healthwatch Oxfordshire

Summary report for OCCG Primary Care Programme Board

1. Background

During the calendar year of 2014, Healthwatch Oxfordshire (HWO) has gathered a range of information and views from the public about primary care provision in Oxfordshire. This report attempts to summarise the key messages arising from that work, and is brought to the Primary Care Programme Board for sharing with all relevant partners.

2. Information sources

HWO sources include:

- Questionnaire based research with 828 patients across Oxfordshire conducted in the spring of 2014 in partnership with The Patients Association.
- Feedback from the 61 people who attended HWO first voluntary sector forum on October 1st. This event was focussed on gathering feedback from the different population groups represented by these voluntary organisations, in order to inform planned CQC inspections of primary care in Oxfordshire.
- Feedback on primary care provision made by contributors to reports produced by local organisations in receipt of grant funding from HWO.

The appendices to this report comprise:

- The report from HWO and the Patients Association on access to GPs in Oxfordshire.
- Comments on GP services as reported by voluntary sector organisations on behalf of their members at our conference on October 1st.
- Some of the comments and recommendations about primary care that were made by participants in projects we have grant funded.

Across these three sources we have heard from around 1500 local people during 2014.

3. Key messages

3.1 HWO would like to draw the Programme Board's attention to a small number of key messages:

a) Lots of people have lots of good things to say about their GP, and are reporting great care.

"there is an entire culture of helpfulness at my practice…staff are excellent...my own GP is superb"

b) 71% of those who took part in our survey are satisfied with the time it takes to get an appointment.

"happy to find an appointment time that suited me"

c) The public are sympathetic to the pressure GPs and their staff are currently under, and have a good level of understanding about the stress the profession is experiencing.

d) Local people understand that the public have some responsibility for managing their own health, and that there is a need to educate the public much more effectively about how to make more responsible use of NHS resources and services.

3.2 However, there are a group of issues that concern the public around booking appointments, and these include:

a) 29% of people who took part in our survey are unhappy with their wait for an appointment – some because the wait is too long and others because they couldn't book far enough ahead, suggesting a need to work harder to meet the preferences of each individual. Dissatisfaction increases significantly when waits go over a week.

"a 3-4 week wait to see the GP you are registered with is completely unacceptable" .

b) Whilst some receptionists are clearly giving excellent, courteous service others are perceived as being over zealous in their roles as gatekeepers to the practice and are therefore reported as being unfriendly, hostile or lacking awareness about the particular communication needs of some patients.

"it seems I am putting someone out by asking to see a Doctor"

c) People can experience long waits for telephones to be answered (only 40% of our respondents reported getting through straight away, and 18% had a wait of more than 5 minutes or gave up waiting).

d) A surprising number of people (27% of those answering the question) did not know if their surgery offered evening and weekend appointments, and 77% of those who thought these kinds of appointments were not currently available would like to be able to access their surgery at evenings and weekends.

e) People would welcome practices expanding the range of ways people can make appointments so that people can choose between using email, phone, text or the internet.

f) 22% of respondents report attending A&E instead of seeing a GP, but it is clear from the comments that not all of those attendances will have been inappropriate. More research is probably required in this area.

3.3 Other issues reported to HWO that commissioners and providers may also wish to reflect on include:

a) GP's appear not always to succeed in maintaining the highest standards of provision of dignity in care. Examples of less good care shared with HWO include: the Dr looking at the computer and not at the patient during a consultation; the GP speaking to a carer rather than to the patient (particularly when communication with the patient is challenging); the GP ignoring a carers views; a Dr missing critical information because s/he is distracted or typing while the patient is talking.

b) Groups of patients with particular needs report not always having those needs met – for example: access to British Sign Language interpreters is patchy; visual information is not always available to say "Dr will see you now" for people with hearing difficulties and/or verbal information is not always available for blind/partially sighted patients; GPs don't always understand the Muslim populations' particular cultural needs (eg for halal medication) ; easy read information on how to take medicines is not always available for people with learning difficulties or people for whom English is a second language (eg deaf community) ; the families of young people with complex mental health needs don't always have their own care needs recognised; touch screens in some surgeries are inaccessible from wheel chairs; letters are often not written in plain English.

c) Sharing of information between primary and secondary care, and between primary care and mental health services could be improved – for example patients' suggest that more GPs attend CPA assessments, and that GPs work more closely with consultants, especially when someone is under the care of lots of consultants and the GP is the only person who has the whole picture.

d) Patients' requests that GPs more pro-actively follow up vulnerable patients who fail to make appointments and that practices give priority to patients with complex needs, when it comes to enabling people to see their regular Doctor.

4. Next Steps

Whilst it recognises the constraints and pressures under which GPs are working in Oxfordshire, HWO would welcome proposals from OCCG, NHS England and the Local Medical Committee about how they will work together to address the concerns raised by the public.

Appendix 1 – Report

Please see separately bound report produced by HWO and the Patients' Association, the headline messages from which are:

1. The survey elicited positive and negative feedback, with comments ranging from *"there is an entire culture of helpfulness at my practice…staff are excellent...my own GP is superb"* and *"happy to find an appointment time that suited me*" to *" it seems I am putting someone out by asking to see a Doctor"* and *" a 3-4 week wait to see the GP you are registered with is completely unacceptable"* .
2. 66% of the 788 patients who answered the relevant question were able to get appointments with their own GP – but 34% were not.
3. 71% of respondents were able to book an appointment within a week – but 29% were not.
4. 71% of respondents also said that the wait they had for an appointment was acceptable, but 29% were dissatisfied. Dissatisfaction levels rose steeply when people had to wait more than a week.
5. Only 40% of the people answering the relevant question were able to get through to their GP surgery on the phone straight away and 18% had a wait of more than 5 minutes for the phone to be answered, or gave up waiting.
6. A surprising number of people (27% of those answering the question) did not know if their surgery offered evening and weekend appointments, and 77% of those who thought these kinds of appointments were not currently available would like to be able to access their surgery at evenings and weekends.

Appendix 2 – Feedback from the Voluntary Sector

A. Introduction

HWO invited voluntary organisations to a conference on October 1st, and in advance of that event asked delegates to gather feedback from their members about local primary care provision. 61 people attended. We asked attendees to think about the 5 core questions CQC ask when inspecting primary care, and organisations were then grouped together to answer these questions according to which of the 6 the population groups defined by CQC they represented:

- Vulnerable Older People (VOP)
- Parent's Babies Children and Young People (PBCYP)
- People in Vulnerable Circumstances (PIVC)
- People Experiencing Mental Health Problems (PEMHP)
- People with Long Term Conditions (PWLTC)
- Working age people and those recently retired (WAP &TRR)

The transcripts from the flipcharts from this section of the event are copied below:

B. Discussion 1 - Experiences of Oxfordshire GP Services

1. Do you think your GP service is safe? – Are people protected from abuse and avoidable harm?

VOP	Overall Safety at GP's good
VOP	Follow up appointments, especially for patients that have not had contact with a GP for a long time, need to be prioritised. Contact with over 75's must be made to ensure patient is ok

PBCYP	Concerned about GP's capacity and workload (time to spend with patients and waiting times for appointments.) (can lead to mis/non diagnosis of mental health e.g. domestic violence)
PBCYP	Yes – trust and confidence
PBCYP	Child protection better

PIVC	Gender/dress code not important – prefer choice of gender for physical examinations
PIVC	How work with particularly vulnerable groups e.g. homeless
PIVC	Communication – where difficult to communicate or struggle with assertiveness. GP's sometimes focus on computer – training for patients?

PIVC	Can be jargonistic – patients can't understand
PIVC	Raise awareness for patients on their rights e.g. Request double time or more – Luther Street offers extra time
PIVC	Access to Luther Street – intimidating – plan to improve security etc. Involve police, pcc etc.
PIVC	Waiting times in Oxford – some + 2 weeks
PIVC	Substitute prescribing – can be difficult to access
PIVC	Registering can be bureaucratic and off-putting
PIVC	Mixed feedback on different surgeries

PEMHP	Knowledgeable – where to ask?
PEMHP	Feedback - rudeness to clients
PEMHP	Not experts on (MH) – physical problems
PEMHP	Carers – (not listen)
PEMHP	CPA meetings do not (attend)
PEMHP	Pressure on (GP)
PEMHP	Communication
PEMHP	Is it clear how to speak out? Are they listened to – info on complaints on display is their mental health issue accounted for?
PEMHP	Sometimes GP's seem disinterested, not reacting
PEMHP	Not able to go to GP sometimes (response) "do you know how busy I am" – don't want to do home visits
PEMHP	Lack of understanding/fear?
PEMHP	Not direct abuse Avoidable harm – misdiagnosis need to refer on Make assumption and treat on that basis
PEMHP	Physical needs ignored if an MH Patient so not always diagnosed all physical health not recognised
PEMHP	Not listening when family say risk of suicide
PEMHP	CPA meetings – don't attend but invited. Would be good. Held outside surgery
PEMHP	More pressure on GP's – fewer people AMHT access

PEMHP	Adult ADHD issues only get diagnosis if they put this forward and self-diagnose. Not understood or told not recognised condition. Depends if they've taken an interest I know some. Only officially recognised since 2008
PEMHP	Pressure on GPs Discharged from secondary services – more on GP's BUT psychiatrists also say more GP's referring to them = pressure Both ways but not joined up

WAP& TRR	Receptionist – first point of contact e.g. rudeness, abruptness, cultural issues. Needs: Courtesy, appropriate communication (language) training
WAP& TRR	GP – issue is around short 10 min session – whilst typing – reading notes on screen some examples of not showing care (following major surgery)
WAP& TRR	It's enormously variable
WAP& TRR	Consistency – continuity but also seeing a different doctor can help too
WAP& TRR	Carer is important as understand patients' needs
WAP &TRR	Education of population in schools – in national curriculum and their rights background knowledge.

PWLTC	Safeguarding and respect works both ways
PWLTC	Generally good and safe, well located
PWLTC	Place to meet rather than at a vulnerable person's house
PWLTC	Need to ensure waiting room is safe, physically e.g. faulty chair, slippy floors (patient fell and hurt back) and poor treatment after accident in waiting room and no follow up i.e. accident form

2. How effective do you think your GP service is? – Does the treatment and support people receive achieve good outcomes and promote a good quality of life? Is it based on the best available evidence?

VOP	Effectiveness under question when patient does not see the same doctor – need continuity of care
VOP	10 minute appointment time not long enough

PBCYP	Treatment - Too much paperwork – delegate to support staff
PBCYP	Support – How can GP's be aware of all research and evidence? How can GP's be aware of all available services to signpost patients to?

WAP &TRR	Moto neurone disease misdiagnosis/early stage dementia a training issue need both clinical excellence and care side too
WAP&TRR	Incontinence issue
WAP &TRR	Variability of diagnostic training – neurological, mental health issues etc
WAP&TRR	IS the commissioning of general practice thorough enough?

PWLTC	Communication from GP to hospital could be improved
PWLTC	Patient has to take information
PWLTC	GP has full picture but other services in NHS do not have knowledge especially of severe complex conditions
PWLTC	Who carries out Mental Capacity assessment – GP or Social services

3. How caring do you think your GP service is? – Do staff involve and treat people with compassion, kindness, dignity and respect?

VOP	Overall good level of care
VOP	Receptionists can be difficult – off-putting to some patients

PBCYP	Space and 'activities' for Children and Young people while waiting?
PBCYP	Waiting rooms 'inclusive' for ALL

PIVC	Having one GP is helpful – continuity of care and not repeatedly explaining same issues also saves time - frustrating
PIVC	Some receptionists can be rude and not understand. Training issue as receptionist are gateway to GPs etc. Recognise difficult role
PIVC	Missed appointments frustrating
PIVC	Education for vulnerable groups on how to use GP's
PIVC	Understanding of vulnerable groups and issues
PIVC	Flexibility and pro-active engagement with patients
PIVC	Unclear information for patients

PEMHP	Rural areas not so good
PEMHP	Good in some areas
PEMHP	Access pool of (GPs)
PEMHP	Walk in clinics
PEMHP	Mostly very caring less compassionate in more rural areas = patchy culture at surgery Witney
PEMHP	Clients won't access surgery (Mind) – no follow up if people don't attend – text messages failed appointments
PEMHP	Specialist GP's pool on MH
PEMHP	Early intervention services important

PWLTC	One example shows GP practice and specialist nurses, receptionists and cleaners very caring – excellent
PWLTC	Late for an appointment, due to condition, but then was not seen and couldn't access any other treatment centre so became an emergency

4. How responsive do you think your GP service is?- Are services are organised so that they meet people's needs?

VOP	Not enough doctors on duty – home visits a problem
VOP	Access to rural GP's – transport is a problem
VOP	Out of hours service is also a problem

PBCYP	Dr 'matched' to patients e.g. .cultural, language etc.
PBCYP	Do you need to see a GP? Could a nurse/other staff assist – specialist staff. This could release GP capacity

PWLTC	GP needs to be more flexible e.g. if late for an appointment
PWLTC	Technology is useful – phone, e-mail etc
PWLTC	Practice closes too early!
PWLTC	If letter of support (medical condition) is needed - GP practice charges £25 People on benefits needing housing can't afford

5. How well-led do you think your GP service is? – Does the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care? Does it support learning and innovation, and promote an open and fair culture?

VOP	Well led patient participation groups are good

PBCYP	Robust management required
PBCYP	Need effective communication

PIVC	Some really good. Each is different – need to have some standardisation. Practice can make choices. Opp. for CQC to look at this – Need to remove barriers to vulnerable people e.g. requirements for I.D card register temporarily. CQC needs to ask about registration process. CCG has a role.
PIVC	Homeless people significantly more likely to access A and E – Luther Street helps
PIVC	Patients need to know processes
PIVC	Processes need to be accessible

C. ADDITIONAL WRITTEN FEEDBACK FROM THIS EVENT

SPEAK OUT CARDS

In addition to completing the flip charts delegates were asked to leave individual written comments. Those that were made about GP services were:

"Appreciation that the presenting issue may not be the one that needs addressing e.g. MH issues. Links between MH and PH overlooked or not understood e.g. ante/post natal depression and risks to health of mother and baby"

"Children with SEND waiting for appointments. It's difficult for families to take child to surgery. Consideration of child's condition – space- the waiting area – behaviour priority appointments?"

"Doctors are under a lot of pressure and do not have time to listen to but just give prescriptions to get on with it"

"Waiting times to see GP – routine appointments can take up to 2 weeks!"

"Too many questions from reception before advice from GP"

"Not long enough appointments – GP too rushed! Parents forget something important"

"Referral taking so long between GP and outside agencies"

"Mental Health issues often go undetected – social issues too – e.g. forced marriages"

"GP consortiums to enable specialisms to be developed and shared within patches and greater access – one surgery can only do/know/specialise in so much!"

"Greater investment in other therapeutic interventions – away from pure medial model approach; particularly medications. These – via research – have been proven to have greater benefit to addressing psychological issues, improving recovery, reducing dependence on services long term etc."

"GP's attending key meetings that help to determine continuing care and treatment by partner agencies e.g. CPA, professional meetings, general receive. Reduced

miscommunication, time spent 'catching-up', long term spend, misdiagnosis etc.etc.etc".

D. EXTRA WRITTEN SUBMISSIONS

HWO also received a more in depth report from the SE of the County about young people's experience of primary care. The headlines from that report are:

- The response of the receptionist was felt to be particularly important as they are the first members of the surgery staff that a patient will see. The pupils felt that a pleasant and welcoming demeanour on arrival was very helpful to them.

- Some pupils felt that a doctor or nurse coming into the waiting room in order to escort them with their parent/carer to the consulting room putting them more at ease that the "buzzer" system.

- The gender and dress code adopted by doctor did not appear to be important except in the case of some older girls who felt that they would be more comfortable with a female doctor if a physical examination was required.

- Some pupils commented that the doctor was often using his/her computer when they entered the consulting room and did not greet then immediately which was "off-putting".

- The majority of pupils, irrespective of age expected the doctor to address them first regarding their illness and not their parent/carer.

- All pupils liked the doctor to explain to them the relevance of a particular prescription and of any physical examination that was going to be undertaken although the parent/carer might be well aware of the need of either the medication or the examination.

- The older pupils wanted an honest identification of their illness and honest answers to their questions although they recognised that this may not be appropriate for younger children.

Discussion about this report at the conference revealed that:

- Accessibility and waiting times are major issues for some practices.

- Practices could make better use of practice nurses with specialist training.

- People would welcome improved GP links with local community services (eg Children's centres, support groups) which have a significant preventative role in relation to health.

- The system should re-visit the role of health visitors, district nurses, health promotion and health education officers who have previously carried out many functions that GP's now have.
- People thought the role of specialist GP's should be extended.

- Public health education for GP's should be improved.

- We could make better use of pharmacies and improve communication between then and general practice.

- Surgeries should provide single point of contact for housebound people with chronic conditions.

- The NHS should provide local testing facilities, using new technology so results are provided more quickly with less disruption for patients.

Appendix 3 – Feedback on GP Services in HWO funded reports

A. Introduction

HWO has given grants to several organisations to enable them to explore the issues their members have with local health and social care services. Five of the resulting reports have raised issues in relation to GP services. All the reports can be found in full on our website at http://www.healthwatchoxfordshire.co.uk/reporting-back, but extracted below are the key recommendations and/or observations made in relation to GP services.

B. The Asian Women's Group's first recommendation was for:

The provision of culturally aware GP surgeries, and drop-in appointments with GPs in accessible centres with a less formal structure (e.g. clinics in appropriate community settings or children's centres), and support to overcome the barriers Asian women face accessing GP services, such as women feeling embarrassed by consulting with a male doctor, or practices failing to recognise the need to have Halal medication.

C. My Life My Choice

Half of participants were satisfied with the service provided by their GPs but the report concluded that:

- The percentage of people with Learning Difficulties getting healthchecks was still not high enough, despite evidence that the "Annual Health Check is the most significant attempt yet to address the unacceptably poor health care provided for patients with learning disabilities."[1]
- User led training for clinical and non clinical staff on working with people with learning difficulties would significantly improve this.
- More could be done to develop accessible (Easy Read) printed information and instructions for taking medicines.
- On the whole participants felt "heard" by their GP and carers felt involved in decisions, but there is still room for improvement in the inclusion of the person with LD in discussions about his/her own care.

D. Oxfordshire Family Support Network

OxFSN Strongly advocates for better training in learning disability, mental health and the mental capacity act for GPs and other clinical staff.

E. Oxfordshire Mental Health forum

OMHF called for:

- GPs to try and help identify if parents/carers need support themselves when seeking help for their child for mental health related problems.

[1] Ref in MLMC report is to an article in the BMJ in 2010

- GPs to try and help tackle the long waiting times for accessing mental health services, including establishing ways of increasing efficiency of referral processes/systems.

F. Sign Lingual

This organisation cited the following examples of the issues deaf people reported with GP practices:

- One mother mentioned that she was unable to get interpreters when she took her baby for a check up or to regular appointments with her health visitor.
- Many participants mentioned that with regular GP appointments, booking interpreters was more reliable, however when it came to emergency appointments, it was rare that interpreters could be supplied.
- It was mentioned that the current booking service seems quite inflexible and does not make use of all local interpreting resources.
- One lady stated 'when you get there, there's no interpreter there and they will apologise, saying 'sorry, we haven't actually booked an interpreter'. Then we say 'don't worry we can go around the corner and get access to an interpreter easily', but they say 'no we can't use them, we have to use our service', but if their service doesn't have an interpreter, they won't they use other interpreter providers?
- One lady mentioned attending her GP surgery in much pain from her stomach. She was told that she could not see a doctor until an interpreter arrived and was asked to wait in the waiting area. She took a seat and waited in excruciating pain from early morning until late afternoon until an interpreter arrived. When the interpreter was present, the doctor saw the patient and realised the severity of the pain. She was immediately sent hospital for emergency treatment. The lady could not understand why she had to wait so long when she was clearly in so much pain.
- One gentleman described attending his GP who referred him to the hospital for treatment. The staff at the hospital could not see him, as there was no interpreter available so he was sent him back to his GP. He was then sent back to the hospital again and neither the GP nor the hospital seemed to be able to, or know how to, get an interpreter and this toing and froing between the two services continued for seven hours.
- Another gentleman had to attend a GP appointment to gain approval from the GP that he was indeed Deaf as he was applying for a Disability Living Allowance benefit. He went in to see the GP and during the consultation the patient recalled *'he said 'what is that?' pointing behind me, I said 'what are you talking about?' I thought he meant an information poster that he was pointing at or something so I looked behind me and there was nothing behind me so I didn't understand why, but when I looked back I said 'hang on a bit, did I just see you do that?....so you told me to look behind me so that you could shout at me to see if I'm Deaf or not?,seriously!?' Then the GP looked really embarrassed and looked down at his notes.'* The patient was astounded at this method of assessing someone's level of hearing especially as they were profoundly Deaf and had been since birth. After

leaving the appointment he attended a Deaf Social event in Oxford and told other Deaf people what had happened in the GP appointment thinking it unusual. He was amazed as when he mentioned it he remembers *'I spoke to other Deaf people and they said I'm not the only one, they've all had the same experience, they've all been treated the same by their doctors and that's the way that they find out if I'm Deaf….I was just astonished.'*

- Some participants' mention not having prescriptions explained to them clearly. One lady recalled '*if a doctor gives me a prescription and I get the prescription, this has happened to me before, I would be asking questions and would ask what it was for, how long do I take the medication, is it every morning and then they'd say yes, but then there would be different options and I would miss out on that part, I would miss out on the explanation of what the prescription was because there was no interpreter, so I didn't know what the prescription meant.*