



# Accessing GP services in Waltham Forest

What do patients want?



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## Background and Introduction

Welcome to Healthwatch Waltham Forest's report into GP access.

The issue of GP access in the borough was brought to the attention of Healthwatch Waltham Forest by individuals and voluntary sector professionals during the months prior to our official establishment in April 2013. In talking further with partners we understood the Health, Adults and Older People (HAOP) Scrutiny Sub-Committee to be undertaking a review of GP services in Waltham Forest. Working in partnership with Scrutiny, Healthwatch made the decision to further investigate issues around GP access across the borough and in doing so we conducted a survey during July and August 2013. This report includes the findings from that survey.

Where possible we have analysed our survey results and compared them with the latest (March 2013) GP Patient Satisfaction (GPPS) survey results. This survey is conducted twice yearly by Ipsos MORI on behalf of NHS England. In looking at these results in tandem we are able to draw conclusions about the current level of GP access and make recommendations for improvements to GP access for patients in Waltham Forest.

Capturing and reflecting upon the valuable information we received this report identifies recommendations around GP access. This report is also feeding into the HAOP Sub-Committee GP Review.

We hope that our recommendations will stimulate debate and a dialogue between, patients, Patient Participation Groups (PPGs), GPs, the London Borough of Waltham Forest, Waltham Forest Clinical Commissioning Group (CCG), the commissioners of GP Services, NHS England, and the regulatory body, Care Quality Commission (CQC). We hope that people and organisations will be supported to make real, constructive change in terms of GP access in Waltham Forest and that the recommendations will be considered alongside key developments locally, such as the GP Networks and further expansion of PPGs.

Our recommendations do not sit in isolation and should be considered alongside the national context. See below.

We would like to offer our thanks to all our volunteers, members, voluntary sector networks, partners and the local Councillors who helped us to gather survey responses and contributed to the success of this project.

If you have any comments about the survey, the recommendations, or your own GP please contact us on 020 3078 9990 or email [info@healthwatchwalthamforest.co.uk](mailto:info@healthwatchwalthamforest.co.uk)

## National context

- Nationally over 90% of patient contacts within the NHS are carried out in general practice<sup>1</sup> yet efficient access to a GP is an on-going concern for many patients.
- Between 1995 and 2008, the number of patient consultations rose by 75%, from 171 million to more than 300 million<sup>2</sup>.
- When patients cannot get to see a GP because there are no more appointments available that day or the wait will be several weeks, they often resort to attending A&E: According to the March 2013 Ipsos MORI GP Patient Satisfaction (GPPS) survey 12% of those who could not get an appointment with their GP in Waltham Forest went to the A&E department instead. Not only is this more costly for the NHS than a visit to the GP, it is also an inappropriate use of A&E and puts greater strain on the already pressurised A&E service.
- The Royal College of General Practitioners (RCGP) says that access issues are due to a combination of a shortage of qualified GPs and insufficient funding. They say without significant additional funding the wait to see a GP will inevitably increase in the near future: "In our most recent College survey, nearly half (47%) of GPs had been forced to cut services for patients due to lack of resources and over 70% predicted even longer waiting times for appointments within the next two years."<sup>3</sup>
- At the 2013 Conservative party conference in Manchester, David Cameron announced a pilot scheme, financed with a £50million "Challenge Fund", to support GP surgeries to open from 8am to 8pm, thereby improving access for working people unable to get or attend appointments during their own working hours. This had previously been tried under Labour and Dr Simon Atkins, a GP in Bristol at a surgery which trialled extended hours and experienced a poor take-up, supports the view that longer opening hours are popular in principal but underused in practice.<sup>4</sup>
- David Cameron has also suggested better use of technology by GPs, including *Skype* consultations (talking to your GP via a computer video link) or discussion with your GP via email.

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<sup>1</sup> Royal College of General Practitioners press release, October 2013  
<http://www.rcgp.org.uk/news/2013/october/patients-bear-brunt-as-gps-reveal-shocking-400m-black-hole.aspx>

<sup>2</sup> Royal College of General Practitioners [http://www.rcgp.org.uk/policy/rcgp-policy-areas/~/\\_/media/Files/Policy/A-Z-policy/The-2022-GP-Compendium-of-Evidence.aspx](http://www.rcgp.org.uk/policy/rcgp-policy-areas/~/_/media/Files/Policy/A-Z-policy/The-2022-GP-Compendium-of-Evidence.aspx) p21

<sup>3</sup> Royal College of General Practitioners press release October 2013  
<http://www.rcgp.org.uk/news/2013/october/rcgp-response-to-prime-minister-announcement-on-gp-access.aspx>

<sup>4</sup> Guardian Newspaper 1 October 2013  
<http://www.theguardian.com/commentisfree/2013/oct/01/longer-gp-surgery-hours-a-and-e>

- The RCGP recognise that with the increasing use of technology amongst young people "the traditional face-to-face consultation will no longer be accepted as the 'default' way to access care."
- In their 2013 policy paper *2022 GP A vision for General Practice in the NHS* the RCGP said "Simply increasing the quantity of face-to-face GP consultations alone will not be a cost-effective or sustainable strategy for achieving increased capacity and meeting growing demand, especially given the need to provide longer consultations to patients with more complex needs. The GP of the future will need to be skilled in using a suite of new and flexible tools for communicating with patients, including telephone, email and various online forms of consultation. This will include online group discussions, where appropriate, for example, patients with long-term conditions where peer-to-peer support and shared experience can be particularly valuable."

## Summary of the recommendations

*"Access should be brilliant, but currently it's patchy. A lot of patients are dissatisfied with current access and think it's inadequate. It seems to be a huge source of frustration".<sup>5</sup>*

In undertaking this piece of work and talking with members of the public, as well as community and voluntary sector representatives in the borough, Healthwatch Waltham Forest has been able to identify what has been clear to many for some time - that GP access is currently not meeting the needs of many individuals in our borough. This is a pattern witnessed not just locally, but across London and nationally.

The following is a summary of the recommendations from this report. These can be found in full on pages 58-62.

- 1.1 Review current opening hours of each GP surgery, with the Patient Participation Group (PPG) and the wider patient list to explore options and preferences for additional opening hours.
- 1.2 Review GP surgery opening hours alongside those within the locality and or GP Network, to ensure that additional opening hours are widely available in the borough, if not uniformly across the borough.
- 2.1 Surgeries should consult with their patients to identify popular methods of booking an appointment and adopt a variety of the most popular methods so that patients have choice in how they can book an appointment: including in person, by phone, by text and online booking. The particular needs of those, for example with visual impairment or deafness, should be adequately accommodated for within these options.
- 2.2 Telephone booking systems should be reviewed and compared across the borough: Good practice should be identified (by the PPG and GP surgeries) and shared. Accessibility for patients should be the key consideration.

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<sup>5</sup> Professor Stephen Field, the newly appointed Care Quality Commission's Chief Inspector of Primary Care, Guardian Newspaper 27 Sept 2013  
<http://www.theguardian.com/society/2013/sep/27/gps-better-closure>

- 2.3 GP surgeries and the Patient Participation Group (PPG) should review guidelines for emergency and non-emergency appointment booking. Guidelines should be standardised across the borough so that patients understand the system, including how and when to access emergency care appropriately.
- 2.4 GPs and the PPG should review the appointment booking systems to consider whether it adequately provides for the booking ahead of non-urgent, routine or follow-up appointments. Patients should be able to make an appointment within a minimum period of x weeks.
- 2.5 The GP surgery staff and the PPG should review the patient registration process to ensure that the appointment booking system is fully explained to all new registrants so they understand the system and their own obligations towards the practice. Reception staff should have on going training to ensure they possess adequate skills, knowledge and support to manage patient contact effectively and efficiently.
- 3.1 Reception staff should work with the Patient Participation Group to develop ways of prominently displaying information in the surgery waiting room about current wait times and the reasons for any delays
- 3.2 Practice managers should engage with the Patient Participation Group and explore ways to minimise delays caused by patient behaviour.
- 4.1 GP Surgeries should regularly inform all patients of the options available at the surgery to meet with, speak to, or otherwise engage with a GP or nurse, including by phone.
- 4.2 The GP surgery and the PPG should review their telephone consultation service to see who is using it and how frequently. If it is not widely used they should consider ways of promoting the service to patients.
- 4.3 Surgeries should ensure they have a local rate 01, 02 or 03 number that patients are aware of and can routinely use to call the surgery for appointments and other issues. No surgery should have an 0844 number as the only or primary mode of telephone contact with patients.

- 5.1 Practices which do not currently offer online appointment booking should, with their PPG and the wider patient list, gauge the level of interest at their practice and talk to those practices which do offer the service about how they might successfully adopt online booking themselves.
  
- 6.1 GP surgeries should ensure their reception staff are fully trained and supported in their role so that they are able to provide an excellent service to patients.
  
- 6.2 Clear guidelines should be available to support reception staff in allocating emergency, non-emergency, routine and follow-up appointments.
  
- 6.3 The necessity for triage by clinical staff (as opposed to reception staff) should also be considered.

## The survey

Between 21<sup>st</sup> and 25<sup>th</sup> July 2013 Healthwatch Waltham Forest went out and about in the borough asking residents about their GP surgery, the level of access and their satisfaction with certain aspects of the service. The survey was also promoted on the Healthwatch Waltham Forest website, emailed to the membership and disseminated amongst the wider voluntary sector.

We visited transport hubs, shopping areas and larger supermarkets at various times of the day throughout the borough, setting up a table for a few hours at each location. The locations were:

- Chingford Station
- Chingford Mount
- Morrisons in Chingford,
- Walthamstow bus station
- Walthamstow Town Square
- Sainsbury's High St, Walthamstow
- Leyton tube station
- Leyton Mills
- Henry Reynolds Park in Leytonstone
- Leytonstone tube station
- Leytonstone High Road

**Approximately one in four people we spoke to completed the survey.**

It was interesting to note, however, that many of those who declined to complete the survey indicated that were not registered or had not seen their GP for years. The numbers of those not registered<sup>6</sup> or currently accessing GP services, the frequency of GP visits and the alternative healthcare or self-care avenues different people use would be interesting areas for future research and are not covered by our survey.

**More than four hundred surveys were completed and of these 395 related to GP surgeries in Waltham Forest.**

One person was not registered with a GP and this response was not used in the results analysis; 2 did not specify who their GP is and their answers were used where possible; 4 specified a location but not a GP and their answers were used for geographic analysis and 388 specified their GP and were used.

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<sup>6</sup> LBWF population 258,249 (Census data 2011) patients registered to GP practices within LBWF 286,066 (April 2013, NHS Choices website)

The analysis count varies throughout the report, as not everyone answered every question.

Throughout the report the geographic locations refer to the location of the GP Practice, not the respondent.

### Coverage, by surgery location

Responses were received for all but one GP surgery in the borough, although the count varied considerably, ranging from 1 to 49 responses for individual surgeries. It is not therefore possible to draw conclusions about the individual surgeries, but rather gain a general insight into GP practices across the borough, or at a geographical or cluster level.

Where possible throughout this report the borough level data is compared with the results of the latest (March 2013) GP Patient Satisfaction survey (GPPS).

Surgery Area	Survey responses
Chingford	100
Leyton	70
Leytonstone	103
Walthamstow	119
Not stated	2
<b>Total</b>	<b>394</b>

### Who responded?

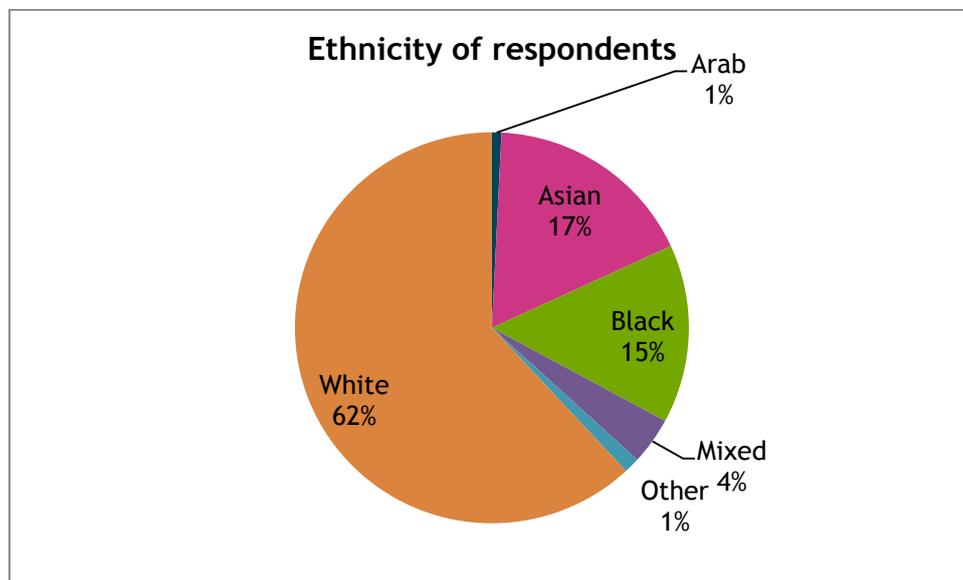
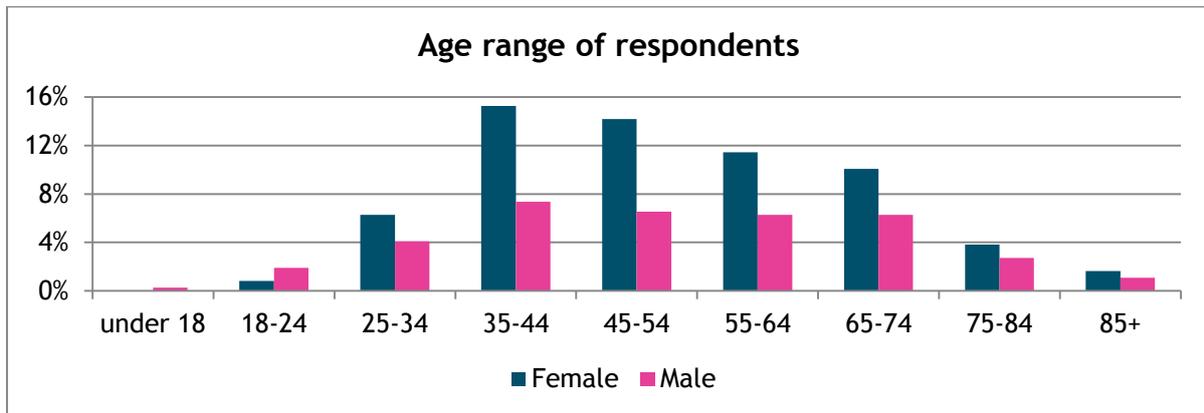
#### Healthwatch survey (July 2013)

- 62% female 38% male
- 59% aged 45 or over
- 54% white British
- 50% have a long term illness
- 65% registered with their GP 6 years +

#### GPPS (Mar 2013)

- 47% female, 53% male
- 40% aged 45 or over
- 40% white British
- 48% have a long term illness
- N/A

The people who completed our survey were a self-selected sample of the borough's population and broadly comparable to those included in the March 2013 GPPS survey, again a self-selected group. The demographic profile for the borough indicates that we spoke to fewer young people (under 35) and more older people than if we had captured a representative sample.



### Age range of respondents by surgery location (%)

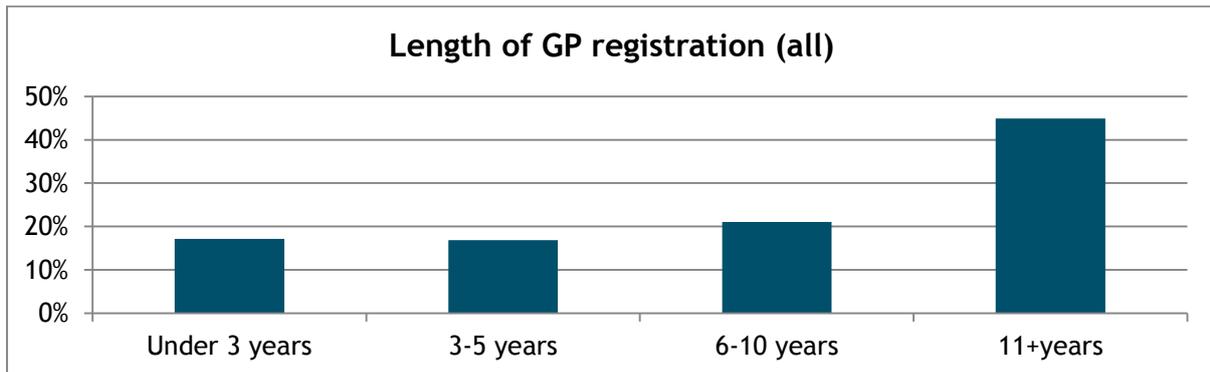
Age range	Chingford	Leyton	Leytonstone	Walthamstow	All** n=367	GPPS 2013	ONS Census 2011
under 18	1%	0%	0%	0%	0%		
18-24	2%	5%	3%	2%	3%	12%	11%*
25-34	3%	18%	9%	13%	10%	25%	27%
35-44	15%	22%	27%	26%	23%	23%	22%
45-54	18%	25%	30%	12%	21%	17%	17%
55-64	17%	15%	17%	20%	18%	11%	11%
65-74	24%	14%	7%	19%	16%	6%	7%
75-84	15%	2%	3%	6%	7%	4%	5%
85+	5%	0%	3%	2%	3%	2%	2%
<b>Total</b>	<b>26%</b>	<b>18%</b>	<b>27%</b>	<b>29%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\*\* Those that identified their practice and age

\*Aged 20-24

## Length of GP registration

**45% 11years +**      **21% 6-10 years**  
**17% 3-5 years**      **17% under 3 years**

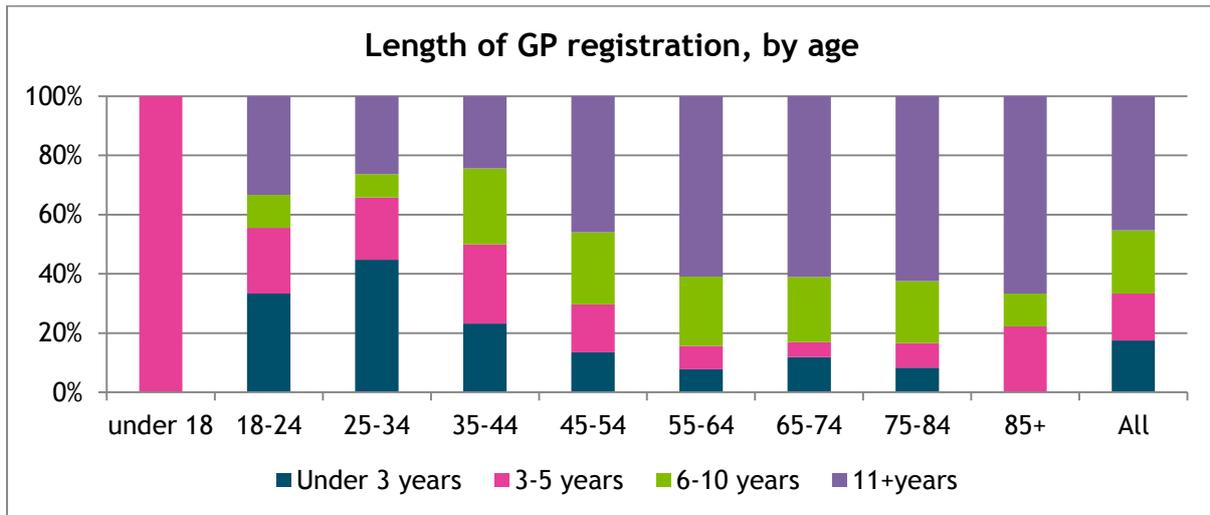


The majority (45%) of respondents had been registered with their GP for 11 years or more and a further 21% had been registered for between 6-10 years.

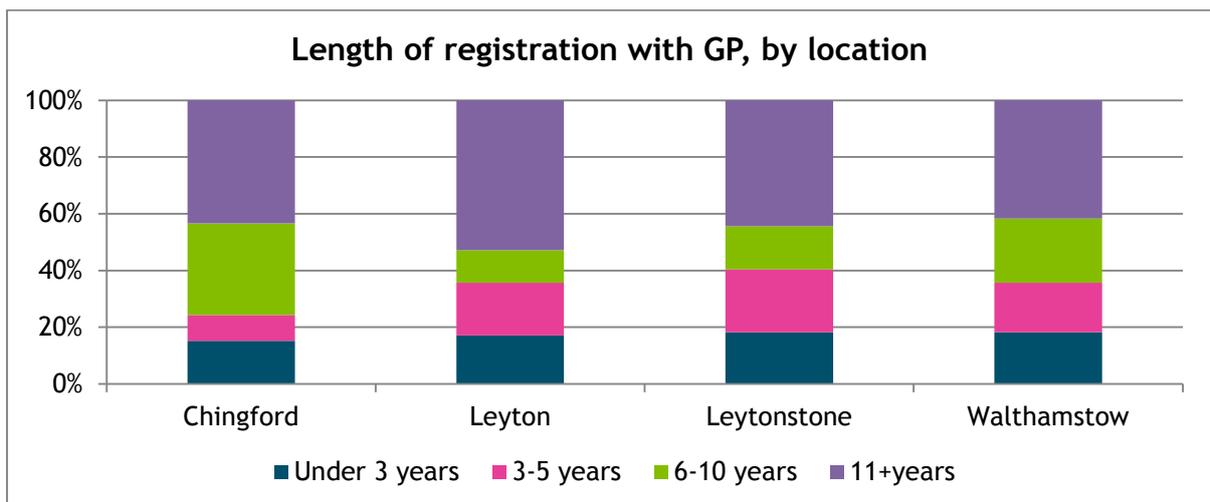
### Age of respondents and length of GP registration

When we looked at the age of respondents, older people, as expected, tended to have been registered longer with their GP than younger people. Almost half (45%) of the 25-34 age group had been registered with their GP for less than 3 years, compared to 17% across all age groups. 72% of the 45-54 age group had been registered for 6 years or more and 45% of all respondents had been registered for 11 years or more.

It is logical to assume that those registered with their GP for a shorter time might have recently moved to the borough or within it, and this reflects an understanding of the greater population mobility and churn seen within some communities and certain localities of the borough. However, further research would be needed in order to explore this in more detail.



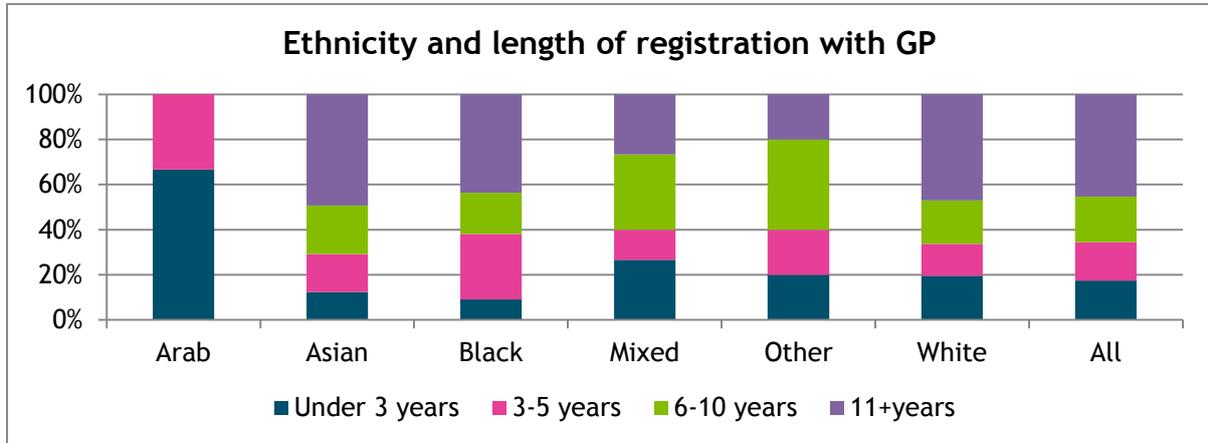
### Location and length of GP registration



- 75% of the respondents in Chingford had been registered 6 years or longer
- 64% in Leyton had been registered 6 years or longer
- 59% in Leytonstone had been registered 6 years or longer

Further research could be done to explore the unique challenges a mobile population presents for GPs.

## Ethnicity and length of GP registration



The ethnicity and length of registration data show consistency across groups, with similar patterns across White, Asian and Black respondents, the majority in each group registered for 11 or more years. Some groups were too small (3 Arab respondents) to allow proper analysis.

## The survey results

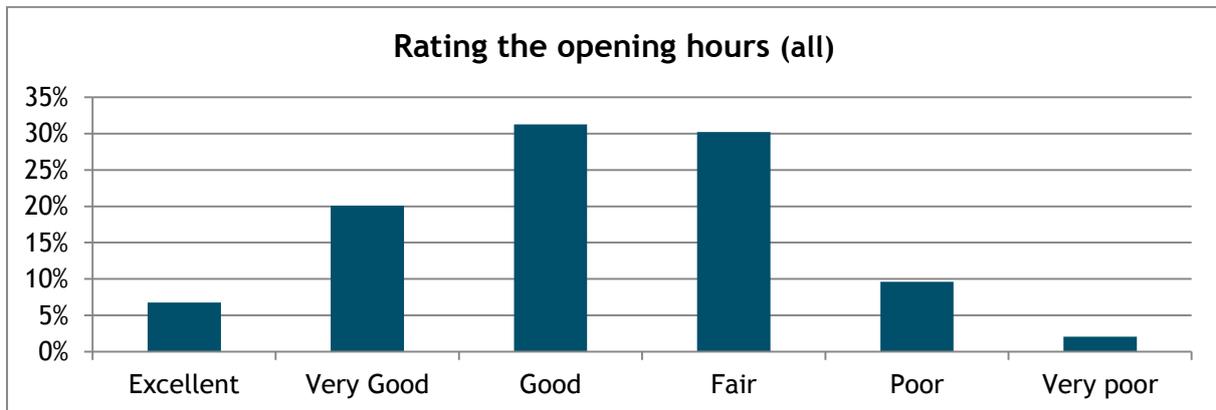
### Accessibility of services

Q1a How do you rate the hours that your practice is open for appointments?

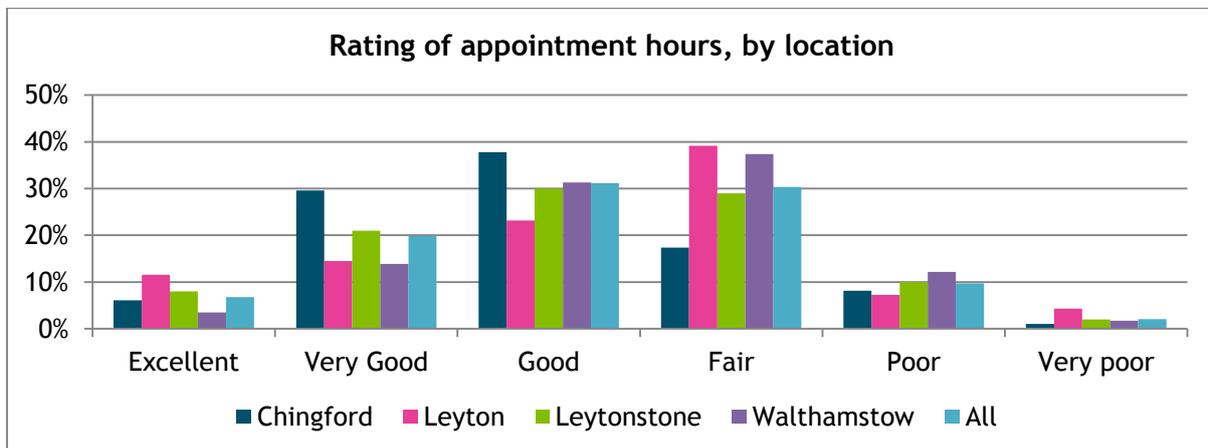
**7% Excellent**

**20% Very good**

**31% Good**

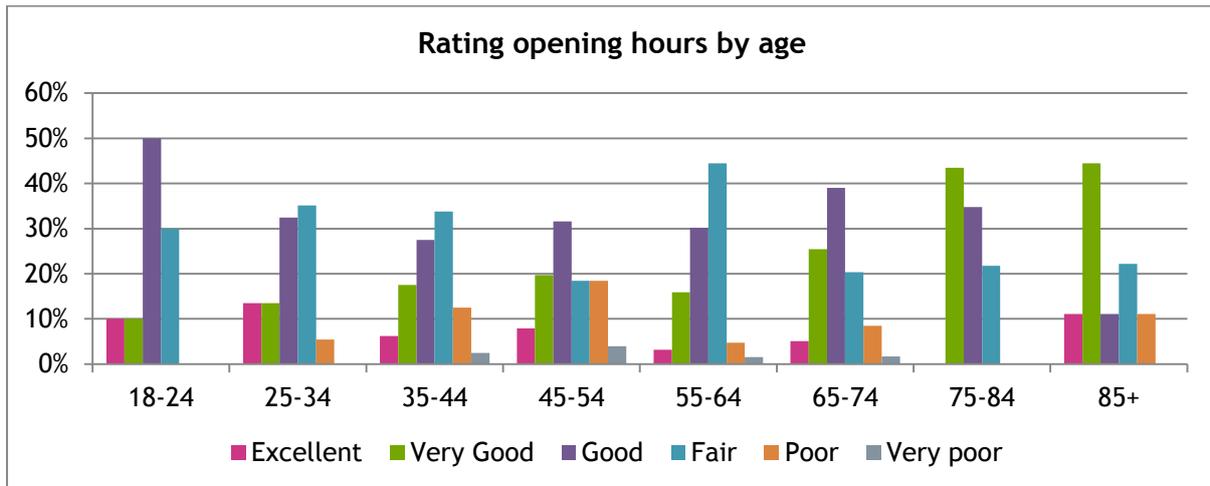


58% of all respondents rated the opening hours for appointments at their surgery as good, very good or excellent, although it varied by area.



- Chingford respondents expressed greater satisfaction, with 74% of rating them as excellent, very good or good
- This compares to 48% in Walthamstow

It may be that the notably 'older' population of Chingford finds traditional day time opening hours more convenient, in contrast to what might be a greater proportion of people of working age in other areas of the borough, such as Walthamstow.



Across the age groups there was broad consensus that appointment hours were Good, Very Good or Excellent, although older respondents were generally more satisfied with the hours and those of working age generally rated the opening hours as less satisfactory than other age groups.

- 78% of respondents in the 75-84 age group, rated them as Good or Very Good
- 40% of 45-54 year olds rated them as Fair, Poor or Very Poor

**Q1b What additional hours would you like the practice to be open?**  
(please tick all that apply)

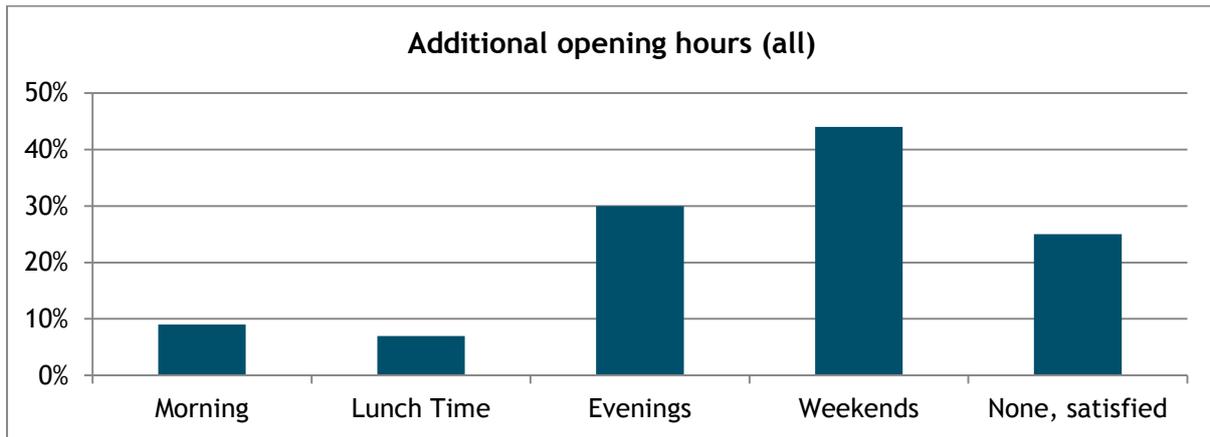
**44% weekends**

**30% evenings**

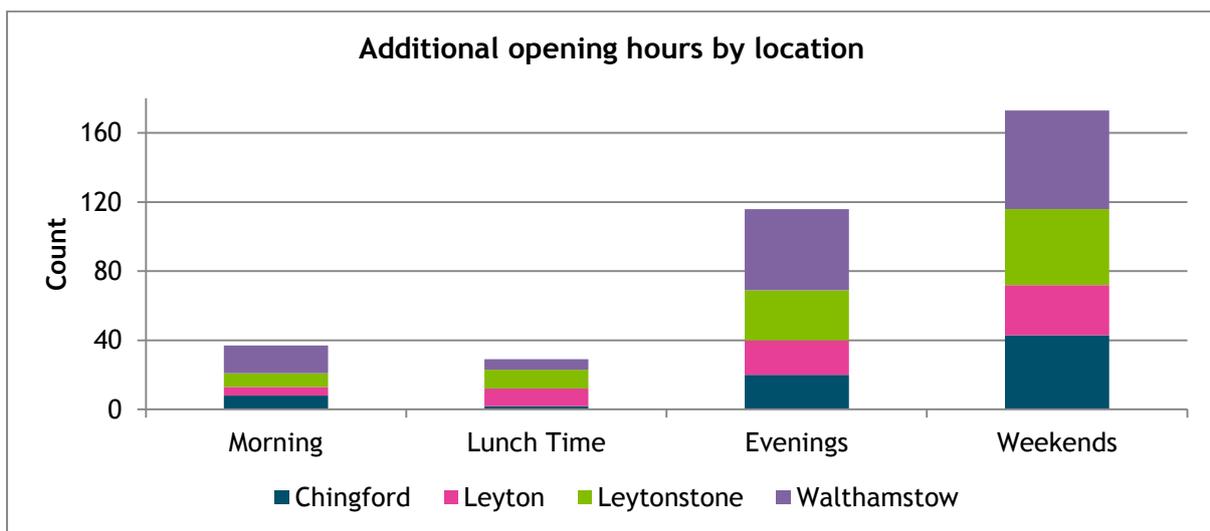
**9% mornings**

**7% lunch times**

Despite their stated satisfaction with the current opening hours, when asked what, if any, additional hours they would like, 75% of all respondents specified at least some additional hours.

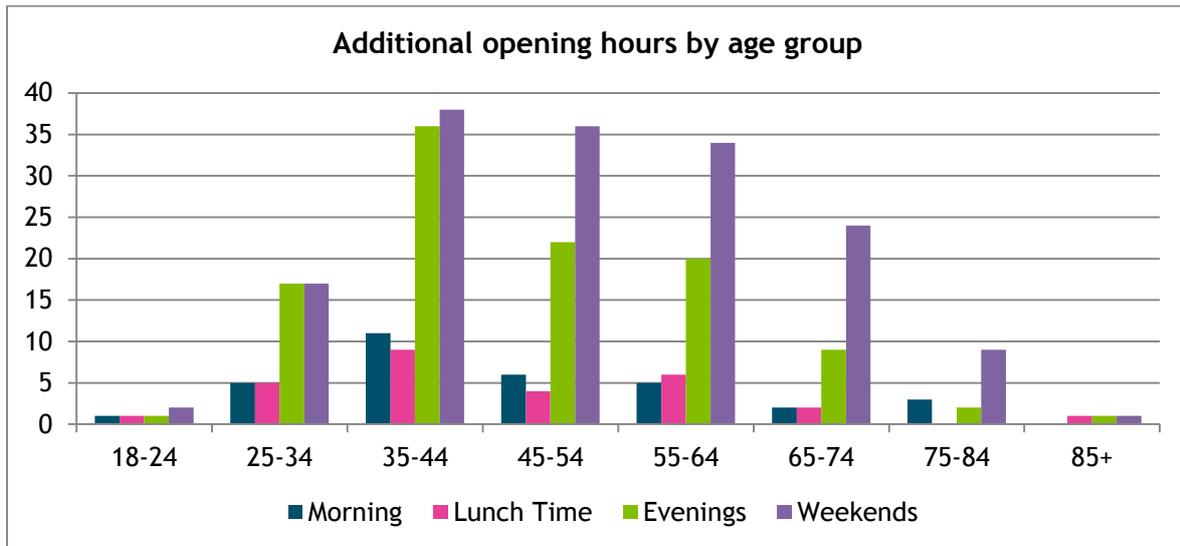


evenings or weekends were considerably more popular than early mornings and lunch times



Although the idea of weekend opening hours was popular across the borough:

Evenings were more popular in Walthamstow than in Chingford



- Appointments outside of traditional working hours were considerably more popular amongst working age respondents.

### GPPS Comparison

The Ipsos MORI GP Patient Survey (GPPS) data shows greater enthusiasm for morning appointments (31%) than our survey does, lunch times were a less popular option (13%) and evenings (63%) and weekends (54%) the most popular. However the GPPS survey only asked this question of those who said they were unable to get an appointment at a convenient time, whereas we asked all respondents. Therefore the two datasets are not exactly comparable, but basic trends are identifiable.

Q27. Additional opening times that would make it easier to see or speak to someone... Base: All whose GP surgery is not open at convenient times		
	%	N
Before 8am	31	390
At lunchtime	13	158
After 6.30pm	63	798
On a Saturday	72	900
On a Sunday	36	457
None of these	4	51
Total		1259

### Related comments

*“Working long hours makes it difficult to see a doctor, so weekend opening would help a lot”* Leyton

People require GP services at times when they can access them and flexibility in the system is clearly needed. A detailed comparison of the appointment opening hours of individual surgeries, or at a cluster level would enable further analysis and could offer some insight into whether services are meeting local needs and whether needs differ across different patches and communities.

The Guardian newspaper has gone some way towards providing this information, creating a map, using data from NHS Choices, to illustrate surgery opening hours at the weekend across England.<sup>7</sup> This shows that weekend opening hours are the exception rather than the rule in Waltham Forest. One surgery (Forest Community Health) is listed as open Saturday and Sunday in the borough and one (Hayat Medical Centre) is listed as open on Saturday. However, the rest are all listed as closed at weekends. The accuracy of this data has not been tested.

**Recommendations can be found on pages 58-62.**

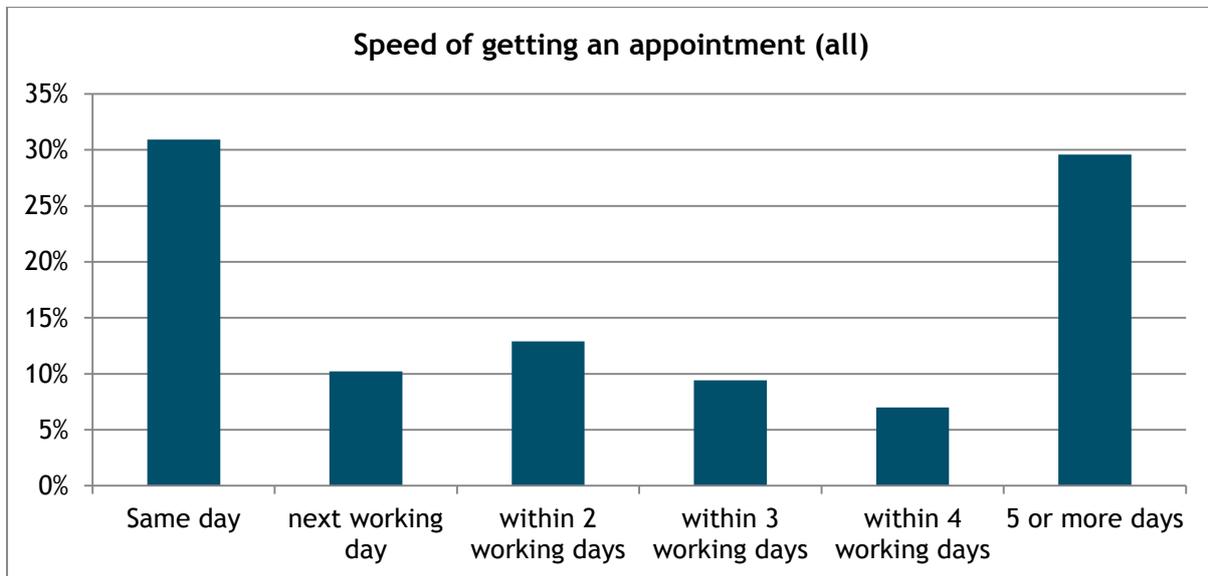
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<sup>7</sup> <http://www.theguardian.com/news/datablog/interactive/2013/oct/18/gp-surgeries-opening-hours>

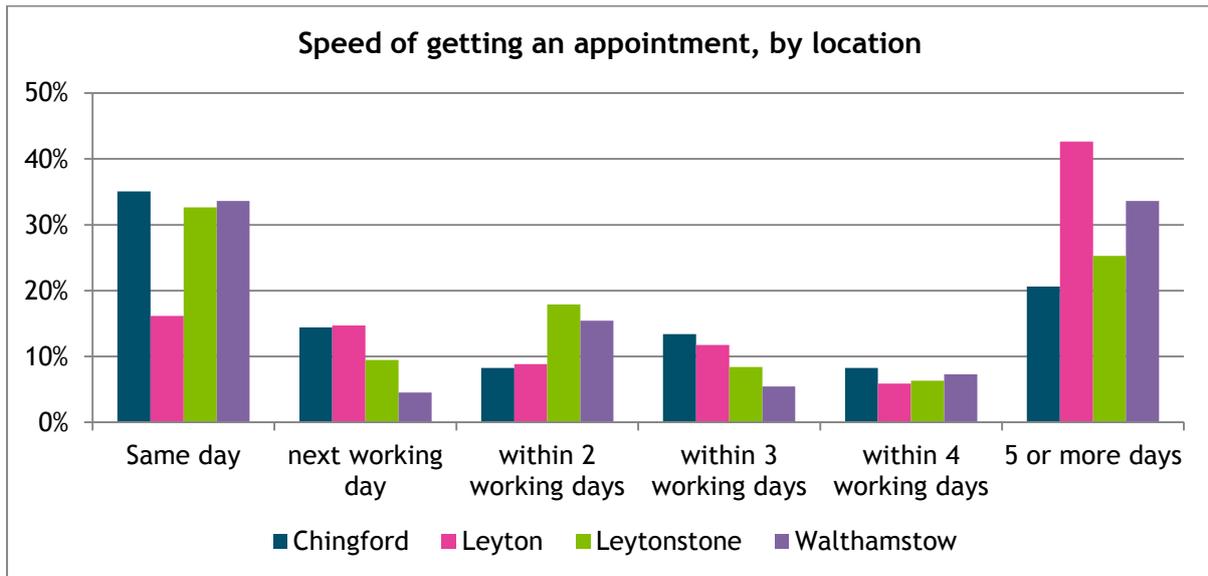
**Q2a How quickly do you usually get to see a doctor?**

**31% same day      10% next day      30% within 5 + days**

Respondents were asked how quickly they are able to get a routine GP appointment. Many noted that there is a significant difference in waiting times for routine and emergency appointments, the latter being generally more immediately available. Several respondents admitted that they always or purposefully ask for an emergency appointment to ensure they are seen promptly regardless of whether it is an emergency. Others also recognised that this is a way to be seen quickly but that it could result in real emergency cases not being seen, so they said they did not like to do it.

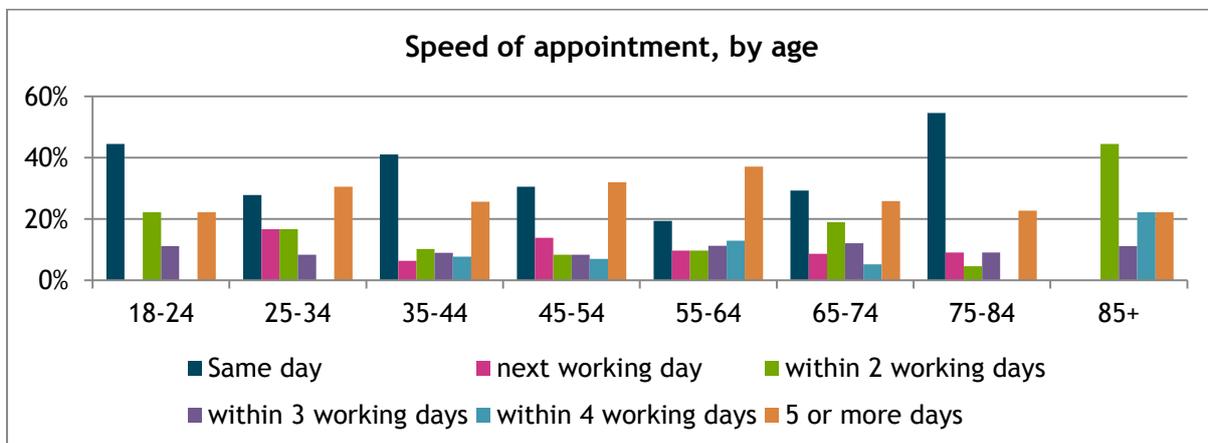


- 31% of respondents get to see a GP on the same day that they ask for an appointment
- 30% wait 5 days or longer



This variance differs across the borough.

- Chingford respondents are more likely to see their GP on the same day (35%) than those in Leyton (16%).
- Leyton had the longest wait across the borough, with 43% of respondents having to wait 5 days or longer.



There is no clear correlation between age and speed of getting an appointment but the majority of 75-84 year olds (55%) were seen the same day, compared to only 19% of 55-64 years olds.

### GPPS Comparison

The GPPS survey found that 45% of respondents were seen the same or the next

day, compared to 41% in our survey. Fewer GPPS respondents waited 5 days or more (16%) than in our survey (30%).

Q14. How long until you actually saw or spoke to GP / nurse		
Base: All who were able to get an appointment		
	%	N
On the same day	33	1214
On the next working day	12	444
A few days later	35	1273
A week or more later	16	582
Can't remember	4	156
Total		3669

### Related comments

*"I like that we get to see a doctor on the day"* Chingford

*"It would be good to get an appointment. At the moment it is two weeks"* Leyton

*"Emergency appointments have always been available the day I call but... sometimes it doesn't feel like [an] emergency and the wait for [an] appointment can take up to a week."* Walthamstow

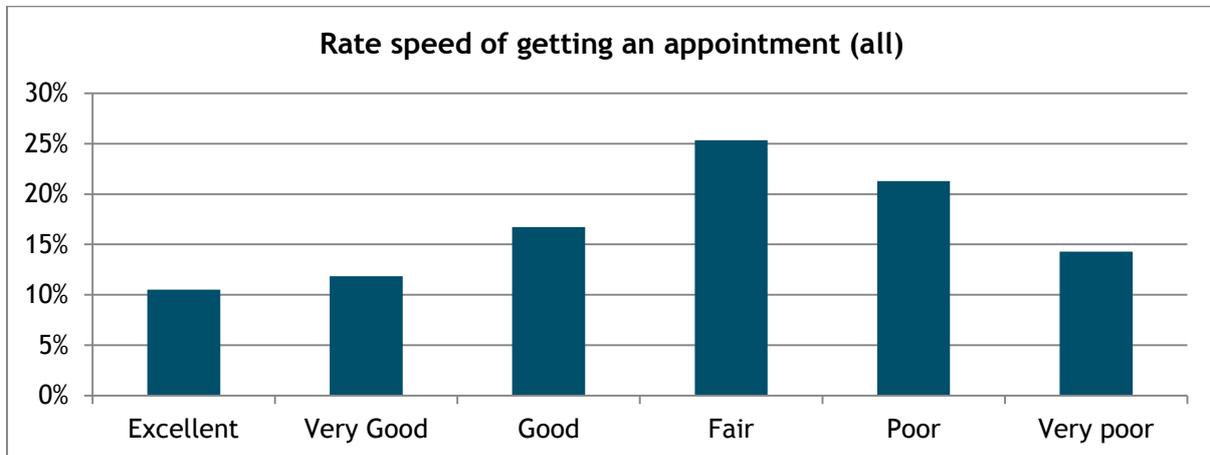
*"To book an appointment becomes tricky as it's a 3 week wait, but I always call for a same day appointment, like an emergency appointment"* Leytonstone

**Q2b How do you rate the speed of getting an appointment?**

*25% Fair*

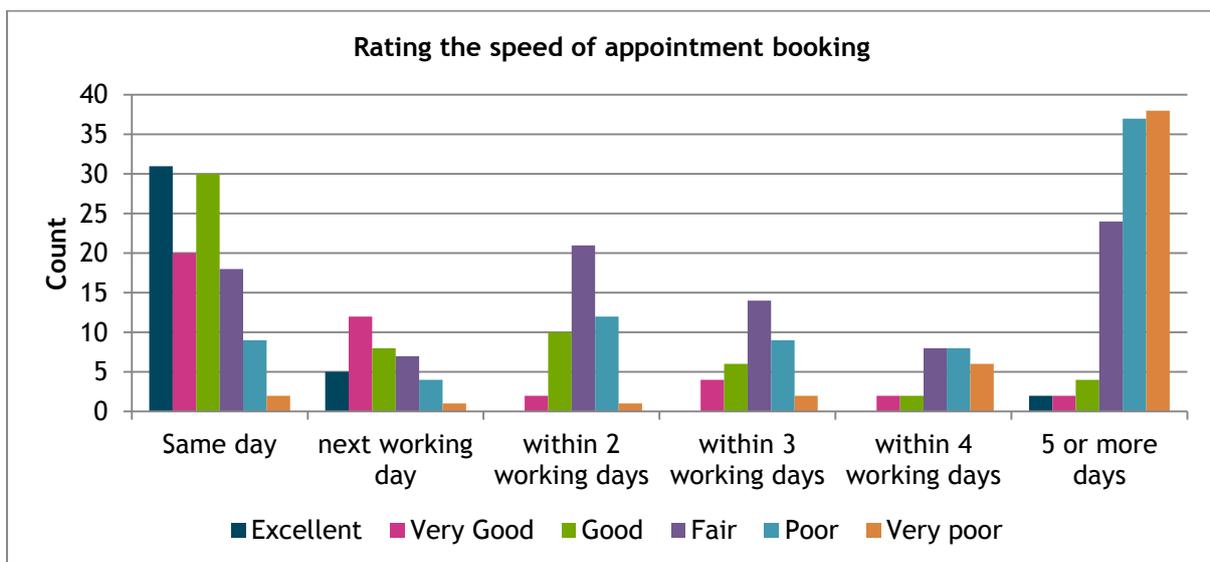
*21% Poor*

*14% Very Poor*

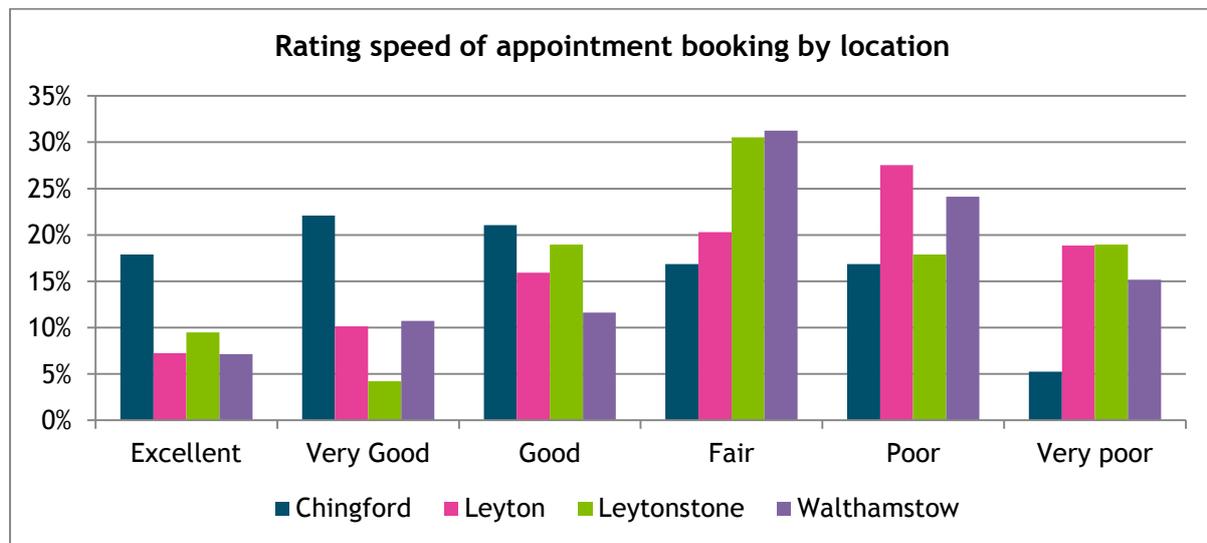


The subjectiveness of rating the speed of getting an appointment and respondents' general frustration with this aspect of accessing their GP are perhaps reflected in the answers which show that 60% rate the speed of getting an appointment as Very Poor, Poor or Fair. Respondents are generally unhappy with the speed at which they can get an appointment with their GP.

This question is a subjective one and the answers received reflect this. One person's perception of waiting time for an appointment as Very Poor is another's Excellent service, despite both getting an appointment for the next day.



Whilst the chart above perhaps shows what might be expected - that those receiving an appointment on the same or next day generally rated it highly, compared to those waiting 5 days or more who generally rated it lower - it is clear that some respondents thought getting an appointment on the same day was Poor, or even Very Poor, while others thought waiting 5 days or longer was Excellent. A few respondents evidently wanted to be positive and supportive of their GP so tended to rate them highly despite the level of service they indicated they receive which some might perceive as poor.



As expected, where respondents are generally seen more quickly, they rate the speed of getting an appointment more highly compared to other areas:

- 61% in Chingford rating it as Excellent, Very Good or Good
- 33% in Leyton rating it as Excellent, Very Good or Good
- Although Leyton respondents generally have a longer wait, they rated the speed of getting an appointment more highly than those in Walthamstow where 70% rated it as Fair, Poor or Very Poor.

### GPPS Comparison

Our results do not match the GPPS data which shows 69% of respondents were happy with the overall experience of making an appointment with the GP. However the GPPS question was wider in scope than that asked in our survey which focussed solely on the speed of getting an appointment, so these figures are not strictly comparable.

<b>Q18. Overall experience of making an appointment</b>		
<b>Base: All</b>		
	<b>%</b>	<b>N</b>
Very good	27	1270
Fairly good	42	1947
Neither good nor poor	17	782
Fairly poor	8	383
Very poor	5	248
<b>Total</b>		<b>4629</b>

Recommendations can be found on pages 58-62.

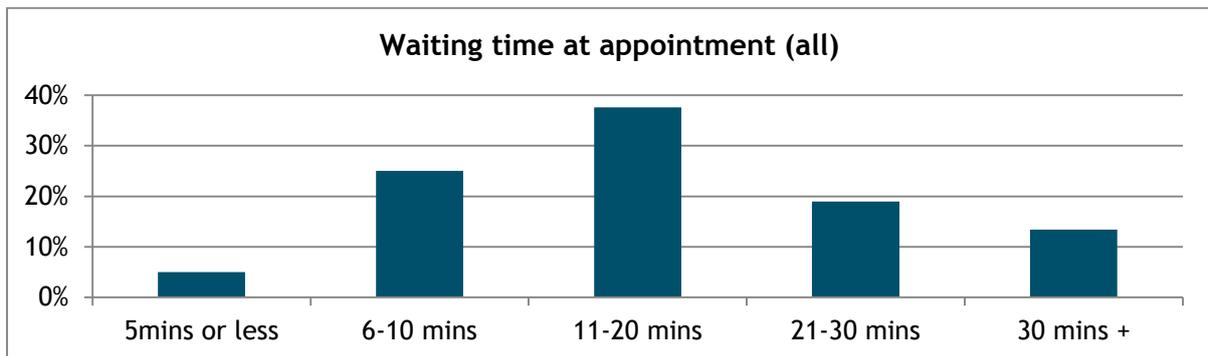
**Further research suggestion**

Alongside need, different levels of expectation would be an interesting area for further research and could feed into work streams across information, communication and behaviour management.

**Q3a How long do you usually have to wait at the practice for your consultation to begin? (please tick one box only)**

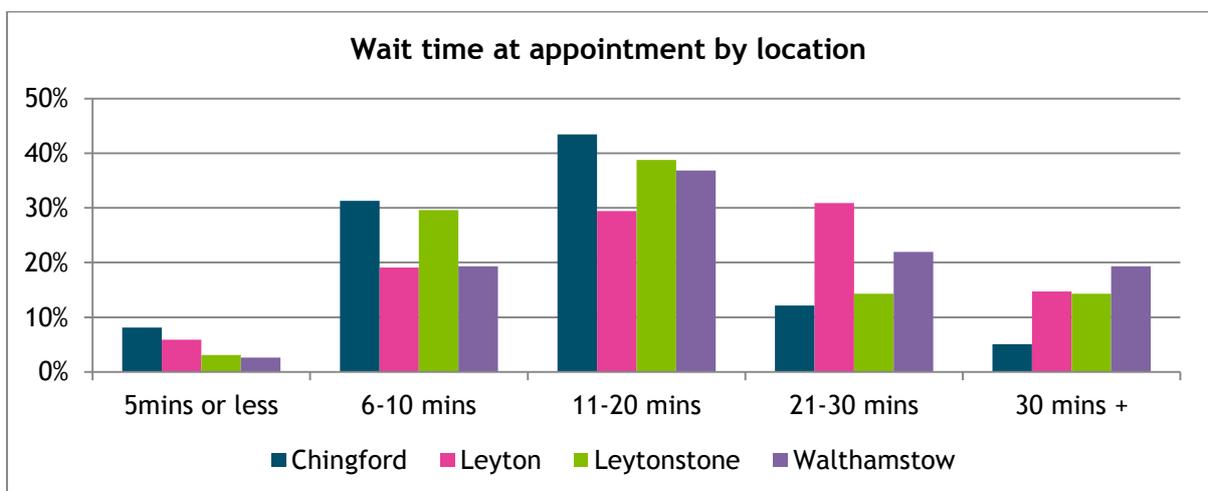
Having made an appointment, respondents were asked about the length of wait in the waiting room when they attended the appointment; were they seen promptly?

**5% 5mins      25% 6-10mins      38% 11-20mins**



- Only 5% of respondents saw their GP within 5 minutes, or less, of their booked appointment time
- 25% saw their GP within 6-10 minutes
- 38% within 11-20 minutes.

These results indicate that the majority have to wait beyond their appointment time once they get to the surgery.



Trends across the borough varied:

- 39% in Chingford were seen within 10 minutes
- 25% in Leyton
- 22% in Walthamstow
- 46% of respondents in Leyton had to wait more than 20 minutes for their appointment

### GPPS Comparison

Although the time periods used differ slightly to ours, the GPPS survey data verifies our findings; patients have to wait once they get to the surgery with a minority (7%) being seen within 5 minutes of their appointment time.

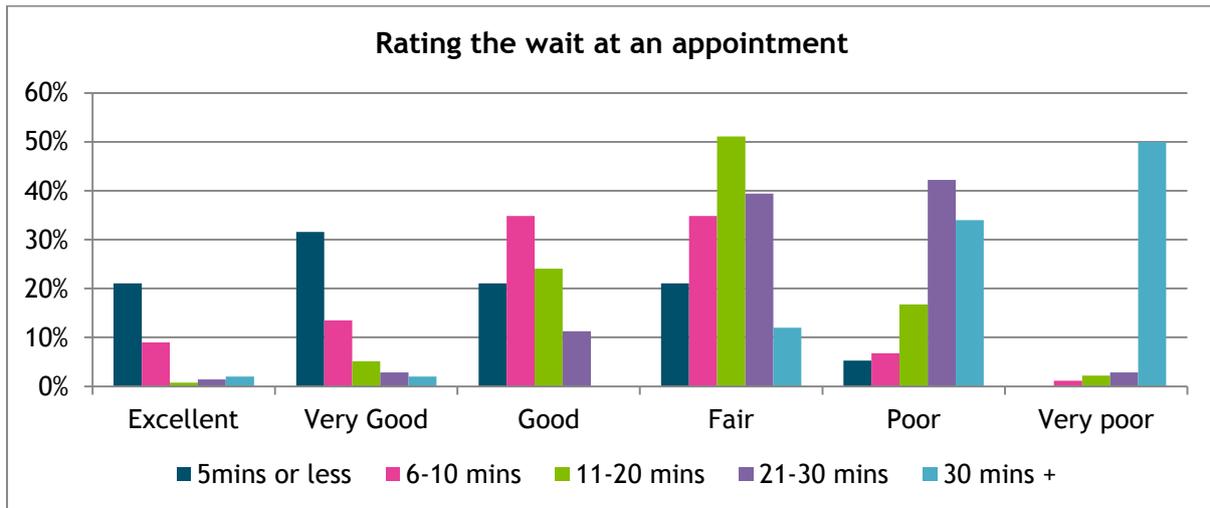
Q19. Waiting time at surgery		
Base: All		
	%	N
I don't normally have appointments at a particular time	4	169
Less than 5 minutes	7	329
5 to 15 minutes	45	2061
More than 15 minutes	39	1821
Can't remember	5	233
Total		4612

### Q3b How do you rate this wait?

**38% Fair**      **21% Poor**      **8% Very Poor**

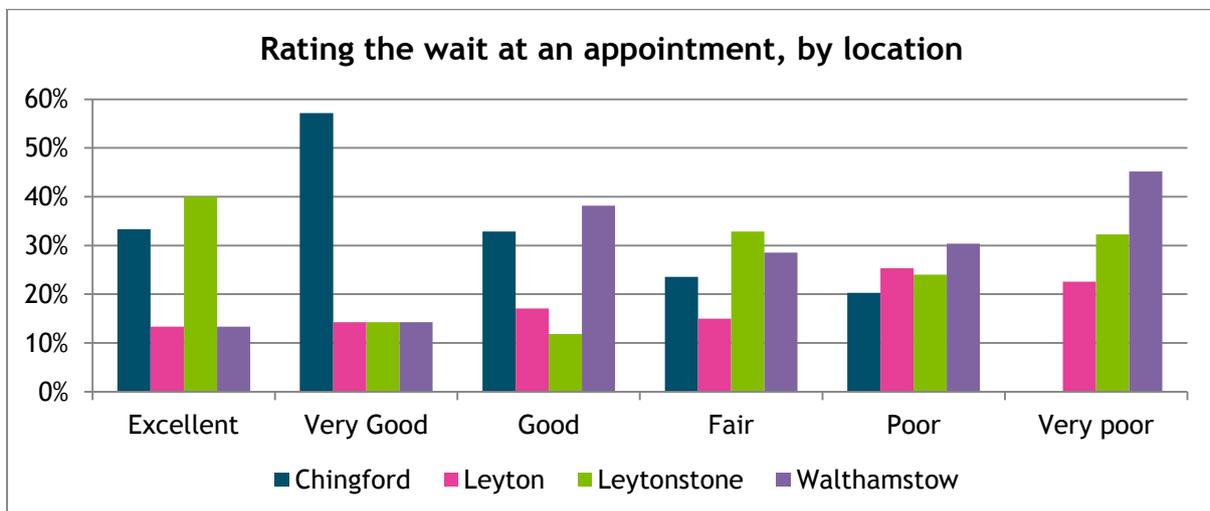


Again, the rating of any wait once at the surgery was subjective, although the majority of respondents (67%) said their wait was Fair to Very Poor.



There was general agreement that waiting 30 minutes or longer for an arranged appointment was not good:

- 34% of respondents rating it as Poor
- 50% as Very Poor
- There was less consensus about a wait of 5 minutes or less; with equal numbers (21%) rating it as Excellent and as Fair



There were variations across the borough:

- In Chingford where the wait is shortest, the rating was generally high
- In Walthamstow where patients wait longer, the rating was generally lower
- Of those who rated their wait as Very Poor, 45% were from Walthamstow and none from Chingford
- Amongst those who rated their wait as Very Good 57% were from Chingford and 14% from Walthamstow

### GPPS Comparison

The GPPS survey asked whether the wait was too long. Only 15% said the wait was too long, with almost half saying that it was not.

Q20. Impression of waiting time at surgery Base: All		
	%	N
I don't normally have to wait too long	47	2192
I have to wait a bit too long	31	1426
I have to wait far too long	15	703
No opinion / doesn't apply	7	301
Total		4622

### Related comments

*“longer and prompt appointments so you can see someone quickly.”*  
Leytonstone

*“[They are] not very good in guiding a visually impaired person around surgery”* VI Focus Group

*“If one has 2 or 3 problems at the same time GP says for every single problem I have to book another appointment”* Leytonstone

*“[Receptions staff] need awareness on child disability issues why some children can't wait, or behave in a challenging manner.”* Walthamstow

*“Improve the appointment system, [even] if the weather is cold you have to wait outside.”* Leytonstone

*“Have to wait too long at counter to pick up prescriptions.”* Chingford

*“My surgery sends a text to remind you of your appointment.”*  
Walthamstow

Reasons for the appointments running behind schedule are numerous and varied and might be caused by the patient, the GP, systems errors, or a combination of both.

It is interesting to note that while some patients missing their appointment slot reported being refused another appointment and not seen by the GP on that day,

when the GP is running late all patients may be kept waiting. This unequal balance can be a source of frustration amongst patients and impact upon service satisfaction.

For some patients a wait of any length is an issue. One Walthamstow respondent who rated their 11-20 minute wait as Good did raise the issue of waiting with children, particularly those with special educational needs or attention deficit disorders. She noted that some reception staff did not understand why her child (with learning disabilities) could not sit still and wait for the appointment. In her previous practice the staff would allow her and the child to leave the surgery to walk around nearby and then text them just before the GP was ready to see them.

Some people we spoke to identified system delays could be easily addressed. For example, a series of visual impairment (VI) focus groups across Waltham Forest identified the use of audio, alongside visual screens that display appointments, as a simple system modification that would assist VI patients in being aware when it is their turn to see the GP, thereby causing fewer delays in the appointment flow.

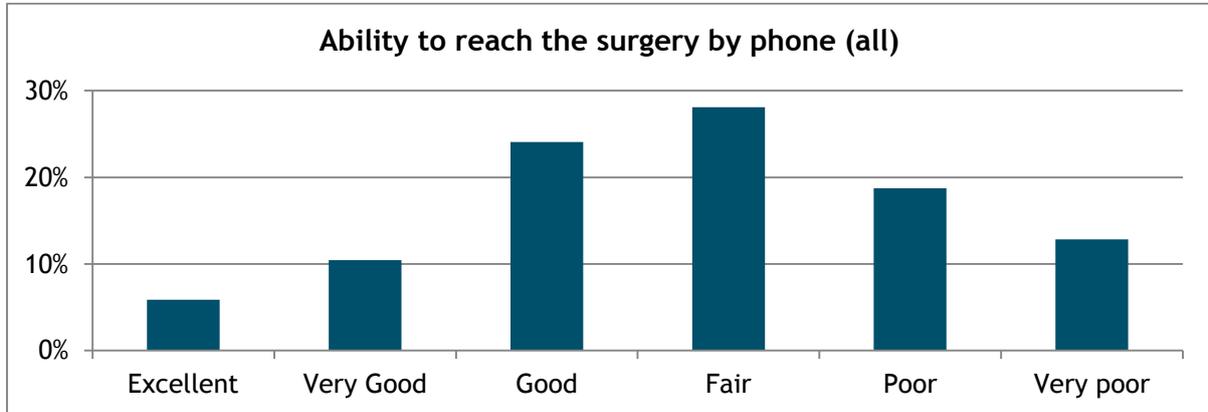
**Recommendations can be found on pages 58-62.**

**Q4a Ability to get through to the practice on the phone**

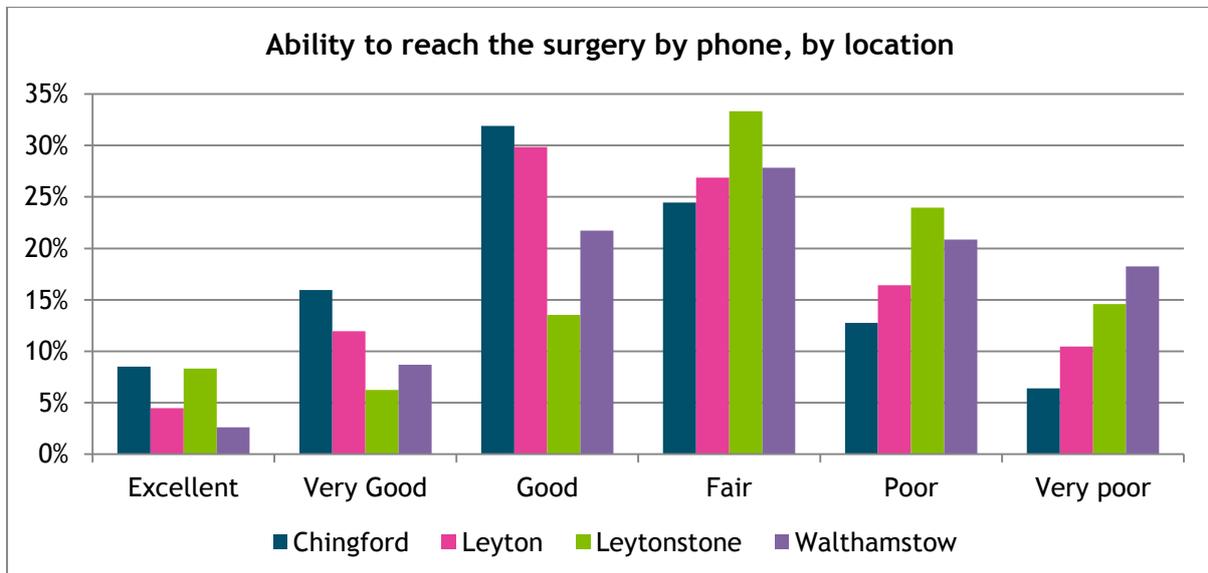
**28% Fair**

**19% Poor**

**13% Very Poor**



- The majority rate contacting their surgery by phone as Fair, Poor or Very Poor
- Only 6% across the borough rate it as Excellent
- This contrasts with the GPPS data, where the majority find it very easy (23%) or fairly easy (44%) to reach the surgery by phone. (See below)



Those in Chingford rated this service more highly than those in Leytonstone:

- 72% of Leytonstone respondents rated it as Fair, Poor or Very Poor
- 43% of Chingford respondents rated it as Fair, Poor or Very Poor
- The borough average was 60%

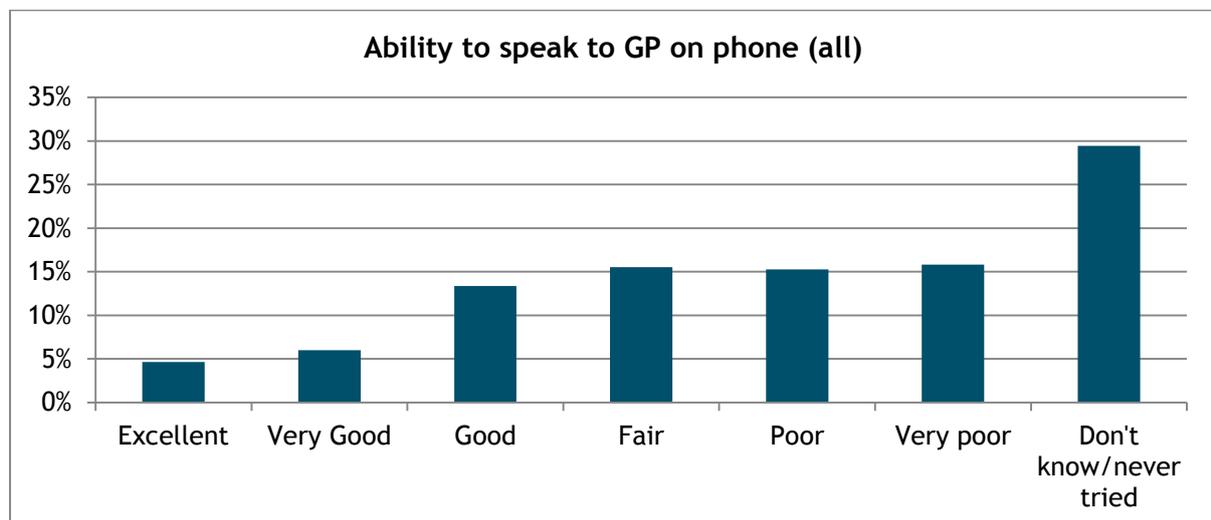
### GPPS Comparison

The GPPS data shows that the majority of respondents (67%) find it very or fairly easy to contact their surgery by phone, significantly more than the 40% in our survey.

Q3. Ease of getting through to someone at GP surgery on the phone Base: All		
	%	N
Very easy	23	1096
Fairly easy	44	2097
Not very easy	19	878
Not at all easy	10	468
Haven't tried	4	206
Total		4746

### Q4b Ability to speak to a doctor on the phone when you have a question or need medical advice

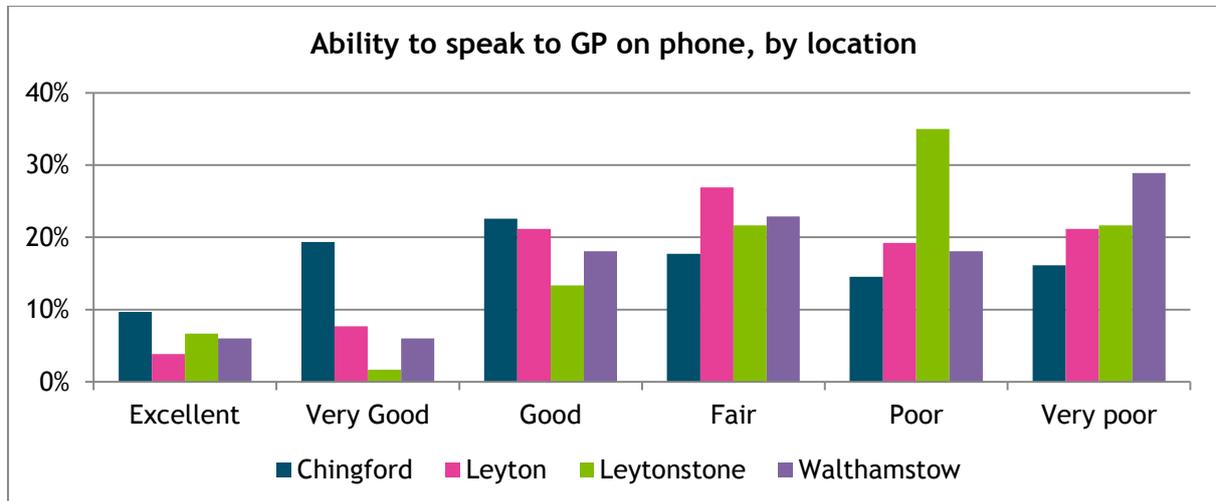
*29% have never tried or don't know about this service*



29% of respondents were unaware of the ability to speak to their GP by phone, or had not tried to do so. The low take-up and/or awareness might relate to the difficulty of getting through to the surgery by phone generally.

Of those who had tried to speak to their GP by phone (259 respondents) 66% rated it as fair, poor or very poor

- 22% Fair
- 21% Poor
- 23% Very Poor



- 79% of Leytonstone respondents rated it as Fair to Very Poor
- Walthamstow respondents also rated it lower than average, with 29% rating the service as Very Poor
- Chingford respondents rated this service higher than average across the borough, with 10% rating it Excellent and 19% as Very Good, (compared to the borough average of 7% and 9% respectively).

### Related comments

When we asked respondents to identify areas their GP surgery could improve, the telephone system was popular topic. Issues ranged from getting through to the practice on the telephone, the limitation or restrictions of the telephone booking system and the level of service they received once through to someone at the surgery.

*“They will get the doctor to phone back if it needs urgent attention.”*  
Leytonstone

*“Appointment system, often have to wait ages before someone answers the phone”* Walthamstow

*“I have to book the appointment same day but they never pick up the phone. I have been waiting a month to book an appointment”*

*Leytonstone*

*“Sometimes it takes a while to get through to speak to someone especially when the phone lines are just open, this can mean when you get through emergency appointments have gone. Also when you get through you are put on hold for a few minutes which is annoying. Some receptionists are abrupt and awkward.”* *Leytonstone*

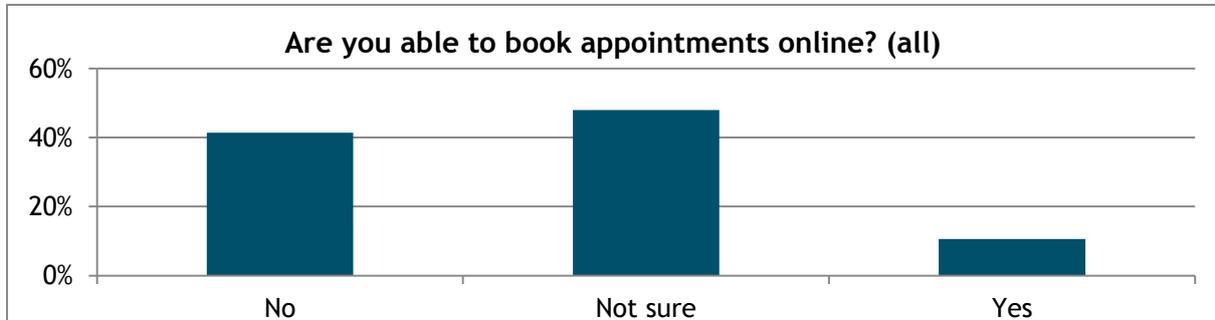
Recommendations can be found on pages 58-62.

**Q5a At your GP surgery are you able to book an appointment online?**

**41% No**

**48% Not sure**

**11% Yes**

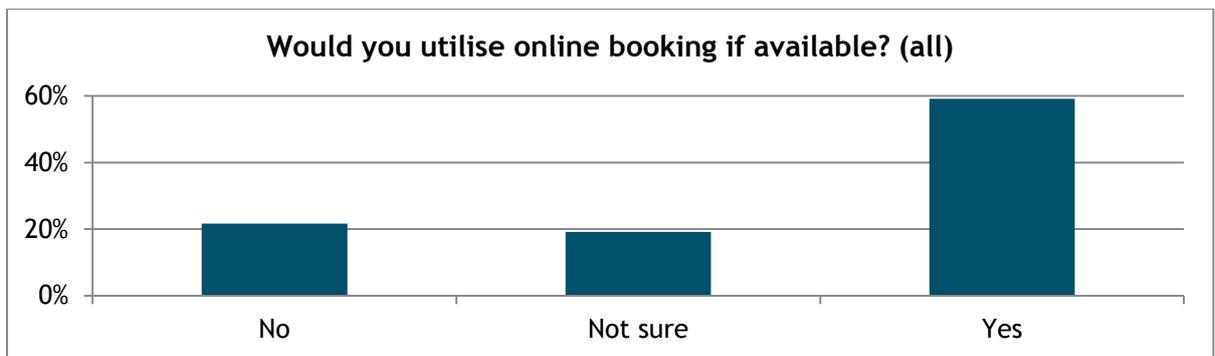


- 48% of respondents were unsure if online booking was available at their surgery
- 41% of respondents said they did not have the option to book online

**Q5b If you are not able to at the moment, would you utilise this facility (online booking) if it was available?**

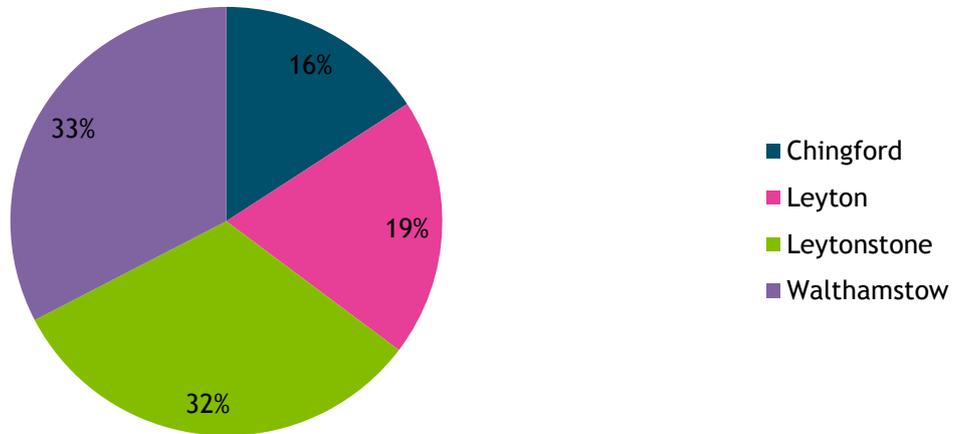
**59% Yes**

**19% Not sure**



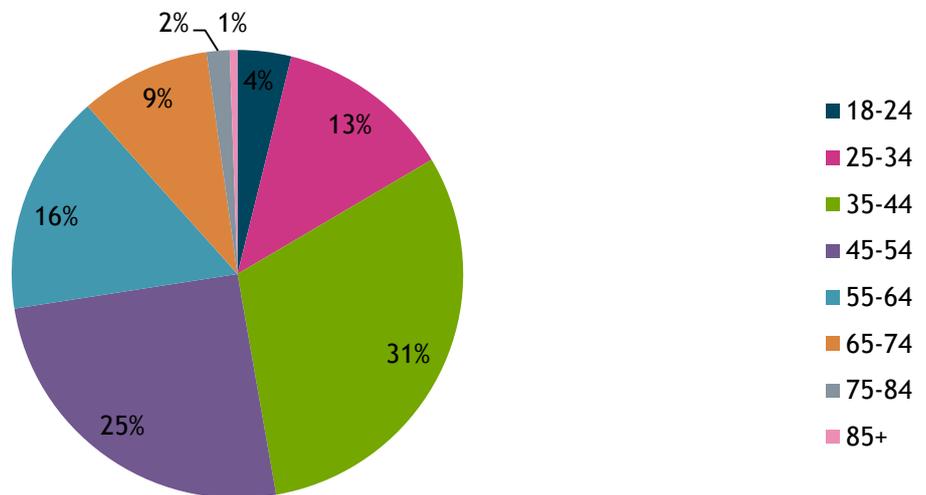
- 59% of those who do not have or do not know if they have online booking at their GP surgery would like to use the facility.

**Would use online booking, by location**



- Those in Walthamstow and Leytonstone were most keen to use online booking
- Respondents of all age groups and in all locations expressed an interest.

**Would use online booking, by age**



- The largest group to express an interest, if it was available, were the 35-44 year olds (31%)
- Older respondents were keen to use online booking as well

### GPPS Comparison

Although asking a slightly different question the GPPS results show a keenness for online appointment booking, with 33% saying this was their preferred method of booking.

Q7. Preferred methods to book appointments at GP surgery... Base: All		
	%	N
In person	31	1481
By phone	78	3710
By fax machine	0	19
Online	33	1574
No preference	3	142
Total		4734

The popularity of online booking facility was not universal. Some people said they have a good and long-standing relationship with the receptionists and feel the benefit of attending the surgery in person or calling to make an appointment. Others said they did not use the internet. One woman had the facility to book online at her surgery but had lost her passwords twice and had not bothered to pursue obtaining another one in order to use the system as yet.

Online booking is undoubtedly viewed as a useful option, particularly where the telephone or receptionist-run booking systems leave patients feeling frustrated and unable to get an appointment when needed. This option is of added relevance to those with hearing difficulties or deafness. Those we spoke to identified online and text booking services as vital to enabling them to access GP services effectively.

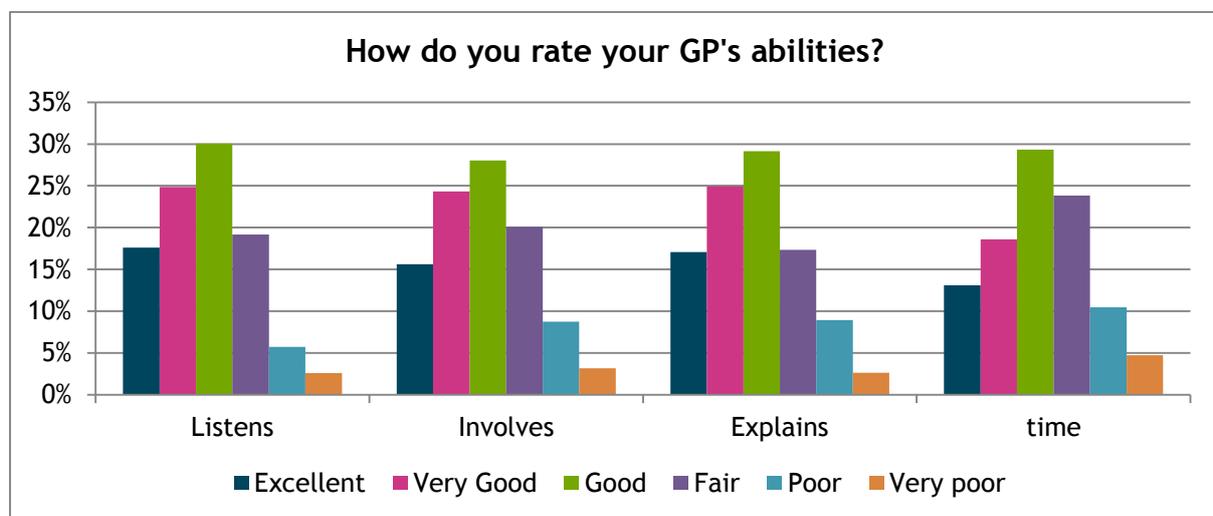
If GPs are to embrace the Royal College of General Practitioners (RCGP) 2022 vision they need to offer online booking and make people aware of the facility. As our results illustrate, the majority of respondents would be interested in booking their GP appointments online.

**Recommendations can be found on pages 58-62.**

**Q6 Quality of care** (see questions 6a-d below)

In this series of questions people were asked to think about how their GP rated on four aspects of quality of care: listening; involving patients in the decision making; explaining treatments; and the amount of time spent with patients.

Many commented that it was hard to assess this because they did not see the same GP at each appointment and the GPs they did see varied considerably in their manner. Many of the “improvement” comments we received expanded upon this theme, reflecting on continuity of care as an issue. (See page 52 for comments)

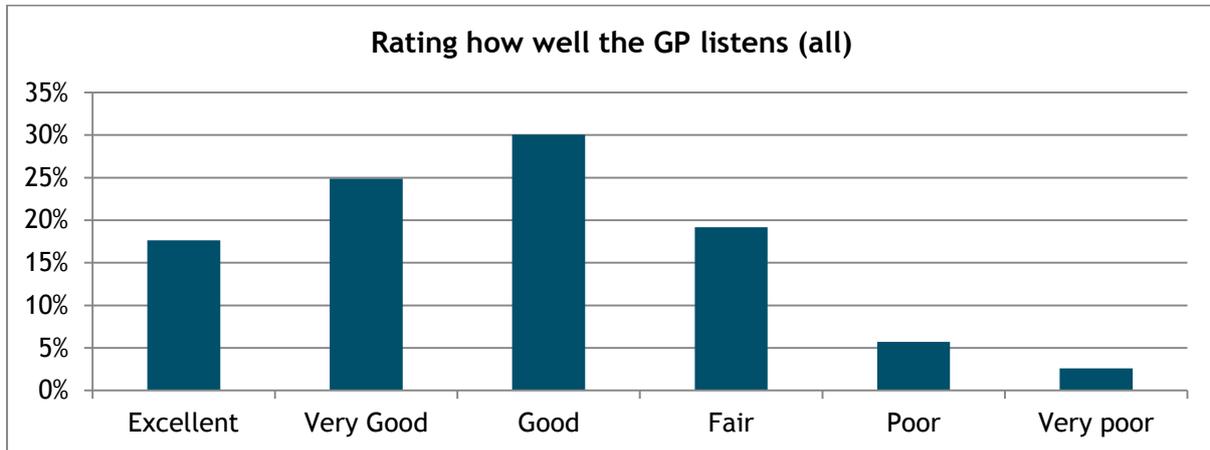


**Q6a How well the doctor asks about your symptoms and listens to what you have to say?**

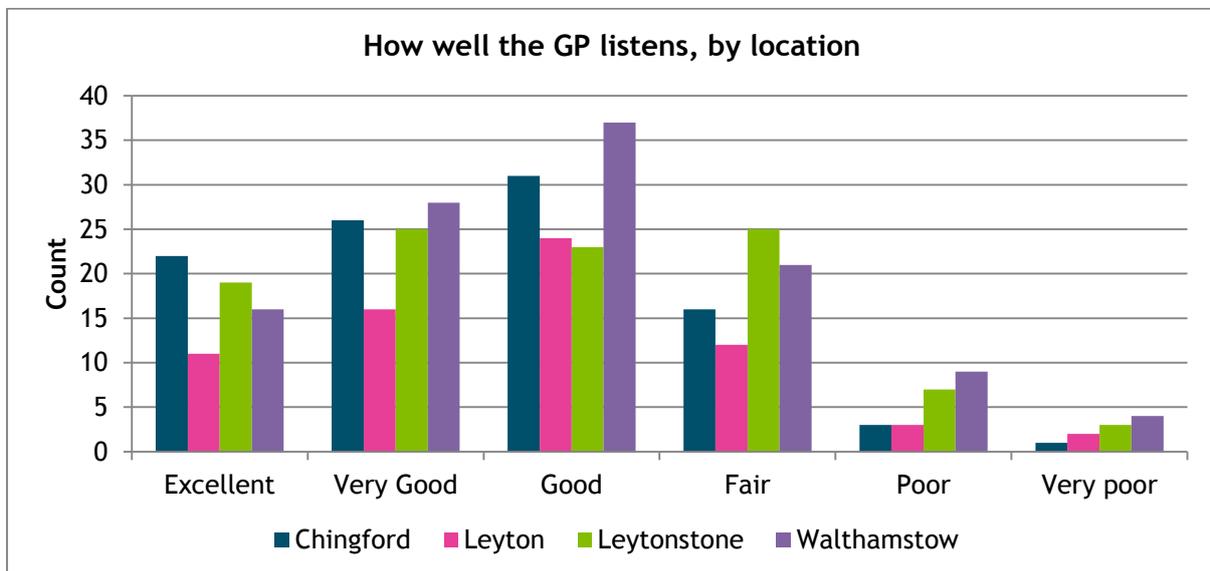
**18% Excellent**

**25% Very Good**

**30% Good**



73% rated their GP as Good, or higher, at listening, but there were variations across the borough.



Respondents in Walthamstow felt less well listened to than those in Chingford:

- 22% of respondents in Chingford rated their GP as Excellent at listening
- 14% of respondents in Walthamstow rated their GP as Excellent at listening
- 35% of respondents in Leytonstone rated their GP's listening ability as Fair, Poor or Very Poor

### GPPS Comparison

Our survey results are similar to those of the GPPS survey, where 80% rated their GP as Good or Very Good at listening.

Q21b. Rating of GP listening to you Base: All		
	%	N
Very good	38	1780
Good	42	1959
Neither good nor poor	11	508
Poor	5	215
Very poor	2	115
Doesn't apply	2	90
Total		4668

### Related comments

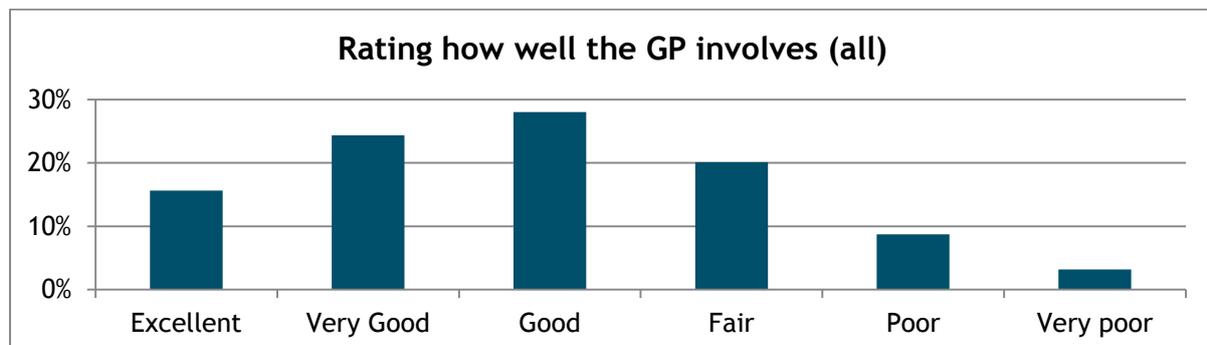
*"I feel listened to and cared for"* Leytonstone

*"Some doctors communicate with their PC's rather than patient"*  
Walthamstow

*"More patience with patient, listen more please. Take them seriously."* Leyton

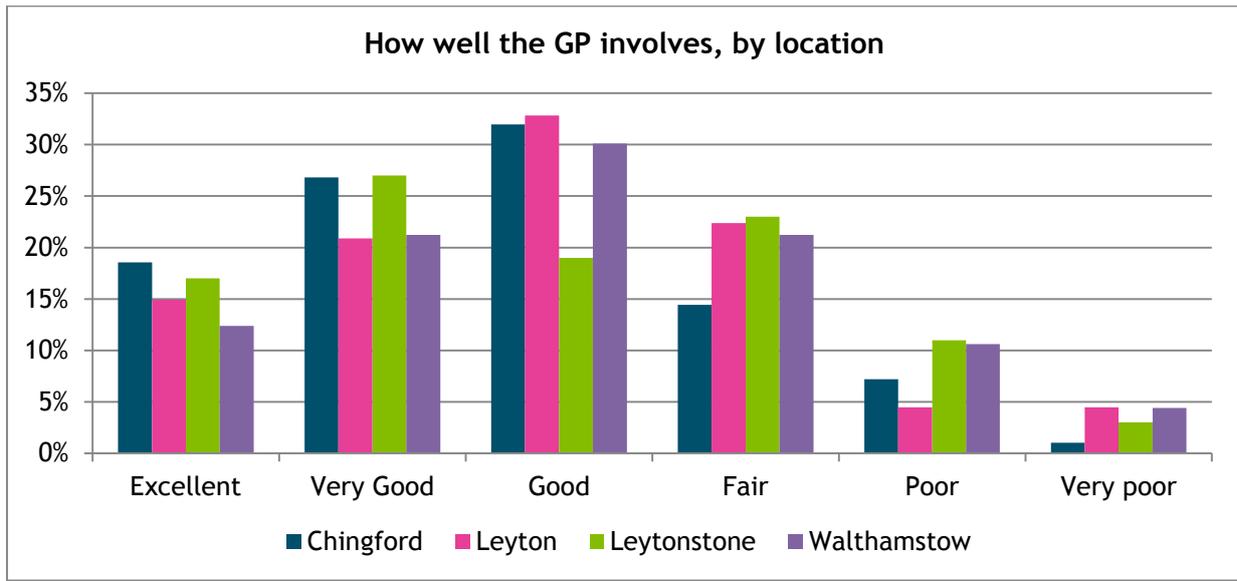
### Q6b How much the doctor involves you in decisions about your care

**16% Excellent**      **24% Very Good**      **28% Good**



Again respondents were generally very positive about how well their GP involves them in decisions about their care:

- 68% thought it Good, Very Good or Excellent
- 20% considered it only Fair



The picture varied locally:

- In Chingford 78% of respondents thought it Excellent, Very Good or Good
- In Leytonstone and Walthamstow 63% of respondents thought it Excellent, Very Good or Good

Many of the comments about what the GP surgery does well mentioned listening and it is clearly something that patients' value. (See pages 52-3 for comments).

### GPPS Comparison

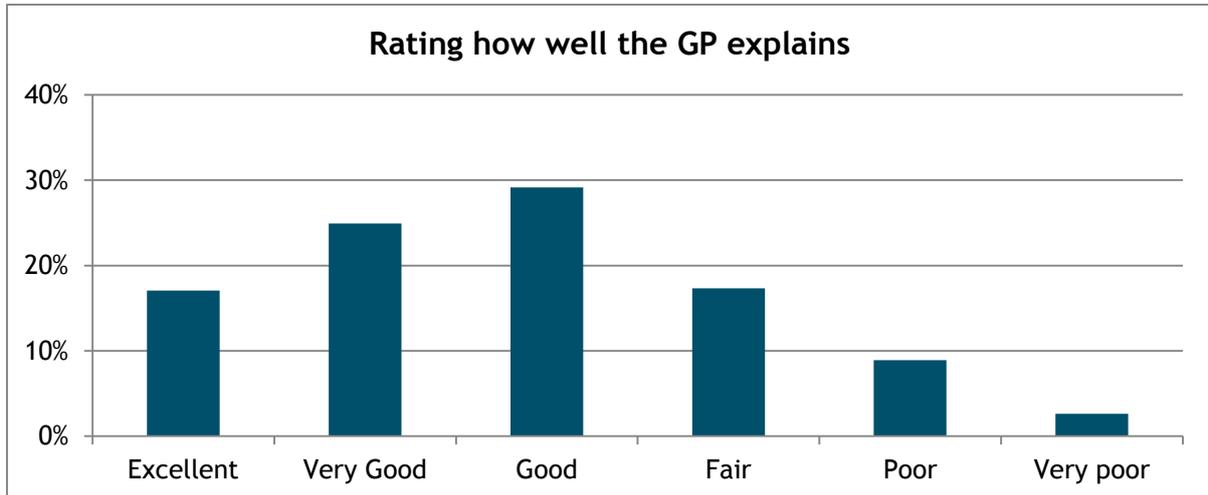
Q21d. Rating of GP involving you in decisions about your care		
Base: All		
	%	N
Very good	30	1397
Good	37	1742
Neither good nor poor	17	808
Poor	5	247
Very poor	3	131
Doesn't apply	7	335
Total		4660

**Q6c How well the doctor explains your problems or any treatment that you need**

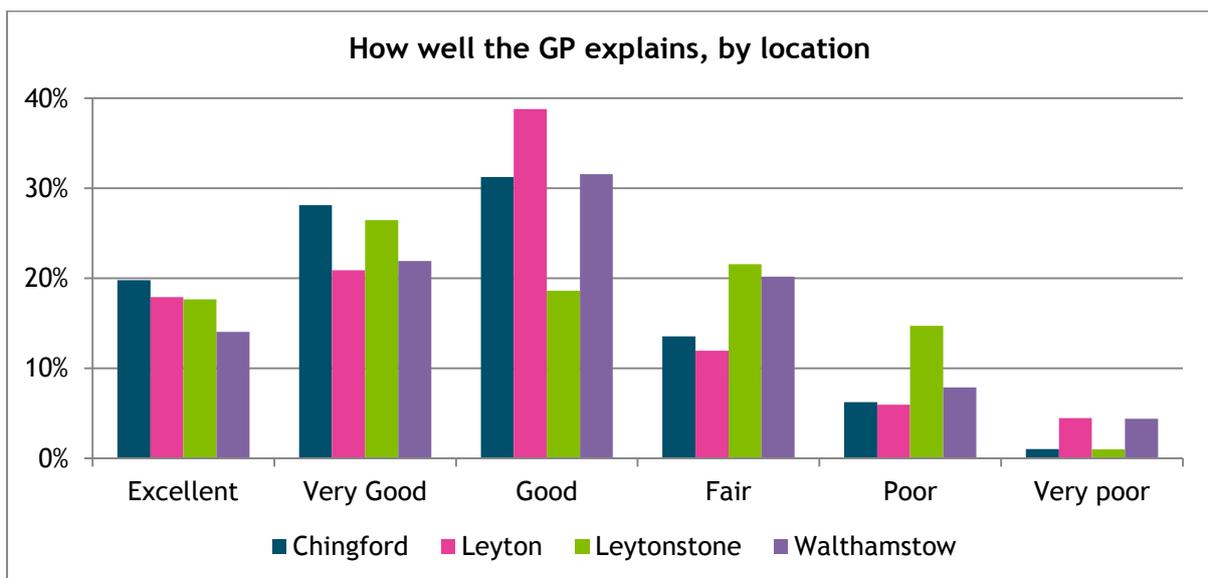
**17% Excellent**

**25% Very Good**

**29% Good**



71% of respondents across the borough rated their GP as Excellent, Very Good or Good at explaining their problems or treatments. This compares with the GPPS data where 76% rated it as Very Good or Good at explaining their tests and treatments. (See below for GPPS data)



Chingford respondents rated their GP higher than respondents elsewhere in the borough at explaining their problems or treatments:

- 20% of respondents in Chingford rated their GP as Excellent compared with 14% in Walthamstow.
- In Leytonstone 19% rated their GP as good at explaining compared with 39% in Leyton.

### GPPS Comparison

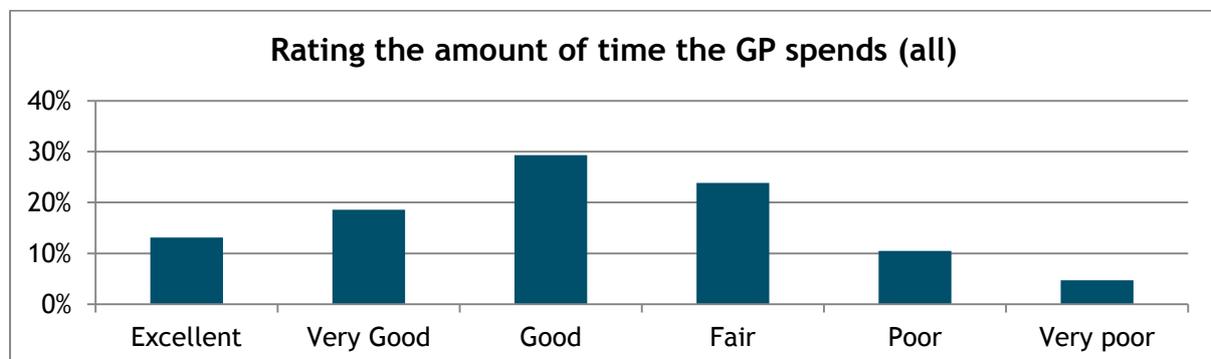
Q21c. Rating of GP explaining tests and treatments		
Base: All		
	%	N
Very good	37	1698
Good	39	1783
Neither good nor poor	14	652
Poor	4	200
Very poor	2	106
Doesn't apply	4	188
Total		4627

### Related comments

*“When I see my own GP he gives me quality time for discussing my case and [if] examination/referral needs to be done he will explain why.”* Walthamstow

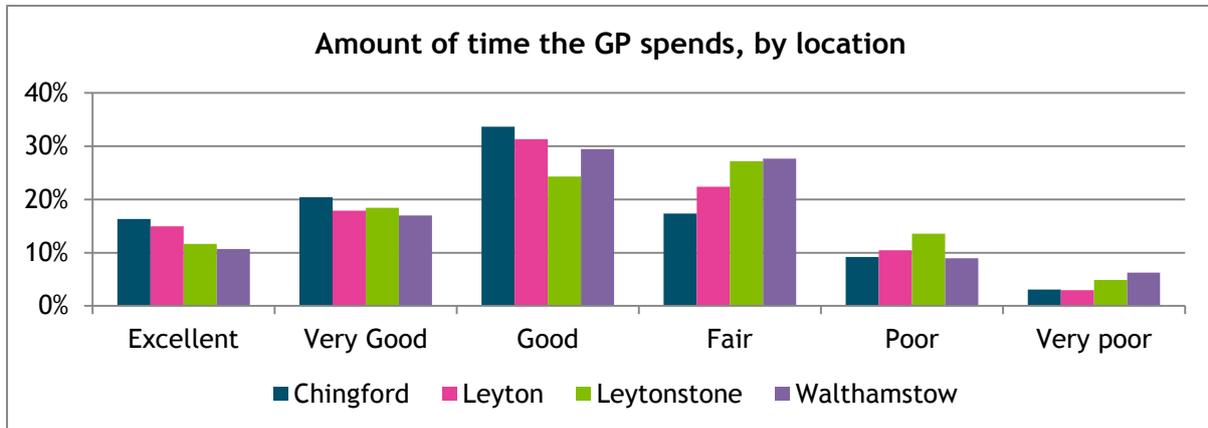
### 6d The amount of time your doctor spends with you

**13% Excellent**      **19% Very Good**      **29% Good**



Time with the GP was a frequently-mentioned issue. Appointments are generally only 10 minutes long and restricted to one health problem per appointment.

Across the borough 53% rated this as Good (29%) or Fair (24%). This differed markedly from the GPPs survey where 77% rated it as Very Good or Good. (see below for GPPS survey data).



Locally it varied considerably:

- Chingford respondents generally rated their GP higher than elsewhere in the borough, 70% rated them as Excellent, Very Good or Good compared to
- 57% of respondents in Walthamstow
- 46% of respondents in Leytonstone rated the amount of time their GP spends with them as Fair, Poor or Very Poor

### GPPS Comparison

Q21a. Rating of GP giving you enough time		
Base: All		
	%	N
Very good	36	1691
Good	41	1916
Neither good nor poor	13	620
Poor	4	208
Very poor	3	147
Doesn't apply	2	92
Total		4674

### Related comments

*“He talks to you, spends time and listens”* Walthamstow

*“GP should listen well, if one has 2 or 3 problems at the same time GP says for every single problem I have to book another appointment”*

Leytonstone

Recommendations can be found on pages 58-62.

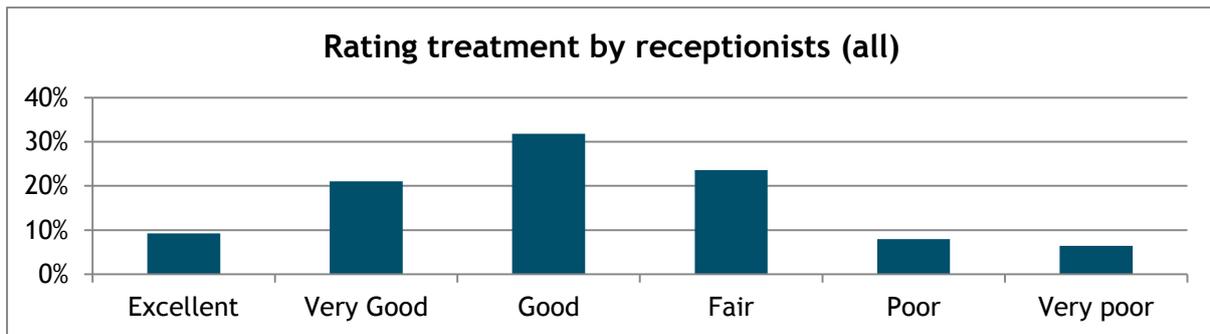
## Patient Satisfaction

**Q7 How do you rate the way you are treated by receptionists at your practice?**

**9% Excellent**

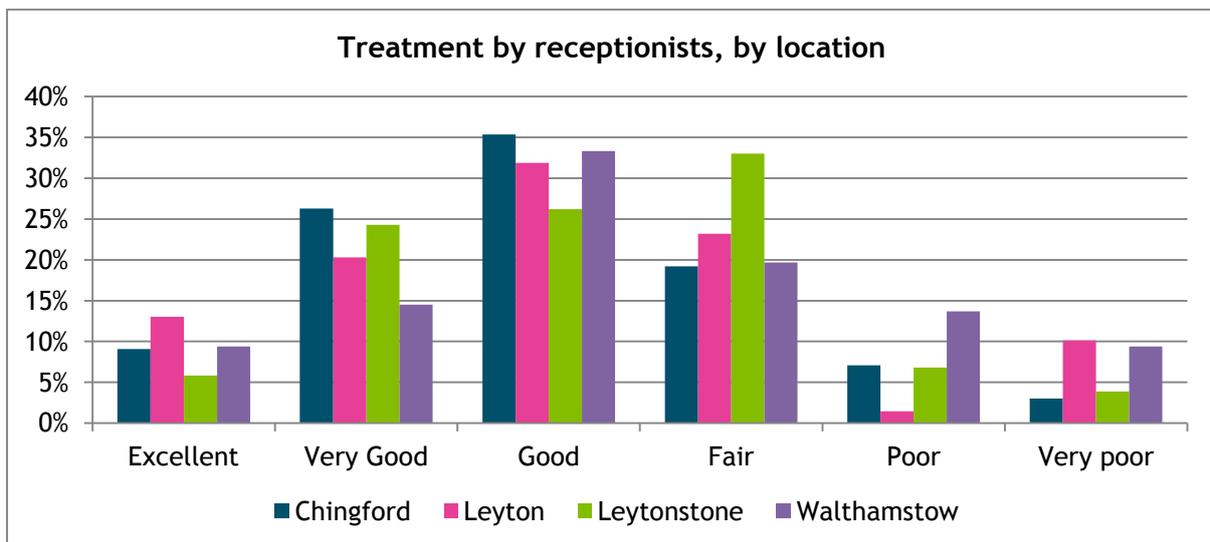
**21% Very Good**

**32% Good**

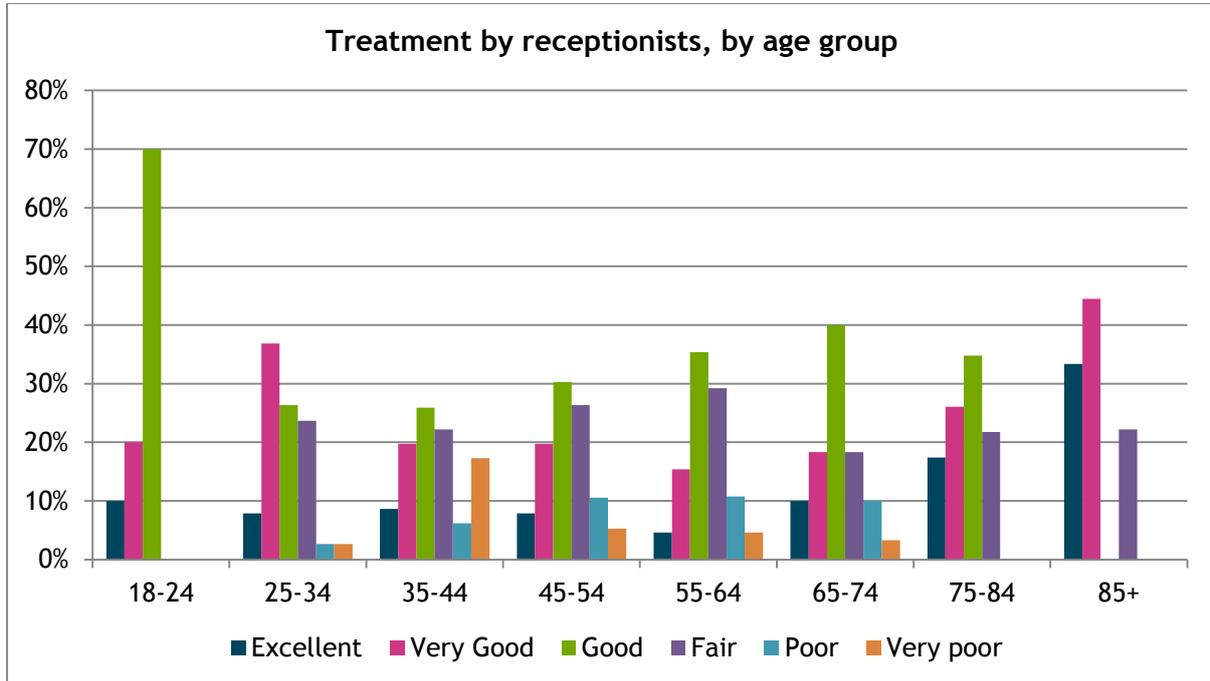


- 62% of respondents overall rate receptionists as Good, Very Good or Excellent and this trend is evident across the borough.

We did, however, receive a large number of comments that contradict this overall picture. It is worth noting that many people we spoke to demonstrated an appreciation and understanding of the pressures faced by receptionists; this may go some way towards explaining the differences between the ratings and the comments. (See below and page 55 for comments).



- Respondents in Leytonstone rated their treatment by receptionists lower than in other areas, with a third (33%) rating it as Fair
- Chingford respondents rated their treatment more highly, with 70% rating it as a Good or higher



Across the age groups older people tended to rate the receptionists more highly. It is notable that 17% of the 35-44 age group considered their treatment by receptionists to be very poor, considerably higher than the borough average of 6%.

### GPPS Comparison

The GPPS survey asks about the helpfulness of receptionists rather than how they treat patients, so is not strictly comparable. However, it does show a high appreciation of the receptionists as helpful which corresponds with our results, although not with the comments received about receptionists.

Q4. Helpfulness of receptionists at GP surgery		
Base: All		
	%	N
Very helpful	40	1919
Fairly helpful	45	2120
Not very helpful	9	435
Not at all helpful	3	158
Don't know	2	109
Total		4741

The comments received about receptionists focussed on customer service and communication skills, which many people felt were poor amongst some, although

not all receptionists. As the first point of contact for most patients they were also seen as the guardians of the appointment booking system and frustration with that system could be transferred to the receptionist.

#### Related comments

*“Receptionist is very nice to speak to” Chingford*

*“Receptionists have to improve how they talk to people” Walthamstow*

*“Receptionist needs to at least acknowledge queue even if they cannot attend to it individually.” Leytonstone*

*“(Need) more friendly receptionists. They are good but can improve on their people skills” Chingford*

*“Some receptionists need further customer service training” Leyton*

Recommendations can be found on pages 58-62.

## Comments received

Respondents were asked to name **one thing their GP surgery does well** and **one way in which it could improve**. People had trouble naming things done well and had to think long and hard about an answer, whereas they were much quicker to identify areas for improvement. The majority of respondents focused on good communication, customer service and “people skills” when talking about things done well, and about systems and processes when talking about areas for improvement, although some also mentioned staff attitudes as an area for improvement. The impression gained from reading the comments is that patients value and appreciate good communication and customer service and dislike badly planned systems and poor customer service.

Subject	Done well	Needs improvement
Appointments	14% (32)	41% (106)
Communication	50% (112)	14% (35)
Continuity of care (Drs)		6% (16)
Opening hours		9% (24)
Phone		5% (14)
Premises		2% (6)
Services	17% (40)	9% (23)
Staff	19% (50)	13% (32)
<b>Total</b>	<b>100% (234)</b>	<b>100% (256)</b>

### Appointments 14% of positive comments/ 41% improvement comments

The positive comments about appointments included several one word answers of “appointments” without further detail, but others included specifics about the aspects that they valued. The general impression is that people recognise and value an appointment system that works well and which allows them to get an appointment when they need it and as swiftly as possible. The **areas for improvement comments centred on booking systems** that left patients feeling frustrated and waiting, they felt, too long for an appointment. The comments focus on the appointment booking system, booking ahead and waiting times at the appointment. Respondents objected to the need to “plan to be ill” in order to fit in with the appointment booking system.

Respondents felt the phone system was not a fair way to allocate appointments and their perception was that it was difficult to get through on the phone and if/when they did there were often no available appointments.



This improvement comment neatly sums up the various aspects of the appointment booking system one patient finds frustrating, but aspects of which many others mentioned:

“The appointment system requires significant improvement. Appointments are allocated in a very particular and inflexible way by the receptionists. No information is available online. Receptionists are reluctant to provide details when asked. The purpose seems to be to make it difficult to obtain an appointment (as a form of rationing). The consequence is that multiple calls are needed to arrange an appointment. Calls must be made at a very specific time of day. It is difficult to get through because all patients are forced to call at the same time. There is no choice as to the appointment time as patients are only offered the next appointment on the list until all appointments are full.” Walthamstow

### **Communication 50% of positive comments/14% of improvement comments**

By far, the largest numbers of positive comments were about good communication at the surgery. Where communication was at its best, respondents particularly valued the GPs’ listening skills and the building of a relationship with them.

However, where this aspect was considered an area for improvement, comments frequently mentioned poor communication with the GP, the patient feeling they were not being listened to, and a general lack of communication at the surgery.

Related to communication was the issue of **continuity of care**. Several positive comments mentioned it as an aspect of good communication, but 16 respondents mentioned it specifically as an area for improvement. They wanted to see the same GP rather than be allocated the next available one or were not happy with the differing levels of service available from different doctors.

“You can see any doctor but my one does the emergency calls now so I have to wait two or sometimes three weeks if I need to see her again.” Chingford

“Very mixed service dependent on the doctor you get. You cannot specify doctor though as no appointments” Walthamstow

“Not always easy to see same Dr, so consistently have to explain sight loss problem.” VI focus group

“Getting an appointment with my regular GP - I often have to wait over 2 weeks for an appointment.” Leytonstone

“One GP does very thorough exams. I wait for appointments with her, with the others it is a virus and waste of time to attend.” Leytonstone



“The main problem with this practice is the lack of customer service offered by Doctors, no explanation or discussion of treatments nor reassurance that the diagnosis made is truly reflecting my symptoms and that there is a plan to deal with current conditions. I have been laughed at on one occasion and on other was told “to go private if I did not like it”.”  
Walthamstow

### **Opening hours 9% improvement comments/0% of positive comments**

Although everyone was asked about opening hours and the majority supported some additional opening hours, relatively few comments mentioned them explicitly, either as something done well or as an area for improvement. Those that were received included some very specific comments such as: **“I wish surgery was also open after lunch on Wednesdays”** (Walthamstow), to the more general:

**“No adequate cover for city workers”** Chingford

**“I would prefer to see doctor outside working hours including possibly weekends.”** Leyton

**“Should be able to ring up earlier to make an appointment and have more evening surgeries as it is difficult for those who work.”** VI focus group

### **Phone comments 5% improvement comments/0% of positive comments**

Beyond concerns about getting through on the phone, respondents are worried about the ongoing use of 0844 high cost phone lines.

**“They use an 0844 number which is chargeable to me.”** Chingford

**“Profitable numbers, 0844”** VI focus Group

**“Answer the phone quicker and get rid of the expensive 0844 numbers.”**  
Leytonstone

**“Answering the phone and change the horrible music while we’re kept waiting.”** Walthamstow

**“getting through on phone is really difficult.”** Walthamstow

### **Premises 2% improvement comments/0% of positive comments**

Respondents wanted to see the physical premises improved, in terms of décor and layout. One respondent in Walthamstow praised their surgery premises because it is **“bright and welcoming”**. If patients are having to wait some time at their appointment these things clearly take on greater significance.

**“Bigger and brighter surgery”** Leyton

“Surgery building needs maintaining better, scruffy and dirty looking”  
Leytonstone

“The queue to see a receptionist is confusing and it is not clear which window is open.” Walthamstow

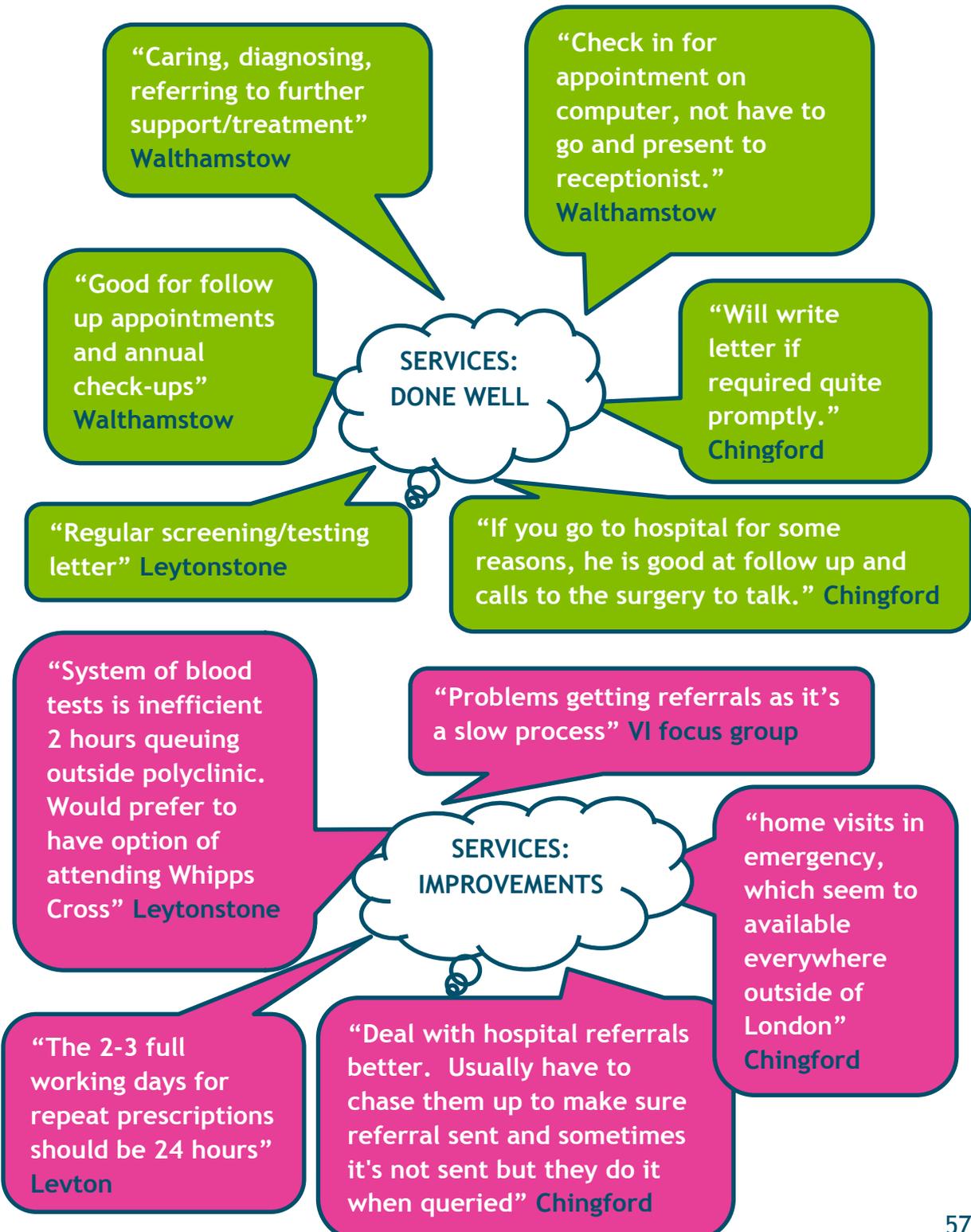
**Staff 19% positive comments/13% improvement comments**

The majority of positive comments about staff (22) concerned the GP manner, and the rest were split equally in praise of reception staff and nurses. The improvement comments focussed strongly on reception staff. There were 14 comments praising reception staff compared to 29 suggesting improvements. Comments about receptionists included their attitude as well as practicalities such as assisting patients with visual impairment more.



**Services 17% positive comments / 9% improvement comments**

Those things done well included looking after child patients well, referring on, arranging testing and ensuring robust systems to recall patients for follow-up and regular review. Self check-in on arrival for an appointment was mentioned several times as a good thing, although sole use of such a system is impractical for visually impaired and others. The areas for improvement included inadequate referral, testing and a lack of specialist services, prescriptions were also a concern for some.



## Recommendations

### 1. Opening hours

There is clear demand for additional opening hours at GP practices in the borough. Too many patients currently find it difficult to get an appointment when they need or want one, either immediately or in advance. Equally many people, particularly working people, find it difficult to attend appointments during the week and during fixed daytime hours. Longer opening hours would address both issues, providing additional appointment slots and at different times of the day, such as evenings or weekends.

Some GP Surgeries do currently offer extended opening hours on specific days, Monday to Friday, but there is a clearly expressed desire for routine extended hours throughout the week, across the borough.

- 1.1. **Review current opening hours of each GP surgery, with the Patient Participation Group (PPG) and the wider patient list to explore options and preferences for additional opening hours.**
- 1.2. **Review GP surgery opening hours alongside those within the locality and or GP Network, to ensure that additional opening hours are widely available in the borough, if not uniformly across the borough.**

### 2. Appointment booking

Most people would like to contact their GP for an appointment and see them as soon as possible, or at an agreed time in the near future, at a time convenient to them. In order to achieve this some people are currently by-passing systems put in place to ensure priority cases get seen first by the GP. They are doing this by asking for emergency appointments unnecessarily. People are dissatisfied with the systems in place; they perceive them as unfair and/or unfathomable. Booking systems need to be transparent and suitably flexible to allow three tiers of appointment to be booked at any time: urgent appointments the same day, non-urgent appointments for the same week, and routine or follow up appointments for the same month.

The booking system(s) used need to be more user-friendly and transparent to patients. Requiring and restricting patients to telephoning for an “on the day” appointment is a stressful experience for unwell people. Even more so when patients are left frustrated by unanswered phones or, if their call is answered, by being told there are no appointments left minutes after the phone lines first

opened. Allowing patients to use various methods of booking an appointment, so that they can use the one that best suits them without being disadvantaged, would improve GP access for patients.

Appointment booking systems should be regularly reviewed at a cluster and borough level to identify and share best practice across the borough.

- 2.1. Surgeries should consult with their patients to identify popular methods of booking an appointment and adopt a variety of the most popular methods so that patients have choice in how they can book an appointment: including in person, by phone, by text and online booking. The particular needs of those, for example with visual impairment or deafness, should be adequately accommodated for within these options.
- 2.2. Telephone booking systems should be reviewed and compared across the borough: Good practice should be identified (by the PPG and GP surgeries) and shared. Accessibility for patients should be the key consideration.
- 2.3. GP surgeries and the Patient Participation Group (PPG) should review guidelines for emergency and non-emergency appointment booking. Guidelines should be standardised across the borough so that patients understand the system, including how and when to access emergency care appropriately.
- 2.4. GPs and the PPG should review the appointment booking systems to consider whether it adequately provides for the booking ahead of non-urgent, routine or follow-up appointments. Patients should be able to make an appointment within a minimum period of x weeks.
- 2.5. The GP surgery staff and the PPG should review the patient registration process to ensure that the appointment booking system is fully explained to all new registrants so they understand the system and their own obligations towards the practice. Reception staff should have on going training to ensure they possess adequate skills, knowledge and support to manage patient contact effectively and efficiently.

### 3. Waiting at appointments

Clearly when you are ill and waiting to see the GP for an arranged appointment the wait, once you arrive at the surgery, should be as short and as pleasant as possible. Systems can be implemented to address this. Waits at an arranged

appointment could be minimised by ensuring all patients attend their appointments on time and do not overrun their allocated slot. Sending reminders (texts or letters) to patients before the appointment could be more widely adopted.

Having accessible and current information in the surgery about any delays and the reasons for them would help to educate patients about how delays occur and how to avoid them in future.

The physical environment of the waiting room at GP surgeries could be improved to make any wait more pleasant. Surgeries should be well-maintained, reception staff should welcome and acknowledge patients as they arrive and keep them informed of any current delays. The GP surgery should be a pleasant, friendly and comfortable environment.

- 3.1. Reception staff should work with the Patient Participation Group to develop ways of prominently displaying information in the surgery waiting room about current wait times and the reasons for any delays**
- 3.2. Practice managers should engage with the Patient Participation Group and explore ways to minimise delays caused by patient behaviour.**

#### **4. Telephone contact**

There needs to be more patient awareness of the availability of telephone consultation with GPs or nurses. This is a valuable resource which can relieve pressure on the appointment system. If properly triaged by a clinical professional, for example, patients might be able to visit a pharmacy rather than the GP surgery.

There is a need for robust systems to receive and manage calls quickly and efficiently at the GP surgery, at minimum financial cost to the patient. The telephone system should allow for patients to leave a message or remain in a queue to speak to someone rather than be timed out and disconnected if the phone is unanswered. Surgeries have been instructed not to use 0844 phone lines but some still do.

- 4.1. GP Surgeries should regularly inform all patients of the options available at the surgery to meet with, speak to, or otherwise engage with a GP or nurse, including by phone.**

- 4.2. The GP surgery and the PPG should review their telephone consultation service to see who is using it and how frequently. If it is not widely used they should consider ways of promoting the service to patients.
- 4.3. Surgeries should ensure they have a local rate 01, 02 or 03 number that patients are aware of and can routinely use to call the surgery for appointments and other issues. No surgery should have an 0844 number as the only or primary mode of telephone contact with patients.

## 5. Online booking

Targets for the adoption of online appointment booking are currently being set by NHS England and will have to be met by all GP practices. In Waltham Forest, where the facility currently exists to book appointments online, greater consideration might be given to the promotion of this service and support offered to those keen to try it but unsure where to start. Where the facility does not exist GP surgeries should be encouraged to talk to colleagues who offer the service and explore, with their PPGs, how they can implement it at their own surgery.

- 5.1. Practices which do not currently offer online appointment booking should, with their PPG and the wider patient list, gauge the level of interest at their practice and talk to those practices which do offer the service about how they might successfully adopt online booking themselves.

## 6. Reception staff

Reception staff are the first point of contact for most patients, whether over the phone, or in person at the surgery. Therefore this relationship is crucial. Reception staff have a busy and, at times, difficult job, allocating a finite number of appointments to an ever-increasing number of patients keen to see their GP. Receptionists should therefore be properly trained on surgery systems and equipment. They should also undertake customer service training and continued professional development to maintain their knowledge and professionalism.

- 6.1. GP surgeries should ensure their reception staff are fully trained and supported in their role so that they are able to provide an excellent service to patients.

- 6.2. Clear guidelines should be available to support reception staff in allocating emergency, non-emergency, routine and follow-up appointments.
  
- 6.3. The necessity for triage by clinical staff (as opposed to reception staff) should also be considered.

## Glossary

**CCG** Clinical Commissioning Group

**GPPS** GP Patient Satisfaction Survey run twice yearly by Ipsos MORI on behalf of NHS England

**HAOP** Health, Adult and Older People Scrutiny Sub-Committee

**LBWF** London Borough of Waltham Forest

**PPG** Patient Participation Group at a GP surgery

**RCGP** Royal College of General Practitioners



GPs in general in Waltham Forest are like fortresses - very inaccessible. They may be physically in the community, but for so many patients they are totally inaccessible.

Waltham Forest Patient



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