

# Engagement Report:

Patient experience of Forest View  
Medical Centre [Rhondda Locality]

February 2023



# **Accessible formats**

This report is also available in Welsh.

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# About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

# Introduction & background

The Cwm Taf Morgannwg Community Health Council strives to hear from patients and the public across all demographics, communities, and groups within Bridgend, Rhondda Cynon Taf and Merthyr Tydfil.

As well as requesting general feedback from the public on matters concerning their healthcare, the CHC also run specific, targeted campaigns for information and feedback from patients with specific health conditions or disabilities, or on specific services within the NHS, in order to ensure we hear from all groups of society in regard to their healthcare provision.

In this instance, the CHC wanted to hear directly from patients of the Forest View Medical Centre in Treorchy, Rhondda Cynon Taf, about their experiences of accessing services at the Practice.



# What we did

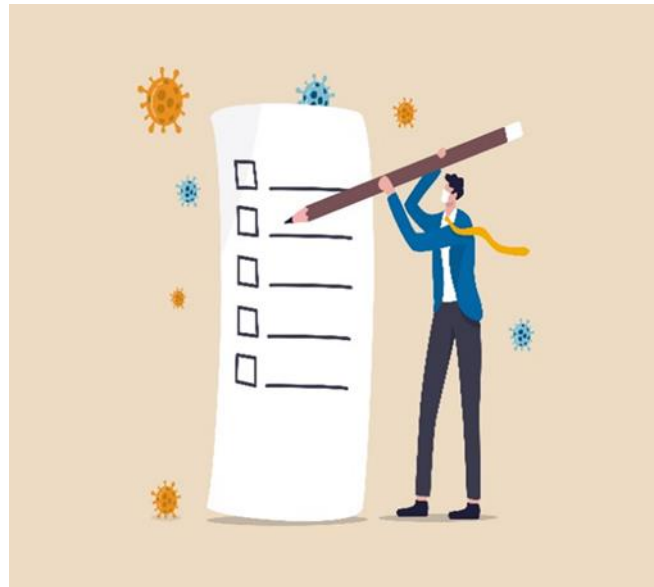
Following an introductory meeting with the constituent Member of Senedd (MS) for the Rhondda, Buffy Williams, on the 14<sup>th</sup> November 2022 the CHC was made aware of growing concerns in and around the town of Treorchy in relation to the Forest View Medical Practice. In evidence of these concerns, the CHC were directed to a number of Facebook posts and threads where concerns were being freely aired and in considerable numbers.

The MS proceeded to invite the CHC to attend a meeting at her constituency office on 30<sup>th</sup> November 2022, to speak to members of the public about the concerns with the Practice. The initial intention was to attend and listen to the concerns as a collective group, however it quickly became apparent that interest in this particular engagement activity was quite considerable. In response to the numbers expected, the length of the meeting was extended from 1 hour to 3 hours and an online survey was drafted in order to collect views on the day and also from anyone unable to attend.

To allow for as many people as possible to contribute, the survey was available for completion from 30<sup>th</sup> November 2022 until 9<sup>th</sup> January 2023. We asked respondents to provide information around the following:

- ❖ Their most recent attempt to access services from this Practice
- ❖ The experience of booking an appointment
- ❖ Length of time to access an appointment with a GP for urgent matters and the ability to access appointment in advance for things like test results/callbacks/chronic condition management etc.
- ❖ Their overall experience of the Practice, other than access
- ❖ Any suggestions and or recommendations that they may have for the improvement of services at the Practice.

The survey was shared by the MS with anyone who approached her office and online via her Social Media feeds, the response rate and findings can be found under the 'what we heard' section of this report.



# Who we are hearing from

Having closed the survey on the 9<sup>th</sup> January, we are able to report that the CHC received 880 completed surveys either in paper form or via the online survey. The vast majority were received via the online method, with less than 10% entered following paper submission.

Unfortunately, the equality segment of our usual surveys was not attached to the online survey at the time of creation and, therefore, there is no specific equality data available to be reported in this section.

However, what can be reported is that opportunities were provided for individuals to complete online surveys, paper submissions and also physical attendance, with Staff support, at the dedicated meeting with the CHC or in the office of the MS at any point whilst the survey was open.

The demographic on the day of the meeting was a majority of those aged 50+, Female and retired. This information was volunteered in general discussion by respondents.

The wordclouds included in this report are only available in English as this analysis is taken directly from the responses received. As there were no Welsh language responses, Welsh versions cannot be produced.



# What we heard

This section of our report contains the analysis of the survey we undertook and adds supplementary information held by the CHC in support of this analysis. On this occasion, the survey is supported by our officers attendance at the patient/public meeting in Treorchy and the discussions had there.

## **Relevance**

The first question we asked in our survey and discussions was centred on identifying how timely the responses were in relation to the patient experience of this GP Practice. The following were the results received:

1) How recently have you accessed, or attempted to access, services at this GP Practice?

- In the last 7 days (29%)
- In the last month (32%)
- Between 1-3 months (26%)
- More than 3 months ago (13%)



As can be seen above, the majority of responses (61%) related to patient contacts/attempted contact within a month of the completion of our survey. This means that 538 of our 880 respondents were providing their experiences based on contact dating from the 1<sup>st</sup> November 2022. A further 26<sup>th</sup> were based on experiences dating from no further back than 1<sup>st</sup> September 2022 and only 13% could be attributed to experiences dated older than 3 months.

## **Appointments**

In this section of the survey, we asked 4 questions related to the appointments system, as that was identified as the key area following a review of Social Media comments, and the initial discussion held with the constituent MS.

2) How would you rate booking an appointment at your GP Practice?

- Very Easy (4%)
- Easy (5%)
- Average (7%)
- Difficult (22%)
- Very difficult (62%)



It is concerning to read that 742 (84%) of respondents felt the need to rate booking an appointment at the Practice as difficult or very difficult. Further to this, the constituency office for the MS received 41 direct emails for sharing and CHC Staff spoke with 15 individuals in length at the meeting. All 56 engagements supported the findings that the appointment system is considered extremely difficult, and not fit for purpose by the patients. Further analysis of the reasons for this rating is included below.

4) How long do you usually have to wait for an appointment with a GP for an 'urgent' matter?

- 24 Hours (25%)
- 24-48 Hours (27%)
- More than 48 Hours (48%)



Looking at the response to this question, it could be assumed that this is quite a negative response based on the higher proportion of responses indicating more than 48 hours. However, for the Practice to be seeing 52% of patients within 48 hours where the issue is considered urgent, this could be entirely appropriate based on the performance of any triage system in place and would be worthy of further exploration.

5) Have you been able to book appointments in advance, for things like test results/callbacks/chronic condition management etc?

- Yes (20%)
- No (59%)
- Not sure or not needed (21%)



It is very concerning to read that over half of the respondents felt unable to book advance appointments for chronic conditions and diagnostic test results that could have a significant impact on their ongoing health and wellbeing. Further analysis related to this has factored into the narrative analysis included below.

## Open questions

In addition to the above multiple choice questions that produce easy read, colour coded graphs the CHC also asks questions that encourage text based responses. Primarily these questions allow for respondents to provide narrative responses in response to the choices made on other questions or simply to share their experiences with us.

Question 3 was posed in this style and asked "If you have found it difficult or very difficult, please explain why". Out of 880 responses to the survey 742 people rated booking an appointment difficult or very difficult and, of these, 742 (100%) provided a narrative response to support their earlier choice. One way to identify the key aspects of a narrative response is a word cloud, where the word becomes more prominent or larger depending on the number of times it is used.

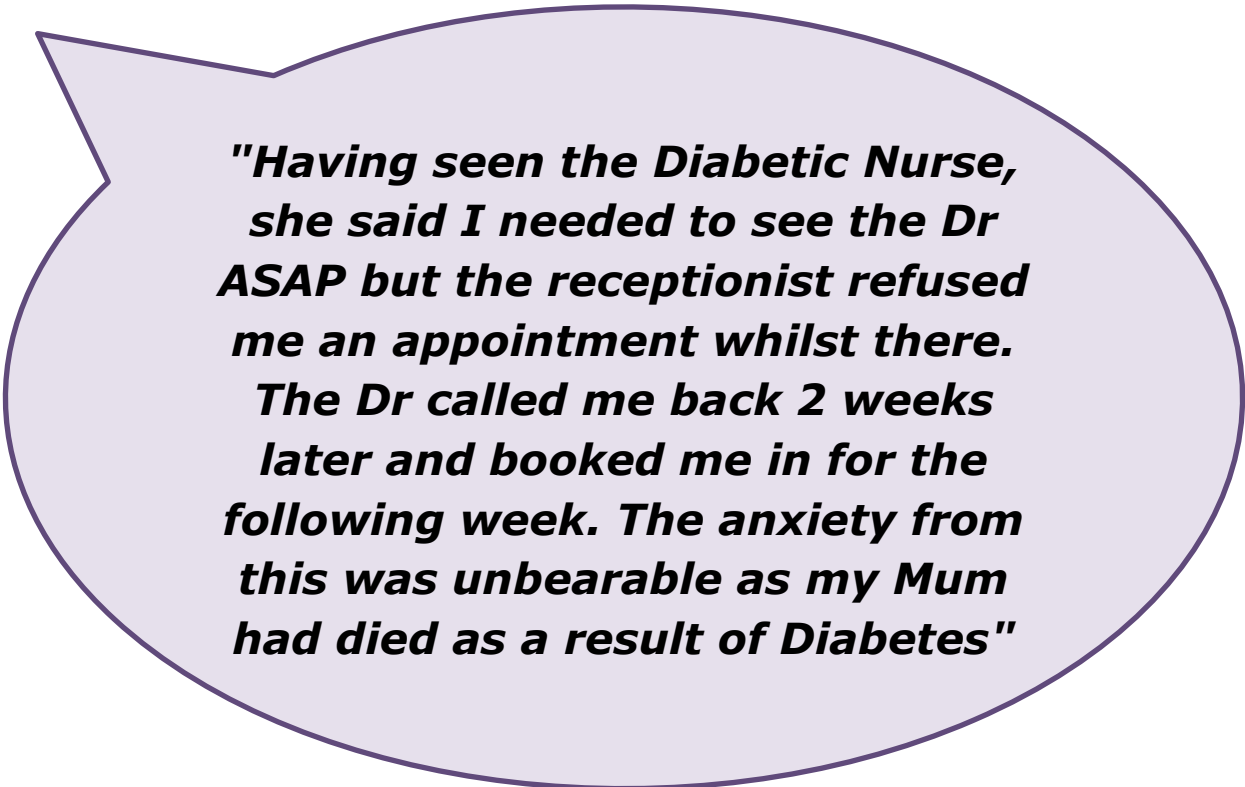


In the above cloud you can clearly see that the word appointment or appointments comes up most frequently, as expected in a question about booking an appointment. Behind this, the next words are 'phone' and 'told', followed by 'time', and 'queue'.

On reviewing the range of narrative responses, the following issues/themes were identified.

### *Concerns around appointments*

It is clear from the responses that the appointment system and access is the core concern for patients surrounding Forest View Medical Centre but it would also be unfair to say that this Practice is alone in relation to access concerns, with reports nationally both in Wales and UK wide suggesting this issue is prevalent everywhere. What is of more concern is the consequential impact being reported by patients, whether this be worsening conditions or anxieties caused by awaiting diagnostic results for some considerable time.



***"Having seen the Diabetic Nurse, she said I needed to see the Dr ASAP but the receptionist refused me an appointment whilst there. The Dr called me back 2 weeks later and booked me in for the following week. The anxiety from this was unbearable as my Mum had died as a result of Diabetes"***

There was a significant amount of comments related to there being no appointments available when they finally get through to speak with a receptionist, with respondents reporting this

occurring regardless of how long they wait and how close to 8am they get through.

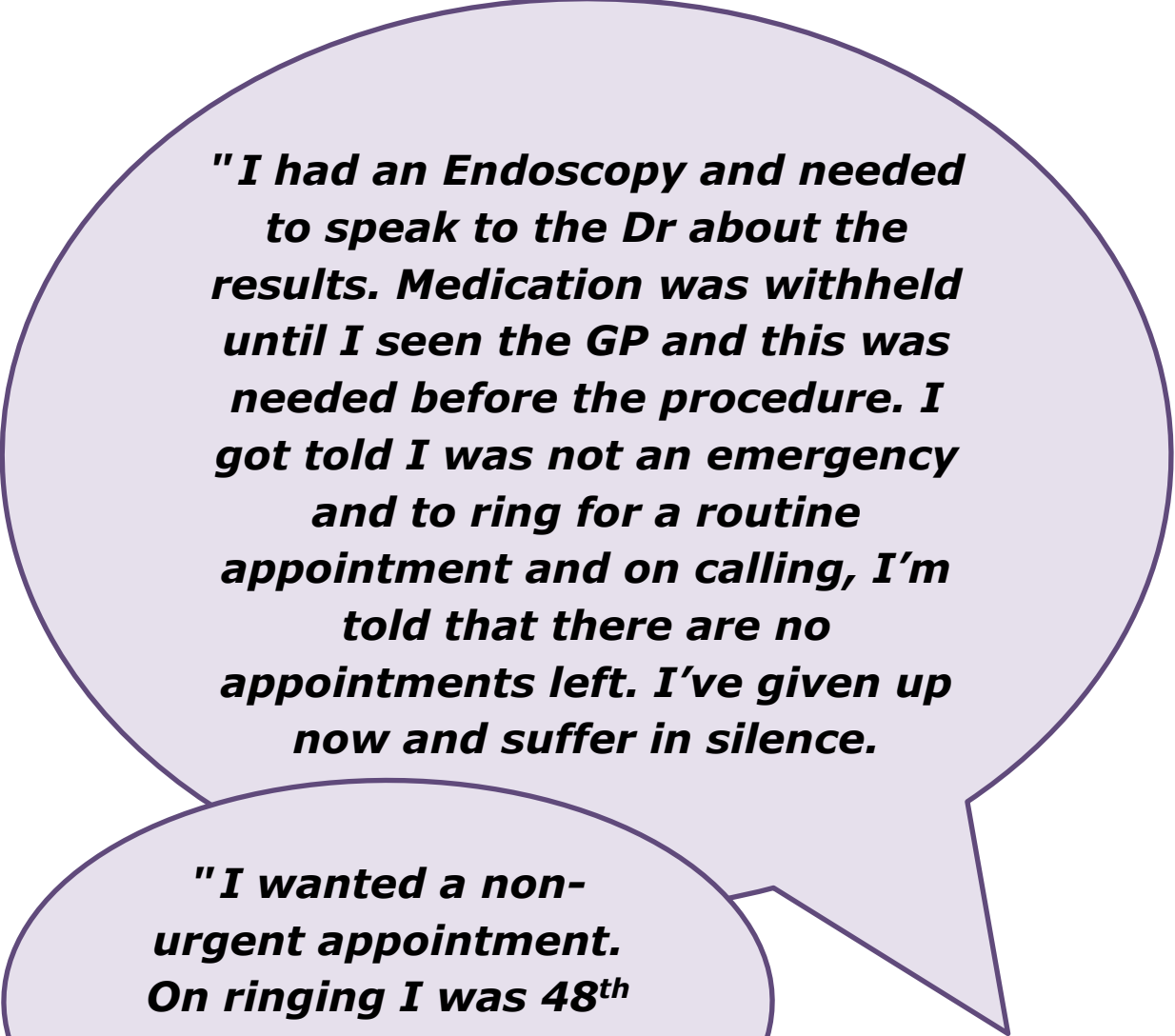


### *Phone system*


To follow on from the appointment system, the phone system itself was mentioned directly or indirectly in a vast majority of responses. Indirectly being a reference to the use of words like queues, numerical positions and waits as opposed to actually using the word 'phone'.

The concerns under this theme are quite generic in nature again, suggesting that the system was flawed and had more negatives than positives. However, it was also possible to identify 3 specific areas of concern coming through.

**Queue** – Comments provided mainly made reference to queuing for considerable amounts of time, with some indicating waits of up to an hour and some suggesting that they have actually given up and 'suffered' instead of persevering.



***"I had an Endoscopy and needed to speak to the Dr about the results. Medication was withheld until I seen the GP and this was needed before the procedure. I got told I was not an emergency and to ring for a routine appointment and on calling, I'm told that there are no appointments left. I've given up now and suffer in silence.***



***"I wanted a non-urgent appointment. On ringing I was 48<sup>th</sup> in the queue so I gave up."***

**Cutting Off** – As well as the many concerns about queues and being in the high numbers when calling the Practice, it is clear that there is a great sense of frustration in the phone system cutting patients off as they get closer to being answered and after a significant period of time waiting.

***"After waiting number 46  
in the phone queue, 45  
minutes you get down to  
number 1 in the queue  
then the phone line dies"***

**Costs** – A smaller number of responses indicated concerns over costs being experienced by patients when calling the Practice and waiting significant lengths of time before getting an answer. To compound the issue further, every time that there is a 'no appointments left' response, patients are acutely aware that they will face an additional costly wait the next day or, if they are directed to the 1pm list, twice a day.

***"The cost of the telephone call!!  
Only to be told there are no  
appointments and to call back  
tomorrow!"***

***8am – 26mins - £6.48***

***8:01am – 39 mins - £9.60***

***8:03am – 17mins - £4.32***

***"My bill was forty odd  
pounds dearer than  
normal for that month  
only because of ringing  
the doctors"***



## *Impact on other services*

At the time of this activity, it is commonly known that the entire NHS system is under significant pressure and General Practice remains as the route in to the system. When there is pressure on GP services, it is not unexpected for there to be an 'overflow' in to other services where there is urgent need. The responses to this survey suggest that this Practice is actively encouraging patients to attend both Accident & Emergency Services and Out-of-Hours at times when there are no appointments remaining.

***"1pm, no appointments left after being number 29. Told to either access OOH or call back at 8am"***

***"It's a nightmare, sometimes they even suggest you go to A&E!"***

***"I suffered for a week with a migraine, over the counter medicine wouldn't work. It got so bad I collapsed and at 1pm, FV said no appointments and I had to go to A&E"***

## *Planned activity*

Another concern that has come out of the analysis is when the GP/Nurse asks the patient to book a follow-up in a set period of time but the Reception Staff inform patients this isn't possible and all forms of appointments are booked on the day. Further to this, there are also the following issues that patients believe should be and need to be managed better as they could be considered as planned activity and not new contacts:

1. Patients are being informed that they will receive call-backs after queuing and this doesn't occur despite them waiting for the call.
2. Reviews for chronic conditions, and sometimes medication, have not been undertaken with respondents suggesting their last reviews were before the COVID Pandemic.
3. Patients reported that they were having appointments cancelled by the Practice, on more than one occasion, and despite then being told that these appointments will be rearranged it never happens.
4. There are issues identified whereby patients have tests undertaken, such as bloods, but then can't get through to the Practice in order to access the results.

***"Dr told me to make a follow-up call to discuss my blood results, was trying over a month to book but no***

***"I am required to have diabetic reviews and had nothing for 3 years despite the DVLA paying."***

***"I had an appointment cancelled not once but twice and was told that I'd be called back to rearrange but never heard anything and***

### *Flexibility for working patients*

Coming through consistently, but not in the greatest of numbers, was the fact that the current system was not considered accessible for patients who work in both shift and standard 9-5 jobs. The length of time spent on the phone was cited as one of the biggest issues linked to this, and also then not being available for the one call-back that the Practice would make.

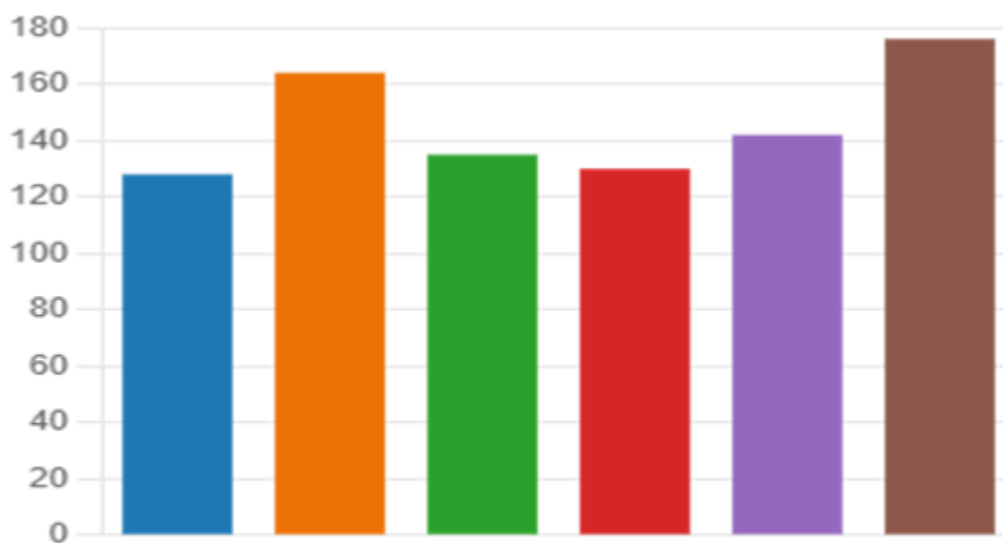
***"I work in a hospital so unable to take phone calls so can only make an appointment if I take annual leave as I can't get an appointment after 5pm either. All telephone calls are either AM/PM so can't book them either as I can't take that much time out of work simply to wait for a call"***

## General Experience

Towards the end of every survey, the CHC provides the opportunity for respondents to rate their general experience of the service and also to provide any final comments, good or bad, that they wish to make.

6) Other than access, how would you rate your experience of your GP Practice?

- Excellent (15%)      ● Very Good (19%)
- Good (15%)        ● Fair (15%)
- Poor (16%)         ● Very Poor (20%)



Upon review of the above stats and the responses to question 6, which asked "Other than access, how would you rate your experience of your GP Practice?", there is a near 50% split between positive and negative responses to both questions. This is a marked difference from the overwhelming negativity shown when specifically focussing on access and, where negatives occur in the narrative responses, there is still a significant amount of access concerns being listed. Taking into consideration the aim was to exclude concerns around access, it should be reported

that the general satisfaction under this section would be considered much higher if this was the case.

A large number of comments in the narrative responses suggest that once the patient gets an appointment, the service they receive is considered 'excellent' or 'second to none'.

***"Our GPs are second to none"***

***"Fantastic surgery and every time I do manage to see the GP the service is amazing."***

***"All Staff are very helpful and go above and beyond"***

It was very pleasing to read some balanced considerations coming from respondents, where they chose to provide both good and bad comments in one response.

***"Good: Excellent, helpful staff who given all they are up against are working tirelessly despite all the negativity."***

***"Bad: Lack of GP's is the whole problem, they can't give what they haven't got"***

## **Patient Recommendations**



Contained within all CHC surveys is a question where we ask respondents to share with us any suggestions they may have, on how their shared experiences could be improved. The following suggestions were provided:

- ❖ Make more appointments available online
- ❖ Consider weekend opening and extending into the early evening for working people
- ❖ Allow in-person booking if someone has presented in the surgery
- ❖ Reduce duplication of effort/wasted time by having a Doctor undertake a phonecall and then actually see the same patient. Straight to face to face appointment saves time
- ❖ Reverse the merger and return to smaller, individual surgeries
- ❖ Start using text or email reminders
- ❖ Employ more doctors to fill all sites
- ❖ Improve digital arrangements
- ❖ Better point of contact triage, possibly using a Nurse like A&E
- ❖ Reduce repeat visitors and consider charging the worried well
- ❖ Split the service you provide based on emergency and routine
- ❖ More locations with more Staff
- ❖ Improve health awareness, patients must start taking responsibility for their own health and wellbeing also

There were also a considerable amount of comments, potentially at least 25% that made reference to the current system being broken and a new one being required. There were limited specifics around this but what is clear is, there is a desire from patients to be involved in the development of what comes next.

# Learning from what we heard

Based on the responses from question 1, we can be assured that the experiences we have collected from patients of Forest View Medical Centre are relevant and timely in relation to the current provision of services. In analysing those experiences shared, the following key points have been identified for the Practice Management Team to consider:

1. Over 50% of patients indicated that they can get an appointment with a GP within 48 hours for an urgent issue. The Practice is asked whether there is any data linked to their triage process that could validate this being an appropriate response. The question being of those requesting an urgent issue, how many are triaged as clinically urgent and how many not.
2. Over 50% of patients have reported that they have been unable to book advance appointments specifically related to the ongoing management of their health care which includes reviews, checks and test results. This issue was also evident within the narrative responses provided to other questions. The Practice is asked to consider the possibility of dedicated processes for the booking of these specific appointments that can be planned in advance.
3. There is a feeling that demand is surpassing the available capacity at the Practice, with comments being made about the working arrangements of current partners and the number of Doctors available at the site. The Practice is asked to consider outlining their plans for increasing capacity, as well as their short, medium and long term plans for the Practice to better serve the community as a single, large practice.
4. Based on the feedback received, the phone system is considered not fit for purpose by the patients and requires adapting or changing entirely to address a range of concerns. The Practice is asked to consider whether a formal

call-back arrangement via the telephone system could be employed, which will address the queue, cut-offs and increasing costs of multiple calls for patients.

5. Throughout the responses to the narrative questions, the clearest theme, beyond the phone system and appointments, was the struggles of working patients who could not access appointments due to the restrictions in their jobs. The Practice is asked to consider ways of creating a flexible service provision, that accommodates the range of circumstances that face it's patients.

In summary, the strength of feeling arising from the level of response to our engagement with patients is considerable and should be acknowledged by the Practice.

It is our recommendation that the Practice consider working with the CHC to openly engage their patient cohort. It is expected this could be an opportunity to address the concerns raised, present their plan for the future of the Practice and allow patients to help shape the design of future service provision.



# Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better

The CHC also wishes to place on record it's thanks to Buffy Williams, MS for the Rhondda constituency, and her team for bringing these concerns to our attention and for the support they provided in helping members of their community share their views with us whilst the engagement was ongoing.

# Feedback

We'd 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.

This report is available in Welsh and English.



## Contact details



Cwm Taf Morgannwg CHC  
Ty Antur  
Navigation Park  
Abercynon  
CF45 4SN



01443 405830



[Enquiries.ctmchc@waleschc.org.uk](mailto:Enquiries.ctmchc@waleschc.org.uk)



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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.

We welcome telephone calls in Welsh.

**Cwm Taf Morgannwg  
Community Health Council**