



Borough of Telford and Wrekin

Health Scrutiny Committee

Thursday 1 May 2025

2.00 pm

Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

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Committee Members: Councillors D R W White (Chair), F Doran (Vice-Chair), M Boylan, P Davis, N A Dugmore, S Handley, R Sahota, P Thomas and J Urey
Co-optees H Knight, S Fogell and D Saunders

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HEALTH SCRUTINY COMMITTEE

Minutes of a meeting of the Health Scrutiny Committee held on Thursday 6 March 2025 at 2.00 pm in Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors D R W White (Chair), F Doran (Vice-Chair), M Boylan, P Davis, N A Dugmore, S Handley, R Sahota and P Thomas.

Also Present: Councillor K Middleton (Cabinet Member: Public Health & Healthier Communities)

In Attendance: S Froud (Director: Adult Social Care), C Hall-Salter (Assurance, Transformation and Financial Management Adult Social Care Service Delivery Manager), S Hardwick (Lead Lawyer: Litigation & Regulatory), F Mercer (Executive Director: Adult Social Care, Customer Services & Commercial), H Onions (Director: Health & Wellbeing) and P Starkey (Senior Democracy Officer (Scrutiny))

Apologies: Councillor J Urey
Co-optees: H Knight, S Fogell and D Saunders

HAC-16 Declarations of Interest

None.

HAC-17 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 12 December 2024 be confirmed and signed by the Chair.

HAC-18 Update from the JHOSC

The Telford & Wrekin Co-Chair of the Joint Health & Overview Scrutiny Committee (JHOSC) provided Members with an update on the work recently completed by the Joint HOSC.

On 24 January 2025, the Committee formally wrote to the Secretary of State and local MPs to express their concerns about the poor performance of SaTH and its impact on staff and the community as highlighted in the Dispatches programme which was aired in May 2024. The issues which had arisen as part of the programme were formally discussed at a meeting of the Joint HOSC in August last year and it was agreed to allow SaTH the opportunity to work with the Joint HOSC to understand how improvements could be made.

The Chairs of the Joint HOSC had also written to Simon Whitehouse, Chief Executive of the ICB in February regarding the out of hours GP contract which outlined their concerns and requested a report to be provided to the Committee. A response to the request was provided which had expressed willingness for the ICB to work with the Joint HOSC in the future. However, due to the upcoming election period for the Shropshire county, engagement was unlikely to take place until June and it was suggested that these issues be addressed through the work of other committees whilst the Joint HOSC is unable to meet.

The Chairs of the Joint HOSC had been invited to visit the Emergency Department at the Royal Shrewsbury Hospital on 7 March 2025 to review the improvements that had been made so far.

HAC-19 Update from the Health & Wellbeing Board

The Director: Health & Wellbeing provided Members with an update on the recent work of the Health and Wellbeing Board (HWBB). The Board had not met since its last meeting held on 28 November 2024 and a further meeting was scheduled to take place on 20 March 2025. The agenda included several items such as the Standing Strategy Update, summaries from Priority Leads on main interventions, the upcoming Joint Strategic Needs Assessment which would include demographic updates and life expectancy data. It had been a year since the last Annual Health Report was presented and the Board would look to review the impact of the recommendations over the past 12 months. The meeting would also cover items around CYP Mental Health and GP surgery access.

HAC-20 Adult Social Care's Care Quality Commission (CQC) Assessment Outcome

The Assurance, Transformation and Financial Management Adult Social Care Service Delivery Manager presented the report to the Committee following the recent inspection undertaken by the Care Quality Commission (CQC) into the Council's Adult Social Care service.

The report outlined the findings from the CQC Assessment of the Council's ability to meet its Adult Social Care duties under Part 1 of the Care Act and the actions the Council would be required to take as part of its continuous improvement plan.

From April 2023, the CQC took on new responsibilities under the Health and Care Act 2022 for assessing how local authorities met their Part 1 Care Act duties for people accessing care and support. The assessment used a subset of 9 quality statements from the new single assessment framework which was structured specifically around the context, aims and roles of a local authority and focused on 4 themes:-

- How local authorities worked with people;
- How local authorities provided support;

- How local authorities ensured safety within the system; and
- Leadership styles.

By December 2025, the CQC had aimed to complete initial formal assessments on all 153 local authorities. This included reviewing published data including Joint Strategic Needs Assessments and national data collections to help identify themes and insight on access, commissioning, market shaping, workforce and personalisation. Telford and Wrekin were one of the earliest councils to be assessed and receive a published report and at the time of the meeting, only 26 reports had been published with over 50 authorities undergoing assessment.

The CQC assessment was an in-depth and rigorous approach, which analysed evidence from multiple sources including:-

- Obtaining feedback directly from service users, community organisations, groups and local user groups on their experiences;
- Obtaining feedback from staff and leaders through interviews and holding drop-in sessions to share experiences;
- Obtaining feedback from partners and care providers;
- Reviewing the effectiveness of the processes including policies and strategies, audits, performance data and waiting times; and
- Focusing on outcomes and the impact of processes on individuals and communities.

The outcome of each assessment was formally published as part of a report which included an overall rating for the Local Authority of either Inadequate, Requires Improvement, Good or Outstanding. The overall findings of the assessment judged the Council's ability to meet its Part 1 Care Act duties for people accessing care and support as 'Good'. Among the published reports, on local authority had been rated as 'Outstanding', 14 had been rated as 'Good', 11 had been rated as 'Requires Improvement' and no authorities had been rated as 'Inadequate'.

On 19 February 2024, the Council received notification from the CQC of its Local Authority Assessment. At the same time, the CQC requested for completion of the full information return which formed the first part of CQC's assessment and included a series of documents to assist the CQC in starting their assessment and plan for their onsite visit. The Council were notified on 24 May 2024 that the onsite element of the CQC assessment would take place the week of 22 July 2024. The onsite assessment in July included 3 days of interviews, speaking with people who used Adult Social Care services, as well as with staff, leaders and partner organisations. This included the Council's Making it Real Board and other experts by their experience, frontline teams, partners and executive leaders across the authority.

The CQC report set out specific areas of strength for the Council which highlighted:-

- That assessments had been conducted professionally using strength-based approaches and had been focused on whole-family support to ensure people could continue to live at home for longer;
- The use of innovative approaches to coproduction, engagement and inclusion;
- Improved outcomes for people maintaining independent living and delaying entry to statutory services through the use of assistive technologies;
- A strong leadership and a culture of transparency and learning; and
- The realignment of locality team functions and responsibilities, as well as innovative use of frontline teams had improved waiting lists and strong partnership working with health partners had improved discharge and readmission outcomes for people.

In addition to the strengths identified by the CQC assessment, the report also outlined some areas of focus which included:-

- Further reducing waiting lists and waiting times for assessments;
- Improving take up of Direct Payments;
- Improving accessibility of services;
- Improving the diversity and representation within experts by experience groups and Boards;
- Focusing on Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberties (DoLS);
- Developing the care market further; and
- Focusing on employment opportunities available for people with learning disabilities.

Members heard that the next steps for the Council following the assessment included embedding the improvement actions as set out by the CQC into the Council's Adult Social Care continuous improvement plan, continuing to monitor progress against key success measures, actions and outcomes for people and continuing to learn and share best practice with other local authorities.

Following the presentation, Members asked several questions:-

The report references that whilst communications were good and senior leaders were visible, recent changes were yet to fully embed. Can you confirm how this has changed over the past eight months?

The Director: Adult Social Care advised that at the time of the assessment there were a number of roles such as principal social care workers and occupational therapists which were still relatively new. These roles were ones which were strategic and statutory and were part of a redesign of services, including the formation of hybrid teams. An exercise has since been undertaken to appoint permanent roles, and the team was now consolidated and settled. The authority had recently undertaken its annual employee

survey and the results would assist Managers to understand how staff were feeling.

Do you have an estimate of the unmet demand for the size of the population? With next month's national insurance increase, what impact do you think that will have, and how do you plan to mitigate it?

The Director: Adult Social Care advised that figures relating to unmet demand were not available at the time of meeting but could be provided to the Committee, however the number of people awaiting an assessment could vary each month but had reduced significantly. The increase in national insurance contributions would not only impact the Borough but was a national issue which many authorities would face. The Council had met with 60 care providers earlier in the year to discuss the impact of increased fees which would be implemented to cover additional costs and ensure the stability and quality of care providers for residents.

What was the average waiting time for assessments?

The Assurance, Transformation and Financial Management Adult Social Care Service Delivery Manager confirmed that the average waiting time for assessment was 28 days, however this was dependant on individual circumstances and assessment may be completed sooner or later based on the individual's needs and the professionals working with them.

If the target date for assessments is 28 days, what was the starting point for this timeframe? Did it begin with a referral from a GP? If not, how did the process work?

The Director: Adult Social Care advised that many authorities start the process when a referral is received and that this was also the starting point for the Council. Referrals were prioritised based on risk and individual needs, however in cases where a longer-term plan was needed, such as support or equipment, an assessment could take longer to be completed.

Whilst improving direct debit uptake is important, some clients may struggle with this due to the pressure it places on carers. Were these clients penalised as a result of it taking longer to provide services? When companies have failed to turn up on time or deliver services, did we continue to pay them the full rate?

The Director: Adult Social Care advised that the Council did not penalise individuals who did not wish to use direct payments and cash could be provided to service users so that they could purchase their own care and support. If an individual was unable to manage direct payments, the Council would take responsibility for the provision of their care. In relation to Domiciliary Care, the Council had maintained a clear framework to ensure that the right quality of care was being provided. If a provider had not turned up, the situation was reviewed, and changes would be made to the provider

allocated if necessary. Regular training had also been undertaken, and all staff were required to undergo a DBS check before commencing work.

How did we undertake checks to ensure providers have turned up and care is being provided?

The Executive Director: Adult Social Care, Housing and Customer Services advised that the Council had a dedicated quality team which had regularly conducted checks on providers. Whilst the Team are unable to spot check every individual received a service on a daily basis, spot checks are performed on domiciliary care and bed-based care providers more frequently. During these checks, training, DBS status, medicine quality and safety parameters are reviewed to ensure high standards of care have been maintained.

The presentation referred to 11 authorities requiring improvement. What were the improvements?

The Assurance, Transformation and Financial Management Adult Social Care Service Delivery Manager advised that all of the CQC inspection reports were publicly available for those who wished to examine the elements that had been scored lower and would have contributed to their overall rating. By reviewing these reports, the Council has been able to identify specific areas that require improvement, with focus given to authorities that had been rated as 'good' in order to identify best practices.

HAC-21 Work Programme

The Senior Democracy Officer (Scrutiny) presented the updated work programme to the Committee. The next formal meeting was scheduled to take place in May 2025 and would include a report outlined the results of the Healthwatch GP Access survey.

Members were also reminded that suggestions could be made to be included as part of the next two year Scrutiny work programme which would commence in the new municipal year.

HAC-22 Chair's Update

None.

The meeting ended at 3.08 pm

Chairman:

Date: Thursday 1 May 2025

Telford and Wrekin
Health Overview and Scrutiny Meeting
Thursday 01 May 2025
Healthwatch Telford and Wrekin GP Access Report 2024

Report author: Simon Fogell, Chief Executive, Healthwatch Telford and Wrekin

Supporting documents:

- Set of summary slides to detail report and actions to date
 - Full copy of GP Access Report
-

Introduction

The issue of seeing a GP has become for many people in Telford and Wrekin challenging. The way that national surveys present their data at what are called PCN (Primary Care Network) levels which can mask the lower levels of satisfaction with certain surgeries and only raises further frustrations.

These frustrations can be for people trying to get appointments and the people providing other services that rely on primary care services to support people as well as those acting as their elected representatives as they are told, many, many times how difficult it is. To continually hear that your services aren't that bad, due to the statistics of neighbouring areas clouding the reality on the ground for local people, fuels the perceptions and experiences that access is going to be poor.

Healthwatch Telford and Wrekin had been receiving people's stories regarding their access to GPs across Telford and Wrekin, many of these were negative, and was at odds with the national survey results. Similarly, so had Telford and Wrekin Council. It made sense to work together to promote the GP Access Survey jointly to give as many people as possible from Telford and Wrekin the chance to have their voice heard in relation to their experiences.

The survey received over 9,200 responses about GP Access. There is a danger that given the high levels of dissatisfaction that this report could have become an angry response focusing on negativity. Healthwatch Telford and Wrekin have tried to present a balanced view based on everyone's views including experiences which are positive.

Findings

Many people express frustration when it comes to their experiences of trying to access primary care, be that in its simplest form of trying to visit their surgery and speak to the reception team, but being denied this and told to phone instead, through to people trying to use online

services and commenting why bother as there are never any appointments there, or the effort to actually get through to surgery by phone after repeated attempts only to then face a lengthy wait of up to an hour or more in a queue and be told there are no more appointments available and to phone back tomorrow.

Not everyone is aware of the range of appointment options or how Primary Care Networks are designed to operate.

There are multiple examples of people considering the staff members receiving and answering phone calls at surgeries to have little empathy or compassion and often describe them as rude and abrupt.

The accompanying full report has turned into a short novel length affair. We make no apology for that as we feel it is important to provide, a succinct as is possible representation of the feelings and experiences of people who took the time and trouble to respond to this survey.

Reassuringly once people have actually got to the appointment their experience becomes more positive in the support, care and treatment they receive from primary care team members of different roles. Although for some this is not always the case.

People have readily commented on changes already made in their surgeries or lack of them and suggested how things can improve along with sharing their final thoughts on their experience in the last question.

Reports Recommendations for improvement

Healthwatch Telford and Wrekin have made 15 recommendations for improvement based on what people reported within the survey.

Next Steps

Healthwatch Telford and Wrekin could have simply made the recommendations to improve people's experiences in accessing primary care on the back of a report focusing on just the negatives and not seeking to understand the issues behind peoples comments. Similarly, we do not simply wish to publish and move on to other work. We feel it important to stay the course and continue with work to understand in more detail the issues people feel need improving and then how to see improvements made at each practice with next two phases.

GP Access Report Phase 2

Healthwatch Telford and Wrekin will produce an individual report for each GP surgery from the main overall report and the supporting survey responses. This will be focused and include full details of all peoples comments.

Follow on Phase 3

However, rather than just publish our main and individual reports with recommendations and leave it at that we will be offering to work with each GP Surgery and their PPG (Patient Participation Group) to address the findings of their individual report to develop an action plan to address our recommendations.

Where there isn't an active PPG we will offer to support the creation of one issuing joint promotion with the Surgery to recruit people. The aim is to address the areas people identify as poor and find common ground with the Surgery directors / senior partners to address and improve services thereby improving Patient/Primary Care relationships.

Or in cases of good areas of satisfaction explore what Surgeries have done to achieve this and use to create a toolbox for other Surgeries to 'dip into'.

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Healthwatch Telford and Wrekin: GP Access Report 2024 Summary

May 2025 Telford and Wrekin HOSC

Background

- Independent survey conducted by Healthwatch Telford and Wrekin Aug-Dec 2023
- Driven by resident's feedback expressing difficulties in accessing GP appointments, with some reporting of negative experiences when attending local practices
- This insight was at odds with the NHS England 2023 GP Patient Survey Report and concerns that aggregation of PCN-level data masked negative experiences of some so this discrepancy warranted further investigation
- The survey aimed to explore patient satisfaction at GP practice-level, in the hope that the increased granularity would give a more accurate representation of the experiences of those in our local community

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Method and Response

- Healthwatch Telford and Wrekin developed a written survey to gather quantitative and qualitative feedback, offered via:
 - Directly with patients during Enter and View visits at individual GP practices
 - Promotion of the survey through comms channels at Healthwatch, Telford and Wrekin Council
- The survey consisted of 21 questions exploring: methods for accessing appointments, ease of access, suitability of appointments offered, experiences with, and confidence in clinical and non-clinical staff, general perceptions of general practice and ideas for service improvement
- These were a mixture of closed questions and open freetext
- The survey was available for completion in digital and paper form between late August to late December 2023
- Overall, 9,203 people completed the survey (circa **4%** of our population)
- The response rate across GP practices ranged from 2% to 6%, there was no obvious relationship in response rate related to GP deprivation scores



Findings: Demographics

- The largest group of people responding was those aged 50 – 64, with 25 – 49 and 65 – 79 the next largest groups.
- Just under a quarter of people responding identified as having a disability.
- Over half of people responding identified as having a long-term health condition.
- Slightly under a fifth of people said they were a carer for someone.
- Ten surgeries all have higher numbers of people identifying as having a disability than the overall response rate of 24.1%
- Ten further surgeries have higher numbers of people identifying as having a LTC than the overall response rate of 56.2%



Findings: overview

- Over half of respondents - 57.6% described *experience of making their last appointment* poor - either fairly poor (15.6%) or very poor (42.0%)
- Reporting of poor *experience of making their last appointment* ranged from 9% to 84% across GP practices
- There is some association between respondents reporting (fairly / very) poor *experience making their last appointment* and GP deprivation scores - i.e. lower levels of poor experience reported in the 5 least deprived GP practices, but mixed pattern for remaining practices, with a number of practices with the greatest deprivation scores have lower poor experience reported
- The main concerns cited by respondents relate to:
 - barriers to access - with many finding the process exceedingly difficult and not fit for purpose
 - perceived lack of understanding and empathy – which is echoed throughout the report
- High levels of frustration from respondents is clear, however as with the poor *experience making last appointment* summarised above - the survey findings between GP practices vary significantly
- Once the barrier of access is overcome, is generally reported as positive

Counts Analysis % Base % Respondents	Total	Overall, how would you describe your experience of making your last appointment?					
		Very Good	Fairly good	Neither good	Fairly poor	Very poor	Unsure
Base	9201	1739 18.9%	1160 12.6%	956 10.4%	1433 15.6%	3868 42.0%	45 0.5%



Findings: overview (1)

- **Barriers to accessing appointments**

- Mainly relate to issues with the booking system
 - telephone systems with long queues, having to call early morning for on-the-day appt and appts being fully booked a short time after phone lines have opened
 - difficulties with booking non-urgent and follow up appointments
 - no longer being allowed to book appointments at the reception desk
- Reception staff themselves seen as a barrier
 - people feeling the need to plead or argue their case

- **Negative experiences of 'call-centre-like' booking services**

- Central booking service used by some practices
 - issues due to lack of access to GP notes and reception staff not being aware of relevant medical history
 - People being offered appointments at practices miles from home

- **Continuity of care**

- preference for the old model of GP practice with a traditional 'family doctor'
- concerns over lack of continuity leading to a poorer level of care



Findings: overview (2)

- **False perceptions negatively impacting experience**

- Incorrect perceptions about GP workload and busyness of the practice
 - Empty waiting rooms and lack of GP contact perceived as 'laziness', leading to frustrations when people are unable to access GP appointments

- **Interactions with non-clinical staff**

- People reporting difficult interactions with non-clinical staff when trying to book appointments
- A belief from some that those booking the appointments are not appropriately qualified to make decisions relating to medical need

- **Inflexibility in the system**

- Some feeling they are unfairly disadvantaged by the system e.g. those who are:
 - working full-time with no access to a phone during working hours
 - lacking digital competence in practices that use an online booking system
- Only offering on-the-day appointments, which do not feel suitable for non-urgent queries

- **Confidence in care professionals**

- Confidence varies by role
- Mounting frustration when people are seen by someone perceived to be underqualified to deal with the issue



Findings: overview (3)

- **Service capacity**

- A feeling that services (both primary and secondary care) are stretched beyond capacity
 - raises concerns over the level of patient care

- **Difficulties with telephone appointments**

- A wide window for telephone appointment times cause issues for some
 - people feeling that they must put their day on-hold until the doctor calls, for some this is impossible
 - missed calls lead to increased frustration

- **'Passing the book'**

- Many being told to phone 111 or attend A&E if no GP appointment can be made
 - with people feeling that this isn't due to clinical need, but an unwillingness from GP practices to see their patients

- **Perceived lack of change**

- Many felt that nothing was being done by practices to improve the current system



Work already underway in practices to address access issues.

- Improvements to phone systems, including ways in which practices can manage demand and timeliness of appointments based on clinical need.
- All practices have now installed new digital telephony systems that allow calls to be managed more effectively, particularly at peak times. More work is also planned to improve functionality, including the ability for patients to register their place in the queue and receive a call back.
- We are also encouraging practices to undertake call demand reviews so that they can match their staff capacity to answer calls in response to demand.



People's suggestions for improvement to access

Over 7,000 people took part in this response

- The single largest suggestion for improvement was to have a better telephone system.
- This was followed with people wanting to be able to book advance appointments

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People then referred to being able to 'drop in' to either wait to be seen or to speak with reception staff face to face

- Empathetic training for staff to overcome perceived rudeness
- More online appointments available
- More staff to support access – not GPs



Healthwatch Recommendation themes

Healthwatch Telford and Wrekin made a series of **15 recommendations** shaped by the survey response insight, which cover:

- Suggestions on how to tackle barriers to access
- Methods to improve equitable access to services
- Options for increasing the availability and flexibility of appointments
- Developing skills among non-clinical staff
- Community engagement and opportunities for co-production

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Phase 2

Production of individual report for each GP surgery and include full details of all peoples comments.

Follow on Phase 3

Proposal to work with each GP Surgery and their PPG (Patient Participation Group) to address the findings of their individual report to develop an action plan to address Healthwatch Telford and Wrekin recommendations.

Where there isn't an active PPG Healthwatch Telford and Wrekin will offer to support the creation of one.





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Thank you

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GP Access Report

September 2024

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Summary

The issue of seeing a GP has become for many people in Telford and Wrekin challenging. The way that national surveys present their data at what are called PCN (Primary Care Network) levels which can mask the lower levels of satisfaction with certain surgeries only raises further frustrations. These frustrations can be for people trying to get appointments and the people providing other services that rely on primary care services to support people as well as those acting as their elected representatives as they are told, many, many times how difficult it is. To continually hear that your services aren't that bad, due to the statistics of neighbouring areas clouding the reality on the ground for local people, fuels the perceptions and experiences that access is going to be poor.

Likewise, the feedback Healthwatch Telford and Wrekin was receiving was at odds with the national survey results. We decided to look into the issue and seek what peoples experiences were. Joint work to promote the survey we developed was undertaken with Telford and Wrekin Council and ourselves.

The survey received over 9,200 responses plus another 400 web form responses about GP Access. There is a danger that given the high levels of dissatisfaction that this report could have become an angry response focusing on negativity. We have tried to present a balanced view based on everyone's views including experiences which are positive.

For many people, their views are informed by what they consider to be poor experiences. Equally the responses show that it is not exclusively poor even for those surgeries where more people rated the experience of making their last appointment as poor, there were still some saying that it was good.

For example, when people rated their last experience of booking an appointment:

- 11 GP Surgeries had higher results of very poor or fairly poor than very good or fairly good.
- 5 GP Surgeries had higher results of very good or fairly good than very poor or fairly poor.
- 2 GP Surgeries had a mix of results

Many people express frustration when it comes to their experiences of trying to access primary care, be that in its simplest form of trying to visit their surgery and speak to the reception team, but being denied this and told to phone instead, through to people trying to use online services and commenting why bother as there are never any appointments there, or the effort to actually get through to surgery by phone after repeated attempts only to then face a lengthy wait of up to an hour or more in a queue and be told there are no more appointments available and to phone back tomorrow.

You will see that not everyone is aware of the range of appointment options or how Primary Care Networks are designed to operate.

There are multiple examples of people considering the staff members receiving and answering phone calls at surgeries to have little empathy or compassion and often describe them as rude and abrupt.

The report has turned into a short novel length affair. We make no apology for that as it was important to provide, a succinct as is possible representation of the feelings and experiences of people who took the time and trouble to respond to this survey.

Reassuringly once people have actually got to the appointment their experience becomes more positive in the support, care and treatment they receive from primary care team members of different roles. Although for some this is not always the case.

People have readily commented on changes already made in their surgeries or lack of them and suggested how things can improve along with sharing their final thoughts on their experience in the last question.

So, we invite you to read on and find out about the people who responded, read about their awareness and experiences of accessing primary care and the impacts it has on them as well as their thoughts on how things can improve.

We have detailed our next steps and thoughts on what we have found in people's stories and how we think things can be improved and how people should be involved in the improvement process.

Introduction

NHS England published the results of the latest annual GP Patient Survey, a survey which asked patients to rate their experience of their GP practice, in July 2023.

The survey looked at a number of things including how easy people found it to make an appointment over the phone, how often they see or speak to a preferred GP and how satisfied they are with the GP services overall.

This survey highlighted that some patients within Telford and Wrekin are still finding it difficult to get through to the Surgery on the phone, to get an appointment at a preferred time and with their GP of choice.

The annual GP Patient Survey results arguably posed more questions than it gave assurance on. Whilst providing evidence of reasonable satisfaction from some people of their GPs there are many people that are not satisfied or report difficulties in accessing appointments.

Healthwatch Telford and Wrekin were continuing to receive reports that people were not satisfied with their GP. Likewise, Telford and Wrekin Council were similarly receiving reports of people's dissatisfaction and problems with access were also a focus of the Health Overview and Scrutiny Committee.

We wanted to hear directly from people themselves about their experiences of accessing their GP, the good, not so good or indifferent – they all matter. We committed to use what people told us, their truths, to share a report with Telford & Wrekin Council, the Integrated Care Board and Integrated Care System partners to show how you rate your GP service and what else people feel would improve services for them.

We were also interested in the accessibility of each GP practice surgery within Telford and Wrekin and how information was made available at each by undertaking an Enter and View visit to each one as an additional aspect of this project.

It was made very clear at the onset by the Healthwatch Telford and Wrekin Chief Executive, Simon Fogell, that this was not an exercise designed to merely be critical of GPs. We hope by learning from people what things work well and what doesn't that we might understand by comparing GP practices things that might improve the patient journey in getting better access for everyone and avoiding the things that cause dissatisfaction.

Method

Healthwatch Telford and Wrekin decided to use two different methods to achieve our objectives. The first was to undertake an Enter and View visit to each GP practice.

Healthwatch England 'A guide to Enter and View' 2022 say:

Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

We contacted the practice manager or lead person at each GP practice surgery to inform them of our project involving the Enter and View visit and of the supporting survey we would be running at the same time.

We designed a survey that was built using our SNAP survey software app that allows people to complete the survey digitally online via their smartphone, tablet, laptop or desktop computer. We complimented this with a paper version of the same survey so that people who could not access or who choose not to access digital services the same opportunity to have their voices heard regarding their experiences of accessing their GP surgery. The survey asked a mix of questions that would allow for a statistical analysis of people's responses to closed questions or scores of levels of satisfaction. This is supported by a range of open questions seeking people's opinion and explanation for their scores.

Both Telford and Wrekin Council and Healthwatch Telford and Wrekin issued separate press releases announcing the survey we were running and encouraging people to have their voices heard by completing the survey.

A series of joint press releases were then issued over the coming months by Telford and Wrekin Council Cabinet Member for Adult Social Care and Health Systems, Cllr Paul Watling and the Healthwatch Telford and Wrekin Chief Executive, Simon Fogell, including quotes explaining the purpose of the survey as well as encouraging people to complete it. The press releases were supported with photographs and videos of the two encouraging people to get involved. These were featured in the media as well as being promoted by both organisations' social media platforms.

During the survey period that ran from late August 2023 to late December 2023 each and every GP practice surgery was visited by Healthwatch Telford and Wrekin Authorised Representatives, who are volunteers and officers specifically trained to undertake Enter and View visits.

Demographics

In total the online survey was completed by 9,203 people with a further 401 webform submissions regarding GP access during the survey period.

These questions about people were entirely voluntary and people could complete the survey and choose not to share their demographic information.

The following demographic statistics relate to the survey responses only.

We asked people to tell us which practice they were registered with. (Table 1) Several practices had considerable response rates like Charlton Medical Practice, Wellington Road Surgery, Donnington Medical Practice, Shawbirch, Stirchley, Teldoc Lawley and Wellington all over 700.

Charlton Medical Practice TF2 6AQ	940	Ironbridge Surgery TF8 7DT	190	Teldoc Malinslee TF3 2JZ	408
Court Street TF7 5EE	243	Linden Hall TF10 7EN	314	Teldoc Oakengates TF2 6JJ	570
Dawley Medical Practice TF4 2AA	594	Shawbirch TF5 0LW	707	Woodside TF7 5NR	287
Donnington Medical Practice TF2 8EA	714	Stirchley TF3 1FB	761	Wellington TF1 1PZ	769
Hollinswood Medical Centre; TF3 2EW	15	Sutton Hill TF7 4DH	183	Wellington Road Surgery TF10 7HG	960
Hollinswood Medical Centre - Deercote site TF3 2BH	43	Teldoc Hadley TF1 5NG	123	I am not currently registered with a GP Surgery	10
Hollinswood Medical Centre - Priorslee Site TF2 9SW	80	Teldoc Lawley TF4 2LL	799	I am registered with a Shropshire GP - please tell us which below	223
		Teldoc Leegomery TF1 6PP	165		
		Teldoc Madeley TF7 5BU	105		

Table 1

We asked people to then share their age profile with us.

9,053 people responded to the question on their age profile. The table sets out the age profiles against the surgery people said they attended. The largest group of people responding was those aged 50 – 64, with 25 – 49 and 65 – 79 the next largest groups.

The same practices with higher overall response rates of Charlton Medical Practice, Wellington Road Surgery, Donnington Medical Practice, Shawbirch, Stirchley, Teldoc Lawley and Wellington see similar large groups of the age profiles. Notably Teldoc Lawley had the largest number of 25 – 49 years olds, Wellington Road Surgery 50 – 64 years and 65 – 79 years.

We have similar data for people gender, sexual orientation, religion or belief, ethnic origin, disability, living with a long-term condition, if people are a carer or are pregnant or recently given birth.

In respect of gender females were the highest respondents at just under two thirds of overall numbers.

We asked people about their sexual orientation. A large number of people did respond with 11% preferring not to say what was their sexual orientation. 9.6% chose another category than heterosexual with asexual being the highest number at 5.8%.

The greatest number of people when asked about religion identified with being Christian at 54%, also of note is almost 30% of people saying they have no religion.

8,853 people responded to the question about their ethnicity. The largest number of people sharing chose White British/ English / Northern Irish / Scottish / Welsh at nearly 85%. A further 9.7% of people were from the other ethnicities listed on the survey and 5.4% of respondents preferred not to say.

People were asked if they had a disability. 8,955 people responded with 71.8% saying they did not have a disability and 24.1% as having a disability. A small number preferred not to say.

Ten surgeries all have higher numbers of people identifying as having a disability than the overall response rate of 24.1% of all people who responded to this question. Four of them have responses higher than 30%.

We then asked people if they had a long-term health condition (LTC). 8,954 responded with 39.9% saying they did not and 56.2% saying yes. Ten further surgeries practices higher numbers of people identifying as having a LTC than the overall response rate of 56.2% of all people who responded to this question.

8,920 people responded to the question about caring responsibilities, with 18% saying they were a carer and 78% not.

30% of people said it wasn't applicable to them when asked if they were pregnant or had recently given birth, 67% people replied 'no' and 2% of the 8,935 people who replied said 'yes'.

Findings

The detail of people’s responses will be proved as an overall view of all the GP practices within Telford and Wrekin. Individual reports will be issued in relation to each GP practice, following the same structure as the overall report. We feel this will provide a better opportunity to share the things that some GP practices do that enable a better experience when trying to get an appointment plus seeing what people think could be done to better improve the overall service.

The one comparison we will include is the total number of responses by practice along with the rating people gave when asked ‘Overall, how would you describe your experience of making your last appointment?’ This is on page 14.

We asked people to tell us ‘what options are currently available to you for seeing a healthcare professional at your GP Surgery’ (Fig. 1). The results show a higher level of people relating to phone calls (83%) as the more prevalent means of accessing a healthcare professional with face-to-face appointments (73%) coming second. We do need to consider if this is flawed with people responding this was how they made an appointment though with the next question actually asking that very point gives greater confidence that this does reflect peoples understanding of it being the more likely way to interact with their health professional.

As far as you are aware, what options are currently available to you for seeing a healthcare professional at your GP Surgery?

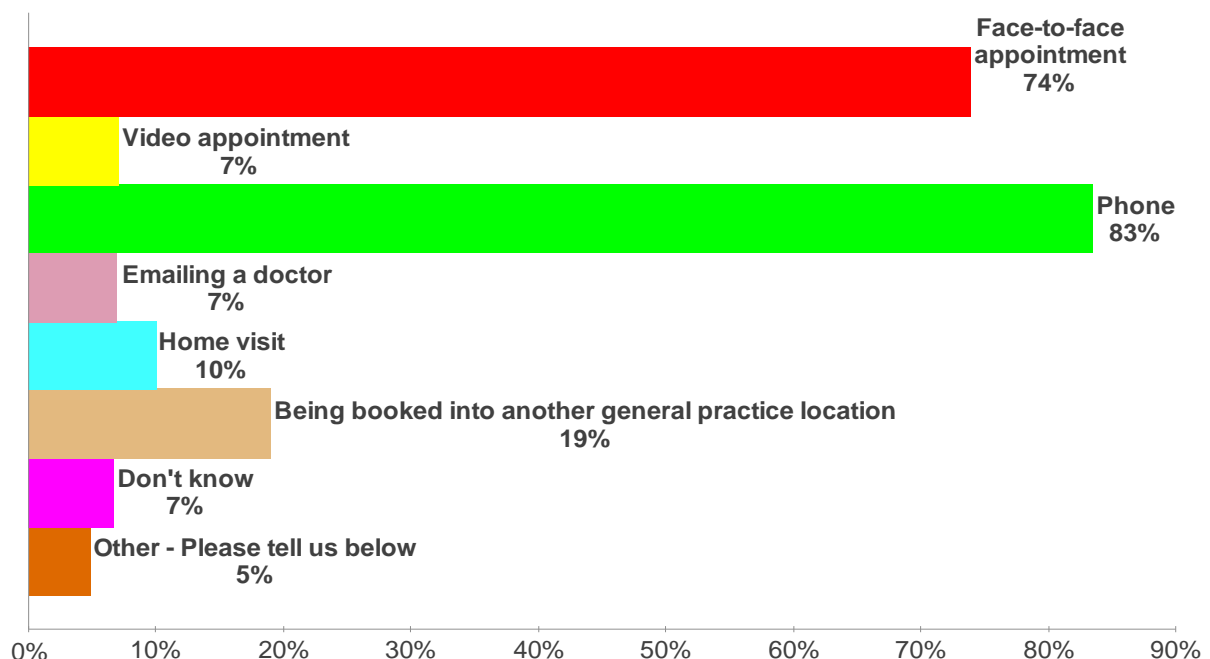


Fig. 1

Only 19% of people knew about 'Being booked into another general practice location' which might mean they have not been offered this as an option at their GP surgery seeking support from other practices within their Primary Care Network (PCN) when their appointment lists are full.

This means 81% of people don't know about attending another surgery in the PCN as a way to see a healthcare professional.

A home visit option received less than a 10% awareness of it being an option. Video appointments and email options both received 7% awareness.

778 people provided comments when asked to specify other if they were aware of other options to contact a healthcare professional. 19 people did say via 'online form/consultation/booking'. There are multiple comments about not being able to get through or get an appointment and the difficulty around doing so or being prevented from getting an appointment by the people answering calls or the phone system disconnecting them, some being told to phone 111. Some did say they could go to different surgeries. The following are comments that are representative of many similar ones:

- **"Always being redirected to urgent care!"**
- **"Absolutely nothing. Can't get through on phone and the staff refuse to deal with you at reception."**
- **"You phone doctors, no appointments, only phone calls to see if you need a doctor, I've been given tablets over the phone and never seen... ..if they do think I need a doctor I get sent to a different doctors."**
- **"With XXXXXX you can get an appointment but it's at any of the locations at the moment not an issue as I drive but very inconvenient."**
- **"But cannot get through and when I do it's full no appointments"**
- **"I am completing this on behalf of my elderly mother.... In the last week I have attempted to contact XXXXXX in response to letters my mother has received asking her to make appointment for a diabetic check up. I have spent 3 x 45 minutes (different times of day and different days) waiting for someone to answer . Nobody did. The above are completely inaccessible to an elderly person"**

We then asked people to tell us how they made their last appointment. (Fig. 2)

How did you book your last appointment?

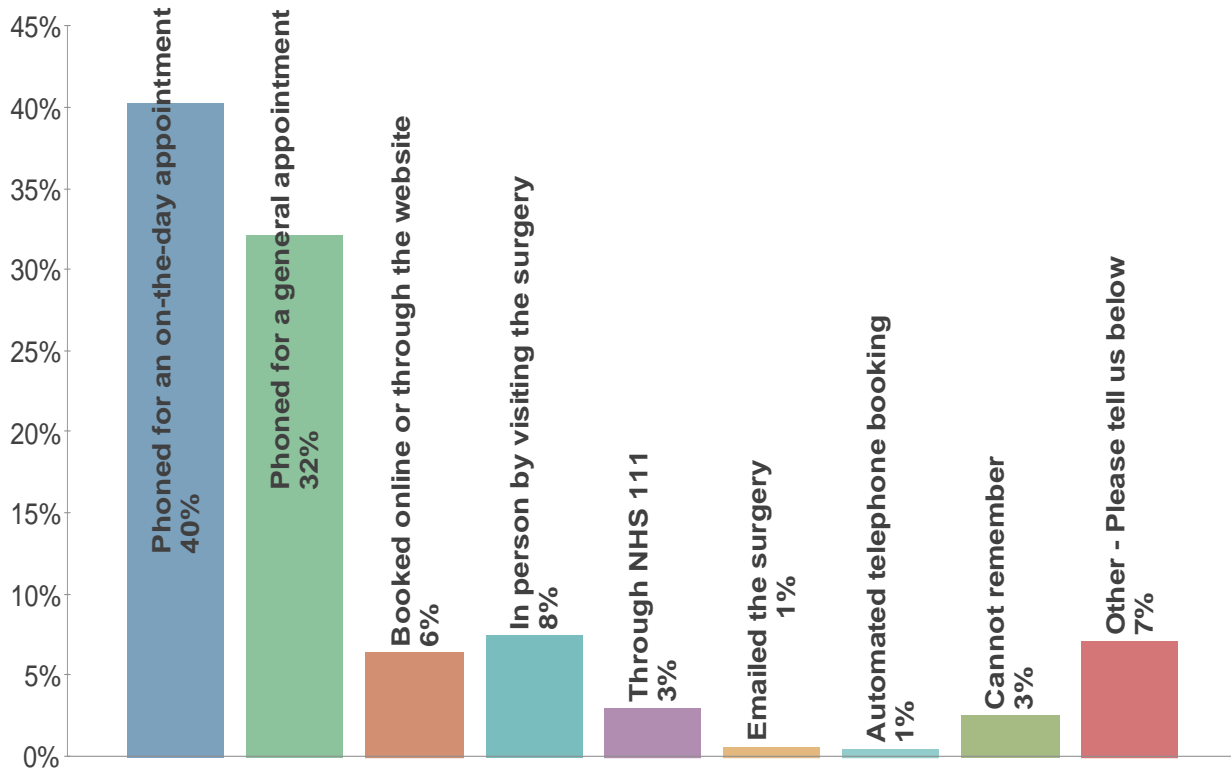


Fig. 2

40% of people phoned for an on the day appointment with 32% saying they had phoned for a general appointment. 7.5% of people visited the surgery, 6% online or through the website and 3% through 111.

We received over 1,000 responses when giving people an open text field to say how else they had booked an appointment. A small number said a specialist nurse had booked it, or though being asked to attend for a health review like asthma.

A large proportion of the comments left start with “Can’t get an appointment, I haven’t been able to..., couldn’t get one /through..., impossible to..., not able to get..., no appointments available...”. There are multiple entries that are highly critical of GP Surgeries that use ‘call centres’.

The following are a range of examples of the type of comments left:

Being advised to go to Accident and Emergency...

"Advised to attend Emg Care"

"They sent me to A&E as no appointments"

"Was told to go to A&E"

Unable to make an appointment

"Every time I've tried to get an appointment I've been told that there's nothing available and to try again tomorrow, with the same result. I'm 74"

"Tried to make an appointment, but it was so difficult and inconvenient that I just gave up."

"Unable to get appointment, ended up in a & e"

"I work full time and phoning is not possible I can only call on my days off work (I work for the NHS)"

Appointment booked by primary care staff directly...

"The doctor rang me regarding my diabetic blood test results, I told her I needed an appointment for a lump in my neck, she saw me that day. I had been ringing the surgery for several months only to be told fully booked."

"Dr booked follow up phone appointment during a phone appointment"

"By complaining to the practice manager that I had been trying to get an appointment for 3 months"

"Asthma clinic sent me an appointment"

We asked people to tell us how they would describe their experience of making their last appointment overall. (Table 2)

Counts Analysis % Base % Respondents	Total	Overall, how would you describe your experience of making your last appointment?					
		Very Good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Unsure
Base	9201	1739 18.9%	1160 12.6%	956 10.4%	1433 15.6%	3868 42.0%	45 0.5%
G.P.							
Charlton Medical Practice	940 10.2%	81 8.6% 0.9%	78 8.3% 0.8%	75 8.0% 0.8%	166 17.7% 1.8%	536 57.0% 5.8%	4 0.4% 0.0%
Court Street	243 2.6%	135 55.6% 1.5%	43 17.7% 0.5%	27 11.1% 0.3%	18 7.4% 0.2%	19 7.8% 0.2%	1 0.4% 0.0%
Dawley Medical Practice	594 6.5%	108 18.2% 1.2%	97 16.3% 1.1%	90 15.2% 1.0%	92 15.5% 1.0%	205 34.5% 2.2%	2 0.3% 0.0%
Donnington Medical Practice	713 7.7%	48 6.7% 0.5%	63 8.8% 0.7%	51 7.2% 0.6%	109 15.3% 1.2%	437 61.3% 4.7%	5 0.7% 0.1%
Hollinswood Medical Centre	15 0.2%	4 26.7% 0.0%	5 33.3% 0.1%	3 20.0% 0.0%	- - -	3 20.0% 0.0%	- - -
Hollinswood Medical Centre - Deercote	43 0.5%	19 44.2% 0.2%	8 18.6% 0.1%	8 18.6% 0.1%	2 4.7% 0.0%	6 14.0% 0.1%	- - -
Hollinswood Medical Centre - Priorslee	80 0.9%	48 60.0% 0.5%	13 16.3% 0.1%	7 8.8% 0.1%	6 7.5% 0.1%	5 6.3% 0.1%	1 1.3% 0.0%
Ironbridge Surgery	190 2.1%	58 30.5% 0.6%	40 21.1% 0.4%	23 12.1% 0.2%	36 18.9% 0.4%	32 16.8% 0.3%	1 0.5% 0.0%
Linden Hall	314 3.4%	160 51.0% 1.7%	49 15.6% 0.5%	40 12.7% 0.4%	35 11.1% 0.4%	30 9.6% 0.3%	- - -
Shawbirch	707 7.7%	495 70.0% 5.4%	104 14.7% 1.1%	44 6.2% 0.5%	27 3.8% 0.3%	34 4.8% 0.4%	3 0.4% 0.0%
Stirchley	761 8.3%	63 8.3% 0.7%	97 12.7% 1.1%	84 11.0% 0.9%	145 19.1% 1.6%	366 48.1% 4.0%	6 0.8% 0.1%
Sutton Hill	183 2.0%	13 7.1% 0.1%	26 14.2% 0.3%	25 13.7% 0.3%	37 20.2% 0.4%	79 43.2% 0.9%	3 1.6% 0.0%
Teldoc Hadley	123 1.3%	6 4.9% 0.1%	11 8.9% 0.1%	12 9.8% 0.1%	19 15.4% 0.2%	75 61.0% 0.8%	- - -
Teldoc Lawley	798 8.7%	34 4.3% 0.4%	78 9.8% 0.8%	75 9.4% 0.8%	155 19.4% 1.7%	452 56.6% 4.9%	4 0.5% 0.0%
Teldoc Leegomery	165 1.8%	6 3.6% 0.1%	16 9.7% 0.2%	14 8.5% 0.2%	35 21.2% 0.4%	93 56.4% 1.0%	1 0.6% 0.0%
Teldoc Madeley	105 1.1%	8 7.6% 0.1%	5 4.8% 0.1%	11 10.5% 0.1%	19 18.1% 0.2%	61 58.1% 0.7%	1 1.0% 0.0%
Teldoc Malinslee	408 4.4%	20 4.9% 0.2%	40 9.8% 0.4%	46 11.3% 0.5%	76 18.6% 0.8%	223 54.7% 2.4%	3 0.7% 0.0%
Teldoc Oakengates	570 6.2%	42 7.4% 0.5%	70 12.3% 0.8%	64 11.2% 0.7%	112 19.6% 1.2%	278 48.8% 3.0%	4 0.7% 0.0%
Woodside	287 3.1%	70 24.4% 0.8%	54 18.8% 0.6%	33 11.5% 0.4%	37 12.9% 0.4%	91 31.7% 1.0%	2 0.7% 0.0%
Wellington	769 8.4%	20 2.6% 0.2%	43 5.6% 0.5%	58 7.5% 0.6%	100 13.0% 1.1%	547 71.1% 5.9%	1 0.1% 0.0%
Wellington Road Surgery	960 10.4%	248 25.8% 2.7%	193 20.1% 2.1%	141 14.7% 1.5%	165 17.2% 1.8%	210 21.9% 2.3%	3 0.3% 0.0%
not registered with a GP Surgery	10 0.1%	4 40.0% 0.0%	- - -	- - -	1 10.0% 0.0%	5 50.0% 0.1%	- - -
with a Shropshire GP	223 2.4%	49 22.0% 0.5%	27 12.1% 0.3%	25 11.2% 0.3%	41 18.4% 0.4%	81 36.3% 0.9%	- - -

Table 2

Table 8 colour coding key	
Light red	Higher number of people saying their experience was fairly poor or very poor than very good or fairly good
Light green	Higher number of people saying their experience was very good or fairly good than fairly poor or very poor
Light blue	Higher number of people than average response saying their experience was neither good nor poor
Light grey	Lower number of people than average response saying their experience was neither good nor poor

The percentage of overall responses in in **Blue Text** in the line starting 'Base'. Each GP surgery has two response rates. **Blue Text** representing the percentage for the surgery responses and **Pink text** for the percentage of the overall responses of all surgeries.

We can see that more than half the people responding (57.2%) found their experience of making their last appointment to be poor, with 15.6% saying fairly poor and 42% marking it as very poor than those who found it to be fairly good 12.6% and 18.9% very good. 10.4% found it to be neither poor nor good.

Collectively fairly poor or very poor accounted for well over half of people's experiences (57.6%) whereas under a third of people (31.5%) had fairly good or very good experiences.

We have shown on the table where the very good outweighed the very poor or the opposite situation where the very poor outweigh the very good per GP surgery using the colour coding in the table key. This is repeated for the fairly good or poor. For the neither good nor poor rating we have shown where the GP surgeries are above the average response for this question or lower than it.

For surgeries where there were less than a 100 responses, we have not colour coded their response rates.

11 GP Surgeries had higher results of very poor or fairly poor than very good or fairly good.

5 GP Surgeries had higher results of very good or fairly good than very poor or fairly poor.

The survey gave people the opportunity to explain why they had scored their last experience of making an appointment at their GP the way they had.

87% of people have left various comments. The following are examples of a very small number of positive and negative comments. The full range of comments will be included for each practice in their individual reports.

Positive

The following comments were against surgeries that people said their last experience of booking an appointment was fairly good or very good.

Availability of appointments – quick access

"I can normally get an appointment when I need one as I have ongoing health issues I do not always need to see a doctor but as I have been with the doctors a long time they all know my medical history"

"The service XXXXX offers is excellent. I can always get an appointment for myself or my children on the day I call. I can even get appointments in the afternoon for my children. Speaking to family members that are registered with YYYYYY doctors, the service they

receive there is atrocious. XXXXXX should be used to guide practices such YYYYYY in how to provide service that is fit for purpose.”

“Was offered a same day telephone appointment and then when the clinician spoke to me they wanted to see me face to face and gave me options of site locations and times to suit”

“It was a general appointment, but I was seen by a nurse practitioner on the day.”

Availability of appointments – quick access but long wait to get through

“It was good because I secured a telephone appointment, but I was on the phone for such a long time while they tried to find me one. It was stressful”

“It often takes a long time to get through to make an appointment, but the reception staff are always helpful and do their best.”

“It takes far too long for the surgery to answer the phone. I have to block out at least 40min to allow time for the phone to be answered. When I got through I gave as much detail as possible which was passed to someone to triage and then I was offered an appointment within 5 working days. I put fairly good as I was expecting to get told I couldn't have an appointment. But would have liked to have been seen sooner as it was to do with my breathing.”

Availability of appointments – general

“An essential prescription item was withdrawn, lengthy attempt to phone so attended surgery. Should have been easily resolved but person in rear of reception insisted I had an appointment. Saw XXXXX, paramedic who spoke to a G.P. to reinstate meds. G.P. asked why I had an appt for this. XXXXX said about insistence of person rear of reception. All agreed a waste of G.Ps, Paramedic and my time. Appointments are precious.”

“I wanted to see a female doctor but there wasn't one on duty that day, so the receptionist made an appointment for me two days later and sent the information by text. I put 'fairly good' because past experience has taught me that you need to be on the phone at the dot of 8.30 or you can't get an appointment. It is first come first served although if it is an emergency they will see you that day. This is not anybody's fault, it's just that there are too many patients and not enough doctors, and they are managing as best they can. I don't think I would have got an appointment”

Negative

The following comments were against surgeries that people said their last experience of booking an appointment was fairly poor or very poor. We have hidden surgery identities in this overall report.

Long wait - to get an appointment

"Tried to get an appointment for my 13-month-old but nothing for a week. Receptionist told me to ring the next day to get an on the day appointment but said I'll need to ring at 8am because after the 8am queue all appointments are gone."

"Rang surgery and was told there were no same day or bookable appointments, and my only solution was to call back 8am the next day to see if any more same day appointments were available. Tried but could not get through to surgery. Had to request a call back to see if I could have an appointment. The soonest call back was 8 days later."

"It took 45 minutes to get through to be told there were no available appointments and to call again the next morning."

Long wait - to get through to surgery

"An extremely long wait to get through to then be rudely told 'there are no appointments left for today - you have to ring first thing in the morning' explained that when I first phoned, the phones were at capacity and then when I finally got through, I had been left in a queue."

Long wait - to get through to surgery to find no appointments available

"After holding for 40 mins to get through as I was 19th in the queue at 3pm on a Thursday afternoon. I was told there were no routine appointments available for the forthcoming weeks! When I stated the doctor had contacted me by text needing to discuss my blood tests results, I was just told to ring back at 8.30 in the morning. When I said it's impossible to get through at this time the reception said she was sorry, but they were short on GPs."

"It's extremely hard to get on the day apt. There are two types: Am and Pm. For Am you need to call at 8:30 and if you are lucky, you might join the phone queue (but most of time you are presented with message - queue is at capacity - please call later). If you are able to join the queue, this doesn't mean you will get an apt, as by the time it's your turn all the slots are taken, and they ask you to call in the afternoon and the same process begins. It's even worse with general apt. I often call to get an apt for my child, and really struggle to get through, Shropshire doc has been a life saver but sometimes I had to take my daughter there at 9pm or 10pm which isn't ideal but still a life saver"

"I wasn't given an option for time or date for the telephone appointment, just that it will be on a set date, after 8am. On the day appointments are never available, as you'll sit

on hold for 40 minutes, then be told there's none left. This, despite calling as soon as lines open."

Problems accessing via phone system and length of travel to alternate surgery

"My doctors is XXXXXX XXXXXX. Although absolutely every practice I've been to in and around Telford have been exceptional. XXXXXX is an absolute joke to try and get through to by any method. I regularly need to visit the outstanding nurses at XXXXX XXXXX XXXXXX but am prevented from speaking to any Practice by the ridiculous phone system that will only connect you to the helpline that is unable or unwilling to put your call through to whatever practice you need to speak to. And when they do book you an appointment. 99% of the time. It is never at my Doctors in XXXXX just a few hundred yards from my house. The worst so far has been XXXXX. Some 20+ Miles from my house. XXXXXX is a ridiculous scheme."

Long wait - to get through to surgery - impacts on people at work

"It took me days to get an appointment due to XXXXXX now not taking advanced bookings, they open at 8.30 to make an appointment it's disallowed around 8.45 before the answer machine is turned off and by this point IF you do get through you are told there is nothing left. For working people like myself or my wife that are not allowed mobile phones while working it makes it impossible to get an appointment, something needs to be done it's a total mess, my dad who is retired has been trying to get an appointment for weeks he phones most days at 8.30 and faces the same rubbish as mentioned earlier. It's a dire service that needs sorting, there will be other people like myself and my wife who just don't bother anymore trying to get an appointment as we know we won't."

Lack of support for people advised to see own GP by out of hours GP for follow up

"I was advised to make an appointment following a visit to Shropdoc on a bank Holiday night. Firstly, after a 45 minute wait to answer the telephone, they asked me to pop in and leave a urine sample. I managed to get out of work early drive 20 minutes get there to do this. I was promised a follow up from a GP call regarding getting this appointment. No call came. I then spent another 45 minutes the next day to see what had happened, to be told all appointments had gone and could not book any further appointments even though I had been advised to by the Shrop doc who actually worked at that very practice. I still haven't managed to speak to any other doctors because I work, therefore cannot spend hours waiting on a telephone etc."

We then asked people to tell us about their experience of booking an online appointment (Fig. 3)

9,201 people answered this. 37.1% had not tried to book an appointment online. Slightly more people found it difficult or very difficult (11.6%) than those saying it was okay or easy (10.8%). 21.5% of people who said there were no appointments available online.

14% said they unable to use online services with 5% not wishing to use them.

If you have booked a GP appointment online how was it for you?

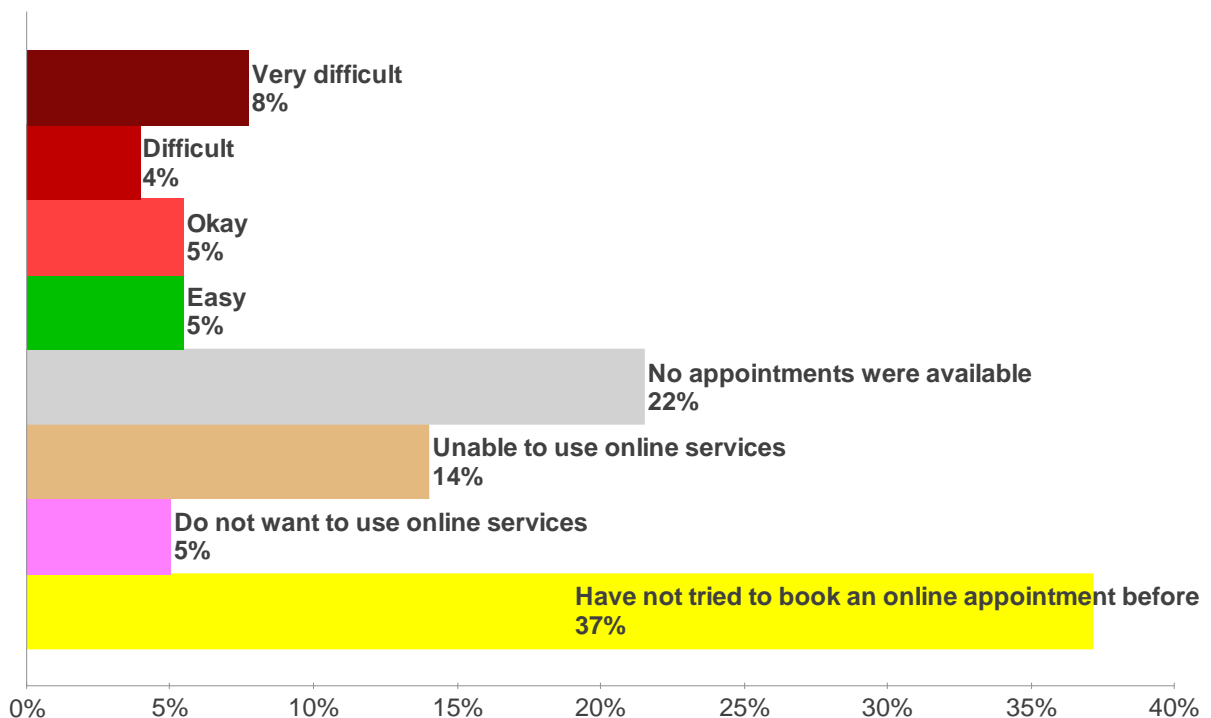


Fig. 3

Time taken to get through to the receptionist

We followed on to ask people questions about their experience when making their appointment by phone, starting with how long it took to be connected to the receptionist. We gave people a free text field to express how long it took them rather than lead with fixed times in multiple bandings. The majority of people responded, many people did comment with specific times of how long it took them (Fig.4) with many saying similar terms such as:

- days
- hours
- ages

- constantly redialing
- a very long time
- a long time
- a few minutes
- not long
- impossible
- given up

Some people provided accounts of the experience of trying to get through:

Calling on multiple days to get through

- “I had to call on several different days. The line was engaged each time. I had to rapidly redial. When I did get through, it was usually quick, but no appointments were left.”
- Our experience is the same as any patient, a very lengthy wait. We can spend whole days waiting if we have a number of clients who need appointments at different surgeries.

Difficulties getting through by phone and no appointments available

- “Near enough every day it immediately says full to capacity at bang on 8am for a good 1.5 to 2 hours then they say no appointments call back the next day”
- “It’s madness getting through on the phone. You start calling at 8:30 and select the option to hear that the queue is full, so hang up and just keep continuously trying until eventually you get in the queue. Guaranteed that by the time you get to speak to a receptionist all appointments have gone.”
- “Tried calling at 8.30am (opening time) they were at full capacity so tried numerous time throughout the day still at full capacity. Finally got through at 5.30pm on hold for 20mins before spoke to receptionist regarding an appointment for my 4-month-old daughter, was told to call back the following day to try and book an appointment then. Disgraceful.”

Long waits getting through by phone

- Average time 20/30 mins. Totally unacceptable. Most of my life have had private health care but still need a doctor’s referral. XXXXXXX is a very badly run practice particularly at phone stage.

Tactics to get round long waits

- The last call was much quicker as I opted for a call back, which is a new service that has just been introduced, however the time before that I had to wait 19 minutes from the call being answered till I spoke to a receptionist

- “About 5 minutes, I rang them around mid-day though, following a letter through the post. If I rang at 8am to get an appointment, which is what you’re meant to do, you could be waiting over an hour to speak to someone.”

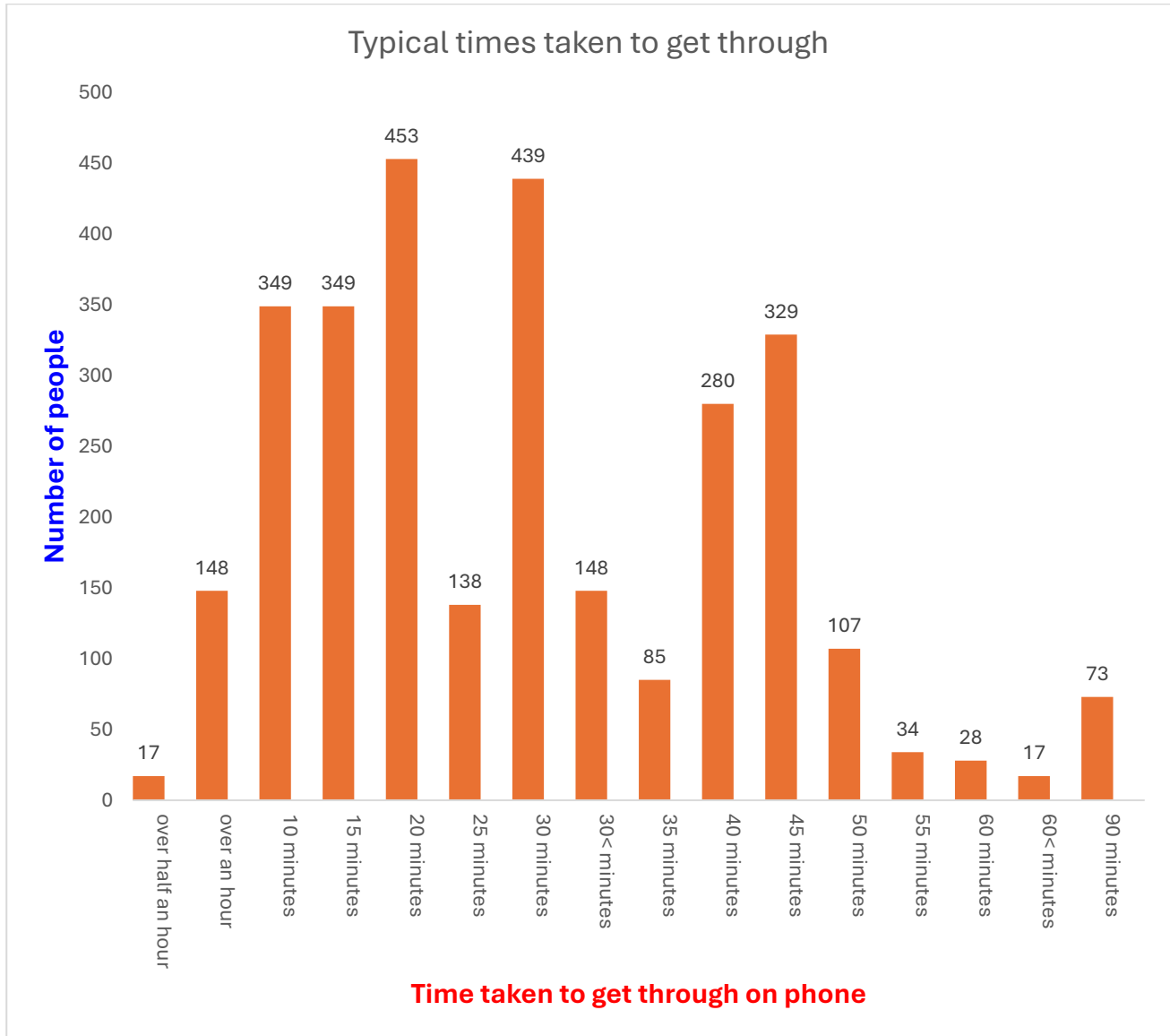


Fig. 4

We also asked people how many times the phoned before they got through (Fig. 5)

Just over half of people replying to the survey answered this question, set as a free text field. Many people provided a numerical response, others the time in text or again used the opportunity to describe their experience of phoning multiple times before they were connected, often to then join the queue and to wait again.

Over 600 hundred people provided a varying length of description of the experience. A selection of accounts are included after the graph detailing the results. They typically describe long waits and varying degrees of negativity regarding the event.

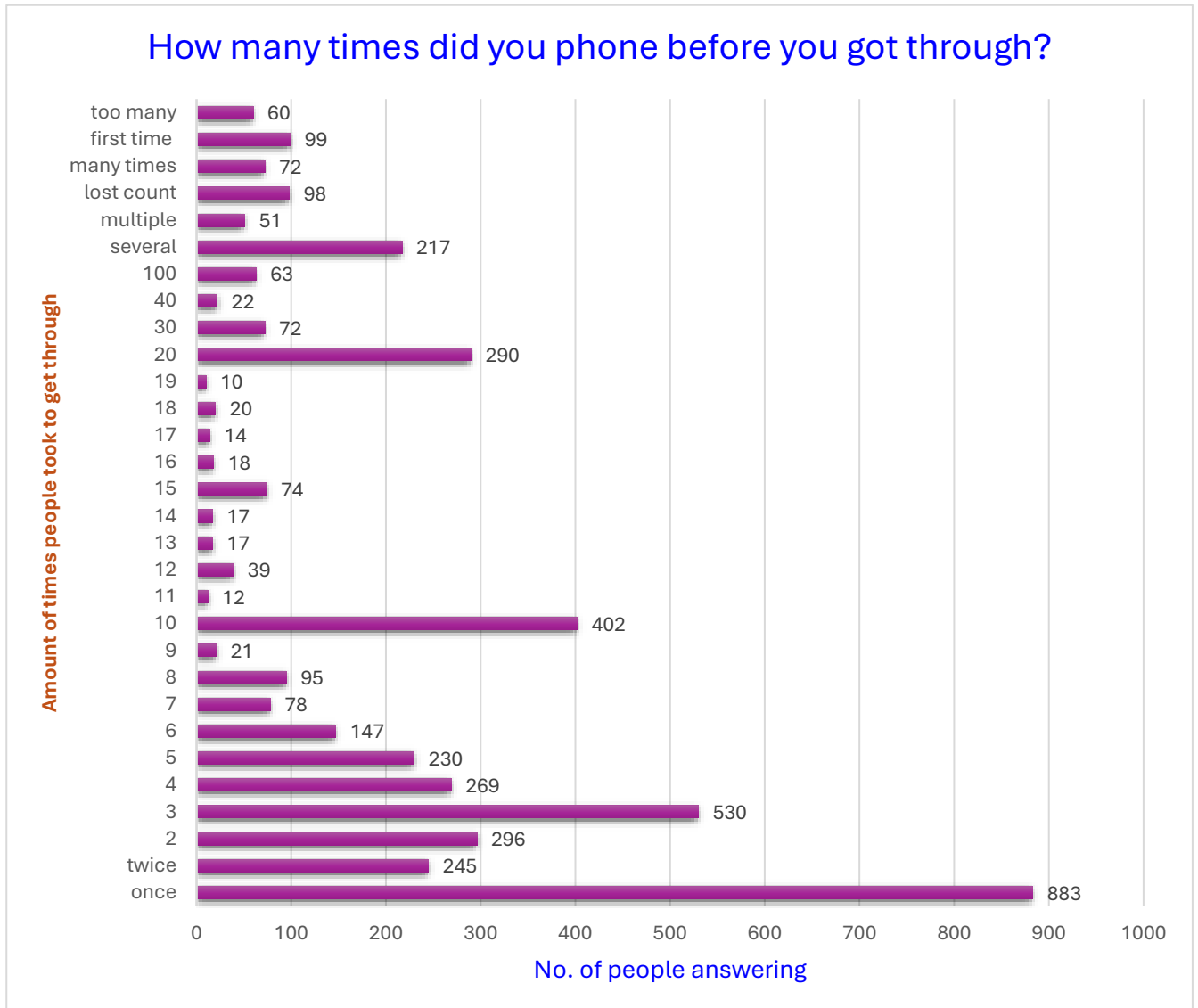


Fig. 5

Descriptions of the experience of phoning multiple times

- No point trying multiple. If you miss it first time, then you won't get seen. I've not had a GP appointment since the start of the pandemic despite trying to get in on multiple occasions. XXXXXX GP practice is clearly unable to deal with the number of patients it has registered so XXXXXX urgently needs a new surgery due to population growth. The existing situation is not fit for purpose.

- Usually only once and I just wait to speak to a human. Ringing back later in the day does not make it any better, and in any event by late morning all the appointments for that day are usually filled! A catch twenty-two situation
- You call and wait in a queue. Numerous times however, I have called and the number of calls on hold has exceeded the allocated number and you are asked to call back which in doing so you find the slots that day have been taken.
- They hang up on you, when you do get through after listening to stupid covid messages 4 years after covid, they tell you there's no appointments even though the surgery and car park are empty
- I always call at 8am exactly in the minute when they open the phone line but have to try at least 10 times before they put me in the queue. However, it happened when I had to try 46 times.
- More than 10 times before getting into queue, once for my phone to cut out while I was waiting, having tried since 8am, finally got to speak to unhelpful receptionist at around 4pm.
- Sometimes once, sometimes more me and my wife have had competitions of who has the most calls if we've needed an appointment for ourselves or the children, my record is 76 attempts

We then asked people if they were able to get through to their GP Surgery on the same day (Fig. 6)

Over 8,00 people responded to this question, set as a free text field. Many people provided a quantifiable response, or as before over 800 people used the opportunity to describe their experience of getting through on the same day.

A selection of comments are included after the graph detailing the results. They typically describe long waits, varying degrees of negatively regarding getting through only to be told no appointments left and signposted to Urgent Care or people considering A&E.

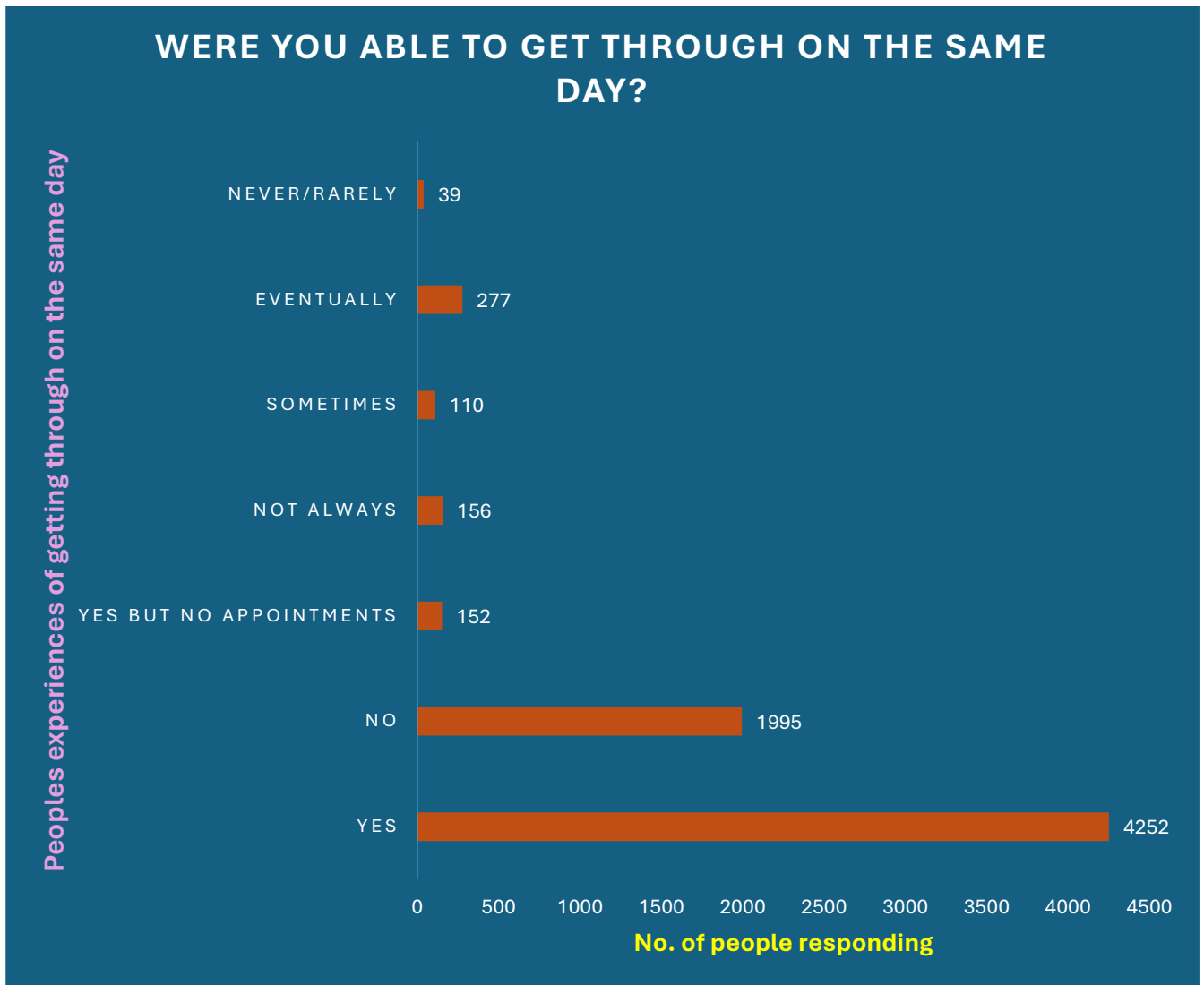


Fig. 6

- Usually but if I am told at 08:35 that “you are number 30 in the queue “ I frankly give up and try later or the next day. We never know whether the surgery have one, two or even more staff answering the phone first thing, but if they have more than one it seems to take a VERY long time to work down from 30 in the queue to number one, and this is not helped by the “call handler” then has to put you on hold , sometimes more than once, while they refer to presumably a more qualified medical colleague.
- At 8.58 am I finally got through and was given the message I was 39 in the queue. I finally spoke to receptionist a 10.10am. They took the details and spoke to a member of their clinical team who said that we should go to the Urgent Treatment Centre at the PRH hospital as they had no appointments. This seems to be their standard response as we have been told this three times now.

- Yes, if they don't have a same day appointment you have to phone again the next day. At one time I had to phone for 3 days until I got through early enough to get an appointment, they are usually all gone by 9am.
- Didn't want a same day appointment, wanted to book for my day off was told to call back on day. When I did there were no appointments available, and I still haven't been let's hope it's nothing seriously wrong.
- Sometimes but only if deemed urgent but even then sometimes they tell you to call 111 or go to A&E even though it's not an emergency therefore putting more pressure and wait times on A&E.
- Yes, but no appointments are ever left and told to call back the next day, this is calling exactly on the time the phone lines open. and this is still the same issue
- We finally got through but was told in no uncertain tone that all the appointments had been allocated. We were not offered a general, or next day appointment
- Yes, eventually got an appointment - firstly told there were none. I said how disappointed I was, then all of a sudden managed to get an appointment that day!
- Yes, as I pushed for it as they have no asthma nurse and they wanted me to take my daughter to the pharmacist when I was worried about her breathing!!!!
- Not always. By the time someone has answered, all appointments have gone sometimes, resulting in me needing to stay off work until I get seen.
- Yes, but I wasn't given an appointment because apparently all the appointments were gone even though the phone lines were only open 5 minutes
- No was sent to urgent care which I felt was unnecessary as the GP could have helped, I felt like I was a burden to urgent care
- No, you're having a laugh aren't you, you need crystal ball in advance of when you will be ill to pre-empt booking an appointment

We concluded this section by asking how many days it took people to get an appointment if they were unable to get an appointment on the same day (Fig. 7)

Over 4,000 people responded to this question. A little over 2,200 people provided a determinable time frame for this question. Many provided short or longer comments as to the impact this had on them or their actions in not being able to get an appointment.

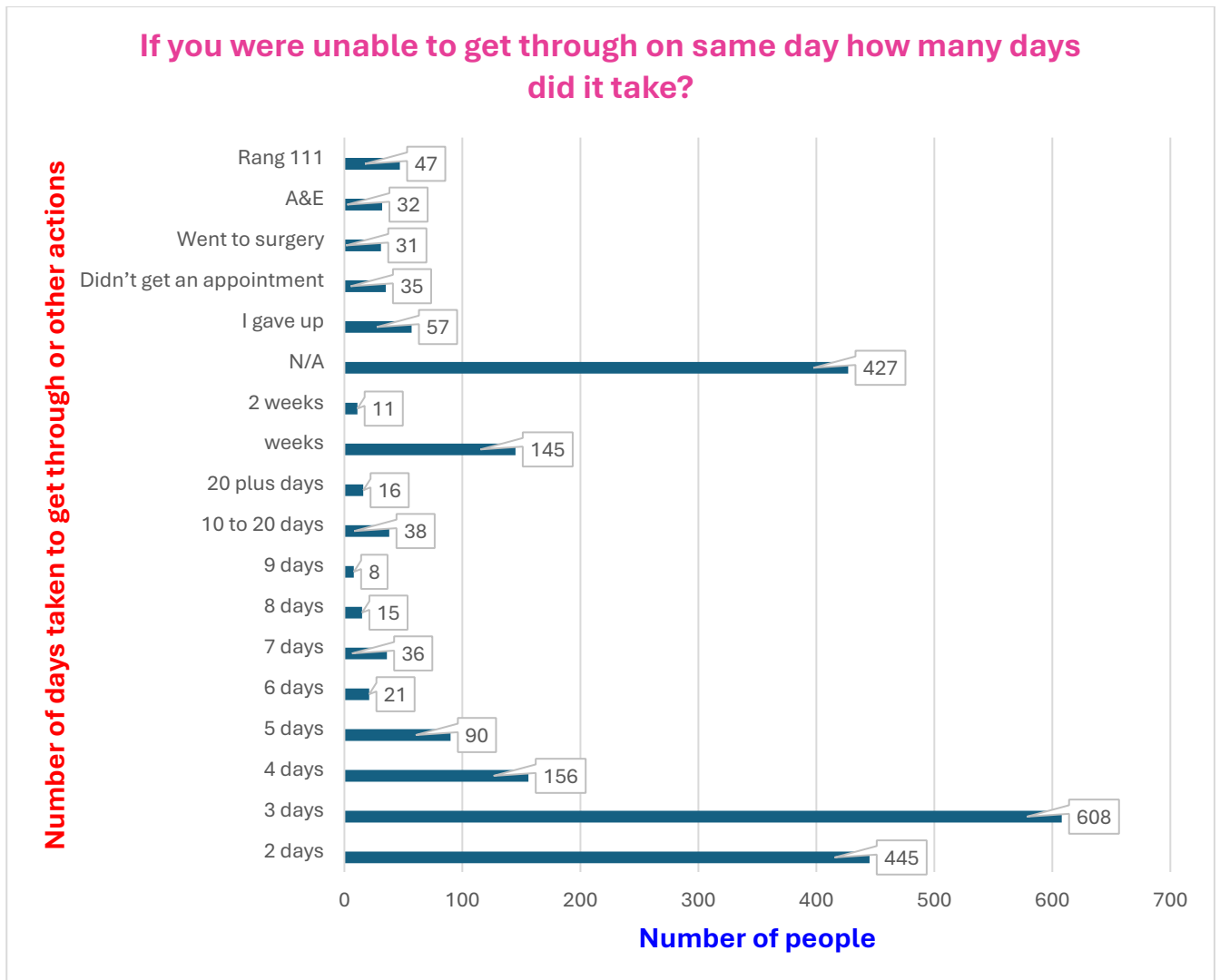


Fig. 7

There were many who provided a response to the question in terms of how many days they had tried to get through but then had not got an appointment or given up. 35 people said they didn't get an appointment and another 57 replied 'I gave up' as their answer. This means that almost a hundred people did not pursue seeing a primary care professional. Whilst this may be a statistically small amount of people compared to the overall responses to this survey it illustrates how many people do simply give up. When the system is faced with huge financial pressures it does beg the question of how much more might this cost in conditions that if spotted sooner or on going management of long term conditions addressed, how much it might save for the system in the long run, ignoring the human suffering element.

The following are a collection of statements that illustrate peoples concern at the delay:

Phoning for Appointments Every Day

- You have to ring on the day for appointments and if the receptionists don't like you, you don't get one for months

- You have to call every day and hope
- You give up trying
- You are supposed to try back every day. But I can always do that due to working.

Phoning Early for Appointments on the Day

- You can only get an appointment on the day meaning it is often pointless trying
- You have to phone early in the morning otherwise you won't get an appointment
- You can never get through in a morning so impossible to be able to get an appointment
- You have to have a telephone call and they decide if you are worthy of a face to face
- Several times. I was always told all the appointment is gone even when I called exactly at 08;30 with two phones.

Impacts of Not Getting Appointments

- On two separate occasions I couldn't get an appointment at all. I had a bad back for 2 months and couldn't get in at the doctors because I could never get an on the day appointment and you could only book as far ahead as 2 weeks but these appointments were always gone. So, you can't book ahead, and you can't get an on the day appointment. On another occasion I couldn't get through on the phone, so I turned up to make an appointment at the reception desk. Nothing available with the doctor for at least two weeks and nothing with a nurse either. I ended up at the minor injuries hospital.
- It's been months. I guess I have to assume I don't have cancer. But then about my other cancer test, who knows! I have strain that leads to cancerous cells. Supposed to have test this month...nothing....
- Tried every day and never been able to get an appointment. Not seen a doctor in about 3 years for my Mental Health review.
- Tried for several days without medication and suicidal

Negative Experiences of Reception Process

- It took two days and a lot of arguing with reception as it was for a child with kidney failure
- Two Days. The receptionists are rude and unhelpful especially when you are not well you need a helpful empathetic person
- Three days of continually calling - and this was to make an appointment that the practise themselves had sent me a text to request I booked. In the end, I visited in person, unable to gain access to practise as appointment not booked, I

pressed the intercom, explained I needed to make an appointment at their request but was told 'no, all appointments had to be made via the phone', I then went back outside and attempted to call on my mobile and once again, I couldn't get through, recorded message saying to call back etc. - despite seeing reception staff sat at their reception desk - not on the phone. I appreciate that they 'lock' the door for security, but there needs to be a 'common sense approach' surely?

Maternity Concerns

- Still waiting "lack of doctors for postnatal checks"

We asked people if they were given a phone appointment, was a time given for that appointment? (Fig. 8)

All but 2 people answered this question. 30% of people said they had been given a time while 29% said they had not. 2% of people were unsure though just under 40% had not been given a telephone appointment.

If you were given a phone appointment were you given a time?

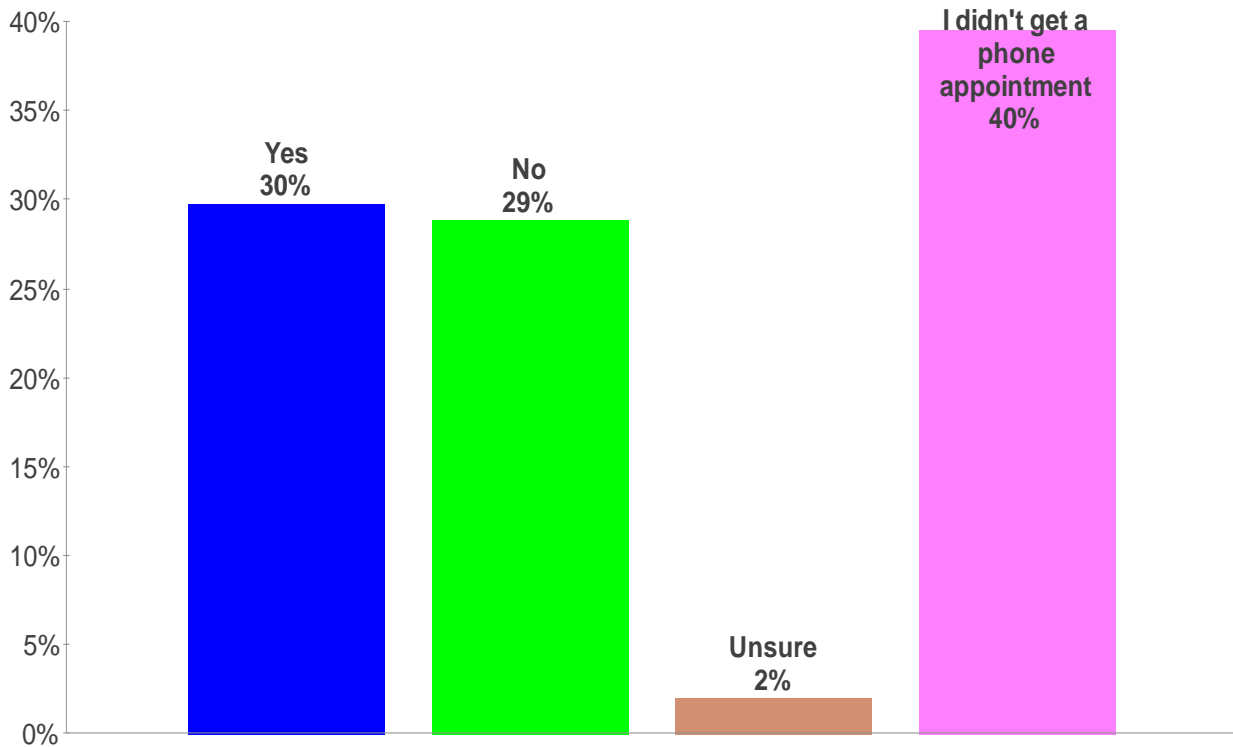


Fig. 8

We asked those who had been given a phone appointment but not a time how long their wait was to receive the call. This was by way of a free text field and was completed by 2992 people in total. About a third provided a longer description of the wait.

Impacts of no time for call back being given

- They just give you a wide window and you never know. It's not accessible for those who have no access to their phones during the working day. As a teacher, there is no help for me. For example, in the afternoon calls (2-6pm) I ask for a note to say I can answer only after 4pm and they refuse to do this and say I have to have my phone on me when I can't. I can only try get appointments in the holidays so in term time I just call 111 instead. They don't offer late or weekend appointments either, which is a massive disadvantage.
- All day, and it was called from Withheld, if I missed the call which rang for 3 rings they left a voice Mail yes but failed to leave a direct contact number to get back to them and I was unable to get back in touch and lost that appointment, it's laziness and the doctors are not held to account properly. We can't keep blaming covid and overloaded service, they can't keep hiding behind that excuse.
- If given a phone appointment I tend to miss the call as I am a teacher and cannot take personal calls in front of a class. I have explained to practice many times this issue, but they do not care and refuse to give a proper appointment time
- Half a day. This is so unfair when you live alone, as you desperately don't want to miss the call, but you do have to wash/shower if you called early and use the toilet etc through the day. You cannot relax!

Flexible approaches pay off

- First time I asked on the phone for a morning or late appointment, I was told that was impossible, I missed the call due to being in work, so I went in to XXXXXXX practice and explained and she made a note and the following day I got a phone call from DR after 5 which I was able to take
- The last time it happened the doctor I had previously seen told me to make another appointment for a few weeks later when I spoke to the receptionist she said I would have to ring at a later time as they couldn't access appointments that far ahead I rang a few times got no where but eventually a lovely lady who answered the call centre phone said she would email the doctor and get her to contact me the doctor phoned me later on in the day and she actually booked my appointment with her

Lost time

- 6 to 8 hours and the call failed due to the poor connection. I recall the phone number who contact me but they said they can't give me a consultation as my time allowed expired and I am unlucky because they had that issue...
- The phone call never happened on the date given. When i called, they said it had been mistakenly booked for the following week. This was for a mental health crisis, which is worrying.
- When you get a phone appointment you are not given a time and in the past having booked a phone appointment via the patient access app, which does give a time - they don't stick to it. If you phone you are told it is an all day or all afternoon appointment - which is ridiculous
- I had to look up the time on Patient Access online. They clearly have this information but refused to give me any sort of estimate, so I was waiting around wanting to go back to work. They could not even tell you if it would be a morning or afternoon call
- Given a time but a 3-hour window which meant I had to stop in during that time - house telephone only. Doctor was late by 37 minutes
- I don't bother as I work fulltime have my own apprs and cannot sit on a phone all day. One of my complaints ref the diabetic nurse appts how can they not give an average time slot for diabetic nurse calls which last about 5 mins!!!

Missed appointments due to calls failing

- The nurse rang prior to the earliest time, I was driving and therefore missed the call. Had they rung on time then I'd have been ready. This led to me having to then book another appointment!
- Phone calls for me is always afternoon but once I was expecting a phone call but none I call and been told I'm still getting one but 6pm came doctors closed no phone call appointment.
- 2 hours and I missed the call as I was at work, so I called the surgery back and was told that the doctor would try again. However, he didn't so I didn't get to talk to him at all.
- Next day but as I had no idea when I was to expect it. I missed them both due to being in meetings at work
- Always given a time but they either call before or after. I have to specify when to call because I work within education and do not have access to my phone.to
- There is no specific time given just am or pm, which is a nightmare if you are at work or in my daughter's case she was at college.
- They just told me that I would get a phone call back during the day at some point. I then had a call back within 6 hours.

For people who were given a time for a phone call we asked was it on time? (Fig. 9)

Over 9,200 people responded to this question, to report on if they received a time for a phone call appointment was it on time. 21.7% of people said it was on time with 12% saying no. 62% said it wasn't applicable to them. A follow-on question set as a free text field asked people to say how long was the wait if the call back was not on time.

A little over 1,000 people provided a free text response. This indicated only half of the phone appointments were on time. There was an extremely wide range of responses from a handful of 10 minutes, 15 minutes, 1- -15 minutes, 20 minutes, half an hour, up to an hour, an hour, over an hour, two or three hours, or several hours, half a day, all day, two days. The main takeaway is half of the appointments were not on time and had varying lengths of additional time to be completed.

If you were given a time for the phone appointment was the phone call on time?

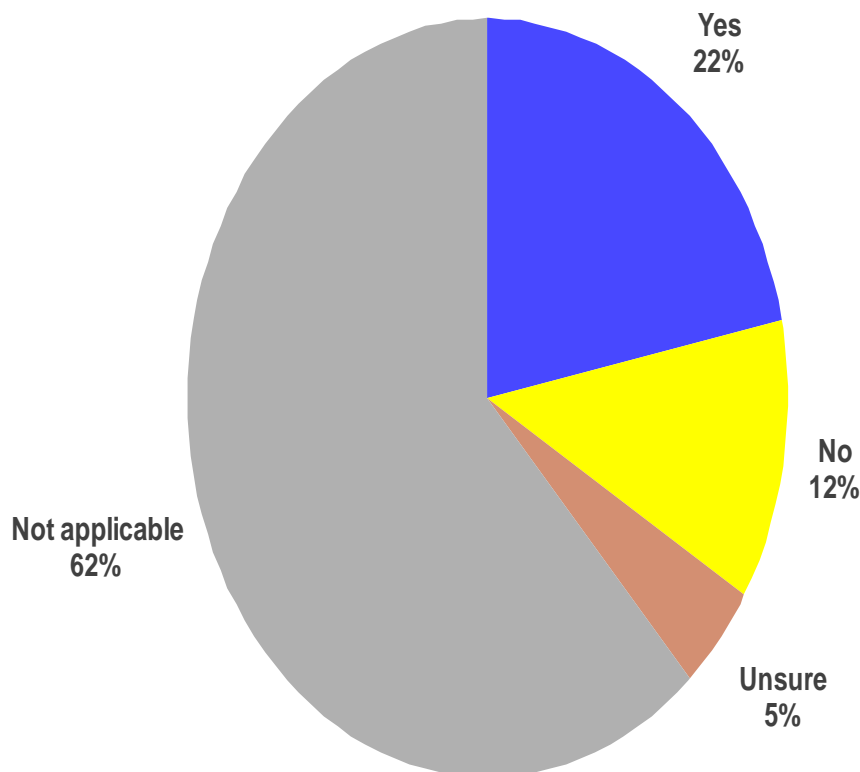


Fig. 9

People were asked if they were given a face to face appointment was it with a GP of their choice (Fig. 10)

Most people responded to this question. 13.7% said they had been given an appointment with a GP of their choice, whereas 46.4% said they had not. 36.44% said the question was not applicable.

If you were given a face-to-face appointment was it with a GP of your choice?

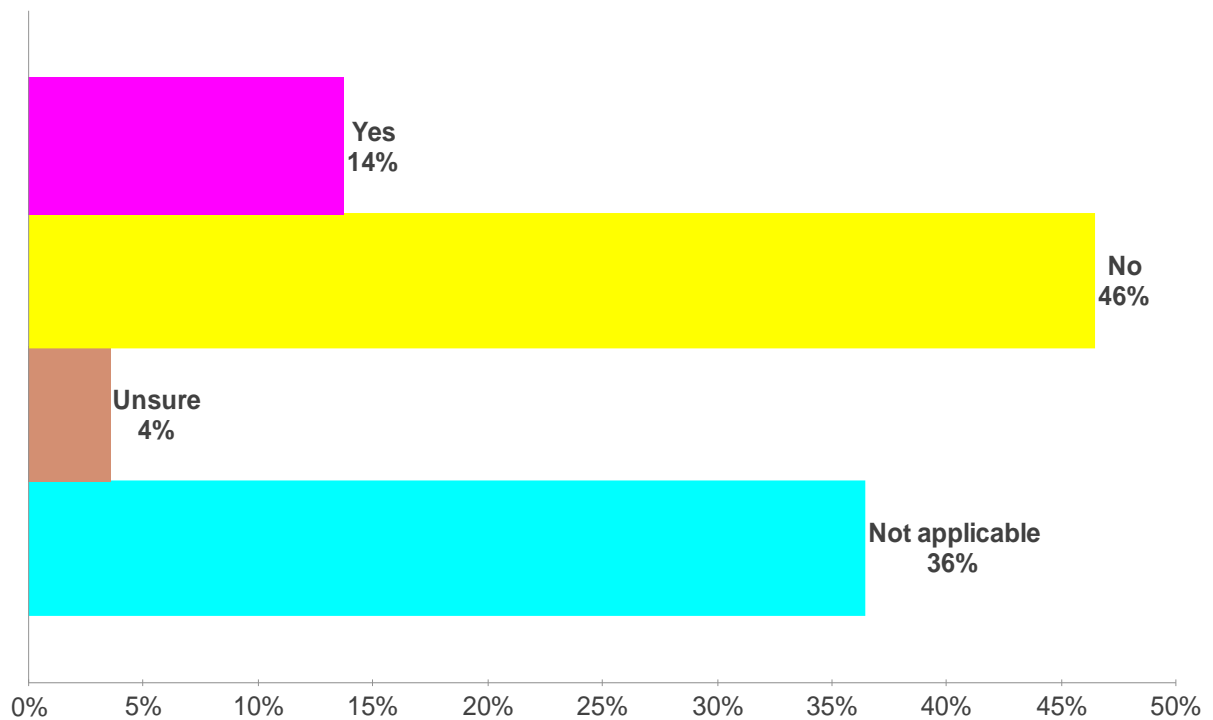


Fig. 10

We then asked those that were given a face-to-face appointment if was at their own GP Surgery or another practice (Fig. 11)

Most people responded to this question. 54% of people said yes their appointment was at their practice. 15.6% said their appointment was at another practice with 30% saying it wasn't applicable to them.

Was the face to face appointment at your GP Practice or another practice?

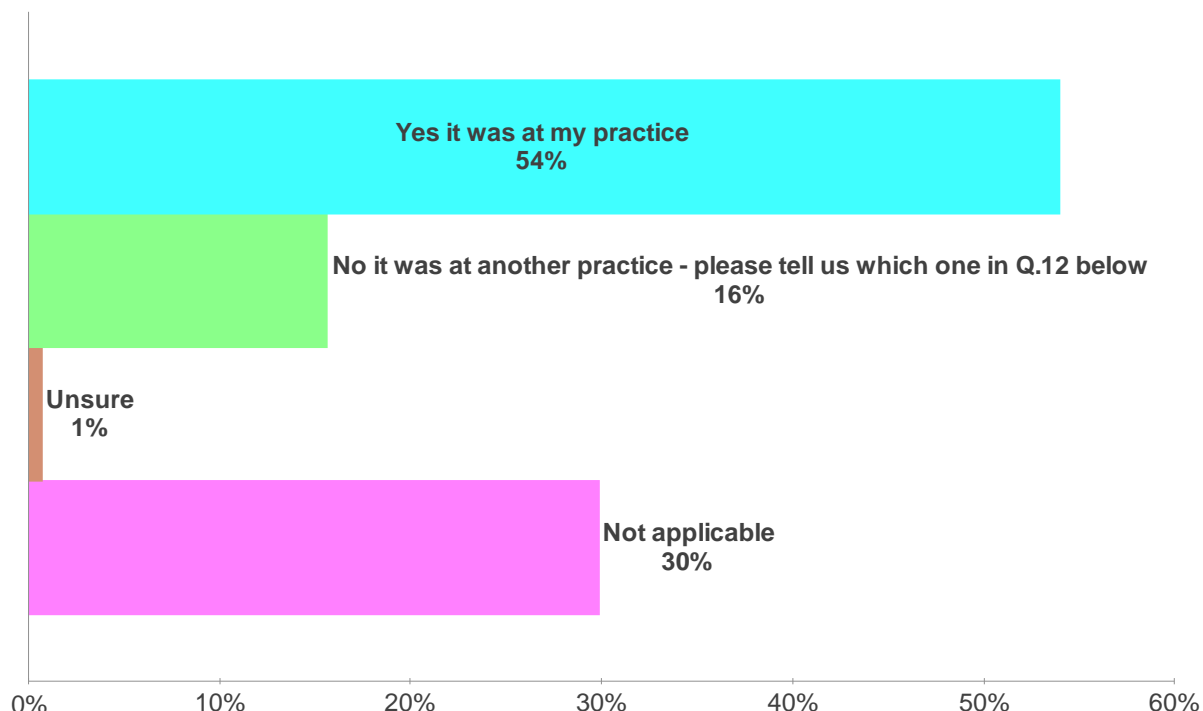


Fig. 11

We asked people to tell us at which practice they had their appointment if not at their own

2,882 people responded to this question. Just under 50% of the respondents indicated at which other practice they had their appointment. However, a little under 40% of the answers related back to people who had said they had had their appointment at their own practice.

We need to accept there has been some misunderstanding in relation to this question and therefore the assurance it brings is low so we have not included detailed results for it. One notable representation is that one Primary Care Network (PCN) stands out from these results as one for which people have said they attend appointment at practices other than their own.

People were then asked to tell us all types of appointments they have had since July 2021 (Table 9)

The majority of people replied to this question, with more people reporting they had had telephone appointments than face to face appointments. There are some surgeries that are reported as offering more face to face than telephone. We have provided an easy-to-use colour coding to highlight these differences. A key is provided below the table.

Counts Analysis % Base % Respondents	Total	Which types of appointments have you had since July 2021?...					
		I saw my GP face to face	I got a phone call	I had a video call	The GP emailed me	None of the above	Other - Please tell us below
Base	9201	6076 66.0%	6753 73.4%	110 1.2%	331 3.6%	743 8.1%	869 9.4%
Please tell us which G.P. Practice you are registered with.							
Charlton Medical Practice TF2 6AQ	940 10.2%	650 69.1% 7.1%	731 77.8% 7.9%	6 0.6% 0.1%	20 2.1% 0.2%	61 6.5% 0.7%	59 6.3% 0.6%
Court Street TF7 5EE	243 2.6%	214 88.1% 2.3%	184 75.7% 2.0%	1 0.4% 0.0%	10 4.1% 0.1%	8 3.3% 0.1%	11 4.5% 0.1%
Dawley Medical Practice TF4 2AA	594 6.5%	302 50.8% 3.3%	513 86.4% 5.6%	16 2.7% 0.2%	19 3.2% 0.2%	33 5.6% 0.4%	41 6.9% 0.4%
Donnington Medical Practice TF2 8EA	713 7.7%	444 62.3% 4.8%	496 69.6% 5.4%	11 1.5% 0.1%	11 1.5% 0.1%	85 11.9% 0.9%	58 8.1% 0.6%
Hollinswood Medical Centre TF3 2EW	15 0.2%	15 100.0% 0.2%	10 66.7% 0.1%	- - -	1 6.7% 0.0%	- - -	- - -
Hollinswood Medical Centre - Deercote site TF3 2BH	43 0.5%	39 90.7% 0.4%	21 48.8% 0.2%	- - -	2 4.7% 0.0%	3 7.0% 0.0%	1 2.3% 0.0%
Hollinswood Medical Centre - Priorslee Site TF2 9SW	80 0.9%	73 91.3% 0.8%	40 50.0% 0.4%	1 1.3% 0.0%	2 2.5% 0.0%	3 3.8% 0.0%	5 6.3% 0.1%
Ironbridge Surgery TF8 7DT	190 2.1%	167 87.9% 1.8%	111 58.4% 1.2%	7 3.7% 0.1%	15 7.9% 0.2%	10 5.3% 0.1%	12 6.3% 0.1%
Linden Hall TF10 7EN	314 3.4%	269 85.7% 2.9%	253 80.6% 2.7%	2 0.6% 0.0%	45 14.3% 0.5%	7 2.2% 0.1%	27 8.6% 0.3%
Shawbirch TF5 0LW	707 7.7%	641 90.7% 7.0%	555 78.5% 6.0%	9 1.3% 0.1%	34 4.8% 0.4%	11 1.6% 0.1%	32 4.5% 0.3%
Stirchley TF3 1FB	761 8.3%	467 61.4% 5.1%	655 86.1% 7.1%	7 0.9% 0.1%	38 5.0% 0.4%	40 5.3% 0.4%	53 7.0% 0.6%
Sutton Hill TF7 4DH	183 2.0%	121 66.1% 1.3%	157 85.8% 1.7%	2 1.1% 0.0%	6 3.3% 0.1%	7 3.8% 0.1%	12 6.6% 0.1%
Teldoc Hadley TF1 5NG	123 1.3%	81 65.9% 0.9%	92 74.8% 1.0%	1 0.8% 0.0%	1 0.8% 0.0%	14 11.4% 0.2%	14 11.4% 0.2%
Teldoc Lawley TF4 2LL	798 8.7%	459 57.5% 5.0%	592 74.2% 6.4%	7 0.9% 0.1%	22 2.8% 0.2%	90 11.3% 1.0%	81 10.2% 0.9%
Teldoc Leegomery TF1 6PP	165 1.8%	98 59.4% 1.1%	116 70.3% 1.3%	3 1.8% 0.0%	3 1.8% 0.0%	14 8.5% 0.2%	16 9.7% 0.2%

Counts Analysis % Base % Respondents	Total	Which types of appointments have you had since July 2021?...					
		I saw my GP face to face	I got a phone call	I had a video call	The GP emailed me	None of the above	Other - Please tell us below
Teldoc Madeley TF7 5BU	105 1.1%	54 51.4% 0.6%	76 72.4% 0.8%	3 2.9% 0.0%	2 1.9% 0.0%	9 8.6% 0.1%	9 8.6% 0.1%
Teldoc Malinslee TF3 2JZ	408 4.4%	233 57.1% 2.5%	291 71.3% 3.2%	4 1.0% 0.0%	9 2.2% 0.1%	41 10.0% 0.4%	50 12.3% 0.5%
Teldoc Oakengates TF2 6JJ	570 6.2%	311 54.6% 3.4%	377 66.1% 4.1%	2 0.4% 0.0%	9 1.6% 0.1%	68 11.9% 0.7%	83 14.6% 0.9%
Woodside TF7 5NR	287 3.1%	227 79.1% 2.5%	183 63.8% 2.0%	5 1.7% 0.1%	9 3.1% 0.1%	18 6.3% 0.2%	16 5.6% 0.2%
Wellington TF1 1PZ	769 8.4%	269 35.0% 2.9%	415 54.0% 4.5%	11 1.4% 0.1%	20 2.6% 0.2%	161 20.9% 1.7%	197 25.6% 2.1%
Wellington Road Surgery TF10 7HG	960 10.4%	775 80.7% 8.4%	701 73.0% 7.6%	8 0.8% 0.1%	47 4.9% 0.5%	48 5.0% 0.5%	83 8.6% 0.9%
I am not currently registered with a GP Surgery	10 0.1%	7 70.0% 0.1%	5 50.0% 0.1%	- - -	- - -	2 20.0% 0.0%	1 10.0% 0.0%
I am registered with a Shropshire GP - please tell us which below	223 2.4%	160 71.7% 1.7%	179 80.3% 1.9%	4 1.8% 0.0%	6 2.7% 0.1%	10 4.5% 0.1%	8 3.6% 0.1%

Table 9

Table 9 colour coding key	
Light blue	The results show there were more telephone than face to face appointments delivered.
Light orange	The results show there were more face to face than telephone appointments delivered.
Light grey	More than 5% of respondents of the number choosing this practice as their own indicate they have had a different type of appointment.

The percentage of overall responses in in **Dark Orange Text** in the line starting 'Base'. Each GP surgery has two response rates. **Blue Text** representing the percentage for the surgery responses and **Dark Orange Text** for the percentage of the overall responses of all surgeries.

Just over 1,500 people provided a narrative response in the free text field following the question to tell us what other type of appointment. There are a couple of hundred quite detailed responses that taper off for the next several hundred responses with descriptions of the type of appointment offered or received ending with two- or three- words responses. Here is a selection of the more detailed accounts that provide further insight into people’s experiences and as seen before frustrations with these experiences.

- Although usually patients are palmed off with "see the pharmacist, phone 111, go to the hospital A&E", or we are referred to an HCA which is simply not good enough because often at time they can't deal with the problem, write prescriptions, or help in any way shape or form, so you have wasted your own time and wasted their time too but the doctors off the hook full stop it is a disgrace it was exactly the same if no it was worse at XXXXXXX medical practice. A receptionist admitted that the doctors see 4 patients a day and make between 10 and 12 telephone calls and that is the end of their working day XXXXXX is a disgrace. I photographed a display on their huge notice board at XXXXXXXXXX branch. It listed what various members of staff do for example it listed what the nurse will do treatment wise, what the HCA will do what a pharmacist can do when you should go to hospital A&E and when you should phone 111. It did not list any duties for a doctor one wonders if they have any doctors at XXXXXXX.
- Paramedic/ registerer ???/had face to face / no Dr since COVID called 999 for husband as he needed ambulance as after two weeks trying to get him seen as required by 111 as there was no appointments at GP.. this shouldn't of happened ...
- Requires an appt for my and my new-born's 6 week check-up. I was told someone would get back to me with an appointment, I waited 2 days and heard nothing, I then rang back to see what was going on! I was told to just wait for someone to contact me. By the time they contacted me my daughter was 8 weeks and they have given me appt on 7th Nov 2023 which will mean she will be nearly 12 weeks old! And I haven't been seen by a doctor since having my emergency c-section in hospital
- My husband saw a "Clinician", he wasn't sure if it was a GP in August, they prescribed antibiotics for a possible pneumonia and told him if it had not resolved to contact them for a further course. When we did this, we were told they could not provide antibiotics without a visit but had no appointments so call 111 or go to the Urgent Treatment Unit at PRH.
- I cannot remember the last time I saw a GP - only healthcare assistants, even they defer to higher healthcare assistants if unsure, not GPs which is concerning. The only evidence that there real-life GPs at the practice is their names appear on review of test results accessed on Patient Access, although I guess they may not actually be at the Practice!
- Not seen a doctor (GP) for ages only a nurse practitioner or paramedic (based at surgery). Have never seen my named GP or the same doctor (when I have seen one). Two GPs were great and understood my conditions that were long term. There is a lack of continuity meaning I have received inadequate care in my opinion as they don't know my history.

- Managed to get a face-to-face appointment with a nurse practitioner who managed to get me seen by consultant at hospital for an ear infection that I had had continuously for 18 months, multiple phone consultations, multiple prescriptions for antibiotics / ear drops but no face to face appointment for a DR to actually see what was the problem.
- I received a phone call asking me to attend in response to requesting a prescription and was told I needed to see GP for my chronic back pain/ spasm I attended and was faced with student nurses. I was given prescription but no further advice. I then made contact with private health for treatment which was successful
- My son has had 2 asthma reviews. since July 2021. The first took over 2 years to get an appointment and he was out of Ventolin and could not get a repeat prescription. The second review Mum received a phone call from the nurse to book him in for the review so did not have to go through the reception for this.
- On one occasion I phoned for a GP appointment and when I attended the surgery, I only got an appointment with a nurse who wasn't qualified to deal with my medical problem and so it was a waste of time for myself and the nurse. Also being disabled, it made me angry struggling to attend a pointless appointment.
- I have never been able to see a doctor apart from one locum who had no idea of my recent medical history and told me normal no action but many blood tests were abnormal. They did nothing to address this, and I am still ill. Only able to see nurse or paramedic.
- I have a chronic condition & my health has been very bad this year. I have only managed to get 1 appointment with the Dr. Everything else is with a nurse who is lovely, but she has to consult the GP each time which wastes time. The service is disgusting
- Nearly all appointments are initially given by a "health professional". I have not had a regular GP for over 15-20 years and, when lucky enough to get to see a GP, it is invariably with a locum or temporary doctor.
- Couldn't get an appointment for an emergency infection in my leg so ended up going private. Other time I've been to doctor for high blood pressure I got told by a nurse to buy a machine and check myself at home.
- I only got a face-to-face appointment after several phone appointments, because I broke down crying. I told the doctor I was in so much pain life wasn't worth living. I was then given a face-to-face appointment
- Have not seen a GP since 2020, any face to face has been with a care assistant or wound nurse, who then after every question has to go out of the room and into a real Doctors room to ask the question

- Physio / prescriber appointments either by telephone or face to face. No GP appointments face to face are ever available as a routine so all routine issues end up using the urgent appointments.
- 3 A&E visits, once blue lighted to A&E and a hospital stay. GP was meant to get in contact with me regarding my hospital stay and medications but still awaiting this nearly a year on.
- I have not seen a GP at all since I joined the practice in 2021 - even though I have a long history including heart disease (CABG 1990) Also had hip replacement and other conditions.

We asked people how difficult it was to make follow up appointments (Fig. 12)

The majority of people replied to this question. 43% of people said it was very difficult to make a follow up appointment with a further 17% saying it was difficult. 13% of people said their experience of making a follow up appointment was okay with 8% saying it was easy. 15% said they didn't need a follow up appointment.

How difficult is it to make follow up appointments?

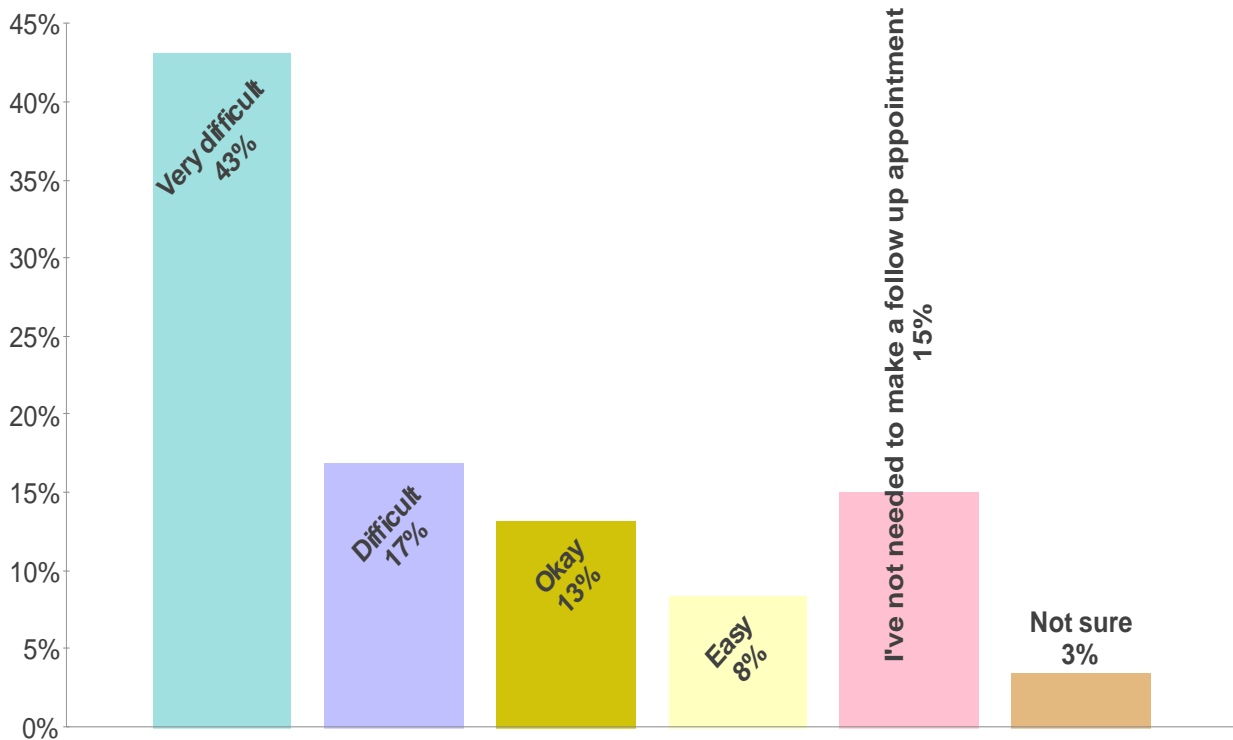


Fig. 12

We are able to see how this translates across the practices that people say they are registered at. For the majority of practices people report it is more difficult than okay or easy to make follow up appointments. However, there are three practices that buck this trend with more people saying its okay or easy than difficult.

If people were unable to get an appointment, we asked people what they did, giving them the option to select all that was relevant (Fig. 13).

Over 6,100 people responded. Notably, 35% said they called NHS 111. 12% of people used NHS 111 online. Another 30% said they decided to call their practice at another time, with a similar amount saying they spoke to a pharmacist. 19% of people said they used A&E instead. 25% of people said they did not see or speak to anyone. 4% of people said they did not see or speak to anyone.

If you did not manage to get an appointment, what did you do?

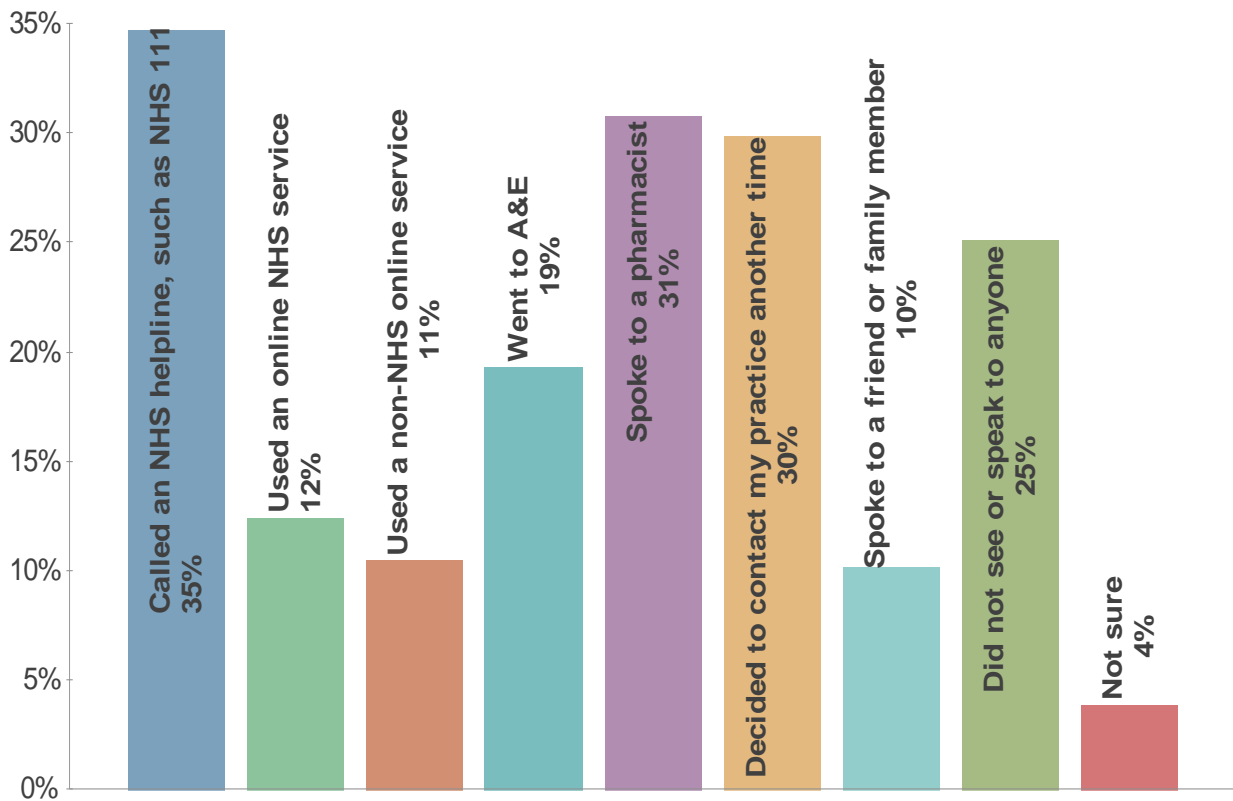


Fig. 13

Experiences of

The next series of questions asked people to rate their experience of various aspects of their appointments from the timing of it to if people felt listened to during their appointment. This was by a matrix grid with a separate response for each question to rate it from 'very good' to 'very poor'.

The 'timing of your appointment' (Fig. 14).

The majority of people responded to this. 32% of people said the timing of their appointment was good or very good and a further 30% that it was okay. Another 30% of people said it was poor or very poor. Almost a 3-way split.

Timing of your appointment

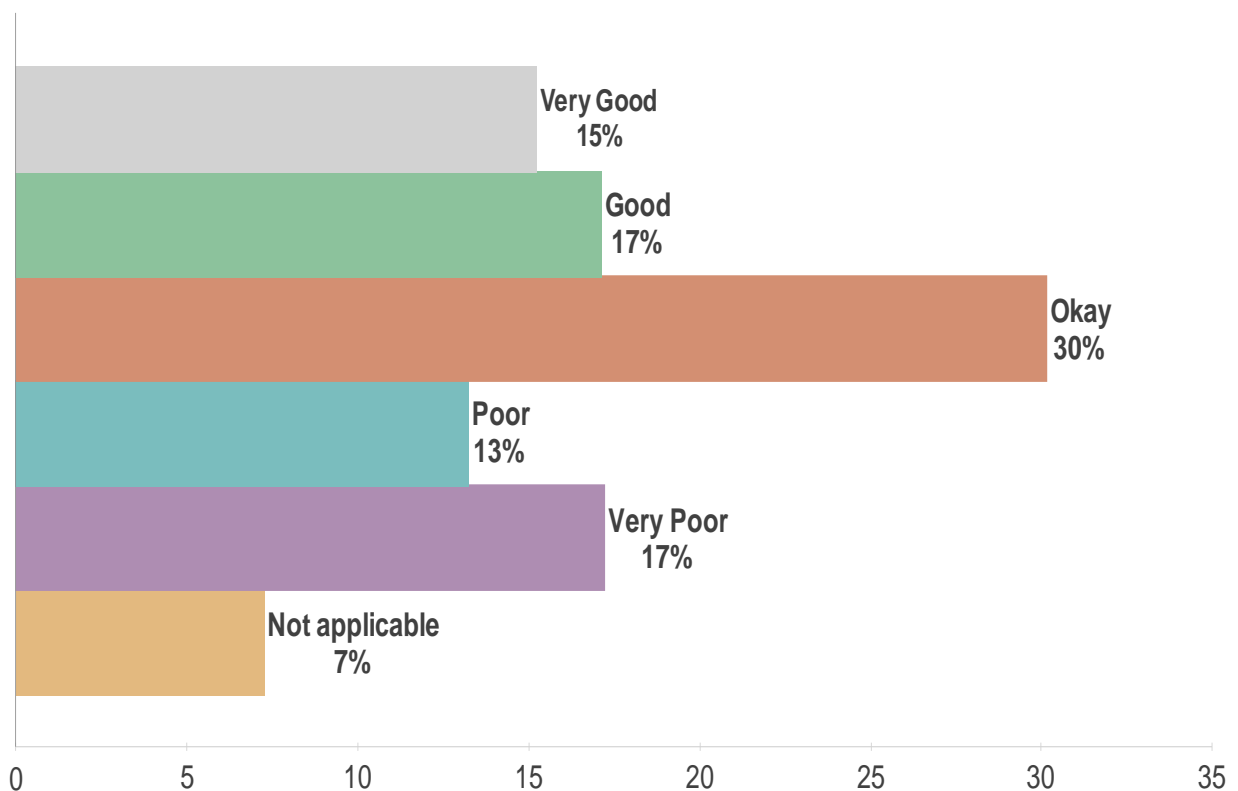


Fig. 14

The wait to be called back for a telephone appointment (Fig. 15).

The majority of people responded to this. 19% of people said the wait to be called back for their phone appointment was good or very good and 23% that it was okay. 34% of people said its poor or very poor. 24% said it was not applicable to them.

The wait to be called back for telephone appointment

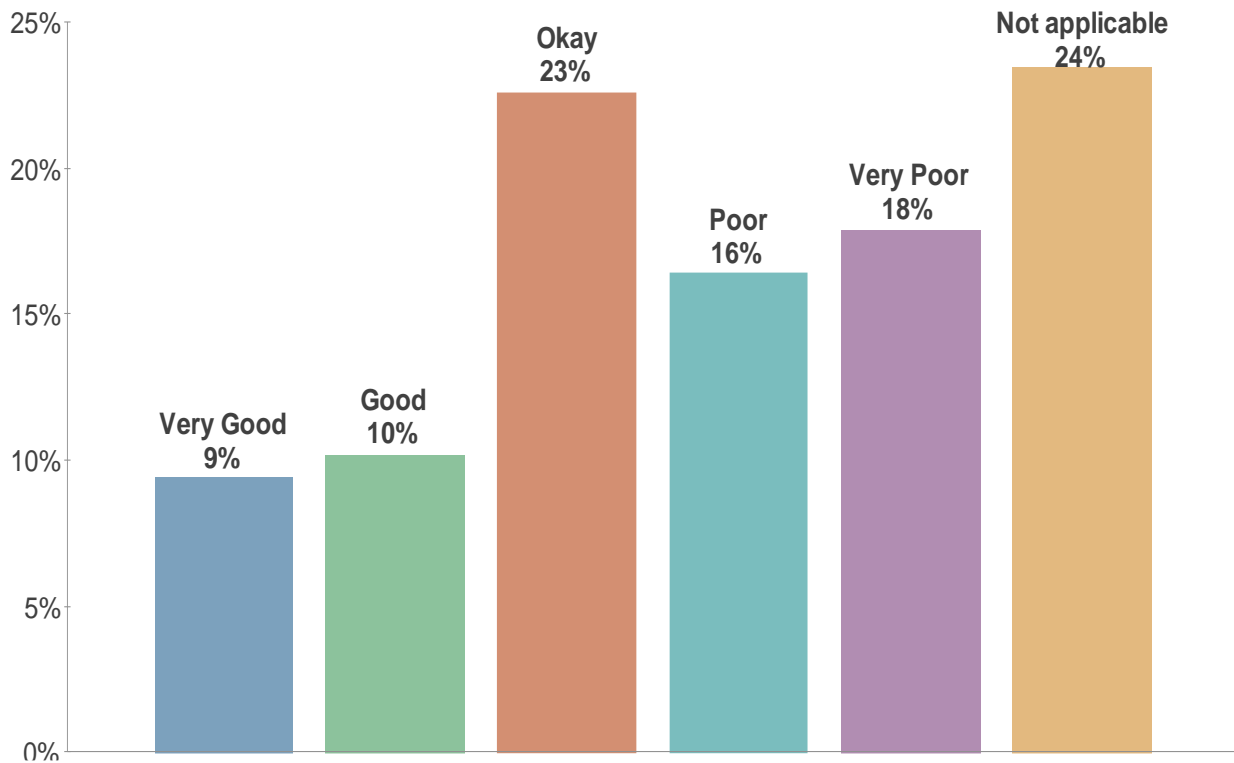


Fig. 15

The wait for a face-to-face appointment (Fig. 16)

The majority of people responded to this. 23% of people said the wait for a face-to-face appointment was good or very good and 16% that it was okay. However, 48% of people said its poor or very poor. 13% said it was not applicable to them.

The wait for face-to-face appointment

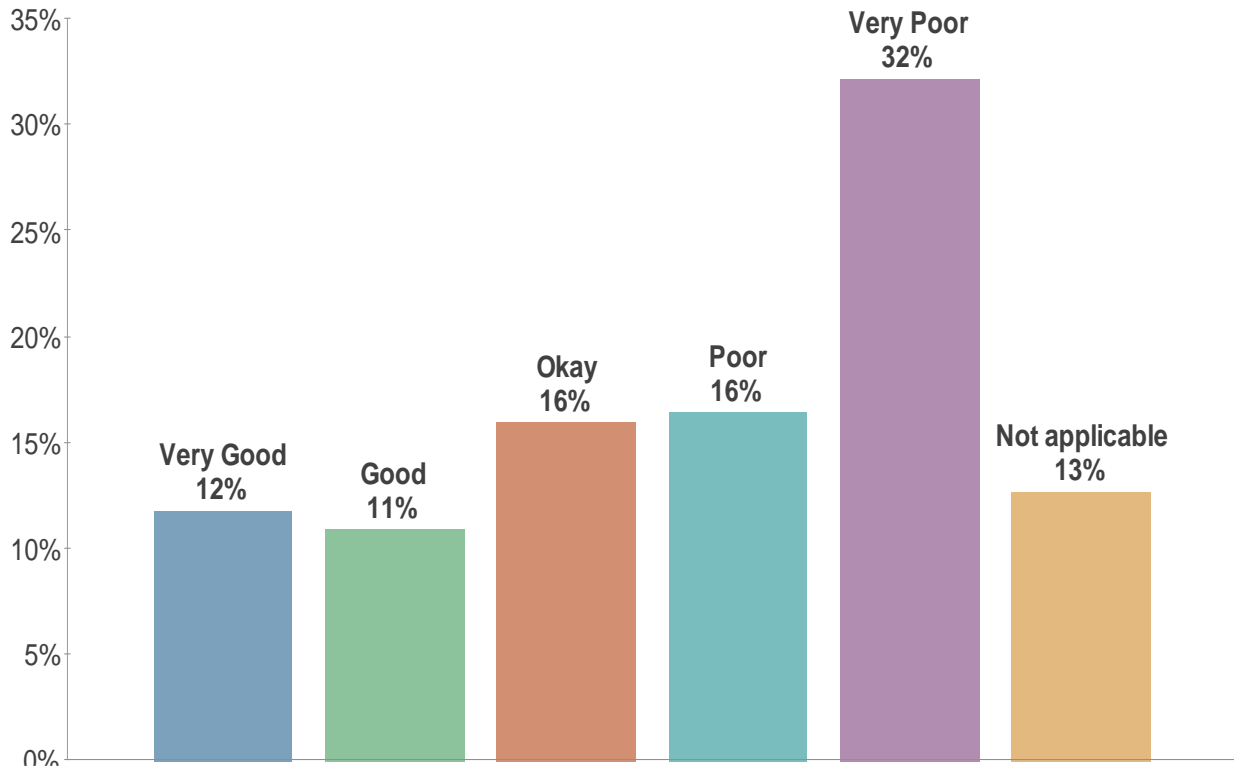


Fig. 16

The wait to be called for a video consultation (Fig. 17)

The majority of people responded to this. 3% of people said the wait for a video consultation was good or very good and 2% that it was okay. However, 5% of people said it was poor or very poor. 87% said it was not applicable to them.

The wait to be called for video consultation

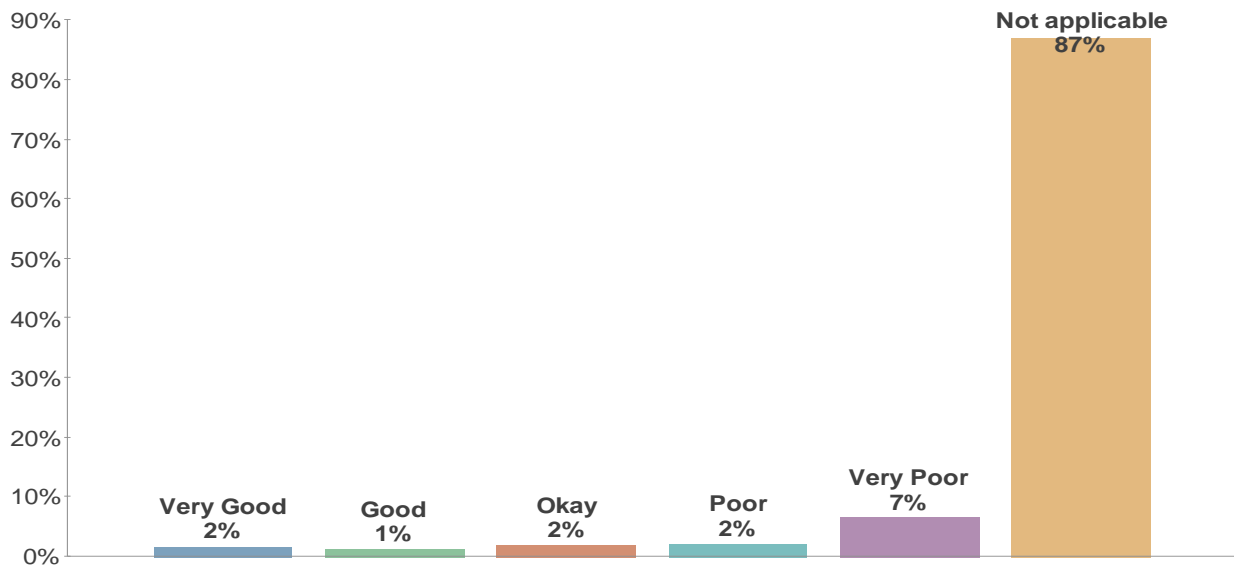


Fig. 17

The length of the appointment (Fig. 18).

The majority of people responded to this. 34% of people said the length of the appointment was good or very good and 33% that it was okay. However, 21% of people said it was poor or very poor. 11% said it was not applicable to them.

Length of appointment

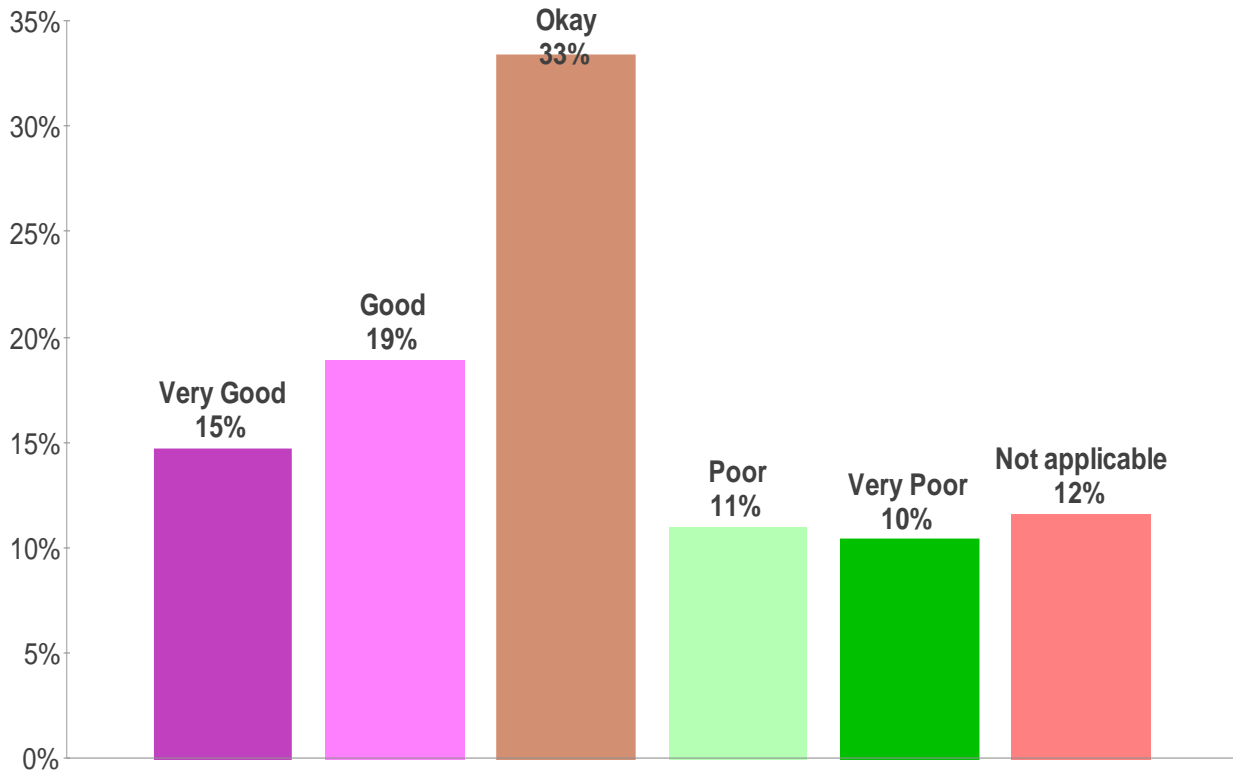


Fig. 18

Being listened to during your appointment (Fig. 19).

46% of people said in respect of being listened to during their appointment was good or very good and 25% that it was okay. However, 20.5% of people said its poor or very poor. 8% said it was not applicable to them.

Being listened to during your appointment

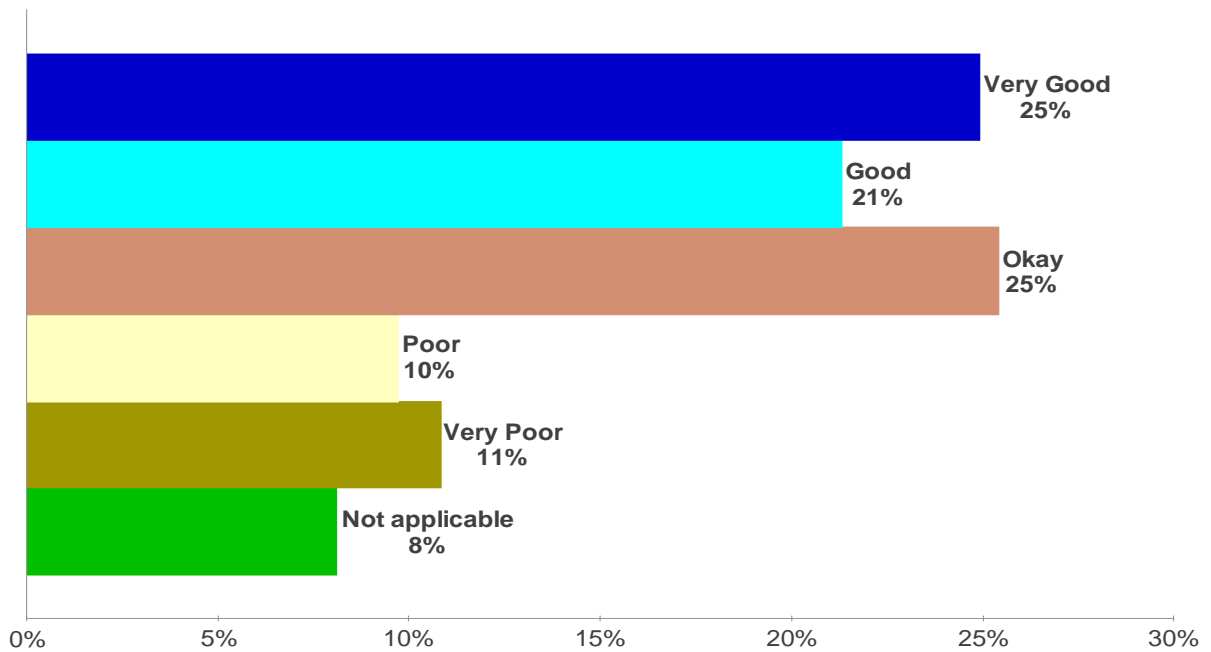


Fig. 19

The explanation of the persons care or treatment (Fig. 20).

The majority of people responded to this. 44% of people said the explanation regarding their care or treatment was good or very good and 27% that it was okay. However, 20% of people said its poor or very poor. 8% said it was not applicable to them.

Explaining your care or Treatment

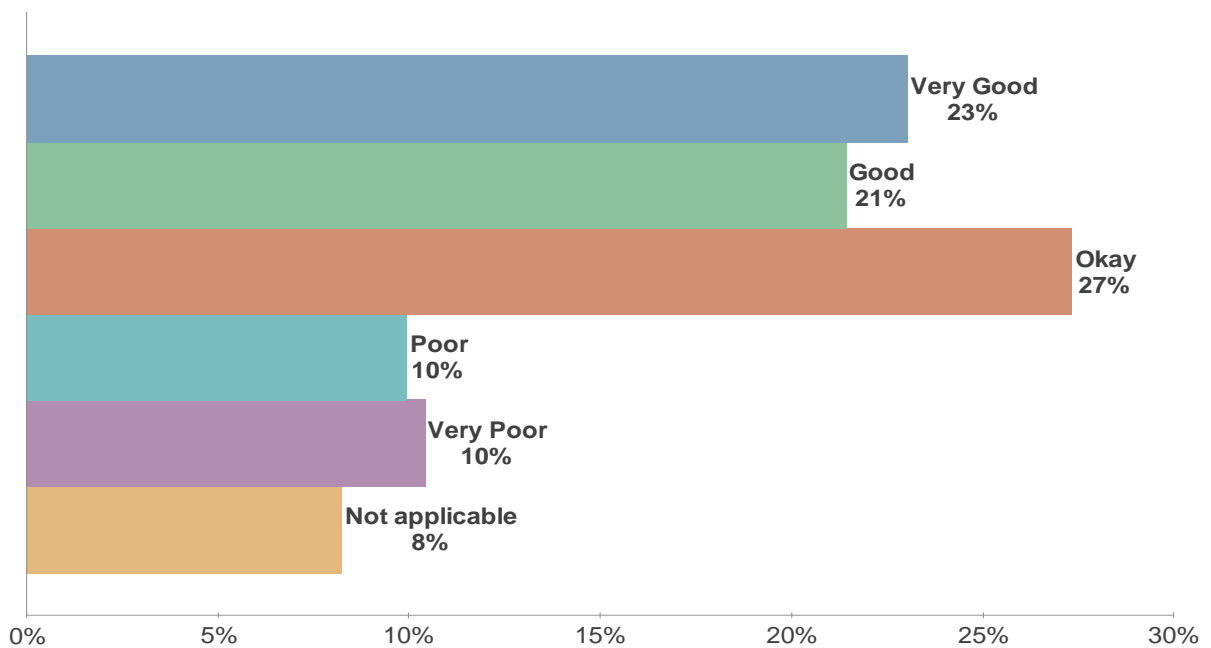


Fig. 20

If the appointment, care/treatment and explanation met their needs (Fig. 21)

The majority of people responded to this. 37% of people said in relation to if the appointment, care/treatment and explanation met their needs that it was good or very good and 24% that it was okay. However, 36% of people said it was poor or very poor. 4% said it was not applicable to them.

Meeting your needs

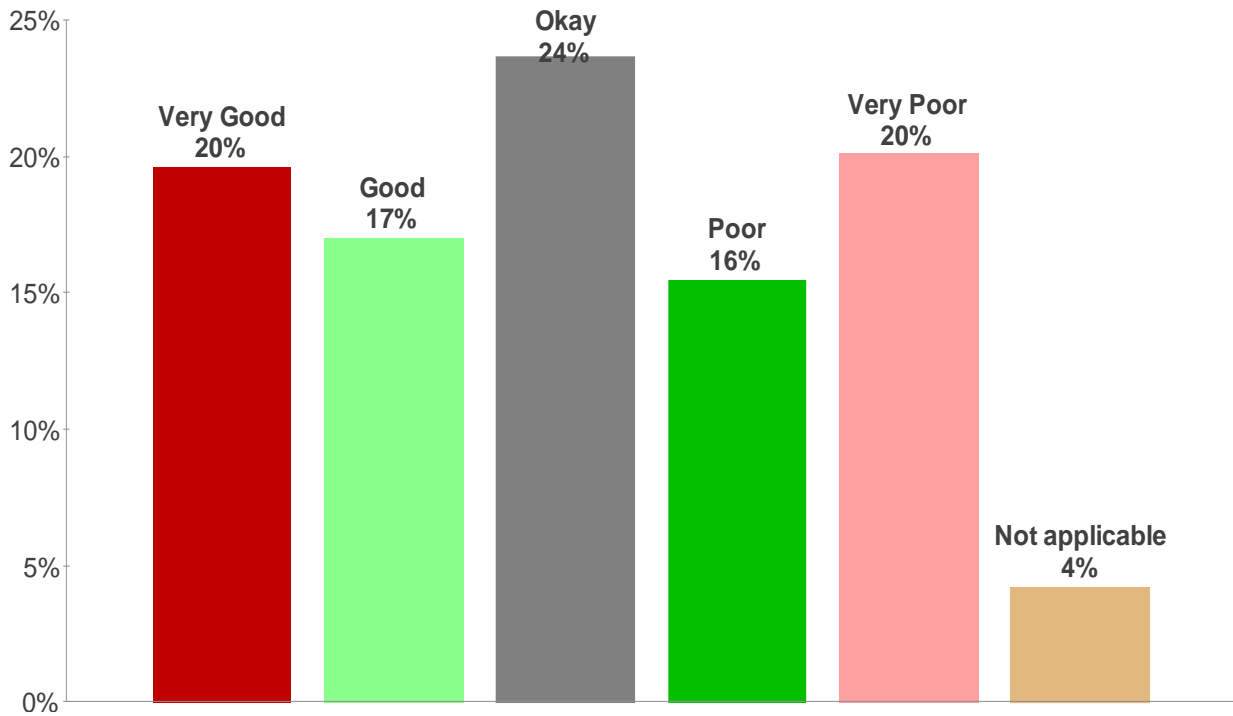


Fig. 21

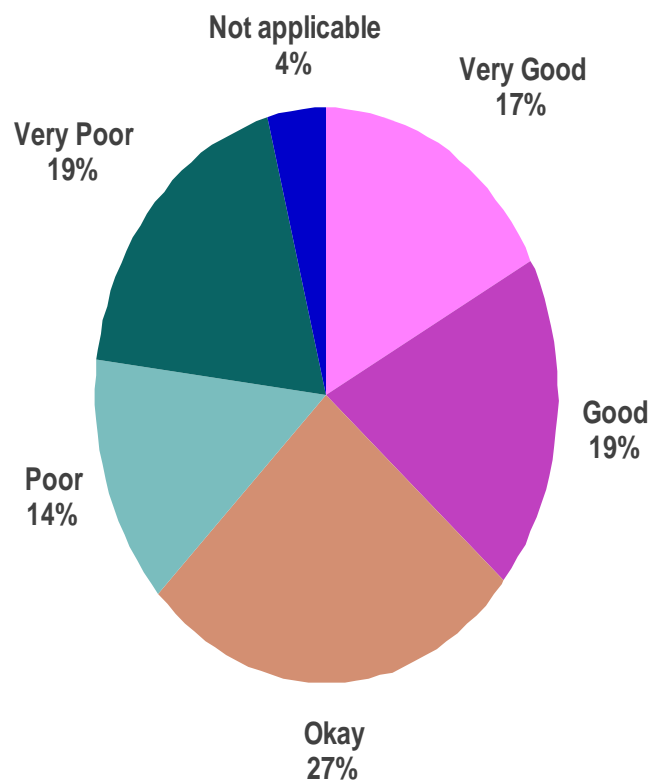
Confidence in

The next set of questions focus on people’s overall confidence in the health professional that they saw or spoke to regarding their appointment. This was by a matrix grid with a separate response for each question to rate it from ‘very good’ to ‘very poor’.

Please rate your overall confidence in the Receptionist / Care Navigator (Fig. 22)

The majority of people responded to this. 36% of people rated their confidence in the Receptionist / Care Navigator as good or very good and 27% that it was okay. However, 33% of people said it was poor or very poor. 4% said it was not applicable to them.

Confidence in the Receptionist / Care Navigator



Fig, 22

Please rate your overall confidence in the G.P. [Doctor] (Fig. 23)

The majority of people responded to this. 49% of people rated their confidence in the GP (Doctor) as good or very good and 21% that it was okay. 16% of people said its poor or very poor. 14% said it was not applicable to them.

Confidence in the G.P. (Doctor)

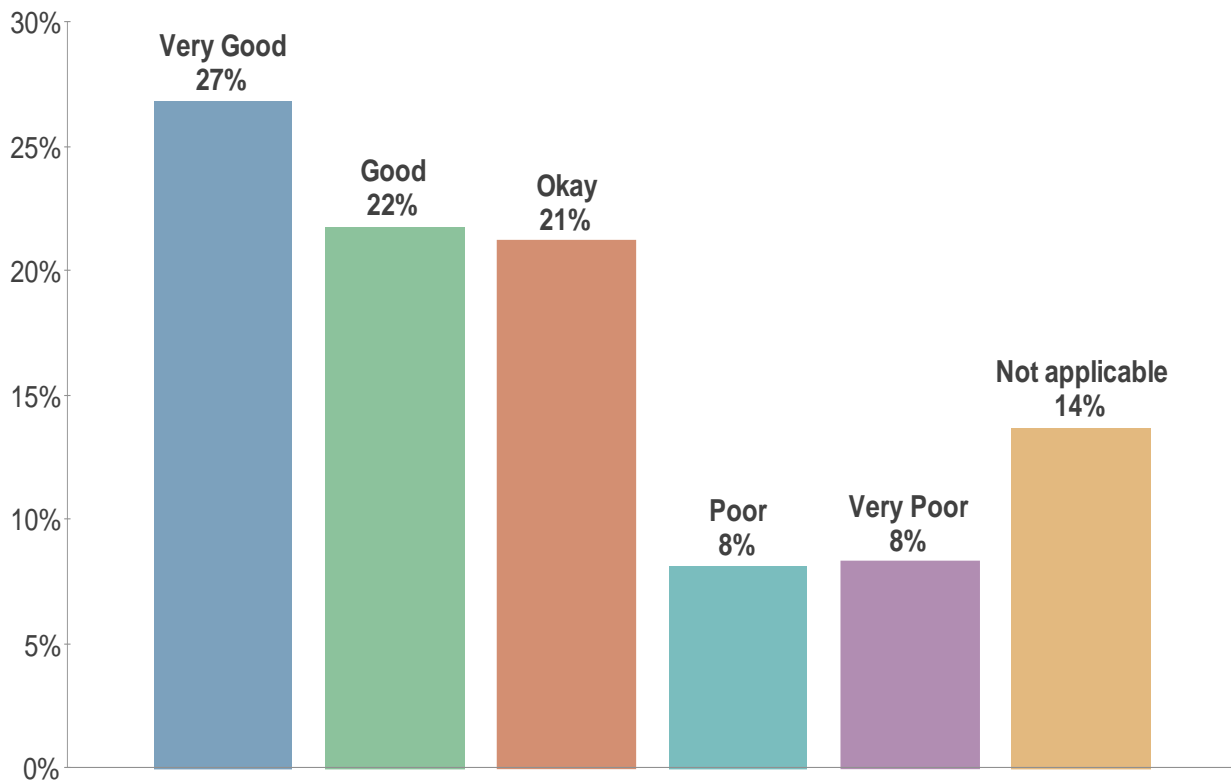


Fig. 23

Please rate your overall confidence in the Advanced Nurse Practitioner (Fig. 24)

The majority of people responded to this. 39% of people rated their confidence in the Advanced Nurse Practitioner as good or very good and 14% that it was okay. 7% of people said its poor or very poor. 40% said it was not applicable to them.

Confidence in the Advanced Nurse Practitioner

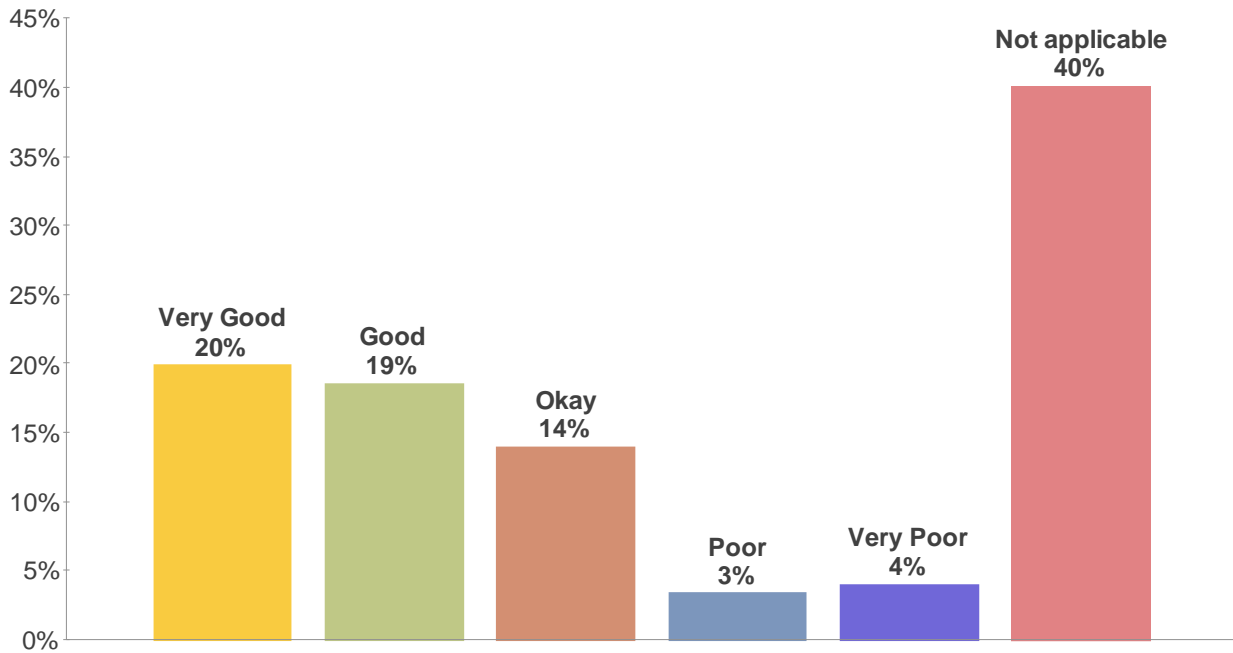


Fig. 24

Please rate your overall confidence in the Practice Pharmacist (Fig. 25)

The majority of people responded to this. 25% of people rated their confidence in the Practice Pharmacist as good or very good and 13% that it was okay. 3% of people said its poor or very poor. 56% said it was not applicable to them.

Confidence in the Practice Pharmacist

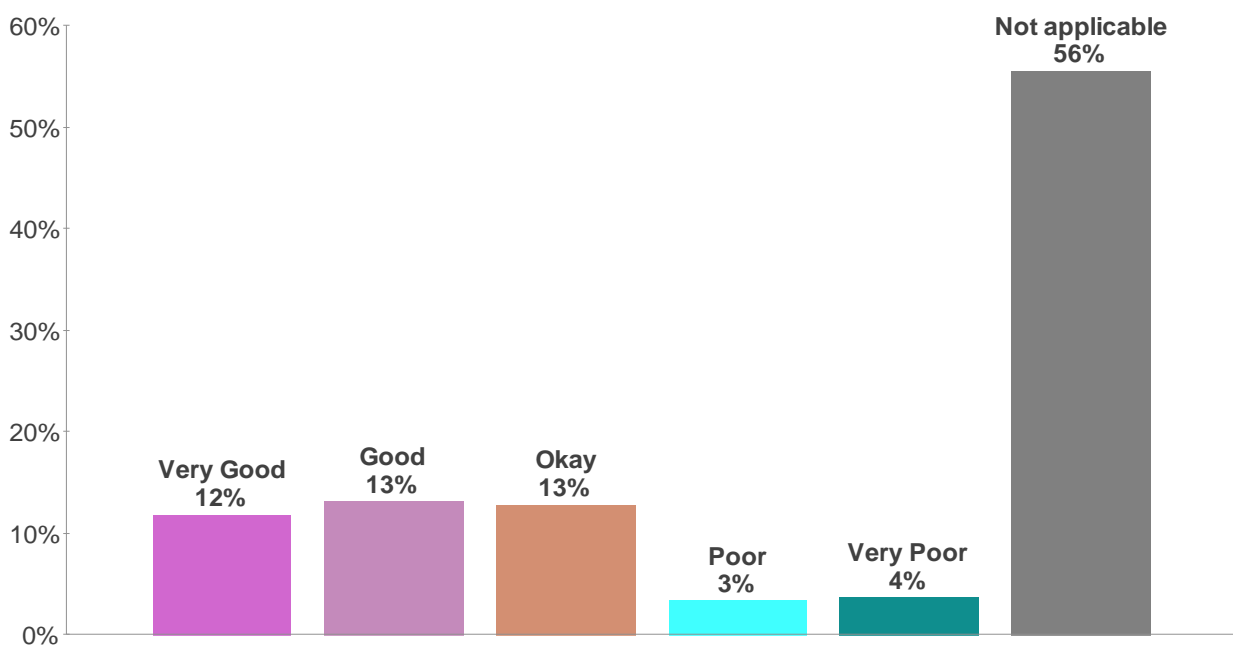


Fig. 25

Please rate your overall confidence in the Practice Nurse (Fig. 26)

The majority of people responded to this. 41% of people rated their confidence in the Practice Nurse as good or very good and 14% that it was okay. 5% of people said its poor or very poor. 40% said it was not applicable to them.

Confidence in the Practice Nurse

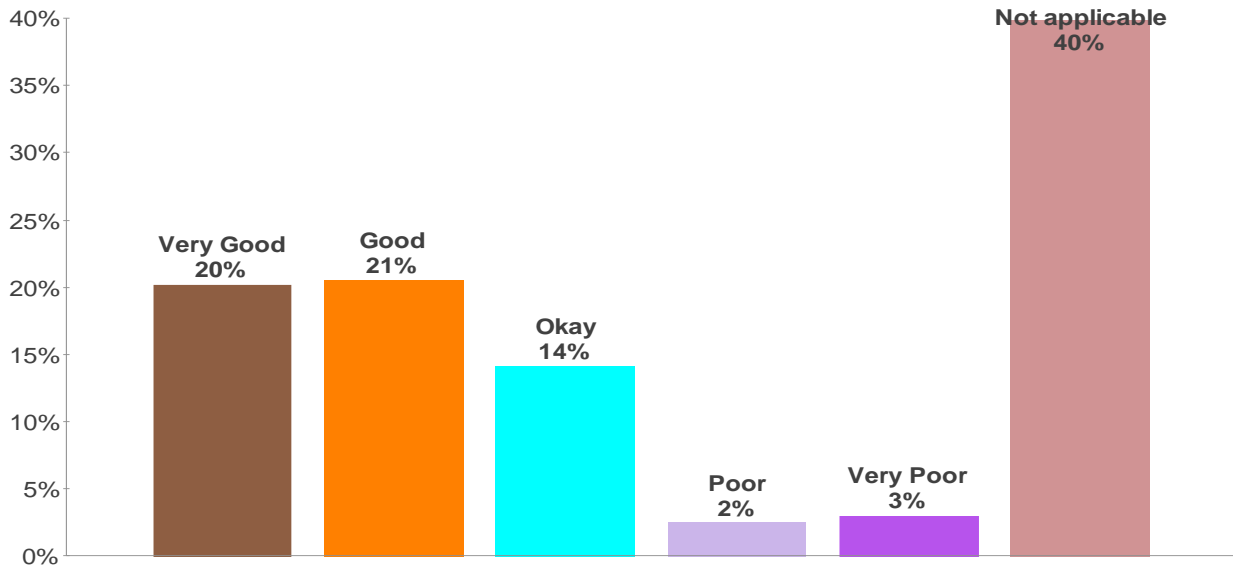


Fig. 26

Please rate your overall confidence in the Practice Social Prescriber (Fig. 27)

The majority of people responded to this. 7% of people rated their confidence in the Practice Social Prescriber as good or very good and 6% that it was okay. 4% of people said its poor or very poor. 83% said it was not applicable to them.

Confidence in the Practice Social Prescriber

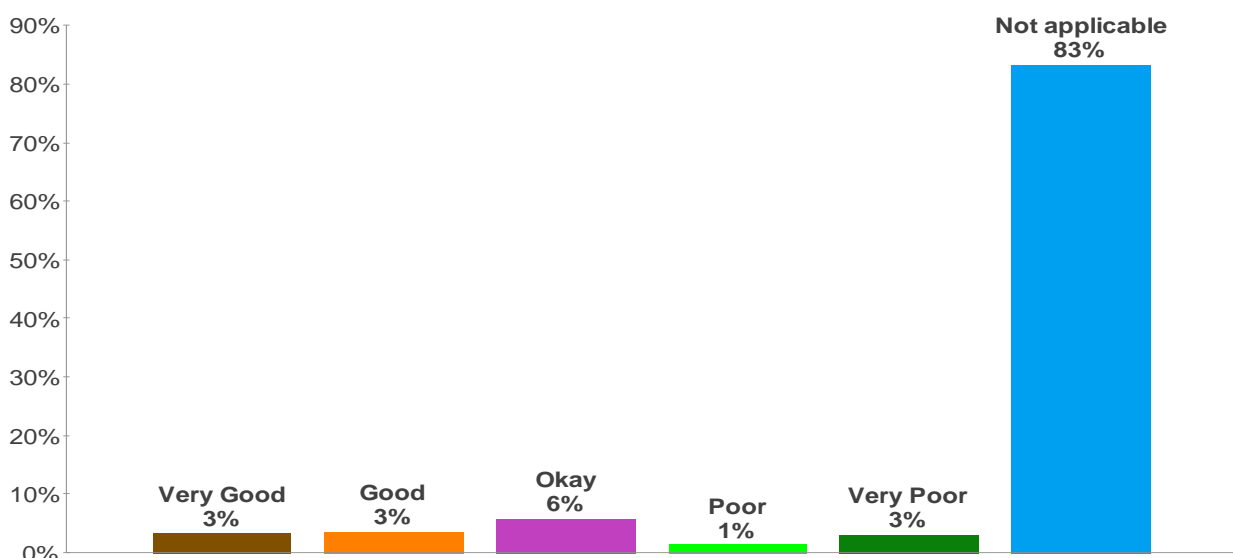


Fig. 27

The next question looked at communication preferences from the GP Surgery (Fig. 28)

The majority of people responded to this. The most preferred way of communication is by text (56%). Email came in as the second most preferred way of communication (31%). By letter was ranked next (8.5%) and by website (3%).

How would you prefer your GP surgery to communicate with you?

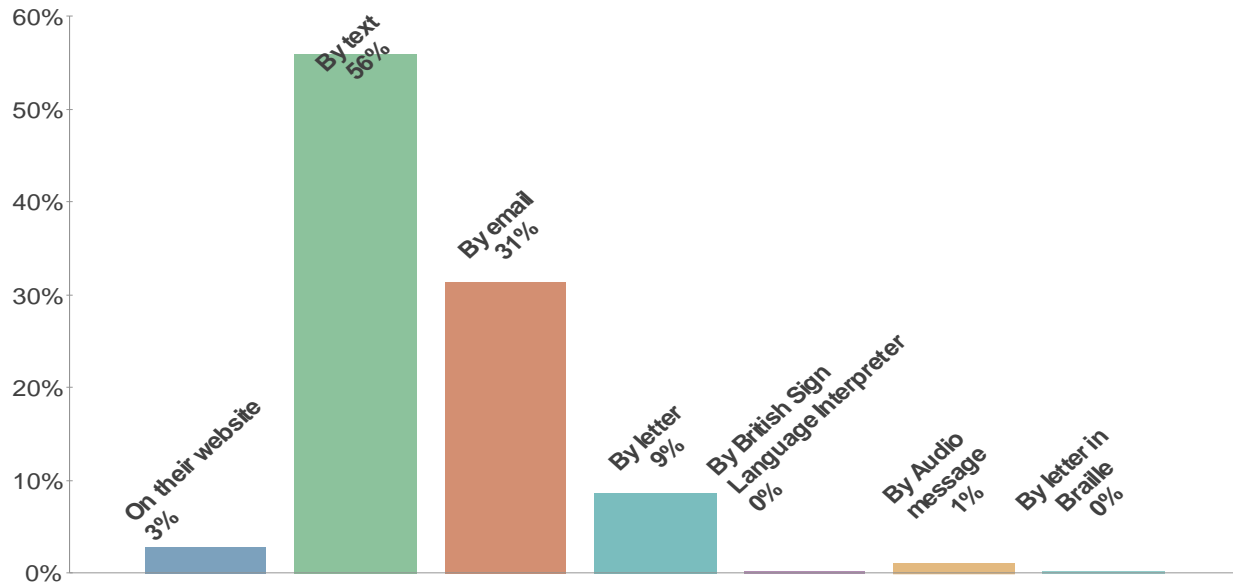


Fig. 28

We wanted to see what people knew about any changes to accessing their GP and if they had worked well.

This was an open question allowing people to provide us with their own words on their experiences.

The overriding majority of responses mentioned 'none' directly in single word answers 1,066 times or 1,671 when counted within longer responses detailing experiences of getting access and support. The word nothing similarly was used 224 times within answers and 40 times singularly. 'N/A' was used 118 times singularly. Tangible comments regarding changes saw 116 people say 'phone appointments' and 81 say 'online booking' plus 16 stating 'text messages'. There were multiple responses in single figures using statements such as 'NHS App', 'Not sure', 'No changes', 'What changes?', 'Face to Face', 'None yet' and so on.

There were 4,000 or so comments varying in length from 25 to 1,500 characters. We have included some to again highlight people's sentiment.

Unaware of any changes

- I'm not aware of changes. Since joining XXXXXXXX I've experienced the worst response and care I've ever had from a GP surgery. The call centre seems to be filled with handlers who, in the majority, couldn't care two hoots if you're satisfied with the service. Many times I've got nowhere and have been left feeling no one cares and 'where do I go from here?' Doctors who phone you don't know you and neither do you know them. You have to go through the whole story again from the beginning. If you refer to something on your records they say they haven't read them. Sometimes they don't phone at all on the day they should. Other times they only let the phone ring a few times and then end the call after you've nearly fallen down the stairs. I've ended up crying on two occasions with frustration. They don't always check whether you've got an allergy to a drug before prescribing and you have to tell them. I think the call handlers should have more access to information to enable them to signpost you to alternatives if XXXXXXXX cannot help you on the day. When I couldn't get an appointment, not even one within the next 3 weeks (which has happened a number of times) the handler said I could phone 111 but it had to be after 6pm because until then XXXXXXXX was responsible for providing access to a medical professional. I haven't got any ideas for changes because first I would like to know what is possible. So much has gone from GP services it's as if they detest their patients.

- Absolutely none. Absolutely not fit for purpose. When you try for months to get an appointment and still nothing. Receptionists don't care and cannot offer anything except call back another time. You cannot even queue as it states all lines full call back. I've had 2 blood clots in leg that I've dealt with myself and don't know if ok because cant get through. Had to go 30hrs in a&e with pneumonia because I have bronchiectasis but cant get to speak to dr when my lungs bleed. Receptionists if you get through say nothing they can do or offer. Was told to book in 4 years ago with menopause clinic at reception. Thy said full no waiting nothing they can do or offer or recommend. So gone through menopause with no help nf any kind. It is a disgrace. Was a 5 star surgery when Dr XXXX was in charge but as soon as XXXXXXXX took over its gone completely down the pan. No appointments no help no advice just nothing
- None - in a system which places you No 37 in a queue just one minute after the phone lines open and it takes 90 minutes to answer would suggest there is a problem. More frustrating is that when you get through you are told there are no appointments available. In my case I did not want an "on the day' appointment. I rang for a Physio follow-up appointment and was told her appointments were full for the following week and the appointment diary for the following week was not yet active. I did ask if I could book an appointment by walking in to the surgery rather than spend another 90 minutes waiting in a queue. I was told this was not possible so I rang the following week and waited 45 minutes in the queue. Luckily I got a cancellation for the following day.

Unable to book appointments

- I was unable to book an appointment at all so I paid £300 for a consultation with a private GP who wrote to my GP practice, I was then given an appointment with a paramedic, followed by a phone call from a nurse. I was sent for investigations, diagnosed and prescribed medication without ever seeing a doctor at my practice.
- You can't make an appointment! You ask for non-urgent for following week and they say nothing for 2 weeks. So, you try to make a 3rd week apt and they won't let you, you have to ring on the day. For people who work this is not possible to have time off at short notice. Home visits for elderly people who have no technology to take photos and send emails and cannot get to surgery
- None because sometimes you can't get through and when you work all day and the only time you can ring is on your lunch at 1pm and its closed for dinner it's very hard then when you do ring it takes a good hour of constantly ringing just to get in a queue which then takes another 40-50 minutes just to speak to a receptionist! There continues to be long waits to get through to the practice, with a "screening out rather than screening in" approach adopted. This makes

healthcare from XXXXXXXX a lottery. Seeing a GP is still a mystical and magical phenomenon that I have not mastered! There are no options for routine appointments unless you have a crystal ball or can wait 4-6 weeks. This means that people are forced to access urgent on the day appointment for routine issues. I go online to try to book however the only appointments that XXXXXXXX offer online are BP checks or a wealth of options for private healthcare! I have complained to XXXXXXXX regarding phone call appointments as I am a nurse within the NHS and run my own clinics however they continue to refuse to offer appointment times. In my opinion GP health care is now offered at the convenience of the practices not their patients. I also do not know who my GP is or if I have ever met them.

- I used to be able to call my local surgery or walk in and book an appointment for that surgery normally within a week for non-urgent appointments and the same day for a urgent appointment but all that changed when covid came and now it is near impossible to get any type of appointment be it phone call, video call or god forbid you insist on actually seeing a doctor in person.
- when my surgery eventually does have appointments available which currently there never are any to book, the ability to tick a face to face or telephone call would be helpful to have. A number of times I've had to put in the comments box 'telephone only call and not face to face'. Patient Access issues with ordering prescriptions you have for example 2 or 3 times per year, there is only the comments box to write in and sometimes the prescribing GP or practitioner/s doesn't read the comments box so it's missed. Overall I am happier with my GP practice from say 2 years ago, the pick up of calls is a lot quicker. Messaging service would be good on patient access to input blood pressure readings etc

Poor perceptions of triaging

- The GP surgery clearly doesn't care about their patients. I rarely use a GP as have good health. On the rare occasion I do need them I am stone walled by reception. The NHS needs stripping back and rebuilding as the whole service is very poor and there are some amazing health care professionals but there are also very poor ones too. And they spoil it for the ones that do care.
- My wife and I have had very bad experience of trying to access appointment for our children. We have had receptionists making medical/clinical decisions on whether our child was in clinical need to warrant appointment with GP. I do not think receptionists should be put in position to make such decisions - it is outside their expertise and competence and may lead to serious errors.
- I feel like I am being triaged by the GP on the phone before being given a face to face appointment. I don't mind this, but I don't like the way I have to sell my issue

to an unqualified receptionist, before I can be given the opportunity to get to the triage. However, if you have an issue and the receptionist doesn't deem it necessary for a same day appointment, then there is no point continuing the conversation. I must have 10+ niggly health issues / concerns which could be serious but not worthy of a same day appointment. But because I can't get an appointment for 3-4 weeks, I just tell them to forget it, I'll probably be dead by the time I get the appointment.

A tale of two experiences

- I don't use online booking, as I do not visit the GP often, I prefer that I have a face-to-face appointment. Phone appointments are OK, with XXXXXXX Practice. I cannot rate them highly enough for their care of my son when he was diagnosed with testicular cancer around 8 years ago. From visit to the GP to the operation only took around 2 weeks. They were excellent with their treatment and communication. However, I deal with medication/appointments/visits with XXXXXXX, on behalf of my mother-in-law, and this is a whole different ball game. I have waited on the phone for around 30 to 45 minutes just to get through to the receptionist. My mother-in-law is 99 next week and despite her age and general infirmity, she currently has a chest infection, the GP couldn't go out to visit her yesterday as the call quota was full. Yes we had a visit from the practice paramedic today, and he was kind, helpful and very good, but it is not good enough. We were advised that we should call 111. It is frustrating. I thank God that I am not registered with XXXXXXX.

Technology, technology, technology

- If the GP is going to use the text system to send out a link to book appointments, they need to ensure that this system works. I have had issues twice with being told I was going to be sent a text and it didn't work. The first time, I didn't get a text so had to ring the practice again, they then offered me an appointment for the next day. The second time, I communicated that booking an appointment in the next few days was quite important as I was going on holiday. When I received a text with the link to appointments, the only appointments available were after I left for holiday. I clearly communicated this. I had to ring back and I was offered an appointment that day.
- On line booking has gone at my practice. I used to use this service and liked it. Phone appointments are ok but you get an appointment for any time in the am or pm. I felt I couldn't do anything during the waiting time. It would be a nightmare if I still worked as I was a nurse and would have to have made sure I wasn't working at the time of the appointment. I don't think I remembered as

much after the phone consultation as I would have after a face-to-face appointment.

Positive change

- Phone appointments & patient access for ordering medications. The introduction of pharmacists within my practice has also been incredibly useful & has cut the time between consultants suggesting a medication & it being prescribed & issued by the practice. Saturday & late evening phone appointments have also been very helpful
- The fact that you know where you are in the queue and can decide whether to hang on or try again later or more likely another day. I would like to be able to do online booking but I don't think that is happening at our surgery. This could take the pressure off the phone system and may be useful for more "routine" appointments such as smear tests etc.
- Since I have been able to use the online booking system I have seen a GP on the same day. This is excellent. Before that using the phone I had an awful experience. I used the pharmacy service first. After 3 days my situation had not improved. The pharmacy advised that I needed a GP appointment. I went next door to the practice and was told that I needed to call 111. I did and was told to go to A+E within the hour. On arrival I was triaged within 20 minutes- really good. I then had to wait 7 hours to see the GP! Other patients who arrived after me were seen before me. I can accept some medical priority but they were all walking and not struggling for breath. There was only 1 GP on duty. She deserved a medal.
- It is a very slight improvement that the phone is answered now by a message instead of just engaged, but the result is the same, you just have to keep phoning back over and over, if you are lucky enough to get through in the morning reception tell you all appointments are booked and try again after 2pm and then you are back to square one again with continually phoning over and over all lines are busy, just give up and try again next day with the same hopeless result - A & E is the only alternative, last time we did that waited from 3pm in the afternoon until 5.30am next morning to see a doctor! Both age 80 and both disabled! and I'm an RAF veteran too! why are we in this state!

People were asked to suggest improvements for access at their practice (Fig. 29).

A little over 7,000 people took part in this response. *Over 2,500 people provided responses of over 100 characters with their views and suggestions for improvements.*

The single largest suggestion for improvement was to have a better telephone system. This was followed with people wanting to be able to book advance appointments especially when the doctor they have seen has said they wanted to see the person again but the person isn't given an appointment and has to spend many hours trying to get an appointment by phoning on the day.

People then referred to being able to 'drop in' which covered some people looking back to when they could attend surgery and wait on particular mornings to be seen by sitting in the surgery reception and simply waiting their turn. For others this was to be able to drop into a surgery reception and speak face to face to the reception team with queries and to book appointments as two examples. People on the whole were very concerned that this was now seen to be only by an intercom connected to a front door that was locked and the typical message was we don't see people face to face you have to phone or do the task online.

There were a lot of comments and accounts that mentioned staff who were deemed to be rude, showing a lack of empathy, belittling and unhelpful. We have classed this as 'rude staff'. Many people were suggesting improvements in online services like booking appointments – with appointments being available or better uses of text messaging as two examples.

Many people felt there should be more staff, not GPs, to help support people accessing primary care and as many said, to support the very GPs they strive to see. Unsurprisingly people then suggested simply more appointments for people. The final notable suggestion was for more GPs.

Another theme that was picked up through various responses was a lack of confidentiality at the reception in surgeries, especially with people feeling uncomfortable with having to share personal and intimate details of their issues in front of other people within earshot, making some people reluctant to fully describe their issues.

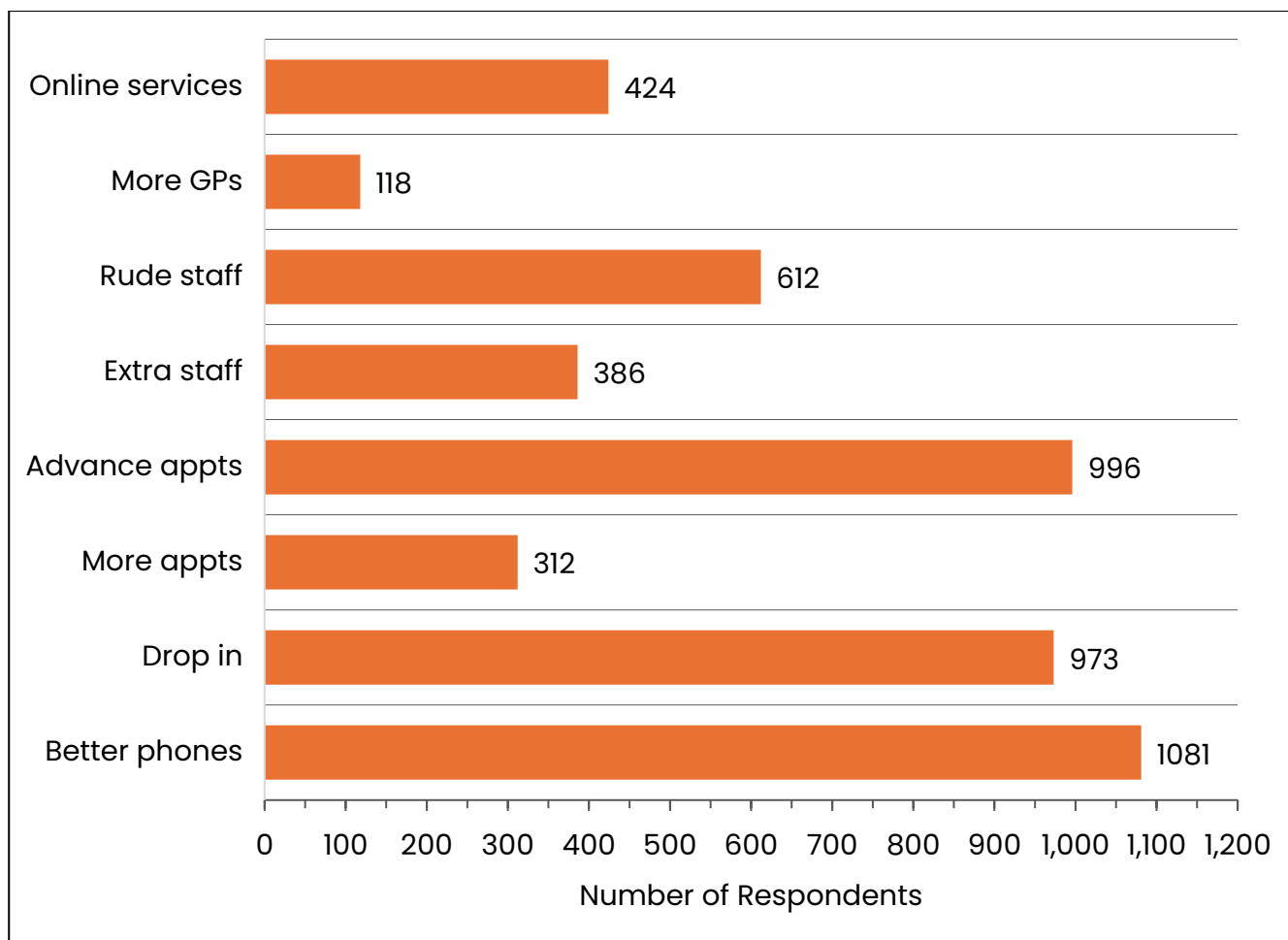


Fig. 29

The following is a selection of responses which people provided to this question from the more succinct to the detailed and in-depth contributions to improving access:

More appointments

- More available appointments
- Available appointments. How can they all be full at 8.30am when lines open. You should not have to wait 3-6 days to see a GP or AHP. ED is full of GP appropriate patients
- The waiting times for appointments are really way too long to wait. I have had to wait either two weeks or three weeks for an appointment. I really suffer hugely with mental health and this wait for appointments are really disgusting. Something really needs to be done about this and I can see it getting worse once all the new builds are full.
- More out of hours/weekends/evenings. The Out of hours service is really appalling. Being able to book more appointments in advance (particularly follow

up appointments). Having to phone in excess of 30 times at 8am in the morning is disheartening.

- Stop assuming that everyone is able to get to appointments 9-5 on a week day, stop assuming that everyone is able to sit on the phone for an hour at 8am to get an appointment, understand that shift workers, night staff, parents and disabled people have different access needs, flexibility is needed to ensure fair access

More face-to-face appointments

- More face-to-face appointments
- Back to face to face appointments with a GP at a surgery of choice where patients are registered so know where they are going and it's local to their home address!
- They should see patients face to face. Telling someone of 'nearly 80' with a complex history that they "don't sound like they have a chest infection" is ignorant and negligent
- Would like to be able to go to surgery near to where I live.

Able to book appointments in advance

- Being able to book appts in advance
- Be able to book routine appointments in advance
- I understand ringing on the day for unplanned GP appointment, but it would be helpful if appointments for regular review could be pre planned and booked online
- Let people book appointments for the future. My son has just tried to book an appointment as he has a problem with his ear, he was told to ring back the next day at 8.30. He works so this is almost impossible unless he can call during his break. He has now booked somewhere privately so he can book the time off work with his employer. This really is not fair as it's very unusual for any of my family members to go to the doctors & won't go unless it's absolutely necessary.
- When you ring the surgery, the telephonist takes your query to the triage team who decide what sort of appt you need i.e telephone or face to face and what type of practitioner you need to see. However if you see or speak to a practitioner and they want to see you again they are unable to make the follow up appt there and then unless it is only a few days ahead as the appts on the system are not opened up more than a week ahead. If the practitioner was able to open the system to make a further appt it would cut down on the number of calls. Also at this point the practitioner puts a note on the system to say you will be ringing for a follow up appt but when you ring the telephonist they take it back to the triage team. Is this not a waste of time, in these circumstances having read the note on

the system surely the telephonist should be able to go ahead and book an appt for you as you have already gone through the triage system when you rang the first time and an appt has already been requested by a health care professional. This would cut down on telephone wait times. The system is very black and white with no common sense used. It angers myself and many other patients which i have witnessed that when you are experiencing problems with phones etc the receptionist has been told that enquiries cannot be dealt with at the front desk. I have been told that they are not allowed to take your enquiry to the healthcare team and you just have to keep trying the phone lines. I have even asked to see the manager as I wished to make a complaint and was told by the receptionist that he had told them that he refused to come out to address complaints. If you do manage to get through you are lucky if there are any appts left and you are then directed to NHS 111. However in my case it was this service who had contacted my GP telling them i needed an appt with them. You just turn in circles.

More staff

- More people to answer phones
- Get more people answering phones
- Train and employ more staff of all grades, including GPs. Pay staff a fair wage and treat them well so that they can do their job properly. Revert to previous practice of allowing patients to call and make an appointment at any time 9-5. Have more available appointments so that this will work.

Improve peoples reception/triage experience

- Long phone waits, rude staff
- STOP Call takers from acting like doctors
- Receptionist less aggressive and more helpful
- Receptionists at the booking in desk need to be more understanding and not just brush people off by saying you need to ring, when they know full well the amount of time it takes to get through, when I'm sure they could answer your question or query, I have found them quite rude and abrupt at times, considering the waiting rooms are now very empty with very few patients I'm sure they can provide the patients the time and courtesy most deserve.
- They need to assess the seriousness of the request. One time I was struggling with my Asthma and the receptionist refused to even consider letting me see a doctor or anyone just to listen to my chest she just told me to go to A&E. I managed to get an appointment the next day.
- Establish a more transparent and efficient system for triaging patient needs, ensuring those with urgent concerns receive prompt attention.

- When you need a home visit for a unwell housebound elderly person who is end of life it should be priority not to be told that there isn't the resources

Be able to use online systems

- Online appointment booking services
- I would like to see the online booking system reintroduced and appointments booked at the surgery. If this is not possible the phone appointment booking system needs to be vastly improved to be fit for purpose.
- Consider integrating a secure messaging platform for non-urgent communications, reducing the need for phone contact.
- Upgrade and streamline the online booking system to ensure reliability and user-friendliness

In person access to GP surgeries

- To open up access again instead of having to ring the buzzer to gain entry having to speak in front of other patients compromising confidentiality. Very often a queue to 'buzz in' forms outside in inclement weather
- Should be possible booking appointment at desk
- Being able to speak face to face with a staff member is essential. The poor availability off bookable appts causes delays and frustration. Only being able to book 2 weeks in advance is not sustainable. The Practice I worked in; the appointment system was set up to operate over a period of 12 weeks. The appointments were divided into, 'book on the day', emergency appointments and, pre-bookable up to 12 weeks in advance. This system allowed for greater choice for patients, and less stress for Practice staff. Most patients could be seen by a GP or Practice Nurse within 48hrs. ALL children would be seen on the day
- Able to make appointments at surgery

Better phone systems to enable easier access to appointments

- It's incredibly difficult to get through. Most of the time you reach the message that the call queue is at capacity. However they are excellent once you are able to get through. The attempts to get through and the call wait times are my only criticism.
- Access to getting through on the phone when booking appointments on the day when needed at a time that suits people that are working class. Also convenient times for appointments around the work schedule. GP's should be available on the weekend for working class people.
- The message relays that people should phone after 11am for a sick note. Then when you get through, which may have taken hours you are told to call the next day, as sick notes are to be completed face to face with a doctor. This puts

people's jobs at risk. Because they may have to wait several days, just to see a doctor to get a sick note. Phone lines are very busy, so the stress of trying to get through on the phone everyday is enormous. Why you can not book appointments for the next day or even a week later is incredible. I have found the whole process exhausting and beyond stressful

- Answer the phone, give appointments
- Stop making everyone ring at 8.00am for appointment, leave us hanging on for half hour then all appointments gone, then tell them to ring 8.00am next day!
- When I phone at 8.00 a.m all appointments are already taken. How can this happen when phone line opens at 8.00?
- Increase phone line capacity or implement a callback system to avoid prolonged wait times

Able to see same GP

- When you have complex medical needs it's hopeless seeing a different doctor every time, and difficult to get appointments with a specific doctor

General comments

- An external independent review of the practice, its resources, its leadership and management that seeks the views of patients and stakeholders with recommendations on solving the underlying problems that is then made public.
- Perhaps a dedicated nurse to deal with some of the regular elderly patients, that are often lonely and worry about minor ailments. A mental health professional that can deal with various types of mental health issues. Pharmacists still need more responsibility and able to prescribe antibiotics for certain conditions.
- Utilise the time and resources in a more efficient way. Look at how residents are being seen. Employ more staff for telephones. Have dedicated GPs that do phone/video call, rather than a rota and then the remaining GPs for face-to-face. The borough has changed in terms of new housing and additional residents, and the resources and infrastructure haven't changed to meet this demand.
- The old system worked better. Too much technology and distance appoints. Usually locums who have no history about you they only glance at your latest record. A real problem if you are disabled or have various health issues.

People were given the opportunity to make any other comments about their experience accessing services at their GP practice (Fig. 30).

Over 5,000 people took the opportunity to do so. These range from short case study type accounts through to one sentence and a few words to sum up their experiences. Working through the comments we have assigned a category to them as a way of expressing the views of people in this final opportunity to detail their experience.

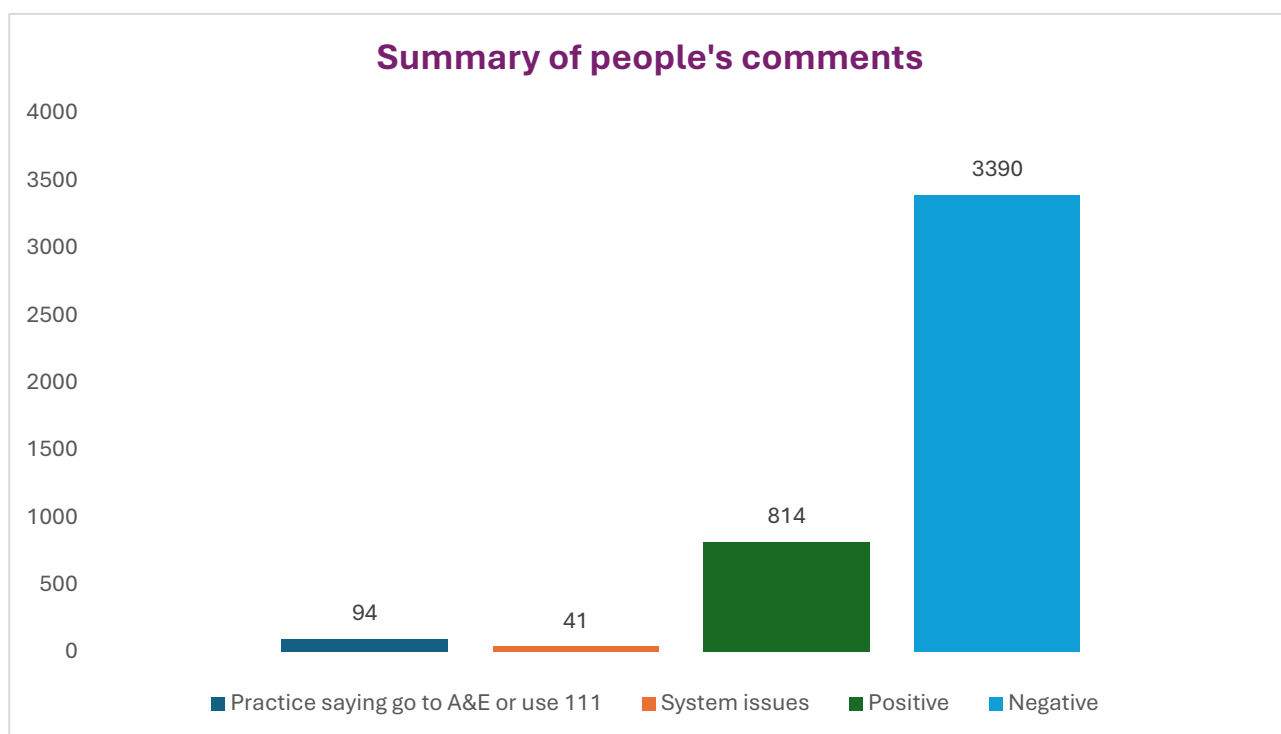


Fig. 30

We have included some examples of the final comments people made regarding their experiences.

Positive

- Everybody is very helpful
- Generally, they have catered well for my needs. However, I have not needed a face-to-face much in recent times. When I had a serious concern, I was triaged over the phone and called in for a face-to-face the same day. Less urgent appointments seem to have a very long wait time.
- I consider myself quite lucky with XXXXXXXXXX, none of this ridiculous phone at 8 lottery, the staff are usually pleasant, DRs always thorough, kind, patient and listen. If I explain what the issue is they usually work with me to resolve it.

- Once you manage to get into the surgery, the treatment/care is excellent.
- My GP services are very good and always have been compared to others.
- DR's are great when you can actually get an appointment.

Mixed experience

- Ongoing treatment is quite good as they contact you but trying to see a doctor for something new is impossible. There is no doubt whatsoever, patients will increasingly die from diseases which should have been identified much earlier as a result of the difficulty in getting to see any doctor.
- Once you see someone the service is very good, but it is getting that original contact. Also, too much sending people to A and E when there are no appointments available. It is very rarely an accident or a life-threatening situation and A and E is full of people that should be at GP surgeries
- It's a miracle to get through & even get to speak to someone, when I had the phone call back from doctor and was told I needed to come in the service was excellent & was referred straight for a blood test at hospital. The problem is getting through in the first place
- The GPs are great when you get to see them. But the use of advanced nurse practitioners is a waste of time in many cases, and I end up having to see a GP anyway. Not being able to see a GP is very stressful and I think adds to the mental health problems of people.
- The service from my GPs is excellent, when you can get an appointment. The booking system is atrocious particularly for people who work and are not in a position to sit on the phone all day trying to speak to a receptionist.
- The advice and professionals seen have been great, however the wait times for an appointment need improving as well as appointment availability, appreciate resources generate limitations in appointment availability.

Negative

- The whole system is poor, I suffer with allot of medical issues and feel the service is letting me down, so much so I feel like not even bothering anymore and just let life take its course.
- sick of never seeing my doctor, sick of spending over an hour to get through whe you do spend over an hour to speak to reception just to be told to phone back tomorrow its just disgusting.

- I had a water infection and was told to go to A&E. I called 111 and they sent me to Morrisons Pharmacy who could prescribe antibiotics. Why do xxxxxxxxxxxxxxx not know this?
- There doesn't seem to be any genuine professional curiosity, when you do see a gp it's more often than not them googling the symptoms and getting you dealt with as quickly as they can.
- I know older people who do not use mobile phone who ring my practice. When they do not get through they try again 15 mins later resulting in taking days to get through to the doctor.
- When seeing a doctor and being told to book an appointment for a follow up, to actually get an appointment within a reasonable time and not weeks possibly months into the future.
- You need to book a day off work just to try and book an appointment. It doesn't work for people that work and aren't allowed phones so can't wait for Doctors to call.
- Doctors no longer know their patients, they treat the symptoms not the patient. This makes the whole experience impersonal, disrespectful, and compassionless.
- Couldn't get an appointment today was told to go to another surgery which was not known to me didn't know where it was so I had to refuse was told to ring again.
- I am often unable to see a GP at my local practice and have to travel to XXXXXX. I suffer with COPD and asthma and find this difficult.
- I am fed up of speaking to strident, defensive call handlers. If I need a GP appointment, it's because I'm unwell and vulnerable.

Systems issues

- After having surgery on my foot, was told by my consultant that I needed antibiotics straight away, so he told me that he would contact XXXXXX and arrange for a prescription to be sent over to my pharmacy. By 5pm pharmacy where I work still not revived the script, so called to docs who said they hadn't received anything from my consultant, as I work in pharmacy I knew my foot needed antibiotics, I pleaded with the receptionist and was told that I would have to go through 111 as they couldn't do anything about it. So I called 111 who referred me back to the doctors as they were still open! Phoned again and was told that no way they would see me even though I pleaded my case, that I could end up in hospital if I didn't get the script, all to no avail, went back to 111 who called me back asap and arranged for a script to be done. To say I was disgusted by

XXXXXXX is an underestimate . They are complete rubbish. Told my consultant on the next appointment about what happen and they told me that things would have been totally different if I hadn't received the antibiotic, in the end I needed a two week course and the infection spread and the following week had to go to out of hours.

- Communication between other sectors of the NHS is a real problem. On numerous occasions the hospital doctors relied on my description of my parents medical history as they could not access GP notes. Receiving notes from hospital to the GP surgery is also slow. Regarding one particular prescription it was not clear which department was to issue it. This was either the dementia team or the GP. For the elderly who do not have access to computers, it's of no use making lots of information available online. It's not much use if your short of time and can't find hours to wade through pages of information either. This information should not be relied upon by the GP surgery as having been accessed. I understand lockdown caused a huge amount of problems but I am still waiting for a hospital appointment from 2020 and have had no communication other than being told I'm still on the waiting list and not to ring again!
- I booked a double appointment as I had two different issues. The appointment was reduced to a single one without me being told. When I told the GP I had two things, she would only speak about one. This meant I had to make a new appointment for a very painful condition that the doctor refused to speak about. Wouldn't have felt as bad if someone had at least bothered to let me know before I was in with the doctor. At least I could have chosen to talk about the painful issue first.
- When I took a letter describing what medication I should be on (and should have been on for the last 2 years) they refused to give me a prescription right away and said the letter had to be sent for scanning. I still have not heard from the surgery or been given my prescription its now 6 days. This is appalling service.
- I found NHS 111 was very helpful and the link between them and the paramedics was great. However, the report from the paramedic to medical practice went unopened for a number of days. I shouldn't have had to go to the practice and ask for an appointment!

Conclusions

The survey has had an immense number of people respond to it. The survey was not a short one with 21 questions to work through as well as an additional 15 sub questions plus the demographic questions afterwards. People invested time to share their experiences of accessing their GP Practice through a mixture of closed or multi-choice questions with some asking for ratings and others inviting comments or responses in free text fields. It could be said this may have well put people off, however over 9,000 people did complete the survey and often used the free text fields to document their experiences. These are often negative accounts and provide an insight into the impact this has on people and of their frustrations with some parts of the process.

There have been responses for all surgeries in Telford and Wrekin, some are low in comparison to others that have seen over 900 responses. It doesn't necessarily follow that higher numbers are representative of those surgeries which might be highlighted as having lower satisfaction rates.

Over half of people responding identified as having a long-term health condition at 56%, with 10 surgeries having higher than average numbers of people.

In relation to types of ways in which to see a health care professional most people associated this was by phone or face to face. Only 19% of people knew about 'Being booked into another general practice location within their PCN'

778 people used the free text field to share their experiences of not being able to get an appointment when we asked if they were aware of any other ways to access an appointment that weren't listed. This is the start of people using free text fields to share their frustrations.

When making their last appointment most people phoned for one with 40% of people saying it was for an on the day appointment and 32% for a general appointment. Over a 1,000 people used the free text fields that were there to tell us of other ways of making an appointment not included on our list with people again sharing their experiences and frustrations.

We asked people to describe their experience of making their last appointment through a rating scale from very good to very poor with an unsure option. This would link back to the surgery that they considered to be where they are registered at. Overall, we had 31.5% of people describe it as fairly good or very good. 10% said it was neither good or poor. 57.5% of people describe it as fairly poor or very poor.

Court Street, Ironbridge, Linden Hall, Shawbirch and Wellington Road had higher numbers of people rating their experiences as fairly good or very good rather than fairly poor or very poor.

Woodside and Dawley Medical Practice were rated as higher on fairly good than fairly poor but higher on very poor than very good.

Charlton Medical Practice, Donnington Medical Practice, Stirchley, Sutton Hill, Teldoc Hadley, Teldoc Lawley, Teldoc Leegomery, Teldoc Madeley, Teldoc Mailinslee, Teldoc Oakengates and Wellington all had people describe their experience as fairly poor or very poor. The very poor rating for all of them was significantly higher than the fairly poor rating.

This is very different picture to the overall ratings shown in the last GP Annual satisfaction survey. That survey was randomly sent to 15,236 people across the whole of Shropshire, Telford and Wrekin registered at GP surgeries. 6,194 people responded to this, with 1,691 being from people in Telford and Wrekin surgeries.

The survey gave people the opportunity to explain why they had scored their last experience of making an appointment at their GP the way they had.

87% of people left various comments when explaining their rating. The full range of comments will be included for each practice in their individual reports.

When it comes to online appointments many people do not use this as an option with 19% of people not being able to or choosing to. Similar numbers say it's hard or easy but notably 21.5% say there were no online appointments available which will only serve to undermine people's confidence in trying to book this way.

People reported waiting from 10 minutes right through to over 45 minutes and longer to get through on the telephones. The results point to the majority of people spending considerable amounts of time to get through. Again, people were using this as an opportunity to describe the experience as well as the time taken. Many people report about their experiences negatively and with a routine acceptance that it will be so.

People reported a large range in the number of times that they had to phone their surgery before they got through. This wasn't about waiting time, it was the times until you got connected. Over a quarter of people said first time and another quarter ranging from 2 times or twice to five times. The remaining number spans a wide range. Some comment on the fact that they ring and get placed on a queue that can then take a long time before they 'get through' or are cut off when nearing the front of the queue.

People then told us that around a half of them got through on the same day with similar numbers saying no and hundreds sharing their experiences that are mainly negative.

People responded to the next question about how many days did take to get through if they didn't get through the first day. Many people took two or three days with not insignificant numbers taking 4, 5, 6 or longer days to get through. Once more people provided short comments or longer ones regarding the impact this has on them, none of it positive.

It is clear that for most people booking an appointment can be time consuming and is approached with an almost resigned belief that it will be so due to their own personal experiences and those that hear about from friends and family. Clearly the system at present is not working and new phone systems that merely 'stack and rack' people telling them where they are in the queue and potential wait time will not solve the issues or support people trying to take care of themselves or of loved ones.

Of those that were offered a telephone appointment slightly more than half were given a time, which was over a quarter of all the people replying. For those that were not given a time but a telephone appointment, we asked how long the wait was. About a third responded using the free text field to again set out their experiences and frustrations. People reported not being to take the calls due to being at work and as some said they were teaching a class and could not be answering their phones.

We asked this who had been given a time for a phone call if it was on time. 21.7% of people said it was on time and 12 % not so, their subsequent wait varied in time from 10 minutes through to multiples of hours and days. 62% reported it wasn't applicable to them.

For some people receiving the phone call back works well, for a large number of people this doesn't work so well resulting them missing calls as they are at work or miss it due to day-to-day events. It is clear that appointments are wasted and moreover people seeking support and denied this by virtue of the system design or the surgeries own practice. Clearly this needs to be addressed in the four pillars improvement planning.

In respect of people being offered face to face appointments at their own surgery or another practice a little under 5,000 said it was at their own. Over 1,400 said it was at another practice. We sought to understand from those attending 'other' practices which ones. The question could have been worded better as nearly half of this replying named their own practice. It did show that one PCN seems to have a greater proportion of people attending other surgeries within the chain than their own.

We asked people to then tell us the different types of appointments they had since July 2021. People had more face-to-face than telephone appointments at six surgeries. Alternatively, people had more telephone than face to face appointments at 12 surgeries. A free text field was provided for people to detail what type of other appointment they had received if not in our list. Many of these were detailed and used as opportunities to share difficulties of accessing primary care.

We wanted to know if it was easy or difficult to arrange follow on appointments. 3,965 (43%) people said it was very difficult and 1,558 (17%) people said difficult, which is 60% overall. 1,215 (13%) people said it was okay and 775 (8%) that it was easy. The majority of practices were said by people to be difficult than okay or easy to make follow up appointments at. Three did buck the trend. Linden Hall, Court Street and Shawbirch.

We then asked people to tell us what they did if they were unable to get an appointment allowing people to choose all the options that they might use. We wanted to see how much recent campaigns may affect people's choices. Of the 6,100 plus people who responded 35% said they would use NHS 111, 30% said try the surgery at another time and 30% speak to a pharmacist. 19% went to Accident and Emergency putting pressure on the system and as heard people report being advised by surgeries to go there. Lower numbers used online services. 25% of people say they did not see or speak to anyone else about their issue, which is concerning.

A range of questions followed asking people to rate their experiences of various aspects of their appointments, on a matrix with options from very good to very poor.

Regarding the timing of appointments there was a three-way split between good, okay and poor. The wait to be called back for a telephone appointment was more weighted to poorer experiences on a 60 / 40 split, the okay and not applicable being very similar at just under a quarter each. The poorer rating grew to a little under half of people regarding the wait for a face-to-face appointment. Video consultations were not applicable to most people though those who rated it had predominantly poorer experiences. The length of the appointment fared better with thirds saying it was in positive and okay range, with a fifth rating it poorer.

In respect of being listened to during appointments nearly three quarters of people marked it positive or okay. A similar theme was reported for the explanation of the care or treatment. For both, a fifth of people found them poor. This changed when asked if it met their needs with a little under two thirds saying positive or okay, poor experiences rose to over a third of people.

Our final set of questions were about the confidence people had in various primary care roles. Just under two thirds rated their confidence as good or okay for reception staff and a third saying its poor. Almost three quarters of people said their confidence

in GPs was good or okay. There were similar figures for the remaining ratings of poor or not applicable for the other quarter of people.

For the confidence in the Advanced Nurse Practitioner 40% of people said it wasn't applicable to them, 39% said it was good and 14% okay plus 7% saying it was poor. For the Practice Pharmacist over half of the people said not applicable with a quarter saying it was good, less that it was okay and a very small number for poor. This changed slightly in respect of the Practice Nurse as 40% of people said it wasn't applicable to them, 41% said it was good and 14% okay plus 5% saying it was poor. Most people, 7,666, had not seen a Social Prescriber. Those that had rated their confidence three times higher for good and okay than poor.

Through these responses we can see people experiencing less satisfaction with timings and waiting times for call backs and face to face appointments. This reduced for the length of appointments and confidence grew for being listened to and the explanation for their care and treatment though it dropped again in meetings people's needs.

People had the most confidence in their GPs and the highest levels of poorer confidence was for people taking calls. Although the figures varied for the other roles proportionally people mostly had confidence for those roles bar social prescribing.

So, once people were 'in' their appointments they were more satisfied with their experiences and had greatest confidence in GPs.

People were asked about any changes that had been made at their GP Practice and if they had a made a difference. 4,000 people replied to the question in a free text field. Over a 1,000 simply said 'none' and a further 600 used it in their answer. The majority of responses are negative with a few positive ones.

We invited people to be able to make suggestions to improve access at their GP surgeries. 7,000 people did just that. This shows a willingness for people to be involved in the solution for primary care and that they are not simply not being negative regardless of what service they receive. 2,500 people provided sentence length suggestions to improve. This willingness needs to be harnessed locally at each surgery, all contributing to a set of regional standards that are adopted through all surgeries across the borough regardless of the operating chain or owner partners providing the service. Merely following the governments four pillar improvement programme should not be the default option with so much willingness to be proactive.

In our final question people were given the opportunity to make any other comments about their experience accessing services at their GP practice. We received more than 5,000 comments of varying length. We have worked through each one categorising what people were saying. Some have both negative and positive aspects to them, so

we have counted both. People have raised frustrations over needing clinical help from their GP to be told ring NHS 111, on phoning them to be told we can't help you as your practice is still open. Or hospital not being able to access GP records or GPs not acting on letters from consultants. These are classed as systems issues.

There were nearly 3,400 negative comments compared to 800 positive ones. So, it is not all 'bad' so to speak but clearly people this far on through the survey have remained consistent in their expressions of negativity and frustrations regarding poor service or processes being unduly complicated and wasteful.

Recommendations

1. New phone systems that can accept multiple calls and hold them at once to save people continually dialling back.
2. New phone systems need staff to answer them and not just stack and rack people.
3. More appointments generally for all primary care professional roles.
4. Access to appointments - an ability to pre-book for non-urgent routine issues.
5. More appointments - follow on appointments booked at the point of this being requested by the primary care professional within the appointment.
6. More appointments - for online to be successful appointments need to be available and account for wide range of needs to filter people by need.
7. There needs to be a greater range of appointment times for people who work or have caring responsibilities as many employers don't provide people with paid time off to wait at the end of a phone or attend appointments during their working days.
8. To support this there needs to be many more appointments with a range of professionals made available.
9. Importantly the call backs need to be timed and provide some flexibility for working or caring responsibilities.
10. Customer service training for people receiving calls and regular refresher courses.
11. Practices and the ICB need to ensure that they are making the public aware of the way that care navigators/reception staff are trained to give the public assurance and remove the urban myths concerning them.
12. All surgeries to allow walk in enquiries at reception and ability to make appointments.
13. Investment in additional staff at GP surgeries to manage the demand at a Primary Care level reducing pressure on acute and emergency care.
14. PCNs can offer choice and faster access to primary care appointments if people's own surgery lists are full. However, this should not be standard practice and people's ability to travel needs to be taken into account, flagged on their records and a policy of being seen at their registered surgery should be introduced and enforced by the ICB for those unable to travel.
15. Co-produce with local people improvements for their surgeries working through the PPGs, all contributing to a set of regional standards that are adopted throughout all surgeries across the borough.

Next steps

GP Access Report Phase 2

Healthwatch Telford and Wrekin will produce an individual report for each GP surgery from the main overall report and the supporting survey responses. This will be focused and include full details of all peoples comments.

Follow on Phase 3

However, rather than just publish our main and individual reports with recommendations and leave it at that we will be offering to work with each GP Surgery and their PPG (Patient Participation Group) to address the findings of their individual report to develop an action plan to address our recommendations.

Where there isn't an active PPG we will offer to support the creation of one issuing joint promotion with the Surgery to recruit people. The aim is to address the areas people identify as poor and find common ground with the Surgery directors / senior partners to address and improve services thereby improving Patient/Primary Care relationships.

Or in cases of good areas of satisfaction explore what Surgeries have done to achieve this and use to create a toolbox for other Surgeries to 'dip into'.

Reponses

Telford and Wrekin Council

This will be updated following the forthcoming Health and Wellbeing Board meeting

Shropshire, Telford and Wrekin Integrated Care Board

This will be updated following the forthcoming Health and Wellbeing Board meeting

Acknowledgements

Thanks to the communications team of Telford and Wrekin Council for their support and help creating videos and promoting the survey.

Thanks to Councillor Paul Watling, Cabinet Member for Adult Social Care and Health Systems – Telford and Wrekin Council for their support and championing of the survey to give people the opportunity to have their voices heard.

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NHS Shropshire, Telford and Wrekin Integrated Care Board Primary Care Access Recovery Plan Nov 23

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Engaging Communities Solutions (ECS)

Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
10 October 2024 – Committee Meeting					
Terms of Reference	For the Committee to agree the Terms of Reference for 2024/25.	Policy & Governance	A community-focussed, innovative council providing efficient, effective and quality services.	Committee Agenda Item	Constitutional Function.
Outcomes: Members agreed the terms of reference for the 2024/25 municipal year.					
Work Programme	For the Committee to agree the proposed work programme for 2024/25.	Policy & Governance	A community-focussed, innovative council providing efficient, effective and quality services.	Committee Agenda Item	Draft work programme delegated to each scrutiny committee by SMB on 3 September 2024.
Outcomes: Members agreed the updated work programme for the 2024/25 municipal year.					
Telford & Wrekin Integrated Place Partnership (TWIPP)	For the Committee to receive an update on the Telford & Wrekin Integrated Place Partnership	Adult Social Care	<p>A community-focussed, innovative council providing efficient, effective and quality services.</p> <p>Every child, young person and adult lives well in their community</p>	Committee Agenda Item	New suggestion received for 2024/25 work programme.
Outcomes: Members received an update on the work of the Telford & Wrekin Integrated Place Partnership in their role in assuring delivery of community-centred health and care integration.					



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
12 December 2024 – Committee Meeting					
Hospital Discharge and Intermediate Care	For the Committee to receive an update on hospital discharge rates and intermediate care provision.	Adult Social Care	Every child, young person and adult lives well in their community	Committee Agenda Item	New suggestion received for 2024/25 work programme.
Outcomes: Members received a presentation from the Integrated Care Board on Hospital discharge rates in Shropshire, Telford and Wrekin.					



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
6 March 2025 – Committee Meeting					
Review of actions following CQC inspection of Adult Social Care	For the Committee to receive an update on the outcome of the recent CQC inspection and next steps.	Adult Social Care	Every child, young person and adult lives well in their community	Committee Agenda Item	New suggestion received for 2024/25 work programme.
Outcomes: Members received a report which provided a summary of the CQC assessment of Adult Social Care in July 2024 and outlined the actions the Council had completed so far as part of the continuous improvement plan. Members supported the implementation of the improvement plan and agreed to continue to monitor the Council’s progress.					



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
1 May 2025 – Committee Meeting					
Primary Care Access – Healthwatch GP Survey	For the Committee to receive an update on Primary Care access following the Healthwatch GP Survey Report.	Public Health	Every child, young person and adult lives well in their community	Committee Agenda Item	New suggestion received for 2024/25 work programme.
	Outcomes:				



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
To be scheduled					
Dentistry	For the Committee to receive an update on dental services and access.	Public Health	Every child, young person and adult lives well in their community	Committee Agenda Item	New suggestion received for 2024/25 work programme.
	Outcomes:				
Mental Health	For the Committee to review the current provisions for mental health support across the Borough for children, young people and adults.	Adult Social Care Public Health External	Every child, young person and adult lives well in their community	Task and Finish Group	Scene setting item with a view to formulating a task and finish group. New suggestion received for 2024/25 work programme.
	Outcomes:				



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