



**GP Report**

**Accessing GP Services  
2010**



*Working in Partnership*

# Accessing GP Services Report 2010

## Executive Summary

Barnsley Local Involvement Network (LINK) and its subgroups, Taking Up Issues and Going To Look at Services, collate community views on Health and Social Care services in Barnsley through a range of outreach activities in the borough. As a result of this, the LINK has collated various comments and questions relating to GP services in Barnsley pertaining to access.

In order to explore these concerns the subgroups:

- Analysed data from the National Patient Survey (NPS)
- Wrote to the Primary Care Commissioning Manager, NHS Barnsley, with community views.
- Met with the, Senior Commissioning Manager, NHS Barnsley.
- Conducted three 'enter and view' visits to GP practices

**Areas covered:** Appointments, Registering with a GP, Catchment areas and Services covered, Accessibility.

**Review Team:** Taking Up Issues Sub Group / Enter and View Sub Group / Authorised Enter and View Representatives.

## What we Did

The Taking Up Issues subgroup treated these questions and comments as a priority piece of work and a meeting was held in June 2010 between LINK workers, subgroup members and the senior commissioning manager for NHS Barnsley who agreed to come along and answer our questions.

The aim of this meeting was to find out more details about GP service provision in Barnsley and to enable subgroup members to have their questions answered. During this meeting an opportunity was highlighted for the LINKs to use National Patient Surveys (NPS) to approach individual GP surgeries and create a dialogue to encourage change.

In response to this recommendation, Taking Up Issues in partnership with the Going to Look at Services subgroup analysed the NPS of 2009/2010 and were able to form a relationship with the Barnsley People's First GP Commissioning Consortia to

identify GP Surgeries which were performing well and GP Surgeries which were under-performing in comparison to national averages.

Two visits were set up with surgeries that were and were not performing well in comparison to NPS national averages.

As the issues coming forward from the local community had been about access the LINK decided to concentrate on this criteria when carrying out Enter and View visits and asked each surgery the same questions. This enabled the LINK to gain an understanding of the operating policies and procedures around access.

### **The surgeries that the LINK entered and viewed were:**

- Dr Bells Chapelfield Medical Centre, Mayflower Way, Wombwell, Barnsley,
- First Park Grove Practice, 94 Park Grove, Barnsley

As Chapelfield Medical Centre had only one GP the LINK felt that to compare this well performing practice with First Park Grove who had five GPs practicing would not have provided a fair comparison and as a result it was decided that the LINK would visit a further well performing GP to give a fairer comparison.

### **The final GP that the LINK entered and viewed was:**

- Royston Group Practice, The Surgery, Midland Road, Barnsley

The LINK was well received at each of the visits which enabled us to get a good understanding of how each surgery operated and the policies and procedures they have associated with access. This enabled us to comprehensively respond to each surgery with a post-visit report which outlined a range of recommendations regarding access and future patient and public involvement activities.

**Please see appendices 1-3 to view the post visit report forms for the three GPs LINK Enter and View representatives visited.**

### **Key Findings:**

- Although Barnsley is performing well in comparison to national averages for

GP access, it is apparent from the NPS and the research undertaken by the LINK that Barnsley has to further improve on GP access locally, as current standards are not consistent across the borough

- The effectiveness of current appointment systems within individual GP's need assessing and efficiency needs improving
- Touch screen booking systems in some surgeries are not accessible for wheelchair users and can be a cross contamination risk for patients
- Practices that are using 0845 or 0844 numbers are creating a barrier as patients trying to access care are being charged excessive rates
- Patients have difficulty speaking to a doctor or nurse over the telephone
- All GPs need to consider alternative opening hours and vary how the public can access them
- Communication with patients is not as clear as it could be
- GPs are required to have some sort of public and patient engagement activity and currently this is only happening at some practices
- Homeless patients were finding it difficult to find a surgery accessible to them and were always referred to Dr Kakoty's surgery on Sheffield Road
- There is a shortage of GP's to Patients in Barnsley (1 GP to every 1,727 patients).

### **Key Recommendations:**

- GPs need to learn from those who are performing well on NPS by sharing good practice. This should be made easier as the GP Consortia's develop and learning sets evolve
- Surgeries should consider adopting a drop-in or triage system which allows patients to sit and wait or make provision for telephone appointments; this is happening in some surgeries, showing improved satisfaction.
- Touch screen booking systems should be made accessible to wheelchair users and surgeries could provide a sanitising hand gel
- GPs should look at existing contracts for 0845/0844 numbers which are charging patients higher rates to access care especially when dialled from mobile phones
- Practices could introduce time slots when patients are able to call and speak to a doctor or nurse and advertise and/or display these times so patients are aware

- Some GPs are already offering alternative opening hours in Barnsley and it would be beneficial to the patient if all GPs were considering this change in order to alleviate increasing pressures on Barnsley's Accident and Emergency services
- Practices need to improve their communications with patients and increase awareness of extra services available as well as highlight to patients' normal operating procedures such as when to call for test results
- In light of the changes that could be implemented through the Health & Social Care Bill, practices should consider how patients' views can be sought, aside from the NPS and whether they need to have a dedicated patient group or could work with a GP Consortium to set up a joint patient group
- GP Practices should, in collaboration with the NHS, look at how they can more actively use systems such as Dr at Home to promote patients' self awareness in managing minor illnesses
- Practices should be aware of the potential problems homeless patients encounter when trying to access surgeries locally and ensure that they are aware of local policy/provision

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## **1. Appointments**

### **LINK Enquiry**

45% of the people that the LINK has spoken to have had issues with GP services and a third is unhappy with waiting times and appointments.

Patients felt that when making appointments the length of time they had to wait for an appointment was unacceptable and when attending surgery, despite having made an appointment, they sometimes had considerable waiting periods. Contacting surgeries also proved difficult for some, mostly due to the time slots surgeries have allocated for appointments to be made. Some patients also reported a difficulty getting continuity of care i.e. seeing the same doctor for longer-term problems and patients feel this is due to the appointment systems in place.

## Service Response

- There is a national contract for GP services which is set by government. GP practices are independent and many aspects, such as appointments systems are not covered by the contract
- Patients should be able to see a doctor within 48 hours and a healthcare professional (for example a Nurse) within 24 hours. These are national targets
- Practices should have an average of 10 minute appointments which should alleviate the problem with waiting times as much as possible
- Practices manage their own appointments and the service confirmed that they are looking at the slot availability for the number of patients in a practice. They also advised that there is a Quality and Outcomes Framework (voluntary incentive scheme) which acts as a standard for practices to offer a range of appointment times – a minimum of am and pm appointments on 5 mornings and four afternoons per week, unless there are other agreements with PCT in place
- GPs also have the option to subcontract part of the required opening times – contractual core hours are 8.00am – 6.30pm Monday to Friday. In theory it is thought that access could become easier as practices will no longer have to encourage patients to ring on the day.

The service also advised that although Barnsley was within the lowest 25% for doctor to patient ratio (1 GP to every 1,727 patients) and Barnsley was 30 doctors short, four new practices have been opened in the last year including the Health Centre at Gateway Plaza.

## 2. Registering with a GP

### LINK's Enquiry

The LINK raised an issue of GP access for homeless people, asking what systems are in place for them when accessing GP Services. This issue was originally raised in 2009. The LINK found that there was only one surgery, other than the walk-in

centre, prepared to register homeless patients. The LINK felt that although the walk-in centre provided some relief to this issue there were still some concerns regarding some people's ability to access the walk-in centre taking into consideration the size of Barnsley and its outlying areas. The LINK felt that it was important for services to understand that not everyone can travel which leads to those with financial restrictions, mobility and travel issues being excluded.

Another matter that was raised during the meeting regarding access concerned the Barnsley Health Centre at Gateway Plaza. The LINK had been informed that patients visiting the clinic could not always access the doctor, despite being open later. Some reporting waiting times of up to 2 hours.

### **Service response**

- There is only one practice in Barnsley which has a closed list – Dr Bell in Wombwell which is a single GP practice and this meant that it could not accept new patients other than immediate family. Other practices have open lists and can accept anyone who asks to join even if they are outside of the catchment area or are homeless. If practices say they have a waiting list this is not acceptable. Practices cannot refuse new patients as the contract does not recognise the concept of a list being full. They are either open or closed and all practices in Barnsley are open with the exception of Dr Bell in Wombwell
- Any practice with an open list should accept a person as a temporary resident. A temporary resident is classed as someone who has been in the area for more than 24 hours but less than 3 months or is homeless or has no permanent residence
- Regarding the issue of access to doctors at the Barnsley Health Centre, there are now 3 doctors
- Since opening its doors in August 2009, 15,000 “unregistered” patients attended the centre but the majority were registered with another Barnsley GP. NHS Barnsley is looking into reasons for this as this is three times higher than expected. The service advised that it is a GP practice just like any other and it will take non-registered patients but patients that visit the centre more than three times will be asked to register

### **LINK's Update:**

- Since this meeting the LINK received an update from Primecare on the NHS Barnsley Health Centre and unregistered patients. As of 18<sup>th</sup> of October 2010

the health centre located at Gateway Plaza was no longer able to see unregistered patients. The health centre reported that the popularity of the service had meant that they had been caring for many more patients than was originally predicted by NHS Barnsley who commissioned the service. Primecare and Barnsley Hospitals NHS Foundation trust had tried to significantly remodel the cost of the service to meet NHS Barnsley's financial constraints, but despite this an agreement could not be reached. As a result NHS Barnsley does not consent to the health centre seeing any more unregistered patients above their planned levels which they had already reached for 2010. NHS Barnsley did highlight however that there are still ongoing discussions between NHS Barnsley and Primecare about the development of the Health Centre at the Gateway Plaza.

### 3. Catchment Areas and Services Offered

#### LINK's Enquiry

Barnsley LINK asked NHS Barnsley for information regarding the proposed abolishment of catchment areas asking when it may come into force. The LINK were also keen to find out if patients would be able to access specialist services offered by specific surgeries and if so, how patients would know where these services are based.

#### Service Response

- As a result of the recent white paper **Equality and excellence: Liberating the NHS** the Department of Health aim to "Give every patient a clear **right to choose to register with any GP practice** they want with an open list, without being restricted by where they live. People should be able to expect that they can change their GP quickly and straightforwardly if and when it is right for them, but equally that they can stay with their GP if they wish when they move house". (Equality and excellence: Liberating the NHS, 2010, Page 17/18)
- The Department of Health also published within this paper plans for a GP Consortia who will have commissioning powers. For more information about the proposed role of this GP Consortia please see an excerpt taken from the White Paper named above which outlines the proposed role of a GP Consortia

#### LINK Update:

*The Department of Health has announced it will bring in changes to the practice boundary system to allow patients a greater choice of GP from next April.*

*This announcement came after months of uncertainty over the timing of the long-awaited changes, with ministers having delayed the previous Government's original proposals for boundaries to be scrapped by October 2010. But it remains unclear whether boundaries will be entirely scrapped or if existing regulations will simply be relaxed to allow patients' greater choice of GP.*

*An official consultation by the DH in 2010 found 77% of those who replied back the change - but 70% of healthcare professionals were against it. The Patients' Association has campaigned against the 'geographical straitjacket' of having to register with a GP near to where you live, but GP leaders have raised serious objections to allowing patients total choice.*

*A Department of Health spokesperson said: 'When we consulted on GP practice boundaries, the vast majority of patients told us that they want to be able to register with a doctor of their choice. We know that some GPs have concerns and are working to address them.' We will discuss our proposals with GP representatives and aim to give patients far greater choice of GP practice from April 2012;*

*( Ellie Broughton 8.6.2011, forwarded to Barnsley LINK by NALM).*

*NHS Barnsley have had no further communication from the Department of Health about the abolition of practice boundaries and therefore it is not yet clear whether this will be implemented from April 2010. ( Senior Commissioning Manager, NHS Barnsley)*

#### **4. Accessibility**

The LINK reported concerns regarding the touch screen booking system in GP surgeries as some are not accessible for wheelchair users. They also expressed some concerns regarding cross contamination when sterile hand gel is unavailable and made reference to the 0845 / 0844 numbers used by some surgeries enquiring as to whether a local number is also available?.

#### **Service response**

- Concerns about accessibility issues regarding the touch screen booking in systems and reception desks need to be raised with Practice Managers
- Following a national Department of Health consultation, GP contracts have changed to ensure that calls to the 0845 numbers from a land line cannot be charged more than a local rate call
- Further work is ongoing to examine the impact of continuing with 084 numbers and to get assurances from practices

## Conclusion

The NPS shows that Barnsley is performing well regarding access but it is clear to see that this level of performance is not consistent across all GP surgeries. In light of the differences between GPs performance levels, practices would benefit from sharing good practice and through this could bring appointment systems in line and make them more efficient across the borough.

Surgeries that are using premium rate numbers are creating a barrier for patients and practices should review these contracts where possible.

As some patients have experienced difficulty in contacting and speaking to a doctor or nurse, time slots could be introduced when patients are able to call and these times should be advertised / displayed so patients are aware.

Some patients felt that communication was an issue and as a result better communications with patients using a variety of methods is recommended to increase awareness of extra services available, as well as highlight to patients normal operating procedures such as when to call for test results, later opening times etc.

In light of the changes that could be implemented through the Health & Social Care Bill practices should be considering how patients' views can be sought aside from the NPS and whether they need to have a dedicated patient group or could work with a GP Consortium to set up a joint patient group.

We were glad to see from the surgeries that we visited that some were looking at homecare for their patients and making services more accessible through a pilot project "Doctor at Home". We would recommend that where possible other GPs could work with the NHS to look at how they can more actively use systems such as Doctor at Home to promote patients self-awareness in managing minor illnesses. We would also encourage doctors' surgeries to introduce policies and procedures to enable them to treat homeless patients locally without referring to Dr Kakoty's practice on Sheffield Road.

It was evident from our visits to GPs surgeries in Barnsley that practices are working hard to overcome the poor NPS results and improve service standards with some already offering alternative opening hours. We found that most practices are working hard to prepare for any changes that could be implemented through the Health and Social Care Bill and that some practices are considering how patients' views can be sought for example a Directed Enhanced Service (DES) for patient participation was introduced in April 2011 which pays practices to engage with their patients through the establishment of patient focus groups.

In response to our queries NHS Barnsley suggests and encourages anyone who has concerns about GPs Practices to contact their practice manager by way of a letter of complaint. The service also suggests that a copy letter could also be sent to the complaints manager, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY.

## **Special Thanks**

We would like to thank the following people and organisations for their help in pulling together the research and activity for this report:

### **NHS Barnsley**

Ed Riley – Assistant Director of Commissioning  
Carolyn Ogle – Senior Commissioning Manager

### **Peoples First GP Consortia**

John Smith – Business Manager  
Amy Gillott – Primary Care Facilitator  
Julie Wilson – Primary Care Facilitator

### **Barnsley GP Practices**

Dr Bells Chapelfield Medical Centre, Mayflower Way, Wombwell, Barnsley,  
First Park Grove Practice, 94 Park Grove, Barnsley  
Royston Group Practice, The Surgery, Midland Road, Barnsley

### **LINK Enter and View Representatives**

Freda Stenton  
Peter Stradling  
Chris Green

### **LINK Sub Groups**

Taking Up Issues  
Going to Look at Services

### **Feedback from services**

*“Thank you for your final report which accurately reflects our meeting. We are considering how we could involve patients more by looking at patient participation*

groups etc. At the moment we have not joined a consortium as we are not in agreement with the impending changes. Sustainability is a major issue for us as you rightly mentioned”

(Janet Bell, Practice Manager, Dr Bells Surgery, Chapelfield Medical Centre, 14.4.2011)

### **Park Grove Surgery**

“Thank you for the amendments to the report I have read your recommendations and will bullet point my response below:

- *Display of results of patient survey: When we receive the results of the patient survey we will be displaying them in the waiting room.*
- *Patient Leaflet Information: We will be displaying posters regarding information contained in the leaflet*
- *We will display posters relating to late nights / prescription ordering and ringing for test results.*
- *There is no plan at the moment to consider re-introducing a dedicated time slot that patients can speak to a doctor. The option is given if **patients feel** they want to speak to a doctor, sometimes this is booked into a slot and other times the doctor will call the patients back in between surgery or whenever free.*
- *We will be purchasing a hand gel dispenser to be placed at the side of the touch screen.*
- *We will look into how to change the glass in reception but we are also currently purchasing an induction loop system for patients.*
- *We have signed up to an enhanced service with the PCT to provide a patient group and guidelines on this should be received shortly. We do have a number of patients that have already expressed an interest and a list of these patients is held at the practice.*

Thank you for the visit and the report and hopefully the above changes will improve the service to our patients”

(Michelle Wildsmith, Practice Manager, Park Grove Surgery, 20.5.2011)

### **Royston Group Practice**

“It has been a very difficult year at Royston Group Practice with many changes both in staff and systems and processes. May I therefore take this opportunity to thank

*you for your valuable feedback which has been shared with all members of the team, we found the visit extremely positive”.*

*(Karen Whitfield, Practice Group Manager, Royston Group Practice, 25.5.2011)*

## **What's next for the LINK?**

Barnsley LINK has made contact with Barnsley People's First GP Commissioning Consortia and have worked with them in recent months to carry out our Enter and View visits.

We will be attending this GP Consortia's monthly meeting on 5<sup>th</sup> July 2011 and have devised a way to collate patients' views on behalf of GPs using a txttool campaign and hope that this scheme will help GPs to further fulfil their statutory requirement set out by the Care Quality Commission of Patient and Public Involvement.

## **Who is the LINK?**

The LINK is a national government initiative aimed at supporting the involvement of service users and carers in reshaping and improving local health and social care services by:

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local health and social care services
- Enabling people to monitor and review the commissioning and provision of care services
- Obtaining the views of people about their needs for, and their experiences of, local health and social care services
- Making their views known to those responsible for commissioning, providing, managing and scrutinising those services

## **How can you get involved?**

As a member you can:

- Choose to only receive information
- Become an active member of a sub group
- Get involved in outreach events
- Receive Training & become an Enter and View Representative

## **Join Us At:**

[www.barnsleylink.co.uk](http://www.barnsleylink.co.uk)

**Add us on:**

 Facebook &  Twitter

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