

AGENDA MANAGEMENT SHEET

Name of Committee	Health Overview And Scrutiny Committee
Date of Committee	07 November 2007
Report Title	GP Appointments Project
Summary	As a result of concerns expressed in patient surveys, the Forum initiated an investigation into the arrangements adopted in the former Rugby PCT area to obtain appointments at GP surgeries. The Forum request that the Committee consider the issues and support their recommendations in any appropriate way.
For further information please contact:	Phil Maull Senior Committee Administrator Tel: 01926 412834 philmaull@warwickshire.gov.uk
Would the recommended decision be contrary to the Budget and Policy Framework?	No.
Background papers	None

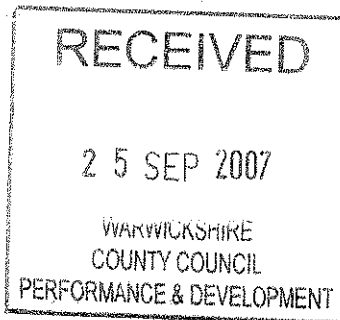


Better decisions
Better health

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26th September 2006

Alwin McGibbon
Health OSC
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Democratic Services, PO BOX 9, Shire Hall
Warwick
CV34 4RR



South Warwickshire

Dear Alwin,

Re: Warwickshire (Rugby) – GP Appointments Project

Please find enclosed a copy of our report on GP Appointment Booking Systems, in the Rugby area.

Our Community Engagement programme clearly showed that getting an adequate appointment to see a GP is of great concern to patients and the public in Rugby, so we would ask that the Overview and Scrutiny Committee give full consideration to this issue.

We would be grateful if you could support our recommendations in any appropriate way.

If you would like to discuss any aspects of the report further please do not hesitate to contact us.

Yours Sincerely

On Behalf of the Warwickshire (Rugby) PPI Forum

Mark Furber
Chair Warwickshire (Rugby) PPI Forum



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General Practitioner Surgery - Appointment Booking Systems

By

Warwickshire Patient and Public Involvement
(PPI) Forum's
Rugby Locality Committee

REPORT AND RECOMMENDATIONS

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Our Patient surveys have suggested that there was concern regarding the arrangements adopted in order to obtain appointments at GP surgeries. An investigation was initiated which involved the surgeries operating within the former Rugby PCT area. This covered the documentation issued by each surgery, discussing the arrangements with Practice Managers and finally questioning Patients in order to establish their views.

All 12 surgeries co-operated in the first two components of the project, but two felt unable to work with us on our terms in respect of surveying their patients. In preparing this report, the Members of the project group considered whether the names of the surgeries involved should be incorporated, or whether the results should be anonymised and a tailored covering letter sent to each surgery so they can identify which were their specific results. Advice from the PCT suggested it to be more appropriate to anonymise (code) the results, this still enables GPs to compare procedures across surgeries, identify what works well and identify their own results.

Overall, from the responses to the questions put to Patients there was a significant measure of satisfaction regarding the choice of GP for same-day appointments, the choice of GP and of appointment times for new advance appointments, the facilities to book on-going appointments up to two weeks ahead and the choice of GP and appointment times associated with these. There was also a high level of satisfaction regarding the facilities provided to cancel appointments, the ease of securing repeat prescriptions and the arrangements for receiving medical attention outside normal surgery hours. Areas where there was less satisfaction were associated with the arrangements to contact surgeries first thing in the day to arrange appointments, a failure on the part of surgeries to accept bookings for next-day appointments, a similar failure of surgeries to allow bookings for new advance appointments two or more weeks ahead and a failure to accept bookings for on-going appointments more than two weeks ahead.

In general, it was apparent from the patient survey that the facilities provided by the surgeries having fewer registered patients (this was particularly evident in the rural areas) were more acceptable to patients and that, in what is claimed to be "A Patient-led NHS", it could be appropriate for the surgeries with the greater number of registered Patients to examine how this has been achieved – perhaps through the new Consortium associated with Practice Based Commissioning.

During 2005, the then Rugby PPI Forum, undertook several surveys of patients and public. One question in the survey was about the major concerns of individuals regarding local health services. The analysis of the responses showed that GP appointments were a matter of considerable concern for local people and the Forum embarked on a project to enquire further into the issues involved and what improvements could be made to the current practice.

This project was incorporated in the 2006-2007 Work Plan with a time frame of July 2006 to February 2007. Joint Project Leads were appointed and were commissioned to work closely with Practice Managers and to present a balanced view of the issues. It was indicated that there was a need to be closely integrated with the work of the Disability Access working group.

A document dated 25th April 2006, outlined the approach it was proposed to adopt. The starting point was that in the past patients had, generally, been able to book advance appointments with their GP many weeks ahead, but that despite the statement by Lord Warner in September 2005 that:

"It is unacceptable that some practices are still not allowing patients to book an advance appointment with a GP. Patients rightly expect to see a GP at a convenient time more than two days in advance.

They should not face the frustration of having to call their practice back on the day they want an appointment. Practices must already offer quick access to a GP, but we will move to guarantee patients more flexible access if they want to book ahead."

There still existed a perception that a system was in operation whereby appointments could only be made on the day when the appointment was sought. There were also suggestions, nationally, that some practices were limiting advance bookings to ensure that they were able to meet the Department of Health's target of providing 100% of patients with a facility to see a GP within two days and a nurse within one day. Consideration of Rugby PCT data indicating that 100% of patients have been able to have an appointment with a GP within two days and a nurse within one day and this, together with the Department of Health guidance issued in June 2006 suggests that there had been concern that it was difficult in some cases to book advance appointments, provided circumstantial support to this suggestion. Thus, it was considered to be appropriate to establish what the situation was in the Rugby area and these matters were taken into account in a further document dated 30th June 2006 and submitted to the Rugby PPI Forum.

Four phases for the project were outlined:

Phase 1:

For the FSO to contact the appropriate person at Rugby PCT to provide us with documentation associated with arrangements for appointments at the GP surgeries operating under Rugby PCT. This the FSO did on 12th July 2006. On the 17th of August 2006 Rugby PCT e-mailed the surgeries asking them to send the documentation. This was all received and the items associated with this project are incorporated in this report. A summary was circulated to the surgeries.

Phase 2:

Members of the Group considered the information received and decided that it was necessary to discuss it further with a representative from Rugby PCT or with the Practice Managers involved. The latter course was decided upon.

Phase 3:

Rugby PCT, just before they closed on 1st October 2006, authorised the Group to arrange visits to the Practice Managers. These took place between November and December 2006. Notes from these visits were forwarded to the Practice Managers and are provided in Appendix A.

Phase 4:

This involved a patient survey using a questionnaire (Appendix B) which was made available to Practice Managers before seeking their permission to visit their surgeries and carry out this operation. The FSO received a letter dated 29th January 2007 from the Practice Manager at surgery "K" seeking further information. In view of this she decided to deal with this surgery whilst the Group Lead on 17th February 2007 e-mailed all the other surgeries asking them to suggest times and dates to carry out our patients' survey:

- Prompt responses - surgery "E" and surgery "G"
- Surgery "K" suggested that the questionnaire proposed was "slightly biased against the practice" and expressed the view "that the people who put together questionnaires and interview members of the public should possess a certain amount of experience and skill in such matters and we do not know what experience those involved have". This matter was not resolved and in consequence, the views of patients attending surgery "K" were not obtained.
- Surgery "L" indicated that due to staff shortages, they felt that the views we would obtain from their patients would not be typical of the situation when they were functioning normally and they requested that we delayed our visit. As the original request for a visit had been made on 17th February 2007, the members of the PPIH group felt unable to accede to this request.

The views of patients attending the surgeries were obtained during the period 26th February to 30th April 2007 using the questionnaire shown in Appendix B and the results obtained are given in Appendix C.

The responses to the questions put to patients were classified on the basis of "None/No"; "Poor/Difficult"; "Adequate"; "Good/Yes" and "No Experience". In preparing the tables in Appendix C,

the results have been expressed as percentages after those who had no experience of the question asked had been eliminated from the assessment. The number of responses at each surgery and the number of those responses who had no experience of the question are shown. Where the number of responses having no experience of the question at a given surgery exceeded 50% of the total, no classification is shown.

It is appreciated that the number of people interviewed at a given surgery (7 to 28) and the overall number responding to a given question (146 to 182) is small relative to the number of patients registered at the surgeries visited (of the order of 80,000) and in view of this it is inappropriate to draw anything other than broad conclusions. With this in mind, in the main report, the assessment has been based on combining the "None/No" and the "Poor/Difficult" classifications as broadly "unhappy" as far as the patient is concerned and the "Adequate" and "Good/Yes" classifications as "content". Further, the average value for each question has been established and surgeries are highlighted where they deviate in an unhelpful way from the average by an arbitrary 50% and might, thus, wish to reconsider the way they operate.

4.1. Documentation:

The documentation available to the public in the autumn of 2006 was assessed in terms of the information it provided in connection with appointments. All surgeries, except that at Stretton advised patients to ring the surgery telephone number for medical attention outside normal surgery hours when the call would be put through directly to the Leamington "Hub".

Surgery	Findings
26 Clifton Road	A "book on the day" appointment system is in use. There are a limited number of pre-bookable appointments that can be booked up to two weeks in advance. A Duty doctor is available for urgent appointments.
95 Clifton Road	One doctor is always available for urgent advice and consultations.
Albert Street	Same-day appointments available for urgent cases. Non-urgent and routine appointments can be booked after 1000hrs up to four weeks in advance.
Bennfield	Appointments normally necessary.
Brinklow	Ring before 0930hrs for a same day appointment
Central	All consultations by appointment. Future appointments should, preferably be booked after 1000hrs and are available up to four weeks in advance. Each day, a limited number of appointments are available with the Duty doctor for urgent problems.
Dunchurch	All afternoon/evening (to 1830hrs) surgeries are by appointment only. An "Advance Access" system is operated whereby it is possible to obtain an appointment with a doctor on the day of your request. There are a small number of pre-bookable appointments (up to four weeks in advance). One doctor is available each morning without prior appointment.
Morton Gardens	Appointments are only available to book on the day - with morning appointments bookable from 0830hrs and afternoon appointments from 1200hrs. There are a limited number of pre-bookable appointments up to two weeks in

	advance.
Stretton on Dunsmore	Monday mornings kept for urgent problems, otherwise consultations are by appointment. Out of hours service is covered by ringing 01 926 888 026.
Westside	A full appointment system is in operation with routine appointments being accepted up to one month ahead. Appointments are bookable online.
Whitehall Road	Appointments necessary for all consultations.
Wolston	Appointments necessary for all consultations, but no further information.

4.2. Information from Practice Managers

This is provided in detail in Appendix A and the following matters are highlighted:

1. There is a considerable difference in the number of people registered at the surgeries visited with 1,500 at the smallest and 17,162 at the largest.
2. All surgeries, except the three rural surgeries, acknowledged that patients experienced problems in contacting the surgery by telephone first thing in the morning in order to make appointments.
3. At surgeries "B" & "F" bookings for afternoon appointments had to be made after 1400hrs and after 1200hrs respectively.
4. Arrangements for advance bookings were given as follows:
 - **Surgery "A"** - Possible up to eight weeks ahead.
 - **Surgery "B"** - Possible up to six weeks ahead. Approx. 25% of appointments available for advance bookings.
 - **Surgery "C"** - No restriction on how far ahead appointments may be booked ahead.
 - **Surgery "D"** - Possible up to two weeks ahead. Approx. 20% (may be increased to 50%) appointments available for advance bookings.
 - **Surgery "E"** - Possible up to four weeks ahead (with two weeks being preferred). 15% (when three GPs are present) and 20% (when four GPs are present) appointments available for advance bookings.
 - **Surgery "F"** - Approx. 30% of appointments bookable up to two weeks in advance.
 - **Surgery "G"** - No restriction on how far ahead appointments may be booked ahead.
 - **Surgery "H"** - Possible up to six weeks ahead. Approx. 20% of appointments kept for advance bookings.
 - **Surgery "I"** - Appointments may be booked in advance, but require to be confirmed by the patient ringing the surgery two weeks before the appointment, otherwise the appointment is cancelled. Approx. 65% of appointments available for advance bookings.
 - **Surgery "J"** - No restriction on how far ahead appointments may be booked ahead.
 - **Surgery "K"** - Possible up to six weeks ahead. Approx. 15% appointments available for advance bookings.

- **Surgery "L"** - Possible up to two weeks ahead. 10% (Mondays), 25% (Fridays) and 50% (on other days) appointments available for advance bookings.
- 5. At the time of our visits, computerized check-in facilities were provided at surgeries "D", "H" & "K".
- 6. All surgeries claimed that they were prepared to treat urgent cases even if no appointment had been booked. However, there was a suggestion that if this was difficult and the problem appropriate, then the patient could be asked to attend the "Walk-in-Centre" at the Hospital of St. Cross.
- 7. Surgery "D" operated a system whereby a patient arriving more than five minutes late for an appointment was required to re-book the appointment. Surgeries "F", "H" & "I" adopted a 10 minute period in this connection.
- 8. All Practice Managers were conscious of the need to provide appropriate facilities for people with physical and with learning disabilities. These included ground floor consultations (or a lift) (at surgeries "A", "B", "C", "E", "F", "G", "H" & "J") for those with physical disabilities and if necessary a separate waiting room (at surgeries "A", "B", "C", "E", "F", "G", "H", "J" & "L") for those with learning disabilities.
- 9. Of particular concern to most practices was the failure of patients to turn-up for appointments they have booked. This was not only associated with advance appointments, but also occurred with same-day appointments. Figures quoted/month were 300 for surgery "A", 130 for surgery "C", 429 for surgery K, 200 for surgery "D", 50 for surgery "L" and surgery "F" had recently achieved a drop of from 600 to 200.
- 10. In the course of our visits, it was mentioned to the Practice Manager that the next part of our work would be to use a questionnaire in an endeavor to establish patient's views of the appointments system in operation. This was at once acceptable to the Practice Manager at surgery "A". The Practice Managers at surgeries "K" and at surgery "L" indicated that further consultation would be necessary.

4.3. Results from Patient Surveys

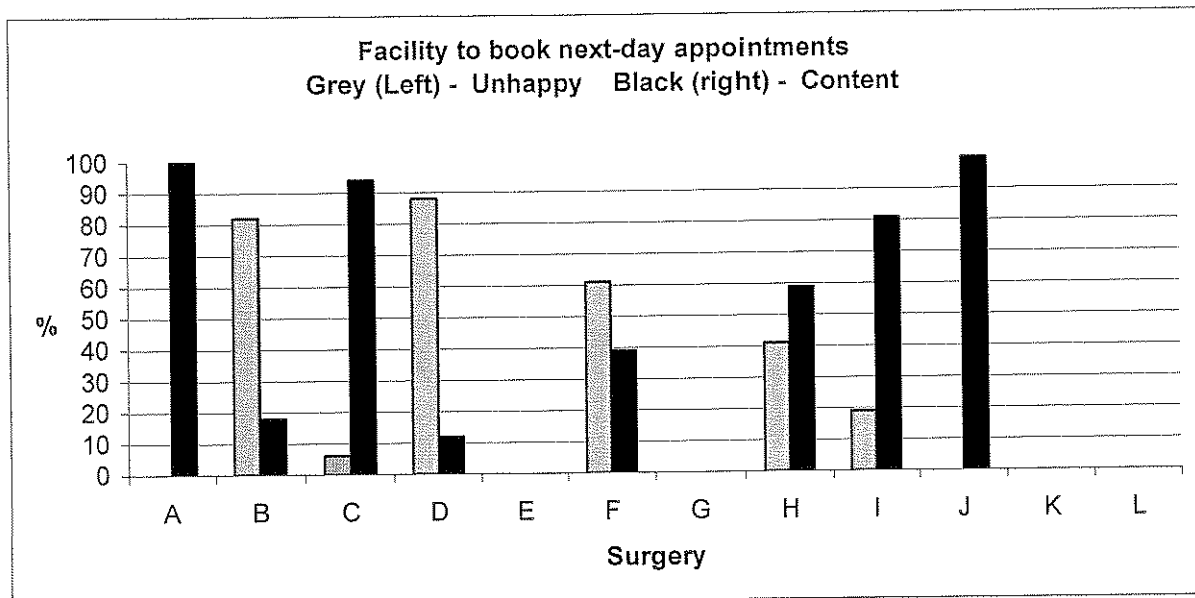
QUESTION	Ease of contacting surgery by telephone first thing in the morning for same day appointments		Choice of Appointment times for same day appointments		Choice of GP for same day appointments	
	% Unhappy	% Content	% Unhappy	% Content	% Unhappy	% Content
SURGERY						
"A"	0	100	25	75	0	100
"B"	64	36	12	88	0	100
"C"	0	100	0	100	6	94
"D"	36	64	18	82	16	84
"E"	50	50	61	39	33	67
"F"	48	52	35	65	18	82
"G"	0	100	0	100	0	100
"H"	23	77	27	73	30	70
"I"	4	96	11	89	8	92
"J"	8	92	8	92	8	92
"K"	No	Survey	No	Survey	No	Survey
"L"	No	Survey	No	Survey	No	Survey
AVERAGE	23	77	20	80	12	88

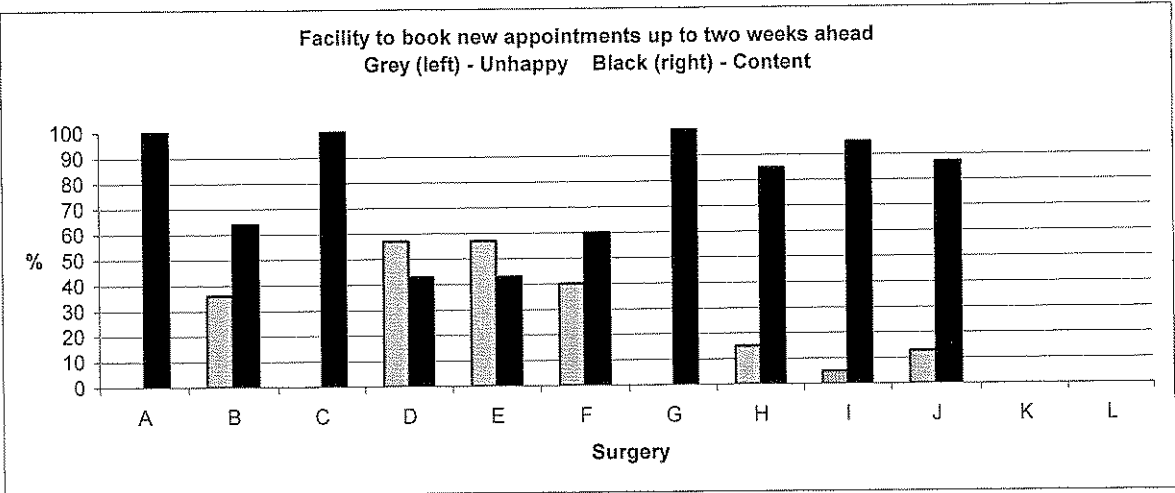
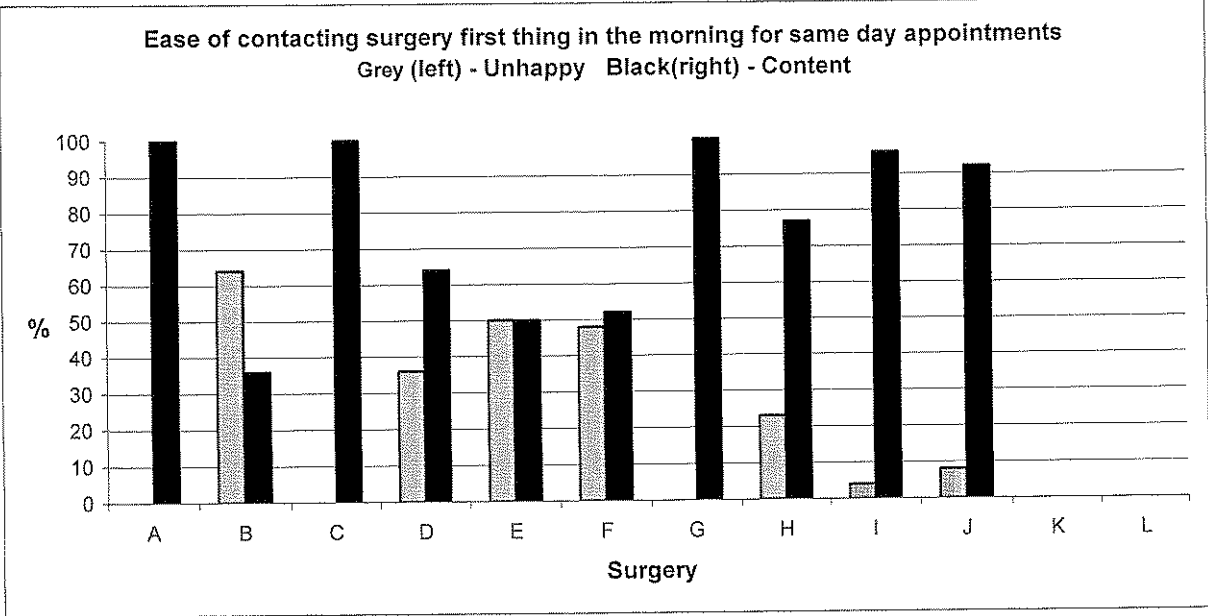
QUESTION	Facility to book next-day appointments		Facility to book new appointments up to two weeks ahead		Facility to book new appointments two to four weeks ahead	
	% Unhappy	% Content	% Unhappy	% Content	% Unhappy	% Content
SURGERY						
"A"	0	100	0	100	0	100
"B"	82	18	36	64		
"C"	6	94	0	100	0	100
"D"	88	12	57	43	100	0
"E"	Not	Asked	57	43		
"F"	61	39	40	60		
"G"	Not	Asked	0	100	0	100
"H"	41	59	15	85	10	90
"I"	19	81	5	95	54	46
"J"	0	100	13	87	0	100
"K"	No	Survey	No	Survey	No	Survey
"L"	No	Survey	No	Survey	No	Survey
AVERAGE	37	63	23	77	23	77

QUESTION	Facility for booking new appointments more than four weeks ahead		With new advance bookings - choice of appointment times		With new advance bookings - choice of GP	
	% Unhappy	% Content	% Unhappy	% Content	% Unhappy	% Content
SURGERY						
"A"	0	100	0	100	0	100
"B"			30	70	30	70
"C"	0	100	0	100	0	100
"D"	100	0	52	48	50	50
"E"			29	71	13	87
"F"						
"G"	0	100	0	100	0	100
"H"	18	82	18	82	11	89
"I"	70	30	6	94	11	89
"J"	14	86	0	100	0	100
"K"	No	Survey	No	Survey	No	Survey
"L"	No	Survey	No	Survey	No	Survey
AVERAGE	28	72	15	85	13	87

QUESTION	With on-going appointments - facility to book up to two weeks ahead		With on-going appointments - facility to book two to four weeks ahead		With on-going appointments - facility to book more than four weeks ahead	
	% Unhappy	% Content	% Unhappy	% Content	% Unhappy	% Content
SURGERY						
"A"	0	100	0	100	0	100
"B"						
"C"	0	100	0	100	0	100
"D"	28	72	100	0	100	0
"E"						
"F"	17	83	66	34	80	20
"G"						
"H"						
"I"	0	100	42	58		
"J"	0	100	0	100	0	100
"K"	No	Survey	No	Survey	No	Survey
"L"	No	Survey	No	Survey	No	Survey
AVERAGE	8	92	35	65	36	64

QUESTION	Ease of cancelling appointments		Ease of securing repeat prescriptions		Arrangements and facilities for medical attention outside surgery hours	
	% Unhappy	% Content	% Unhappy	% Content	% Unhappy	% Content
SURGERY						
"A"	0	100	0	100		
"B"			0	100	0	100
"C"			0	100		
"D"			5	95	0	100
"E"			0	100		
"F"	30	70	5	95	0	100
"G"	0	100	0	100		
"H"	0	100	12	88	18	82
"I"	4	96	5	95	0	100
"J"	25	75	0	100	20	80
"K"	No	Survey	No	Survey	No	Survey
"L"	No	Survey	No	Survey	No	Survey
AVERAGE	10	90	3	97	6	94





5.1. SURGERY DOCUMENTATION

This came in all shapes and sizes. The Members of the project group considered that such documentation would normally only be consulted when a medical condition had developed or was developing. It was therefore felt that it should be concise and to the point. Such matters as telephone numbers and surgery opening hours together with information of the different types of appointments available and when and how they could be made were felt to be essential. Details of arrangements for prescriptions and car parking facilities could also be very helpful. There was a feeling that whilst commercial advertisements could bring financial benefits to the practice, they could be distracting to the Patient. The documentation provided by surgery "1" appeared to us to have an attractive level of functionality about it.

5.2. INFORMATION PROVIDED BY PRACTICE MANAGERS

Having studied the documentation made available to us, Members of the group felt that there were additional matters upon which they required further clarification and visits were made to all 12 of the Practice Managers. Following these visits notes were made and these were subsequently circulated by our FSO to the respective Practice Managers in order to provide them with an opportunity to correct any points we had misinterpreted. No such matters were raised with us and these notes are provided in Appendix A.

Most Practice Managers acknowledged problems for Patients in making bookings for appointments first thing in the day. Various attempts had been made to minimize this problem, including increasing the number of Receptionists operating at that time of day. The problem appeared to be worse with the surgeries having the greater number of registered patients.

Where limitations were applied to the number of appointments available for advance booking they varied between 15 and 30% although some surgeries did not fix a level. Some surgeries would not accept bookings for advance appointments further than two weeks ahead, but others were prepared to take bookings for more than three months ahead. It was understood that the rationale for this was associated with (i) the perception that more advance bookings would increase the number of cases where Patients made appointments and then failed to fulfill them. No evidence was made available to us to indicate if this matter was more prevalent with same-day appointments or advance appointments. (ii) A concern that the Practice would, by making too many advance appointments, fail to meet the Department of Health's target that Patients should be able to see a GP within 48 hours.

Practice Managers were conscious of the problems which could prevail in dealing with people who have physical and/or learning disabilities and indicated that they made every endeavor to meet their needs in the best way possible.

Our own overall impressions gained from our visits to the various surgeries was that they all provided adequate facilities. Maybe, in some cases the number of notices appearing on the notice boards was somewhat overpowering.

5.3. PATIENT SURVEY RESULTS

Ease of contacting surgery by telephone first thing in the morning for same-day appointments:

Although patient survey suggested that some 77% of those involved were reasonably content, the experience of a much lower proportion of those attending surgeries "B", "E", and "F" were able to support this view. These surgeries were among those with the largest numbers of registered patients.

The principal problem was that of achieving telephonic access to the receptionist during the first hour or so after the surgery opened in the morning. Different surgeries used different methods of dealing with calls – some just provided the engaged signal, leaving the Patient to resort to the "Redial Button" on their telephone. Others adopted a "Queuing System", with one Patient we spoke to mentioning that on one occasion she had been offered the position of 70th in the queue. Several Patients indicated to us that they had been number 20 or more in the queue. A further point raised was that Patients now had to pay for the calls and particularly where a "Queuing System" was in operation, this was not welcome,

The reason given for contacting the surgery first thing in the morning was generally associated with the perception that unless Patients did, the chances of being offered an appointment with the GP of their choice at their preferred time, or indeed, in some cases an appointment at all, were not good. Another reason was associated with the need to make the appropriate arrangements before going to work, or taking the children to school. In a few cases Patients mentioned that where it had been difficult to obtain an appointment, they had resorted to the "Walk-in-Centre" at the Hospital of St. Cross.

It was hoped that the introduction of computerized check-in facilities would ease the pressure on the Receptionists at the critical time of day, but this was not shown in the results obtained in the Patient survey.

Surgery "F" adopted a system where same-day morning appointments had to be booked in the morning, and same-day afternoon appointments had to be booked after lunch. We sensed a measure of irritation among Patients who had to use this system, particularly those at work.

As has been indicated in section 2 of this report, we did not obtain the views of Patients attending surgeries "K" & "L", but our attempts to contact these surgeries on other matters in the early part of the day suggested that these surgeries were not free of these problems. We did not question Patients regarding on-line booking of appointments.

Choice of appointment times for same-day appointments:

20% unhappy and 80% content with the arrangements. This was not viewed as an unreasonable situation.

Choice of GP for same-day appointments:

88% content with what was offered.

Facility to book next-day appointments:

With only 63% content with the arrangements, those surgeries adjudged to be the least helpful to patients were "B", "D", and "F". The question was not asked at surgeries "E" or "G". In view of the difficulty in contacting a number of the surgeries first thing in the morning in order to make appointments, it was surprising to find that such a relatively high percentage of Patients were unable to use this facility – or was it, perhaps, because it was not available to them or known to them.

Facility to book new appointments up to two weeks ahead:

Although 77% of the Patients questioned were generally content with the arrangements, it should be borne in mind that at surgeries "D", "E", and "F" 40% or more were not well satisfied. Surgeries "A", "C", "G" and "I" had near 100% patients' content with what was offered. The question has to be asked – why such large differences between surgeries.

Facilities to book new appointments two to four weeks and more than four weeks ahead:

Surgeries "D" & "F" have clearly stated in their documentation that they do not arrange appointments more than two weeks ahead and, in consequence, this limited the number of Patients who had experience of this matter. Thus, although those content with what was on-offer numbered over 70%, the assessment was biased by the high levels of contentment achieved at surgeries "A", "C" and "G". For an urban surgery, "H" had the most patient-orientated performance.

With new advance bookings - choice of appointment times and choice of GP:

With appointment times and choice of GP over 85% were content with present position.

Facility to book on-going appointments ahead:

Lack of experience among the patients questioned at four of the surgeries limited the value of this assessment. However, the restriction set at making appointments beyond two weeks was apparent at surgery "D" and to a lesser extent at surgery "F". Surgeries "A", "C", "J" and to a lesser extent surgery "I" were able to offer this facility.

Ease of securing repeat prescriptions:

97% of those participating in the survey and who had experience of the matter were content with the present situation. It was considered that it would be helpful if information on when prescriptions could be collected could be given near to the box in which repeat prescriptions are deposited.

Arrangements and facilities for medical attention outside surgery hours:

Although insufficient numbers of patients at four of the surgeries were able to provide a valid opinion, 94% of the remainder were content with the present arrangements.

Reception facilities:

Apart from a slight reservation at surgery "F", the patients questioned were satisfied with the facilities provided at reception. Some surgeries have increased the number of staff and telephone lines available at the start of the day, but the problem still remains. Maybe, due to the (hopefully) infrequent nature of visits to surgeries, the perception of some of the patients questioned, was based on a period in time before more recent innovations were introduced and this could affect the responses obtained in the questionnaire and is why it is deemed important to use results to establish only general trends rather than to pin-point specific matters.

Other matters:

Receptionists generally provided a written card or note to remind patients of appointment dates when these are arranged in person.

It was not possible to establish reasons why so many Patients failed to report for appointments they had made, particularly when the facilities for cancelling appointments were shown to be very acceptable.

There was insufficient valid evidence to establish if patients late for appointments would not be seen if they were prepared to wait.

The limited evidence which became available suggested that home visits were still available to those really needing them and could be arranged without too much difficulty.

There was an insufficient number of people questioned who had either physical or learning disabilities and thus no valid conclusion can be recorded.

At the start of the project, we had some difficulty in understanding how the government inspired target of seeing a GP within 48 hours and a nurse within 24 hours could be arranged when GP surgeries were closed on Saturdays, Sundays and Bank Holidays. The answer was that this target included the "Walk-in Centre" and the "Out of Hours Centre".

General:

Overall, there would seem to be a significant difference between the level of contentment expressed by patients attending the urban and those attending the rural surgeries. It is interesting to speculate on the reasons for this. Generally, the rural surgeries are smaller and it was noticeable that there was a more personal approach there. Maybe, too the rural patient was less demanding than the urban patient. However, the results from surgery "A" and from surgery "I", both of which are in urban locations would tend to suggest that the latter was not the primary cause. Practice size would appear to be a more significant factor, with more emphasis being given to smaller surgeries or improving operations at the surgery-patient interface in the larger surgeries.

The responses from the Patients questioned suggested that there was a significant level of **satisfaction** regarding the facilities available for:

- The choice of GP for same-day appointments
- The choice of appointment times and of GP for new advance appointments.
- The facilities to book on-going appointments up to two weeks ahead and the choice of GP and of appointment times associated with these.
- There was also a high level of satisfaction regarding the facilities made available to cancel appointments, the ease of securing repeat prescriptions and for the arrangements for receiving medical attention outside normal surgery opening hours.

Situations where Patient responses indicated a significant level of **dissatisfaction** were:

- At a number of the Rugby Practices, there was distinct level of dissatisfaction with the facilities provided to enable Patients to make telephonic contact with the surgery in the early part of the day to make appointments to see a GP. This was particularly evident with the larger urban Practices.
- The reluctance of Receptionists at some surgeries to permit, or offer to make next-day appointments.
- A failure to accept new advance bookings two or more weeks ahead.
- A failure to accept on-going bookings more than two weeks ahead.

We would like to note that the one major item missing from this survey which we were unable to get any data on was the number of people turned away from being given an appointment for a variety of reasons, daily or day after day. As we only carried out the survey within the surgeries we were unable to reach those people who were refused or unable to get an appointment.

Finally, we would like to draw your attention to appendix D (pg. 41). This article published in the Daily Mail on the 25th of July 2007, clearly corroborates the findings of this report.

- ⇒ As the principle problem highlighted in this work was associated with the difficulty Patients experienced in contacting the surgery by telephone first thing in the day in order to make appointments to see a GP and as this was seen to be less of a problem at the Practices with less registered Patients, and particularly those in rural areas, it would not be unreasonable for those Practices found to be experiencing problems to study the arrangements adopted at these smaller surgeries. Maybe, separate telephone numbers and separate Receptionists for smaller groups of GPs in the larger Practices could be considered.
- ⇒ There still seems to be some reluctance on the part of some surgeries to increase the proportion of appointments available for advance booking. The question which would seem to require an answer is – would increasing this improve the situation regarding 7.1 above. Would it be not unreasonable to carry out some pilot studies? Certainly, from views expressed by Patients to the group it would increase patient satisfaction. The other constraint upon this could be that involving Patients failing to report for the appointments they have made. We have been provided by impressive numbers, but has an analysis been carried out on the causes for these? If not perhaps it should be.
- ⇒ Likewise, with Patients attending something like a third of the surgeries being dissatisfied at not being able to book next day appointments, is there evidence that enabling and encouraging Patients to do this causes problems, or is it the fear of not being able to meet the Department of Health 48 hour targets? Again, why not try encouraging it?
- ⇒ The PPI group are conscious of the 2006/07 DoH/BMA agreement regarding the following which should be on offer to patients:
 - The opportunity to consult a GP within 48 hours.
 - The opportunity to book appointments in advance.
 - Easy telephone access.
 - The opportunity for the patient to consult their preferred practitioner (whilst recognising that this may mean waiting longer).
- ⇒ Generally, we have been surprised by the differences in Patients perception of the facilities offered by the different surgeries visited. We would hope that through the greater liaison now possible through the Practice Based Commissioning Consortium that the surgeries which are considered by their Patients to be less orientated to their needs in respect of GP appointments can learn from and adopt the approaches in place in surgeries which are deemed to be more favored.

APPENDIX A
Summary of visits to Practice Managers at Rugby Surgeries Autumn 2006

SURGERY	"A"	"B"	"K"	"D"
PPIH Representatives	Brian Sturgess Peter Jackson	Keith Ward Peter Jackson	Brian Sturgess Peter Jackson	Brian Sturgess Peter Jackson
Number of GPs	3 (one part-time)	3	9 (some part-time)	7 (some part-time)
Number of Patients	5800	6950	17,162	12,000
Surgery hours (Mon to Fri)	0800 to 1830 hrs Closed 1300 to 1400hrs for lunch	0830 to 1800 hrs Closed 1300 to 1400hrs for lunch	0830 to 1830hrs	0800 to 1800hrs
Booking arrangements for same day appointments	After 0800hrs	After 0830 hrs for morning appointments. After 1400hrs for afternoon appointments	After 0830hrs and after 1600hrs for the next day.	After 0800hrs
Booking arrangements for advance appointments	Any time after 0800hrs with booking up to 8 weeks possible	Preferably after 1000hrs with booking up to 6 weeks possible. GPs can (in writing) instruct the receptionist to book a specific appointment at any time. Of the order of 25% appointments available for advance booking	After 0830hrs with booking up to 6 weeks (4 preferred). GPs are able to book their own appointments on the computer system. Something like 4/5 [15%] appointments are available each day for advance appointments with each GP.	After 0800hrs with booking up to 2 weeks possible. Something like 20% of appointments are available each day for advance bookings. This may be increased to 50%

SURGERY	"A"	"B"	"K"	"D"
Computerized Check-in			Yes	Yes
Telephone call availability at surgery opening time	Can be difficult, but eased by advance booking facility	A problem	Despite 4/5 receptionists serious jamming of lines	A problem, despite 3 receptionists operating
After Hours appointments	Can be difficult, but eased by advance booking facility		Direct to "Hub"	
Availability of chosen GP	Can be difficult, but eased by advance booking facility	Difficult	Advance booking eases the situation	First come - first served.
How urgent cases are dealt with	On their merits	On their merits	"Duty Doctor" available	"Duty Doctor" available
Home visits		Bookable 0830 to 1030hrs. Carried out in the lunch hour	1100 to 1600hrs	Arrange before 1030hrs to take place between 1200 & 1400hrs Also possible 1800 to 1900hrs
Treatment of patients late for appointments	Treated on their merits	Treated on its merits	No specific rules. May be asked to wait	If more than 5 minutes late it is necessary to re-book appointment
No. of patients failing to report for appointments	Approx. 300/month		429 in October	Now 200/month
Treatment of Patients failing to report for appointments	The out of town surgery is a particular problem. A letter sent after 6/7 failures	Recorded on patient's notes. If it persists a letter is sent.	A letter to persistent offenders indicating that they could be asked to leave	

SURGERY	"A"	"B"	"K"	"D"
Appointment facilities for the disabled	Consultation with physically disabled possible on ground floor. Separate room available for those with Learning Disability to wait.	Separate facilities can be made available for those waiting who have Learning Disabilities	Nothing specific	Identified from records. Could be asked to wait in their car if disruptive or offered a home visit
Other matters	Practice expected to move in a year's time when the existing surgery will close			Screening of non-regular patients by the Nurse Practitioner. No general enquiries accepted before 0930hrs
Acceptability of a Patient Questionnaire	Acceptable	Mentioned	Approval by GPs required.	Mentioned

Summary of visits to Practice Managers at Rugby Surgeries

SURGERY	"L"	"E"	"C"	"G"
PPIH Representatives	Brian Sturgess Peter Jackson	Brian Sturgess Peter Jackson	Brian Sturgess Keith Ward	Brian Sturgess
Number of GPs	3 (not every day)	4 (not every day)	3 (not every day)	2
Number of Patients	Not made available	7,800	5000	2890
Surgery hours (Mon to Fri)	0830 to 1830hrs Open at 0745hrs on Mon, Wed & Thurs for personal caller appointments	0830 to 1830hrs	0830 to 1200hrs. 1400 to 1830hrs Mon, Tues, Thurs, Fri. 0830 to 1200hrs Wed	0830 to 1000hrs 1600 to 1800hrs Mon & Wed PM on Mon, Wed & Fri.

SURGERY	"L"	"E"	"C"	"G"
Booking arrangements for same day appointments	From 0745hrs for personal callers, otherwise from 0830hrs	From 0830hrs. No morning appointments bookable after 1000hrs	From 0830hrs	From 0830hrs
Booking arrangements for advance appointments	Bookable after 0830hrs each day. Advance appointment availability 10% on Mon, 25% on Fri & 50% other days. Appointments bookable up to two weeks. GPs do not book their own appointments	Appointments bookable up to 4 weeks ahead, but 2 weeks is preferred. Advance appointment availability 20% when 4 GPs present and 15% when 3 GPs are present. GPs can book their own appointments	Understood to be no restriction on how far ahead advance bookings can be made. Bookable at any time.	Understood to be no restriction on how far ahead advance bookings can be made. Bookable at any time.
Computerized Check-in				
Telephone call availability at surgery opening time	Despite two receptionists operating - lines usually jammed	A considerable problem		Not understood to be a significant problem
After Hours appointments	Direct to "Hub"	Direct to "Hub"	Direct to "Hub"	Direct to "Hub"
Availability of chosen GP	Subject to availability		Usually possible, but may be necessary to wait.	Usually possible, but may be necessary to wait.
How urgent cases are dealt with	On their merits	A "Duty Doctor" is available all day	First come, first served basis	As required
Home visits	Arrange before 1030hrs to take place any time of the day including evening	Arrange before 1100hrs and normally carried out in the lunch hour. But also evening if required.	Preferably book between 0800 & 0900hrs.	Book before 1030hrs

	"L"	"E"	"C"	"G"
SURGERY				
Treatment of patients late for appointments	Up to 15 minutes often accommodated	Treated on their merits, it may mean a wait or seeing the "Duty Doctor" rather than the GP specified.		
No. of patients failing to report for appointments	Currently 50/month		Approx 130/month	
Treatment of Patients failing to report for appointments	None normally taken as numbers are low	Three failures in a row prompts a polite letter. This normally works		
Appointment facilities for the disabled	Difficult access for physically disabled. Appointment times arranged, as necessary to accommodate people with a Learning Disability	If disruptive, may be "slotted" in early. There is also a room in which they could wait.	People with a Learning Disability not a problem	People with Learning Disabilities not a problem
Other matters	Plans to relocate thwarted by planning considerations A list was kept of violent patients	Telephone calls for test results between 1100 & 1700hrs	A group of volunteer drivers available.	Appointments are not normally made on Mondays which is devoted to urgent cases - first come first served. Invitation to meet Patient Group in March 07
Acceptability of a Patient Questionnaire	Formally contact Practice Manager with questionnaire before proceeding	Mentioned	Mentioned	Mentioned

Summary of visits to Practice Managers at Rugby Surgeries

SURGERY	"H"	"I"	"F"	"J"
PPIH Representatives	Brian Sturgess Peter Jackson	Brian Sturgess Peter Jackson	Brian Sturgess Peter Jackson	Brian Sturgess Peter Jackson
Number of GPs	4	3 (not every day)	7 (four full-time)	3 (some part-time)
Number of Patients	8600	3900	14,500	1,500
Surgery hours (Mon to Fri)	0830 to 1830hrs	0900 to 1300hrs 1430 to 1800hrs	0830 to 1800hrs Reception closed 1300 to 1400hrs	0830 to 1230hrs also Tues & Thurs 1645 to 1800 hrs
Booking arrangements for same day appointments	After 0830hrs	By telephone from 0830hrs	Morning appointments bookable from 0830hrs Afternoon appointments bookable from 1200hrs	Between 0830hrs & 1100hrs
Booking arrangements for advance appointments	After 0830hrs with booking possible up to 6 weeks ahead. 20% of appointments are kept open for advance bookings	By telephone from 0830hrs. Appointments may be booked in advance, but require to be confirmed by the patient ringing the surgery 2 weeks before the appointment, otherwise it is cancelled. 65% of appointments available for advance booking.	Advance appointments bookable any time after 0830hrs. 30% of appointments bookable up to 2 weeks.	After 0830hrs. No restriction advance booking times. (up to 3 months and beyond)
Computerized Check-in			Being considered	

SURGERY	"H"	"I"	"F"	"J"
Telephone call availability at surgery opening time	Can be a problem, but advance booking facility helps.		3 receptionists with a telephonic queuing system. Considerable pressure	Not aware of any significant problem
After Hours appointments		Directly to "Hub"		Directly to "Hub"
Availability of chosen GP	Easier with advance appointments		Easier with advance appointments	Easier with advance appointments
How urgent cases are dealt with			"Duty" Doctor available	As required
Home visits	Between 1200 & 1500hrs	Book before 1100hrs and carried out between 1300 & 1430hrs	During the lunch hour and after surgery hours	1100 to 1200hrs
Treatment of patients late for appointments	If more than 10 minutes late it is necessary to make another appointment. This is the result of the major car parking problems experienced.	Not normally seen if 10 minutes or more late for an appointment. However, if capacity permits they may be seen later in the day. Otherwise re-booking is necessary	Patients will normally be seen up to 10 minutes after their due time, but may have to wait. Later than this re-booking is normally required	Treated on their merits, may have to wait.
No. of patients failing to report for appointments			Reduced from 600/month to 200/month	Few
Treatment of Patients failing to report for appointments	Patients warned that they could be taken off the "list".	Letter sent when there have been 3 failures to attend over a six month period		

SURGERY	"H"	"I"	"F"	"J"
Appointment facilities for the disabled	People with Learning Disabilities known to receptionists and a separate waiting facility is available.		Separate waiting room available if required	Has a close liaison with Admirals Court... Can accommodate satisfactorily
Other matters				
Acceptability of a Patient Questionnaire	Mentioned	Mentioned	Mentioned	Mentioned - arrange with new Practice Manager

APPENDIX B

RUGBY PPIH LOCALITY COMMITTEE GP APPOINTMENTS PROJECT - PATIENT QUESTIONNAIRE

Introduction: The starting point for our work has been a perception among some patients and members of the public that there are problems associated with making appointments at GP surgeries and particularly in making appointments in advance. This perception appears to have been associated with guidance given by the Department of Health that all patients should be able to see a GP within 48 hours and a Nurse within 24 hours. The result of this guidance has been a feeling that GP surgeries have severely restricted the availability of appointments beyond the 48 hour envelope. We have met all the Practice Managers associated with the GP Practices in Rugby and the surrounding area and have been made aware of their approaches to the appointment situation. We are now interested in how the patients assess the situation - hence this questionnaire.

Patients requiring first urgent/emergency/same-day appointments

- Ease of contacting surgery by telephone first thing in the morning:
Difficult Adequate Good NE
- Availability of appointments if you ring the surgery after say 0900hrs?
None Poor Adequate Good NE
- Availability of appointments when contacting the surgery after lunch time:
None Poor Adequate Good NE
- Choice of Appointment time:
None Poor Adequate Good NE
- Choice of GP/ Nurse Practitioner:
None Poor Adequate Good NE
- Facility to be seen in an emergency, if prepared to wait:
None Poor Adequate Good NE

Patients requiring first advance appointments (not having seen a GP for some months)

- Facility to book next day appointments:
None Poor Adequate Good NE
- Facility to book appointments by ringing after say 9-30 am:
None Poor Adequate Good NE
- Facility to book appointments up to two weeks ahead:
None Poor Adequate Good NE
- Facility to book appointments two to four weeks ahead:
None Poor Adequate Good NE
- Facility to book appointments more than four weeks ahead:
None Poor Adequate Good NE
- Choice of Appointment day/time:
None Poor Adequate Good NE
- Choice of GP /Nurse Practitioner:
None Poor Adequate Good NE

Patients having seen a GP and seeking a future appointment (Continuing (on-going) Appointments)

- Is it bookable by GP before leaving consultation? Yes/No NE
- Is it bookable by the Receptionist before leaving the surgery? Yes/ No NE
- Facility to book appointments up to two weeks ahead:
None Poor Adequate Good NE
- Facility to book appointments two to four weeks ahead:
None Poor Adequate Good NE

- Facility to book appointments more than four weeks ahead:
None Poor Adequate Good NE
- Choice of Appointment day/time:
None Poor Adequate Good NE
- Choice of GP:
None Poor Adequate Good NE

Additional matters

- With an advance appointment is Patient given a reminder card or a letter? Yes/No NE
- Ease of cancelling appointments (indicate why):
Difficult Adequate Good NE
- If you are 5/10 minutes late for an appointment do you have to re-book? Yes/No NE
- If you are 5/10 minutes late for an appointment will you be seen if you wait? Yes/No NE
- Facilities for arranging a home visit:
Poor Adequate Good NE
- Facilities for securing repeat prescriptions:
Poor Adequate Good NE
- Reception facilities:
Poor Adequate Good NE
- Facilities for medical attention out of surgery hours:
Poor Adequate Good NE
- If you have a Disability are arrangements adequate? Yes/No (if No, please indicate why) NE

USE NE where the patient has had no experience of this particular situation

NOTE: It may be necessary to cite examples when selecting the class of appointment e.g.

First same-day appointment: recently developed skin rash. **First advance appointment:** deteriorating hearing

Continuing appointments: routine visit associated with an on-going medical condition - e.g. diabetes.

ANY OTHER APPROPRIATE COMMENTS SHOULD BE NOTED

APPENDIX C - PATIENTS VIEWS

(% quoted are those with experience of the question asked, where less than 50% of those responding have had experience of the question, the figures have been omitted from the tables)

QUESTION: Ease of contacting surgery by telephone first thing in the morning for same day appointments						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	////	11	0	89	1
"B"	16	////	64	15	21	2
"C"	21	////	0	16	84	2
"D"	25	////	36	32	32	0
"E"	14	////	50	14	36	0
"F"	23	////	48	30	22	0
"G"	8	////	0	29	71	0
"H"	24	////	23	36	41	2
"I"	28	////	4	19	77	2
"J"	13	////	8	17	75	1
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 182	////	23	22	55	Total 10

QUESTION: Availability of same-day appointments when ringing in after 0900hrs.						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	22	78	1
"B"	16	62	26	12	0	8
"C"	21		11	28	61	3
"D"	24	27	23	17	33	6
"E"	14	46	0	27	27	3
"F"	13	27	27	36	10	2
"G"	8	0	43	0	57	1
"H"	18	8	46	15	31	5
"I"	20	0	24	29	47	3
"J"	14	0	0	38	62	1
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 158	17	20	22	41	Total 33

QUESTION: Availability of same-day appointments when ringing after lunch-time						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10					6
"B"	16	8	25	8	59	4
"C"	20					11
"D"	24	47	15	7	31	11
"E"	14					9
"F"	19	24	12	41	24	2
"G"	8	0	0	20	80	3
"H"	16	10	40	40	10	6
"I"	26	13	19	43	25	10
"J"	13	0	38	38	24	5
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 166	15	21	28	36	Total 67

QUESTION: Choice of appointment time for same-day appointments						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	13	13	25	50	2
"B"	16	6	6	19	69	0
"C"	21	0	0	40	60	1
"D"	24	14	4	23	59	2
"E"	14	0	61	39	0	1
"F"	20	0	35	30	35	0
"G"	7	0	0	14	86	0
"H"	20	16	11	58	16	1
"I"	28	4	7	30	59	1
"J"	14	0	8	38	54	1
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 174	5	15	32	49	Total 9

QUESTION: Choice of GP for same-day appointments						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	13	88	2
"B"	16	0	0	20	80	1
"C"	21		6	47	47	2
"D"	24	8	8	27	57	1
"E"	13	0	33	33	34	1
"F"	22	0	18	36	45	0
"G"	8	0	0	57	43	1
"H"	22	10	20	25	45	2
"I"	27	4	4	29	63	3
"J"	14	0	8	38	54	1
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 177	2	10	32	56	Total 14

QUESTION: Facility to book next-day appointments						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	11	89	1
"B"	15	55	27	0	18	4
"C"	21	0	6	13	81	5
"D"	24	70	18	6	6	7
"E"	Question	not	asked			
"F"	20	15	46	15	24	7
"G"	Question	not	asked			
"H"	18	12	29	12	47	1
"I"	25	0	19	19	62	4
"J"	13	0	0	30	70	3
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 146	19	18	13	50	Total 32

QUESTION: Facility for booking new advance appointments up to two weeks ahead						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	0	100	3
"B"	15	36	0	0	64	4
"C"	20	0	0	6	94	3
"D"	25	47	10	0	43	4
"E"	13	43	14	0	43	6
"F"	19	20	20	20	40	9
"G"	8	0	0	14	86	1
"H"	22	10	5	29	56	1
"I"	25	0	5	11	84	6
"J"	12	0	13	25	63	4
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 169	16	7	11	67	Total 41

QUESTION: Facility for booking new appointments two to four weeks ahead						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	0	100	4
"B"	15					8
"C"	21	0	0	7	93	6
"D"	24	100	0	0	0	3
"E"	13					10
"F"	18					11
"G"	14	0	0	50	50	2
"H"	15	10	0	45	45	4
"I"	25	54	0	8	38	12
"J"	12	0	0	50	50	4
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 167	23	0	23	53	Total 64

QUESTION: Facility for booking new appointments more than four weeks ahead						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	0	100	5
"B"	15					9
"C"	20	0	0	10	90	10
"D"	24	100	0	0	0	4
"E"	13					11
"F"	17					10
"G"	13	0	0	50	50	3
"H"	14	9	9	27	55	3
"I"	25	62	8	15	15	12
"J"	11	0	14	29	57	4
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 162	24	4	19	52	Total 71

QUESTION: With new advance bookings, choice of appointment times						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	0	100	3
"B"	14	30	0	0	70	4
"C"	19	0	0	6	94	3
"D"	25	52	0	14	34	4
"E"	13	0	29	57	14	6
"F"	17					10
"G"	6	0	0	67	33	0
"H"	18	0	18	70	12	1
"I"	24	0	6	0	94	8
"J"	13	0	0	10	90	3
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 159	9	6	24	60	Total 42

QUESTION: With new advance bookings, choice of GP						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	0	100	3
"B"	14	30	0	0	70	4
"C"	19	0	0	6	94	3
"D"	25	50	0	5	45	5
"E"	13	0	13	25	63	5
"F"	18					10
"G"	6	0	0	60	40	1
"H"	19	5	6	33	56	1
"I"	25	0	11	5	84	6
"J"	13	0	0	11	89	4
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 162	9	3	15	64	Total 42

QUESTION: With on-going appointments - facility to book up to two weeks ahead						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	0	100	2
"B"	15					8
"C"	20	0	0	11	89	1
"D"	23	28	0	0	72	9
"E"	13					7
"F"	18	8	9	33	50	6
"G"	12					7
"H"	12					7
"I"	24	0	0	20	80	4
"J"	13	0	0	55	45	2
"K" No views	Practice and PPI unable to agree acceptable arrangement					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 160	6	2	20	73	Total 53

QUESTION: With on-going appointments - facility to book two to four weeks ahead						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	0	100	3
"B"	15					12
"C"	19	0	0	7	93	5
"D"	23	100	0	0	0	9
"E"	14					8
"F"	18	44	22	22	12	9
"G"	13					8
"H"	14					8
"I"	24	42	0	25	33	12
"J"	13	0	0	56	44	4
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 163	31	4	18	47	Total 78

QUESTION: With on-going appointments - facility to book more than four weeks ahead						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	9	0	0	0	100	3
"B"	14					13
"C"	19	0	0	8	92	7
"D"	22	100	0	0	0	9
"E"	13					9
"F"	18	50	30	10	10	8
"G"	13					9
"H"	13					9
"I"	24					13
"J"	13	0	0	75	25	5
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 158	30	6	19	45	Total 85

QUESTION: With on-going advance appointments - choice of appointment times						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	0	0	0	100	2
"B"	15					9
"C"	19	0	0	11	89	1
"D"	22	22	8	8	62	8
"E"	13					8
"F"	20	7	14	21	58	6
"G"	13					8
"H"	13					8
"I"	25	0	5	6	89	7
"J"	12	0	0	42	58	0
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 162	5	5	15	76	Total 57

QUESTION: With on-going appointments - choice of GP						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	9	0	0	0	100	1
"B"	15					9
"C"	19	0	0	6	94	1
"D"	22	33	0	0	67	10
"E"	13					7
"F"	19	8	8	15	69	6
"G"	13					7
"H"	13					7
"I"	25	0	0	6	94	7
"J"	13	0	0	33	67	1
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 161	7	1	10	82	Total 56

QUESTION: Ease of cancelling appointments						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	////	0	0	100	5
"B"	14	////				8
"C"	18	////				11
"D"	24	////				14
"E"	14	////				12
"F"	19	////	30	20	50	9
"G"	7	////	0	0	100	1
"H"	18	////	0	14	86	4
"I"	24	////	4	9	87	1
"J"	12	////	25	25	50	4
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 160	////	10	11	79	Total 69

QUESTION: If 5/10 minutes late for an appointment, will you be seen if you are prepared to wait?						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10		////	////		8
"B"	14		////	////		8
"C"	19		////	////		11
"D"	25		////	////		15
"E"	14		////	////		12
"F"	19		////	////		15
"G"	7		////	////		6
"H"	18	56	////	////	44	9
"I"	23		////	////		12
"J"	12	40	////	////	60	7
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 161	48	////	////	52	Total 103

QUESTION: Arrangements for home visits						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	////				6
"B"	14	////				9
"C"	19	////				14
"D"	24	////				15
"E"	14	////				12
"F"	17	////				10
"G"	7	////				5
"H"	20	////	17	33	50	8
"I"	23	////				14
"J"	13	////	0	100	0	6
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 161	////	9	67	25	Total 99

QUESTION: Ease of securing repeat prescriptions						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	////	0	0	100	2
"B"	14	////	0	0	100	2
"C"	20	////	0	5	95	1
"D"	24	////	5	5	90	5
"E"	14	////	0	0	100	1
"F"	19	////	5	6	89	1
"G"	7	////	0	14	86	0
"H"	21	////	12	24	65	4
"I"	23	////	5	14	81	2
"J"	13	////	0	36	64	2
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 165	////	3	10	87	Total 20

QUESTION: Reception check-in facilities						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	////	0	0	100	0
"B"	15	////	0	0	100	1
"C"	19	////	0	16	84	0
"D"	23	////	0	9	91	0
"E"	14	////	0	0	100	0
"F"	17	////	6	18	76	0
"G"	6	////	0	0	100	0
"H"	21	////	0	24	76	0
"I"	24	////	0	33	67	0
"J"	12	////	0	27	73	1
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 161	////	1	13	87	Total 2

QUESTION: Arrangements and facilities for medical attention outside surgery hours						
SURGERY	Number of responses	% None/ No	% Poor/ Difficult	% Adequate	% Good/ Yes	Number with no experience
"A"	10	////				8
"B"	15	////	0	22	78	6
"C"	20	////				11
"D"	24	////	0	24	76	12
"E"	14	////				8
"F"	18	////	0	22	78	9
"G"	6	////				5
"H"	20	////	18	45	36	9
"I"	25	////	0	18	82	8
"J"	12	////	20	60	20	7
"K" No views	Practice and PPI unable to agree acceptable arrangements					
"L" No Views	Staff shortages made it inappropriate					
AVERAGE	Total 164	////	6	32	62	Total 83

10m still can't book ahead at the GP

TEN million patients cannot book an appointment with their GP more than two days in advance, a survey shows.

The problem has been blamed on Government waiting targets, which require doctors to see a certain number within 48 hours.

To meet this, many GPs give over all their appointments to those who call on the day, or the day before.

A study for the Department of Health found that one in four patients were unable to book a time slot 48 hours or more ahead.

The Government promised two years ago to crack down on GPs in England who try to meet the target in this way.

The issue embarrassed the then Prime Minister Tony Blair during the 2005 election campaign when he was confronted by a mother on live

By James Chapman
Deputy Political Editor

television. Diana Church said her GP had said her son should come back a week later, but the receptionist insisted no bookings could be made more than 48 hours ahead.

But the study of almost 2.3million patients' experiences, published yesterday, found that in more than one in eight practices, less than half of patients could book more than 48 hours ahead.

By contrast, more than eight in ten – 86 per cent – who tried to get a quick appointment with their GP were able to do so within 48 hours.

Overall, 84 per cent were happy with their GP opening hours. Of the 16 per cent not satisfied with the opening hours, 46 per cent – or just

seven per cent of all patients – wanted surgeries to open on a Saturday and 26 per cent, or four per cent of all patients, wanted them to open on a weekday evening.

Business leaders warned, however, that the economy is suffering because workers cannot visit GPs outside office hours.

Dr Neil Bentley, director of public services at the Confederation of British Industry, said: 'Figures reveal businesses lose 28million working hours and £1billion a year because employees have no choice but to visit their doctor during working hours.'

Despite the apparent lack of demand from those surveyed, Government performance squads are to be sent in to help doctors provide more flexible opening hours.

Health Secretary Alan Johnson

said he would take steps to tackle inequalities in GP services through the Government's latest Health Service review, headed by health minister Lord Darzi.

'This survey shows that many patients are pleased with the accessibility of their GPs and the headline results are positive, which is a clear vote of confidence in GP services and the tremendous work that our family doctors do,' he added.

Dr Laurence Buckman, chairman of the British Medical Association's General Practitioners Committee, criticised the rest of the survey.

He said: 'These findings may be news to politicians but echo all the existing up-to-date research.'

'You have to ask was it really a good use of scarce NHS money to spend upwards of £11million to prove it yet again?'



Critical: Diana Church in 2005