

Primary care survey

GP practice survey

Introduction

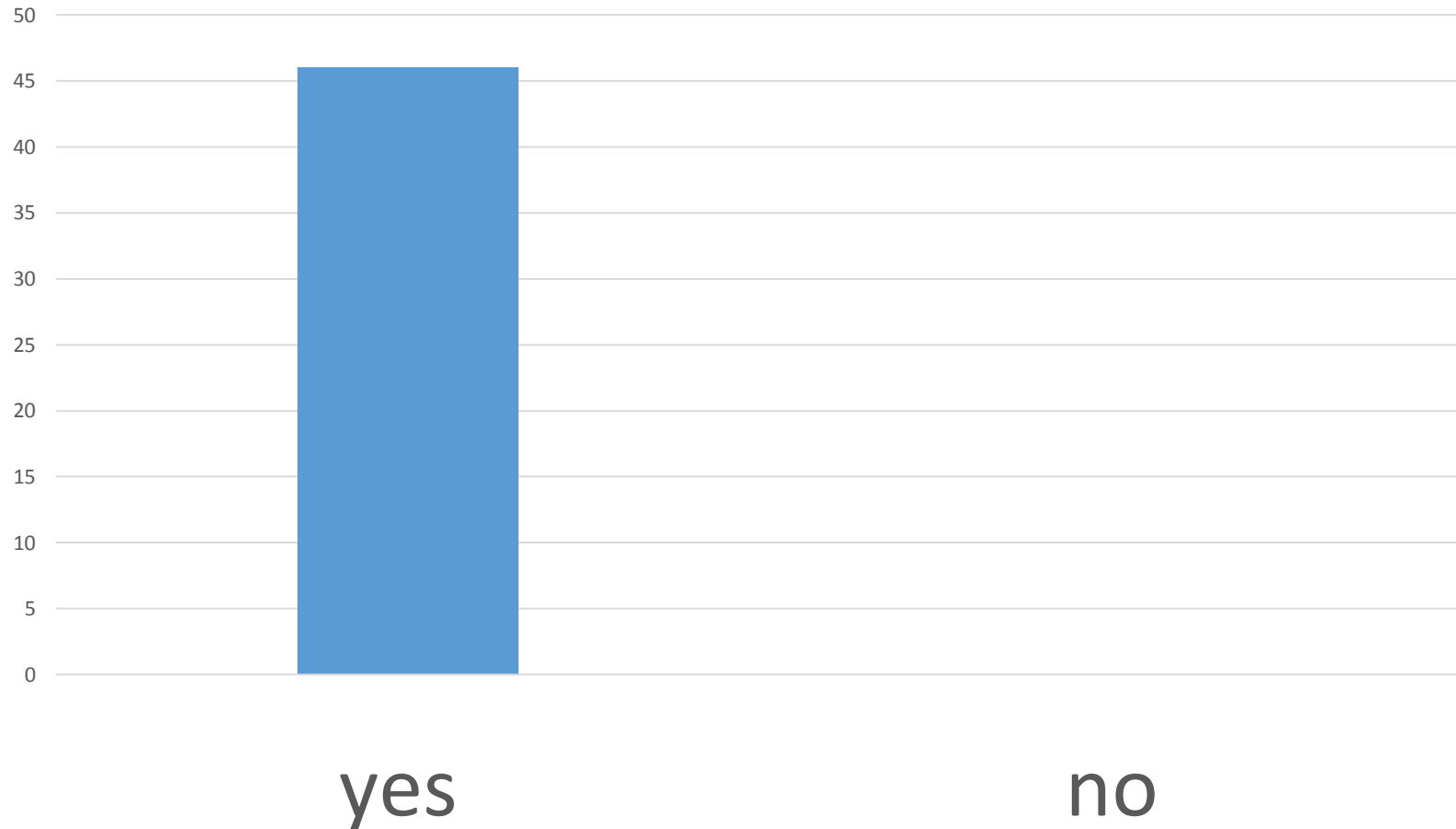
BHR CCGs carried out a survey of GP practices to better understand the primary care role in the wider current urgent care patient pathway.

Practices were asked to complete a short questionnaire to provide some of the primary care context.

46 practices responded to this survey - a 38% response rate

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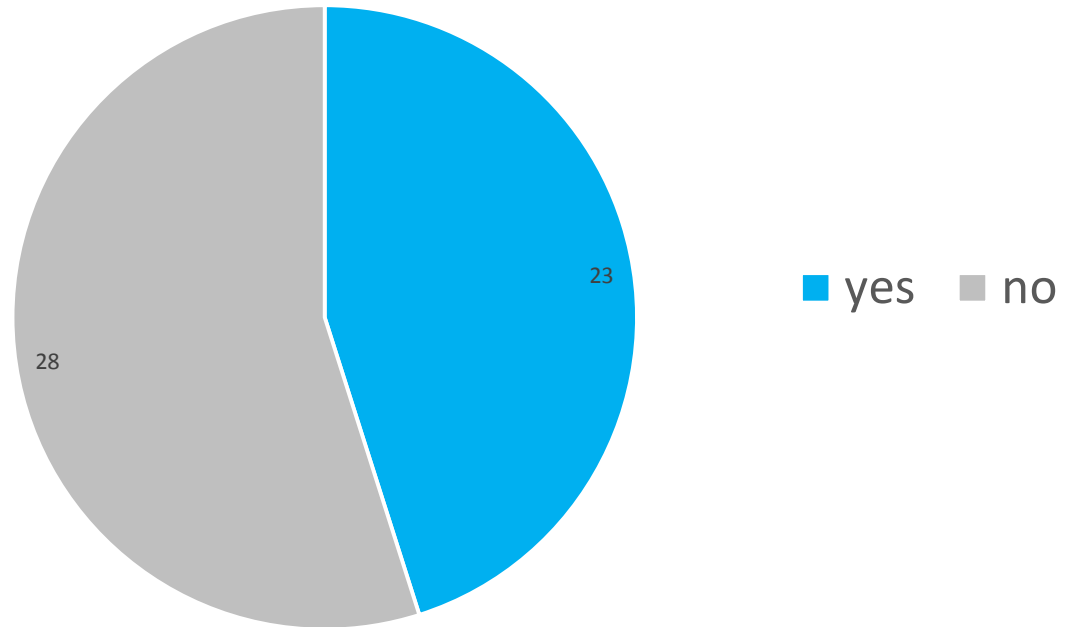
Does your practice routinely provide on-the-day emergency appointments?



Every practice responded to this question

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Are your on the day appointments triaged in any way?

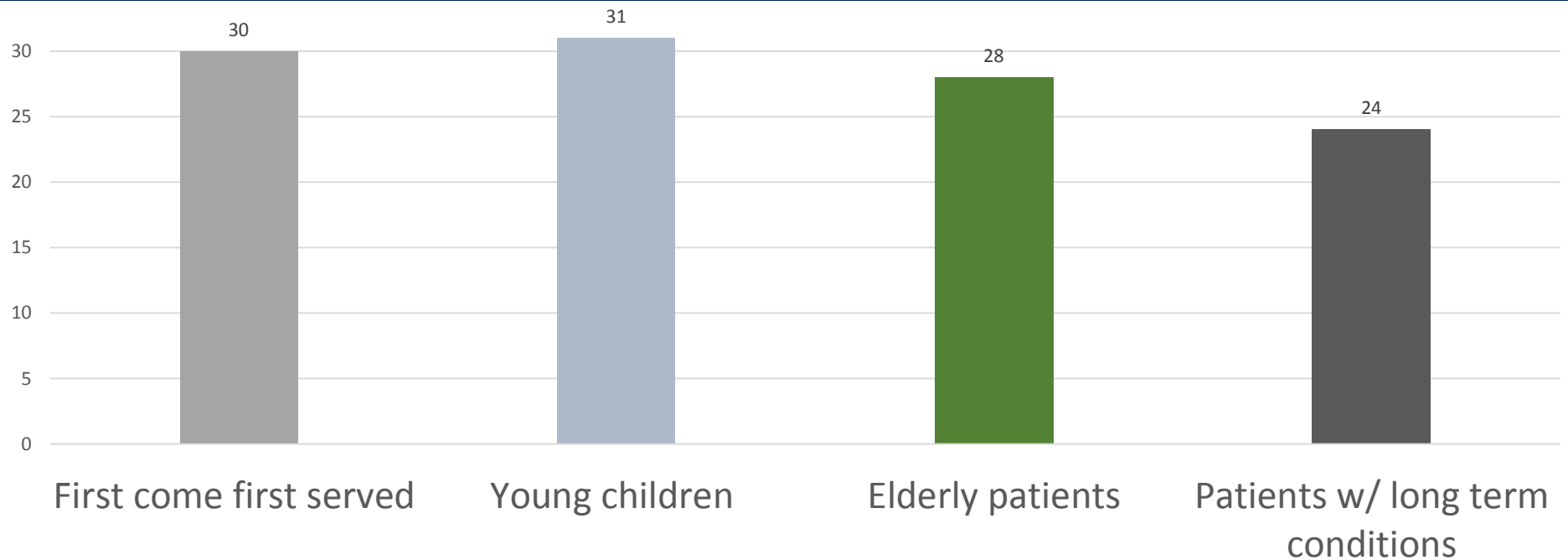


Where practices responded yes - who is responsible for triaging the patient?

- Receptionists (8)
- GP (7)
- Practice manager (4)
- Telephone triage by GPs (3)
- All staff (1)
- Nurses (1)

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Are your on the day appointments prioritised in any way?



The following are the most common combination of responses:

- 13 practices selected just: On a first come, first served basis
- 11 practices selected 3: For elderly patients (people aged 65+) For young children (aged 5 and under) For people with a long-term condition
- 12 practices selected all 4: For elderly patients (people aged 65+) For young children (aged 5 and under) For people with a long-term condition On a first come, first served basis

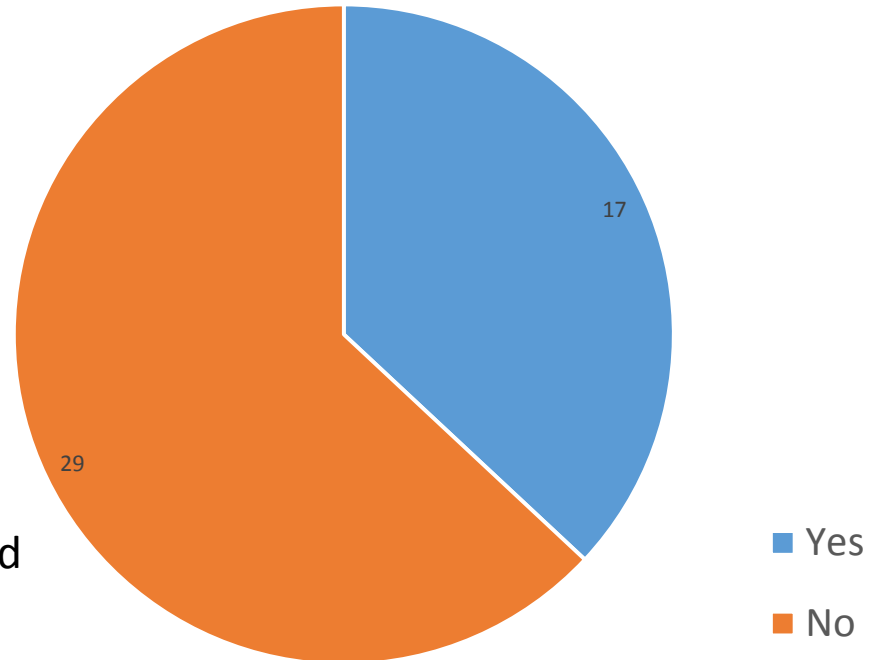
Examples of other methods were:

- patients on the unplanned admission list
- h/o repeated AE attenders 'Frequent Flyers'
- Some are only bookable once triaged by a GP
- dedicated adolescent appointments available

Practices were asked to select all which apply.

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Would your practice routinely see all patients that contact the practice saying that it's an emergency?



Where practices responded no - where would patients be signposted to?:

- GP Hubs (20)
- Walk in centres(18)
- A&E (5)
- Pharmacy(4)
- OOH (4)
- 999 (2)
- 111 (2)
- CTT (1)
- UCC (1)

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Injury management - what proportion/ percentage of your practice activity is related to injury?

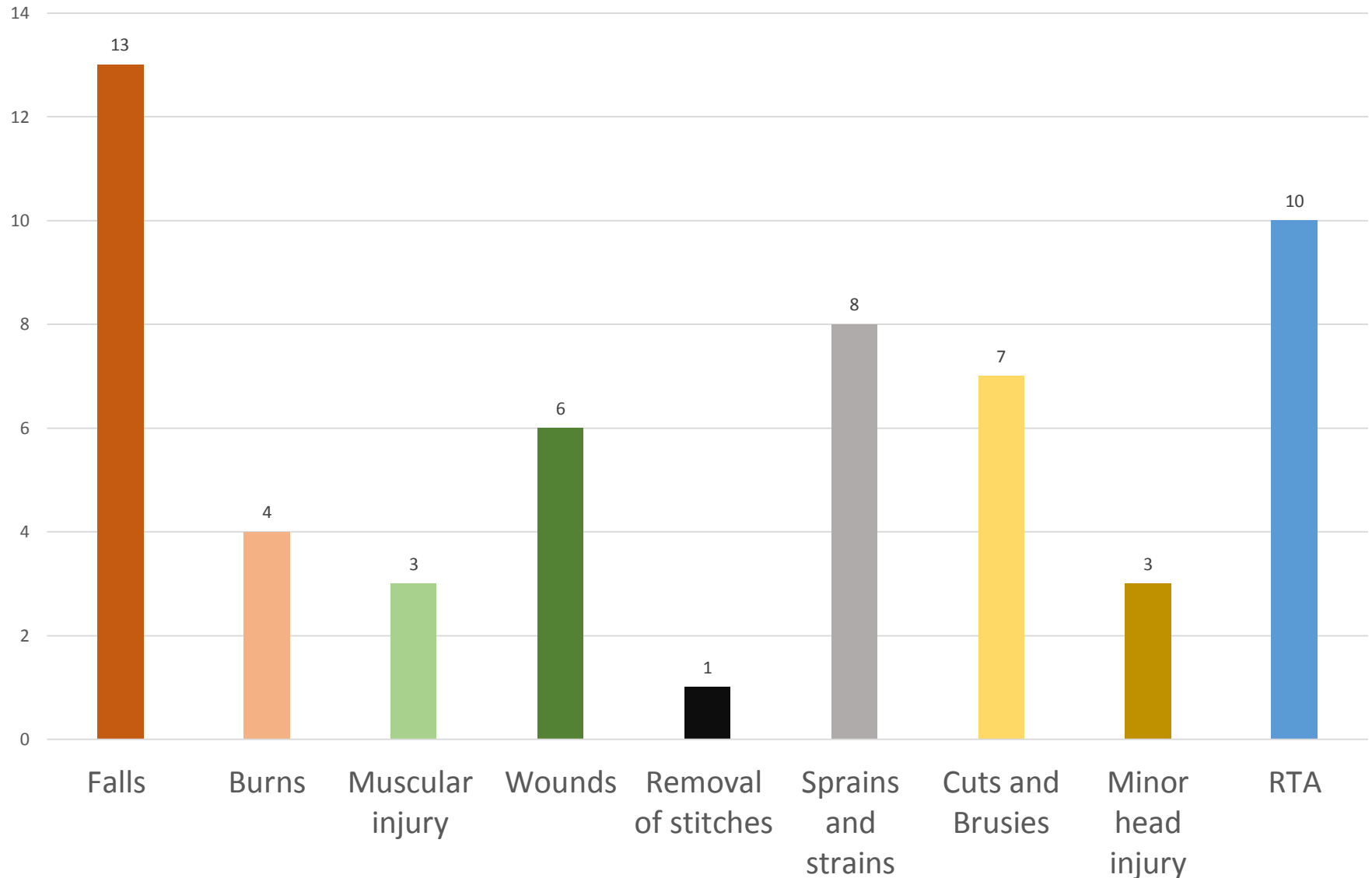


We also asked practices if they didn't manage certain injuries, where would they signpost patients to. Responses were:

- WIC(20)
- A&E (20)
- Hubs (2)
- Specialists (2)
- UCC (2)
- 111 (1)

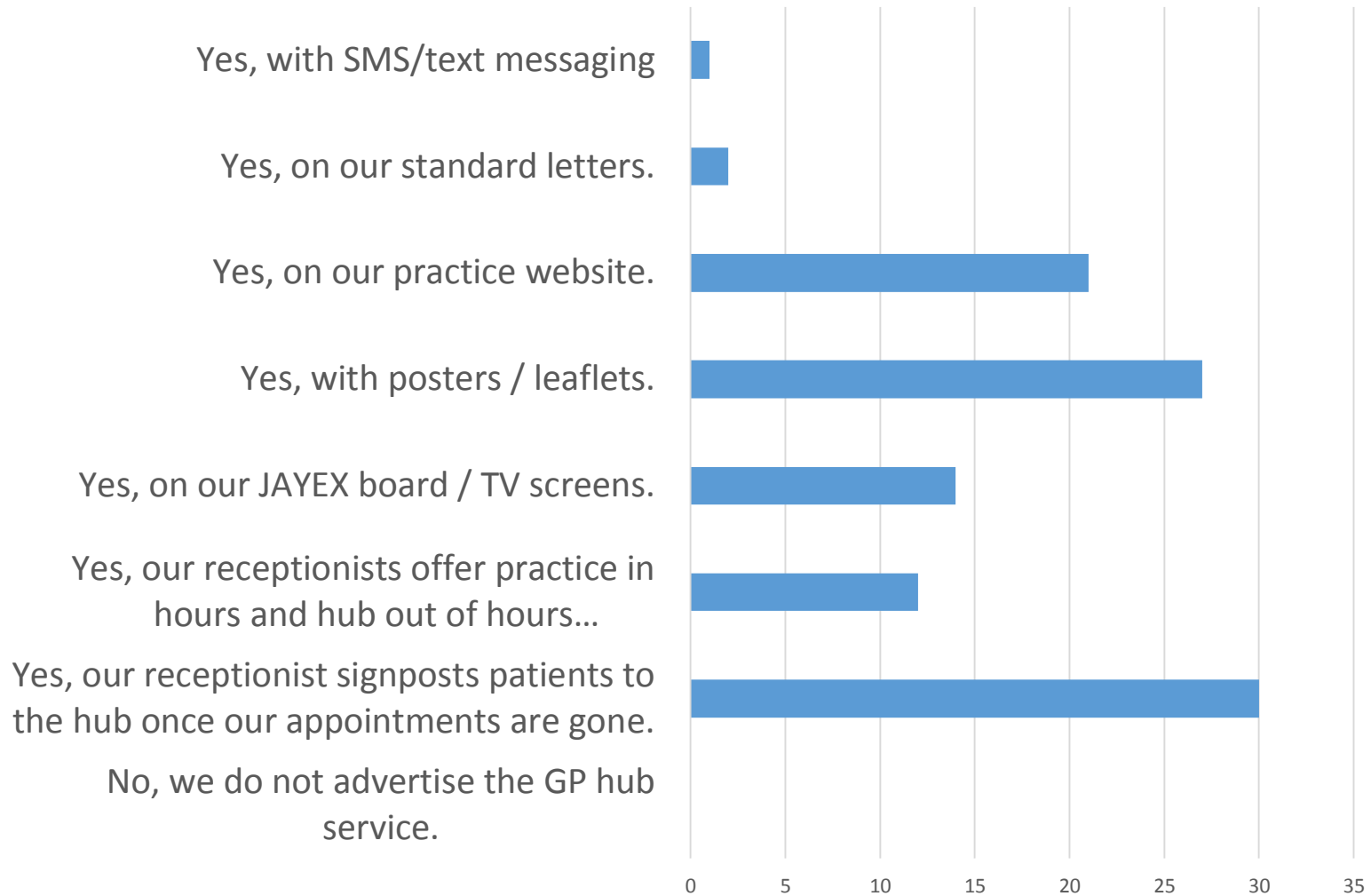
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Injury management - please give us examples of any injuries managed by the practice



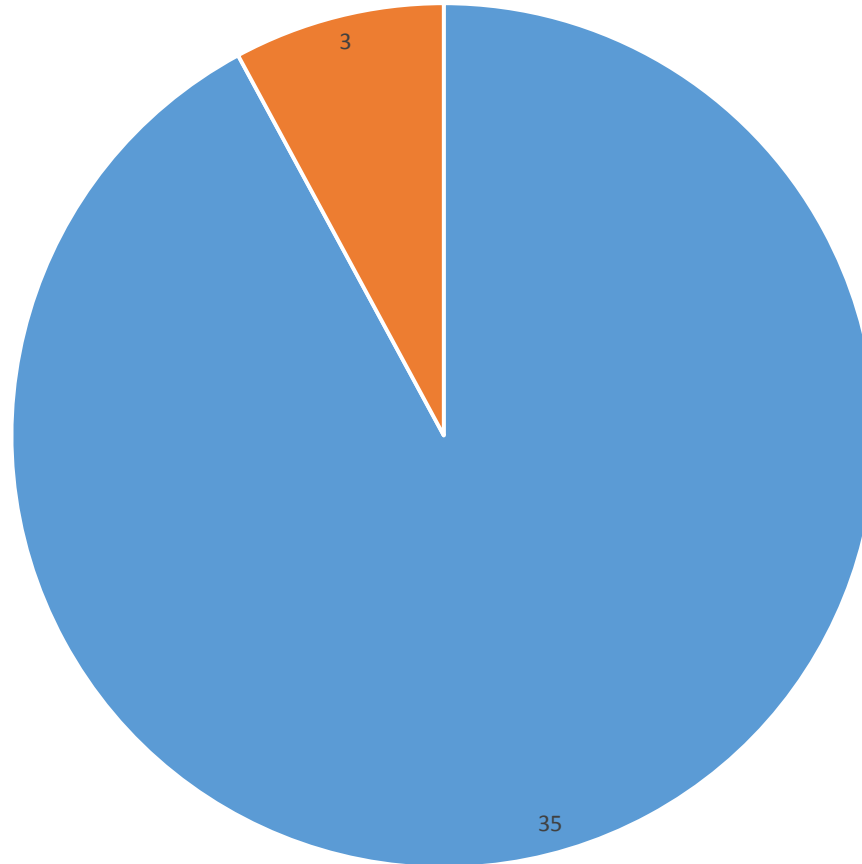
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How do you advertise the GP hub service?



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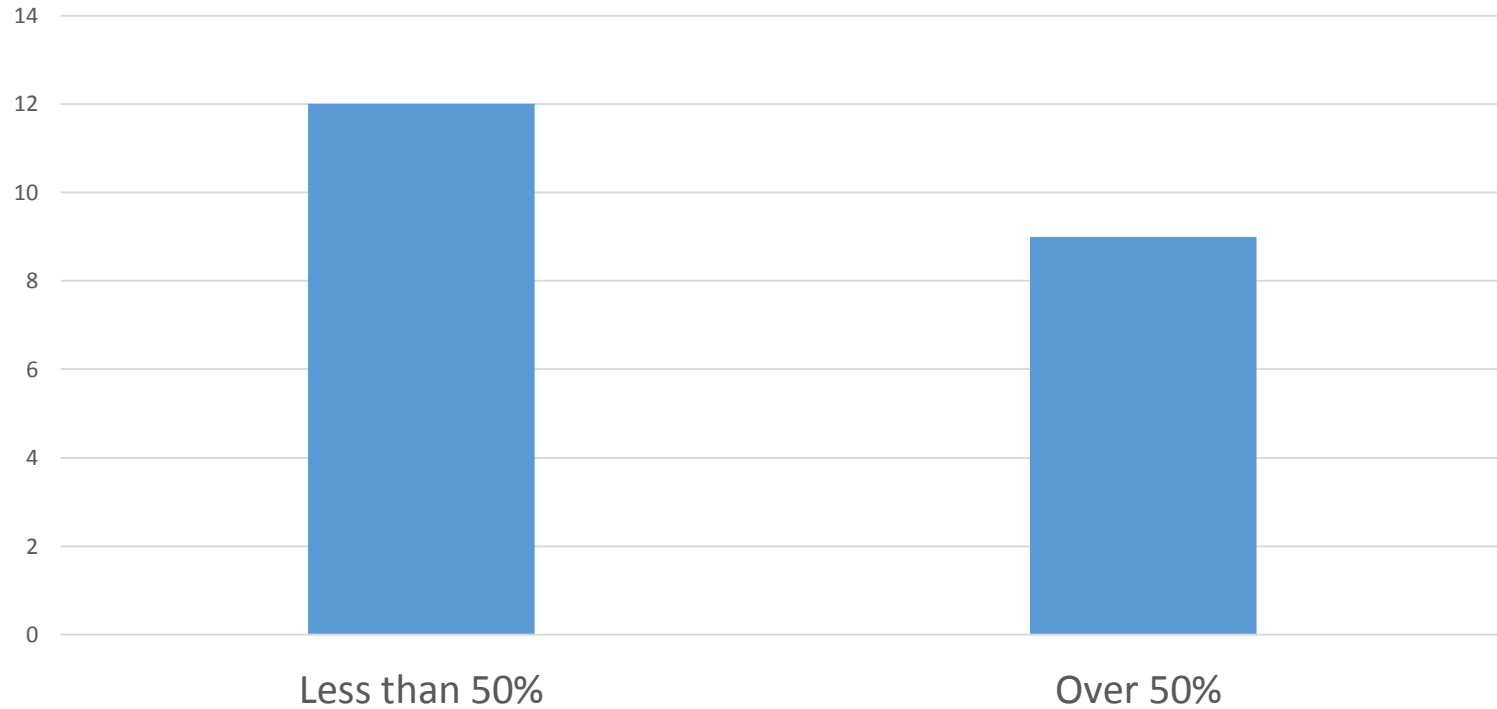
At the end of the working day, where does your practice voicemail message direct patients?



■ NHS 111 & GP access hub service ■ Other (PELC)

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Where patients are seen in either a walk-in-centre (WIC) or a GP Hub, what percentage do you think go on to book an appointment with the practice?



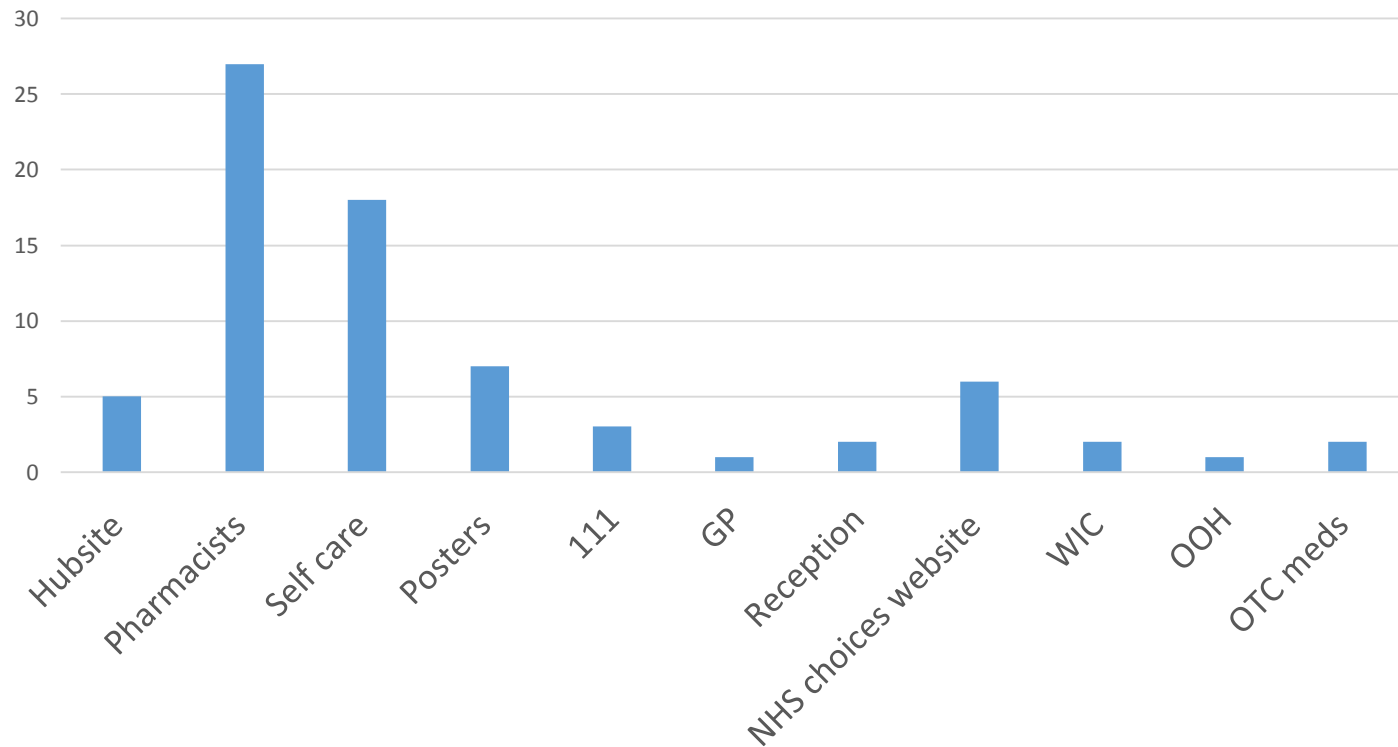
Out of the practices that responded, 12 practices have less than 50% of patients who go on to book an appointment with the practice.

Some practices responded with comments:

- No way to calculate
- No record
- Never audited
- Didn't know

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Where patients are seen in either a walk-in-centre (WIC) or a GP Hub, what percentage do you think go on to book an appointment with the practice?



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Any other comments?

- Hub is doing a good job in supporting GP services in the area
- GP Hub is a wonderful service. Helps to divert patients away from A&E, promotes the idea that community services should be the first point of call for patients
- It will be very valuable to enable full read/write notes access in the GP Hubs
- Predominantly used by the practices where they are based

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Any other comments?

- We would like to treat our own patients
- Need more places we can signpost to in Redbridge
- Patients are not happy with walk in centre services
- It would be helpful for CCGs to provide us with a short video to play in waiting room to advertise various options and signposting to other services
- Joint efforts to educate patients

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Any other comments?

- There is value in keeping urgent general practice as 'general practice'. Rather than over-regulating it into a more costly, less fit for purpose alternative.
- even after introducing GP Hub, Walk in Centres, pharmacy service ,111, PELC OOH - attendance at GP practices and at A/E in hospital has not gone down.
- When A&E doctors say ' any problems, please come back' then patients will do that rather than contacting their GP services. When junior doctors say' ask your GP for this scan or referral' it may not always be clinically appropriate by the time the patient comes to see their GP and so it can cause a problem to refuse an unnecessary referral/ investigation because the patient's expectation have been raised, especially since the patients often believe the 'hospital doctor' knows better than the GP.
- Finally, if the patient says ' I couldn't get an appointment at my GP/ my GP refused to see me/ my GP does nothing' - it may be that they did not take up the 3-4 appointments times they were offered or we did not refuse to see the patient but perhaps advised something that they were not happy to do eg. analgesia and exercises for back pain + routine appointment to follow-up because they want a scan/ xray NB: These comments apply to patients who clinically are OK and could have been seen by another service so did not need to be seen by A&E.