

Report on the Healthwatch Wandsworth survey about GP consultations

Background

General practitioner (GP) consultations in the United Kingdom (UK) are the shortest in Europe. Presently, patients are seen for approximately 9 minutes and 22 seconds¹. The British Medical Association has advocated that GP appointments should last for 15 minutes², as it is hard to diagnose conditions in less time.

A recent study in south west London established that participating GPs thought that 26% of their consultations, over a given period, could have been handled by other health professionals. Healthwatch Wandsworth launched a survey to gather the thoughts of local residents on how GP time can be better managed to enhance the time they will be able to spend with patients.

Our Consultation Survey

We ran our survey from 10th September 2017 until 15th February 2018. The survey was qualitative and consisted of open questions. We circulated it to our networks and at our regular outreach events, and included it on our website and social media.

Findings

We received 40 responses to our survey. A sample of the questionnaire can be found in Appendix A.

Question one: What could be done to help the public consider other professionals or services as an alternative to going to the GP?

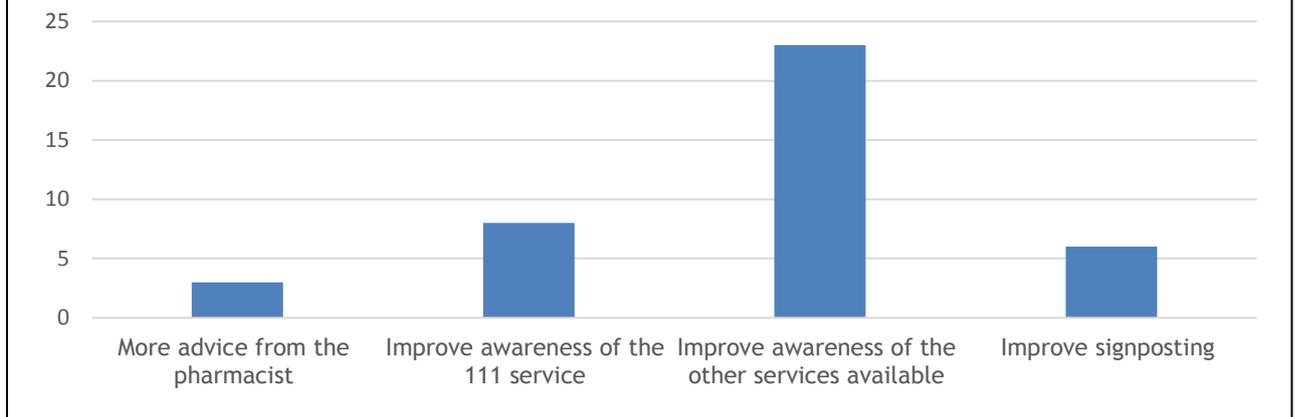
Firstly, we wanted to see what suggestions local residents had for alternative options to going to the GP. **Figure 1** shows that 58% of respondents thought that the public should know what services or professionals might be available to them. 20% said that the 111 helpline should be extended and its services more widely promoted. Other key themes identified were better signposting (15%) and obtaining medical advice and prescriptions from the pharmacist (8%).

¹ Irving G, Neves AL, Dambha-Miller H, *et al* International variations in primary care physician consultation time: a systematic review of 67 countries *BMJ Open* 2017;**7**:e017902. doi: 10.1136/bmjopen-2017-017902

² BMA (2016), Doctors set out safe working plan for general practice. Retrieved from

<https://www.bma.org.uk/news/2016/august/doctors-set-out-safe-working-levels-plan-for-general-practice> (Accessed March 2018)

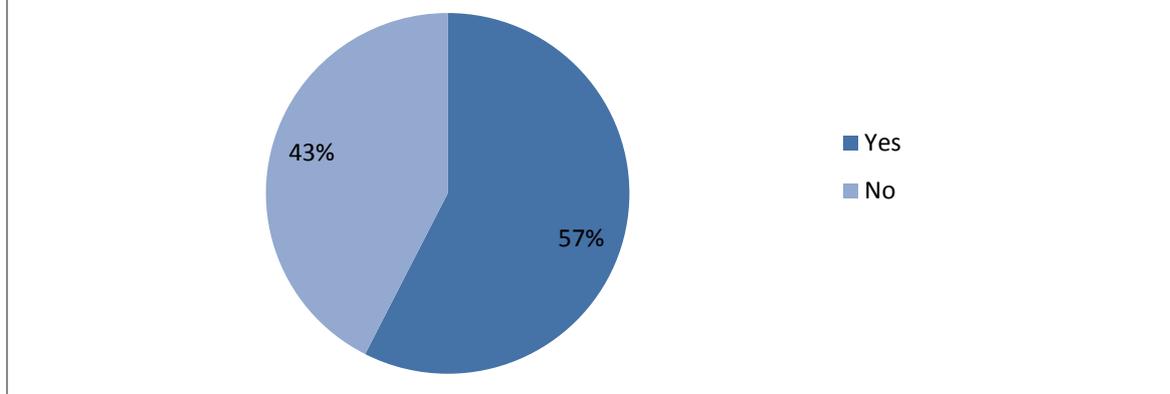
Figure 1: What could be done to help the public consider other professionals or services as an alternative to going to the GP?



Question two: Should reception staff have a role in signposting patients to other options for managing their health issue? Please also say why.

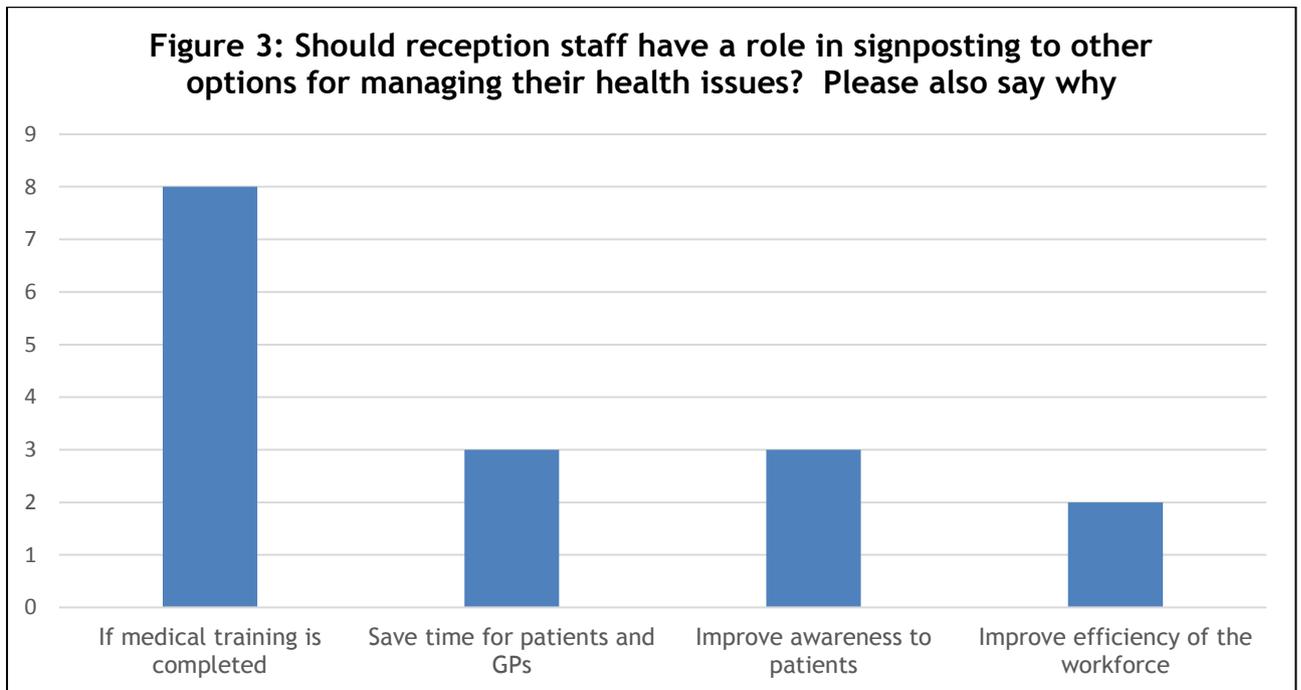
We then wanted to see what people thought about reception staff facilitating the patient’s health management. The respondents were divided on this question as shown in Figure 2 below. 57% of the participants thought that reception staff should signpost whilst 43% did not.

Figure 2: Should reception staff have a role in signposting to other options for managing their health issues?



Of those who said reception staff should signpost, we asked them to explain why. Some of the respondents (35%) suggested that staff should have medical training if they do signpost. 13% said that signposting will save time for both patients and GPs. The same amount (13%) thought that signposting by receptionists would improve patient health awareness. Others (8%) felt that receptionists should signpost to improve the overall efficiency of the NHS.

‘This is an underused workforce - often receptionists have lots of experience in helping patients to access the correct care for them’



Of the respondents that said that receptionists should not signpost, their concerns are discussed in question 3 below.

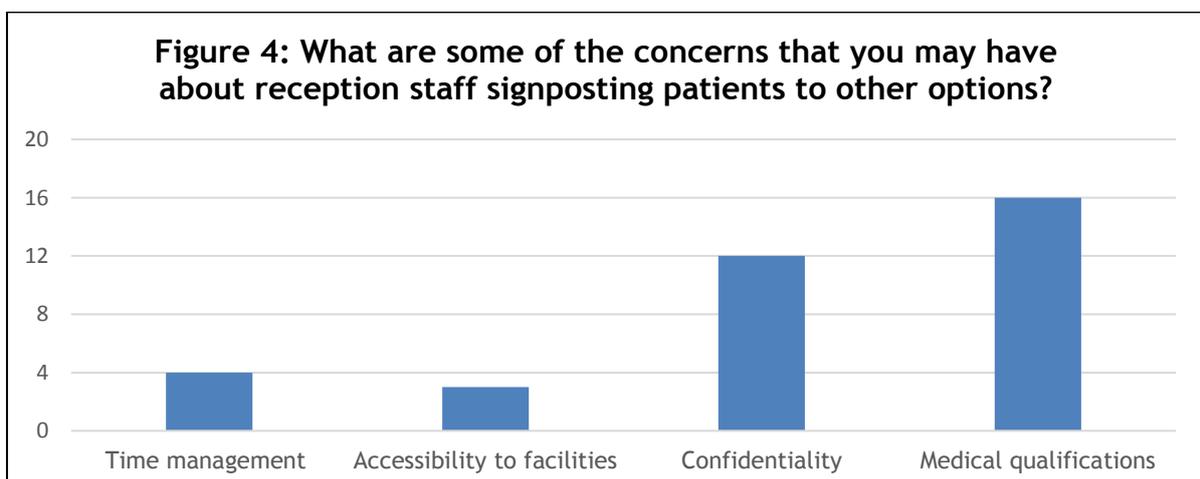
Question 3: What are some of the concerns that you may have about reception staff signposting patients to other options?

This question was designed to understand a little more about what people thought could be potential issues if reception staff signposted patients.

Most of the respondents (70%) thought that reception staff do not have adequate medical training to signpost. Other issues identified were confidentiality, with more than half (55%) saying that the discussion should be between the GP and the patient only. This concern was also linked to accessibility to facilities (14%).

‘Talking to receptionists is a public thing. It’s in a public space. In my surgery you need to stand up to do it, so not good for disabled.’

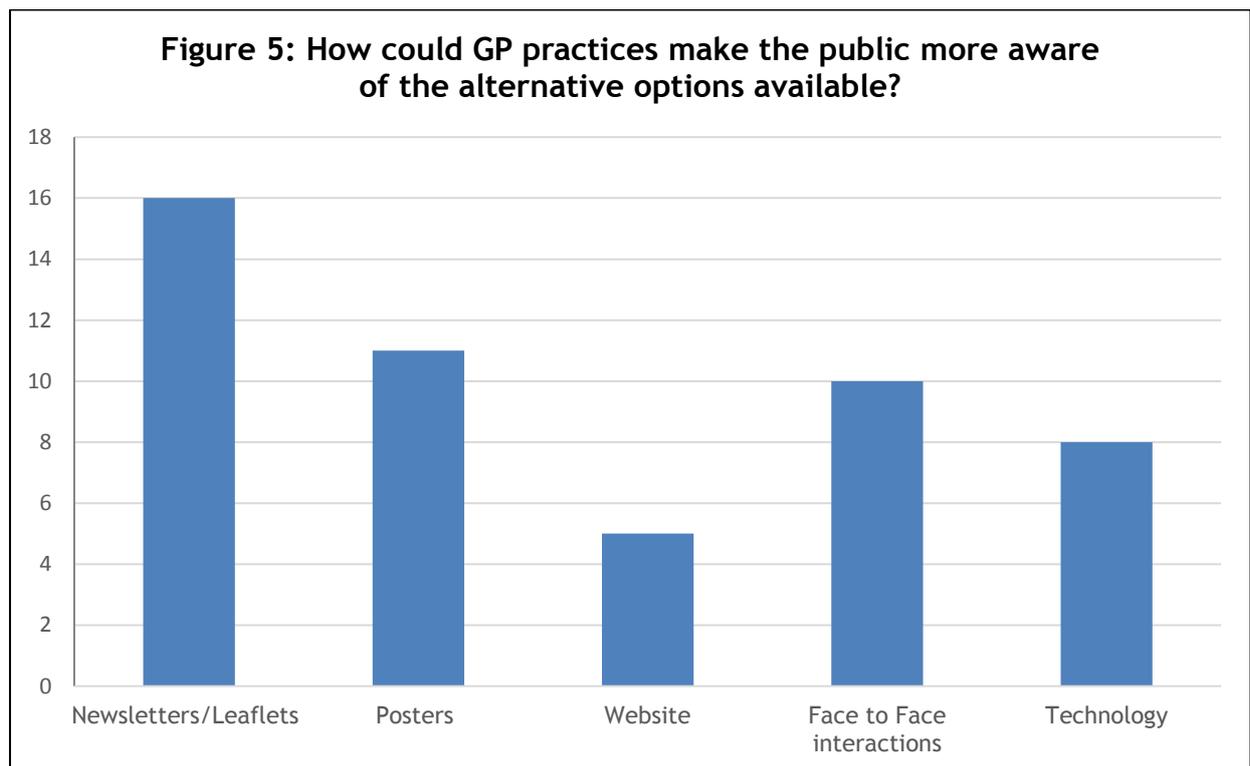
Additionally, 18% of respondents suggested that reception staff may face time constraints. One local resident said *‘they are very busy’*. Another participant said that reception staff *‘have to be careful of keeping clear professional boundaries’*.



Question 4: How could GP practices make the public more aware of the alternative options available?

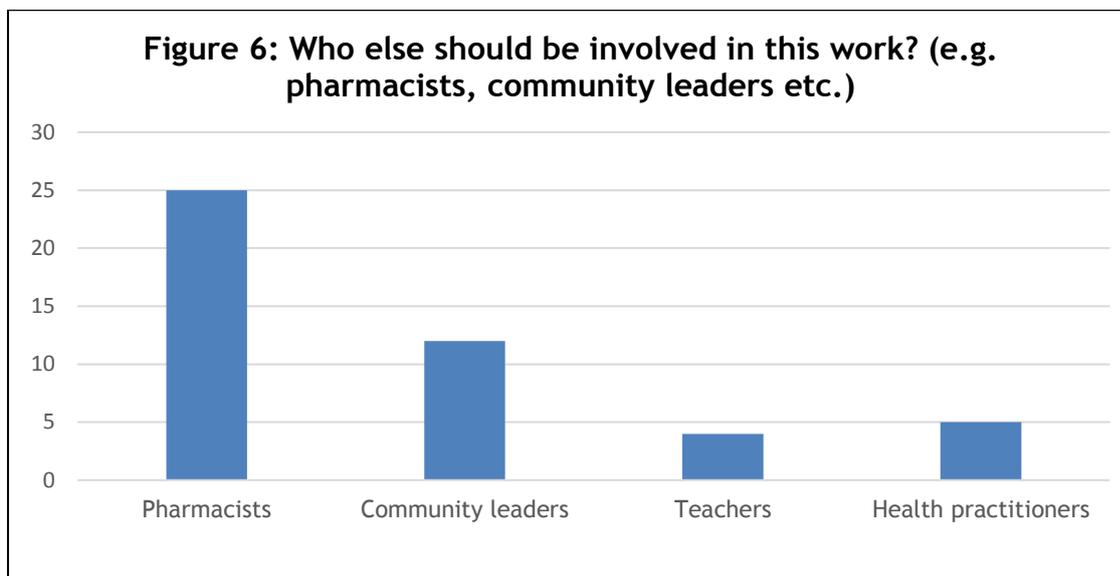
We then wanted to understand what methods people thought could be used by GPs to raise awareness of the other options.

48% of participants said that newsletters and leaflets should be circulated within the GP practice and the local area. 33% of participants thought that posters should be advertised around the GP surgery. 30% of respondents suggested that the GP should inform patients of their options face to face. Another key theme was the use of technology (24%), as respondents stated that GPs could use apps, text messages and TV screens to share information. While 15% thought that this information should be displayed on the GP's website.



Question 5: Who else should be involved in this work? (E.g. pharmacists, community leaders etc.)

This question explored whether other people could help make the public more aware of the alternative options available. Most of the respondents (74%) thought that pharmacists should be involved, followed by 35% for community leaders. While 15% and 12% of the participants respectively suggested that health practitioners, including nurses, should be involved. Teachers were also mentioned.



Question 6: Do you have any other suggestions or comments?

This question was included to allow participants to add any other opinions they might have. The responses received were mixed and showed a variation in experience and perhaps service provision, as participants had to either use walk-in centres due to long waiting times at their own GPs, or were happy with their services. The responses below highlight these polarised opinions.

'My GP surgery is really good. I can usually get appointments quickly (same day). It's a friendly and positive environment'.

One theme that ran through the answers was that being able to get prescriptions without needing a doctor's appointment would be helpful.

'Using a walk-in service today for urgent prescription as no appointments available for two weeks'.

Conclusion and Recommendations

Patient experiences at GP surgeries appear to depend on appointment availability which varies across the system. Any new initiatives should be prioritised for GPs that are struggling with long waiting times. Many respondents highlighted issues around waiting times, and some recognised that increased signposting might help reduce this and make the service more efficient.

Our respondents were divided as to whether reception staff at GP surgeries should be involved in signposting information. Respondents said that they are already really busy and that if there was an additional role for them, the boundaries of their job role would need to be re-defined, they would need additional training and qualifications and their title might need to be changed.

The results of our survey showed that patients thought that they might instead get additional help from a nurse in the practice and that the 111 service, local pharmacists and community leaders could help provide information and additional services where appropriate. They could also help to promote alternative options which might prevent the need to go to the GP surgery in the first place. Responses to our survey also show that it

will be important for people to be reassured that anyone who signposts, or gives information, is properly trained and has the relevant medical knowledge where needed.

Another important issue people raised related to the environment in which this information is given. Many were concerned with confidentiality and accessibility.

A range of channels for communicating information and medical help were suggested. Respondents highlighted that information should be given one-to-one by trusted staff; other creative approaches could also be used, such as a survey asking people if they know about alternatives to GP appointments.

Overall, it is clear that the GP system has a role in raising awareness and providing information. This was summarised by one comment:

‘Wouldn't it be great if GP surgeries were not stand alone centres but were part of Health and Wellbeing hubs, with a pharmacy, fitness centre, library and meeting spaces so that educational groups could be held.’

Appendix A - A copy of our survey

Q1 What could be done to help the public consider other professionals or services as an alternative to going to the GP?

Q2 Should reception staff have a role in signposting patients to other options for managing their health issue? If yes, please say why?

Q3 What are some of the concerns that you may have about this?

Q4 How could GP practices make the public more aware of the alternative options available?

Q5 Who else should be involved in this work? (e.g. pharmacists, community leaders etc.)

Q6 Do you have any other suggestions or comments?