
Hywel Dda Community Health Council

Accessing Your GP Ceredigion

Seeing a GP in Hywel Dda, what you told us.....

Date March 2022



Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

Contents

About the CHCs	3
Background & introduction	6
What we did	8
What we heard	9
Learning from what we heard	16
Recommendations	18
Thanks	20
Feedback	21
Contact details	22

About the Community Health Councils (CHCs)

CHCs are independent bodies that reflect the views and represent the interests of people living in Wales on their National Health Service (NHS). CHCs encourage and support people to have a voice in the design, planning and delivery of NHS services.

CHCs are often thought of as the independent watchdog of the NHS within Wales. There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Each CHC:



Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference



Reaches out to people within local communities to provide information, and gather views and experiences of NHS services. CHCs use this information to check how services are performing and to ensure the NHS takes action to make things better where needed



Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start



Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.

CHCs hear from the public in many ways. Before the coronavirus pandemic, CHCs regularly visited different NHS services such as GPs and hospitals to hear from people when they were receiving care and treatment. CHCs also heard from people at local community events and through community representatives such as councilors and politicians.

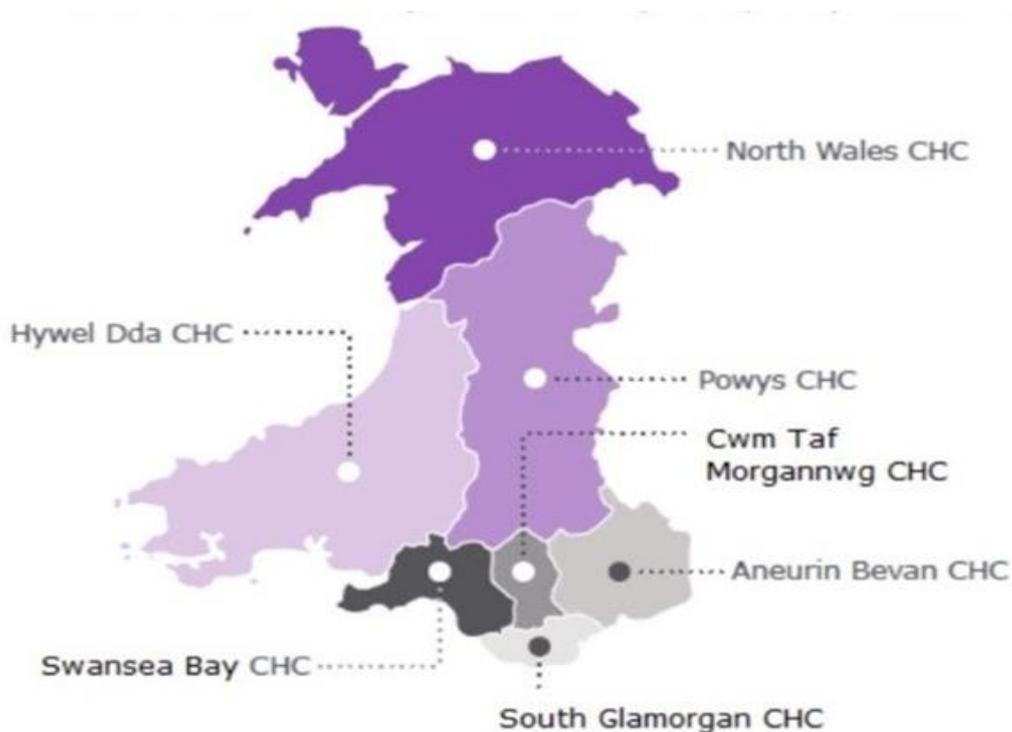
CHCs also had frequent contact with various groups and organisations within the community such as Citizens Advice, schools, voluntary organisations for different charities etc. CHCs also heard from people attending our meetings and making contact with our offices and staff.

Since the coronavirus pandemic, these ways of listening to people have had to change, so CHCs have focused on hearing directly from people in different ways.

Whilst we have not been able to meet people on a face-to-face basis because of the restrictions in place, many people have learned new ways of doing things differently, some people have used technology for the first time. This includes on-line surveys, using different apps on their mobile phones, video-conferencing and social media. We have also used different ways to hear from people about their views and experiences of NHS care.

We know that not everyone has been able to use technology or these new ways of communicating. There may be people finding it harder to be heard during these challenging times brought about by the pandemic. To try to reach out to as many people as we can we have continued to use the more traditional methods such as paper surveys.

Hywel Dda CHC represents the interests of people living within the three counties of Carmarthenshire, Ceredigion and Pembrokeshire.

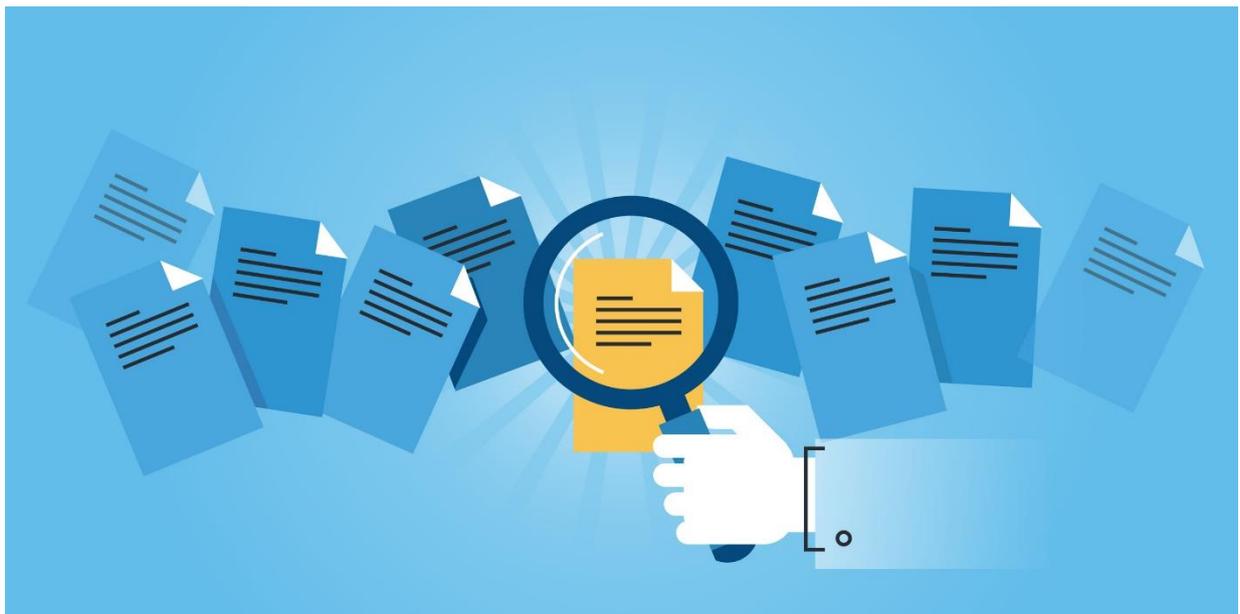


Introduction & Background

Following the number of concerns received by Hywel Dda Community Health Council (HDCHC) over the past year on access to Primary Care Services, our Executive Committee agreed to undertake a project asking the public about their experiences of contacting their GP practice.

The project ran between September 2021 and March 2022.

This report sets out our findings for GP practices within Ceredigion.



Introduction

GP services play a vital role within the wider system of health and care in Wales. GPs are usually the first point of care for more than 90% of people using NHS services in Wales. GPs are independent contractors to the NHS (that is, GPs are self-employed and not employees of the NHS).

The COVID-19 pandemic has fundamentally changed the way we access our GP practices. Instead of phoning for an appointment or walking into a surgery, access to GP services has quickly moved to 'online' bookings, video, and phone consultations. Our report makes it clear that many people are struggling to access care from their GP practice, often leaving them feeling frustrated.

We wanted to find out from people what is working well and what needs to be improved. Patients told us the impact that these changes have had on them and what it has meant for them during the last year. How easy was it to access GP services?

We also wanted to know how remote (telephone and video) appointments worked for people.

There are 12 GP practices in Ceredigion providing general primary and preventative care to around 75,922 people in Ceredigion, including 11,318 students (according to the national census 2021) within an area of 689 square miles.

We had an overwhelming response from people within the 3 Counties, with over 75 completed forms from people living in Ceredigion.



- the response to our survey was fantastic. We also looked at information coming to the CHC by other means: through general enquiries received by the office; by phone; email and by post
- through concerns being shared with our complaints advocacy service
- social media discussions on Facebook and Twitter
- comments gathered from an all-Wales CHC survey asking people to tell us about their health care.



What we did

Before the pandemic, we visited GP surgeries to talk with and listen to patients regarding access and the care they received.

When we visited, we found that patients were happy to tell us about their experiences.

This year due to COVID we had to work differently, 20 surveys, together with prepaid envelopes, were posted out to each of the GP practices in Carmarthenshire, Ceredigion and Pembrokeshire. The survey was also available on our website, our social media and in our newsletters.

We didn't ask many detailed questions in our survey, instead we simply asked the public:

- How easy was it to access your GP surgery?
- How easy was it to make an appointment?
- Tell us what went well
- If your experience was not so good, please tell us what the problems were
- Thinking about your appointment – what do you think could be changed to make things better?
- Is there anything else you would like to tell us about your health care during the pandemic?



What we heard

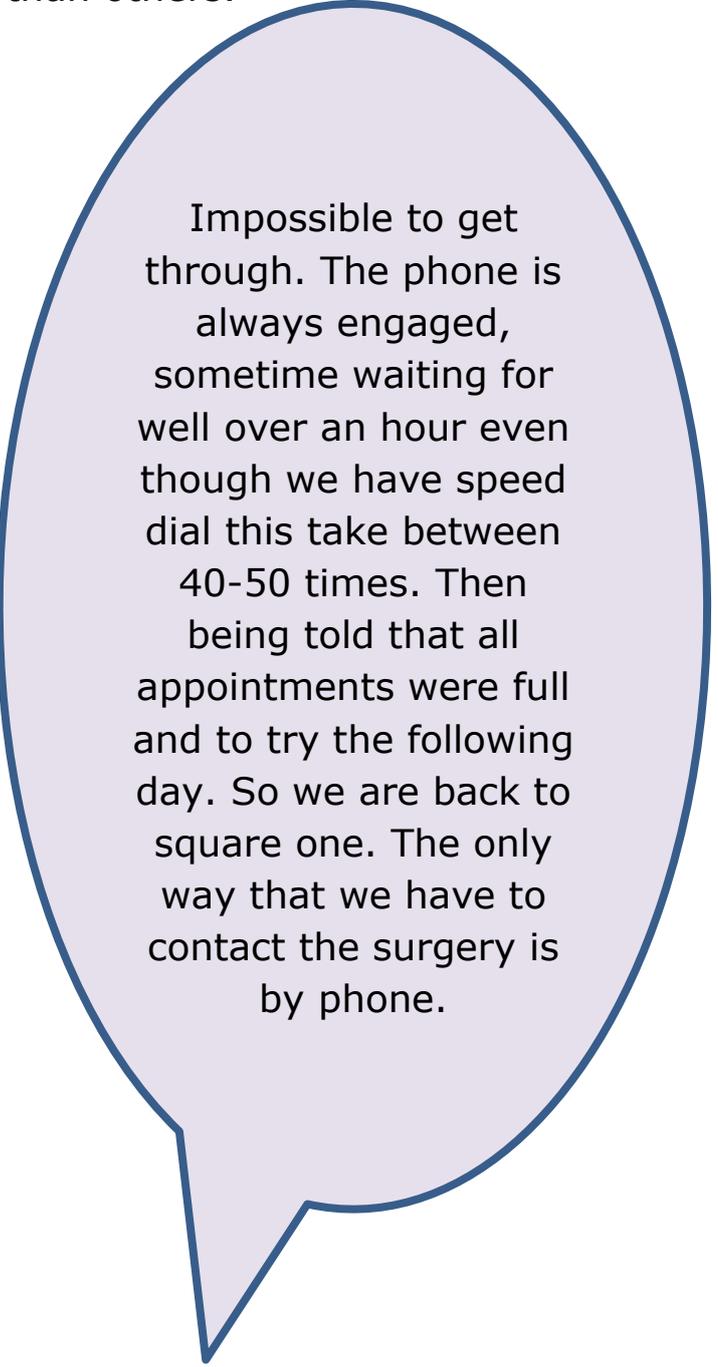
These are some of the stories the public told us about accessing their GP and getting an appointment during the pandemic.

We heard that it has been a struggle for many to get through to their GP practice by phone, especially first thing in the morning. Some found it easier to access later in the day.

We heard of people waiting for long periods of time in the GP telephone queuing system or trying numerous times to get through. Looking at the data much depended on which practice they were registered with as some patients got through to their GP Practice far more easily than others.



Very difficult to contact surgery. Never saw doctor even when I clearly needed to. Finally saw a doctor yesterday who was great and sorted things out.



Impossible to get through. The phone is always engaged, sometime waiting for well over an hour even though we have speed dial this take between 40-50 times. Then being told that all appointments were full and to try the following day. So we are back to square one. The only way that we have to contact the surgery is by phone.

Easy to contact surgery. Not easy to get an appointment.

Very, got through quickly on the phone. A doctor called me back. I then went in for a face-to-face appointment

Very easy. I waited in a queue on the telephone for twenty minutes, the receptionist took my details and said she would ring me back. She rang back within ten minutes and gave me an appointment.

Impossible to get through when the phone lines open. When you do **EVENTUALLY** get through, you're told there aren't any appointments to speak to a doctor or nurse and told to call back in the morning. Even trying to arrange a regular blood test is the same.

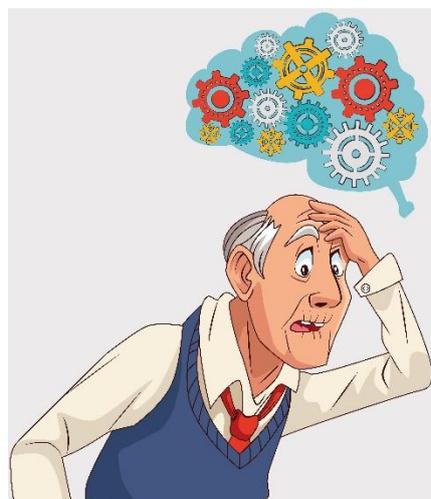
So, to answer the question, its practically impossible to speak to anyone apart from the (often very rude/curt) reception staff.

Throughout the pandemic it was important that GP practices provided a safe environment for both the public and staff ensuring that they could safely work to Welsh Government's 2-metre social distance guidelines to limit the risk of infection.

Welsh Government advised GP practices to hold 'consultations remotely' unless there was an urgent need for a face-to-face appointment. As a result, the majority of GP practices stopped face-to-face appointments. Instead, most patients were offered telephone or video consultations (called remote consultations). Several GP practices have continued to work in this way, while some have now reintroduced pre-bookable appointments.

Some people were happy with telephone consultations others found it hard to adapt feeling uneasy at not having face-to-face conversation and having doubts about the diagnosis.

One person stated that they could not get a face to face appointment and had a telephone consultation, they were not told when the doctor would phone back they stated "this is frustrating as I need someone to talk on my behalf and then they have to be with me all day. Often the doctor won't ring till 4 or 5 pm and sometimes not at all. It does not make sense!"



Others also told us they were not given an estimated time when the doctor would phone them back or even offered an appointment.

I had mainly telephone appointments. But maybe a rough idea of time as always afraid to miss the call. Even take mobile phone into the bathroom.

No appointment offered. Triageed** by the receptionist who thought it was ok to make clinical and prescribing decisions

Almost impossible. Have to ring 30+ times to just get in touch. Then it's a phone appointment where they do not give you any indication of what time you will get a call.



** Triage - the sorting of patients (as in an emergency room) according to the urgency of their need for care.

People told us that, on occasions they were dissatisfied with the whole experience of trying to get through to the practice; once they managed to get through they were annoyed that:-

1. it took them so long and
2. that some receptionists were rude
3. that some doctors were rude and not listening

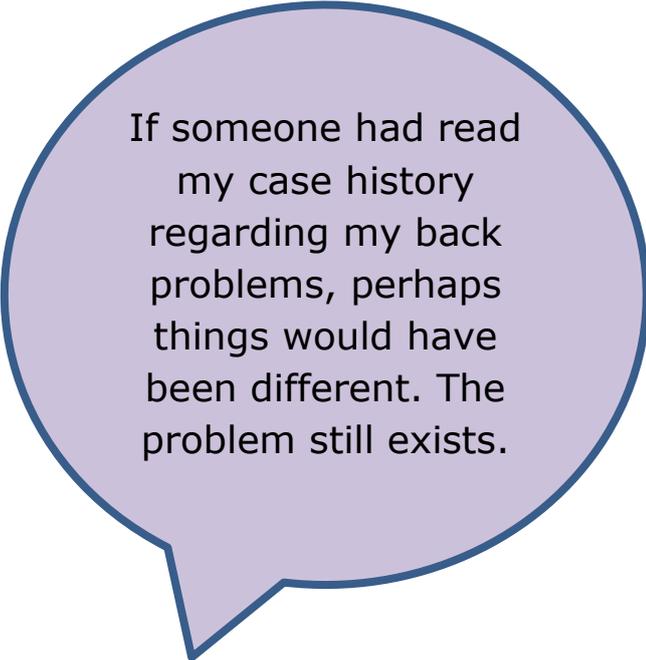
One person felt that they had been dismissed and that the GP wasn't interested. "I ended up in A&E 4 days later. The GP didn't listen and fixated on one line from a consultant's letter. I was referred for an X-ray but told it would take 3 weeks; I was unable to bear the weight on my leg and was in severe pain."

Another person stated "More availability to be seen face-to-face but also more pleasant reception staff. I appreciate they are very busy, but I wasn't rude at all, yet they continued to be very abrupt."

Not everyone commented on the care they received once having a telephone or face-to-face consultation. Below are some comments people made:



All good. No concerns at all.



If someone had read my case history regarding my back problems, perhaps things would have been different. The problem still exists.

I have Emphysema and fibrosis. Asthma nurse is only doing appointments over the phone. Didn't know I had fibrosis or a polyp in my lung.

More face-to-face appointments; the last face to face I had was an emergency. Telephone appts are a very poor second

Never had an appointment since March 2020. Care, which was twice a month with GP completely abandoned. GP aware of my difficulties using a phone due to disability and inability to afford expensive computer. Told me 'tough', get a loan or credit card, having promised they would not leave me without help they did.

Learning from what we heard

General practice is usually the first point of contact for people accessing NHS services. The importance and value of their vital work during the pandemic should be recognised.

At the same time, it is true that patients' ability to access general practice is often not as good as it should be, with some patients experiencing unacceptable poor access, including not being able to contact practices for days as highlighted in the responses to our survey.

We have learned that most people who tried to access GP practices found it to be challenging, particularly first thing in the morning and for the more routine appointments.

We learned that while remote appointments were more convenient for some, they didn't meet everyone's needs, with some patients left "worried that their health problems would not be accurately diagnosed". For people with hearing/sight impairment, they could find telephone consultations difficult.

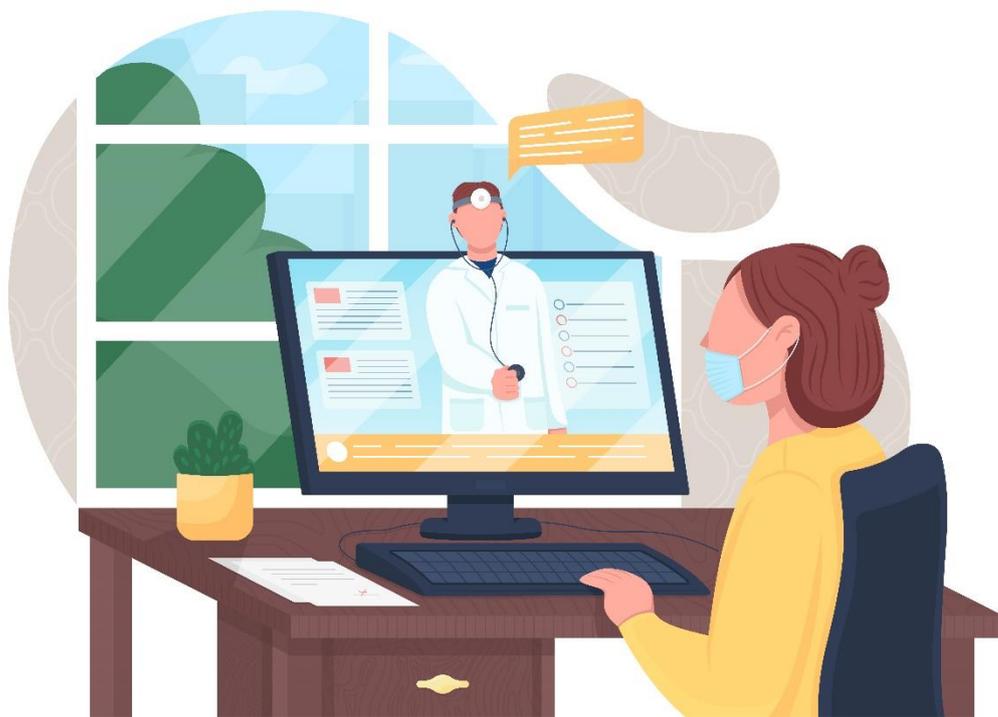
Changes to the way that people accessed general practice services during the pandemic caused some frustration for those who preferred face-to-face appointments. Some people felt some unease when diagnosis was made over the phone. Some people felt that they were not being listened to when discussing their ailment to doctors over the phone.

Some members of the public wanted video consultations, but this was not available in all practices. Some people found websites hard to find what they were looking for.

We have learned that the public want a choice on how they have their consultation with their doctor.

Hywel Dda CHC understands that GP practices may have had a reduced number of staff during COVID due to staff shielding or on sick leave.

Hywel Dda CHC also understands that some GP practice buildings are either old and/or may have small waiting rooms making it difficult to ensure a safe environment for patients to attend the surgery at the same time. Nevertheless, the public should have been informed why it took so long for the phones to be answered.



Recommendations

01

GP practices should have bookable in advance appointments for those patients who have been asked to book a follow-up appointment by the GP or nurse rather than having to attempt to book an appointment on the day by telephone at 8am.

02

GP practices need to train their reception staff to include explaining to the patients why they ask for symptoms. Receptionist should show empathy to patients and have time to speak to them in a professional manner.

03

Practices should inform the patient on an estimated time when the GP would phone back.

04

There should be equity of access within Hywel Dda University Health Board area. It should not be dependant on which surgery you are registered with if you have easy access or not.

05

Investment should be made available for an easy user-friendly website, for people to navigate, this should include booking an appointment and accessing results.

06

GP practices should consider a facility where patients can leave a message and a call back system could be introduced. This would save people being frustrated in waiting over 30 minutes plus for them to get through.

07

GP practices should look at restarting face to face appointments for those who want to see their GP rather than a phone call.

08

All staff should listen fully and acknowledge patient concerns and understand that the experience of care is important – just as much as care itself in some cases, and that it promotes a healthy relationship between patients and all practice staff within the GP practice for both ongoing care and future care.

Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

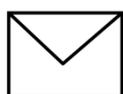
We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



Contact details



Hywel Dda Community
Health Council
Suite 5,1st Floor
Tŷ Myrddin
Carmarthen SA31 1LP



01646 697610



hyweldda@waleschc.org.uk



www.hywelddachc.wales



[@HywelDdaCHC](https://twitter.com/HywelDdaCHC)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Eich cyf / Your ref:

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Ein cyf/Our ref:

Jill Paterson

Gofynnwch am/Please ask for:

Emma Williams

Rhif Ffôn /Telephone:

01267 239569

Corporate Offices, Ystwyth Building

E-Bost/Email

Emma.williams47@wales.nhs.uk

Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Dyddiad/Date:

30th May 2022

Helen Williams
Deputy Chief Officer
Hywel Dda Community Health Service
Suite 5, 1st Floor
Ty Myrddin
Old Station Road
Carmarthen SA31 1BT
Dear Ms Williams

Thank you for your letter dated 12 May 2022 and for providing me with the County level reports following the CHC survey on access to GP Practices. I have asked that this information is shared through our Primary Care Services Managers and Locality Leads and that this is reflected on through forthcoming Cluster meetings. Similarly, I am keen that this work is taken into the Access forum of which I am aware you are a member so we can discuss the findings with our colleagues as well as the Local Medical Committee. I have requested that this group develops an action plan that can be considered in conjunction with the recently issued guidance from Welsh Government on the Access agreement for 2022/23, as well as a baseline review of current access arrangements including the status of “doors open”.

Whilst it was pleasing to see that some patients had had a good experience when accessing services at their GP Practice it was also disappointing to see that some did not. Whilst I appreciate that at the time of the survey many GP Practices were still experiencing significant pressures as a result of the COVID-19 pandemic which was impacting on their ability to provide services to patients in a way that I know they would want to, it was difficult to read some of the quotes from patients who had clearly not been able to access services in a way that we would wish.

Swyddfeydd Corfforaethol, Adeilad Ystwyth,
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job,
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building,
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Cadeirydd /Chair
Miss Maria Battle
Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board Mae Bwrdd Iechyd Prifysgol
Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

As you will be aware the pandemic also brought with it the opportunity to consult with and access services digitally which we know works differently in each Practice and for each patient. We appreciate that there is no “one size fits all” for either Practices or patients and we will continue to work with Practices across Hywel Dda to ensure that there is a range of access and consultation arrangements in place, that meet the needs of patients as well as ensuring that people are able to access the right care in the right place in a timely manner.

I look forward to the publication of your reports and to seeing the work of the Access Forum in developing an action plan that brings together all aspects of Access to GP Practices as well as to our other Primary Care contractors who have a key role in that wider service provision.

Yours
sincerely,

Jill Paterson

Director of Primary Care, Community and Long-Term Care

Cc for information

Rhian Bond, Assistant Director of Primary Care

Community Health Council