

**St George and Riverside Medical Practice – GP
contract procurement**

Patient Engagement Findings Report

Final report v1.0

27th June 2023

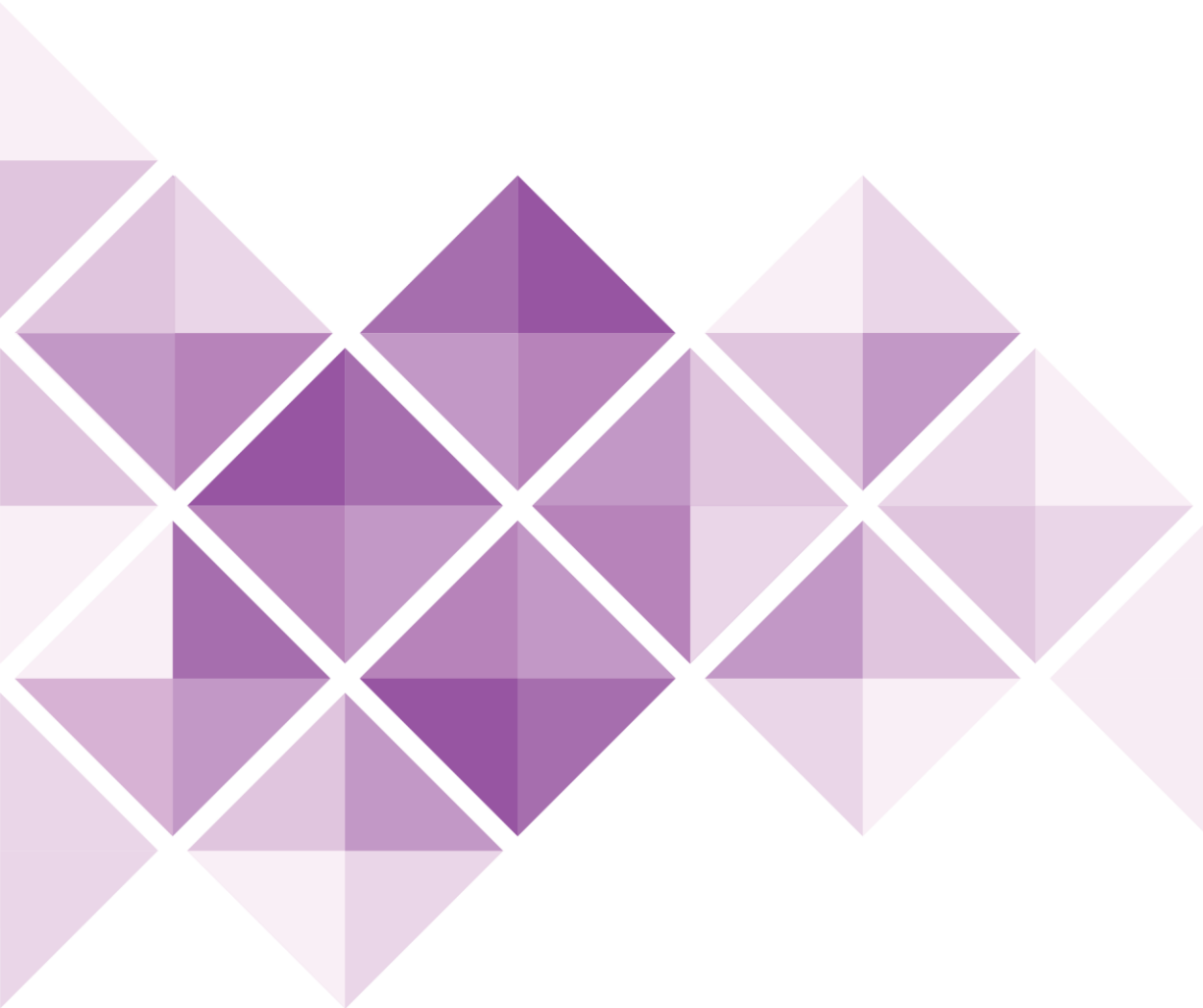


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1 Executive summary

1.1 Introduction

St George and Riverside is an established GP practice with a list size of approximately 7,200 patients.

In 2015 following a procurement exercise, Intrahealth Ltd was awarded an Alternative Provider Medical Services (APMS) contract to deliver essential, additional, and enhanced services across both sites.

In March 2021, South Tyneside Clinical Commissioning Group (CCG) made the decision to extend the contract for a two-year period with agreement from the current provider. The contract is due to expire on 28th February 2024.

Before procuring a new provider, NHS North East and North Cumbria Integrated Care Board (NENC ICB) wanted to seek the thoughts and opinions of patients, staff, and wider stakeholders to help inform the new contract procurement scenarios.

J. Harvey Research Ltd was commissioned to report on the findings of an involvement exercise with patients and stakeholders during the five-week period 15th May to 16th June 2023. In total, 948 patients were engaged with during the activity through an online / paper survey and drop-in events. A wide range of stakeholders were engaged and a briefing note provided; no comments were received.

1.2 Survey findings

- 941 individuals responded to the survey; two thirds (67%) of which were aged 55 years or over (23% 55- 64 years, 23% 65-74 years and 21% 75 years or more).
- Over the last 12 months, 19% had accessed GP services on one occasion, 42% two to four occasions, and 19% five or more occasions.
- When accessing GP services, 50% normally go to St George whilst 19% go to Riverside. Furthermore, 30% said that they attend both sites equally.
- If respondents needed to see a health professional in person, 45% would prefer to attend St George and 26% Riverside. 28% would not have a preference.
- To travel to their preferred practice, most would drive themselves (43%) or walk (35%), whilst smaller proportions would get a lift from somebody else (19%) or get the bus (17%).

A much greater proportion of those who said Riverside was their preferred practice site said they would walk to the location (56%) compared to 29% who would walk to their preferred site of St George. For those that had no preference, the highest proportion said they would drive themselves (61%) (compared to 42% who would drive to their preferred site of St George and 28% who would drive to their

preferred site of Riverside) suggesting that these individuals have the flexibility to travel if needed.

- To travel to their preferred practice, 19% said it would take 5 minutes or less, 34% 6 – 10 minutes, 22% 11 – 15 minutes, 14% 16 – 20 minutes and 7% 21 minutes or more. Little difference was observed when further analysis was undertaken of respondents' preferred practice site.
- If required to travel to their non-preferred practice site, 16% of all respondents would face difficulties in doing so. This figure was highest for those that said Riverside was their preferred practice site - 28%, compared to 17% who selected St George as their preferred site and 5% who had no preference. This supports the finding above with high proportions of those who selected Riverside as their preferred practice, indicating that they would walk to this practice.

Amongst those who stated that they would face difficulties, 54% stated that their non-preferred practice would be too far away or difficult for them to travel (this included factors related to cost and time), whilst 24% stated that they would be unable to travel due to personal health reasons including elderly age, limited mobility, visual difficulties and/or the individual requiring carer support.

- Whilst 29% would be happy to access GP services at any time of the day and 14% stated having no preference, 26% had a preference for mornings (9-12 noon), 16% afternoons (1-5pm), 13% early mornings (before 9am) and the same proportion early evenings (5-8pm).
- 65% have had a telephone / video consultation with a health professional from the practice, with 62% describing their experience of this as very good / good. Furthermore, 23% rated it as neither good nor poor and 15% not good / not good at all.

Dissatisfaction amongst the latter related to concerns about the effectiveness of these consultations, the respondent finding it difficult to understand / engage on the phone due to hearing, language and/or other communication issues, the respondent not being given a precise time by the practice or the call being missed, and/or a physical examination being required therefore the appointment being perceived as a waste of time / resources.

- Just under half (47%) would be very likely / likely to consider having a telephone or video consultation with a health professional from their practice in the future, whilst 17% were neither likely nor not likely and 23% not likely / not likely at all.

Reservations amongst the latter related to concerns about the effectiveness of these consultations, communication difficulties (e.g., hearing or sight loss) or the respondent not feeling comfortable talking on the phone, and the respondent not having the technology and/or an internet connection.

- In terms of accessing GP services, the most important factors for respondents are:
 - Good communication (90% rating this as very important / important)
 - Short waiting times for appointments (88% rating this as very important / important)

- Appointments being on time (84% rating this as very important / important)
- Being able to choose a suitable appointment time (79% rating this as very important / important)
- Being able to see the same health professional (74% rating this as very important / important)

In contrast, the least important factors are:

- Being able to cycle to the practice (58% rating this as not important / not important at all)
- Having access to free parking (24% rating this as not important / not important at all)
- The time it takes to get to your appointment from home (20% rating this as not important / not important at all)
- Online appointments (19% rating this as not important / not important at all)
- Having access to an on-site pharmacy (18% rating this as not important / not important at all)
- When given the opportunity to identify any other factors felt to be important or provide any further comment, respondents most commonly highlighted their concerns about the accessibility of appointments and appointment availability. More specifically, respondents discussed the difficulties they face in contacting the practice by telephone with many referring to the 8am struggle, the inability to book both same day and appointments in advance, as well as the difficulties in seeing a doctor in person due to the shift to telephone / video consultations.

1.3 Findings from the drop-in events

The drop-in events were attended by a small number of patients who appreciated the opportunity to take part. On receiving information about the engagement activity by post, concern had been raised about the future of the practice and its potential closure. Attendees expressed the need for the GP practice to stay open to ensure continuity of care for patients.

The concerns of the majority of event attendees echoed those identified in the survey with regards to the difficulties patients have in making both same day and appointment in advance. These difficulties had led some to attend the practice in person when an appointment has been required. Furthermore, some expressed their frustration of being stuck in a circle when they have been unable to make a GP appointment and have been advised to speak to a pharmacist, but when they have done so, the pharmacist has directed them back to their GP.

A lack of patient understanding about the differing roles of health professionals was felt to make it difficult for patients to know who to request to speak to when ringing the practice, with access issues felt to encourage people to access A&E where they know they will be seen.

Event attendees valued having a GP practice close to where they live, particularly in light of the changes that have been made to local bus routes meaning that travel by taxi is now more convenient / quicker for many. Participants in one event elaborated on this further, noting how Riverside Medical Practice is a short distance / walking distance from their homes. When appointments are made at St Georges, these participants are reliant on taxis or buses, or alternatively their walking distance is doubled. The latter was felt to be an issue during the winter with darker evenings and in terms of the length of walk for some patients.

Participants in one event made positive comments about the number of services available under one roof, whilst others highlighted the lack of GPs in Riverside Medical Practice. There was a general preference amongst some to have one efficient practice fully operational, than have two with fragmented services.

Digital methods of engagement, including online access and telephone / video appointments, were generally not favoured by participants due to a lack of digital confidence.

1.4 Next steps

The findings of this report will be shared with NENC ICB to inform the new contract procurement scenarios. A copy of the report will also be made available to practice patients.

2 Introduction

2.1 Background

St George and Riverside is an established GP practice with a list size of approximately 7,200 patients.

In 2015 following a procurement exercise, Intrahealth Ltd was awarded an APMS contract to deliver essential, additional, and enhanced services across both sites.

In March 2021, South Tyneside Clinical Commissioning Group (CCG) made the decision to extend the contract for a two-year period with agreement from the current provider. The contract is due to expire on 28th February 2024.

Before procuring a new provider, NHS North East and North Cumbria Integrated Care Board (NENC ICB) wanted to seek the thoughts and opinions of patients, staff, and wider stakeholders to help inform the new contract procurement scenarios. The new contract may mean that in future, services are delivered differently to ensure they are sustainable in the long term and continue to provide high quality care for all registered patients.

This report provides an overview of the feedback from patients, as well as wider stakeholders, gathered during the five-week engagement period - 15th May to 16th June 2023.

2.1.1 Information about the practice

St Georges Medical Practice (main) and Riverside Medical Practice (branch) are both situated in purpose-built premises in South Shields which are shared with other services. The main site is located at St George Medical Practice, New George Street, South Shields, NE33 5DU and a branch site at Riverside Medical Centre, Flagg Court, Dale St, South Shields, NE33 2PG.

Travel time between the two sites via car is 6 minutes, public transport (metro) 15 minutes, walking 24 minutes and cycling 8 minutes.

All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The opening hours for the practices are outlined here.

St George Medical Practice			
	Opens	Closes	Appointments available between:
Monday	8am	6.30pm	8:45am to 12 noon and 12:30pm to 5:10pm

Tuesday	8am	8.00pm	8:30am to 12 noon and 12:30pm to 7:20pm
Wednesday	8am	6.30pm	8:15am to 11:45pm and 1pm to 6pm
Thursday	8am	6.30pm	8:30am to 11.50pm and 12.30pm to 5pm
Friday	8am	6.30pm	8:15am to 11:45pm and 1:15pm to 6pm
Riverside Medical Practice			
	Opens	Closes	Appointments available between:
Monday	8am	6.30pm	8:15am to 11:45am and 13:15pm to 6pm
Tuesday	8am	6.30pm	8:15am to 12:30am and 1:15pm to 6pm
Wednesday	8am	6.30pm	9:30am to 11:45am and 1pm to 5pm
Thursday	8am	6.30pm	8:15am to 11:50am and 12:30pm to 6pm
Friday	8am	6.30pm	9am to 11:45am and 1pm to 5:10pm

Approximate footfall across the 2 sites is 70% St George and 30% Riverside.

The practice has seen an increase in patients being seen and registering at Riverside and this may be due to patients who have left Central Surgery (also located within Flagg Court) and also new patients who have registered with them.

When making an appointment, patients are given choice of where they would prefer to be seen, but often there is more availability at St George as there is more room availability.

The availability of clinicians and medical staff at both sites is as follows:

Site	Monday	Tuesday	Wednesday	Thursday	Friday
St George	GP ANP Pharmacist Nurse HCA	GP ANP Pharmacist Nurse HCA	GP (x2) ACP Pharmacist Nurse HCA	GP ACP Pharmacist HCA	ACP ANP Pharmacist HCA
Riverside	GP HCA	ACP HCA	GP ANP HCA	ANP Nurse HCA	GP ANP Nurse HCA

GP – General Practitioner

ANP – Advanced Nurse Practitioner

ACP – Advanced clinical practitioner
HCA – Health Care Assistant

2.2 Methodology

2.2.1 Survey

A survey was developed to gather the views and experiences of patients registered at St George and Riverside. A copy of the survey and covering letter was sent to the oldest member of each household registered with the practice, and all others registered with different surnames living at the same address over the age of 16. Additionally, all vulnerable patients were identified and sent an easy read letter. In total 4,760 letters were sent.

Patients were given the option to return the paper copy of the survey, in a prepaid return envelope, or complete the survey online.

Patients were provided with the contact details of South Tyneside Healthwatch if they required support to take part in the engagement, or had any questions. During the engagement period, the organisation was approached by two individuals:

- A male, who did not want to complete the survey but said he was fine with the changes.
- A female, who asked if she had to complete the survey. The individual was told this was optional, however she decided to complete it.

In total, 941 individuals responded to the survey; 43% (402 respondents) online and 57% (539 respondents) paper responses.

2.2.2 Drop-in events

Four drop-in sessions were held during the engagement period; one evening and one daytime event at each practice site.

The attendance of the events was as follows:

	Venue	No. of attendees
Tuesday 30 th May; 10.00 - 11.00	St George Medical Practice, New George Street, South Shields NE33 5DU	3
Thursday 1 st June; 17.00 – 18.00	St George Medical Practice, New George Street, South Shields NE33 5DU	0
Tuesday 6 th June; 10.00 - 11.00	Riverside Medical Centre, Flagg Court, Dale St, South Shields, NE33 2PG	4

Thursday 8 th June; 17.00 – 18.00	Riverside Medical Centre, Flagg Court, Dale St, South Shields, NE33 2PG	0
TOTAL		7

2.2.3 Stakeholder responses

Stakeholders were informed about the involvement exercise and received a briefing note. They were invited to submit their comments/feedback. Contact details were provided for requests for any further information or should stakeholders which to discuss any issues further. Stakeholders included South Tyneside Overview and Scrutiny Committee, the Local Medical Committee, Healthwatch, local councillors / MP and local GP practices and pharmacies. No comments, or requests for further information were received.

2.3 Total sample

In total, the views and opinions of 948 patients were gathered through the involvement exercise.

	No. of responses
Patient survey	941
Drop-in patient events	7
TOTAL	948

2.4 Notes on analysis

J. Harvey Research Ltd was commissioned to provide an independent report of the findings.

Section 3 – presents the combined findings from the online and paper survey.

The survey was structured to include both closed and free text (open) questions giving respondents the opportunity express their views openly. All free text responses were assigned a code, and codes grouped into themes to allow a quantitative representation of the feedback.

Unless stated, responses have been presented as a proportion of the number of individuals who were asked each question.

It is important to note that respondents to the survey are self-selecting, representing the views of those who wanted to give their opinion. This is very important opinion but cannot be treated as statistically reliable.

Section 4 – presents an overview of the feedback from the drop-in events.

The findings from the events are constructed on an approach where the data from the transcripts is analysed and responses grouped into themes that most closely represent the views expressed. Qualitative data does not allow for commentary on the specific number of times comments are made within these themes.

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3 Findings from the patient survey

3.1 Overview

The following summarises the feedback from the online and paper survey, which was designed to capture the views and opinions of patients.

3.2 Demographics

941 responded to the survey either online (43%) or on paper (57%).

The majority responded on behalf of themselves (92%), with just 6% responding on behalf of another individual.

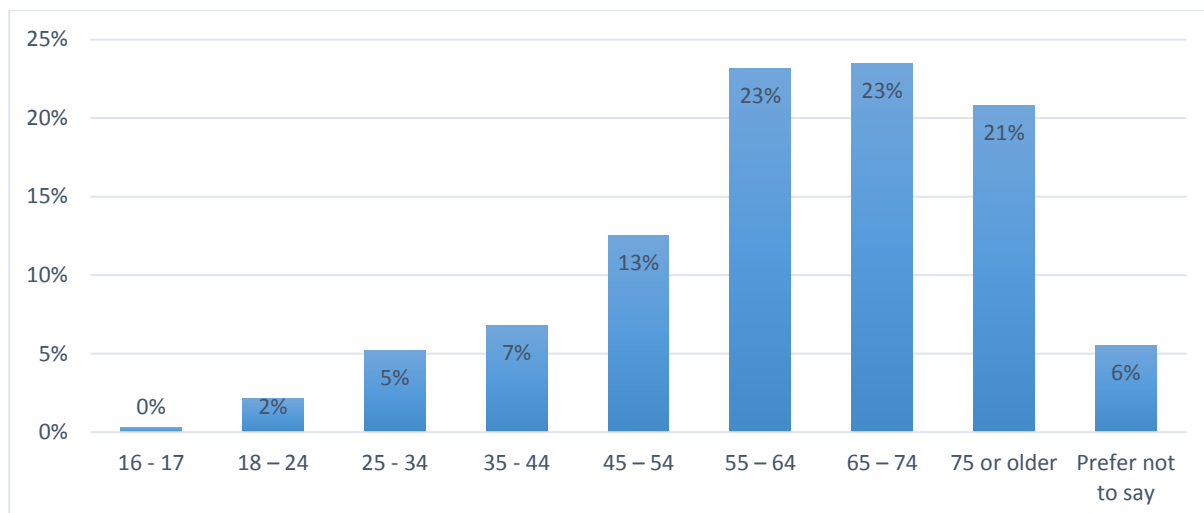
Table: Are you completing this survey...? (N=941)

	% (N)
... on behalf of yourself	92% (866)
... on behalf of another individual	6% (55)
Other	1% (6)
No answer	1% (14)

A full breakdown of the demographics profile of respondents is available within the [Appendix](#) with a summary presented here:

- 47% resided within postcode area NE33 and 37% NE34.
- The greatest proportions were aged 55-64 years (23%), 65–74 years (23%) and 75+ years (21%) (see Figure below).
- 51% identified as female and 42% as male.
- 1% (9 respondents) stated that their identity did not match their sex registered at birth.
- 1% (11 respondents) were currently pregnant or have been in the last year.
- 50% have a disability, long-term illness or health condition.
- 32% have caring responsibilities.
- 81% identified as White British, with smaller proportions identifying as Bangladeshi (4%), Indian (1%), White Irish (1%), White European (1%), African (1%), mixed race (1%) or other (2%).

Figure: Age profile of survey respondents (N=941)



3.3 Survey responses

3.3.1 Recent use of GP services

Over the last 12 months, 19% had accessed GP services on one occasion, 42% two to four occasions, and 19% five or more occasions.

Table: Over the last 12 months, have you or the person you are responding on behalf of accessed GP services in person? (N=941)

	% (N)
Yes, on one occasion	19% (179)
Yes, on 2 – 4 occasions	42% (397)
Yes, on 5 or more occasions	19% (175)
No	14% (134)
Not sure / can't remember / no answer	6% (56)

When accessing GP services, 50% stated that they normally go to St George, compared to 19% who normally attend Riverside. Furthermore, 30% said that they attend both sites equally.

Table: Which practice do you, or the person you are responding on behalf of, normally attend to access GP services? (N=941)

	% (N)
St George Medical Practice	50% (468)
Riverside Medical Practice	19% (175)
I attend both practices equally	30% (285)
No answer	1% (13)

3.3.2 Patient preferences

If respondents needed to see a health professional in person, 45% would prefer to attend St George and 26% Riverside, whilst 28% would not have a preference.

Table: If you needed to see a health professional in person, which practice would you prefer to attend? (N=941)

	% (N)
St George Medical Practice	45% (425)
Riverside Medical Practice	26% (243)
I do not have a preference	28% (263)
No answer	1% (10)

To travel to their preferred practice, most would drive themselves (43%) or walk (35%), whilst smaller proportions would get a lift from somebody else (19%) or get the bus (17%).

More specifically, for those that said St George was their preferred site, 42% would drive themselves, whilst 29% would walk, 21% would get a lift from somebody else and 17% get a bus. For those that would prefer to attend Riverside, a much greater proportion would walk (56%), with less reliance on travel by car (28% would drive themselves & 13% would get a lift from somebody else).

For those that had no preference, the highest proportion said they would drive themselves (61%) suggesting that these individuals have the flexibility to travel if needed. The lowest proportion of these respondents said they would walk (25%).

Table: How would you travel to this practice?

	All respondents (N=941)	Respondents with a preference to attend St George (N=425)	Respondents with a preference to attend Riverside (N=243)	Respondents with no preference (N=263)
	% (N)	% (N)	% (N)	% (N)
Walk	35% (326)	29% (123)	56% (137)	25% (66)
Car - drive myself	43% (408)	42% (178)	28% (69)	61% (161)
Car – passenger in family / friends car	19% (176)	21% (91)	13% (32)	20% (52)
Bus	17% (161)	17% (72)	17% (42)	17% (46)
Taxi	7% (68)	9% (38)	8% (20)	4% (10)
Mobility scooter	1% (13)	1% (6)	2% (6)	0% (1)
Other, including bicycle / patient transport / multiple methods	2% (21)	1% (6)	1% (3)	5% (12)

To travel to their preferred practice, 19% said it would take 5 minutes or less, 34% 6 – 10 minutes, 22% 11 – 15 minutes, 14% 16 – 20 minutes and 7% 21 minutes or more.

When further analysis was undertaken, little difference was observed in terms of the travel time to respondents' preferred practice.

Table: How long would it take you to travel to this practice?

	All respondents (N=941)	Respondents with a preference to attend St George (N=425)	Respondents with a preference to attend Riverside (N=243)	Respondents with no preference (N=263)
	% (N)	% (N)	% (N)	% (N)
5 mins or less	19% (180)	19% (81)	25% (61)	14% (38)
6 – 10 mins	34% (323)	36% (151)	33% (80)	35% (92)
11 – 15 mins	22% (205)	22% (93)	20% (48)	24% (63)
16 – 20 mins	14% (136)	16% (69)	12% (29)	14% (38)
21 mins +	7% (65)	6% (25)	9% (22)	7% (18)
Not sure / no answer	3% (32)	1% (6)	1% (3)	5% (14)

If required to travel to their non-preferred practice site, 16% of all respondents would face difficulties in doing so.

This figure was highest for those that said Riverside was their preferred practice site - 28%, compared to 17% who selected St George as their preferred site and 5% who had no preference. This supports the finding above with high proportions of those who selected Riverside as their preferred practice, indicating that they would walk to this practice.

Table: Would you have any problems in travelling to the other practice?

	All respondents (N=941)	Respondents with a preference to attend St George (N=425)	Respondents with a preference to attend Riverside (N=243)	Respondents with no preference (N=263)
	% (N)	% (N)	% (N)	% (N)
Yes	16% (153)	17% (71)	28% (69)	5% (13)
No	74% (694)	77% (328)	63% (154)	80% (210)
Not sure / no answer	10% (94)	6% (26)	8% (20)	15% (40)

Respondents were asked to elaborate on the difficulties they would face. As with all open questions in this survey, responses were coded and codes grouped into themes. In many cases it was necessary to assign more than one code to a response.

Amongst those who stated that they would face difficulties, 54% stated that their non-preferred practice would be too far away or difficult for them to travel (this included factors related to cost and time), whilst 24% stated that they would be unable to travel due to personal health reasons including elderly age, limited mobility, visual difficulties and/or the individual requiring carer support.

“I am closer to Riverside and sometimes would be required to go St George, however it wouldn’t always be practical as I’d need a lift. Whereas with Riverside I could have walked alone without disturbing anyone else.”

“I have further to walk to a bus stop that takes me to the practice. The journey takes longer. This can cause me pain. I also have to walk further after I get off the bus to the practice.”

Table: If yes, please tell us about these (N=153)

	% (N)*
Practice too far away / difficulty travelling to other practice	54% (83)
Personal health reasons	24% (36)
Preference to attend other / respondent does not want to change	6% (9)
Other	6% (9)
Safe / welcome at practice	1% (2)
Unsure of location of other practice	1% (2)
Convenience	1% (2)
Accessibility of building	1% (1)

*Percentages do not equate to 100% due to the open response format.

Whilst 29% would be happy to access GP services at any time of the day and 14% stated having no preference, 26% had a preference for mornings (9-12 noon), 16% afternoons (1-5pm), 13% early mornings (before 9am) and the same proportion early evenings (5-8pm).

These figures are shown below broken down by respondents’ preferred practice site.

Table: What is your preferred time of day to access GP services?

	All respondents (N=941)	Respondents with a preference to attend St George (N=425)	Respondents with a preference to attend Riverside (N=243)	Respondents with no preference (N=263)
	% (N)	% (N)	% (N)	% (N)
At any time of day	29% (270)	27% (115)	28% (69)	33% (86)
Early mornings (before 9am)	13% (120)	14% (61)	11% (26)	13% (33)

Mornings (9am -12 noon)	26% (247)	27% (115)	30% (73)	22% (57)
Afternoons (1pm – 5pm)	16% (147)	19% (80)	21% (50)	6% (16)
Mid-day (11 – 2pm)	9% (80)	10% (41)	10% (24)	5% (14)
Early evenings (5pm – 8pm)	13% (126)	15% (65)	10% (25)	14% (36)
I do not have a preference	14% (135)	10% (43)	11% (26)	25% (66)

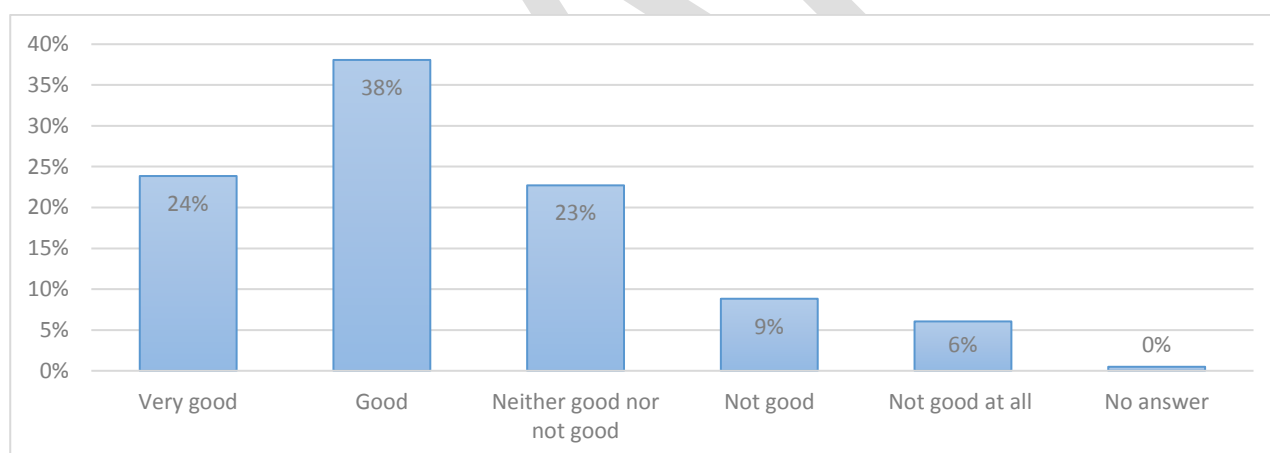
3.3.3 Appointment types

Two thirds (65%) have had a telephone / video consultation with a health professional from the practice, with 62% describing their experience of this as very good / good, whilst 23% rated it as neither good nor poor and 15% not good / not good at all.

Table: Have you had a telephone / video consultation with a health professional from your GP practice? (N=941)

	% (N)
Yes	65% (612)
No	30% (278)
Not sure / no answer	5% (51)

Figure: How would you rate your experience of this? (N=612)



Respondents who rated their experience as ‘not good’ or ‘not good at all’ were asked to elaborate on this.

The most respondents questioned the effectiveness of virtual appointments with concerns about the accuracy of diagnosis when the health professional is unable to assess the patient in person. These respondents showed a strong preference for face-to-face appointments where the health professional can use visual cues to support their diagnosis / treatment.

Other less frequently cited concerns / issues related to the respondent finding it difficult to understand / engage on the phone due to hearing, language and/other communication issues, the respondent not being given a precise time by the practice or the call being missed, and/or a physical examination being required therefore the appointment being perceived as a waste of time / resources.

“You can't give full details of what is wrong over the phone, prefer to see someone to fully explain issues.”

“I would like them to see me as you cannot see how a patient looks over phone and do vital sign check.”

“I have hearing problems and I had a problem understanding the doctor who spoke with a strong Asian accent.”

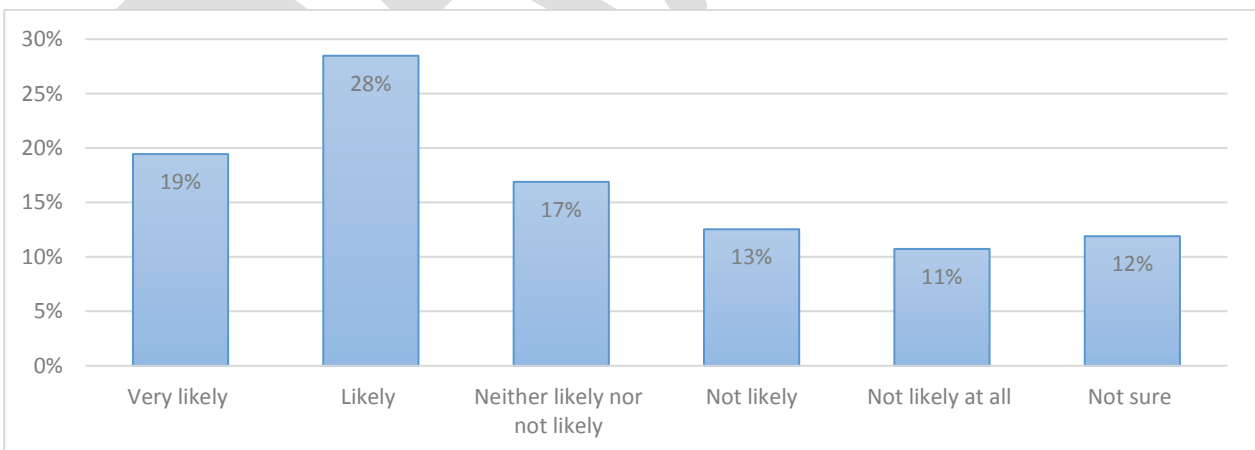
Table: If you selected ‘not good’ or ‘not good at all’, please tell us about your experience... (N=91)

	% (N)*
Preference for face-to-face / concerns about virtual appointments	36% (33)
Difficulty understanding / engaging over the phone	16% (15)
Other, including: - Signal problems	14% (13)
Time not precise / not convenient / missed call	13% (12)
Examination needed / duplication of time	11% (10)
Problem not resolved / respondent did not feel reassured	9% (8)
Attitude of health professional	9% (8)
Type of health professional	1% (1)
Lack of consistency of care	1% (1)

*Percentages do not equate to 100% due to the open response format.

Just under half would be very likely / likely to consider having a telephone or video consultation with a health professional from their practice in the future, whilst 17% were neither likely nor not likely and 23% not likely / not likely at all.

Table: How likely would you be to consider having a telephone / video consultation with a health professional from your GP practice in the future? (N=941)



Those who selected not likely or not likely at all were asked to elaborate on this.

The most respondents showed a strong preference for face-to-face consultations which were perceived to enable a more accurate diagnosis and therefore a better quality consultation through physical examinations and observations of body language, as well as more thorough discussions.

Other concerns / issues identified to a slightly lesser extent included communication difficulties (e.g., hearing or sight loss) or the respondent not feeling comfortable talking on the phone, and the respondent not having the technology and/or an internet connection.

“Like most patients, I like to discuss my symptoms or problems face to face with a GP. Someone I know and trust their experience.”

“I would prefer it to be in person as I believe it would be more effective and more convenient for me

“I am 86 years old, and suffer from hearing loss.”

Table: If you selected ‘not likely’ or ‘not likely at all’, please tell us more about this... (N=219)

	% (N)*
Preference for face-to-face / concern about telephone or video consultation	59% (130)
Communication difficulties / respondent not good on telephone	14% (30)
Don't use technology / no internet	11% (24)
Other, including: - Concerns about privacy - Inconvenient (time slots)	6% (13)
Negative past experiences	4% (8)
Dependent on ailment / condition / service accessed / time of day	2% (4)
Concern about consistency of care / preference to see same health professional	2% (4)

**Percentages do not equate to 100% due to the open response format.*

3.3.4 Overall experiences

Respondents were asked to rate a number of factors relating to GP service access.

It must be noted that due to an error with the online survey 'having access to free parking' was not included as an option in the question. Responses to this variable are therefore presented separately in the table below, with percentages calculated as a proportion of those who completed a paper survey only (N=539).

In terms of accessing GP services, the most important factors for respondents are:

- Good communication (90% rating this as very important / important)
- Short waiting times for appointments (88% rating this as very important / important)
- Appointments being on time (84% rating this as very important / important)
- Being able to choose an appointment time suitable for me (79% rating this as very important / important)
- Being able to see the same health professional (74% rating this as very important / important)

In contrast, the least important factors are:

- Being able to cycle to the practice (58% rating this as not important / not important at all)
- Having access to free parking (24% rating this as not important / not important at all)
- The time it takes to get to your appointment from home (20% rating this as not important / not important at all)
- Online appointments (19% rating this as not important / not important at all)
- Having access to an on-site pharmacy (18% rating this as not important / not important at all)

Table: When thinking about accessing GP services, how important are the following to you? (N=941)

	Very important	Important	Neither important nor not important	Not important	Not important at all	Not sure / no answer
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
Being able to walk to the practice	23% (214)	18% (172)	20% (188)	18% (166)	13% (124)	8% (77)
Being able to cycle to the practice	4% (39)	5% (43)	17% (156)	21% (196)	37% (346)	17% (161)
The time it takes to get to your appointment from home	23% (220)	33% (309)	16% (155)	11% (106)	9% (80)	8% (71)
Having access to an on-site pharmacy	28% (264)	29% (271)	17% (156)	11% (102)	8% (72)	8% (76)
Having access to modern facilities	28% (263)	38% (356)	16% (150)	5% (43)	4% (39)	10% (90)
Being able to see the same health professional	43% (407)	31% (295)	12% (110)	5% (43)	2% (20)	7% (66)
Being able to choose who I see	37% (346)	29% (276)	17% (160)	7% (64)	2% (21)	8% (74)
Good communication	67% (627)	24% (224)	1% (10)	0% (1)	1% (9)	7% (70)
Short waiting times for appointments	56% (524)	32% (303)	4% (38)	1% (10)	1% (9)	6% (57)
Appointments being on time	47% (438)	38% (354)	7% (68)	1% (9)	1% (8)	7% (64)
Being able to choose an appointment time suitable for me	44% (414)	35% (325)	11% (102)	3% (24)	2% (15)	6% (61)
Online services	29% (272)	31% (288)	15% (144)	7% (65)	8% (74)	10% (98)
Online appointments	17% (164)	26% (244)	26% (241)	9% (88)	9% (88)	12% (116)
Paper survey respondents only (N=539)						
Having access to free car parking	30% (161)	24% (132)	9% (51)	10% (52)	15% (79)	12% (64)

Respondents were given the opportunity to identify anything else that is important to them when thinking about accessing GP services.

The most comments (19%) related to accessibility of appointments and appointment availability, this included concerns about:

- The ease at which patients can contact the practice / book an appointment (many referred to the 8am rush for appointments).
- The ability for patients to get a same day appointment when needed, or book an appointment in advance.
- The ability to choose a face-to-face appointment / see a health professional in person.

“Being able to get an appointment put in my diary, even if it’s in a couple of weeks’ time and not being told to ring back on different day or at a different time which, when you do, you can’t get through.”

“Being able to get an appointment not having to wait 3 weeks.”

A smaller proportion (6%) commented upon the attitude of staff with respondents wanting to feel listened to and treated with respect. Many comments were made about the manner of reception / administrative staff with it felt important that these individuals are approachable and helpful.

“A welcoming and sympathetic attitude of staff at initial contact as well as during the consultation. Staff at St. George and Riverside have always proved exemplary.”

“Reception staff to be more flexible and aware of patients’ requirements, some act like doormen!”

The wide variety of other factors identified by respondents are listed in the table below.

Table: Is there anything else that is important to you when thinking about accessing GP services? (N=941)

	% (N)*
Accessibility and appointment availability, including access to face-to-face appointments	19% (175)
Attitude of staff, including reception / administrative staff	6% (55)
Other, including: <ul style="list-style-type: none"> - GP reading notes prior to appointment - Quick referrals - Greater awareness of learning disabilities and mental health - Follow-up appointments / health checks - Policy over housebound patients / home visits - Privacy - Calm, well ventilated waiting areas - Time in appointments - Communication / patient records - Toilets and baby changing facilities 	6% (53)
Being able to see a doctor (not nurse practitioner) / request a specific doctor	3% (30)

Consistency of care	3% (30)
Better prescription service	1% (13)
Online facilities, including appointment booking, ability to view test results and see patient notes	1% (11)
Travel and proximity	1% (7)
Flexibility of appointments / choice	1% (5)
More effective triage	1% (5)

**Percentages do not equate to 100% due to the open response format.*

Respondents were finally given the option to make any further comments. Again most comments related to concerns about the accessibility and availability of appointments, with suggestions that staff turnover must be addressed to improve the quality of care for patients.

“Perhaps we could do with more doctors.”

“More staff to man phones as it takes ages for someone to pick up in a morning.”

Table: Do you have any further comments that you would like to make about accessing GP services? (N=941)

	% (N)*
Concern about accessibility and appointment availability, including comment about staff retention	9% (83)
Other, including: <ul style="list-style-type: none"> - Concern about privacy in the waiting room - Suggested walk-in service - Follow-up appointment / health checks 	5% (43)
Positive comment about care / service received	4% (39)
Attitude of reception / administration staff	2% (18)
Support for online services, including appointment booking and prescription management	1% (14)
Importance of consistency of care	1% (10)
Flexibility / choice of appointments, including weekend appointments	1% (7)
Negative past experience	1% (6)
Preference for face-to-face consultations / issues with online and telephone access	1% (6)
Preference to see a doctor not a nurse	1% (6)

**Percentages do not equate to 100% due to the open response format.*

4 Findings from the drop-in events

4.1 Overview

The following summarises the feedback from the four drop-in public events in late May / early June 2023. A total of seven members of the public attended, including two individuals from the same household.

4.2 Summary of discussion points

Participants appreciated receiving information about the engagement, however on doing so, concern had been raised about the future of the practice and its potential closure. Attendees expressed the need for the GP practice to stay open to ensure continuity of care for patients.

Whilst two participants perceived that the practice offers good access to a range of appointments, others discussed the difficulties they have faced making appointments. Participants reported that despite ringing at '*8am sharp*', most of the time all of the appointments have gone by the time they get through to the practice. These difficulties had led some to attend the practice in person when an appointment has been required. Additionally, it was noted how there are too many options to navigate to speak to a receptionist on the telephone, and how the ability to book appointments in advance is not available, something participants perceived would be helpful.

Some participants discussed their frustration of being stuck in a circle when they have been unable to make a GP appointment and have been advised to speak to a pharmacist, but when they have done so, the pharmacist has directed them back to their GP. This was noted to have caused unnecessary treatment delays. None of these participants were offered extended hours appointments, despite one requiring urgent medication.

One participant elaborated on their experiences further, expressing frustration at confusion and lack of clarity in the booking processes between the GP and pharmacy. Firstly, a pharmacy appointment made by the practice wasn't recorded by the pharmacy and secondly the practice directed the patient to the pharmacy, indicating the pharmacy would book a GP appointment if needed. However, the pharmacy would / could not book a GP appointment and told the patient to contact the practice.

A lack of patient understanding about the differing roles of health professionals was felt to make it difficult for patients to know who to request to speak to when ringing the practice, with access issues felt to encourage people to access A&E where they know they will be seen.

Participants valued having a GP practice close to where they live, particularly in light of the changes that have been made to local bus routes meaning that travel by taxi is now more convenient / quicker for many. Participants in one event elaborated on this further, noting how Riverside Medical Practice is a short distance / walking distance from their homes. When appointments are made at St Georges, these participants are reliant on

taxis or buses, or alternatively their walking distance is doubled. The latter was felt to be an issue during the winter with darker evenings and in terms of the length of walk for some patients.

Participants in one event made positive comments about the number of services available under one roof, whilst others highlighted the lack of GPs in Riverside Medical Practice. There was a general preference amongst some to have one efficient practice fully operational, than have two with fragmented services. Others stated how they would like blood tests to be undertaken locally, negating the need to travel to a hospital or other health facility.

Digital methods of engagement, including online access and telephone / video appointments, were generally not favoured by participants due to a lack of digital confidence. This extended to receiving information by text message. In terms of telephone appointments, whilst these were considered helpful in some cases, they were not preferred to seeing a health professional face-to-face. Participants felt that too much time is wasted on telephone consultations when patients often still need to see a GP in person, and how it can be difficult for patients to explain their symptoms over the phone.

Other less frequently raised concerns were made about:

- Pharmacists on both sites not being open on a Saturday.
- Breast cancer care reviews not being offered by the practice in a timely way.
- Online booking for Covid vaccinations being difficult (no appointments available for weeks) and no response available on the telephone number provided via text.

Participants thanked the event facilitators for the information they had received by post and the chance to attend the event. Furthermore, some queried whether the engagement had received a good response and what the next steps would be. A comment was made about including a contact telephone number on the engagement materials, to assist those who do not have access to email and have questions.

In terms of the procurement, specific questions asked by participants are summarised here:

- Why is it needed?
- What happens if no-one applies?
- What is the difference between a GMS and an APMS contract?
- Why are some contracts on long-term basis and others on short-term basis?
- Could there be different GPs / staff?
- Do all practices go through this process?
- Will I have to find another GP practice?

5 Appendix

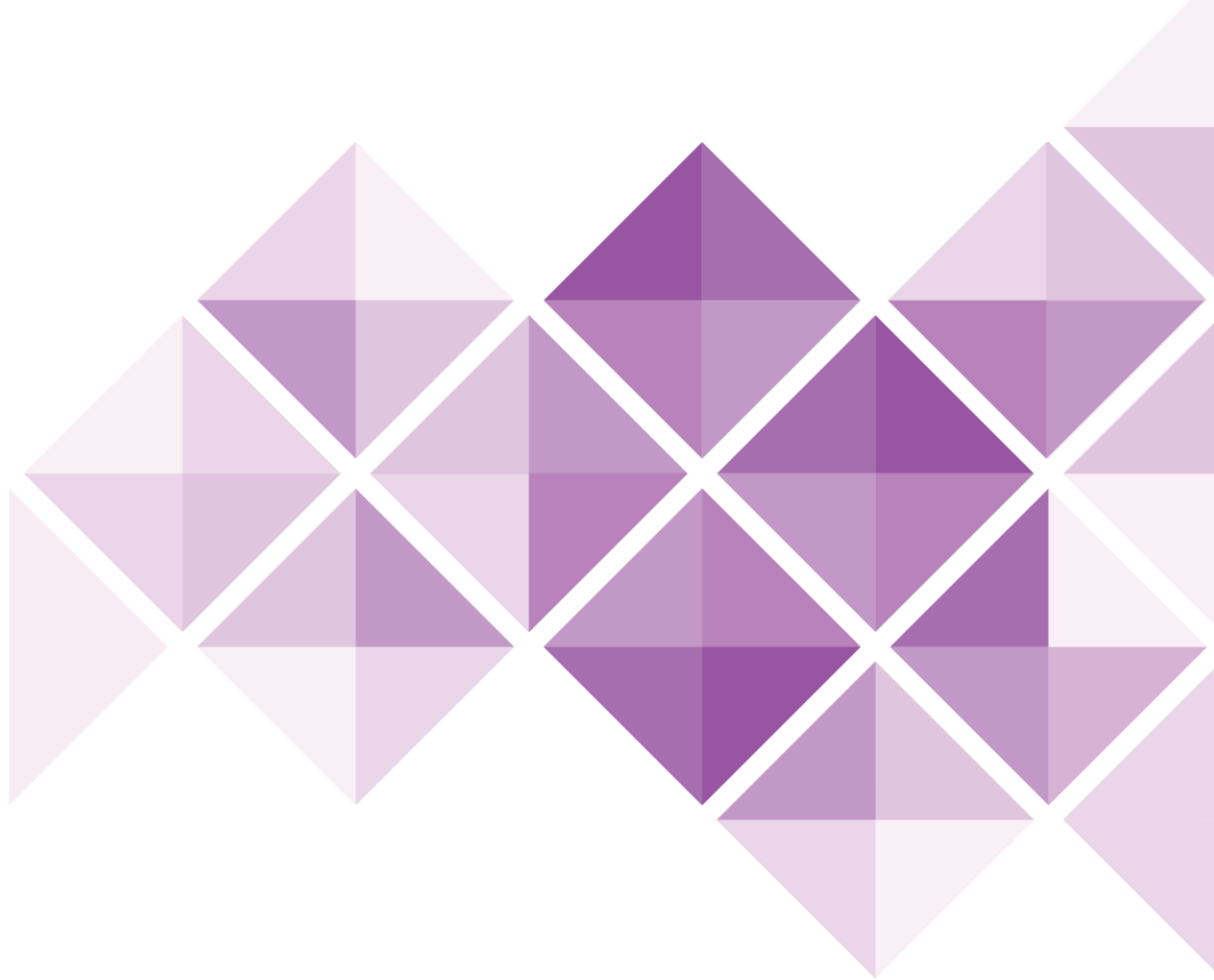
5.1 Demographics of survey respondents (paper & online)

What is your postcode?	No.	%
NE31	6	1%
NE32	32	3%
NE33	443	47%
NE34	349	37%
NE35	3	0%
NE36	4	0%
SR6	19	2%
Other	8	1%
No answer	77	8%
How old are you?	No.	%
16 - 17	3	0%
18 – 24	20	2%
25 - 34	49	5%
35 - 44	64	7%
45 – 54	118	13%
55 – 64	218	23%
65 – 74	221	23%
75 or older	196	21%
Prefer not to say	52	6%
What is your gender?	No.	%
Male	398	42%
Female	476	51%
Non-binary	1	0%
Gender non-conforming	0	0%
Other	0	0%
Prefer not to say	66	7%
Does your identity match your sex registered at birth?	No.	%
Yes	863	92%
No	9	1%
Prefer not to say	69	7%
Are you currently pregnant or have you been pregnant in the last year?	No.	%
Yes	11	1%
No	653	69%
Not applicable	194	21%
Prefer not to say	83	9%
Are you currently...?	No.	%
Single	171	18%
Cohabiting	54	6%
Married	392	42%

In a civil partnership	11	1%
Separated	15	2%
Divorced or civil partnership dissolved	82	9%
Widowed or a surviving partner from a civil partnership	110	12%
Prefer not to say	106	11%
Do you have a disability, long-term illness or health condition?	No.	%
Yes	466	50%
No	360	38%
Prefer not to say	115	12%
Do you have any caring responsibilities?	No.	%
None	640	68%
Primary carer of a child or children (under 2 years)	11	1%
Primary carer of a child or children (between 2 and 18 years)	64	7%
Primary carer of a disabled child or children	8	1%
Primary carer or assistant for a disabled adult (18 years and over)	32	3%
Primary carer or assistant for an older person or people (65 years and over)	50	5%
Secondary carer (another person carries out main caring role)	31	3%
Prefer not to say	28	3%
Which race or ethnicity best describes you?	No.	%
Asian/British Asian: Bangladeshi	34	4%
Asian/British Asian: Chinese	1	0%
Asian/British Asian: Indian	6	1%
White: British	759	81%
White: Irish	7	1%
White: European	11	1%
Black/British Black: African	5	1%
Black/British Black: Caribbean	2	0%
Mixed race: Black and white	1	0%
Mixed race: Asian and white	8	1%
Gypsy or traveller	1	0%
Prefer not to say	88	9%
Other	18	2%
Which of the following terms best describes your sexual orientation?	No.	%
Heterosexual / straight	805	86%
Gay man	5	1%
Gay woman or lesbian	4	0%
Bisexual	6	1%
Asexual	5	1%
Other	9	1%

Prefer not to say	107	11%
What do you consider your religion to be?	No.	%
No religion	268	28%
Christianity	495	53%
Buddhist	1	0%
Hindu	2	0%
Jewish	0	0%
Muslim	51	5%
Sikh	1	0%
Other	25	3%
Prefer not to say	98	10%

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JHARVEY

J. HARVEY RESEARCH LTD
T: 07843 033 162
E: jenny@jharveyresearch.com