

# healthwatch

## Tower Hamlets

### The GP access challenge



Report on  
accessing GP  
services in  
Tower Hamlets  
December 2016

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Healthwatch Tower Hamlets is an independent organisation led by local volunteers. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Tower Hamlets gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are made on how services will be delivered, and how they can be improved.

[www.healthwatchtowerhamlets.co.uk](http://www.healthwatchtowerhamlets.co.uk)

Healthwatch Tower Hamlets visited ten GP Practices across Tower Hamlets in October 2016 to talk to patients about their experience of accessing GP appointments.

The aim was to:

- highlight what is working well and what is not working so well from the patients perspective;
- understand how patients think access could be improved;
- identify best practice;
- suggest potential opportunities for improvements.

The purpose was:

- for providers, commissioners and local residents to be better informed about GP services in Tower Hamlets;
- to be able to identify patient-led solutions to the difficulties of over-demand facing primary care services;
- for the patient intelligence gathered to influence the development of the Clinical Commissioning Group's primary care programme;
- to provide the Care Quality Commission with up-to-date information on the views of patients regarding the quality of GP Practices in Tower Hamlets;
- to increase the number of patients involved in working with practices to improve services.

This was done in order to lead to:

- an improvement in GP access;
- patients understanding and utilising primary and urgent care more effectively and efficiently;
- a reduction in patients accessing GP Practices unnecessarily;
- a reduction in patient DNAs;
- an increase in the number of co-designed services with patients and practices.

## Why we undertook the project

Between 1 April and 31 Aug 2016 Healthwatch collected 224 comments from local residents on the quality of services in Tower Hamlets. Of those 224 comments, 87 related to GP services. The two main negative issues raised were:

1. Surgery telephone systems that prevented people from accessing appointments;
2. Long waits or unavailability of appointments.

The Healthwatch Tower Hamlets Board agreed that more work need to be undertaken to understand in more detail:

- how widespread these difficulties were;
- whether they related to a small number of practices or if they were more systemic;
- if some practices had better systems and mechanisms in place to cope with increased demand;
- whether patient behaviour changes could help tackle problems;
- what solutions patients felt were necessary to bring about improvements.

We worked with a group of local residents (Patient Leaders) and key stakeholders including the GP Care Group, GP Practice Managers Forum, Tower Hamlets CCG Primary Care Commissioning, and local councillors (Health Scrutiny Panel) to review expectations of the project and consider potential impacts.

Fewer than half of the 134 people we spoke to had had positive experiences of accessing appointments at their GP practices. Men were slightly more negative about their experience than women, and Bangladeshi patients felt more negative than White English patients.

The most common issues with accessing appointments across the ten practices visited were:

- Getting an appointment
- Poor phone access
- Phone triage
- Health management
- Booking in person
- Online booking
- Waiting to be seen
- Urgent care

Some of the suggestion on how access problems might be resolved included:

- Increase doctors
- Increase government funding
- Utilise pharmacies more
- Online appointments, information and record sharing
- Expand doctor phone triage
- Better information and education
- Tackle patient misuse
- Doctors listen more
- Expand opening hours

### Recommendations.

1. Best practice from doctor based phone triage systems should be shared across practices and similar systems adopted where possible.
2. Consider the opportunity that phone consultations could provide to further develop patient knowledge of the urgent care system and where to access reliable health advice and support.
3. Increase the level of information and links to reliable external sources on GP Practice websites to enable patients to self-manage with greater confidence.
4. Use the opportunity of people waiting on hold for extended periods to provide information on common symptoms and appropriate patient action.
5. Put systems in place to better enable working patients, the seriously unwell or vulnerable to access practices appropriately. It cannot be a one size fits all system.
6. Increase the use of online technology for appointments, prescriptions, referrals and the sharing of medical records.
7. Continue and expand the hub system of referring patients to other network practices on the basis that partner GP Practices have access to patient records.
8. Expand and promote pharmacy services providing reassurance to patients of the qualifications, confidentiality and the professional approach of pharmacy consultations.
9. Healthwatch Tower Hamlets to work with local residents to campaign at a local, regional and national level to

increase resources allocated to supporting Tower Hamlets GP services.

10. GP Networks to seek patient agreement to use their mobile numbers for non-medical texts.

### Method

The GP Access Project was developed and delivered by a group of 12 trained Healthwatch Tower Hamlets volunteers under the Healthwatch Enter and View Programme structure. You can find more information on the Enter and View process here ([Enter & View](#)). Or visit [www.healthwatchtowerhamlets.co.uk](http://www.healthwatchtowerhamlets.co.uk)

With the support of Healthwatch staff they developed the project, set the topic guide and over saw the data analyses and report writing.

The visit programme was arranged to enable us to cover practices:

- in each of the four GP Locality in Tower Hamlets
- with similar patient populations and size
- participating in the Prime Minister's Challenge Fund and CCG support programme
- that our patient feedback indicated were working well, or not so well.

Practices selected to visit were:

Aberfeldy	Albion
All Saints	Bethnal Green
East One	Jubilee Street
Limehouse	St Paul's Way
Tredegar	XX Place

Practices were notified that we would visit within a two-week period and visits were undertaken over three days between 18<sup>th</sup> and 20<sup>th</sup> October 2016.

We followed a semi-structured interview process to discuss with patients their experience of accessing appointments, and to gather their views on how access could be improved. A copy of the topic guideline for the interviews can be found in Appendix 1 on page 18.

## Limitations

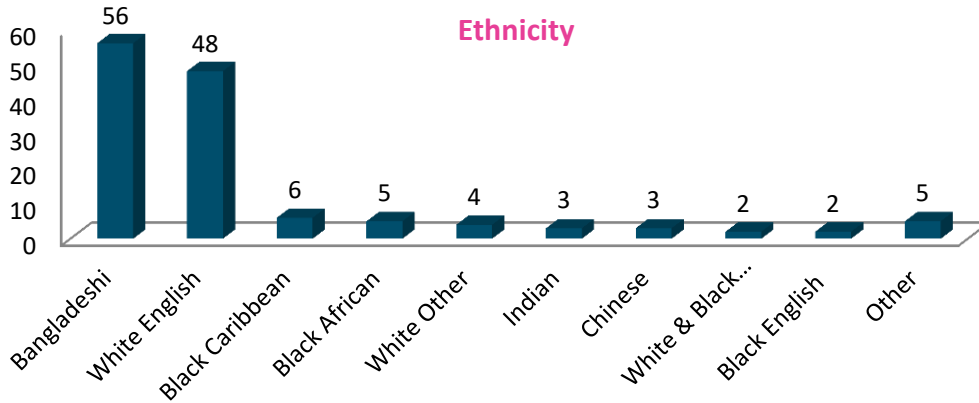
Some of the interviews were short or incomplete as people were called in to appointments during the course of the interview.

Interviews were undertaken in GP waiting areas, this can result in a certain level of reluctance to be completely honest with

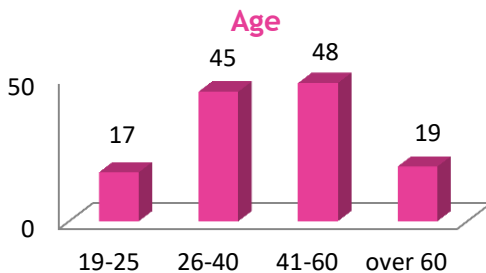
responses and a reluctance to criticise the practice when there is a risk of being overheard by staff.

## Participants

We spoke to 134 patients (80 women and 54 men) during our visits. The ethnicity of respondents was largely Bangladeshi (56) and White English (48).



Participants broadly reflected the age of the Tower Hamlets patient population.



The primary question we asked patients was “What was your experience of making the appointment for your visit today? The aim was to understand their experience of:

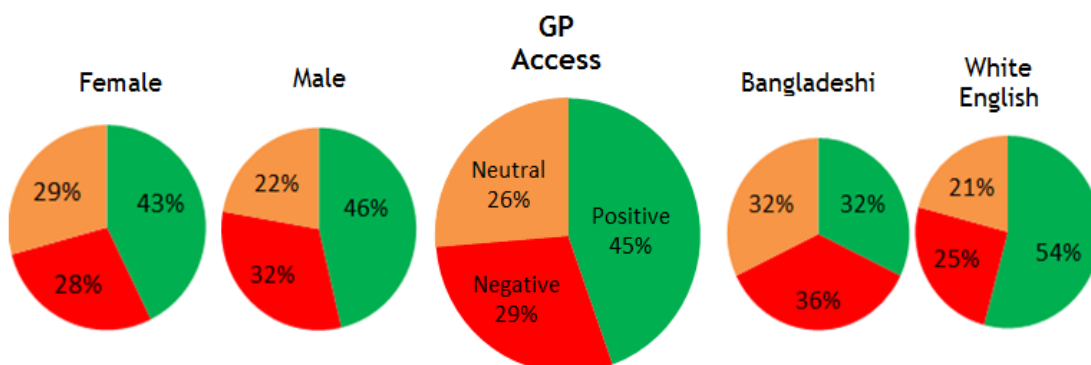
- getting through on the phone or

online;

- obtaining an appointment;
- any triage process (a GP or health professional phoning back to assess the need for an appointment);
- the front-line staff, and
- being able to access the information they needed.

Fewer than half of the people we spoke to had had a positive experience of accessing an appointment at their practice. Men were slightly more negative about their experience than women, and Bangladeshi patients felt more negative than White English patients.

As you might expect younger people were more positive about using the triage system and were more likely to use walk in centres. Over 60s were

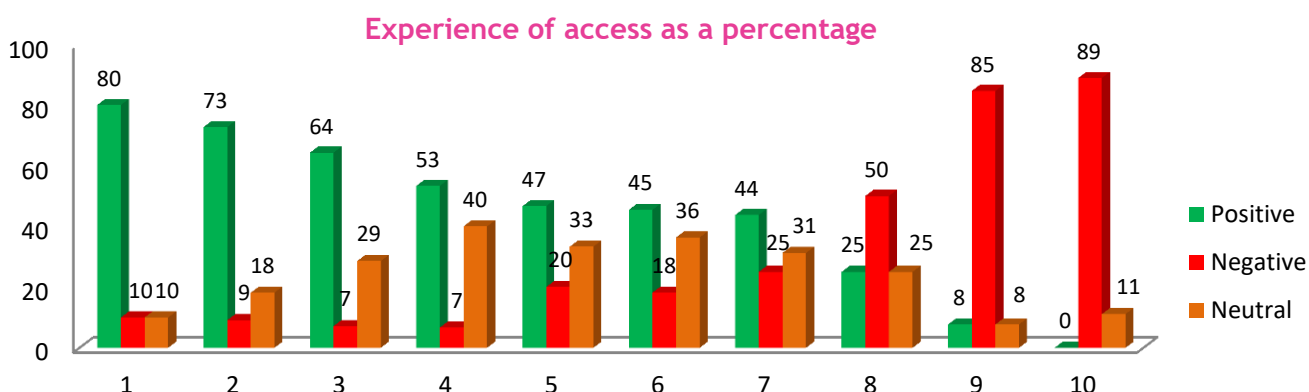


more positive about their experience, possibly because they received more support from the practice to access appointments, book follow up appointments, or had more time to come in to make appointments in person.

*“This is an on-going appointment with a nurse. The nurse books an appointment at the end of every visit (Over 60)”*

*“Making my appointment was good. I got an appointment straight away. I made the appointment in person while I was already here (from a different appointment). There hasn’t ever been a past time where I haven’t got an appointment. (Over 60)”*

Experience varied significantly across practices from 80 percent positive at the top end to 89 percent negative at the bottom end.



The two practices at the top end of the scale of experience operate a phone triage or doctor-first system.

*“Called the surgery at about 9:30 am and got through straight away on the phone. They asked me for the details of why I was calling and whether I would like to say. Manner was very good. Doctor called back within 10 minutes and I was given an appointment to come in at 9:45 am. I like the call back service; it’s a good idea to talk to the Doctor first.”*

*“At the reception, the telephone is answered in good time. I get a call back from my doctor within two hours. I get seen the same day or consultation is done over the telephone and I get my prescription sent to my local pharmacist for collection within a day or two”*

Whilst the third from the top operates a walk-in surgery.

*“Good experience. Walked-in at 9:15am and got an appointment. The practice has a daily walk-in surgery. Names are taken from 9:15am to 11:00am.”*

The two practices at the bottom end of the scale appear to have an acute shortage of appointments to meet current practice population demand and a perceived shortage of doctors.

*“Emergency appointments and routine appointments are very hard to get. The telephone lines are always very busy, you’re waiting on the telephone for 30 minutes sometimes and then when you get through they say there are no appointments left.”*

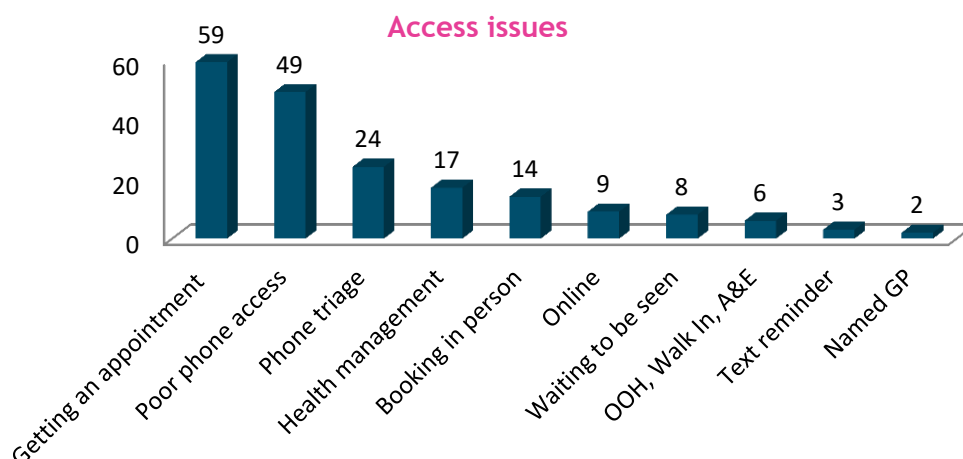
*“I telephone for an appointment, it just rings and rings and there are never any appointments left by the time I get through. I can’t queue first thing in the morning because I am on medication that makes me drowsy and sleepy. My son has tried to get me appointments online. Sometimes you get them and other times there are none available.”*

It was common at one of these practices for it to take at least two to three weeks to get an appointment and longer if you wanted to see the same GP. In some cases a nurse would call back and try to access appointments for people. People felt it was necessary to use the walk in centres and A&E instead.

*“Getting an appointment can take up to 2-3 weeks...I usually phone to make an appointment, getting through on the phone can take up to 20 minutes, I get annoyed and end up putting the phone down and trying again the next day... no*

one answers the phone, and sometimes the line goes dead.... someone should answer! I have been to A&E and walk-in

centres as a result of not being able to get an appointment”



The most common issues with accessing appointments across the ten practices visited were:

### 1) Getting an appointment when you need it

Fifty nine people commented on being able to access appointments when they needed them.

The system used to access appointments varied widely. In some practices patients are only able to get appointments for that day or within 24 or 48 hours; in others they can only get appointments for two or three weeks' time. In some cases patients are told there are no appointments available at all and advised to ring every morning or come down to the practice and queue.

*“The telephone lines are always very busy. You’re waiting on the telephone for 30 minutes sometimes and then when you get through they say there are no appointments left.”*

*“It’s very difficult trying to get this appointment, there are no appointments! You have to call in every day to see if they have anything.”*

Again this is leading to more people going to walk-in centres or A&E

*“I have been to A&E and walk-in centres as a result of not being able to get an appointment. I thought it was an emergency as I had a rash all over my body; the rash has not gone away therefore I have had to make an appointment with my GP.”*

In some cases people just give up and do not make appointments at all.

*“I only wanted a routine appointment but I was told I would have to call in each morning to see if there were any that had come on to the system. Alternatively I could come down in the morning and queue outside the practice. I work so both of these options are difficult, so I didn’t book anything.”*

This may be leading to people not making routine appointments and consequently serious medical conditions going undiagnosed. We feel that some analysis should be undertaken of the late diagnosis of medical conditions against practices with poor access.

For people who work, to have to come in and queue in the morning to be told they can either take an appointment that day (when they may not have approved time off work) or they will have to come back and queue again the next morning can be extremely frustrating.

There is no system to give preference or priority to people who may have long-term conditions or significant health needs.

*“I asked for an appointment on 1 Oct and wasn’t offered one until 25 Oct. I could die in that time. I have cancer but they don’t treat me with any priority. I was given equipment at the hospital but I don’t know how to use it and need to talk to the nurse. I haven’t been using*

*the equipment and have had it for nearly a month.”*

*“The appointment is for my mother but she does not speak English very well. My mother came here three times trying to make an appointment and each time she was turned back, it is a real struggle for her as my father (her husband) needs 24 hour care and it is hard for her to leave her house to be turned back each time. I do not live with her but when I came over to her house today she told me how she was trying to get the appointment and the problem she was having so I called and I was told to make the appointment online.”*

The Hub system received positive feedback from the three patients who had used it: two who appreciated the rapid access to appointments for children; and one who worked and preferred a Saturday appointment.

*“It was a straightforward experience. I was referred by Cable Street practice. There were no issues; the practices have good lines of communication and work well together, which eases appointment making.”*

## 2) Poor phone access

Thirty nine people commented on poor phone access. The common problems identified were:

- ☎ Long waits on hold for the phone to be answered by a receptionist, with people commonly having to wait between 15 and 30 minutes.



*“For emergency appointment, have to book at 8 am, very difficult to get through by phone to reception. Today had to call practice 20 times as line was always engaged. The practice should have a queue system for the phones so you can at least be put on hold and wait on the line to speak to them.”*

- ☎ Phones not being answered at all particularly early in the morning. This led to people having to call on multiple occasions throughout the day, sometimes taking several days to get through.

*“The telephone lines are horrible. They pick up the telephone and they drop the telephone.”*

*“One time I was at the A&E and they tried to call my GP and they couldn’t even get through.”*

Some people in the same practice seemed to have different experiences of getting through on the phone. This could be down to the time of day they were calling. Experienced patients start to learn what time of day to call to get the best chance of getting an appointment, leading to unfairness in access.

## 3) Doctor led phone triage

Twenty four people commented on being called back by a doctor, nurse or receptionist in order to access appointments. The bulk of these related to practices that had more positive feedback overall in relation to access.

Patients were generally positive about the call back system even when they were advised that they did not need an appointment.

People said it was quicker to get a response in that you are able to talk to a health professional quickly and arrange the most appropriate appointment or course of action. This tends to speed up the whole treatment process as it enables patients to self-manage initial symptoms until they persist to a level where doctors are likely to take them more seriously.

It appeared that some practices ran more ad hoc triage systems and in some cases it was nurses or receptionists who called back rather than doctors. Patients were less positive about what they considered unqualified staff asking them why they wanted an appointment.

*“In relation to today’s appointment a nurse called back and spoke with us and*



*then offered an appointment. This system is ok, at least you can be seen quicker or get to speak to someone.”*

There was some sense that people were less likely to be happy with the triage system when dealing with children.



*“Typically for a regular appointment I call the reception and the GP calls back to advise on appointment. Sometimes the GP will not advise appointment but pharmacist etc. This can be very frustrating, especially with child ear infections etc. Sometimes, due to unhappiness with triage service I end up seeing private GP. Do not like to do this, not only for money costs but private GP’s have less experience. I only use them when NHS GP will not/cannot see me.”*

However one patient who worked found the call back system made it particularly difficult to access an appointment.

*“It’s really difficult to get an appointment if you work. They say they will call back and then they say come in at 3. I can’t keep my mobile with me at work to get the call back. I’m the manager and I tell the staff not to carry a mobile around so I can’t be seen to do it myself.”*

#### **4) Health management**

Seventeen people were attending appointments that were arranged by the Practice to better manage their health (Flu jabs, smoking cessation, blood pressure monitoring, blood tests, baby clinics etc).

There were two cases of people living with cancer that indicated both a positive and a negative experience of managing their care.

First was a patient with pancreatic cancer who had been cancer free for three or four years. He had a good experience at the practice and was

there having a 24-hour blood pressure monitoring test.

*“They take my health seriously and manage it. I think I’m on a watch list of some description due to the cancer. No complaints about front-line staff. Get text and follow up reminders and a call. Not sure what else they could do.”*

His cancer was picked up through a regular check-up at a private health care clinic.

The second cancer patient was in remission and felt very unwell (chest pain, earache and sore throat) on the day of the interview. Owing to her weakened immune system she has check-up appointments every six months in hospital. If in the meantime she is unwell, she needs to go to her GP practice. She works at a school, so is exposed to germs.

*“Called last night and was told to call next day at 8 am. Called back at 7:58 am but the GP practice was still closed; called two minutes later and I was 13th on the telephone. When connected emergency appointments weren’t available. I was told I could have come to the practice at 8 am and queue (this was not mentioned when I called in the evening a day before). Finally was told that a doctor will call me. A female doctor did and gave me an emergency appointment at 10:30 am.”*

#### **5) Booking in person**

It is now common in some practices for patients to need to come down to the practice early in the morning to queue outside prior to the practice opening in order to access appointments.

*“I queued today, the queue is so long. Sometimes it takes some 30 minutes to get to the front. You have to queue before 8am. I don’t live close by, I have a special needs son, and there is no special allowance made for us. So I make my appointment then I have to walk back home and come back for the time of my appointment, this is hard.”*

*“Once I had to stand outside at 7:30 in the rain and cold to get an emergency appointment (which is even worse for my health).”*

This has a disproportionate impact on people who work or who need to get children ready for school. They are likely to receive poorer access or use inappropriate urgent services as a result.

### 6) Making appointments online

There was an appetite for using the online booking process, particularly if it meant not having to sit on the phone for long periods trying to get through to the surgery.

*“The online booking is much easier to use. If I call, I have to stay on the telephone for more than half an hour. So now I only book online. . . I wait until 10 am and then I book online for an appointment and always get one.”*

The main concerns were the difficulty of registering on the system and the ease of use.

*“The online system is not working properly; I tried using it once and did not work. If they don’t want patients to use it properly then they should shut it down completely...”*

Some people were unaware of online options and one person said that it would be very difficult for their mum to use as she did not have internet. It can also be difficult to get an appointment with your named GP through the online booking.

Online booking also does not solve the underlying problem of there being no appointments.

*“I’ve used the online appointment system in the past. It’s the same as the telephones. You can’t get an appointment. I’m really not happy with this GP surgery. I’m looking to move.”*

There was also a sense that you had to know what time they were released on to the system to be successful.

### 7) Waiting to be seen

Seven people said they had to wait too long at the surgery to see a GP. People seemed resigned to the fact that they may need to wait (in several cases it was more than 40 minutes). However, they did feel very aggrieved that in some practices if you turn up late

yourself to an appointment it is cancelled and you have to rebook.

*“Two weeks ago we were told to come 10 minutes early. If you’re a few minutes late then they say you can’t be seen; today they’re 45mins late. It’s not fair.”*

### WAITING ROOM



Long waits impact more on people with a learning disability or people with young children, and it was felt some system to fast track or make space available earlier in the day would be useful.

*“We have been waiting now for 40 mins. My son doesn’t like to wait in the waiting area and gets anxious. In an ideal world they would fast track us in or we would be given the first morning appointment.”* Mother and adult son - son has a physical and learning disability (wheelchair).

One of the GPs was running late the day of our visit and came out to explain to patients in the waiting area the reason which was a particularly complex patient. This explanation was appreciated by the patients waiting.

### 8) Out of Hours, Walk-in Centres and A&E

Some patients, particularly those who are working, are choosing to access services through walk-in centres.

*“You never know if you are going to get an appointment here, by default I end up going to the Barkantine Walk-in Centre “*

Some practices with a shortage of appointments are advising people to go to their local walk-in centre.

*“Yesterday I waited 30 minutes for someone to answer the phone, I really dislike this phone system...it so frustrating! If there are no appointments, they do advise you to go to the walk-in centre.”*

People did not feel that the walk-in centre service is appropriate for people

with a pre-existing condition or more complex medical history as they could not access your medical history.

*“The walk-in centres do not have your records so they cannot help you. The walk-in centres are always busy and short staffed as well.”*

*“I’ve been to the walk-in centre and there’s nothing they can do. They don’t have all your records and tell you to go back to your GP.”*

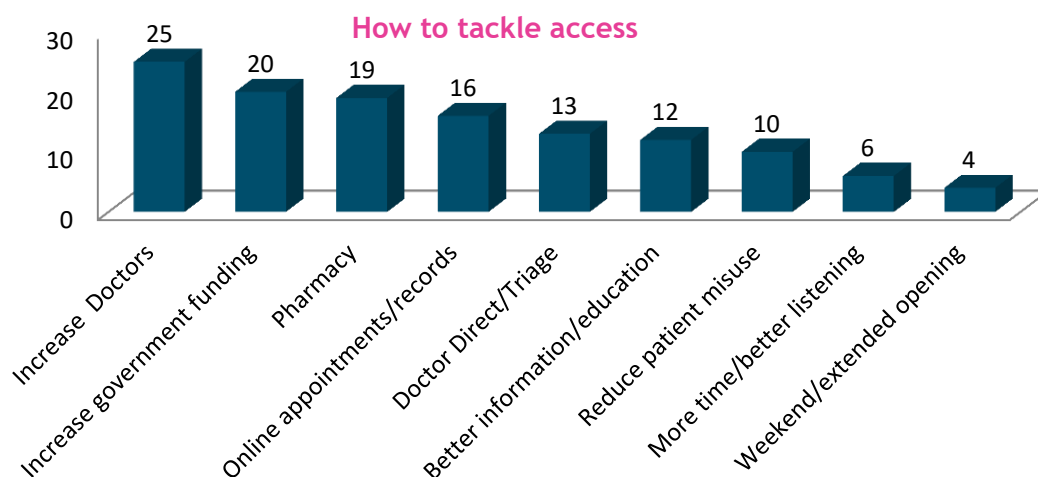
### 9) Text

People appreciated text reminders however one patient mentioned that she didn’t really expect to get texts from her GP saying that there was a bake sale on that weekend. She did not feel this was an appropriate use and

was not why her number was provided to the practice.

The second key line of inquiry with patients was how they thought problems with access might be resolved. The question to them was *“We all know that the NHS is very stretched at the moment and that GP Practices are struggling to meet the demand. What do you think can be done to help tackle this problem in Tower Hamlets?”*

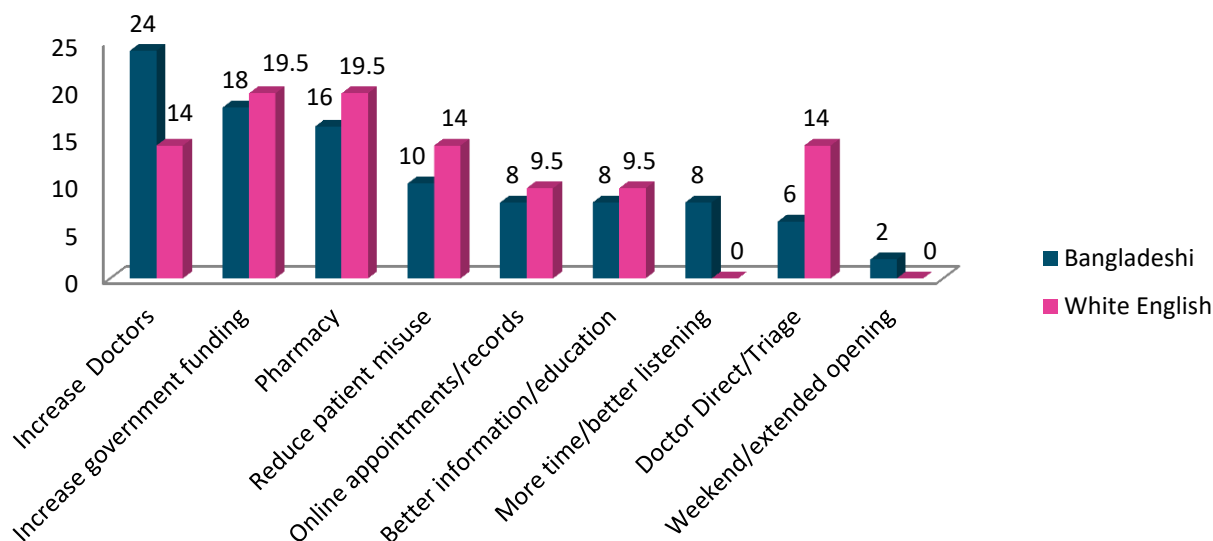
We wanted to get local people’s ideas as to what they, or local residents generally, could be doing to reduce the demand and increase supply in relation to overstretched practices.



The Bangladeshi community were more likely to suggest that more doctors were needed than the White English. While the White English were more

likely to suggest improved triage systems and use of information technology.

## Suggestions as percentage of Bangladeshi and White English



### a) Increase the number of doctors

Understandably a large number of patients suggested that an increase in staff was needed within GP Practices, particularly GPs. There was a strong awareness that the local population is increasing and that GP Practices are not expanding to meet a growth in demand.

*“It is difficult to do because it is very overcrowded. There are too many people in a small area. We need more GPs to open and more staff/doctors, however this is hard to do.”*

*“Increase number of doctors. I don't understand why numbers of doctors are cut. There is more demand, there should be more doctors. They should find the way to solve this problem within the government.”*

### b) Increase government funding to the GPs

Many local people feel strongly that the government has a responsibility to fund the NHS and GP services appropriately to meet local need and that this is not happening. However, they also understood that the NHS faces increasing pressures from population growth and increased life expectancy, and that there is unlikely to be a significant increase in funding from the government any time soon.

*“The government keeps cutting funding and this is the result! There is not enough money being invested to improve the services.”*

*“I believe with this Brexit they can put more funds into the NHS as our health system needs a lot of help. The health of the country should be the government's most important issue to address.”*

*“I also think the government spends so much money on other things that the funding needs to be increased for GP practices; it needs to become a priority. There is also too much work for the doctors to handle, which is why the staff should also be increased because doctors are very overstretched which causes them to make mistakes, be tired, and not have enough time to speak to the patients.”*

*“Government to invest more... doctors to be continuously trained and given on-going support.”*

*“Money is distributed badly in the NHS. Many people would agree to increase percentage of funding but not confident that the government wouldn't use it for something else.”*

### c) Utilise pharmacies more

There was strong support for better utilisation of pharmacies as the first point of advice and information on health problems.

*“I prefer going to a pharmacy if possible. It is quicker and you can see someone at*

*your convenience (e.g. during a lunch hour)."*

*"Encourage people to use pharmacies, the pharmacy needs to be able to offer better advice and maybe refer to doctors if they can't help the patients- this will make things quicker for patients."*

*"Sometimes people go to the GP when they don't need to e.g. cold. They should treat themselves or go to the pharmacy - they care about you. e.g. fever, temperature, teeth. They can refer you to the GP or hospital. They can tell you good information."*

*"The surgery and chemists should work more closely, and the pharmacy should be able to make referrals to the GP for appointments."*



Patients felt that this might require: more information on what pharmacist can do; better awareness of one-to-one consultation facilities; pharmacist being able to make appointments at the GP; and pharmacist being able to prescribe more medications. Some thought may need to be given to improving pharmacies so they look more like places where you would go for one to one advice. Highlight qualifications and skills, better lay out, promote consultation rooms and decrease the 'shop' environment.

*The chemists should be able to offer more medicines and also offer patients private time to speak to them.*

#### **d) Online appointments, information and record sharing**

Some sections of the patient community were certainly keen on increased online appointment processes though this is not going to reduce the over demand for appointments. However there was also an appetite for using online diagnosis and referral tools. As with the doctor phone triage service it was seen as an opportunity to

put your mind at rest that your self-diagnosis was sensible.

*Better on-line system for NHS, where you could put your symptoms in and should tell you if you could go to the pharmacy first rather than to a GP practice.*



Better utilisation of online appointment, prescriptions, records and referrals was seen as a mechanism for freeing up capacity in the system. The ability of walk-in centres and out of hour's doctors being able to access your medical records was suggested as an improvement. One patient suggested that they should be able to hold their own patient records on a smart card or USB or have a security code to give people access to their records online.

*"More online communication. Q & A sessions online would be very beneficial, would save lots of time for both patient and practice. Email and online communication could also be used to relay information for things such as blood test results, again saving time for both the practice and the patient, avoiding un-needed appointments."*

*"Computer systems need to be improved. Spent a year at this practice installing new system that still doesn't work. Should be able to go to any NHS service and records should be available in all areas on shared system."*

#### **e) Expand doctor led phone triage**

There was strong support for the Doctor First triage system by the majority of patients in the practices where it was implemented.

*"Doctor Direct' system where you call the surgery and your doctor calls you back same day for consultation over the phone or invites you to come into the surgery if necessary is a good system to reduce overcrowding in the waiting areas and save GP time."*

*“One of my friends practices has a good system: When you call on the phone to see a GP, they determine if your case is an emergency, if it is, they see you right away, and if not, they offer you information (like a mini consultation) on what you can do to help yourself and if you need to get a prescription or not. This makes it so you can get help if you need it both in an emergency or not.”*

Some patients are fairly confident that they know what is wrong with them and they are looking for reassurance from the GP that they are doing the right thing.

*“The GPs just have too many patients to take care of. I don’t think we should tell people not to go to the GP as you often just want somebody to put your mind at ease. Maybe if there was a phone back system. You could talk to a doctor or someone about your symptoms and what you think you should do and they could just put your mind at ease. Don’t necessarily have to come into the GP surgery - reassurance that you’re on the right track.”*

Some patients did not feel that phone triage was appropriate for children in cases where it was not easily identifiable as a common illness.

*“Not too keen on the idea of phone consultations. You can’t really assess someone over the phone. Especially with children - need to see them”.*

A call back system can be difficult for people who work as they may find it difficult to take personal calls. A system where people are emailed or sent a text giving a time slot when the GP will call back, e.g. in 15 minutes, might go some way to mitigating against this problem.

#### **f) Better information and education**

A number of people suggested that while you were placed on hold on the phone trying to access an appointment you could receive information on how the urgent care system works or how to treat common health problems e.g. persistent cough with a cold.

*“Whilst you’re waiting on the phone, it would be useful if they gave information on local services; at least you will know*

*more about pharmacy services and other services to help patients.”*

*“Practices could offer information and advice whilst waiting for telephone to be answered- e.g. promote online booking, walk in centres, pharmacy.”*

Keeping patients informed on how access systems work and what they can do to support more efficient systems would be useful.

*“Better information sharing with patients, if they are changing systems such as how to book an appointment, then patients should be informed.”*

*“Better information on appointments e.g. purpose of telephone consultation.”*

More information could be made available on GP websites outlining alternative options to making a GP appointment; when those are appropriate and pathways for common complaints. This could include links to trusted information sites providing symptom checks or self-management advice.

#### **g) Patient misuse**

There was a reluctance to place the blame on patients but some people felt that local residents needed to take more responsibility for their health and use the health system appropriately. Nobody suggested that they themselves were guilty of misusing the system but they felt that others were.

*“Too many appointments made that are not necessary which is slowing down the service for everyone.”*

*“Turn up for appointments. Because there’s no value in it for people; they book up appointments, just in case. Could penalise people but not sure how practical that is. People need to respect the NHS.”*

*“Some people misuse and abuse the system and take medication when they don’t need it. I think this is where money is being wasted.”*

There was a sense that we could all be doing our bit by taking more responsibility for our health and educating our children appropriately.

*“People who call themselves patients should take more responsibility for their lifestyles and teach their children that. People think other people have responsibility. Many campaigns say don't go to A&E but people still keep going.”*

#### **h) Doctors taking more time to listen**

There was a suggestion that increasing the length of appointments could free up capacity as fewer appointments would be needed. In the longer term there would be fewer pointless visits to walk-in centres and A&E.



*“Because the appointment times are limited you often don't have time to talk about all of your symptoms. You might think that they are unrelated and should be a separate appointment. This takes the GP a lot longer to find out the real issue and it's not holistic care. Your health can end up being dealt with in compartments and the real problem takes a lot longer to diagnose. It can depend on the doctor writing everything down at each appointment and several appointments to build up the picture.”*

*“You can only talk about one issue with the GP. I want to talk about more issues so they ask you to make double appointments...they can't even offer one appointment; how can they offer double appointments? Because you can only talk about one issue, you end up making another appointment and again you have to wait another 15 days. This is a waste of everyone's time...very frustrating”*

#### **i) Expand opening hours**

People suggested that GPs should be open on Saturdays.

*“All GPs should be open on Saturdays”*

*“GPs should open on Saturdays; I would personally prefer to come to my own GP.”*

There was appreciation of there being one GP within a hub network providing Saturday appointment slots (this was a patient at Jubilee Street who was able to get a Saturday appointment at East One Health).

People were positive about the out of hour's service.

*“The out of hour's service is quite good. You call up and a GP will call back, if they think an emergency appointment is required they will advise of the nearest open practice.”*

## Findings

For many patients across Tower Hamlets the process of obtaining a GP appointment has become a battle. Patients are left frustrated by phone systems that leave their calls unanswered, place them on hold for long periods or simply cut them off. The alternative to phone access can be to queue outside a practice early in the morning before they open. But, if you are not at the front of the queue, you can still miss out on limited appointments. Patients are now making multiple trips or queuing earlier and earlier in all-weather when they are in poor health. Both of these systems make access difficult for those who work, have children, or are seriously unwell or vulnerable. There was a sense that people who have learnt how to access the system are more likely to get the limited number of appointments available. This leads to inequality of access.

When patients are able to get through to their practice they are often told that there are no appointments available. Some patients are finding that there are no urgent appointments available and others no routine appointments. Our concern is that this is preventing some patients from accessing care and that severe illnesses maybe going undiagnosed leading to serious delays in treatment.

If no urgent appointments are available patients are often advised to go to a walk-in centre or A&E. Without access to patient records the services they receive within the urgent care setting are often limited, unlikely to pick up longer term symptoms, can result in repeated visits or end in patients being referred back to their GP. This is also putting additional pressure on urgent care services that are already under strain.

Experience of the doctor call back triage system is generally positive and welcome. However there are a minority of people, who work or who have language issues, for which the service is not appropriate. Groups such as children with uncommon symptoms, older people and people with long-term conditions should still be able to see a doctor if they wish.

There was no strong sense that people were inappropriately accessing GP services. Participants generally mentioned trying to self-manage or seeking advice from a pharmacist prior to making an appointment.

There was significant support for increased use of pharmacies as a mechanism for providing more timely advice, information and support.

There was interest in improved access to online information through the practice and online referral to NHS or trusted websites. People spoke about needing reassurance as opposed to medical treatment in some cases. There is an opportunity to provide that reassurance outside of face to face GP appointments through triage or online symptom checkers.

There was some confusion around how the GP and urgent care systems in Tower Hamlets work and what pharmacists and other health professionals are able to do. Better education and a more stable system would be beneficial.

The people who used the hub system were positive as it gave faster access to appointments and the possibility of appointments outside of work hours.

Local people accept that some behaviour change is necessary and changes to how they access services. But they also believe strongly that more government investment is needed to increase the number of GPs and improve GP services to meet the growing Tower Hamlets population.

## Recommendations

1. Best practice from doctor based phone triage systems should be shared across practices and similar systems adopted where possible.
2. Consider the opportunity that phone consultations could provide to further develop patient knowledge of the urgent care system and where to access reliable health advice and support.
3. Increase the level of information and links to reliable external sources on GP Practice websites to enable patients to self-manage with greater confidence.
4. Use the opportunity of people waiting on hold for extended periods to provide information on common symptoms and appropriate patient action.
5. Put systems in place to better enable working patients, the seriously unwell or vulnerable to access practices appropriately. It cannot be a one size fits all system.
6. Increase the use of online technology for appointments, prescriptions, referrals



and the sharing of medical records.

7. Continue and expand the hub system of referring patients to other network practices on the basis that partner GP Practices have access to patient records.
8. Expand and promote pharmacy services providing reassurance to patients of the qualifications, confidentiality and the professional approach of pharmacy consultations.
9. Healthwatch Tower Hamlets to work with local residents to campaign at a local, regional and national level to increase resources allocated to supporting Tower Hamlets GP services.
10. GP Networks to seek patient agreement to use their mobile numbers for non-medical texts.

1. There appeared to be a significant number of people in some practices who were there for health management reasons e.g. flu jabs, blood tests and blood pressure monitoring. How do practices balance the number of appointments that they manage and those requested by patients?
2. Is there any evidence of a higher instance of late diagnosis of terminal illnesses and chronic diseases in practices where access is particularly difficult?
3. What plans are there to build health management into education both at primary and secondary school?
4. Working people are going to the walk in centres, A&E and now the hub. Can the other practices in the hub view their medical records?

## Response

Recommendations	Response from the GP Care Group
1. Best practice from doctor based phone triage systems should be shared across practices and similar systems adopted where possible.	1. General practices want to make services as accessible as possible and have several different systems in place to do that. One network is using a central telephony system across its practices to share costs and improve response times. Clinically led phone triage systems are already being adopted across an increasing number of practices. We support wider use of phone triage but recognise that some practices are not able to do so at present within their current resources. We need to work collaboratively to reduce dependency on GPs and enable access to other appropriate clinicians or support.

## Recommendations

## Response from the GP Care Group

2. Consider the opportunity that phone consultations could provide to further develop patient knowledge of the urgent care system and where to access reliable health advice and support.
3. Use the opportunity of people waiting on hold for extended periods to provide information on common symptoms and appropriate patient action.
4. Increase the level of information and links to reliable external sources on GP Practice websites to enable patients to self-manage with greater confidence.

2. The focus of the triage system is on being clinical rather than administration staff led. However skilled admin staff are being trained to suggest alternative sources of health advice e.g. pharmacist, email or reliable self-help websites. We need to work together with patients to ensure greater understanding of these services and how they are often more appropriate than a GP appointment.

3. Many practices already have messages advertising the services available including alternative ways of accessing healthcare e.g. E-consultations. Some GP networks are looking at sharing a single phone system and this may increase the opportunity to deliver key health messages and advice through call waiting. GPs are committed to sharing best practice and adopting innovative technology and other methods to improve access.

4. The GP Care Group and Tower Hamlets Together are working to develop a Single Point of Access system that will include a directory of reliable health information sites. It will also have information on local services and voluntary and community groups. A public facing website and call centre will help signpost people to the most appropriate service for their need. We hope that the frontline staff in the GP practice would also support people to use the website.

E-consultation is now available in every practice through e-consult. Practice websites will have clear links on how to use e.g. pop up box: plus there is advertising in the practice. We will consider other forms of advertising e.g. bus advertising as part of a general awareness campaign across the Borough.

Social Prescribing and educational initiatives are being rolled out across Tower Hamlets, which focus on supporting wider determinants of health, health education and self care.

## Recommendations

## Response from the GP Care Group

5. Put systems in place to better enable working patients, the seriously unwell or vulnerable to access practices appropriately. It cannot be a one size fits all system

5. Practices are able to offer appointments to working patients outside working hours either through the practice itself or through the four hub system. Patients are also now able to access their GP via email through eConsult.

For seriously unwell or vulnerable patients it is difficult to have a twin track system. We aim to ensure that all patients, regardless of their circumstances, are seen quickly and in a manner appropriate to their need. All practices in Tower Hamlets have alerts for particularly complex or vulnerable patients to ensure care is provided expediently when needed.

6. Increase the use of online technology for appointments, prescriptions, referrals and the sharing of medical records.

6. eConsult will allow an increasing number of patients to access their GP without having to come in and visit the practice. This is available in all Tower Hamlets practices except Health E1 Homeless Medical Centre. Work is ongoing to promote and evaluate the service. We will review existing technology across the practices to share any successes. Not all practices offer online appointments or repeat prescriptions yet.

7. Continue and expand the hub system of referring patients to other network practices on the basis that partner GP Practices have access to patient records.

7. The hub system will continue across all of the GP Networks. This means that if there are no appointments available at your practice you should be offered the opportunity to access any free appointments at the hub within that Network. We are looking at improving people's knowledge of it and ensuring that receptionists notify patients that they can access it. The hubs can access patient records from your practice. Training is being provided to staff at the emergency department at Royal London Hospital so they also can also look at your medical records if you have to go there for an emergency.

8. Expand and promote pharmacy services providing reassurance to patients of the qualifications, confidentiality and the professional approach of pharmacy

8. We agree that better promotion and use of pharmacists would be valuable to both patients and the primary care system. We are already providing community pharmacy services in our

Recommendations	Response from the GP Care Group
<p>consultations</p> <p>9. Healthwatch Tower Hamlets to work with local residents to campaign at a local, regional and national level to increase resources allocated to supporting Tower Hamlets GP services</p> <p>10. GP Networks to seek patient agreement to use their mobile numbers for non-medical texts.</p>	<p>extended access hubs. We are looking to further develop the role of clinical pharmacists in Tower Hamlets and have submitted a bid to NHS England for support to appoint up to 10 pharmacists to work across the borough. We would like to work with patients and local pharmacies to see how this might work better.</p> <p>9. Healthwatch have made links with Save Our NHS and other regional and national campaign groups. We have provided our reports to Healthwatch England, which is able to draw together the views of patients nationally to put pressure on the government to meet increasing needs.</p> <p>10. The GP Care Group will alert practices that they should look at developing systems for seeking agreement for the use of patient mobile numbers.</p>

## Appendix 1

### GP Access Topic Guide

#### What was your experience of making the appointment for your visit today?

- We want to identify any issues with getting through on the phone or online; are appointments available when they do get through; any triage process (the GP phoning back before they got an appointment), are the people on the phone helpful, if they needed information did they get.
- If it's a good experience, why is it a good experience?
- If there have been times when you haven't been able to get an appointment what do you do? Do frontline staff provide any information on what to do? Do you get online advice on symptoms/ remedies or speak to the Pharmacy before making an appointment with the GP?

*Happy for them to talk about general past experience if it's recent*

#### Do you know who you will be seeing today?

- Do they know if they are seeing the GP, a practice nurse, a healthcare assistant, a physician associate?
- Do they care who they see today?
- Do they have enough information about the practice staff and their roles?

*This will help us to understand how different practices are using their staff structure to meet the demands of patients and how patients feel about non-GP consultations.*

#### What do you hope the outcome from your visit today will be?

- Are they looking for a diagnosis, a referral, a prescription, more information on where to go, a chat with the doctor or they don't know?

*We're trying to understand if they really need to see the GP or if they could have found what they needed online, could have talked to a nurse or could have referred to a voluntary sector organisation.*

#### We all know that the NHS is very stretched at the moment and that GP Practices are struggling to meet the demand. What do you think can be done to help tackle this problem in Tower Hamlets?

- Do they have any ideas about what they, or local residents generally, could be doing to reduce the demand.
- Do we need more doctors, how would we afford them?
- Would they be prepared to get more involved in the practice?

#### Is there anything else you would like to discuss about the practice and the staff?

If there is a chance to talk to them after their appointment then you can ask if they were happy with the quality of the consultation with the GP, did they feel listened to, were they involved in making decisions about their care, and were they satisfied with the outcome.

#### Pick up equalities data.

Would you be interested in getting involved in working with the practice to improve services? Collect their email details.

Would you be interested in getting involved with Healthwatch? Collect their email details.

This project was developed and the interviews conducted by Healthwatch Tower Hamlets volunteers. We would like to thank all them for giving up hours of their valuable time to undertake this important work.

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