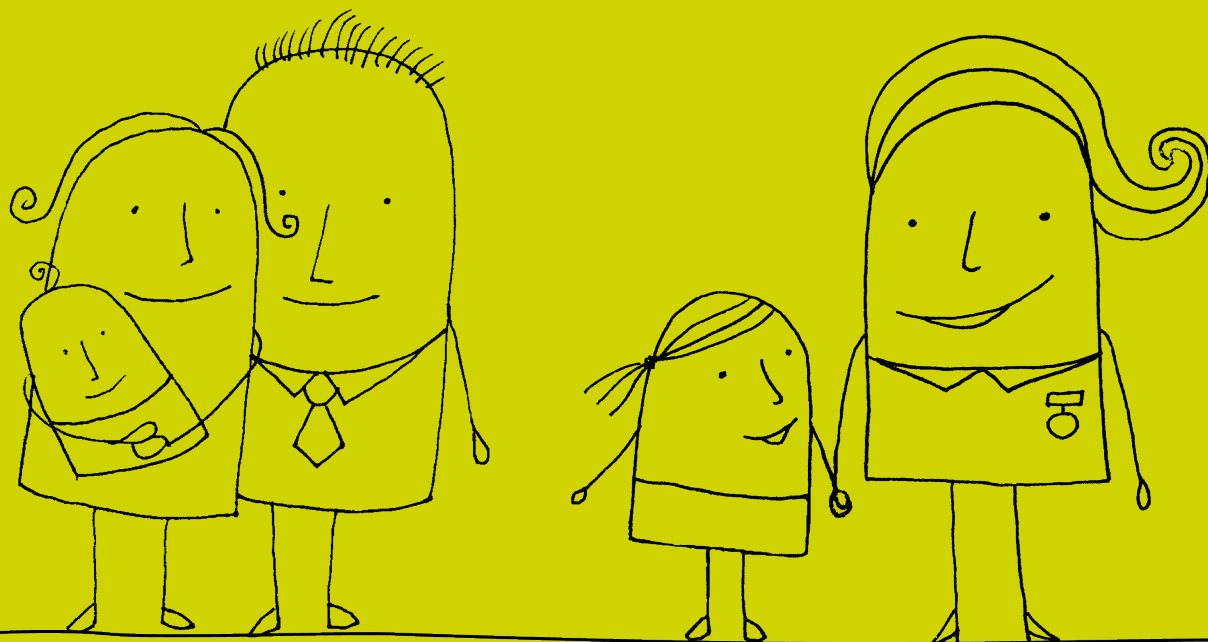


Patient and Client Council

Access to GP Services Summary Report

May 2014



1.0 Introduction

Good general practitioner (GP) services should not only provide diagnosis, treatment and preventative health care, but should also provide care which is easy for patients to access. Good access to GP services means different things to different people. At its heart however it means flexible and timely access based on the needs of patients.

The aim of this project was to understand people's views and experiences of accessing GP services. A total of 8,257 people contributed to this study; 8,151 people completed a questionnaire and 106 people discussed their views at focus groups held across Northern Ireland.

The findings of this study look at people's experiences of accessing GP services through the patient journey, from first contacting their practice, making an appointment, views on opening hours and the reception area, through to seeing the GP. The findings also focus on the overall satisfaction that people had with access to services at their GP practice.

People can have different priorities when they need to access GP services. These differences can depend on who people are and their particular circumstances. As a result, this study also looks at some of the different needs people had when accessing GP services, particularly differences in priorities by gender, age group, and employment status.



2.0 Key Findings

2.1 Experience of seeing the GP

The people who completed our survey were asked how many times they had seen a GP at a general practice in the last 12 months.

Table 1: Number of visits to the GP in the last 12 months

Number of visits to GP	Percentage of respondents (%)
1 to 3	47.6
4 to 7	25.4
More than 7	15.5
None	10.0

The results of the questionnaire show some differences in how often types of people saw their GP in the last 12 months. Women used GP services more often than men. People aged 65 years or over used GP services more often than younger age groups.

There were also differences in the types of people seeing their GP more than 7 times in the last 12 months. For example, a much higher percentage of people who did not work said they had seen a GP more than 7 times compared with people in employment, education, or retirement.

2.2 Contacting the GP practice

The three most common ways that people knew they could contact their GP practice were by phone (86.1%), to call in person (60.9%), and by email or text (12.2%).

Just over half of people who completed our survey (51.7%) said they found it 'not easy' to get through to their GP practice by phone.

What is more, 63% of people said it was 'not easy' to speak to a GP on the phone and 50% said it was 'not easy' to speak to a nurse on the phone. People found getting test results less

“The phone service is dreadful. To make an appointment by phone can 30/40 minutes. This must be drastically improved”

Male respondent, 75-84 years, employed

difficult, 75.5% said this was ‘easy’.

People who completed a questionnaire were asked to recall how long they waited the last time they made an appointment to see their GP.

Table 2: Number of days waited for a non-urgent appointment with GP

Number of days	Percentage of respondents (%)
Same or 1-2 days	38.8
3-5 days	25.7
More than 5 days	35.5

The most common explanation given by those people who waited more than 5 working days was that no earlier appointments were available (78.5%).

At the end of each questionnaire, respondents were asked to choose one thing about accessing services at their GP practice they would like to change. The most popular answer, given by just over a quarter of people (27.6%), was issues around getting an appointment, especially the length of time it took to get an appointment.

“I would like a routine appointment to be available within a few days. Don’t want to have to use an emergency appointment but also don’t want to wait over 2 weeks for a routine appointment”

Female respondent, 35-44 years, employed

Most people knew about the urgent care services available at their GP practice, such as same day appointments, a set time to ring for advice, and a ring back service. The majority of people described these services as ‘useful’.

“If I’m very sick, I usually see the doctor the same day”

Female participant, learning disability focus group

“The only time I’ve waited more than 48 hours for an appointment is when I’ve requested one for a particular day”

Male participant, carers’ focus group

2.3 Opening hours

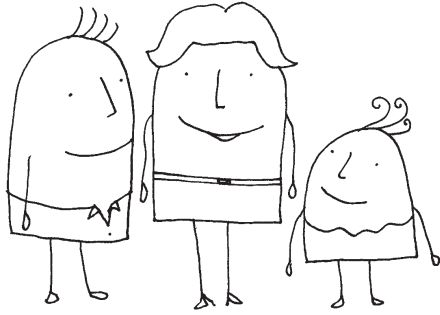
Most people knew the opening hours of their GP practice (79.3% of questionnaire respondents). Women were more likely to know their GP practice opening hours than men. People from the youngest age group, 16-24 years old, were less likely to know the opening hours compared with older age groups.

The majority of people who completed a questionnaire (73.7%) were happy with the opening hours at their GP practice. However, when asked, just over half (56.4%) said they would like their practice to open at additional times, particularly Saturday and weekday evenings.

“I am in full-time employment so [would like] better access to appointments after working hours”

Male respondent, 45-54 years, employed

The results of the questionnaire also show some differences in how happy people were with



GP practice opening hours. People who were working or in full-time education, the younger and middle age groups (16-24 years and 25-64 years), and men were all less satisfied than the average response.

When people were asked where they would go for treatment or care outside GP practice opening hours, the three most common responses were; Out of Hours Services (32.6%), A&E (26.9%), and hospital (15.4%).

2.4 The reception area

The findings of the questionnaire show that, overall, the majority of people are happy with their GP practice reception area. Most questionnaire respondents (88.4%) said that receptionists at their GP practice were helpful.

"They [reception staff] are always pleasant, helpful and do try to accommodate for appointments"

Female respondent, 75-84 years, retired

However, 72.9% of people said that other patients can overhear what they say to the receptionist when in the reception area. While 42.4% people said that they did not mind this, 30.7% said they were not happy that other patients could hear them.

"It's very difficult to keep your business private when there is a queue of people behind you"

Female participant, chest, heart and stroke focus group

2.5 Seeing the GP

The majority of people who completed a questionnaire (60.9%) said that they preferred to see a particular doctor at their GP practice. The main reasons people gave for wanting to see a particular GP were:

- I prefer to see the same doctor on each visit for familiarity and continuity of care (56.7%);
- I prefer to see the same doctor for their personal qualities, such as a good bedside manner or someone I feel comfortable discussing my problems with (19.0%);
- I like to see a GP of the same gender as myself (10.2%).

Being able to see their GP of choice was also important to many people who took part in focus groups. In particular focus group participants with a long-term condition, complex medical history, learning disability and/or experience of mental ill health.

"One doctor in our practice knows our history, so I prefer to see him"

Female participant, carers' focus group

"I was feeling low...the doctor knew there was something wrong. He came out from behind the desk, pulled his chair up beside me and talked to me face to face. I really appreciated him doing this"

Female participant, mental health focus group

Most questionnaire respondents (84.1%) felt that they were given enough time to discuss their concerns on their last visit to the GP.

Most people (90.1%) who had visited a practice nurse or treatment room nurse at their GP practice in the last 12 months said that it was easy to get an appointment.

2.6 Overall satisfaction

Almost three quarters of people who completed a questionnaire (73.5%) said they were satisfied with access to their GP practice.

Questionnaire respondents aged 65 years and over and people in retirement were most satisfied with access to services at their GP practice. People aged 25-64 years and people in employment were most likely to say that they were 'dissatisfied' with access to their GP practice.

The five most common things about accessing their GP practice that questionnaire respondents said they would like to change were:

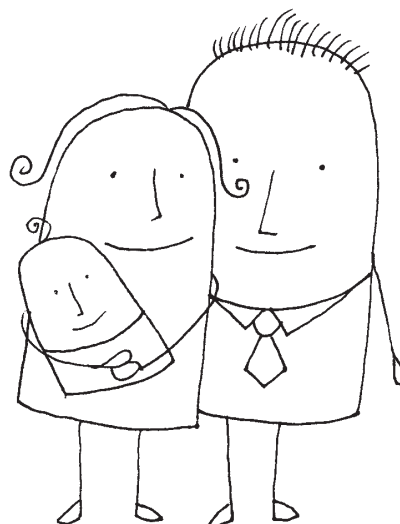
- Access to appointments (27.6%);
- Opening hours (17.5%);
- Phone system for contacting the practice (14.0%);
- GP availability, particularly being able to see a preferred GP (7.5%);
- Attitude, manner, or conduct of some GP staff (6.3%).

Improved access to appointments was the most popular response, but there were some differences in priorities amongst different groups of people. Improving the phone system was more important than extending opening hours for people aged 65 or over, those in retirement and those who were not working. Opening hours were more important than the phone system to the younger and middle age groups, those in employment, and those in full-time education.

Almost one in ten respondents were happy with access to their GP practice and would not change anything.

"I feel we have an excellent GP practice. All excellent staff, very helpful and polite"

Female respondents, 75-84 years, retired



3.0 Conclusion

The majority of people who took part in this study said that overall they were happy with access to their GP services. People reported positive experiences in three areas of access to GP services - timely access, physical access, and choice of access. However, people also identified things that could be improved in all three of these areas. The results of the questionnaire also show that different groups of people have different priorities when accessing GP services

3.1 Timely access

It is clear from the findings of this study that good access to appropriate and timely services at the GP practice is very important to people.

People reported differences in the amount of time that they waited for a non-urgent appointment the last time they saw their GP. Waiting times ranged from seeing a doctor the same day to waiting more than 5 days. It is not clear from all questionnaire respondents if waiting time for an appointment was set by the GP practice or was the choice of the patient themselves. However, the most common explanation given by people who waited more than 5 days was that the GP practice had no earlier appointments available.

Most questionnaire respondents and focus

group participants were positive about access to appointments and advice at their practice when they were in need of urgent care or attention. Most people were also happy with the amount of time they were given to discuss their concerns with the GP at their appointment.

While the majority of people said they were happy with their GP practice opening hours, just over half of those questioned said they would like these hours extended, especially to Saturday and weekday evenings. Extending GP practice opening hours was particularly important to people who were working.

3.2 Physical access

People also shared their experiences of the more practical or physical aspects of access to GP services, such as contacting their practice and the reception area.

A large number of people said they had difficulties when contacting their GP practice by phone. Just over half of questionnaire respondents said they found getting through to their practice by phone 'not easy'.

Some of the difficulties questionnaire respondents and focus group participants said they faced when contacting the GP practice by phone were; the phone line being engaged, waiting on hold, and the GP practice setting a short time slot each morning for people to ring for appointments. Improving the phone system for contacting the GP practice was particularly



important to older age groups and those who were retired.

Feedback from people who had experience of a telephone consultation with a GP was mostly positive. However, many people said they had difficulties actually getting to speak to a doctor or a nurse on the phone.

Most people were satisfied with the reception area of their GP practice, including reception staff. Some people did note issues with privacy at the reception desk. Nearly a third of questionnaire respondents were unhappy that other patients could overhear their conversations with the receptionist.

3.3 Choice

One of the key findings of this study is the importance of choice as something people associate with good access to GP services. Having access to their GP of choice was particularly important to many of the people who contributed to the project.

The majority of questionnaire respondents said they prefer to see a particular doctor at their GP practice. The most common reason people gave for this preference was familiarity and continuity of care. Focus group participants with a long-term condition or complex medical history also felt it was important to see the same GP each time for these reasons.

Other reasons people gave as to why access to their GP of choice was important to them were; the personal qualities of a particular GP, the gender of the GP, and confidence in the GP's abilities as a doctor.

The personal qualities of the GP were particularly important to focus group participants with a learning disability and/or experience of mental ill health.

4.0 Recommendations

Our project shows that access to GP services is multi-dimensional and that different people want different things from their service. The priorities that people therefore place on timely, physical and choice of access are different.

Our study, however, shows that each element of access is important for GP services that promote effective and flexible access, based on the needs of all their patients, not just the few. The recommendations outlined below therefore are made in recognition of the broad range of accessibility initiatives which individual general practices may already offer.

What needs to change?	Who should lead on change?
<p>1 Barriers to accessing GP services which currently exist for the majority of people in employment and for younger people must be addressed. In particular, extended opening hours in the evening and at weekends must be commissioned and implemented to allow people who work or study during traditional, regular hours to access GP services.</p>	HSCB
<p>2 Steps should be taken to ensure that patient dignity and respect is maintained at all times.</p>	HSCB, General Practices
<p>3 General practices should develop better opportunities for patients to provide their views on accessing services and practices should respond to this information.</p>	General Practices, supported by HSCB
<p>4 General practices should regularly identify their capacity to deliver services against the needs of patients availing of these services.</p>	General Practices
<p>5 New and varied technologies should be used to help patients book and manage appointments.</p>	HSCB, General Practices
<p>6 GP practices should provide dedicated times to call and make an appointment outside of traditional working hours, (to include evenings and weekends) to improve access to services.</p>	General Practices
<p>7 Premium rate phone lines for contacting GP practices should be removed.</p>	General Practices
<p>8 Disability Equality Training should be regularly provided to both GPs and all front line staff working in practices. Technology to help people with specific accessibility needs should be used to ensure that patients do not experience difficulties when visiting their general practice.</p>	General Practices
<p>9 There should be regular monitoring and publishing of activity relating to access to GP services to learn from practices that offer the best access. Monitoring information should capture profiling data for those who are using services to help anticipate the specific needs of local communities.</p>	General Practices

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