

Healthwatch Croydon GP Experience Workshop

Wednesday 5th October 2016, Community Space

On Wednesday 5th October 2016, Healthwatch Croydon hosted its Annual Event. Attended by around 100 residents, carers and professionals, this year's theme was the experience of local GP services.

At the table discussions, we asked delegates to share their views on:

Accessibility

- How easy is it to get registered at a GP and what happens when you cannot register?
- Does contacting your doctor over phone or email work for you and do you get an appointment when needed?
- Is it important that you see a specific doctor?

Customer Service

- What has been your experience of clinicians and staff?
- What role do you think receptionists should have in triage and how can patients have confidence in sharing their details with receptionists or getting prescriptions renewed?
- How easily can you get referrals to other health providers? How effective is your GP in linking up with hospitals, pharmacies and social services?

Finding the Right Service

- What confidence do you have in your pharmacy or calling NHS 111, rather than seeing a GP?
- Do you get the information you need on health services to decide where to go when you have a specific condition or concern?
- What services would you like to see move away from GPs and which services should GPs take on?

Table Discussions - Accessibility

How easy is it to get registered at a GP and what happens when you cannot register?

- Registration is easy, except for the homeless and asylum seekers.
- Funding? Remove people who don't turn up. Catchment ideas? What happens when you can't register?
- What to do when you can't register?
- No information from the CCG - needs to be more publicity.
- Easy to register - except asylum seekers and the homeless.

- There are different demographics and demands within the borough and these should be addressed.

Does contacting your doctor over phone or email work for you and do you get an appointment when needed?

- Getting Appointments - getting through on phone is problematic - long waits.
- Booking online is a good idea but the limited options can be a problem. Could the nurse help?
- 2-3 weeks wait for routine appointments.
- Timing of appointments is important for carers, children and workers.
- Some older people find it difficult using technology and prefer to speak to someone.
- Why can't all GPs do same day appointments not wait for 2 weeks?
- Electronic prescriptions and appointments are a positive development (but there are a lot of people not using it).
- Phone lines are extremely busy.
- They don't prioritise your emergency.
- Get a good response from email or phone.
- Getting appointments - telephone access is difficult, prefer email contact.
- Booking online - very limited access.
- GPs should remove people who don't turn up for appointments.
- My surgery is not accessible.
- Processes like online booking help.
- Need for good phone system - queuing system.
- Online saves effort.
- Doctors could be available online, they do it in other boroughs.

Is it important that you see a specific doctor?

- How important it is to see your own specific doctor depends on what it is? 'Sensitive records' should be kept by all the doctors in a practice.
- Do patients have their own GP?
- Difficult to see own doctor.
- For some people it's very important to see your own doctor.

Table Discussions - Customer Service

What has been your experience of clinicians and staff?

- GPs are now recognising carers' needs.
- Patient should be informed when doctors are behind time.
- Experience fine so far but it seems communication is not great.
- Some receptionists are abrupt bordering on rude.
- Some are unhelpful and unfriendly.
- Reception staff sometimes come across as 'fed up' - perhaps they are overworked?

- Reception staff do not take responsibility when mistakes are made; lies, lots of explanations, and wrong appointments.
- The surgery is not responsive to people with disabilities.
- Good practices need to be used as a benchmark.
- Customer service is variable.
- Receptionists can be rude on the phone.
- Neediness isn't always based on clinical need.

What role do you think receptionists should have in triage and how can patients have confidence in sharing their details with receptionists or getting prescriptions renewed?

- Not happy with receptionists giving results of blood tests.
- Receptionists need to be trained.
- Receptionists are not trained to triage and may make assumptions.
- If triaging, receptionists should have a very 'small and limited' role.
- Prescriptions renewal should be easily dealt with.
- Given poor advice by receptionists.
- Receptionists have limited knowledge and experience.
- Would not feel confident about talking symptoms with a receptionists or nurse - they don't have knowledge.
- Results given by hospital receptionists upon missing an appointment I didn't know I had. I was not told that I had diabetes or an appointment by midwife.
- Receptionists like to diagnose and give advice
- Receptionists 'protect GPs from appointments'.
- Privacy is an issue of sensitivity.
- Reception staff - need knowledge to understand triage.
- No confidence in receptionist in giving personal advice.
- Invasion of privacy.
- Receptionists - trained to triage?
- Receptionists could give advice.
- Online good for repeat prescriptions, but not for all.
- We need to redefine roles to release clinical time, and receptionists should do more, if they're able and trained to.
- Who triages?
- Triage systems are sometimes good, sometimes bad.
- Qualifications?
- Streaming or triage for receptionists.

How easily can you get referrals to other health providers? How effective is your GP in linking up with hospitals, pharmacies and social services?

- GPs do not have the time to look at alternatives. People want quick solutions.
- Holistic care is important rather than drugs. Referrals are through Cress and this can take months rather than weeks, especially for mental health.
- Poor communication with hospitals, phone calls to social services. System related.
- Lack of integration, GPs have diminished responsibility.

- Terrible experience as outpatient since nobody wants to take cost of prescription for diabetes.
- Not very well integrated.
- Referrals are usually okay.
- Referrals quite easily done.
- Referrals are an 'unnecessarily lengthy process' and each 'blames the other'.
- All IT systems need to speak to each other so patients' records are available.
- Confidentiality issues.
- Services are not linked up.
- Patients 'just want the medication'.

Table Discussions - Finding the Right Service

What confidence do you have in your pharmacy or calling NHS 111, rather than seeing a GP?

- Very confident about my local pharmacy for non-urgent medical issues; never tried 111 number.
- Very confident with pharmacist dealing with query and 111 service.
- Never used 111, pharmacy limited as only temporary pharmacist. Previous one retired and cannot get permanent replacement.
- Better use of the Pharmacist is good for GPs as well.
- Pharmacists refer people back to their GP surgery for a lot of things - they only give 'basic advice' on things such as cough mixtures.
- Confident in pharmacy but it depends on the pharmacists.
- Pharmacies could be a first port of call more often.
- Sunday and out-of-hours doctors are important.
- Pharmacists are more business orientated, this can be good and bad.
- The GP/Pharmacist relationship needs to be strengthened.

Do you get the information you need on health services to decide where to go when you have a specific condition or concern?

- Receptionists and nurses should advise on options, such as NHS 111.
- Better publicity of walk-in's, hubs and alternatives to A&E. Use of a leaflet?
- Happy with the level of information and advice in the reception areas as well as from GPs. Older people will prefer more 1 to 1 support.
- Good information in the surgery with good posters.
- People don't have much awareness of NHS 111.
- Information and signposting - where to get information?
- What services are available?
- Most people 'just google it' anyway.
- GPs should do more to promote alternatives.
- Leaflets at each house.
- NHS 111 does signpost to services.

- There is perception that 111 is to replace 999 - others disagree - signposting issue.
- Information and signposting is improving - but still needs to improve further so more people know where to go (GP/Pharmacy/A&E etc).
- Information and signposting for specific conditions comes via seeing the GP.
- We need clear signposting of what is available, giving all the options.
- Need better signposting.
- Their GP does give information about services.
- Signposting has been good.

What services would you like to see move away from GPs and which services should GPs take on?

- Routine health checks such as blood pressure could certainly be done elsewhere at community venues (like supermarkets).
- We need to reduce the demand on GP services.
- We need to 'move away from GPs'.
- Simple prescriptions could be made via pharmacies.
- No movement of services away.
- No additional services.

Post-It Notes

- 8.00am lines open but I had to dial 20 times to get through.
- 8.30am is never a good time as always engaged line.
- Impossible to get through at 8.30am in the mornings often engaged - frustrating.
- Cannot book online for next 7/10 days so not good if I need an urgent appointment.
- Technology can be down or unreliable, which has a negative impact on online booking.
- My GP surgery has just merged with another, and therefore more staff are available and have more time to listen and dispense better advice.
- GP does blood tests, urine, ECG, minor ops, diabetes clinic, well woman, maternity and obesity.
- GPs linking up with other services doesn't do well or not at all.
- Sometimes GPs seem out of touch with what is happening for example at the hospital.
- GP has good links with the pharmacy.
- Difficulty getting through on the phone.
- I prefer phone over email.
- Receptionist role in Triage? None!
- Referral to the providers. Not at all.
- Contacting GP via phone variable.
- Triage needs knowledge to decide the severity of diagnosis.
- Bureaucracy behind who does what.
- Mixed experience good/bad depending on who's on station.
- Triage depends what's wrong with you.
- Contacting GP on phone and email doesn't work I have to walk physically to the GP.

- Contacting GP - telephone works, good to know how long you will need to wait or know how many people in front of the queue.
- New budget is held with GP they are reluctant to refer for x-rays etc.
- Not much privacy in reception area.
- Everyone can hear what is going on.
- Triage - depends on situation e.g. recurring tonsillitis - get a prescription on something new.
- I like medication no alternatives.
- I have a named GP but if I need to provide a name of GP on a form or to see a GP, I always name/see another one I prefer.
- More confidential in dealing with care.
- Every patient has a choice.
- 3 weeks is too long - if related to monitoring e.g. blood pressure.
- 2 weeks is more reasonable.
- If related to symptoms then within 24 - 48 hrs.
- GPs sometimes appeared disconnected and seemed that they are very quick to administer medication and antibiotics.
- No privacy in reception but do you need it?
- Confidentiality; would prefer to give details to my GP.
- Older people who are isolated don't always use the internet.
- Online can be difficult due to conflict with internet usage.
- Difficulty of new technology.
- Where to get information.
- What services are available?
- Go to Google.
- I wish services didn't charge so much.
- Leaflets at every home.
- Confusing - 111/999.