



First Steps to Health Report



**What's the first step you
take if you are worried
about a health issue?**



Report on attitudes to primary care in Cambridgeshire

Published May 2015

© Healthwatch Cambridgeshire





This report is published by Healthwatch Cambridgeshire who retain the copyright.

Healthwatch Cambridgeshire is using the Healthwatch mark under license from Healthwatch England, in the provision of the services provided by it in the course of its activities as a local Healthwatch organisation (as defined in the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012)

Healthwatch Cambridgeshire is a Registered Community Interest Company No. 08516179
Registered address: 6 Oak Drive, HUNTINGDON, PE29 7HN

Contents

1	Executive Summary.....	4
2	Background	6
3	Methodology and learning	9
3.1	The questions.....	9
3.2	The survey design.....	10
3.3	Reaching patient voices.....	11
3.4	The people spoken to	11
3.5	Were missing voices heard?	13
3.6	Learning from the methodology	14
4	How people responded to the health scenarios.....	15
4.1	I am not sure if I have a cold or flu	16
4.2	My friend has cut a finger whilst preparing vegetables	16
4.3	A teenager I know is worried sick about taking exams.....	17
4.4	My relative is only 65 and seems more confused than usual	18
4.5	My elderly friend is going to the toilet frequently	19
4.6	I care for a family member and I am not sleeping well.....	19
4.7	My partner has had migraines for years and wants specialist help ..	20
4.8	My friend’s baby is sneezing a lot, what should I suggest?	21
5	Missing Voices	22
5.1	Young people 16-17.....	22
5.2	Women 18-34	23
5.3	People aged 75+.....	24
5.4	White - Gypsy or Irish Traveller.....	24
5.5	Asian / Asian British - Chinese	25
5.6	General concerns raised	25
6	Discussion	26
7	Summary and Recommendations	30
	References	31
	Appendices.....	31

1. Executive Summary

The First Steps to Health survey was designed to investigate attitudes to non-emergency care in Cambridgeshire. It was particularly concerned with gathering evidence from patient groups who did not appear to be represented in the last Ipsos MORI annual GP patients' survey.

These "missing voices" included:

- young people (16-17 years of age)
- women aged 18 - 34 years of age
- older people, particularly those aged 75+
- Gypsies and Travellers
- Asian, Asian British and Chinese people

A short questionnaire was designed to capture the responses from individuals to a series of scenario questions about different non-emergency health issues. The health issues covered multi-generational topics. People were asked to indicate what their first step would be for themselves, a friend or family member in different health circumstances.

The survey wanted to find out if people have enough information to make a relevant choice for non-emergency medical problems, and whether they have access to non-urgent medical care when and where they need it.

What people told Healthwatch Cambridgeshire

The survey was completed by 1180 people from Cambridgeshire. Responses to the survey showed that most people feel they can manage without medical advice on some health issues but not others. For each of the questions there were people whose first step would be to ask for a GP appointment.

Whilst individuals' comments showed an awareness of the pressures on resources and the impact on access to GP services, many people were not necessarily using their Pharmacy, NHS 111 or other sources of information instead. Pharmacists were often consulted for physical health issues but not for mental health issues. Not many of the respondents opted to call NHS 111 for help for the scenarios illustrated, although many reported previously using NHS 111.

Responses from individuals in the targeted missing voices groups were mostly in line with the responses from other sections of the community.

Most people were positive about their experiences of using their GP surgeries, although a significant number of people commented on negative experiences with front line staff.

Some people reported concerns about the accessibility of GP services for deaf and hearing impaired people, for people who need an interpreter and for people with mental health problems. This was a particular issue in relation to the telephone triage system used by some practices for emergency appointments.

Recommendations

As a result of the findings of this survey, Healthwatch Cambridgeshire is making a number of recommendations:

Recommendations for GP practices

1. Where telephone triage is used, guidance should be provided to patients on how this works. Alternatives should be made available to people who cannot easily use the telephone.
2. Reception staff should receive training in mental health awareness and helping people with additional communication needs.
3. Patients with additional communication needs should be informed how their interpretation needs will be met for both routine and urgent appointments.

Recommendations for Cambridgeshire & Peterborough CCG and NHS England

1. Patients should be easily able to find out about alternative services such as NHS 111 and local pharmacy services. Targeted advertising to certain client groups such as carers should be considered, in conjunction with groups which represent carers.
2. There should be more information available about how young people can get support with mental health issues, using expertise of groups in contact with young people.

For 1180 patients in Cambridgeshire area:

- 89% people are positive about their surgery and their Doctors.
- Many people are not using the NHS 111 advice line or their pharmacy for advice.
- Half of people who commented on the phone triage system to get an emergency appointment at their GP surgery, struggle with this system.
- Reports of issues accessing GP services were made by some people with additional communication needs and people with mental health problems.

2. Background

Healthwatch Cambridgeshire was set up in May 2013 as a health and social care consumer champion for people in Cambridgeshire. The organisation has a statutory duty to promote and support the involvement of local people in the commissioning, provision and scrutiny of local care services.

It is required to find out about people's experiences and opinions of their local health and care services, formulate views on the standards of provision, including whether and how the local care services could and ought to be improved.

Healthwatch Cambridgeshire has worked hard to establish positive working relationships with the organisations that commission, provide and regulate local health and care services.

The First Steps to Health project was developed to help Healthwatch Cambridgeshire get a true understanding of how non-emergency frontline or primary care services are perceived and used by local people.

A short survey was devised to map the responses of people of all ages and backgrounds to some non-emergency health scenarios. It was important to Healthwatch Cambridgeshire that people could feedback positive experiences as well as experiences of where care needed to be improved.

This project was identified as a priority because both locally and nationally, concerns were being voiced about access to GP appointments, problems with people not using the most appropriate service for their care needs and capacity within services to meet demand. Locally, Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) is identified as one of the eleven most financially challenged CCGs.



Figure 1
Choose Well campaign leaflet

In 2014 C&PCCG undertook a survey of urgent care services, receiving 973 responses from local people. Although 95% of respondents said they would be happy to see a GP, pharmacist, or walk-in centre staff for minor injuries and illnesses instead of attending A&E, only 17% of people had heard of the Choose Well campaign that the C&PCCG had been promoting, which lays out alternatives to attending A&E (Figure 1).

The Royal College of General Practitioners is also aware of the imbalance between declining resources and the care needs of an increasing population and launched a campaign "Put patients first: Back general practice" to raise the issue. Over 300,000 people signed the petition and it was discussed in Parliament in February 2015.

Every year Ipsos MORI undertake a survey of GP patients on behalf of NHS England, which last year covered all 77 GP practices in Cambridgeshire (Ipsos MORI, 2015). This national survey focusses on patients' opinions on accessibility to services, waiting times, opening hours, planning care and satisfaction levels. The survey is a complex form of 50 questions with up to 17 options and 12 questions about the respondent. A high degree of literacy is required to complete this questionnaire, which could take up to 30 minutes to do.

The response rate was good for Cambridgeshire, with 9,361 people completing the survey (Figure 2). However, on further analysis, there were some gaps in the representivity of these responses, when compared to the last census information about the population. These missing patient responses are considered to be in the following categories:

- young people (16-17 years of age), particularly females
- women, aged 18 - 34 years of age
- Older people, particularly those aged 75+
- All respondents with ethnicities - "White - Gypsy or Irish Traveller", "Mixed/multiple ethnic groups - White and other" and "Asian / Asian British - Chinese"

Young people in the 16-17 year-old group were not included in the national survey. Whilst people over 75 years of age appear to be well represented, they are the major users of GP services, so it is logical to target them in this survey (Figure 3).

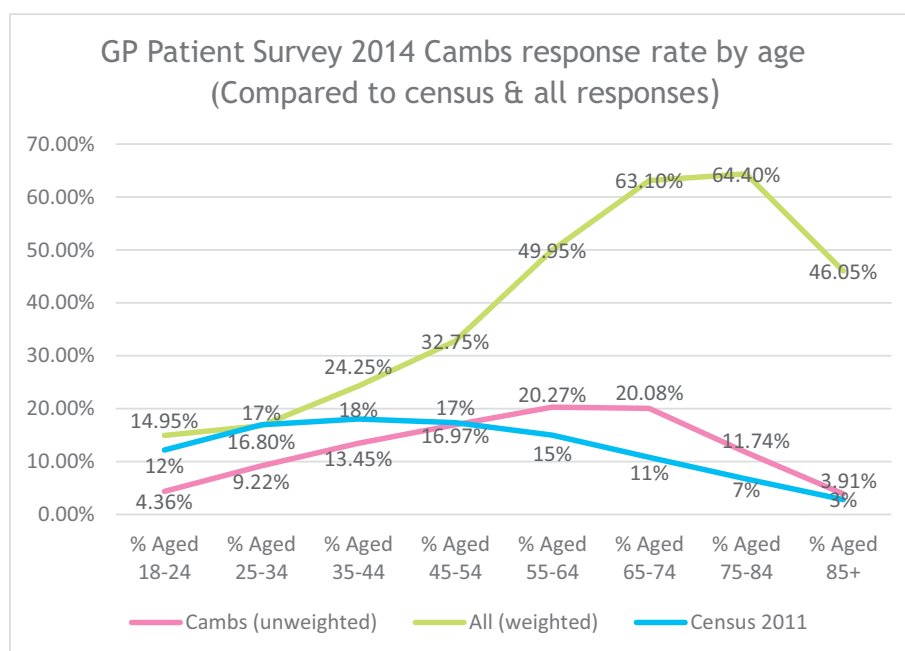


Figure 2 GP Patient Survey 2015 - Cambs. Response rate by age

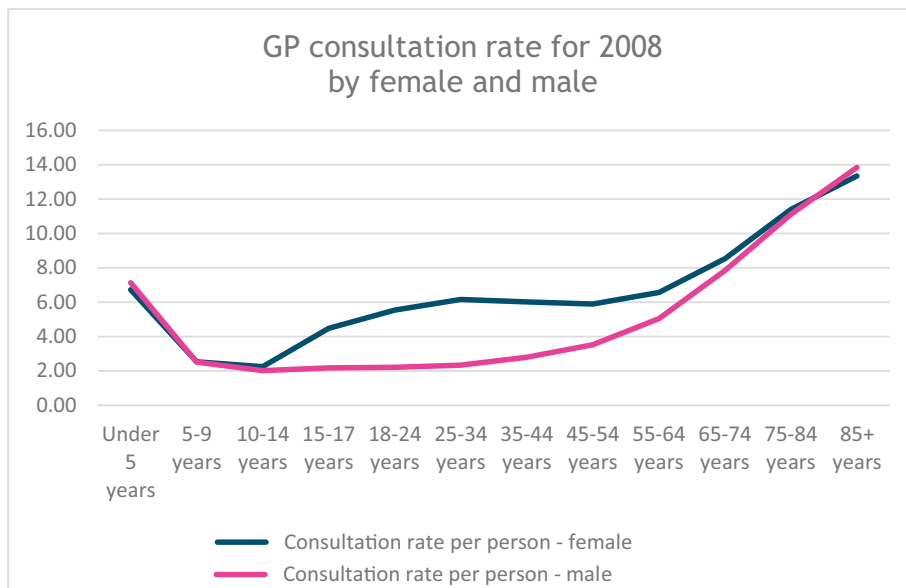


Figure 3 GP consultation rate for 2008 (England) by female and male & age (QResearch® and Health and Social Care Information Centre 2009)

Taking this background into consideration, the Healthwatch Cambridgeshire investigation into attitudes to primary care had two driving questions:

1. Do people have enough information to make a relevant choice for non-emergency medical problems?
2. Do people have access to medical provision when and where they need it?

3. Methodology and learning

The First Steps to Health survey (FSTH) was designed to investigate attitudes to non-emergency care in Cambridgeshire. In particular it aimed to pick up responses from patients who did not appear to be represented in the last Ipsos MORI annual GP patients' survey.

A short questionnaire, which took no more than two minutes to complete, was designed to capture the responses from individuals to a series of scenario questions about different non-emergency health issues.

The health issues covered multi-generational topics (Appendix B). People were asked to indicate what their first step would be for themselves, a friend or family member in different health circumstances, which was why the survey was called "First Steps to Health".

This project had a relatively short timetable of 5 months from start to finish, with the survey timetable itself lasting from 21st January to 9th March 2015.

A steering group was set up to guide the project. This included representatives from the Healthwatch Cambridgeshire Board, a Patient Participation Group, NHS England and the Care Quality Commission, with advice from the Cambridgeshire Local Medical Committee.

Healthwatch Cambridgeshire has an extensive contact database throughout the local health economy. The strategy for promoting the survey included both general blanket communications and a targeted approach to reach missing patient voices.

The survey was also promoted through Healthwatch Cambridgeshire's social media channels, including Facebook advertising to target individuals who would not necessarily be aware of communications from health and care organisations.

Events that Healthwatch had organised during this period and attendance at other organisations' meetings, were used as platforms to further promote the uptake of the survey (Appendix C).

3.1 The questions

Eight scenario questions to cover health issues relevant to the whole life course and all generations of people, were identified through discussions with professionals with specialist understanding in these areas.

The questions were designed to find out how much each person understood about the potential severity of symptoms, as well as to draw the line between when people thought they could sort out a health problem themselves and when they needed professional medical advice.

Questions 1 and 2; "I am not sure if I have a cold or flu" and "My friend has cut a finger whilst preparing vegetables", were chosen as universal experiences that most people may have experienced and did not require much background knowledge.

Question 3 about a teenager being "worried sick" about taking exams was chosen to touch on the issue of mental health and young people. Would the respondents be aware that a third of all children have considered suicide before the age of 16? (Madden 2013, NHS London 2014)

First Steps to Health Report

Question 4 about increasing confusion in an older person, illustrated a symptom that might be associated with the onset of dementia. This was emphasised in a television advert from autumn 2014 by the Alzheimer's Society advertising a fundraising walk, called the Memory Walk.

Likewise Diabetes UK had a TV and SMS campaign "There's no way someone like you could have diabetes, is there?" which was the possible subject of Question 5 (Figure 4).



Figure 4 Diabetes UK 2014 SMS campaign

The issue of sleeplessness and carers is well known and Carers UK publish advice to carers on their website about this phenomenon; this was the subject of Question 6.

How and where people go to for advice that is beyond the scope of their GPs was the focus of Question 7. The subject of persistent migraines was chosen because according to the Migraine Trust "there are more people who suffer with migraine than people with diabetes, asthma and epilepsy combined".

The final scenario question was aimed at new parents and friends of new parents.

3.2 The survey design

The survey was designed to be easy to complete, attractive, stimulating and timely, following the "COM-B" outlined by Michie (Michie, Stralen & West, 2011). The steering group, Healthwatch Cambridgeshire staff and volunteers contributed to the survey development process.

An A3 folded to A4 hardcopy version of the form was designed (Appendix B). A large print copy of the questionnaire was also created. The hardcopy form was completed by 670 people.

There was also an online version of the questionnaire using the same graphics, which divided the survey into five pages with buttons to select rather than boxes to tick. Accessibility software on the website helped make the survey accessible to non-English speakers and people who are blind, visually impaired or have reading difficulties. The online version was completed by 762 people.

Two people who completed the questionnaire contacted the Healthwatch Cambridgeshire office to say they did not like the survey; two people said that you could not answer questions for other people and three people did not like the closed questions as they wanted more options.

3.3 Reaching patient voices

Healthwatch Cambridgeshire has an extensive contact database throughout the local health economy and the strategy for promoting the take up of this survey involved both general blanket communications and a targeted approach that aimed to reach the missing patient voices identified above.

There are 77 GP practices in Cambridgeshire, 74 of which had patient participation groups. Practices are divided into clusters called Local Commissioning Groups (LCGs), which are part of C&PCCG. There are seven LCGs that commission services in Cambridgeshire and these were all asked to use their influence to help the promotion of the survey.

Appendices A & D list all local GP practices, including where they represent coupled surgeries, and how many partners were engaged to help with the promotion of the survey.

3.4 The people spoken to

The methodology aimed to capture patient responses from across the geographic area. In some GP practice areas the response was much greater than others (Appendix D).

Although 1430 people completed or partially completed the survey, only the data from 1180 individuals registered at a Cambridgeshire GP surgery who also completed the demographic data, has been used in this report; these are identified as cohort A. Other individuals came from outside the study area or did not give defining information that would help interrogate the data in relation to the national GP patient survey (Cohort A, in Figure 5).

Cohort	Nos	Description of data set
A	1180	Data set for Cambridgeshire area (not including Peterborough), inc. GP surgery and demographics
B	146	Data set with no geographic information
C	67	Data set with GP surgery information outside Cambridgeshire
D	37	Data set with no demographics

Figure 5 FSTH numbers of respondents

There was the greatest success where one individual focussed exclusively on encouraging local people to complete forms, e.g. Priors Field practice in Sutton (73 responses) and Haddenham Surgery (52 responses).

There were no responses from Cambridge Access Surgery, which provides a GP service to homeless and vulnerably housed people in Cambridge. This surgery has a small and changeable practice population.

Out of 77 GP Practices, 29 had under ten responses but of the rest, excluding the two highest returns and the Cambridge Access Surgery, the average was 16 responses per GP practice.

At the outset the survey was looking for a range of responses right across the age ranges which was achieved (Figure 6).

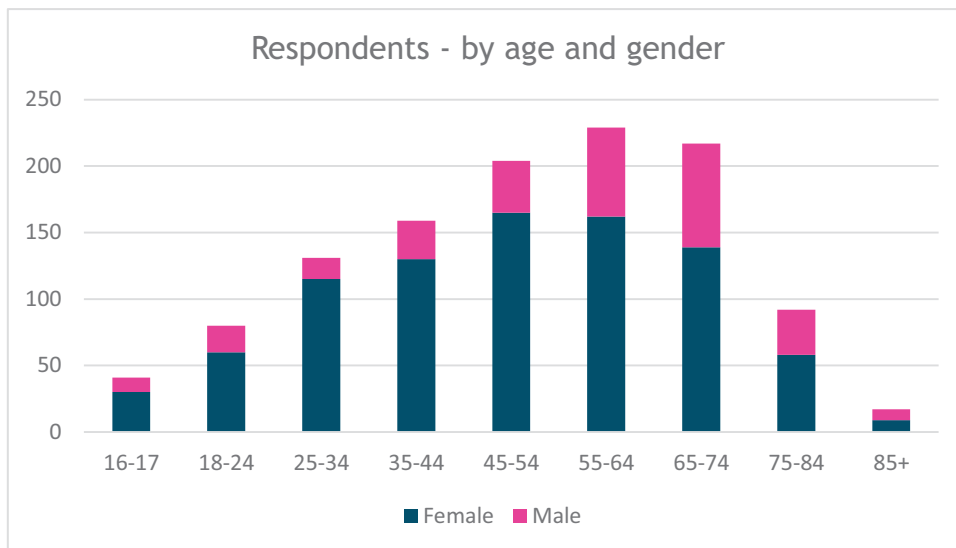


Figure 6 FSTH All respondents by age and gender

People of all ages and ethnicities completed the survey, 87% of people identified as White British (Figure 7).

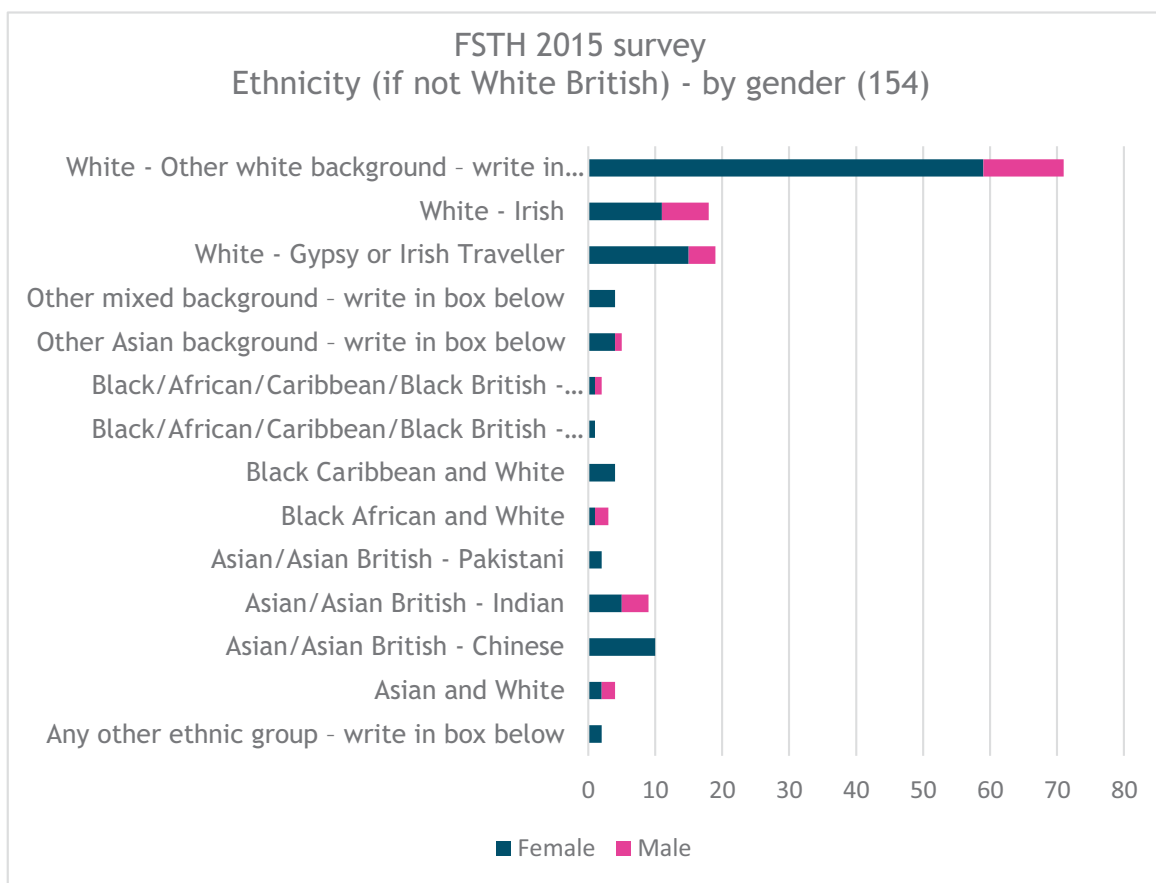


Figure 7 FSTH Ethnicity (if not White British)

When people were asked to identify their sexual orientation, the majority identified as heterosexual (87%). There were individuals from nearly all age groups who identified as lesbian, gay or bi-sexual (6%) (Figure 8).

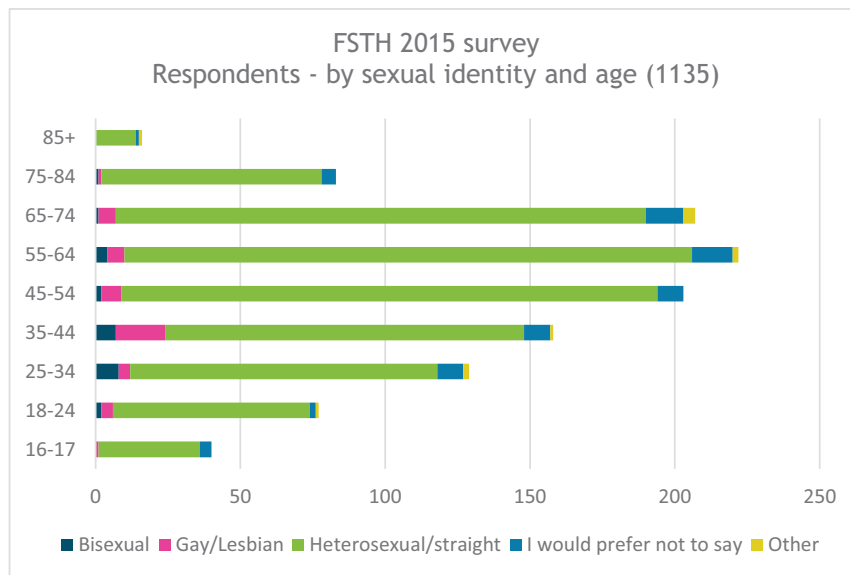


Figure 8 FSTH Sexual Identity

People with a wide range of work status responded to the survey (Figure 9).

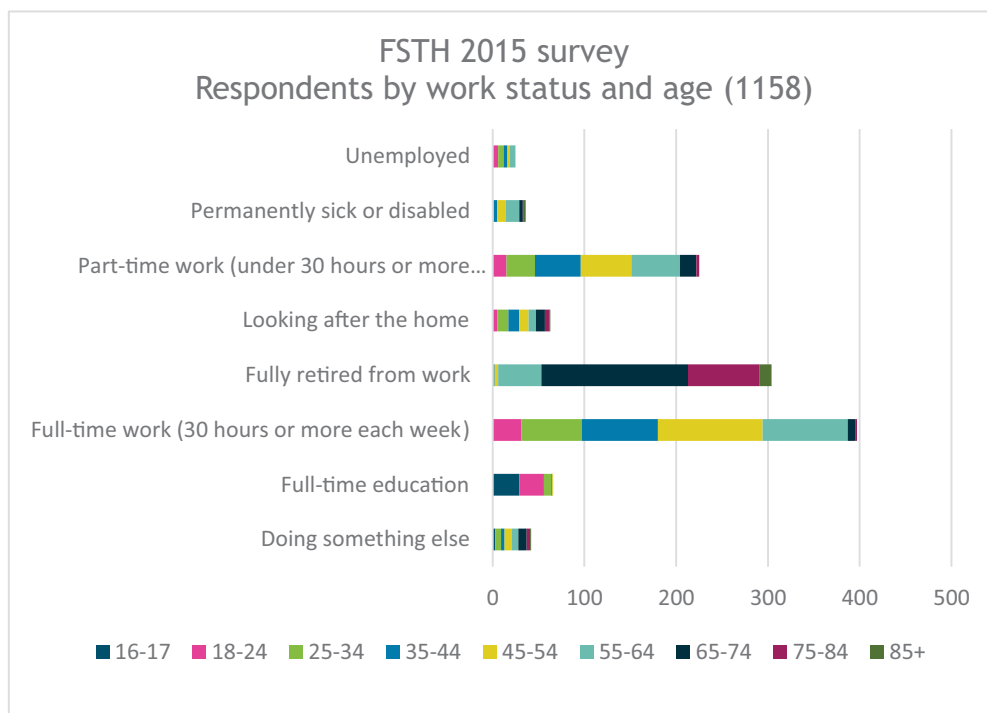


Figure 9 FSTH Work status by age

Men make up almost 50% of Cambridgeshire’s population but only 26% of the survey respondents were male.

3.5 Were missing voices heard?

The survey aimed to reach some of the patient voices missing from the national GP patients’ survey. This was mostly achieved by targeting organisations and activities to which patients from these missing groups were familiar and already had connections.

At least 20% of targeted response numbers were reached in nearly all cases except for people who identified as “Mixed/multiple ethnic groups - White and other”. Only 7 people in the study area used this category as a self-definition or 2% of the target number (Figure 10).

Missing voices targeted		Target	People spoken to	% of target reached
Age	Young people 16-17 female	49	30	61%
	Young people 16-17 male	49	11	22%
	Women 18-34	541	175	32%
	Older people 75+	492	109	22%
Ethnicity	White - Gypsy or Irish Traveller	12	19	161%
	Mixed/multiple ethnic groups - White and other	436	7	2%
	Asian / Asian British - Chinese	53	10	19%
	Total	1,633	361	

Figure 10 FSTH Target groups

In the 2011 census for Cambridgeshire 1.25% of the population identified as “Mixed/multiple ethnic groups - White and other”, whereas only 0.6% of the people who responded to the FSTH survey used this category. The survey tactics were not successful at capturing responses from this part of the population.

Young people in the 16-17 age group were reached by approaching Sixth Form colleges and having a stand at a young people’s event. There was greater success in engaging young women than young men in these groups.

Young women aged 18-34 year were reached through social media and targeted attendance at local fitness classes.

People from the Gypsy and Traveller communities were reached through targeted events organised by One Voice 4 Travellers.

People who identified themselves as Asian / Asian British - Chinese were targeted through approaching Chinese cultural organisations in Cambridge, which had moderate success.

3.6 Learning from the methodology

1. Communications the survey success rely on hard copy as well as digital responses, with a high response ratio from the hardcopy form which was used primarily in face to face engagement.
2. Success at reaching targeted groups is reliant on working with organisations that already work with those people.
3. Approaching people outside medical environments, such as at classes, events and meeting places can be a good way of engaging them.
4. More work needs to be done to reach people from some population groups, for example the Latvian, Polish and Russian members of Cambridgeshire’s community.
5. More work needs to be done to target men of all ages, who make up almost 50% of Cambridgeshire’s population but only 26% of survey respondents.

4. How people responded to the health scenarios

The survey asked people what their first step would be but not what they would do if the first step wasn't successful. Looking at all the answers to all of the questions together, it is clear that people feel they can manage without medical advice on some health issues but not others.

Pharmacists were often consulted for physical health but not mental health issues. Of the 867 people who consulted a Pharmacist for advice, 67% found it very useful; only 4% did not.

Not many people opted to call NHS 111 for help for the scenarios illustrated, however 474 (41%) of people said that they had previously used the NHS 111 advice line. Of these, 48% had found it very useful and 18% said it was not useful. It is probable that some individuals were reporting much earlier experiences of accessing NHS Direct, as well as more recent experiences of NHS 111.

For each of the questions, there were people whose first step would be to ask for a GP appointment (Figure 11).

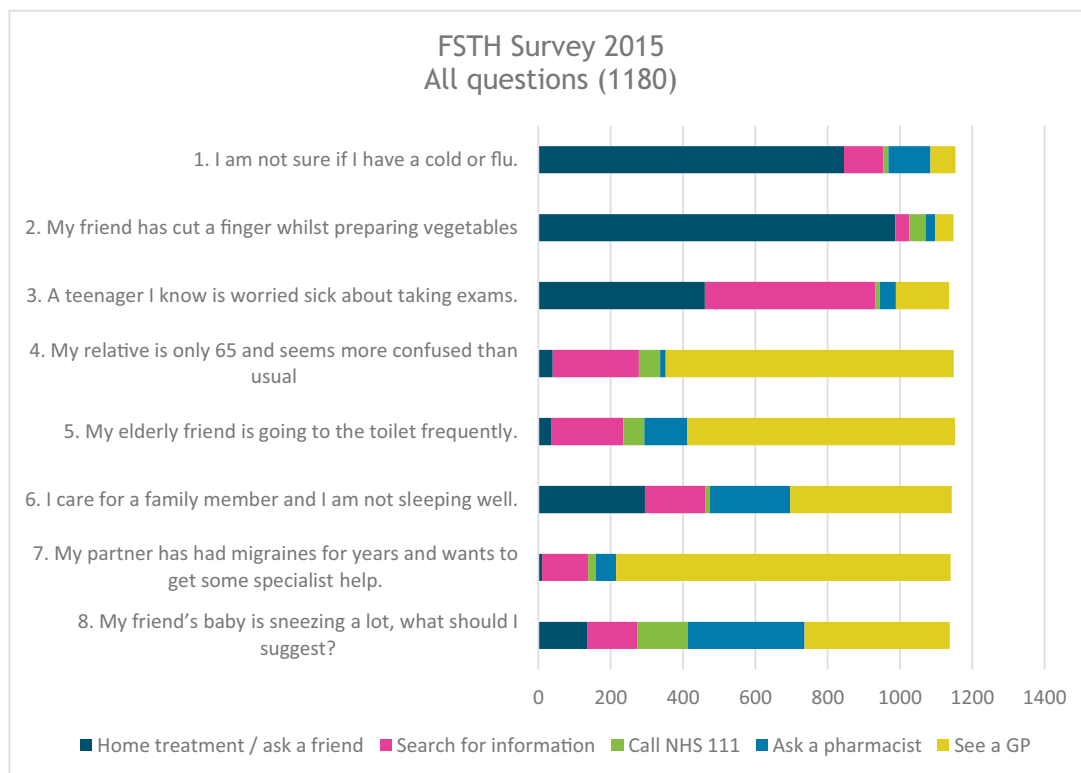


Figure 11 FSTH All questions - all respondents

In order to evaluate the responses to the survey questions, each one has been looked at separately using one or more of the personal characteristics. Sometimes just the differences in the responses by age have revealed different attitudes to the health problem that was described and sometimes another more relevant characteristic has been used to make sense of the answers, such as examining the responses that carers themselves gave to the question about carers.

4.1 I am not sure if I have a cold or flu

Most people would have had a cold or flu in the past and dealt with it through home treatment, however there were people of all ages whose first step would be to make a GP appointment (Figure 12). Whilst some individuals, for example someone with specific a long term health condition, may need to consult a GP for severe cold or flu like symptoms, the data indicates that a small percentage of people of all ages are not exploring other alternatives first.

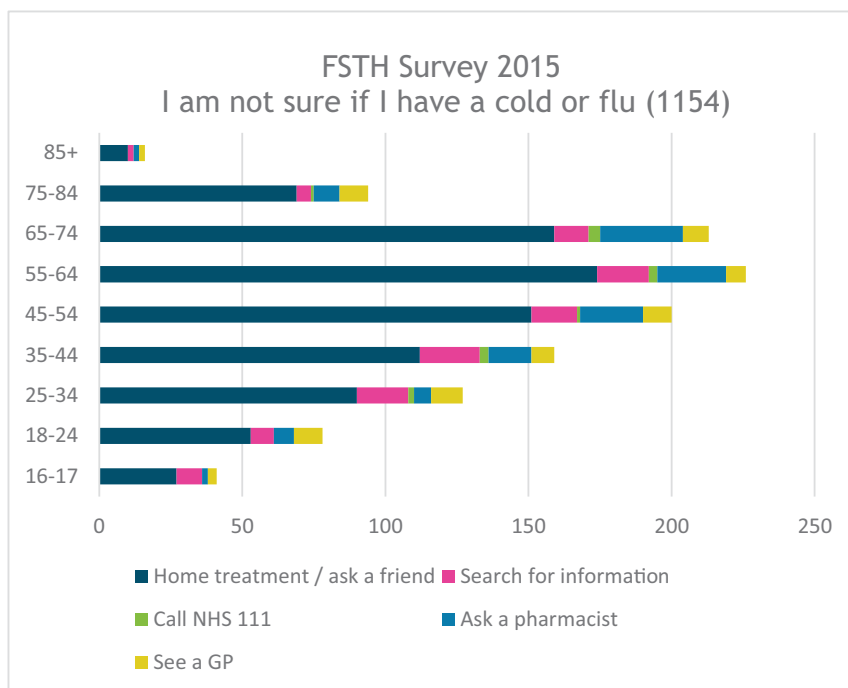


Figure 12 FSTH Question 1 - by age

4.2 My friend has cut a finger whilst preparing vegetables

The majority of individuals chose a home treatment option for this question, however some indicated their first step would be to contact a GP (Figure 13).

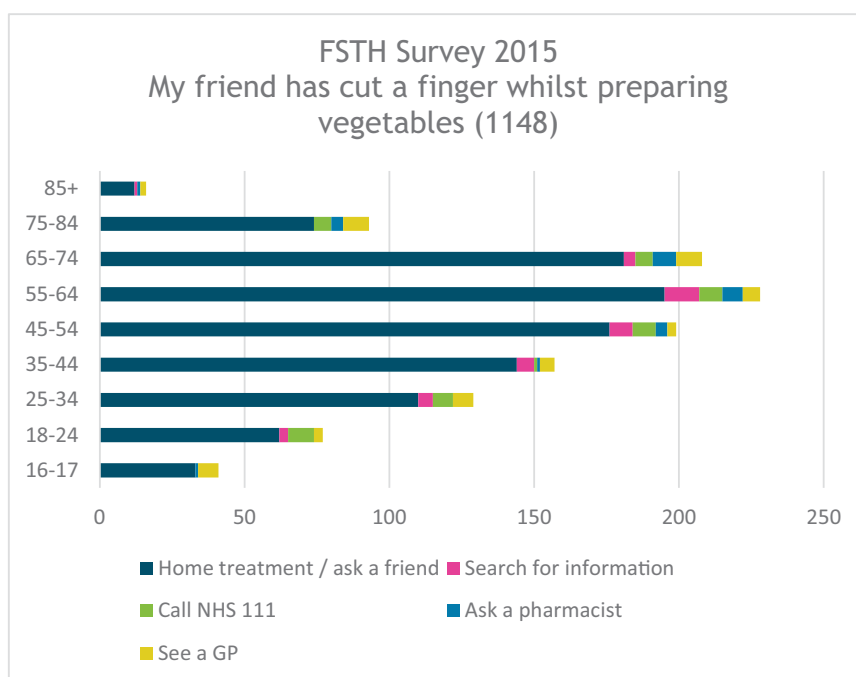


Figure 13 FSTH Question 2 - by age

Conversations with individuals undertaking face to face engagement, suggested that many people’s judgement would be based on the severity of their wound. This may indicate why some individual’s first step would be to contact their GP (Figure 13).

4.3 A teenager I know is worried sick about taking exams.

As mentioned in the discussion of the selection of survey questions, mental health and young people is a particular area of concern as young people under 16-years of age can find pressure hard to cope with.

In response to this question, people who were not currently parents or guardians mostly suggested home treatment, looking for further information and consulting NHS 111 (Figure 14).

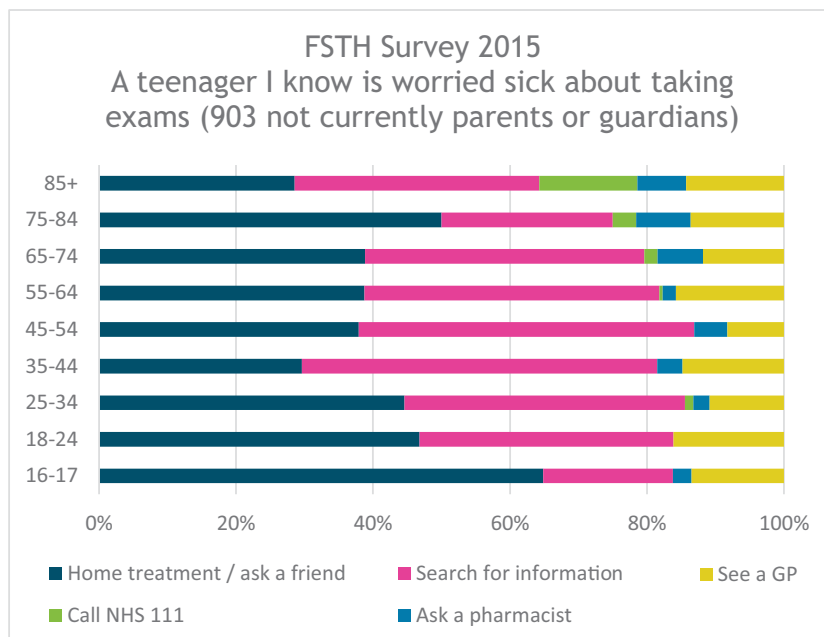


Figure 14 FSTH Question 3 - by age & non-parents

However when just the responses from 233 parents or carers are considered (84% of parents or guardians 25-54) only two would call NHS 111, more would look for information as a first step and fewer would make an appointment with a GP. Obviously the 233 parents or guardians who answered Question 3 knew a young person, though not necessarily a teenager. It is interesting to note in Figure 15 that older people, who might be grandparents, or related to the teenager, were not likely to make a GP appointment.

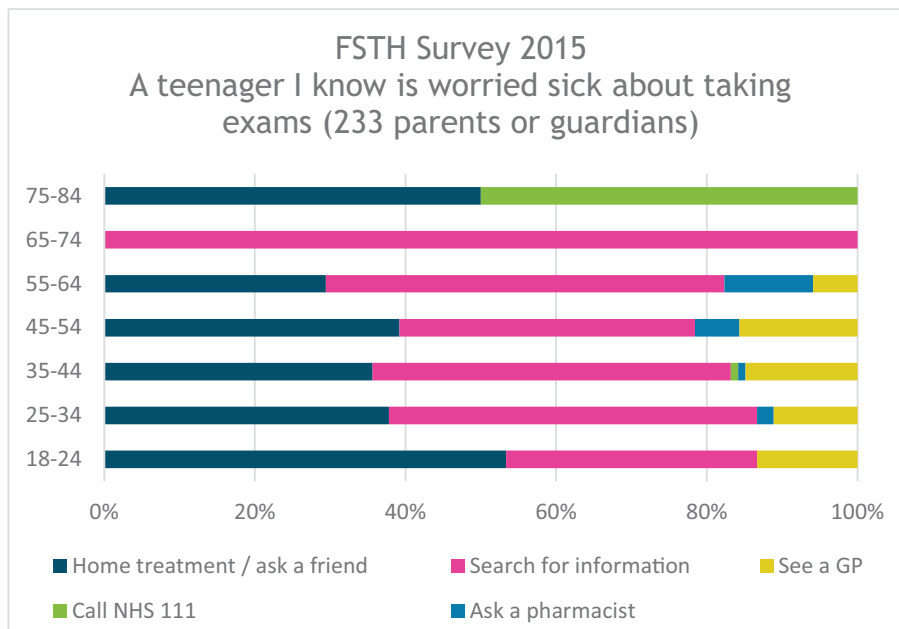


Figure 15 FSTH Question 3 - by age & parent or guardian

4.4 My relative is only 65 and seems more confused than usual

The majority of people’s first steps for this question were to call the doctor. A small number opted for home treatment, hardly any to consult a Pharmacist, with a few using the NHS 111 advice line (Figure 16).

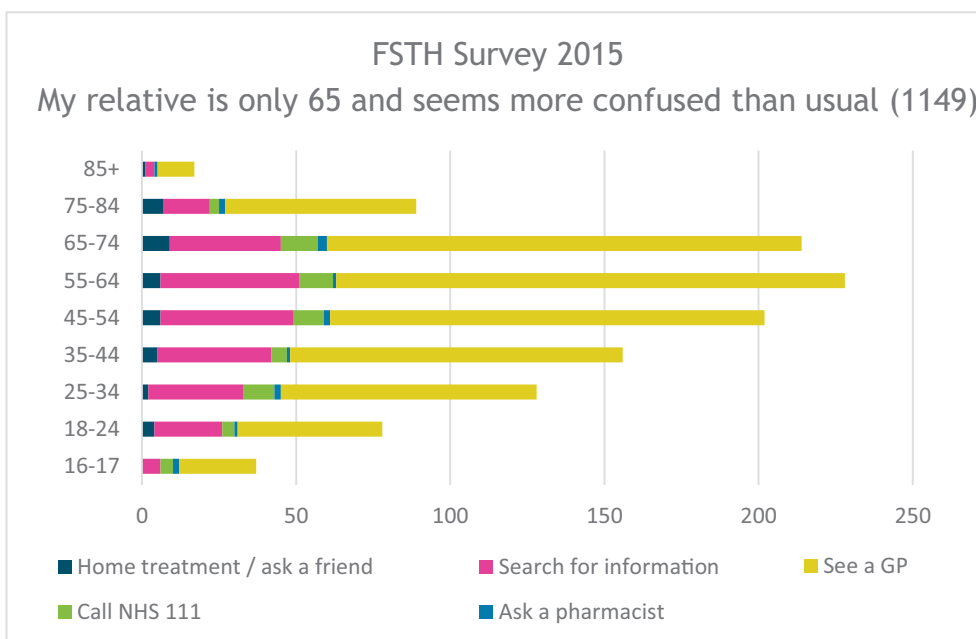


Figure 16 FSTH Question 4 - by age

4.5 My elderly friend is going to the toilet frequently

The majority of people’s first step for this question was to call the doctor, however a lot more people would ask the Pharmacist first, than for the previous question (Figure 17).

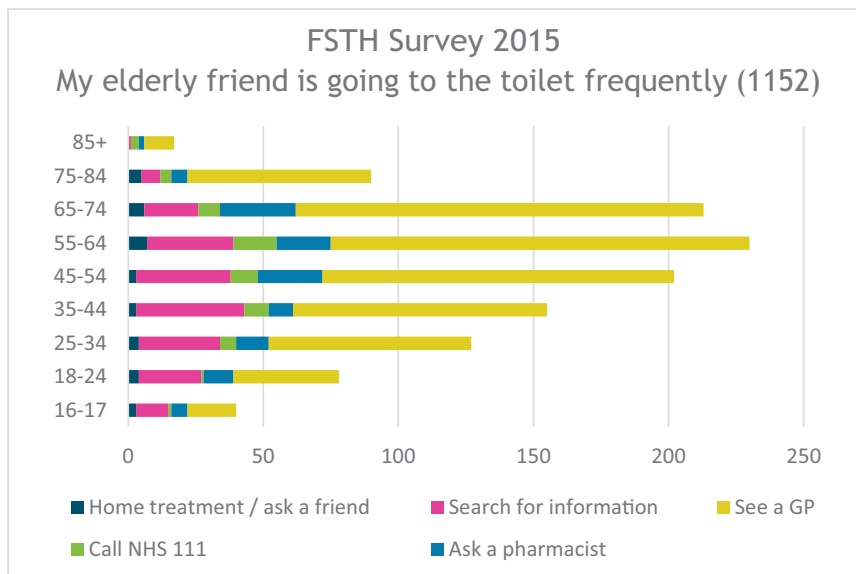


Figure 17 Question 5 - by age

4.6 I care for a family member and I am not sleeping well

This question was about the impact on carers own health of looking after another person. Nationally 21% of people defined themselves as unpaid carers in their 2011 census returns. (ONS 2013)

The First Steps to Health survey population was comparative with 18% or 209 people indicating that they were carers. Most provided unpaid care for up to 9 hours per week (47%) and most of them and the other carers were in the 55 - 64 year-old age bracket. 29% of the respondents provided care for over 50 hours per week right across the age ranges (Figure 18).

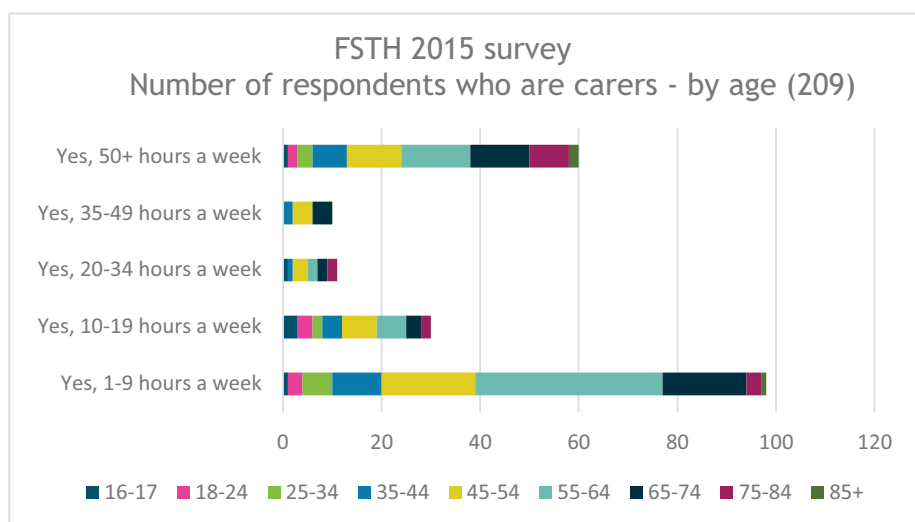


Figure 18 FSTH Carers - by hours spent caring per week and age

205 of these carers answered the question about what their first step would be, as a carer suffering from sleeplessness. Nearly half of carers who provide more than 50 hours care per week would not make a GP appointment (Figure 19).

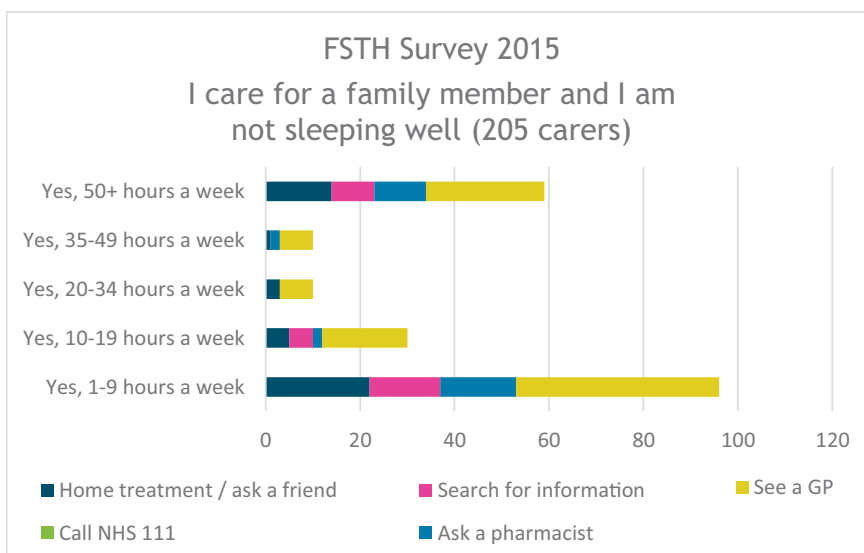


Figure 19 FSTH Question 6 - responses from carers by hours spent caring

The survey did not inquire of people how long they had been a carer, which would have some bearing on the responses to the question. Long-term carers may have been able to establish patterns and remedies for sleeplessness that new carers had not had the time to do.

A number of factors may make it difficult to make an appointment with a GP, these could include lack of respite for the cared for person, lack of knowledge of support services available or even issues around end of life care. None of the carers opted to call NHS 111.

4.7 My partner has had migraines for years and wants specialist help

The issue of who to go in order to arrange referrals is embedded in Question 7, as the GP could refer an individual on for specialist help if they needed it. 81% of people’s first steps would be to make an appointment with the GP.

Ten people chose to go for home treatments, a larger number (128) would search for information, 56 would approach the Pharmacist for advice and 21 would call NHS 111 (Figure 20).

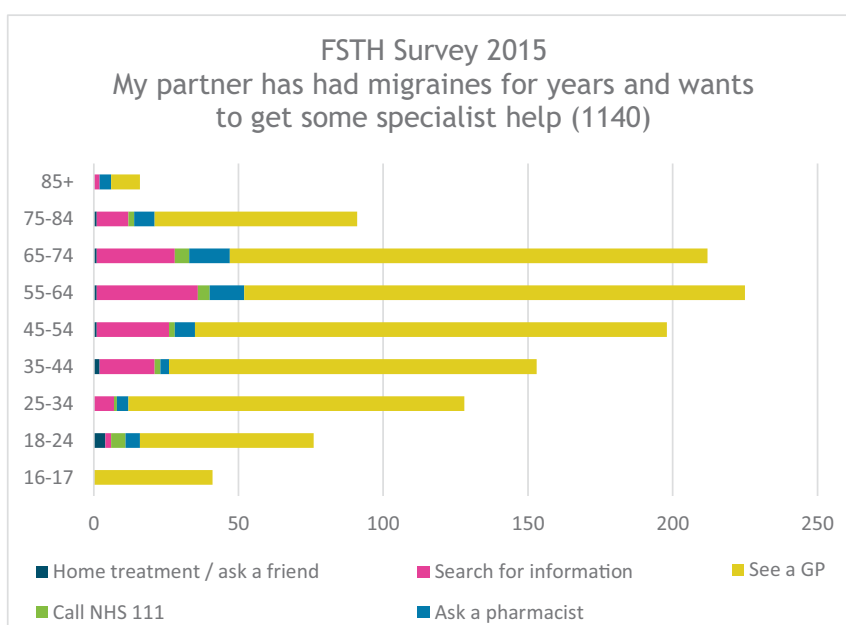


Figure 20 FSTH Question 7 - by age

4.8 My friend’s baby is sneezing a lot, what should I suggest?

The responses to this question reveal a strong trend towards getting advice (Figure 21). There are differences in the responses given by those people who are parents or guardians of a child and those that currently are not (Figure 22).

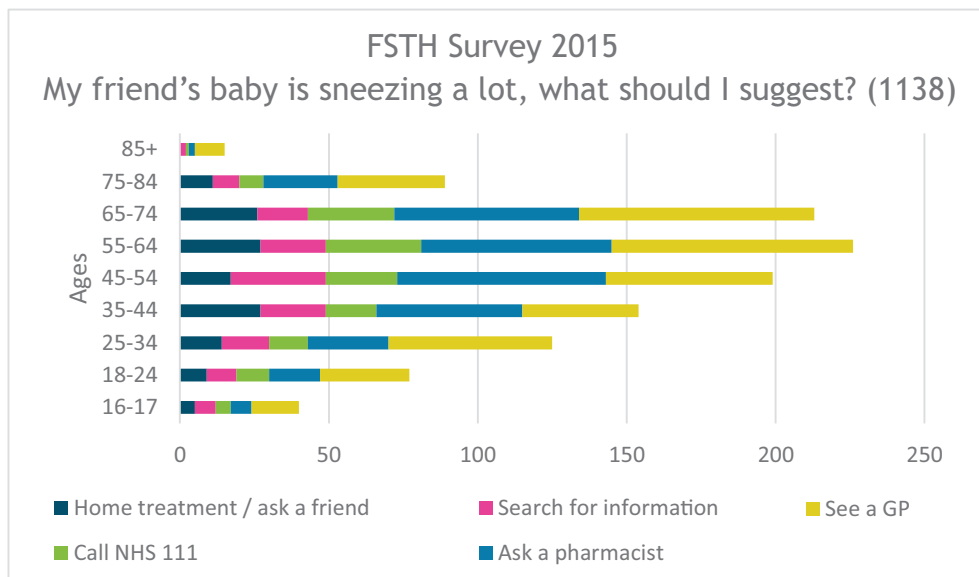


Figure 21 Question 8 - by age

People who are parents or guardians, presumably with more immediate experience of babies sneezing, are more likely to find a home treatment or look for information. A third of both groups chose to make a GP appointment. Parents or guardians were much less likely to call NHS 111.

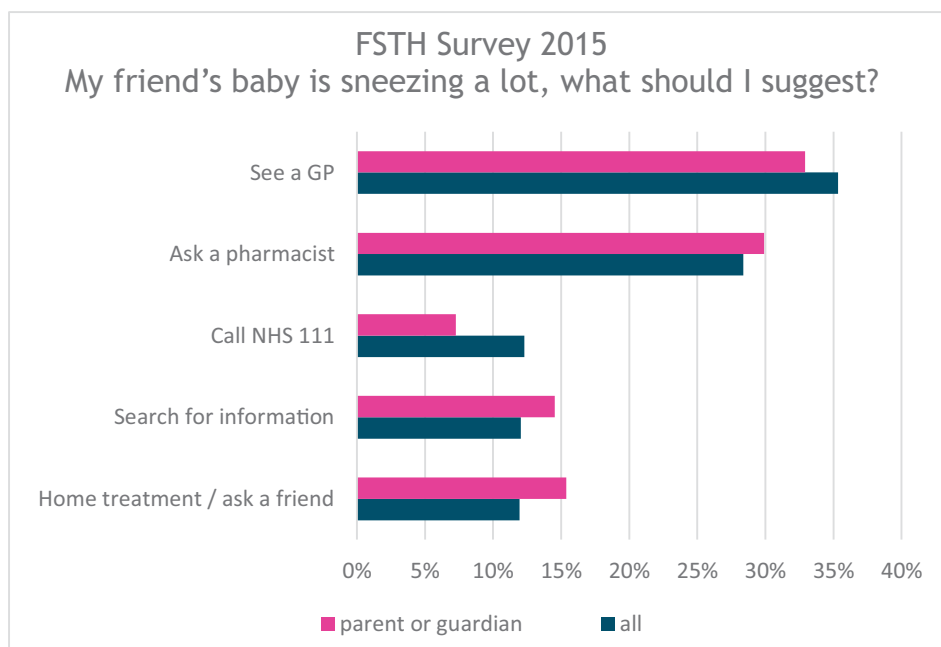


Figure 22 Question 8 - by parent of. all responses

5. Missing Voices

In this survey, Healthwatch Cambridgeshire worked hard to talk to people whose voices were missing from previous surveys. As well as gathering survey responses, individuals were able to feedback any comment they wanted on their experiences of their local GP services.

Comments given by people in the missing categories predominantly followed the trends of comments by the whole population. Satisfaction was relatively high with surgeries and doctors, with concerns being raised about getting appointments and delays at the surgery.

Some of the oldest patients were particularly unhappy where a telephone triage system was used in their practice and mistakes that had been made around their care (Figure 23).

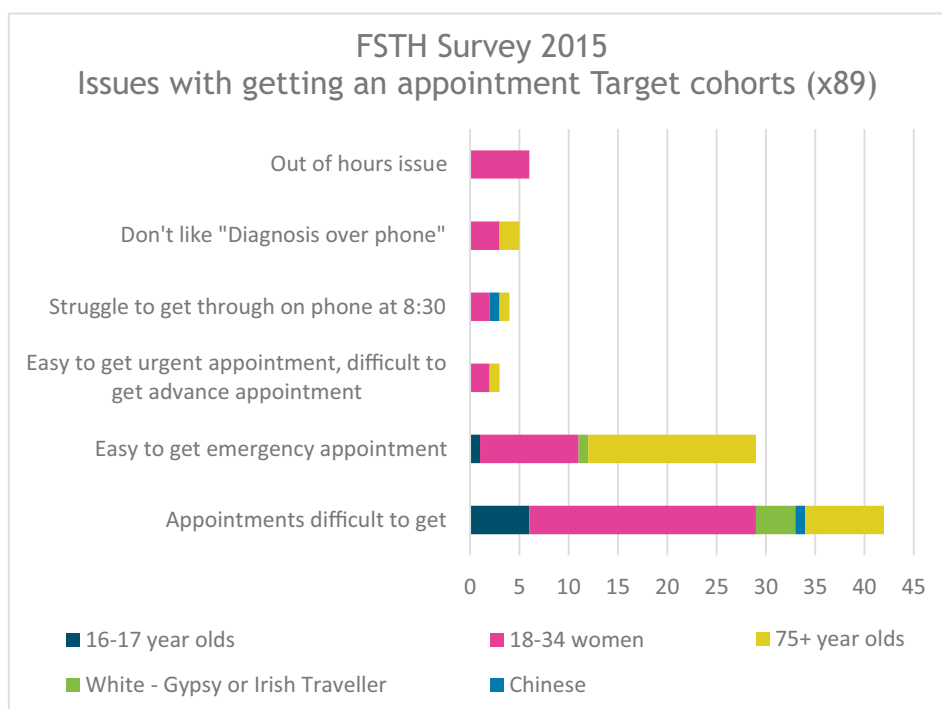


Figure 23 FSTH Target groups - all issues

5.1 Young people 16-17

Young people aged 16-17 years of age are not always asked about their attitudes to primary care and were excluded from the national GP patients' survey.

There were fourteen comments about GP surgeries left by young people aged 16-17 years of age (Figure 24). There was nothing significantly different to the feedback from adults, apart from one comment which said that the GP practice was "...quite a scary experience and it smells funny". This may relate to the fact that young people of this age may be visiting a GP surgery, possibly without parental support, as a relatively new experience.

Young people in Cambridgeshire also said

<i>"Receptionists are friendly and helpful."</i>
<i>"Can take a long time."</i>
<i>"Not able to get an appointment very easily."</i>
<i>"It's good that it is close and the doctor seems very competent."</i>
<i>"Me and my family members can normally see the GP relatively easy without much effort. There has been a couple of times where we have struggled and they usually don't make you wait for too long."</i>
<i>"I think the service from my surgery is slow"</i>
<i>"They always seem very busy. It's quite a scary experience and it smells funny."</i>
<i>"They are quick and efficient and very helpful"</i>
<i>"They can be slow but the reception team are fantastic"</i>
<i>"It is hard to get appointments and you need to call up as soon as the surgery opens to try and get an appointment."</i>

Figure 24 FSTH 16-17 year-old comments

5.2 Women 18-34

Women of the ages 18- 34, who use general practice services more than men of the same age, generally reported satisfaction with the care they received. However, they, like people in other populations groups, report problems getting appointments (Figure 25).

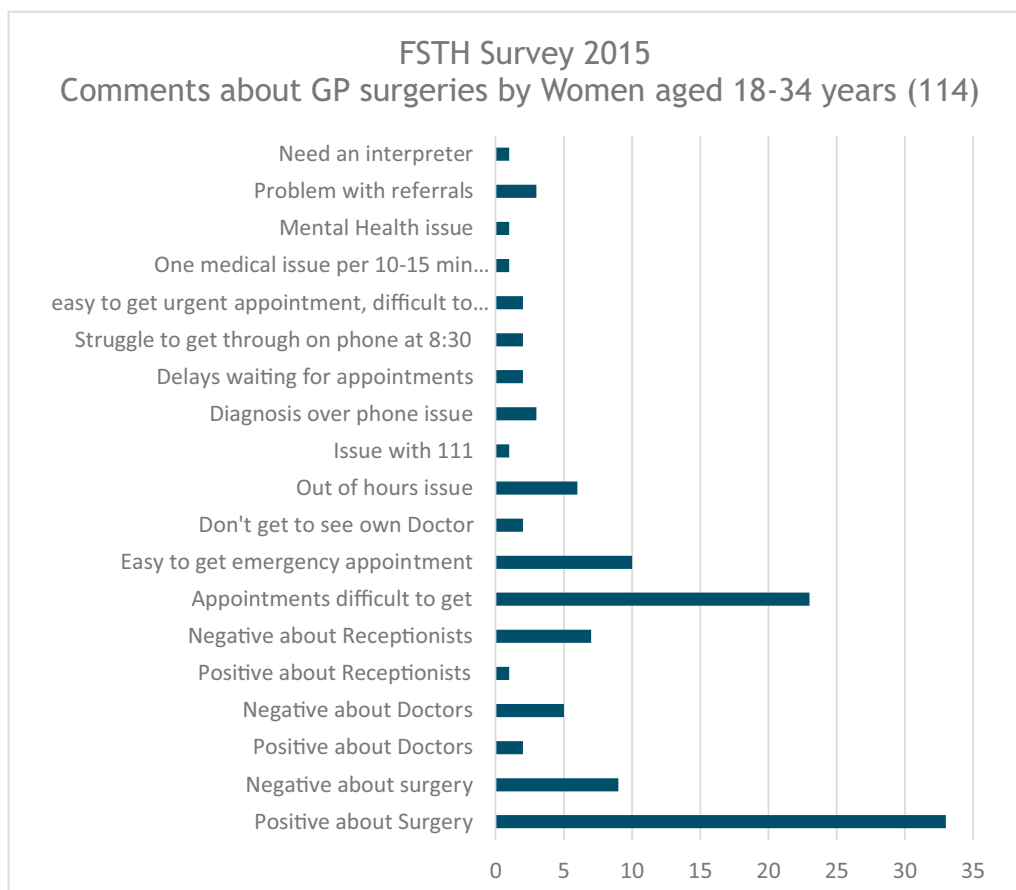


Figure 25 FSTH 18-34 year-old female comments summary

5.3 People aged 75+

109 people over the age of 75 years responded to the survey, leaving 79 comments. These were overwhelmingly positive, saying that they were happy with their surgery and it was relatively easy for them to get emergency appointments.

Two people made specific comments about their opinions and experiences of changes in how health services for older people are being commissioned and provided locally.

“My experience has been - the services for the elderly are too fragmented - the consultant or specialist says one thing - but you have to go back to the GP. You are just passed from pillar to post. The talk is of integration of health and social care. Health isn’t integrated with itself.”

“On the whole the surgery are efficient and helpful. However I am unhappy about the way they have allocated responsible doctor to the over 75s. I now have a name on my prescriptions and notes of a doctor I have never met. The surgery say it does not matter I can continue to see the doctor I have been seeing for years. But it worries me that in an emergency any queries to the surgery would be referred to a doctor who has just computerised records to inform not knowledge of the patient. I do not think this is what the legislation intended.”

5.4 White - Gypsy or Irish Traveller

According to the 2011 Census there were 1,508 people who identified themselves as “White - Gypsy or Irish Traveller”, of whom just 8 responded to the national patients’ GP survey. Nineteen people completed the First Steps to Health survey, leaving 14 comments (Figure 26).

The comments reflect the same issues that had been raised in the general population of being satisfied with the care provided by their GP surgery, tempered by complaints about delays.

Gypsies and Irish Travellers also said:

“Surgery is efficient, friendly and very good.”

“Surgery very good. Have been very supportive.”

“Surgery seems to be understaffed as I have had to wait 3 weeks for a doctor’s appointment and 2 weeks for a nurse appointment.”

“Lots of improvements but when locum in its not always easy to chase for hospital referrals.”

“Very slow and not useful.”

“I appreciate the care I received there.”

“We have a very good surgery which can usually give you an appointment on the same day. They mix their doctors - to allow a good choice between surgeries. We rate them highly.”

“GP surgery provides appropriate care and referrals to consultants. No complaints at present.”

Figure 26 White - Gypsy or Irish Traveller comments

5.5 Asian / Asian British - Chinese

One of the points of looking at missing voices is to examine whether their experiences and attitudes are different to the mainstream. 6 people who identify as “Asian/Asian British-Chinese” commented on the care they receive.

Whilst two were positive with one person saying “90% of doctors are always helpful”, one person described negative behaviour that they found to be racist:

“... the receptionists and nurses ... at my surgery should improve their attitude toward Asia patient. They treat them no as nice as others. They showed a cold face, and speak fast, when I want to ask questions, they just do not have patient to answer me.”

Whilst this is a very small sample, the difference to the general trend of comments for other population groups is demonstrable.

5.6 General concerns raised

There were twenty general concerns raised by people about the care they received. These have been summarised, anonymised and brought to the attention of NHS England, who commission these services.

These included concerns reported by some people about the accessibility of GP services for deaf and hearing impaired people, people who need an interpreter and people with mental health issues (Figure 27).

This was a particular issue in relation to the telephone triage system used by some practices for emergency appointments.

People made the following comments about access:

“Now is the new system you need to call first and speak to a doctor, but some people can’t speak fluent English and for them is not very useful.”

“I hate having to be asked whether it’s an emergency. How do you define emergency when it’s a mental health issue or you’re incredibly uncomfortable? It’s subjective. There have been times where I’ve really felt it important that I see a doctor but haven’t felt comfortable or confident enough to say that my situation was an emergency.”

“I find it difficult to get appointments. I had a routine blood test a month ago but cannot get the results as was told to phone (I can’t phone as deaf) so called in person but was told again to phone so gave up.”

“If you will have emergency appointment the GP will not provide the interpreter and for some people it’s not good? (not sure) the GP can’t help them in the best way.”

“Difficult to get an emergency appointment and also no interpreter support.”

Figure 27 Comments about access issues

6. Discussion

Cambridgeshire and Peterborough Clinical Commissioning Group undertook a survey in 2014 reporting on a survey of attitudes to urgent care, in which 973 people participated. The First Steps to Health survey into primary care has been able to reflect further on some of the results that were highlighted in the urgent care survey.

In the urgent care survey it was recorded that 95% of respondents would be happy to see a GP, pharmacist, or walk-in centre staff for minor injuries or illnesses, rather than attending Accident and Emergency Departments. In the urgent care survey people were asked to select an option for what they would do if they had a cough or cold. Likewise in the First Steps to Health survey, people were asked what they would do if they thought they had a cold or flu.

The differences in the answers is partly based on the options that were available for selection, but the difference between those selecting an appointment with a GP, asking a Pharmacist or calling 111 are notable (Figure 28).

FSTH survey 2015		Urgent Care survey 2014	
I am not sure if I have a cold or the flu?		Illness or injury - coughs/ cold	
Home treatment / ask a friend	73%		
Search for information	9%		
Call NHS 111	1%	Call NHS 111	6%
Ask a pharmacist	10%	Ask a pharmacist	34%
See a GP	6%	See a GP	39%
		out of hours	8%
		Walk-in Centre	8%
		A&E	5%

Figure 28 FSTH & Urgent Care surveys - cough or cold response

Despite 68% people in the urgent care survey said they knew that the NHS 111 service was a free 24 hour, seven day a week service, few opted to use it in respect of the questions examined above.

The sample numbers for both surveys were comparable; 973 for the urgent care survey and 1,180 for the First Steps to Health survey, but their response to a broadly similar question was very different because of the options available. In the urgent care survey the emphasis had been on looking the alternatives to A&E Departments, but the emphasis in the First Steps to Health survey was on what alternatives people had to GP surgeries.

Overall the contrast between what people reported as their awareness of NHS 111 service and they chose to use it is striking. It appears that they were more likely to use it in the case of emergencies than for the scenarios posed in the First Steps to Health survey (Figure 29).

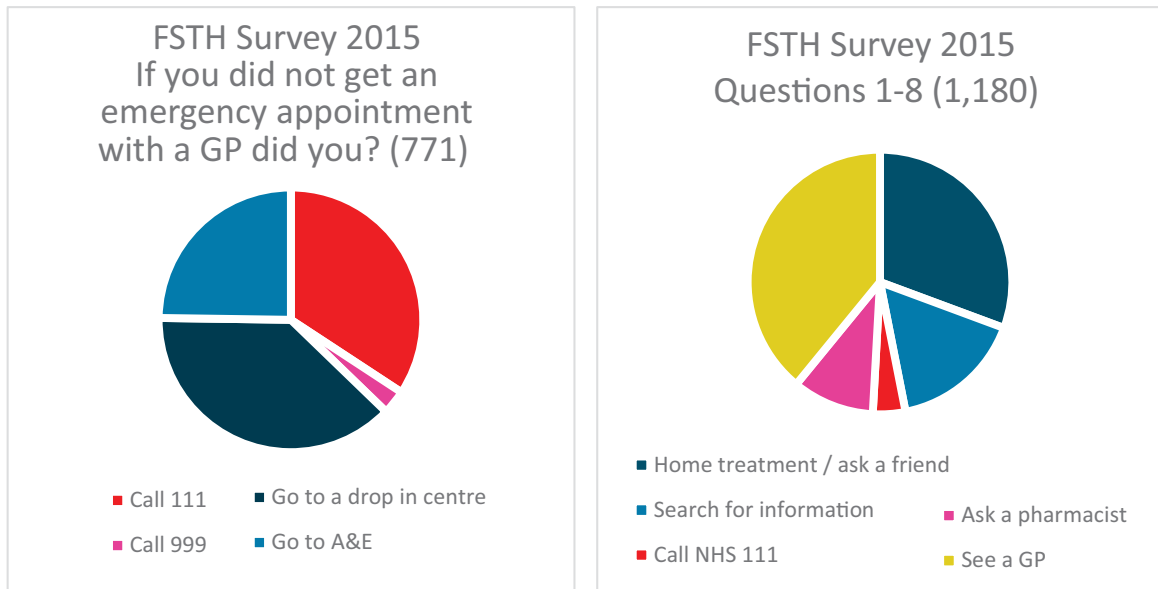


Figure 29 FSTH Question 11a and FSTH responses to Questions 1-8

In the GP National Survey - National Summary Report for NHS from January 2015 (Ipsos MORI 2015) a question about what people do if they could not get an appointment was asked. Comparing the national survey data to the Cambridgeshire data it would appear that, if it was not possible to get an appointment, twice as many people in Cambridgeshire are likely to call someone for a consultation than go straight to A&E departments (Figure 30).

This is hardly a direct comparison as the question and the options were not the same, but the comparison shows a third fewer people went straight to A&E, because of taking other options.

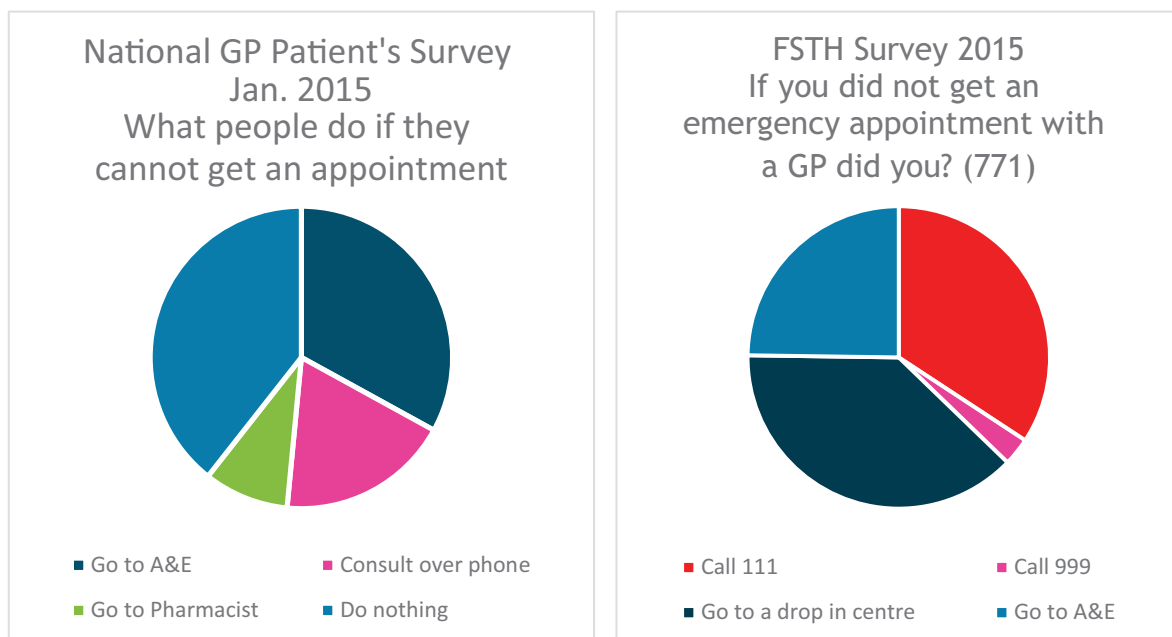


Figure 30 National GP patient and FSTH surveys - comparison

The national survey asked people about their overall experience of their GP surgery and whether receptionists were helpful. 85% said their experience of their GP surgery was good; 89% of Cambridgeshire respondents who made comments were positive about their GP surgery (Figure 31).

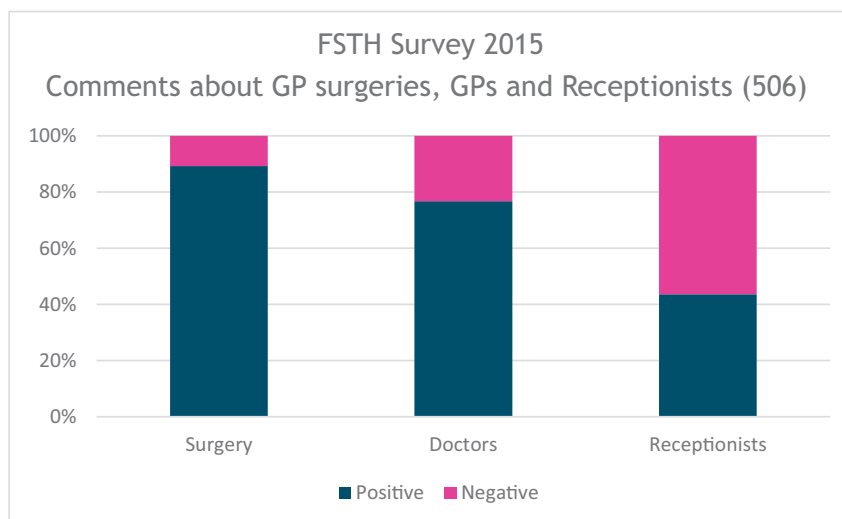


Figure 31 FSTH comments on surgery, doctors and receptionists

The national survey asked people if they found their Receptionists helpful, to which 86.9% said yes, with only 115 saying that they found their Receptionists to be unhelpful. By contrast the Cambridgeshire respondents that made comments about their first point of contact within a surgery, were only 44% positive.

It is concerning that so few people who commented related a positive experience, however it is important to note that some of these frustrations are also likely to be related to operational issues than the direct behaviour of front line staff. For example, a number of people expressed dissatisfaction where a telephone triage system for booking GP appointments, was in operation at their practice (Appendix E).

This system involves patients calling the surgery in the morning and relaying their symptoms or reasons to see the GP to front line staff, who in turn consults the GP whether they should be given an appointment. Sometimes the GP calls the patient back and the matter is dealt with over the phone or further information is gathered and an appointment is arranged. Most people (of all ages) thought that the Receptionist made the decision about who gets an emergency appointment (Figure 32).

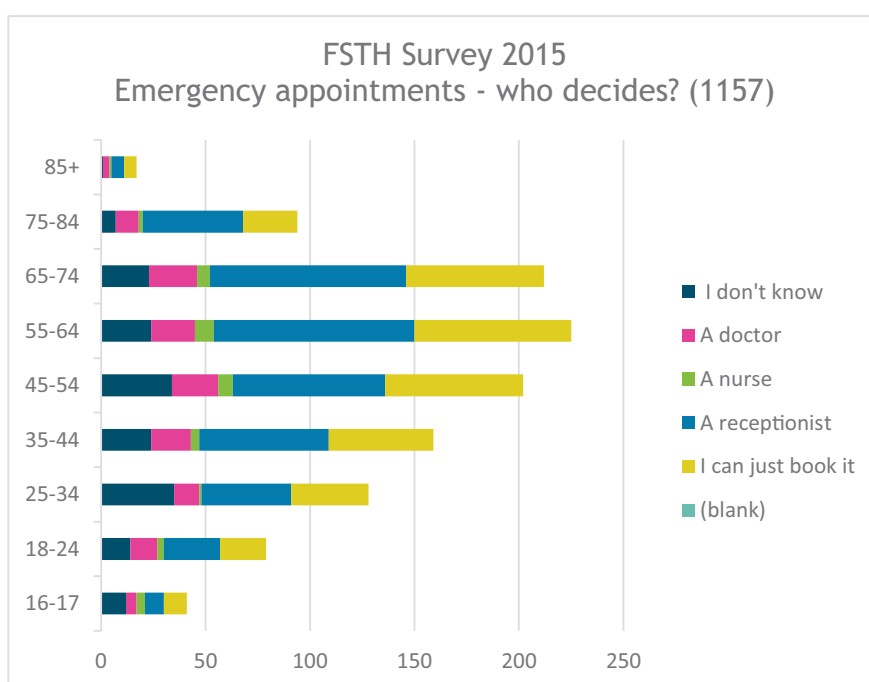


Figure 32 FSTH Question 11 - by age

However almost an equal number of people commented that it was as easy to get an emergency appointment as a regular appointment. There were a few who commented that they felt that it was now easier to get an emergency appointment than one planned in advance (Figure 33).

This was echoed by the results of the national survey which found that 85.4% were able to get an appointment to see or speak to someone, but around 12.6% had to call back closer to, or on the day of the appointment to achieve this.

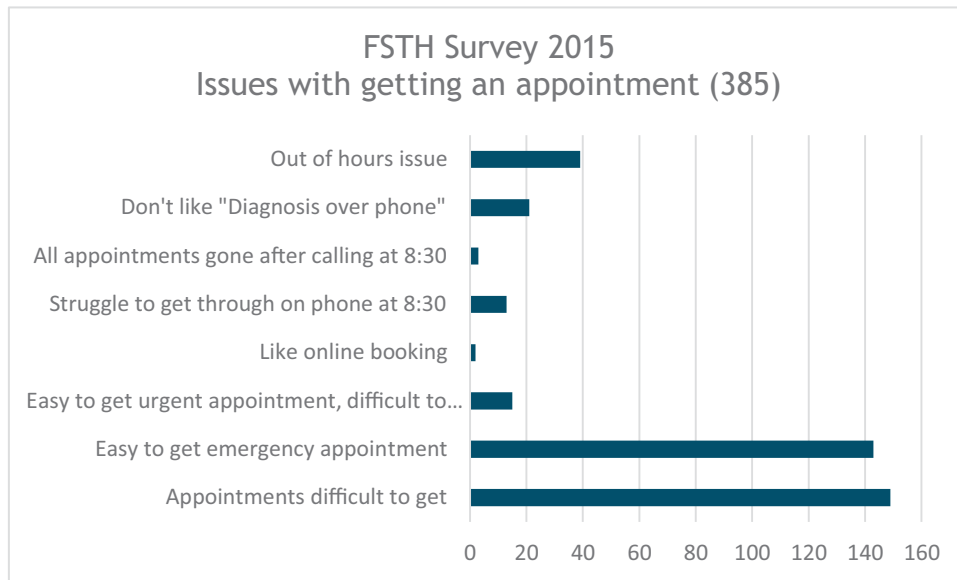


Figure 33 Comments about getting an appointment

A few people made comments about not being able to talk to their preferred GP. Nationally 60% people reported that they were able to speak to their preferred doctor always or most of the time. As this was not a specific question on the First Steps to Health survey, the comments in Figure 33 may come from the 40% people who said they were unable to speak to their own doctor (Figure 34).

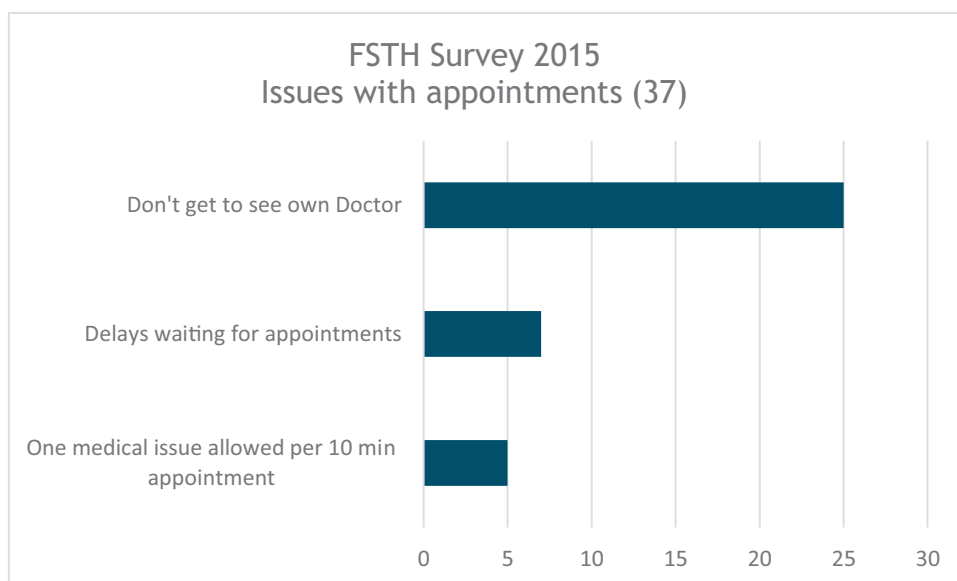


Figure 34 FSTH Comments about appointments

7. Summary and Recommendations

The First Steps to Health survey was designed to investigate attitudes to non-emergency care in Cambridgeshire. It targeted responses from some patient groups, who did not appear to be represented in the last Ipsos MORI annual GP patients' survey. The survey wanted to find out if people have enough information to make a relevant choice for non-emergency medical problems, and whether they have access to non-urgent medical care when and where they need it.

Responses to the survey showed that people feel they can manage without medical advice on some health issues but not others. For each of the questions, there were people whose first step would be to ask for a GP appointment. Whilst individuals' comments showed an awareness of the pressures on resources and the impact on access to GP services, many people are not necessarily using their Pharmacy, NHS 111 or other sources of information instead.

Pharmacists were often consulted for physical health issues but not for mental health issues. Not many of the respondents opted to call NHS 111 for help for the scenarios illustrated, although many reported previously using NHS 111.

Responses from individuals in the targeted missing voices groups were mostly in line with the responses from other sections of the community.

Most people are positive about their experiences of using their GP surgeries, although a significant number of people commented on negative experiences with front line staff. This is a concern to Healthwatch Cambridgeshire, although it is recognised that some of these will be related to operational issues within the practice rather than the behaviour of individual staff members.

Some people reported concerns about the accessibility of GP services for deaf and hearing impaired people, people whose first language is not English and need an interpreter and some people with mental health problems. This was a particular issue in relation to the telephone triage system used by some practices for emergency appointments.

Many elements of the First Steps to Health survey reiterated both the satisfaction levels and concerns that have been recently expressed by clinicians, MPs and in the national GP patient survey. However, there were differences that are worth noting. Patients were generally more positive about their surgeries than nationally and less positive about front line staff than nationally. Whilst there was evidence that people in Cambridgeshire were not using NHS 111 advice line for general inquiries they were more likely to use it in emergencies and as a result were less likely to attend A&E departments.

Recommendations for GP practices

1. Where telephone triage is used, guidance should be provided to patients on how this works. Alternatives should be made available to people who cannot easily use the telephone.
2. Reception staff should receive training in mental health awareness and helping people with additional communication needs.
3. Patients with additional communication needs should be informed how their interpretation needs will be met for both routine and urgent appointments.

Recommendations for Cambridgeshire & Peterborough CCG and NHS England

1. Patients should be easily able to find out about alternative services such as NHS 111 and local pharmacy services. Targeted advertising to certain client groups such as carers should be considered, in conjunction with groups which represent carers.
2. There should be more information available about how young people can get support with mental health issues, using expertise of groups in contact with young people.

References

- Health and Social Care Information Centre, 2009, Trends in Consultation Rates in General Practice - 1995-2009
- Ipsos MORI, 2015, GP National Survey - National Summary Report for NHS
- Madden, K, 2013 "School stress to blame for student depression" Times Education Supplement, 5 July 2013 <https://www.tes.co.uk/article.aspx?storycode=6342512>
- Michie, Stralen & West, 2011, "The behaviour change wheel: A new method for characterising and designing behaviour change interventions", Implementation Science 2011, 6:42
- NHS London, 2014, A Commissioner's guide to primary care mental health, London Strategic Clinical Networks
- Nuffield Trust, 2014, "Is General Practice in Crisis?", Policy Briefing 1, Nov 2014
- ONS, 2013, 2011 Census - unpaid care snapshot: <http://www.ons.gov.uk/ons/guide-method/census/2011/carers-week/index.html> -extracted 31/2/15
- Royal College of General Practitioners, 2013, Put patients first: Back general practice

Researcher

Jez Reeve was employed by Healthwatch Cambridgeshire specifically to undertake this research. Her experience of analytical research and community engagement covers 3 decades. She regularly acts as panel member on national research committees.

Appendices

Appendix A: GP Practices in Cambridgeshire

Appendix B: First Steps to Health Survey form

Appendix C: Survey distribution

Appendix D: Responses by GP Practice and LCG

Appendix E: Comments about phone triage system of getting an appointment

Appendix A GP Practices in Cambridgeshire

Practice Name	Practice ODS Code	Including
Acorn Practice, Huntingdon	D81633	
Alconbury & Brampton Surgeries	D81004	
Almond Road Surgery, St Neots	D81082	
Arbury Road Surgery	D81016	
Bottisham Medical Practice	D81055	
Bourn Surgery	D81041	
Bridge Street Medical Centre	D81037	
Buckden and Little Paxton Surgeries	D81045	
Burwell Surgery	D81051	
Cathedral Medical Centre, Ely	Y00185	
Cambridge Access Surgery	Y00056	
Cedar House Practice, St Neots	D81057	
Charles Hicks Centre	D81050	Roman Gate Surgery
Cherry Hinton and Brookfields Medical Practice	D81025	
Church Street Health Centre, Somersham	D81040	
Clarkson Surgery, Wisbech	D81011	
Comberton & Eversden Surgery	D81035	
Cornford House Surgery	D81012	
Cottenham Surgery	D81602	
Cromwell Place Medical Practice	D81030	
Doddington Medical Centre	D81071	
East Barnwell Health Centre	D81086	
Eaton Socon Health Centre	D81032	
Firs House Surgery, Histon & Cottenham	D81028	
George Clare Surgery, Chatteris	D81061	
Great Staughton Surgery	D81081	
Haddenham Surgery	D81062	
Harston Surgery	D81058	
Huntingdon Road Surgery	D81002	
Jenner Health Centre	D81039	
Kimbolton Medical Centre	D81038	
Lensfield Medical Practice	D81001	
Linton Health Centre	D81048	
Manea Surgery	D81611	
Maple Surgery	D81078	
Mercheford House, March	D81064	
Mill Road Surgery	D81017	

Milton Surgery	D81612	
Moat House Surgery, Warboys	D81060	
Monkfield Medical Practice, Cambourne	D81637	
New Queen Street Surgery	D81046	
Newnham Walk Surgery	D81005	
North Brink Surgery, Wisbech	D81008	
Northcote House Surgery, St Ives	D81074	
Nuffield Road Medical Centre	D81044	
Orchard Surgery, Melbourn	D81018	
Over Surgery	D81033	
Papworth Surgery	D81085	
Parkhall Surgery, Somersham	D81619	
Parson Drove Surgery	D81015	
Petersfield Medical Practice	D81056	Staff Health, Addenbrookes
Priors Field Surgery, Sutton	D81036	
Priory Fields Surgery, Huntingdon	D81010	
Queen Edith Medical Practice	D81066	
Rainbow Surgery, Ramsey	D81087	
Ramsey Health Centre	D81059	
Red House Surgery	D81054	University Medical Centre ARU
Sawston Medical Practice	D81043	
Shelford Medical Practice	D81009	
Spinney Surgery, St Ives	D81049	
St George's Medical Centre, Littleport	D81021	
St Mary's Surgery, Ely	D81034	
St Neots Health Centre	Y02769	
Staploe Medical Centre, Soham	D81014	
Swavesey Surgery	D81607	
The Cornerstone Practice, March	D81052	
The Old Telephone Exchange Surgery	D81623	
The Orchard Surgery, St Ives	D81606	
The Riverside Practice, March	D81603	
Trinity Surgery, Wisbech	D81622	
Trumpington Street Medical Practice	D81013	
Waterbeach Surgery	D81042	
Wellside Surgery, Sawtry	D81027	
Willingham Medical Practice	D81084	
Woodlands Surgery	D81070	
Yaxley Group Practice	D81031	
York Street Medical Practice	D81003	



healthwatch
Cambridgeshire

First Steps to Health



What's the first step you take if you are worried about a health issue?

We want to find out about the first thing you would do to solve different health issues in this 2 minute survey.

We all solve things in different ways. Knowing what you do can help our local GP Practices and the people who make decisions about local health services plan better care for everyone. **Thank you!**

This survey will run to 28th February 2015.
A report will be published in April 2015 and available from our website or our office.

What would you do? Please tick one box for each question.**1. I am not sure if I have a cold or the flu.**

- Home treatment/ask a friend Search for information Call NHS 111
 Ask a pharmacist See a GP

2. My friend has cut a finger whilst preparing vegetables.

- Home treatment/ask a friend Search for information Call NHS 111
 Ask a pharmacist See a GP

3. A teenager I know is worried sick about taking exams.

- Home treatment/ask a friend Search for information Call NHS 111
 Ask a pharmacist See a GP

4. My relative is only 65 and seems more confused than usual.

- Home treatment/ask a friend Search for information Call NHS 111
 Ask a pharmacist See a GP

5. My elderly friend is going to the toilet frequently.

- Home treatment/ask a friend Search for information Call NHS 111
 Ask a pharmacist See a GP

6. I care for a family member and I am not sleeping well.

- Home treatment/ask a friend Search for information Call NHS 111
 Ask a pharmacist See a GP

7. My partner has had migraines for years and wants to get some specialist help.

- Home treatment/ask a friend Search for information Call NHS 111
 Ask a pharmacist See a GP

8. My friend's baby is sneezing a lot, what should I suggest?

- Home treatment/ask a friend Search for information Call NHS 111
 Ask a pharmacist See a GP

9. Have you ever called NHS 111?

Yes No

If yes, was it useful?

Very useful A little useful Not useful

10. Have you ever asked your Pharmacist for advice?

Yes No

If yes, was it useful?

Very useful A little useful Not useful

11. If you need an emergency appointment at your GP Surgery, who makes that decision?

A doctor A nurse A receptionist
 I can just book it I don't know

11a. If you did not get an emergency appointment at the GP surgery, did you?

Go to a Drop-in Centre Call 111 Call 999 Go to A&E

11b. Do you have any comments to share about your GP surgery? write here:

Please return your completed questionnaire to:

**Freepost RTHA-RTYE-SATT, Healthwatch Cambridgeshire,
Maple Centre, 6 Oak Drive, Huntingdon, PE29 7HN.**

Call us on **01480 420628** if you need help filling in this form.

You can also complete it online at: www.healthwatchcambridgeshire.co.uk

About Healthwatch Cambridgeshire

We help people have their say on local health and social care services by linking them to the organisations buying and providing care. We find out about people's experiences with local care services and share that information with the people who make decisions; pointing out the good and helping to improve care where it is needed.

We work with individuals and organisations to understand people's care needs, to make it as easy as possible to get the right service by providing Information & Signposting.

Please turn over and fill in the last page; it is really important for us!



Some questions about you

These questions will help us to see how opinions vary between different groups of people. It is completely confidential.

1. Are you male or female?

- Male Female

2. How old are you?

- 16-17 55-64
 18-24 65-74
 25-34 75-84
 35-44 85+
 45-54

3. What is your ethnic group?

White

- English/Welsh/Scottish/ N. Irish/ British
 Irish
 Gypsy or Irish Traveller
 Other white background - *write in box below*

Mixed/multiple ethnic groups

- Black Caribbean and White
 Black African and White
 Asian and White
 Other mixed background - *write in box below*

Asian/Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Other Asian background - *write in box below*

Black/African/Caribbean/Black British

- African
 Caribbean
 Other Black background - *write in box below*

Other ethnic group

- Arab
 Any other ethnic group - *write in box below*

Your ethnic group (if not listed above)

4. Are you the parent or legal guardian for any children aged under 16 living in your home?

- Yes No

5. Which of these best describes what you are doing at present?

(Tick the main ONE only)

- Full-time work
(30 hours or more each week)
 Part-time work
(under 30 hours or more each week)
 Full-time education
 Unemployed
 Permanently sick or disabled
 Fully retired from work
 Looking after the home
 Doing something else

6. Do you look after or support anyone else (unpaid)?

- No
 Yes, 1-9 hours a week
 Yes, 10-19 hours a week
 Yes, 20-34 hours a week
 Yes, 35-49 hours a week
 Yes, 50+ hours a week

7. Which of these best describes how you think of yourself?

- Heterosexual/straight
 Gay/Lesbian
 Bisexual
 Other
 I would prefer not to say

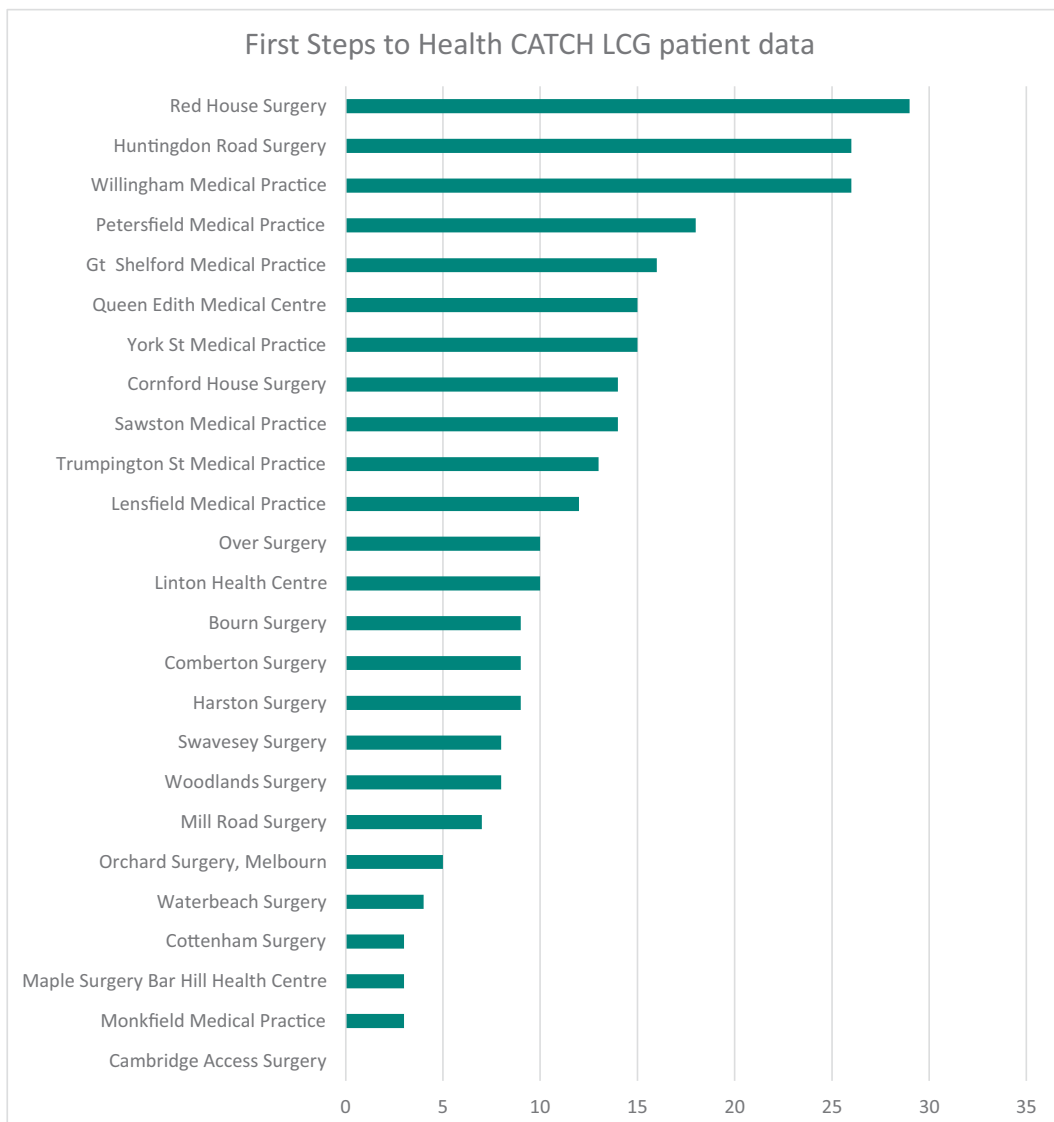
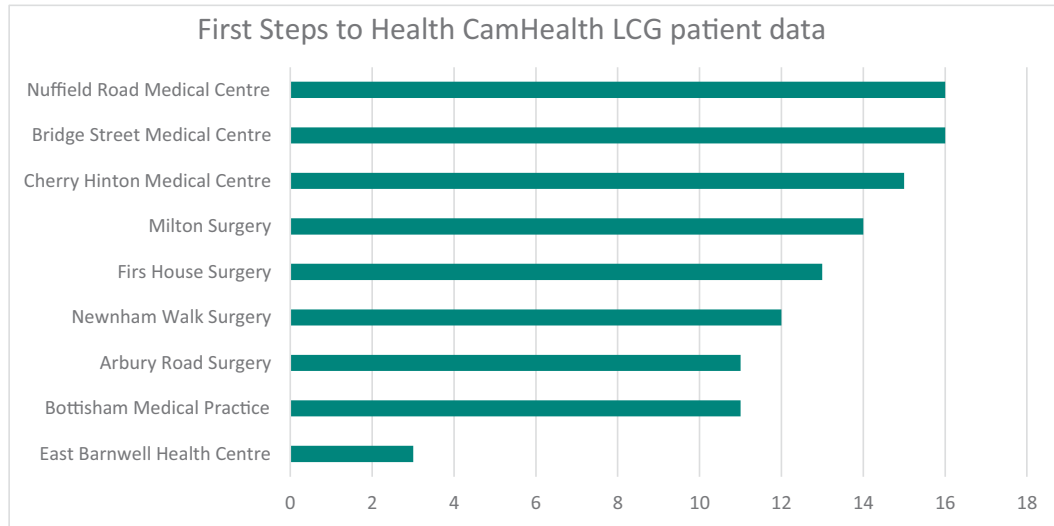
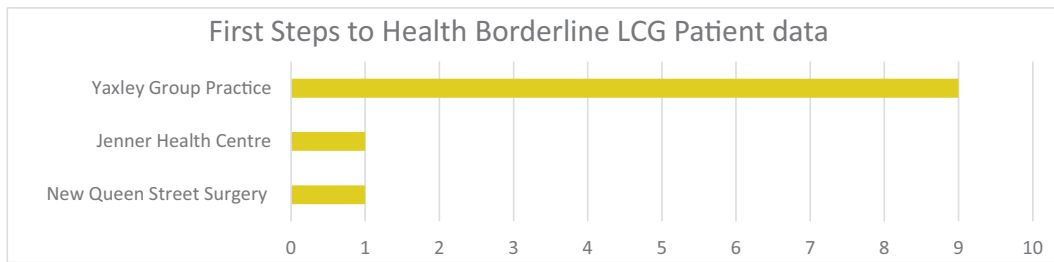
8. Which GP Practice do you normally go to?

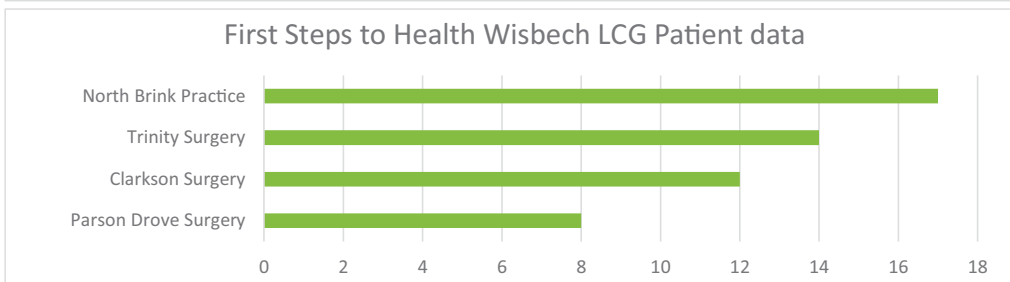
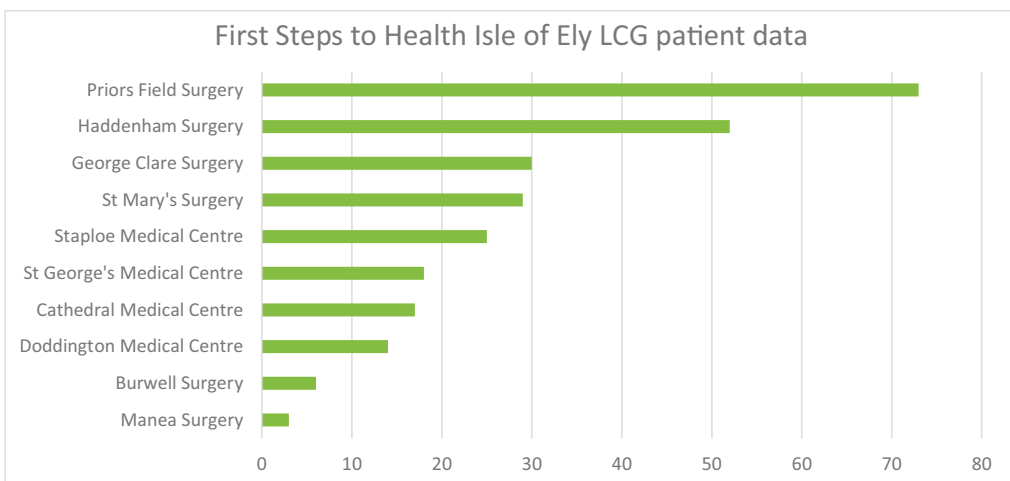
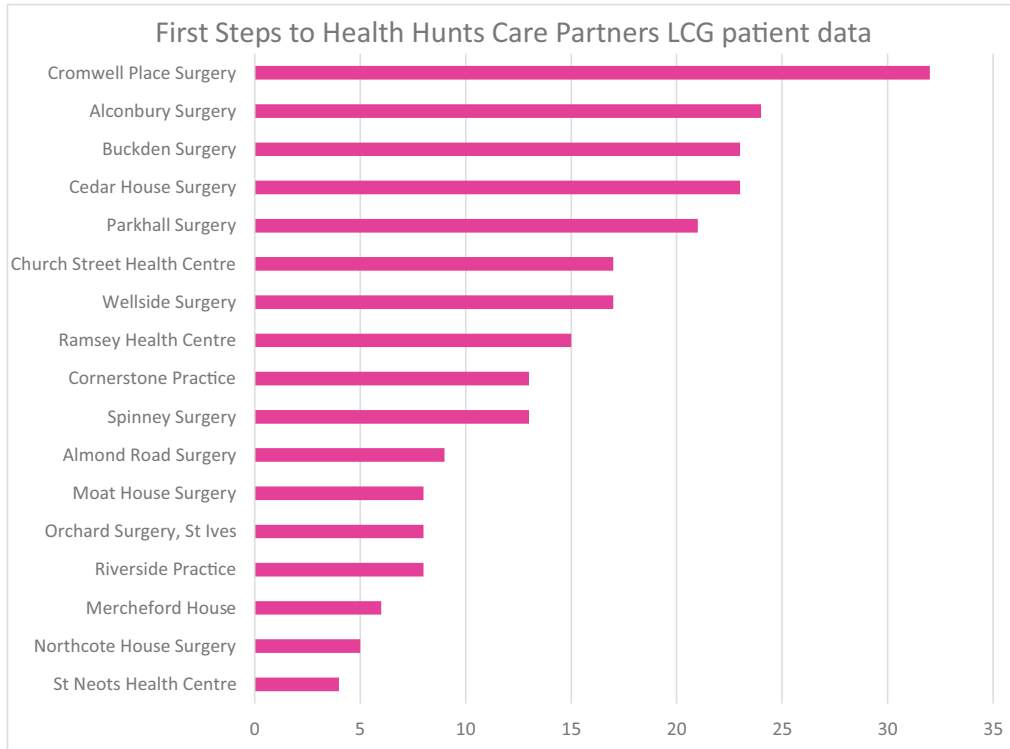
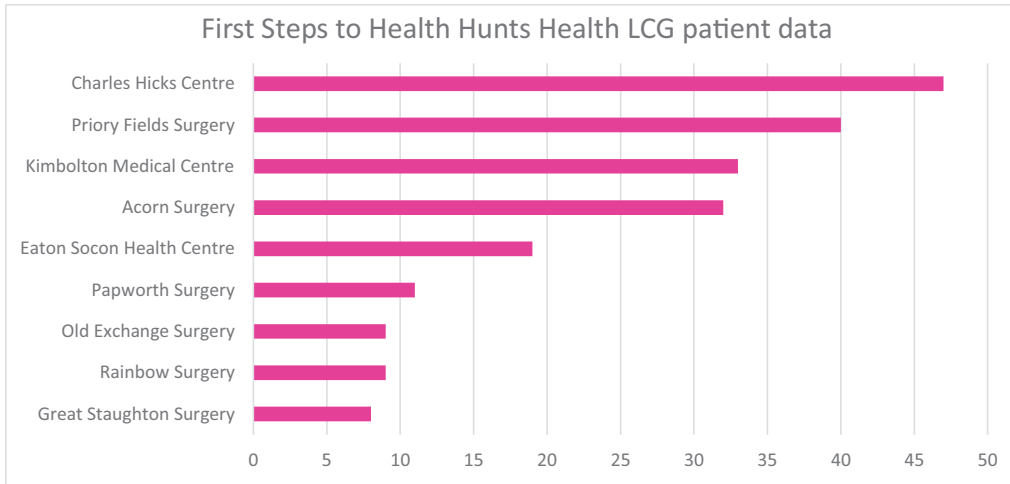
Appendix C Survey distribution

Email contacts	
2000	Paper copies distributed
86	Individuals on consultation network
35	Voluntary and Community sector (VCS) groups approached directly, 10 of which are networks of other VCS groups
47	Practice Managers or Patient and Participation Group contacts approached by email and asked to distribute. 4 deleted without opening the email and 5 replied offering help
7	Local Commissioning Groups approached by email - Isle of Ely and CATCH circulated survey
29	VCS and other contacts for Cambridgeshire Celebrates Age asked to help
24	Healthwatch Cambridgeshire other contacts
Website and newsletter promotions	
3 Community & Voluntary Service (CVS) organisations distributed through newsletters and website (CCVS, Hunts Forum, VCAEC)	
Children’s Centres	
Youthoria	
Voicability	
Wellbeing East	
Cambridgeshire Hearing Help	
Voyces	
HWC - news bulletins, Facebook campaign, Twitter, Website, online survey	

Meetings with target groups and others		
25/01/2015	SisterAct	Event - personal notice
28/01/2015	Hinchingbrooke	stand
30/01/2015	Pinpoint	stand
09/02/2015	Addenbrookes	stand
16/02/2015	Princess of Wales	stand
16/02/2015	Pilates/Zumba class	Personal request and collection box
17/02/2015	Haddenham Day Centre	Discussion and help
23/02/2015	Healthwatch Cambridgeshire consultation event	Event - personal notice
19/02/2015	Somersham Time Bank	Discussion and help
24/02/2015	Doddington Hospital	stand
25/02/2015	Meet the Talent Anglia Ruskin University event	stand
27/02/2015	Haddenham Pharmacy	Personal request and collection box
28/02/2015	Community Fair-Volunteering	stand
04/03/2015	Adult Young Carers Group	Discussion and help
08/03/2015	Women of the World event, Cambridge	stand

Appendix D Responses by GP Practice and LCG





Appendix E Comments about phone triage system of getting an appointment

We are all for saving money, why then when I phone to make an appointment, the receptionist wants to know what for, the gets a doctor to phone me to ask the same question, to then say , make an appointment, or I will make an appointment for you.

The receptionist can sometimes ask questions that are too personal and should only be asked by the doctor. The surgery also doesn't notify you when the doctor that you have been seeing consistently for a pro-longed condition leaves.

The biggest problem is feeling somewhat forced to discuss symptoms, or give details of a problem to a medically untrained receptionist, before they deem whether it is necessary to pass me on to receive a call from a Doctor, who then decides if I need to make an appointment to see them

Receptionists often make the decision about whether you get a GP appointment. As someone with more medical knowledge than the GP, this concerns me. Once I couldn't get a GP appointment, the receptionist insisted it could only be with a nurse because it was something a nurse could deal with (even though I knew in this instance it couldn't and tried to explain that). I ended up seeing the nurse, explained to the nurse who got me seen by a GP, for the reasons I had originally explained to the receptionist.

No longer patient friendly. Phone systems clogged up. Phone triaging unfriendly. Too many people, not enough GPs.

It is very difficult to get an appointment. One needs to phone by 8.30 a.m. to get same day appointment (if need is urgent) - luck of the draw!! Otherwise it can take several tries of phoning at 8.30 a.m. before a time and date finally comes up.

... I have found GP receptionist, not at my own, usually has no medical training, however they constantly want personal medical information which they have no need to know. (Under Caldicott guidelines)

I really do resent having to give out personal details about why I need to see a doctor to the receptionist. I do understand the limited capacities of doctors and that often a nurse is able to resolve minor ailments and try to make that assessment myself, if I want to see a doctor then I want to see a doctor!

I do not like having to explain my ailment/problem to the receptionist before I am given an appointment.

Difficult to discuss with receptionist how important/urgent the appointment is. Depends on medical history.

It is frustrating that you have to tell the receptionist your problem! Why does such a big surgery shut the reception at lunchtime? It seems ludicrous when you are trying to provide a service that fits in with working people, i.e. early/late appointments.

I personally had a false diagnosis. I was given 'bed rest' for a cold. As it turns out I then got admitted to A&E with a new diagnosis of pneumonia.

System regarding appointments is changing. More telephone advice which is not good for me with a cochlear implant and the need to talk face to face.

It is almost impossible to get emergency appointment on the day. Receptionist decides if you see doctor or nurse, you see nurse and she says you have to see doctor. Frustrating and time consuming!

The surgery has run well for years. Now they have gone to phoning and speaking to a receptionist, then they phone you back. A waste of time - why now - do what we have for years.

(Should be a clinician that decides whether you get an emergency appointment) Ensure clinical decision making is done by a trained person to ensure those needing to be seen are and those who can be signposted elsewhere are.

Getting an appointment depends on Drs opinion over phone consultation. Have been prescribed incorrectly for a condition twice now

Doctors excellent. Don't like the idea of receptionists telling you if you are an emergency or not.

Booking system inefficient-confusing/ - you phone receptionist, Dr phones back and asks for details, then another doctor phones to book an appointment.

Dislike having to discuss why I want an appointment with an unqualified receptionist. They are often rude and condescending - this puts me off visiting a Dr and as result I rarely do regardless of my ailment.


I think the system over the past few weeks is ridiculous! How can a doctor diagnose something over the phone?



Working with you to improve health & care in Cambridgeshire.

Call us on 01480 420628 or email at
enquiries@healthwatchcambridgeshire.co.uk
www.healthwatchcambridgeshire.co.uk

 Like us on Facebook
Healthwatch Cambridgeshire

 Follow us on Twitter
@HW_Cambs