

Healthwatch Southwark

Summary of our evidence on GPs
February 2017

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Our engagement activities

GP access was identified as a priority area for Healthwatch Southwark (HWS) through public and stakeholder engagement. Our evidence on this topic is collated here from the many engagement activities where people have told us about their experiences of GP services. Whilst we do hear of some positive experiences, we naturally receive more contacts from those who are unhappy. We believe that every voice counts and even one person's negative experience needs to be addressed.

This report has been compiled in preparation for the **Southwark Healthy Communities Scrutiny Sub-committee's review of local GP services** in February-March 2017. This review will look into the pressures faced by GP surgeries, what can be done to address the changing needs of primary care (including facilities), and the findings of recent Care Quality Commission (CQC) inspections. This HWS report focuses on the patient perspective, revealing the *impact* of pressures on care (particularly the sections about timely appointments, phonelines, and length of appointments). However, it also hints at pressures, such as a linguistically and culturally diverse population, rapidly growing population in certain areas, commuting, an ageing population with long-term conditions, and perhaps changing expectations. CQC inspections look at whether services are safe, effective, caring, responsive and well-led, and many of the themes covered here are connected to this.

All reports mentioned may be accessed using the links in footnotes, or via www.healthwatchesouthwark.co.uk/reports.

Public forums and community focus groups

HWS holds quarterly **public forums** on different themes. At some forums, members of the public have raised GP services spontaneously or discussed them in a more directed way. This report refers to findings from three forums in particular:

- June 2015: 'Your Care, Your Services- Issues to solutions' - discussions about issues around accessing services, and suggestions for improving them.
- July 2014: 'Spotlight on Social Care' - discussions around how people access social care and find out about entitlements, including the role of the GP.
- Dec 2013: 'Building our Network' - directed discussion on each of our priorities, including GP access.

We also run **community focus groups** with members of seldom-heard communities. Again, participants have discussed GPs spontaneously or after prompting. Discussions mentioned in this report include those with Deaf support group members, Latin American, Bengali and Somali women, Gypsy and Traveller people, Vietnamese and Chinese mental health service users, and carers.

Our engagement activities

In 2016 we also surveyed Transgender people about their experiences of healthcare. Many told us about their GPs. However, as respondents were spread across the whole country we have not merged findings from the survey into this report. Please see the separate report, [‘Findings from our Trans survey’](#).

Information and signposting service

We run an **information and signposting service**. All contacts are logged so that we can identify emerging themes. As well as straightforward signposting queries, during the period 1st January 2015 to 14th February 2017¹, 91 contacts have mentioned problems with GP services. Where not otherwise referenced, evidence collated below is from this signposting function.

Enter and View visits to A&E

In the winter of 2015-16 we visited St Thomas’ A&E and King’s College Hospital A&E four times each to conduct **Enter and View visits**. This is where we observe the environment and talk to patients and staff about their experiences. We were interested to find out how people make the decision to attend A&E, so our discussions here often touched on access to other services such as GPs.

Mental health

Another of HWS’s priority areas is mental health and we have conducted substantial engagement in this area, including discussions of people’s experiences seeking mental healthcare at their GP. For a full discussion of this please see our recent report, [‘Summary of our engagement on mental health’](#).

‘Mystery shopping’

In addition to our engagement work, in March 2016 we carried out ‘mystery shops’ of three elements of GP provision: answerphone messages, online information about making a complaint, and requests for interpretation services (including to register). The findings of these investigations are not fully covered by this report and can be found using the following links:

- [Review of GP out-of-hours answerphone messages](#)
- [Making a complaint: what online information do Southwark GP surgeries give to their patients?](#)
- [Do Southwark GPs offer people interpreting services?](#)

¹ Note that we have not analysed this data as far back as the start of HWS in April 2013 as some issues will now be outdated.



Catchments, choice and GP quality

Information and communication about the GP catchment system needs to be improved. People in forum discussions have told us it is difficult to find out one's GP catchment area.² Help with GP registration is by far the most common signposting request we receive. Many people have tried several (occasionally 7+) surgeries close to their home, yet been unable to find one that will accept them. This applies even for some who have used NHS Choices, and many are unaware that the system can only tell them geographical proximity.

In many cases, people know which surgeries are nearby but are concerned about their quality or about patient ratings on NHS Choices:

'I am pregnant. My current surgery is truly terrible and frankly the other local surgeries are bordering on dangerous with abysmal ratings. I'm unable to register at Nunhead surgery, with good ratings, and am shocked as it is only a mile away.'

'I'm worried about ending up with a bad doctor as I have long-term health problems and attend often. Most of the surgeries in my area have quite low ratings. I'm frustrated and just want a good GP.'

For one caller it seemed unfair that they could not choose a GP based on its opening hours. One forum participant felt that *'you have a right to know what each surgery offers in terms of expertise. For example, one could be excellent for diabetes or one for mental health.'*³

We have heard from 3 people who, due to their hours or commute, wanted to register with a GP near work or access a walk-in centre (these have been closed). People at a forum also told us that registration is not flexible around people's work/carer commitments.⁴ During our Enter and View visit to St Thomas' A&E, a couple of patients told us they had come because the hospital was near their place of work, or they had been working all day. Staff said that this was common.⁵

On the closure of St James Church Surgery, one person told us they were concerned about the limited choice of good local GPs, especially with new homes being built. They asked, *'why was the GP not monitored more closely, to*

² ['Building Our Network' Forum \(Dec 2013\)](#)

³ ['Building Our Network' Forum \(Dec 2013\)](#)

⁴ ['Building Our Network' Forum \(Dec 2013\)](#)

⁵ [St Thomas' Hospital A&E \(June 2016\)](#)

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prevent such a decline?’ Another person contacted us to ask why nothing was being done to facilitate their surgery’s move to bigger premises, given that *‘our practice has outgrown the number of patients registered.’*



Access to GPs: registration

2 people told us they had been de-registered from their GP without notice, due to having mail returned or being in the process of moving, and that this had disrupted care. Others experienced poor communication around changes to GP services: 3 people contacted us as they had been unaware of the closure of Dr Sarma’s surgery until they sought care and 1 with a similar concern about Avicenna Health Centre, 4 contacted us confused about the Nexus practice merger, 1 about the closure of St James Church Surgery, and 2 about the Falmouth Road Group Practice provider change. We have found letters from NHS England about these changes to be overly complex.

One person called us as they were having trouble registering with a GP without formal proof of address - strictly this should not be necessary.

4 people told us about problems/confusion with the online registration process at Penrose Surgery.



Access to GPs: timely appointments

In several discussions we have been told that waits for appointments are too long.⁶ 12 people also contacted us independently about their inability to get timely appointments, sometimes citing waits of three weeks, a month or more. We have seen widespread lack of awareness of the Extended Primary Care Service (EPCS), to which receptionists can refer those who need urgent GP appointments that are unavailable in the surgery.

Those who could not get on-the-day appointments included patients with an infected burn or needing pain and thyroid medication (neither of whom were initially offered appointments at the EPCS) plus a person who needed a certificate to return to work. One family had been unable to get an urgent appointment for a very sick newborn - on taking him to a walk-in centre they were ordered a taxi to go immediately to A&E where he was diagnosed with a life-threatening infection.

⁶ [‘Your Care, Your Services: Issues to Solutions’ Forum \(June 2015\)](#)

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On another occasion their other child banged his head but the surgery did not offer an appointment until that evening and questioned why he needed to be examined.

Those who had trouble getting appointments further ahead included a person who was not able to get an appointment for over a month despite the GP requesting it to discuss their blood test results.

Getting appointments at local GP practices was a difficulty across all the minority communities with which we held focus groups, though some individuals had positive experiences. For example, Somali women told us their GPs were *'too busy'* and it was *'impossible to get an appointment.'*⁷ Most Gypsy and Traveller participants said that they were unhappy with waiting times - *'If you go to the doctor and they don't see you, you go to the hospital and you will be seen...instead of arguing with the doctor 'will you see us?''*⁸

Appointment booking systems vary between GP practices and some people find them unfair or difficult to use. One person called us to say the early queuing system at their surgery was an obstacle, people at a forum said the common system of having to phone at 8am is difficult as the lines will be very busy,⁹ and a community focus group participant explained, *'They used to give appointments over the phone but now it is very difficult to get through...I come in person at reception and they say 'no appointments this week'. I ask about next week or the week after and they say 'come tomorrow to find out'. I come tomorrow and they say the same thing.'*¹⁰ Another person was unhappy at having to explain their medical issue to the reception staff *'and justify to them why I need to see my GP...I am quite sure these reception staff are not medically qualified.'* One was dissatisfied at a lack of out-of-hours appointments at their GP despite these being advertised on the website.

People have told us that because of the pressure on appointments, care is less holistic and continuous than it used to be. Some want to see a named GP who is aware of all their needs (particularly given that appointments are short)¹¹ - *'I see that doctor and that doctor only. I know how to relate to her and her to me...I talk to her and I trust her...sometimes it's difficult, I have to wait for her;'*¹² *'You see a different face every time you go in.'*¹³ One person said that they

⁷ [Somali Women's Community Focus Group \(June 2014\)](#)

⁸ [Gypsy and Traveller Community Focus Group \(July 2016\)](#)

⁹ ['Your Care, Your Services: Issues to Solutions' Forum \(June 2015\)](#)

¹⁰ [Vietnamese and Chinese Mental Health Focus Group \(October 2015\)](#)

¹¹ ['Your Care, Your Services: Issues to Solutions' Forum \(June 2015\)](#)

¹² [Gypsy and Traveller Community Focus Group \(July 2016\)](#)

¹³ [Somali Women's Community Focus Group \(June 2014\)](#)

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always had to repeat themselves and the GP should know the background of patients, especially those with long-term conditions.¹⁴

In the winter of 2015-16 we visited St Thomas' A&E and King's College Hospital A&E four times each to conduct Enter and View visits. While there are many pressures on A&E, inability to access timely GP appointments does increase attendance. Patients at St Thomas' told us, *'I wouldn't have got an appointment if I had gone straight to the GP'* and *'it takes too long to get an appointment, but I would prefer to see my own doctor.'* A patient at King's said, *'Going to the GP would prolong the situation. You don't have to make an appointment with the hospital,'* and staff that *'We see a lot of 'I've come today because I have to wait a week to see my GP.'* One professional at St Thomas' felt that some people's expectations about waiting times for primary care were unrealistic - *'no one is taking responsibility for themselves and they want immediate answers.'*¹⁵



Access to GPs: contacting the surgery by phone

4 patients have contacted us after being unable to get through to their surgery on the phone. We were told that the phonenumber at one surgery does not tell callers when they are in a queue, and their phonenumber is always very busy - but patients needed to call or attend at 8am in order to make an appointment for one week hence (online access was also available).

2 hospital professionals also called us about problems contacting surgeries, in both cases due to the practices' limited phonenumber opening hours and lack of voicemail system.



Access to GP services: for those with disabilities

5 people have told us about problems finding or visiting a GP due to their physical access needs, including for disabled parking. One wheelchair user was unable to access the Aylesbury Medical Centre after the Avicenna Health Centre closed, due to distance, but could not book a home visit over the phone due to their speech impediment.

Registration for people with other types of extra need can also be challenging. A homeless person contacted us saying they were having trouble registering with a

¹⁴ [Somali Women's Community Focus Group \(June 2014\)](#)

¹⁵ [St Thomas' Hospital A&E \(June 2016\)](#), [King's College Hospital A&E \(May 2016\)](#)

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GP due to not having an address and difficult behaviour connected to a health condition. The Restart Scheme at New Mill Street Surgery could not take them on as the police had not been involved.

For other patients, health conditions mean that they require a surgery offering home visits. One person was distressed to be told that a surgery could not offer home visits on account of agoraphobia, but that a larger surgery might - they wanted a small surgery specifically because of their fears. Another family were told that a practice could not register their elderly, bedbound mother without seeing her in the surgery. One person said, *'The doctor I see seems really stressed; they don't do any call-outs anymore.'*¹⁶

A Deaf person told us that making services accessible *'is all about the receptionist initially - they need disability awareness and diversity training.'*¹⁷ One Deaf contact was pleased that a receptionist had remembered their needs - *'I asked the receptionist to tap me when my name is called and she did not forget, she tapped me'* - though another was frustrated that the surgery tried to contact them by telephone.¹⁸ Information is also not always sent out in a suitable format for blind/partially sighted people.¹⁹



Access to GP services: for people facing a language barrier

Language barriers can cause difficulty when trying to register with a GP. Latin American community focus group participants told us that staff could be unfriendly and that they were *'denied the right to register until they could bring someone who could speak English.'*²⁰

Once registered, not speaking English can make it hard to access appointments using the systems in place. A Vietnamese community focus group member told us, *'Making an appointment is very difficult. You have to make it on the same day, but same day is difficult as I need the support worker to come and translate. But in advance means a couple of weeks and that is too late. I need it in a few days to arrange translation.'* Another participant agreed, and the translator added that having to call the surgery at 8am is very difficult as this is when support workers are travelling to work. Sometimes a doctor will ring back to talk to the patient for triage, which does not work well.²¹

¹⁶ [Gypsy and Traveller Community Focus Group \(July 2016\)](#)

¹⁷ ['Building Our Network' Forum \(Dec 2013\)](#)

¹⁸ [Deaf Community Focus Group \(Dec 2013\)](#)

¹⁹ ['Building Our Network' Forum \(Dec 2013\)](#)

²⁰ [Latin American Women's Community Focus Group \(2013\)](#)

²¹ [Vietnamese and Chinese Mental Health Focus Group \(October 2015\)](#)

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The Latin American, Vietnamese, Bengali and Deaf communities all spoke about concerns with interpretation at appointments. GP surgeries do not always provide interpretation services, which impacts on the quality of consultations - *'Instead of booking for an interpreter they forced me to lip-read the conversation.'*²² This was also raised by a community worker who called us. There may be longer waiting times for an appointment if an interpreter has been requested - *'When I need to book an appointment at the doctor's I need to wait 6 weeks for an interpreter.'*²³ Appointments may be cancelled if the interpreter has not been booked or not turned up.²⁴ Some people have doubts about the quality of the interpretation of medical language, with interpreters seeming unsure - *'You can never know whether they are translating correctly.'*²⁵ People are sometimes forced to rely on family and friends to translate, which can be inaccurate or make it hard to discuss sensitive issues.²⁶

On the other hand, sometimes surgery staff make assumptions about a patient's needs - *'Sometimes an interpreter is there, even if you don't want one - ask what we need.'*²⁷

Difficulties can extend to understanding written information provided at the surgery, including to Deaf people for whom BSL is their first language.²⁸



Access to test results

3 people have told us about difficulties accessing medical test results, with one person apparently refused outright, another saying the GP was refusing to make an appointment to discuss their results, and another conversely unhappy that they had to make a GP appointment to get their results.



Quality of care

As well as concerns about access to GPs, we hear a smaller number of concerns about the quality of care.

²² [Deaf Community Focus Group \(Dec 2013\)](#)

²³ [Deaf Community Focus Group \(Dec 2013\)](#)

²⁴ [Latin American Women's Community Focus Group \(2013\)](#)

²⁵ [Latin American Women's Community Focus Group \(2013\)](#)

²⁶ [Latin American Women's Community Focus Group \(2013\)](#), [Somali Women's Community Focus Group \(June 2014\)](#)

²⁷ [Somali Women's Community Focus Group \(June 2014\)](#)

²⁸ [Latin American Women's Community Focus Group \(2013\)](#), [Deaf Community Focus Group \(Dec 2013\)](#)

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Some patients feel that their GPs are not making appropriate referrals, one person saying that their GP was trying to save money, another that they would not listen to their personal experiences, and another that they were being told their symptoms were all in their head - *'I think the consensus is to not send patients to see specialists if they seem to be anxious. I don't believe reassurances because in the past it took years to be diagnosed with IBD and I was repeatedly told it was all in my head.'* In one community focus group people said GPs were reluctant to refer patients to specialists or run tests unless the symptoms were extreme.²⁹ Another participant said that their GP gave repeat prescriptions for migraine but did not offer any investigation as to the triggers.³⁰

Some (4) callers also felt that their GP was not listening to them, including a wheelchair user with mental health issues who felt his GP was calling him a liar, and a lady who wanted to come off her PTSD medication due to side effects. At a community focus group another person told us they did not think the GP was listening to their views about long-term medication.³¹

2 contacts described delays to prescriptions - *'I go through the trauma again of getting my prescriptions very late and at best at the last minute.'* 2 more said they had been prescribed the wrong medication or wrong dosage.

In 4 cases, problems have been reported around authorisations for certain treatments - in 3 this was about skin emollients. One GP refused to prescribe a treatment which the hospital paediatric allergy clinical nurse specialist had recommended, saying the patient did not need it and it was not CCG-approved (this was not accurate). Another person was told that their previous emollient was no longer available, though the CCG advised that there were no restrictions to that item. Another patient was dissatisfied that the GP could not re-prescribe a cream given by the dermatology clinic.

Other miscellaneous concerns about quality of care have included:

- A person on thyroid medication told us in late August 2015 that they had not had a blood test since 2014, though this was meant to happen every six months - the GP was prescribing the medication continuously.
- A person was concerned that their surgery did not have enough doctors to diagnose and care for their mother with suspected dementia.
- A mother told us the Evelina hospital had not received a referral for her child's urgent cardiology care (it was unclear whether the GP was at fault).

²⁹ [Latin American Women's Community Focus Group \(2013\)](#)

³⁰ [Somali Women's Community Focus Group \(June 2014\)](#)

³¹ [Bengali Women's Community Focus Group \(June 2014\)](#)

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- A family told us that they received a request from the surgery to bring in their baby for ongoing care following hospital admission - it later emerged that the hospital had sent this instruction eleven months prior.
- One person told us that their surgery did not always have the right information to hand, for example where to get a children's blood test.³²

Interestingly, our Enter and View visits to King's and St Thomas' A&E departments showed that sometimes people actively choose to use A&E rather than their GP because they feel the quality of care is better. A patient at King's said, *'I think I am going to be treated better here. [My] doctor has less resources to treat me,'* and staff said patients often believe A&E doctors are more skilled. Staff at St Thomas' told us, *'patients feel like they get a better service...if they don't like 3 or 4 GPs at their surgery they feel they might have better luck here,'* and that some patients think A&E doctors can access better testing equipment or specialists, which is often not the case.³³



Record keeping

2 people contacted us about errors in their medical notes, with one person deregistered as their notes contained the wrong name and address, and another saying that letters they had written to the GP had not been uploaded.



Length of appointments

Some people feel that the usual ten-minute appointment is not enough to discuss their health concerns; others felt rushed during this appointment:

*'I'm quite rushed...even though I make double appointments. There isn't enough time to talk. Maybe because they are running late.'*³⁴

*'They want to get you out of the door like a factory.'*³⁵

'The GP doesn't have enough time to listen to our problems. I feel like they don't want people with mental health [problems]. They think we talk too much silly things, and say 'quickly, quickly'. They give

³² [Somali Women's Community Focus Group \(June 2014\)](#)

³³ [St Thomas' Hospital A&E \(June 2016\)](#), [King's College Hospital A&E \(May 2016\)](#)

³⁴ [Somali Women's Community Focus Group \(June 2014\)](#)

³⁵ [Somali Women's Community Focus Group \(June 2014\)](#)

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*medications and that's it. I feel like I don't have enough time to explain my problem.*³⁶

In contrast, 2 people told us that their surgery would proactively offer longer appointments for those with complex needs - *'Receptionists see different conditions I have and will offer a double appointment to talk through the issues, that is good.'*³⁷



Staff manner

When asking people about interactions with their GPs, we heard very mixed views and some said manner varied greatly between doctors. Some were happy - *'I feel very comfortable talking to my GP, if I get to see him!'*³⁸ *'The GP's understanding is good'*³⁹ - whereas others disagreed - *'It's like going into a military camp; you come out feeling ten times worse than when you went in;'*⁴⁰ *'she won't give you the chance to speak - I recently asked for the man even though I'd like a women but she isn't nice. If she is the only one I can see, I won't take the appointment.'*⁴¹

One person said they would like better information - *'more explanation when in the appointment to explain why I am taking this medication.'*⁴² Another said that they did not like it when their GP gave 'options' as to what the problem might be and did not pinpoint it.⁴³

One pregnant caller was extremely dissatisfied with her GP's attitude to her health - she had been advised to see him by her midwife, but the GP rudely told her she should not have come in and said, 'I've got flu too, I ache too.' A similar unsympathetic response was reported by a mother whose small child had been coughing - *'The doctor was dismissive and said, 'why come, what can I do for you... Okay, maybe I'll put a sign at the front and say if you have flu, cold or cough, don't come in.'*⁴⁴

³⁶ [Vietnamese and Chinese Mental Health Focus Group \(October 2015\)](#)

³⁷ [Bengali Women's Community Focus Group \(June 2014\)](#)

³⁸ [Gypsy and Traveller Community Focus Group \(July 2016\)](#)

³⁹ [Vietnamese and Chinese Mental Health Focus Group \(October 2015\)](#)

⁴⁰ [Gypsy and Traveller Community Focus Group \(July 2016\)](#)

⁴¹ [Somali Women's Community Focus Group \(June 2014\)](#)

⁴² [Bengali Women's Community Focus Group \(June 2014\)](#)

⁴³ [Somali Women's Community Focus Group \(June 2014\)](#)

⁴⁴ [Bengali Women's Community Focus Group \(June 2014\)](#)

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2 contacts told us that manner can be more of a problem among reception staff - *'some of the reception staff have very poor customer service skills and have on occasion upset myself and members of my family.'*



Cultural understanding

We have heard mixed views about doctors' understanding of patients' cultures. One Traveller told us, *'We have a lovely doctor [who] is Indian. He understands and says to me 'hang on lady, let me get you a lady doctor' because he knows straight away. To me because he has the same kind of culture we have, he respects it.'*⁴⁵ However, a Vietnamese person told us, *'I don't think they understand our religious background and problems. They're good at broken arms but not mental health.'*⁴⁶ In our Somali and Bengali community focus groups, some medical staff were described as sensitive, for example asking permission to examine the patient, whereas others did not understand issues such as preference for a female doctor or not knowing one's date of birth.⁴⁷ Some Latin American women told us it was embarrassing for women from their culture to speak to men about issues like sexual health.⁴⁸

A couple of people told us that they thought prejudice around disability, ethnicity/religion or age affected the GP's interactions with them, with Deaf focus group participants saying they had felt *'talked down to,'*⁴⁹ and Somali women saying that *'People see a woman, big scarf, and think she wouldn't understand. I have been quiet in a meeting and then when I have spoken, I've been told that I've got good English - then they look scared and then people look like they are being careful about what they are saying;' 'I used to interpret a lot for my [elderly] mother... They would say 'hello, how are you', and pat her hand - it was so patronising.'*⁵⁰



Holistic care and signposting

Group discussions have shown that many people feel GPs do not have enough time to provide holistic care including supporting patients to make positive lifestyle

⁴⁵ [Gypsy and Traveller Community Focus Group \(July 2016\)](#)

⁴⁶ [Vietnamese and Chinese Mental Health Focus Group \(October 2015\)](#)

⁴⁷ [Somali Women's Community Focus Group \(June 2014\)](#), [Bengali Women's Community Focus Group \(June 2014\)](#)

⁴⁸ [Latin American Women's Community Focus Group \(2013\)](#)

⁴⁹ [Deaf Community Focus Group \(Dec 2013\)](#)

⁵⁰ [Somali Women's Community Focus Group \(June 2014\)](#)

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changes and prevent illness - they have time only to identify people at risk and flag them on the system.⁵¹

Many discussions have indicated that people in need of social care support, including support as carers, are ‘falling through the gaps’, and that GPs could have a stronger role in identifying and signposting these people.⁵² One person said that he had been a carer for 2-3 years prior to receiving an assessment, despite being in contact with his GP.⁵³ It was highlighted as particularly positive by one person that their GP had helped them to get benefits due to their many chronic illnesses.⁵⁴

It should be noted that the SAIL scheme, which has coordinators working with GP surgeries, provides holistic assessments for older people and helps them access local services which can support them in maintaining their independence, safety and wellbeing.



Long waits in the surgery

2 people have contacted us about long waits when attending appointments, including one who cited waits of up to 1 hour 40 minutes. This was also mentioned in a community focus group.⁵⁵



Fees and forms

Though we receive more contacts from people concerned about fees in pharmacy and dentistry, some have raised concerns about fees in general practice as well. One person had previously had malaria prevention tablets on prescription but on changing GP was told they had *never* been free, which is not true locally. While practice policies on this vary, it is possible the GP was a locum and misinformed. Another person contacted us when worried that their GP was requesting £20 to issue a return-to-work certificate.

In addition to the above, 2 people told us of problems accessing documents they needed for occupational reasons. A taxi driver had waited 9 weeks for a form he

⁵¹ [‘Your Care, Your Services: Issues to Solutions’ Forum \(June 2015\)](#)

⁵² [Carers’ Focus Group \(Jan 2015\)](#), [‘Your Care, Your Services: Issues to Solutions’ Forum \(June 2015\)](#), [‘Spotlight On Social Care’ Forum \(July 2014\)](#), [‘Building Our Network’ Forum \(Dec 2013\)](#)

⁵³ [Carers’ Focus Group \(Jan 2015\)](#)

⁵⁴ [Bengali Women’s Community Focus Group \(June 2014\)](#)

⁵⁵ [Somali Women’s Community Focus Group \(June 2014\)](#)

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needed in order to continue working; an army recruit had not had his records sent on time to the Ministry of Defence.



Listening to feedback

Discussions show that GPs need to improve mechanisms for people to give feedback, with people suggesting more visible feedback forms and more awareness of patient participation groups (*'very often people don't know this exists'*). People say that they do not feel feedback is always acted upon - *'I don't feel it is valued because it isn't recorded or surveys aren't listened to or actioned - it seems like opinions are given but then ignored;*⁵⁶*'I don't know what happens to that [suggestions] box;*⁵⁷ *'They are going to do it regardless of our voices.'*⁵⁸

Healthwatch Southwark asked in community focus groups what people knew about GP complaints procedures - concerns emerged around knowing how and where to complain, lack of trust in the complaints system, and worries about the repercussions of making a complaint - *'You don't know if this would affect the service you get;*⁵⁹ *'I'm worried what will happen;*⁶⁰ *'People are scared or reluctant to give feedback quite often as they don't want to be black marked as trouble makers.'*⁶¹

We have been contacted independently by 2 people unhappy about the complaints process at their surgery: one said that they had not received a response within a month, the other that they had several times tried to speak to the Practice Manager and been told they were not available.

⁵⁶ ['Building Our Network' Forum \(Dec 2013\)](#), [Latin American Women's Community Focus Group \(2013\)](#), [Bengali Women's Community Focus Group \(June 2014\)](#)

⁵⁷ [Somali Women's Community Focus Group \(June 2014\)](#)

⁵⁸ [Bengali Women's Community Focus Group \(June 2014\)](#)

⁵⁹ [Somali Women's Community Focus Group \(June 2014\)](#)

⁶⁰ [Somali Women's Community Focus Group \(June 2014\)](#)

⁶¹ ['Building Our Network' Forum \(Dec 2013\)](#), [Latin American Women's Community Focus Group \(2013\)](#), [Bengali Women's Community Focus Group \(June 2014\)](#)