



Accessing an appointment at a GP surgery in Salford



A report looking into the experiences of
Salford residents when trying to access
appointments at their local GP surgeries

March 2019

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Introduction

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the city of Salford.

Healthwatch Salford:

- Provides people with information and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and Care Quality Commission

Healthwatch Salford have statutory powers that enable local members of the public to influence Health and Social Care services under the Health and Social Care Act 2012.

Recently, we asked the people of Salford what was important to them about health and social care. Access to GP appointments came out top.

In response to this we launched our 'Access to GP Appointments' project. This looked at 3 elements surrounding the availability of appointments:

- the experience of the patient making and getting to the appointment
- the reasons why patients miss appointments
- the profile of the surgery from the practice manager's point of view

This report is about the experiences of 431 Salford patients on how they accessed appointments at their GP surgery and what challenges they faced. Whilst we acknowledge that this is a relatively small sample size and not indicative of everyone living in Salford (given the combined patient list size across all surgeries in Salford is 278,028), it is nevertheless a true reflection of what the patients told us at the time.

Methodology

How it started and how we engaged

Every year at Healthwatch Salford we run an annual priority survey, where we ask the people of Salford what elements of their health and care are important to them. Through this survey and additional feedback gathered from our website, we learned that getting to see a GP in a timely manner was the topic that was most important to them.

This is also mirrored in what Healthwatch England have revealed as one of their top 5 national priorities for 2019, with Primary Care (including access to GPs) being their number 1.ⁱ

From here, it was decided that we needed to investigate patients' experiences of getting an appointment more deeply.

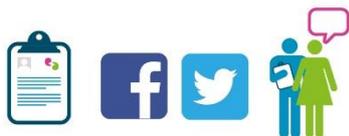
Early conversations were held with Salford Clinical Commissioning Group (SCCG) and individual practice managers. This was to see where there were known issues in accessing GP appointments and where there were gaps in understanding with some of the issues that patients had reportedly faced.

A range of questions were listed on a draft survey and sense checked for clarity and meaning through face to face meetings held with Salford CCG and 2 practice managers. A meeting was held with a group of patient volunteers to take a patient view of the questions, layout and format for the project. Considerations for amendments were considered and a final version agreed.

Batches of surveys were distributed to all 44 surgeries along with a sealed collection box, posters and information for surgery staff. The boxes were checked and emptied mid-way through the project and after the survey had closed by Healthwatch Salford staff.

The survey was also made available online and several patients telephoned the Healthwatch office and answered the questions over the phone.

Out of the 44 GP surgeries to have been initially approached, only 2 declined to help us engage with their patients. Patients from both surgeries were still able to complete the survey online or by picking up a paper version from their local pharmacy after hearing about it from our website, posters and whilst picking up prescriptions. This meant that we managed to receive feedback on every GP surgery across Salford.



Our media communications regularly promoted the survey through Twitter, Facebook and our website. Several larger health and care organisations across Salford also shared our survey.

In addition to the individual surveys, we also heard back from 2 service user groups who fed in their collective thoughts on some of the barriers that their members faced when trying to access appointments.

We also held engagement events at 3 GP surgeries which enabled us to talk to the patients face to face, assisting them to complete the survey and gain a better understanding of some of the issues they faced. Other public engagement activities also enabled us to speak with patients at 12 engagement sessions which were held at each of the local Gateways (Eccles Gateway, Swinton Gateway, Pendleton Gateway, Walkden Gateway and Broughton Hub) as well as Salford Royal Hospital.

At the same time as talking to patients, we also asked each practice manager to complete a survey, which looked into matters such as how the issue of patients missing appointments (DNA) impacted on their ability to deliver a great GP service. We heard back from 18 surgeries, 10 of which provided us with detailed data on their available appointments and DNA data over the last 12 months.

Analysing the data

Once the survey had closed, we spent a period of 8 weeks going through the data. As a lot of the data was qualitative (free text comments from patients), we put together a group comprising a mix of Healthwatch staff and patient volunteers, to read through the data and develop an understanding of what the patients were saying. This helped us to come to a collective view on what our findings would be.

The reports

This report will be shared with Salford CCG, NHS England and Healthwatch England as well as being available to the public through our website. In addition to this report, each GP practice has been sent its own report with information containing anonymised comments from their patients, which in turn will help them to understand any difficulties that their patients are experiencing when trying to get an appointment. It was decided to send these individual reports after disseminating the full report because some of the responses for individual surgeries were low and this summary report was a wider context to refer to.

Summary

Sentiment analysis from patients was varied in terms of being able to get an appointment at their GP surgery, with the half of them telling us they felt it was easy to make an appointment. Patients were able to make suggestions for improvement which helped to form our recommendations.

Healthwatch Salford recommends that the individual surgeries and Salford CCG investigate the following ways to improve on patient experience for Salford residents:

Patient information

● Initial communication

Between the patient and the surgery at first point of call - using the examples shown in this report, explanation is given to patients when they first contact the surgery so that they understand the reasons why they may be asked some personal information by the reception team

● Salford Wide Extended Access Pilot

More awareness raising for this is needed for staff and patients around the Salford Wide Extended Access Pilot (SWEAP), to enable patients to access alternative appointments when they are unable to attend appointments through the day owing to work or other caring responsibilities

Improvement trials

● Telephone triage and appointments

Surgeries to consider the possibility of a trial project for a telephone triage system to enable more face to face appointments being freed up when simple concerns can often be dealt with over the phone by the GP

● Staggered release of appointments

Surgeries to consider the possibility of a trial project for releasing appointments at staggered times throughout the day

Staff training

● Customer service training for frontline staff

Improve on training that will support front line staff with customer service skills, enabling them to utilise tools for dealing with often difficult and challenging situations whilst delivering first class service to patients

Patient confidentiality

● Patient confidentiality

Surgeries to improve on patient confidentiality, ensuring conversations at the main desk cannot be overheard by other patients with the option of

using a private room being made readily available for those patients who wish to discuss matters in private

Accessibility

- **Length of appointments for BSL users**
Salford CCG and NHS England to investigate possible operational issues where patients who require longer appointments to accommodate BSL or other interpretation services, feel their needs are not being met
- **Surgeries use of the Health Focus Group 'Engagement Packs'**
Surgeries to improve on the experience of those patients with learning or communication difficulties by training all staff in the use of the 'Engagement Packs' that were provided by the Health Focus Group

The survey - what did patients tell us?

Over the course of the survey we heard from **431** patients.

64% of them had made an appointment to see a medical professional within the last month.

78% of them made the appointment to see a doctor with the other **22%** requesting to see a practice nurse or other healthcare professional.

37% of the patients classed their appointment as 'urgent' with the remaining **63%** saying their appointment was more routine.

Making the appointment

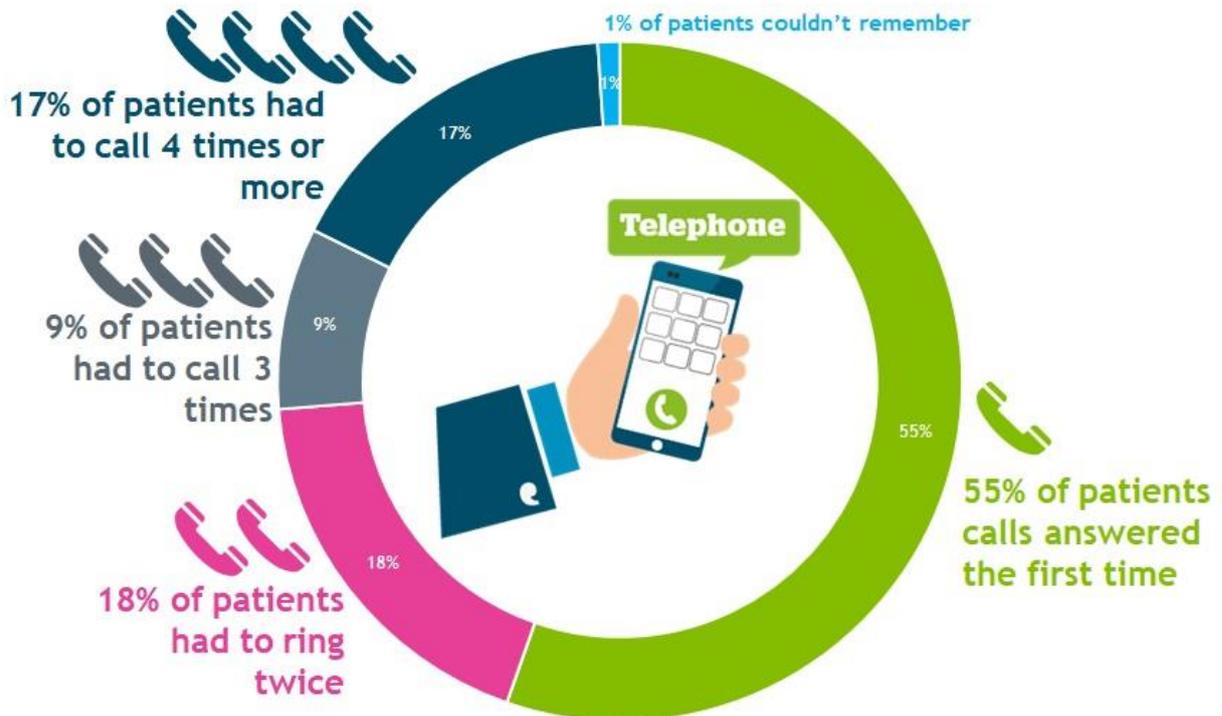
How did they make the appointment?

We asked patients what method they used to make their last appointment with the GP surgery. They told us:



Were patients calls answered in a timely manner?

We further went on to ask the 289 patients who had made their appointment over the telephone, how many times they had to call before they were answered. Over half of the calls made were answered the first time:



55% of the comments received to do with this question were negative with only **6%** positive. **22** patients mentioned how busy the phones were saying they experienced difficulties in getting through on the phone to make the appointment in the first place, with **7** patients reporting logging call attempts between them totalling to 410 times before their call was answered and an appointment made.

"I called 76 times over a 26-minute period before I got through to speak with a 'real' person"

"I was constantly ringing from 8am and was unable to get through until 8.25 due to the high demands of calls and was then advised that all appointments had gone for that day"

Most of the surgeries released all the appointments for that day, first thing at 8am, which proved to be difficult for some patients who were at work or having to commute to work or were taking children to school.

"I had to ring during my lunch hour, so it took me ages as I couldn't ring at 8am as I had to set off for work at 7.30am and have 23-mile journey so no time to hang on the phone all morning as it's difficult to get through on the phone"

How did patients feel about telling the surgery staff the reasons why they wanted to make the appointment?

We asked patients how they felt about telling the call handler/receptionist the reason that they wanted to make an appointment.

280 patients commented on this with over half (**53%**) of them telling us that they were comfortable. **28% (77)** patients left negative feedback to this question with many querying why they had to say what their problem or reason was to a non-medical professional.

"Sometimes if it is a bit personal it can be a bit embarrassing. Maybe they should ask what kind of problem it is rather than asking what's wrong."

Patients felt that the key was in how the question was asked. Many comments mentioned 'rude and nosey' staff but could this be a combination of lack of understanding on the patient's part and the manner of the staff asking the question? This is significant with the development of care navigators who ask questions over the phone before signposting. Salford CCG responded to this by telling us:

"Care navigation has been rolled out across GP practices in Salford. Reception staff have been trained to sensitively ask people about their needs when they phone the surgery for support. This means that people can be directed to the right kind of support as quickly as possible as this is not always best delivered within the GP surgery. Healthwatch Salford suggests that perhaps there is need to continue to re-enforce to patients how the questions they are asked help to ensure people get the right services in as timely a way as possible."

A lot of comments indicated that whilst patients seemed to be happy to discuss their reasons to staff over the telephone, the same patients were concerned about privacy when talking face to face with staff at the main reception desk. Healthwatch has visited all the surgeries across Salford and identified that in some of them, it would be very difficult to hold a private conversation given the layout and lack of space in the waiting areas.

Salford CCG responded by telling us:

“The Salford Strategic Estates Group has been supporting by the CCG to gain a full understanding of the condition of the GP estates in Salford in order to be able to ensure the estates remain fit for purpose and can address the type of concerns highlighted by Healthwatch Salford. From a comprehensive survey exercise the CCG has identified 16 practices which have issues related to privacy in reception/waiting areas. 4 of the 16 practices are likely to either relocate to a new build hub or benefit from investment to rectify the problem within the next 12 to 18 months. Of the remaining 12 practices, many currently have very limited opportunities to free space within their existing premises to create private interview space connected to reception / waiting areas. Those practices which can identify space which may need upgrading work can rely on CCG support to access the appropriate sources of NHS funding to undertake this work and will be encouraged to do this. For those practices which cannot currently identify space to create an interview room, a separate project is currently being developed to utilise off-site storage solutions, thereby freeing up space in practices which is currently used for storing patient records. In addition, beyond the next 18 months, further planned hub developments will have reached delivery stage providing further opportunities for practices to relocate to modern fit for purpose accommodation.”

“It is difficult when you telephone the reception because they can't see you in person or what is wrong with you. It's all well and good for the patient to say about the symptoms but it is better for the patient to attend the surgery and tell the reception what is wrong with you in a private room”

“Depends on the training the call handler has had on non-disclosure and confidentiality”

"I have no problems as long as the call handler treats my conversation confidentially. We need reassurance from the surgery that this is the case as I am not comfortable discussing my medical issues with someone who might know me or my family."



At the Gill Medical Practice, they had already identified that reception staff asking patients to tell them why they wanted to see the doctor or nurse could cause issues. To help resolve some of the issues and explain to patients the need for reception staff to ask questions, Dr Browne recorded an automated message, which played automatically when patients called the surgery, before the phone was then answered by the reception team. On the recording he explained that the reception team were instructed to ask the patient the nature of their call and the reasons for this:

"Hi, it's Doctor Browne here. Thanks for calling the Gill Medical Centre. You will shortly be put through to one of our reception team. We've asked them to ask you a few questions about the reason you're calling - this is so that they can direct you to the most appropriate person, appointment or action for your problem. Please also be aware that we are not allowed to take prescription requests over the phone. So, please help us to help you and be assured that all calls are confidential."

We feel this is a simple yet effective way in helping the patients to understand why reception staff will ask them these questions.

Debbie Johnson, Practice Manager explained to us the reason for introducing this message:

"many patients were slightly offended when asked by the receptionist why they were calling, however the introduction of Dr Browne's message has certainly helped us to encourage patients to talk to the receptionist and we have found that patients are amenable to be navigated to other more appropriate services".

What did patients do when they couldn't get an appointment when they needed one?

Patients told us that when they couldn't get the appointment they wanted or at the time they wanted, the majority would try with the surgery the following day or

would accept the appointment that was offered after going through various options.

10% of patients said that they would go and speak to their local pharmacist with **4%** saying that they would reject all options and try to get better themselves.

Interestingly, **9%** of patients said that they would use a local walk in centre (mainly at Trafford General Hospital) with only **5%** saying that they would go along to A&E. In comparison, these results are similar to that of a separate project that we undertook at Salford Royal Hospital, where we asked a sample of patients who presented themselves at the emergency department why they decided to go there in the first place. Through that project, only **2%** of them told us they went there because they couldn't get to see their local GPⁱⁱ.

What the patients did when they couldn't get the appointment that they wanted:



We received **78** additional comments to this question with only **22%** of these comments being of negative sentiment.

"Often can't get an on the day appointment for my children and if they're ill they need to be seen. I'm a nurse and never go to the GP unnecessarily. I end up going to the walk-in centre and waiting hours"

"As with everything in life, it's a compromise and depends on how urgent my needs are. If it's for an urgent appointment and my regular doctor is not available, I'll ask the receptionist who is in the clinic today and accept an appointment with the one I feel most comfortable with. For a routine appointment, the internet booking system offers more choice and I will make my selection from the appointments offered to suit my needs."

Text reminders and MyGP app

50% (207) of patients told us that their surgery sent them reminders by text for their appointment with 38% (207) telling us that they don't get a reminder. Another 3% said that they receive email notifications.

Information provided by Salford CCG showed that they commissioned a text reminder service for all surgeries and as of January 2019, 39 practices had this reminder service in place with 3 more surgeries looking to use it soon. The remaining 3 surgeries were continuing to use alternative methods having no plans to change.

Throughout the month of January 2019, 51,376 reminders had been sent out by text, with patients using the text back service to cancel 1,649 of these, immediately freeing up the appointment for someone else.

The MyGP app seemed to be a popular choice for making an appointment with people under the age of 30, with Salford CCG telling us that as of January 2019, 12,871 patients were registered to use the app (4,064 added during that month). The CCG further went on to tell us that during the month of January 2019, 3,130 appointments had been made via the app with patients using it to cancel 1,165 of those, as well 180 medication reminders and 455 blood pressure and weight recordings.

"It is easy to make an appointment with the app on your phone but difficult without it"

How easy was it for patients to make the appointment?

We asked patients how easy they found the whole process of making an appointment. The results were quite mixed with **58% (242)** of them saying that it was an easy process, **17% (71)** saying it was neither easy nor difficult and a further **25% (106)** saying that it was difficult.



In comparison, the National GP Patient Survey that was published in 2018 by Ipsos MORI said that overall, 67% of Salford patients described their experience of making an appointment as ‘good’, which was just behind the national average (69%).ⁱⁱⁱ

We received **286** comments and suggestions on how to make the system of getting an appointment easier. **23%** of these comments were positive with patients saying that they didn’t have a problem with making an appointment and nothing needed to change.

Unsurprisingly, a lot of patients felt that more staff were needed to answer the phone calls in a timely manner, which was a major cause of frustration. Several patients also commented that the attitude of frontline staff can also have a bearing on their experience of making an appointment, calling for more training for staff in customer handling. Salford CCG responded to this by telling us:

‘As the Care Navigation programme continues to be rolled out it is anticipated that the public will have more awareness of why they are being asked questions when they call the surgery and they will start to see the benefits of being able to access the right help more quickly.’

“I think there needs to be more explanation to patients to understand why the receptionist will need to ask more questions so that they can be given an appointment with the right practitioner”

“Also, in general the receptionists are good but the odd one or two could do with some customer service training.”

Some patients made interesting suggestions for improvements including simply letting patients know where they are in a telephone queue, which allows them to make the judgement whether to hold on or call back later.

“if they had a system the person knows what order they were in the queue e.g. 1st, 2nd in line”

“When your phone call is answered with an automated message you are often told where you are in the queue which is helpful”

“Queuing phone service i.e. ‘you are 3rd in the queue’ over the phone as with SRH [Salford Royal Hospital]. At least you know when you will be dealt with”

Patients also acknowledged the increase to the patient list size in some surgeries coupled together with the shortage of GP's and other staff to accommodate this. Several patients commented that lists should be closed. There is a process for surgeries to close lists which is set out in the NHS Primary Medical Care Policy and Guidance Manual^{iv}.

“More doctors = more appointments. Maybe a sit and wait service? Close the books so more patients cannot join. Have more GPs in Salford”?

Quite a few patients suggested appointments to be released at staggered times so that it would give them better access rather than having to join a telephone queue at 8am. Examples included having morning appointments released at 8am with afternoon slots released later in the day. Some patients may feel better as the day went on and by the afternoon, an appointment may no longer be required.

"8am is the wrong time of the day to have to ring - driving to work or taking the kids to school"

"Staggered appointment release. Call at 8am and then call back at 10am"

A few patients mentioned about having a drop-in surgery where you could walk in and join a queue.

Whilst there were a lot of suggestions for patients to be able to access online booking facilities and mobile phone applications, a number of patients also felt concerned that the drive to push people to use technology was having an impact on people who could not access these methods or were unfamiliar with modern technology.

Some patients also called for longer opening hours for those who work during the day.

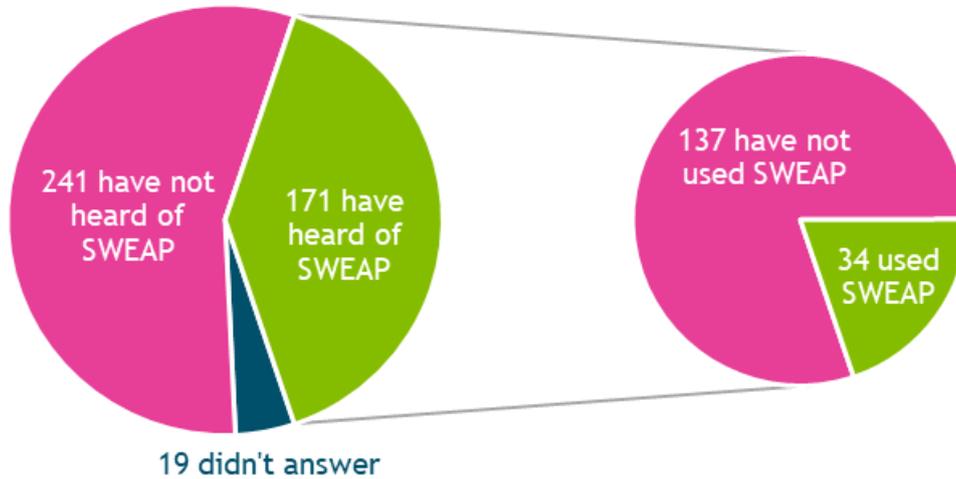
Did patients know about the extended access to GP services scheme across Salford?

Over the last year the SWEAP (Salford Wide Extended Access Programme) has been introduced for all patients across Salford. Under this scheme, patients can access appointments in the early evening (Mon to Fri 6.30pm - 8.15pm) and at weekends (9.30am - 12.45pm) by making the appointment with their usual GP surgery. We asked patients if they knew about this scheme and how many of them had used it.

The results for this question were very mixed with **40% (171)** of patients telling us that they were aware of the scheme and the remaining **56% (241)** saying that they were not.

Out of the patients that were aware of the scheme **34 (20%)** of them had accessed it.

How many patients that had heard of SWEAP had actually used it



Patients who were in employment

Nearly half (**49%**) of the respondents were in employment. A third of these patients told us that they found the process of getting an appointment difficult with several mentioning the difficulties of getting an appointment that fits around work. Out of these patients we found that **41%** of them had heard about the SWEAP (Salford Wide Extended Access Programme) with only **10%** having taken the opportunity to use it.

“Have evening slots available for people who work for appointments (if leave is granted, no pay!)”

We also asked GP practice managers how they promoted the SWEAP and the principal reasons for referring patients to it. All 18 who responded to our survey said that they promoted it through various means including posters and banners in the waiting rooms with reception staff offering this as a choice for patients who couldn't otherwise attend a daytime appointment. One practice manager, however, did express concern over the credibility of the service as it had been limited in their neighbourhood.

Telephone triage

46 of the patients who phoned up to make an appointment were offered a call back from the medical team. Patients who had experienced a telephone triage service were very pleased with this method, with others suggesting it as a possible way forward.



86% of the patients at Clarendon Surgery who completed our survey told us that they felt it was easy to get an appointment, with 93% of them recommending the surgery to their friends and family. Clarendon Surgery operate a telephone triage system, whereby patients call up in the morning and leave brief details of why they want an appointment with the receptionist. A GP then calls them back within the hour for a 5 min telephone consultation, offering advice and determining whether a face to face appointment is required, booking this in with the appropriate medical professional if necessary.

From the survey, only one of Clarendon's patients had concerns about telling reception staff the reason why they wanted to make an appointment, whereas all the others fully understood and supported the system.

Janine Crowshaw, Practice Manager at Clarendon Surgery told us:

"We work hard to listen to what patients tell us and their feedback is very important to us. Patients told us they wanted better access to clinicians and so we got together to work out what we could do better and as a result we redesigned the whole appointment system to improve the speed in which patients can access a doctor. We continue to monitor the uptake and level of demand and continually adapt ways of working to ensure these are met. The significant increase in our patient satisfaction levels and positive response has led to lots of other surgeries being interested in learning more and as a result Dr Tankel was invited to take part in a short film explaining the system and the constant analysis involved in making it work"

To see a copy of the short film, please follow <https://vimeo.com/131077564>

"The introduction of telephone triage has simplified matters greatly. Often, appts were wasted on things that could be sorted quickly by phone."

"I would prefer it if they had a triage system, that way, people would be 'seen' on the day without blocking up space."

"I feel phone consultations could be used more widely, thus freeing up the face to face appointment system"

On the day of the appointment

We further went on to explore how the overall experience was for the patients on the day of the appointment.

Accessibility

9% (40) of patients needed assistance whilst attending their appointment, mainly from a family member or a friend, with 2 needing BSL (British Sign Language) interpreters.



According to the 2011 Census, there are around 70 Deaf BSL users in Salford. In the past it has been difficult to engage with this group of people as English is not their first language, however we are aware there are several issues that may affect Deaf BSL users' ability to access GP appointments across Salford.

Booking an emergency appointment - ringing the surgery at 8am is not possible for Deaf BSL users. A Deaf BSL user commented that they have to go into the GP surgery at 8am and then try and communicate with the receptionist, and it is unusual to find a GP receptionist who can use and understand basic British Sign Language. An 'emergency' appointment is difficult to access for a Deaf person as, in the current situation, there is an inevitable delay caused by the need to book a BSL interpreter. Two respondents to the survey highlighted this problem:

“I’m Deaf and rarely go to GP because I can never get an appointment when it’s needed - Usually 7-14 days even if urgent”

“normally I prefer to book n British sign language (Sic) interpreter but have to wait for a week, (5-7 days’ notice)”

A five-minute appointment is not appropriate for a Deaf BSL user as the interpretation takes additional time. NHS England recommend that under their Principles for High Quality Interpreting and Translating Services, a double appointment is needed to accommodate BSL interpreting^v. Many emergency same day appointments are only five-minute appointments.

Speakers of languages other than English can access telephone interpreting services. There is a Video Remote Interpreting (VRI) service where BSL interpretation is provided via an app. There is also Video Relay Service which can be used by Deaf people to make a phone call using BSL. To take advantage of these services it is likely that GP surgeries the CCG would need to commission them at a cost.

We asked the GP surgeries if they used interpreting services for patients. 18 surgeries responded positively to this question saying that they book face to face and telephone interpreters/translators as and when required. One practice told us that on average, they will use these services about 140-150 times each month. Another practice told us that 3 of their staff have completed the BSL (British Sign Language) course over the last year. Most of the surgeries we spoke to also said that they allowed 20 minutes as standard for an appointment where the patient has complex needs or requires an interpreter.

In 2016, the Health Focus Group (formerly known as the Health Strategy Action Group) were commissioned by Salford CCG to provide engagement packs for GP use across Salford. They did this by forming a social enterprise called Aspire, which manufactured and distributed the engagement packs to all the GP surgeries across Salford. These packs included pictures and symbols that were made available for clinical staff to use when engaging with patients who had learning or communication difficulties. Over the course of the last year, we had heard that these communication packs didn't appear to be utilised, so we asked the surgeries if they used them. 18 surgeries responded to this question with 9 confirming that they were in use and the other 9 unsure about what the packs were and where they could find them.

Was the appointment on time?

225 (55%) patients said that their appointments were on time. **186 (45%)** patients whose appointments weren't on time waited on average 21mins in the waiting room to be seen with 6 patients having to wait up to an hour and 1 patient for an hour and a half.

We asked the surgeries how long patients had for each appointment. Eight surgeries responded telling us that on average patients got 10 minutes with a GP and 20 minutes with an Advanced Nurse Practitioner. Double appointments were available for patients who required an interpreter or had complex medical needs and one surgery commented that patients with long term conditions could see a practice nurse for up to one hour.

One symptom per appointment?

Thirteen surgeries went on to say that patients were able to present themselves with more than one symptom whilst the other 5 surgeries operated a one symptom per appointment policy.

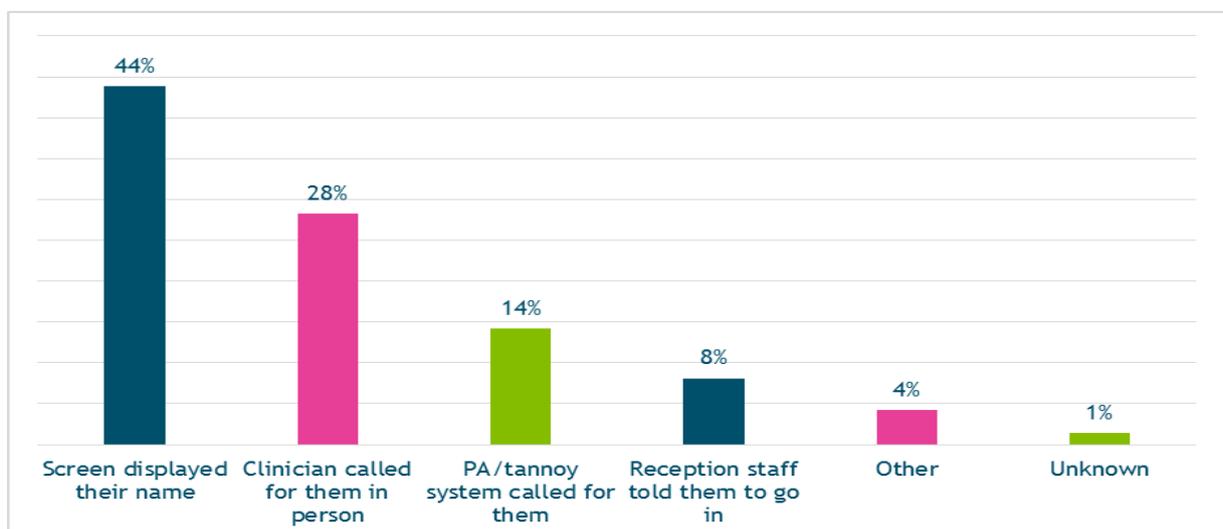
A patient commented:

“You are only allowed to discuss 1 symptom per appointment. When I was last there, I squeezed in a second symptom which I didn't think was much to worry about but turns out after tests that I have another medical condition. If I didn't mention this, I would have probably left it until it was more serious and probably more difficult to treat”

9% (40) of the patients felt that they didn't have enough time to discuss everything that concerned them during their appointment.

How were patients called in for their appointment from the waiting room?

411 patients told us how they were called from the waiting room to the consultation room when it was their turn. The most common method was for the patients name to be displayed on a screen followed by clinicians calling for them in person. PA systems and tannoy systems were also used with patients telling us of other ways, including them receiving a numbered ticket when they arrive at the surgery and only the number being displayed on a screen when it was their turn to go in.



“I do not appreciate my name being on display for all to see”

How did patients feel their appointment went?

90% (364) of the patients felt that they had enough time to discuss everything that concerned them with the healthcare professional. Comments from the remainder of those 9% (40) that didn't, included:

“I feel the particular doctor I request to see who has expertise in treating my condition is in a hurry to get me out of the door, the appointments don't last for the 10-minute slot”

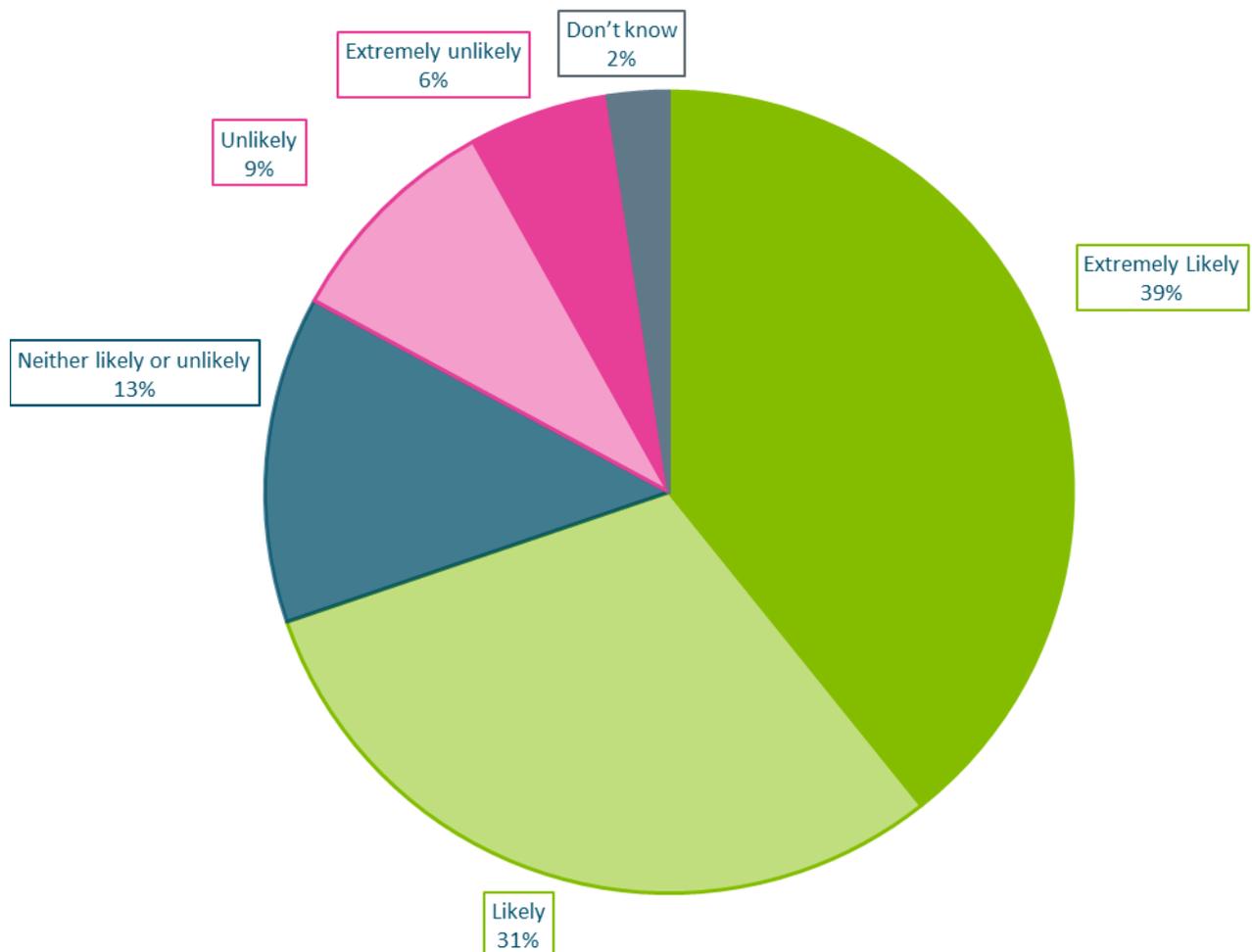
*“When the GP is aware that someone has a long-term condition (elderly, mental health condition etc), they should be allowed plenty of time
“Appointment feels a bit rushed, doesn't always feel GP discusses in depth”*

Only 3% (11) of people said that they did not fully understand what the healthcare professional had explained to them.

Friends and Family Test

For part of the survey we included the national Friends and Family Test (FFT) question: ‘Thinking about your recent experience of care at this surgery, how likely are you to recommend this surgery to friends or family if they needed similar care or treatment?’.

We had a good response to this question with **95%** of the surveyed patients answering it, most of whom seemed happy with their GP practice with only **15%** (shown in the pie chart as 9% and 6%) saying that they were unlikely to recommend.



Missed appointments

56 patients told us that they had missed an appointment in the past. **70% (39)** of these appointments had been made to see a GP and the remainder to see the practice nurse.

We asked patients how far in advance they had booked the appointment with the results being varied. **11% (6)** were booked on the same day, **21% (12)** were booked a week in advance, **18% (10)** were made 2 weeks in advance, **18% (10)** 3 weeks in advance and **12% (7)** were made over 3 weeks in advance. The other **20% (11)** of patients couldn't remember how far ahead they had booked theirs.

A conversation with a practice manager highlighted that in their experience, the more advanced a patient was able to book an appointment (i.e. 4 weeks), then the higher the risk was for the patient to forget, resulting in a wasted appointment.

46% (24) of these patients said that they 'forgot about it' when giving the reasons for missing it with most of them saying that a reminder service would've prompted them not to forget in the first place.

"I missed the appointment due to forgetting as it was made 4 weeks previous. Maybe if the surgery offered a text reminder service I would of remembered and made the appointment"

"When you have to book appointment over 3 weeks in advance it is easy to forget the date, especially when you work full time".

We asked all practice managers to complete a survey which explored the profiles of each practice and the instances of DNA's.

18 surgeries responded to this, 10 of which were able to provide us with detailed figures of all appointments available and those that were missed for the last 12 months (Sep 2017 - Aug 2018).

These 10 surgeries held a combined patient list size of 47,300 patients which is approx. **19%** of the Salford population^{vi}.

From this data we were told that 111,567 GP appointments were made available across the 10 surgeries with **10% (10,631)** of these missed resulting in a DNA.

Most surgeries told us that they follow up DNA's with a letter and a phone call. One practice commented that they have seen a reduction in DNA's since operating the text reminder system.



At Dearden Medical Practice, they told us that they follow up all DNA's with a letter and phone call for vulnerable patients and those with Safeguarding concerns.

The Doctors told us that they speak to the patients or child's parent/guardian explaining the importance of attending surgeries regularly, so that the child's or patients physical and mental health needs are addressed timely and appropriately.

Protocol Followed:

If any child is not brought for appointment, then following line of action is taken:

- Contact is made by phone, parents are informed that the child had an appointment & was not brought for this.
- If the parents had not received letter of appointment, then it is checked if the surgery or child health record has the correct address.
- If the surgery is not able to contact the parents by telephone, then a letter is sent.
- If there is no response to the letter within a timeframe and they further DNA, then an alert is put on the patient's record to get correct address & telephone number of the patient, when the family next contacts the surgery.
- Cases with frequent DNAs are discussed with the health visitor to know if address has changed/child attends nursery/School. This helps to have correct contact details and to know if other services have any concerns about the child.

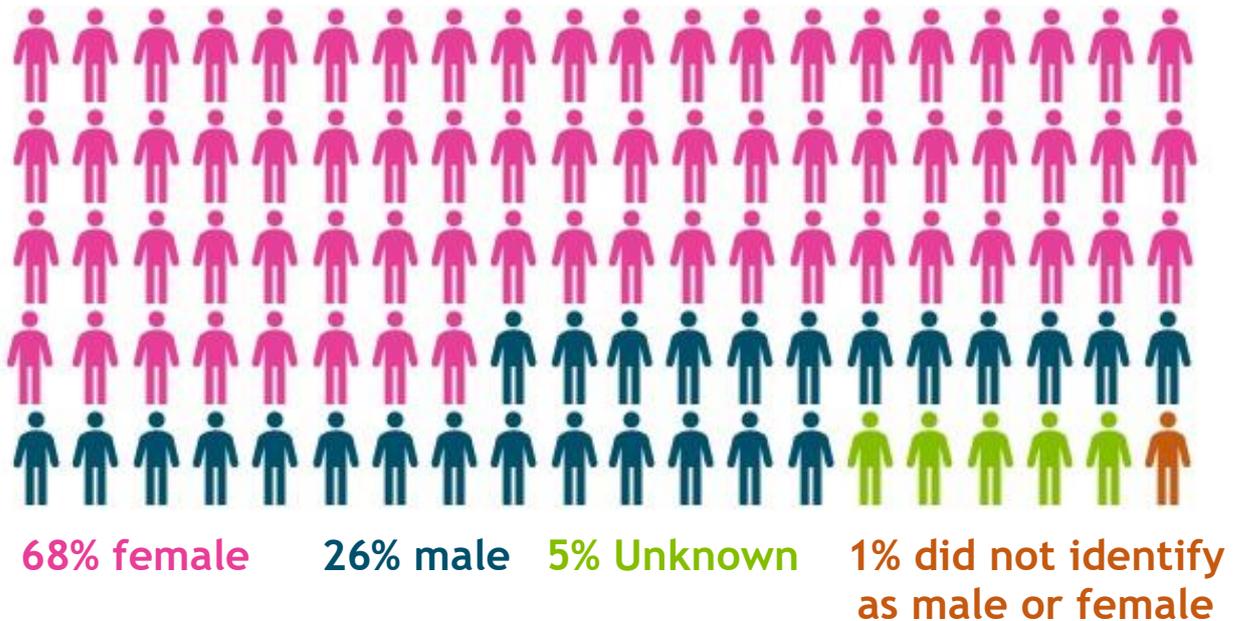
These policies are used in following cases:

- Not brought for immunisation - if able to speak to the parents then try to have reason for nonattendance. Parents are told that immunisation is important to protect against infectious diseases. If they have any concerns, they are addressed.
- In cases of children with safeguarding concerns - parents are also contacted so that the reason for nonattendance is known and a further appointment is given, or other help as needed.
- In cases of vulnerable children - parents are contacted and the reason for not bringing the child is asked. It is emphasised that attendance for health checks is important for maintaining a child's condition.

About the patients who took part

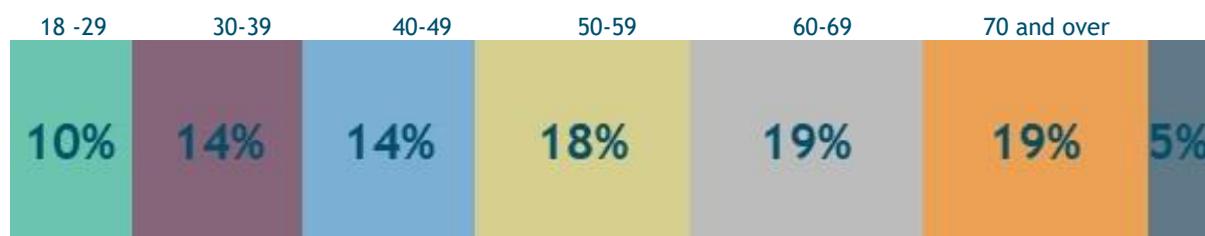
We received the completed surveys from patients with a wide range of backgrounds.

What gender did they identify as?



What age group were they in?

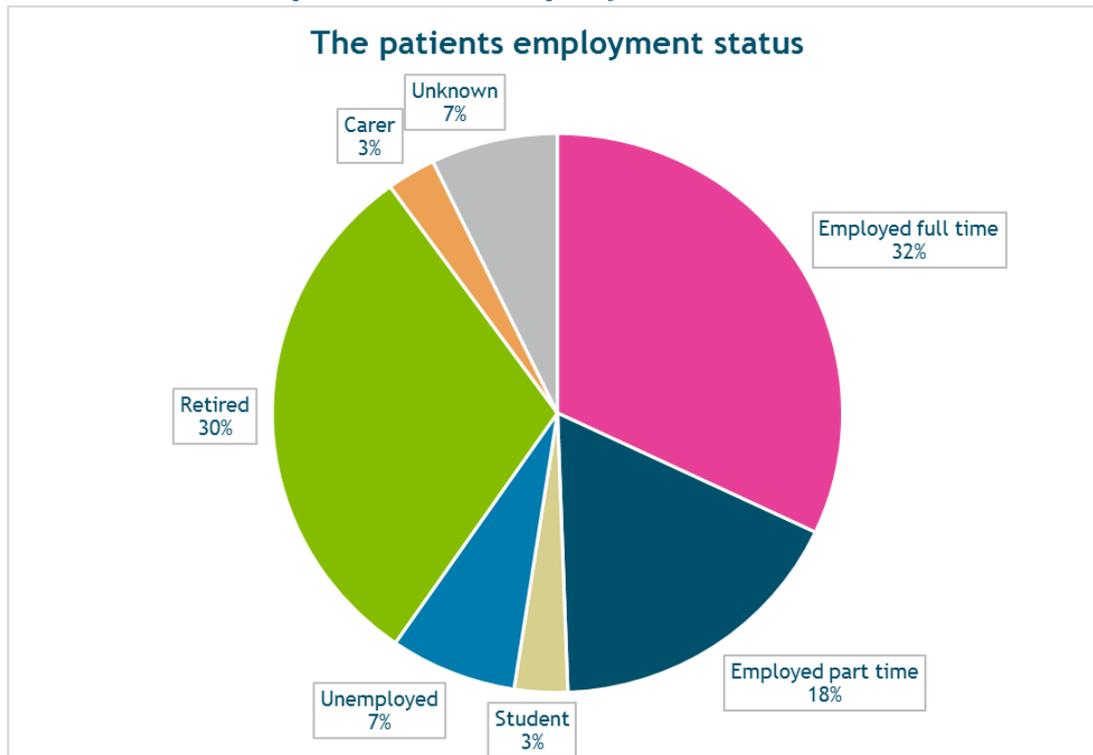
We heard from a good balance of age groups to the survey with only **5%** not revealing their age and **1%** being under the age of 18.



Did they have long-term medical conditions and/or disabilities?

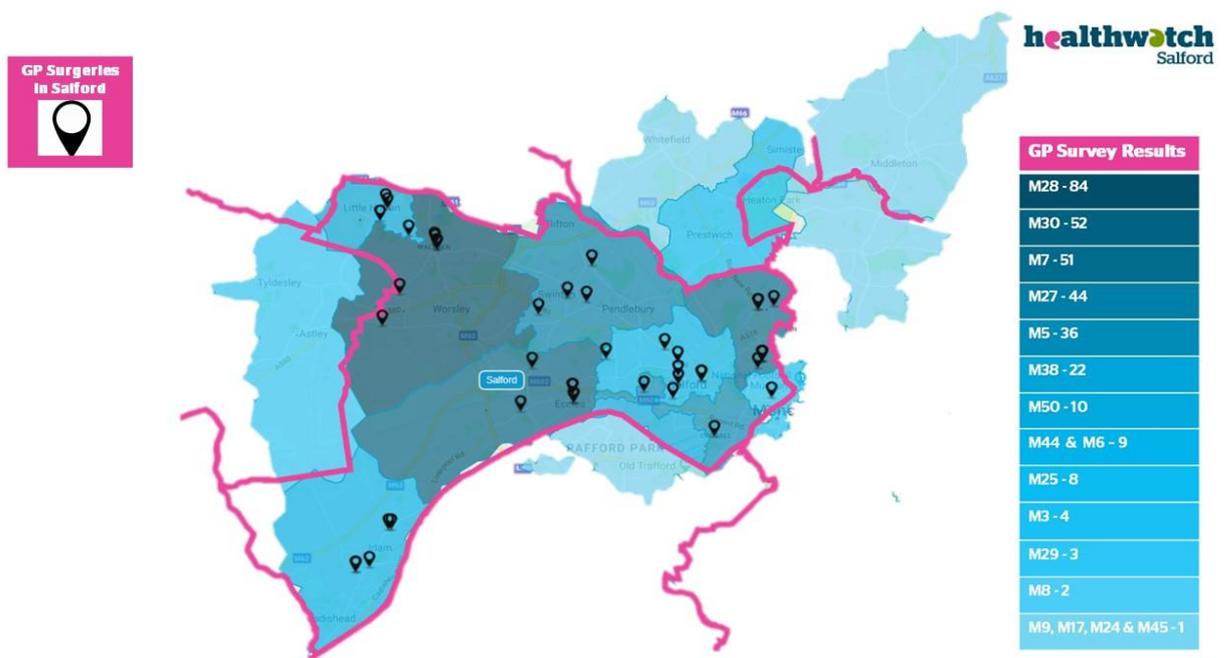
48% of patients said that they had a long-term medical condition and/or disability.

What was the patient's employment status?



Where did they come from?

The patients came from far and wide, some of whom were from outside the Salford border owing to practice boundary catchment areas. To protect the patient's anonymity, we only asked for the first part of the patients' postcode and are able to show how many patients took part in the survey from each postcode area as follows:



Conclusion & Recommendations

Following on from our annual priority survey of 2018 where we learned that the people of Salford felt that getting access to an appointment with their local GP surgery was important to them, we ran this project to get more of an idea of the overall picture across the City.

We heard examples from patients and practice managers of where appointment systems were working well and of those where improvements could be made.

Whilst we acknowledge that all GP surgeries operate their business models differently from one another, Healthwatch Salford encourages wider sharing and learning of good practice between the surgeries, Salford CCG and other national initiatives with the following recommendations:

Patient information

➤ Initial communication

Between the patient and the surgery at first point of call - using the examples shown in this report, explanation is given to patients when they first contact the surgery so that they understand the reasons why they may be asked some personal information by the reception team

➤ Salford Wide Extended Access Pilot

More awareness raising for is needed for staff and patients around the Salford Wide Extended Access Pilot (SWEAP), to enable patients to access alternative appointments when they are unable to attend appointments through the day owing to work or other caring responsibilities

Improvement trials

➤ Telephone triage and appointments

Surgeries to consider the possibility of a trial project for a telephone triage system to enable more face to face appointments being freed up when simple concerns can often be dealt with over the phone by the GP

➤ Staggered release of appointments

Surgeries to consider the possibility of a trial project for releasing appointments at staggered times throughout the day

Staff training

➤ Customer service training for frontline staff

Improve on training that will support front line staff with customer service skills, enabling them to utilise tools for dealing with often difficult and challenging situations whilst delivering first class service to patients

Patient confidentiality

• Patient confidentiality

Surgeries to improve on patient confidentiality, ensuring conversations at the main desk cannot be overheard by other patients with the option of using a private room being made readily available for those patients who wish to discuss matters in private

Accessibility

• Length of appointments for BSL users

Salford CCG and NHS England to investigate possible operational issues where patients who require longer appointments to accommodate BSL or other interpretation services, feel their needs are not being met

• Surgeries use of the Health Focus Group 'Engagement Packs'

Surgeries to improving on the experience of those patients with learning or communication difficulties by training all staff in the use of the 'Engagement Packs' that were provided by the Health Focus Group

Acknowledgements

Many thanks go out to the practice managers, staff and patients of the following surgeries, for helping to promote this project and surveys in their waiting rooms:

Blackfriars Medical Practice, Chapel Medical Centre, Cherry Medical Practice, Cleggs Lane Medical Practice, Cornerstone Medical Practice, Eccles Gateway Medical Practice, Irlam Clinic, Irlam Group Practice, Irlam Medical Centre, Langworthy Medical Practice, Lower Broughton Health Centre, Manchester Road East Medical Practice, Monton Medical Practice, Mosslands Medical Practice, Orchard Medical Practice, Ordsall Health Surgery, Orient Road Medical Practice, Pendleton Medical Practice, Sorrel Group Practice, The Gill Medical Practice, The Lakes Medical Practice, The Poplars Medical Practice, The Willows Medical Practice & Walkden Gateway Medical Practice.

In addition, the following surgeries not only helped to promote the project but took the time to give us very detailed feedback on the practice managers' questionnaire:

Clarendon Surgery, Dearden Avenue Medical Practice, Dr Davis' Medical Practice, Ellenbrook Medical Practice, Limefield Medical Practice, Mocha Parade Medical Practice, Newbury Green Medical Practice, Salford Medical Practice, Salford Primary Care Together, Silverdale Medical Practice, St Andrew's Medical Practice, The Height Medical Practice, The Limes Medical Practice & The Sides Medical Practice.

Special thanks also go out to our patient representatives and partners who helped to design, distribute and comment on the report:

Ann Dearden (Lower Broughton Health Centre), Clare Lancaster (St Andrews Medical Centre), David Backhouse (patient representative), David Dobson (Salford Clinical Commissioning Group), Debbie Regan (Lower Broughton Health Centre), Frazer Meadowcroft (The Sides Medical Centre), Healthwatch Salford staff, J Ahmed (patient representative), Lisa Best (Salford Clinical Commissioning Group), Marion Wilson (patient representative) & Roy Dixon (Limefields Medical Centre).

ⁱ <https://www.healthwatch.co.uk/news/2018-12-31/healthwatch-network-reveals-top-priorities-2019>

ⁱⁱ <https://healthwatchsalford.co.uk/wp-content/uploads/2019/02/Salford-Royal-Emergency-Department-ToC-Final-report-Sep-V2.pdf>

ⁱⁱⁱ Ipsos MORI link to data: <https://gp-patient.co.uk/>

^{iv} <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

^v https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it_principles.pdf

^{vi} Population of Salford at 2015 census was 245,614