



## **Enter and View report**

### **“Look and Listen”**

**A Co-production initiative with Bexley Mencap and the Speaking Up group**

**July 2018**

#### **1. About the report**

There are two parts to this report and each section will be presented separately:

- 1) Part A: Look and Listen into GP practices to ascertain how learning disability (LD) friendly practices in Bexley are.

Part A will present the information collected from practice managers and receptionist as well as the data collected from the observation sheet in relation to people with LD's

- 2) Part B: Enter and View into general practice to follow up on Healthwatch Bexley's Enter and View into GP access in 2014 for the general population.

Part B will present the findings of the Generic Patient Survey distributed to the patients in the waiting rooms during the visits.

#### **2. Acknowledgements**

Healthwatch Bexley (Healthwatch) would like to thank the GP practices, including their patients and staff, for their valuable contribution and for participating in this survey. We would also like to extend our gratitude to Bexley Mencap and the Speaking up group, for their valuable contribution and partnership throughout this project.

Please note that this report relates to findings observed and data gathered through Enter & View visits within the London Borough of Bexley (Bexley) during the period of October 2017 – May 2018. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during the visits.

### **3. What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Enter and Views are not intended to identify specific safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

### **4. Executive Summary Part A**

Access to high quality General Practitioner (GP) services is a fundamental right for all citizens in England, which is underpinned by the core values of the NHS to provide a comprehensive health service available to all. We expect it to be free at the point of delivery, available to everyone based on need and that patients will have positive experiences and be treated with dignity and respect. We expect effective, high quality support to manage existing conditions and help us live healthy lives and people with learning difficulties should expect no less and receive the same service as everyone else.

People with a learning disability generally have poorer outcomes in life, experience inequalities in access to healthcare and have significantly lower life expectancy (Care Quality Commission, CQC, 2016). National research, such as the Confidential Inquiry into the deaths of people with learning disabilities (CIPOLD) report, reviewed the deaths of 247 people with learning disabilities and identified that 42% were classed as premature. The review attributes the deaths to delays or problems with diagnosis or treatment, coupled with problems identifying needs and providing appropriate care in response to changing needs.

Healthwatch Bexley's snap shot study into GP Access & Quality of Experience for People with Learning Disabilities from February 2017, highlighted the vulnerability of people with learning disabilities and that respondents were not always having their needs met. Crucially, the study demonstrated that health checks should be followed up if a person does not attend, with longer appointments if necessary and that understandable information should be provided, taking into account the individual's needs.

The quality and effectiveness of health and social care given to people with learning disabilities has been shown to be deficient in a number of ways. Despite numerous previous investigations and reports, nationally, many professionals are either not aware of, or do not include in their usual practice, approaches that adapt services to meet the needs of people with learning disabilities. The CIPOLD study has shown the continuing need to identify people with learning disabilities in healthcare settings, and to record, implement and audit the provision of 'reasonable adjustments' to avoid their serious disadvantage.

Bexley Mencap (Mencap), who support people with a learning disability, offer low cost Learning Disability awareness training, to people, organisations and community groups who may benefit from increased awareness. Mencap have offered this training to all GP practices in Bexley in the past, but unfortunately no practices took up the offer.

In light of the local and national evidence, Healthwatch and Bexley agreed to work in partnership to explore how learning disability GP practices are, while at the same time promoting the training offered by Mencap.

This report will be communicated to the local Health and Wellbeing board, the Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), NHS England and Healthwatch England.

### **Key Recommendations**

There are a number of recommendations arising from this report for GP practices in regards to learning disabilities:

- All GP practices in the Borough should work with the Learning Disability team at Oxleas to ensure they are offering a good health check. Currently, just over half of the practices in the Borough stated they work with Oxleas.
- All practice staff to receive Learning Disability Awareness training from Bexley Mencap.
- Ensure all information sent out to patients with a learning disability is produced in 'easy read' format.
- Practices need to make reasonable adjustments to help patients access their appointments.
- To offer an individual with learning disabilities a longer appointment.

## 5. Methodology

The information for this survey was captured by visiting the 26 main GP practices in the borough and 2 branch sites. During each visit, two questionnaires and one observation sheet was completed, which comprised of:

- a) Practice manager/receptionist questionnaire in relation to how many patients they have with a learning disability and how many health checks they have carried out, in addition to booking double appointments and identifying patients with LD when contacting the surgery
- b) Generic Patient Survey exploring patients experience with the appointment system, online services, 8-8 access.
- c) Observations sheets in relation to external and internal disability access, baby change and bathroom facilities and accessibility to the written/printed information on offer.

All questionnaires and observation sheets, apart from the Generic Patient Survey, were developed in partnership with Mencap and made into Easy Read.

For the Generic Patient Survey, generic details, such as age and ethnicity of participants were also captured. The questionnaire further assured the respondents of anonymity and that participation was voluntary. A total of 454 questionnaires were filled in from the announced Enter & View visits.

Every effort to obtain a representative sample of the population in Bexley was made for this survey.

N.B. All percentages stated in this report are based on a total sample of 454. However, some questions attracted zero answers, but were still included in the analysis, thus, where numbers fail to add up to 100%; the outstanding amount represents those declining to answer a particular question. Some questions attracted multiple responses, which may mean all sums may not add to 100.

All GP practices included in the Enter and View visits have obtained an individual report outlining the findings of the visit, including recommendations for improvements where necessary. They have also been invited to comment on their individual reports.

To ensure Healthwatch were asking questions relevant for our stakeholders, the CCG were consulted when drafting the questionnaire.

## 6. Part A: Findings from the Look and Listen volunteer's observation sheet.

**External and Internal Access-** This section covers a range of important aspects; such as car parking arrangements, ease of entry into the surgery and the surgery facilities provided.

**External Access-** One of the first major hurdles when visiting a GP surgery is access and a number of surgeries lacked automatic (electronic) doors and instead had manual (sometimes narrow), heavy doors, which may make access difficult for those in wheelchairs or with push chairs.

In terms of car parking, 18 practices offered designated disabled car parking spaces, with the other 10 stating patients could park in the road or nearby carparks if they displayed a blue badge.

**Reception Area-** Some reception areas were fitted with electronic check in machines, which helped to reduce queues at reception and improved access for patients that prefer information in alternative language formats.

In many of the practices, reception desks were situated in close proximity to waiting areas and only a couple had clearly demarcated lines on the floor and signs asking patients to wait behind (to improve the privacy of the person currently speaking with reception staff). Desk accessibility was also an issue in some practices, with a lack of dropped or lowered level section designs incorporated into reception desks, which can be helpful for wheelchair users.

**Waiting room / Seating Area-** Waiting rooms are an essential part in the patient's access journey, so the Enter and View team, considered seating arrangements, from the perspective of patients. It was decided that it was better to have a variety of chairs that included ones with arm supports to assist patients with mobility issues and ones that were not attached together in narrow rows.

In a few of the practices, the waiting rooms had children's areas that had been decorated with murals to make them more inviting and some provided toys and books and also magazines for the older patients. This has however, proved controversial with some Practice Managers stating they can no longer offer toys and reading material in their waiting areas due to infection control.

Noticeboards and leaflet stands were visible in all waiting areas, although some were arranged into coherent sections and well labelled; others were cluttered and out of date. Information arranged coherently enables patients to find information that is relevant to them, rather than having to scan cluttered walls and noticeboards. None of the surgeries however, had a dedicated learning disability board, with information provided in Easy Read format.

Below is an example of a Noticeboard for Dementia; that our volunteers found eye catching and easy to read.



Many GP waiting areas were also fitted with electronic information boards, which displayed useful notifications and were used to call patients to their appointments (with optional sound callouts included). Some practices however, only used a tannoy system and our learning disability volunteers often found these hard to understand. In the smaller practices, surgery staff were seen to come out into the waiting area and meet patients personally when their appointment was due, which established a rapport and ensured patients found their way to the correct room.

**Surgery facilities-** Visiting teams noted that the majority of GP surgeries' disabled toilet facilities were kept in a clean condition and 6 of the practices additionally offered separate disabled toilets. 3 practices did not appear to offer baby changing facilities and on the day of our visit one was out of order.

On the whole, our Enter and View teams found GP surgeries to be clean, free from obstructions and to have good lighting and noise levels.

## 7. Data received from the Practice Manager Questionnaire

The learning disabilities health check scheme is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer these patients an annual health check, which includes producing a health action plan.

We subsequently asked all the practices we visited 'How many people with learning disabilities do you have at your surgery/How many health checks has your surgery carried out in the last year'?

Column1	Column2	Column3	Column4
Practice Name	Num of LD Patients	Num of Health checks completed	Comments
Albion Surgery	31	25	
Barnard Medical Group (including branch site)	52	0	PM advised all checks are carried out at Goble Hse, Sidcup once a year. However, the practice nurse advised HC have not been carried out.
Bellegrove Road	40 ( 15 needing HC)	10	
Belvedere Medical Centre	51 (45 over 18's, 6 under)	23	
Bexley Group Practice (including branch site)	49	49	
Bexley Medical Group (including all branch sites)	50	Not provided	PM did not give a number, said they visit all outstanding at home
Bulbanks Medical Centre	10	3	
Bursted Wood Surgery	19	13	
Cairngall Medical Practice	46	16	
Crayford Town Surgery	29	10	Aware number is low, but due to patient population
Crook Log Surgery	44	19	
Good Health PMS	49	9	
Ingleton Avenue Surgery	4	0	on LD register, see patients regularly, but don't record as health checks
Lakeside Medical Practice	55	15	
Littleheath Surgery	9	7	
Lyndhurst Medical Centre	30	25	
Mill Road Surgery	7	7	
Northumberland Heath	51	21	
Plas Meddyg Surgery	12	7	5 were declined
Sidcup Medical Practice (including all branch sites)	40 (U16) 52 (over 16)	47	1 April 16 to 31 March 17
Slade Green Surgery (including branch site)	26	8	
Station Road, Sidcup	32	26	
Welling Medical Practice	unknown	unknown	Questionnaire not returned
Westwood Surgery (including branch site)	26	25	
Woodlands Surgery	24	20	

The above table shows that there is a variation in the number of health checks carried out in the Borough, by each GP practice and this is in line with NHS data (NHS Digital 2017). The article stated patients in England with learning disabilities are missing out on vital health checks, including cancer screening, blood pressure checks and mental health assessments.

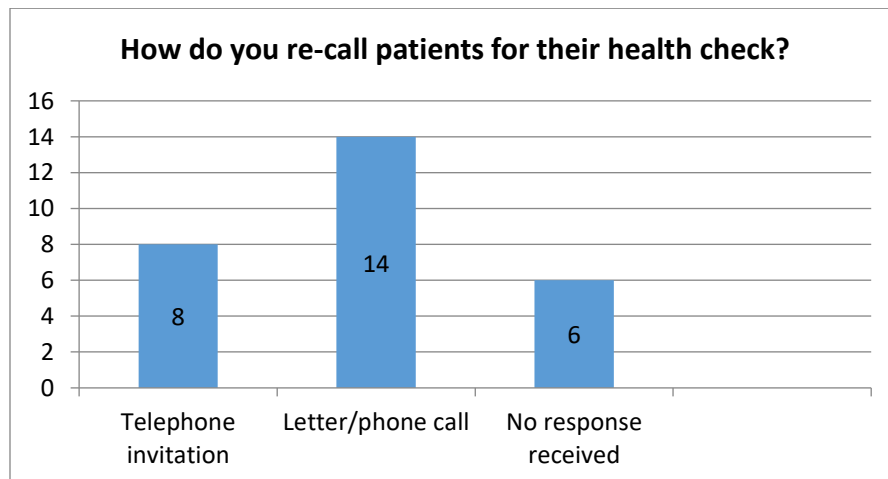
Nationally annual health checks are on the rise, but fewer than half of the patients received the recommended annual health check, 49.7% in 2016/17, an increase from 43.2% in 2015/16 (NHS digital 2017). Breast cancer screening for people with a learning disability has decreased in recent years, with the largest decrease seen in women aged 65 to 69, from 54.6% in 2014/15 to 51.7% in 2016/17. Cervical cancer screening is much lower for women with a learning disability (30%) than in the general population (70%) (Glover 2017).

A number of barriers are stopping people with a learning disability from getting good quality healthcare. These barriers include:

- a lack of accessible transport links
- patients not being identified as having a learning disability
- staff having little understanding about learning disability
- failure to recognise that a person with a learning disability is unwell
- failure to make a correct diagnosis
- anxiety or a lack of confidence for people with a learning disability
- lack of joint working from different care providers
- not enough involvement allowed from carers
- inadequate aftercare or follow-up care

(Heslop et al. 2013; Tuffrey-Wijnes et al. 2013; Allerton and Emerson 2012).

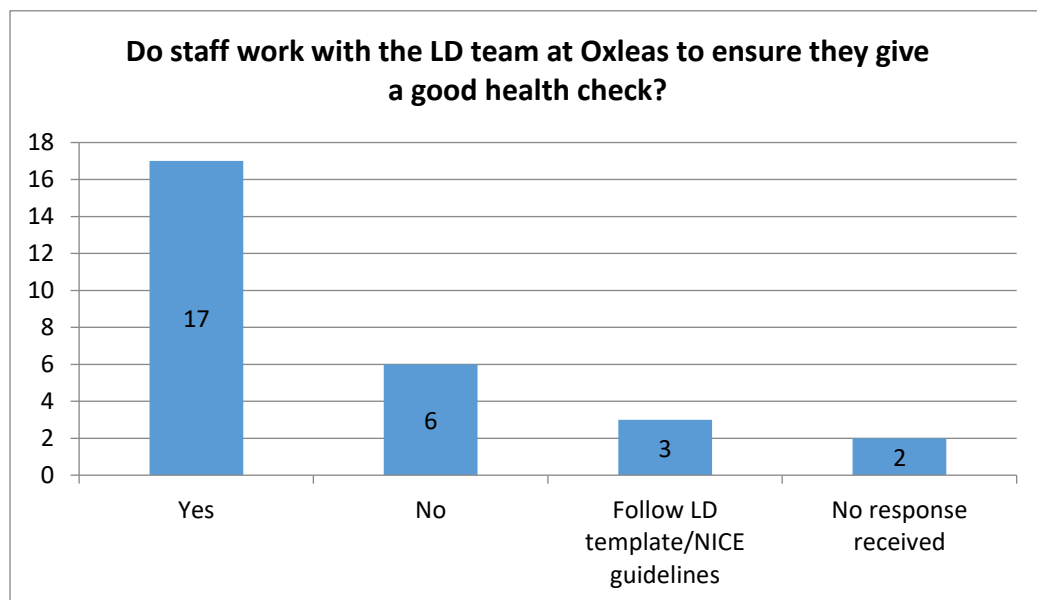
Following on from the above question, we asked practices ‘How do you re-call patients for their annual health check?’





Healthwatch did not go on to explore this point further, but we are aware from speaking to Bexley Mencap, that communication is a major barrier when accessing GP services and attending health checks. The Oxleas website has a specific page called ‘Steps for primary care staff to complete LD checks’ and this includes the ‘health check invitation letter’ and ‘pre-health check questionnaire’ written in an accessible format that all GP practices should be using.

When asked if staff worked with the Learning Disability team from Oxleas to ensure they are giving a good health check, 17 practices responded ‘Yes’, 6 responded ‘No’, 3 responded ‘ We follow LD template/NICE guidelines’ and 2 practices did not respond at all.



Next we asked whether staff received Learning Disability Awareness Training (which is offered at a low cost by Bexley Mencap). Of the 28 completed questionnaires, 15 practices receive Learning Disability Awareness training and this is usually via the Bluestream Online training tool. The other 13 practices answered no, but 5 stated they would be interested in having training offered by Bexley Mencap.

In March 2017, YouGov (on behalf of Mencap) carried out a survey of 500 healthcare professionals, to find out about their experiences of working with people with a learning disability and what they thought about the quality of care people received. Of those surveyed, two-thirds (66%) wanted more learning disability training and over half (57%) thought more on the job learning disability training would enable them to provide better support to people with a learning disability.

With regards to automatically giving patients with a learning disability a double appointment, half of the practices responded 'Yes' to this question, with the other half saying 'No'. In our previous study from February 2017 (link below), we identified that it was essential that patients with a learning disability were offered a longer appointment, as 87% of participants stated it would be better for them.

[http://www.healthwatchbexley.co.uk/sites/default/files/snap\\_shot\\_study\\_big\\_health\\_check\\_-\\_final.pdf](http://www.healthwatchbexley.co.uk/sites/default/files/snap_shot_study_big_health_check_-_final.pdf)

The final question we asked Practice Managers, was whether their surgery had become a Dementia Friendly practice. Half of the practices said 'No' and the other half reported 'Yes', with some stating online training had been received. Only 2 practices stated they had had a visit from the Alzheimer's Society and staff had become Dementia Friends.

## **5. Conclusions and Recommendations**

Each practice has received their own report findings and Healthwatch recommendations, following each Enter and View visit. Examples of these are:

- Contact Bexley Mencap for Learning Disability Awareness training.
- Contact/continue to work with the Learning Disability team at Oxleas to ensure you are giving a good health check.
- The practice and staff members could become Dementia Friends, by contacting the Alzheimer's Society.
- Set up a Learning Disability Information board.

The way that people with learning disabilities and family carers are greeted at the surgery is very important. One barrier to increasing the uptake of health checks is the reluctance to have them, so making people feel welcome and comfortable in the surgery is one way of overcoming this barrier.

Some people with learning difficulties find it hard to wait, and may find a busy waiting room difficult to cope with. As our generic survey showed, nearly three quarters (72%) of respondents stated that 'their appointments did not run on time' or 'appointments run to time, only sometimes'. In light of these figures, the use of alternative waiting areas (and strategies for minimising waiting times) should be considered reasonable adjustments for some patients for whom this is known to be an issue. Although GP surgeries should be the preferred option, practices could offer health checks in other settings, such as the person's home or familiar day setting, if people are unable to come to the surgery for whatever reason.

Seeing a familiar face, can also help, therefore it is better if the person with learning difficulties is able to see their own GP/Practice nurse.

If people with learning difficulties do not understand the information they have been sent, and the reason for having a health check, they may not attend their appointment. Therefore, practices need to offer appointments in a way that the patient can understand. This should be easy read/accessible letters and/or telephoning the individual. Telephone reminders could also be carried out the day before the appointment.

This could be one of the main barriers for GP practices, as to why patients with a learning disability do not attend their annual health checks. Therefore it is essential all staff within a practice having learning disability awareness training and are aware of the tools available to them, from the LD team at Oxleas.

Practices need to make reasonable adjustments to help patients access their appointments and could therefore use the TEACH acronym (as recommended by Royal College of General Practitioners (RCGP) –

- T=Time- ensure an appropriate length of time is allocated to the appointment. Ensure that the time of the appointment is manageable by the individual and their carer if needed.
- E = Environment – ensure that the environment in which the person is seen is appropriate eg avoiding long waiting room waits for people who are anxious, are intolerant of noise etc. This may mean seeing the person at home.
- A = Attitude – ensure that the attitude of all who work at the practice encourages and enables people with disabilities to access services.
- C = Communication – check how the person wishes to be communicated with. This may involve using simple clear language addressed directly to the person. It may involve signing, picture or written word.
- H = Help – ensure the person is adequately supported to attend their check. Ask if any further help is required.

People with learning disabilities should be offered an extended appointment for health checks, with the RCGP suggesting 30 minutes with the practice nurse and 30 minutes with the GP.

The Look and Listen volunteers have greatly benefited from this initiative, by gaining valuable skills and work experience throughout the process, whilst empowering this seldom heard group of our community to become actively involved in shaping the services for the future. Healthwatch Bexley are keen to carry on this working relationship with Bexley Mencap and the Speaking Up group and are actively looking into future projects.

## 6. Additional Information

This section refers to information we received from the Practice Managers in connection with the wider health and equality agenda, but also relates to people with a Learning Disability.

According to the Alzheimer's Society, people with learning disabilities are at increased risk of developing dementia as they age, compared with others without a learning disability, although the figures vary according to how the diagnosis is made.

About 1 in 5 people with a learning disability who are over the age of 65 will develop dementia. People with learning disabilities who develop dementia generally do so at a younger age. This is particularly the case for people with Down's syndrome: a third of people with Down's syndrome develop dementia in their 50s.

Healthwatch are aware, it is also important that people with dementia can visit their GP and get the care and support they need. People with dementia and their carers should be able to access general practice and receive the best quality care and support. Therefore the Alzheimer's Society is working with people with dementia and carers, as well as staff in GP practices, to develop guidance on what should be in place to help ensure this.

According to then Alzheimer's Society, people with dementia can struggle with remembering to attend appointments, navigating the physical environment of the surgery, expressing their concerns in the short time available with the GP, and recalling details of discussions regarding their care. They also often find that they do not receive information on support available, and do not receive reviews of their care as needs change.

This can result in missed appointments, repeat appointments, and people not getting the support and care they need to live well and manage dementia and any co-morbidities. This impacts not only on quality of life and health for the person with dementia now and in the future, but can also have an impact on usage of primary care, emergency admissions to hospitals, and transition to residential care.

We therefore asked Practice Managers, if their surgery had become a Dementia Friendly practice. 12 of the practices advised that they thought themselves Dementia Friendly, and some did request information on how this could be achieved. In our recommendations to all of the practices, we suggested they contact the Alzheimer's Society for Bexley and Greenwich, for further information on how to become 'Dementia Friends'.

By becoming a dementia friendly practice through the Alzheimer's Society, the benefits include:

- Improving quality of care and support for people with dementia.
- Improving quality of care and support for other patient cohorts.
- Supporting national frameworks and standards for dementia including the NHS England Well Pathway and the CCG Improvement and Assessment Framework.
- Reducing missed appointments and repeat appointments.
- Increasing dementia awareness and understanding for all practice staff, as well as contributing to personal development and job satisfaction.
- Providing a checklist to identify changes that can be made within your practice to better support people with dementia.
- Accessing a range of free resources from Alzheimer's Society.

## **7. Testimonies received from Bexley CCG and Bexley Mencap**

### **Paul Cutler, Lay Member for Patient and Public Involvement, Bexley Clinical Commissioning Group**

Healthwatch Bexley's Enter and View work has been highly valued by the CCG as it has provided additional insights into the experiences of people with learning disabilities when accessing primary care. The work has been carried out to a high standard and Healthwatch has been able to build effective working relationships with a range of practices and the CCG primary care team. The model developed by Healthwatch Bexley has demonstrated innovative ways to involve people with learning disabilities directly in the evaluation and monitoring of services. It has also raised the profile of people with learning disabilities in the Borough. Learning from this work has been incorporated by both the CCGs and local practices. By using the Enter and View process to champion local voices and support the local health system, Healthwatch Bexley has contributed to the CCGs wider work around inclusion and reducing health inequalities and has championed partnership working between the voluntary and statutory sectors. Healthwatch Bexley are a valued partner of the CCG and are active participants in a number of our activities including the Quality and Safety Sub-Committee, the Patient Council, the Equalities Committee and the Patient and Public Engagement task & finish group. As such, they have been able to provide valuable input from the learning from the Enter and View work across a variety of strands of the CCGs operational and strategic work.

### **Jane Menzies, Self Advocacy Worker, Bexley Mencap**

Respect in Bexley is a self-advocacy group for people with learning disabilities; our members have always had health in their 5 most important things in their lives. The group has tried for many years to work with Dr Surgeries about their lives and having a learning disability. The group have had very little success with this project.

Through working with Healthwatch Bexley on this amazing Look and Listen project our group have finally been able to achieve their goal they set all those years ago. Working with Lotta and her team, especially Jo, members have grown in confidence, they have learnt to work together in a different environment, they now understand what a volunteering job involves, and it has enabled members to work with new people in a professional way and to represent their group in a very important role

For the whole group it has shown they can change things with the right people leading the way and with the right support. This is feedback from the group:-

“It was so good to take things forward”

“We were sad to have our last visit”

“It was something right to do, we had wanted to do this for a long, long time”

“We were helping other people”, “I think it was good for people at the surgeries to meet people with learning disabilities, it shows other people what we can achieve”

“After our visits, hopefully people will be more understanding about people with learning disabilities”

“I enjoyed talking to people at the surgeries”

“It was really good to visit all the surgeries”

“We all learnt new skills”

“I am more confident”

“We have been asked to train the staff at the surgeries about our lives and what it is like to have a learning disability which is amazing, this wouldn't have happened if we hadn't done the look and listen project with Healthwatch ”

## 1. Part B: Summary of findings from the Generic Patient Survey

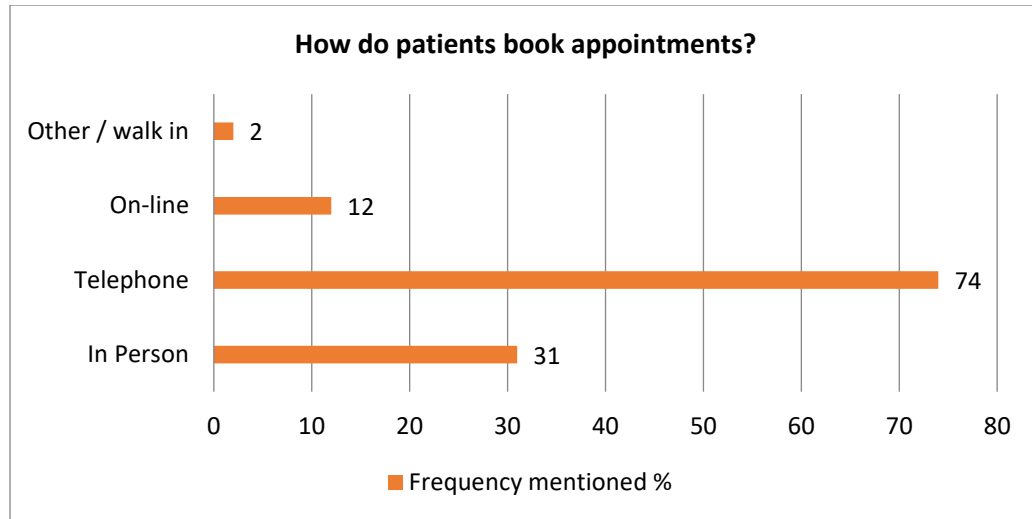
### Key findings:

- The results demonstrate that two thirds of respondents (66%) are satisfied with the appointments system at their GP practice and this has remained the same as our previous Enter & View report (2014).
- Just over half of the respondents (58%) reported being able to obtain an appointment as quickly as they liked, although just over a third reported being unable to do so, with a lack of available appointments, being cited again as the most common reason for this.
- Just under a quarter (22%) of respondents stated their appointments run on time, although three quarters of respondents (74%) stated they would recommend their GP practice.
- The majority of respondents (75%) stated that Reception staff provided a good service, although this did vary across practices.
- Just over half (58%) of respondents were unaware of an internal or external complaints procedure and the same figure stated they would consider consulting a pharmacist rather than booking a GP appointment.
- In some practices, Patient Participation Group noticeboards were not displayed prominently and should be moved to a more central location.

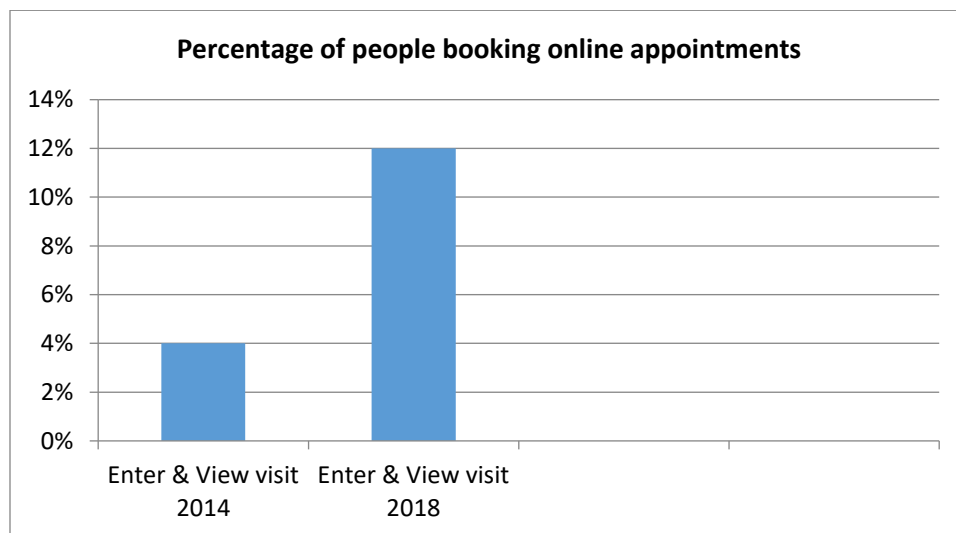
### Results of Generic/patient Survey

Respondents were asked how they were able to book appointments at their surgery. This was to gauge the most popular methods of access and whether patients were aware of the various appointment booking options available to them.

The majority of respondents (74%) book appointments with their GP practices by telephone, although a significant number book appointments in person (31%), with a small number of people booking appointments online (12%).



As you can see from the graph below, encouragingly, the number of patients booking an online appointment has increased from our last Enter & View visits in 2014.



It is apparent, based on these results, that traditional booking methods (phone and in person) remain the most widely known and popular ways of accessing GP appointments. In order to reduce pressure on the Receptionists and practice, it would be helpful to better promote and improve alternative booking methods (e.g. online access). Further details regarding online services can be found below.

- 58% of respondents reported being able to obtain an appointment as quickly as they would like (this figure is slightly down from our Enter & View visits undertaken in 2014, where the figure then, was 64%). However, around a third of respondents (37%) reported being unable to do so, and the most cited reason was ‘there were not any appointments available’, along with ‘appointment was with a GP I did not want to see’ and ‘time offered was not suitable’.



- When asked about satisfaction of the appointments system within their practice, 26% stated they were 'very satisfied', 41% they were 'fairly satisfied', 13% 'neither satisfied or dissatisfied', 10% 'fairly dissatisfied' and 10% stated they were 'very dissatisfied'. These figures are the same as was reported to ourselves 4 years ago and still vary significantly within the borough. The negative responses are still largely due to the inability to obtain an appointment and the difficulty in accessing the practices via telephone.
- Just under a quarter of respondents (22%) stated their appointments run on time, with 27% responding 'no' and 44% stating this 'happens only sometimes'.

Table 1 shows how long respondents normally had to wait for a non-urgent appointment to see a GP and Nurse.

<b>Table 1</b>	<b>Doctor</b>	<b>Nurse</b>
<b>Under 1 week</b>	28%	30%
<b>1-2 weeks</b>	39%	23%
<b>2-3 weeks</b>	21%	6%
<b>More than 4 weeks</b>	1%	1%
<b>Did not answer</b>	11%	40%

### **Experiences of GP during consultation and Reception staff**

The questionnaire further prompted the respondents to evaluate their experience during consultation with their GP. There were fewer variations amongst practices across the borough when evaluating their GP consultations, with all the practices attracting more positive than negative answers for the statements. Over half of the respondents (67%) rated their GP 'very' or 'fairly' good during consultations.

Table 2 presents a summary of all the responses, with comparisons from 2014.

<b>Table 2</b>	<b>Poor/Very poor 2014</b>	<b>Poor/Very poor 2018</b>	<b>Good/Very Good 2014</b>	<b>Good/Very Good 2018</b>
<b>Giving you enough time</b>	16%	8%	64%	73%
<b>Asking about your symptoms</b>	12%	5%	68%	75%
<b>Listening</b>	13%	5%	74%	73%

<b>Explaining test results</b>	10%	9%	66%	72%
<b>Involving you in decisions</b>	13%	6%	63%	66%
<b>Treating you with care</b>	13%	6%	69%	74%
<b>Taking your problems seriously</b>	15%	6%	68%	68%

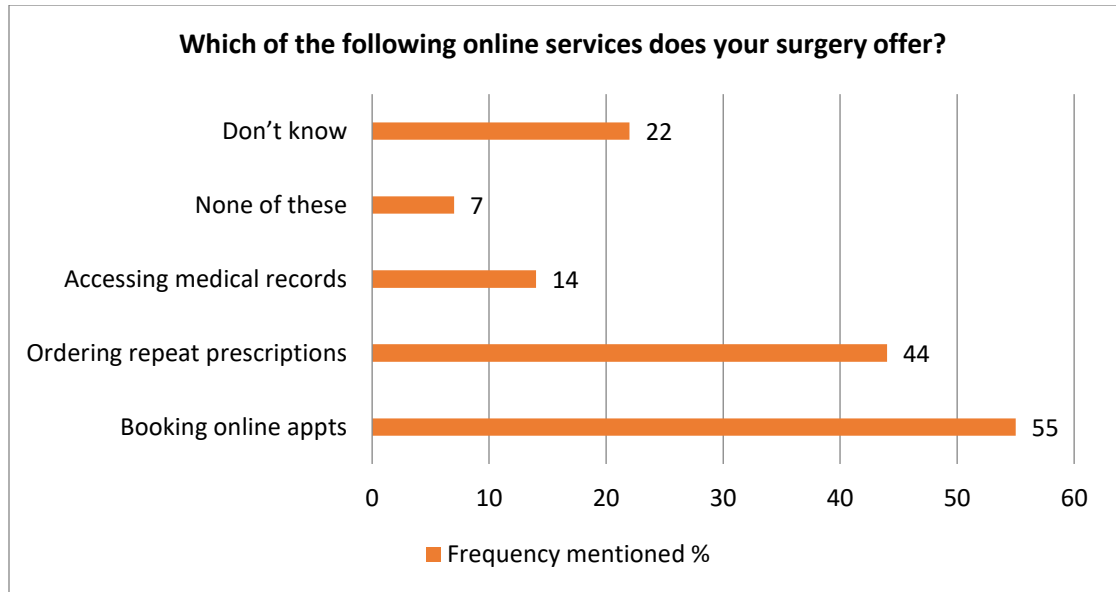
- The questionnaire also asked respondents if they always understand what their GP is telling them, 86% stated 'yes', 6% stated 'no' and 2% 'sometimes'.
- When asked if they were able to see the same GP, 48% responded 'yes', 44% responded 'no' and 2% responded 'some times'.
- With regards to complaints and knowing where to go, just over half of the respondents (58%) were unaware of an internal or external complaints procedure within their practice.

The questionnaire included questions relating to patients experiences of Reception staff at their GP practice. The questions related to what extent patients found the Reception staff 'polite', 'good at listening', 'helpful' and 'respectful of your confidentiality'. The majority of respondents (75%) stated that Reception staff provided a good service, although this did vary across the Borough. It is good to see that this figure has slightly increased (70%), since the 2014 Enter & View survey.

Finally respondents were asked whether they would recommend their GP practice to other people and 74% stated 'yes'. This is consistent with data from the National GP Survey (2017), which demonstrated that 77% of patients would recommend their GP practice to others.

#### **Online Access and Out of Hours Access.**

When asked what online services their GP practice offered, just over half of the respondents (55%) stated 'booking online appointments', with 44% stating 'ordering repeat prescriptions'. These figures are slightly higher than the data obtained through the National GP Survey (2017), where 36% of patients are aware of being able to 'book online appointments' and 34% were aware of being able to 'order repeat prescriptions' online.



Use of online services is also increasing, with 15% of respondents booking appointments online in the past 6 months, 13% ordering repeat prescriptions and 1% accessing medical records online. These figures are slightly above the National GP Survey results (2017), where 8.9% booked appointments online and 11.8% ordered repeat prescriptions online. Work still needs to be carried out though, to promote and encourage patients to use these services, as 80% of respondents have not accessed any online services in the last 6 months.

For the respondents that stated they did not use online services, they were asked to give the reasons why and the following statements were the main reasons listed;

- i) Do not have access to the internet / computer
- ii) Would rather speak to someone
- iii) Prefer to use the walk in surgery
- iv) Too complicated, need various log ins and passwords for all the family
- v) Still awaiting details from the practice.

### **GP 8-8, 7 days a week service**

The questionnaire also asked the respondents to mark whether they had heard of the GP 8-8 7 days a week service offered in Bexley. Surprisingly nearly two thirds of respondents (64%) had not heard of or knew about this service. However, when asked if they could not get an appointment at their own practice, would they be happy to use the 8-8 service, 78% responded 'yes'.

## **2. Conclusions and Recommendations**

The survey demonstrates that patients continue to have difficulties in obtaining an appointment within a time frame that is acceptable to them. Despite this, almost two thirds of patients are unaware of the extended 8-8 GP service with an overwhelming majority stating they would use it if offered. This highlights the need to make sure patients are routinely offered appointments at the GP hubs, particularly as this service is currently under-used.

There has been an increase in the number of patients booking appointments online, but efforts to increase this number should be made as only two thirds of patients are satisfied with the appointment system. Additional efforts should be made to encourage practices to promote online services as 80% of respondents had not accessed any online services in the past 6 months.

It is pleasing to see the reduction in the number of patients being unhappy with their GP consultations, although more time needs to be made to explain test results to patients properly. It is further pleasing to see that the number of patients stating they receive a good service from the Receptionists has improved since 2014.

There is a great deal of effort ongoing within Primary Care to increase access to appointments, however, focus now needs to turn to ensuring patients are aware of the services and receive support in how to access them.

### **The Sample**

- The age group of the sample is as follows: 0-17yrs (0%) 18-24yrs (6%) 25-34yrs (16%) 35-44yrs (14%) 45-54yrs (12%) 55-64yrs (15%) 65-74yrs (13%) 75yrs+ (12%), with 12% not stating their age.
- 64% of respondents are reported of being White ethnicity, 3% of Black African ethnicity, 2% of Asian ethnicity, 2% of Indian ethnicity, 1% of British Indian ethnicity, 1% of Black British ethnicity and 5% other, with 22% not stating their ethnicity.

## 8. References

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