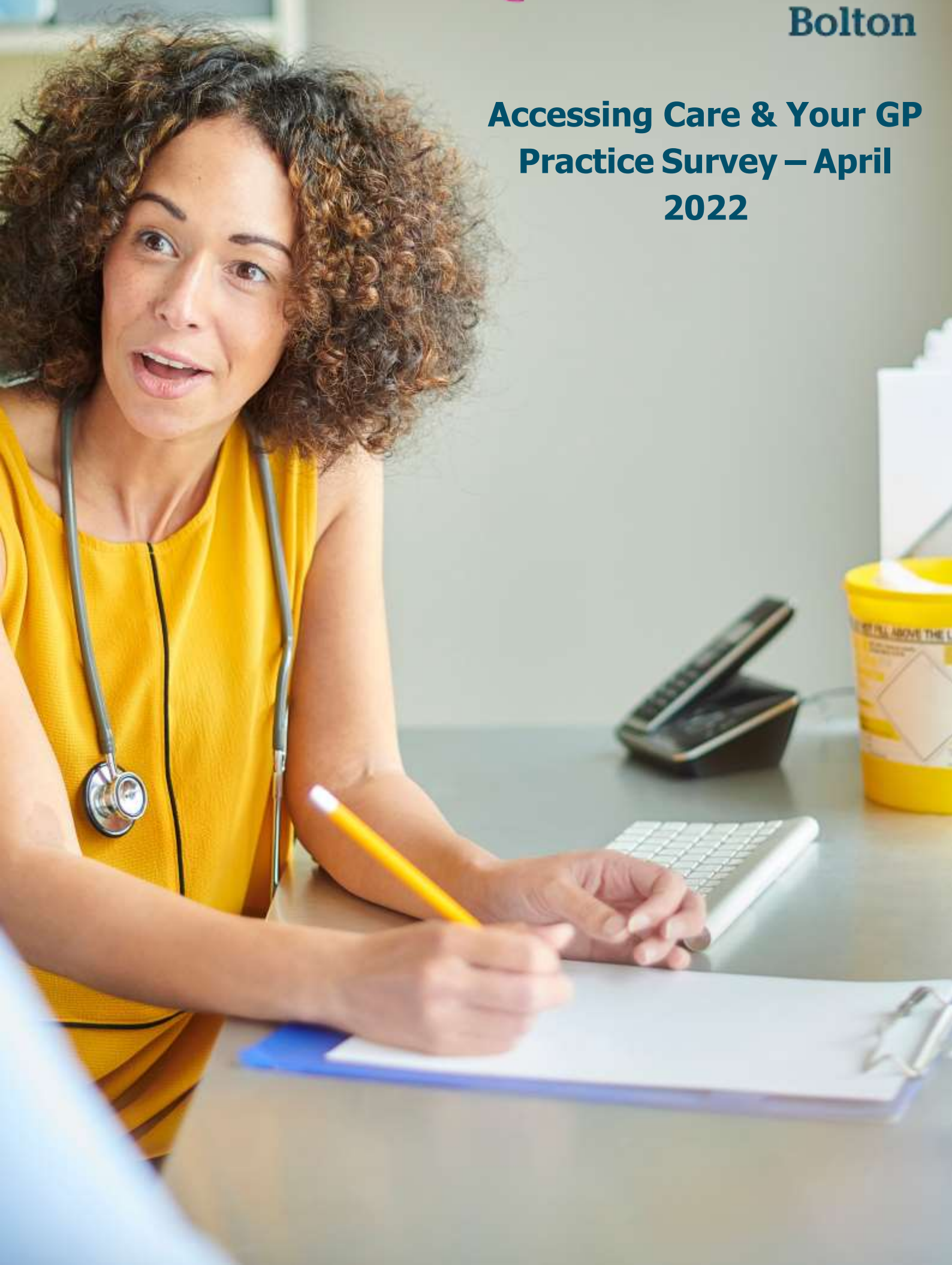


**Accessing Care & Your GP
Practice Survey – April
2022**





When **contacting** their GP, most people prefer to do this by **telephone**

When using **digital** platforms, most people **didn't** find this very **easy**



When asking about **quality of care**, most people felt it had got **worse** since changes were made to accessing their GP



Most people are **unhappy** about the **type** of **appointment** they are offered



Most people **self-cared** if they were **unable** to get a GP appointment



Many people **struggle** to get through to their GP practice on the **telephone**



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Summary of Findings

- Concern over the changes post COVID-19 to the way surgeries operate.
- Specific worry relates to the length of time patients must wait on the phone, the subsequent availability of appointments, and the increased use of telephone consultations.
- Some respondents felt that staff were unhelpful, with complaints about receptionists, a lack of the same GP for subsequent appointments, and occasionally a desire to see a GP not another kind of health practitioner.
- Other people in this survey were content with the telephone appointments and seeing other types of practitioner.
- Improvements could be made to the way appointments are booked, online systems through the website, and use of associated apps. In terms of booking we heard some were no longer able to do this through online means, something that was missed. Others mentioned the complexities of using online systems, such as needing several passwords for family members. Apps were not always felt to be intuitive, for example someone might not be able to find their illness or symptom on the system, or not be able to use them for prescriptions.
- In general there was support for the current opening hours, but a Saturday clinic would be appreciated by some.
- We heard a range of suggestions for an information resource related to General practice and health. The details are summarised in a diagram on page 20.

Background

The project is in response to the intelligence we have received in relation to the difficulties that patients are having when trying to access health care from their GP practice. In particular, patients who either do not have access to the internet or own a smartphone and are not technically savvy.

This report forms part of an overall set of work on GPs and access. Further work will include a website review.

- The work fits with our priority of primary care.
- The work will inform commissioners and providers of primary care services.
- The work will produce a useful resource guide for both patients and GP practices.

Background - existing Healthwatch work

Healthwatch England have already done research on access to GPs in their report: *Locked out: Digitally excluded people's experiences of remote GP appointments*¹.

The report highlights similar findings of our local priorities survey (Jan 2021 – May 2021) around problems experienced with accessing GPs.

Various Healthwatch nationwide have done research on GP websites. We looked at these reports before doing our own research. The findings will help to shape the information to be included in the guide.

We also consulted with CCG primary care commissioners to inform them about the project and if they want to contribute in any way.

¹ <https://www.healthwatch.co.uk/report/2021-06-16/locked-out-digitally-excluded-peoples-experiences-remote-gp-appointments>

Methodology

What did we ask people?

Between August and September 2021, we asked the public about their experiences of using their GP and accessing primary care. What is working well and not so well. How and when patients access primary care and what information they would find useful in a resource guide.

We asked GPs and practice staff to provide feedback to us regarding the pressures they have in their practices and what they would like patients to understand/what information they want for patients in a resource guide.

Who did we talk to?

Patients and the public.

We intended to speak to GPs, practice managers, receptionists and other clinical staff but were unable to gather responses from these groups.

The work is to be followed by a survey of GP practice websites.

How did we carry out the research?

We discussed with the chair of Bolton CCG and Bolton CCG commissioners. The research will be in three parts:

1. Survey to GPs
2. Survey to the public
3. GP website review project

How will the work be disseminated?

This report will be shared with our local partners as well as hosted on our website.

The GP website report will be circulated to each GP practice with recommendations for improvements but will also highlight where there is good and useful practice. The report will be published on our website and shared with CCG colleagues.

The guide that will be produced will be made available both digitally and non-digitally. The guide will be available on our website and advertised by social media. The non-digital guide will be printed and distributed to anyone who wishes to receive one. We will use our partnerships in Bolton to make people aware of the guide and how it can be obtained.

Ethical Issues and Data Protection

No personal information will be collected. We never collect personal names, or addresses of anyone who returns a survey to us. We may ask people to sign up to our newsletter after completing one of our surveys, but this is done by an external link directly to our Mailchimp database.

We liaised with Bolton CCG to ensure they are fully aware of this project.

Healthwatch Bolton operates to the UK General Data Protection Regulations 2018. All information provided will be stored for the purposes of this project. If you would like to know the full details of how we comply to the GDPR regulations please refer to the privacy notice which is available on our website: www.healthwatchbolton.co.uk.

Findings

This section looks at the results of the survey. It is necessarily in-depth due to the detailed responses we collected. Not all of the comments are presented, but a sample that is both representative of the majority of views, or demonstrates particularly different perspectives are shown.

For a summary of the findings please see the introduction section at the start of the report. Recommendations also follow at the end.

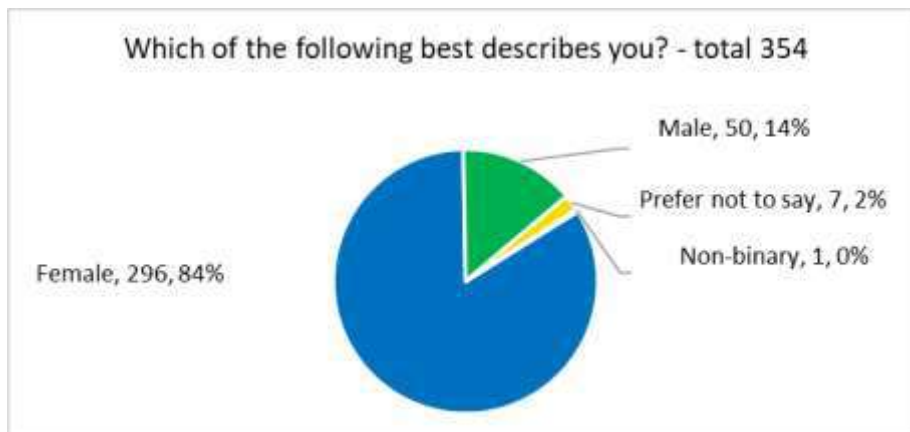
- There were a total of 407 respondents to our survey.
- The work took place between August – September 2021.
- The survey was conducted with Bolton residents.

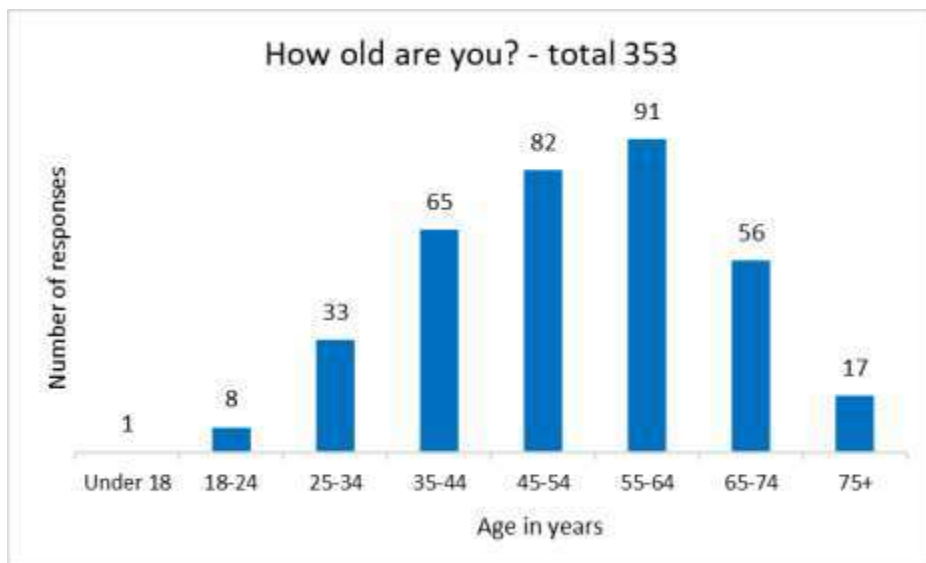
Demographics

As can be seen in the following charts we collected a sample of respondents that were mostly female, white British and aged between 35-74 years old.

While this is not wholly representative of the general population of Bolton, due to the low incidence of men and also lower number of ethnic minority background, attempts were made to expand on those that might take part.

Our work is always intended as the beginning of understanding and responses to this report will be gathered to help find any gaps.





We also asked a set of further questions around diversity to check this project was open to all those of different backgrounds.

Which of the following best describes how you think of yourself?

Heterosexual or Straight (320), I would prefer not to say (21), Bisexual (5), Gay or Lesbian (3), Other (please specify) (3). Total 352.

The results show the majority of respondents identified as heterosexual or straight.

Do you have a disability?

Yes (103), No (252). Total 355.

The results show most people did not state they had a disability, nevertheless those that did made a significant proportion at 30%.

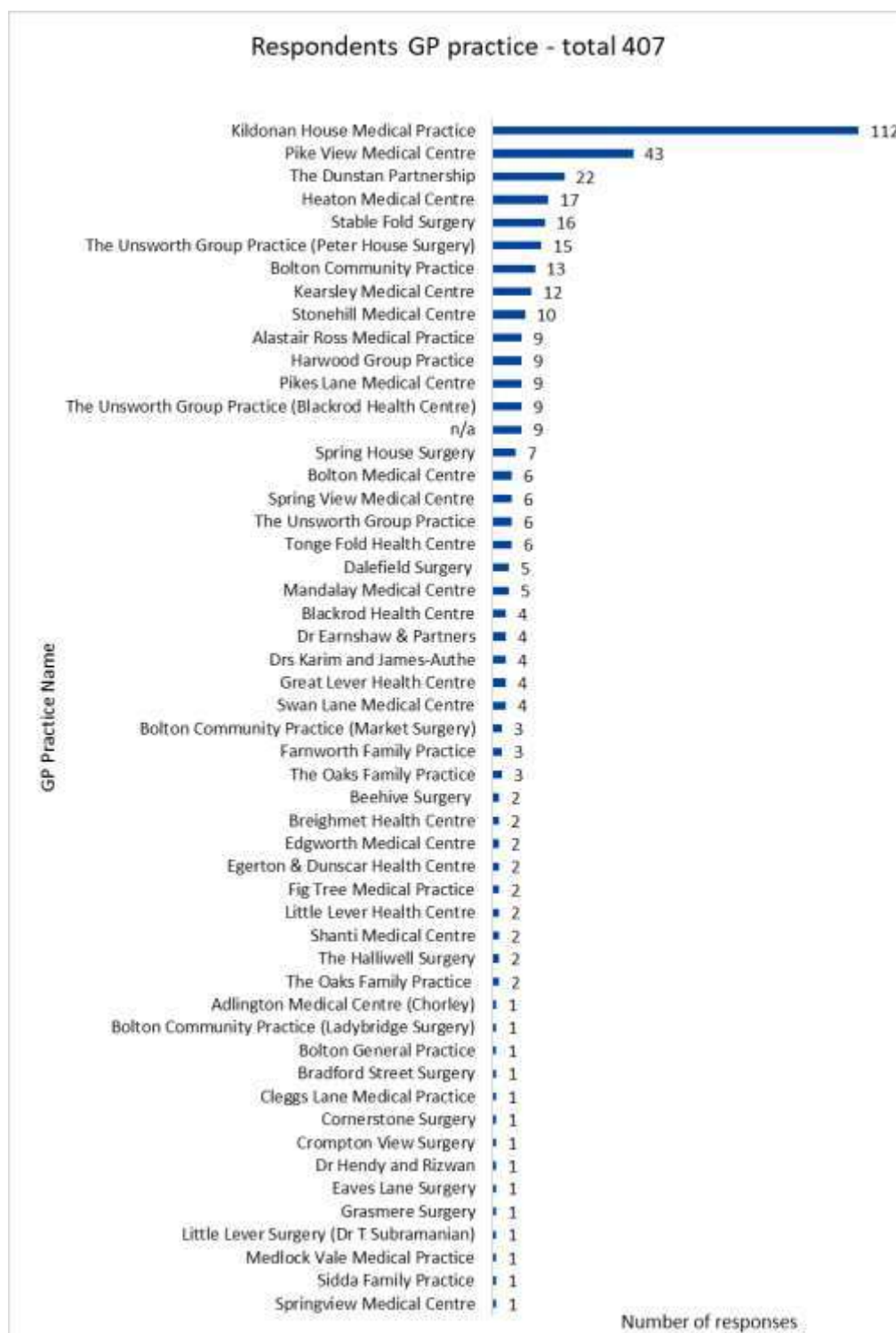
Are you a carer?

Yes (71), No (284). Total 355.

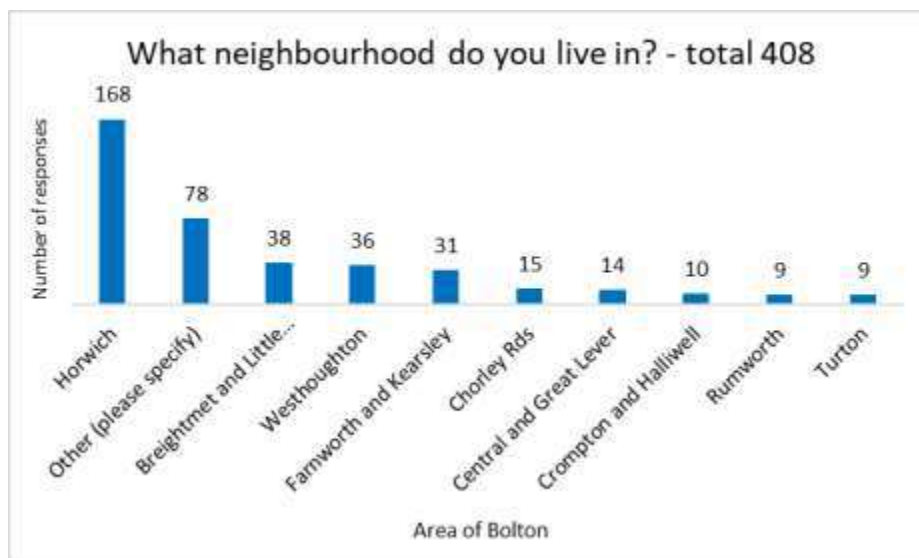
Most people did not identify as a carer in this survey.

GP practice area

We looked at where people in this survey were registered for their GP. As can be seen in the chart below almost 25% came from a single practice – Kildonan House Medical Practice. Therefore the views of patients from here make up the majority of the experiences.



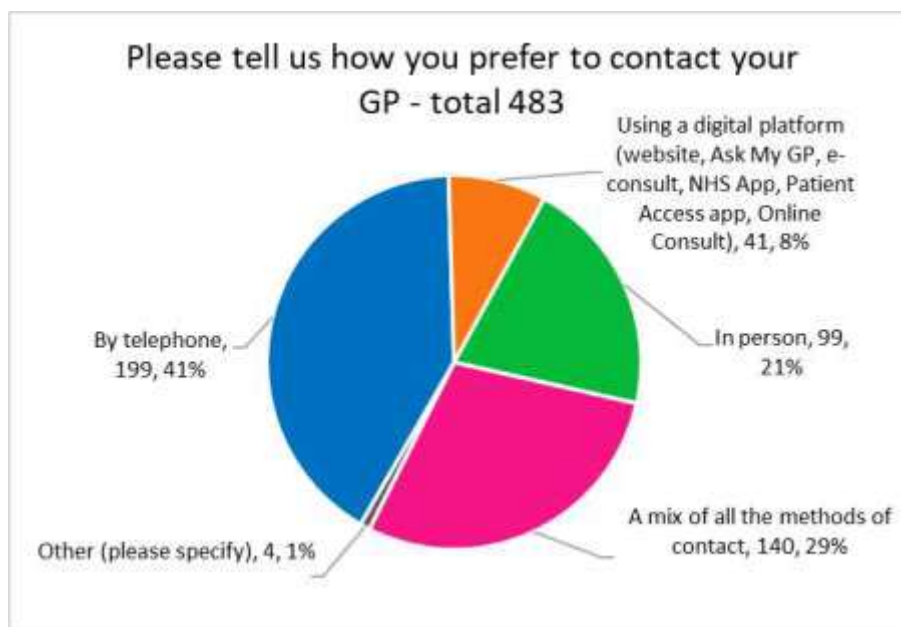
We also looked at where people lived so we could ensure all residents were represented. The majority of respondents came from Horwich or 'other'.



Many of those selecting 'other' chose a residential area of Bolton (46), there were also a range of villages and other residential areas on the outskirts of Bolton town such as Bromley Cross (1), Blackrod (20), Little Lever (2), Bradshaw (2), Stoneclough area (1), Westhoughton area (2), there were a small number (3) of places outside of the area completely, there was one person selecting n/a (1).

Contacting your GP

For our initial questions on GP experiences we asked about people's contact preferences. As can be seen from the chart below, the majority preferred either the telephone or a mix of methods.



Are you able to contact your GP practice by your preferred method?

Yes, always (47), Yes, sometimes (242), No, never (121). Total 410, some ticked more than one.

The responses to this question suggest people were only 'sometimes' able to contact by their preferred method (59%).

How easy is it to get through to someone at your GP practice on the phone?

Very easy (13), Fairly easy (57), Not very easy (100), Not at all easy (235). Total 405.

There was a clear sentiment that it was not easy to reach GP practices by phone, with over 80% of people saying 'not very easy' or 'not at all easy'.

Comments on ease of getting through by phone:

Phone related

We had a large number of open comments (221) related to this area of contacting practices. Despite the high number the majority of responses revolved around the theme of poor access, long waiting times, lack of availability after a period between 8-9.30AM and frustration with phones not always being answered or a lack of options once getting through if there were no appointments left for the day.

Web form

"Need to complete on online triage form first"

"Directed to fill in web form"

All OK

"Can always get through"

"I can get to speak to a, receptionist but find I can't get [continuity of] care at all"

"Very friendly Receptionists"

Notable changes to service

"Used to be really good but since all the changes there has been lack of care"

Phoneline

"Pre covid it was extremely difficult to get through to make an appointment but now it's impossible and yet I can hand my prescription in at reception but can't ask for an appointment, has to be done by telePhone."

"Sometimes can be on the Phone waiting for at least an hour, then you are cut off. Tried at one point telephoning at different times for weeks to get through and did eventually speak to someone on reception, who was not helpful at all."

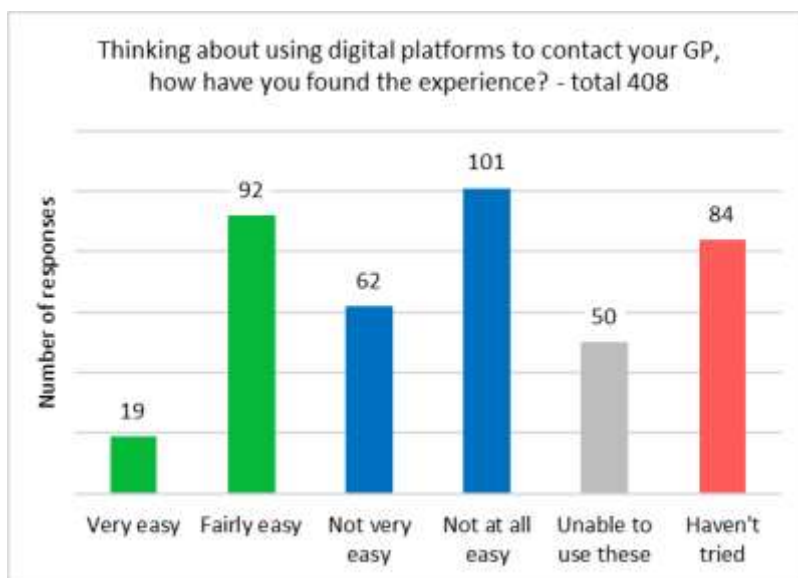
"Various experiences. Gave up several times and self diagnosed and bought medicine online. For urgent need to speak to doctor had to go down to surgery. Other times got through after 45 minutes to be told no Phone appointments left so ring again tomorrow to get the same result, when I

questioned the hopelessness of this she found me a Phone appointment 7 days later. Doctor diagnosed arthritis and a frozen shoulder over the Phone without seeing me :(just appalling and I want to leave after 45 years.”

“Needed a sick note after surgery. 45 attempts to get through over several hours. Ended up going in to ask for it.”

Contacting your GP - Digital

We wanted to check the importance of digital platforms on access in this survey. As can be seen in the chart below the experiences were quite varied with slightly more in the blue bars suggesting digital access has not been easy overall.



Comments on accessing care:

The comments have been grouped under key areas for clearer understanding of the points raised.

Lack of availability

“When I ask to make an appointment on the app or see any medical records was told [couldn't] do this as they were behind with it.”

“The platforms are only easy for ordering repeat prescriptions. appointment bookings and chat / message facility are disabled.”

“Can no longer book online appointments.”

The challenge of using technology

“It's difficult to remember another password for another platform when you use it so infrequently. Also difficult when you have children and are trying to book appointment for them.”

“Not so easy when young teens involved and you have to set up separate accounts.”

"I'm a young person familiar with technology, I have a smart phone, I'm computer literate etc, and I still find the app really difficult to navigate. To be honest I've given up."

"Unable to get information or login details from the surgery."

"I am 88 and not very IT knowledgeable and also have problems with my fingers so need a big key board."

Disability related

"I have a mental health condition and struggle to speak to someone on the telephone due to struggling to understand the words, I need to be able to see the mouth or face to be able to connect the words together. This applies to all aspects of my life not just doctors."

Not a good experience

"A lot of the symptoms do not apply to what I am dining about."

"It's not advertised and the process on the app isn't ready to navigate with even less information as to who and when will call you back. It's not friendly for people who don't use tech well."

"I use the app to do my prescriptions unfortunately not all the prescriptions are on the app and unless you are ordering a prescription that is on the app you can't message so have to then ring the surgery. Easy when ordering [the] prescriptions that are on the app."

"They don't include chronic illness at all and aren't fit for purpose."

Website

"Over the last few years the website has been chancy. It has been changed frequently. We used to receive a monthly emailed Newsletter with important info but this has not been the case [for] months now."

"You spend ages going through the site, only for it not to work. So then you have to go to the back of the phone queue."

Access to GP - Physical Access

We explored whether there were any physical access issues at practices.

Have you experienced any difficulties with physical access to your GP practice?

A large number of respondents said there were no issues in this area, this could be because 253 said they had no disability in this survey, compared to 103 that did.

The impact of COVID-19 on access

"Access only recently allowed and STILL no physical appointments with a GP which I think is unacceptable if other members of staff - receptionists/practice nurses can see patients face to face."

“All consultations are now done by phone and only at the request of the doctor can you be seen in person.”

“Yes, you can never get an appointment and for those who work, you [can’t] pre book a slot as they only release morn appts on the day.”

“We are not allowed. Even asthma reviews have been over the phone.”

Disability related

“Yes when using a wheelchair heavy doors as old building.”

“I have several mental health issues that prevent me from making/receiving phone calls. I have tried to go into the practice to make an appointment but receptionists just say patients have to ring first to make an appointment for a telephone consultation with the doctor.”

“Unable to approach counter, therefore unable to hear or be heard by receptionist. Having to speak loudly in public about private medical issues.”

If you have a disability - are your needs catered for at your GP practice?

“No as due to current climate we are not allowed in but they say they will do a telephone consultation over the phone but I keep telling them I am deaf and cannot hear over the phone.”

“No they [haven’t] seen me for [COPD] for 2 years.”

“Not always. Have been told off for not responding to the tannoy when my notes clearly indicate that I have profound deafness.”

“The practice I am registered is not accessible for my electric wheelchair, with a lot of the rooms very small and the navigating of the practice in general extremely difficult especially the second entrance to the practice which has a second door, which opens outward and is difficult to manage from a wheelchair perspective.”

“Not really - if you close the Blackrod branch you’re totally reliant on having transport to get you to the [Westhoughton] branch and seeing as this is the only go practice in Blackrod that’s not good enough.”

Access to GP - Language related

We have checked with respondents if language was an issue for them in accessing GP services. As we received a low number of respondents from non-White backgrounds, it appears that the majority of people in this survey spoke English as a first language and so had no problems.

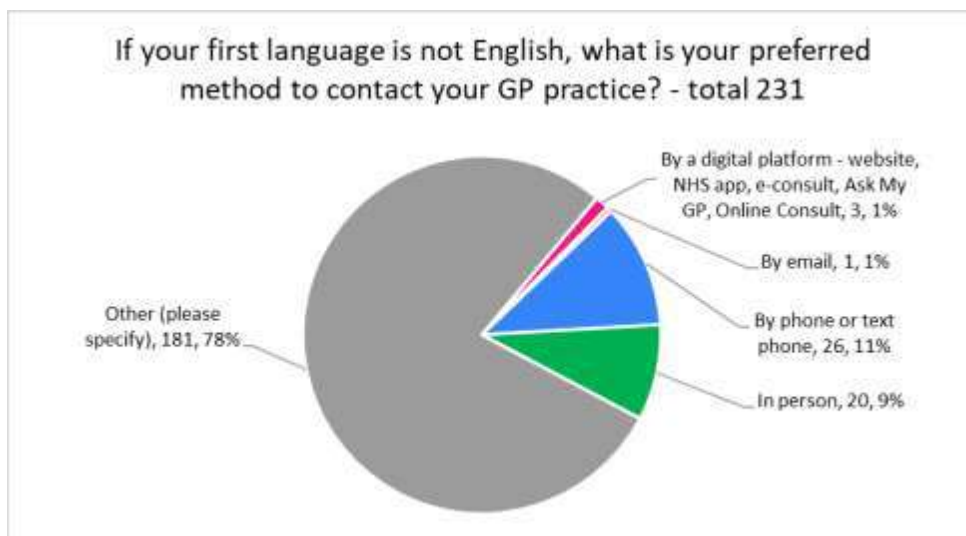
[If your first language is not English, have you had any difficulties with contacting your GP practice?](#)

Yes (11), No (153). Total 164. – majority of respondents were from a White background and also had English as a first language.

If your first language is not English, what is your preferred method to contact your GP practice?

The chart below summarises what people without English as a first language thought about preferred contact method.

Most respondents indicated that English was their first language or this question did not apply to them within the 'other' category.

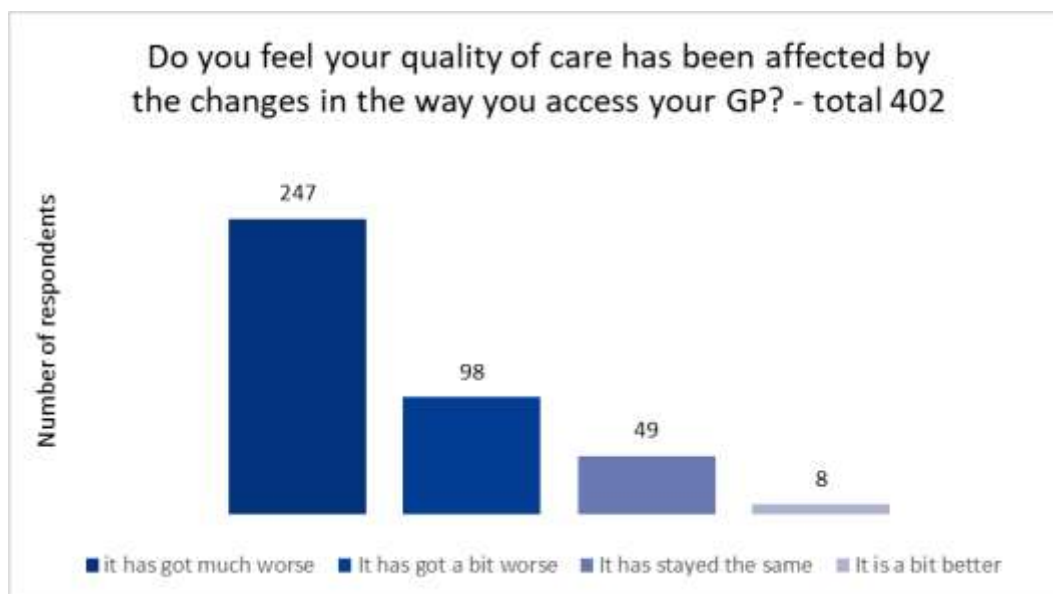


Access to GP - Quality of care changes

In this set of questions we checked whether quality of care had been affected due to the recent changes post pandemic.

Do you feel your quality of care has been affected by the changes in the way you access your GP?

People overwhelmingly felt things had worsened in terms of access due to recent changes post pandemic, as shown in the chart below.



Comments related to question:

We also allowed comments on the question to see if there were further experiences. A selection of these are shown under the topic headings here.

Most complaints about changes related to appointment waiting and lack of appointments. There was also a desire for more face to face appointments now that the pandemic restrictions have changed.

Appointment waiting and phone appointments

“After trying for ages to get through to the surgery. You can only have a telephone consultation, that is if you are lucky to get one. It’s pot luck if they have any left. If they haven’t you have to try again the next day.”

“Doctors do not want face to face contact my child had a suspected ear infection they told me on the phone this was not an infection and he didn’t need to be seen. My son got worse so I had to take him down to the out of hours where I was told it was a very sore ear infection and he was given antibiotics.”

“How can arthritis and a frozen shoulder be diagnosed over phone.”

“In June I tried to get an appointment following up complications I’d had from my surgery. I was given a telephone consultation, I was not tested for what the doctor diagnosed me with, I was wrongly diagnosed & then the doctor tried to give me medication that I am severely allergic to.”

“There is no quality of care as you can’t get to either speak to a gap or see one.”

Face to face

“Even with covid restrictions easing, the [GPs] have not increased appointments for face to face.”

“Feel like it is impossible to get face to face contact with GP and the online systems are not good enough, very frustrating when the hospitals and dentist and opticians are conducting face to face but GP still isn’t.”

“GPS trying to diagnose from a photograph and symptoms is terrible. I've had a call back from a pharmacist but it was only about one concern I had. I had another concern I wanted to speak to a Dr about, but was told I would have to ring again about that at 8am the following day.”

“Telephone triage consultations have pros and cons. Telephone calls can be convenient preventing the need for time off work/travel but they can also be awkward if you need to discuss a more personal complaint and receive a call when you are out in public. Some complaints require a level of rapport to be built between patient and clinician before an honest conversation can take place. This is not always possible via telephone. Seeing a patient face to face gives a better overall picture of general health- some patients can hide behind the telephone and insist they are ok.”

Receptionists

“My GP [name] is brilliant and very flexible. The receptionists however can be less flexible even if they are following guidelines. For example after waiting 30 mins to get through on the phone at 8am about a family member's worsening Covid we were told repeatedly to ring 119. This is just a

test and admin line and Does Not help with clinical matters like deterioration. Ringing 111 we were then told Ring your GP. !!”

“Receptionists at this practice decide your fate, not the Doctors, but even they are abrupt and rude.” “Unable to talk to a health professional, receptionist provides guidance and decides.”

Telephone positive

“I think it’s a bit better as I don’t have to wait too long for a telephone appt like I would for a face to face.”

“Telephone consultations have the advantage for those, like myself, who have mobility issues. However, when dealing with multiple issues "face to face" consultations are far superior.”

Online access issues

“Can only request a call via online form. Was meant to be within 48 hours but took about 10 days. Anyone without online access or vulnerable in any way doesn't stand a chance of getting through.”

“I do not like having to send my problems online and then someone decides whether I need to see a Doctor.”

“You cannot make an appointment online anymore and their is no appointments when you ring up at 8am.”

What type of appointment do you prefer to have with your GP?

Face to face (physical) had the majority of positive responses (299) with telephone (31) and a mix of methods (69) the other options with most preference. Total 412.

What type of appointment are you usually offered by your GP practice? (please tick all that apply)

The majority stated telephone (336) with face to face (50) and other (25) the other key responses. Total 423. Within other there was a diverse mix from ‘none’ to ‘told to go to A+E’, and complaints over not being able to get an appointment.

How happy are you with the type of appointment you are usually offered?

Majority of respondents were unhappy with nature of appointment offered, as can be seen in the chart below.



Comments on “your experience with your GP appointment”

We also allowed comments on this question. A selection of which are presented here, under their grouped headings.

Telephone

“It is impossible to get a face to face appointment, even for my baby. I have specifically asked to be seen during a telephone appointment as I was worried about him but was just told there was no need and I could just involve out of hours later. Another issue is that I believe you should be seen in person if repeatedly having to contact them about the same issue. This is not being done and resulted in a diagnosis being missed with significant resultant morbidity.”

“Telephone appointments with my GP are great especially because i work full time and [don’t] have to take time off work, the only downside is that if an online consultation query is submitted [I] have never been told when the GP is going to ring, it just happens, nurses appointments that [I] have attended have always been face to face.”

“Back problem was missed because of a phone appt, went private and was having an emergency MRI next day due to disc invading spinal space.”

“Tend to leave phoning as it is just very stressful and feel you are fobbed off over phone.”

“I get very anxious and I am unable to verify my problems over the phone, I don’t feel the telephone appointments are as relaxed and understanding.”

Face to face

“I currently would like to have a face to face appointment which they won’t offer, but they cannot advise or come up with a solution or care plan for my illness.”

“I have always received great support over the phone and feel confident that I would be offered a face to face appointment if it was needed.”

“There is value in a [telephone] appointment in many cases but there also needs to be a system whereby "urgent" cases may be given a face - face appointment when one first phones the surgery and speaks with a receptionist.”

“I have had phone conversations but now cannot get follow up ones with the same GP. There is no consistency of care. A face to face appointment would be more helpful.”

Positive

“I have received really good support over the phone and felt confident that they would ask me to come to the practice if it was needed.”

“Professional. High standards of care every time.”

“Before covid started our GPs both retired I was a little apprehensive about a new set of GPs taking over that I knew nothing about. However it was just 3 months ago when I contacted the GP practice to speak to someone about a number of issues that I had let [build] up during covid...After meeting her my fears had been settled I think she is a very good person. I have not met any of the other Doctors in the practice yet so I can't comment on them. I hope the good service continues many thanks.”

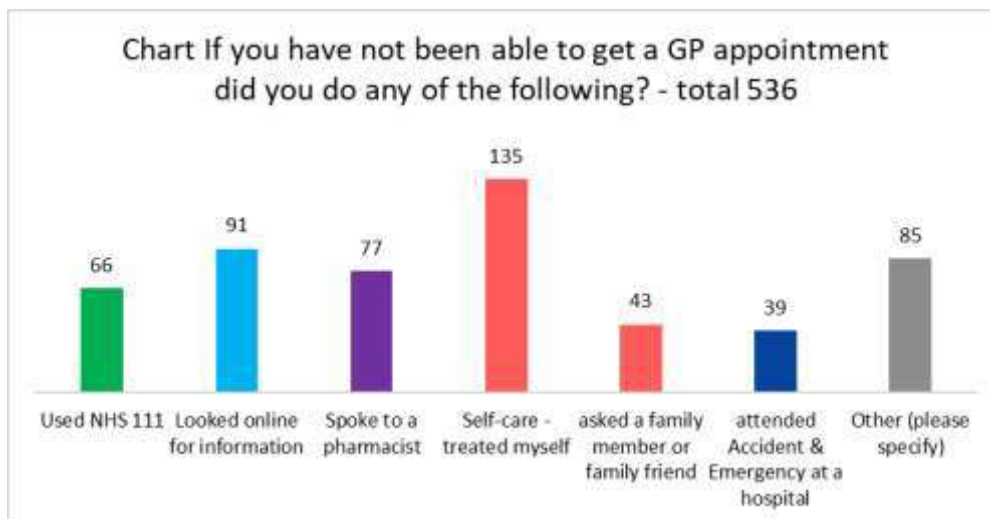
Recently within the past two months, if you have not been able to get a GP appointment with your practice, please tell us why this was.

The majority of patients found they could not get a recent appointment due to the phone line being too busy, or no appointments being available.



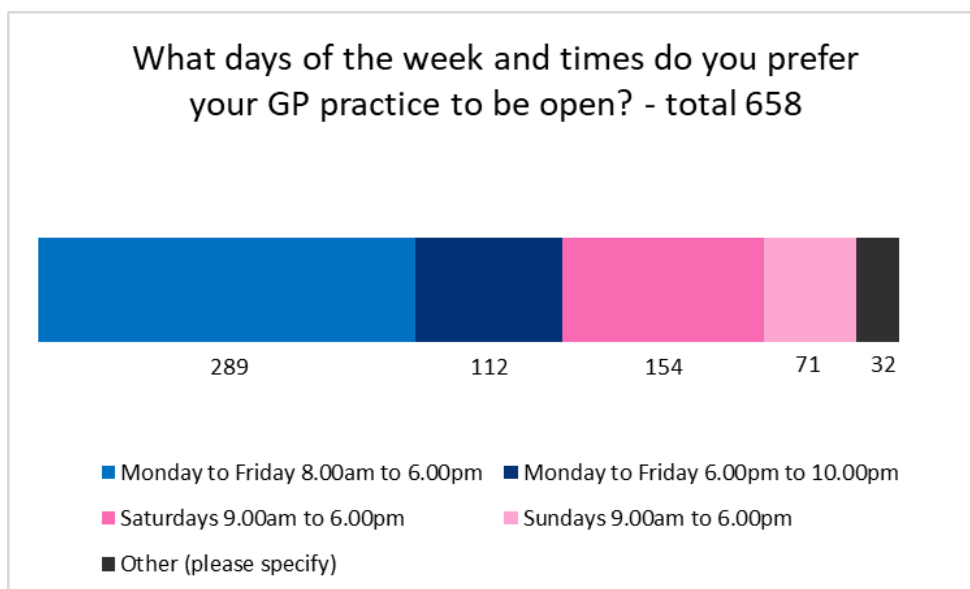
If you have not been able to get a GP appointment did you do any of the following?

We checked what people did when they were unable to get an appointment, the result was often looking 'online' or 'treating self'.



What days of the week and times do you prefer your GP practice to be open?

The majority of respondents wanted similar times to now for their appointments. Though there was support for a Saturday clinic.



The percentage breakdown for the results is: 44% -Monday to Friday 8.00am to 6.00pm, 17%- Monday to Friday 6.00pm to 10.00pm, 23%-Saturdays 9.00am to 6.00pm, 11%-Sundays 9.00am to 6.00pm, 5%-Other.

Use of pharmacies

Aside from the GP people can often access their pharmacy for advice. We asked about this in the survey.

Do you ever think of using your local pharmacy to get advice on health and care?

Yes 55% (197), No 13% (47), Sometimes 30% (107), Never 1% (6), Not sure 1% (4). Total 361.

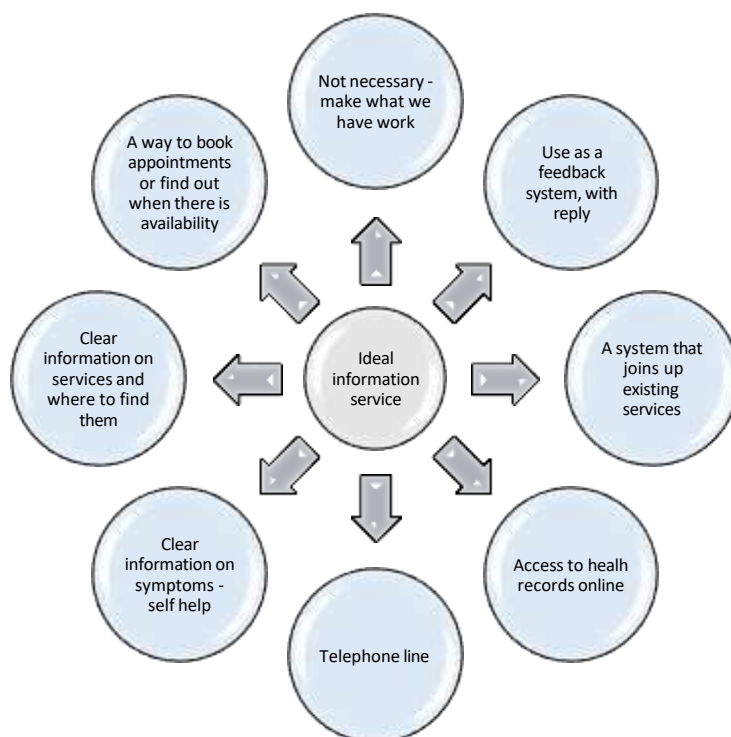
Most people did state either 'yes' or 'sometimes' (85% combined) to this question.

Information source

Related to our planned guide as part of this project, we checked what people might like to see in a resource around health and care services.

If an information resource was available to help you navigate your health and care services, what would you find useful in such a resource?

Results are summarised in the chart below. Whilst we did get a wide range of suggestions, a large number of people said either no need, that current routes around the services they use should be better without need for further sources, or said simply 'yes' or 'depends' without elaboration.



Final comments

We asked an open question at the end of the survey around final comments. Though we did receive a good number of replies, the general sentiments were expressed in earlier questions and so have not been repeated here. The main sentiment around improvements to access through better phone, online and appointment availability have been worked into the summary findings and recommendations.

Other replies will be checked and added to our general understanding of this area for future.

Recommendations

A summary of the recommendations based on our findings.

Contacting GP practices

- People were mostly happy with telephone or a mixture of other ways such as in-person, online, and telephone when needing to contact their GP. However these routes need to be improved particularly around the challenge of getting through in the early morning by phone, and a lack of free appointments after getting through.
- In terms of digital access, while there were people with less confidence in this area, access could be improved by ensuring each practice has online – website – access to contact the surgery and use services, as well as improving the nature of any apps associated with appointments. There could be an option for family accounts when people have children to reduce passwords. Symptom/illness lists should be broader within apps.

Accessing GP practices

- There weren't any major physical access issues to report, where access was an issue was due to lack of in-person appointments. People associated access with being able to go to the practice building. If impossible to go to practices in person, practices and local health commissioners should make it clear why this is not possible.
- We did not receive enough respondents with English as a second language to confidently comment on whether this area presented challenges. However, those with English as second language would surely benefit from the general improvements to access we have recommended.
- Patient satisfaction would improve if there were more appointments and more face to face appointments. However, it is understood that the pandemic presents challenges in this area.

Pharmacies

- People did seem to be making use of pharmacies for information and treatment. This option should continue to be promoted and the possible advice and services made clear where possible.

Information

- Finally we will act on the information related suggestions to develop our forthcoming guide.

Acknowledgements

Our thanks go to the members of the public that have given their time to share their views. As ever this work could not be done without them.

Thanks to the CCG for their discussions and support prior to the project beginning.

Thanks to everyone who helped to share the survey within their networks.

Appendix

Accessing Care and your GP practice full list of questions

Tell us about your GP Practice

1. What is the name of your GP Practice?
2. What neighbourhood do you live in?
3. Please tell us how you prefer to contact your GP
4. Are you able to contact your GP practice by your preferred method?
5. How easy is it to get through to someone at your GP practice on the phone?
6. Thinking about using digital platforms to contact your GP, how have you found the experience? (Digital platforms are things such as the practice website, Ask My GP, e-consult, Online Consult, Patient Access, NHS App)
7. Have you experienced any difficulties with physical access to your GP practice? (that is going in person to the practice), Please tell us
8. If you have a disability - are your needs catered for at your GP practice?
9. If your first language is not English, have you had any difficulties with contacting your GP practice?
10. If your first language is not English, what is your preferred method to contact your GP practice?
11. Do you feel your quality of care has been affected by the changes in the way you access your GP?

Tell us about your experience with your GP appointment

12. What type of appointment do you prefer to have with your GP?
13. What type of appointment are you usually offered by your GP practice? (please tick all that apply)
14. How happy are you with the type of appointment you are usually offered?
15. Please tell us more about your experience with your GP appointment
16. Recently within the past two months, if you have not been able to get a GP appointment with your practice, please tell us why this was
17. If you have not been able to get a GP appointment did you do any of the following?
18. Who do you prefer to speak to about your health at your GP practice?
19. What days of the week and times do you prefer your GP practice to be open?
20. Do you ever think of using your local pharmacy to get advice on health and care?
21. Do you have any thoughts on what would make your experience with using your GP practice better?

22. If an information resource was available to help you navigate your health and care services, what would you find useful in such a resource?

Some questions about you

23. Which of the following best describes you?

24. What is your ethnic group?

25. How old are you?

26. Which of the following best describes how you think of yourself?

27. Do you have a disability?

28. Are you a carer?



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Charity number: 1157070 (VOICE Local)

**Response from NHS Bolton
Clinical Commissioning Group
(CCG)**

Telephone: 01204 462006

Our Ref: NR/LH/JM

Your Ref:

Date: 29th March 2022

J Darbyshire
Healthwatch
27 Silverwell Street
Bolton
BL1 1PP

Dear Julie

Thank you for sharing your report.

As requested, please find below the CCG response to your recommendations within the report:

1. Contacting GP practices:

'People were mostly happy with telephone or a mixture of other ways such as in-person, online, and telephone when needing to contact their GP. However these routes need to be improved particularly around the challenge of getting through in the early morning by phone, and a lack of free appointments after getting through'

CCG Response:

Since April 2019, in order to maintain infection control, GP practices have been contractually required to offer patients an opportunity to book a minimum of 25% of all appointments, online. This coincided with the introduction of 'total triage' - meaning that patients are remotely screened and directed to the most appropriate health service for their problem - and for consultations to be delivered remotely, by telephone, video or online, unless clinically appropriate.

The offer of a mix of appointment modes will undoubtedly continue, post-pandemic; however, the GP contract regulations will be updated in 2022/23 with the intention of changing the 25% minimum requirement. The feeling is that this figure, currently drawn from the totality of a practice's appointments, is too crude. It will be replaced with a more targeted requirement that all appointments which do not require triage are able to be booked online, as well as in person or via the telephone. Guidance is expected imminently on the type of appointments practices are expected to make available for online booking.

We are supporting practices with improved telephony (additional lines, call waiting etc.):

35 of our 49 practices are on the corporate telephony system which offers practices the opportunity to configure the system to meet local demands. Many practices have call queueing in place (“You are number X in the queue) and call centre functionality/hunt groups which allows multiple staff to answer the phones at busy times. In addition to these features some practices have implemented IVR – Interactive Voice Response (Press 1 for...., Press 2 for...) which allows practices to direct calls more effectively.

Finally, an additional 100 lines have been purchased giving a total of 375 lines which averages at 8 per practice; it should be noted though that there is no limit to the number of lines a practice can use from the shared pot. If a practice takes 15 calls it will be allocated 15 lines. The limiting factor is not the number of lines but the number of people available to answer the calls.

2. In terms of digital access

‘While there were people with less confidence in this area, access could be improved by ensuring each practice has online – website – access to contact the surgery and use services, as well as improving the nature of any apps associated with appointments. There could be an option for family accounts when people have children to reduce passwords. Symptom/illness lists should be broader within apps’

CCG Response:

A number of Apps are available to patients which one a patient chooses is down to personal choice but all apps approved for use by the NHS offer.

Patients can register and prove who they are so they can:

- order their repeat prescriptions and view, set or change their nominated pharmacy, where they want their prescriptions to be sent
- view their GP health record securely
- manage their first hospital or clinic appointment with a specialist, when they are referred by their GP, through the NHS e-Referral Service (e-RS)

In some GP practices, depending on which systems are in use, people can also:

- message their GP surgery, doctor or health professional online
- consult a GP or health professional through an online form and get a reply
- access health services on behalf of someone they care for
- view useful links their doctor or health professional has shared with them

All GP practices in England are connected to the NHS App. This means that anyone aged 13 or over and registered with a GP practice in England can use it.

3. Accessing GP practices

‘There weren’t any major physical access issues to report, where access was an issue was due to lack of in-person appointments. People associated access with being able to go to the

practice building. If impossible to go to practices in person, practices and local health commissioners should make it clear why this is not possible.'

CCG Response:

Whilst the progress made in delivering remote total triage and online consultations has been largely welcomed by patients, practices must now – post-pandemic – ensure they deliver an appropriate level of face to face care. There should not be any situation whereby a patient is told they cannot access their practice premises between the hours of 8am – 6.30pm, Monday – Friday. All practices are clear that they are contractually obliged to remain open during these times in order to 'meet the reasonable needs of ... patients' and that they must ensure their patients understand this.

In terms of physical access to practice premises, under the National Health Service (General Medical Services Premises Costs) Directions 2013 there are minimum standards for premises which all contractors must comply with. One of these statutory standards is the Equality Act 2010. The requirements are as follows:

'The contractor must comply with any obligations it has under the Equality Act 2010(b) and should carry out any audits as to accessibility of the premises that may be necessary in order to enable it to comply with those obligations. The requirements of the Equality Act 2010 include taking such steps as are reasonable to-

- (a) provide for ease of access to the premises and ease of movement within the premises for all users of the premises (including wheelchair users);*
- (b) provide adequate sound and visual systems for the hearing and visually impaired; and*
- (c) remove barriers to the employment of disabled people.'*

We are not aware of any non-compliance with these contractual requirements; however, should we receive any indication from patients, CQC etc that this is not the case, we will look into the matter and, if necessary, employ contractual levers to ensure the issue is remedied.

4. English respondents

'We did not receive enough respondents with English as a second language to confidently comment on whether this area presented challenges. However, those with English as second language would surely benefit from the general improvements to access we have recommended.'

CCG Response:

We agree any improvements in access would benefit the whole Bolton population. If there are any specific individual issues, we would be happy to address these.

5. Patient Satisfaction

'Patient satisfaction would improve if there were more appointments and more face to face appointments. However, it is understood that the pandemic presents challenges in this area.'

CCG Response:

The CCG measures the levels of access in each GP surgery on an annual basis.

To reflect the public's concern about needing better access to their GP, the CCG will be asking GPs to offer substantially more appointments as from April 2022.

It is clear from the Healthwatch report that patients require GPs to offer a mix of contact methods. Therefore, the CCG is asking practices to offer additional face to face, telephone and online appointments.

6. Pharmacies

'People did seem to be making use of pharmacies for information and treatment. This option should continue to be promoted and the possible advice and services made clear where possible.'

CCG Response:

The new nationally commissioned Community Pharmacy Consultation Service (CPCS) with referral from GP practices has been introduced into Bolton. The service allows GP practices to directly refer patients with a range of minor conditions for a consultation with a community pharmacist. Currently 71% of Bolton GP practices are live with the service with the remainder expected to go live in the coming months. Bolton currently has the highest proportion of practices now live with the system in GM. Bolton CCG also works closely with the Bolton LPC to support best use of community pharmacy services for patients.

NHS Bolton CCG routinely raises the awareness of the benefits of using pharmacies throughout the year and especially at times when A&E is experiencing high demand, such as Bank Holidays, self-care week and Winter. In October 2021, NHS Bolton CCG and Bolton NHS Foundation Trust launched a new winter campaign under the collective banner of NHS in Bolton. The campaign encourages people to 'Think Twice' about which NHS service to use, with the aim of reducing the strain on the NHS during the winter period. The campaign is accessible via a dedicated website: www.bethedifferencebolton.info which focuses on three main areas: urgent care; primary care; and self-care/pharmacy. The website includes a series of videos featuring qualified health professionals giving advice to the public on where to go for health support; one of these includes a senior practice-based pharmacist who gives tips on planning ahead, having a well-stocked medicine cabinet at home, undergoing a medication review and ordering medication in plenty of time. In addition, we ran an article (1 of 3) in the Bolton News featuring the importance of local pharmacies and how they can help with minor health issues without the need for a GP, how they're open in the evening and at weekends,

and that private consultation rooms are available without needing an appointment. It also made reference to the pharmacy referral scheme via GPs.

We also distributed printed posters and leaflets, containing relevant information about how to use pharmacies, to various public spaces including: GP practices; community pharmacies; libraries, Healthwatch; Bolton CVS; UCAN centres and hospital out-patients and community settings.

Prior to the campaign launching, NHS in Bolton took part in filming with Granada Reports in August, to highlight the pressures on the system – this also included working with the Local Pharmaceutical Committee (LPC) to include a spotlight on pharmacies.

Bolton CCG are happy to discuss any specific incidents that arise.

If you need any further information on the point's raised in your report, please do not hesitate to get in touch.

Yours sincerely



Niruban Ratnarajah
Chair
NHS Bolton CCG

cc. J Bradford, Clinical Director
L Helsby, Associate Director, Primary Care & Health Improvement