



PRIMARY CARE GP ACCESS:

A Survey by Healthwatch Hounslow
July 2016

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EXECUTIVE SUMMARY

Introduction and aims

In June 2016, Healthwatch Hounslow (HWH) carried out a survey on primary care GP access for patients in Hounslow. This patient survey was commissioned by the Clinical Commissioning Group (CCG) in Hounslow.

The aims were:

- 1) To ascertain whether it was easy or difficult for local patients to book an appointment with their GP during core GP opening hours (a) for a routine appointment and (b) for an urgent (or on the day) appointment.
- 2) To find out from patients whether it was difficult or not to make the time to attend their GP surgery between 9am and 5pm from Monday to Friday.
- 3) To identify from local patients what their preference for booking a routine appointment would be, if the working hours of GP practices were to be extended. In other words, local respondents were asked to identify which option for a routine appointment they would select out of three possible options that could be made available.

Methodology

A sample of 2,500 local patients were surveyed about primary care GP access across Hounslow's five localities by HWH staff and volunteers, comprising about 500 patients in each locality.

The survey method was a questionnaire in English that Hounslow CCG prepared. In addition to English-speaking patients, HWH obtained responses from a number of respondents whose first language was not English.

To include people of diverse age groups and abilities, HWH also accessed members of groups like Hounslow's Disability Community Forum and the Parent Carers' Forum for assistance.

Locations

Locations included waiting areas of GP surgeries and the Hounslow Civic Centre, the Heart of Hounslow, local libraries, hospitals, shopping centres and pavements outside some local schools.

Limitations

Among the limitations encountered were that only 2,500 people were reached, which is a limited, random sample and some age groups and demographics were under-represented.

Findings and conclusions

Local people in general said they encounter difficulties in getting **routine appointments**. Also, these difficulties are not confined to any specific age, gender, sexuality, ethnicity or employment status.

The same is true about members belonging to emerging communities, (especially elderly people within such groups), as well as for those not well-versed in English for whom language barriers are an additional problem or barrier.

Among our respondents, the percentage of those who said they had **difficulties in making the time to attend their GP's surgery between 9am to 5pm on weekdays for appointments** was slightly higher than those who said they did not find it difficult.

Most of our respondents favoured **routine appointments with GPs** on Saturdays between 9am – 1pm and a slightly smaller group of respondents said they would prefer them on weekdays (i.e., Monday to Friday) between 6.30pm – 8pm. Those who said they would choose routine GP appointments between 7am – 8am on weekdays formed the smallest group.

Similarly, among our respondents, the percentage of those who said they would be willing to **book a routine appointment on a Saturday in another local practice if their GP practice was unable to give them an appointment**, was higher than those who said they wouldn't be willing to do so.

Finally, a large majority of our respondents said they are **not aware that on weekends they can book an urgent appointment with a local GP practice by ringing NHS 111**.

Our findings show that some steps need to be taken to enable patients to obtain **urgent appointments** with more speed and flexibility so that they do not feel the need to access A&E services or call 999 when they get anxious or frustrated with the current system of obtaining urgent appointments with their GPs.

ACKNOWLEDGEMENTS

On behalf of Healthwatch Hounslow I would like to thank all GP practices and GP staff who responded to our request to help us carry out our Primary Care GP Access Survey for this report. I would like to specially thank Dr. Tal Mahmud of the Firstcare Practice and Dr. D.P. Tripathi of the Jersey Practice for allowing our staff and volunteers free access to their patients. Among local GP Practice Managers, Vijay Jambulingam in the Heart of Hounslow and Mrs. Bharati Kotak of the Jersey Practice deserve particular mention for their cooperation and help.

Once again, Healthwatch staff were prominent in assisting to complete this extensive survey. Tim Spilsbury, our Chief Officer, generously volunteered to gather information from commuters at Hatton Cross, Osterley, Hounslow Central and Boston Manor from nearly 500 local patients using London Underground and British Rail. Similarly, Mystica Burrige, our Engagement & Volunteers Manager and Namrata Pandey, our new Support Officer, made solid contributions by collating data from patients resident in various localities including Feltham, Great West Road, Isleworth and Brentford, Heston and Hounslow.

Among our seasoned volunteers, Ushma Kotecha was prominent in helping to complete a number of questionnaires. A new volunteer, Debashish Ghosh, though initially hesitant, warmed to the task and quickly excelled in getting patients to complete survey questionnaires in a number of local GP surgeries.

I also received valuable help from local community/voluntary groups such as Scarlet Sarskan, Care & Support Worker from the Acton-based Centre for Armenian Information and Advice (CAIA) and the carers attached to CAIA as well as Patricia Sale from Hounslow's Disability Community Forum (DCF). Similarly, Kalpana Lamichhane, Project Coordinator, London Gurkha Settlement Service, (now replaced by a new organisation, Advocacy for Nepalese Organisation (or AFNO), and Sangnuma Rai and Dinika Ale, volunteers of AFNO, helped me by forwarding me a summary of some relevant findings that had emerged from a recent survey they had conducted of 100 Nepalese residents from various parts of Hounslow to assess their health needs.

Finally, some local businesses on Hounslow High Street took an interest in community and patient wellbeing. Some members of staff from these businesses went out of their way to help HWH by agreeing to request some of their colleagues to complete our Survey questionnaires. They included Mandir Juttla of Boots Pharmacy and Noorie Kalsi of Specsavers. Our intention is to nurture and widen our circle of business contacts and make them firm friends and collaborators in our efforts to encourage patient participation in the development and provision of health and social care in our borough.

Dr Kusum Pant Joshi

Research Manager
Healthwatch Hounslow
July 2016

SURVEY BACKGROUND

Background and Aims

In June 2016, Healthwatch Hounslow (HWH) carried out a survey on primary care GP access for patients in Hounslow. This patient survey commissioned by the Clinical Commissioning Group (CCG) in Hounslow, had multiple aims. One was to ascertain whether it was easy or difficult for local patients to book an appointment with their GP during core GP opening hours (a) for a routine appointment and (b) for an urgent (or on the day) appointment. Another aim was to find out from patients whether it was difficult or not to make the time to attend their GP surgery between 9am and 5pm from Monday to Friday. Additionally, we sought to identify from local respondents what their preference for booking a routine appointment would be, if the working hours of GP practices were to be extended. In other words, respondents were asked to identify which option for a routine appointment they would select out of three possible options that could be made available to them:

- (a) Between 7am to 8pm, Monday to Friday;
- (b) Between 6.30am to 8pm, Monday to Friday; and
- (c) Between 9am to 1pm on a Saturday.

Two other important aims of the survey were to find out:

- (1) Whether local patients would be willing to book a routine appointment at another local practice that had access to their clinical records if their own GP practice was not able to provide them a routine appointment in their surgery; and
- (2) Whether local patients were aware that if they were to ring NHS 111 at the weekend, they can book an urgent on the day appointment at a local GP practice that has access to their clinical records.

Project objective

Our objective was to obtain genuine feedback from 2,500 local patients about primary care GP access across Hounslow's five localities. We then wanted to analyse the data and summarise the views expressed by patients clearly and fully in a report for Hounslow CCG that would enable them to shape, reform and improve access to GPs in Hounslow in accordance with the needs and wishes expressed by local people.

Our research tool

Our information gathering tool was a questionnaire in English that Hounslow CCG prepared for the survey. Besides supporting local people to answer the questions in the questionnaire, we collated information about our respondents. This involved requesting respondents to answer questions such as the age group to which they belonged, their ethnicity, gender, sexuality and employment status.

Besides patients who were fluent in English, we were able to communicate and obtain responses from a number of respondents whose first language was not English. Mostly, this was done with the help of the multilingual language skills of some of our HWH staff and volunteers. To include people of diverse age groups and abilities, we also accessed organisations like Hounslow's Disability Community Forum and the Parent Carers' Forum for assistance.

Survey scope

To carry out the survey and obtain the required data, HWH staff and volunteers traversed the entire borough and connected with over 2,500 patients in Hounslow. We visited all the five localities into which Hounslow is divided and reached out to about 500 patients in each one of them.

Our survey was conducted in diverse locations throughout the borough. They included waiting areas of GP surgeries and the hallway of the Hounslow Civic Centre and the Heart of Hounslow. Our staff and volunteers also visited places such as local libraries, hospitals, shopping centres and pavements outside local schools where people tend to congregate for various reasons.

Limitations of the Survey

Despite our best efforts to be as representative as possible of the vast diversity that is inherent in Hounslow's ever-changing population, we managed to reach out to only 2,500 local people. It was a random selection of respondents in spite of our keen awareness of making it representative of the makeup of the local population. Our findings are, therefore, based on a limited section of the local population. In other words, our results are derived from a random and limited sample survey. They can, therefore, be said to be a reliable and true representation of the general response of a fairly representative cross section of local public opinion, but not necessarily a reflection of the actual will of all patients resident in Hounslow.

SURVEY FINDINGS FROM QUESTIONNAIRE FOR PATIENTS

THE DIVERSITY OF OUR SURVEY SAMPLE

For our survey, we obtained responses from 2,500 patients from all five localities into which Hounslow is divided. Our sample had a mix of people from diverse age groups, sexes, sexualities, ethnicities, cultural and linguistic backgrounds and of differing abilities.

The various tables presented below reflect the richness of our sample:

Overall Total of Survey Respondents: 2,500		
MALE	1,100	44%
FEMALE	1,400	56%
	2,500	100%
AGE BREAKDOWN OF RESPONDENTS		
AGE	Total	Approximate % of the total survey sample
16-24	226	9
25-34	640	26
35-44	602	24
45-54	436	17
55-64	318	13
65+	278	11
Total	2,500	100

ETHNIC GROUPS	
British	227
English	173
Scottish	4
Other White	149
Arab	32
Indian	331
Pakistani	129
Asian/Asian British	494
Other Asian	77
African	82
Caribbean	28
Other Black	32
Bangladeshi	39
Chinese	19
Other Mixed background	11
Other Miscellaneous Groups	673
TOTAL	2,500

We made a special effort to be inclusive. Consequently, in the group of 750 respondents that we have labelled as “Other Miscellaneous Groups”, we included people from so called ‘difficult to reach groups’ as well as members of groups in the borough that belong to Hounslow’s emerging communities: Afghans, Algerians, Burmese, Sri Lankans, Romanians and Bulgarians.

Our sample included 35 people with disabilities from various age groups. Although few stated what their disability was, some of those who did said they suffered from health conditions such as Arthritis, severe Arthritis and knee and back problems. One respondent mentioned having a Learning Disability and another said they had a form of Autism called Asperger’s Syndrome. Though our sample consisted overwhelmingly of heterosexuals, we were able to include one bisexual person and six gay males and females.

As regards employment, people in full-time employment formed the largest chunk (48%) of our sample. About 17% were in part-time employment and an equal number consisted of unemployed people. Within the unemployed group, were a number of young students and some housewives. Only 3% of our respondents said they were carers. Among carers, there were some young mothers who said they were carers looking after their children.

EMPLOYMENT STATUS	NUMBER OF RESPONDENTS	% OF TOTAL
Full- time Employment	1,200	48
Part-time Employment	425	17
Retired due to age	275	11
Retired due to health	75	3
Carers	100	4
Unemployed	425	17
Total	2,500	100%

Retired people constituted 14% of our sample. Within this group, a small number of respondents (3%) said they had retired due to poor health while a much larger section said they had done so due to their age.

RESPONSES TO THE SURVEY

Our survey questionnaire had six questions. The first three questions asked respondents to specify whether they had difficulty in (a) booking a **routine appointment** during core GP opening hours, Monday to Friday; (b) in booking an **urgent (on the day) appointment** during core GP opening hours, Monday to Friday; and (c) in **making the time to attend their GP surgery** between 9am to 5pm, Monday to Friday.

In the fourth question, respondents were offered three options for booking a routine appointment outside GP core hours. These were:

- (1.) Between 7am – 8am Monday to Friday;
- (2.) Between 6.30pm – 8pm Monday to Friday; and
- (3.) Between 9am- 1pm on Saturdays.

From the **three options** listed above, they were asked to select just **one**.

The fifth question aimed to find out from respondents whether they would be willing to book a routine appointment at another local practice that had access to their clinical records if their GP surgery was unable to provide them a routine appointment on a Saturday.

The last question wanted respondents to specify whether they were aware of the fact that by ringing NHS 111 on a weekend, they could book an urgent, on the day appointment at a local surgery that had access to their clinical records.

A breakdown of our survey responses to all six questions is summarised below:

LIST OF QUESTIONS			
Q. 1 Yes/No regarding difficulty in booking a routine appointment during core GP hours on weekdays	53% YES	47% NO	
Q. 2 Yes/No regarding difficulty in booking an urgent appointment during core GP hours on weekdays	46% YES	54% NO	
Q. 3 Yes/No regarding difficulty in making the time to attend your GP surgery during 9am-5pm on weekdays	51% YES	49% NO	
Q. 4 Choosing 1 from 3 out of GP core hours appointment options	Option 1: 25%	Option 2: 37%	Option 3: 40%
Q. 5 Yes/No to booking a routine appointment on a Saturday in another local practice if one's GP practice is unable to give an appointment	60% YES	40% NO	
Q. 6 Yes/No regarding knowledge about booking an urgent appointment on a weekend by ringing NHS111	23% YES	77% NO	

Question 1 – ROUTINE APPOINTMENTS

While only 47% of respondents said they did not find it difficult, the majority of respondents (53%) said it was difficult to book a routine appointment with their GP.

This was true about patients from all over the borough. It also cut across all personal details such as age, sex, ethnicity, gender, sexual orientation. For instance, a breakdown of respondents to this question on the basis of their age, (please see table below showing percentages of responses according to age groups), clearly indicates that this difficulty was experienced by members of all age groups. Respondents in the age group 35 – 44 as well as those aged 55 – 64 and 65+ in our sample also appear to be facing high levels of difficulty in accessing routine GP appointments during core GP opening hours from Monday to Friday.

Percentage of responses to Q.1 regarding routine appointments by age group

Q.1	YES	NO
AGE	%	%
16-24	4	5
25-34	9	17
35-44	16	8
45-54	9	8
55-64	9	4
65+	6	5
	53	47

Question 2- URGENT APPOINTMENTS

Fifty four percent of our respondents said it was not difficult to book an urgent appointment with their GP during core GP hours Monday to Friday while a smaller percentage (46%) said they encountered difficulty doing so. Some of those who had difficulty, mentioned that as their situation seemed serious, they were often pushed to take urgent steps to seek medical advice and help. As these have a bearing on the NHS' efforts to increase out of hospital care, we will mention them in the last section of this report.

Q.2	YES	NO
AGE GROUPS	%	%
16 – 24	5	4
25 – 34	9	17
35 – 44	13	11
45 – 54	9	8
55 – 64	7	6
65+	3	8
	46	54

Question 3- Making the time to attend GP Surgery during 9am – 5pm, Mon- Fri

The percentage of those who said they had difficulty in making the time to attend their GP surgery during the time specified above, was slightly higher than those who said that they did not have difficulty.

Percentage of respondents to Q.3 grouped according to age		
Q.3	YES	NO
AGE GROUPS	%	%
16 – 24	6	3
25 – 34	15	11
35 – 44	11	13
45 – 54	6	11
55 – 64	8	5
65+	5	6
	51	49

Among those who found it difficult, a high number consisted of those who were engaged in full-time or part-time employment whose working life and hours created barriers for them. (For a closer look at the trend of responses to this question of some employed commuters in Osterley, Boston Manor, Hatton Cross and Hounslow Central, please see the last section of this report.)

Some respondents who said they had difficulty in making the time for attending their GP surgery, added that they often felt compelled to take time off from work to attend appointments for themselves, their children or any elders in their household. One working mother was upset that in addition to having to take time off work, her children had sometimes no option but to miss lessons at school to make time for their GP appointments. This threatened to impact adversely on the educational progress and performance of her children. It is obvious that is surely not just a solitary instance.

Question 4 – Choosing one out of three options (A or B or C) for booking a routine appointment outside GP core hours, Mon- Fri

Percentage of respondents to Q.4 grouped according to their age

Q. 4	OPTION A	OPTION B	OPTION C
	Morning between 7 – 8am	Evening between 6.30 – 8pm	Saturday morning between 9 – 1pm
AGE GROUPS	%	%	%
16-24	3	5	1
25-34	7	9	10
35-44	7	8	9
45-54	2	6	9
55-64	2	5	6
65+	2	4	5
Total	23	37	40

The highest number of responses in our sample were given in favour of booking a routine appointment outside core GP hours on a Saturday between 9am and 1 pm. Respondents generally said this was a suitable option as they would find it easier to visit their GP surgery on a Saturday morning than on working days.

Although a few older people said they found the present core opening hours to be convenient, many (due to being frail or because they had communication problems since English was not their first language), said that a Saturday morning would be convenient especially because their children or a relative would find it easier to accompany them to their surgery on a weekend.

Question 5 – Booking a routine appointment on a Saturday at another local practice that has access to clinical records of patients

Percentage of respondents to Q.5 grouped according to their gender and age

Q. 5	% YES	% NO
Male	26	18
Female	34	22
Total %	60	40
AGE GROUPS	% YES	% NO
16-24	6	3
25-34	16	10
35-44	15	9
45-54	10	7
55-64	6	7
65+	7	4
TOTAL%	60	40

Our respondents favoured booking routine appointment on a Saturday at another local practice that has access to clinical records of patients by a fairly good margin of 60%. More females (34%) than males (26%) in our sample favoured this idea and a good proportion of older people also voted for it.

It must, however, be added that although 60% of our respondents said “Yes” to this question, some of those who did added that they would agree to do so in an emergency because they would generally prefer to be seen by their own GP because he/she knew their medical case history.

Question 6 – Knowledge about booking an urgent appointment at a local practice on a weekend by ringing NHS 111

Percentage of respondents to Q.6 grouped according to their gender and age

NHS111		
Q. 6	% Yes	% No
AGE GROUP		
16-24	2	7
25-34	5	21
35-44	2	22
45-54	5	12
55-64	4	9
65+	5	6
Total	23	77

It became obvious from responses that only a small fraction (23%) in our sample had information that they could book an urgent appointment at a local practice with access to their clinical records on a weekend by ringing NHS 111. This information gap stretched across age, gender, ethnic, cultural, linguistic and other demographics. Even otherwise well-read and well-informed people from diverse age groups in the borough fell within this category.

Some of those who said they had this information were working for the NHS or in the medical field. Some others who happened to know of this said they had accidentally gained this information from NHS 111 staff when they or someone in their family had felt unwell on a weekend and had telephoned 111 for advice.

OTHER FINDINGS AND OBSERVATIONS

Analysis of our special sample of Commuters in Hounslow

Within our sample of 2,500 residents, we gathered information from a mixed group of 445 commuters by London Underground/British Rail in Hatton Cross, Osterley, Boston Manor and Hounslow Central in Hounslow.

Breakdown of Hounslow Commuters according to locality:

Number of Commuters	Locality
115	Hatton Cross
130	Boston Manor
100	Osterley
100	Hounslow Central
Total	445 Commuters

The male-female ratio within our sample skewed very slightly in favour of females as the percentage of the latter group was slightly higher (51% or 225 females) when compared to that of the males (49% or 220 males).

When broken down into age groups, it is evident that some age groups were poorly represented and some had no representation at all in this sample. For example, those aged 65+ constituted 0% and those aged 16-24 comprised about 4% of the total commuter sample. Among other age groups that were well represented were those aged 30-35 (35% of the total sample of commuters), followed by those aged 45-54 (28%), those aged 25-34 (24%) and those 55-64 (10%). While the responses of this group of commuters might not be a true reflection of the views of younger people aged 16-24 due to their low numbers and also fails to reflect the view of people aged 65+ due to their total absence from this sample, they can be taken as a reliable reflection of those between the age of 25-55 years living in Hounslow due to the strength of their numbers within this sample.

Due to the makeup or composition of this group, responses of this group to each of the questions asked in the survey, can be used as a kind of a litmus test to check the credibility of the conclusions emerging from the whole of this survey.

Table showing the breakdown of the age groups in this sample

OSTERLEY	
AGE	
16 – 24	10
25 – 34	15
35 – 44	30
45 – 54	30
55 – 64	15
65+	0
TOTAL	100
HATTON CROSS	
AGE	
16 – 24	5
25 – 34	30
35 – 44	35
45 – 54	40
55 – 64	5
65+	0
TOTAL	115
BOSTON MANOR	
AGE	
16 – 24	0
25 – 34	40
35 – 44	35
45 – 54	40
55 – 64	15
65+	0
TOTAL	130
HOUNSLOW CENTRAL	
AGE	
16 – 24	0
25 – 34	20
35 – 44	55
45 – 54	15
55 – 64	10
65+	0
TOTAL	100

So, let us take a close look at the conclusions that emerge from the feedback provided by the 445 respondents. The totals of their responses to each of the six questions of the questionnaire, are summarised in the table below:

Table showing the total number of responses of commuters to the six questions in the survey

Q1 YES	Q1 NO	Q2 YES	Q2 NO	Q3 YES	Q3 NO	Q4 (A)	Q4 (B)	Q4 (C)	Q5 YES	Q5 NO	Q6 YES	Q6 NO	COMMUTERS
49	66	51	64	102	13	18	28	69	115	0	28	87	115 Commuters Hatton Cross
60	70	58	72	118	12	23	35	72	130	0	19	111	130 Commuters Boston Manor
58	42	39	61	93	7	19	32	49	99	1	40	60	100 Commuters Osterley
69	31	59	41	77	23	20	25	55	92	8	21	79	100 Commuters Hounslow Central

The results that emerge when we calculate the percentage of responses to each question and compare them with the percentage of the responses to the same questions that are evident from the whole of the Survey are very interesting and are presented in the table below:

LIST OF QUESTIONS	Yes/No result from the full survey	Yes/No result from the full survey	Yes/No result from sample of Commuters only	Yes/No result from sample of Commuters only
Q. 1 Yes/No regarding difficulty in booking a routine appointment during core GP hours on weekdays	53% YES	47% NO	53%	47%

Q. 2 Yes/No regarding difficulty in booking an urgent appointment during core GP hours on weekdays	46% YES	54% NO	40%	60%
Q. 3 Yes/No regarding difficulty in making the time to attend your GP surgery during 9am – 5pm on weekdays	51% YES	49% NO	90%	10%
Q. 4 Choosing one from three GP core hours appointment options	Option 1: 25%	Option 2: 37%	Option 3: 40%	Option 1: 18% Option 2: 36% Option 3: 55%
Q. 5 Yes/No to booking a routine appointment on a Saturday in another local practice if one's GP practice is unable to give an appointment	60% YES	40% NO	98% YES	2% NO
Q. 6 Yes/No regarding knowledge about booking an urgent appointment on a weekend by ringing NHS111	23% YES	77% NO	24% YES	76% NO

From the above, it becomes apparent that regarding Question 1, the views of our 445 commuters fully correspond or tally with the response of the entire survey.

As regards Questions 2, 4 and 6, although there is a slight variation in the percentages between the results of the full survey and that of our cohort of commuters, the overall responses are proportional and in consonance with each other.

As regards Question 3, the majority of commuters (similar to the response given by respondents to the full survey) said that they had difficulty in making the time to attend their GP surgery between 9am-5pm from Monday to Friday. However, our cohort of commuters expressed their difficulty in far more overwhelming numbers (90% 'Yes it is difficult' and 10% 'No, it isn't') when compared to the other respondents to the survey (51% 'Yes it is difficult' and 49% 'No, it isn't'). Likewise, regarding Question 5, the majority of commuters (similar to the response given by respondents to the full survey) voted in favour of agreeing to book a routine appointment on a Saturday in another local practice if their GP practice was unable to give an appointment.) However, as in relation with Question 3, they did so in far larger numbers than our other respondents.

An explanation for this huge variation in the percentage of the 'Yes' vote from commuters to question 3 as well as to question 5 seems to lie mainly in the inherent differences in the employment status of those who constituted the two sets of our respondents. Unlike respondents in the remainder of our survey, 100% of those in our cohort of commuters were employed (98% in full-time employment and 2 % in part-time employment.) There were, moreover, no retired people or carers in this group of commuters.

This contrasts sharply with the employment status of respondents to the full survey which consists of a varied group of young students, some unemployed and others in in part-time jobs, many retired people (3%+ 4%=7%), carers (4%) and 17% unemployed people.

Percentage and actual numbers of all survey respondents according to their employment status

48.30%	Full-time	1,200
17.30%	Part-time	425
10.50%	Retired due to age	275
2.80%	Retired due to health	75
4.20%	Carers	100
16.70%	Unemployed	425
Total		2,500

We would venture to add that it is clearly their employment situation that mainly accounts for them assertively expressing their difficulty in making time to attend their GP surgery. It also explains why they are flexible and agreed to opt for a routine appointment on a Saturday in another local practice if their own GP practice was unable to accommodate them. Being mostly in full-time employment and to a lesser extent in part-time employment, they appear to have come across assertively in admitting they had practical difficulties in keeping their appointments as well as in

voting strongly in favour of Saturday for routine appointments. Similar responses to these two questions from those in full-time and part-time employment might have been diluted or watered down by other Survey respondents such as those who were carers or unemployed or retired people who could afford to be more flexible due to their employment status.

Finally, there is a strong similarity in the response of commuters to Question 6. The fact that the proportion of the “Yes” and the “No” responses are almost the same indicates that irrespective of their age or employment status, there is a lack of information about health and social care services and changes to services among the local people. This information gap is also evident from findings of local community/voluntary groups such as Nepalese in Hounslow.

It is apparent from the responses received to Question 6, that despite differences in the gender, age, ethnicity, sexuality and employment status of respondents, they had all spoken with almost one voice when answering this question. The near unanimity of their response makes it clear that there is a need for providers and commissioners of services to raise awareness across the board in diverse and effective ways that have still to be fully identified by them.

Other Observations

Although the Survey’s aim was to collate quantitative data, because we approached patients and established a good rapport with them, many of them talked about their positive and negative experience of health and social care in Hounslow and also expressed their hopes and fears.

Thus while answering Question 1, many patients not only ticked or asked us to tick relevant boxes in the survey questionnaire. Those who had difficulty in booking routine appointments gave their response and also mentioned what difficulties they faced. These generally included the following:

- Rude and unfriendly reception staff who behave as though they own their GP surgery and that they, the patients, are fools;
- Having to wait a long time on the telephone or mobile phone to get through to their GP surgery’s reception staff;
- At times their telephone line getting disconnected even after a long wait and having to start from the very beginning which they said was “most frustrating”;
- Finally getting through to the reception staff and being told that no place was available for an appointment; also being told by reception staff that they should call later or on another day at a specific time and having to go through the same time-consuming process all over again;
- Some (including some elderly patients), reported being asked by the reception staff to come to the surgery to make a routine appointment;
- Some said they were pushed to visit their Surgery because they were not able to get through to the receptionist on the telephone, but when they went to the reception desk, they were rudely told off for coming there in person instead of booking an appointment via phone; and
- Some mentioned that parking spaces outside GP surgeries were very limited. This makes it difficult for patients in general and especially for the elderly and those who have disabilities.

Other difficulties mentioned by patients in connection with booking routine appointments were:

- Getting appointments after a long interval, at times and even after a gap of two or three weeks;

- Always being seen by locum GPs who, (unlike their own GP), neither knows them personally nor is aware of their medical history; and
- GPs being in a rush and not communicating or listening to them properly with empathy and understanding.¹

Difficulties with routine appointments such as long delays in getting routine appointments from GP practices that our respondents highlighted, bear a close resemblance to conclusions from a recent survey conducted in Hounslow by AFNO to ascertain the health needs of members of the Nepalese community in the borough. For instance, they had found that out of their sample of 100 respondents, about 24% had said it took more than two weeks to be seen by a GP and only 14% said they were seen within a few days. In addition, they found that 62% of their respondents reported finding it difficult to communicate with their GP.

It can, therefore, be concluded from what respondents said, that local people across the board encounter difficulties in getting routine appointments. In other words, these difficulties are not confined to any specific age, gender, sexuality, ethnicity or employment status. The same is true about members belonging to emerging communities, (especially elderly people within such groups), as well as for all those not well-versed in English for whom language barriers are an additional problem or barrier. This was summarised succinctly by one of our young Somali respondents when she said: “I always find it so difficult and frustrating to get a routine appointment! And, that’s when I speak and understand English perfectly and also know how the system here works. Can you imagine what my mother and others who don’t speak or understand English properly and are also new to this country, have to go through!”

Moving to feedback on urgent appointments, there were some points which deserve mention. Patients within the group who said it **was difficult to book urgent appointments, explained that the time span for bookings was confined to a very short window every day. Moreover, since health emergencies generally happen suddenly without giving anyone any prior notice, they said they needed more flexibility for booking urgent appointments.**

Finally, we would like to add that some patients also conveyed an important piece of information about urgent appointments when they said that **due to delays in obtaining urgent appointments or being unable to book them because they could do so only at a particular time of the day, they had made it a habit to call 999 for an ambulance or rush to the A&E unit of local hospitals like West Middlesex University Hospital.** They said that doing so worked far better for them than waiting to book an emergency appointment within a highly-restricted time of day and getting stressed thus worsening their condition.

Since keeping patients out of hospital is an aim of the NHS so that unnecessary hospital expenses can be curtailed for hospital services, the trend of patients turning up in hospitals because of delays in getting an urgent appointment from their GP practice needs to be investigated and rectified. Similarly, we also need to educate patients about out-of-hospital services and of the negative financial implications of their actions. We trust the findings of this survey have helped us

¹ Despite considerable negative feedback from patients about accessing GPs and the behaviour of Reception staff, it must be added that there are examples of Good Practice in primary care that also need to be highlighted. During our survey, for instance, we happened to visit a GP practice, the Holly Road Medical Centre in Chiswick without any prior notice and felt bowled over by the unmitigated praise and glowing tributes paid to the GP as well as reception staff by the patients in their FFT forms.

achieve our objectives and that they will help the CCG to shape primary care services more closely in accordance with the needs, convenience and wishes of local patients.

Healthwatch Hounslow

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