



Commissioning Alliance
(North Place)
Crawley CCG
Horsham and Mid Sussex CCG

Extended Access Patient Survey Evaluation Report

February 2018



Introduction:

Nationally, the public's satisfaction with general practice remains high but increasingly patients are reporting more difficulty in accessing services and there has been a decline in patients reporting a 'good' overall experience of making an appointment' over the last four years. The General Practice Forward View (GPFV) published by NHS England on 21 April 2016 aims to support the sustainability of primary care and to improve access for patients.

The GPFV allocates investment to support the delivery of improved access, which is intended to enable CCGs to commission and fund additional capacity across their populations to ensure that everyone has access to GP services including sufficient routine appointments at evenings and weekends, alongside effective access to Out-of-Hours and urgent care services. Locally we are calling the development of access to general practice appointments in the evenings and at weekends, the Extended Access Service. NHS England has called for CCGs to commission these services by October 2018.

Nationally each CCG has varying needs within their populations and CCGs have been asked to commission improved access to best fit their local needs. NHS Crawley CCG and NHS Horsham and Mid Sussex CCG are currently considering how best to deliver extended access to primary care services so that it meets the needs of our population and are affordable.

Extended Access Engagement:

CCGs are required by law to involve and consult the public in their commissioning arrangements. To inform this process in regards to the development of the Extended Access Service, the CCGs reviewed the results of the GP Patient Survey (2017) and the Healthwatch Sussex report 'Local people's lived experience of local NHS and care services in West Sussex' (November 2017). Local feedback on the experience of making an appointment with a GP has highlighted a slight improvement in this; however other feedback confirms that local patients feel they struggle to get an appointment at a time convenient to them, that the current system is confusing and that the right services aren't always available at the right time. We have also looked at data across our local and emergency care system which tells us that a considerable number of people seek help for conditions/illnesses, via services such as A&E, when the issue may be managed/treated within a primary care setting. Commissioning extended access presents us with the opportunity to improve experience and simplify services, helping people to make the right choices when seeking help. Following this, the main vehicle for engagement to date has been via the Extended Access patient survey which asked the public to provide feedback on a number of potential ways extended access could be delivered.

Extended Access Patient Survey Methodology

The Extended Access Patient survey was developed in house by the CCGs with input from local Patient Participation Groups (PPGs) and Healthwatch Sussex. A series of quantitative (fixed questions – with definite answers which provide the clear indication of the number of respondents who support or disagree with a question) and one qualitative question (open question for people to provide their views, opinions and experiences in their own words) were used. There were three questions which covered the plans and nine questions which monitor who responded to the survey. The three key survey questions can be found in Appendix One of the report.

The survey was open from July to September 2017 and was made available on line and in paper form. A media campaign launched the survey including a piece in the Mid Sussex Times and notification through CCG social media webpages. A link to the survey was disseminated to the local community via local networks websites and email contact lists such as local charities, voluntary agencies, and district and borough councils, PPGs, GP practices, libraries and school newsletters.

Summary of those who responded and views:

In total there were 1,178 responses from the local community, 948 responses were received on line and 230 on paper. Paper responses were uploaded to the survey website by the administration team at the CCGs. 609 people completed the free text section of the questionnaire. People responded from each of our 5 communities as follows:

Please tell us where you live:	Total	%
Horsham / surrounding area	314	27%
East Grinstead / surrounding area	240	20%
Burgess Hill / surrounding area	231	20%
Haywards Heath / surrounding area	197	17%
Crawley / surrounding area	191	16%
Not specified	3	0%
Other / Out of Area	2	0%
Grand Total	1178	

Summary of respondent's views:

The majority of respondents were positive about accessing GP services on weekday evenings after 6.30pm and Saturdays, further analysis is required in relation to responses given to likelihood of using services on a Sunday as responses to this question were close. Respondents were generally positive about accessing other types of primary care services such as seeing a Practice Nurse or a Health Care Assistant. In relation to different methods of consultation, respondents were in favour of the ability email, but results were close regarding the use of other technology such as text and video consultation. Free text comments were fell broadly into positive comments and comments of concern, examples of free text comments are shown throughout the report in relation to the questions.

Detailed analysis of respondent's views

The core survey questions explored people's views on:

- Likelihood of accessing bookable routine GP appointments on weekday evening after 6.30pm and at weekends.
- Types of primary care services that people might use during those times.
- Whether people would consider using different technology to access a consultation during these times.

Alongside analysis of responses as a whole we also developed key lines of enquiry to take a deeper look into the results for **Question one**, these were as follows:

- Age – responses were grouped into the following age categories; 16-64 years, representing 69% (818) of total respondents and those over 65 years representing 28% (328) of the total respondents. 3% (33) of respondents declined to indicate their age category on the questionnaire.
- Disability – those who described themselves as having a long standing illness, disability or infirmity, representing 47% of total respondents.
- Caring responsibilities – those who described themselves providing unpaid support/care for a family member or friend who needs help with day to day life due to a health problem/condition, representing 14 % of *total respondents*.

We have done this to provide greater insight into the potential populations who might access services during these times, helping us to design the service accordingly.

Question 1: Access on weekday evenings

Figure 1 shows respondent's views on the likelihood of accessing services on weekday evenings. In total 69% of respondents felt they were likely use appointments in weekday evenings.

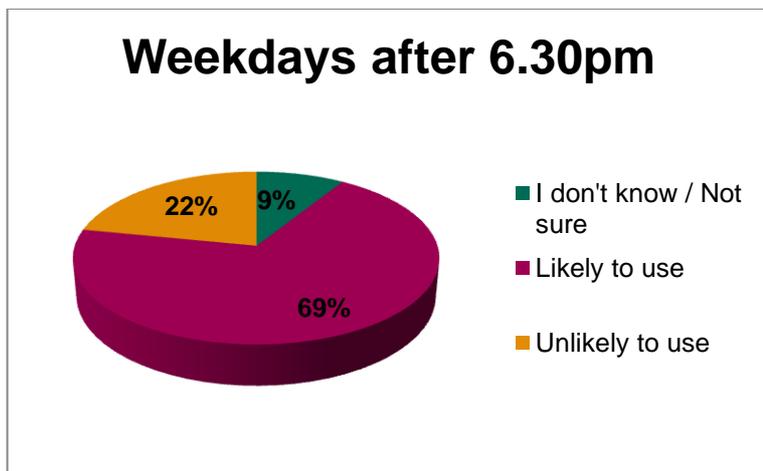


Figure 1

Further analysis shows that 56% of respondents within the 16-64 age group felt they were likely to use services at this time. 44% of those aged 65+ felt they were likely to use appointments at this time. 42% of those people who described themselves as having an illness or disability also felt they were likely to use services at these times. 14% of those describing themselves as having caring responsibilities also felt they were likely use routine appointments at this time.

Question 1: Access on Saturdays

Figure 2 shows respondent's views on the likelihood of accessing services on Saturdays. 72% of respondents felt they were likely to use appointments on Saturdays if they were available.

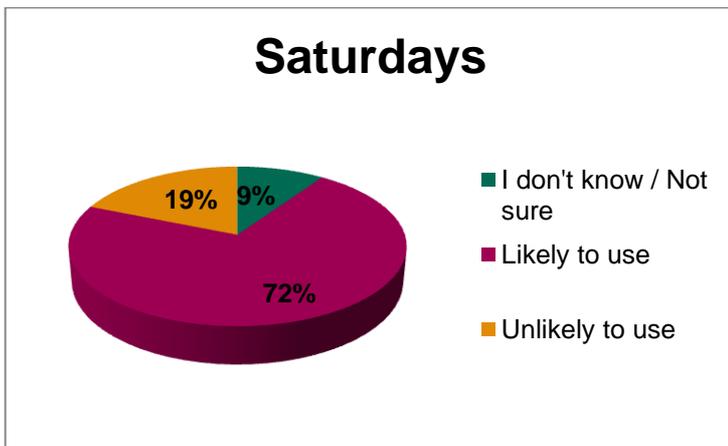


Figure 2

Further analysis shows that 55% of respondents in the 16-64 year old age bracket and 45% of those aged 65+ felt they were likely to use appointments at this time. 47% of those people who described themselves as having an illness or disability also felt they were likely to use services at these times. 15% of those describing themselves as having caring responsibilities also felt they were likely use routine appointments at this time.

Question 1: Access on Sundays

Figure 3 shows respondent's views on the likelihood of accessing services on Sundays. **45%** of respondents felt they were likely to use appointments on Sundays if they were available.

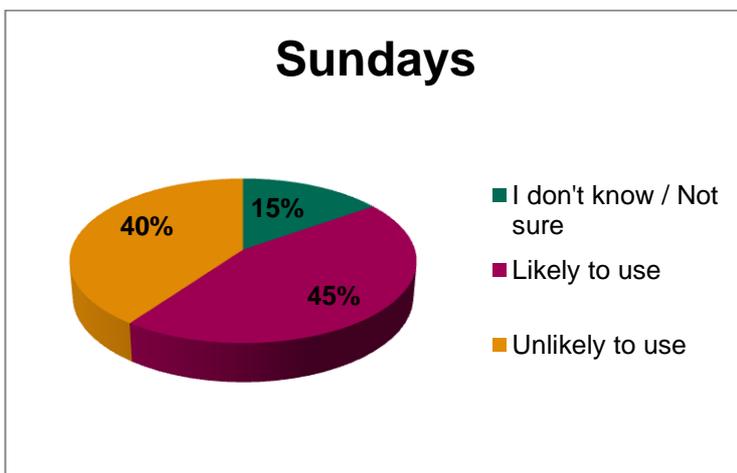


Figure 3

Further analysis shows that 35% of working age respondents and 65% of retirement age felt they were likely to use appointments at this time. 45% of those people who described themselves as having an illness or disability also felt they were likely to use services at these times. 16% of those describing themselves as having caring responsibilities also felt they were likely use routine appointments at this time.

Question 1: Free text comments received:

A sample of free text comments that might relate to this question are shown below:

'A lot of people cannot get time off of work to attend appointments. Some do not even get paid when they have time off. Evening and weekend appointments must be offered in the future or people will ignore their symptoms if it means asking for time off and being refused/ not paid'

'It would be so helpful to have weekend/evening access for people who work full time and who are also responsible for elderly relatives, especially if they find it find it difficult to get time off work to visit the surgery'.

'Given the difficulty in arranging appointments, any extended hours should not reduce what is currently available'.

'I believe that this kind of extended access should not be at the expense of the core 9-5 primary care service. If there are not enough GPs, then surely that core service needs to be 'ring-fenced' (and if funding were to be found) increased, before the NHS starts to extend further into 'unsocial' hours. There is also the issue of GP and primary care staff 'burn-out' if they are being asked to extend their hours on top of 9-5 duties'.

'It concerns me that we are trying to spread GPs too thinly. If they are forced to work at weekends/unsociable hours does this mean there will be less GPs available during normal opening hours?'

Question 1 summary:

On the whole survey responses tell us that people feel they are likely to use appointments on weekday evenings and Saturdays. Likelihood of use on Sunday requires further analysis to ensure the service offer matches the potential demand on this day. To do this we will also look across the current activity we see in other services such as A&E, Urgent Treatment Centres, Minor Injuries Units and Out of Hours services to help us decide the level of service provision on a Sunday.

Question 2: Likely to use other services

Figure 4, 5 and 6 show respondent's views on the variety of services they might like to access on weekday evenings and at the weekends if available in the future.

Figure 4:

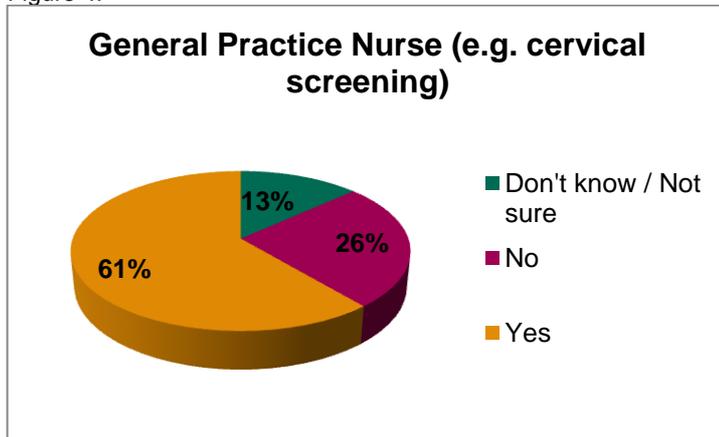


Figure 5:

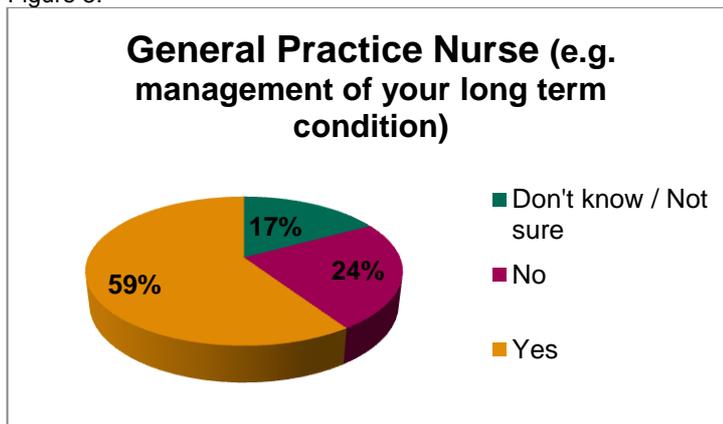
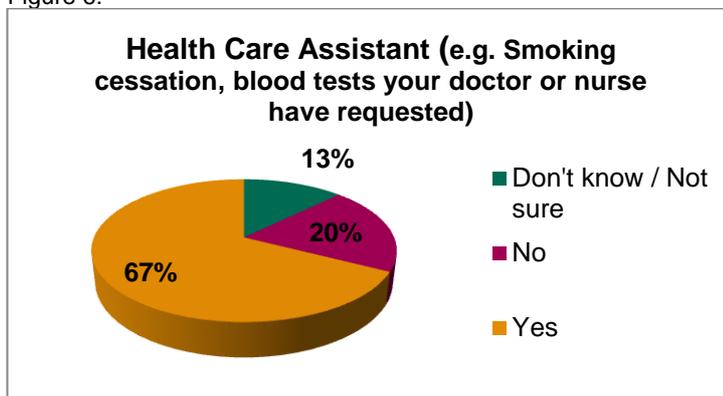


Figure 6:



Question 2: Comments received

A sample of free text comments that might relate to this question are shown below:

'If these services are to be offered then an increase in nurses and doctors must match up with the new services. We don't want our doctors and nurses any more over worked than they are already'

'I think that it would be beneficial to have some routine appointments available out of hours e.g. asthma check-up, blood pressure test, cervical screening but it is also equally important to have out of hour's access to GPs for emergency appointments'.

'Any time I work at home there are never any available appointments for doctor or nurse. I have currently been trying for the last 7 months to get a suitable slot for a smear at my surgery. Nothing fits around my work'.

Question 2 summary:

On the whole responses to the potential to access different services on weekday evenings and at weekends were positive. As commissioners we are keen to develop the variety of services on offer in the Extended Access service. The responses support the provision of services delivered by other health care professionals. This finding is also supported by feedback from extended access national pilot sites which found that integrating other practitioners into primary care provision releases GP capacity and more appropriately matches the needs of patients with practitioners.

Question 3: using different ways to consult with a GP

Figure 7, 8 and 9 shows respondent's views on whether they would consider using different ways to consult with a GP.

Figure 7:

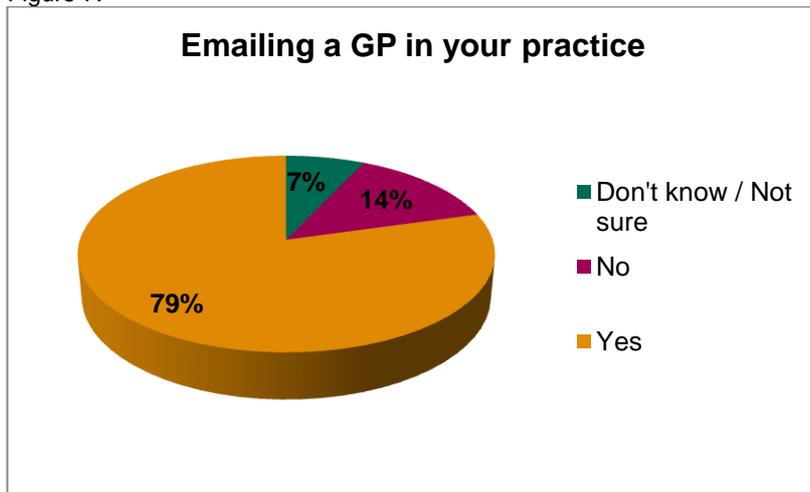


Figure 8:

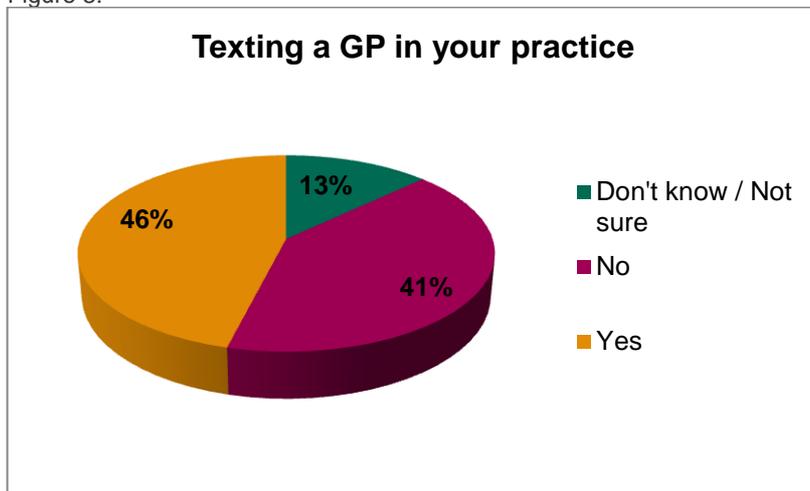
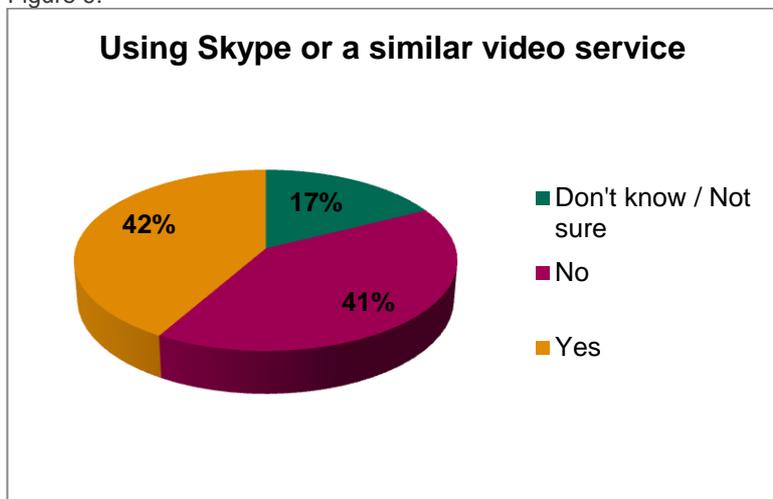


Figure 9:



Question 3: comments received

A sample of free text comments that relate to this question are shown below:

I think the use of Skype or an alternative scheme would be great but feel uncomfortable with that technology...perhaps linking with another group that would provide some training would be helpful and encourage more people to access GP services in this way'.

'Not everyone has access to a mobile phone or the Internet'.

'PLEASE NOTE I AM 91 AND DO NOT HAVE A COMPUTER'.

Question 3 summary:

On the whole respondents were positive about the potential to use non-traditional methods to consult with a GP. However, the results were close and therefore careful consideration is required as to what could be offered and how this might work in reality. Using technology in this way represents a big change from traditional consultation methods and will therefore require careful planning to introduce, including consideration of the implications on resources and costs. Feedback from national extended access pilot sites regarding non-traditional methods of consultation reflects these considerations.

Free text box responses – key themes:

We found that free text comments broadly fell into categories of comments that could be viewed as positive in terms of the development of an extended access service and those who expressed concerns about a range of related issues:

Positive comments:

A snapshot of comments that could be viewed as positive in relation to the development of the extended access service is shown below.

‘The service offered during standard hours is great but for working people, who have to travel an hour each way during work hours to get to a doctor’s appointment, it makes it hard to manage, particularly when you also have children to consider care/cover for. Later evenings or weekend appointments would be an absolute godsend’.

‘I think for those working and with children it is necessary but as a retired person I feel if such services are available I should always try and make a daytime appointment if possible freeing up evenings and week-ends for those whose time is more limited. But it would be nice to have if one feels ill at the weekend and I think would certainly take the pressure off A&E. I know recently I would have liked to have seen a doctor when I became quite poorly on a Friday night, but had to wait over the weekend and get an emergency appointment on the Monday, by which time I was really poorly and in fact finished up in hospital’.

‘As a full time working mum with kids in school, I find it hard to arrange any medical appointments be it urgent or non-urgent. I would benefit from this happening as I know other families in a similar situation would too’.

‘As a carer for someone with complex medical needs, having access to advice from a GP at weekends in particular would be invaluable and ease the stress on me considerably. From my personal perspective, having access to GP later in the day and at weekends, plus more on the day appointments, will work better with my work life balance’.

‘It is very difficult to secure a non-urgent appointment with a doctor and by the time you attend an appointment attended 3 or 4 weeks after the initial request the need is usually very urgent. It would be good to try and ensure you can see a doctor a little sooner or even have surgeries that allow a drop in waiting system’.

I think this is all very positive, especially the idea of enabling patients to email doctors or have Skype consultations’.

‘I’m very happy for some consultation processes to happen via email and telephone, possibly even skype. I occasionally do speak to the Rd. via the phone - this works for me’.

‘Online appointment booking and automatic routing (on self-selected symptoms) could help’.

Concerns:

A snapshot of comments that raised different concerns is shown in the table below, with a response given to help address these issues. Many people raised concerns about current access to appointments, staffing of appointments during the proposed extended access times and whether this would be to the detriment of current core hour's provision. Other people were concerned about the distance they might have to travel to access an appointment during these times. Other people felt that it would be difficult to access other types of consultation as they do not have access to the technology required.

Free text comments	Response
<i>'Something needs to be done to address the dire wait to see a GP for non-urgent matters! In excess of 2 or 3 weeks in unacceptable.'</i>	One of the aims of the extended access service is to reduce some of the pressure on local general practice by providing additional capacity.
<i>'Given the difficulty in arranging appointments, any extended hours should not reduce what is currently available.'</i>	The development of the extended access service will not reduce current primary care core hour's provision.
<i>AS RETIRED PEOPLE WE SEE NO BENEFITS IN THE PROVISION OF 'OUT OF HOURS' ACCESS. IF THIS DOES BECOME AVAILABLE WE WOULD NOT WANT IT TO BE AT THE EXPENSE OF REDUCED 'NORMAL HOURS' SERVICE WHICH WE CAN SEE IS ALREADY UNDER PRESSURE.'</i>	The development of the service may benefit working people who may find it difficult to book an appointment during their working day. As noted above extended access will not affect current core hour's provision.
<i>Please do not factor-in an assumption that as a patient I'd be happy to travel long distances for fairly routine attention'</i>	The requirement to ensure the service is delivered from an accessible, recognisable location will be included in the service specification
<i>'As an older patient, I would find it difficult to drive in the dark to another practice which might be further away, or even possibly an unknown urban area such as Crawley'</i>	Patients will have the option to choose to accept an appointment with the extended access service when offered.
<i>Difficult for over 80's to get through to Doctors as have no computers, mobile phones. Have to hold on for ages on the phone to get through to the surgery. Have to arrange taxi as have mobility problems and don't know whether I will be seen at my appointment time. Not sure I want to go out in the dark winter evenings alone.'</i>	Current methods of contacting your GP will continue to be available. As noted above patients will have the choice to accept an appointment with the service if it is convenient for them to do so.
<i>'Not everyone has access to a mobile phone or the Internet.'</i>	We recognise access to technology may prohibit some people from engaging in new ways to consult with a health professional. There are no plans for new methods to replace face to face

	consultations or current ways to contact your surgery or the new service.
<i>The older generation may not have access to a computer but we are not stupid - quite bright really! Arthritis and other complaints may be a barrier to using the computer or text phone'.</i>	As noted above, we recognise that not everyone will have access to technology to engage in new methods of consultation.
<i>It concerns me that we are trying to spread GPs too thinly. If they are forced to work at weekends/unsociable hours does this mean there will be less GPs available during normal opening hours?</i>	We recognise that there are pressures across the current primary care workforce. The extended access service does not mean that every GP will be required to work outside their current core hours, as the service will be delivered from a 'hub' type facility.

Final summary:

The Extended Access patient survey received a good number of respondents, who on the whole were positive about the development of this service and the likelihood of using it. We have used the intelligence gained from the survey in the development of the draft service specification including an outline proposal to offer services on weekday evenings after 18.30 and on Saturdays and Sundays (times and locations to be confirmed). As part of our ongoing work to establish the service offer we will consider these results alongside local system intelligence such as the use of other parts of the urgent care system such as UTCs, MIUs and A&E departments. Issues of accessibility and location of services are highly important and we have reflected the location of services as a requirement in the service specification.

Disappointingly we had a very low number of respondents from groups of people describing themselves with particular protected characteristics such as race, religion or belief and sexual orientation. We acknowledge that we need to specifically pursue these views from these groups in our future engagement activities to capture their contribution to the development of the service.

Acknowledgements:

The CCGs would specifically like to thank the local PPGs and practices across each locality for their input into the design and distribution of the survey.

Appendix One: Extended Access Survey Questions:

1. Thinking about non urgent, routine GP appointments, which of the options below are you most likely to use, if available at a local venue?

*Please select ONE box per option **

	Unlikely to use	Likely to use	I don't know/not sure
Option 1: Weekdays, after 6:30pm			
Option 2: Saturdays			
Option 3: Sundays			

2. In future we are likely to develop the variety of services available in the evening and weekends. What services might you like to be able to access during these times, not necessarily at your own surgery?

*Please select ONE box per option **

Option 1: General Practice Nurse (e.g.travel immunisations, well person clinics, , cervical screening)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know/not sure
Option 2: General Practice Nurse (e.g. management of your long term condition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know/not sure
Option 3: Health Care Assistant (e.g. Smoking cessation, blood tests your doctor or nurse have requested)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know/not sure

3. In future it may be possible to consult with a GP about a non-urgent/routine healthcare issue in different ways. Please tell us if you would consider using the options below to do this:

*Please select ONE box per option **

Option 1: Emailing a GP in your practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know/not sure
Options 2:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know/not

Texting a GP in your practice			sure
Option 3: Using Skype or a similar video service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know/not sure