

# Accessing GP services Summary Report August 2022



# Accessible Formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download an electronic copy from our website:

<https://swanseabaychc.nhs.wales/>

Or ask for a copy by contacting our office. Contact details can be found on page 36.

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# About Swansea Bay Community Health Council (CHC)

Swansea Bay CHC is the independent watchdog of the National Health Service (NHS) within Neath Port Talbot and Swansea. We encourage and support people to have a voice in the design and delivery of healthcare for their families and local communities.

Swansea Bay CHC works with the NHS, inspection and regulatory bodies. We provide an important link between those who plan and deliver NHS services, those who inspect and regulate them and those who use them.

We have adapted our engagement methods with the public and patients, collecting feedback in a variety of ways. This includes traditional methods such as by telephone, completion of hard copy surveys and listening to people at local events. Virtual methods include our website, emails, e-surveys, social media and videoconferencing using apps such as Zoom, Teams and Skype and through virtual events. We continue to hear from people through enquiries and our complaints advocacy service.

Swansea Bay CHC represents the “patient and public” voice in Neath Port Talbot and Swansea.

# Background and Introduction

This is our second report of the year, presenting the feedback we received from people about their experiences of accessing services at their practice.

GP practices continue to offer a blended approach of face-to-face and remote appointments for patients.

We are aware that GP services continue to experience pressures as a result of increased demand from patients turning to GP services due to long hospital waiting lists, staff sickness and leave, and ongoing COVID-19 precautions.

## User Experience Task and Finish Group (TFG)

The TFG continues to run with the aim of improving the User Experience in accessing General Medical Services, informed by the recommendations made in previous CHC reports<sup>1</sup>. The group has been extended to address all the recommendations made by the CHC.

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<sup>1</sup> GP Survey Mystery Shopper report: Telephone Systems; Accessing GP Services Report November 2021, April 2022; Telephones, tablets and technology – hearing from people using digital ways of getting health care

# What we did

Between May and July 2022, we asked people across the Swansea Bay area to share their views and experiences of accessing services at their GP practice.

## **Impact of the Covid-19 pandemic**

At the time of collecting feedback for this report, covid restrictions continued to impact service delivery at practices and SB CHC were unable to resume face-to-face visits to practices to speak to patients directly about their experiences.

## **Developing a holistic approach**

At Primary Care Practice Manager meetings and in separate discussions with primary care leads earlier in the year, it was agreed that practices across Swansea Bay would support the CHC in collecting patient feedback, with the aim of capturing the views of those who successfully accessed appointments.

In May 2022 we sent letters to all practice managers across Swansea Bay, inviting practices to contribute to our patient engagement efforts by promoting and distributing our surveys to patients attending the practice for face-to-face consultations.

Laminated, bilingual posters promoting our patient experience survey were shared with practices in addition to hard copy questionnaires and stamped addressed envelopes.

We received 62 surveys by post.

We continued to reach out to people using social media, including Instagram, Twitter and Facebook, providing direct links to our online survey.

People were also invited to contact us by post, phone, email and through our website to share their experiences.

We shared our engagement messages promoting the survey with many local groups and stakeholders, in an effort to reach as many people as possible, including:

- ☺ Council for Voluntary Service (Neath Port Talbot & Swansea)
- ☺ Local and national charities
- ☺ Local Area Coordinators
- ☺ Local community groups, including Covid-19 support groups
- ☺ Primary Care Clusters
- ☺ Seldom heard groups
- ☺ Swansea Bay University Health Board

We picked up feedback in other ways too, e.g., through our enquiries and complaints advocacy service, local community networks, community representatives and groups, and monitoring of health board activities, including feedback and complaints. Since April 2022, we have attended various community events, enabling us to circulate hard copies of our current surveys to the public. A list of events we have attended can be found on our website.<sup>2</sup>

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<sup>2</sup> <https://swanseabaychc.nhs.wales/>

## Survey Update

As of April 2022, changes were made to the SB CHC practice questionnaire, to reflect the changes in the delivery of primary care services.

## Who we heard from

The table on page 8 provides a snapshot of the 180 people who shared their views and experiences with us through our local survey.

You can find out from our Equality Plan what we are doing to hear from different groups of people so that we can better represent the diversity of the communities we serve. You can find our Equality Plan on our website: <https://swanseabaychc.nhs.wales/about-us/our-governance/governance-documents/equality-plan-2021-2022-pdf/>





Everyone shared their views and experiences in English, although our survey was also available in Welsh and Easy Read

73% described themselves as a woman/girl and 21% described themselves as a man/boy

1 person considered themselves to be a Trans person

Around 82% were White (Welsh, English, Scottish, Northern Irish, British)

Around 48% were Christian while 23% told us they did not have a religion. 13% were atheist.

Age range categories:

Almost 20% were aged 26 – 44 years old

Almost 26% were aged 45 – 60 years old

Around 36% were aged 60 – 75 years old

7% were aged 75 and over

More than 3 quarters (77%) identified as heterosexual

22% told us they had carer responsibilities for someone in their household with a long-standing health problem or disability

4% told us they were currently pregnant or had been pregnant in the last year

Many told us they had a long-standing condition, such as:

- A physical condition – 29%
- A mental health condition - 14%
- A long-standing illness – 23%
- Deaf or a severe hearing impairment – 7%
- Blind or partially sighted – 1%
- A learning disability – 1%

# What we heard

180 people shared their experience with us. The majority of people (168) shared their own personal experience while 5 people responded on behalf of someone else.

The majority of responses came from people living in Swansea (110) while 60 people were from Neath and Port Talbot. 4 people told us they lived in other Health Board areas, including Hywel Dda and Powys, however they were registered patients of practices within the Swansea Bay Health Board area; Gwaun Cae Gurwen, Dulais Valley and Ystlyfera respectively.

Most people (162) told us they were a registered patient of a GP practice in Neath Port Talbot or Swansea. 4 people told us they were not registered, with one telling us the reason for this was because they were accessing services in another Health Board area.

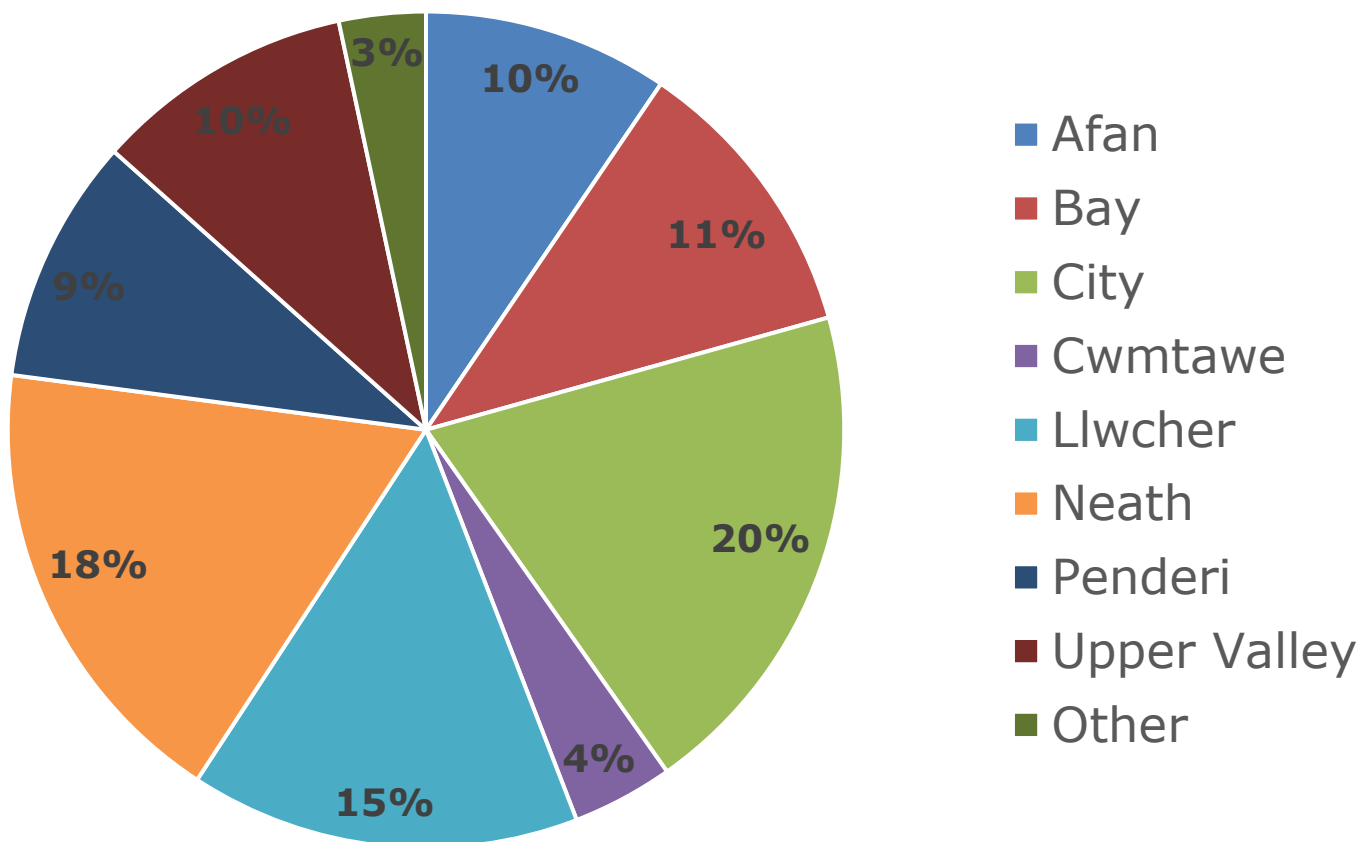
We heard from patients registered at practices across all 8 Primary Care Clusters (Afan, Bay Health, City Health, Cwmtawe, Llchwyr, Neath, Penderi, Upper Valleys).

The largest response rate from a single practice across the clusters, came from Brunswick surgery in Swansea, with 20 responses, equating to around 11% of the total responses.

The table on the page 10 confirms the responses per cluster while the bar chart on page 12 shows the number of responses for each practice. 1 person did not say which practice they attended.

Cluster	Total Responses
Afan	17
Bay	20
City	35
Cwmtawe	7
Llwchwr	27
Neath	32
Penderi	17
Upper Valley	18
Other	6
<b>Total responses</b>	<b>179</b>

Total Responses by Cluster

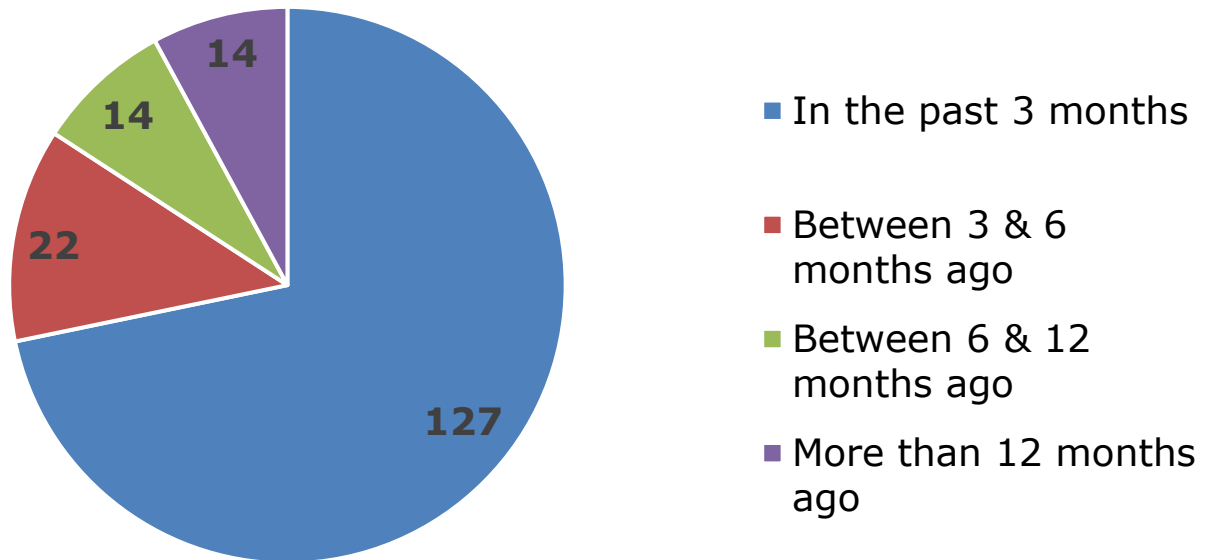


It was clear that some people (the 6 choosing, 'other' as their answer) either struggled to understand the question in the survey or to find the name of their surgery in the list. On checking these individual responses, 5 people were from the Swansea area and 1 from Neath & Port Talbot.

## Responses per Practice



The majority of people (127) told us they had seen or spoken to a GP, nurse, or other healthcare professional at their GP practice within the **last 3 months**.

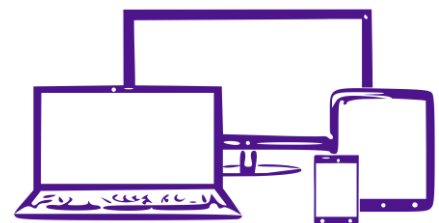


## Contacting the practice



The majority of people (121, 68%) told us they usually contact their practice by telephone.

More than a quarter (50, 24%) usually contacted their practice online



6 people said they attended in person (walk-in)

## Results Comparison

Results from the reports produced:

November 2021, April & August 2022

	Aug - 22	Apr- 22	Nov -21
<b>Number of responses:</b>	<b>180</b>	<b>905</b>	<b>315</b>
<b>Easy to get through to your practice by telephone?</b>			
Easy	32%	20%	14%
Difficult	68%	80%	86%
<b>Easy to use online services?</b>			
Easy	60%	N/A	N/A
Difficult	40%	N/A	N/A
<b>Appointment time convenient?</b>			
Yes	71%	66%	64%
No	29%	34%	36%
<b>Able to see a health professional of your choice?</b>	Question removed from survey		
Yes	N/A	30%	23%
No	N/A	70%	77%
<b>10-minute consultation adequate?</b>			
Yes	68%	50%	47%
No	32%	50%	53%
<b>Only allowed to discuss 1 medical problem?</b>			
Yes	31%	41%	42%
No	69%	59%	58%

<b>Needs met at consultation?</b>			
Yes	56%	47%	42%
No	16%	23%	22%
Partly	28%	31%	36%
<b>Overall experience of booking appointments</b>	Question removed from survey		
Excellent, very good, good	N/A	24%	16%
Fair	N/A	11%	15%
Poor, very poor	N/A	64%	69%
<b>Happy with Practice opening times?</b>			
Yes	65%	49%	43%
No	26%	32%	34%
Not sure when surgery is open	9%	19%	23%
<b>Satisfied with range of services?</b>			
Yes	45%	36%	28%
No	20%	24%	28%
Not sure what services are available	35%	40%	44%
<b>How helpful are staff?</b>			
Very	38%	28%	22%
Fairly	48%	44%	51%
Not at all	14%	28%	27%
<b>Any delays requesting services?</b>			
Yes	47%	61%	69%
No	53%	39%	31%
<b>Any communication challenges at your practice?</b>	New Question		
Yes	25%	N/A	N/A
No	75%	N/A	N/A
<b>Any physical challenges at your practice?</b>			
Yes	40%	69%	73%
No	60%	31%	27%



<b>Because of the challenges, have you been late to or missed an appointment?</b>			
Yes	7%	8%	8%
<b>Since pandemic, have you struggled to access any practice services?</b>	Question removed from survey		
Yes	N/A	67%	67%
No	N/A	33%	33%
<b>Worried about the future of practice services and support?</b>			
Yes	66%	69%	81%
<b>Out of Hours Services (OOHS's)</b>			
<b>Would you know how to contact OOH's?</b>			
Yes	76%	71%	69%
No	24%	29%	31%
<b>Experience of being signposted by practice?</b>	New question		
Yes	76%	N/A	N/A
No	24%	N/A	N/A
<b>Easy to contact OOHs by telephone?</b>	Question removed from survey		
Very Easy	N/A	33%	31%
Fairly Easy	N/A	40%	43%
Difficult	N/A	27%	26%
<b>Satisfied with care and advice? (OOHs)</b>	Question removed from survey		
Yes	N/A	71%	69%
No	N/A	29%	31%
<b>Overall Experience</b>			

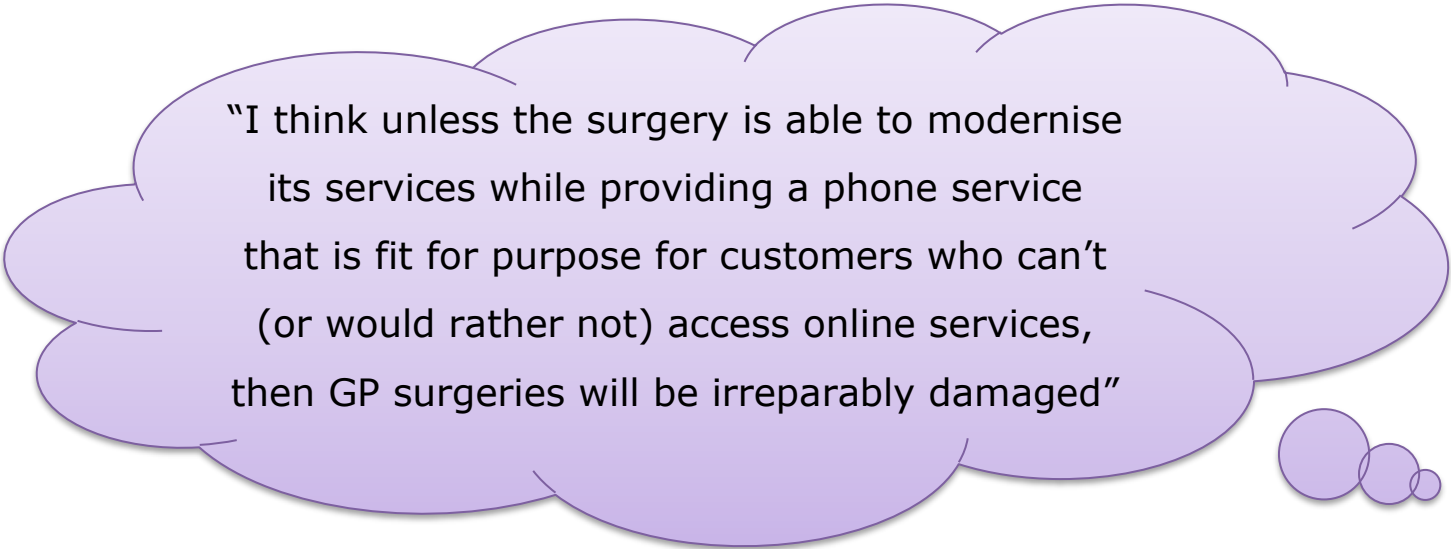
<b>Overall experience of accessing services at the practice</b>			
Excellent, very good, good	47%	28%	18%
fair	20%	16%	22%
Poor, very poor	34%	56%	60%

## Summary of Feedback

### Contacting the practice by telephone and online

167 people told us they last tried contacting their practice by telephone. Of these, 113 people (around 68%) said they found it difficult to get through. Themes repeated those in our previous reports, emphasising clogged phone lines and the perception that some practice phone systems were not fit for purpose.

“The telephone triage system is simply unworkable. I resorted to writing to the doctor only to find that they do not enter into correspondence. After waiting 2 weeks I managed to get through to be told this (though it says this apparently, it's on the surgery's website). Access is solely by phone. I was subsequently asked to make a telephone consultation. Having successfully managed to do so, the doctor complained that the level of demand placed upon the present system was extremely high and contact by phone was the only way. One can appreciate the pressure services are under yet there doesn't seem to any visible movement to address what has become a chronic condition in delivering primary care”

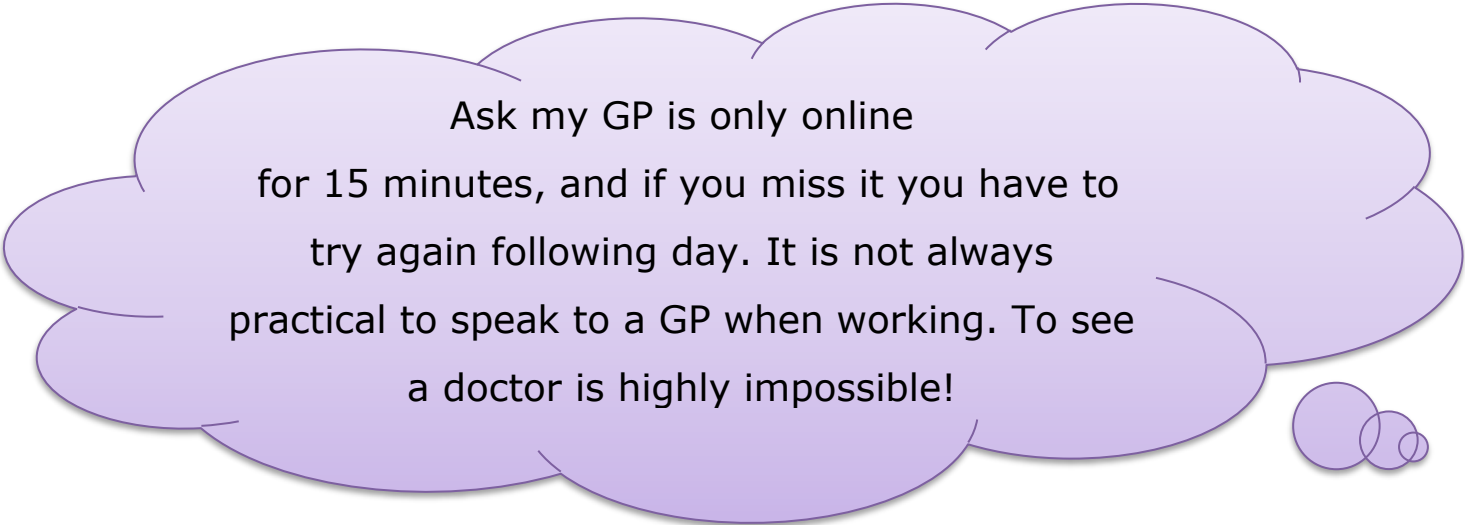


“I think unless the surgery is able to modernise its services while providing a phone service that is fit for purpose for customers who can’t (or would rather not) access online services, then GP surgeries will be irreparably damaged”

### **Contacting the practice online**

In comparison, out of the 88 people who told us that they last contacted their practice using an online service, 60% said they found the service easy to use, particularly when they are employed and have various other commitments.

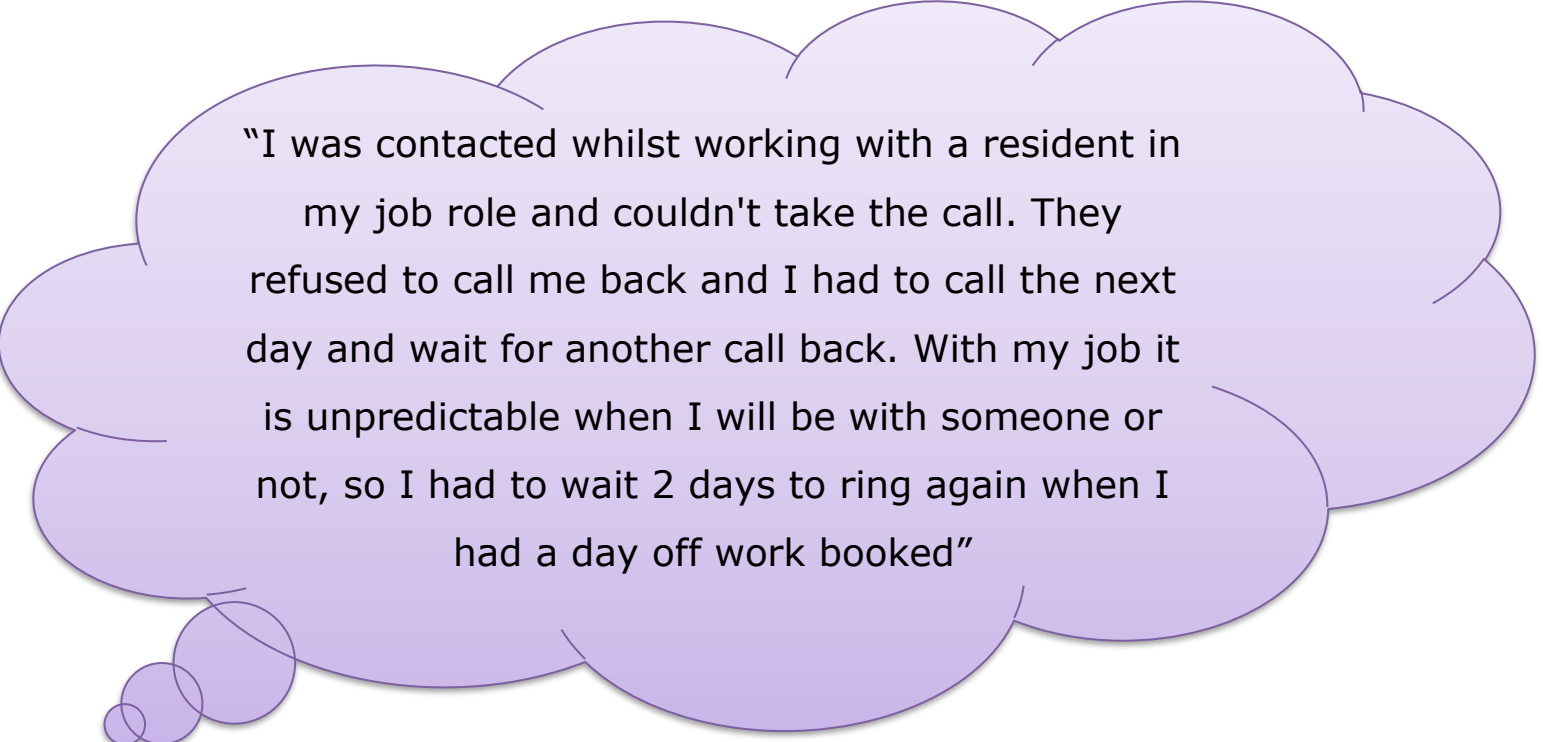
However, negative feedback mirrored that of our previous reports, with frustrations generally aired over ‘AskmyGP’ becoming less and less available for patients to use.



Ask my GP is only online for 15 minutes, and if you miss it you have to try again following day. It is not always practical to speak to a GP when working. To see a doctor is highly impossible!


## The consultation

People continue to feel frustrated over call-back processes.



"I was contacted whilst working with a resident in my job role and couldn't take the call. They refused to call me back and I had to call the next day and wait for another call back. With my job it is unpredictable when I will be with someone or not, so I had to wait 2 days to ring again when I had a day off work booked"

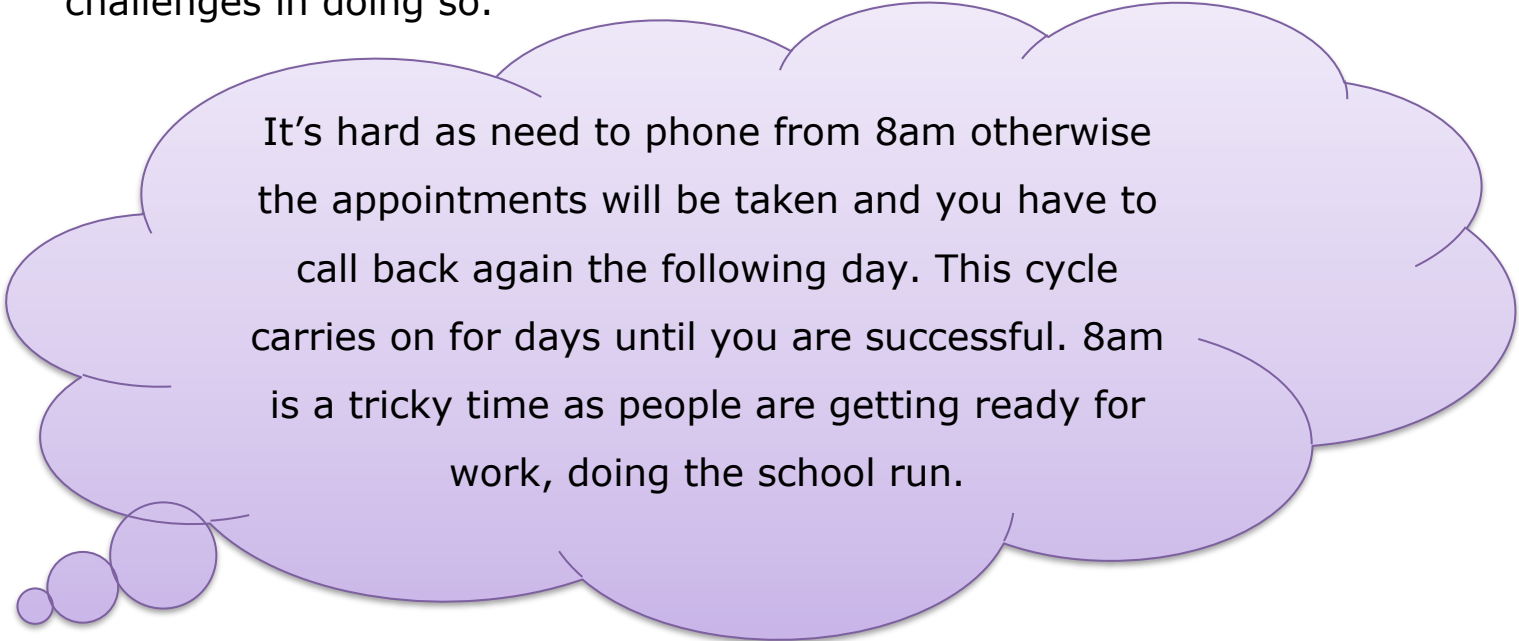
Inability to pre-book appointments was problematic for some.



I wanted to book a review of my stomach medication and was told no advance routine appointment could be made.

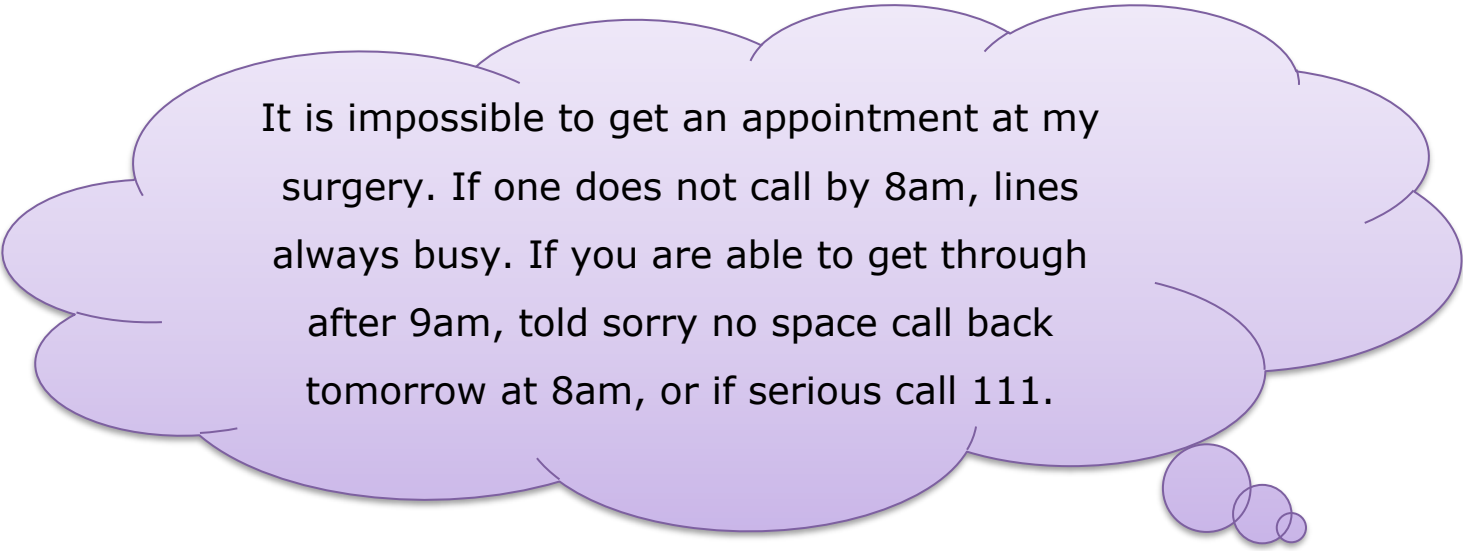
## The '8-am rush'

People consistently refer to the '8-am' rush for an appointment and the challenges in doing so.



It's hard as need to phone from 8am otherwise the appointments will be taken and you have to call back again the following day. This cycle carries on for days until you are successful. 8am is a tricky time as people are getting ready for work, doing the school run.

We heard how some practice staff are encouraging people to call at 8am.



It is impossible to get an appointment at my surgery. If one does not call by 8am, lines always busy. If you are able to get through after 9am, told sorry no space call back tomorrow at 8am, or if serious call 111.

## Helpfulness of staff

Consistent with our previous report findings, out of the 107 comments received about staff at the practice, the majority related to practice receptionists. These comments continue to be mixed.

"Some of the reception staff are less than helpful. I was trying to arrange an appointment and because of difficulties of access because I am a wheelchair user, it was taking some time to arrange. The receptionist seemed to get frustrated and said I was rude and hung up. Phone calls are recorded so I phoned the manager who checked my call and apologised and admitted I wasn't rude"

"As I have had a major illness, the doctors, and staff at the practice, then and now, are extremely helpful and reassuring"

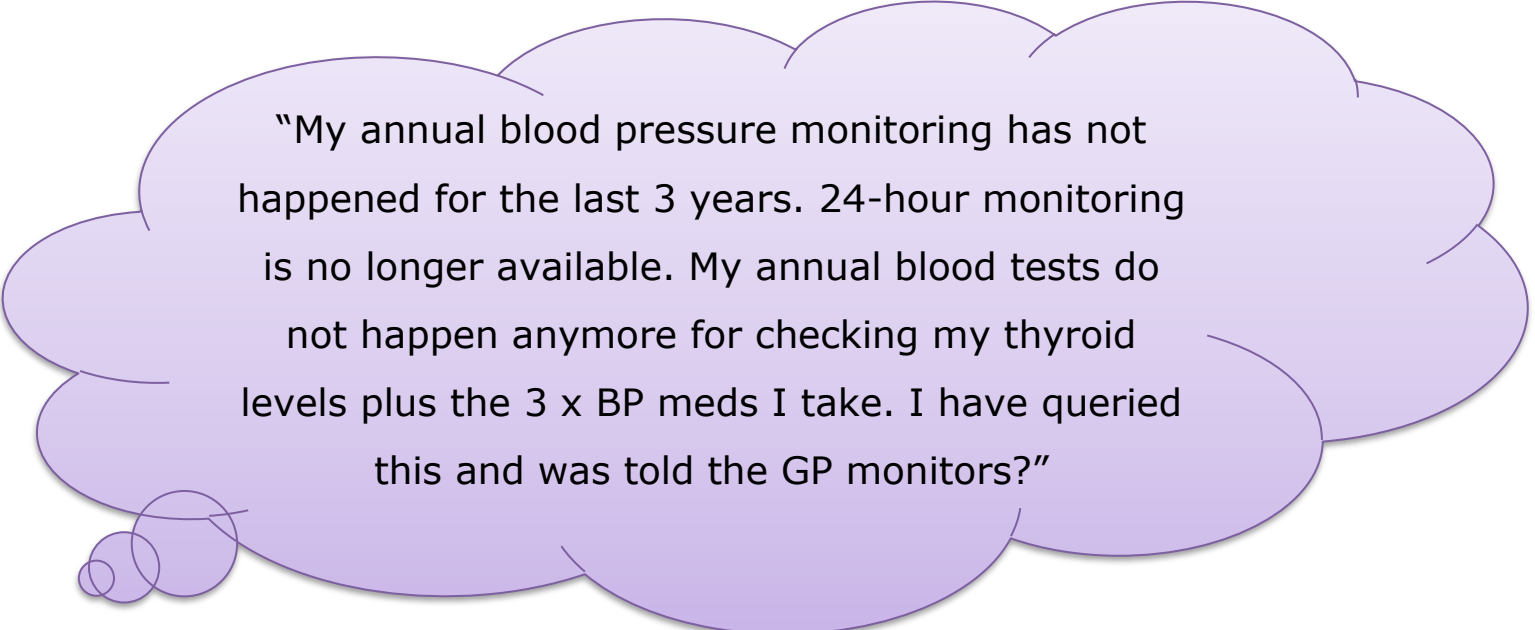
## Delays requesting services

82 people told us they had experienced problems or delays with other services at their practice, such as prescriptions, referrals and routine check-ups.

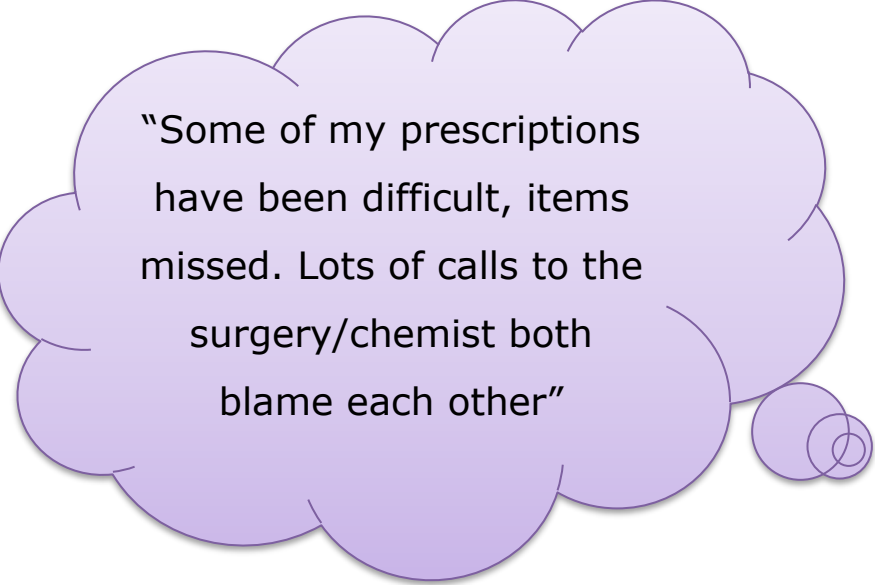
"Reluctance to be pro-active with an Urgent Referral to ENT - caused a great deal of anxiety and distress"

"Long delay for prescription review"

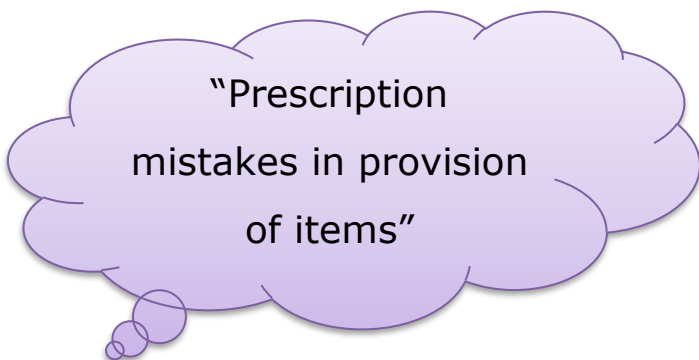
"There are many elderly people who are unable to use the phone like me and who don't have anyone to make an appointment for them. You have to go to the surgery to put in your repeat prescription, you have to go back and pick it up. You go to the chemist to get it, to find they haven't got the item you came for and you have to go back 2/3/4 times. All adds to your health problems"



"My annual blood pressure monitoring has not happened for the last 3 years. 24-hour monitoring is no longer available. My annual blood tests do not happen anymore for checking my thyroid levels plus the 3 x BP meds I take. I have queried this and was told the GP monitors?"



"Some of my prescriptions have been difficult, items missed. Lots of calls to the surgery/chemist both blame each other"



"Prescription mistakes in provision of items"



## Challenges Accessing services

Many told us they encountered various physical and communication challenges when trying to access services.

### Communication challenges

43 people reported experiencing communication challenges.

"Am very hard of hearing, but not taken into account at the practice. Inability by GP to be empathetic with a vulnerable Patient who is completely deaf. Unwillingness to treat deaf Patient with courtesy"

"No Call Screen at Surgery - discontinued. A deaf person cannot hear name called by staff. Facility of a Screen means that Deaf Patient can read their name and when it is time to go through to GP Room"

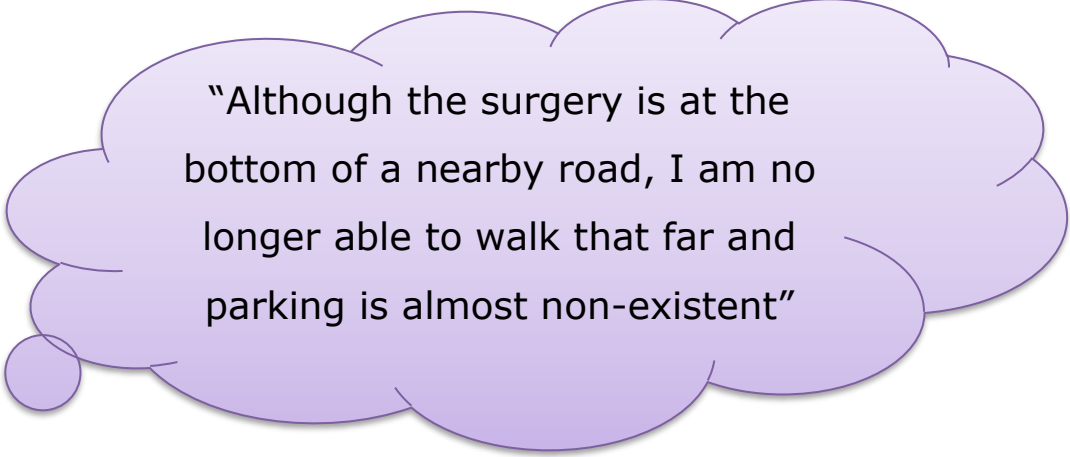
"Unwillingness to obtain a transparent face mask. I should have complained to Practice Manager, but it caused me too much distress"

One person with a visual impairment highlighted several barriers they faced at their practice and felt that they were disadvantaged as a result.

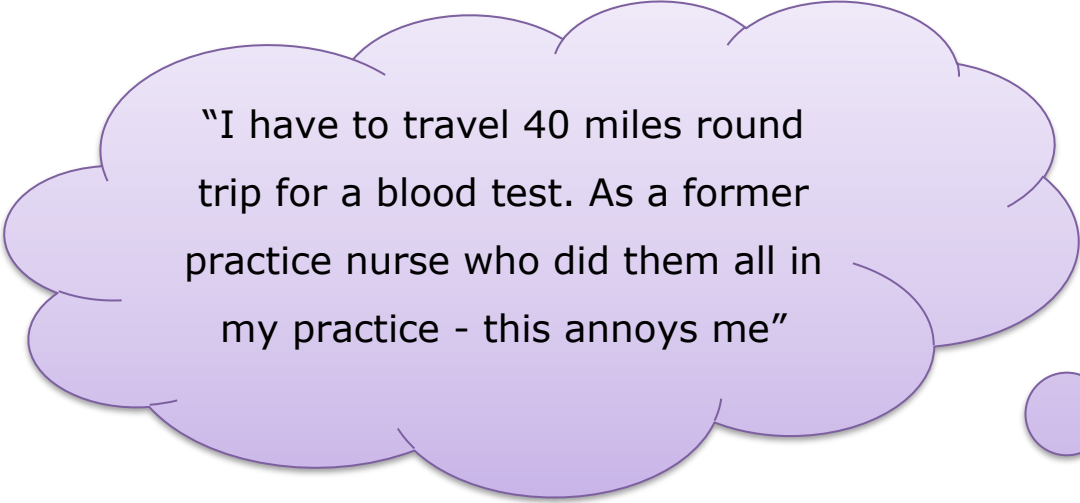
“I have a visual impairment, so need paperwork in large print. Often, I'm told, “We don't do large print”. Can't somebody else help you?’ When I registered, I had to wait a few days for the paperwork to be adapted, which worked OK but added to time taken to register me in a way it wouldn't for a non-visually impaired patient. I accept that prescriptions etc. come in a standard form, & I can order medication online. But because I can't read what's on the prescription, I have to ask reception to confirm it's what I'm expecting - sometimes I don't want to do this in a busy area, so I have to ask to go somewhere more private, which sometimes leads to the receptionist leaving me to one side to deal with the other patients queueing. I appreciate that they're all busy, but it makes me feel as if I'm being difficult asking for my needs to be met in an appropriate time - I've already queued up, why should I have to wait even longer because of my disability? It also sends the message to anyone else present (& me!) that it's OK to put a disabled patient to one side, while the non-disabled patients are dealt with first. I don't think for one moment this is a deliberate action of anyone, it's an ongoing, unconscious bias”

## Physical challenges

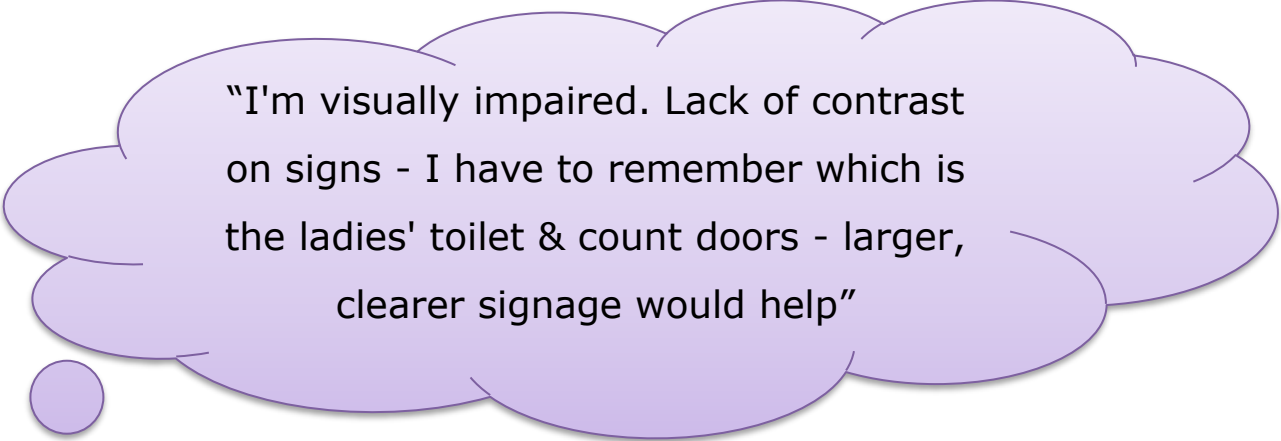
68 people told us they faced a number of physical challenges at their practice (or caused by) including, parking, lack of basic services, times to call, difficulties travelling, accessibility barriers, costs of travel, limited parking, signage.



"Although the surgery is at the bottom of a nearby road, I am no longer able to walk that far and parking is almost non-existent"



"I have to travel 40 miles round trip for a blood test. As a former practice nurse who did them all in my practice - this annoys me"



"I'm visually impaired. Lack of contrast on signs - I have to remember which is the ladies' toilet & count doors - larger, clearer signage would help"

## **Blood tests**

A noticeable number of people described issues they experienced when they needed blood tests. This ranged from the waiting times for a test, the distance some were required to travel to have one and tests that were reported missing.

“Blood sample taking - having to book an additional appointment (with the fun of waiting in a phone queue) & get to Singleton etc. is a very poor service. I hope this changes soon. It's difficult for everyone, but for those of us who have a disability & rely on public transport, it adds such an unnecessary burden. I knew my blood tests weren't urgent (because of my own medical training) so I was able to avoid a trip that took up several hours of my day until the weather was better. It's a basic service, get it back into surgeries”

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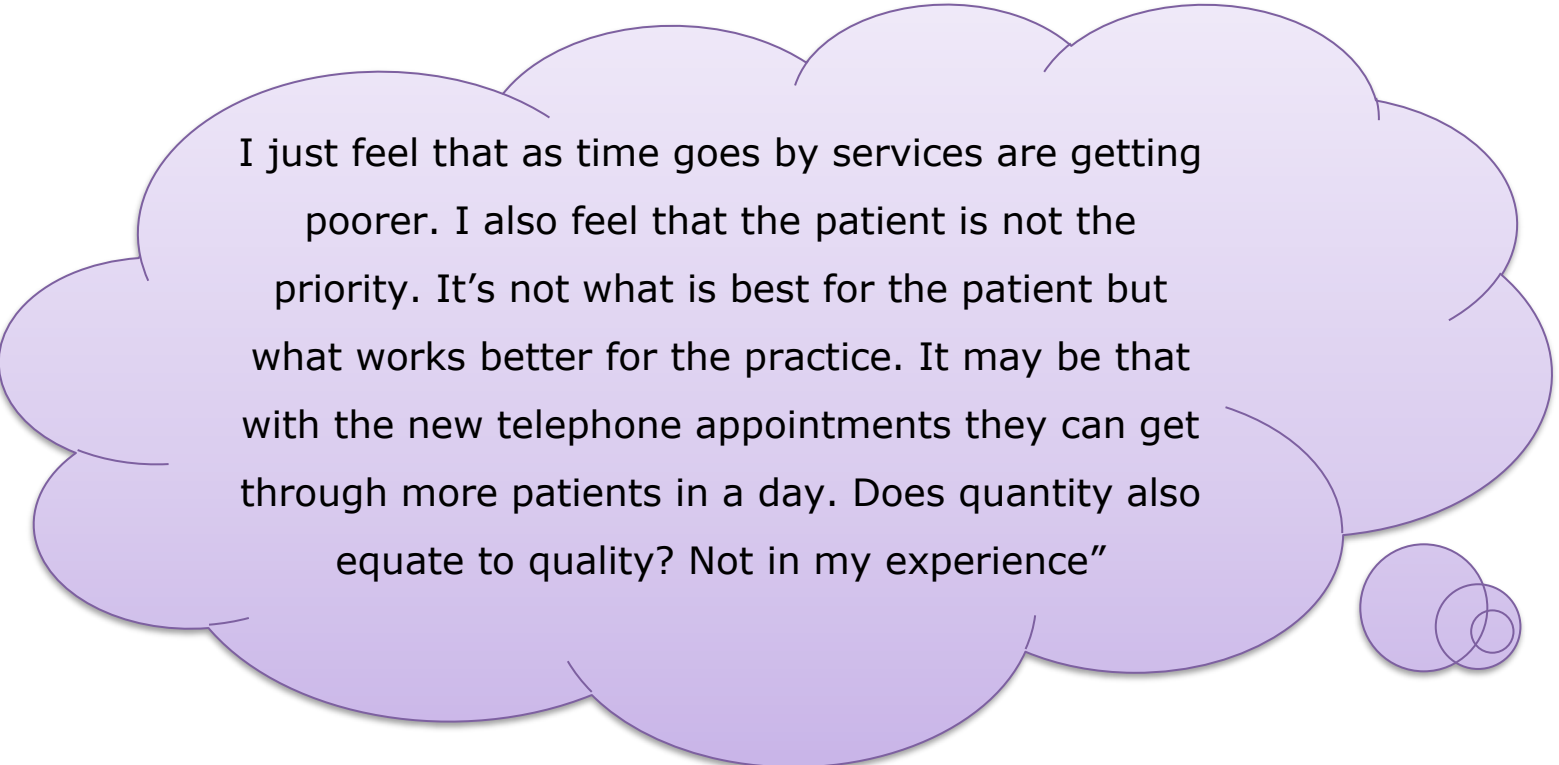
“I have to travel 20 miles for a blood test. As a former practice nurse - I used to do bloods in the surgery for everyone - not just the elderly”

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“Just couldn't get through to make an appointment. After two weeks of trying every day to get through, I was told I needed a blood test. I had this test done at the Bay but couldn't get an appointment for two weeks and they lost my blood test. I had to have another test done which took another three weeks to get it done. I then had to get an appointment with the doctor to discuss the results and adjust my medication. In total, it was three months from the start before my medication was changed. That's a long time when you're feeling unwell

## Future services

114 people told us they worried about the availability and quality of treatments, services, or support at their practice in the future.



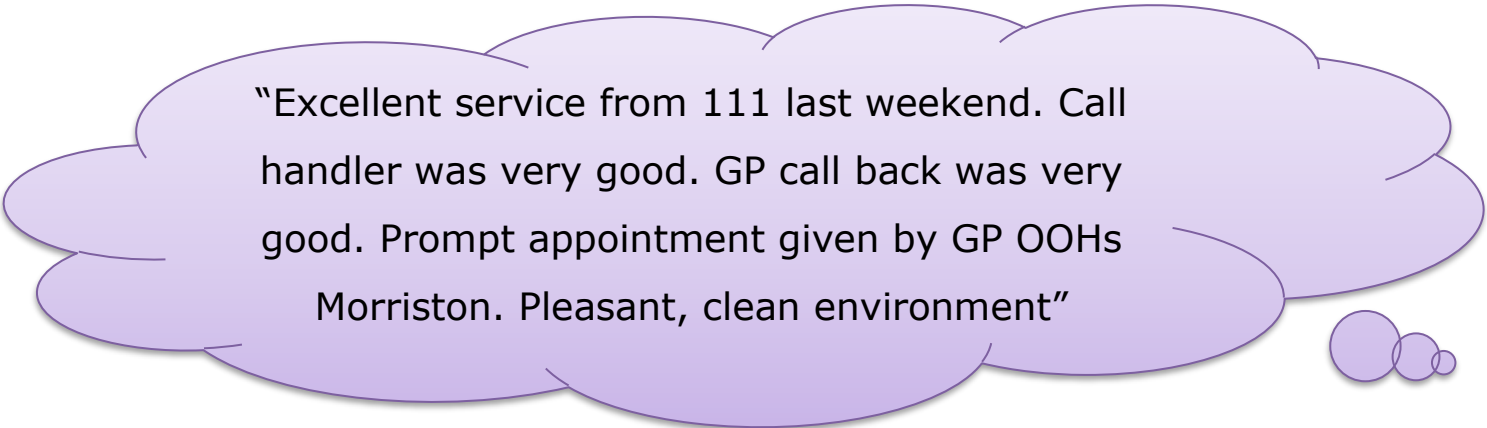
I just feel that as time goes by services are getting poorer. I also feel that the patient is not the priority. It's not what is best for the patient but what works better for the practice. It may be that with the new telephone appointments they can get through more patients in a day. Does quantity also equate to quality? Not in my experience"

## Out of Hours GP services

More than 3 quarters of people (134) told us that if they needed to, they would know how to contact the out-of-hours GP service when their surgery or health centre was closed. However, 42 people told us they would not know how to.

50 people told us they had experience of being signposted to the Out of Hours service or Accident & Emergency when telephoning their practice outside of opening hours.

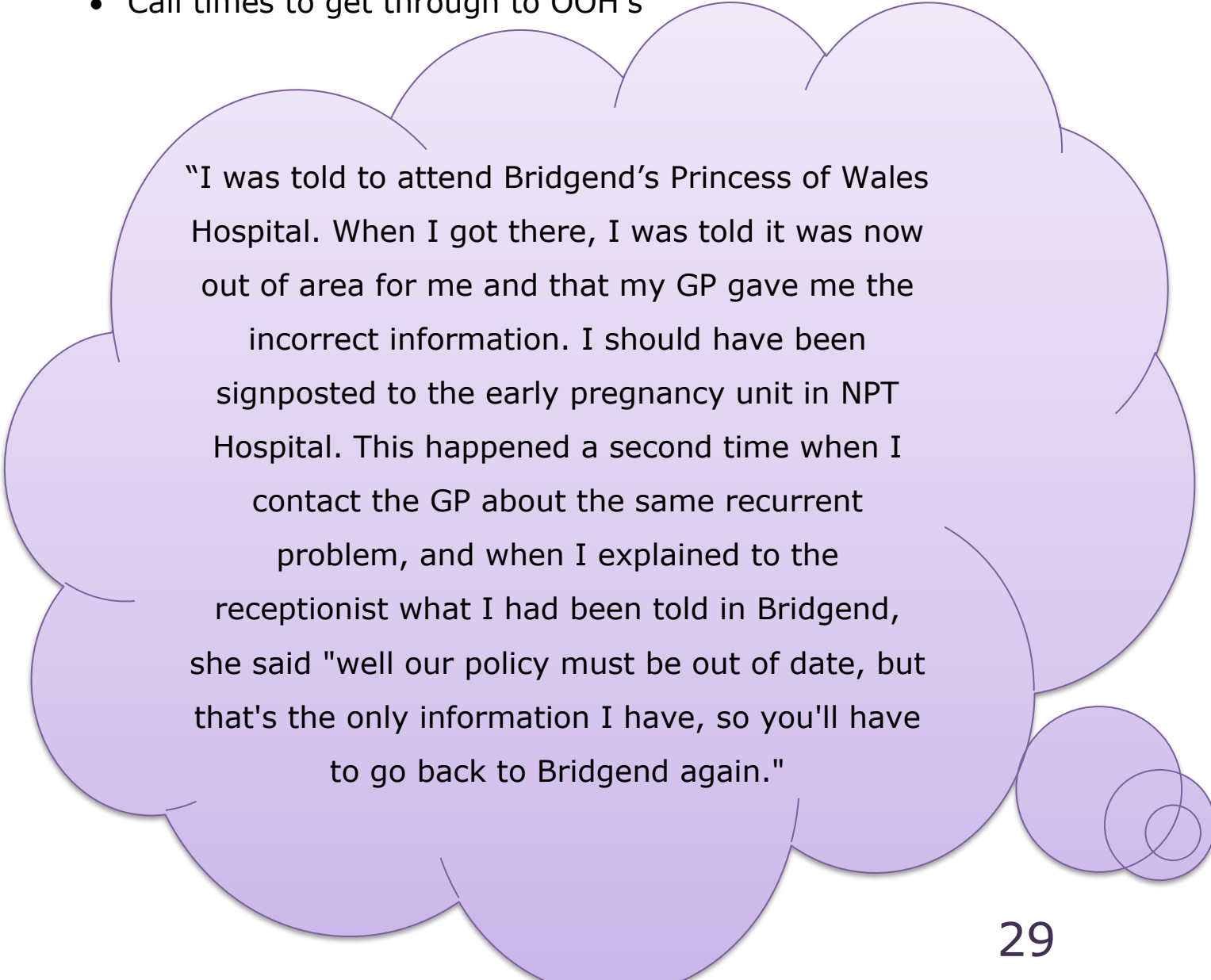
Feedback themes varied, relating to both the GP practice and the OOH's service. Positive experiences for some people, related to the excellent service provided by the OOH's team.



“Excellent service from 111 last weekend. Call handler was very good. GP call back was very good. Prompt appointment given by GP OOHs Morriston. Pleasant, clean environment”

Sources of negative feedback related to the following:

- Perception that referrals to OOH’s could have been avoided
- Incorrect information provided to patients by the GP
- Call times to get through to OOH’s



“I was told to attend Bridgend’s Princess of Wales Hospital. When I got there, I was told it was now out of area for me and that my GP gave me the incorrect information. I should have been signposted to the early pregnancy unit in NPT Hospital. This happened a second time when I contact the GP about the same recurrent problem, and when I explained to the receptionist what I had been told in Bridgend, she said "well our policy must be out of date, but that's the only information I have, so you'll have to go back to Bridgend again.”

"Was told to use out of hours but 111 would not take the call as GP surgery was still open"

"I have gone to A and E with problems that could have been sorted out with prescription from the GP practice. I can see why the hospital's A and E are under such undue stress"

### **Overall experience of accessing services at practice.**

Out of the 176 people who answered this question, 89 (around 47%) told us their experience of accessing services at their practice was 'excellent', 'very good' or 'good'. 35 people described their experience as 'fair' and 59 people (34%) told us their experience was 'poor or very poor'.



# Learning from what we heard

Our report explores people's experiences of GP practice services and reflects much of the feedback in our previous reports.

While it still remains the case that people perceive accessing services to be difficult - in terms of getting through by telephone and getting a consultation - further access issues were identified in respect of communication and physical challenges.

Call-backs were frequently raised as a cause of stress and anxiety for many people, especially those in full time employment and with other commitments.

The 'askmyGP' service, whilst working effectively for some patients, is sorely missed by others who have found their practice has either stopped using the service altogether or has severely curtailed its availability.

Peoples feedback regarding the Out of Hours' Service was also inconsistent, with some reporting excellent service from the OOH's team and others frustrated by the length of time waiting to get through or to receive a call-back.

Regarding GP's signposting patients to the Out of Hours service, some people felt these referrals were sometimes unnecessary and an increasing source of pressure on the NHS.

People's comments about the helpfulness of staff at the practice again elicited a significant number of responses regarding receptionists. In



sum, a positive experience when getting through by telephone often depended on which staff members answered the call.

Prescriptions remain a battle for some, with reports of people struggling to get their medication and going without important medication reviews. Other concerns were raised over dispensing errors. People felt that GPs, pharmacies and hospitals, to get the basics of care right, should be working better together to provide a good experience. Ultimately, people want an easier way of ordering repeat prescriptions.

Several people raised issues with blood testing processes. Frustrations were aired about the service not being available at practices, the distances some have to travel, the unreliability of public transport and the related costs.

Significant issues of concern were identified in the feedback for some groups of people, particularly those with hearing and visual impairments. We heard examples of services overlooking individual support requirements, particularly in respect of communication. As a consequence, some people felt disadvantaged.

People are still anxious about the future of practice services with some feeling that changes to services are often done to meet the needs of the practice rather than the patient.

# Recommendations

We reiterate all recommendations in our previous GP services reports. Copies of these reports can be found on our website in the “Monitoring reports” section: <https://swanseabaychc.nhs.wales/> or by request. Please see our contact details at the end of this report.

New for this report:

1. The CHC distributed 20 hard copy surveys to each practice in May 2022, however, we did not receive feedback from patients of 21 practices in this report. Please refer to page 12 for further details.
  - We would encourage these practices to take steps to encourage feedback from patients attending the practice
2. Under the Equality Act 2010, all health and social care providers are required to make ‘reasonable adjustments’ to make sure that a disabled person can access and use the service as close as possible to the way a non-disabled person would. In our report, people with communication support needs highlighted variations in equality of access which resulted in increased disadvantage.
  - We call on the Health Board to ask GP practices to review the systems and support they have in place for these groups.
3. A number of people told us they were dissatisfied with the current process for blood testing. In summary, people want a service which:
  - Is readily accessible
  - Is closer to home, avoiding the need to travel far

- We understand that temporary changes were made to phlebotomy testing processes during the pandemic. We encourage Primary Care and the Health Board, when reviewing their blood testing processes, to take into consideration the feedback people have taken time to share in this report and from the public.

## **What Next?**

We will continue to collect feedback from patients about their experiences of accessing services at their GP practice and share these reports with the Health Board. We hope that the practices without responses in this report, will take steps to help encourage patients attending the practice to complete our survey.

# Thank you

We thank everyone who took the time to share their views and experiences with us about accessing services at their GP practice.

We would like to thank our partner organisations for sharing information and our questionnaire and for supporting us to access seldom heard groups.

We hope the feedback people have taken time to share influences healthcare services for patients, to recognise and value what is working well – and act where they need to as quickly as they can to make things better.

## Feedback

Swansea Bay CHC would love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



# Contact details

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If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

**Swansea Bay  
Community Health Council**