

AGENDA MANAGEMENT SHEET

Name of Committee Health Overview and Scrutiny Committee

Date of Committee 15th June, 2005

Report Title Disabled People’s Access to GP Services in Warwickshire - Council of Disabled People, Coventry & Warwickshire

Summary Health Overview and Scrutiny Committee commissioned the ‘Council of Disabled People, Coventry and Warwickshire’ to research access to GP services for disabled people. This report is the culmination of this research and, where appropriate, recommendations on how services these could be improved.

For further information please contact:

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Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Cabinet Member
- Chief Executive David Carter.....
- Legal Jane Pollard.....
- Finance

- Other Chief Officers Marion Davis.....
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Agenda No 4

Health Overview and Scrutiny Committee - 15th June, 2005.

Disabled People's Experience of Accessing GP Services in Warwickshire

Report of the County Solicitor and Assistant Chief Executive

Recommendation

1. That the committee considers the final report from the 'Council for Disabled People'
2. That the committee considers the recommendations as set out in section 12 of the report

1. Background

- 1.1 When this report went to Health Overview and Scrutiny Committee on the 12th May 2004 the committee endorsed the report, but the recommendation was that the Access to GP Services Panel further investigates the following issues:
 1. Whether vulnerable groups that have special needs (e.g. people with physical disabilities, learning disabilities) are particularly disadvantaged in terms of access to GP services.
 2. How transport issues and transport information may impact on the accessibility of GP services (see Recommendation 9 of the report)
 3. How access to GP services is considered and planned for when planning large new housing developments (see Recommendation 12 of the Report)
- 1.2 The 'Council of Disabled People' was commissioned to research access to GP services for disabled people (recommendation 1) on behalf of Health Overview and Scrutiny Committee and this forms the basis of this report.

2. Recommendation

2.1 This Committee is asked to endorse the report and its recommendations.

DAVID CARTER
County Solicitor and Assistant
Chief Executive

Shire Hall
Warwick

April 2005

Disabled Peoples Access to GP Services in Warwickshire

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1. Introduction

1.1 The aims of this research are:

- To ascertain the overall experience of Warwickshire Disabled people whilst accessing GP services.
- To discover if Disabled people feel excluded or disadvantaged whilst GP services in Warwickshire and if so the impact this has on their lives.
- To find out what they would prefer to see changed or improved
- To highlight areas of satisfaction and good practice
- To make overall recommendations to improve access to GP services.

2. Scope

2.1 The questionnaire was divided into four sections of service:

- A – Travelling to your GP surgery
- B – Accessibility of the Service
- C – Customer Service
- D – Appointment Systems

Section A intended to assess whether the needs of Disabled people within Warwickshire County Council were met in terms of transport to and from their GP surgery. This section was highly relevant as to establish whether GP surgeries were in appropriate locations and whether public transport fulfilled the needs of Disabled people when travelling to their GP surgery.

Section B intended to look at how Disabled people's needs were met including access to information from GP's in appropriate formats, environmental access that govern how easily they can park, enter buildings, approach the counter, seating. This section not only looked at

whether GP services within Warwickshire understood the needs of Disabled people but also established whether GP services actually implemented measures to accommodate Disabled people.

Section C aimed to discover whether Disabled patients felt there is a good level of understanding of Disability and were satisfied with the service they received from their Doctor's Receptionists, Nurses and the Doctor's themselves. This section was also created to establish attitudes, if any, that patients received or encountered.

Section D was created with a view to looking at what current appointment systems were in place and whether they were happy with waiting times. This section wanted to establish what procedures were in place for judging and dealing with urgent medical problems and whether Disability was a defining factor in how quickly emergency appointments were attended to.

3. Research Process

- 3.1 We wanted to gain qualitative information about Disabled people's views of their own GP services, how they got there and if that was easy or difficult and the attitudes towards them. We also hoped that they would let us know in which town or village they reside.
- 3.2 The questions were designed to respond to the aims and scope as specified by Warwickshire County Council in consultation with Disabled people.
- 3.3 The questionnaire was then designed by CDP and created to appeal and aid to people who may have learning difficulties and/or visual impairment and made available in large print, tape and over the Internet.
- 3.4 The questionnaire was then distributed to a database of Disabled people and organisations members of CDP from the Warwickshire County area and included Warwick District, Stratford District, Rugby Borough, Nuneaton and Bedworth and North Warwickshire. Members also include a BME Disabled peoples network. A Stamped Address Envelope was included to support easy return.

- 3.5 The questionnaire was then posted on-line on www.cdp.org.uk to enable users of our web site from Warwickshire to complete a submit form.
- 3.6 A paid advertisement was put in Observer Newspapers to encourage the disabled public (not necessarily CDP Disabled members) who wished to participate to telephone us for a questionnaire, answer the questionnaire over the telephone or fill in the questionnaire on line on www.cdp.org.uk
- 3.7 To ensure a wider, culturally diverse and district wide discussion we facilitated five focus group sessions. Nuneaton and Bedworth DIAL facilitated a through their own network. Rugby Disability Forum facilitated by CDP, Warwick District Disability Network facilitated by CDP, the Asian Disabled Peoples Group facilitated by CDP and Disabled members of the African Caribbean Project facilitated by ACP (African Caribbean Project).

4. Definitions

- 4.1 In order to define an understanding of Disability (impairments) and simplify the results in tables we have sorted them into five categories.

- Physical impairments
- Learning Disabilities/Difficulties
- Sensory Impairments
- Mental Health Problems
- Long-term conditions/illness

Physical impairment encompasses any impairment that restricts mobility or any other day-to-day action of the individual.

Sensory impairment generally means that a person has a hearing impairment or is deaf, deafened or has a visual impairment or is blind.

Learning Disability means that a person **may** have problems with understanding, communication, cognition and/or reading and writing.

Mental Health Problem signifies that the person may be experiencing distress, have a psychological and/or emotional problem and may or may not be using medication and mental health services.

Long-term condition/illness means that the person may have a debilitating and/or self managed condition such as diabetes, epilepsy, HIV etc or may have a long-term illness such as cancer etc.

5. What is your impairment/condition?

5.1 As a reference point and in order to establish a wide group of Disabled people we asked what their condition/impairment (disability) was in order to determine how the interaction between an individual's condition and access could affect their use of GP services. It must be noted that some respondents had multiple impairments (disabilities).

5.2 Respondents description of their impairment/condition

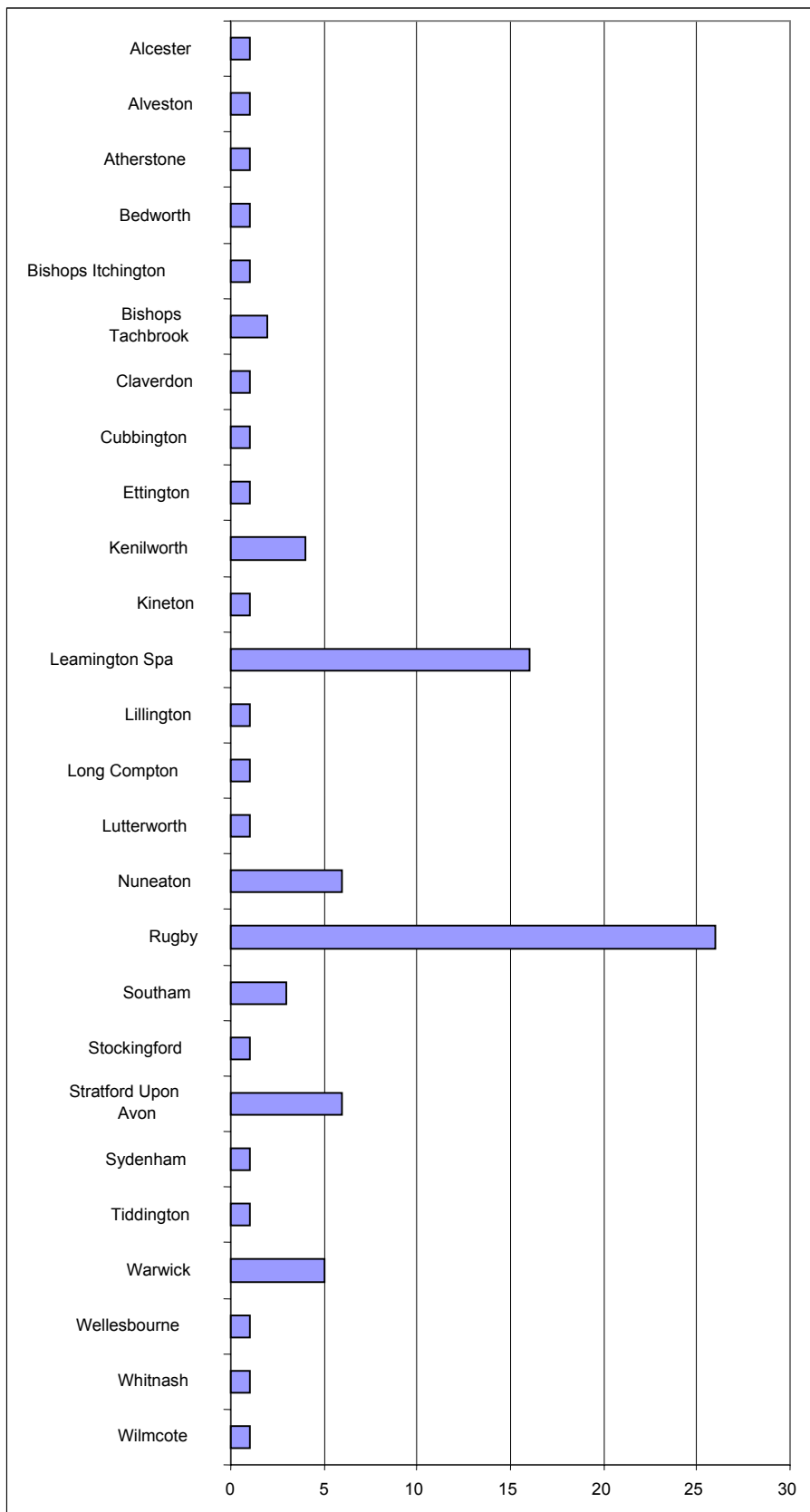
Angina
Arthritis/Osteo-Arthritis
Autistic Spectrum
Blind
Brain Tumour
Cancer
Cerebral Palsy
Cerebellum Ataxia
Crohn's Disease
Chronic Asthma
Chronic Obstructive Pulmonary Disease
Deaf
Diabetes
Dislocated Hips
Emphysema
Epilepsy
Fibromyalgia

Fractured Left Leg
Gastro-oesophageal Reflux Disease
Head Injury
High Blood Pressure
Incomplete Spinal Lesion
Mental Health Problem
Menieres
Mobility Impaired/Restricted Mobility
Multiple Sclerosis
Paralysed right arm
Paralytic Stroke
Paraplegia
Polio
Quadraplegia
Restricted Growth
Renal Failure
Rheumatoid Arthritis
Severe Learning Difficulty
Spina Bifida
Spinal Degeneration
Spinal Lesion
Spinal Muscular Atrophy
Spinal Injury
Stoma
Stroke
Ushers Syndrome – Deaf and Blind

Please see appendices 1 for a copy of the questionnaire.

6. Overall response to research

- 6.1 Of the 365 questionnaires distributed 87 were returned (including on-line submit forms) meaning a 26% response rate overall. This shows us that Disabled people actively participated and wanted to say something about GP services. This was particularly highlighted in those who took the time to telephone us for a questionnaire in response to the advertisement.
- 6.2 Warwick District had the highest return 35%, Rugby Borough 28%, Stratford District 21% and Nuneaton, Bedworth, North Warwickshire 16%.
- 6.3 Where total numbers do not seem to correspond with the full amount of submitted surveys this means that respondents have ticked more than one box (because of multiple impairments) within the same question/category. Some respondents did not answer all questions.
- 6.4 Most respondents answered the question 'Town or Village Where You Live'. Some did not answer. We found that older disabled people who spoke to us on the telephone voiced concerns 'will my GP know who I am?' We assured those who contacted us over the telephone that the questionnaire was anonymous.



Numbers and Location of Respondents

7. Findings

To facilitate the understanding of findings we have separated out the Warwickshire areas in order to get a district/borough and urban/rural feel of service provision and infrastructure to enable District/Borough councils to have an understanding of their areas.

8. Stratford District (17 Respondents)

A. Travelling to GP Services

A1. How do you travel to your doctors/GP surgery?

“Get wet while being pushed there. Car park always full so no advantage being taken by car”

“I am wheelchair bound – not mobile at all and my wife not mobile”

“If I go on my own I need help at the GP surgery to lift my wheelchair out of the car. I have never felt confident enough to ask anyone at the surgery to help me – they always seem too busy”

“I only travel by ambulance”

“No accessible public transport”

A marked majority (47%) of Disabled people are using their own car whilst travelling to GP services (if they have one)

- 26% use mobility aides such as scooters/powerful wheelchairs.
- 16% use family and friends
- 5% use taxis
- 5% walk to the surgery

A2. Do you find travelling to your surgery difficult?

- However more respondents said it was not difficult to travel to the surgery **but they all had their own car.**

“The “new” parking “scheme” is antipathetic towards the disabled. New limits on times under one hour are of no use to the disabled. This includes disabled signs too. The disabled say – the multi story car park at the end of Heal Street are not good. One is too narrow for the disabled. The other means (having) to reverse into a traffic stream anti to the disabled”

“As there is usually problems in finding a parking spot, or cars park so close together it is hard to get in or out of vehicle”

“Accessible with the benefit of a car, otherwise a bus or taxi would be needed.”

A3. Is your doctor’s surgery on a main accessible bus route?

- Those residing in Stratford expressed concerns about the parking facilities whilst having to access GP services.
- 56% of people said that their GP service was **not** on an accessible bus route, the majority that said no were from more rural towns/villages, however a couple were from Stratford – upon-Avon town.
- What was also interesting is that there was a marked absence of responses re Personal Assistance, i.e. carers for people using Direct Payments in the Stratford area unlike other areas.

B. Disabled Access and Facilities

B4. What is your disability or impairment?

- 69% of respondents for Stratford District had physical impairments.
- 5% had learning impairments
- 5% had sensory impairments
- 21% had a long-term illness.

B5. Does your GP understand your needs?

- 82% of respondents in Stratford District said that once they had arrived at GP service their needs were understood and that the surgery was accessible and appropriate to their needs.

“William Fitchford, Chestnut Surgery very good”

He is always ready to listen to me, and if I ask if I can try a new type tablet, he will be the first to say yes, if he thinks that it will help.... He is always on my side if I need help”

“She knows what I need to help me get around to help enjoy life”

“Good Dr. – Patient relationship over a long period of time.”

“ They understand my condition and are always very helpful”

“ Have altered medical centre to be accessible....arrange appointments to enable assistance”

“They know I suffer from severe pain, find it difficult to move stand and sitting need access for wheelchair”

B5.1. In what way does your GP service not understand your needs?

“My GP does not seem to understand Post Polio Syndrome even though I have given him an article about it”

“Will help if asked”

One respondent with autistic spectrum disorder says
“They have no patience. They don’t speak clearly and ask appropriate questions. They expect you to wait and don’t understand when you get anxious about this.”

One severely disabled respondent with no use of legs and very little movement with arms says:
“Doctor knows that I only ask for a call if it is really necessary and does her best to attend but I have to go through receptionist for doctor’s appointment or home call – sometimes I have to battle for a home call. Ramp to door of surgery but the two heavy doors to negotiate – no bell to ring for assistance.”

One wheelchair user – severely disabled says:

“Still talk to me over the counter unless I make the point”

“I don’t have huge needs so probably being a little unfair, but occasionally I really need help at the moment and it takes a bit of explaining.”

“A good service which appears to benefit the GP as much as the patient these days!”

“Automatic doors, ramp, willing to assist”

B6. If your surgery is appropriate or accessible to your needs tell us about it?

“The surgery is on two flights; have to go up the stairs which can distract. Would prefer it to offer a home service. With autism you can find it hard to sit in the waiting room.”

“The surgery itself is accessible with automatic doors, but the doors into the consulting rooms are very narrow and there is no adapted toilet”

“I have to go up a step which on crutches can be painful. My surgery is only a very small sub-surgery but is not wheelchair friendly – I have asked about the step and they say they have it in hand”

“But some surgery rooms are very narrow and small that you cannot get in very easy usually have to struggle by using walls and doors to hold onto, for suitable access”

“No – there are two main doors at right angles to each other so I have to leave my scooter outside and walk into the surgery. If it is raining I go in my car and park as close as I can to the surgery and walk down the street, about 75 yards. My doctor is on the first floor and there is no lift”

- It appears that those with cognitive or autistic spectrum do not feel supported or think that their GP understands their condition.

- A serious concern is that 29% of GP surgeries are not accessible (no lift, inadequate parking, surgery rooms too small for wheelchair users or those with mobility impairments) The DDA is fully implemented and this is not acceptable so a reasonable adjustment should be made – Stratford town, Alcester, Wellesbourne and Bishops Itchington.
- It is often difficult for severely disabled people with severe mobility problems to access a home visit and feel that they have to battle to get a home visit.
- Wheelchair users find it difficult if they are facing a receptionist over a counter above their head.

C. Customer Care

C7. How helpful do you find your doctor's Receptionist?

- Very Helpful (56%),
- Helpful (17%)
- Ok (27%).
- Nobody responded to the not very helpful or not at all helpful but there were comments about receptionists.

“one or two understand my needs and do all they can to make things easier but some could not give a stuff and keep you waiting unnecessarily”

C8. How helpful do you find your Doctor's Practice Nurse?

- Half of respondents answered very helpful (50%), helpful (17%) and OK (33%)
- Nobody responded not helpful or not at all helpful
- However there were particular comments

***A person with one paralysed arm said:
“Not helpful in filling prescriptions”***

***One person said:
“I say very helpful because at the village surgery the doctor's receptionist is 100% in all she does but the main surgery receptionist are very unhelpful”***

C9. How informed and helpful do you find your doctor?

- 67% said very helpful,
- 15.5% said helpful
- 19.5% said OK.

“More understanding of MS”

“I don’t have huge needs so probably being a little unfair, but occasionally I really need help at that moment and it takes a bit of explaining.”

“Depends on what doctor you get put with. The long-term doctors are fine but the newer ones not very helpful”

C10. If you find any of these people unhelpful, what would make it better?

“If the receptionist was more friendly and not speak to you as if she was your boss, at times she makes it very hard to get to speak to the doctor. I have a hearing problem and find that if any receptionist spoke clear it would help.”

“For Warwickshire County Council to improve the disabled parking in the town”

“If they cared to open a door or move a chair out of the way or if they used plain English. To get a doctor out of hours instead of having to go to Warwick Hospital during the night”

D. Making appointments

D11. How do you make an appointment at the doctors/GP surgery?

- 70% make an appointment using voice telephone but some ask family and friends (10%). 5% making appointments in person and another 10% use other methods (mobile phones).
- Although we had deaf respondents and with learning difficulties there appeared to be no other alternative way of contacting GP Services.

D12. Is it easy to arrange an appointment?

- More than three quarter of respondents (78%) said it was easy to make an appointment but almost a quarter (22%) said it was not easy.

If no please tell us why

- Respondents find it difficult to telephone in a half hour slot to get an appointment as everybody is calling. Disabled people often find it particularly difficult due to problems in getting up (due to impairment) or even dexterity or hearing and are less likely to be able to get an appointment

“Have to ring before 8.30 for an appointment – lines are permanently engaged from 8 to 8.30. Can have a bookable appointment but it is usually a week after you make the booking”

“Often have to redial a number of times, because the line is engaged. Once put on hold for long time and then told to ring back”
“As to get an afternoon appointment is usually better for me, but they do not like to give one – you cannot pre book an appointment. They just keep saying phone up at 8am each day. When I do not know when I can or will be able to move I do not know which makes life worst”

D13. How long does it take for you to get an appointment?

- Respondents say Same Day (37%),
- Following Day (6%)
- Later the same week (37%)
- 20% said that they could get an appointment the Following Week.

D14. Do you have to wait longer than you want to see the practice nurse?

- 83% say they do not think that they have to wait longer than they want to see practice nurse.
- 17% say yes they do have to wait longer

D15. In an emergency how quickly can you see the doctor?

- 37% say they can get an emergency appointment straight away
58% later the same day
- 5% the following day

D16. Does it take longer than you expect?

- 78% say no it doesn't take longer
- 22% say it does take longer

D17. Do you think your disability is taken into account when you want an emergency appointment?

- 53% of respondents think their disability is taken into account

- 47% think it is not.

Additional Comments about services in the Stratford District Area

“The receptionists think they should decide if you need to see a doctor. They seem to think that they are medically trained in everyway possible. The have no surgery from Friday noon until Monday morning. I find things have got worse instead of better.”

I do struggle with the stairs but if I asked I think my doctor would see me in one of the examination rooms downstairs. On the whole I usually get there early so use the stairs very slowly to save any interruption with the running of the surgery.”

Stratford upon Avon

“ On market day if visiting the surgery as the car park is not just for the surgery parking is very hard if not impossible to do so you end up parking far away and walking to the surgery that is very hard with my disability.”

Wilmcote has to go to Henley in Arden

“The doctor always does his best to ensure services are made available. Unfortunately he wastes an enormous amount of time doing so. An example of this is trying to get physiotherapy, after the department in Stratford refused me treatment. Most NHS or Social Service systems still remain obstructive to the user. It is a criminal waste of the doctor’s time and training to constantly beg, for me, to be able to access services to which I am entitled.”Alveston for Wellesbourne Medical Centre

“ Worried about out of hours service – have not yet had to test it but report I have heard do not instil me with confidence.”

Alcester

***“The GP service that I attend at Rother House in Stratford is very good on the whole. Recently it was decided to close at 1.30pm on Fridays, which makes it difficult for some patients to attend particularly as Saturdays are also closed. There was no patient consultation beforehand regarding this arrangement.
Tiddington***

***“Doctor strives to give preventative medical help as well as ‘curative’. A new, excellent practice, not very accessible for all though –surgery position.”
Southam***

***“.....our surgery supplies any medication needed.....75% of the time receive your medication straight away. As a small village we are very well equipped.”
Bishops Itchington***

Common Themes for Stratford District

Getting to the GP Service

Public transport to surgeries within Stratford District seems to be a major issue for Disabled people residing in the area. Surgeries must be accessible on bus routes.

Stratford District Council should liaise with taxi providers to ensure the accessibility of taxi services. Due to the rural nature of Stratford District many disabled people who do own a car or drive a car have difficulty in access.

Disabled Access and Facilities

Some surgeries need to review safety and accessibility for Disabled people, including use of their car parking facilities, i.e. Disabled parking bays, how easily Disabled people can get out of their cars, help with unloading of wheelchairs.

Doctor’s surgeries provide and distribute clear information on transport services including buses and taxis or volunteer drivers.

Parking limits for surgery car parks and car parks adjacent to surgeries need to be reviewed to consider the needs of Disabled people. Disabled people need extra time when parking, getting out of their cars, unloading wheelchairs and other potential equipment, walking into and within surgeries. It also takes them longer to get back to their vehicles.

Disabled parking bays needs to be of adequate size and space to allow for unloading of wheelchairs and other equipment.

Stratford District appeared through responses to have the most problems with physical accessibility. All GP surgeries should be mobility audited to ensure that they are accessible to all Disabled people and are able to accommodate Disabled people with ease in line with the Disability Discrimination Act.

Customer & Patient Care

GP services within Stratford District should all be offered on going support and training with regard to improving understanding of rarer conditions/Disabilities so that their patients that have those conditions receive a more informed service.

A common theme was that GP services do not have an understanding re autism and learning disability and indeed ageing with an impairment/condition.

It is recommended that Disability training must be received by GP surgery staff to increase awareness of real issues that Disabled people face when visiting buildings, on receiving services and when communicating on a face to face basis. Particular attention and adaptation must be made to people with learning disabilities, autism and cognitive impairments.

Making Appointments

Flexibility is established when delegating appointment times to people with mobility problems, severe sensory problems, the nervous system and learning disabilities, i.e. patients who struggle to move around freely, who are unable to control tiredness, who cannot execute fine or detailed movements with precision, who may have problems understanding the concept of time and the need to be punctual.

We recommend that appointment system software be adapted so that reception staff can automatically distinguish whether the patient calling

has a Disability, what added services that patient may require and whether there is a need for a flexible way of planning and scheduling of an appointment. This could also be a way of preparing for the patients arrival at the surgery.

Text phone, text messaging and/or e mail system should be established. This would offer ease of access to appointments by disabled people. Non-disabled people should also be able to use different systems.

9. Rugby Borough (25 respondents)

A. Travelling to GP Services

A1. How do you travel to your doctors/GP surgery?

- 39% of people travelled by car, 9% walk, 9% is taken by family and friends, 9% use a taxi, 9% their Personal Assistant and 24% use other means such as a mobility scooter.
- 23% said it was difficult to get to travel to their GP service – they are all from Rugby.
- 56% answered that their GP Services was on an accessible bus route, with 44% not on an accessible bus route.

When asked why it is difficult?

“I have answered yes and no. If I am with my carer when I attend, it is easier. If I have to attend alone it becomes very difficult. Access and assistance from surgery staff is very difficult.”

“Having to book taxi. Mainly ask for home visit”

“Poor parking and small spaces”

“I have to be dependent on other people because of my disability.

“I only have to cross Westways Car Park but due to walking difficulties this takes half an hour.”

“The Hillmorton Bus drops off some two or three streets away from the rear of the surgery. There are no stops near the surgery with the Clifton Bus.”

“Surgery is located on Clifton Road. Buses from Bilton, Brownsover, Newbold and Hillmorton all have stops nearby or a bus from Town to Clifton has a stop on the other side of the road from the surgery. There is also an easy crossing.”

B. Disabled Access and Facilities

- 75% respondents have a physical impairment
- 8% have a sensory impairment
- 8% Long-term illness/chronic condition
- 6% Learning Impairment
- No respondents with mental health problems
- 71% of respondents say that their GP service understands their needs
- 29% of respondents say that their GP services does not understand their needs

“Sometimes all depends on who is the receptionist”

“He takes care of my medication and will come any time I need him”.

“Downstairs room made available”

“I think its just a lack of understanding with the reception staff”

“All one level”

“Doctor comes to the home to visit when requested so this form in not relevant”

- 71% of respondents say the surgery was accessible to their needs.
- 29% say the surgery is not accessible.

“The access ramp to the surgery is almost impossible to negotiate in the wheelchair, if I am alone. Also, I have to be seen in the clinical area as all other rooms are up/down steps”

“Apart from the very heavy and awkward doors, everything is fine.”

“It’s very rare that I can see my own GP. Being head of the surgery he is very hard to get hold of. I am always being fobbed off to stand by at the surgery. Being a stroke patient it is very hard explaining in a short time. Then when you do get an appointment it is at the end of surgery hours. This is not suitable especially in the winter months...”

“Has ramp, doctors attend me in nurse’s clinical rooms. Has recently obtained adjustable plinth and installed a Disabled toilet. Cannot access the surgeries physiotherapists”

“Can’t get in the surgery on my scooter”

“Consulting rooms not wheelchair accessible so have to GP in nurses’ area. Examining couches not adjustable so cannot be examined at surgery e.g. (smear test) has to be done at home.”

“Only accessible with support from parent/carer”

“New building officially opened recently and purpose built to cater for disabled and elderly.”

C. Customer Care

- 54% say the Doctor’s receptionist is very helpful
- 29% say the Doctor’s receptionist is helpful
- 10% say OK
- 7% say not very helpful

- 60% say the GP service Nurse is very helpful
- 20% say helpful
- 20% say ok

- 57% say the Doctor is very helpful
- 29% say helpful
- 14% say ok

What would make it better?

“Would like all GP’s to learn about Post Polio Syndrome (PPS). I find that I end up being the informer. More help in this respect is vital. Polio is the forgotten disease – PPS is not and will be around for a long time”!

“The receptionist desks could be lower as I can’t see her being a wheelchair user. Someone small and standing has a job to see the receptionist

“As with all big practices there is a lack of knowing the patients as a person, and their home situation”

D-Making appointments

- 19% of respondents make appointments in person
- 61% by voice telephone
- 11% ask family and friends to make appointments
- 6% use a Personal Assistant/Carer to make an appointment for them
- 3% mobile phone

- 75% of respondents say it is easy to arrange an appointment
- 25% say it is not easy

- 46% says they can get an appointment on the same day
- 15% say later same day
- 31% following day
- 8% following week

- 82% say that you do not wait longer than they want to see practice nurse.
- 16% say that they do wait longer

- In an emergency 25% of respondents can see their doctor appointment straight away
- 67% later same day
- 8% on the following day

- 75% say that it does not take longer than they expect
- 25% say that it does take longer

“Sometimes very busy but on the whole not too bad sometimes personal application to receptionist on phone in 8.30 am on 2pm on day appointment needed.”

“The system of phoning to see the duty doctor doesn’t allow me to see Dr. or nurse that day”

- 57% of respondents think their impairment/condition is taken into account when they want an emergency appointment
- 43% say that they think their disability is not taken into account.

Any additional comments

“Difficult to manage doors to get into building unless someone opens and holds them you can’t get in”

“The surgery has all sorts of clinics and gives an excellent service. It has parking spaces for disabled also ramped entrance at the side”.

“I feel that the surgery pays ‘lip-service’ to the needs of the disabled. If your condition is often chronic and non-stable, you can feel you are a “problem to be dealt with rather than an individual trying to operate within the confines of living with a daily, long-term disability”

“G.P. makes regular home visits also arranges D.N. to call if necessary”.

“I get an excellent service from my G.P. (Dr Doherty) all my medication delivered by Ridgeway’s Chemist”

“Every need is taken care of (by my service)”

Common Themes for Rugby Borough

Getting to the GP Service

Surgeries must be on accessible bus routes and where buses cannot stop on the same road as the GP surgery, necessary Disabled friendly road-crossing facilities be implemented, for example, zebra crossings, pelican crossings, etc.

Disabled Access and Facilities

We recommend that GP surgery staff is able to offer personal assistance into and out of the surgery as and when it is required.

We also recommend that assistance must be offered to Disabled patients as a pre-requisite rather than waiting to be asked.

Customer & Patient Care

All GP services must be mobility audited to ensure that they are able to accommodate all Disabled people with ease.

Surgeries that already have Disabled access facilities continually review their equipment and services to ensure that standards are at their optimum and in perfect working order for their purpose.

All GP services should be offered ongoing support and training on supporting patients with learning disabilities and autistic spectrum and ageing with a disability.

Making Appointments

Flexibility is established when delegating appointment times to people with mobility problems, severe sensory problems, people who have problems with the control of their nervous system and people with learning disabilities. Therefore, people who struggle to move around freely, who are unable to control tiredness, who cannot execute fine or detailed movements with precision, who may have problems understanding the concept of time and the need to be punctual.

We recommend that appointment system software be adapted so that reception staff can automatically distinguish whether the patient calling has a Disability, what added services that patient may require and whether there is a need for a flexible way of planning and scheduling of an appointment. This could also be a way of preparing for the patients arrival at the surgery.

We also recommend that larger surgeries implement flexible appointment systems that allow Disabled patients to continuously see the same doctor and thereby allowing continuity in care.

Text phone, text messaging, e mailing through the use of ITC could be explored to ease access by people with sensory impairments.

10. Nuneaton/Bedworth/North Warwickshire

A - Travelling to your Doctors/GP surgery

- 75% use their own car to travel to GP Services
 - 13% use family/friends
 - 6% use their PA/Carer
 - Nobody uses a taxi
 - Nobody walks
 - Nobody uses other means
-
- 79% do not find it difficult to travel to GP services
 - 21% find it difficult

“At present recovering from serious illness which has affected my mobility. The surgery provides disabled parking spaces but these are often used by non-disabled people”

“Lack of parking waiting for someone to travel with me to pack and unpack wheelchair with no delegated spaces. Tight area”

“Situated on busy main road with very little parking”

- 52% of respondents said their surgery is on accessible bus route
- 48% said it is not on an accessible bus route

B- Disabled Access and Facilities

- 92% have a physical impairment
 - 8% long term / chronic condition
-
- 77% of respondents say the GP service understands their needs
 - 23% say it doesn't

“Level access with rail. Waiting room/consulting room on ground floor but reception desk too high. Some services upstairs”

“Automatic doors, wide parking spaces, easy access to consulting rooms. Access to an adjustable examination table if necessary, low level reception area.”

“Helpful attitude of staff. GP opens door to consulting room as I need both hands for sticks. Collection and delivery service for prescriptions.”

“The have total wheelchair access plus ramped fire escape. All surgeries ground floor.”

“Downstairs consulting room. Room in waiting room. High reception desk.”

“They are aware I need level access in and around the surgery. They are willing o listen to my P.A. or Mum as to how I need to be moved.”

“If I get one of the three receptionists who know of my problems I will get a better range and availability of appointments.”

“Some of the staff and doctors do appreciate your problems but others do not, which can make it very difficult get the service you need. I believe some staff need to be more disability aware – particularly that not all disabled people are in a wheelchair”

“High reception desk.”

79% say that the GP surgery is accessible and appropriate to you their needs

21% say it is not.

If yes tell us why

“Access – disabled parking bays touch button automatic doors, reception counter low for wheelchair users, induction loop, grab rails etc in toilet”

“level access, consulting room spacious, waiting room spacious”

“Offer translators and information in different language. Have fully equipped toilet facilities”.

“By and large the surgery is ok and the attitudes of the staff are generally helpful”

If no tell us why

“Repeat prescription desk not suitable for wheelchair users. Chairs in waiting area too narrow. Doctors consulting rooms not suitable for wheelchair users. Doors into consulting rooms very heavy to open. Toilet not large enough for wheelchair users”

“reception counter too high”

“no hoists for lifting”

C – Customer Care

20% of respondents say the Doctor’s Receptionist is very helpful

60% say helpful

13% say ok

7% say not very helpful

“some are more useful and take care of patients to others it is just a job”.

“Although practice has set appointment system as far as possible people with special needs are accommodated within lifestyle. In my case anyway”

“Some of the doctors do not like dealing with people on the list “if they do not know them”. I have written to practice concerning this issue. Asking what happens if my GP dies”

42% say practice nurse very helpful

42% say helpful

16% OK

“Can’t cope if you can’t get up on high bed”

46% say their doctor is informed and very helpful

31% say helpful

23% say OK

Nobody says their doctor is not at all helpful.

“People with specific special medical conditions would benefit if given continuity of care. Information needs to be available to all doctors in the practice if required”

“Training to understand alternative methods of doing routine care examinations”.

“Better communication and an understanding of peoples needs. I suffer from a serious chronic illness and I am disabled after going into hospital. I always find the receptionist very unhelpful...until a friend made them aware of how ill I was and how I struggled and they changed attitude towards me”

D – Making Appointments

- 76% of respondents make an appointment by voice telephone
- 17% in person
- 6% through family and friends
- Nobody uses any other way of making an appointment

- 54% say it is not easy to make an appointment
- 46% say it is easy to make an appointment

“It is often difficult to make an appointment with a specific doctor as the surgery works on a book on day system. So everyone is asked to phone at 8.30 am which is not always possible.”

“Often long waiting list for own doctor and defensive receptionist”

“Because there are only a limited number of available appointments allocated on a first come first served basis. The practice is a vary large one with a wide catchment area”

“Booked up well in advance and awkward time’s only available means I have to take time off work”

- 25% say they can an appointment on same day
- 8% on following day
- 42% later same week
- 25% following week

- 60% say they do not wait longer than they want to see practice nurse
- 40% say they do have to wait longer

- In an emergency 17% say they are seen straight away

- 66% later same day, and
 - 17% on the following day
 - 56% say it does not take longer than they expect
 - 44% say it does take longer
-
- 67% of respondents think that their disability is not taken into account when wanting an emergency appointment
 - 33% think it is taken into account

Any additional comments

“In the past the GP has been very supportive. However accessing the GP can be problematic. If I ring it is only after I have tried everything else. I have an agoraphobic condition and this is never taken into account.”

“He could use more ‘bedside manner’ instead of addressing his computer”

“Although there are push button control doors to the reception area there is a fire door to treatment rooms which is very heavy. If the nurse is aware that a disabled patient is coming she will assist”

“Access to nurse’s rooms is via a heavy fire door and can also be obstructed by chairs outside the rooms. However, as the nurse comes out to fetch you this is not a problem”

“The doctor and practice nurses are very helpful, once you get an appointment. This same day appointment system I feel is not as efficient as the system we had prior to this which was ringing for an appointment when it was convenient.”

“On the whole the surgery has excellent facilities but cannot be all things to all men. At the end of the day I prefer to be treated like a person, by a person not given choices by a machine. The doctor used to provide 2 daily slots for telephone advice. This was excellent and needs to be reinstated.”

“My doctor is very good, I have a number of home visits due to my illness and they always come and are very good. The only complaint I would have is with the Receptionist – though this has improved- and with the constant requirement that you cannot get a HBAIC blood test unless you attend a diabetic clinic. When you are seen constantly in hospital etc the constant attendance of clinics and the regimental type of care is frustrating. I am a qualified nurse with several specialities and feel that I am sufficiently qualified to know what I want to do with my health.”

“Very pleased”

Common Themes for Nuneaton & Bedworth/North Warwickshire

Getting to the GP Service

Accessibility of public transport on bus surgery routes is bettered and routes currently in operation to and from GP Services be mobility audited to ensure that Disabled people who are mobile or use mobility aides finds streets, pavements and roads accessible.

Ensure that GP services give out transport information including accessible taxi services.

Disabled Access and Facilities

We recommend that the interiors of GP surgeries be mobility audited to ensure that ranges of Disabled people can access surgery buildings, travel within the buildings and access all their surgeries’ services free from problems.

Adjustments to buildings or alterations in service and assistance be implemented.

Customer & Patient Care

It is recommended that Nuneaton & Bedworth/North Warwickshire GP surgeries receive Disability Awareness Training and are able to give Disabled patients alternative methods of routine care examinations and are able to offer information on support groups appropriate to the patients needs.

Disabled patients be given the opportunity and freedom to express and share their thoughts and concerns either through GP surgery staff or through private means on medical treatments they may be receiving, attitudes of GP surgery staff and accessibility issues. This would enable GP surgeries to continually assess and adapt and better all of their services for Disabled people over a long-term basis.

Making Appointments

Patients with medium to severe impairments/conditions should be able to visit the same doctors at their GP service to ensure there is continuity in their care.

We recommend that flexibility is established when delegating appointment times to people with mobility problems, severe sensory problems, people who have problems with the control of their nervous system and people with learning problems. Therefore, people who struggle to move around freely, who are unable to control tiredness, who cannot execute fine or detailed movements with precision, who may have problems understanding the concept of time and the need to be punctual.

We recommend that appointment system software be adapted so that reception staff can automatically distinguish whether the patient calling has a Disability, what added services that patient may require and whether there is a need for a flexible way of planning and scheduling of an appointment. This could also be a way of preparing for the patients arrival at the surgery.

Text phone, text messaging and/or e mail system should be established. This would offer ease of access to appointments by disabled people. Non-disabled people should also be able to use different systems.

Warwick District

A – Travelling to your Doctors/GP Surgery

32% of respondents say they travel by car
24% walk to GP service
15% other (mobility scooter, powered wheelchair)
10% use Personal Assistant/Carer

10% user the bus
9% go with family and friends

25% find it difficult to travel to their GP service
75% say it is not difficult to get there

Those **that did** find it difficult to travel to their GP Surgery have these comments:

“I have to travel 1½ miles over uneven footpaths and cross 4 main roads. Can’t get on buses.”

“The Priory Clinic car park is always full and non-disabled people use the Disabled parking spaces. There should be more Disabled parking spaces.”

“I have a branch practice just over the road from me but, often can’t get an appointment there and have to use the main one – which is 20 minutes away on my scooter. If the weather is bad this adds to my problems.”

58% say that their doctor’s surgery is on an accessible bus route
42% say the surgery is not on an accessible bus route

Those that say that there is no accessible bus route say:

“No public transport. No accessible public transport. Accessible taxis aren’t accessible for my wheelchair. Not within walking distance.”

“It is not easy to get taxis plus the fact that it cost at least £3.00 each way. Making a grand total of £6.00 – do not get any mobility.”

B – Disabled Access and Facilities

- 55% of respondents has a physical impairment
- 28% has a long term condition/chronic illness
- 14% has a sensory impairment
- 3% has a mental health impairment
- Nobody has a learning disability

- 81% say that their GP Service understands their needs

- 19% say it does not understand their needs

Overall results for this question were positive, with 81% of Warwick District residents proclaiming that their GP Service understands their needs.

Those that answered “Yes” to this question have these comments:

“They have a good system in place for the vaccines and Diabetic Clinic.”

“All the doctors will make time to listen to our most recent problems and help with keeping changing prescriptions up to date and sympathy and advice.”

“Have Dispensary on site which I can collect prescriptions from, or my Social Service Carer. Disable toilet available. Space for buggy, continues access to Rehab for physio at Heathcote.”

“Always send me to downstairs consulting room.”

“By describing drugs.”

“He is easy to chat to: either in person or by telephone. Is up to date with new medicines etc. Will suggest other professionals who could be helpful.”

“We have worked together for many years and I could not ask for better understanding and care.”

“They make Guide dog welcome in treatment rooms. They cooperate to provide services that they would not if I were not blind.”

“Very sympathetic to my needs.”

“Access to my surgery is easy with ramp to help.”

“He understands that I don’t wish to have any contact with the mental health system.”

“Called in for regular check-ups.”

“Always ready to see me, talk to me, explain my condition and the medication he is prescribing.”

“Prescribe drugs, sees me when there’s a problem. But, NO pastoral or pro-active involvement i.e. they do the job but that’s it.”

“Lung Capacity checks, medication reviews, called to surgery for flu inoculations etc. Emergency appointments always available.”

“Access to the surgery has been made easier.”

- 84% of respondents say that the surgery is accessible and appropriate to their needs
- 16% say it is not accessible to their needs

The 84% of Disabled residents say:

“Ramped access, automatic entrance doors, lift to top floor.”

“When you get there it is accessible but Surgery doors need widening.”

“The waiting area has an LED screen letting people/patients know when it’s their turn to go in. This means I don’t have to rely on listening over the tannoy system.”

“Level access, accessible toilet. Only real problem is lack of hoist for examinations.”

“I need to get into and out of the surgery without obstruction and apart from some difficulty with the doors, this is possible.”

“As there are no major mobility problems the surgery is within walking distance of home if necessary.”

“An automatic door has been installed at the main entrance to the surgery. There is also a lift for any appointments that take place on the 1st floor.”

“Parking undercover for my buggy, Disabled toilet, Dispensary on site. Access to Nurses/Doctors – doors need to be opened by staff on occasions as I use 2 walking sticks in doors.”

Got ramp and electric doors to gain access, only problem, if waiting room is full nowhere to sit in wheelchair.”

“It has ramp access: ground floor is all on one level. 2nd floor inaccessible with wheelchair but all professionals will see you in a ground floor room.”

“Both Brese Avenue Surgery & Cape Road have all the necessary work done to help the disabled patient, help is always on hand if needed.”

“Accessible – has a ramped access. Appropriate – local, bright natural light, helpful staff.”

“As stated before, there is a good ramp, and high chair to sit on.”

“GP Surgery located away from main town centre. There is parking available.”

“Close to town centre where I live, nurse visits me occasionally, accessible parking and entrance.”

“Very modern, well staffed surgery with polite and friendly receptionists and efficient team of practitioners.”

“There is only one small step into the building and where the reception is and there is always a greeting when you enter.”

For this same question, 16% answered that their GP surgery was not accessible and appropriate to their needs. Below are their comments:

“There are two heavy doors to push or pull there should be automatic doors – at least at the main surgery and better slope access.”

“When they say my name I don’t know they are calling. Then some doctors come out and shout “Hoyer” I think was that me. It’s hard work to follow them into which room sometimes.”

“The tannoy system and LED screen is only used to see a doctor. However, to see a nurse, the nurse comes out in person calling your name – depending on where I sit in waiting area it can be difficult to hear.”

“GP’s refuse to collect sharps and now people are storing sharps in their houses as they have nowhere to throw them away”

C- Customer Care

C7. How helpful do you find your Doctor's Receptionist?

Within the five boxes respondents from Warwick District were able to select.

- 38% Very Helpful
- 25% Helpful
- 19% OK
- 13% Not very helpful
- 5% Not at all helpful

“Obviously on calling by phone it is fine. In person, however, they seem to mumble and not talk. Some fail to look at you when they are talking.”

“They forget they are dealing with people, not robots.”

“Surgery always seems booked up, very difficult to make appointments.”

“They are very off-hand if you are in a wheelchair.”

“When trying to make an appointment they usually suggest that I come to the surgery in person. This can be difficult for me, but when I have informed them that due to my impairment this is a difficulty it has not made a difference and I am told that I will have to get there anyway. Another issue is lack of privacy when speaking to the receptionist.”

C8. How helpful do you find your Doctor's Practice Nurse?

The overall result for this question was positive

- 35% found their Doctor's Practice Nurse to be very helpful.
- 48% found them to be helpful
- 6% said OK.
- 3% not very helpful
- 8% not at all helpful.

Reasons given as to why Disabled people of Warwick District found their Doctor's Practice Nurses as not very helpful and not at all helpful were:

“One is very brusque laconic and verging on rudeness and probably used to dealing with fractious children in her native Ireland.”

“They are the worst. They don't tell you what they are doing. They can't say hello. They just inject!”

C9. How informed and helpful do you find your doctor?

The overall result for this question was very positive:

- 47% say that their doctor was very helpful.
- 35% say helpful
- 9% OK
- 9% not very helpful

Below are responses as to why people found their doctors as not very helpful:

“Difficult to see same doctor on a regular basis due to new appointments system. Most of the doctors unable to suggest good coping strategies for long term disability. Too reliant on writing prescriptions and don't know about other local help available, e.g. Acupuncture available on NHS at Warwick Hospital. Hydrotherapy pool, Castel Froma, L/Spa. Self-help groups or disability organisations.”

“Because these days they are only allotted so much time with each person and personality clashes.”

“Could speak clearer and face to face instead of talking while on the computer... or down to the table.”

“Again, not having received my medical notes from my previous surgery, I doubt the doctors can be viewed as informed however helpful they are.”

C10. If any of these people is unhelpful, what would make it better?

“Apparently when you move surgeries it’s supposed to take 3 months maximum for notes to be passed on. You’d think that since GP surgeries have now gone computerized with all notes stored on PC’s they’d have no trouble forwarding notes about. This leaves me in no doubt that either surgeries have no idea how to use their own software or they’re just plain lazy.”

“With the system at the surgery not always easy to see my doctor because she has so many slots already booked not easy early morning to make appointment phone jammed”

“Insisting doctors and nurses attend study days organized and run by Disabled organisations. Allowing more “talk” time for non-urgent consultations. Keeping continuity going by making sure the patient can see the same doctor or nurse on subsequent visits.”

“A change in the appointment system. Training so that private details are not mentioned in front of other patients.”

D11. How do you make an appointment at the doctors/GP Surgery?

The most popular answer given in response to this question was

- 63% voice telephone

Some people obviously use a variety of methods but almost all respondents used voice telephones or got other people to call for them.

- 22% in person
- 10% Personal Assistant/Carer
- 5% Family/Friends

D12. Is it easy to arrange an appointment?

According to our research it is predominantly easy to arrange an appointment.

67% selecting the “Yes” box;

33% do not find it easy to arrange an appointment.

Here are their reasons why:

“You have to wait at least a week, or they say can you get there in ten mins... No way in wheelchair.”

“Patients have been informed that appointments need to be made on the day. Because everyone is ringing the surgery at the same time (8.30am). The receptionist tells me to get to the surgery in person. When I arrive (if I am able) there is usually a queue outside the surgery and I have difficulty standing, this is a problem for me. If I don’t go in person, by the time I get through on the telephone usually all the appointments for that day have been taken and then I am told to ring the following day and the procedure (frustrating) starts all over again.”

“Since I am no longer able to go to Warwick hospital for a blood test I have to make an appointment at the surgery. Since the change I have to wait approximately 3 weeks for a blood test which I feel is not acceptable.”

“Silly new system! We are told to phone (or call in) at 08.30 and we’ll be given appointment later that day. Not helpful if:

- a) Want to see same doctor or nurse as before***
- b) Phone lines jammed for the first couple of hours then told no appointments left for that day – try again tomorrow!!!***
- c) If I have other things to do that day inevitably the times clash!***
- d) I can’t book non-urgent appointment very far in advance so can’t get my life sorted!”***

“Receptionists can be so obstructive.”

“There is a new system in place to phone the same day you want an appointment – but if you want one in the afternoon you can’t phone until 2pm and often you can’t get through or it’s too late when you do. My doctor only works one day a week at the branch surgery, so it’s not easy.”

“Occasionally, constantly engaged. Lines open at 8am & 1.30pm. You have to call at those times only to make an appointment for the day you call. I think this way of operating is a bit selfish on the surgeries part. It makes it easier for the surgery to manage appointments but if it’s an emergency or the patient has work commitments, what is the patient supposed to do? Surgery lacks flexibility so, is therefore inaccessible.”

D13. How long does it take for you to get an appointment?

- 39% say same day
- 18% say following day
- 27% say later same week
- 16% say following week

D14. Do you have to wait longer than you want to see the practice nurse?

- 34% say yes
- 66% say no

D15. In an emergency how quickly can you see a doctor?

- 19% say straight away
- 70% say later same day
- 11% following day

D16. Does it take longer than you expect?

- 79% say it does not take longer
- 21% say it does take longer than they expect

D17. Do you think your disability is taken into account?

- 56% say Yes
- 44% say No

D19. What other additional comments about the service you receive from your doctors/GP surgery do you have?

“Long wait to have blood tests – not acceptable. Receptionists have to answer phones constantly so hold up patients waiting to check-in/make further appointments etc. Too many personal questions asked by receptionists in front of other patients. No one informs us of delays (or apologises!) I think Kenilworth needs another surgery as there has been a lot of families move into the area in the last 2 – 3 years and there’s more housing being built now.”

“I think I receive a poor service from my GP’s surgery. Once I have an appointment with a GP this usually goes well, but getting access to a GP in the first place is really difficult. The procedure that has been put into place takes no account of the fact that I am disabled.”

“I think it’s incredibly frustrating having to explain my medical complaints every time I go to the doctors because they have no record of me. It makes me wonder how doctors can correctly diagnose someone if they don’t have a record of their past ailments and conditions.”

“I have been with this doctor’s surgery for some twenty years and I have never had any reason to complain at any time. And if I am too ill to go to the surgery, he will come to my home. The nurses and receptionists are very friendly and always cheerful.”

“Having worked most of my life have disability bus pass but to travel to Warwick Hospital still have to pay something towards bus fare extra money over. Things that used to be free are no longer.”

“Our doctors have a loop system which is great but the receptionists are loud and clear. The doctors don’t have a loop system, but they have a portable one so that’s good. But the doctor’s room’s are upstairs so I tend to see the doctors if I can downstairs rather than up.”

“It would be useful if WCC especially the Education Department didn’t want reports about my disability. The last one cost £40!”

“At present our main problems seem to arise from lack of transfer of information from hospital clinics to doctor’s surgery. Fortunately we have as a family known the practice for 30 years and the doctors accept much of this information from us when necessary.”

“When I make an appointment for 2.50pm I don’t expect to still be waiting at 3.30pm having made a 20 minute journey. By having 10 minute consultations and making same day appointments, they were supposed to provide a better service.”

Themes in Warwick District

Getting to the GP Service

Disabled people find it difficult to get to GP Surgeries – an overriding theme is that routes used by disabled people, i.e. roads, pavements and crossings be improved to enable the large numbers of Disabled patients who walk and/or use scooters and other mobility aids to get to and from their GP surgeries.

GP surgeries with support from PCTS should introduce a policy to deter non-blue badge holders parking in Disabled parking spaces within GP surgeries' car parks.

GP surgeries could introduce more flexible appointment systems to better accommodate Disabled people. (needing a personal assistant or family member to accompany them to the GP surgery, having to travel is more difficult etc)

Bus routes be implemented to travel to or within close proximity of GP surgeries.

Where Disabled people rely on the use of taxis as their main form of transport to GP surgeries, it is recommended that GP surgeries obtain and display information about accessible taxi services.

District Councils facilitate a token scheme in collaboration with accessible taxi providers.

Disabled Access & Facilities

ALL GP surgeries implement mobility and sensory audited facilities to better accommodate Disabled people.

Where patients have difficulty in travelling to GP surgeries, home visits and collection services be readily introduced and implemented.

Customer & Patient Care

Disabled people complain that sometimes attitudes demonstrated are still not up to standard.

GP surgery frontline staff receive Disability Awareness Training to enlighten them to the needs of Disabled people, how to better communicate on a face-to-face basis and improve service provision in line with the Disability Discrimination Act.

GP services need to increase their flexibility or preparation for the likelihood that a Disabled patient may require more than 10 minutes of allotted time. (A learning disabled person may need more support, a deaf person may need a BSL signer, it may take longer to get on and off the couch).

Policies currently in place in reference to the movements of medical notes be strictly adhered to. Disabled people have complained that if they do not see a regular GP then often their notes have not been read or indeed missed.

Making Appointments

Flexibility is established when delegating appointment times to people with mobility problems, severe sensory problems, people who have problems with the control of their nervous system and people with learning disabilities. Therefore, people who struggle to move around freely, who are unable to control tiredness, who cannot execute fine or detailed movements with precision, who may have problems understanding the concept of time and the need to be punctual.

We recommend that appointment system software be adapted so that reception staff can automatically distinguish whether the patient calling has a Disability, what added services that patient may require and whether there is a need for a flexible way of planning and scheduling of an appointment. This could also be a way of preparing for the patients arrival at the surgery.

We also recommend that telephone lines be fitted exclusively for people with severe mobility/sensory problems, lessening the need for them to be waiting in a queue of callers for longer periods of time.

Text phone, text messaging and/or e mail system should be established. This would offer ease of access to appointments by disabled people. Non-disabled people should also be able to use different systems.

12. Common Themes Warwickshire Wide

Once arrived at their GP service Disabled people's overall satisfaction is in the majority positive although there are common themes drawn from every district that given attention would improve satisfaction in GP services.

1. Transport, Access and Mobility -Getting to GP services

The Accessibility of Public Transport: Many surgeries are not on an accessible public transport routes or indeed any transport route.

Transport providers, PCT's and Warwickshire County Council work together to ensure that GP Surgeries are made accessible to the public through planning and changing the routes.

Routes to GP Services should be mobility audited to ensure safety and accessibility to Disabled People who are either mobile or use mobility aides.

Taxis, particularly in Stratford area are often inaccessible. We recommend that Stratford District Council work with taxi providers to ensure the accessibility of taxis.

GP services should be able to offer information on transport routes and accessible taxi companies through posters, leaflets, on a publicised web-site through PCT's and/or Warwickshire County Council and Transport Providers.

Parking: The extension of Disabled Peoples parking bays. Notices placed in car park and in surgery to stop the misuse of Disabled People's Parking Bays.

There should be a PCT driven policy on dissuading non-disabled people from the misuse of parking bays at GP services.

Assistance should be made available to Disabled people to actually get into the surgery. Many Disabled people say that this is a problem for them as they are embarrassed to ask for assistance. There should always be someone on hand at the GP service to offer assistance and a way of summoning that assistance. This right to assistance should be publicized at the GP Service.

Acknowledgement that somebody with a mobility/sensory/cognitive impairment may take longer to fulfill what appears to be simple for a non-disabled person. Getting to the GP surgery, getting out of the car, negotiating the environment, responding etc.

Disabled Facilities and Access within the GP Service itself.

Whilst overall about 70/75% said facilities were good at least 25/30% had detailed complaints about the lack of accessibility. Stratford in particular appeared to have a larger problem and one is reported as not having an accessible toilet facility with surgery up a flight of stairs.

All surgeries should ensure a level of accessibility commensurate with the Disability Discrimination Act Built environment and service provision. All services should be audited

Car Parking
Entrance into
Assistance
Door widths
Turning circles
Consultation rooms and their position within the building
Alternative methods of routine care examinations for Disabled People
Toilet facilities
Tannoy – Led systems for people with sensory impairments
Grab rails
Comfortable range of seating
Varying Counter height
Examination beds
Alternative ways of offering the service

Training to frontline staff on Disability Etiquette, Equality and DDA would improve service provision to Disabled People.

3. Customer Care

Consultation with users of the surgery as to opening times and when changing opening times and days.

Training to frontline staff on Disability Etiquette, Equality and DDA would improve service provision to Disabled People.

Disabled people often felt that reception staff often revealed personal information to other patients whilst speaking at the counter. We recommend that there should be a confidential area for patients to speak to reception staff.

Continuity of Care - Whilst this is an issue for all people, Disabled people felt that they were having to continually explain their 'disability' to new doctors.

There was more than one reference from different geographical locations about GP's not understanding Post Polio Syndrome.

Ageing with a Disability was highlighted as an area of concern with lack of understanding or interest from General Practitioners.

People with learning difficulties and autism spectrum found that they were disadvantaged due to lack of understanding and awareness of their conditions and its affect on behaviour whilst accessing services.

More localised research or specific research with regard to people with learning difficulties should be commissioned.

4. Making Appointments

There should be consultation with Disabled users of the service before changing appointments systems.

Whilst the majority managed to get an appointment many complained about the new system of telephoning at 8 to 8.30 in the morning for booking an appointment. Disabled people often find it more difficult to get up in the morning taking a longer time, depending on impairment and mobility. They have less dexterity

Flexibility is established when delegating appointment times to people with mobility problems, severe sensory impairments, people who have problems with the control of their nervous system and people with learning disabilities. Therefore, people who struggle to move around freely, who are unable to control tiredness, who cannot execute fine or detailed movements with precision, who may have problems understanding the concept of time and the need to be punctual.

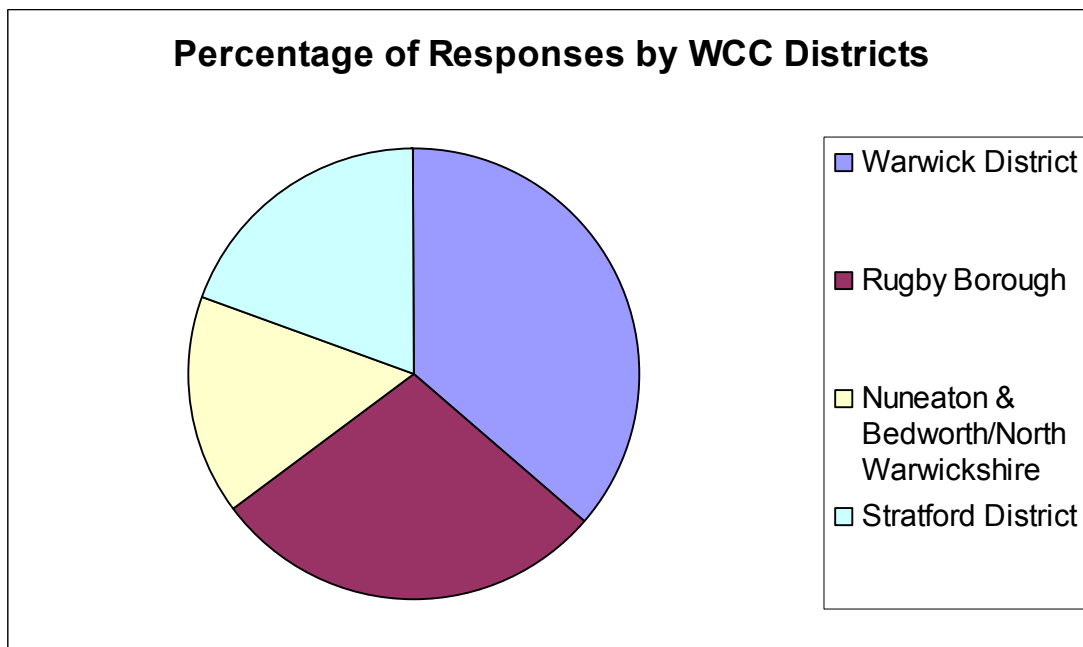
We recommend that appointment system software be adapted so that reception staff can automatically distinguish whether the patient calling has a Disability, what added services that patient may require and whether there is a need for a flexible way of planning and scheduling of an appointment. This could also be a way of preparing for the patients arrival at the surgery.

We also recommend that telephone lines be fitted exclusively for people with severe mobility/sensory problems, lessening the need for them to be waiting in a queue of callers for longer periods of time.

Text phone, text messaging and/or e-mail system should be established. This would offer ease of access to appointments by disabled people. Non-disabled people should also be able to use different systems.

Disability and impairment should be taken into consideration when planning an appointments system.

For example the use of ITC via e-mail, text phones and text messages. Those with a sensory or physical impairment may always have to ask somebody else to book an appointment if they find it difficult to use a telephone. This means they cannot keep anything confidential.



Warwick District – 35%

Rugby Borough – 28%

Nuneaton & Bedworth/North Warwickshire – 16%

Stratford District – 21%

Disabled Peoples Access to GP Services in Warwickshire

Appendices

1. Tables
2. Questionnaires

Table A1. How disabled people travel to their GP surgery

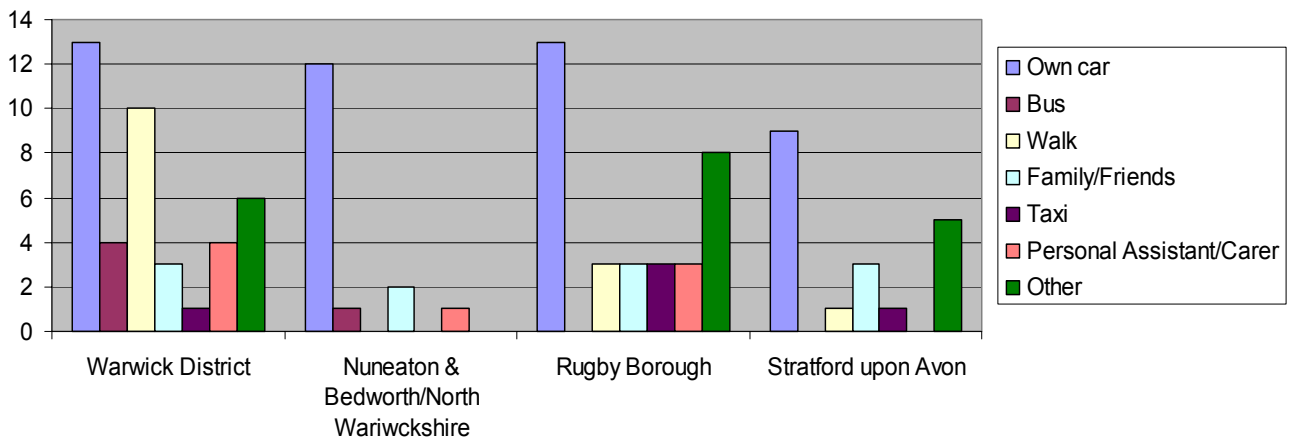


Table A2. Do Disabled people find travelling to their GP surgery difficult?

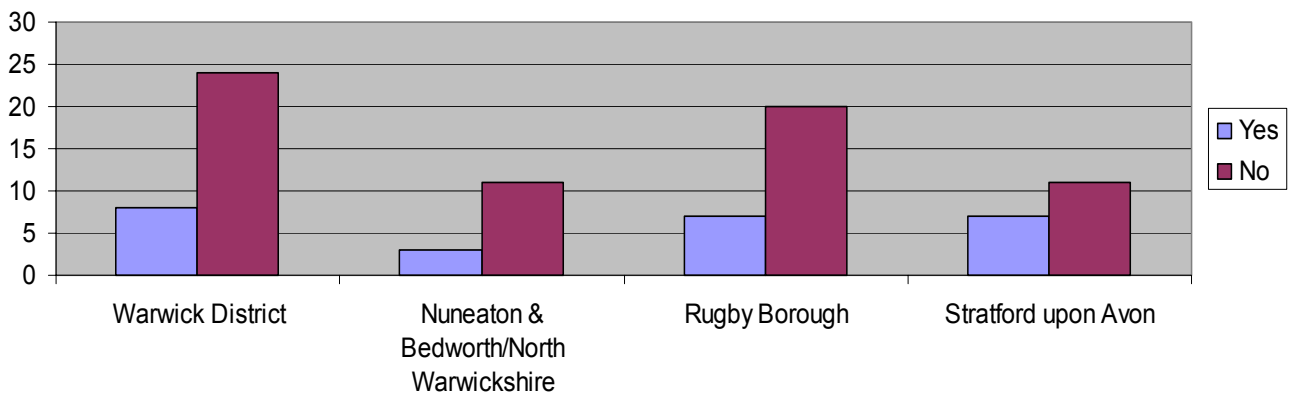


Table A3. Are doctors surgeries on main accessible bus routes?

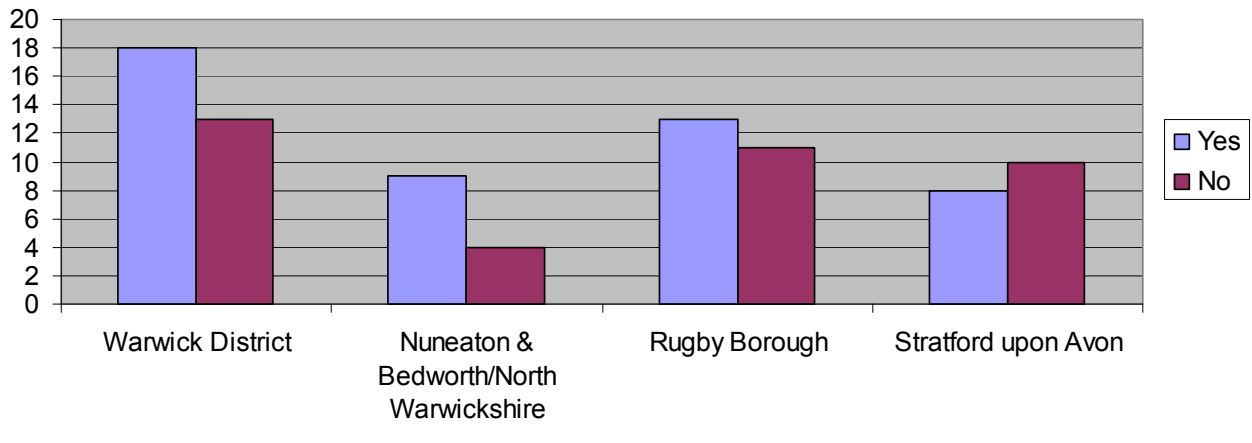


Table B4. What are the impairments of the people surveyed?

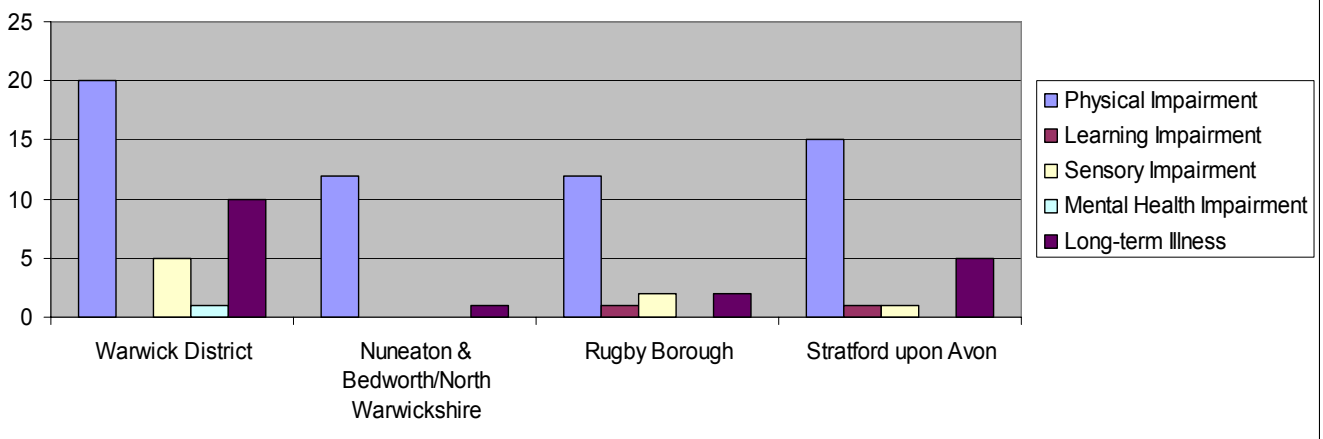


Table B5. Do GP services understand their needs?

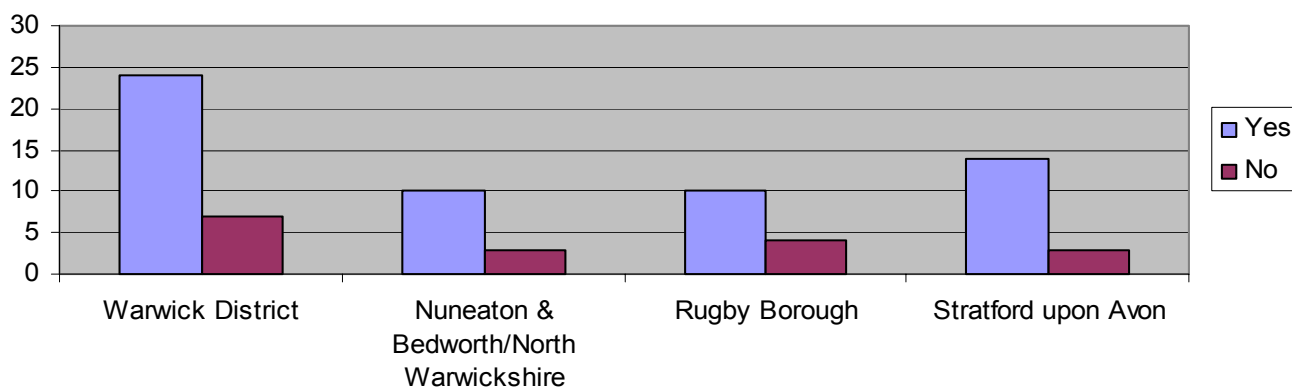


Table B6. Are GP surgeries accessible and appropriate to their needs?

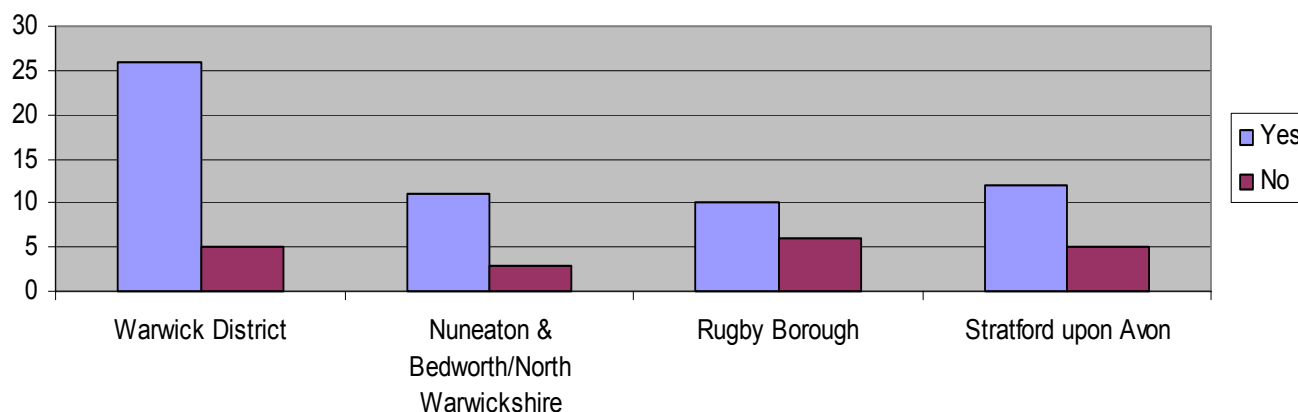


Table C7. How helpful do Disabled people find their Doctor's Receptionist?

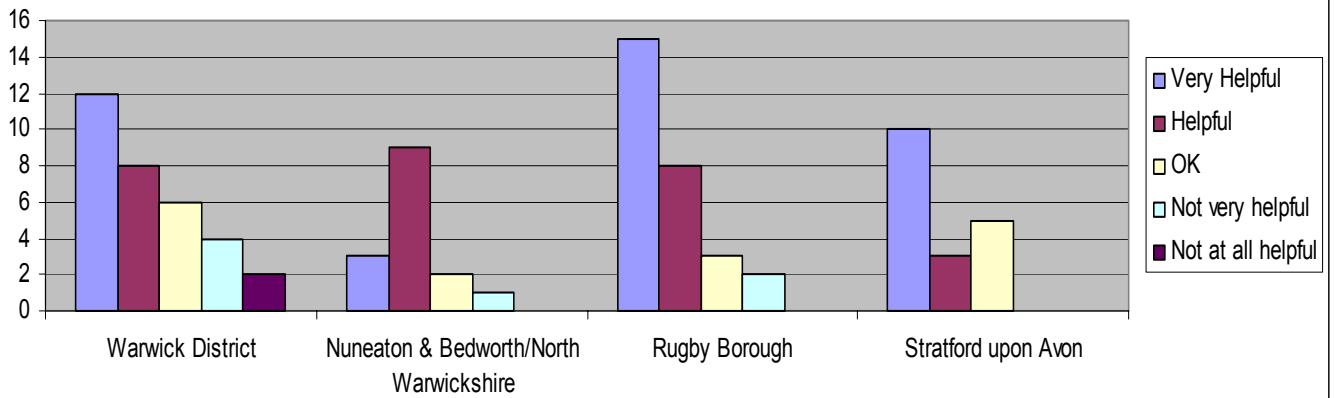


Table C8. How helpful do Disabled people find their Doctor's Practice Nurse?

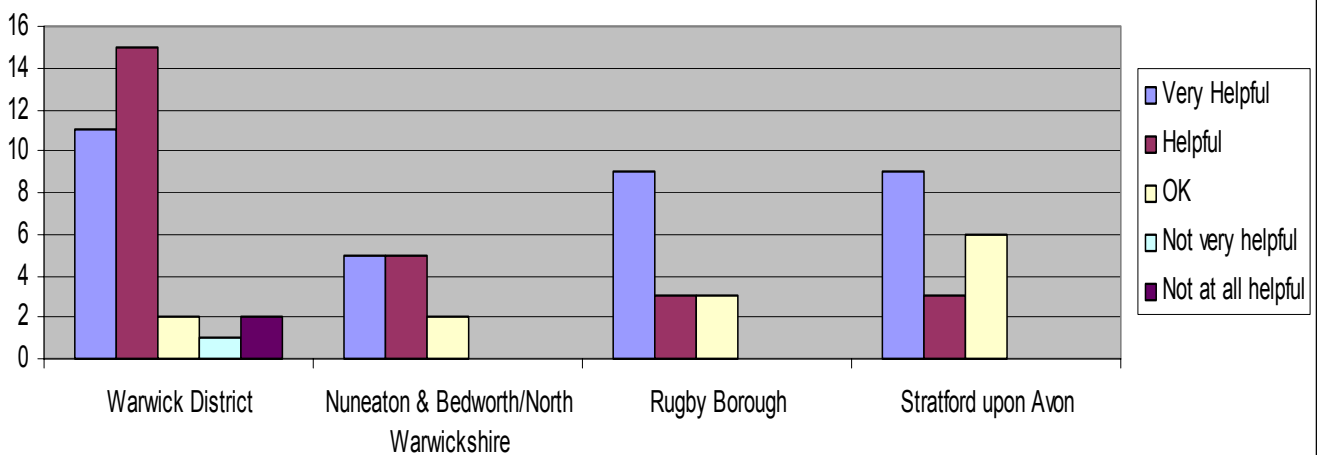


Table C9. How informed and helpful do Disabled people find their doctor?

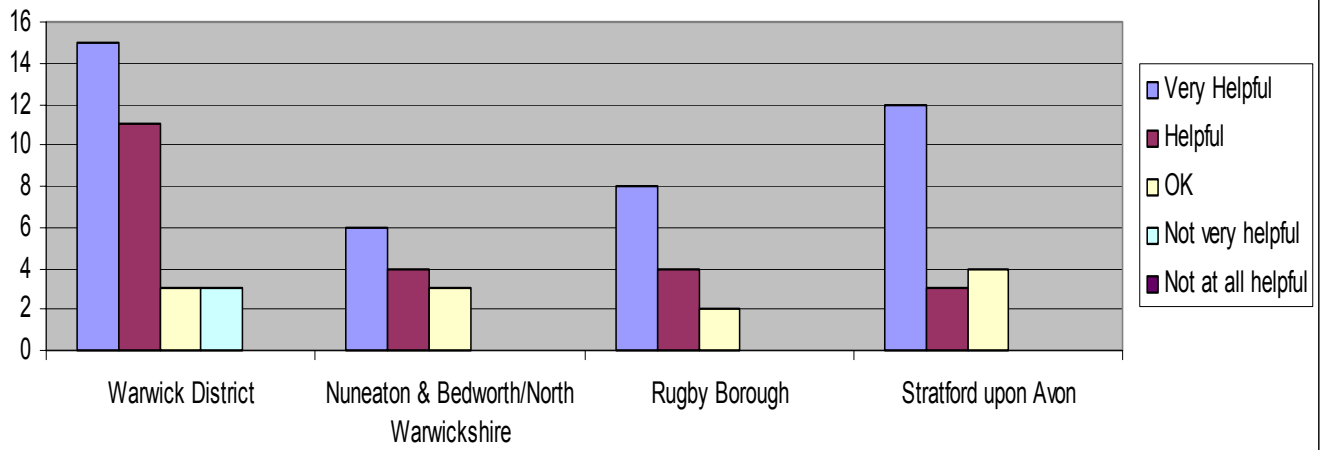


Table D11. How do Disabled people make an appointment at their GP surgery?

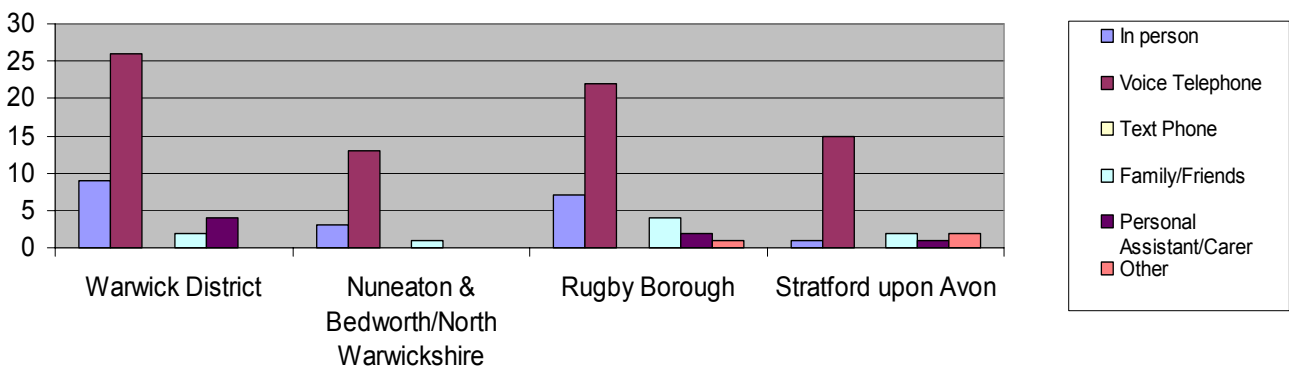


Table D12. Do Disabled people find it easy to arrange an appointment?

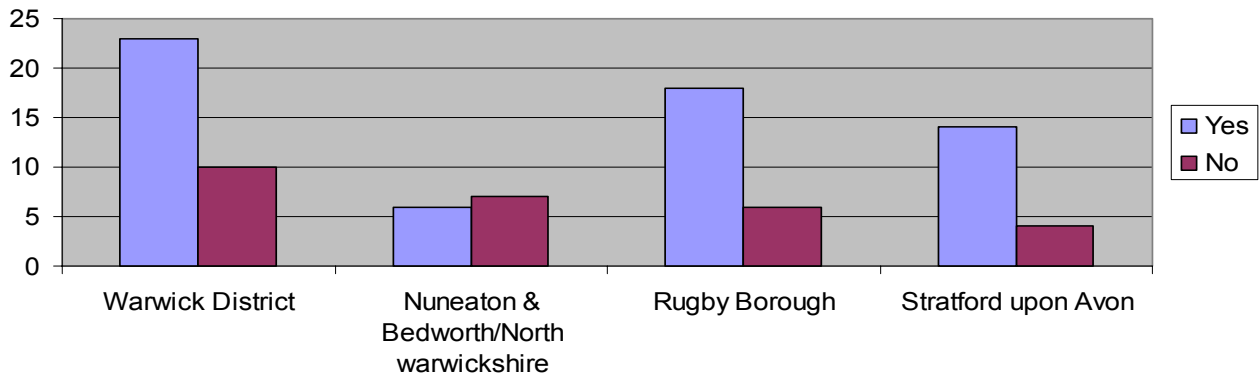


Table D13. How long does it take Disabled people to get an appointment?

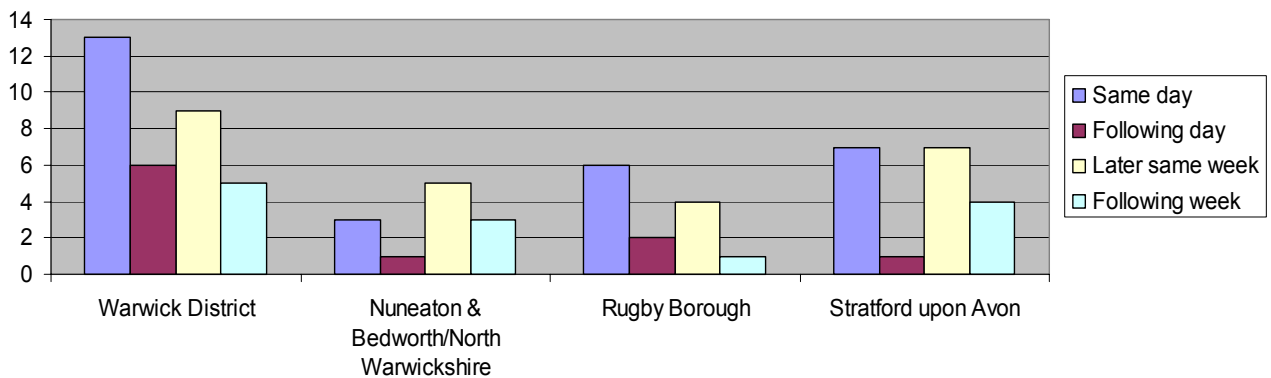


Table D14. Do Disabled people have to wait longer than they want to see a Practice Nurse?

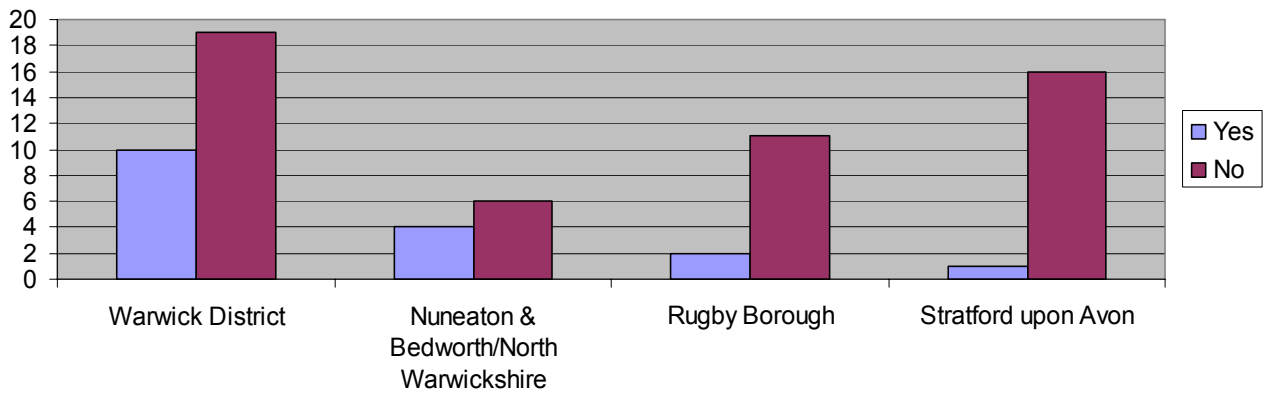


Table D15. In an emergency how quickly can Disabled people see a doctor?

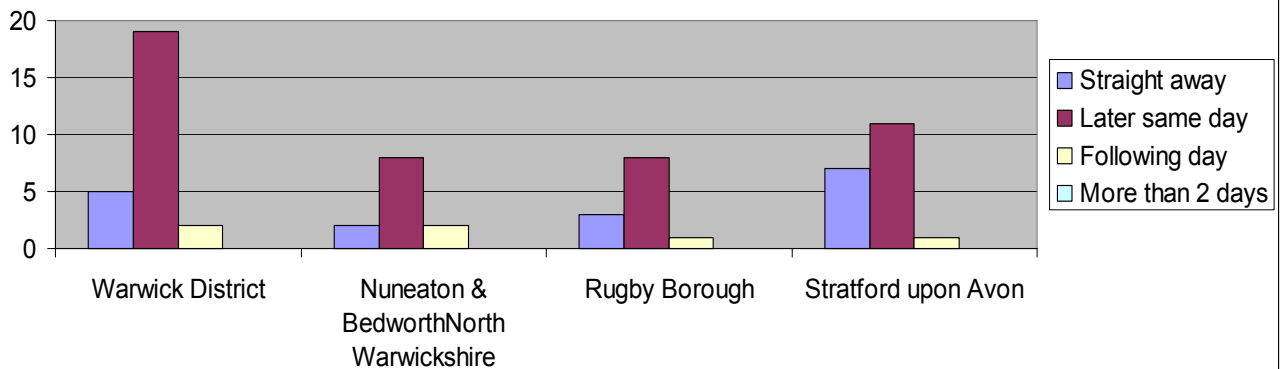


Table D16. Does getting an emergency appointment with their doctor take longer than expected for Disabled people?

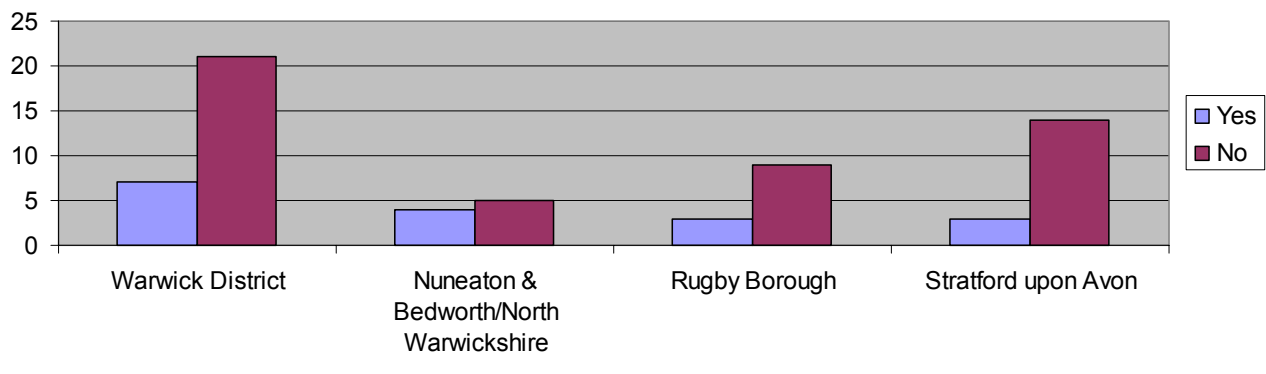
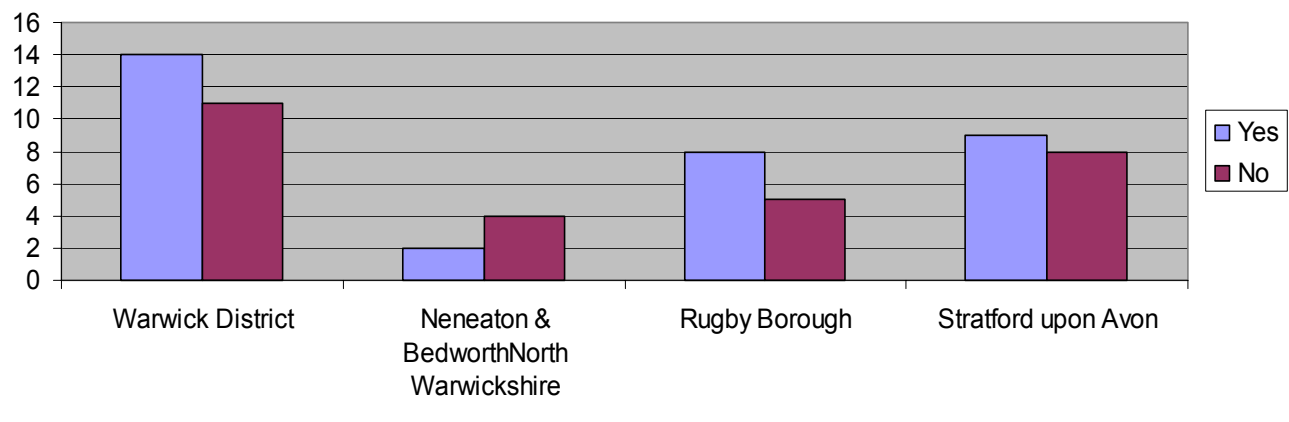


Table D17. Are peoples Disabilities taken into account when they want an emergency appointment?



ACCESS TO G.P SERVICES QUESTIONNAIRE

Section A - Traveling to your Doctors/GP Surgery

1. How do you usually travel to your doctors/GP surgery?

Own Car

Family/Friends

Personal

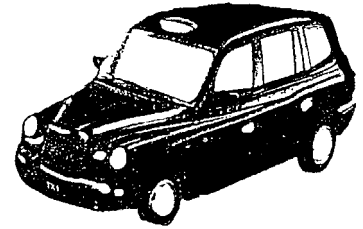
Bus

Taxi

Assistant/Carer

Walk

Other
(Please specify)



.....

2. Do you find travelling to your GP surgery difficult?

YES

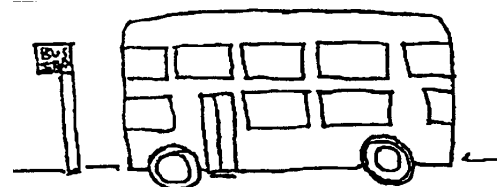
NO

2.1. If YES, please tell us why.

3. Is your doctor's surgery on a main accessible bus route?

YES

NO



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ACCESS TO G.P SERVICES QUESTIONNAIRE

Section B - Disabled Access and Facilities

4. What is your disability or impairment?

.....



5. Does your GP Service understand your needs?

YES

NO

5.1. If yes, in what way does your GP service understand your needs?

A line drawing showing a set of stairs with a ramp leading up to a door. There is a window to the right of the door. The ramp has a handrail on the right side.

5.2. If no, in what way does your GP service not understand your needs?

A line drawing showing a person in a wheelchair positioned at the bottom of a set of stairs. A door is visible at the top of the stairs. The person is looking up at the door.

6. Is your GP surgery accessible and appropriate to your needs?



YES

NO



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ACCESS TO G.P SERVICES QUESTIONNAIRE

6.1. If yes, tell us about it.

6.2 If no, tell us about it.

Section C - Customer Care

7. How helpful do you find your Doctor's Receptionist?

Very helpful Helpful OK
Not very helpful Not at all helpful



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ACCESS TO G.P SERVICES QUESTIONNAIRE

If not very helpful or not at all helpful please tell us why?



8. How helpful do you find your Doctor's Practice Nurse?

Very helpful Helpful OK

Not very helpful Not at all helpful

If not very helpful or not at all helpful please tell us why?



9. How informed and helpful do you find your doctor?

Very helpful Helpful OK


Not very helpful Not at all helpful

If not very helpful or not at all helpful please tell us why?



ACCESS TO G.P SERVICES QUESTIONNAIRE

10. If you find any of these people unhelpful, what would make it better?



Section D - Making Appointments

11. How do you make an appointment at the doctors/GP surgery?

In person

By voice telephone

By text phone

Family/Friends
make
appointment

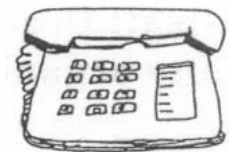
Personal Assistant/
Carer makes
appointment

Other
(please specify)
.....
.....

12. Is it easy to arrange an appointment?

YES

NO



If no please could you tell us why?



ACCESS TO G.P SERVICES QUESTIONNAIRE

13. How long does it take for you to get an appointment?

Same day

Following day

Later same week

Following week



16. Do you have to wait longer than you want to see the practice nurse?

YES

NO

17. In an emergency how quickly can you see a doctor?

Straight away

Later same day

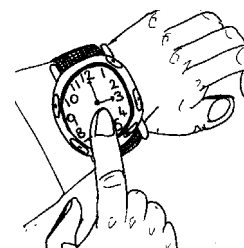
Following day

More than 2 days

18. Does it take longer than you expect?

YES

NO



19. Do you think your disability is taken into account when you want an emergency appointment?

YES

NO

20. Please tell us either the town or village of where you live.

ACCESS TO G.P SERVICES QUESTIONNAIRE

21. Please provide any other additional comments about the services you receive from your doctors/GP surgery.

NB. The information from this questionnaire will be held in a computerised database and will be kept secure and confidential. Warwickshire County Council will use the information for the compilation of a report. Quotes from the questionnaire may be used, but will not be attributed to any individual. The Warwickshire County Council database is registered under the Data Protection Act 1994.

Thank you for completing this questionnaire

Please use the stamped-addressed envelope provided to return this questionnaire



Council of Disabled People Warwickshire & Coventry
Room 4, Koco Building, The Arches, Spon End,
Coventry CV1 3JQ

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