

Upper Lea Valley Extended Access Feedback Analysis

Date	Monday 23 April 2018
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1. Introduction

As part of the introduction of extended access to GP practices in Upper Lea Valley (an area of East Herts incorporating 16 GP practices across Hertford, Hoddesdon, Ware and Buntingford), East and North Herts Clinical Commissioning Group (CCG) worked with the local GP practices in the area on an engagement to gather patient opinion and identify their preferences on the issue.

The approach to the engagement was discussed with Hertfordshire Healthwatch and officers of the county's Health Scrutiny Committee.

The questionnaire was developed and promoted by the CCG, and surgeries were asked to promote and distribute surveys to their patient population by text and email.

2. Summary of findings

Responses suggest strong support for the introduction of an extended hours service in Upper Lea Valley, specifically in the evenings and at weekends, with less enthusiasm for an early morning service. There are preferences shown for both the earlier part of the week (Monday to Wednesday) for evening appointments, and for morning appointments at the weekend.

Within the comments section of the survey, the biggest response was comments on the existing appointment systems and largely difficulty faced in getting an appointment with their current surgery. This was closely followed by concern for staff welfare and prioritising extended access appointments for working patients, or patients with children.

There was a clear preference to see a GP as part of the extended access service. Just over half of the respondents were willing to attend an alternative GP surgery as part of the service.

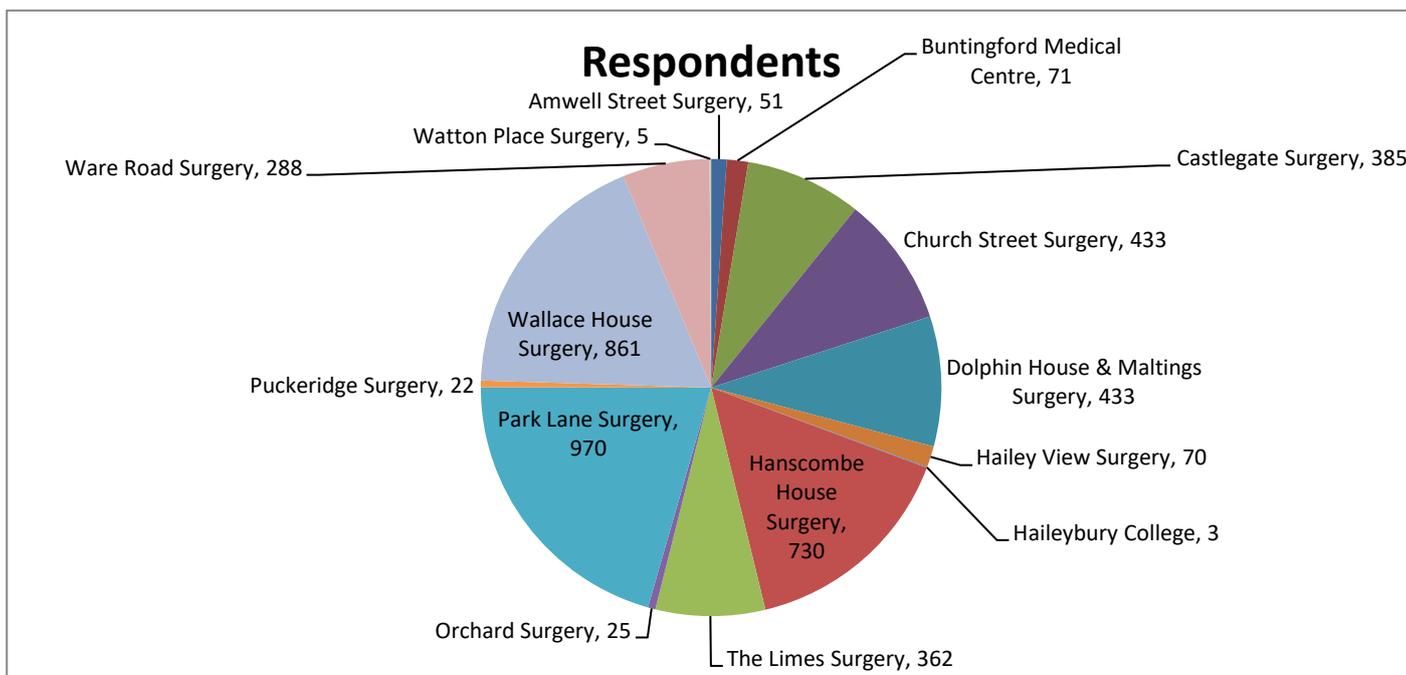
Once again the preference to see a pharmacist is low suggesting that work needs to be undertaken to improve the understanding of what pharmacists can do and the skills and qualifications that they have.

The questionnaire received a mixed response rate amongst the surgeries, with half of the practice populations well represented in responses and this will need to be considered.

3. Questionnaire Feedback

a. Respondents

In total 4,699 responses were received. This equates to 3.85 per cent of the total population of 122,000 covered by the 16 practices in Upper Lea Valley, which is a good response rate for a health questionnaire.



The graph above shows the respondent breakdown by GP Practice. Responses were dominated by 8 of the 16 practices and this should therefore be given consideration when regarding this analysis.

In order to compare the demographic profile of this area we have used the profile of East Herts, which principally covers the areas serviced by the GP Practices in this area, but also includes members from Bishop's Stortford and the surrounding areas, and does not reflect some of the patients from Broxbourne¹. Broadly demographic responses were in line with the population of East Herts – with variations shown in a greater number of female respondents, and respondents with 'no religion'.

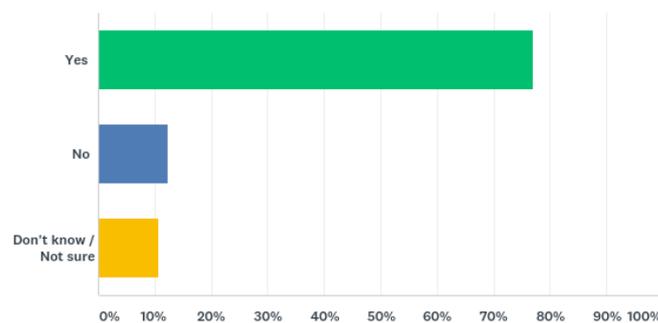
- 66.1% identified as female compared to 32.9% as male; compared to a population of 49% male, 51% female in East Herts.
- 3.3% were aged between 16-25; 21.7% were between 26-40; 54.8% were between 41-65; 14.9% were 66-74, and 4.2% were 75 or over; Less than one per cent did not disclose. Both younger (0-25) and older (75+) age groups were slightly underrepresented compared to the age demographic for East Herts.
- 15.1% considered themselves to have unpaid caring responsibilities

¹ East Hertfordshire Demographic Profile, based on data available from Herts Insight: <http://atlas.hertslls.org/profiles/profile?profileId=319&geoTypeld=16&geolds=E1000015#>

- 22% of respondents considered themselves to have a disability or live with a long term condition
- 92% described themselves as heterosexual; 1.4% as gay/lesbian and 0.6% as bisexual; the remainder preferred not to say
- 1.5% were Asian/Asian British; 0.6% were Black/Black British; 93% were white British; 1.1% were dual heritage; and 0.1% were Roma/Traveller with 3% preferring not to say
- 0.5% were Buddhist; 54% were Christian; 0.4% were Hindu; 0.4% were Jewish; 0.4% were Muslim; 35% had no religion or belief; and 0.2% were Sikh; 8% preferred not to say
- 3.6% of respondents were either pregnant, had given birth recently or were on maternity leave

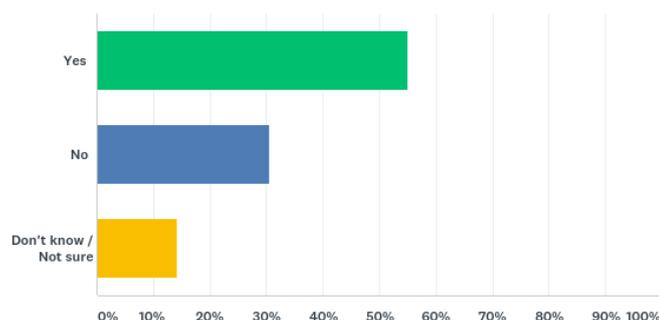
b. Views on Extended Access

Q4 Would you use an extended access GP service between 6.30pm and 8pm on weekday evenings?

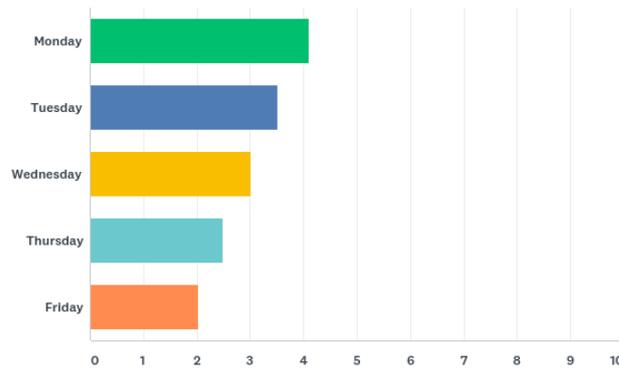


There was overall preference for an extended access service to be held in the evenings (76.9% of respondents) compared to just 55% of patients who would like to use the service between 7am and 8.30am in the morning during weekdays.

Q6 Would you use an extended hours GP service between 7am and 8am in the morning, during the week?



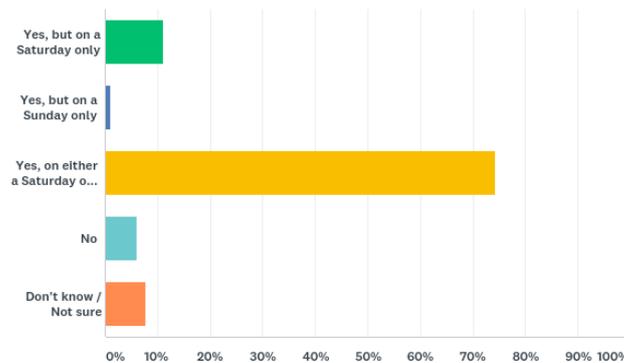
Q5 If you answered 'Yes', please select the weekday evenings you are most likely to use the service. Please rank your choices in order of preference, with '1' being your most preferred, and '5' your least.



There were very similar levels of preference for use of the service at the beginning of the week for respondents when considering appointments for both weekday evenings and weekday mornings. Weekday evenings first preference were as follows: Monday, 59%; Tuesday, 15%; Wednesday, 11%; Thursday, 6%; and Friday, 11%. Weekday morning preferences were similar, but showed a stronger first preference for Monday and Tuesday mornings.

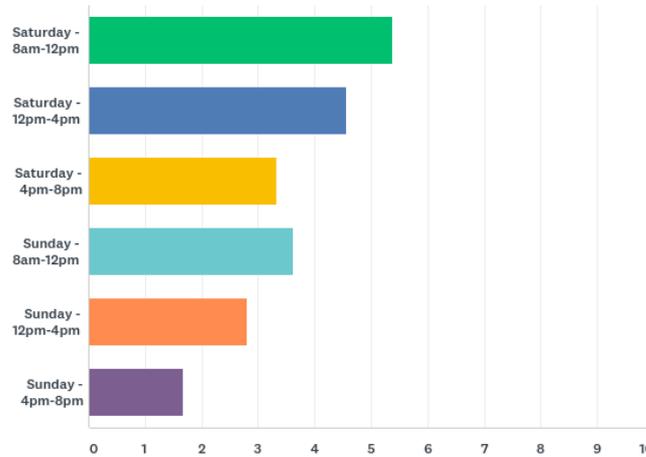
Three quarters of respondents declared a preference for extended access to be available on both a Saturday and Sunday over the weekend. 11% felt it should only be open on a Saturday, less than 1% only on a Sunday and 6% felt it shouldn't be open at all over the weekend.

Q8 Would you use an extended hours GP service over the weekend (Saturday and Sunday)?



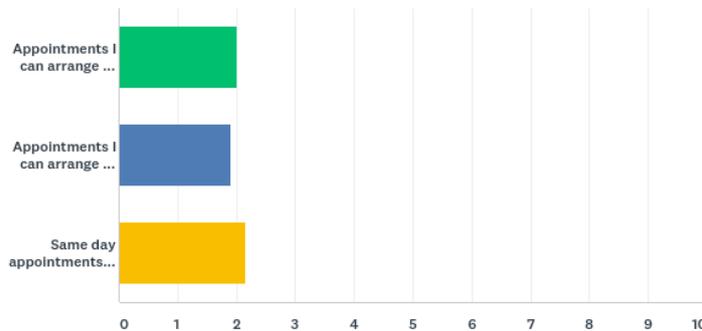
Findings were similar to both Welwyn Hatfield and North Herts in that respondents from this area expressed a first choice preference for earlier opening times over the weekend – strongly indicating 8am to 4pm as a preference for Saturday and 8am to 12pm on Sunday as a narrow third preference.

Q9 If you answered 'Yes', which of the following days and times would you be willing to make an appointment? Please rank your choices in order of preference, with '1' being your most preferred.



There was a very even split amongst the type of appointments that patients stated that they look to currently make with their GP practices, with marginal more emphasis on same day appointments for 'urgent matters'.

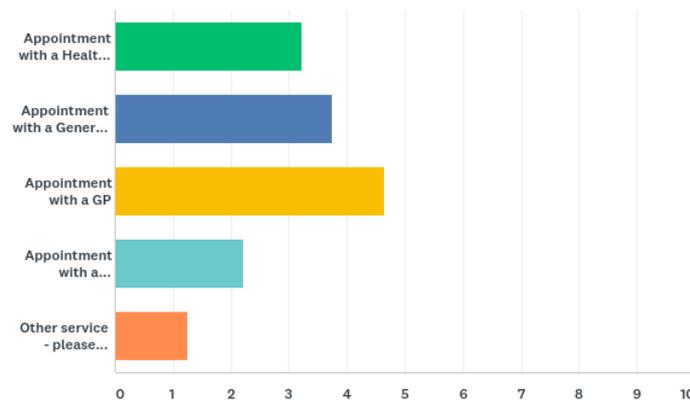
Q2 Please rank the type of appointments you look to make with your GP Practice, with 1 being the most frequently needed appointment for you, and 3 the least



The vast majority of respondents would expect a face to face appointment with a clinician or member of staff, 80%, compared to just 7.9% happy with a telephone appointment and 5.7% with an online appointment.

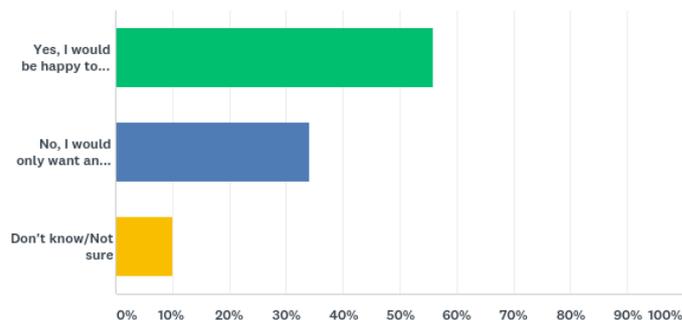
78.9% of patients showed a first preference for an appointment with a GP as part of the extended access service. This was slightly lower than other areas surveyed so far, and there was greater willingness for appointments with health care assistants (11.7%) and practice nurses (11.6%) compared to other areas. However just 0.8% showed a first preference for an appointment with a pharmacist, which were similar findings to Welwyn Hatfield.

Q11 What services would you like to be able to access during the extended hours period?
Please rank your choices in order of preference with 1 being your most preferred.



56% of respondents were happy to have an appointment with a clinician at a different GP practice for the extended hours service, with a third of respondents stating that they would only want an appointment with their own GP.

Q3 Would you be happy to have an appointment outside of core hours at a different GP Practice in your area and with a different clinician? With your consent the GP or Nurse will be able access your medical records in the same way as your own GP.



38% were willing to travel 0-2 miles; 46.7% are willing to travel 3-5 miles; and 15% were willing to travel more than 5 miles for an appointment with the extended access service.

The survey also asked for respondents general comments in relation to the introduction of extended access services to Upper Lea Valley. There were three main areas of concern repeated by respondents, which were similar to those identified in other areas:

1. The first area of concern (17%) was the need for a better appointment system within primary care, with comments regularly focussing on frustration of how to make an appointment.
2. The second highest area for comments at 14.9% was a concern from respondents around primary care staff. These concerns centred around a worry that GPs and staff would be further overworked – or that there was not the number of GPs available in the area to offer this service. Within these comments there was also a concern around affordability of the service.

3. A feeling that the extended hours service should be prioritised for those that work full-time or commute, rather than those who were able to attend in the day. Similarly many of these comments felt that children should be prioritised as part of this service. This featured in 13.9% of the comments.

A table of comments is shown below, with the number of occasions it featured in responses.

Factors important to Upper Lea Valley patients in extended access for GP practices	Count	%
Better appointment booking systems / online booking /long waits for existing appointments (Issues with Park Lane telephone system and Wallace House Sit & wait mentioned frequently)	156	17.0
Don't overwork the staff/ Concern as to where staff and GPs will come from / Affordability of service / Ensure it is funded appropriately	136	14.9
Extended hours should be prioritised for full-time workers/ commuters/children	127	13.9
Importance of Continuity of care / want to see their own GP	93	10.2
Accessibility / Availability of public transport / Car parking	85	9.3
Extended hours broadly welcomed and seen as a good thing	80	8.7
Want more emergency appointments/urgent care	44	4.8
Improved technology would be beneficial - e.g. appointments by skype, email, telephone	37	4.0
Don't think extended hours is needed – stick to what we have/happy with current service	31	3.4
Children / children's services should be prioritised	20	2.2
Pharmacy within the surgery/out of hours	13	1.4
Improve receptionists triage/first contact with patients	13	1.4
More blood test services available	9	1.0
Introduce a fee to prevent Did Not Attends/Timewasters	9	1.0
Important to have good communications explaining service and patient education	9	1.0
More home visits	8	0.9
Drop-in service/Walk in centre	7	0.8
Offer Long Term Condition appointments	7	0.8
Longer appointment times	6	0.7
Mental Health specialist / support	5	0.5
Essential to meet rising population	5	0.5
Access to more female Drs	3	0.3
Physiotherapy services	3	0.3
Small minor ops service	3	0.3
Priority for carers	2	0.2
Don't take on new patients	2	0.2
Good language skills	1	0.1
Travel clinic and screening	1	0.1