NES)

Overview:

- Most people would prefer to book appointments with their GP surgery by telephone (person-to-person), followed by online booking and then booking in person.
- Virtually all respondents said their GP surgery gives them the option to book appointments by telephone (person-to-person).
- **41%** of respondents shared that online booking systems are very important to them, compared with **10%** for automated telephone booking systems. Some people find these booking methods good for routine appointments, but would like more appointment time choices.
- People raised that certain booking methods are not accessible for everyone e.g. those who aren’t online or don’t have a computer can’t access an online system, whereas someone who is deaf/has a hearing loss might not be able to use a telephone booking system.

How patients would prefer to book appointments:

- **58% of B&NES patients would prefer to book appointments with their GP surgery by telephone (person-to-person)**, followed by online booking (37%) and then booking in person (11%).
- 41% of patients shared that online booking systems are very important to them, compared with 10% for automated telephone booking systems.
- 20% of patients find it easy to use an automated telephone booking system, compared to 47% for online booking systems.

Patient awareness of what booking options their GP surgery offers:

- **96%** of patients said their GP surgery gives them the option to book appointments by telephone (person-to-person).
- **68%** of patients are aware that their surgery offers online booking and 51% for automated telephone booking.

Patient feedback on automated telephone booking systems:

- **Too slow or difficult** to use/people having technical difficulties trying to access it.
- Inaccessibility (e.g. for those who are deaf).

- Some people would **prefer to talk to a person** or use an online system, as they find it easier/more convenient.
- **Want more appointment time choices**/not able to get suitable appointment (with a particular doctor) and finding the system inflexible.
- Fine for booking routine appointments, but **not for more complex issues**.

Patient feedback on online booking systems:

- **Good for booking routine appointments**, but not for urgent appointments, which require telephone booking/same day appointment.
- Some find time-consuming or complicated, especially re. registering or remembering **log-ins and passwords**.
- Can't be used by **those who aren't online or don't have a computer**.
- Better for those who **prefer not to use the telephone**, but not for those who would prefer to talk to a person.
- **Want more appointment time choices**/not able to get suitable appointment (with a particular doctor).

2. Ipsos MORI GP Patient Survey feedback:

(46% response rate in B&NES (37.5% nationally))

Communication:

- **85% of B&NES patients find it easy to get through to someone at their GP surgery on the phone** (higher than the national average of 68%).
- **91% of B&NES patients find the receptionists at their GP surgery helpful** (87% nationally).

Appointments:

- If patients are unable to get an appointment or are offered an inconvenient one, B&NES patients are more likely to accept what was offered (52% CCG, 35% national).
- **90% of patients were able to get an appointment to see or speak to someone last time they wanted to see or speak to a GP or nurse from their GP surgery.**
- 89% of patients found this appointment convenient.
- **86% of B&NES describe their experience of making an appointment as good** (73% nationally)

Patient awareness of online services offered by practices:

- **48% of respondents are aware that their GP surgery offers online booking for appointments** (compared to 36% nationally).
- 43% are aware that their surgery offers online ordering of repeat prescriptions (34% nationally).
- 10% are aware that their surgery offers online access to medical records (9% nationally).

Opening hours:

81% of B&NES patients are satisfied with the hours that their GP surgery is open (76% nationally)

3. Your Health, Your Voice members' (CCG patient group) feedback:

When should appointments be available?

- **It depends on local need and demand** – consult with people to find out more.
- Some feel that early/evening and weekend access is helpful.
- Some feel that the walk-in centre should be brought back.
- **Cluster approach, to relieve pressure on surgeries.**
- There should be **flexibility for GPs and surgeries to make decisions about opening times.**

Who should people be seen by?

- Practices must have an **effective triage** – who people see is issue-dependent.
- People could **see nurses for more straightforward/out of hours appointments.**
- There could be **more interaction with pharmacists**/promotion of them as the 'first port of call'.
- There should be **more focus on self-referral.**
- **More clarification is needed re. different primary care roles.**
- **Continuity of care is important.**

How quickly should people be seen?

- As quickly as possible, within a few days.
- Flexibility is needed for urgent appointments/emergency, so people are seen sooner.

How should people access appointments?

- It's important to have a **range of methods** to suit people and their access needs (not everyone is online and some people need to be seen face-to-face and at home).
- Online appointments/booking systems and option to email GPs would be welcomed.
- Bring back the walk-in centre.
- **Triaging and better signposting are important.**

4. Feedback from primary care professionals (at Cluster Meeting):

Services working together:

- **Consideration made to range of service providers working flexibly together** and not only GP practices delivering the service e.g. Medvivo, BEMS+ etc.
- Nurses, specialist clinicians, HCAs etc. in the mix of staff who could provide services.
- **Ideas need to link to broader service provision and plans** e.g. OOH, hubs, NHS111, U+EC Plans and clearly align to strategic direction.
- **Could services such as physios, pharmacists be included as a part of the package? [To relieve pressure]**
- Discussions held about how to attract GPs to deliver the service and what might encourage GPs to participate in some discussion groups.

Service delivery – practices vs clusters:

- Realisation that services do not have to be provided at all practices and **could be delivered flexibly through hubs** subject to demand e.g. Sunday appointments and accessibility/travel arrangements for patients.

- **To avoid a post code lottery and inequality** would this be best run across all BANES practices rather than clusters providing services just for their patients.

Model options – in hours/out of hours:

- What proportion of appointments would need to be GP routine and on the day appointments as opposed to other primary care services for the scheme to be assured by NHSE?
- It is unlikely that the minimum of 1.5 hrs per day after 6.30pm and some provision at weekends i.e. the 10/90 split that is being discussed would be adequate provision outside of core contract hours to gain NHSE assurance and funding. What would a reasonable in hours/out of hours split look like for the scheme to be assured by NHSE?
- Can the service be flexed according to need i.e. more appointments in the winter to address winter pressures – what might that look like?

Ensuring patient involvement and equality of access

- **The service designed must be evidenced by local need.** This is not only the view of the GPs and practices but the views of patients. BEMs+ survey is a good starting point for this.
- **The service needs to improve access for all patients** so cannot focus too strongly on appointments for patients with long term conditions alone.
- Completion of an Equality Impact Statement might be helpful to ensure that all patients are able to access this service.
- **Continuity of care as well as access (needs to be considered).**