

Strategies for improving GP services in Merton

A Healthwatch Merton research report



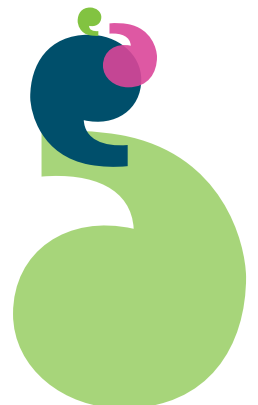


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INTRODUCTION

Healthwatch Merton (HWM), the local consumer champion for health and social care in Merton.

With feedback we received from different avenues throughout 2013/14, it enabled us to identify our workstreams for the coming year 2014/15 (please see our annual report for more details - available at www.healthwatchmerton.co.uk).

GP services is one of those workstream areas identified for us to focus on. People told us what they did not like about their GP service. Nothing not already known i.e. access, appointments, continuity, information, communication.

We therefore wanted to produce a report from research carried out locally with patients that would identify improvements, ideas and solutions for GP services—steering away from just highlighting the known issues.

To maximise potential influence and impact we will pass this report to the Merton Clinical Commissioning Group (in addition to relevant other bodies) to support its work on improvement of GP services locally as highlighted within their current business plan.

Research and Report by:

Research and report completed by HWM Associates



Summary

We aimed to engage with 120 people and actually totalled **209** who fed into this GP services research. We achieved this through holding seven community outreach visits to organisations active within Merton, two workshops that the general public were invited to attend and sent out a questionnaire survey to over 2000 people on our database.

The areas covered: Access to GP services, Information provided at GP services, Out of hours, Use of technology, Urgent care support

For ease of reference we have decided to also place the recommendations here, in addition to them following on from the details of the input and feedback for each area within the main body of the report

Access to GP services Short term recommendations

1. Increased customer care training for surgery staff to improve interpersonal skills.
2. Increased mental health awareness training for all surgery staff including receptionists and GPs.
3. Opportunity proactively offered to patients; especially those with long term medical needs, to express a preference for a specific GP. For those patients, clear notes on patient records, easily visible to reception on booking, if patient has a preferred GP.
4. Improved transparency. This might mean:
 - If a home visit is refused explaining why
 - Where decisions are made which affect patients as a result of staff shortages being clear about this
 - Providing more information to patients about where they are in phone queues
 - Providing information to patients when they are in the waiting room about how long the wait is likely to be.
5. Clarity regarding follow-up. This might mean:
 - Issuing guidance to all staff so that it is clear how follow-up is handled
 - Ensuring follow up commitments are made in writing (or email) and that there is a clear process for ensuring they are actioned
6. Being considerate about patients concerns on confidentiality. This might mean:
 - Providing and advertising private facilities for people to talk to reception staff if they are concerned about confidentiality. For example allocating a side room for private discussion and making it clear that this space is available. Providing a way for people to talk in confidence when they are on the phone with reception staff
 - Ensuring reception staff are trained not to reveal identifying information when on a telephone call that can be heard in reception.



7. Improved information about waiting times while in surgery reception areas. This might mean:
 - Greater interaction from reception staff telling people how long the wait is
 - The use of electronic displays to show how many unseen patients each GP has waiting
8. Surgeries with a nurse practitioner role should provide clear, high quality information about people in this role, and specifically about their qualifications and the kinds of tasks they can do. This would overcome a general lack of knowledge about the role and confusion which we believe we saw between the role and skills of practice nurse and nurse practitioner.
9. Increased use of telephone consultations where appropriate.

Access to GP services Long term recommendations

1. Improvements in telephone systems so that people are both better informed and more able to make contact. This might mean:
 - Introduction of queuing phone systems that inform patients where they are in a queue
 - More staff on phones at peak call times
2. Wider range of ways of booking appointments, that are widely advertised and maintained- also see “use of technology” section below. This might mean:
 - Setting up online booking systems (which were viewed as desirable by a significant minority, thereby freeing up telephone appointment availability for others)
 - Reviewing the ways in which appointments are released
 - Greater use of drop in non-appointment based system to complement appointment-based provision

Information provided at GP services Short term recommendations

1. Provide a greater range of information in waiting rooms in a self-service capacity. There is scope for much of this to be coordinated centrally for a number of GP surgeries or even across Merton to increase efficiency and consistency. The following could be used as a checklist of types of material:
 - Directly health related guides and information
 - Information about local health ‘management’ and involvement e.g. CCG, PPG, and Healthwatch
 - Information about surgery staff, designed to help personalise the patient experience and break down initial barriers - including photo, specialist medical interests / areas (for healthcare staff), how long individual staff have been at the practice and other information as deemed necessary
 - Signposting to health related organisations / classes / activities in the local area

2. Give adequate consideration to presenting this information in a user friendly, appropriate way. This might mean:
 - Using modern display methods
 - Using bright and engaging colour schemes
 - Mixing systems such as carousels, large noticeboards, wall mounted dispensers

Information provided at GP services Longer term recommendations

1. Produce a takeaway small information resource - we suggest a fridge magnet or credit card sized takeaway including at least:
 - Surgery contact details
 - Surgery opening times
 - Out of hours contact details
 - Emergency contact details
2. Create strong links with local voluntary and community organisations which will often be keen to have the opportunity to display information about their services and willing to visit a surgery meeting to inform staff about the services available. This may also have potential to lead to productive partnership opportunities for the benefit of patients

Out of hours Short term recommendations

1. Clear promotion of walk-in services available in the borough in surgeries (on noticeboards, website, out of hours telephone message) especially promoting the out of hours availability.

Out of hours Longer term recommendations

1. Consider offering GP services at locations other than surgeries. This could be trialled over a set number of months and involving one or more areas of the borough, ideally at least one in the West and one in the East. Consult with other agencies, including Healthwatch, to decide on appropriate venues and locations for these trials. Elements might include:
 - Trying a range of different locations
 - Offering services at different times to see whether or how demand changes
 - Offering different types of service such as general wellness testing, blood pressure checks
 - Specifically targeting hard to reach groups
 - Taking services out to community organisation sessions including those for hard to reach groups
2. Encourage GP surgeries to open for longer hours. This could include evening, early morning or weekend opening. Evening opening was the most popular of the three for our survey group.



Use of technology: Short term recommendations

1. Where telephone consultations are being used or being considered, patient clarity around how, when and why they are used is paramount. Surgeries could:
 - Make their policies clear and highly visible
 - Give reassurance that telephone consultations will only be used in certain circumstances, and explain what those circumstances are

Use of technology: Longer term recommendations

1. Investment in technologies to allow for:
 - Appointment reminders by text and/or e-mail
 - Booking appointments online.
2. Investment in using SMS to deliver appointment reminders - as an opt-in service. This could be welcomed by many patients and may also help to reduce missed appointments.
3. Allow people to respond to an appointment reminder SMS saying they no longer need an appointment. This could free up space for other patients.
4. Investment in methods of booking appointments by ways other than by telephone or in person. Approximately half of respondents to the questionnaire were supportive of the idea of booking appointments in ways other than the telephone with online, SMS and email almost equally popular. Well implemented, these methods could support efficient use of staff time.

Urgent care support Sort term recommendations

1. Increased visibility and publicity for out of hours GP walk-in services in the borough.

Urgent care support Longer term recommendations

1. Increase number and geographical spread of out of hours GP walk-in services in the borough
2. Consider **out of hours** provision of GP services in A&E departments

Other points raised Sort term recommendations

1. Consider ways in which surgeries could make their waiting rooms more inviting and/or comfortable

Other points raised Long term recommendations

1. Increase availability of blood tests in surgeries.

MAIN REPORT

Scope of the project

The purpose of this research was to produce a comprehensive report identifying areas of improvement patients want to see across Merton.

The two required outcomes of the research were:

1. That patients and service users have been able to identify and convey ideas/ initiatives that can feed into the improvement of the local direction of GP services across Merton
2. That Merton Clinical Commissioning Group can develop strategies for improvement of GP services supported by patient, voluntary and community organisation input.

The researchers were asked to look in particular at five main themes:

- Access to GP services including telephone, appointment availability, consistency, home visits
- Information provided at GP services
- Out of hours GP services
- Use of technology
- Urgent care support (primary care not A&E)

Healthwatch Merton's goal was to seek a range of practical deliverables for GP services. We felt it would be useful to separate out those deliverables which might be achievable in the short term from those which would require longer term development, investments of money, time, learning and so on.

We took this approach so that:

- Surgeries can make some quick, easy changes in the very short term, giving patients an immediate set of outcomes from this research, while planning for medium and longer term changes which might require more preparation, more financial outlay or other mitigating activity.
- Patients would be able to see quick results and outcomes from this piece of research.

The recommendations are to be found in the main body of the report adjacent to the research results which inform them.



The wider context

NHS England website states that “...we have heard that general practice and wider primary care services face increasingly unsustainable pressures and that general practice wants and needs to transform the way it provides services to reflect these growing challenges. These include:

- An ageing population, growing co-morbidities and increasing patient expectations, resulting in large increase in consultations, especially for older patients, e.g. 95% growth in consultation rate for people aged 85-89 in ten years up to 2008/09. The number of people with multiple long term conditions set to grow from 1.9 to 2.9 million from 2008 to 2018;
- Increasing pressure on NHS financial resources, which will intensify further from 2015/16;
- Growing dissatisfaction with access to services. The most recent GP Patient Survey shows further reductions in satisfaction with access, both for in-hours and out-of-hours services. 76% of patients rate overall experience of making an appointment as good;
- Persistent inequalities in access and quality of primary care, including twofold variation in GPs and nurses per head of population between more and less deprived areas;
- Growing reports of workforce pressures including recruitment and retention problems.”



Research Methods

We used a range of methods for this research:

Seven community outreach visits to organisations active within Merton.

These were selected to ensure a broad spread of demographics and to ensure the targeted inclusion of people with a range of experiences and health needs. These included a youth organisation, parent and toddler group, lunch club, charity working with carers, older people's group, an organisation run by and for people with disabilities and a user led BME mental health service users group.

Two GP workshops to which the general population was invited.

These workshops allowed us to reach wider than the community groups identified above, and allowed residents not linked with any of the community groups above the opportunity to have their voice heard.

We devised a data capture tool which was used in each workshop to capture participants' ideas for what might improve their experience at five different key points:

- While making an appointment
- When waiting to see a GP or healthcare professional
- When with a GP or healthcare professional
- Immediately after seeing a GP or healthcare professional
- During the follow up

We asked about the nature of people's experience, and about what made their experiences worse and what could make them better.

This functioned as an excellent structuring tool and helped us capture thoughts - including recommendations for change - so that our recommendations are very much drawn from ideas people expressed.

Questionnaire survey.

We devised a questionnaire survey which was used to gather input more widely. This was used in several ways:

- At various outreach events including the Mitcham Carnival and Wimbledon Carnival
- posted to 258 local organisations by Healthwatch staff
- Publicised through the MVSC and Healthwatch Merton web sites for completion online



The questionnaire included a number of closed questions and an open question: “is there anything else that would make using your GP easier, more effective, or give you a better quality of service?” This allowed people to make suggestions which we could reflect in our recommendations.

Our target was to engage 120 people. We exceeded this number by 95 (79%) and our total sample size was 209.

The total number of responses received across the various methods used breaks down as follows:

Workshops and outreach visits: **114**
Questionnaire - paper version: **58**
Questionnaire - online version: **37**
Total 209

We would additionally recommend that this research be used in conjunction with wider national research that has been undertaken. We would also point out that our outreach groups included only a very small sample of people in full-time employment, and they may have different access needs.

One relatively easy way to undertake broader research within Merton would be to encourage all GP surgeries to use our questionnaire survey - or a developed version of it, for a set period of time. Patients could complete the survey while they waited to be seen.



A note on our recommendations

It is hoped that many of the recommendations in this report will result not only in better patient experience but also in increased efficiency and cost effectiveness for GP services.

A number of recommendations revolve around a change in practice that would have little or no cost, while others, including around use of technology, would require an initial investment but would likely result in more efficient use of staff time and offer service users more flexibility.

There are a number of recommendations which may be able to be shared by a number of practices, or indeed across all of Merton, so minimising duplication of effort and financial resources.

We have broken the recommendations down into short and longer term groups:

- Short term recommendations would generally involve less financial, training, or time investment and so be the easiest and fastest to implement and show quick gains for patients and/or staff
- Longer term recommendations would be likely to require one or more of:
 - Financial investment in, for example, staff training or technology
 - Resource or people planning or redeployment
 - Rethinking service delivery locally or across multiple surgeries working in consortia

Many of the points raised by respondents to this research may seem similar to those raised by other research or in open forums, patient participation groups and so on. This is unsurprising. For many people, high quality interaction with health professionals, being able to get through on the phone, appointment availability and other 'headline' factors are key contributors to people feeling positive (or negative) about their whole GP interaction and will come up across different fora with regularity.



Results and Recommendations



Access to GP services

By far the greatest amount of feedback we had during the course of this research related to access to GP services. Two areas in particular dominated - making appointments and the quality of interaction with GPs.

One of the overarching themes coming through is that of a lack of consistency in surgeries' approach to some very basic parts of the interaction between GP or health professional and patient.

The more common issues found in terms of basic interaction were:

- Perceived unfriendly attitude of reception staff - including one respondent who said "I can never get an appointment when I need it without a tussle with the reception staff."
- People feeling GPs "rattled off" medical terms without explaining them in a way they could understand
- People feeling GPs did not listen fully or that they failed to show empathy or interest in the patient in front of them, and/or feeling patronised. People feeling they were being rushed and/or only able to discuss one thing in any single consultation
- Concerns about confidentiality when talking to reception staff to book appointments either in person or on the phone because of the open environment.

We asked at our community outreach visits and GP workshops whether people would be happy to see a nurse practitioner rather than a GP. A minority of respondents were clear that this would never be acceptable to them, and there was also a minority who made a general comment that they would have no problem with it.

Several respondents were clear that this would depend on the reason for their GP visit and a number suggested that for more routine matters seeing a nurse practitioner would be their preference.

Examples of acceptable services people might get from a nurse practitioner included blood pressure, flu jab, weight, blood tests, feet checks, smear, health checks. For matters relating to actually being ill a GP was preferred.

A number of general reservations were expressed. These included:

- Not knowing the qualification levels of a nurse practitioner
- Only if the nurse practitioner were able to prescribe
- Only if they could then elect to see a GP to follow up
- Only if they could be assured of a GP referral if necessary
- Would worry the nurse practitioner did something wrong
- Would only find it acceptable if communication between GP and nurse practitioner was very good

Alongside these negative comments were many respondents who said they see their nurse practitioner regularly and are very happy with the service they get, or who would be happy to see one if the service were available to them. Typical examples included:

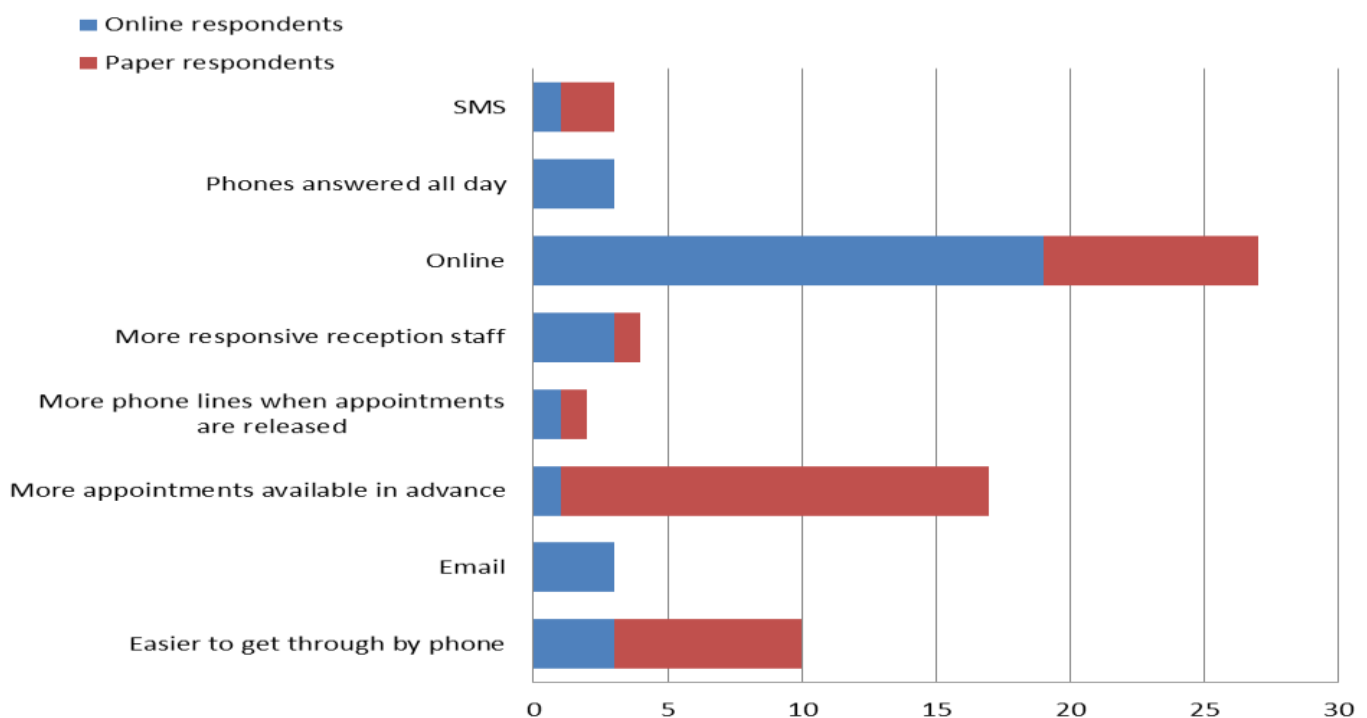
- Can sometimes be better if just for a routine check up
- Having nurse practitioners is a good use of resources
- Would see a nurse practitioner as long as they could refer to GP or other services
- Would see a nurse practitioner if they could prescribe

One person even said they see a nurse practitioner at their surgery and think it is a better experience than seeing a GP and another that they have seen a nurse practitioner and found it “excellent”.

We feel that some of the reservations people expressed come from a lack of understanding of what a nurse practitioner does and quite probably a degree of confusion with the roles of nurse practitioner and practice nurse. Because of this we would recommend that where a practice has a nurse practitioner they should communicate clearly about what they can offer and how highly they are qualified.

We asked our questionnaire respondents “How could the process of booking a GP appointment be made easier for you?” The responses hinged on three key areas: making phoning easier in various ways, freeing up more appointment slots, and catering for online bookings. Not surprisingly, perhaps, those who completed the survey online were more.

How could the process of booking a GP appointment be made easier for you?





We discussed the subject of appointment booking within our community outreach groups and GP workshops. Lots of people expressed problems with booking appointments, and looking at these problems gives a clear steer on their resolution. The use of new technologies in relation to this is examined elsewhere, so here we will concentrate on points which do not relate to use of technology. Views expressed included:

- Difficulty or impossibility of making appointments days in advance and/or lack of appointments available in advance
- Need to book an appointment at specific times as all the time slots are gone very quickly
- Need to keep redialling in order to get through to book an appointment at the times they are released, knowing that others are doing it too and it is just luck whether or not you get through
- Frustration with phone systems which give the engaged tone and a preference for queuing systems
- General dislike of answer machines - some respondents said that messages left don't get returned
- Phone systems which are switched to an answering service at lunchtime
- A lack of appointments in the early morning and evening
- Needing to book at 8am, as getting up early can be particularly difficult if on medication or unwell.

While some respondents expressed understanding that they were not 'these days' able to see the same GP every time, there was a general feeling that more consistency on who they saw would be welcome.

Related to consistency, points were made regarding follow-up by a number of respondents. Typically these were pointing out that promised follow-up activity had not taken place.

Our mental health outreach group was quite strongly of the opinion that both GPs and the surgeries in general needed more training in how to deal with people with mental health issues. Some respondents said they felt that when in consultations GPs were not able to understand mental health issues. The problems experienced spread wider into quality and type of information provision and to reception areas which could be too noisy and make people anxious or uncomfortable.

Some respondents felt that GPs were in some ways a victim of targets and that they were pushed to prioritise quantity of people seen over quality of patient interactions. If a patient goes into a consultation with this view, their expectations may be negatively affected before the consultation even starts.

We received a number of positive comments about GPs and about access to services, and these could be used as pointers to areas to target for improvement. Examples of positive feedback included:

- GP comes out of their room to greet patients, which was seen as a nice touch
- The GP is very sensitive and has a nice manner
- The GP spends time explaining things - useful as English is a second language
- My GP listens to me and does not patronise me

There was a lot of praise for drop in services, and in some cases calls for services which are entirely non appointment based. Home visits were felt to be less widely available than people would like, and often difficult to get. A significant number of people wanted surgeries to be open outside core working hours, variously citing evenings, weekends and, on fewer occasions, early morning opening as desirable.

There were also requests for access to some specialist GP services, for example those with special knowledge of particular conditions, or those who are particularly able to deal with children's issues.

Waiting times and delayed appointments were inevitably discussed. While many people felt there is often a good reason for them having to wait, and empathise with GPs who give patients the time they need rather than rushing, there were some key learning points in comments made:

- Not knowing how long people might have to wait for their appointment is frustrating
- Having appointments cancelled if a patient is delayed was felt by some to be unfair

Related to this was the requirement to phone at specific times to get test results. A feeling that this was imposed at the surgery's convenience and could be very inconvenient for the patient was expressed.

The availability of telephone appointments received positive comments from a number of respondents.

Recommendations—access to GP services

SHORT TERM:

1. Increased customer care training for surgery staff to improve interpersonal skills.
2. Increased mental health awareness training for all surgery staff including receptionists and GPs.
3. Opportunity proactively offered to patients; especially those with long term medical needs, to express a preference for a specific GP. For those patients, clear notes on patient records, easily visible to reception on booking, if patient has a preferred GP.
4. Improved transparency. This might mean:
 - If a home visit is refused explaining why
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5. Clarity regarding follow-up. This might mean:
 - Issuing guidance to all staff so that it is clear how follow-up is handled
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 - Providing and advertising private facilities for people to talk to reception staff if they are concerned about confidentiality. For example allocating a side room for private discussion and making it clear that this space is available. Providing a way for people to talk in confidence when they are on the phone with reception staff
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LONGER TERM:

1. Improvements in telephone systems so that people are both better informed and more able to make contact. This might mean:
 - Introduction of queuing phone systems that inform patients where they are in a queue
 - More staff on phones at peak call times
2. Wider range of ways of booking appointments, that are widely advertised and maintained- also see “use of technology” section below. This might mean:
 - Setting up online booking systems (which were viewed as desirable by a significant minority, thereby freeing up telephone appointment availability for others)
 - Reviewing the ways in which appointments are released
 - Greater use of drop in non-appointment based system to complement appointment-based provision

3. Providing access to services over less restricted time frames. In our research this related specifically to setting specific times to get test results, but there may be other areas where timed access could be opened up.
4. Better access to a GP outside normal working hours - see “out of hours” section below.
5. Increased transparency about specialisms of GPs already working in surgeries and improved internal processes for ensuring patients are directed to them where appropriate.



Information provided at GP services

We asked people what kinds of information they would like to see at their surgeries. The responses fall into two very broad categories:

Information of broad general appeal. A very wide range of suggestions for information was given which could have broad interest across the range of people visiting GP surgeries. These spanned a number of generic types of information as listed below.

Information relevant to specific user groups. We were asked to target some specific user groups, and held community outreach visits with a youth organisation, parent and toddler group, lunch club, charity working with carers, older people's group, an organisation run by and for people with disabilities and a user led BME mental health service users group.

These groups inevitably came up with suggestions of information specific to their needs alongside suggestions with broad general appeal, had a different set of user groups been targeted it is highly likely that different specific types of information would have been requested.

Information of broad general appeal:

- Specific visit related information
 - ◇ Information about how long the wait is to see a GP
 - ◇ Clear list of services provided
 - ◇ Which GPs specialise in what
- General health related information
 - ◇ Information about health matters, inoculations, etc.
 - ◇ Dietary and nutrition advice
 - ◇ Health education videos
 - ◇ General health & wellbeing information
- Relating to patient participation and NHS management / consultations
 - ◇ Patient surveys or CCG consultations
 - ◇ Notice of NHS, CCG, PPG and Healthwatch Meetings
 - ◇ Information about patients' rights / liaison services
- Signposting
 - ◇ Information about out of hours services
 - ◇ Information about other medical centres
 - ◇ Information about support groups
 - ◇ Signposting to specialists, advice sessions and information on the web
 - ◇ Signposting to other services, carers group
 - ◇ Signposting to local groups and voluntary services
 - ◇ Signposting to exercise classes
 - ◇ Signposting to high quality web sites
 - ◇ Details about where different operations are carried out

- Non health related information
 - ◇ Information about Community Services and how to access them
 - ◇ Information about social services
 - ◇ Information about benefits law
 - ◇ Information about classes and events in the local area
 - ◇ General magazines
 - ◇ Jobs fairs and job search

- Information relevant to specific user groups
 - ◇ Information about available mental health services
 - ◇ Information about how to get help in a crisis
 - ◇ Midwives
 - ◇ Contraception information, including information targeting young people
 - ◇ Recovery services / support groups
 - ◇ Drop-in child check-ups for parents
 - ◇ Information about exercise classes run by specific community organisations

One respondent suggested a 'big noticeboard' and this is a concept which could be developed by surgeries to great effect.

At the other end of the scale a respondent suggested a plastic credit card sized note with important contact numbers on it such as emergency numbers, surgery contacts and opening times and details of out of hours services.

It was pointed out by a number of respondents that information which is provided in surgeries can be out of date. Where this is the case it gives a bad impression and does not inspire confidence that undated information is still relevant or accurate.

One of the general findings of our research was that people can feel disconnected from their GP. Many factors can contribute to this including: seeing different GPs for the same ongoing issue(s) and not having time to 'get to know' a GP or to discuss anything but the presenting problem. One way to promote a more joined up feeling in a surgery might be to ensure there is information about the staff available along with a photo.

Participants talked about needing the right information in the right way at the right time and indicated that information should be available at all stages of their interaction with a GP service.

Often people found it easiest to talk about tangible printed information available in reception or from the GP or nurse but people also talked about being signposted to specialist websites or support groups.



Recommendations – Information provided at GP services

SHORT TERM:

1. Provide a greater range of information in waiting rooms in a self-service capacity. There is scope for much of this to be coordinated centrally for a number of GP surgeries or even across Merton to increase efficiency and consistency. The following could be used as a checklist of types of material:
 - Directly health related guides and information
 - Information about local health ‘management’ and involvement e.g. CCG, PPG, and Healthwatch
 - Information about surgery staff, designed to help personalise the patient experience and break down initial barriers - including photo, specialist medical interests / areas (for healthcare staff), how long individual staff have been at the practice and other information as deemed necessary
 - Signposting to health related organisations / classes / activities in the local area
2. Give adequate consideration to presenting this information in a user friendly, appropriate way. This might mean:
 - Using modern display methods
 - Using bright and engaging colour schemes
 - Mixing systems such as carousels, large noticeboards, wall mounted dispensers

LONGER TERM:

1. Produce a takeaway small information resource - we suggest a fridge magnet or credit card sized takeaway including at least:
 - Surgery contact details
 - Surgery opening times
 - Out of hours contact details
 - Emergency contact details
2. Create strong links with local voluntary and community organisations which will often be keen to have the opportunity to display information about their services and willing to visit a surgery meeting to inform staff about the services available. This may also have potential to lead to productive partnership opportunities for the benefit of patients

Out of hours GP services

We asked a number of questions relating to accessing GPs outside of normal surgery hours. We wanted to know if people used drop in or walk in centres, and also if would be helpful if GPs were accessible in places other than a surgery, as this might make it easier for people to see a GP and ease congestion at surgeries.

We asked our online and postcard questionnaire recipients if they had used a walk in centre in the last six months. Overall we asked 95 people the question “If you have used walk in centres or clinics in the last 6 months can you name them?”

66 people had not used a walk in centre or clinic in the last six months. The remainder had used a number of venues. In most cases only one had been used, but a very small number of people had used more than one:

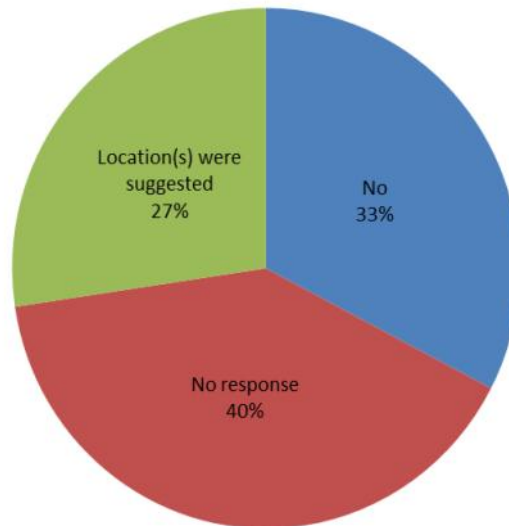
Site	No of people
Clapham Junction walk in centre	1
Kingston Hospital	1
Springfield	1
Kings College Hospital	1
Roehampton	2
St Georges	7
The Wilson Health Centre	20

We also asked “Would it be helpful if GPs could be seen in different places? If yes what kinds of places?”

In general people seemed to find this question quite challenging. As an idea it is something many people seem not to have thought about before, and as a consequence we got a large number of non-responses. In addition a significant number specifically said they felt their surgery was convenient enough for them to use.



Would it be helpful if GPs could be seen in different places? If yes what kinds of places?



Of the 27 percent of respondents who suggested locations that GPs might be seen, the range of ideas was broad. The table below combines the questionnaire survey results with suggestions made in or community outreach sessions and GP workshops.

Location	Number of suggestions
Home visits	12
Community centres /groups	6
Shops/supermarkets	5
Workplaces	4
Library	4
Schools	4
Churches / faith related locations	2
Pharmacies	2
Public sector employment premises	2
Children’s centres	1
Day centres	1
Family centres	1
Hospitals	1
Leisure centres	1
Playgroups	1
Pop-up clinic	1
Post office	1
Pub	1
Transport stations	1
Yes - no location specified	3

We asked our community outreach groups and GP workshops “How could it be made easier to access a GP when the surgery is closed?”

The most popular topics that came up in discussion around this question were that GP surgeries should open longer hours. Walk-in centres were a popular option. Being able to contact someone by phone was also mentioned by a number of people. It is worth noting that the young people’s group were specifically asked if they would like to see GPs in schools and were very vocal about their dislike of this option.

Recommendations – Out of hours GP services

SHORT TERM:

1. Clear promotion of walk-in services available in the borough in surgeries (on noticeboards, website, out of hours telephone message) especially promoting the out of hours availability.

LONGER TERM:

1. Consider offering GP services at locations other than surgeries. This could be trialled over a set number of months and involving one or more areas of the borough, ideally at least one in the West and one in the East. Consult with other agencies, including Healthwatch, to decide on appropriate venues and locations for these trials. Elements might include:
 - Trying a range of different locations
 - Offering services at different times to see whether or how demand changes
 - Offering different types of service such as general wellness testing, blood pressure checks
 - Specifically targeting hard to reach groups
 - Taking services out to community organisation sessions including those for hard to reach groups
2. Encourage GP surgeries to open for longer hours. This could include evening, early morning or weekend opening. Evening opening was the most popular of the three for our survey group.



Use of Technology

Communications technologies such as email, web sites, video conferencing and SMS have long been used in the health sector. We wanted to learn people's attitudes to a number of specific uses of technology which might help them access GP services, and to ask more generally if they had their own thoughts about how technology might be of use.

We discussed different aspects of the use of technology in our GP workshops and community outreach visits, and asked specific questions about the use of technology in our questionnaire survey.

We also allowed space for people to suggest other ways technology might be used to improve their experience. Very few responses were offered, and in some outreach groups the whole group was against the idea of using technology in any of the ways suggested.

There was a degree of wariness of the loss of the personal touch in the use of new technologies - and even old technologies - in this. The idea of telephone consultations, for example, was sometimes supported, but only if for advice, information or general discussion rather than for diagnosis. For surgeries, even though telephone consultations are now far from rare, this points to the need for both clear staff guidelines and good quality outward facing information where telephone consultations are being considered or already being used.

Respondents in our community outreach groups and GP workshops were also clear that new technologies should be used as additions to, and not replacements for, existing systems. The idea of appointment reminders by text is a good example of an addition to existing systems, as is the general level of support expressed for making appointments using methods other than the telephone. Indeed, we heard a number of positive comments about using web sites for making appointments.

Some applications of new technologies were considered completely inappropriate in some discussions. The delivery of test results in any way other than face to face was strongly opposed by the majority of those taking part in groups, but a text telling someone results were now available could be acceptable to some groups.

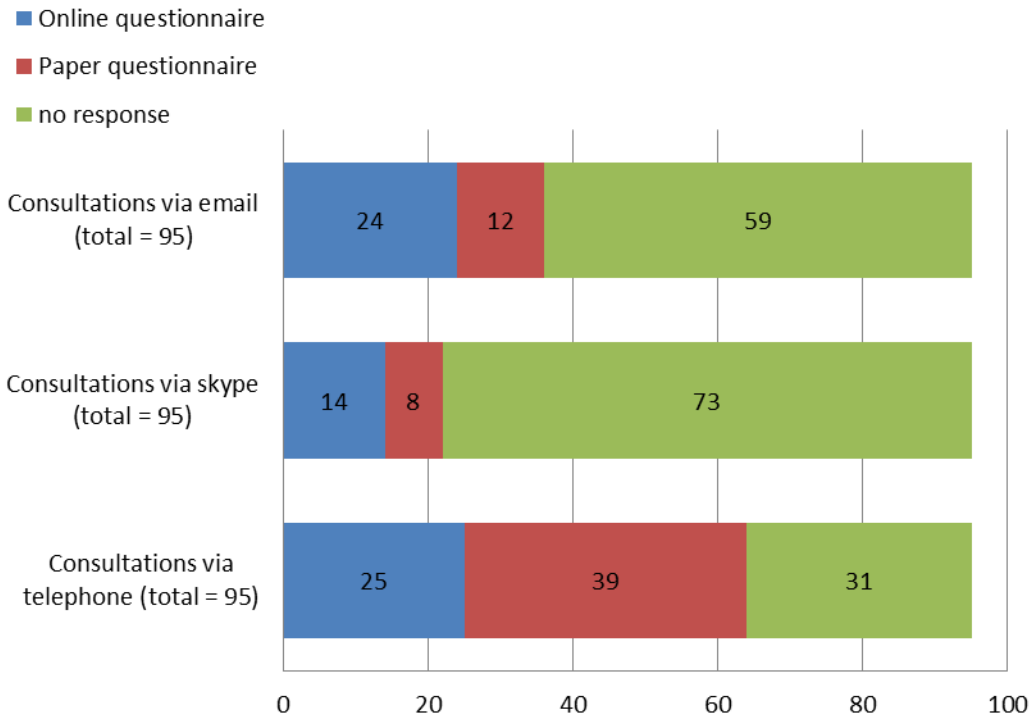
The few suggestions that were made offer some interesting ideas:

- Repeat prescriptions requested by email and text
- A virtual GP surgery
- Email reminder of an appointment the day before

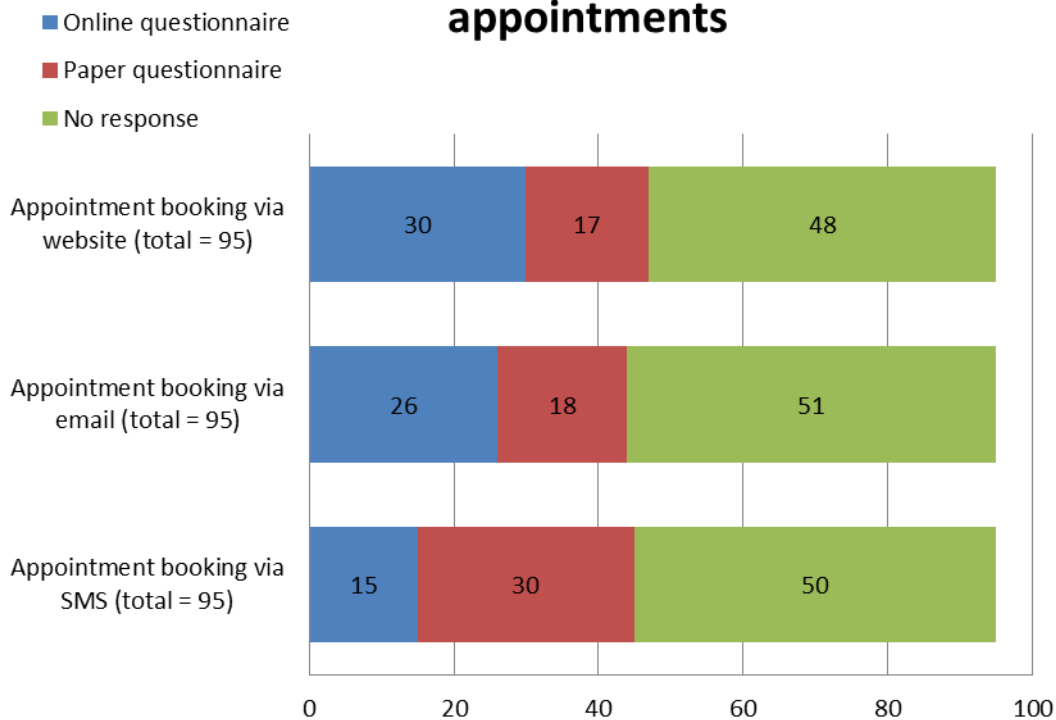
Our questionnaire asked very specific questions about the uses of technologies for particular types of activity. The online respondents were broadly more in favour of the use of technology than those using paper questionnaire forms. This is probably not surprising as the online recipients had self-selected on the basis of receiving an electronic invitation to complete the survey.

The total number of respondents for each of the three charts below is 95.

Using new technologies for consultations

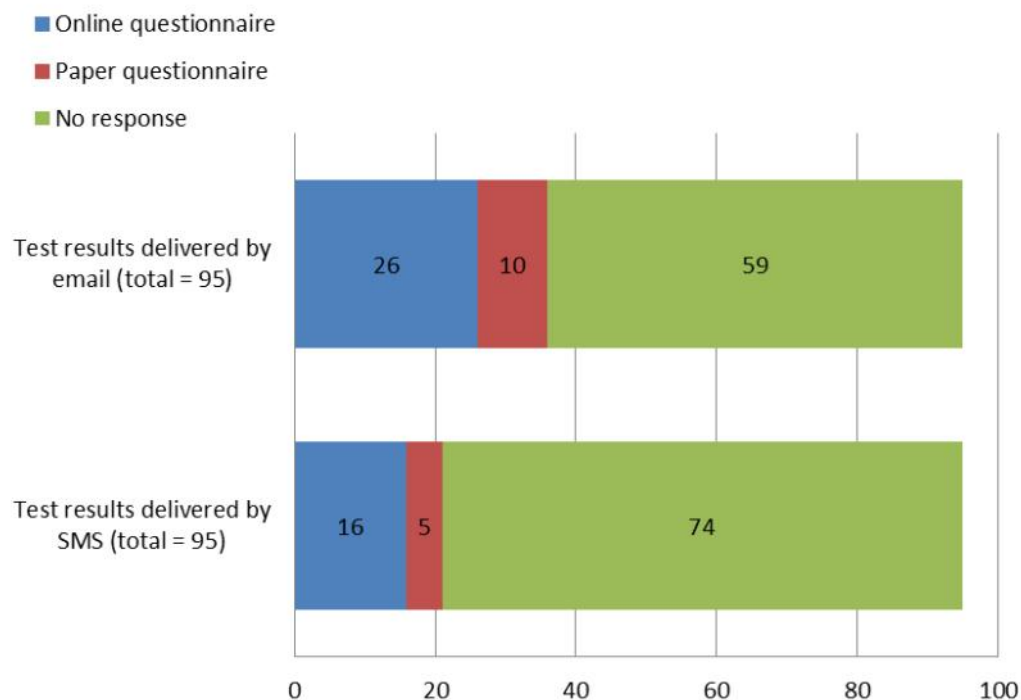


Using new technologies to book appointments





Using new technologies for test results



Recommendations – Use of technology

SHORT TERM:

1. Where telephone consultations are being used or being considered, patent clarity around how, when and why they are used is paramount. Surgeries could:
 - Make their policies clear and highly visible
 - Give reassurance that telephone consultations will only be used in certain circumstances, and explain what those circumstances are

LONGER TERM:

1. Investment in technologies to allow for:
 - Appointment reminders by text and/or e-mail
 - Booking appointments online.
2. Investment in using SMS to deliver appointment reminders - as an opt-in service. This could be welcomed by many patients and may also help to reduce missed appointments.
3. Allow people to respond to an appointment reminder SMS saying they no longer need an appointment. This could free up space for other patients.

4. Investment in methods of booking appointments by ways other than by telephone or in person. Approximately half of respondents to the questionnaire were supportive of the idea of booking appointments in ways other than the telephone with online, SMS and email almost equally popular. Well implemented, these methods could support efficient use of staff time.



Urgent care support

We asked “If you have ever gone to A&E in a non-emergency situation rather than seeing your GP, what was the reason for this?”

The vast majority of people said they had not gone to A&E in a non-emergency situation. For those who had, the majority gave the reason of not being able to get a GP appointment. There was a strong feeling among respondents that if surgery opening hours were longer and if it was easier to get an appointment then this would reduce the need for urgent care support.

Some people had gone to A&E services because they were concerned about a child and felt unable to wait for an appointment to see a GP, although they may have recognised that the issue was not strictly one requiring A&E.

The idea of a greater availability of walk in services was supported by respondents as a way to address the need for urgent primary care. People recognised that this may mean a wait in a queue but felt that this would be acceptable.

Many respondents had used walk-in services as well as their registered GP and were generally very happy that these provided a means to address an urgent care need. One concern raised was that these centres did not have access to a patient’s full medical history and were therefore unable to provide repeat medication requests when these had been forgotten until the last minute.

At the community outreach events we explored the idea of people being able to use GP practices other than those they were registered with. This received a very mixed reaction. Some people saw this as a way to be able to ‘shop around’ for a surgery that could offer the soonest appointment when they felt the need was urgent. However most people did not like the idea, often because of concerns about what information would be known by or shared between practices or due to not perceiving any need for it.

Recommendations – Urgent care support

SHORT TERM:

1. Increased visibility and publicity for out of hours GP walk-in services in the borough.

LONGER TERM:

1. Increase number and geographical spread of out of hours GP walk-in services in the borough
2. Consider **out of hours** provision of GP services in A&E departments

Other points raised

During the research two additional areas came up very regularly, and are worth drawing out here in terms of the overall brief of this research as “identifying areas of improvement patients want to see across Merton”. These are the availability of blood tests and waiting rooms.

Blood tests. People frequently said they would like blood tests to be more easily available at their surgeries. They wanted this in order to save time travelling to another location to get a blood test.

Waiting areas. People were broadly negative about the quality of waiting areas. Some may be better disposed to waiting for appointments if waiting areas were improved. Comments made, which inevitably point to ideas for improvements, included:

- Noisy children
- Can be too warm
- Can be overcrowded
- Uninviting, hard chairs
- Nothing to do while waiting. People suggested free Wi-Fi, books for young people and children, magazines that are up to date rather than very old, toys for children and TV
- Touchscreen systems to register that you have arrived can be broken
Some patients with mental health issues may like a quieter additional waiting space (this could apply to other groups too)

Recommendations – Other points raised

SHORT TERM:

1. Consider ways in which surgeries could make their waiting rooms more inviting and/or comfortable

LONGER TERM:

1. Increase availability of blood tests in surgeries.



Appendix

GP surgeries used by participants:

Some participants visited surgeries outside the borough and we have left these in for completeness. There were also some participants who could not remember the name of their surgery. These are indicated by unknown, followed by some explanation.

Alexandra Surgery

Ashburton Park Medical Practice - Croydon

Bishopsford Road (outside Merton)

Brigstock Medical Centre

Cannon Hill Lane Medical Practice

Central medical Centre Morden

Church Lane practice Merton Park

Church Lane Practice Patrick Doody clinic

Cricket Green Medical Practice

Dr Guna

Faccini House Middleton Road (outside Merton)

Figges Marsh surgery

Francis Grove Surgery

Graham Road Surgery (Dr LALL & partner)

Grand Drive Surgery

J Jephcott Stonecott Surgery

Jubilee Health Centre - Sutton

Lambton Road Medical Practice

Lavender Fields & Colliers Wood Surgery (Dr Ayub & Partners)

Maldon Road Wallington

Merton Medical practice

Middleton Road Outside Merton

Mitcham Medical centre

Morden Hall Medical Centre

Morden Road Sutton

Out of Borough Wandsworth

Ravensbury Park Medical Centre

Shotfield Medical Centre Sutton

South Wimbledon Kinston Outpatients centre - Bloods

St Helier (GP practice in main hospital)

Sutton Medical Practice - Sutton

Tamworth House Medical Centre

The Rowans Surgery

The Village - Wimbledon ?

Thornton Heath Health Centre

Tooting Medical Centre - Wandsworth

Tooting South Surgery

Tooting St George's Walk-in

Trevellan House Tooting

V Sharma Princes Road Surgery

West Barnes Surgery

Wide Way Medical centre

Wilson Health Centre

Unknown (Carshalton Beeches)

Unknown (couldn't remember the name) in Morden

Unknown (couldn't remember the name) The Circle



healthwatch

Merton

Strategies for improving GP services in Merton:
A research report for Healthwatch Merton

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