

healthwatch

Liverpool

GP Access

Understanding Patients' Experiences of GP Services in Liverpool

December 2018



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Background to this report

GP services are vitally important to local people. For that reason they are a high priority for Healthwatch Liverpool:

- Almost everyone uses GP services and has something to say about them: they are the health service that people most want to talk to us about.
- GP services are the second highest category of enquiries from the public to Healthwatch Liverpool Information Service (after dental services).
- GP practices are under increasing strain and need to find new ways to address the current challenge. Healthwatch Liverpool needs up to date information from patients to inform our contributions to the discussions around how best to achieve this.

Healthwatch Liverpool last reported on GP access in 2014 when we highlighted:

- Patient concerns about getting through by telephone and with getting appointments
- Variation between practices
- Issues around GP websites
- Some access and equalities issues

Since then [Liverpool Clinical Commissioning Group \(CCG\)](#) has increased the number of appointments per 100,000 patients. This means that more GP appointments are funded in Liverpool than elsewhere in the country. Despite this, pressure in the NHS including in GP practices, has continued to grow. We wanted to see what had changed and what patient's experiences were now.

Liverpool Clinical Commissioning Group (CCG)
- Organises and buys health care services in Liverpool

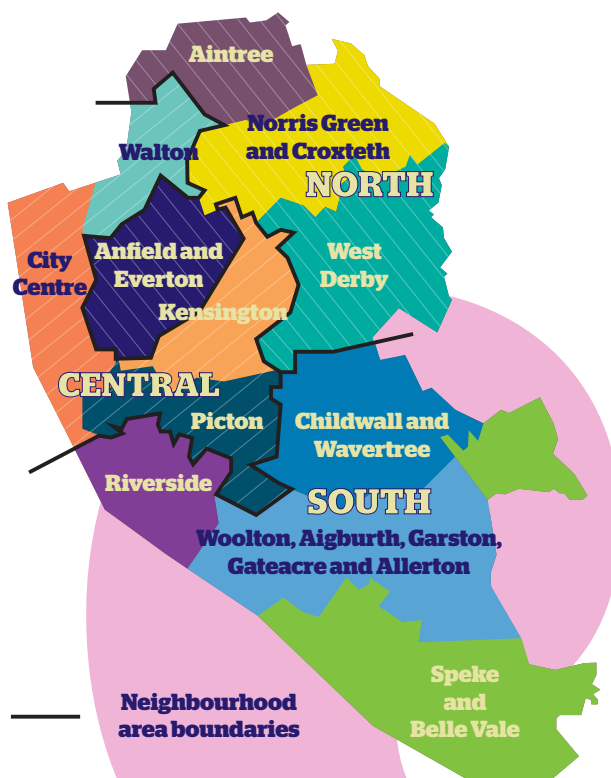
How the data was collected

The surveys were designed by Healthwatch Liverpool (see Appendix 1) after liaison with the CCG, GPs and members of the public.

Data for this report was collected by visiting GP practices and filling in surveys with patients in the waiting areas. We also did community outreach visits and focus groups, as well as online surveys from 103 identified practices (some online surveys did not specify which practice they were providing feedback on). 74 of those practices were from Liverpool (see Appendix 2).

Visits were scheduled for Monday mornings as one of the busiest times for practices and also in order to provide a consistent picture. Although Healthwatch Liverpool continues to collect this data on an ongoing basis, the findings in this report represent data collected from June 2017 to April 2018.

In total we received feedback from 1,008 patients, with 953 having a Liverpool GP (371 with a GP in North Liverpool, 303 in Central Liverpool and 279 in South Liverpool).



Key findings

- **There is a clear difference between patients' experiences in different parts of Liverpool. Patients in North Liverpool were less satisfied about getting through on the phone, getting a convenient appointment and staff attitude.**
- **There is a high level of satisfaction overall with staff attitudes. However the role of receptionists (such as performing triaging) is not well understood by patients and this can sometimes cause tension between staff and patients.**
- **There is lower satisfaction with getting convenient appointments, particularly for people with additional needs or responsibilities such as people who work, have children, are carers or are cared for.**
- **There is more dissatisfaction with getting through by phone. Most patients across the city make appointments by phone and know they have to phone early to get one of the limited appointments especially same day appointments. This causes bottlenecking of the phone lines. The poor phone access has many impacts for patients as well as reception staff.**
- **There is currently a low level of use across the city for booking online appointments. In time this could be a valuable alternative for patients who are able to use it, potentially decreasing pressure on the struggling phone systems.**
- **Because a significant proportion of patients do not have online access or prefer to deal directly with a person, improving online access alone is not enough to address the problems with phone access.**
- **People with communication needs face multiple barriers. This can include registering with a GP, making appointments, and only being able to have advance appointments due to the time it takes to arrange interpreters. In other cases family members are still being used as interpreters, which is not good practice and can create problems for the patient and their family members.**

Triaging - the process by which someone decides how urgently the patient needs treatment.

People with communication needs can include:

- People from the D/deaf community. Those that strongly identify as being part of the Deaf community and culture refer to themselves as Deaf. When talking specifically about hearing impairment people tend to use the word deaf.
- People who don't speak English or for whom English is not their first language.
- People with impaired language skills due to a health condition or disability

Recommendations

- Alternatives to phoning in for appointments need to be made more accessible and user friendly (e.g. extended open access/drop in hours, good online booking systems).
- We are aware of the current developments that will mean more patients will be able to access GP-out-of-hours services. While these extended hours will be helpful, patients may face similar challenges in booking these additional appointments if the current booking system is not improved.
- The ability to pre-book appointments needs to be improved so people do not have to phone on the day to try and get what could be a pre-booked appointment or routine appointment.
- The receptionists' roles need to be better understood by patients to alleviate current tensions, therefore it is important for there to be clear communication about their role, confidentiality and what they can and cannot do.
- Continuity of care is very important to many patients. Although we are aware it is not always possible to provide this, efforts should be made to prioritise this for those with mental health issues and chronic illnesses.
- The Accessible Information Standard says that NHS services are required to ask disabled patients about their communication needs and to meet these needs. We feel this should be done more consistently. We would also like this to happen for people with English as a second language.
- There needs to be faster access to interpreters. The use of interpreters needs to be increased and the use of family members as interpreters should be avoided by practices.
- Consider how patients without fluent English or who are D/deaf can be supported to navigate GP registration and appointment booking as interpretation is not available for these.
- Review the implementation of the Extended Hours Access to assess its impact and improve its accessibility.

Introduction to Liverpool's GP services

GP Access in Liverpool The Patient Journey

Booking Methods

Appointment Types



Call GP



Online

WAITING ROOM



Drop-in/
Open access



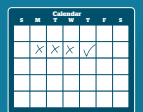
Call 111



Same day
GP



Same day
nurse



Regular GP
another day



Out of hours
GP

Accessibility issues

GP

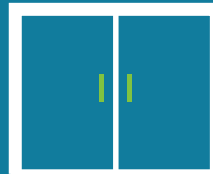
or elsewhere

hello...

مرحبا



NHS
Walk-in Centre



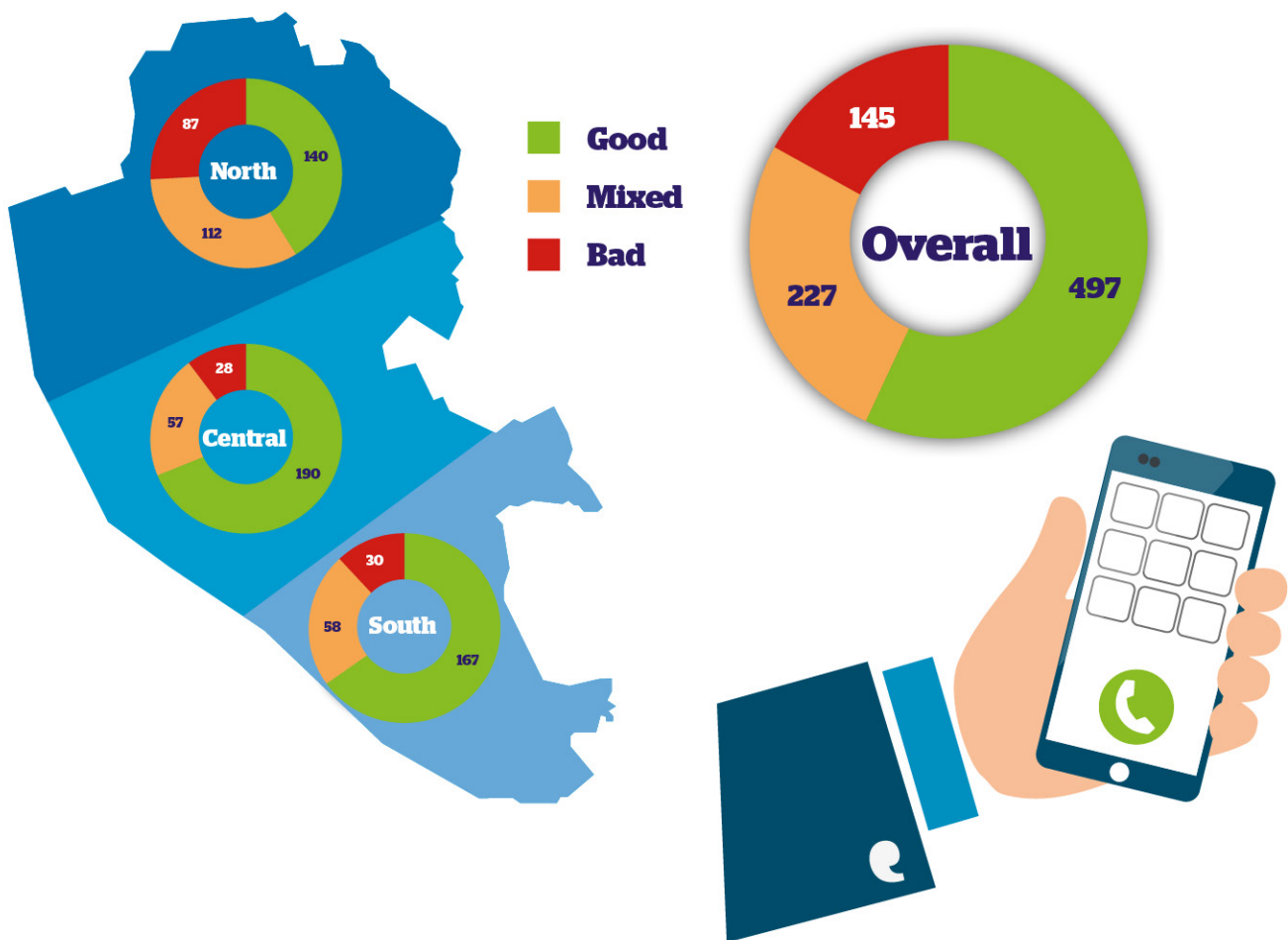
Pharmacy

Booking systems and Appointments

Getting through on the phone

Overall, 57% of the respondents rated getting through on the phone as 'Good', 26% rated their experience as 'Mixed' and 17% rated their experience as 'Bad'.

Central Liverpool had the most positive feedback concerning getting through on the phones (with an average of 72% rating it as Good), whereas North Liverpool's feedback is considerably worse compared to both Central and South Liverpool.



The majority of people had made their appointment by phone (62%), with the North's rate being as high as 66%. Problems with phone access are therefore a particular area of concern.

It is evident that the current system of appointments being released at a set time and people having to phone in at this time to book them creates a bottleneck of incoming calls. In many practices this is at 8am but we heard of a practice where the day's appointments are available from midnight with an automated phone booking system. A patient of that practice reported being in a phone queue at midnight.

It was not uncommon for people to complain that they had to ring up repeatedly and were sometimes on the phone for up to 30-40 minutes before they got through to their practice, by which time there were no more appointments available:

“Phoning in the morning could be improved. It took 30 minutes to get through, then 15 minutes of ‘there’s a queue’. Sometimes you get through and they say all appointments are taken, none left.”

“You ring up at 8 and by 20 past to 8:30 they are all gone. I have been trying to get an appointment since last Monday but the phone line is constantly engaged.”

“They could improve the phones. I have been trying to get an appointment for months. It is the phones, one month at home I’ve been trying and I gave in.”

There were many that felt 8am was an inconvenient time to have to try and phone in, not only due to the phone difficulties but also for those who had other commitments in the morning and would be busy at that time.

“If you’ve got kids you can’t be on the phone or at the surgery at 8am. It’s more difficult for people who are busy.”

“We are pensioners and we sleep in a lot so having to make appointment at 8 o’clock we find it really hard to get one. Plus it costs a lot to keep making phone calls that day to try and get an appointment when they keep disconnecting you.”

This system seems to be especially frustrating for people who need same day or urgent appointments:

“I get mixed messages around booking emergency appointments. I rang at 7:58, 8:02, 8:10...and by 8:40am, everything had gone. This is really frustrating as I had to take my kids to school whilst trying to ring for an emergency.”

While patients know that getting an appointment means calling early, even if staff on the phones are maximised, there will still be a bottleneck when the appointments open for booking. Therefore, improvements in the appointment booking system need to be made both in terms of allocated booking times on the phones and alternatives to phoning in.

Alternatives to the phones

Open access / Drop-In

Although there are alternative ways to get sameday appointments such as going to the practice in person and using the drop-in / open access system, this is not convenient for all, especially not for those in full-time employment:

Open access / Drop-In - Some GP practices offer drop in sessions. These are not bookable and work on a first come, first served basis.

“Drop-in appointments have only just come into effect but it still feels everything is geared around those who are unemployed or retired. The NHS in general is geared around the unemployed & retired.”

Many complained about how inconvenient the waiting times were when using the drop-in /open access system:

“I work full-time, it’s difficult to get an appointment, sometimes I’ve got to wait (using open access) so long that I’ve got to go. When you ring up you can’t get an appointment, not for the pre-book ones either.”

“When you can’t get an appointment you go to open access, which means queuing up and then being asked to come back in 1.5 hours, which means you have to go away and then come back.”

“You used to be able to get appointments on the phone. I came here last week and waited over two hours and walked out. I am thinking of changing practice. The receptionist said I could come back but I can’t walk properly so I can’t leave and come back, I just had to sit and wait.”

Similar issues with long waiting times in the practices’ waiting rooms were echoed by people that had pre-booked appointments, with many complaining that their appointments ran over by half an hour to an hour. However, the extent to which this was a problem varied across practices.

Some practices provide GP triage call-backs but some people who had to be in work or take children to school told us that this was not convenient for them:

“When you phone at 8am you have to ring 50 or 60 times, so you can’t leave for school on time. The system changed in the last 6-9 months I believe. The GP phones you back for triage before 10, but you may be in work already and then been told to come in, it’s difficult, hard to plan your day.”

Online booking

“Often by the time the call is answered all appointments for that day are gone. I found this so frustrating I no longer undertake this. I access online.”

Although online booking could be a useful alternative to appointments made via phone, the percentage of patients that said they had booked their appointment online were very low across the city (3%). Data from the NHS Digital website also shows relatively low uptake at present: in March 2018 although 216,527 patients were registered in Liverpool for online appointment booking only 9,059 (4%) actually booked an appointment online.

Our survey indicated that although all GP practices must have an online appointment booking system, there were patients that either didn’t seem aware of this as an option, nor of how it worked, and others complained that it was not user friendly or well set up.

“Trying to get through on the phone is a nightmare, I don’t think they do online booking”

“It is not clear on the website if I can make an appointment on it or if I have to use the open access.”

Feedback from our focus group showed that paperwork, such as proof of identity, required to register for online booking can be difficult for some people to produce. It also takes time to collect and hand in the necessary documents which can be a barrier for some, especially those with communication needs.

Some patients who had used the online appointment booking system mentioned that there were not enough appointments available to book online:

“Regarding the online appointments service, you can never get an appointment online - you have to phone which isn’t good if you don’t sleep well.”

“Better access. More appointments available to book online.”

Some patients explained that they did not use the online booking system as they had experience of there being no available appointments online but if they phoned in they were able to book an appointment.

Again, the issue of not being able to book an appointment in advance was raised:

“I like the online appointment system, however there is no option for advanced booking.”

However well the online booking system may work, online appointment booking is not convenient for all, especially those that are not computer literate:

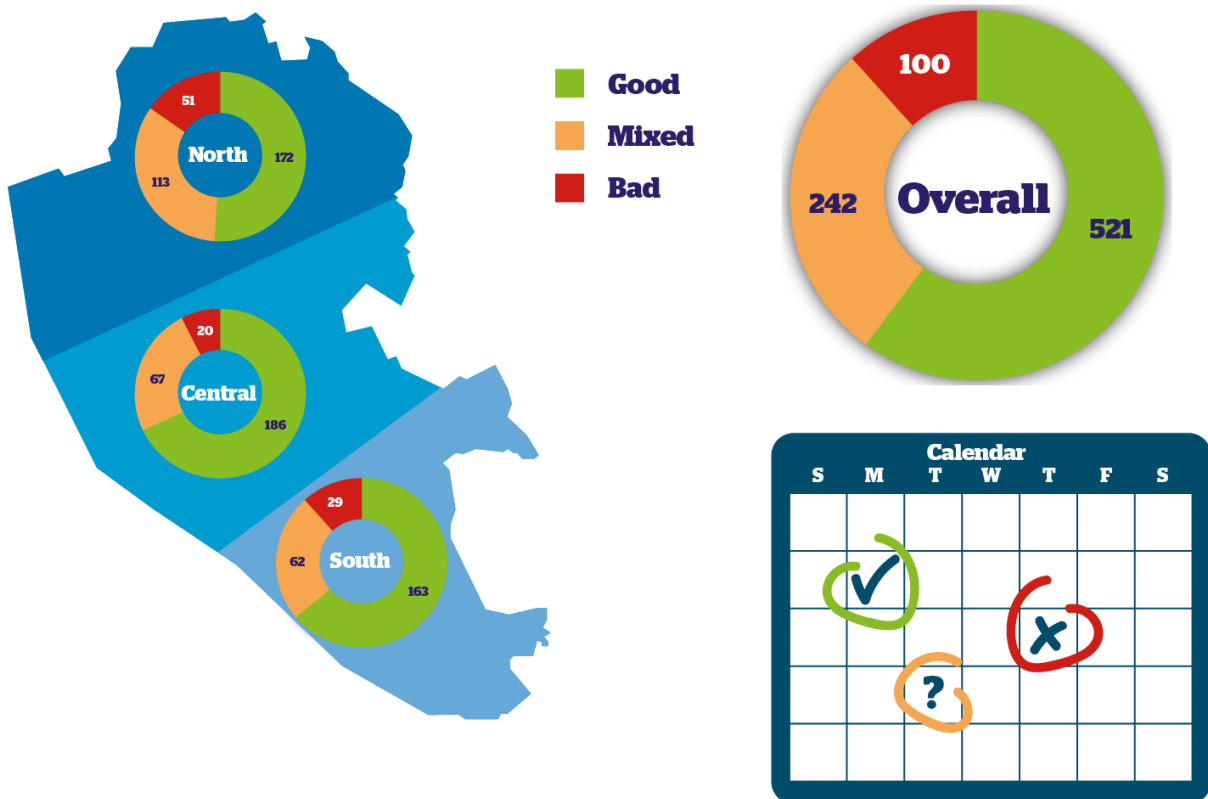
“Using the computer to book an appointment is complicated as I’m not very computer literate, so I have to use the phone or usually come in, which is a nuisance when using crutches.”

Therefore efforts still need to be made to improve the access to booking appointments by telephone.

Getting a convenient appointment

City wide, 60% of people rated their GP practice as being ‘Good’ for getting a convenient appointment.

Again, the North did least well in terms of overall ‘Good’ ratings (51%) compared to Central (68%) and South (64%). In addition, North Liverpool’s ‘Bad’ ratings (15%) were more than double that of Central Liverpool’s (7%), further illustrating the differences between the different parts of Liverpool.



Both the overall and average satisfaction scores for North Liverpool are lower than Central and South. The North's average Good rating was 47% compared to Central's 69% and the South's 63%.

Across the city, for those that complained about there being a lack of convenient appointments the main issues were either:

- waiting times for appointments (some people reported having to wait weeks)
- the appointment system itself which meant it wasn't possible to book appointments in advance
- the opening times of practices

Again, the current system seems especially challenging for those who work, have dependants or are dependent themselves on others who are unable to take them to the GP.

"I am due to see her (the GP) next week but the next bookable appointment is for the 24th. I could come to the open clinic on Mondays but it is tricky with my husband being disabled, I prefer to book a fixed appointment by phone."

"They could look after people who are working better as you can't get an appointment if you are working -because of my working hours."

"You can't always make an appointment when you need to, that doesn't cater for full-time workers."

"You've got to wait 3 or 4 weeks if you make an appointment in advance."

There were also issues discussed around routine or follow-up appointments in advance:

"Appointments are only released on a certain day and you can't book in advance. In the past you had to wait a few weeks but that is ok I am prepared to wait a few weeks if I could book in advance for a routine appointment. But you can't."

"There has been lots of problems; I've had to wait 4 weeks for an appointment when the hospital said I needed a follow up appointment asap. The hospital has had to intervene and "tell the surgery off" and this was the only way it changed anything or listened. When I do drop in, I've had to wait for 2.5hrs to be seen. I needed to book an advance appointment and the diary didn't go far enough ahead (1 month) and I just had to keep ringing up nearing the time."

We asked patients whether they would prefer for the same number of appointments to be spread over the course of 7 days a week or the current Monday to Friday GP practice opening hours.

55% compared to 45% of the respondents from Liverpool said they would prefer to have 7 day access to GP practices rather than the current Monday to Friday opening hours. Nevertheless, there were many of those that felt there was no need for 7 day access if there were more appointments made available and the opening hours were extended.

All groups (those that wanted 7 day access, those that felt 5 day access with extended hours would be preferable and those that were unsure) expressed concern for the GP practices' staff (especially for the doctors) in terms of their workload if 7 day access was introduced. There was also concern that this would affect the quality of care if the existing staff were made to work longer hours or staffing spread more thinly over more days. For these reasons many patients felt that 7 day access would only be beneficial if staffing levels increased.

Staff attitudes

Overall people are positive about the attitudes of staff, with the overall and average score of 78% of people rating the staff attitudes to be Good.

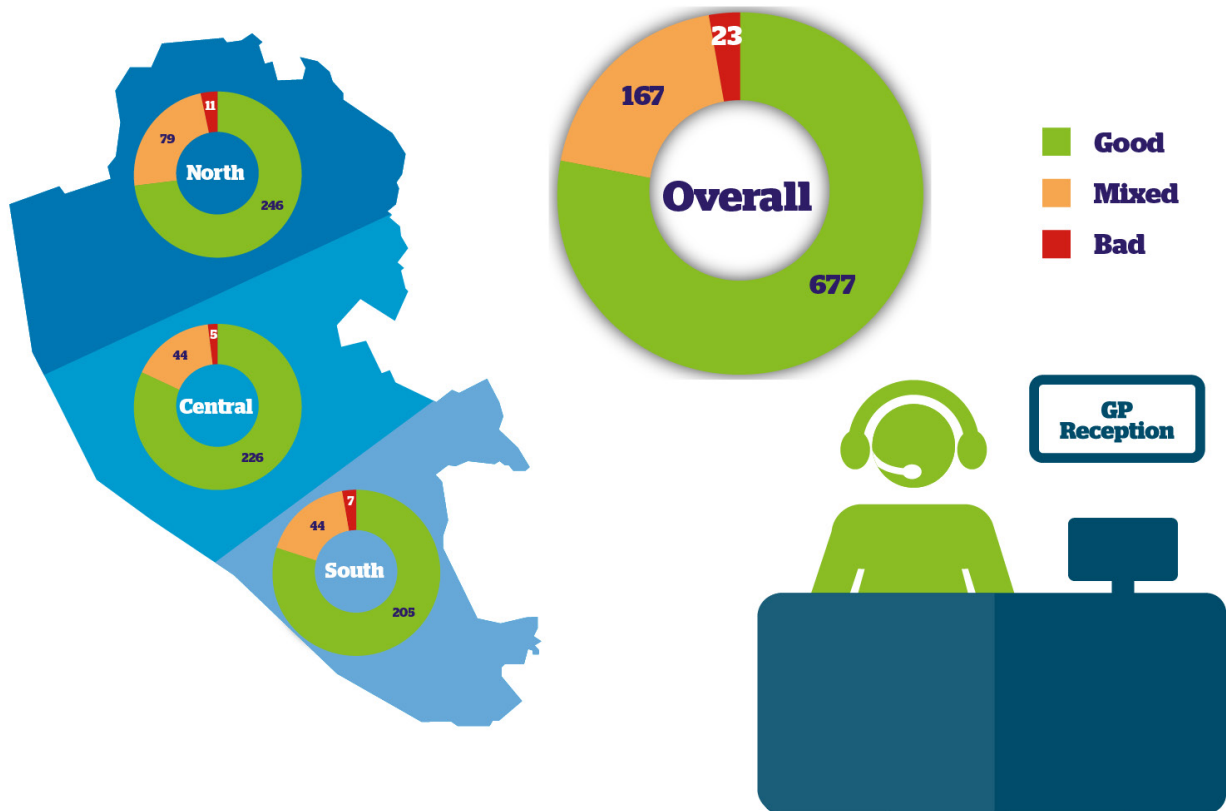
“It’s wonderful, can’t fault it. Every GP I have met has been absolutely wonderful, if you’ve got a problem they’ll sort it out for you. Wonderful patient care!”

“The staff are super - doctors, receptionists and nurses. Marvellous, marvellous.”

“Receptionists are fantastic overall.”

“Other than getting through on the phone everything is fine. The staff are lovely. The doctors are fantastic.”

Again, patients in North Liverpool practices were less satisfied than in Central and South Liverpool.



The North had the lowest scores for ‘Good’ (62%) when the data is broken down by neighbourhood and the highest scores for ‘Bad’ (8%), both of which come from the Croxteth and Norris Green areas of the city. Patients seem to be considerably less happy with staff attitude in the North, seeing as the highest score for ‘Good’ was 89% (City Centre, Central Liverpool) and the overall average score for ‘Bad’ across the city was 3%.

Where negative feedback was given for staff attitude it related to receptionists rather than doctors and nurses. The word ‘rude’ was used frequently by those that had more negative experiences of reception staff at practices.

“Receptionists are very rude when waiting time is questioned, I have also heard receptionists discussing patients in voices loud enough to be heard in the waiting room.”

Communication problems between patients and receptionists were also discussed. With the combination of the receptionists' workload, and the pressure of having to be on the 'front line' for dealing with system issues that were not necessarily their fault or responsibility, it is understandable how some of the issues patients spoke about might arise.

Nevertheless, the manner in which some staff handle or are perceived to handle these challenges affected patients' rating of their attitude:

“If you get any tests, there is no communication about results. It's inconsistent around confidentiality issues too. I was meeting my Mum here for her appointment but when I arrived I couldn't find her so I asked and they wouldn't tell me if she was still here or not. I also received a letter to my address for someone else - the letter was about the change in booking system, but although they sent one to this other person who does not live at my address, I didn't actually get a letter addressed to me. When I asked the receptionist about this she was very rude. I understand it's not an easy job. She finally agreed that he would be removed, but they then sent a letter to let this other person know they had been removed, and once again sent it to my home where this person does not live. When I pointed it out that it was very concerning and I wanted to understand what was happening as someone using my address is worrisome, I was told they couldn't discuss it with me due to confidentiality. I then spoke to the practice manager, who did deal with it well and it got sorted, but he had a completely different response to what the receptionists had rudely said.”

Confusion over receptionists' role and frictions caused

Although we are aware that receptionists have the task of triaging, this role is not always understood by the patients and is often interpreted as them 'thinking they are the doctors' and do not understand why they need this information.

There were also patients who expressed in the surveys that having to disclose their reasons for needing to see a nurse or GP to a receptionist in front of people in the waiting room was not appropriate. We also know from our out-reach visit and focus group that this can also be culturally insensitive and the experience can be much worse for those with communication needs.

With the current system relying on phones as the main channel by which people make appointments, it is understandable that this can become a stressful and demanding task for receptionists to carry out. More needs to be done in order for patients to understand the role of the receptionist in order to alleviate the friction between some receptionists and patients and the dissatisfaction for all that this can cause.

“It's terrible getting appointments: one receptionist says one thing and one says another. Their attitude is awful too, reception are never helpful. I filled in a complaints form and nothing changed. I had an appointment with the manager as well but the GPs don't seem to have a relationship with reception.”

“I often feel like receptionists can be a barrier to getting an appointment as they ask you what's wrong but they're not trained to make the decision as to whether it's urgent enough or not. Usually they book me with a nurse & I end up having to go and see a GP again as they couldn't help.”

“Less feisty and protective attitude of the appointment book from reception staff.”

Impact of these problems

Although overall positive ratings outweigh negative ratings for getting through on the phones, getting a convenient appointment and staff attitudes, the impacts of the problems discussed are many and significant:

"I have been trying to make an appointment for 4 weeks, I have not been well and had to take a week off work because of it."

"I have been trying to phone all morning and not got through, so I had to get a taxi to come here. It's costing me a fortune in taxis."

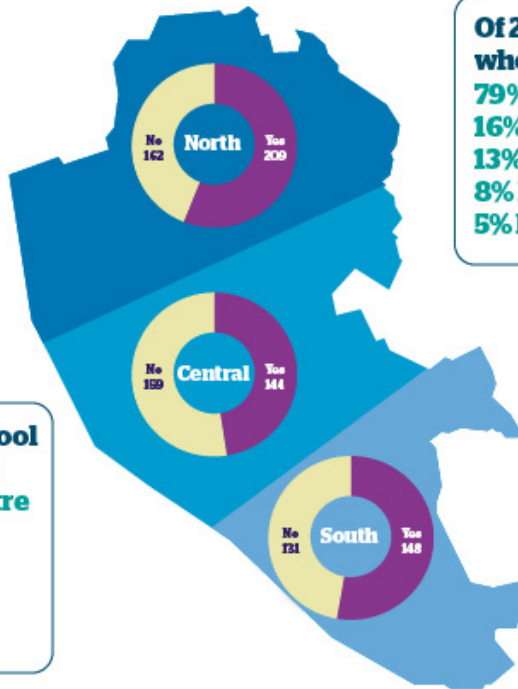
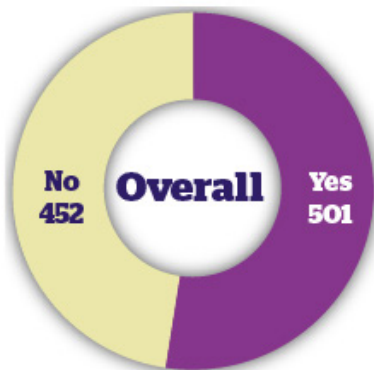
"You can't pre-book for the same week and are told to phone on the day but then it is constantly engaged. I have been waiting to get an appointment for 10 days, so have ended up seeking private treatment. The practice is overstretched."

"It's impossible to get an appointment even on an automated system. It's a ridiculous situation, impossible to get through on the phone. I've given up and I go to a chemist."

"It's difficult to get an appointment. The GP said I needed appointment asap and was told it would be 2 weeks. I tried to book the appointment online but had problems and I couldn't get through on the phone. Even though I requested this appointment with a GP today, I was still booked in with a lead nurse. I've changed it back now but I've decided from now on I'm going to go private for my healthcare. The GP's can be frustrating as they send you for incorrect referrals and you have to go backwards and forwards to the surgery all the time as you can't get through on the phone."

Have you used other services when there was not a GP appointment?

Have you used other services when there was not a GP appointment?



Of 209 people in North Liverpool who have used other services*:
79% have been to a walk-in centre
16% have used GP out-of-hours
13% have used Adult's A&E
8% have used Children's A&E
5% have used a Pharmacy

Of 144 people in Central Liverpool who have used other services*:
72% have been to a walk-in centre
17% have used GP out-of-hours
27% have used Adult's A&E
7% have used Children's A&E
12% have used a Pharmacy

Of 148 people in South Liverpool who have used other services*:
66% have been to a walk-in centre
14% have used GP out-of-hours
19% have used Adult's A&E
11% have used Children's A&E
12% have used a Pharmacy

* Percentages total more than 100 as people were asked to select multiple options if appropriate

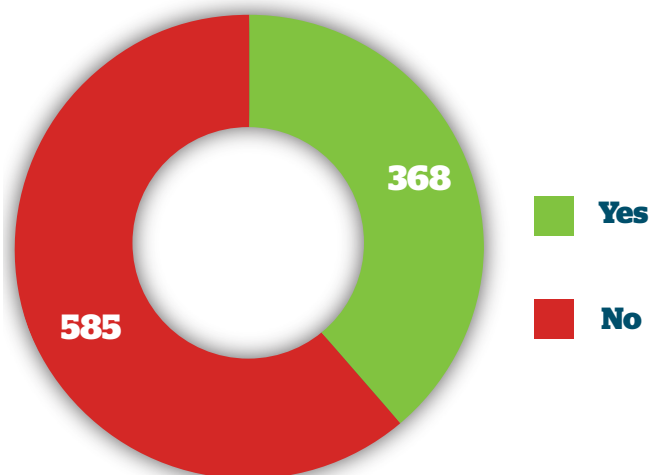
When asked whether they had used other services when they could not get a GP appointment it was apparent that Walk-in Centres were people's first point of call, even for those in the North Liverpool where there isn't a local walk-in. They may be travelling to Litherland in Sefton, Kirkby in Knowsley or to those in central or south Liverpool.

We know from our Accident and Emergency (A&E) visits that few patients (5%) give their reason for attending A&E as not being able to get a GP appointment. However, from listening events in walk-in centres we are aware that some people assume they won't get a GP appointment and go straight to the walk-in, suggesting the previously discussed issues are adding pressure to walk-ins rather than A&Es.

Continuity of care and getting to see who you want

Most patients said that they did not see the person they wanted to see. This was consistent across the city. The percentage (39%) of people that said they had seen the health professional they wanted to see was well below that national average (56%) which is reported in the 2018 Healthwatch Liverpool's Continuity of Care report. Please feel free to read this report if you would like more information on continuity of care in Liverpool. You can find this Continuity of Care report here: www.healthwatchliverpool.co.uk/GP-continuity

Were you able to see who you wanted?



There were many who said that they had wanted to see a GP but instead were seeing a nurse:

"I wanted to see a GP but there were none available today, I'm seeing a nurse instead but it's not my first choice."

This issue was also brought up during our focus group therefore we know this is also an issue in minority groups and those with health conditions and disabilities. It was also mentioned in both the surveys and focus group that people will ask to see a doctor but are given an appointment with a nurse, only to then have to make another appointment to see the doctor after this.

Others had a preference of whether they saw a male or female health professional. This was sometimes due to cultural reasons; however it was also common for patients to have a gender preference when they had gender specific health issues, especially for women.

Additionally, patients really valued the relationships they had built with some GPs, explaining that they felt that they were understood by certain GPs and had a lot of trust in them:

"I had a preference because I know and trust them but it was OK that I couldn't see them because most of the others are fine too."

"Because I've got a lot of health problems, and they know me. I've been coming here for the last 10 weeks, and this doctor knows what it's about."

"She's been dealing with me and I feel comfortable with her."

The preference to see the same doctor was seen across the age ranges. Continuity of care that enables the building of relationships with GPs and nurses was important for many patients, particularly for those who had chronic illnesses and mental health issues. However there were many who felt this was not being provided:

“It would be nice to have some consistency with which doctor you see, even if it’s about the same issue you end up seeing different doctors.”

“I am more comfortable with Dr M as my father passed away last year and Dr M got me through it, but I couldn’t see them today. On Saturday I got to a point I was going to have a mental breakdown and so I had to take a day off work to come in today.” (Patient had been asking to see the specific doctor for a few weeks).

“I’d prefer to see the same doctor, who knows the background to my issues. I’ve been 3 times and seen 3 different GPs. One time I asked if I could see the same doctor as last time but that wasn’t possible.”

“The doctors have gone downhill, there are no set doctors, you don’t know who you’re seeing. It didn’t used to be like that. I used to ask for a specific doctor, now I don’t even bother. You have to go through the process of what you’re there for all over again.”

“The doctors are always changing so it’s difficult to build up a relationship, I don’t even know their names.”

“They don’t have the same GPs, every time you come it’s a different one. It would save time if they had regular GPs, save having to explain everything again.”

For some continuity of care was so important that they were willing to wait until their preferred GP was available, while others prioritised being seen as soon as possible:

“I was just happy to get seen. It is rare that you get to see one of the long-standing GPs”

“I like continuity, particularly after my husband had a stroke. But I understand we have to be flexible as well.”

Extended Hours Access

An Extended Access to GP appointments scheme has recently been introduced. The scheme aims to widen access by providing additional appointments to the usual allocation of GP appointments. These appointments are available from 4pm-8pm on weekdays, 9am-4pm on Saturdays, and 9am - 1pm on Sundays. Unlike GP Out of Hours the doctors and nurses will be able to access patients’ medical records and the consultations will appear on patient’s usual GP’s notes.

Initially appointments are being provided for patients from across the city at three sites (Old Swan, Townsend Lane and Childwall Fiveways) with the intention of adding more locations in future. This will be important as accessing these current locations without the use of a car is difficult from many parts of the city.

We are interested to see how this scheme operates in practice, to find out how aware patients are of it, and to hear the experience of patients who have used it.

Equality and diversity issues

Interpretation

There were 48 patients (most were Chinese) who said they needed an interpreter. Those who gave feedback on the use of interpreters explained how invaluable they were for them to receive adequate treatment from the GPs:

“The interpreters do a great and important job because they help patients to understand their health condition.”

“I can’t speak English so would be unable to communicate with the GP.”

“I have communication problems when making an appointment that caused insufficient/inadequate services provided.”

Although GP practices are meant to provide interpreters for their patients and to discourage the use of family members as interpreters especially children, it was evident that this is still a common practice for those that we surveyed:

“If there is no interpreter my daughter has to escort me as I cannot speak English.”

“If there is no interpreter available my son has to take me and sometimes he is busy.”

“I can’t speak English if there is no interpreter I need my daughter to help but sometimes she is busy.”

“My daughter interprets for me but I would prefer to have a professional interpreter.”

Having to rely on a family member to act as translator is less than ideal and can have impacts on the family member:

“I don’t (have need for an interpreter) but I interpret for the rest of my family. This impacts on my studying.”

Another example is a patient whose child goes to the practice with him to interpret from Polish to English. On the day the patient was surveyed it was a holiday so their child (aged 11) did not have to be at school, however they did have to come to the GP practice to translate for their father. In fact, we were told of cases where some GPs will try to insist patients to bring family members to interpret, rather than book interpreters. Although this was common during school holidays the child did say when they have to go to school their father uses an interpreter on the phone.

These issues were echoed during the focus group we conducted. Another issue that was brought up was that often non-English speakers have to go to the GP practice in person in order to book appointments in advance.

Communication needs were seen to be a major barrier to same day appointments. This was due to having to book interpreters (including those used for British Sign Language (BSL)) which meant some patients had to wait up to two weeks for an appointment. In some cases, even after this wait the interpreters would not turn up to the appointments, further delaying patient treatment.

Another barrier that was discussed was around GP registration. Whilst some GPs will offer support for registering others don't and will simply provide the prospective patient with a registration form without offering language support.

Meeting the needs of people with visual or hearing impairments

Again, a workshop conducted by Liverpool CCG and the focus group we conducted reported similar difficulties for D/deaf people.

There were reports of deaf patients being expected to be able to read. Examples were given such as a patient (whose first language is BSL) who had to complain to the practice in order to get an interpreter booked as their GP had assumed there were no communication problems as they had insisted on written communication with the patient.

These obstacles to access (such as practices' reluctance to book interpreters) can have serious impacts on patients' treatment, especially if they do not have people to help them with these barriers. We were told of a case where a severely deaf suicidal man (who was already under the mental health team) needed a same day appointment at his practice. However he was told he was unable to get one (even though he was vulnerable and in a serious crisis) which led to his health- link worker calling and managing to arrange a same-day appointment for him.

Challenges with the methods with which patients were called to appointments in waiting rooms were also discussed, especially by those that had visual or hearing impairments, or those having to look after children while they wait:

"I am a bit deaf, so I have to look out for people calling me in. It would help if they always kept the information screens maintained, as sometimes they are off."

"When the appointment comes up on the screen, it would be good if it 'pings' too. Some people are missing their appointments, staff will call their names out."

"The screen doesn't have a voice, so if you are not looking you miss it."

"The booking in system needs improving as I am visually impaired and would find it easier if somebody shouted me to go in for my appointment. I asked reception to do this and they said they would but they often forget and I then miss the appointment. I have had to start bringing my wife along just to tell me when I'm being called in which means she needs to take time off work. I find it disabling and humiliating."

It was clear and concerning from the focus group that there is a lack of knowledge and understanding of the issues surrounding these impairments and conditions and how to deal with them in some practices.

Issues such as these highlight how, although efforts are being made to address equality and diversity concerns for patients in terms of GP access, there are still improvements to be made. While some are simple and perhaps easier to rectify (e.g. screens in waiting room with audio, patients being called in person to appointment), others may be more complex and require more engagement with these communities to resolve.

About Healthwatch Liverpool

Healthwatch Liverpool is the independent champion for people who use health and social care services in Liverpool. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England and Healthwatch England, the national body, our work contributes to a nationwide perspective of health and social care services.

We also work with neighbouring local Healthwatch to gather patient experiences from a wider local footprint when it is useful to do so.

At Healthwatch Liverpool we also provide a dedicated information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.



Appendix 1 - GP Access Survey

Accessing GP services - your experience

GP services are changing. We want patient's experiences and priorities to be part of this to make sure services can meet our needs. We need to know what you think.



Name of GP Practice

Date of visit

1. What do you think is good about your GP practice?

2. What would you like to see improved?

3. Did you need to speak to a doctor or could someone else at the practice help you?

Doctor

Other Who was this? (eg a nurse or other health worker)

4. If you needed an appointment how did you make it?

By Phone

No appointment, I can drop in and wait

In Person

Follow up appointment

Online

Appointment made by GP / Nurse / Other

5. If you made an appointment, when was it made for?

Same Day One Day later Up to a week later More than one week later

6. Could you get an appointment at the time and on the day you wanted? Yes No

7. Was it important to you which GP / Nurse / health worker you saw? Yes No

If yes, why?

Were you able to see the person you wanted? Yes No

8. Given that there will be a certain number of appointments available each week (as well as the existing Out of Hours doctor service), would you prefer:

That number of appointments to be made available over 5 days, Monday to Friday

The same number of appointments to be spread out over 7 days, including weekends

9. Have you ever used another service because you could not get a GP appointment?

Yes No

If yes, which service? A&E (for adults) A&E (for children) Walk-in Centre
 GP Out of Hours Pharmacy

Was this when your GP practice was closed? Yes No

10. Feedback about GP services is often about getting through on the phone, getting a quick appointment and staff attitude. What are your experiences of these with your GP practice?

- a. **Getting through on the phone** Good Mixed Bad
- b. **Getting a convenient appointment** Good Mixed Bad
- c. **Attitude of Staff** Good Mixed Bad

Comments:

11. Do you need an interpreter for appointments? Yes No

If yes, how does this work for you?

Any other comments (If there is not enough room here, please continue on another sheet of paper)

Some details about you. We don't ask for your name, so any information you give is anonymous.

Age Gender

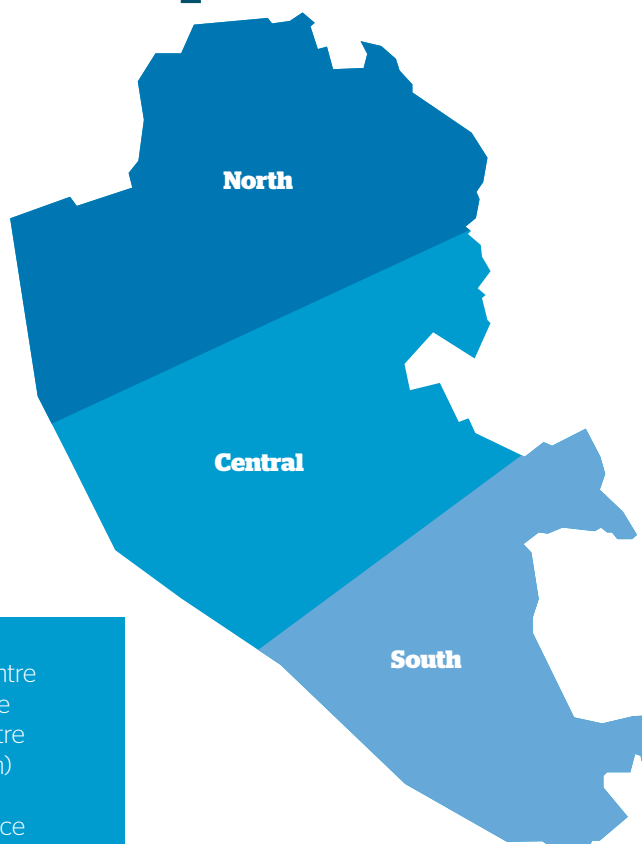
How would you describe your race or ethnicity? Prefer not to say

Which best describes your situation?

- Full-time work
- Part-time work
- In education
- Retired
- Unemployed
- Unable to work
- Carer
- Prefer not to say

Thank you for taking part in this survey!

Appendix 2 - List of Liverpool GP Practices during the period of June 2017 to April 2018



- North**
- Abingdon Family Health Centre
 - Aintree Park Group Practice
 - Anfield Group Practice
 - Derby Lane Medical Centre
 - Dovecot Medical Centre
 - Ellergreen Medical Centre
 - Fir Tree Medical Centre
 - Gillmoss Medical Centre
 - Green Lane Medical Centre
 - Healthaction Robson Street(Formerly Mere Lane Group Practice)
 - Islington House Surgery
 - Jubilee Medical Centre
 - Knotty Ash Medical Centre
 - Langbank Medical Centre
 - Long Lane Medical Centre
 - Old Swan Health Centre
 - Priory Medical Centre
 - Rock Court Surgery
 - SSP Everton Road
 - Stoneycroft Medical Centre
 - Townsend Medical Centre
 - West Derby Medical Centre
 - Westmoreland GP Practice
 - Yew Tree Health Centre

- Central**
- Abercromby Health Centre
 - Benim Medical Centre
 - Bousfield Medical Centre (Dr Roberts & Dr Shah)
 - Breeze Hill
 - Brownlow Group Practice (including Rope Walks)
 - Brownlow@Marybone
 - Brownlow Health @ Princes Park
 - Dunstan Village Group Practice
 - Earle Road Medical Centre
 - Edge Hill Health Centre
 - Fairfield Medical Centre
 - Greenbank Drive
 - Greenbank Road Surgery
 - Grey Road Surgery
 - Park View Medical Centre
 - Picton Road Neighbourhood Centre
 - Sefton Park Medical Centre
 - Stanley Medical Centre (Dr Judes)
 - St James Health Centre
 - Stanley Medical Centre
 - Vauxhall Health Centre
 - Walton Medical Centre
 - Westminster Medical Centre

- South**
- Belle Vale Medical Practice
 - Childwall Health Action
 - Dingle Park practice Fulwood Green Medical Centre
 - Garston Family Health Centre
 - Gateacre brow
 - Grassendale Medical Practice
 - Hunts Cross Medical Centre
 - Lance Lane Medical Centre
 - Margaret Thompson Medical Centre
 - Mather Avenue Surgery
 - Oak Vale Medical Centre
 - The Surgery- Penny Lane
 - Queens Drive Surgery
 - Riverside Centre for Health
 - Rocky Lane Medical Centre
 - Rutherford Medical Centre
 - Sandringham Health Centre
 - South Liverpool NHS Treatment - The Village Surgery
 - Speke Health Care Centre (Dr Choudhary, Dr Mandarai, Dr Singh, Dr Thakur)
 - The Ash Surgery
 - The Elms Medical Centre
 - The Valley Medical Centre
 - Woolton House Medical Centre

Appendix 3 - Equality and Diversity Data

	Overall	North	Central	South
Age Range	7-97	7-89	12-68	19-82
Gender				
Male	281	110	93	78
Female	592	229	183	180
Not Stated	81	33	27	21
Employment Status				
FT employed	272	102	79	91
PT employed	109	43	31	35
Unemployed	55	18	26	11
Retired	276	119	81	76
Carer	24	10	8	6
Unable to work	70	27	23	20
In education	38	11	19	8
Prefer not to say	9	3	1	5
Need an interpreter				
Yes	48	9	29	10
No	878	362	247	269

How would you describe your race or ethnicity?

This was a free-text field with an option to tick a box saying “prefer not to say”.

		North	Central	South	Total
White	White	20	10	16	46
	White English	10	4	7	21
	White Scottish	0	1	0	1
	White Irish	0	2	0	2
	White/Mixed British	0	1	0	1
	White Anglo-Saxon	1	0	0	1
	White Polish	1	1	1	3
	White Greek	0	0	1	1
	White Romanian	0	1	0	1
	White Jewish	0	0	1	1
	White European	0	5	0	5
	White other	1	4	1	6
	White UK	1	0	1	2
British	British	38	31	13	82
	White British	192	110	161	463
	Black British	1	4	5	10
	Asian British	2	1	1	4
	British Arab Somali	0	1	0	1
	English	30	12	12	54
	British English White	1	0	0	1
	British Chinese	0	0	1	1
	Scouse	0	2	1	3
European	European	1	1	0	2
	German	1	0	0	1
	Italian	1	0	0	1
	Polish	1	1	0	2
	French	0	1	0	1
	Hungarian	0	1	1	2
	Romanian	0	1	0	1

		North	Central	South	Total
African	African	1	1	3	5
	Black African	2	3	0	5
	Nigerian (Black)	1	1	1	3
	Gambian	0	1	0	1
	Somali	0	1	0	1
	White African	0	0	1	1
Black	Black	0	1	0	1
	Afro/Black Caribbean	0	4	0	4
	Black African	2	3	0	5
	Nigerian (Black)	1	1	1	3
	Black British	1	4	5	10
Mixed	Mixed race	0	7	3	10
	Mix-Bermudian	0	1	0	1
	Mixed British	0	2	1	3
South-Central Asia	Asian	1	1	0	2
	Sri Lankan	1	0	0	1
	Indian	2	3	0	5
	Pakistan	0	1	1	2
	Bangladeshi	0	0	1	1
Middle-East	Middle-Eastern	0	1	0	1
	Turkish	0	1	0	1
	Yemen	0	1	0	1
	Arabic	0	2	0	2
	Kurdish	0	2	0	2
Chinese	Chinese	11	26	9	46
Left blank or prefer not to say		47	37	31	115

Appendix 4: Overview of three main questions

Getting through on the phones

	Good	Mixed	Bad	Total
North	140 (41.3%)	112 (33.0%)	87 (25.7%)	339
Central	190 (69.1%)	57 (20.7%)	28 (10.2%)	275
South	167 (65.5%)	58 (22.7%)	30 (11.8%)	255
Overall	497 (57.2%)	227 (26.1%)	145 (16.7%)	869

North Neighbourhood

	Good	Mixed	Bad	Total
Aintree	37 (41.6%)	29 (32.6%)	23 (25.8%)	89
Croxteth and Norris Green	17 (32.1%)	18 (34.0%)	18 (34.0%)	53
Everton and Anfield	27 (45.0%)	21 (35.0%)	12 (24.8%)	60
West Derby	59 (43.1%)	44 (32.1%)	34 (24.8%)	137

Central Neighbourhood

	Good	Mixed	Bad	Total
City Centre	41 (91.1%)	4 (8.9%)	0 (0.0%)	45
Kensington	36 (62.1%)	12 (20.7%)	10 (17.2%)	58
Picton	54 (57.4%)	27 (28.7%)	13 (13.8%)	94
Walton	59 (75.6%)	14 (17.9%)	5 (6.4%)	78

South Neighbourhood

	Good	Mixed	Bad	Total
Childwall & Wavertree	52 (65.0%)	20 (25.0%)	8 (10.0%)	80
Garston, Allerton, Aigburth, Gateacre, Woolton	34 (56.7%)	17 (28.3%)	9 (15.0%)	60
Riverside	52 (67.5%)	14 (18.2%)	11 (14.3%)	77
Speke & Belle Vale	29 (76.3%)	7 (18.4%)	2 (5.3%)	38

Getting a convenient appointment

	Good	Mixed	Bad	Total
North	172 (51.2%)	113 (33.6%)	51 (15.2%)	336
Central	186 (68.1%)	67 (24.5%)	20 (24.5%)	273
South	163 (64.2%)	62 (24.4%)	29 (24.4%)	254
Overall	521 (60.4%)	242 (28.0%)	100 (11.6%)	863

North Neighbourhood

	Good	Mixed	Bad	Total
Aintree	51 (58.0%)	26 (29.5%)	11 (12.5%)	88
Croxteth and Norris Green	19 (35.8%)	21 (39.6%)	13 (24.5%)	53
Everton and Anfield	25 (42.4%)	23 (39.0%)	11 (18.6%)	59
West Derby	77 (56.6%)	43 (31.6%)	16 (11.8%)	136

Central Neighbourhood

	Good	Mixed	Bad	Total
City Centre	35 (79.5%)	8 (18.2%)	1 (2.3%)	44
Kensington	31 (53.4%)	20 (34.5%)	7 (12.1%)	58
Picton	57 (61.3%)	29 (31.2%)	7 (7.5%)	93
Walton	63 (80.8%)	10 (12.8%)	5 (6.4%)	78

South Neighbourhood

	Good	Mixed	Bad	Total
Childwall & Wavertree	43 (54.4%)	26 (32.9%)	10 (12.7%)	79
Garston, Allerton, Aigburth, Gateacre, Woolton	33 (56.9%)	19 (32.8%)	6 (10.3%)	58
Riverside	56 (72.7%)	10 (13.0%)	11 (14.3%)	77
Speke & Belle Vale	31 (77.5%)	7 (17.5%)	2 (5.0%)	40

Staff Attitude

	Good	Mixed	Bad	Total
North	246 (73.2%)	79 (23.5%)	11 (3.3%)	336
Central	226 (82.2%)	44 (16.0%)	5 (1.8%)	275
South	205 (80.1%)	44 (17.2%)	7 (2.7%)	256
Overall	677 (78.1%)	167 (19.3%)	23 (2.7%)	867

North Neighbourhood

	Good	Mixed	Bad	Total
Aintree	62 (72.9%)	22 (25.9%)	1 (1.2%)	85
Croxteth and Norris Green	33 (62.3%)	16 (30.2%)	4 (7.5%)	53
Everton and Anfield	47 (75.8%)	11 (17.7%)	4 (6.5%)	62
West Derby	104 (76.5%)	30 (22.1%)	2 (1.5%)	136

Central Neighbourhood

	Good	Mixed	Bad	Total
City Centre	40 (88.9%)	5 (11.1%)	0 (0.0%)	45
Kensington	44 (77.2%)	11 (19.3%)	2 (3.5%)	57
Picton	74 (77.9%)	19 (20.0%)	2 (2.1%)	95
Walton	68 (87.2%)	9 (11.5%)	1 (1.3%)	78

South Neighbourhood

	Good	Mixed	Bad	Total
Childwall & Wavertree	66 (82.5%)	14 (17.5%)	0 (0.0%)	80
Garston, Allerton, Aigburth, Gateacre, Woolton	46 (78.0%)	12 (20.3%)	1 (1.7%)	59
Riverside	59 (76.6%)	13 (16.9%)	5 (6.5%)	77
Speke & Belle Vale	34 (85.0%)	5 (12.5%)	1 (2.5%)	40

Appendix 5: Have you used other services when there was not GP appointment?

	Yes	No	Total
North	209 (56%)	162 (44%)	371
Central	144 (48%)	159 (52%)	303
South	148 (53%)	131 (47%)	279
Overall	501 (53%)	452 (47%)	953

If yes, which service?

	North*	Central*	South*	Total*
A&E Adults	23 (13%)	34 (27%)	25 (19%)	82 (19%)
A&E Children	15 (8%)	9 (7%)	15 (11%)	39 (9%)
GP out of hours	29 (16%)	21 (17%)	19 (14%)	69 (16%)
Walk-in	142 (79%)	92 (72%)	88 (66%)	322 (73%)
Pharmacy	9 (5%)	15 (12%)	16 (12%)	40 (9%)
Total respondents to this part of the question	179	127	133	439

* percentages total more than 100 as people were invited to select more than one option when appropriate

Appendix 6: Were you able to see who you wanted?

	Yes	No	Total
North	144 (38.8%)	227 (61.2%)	371
Central	121 (39.9%)	182 (60.1%)	303
South	103 (36.9%)	176 (63.1%)	279
Overall	368 (38.6%)	585 (61.4%)	953

Appendix 7: If needed, how did you make the appointment?

	North	Central	South	Total
Appointment made by GP/ nurse/ other	14 (3.7%)	13 (4.5%)	14 (5.3%)	41 (4.4%)
By Phone	250 (66.1%)	181 (63.1%)	146 (55.5%)	577 (62.2%)
Follow up Appointment	12 (3.2%)	8 (2.8%)	7 (2.7%)	27 (2.9%)
Drop in & wait	48 (12.7%)	21 (7.3%)	53 (20.2%)	122 (13.1%)
In person	40 (10.6%)	56 (19.5%)	34 (12.9%)	130 (14.0%)
Online	13 (3.4%)	7 (2.4%)	9 (3.4%)	29 (3.1%)
By phone and in Person	1 (0.3%)	1 (0.3%)	0 (0.0%)	2 (0.2%)
Total	378	287	263	928