

healthwatch

Liverpool

**Patients with Long-term
Conditions; Continuity of
Care at the GP**
November 2018



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Introduction

At the end of 2015 Healthwatch Liverpool started to look into GP continuity of care in relation to patients with long term conditions. This was as a result of a bigger project looking at access to GP services we had completed the previous year. Feedback received from patients at that time indicated that continuity of care was an issue for some patients, especially for those who needed more frequent GP appointments. We decided this needed further investigation, with an initial focus on patients with long-term conditions, as they would be likely to need more regular GP or practice nurse appointments.

The Department of Health defines a long-term condition as

“a condition that cannot, at present, be cured; but can be controlled by medication and other therapies. Examples of Long Term Conditions are diabetes, heart disease, and chronic obstructive pulmonary disease.” (Department of Health, 2010)

We decided to:

- carry out desktop research to gather background information;
- design and distribute a survey to gain a view from people with long term conditions about their GP experience;
- engage with patient groups and peer support groups to get their feedback;
- learn from any relevant patient feedback that we gathered via enquiries (Healthwatch Liverpool also provides information about, and signposts people to, health and social care services and activities that can help with wellbeing).
- Further feedback was received via ‘Listening Events’ (visits with a focus on gathering patient feedback) at GP surgeries, as well as by speaking to people at a range of events that we attended in Liverpool.

Since the previous GP Access report, published in 2014, we continued to receive regular enquiries and feedback about GP services, and we decided that it was worthwhile to revisit GP Access again. From the summer of 2017 onwards we visited a number of GP surgeries to speak to patients, using a survey that included a few questions related to continuity of care. By May 2018 we had received more than 1000 completed surveys; all the feedback has been collated into a comprehensive report.

Key findings

- **Many patients who only attend a GP practice occasionally have little or no preference for which GP they see; getting an appointment when they need it was the most important consideration.**
- **Patients who attended GP practices more frequently, perhaps because of a long-term condition, had more reason to value continuity of care. For some patients seeing the same GP or nurse was an important factor in their experience of primary care.**
- **Research has shown that where there is continuity of care at a primary care level, this can reduce the numbers of patients admitted to hospitals; if a GP knows the patient, they are better able to judge what is 'usual' for that patient and thus take appropriate action, compared to a GP who has not met the patient before.**
- **With the GP Five Year Forward View there will be changes to GP services, so it is important to see if there are additional ways or services that can support and provide continuity of care to patients with long-term conditions. The model used by diabetes services in Liverpool in recent years may be a useful example of providing continuity of care outside of GP practices for patients with other relatively common long-term conditions.**
- **Some patients also highlighted the importance of organisations like the Stroke Association or British Lung Foundation for providing information and support, including peer support to patients with long-term conditions.**



Patient feedback, Part 1: Continuity of Care survey

Healthwatch attended several meetings and events at patient groups based in Liverpool between October 2015 and March 2017 to learn more about the experiences of people with one or more long-term condition(s).

We spoke to 92 people attending (peer) support groups, meetings or events of the Stroke Association (20 people), Breatheasy (30), Local Solutions carers' groups (26) and Henshaw Society for Blind People (16). At these events some people completed a survey (see Appendix C), while others provided informal feedback.

We received 36 completed surveys. Due to the small number, the results and comments may serve as an illustration of what is important to those with long term conditions in relation to their healthcare, but are not of any statistical significance.

The results were as follows:

- 35 out of 36 people identified as having one or more long term conditions.
- 26 of those people were offered regular appointments with their GP, 7 said they did not and 2 did not answer the question.
- 22 people said they attended regular appointments, 1 said they did not and 3 did not answer.
- Respondents who did not attend appointments were asked why, and what could help:

“Problems getting to appointments, I need a taxi. Never get to see GP I want.”

“I look after myself. I try and not to trouble the doctor unless I need to go.”

- 23 people said they preferred to see a particular GP, nurse or other health care worker at appointments, 10 said they didn't, 2 did not answer and 1 person did not know.
- 7 of those who had a preference said they usually saw their preferred practitioner, 7 mostly did, 5 sometimes, 5 rarely, and 2 never.
- 17 respondents had seen their preferred practitioner at their most recent appointment, and 13 had not.
- 11 respondents did not think that a temporary or locum GP had provided the same level of care, 4 thought they had, and 3 were not sure.

Respondents were asked if they had any further comments about their experiences at GP practices. Comments varied, and included:

“I needed an immediate appointment. It was a good experience in one way but the consultant gave me advice, and the GP gave the same advice but the nurse gave different advice. I refused the injection - I made a complaint to the receptionist and this was sorted right there and then.”

“Doctors change far too often. The surgery is mainly staffed by locums which results in lack of continuity which is important for long term health conditions.”

“When I saw a locum doctor, he sent me off for some blood tests and then I found out I had rheumatoid arthritis.”

“Sometimes I get told to go to the hospital depending on what doctor I see. Understanding my own health problems helps me to go communicate properly.”

- 23 respondents said they had received support from other local health services to manage their condition, 8 had not, and 3 were unsure if they had accessed other services.
- 16 respondents who had accessed other services said they had had positive experiences, 3 had negative or mixed experiences.
- 27 agreed that advice they were given was consistent between practitioners, 3 said it was inconsistent, and 1 person was unsure. Comments included:

“I only see the GP about epilepsy if in an emergency and can’t see the epilepsy nurse.”

“No, my GP never really talks about it (my condition).”

- 12 respondents said they were given enough information to manage their condition, 5 said they did not get enough, and 1 said they received too much.
- 12 said the information they were given was clear and 4 said it was fairly clear.
- 17 people said the advice was helpful, 5 said it was fairly helpful and 1 said it was unhelpful.
- 23 respondents said they felt they were fully involved in decisions about their care, 4 said they were not, and 1 was unsure.
- Comments about health services available for long-term conditions included:

“Very helpful mental health nurse but it took time to get the support while I was ill and I had no one. It took a year to get a nurse. The doctors are helpful. Staff at psychiatric wards need to be more helpful and understanding. Staff should follow confidentiality rules more.”

“For gastro clinic, access to the nurses works well. For lungs, it would be good to have a respiratory community nurse to come to the house if I’m not well, but at the present time they cannot cover all lung conditions, so aren’t really funded to visit me in the house. I’ve been told this may change in the future.”

“Services for people with dementia vary according to where you live - those in Central/South receive home visits from Mersey Care but in North there is a clinic model. The latter does not offer post-diagnostic groups (or other groups!) and the team does not include a clinical psychologist.”

Some feedback showed that people greatly valued additional support, including from non-NHS organisations that provided information and/or peer support to patients:

“Long term health conditions should be taken seriously. I bleed from my lungs so regular checkups are essential to my health. The British Lung Foundation are helpful and their leaflets should be left at doctors surgeries.”

“I get great support from the Stroke Association and the Stroke Survivors Association.”

Patient feedback, Part 2: GP Access feedback

From June 2017 to April 2018 we visited GP surgeries to speak to patients about Access to GP services, using a survey. Building on what we had learned in part 1 of this project, we included a question about people's preferences regarding seeing particular members of staff at their GP practice. Patient feedback was fed back to the GP practices and to the Liverpool Clinical Commissioning Group (CCG), who plan and buy the services. We spoke to 1,008 patients, with 953 having a Liverpool GP, mainly from visits to 25 GP practices, and also through visits to community groups and an online survey.

The first 2 questions asked patients what they thought was good, or what could be improved about the GP practice. A wide variety of comments were received about what patients liked or wanted to improve at their GP practice, including some patients who liked that they could see the same GP regularly:

"9 out of 10 times I get to see the same GP. I've been with the practice a long time"

However, slightly more patients said they would like to be able to see the same GP more often:

"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"

"There are no set doctors, you don't know who you're seeing. It didn't use 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"

To the specific question of 'Was it important to you which GP/ Nurse/ Health worker you saw? If yes, why?', almost 42% (399 out of 953 Liverpool respondents) said they preferred to see a particular GP, nurse or health worker.

We asked patients if they wanted to explain their preference. Not everyone chose to do so, but out of 295 respondents who did, by far the most common reason was continuity of care, suggested by 149 respondents. Comments included:

"They've been working with me, the consistency"

"One doctor deals with my case and I want them to see it through"

"I like to see the same doctor for continuity"

One patient told us they

"would like enough time to explain the problem and would like to see a regular GP. If a person has a chronic condition, their GP should know them enough to see any deterioration."

55 patients said that who they needed to see on that occasion was determined by the treatment they needed (e.g. an asthma review),

"Because this doctor knows how to do my cortisone injections"

Another common reason was the patient liking a particular GP as mentioned by 29 respondents:

“She’s been dealing with me and I feel comfortable with her”

“I would prefer to see the same doctor, but that doesn’t happen, they don’t understand that you’ve got a rapport with the GP”

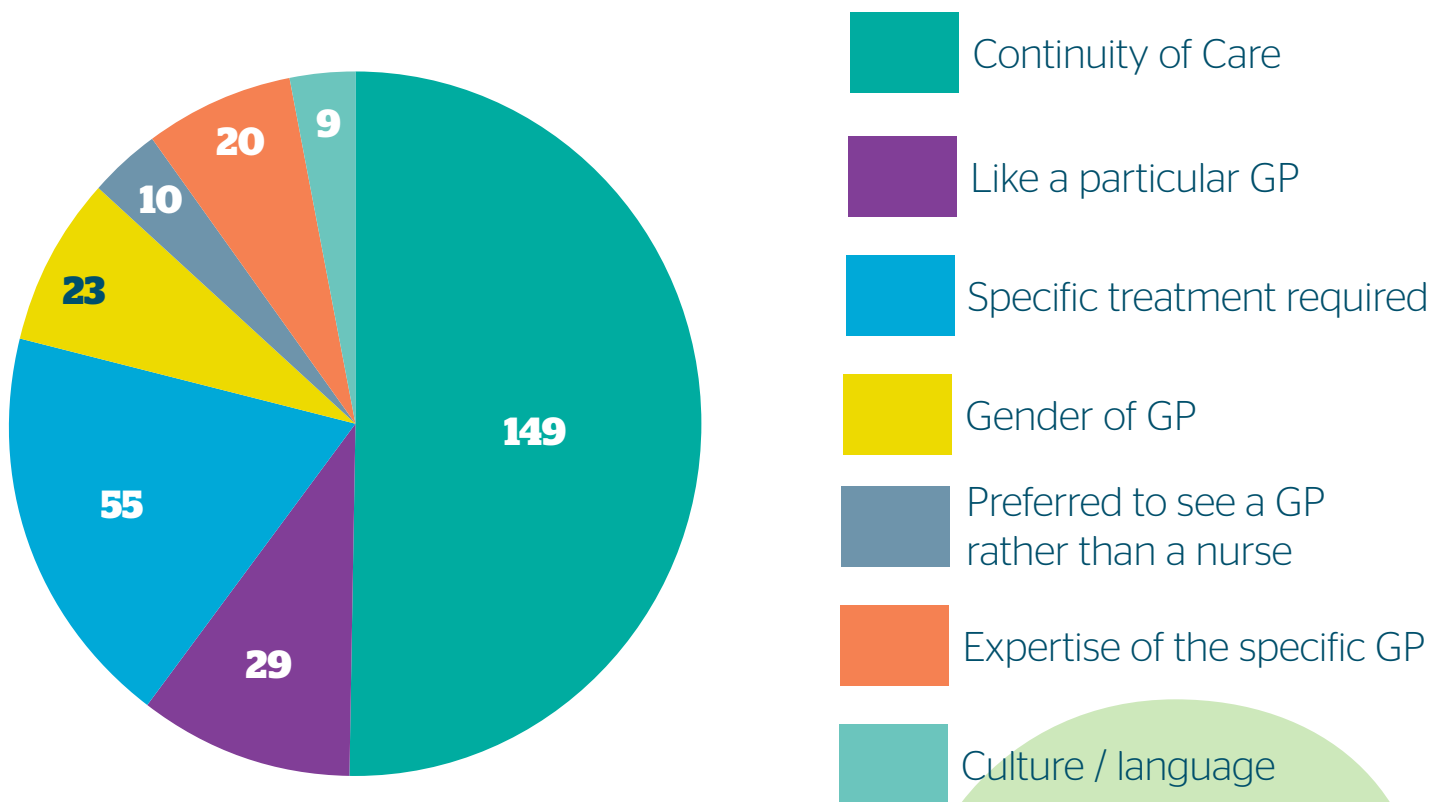
Some patients said they preferred to see either a female or male GP (23 patients):

“I wanted to speak to female doctor”

10 respondents said that they didn’t mind which GP they saw, as long as it was a GP and not 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”

The following chart gives a breakdown of the reasons given for preferring to see a particular GP.



Although the numbers here are small, we have received similar feedback in previous years. We would suggest that careful communication is needed if patients are to be convinced by plans included in the GP 5 Year Forward View to widen the role of nurses in primary care.

Conclusions

We appreciate that there is a balance to be struck between competing priorities. The patient feedback we received showed that many patients who only attend a GP practice occasionally have little or no preference for which GP they see; getting an appointment when they need it was the most important consideration.

Patients who attended GP practices more frequently, perhaps because of a long-term condition, had more reason to value continuity of care and so may prefer consistency in who they see where possible. Although seeing the same GP or nurse regularly is only one of patients' concerns, for some patients it was an important factor in their experience of primary care.

Additionally, research has shown that where there is continuity of care at a primary care level, this can reduce the numbers of patients admitted to hospitals; if a GP knows the patient, they are better able to judge what is 'usual' for that patient and thus take appropriate action, compared to a GP who has not met the patient before.

However, we know that there will be changes to GP services, particularly with the GP Five Year Forward View, so it is important to see if there are additional ways or services that can support and provide continuity of care to patients with long-term conditions. The model used by diabetes services in Liverpool in recent years, re-configured to be more easily accessible in the community, may be a useful example of providing continuity of care outside of GP practices for patients with other relatively common long-term conditions.

Some patients also highlighted the importance of organisations like the Stroke Association or British Lung Foundation for providing information and support, including peer support to patients with long-term conditions.

Healthwatch Liverpool will continue to actively encourage patients to share their experiences of continuity of GP services with us as the NHS GP Five Year Forward View is put into operation. By collating and sharing patients' experiences we will try to ensure that patients' voices are included and listened to when commissioners are planning, buying and evaluating services.

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 A - The national picture: the National Patient Survey and 5-Year Forward View

“Continuity of care - in the sense of a patient repeatedly consulting the same doctor and forming a therapeutic relationship - has been described as an essential feature of general practice in England.”¹

In October 2012 there were 15 million people in England living with one or more long-term conditions. Patients with a long-term condition accounted for approximately 50% of all GP appointments and 70% of hospital bed days². A growing number of the population is expected to live with at least one long-term condition, and increasingly with 2 or more long-term conditions in future.

GPs, nurses and other health care staff at GP surgeries have a vital role to play in helping to ensure that people with long-term conditions are supported and enabled to manage their own conditions as much as possible, and can access health and other care services when necessary. Research published in November 2017 found that patients over 65 who did not receive continuity of care, e.g. saw many different GPs, were twice as likely to go to hospital as an emergency admission compared to those patients who usually saw the same GP or a small number of GPs. After analysing data from 10,000 patient records, the researchers suggested that improving continuity of care may reduce unplanned hospital admissions³.

However, it is not just to prevent unplanned hospital admissions that seeing the same GP and/ or nurse can be beneficial for a patient. When a GP, nurse or other health professional is familiar with a patient and their long-term health conditions they may have a better, more holistic view of that patient and their typical standard of health, and so better spot changes and judge when further intervention is needed.

When a patient needs an appointment at their GP practice they may not have a preference for seeing a particular GP, especially if they need an appointment at short notice. However, results from the GP National Patient Survey 2018⁴ indicated that 54% of over 750,000 patients said they did have a preferred GP. Of those, 50% said they always, almost always, or a lot of the time got to see their preferred GP. The survey did not identify the reason(s) why a patient may have a preferred GP - whether it relates to continuity or another aspect of patient experience and choice, e.g. wanting to see a female or male GP, or a particular GP speaking the same language as the patient.

The National GP survey also asked questions about long-term conditions; 52% out of over 750,000 respondents said they had a long-standing condition. The data does not tell us if there is a correlation between the 52% of patients who said they had a long-term condition and the 54% of patients who said they had a preferred GP. It would also be useful to see if there was any correlation between patients being able to see their preferred GP, and how confident patients say they are in managing their long-term condition, but this will require further investigation.

One of the most common long-term conditions in England is diabetes. At the moment there are an estimated 3.8 million people living with diabetes, and those numbers are expected to rise in the future⁵. In September 2016 the Care Quality Commission (CQC) published a report, 'My diabetes, my care', that looked at patients' experiences of care and support in managing their diabetes. According to this report,

1 Continuity of Care and the Patient Experience, George Freeman MD FRGCP Jane Hughes Msc (https://www.kingsfund.org.uk/sites/default/files/field/field_document/continuity-care-patient-experience-gp-inquiry-research-paper-mar11.pdf, last accessed 08/11/18)
 2 <https://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity>, last accessed 08/11/18
 3 <http://www.bristol.ac.uk/primaryhealthcare/news/2017/discontinuity-of-care.html> - last accessed 08/11/18
 4 <https://www.england.nhs.uk/statistics/2018/08/09/gp-patient-survey-2018/> - last accessed 08/11/18
 5 <https://www.gov.uk/government/news/38-million-people-in-england-now-have-diabetes> - last accessed 08/11/18

“People felt their care was well coordinated when they saw the same health professionals at each visit. Some people felt that changes in staff could lead to a lack of consistency in their care.”⁶

GP services face significant changes in coming years to help meet the increasing needs of patients who are living longer with more complex conditions. As part of NHS England’s plan to develop GP services in England, the GP 5 Year Forward View includes a range of new and/or expanded roles to work alongside GPs, such as pharmacists, mental health therapists, physician associates, and care navigator and nursing roles. The government’s aim is to have bigger teams of staff providing a wider range of care options for patients, thus freeing up time for GPs to focus on patients with more complex needs. This may potentially mean that patients may get an appointment quicker, but those patients who say they have a preferred GP may find it more difficult to get to see that particular GP. New challenges may arise in delivering coordinated care and balancing continuity against all the other competing priorities.

However, many people with long-term conditions may not need to see a GP that often, as they may well be linked in to other services and attending clinics provided in primary care settings, specifically targeting certain conditions such as COPD and diabetes. When focusing on patients with long-term conditions, some of the answers around questions of continuity of care may come from moving more services targeting specific long-term conditions in to the community, as illustrated below with the Liverpool approach to diabetes services.

⁶ http://www.cqc.org.uk/sites/default/files/20160907_CQC_Diabetes_final_copyrightnotice.pdf - page 28 (ast accessed 08/11/18)

Appendix B - Liverpool: a local view

Liverpool has a population of just below 500,000 people. In 2015 the city was ranked 4th on a scale of the most deprived areas in England, and when looking at health deprivation and disability, Liverpool ranked 3rd.⁷

Compared to the national average Liverpool has more people with long-term conditions such as cardiovascular disease, lung disease, dementia, cancer, kidney disease and diabetes.⁸

Liverpool residents also tend to have a less healthy life expectancy (years of life in good health) compared to the national average, with women having 6.5 less healthy life years, and men 6 years less compared to national figures⁹.

According to the Liverpool Clinical Commissioning Group (CCG), “30% of people in Liverpool live with one or more long term conditions”, and “almost 26,000 older people have a long term illness that limits their day-to-day activities a lot”¹⁰. The Healthy Liverpool report also pointed out that access to treatment for patients with long term conditions like COPD and diabetes varied within Liverpool. A growing focus on prevention and better self-management of long-term conditions led to moving some of the services that help treat and manage long-term conditions in to the community. Diabetes services were re-designed, with a move of services out of hospitals and in to community hubs across Liverpool. This new way of working was also reflected by the Liverpool Diabetes Partnership in the CQC report quoted below:

“Liverpool’s new approach to diabetes care is focused on six community-based clinics that promote good self-management, integrated delivery and education. The clinics provide specialist support to people to help them manage their diabetes.

Clinicians from each partner organisation work together to deliver care, with the most specialist care continuing to be delivered in hospital. People with diabetes see consultants, nurses, dietitians and podiatrists closer to home in community-based clinics.

Liverpool Diabetes Partnership (LDP) nurses determine how best to support GP practices and their patients - for example attending diabetes clinics at the practice or spending time with nurses and GPs to discuss patients with complex needs. (.....) All people we spoke with as part of the review felt care for people with diabetes had improved as a result of the LDP”¹¹

Additionally, Liverpool CCG produced well-designed patient information packs for patients diagnosed with diabetes and/or Chronic Obstructive Pulmonary Disease (COPD), aimed at providing information and helping patients to manage their conditions.

We asked Liverpool CCG if there was any research available showing whether there had been an improvement in clinical outcomes for people with diabetes in Liverpool in recent years, e.g. since services had been moved in to the community. In response, the CCG provided figures for 2017/18, showing there had been a decline in many of the most common complications amongst patients with diabetes. Whilst this may be due to a variety of factors, the CCG had also carried out some research looking at patient experience, in particular regarding access to services since the reconfiguration.

7 <https://liverpool.gov.uk/media/10001/1-imd-2015-executive-summary.pdf> - last accessed 08/11/18

8 <https://www.liverpoolccg.nhs.uk/media/3066/one-liverpool-plan-2.pdf> - last accessed 08/11/18

9 Liverpool City Council, ‘the long and winding road to healthy life expectancy’

10 Liverpool CCG, Healthy Liverpool, the Blueprint, 2015 (<https://www.liverpoolccg.nhs.uk/media/1072/the-blueprint.pdf> - last accessed 08/11/18)

11 http://www.cqc.org.uk/sites/default/files/20160907_CQC_Diabetes_final_copyrightnotice.pdf, - page 29 (last accessed 08/11/18)

Appendix C - GP Continuity of Care Survey



Questionnaire: Primary Care Services for patients with long-term health conditions

The Department of Health’s definition of a long-term condition is: “a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies”.

Your GP Practice Name and address:

1. Do you consider yourself to have a long-term health condition **Yes/ No / Don't know**
 If **yes**, can you tell us which of the following conditions:
- COPD Diabetes Coronary heart disease Heart failure Stroke
 Dementia MS Mental Health Condition Prefer not to say
 Other (Please give details):

Support from your GP practice

2. a) Are you offered regular appointments with a GP, a nurse or another health professional for a long-term health condition? (Please circle or delete as appropriate)
Yes / No / Don't know / Prefer not to say
- b) If yes, do you go to these appointments?
Yes / No / Don't know / Prefer not to say
- c) If not, why not? What could help you to go to these appointments?

3. a) Is there a particular GP, nurse or health professional you prefer to see for appointments?
Yes / No / Don't know
- b) If yes, are you usually able to see the person you wanted to see?
Always / Mostly/ Sometimes / Rarely / Never / Don't know
- c) Did you see the GP or nurse you wanted to see at your most recent appointment? **Yes / No**
4. If you saw a temporary or locum GP, do you feel they provided you with the same level of care you'd receive from your regular GP(s)? **Yes / No / Don't know**

Add any comments here about your experience and how it affects your health and care

Support from other health services

5. a) Have you had support to manage your long-term health conditions from other local health services, for example a hospital clinic or clinic in the community? **Yes / No / Don't know**
- b) If yes, which hospital or clinic?
- c) What did you think of the support you received?
- d) Does the advice they give you match the advice you get from your GP or practice nurse?

PLEASE TURN OVER

Your overall care

6 .Was the information you were given to help you manage your condition...

- | | | | | | |
|------------|--------------------------|----------------|--------------------------|-----------|--------------------------|
| Not enough | <input type="checkbox"/> | Enough | <input type="checkbox"/> | Too much | <input type="checkbox"/> |
| Clear | <input type="checkbox"/> | Fairly clear | <input type="checkbox"/> | Unclear | <input type="checkbox"/> |
| Helpful | <input type="checkbox"/> | Fairly helpful | <input type="checkbox"/> | Unhelpful | <input type="checkbox"/> |

7. Do you feel able to be fully involved in decisions about your care?

Yes No

8. Do you have any further comments about the health services you receive for your long-term condition, e.g. what do you think works well, and what would you like to see improved?

Finally, we want to make sure that we speak to all sections of the Liverpool population, and would be grateful if you could complete the information below.

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

Your age Prefer not to say

Do you have a disability? Yes No Prefer not to say

Do you have a religion or belief? Yes No Prefer not to say
If yes, which religion or belief?

Which best describes your situation?
 Full-time work Part-time work Full-time education Retired Prefer not to say
 Unemployed Self Employed Unable to work Carer
 Other (please state)

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

How would you describe your sexual orientation?
 Heterosexual Lesbian Gay Bisexual Prefer not to say

Which of the following describes how you think of yourself
 Woman Man In another way (Please state)
 Prefer not to say

Is your gender identity the same as that you were given at birth?
 Yes No Prefer not to say

Thank you for taking the time to complete this survey!

Please return to: Freepost RRZK-UHLY-KGJT, Healthwatch Liverpool,
 151 Dale Street, Liverpool, L2 2AH

If you would like to receive this questionnaire in a different format, please contact us:

Healthwatch Liverpool - Phone: 0300 77 77 007, Email: enquiries@healthwatchliverpool.co.uk

Website: www.healthwatchliverpool.co.uk

Appendix D - 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!