

# Appointment systems at Southwark GP practices - are they working?

## Summary report

December 2017

For the full report, see our website -

<http://healthwatchsouthwark.co.uk/content/our-reports>

Link to the formal response from NHS Southwark CCG and the north and south GP federations -

[http://healthwatchsouthwark.co.uk/sites/default/files/ccg\\_and\\_gp\\_federations\\_formal\\_response\\_15\\_dec\\_0.pdf](http://healthwatchsouthwark.co.uk/sites/default/files/ccg_and_gp_federations_formal_response_15_dec_0.pdf)

# Introduction

## Background

Healthwatch Southwark (HWS) exists to ensure local people have a voice when it comes to shaping health and social care services, so that they work as well as possible for everyone.

From October 2016 to February 2017 we spoke with 397 local people about what they thought HWS should focus on. The most common concern by some distance was the issue of getting timely access to GPs.

We hear from the national media that people are finding it increasingly difficult to get appointments with their GP and that this is having an impact on other health services such as hospital emergency departments.<sup>1</sup> Reports have established that demand is increasing, the GP workload is more intense due to an ageing population and more complex conditions, and it is becoming more difficult to recruit and retain GPs.<sup>2</sup>

## What we did

Between May and August 2017, Healthwatch staff and trained volunteers used our legal rights to 'Enter and View' health premises and visited all of the 44 GP practice sites in Southwark. Each visit was for up to two hours, depending on how many patients were in the waiting room.

Before each visit, we asked the Practice Manager to complete an online survey -

39 did so. During the visit, we interviewed at least one receptionist for each practice - 50 in total - and spoke to as many patients as possible in the waiting area. We also promoted the patient interview as an online survey. Overall, we heard from 550 patients registered at Southwark GP practices.

We looked at the practice's perspective on:

- When they release different types of appointments, how patients can make an appointment, and how decisions are made about offering appointments.
- What alternatives are available/offered, including when appointments run out.
- What works well, and potential improvements to the system.
- Barriers to improvement, and what pressures surgeries are under.

We spoke to patients about:

- Whether patients understood the appointment system at their GP practice.
- The ease of contacting the surgery and making an appointment for urgent and routine needs, at the appropriate time.
- How patients felt about questions asked when they were making an appointment.
- How they felt about alternatives to a traditional face-to-face GP appointment, such as online

<sup>1</sup> For example, <http://www.telegraph.co.uk/news/2017/09/14/soaring-complaints-against-gps-becomes-harder-get-appointment/>

<sup>2</sup> National Audit Office, [Stocktake of access to general practice in England](#), 2015; King's Fund, [Understanding the pressures in general practice](#), 2016

# Introduction

appointments or seeing an Advanced Nurse Practitioner.

- Their knowledge and views on Southwark's Extended Primary Care Service (EPCS).

## Findings

Our key findings and recommendations can be found below.

We found that people's experiences of their GP surgeries vary widely - many are positive, but key challenges remain. GP practices have tried to design their appointment systems to mitigate some of these problems, whilst also balancing the needs of different patients and managing the often substantial demand on their services.

It has never been our intention to recommend the 'ideal' appointment system or to rank practices. This is because appointment systems are quite complex, and we have not investigated all factors that impact on them (e.g. patient list size and demographics).

However, our findings shed light on positive and negative aspects of different elements of the appointment systems and multifaceted issues which impact on access and a patient's experience. We did identify several areas of good practice as well as some approaches which concerned us. One thing which is paramount is that appointment systems are flexible enough to meet the needs of diverse patients. We also hope that by highlighting the wide variation in systems, we can assist

the Southwark Clinical Commissioning Group (CCG) and the GP federations to identify whether the system is fit-for-purpose and work towards greater consistency across the borough.

## Next steps

Southwark CCG and the GP federations received the draft report and were given 20 working days to write a formal response on how they will action/not action the recommendations we have made. This response can be found [here](#).

In order for Southwark residents to help shape how these organisations will take our recommendations forward, Southwark CCG and Healthwatch Southwark organised a public event prior to the final report being published.

The event report will be available on our website.

## Contacting the practice

### Key findings

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- 76% of people said that they find it 'very easy' or 'easy' to contact their practice, and 23% find it 'difficult' or 'very difficult'.
- Comments indicate that getting through on the **telephone** can be difficult, especially at certain times of the day.
- Some comments referred to the ease of **navigating the telephone system**, e.g. whether it just keeps on ringing or tells patients where they sit in the queue, or whether there is a separate system that allows patients to cancel appointments.
- Some people reported positive experiences using **online booking**, but some people found the online offer inconsistent with what was available via reception.
- Some people find the **time at which same-day appointments are released** (usually 8am) difficult for a variety of reasons.

### Recommendations

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1. **Practices**, with the support of Patient Participation Groups (PPGs), should review their telephone systems to identify if any improvements could be made. This should include:
  - Seeking views of receptionists to see if they have the right number of phone lines / enough staff at busy periods to answer phones.
  - Whether patients hear a message informing them they are in a queue.
  - Whether a phone option or answerphone should be dedicated to cancellations.
2. **Practices**, with the support of PPGs, should explore ways of promoting online booking other than use of flyers and posters - e.g. 1:1 conversation in the waiting area.
3. **NHS Southwark CCG and GP federations** should review the online booking system, to explore:
  - The interface between patients booking online and the triage system (i.e. do people booking online bypass triage?)
  - Whether the appointments patients see available online are the same as those available via reception.
  - What types of appointments can be cancelled online (e.g. those booked online only, or regardless of where the appointment was made?)The above should then be shared with practice staff and patients.
4. **Practices**, with the support of PPGs, should consider when same-day appointments should be made available (e.g. those that only release appointments in the morning could consider also releasing some in the afternoon - to not disadvantage people that aren't able to call early in the morning).
5. **NHS Southwark CCG and GP federations** should review the 'iPlato'

text reminder system and its impact on appointments where patients did not attend (DNAs), in order to determine whether it should be rolled out to all practices.

## Understanding of appointment systems

### Key findings

- 83% of people said that they **understood the appointment system** at their GP practice ‘very well’ or ‘quite well’. However, 16% had little or no understanding; some described the systems as ‘*confusing*’.

### Recommendations

6. **Practices**, with the support of Patient Participation Groups (PPGs), should provide clear descriptions of the booking system, both in the waiting area and on the website.
7. **Practices** should involve their patients when considering making changes to their appointment systems, and if changes are made to systems, they should inform patients proactively about this.

## Booking appointments in advance

### Key findings

- 28% of people said they **waited** less than a week for the last GP appointment they booked in advance and 71% (in total) waited less than two weeks. 5% had waited longer than four weeks.

- An estimated 78% of people normally wait under two weeks for a GP appointment.
- 48% of people said they were ‘always’ or ‘usually’ able to book GP appointments in advance on their **preferred day**. 23% said this happened ‘rarely’ or ‘never’.
- Length of time to wait for an appointment was often mentioned as needing to be offset against the convenience of the appointment. It would also be balanced against people’s desire to see a particular GP.
- Some people commented that they were never able to book a convenient appointment because of the system in operation, e.g. practice not allowing patients to book far enough ahead to allow for a convenient time or enough planning.
- There is significant variation in **how far ahead** GP practices allow patients to book, with some allowing only a week.

### Recommendations

8. **Practices**, with support from NHS Southwark CCG and GP federations, should consider:
  - Whether they are operating with an ideal ratio of same-day versus booked-ahead appointments. This is to avoid patients being forced to request same-day appointments, due to lack of advance availability.
  - Whether their system for booked-ahead appointments is fit-for-purpose, ensuring that there is a rationale for the system in

operation (this is particularly important for practices who do not allow patients to book far ahead).

- How to mitigate the impact of using locum GPs on patients' ability to book ahead.

## Booking same-day appointments

### Key findings

- 20% of people said that they were 'always' **able to get a same-day/urgent appointment** when they needed to. 28% of people answered 'usually', 18% 'sometimes', 15% 'rarely/hardly ever' and 8% 'never'.
- Some who said that they could get same-day/urgent appointments then went on to mention **calling at certain times** e.g. *"only if you call between 8am and 8.30am."* Some people who expressed difficulty getting same-day/urgent appointments mentioned busy phone lines and slots being taken too quickly.
- This then led into further discussions about specific broad topics: clinical triage, the Extended Primary Care Service, and receptionist questioning and decision-making.

### Recommendations

See sections on 'contacting the practice' and 'clinical triage' for recommendations that relate to 'booking same-day appointments'.

## Clinical triage

### Key findings

- One practice in Southwark **triages all patient appointment requests**, including booked-ahead / 'routine' requests.
- Otherwise, **triage is mainly used for same-day requests**. Practices can be divided into those triaging all patients on the day, or releasing a certain number of appointments to book at reception and triaging after these are used up.
- For these latter practices, the **number of slots bookable** at reception varies greatly, as does the **extent to which triage is used** once they run out.
- **Once patients have been triaged**, GPs may be able to solve their issue over the telephone, fit them into a reserved slot in the practice or book them in at the Extended Primary Care Service (EPCS), 'squeeze them in' around other commitments, or redirect the patient to another service or routine appointment.
- The main issue raised by patients about triage systems was **problems with the call-back mechanism** - e.g. they might miss calls or have to 'wait around' all day for a call. This was also mentioned by some receptionists.
- Several practices were finding **triage helpful in managing demand** for appointments, as it allows patients to be dealt with more rapidly, and longer

in-person slots at fixed times to be freed up. Patients who really need urgent help are more likely to receive it.

- Some patients need more help to understand the unfamiliar triage systems.

## Recommendations

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9. **Practices** should ensure they are carefully reviewing their triage system on an ongoing basis, from both a staff and patient perspective. This should include:
  - Paying particular attention to vulnerable/complex needs patients, and instances where they were not able to see a clinician face-to-face (or had to wait).
  - Imitating good practice in some surgeries whereby certain vulnerable people are not triaged.
10. **NHS Southwark CCG and GP federations** should explore the different triage systems in operation to determine:
  - How practices can share learning about their triage systems.
  - What systems work well and why.
  - Whether practices should adopt any good practice identified.
11. **Practices and GP federations** should consider how triage call-back systems could be improved from both a staff and patient perspective. This should look at:
  - The time demand on practice staff.

- The convenience to patients e.g. if no call-back ‘slot’ is specified.

## Extended Primary Care Service (EPCS)

### Key findings

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- Receptionists at 41 out of 44 practices told us that the **EPCS was an option for patients** triaged by their GP as a matter of course or after appointments run out - though the extent of use varied from nearly all patients to hardly any. Only two said explicitly that it was not used.
- Only 38% of people we spoke to said they had **heard of the EPCS** (this included people that didn't know it by name but were aware of the service).
- We didn't directly ask if people had **used the service**, but through comments we were able to identify that around 12% had done so.
- Comments made about EPCS reflected **low awareness levels** and uptake, with a number of patients commenting that they had **not been offered** or even made aware of the service. Some people even told us that they had been told by their practice to go to other services such as the New Cross/Waldron walk-in centre (in Lewisham) instead of being told about the EPCS.
- In some cases, we discussed whether patients would use the EPCS if offered, and found that around 70% **seemed willing to use it**.

- **Negative comments** however included:
  - **Location** of the EPCS and cost to get there. This included some patients saying that the hub allocated to their practice was actually in a less convenient location than the other hub.
  - **Wanting to see a regular GP or someone with access to their notes** (implying that patients did not know EPCS has access to notes).

## Recommendations

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Please note, some of these recommendations reference the [Deloitte evaluation](#) of Southwark’s EPCS and Southwark Clinical Commissioning Group’s (CCG) [response](#) to these recommendations.

**12. NHS Southwark CCG and GP federations** should monitor and evaluate the impact of the upcoming EPCS communications campaign (we support Deloitte’s recommendation (14) to - *‘Explore a way of developing a stronger awareness of EPCS’*).

**13. NHS Southwark CCG and GP federations** should provide an update on their plans to look at quantifying practice/patient preference for flexible use of north and south EPCS (as stated in the CCG’s response to Deloitte’s recommendation (4) to - *‘Explore the possibility of allowing federations to refer to either hub.’*)

**14. NHS Southwark CCG and GP federations** should investigate how

the referral route to EPCS could be further streamlined, particularly in light of our recommendations around triage generally (in relation to Deloitte’s two recommendations relating to telephone management (2, 3) - *‘Explore if the pooled telephone management system should be started again’* and *‘Share best practice and promote cooperation across practices on telephone management’*).

**15. NHS Southwark CCG and GP federations** need to review staff training around EPCS, and explore further options, so the following can be avoided:

- Inconsistent explanations about the service offer.
- Patients being referred to out of borough services e.g. walk-in centres.
- Patients feeling that they have no choice (e.g. because their own practice doesn’t offer same-day appointments).
- Not giving patients important information about the EPCS e.g. that staff can access their patient records.
- Inappropriate referrals being made, such as vulnerable people who would benefit from seeing their named doctor.

## Receptionists asking about a patient’s condition

### Key findings

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- At the vast majority of GP practices, receptionists told us they **asked patients their reason** for requesting a

same-day appointment, but this was less common for advance appointments. 64% of patients said that they had been asked questions about their condition by the receptionist at their practice.

- When we asked **whether people minded being asked** such questions, 63% said that they did not mind, 27% had negative feelings about this, and 9% had mixed or varying feelings.
- The most common reasons for not liking this question are feeling it is a **personal/private** issue, finding the question intrusive, or feeling embarrassed or uncomfortable.
- Some people feel that this question allows **better decision-making or is used to prioritise** how patients are seen. Others feel that such questions **shouldn't be asked by non-clinical staff** or used to re-direct people away from the practice.
- 37 practices told us that they had **arrangements in place to protect patients' privacy** - for example a side room, barrier rope or written slip.

## Recommendations

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16. **NHS Southwark CCG and GP federations** should ensure receptionists' training includes techniques for how to ask patients about their condition, such as:
  - Explaining to the patient why receptionists may ask for this information.

- Ensuring patients understand that they do not have to give this information.

17. **Practices** should explore how privacy could be improved at the reception desk. We know there is some good practice across the borough and encourage practices to learn from this.

## The role of the receptionists - redirecting patients

### Key findings

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- Receptionists at some surgeries use information about a patient's condition only to **provide a note to the triaging GP**.
- However, in other cases receptionists may use this **information to re-direct patients away from same-day GP appointments**. This could be filtering out administrative tasks or suggesting that the patient see an alternative in-house clinician such as the nurse. In other cases, it might involve more judgement, such as suggesting that the patient book a routine appointment instead, or visit an external service (e.g. pharmacy, A&E). The basis and strength of these suggestions varied.
- In practices that do not triage all requests, **once appointments have run out**, triage may then be used. Receptionists may alternatively use their judgement to 'squeeze in' a patient around other appointments. They may suggest alternatives such as

a nurse appointment, pharmacy, walk-in centre, NHS 111.

- At practices that triage all same-day appointment requests, **after triage slots run out** receptionists may again suggest other options, including walk-in centres or calling again tomorrow.
- There is good practice at many surgeries where receptionists are very conscious of the limits of their skills and emphasise that they would always seek a clinician opinion when necessary. However, in other cases receptionists are making judgements about urgency and need potentially beyond their skillset. It is unclear how often this happens and we feel this is something needing guidance/review.

## Recommendations

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18. **GP federations** should consider providing formal, coherent protocols for practices explaining under what circumstances receptionists might or might not suggest a) routine rather than urgent appointments, and b) services external to their surgery (including pharmacy, A&E, UCC, walk-in centres, 111). It should be clear at which point a clinician's decision is necessary.
19. **Practices, with guidance from GP federations**, should provide clear, written guidelines to receptionists about the limits of their responsibilities regarding patient redirection.
20. **NHS Southwark CCG and GP federations** should review practices'

use of walk-in centres in other boroughs, including:

- Comparison with their use of the Southwark EPCS and the reasons for this.
- The implications of this for costing and future commissioning.
- The implications should the Lewisham walk-in centre close.

21. **NHS Southwark CCG** should investigate whether the Pharmacy First system is being operated correctly at all pharmacies.

## Support and training for receptionists

### Key findings

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- 28 surgeries' receptionists mentioned some form of **training**. This varied greatly in timescale and intensity with some of the most comprehensive training apparently provided via Protected Learning Time (PLT).
- There are some **significant gaps in training** - for example some receptionists have not received training on EPCS. Other receptionists wanted more support in their role categorising and redirecting patients.
- At 16 practices, **flowcharts, lists and protocols** are in place for at least parts of the system, to assist receptionists in decision-making or redirection.
- Many receptionists emphasised the importance of **on-the-job experience and team support**, including from clinicians.

## Recommendations

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22. Practices should ensure that all receptionists are enabled to attend Protected Learning Time (PLT) sessions on a regular basis.
23. GP federations should assist practices to complete a training audit for their reception staff, including key areas such as EPCS.

## Walk-in systems

### Key findings

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- Only one Southwark GP practice appears to be offering a **walk-in service** in the strictest sense, whereby patients queue rather than being booked a slot. This service is triaged.
- Many practices have **switched from walk-in to triaged systems** within the last few years. This was usually because of intense pressure on walk-ins, including from administrative requests, meaning that the sickest patients were not always seen.
- Some patients **understood this reasoning**, but others told us they would like to see **walk-ins reintroduced**.

### Recommendations

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No specific recommendations around walk-in systems as this has been covered elsewhere.

## Alternatives to face-to-face appointments

### Key findings

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- When asked if patients would be happy with **alternatives to traditional face-to-face appointments**, 72% of people said they would accept a telephone appointment, 28% would accept an online video chat, and 21% would accept an online typed chat.
- 23% of people said they would **only choose face-to-face appointments**.
- **Concerns about telephone appointments** include being hard-of-hearing, having English as a second language, or that the doctor will not be able to examine patients and see their symptoms.
- Those that had **concerns about online options** raised the following as reasons: having poor eyesight, not having the right technology, difficulty expressing something quite complex in writing.

### Recommendations

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24. NHS Southwark CCG and GP federations should involve patient representatives as they explore alternatives to face-to-face appointments (Healthwatch staff have been involved in some workshops). If practices decide that options such as online consultations would relieve pressure on surgeries and provide convenience for some of

their demographic, patient choice should be paramount.

## Use of Advanced Nurse Practitioners (ANPs)

### Key findings

- 83% of people said they would be **happy to see an ANP**, instead of a GP, for an illness they are trained to deal with. 13% said that they wouldn't be happy to and 4% didn't know.
- Comments from both patients and staff acknowledged that use of ANPs could help **take pressures off the GPs, enabling speedier access**. Staff also emphasised the benefits of having non-GP clinicians such as pharmacists in-house, and the wide range of services these staff can provide.
- **Positive comments** also reflected peoples' experiences of having previously seen an ANP, and confidence in their training and skills.
- However, some people have **concerns** about seeing an ANP specifically relating to their knowledge and skills, or because they fear they might need to see more than one clinician.
- **Patient information and choice** was also felt to be important, highlighting that awareness of the role of ANPs is relatively low.

### Recommendations

25. **Practices** that do not already employ one should consider the benefits of upskilling existing nursing staff or

employing an ANP (or other non-GP clinicians).

26. **Practices** should consider adopting procedures so that if the ANP cannot treat the condition, the patient can be referred quickly to a GP (perhaps bypassing standard appointment systems) in order to avoid waits for multiple appointments.
27. **GP federations and practices** should work together to display consistent information (so there are unified communications across Southwark) in GP waiting areas about ANPs (and other non-GP clinicians), their skills and training, and what they can and cannot treat. Some GP waiting areas do display such information.

## Challenges and pressures

### Key findings

- When asked about **pressures on their systems and barriers to improvement**, staff at a striking 27 practices mentioned broad issues around resourcing and demand, particularly GP recruitment. Changes in the local population and GP provision are impacting on this. There was widespread recognition of this challenge among patients also.
- 21 practices mentioned **problems stemming from patient attitudes or behaviours**, particularly people not attending or cancelling appointments (DNAs). Again, patients also commented on this problem. Practices have different approaches to tackling DNAs and some are being supported

by their federations with patient education.

population change in the borough to ensure adequate GP coverage.

- Six practices mentioned **premises** challenges.

## Recommendations

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- 28. Practices** should provide better and clearer information about patients' different options for accessing primary care, in order to help relieve demand. Leaflets and posters in waiting areas should be systematically rationalised so that people know where to look.
- 29. Practices** could consider a specific notice board focused on different topics around access, such as:
  - What counts as an 'urgent' problem
  - How to request repeat prescriptions and medical certificates
  - What pharmacies can offer
  - Pharmacy First
  - EPCS
  - NHS 111
  - Different in-house practice staff, including ANPs
  - Avoiding DNAs.
- 30. GP federations** should continue to provide resources for public education around DNAs. **NHS Southwark CCG** should consider a wider public education campaign to reinforce this.
- 31. NHS Southwark CCG** should work closely with Southwark Council around regeneration projects and