



# GP Access in Tamworth and Lichfield

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March 2018



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## Introduction

### What is Healthwatch?

Healthwatch England is the national consumer champion for health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services. Every Local Authority has a Healthwatch.

Healthwatch Staffordshire seeks feedback from the general public about the local health and social care provision with the aim of helping inform and shape current and future provision. We achieve this by:-

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those with the power to change services so that they better meet people's needs
- Empowering and informing people to get the most out of their health and social care services

Engaging Communities Staffordshire (ECS) is an independent, Community-Interest-Company (CIC), who deliver the contracts for Healthwatch Staffordshire, Healthwatch Walsall, Healthwatch Wolverhampton and Healthwatch Solihull.

ECS is primarily concerned with engagement with the local community surrounding the provision of public services in Staffordshire, the wider West Midlands region and beyond. We develop practical recommendations to improve services and replicate good practice, based on robust evidence collected from the voice and experience of service users and staff. Our reports are designed to be transparent, clear, and easily accessible in order to support sustainable improvements in the delivery of services.



## Background

### Pressures on the GP

The UK's population is growing, and growing older. Since 1976, the percentage of the population who are aged 65 and over has risen by 3.8%, equating to almost 4 million people<sup>1</sup>. Life expectancy for females born in 2015 is now close to 83 years, and for males it is 79 years<sup>1</sup>. When combined with a projected increase in population size of almost 8 million over the next 20 years, it is clear that our population will continue to age<sup>1</sup>. The share of clinical contacts taken up by patients aged 18-64 is declining, corresponding to a rise in the proportion of appointments for those aged over 85<sup>3</sup>.

In addition to this, 54% of patients in England have a long-term health condition<sup>1</sup>. With diabetes, heart disease and cancer on the rise, the number of people living with multiple long-term health conditions has been estimated to reach close to 3 million in 2018<sup>2</sup>.

From 2011-2014, the number of GP appointments rose by 15%, and the number of appointments per patient per year is also rising<sup>3</sup>. In the same time period patient lists grew on average by 10%<sup>3</sup>. The latest GP Survey found that 71% of patients wanted to get an appointment within a week of contacting their surgery, including 40% of patients who wanted to see someone on the same day<sup>4</sup>. In 2017, 69% of patients who wanted a same day appointment were able to get one, a similar figure to previous years<sup>4</sup>. The number of patients waiting over a week to see or speak to a healthcare professional about their condition hit 20% in 2017, up from 13% in 2012. 11% of patients said they were unable to get an appointment at their GP the last time they tried<sup>4</sup>.

As GP's workloads continue to rise, the pressure is compounded by difficulty in recruiting and retaining people in the profession. Income for GP's has fallen around 10% since 2005/6, while their workload is estimated to have increased by around 10%<sup>5</sup>. More GP's are working part time, with the average GP working 83% of full time hours, compared to 90% in 2009<sup>6</sup>. In addition, a 2016 survey found that over 40% of GP practices had GP's planning to retire in the next 5 years, and over 34% of GP's are over 50 years of age<sup>7</sup>. Only 1% of GP's were under 30 years old at the time of the survey, and UCAS reported a decrease in applications for medical degrees of 11%<sup>7, 5</sup>.

### GP usage

When booking appointments, 86% of patients contact their GP by telephone, 27% face to face, and only 9% book online<sup>4</sup>. 68% of patients find getting through to their practice on the phone to be easy, down from 78% in 2012<sup>4</sup>. 46% of patients have a named GP that they prefer to see, but only 56% are able to see them all or most of the time<sup>4</sup>.

<sup>1</sup> ONS (2017) Overview of the UK population: July 2017

<sup>2</sup> BMA (2017) General Practice in the UK – background briefing

<sup>3</sup> The Kings Fund (2016) Understanding pressures in general practice

<sup>4</sup> GP Patient Survey (2017) National Report

<sup>5</sup> <https://www.ft.com/content/16875d1c-8e4e-11e7-9084-d0c17942ba93> [Accessed 14/03/18]

<sup>6</sup> <https://www.telegraph.co.uk/news/2017/06/15/gp-shortage-fuelled-rising-numbers-working-part-time/> [Accessed 14/03/18]

<sup>7</sup> NHS Digital (2016) General and Personal Medical Services, England September 2015 - March 2016, Provisional Experimental statistics

## Patient Participation Groups

Patient participation groups (PPG's) have been around for over 40 years, and in 2009 it was estimated that 40% of practices had a PPG<sup>8</sup>. Numbers have grown dramatically since 2011 when financial incentives for practices were introduced<sup>9</sup>. As of 2015 there were over 1000 PPG's, representing two thirds of practices in England<sup>9</sup>. In April 2016 it became mandatory for all English practices to have a PPG, allowing for an implementation period of one year<sup>8</sup>.

## Community hospitals

England has around 300 community hospitals, and over 200 of these have beds<sup>10</sup>. Community hospitals provide non-acute care, rehabilitation and palliative care, supporting the elderly, chronically ill and other vulnerable patient groups<sup>11</sup>. In 2017 The i newspaper reported that 14 community hospitals across England were being considered for closure or downscale<sup>12</sup>.

## The situation in Staffordshire

In 2014, Healthwatch Staffordshire conducted a survey looking in to access to GP appointments. It found that the majority of patients who felt they needed a same day appointment were able to get one, and most of those who wished to see a named GP were also accommodated<sup>13</sup>. Telephone was the most popular method of contact for patients booking an appointment, and most people were able to get through within 5 minutes of calling<sup>13</sup>.

Access to GP's remains a priority for Staffordshire residents, particularly waiting times and out of hours services<sup>14</sup>. There is also concern about the future of community hospitals in the county<sup>14</sup>.

In early 2017, the Staffordshire Healthwatch Advisory Board suggested that Healthwatch Champions take more ownership of their regions through tailored projects that looked at issues impacting on specific areas. At the same time, Healthwatch Champions for Lichfield and Tamworth had expressed concerns around Patient Participation Groups, the future of the two community hospitals (Sir Robert Peel and Samuel Johnson), and access to GP's. The Healthwatch Champions hoped that the results of the survey may impact the future of the two community hospitals, as well as improving GP access and experience, and patient participation.

<sup>8</sup> National Association for Patient Participation <https://www.napp.org.uk/ppgintro.html> [Accessed 01/03/18]

<sup>9</sup> Gillam and Newbould (2015) Patient participation groups in general practice: what are they for, where are they going? BMJ

<sup>10</sup> RAND (2017) Advancing Community Hospitals and Services in the NHS: Learning from International Experiences

<sup>11</sup> Pitchforth *et al* (2017) Community hospitals and their services in the NHS:

Identifying transferable learning from international developments – scoping review, systematic review, country reports and case studies.

<sup>12</sup> <https://inews.co.uk/nhs/full-list-cuts-hospitals-nhs-services-near/> [Accessed 27/02/18]

<sup>13</sup> Healthwatch Staffordshire (2014) Access to GP Appointments

<sup>14</sup> Together we're Better (2016) An Introduction to the Staffordshire and Stoke-on-Trent Sustainability and Transformation plan

## Methodology

### Objectives

This project aims to create a localised picture of access to GP services. The key objectives are:

- To understand GP access and usage for residents of Tamworth and Lichfield.
- To understand patient experience of GP's and the services they provide locally.
- To understand how community hospitals are currently used and where improvements could be made to bring more specialist care closer to home.
- To illustrate local knowledge of PPG's and the barriers to joining.

### Methodology

A questionnaire was used to gather information about GP access, referrals, community hospital, range of services and healthcare professionals, PPG's and patient experience. The questionnaire was distributed to patients across 28 GP surgeries, most of whom completed the surveys independently. The questionnaire was chosen to allow us to gather information on multiple topics from a large sample of patients, and some open-ended questions were included in order to collect more detail on certain aspects of the patient experience. Data collection was carried out from 7<sup>th</sup> August to 7<sup>th</sup> December 2017, and 755 responses were gathered in this time.

### Quality plan

ECS has a responsibility to ensure that the research it undertakes and creates is of high quality and aligned to best practice across the industry. Research ultimately provides the evidence on which sound decisions should be made, which is why it is important to state up front how quality was ensured during this project. The Research team underpins its research activities by applying the Market Research Society Codes of Conduct (MRS, 2014). ECS is a company partner of the Market Research Society.

During this project ECS adhered to a strict data protection policy that ensured that:

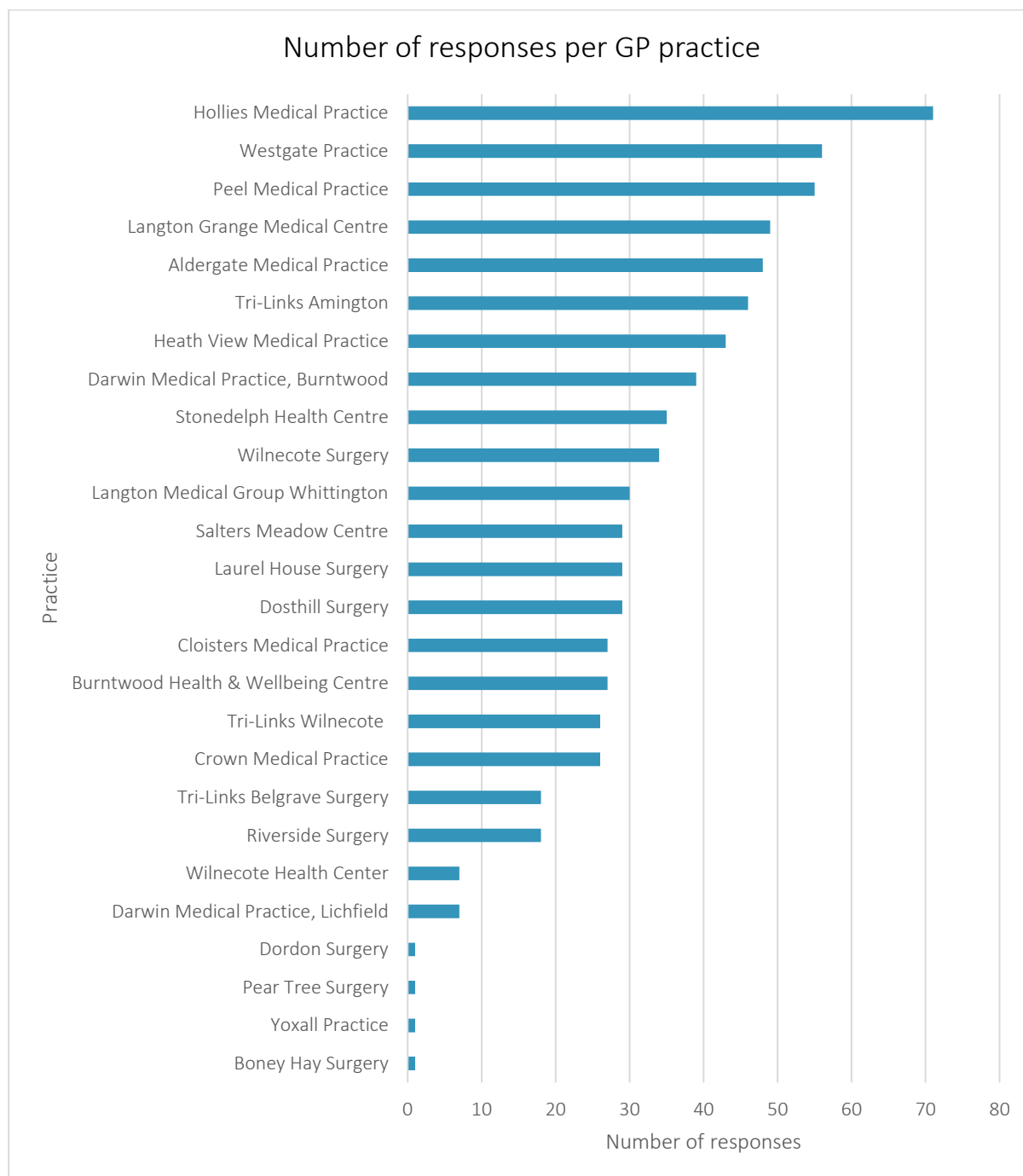
- Everyone handling and managing personal information internally understood they were responsible for good data protection practices;
- There was someone with specific responsibility for data protection in the organisation;
- Staff who handled personal information were appropriately supervised and trained;
- Queries about handling of personal information would have been promptly and courteously dealt with had they been received;
- The methods of handling personal information are regularly assessed and evaluated;
- Necessary steps were taken to ensure that personal data was kept secure at all times against unlawful loss or disclosure.

ECS have firm guidelines for data storage, data retrieval, data security and data destruction. There is also a strict process in place should a data breach occur (which includes containment and recovery, assessment of ongoing risk, notification of breach, evaluation and response). To further ensure the quality of the final report, an internal peer review process was initiated to ensure that the report is fit for purpose before submission. Where data is not robust it was statistically suppressed to prevent disclosure.

## Findings

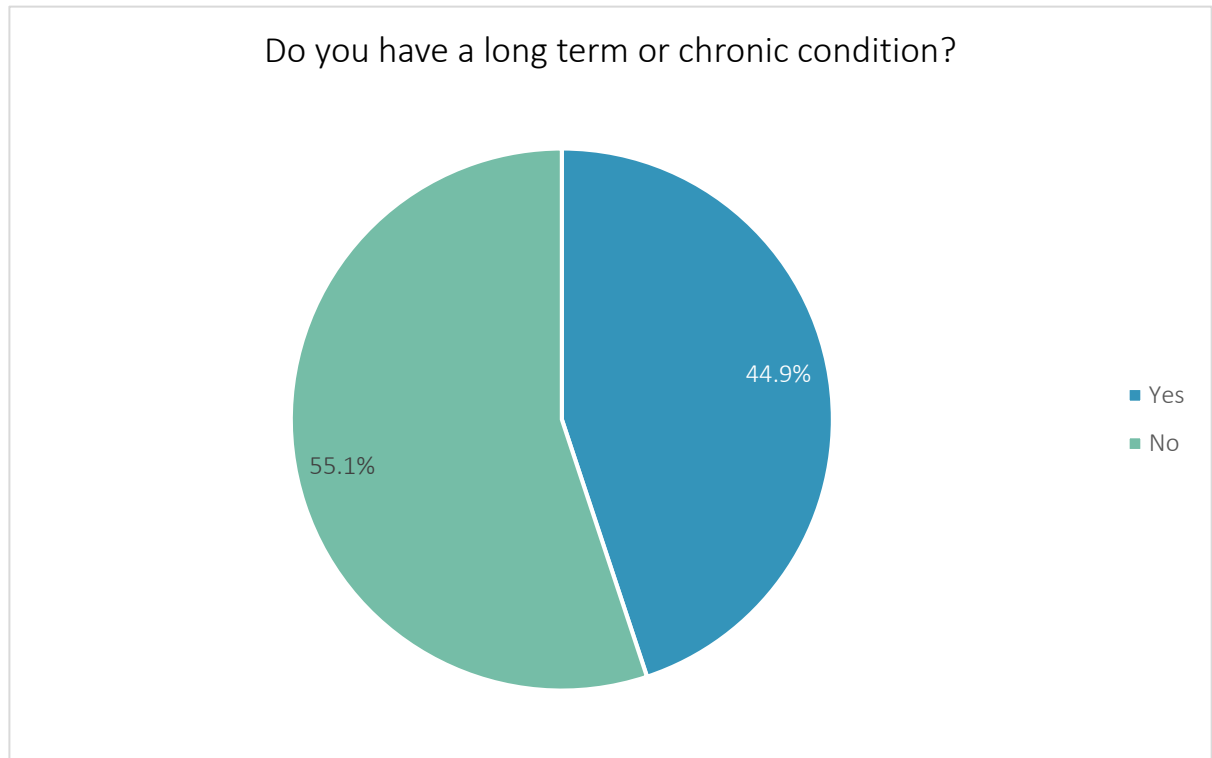
### GP Practice

26 GP practices across Lichfield and Tamworth were represented in the survey by at least one patient. Where individual surgeries are compared, those with only one or two responses are not included.



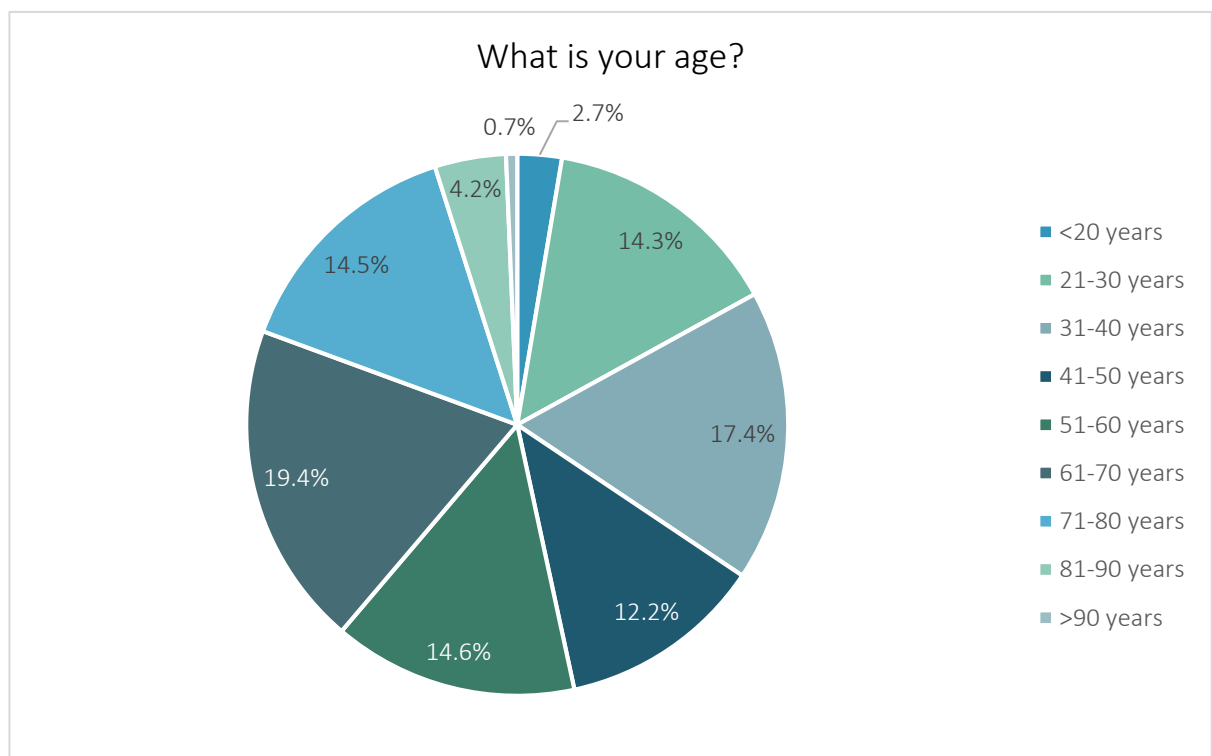
## Chronic Conditions

44.9% of the patients we spoke to had a chronic or long-term health condition, and the remaining 55.1% did not.



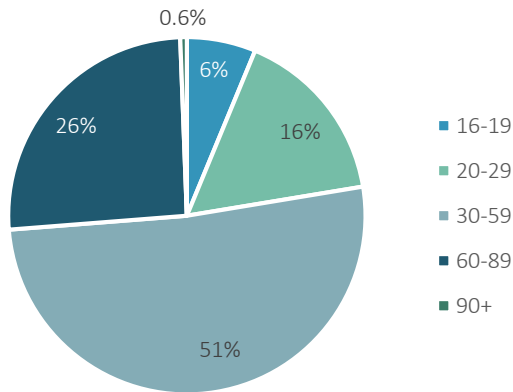
## Age

Patients ranged in age from under 20 years old to over 90. Ages 21-80 were represented fairly equally, although we spoke to slightly fewer patients aged under 20 and over 80.

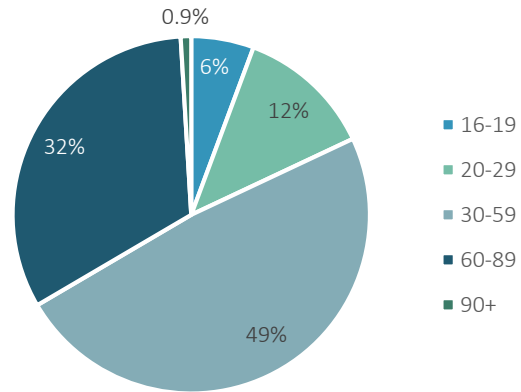




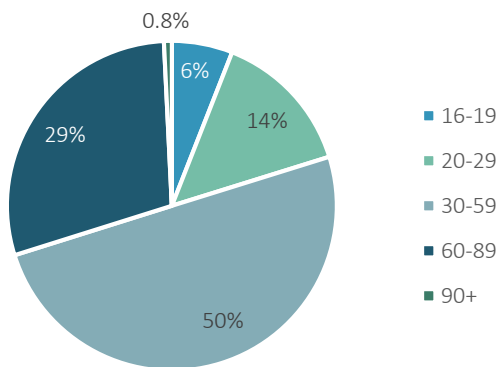
Age breakdown of Tamworth residents aged over 16



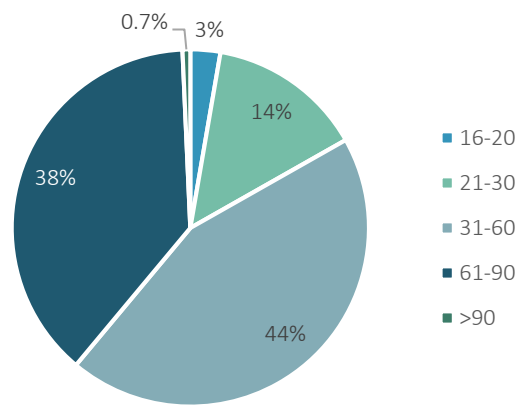
Age breakdown of Lichfield residents aged over 16



Average age breakdown of Tamworth and Lichfield residents aged over 16



Age breakdown of survey respondents



When

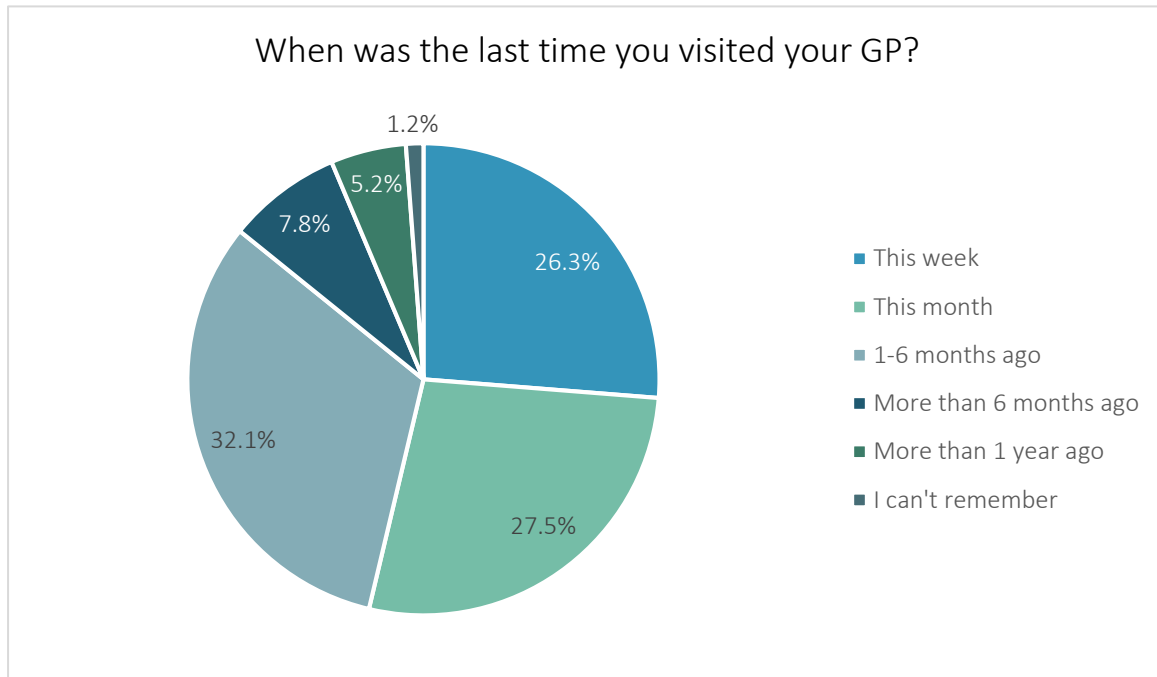
Residents aged 0-15 at the time of the 2011 census have been removed from the data presented, to reflect the fact that all survey respondents were over the age of 16.

compared to the age structures of Tamworth and Lichfield<sup>15</sup>, 16 to 20 year olds were slightly under-represented in our survey, as were those aged 31-60. The proportion of 21 to 30 year olds we spoke to (14% of responses) was equal to average proportion of people in this age group across the two districts. Similarly, the number of patients aged over 90 we spoke to accurately reflects the proportion of the local population in this age group (0.7% of responses, compared to 0.8% in the population). Patients aged 61 to 90 were over-represented in our patient sample, making up 9% more of the responses than they do in the population (29% across the two districts).

<sup>15</sup> Census data (2011)

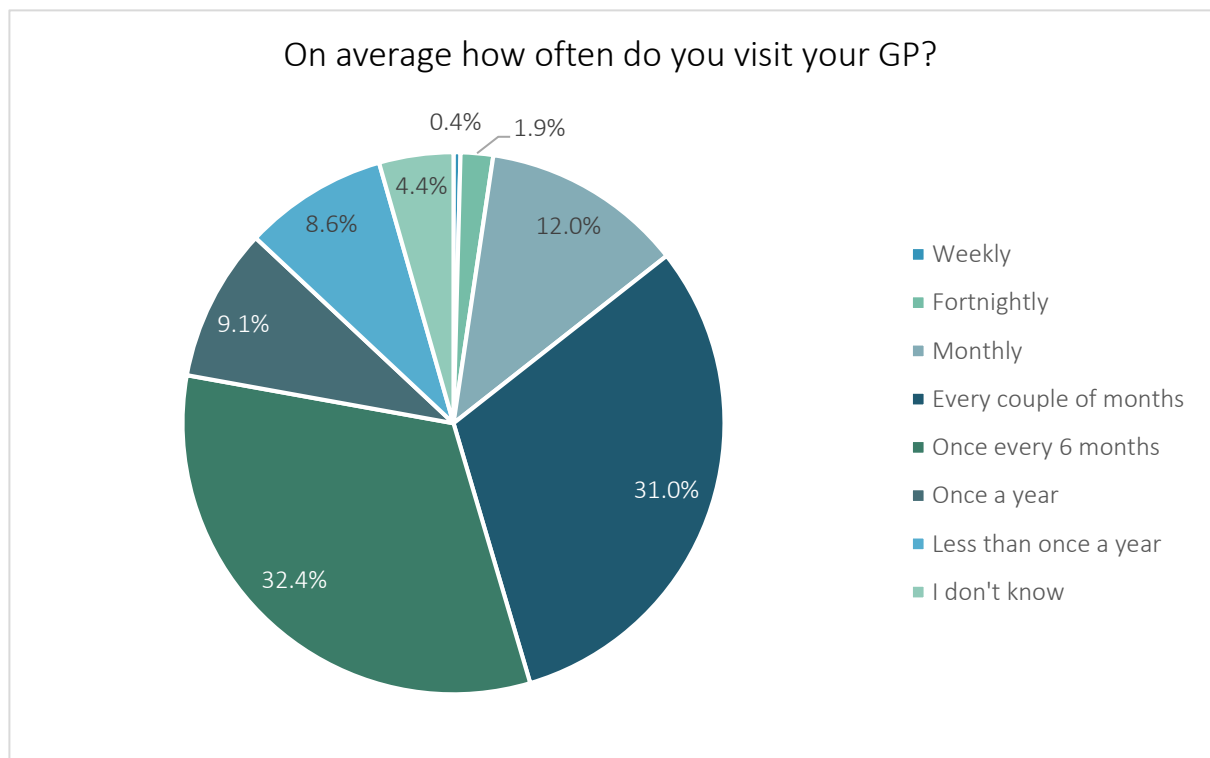
### Last visit to GP

26% of patients had visited the GP in the last week, 28% in the last month, and 32% in the last 1-6 months. For 8% of people their last visit had been over 6 months ago, and for 5% it was over a year. The remainder could not remember.



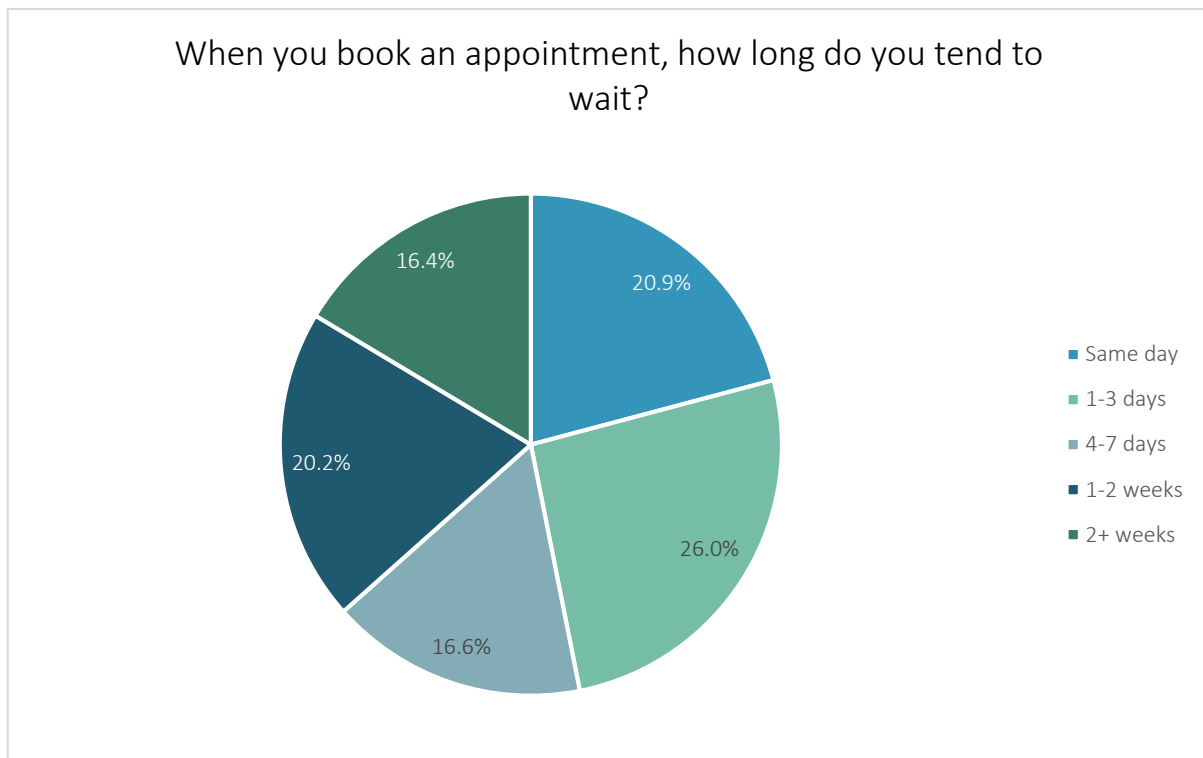
### Frequency of visiting GP

Most patients visited their GP on a less than monthly basis – ‘every few months’ (31%) or ‘once every 6 months’ (32%). 12% of patients visited the GP approximately once a month. 9% only used their GP once a year and 9% less than once a year. 1.9% visited fortnightly and 0.4% weekly. The remainder did not remember.



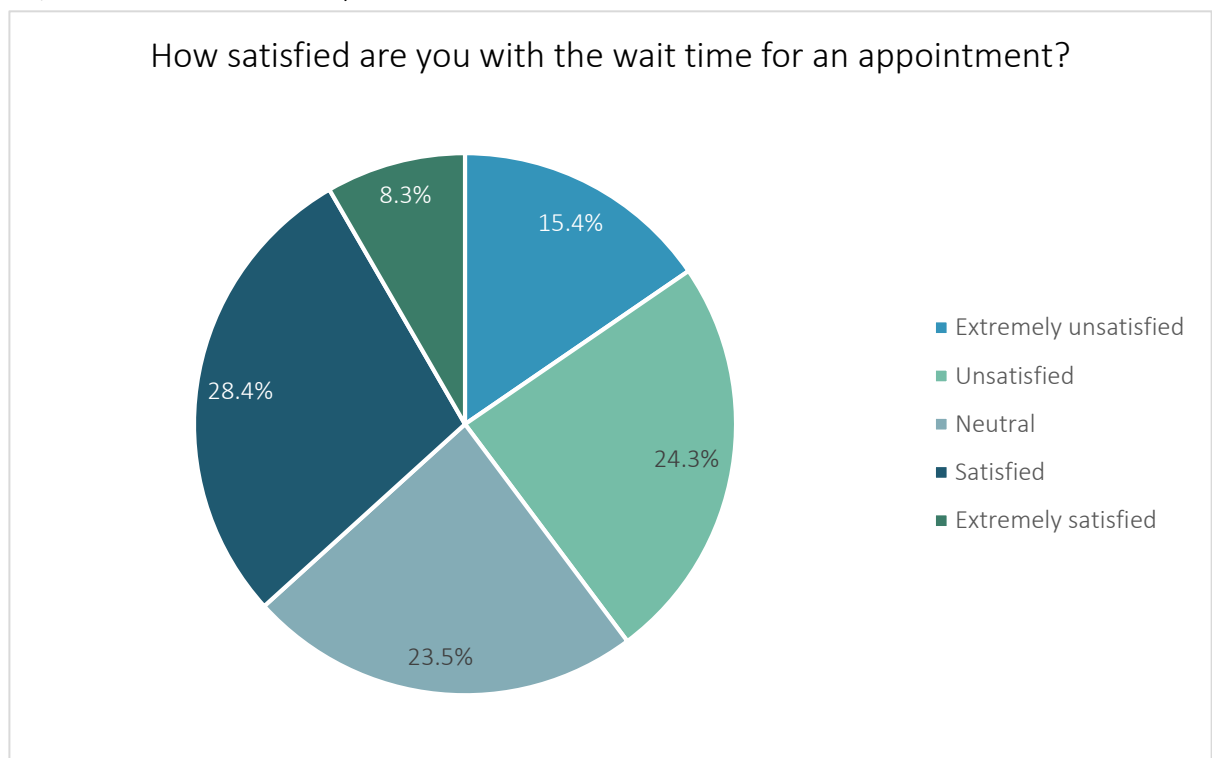
### Waiting time to get an appointment

64% of patients were able to get an appointment within a week of needing one: 21% on the same day, 26% in 1-3 days, and 17% in 4-7 days. 20% reported waiting between 1 and 2 weeks, and 16% had waited over 2 weeks.



### Satisfaction with waiting time

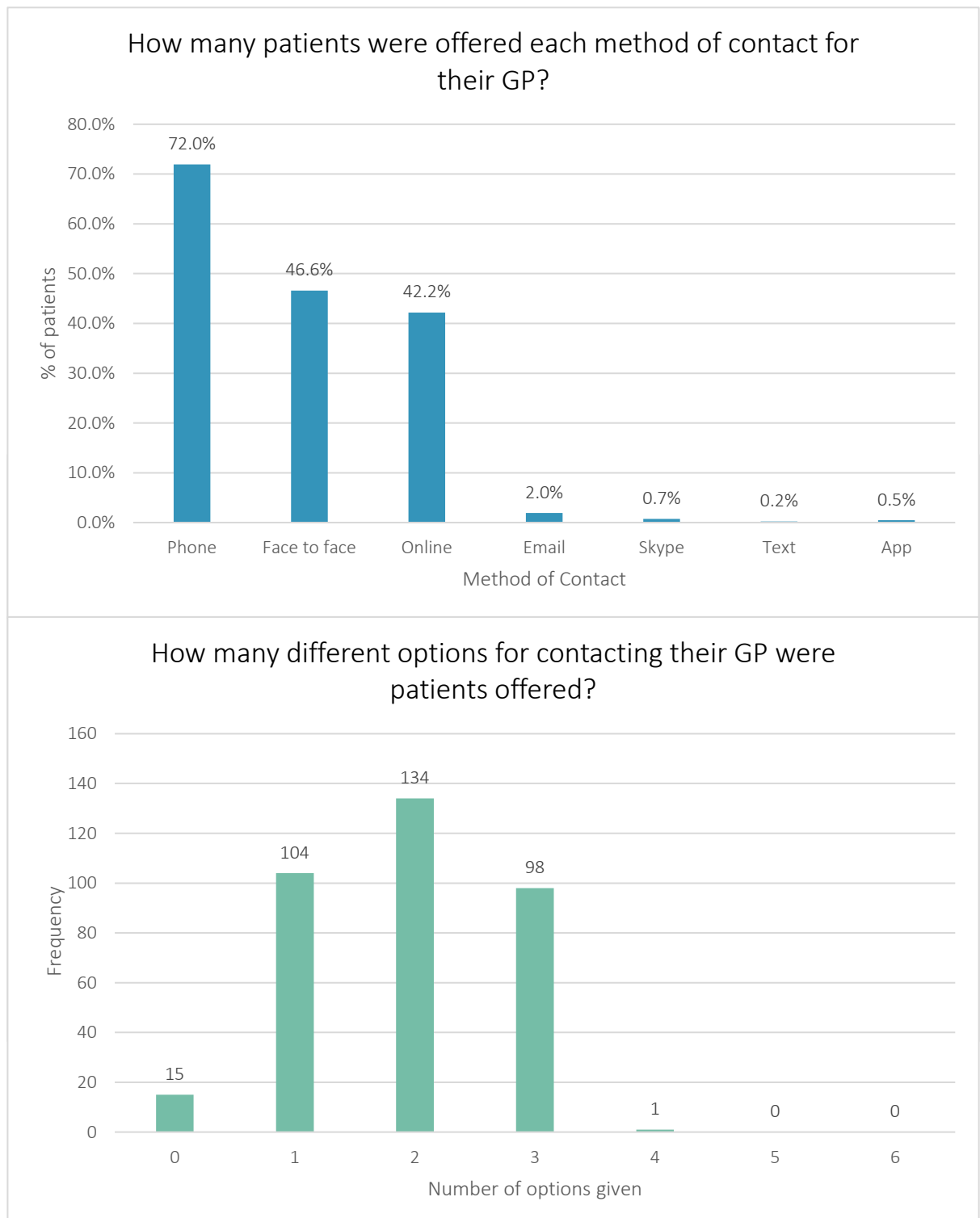
Only 8% of patients were 'extremely satisfied' with the wait time they experienced to get an appointment, and a further 28% felt 'satisfied'. 24% felt 'neutral' about the wait for an appointment. A further 24% felt 'unsatisfied', and 15% were 'extremely unsatisfied'.



Overall, patients who experienced shorter waiting times were more satisfied with the length of time they had to wait before getting an appointment. Patients who had experienced longer waits generally felt less satisfied with the wait. However, some patients who had secured an appointment on the same day still felt dissatisfied.

### Method of Contacting the GP

60% of patients were offered a choice of ways to contact their GP, while 40% were not. The most frequently offered method of communication with the GP surgery was the telephone, followed by face to face and online. A small number of patients had been offered email communication, Skype, text or an app.



The majority of patients were offered two different methods of contact with their GP surgery, most of these were offered telephone along with face to face or online. Approximately the same number of patients were offered one or three ways of contacting their GP. For the majority of those who were only offered one option, that method was telephone contact. For those who had been given three choices, the most common combination was telephone, face to face and online.

A few patients commented that the phone lines were often busy, and it was difficult to get through. Others said that the online booking system was unreliable or difficult to use. A few remarked that using telephone consultations was preferable to a face to face appointment.

*"Phone calls back are offered. I prefer this, so I don't have to wait in an uncomfortable waiting room"*

*"Have to ring at 8.30am for appointment but phone rarely gets answered"*

*"Online difficult to access despite being very I.T. competent was unable to access log in - very frustrating as this would be my preferred way to access services. Gave up in the end!"*

### Range of Services

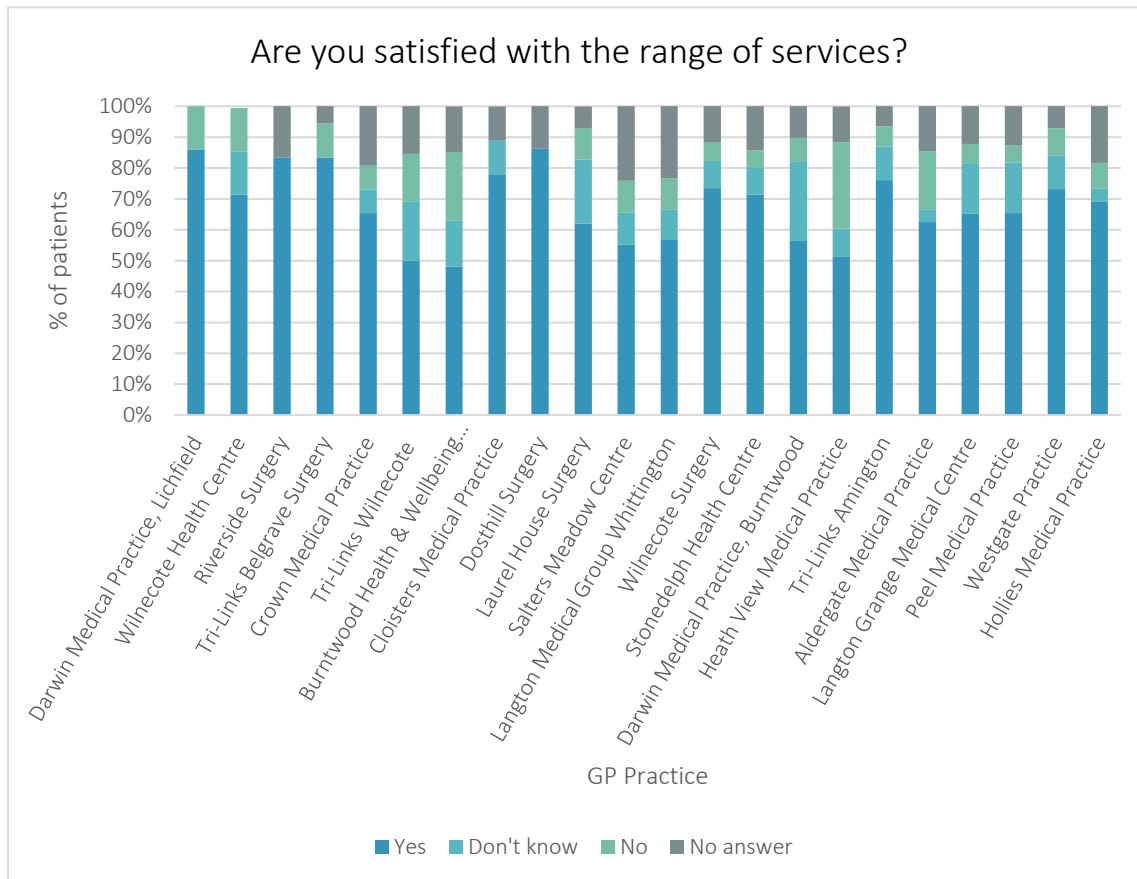
76% of patients felt happy with the range of services offered by their GP surgery, while 11% were not, and 12% said they did not know.

Most of the patients made suggestions relating to the way the GP's surgery was run. 42% of those who left a comment (28 patients) wanted more appointments to be made available. Four patients also called for appointments to be made available in the evenings for people who work during the day, and three wished to see their named GP when they made an appointment. Two others wanted shorter waiting times once at the surgery for their appointment. These comments were made by patients registered at a range of practices, with no specific one standing out.

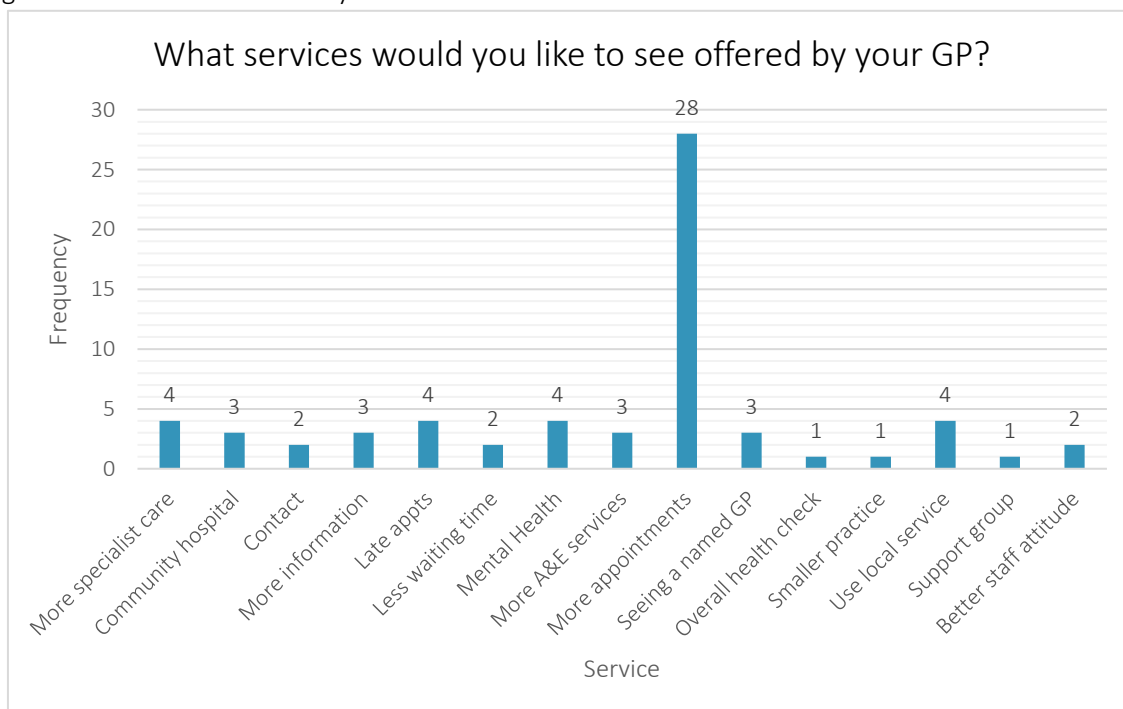
*"Not happy it takes so long to get an appointment"*

*"To be able to get appointment same day"*

*"It's so hard to get an appointment in the first place"*



Patients suggested clinics and services that they felt could be offered through the GP, including minor operations, x-ray, weight management, pain clinic, hearing clinic, physiotherapy. They felt that this may take pressure off hospitals. Others wanted to see more services offered at a local level or in the community hospitals, particularly for people who cannot drive. Several patients called for an A&E department at Sir Robert Peel Hospital, and one suggested equipping Sir Robert Peel with more diagnostic services to prevent patients having to travel to Burton or Derby.



Four patients said that they preferred to use services locally, and two patients remarked that Sir Robert Peel Community Hospital is underused. They suggested that services on offer at Burton and Derby hospitals could be offered at Sir Robert Peel to cut the travelling time for patients. Three patients also said that A&E services should be available in Tamworth and Lichfield.

*"A&E in Robert Peel"*

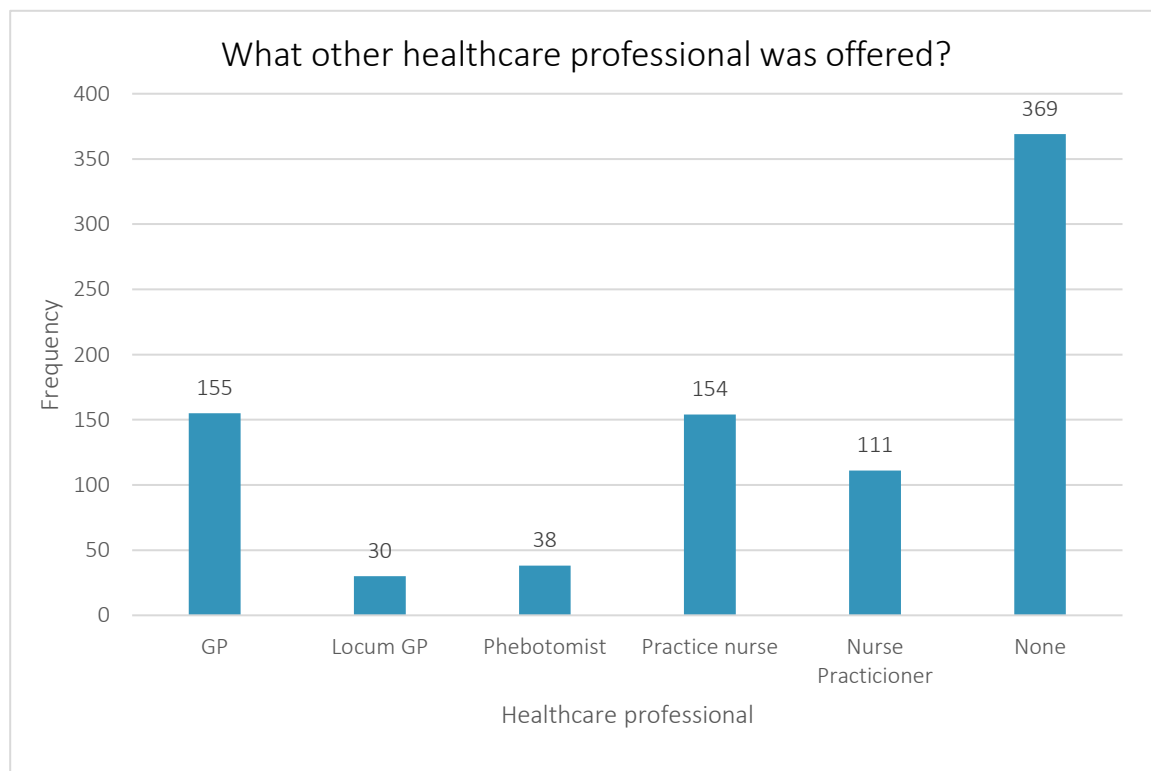
*"GP surgery could offer more services e.g. scans, mental health, physio, other services offered by community hospitals leaving major health issues to hospitals"*

*"SRP Hospital is an empty shell that should be equipped & staffed with services OPD diagnostics equipment as Burton, Derby too far"*

Patients also wanted better access to mental health support through their GP. As highlighted by a later question, access to mental health support is a key issue for patients, and these answers back up the suggestion that at present provision is not sufficient. Three patients wanted to be offered more information about their condition and the services on offer at their GP. Two patients said it was difficult to get through to their GP on the phone.

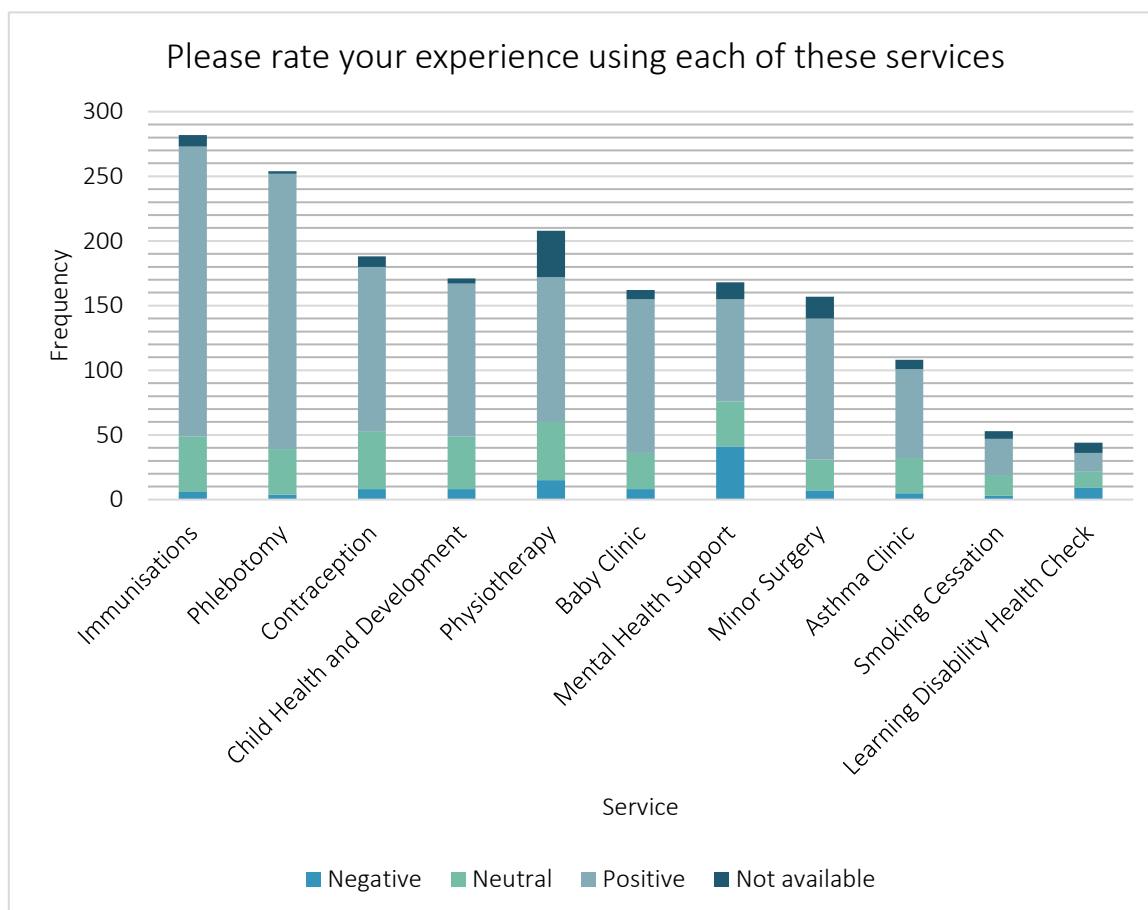
### Other healthcare professionals

46% of patients had been offered the opportunity to see or speak with an alternate member of staff, and 54% had not. GP and practice nurse were the most common answers, with 155 and 154 patients being offered the opportunity to see them respectively. 111 patients had been offered an appointment with a nurse practitioner, 38 with a phlebotomist and 30 with a locum GP. As patients were able to tick all that applied, the total number of answers exceeds the number of patients who had been offered an alternate healthcare professional.



## Patient experience of other services

This question asked patients to rank their experience using different services through their GP. Patients who had a negative experience were invited to comment on the nature of that experience, while many did choose to comment, some did not. Different numbers of patients had made use of the different services on offer. Immunisations were the most used, followed by phlebotomy. Similar numbers of patients had accessed contraception, child health and development checks, physiotherapy, baby clinics, mental health support and minor surgery. Slightly fewer had used asthma clinics and smoking cessation and learning disability health checks were the least commonly used.



Patients who had a negative experience of one or more of these services were invited to leave a comment explaining why. 127 negative comments were recorded, with some patients listing more than one. Around a third of these related to mental health (32%). Physiotherapy and GP surgeries received around 12% and 10% of negative feedback, respectively. Learning disability health checks received 7% of the negative responses. Child health and development, contraception, baby clinic and minor surgery received 6% of the negative remarks each. 5% of negative patient experiences related to immunisations, 4% to asthma clinics, 3% to phlebotomy and 2% to smoking cessation. Details of the negative comments left by patients are provided below.



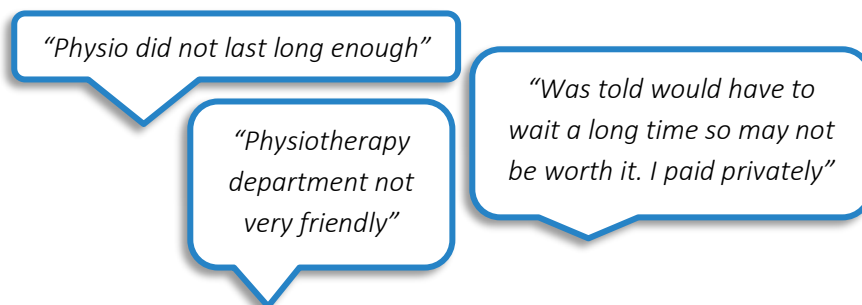
## Mental Health

29% of patients had an experience of accessing mental health support, for 2.5% this was not available through their GP, and the rest had no experience. Of those who had used mental health services, over a quarter had negative experiences (26%), 23% had neutral experiences, and 51% positive. The main issue patients had was accessing mental health support in the first place, as many felt that the level of support on offer was insufficient or non-existent. The next most common reason for a negative experience was the attitude of staff, which was judged by some to be unhelpful, uncaring or dismissive of their concerns. The long wait between receiving a mental health referral and being able to get an appointment were also a source of frustration for the patients we spoke to. A further concern was privacy, with patients being asked about their condition over the phone and at reception.



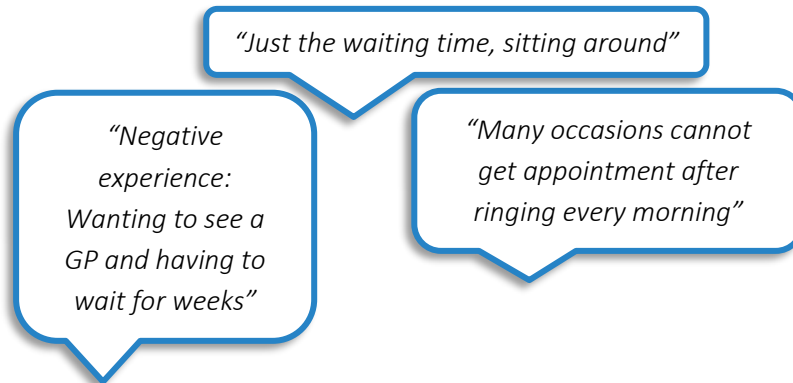
## Physiotherapy

32% of patients had experience accessing physiotherapy, for 7% of patients this service was not available through their GP, and the rest had no experience. 9% of patients who had used physiotherapy reported a negative experience, and physiotherapy services received the second greatest number of negative responses. The reasons were varied. Two patients experiencing unacceptably long waiting times for their appointments. One said the staff were not friendly, and one felt that the course of treatment was not long enough.



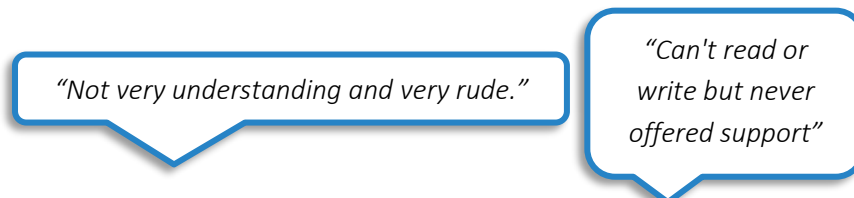
## General Practice

Even though this question focused largely on other services, GP's still received the third highest number of negative comments in this section of the survey. The main complaint was that patients experienced a long wait before they could get an appointment..



## Learning Disability Health Check

Only 7% of patients had experience with learning disability health checks, for 2% of patients this service was not available through their GP, and the rest had no experience. For 25% of those who did have experience, it was negative. 39% had positive experiences, and 36% had neutral experiences. Only 3 patients explained their negative experience, two felt that the support offered was insufficient and one commented on the attitude of staff.



## Child Health and Development

33% of patients had experience of child health and development checks, 1% said they were not available, and the rest had no experience. Of those who had experience, only 5% were negative. 25% were neutral, and 71% positive. Some patients felt that communication with parents was poor, and others that they had to chase up services and get other agencies involved in order to receive support.



## Contraception

35% of patients had accessed contraception, 2% said it was not available at their GP, and the rest had no experience. Only 4% of patients who had accessed contraceptive services had a negative experience, for 25% it was neutral, and 71% positive. The main issue with contraception was access – 2 patients said the service had been discontinued from their GP, and one could not get a prescription from Samuel Johnson Community hospital.

*"Needed access to contraceptive pills and could not get a prescription from Samuel Johnson."*

*"A neutral experience for contraception as referred from GP as they no longer do it"*

*"Had to sort my own appointment for my implant as my GP don't do it"*

## Baby clinic

30% of patients had used the baby clinic, 1% said this was not available through their GP, and the remainder had no experience with the baby clinic. Only 5% of patients who had used the baby clinic had a negative experience, for 18% it was neutral, and 77% positive. Of those who had a negative experience, one felt that there were not enough baby clinics in the area, one had experienced a long waiting time, and one felt there was a lack of privacy.

*"Not enough baby clinics in locality"*

*"No privacy when talking to health visitors. Notes about active cases are not read so parents are asked same questions every visit (in front of other parents)"*

*"Organisation of 8 week check was poor resulting in a wait of one hour which should have been avoided"*

## Minor surgery

27% of patients had experienced minor surgery. 3% said this was not available through their GP, and the rest had no experience. 5% of patients who had undergone minor surgery had a negative experience, 17% neutral and 78% positive. None of the patients who had negative experiences left comments.

### Immunisations

52% had experience with immunisations, 2% said this was not available through their practice, and the remaining 46% had no experience. Of those who had experience of immunisations, 2% were negative, 16% were neutral and 82% were positive. Three patients said the process was disorganised and communication with parents was poor.

*"Confusing information, often contradictory about immunisation programme"*

*"I have to chase my daughter's appt up meaning I have to be on top of the dates required"*

### Asthma clinic

19% of patients had experience of using the asthma clinic, 1% said it was unavailable through their practice, and the rest had not used it. Of the patients who had accessed the asthma clinic, only 5% had a negative experience, for 27% it was neutral, and for 68% of patients the experience was positive. Only one patient who had used the asthma clinic left a comment, reporting that they were unable to get medication for their child.

*"Can't get my child's medication when needed"*

### Phlebotomy

46% of patients had used phlebotomy services, 0.4% said it was unavailable, and the remainder had not used these services. Only 1.6% reported a negative experience with phlebotomy, 14% neutral and 85% were positive. One patient ended up needing to go to Queens Burton to see a phlebotomist.

*"Got referred to Robert Peel but they said I had to go to Queens Burton as they didn't have a phlebotomist"*

## Smoking cessation

Only 9% of patients had used smoking cessation, 1% said the service was not available, and the rest had no experience using smoking cessation services. 6% of patients who had used the service had a negative experience, 34% neutral and 60% had a positive experience. One patient who had no experience of the service commented that they would have liked to be offered help to quit smoking. Others did not leave comments.

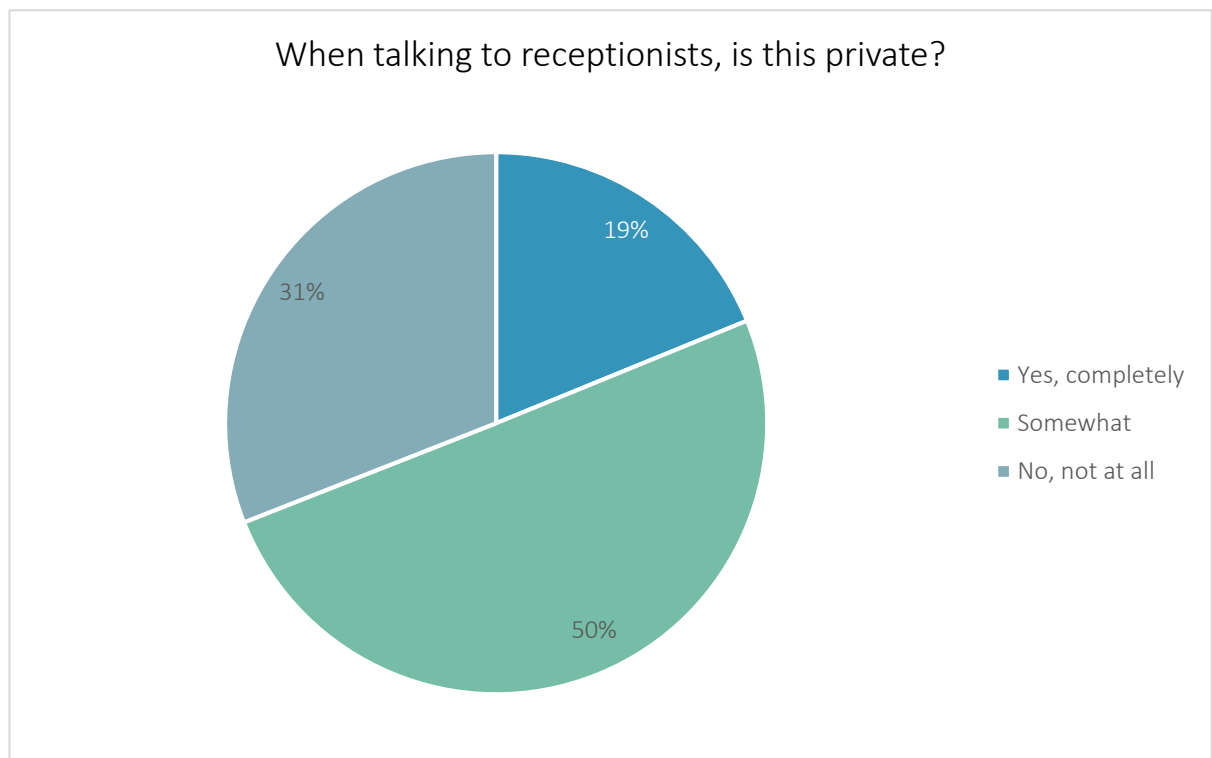
*"I would like to have been offered help to stop smoking."*

## Referrals

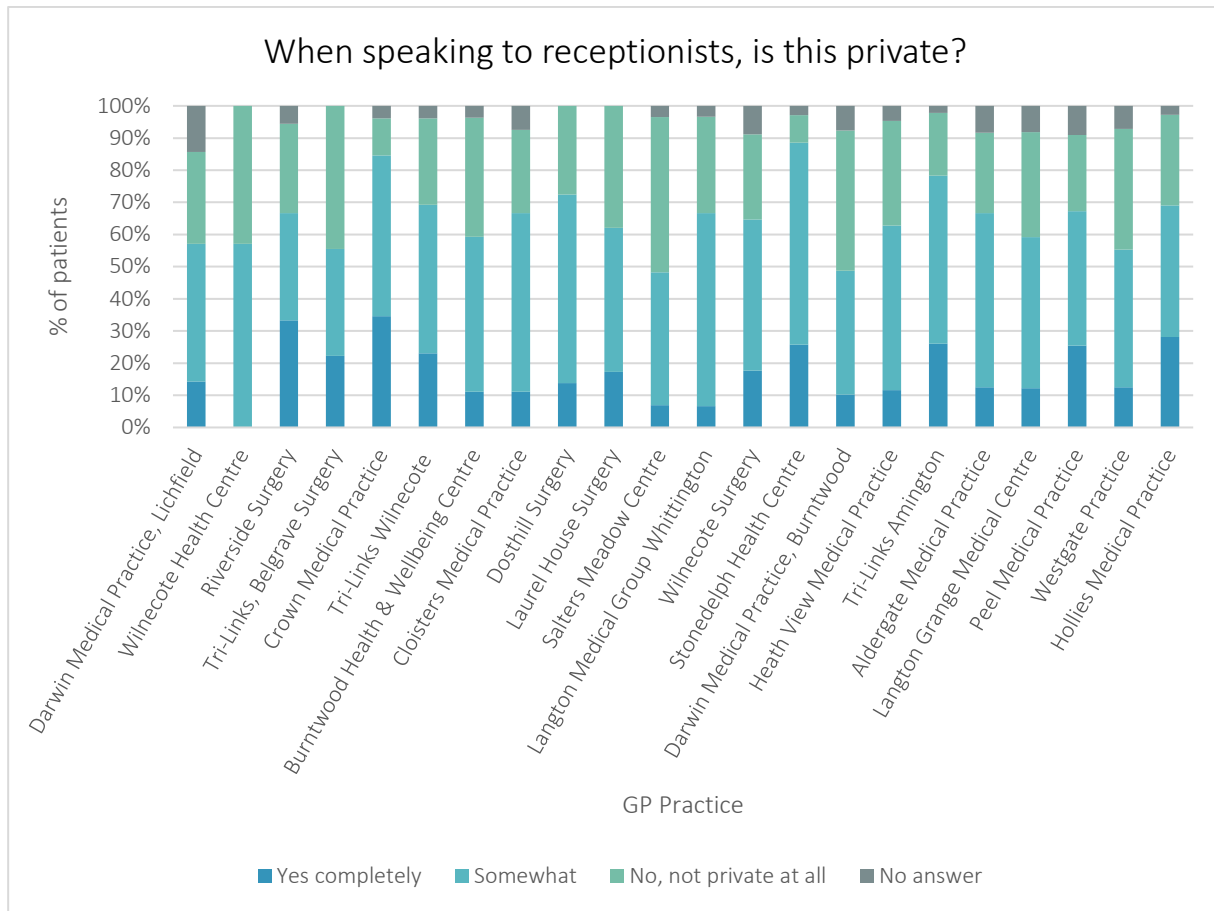
71% of patients we spoke to had been referred to another NHS service by their GP, while the other 29% had not. Of those who had been referred, 73% were offered a choice of where they were referred. Among the patients who had not been offered a choice, 70% said they would have liked to be given an option on where they would be referred.

## Privacy

19% of patients experienced total privacy when talking to receptionists, 50% said this was somewhat private, and 31% said it was not at all. 51% of patients said they are never asked personal questions by receptionists. 34% were occasionally asked personal questions, 8% often and 7% always.

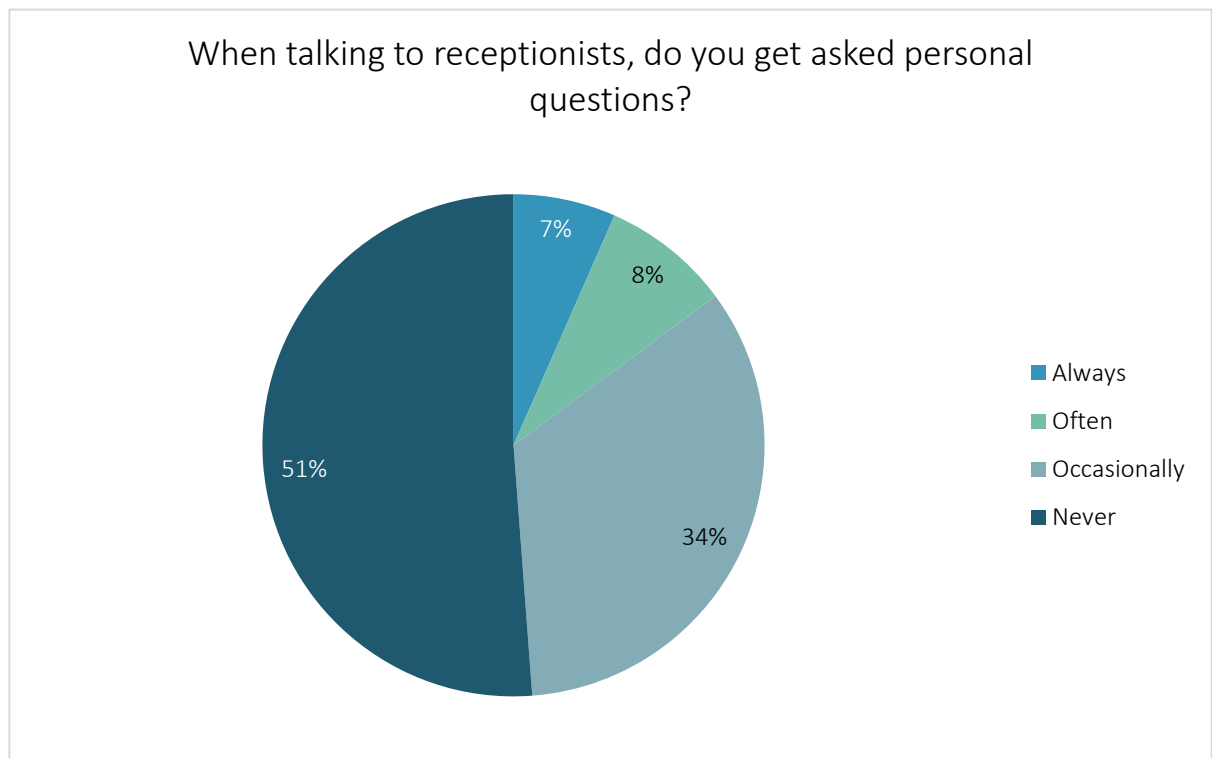


Different practices offered patients different levels of privacy when talking to receptionists. For the 22 practices with enough responses to compare, the proportion patients in one practice who answered that their interactions with receptionists were completely private ranged from 35% to just 7%.

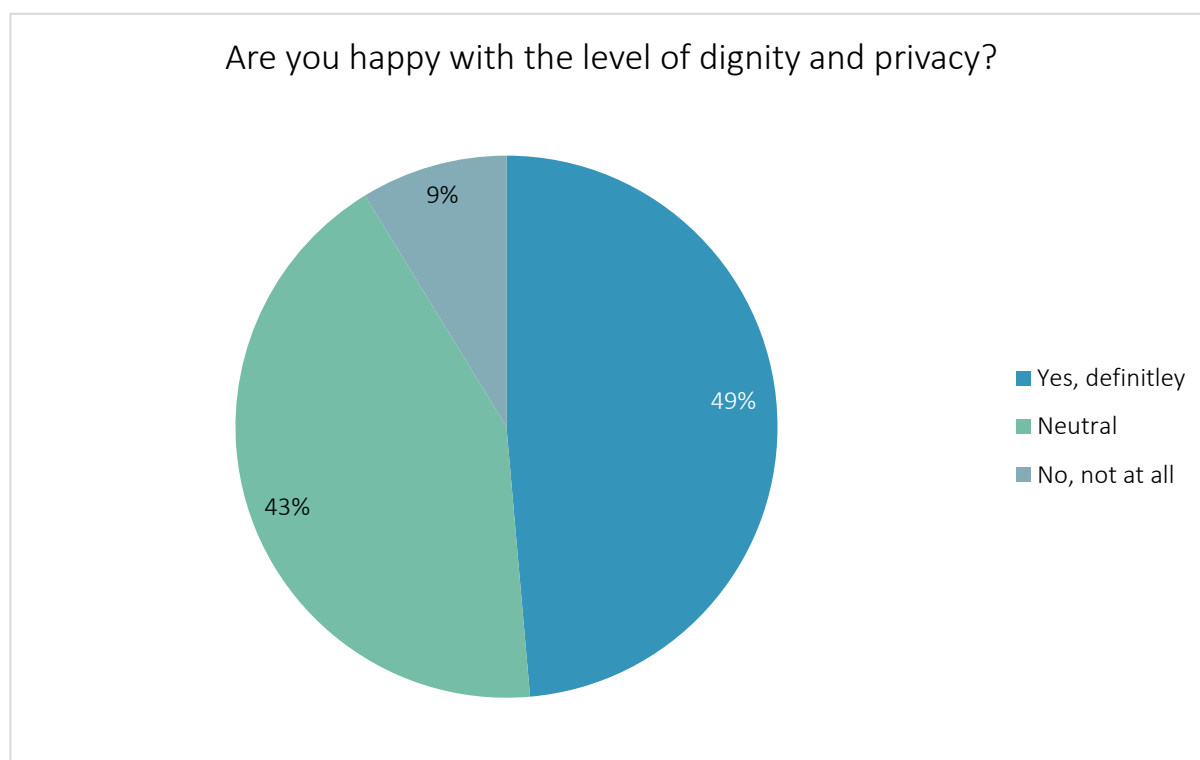


### Personal questions

Only 7% of patients said they were always asked personal or intimate questions at reception, with a further 8% saying they were occasionally asked such questions. 34% of patients were occasionally asked, and 51% were never asked these questions at reception.



Overall, only 9% of patients were unhappy with the level of dignity and privacy they experienced at reception. 49% said they were completely happy, and 43% felt neutral.

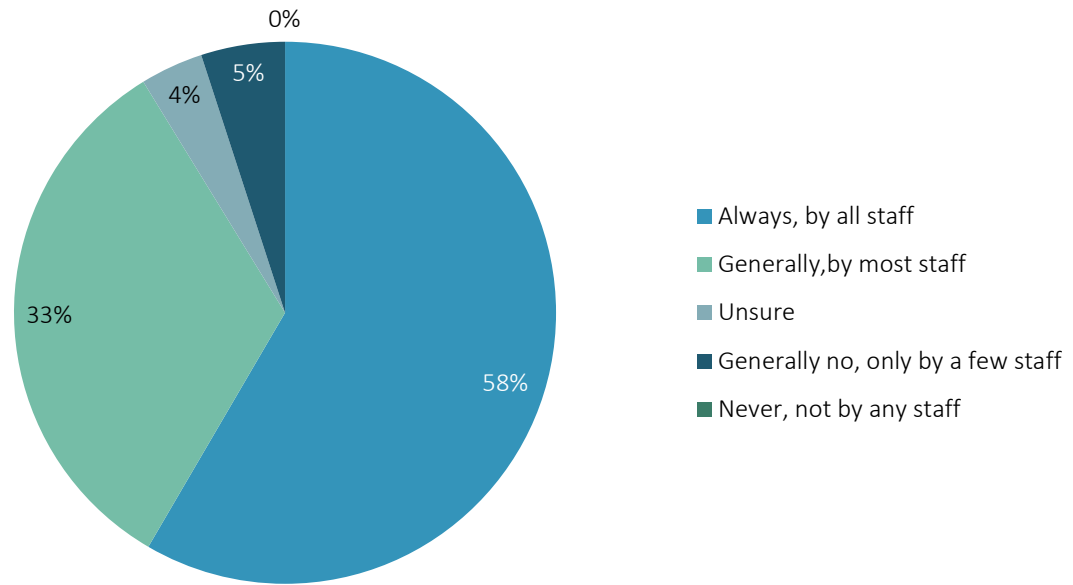


### Dignity and respect

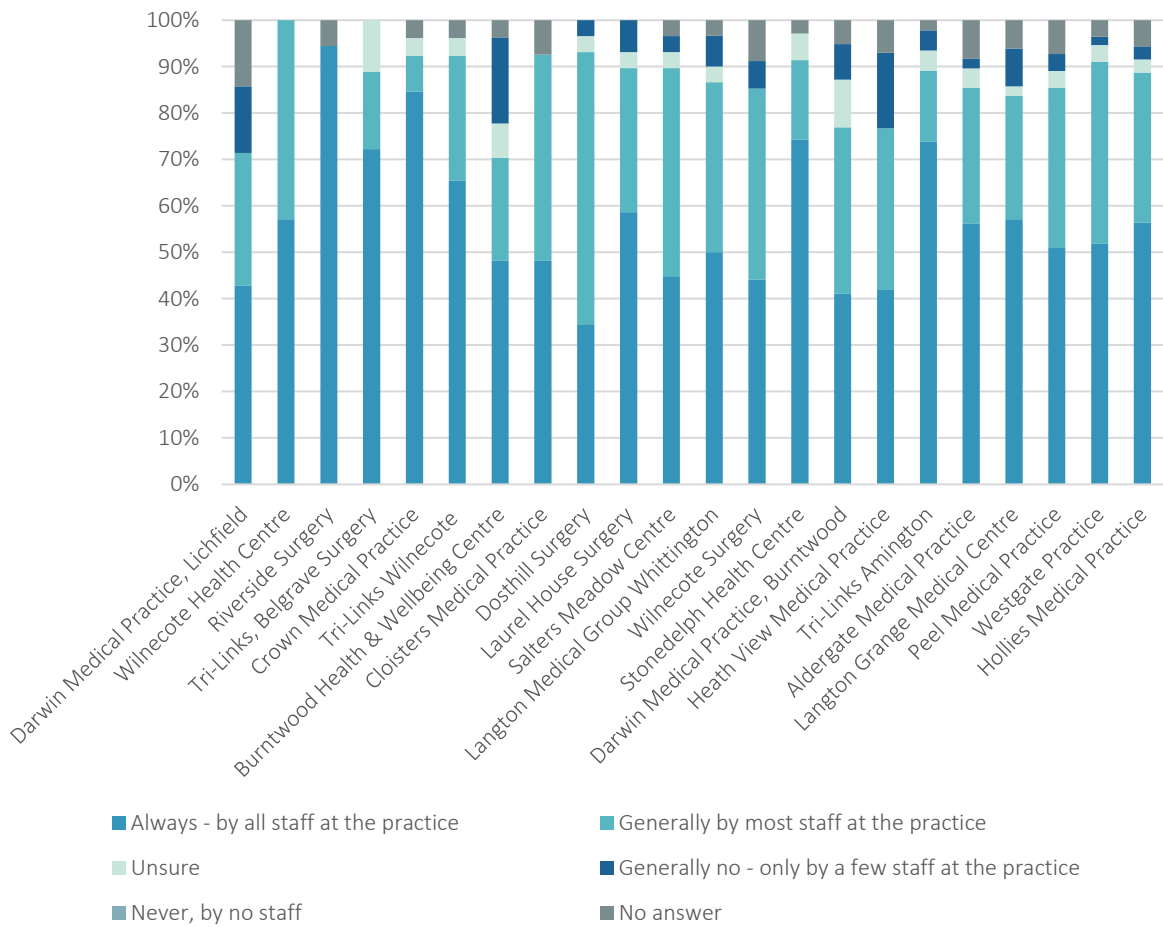
91% of patients agreed that they were treated with dignity and respect when visiting their GP: 58% said they were always treated with dignity and respect by all staff, and 33% said they generally were treated well by most staff. 5% said generally they were not treated well, and 4% were unsure. No patients said they were never treated with dignity and respect by any staff.

For the 22 practices with over 2 responses, at least 75% of all patients felt that they were treated with dignity and respect all or most of the time,

### Are you treated with dignity and respect?



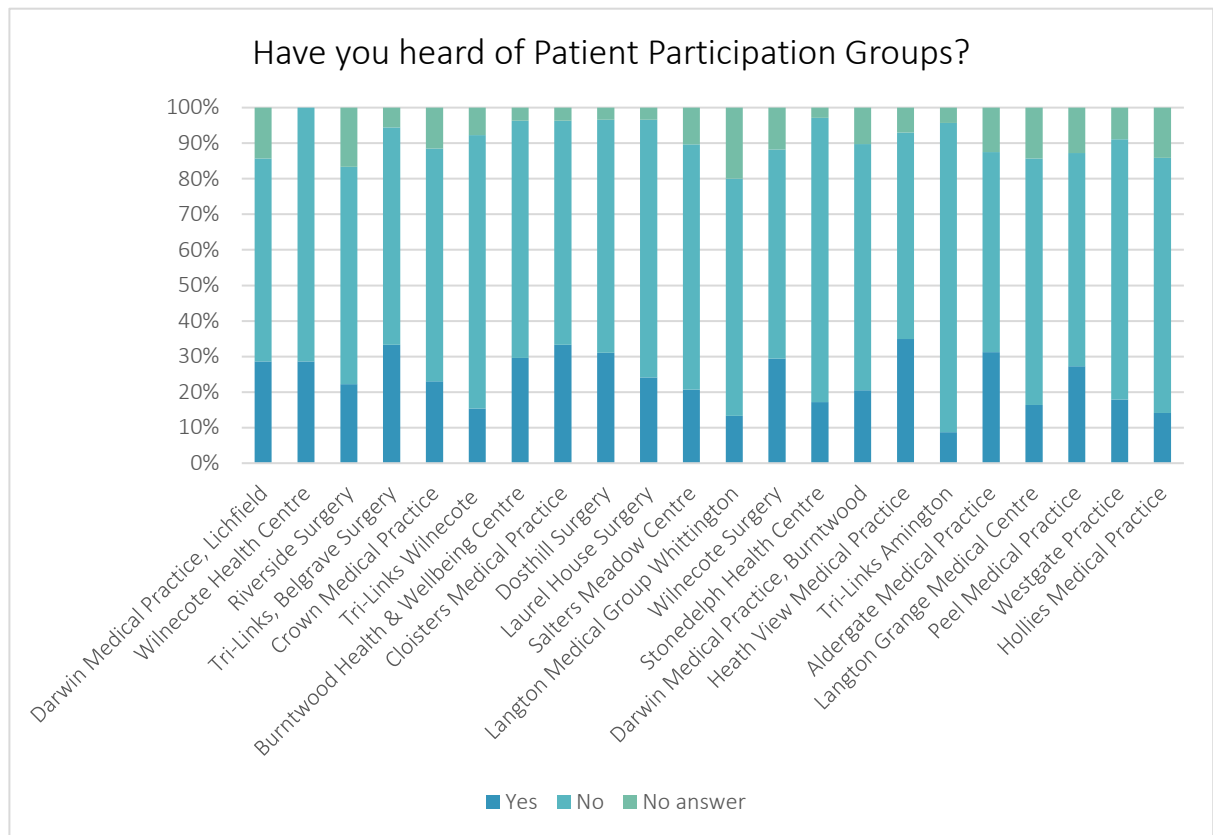
### Are you treated with dignity and respect?





## Patient Participation Groups

Only 25% of patients that we spoke to had heard of Patient Participation Groups (PPG's). Across the different GP surgeries, patients at Tri-Links Amington had the lowest awareness of PPG's, at just 9%, while Heath View Medical Practice had the highest, at 35%.



Of those who were aware of PPG's, 52% said their GP did have one, 45% weren't sure, and 3% said theirs did not. Overall, only 9% of patients surveyed were members of their practice's PPG, equating to 16 patients. The most common reason for not being part of a PPG was lack of time. People said they had work or family commitments that meant they would not be able to get involved. Others said they did not know what a PPG did or what it was for. Some people simply did not want to be part of a PPG, while others indicated that they may be interested, but had never been invited to join one. Two people expressed an interest in joining, and one had tried to get involved but only received sporadic emails from their group.

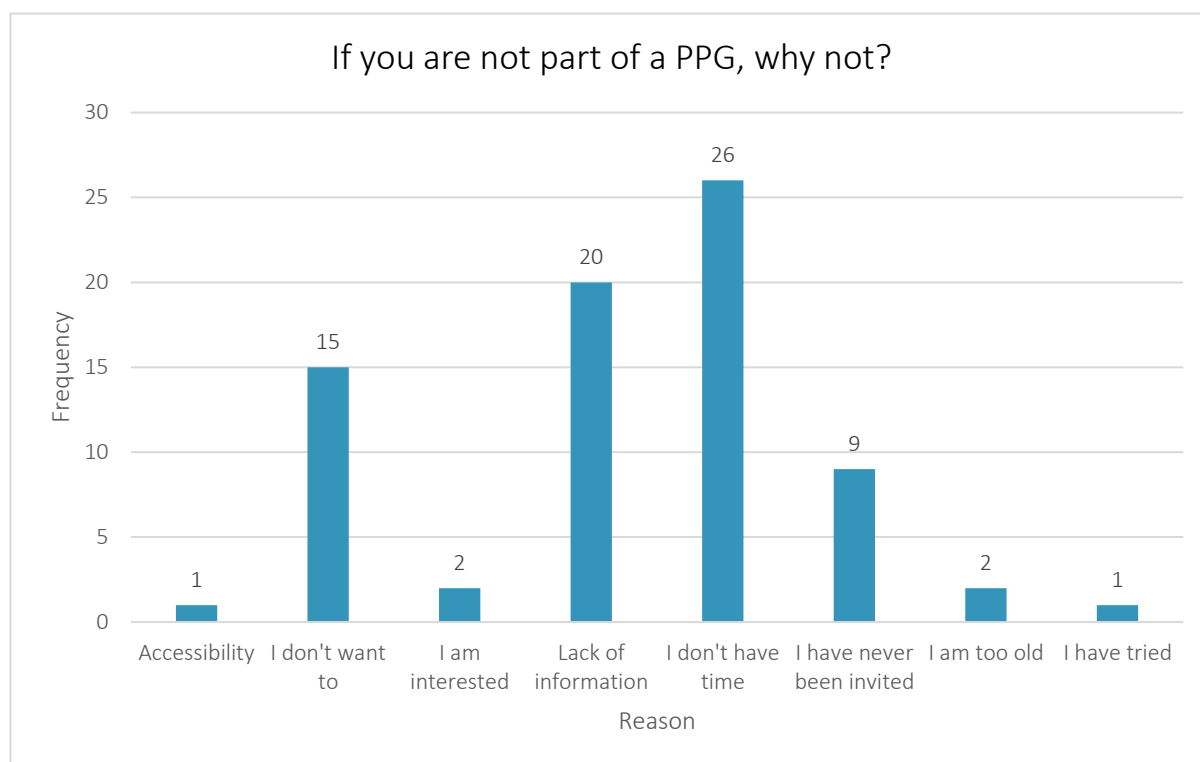
"I don't have time at present"

"Practice only has on-line PPG & I need it to be face to face."

"Have only recently heard about it. I am unsure if my GP has one"

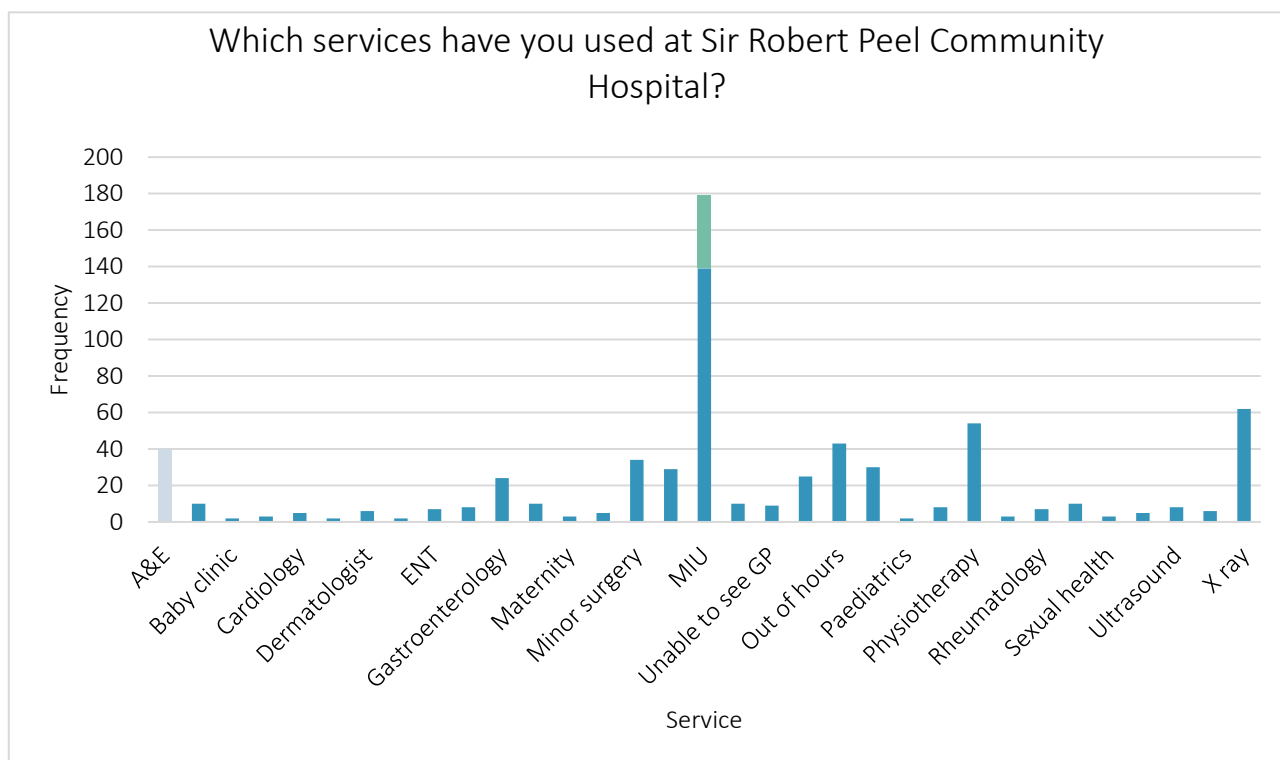
"Never considered taking part or been approached"

"Well, I signed up, but I only get an email very occasionally"



### Sir Robert Peel Community Hospital

70% of patients had used Sir Robert Peel Hospital. 46% of these were referred by their GP; 10% were unable to get a GP appointment; 18% required specialist care and 27% went in an emergency.



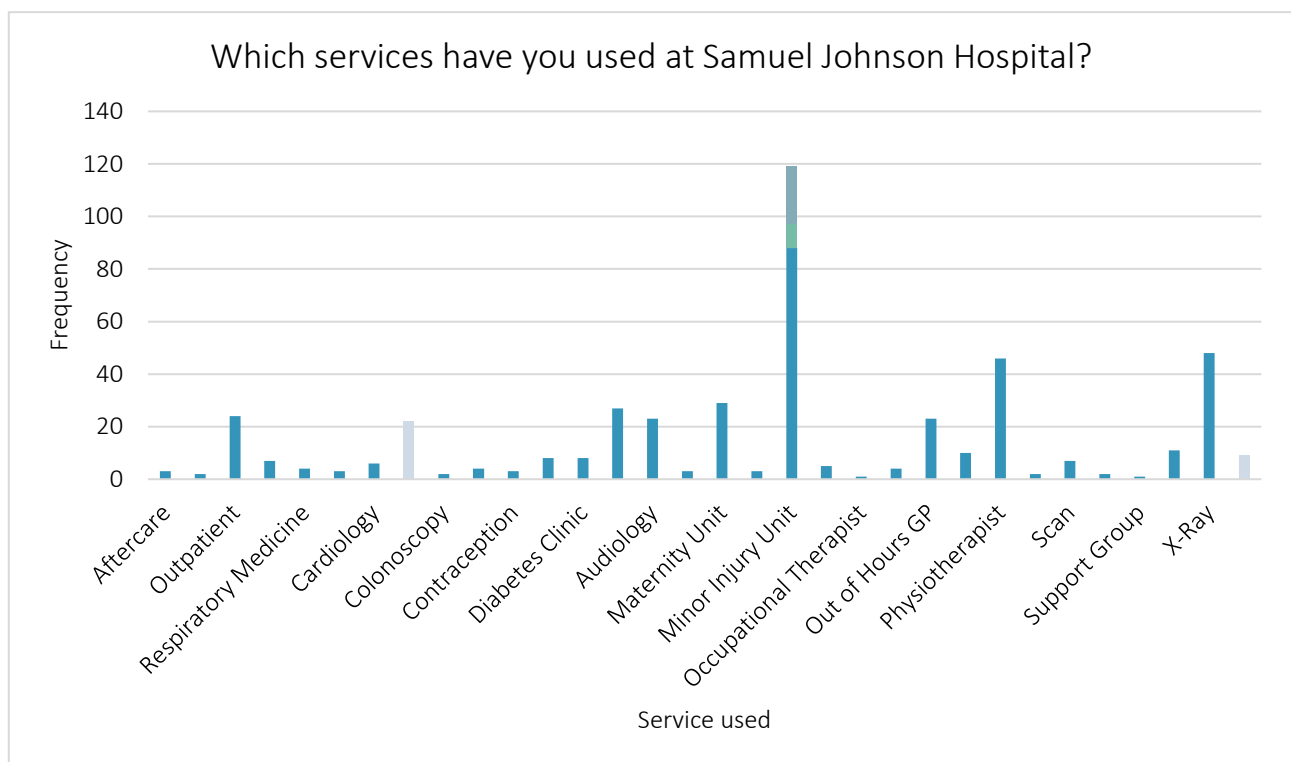
For improved clarity, this graph excludes clinical haematology, dental care, epilepsy services, pain clinic, pharmacy, rehabilitation, smoking cessation and thyroid clinic, all of which were used by only one patient.

The Minor Injuries Unit was by far the most utilised service at Sir Robert Peel. X-ray and physiotherapy were the next most common answers, followed by out of hours GP visits, A&E, and minor surgery. As Sir Robert Peel does not house a full A&E department, we can assume that patients who reported using A&E had in fact used the Minor Injuries Unit.

### Samuel Johnson Community Hospital

47% of patients we spoke to had used Samuel Johnson Community Hospital. 46% of these patients were referred by their GP; 12% used the hospital because they were unable to get an appointment at their GP; 20% required specialist care; and 22% required emergency care.

As with Sir Robert Peel, the Minor Injuries Unit was the most used service at Samuel Johnson, followed by x-ray and physiotherapy. Again, patients reported using A&E, so these results have been added to the Minor Injuries category. In addition, a number of patients had used the hospital minor injuries unit for their child, so these have been included in the figures for the MIU. The maternity unit, eye clinic, audiology department and outpatient clinics and out of hours GP's were the next most used. "Unable to see GP" refers to patients who could not get an appointment within surgery hours, which differentiates them from those who experienced an illness outside of these times, and therefore used the hospital "out of hours".



## Conclusions

The ability to secure an appointment was a recurring theme throughout the survey, with patients taking every opportunity to comment on the difficulty getting through on the phone, lack of available appointments, and long waiting times. Mental health care was highlighted as an area in which improvements are needed, as was learning disability health checks. Overall, patients felt that they were treated with dignity when accessing their GP, though privacy in the reception area could be improved. The two community hospitals are clearly valued and well attended. Although the most common pathway by which patients attended these hospitals was GP referral, they also provide a well-used urgent care service for both adults and children. Knowledge of PPG's was low, with only a quarter of patients having heard of them at all. The main barriers to joining were lack of time and lack of information.

## Recommendations

### GP Access and Usage

- Patients should be offered alternate methods of contact with the GP where these exist.
- Online booking systems should be as user friendly as possible, and should be promoted more effectively, as some patients indicated that this would be their preferred method.
- Patients should be made aware that not only can they book appointments over the phone, they can also be given telephone consultation by a practitioner.
- Patients with mental health concerns should be taken seriously and offered a range of support to fit their needs.
- Patients accessing their learning disability health check should be treated with respect and offered a range of support to fit their needs.
- Parents seeking immunisations, child health and development checks and use of the baby clinic should be offered clear and thorough information to avoid misunderstandings and enable them to feel confident in the choices they are making for their child.
- Where appropriate, patients should be offered an appointment with another member of clinical staff within the practice, rather than just the GP.
- Whenever possible, patients should be offered a choice of where they are referred.

### Dignity and Privacy

- The high levels of dignity with which patients at GP's in Tamworth and Lichfield are treated should be maintained.
- The privacy of patients at reception should be a priority, and if personal information is required then every effort should be made to ensure that the patient feels comfortable and understands why they must be asked questions about their condition at reception.

### Community Hospitals

- To keep travel time to a minimum for patients, specialist services should continue to be provided at the two community hospitals, and these sites should be considered for an increased range of specialist clinics to serve the local area.

## Patient Participation

- Practices should provide clear, accessible information about PPG's to ensure that all patients have the option of getting involved.
- PPG's should strive to offer flexibility so that working people and those raising families feel more able to contribute.
- The level of commitment involved in being part of the PPG should be made clear, so that those who feel they are too old or too busy can make an informed decision about whether they wish to join.

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