



## Healthwatch Southwark

Access and experience of GP services - findings from  
our community focus groups

December 2015



## Contents

Healthwatch Southwark - who we are and what we do	3
GP access: what does this actually mean?	3
GP access: a national and a local issue	3
GP access: What the Healthwatch Network has found out so far...	4
Access to GPs is a Healthwatch Southwark priority area. Why?	5
Our community focus group programme	6
What people told us	7
Suggestions from people we spoke with	11
Conclusion	12
A Healthwatch perspective	14



## Healthwatch Southwark - who we are and what we do

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Healthwatch Southwark was created in April 2013 as part of the 2012 Health & Social Care Act reforms, and is part of a wider local Healthwatch network that is supported by a national Healthwatch England body. Healthwatch Southwark's aim is to effectively represent the voice and needs of the local community and to encourage the wider Southwark population, including seldom heard voices, to speak out about their experiences of health and social care.

By engaging with members of the public, Healthwatch Southwark learns about key issues and difficulties that local people encounter when using health services.

With an influential presence amongst healthcare boards and committees across the borough, Healthwatch Southwark is the 'critical friend' of publicly-provided local health and social care services.

Healthwatch Southwark can relay people's feedback to healthcare providers and commissioners in Southwark, and request them to explain their actions and plans for improving services.



## GP access: what does this actually mean?

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- ✓ Knowing how to register with a GP.
- ✓ Finding a GP to register with.
- ✓ Being able to book an appointment to see a GP ( telephone, online, at the surgery)
- ✓ Being able to see a GP when you need to, without long waiting times.
- ✓ Being able to see a GP at a convenient time for you.
- ✓ Being able to physically access a GP surgery.
- ✓ Being able to communicate with and be understood by GP staff.
- ✓ Knowing how and where to access out-of-hours GP services.
- ✓ Knowing how to make a complaint about your GP surgery
- ✓ Having enough time during your appointment to discuss your needs properly and feel listened to.



## GP access: a national and a local issue

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In recent years, there has been a **considerable amount of public, political and media focus** on the question of access to GPs.

One of the reasons that limited or poor access to GPs has been an issue of interest amongst policy makers stems from **evidence that it can impact negatively upon other NHS services.**

For example, Accident & Emergency (A&E) attendances have been increasing in recent years for minor/ non-urgent



illnesses and injuries. This has been partly attributed to problems regarding access to GPs.

(Another causal factor could be additional referrals to A&E departments from the NHS 111 service. In 2014, out of 12 million calls made to NHS 111, around 720 000 callers were advised to go to A&E<sup>1</sup>).

People seem to be going to A & E departments instead of seeing a GP because:

- Their GP surgeries are busy
- They can't register with a GP (don't know how to register/ local GP surgeries aren't accepting new patients).
- They don't know about local extended-hours GP services
- GP's opening hours are not always convenient for those with work and family commitments.

Policy-makers hope to reduce the number of people visiting A&Es by increasing the availability of out-of-hour GP services and extended clinics. They want to increase the general population's knowledge about how to access these services.



## Access to GPs: What the Healthwatch Network has found out so far...

In March 2015, Healthwatch England released the report ["Local Healthwatch Investigate: Access to Primary Care"](#)

This report collated findings from 55 local Healthwatch who, since 2013, have spoken to 11 000 people and visited over 550 surgeries.

The report covers a comprehensive overview of people's main concerns across the UK regarding access to GPs.

These main concerns are:

- **Booking appointments** is difficult, especially **telephone bookings**.
- GPs sometimes turn away individuals from **transient populations**.
- **Choice:** people cannot always see their preferred or regular GP.
- Uncertainty about what to do when **GP surgeries are closed** and it is necessary to access out-of-hours services.
- **Uncertainty about the complaints system** in GP surgeries.
- **Appointments are short** and rushed, due to time constraints
- **Shortage of professional interpretation / translation services** lead to long waits for those who do not speak English. When patients have to rely on family members as translators, they may not want to discuss confidential issues with GPs.

<sup>1</sup> 2015 Nuffield Trust Policy Briefing 3 (Blunt, Edwards & Merry) "What's behind the A&E Crisis?"



## Access to GPs: A London Profile...

A report released in 2013 by NHS England [“Transforming Primary Care in London”<sup>2</sup>](#) focuses specifically on GP access across London.

The report highlights many interesting and pertinent facts:

- Londoners are less able to see their preferred GP than people living in other parts of the country
- Less than half of patients in London are able to see a GP the following day.
- GP services in London fall behind others across the country in terms of patient satisfaction and quality
- Access to GPs can be difficult for short-term residents and mobile populations. 37% of the nation’s short term residents live in London.
- Today, people see their GP more frequently than people did over 20 years ago .

## Access to GPs: A Southwark Profile...

- In 2015, Southwark had a population of 293,500; this is expected to increase by 21% in the next 10 years<sup>3</sup> (well above the London average of 13%<sup>4</sup>)
- According to the Southwark 2014 JSNA, the borough has a high

population turnover. People frequently move into and out of the borough.

- The 2011 Census highlighted that Southwark has a higher than average rate of short-term residents<sup>5</sup> born outside the UK.
- Southwark’s population is ethnically diverse. According to the 2014 Southwark Demographic Factsheet, 60.3 % of Southwark residents are from an ethnic minority background.
- Around 120 languages are spoken in Southwark. In 11% of Southwark households, no member speaks English as a first language<sup>6</sup>.
- There are 44 GP surgeries in Southwark.
- Since 2014, there is now an Extended Primary Care Service available in two locations - Peckham and Bermondsey. These offer GP services to residents from 8.00am to 8.00pm, 7 days a week.
- South East London Doctors’ Co-Operative (SELDOC) provides out-of-hours GP care to Southwark residents (6.30 pm - 8.00 am weekdays, weekends and bank holidays)

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<sup>2</sup> Transforming Primary Care in London <http://bit.ly/1leuNbu>

<sup>3</sup> 2014/2015 HWS Annual Report.

<sup>4</sup> Transforming Primary Care in London <http://bit.ly/1leuNbu>

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<sup>5</sup> Short-term resident is defined as someone who lives in the same place for more than 3 months but less than 12 months.

<sup>6</sup> [http://www.southwark.gov.uk/info/10058/about\\_southwark\\_council](http://www.southwark.gov.uk/info/10058/about_southwark_council)



## Access to GPs is a Healthwatch Southwark priority area. Why?

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Since launching in April 2013, Healthwatch Southwark has received **250 enquiries** from the public about GP access. This constitutes **more than 50% of all enquiries** that we receive about health and social care.

When Healthwatch Southwark speaks to people, many do not fully know about the GP services that they can access.

Healthwatch Southwark is aware that not all of Southwark's different communities get to speak up about their difficulties in accessing GPs. As a result, their specific concerns and unmet needs can go unresolved.



## Our community focus group programme

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Healthwatch Southwark engages with different community groups in order to ensure that seldom-heard groups and individuals' views and concerns are represented and fed back to those who commission and deliver GP services.

### Why do we speak with specific communities and groups?

Healthwatch Southwark knows that issues such as language barriers and physical access can prevent people from

speaking out about their experiences of health and social care. Therefore, besides our general public engagement activities, we organise outreach work with specific communities.

Through local engagement and intelligence gathering, Healthwatch Southwark identifies potential communities in Southwark who we have not yet engaged with, and whose needs are perhaps not always represented to those responsible for local health and social care services.

We then organise focus groups with these groups. During these sessions, we ensure that group attendees' language or access requirements are met, so that they can express their views with ease (booking interpreters/translator, ensuring venues are practical and accessible).

From these focus groups, Healthwatch Southwark gains a more rounded and realistic overview of what works well and what requires improvement across local health and social care services. These sessions provide evidence and statistics that can then be fed back to healthcare service providers and commissioners.

Healthwatch Southwark plans these focus groups with consideration. Healthwatch Southwark builds and maintains ongoing relationships with those involved in the focus groups, and invites them to further public activities and discussions.



### Who we have spoken with...

We have spoken with 79 people from varying community groups across Southwark in our focus group sessions.

#### Deaf Support Group

**When?** December 2013

**How many people?** 7 people from the Deaf Support Group came to the session.

#### Bengali Women's Group

**When?** June 2014

**How many people?** We spoke with 12 people from Southwark's Bengali Women's Group based in Southwark. 18 people were present, but not all were present throughout the whole session.

#### Somali Women's Group

**When?** June 2014

**How many people?** We spoke with 9 people from Southwark's Somali Women's Group

#### Latin American women

**When?** September 2013

**How many people?** We spoke with 29 people from the Latin American Women Rights Group.

#### Gypsy and Traveller Group

**When?** May 2015 and November 2015

**How many people?** 5 people attended the focus group in May 2015 at the Southwark Traveller Action Group. In November 2015, HWS entered Spring Tide Close site and spoke with 5 people.

#### Vietnamese Mental Health Group

**When?** October 2015

**How many people?** 6 people attended the session from the Vietnamese mental health group based in Peckham.

Reports for each of these, excluding the Gypsy and Traveller focus group report, are available on our [website](#).

Our next focus group will be with men from a refugee and asylum seeker's day centre in Peckham. What we hear from this session will be collated into this report.



### What people told us...

#### What they liked about GP services in Southwark

During focus group discussions, many positive comments were made about Southwark GP services. What was important to people was getting an appointment and being able to talk to a GP about their health needs.

*"I feel very comfortable talking to my GP, if I get to see him!"* - Traveller community

*"Receptionists see different conditions I have and will offer a double appointment to talk through the issues, that is good"* - Bengali community

*"The GP's understanding is good"* - Vietnamese community



*“In my GP practice I get to see a GP easily - I can call in advance”* - Somali community

*“I ask receptionist to tap me when my name is called and she did not forget”* - Deaf community

## Issues/concerns that were raised

In addition to many positive comments, Healthwatch Southwark has noted key issues of concern and areas for future improvement.

### 1) Registering with a GP

Registering with a GP - and the difficulties it causes - was a concern for those in the Latin American focus group. Language barriers were a key issue, particularly the lack of information translated in Spanish. GP staff attitudes were unfriendly towards those with limited English who came into GP surgeries to register.

*“Denied the right to register until they could bring someone who could speak English”* - Latin American community

### 2) Interpretation services and language barriers

The Latin American, Vietnamese, Bengali and Deaf groups all spoke about concerns with interpretation services. The most mentioned issues were:

- Long waiting times for an appointment if an interpreter had been requested.

- GP surgeries do not always provide translation services.
- When an interpreter was not available, the quality of the GP service they received was poorer as a result of not having an interpreter there.
- It was difficult to call up at 8/9am to make a same-day appointment, as translators might not be around at this time in order to make the phone call.
- Doubts about the quality of the interpretation of medical language.

*“You can never know whether they are translating correctly”* - Latin American community

*“Instead of booking for an interpreter they forced me to lip-read the conversation”* - Deaf community

*“When I need to book an appointment at the doctor’s I need to wait 6 weeks for an interpreter”* - Deaf community

On the other hand, the Somali’s women group raised concerns that that GPs and other surgery staff made assumptions about a patient’s interpretation needs - for example, providing an interpreter (when the patient hasn’t requested one).

*“Sometimes an interpreter is there, even if you don’t want one -ask what we need.”* - Somali community

### 3) Getting an appointment with a GP



Getting appointments at local GP practices was a universal difficulty across all the communities we spoke with. As already highlighted, some people found it hard to book an appointment due to language barriers and the lack of an interpreter.

*“I ask about next week or the week after and they say come tomorrow to find out; I come tomorrow and they say the same thing. But when the support worker rang for me, an appointment was possible!”* - Vietnamese community

Yet, equally, arranging an appointment was not always a straightforward process for those *without* language or communication needs.

Members of the Traveller and Somali community said that they felt their GPs were too busy and appointments weren't available when they needed them.

*“Impossible to get an appointment, been there 2/3 years.”* - Somali community

*“Getting appointments is hard. They [GPs] are over-prescribed.”* - Traveller community

#### 4) Finding information about GP surgeries and out-of-hour GP services

The increased number of people using A&E services has led to a focused effort to make extended hour GP services more widely available and well-known across Southwark. Moreover, in 2014, the borough's walk-in GP centre based in Peckham was replaced by extended

access GP surgeries in Peckham and Bermondsey.

We wanted to find out if the communities we spoke with knew about the range of services that a GP offers. We also wanted to know where they went if they could not get an appointment with their GP, and importantly, if they knew about changes to extended hour services.

#### When asked about their knowledge of what services GPs offer:

- Just over a quarter of the **Latin American** group said they knew about the services offered by GPs. Just over a half did not know
- Around two thirds of the **Somali** group did not know about all the services that GPs offer
- The **Traveller** group said they knew about the services that GPs offer
- The **Deaf** group told us they relied on their contact co-ordinator for advice about GP services

#### When asked about their knowledge of out-of-hours services

- Nearly all of the **Latin American** group used A&E when their GP was closed or busy
- A third of the **Bengali** group knew about SELDOC
- Just under a third of the **Somali** group knew about or had used SELDOC.
- Again, the **Deaf** group said they would go to their Contact co-ordinator for advice



- The **Traveller** group had used SELDOC and A&E

**Reasons why people did not know about the services provided by GPs and out-of-hour GPs in Southwark were:**

- Few suitably translated documents or resources for those who do not speak / understand English
- Services have changed but these changes are not reported to the Southwark population in effective ways.
- People use A&E instead of out-of-hour services because they are not registered with a GP in Southwark

### 5) Making a complaint about GP services

All people should have the support and confidence to complain when a GP service does not meet their needs or expectations. Indeed, this feedback helps those who design and deliver GP services in Southwark to improve the care and service that GPs can offer.

With this in mind, Healthwatch Southwark asked what people knew about GP complaints procedures. From these discussions, concerns emerged around knowing how and where to complain, lack of trust in the complaints system, and worries about the repercussions of making a complaint.

*“It does not have any way to support a person who does not speak English”* - Latin American community

*“Don’t know what happens to that box”*

*[the complaints box]* - Somali community

*“They are going to do it regardless of our voices”* - Bengali community

*“You don’t know if this would affect the service you get”* - Somali community

*“Worried what will happen”* - Bengali community

### 6) Patient-centred GP care

People spoke at length about how they would like their experiences at GP surgeries to be more patient-centred.

Two clear themes emerged:

- appointments being rushed
- GP’s manner and relationship with patients

The consequences of this were also discussed:

- Patients don’t get enough time to talk through their health concerns
- Patients don’t fully understand what the GP is prescribing
- Patients can feel like their health is not important
- Patients form a lack of trust and confidence in their GP
- Patient repeats themselves each time they talk to a different GP
- Inconsistency in care - different doctors, different diagnoses, different outcomes

*“I’m quite rushed”...“even though I make double appointments. There isn’t enough time to talk”* - Somali community



*“More explanation when in appointment to explain why I am taking this medication”* - Bengali community

*“They think we talk too much silly things and say ‘quickly, quickly’”* - Vietnamese community

*“They want to get you out of the door like a factory”* - Somali community

These comments illustrate how people felt as a consequence of the GP’s manner and their relationship (or lack of) with them:

*“I feel like they don’t want people with mental health [problems]”* - Vietnamese community

*“You see a different face every time you go in”* - Somali community

*“Sometimes you want to see the doctor you always want to see but they don’t always let you see them”* - Traveller community

## Suggestions from people we spoke with

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During focus groups sessions, we asked attendees how they think services could be changed and improved for the better.

### Registering with a GP

- Carry out workshops to help specific groups to navigate the

English health system (Latin American community)

- Employ staff that are representative of the diverse population/make best use of their language skills (Latin American community)
- Train people to give clear and helpful information about how to register with a GP (Somali community)

### Interpretation & language barriers

- Making interpreters more readily available e.g. having them on call (Deaf community)
- Ensuring that interpreters are equally available for all different groups (Deaf community)
- Staff training to ensure that people are offered interpreter services and that assumptions aren’t made about language levels (Latin American and Somali community)
- Have more materials available in other languages e.g. Spanish (Latin American community)
- BSL training for GPs and staff (Deaf community)

### Booking appointments

- Keep people informed about changes being made to the appointment booking procedure (Somali and Traveller community)
- More doctors, less patients! To allow people to make appointments when they need them (Bengali community)



## Information and knowledge about GP services (including out of hours services)

- Make use of outreach workers with specific cultural knowledge and language skills to relay this information (Somali community)
- Keep people informed about out of hours services that are available to people living in Southwark (Traveller and Somali community)
- Information and signposting materials for people new to the English system and where English is not their first language (Latin American community)

## Making a complaint

- Feedback from patients should be encouraged (Somali community)
- There should be different feedback/complaints routes to suit different people (Bengali community)

## Rushed appointments and GP mannerisms

- More sensitivity and awareness amongst GP staff about communication difficulties: give patients the time to explain themselves. (Somali and Latin American community)
- Staff must have cultural and diversity awareness training (Latin American, Somali, Deaf and Vietnamese community)

- Treat with dignity and empathy by GPs/ GP staff (Somali community)
- Ensuring female professionals are available (Bengali community)
- Treat people with mental health problems in an equal way to those with physical health problems (Vietnamese community)

## Conclusion

*“It’s the small things that work and can make a big difference.”*

During focus group discussions, many attendees praised the level of service and care that they received from GPs and staff at GP surgeries. However, the inconsistencies of service and care that this report has raised, shows that some people are having better experiences and easier access to GP services than others. This is an inequality which needs to be addressed.

Currently, the Southwark population stands at around 293,530. This is expected to grow by 21% in the next ten years, which is well above the national population growth of 13%.

This population growth will inevitably lead to an increase in primary care service users across Southwark. Moreover, the report by NHS England **“Transforming Primary Care in London”** noted that the average annual number of appointments per patient has increased from 3.6 in 1995 to 5.5 in



2008<sup>7</sup>. If this is to be a continuing trend, alongside population growth in the borough, then changes to Southwark's GP services will certainly be needed in order to improve access to GPs.

Technological and online innovations for booking and managing appointments, as well as the development and better use of extended access services are essential to this.

Growing populations and increased ethnic diversity across the borough will also lead to a further diversification of cultural and linguistic need. At the moment, over 1 in 10 Southwark households have no member who speaks English as a first language<sup>8</sup>. Preliminary research by Healthwatch Southwark predicts that there are significant numbers of Southwark residents who speak little or no English<sup>9</sup>.

Difficulties arising from communication barriers are a striking cause of concern. Focus groups attendees who required interpreters for GP services, such as the Deaf, Latin American and Bengali community, believed that the level of care they received was much weaker when an interpreter was not present.

Yet for some, the wait for an appointment with an interpreter was too

long. As a result, they took appointments without interpreters, but consequently faced difficulties in communicating their health needs. Equally, it was more difficult to understand what GPs and medical staff were saying to them.

An additional issue arising from communication barriers was the negative impact it had on how much people knew about where to find information on GP registration, out of hour GP services and making a complaint about a GP surgery or GP staff member. Where communication in English was a barrier, this lack of knowledge was not so apparent.

Another concern raised was the lack of cultural and linguistic awareness amongst GPs and staff. Some felt that assumptions were made about them based on their ethnicity and knowledge of English.

The Deaf community felt that staff members are inadequately trained to understand their needs. All groups mentioned that staff members need to be better trained and informed about dealing with cultural and linguistic diversity in a more respectful manner.

Finally, all groups spoke about how difficult it is to get an appointment. Moreover, when you do get one, the appointment can be too rushed and the GP does not take the necessary time to talk to and listen to the patients.

This suggests that some GP surgeries in Southwark are struggling to cope with

<sup>7</sup> Transforming Primary Care in London  
<http://bit.ly/1leuNbu>

<sup>8</sup> [http://www.southwark.gov.uk/info/10058/about\\_southwark\\_council](http://www.southwark.gov.uk/info/10058/about_southwark_council)

<sup>9</sup> Our estimates suggest that there are likely to be large numbers of Polish, Portuguese, Spanish, Bengali, Turkish, Chinese, Vietnamese, Somali and Arabic speakers living in the borough who speak little or no English.



the numbers of registered patients. Consequently, the quality of patient-centred care is being compromised.

## A Healthwatch perspective...

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### Registering with a GP

As an organisation, Healthwatch is very much public facing. We visit community groups and attend events in Southwark.

We have produced simple factsheets on our [website](#) about how to register with a GP which we use as a guide when visiting community groups and attending events. We are currently having this translated into Spanish.

We will better promote the information and signposting service that we provide, so that communities are able to approach us if they feel they need help to navigate the health system.

### Interpretation and language barriers

It seems offer of interpreting services is variable. HWS has raised this with NHS Southwark Clinical Commissioning Group (CCG) which is an organisation made up of all 44 GPs in Southwark. HWS and NHS Southwark CCG will investigate this further and see how and where this needs improving. This clearly will affect the experience of people using services and therefore is an equality issue that needs to be addressed.

### Information and knowledge about GP services (including out of hours services)

It is a challenge to inform all Southwark residents of the different health services that are available to them, particularly when introducing new systems such as the extended primary care services. NHS Southwark CCG has produced clear information about these services, as have HWS.

We organise public forums every quarter which are well attended and offer local people the chance to hear about services that are available to them. For instance, in December 2015 we are hosting - *“Winter Wellness - keeping safe, warm and well”* which will be an opportunity for people to hear about out of hours services available over the festive season.

As GPs are the first point of call for many Southwark residents, they should be providing clear and consistent messages about what is available to patients out of hours. HWS will ensure that this is happening.

### Making a complaint

Patients should be encouraged to give feedback, and GPs should be transparent about their complaints procedure, both verbally and written on their website or within the surgery itself. The factsheets we have produced do inform the public about how to make a complaint about a GP practice or hospital.