

# GP review 2018: patient experiences of primary care in Brighton and Hove





# GP review 2018

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## Introduction

Primary care has been an issue of particular concern in Brighton and Hove in recent years. The city's growing population and increasing numbers of older people and those with complex health conditions has put increased pressure on primary care services. Alongside these pressures, primary care is a focus of major changes in the delivery of health care proposed under the Caring Together<sup>1</sup> and the Sustainability and Transformation Partnership<sup>2</sup> (STP) programmes. A central theme of these programmes is the proposal to increase the provision of specialist care by primary care services.

As the cornerstone of primary care, GP practices play a vital role in serving people's needs in the city. GP practices are the frontline of primary health care providing routine health care to all. Practices aim to maintain the health of the city's population by providing high quality medical care in a timely and accessible fashion.

The ability of the service to achieve these aims has been under particular scrutiny as a result of the recent closure of practices. Eight GP practices have closed since February 2015 leading to reduction from 44 to 36 at the end of 2017.

The number of GPs has also fallen, with 132 FTE<sup>3</sup> GPs in September 2017 compared to 135 the previous year. This means there are currently 2,394 patients on average for each GP in Brighton and Hove, more than the England average figure of 1,762 patients for each GP.

Fewer practices and fewer doctors are likely to put strain on the primary care service in the city. Patients may find it more challenging to travel to practices to attend appointments. Fewer doctors are likely to lead to fewer appointment slots for patients making it more difficult to receive treatment.

Against this backdrop, Healthwatch's 2018 GP review aimed to take a snapshot of how GP practices across Brighton and Hove were serving patients' needs. We aimed to investigate whether the system was coping with these increased pressures and managing to provide high quality and accessible care. We also wanted to investigate whether the quality of care was being maintained across the city's GP practices: were patients consistently receiving high quality care or were there varying standards across practices?

The GP review aimed to gain detailed insight into the patient experience at GP practices across the city. Healthwatch visited and spoke to patients at 30 practices

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<sup>1</sup> [Caring Together](#).

<sup>2</sup> [Sustainability and Transformation Partnership](#).

<sup>3</sup> Full Time Equivalent.

and gained detailed patient feedback from a total of 40 practices<sup>4</sup>. Overall, our Patient survey gained 1483 submissions. Compared to the total number of registered patients in the city (314,734) this sample produced results with a high level of statistical accuracy<sup>5</sup>.

## Acknowledgements

Healthwatch would like to thank the following volunteers who supported this project Chris Jennings, Barbara Marshall, Frances McCabe, Imogen Campbell, Helena Taylor, Lynne Shields, Maureen Smalldridge, Mike Doodson, Nick Goslett, Roger Squier, Sue Seymour, Sylvia New, Peter Lloyd and Vanessa Greenaway. We would also like to thank practice managers and staff at GP practices who facilitated visits and staff at Brighton and Hove CCG who provided insight on the development of the project.

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<sup>4</sup> The Patient survey, conducted June-October 2017, asked patients to report on their experience with their GP practice over the previous 12 months. We therefore received a number of submissions that related to practices that had already closed or were about to close.

<sup>5</sup> A confidence interval of 2.54 at 95% confidence level.

## Executive summary

### What we did

Healthwatch conducted an extensive review into patient experience at GP practices across the city.

The review collected feedback from a total of 1483 patients who attended all 40 practices operating in 2017. This sample of the 314,734 registered patients in Brighton and Hove meant that overall findings for the city produced a high level of statistical accuracy (confidence interval of 2.54 at 95% confidence level). The statistical accuracy of findings on individual GP practices varied according to the number of responses received<sup>6</sup>.

Healthwatch also visited 30 practices and conducted an observational review to assess the practice environment. The review considered hygiene in public areas, comfort of waiting area, information provided, signage and access to toilets.

We also gathered further information from practice managers on the facilities and services of practices.

### Our findings<sup>7</sup>

	Brighton & Hove	England	
<b>Satisfaction</b>			
Overall satisfaction with surgery	83%	85%	Red
Would recommend surgery to friend	87%	77%	Green
<b>Quality of care</b>			
No. patients per doctor	2394	1762	Red
Overall quality of care - GP	85%	82%	Green
Overall quality of care - nurse	90%	76%	Green
<b>Opening hours</b>			
Satisfaction with opening hours	72%	76%	Red

### *Mixed performance on access but good quality of care*

Our review found mixed results on accessing appointments but generally strong performance on providing high quality of care. Patients were pleased with the

<sup>6</sup> See details on the statistical accuracy of findings for each practice in the Appendix.

<sup>7</sup> Measures were selected according to the availability of national comparators. All national comparators were taken from the [GP Patient Survey National Report 2017](#). Traffic light ratings (green where figure is better and red where worse) are used in the table following CQC and CCG convention.

health care they received but were sometimes frustrated at the difficulty in accessing it.

Patients received significantly different levels of service depending on the practice they used. Experience of appointment waiting times, opening hours and the quality of care provided could be dramatically different across practices.

### ***Difficulties booking appointments and long waits between booking and date of appointment***

Patients across many practices experienced difficulties in accessing services with difficulties booking appointments and long waits between booking and date of appointment.

A third of patients, 32%, reported they had found it 'difficult' to book an appointment by phone the most common method of booking appointments.

Practices generally achieved a fast turnaround between booking and attending an appointment for urgent appointments with 86% of patients receiving a same day appointment. However 14% of patients were not seen the same day with 3% seen after four days or more.

Waits were generally much longer for routine GP appointments with an average of 5.4 days. Half of patients got a routine GP appointment within three days but nearly a quarter, 23%, had to wait more than a week.

### ***Some dissatisfaction with opening hours***

Most practices opened business hours on weekdays with some additional evening opening hours. Eight practices did not offer opening hours at the weekend.

Almost three quarters of patients, 72%, were satisfied with the current opening hours of their practices with 15% dissatisfied.

Satisfaction levels varied across practices, a fifth with lower scores under 60% and a quarter with high scores above 80%.

Those patients who were dissatisfied with current opening hours most commonly requested Saturday mornings and weekday evenings as additional opening times.

### ***Long waiting times on day***

Most practices did not see patients exactly at the time of their appointment. The average waiting time in Brighton and Hove was 13 minutes beyond the appointment time. There was also considerable variation across practices with half of practices achieving an average under 10 minutes and 15% above 20 minutes.

### ***High quality of care***

Overall, patients' perception of quality of care was high with an average of 85% for GPs and 90% for nurses. Patients reported high quality care across practices with particular high consistency for nurses, for which all practices achieved an average of 80% or more.

### ***Overall performance across practices***

Healthwatch used seven key indicators to provide a snapshot of the performance of each practice. These indicators included patient experience using the practice - quality of care provided by GPs and nurses, satisfaction with opening hours and the typical wait between booking and attending appointments as well as overall satisfaction with the practice. We also included a measure of the provision of doctors for patients, using NHS England figures to calculate the number of patients per doctor at each practice.

Analysis of the performance of practices across these seven measures showed considerable variation across practices. There were a handful of consistently strong and weak performing practices across the measures: two practices performed lower than the city average on all or all but one measure and six performed higher than the city average on all or all but one measure.

Among these two lower performing practices, one also had the second highest number of patients per GP in the city suggesting a relationship between high patient caseloads and poorer patient experience.

The degree of variation in performance suggests that patients experienced varying quality of service depending on the practice they were registered with.

### ***Patient-friendly surgery environments***

We found that practices generally provided good patient-friendly environments. Staff were courteous with patients and waiting rooms provided comfortable seating with accessible toilets and relevant information available on noticeboards.

The average environment rating for practices was 8.1 out of 10. Almost three quarters of practices rated 8 or above. However, a number rated lower, with four practices rating less than 7 (13%).

### ***Patient's preference to see 'own' doctor***

Most patients liked to see their 'own' doctor; a doctor who has some knowledge of their personal health history. Almost two thirds, 64%, of patients said it was important for them to see their 'own' doctor, but only half, 48%, said they actually did.

### ***Low satisfaction with out of hours services***

A fifth of patients said they had to get medical help after being unable to get a doctor's appointment. All the services used received mixed satisfaction levels with pharmacies and Brighton station walk in centre achieving the highest satisfaction among non-emergency services (54% and 50% respectively).

### ***Long waits for referrals to specialists***

14% of referrals to specialist treatment did not meet the maximum 18 week wait NHS standard with average waits of over three months for some specialities. Patients reported increasing strain on their health the longer the wait experienced.

### ***How GP practices can improve***

The Healthwatch review demonstrated that GP practices in the city are performing well in providing high quality care but there are issues regarding access to care and consistency across practices. While many patients in Brighton and Hove had a good experience at their practice the experience for others was less satisfactory. The variation between practices was particularly felt on average waits between booking and attending a routine GP appointment. While the city average was 5.4 days, the worst seven performing practices had a wait of 8-12 days. A wide variation between practices was also evident on satisfaction with opening hours where five practices had a satisfaction level of under 60% while seven achieved 80% or higher.

Although most practices in the city generally performed well, there were some that need to improve performance on a number of key patient-centred issues such as booking systems, appointment waiting times, opening hours and the number of GPs serving patients.

While practices should be commended for delivering high quality care they should also be sensitive to widespread access issues experienced by patients. All practices should therefore review their systems and staffing levels with the aim of streamlining access to consultations. Particular focus needs to be paid to improving booking systems, reducing appointment wait times and wait times on day and providing opening hours on weekday evenings and Saturdays.



## Recommendations

### Improve consistency of quality across practices

Patients experienced significant variation in the quality of services depending on the practice they used. Low performing practices should improve their service on key performance criteria e.g. extending opening hours, making booking systems easier to use and lowering waits for appointments. These improvements are likely to increase overall patient satisfaction.

### Reduce patient caseloads for certain practices

A large number of practices in the city have high patient caseloads. Low provision of doctors to patients is likely to lead to difficulty accessing appointments and long appointment waits along with increased pressures on emergency health services. All practices in the city should have the number of patients per FTE GP close to the average for England of 1762. All but four practices in the city have higher than this number of patients per GP, four of which have over 4000.

### Lower urgent appointment wait times

14% of patients were not able to make a same day appointment at their practice for an urgent problem and two practices had an average wait time of 1.5 days for urgent appointments. All practices should provide same day appointments for urgent issues.

### Lower GP routine appointment wait times

There was significant variation between practices in wait times for routine GP appointments ranging from an average of one day to 12 days. Almost a third of practices had an average of over eight days. There is not currently an NHS target for appointment wait times. However, we believe practices with long average waits should make an effort to provide more timely routine appointments.

### Ensure all practices offer weekday evening and Saturday hours

All practices should offer consultations to their patients on weekday evenings and Saturday in addition to regular business hours. This might be offered via consortia or through outside organisations.

### Maximise use of phone consultations

Patients reported high levels of satisfaction with phone consultations yet practices varied greatly in their use of them. Practices with only limited current use should aim to increase their use for patients who wish to use it while ensuring in person consultations are also available as an option.

### Encourage patient use of online booking

Most patients find booking appointments online easy and convenient yet take-up by patients in Brighton and Hove is only 18%. Practices should make a concerted effort to encourage patients to use their online booking system.

### Ensure all practices have efficient and patient-friendly phone booking systems

A third of patients found it difficult to book an appointment by phone which is the most common method of booking appointments. Yet there was large variation in how easy patients found using their practice's booking system. Practices need to improve their systems where patients are experiencing difficulties. The CCG and practices should identify good practice and encourage improvement across the city.

### Lower appointment wait times on day

Patients had to wait an average of 13 minutes beyond the scheduled appointment time with some practices with significantly longer average waits. All practices should aim to improve the timeliness of appointments to minimise inconvenience for patients.

### Practices should accommodate patients' preference for own doctor

Two thirds of patients consider it important to see their own doctor but only half actually do so. Practices should maximise the availability of regular doctors so that patients have the option of seeing their own doctor at a consultation.

### Encourage use of pharmacies for non-emergency medical help

A fifth of patients said they had to get medical help after being unable to get a doctor's appointment. Among the non-emergency services used patients were most satisfied with the help they received from pharmacies. This confirms the value of efforts to increase the use of pharmacies by patients when they cannot access a GP. Commissioning health authorities such as NHS England and the local CCG should continue to raise the awareness of pharmacies as a source of non-emergency medical help.

### Improve disabled-friendly seating in waiting rooms

All practices should provide adequate amounts of disabled-friendly seating e.g. large seats with high backs and arm rests.

### Reduce long waits for referrals to specialist treatment

14% of referrals to specialist treatment did not meet the maximum 18 week wait NHS standard. All referrals to specialist treatment should meet this standard.

## Overall performance across practices

We identified seven key indicators to provide a snapshot of the performance of each practice in the city. These indicators included patient experience using the practice - quality of care provided by GPs and nurses, satisfaction with opening hours and the typical wait between booking and attending appointments - as well as overall satisfaction with the practice. We also included a measure of the provision of doctors for patients, using NHS England figures to calculate the number of patients per doctor at each practice<sup>8</sup>. Performance on each measure was compared to the Brighton and Hove average.

Seven key performance indicators:

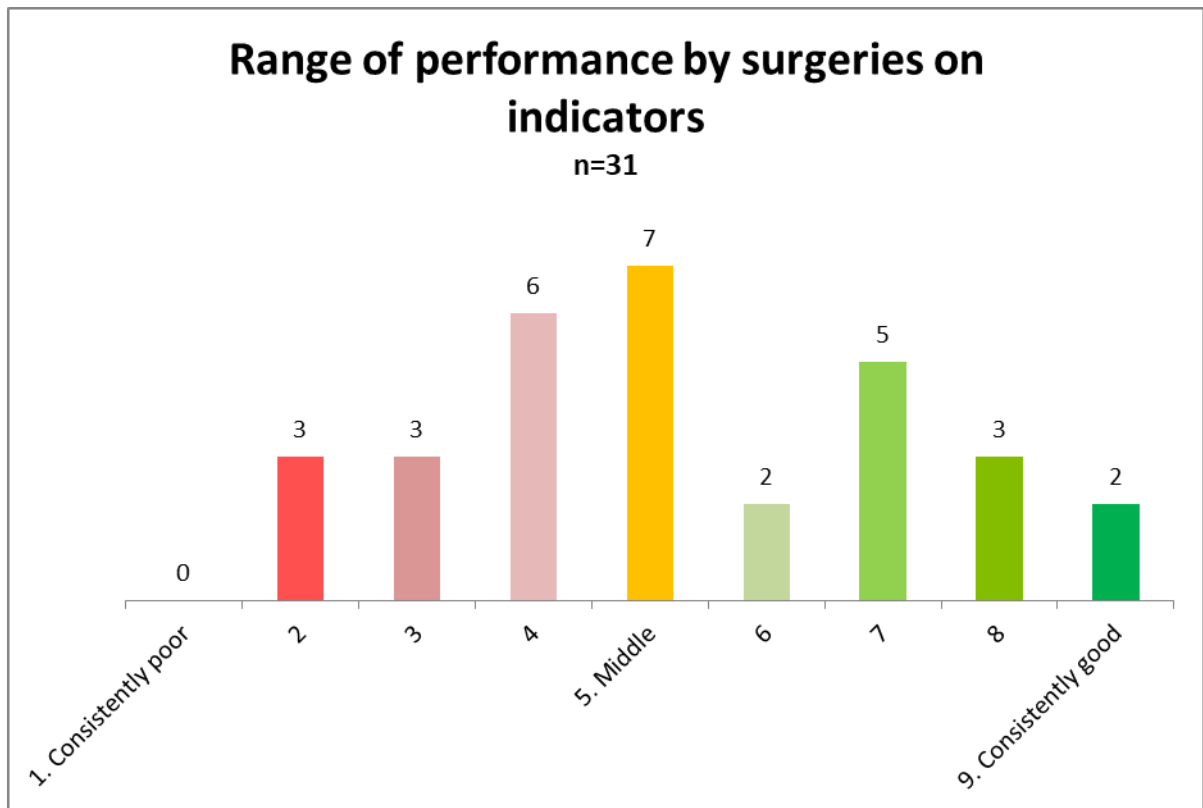
- Number of patients per doctor
- Wait between booking and attending routine GP appointment
- Wait between booking and attending urgent appointment
- Overall quality of care - GP
- Overall quality of care - nurse
- Satisfaction with opening hours
- Overall practice rating (1-10)
- Recommend practice to friend/family member

Analysis of the performance of practices across these seven measures showed that the quality of care provided by GP practices varied considerably across practices<sup>9</sup>. There were a handful of consistent strong and weak performing practices across the measures: three practices (10%) performing lower than the city average on all or all but one measure and five (16%) performing higher than the city average on all or all but one measure.

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<sup>8</sup> NHS Digital data from [General and Personal Medical Services, England As at 30 September 2017](#)

<sup>9</sup> The sample of practices for this analysis was 31. We did not get enough data (i.e. less than 15 responses to the Patient survey) from eight practices to include them in this analysis.



This degree of variation in performance suggests that patients experienced varying quality of service depending on the practice they were registered with. The 49,000 patients at the five 'good' performing practices were likely to experience better than average services and quality of care according to these criteria. Conversely, the 32,000 patients at the three 'poor' performing practices were likely to experience worse than average services and quality of care.

## Care Quality

### Number of doctors serving patients at GP practices

Healthwatch has monitored with concern the falling number of GPs in Brighton and Hove in recent years. The 2018 review was particularly interested in examining how the patient workload was being spread across practices: were the number of patients per doctor fairly similar across practices or were some practices taking on particularly heavy caseloads?

We used NHS published data<sup>10</sup> on the number of patients registered and the number of full time equivalent (FTE) GPs working to calculate the number of patients per GP at each practice. The data showed significant variation in GP provision across practices with a significant number with caseloads higher than the national average.

Overall, the provision of doctors in Brighton and Hove was an average of 2394 patients per GP, higher than the England national average of 1762 patients per GP.

Most practices in Brighton and Hove (33 of 37, 89%) had a higher figure than the figure for England<sup>11</sup>. Furthermore, four practices, 11% of the total, had more than 4,000 patients per doctor one of which had more than 6,000 patients.

More positively, a fifth of practices in the city (8 of 36, 22%) had less than 2000 patients per doctor.

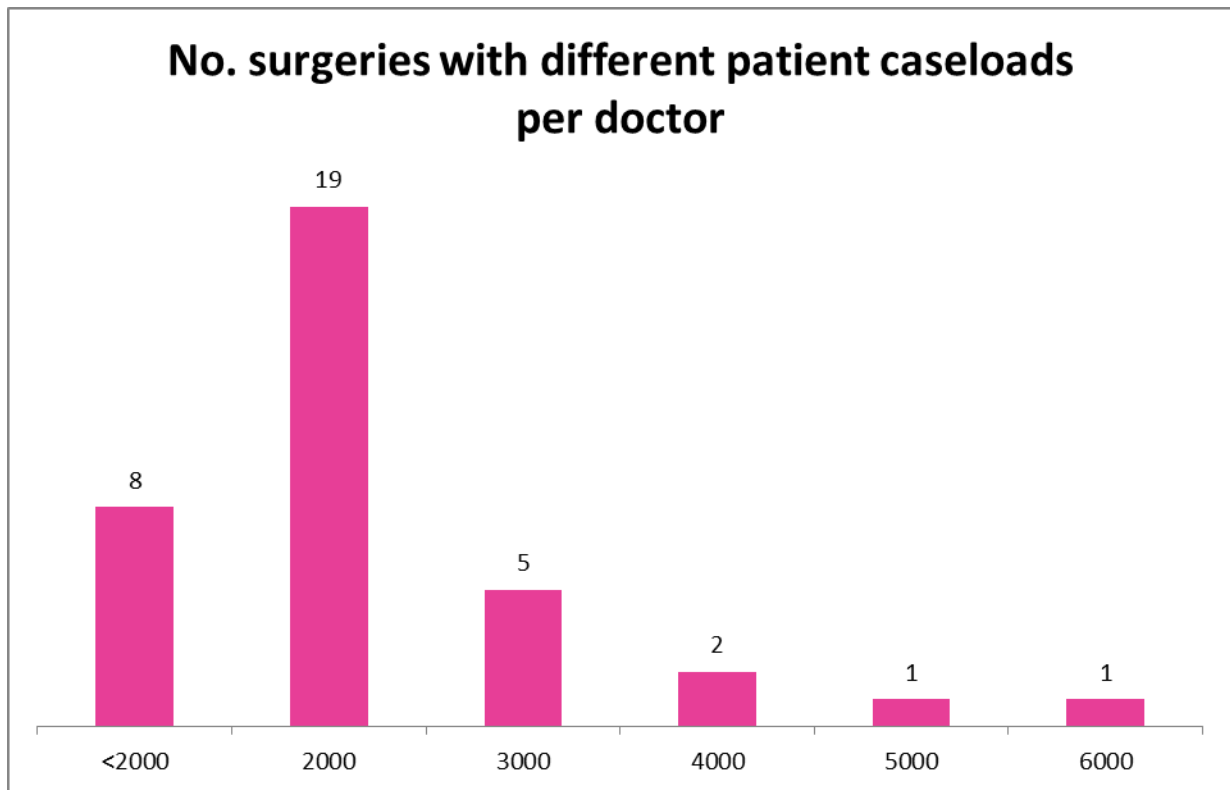
The extent of variation across practices is likely to impact the availability of doctors for consultations. While Healthwatch recognises that non-GP staff, e.g. nurses, provide significant primary care services at GP practices, doctors continue to deliver point of contact diagnosis for patients. We consider it a matter of concern that at a quarter of practices (9 of 36) an average of over 3000 patients were served by each full time GP.

The practices with the two highest numbers of patients per GP were among the three lowest performing practices on the seven key performance indicators measuring quality of care. This suggests there is a relationship between high patient caseloads and poorer patient experience. Low provision of doctors to patients is likely to lead to difficulty accessing appointments and long appointment waits along with increased pressures on emergency health services.

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<sup>10</sup> NHS Digital data from [General and Personal Medical Services, England As at 30 September 2017](#)

<sup>11</sup> Data was not available for two practices.



### Quality of care provided by health professionals

GP practices should provide high quality care to patients in consultations. To assess the quality of care we asked patients to assess how their doctor or nurse performed on seven standard patient-centred criteria:

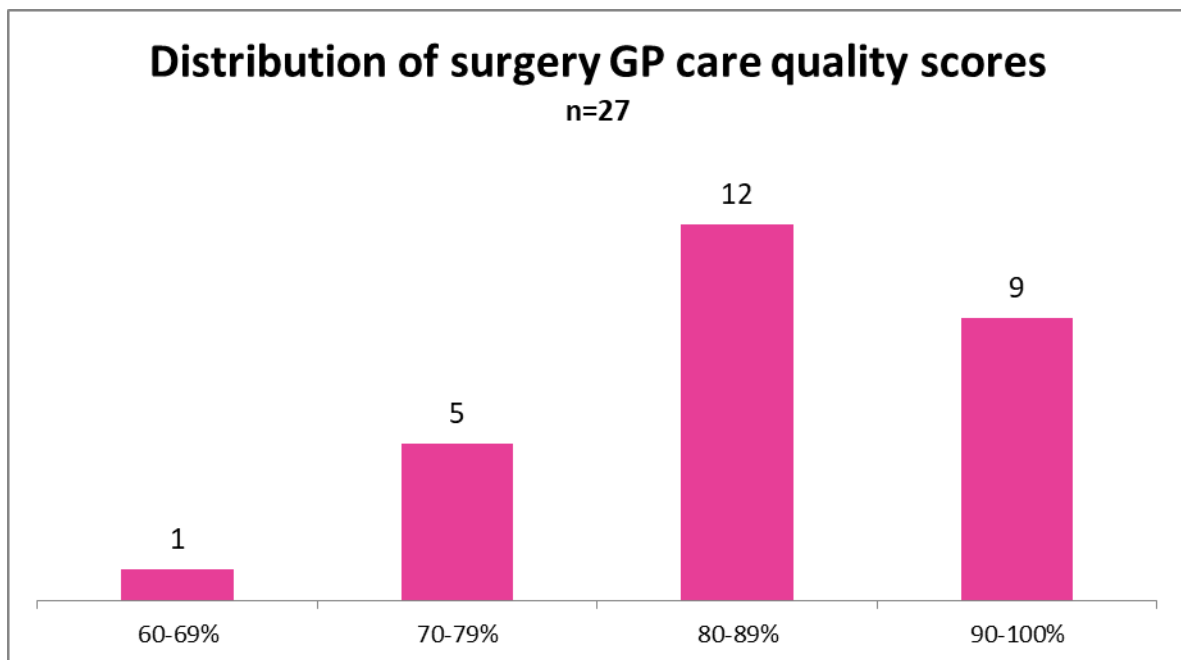
- Giving enough time
- Listening to patient
- Explaining tests and treatments
- Involving patient in decisions about care
- Treating patient with care and concern
- Having access to relevant medical information about patient
- Allowing patient to talk about more than one problem

Responses that rated performance as 'good' or 'very good' were combined to produce a score for each criterion. The scores from these seven criteria were combined into an overall care quality score.

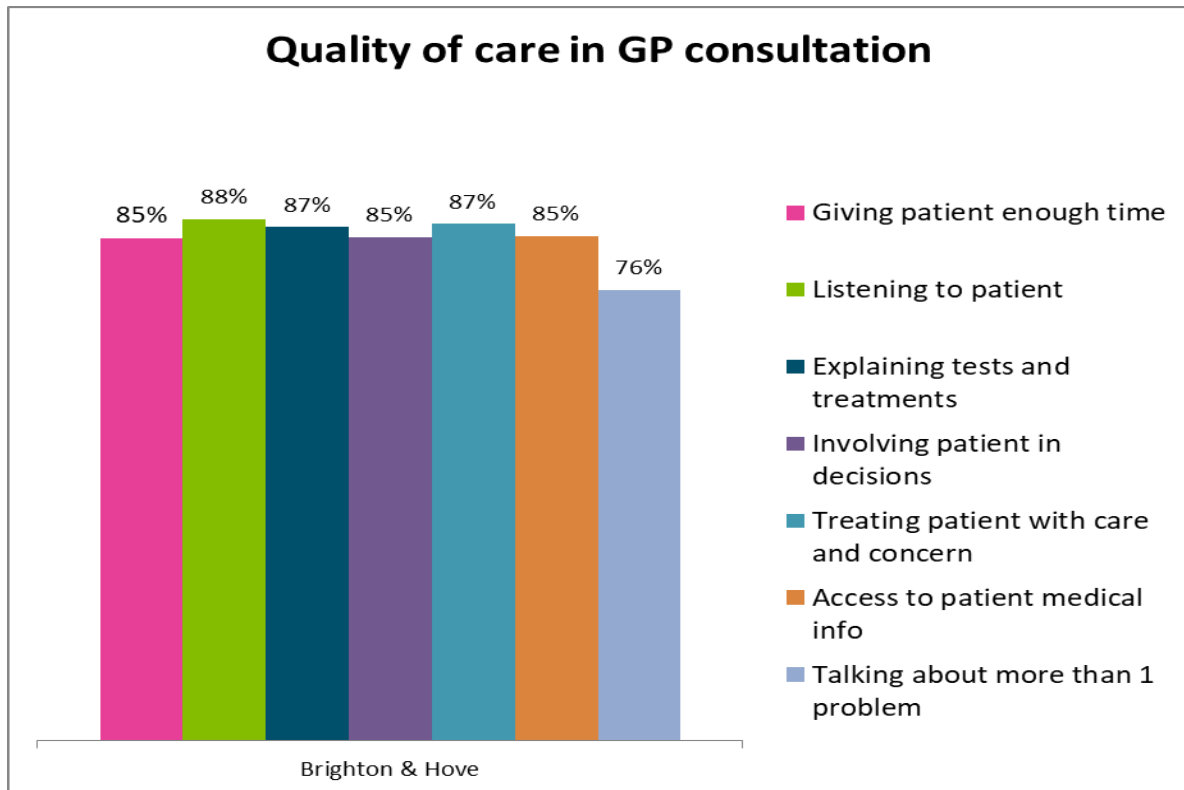
Overall, the quality of care was generally high with an average of 85% for GPs and 90% for nurses. Patients reported high quality care across practices with particular high consistency for nurses, for which all practices achieved an average of 80% or more.

### GP quality of care

Patients reported that GPs provided high quality of care across nearly all practices in the city. GPs achieved an overall average of 85% and the large majority of practices (78%) achieved 80% or more. Six practices were below 80% one of which scored below 70%.



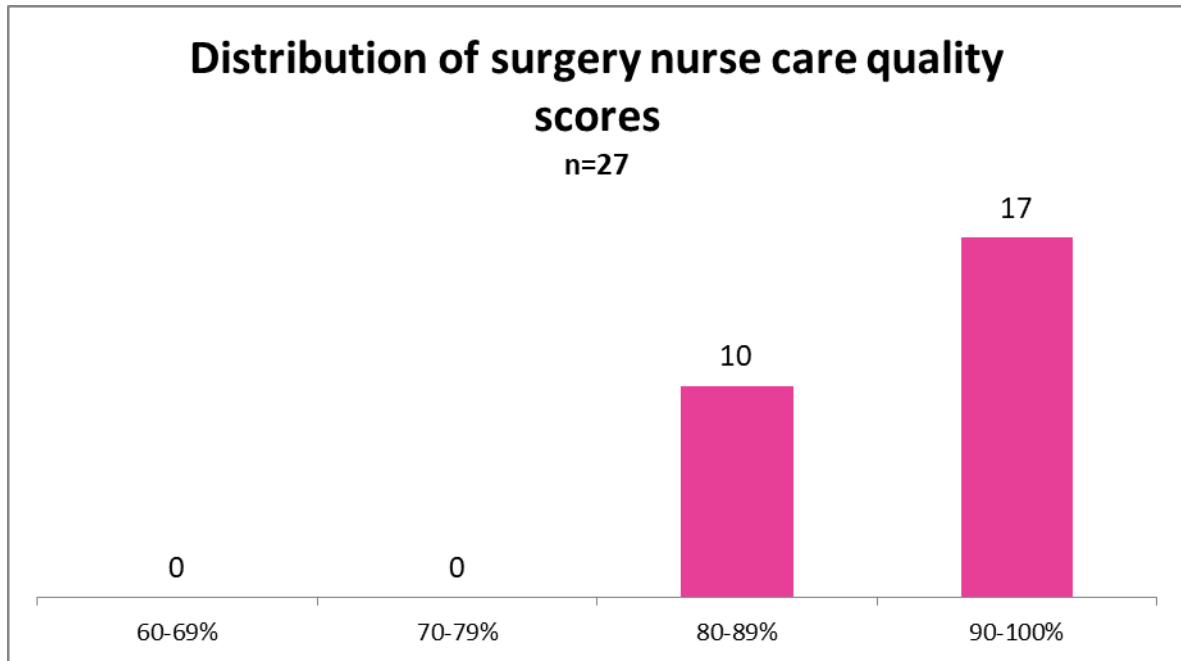
GPs scored consistently high across all seven patient-centred criteria with all but one scoring an average of between 85-88%. 'Talking about more than one problem' scored slightly less well, with an average of 76%.





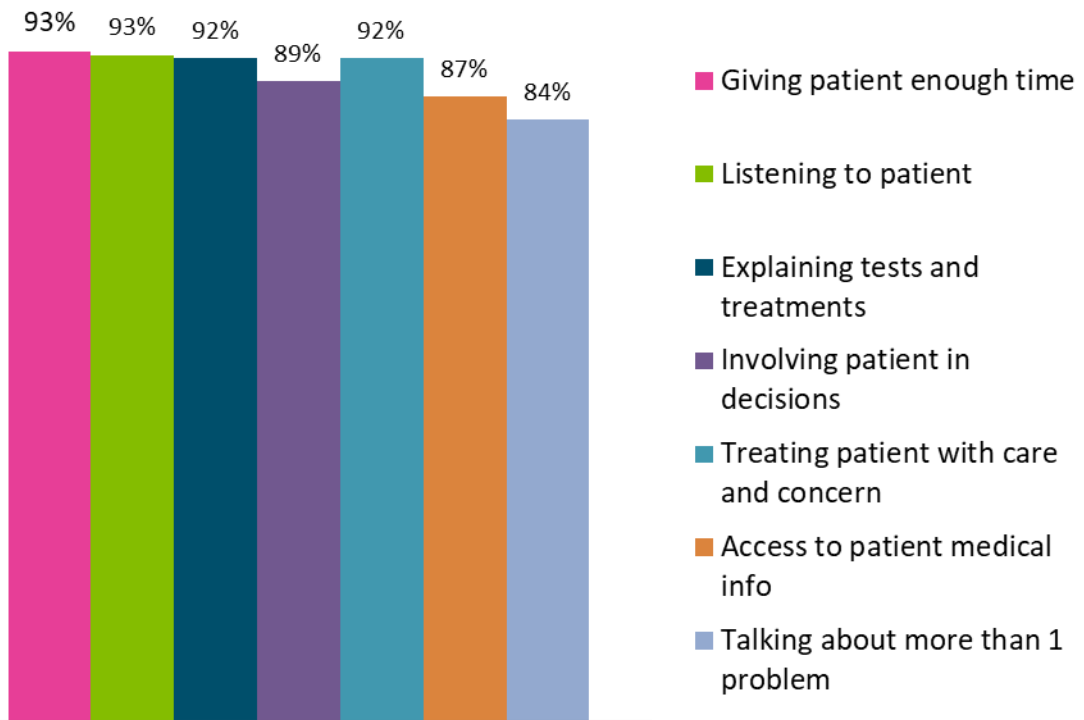
## Nurse quality of care

Patients reported that nurses provided high quality of care across all practices in the city. Nurses achieved an overall average of 90% with all practices achieving 80% or more. Seventeen out of 27 practices achieved 90% or above.



Nurses scored consistently high across all seven patient-centred criteria with all scoring an average of between 84-93%.

## Quality of care in nurse consultation

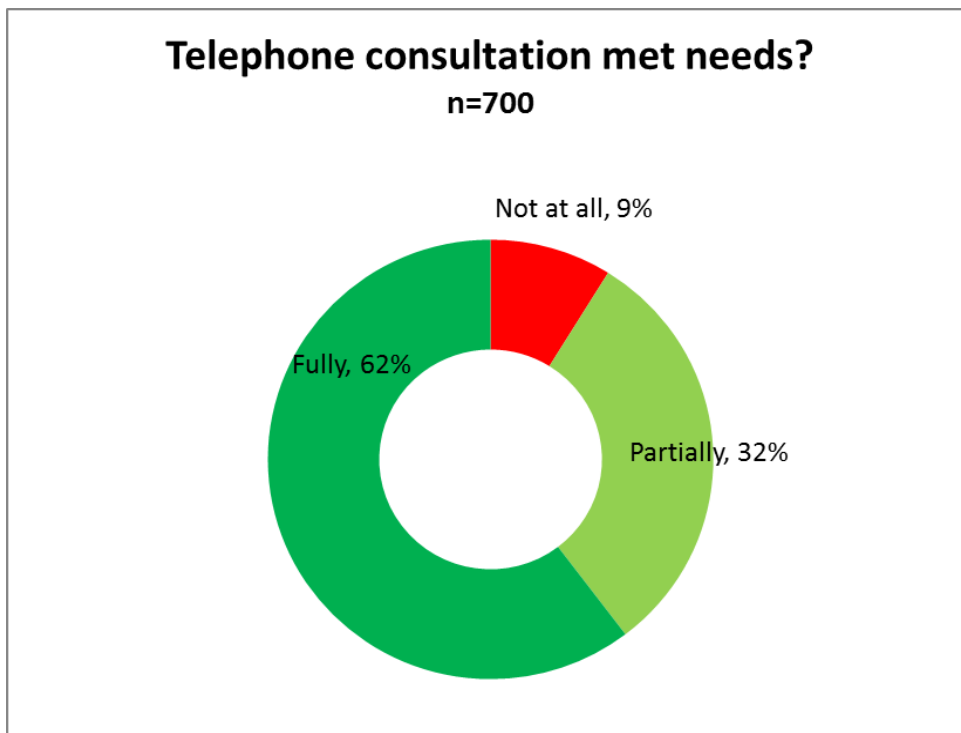


Brighton & Hove

## Phone consultations

Patients across nearly all practices reported using phone consultations to talk about a health problem. The use of phone consultations varied to some extent between practices with smaller numbers of patients (less than 30%) at a quarter of practices reporting using them and a majority of patients at just under half (43%) of practices reporting using them. The average use of phone consultations at practices across the city was 50%.

Patients generally felt that the phone consultations they had received met their needs. Almost two thirds, 62%, reported that it had ‘fully’ met their needs and a third (32%) ‘partially’. Only 9% reported that it had ‘not at all’ met their needs.



There was some variation on the quality of phone consultations between practices. A majority of patients at 85% of practices reported the consultation had ‘fully’ met their needs. But a majority of patients at a small number of practices (15%) reported the consultation had only ‘partially’ met their needs. Only very small numbers of patients from practices reported that the consultation had ‘not at all’ met their needs apart from one practice where 13% of patients reported this.

These high levels of patient satisfaction suggest this an area that practices could further develop. A quarter of practices in the city are using phone consultations quite sparingly, with less than 30% of patients reporting using them. Their counterparts have shown that these consultations can be effective with more frequent use and these practices should consider increasing their use. Phone consultations are an effective and cost effective tool for primary care when used under the right circumstances.

**Patients said...**

*It worked well. Saved me having another appointment.*

*I was provided with the same care and information as I would if we spoke in person.*

*I was able to clarify my health issue and be given the medication required.*

*I wanted advice about how to treat an elderly person who had flu. I was reassured.*

## Accessibility of GP services

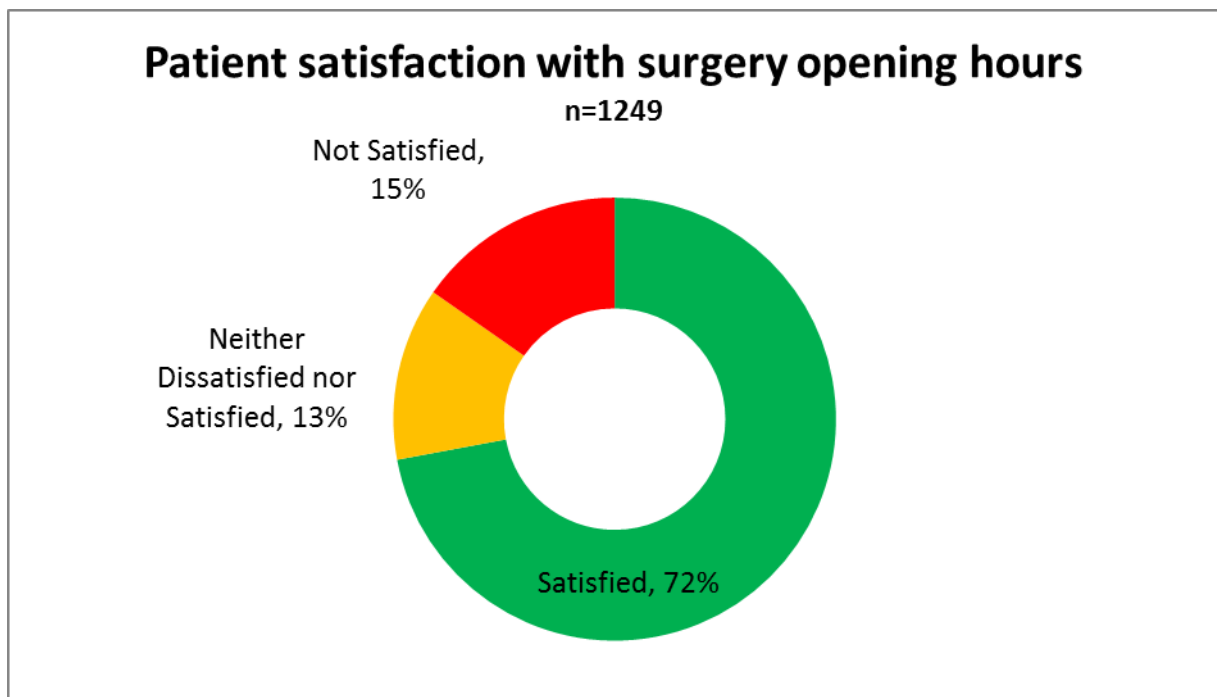
### Practice opening hours

Most practices opened for normal business hours on weekdays with some additional evening opening hours. Eight practices did not offer opening hours at the weekend.

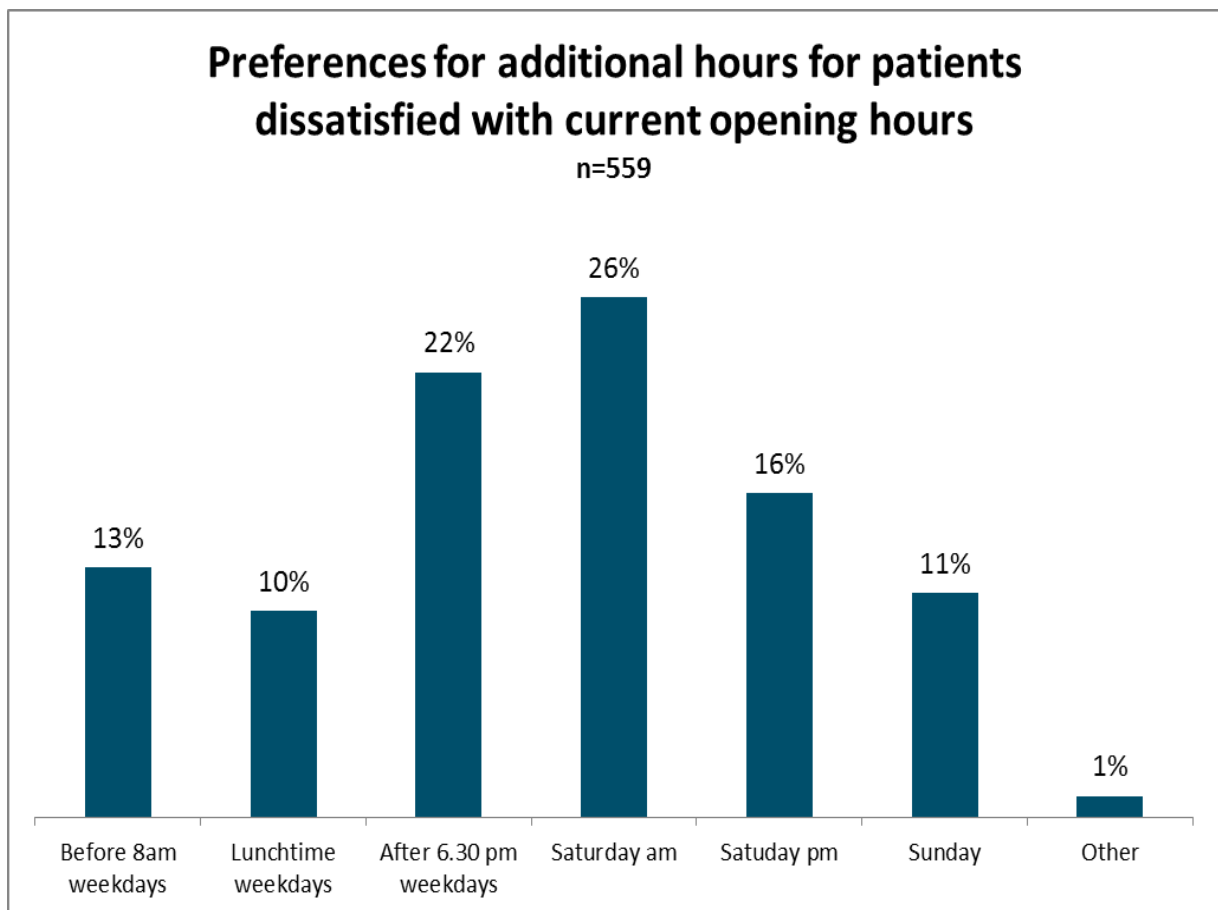
Overall patients were slightly less satisfied with the opening hours available to them than the national average: 72% of patients satisfied in Brighton and Hove compared to 76% in England. Only 15% of patients in Brighton and Hove were not satisfied with opening hours.

Satisfaction with opening hours varied between practices with patients at five expressing lower satisfaction (under 60%) and patients at seven other expressing very high satisfaction (above 80%).

Satisfaction with opening hours		
Very dissatisfied	41	3%
Dissatisfied	150	12%
Neither Dissatisfied nor Satisfied	158	13%
Satisfied	559	45%
Very Satisfied	341	27%



Those patients who were dissatisfied with current opening hours showed a preference for Saturdays and weekday evenings as additional hours.



Satisfaction levels varied across practices, with five practices (five out of 25, 20%) with an average under 60% and seven practices (seven out of 25, 28%) above 80%. There was a difference of 49% between the lowest performing practice (44%) and the highest performing practice (93%).

### Patients said...

*I work a 40 hour week and find it hard to get an appointment out of hours.*

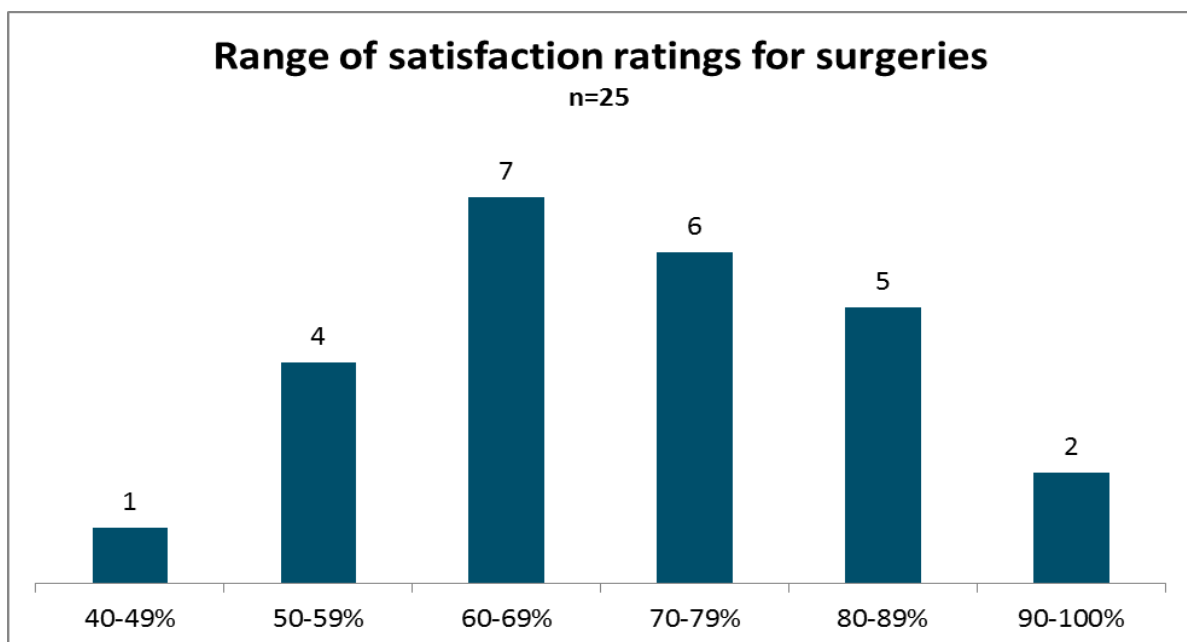
*I would like the surgery to be open for appointments on a Saturday*

*All appointments seem to be during work times*

*Long lunch breaks which given the amount of non-clinical staff should surely be staggered to ensure the surgery remains open throughout the day.*

*People are ill 24 hours. I don't believe GP surgeries should be business hours, they should be open evenings and weekends too.*

*I work full time outside Brighton-no weekend services make it hard to see a doctor.*

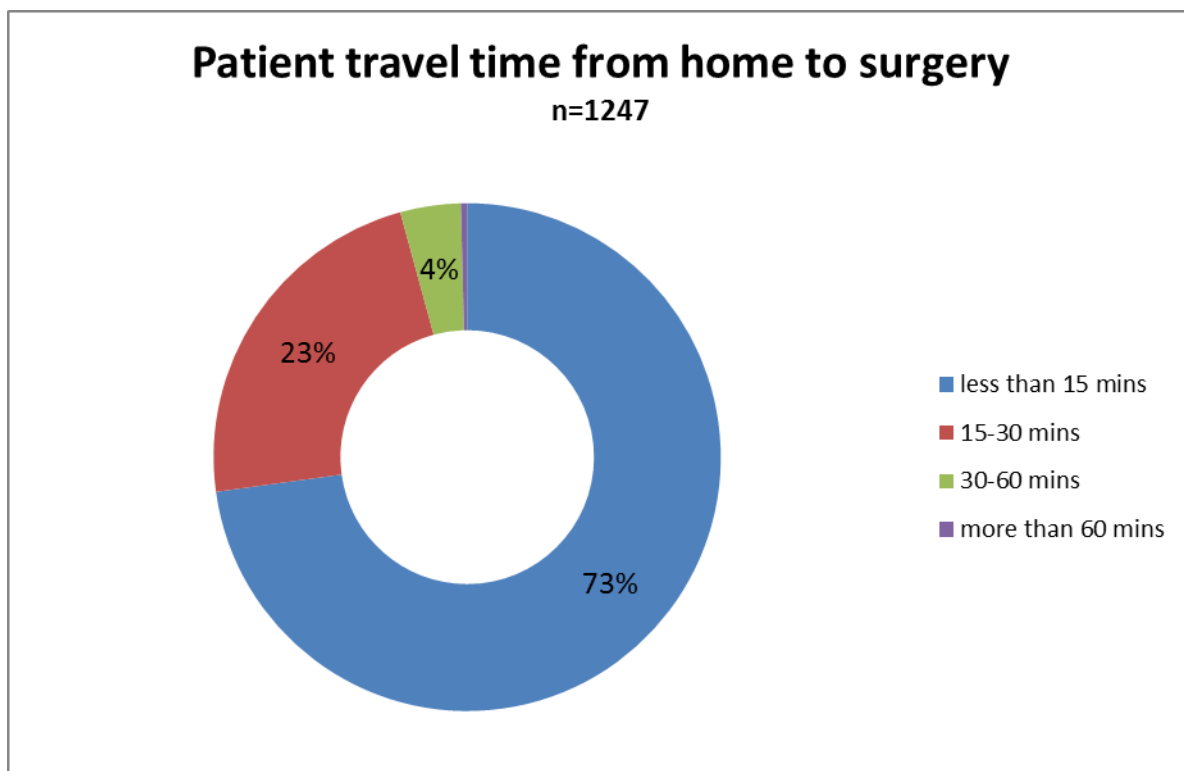


## Travel to practices

It is important that patients are able to readily access services provided at their practice. Practices should be within easy reach for patients and accessible by public transport.

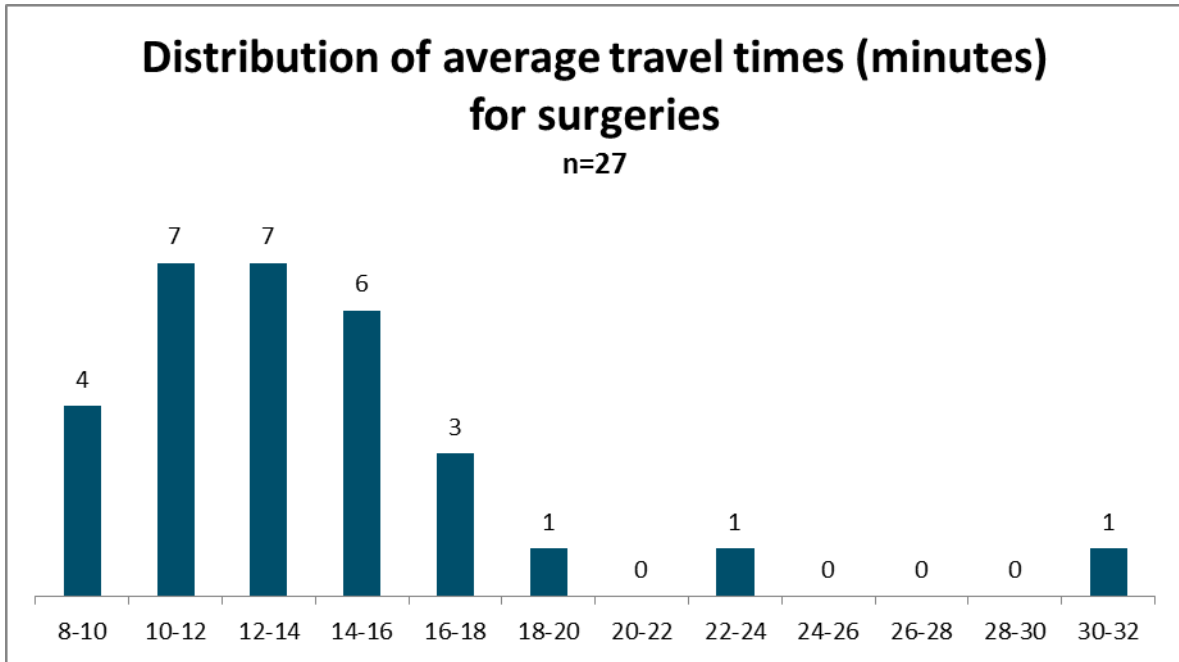
We asked patients how long it took for them to reach their practice and we asked practice managers whether the practice had a bus stop or train station within three minutes walk and whether it had accessible parking.

Overall practices performed well with the large majority of patients, 96%, able to reach their practice within half an hour. The large majority of practices reported good public transport links and accessible parking for patients.



Most patients reported that their practice was within easy reach taking an average of 14 minutes to reach the practice from home. For the large majority of practices the average travel time was close to this overall average with all but three with an average of under 18 minutes. The only practices with averages significantly higher were practices with special circumstances which you would expect longer averages e.g. a practice at a university campus where students were regularly attending for their studies and an out of hours drop-in practice used by patients from across the city.





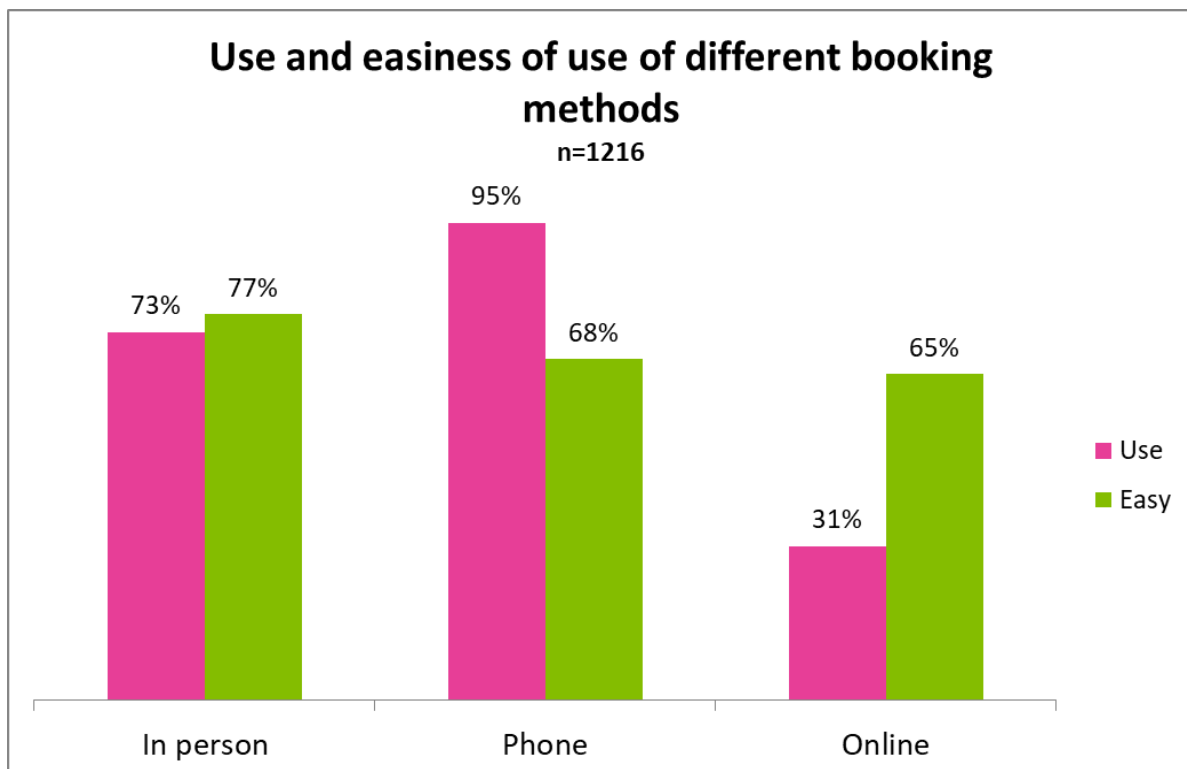
Only one practice (out of 34 reporting) said they did not have a bus stop or train station within three minutes walk. And only one practice (out of 31 reporting) said they did not have accessible parking for patients.

## Booking appointments

A key aspect of accessing primary care is the ability to book an appointment with a health professional at a GP practice. Ideally patients should be offered a variety of methods - in person, phone, or online - with each method providing a quick and easy means of making an appointment.

The patient survey asked patients about their experience of using different methods of booking appointments. Most patients used either the phone or went to the practice in person to make an appointment. About a third of patients reported using an online booking system. Those practices that had an online booking system reported use by an average of 18% of patients.

Most users of these different methods of making an appointment reported that it had been easy to use with very similar levels of satisfaction for phone and online methods. Practices should therefore encourage the use of these systems as an alternative to attending the practice in person to make an appointment. Patients are likely to benefit from the convenience of doing so both in terms of not having to get to the practice and the general ease of using phone and online booking services.



### Making appointments in person

Almost three quarters of patients, 73%, reported they had booked an appointment in person. Most of these users, 77%, had found it 'easy' to booking an appointment in this way while 23% found it difficult.

Ease of booking appointment	No of responses	Percentage
Easy	389	44%
Very Easy	301	34%
Difficult	137	15%
Very Difficult	66	7%

While a majority found the booking in person to be easy, a quarter (23%) found it difficult suggesting that improvements can be made in the customer service provided by practices. There was significant variation in performance across practices with three practices (11%)<sup>12</sup> where more than half of the patients found booking in person to be difficult. In contrast, for 12 practices (44% of total practices) more than 84% of patients found it easy. This is clearly an area where better organisation by practices can make a difference. Practices that are performing less well should review systems and organisation to improve outcomes for patients.

### Making appointments by phone

Nearly all patients, 95%, reported they had booked an appointment by phone. Two thirds of these users, 68%, found using this method was easy while a third of patients (33%) found it difficult.

Ease of booking appointment	No of responses	Percentage
Easy	485	41%
Very Easy	322	27%
Difficult	255	21%
Very Difficult	134	11%

While a majority found booking by phone to be easy, one third found it difficult indicating that improvements could be made to the system used by practices.

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<sup>12</sup> For comparison of practices, only those 27 practices where 15 or more responses were received from the Patient Survey were included in the analysis.

Again there was significant variation in performance across practices with five of 27 practices (19%) where more than half of the patients found booking in person to be difficult. In contrast, for 11 (41%) practices the large majority of patients (between 78% and 93%) found it easy.

This is clearly an area where the use of different systems by practices can make a significant difference. Practices that are performing less well should review systems to improve outcomes for patients.

### **Making appointments online**

Just over a third of patients, 31%, reported they had booked an appointment online. Most of these users, 65%, found using this method had been easy while a third of patients (35%) found it difficult.

<b>Ease of booking appointment</b>	<b>No of responses</b>	<b>Percentage</b>
Very Easy	141	38%
Easy	98	27%
Very Difficult	69	19%
Difficult	60	16%

Again there was variation in the patient experience across practices with some practices performing better than others. At two practices (7%) a large majority of patients (84% and 92%) found booking online to be difficult. In contrast, at three practices (11%) a large majority of patients found it easy (between 72% and 86%) of patients found it easy.

The variation found again suggests that different online systems are being used by practices. Where practices are performing less well they should review systems to improve patient outcomes. Overall, online booking at many practices was a positive experience for patients but was only used by 31% of patients across the city. Practices should encourage patient take-up of this low cost and efficient booking method.

**Patients said on booking appointments...**

*The booking system used is inappropriate for someone with a disability.*

*I can never get through to book an appointment.*

*It's hard getting appointments and getting through on the telephone.*

*There is a good system for making same day appointments. The practice is very flexible with early and late hours.*

*I can always get an appointment to see a doctor within a few days. I like the text reminders of appointments.*

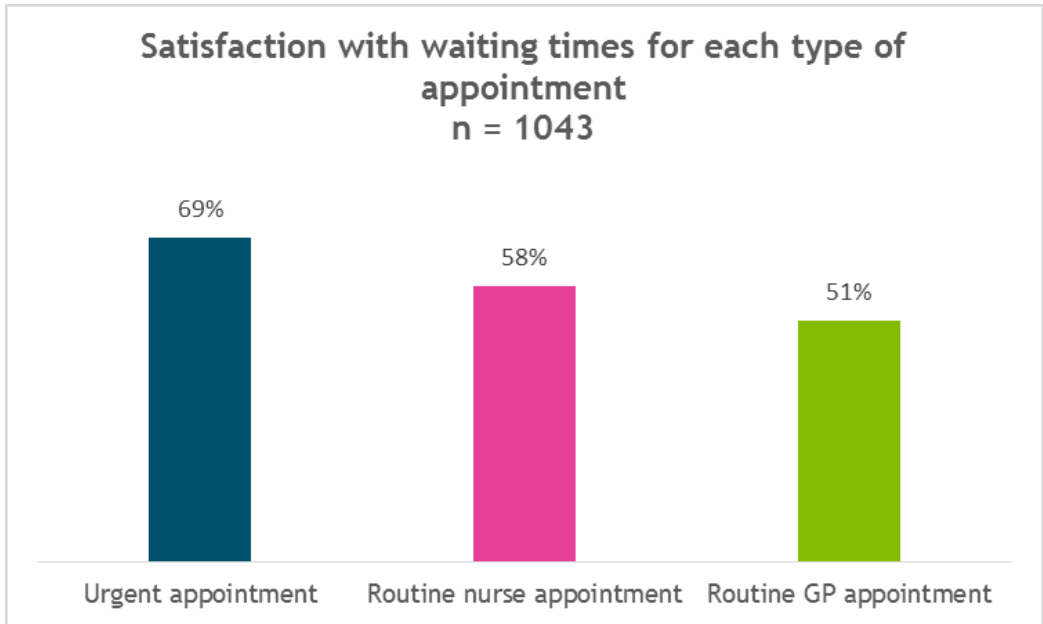
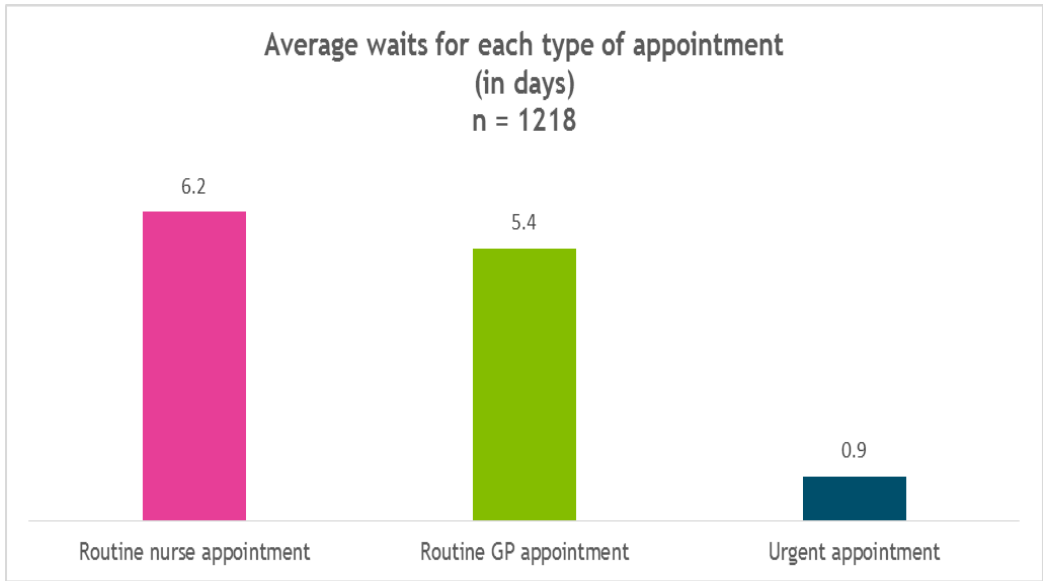
## Appointment waiting times

An important factor in effective primary care is the ability for the patient to receive a consultation with a health professional as quickly as possible. Ideally patients should not have to wait more than a few days for a routine appointment and no more than a day for an urgent appointment.

The Patient survey asked patients how long they usually waited between booking and attending routine and urgent appointments. The average waiting times were similar for GP and nurse appointments with slightly longer waits for nurse appointments and considerably lower (as would be expected) for urgent appointments.

Waiting time performance varied considerably across practices particularly with GP appointments. Most practices generally performed well on urgent appointment wait times with 17 (75%) with an average of scheduling a consultation within one day of booking. There was much less consistency on routine appointments with a third of practices achieving an average turnaround of over eight days and another third achieving less than four days.

Satisfaction with waiting times varied, with the highest satisfaction levels for urgent appointments. Despite longer wait times for nurse appointments patient satisfaction was higher for nurse appointments than GPs. This indicated that practices should be aware that patient expectations are higher for GP appointments, where the nature of the medical complaint is likely to be more serious and the need to see the GP therefore more urgent.



**Routine GP appointments**

The average wait for a routine appointment for patients in Brighton and Hove was 5.4 days. Half of patients, 51%, got an appointment within 3 days but nearly a quarter (23%) had to wait more than a week.

Performance on wait times for routine appointments varied between practices.

However, nine practices (37%)<sup>13</sup> performed an average turnaround of less than four days from booking to attending appointment. On the other hand, another seven practices (29%) performed an average turnaround of over eight days of waiting between booking and attending. The number of days waiting time ranged between the lowest average for one practice of 0.9 days and the highest average for another practice of 12.4 days wait, a difference of 11.5 days. 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 two weeks.

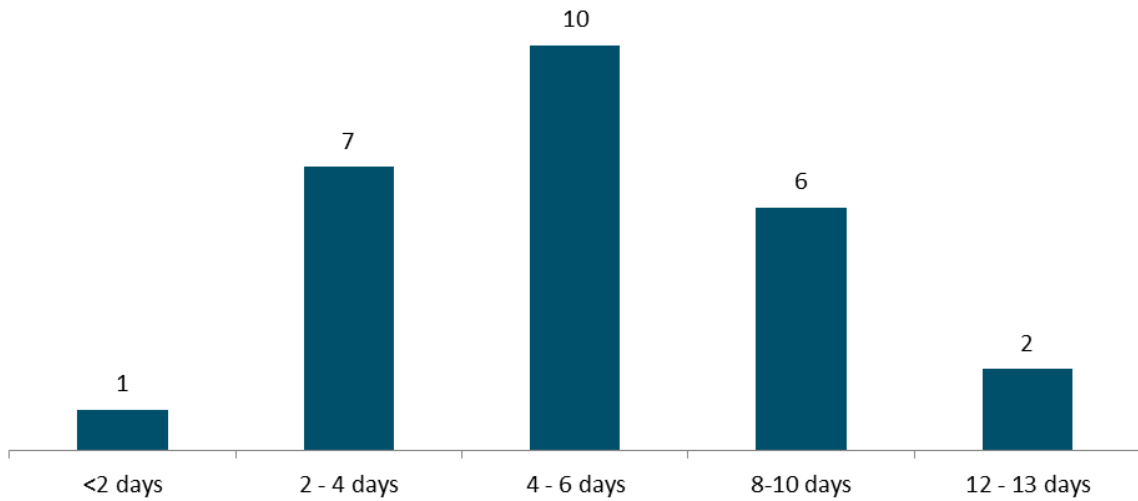
<b>Routine GP Appointment</b>		
<b>Waiting time</b>	<b>responses</b>	
Same day	238	21%
2-3 days	333	30%
4-7 days	296	26%
8-14 days	180	16%
15-21 days	53	5%
22-28 days	7	0.6%
>28 days	14	1.2%
<b>Total Responses</b>	<b>1121</b>	
<b>Average wait time</b>	<b>5.6 days</b>	

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<sup>13</sup> For comparison analysis, we only used the 24 practices where we received 15 or more responses to this question.



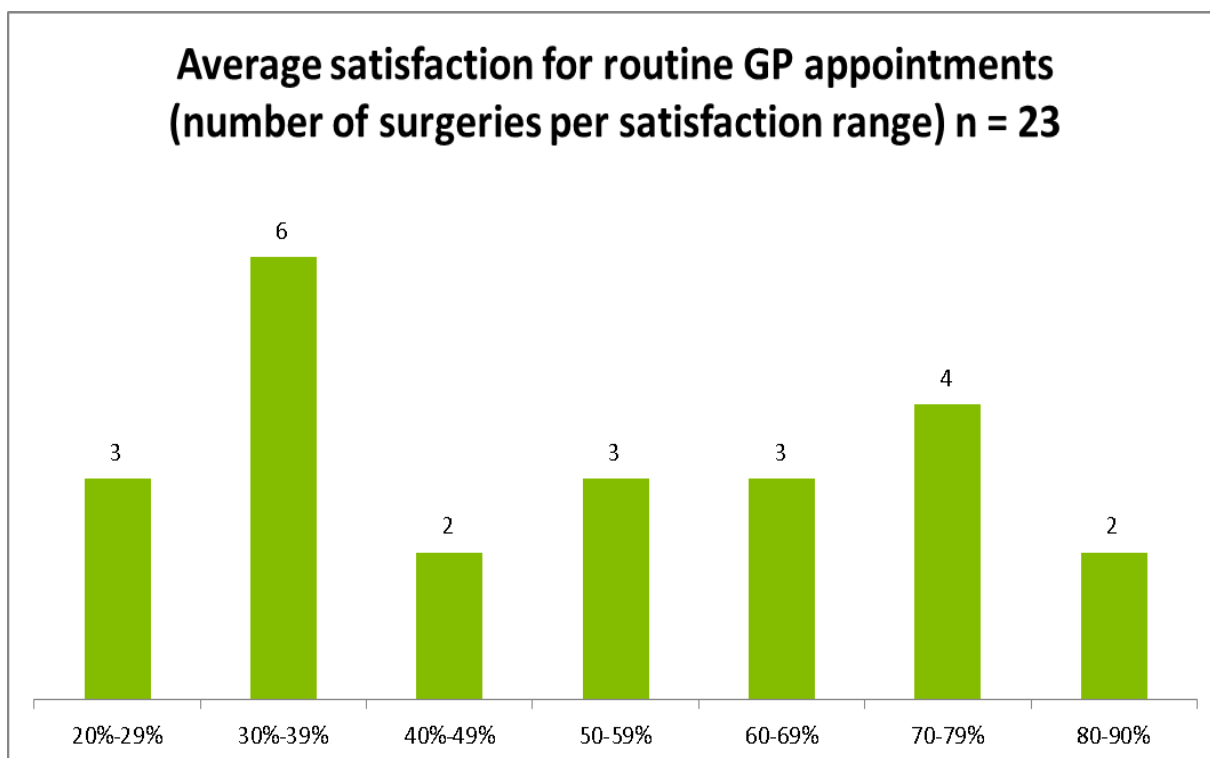
**Average wait times for routine GP appointments (number of surgeries per time period) n = 26**



Patients had a mixed reaction to the wait times experienced for routine GP appointment with 51% satisfied and 49% dissatisfied. Nine practices (39%)<sup>14</sup> received average satisfaction levels of 60% and above. At the other end of the scale, another nine practices (39%) received average satisfaction levels of below 40%. The lowest average satisfaction received by one practice was 24% and the highest received by one other practice was 87%, a difference of 63%. Again, this indicates the wide range of experience for patients at different practices.

Routine GP appointment	No of responses	Percentage
Satisfied	582	51%
Not satisfied	558	49%
Total responses	1140	

<sup>14</sup> For comparison analysis, we only used the 23 practices where we received 15 or more responses to this question.



The difference in waiting times between booking and attending appointments between practices is reflected in patient satisfaction with waiting times. For 20 practices (87%)<sup>15</sup> there was a correlation between quicker than average waiting times and higher than average patient satisfaction with waiting times and vice versa (i.e. slower waiting times correlated with lower patient satisfaction).

We also carried out a comparison between patient satisfaction with their practice *overall* and waiting times for routine GP appointments. We found a correlation between these two questions for 18 practices (78%)<sup>16</sup>, where a higher than average rating for ‘overall, how satisfied are you with your GP practice’ correlated with shorter than average waiting times for routine GP appointments. Likewise, a lower than average “overall” satisfaction rating correlated with longer than average waiting times for GP appointments. These findings indicate the importance of appointment wait times for the overall patient experience.

<sup>15</sup> For comparison analysis, we only used the 23 practices where we received 15 or more responses to both questions.

<sup>16</sup> For comparison analysis, we only used the 23 practices where we received 15 or more responses to both questions.

Waiting times for GP appointments are clearly one of the major determinants of patient satisfaction. Practices should aim to achieve high quality care by keeping waiting times to a minimum.

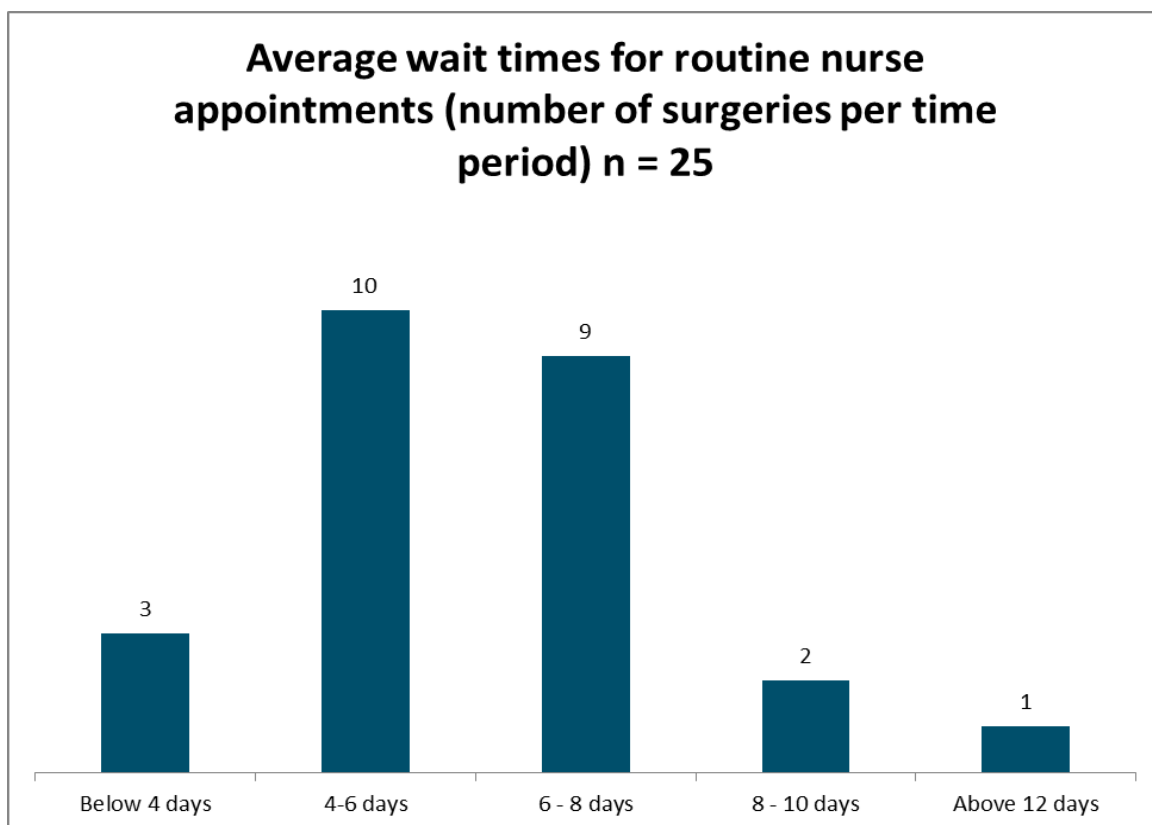
## Routine Nurse appointments

The average wait for a routine appointment with a nurse in Brighton and Hove was 6.2 days. Nine practices (36%)<sup>17</sup> performed an average turnaround of less than five days from booking to attending appointment. Three practices (12%), however, had a much longer average turnaround of over eight days of waiting between booking and attending. The number of days waiting time ranged between the lowest average for one practice of 3.41 days and the highest average for another practice of 12.32 days wait, a difference of 8.91 days.

<b>Routine nurse appointment</b>	
<b>Waiting time</b>	<b>No of responses</b>
Same day	75
2-3 days	294
4-7 days	369
8-14 days	175
15-21 days	43
22-28 days	7
>28 days	10
<b>Total Responses</b>	<b>973</b>
<b>Average wait times</b>	<b>6.2 days</b>

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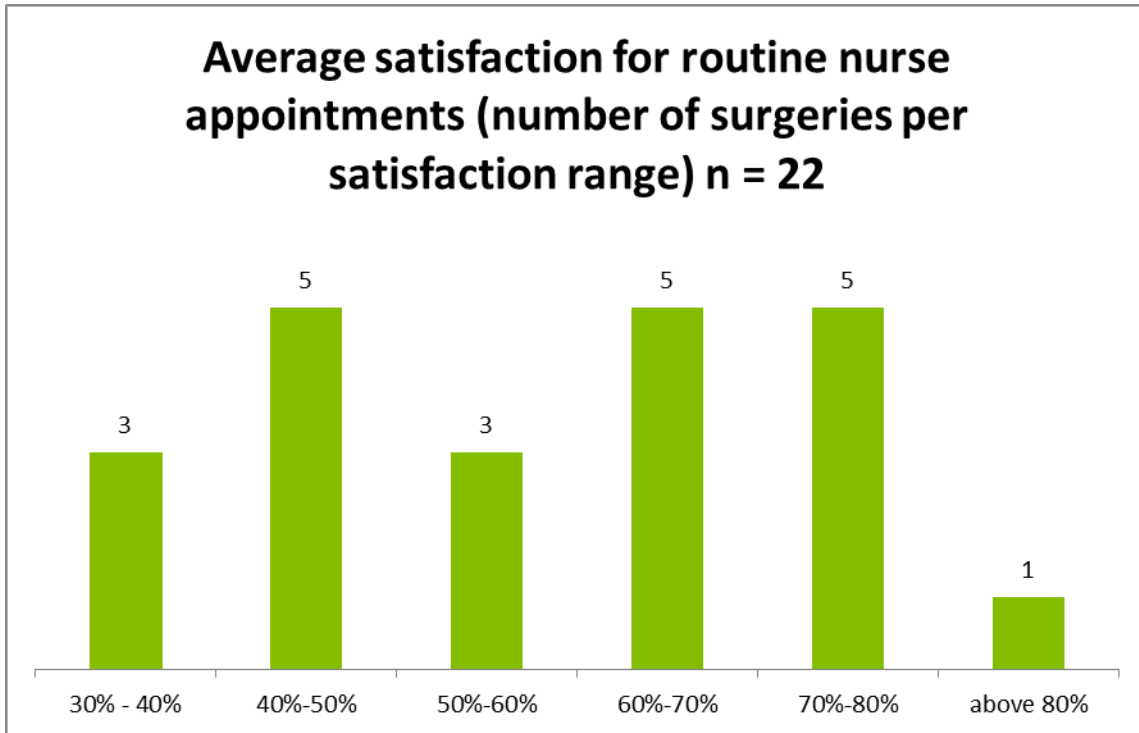
<sup>17</sup> For comparison analysis, we only used the 25 practices where we received 15 or more responses to this question.



Patient satisfaction with the wait times for routine nurse appointments was slightly higher than for GP appointments at 58%. However, six practices (27%)<sup>18</sup> received average satisfaction levels of 70% and above. At the other end of the scale, three practices (14%) received average satisfaction levels of below 40%. The lowest average satisfaction received by one practice was 36% and the highest received by one other practice was 89%, a significant difference of 53%.

Routine nurse appointments	No of responses	Percentage
Satisfied	596	58%
Not satisfied	424	42%
Total responses	1020	

<sup>18</sup> For comparison analysis, we only used the 22 practices where we received 15 or more responses to both questions.



As expected, where waiting times were longer, patient satisfaction was also lower and shorter waiting times resulted in greater patient satisfaction.

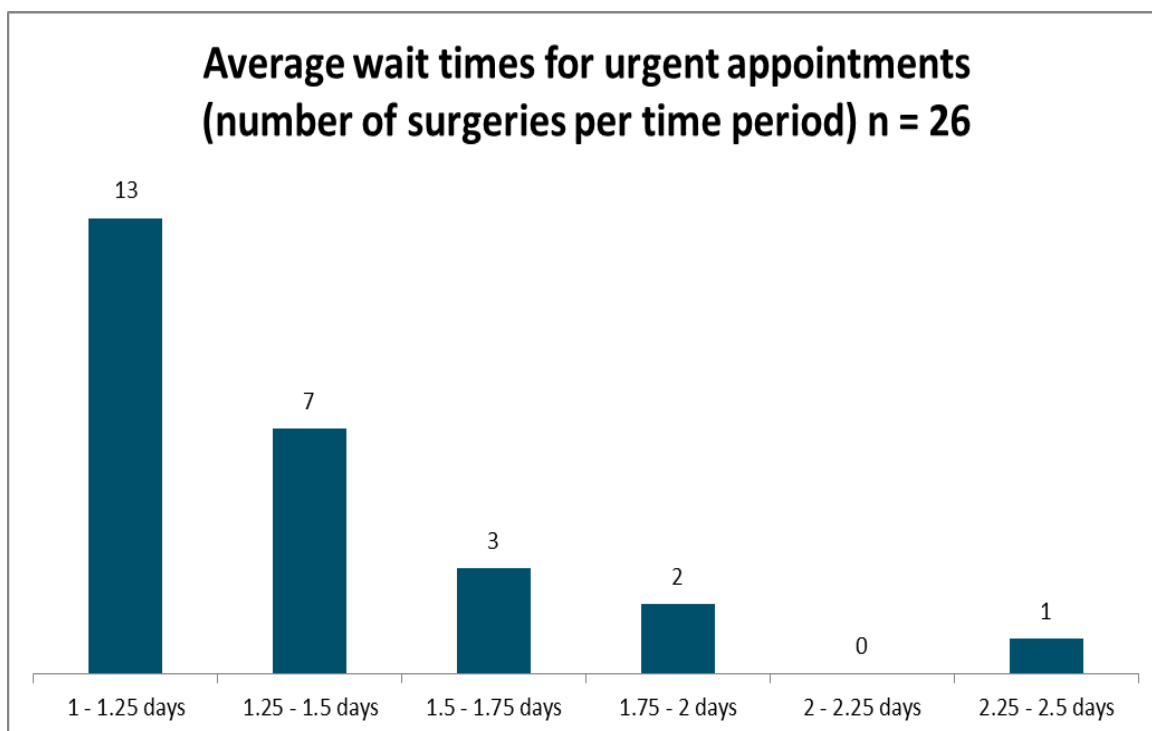
Practices would do well to improve their systems to ensure that waiting times are kept to a minimum, particularly those practices which had longer than average waiting times.

## Urgent appointments

The large majority of patients, 86%, were seen the same day for urgent appointments with an average wait of 0.9 days. However 14% of patients were not seen the same day with 3% only seen after four days or more.

While most patients in the city were seen the same day for urgent appointments the average wait varied across practices. 19 practices (73%) had an average wait of under 1 day and 7 practices (27%) had an average of 1 day or more. Two practices had an average wait of 1.5 days or more. The number of days waiting time ranged between the lowest average for one practice of 0.5 days (same day) and the highest average for another practice of 1.8 days wait, a difference of 1.3 days.

<b>Urgent appointment</b>		
<b>Waiting time</b>	<b>responses</b>	
Same day	831	86%
2-3 days	107	11%
4-7 days	21	2.2%
8-14 days	4	0.4%
15-21 days	2	0.2%
<b>Total Responses</b>	<b>965</b>	
<b>Average wait times</b>	<b>0.9 days</b>	

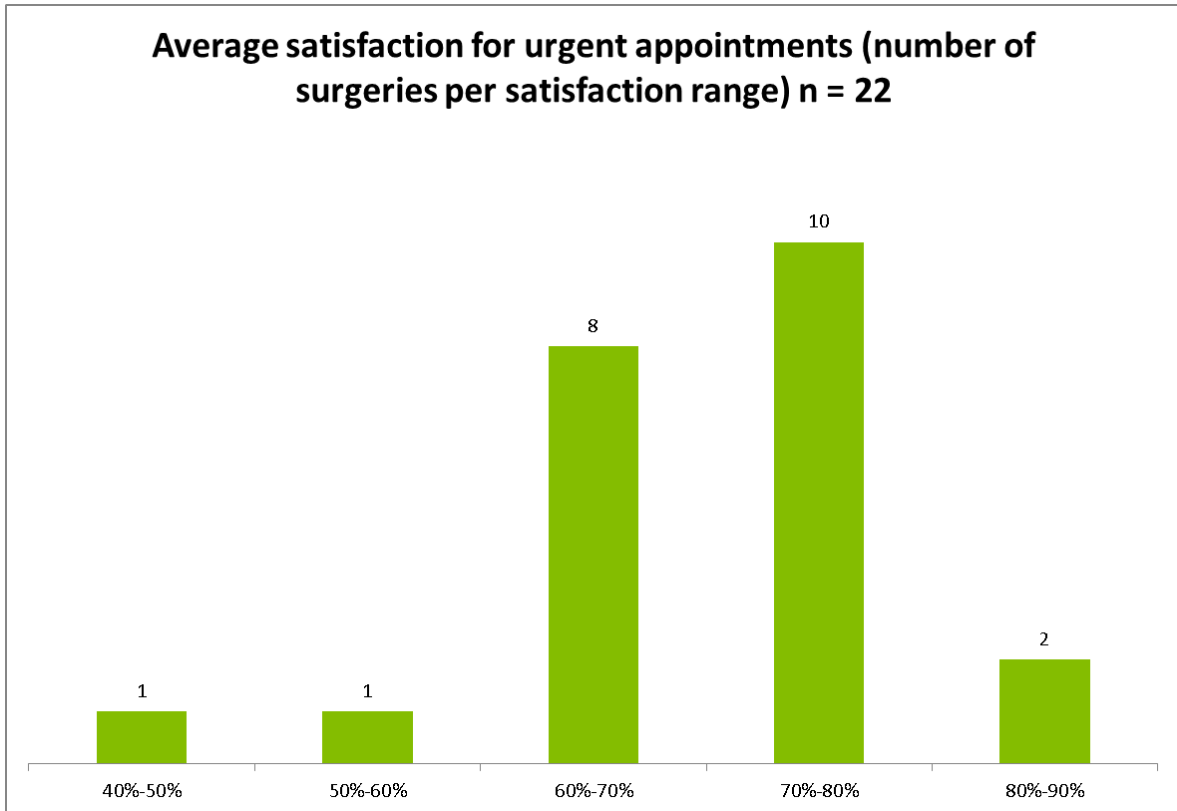


Patient satisfaction with the wait times for urgent appointments was higher than for both GP and nurse appointments, at 69%. Two practices (9%)<sup>19</sup> received average satisfaction levels of 80% and above. At the other end of the scale, two practices (9%) received average satisfaction levels of below 60%. The lowest average satisfaction received by one practice was 49% and the highest received by one other practice was 90%, a significant difference of 41%.

Urgent appointments	No of responses	Percentage
Satisfied	665	69%
Not satisfied	304	31%
Total responses	969	

<sup>19</sup> For comparison analysis, we only used the 22 practices where we received 15 or more responses to both questions.





When comparing waiting times with satisfaction levels, there was a 60% match between waiting times being longer than the average and patient satisfaction with waiting times, being lower than the average or vice versa.

Where practices have longer than average waiting times they should try to improve upon systems to ensure that waiting times are kept to a minimum.

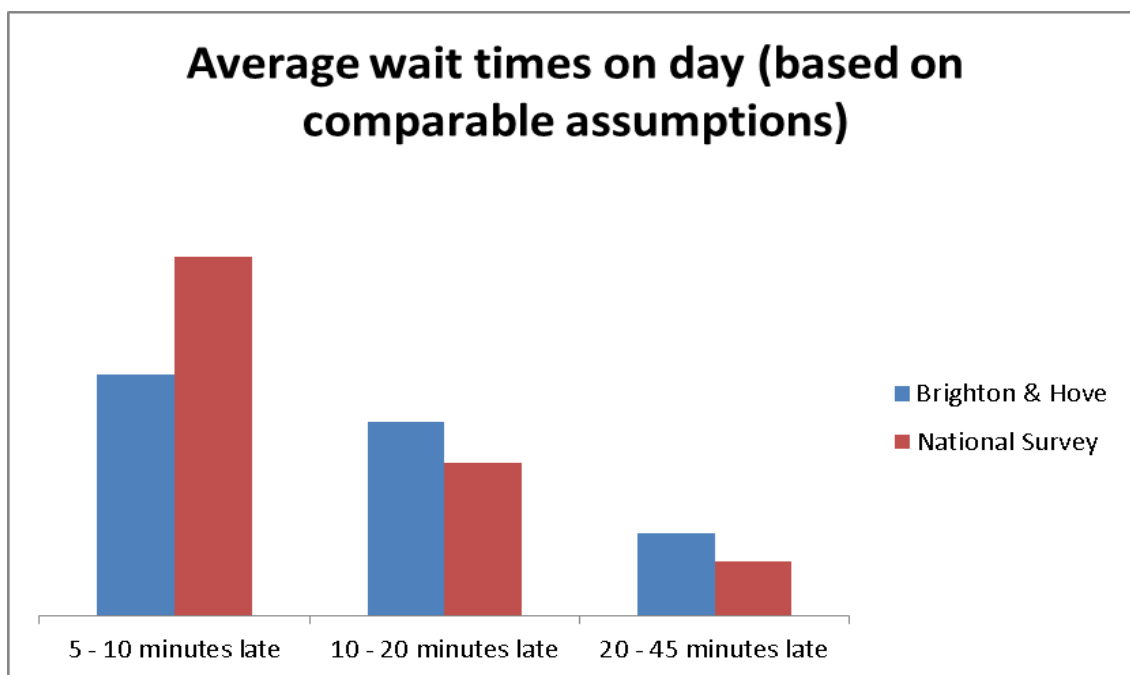
## Appointment wait times on the day

An important aspect of patient-centred primary care is that practice appointments are punctual and that patients avoid spending long periods waiting to see a health professional. GP practices should aim to ensure that patients are able to attend their appointment as close as possible to the time originally booked.

The Patient 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 schedule time.

Practices were not generally good at ensuring appointments were exactly on time. The average waiting time in Brighton and Hove was 13 minutes. Only 14% of patients reported they were usually seen on time. There was considerable variation across practices with some practices achieving an average of under 10 minutes and some above 20 minutes.

The NHS GP Patient survey also asked how long patients waited for an appointment but posed the question differently meaning a direct comparison was not possible. However, if we assume that 'don't normally have to wait too long' is equivalent to 5-10 minutes, having to wait 'a bit too long' was 10-20 minutes and having to wait 'far too long' was 20-45 minutes, we can make an estimated comparison. Using these assumptions, the national average was 11.9 minutes in comparison to the Brighton and Hove average of 13.6 minutes. This suggests that on average Brighton and Hove residents waited longer when compared to the national average.

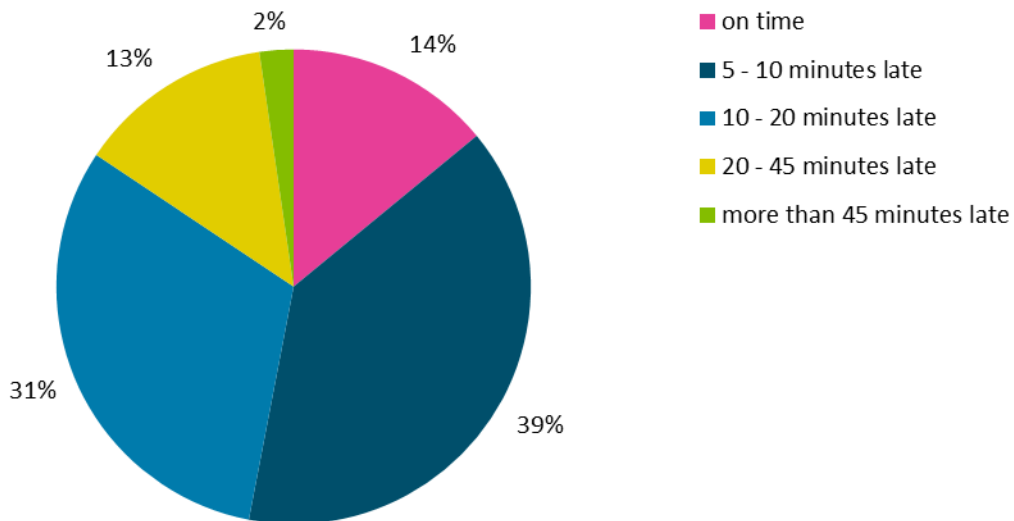


#### Wait times on day

The average waiting time for a scheduled appointment on the day for patients in Brighton and Hove was 13.6 minutes. Only 14% of patients said they were usually seen on time and 15% said they were seen more than 20 minutes late.

Brighton & Hove	No of responses	Percentage
on time	176	14%
5 - 10 minutes late	489	39%
10 - 20 minutes late	393	31%
20 - 45 minutes late	167	13%
more than 45 minutes late	29	2%
Total no of responses	1254	
<b>Average wait on day (in mins)</b>	<b>13.6</b>	

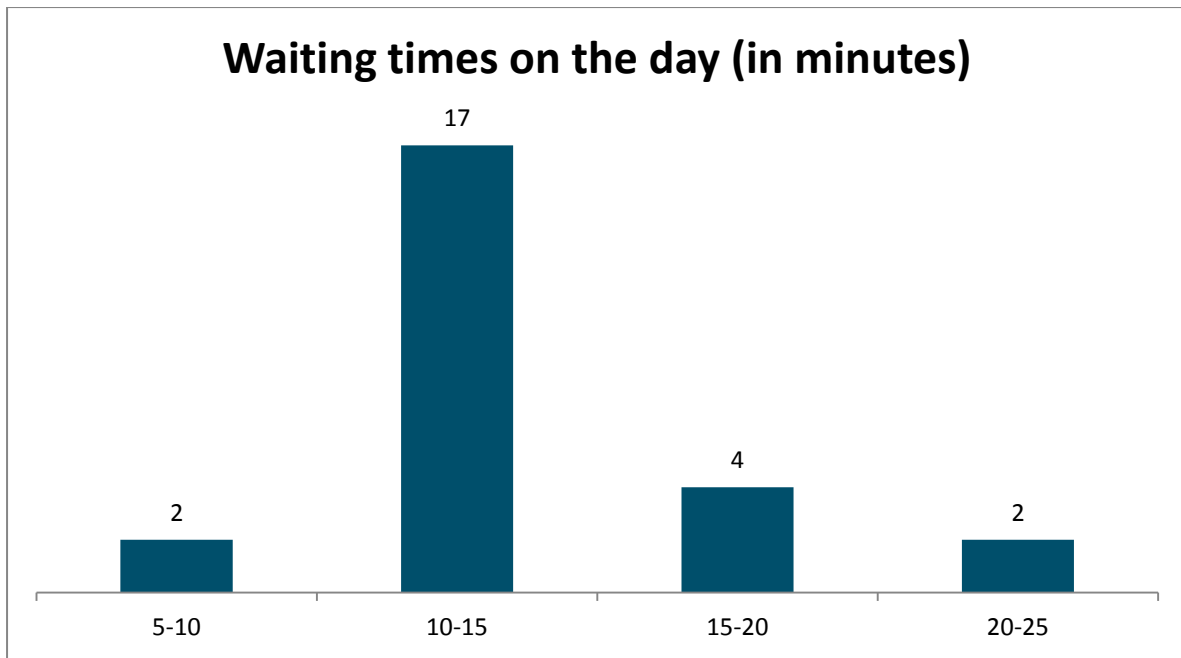
### Average waiting times on day of appointment (in percentages)



There was significant variation in performance between practices. Two practices (8%)<sup>20</sup> had an average wait of less than ten minutes from scheduled appointment to attending appointment. On the other hand, another two practices (8%) had an average wait of more than 20 minutes. Waiting times ranged between the lowest average for one practice of 7.9 minutes and the highest average for another practice of 21.5 minutes wait, a difference of 13.6 minutes.

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<sup>20</sup> For comparison analysis, we only used the 25 practices where we received 15 or more responses to this question.

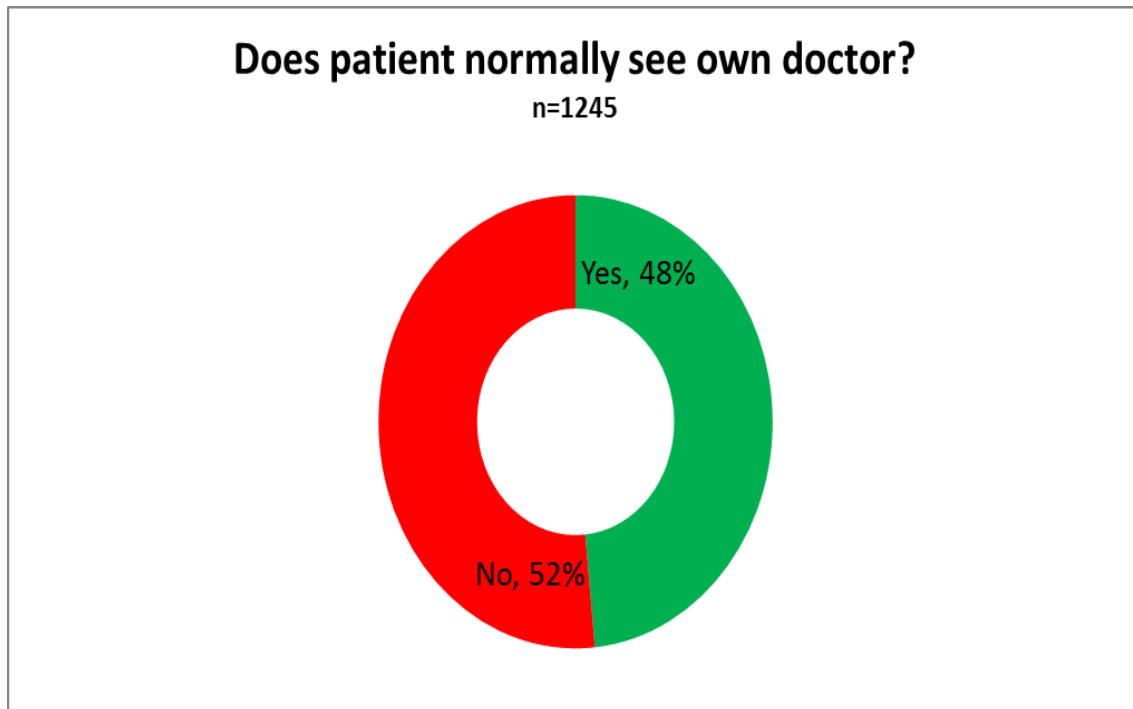


Long waits are widely experienced by patients in Brighton and Hove and all practices should try to minimise wait times. This is particularly true for those practices that had averages of higher than 15 minutes. Patients want medical care that is convenient and fits in with other commitments during the day and practices should try to accommodate these preferences.

## Patient's use of own doctor

Patients in Brighton and Hove were almost equally divided on whether they saw their own doctor at the practice and whether it was important to do so.

48% of patients said that they normally see their own doctor while slightly more, 52%, said that they didn't.



While most patients did not normally see their own doctor, almost two thirds, 64%, said that it was important for them to do so.

<b>How important is it that patient sees own doctor?</b>		
Not all important	118	9%
Not important	332	26%
Quite important	396	32%
Very important	407	32%

**Patients said...**

*My doctor knows my case and is willing to help.*

*Suffer with anxiety so would like to see the same doctor.*

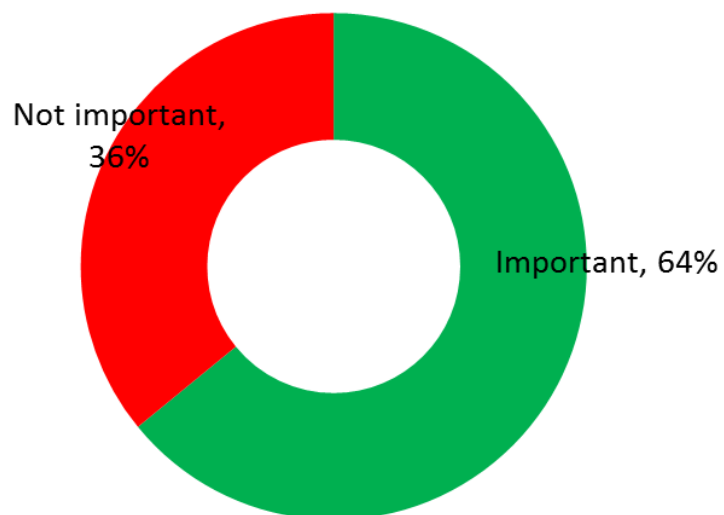
*I don't see a doctor enough to care about this.*

*I am more relaxed with my own GP.*

*Any qualified doctor is acceptable and can answer any of my questions*

**How important is it that patient sees own doctor?**

n=1253

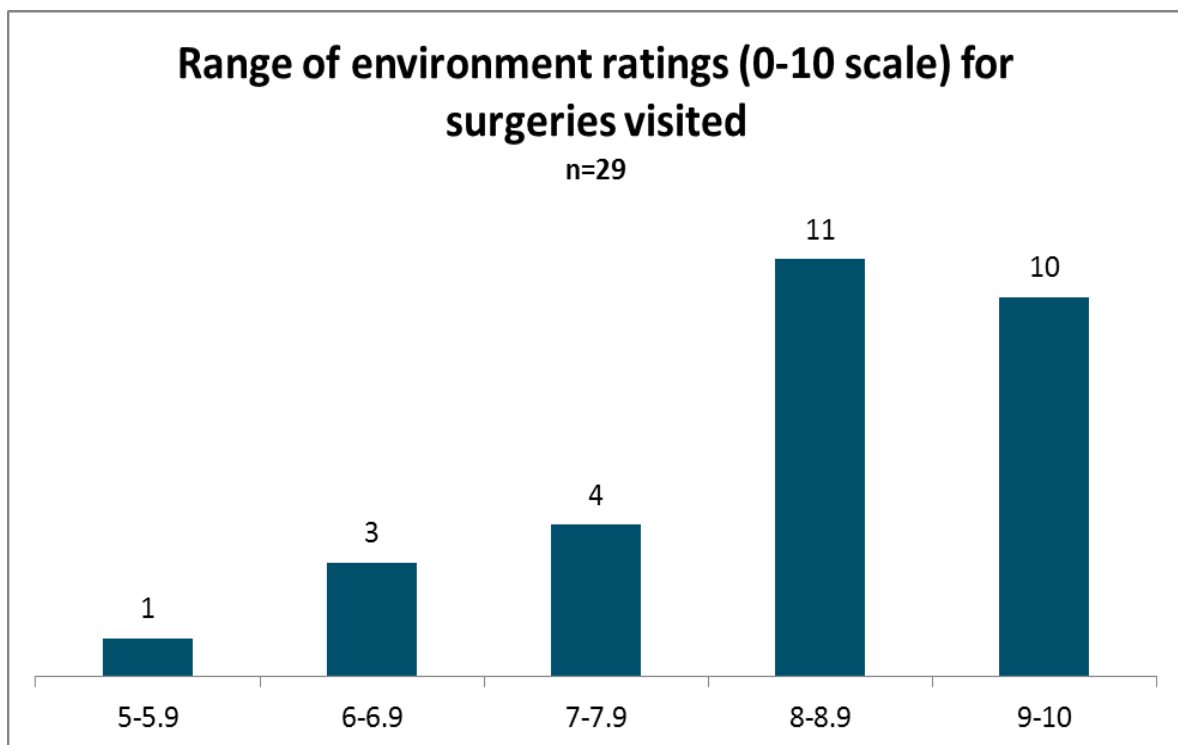


## Surgery environment

Healthwatch visited 30 practices in the city as part of the GP review. At each practice the Healthwatch team observed the patient-friendliness of the environment paying attention to the comfort of the waiting area, appointment call systems, communication with patients, display of information, general hygiene and toilet facilities.

Generally, the practices visited demonstrated good patient-friendly environments. Staff were courteous with patients and waiting rooms provided comfortable seating with accessible toilets and relevant information available on noticeboards. The Healthwatch team rated each practice on five criteria: information displayed, hygiene and toilets, communication, waiting area environment and the ability to provide feedback. These scores were averaged to produce an overall environment rating.

The average environment rating for practices was 8.1 out of 10. This high figure reflected the good scores that many practices achieved. Almost three quarters of practices (21 out of 29, 72%) rated 8 or above. However, a number rated more poorly, with four practices (13%) rating less than 7.



Despite the generally good performance on environment by practices, some common problems were identified during our visits. Commonly raised issues included the following:

- lack of appropriate seating for disabled and elderly patients



- issues with disabled access to the practice
- incomplete or poorly organised noticeboard information
- poor signposting to toilets
- unclear patient calling systems
- absence of information on how to make a complaint or comment

## Overall satisfaction

Healthwatch wanted to get a sense of the overall satisfaction of patients in addition to feedback on individual issues. We ask patients three questions which asked for an overall assessment of their GP practice:

- An overall rating on a 1-10 scale.
- Overall satisfaction on a five point scale.
- Family and Friends Test (FTT) asking if they would recommend the practice to someone moving into the area using a five point scale.

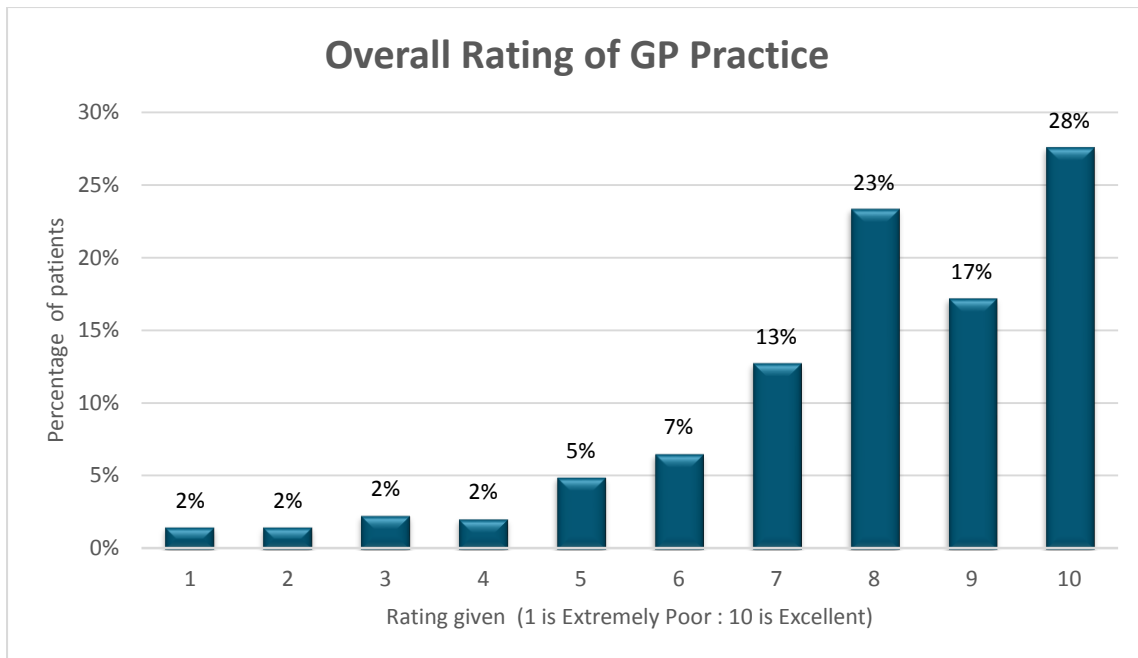
Patients were generally very positive in their assessment with 82% saying they were satisfied with the practice, 86% saying they would recommend it and giving an average score of 7.9 out of 10.

## Overall rating

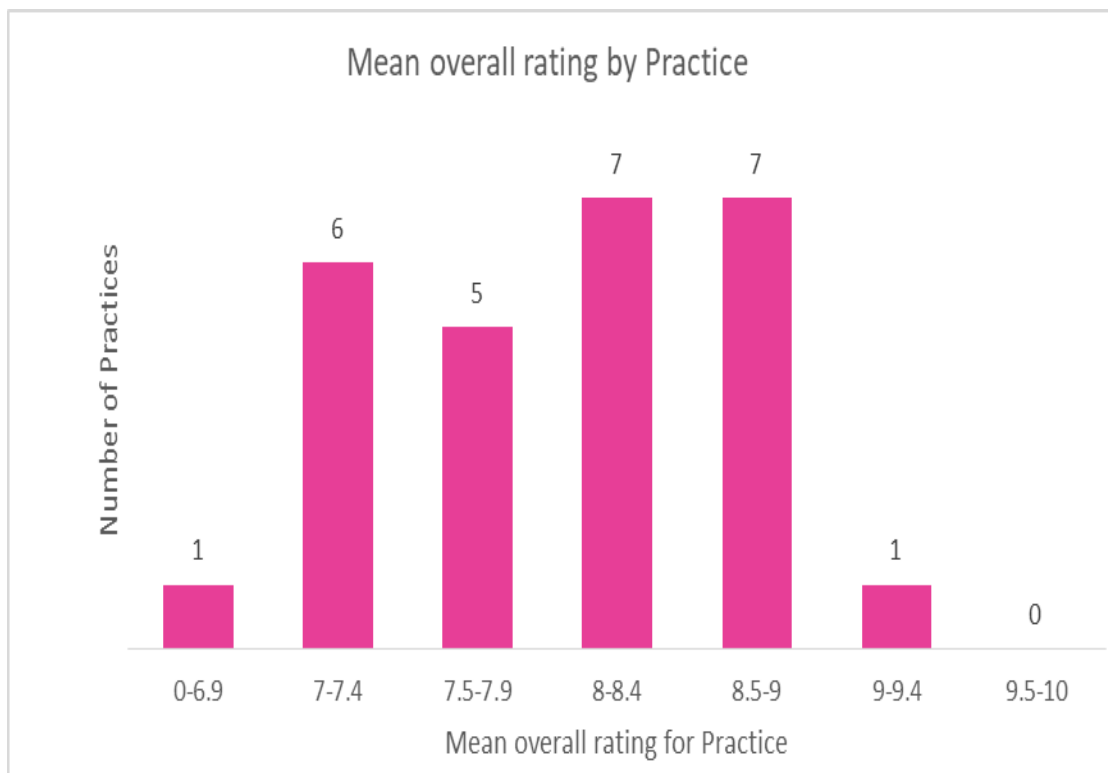
The average rating given was 7.9 out of 10.

28% of patients rated their practice as 10 (Excellent) while 19% gave their practice a rating of 6 or less.

Practice ratings by patients (1-10)										
Rating	1	2	3	4	5	6	7	8	9	10
no.	19	19	29	26	62	82	160	293	216	346
%	2%	2%	2%	2%	5%	7%	13%	23%	17%	28%



Average Ratings by GP practice<sup>21</sup> ranged from 6.8 to 9.1 with a median score of 8.1. The chart below shows the distribution of average ratings by practice. While a majority of practices received an average rating of 8 or more, seven practices received an average rating of less than 7.5.



<sup>21</sup> Only the 27 practices returning 15 or more questionnaires were included in this analysis.

**Patients said...**

*Waiting times could be better and something for kids to do*

*If booking appointment was much better I would score higher.*

*Cannot think of any complaints!*

*You get appointments quickly. Very local.*

*The practice is easy to contact and very responsive No complaint from me.*

*So difficult to get an appointment - or even to phone.*

*Doctor and nurse service --very good. Receptionists very mixed.*

*It's hard getting appointments and getting through on the telephone.*

*Overall it's okay I just think it should be easier to get an appointment over the phone in the morning as it's near impossible.*

*Doctors and nurses are generally kind and caring.*

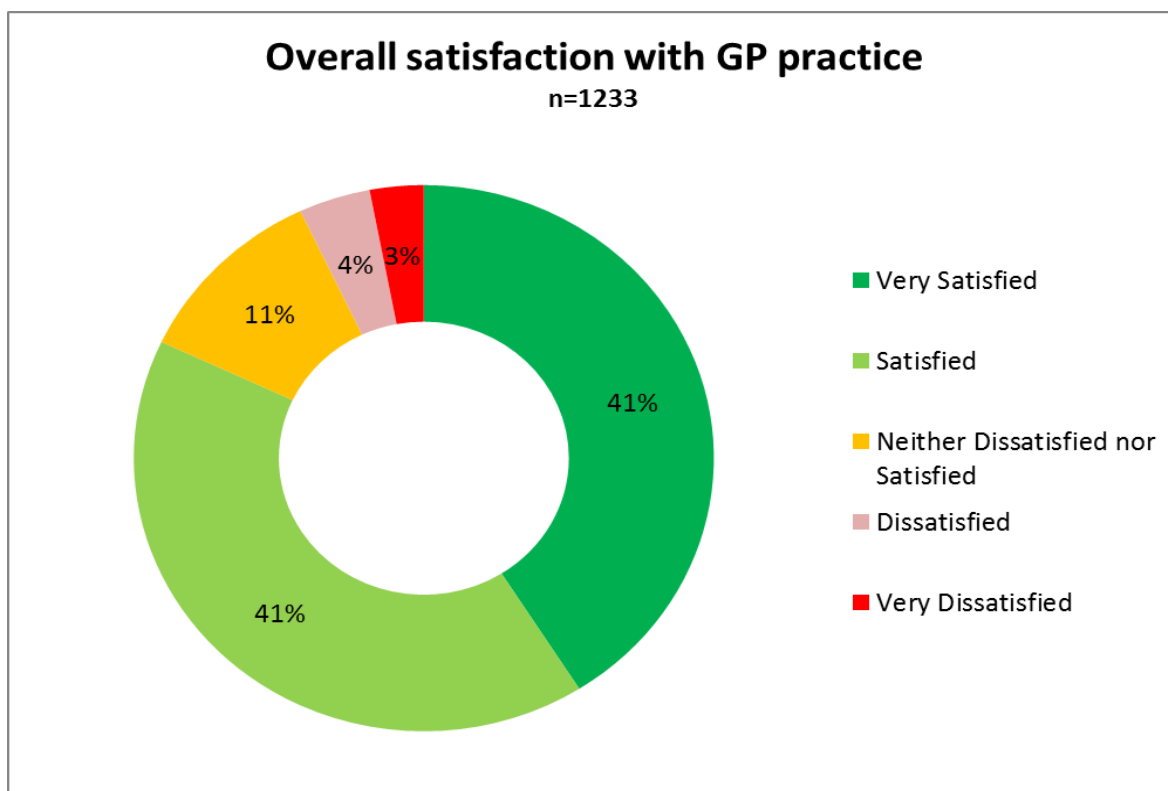
*Good practice, but I feel that booking an appointment makes it hard for me.*

## Overall satisfaction with GP practice

A large majority of patients, 82%, were satisfied with their GP practice and only 7% said they were dissatisfied.

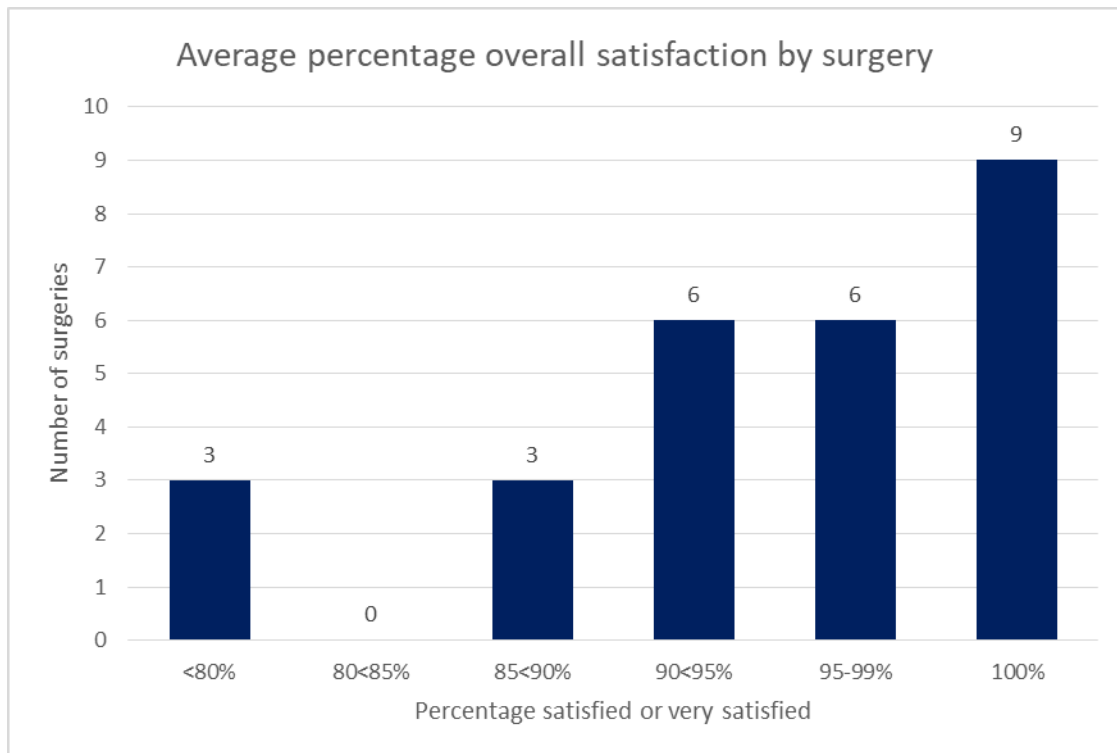
	Number	%
Very Satisfied	504	41%
Satisfied	504	41%
Neither Dissatisfied nor Satisfied	139	11%
Dissatisfied	54	4%
Very Dissatisfied	32	3%
Total	1233	100%

*Not Answered: 50 (4% of questionnaires received)*



Average satisfaction levels by practice<sup>22</sup> ranged from 75% to 100%. The chart below shows the percentage of patients at each practice who said they were satisfied or very satisfied with their GP Practice. The median satisfaction rate by practice was very high at 98% but six practices had an average satisfaction rate of less than 90%

<sup>22</sup> Only the 27 practices returning 15 or more questionnaires were included in this analysis.



Patients were asked to explain their answers to the rating and overall satisfaction questions. The explanations from those who rated their practice as 10 Excellent or said they were very satisfied with their practice can be summarised in three main themes, the *staff* (doctors, nurses and administrative staff), the *appointments* system and the *efficiency* of the practice.

On the other hand, patients who rated their practice from 1 (Very Poor) to 4 (out of 10) or said they were very dissatisfied with their practice told a different story.

A very common theme from these patients was the difficulty of getting appointments, the long waits and how unsatisfactory phone appointments were.

**Patients who rated their practice LOW said..**

*Appointment waiting time too long.*

*Can never get an appointment within two weeks*

*Having to wait roughly seven weeks currently for a GP appointment is not acceptable in my view*

*It's really hard to see a doctor and they are never the same one twice*

*Very poor service from GP, being dismissed due to doctors not understanding or caring about medical issues that females have.*

*Rude lead doctor, other doctors lack empathy or appear stressed.*

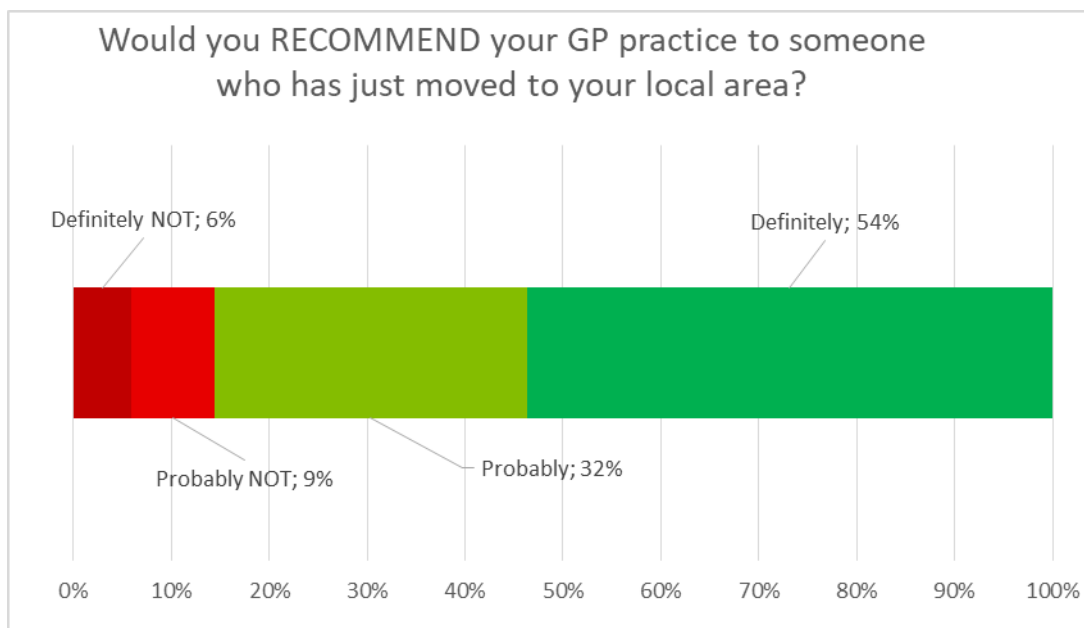
*Doctors change all the time and you are made to feel that you must be quick and aren't really that interested in what you have to say.*

*Little patient follow up or care offered. Prefer to patronise, lecture patients than care for them.*

## Recommend practice to someone just moved into area (FTT)

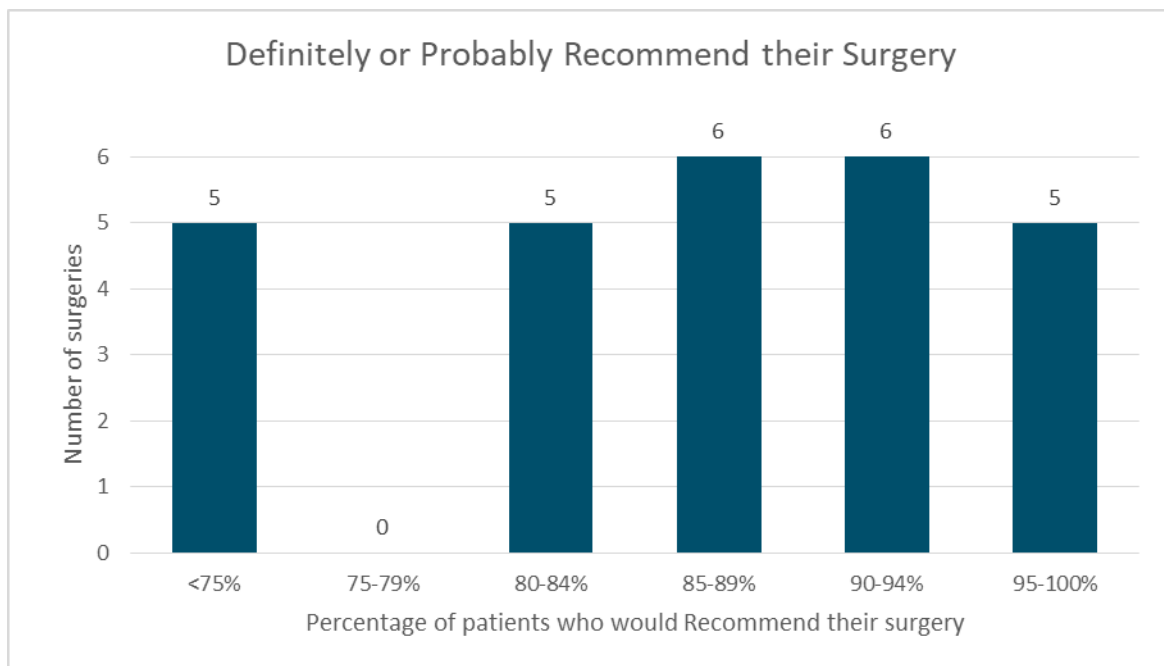
Patients were asked if they would recommend their practice to someone who had just moved into the local area. About half, 54%, said they would definitely recommend their practice and a further third, 32%, said they would probably recommend it. Only 6% said they would definitely not recommend their practice with 9% saying they would probably not recommend it.

	Definitely NOT	Probably NOT	Probably	Definitely	Total
Numbers	66	97	361	607	1131
Percentage	6%	9%	32%	54%	100%
<i>Not Answered: 152 (12% of questionnaires received)</i>					



By practice<sup>23</sup> the percentage of patients who said they would definitely or probably recommend their practice ranged widely from 68% up to 100%. The median percentage was 89% but 5 practices had a score of less than 75%.

<sup>23</sup> Only practices returning 15 or more questionnaires were included in this analysis.



## What makes a good GP practice?

The importance of providing patient-centred care is widely recognised in healthcare. Primary care services are now expected to be accessible and convenient to patients and deliver high quality and patient-friendly care.

We wanted to help practices and commissioners deliver on these aspirations by providing insight into what patients think are most important in making a good GP practice. Patients were asked to list up to three things that they thought were most important to a GP practice providing a good service.

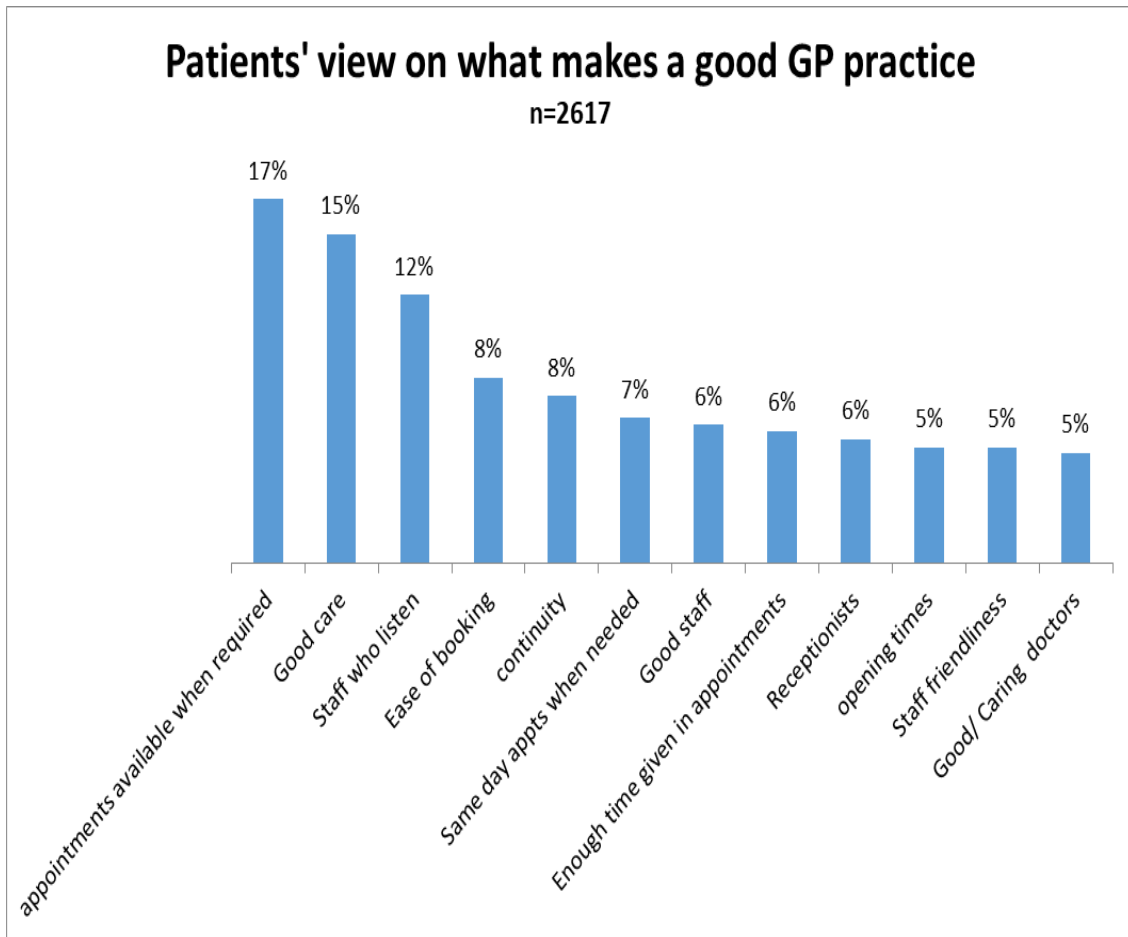
The question was open-ended allowing respondents to write their own answer. We grouped answers into common themes and identified the 12 most popular among the 2617 answers.

Four of these 12 themes were related to appointments (availability, ease of booking, same day appointments, and opening times), five were related to care (quality, listening, staff continuity, time and caring) and three related to staff (quality, receptionists and friendliness).

The three most common themes were appointment availability (17%), care quality (15%) and staff who listen (12%). These themes indicate the importance to patients of access and patient-centred care as well as the quality of care. Patients often expect flexible access to primary care; being able to get appointments quickly and



at a time that is convenient to them. They also expect staff to be skilled at listening to patients and understanding their concerns.



## Referrals to specialist treatment

Patients may be referred by their GP to a specialist or for tests at a clinic or hospital. 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 treatment<sup>24</sup>. Patients also have the right to be seen by a cancer specialist within a maximum of two weeks from referral for urgent referrals where cancer is suspected.

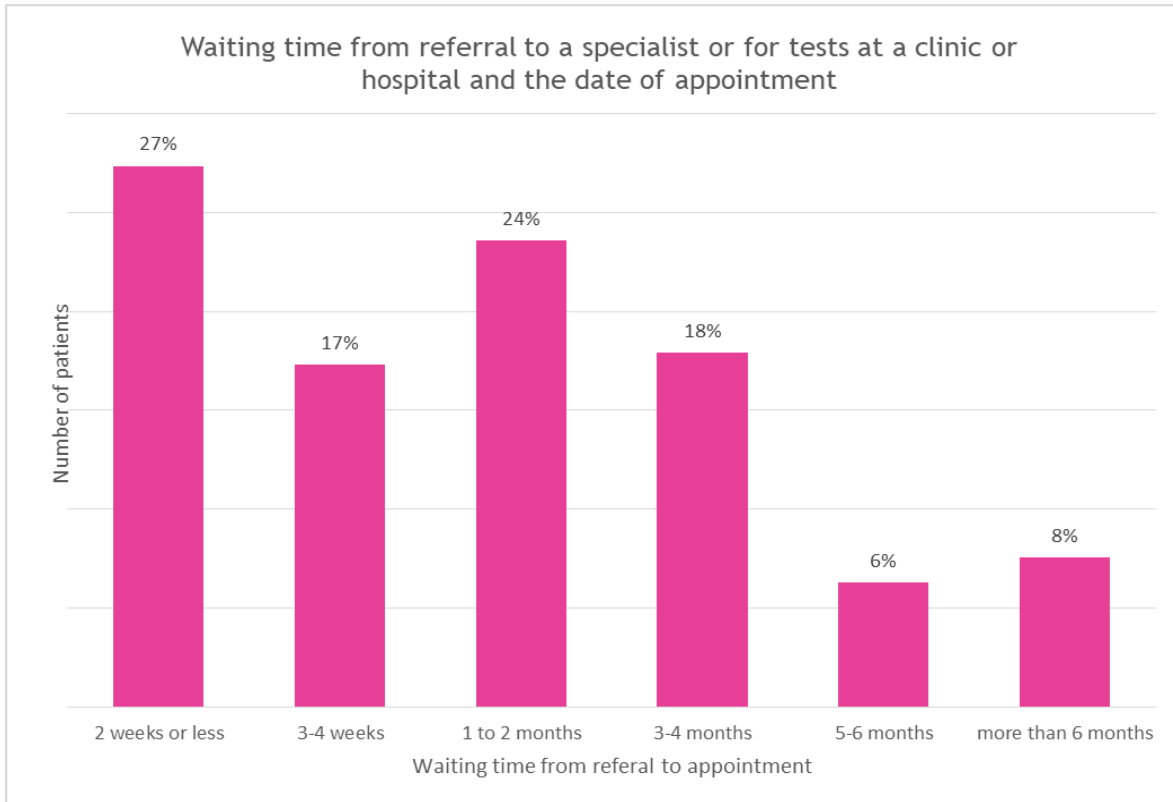
About half of patients (53%) said they had been referred to a specialist or for tests at a hospital or clinic in the last year. Wait times between referral and the specialist or diagnostic appointment varied widely with a quarter being seen in two weeks or less while 8% waited more than 6 months. Levels of satisfaction with the wait between referral and appointment were generally low and were lower the longer patients had had to wait.

### Waiting time from referral to appointment date

	N	Percent
2 weeks or less	87	27%
3-4 weeks	55	17%
1 to 2 months	75	24%
3-4 months	57	18%
5-6 months	20	6%
more than 6 months	24	8%
Total	318	
no wait time given	39	

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<sup>24</sup> [NHS Constitution](#)



The overall average wait time was 69 days, just under 10 weeks, within the 18 week NHS maximum. The average wait time for leading specialities met this maximum wait. A small but significant number of referrals, 14%, however, exceeded this maximum wait time with waits of five months or more.

Average wait times varied between specialties with cardiac, physiotherapy and gastrointestinal with wait times of three months or more (90 days) and gynaecology and diagnostics<sup>25</sup> with the lowest averages at 40 days or less.

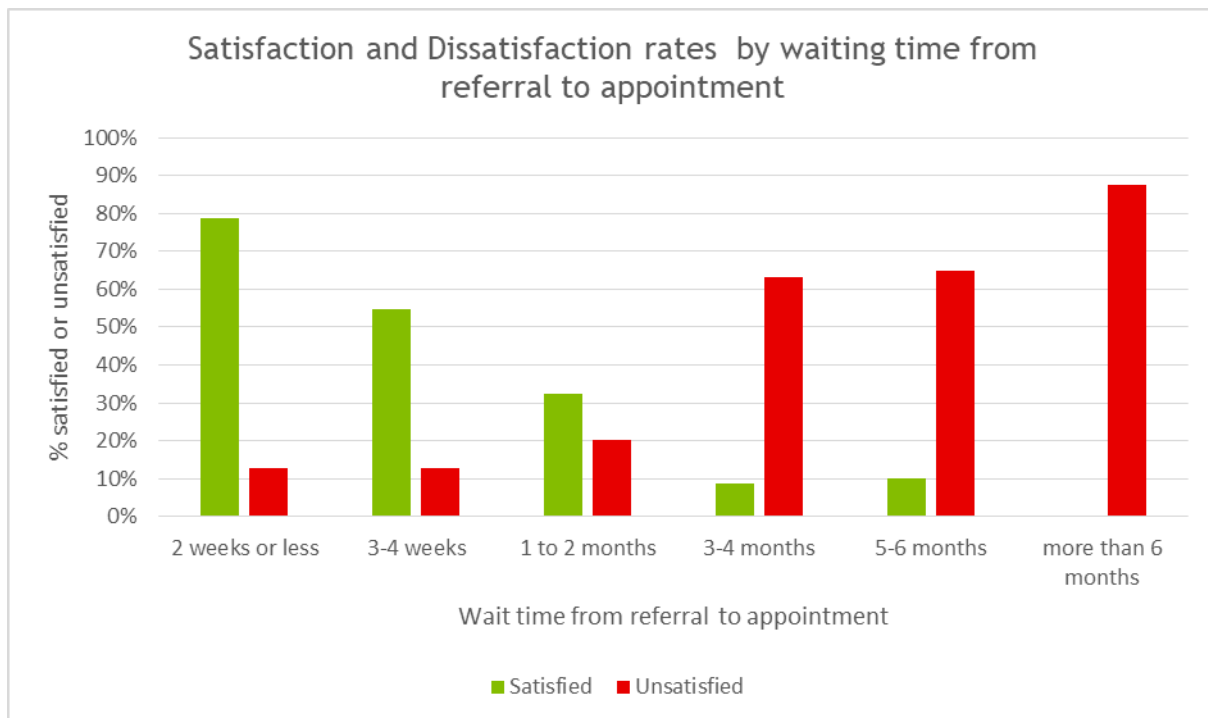
Specialty	number of referrals reported	mean waiting time (days)
Cardiac	19	102
Physiotherapy	24	92
Gastrointestinal	27	90
Ophthalmology	18	74
ENT	24	67
Dermatology	15	67
Orthopaedics	36	62
Gynaecology	17	40
Diagnostics	28	33

<sup>25</sup> 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).

These nine specialties accounted for 65% of the referrals reported by patients in our survey. Estimated mean waiting time varied from 102 days in the case of Cardiac referrals to 33 days for Diagnostic referrals. As well as Cardiac referrals, patients referred to Physiotherapy, Gastrointestinal services and Ophthalmology had to wait on average longer than the 69 day overall average.

### Satisfaction with waiting time

There was mixed satisfaction with the wait time experienced by patients. Just under half of patients, 41%, referred were satisfied with the wait they had experienced while a third, 33% were unsatisfied. Unsurprisingly satisfaction levels were often related to the wait time experienced: 57% of those who had waited less than three months were satisfied with the wait while 69% of those who had waited three months or more were unsatisfied.



### Reported impact on Health

A third of patients who had been referred to a specialist or for tests said that the wait had had an impact on their health. This rose to 57% in those who had waited three months or more.

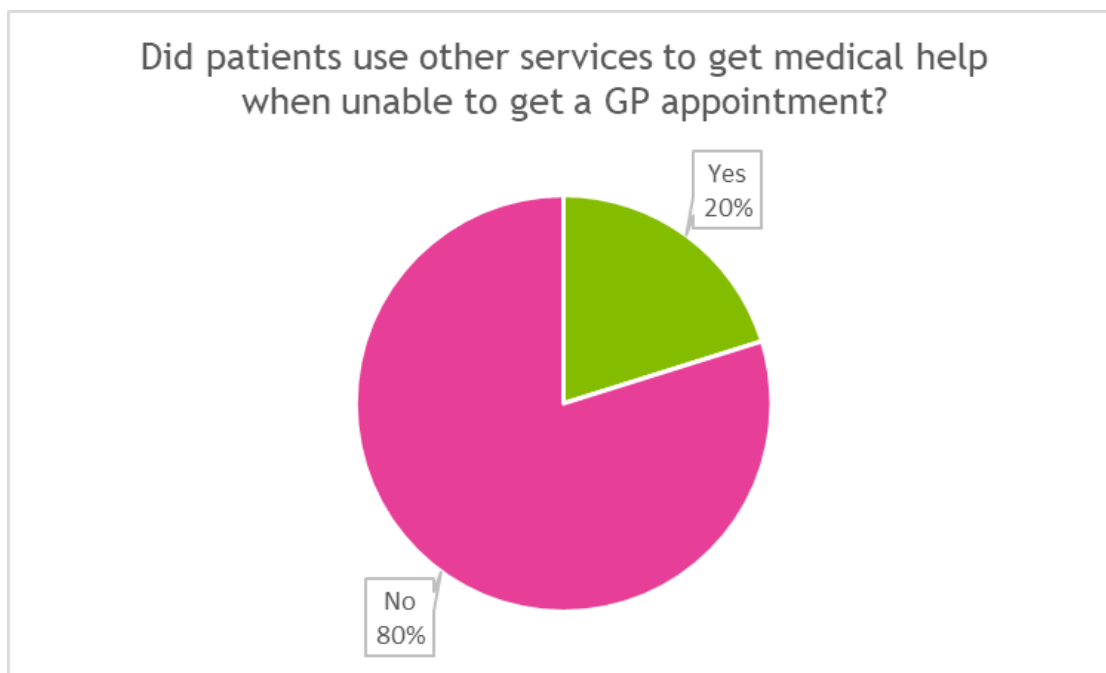
These figures highlight the importance of timely referrals. Patients' health is impacted by long waits and become more dissatisfied the longer they wait to be seen.

## **Keeping patients informed**

Patients were asked if they had been kept up to date when they had experienced any changes to the hospital appointment. Almost two thirds of patients, 64%, said they had been kept fully up to date and a further 22% said they had been kept up to date to some extent. Only 13% said they had not been kept up to date at all although in those who had waited for 3 months or more this figure rose to 20%. It was 9% for those who had waited up to three months. This suggested that hospitals and clinics may need to pay attention to keeping patients informed especially if they have had to wait a long time for their appointment.

## Out of hours primary care services

When patients are unable to get a GP appointment they may turn to other sources of medical help such as 111, local pharmacy, A&E etc. The Patient survey asked patients if they had had to get medical help after being unable to get a doctor's appointment in the last year. A fifth, 20%, of patients said they had sought such help.



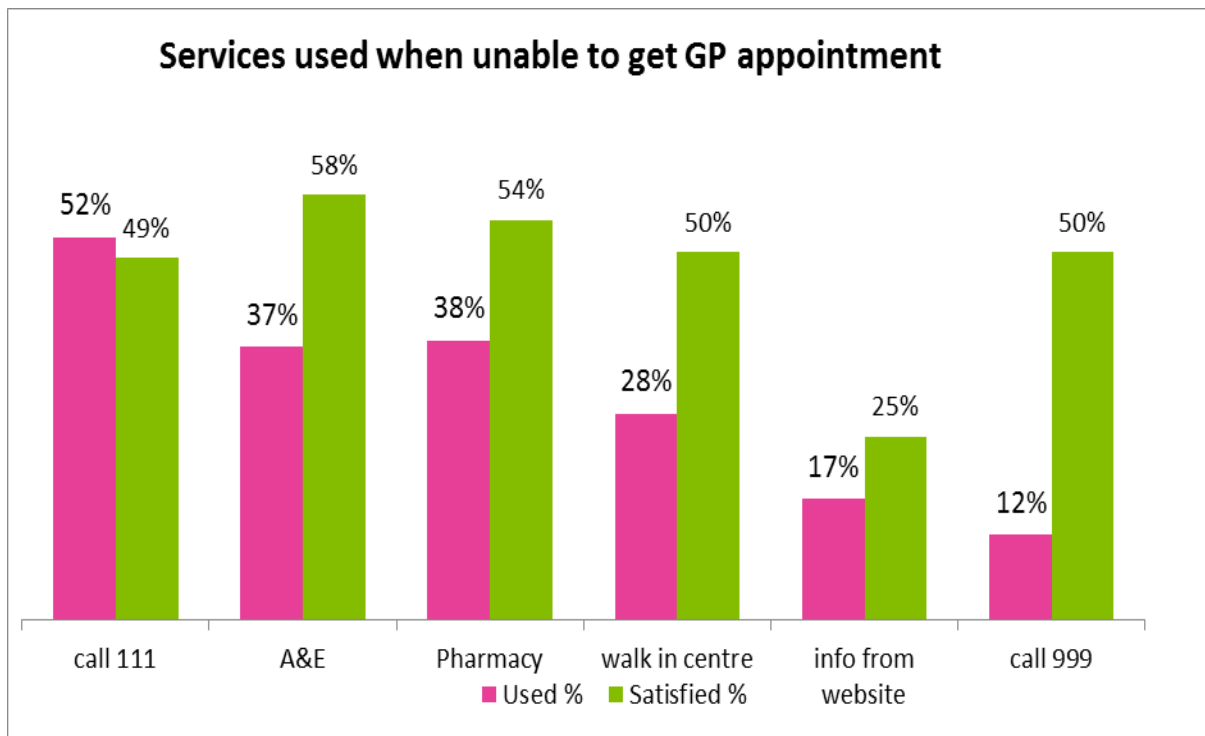
Patients were then asked to indicate the source of help they had used. The most common sources of help used were the 111 service called by nearly half of those who used any service, followed by A&E, a pharmacy and a walk in centre (e.g. Brighton station). Note that the question asked patients to select all sources of help used and some patients used more than one source which is why the percentages add to more than 100%.

Patients were also asked to indicate how satisfied they were with the alternative source of medical help. Around half said they were satisfied when they called 111, went to A&E, went to a pharmacy, visited a walk in centre or called 999. Websites proved less satisfactory with only a quarter being satisfied with the information obtained in this way.

Aside from going to A&E, patients were most satisfied with the medical help they had received from a pharmacy. This level of satisfaction confirms the value of efforts to increase the use of pharmacies by patients when they cannot access a

GP. Health authorities such as NHS England and the local CCG should continue to raise the awareness of pharmacies as a source of non-emergency medical help.

Among the various services used, 'information from website' was much less satisfactory to patients than other services with only 25% of patients satisfied. This suggests a need for better quality NHS health advice available online.



### Patients said...

*The out of hours doctor was lovely and tried to help me.*

*I got good service but I had to stay a very long time at the walk in surgery which is a nightmare as I was very ill and could not sit on a chair comfortably.*

*Pharmacy reliably delivers medication and is an excellent source of information and advice.*

*Pharmacists are helpful but often need enabling via GP. 111 have been okay but we usually end up in A&E as a result.*

*Pharmacists often seem unable or unwilling to give you a definitive answer and frequently suggest you seek advice from 111 or your GP.*

*The walk in centre is great but very understaffed particularly evenings and 111 gave excellent advice as to what to do next.*

*Fantastic facility! Lovely staff. Great doctor.*

## Electronic services

GP practices are being encouraged to offer patients electronic services for booking appointments and dealing with prescriptions. These services offer a quick and convenient way for patients to receive these services.

All but one or two practices in Brighton and Hove offered each of three standard electronic services: sending prescriptions electronically to a pharmacy, ordering repeat prescriptions and booking appointments.

Patients' use of these services across the city was generally low with exception of electronic prescriptions which was used by almost half of patients. There was considerable variation in use of these services across practices, with some achieving only minimal take-up and others achieving take-up by more than half of patients.



<b>patient uptake of electronic services</b>	
	Brighton & Hove
ordering repeat prescriptions	15%
booking appointments online	18%
electronic prescriptions	44%

### Ordering repeat prescriptions online

Just over one third of patients (36%) reported they had ordered a repeat prescription online. Practices reported an average uptake of 15% in the city.

<b>Ease of ordering prescription</b>	<b>No of responses</b>	<b>Percentage</b>
Very Easy	228	53%
Easy	137	32%
Difficult	43	10%
Very Difficult	20	5%

A large majority of those who had used this service (85%) reported they had found it easy to use with only 15% saying they had found it difficult. Four practices performed particularly well, with over 95% of patients saying the system had been easy to use.

There was considerable variation in uptake of the service across practices. Four practices had less than 20% of patients using the system while another four had over 95% using the system.

The difference in the patient-friendliness of systems and patient uptake suggests this is an area where better organisation by practices can make a difference. Practices that are performing less well should review systems and organisation to improve outcomes for patients.

## Getting test results via the telephone

More than half of patients (57%) reported they had received test results over the telephone. Most of these users (81%) found using this system easy with 19% finding it difficult.

Ease of getting results	No of responses	Percentage
Easy	355	51%
Very Easy	209	30%
Difficult	102	15%
Very Difficult	27	4%

Again, there was varied performance on this service across practices. Twelve practices performed particularly well with over 84% of patients reporting the system had been easy to use. At the other extreme, 41% of patients at one practice reported the system had been difficult to use.

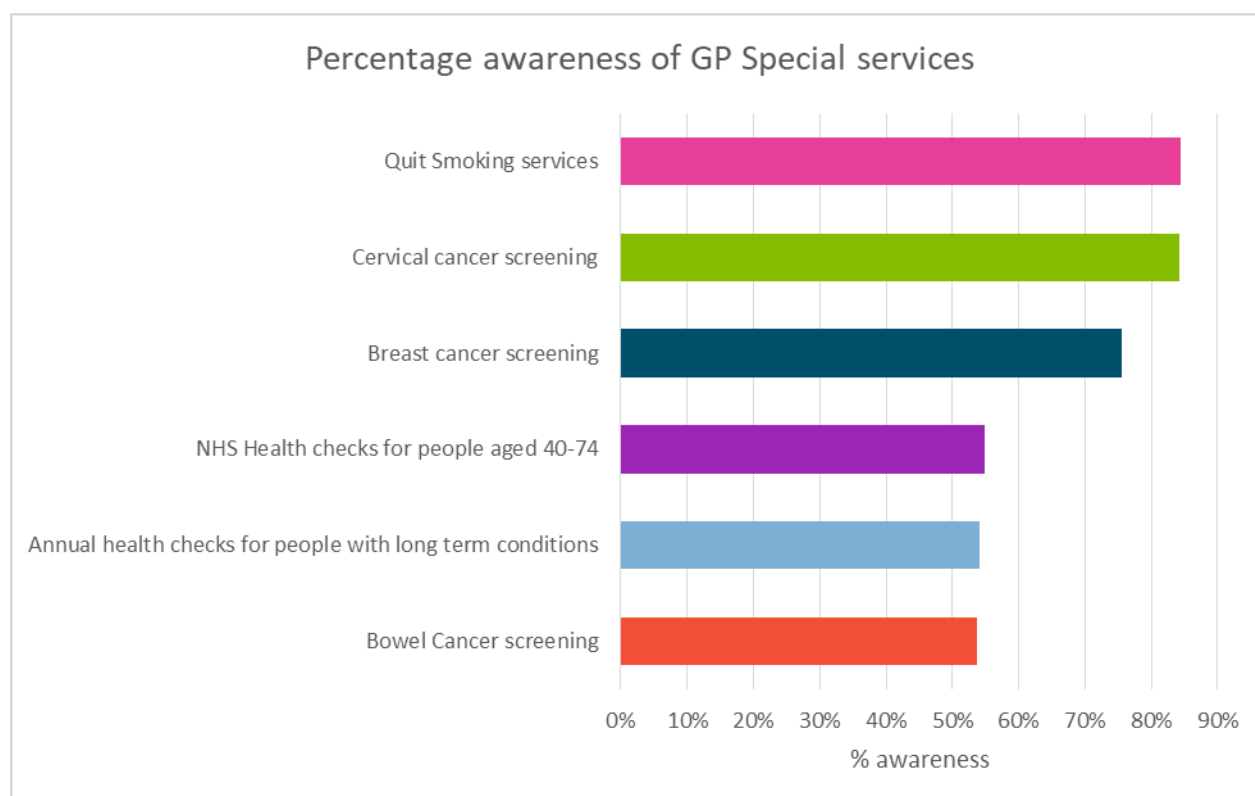
Those practices which are not achieving high satisfaction rates would do well to review the system in use. For those practices that are performing well but have not achieved a high uptake we would recommend further efforts to encourage patient use of this effective service.

## Preventive GP services

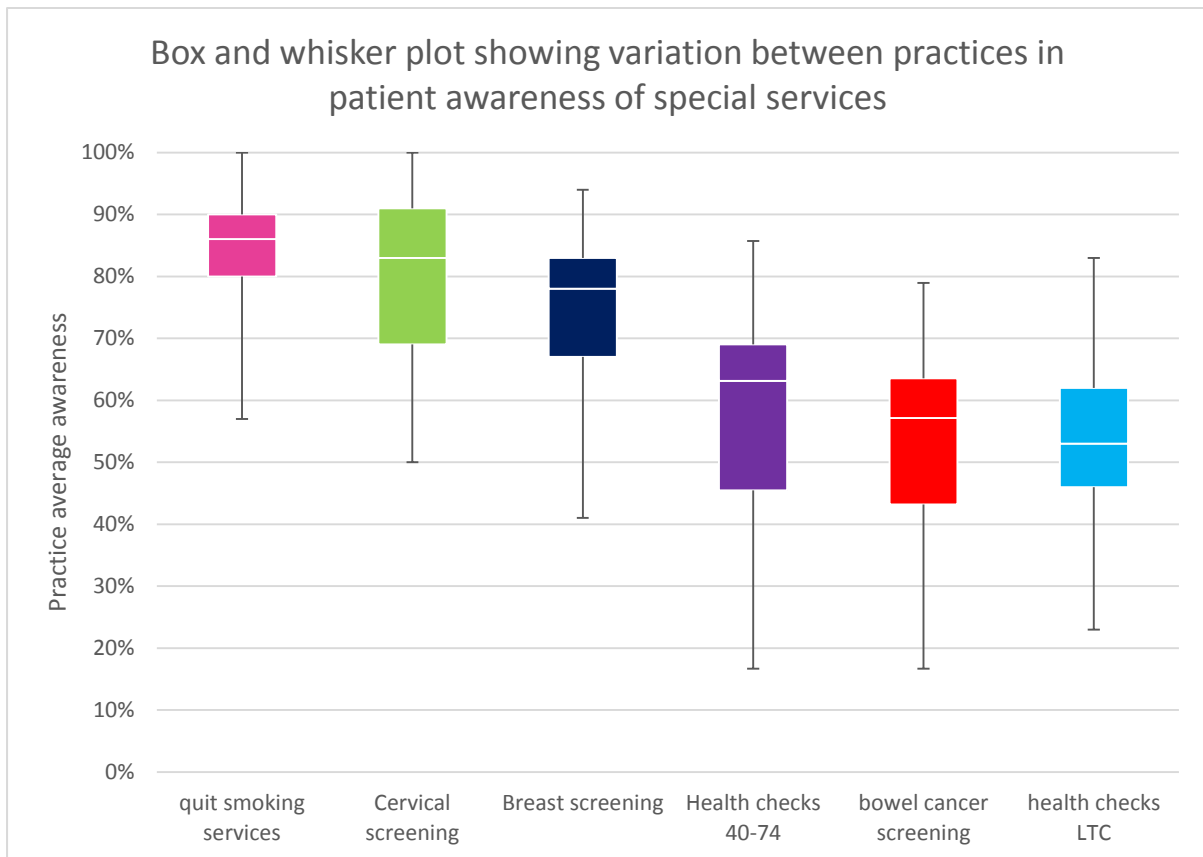
An important aspect of the primary care provided through GP practices is the special preventative services that are used to identify health conditions. These are services that are promoted to patients who then request to undertake the screening where it is relevant to them. A high patient awareness of these different services is therefore important to these preventative services being taken up.

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. Awareness ranged from less than 60% in the case of health checks and bowel cancer screening up to 84% in the case of cervical cancer screening and the quit smoking services.

	Aware	Unaware	% Aware	Did not answer
Bowel Cancer screening	518	446	54%	319
Annual health checks for people with long term conditions	444	376	54%	463
NHS Health checks for people aged 40-74	480	394	55%	409
Breast cancer screening	586	189	76%	508
Cervical cancer screening	627	117	84%	539
Quit Smoking services	495	91	84%	697



As well as the variation in awareness of the different services, awareness of a given service also varied quite widely between practices<sup>26</sup> as the chart below shows.



The chart shows the minimum and maximum percentage awareness by practice, the coloured area shows the range of awareness scores in the middle 50% of practices and the white line shows the median score. For example, in the case of bowel cancer screening, the lowest scoring practice had an awareness score of 17% while the highest scoring practice had an awareness score of 79%. 50% of practices had average awareness scores between 43% and 64%. The median score was 57%.

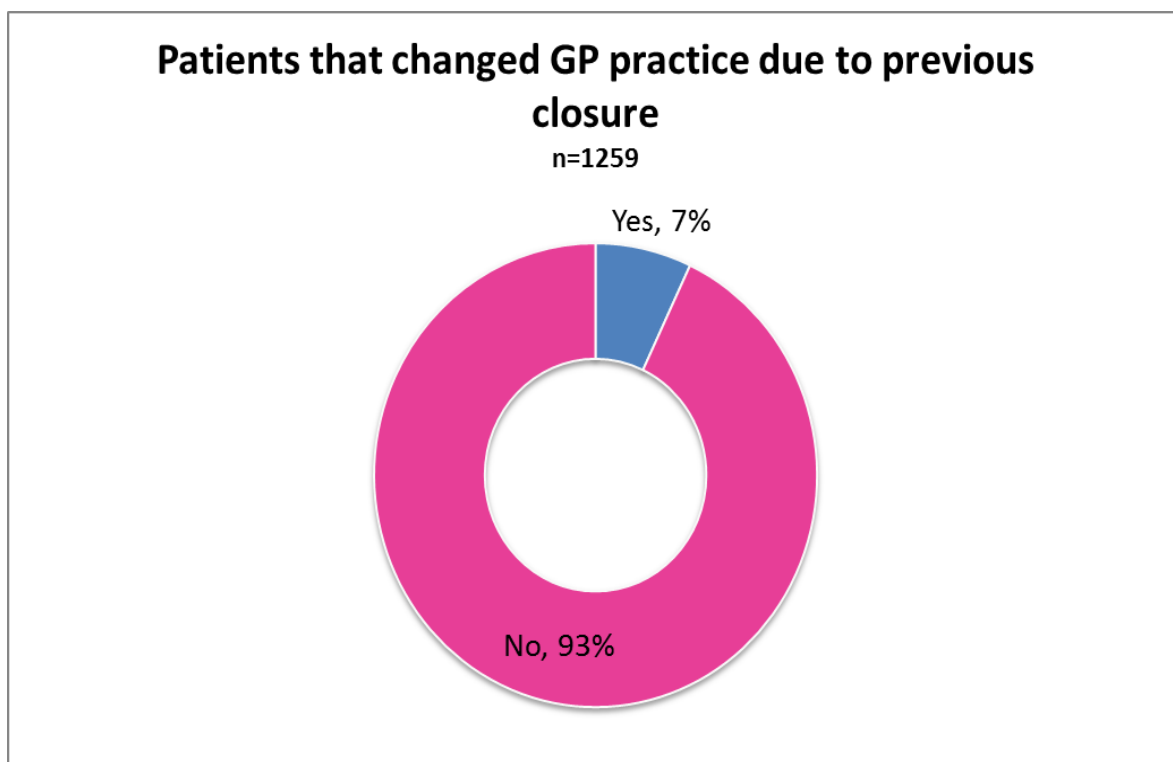
The variation between practices in their patients' awareness of these services may be partly explained by demographic factors (e.g. the largely young patients in the University of Sussex Medical Centre may be less likely to be aware of bowel cancer screening or health checks for patients aged 40 -74), but nonetheless the results do suggest that some practices could do more to raise awareness of these services among their patients.

<sup>26</sup> Only practices returning 15 or more questionnaires were included in this analysis.

## Impact of GP practice closures

Healthwatch has been closely monitoring the impact on patients of recent GP practice closures in the city. The Patient survey aimed to assess the frequency of this experience for patients and its impact when it had occurred.

A significant number of patients, 7%, said they had changed their GP practice due to a closure. As a proportion of the total number of registered patients in Brighton and Hove this represents a total of 22,000 patients.

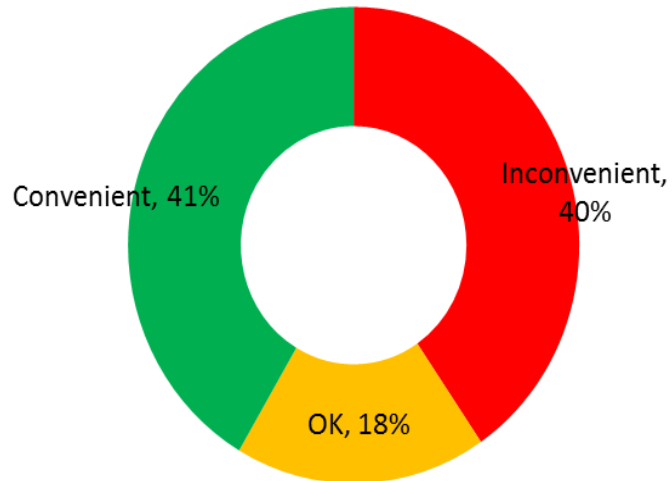


Patients who had experienced a practice change due to closure gave mixed reports on the convenience of the new practice they moved to. While 41% said the new practice was convenient, an equal number, 40% said that it was inconvenient.

## Convenience of new GP practice

(patients that changed practice due to closure)

n=94



Comments suggested that the experience of attending a new GP practice had been mixed with some patients affected very little and others considerably inconvenienced. Patients most negatively affected tended to be those that relied on public transport or walking to attend a practice.

What patients said...

*The new surgery is only a few yards further on from my old practice at Goodwood court so it's not a great problem.*

*It use to take me five minutes to walk it now takes 20 minutes.*

*The new surgery is only a few minutes further away and a MUCH better practice. Wish I had transferred sooner...*

*The new surgery is very good indeed and well worth the slightly longer walk to get there.*

*It is not as close to my home as previous one but luckily I can walk 20-30 mins or take a bus.*

*It is further away but I drove to the previous place and this is now only a few minutes more.*

## Future GP practice capacity

A key objective of structural changes proposed by the Caring Together and Sustainability and Transformation Partnership (STP) programmes is to increase the provision of specialist care by primary care services. The idea is to increase the ability of GP practices to provide a larger range of services allowing patients to access specialist care close to home.

Future GP capacity is also relevant to meeting the increased demand created by GP practice closures. Eight practices have closed since February 2015 and further closures are possible. Brighton and Hove has seen the number of GP practices reduced from around 44 in 2015 to 36 at the end of 2017. With this reduction in number practices are increasingly larger in capacity and serving larger numbers of patients. At the end of 2017 the large majority of practices had three or more full time GPs and served 5,000 or more patients.

We wanted the GP review to investigate whether GP practices were equipped to deal with the likely demands created by these changes. First, we asked them whether their practice was able to take on new patients in the forthcoming year. Second, we asked practice managers to assess whether their practice was ready and willing to take on more complex and varied work in the forthcoming coming year

The responses from practice managers were reassuring in terms of the likely ability of practices to cope with these pressures.

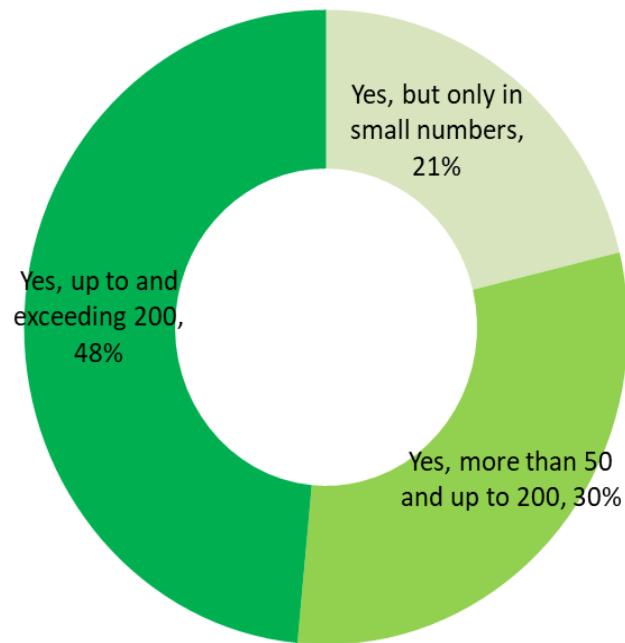
All practices that responded said that they would be able to take on more patients with 16 practices, 48%, reporting that they could take on more than 200 patients. Not all practices predicted they would be able to take on significant numbers of new patients, however, with seven, 21%, reporting they would only be able to take on up to 50.

<b>Practices able to take on more patients</b>		
Not at all possible	0	0%
Yes, but only in small numbers	7	21%
Yes, more than 50 and up to 200	10	30%
Yes, up to and exceeding 200	16	48%



## Is GP practice able to take on new patients in coming year?

n=33

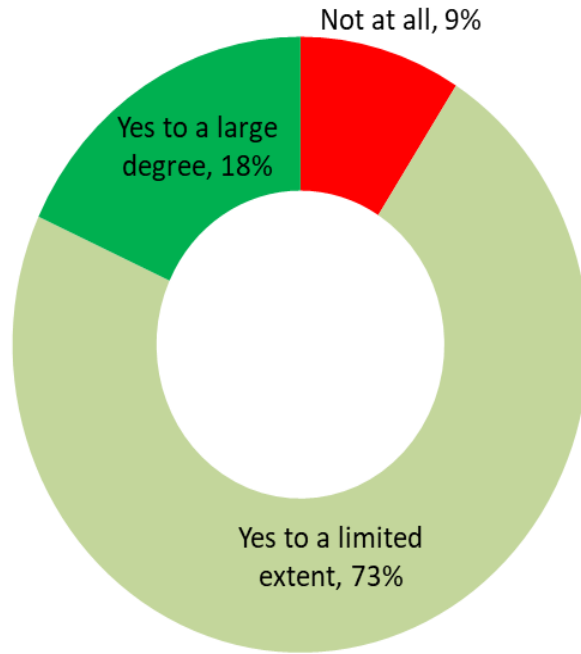


Practice managers were somewhat more measured in their assessment of their practice's ability to take on more complex and varied work in line with the expectations of proposed changes in GP provision. Only around a fifth of practices, 18%, thought their practice could do this to 'a large degree'. On the other hand, all but three practices, 91%, thought they could do this at least to a limited extent.

Practices able to take on more complex and varied work		
Not at all	3	9%
Yes to a limited extent	24	73%
Yes to a large degree	6	18%

**Is GP practice ready and willing to take on more complex and varied work in coming year?**

n=33



## Methodology

### Data collection

The 2018 GP review used the following methods to gather data on all GP practices in Brighton and Hove:

- **GP Patient survey**

The survey was designed in consultation with the Brighton and Hove CCG and drew on questions that had been previously used in the annual NHS GP Patient survey. After testing, the survey was launched in June and remained open until October.

The survey covered a range of questions on the patient experience at practices including access, booking appointments, appointment wait times, wait time at practice, quality of care, overall satisfaction, out of hours medical help, and referrals to specialists.

The online survey was circulated widely among providers, commissioners and the voluntary sector in the city who were asked to pass on to patients. A shorter paper version of the survey was completed by patients during the practice visit made by Healthwatch.

Responses were received from patients attending 40 practices that were in operation during 2016-17.

A breakdown of the number of responses received from each practice is available in the appendix.

The full questionnaire is available on the Healthwatch website<sup>27</sup>.

- **GP Practice survey**

This survey included a range of questions on the service offered by each practice, the facilities available and its capacity for the forthcoming year. The survey was completed by the practice manager for each practice and it was completed between July and October 2017.

The full questionnaire is available here.

- **Observational visit to the practice**

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<sup>27</sup> [GP Patient survey questionnaire](#).

We liaised with practice managers to arrange visits to practices in the city. We visited 30 practices out of a total of 37 which were operational in summer 2017. We did not visit six because of special circumstances ranging from major changes taking place, imminent CQC inspection or imminent closure.

Each visit was conducted by two or more Healthwatch volunteers with the date and time agreed in advance with the practice manager. The volunteers used an observation checklist to evaluate key issues relevant to the patient experience at the practice including hygiene in public areas, comfort of waiting area, information provided, signage and access to toilets.

## **Analysis**

The Patient survey gained a total of 1483 responses. This dataset was skewed, however, by the very high number of responses received from one practice, Charter Medical Centre. To ensure that the overall dataset was representative, we randomly reduced the responses from that practice to make it proportionate to the number of patients it served. This dataset was used for analysis of the overall picture of GP practices in the city. We continued to use the full dataset, however, for all comparative analysis of practices.

For comparison of practices on particular questions we used a threshold of 15 responses to retain individual practices. For example, where we received 14 responses or less to a question from a particular practice it was removed from that analysis. For this reason, all discussion of comparative performance of practices on particular issues always states the number of practices analysed.

## **Reporting**

Individual practice reports were written for each of the 29 practices visited by Healthwatch. These reports drew on the Patient survey responses received from that practice as well as data collected during the practice observation.

Each report included a list of recommendations to improve performance. These recommendations were shared with the practice manager and any responses received were included in the final version of the report.

The individual practice reports are available on the Healthwatch Brighton and Hove website<sup>28</sup>.

This main report analyses the overall performance of GP practices in the city and does not name individual practices.

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<sup>28</sup> [Individual practice reports](#).

## Demographic reach

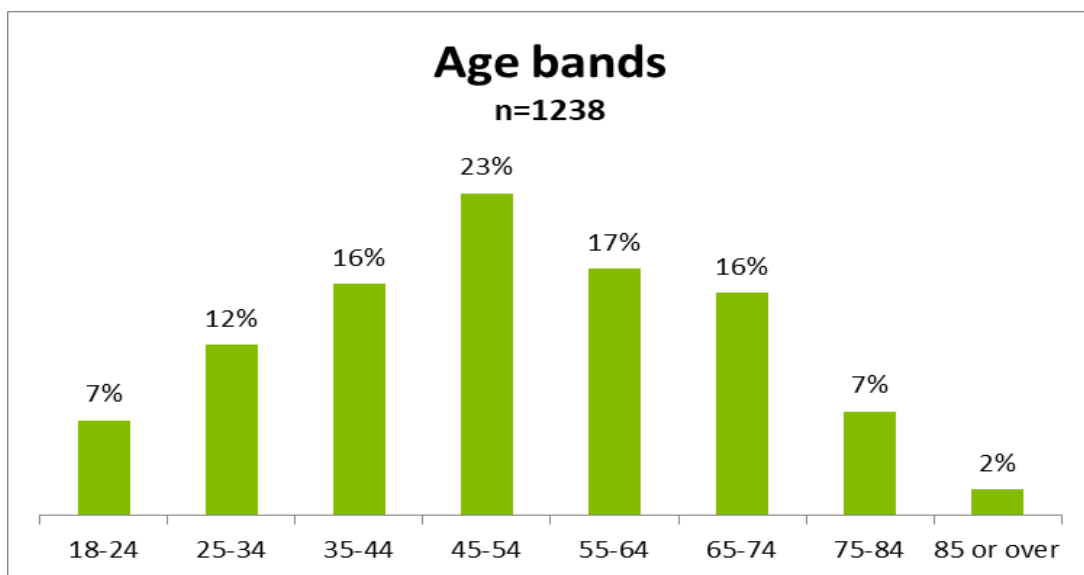
The GP review aimed to gather feedback from a representative sample of patients in the city including populations with protected characteristics.

To assess the representativeness of the sample achieved we compared the numbers of responses collected for different groups to the Patient survey to the ONS population figures for Brighton and Hove.

### Age

The survey did well in reaching middle age groups (35-64 years old) but achieved lower numbers for young people (18-34 years old) and older people aged 85 or over.

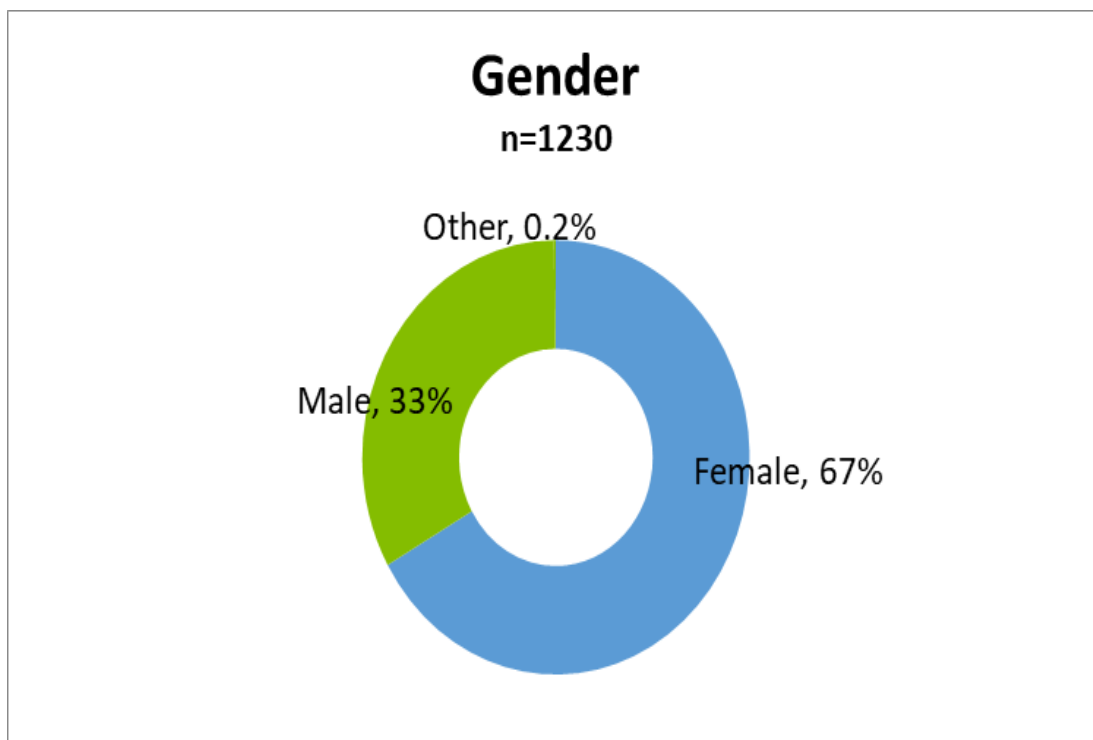
Age	Survey	Brighton and Hove
18-24	7%	17%
25-34	12%	18%
35-44	16%	15%
45-54	23%	15%
55-64	17%	10%
65-74	16%	7%
75-84	7%	4%
85 or over	2%	2%



## Gender

The survey sample was heavily skewed towards females with twice as many females responding than males.

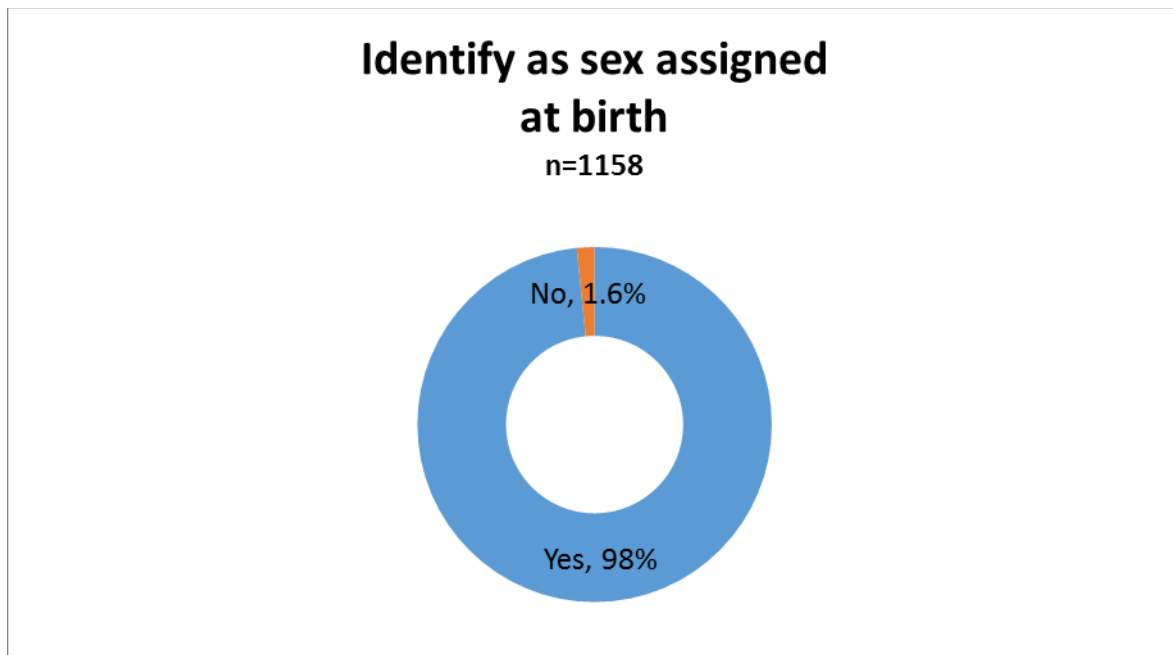
Gender	Survey	Brighton and Hove
Female	67%	50%
Male	33%	50%
Other	0.20%	



## Trans population

The survey achieved a representative sample of the trans population with a reach of 1.6% compared to the estimated city population of 1.0%<sup>29</sup>.

Trans population		
	Survey	Brighton and Hove
trans	1.6%	1%



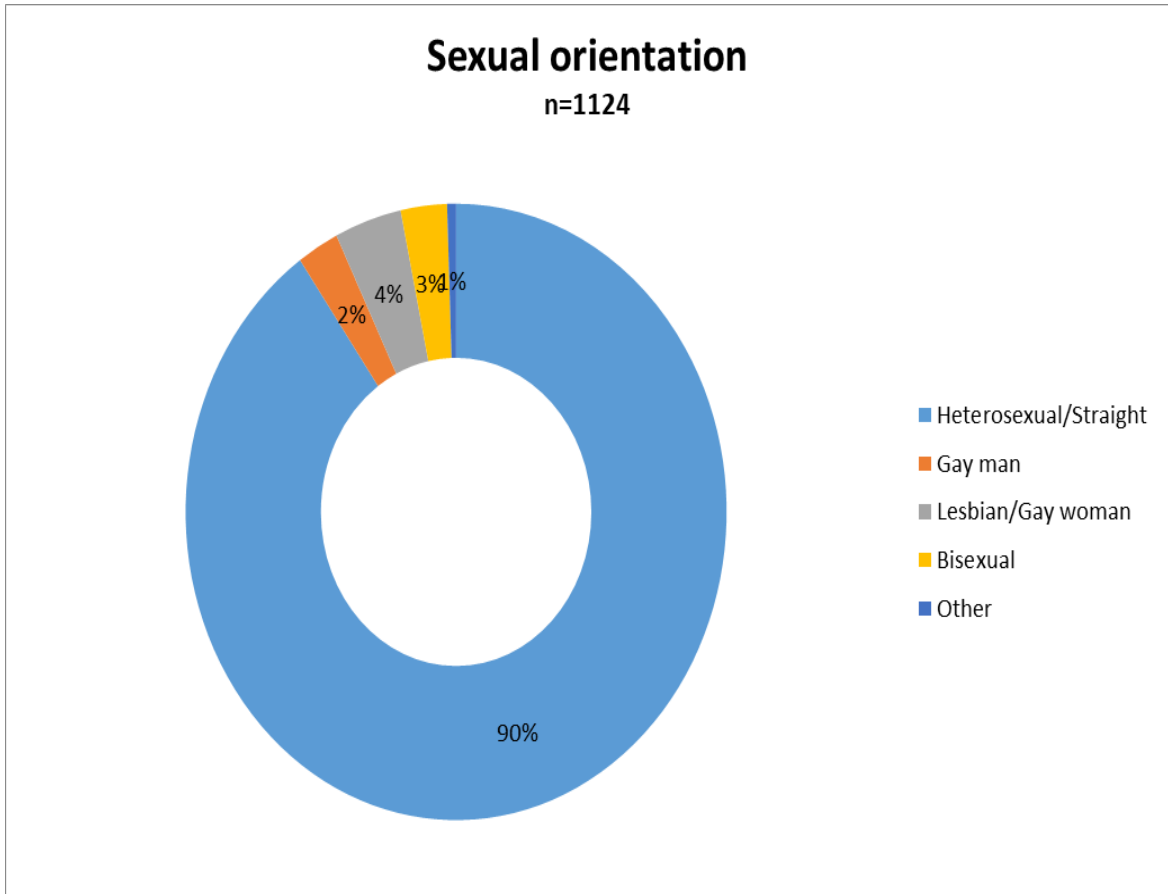
## Sexual orientation

The survey achieved a proportionate sample of the LGBTQ community in the city. Brighton and Hove City Council estimate the number of lesbian, gay and bisexual residents is 11% of the population and 10% of responses identified as from these groups<sup>30</sup>.

Sexual orientation	
Heterosexual/Straight	90%
Gay man	2%
Lesbian/Gay woman	4%
Bisexual	3%
Other	1%

<sup>29</sup> [Trans people in Brighton and Hove: A snapshot report](#)

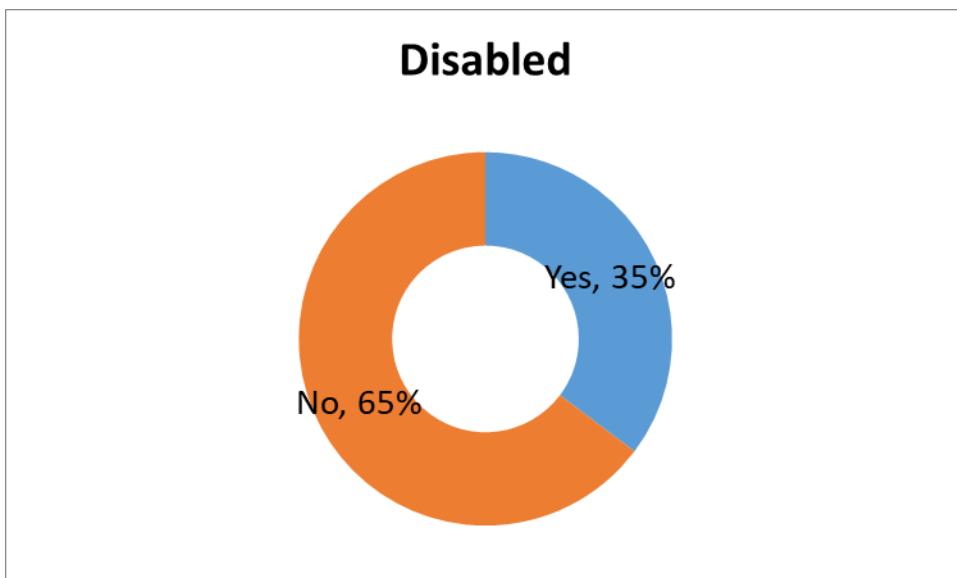
<sup>30</sup> [Brighton and Hove City Snapshot, Report of Statistics 2014](#)



### Disabled

The survey achieved very good reach with disabled individuals with a third of the survey sample identifying as this group compared to the city figure of 16%.

Disabled	
Survey	Brighton and Hove
35%	16%

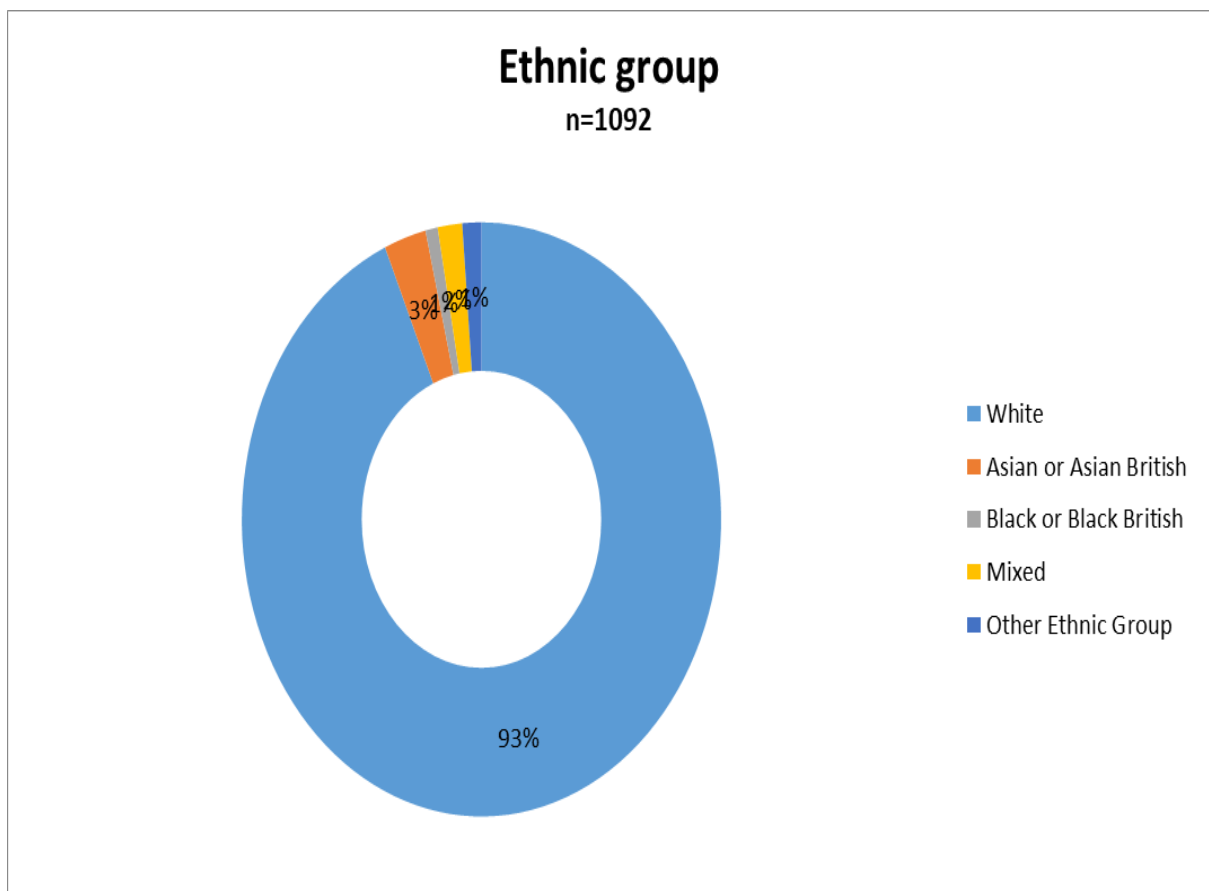




## Ethnicity

The survey achieved a small over representation of the white population and conversely a small under representation of black and ethnic minority populations.

Ethnicity	survey	Brighton and Hove
White	93%	89%
Asian or Asian British	2.8%	4.0%
Black or Black British	0.8%	1.5%
Mixed	1.6%	3.8%
Other Ethnic Group	1.3%	1.5%



## Appendix

### 1. Details of Patient survey responses for each practice and statistical accuracy

<b>Surgery</b>	<b>No. responses</b>	<b>registered patients</b>	<b>confidence interval (at 95% confidence level)</b>
Albion Street Surgery	28	6120	18.48
Arch Healthcare	5	1572	NED
Ardingly Court Surgery	42	11576	15.09
Beaconsfield Surgery	66	10384	12.03
Benfield Valley	191	6962	6.99
Brighton Health and Wellbeing	43	12818	14.92
Brighton Station Health Centre	15	6647	25.28
Broadway Surgery	5	2673	NED
Carden Surgery	30	7543	17.86
Central Hove Surgery (became Trinity from 01/04/17)	2		NED
Charter Medical Centre	306	23923	5.57
Haven Practice	12	2762	NED
Hove Medical Centre	5	9077	NED
Hove Park Villas Surgery	39	4309	15.62
Links Road Surgery	32	6008	17.28
Matlock Road Surgery	50	2937	13.74
Mile Oak Medical Centre	96	8035	9.94
Montpelier Surgery	28	5782	18.48
North Laine Medical Centre	18	4253	23.05
Park Crescent Health Centre	11	14035	NED
Pavilion Surgery	53	10251	13.43
Portslade Health Centre	16	11960	24.48
Preston Park Surgery	52	11459	13.56
Regency Surgery	25	4416	19.55
Ridgeway Surgery (closed 31/10/17)	10	1159	NED
Sackville Road Surgery (became Trinity from 01/04/17)	5		NED
Saltdean and Rottingdean Medical Practice	4	9960	NED
School House Surgery	12	6366	NED
Seven Dials Medical Centre	15	8206	25.28
Ship Street Surgery	7	2785	NED
St Luke's Surgery	17	2326	23.69
St Peter's Medical Centre	39	11075	15.67
Stanford Medical Centre	29	18301	18.18
The Avenue Surgery	45	6717	14.56
Trinity Medical Centre (operating from 01/04/17)	41	18523	15.29
University of Sussex Health Centre	27	19935	18.85
Warmdene Surgery	6	9379	NED
Wish Park Surgery	19	7129	22.45
Woodingdean Medical Centre	36	7944	16.3
Grand Total	1482		

NED = Not enough data i.e. less than 15 responses received.