

GP Access in Haringey

Learning from GP practices
to help improve services

November 2024



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Executive summary

Following on from the GP registration project of 2022 / 23 and the GP review project which took place in 2021, Healthwatch Haringey aimed to continue to explore GP access for residents in the borough.

For this project, Healthwatch Haringey wanted to explore what was needed to achieve change and also speak more to Practice Managers and other staff. We were keen to understand the specific challenges and then consider some recommendations which fit with the reality of GP services.

We wanted to look at what, if any, differences have been made within GP practices in Haringey and what has been incorporated to spur improvements, at the same time, considering any persistent barriers and what can be done to mitigate against them.

In doing so, a future outcome from this project will be to facilitate knowledge exchange in the form of roundtable discussions to share best practice across Haringey and to help improve patient experience.

Recommendations

- Strategic collaborations across the borough to improve patient experience.
- Sharing best practice across the borough.
- Disseminating good news stories.
- Showcasing improvements.
- Harnessing reflective practice for reception staff and clinicians.
- Improving communication with patients, including patients whose first language is not English.
- Ensuring clear information for patients regarding roles and responsibilities held by staff at GP practices in Haringey.

Project objectives

The objectives of the project are to:

- Explore GP access for residents in Haringey.
- Understand the extent of positive change and see what has been implemented to improve the patient experience.
- Identify good ways of working or initiatives which have been utilised by a diverse range of practices in Haringey.
- Identify practices which have high patient satisfaction and those which are on a trajectory to higher patient satisfaction .
- Assess any barriers.
- Revisit some of the GP practices to ascertain improvements since the 2021 Healthwatch Haringey report and what actions have been implemented.
- For stakeholders to better collaborate to embed change.
- Assess how Healthwatch Haringey can impact change via joint working with the GP Federation and North Central London Integrated Care Board (NCL ICB).

The steps we are utilising for this project are:

Step 1	<ul style="list-style-type: none">• Review 2021/21 GP 'Audit' project• Define scope of our current exploration• Design focus group, interview and survey questions
Step 2	<ul style="list-style-type: none">• Contact selected GP practices in Haringey• Organise interviews• Plan logistics of disseminating the survey among patients at selected practices
Step 3	<ul style="list-style-type: none">• Conduct focus groups• Conduct semi-structured interviews wth GP practices• Disseminate surveys at select GP practices
Step 4	<ul style="list-style-type: none">• Collate findings• Identify key themes• Liaise with partners from Haringey GP Federation• Write and publish report
Step 5	<ul style="list-style-type: none">• Facilitate roundtable discussion• Conclusions• Recommendations• Review and evaluate

Rationale

- GP practices who have challenges yet have taken action.
- GP practices that have improved (to identify what's changed).
- GP practices that have performed well (in terms of meeting patient expectations).

This was also informed by

- Local knowledge, via listening to local concerns and feedback.
- The NHS Patient Satisfaction Survey was one criterion for assessing where they are on that journey.

Outcomes we'd like to achieve

- Facilitating knowledge exchange to share learnings and approaches which create safe environments for patients in Haringey.
- Encouraging appropriate language and communication to create a welcoming environment for both patients and staff via learning from tools and approaches utilised by other practices in Haringey.
- Scoping out how GP practices in Haringey can diverge substantially from one another based on the different situational challenges that they face.
- Working with GP Practice Managers and staff to co-produce practical solutions to the improvement of patient experience.
- Supporting GP practices in Haringey to provide patients with accessible information regarding staff roles and responsibilities that is inclusive of different needs.
- Initiating conversations on how good practice in Haringey can be replicated.
- Identifying what needs to be adapted by GP practices to facilitate improved patient experience.
- Finding out how services have been trying to improve service delivery, and what the difficulties have been.
- Facilitating roundtable discussions with several GP practices in Haringey for knowledge exchange and shared learning.

National GP access trends

There have been national trends over the last decade which have meant that patients often struggle to access their local medical services, are unfamiliar with a respected doctor or lack trust. This has led to inconsistent and uncertain relationships between patient and doctor.

Heath (2023: 259) notes:



GPs have been encouraged to offer ready appointments to all patients – registered or not, who feel they need to be seen. As soon as possible. This has now ironically led to delays in seeing the doctor, unfriendly triage systems and surgeries that are booked up (with trivia) days or weeks ahead. We now have what the RCGP called a post code lottery for GP access.

These aspects are of concern particularly in areas of high deprivation.

GP Satisfaction in Haringey

There is generally good feedback in Haringey in terms of people's satisfaction with GP services, yet there are a few shortcomings in places. The 2023 NHS GP Patient Satisfaction Survey revealed that there were indeed shortcomings in patient satisfaction. However, for this project we did not solely rely on data from that survey.

We also utilised:

- Local knowledge, in the form of community feedback.
- Healthwatch Haringey insights.
- Data from the Government's Office for Health Improvement and Disparities (April 2024) which was useful for identifying patient satisfaction data points for various surgeries.



The 2023 NHS Patient Satisfaction Survey revealed important indicators for:

- Number of clinical workforce.
- Patient satisfaction.
- Percentages for appointments within two days of booking.
- Percentages for appointments within 14 days of booking.
- Percentages of patients who report positive experiences.
- Percentage of patients who report satisfaction with practice appointment times.
- Percentage who report overall good experiences booking appointments.
- Total funding per patient (PCN average applied to all practices in the PCN).
- Percentage of patients enabled to order repeat prescriptions online.
- Percentage of not-attended appointments.
- Percentage of patients enabled to view detailed coded records online.
- Percentage of patients enabled to book and cancel appointments online – all of which was compared to national averages.

Research methods

This project is a follow-up to our previous research into themes of GP access and patient experience. This project was not designed to be another widescale study, but to focus on a few cases to encourage thinking across the borough's GP practices. Hence, we focused on four practices.

We have kept it anonymous as:

- The intent is to understand challenges without naming specific practices at this stage.
- This project was an exploration rather than a performance assessment.
- The project presents issues which practices have faced and are currently attempting to address.

Interviews and Case Studies

The lead researchers conducted a total of three semi-structured interviews and two case studies:

- An interview with a Practice Manager from GP practice A.
- An interview with a Practice Manager and a Reception Manager from GP practice B.
- A case study of GP practice C: Practice Manager and team interviewed; five staff engaged.
- A case study of GP practice D in the borough which has seen significant management shifts. This case study was furnished with four interviews of patients registered at this practice as there had been some slight upheaval at the practice over the last few years; Practice Manager and team interviewed: five staff and four patients interviewed.

Key themes and insights

Key themes and insights from the interviews with Practice Managers and case studies of the GP practices

The following themes emerged after our engagement with the practices:

- Disparities in Haringey between the east and west of the borough.
- Improved telephone appointment experience.
- Staff wellbeing and development.
- Challenges in reaching seldom-heard communities and engaging patients.
- Misinformation and rumours about the practice.

Theme 1:

Disparities in Haringey between the east and the west of the borough

The first thing which was quite striking was that the practices which were slightly more innovative, focused on staff wellbeing and development and provided time for reflection – were largely based in the west of the borough. This could be seen quite clearly with GP practice B. They discussed that one of their core values as a practice is their approach to providing patients with the best possible satisfaction.



I take great pride in trying to teach everyone to have a positive approach. So the training facilitates that. It's what we can do as opposed to what we can't do... what we don't have – doesn't kind of come into our standard of practice here.

Interview with GP practice B, dated 11 March 2024

Other GP practices in the borough have had to consider certain factors affecting the patient experience, including language barriers, rough sleepers entering the practice and, at times, threatening behaviour. The following passages from GP practice B exemplifies that they have been fortunate to not have to contend with such challenges on a regular basis:



But I honestly think in the 20 years that I've been here, we haven't had anyone really screaming... maybe we've had the odd one where we've said politely, look, this is not acceptable behaviour.

I don't think we've ever had to phone the police, ever.

Interviews with GP practice B, dated 11 March 2024



... we have the language line that we use. I mean certainly at reception, there's always someone willing to get on [the] phones, because we all carry our mobile phones, so we've got that app that we can say [to patients] 'speak into this'. We don't have to use it that often, but when we do have to use it, we use it...I've never had a situation where I don't think we've resolved or given enough information back to the person that's looking for something.

Interview with GP practice B, dated 11 March 2024

Therefore, the location of GP practice B, which sits in a more affluent area of Haringey is important to acknowledge. Without having to consider some of the factors that affect other GP practices in Haringey on a regular basis, they have had the privilege to allocate more of their time and resources to the benefit of both patient and staff satisfaction.

This differs substantially to GP practice A, which is located in the east of the borough, despite a focus on patient satisfaction, specifically in their recent refurbishments and recall system for patients with chronic conditions, this has not been without difficulties as the Practice Manager at GP practice A mentions:



The only problems we've had is the amount of times we've had to call the police, whether it's for rough sleepers going into the car park or having our car park gate key stolen. But otherwise, it's been like okay. In regards to those rough sleepers we've tried to signpost them to other services. I myself work quite closely with the police now to try and help these rough sleepers as well.

I just think it's primarily down to the location of where the practice is.

Interview with GP practice A, dated 25 April 2024

Here, it has been made evident that the GP Practice Manager believes that the location of GP practice A has had an affect on rough sleepers coming into the practice. Additionally, within these passages we can hear the extent of the issues that GP practice A is having to face on a regular basis. The passage on the following page describes how the presence of rough sleepers at the practice has made it not just difficult for patients but has also had an impact on staff wellbeing and the allocation of time and resources.



Sometimes it's very hard to say because they're actually in the parking bay, so once you drive in and you kind of almost got to make sure no one's there that you don't hit anyone. But the process is to kindly ask them to please vacate from the parking space so that we can actually park. And then sometimes it depends because sometimes they get aggressive and then we have to call the police. But more times we call 101 and let them know that this is what's happening and then 101 usually send police out to come and remove them from the premises. We also try to tell them – well if they're engaging – then we also try to give them, like we've made like leaflets for them so that we can actually just give it to them so they can signpost and call the homeless shelter if they need to. But yeah it just depends on the way they respond when we arrive at the practice because they're in our parking spaces.

Interview with GP practice A, dated 25 April 2024

The Practice Manager further informed that patients were quite concerned with this and associated anti-social behaviour spilling into the practice:



In terms of people raising it, patients are our neighbours, so they've obviously raised it due to the noise that they're making and the glass breaking outside of the practice. So in terms of that, patients have brought it to our attention.

Interview with GP practice A, dated 25 April 2024

The Practice Manager also noted the impact on the daily work of staff this has had at the practice:



So they've come in, just aggressive, whereby receptionists have just had to lock themselves away and we've called the police. I think that's happened twice and we've had to log that. It doesn't happen frequently. One of the guys is quite tall and there's been a couple of times where he's been aggressive, once inside of the practice and once outside of the practice.

Interview with GP practice A, dated 25 April 2024

There was a stark contrast in this regard, and so an area of focus would be to ensure that practices in the east of the borough can also enjoy some of the processes which are utilised by GP practices in the west of the borough, such as scheduled reflective practice for staff. Hence, sharing learnings and solutions will be useful.

Theme 2:

Improved telephone appointment experiences

In Healthwatch Haringey's 2021 GP Project, when it came to responsiveness to phone calls via a mystery shopping method:

- GP practice A took two minutes 52 seconds to answer the phone to a Healthwatch Haringey researcher. A year later for Healthwatch Haringey's GP Registration Project, this was down to two minutes.
- GP practice B took one minute and 24 seconds to pick up the phone (not much difference when assessed a year later for Healthwatch Haringey's GP Registration Project).
- GP practice C did not even pick-up (a year later for Healthwatch Haringey's GP Registration Project they took three minutes to pick up the phone).
- GP practice D took 15 minutes to pick up (a year later during Healthwatch Haringey's GP Registration Project it was 21 minutes).

Notwithstanding the above, nearly all GP Practice Managers we spoke to reported that they had received positive feedback from their patients regarding improved telephone experiences and booking procedures over the last few months.



We've changed our telephone line, so the telephone line's integrated into our EMIS, into our product software, so patients, the staff know who's calling, so that eliminates that part of the process when patients call up, because more time we can see who it is. And with the telephone line, it's improved our telephone rates whereby call handlings answered under two minutes as well...We changed our triage service so we do more telephone triage as well as face-to-face appointments which gives patients the balance of having both and if needed we can provide like video call-in and so forth so they have a range of appointments that they can choose from.

Interview with GP practice A, dated 23 March 2024

GP practice C told us that more patients were calling in the morning as patients are aware that the phone will be promptly answered. This has occurred as staff at the practice now start earlier.

At GP practice D, staff reported that recent improvements have meant that any patient who calls between 8am and 12 noon will be triaged, and patients are not being asked to call back for appointments. They also have more admin staff handling phone calls. GP practice B had the following in place:



I think we've got a good, safe clinical appointment system. So there's safety in the receptionist. So we have appointments that, some are released in advance, a lot that are released on the day, and then we have a duty doctor morning and afternoon so if there is anything medically urgent and all the appointments have gone, there is still an avenue for the receptionist to offer so it's not like we'll ever say 'no, there's nothing' if you go to A&E or 'you have to call'...it's not for them to decide if it is medically urgent or not. If someone's saying 'yes, it is' and then they give a reason it's onto the duty doctor list for them to do the triaging. Then, the doctors will have appointments in the other doctors' clinics to book people if that person needs a face-to-face. So I think that's safe. So people have the ability to see someone on the day if they need to. And it gives the reception that option.

Interview with GP practice B, dated 11 March 2024

Theme 3:

Staff wellbeing and development

GP practice B mentioned that they grant adequate time and attention to staff training, following-up on experiences and reflection.

The Practice Manager here mentioned:



Yeah, because you've got the cloud where telephone calls are recorded so sometimes the receptionist might say 'oh I don't think I dealt with that as well as I could, can you send me the recording' or 'I want to listen back to it', you know.

Interview with GP practice B, dated 11 March 2024



...on some of my admin days, I'll sit and monitor the calls that have been done... and I'll ask them to listen to themselves which everybody hates doing because you don't sound like you do or you think you don't so the learning process there is like 'look, I didn't think you dealt with that very well, can we have a listen? Can you tell me what you might have done differently?'

Interview with GP practice B, dated 11 March 2024

The Reception Manager at GP practice B reiterated:



So it's something about how there's respect amongst the staff, the doctors, the pharmacists, the nurses, the receptionists, support staff, management, partners. People are approachable, we've been a training practice pretty much since we started, so the ethos of helping, being able to answer questions, we would get a new round of registrars who are training to finish becoming a qualified GP. It's that thing that's really hard to define, but it's the bit that probably makes the environment supportive. Hopefully so people feel supported and therefore can give out that sort of a good vibe

Interview with GP practice B, dated 11 March 2024

Importantly, GP practice B mentioned the ethos and values which underpin their approach.

GP practice C have ensured that one reception staff member gets one half-day training / reflection per week. As a result of this, they report less complaints from staff recently due to a slightly earlier start which has also come into effect. The overall result of this is that there is better patient experience when booking appointments.

GP practice D did not have reflection, but there was a focus on good communication skills of staff at reception. This was observed by patients at the practice.

When discussing some of their highlights as a practice, GP practice A mentioned that both their staff retention and sickness record had been very good.

They also described their staff as having multidisciplinary skills and training which has allowed them to effectively provide cover when needed:



Our retention of staff has been really good, as well as our staff sickness records. I think it's under 10% for our staff sickness record.

Eight [admin and reception staff]. Yeah so good size and they, there's like a multi-skill mix there so if anyone's off from the admin or reception they can all cover each other's duties they all are trained adequately enough to be able to cover.

Interviews with GP practice A, dated 25 April 2024

In relation to staff development, the attitude of staff at GP practice B was very insightful. In the following, we clearly see just how much patient satisfaction means to them as they proactively think of ways to improve:



I really think the team downstairs are truly helpful. Open-minded. We're never going to win everybody.... We're not going to be pleasing everybody. But I think if we please 99% of everybody that we have contact with on a daily basis, I think we're doing really good and that 1% we just have to look at and just say what can we do differently? Is there anything we can do differently? And sometimes there isn't. There's just sometimes that 1%... but you can't take it home with you and let it upset you for the rest of the day which it can do because I don't think, the general public don't understand that when we have that 1% how devastating it can be for your day, for your week.

Interview at GP practice B, dated 11 March 2024

In this passage, those in managerial positions at GP practice B use both positive and unifying language to describe the workings of their staff. It is therefore quite clear here that GP practice B has placed an emphasis on team building that has had a beneficial effect on the working environment.

This is further emphasised in the section below, whereby the Practice Manager explained how they support receptionists to not accept abusive behaviour:



I guess that again, the cross-link between reception and then either the appointments or the backup is that ... if I hear of something where people have spoken abusively or rudely or to reception staff, then I have the ability to write out like a letter of warning you know so that it's made clear about what the expectations are and also reception, for that receptionist to feel supported that it's not just accepted.

Interview with GP practice B, dated 11 March 2024

Theme 4:

Challenges in reaching seldom-heard communities and engaging patients

GP practice A actively engage and reach out to patients, an initiative which they have been doing in more recent months:



In terms of just responsiveness to our patients, like I said we recently had a PPG meeting whereby we let patients come in and let us know, give us feedback and where we can improve on.

Interview with GP practice A, dated 23 March 2024

GP practice C noted difficulties in being able to engage women from the Turkish community, especially when it comes to smear tests. Some women from this community may feel that they need their husband's permission. (GP practice C, dated 18 April 2024). This is significant as it brings to the fore the importance of having someone to understand a patient both through language, and through cultural competency.

Two of the four practices (GP practices C and D) highlighted significant challenges in being able to both engage and reach seldom-heard communities and speakers of other languages. Conversely, GP practice A did not really have this challenge, and they have language line if need be. They clarified:



Not so much because one of our receptionists speaks like fluent Turkish, so they usually come in on days when he's there. He's also like our care navigator as well.

Interview with GP practice A, dated 23 March 2024

GP practice B had a smaller number of speakers of other languages and stated that their access to language line meant that they could quickly understand those who speak other languages.

One patient at GP practice D however brought to light the following, which does indicate a gap similar to that outlined by GP practice C:



I noticed that there was an elderly Turkish man, who only seemed to speak Turkish, who was in the waiting room and was getting very agitated. They had to come out and speak to him sternly. But I said 'well, why don't you have somebody on hand who speaks Turkish?' Because a nurse who I met informed me that Turkish people are the majority of people in that surgery. So then why don't they have somebody who speaks Turkish?!

Interview with LL, dated 22 May 2024

Theme 5:

Misinformation and rumours about the practice

Two of the four practices referred to rumours circulating about their practices, and this misinformation caused fear and concern with patients as in both cases it was construed that the practices were due to close. Obviously, patients became fearful about the continuation of their healthcare.

The Practice Manager of GP practice A informed,



So, the only thing I can think of right now is, like I said, the PPG meeting, the rumours of like the practice was closing. I don't know where that stems from, but we've also had to get the ICB involved, whereby we had to meet with one of the local pharmacies, which kept spreading this rumour. I don't know, because we had the building works going on I don't know why that became a thing.

Interview with GP practice A, dated 23 March 2024

Likewise, in our case study of GP practice D there are also a plethora of rumours surrounding the practice which caused a great deal of concern locally.

Learnings from GP practices A, B, C and D

Learnings from GP practice A

For those practices which are just embarking on the path to adopting better experiences for patients, such as GP practice A, there are several learnings. If we firstly look at the challenges:

Challenges	Potential Solutions	Impact of solutions if implemented
Rumours and misinformation	Improved communications, information and dissemination of practice activities and news alongside the PPG	Minimises false information
Dealing with anti-social behaviour on-site	<p>A plan about the anti-social behaviour on site and the impact this is having on delivering the GP service</p> <p>This will involve working with other partners such as homeless services supported accommodation in the local Council, the police where necessary</p>	<p>Staff feel safe on-site</p> <p>Patients are safe when they visit their practice</p> <p>Practice staff focus on patients and not on having to be aware of criminal activities around their practice</p>

Yet at GP practice A, there have also been a number of actions they have taken which have worked well and may provide a blueprint to other GP practices in Haringey who are also embarking on improving their working systems.

GP practice A also mentioned that in their PPG meetings with patients, that patients had been recalling positive sentiments about the GPs and staff at the practice:



They're pretty fond of the GPs and staff that we currently have at the practice. So yeah, it was pretty much good positive feedback and they we're trying to encourage more patients to come along [to the PPG meetings] and that's one of our actions from the meeting to cover and get a diverse range of patients attending the meetings.

Interview with GP practice A, dated 25 April 2024

What has worked well	Potential learnings from other practices in Haringey	Desired impact
Reaching out to engage patients via PPG	Importance of communicating with patients	<p>Patients know their thoughts are valued</p> <p>Hearing patient concerns, forms a channel which patients know is available to them</p> <p>Improved staff wellbeing</p>
Updating patients via PPG	Continuous communication with patients and being prepared to have uncomfortable conversations with patients	<p>Allays any misinformation</p> <p>Quells rumour</p> <p>Clarifies to patients any latest developments</p>
Effective allocation of staff	<p>More staff at reception</p> <p>More admin staff handling phone calls</p> <p>Better organised queuing system</p> <p>Dedicated staff handling emails</p>	<p>Patients are not left waiting for long periods of time</p> <p>Telephone responsivity improves</p> <p>Queuing system allows for streamlining</p> <p>Prompt email responses within a short timeframe</p>
Telephone booking experience for patients	<p>New patient appointment system</p> <p>Triage of any patient who calls between 8am and 12pm</p> <p>Not asking patients to call back to book appointments</p>	<p>Telephone booking experience is less cumbersome</p> <p>Clear communication</p> <p>Efficient triaging of patients</p> <p>Not placing the onus on a patient to continually call in</p>

Learnings from GP practice B

GP practice B has very good patient satisfaction and what worked well for them in recent years has been as follows:

What has worked well	Potential learnings from other practices in Haringey	Desired impact
Staff Reflection in action	Focus on staff reflection and reflexivity while working	Taking time to think about one's actions Improved staff wellbeing
Interpersonal Skills	Training for staff on customer service and interpersonal skills	Better patient experiences Ability to allay any patient worries in action
Clear telephone booking	Several extra staff on the telephones logged on by 8am to assist with the morning rush These staff help for about 30 minutes as patients call in to book appointments	Safe and effective triaging Receptionists not under pressure to make clinical decisions via the phone Quicker phones are answered, the quicker patients are satisfied
Telephone booking experience for patients	New patient appointment system Triage of any patient who calls between 8am and 12pm Not asking patients to call back to book appointments	Telephone booking experience is less cumbersome Clear communication Efficient triaging of patients Not placing the onus on a patient to continually call in

Learnings from GP practice C

Our case study of this practice revealed that they were further along their journey, yet they have still faced a number of challenges, such as:

Challenges	Potential solutions	Impact of solutions if implemented
<p>Engaging Turkish women especially when it comes to smear tests</p> <p>Some women from this community may feel that they need their husband's permission</p>	<p>Working alongside local Turkish women's groups</p> <p>Information and communication in Turkish language</p>	<p>Turkish women empower themselves to take greater agency over their own health</p> <p>Improved Turkish female patient outcomes</p> <p>Understanding any gaps which can be resolved</p>
<p>Digital Literacy</p> <p>Uptake of the app has been slow at the practice, particularly among patients who speak other languages and English as a second language</p>	<p>Focused initiatives for digital skills at the practice</p> <p>Providing information on digital literacy in other languages</p> <p>Simple and clear information</p> <p>Using more creative approaches to convey digital literacy</p>	<p>Patients become confident in navigating how to book appointments on their mobile phones</p>

In terms of recent changes which have reportedly worked well at GP practice C:

What has worked well	Potential learnings from other practices in Haringey	Desired impact
Staff wellbeing	Flexibility in regard to staff working patterns	Improved staff wellbeing The knock-on effect of this is that patients also gain a better experience when they contact the practice
Staff Identification (for example, patients know who the physician associate is and what she does and ask for her if they want to see her directly)	<p>Clear identification of staff roles</p> <p>Patients are aware of who does what at the practice.</p>	Allows patients to know whom they are seeing at their GP practice

Learnings from GP practice D

The findings revealed that GP practice D were further along their journey and Healthwatch Haringey has been aware of some recent issues around GP practice D. The surgery has been liaising with Healthwatch Haringey regarding any developments and concerns.

We spoke to four patients currently registered at GP practice D and here are some of their views:



To tell the truth, I did see improvements. Unfortunately, at the beginning of the last year (i.e. 2023), I was unwell and I had to call the surgery a good few times. There is a huge change and the change is for the better. At the beginning of last year I really tried to see the doctor and I couldn't. I was really in need, and I couldn't get an appointment at all. It didn't matter what time I called, 08:00, 07:59, I developed a whole system to be first in line! I would wait for 40 minutes, an hour on the phone...this was January, February, March, April.

WW, a patient registered at GP practice D, who continues to explain her surprise after an absence from the practice:

I went to Whittington Hospital a few times, and then later in the year I came back to the Surgery and I was surprised, because the change was so obvious. The end of the last year compared to the beginning of the year – there was a huge difference. The new people there (at practice D) were nice, some were really nice, the people that are taking the calls in the morning and I could manage every time to get an appointment. So from the end of 2023 to the beginning of this year, every time I would call I would get an answer, or get a doctor or get information, or make an appointment or whatever was needed.

The patient added:

So there is a huge change and the most important thing for me is to see the doctor when I need to see the doctor. It was really not possible before; it was possible at the end of the year. That was a huge change which was so visible, to see the doctor and to actually be called back.

Interview with WW, dated 22 May 2024

A second patient shared:



I have been at that surgery since roughly 2016 or 2017. When I went there I think a lot of people were very disgruntled with the surgery and there were certainly some very suspicious characters as receptionists. People weren't very polite on the other side of the receptionist side of things, and I noted a lot of people were getting very upset. I personally never had any real run-ins with anyone.

The patient continued in describing what was noticed at GP practice D:

However, things improved since then. And I noticed there were different people put in place. Some of the people seemed to go, that were there before. So I mean, let's say it took about two or three years for that to be sorted out. 2019 I felt fairly comfortable with my treatment. The only thing that I noticed was that it became harder to see a GP, and I think most people in most surgeries would say that's the case.

A third patient registered at GP practice D suggested some nuance in determining the improvements:



It was better then, it's a lot worse now. Before, the staff were never as polite as the staff are now. But you still got a better service. Because when you called in and went in, there was more on offer. Before there used to be an afternoon slot for emergency appointments, as well as the 8 o'clock slot. Now if you want to book an appointment, its only at 8 in the morning. So a person with a disability that has a sleep issue, now you have less. But are the staff more polite, yes. A receptionist was a bit moody, but you had more.

The patient elaborated further:

It's definitely a nicer place than before, but I don't think the services have improved. Aspects of the people have improved. Let me give you an example. Take Sainsbury's, they have customer service, don't they? Then you have your local newsagent on the corner. If the newsagent is rude, he's just rude. Five years later, his son has taken over. The son is very polite, he's very nice, but the son has less items in the store.

Interview with FF, dated 22 May 2024

The patient also expressed what they considered to be some wider clinical issues at GP practice D when it comes to a lack of understanding the broader social and environmental factors and determinants which may impact the health of the patients at the practice:



I would say good doctors, adequate doctors, to a degree. I wouldn't say they are a step ahead and understand this local environment, but as office-confined doctors they are good. Most of the doctors at the practice do not even live in Tottenham."

Interview with FF, dated 22 May 2024

The fourth patient at GP practice D whom we spoke to however, could not discern any improvements whatsoever:



...really long time (I have been registered there), cos' I'm literally thinking of changing. But I'm wondering if I'll be jumping out of the frying pan and into the fire!

The patient continued to state that in their experience there has not been any identifiable changes:

I try and call, then when you try and call you find you're twentieth in the queue. I think the last time I called I was literally number one, and I must have waited about ten minutes?! Imagine, you're one in the queue and you're waiting for ten minutes?! That's not really good is it?

Interview with ZZ, dated 22 May 2024

When taking all of the above into consideration, we would summarise our findings at GP Practice D as follows:

What has worked well	Potential learnings from other Practices in Haringey	Desired impact
Reaching out to engage patients via PPG and meetings	Importance of communicating with patients	<p>Patients know their thoughts are valued</p> <p>Hearing patient concerns</p> <p>Forms a channel which patients know is available to them</p> <p>Improved staff wellbeing</p>
Updating patients via PPG meetings and communication around the practice	Continuous communication with patients and being prepared to have uncomfortable conversations with patients	<p>Allays any misinformation</p> <p>Quells rumour</p> <p>Clarifies to patients any latest developments</p>
Effective allocation of staff	<p>More staff at reception</p> <p>More admin staff handling phone calls</p> <p>Better organised queuing system</p> <p>Two dedicated staff handling emails</p>	<p>Patients are not left waiting for long periods of time</p> <p>Telephone responsivity improves</p> <p>Queuing system allows for streamlining</p> <p>Prompt email responses within a short timeframe</p>
Telephone booking experience for patients	<p>New patient appointment system has been in place</p> <p>Any patient who calls between 8am and 12noon will be triaged</p> <p>Patients are not being asked to call back for appointments</p>	<p>Telephone booking experience is less cumbersome</p> <p>Clear communication</p> <p>Efficient triaging of patients</p> <p>Not placing the onus on a patient to continually call in</p>

The majority of patients at GP Practice D whom we have spoken to have mentioned to Healthwatch Haringey that they have seen improvements in the last few months and some patients were not happy with the service based on the last management. Nevertheless, there are still some challenges at GP Practice D:

Challenges	Potential solutions	Impact of solutions
Rumours and misinformation	Improved communications, information and dissemination of practice activities and news alongside the PPG	Minimises false information
Staff identification	Clarity on who are the members of staff, in the form of open explanation of staff and their roles	Allows patients to know whom they are seeing at their GP practice
Ensuring a range of perspectives are heard and valued	<p>Practice can conduct more Patient-Practice meetings</p> <p>Healthwatch Haringey to play a greater role in encouraging more patients at the practice to get more involved with the PPG</p> <p>Allow for other avenues for patients at the practice to relay any concerns</p>	<p>Diversity of perspectives</p> <p>Transparency</p> <p>Better communication with practice as less adversarial</p> <p>Minimises confrontation</p> <p>Patient expectations at practice reflect a consensus of patient views</p>

Recommendations

From our findings, it became clear that different GP practices have had very varied experiences of service delivery based on their specific contexts. With this in mind, we make the following recommendations, aimed at fostering collaboration, communication, and improved service delivery.

Strategic collaboration across Haringey to improve patient experiences

Within our discussions at the GP practices, we found that each had diverging factors that were affecting their service delivery. Some practices were mediating with substantially more demanding challenges than others. We recommend more strategic collaboration across Haringey so that different practices can support each other in the delivery of services within the borough. In doing so, the aim would be to improve patient experiences across the borough by reducing the inequalities of service delivery.

Sharing learnings of best practice across Haringey

Whilst inevitably, there will be slight differences in practice based on their available resources, staff, and locations, our findings highlighted that there were many key strengths that are valuable for different GP practices to implement. We believe that standards of best practice should be shared amongst GP practices in Haringey so that each may learn from another. When we raised this with different Practice Managers as a proposed idea, many were keen to take part.

Disseminating good news stories

As the research showed, many GP practice staff have been met with scrutiny and, at times, rudeness from patients who have often placed the blame of poor service delivery on individual members of staff. This can take a toll on the mental health of many working within GP practices. While it is important for patients to be able to share complaints about the service, it is equally significant to disseminate good news stories when the service has worked well for patients.

Showcasing improvements

We believe that upon receiving complaints and feedback from service users about different practices, it would be beneficial to showcase the improvements that they have implemented based on this feedback. In this way, there can be greater transparency about the ways that the GP practice is listening to the concerns of service users and are actively making improvements. Additionally, this would avoid

unnecessary confusion or speculation when new developments take place.

Harnessing reflective practice for GP practice reception staff and clinical staff

One of the key insights from our engagement has been that GP practices with higher patient satisfaction have been internally holding 'reflective practice' for their reception staff. Staff have regularly received guidance related to following best practice in different scenarios. Harnessing this method of reflection would be a great strength for any GP practice in Haringey, as it not only allows for the standards of service delivery to be improved, but it also creates an open space for staff to speak openly about challenges faced in the workplace and how they could be resolved effectively.

Improving communication with patients, including patients who speak other languages prevalent in Haringey

As is well-documented, there are several seldom-heard communities across Haringey who speak multiple languages ranging from Turkish to Somali, and so many more. Thus, to ensure that everyone has equal access to GP services, there should be an active effort to improve communication with patients who speak other languages. This work would be significant in ensuring that the cultural communities across Haringey feel comfortable in relying on their GP practice to understand them in their time of need.

Ensuring clear communication for patients regarding roles and responsibilities held by staff at GP practices in Haringey

Patients may not have easily accessible information regarding the roles and responsibilities of staff at GP practices in Haringey. We believe that it would be very useful for patients to have access to this as it would enable them to know more about the people working at the practice and what they do. We believe that this would be helpful in avoiding confusion over staff responsibilities and the services that patients can expect to receive from different members of staff.

Further action

- Clarifying the characteristics of 'best practice' (in relation to patient experience) as clear goals for GP practices to achieve.
- Action plans for different types of practice, with the aim of increasing patient satisfaction.
- Setting up and mediating roundtable discussions with Practice Managers and staff in Haringey to discuss and reflect on best practice, current challenges and shared solutions.
- Keeping informed with up-to-date developments and information affecting GP practices in Haringey.
- Tracking of GP patient experiences through future research and continued collaboration with Haringey Advice Partnership (HAP).
- Working with GP practices to create easy-read information about staff roles and responsibilities.
- Feed this into Healthwatch Haringey's current discussions taking place regarding Physician Associates with members of NCL ICB and other Healthwatch.
- Scoping out long-term solutions to miscommunications that take place in GP practices due to language and cultural barriers.
- Request feedback from attendees following meetings with GP Practice Managers where we discuss best practice.
- Work towards more promotion of PPG meetings to increase the number of patients with varied experiences attending.

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