

GP Review 2020:

Patients' experiences of primary care in
Brighton and Hove



March 2020

Contact – Michelle Kay

Michelle@healthwatchbrightonandhove.co.uk

Contents

1. Foreword.....	5
2. Executive Summary	6
2A: Response from Key Stakeholders.....	9
3. Recommendations	10
4. Introduction	13
4A: Project Objectives	13
4B: Methodology.....	16
5. Findings	19
5A: Overall satisfaction across practices	19
5B: Care Quality.....	21
5B1: Number of doctors serving patients at GP practices.....	21
5B2: Impact of GP practice closures.....	24
5B3: Communicating with patients	25
5B4: Consultations carried out by telephone, video, email or online	29
5B5: Mental Health.....	31
5C: Accessibility of GP services	35
5C1: Practice opening hours	35
5C2: Travel to practices.....	37
5C3: Booking appointments.....	38
5C4: Waiting times from booking to appointment.....	42
5C5: Appointment waiting times on the day	51
5C6: Patient’s use of own doctor	54
5C7: Getting medication	56
5D: Surgery Environment.....	58
5E: Overall satisfaction and suggestions for improvements	62

5E1: Overall satisfaction	62
5E2: Relationship between overall satisfaction and specific measures	65
5E3: Patient suggestions for what looks good in a GP surgery.....	67
5E4: Patient comments about the NHS primary care service	71
5F: Prevention, referrals and out of hours services.....	72
5F1: Preventive GP services	72
5F2: Referrals to specialist treatment	74
5F3: Out of hours primary care services	78
6. Appendices	81
6A: Survey Questions Asked	81
6B: Demographic questions	101
6C: Table of Figures	104
6D: Glossary.....	106

About us

Healthwatch Brighton and Hove is the independent champion for people who use health and social care services in Brighton and Hove.

Our job is to make sure that those who run local health and care services understand and act on what really matters to people. We listen to what people like about services and what could be improved. We share what people tell us with those with the power to make change happen. We encourage services to involve people in decisions that affect them. We also help people find the information they need about services in their area.

Acknowledgements

Healthwatch Brighton and Hove would like to thank the following volunteers who have supported this project by carrying out surgery visits, inputting patient responses into the online software tool. We also thank them for their input into the question preparation, and feedback on carrying out the project and suggestions for future projects:

Nick Goslett
Chris Jennings
Fran McCabe
Sylvia New
Sue Seymour
Maureen Smalldridge
Angelika Wydra

In addition, we would like to thank Chris Jennings for the additional time he has provided in data preparation, analysis and support to the writing of this report.

Healthwatch Brighton and Hove would also like to thank all of the Practice Managers and Practice staff of the 34 GP surgeries who facilitated our visits. We are also grateful to the patients who participated in the surveys.

1. Foreword

Healthwatch Brighton and Hove were about to publish our latest review of GP services in Brighton and Hove when the COVID19 virus hit the UK. As a result, all Primary Care services changed - some of them perhaps forever.

A 'new normal' began. In GP services, the use of phone and online consultations increased telephone triage and new innovations such as 'e-consult' and BSL translation for deaf people have been introduced. Healthwatch is keen to hear from local people about their experiences of health and care services during the virus lockdown but also about people's expectations for the future. If NHS and care services change, are they changing for the better, how can they be improved?

Healthwatch believes many of the conclusions and recommendations in this report are still valid but we know they will need to be seen in the context of the life changing impact that the virus has had on our community.

During the 'lockdown' Healthwatch Brighton and Hove has continued to be active and you can read about what we have been doing on our website at <https://www.healthwatchbrightonandhove.co.uk/>

We have produced regular bulletins, escalated issues of concern to decision makers and provided wellbeing phone check-ins for people discharged from hospital. Healthwatch have been working closely with the NHS, Brighton and Hove County Council social care and the voluntary and community sector. We continue to welcome your personal stories about health and social care services in Brighton and Hove.

David Liley, CEO
Healthwatch Brighton and Hove

2. Executive Summary

Since our last report in 2018, the primary care landscape has changed. The NHS Long Term Plan (LTP) provides a framework for improving NHS services over the next 10 years, see <https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained>. Brighton and Hove Clinical Commissioning Group (CCG) have submitted to NHS England their response to the NHS LTP along with others to form a coordinated Sussex Plan overseen by the Sussex Health and Care Partnership (SHCP), previously known as the Sustainability and Transformation Partnerships (STPs).¹ The SHCP aims to create an Integrated (Health) care system (ICS)² and as part of this, GP practices are forming Primary Care Networks (PCNs) in partnership with other practices (read this British Medical Association article for more information: https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/primary-care-networks-pcns). “The SHCP seeks to bring together 21 organisations all working together to meet the changing needs of all the people who live in our area. We want to offer better health, better care and to ensure we make the most efficient use of our resources.”³

GP Practices within PCNs will be expected to offer additional services to their core GP function, including extended access (including virtual and roving GPs, extended hours, physiotherapy, minor surgery and social prescribing (wellbeing services such as support for long-term conditions, complex social needs and mental health support)).⁴

At the same time, changes within the Emergency Department in hospitals (A&E), will affect GP capacity. GPs have been present in A&E for some time, working shifts alongside hospital doctors. In 2017, GP Streaming (Primary Care Front Door) was introduced at the Royal Sussex County Hospital A&E from 8.00am to 11.00pm each day. This was a dedicated GP service and an alternative to seeing a hospital doctor.⁵

In 2019, an Urgent Treatment Centre⁶ was also introduced as a distinct service operating at the Royal Sussex County Hospital. This may create a further stretch on GPs (and other healthcare professionals who will be meeting patient demand in this model). Also, across the country, GPs are facing ever-increasing caseloads of patients⁷ together with GP Practice closures and mergers.

¹ See Brighton and Hove Clinical Commissioning Group’s website for further details on the STP: <https://www.brightonandhoveccg.nhs.uk/our-programmes/sustainability-and-transformation-partnership>

² See NHS England’s explanation of the ICS here: <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

³ Read more on the SHCP here: <https://www.seshealthandcare.org.uk/>

⁴ See NHS England’s “Social prescribing” for further information: <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

⁵ Read Healthwatch’s 2018 review on Adult A&E for further information on this: <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/2018-reports/>

⁶ Read this article by Brighton and Hove Independent for further information: <https://www.brightonandhoveindependent.co.uk/health/new-urgent-treatment-centre-to-open-at-royal-sussex-county-hospital-1-9003072>

⁷ See NHS Digital data from [General Practice Workforce, 30 June 2019](#)

In this context, Healthwatch wanted to find out how Brighton and Hove practices are set to deliver core functions before they prepare themselves to offer the additional services expected under the PCN arrangement. Having carried out a review in 2017 (forming our report published in 2018 and referred to as ‘our 2018 report’ from hereon) we wanted to see how things had changed since then. We also looked at 2019’s findings in the context of the national picture, as demonstrated by the 2019 NHS National GP patient survey (referred to as the National Survey from this point forward and accessed here: <https://www.gp-patient.co.uk/>).

We spoke to 998 patients across all 40 GP locations in Brighton and Hove (35 practices and five branch surgeries). Responses were derived from online and face-to-face questionnaires. For the latter, we visited 34 GP Practices in person where it was also possible to observe aspects of the waiting area. We found:

Overall patient feedback

- 89% of patients rated the overall quality of care communication as good or very good, by either their GP or nurse combined, on seven criteria.
- Patient satisfaction with their GP Practice was also generally good. We assessed GP Practices using seven criteria of satisfaction and on average 70% of patients rated five from the seven criteria as good or very good.

GP Capacity

- Patient caseloads have increased from 2,394 patients per doctor in 2017/18 to 2,479 in 2018/2019. This is against an England average of 1,825 per doctor.
- The number of GP Practices has decreased from 48 to 35 from 2015 to 2019. There are also currently five branch surgeries that provide GP services. Two GP Practices have closed since our last report in 2018 and a further closure/merger is planned for early 2020. This undoubtedly affects ease of accessibility, especially for patients with mobility challenges.

Accessibility

- Booking by telephone is popular but not always easy to use: 92% of patients book an appointment by telephone but only 68% of patients find booking this way to be easy. This mostly affects those less able to visit the GP Practice in person and/or those less likely to use online booking systems.
- Urgent GP appointments are not guaranteed: 81% of GP Practices could not guarantee same day booking for urgent appointments.⁸

⁸ Read this article from Pulse Today on increased waiting times and decreases in same-day appointment availability: <http://www.pulsetoday.co.uk/news/gp-topics/access/15-increase-in-patients-waiting-a-month-for-a-gp-appointment/20038643.article>

- Choice of GP is not guaranteed: 29% of patients who wanted a choice of GP, were unable to achieve this. This mostly affects patients with long-term health conditions including mental health issues, where consistency of care is important.

Personalised Care

- There is a low awareness of preventative services. Of patients who should be targeted for preventative services, 37% are unaware of health checks for 40-74 year olds; 44% are unaware of abdominal aortic aneurysm screening; 25% are unaware of bowel cancer screening; and 53% are unaware of annual health checks for people with long-term health conditions.
- 70% of people referred to an NHS service with a mental or emotional health problem, felt not all their needs had been met or their needs had only been partially met.⁹
- In addition, patients with long-term health conditions, including mental health, spoke to us about needing consistency of care. Patients wanted longer appointments, to allow complex conditions to be treated in full and to allow the diagnosis of more than one condition. Patients asked for medical staff that specialise in their condition.

Primary care services in Brighton and Hove are succeeding to meet patient expectations in many respects. However, Practices are faced with the challenge of ever-increasing caseloads, increased complex and long-term conditions, in the context of an ever-ageing population. Read the Office for National Statistics article on 'Living Longer: how our population is changing and why it matters' for further information:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13>. In addition, there is a clear expectation in NHS future plans that GP practices and PCNs will deliver more healthcare and greater variety of healthcare.

Our recommendations include suggestions of how to meet these challenges. Many of our recommendations feature elements of personalised care including appointments being available outside of the working day; providing choice of GP and longer appointments to meet those with complex needs; and involving patients in decisions about treatment and referral options. Our full recommendations can be read in Section 3 on page 10 of this report.

⁹ This finding drawn from patient satisfaction for the referral services, is based on a small sample size and therefore should be interpreted with a degree of caution.

2A: Response from Key Stakeholders

Prior to publication, this report was shared with a number of colleagues at the Brighton and Hove Clinical Commissioning Group, who collectively sent their comments which have been incorporated into the final report. We were pleased to receive this response to our report from Lola Banjoko, on behalf of the CCG:

“Thank you for providing us with the opportunity to comment both on the accuracy of the report and also on the recommendations contained within it, prior to its final publication. The CCG recognise the valuable contribution Healthwatch makes supporting, informing and improving service delivery for those people who use health and social care in Brighton and Hove.”

This report was also shared with the Care Quality Commission and we were pleased to receive this response from Emily Hempstead, on behalf of the South East Region CQC:

“We would like to thank you for sending us this report. I have shared it internally here at the CQC. We will use the details to inform our monitoring and inspection scheduling for Brighton and Hove.

I meet with Healthwatch regularly and so I look forward to discussing the report in more detail.”

3. Recommendations

A: Recommendations for General Practice, Practice Managers and their staff

Bookings

- A1. Ensure bookings by telephone are supported by enough staff capacity and good customer service.
- A2. Ensure online bookings are supported by an efficient and customer friendly system.
- A3. Better promote use of low-cost alternatives to booking appointments in person e.g. online bookings.
- A4. All practices should offer additional opening times at weekends or one weekday evening and/or offering 'extended access' through a PCN hub or existing services (for example, IC24).
- A5. Increase the number of urgent appointments. Patients have a strong expectation that GP urgent appointments should be available.
- A6. Reduce waiting times to have a booked appointment with a nurse or a GP.

Consultation

- A7. Increase promotion and availability of cost-effective alternatives to face-to-face consultations, such as telephone or online consultations. When promoting, focus on the benefits to patients of using these services.
- A8. Provide opportunity to allow patients continuity of care, including seeing the same doctor.
- A9. Allow time in appointments for GPs to understand the full issue, including different conditions that may link to one another and to listen fully to the patient (a holistic approach).
- A10. Where possible, ensure patients have access to more GPs that specialise in their condition, particularly where it is long-term, for example mental health issues.
- A11. Continue to keep appointments on the day, as timely as possible and keep patients informed of any delays while waiting.

Complaints

- A12. Ensure the complaints procedure is open and transparent and that all patients are aware of how to provide comment about the surgery (positive and negative).
- A13. Ensure all reception and medical staff are trained in basic customer service skills, with the ability to deal with complaints and challenging behaviour and/or refer to the Practice Manager where appropriate.
- A14. Consider a separate area for patients to speak confidentially to reception staff.

Preventative Services

- A15. Raise awareness of preventative services, particularly targeting patients who are most likely to need these services.
 - Target patients aged 40-74 with information about Annual Health Checks;
 - Target patients aged 65-75 with information about Abdominal Aortic Aneurysm Screening;
 - Target patients aged 50-74 with information about Bowel Cancer Screening.
 - Target patients with long-term health conditions with information about Annual Health Checks for these conditions.

Suggestions for environmental improvements

- A16. Ensure patients with disabilities can access the surgery easily and comfortably. Where possible, make 'reasonable adjustments' (Equalities Act 2010) to facilities including providing a hearing loop in reception and ramps from the pavement to the front door.
- A17. Ensure patient information in the waiting area and reception, is well organised, tidy and up to date.
- A18. Ensure facility signs (e.g. for the washrooms) are clearly visible and facilities are well-stocked.
- A19. Ensure waiting areas are comfortable including offering water, lighting that works and a range of seating.

B: Recommendation for Brighton and Hove Clinical Commissioning Group (CCG)

- B1. Continue to promote the use of pharmacies as a first point of contact for minor complaints.
- B2. Within the context of closing or the merger of GP surgeries, consider the population density in that area and the availability of nearby GP services.
- B3. Healthwatch would welcome the opportunity to carry out further research regarding the experience of patients who raise emotional and mental health issues through primary care.

C: Recommendations for Brighton and Sussex University Hospitals NHS Trust

- C1. Reduce waiting times from GP referral to appointment for specialist treatment.
- C2. Where possible, work with other secondary care providers to keep patients informed any changes to waiting times for specialists.

D: Recommendations for Pharmacists

Feedback from our report indicates that pharmacists are generally providing a good service to patients. Small areas for improvement could be:

- D1. Decrease delays in issuing medication.
- D2. Ensure pharmacies have the most commonly prescribed medications in daily stock.

4. Introduction

4A: Project Objectives

Our objective for the project was to explore the patient experience of GP Practices, primarily:

- **Patient caseload and the impact of surgery mergers.**
- **Accessibility:** opening hours, access to appointments and waiting times.
- **Surgery environment:** our volunteers carried out environmental audits, exploring ways to enhance patient accessibility and comfort of the GP surgery.
- **Patient satisfaction:** including suggestions for improvements and patients' comments on the NHS primary care services.
- **Prevention, referrals and out of hours services:** we also explored patient experience of these services as an extension of the GP core contract, particularly in the context of emerging PCNs and their offer of additional services.
- **Comparison with the Healthwatch 2018 GP review:** throughout this report, we have compared 2019's findings with the 2018 report, asking whether there have been any changes and if so, have things improved or declined for the primary care patient?

We considered our findings in the context of the national picture, by comparing our results with those from the 2019 NHS National Survey.¹⁰ While there were some similarities between our local survey and the 2019 National Survey, Healthwatch explored a number of areas in greater detail, as well as asking patients about new areas relevant to local insight.

Our survey explored the following additional areas to the 2019 National Survey.

- Convenience of surgery location.
- Alternative consultations to in person appointment.
- Satisfaction with waiting times between booking and attending appointments.
- Awareness of preventative GP services.¹¹

¹⁰ The 2019 National Survey can be found here: <https://www.gp-patient.co.uk/>

¹¹ Of particular importance, in the context of prevention being prioritized as part of the Primary Care Network (PCN) arrangements.

- Patient experience of transferring registration due to GP closure or merger.¹²
- Patient experience of the ‘extended hours’ service.
- Patient preference for additional opening hours.
- Patient experience of getting medication.¹³
- Patient experience of raising an emotional or psychological issue at a GP/nurse consultation.¹⁴ This included:
 - the response of the GP/nurse to the patient’s emotional or psychological concern;¹⁵
 - actions taken by the GP/nurse;
 - any referral made including waiting time associated with this referral;
 - patient satisfaction with the service received through the referral including whether the service helped to resolve the medical complaint and
 - patient suggestions for improvements with the referral and/or service referred to.
- Patient rating out of 10, of their GP surgery, and whether they would recommend their surgery to someone who has just moved into the area.
- Patient suggestions of what three things are most important for a GP practice to provide a good service.
- Patient experience of referrals to a specialist or for tests at a hospital or clinic, including waiting times and impact on health.

In addition, we distinguished between different medical practitioners (i.e. doctors and nurses). We asked patients to feedback separately on their experience of both. In contrast, the 2019 National Survey asked questions regarding the last appointment regardless of which ‘healthcare professional’ was seen.

¹² Healthwatch were made aware of two GP practices closing during the last twelve months and we wanted to find out if patients had been affected by these.

¹³ Healthwatch ran a survey on online pharmacies earlier in the year, and we wanted to ask similar questions in this survey to capture up-to-date patient experience.

¹⁴ Healthwatch have been made aware of the increasing patient demand for mental health services and this is also highlighted as an area for PCNs to prioritise.

¹⁵ This was the only question the National Survey also asked about mental health issues and therefore we compared our findings on this question alone. The remaining questions that we asked, were not covered by the National Survey and therefore no comparison could be made.

Individual practice reports will be written separately, in addition to this main report. These will be shared with the relevant Practice Manager, Patient Participation Group and PCN Director. They will include comparisons found and observed between the individual surgery and found across all Brighton and Hove surgeries.

In line with NHS convention,^[7] the term ‘surgery’, ‘surgeries’ and ‘GP practice(s)’ are used interchangeably throughout our report. Some of the reviewed sites are named ‘surgeries’ and others are ‘practices’.¹⁶

^[7] See this example on the NHS website: <https://www.nhs.uk/using-the-nhs/nhs-services/gps/patient-choice-of-gp-practices/>.

¹⁶ Of the 40 locations which offer GP services across the city, five are branch surgeries. The difference for the patient, between main and branch surgeries is not significant and the service offered to patients is often the same. To read the NHS explanation of branch surgeries, visit: https://developer.nhs.uk/apis/gpconnect-1-3-0/development_branch_surgeries.html

4B: Methodology

The GP Review 2019 took place between April and September 2019. During this time, we gathered patient opinion from all 40 GP locations across Brighton and Hove, using an online survey. GP practices ranged from one practice with one doctor working three days a week to another practice with the equivalent of just over 11 full time doctors.¹⁷

In addition to the online survey, our volunteers visited 34 of these surgeries in person, offering paper copies of the survey to all patients waiting for appointments.¹⁸ Each of the 34 surgeries was visited once, by one or two of our volunteers. Patients were advised by the volunteers that participation was voluntary, and that the information given would be confidential and anonymous and only for the use of Healthwatch Brighton and Hove. Most patients completed the survey by hand themselves. A few patients preferred to sit with the volunteer and answer questions verbally, with the volunteer recording answers on to the paper survey. Each survey took approximately 15-20 minutes to complete.

Both surveys covered the following areas about patient experience:

- accessibility;
- getting an appointment;
- quality of care and service availability;
- getting medication;
- overall assessment of GP practice; and
- medical help when GP services are unavailable.

In addition, the online survey included these sections:

- mental Health and
- referrals

The online survey contained all the same questions as the paper survey. It also included additional questions within the following areas:

- accessibility:
 - additional question on mode of transport to get to surgery.
- quality of care and service availability:
 - additional questions about care in a new location due to surgery closure and
 - use and satisfaction with 'extended hours' service.
- Demographic information:
 - Additional questions on long-term health conditions.

¹⁷ One surgery has 11.3 GP full-time equivalent i.e. the full-time equivalent is based on a five-day week, therefore one GP working for four days would be represented as 0.8 GP full-time equivalent.

¹⁸ A few patients declined to complete the survey but approximately 99% of those asked, agreed to do so.

During each surgery visit, our volunteer(s) were asked to record their observations about the environment, the staff and the comfort for patients of the waiting area and reception. They used a checklist of questions covering the following areas:

- Information displayed
- Hygiene/Toilets
- Communication
- Waiting area environment
- Feedback on Practice
- Other observations

Volunteers were asked to provide comments for each area, based on a number of suggested criteria such as 'Is display of information cluttered?', 'Are toilets accessible and well signposted?'

Our online survey was distributed to the Healthwatch Brighton and Hove mailing list, our key stakeholders and via our website. It was available from 9th April to 9th September 2019. Our first surgery visit took place on 9th May and our last on 9th September. In total, we received 998 responses to our survey (405 online responses and 593 responses in person).

Copies of the online and paper surveys can be viewed along with a copy of the environmental observation checklist, on our website here: <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/>. All questions are also shown in 6A: Survey Questions Asked, page 81 at the end of this report. Each table shows the number of patients who responded to the question as well as the number and percentage of patients per response option.

All surveys were recorded on to an online software tool called SNAP Surveys and then downloaded into Excel for analysis. Analysis matched the format of this report, looking at all 998 responses to each question, then looking at responses per GP practice for comparison between surgeries. Where possible, we compared 2019's responses to those we reported in our 2018 GP Report. Where available, we also made comparisons between Brighton and Hove findings and national findings using the 2019 NHS National Survey. It is worth mentioning that while some questions were the same between the National Survey and our own, the response options occasionally differed meaning we were unable to compare the surveys.

We wanted to explore if general satisfaction (or dissatisfaction) for a patient's surgery, was linked to the same patient's satisfaction (or dissatisfaction) for particular areas of experience. We chose three areas to look at, namely:

- overall satisfaction with practice vs satisfaction with waiting times to book a routine GP appointment;
- overall satisfaction with practice vs waiting times in surgery for GP appointment and

- overall satisfaction with practice vs quality of care ratings for GPs (see Section 5B3: Communicating with patients, page 25).¹⁹

It is worth mentioning that practices are not weighted for the purpose of this report and while some practices returned over 100 surveys, others returned less than ten. However, where comparisons are made between surgeries, we only include those practices where we have received 15 or more responses to the survey or relevant question (the same approach to the 2018 report).

Findings (Section 5, from page 19) are presented in six chapters, namely:

- overall satisfaction across practices;
- care quality;
- accessibility of GP services;
- surgery environment;
- overall satisfaction and suggestions for improvements and
- prevention, referrals and out of hours services.

¹⁹ See 5B3: Communicating with patients, page 24, of this report for more information. Quality of care communication was derived from a combination of giving patient enough time; listening to patient; explaining tests and treatments; involving patient in decisions about their care; treating patient with care and concern; having access to relevant medical information about patient and having access to relevant medical information about patient.

5. Findings

5A: Overall satisfaction across practices

We chose seven key indicators to provide a snapshot of the overall patient satisfaction for each practice in the city.²⁰

- Satisfaction with waiting times between booking and attending routine GP appointment.²¹
- Satisfaction with waiting times between booking and attending urgent GP appointment.²²
- Overall satisfaction with quality of care - GP.
- Overall satisfaction with quality of care - nurse.
- Satisfaction with opening hours.
- Overall patient rating for each practice from 1 to 10, with 1 being the least satisfied and 10 being most satisfied.
- Patient recommendation of practice to friend/family member.

Using these seven measures shows that patient satisfaction of GP practices differs across the city (Figure 1).

- Patients at six practices (23%) were 'satisfied'²³ on all of the above indicators.
- At the other end of the scale, patients at three practices (12%) were 'satisfied' on less than four of the indicators.
- The average number of indicators where patients were 'satisfied'²⁴ was five indicators across all surgeries.

The degree of variation indicates that patients were generally happier with the service they received from some GP surgeries, compared to others (Figure 1).

²⁰ In this comparative analysis, we only included the 26 practices where we received 15 or more responses to the survey. In addition, where comparisons are made between surgeries elsewhere in this report, we also only include those practices where we received 15 or more responses to the survey or relevant question. This is the same approach as we took in our 2018 report.

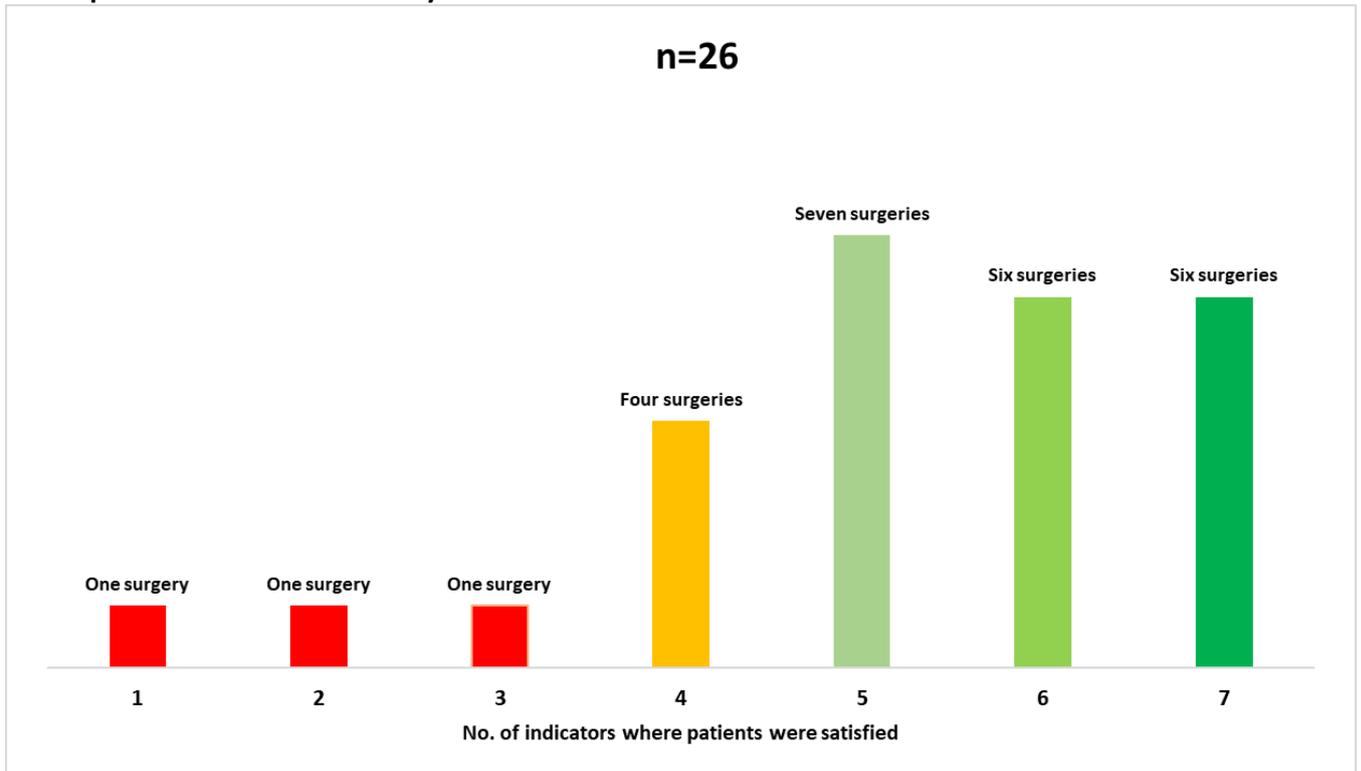
²¹ In our 2018 report, this indicator used the average waiting times between booking and attending a routine GP appointment. In 2019, we have chosen to use patient satisfaction with these waiting times to ensure consistency with the other satisfaction indicators.

²² As above we have used patient satisfaction with waiting times. In 2018, this indicator was the average waiting time itself.

²³ 'Satisfied' or 'very satisfied' were combined and 'good' or 'very good' were combined to confirm patient satisfaction per surgery. When comparing satisfaction across surgeries, we considered that a rating of seven out of ten or 70% and above indicated satisfaction. Less than seven out of ten or less than 70% indicated less than satisfied.

²⁴ 'Satisfied' or 'very satisfied' were combined.

Figure 1 Seven key indicators of satisfaction: Number of GP Practices by number of indicators where patients are satisfied or very satisfied.¹



¹For example, patients at one GP Practice reported satisfaction for only one of the seven indicators, whereas patients at six Practices reported satisfaction for all seven indicators.

5B: Care Quality

5B1: Number of doctors serving patients at GP practices

As we reported in our 2018 report, Healthwatch monitors and remains concerned by the falling number of GPs in Brighton and Hove in recent years.²⁵ We are also concerned by the number of GP Practices that have closed or merged in recent years, which has had the knock-on effect of increasing patient caseloads for other practices.²⁶

Using NHS published data,²⁷ which provides the number of patients registered and the number of full time equivalent (FTE) GPs, we were able to work out the number of patients per GP at each practice.²⁸ The data showed significant variation in GP provision across practices (ranging from one practice with 565 patients per GP FTE and at the other extreme, one practice with 8,534 patients per GP FTE).

The average caseload for doctors in Brighton and Hove is 2,479 patients per GP. This is much higher than the England national average of 1,825 patients per GP. 82% of Brighton and Hove Practices (27 of 33)²⁹ were considerably above the England national average (Figure 2).

²⁵ See NHS Digital data from [General Practice Workforce, 30 June 2019](#)

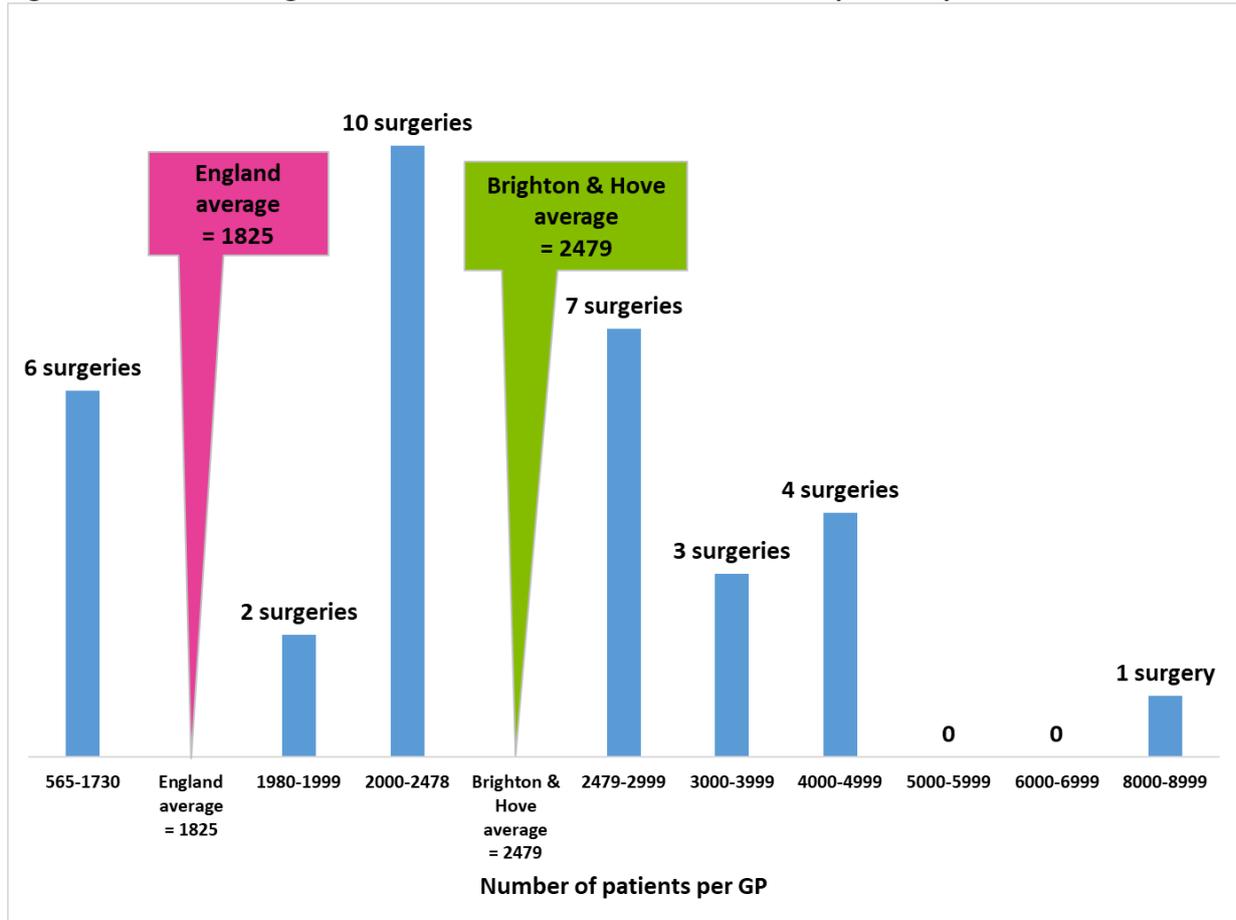
²⁶ See 5B2: Impact of GP practice closures, page 23 for more detail.

²⁷ NHS Digital data from [General Practice Workforce, 30 June 2019](#)

²⁸ See data tables for detailed information on each surgery.

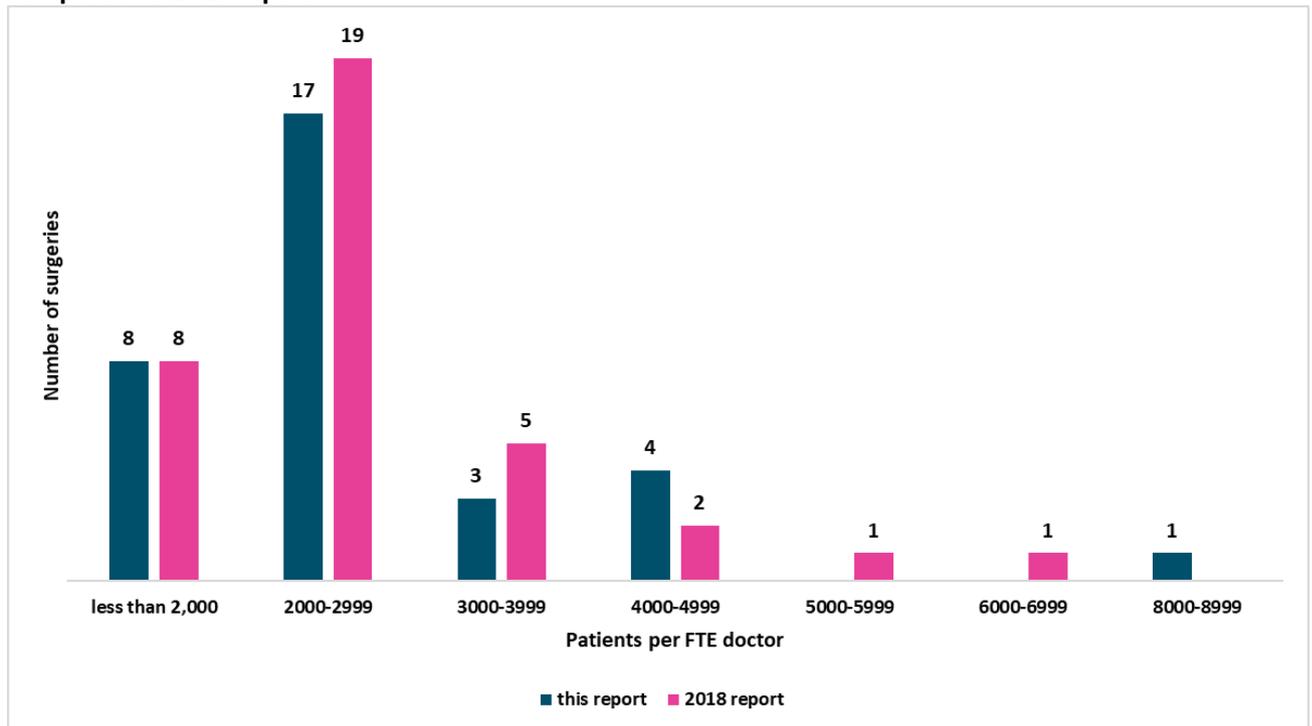
²⁹ Data provided by the CCG, was not available for four practices. Also, caseloads of branch surgeries were included in the caseload figure for the main surgery.

Figure 2 Number of Brighton and Hove GP Practices at each level of patients per doctor.



In comparison to 2018, where we reported there were four practices with more than 4,000 patients per caseload, this has now risen to five practices (15% of 33). At the other end of the scale, eight practices in the city (24% of 33) have less than 2,000 patients per doctor which is the same number of practices as reported in 2018 (Figure 3).

Figure 3 Number of Brighton and Hove Practices at each level of patients per doctor: this report compared to 2018 report.



The higher than average caseload across Brighton and Hove continues to be a concern. Non-GP staff such as practice nurses and paramedics provide invaluable primary care services, but GPs remain the main point of contact for initial diagnosis and prescription. The practice with the highest caseload, was also one of the lowest performing on the seven key performance indicators measuring patient satisfaction (see 5B3: Communicating with patients, page 25) and had one of the lower ratings for overall patient satisfaction (see 5A: Overall satisfaction across practices, page 19).

GPs should be able to offer you longer slot times so you don't feel too rushed and get a chance to talk to the doctor about whatever you need to.

By the time I [build my confidence up to] get to an appointment I usually have a lot to talk about ... and not given enough time ... health concerns are not always dealt with.

Patients' comments

Recommendation

- The Brighton and Hove Clinical Commissioning Group should consider the impact of further GP surgeries closing or merging in Brighton and Hove.

5B2: Impact of GP practice closures

As we reported in 2018, Healthwatch has continued to monitor the impact on patients of GP practice closures in the city.

As mentioned previously, during the last twelve months, two further practices have closed, and patients from these surgeries have been absorbed into two existing practices respectively,³⁰ potentially doubling the number of patients at these surgeries.

Interestingly, these two surgeries had two of the lowest ratings of patient satisfaction.³¹ We are also aware that another two surgeries will be merging in early 2020.³²

Patients who had experienced a practice change due to closure gave mixed reports on the new practice they moved to. While ten patients said the new practice was convenient, nine others said it was inconvenient. About the same number of patients (seven) said the service was better in the new place, as said it was worse (eight).

Patient comments reflected a mixed response to the experience of attending a new GP practice. Some patients felt there was little difference, or even reflected an improvement (in location or quality of service) as a result. Those patients who were unhappy with the move, reflected that either the surgery was further from them or not easily accessible by public transport. One person commented that poor waiting times at their current surgery, had resulted in them approaching another less convenient surgery for health care.

I have severe osteoarthritis and am waiting for surgery. The extra walk to a new GP Practice is difficult and painful.

Since my GP Practice moved premises, I feel that everything has improved.

I have yet to find a new GP surgery in my catchment area that has not closed down or is full.

Patients' comments on moving to a new surgery

³⁰ One surgery closed in October 2018 and merged with an existing surgery. In November 2018, a further surgery closed and merged with another surgery.

³¹ See section 4a 'Overall satisfaction across surgeries' for further information on this.

³² One surgery is closing and merging into an existing surgery from 1st April 2020.

5B3: Communicating with patients

GP practices should involve patients in consultations.³³ To assess the quality of care communication we asked patients how their doctor or nurse performed on seven patient-centred criteria:³⁴

- giving patient enough time;
- listening to patient;
- explaining tests and treatments;
- involving patient in decisions about their care;³⁵
- treating patient with care and concern;³⁶
- having access to relevant medical information about patient³⁷ and
- addressing patient needs or making plans to do so.³⁸

Response options were on a five-point scale ranging from ‘very poor’, ‘poor’, ‘neither good nor poor’, ‘good’ and ‘very good’ with an option of ‘not applicable’. Responses that rated performance as ‘good’ or ‘very good’ were combined to produce a high-quality rating for each criterion. The ratings from these seven criteria were combined into an overall quality of care communication rating.

Overall, the quality of care communication was generally high with an average of 88% of patients rating GPs ‘good’ or ‘very good’ and an average of 91% of patients giving the same rating for nurses. This was similar to the results in the 2018 report, where 85% of patients rated GPs, and 90% of patients rated nurses, as ‘good’ or ‘very good’ (Figure 4).

³³ Read the Care Quality Commission’s ‘What can you expect from a good GP practice?’ for further information: <https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-can-you-expect-good-gp-practice>.

³⁴ These were almost the same standards assessed against in the 2018 report, with the exception of one difference. In 2018, one of the standards used was ‘Allowing patient to talk about more than one problem’. In 2019, we replaced this standard with ‘Addressing patient needs or making plans to do so’ as this standard was better aligned to a similar standard used in the 2019 National Survey (see <https://www.gp-patient.co.uk/> for further information).

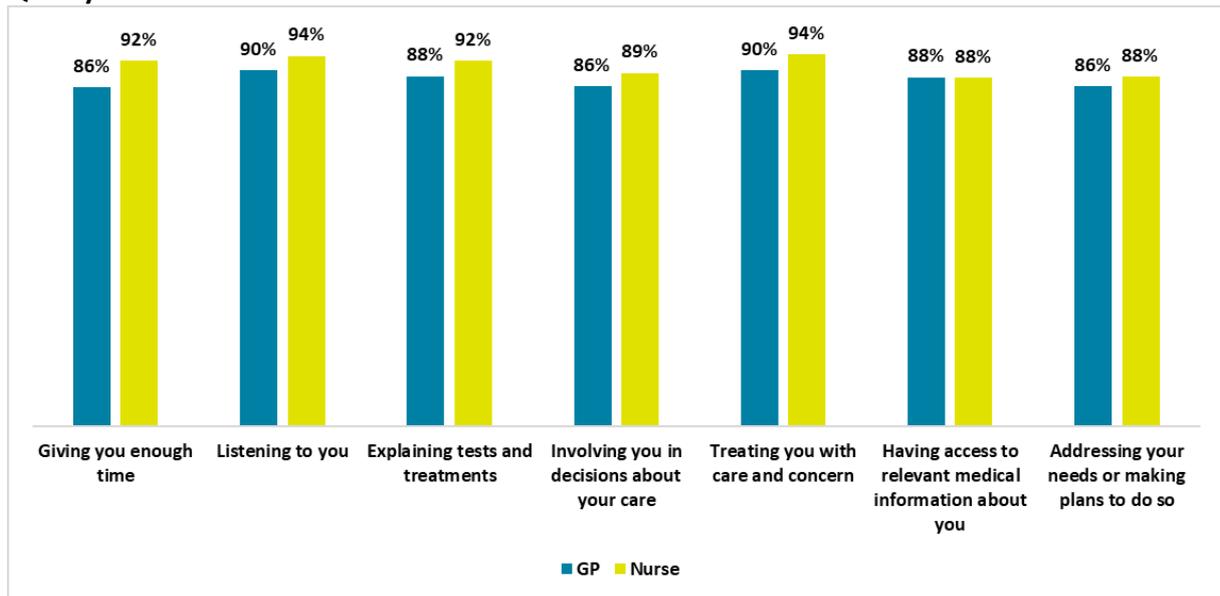
³⁵ Read the ‘Caring’ section in the Care Quality Commission’s ‘What can you expect from a good GP practice?’ for further information: <https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-can-you-expect-good-gp-practice#Caring>

³⁶ Read the ‘Caring’ section in the Care Quality Commission’s ‘What can you expect from a good GP practice?’ as above.

³⁷ Read the ‘Effective’ section in the Care Quality Commission’s ‘What can you expect from a good GP practice?’ for further information: <https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-can-you-expect-good-gp-practice#Effective>

³⁸ Read the ‘Responsive’ section in the Care Quality Commission’s ‘What can you expect from a good GP practice?’ for further information: <https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-can-you-expect-good-gp-practice#Responsive>

Figure 4 Percentage of Patients who said their GP or Nurse was Good or Very Good on aspects of Quality of Care Communication.



As Figure 5 shows, we compared individual surgeries to the average of 88% of patients rating ‘good’ or ‘very good’ for GPs and 91% of patients rating ‘good’ or ‘very good’ for nurses. Five surgeries received less than 79% of patients rating their GPs ‘good’ or ‘very good’. This included 65% of patients at one surgery, and 73% of patients at two others. Two surgeries received less than 79% of patients rating their nurses as ‘good’ or ‘very good’, 72% at one surgery and 75% at another.

Important to patients is for health practitioners to:

- Listen to what you say and do something about it.*
- Engage the patient in the diagnosis.*
- Treat you as an individual and with dignity and respect.*

Patients’ comments

Some surgeries received more than the average number of patients rating 'good' or 'very good'. Five surgeries received this rating from 95% of patients for their GPs quality of care communication and three surgeries received this rating from at least 97% of patients for their nurse quality of care communication, with 100% of patients giving this rating at one surgery, (Figure 5).

Important to patients is for health practitioners to:

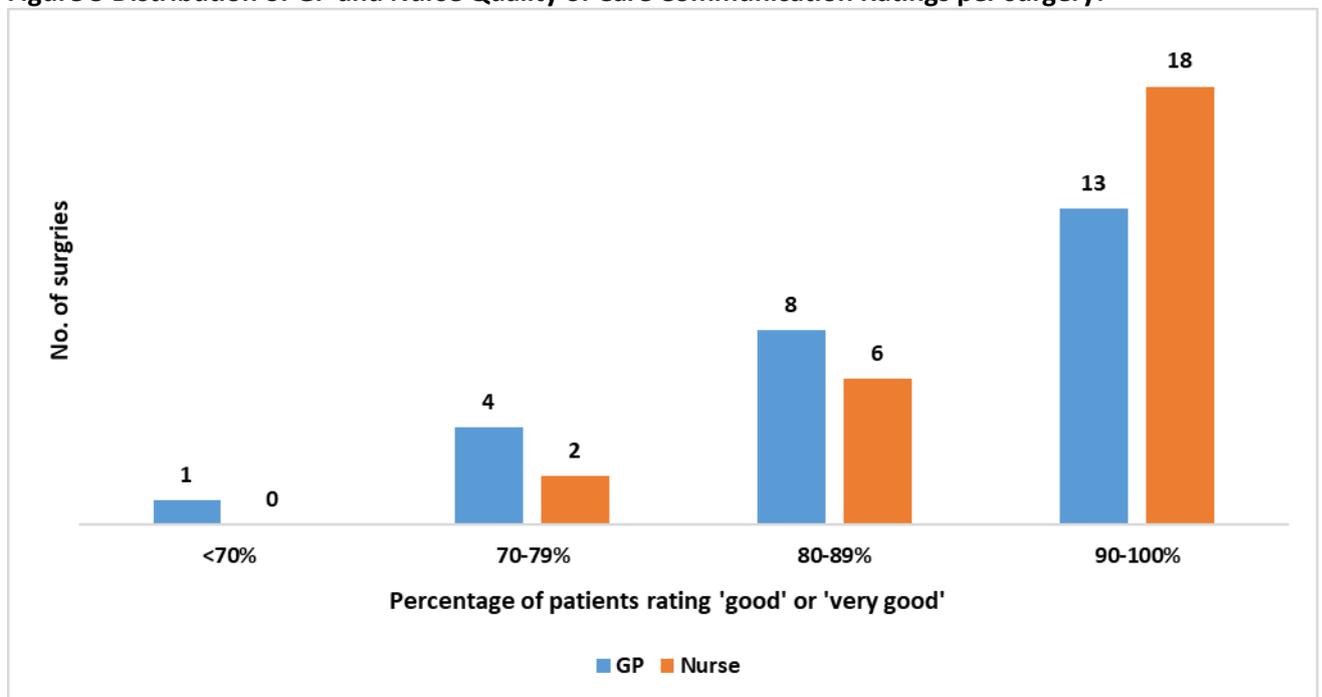
Allow time to discuss all issues.

Have time to give personal attention.

Remove the rule that states you can only discuss one issue.

Patients' comments

Figure 5 Distribution of GP and Nurse Quality of Care Communication Ratings per surgery.



Comparison with the 2019 National Survey

Some of the questions asked by Healthwatch about quality of care communication, were also asked in the 2019 National NHS survey:³⁹

- Giving patient enough time;
- Listening to patient; and
- Treating patient with care and concern.

³⁹ The NHS ran a national GP survey in early 2019. Where possible, we have made comparisons between our local findings and national comparators. The NHS survey can be found here: <https://gp-patient.co.uk/>.

However, unlike our survey which asked separate questions about the quality of care communication of nurses and then the same about GPs, the National Survey did not distinguish between health professionals. The National Survey asked about the quality of care from any ‘healthcare professional’ that the patient saw at their GP surgery. This could include a GP, nurse, ‘mental health professional’ or ‘another healthcare professional’.

Both our survey and the National Survey offered responses on a six-point scale, ranging from ‘very good’, ‘good’, ‘neither good nor poor’, to ‘poor’ and ‘very poor’, with ‘doesn’t apply/not applicable’ as the sixth option.

We combined our ‘good’ and ‘very good’ responses for *both* GPs and nurses against the total combined responses to these questions. We compared these with the combined ‘good’ and ‘very good’ responses from the National Survey against their total responses, as below (Figure 6):

Figure 6 National Survey comparison: Quality of care for healthcare professionals

	<i>Good' and 'Very good' responses</i>			Overall score for all three criteria
	Giving you enough time	Listening to you	Treating you with care and concern	
HW	89%	92%	92%	91%
National	87%	89%	87%	86%

Healthwatch results on all three criteria separately were slightly higher in each case. Comparing overall scores, responses to the Healthwatch survey were 5% higher than for the National Survey.

5B4: Consultations carried out by telephone, video, email or online

Telephone consultations

Patients across nearly all practices reported using telephone consultations to talk about a health problem.

The average use of telephone consultations at practices across the city was 29% (288 patients).⁴⁰ The majority of patients who had used this service, felt it had fully met their needs (74%, 211 respondents) with a further 23% (64 respondents) saying it had partially met their needs. Only 3% reported that it had 'not at all' met their needs. (Figure 7). This was slightly more than our 2018 report, in which 94% respondents who had used the service found it to be useful (either fully or partially).

A modern way of dealing with things which in my view saved both time and the doctors time in the particular circumstances.

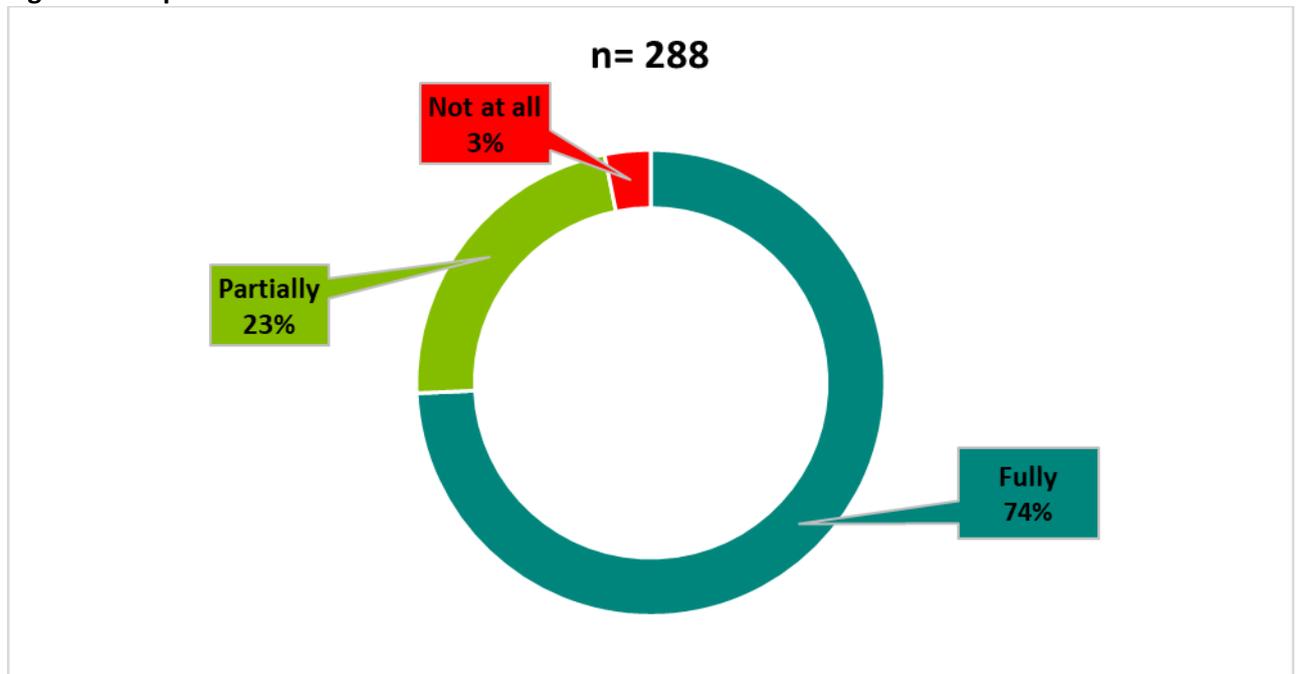
Because of my health conditions it is sometimes easier to have a telephone conversation with my regular Doctor

Had a telephone consultation whilst I was abroad and they gave a useful diagnosis.

Stayed in all day waiting and call came at 18:30.

Patients' comments on telephone consultations

Figure 7 Telephone consultation met needs?



The use of telephone consultations was extremely varied between practices. In 12 practices, less than 10% of respondents had used this type of consultation, whereas in six practices, more than 50% of respondents had used this method.

⁴⁰ We have shown percentages and numbers of responding patients for each finding throughout this report.

Email consultations

Very few respondents (11) had used email as a method of consultation. While the majority (seven) of these respondents said the consultation had fully met their needs (and three respondents said partially) these figures are not large enough to draw conclusions about the success of this method.

Other consultations

We also asked about video and online chat consultations, but these were not taken up by a substantial enough number of respondents, for us to draw any conclusions. Currently, only some surgeries are offering this method as an alternative to in-person consultations.

Recommendation

- **GP Practices should increase promotion and availability of cost-effective alternatives to face-to-face consultations, such as telephone or online consultations. When promoting, focus on the benefits to patients of using these services.**

5B5: Mental Health

Mental health services are prioritised in the NHS Long Term Plan,⁴¹ Healthwatch asked patients about the service they had used when raising an emotional or psychological issue at a GP/nurse consultation. However, these questions were only asked in the online version of the survey, a total of 405 patients.⁴² Of those we asked, 36% (144) respondents said they had raised this type of issue.

We asked patients who raised an emotional or psychological issue, to assess how their doctor or nurse responded to this. The survey asked for assessment based on four standard patient-centred criteria:

- giving patient enough time;
- listening to patient;
- showing empathy; and
- treating patient with care and concern.

Responses that rated the response as 'good' or 'very good' were combined and likewise the responses for 'poor' and 'very poor' were combined for each criterion. The combined ratings from these four criteria were combined again into an overall mental health care quality rating. Overall, the quality of care was high with an average of 80% of patients (113) rating either 'good' or 'very good'.

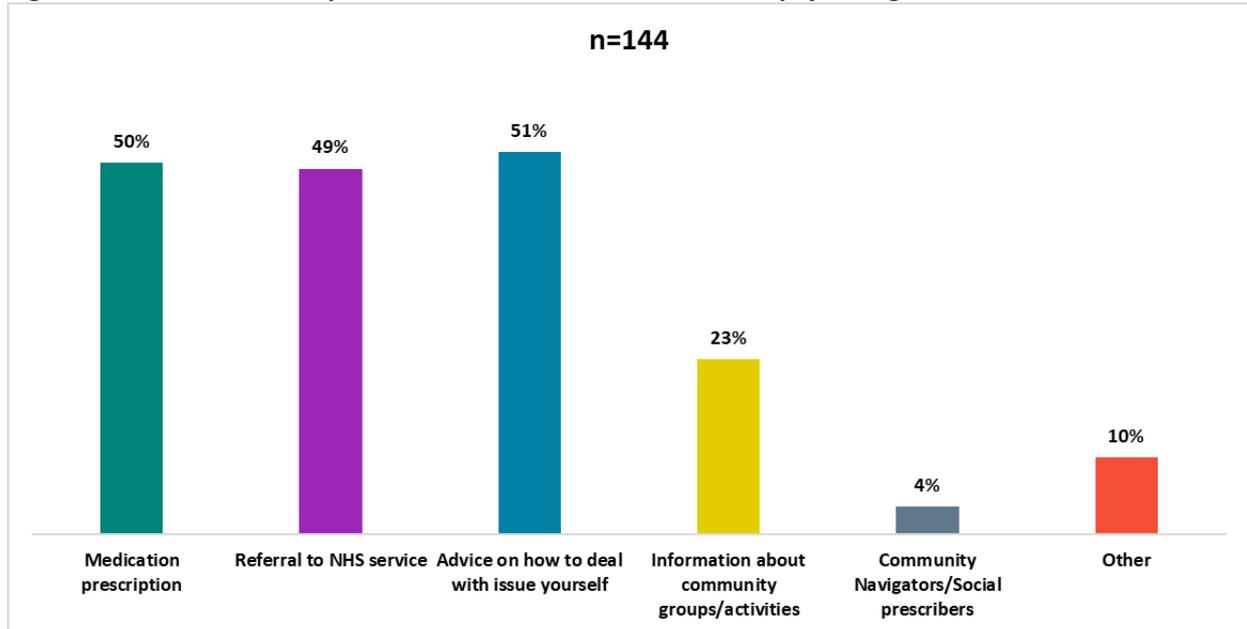
As a result of raising emotional or mental health issues, the 144 patients were offered a range of solutions by the GP/nurse and could be offered more than one solution (Figure 8). The most likely solutions offered were advice on how to deal with the issue themselves (51%, 70 patients), medication prescription (50%, 68 patients) and referral to an NHS service (49%, 67 patients).⁴³

⁴¹ See <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> for more information, in particular sections on Aging Well, mental health commitments and Personalised Care.

⁴² From the 405 patients who responded to the online survey, 400 responded to this particular question.

⁴³ Patients could be offered more than one solution. Therefore, total percentage of solutions add up to more than 100%.

Figure 8 Actions taken for patients who raised an emotional or psychological issue.



The survey asked patients how satisfied they were over, overall, with how the GP/nurse responded to their mental health issue. The majority of patients (77%, 110) were 'satisfied' or 'very satisfied' with the response from the GP/nurse, with almost one half of patients (48%) being 'very satisfied'. Of those who were 'satisfied' or 'very satisfied', the majority felt they were listened to, and were met with a caring and understanding response. But for those that were 'dissatisfied' or 'very dissatisfied' (12%, 16) patients often felt rushed, not listened to and sometimes the lack of understanding was felt to be linked to lack of expertise in the medical staff.

*Caring and understanding[...]**active listening and support.***

Discussed all options and came up with a shared plan.

Felt rushed and not listened to.

No apparent understanding of the issues I need support with.

I got told to make a new appointment and I never went back.

I feel that not much can be done to help me. Deteriorating health is the cause of my unhappiness.

Not enough time nor the expertise in nursing staff.

Patients' comments about responses to mental health issues raised

Although this report focuses on primary care, the following findings outline patient satisfaction for the referral services (care and waiting times). The sample size for each means these should be interpreted with a degree of caution.

Referral to an NHS service

Of the 67 patients who were referred to an NHS service, waiting times for a referral seem to be long. Only 22 patients answered this question, but of those who did, the majority (15 respondents) had to wait at least three months for the appointment to come through, nine of these waiting up to six months or longer.

More than half of patients (57%, 33) were 'satisfied' with the service they received through the referral. However, a large minority (43%, 25) were not. In addition, while 30% of patients referred (16) felt the referral service had fully met their needs, the majority (70%, 37 patients) felt the service had only partially met their needs or not at all. Findings were similar when we asked patients whether the service had helped to manage or resolve the issue. While 37% (21 patients) felt the service had helped to improve the issue, over one half of patients (54%, 31) felt the service had not helped them. Only five patients (9%) felt the service had helped resolve the issue completely.

Brighton and Hove Wellbeing Service

Of the 67 patients referred to another service, the majority (62%, 40) were referred to Brighton and Hove Wellbeing Service. Again, the number of patients here is small and therefore the findings should be treated with a degree of caution. However, the overall findings suggest that while patients were generally 'satisfied' with the service, it did not guarantee a solution to the patient's mental health condition.

One half of these 40 patients received psychological therapy in-person. Others were referred to hospital, a psychiatrist or psychologist, or the Assessment and Treatment service.⁴⁴

Looking at responses from these patients alone, more than half of patients (58%, 21) were 'satisfied' or 'very satisfied'. Four patients were 'dissatisfied' or 'very dissatisfied' while the remaining 11 were neither 'satisfied' or 'dissatisfied'. While ten patients felt the service fully met their needs, 20 patients had their needs only partially met and three not at all. Equally, while nine patients felt the service had helped improve their issue and five others felt it had resolved their issue, 21 patients felt the service had not helped at all.

Reasons for dissatisfaction and suggestions for improvement

Various reasons were given for being dissatisfied. These included waiting times being too long (five respondents), the service was not enough to solve the issue or

⁴⁴ The Assessment and Treatment service is the entry point into specialist mental health services. Patients are assessed to decide what care is best for them. This may be a specific therapy or longer-term care where a 'care coordinator' will support the patient through their recovery journey. Read the Sussex Partnership NHS Foundation Trust's web page on this centre for more information here: <https://www.sussexpartnership.nhs.uk/service-brighton-hove-assessment-and-treatment>

didn't provide the appropriate treatment (five respondents) or patients felt treatment needed to be longer (seven respondents).

Patients were also asked for suggestions or improvements to the service. The most likely suggestion related to shorter waiting times (25%, seven respondents) and an increased length of service when you receive it (25%, seven respondents also).

It gave me a kick start into the techniques I had learned previously.

Eight weeks is insufficient counselling to resolve matters or to manage ongoing issues. It is simply a temporary balm.

It helped a bit at the time but when the help stopped the issue returned.

My condition is not curable but treatable which is what has been done.

I have a better understanding of ME & try to self-manage it.

Patients' comments on whether the mental health service provided, helped to manage or resolve their issue

Recommendation

- Healthwatch would welcome the opportunity to carry out further research regarding the experience of patients who raise emotional and mental health issues through primary care.

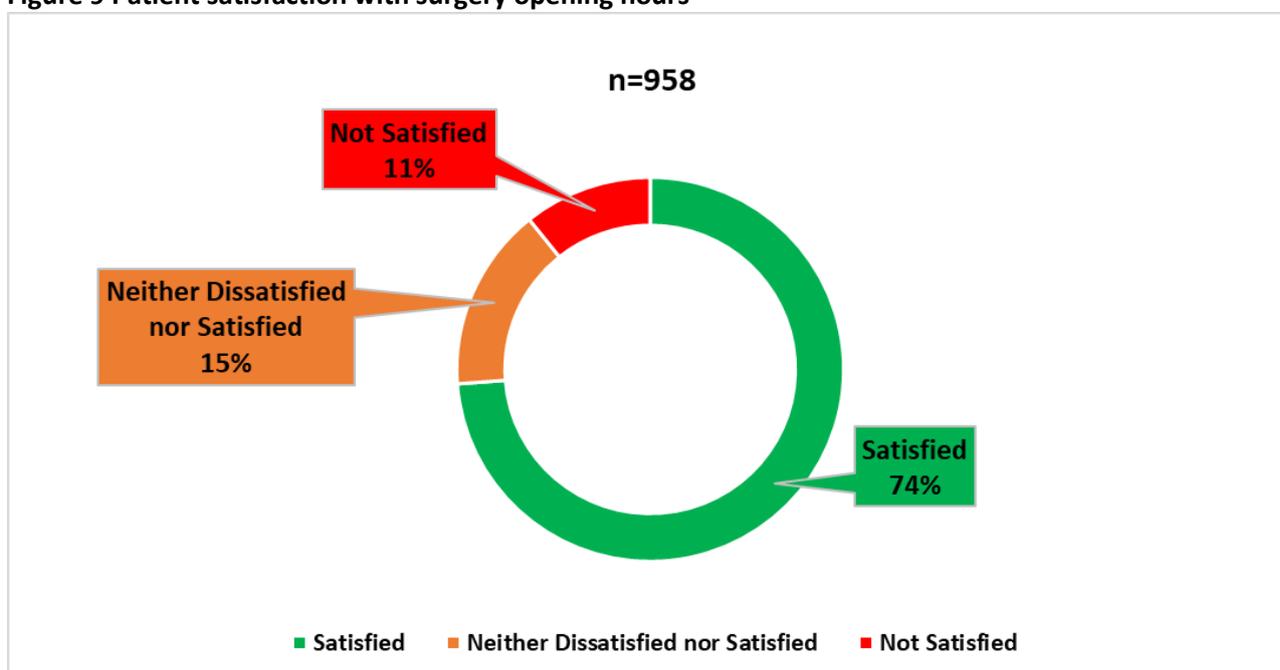
5C: Accessibility of GP services

5C1: Practice opening hours

Most practices opened for long business hours during the week (typically starting at 8.00am or 8.30am and finishing at 6pm or 6.30pm). Nine surgeries offered additional evening times (until 7.30pm or 8pm typically, with one surgery offering until 9pm on one night). Two surgeries offered a three-hour period on Saturday morning.

On a five-point scale ranging from 'very satisfied' to 'very dissatisfied', the majority of patients (74%, 707) were 'satisfied' or 'very satisfied' with opening times at their surgery (Figure 9). This is a similar finding to the 2018 report of 72%.

Figure 9 Patient satisfaction with surgery opening hours



Satisfaction with opening hours varied between practices. We compared patient responses at each surgery against the overall of 74% patient satisfaction. At six surgeries, less than 60% of patients were 'satisfied' or 'very satisfied' with opening times. At eleven other surgeries, over 80% of patients gave this rating for opening times.

If you work, it is impossible to see a doctor!

I can always get an appointment.
Patients' comments

In 2019, patients who were dissatisfied with current opening hours showed a preference for Saturdays and weekday evenings as additional hours. This remains unchanged since 2018. However, on the whole most patients are supportive of their GP opening hours.

Comparison with the 2019 National Survey

Our Healthwatch survey asked ‘How satisfied are you with the hours that you can access a GP appointment?’ The National Survey asked a slightly different question, by asking patients ‘How satisfied are you with the general practice appointment times that are available to you?’ We took the opinion that this was similar enough to make a comparison, while accepting that our responses would be only for GPs whereas the national responses would cover all appointments.

Our survey offered a five-point scale from ‘very dissatisfied’ to ‘very satisfied’. The National Survey offered an almost identical scale with ‘fairly satisfied’ instead of our ‘satisfied’ option. The National Survey did offer a sixth option of ‘I’m not sure when I can get an appointment’ however, they received no responses to this option, which made it easy for us to compare responses like for like (Figure 10).

Figure 10 National Survey Comparison: Satisfaction with appointment times.

	Very Dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very Satisfied
Healthwatch	3%	8%	15%	46%	28%
National	7%	10%	18%	41%	23%

For both local and national patients, the majority were ‘satisfied’ or ‘very satisfied’ with appointment times. However, Brighton & Hove patients were on average more ‘satisfied’ than national patients; 74% of local patients compared to 65% of national patients. Equally, while 18% of national patients were dissatisfied (with rounding up), this accounted for only 11% of Brighton and Hove patients.

Recommendation

- All Practices should offer additional opening times at weekends or one weekday evening and/or offering ‘extended access’ through a PCN hub or existing services (for example, IC24).

5C2: Travel to practices

Over one half of the respondents (56%, 561) said their practice was within ten minutes journey time from their home. 80% (801) respondents were within 15 minutes journey time of their home.⁴⁵ From those who responded to the question online, the large majority (386, 96%) walked or came by car or bus. Almost one half of online respondents (196, 49%) walked to their surgery.

It is only a short walk from my house.

Close to home and close to where I work.

Have to get a bus and come twice a week for meds.

Have to travel by car and then try and find somewhere to park.

Patients' comments

Unsurprisingly, for the majority of all respondents (86%, 849), their surgery was convenient or very convenient. However, there were 45 respondents that felt their surgery was not convenient, with a common complaint being they had to take more than one bus, or drive and locate a parking space which was difficult to find. With surgeries merging or closing, these issues could become more evident.

Recommendation

- For Brighton and Hove Clinical Commissioning Group: Within the context of closing or the merger of GP surgeries, consider the population density in that area and the availability of nearby GP services.

⁴⁵ This figure includes the 56% of patients who said their surgery was within ten minutes journey time from their home.

5C3: Booking appointments

The survey asked patients about their experience of using different methods of booking appointments. Most patients used either the telephone (95%, 914) or made an appointment in person at the surgery (78%, 722). Just over one third (37%, 343) reported using an online booking system (Figure 11).⁴⁶ These figures are very similar to those found in our 2018 report.

The majority of users found booking an appointment by any one of these methods, 'easy' or 'very easy' from a five-point scale ranging from 'very easy' to 'very difficult'. This is similar to our earlier report. Booking an appointment in person was considered 'easy' or 'very easy' by 80% of users, booking online was rated 'easy' or 'very easy' by 70% of users and 68% of users felt booking an appointment by telephone was 'easy' or 'very easy' (Figure 11). Compared with our earlier report in 2018, bookings in person and online have become slightly easier while bookings by telephone remain the same.⁴⁷

Bookings by telephone and online could offer a low cost and convenient alternative to patients having to come into the surgery. They also help with demand on a busy practice. However, it is important that surgeries ensure the systems that are used for these services work efficiently. While the majority of patients (95%, 914) book by telephone, 32% of these patients found this method less than easy. This suggests that improvements could be made with either the telephone system and/or the customer service offered when patients get through to reception. Some of the comments we received indicate that some patients waited a long time to get through to the surgery. Surgeries could also approach this challenge by reviewing staff capacity to answer telephone calls.

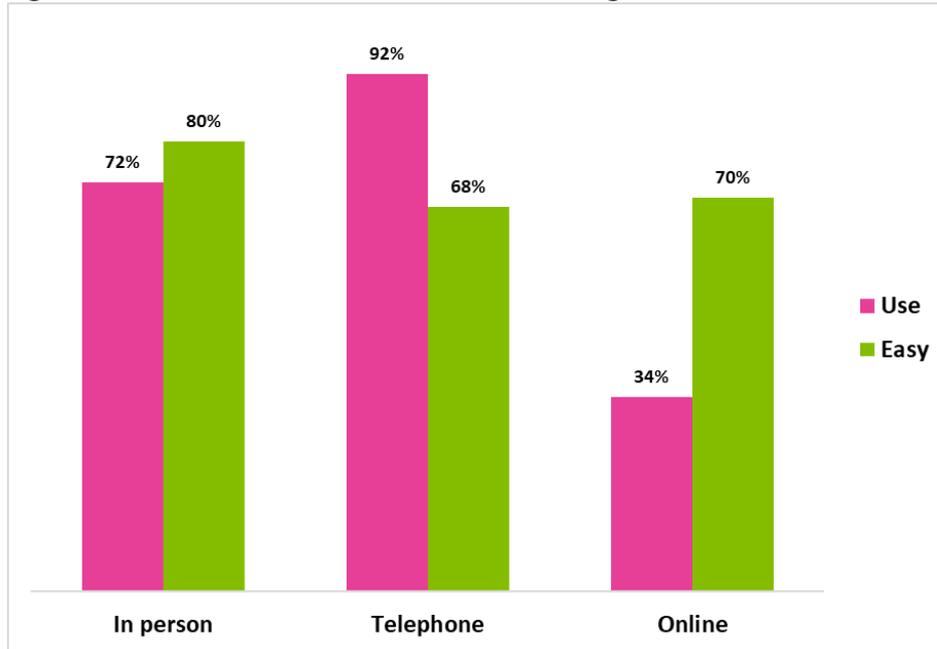
All 40 locations across the city now offer online bookings⁴⁸ but only slightly more than one third of the patients we spoke to (37%, 343) have used this system. If our findings here are reflective of all Brighton and Hove patients, this could indicate that better publicity is needed to make the use of this service more widely spread.

⁴⁶ Patients were asked about all the methods they used. Therefore, total percentages of methods add up to more than 100%.

⁴⁷ In our 2018 report, we also reported that bookings by telephone were considered to be easy (or very easy) by 68% of users.

⁴⁸ All 40 locations offer online booking. One surgery had recently merged systems with another practice and the new system has been in place from the 17th September.

Figure 11 Use and ease of use of different booking methods



There was variation between surgeries on the ease of booking (via each method) suggesting that either customer service or systems differed across the City. For comparison analysis throughout this report, we only used those surgeries where we received 15 or more responses to the question being analysed. Therefore, comparisons between surgeries usually include findings from less than 40 surgeries. For example, in the case of urgent GP appointments, comparison analysis is made between the 21 surgeries who each returned 15 or more responses. Comparison analysis of urgent nurse appointments is made between eight surgeries who each returned 15 or more responses.

Appointment in person

There was some variation across surgeries, where more than one half of the patients at two practices found booking in person to be difficult. In contrast, there were ten practices, where at least 93% of users found the service to be easy to use.

Appointment by telephone

There was significant variation across practices. In four surgeries, over 50% of users found the telephone system difficult. In contrast, in three surgeries more than 90% of users found the system to be easy.

[Having an] easy to book appointments i.e. telephone answered by a person.

Being able to book to see a doctor without having to go through a phone consultation first.

Patients' suggestions for booking appointments

Appointments online (and other online services)

There was also significant variation across practices with the use of online bookings. In three practices, the majority of users (56%, 57% and 67% respectively) found it difficult to use. In contrast, over 90% of users at three surgeries found this service to be easy to use.

Variations could indicate that some practices are better organised than others, or that systems in use differ from surgery to surgery. This is an area where surgeries can look to improve, to ensure that patients are able to book an appointment as easily as possible. This is in the context that 62 of the suggestions made by respondents about ensuring a practice provides a good service, were about bookings (see Section 5E3: Patient suggestions for what looks good in a GP surgery, page 67). Practice staff can also look to encourage the use of cost saving systems such as online bookings.

A large minority of patients had used an online method to order prescriptions (41%, 373) and a majority of patients had got test results (79%, 728). 87% of users in each case (236 for prescriptions and 630 for test results) had found the process easy.

Comparison with the 2019 National Survey⁴⁹

Healthwatch asked patients ‘generally, how easy/difficult has it been for you to do the following: book an appointment in person, by phone, online’. We offered the response ‘Not used service’ and were therefore able to derive the number of respondents who had used each service. The National Survey did not ask about ease of service, and therefore we cannot make a comparison on this criteria. However, they asked ‘in the past 12 months, have you booked general practice appointments in any of the following ways?’. We were therefore able to compare local usage of these three booking methods against national usage, while accepting the National Survey specified the time period. In both surveys, the respondent may have used more than one booking service, hence the percentages represented in the table below add up to more than 100%.

The National Survey specified ‘online including on an app’ which we felt was comparable to the Healthwatch option of ‘booked online’. The National Survey gave an additional option for booking ‘by automated telephone booking’. We have therefore combined this with their ‘by phone’ responses, to compare against the Healthwatch ‘by phone’ responses (Figure 12).

Figure 12 National Survey comparison: Use of appointment booking methods.

	In person	By phone ¹	Online ²
Healthwatch	78%	95%	37%
National	42%	80%	12%

¹ National figure is a combination of responses to 'by phone' and responses to 'by automated telephone booking'.

² National figures is for 'online including on an app'.

⁴⁹ The 2019 National Survey can be found here: <https://www.gp-patient.co.uk/>

In comparison to the National Survey, Brighton and Hove patients used each method more. Locally, 95% of patients booked appointments by telephone (in comparison to 80% nationally); 78% booked in person locally (compared to 42% nationally) and 34% booked online locally (compared to 12% locally).⁵⁰

While the Healthwatch survey asked about the ease of use for each of these methods, the National Survey asked ‘generally, how easy is it to get through to someone at your GP practice on the telephone?’ While not the same question, comparing the national result against the local ease of booking by telephone they are interestingly the same (both 68%). The National Survey demonstrates a downward turn in ease of booking by telephone since 2012, while our results have remained the same from 2018 to 2019.

The National Survey also asked about ordering prescriptions online and a much lower percentage of respondents (16%) than our local survey (41%) said they had used this service.

Recommendations for General Practice

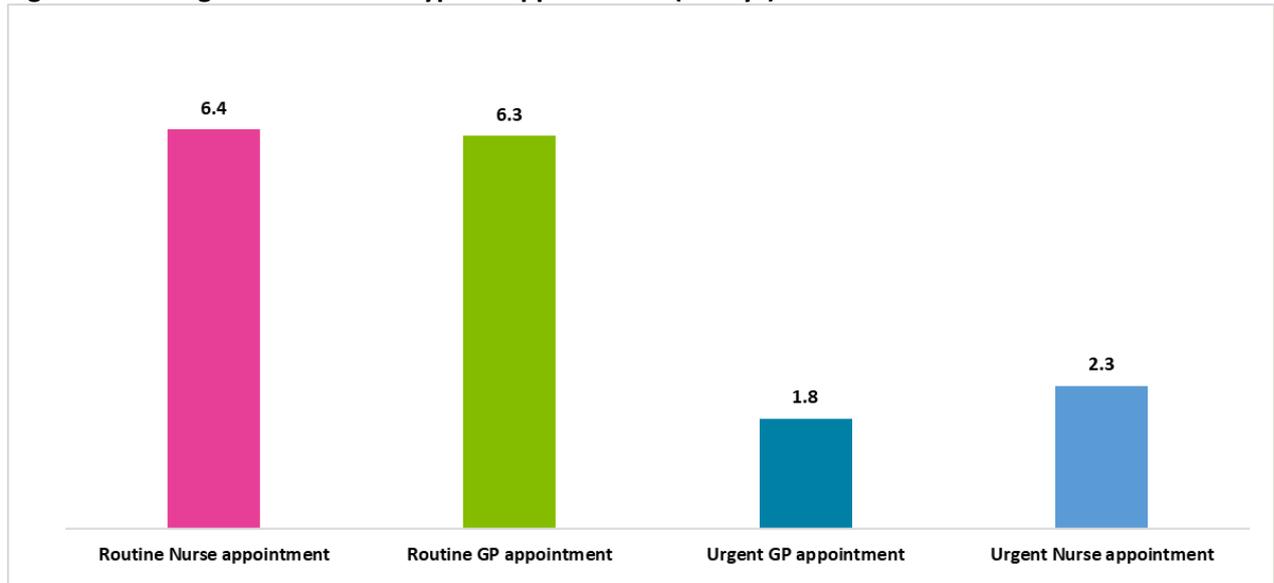
- Ensure bookings by telephone are supported by enough staff capacity and good customer service.
- Ensure online bookings are supported by an efficient and customer friendly system.
- Better promote use of low-cost alternatives to booking appointments in person e.g. online bookings.

⁵⁰ More than one booking method may have been used by a respondent. Hence, total percentages may add up to more than 100%.

5C4: Waiting times from booking to appointment

Healthwatch asked patients how long they usually waited between booking and attending routine and urgent appointments. The following findings are based on patients' recollection of their waiting times. The average routine waiting times were similar for GP and nurse appointments (6.3 days and 6.4 days respectively). Urgent appointments had a considerably shorter wait, as would be expected: 1.8 days to see a GP and 2.3 days to see a nurse (Figure 13).

Figure 13 Average waits for each type of appointment (in days).



Waiting time performance varied considerably across practices as with our 2018 report. The widest variation was for routine nurse appointments, with a difference of 9.5 days between the shortest and longest wait.

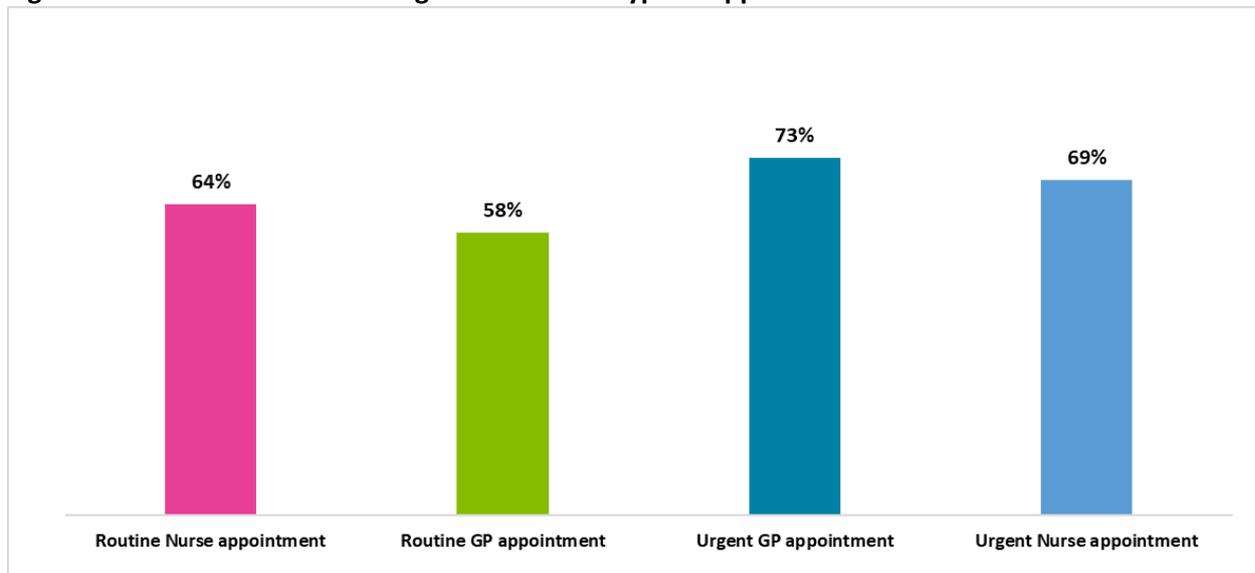
The majority of practices could not guarantee an urgent appointment within the day (81%, 17 surgeries in the case of urgent GP appointments and 100%, eight surgeries in the case of urgent nurse appointments).⁵¹ This is similar to our 2018 report, in which 17 surgeries (75%) were able to offer an urgent appointment on the same day (either GP or nurse).

Satisfaction with waiting times varied, with the highest satisfaction levels for urgent appointments (Figure 14). Despite longer wait times for nurse appointments, patient satisfaction was higher for nurse appointments than GPs. This indicates that practices should be aware that patients expect to see a GP quicker than they expect to see a nurse, as the nature of the medical complaint is likely to be more serious and the need to see the GP therefore more urgent. All satisfaction levels have increased on our 2018 findings. This is interesting when we consider that waiting times have become longer. This may be linked to patient

⁵¹ For comparison, we only included those practices where 15 or more responses had been received. 21 practices in the case of urgent GP appointments and eight practices in the case of urgent nurse appointments.

expectations and could be a result of better public awareness of capacity pressures on GPs and nurses.

Figure 14 Satisfaction with waiting times for each type of appointment.



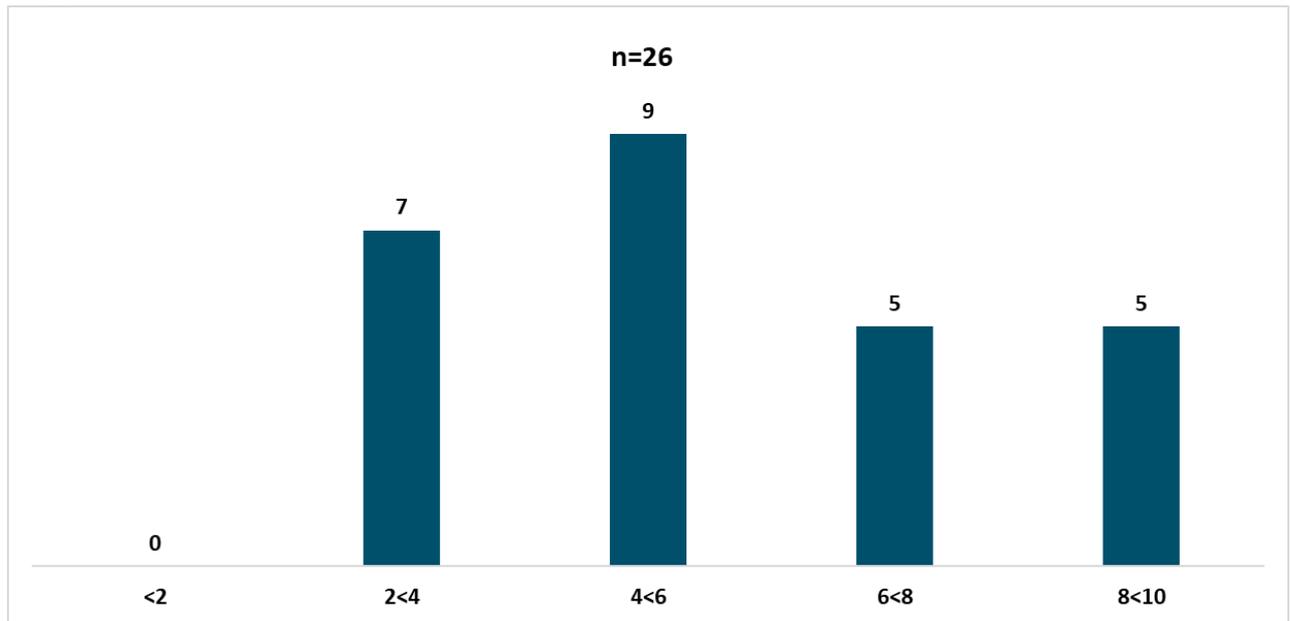
Routine GP appointments

The average wait for a routine appointment for patients in Brighton and Hove has gone up since our 2018 report to 6.3 days (in 2018 this was 5.4 days). One half of patients (49%, 436) received an appointment within three days but more than a quarter (26%, 237) had to wait a week. These are marginally worse figures than our 2018 report in which more than one half of patients (51%) were seen within three days and only 23% had to wait over a week.

Waiting times for routine GP appointments varied widely between practices, with the quickest waiting time being 2.3 days at one surgery and the longest 9.5 at another surgery. Seven surgeries averaged less than four days, with five of these, less than three days. However, five other surgeries averaged more than eight days wait. Patients at two surgeries waited an average of more than nine days for a routine GP appointment (Figure 15).

This large difference indicates the range of experiences of patients at different practices. Some were able to get a consultation within a couple of days while others had to wait nearly ten days.

Figure 15 Average wait times for routine GP appointments: no of surgeries at each stage of waiting time.

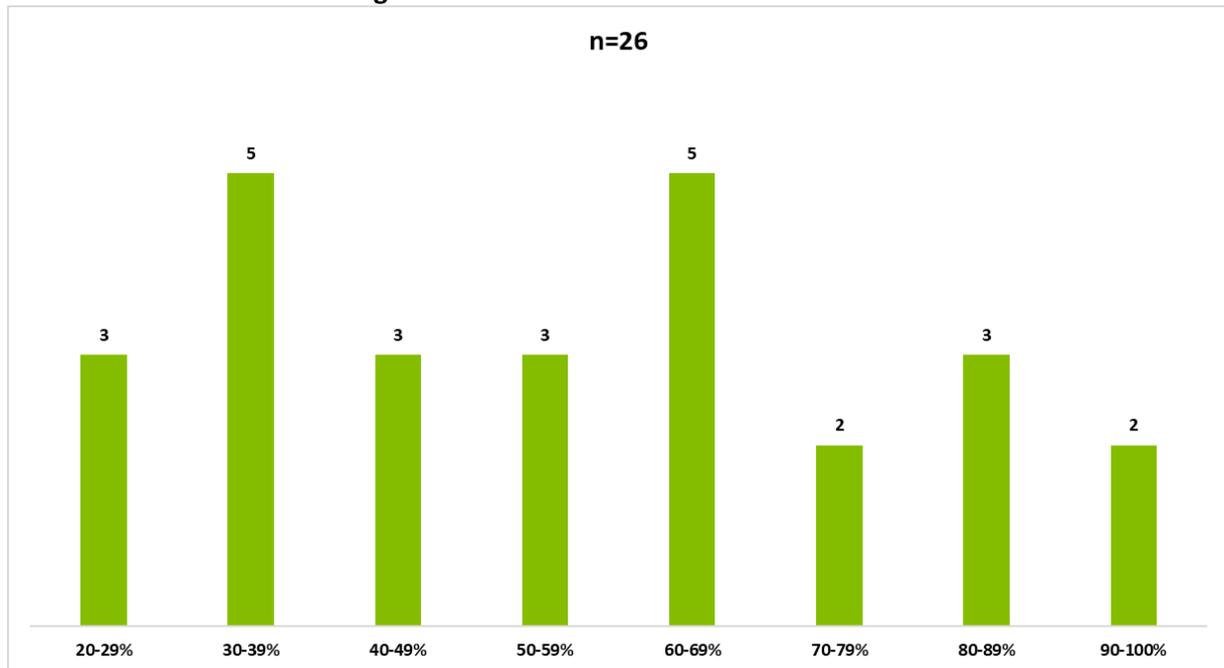


Interestingly, although wait times have gone up since we reported in 2018, satisfaction with waiting times has also increased from 51% (in 2018) to 2019 at 58% (534 patients). GPs are fewer in number and patient loads have increased and perhaps this has affected patient expectations around waiting times.⁵²

Variation of patient satisfaction on waiting times between surgeries was significant, with one surgery receiving an average satisfaction of 26% and another surgery with an average of 96% satisfaction. Eight surgeries returned an average of less than 40% satisfaction while seven surgeries were rated about 70% on average (Figure 16).

⁵² The Telegraph, Guardian and Times newspapers and ITV news all reported in early 2019 about waiting times breaching the two-week mark.

Figure 16 Overall satisfaction with waiting times for routine GP appointments: no of surgeries at each level of satisfaction rating.



The difference in waiting times between booking and attending appointments between practices is reflected in patient satisfaction with waiting times. This also applied to our findings in our earlier report. For 12 practices (71%) there was a relationship between quicker than average waiting times and higher than average patient satisfaction with waiting times, and vice versa (i.e. slower waiting times were related to lower patient satisfaction).

While patient satisfaction has increased since we reported in 2018, waiting times for GP appointments are still an important determinant of this.

Waiting list and times are an issue but that isn't necessarily a GP issue.

The waiting time and limited booking are problematic.

Difficulty of getting an appointment is a problem. Usually have to wait a week.

Patients' comments on waiting times for appointments

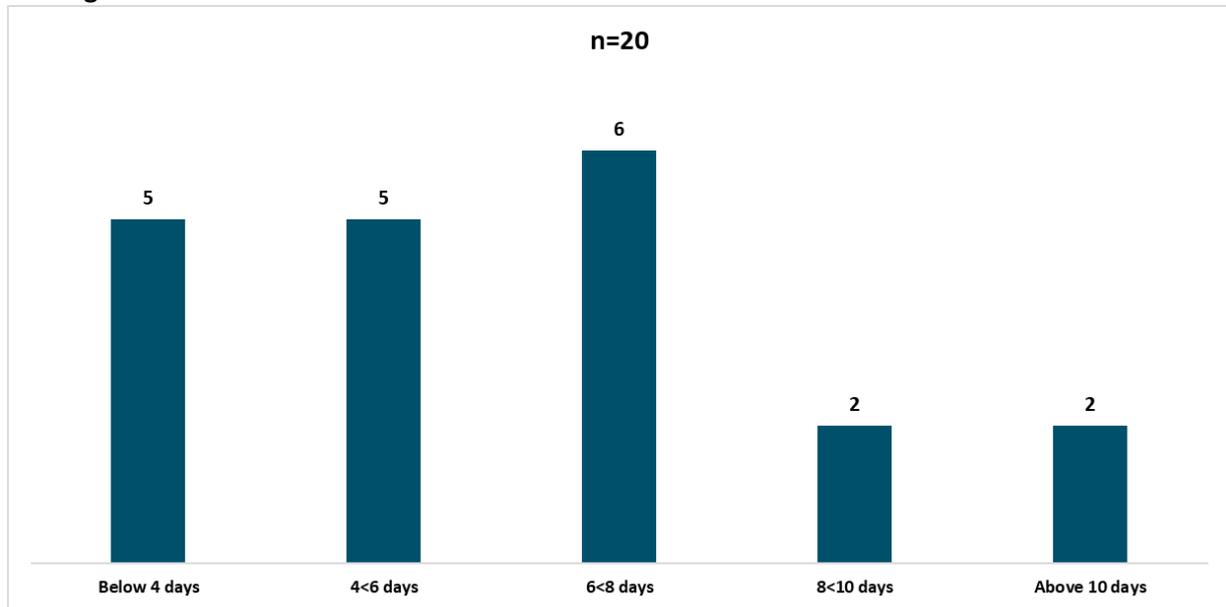
Routine nurse appointments

The average wait for a routine nurse appointment for patients in Brighton and Hove has increased slightly since our 2018 report to 6.4 days (in 2018 this was 6.2 days). Similar to waiting times around routine GP appointments in 2018, one quarter of patients (24%, 180) have to wait over a week for a routine nurse appointment. 40% (280 patients) are seen within three days.

There was some variation between surgeries on average waiting times. The quickest average waiting time of any one surgery was 2.9 days, while some patients at another surgery waited up to 12.4 days on average. A quarter of surgeries (five) averaged less than four days while two surgeries (10%) averaged

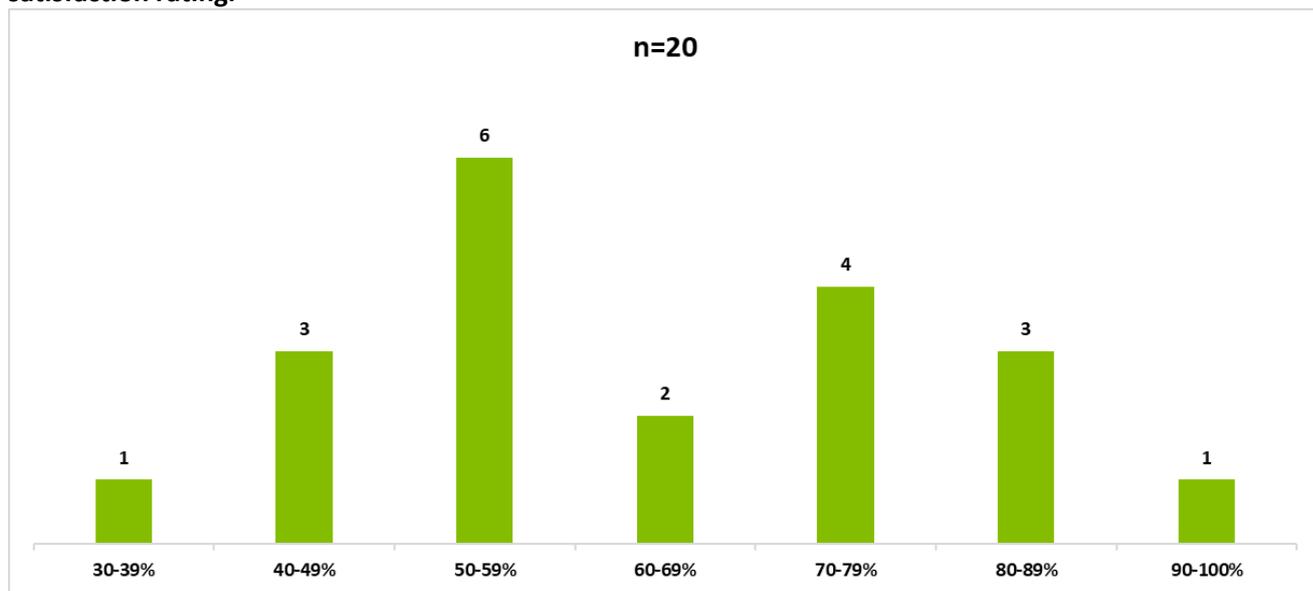
more than ten days for a routine nurse appointment. The variation indicates the different service that patients can expect to receive across the city (Figure 17).

Figure 17 Average wait times for routine nurse appointments: no of surgeries at each stage of waiting time.



Patient satisfaction ('satisfied' or 'very satisfied') with the wait times for routine nurse appointments was 64% (493 patients) and was higher than for GP appointments (58%). It was also better than satisfaction levels we reported in 2018 (58%). There was a wide variation between the lowest satisfaction rating at one surgery of 36% and the highest in another surgery of 93%. Four practices received satisfaction levels of less than 50% while another four surgeries achieved higher than 80% (Figure 18).

Figure 18 Average satisfaction for routine nurse appointments: no of surgeries at each level of satisfaction rating.



Urgent appointments

In 2019, we asked for a response for urgent GP appointments and a separate response for urgent nurse appointments. In comparison, our 2018 survey asked patients to feedback about all urgent appointments (i.e. GP and nurse combined).

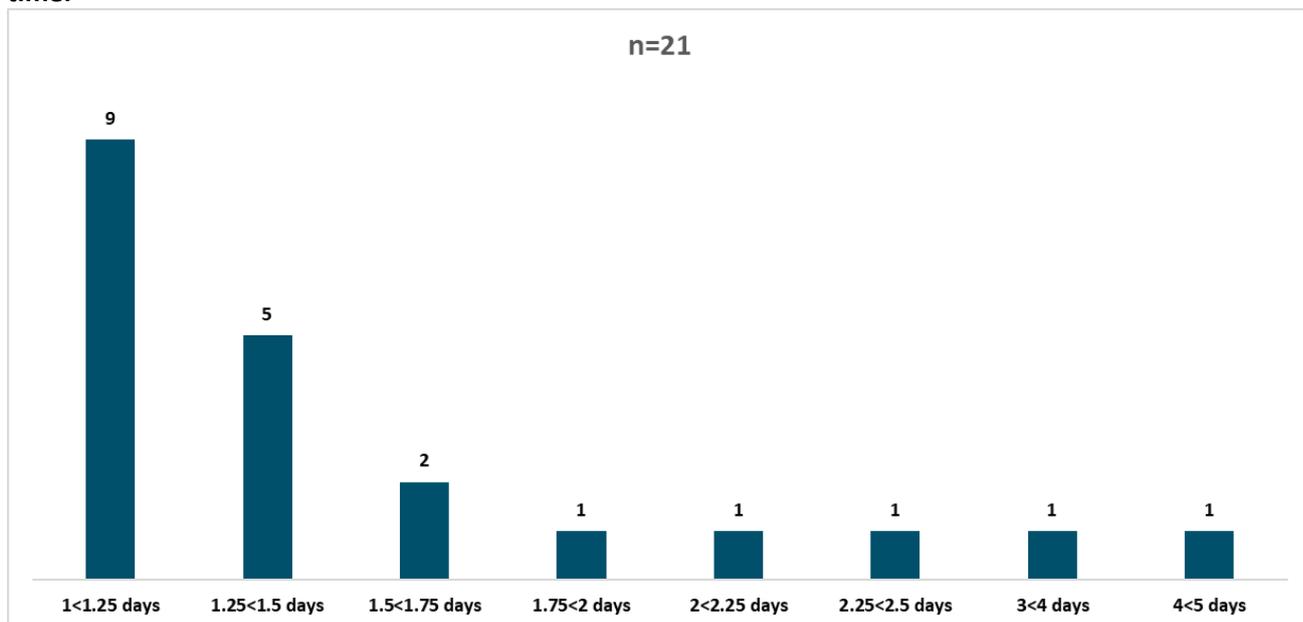
In our 2018 report, the large majority of patients, 86%, were seen the same day for urgent appointments with an average wait of 0.9 days. In 2019, we found a similar percentage of 85% (625 patients) saw their GP on the same day. Around two-thirds of patients (67%, 244 patients) were able to book an urgent nurse appointment on the same day.

However, 5% (38 patients) waited four days or more to see a GP for an urgent appointment and 9% (34 patients) waited the same time to see a nurse urgently. These figures are higher than when we reported in 2018 when we found that 3% waited four days or more.

There was some variation between practices.⁵³ The quickest waiting time for an urgent GP appointment was one day and the longest 4.8 days. Four surgeries (19%) averaged one day or less and two surgeries averaged more than three days (Figure 19).

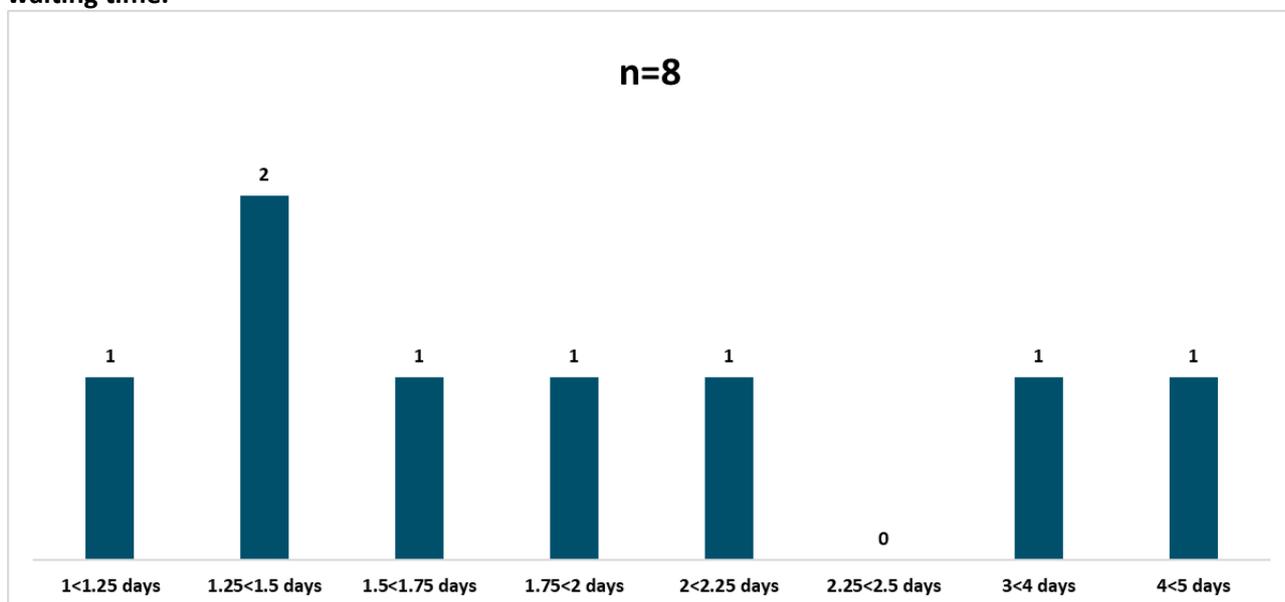
⁵³ For comparison analysis, we only used practices where we received 15 or more responses to the question: 21 practices in the case of urgent GP appointments and eight practices in the case of urgent nurse appointments.

Figure 19 Average wait times for urgent GP appointments: no of surgeries at each stage of waiting time.



For urgent nurse appointments, the quickest waiting time was 1.2 days and the longest four days, with three surgeries (38%) averaging less than 1.5 days and two surgeries more than three days (Figure 20).

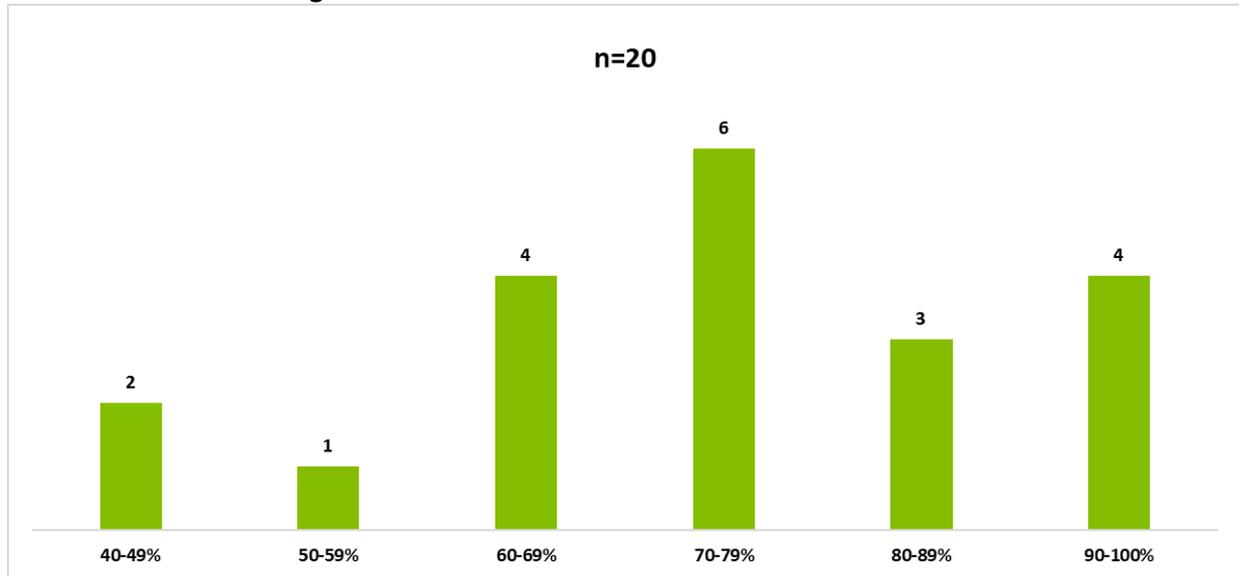
Figure 20 Average wait times for urgent nurse appointments: no of surgeries at each stage of waiting time.



Patient satisfaction with the wait times for urgent appointments was higher than for routine appointments. 73% of patients (535) were ‘satisfied’ with urgent GP appointments and 69% (318 patients) were ‘satisfied’ with urgent nurse appointments. This compares with our 2018 report where satisfaction with urgent appointments (GP and nurse combined) was 69%.

Variation was apparent between surgeries, with a greater difference on satisfaction with waiting times, for urgent GP appointments.⁵⁴ Patient satisfaction rating for urgent GP waiting times ranged across surgeries from 47% to 94%. Two surgeries received lower than 50% satisfaction with waiting times, while seven achieved higher than 80% (Figure 21).

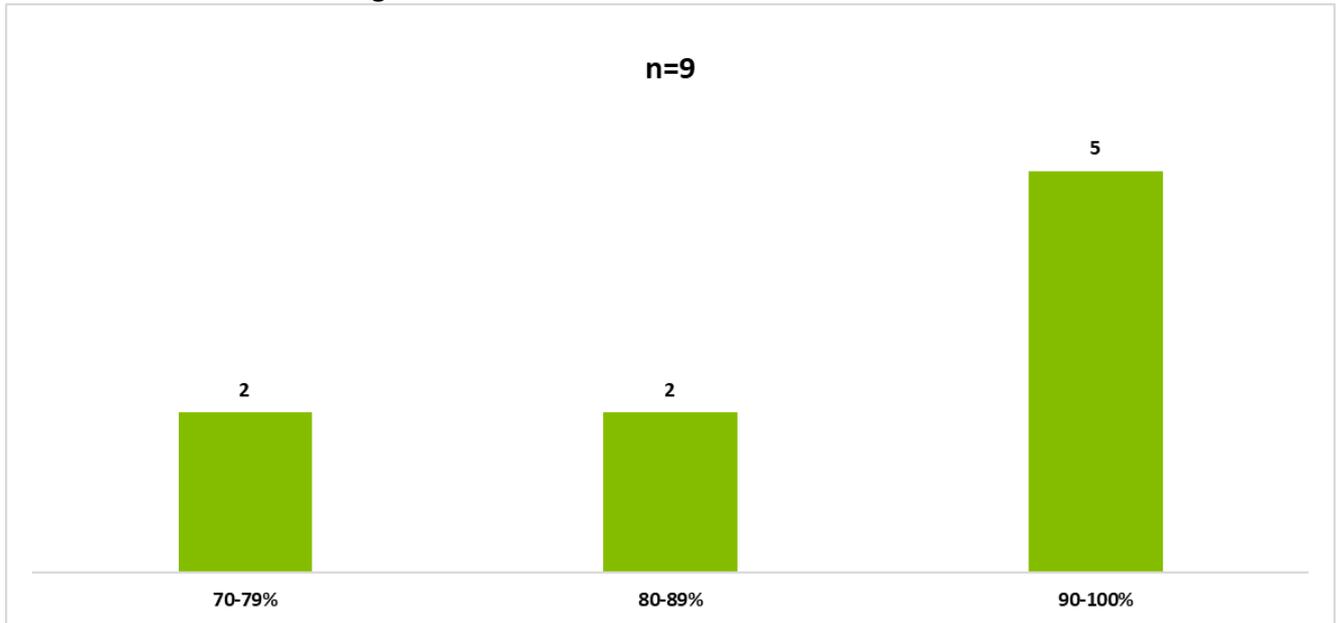
Figure 21 Average satisfaction with wait times for urgent GP appointments: no of surgeries at each level of satisfaction rating.



Satisfaction levels with urgent nurse appointments varied between 74% and 100%, with three surgeries scoring the top level. As with previous comparative data, Figure 22 compares those surgeries where we have received 15 or more responses to this question, in this case only nine surgeries met this criteria.

⁵⁴ For comparison analysis, we only used the practices where we received 15 or more responses to both questions: 20 practices for urgent GP appointments and nine practices for urgent nurse appointments.

Figure 22 Average satisfaction with wait times for urgent nurse appointments: no of surgeries at each level of satisfaction rating.



Comparison with the 2019 National Survey

The NHS National survey did not ask the same detailed questions as Healthwatch. The National survey made no distinction between routine and urgent appointments and no distinction between GP and nurse appointments. Combining scores for comparison in both surveys, the large majority of patients were not seen on the same day as they booked their appointment (60% locally compared to 67% nationally).

Recommendations for General Practice

- Increase the number of urgent appointments. Patients have a strong expectation that GP urgent appointments should be available.
- Reduce waiting times to have a booked appointment with a nurse or a GP.

5C5: Appointment waiting times on the day

The survey asked respondents how close to the scheduled appointment time they were usually seen, with a range of responses between 'on time' and 'more than 45 minutes' after the scheduled time. We asked patients to answer this question separately for GP appointments and again for nurse appointments. This differs from our 2018 report, in which we only asked patients to provide one response for waiting times overall.

Practices were better at ensuring appointments were exactly on time than when we reported in 2018 where the average waiting time was 13.6 minutes. In comparison, waiting times in 2019, averaged 8.9 minutes⁵⁵. Separately, patients waited on average longer for a GP appointment (11.5 minutes, 955 responses) than they did for a nurse appointment (5.7 minutes, 769 responses).

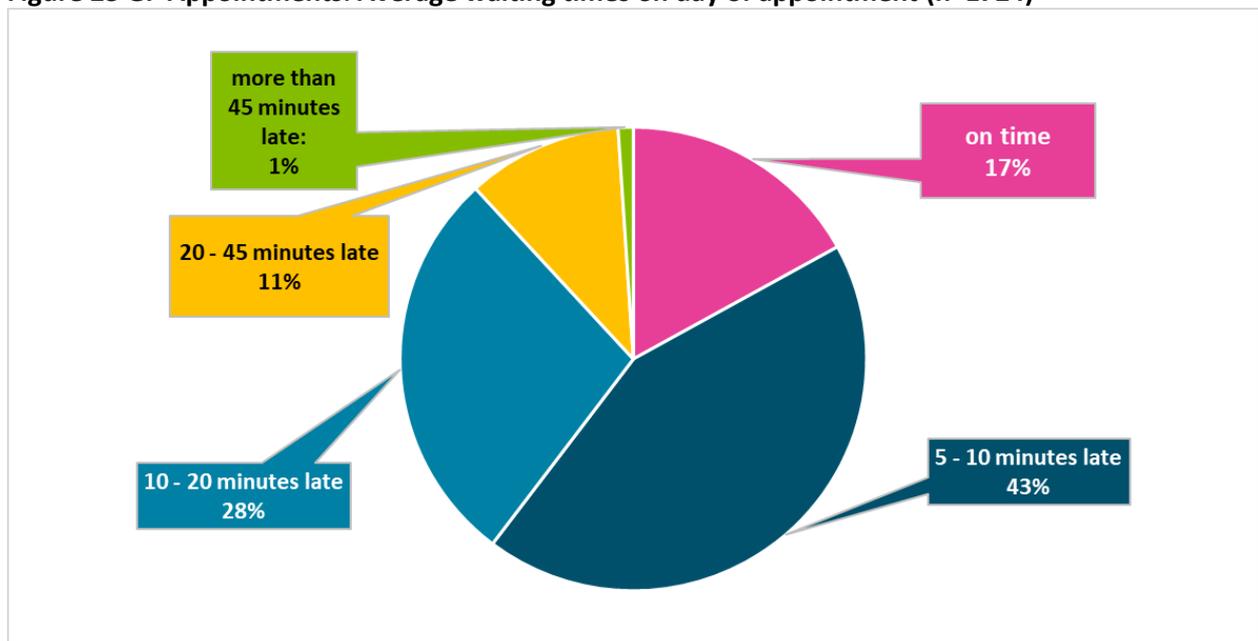
Staff are friendly and efficient. Wait times are not their fault.

Waiting times are the worst problem. 25 mins late at present!

Patients' comments on waiting times in surgery

Using the *combined* figures for GPs and nurses, 29% (503 patients)⁵⁶ reported that they were seen on time in 2019. This compares favourably to only 14% of patients being seen on time in 2018. Separately, in 2019, 17% (162 patients) saw a GP on time (Figure 23).

Figure 23 GP Appointments: Average waiting times on day of appointment (n=1724)

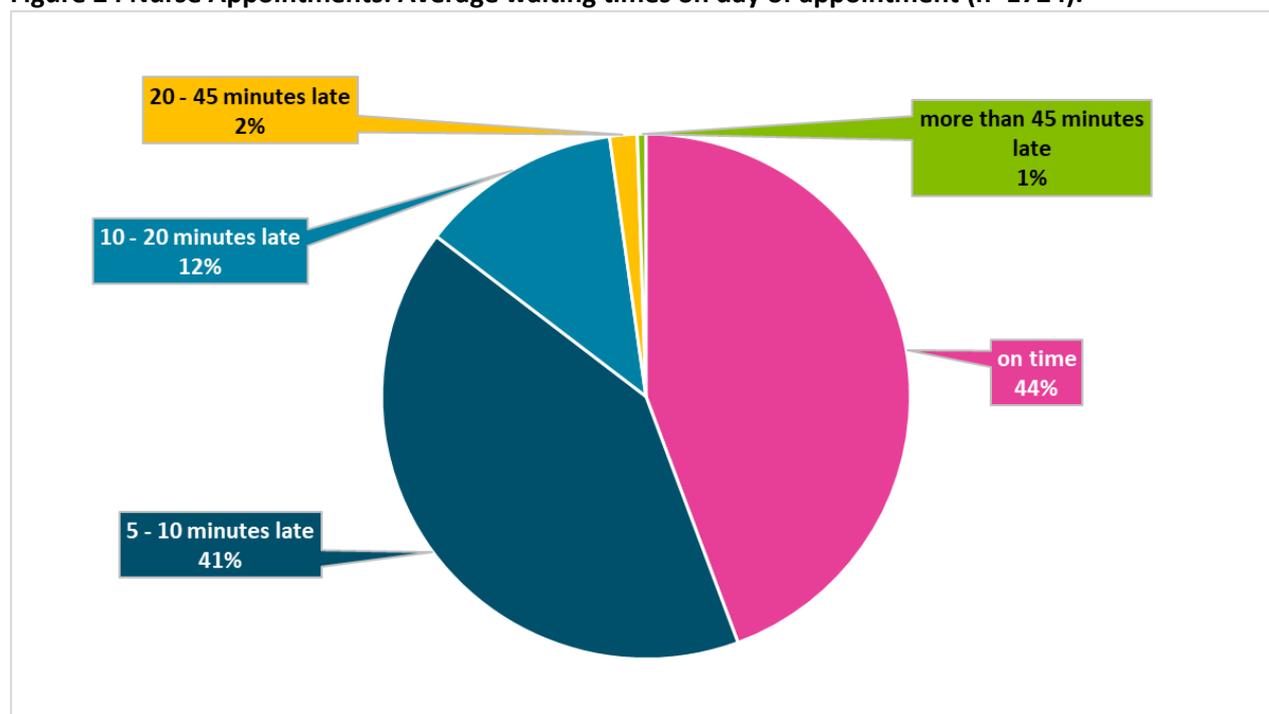


⁵⁵ Combination of 1724 responses across both questions on nurse and GP appointments.

⁵⁶ As figures are combined, the sample is of 1724 responses across both questions on nurse and GP appointments.

In addition, 44% (341 patients) saw a nurse on time (Figure 24).

Figure 24 Nurse Appointments: Average waiting times on day of appointment (n=1724).



There was considerable variation across practices,⁵⁷ as with our 2018 report. In thirteen practices, the average waiting time to see a GP on the day of an appointment, was less than ten minutes. In two surgeries, the average waiting time for a GP was above 17 minutes.

There was also variation across practices, in waiting times to see a nurse. Six practices had an average waiting time of less than four minutes, with three surgeries offering an average of less than three minutes. At the higher end, patients at three surgeries waited more than nine minutes on average to see a nurse.

Again, these variations demonstrate different experiences for patients across the City.

Comparison with the 2019 National Survey

The National Survey also asked how long patients waited for their appointment, on the day itself. Healthwatch distinguished between GP and nurse appointments. As there was no such distinction made in the National Survey, we combined waiting times for the two categories in our survey and worked out the averages for the combination. As the National Survey had slightly different time scales to the Healthwatch survey, we compared our 'one time' with the national '5 minutes late or less' and grouped all the other times under a general heading of 'not on time' (locally) and 'more than five minutes' (nationally) (Figure 25).

⁵⁷ For comparison analysis, we only used the practices where we received 15 or more responses to both questions: 27 practices for GP appointments and 20 practices for nurse appointments.

Figure 25 Comparison with National Survey: Waiting time on day of appointment.

B & H (Combination of routine GP and routine nurse appointments)		National (‘your last appointment’)	
on time	29%	5 minutes late or less	23%
Not on time	71%	More than five minutes	77%
	100%		100%

A higher percentage of Brighton and Hove patients (29%) were seen on time compared to national patients (23% were seen five minutes late or less).

Recommendation

- For General Practice: continue to keep appointments on the day, as timely as possible and keep patients informed of any delays while waiting.

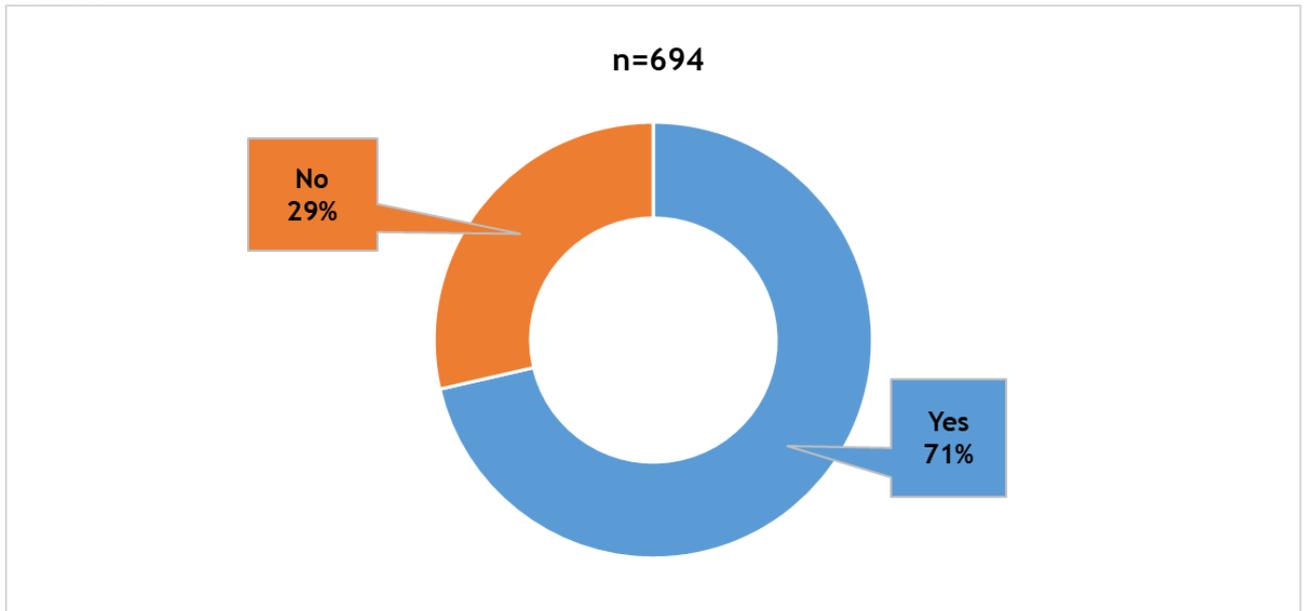
5C6: Patient's use of own doctor

The majority of patients in Brighton and Hove (65%, 620) said they could see a doctor of their choice. This is a distinct increase in comparison to the findings in our 2018 report, in which only 48% of respondents could choose a doctor.

In addition, a majority of respondents in 2019 (72%, 694) said it was quite important or very important to be able to choose a doctor. This was also an increase on our earlier report, where 64% of respondents said they thought this was important. In 2019, patients cited a variety of reasons for wanting to see their own doctor. Some patients felt it was necessary to have consistency rather than taking additional time to explain their long-term or complicated conditions to a new doctor. Other patients (some with mental health conditions, such as anxiety or dementia) felt more comfortable with the same doctor.

Of those that *thought it was important*, almost one third (29%, 196) were unable to make this choice (Figure 26).

Figure 26 Patients who said it was important to choose which doctor they saw: how many could choose?



The NHS has prioritised mental health issues in their Long Term Plan.⁵⁸ Also the number of people with multiple and long-term health conditions is growing.⁵⁹ These may be important considerations in patients having consistency in their care, including seeing the same doctor or nurse.

⁵⁸ See <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> for more information, in particular sections on Aging Well, mental health commitments and Personalised Care.

⁵⁹ See <https://www.health.org.uk/publications/understanding-the-health-care-needs-of-people-with-multiple-health-conditions> for further information. For Brighton and Hove specific, please read the Joint Strategic Needs Assessment 2020: <https://present.brighton-hove.gov.uk/Published/C00000147/M00002166/AI00013008/Item25JSNAsummaryforJCBAAppendix1.doc.pdf>

Each doctor I have seen here has been helpful. I'm happy to see whoever has time.

As long as a GP is qualified they should be able to help me.

It is easier to obtain an appointment if you see any doctor

All my health details are on the shared computer system, so it shouldn't matter who I see.

It is better to see the doctor who understands my [long-term] condition.

I suffer from anxiety and prefer to see the same doctor.

Some doctors are more helpful and friendly than others.

Patients' comments

Recommendation

- For General Practice: Provide opportunity to allow patients continuity of care, including seeing the same doctor.

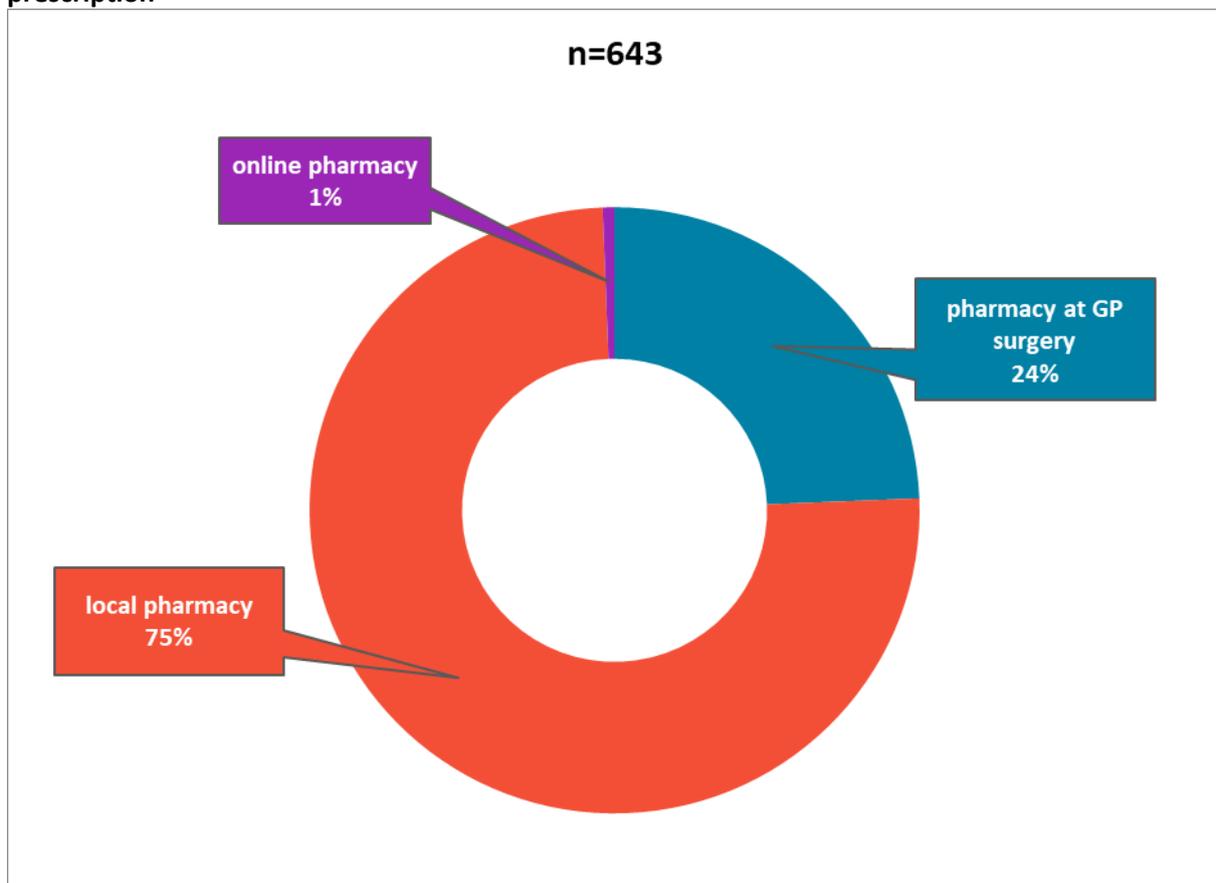
5C7: Getting medication

In response to concerns about marketing from online pharmacy services, Healthwatch ran an online pharmacy survey (in 2019) for people who had received marketing from one of these companies. In the online pharmacy survey, we surveyed 91 people in Brighton and Hove and found widespread confusion about marketing received and the credentials of these companies. Therefore, we took the opportunity in the GP survey, to ask GP patients (if they were given a prescription by their GP) similar questions about where they got their medication from.

Prescription provided

The majority of patients we spoke to in the GP survey (67%, 643), had received a prescription from their GP and almost all of those who had (99%, 636), went to either a pharmacy located at the surgery or a local pharmacy to get the medication (Figure 27).

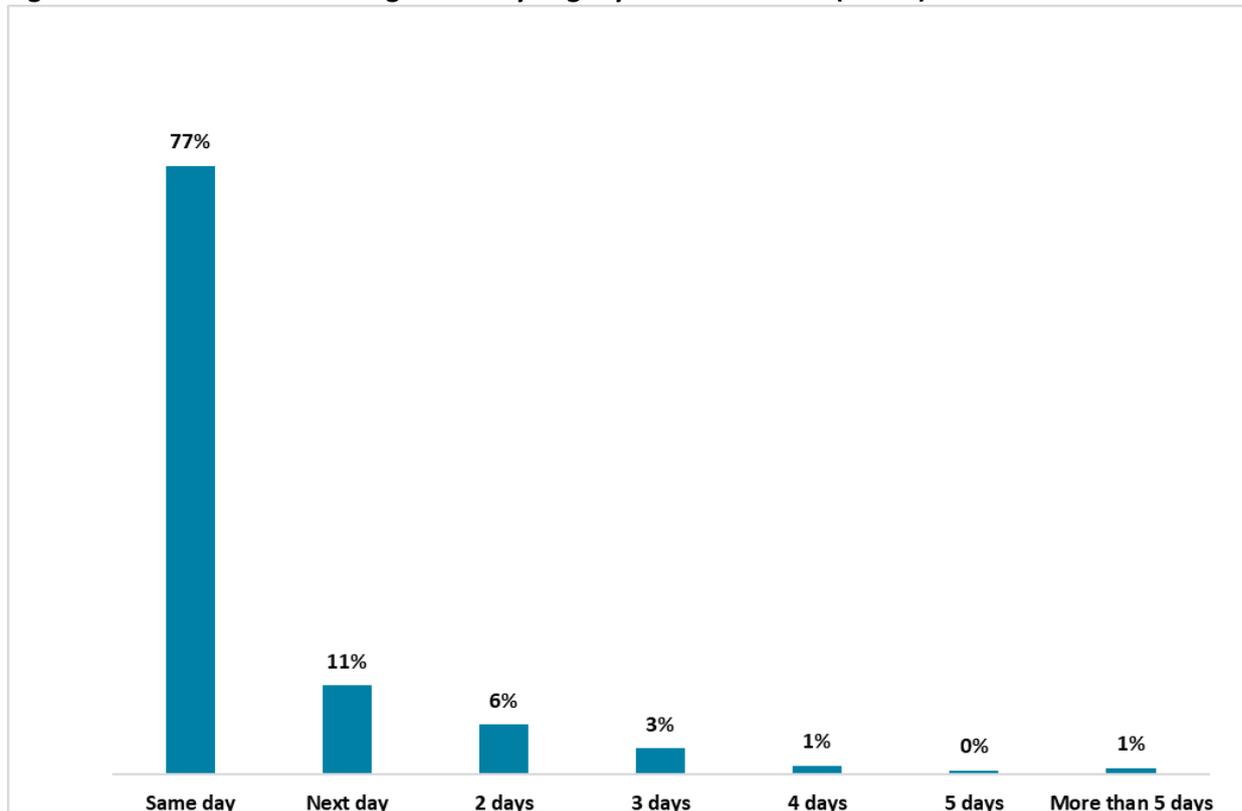
Figure 27 Patients given a prescription at last GP consultation: Type of pharmacy providing the prescription



Health problems due to delays

Healthwatch also asked patients how long they waited for the prescription and if any delay caused the patient health problems. While the majority (88%, 563) received their medication either on the day or the next day, 76 patients (11%) had to wait longer (Figure 28). A very small number of patients (25, 4%) felt delay had caused some health problems, with ten of these patients having to wait two days or longer.

Figure 28 How soon after seeing a GP did you get your medication? (n=639).



Recommendation for Pharmacists

Feedback from our report indicates that pharmacists are generally providing a good service to patients. Small areas for improvement could be:

- Decrease delays in issuing medication.
- Ensure pharmacies have the most commonly prescribed medications in daily stock.

5D: Surgery Environment

Healthwatch visited 34 GP surgeries in the city as part of the GP review.⁶⁰ At each practice, the Healthwatch team observed the environment from the patient's point of view. This included patient information, staff communication with patients, comfort of the waiting area and hygiene including toilet facilities. Observations were used to provide helpful suggestions of areas for improvement rather than awarding any quantifiable rating to each surgery.

Information Displayed

All of the surgeries that we visited had display boards with a variety of information for patients. The surgeries that stood out positively, were those that had taken the time to group information by subject, including sub-headings, and to ensure that information was up to date. Also, where information was provided in an eye-catching way (e.g. with the use of colour or background for different subjects). The inclusion of safeguarding material was considered important and some volunteers had specific suggestions to make about this. One surgery had a particularly useful display board that advised patients which service they should seek depending on the illness, health complaint or injury.

There was only a poster stating the name of the safeguarding lead and to ask for the person at the reception. Therefore, if someone wanted to remain anonymous there was no alternative way.

Healthwatch volunteer observation

In contrast, information was sometimes difficult to navigate, if there was no clearly defined subject groups, where leaflets were displayed loosely rather than in holders, and where posters were clearly out of date.

Hygiene/Toilets

Volunteer comments about most surgeries were that they were clean and tidy, and most had hygienic hand gel for patient use in the waiting area or reception.

The surgeries that were considered above average, included those where toilets were clearly signposted, with the facilities themselves being clean, tidy and well-stocked with paper and soap. Also, positive assessments were where surgeries provided facilities for wheelchair users, and baby-change facilities and where the emergency cord could be easily accessed.

The length of the emergency cord in the toilet was not reaching the floor, and therefore would be difficult to reach if someone fell.

Healthwatch volunteer observation

⁶⁰ This was from a total of 40 locations, including smaller branch surgeries.

In contrast, hygiene was considered to be below average, where signs to the facilities were not clearly visible, where facilities themselves were not accessible for disabled patients, or where paper or soap had run out.

Communication

In many of the surgeries we visited, volunteers commented that staff (receptionists and medical staff) communicated clearly and in a friendly manner with patients. Surgeries were rated above average, where staff were seen to create a calm, relaxed environment, where conversation was at a suitably quiet but audible tone, and where patients were met with a friendly welcome.

In particular, some staff were seen to deal with challenging enquiries from patients, responding calmly, taking time to listen to the patient and doing their best to respond appropriately.

Staff have been trained in relation to confidentiality and can take patients to a side area if there is a need for a chat in private.

Healthwatch volunteer observation

In contrast, communication could be improved, where staff responded in a hurried manner, or where conversations could be easily overheard by other patients. When patients raised a complaint, staff responded in an abrupt manner and seemed to act defensively or did not approach the patient to speak to them quietly but instead talked across the surgery.

Waiting area environment

Volunteers fed back that many of the surgeries provided a suitable waiting area with reasonably comfortable chairs. Those surgeries felt to offer more than the average, were those that offered a range of chairs suitable for patients with physical challenges (chairs with armrests, larger chairs and those with head rests). Having freely available drinking water was also important. Additional comfort was provided by surgeries that offered magazines to read or children's toys. Natural light and decoration such as pictures or colourful furniture were also a benefit.

None of the seats have arms and I watched two older patients struggle to stand up.

There is a lowered desk at reception for wheelchair users.

Considering the small space, the reception staff have done well to make it feel open, relaxed and comfortable.

Healthwatch volunteers' observations

In contrast, some waiting rooms could be improved by offering a range of chairs, including cushions on hard seating areas, offering books or toys and ensuring

lighting is maintained and water is freely available (or patients are clearly advised to ask reception for water).

Patient feedback encouraged

Most of the surgeries we visited, had a complaints procedure in place. However, volunteers felt that not all made this clear to patients. The best examples we saw displayed a comments/complaints box on the reception counter or clearly displayed in the waiting area. One surgery had a dedicated writing desk and chair available for patients to complete a comments form. Another surgery had produced a complaints leaflet clearly setting out the procedure including the contact details for the Practice Manager, the Patient Advice Liaison Service and the Health Services Ombudsman should patients need to escalate a problem. Reception staff were also aware of the complaints procedure and could advise patients accordingly.

In contrast, the team felt that in general, a surgery could improve its complaint procedure by ensuring comment forms were displayed clearly with an obvious box to post them into. Also, it is important for staff to be aware of the procedure and that information on the NHS friends and family test is available.

No Friends and Family forms were visible and on asking the reception, none could be found. No complaint information was available. The receptionist said that if they wanted to, patients could ask them for details.

Healthwatch volunteer observation

Other observations

Our volunteers also recorded additional comments to the areas above.

- Waiting areas could be enhanced by music or radio, as long as the volume was audible but not loud.
- Where surgeries offered car parking, some patients commented that there were not enough spaces available.
- Poetry and suitably relaxing pictures on the wall can help create a calm waiting room environment.
- Additional space for patients to speak confidentially to a member of the reception staff would benefit those surgeries that are open plan.
- Surgeries should be accessible to patients with physical disabilities. Where possible, surgeries should offer ramps up to the main door, lifts to consultation rooms or consultation rooms available on the same floor where patients enter the surgery. Suitable chairs, a portable hearing loop in the waiting area and disabled toilet facilities also help make a surgery accessible to all patients.
- Some areas of the surgery are suitable to display certain information. Information on sexual health and contraception is probably best displayed in or near the toilets. Whereas safeguarding information should be in an area that all can see it, while also providing duplicate information on this in the toilet area so that patients can take the details down in private.

Recommendations for General Practice

- Ensure the complaints procedure is open and transparent and that all patients are aware of how to provide comment about the surgery (positive and negative).
- Ensure all reception and medical staff are trained in basic customer service skills, with the ability to deal with complaints and challenging behaviour and/or refer to the Practice Manager where appropriate.
- Consider a separate area for patients to speak confidentially to reception staff.

Suggestions for environmental improvements to General Practice

- Ensure patients with disabilities can access the surgery easily and comfortably. Where possible, make 'reasonable adjustments' (Equalities Act 2010) to facilities including providing a hearing loop in reception and ramps from the pavement to the front door.
- Ensure patient information in the waiting area and reception, is well organised, tidy and up to date.
- Ensure facility signs (e.g. for the washrooms) are clearly visible and facilities are well-stocked.
- Ensure waiting areas are comfortable including offering water, lighting that works and a range of seating.

5E: Overall satisfaction and suggestions for improvements

In addition to feedback on individual issues, Healthwatch wanted to get a sense of how patients felt overall about their current surgery. We also wanted patients to give suggestions on how to improve their surgery. We therefore asked two sets of questions: one around overall satisfaction and another around what makes a good surgery. We also asked patients for additional comments about the NHS primary care service which we have also included here.

5E1: Overall satisfaction

We asked patients three questions about their overall experience of their GP practice:

- overall satisfaction on a five-point scale;
- a similar question to the NHS Family and Friends Test, asking if they would recommend the practice to someone moving into the area, which uses a five-point scale, and
- an overall rating of their GP surgery on a 1-10 scale.

Patients were generally very positive about their GP practice and overall satisfaction compared favourably to findings in our 2018 report.

The majority of patients (84%, 794) were 'satisfied' or 'very satisfied' with their surgery (Figure 29). This compares to 82% in our earlier report.

The reception staff are the best: Effective and well organized.

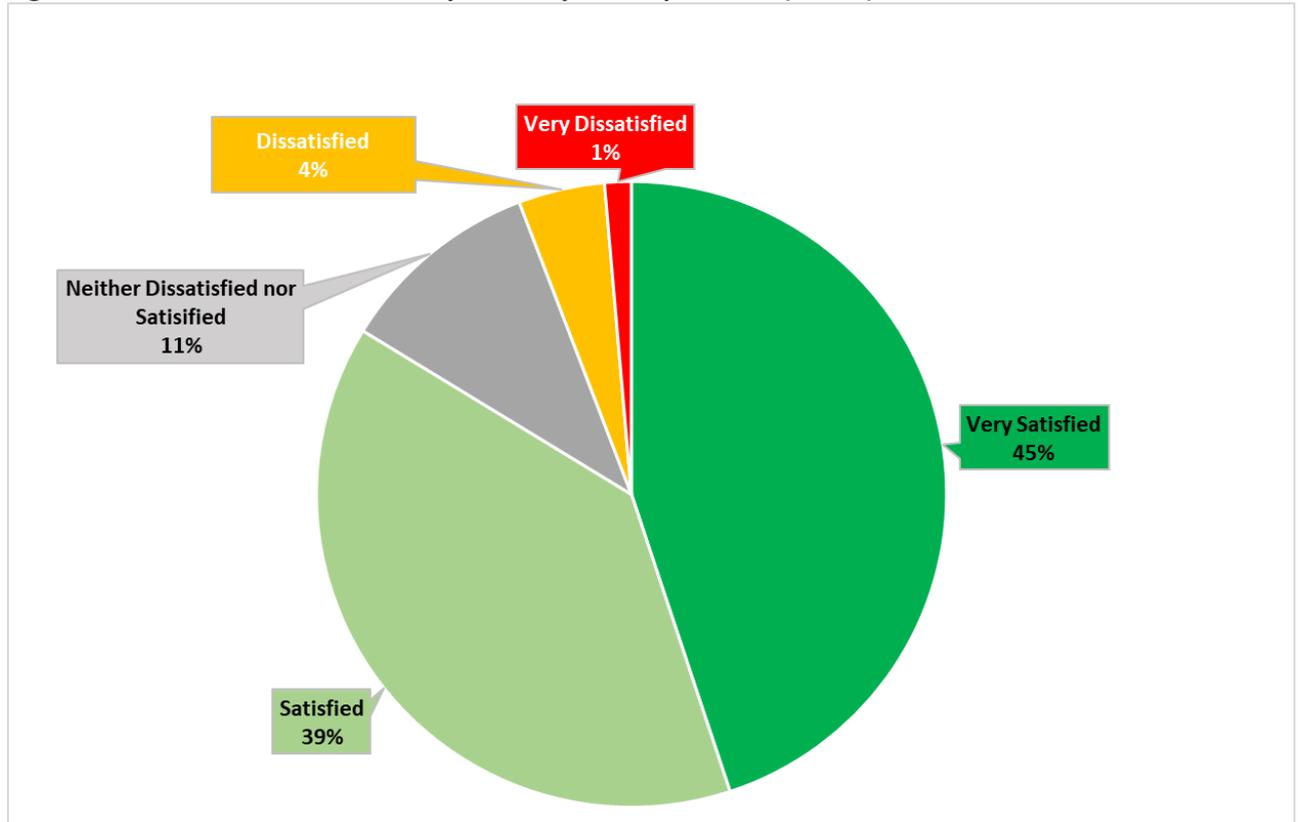
Doctors care and take time. I always feel listened to.

The system for same day appointments seems to really work.

I can always get an emergency appointment.

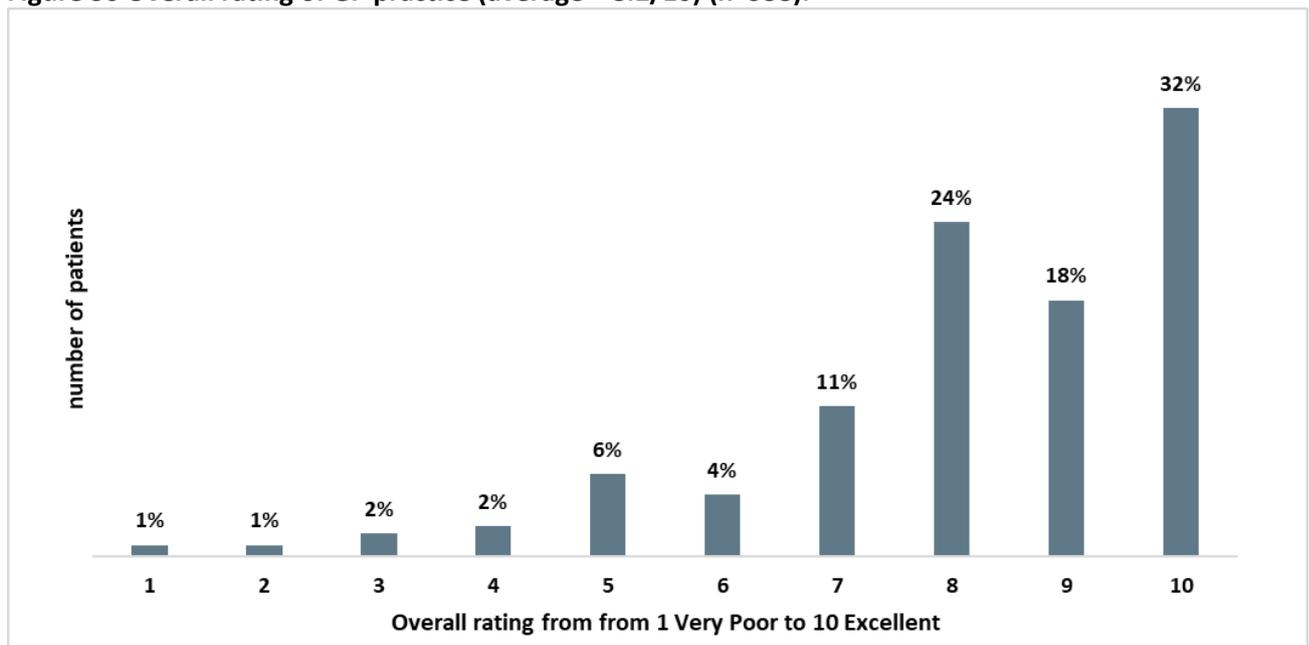
Patients' positive comments

Figure 29 Overall, how satisfied are you with your GP practice? (n=948).



Most (89%, 817 patients) said they would recommend their surgery to someone who has just moved to their local area (compared to 86% in 2018). Patients rated their surgery with an average score of 8.2 out of 10 (combination of ratings from 958 patients) and this compared favourably to an average rating of 7.9 in 2018 (Figure 30).

Figure 30 Overall rating of GP practice (average = 8.2/10) (n=958).



There was some variation between surgeries on all three criteria and for some surgeries, satisfaction levels were significantly below or above the average.⁶¹

Satisfaction levels varied from one surgery where only 50% of patients were 'satisfied', to another surgery which received satisfaction from 97% of patients. Less than 75% of patients were 'satisfied' or 'very satisfied' at five surgeries (with less than 60% of patients at two of these).

Too many patients, not enough doctors.

The receptionists are awful - make you feel you are a nuisance and do not provide any confidentiality.

I never see the same GP twice.

It's so difficult to get an appointment so preventative care just doesn't happen.

There is very little mental health support.

Patients' negative comments

More than 95% of patients were 'satisfied' or 'very satisfied' at four surgeries.

At five surgeries, less than 75% of patients were 'satisfied' or 'very satisfied' (with two surgeries achieving less than 60% patient satisfaction). Four surgeries, achieved satisfaction from 95% of their patients.

The number of patients recommending their surgery differed greatly between 58% of patients at one surgery to 100% at five other surgeries. For six surgeries, less than 80% of patients recommended their practice.

Ratings also varied between surgeries, with three surgeries receiving an average of less than 7 out of 10, and at the higher end, three other surgeries scoring an average of 9 or above.

⁶¹ As with previous comparative analysis, we only used the practices where we received 15 or more responses to all questions. For these three questions, analysis involved 26 practices for overall satisfaction rating; 25 practices for recommendation and 26 practices for ratings out of 10.

5E2: Relationship between overall satisfaction and specific measures

We decided to find out if there was any relationship between overall patient satisfaction (or dissatisfaction) with their surgery, and satisfaction (or dissatisfaction) with some specific measures.

We chose three issues to look at:

- overall satisfaction with practice vs satisfaction with waiting times to book a routine GP appointment;
- overall satisfaction with practice vs waiting times in surgery for GP appointment, and
- overall satisfaction with practice vs quality of care communication ratings for GPs (see 5B3: page 25).⁶²

There was a strong relationship between each issue and the overall patient opinion (Figure 31). For those patients who were 'satisfied' or 'very satisfied' with their surgery, 86% of these (501 patients) were also 'satisfied' with waiting times to book a routine GP appointment. Likewise, from those patients who were 'dissatisfied' or 'very dissatisfied' with their surgery, 89% of these (41 patients) were also dissatisfied with waiting times to book a routine GP appointment.⁶³

Similarly, for those patients 'satisfied' or 'very satisfied' with their surgery, the majority of these patients (65%, 501) were also satisfied with waiting times in surgery for a routine GP appointment. Likewise, from those patients dissatisfied or 'very dissatisfied' with their surgery, the majority (70%, 37) were also 'dissatisfied' or 'very dissatisfied' with the wait in surgery for the GP appointment.⁶⁴

For the third criteria, there was also a strong relationship. For those patients 'satisfied' or 'very satisfied' overall, we found that 70% of these patients (554) had also rated their GP 'good' or 'very good' for all seven aspects of quality of care communication. Likewise, of those patients who were 'dissatisfied' or 'very dissatisfied', 84% of these (46 patients) did not rate their GP 'good' or 'very good', on at least one aspect of quality of care communication.⁶⁵

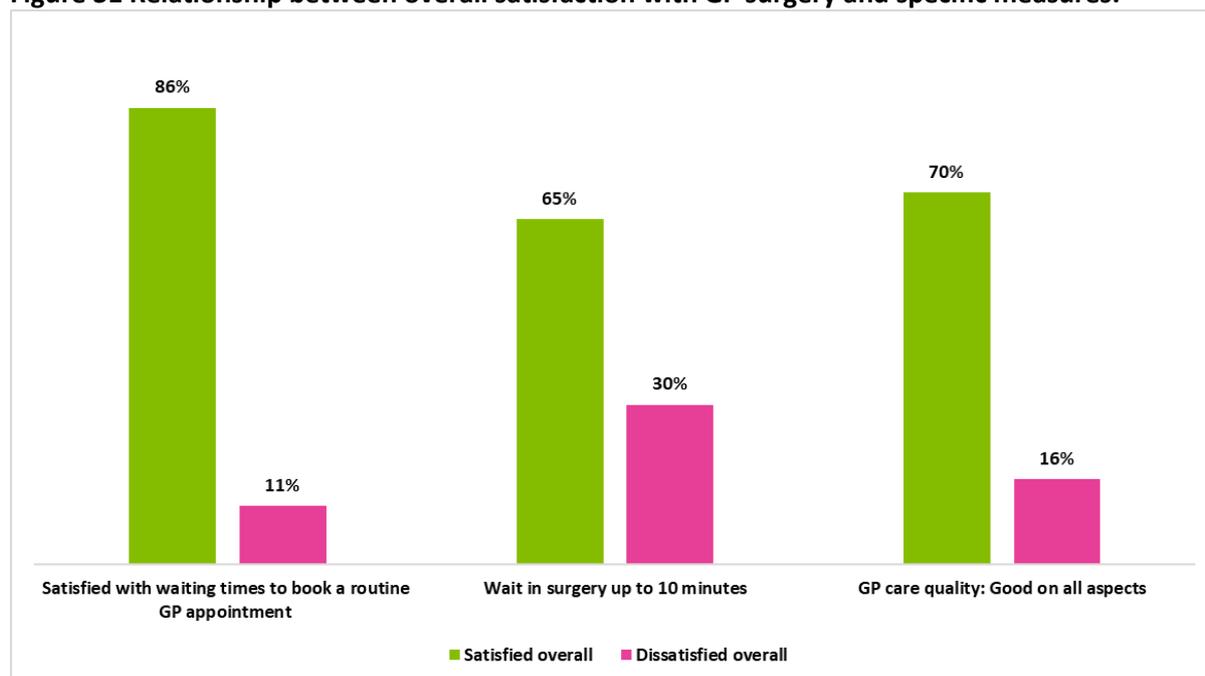
⁶² See 5B3: Communicating with patients, page 24, of this report for more information. Quality of care was derived from a combination of giving patient enough time; listening to patient; explaining tests and treatments; involving patient in decisions about their care; treating patient with care and concern; having access to relevant medical information about patient and having access to relevant medical information about patient.

⁶³ From a total of 627 patients who responded to the question on waiting times between booking and appointment. The remainder were neither satisfied nor dissatisfied or did not answer the question.

⁶⁴ From a total of 821 patients who responded to the question on waiting times in surgery. The remainder were neither satisfied nor dissatisfied or did not answer the question.

⁶⁵ From a total of 849 patients who responded to the question on quality of care. The remainder were neither satisfied nor dissatisfied or did not answer the question.

Figure 31 Relationship between overall satisfaction with GP surgery and specific measures.



Comparison with the 2019 National Survey

The National Survey asked about patients’ overall experience with their GP practice, which was a close enough match to the Healthwatch question about overall satisfaction. In addition, the response options were very similar with ‘very good’ and ‘fairly good’ (nationally) being compared to ‘very satisfied’ and ‘satisfied’ (locally); ‘very’ and ‘fairly poor’ (nationally) being compared to ‘very dissatisfied’ and ‘dissatisfied’ (locally), (Figure 32).

Figure 32 National Survey comparison: overall opinion of surgery.

B & H		National	
Overall, how satisfied are you with your GP practice?		Overall, how would you describe your experience of your GP practice?	
Very Satisfied	45%	Very good	45%
Satisfied	39%	Fairly good	38%
Neither Dissatisfied nor Satisfied ¹	11%	Neither good nor poor ¹	11%
Dissatisfied	5%	Fairly poor	4%
Very Dissatisfied	1%	Very poor	2%
	100%		100%

¹ Numbers shown add up to more than 100% for B&H and National respectively, as these figures have been rounded up from 10.5% in B&H and 10.6% nationally.

5E3: Patient suggestions for what looks good in a GP surgery

Personalised care, putting the patient at the centre of healthcare and responding to individual needs, is widely recognised as important to all healthcare settings. GP surgeries need to be accessible, friendly, caring and flexible.

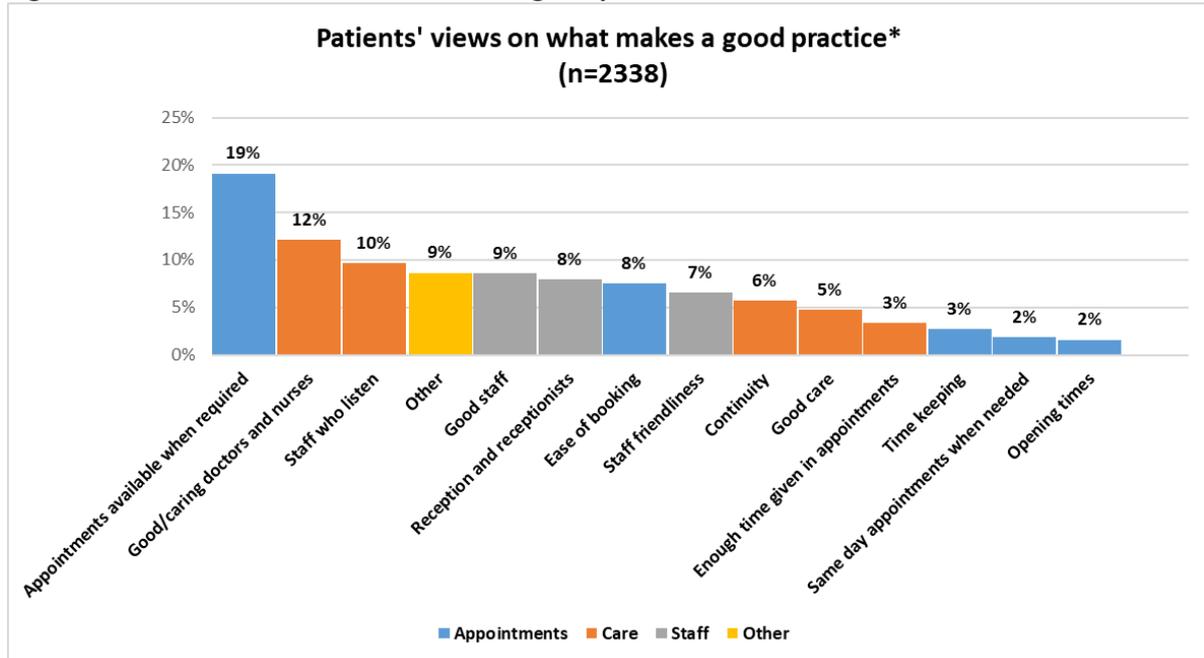
We wanted to help practices and commissioners deliver on these aims, by providing insight into what patients felt was most important in the provision of a good GP service. We therefore asked patients to list up to three things which they felt made a good GP practice.

The question was open ended and allowed patients to write their own answer. We received 2,338 suggestions from the total number of patients who responded to this question. We grouped responses into common themes and identified that 12 of the most popular categories were the same as we found in 2018, with one new popular category for 2019: time keeping (both for booking appointments and on the day of an appointment). In some of the cases one comment related to more than one theme. Therefore, the total percentage of comments add up to more than 100% in the chart below.

Five of the most popular categories were related to care (quality, listening, staff continuity, time and caring) and accounted for 36% of comments received. Five categories related to appointments (availability, ease of booking, same day appointments, opening times and new for 2019, time keeping) and included 34% of all comments. Three categories related to staff (receptionists, friendliness and quality) and accounted for 24% of all comments (Figure 33).

The three most common categories in 2019, were the same as we reported in 2018. These were appointment availability (19%, 446), good/caring doctors and nurses (12%, 283) and staff who listen (10%, 226), showing these considerations are still very important to patients.

Figure 33 Patients' views on what makes a good practice



*Chart shows the 13 most popular categories, totalling 94% of all comments plus 'Other' which represents an additional 9%. Some comments related to more than one theme. Therefore, the total percentage of comments add up to more than 100% in the chart above.

Appointment availability (19%, 446 patients)

Patients suggested alternatives such as telephone consultations should be offered to avoid patients waiting too long for an appointment. GP practices should take into consideration patients that work in order to ensure suitable availability of appointments outside of the main working day. Patients also requested that they should be able to make an appointment within a few days, rather than waiting 'up to a week'.

Good/caring doctors and nurses (12%, 283 patients)

Caring doctors with 'empathetic skills' that treat a patient 'holistically' considering all symptoms rather than treating each symptom individually was felt important. Patients asked for medical staff to treat them seriously, with consideration and provide clear information.

Getting an appointment without the long phone waits, constantly engaged.

Good communication with you and with external services.

Proactivity and knowledge of all the options for care.

Building rapport with patients.

Understanding your medical history and taking the time to read your records before the appointment.

Patients' suggestions for a good GP practice

Staff who listen (10%, 226 patients)

Linked to caring and empathy, this was another common category about listening to the patient. Patients asked for staff to take them seriously, listen to the whole situation and give time to understand the patient's point of view.

Good staff (9%, 200 patients)

Within this category, 60 patients (21%) suggested that medical staff needed more experience and/or knowledge. Several patients mentioned knowledge of a particular need (e.g. mental health, diversity awareness, bereavement) was necessary to understand the patient's condition and therefore provide proper treatment.

Reception and receptionists (8%, 185 patients)

Patients asked for a clean and welcoming environment in the reception, and with helpful information on the walls such as 'photos of all the medical staff'. A number of patients talked about having reception staff who listened and were empathetic, and the availability of a separate area for patients to talk to reception staff privately.

Ease of booking (8%, 176 patients)

It was important for patients to be able to get through on the telephone quickly and easily. Patients also suggested better online services. However, patients were divided about the times of when an appointment could be booked. Some patients said that booking same day appointments made sense, while others requested 'no silly times to book for an appointment'.

Other themes

It was important to patients (7%, 153 patients) to receive a welcoming smile from both reception staff and medical staff, with politeness and a willingness to help. Many patients (6%, 134 patients) wanted consistency in the service, even if they were not seeing the same doctor. Patients who asked for good care (5%, 110 patients) wanted (better) feedback on results, following through after treatment, suggestions for non-medical treatments rather than an over-reliance on medication, as well as the more obvious suggestions for correct diagnosis and appropriate medicine.

Understanding your medical history and taking the time to read your records before the appointment.

Doctors who engage the patient in the diagnosis.

Medical staff who speak to my carer.

Offering home visits would be helpful as I am fully disabled.

Prompt referrals when necessary [and] chasing delays with referrals.

Offering self-care strategies and counselling.

Patients' suggestions for a good GP practice

Time-related themes

Many of the patients comments related to time in one way or another. More flexible and varied opening times were mentioned by 37 patients (2%) while another 3% (64 patients) requested better time keeping once appointments had been booked. Forty-three patients (2%) requested more availability of same day appointments particularly when the need was urgent. Patients also asked for more or enough time in the appointment. This is related to several of the previous themes, including 'staff who listen' and 'caring staff'. Seventy-eight patients (3%) spoke about more time to allow doctors and nurses to listen to all of the complaint, not just treat one symptom, having time to be empathetic and not make the patient feel rushed. Time was also linked to the ability for medical staff to make a correct diagnosis.

Recommendations for General Practice

- Increase promotion and availability of cost-effective alternatives to face-to-face consultations, such as telephone or online consultations. When promoting, focus on the benefits to patients of using these services.
- All practices should offer additional opening times at weekends or one weekday evening and/or offering 'extended access' through a PCN hub or existing services (for example, IC24).
- Allow time in appointments for GPs to understand the full issue, including different conditions that may link to one another and to listen fully to the patient (a holistic approach).
- Where possible, ensure patients have access to more GPs that specialise in their condition, particularly where it is long-term for example mental health issues.
- Consider a separate area for patients to speak confidentially to reception staff.
- Ensure online bookings are supported by an efficient and customer friendly system.

5E4: Patient comments about the NHS primary care service

Healthwatch wanted to gauge patient opinion about NHS primary care services as an extension of the service they receive from the GP surgery. The question was open-ended, allowing patients to respond freely. A small number of patients (68, 7% of all respondents) offered comments on the NHS primary care service. Therefore, the findings here should be treated with some caution.

We grouped the comments into themes and identified the three most popular categories.

Funding

Almost one half of the comments (32, 47%) were concerned about funding. Patients commented that staff capacity and quality of care was at risk due to lack of funds. Many patients commented on the NHS being an excellent service that was deteriorating due to lack of funds. Some patients even commented that this risked the health of healthcare professionals themselves.

They are very overstretched and need more resources invested from Government to be able to care for people adequately.

More funds should flow from secondary to primary care.

If you want quality staff you need to pay for them

Unrealistic cuts are taking their toll on patients, quality of care, ...the healthcare professionals themselves.

Patients' comments on the NHS Primary Care Service

Referrals

Eleven of the comments were about slow waiting times for referrals. This was often linked to comments about lack of funding for the service. In addition, three other patients mentioned the lack of communication between GPs and other services. Two other patients mentioned that routine tests were not as available as they should be.

Bad Service

Three patients were unhappy with the lack of availability for mental health support. One patient had a bad experience with the ambulance service and another felt the information on the NHS website was misleading. One patient found the outpatient service 'impossible' to navigate.

Commissioners to note the concerns of patients in respect of funding Primary Care.

5F: Prevention, referrals and out of hours services

5F1: Preventive GP services

Patients were asked if they were aware of a range of special services provided by GP practices, including screening, health checks and services to help quit smoking.⁶⁶ Where possible, the survey looked at awareness within the most appropriate target group for this preventive service.⁶⁷

There was strong awareness for the following preventative services.

- Cervical cancer screening (96%, 360) for the target group of women aged between 25-64 years old.
- Breast cancer screening (90%, 277) for the target group of women aged 45-74 years old.
- Diabetic eye screening (100%, 17) for patients with diabetes.⁶⁸

However, there was lack of awareness for the following preventative services.

- Health Checks for people aged 40-74: **over one third** of the target group of patients aged 45-74 years old were unaware of this.
- Abdominal aortic aneurysm screening: **almost a one half of** the target group of patients aged 65-74 years old were unaware of this screening.
- Bowel cancer screening: **one quarter of the** target group of patients aged 55+ years old were unaware of this screening.
- Annual health checks for people with long-term health conditions: over one half of patients who defined themselves as having a long-term health condition, were unaware of this check.⁶⁹

Where we were unable to define a specific target group, we looked at awareness for all respondents (who had not self-selected the option 'not applicable').⁷⁰ The majority of respondents (77%, 371) were aware of the service to help quit smoking. There was a lack of awareness of sickle cell and thalassaemia screening, where the majority of respondents (89%, 480) were unaware of this service (Figure 34).

⁶⁶ Patients were given the option to select 'not applicable' where they felt the service did not apply to them.

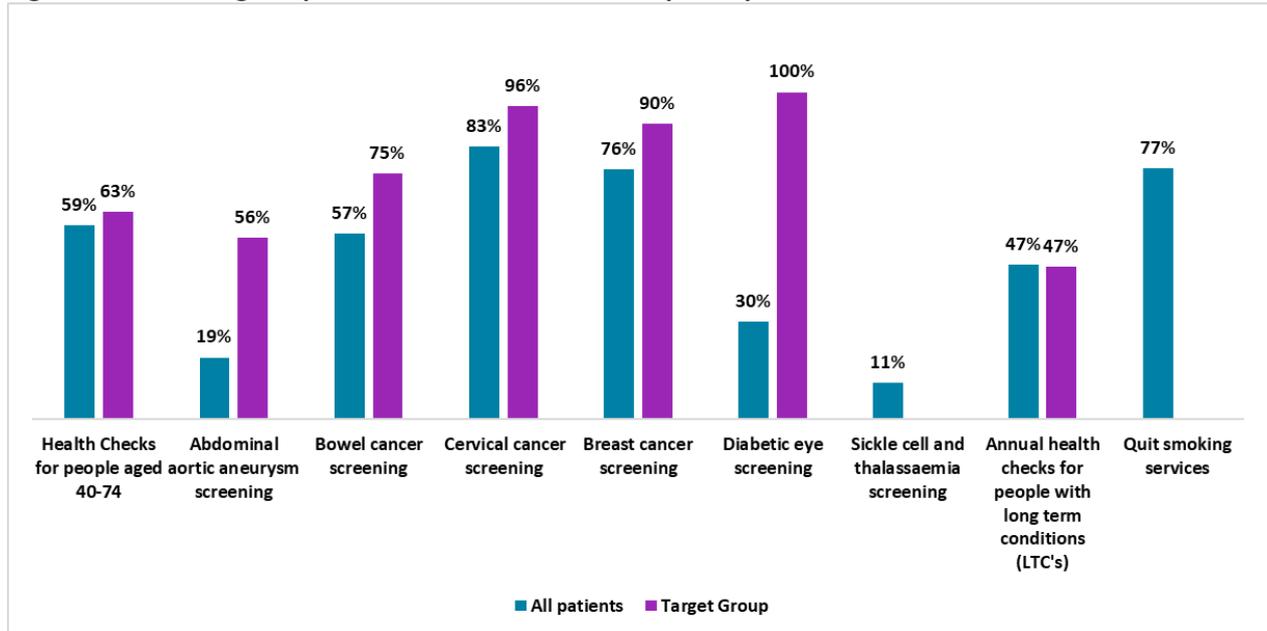
⁶⁷ Target groups were defined by the demographic data collected as part of the survey and therefore may not have been an exact match.

⁶⁸ This target group was defined by patients who responded to the online survey only in which we asked about long-term health conditions. This question was not asked in the visit survey.

⁶⁹ This target group was defined by patients who responded to the online survey only in which we asked about long-term health conditions. This question was not asked in the visit survey.

⁷⁰ Patients were given the option to select 'not applicable' where they felt the service did not apply to them.

Figure 34 Percentage of patients who were aware of special preventative services.



Recommendation

- For General Practice: Raise awareness of preventative services, particularly targeting patients who are most likely to need these services.
 - Target patients aged 40-74 with information about annual health checks;
 - Target patients aged 65-75 with information about abdominal aortic aneurysm screening;
 - Target patients aged 50-74 with information about bowel cancer screening.
 - Target patients with long-term health conditions with information about annual health checks for these conditions.

5F2: Referrals to specialist treatment

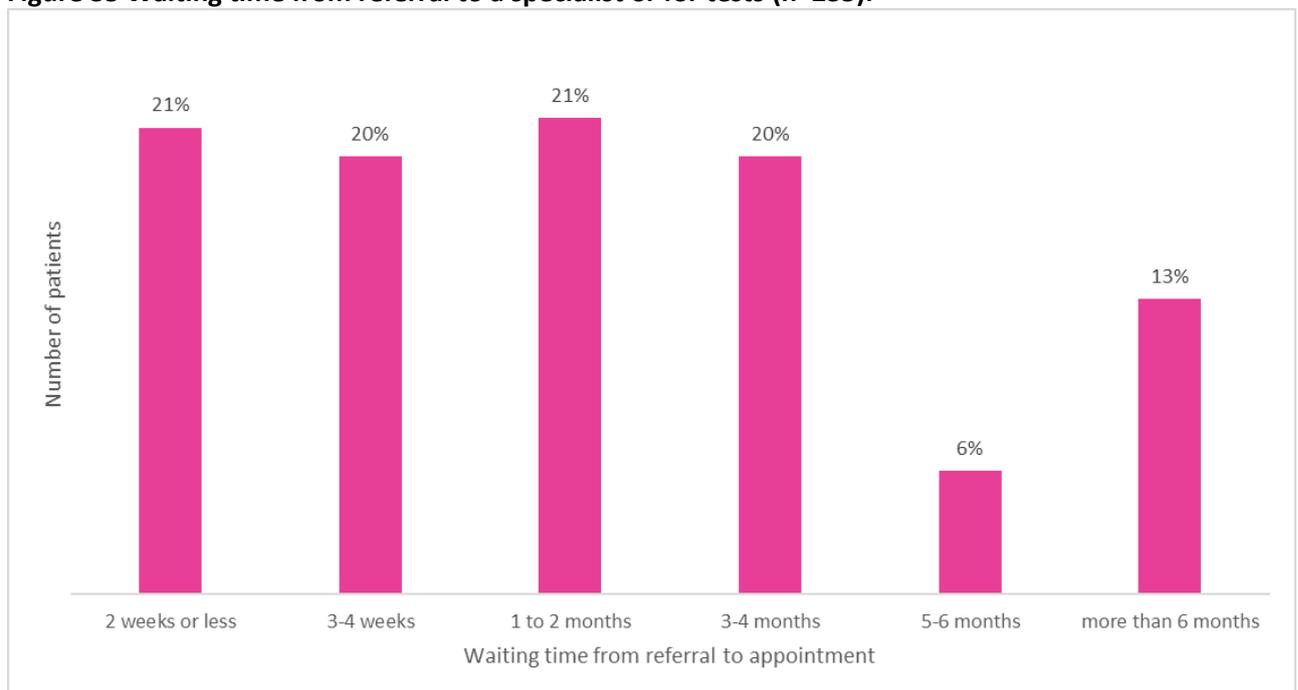
Patients can be referred by their GP for a specialist opinion or for diagnostic tests in the hospital or in a clinic. Although not part of GP care, the waiting experience of patients who need a referral or diagnostic test is an important component of their overall care. The NHS Constitution specifies that patients have a right to a maximum 18 week (126 days) waiting time from referral to consultant-led treatment⁷¹. Patients who have been referred for suspected cancer should be seen within a maximum waiting time of two weeks.⁷²

More than one half the patients surveyed (61%, 243)⁷³ had been referred by their GP in the last year. Wait times between referral and the specialist or diagnostic appointment varied widely with a fifth being seen in two weeks or less while 13% waited more than six months. Patients were split on satisfaction with the waiting times between referral and appointment and satisfaction declined the longer patients had to wait.

Waiting time from referral to appointment date

The average waiting time for all those referred, was ten weeks, within the 18-week NHS maximum. This is the same finding as in our 2018 report. Individual waiting times varied, with 21% (49 patients) being seen within two weeks, while at another 13% (31 patients) waited more than six months (Figure 35).

Figure 35 Waiting time from referral to a specialist or for tests (n=235).



Please note chart shows more than 100% due to rounding up figures.

Waiting times were significantly different depending on which speciality the patient was referred to. This is the same finding as in our earlier report in 2018.

⁷¹ [NHS Constitution](#)

⁷² Read the Guide to [NHS waiting times in England](#) for more details.

⁷³ This question was only asked in the online survey, a total of 405 patients.

Patients waited on average, longer for Gynaecology (12 weeks), Orthopaedics (13 weeks) and ENT at the longest with 16 weeks. For those patients referred to dermatology (five weeks) or Ophthalmology (eight weeks) waiting times were considerably less. Interestingly, patients waiting for five specialities have experienced decreased waiting times on average since we reported in 2018, while patients waiting for another four specialities are waiting longer times than patients in our earlier report. This mixture of waiting times, demonstrates that patients receive a different service depending on the speciality they are being referred to.

The nine specialities in the table below accounted for 92% of the referrals reported by patients in our survey (Figure 36). Green highlight indicates that waiting times have decreased since our last report; red highlight indicates that waiting times have increased.

Figure 36 Referral waiting times per speciality and comparison with our 2018 report

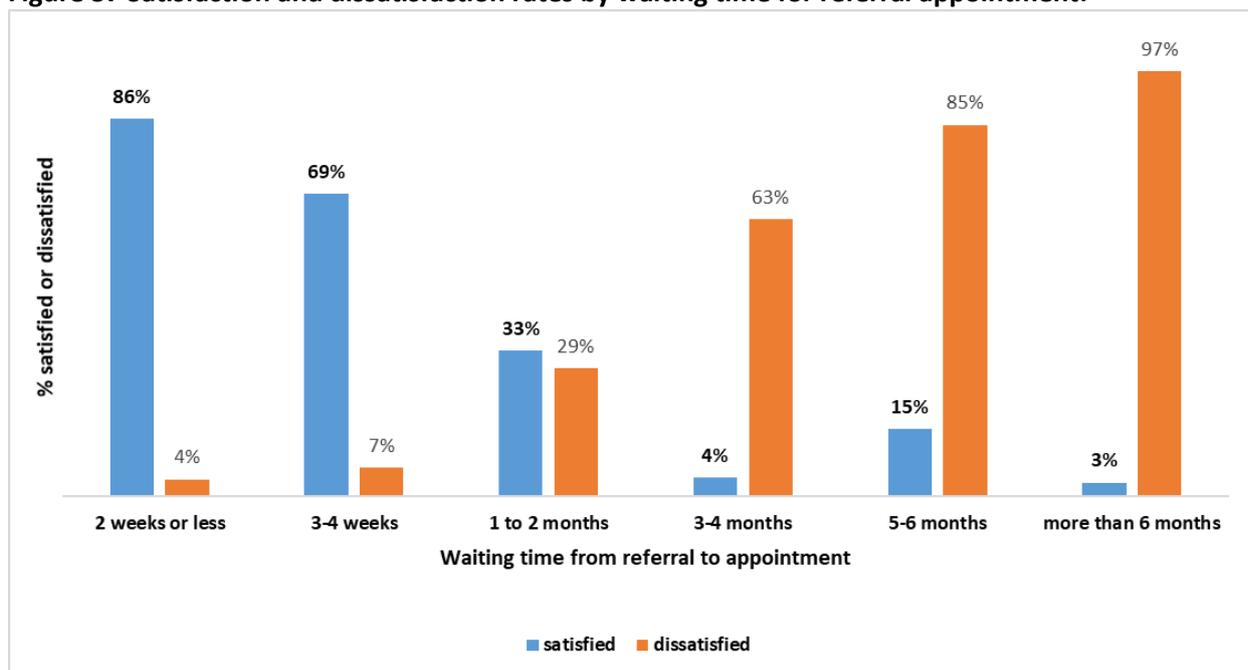
Speciality	2019		2018	
	Number of referrals reported	Mean waiting time (days)	Number of referrals reported	Mean waiting time (days)
Dermatology	5	32	15	67
Ophthalmology	8	56	18	74
Physiotherapy	23	67	24	92
Diagnostics*	45	69	28	33
Cardiac	17	71	19	102
Gastronintestinal	31	81	27	90
Gynaecology	12	86	17	40
Orthopaedics	19	91	36	62
ENT	17	111	24	67

**Diagnostics is not a specialty but includes referrals where the patient was referred for a diagnostic test (e.g. X-ray, Ultrasound, blood test or CT scan).*

Satisfaction with waiting time for specialist treatment

Patients were almost completely divided over satisfaction with waiting times. 40% (95 patients) were 'satisfied' and 38% (90 patients) were 'unsatisfied'. The remainder were 'OK' with waiting times. Unsurprisingly satisfaction levels were clearly related to the wait time experienced: 63% (90 patients) of those who had waited less than three months were 'satisfied' with the wait while 78% (70 patients) of those who had waited three months or more were 'unsatisfied' (Figure 37).

Figure 37 Satisfaction and dissatisfaction rates by waiting time for referral appointment.



Reported impact on health

Almost 40% (90) patients who had been referred felt the waiting time had a negative impact on their health. This rose to 69% in patients who were waiting three months or more. Both of these figures are higher than when we reported in 2018, where one third of patients felt their health had been impacted.

Patients' comments about impact on health

My health was not impacted because...

... [I] paid to go privately as it was over the Christmas period.

...cataracts are annoying but not life threatening.

My health was impacted negatively because...

...[I'm] in a lot of chronic pain and in need of surgery.

...it was mentally stressful, having lost my mother from a similar condition.

Keeping patients informed

Patients were asked if they were kept up to date with any changes to the hospital appointment. Almost one half (48%, 93) said they were kept fully up to date and a further one third (29%, 57) said they were communicated with 'to some extent'. However, a quarter of patients (23%, 45) were not communicated with at all. Two-thirds (76%, 34) of the patients who were not communicated with, had a wait of three months or more for their appointment.

Recommendations for Brighton and Sussex University Hospitals NHS Trust

- Reduce waiting times from GP referral to appointment for specialist treatment.
- Where possible, work with other secondary care providers to keep patients informed of any changes to waiting times for specialists.

5F3: Out of hours primary care services

When patients are unable to get help through their doctor's surgery, they may turn to other services, such as A&E, NHS 111 or a local pharmacy. Healthwatch asked patients whether they had sought other services in the last year and if so, whether they were satisfied that these other services had met their needs as a patient. A quarter of patients (27%, 258) had sought medical help through an alternative service. Due to this small number of respondents, the following findings should be treated with a degree of caution.

We asked these patients to list all of the services they had used (i.e. some patients listed more than one service). The most likely service to be sought remains the NHS 111 service (51%, 132 patients), followed by a pharmacy (42%, 107 patients) and A&E (40%, 104 patients). (Figure 38). These are similar findings to those we reported in our 2018 report.

It's too difficult when you are in so much pain.

[I] didn't feel able to.

Anxiety, mental health issues and existing stress.

Patients' reasons for not seeking an alternative to the GP

Of those that chose not to seek a service, anxiety, pain, and inability to do so were some of the reasons given.

Where patients had sought help, satisfaction with each service varied (Figure 38). From the lowest at 44% (14) for using the NHS Choices website, to the highest at 72% (74 patients) for seeking medical help through a pharmacy.

Patient satisfaction with the help they received from a pharmacy has increased greatly since we reported in 2018, when it was 54%. In our earlier report, we noted the importance of the pharmacy service. The NHS has made efforts to publicise the use of pharmacies in this way and it is good to see that the service is increasingly satisfactory to patients. Information from NHS Choices website continues to be the least satisfactory service (in 2018, it was also one of the lowest at 17%), and although satisfaction has

The Alex is amazing, and we are lucky to have it!

I use the pharmacy instead of doctor frequently. Don't want to waste NHS time unnecessarily.

Out of hours access is easier to use than going to the GP surgery.

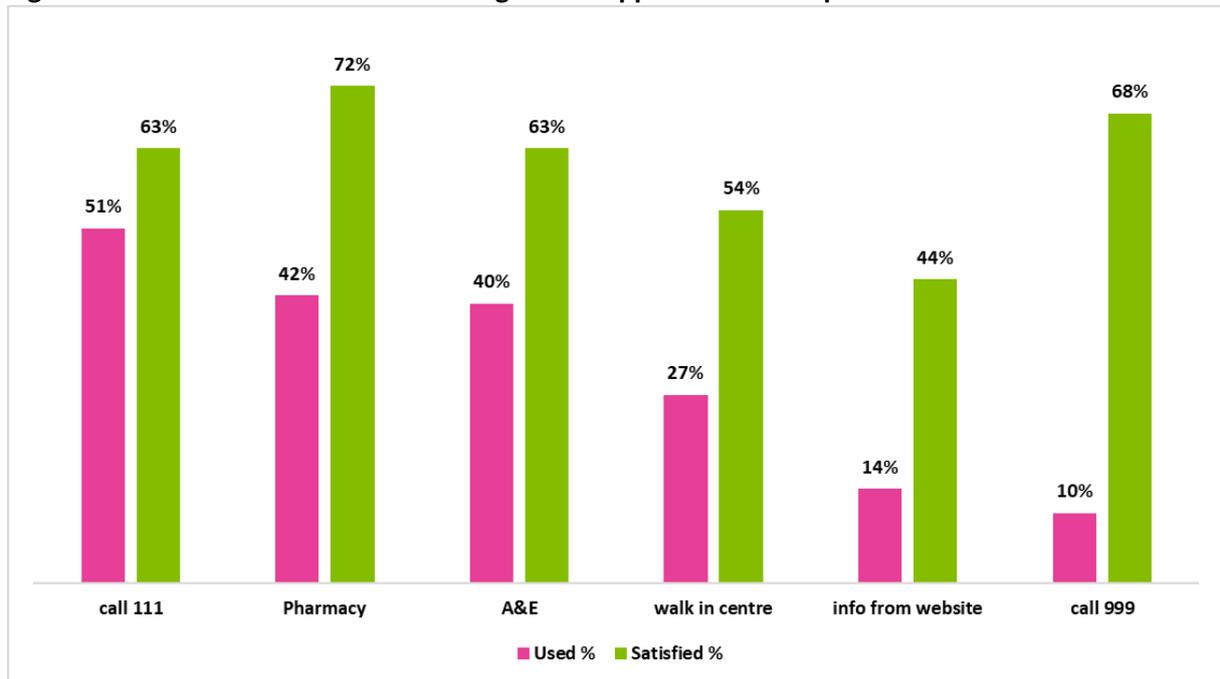
NHS choices and 111 basically lead you to being sent back to GP or onto A+E, so effectively pointless stalling services.

[I was told by] Brighton walk-in centre 'sorry, not enough staff today'.

Patients' comments on the out of hours service

improved since our earlier report, this indicates that there are still improvements that could be made.

Figure 38 Services used when unable to get a GP appointment and patient satisfaction



Comparison with the 2019 National Survey

The National Survey also asked patients if they had contacted another NHS service to see a GP when their surgery was closed. The national and local surveys were similar, with about a quarter of each set of patients, taking this option (Figure 39).

Figure 39 National Survey comparison: Seeking alternative services when GP is unavailable.

B & H		National	
Have you wanted or needed to get medical help after being unable to get a doctor's appointment in the last year? ^a		In the past 12 months, have you contacted an NHS service when you wanted to see a GP but your GP practice was closed?	
Yes	27%	Yes, for myself (13.4%)	23%
		Yes, for someone else (9.3%)	
No	73%	No	78%
	100%		101%

*Multiple responses were allowed in the national survey which is why the total adds up to more than 100%

^a'wanted or needed' in B&H is comparable to 'contacted' in National.

Both nationally and locally, patients were asked about where they went to seek further help and both surveys gave options to choose from. While some of these options differed between the two surveys, both asked patients if they sought help from either a pharmacy or A&E and therefore, we can compare results on these two criterion. However, the national survey asked about one occasion while Healthwatch asked about any occasion over the same twelve-month period. While around 40% of Brighton and Hove patients sought help from these two services, only a small minority did so nationally (Figure 40).

Figure 40 National Survey comparison: Which alternative service did you use?

	B&H	National
	Sought help from service	
<i>Pharmacy</i>	42%	3%
<i>A&E</i>	40%	8%

Recommendation for the Brighton and Hove Clinical Commissioning Group

- Continue to promote the use of pharmacies as a first point of contact for minor complaints.

6. Appendices

6A: Survey Questions Asked

Two forms of survey were used for the GP review, online and a paper copy handed to patients in GP waiting rooms. In total, we received 998 responses to our survey (405 online responses and 593 responses in person).

The tables below show each question asked in the online survey. Approximately two-thirds of these questions were also asked in the paper copy. Where they were only asked in the online survey, the total answered will indicate a smaller sample size.

How long does it take to get to the surgery from your home?	N	%
5 minutes or less	228	23%
5-10 minutes	333	33%
10-15 minutes	240	24%
15-30 minutes	141	14%
30-45 minutes	47	5%
45-60 minutes	5	1%
more than 60 minutes	2	0%
Total answered	996	100%
Not Answered	2	

How do you normally get to the surgery?	N	%
Walk	196	49%
Car	143	35%
Cycle	8	2%
Bus	47	12%
Taxi	6	1%
Mobility scooter/wheelchair	2	0%
Other	1	0%
Total answered	403	100%
Not Answered	2	

How convenient is this surgery for you?	N	%
Very Convenient	523	53%
Convenient	326	33%
Neither Inconvenient Nor Convenient	92	9%
Inconvenient	33	3%
Very Inconvenient	12	1%
Total answered	986	100%
Surgery is convenient for the respondent		86%
Not answered	12	

Book an appointment in person	N	%	Of those who used the service	N	%
Very Easy	270	29%	Very Easy	270	37%
Easy	305	33%	Easy	305	42%
Difficult	93	10%	Difficult	93	13%
Very Difficult	54	6%	Very Difficult	54	7%
Not Used Service	208	22%			
Total answered	930	100%	Total service users	722	
Not answered	68		<i>% who use service and found it easy or v easy</i>		80%

Book an appointment by phone	N	%	Of those who used the service	N	%
Very Easy	274	29%	Very Easy	274	30%
Easy	347	36%	Easy	347	38%
Difficult	205	21%	Difficult	205	22%
Very Difficult	88	9%	Very Difficult	88	10%
Not Used Service	46	5%			
Total answered	960	100%	Total service users	914	
Not answered	38		<i>% who use service and found it easy or v easy</i>		68%

Book an appointment online	N	%	Of those who used the service	N	%
Very Easy	146	16%	Very Easy	146	43%
Easy	93	10%	Easy	93	27%
Difficult	57	6%	Difficult	57	17%
Very Difficult	47	5%	Very Difficult	47	14%
Not Used Service	573	63%			
Total answered	916	100%	Total service users	343	
Not answered	82		<i>% who use service and found it easy or v easy</i>		70%

Order repeat prescriptions online	N	%	Of those who used the service	N	%
Very Easy	229	25%	Very Easy	229	61%
Easy	97	11%	Easy	97	26%
Difficult	27	3%	Difficult	27	7%
Very Difficult	20	2%	Very Difficult	20	5%
Not Used Service	547	59%			
Total answered	920	100%	Total service users	373	
Not answered	78		<i>% who use service and found it easy or v easy</i>		87%

Get test results	N	%	Of those who used the service	N	%	
Very Easy	265	29%		Very Easy	265	36%
Easy	365	39%		Easy	365	50%
Difficult	71	8%		Difficult	71	10%
Very Difficult	27	3%		Very Difficult	27	4%
Not Used Service	199	21%				
Total answered	927	100%		Total service users	728	
Not answered	71		% who use service and found it easy or v easy			87%

Have you received any of these types of consultation?	Yes	Used	ONLINE ONLY: If yes, did the consultation meet your needs?						
			Fully	Partially	Not at all	Totals	Fully	Partially	Not at all
Telephone consultation	288	29%	211	64	9	284	74%	23%	3%
Email consultation	11	1%	7	3	1	11	64%	27%	9%
Video consultation	0						-	-	-
Online chat	1		0	0	0	0	-	-	-
None of the above	112								

Days wait from book to attend:	N	%
Routine GP appointment		
Same day	169	19%
2-3 days	267	30%
4-7 days	225	25%
8-14 days	156	17%
15-21 days	38	4%
22-28 days	25	3%
More than 28 days	18	2%
Total answered	898	100%
Mean wait time: Routine GP appointment	6.3 days	
Not Used	62	
Not answered	38	
Overall % satisfied or very satisfied with wait for routine GP appointment		58%

Days wait from book to attend: Urgent GP appointment	N	%
Same day	625	85%
2-3 days	68	9%
4-7 days	16	2%
8-14 days	11	2%
15-21 days	3	0%
22-28 days	2	0%
More than 28 days	6	1%
Total answered	731	100%
Mean wait time : Urgent GP appointment	1.8 days	
Not used	194	
Not answered	73	
Overall % satisfied or very satisfied with wait for urgent GP appointment		73%

Days wait from book to attend: Routine Nurse appointment	N	%
Same day	58	8%
2-3 days	222	30%
4-7 days	279	38%
8-14 days	127	17%
15-21 days	30	4%
22-28 days	13	2%
More than 28 days	10	1%
Total answered	739	100%
Mean wait time: Routine Nurse appointment	6.4 days	
Not Used	187	
Not answered	72	
Overall % satisfied or very satisfied with wait for routine nurse appointment		64%

Days wait from book to attend: Urgent Nurse appointment	N	%
Same day	244	67%
2-3 days	86	24%
4-7 days	20	5%
8-14 days	7	2%
15-21 days	2	1%
22-28 days	0	0%
More than 28 days	5	1%
Total answered	364	100%
Mean wait time: Urgent Nurse appointment	2.3 days	
Not used	514	
Not answered	120	
Overall % satisfied or very satisfied with wait for urgent Nurse appointment	69%	

Timeliness of Doctor appointment	N	%
on time	162	17%
5 - 10 minutes late	414	43%
10 - 20 minutes late	266	28%
20 - 45 minutes late	103	11%
more than 45 minutes late	10	1%
Total Answered	955	100%
Not answered	43	

Timeliness of Nurse appointment	N	%
on time	341	44%
5 - 10 minutes late	316	41%
10 - 20 minutes late	95	12%
20 - 45 minutes late	13	2%
more than 45 minutes late	4	1%
Total Answered	769	100%
Not answered	229	

Can you choose to see a specific doctor?	N	%
Yes	620	65%
No	329	35%
Total answered	949	100%
Not answered	49	

How important is choosing a doctor?	N	%
Very Important	340	35%
Quite Important	354	37%
Not Important	188	19%
Not at all Important	86	9%
Total answered	968	100%
% who say choosing a doctor is quite or very important		72%
Not Answered	30	

Of those who said it was Quite Important or Very Important to be able to choose which doctor they saw, how many said they were in fact able to choose:

Can you choose to see a specific doctor?	N	%
Yes	489	71%
No	196	29%
Total answered	685	100%
Not answered	9	

	Good or Very Good	% Good or very good	Total answers (excl Not Applicable)	Not Applicable	Not answered
Quality of GP Care: Giving you enough time	818	86%	954	7	37
Quality of GP Care: Listening to you	865	90%	961	5	32
Quality of GP Care: Explaining tests and treatments	798	88%	902	54	42
Quality of GP Care: Involving you in decisions about your care	763	86%	889	67	42
Quality of GP Care: Treating you with care and concern	851	90%	947	13	38
Quality of GP Care: Having access to relevant medical information about you	809	88%	917	39	42
Quality of GP Care: Addressing your needs or making plans to do so	788	86%	917	31	50
Overall Score	5692	88%	6487		

	Good or Very Good	% Good or very good	Total answers (excl Not Applicable)	Not Applicable	Not answered
Quality of NURSE Care: Giving you enough time	753	92%	815	102	81
Quality of NURSE Care: Listening to you	758	94%	810	109	79
Quality of NURSE Care: Explaining tests and treatments	714	92%	773	137	88
Quality of NURSE Care: Involving you in decisions about your care	640	89%	717	190	91
Quality of NURSE Care: Treating you with care and concern	763	94%	811	103	84
Quality of NURSE Care: Having access to relevant medical information about you	680	88%	773	136	89
Quality of NURSE Care: Addressing your needs or making plans to do so	639	88%	724	175	99
	4947	91%	5423		

Quality of GP Care: Giving you enough time	N	%
Very Good	495	52%
Good	323	34%
Neither Good nor Poor	86	9%
Poor	35	4%
Very Poor	15	2%
Total Answered	954	100%
% Good or Very Good		86%
Not applicable	7	
Not answered	37	

Awareness of: Health Checks for people aged 40-74	All		Target group	
	N	%	N	%
Aware	434	59%	318	63%
Unaware	297	41%	184	37%
Total (excluding not applicable responses)	731	100%	502	100%
Response: Not Applicable	207		14	
Not answered	60		14	

NB: Demographic data categories collected did not correspond exactly to target age group

Awareness of: Abdominal aortic aneurysm screening	All		Target group	
	N	%	N	%
Aware	136	19%	35	56%
Unaware	585	81%	28	44%
Total (excluding not applicable responses)	721	99%	63	100%
Response: Not Applicable	208		0	
Not answered	69		3	

NB: Demographic data categories collected did not correspond exactly to target age group

Awareness of: Bowel cancer screening	All		Target group	
	N	%	N	%
Aware	453	57%	321	75%
Unaware	344	43%	107	25%
Total (excluding not applicable responses)	797	100%	428	100%
Response: Not Applicable	131		22	
Not answered	70		26	

NB: Demographic data categories collected did not correspond exactly to target age group

Awareness of: Cervical cancer screening			Target group	
	All		Women 25-64	
	N	%	N	%
Aware	542	83%	360	96%
Unaware	108	17%	16	4%
Total (excluding not applicable responses)	650	100%	376	100%
Response: Not Applicable	270		17	
Not answered	78		8	

NB: Demographic data categories collected did not correspond exactly to target age group

Awareness of: Breast cancer screening			Target group	
	All		Women 45-74	
	N	%	N	%
Aware	495	76%	277	90%
Unaware	153	24%	30	10%
Total (excluding not applicable responses)	648	100%	307	100%
Response: Not Applicable	275		12	
Not answered	75		7	

NB: Demographic data categories collected did not correspond exactly to target age group

Awareness of: Diabetic eye screening			Target group	
			Patients with Diabetes*	
	N	%	N	%
Aware	191	30%	17	100%
Unaware	449	70%	0	0%
Total (excluding not applicable responses)	640	100%	17	100%
Response: Not Applicable	276		0	
Not answered	82		1	

** online questionnaire only*

Awareness of: Diabetic eye screening			Target group	
			Patients with Diabetes*	
	N	%	N	%
Aware	191	30%	17	100%
Unaware	449	70%	0	0%
Total (excluding not applicable responses)	640	100%	17	100%
Response: Not Applicable	276		0	
Not answered	82		1	

** online questionnaire only*

Awareness of: Sickle cell and thalassaemia screening		
	N	%
Aware	60	11%
Unaware	480	89%
Total (excluding not applicable responses)	540	100%
Response: Not Applicable	373	
Not answered	85	

Awareness of: Annual health checks for people with long term conditions (LTC's)				
	N	%	Target group	
			Patients with LTC's*	
	N	%	N	%
Aware	324	47%	81	47%
Unaware	364	53%	93	53%
Total (excluding not applicable responses)	688	100%	174	100%
Response: Not Applicable	237		13	
Not answered	73		13	
* online questionnaire only				

Awareness of: Quit smoking services		
	N	%
Aware	371	77%
Unaware	112	23%
Total (excluding not applicable responses)	483	100%
Response: Not Applicable	425	
Not answered	90	

Have you had to receive care in a new location due to GP practice changes e.g. closure	
	N
Yes	26

For those who had had to go to a new location how convenient was it?	N	%
	Very Convenient	5
Convenient	5	19%
OK	7	27%
Inconvenient	3	12%
Very Inconvenient	6	23%
Total	26	100%

And how was the service at the new location?	N	%
Much Better	3	13%
Better	4	17%
Neither Worse Nor Better	9	38%
Worse	4	17%
Much Worse	4	17%
Total	24	100%
Not answered	2	

Satisfaction with GP opening hours	N	%
Very Satisfied	268	28%
Satisfied	439	46%
Neither Dissatisfied nor Satisfied	148	15%
Dissatisfied	79	8%
Very Dissatisfied	24	3%
Total answered	958	100%
% Satisfied or Very Satisfied with GP opening hours		74%
Not answered	40	

Have you used the 'extended hours' service getting you an appointment at a local surgery when your surgery is normally closed?	N	%
	Yes	77
No	306	80%
Total answered	383	100%
Not answered or Answered "Don't Know"	22	

Satisfaction with extended hours service of those who used it	N	%
Very Satisfied	27	36%
Satisfied	26	35%
Neither Dissatisfied nor Satisfied	10	14%
Dissatisfied	7	9%
Very Dissatisfied	4	5%
Total Answered	74	100%
Not Answered	3	

Additional opening times:	N	%
Number who expressed a preference for additional opening times	711	71%
No preference expressed	287	29%

Preferred additional opening times:	N	%
Saturday am	448	63%
After 6.30pm weekdays	341	48%
Saturday pm	269	38%
Sunday	187	26%
before 8am weekdays	169	24%
Lunchtime weekdays	153	22%
Other	74	10%
Total number who expressed a preference for additional opening times	711	

Were you given a prescription at your last GP consultation?	N	%
Yes	643	67%
No	311	33%
Total answered	954	100%
Not answered	44	

<i>Of those given a prescription..</i>		
What type of pharmacy provided the prescribed medication?	N	%
pharmacy at GP surgery	156	24%
local pharmacy	480	75%
online pharmacy	4	1%
Total answered	640	100%
Not answered	3	

<i>Of those given a prescription..</i>		
How soon after seeing a GP did you get your medication?	N	%
Same day	491	77%
Next day	72	11%
2 days	40	6%
3 days	21	3%
4 days	7	1%
5 days	3	0%
More than 5 days	5	1%
Total answered	639	100%
Not answered	4	

<i>Of those given a prescription..</i>		
Did time taken to get medication cause health problems?		
	N	%
Yes	25	4%
No	603	96%
Total answered	628	100%
Not answered	15	

<i>Of those who said the wait to get medication caused them health problems how long had they waited?</i>		
	N	%
Same day	12	48%
Next day	3	12%
2 days	2	8%
3 days	2	8%
4 days	1	4%
5 days	2	8%
More than 5 days	3	12%
Total	25	100%

Have you raised an emotional or psychological issue at a GP/nurse		
	N	%
Yes	144	36%
No	256	64%
Total answered	400	100%
Not answered	5	

<i>Of those who said they had raised an emotional or psychological issue:</i>			
Please assess how the GP/nurse responded to the issue by giving you enough time:			
		N	%
	Very Good	79	55%
	Good	32	22%
	Neither Good nor Poor	16	11%
	Poor	8	6%
	Very Poor	8	6%
	Total answered	143	100%
% who felt GP/nurse was good or very good at giving them enough time			78%
	Not answered	1	

Please assess how the GP/nurse responded to the issue by listening to you:			
		N	%
	Very Good	80	56%
	Good	38	27%
	Neither Good nor Poor	9	6%
	Poor	9	6%
	Very Poor	6	4%
	Total answered	142	100%
% who felt GP/nurse was good or very good at listening to them			83%
	Not answered	2	

Please assess how the GP/nurse responded to the issue by showing empathy:			
		N	%
	Very Good	79	56%
	Good	35	25%
	Neither Good nor Poor	11	8%
	Poor	9	6%
	Very Poor	8	6%
	Total answered	142	100%
% who felt GP/nurse was good or very good at showing them empathy			80%
	Not answered	0	

Please assess how the GP/nurse responded to the issue by treating you with care and concern:			
		N	%
	Very Good	79	57%
	Good	31	22%
	Neither Good nor Poor	11	8%
	Poor	13	9%
	Very Poor	5	4%
	Total answered	139	100%
% who felt GP/nurse was good or very good at treating them with care and concern			79%
	Not answered	0	

Which of the following actions did the GP/nurse take? (select all that apply)		N	%
	Medication prescription	68	50%
	Referral to NHS service	67	49%
	Advice on how to deal with issue yourself	70	51%
	Information about community groups/activities	32	23%
	Community Navigators/Social prescribers	5	4%
	Other	14	10%
	Total answered	137	
	Not answered	7	

Which of the following actions did the GP/nurse take? (select all that apply)		N	%
	Medication prescription	68	50%
	Referral to NHS service	67	49%
	Advice on how to deal with issue yourself	70	51%
	Information about community groups/activities	32	23%
	Community Navigators/Social prescribers	5	4%
	Other	14	10%
	Total answered	137	
	Not answered	7	

Overall, how satisfied were you with how the GP/nurse responded to your mental health issue?		N	%
	Very Satisfied	69	48%
	Satisfied	41	29%
	Neither Dissatisfied nor Satisfied	17	12%
	Dissatisfied	8	6%
	Very Dissatisfied	8	6%
	Total answered	143	100%
	% who were satisfied with the overall response to their mental health issue		77%
	Not answered	1	

What NHS service did you get a referral to?		N	%
	Brighton and Hove Wellbeing Service	40	62%
	Assessment and Treatment service (ATS)	6	9%
	Crisis Support - Mental Health Rapid Response Service (MHRRS)	2	3%
	Other	17	26%
	Total answered	65	100%
	Not answered	2	

How long did it take to receive treatment from the service (you were referred to)			
		N	%
	one month or less	5	23%
	up to two months	2	9%
	three months	6	27%
	up to six months	8	36%
	longer	1	5%
		22	100%

What was the main service you received at the Brighton and Hove Wellbeing Service?			
		N	%
	Psychological Therapy (in-person)	20	59%
	Online therapy	2	6%
	Wellbeing group	2	6%
	Workshop	1	3%
	Other	8	24%
	None	1	3%
	Total Answered	34	100%
	Not answered	6	

How satisfied were you with the service you received?			
<i>From those 40 who used the B&H Wellbeing Service</i>			
		N	%
	Very Satisfied	11	31%
	Satisfied	10	28%
	Neither Dissatisfied nor Satisfied	11	31%
	Dissatisfied	2	6%
	Very Dissatisfied	2	6%
	Total answered	36	100%
	% who were satisfied with the Brighton and Hove Wellbeing Service		58%
	Not answered	4	

How well did the service you were referred to, meet your needs?			
		N	%
	Fully	16	30%
	Partially	31	58%
	Not at all	6	11%
	Total answered	53	100%
	Not answered	14	

Did the service you received help you manage or resolve the issue?		
	N	%
Yes, helped resolve issue	5	9%
Yes, helped improve issue	21	37%
No, but issue now improved/resolved	14	25%
No, issue remains same	16	28%
No, issue now worse	1	2%
	57	100%
Not answered	10	

Overall, how would you rate your GP practice on a 1-10 scale?		
Rating	N	%
1	8	1%
2	8	1%
3	16	2%
4	21	2%
5	56	6%
6	42	4%
7	102	11%
8	227	24%
9	174	18%
10	304	32%
Total Answered	958	100%
Mean rating	8.2	
Not answered	40	

Overall, how satisfied are you with your GP practice?		
	N	%
Very Satisfied	426	45%
Satisfied	368	39%
Neither Dissatisfied nor Satisfied	99	10%
Dissatisfied	42	4%
Very Dissatisfied	13	1%
Total answered	948	100%
% who were satisfied with their GP service		84%
Not answered	50	

Would you recommend your GP practice?	N	%
Definitely	544	59%
Probably	273	30%
Probably NOT	76	8%
Definitely NOT	30	3%
Total Answered	923	100%
% probably or definitely recommend		89%
Not answered	75	

Have you wanted/needed medical help after being unable to get a GP appointment in the last year?	N	%
Yes	258	27%
No	684	73%
Total Answered	942	100%
Not answered	56	

Which of these services did you use when you were unable to get a GP appointment?	N	%
Pharmacy	107	42%
walk in centre e.g. Brighton station	70	27%
get information from NHS Choices website	35	14%
call 111	132	51%
call 999	26	10%
A&E	104	40%
Other	30	12%
None	8	3%
All who answered	257	
Not answered	1	

Please indicate how satisfied you were with the pharmacy service you used for urgent medical help.	N	%
Very Satisfied	34	33%
Satisfied	40	39%
OK	21	20%
Unsatisfied	7	7%
Very Unsatisfied	1	1%
Total answered	103	100%
% who were satisfied with the pharmacy service		72%
Not answered	4	

Please indicate how satisfied you were with the walk-in centre service you used for urgent medical help.		
	N	%
Very Satisfied	11	16%
Satisfied	26	38%
OK	15	22%
Unsatisfied	7	10%
Very Unsatisfied	10	14%
Total answered	69	100%
% who were satisfied with the walk-in centre service		54%
Not answered	1	

Please indicate how satisfied you were with the NHS choices website service you used for urgent medical help.		
	N	%
Very Satisfied	5	16%
Satisfied	9	28%
OK	11	34%
Unsatisfied	6	19%
Very Unsatisfied	1	3%
Total answered	32	100%
% who were satisfied with the NHS Choices website		44%
Not answered	3	

Please indicate how satisfied you were with the 111 service you used for urgent medical help.		
	N	%
Very Satisfied	42	34%
Satisfied	35	28%
OK	26	21%
Unsatisfied	16	13%
Very Unsatisfied	4	3%
Total answered	123	100%
% who were satisfied with the 111 service		63%
Not answered	9	

Please indicate how satisfied you were with the 999 service you used for urgent medical help.		
	N	%
Very Satisfied	11	44%
Satisfied	6	24%
OK	2	8%
Unsatisfied	4	16%
Very Unsatisfied	2	8%
Total answered	25	100%
% who were satisfied with the 999 service		68%
Not answered	1	

Please indicate how satisfied you were with the A&E service you used for urgent medical help.		
	N	%
Very Satisfied	32	32%
Satisfied	31	31%
OK	20	20%
Unsatisfied	15	15%
Very Unsatisfied	2	2%
Total answered	100	100%
% who were satisfied with the A&E service		63%
Not answered	4	

Have you been referred to a specialist or for tests at a hospital or clinic in the last year?		
	N	%
Yes	243	61%
No	157	39%
Total answered	400	100%
Not answered	5	

What was the time between date of referral and date of appointment at the hospital/clinic?		
	N	%
2 weeks or less	49	21%
3-4 weeks	46	20%
1 to 2 months	50	21%
3-4 months	46	20%
5-6 months	13	6%
more than 6 months	31	13%
Total answered	235	100%
% seen within two months		62%
Not answered	8	

How satisfied were you with this wait?		
	N	%
Very Satisfied	51	22%
Satisfied	44	19%
OK	52	22%
Unsatisfied	54	23%
Very Unsatisfied	36	15%
Total answered	237	100%
% who were satisfied with the wait for an appointment		40%
Not answered	6	

Did this wait have an impact on your health?		
	N	%
Yes	90	38%
No	146	62%
Total answered	236	100%
Not answered	7	

Were you kept up to date if you experienced any changes to the hospital appointment?		
	N	%
Yes, fully	93	48%
Yes, to some extent	57	29%
No, not at all	45	23%
Total answered	195	100%
Not fully informed of changes		52%
Not answered	48	

6B: Demographic questions

The following questions were asked of each patient who completed the GP Survey, either online or in paper form, unless stated otherwise.

Age Group	N	%
18-24	56	6%
25-34	105	11%
35-44	122	13%
45-54	185	20%
55-64	185	20%
65-74	160	17%
75-84	95	10%
85 or over	36	4%
Total answered	944	100%
Not answered	54	

Gender	N	%
Male	315	33%
Female	609	64%
Other	5	1%
Prefer not to say	17	2%
Total answered	946	100%
Not answered	52	

The following questions were only asked of those patients who completed the GP Survey online.

Do you identify as the sex you were assigned at birth?		
	N	%
Yes	373	96%
No	6	2%
Prefer not to say	10	3%
Total answered	389	100%
Not answered	16	

Ethnic origin	N	%
English/Welsh/Scottish/Northern Irish/British	841	90%
Bangladeshi	36	4%
African	7	1%
Asian & White	17	2%
Any other ethnic group	9	1%
Prefer not to say	27	3%
Total answered	937	100%

Sexual orientation	N	%
Heterosexual/Straight	302	80%
Lesbian/Gay woman	10	3%
Gay man	15	4%
Bisexual	9	2%
Other	8	2%
Prefer not to say	32	9%
Total answered	376	100%
Not answered	29	

Disability	N	%
Yes a lot	68	18%
Yes a little	85	22%
No	225	58%
Prefer not to say	9	2%
Total answered	387	100%
Not answered	18	

Day-to-day activities limited due to a health problem*	(Select all that apply)	
	N	%
Physical Impairment	97	64%
Sensory Impairment	12	8%
Learning Disability/Difficulty	3	2%
Long-standing illness	48	32%
Mental Health condition	43	28%
Autistic Spectrum	2	1%
Other	14	9%
People who answered this question and declared a health problem*	151	
<i>*defined as having lasted or expected to last, at least 12 months</i>		

Do you have a long term health condition?		
	N	%
Yes	205	53%
No	183	47%
Total answered	388	100%
Not answered	17	

Please specify which long term condition you have		
	N	%
Atrial fibrillation	9	2%
Coronary heart disease	5	1%
Cardiovascular disease	9	2%
Hypertension	45	12%
Peripheral arterial disease	5	1%
Stroke and transient ischaemic attack	5	1%
Asthma	36	10%
Chronic obstructive pulmonary disease	9	2%
Obesity	17	4%
Cancer	8	2%
Chronic kidney disease	2	1%
Diabetes mellitus	18	5%
Palliative care	1	0%
Dementia	1	0%
Depression	37	10%
Epilepsy	4	1%
Learning disabilities	3	1%
Mental health	33	9%
Osteoporosis	15	4%
Rheumatoid arthritis	8	2%
Other	108	29%
Total answered	378	100%

6C: Table of Figures

Figure 1 Seven key indicators of satisfaction: Number of GP Practices by number of indicators where patients are satisfied or very satisfied. ¹	20
Figure 2 Number of Brighton and Hove GP Practices at each level of patients per doctor.	22
Figure 3 Number of Brighton and Hove Practices at each level of patients per doctor: this report compared to 2018 report.	23
Figure 4 Percentage of Patients who said their GP or Nurse was Good or Very Good on aspects of Quality of Care Communication.....	26
Figure 5 Distribution of GP and Nurse Quality of Care Communication Ratings per surgery.	27
Figure 6 National Survey comparison: Quality of care for healthcare professionals	28
Figure 7 Telephone consultation met needs?.....	29
Figure 8 Actions taken for patients who raised an emotional or psychological issue.	32
Figure 9 Patient satisfaction with surgery opening hours.....	35
Figure 10 National Survey Comparison: Satisfaction with appointment times.....	36
Figure 11 Use and ease of use of different booking methods	39
Figure 12 National Survey comparison: Use of appointment booking methods.	40
Figure 13 Average waits for each type of appointment (in days).....	42
Figure 14 Satisfaction with waiting times for each type of appointment.	43
Figure 15 Average wait times for routine GP appointments: no of surgeries at each stage of waiting time.....	44
Figure 16 Overall satisfaction with waiting times for routine GP appointments: no of surgeries at each level of satisfaction rating.....	45
Figure 17 Average wait times for routine nurse appointments: no of surgeries at each stage of waiting time.	46
Figure 18 Average satisfaction for routine nurse appointments: no of surgeries at each level of satisfaction rating.	47
Figure 19 Average wait times for urgent GP appointments: no of surgeries at each stage of waiting time.....	48
Figure 20 Average wait times for urgent nurse appointments: no of surgeries at each stage of waiting time.	48

Figure 21 Average satisfaction with wait times for urgent GP appointments: no of surgeries at each level of satisfaction rating.	49
Figure 22 Average satisfaction with wait times for urgent nurse appointments: no of surgeries at each level of satisfaction rating.	50
Figure 23 GP Appointments: Average waiting times on day of appointment (n=1724)	51
Figure 24 Nurse Appointments: Average waiting times on day of appointment (n=1724).	52
Figure 25 Comparison with National Survey: Waiting time on day of appointment.	53
Figure 26 Patients who said it was important to choose which doctor they saw: how many could choose?	54
Figure 27 Patients given a prescription at last GP consultation: Type of pharmacy providing the prescription	56
Figure 28 How soon after seeing a GP did you get your medication? (n=639).	57
Figure 29 Overall, how satisfied are you with your GP practice? (n=948).	63
Figure 30 Overall rating of GP practice (average = 8.2/10) (n=958).	63
Figure 31 Relationship between overall satisfaction with GP surgery and specific measures.	66
Figure 32 National Survey comparison: overall opinion of surgery.	66
Figure 33 Patients' views on what makes a good practice	68
Figure 34 Percentage of patients who were aware of special preventative services.	73
Figure 35 Waiting time from referral to a specialist or for tests (n=235).	74
Figure 36 Referral waiting times per speciality and comparison with our 2018 report.....	75
Figure 37 Satisfaction and dissatisfaction rates by waiting time for referral appointment.	76
Figure 38 Services used when unable to get a GP appointment and patient satisfaction	79
Figure 39 National Survey comparison: Seeking alternative services when GP is unavailable.	79
Figure 40 National Survey comparison: Which alternative service did you use?....	80

6D: Glossary

- **The 2019 NHS Long Term Plan (LTP)** - provides a framework for improving NHS services over the next 10 years. Further reading: <https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained>).
- **Accident and Emergency (A&E) or the emergency department** - usually based in hospitals, provides emergency care 24 hours a day, seven days a week. A&Es treat conditions that need urgent assessment and treatment, for example choking, severe bleeding, chest pain and blacking out. Further reading: <https://www.bsuh.nhs.uk/services/ae/>.
- **Brighton and Hove Clinical Commissioning Group (CCG)** - is led by a group of local doctors and nurses and brings together all GP practices in the city. The CCG's role is to decide which health services are needed so that everyone has access to the services, professionals and treatment they need to stay well and live healthily. The CCG has a responsibility to consult with the people about what they need and want from health services in the city. Further reading: <https://www.brightonandhoveccg.nhs.uk/publications/about-us>.
- **General practices /GP surgeries** - An organisation of one or more GPs (general practitioners) who provide general medical services to a particular group ("list") of patients. In line with NHS convention, the term 'surgery', 'surgeries' and 'GP practice(s)' are used interchangeably throughout our report. Some of the reviewed sites are named 'surgeries' and others are 'practices'. There are 40 GP locations across Brighton and Hove. See this example on the NHS website: <https://www.nhs.uk/using-the-nhs/nhs-services/gps/patient-choice-of-gp-practices/>.
- **GP patient survey (NHS)** - the annual GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across the UK. The results show how people feel about their GP practice. Further reading: <https://www.gp-patient.co.uk/>.

- **GP Streaming (Primary Care Front Door)** - introduced in 2017, at the Royal Sussex County Hospital A&E from 8.00am to 11.00pm each day. This was a dedicated GP service and an alternative to seeing a hospital doctor. Further reading: <https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/2018-reports/>
- **Integrated (Health) care system (ICS)** - NHS organisations, in partnership with local councils and others, taking collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. Further reading: <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>
- **NHS England** - oversees the commissioning of health services in England. It sets direction for the health and care system as a whole. It's funding and objectives are set by the government and it is accountable to Parliament and the public. From 1 April 2019, NHS England and [NHS Improvement](#) have merged to become one new single organisation. Further reading: <https://www.gov.uk/government/publications/nhs-mandate-2018-to-2019>)
- **NHS Improvement** - now working with NHS England as one new single organisation. NHS Improvement supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. Further reading: <https://improvement.nhs.uk/home/>)
- **Patient caseloads** - the number of people registered at a GP Practice.
- **Preventative care/preventative services** - routine health care (or services) that includes screenings, services and counseling to help prevent illness, disease or other health problems. Examples include services to help quit smoking, cervical cancer screening and annual health checks for people with long-term health conditions. Further reading: <https://www.england.nhs.uk/blog/thinking-differently-about-health-and-care/>.

- **Primary Care Networks (PCNs)** - groups of GP practices working closely together with other primary and community care staff and health and care organisations, providing integrated services to their local populations. There are seven PCNs in Brighton and Hove. Further reading: <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england/primary-care-networks-pcns>.
- **Primary care services** - Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. Further reading: <https://www.england.nhs.uk/participation/get-involved/how/primarycare/>.
- **Sussex Health and Care Partnership (SHCP)** - brings together 21 organisations all working together to meet the changing needs of all the people who live in Sussex. The SHCP aim is to offer better health, better care and to ensure they make the most efficient use of their resources. This is in response to the 2019 NHS LTP and part of the collective responsibility of an ICS (explained above). Further reading: <https://www.seshealthandcare.org.uk/>
- **Sustainability and Transformation Partnerships (STPs)**. Previous term for the SHCP. In its previous form, the partnership included East Surrey, which has now merged with Surrey Heartlands STP. Further reading: <https://www.brightonandhoveccg.nhs.uk/our-programmes/sustainability-and-transformation-partnership>
- **Urgent Treatment Centres (UTCs)** - introduced in 2019 as an extension to GP Streaming. Often within the A&E department of a hospital. They are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for. Further reading about the one introduced at the Royal Sussex County Hospital: <https://www.brightonandhoveindependent.co.uk/health/new-urgent-treatment-centre-to-open-at-royal-sussex-county-hospital-1-9003072>