

Patient perspectives on Brighton and Hove GP Practices 2016

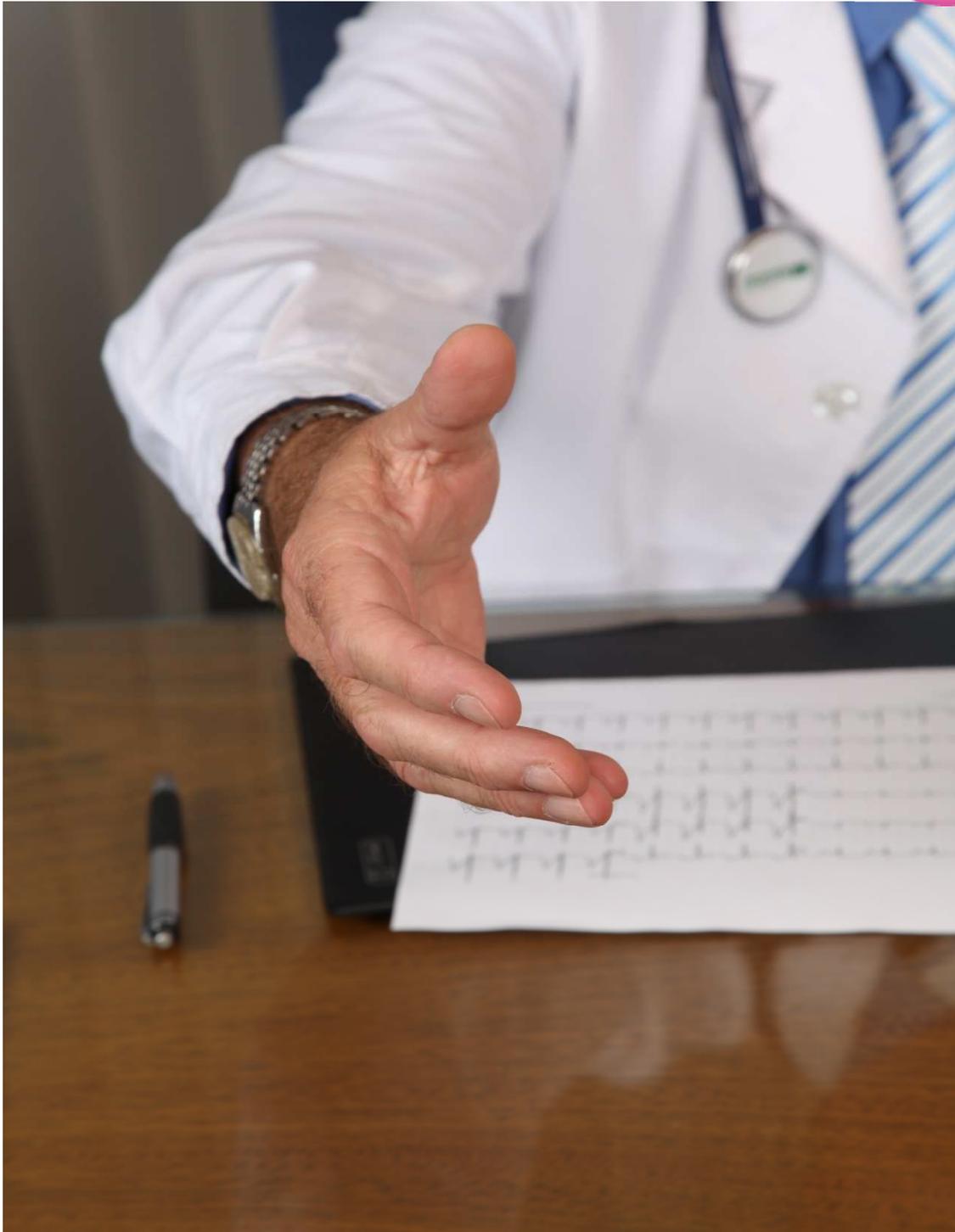


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Executive summary

Healthwatch Brighton and Hove conducted a review of GP practices between July and September 2015 gathering patient perspectives on the quality of care provided in the city. The programme involved a large scale city-wide patient survey and Enter and View visits to 12 local GP practices. The survey and interviews at practices asked patients about their experiences of GP practices. In total we obtained feedback from 534 patients who between them had used all but one of the GP practices in the city.

Key findings

- Patients generally felt that practice staff were good at giving them the time they needed to express their concerns.
- Patients felt that an excellent GP practice would have considerate and empathetic staff who 'listened carefully'. Patients emphasised the importance of interpersonal skills in giving them confidence in consultations, and the ability to see their own named doctor.
- 22% of patients were seen for non-emergency appointments within a day, but 25% still waited longer than a week. Most people saw a doctor in a timely way for urgent appointments especially when the patient was a child.
- Just over half of patients felt that telephone consultations were not as good as face to face appointments. Carers tended to be appreciative but patients with autistic spectrum conditions and patients whose first language was not English found telephone consultations unsatisfactory.
- Many patients reported not being given choices about the treatments that they received.
- Awareness of annual health checks was much lower than should be expected and only small numbers of people were being invited to have a health check by their practice.
- The availability of information on cancer screening, smoking cessation and other preventative health services varied between practices.
- The majority of people gave A&E as their first choice for accessing an out of hours service but also reflected on the need to only attend A&E in an emergency.
- Less than half of patients knew how to make a complaint if they needed to and fewer patients understood the role of a Practice Manager.

Introduction

GP practices are usually the first point of contact for people with physical or mental health concerns and are the referral point for specialist services. Practices also provide access to a range of services, such as nursing, help with quitting smoking, health checks, and support from local community and voluntary sector organisations.

Healthwatch Brighton and Hove regularly receives concerns about GP practices from people calling our Helpline. These are predominantly about waiting times for appointments and communications issues and being lost in the system when referred for tests, specialist assessment and treatment. Our local work with voluntary sector and community organisations providing services to equalities groups reflect these concerns. The objective of this report is to inform and influence plans for general practice now and in the future.

The National Picture

Primary care is undergoing significant change, at both national and local level. The Parliamentary Health Committee is currently conducting a national enquiry into the quality of primary care services and how they can be better provided to patients in the future.¹ Healthwatch Brighton and Hove contributed directly to this process by submitting a formal response to their public consultation in September 2015.

The NHS is a key political issue and the Government has proposed radical new ways of working including GP practices being open seven days a week.² These ideas have been met with resistance from several medical organisations and the debate continues as to how and if this could be implemented.³ However, in April 2016 the government announced £2.4 billion funding for general practice to deal with a range of issues. The initiatives covered included business modernisation of the service, better use of technology, and a proposal to increase the number of existing GPs by 5,000 over the next five years.

In March 2015, Healthwatch England reviewed primary care services and gathered 11,000 responses from 550 surgeries across the UK.⁴ They identified ten common ‘challenges’ for patients using GP services, including difficulties making appointments, not feeling listened to and not being able to make informed choices.

The Care Quality Commission (CQC) is carrying out a comprehensive programme of inspections across the country. The inspections assess whether the surgery is safe, well run, effective, and caring and responsive to people’s needs. The most recent

¹ [Primary care inquiry](#), the Health Committee, extracted 25.11.15

² [Seven day Opening](#), Gov.uk, Oct 2015, extracted 16.12.15

³ [Seven day opening ‘unachievable’](#) BBC, Sept 2015, extracted 25.11.15

⁴ [Primary Care Report](#), Healthwatch England

inspections show 11 surgeries rated as ‘outstanding’, 245 ‘good’, 40 ‘require improvement’, and 16 ‘inadequate’. The overall picture is that general practice is providing a good service to patients and this perspective has been generally corroborated by other surveys in recent years.

General Practice in Brighton and Hove

Locally, general practice is in a state of transformation. A significant programme aligning individual surgeries into six clusters is in progress. Each cluster will provide a wide range of services, such as community pharmacy attached to practices, which addresses the Department of Health modernisation agenda. A key objective is to create greater synergies with community health, social services and voluntary and community organisations.

This new model is being introduced at a time of increasing pressure on GP practices, which arise from the ageing population, increasing numbers of people with complex conditions and initiatives to move care from hospitals to the community, alongside rising public expectations regarding treatments. Surveys suggest that GPs are finding their job more stressful than their counterparts in other countries.⁵ The distinctive age demography in Brighton and Hove creates additional pressure on the health service. The city has a higher than average proportion of people over 85 who are likely to be heavy users of health services.⁶

Brighton and Hove has experienced a high number of closures of GP surgeries during 2015 and 2016, with over 26,000 people being affected. Geographically, the areas that have been most affected are those with high levels of deprivation, especially in the east of the city. For patients directly affected, especially those who are vulnerable, this can be a major disruption in their lives.

Healthwatch Brighton and Hove has been actively involved in supporting patients when their surgeries are closing. We liaised with NHS England over the impact of closures for patients. We also raised strategic concerns at the Health and Wellbeing Board and the Overview and Scrutiny Committee (OSC), where there is now a focus on the future of general practice in the city.

One of the surgeries was closed after a CQC inspection, an unprecedented action by the CQC. A number of surgeries have been rated as needing improvement and two others have been deemed inadequate and put into special measures.

We have also been looking at other quality and safety issues in surgeries. We recently completed a project based on data from CQC inspection reports in 2014-15, which indicated that there was concern about safeguarding, training for staff, Dis-

⁵ ‘Understanding Pressures in General Practice’ Report by the Kings Fund (May 2016)⁵

⁶ Brighton and Hove Joint Strategic Needs Assessment 2013

closure and Barring Checks (DBS) and chaperoning.⁷ The latest CQC report shows this safeguarding practice is still an issue of concern for GP practices in the city.⁸

The closures and CQC inspections give rise to fears about the sustainability of GP other services in the city and concerns over safety and the quality of care in some surgeries.

There are increasing opportunities for patients to shape general practice, particularly through Patient Participation Groups (PPGs) which all surgeries are endeavoring to have in place. In principle, they can influence how the surgeries are run but it appears that PPGs tend to be fledgling and not very influential. They vary in size, make up and are supported in different ways by their practice. Some function as virtual groups, disseminating information to the wider patient list, others run events and assist the practice at themed clinics, for example, flu vaccinations.

Brighton and Hove Clinical Commissioning Group (CCG) have invested in supporting PPGs through community development. A quarterly PPG network with representation from PPGs across the city meets and discusses areas of concern and this is then communicated through a representative on Patient Advisory and Reference Committee (PARC) that reports to the CCG Board.

Our own work and that of the recent national survey of general practice by Healthwatch England, shows that while most people are satisfied with their general practice, concerns about long waits for appointments persist and affect quality of care for patients.

How we gathered our information

Healthwatch Brighton and Hove gathered patient experiences of their local GP practices using our statutory Enter and View powers. These powers allow us to go into services and talk to patients about their experiences and do short observations of how the service is being delivered.

We visited 12 GP practices between July and September 2015 following three initial pilot visits in early 2015. We also used an online survey open to all users of GP practices in Brighton and Hove, which we promoted through social media, the Healthwatch magazine and engagement events across the city.

In total, 534 local people shared their experiences with us. 185 respondents (35%) completed our survey and 349 (65%) were reached through our Enter and View visits or at other engagement events. We received feedback from 44 practices which

⁷ [Safeguarding Policy and Practice in GP practice](#)

⁸ [CQC Inspection Report on Hove Medical Centre 2016](#)

accounted for all but one practices in Brighton and Hove. An average of 30 people responded from each GP practice.

We cross referenced the findings from our research with other research conducted recently which also looked at people's experiences of general practice. This gives a richer picture and sometimes provides details that might not be captured through the Healthwatch survey and Enter and View visits. During the period which we were conducting the survey we dealt with an additional 44 issues regarding GP practices through our Helpline service, the Brighton and Hove Independent Complaints Advocacy Service (ICAS), and through other engagement work. These issues concerned 14 practices and most commonly referred to staff attitudes, quality of treatment and medicine management.

We were able to triangulate our findings from this research with additional Healthwatch Brighton and Hove research projects that gathered information on patient use of GP surgeries. First, Healthwatch and the Brighton and Hove Clinical Commissioning Group (CCG) commissioned community research conducted by the Kaisen research agency. This project used street engagement to target hard to reach groups and gained an understanding of the barriers and motivators for people using GP services. The research identified a widely shared perception that getting an appointment with a GP was difficult which meant that many people would only go to a GP in serious circumstances.⁹

Second, Healthwatch commissioned seven community organisations to undertake research as part of the Community Spokes programme. This research focused on the health experiences of various vulnerable communities in the city. Three of the research projects focused on general practice, including the experiences of people with Asperger's, young people with mental health problems and gypsies and travellers. The reports highlighted some of the severe barriers faced by these communities in accessing quality primary care.¹⁰

Why we chose where to go

We selected practices to visit in close consultation with partner organisations including Brighton and Hove Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), local voluntary and community organisations and Brighton and Hove Independent Complaints Advocacy Service (ICAS). Our decisions were based on patient intelligence and stories we had received relating to the quality of services. We also considered the need to ensure a good geographical spread by selecting practices in each 'cluster' or section of the city, reaching practices with a range of population sizes and those participating in the Extended Primary Integrated Care (EPIC) project.

⁹ [Kaisen research report](#)

¹⁰ [Spokes research reports](#)

Our findings

Booking an appointment at the GP surgery

Most patients arrange an appointment either in person at the surgery or over the telephone. These booking methods accounted for 86% of responses. Only a minority of patients (14%) reported making an appointment online. These figures indicate that efforts to encourage use of online booking systems have yet to significantly change patient habits. These figures reflect national and local GP survey data which show that patients normally book appointments over the telephone and rarely through online services.¹¹

Booking GP appointments remains a problem for patients. While a majority of patients reported finding systems for booking easy to use, a significant minority of users - between a quarter and a third - reported difficulties. Among different booking systems patients using the phone and those making appointments online were most likely to report difficulties with a third of these users reporting they had encountered problems.

Among patients reporting difficulties on the phone, many said they had had difficulties getting through or difficulties using automated systems. Because reaching the GP by phone is the most common way patients contact a GP practice we know these difficulties are affecting a large number of people.

In the community research conducted by the Kaisen project, 34% of people interviewed said that difficulty in getting an appointment was a barrier to them going to the GP.¹² A study of GP surgeries nationally by Healthwatch England corroborates this finding reporting that patients found it easier to book in person than over the telephone.¹³

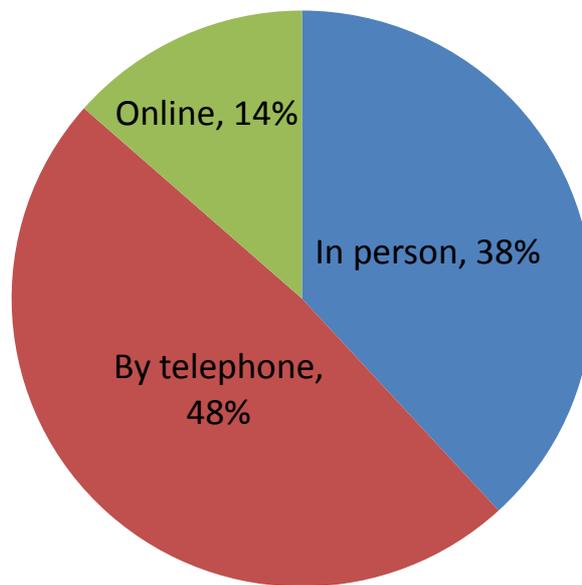
¹¹ [NHS England statistics](#) from the National GP Patient Survey, from Jul-Sept 2014 and Jan-Mar 2015. Responses to the question 'How normally book appointments to see a GP or nurse at GP surgery' from B&H CCG and Results for England as a whole.

¹² [Kaisen research report](#)

¹³ [Healthwatch England report](#), Primary Care A review of local Healthwatch reports, Mar 15

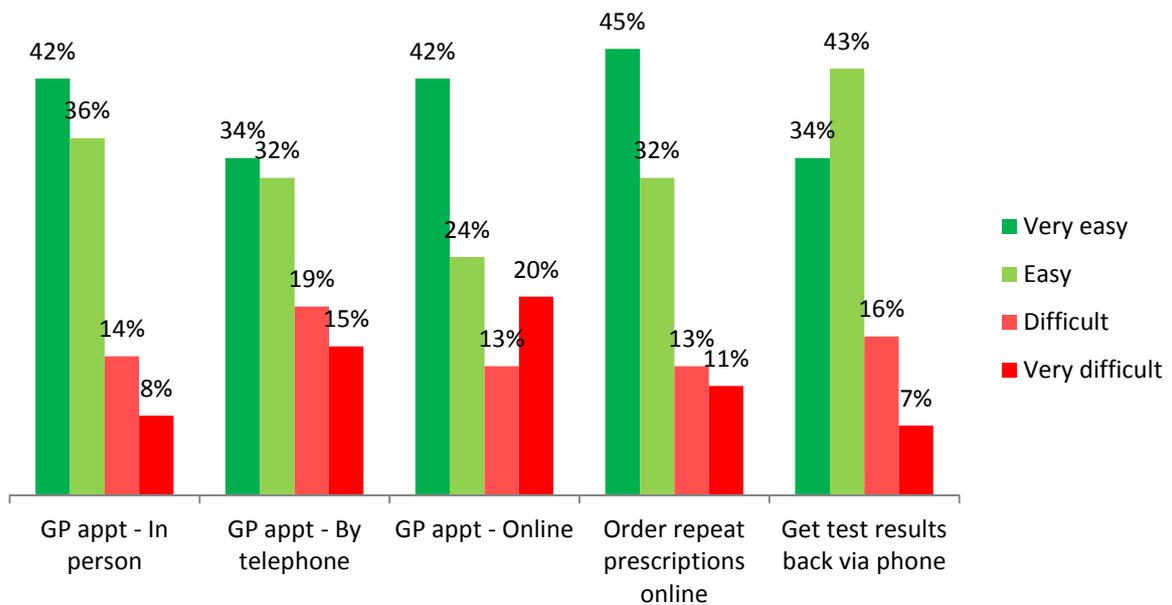
How patients book an appointment

n=727



Ease of accessing GP services using different methods

n=1507

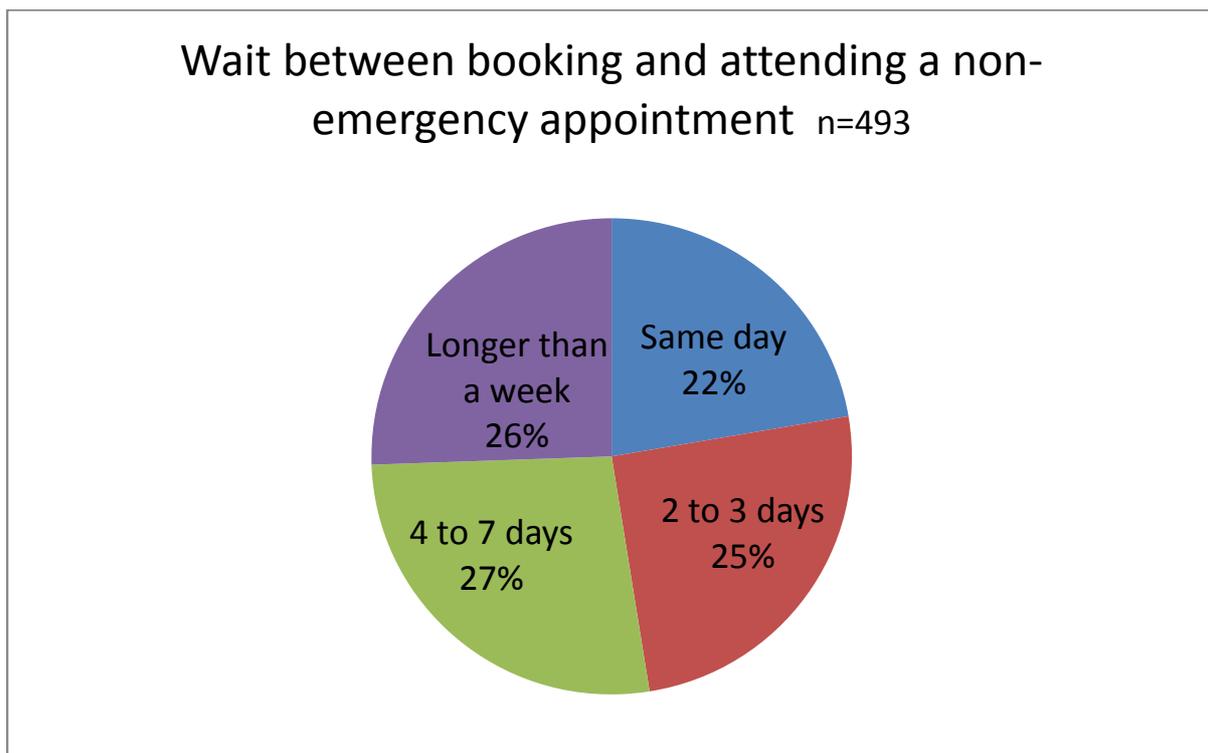


Waiting times for an appointment at the GP Surgery

Most people reported they had had easy access to emergency appointments when needed. A number of people particularly commented that they had had good experiences when booking appointments for babies and young children.

The situation was less satisfactory for many people trying to secure a non-urgent appointment. A quarter of respondents had waited a week or more but experiences between practices varied widely.

- 22% (110) of patients we spoke to told us that they usually waited less than a day between booking a non-emergency appointment and attending it.
- 25% (124) of patients said they usually waited up to three days.
- 26% (133) of patients usually waited up to a week and 25% (126) usually waited longer than a week.



In the national 2015 GP Patient Survey 83% of patients received an appointment within four days and 17% reported receiving an appointment after a week. According to our findings, Brighton and Hove patients waited longer than the national av-

erage.¹⁴ Patients told us that their experiences varied considerably even within the same GP practice with some people saying they could sometimes receive same day appointments with others having to wait up to three weeks. Responses to this question varied considerably according to which practice the patient attended and can be found in individual reports of GP practices.¹⁵

Healthwatch's Community Spokes project conducted by Sussex Interpreting Services also identified that people from ethnic minorities were experiencing difficulties making appointments with GP surgeries. Research showed that surgeries did not have an appointment system that enabled arrangements to be made for an interpreter to be present. These issues sometimes prevented people seeing a doctor at all or hampered the content of the consultation.¹⁶

Referral from the GP for a specialist appointment or test

Two thirds of patients (67%, 248) who received a referral at their GP practice for tests, assessments or specialist treatment reported that it had gone smoothly. However, some patients reported long waits for these services. While referral delays are usually outside the control of individual practices, a majority (59%, 71) of those experiencing delays reported they were not kept up to date about delays.

Others patients talked about how they were not given the referrals they wanted by their GPs or that their referrals contained the wrong information and that they had to repeat the process again as a result.

These issues were reflected in calls to the Healthwatch Helpline and supports the intelligence we have received from complaints and concerns recorded in Patient Advisory and Liaison Service (PALS) and Brighton and Sussex University Hospitals (BSUHT) Trust Complaints Team. Waiting times for appointments and treatments at the hospital seriously affect the patient experience and continues to be an issue that Healthwatch has taken up with the Brighton and Sussex University Hospital Trust (BSUHT) and Brighton and Hove CCG.

Telephone appointments

An increasing number of GP practices now offer an initial telephone conversation with a medical professional which can advance to a face-to-face appointment if required. 58% (292) of patients said that they had experienced telephone appointments. This type of system is being used more frequently in the city in part due to

¹⁴ [NHS England statistics](#) from the National GP Patient Survey, from Jul-Sept 2014 and Jan-Mar 2015

¹⁵ [Individual GP Practice Reports](#)

¹⁶ [Sussex Interpreting Services Spokes report on non-English speaking women's use of maternity services.](#)

projects such as the Extended Primary Integrated Care (EPIC) project an initiative that took place to provide an extended repertoire of services in primary care.¹⁷

Patients were equally divided in their experience of telephone consultations. About half of patients (54%, 268) felt that telephone appointments were not as good as face-to-face appointments. This compares with 36% of people in the community research conducted by Kaisen, who said that they would be not be very happy with receiving a telephone appointment.¹⁸

Carers were more likely than the general sample to favour telephone appointments over face-to-face communications. Patients we talked to preferred to be called back by their own GP rather than someone unknown to them. A majority of patients felt that telephone appointments could be useful for simple issues, but would not be appropriate for people with more complex medical concerns. This finding was supported by the Kaisen community research where many people talked about having to wait all day for phone calls and raised concerns about the incompatibility this had with work or family life.

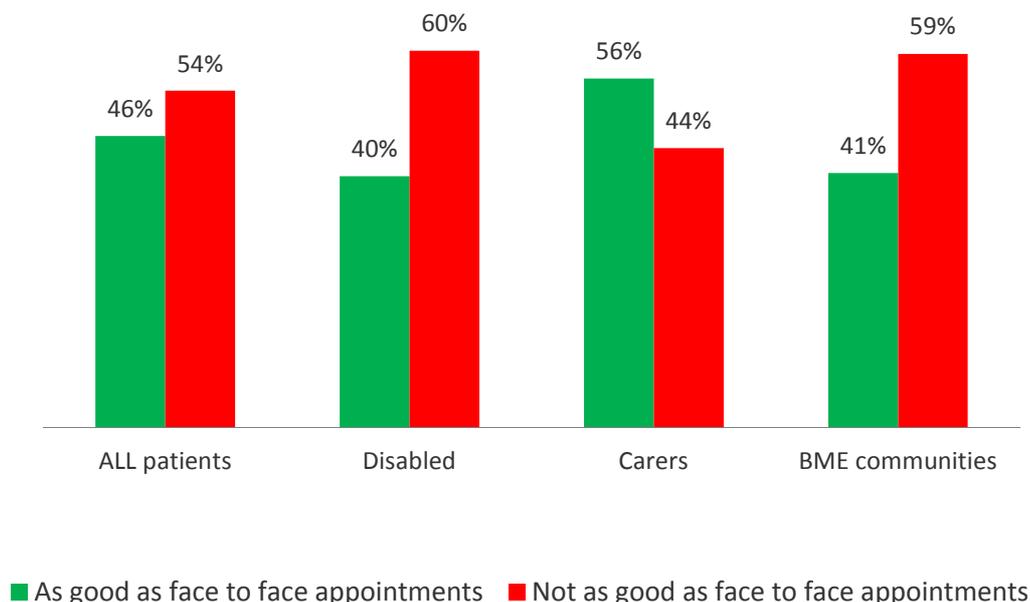
Specific disadvantaged and minority groups had differing perceptions about telephone appointments. Patients from black and minority ethnic communities were less likely to support the use of telephone appointments with some citing communication difficulties as a reason for this. Patients with a disability were more likely to think that telephone appointments were as not good as face to face appointments.

¹⁷ For information on the EPIC project see <http://epic-pmchallengefund.uk/>

¹⁸ Kaizen research, January 2015.

Acceptance of phone appointments compared to face to face appointments

ALL n=500, Disabled n=140, Carers n=45, BME n=70



In particular, people with learning disabilities expressed the need for consideration of their difficulties with telephone communications and this is confirmed by the learning disability charity [Speak Out](#) who shared concerns about this issue through their health engagement work funded by the Brighton and Hove CCG^{19, 20}.

Sussex Interpreting Services' Community Spokes research on access to health services for non-English speaking communities has shown there is a strong aversion to phone consultations for people for whom English is not their first language. Equally, Impetus' Spokes research into understanding the barriers to health services faced by adults with Asperger's condition highlighted that phone calls are experienced as a challenge and act as a barrier to accessing health services.

It appears that telephone appointments have been embraced by some people, especially younger people and those with a simple problem. It also an approach that can suit carers when they prefer not to leave the person they are looking after. A different approach may need to be used for other people.

¹⁹ [Speak Out](#) are a local organisation who provide independent advocacy for adults with learning disabilities in Brighton & Hove

²⁰ Health Engagement Organisations Collation - Transforming Primary Care action plan.

Quality of services

- A large majority of patients felt that the doctors (83%, 377), nurses (88%, 372) and reception staff (87%, 343) at their practices were good at giving them enough time to express their concerns and listened to patients properly.
- A majority of patients felt that medical staff made sure they understood the treatments they were receiving (doctors, 78%, 353; nurses 74%, 312).
- A majority of patients reported that medical staff at their practice provided them with choices about their treatment (doctors 60%, 271, nurses 54%, 231)

Doctors and nurses had scores comparable to the national picture for explaining available treatments to patients. But both figures were below the national average for giving patients choices about their treatment.²¹

72% (349) of patients felt that when they attended an appointment, the GP had all relevant medical information available during the appointment. Patients' comments indicated that when seeing their *own* GP they were much more confident of doctors being familiar with their medical needs. People aged over 75 are now expected to have a named doctor and some surgeries are reverting to all their patients having their own named GP.

Environment

As part of the Enter and View visits our representatives made observations of surgery waiting rooms and reception areas. Over half of the practices had children's toys or magazines. It is generally thought to be acceptable to provide toys as long as infection control procedures are in place.²² One practice had signs to reassure patients that toys were regularly sterilized. The majority of practices had posters promoting infection control. All practices had hand sanitisers available. However it was observed that only a small amount of patients appeared to use the gel provided.

Some practices also had blood pressure machines and water available. The majority of practices had toilets with disabled access. Some practices also had baby changing facilities. Some patients told us that they were not always able to hear their name being called in the waiting rooms of their practices. Practices where medical staff entered the waiting room to call a patient or where a clear tannoy system was in place greatly improved this situation.

²¹ Based on combined 'Good' and 'Very Good' responses to question scales: 'Rating of GP giving you enough time', 'Rating of GP listening to you', 'Rating of GP explaining tests and treatments', and 'Rating of GP involving you in decisions about your care'.

²² According to consultation with Infection Control Nurse Lead, B&H CCG

Information availability

Information availability varied largely from practice to practice. This information included support groups, symptom checking, screening and other general information.

- 11 of the 12 practices we visited had some information on cancer in their waiting rooms.
- 56% (274) patients said they were aware of cancer screening services that were available through their local GP practice.
- Eight practices displayed information on smoking cessation available and 56% (272) of patients were aware that their local practice could help them stop smoking.

Uptake and awareness of smoking cessation was highlighted in recent work by 'Right Here'²³ as a significant concern for younger men suggesting the demand for help may be there.²⁴

In some practices it was hard to find useful information because of the large amount of leaflets and posters. Some practices used noticeboards arranged by themes in the waiting room to resolve the issue. Leaflet racks improved organisation of information and electronic screens reduced the need for so much written material to be presented.

NHS Health Checks

NHS health checks are physical health checks for 40-74 year olds to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Patients without these existing conditions should be invited to attend these checks once every five years and support and advice is given to individuals to help them reduce or manage the risk.²⁵

According to public health data, of the patients who were eligible to receive health checks in Brighton and Hove from April 2015 to September 2015 (72,981), just 4% were formally invited to do so by their practice (2,715). This number is well below the national standard of 20%.

- 83% (2,715) of those who were offered an NHS health check in Brighton and Hove attended.²⁶

²³ [Right Here Brighton and Hove](#) is a mental health and wellbeing project led by young people aged 16 - 25

²⁴ Health Engagement Organisations Collation - Transforming Primary Care action plan shared 18.09.15

²⁵ [NHS health checks website](#) has more information on this issue

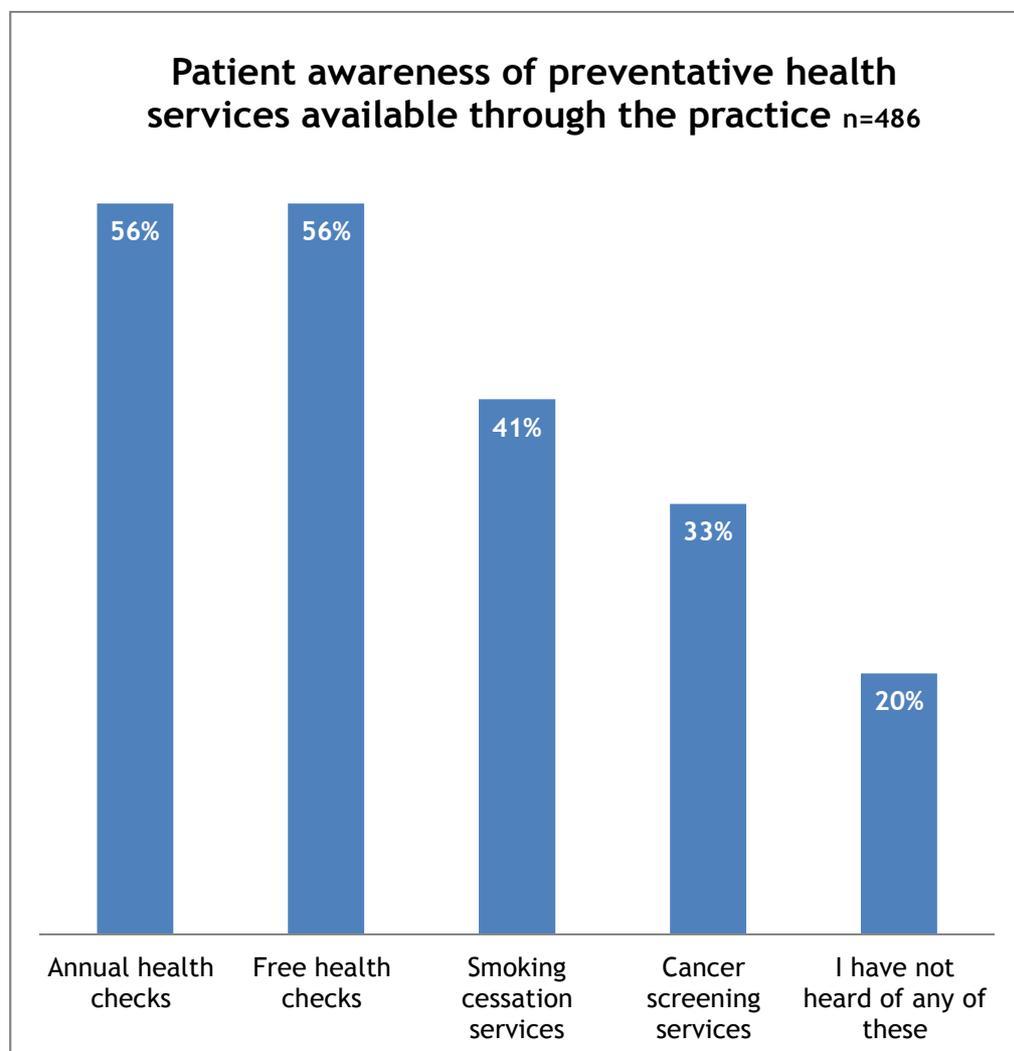
²⁶ [NHS Health Check figures](#), 15/16, extracted 25.11.15

CCG Health Engagement organisations working with carers, older people and Gypsies and Travelers have stressed the importance of health checks for the benefit of these disadvantaged communities.²⁷

Ten of the 12 practices we visited provided information on NHS health checks, usually in the form of leaflets or information on a screen in the waiting room. However, we found that only 41% (199) of patients said they were aware of this service and what it could offer to them.

We were concerned to find that no practices had information available on the related annual health checks for people with long term conditions and only 33% (159) of patients were aware that people could receive these.

Of the services we explored (cancer screening, smoking cessation and health checks), 20% (98) of the patients we asked said that they were not aware of any of these programmes.



²⁷ Health Engagement Organisations Collation - Transforming Primary Care action plan shared 18.09.15

Gathering feedback on patient experiences

Only half of practices (6 of 12 practices) had visible information on how to make a complaint.

- 42% (210) of patients we spoke to felt they knew how to make a complaint to their practice.
- 36% (180) of patients felt they knew what a practice manager's role was.
- 23% (115) felt they knew what the national GP patient survey was.

Not all practices had a Patient Participation Group (PPG) up and running at the time we visited and just 8 of the 12 practices promoted their PPG in some form on the day of the visit.

- 27% (130) of patients knew what a patient participation group was and 21% (102) felt they knew how to join.

Individual recommendations from our Enter and View visits made reference to actively including PPGs helping to find solutions and make improvements to practices.

Nine of the practices had Friends and Family Test (FFT) information available when we visited. Our representatives reported that information was often partial. For example, where leaflets on FFT were available, feedback boxes and forms were not necessarily present. Sometimes these materials were inconspicuously placed, sometimes hidden amongst other information or out of reach for patients. In one practice reception staff seemed unaware of what the FFT was despite having information available to patients.

However, our representatives did find an example of best practice, where a practice displayed monthly 'You said, We did' boards showing what changes the practice had made as a result of FFT feedback. Aside from FFT feedback, a number of practices also had feedback boxes and other additional methods to receive patient opinion.

Where people go for help out of hours

The majority of practices we visited had materials available from the local Clinical Commissioning Group's 'We Could Be Heroes' campaign.²⁸ A quarter of the people considered A&E as an option for out of hours care but many also commented that they would only go there if it was a medical emergency, suggesting messages from various campaigns may have made an impact.

²⁸ [We Could Be Heroes](#) Campaign, Brighton and Hove CCG, extracted 16.12.15

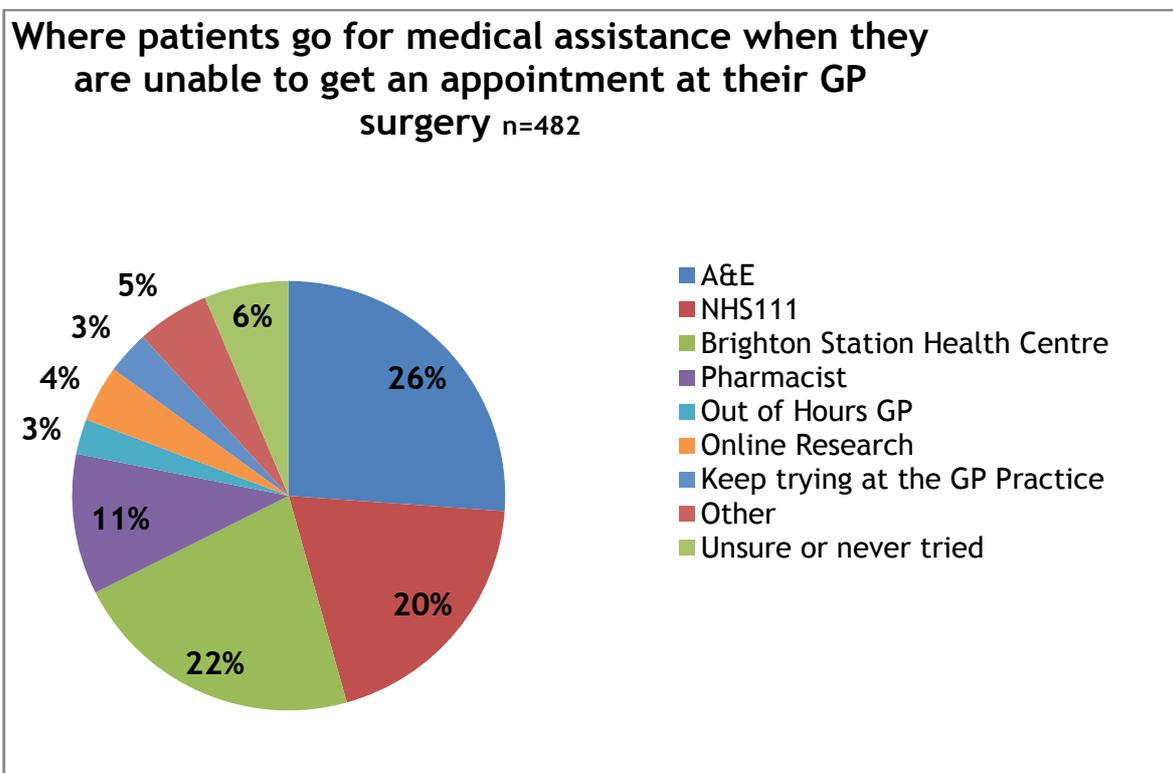
Over 40% were also able to provide an alternative out of hours option such as NHS111 or the Brighton Station Health Centre. Those who referred to NHS111 often named the previous service, NHS Direct, suggesting there may still be some work to do about branding for this service.

Only 4% of the people mentioned researching on the internet. But a majority of these respondents said they would use NHS Choices before going to any other website, illustrating strong awareness of this site.

A small number, 3%, said they would keep trying at their current GP practice until they got an appointment believing that an appointment would be made available if they were persistent enough. Of those in the 'other' category, some said they would consult their friends or family members who were medically trained. Some said they would seek alternative medicines. Finally, some said they would seek private treatment.

A common theme with out of hours services appeared to be that if an individual had a negative experience they would not use this service again in future. This suggests efforts to improve the reliability and quality of the alternative services would be beneficial.

One person with an autistic spectrum condition felt that both A&E and the walk-in centre were inaccessible to them. Another person with disabilities felt that their only option as a disabled person was to go to A&E.



What makes a 'Good' GP practice?

The most important factor contributing to a 'Good' practice for patients was that staff listened carefully. The majority of comments we received referred to staff attitudes and communication and focused far less on issues such as the environment or quality of clinical care. The same issues were highlighted in the Healthwatch England survey on general practice which identified active listening, respect, knowledge of staff, good accessible appointment systems and good referral processes.

People also felt that a good GP practice would have staff who were respectful, kind and polite, maintained confidentiality and were non-judgmental. This was particularly important for reception staff but also applied to nurses and doctors. Patients valued being able to build up a relationship with their GP who understood their health conditions. Patients also wanted to quickly access appointments and have good booking procedures.

The Kaisen community research similarly noted the importance for patients of the ease of booking appointments and being able to see staff at a time of convenience. Politeness of staff and friendly personable doctors were also considered very important.

The Community Spokes research with patients with Asperger's condition found that it was very important that their GP surgery acknowledged and understood their condition and made reasonable adjustments. The adjustments recommended included alternatives to getting appointments over the phone, extra time in appointment slots, being told how long waiting times would be and a more private area to wait.

Conclusion

The findings from the research suggest a mixed picture for GP practices in Brighton and Hove. Patient feedback showed high levels of satisfaction regarding the quality of care offered by practices. A large majority of patients said that doctors, nurses and reception staff gave them enough time to express their concerns and listened to them properly. Similarly, patients largely felt that the GP had all relevant medical information available to them during the appointment and properly explained the treatments the patient was receiving.

While patients were generally positive about the quality of care when they saw a doctor or nurse they were less positive about the process of arranging an appointment. A significant minority of patients - between a quarter and a third - reported difficulties making an appointment. This was true whether the patient made the booking on the phone, online or in person. Patients also reported mixed performance on waiting times for an appointment. While emergency appointments seemed relatively easily arranged non-urgent appointments were sometimes subject to significant delays. A quarter of patients waited a week or more significantly higher than the national average of 17%. Average waiting times for non-urgent appointments varied considerably between practices. This variation suggests this is an area individual practices have within their control; poor performing practices should be encouraged to improve.

Long waits for a specialist appointment were also commonly reported by patients. While these delays are usually outside the control of GP practices, a more pressing concern were high levels of dissatisfaction with communication about delays. More than half (59%) of patients said they were not kept up to date about delays.

Finally, awareness of preventative health checks offered by GP practices was low. A large number of practices visited did not have information readily available on these health checks (general health, cancer screening and smoking cessation) and patient awareness of these services was often low. A quarter of patients had not heard of any of these preventative services. The take-up of NHS health checks in Brighton and Hove is 4%, well below the national target of 20%. This is an area of health care that clearly requires improvement in the city.

Recommendations

Healthwatch Brighton and Hove is keen to work with local commissioners to help improve primary care services provided by GP practices. In the forthcoming year Healthwatch will liaise with commissioners to promote the following changes among GP practices in the city:

Making appointments

- Practices should review appointment booking systems and make them as user-friendly as possible.
- Practices should work to reduce the number of non-emergency appointments that involve a week or more wait for the patient.
- Online booking should be promoted and made easier, especially for younger people.

Care

- Patients should have a named doctor as the norm.
- Choices and options about treatments should always be available and be discussed with patients.
- Practices should be cautious in their use of telephone consultations. They should be used only for simple issues and for people whose special circumstances make a telephone consultation more convenient e.g. carers. They should not be used with people with communication difficulties or whose first language is not English.

Preventative health checks

- Practices should be proactive in publicising preventative health checks. Information should be visible in waiting rooms and personal invitations sent to patients. Innovative ways of improving awareness and encouraging take-up should be considered including using social media, text messaging and email messages.

Referrals

- Practices should communicate to patients whenever unanticipated delays are experienced in referrals to specialist treatment. This communication should be made by letter or phone.
- Hospitals produce a monthly bulletin that notifies patients of current waiting times for emergency and non-emergency appointments. The bulletin should be distributed to all GP practices and made available in surgery waiting rooms and distributed directly by GPs to patients given hospital referrals.

Equalities

- Practices should accommodate people with hearing impairments who find it difficult to hear their name called out in reception. Having a person coming into reception to call out a patient's name can remedy this and should be routine practice.

Surgery environment

- Hand sanitisers should be available in surgeries and their use by patients should be actively promoted.
- Information on notice boards should be well maintained in surgeries.
- Surgeries should provide toys for children in waiting rooms.

Quality standards for personalised and empowered care

- We believe GP surgeries could benefit from a more coordinated approach to monitoring patient experience and developing person-centred practice. We would recommend using co-production to develop city-wide person-centred quality standards. These standards could then be used as a common framework to support personalised practice across the city.

Acknowledgements

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