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| KHC Consulting Ltd |
| Review of GP Access |
| Report for Healthwatch North East Lincolnshire |
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| **Kevin Cooper** |
| **4/30/2015** |

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## Introduction

The NHS is facing significant pressures from an ageing population that is living longer but with increasingly complex needs. Long-term conditions now account for 70% of health budgets. Demand is rising, placing increased pressure on services. Services are also under pressure as a result of staff shortages, increasing specialisation and complexity with elements of services provided in different settings, without proper integration.

Increasingly, patients nationally are reporting difficulties with access to both primary and secondary health services, including concerns about a lack of available GP appointments. This is known to lead to inappropriate attendances at Accident and Emergency. Nationally 22million people attend A&E each year - which is a significant cost to the NHS.

Different approaches are being tried to improve the situation around the country, though their impact has not necessarily been fully evaluated yet. For example, recent changes removing the requirement to offer 10 minute appointments may improve patient experience but may also reduce the availability of appointments if it is not linked to an increase in the range of services offered.

Nationally, there is a problem with the recruitment and retention of GPs, while GP trainee schemes are under-subscribed. In some areas of the country, efforts to improve and extend GP services are being hampered by a shortage of GPs, with existing GPs struggling to take on the proposed extended services. It is estimated that there is a shortfall of more than 8000 GPs nationally.

The NHS is addressing these concerns in its Five Year Forward Plan 2015 which sets out “a clear direction for the NHS”. It recognises that “The foundation of NHS care will remain list-based primary care”. Over the next five years the NHS will invest more in primary care, principally through GPs.

GP-led Clinical Commissioning Groups (CCGs) will be given greater control over aspects of the NHS budget. There will be shift to focus on prevention, encouraging people to take more control of their own health and well-being, and the development of new approaches to providing primary care. Resources will be moved from acute and secondary care into primary and community services.

At the same time, new contracting arrangements have been put in place, and the NHS Contract with primary care services in North East Lincolnshire will be commissioned jointly between NHS England and North East Lincolnshire CCG. Healthwatch North East Lincolnshire has an observer role on the Primary Care Commissioning Committee and will seek to play a key role in influencing future commissioning decisions on behalf of the local community.

**Local Scenario**

In the autumn of 2014, there were 168,655 people registered with GP practices in North East Lincolnshire. Practice sizes vary from smaller practices with about 2000 patients to the larger having approximately 14,000 and the largest over 17,000 patients.

North East Lincolnshire has an ageing population with 20,000 people aged 70 plus. There are more older people than the national average, and the number is increasing more quickly than nationally. People are living longer, but they are also living longer in poor health. The area suffers from stark health inequalities as a result of economic and social deprivation, with wide variations in life expectancy. There is a high prevalence of the major illnesses including cancers, heart disease, and COPD. One thousand people are estimated to be living with a chronic condition.

North East Lincolnshire CCG is responding to these many challenges through:

* the “Healthy Lives, Healthy Futures” strategy where it is examining the range and mix of services that will be needed in the future, including where they are provided. It includes themes to

• Increase prevention and self-care
• Transform local primary care to manage demands on capacity
• Enhance support for the top 2% of health and care users
• Work closely with partners to join services together: physical and mental health, primary and specialist care and health and social care
• Build better communities to reduce social isolation

* “Everyone Counts: Planning for Patients 13/14” sets out its strategic priorities for the next five years including improving access to and consistency of care. This includes developing a seven day services primary care pilot as part of a national programme
* the Releasing Community Capacity and Preventative Services Programmes which are building capacity and resilience in communities and supporting the growth of new community solutions to help people manage better their own well-being and care
* A bid by the GP Consortium Lincs to the Prime Minister’s Challenge fund to develop Seven Day Services

In North East Lincolnshire a number of large purpose built primary care premises offer a range of services. These can include several GP Practices, operating independently. It has led to patient concerns about access, including physical access. Increasingly GP Practices have reported difficulties in recruiting doctors and other health professionals, and in securing trainee doctors.

We are also aware historically of GPs reporting being very busy, and patients reporting difficulties in getting appointments. The last annual survey of people’s experiences of health and social care services showed that the dominant concern for approximately 20% of respondents was access to GPs. We have undertaken a review of patient access to GP services to identify:

* further evidence of patients’ experience and expectations, on accessing health advice generally, and GP appointments specifically
* those practices locally with issues with GP appointment capacity, and what steps are being taken to address these issues
* interesting or innovative approaches that appear to be helping GPs to manage demand effectively
* the challenges that exist within this part of the primary care system.

## Summary

Half the people responding to our survey find it difficult to contact their GP Practice. Most people report that they can either get advice or an urgent appointment if they manage to make contact with their Practice. Over 80% of patients contact their GP by telephone. However, they report that this can be difficult; and 10% report using the Out Of Hours Services, Quayside or A&E as an alternative when they are unable to get advice from their GP Practice.

People want access to advice and support quickly, either through an appointment with a doctor or other professional, or by receiving appropriate advice over the telephone or on-line. Only 40% of people are able to get an appointment within two days of contacting their GP surgery while one in three people report having to wait for over a week for an appointment. Over half of people are not satisfied with the time that they have to wait.

We have identified a range of issues that require action. There are no easy solutions, and given the differences between practices, no single approach is likely to work. While the CCG and practices recognise that demand for GP access is a significant problem, they could address it in a more systematic manner. Developing more effective monitoring systems would enable the CCG and practices to better share information and new ways of working, to test new initiatives and to promote more evidence based decisions on the effectiveness of new initiatives. We have found that:

* GP practices attempt to review supply and demand regularly but demand for appointments is likely to exceed supply, resulting in delays
* practices operate different appointment systems, approaches to triage and to prioritising patients
* existing telephone systems are struggling to deal with the volume of calls they receive
* practices use different approaches to direct people to the most appropriate help and advice to enable doctors to concentrate on the most urgent cases. The public do not fully understand, or possibly like, some of these solutions. Practices need a better understanding of their patients’ experiences and expectations
* these approaches tend to focus on signposting people within primary care. We have not looked at GP approaches to prevention, early intervention, social prescribing or other community based activity that could reduce the demand made on GPs by some patients. Given the frequency with which some patients are attending GP appointments, this approach could be developed further to divert people from the primary care system.

## Methodology

We focused our work on both the community and on GP practices.

#### With patients and the general community

* A short electronic patient survey was available on line
* Voluntary organisations, North East Lincolnshire Clinical Commissioning Group (CCG), North East Lincolnshire Council and others were asked to help promote the survey using their websites, newsletters, social media accounts, posters, leaflets and via their workforces. We are very grateful to those who did so; and to the council, CCG, Care Plus Group and Navigo who ensured that awareness of the survey was raised widely within their organisations and beyond
* Paper copies of the survey were made available on request to a number of voluntary organisations to enable us to reach some more difficult to reach groups, or sections of the community that are less likely to access the internet
* GP practices were asked to display posters and leaflets within their practices, or to include an item in any newsletters that they issued in the period. However we found no evidence of this happening
* The project was promoted through social media and traditional media outlets with items featured on community TV, local radio and in newspapers
* People were also encouraged to submit any comments or stories directly to us
* Healthwatch staff attended a number of events where they were able to hold conversations with people
* A public “drop-in” event was held to enable people to talk to us directly

In total 571 completed questionnaires were received from the public, as well as a range of conversations and discussions. The approach has clearly stimulated discussion on the issue, and raised awareness of Healthwatch’s role. Interestingly, a small number of the replies were submitted by people who must work within North East Lincolnshire but are registered with GPs outside of North East Lincolnshire. Survey respondents come from all age groups, with a quarter 65 plus, but less than 6% aged fewer than 25. Three quarters of respondents are female; and only one quarter male. Details are included in Appendix One.

#### With GP practices

* We met the CCG, the Practice Managers Forum, and the Patient Participation Group Chairs’ meeting, all of whom were very supportive, and interested in the review
* We made email contact with Lincs, the GP consortium and their representative was present at the Practice Managers’ forum, and Lincs have offered to hold a workshop to discuss the findings of the review
* A short survey on local appointment practices, availability and staffing levels was circulated to Practice Managers through their Forum. This was followed up with phone calls, emails, and some personal calls at surgeries to encourage completion
* We also asked GP practices to promote awareness of the review within their practice, but saw no evidence of this taking place
* We reviewed some GP websites to complement the survey request

However, it has been difficult to get information about and from GP practices. Only eight GP practices returned completed questionnaires despite several attempts to obtain them. We requested what appeared to be relatively straight forward factual information on patient numbers, numbers of sessions and appointments offered, staffing mix and vacancies, “did not attend” (DNA) levels, current approaches to booking and prioritising patients, and alternative services offered.

Several practice managers indicated that they were too busy, while another commented that it was always the same ones who did respond to requests. The CCG does not hold information on how practices operate or staffing levels and vacancies. While we are aware of some work between practices to look at new joint approaches and to share practical experience, there does not appear to be any systematic monitoring, benchmarking or sharing information on different approaches. This raises questions about the effectiveness of local monitoring, and the intelligence that is available to support practices to respond to the pressures that they are facing.

The patient responses are spread widely across the GP practices, with more responses for some of the larger practices. Also, a small number of patients have not identified their practice; or have simply identified the medical centre they attend, where several practices are based. The relatively small numbers for each practice and especially for the smaller practices mean that it is not possible to undertake detailed analysis for each individual practice in a statistically reliable way.

## Findings

### Patient access to GP Services

How often have you contacted your GP in the last twelve months?

* More than half of respondents contacted their GP between two and five times in the last year
* One quarter of respondents contacted their GP at least six times in the last year, with 7% more than twelve times - at least once every month
* Only one quarter had only contacted their GP once in the last year
* These ranges mean that this group of people contacted their GP between 1700 and potentially over 3500 times in the last year.

In 2008, the median value nationally for the number of appointments for a person to see a primary care professional at their GP Practice was calculated at 5.3 times per year. This equated to 100 appointments per week per 1000 patients (*Trends in Consultation Rates in General Practice1995 to 2007: Analysis of the Research Database*. September 2008; QRESEARCH and the Health and Social Care Information Centre, quoted by the NHS Practice Management Network, “Improving access, responding to patients”). It is widely believed that this figure has increased since then. In some areas in 2007, the number was in excess of 8 times, usually related to the prevalence of long-term conditions within the population. Applying this median figure locally would suggest that 900,000 appointments were required to meet demand (doctors, nurses or other professionals).

The median for our review falls in the 2-5 times range, which is lower than the 5.3 times identified nationally. Given the local demographic profile, it is likely that the actual figure for the whole population is higher than our survey has found. Even so, extrapolating from our findings for the whole population (caution should be taken in doing so as the sample size is relatively small), suggests a similar pattern. The local registered population could have contacted their GP in excess of 500,000 times in the last year. This may be a very conservative estimate, particularly given the age profile of our respondents. This will place major pressure on the primary care system. Based on the GP Practice returns received, we estimate that there are approximately 500,000 GP appointments available each year, plus appointments with training doctors, nurse practitioners and practice nurses.

### Contacting the GP practice

More than 8 out of 10 people (82%) contact their GP by telephone; with only 6% (six in one hundred) using online booking.

### Patient Satisfaction

A little over half (54%) of respondents find it difficult to get an appointment to see their GP.

Once they have made an appointment, half of respondents are satisfied with the time that they have to wait to see their GP while half are dissatisfied. Unsurprisingly, most of those who are dissatisfied are those who found it difficult to get an appointment.

Once people have made contact with their Practice, there are wide variations in the time people wait to see their GP. Unfortunately, people have commented that it can take several attempts, or even several days to manage to contact their Practice and make this appointment.

* One in five respondents are seen on the same day
* Almost 40% are seen within two days, and two thirds within five days
* But one in three must wait for at least one week; with 13% (almost one in seven) wait over two weeks; and a small number over three weeks for an appointment

There is a correlation between those who have to wait longest and those who are dissatisfied. 56% (almost six out of ten) of those who are dissatisfied have to wait more than a week for an appointment; but almost one in five are seen within two days. Patients at larger practices are both more likely to report finding it difficult to make an appointment and being dissatisfied with the time that they wait for an appointment.

From respondents’ comments we have identified a number of potential reasons for people being dissatisfied:

* they are frustrated with the booking system – usually how difficult it is to contact the surgery by telephone.
* they do not always get satisfaction even when they get through to the surgery, but may simply be told that appointments are gone, and to try again the next day, or in the next booking period. This can only increase the pressure on GP booking systems and receptions, or produce challenges elsewhere in the system. For example, “I am told I have to phone up on the day I want an appointment, advanced appointments are not possible, if there is an engaged tone on the phone I have been told to keep trying by the practice which frankly I find unacceptable - advance bookings should be available instead of roulette booking on the day.” Or “Get told to phone back tomorrow. They take ages and ages to staff to answer the phone.”
* they are offered an appointment in several days, but have already telephoned several times before being offered an appointment. This is made worse when they consider their health concern to be urgent.
* they want to be seen immediately as they consider their medical condition requires it; or at least to be seen within two days (over six out of ten report that they are not seen within two days currently).
* they want to see a named doctor - but also to be seen at once, for example “I can usually get an appointment if I am prepared to see any doctor - as I have an ongoing issue I would prefer to see the same GP”.

We asked respondents what they did when they were unable to get an appointment with a doctor. We received a range of comments from 432 people:

* less than one in ten said that this never happened and that they always were able to see a doctor
* the majority of people stated that could always get to see a doctor, though they may have to wait several days
* they stated that it was especially a problem when they wanted to see a specific doctor, often causing delays. A number of people with long term conditions commented that they wished to see a named doctor as they knew their medical history
* one commented that the doctors are doing their best under difficult conditions.

However:

* 25% of people indicated that all they could do was "wait", “put up with it,” "keep trying" or even “give up”
* a small number of people overstated the problem to try to get seen
* while many asked for an emergency appointment and about 5% simply turned up and waited to be seen at their doctors
* others simply continued to ring until they got an appointment, some on the same day in the hope of getting a cancellation or speaking to a different staff member and getting a different response
* 10% stated they waited until they could call the out of hours service, or went to A&E
* less than 10% said they used some of the alternatives available such as telephone triage or appointments, and appointments with other health professionals and 7% said they sought advice from the pharmacy, or from the internet

### Getting health advice and support

People get health advice from a range of sources. Two out of three people use their GP as their usual source of advice, with 18% using the local pharmacy. 13% use “other” sources, usually the internet, or friends.

Most people also prefer to get their health advice from the GP over the telephone or from a nurse practitioner; unless they feel they require a GP consultation.

This combination of people contacting the practice by telephone; and advice being provided by telephone will potentially place significant strain on practice telephony arrangements. We found it difficult to contact practices by telephone, and on one occasion a telephone rang unanswered for over six minutes before finally being answered.

People’s expressed preferences also demonstrate that they recognise that advice can be provided in a number of ways; and show a willingness to use other approaches to receive health advice more quickly without the need to attend the surgery and see a GP. This suggests that there are opportunities to develop approaches that reduce the pressure for GP appointments; and to provide easier, more convenient support to people who may only need advice or signposting.

Any changes need to be properly communicated, and their impact and effectiveness evaluated. In order for changes to be successful, the public must perceive them to be effective. Practices will need to influence the behaviours of both the public and professionals to achieve this and to overcome attitudes such as:

* “I like the idea of a nurse practitioner. However every time I have seen one they have just told me to make an appointment with my GP, so have just extended my wait to get help”.
* Three quarters of those stating “other” specified that they want to see a GP (or “their” GP) in person, not an alternative.

### Patient views and preferences

We also asked respondents what was important to them when they needed health advice, and received a wide range of responses. Many of the comments show that the public understands the pressure that the health system is under, and feel that they only contact the GP when they really must. However, many indicate that they do use other sources of advice and sometimes just need the appropriate advice rather than an appointment, but then when they do need an appointment they want to be seen quickly. There are many interesting comments:

* a desire for timely and accurate advice from someone appropriately qualified to provide it. This links to other comments complaining about “not being believed”, “not a receptionist who is not qualified to decide what appointments are needed”. There clearly are concerns about any form of triage / filtering being applied by receptionists. Practices need to examine how effective this approach is; what impact it is having with their patients, and how best to respond to their concerns; and whether their patients actually understand how the process is actually operating, the safeguards and training that receptionists have had.
* “a second type of appointment, not urgent "today" nor routine "next week" but soon i.e. “next day or so” - this reflects many comments about people’s concerns, and about their ability to fit in appointments around their work
* a number of people state that they want to be able to see the doctor of their choice. Given the size of practice populations, it is inevitable that this desire will lead to delays as an individual GP is quite limited in the number of patients that they can see on a daily and even weekly basis.

### Appointment systems and approaches to providing health support

Practices offer patients a variety of options to get their health advice and support.

Patients report that:

* half can either access same day or walk up appointments
* half can book in advance
* almost one in five use telephone consultations with their doctor, and similarly 20% use telephone consultations with a practice nurse. As observed above, these rely on telephony systems being adequate, and still take up GP time.

Practices recognise that access to health care and advice is a significant issue and have introduced a number of approaches to tackle the problem. All practices responding report using telephone booking and several have introduced on-line booking. One has an automated telephone line. Similar options are offered across seven of the eight practices, though there are practical differences in how they operate. We are aware that two practices operates same day, walk up and wait arrangements. They do not have an advance booking system. It is popular with its patients, although some commented on the length of time they had to wait at the surgery:

* One of the eight practices always aims to see people on the same day, while a second only offers walk up appointments
* The others encourage advanced booking including offering appointments between two weeks and four weeks in advance.
* All have a number of appointments that can be booked on the day, or they allow people to walk up on the day for urgent appointments subject to triage. One operates a nurse led “rapid access” service.
* Triage systems are in place in six of the practices. Some are provided by nurses or by trained reception staff. Nurse and receptionist systems are backed up by a Duty Doctor arrangement. Some of the comments received suggest that people do not like triage offered by reception staff which they may see as “obstruction”. This may be a training issue, or a need to educate the public in order to change expectations or to educate people. One person commented, “that the receptionist does not want to know all the details. They are not qualified to decide whether the appointments are needed”.
* Seven offer telephone consultations with either a doctor or practice nurse including some offering late evening telephone appointments in certain circumstances.
* Six offer on line consultations which another is also currently developing.
* At least one practice records on patient care plans if they are likely to require a priority appointment should they telephone, while another has a dedicated telephone line for “at risk” groups.

Practices also offer repeat prescription services, including on-line renewals, prescription reviews via pharmacists; and specialist clinics for minor injuries or procedures; conditions such as asthma or diabetes; and for coil fitting.

Several practices report that they regularly review supply and demand and adjust the time and length of clinics, including extended opening, to meet demand. While there are some gaps in the data, it suggests that there are variations between practices in the total number of appointments offered per 1000 registered patients each week. They also report changing the balance between GP and nurse appointments, partly in response to GP recruitment problems, partly to ensure that people see the most appropriate professional. There are differences in the balance between practices.

They have also indicated that staff, especially GP, recruitment locally is difficult. Six out of the eight practices responding have indicated that they have, or are about to have vacancies, and also have had vacancies in the recent past. These pressures are also causing GP practices to review the way in which they offer services, and in which they book appointments to try to make best use of their limited resource.

Practices are sharing information on what is working and have attempted a number of initiatives individually to respond to patient concerns. One practice has reported that it “is also part of a working group looking at improving access with a centralised GP triage for urgent calls and the implementation of technology to aid in improving access”.

Some practices report that their current approaches have reduced the number of patients who do not attend (DNA) their appointment. However, one large practice reported averaging 84 DNAs on average each week during February, while others reported 20-30 per week. This can have a significant impact on available appointments, and has been shown to increase when patients have a long elapsed time between contacting the practice and their appointment, and to be reduced by sending text reminders which a number have adopted.

## Recommendations

1. The Primary Care Joint Commissioning Committee should establish a performance monitoring system and capture benchmarking information to review the mix of appointments offered, the experiences of patients and the impact on waiting times.

2. The Primary Care Joint Commissioning Committee should establish a target for all patients with urgent needs to be triaged and seen within two days.

3. The CCG should ensure that monitoring arrangements are in place in all GP practices and that benchmarking is developed to inform local practice.

4. The CCG should incorporate the findings of this review and the recommended benchmarking approach in future developments including seven day service pilot, Healthy Lives Healthy Futures and preventative approaches.

5. The CCG should support practices to develop and test internet appointments systems, approaches for tackling urgent needs and social marketing approaches that promote alternatives to face to face appointments with a doctor.

6. Individual practices should establish arrangements with their Patient Participation Group to ensure that patients are involved in any appointment system changes and that patient satisfaction is gauged at least every six months.

7. The CCG should establish targets for patients to be able to contact their practice by telephone and require all practices to review their telephone booking systems against these targets to better respond to peak flow demands.

## 8. Where possible, patients with complex or enduring health needs should be assigned a named GP and an alternate GP that are aware of their needs and history by their practice.

## Next Steps

GP access is a significant issue for people in North East Lincolnshire. This report has demonstrated that action is needed to improve the situation, but that there are no simple answers.

Following its acceptance by the Healthwatch Board, the Healthwatch staff team will:

* request that the CCG responds to the report, setting out a programme of actions to implement the recommendations
* take part in a workshop with Lincs, the GP consortium, to:
	+ focus on implementation of the recommendations
	+ seek the full participation of GP practices in any further work
	+ and to promote recognition of the statutory role of Healthwatch
* review progress in the implementation of the recommendations after six months, and report progress to the Healthwatch Board.

#### Kevin Cooper KHC Consultancy Ltd

30th April 2015

## Appendix One

### Respondent ages

* There were differences in the profile of male and female respondents. More younger women than men responded, while there were equal numbers of men and women over 65 replying
* One third of the female respondents were under 45
* Less than a quarter of male respondents were under 45; with the rest split equally between the two older age groups
* Half of women were aged 45-64, with a further quarter aged 25-44.
* There do not appear to be differences in responses based on respondent gender.

## Appendix Two - In their own words: some patient comments

### “What do you do if you cannot easily get an appointment”

*`Telephoning is a nightmare as you are always in a queue, then when you get through any spare appointments held open for that day have gone and this is despite ringing from 8.30 when the lines open, so I've started to go in at 8.15 and even though a receptionist is on duty you get told to sit down until 8.30 as she can't give you one of the days free appointments until 8.30. What is that all about if you and her are both there!’*

*`Overstate the problem to get an emergency appointment.’*

*`I have to visit the surgery before work, meaning that I have to take leave to do so. I start work at 8:15, appointment lines do not open until 8:30. I've tried a couple of times to telephone to make an appointment at 8:30am, the first time I was 7th in the queue, the second time 13th in the queue. Manager does not mind a couple of minutes to make an appointment but I can't be holding on for 15 mins! Tried to telephone at lunchtime to be told that all appointments for the day have been booked by 9:15 so that's no good either. The next free standard GP appointment is never less than 3-4 weeks in the future. Used to be able to see a nurse practitioner within a couple of days but they're booked far in advance as well. I feel sometimes that I don't have access to a GP for me or my children.’*

*`Ask to see or speak to the nurse, generally she then gives me an appointment I have already been told is not available to me. I only go to the doctors when I am desperate, if it's a routine appointment I give as much notice as I can to fit in with working full time.’*

*`In a way it is my own fault for wanting to see the same doctor every time but I feel that as a patient you should be able to see who you want to see and who you feel more comfortable with. I would be quite happy with just a phone call if I had nothing urgent or didn't need any medication.’*

**“What is most important to you when you want medical advice”**

*`Triage. If my condition is poor, I shouldn't have to wait for a few days. If condition is less urgent, would appreciate a telephone consultation for advice / triage.’*

*`The ability to book appointments online, I have been in email contact with the practice manager about this twice this year and understand it is still not something the surgery offers.’*

*`Ease of Access, the NHS is still stuck in 1982 when it comes to patient care online, I can manage every aspect of my life online apart from my health (because I cant) I do all my shopping online, I manage all my banking online, I pay for my takeaway online, I interact with people daily via phone/SMS & Skype yet I still have to wait for an appointment to see in my GP in person just like I did 30 years ago. The technology has been around for years its open source, secure and FREE and could save the NHS millions in wasted appointments alone just by implementing simple technology such as Skype/IM - further to that patients around the country including NEL will be using we have able technology such as fit bit and tracking their own health via mobile apps. The NHS should be embracing this and having some sort of portal that patients can feed all this data into to feed the wider medical record, the likes of Facebook/Google probably have better data on some patients than their own GP.’*

*`I think advice from a pharmacist could be accessed a lot more quickly and would be much more beneficial and reduce a lot of the unnecessary load on GP's. I don't think a lot of people know that pharmacists can offer this type of advice so more information and publicity on the matter would make sense.’*

*`I would prefer to go and sit and wait to see a GP rather than having to ring on the day and spend forever on the phone to be told no appointments, ring back after lunch or next day. I do not need appointments luckily very often but when I try and book it is a nightmare and often end up not seeing anyone. Have complained to the surgery who stated that appointments always available but I always struggle. Maybe I don't understand the system!!’*

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For further information on the background to this report and the taking forward of its findings please contact:

Paul Glazebrook

Partnership Co-ordinator

Healthwatch North East Lincolnshire

146 Freeman Street

Grimsby

N E Lincs

DN32 7AN

Tel. 01472 361459

Email: healthwatchnel@nbforum.org.uk

Web: [www.healthwatchnortheastlincolnshire.co.uk](http://www.healthwatchnortheastlincolnshire.co.uk)