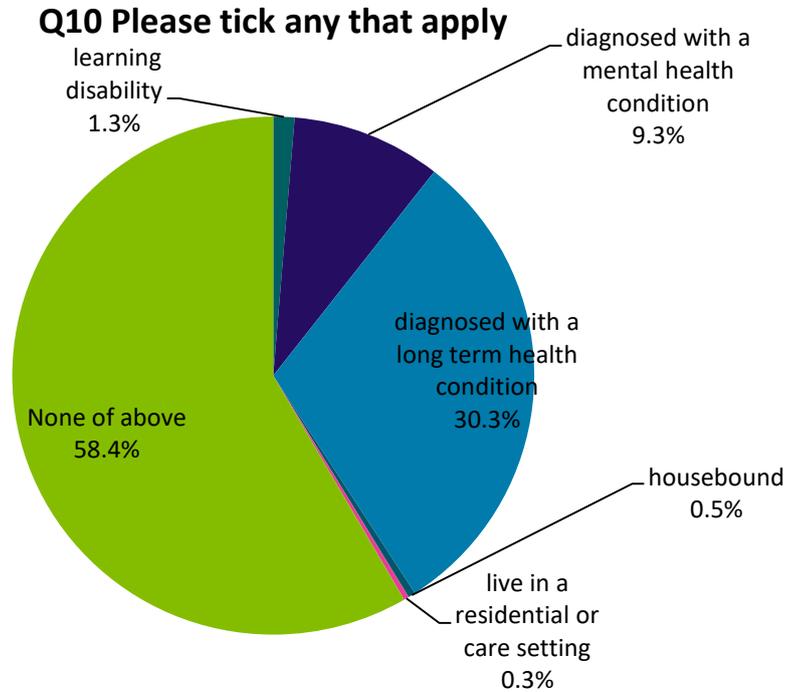


Appendix 1: Survey Results and Detailed Analysis

Health and Work Status:

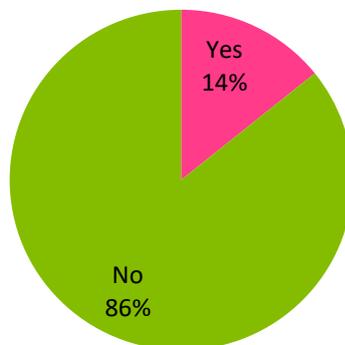
Question 10: Please tick any that apply



Nearly a third of people were diagnosed with a long term condition (30%), nearly one in 10 people (9%) were diagnosed with a mental health condition, 1.3% had a learning disability and less than 1% were housebound or lived in a residential care setting (0.5%, 0.3%).

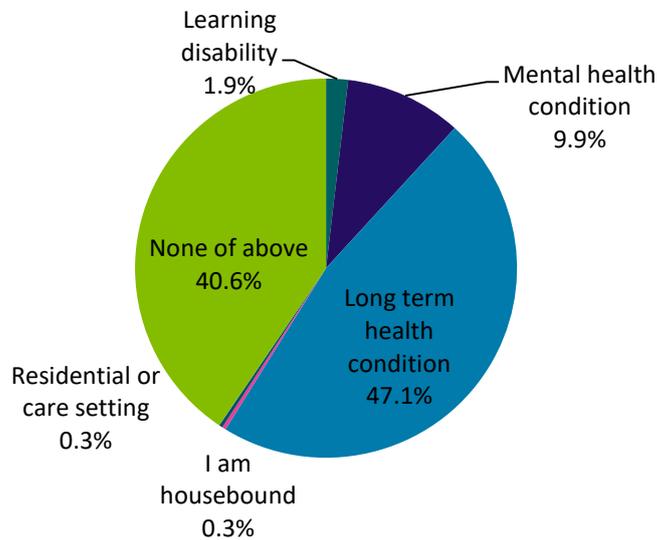
Question 11: Have you been admitted to hospital in the past 12 months?

Q11 Admitted to Hospital in the last 12 months



We further examined information about the 14% of people (299) who confirmed they had been admitted to hospital within the last 12 months, by comparing it with Question 10. Admitted to hospital in the last 12 months compared with Question 10:

Q11 (subset) Admitted to hospital in Last 12 Months

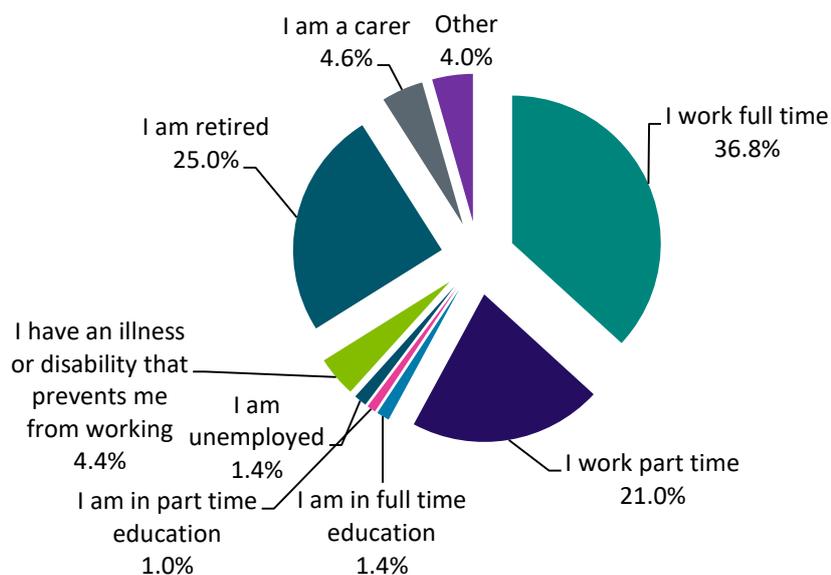


Of those admitted to hospital in the last 12 months, nearly half (47%) had been diagnosed with a long term health condition, whereas just under a third of all survey respondents (30%) stated they had a long term condition overall.

People with a long-term health condition as well as those who have been admitted to hospital are more likely to require more regular follow-up and monitoring to manage their care.

Question 12: What best describes your situation:

Q12 What best describes your situation

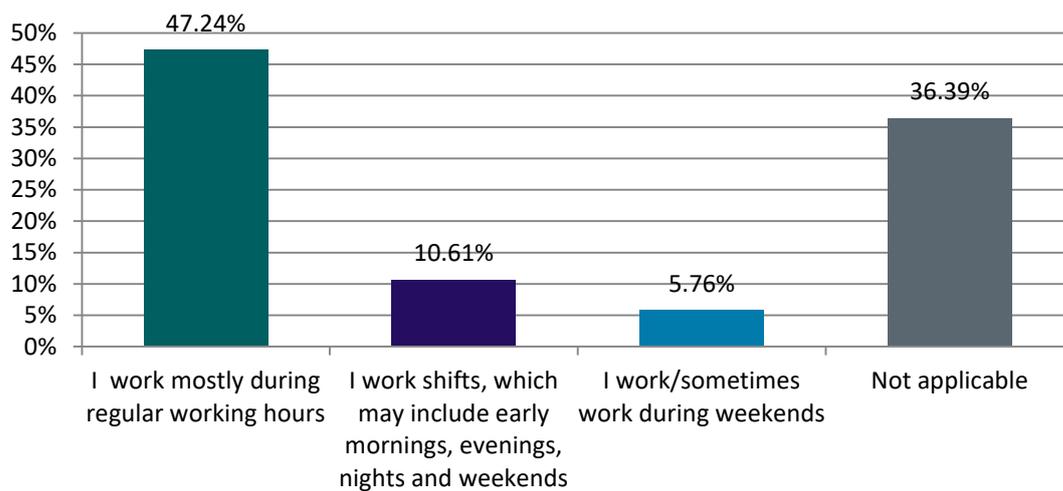


The largest proportion of responses (83%) came from those who worked full time (37%), were retired (25%), or worked part time (21%). A further 5% were either a carer or had an illness or disability that prevented them from working. There were a total of 101 respondents (4%) who selected 'other'. Within this group, people identified themselves as the following: self-employed (25), volunteer (19), carer (11), stay-at-home parent (12), housewife (11), health issues (9), maternity leave (4), or none of the above (3). (NB While this question asked "what best describes your situation", some people chose more than one response).

For questions 12 and 13, given that an appointment with a doctor is currently only available during weekdays, it would be reasonable to assume that those who work full time during regular hours or shifts, or are in full time education are potentially more likely to be affected by access to an appointment with a doctor. However, it would be important to consider how access to a GP appointment might be affected by other circumstances, such as being a carer, or not being able to work due to a disability etc.

Question13: If you work, which best describes your working pattern:

Q13 What is your work pattern?



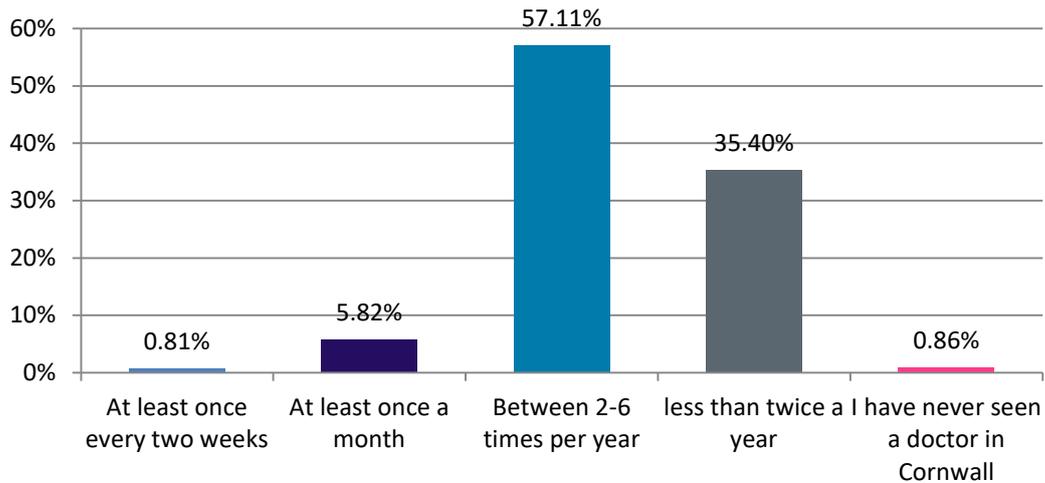
Nearly half of those who completed the survey worked during regular hours (47%), with one in 10 people (11%) working shifts which may have included early mornings, evenings, nights and weekends.

Your Experiences of Accessing an Appointment with a Doctor:

Question14: How often do you see a doctor at your surgery?

Respondents were also given the option of skipping to Question 23, if they had never seen a doctor in Cornwall.

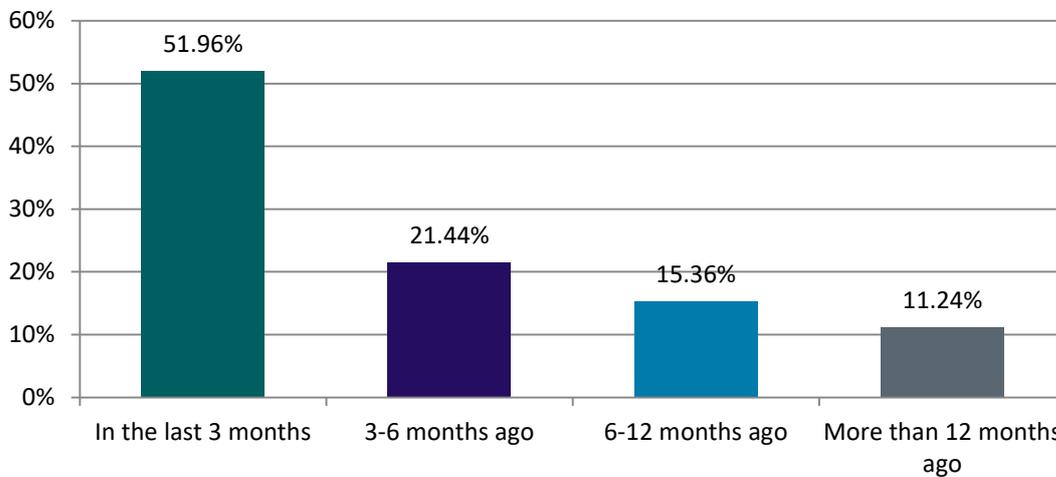
Q14 How often do you see a doctor at your surgery?



Over half of people (57%) visited their doctor between two and six times per year with just over a third (35%) seeing their doctor less than twice a year.

15. When did you last see a doctor at your surgery?

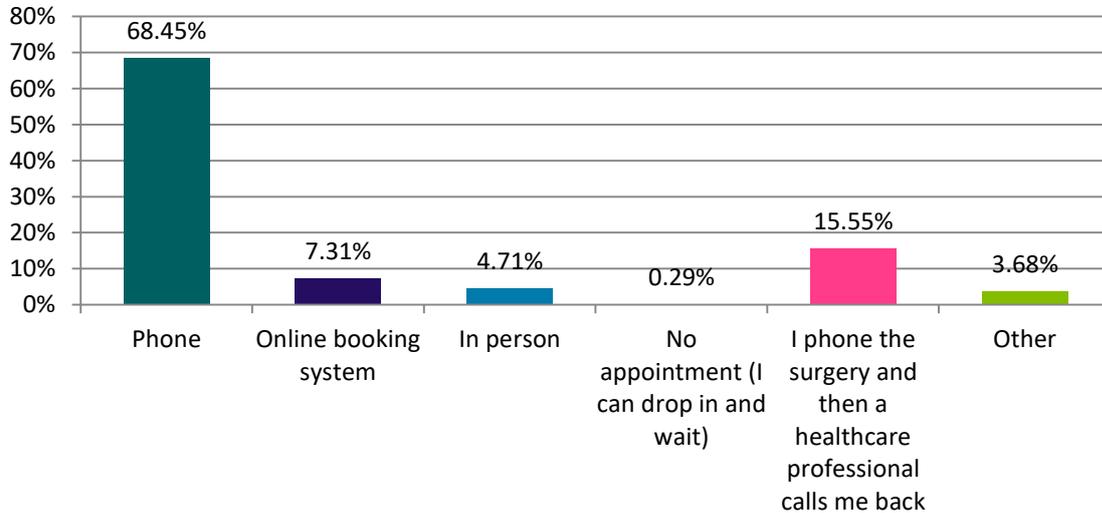
Q15 When did you last see a doctor at your surgery?



Opinions expressed in this survey were reflective of experiences in the last year, on the whole, given that nine out of ten people (89%) had seen a doctor in the last 12 months

16. How do you normally book an appointment with a doctor at your surgery?

Q16 How do you normally book an appointment with a doctor at your surgery?



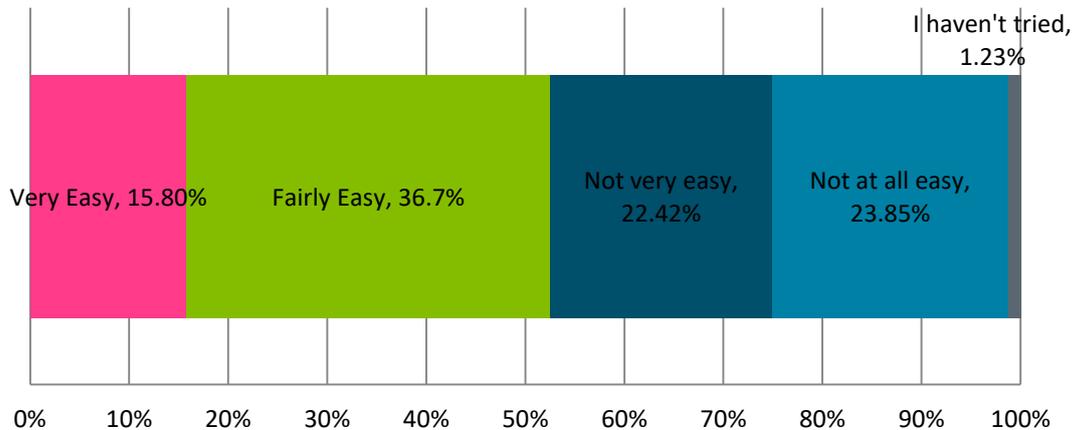
The majority of appointments were booked by phone (84%) of which 16% were booked using a telephone triage system. This is where a decision is made within the practice by taking information from the caller about their medical condition or what they need to see a doctor about, prior to booking an appointment. Administrative staff may need to speak with another healthcare professional or doctor, prior to either arranging an appointment with, or organising for a call back from a doctor (or suitable healthcare professional). Not all practices across the locality operated a triage service. Comments relating to triage systems were spread across two thirds of practices, with the majority being from approximately one fifth of those surgeries. This meant it was not clear which practices operate a triage system in full, as their only way of booking an appointment with a doctor as opposed to where some people may have access to a consultation with a doctor by phone.

Appointments were booked online by 7.3% of people, 4.7% made an appointment in person and 3.7% stated other. In the category of 'other', some people used a combination of ways to book an appointment, some of which was driven by the difficulty in either getting through on the phone or difficulties with online services, which then led them to try another method.

“There is no normal way. I go with any way I can. Phone lines are normally engaged and online booking is generally full. I try and book via phone but at times end up heading to surgery to make a booking.”

17. How easy is it to get through to speak with someone when phoning to book an appointment at your surgery?

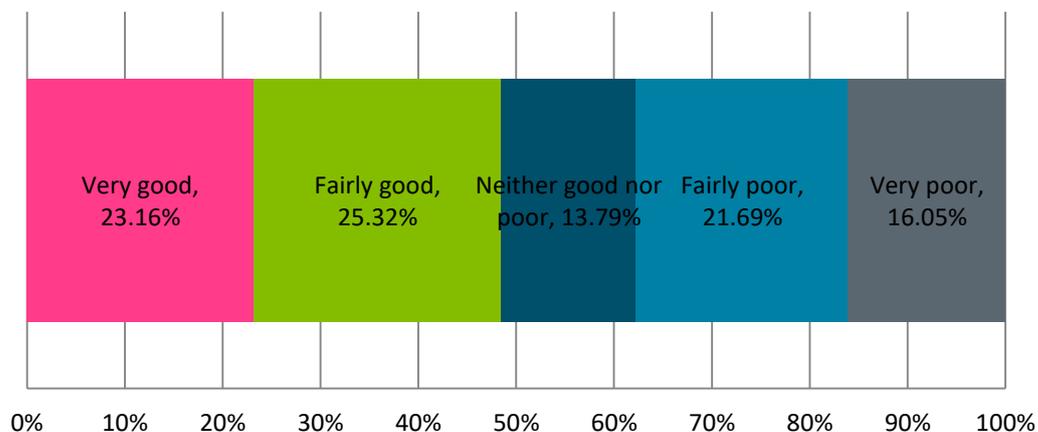
Q17 How easy is it to get through to speak with someone when phoning to book an appointment at your surgery?



Getting through on the phone to make an appointment was rated as easy by 53% of people: very easy 16% and fairly easy 37%. A further 22% rated getting through on the phone as not very easy, with 24% finding it not at all easy. How easy or difficult it was to get through varied depending on which practice people were registered with. There was a wide variation in the ranked score attributed to this question, with 12.5 being the lowest (a positive ranking) and 35.3 being the highest (a negative ranking) (see appendix 5 and appendix 6). While getting through on the phone to make an appointment was rated higher in Cornwall than nationally, in the National GP survey 2017 (74% vs 68% of respondents finding it easy to get through to someone at their GP surgery) results did also show a variation in experiences between practices: the lowest being 21% of patients saying it was easy and the highest being 99%. 'Easy' referred to a combined score of very easy and fairly easy. (Ipsos MORI, 2017).

18. Overall, how would you describe your experience of booking an appointment at your surgery?

Q18 Overall, how would you describe your experience of booking an appointment at your surgery?



Nearly half (48%) of respondents rated their overall experience of booking an appointment as good: very good 23% and fairly good as 25%. Experiences were rated as poor by 38% of people: fairly poor 22% and very poor 16%. The remaining 14% rated their experience as neither good nor poor.

People's experiences of booking an appointment varied depending on which practice they were registered with. There was a wide variation in the scores by which practices were ranked, 10 being the lowest score (a positive ranking) and 41.17 being the highest score (a negative ranking) (see appendix 5 and appendix 6). As with Question 17, people's overall experience of booking an appointment differed to an extent when compared with the National GP Survey results for KCCG, where 80% of experiences of making an appointment were rated good (either very good or fairly good) (Ipsos MORI, 2017). One explanation for this difference could be that it was caused by a higher proportion of negative responses being attributed to practices where both the number of responses, as well as the percentage of negative responses was high. For example, for the 5 practices with the highest number of responses (a total of 635), only 31% of responses were rated as good (fairly good and very good) and 53% were rated as poor (fairly poor and very poor). When the data for these practices is removed, the overall percentage of good experiences increases to 54%, showing it does not have an overly significant impact on the data once removed. Nevertheless, it could indicate that people were potentially more inclined to respond to the survey if they had a negative experience to share.

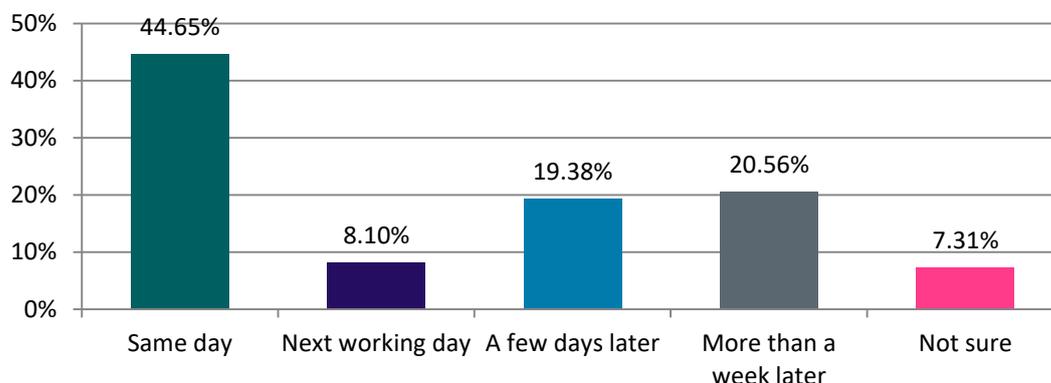
In the section 'other', where people were free to comment about their experiences, there were numerous comments, for which a higher proportion were of a negative sentiment. Common themes were as follows: Not being able to get through on the phone with either the phone being engaged or having a long wait to get through to speak to someone on the phone, lack of availability of appointments once through, not being able to make appointments in advance, having to discuss medical details with administrative staff - often in relation to triage, and to a lesser extent, not being able to make an appointment with a preferred doctor.

“Can take some time to get through and appointment availability varies... used to be very easy now not so.”

“You ring at 8:30 for an appointment that day. A new system of being in a queue has helped, previously it was just an engaged tone and you had to hang up and redial until you got through. The option of travelling to (branch surgery) or (main surgery), if desperate to see a Dr that day is useful. It is frustrating that it seems very difficult to get an appointment planned in advance for something non urgent, eg, so it can be planned around work etc or if they've run out of appointments for the day. When I've asked this question, it is "call back tomorrow at 8:30 for an appointment on that day".”

19. Generally, how long after contacting the surgery are you either given an appointment with a doctor, or receive a phone consultation with a doctor?

Q19 How long between contacting the surgery are you given an appointment with a doctor or receive a phone consultation?

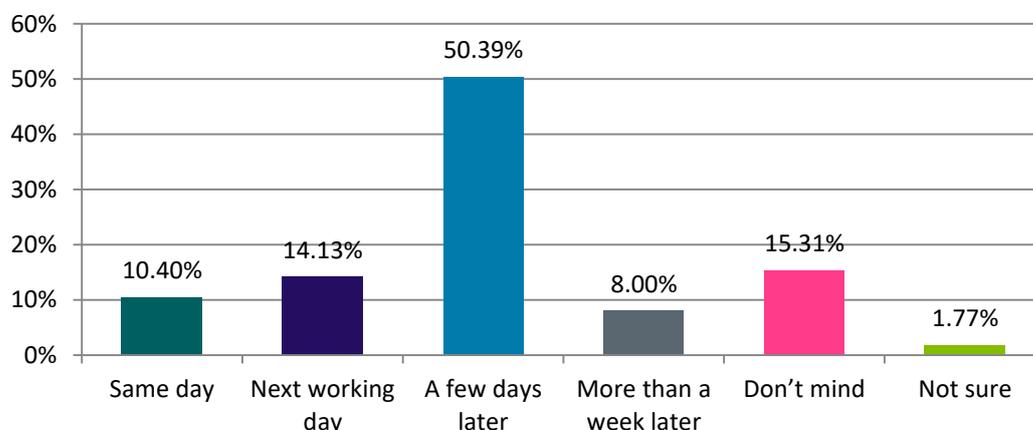


For a routine/non-emergency appointment, more than half of respondents who wanted an appointment with their doctor were given an appointment, or received a phone consultation on either the same day (45%), or the next working day (8%). Nearly a fifth (19%) had an appointment or consultation a few days later, and 21%, more than a week later. The remaining respondents (7%) were not sure how long after contacting the surgery they saw or spoke with a doctor.

There was little notable difference in when people were given an appointment, when comparing responses with people’s personal situation, as defined in Question 12 (work full time, work part time, retired, carer, unemployed, disabled, full time student, part time student, other) (see figure 1.0). This could suggest that people’s working and personal situation had little influence on when appointments were offered.

20. Generally, for a routine/non-emergency appointment, when would you want to see a doctor?

Q20 For a routine/non-emergency appointment, when would you want to see a doctor?



Half (50%) of respondents wanted to see a doctor a few days later for a routine/non-emergency appointment. A further 15% didn't mind, 14% wanted an appointment the next working day, 10% the same day and nearly 2% were not sure.

It is important to consider that in response to Question 19, (How long after contacting the surgery are you either given an appointment with a doctor, or receive a phone consultation with a doctor?), while nearly half (44%) of people were given an appointment on the same day, only 10% of people confirmed they wanted to see a doctor on the same day and 50% wanted to see a doctor a few days later.

“It would be nice to be able to book an appointment for another day other than the day you are calling, then a more convenient time could be found, this could easily be done online. Quite often you get through and told the time offered is all they have, take it or leave it and you can't book for the next day or any day after that.”

When comparing this with people's personal situation as defined in Question 12, there was little variation in preference (see figure 2.0). It is worth noting that in the category 'a few days later' in figures 1.0 and 2.0, people in part time education appear to have a higher percentage of responses than others (75%). However, there were only 3 people in this category, which then causes this trend. It is also worth noting the majority of survey respondents (83%) worked either full time (37%), part time (21%), or were retired (25%) for which there was little variation in responses across all possible options.

Fig 1.0 Q19 Generally how long after contacting the surgery are you given an appointment against situation

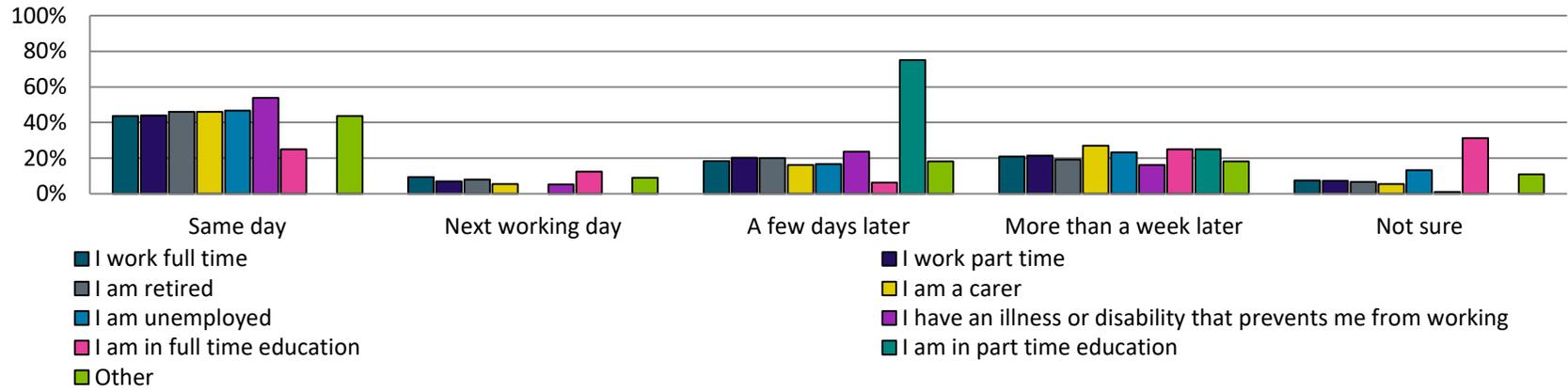
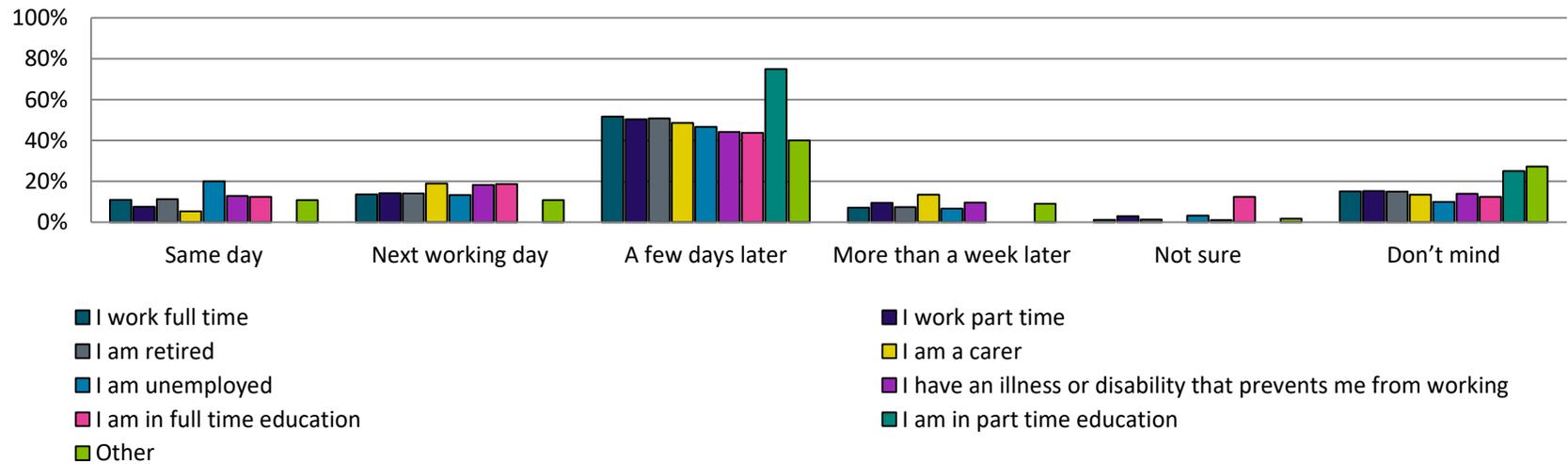


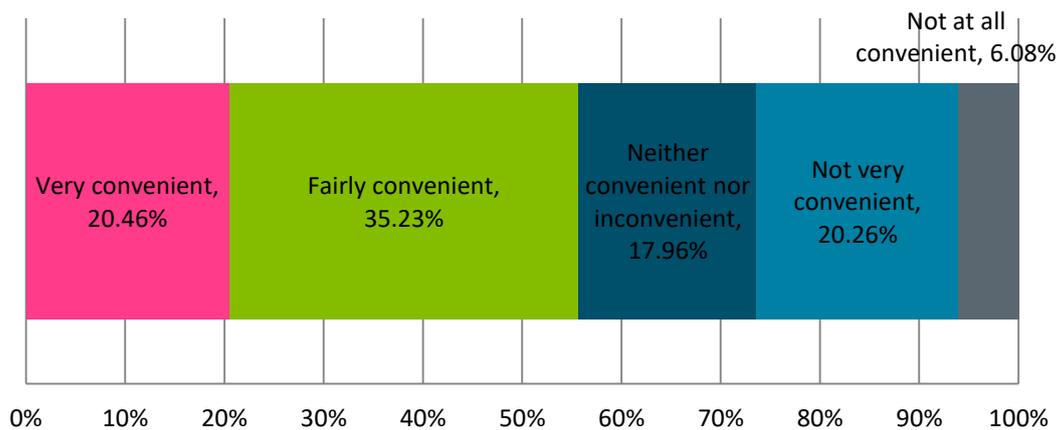
Fig 2.0 Q 20 Generally for routine/non-emergency appointment when would you want to see a doctor against situation



21. On the whole, how convenient are the appointment times usually offered with a doctor at your surgery?

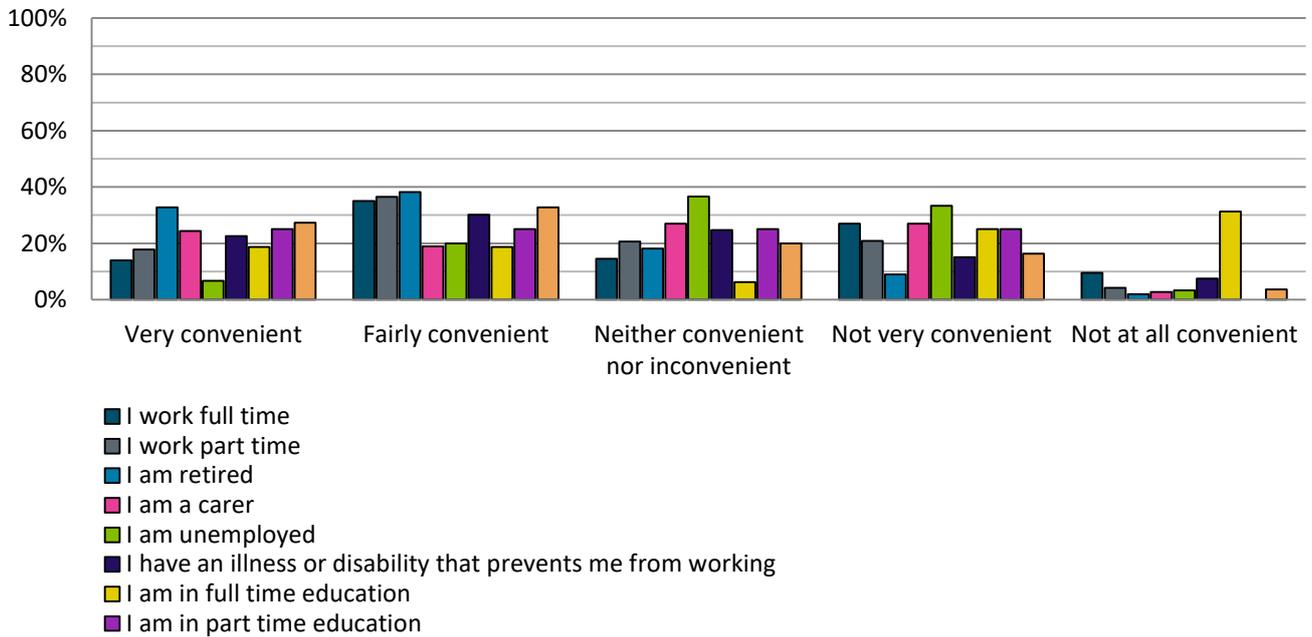
Appointment times were convenient for just over half of people who responded (56%): 20% found appointment times very convenient and 35% of people found them fairly convenient. Appointment times were neither convenient nor inconvenient for 18% of people, not very convenient for 20% of people and not at all convenient for 6%.

Q 21 How convenient are the appointment times usually offered with a doctor at your surgery?



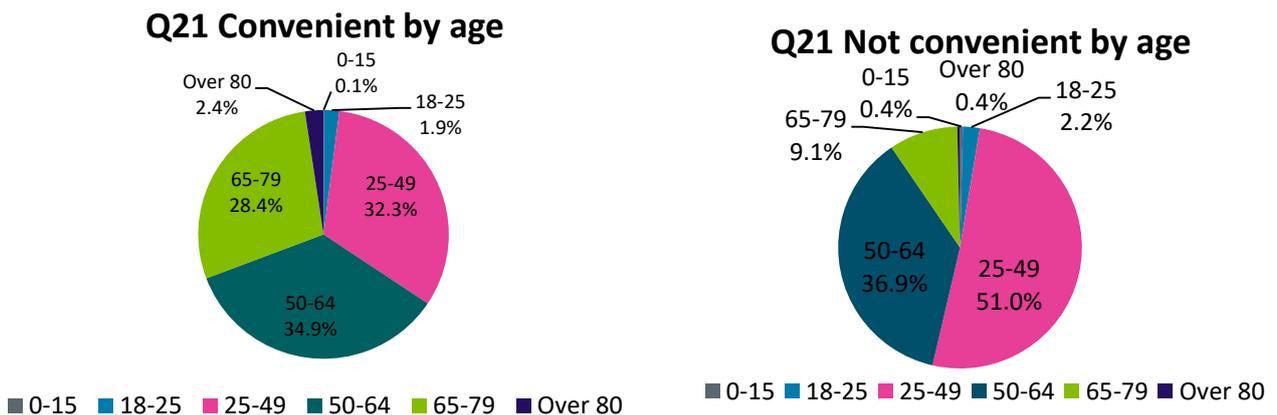
People who were retired were more likely to find appointment times convenient than any other category (figure 3.0). Those in full time education were most likely to rate appointment times as not at all convenient, however there were only very small numbers of respondents in this category as numbers of people in full time education who responded to the survey overall, were low (1%). Over a third of people who worked full time felt appointment times were not convenient: 27% not very convenient and 10% not at all convenient. (figure 3.0 below)

Fig 3.0 Q21 How convenient are the appointment times against work situation



As shown in Questions 19 and 20, personal situation did not influence when people saw or received a phone consultation with a doctor, or their preferences as to when they wanted to see a doctor. As such, convenience of appointment has been further compared with age profile, to understand if there were any differences dependent on the respondents' age.

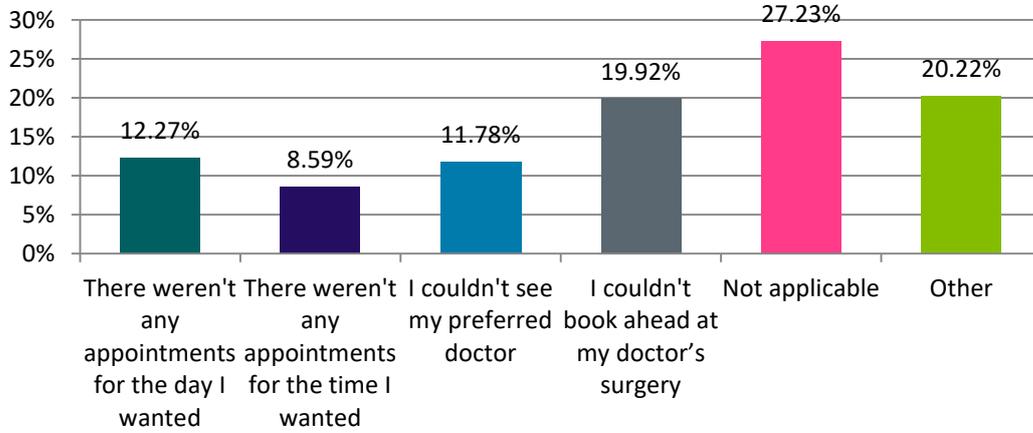
Figure 4.0



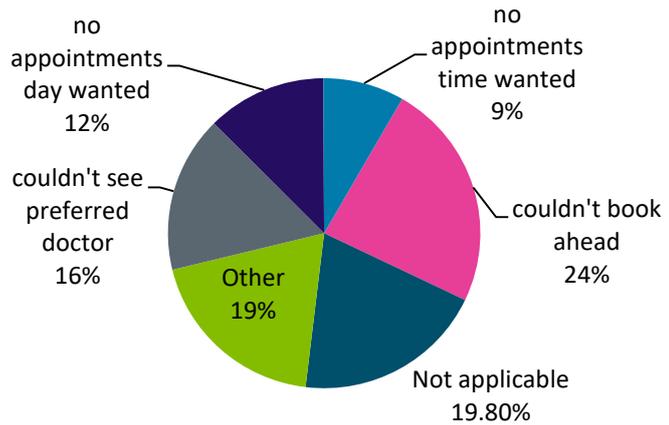
As shown in this breakdown above in figure 4.0, there was a difference in age profiles for those who felt their appointments were convenient (very convenient and fairly convenient) or not convenient (not very convenient and not at all convenient). People in the age bands of between 25-49 and 50-64 were more likely to find their appointments not convenient.

22. If your appointment times generally aren't convenient, why not?

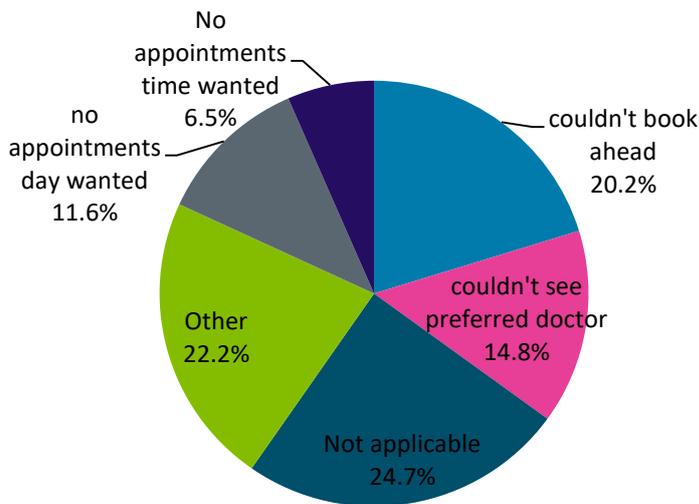
Q22 If your appointment times generally aren't convenient, why not?



Q22 (subset) People with mental health diagnosis



Q22 (subset) People with long-term conditions



Across all respondents, just over a quarter of people answered as not applicable (29%), which we have interpreted as meaning their appointments were consistently convenient. This category was combined with those who specifically told us their appointments were convenient (2%) in the category of 'Other'. The two second highest responses were: 'I couldn't book ahead' (20%) and 'other' (20%), followed by 'I couldn't see my preferred doctor' (12%), 'there weren't any appointments for the day I wanted' (12%), 'there weren't any appointments for the time I wanted' (9%). Day and time are therefore the reasons least likely to be why an appointment was not convenient.

A theme within the written comments section led us to separate the responses for people who had been diagnosed with a mental health, or a long-term health condition. People with a mental health diagnosis or a long term condition were less likely to find their appointments convenient, with more respondents selecting: they couldn't see a preferred doctor or couldn't book ahead as the reason. This was demonstrated by the either the responses they chose, or was written within the 'other' section comments.

All respondents to Question 22 who chose 'other' were provided with an opportunity to write about why their appointments may not have been convenient. The most common response in 'Other' subsequent to this was a combination of some or all of the factors of: not being able to see a preferred doctor, not being able to book ahead, time or day which resulted in appointments being rated as not convenient.

"It is hard to get through on the phone line but once we are through we so far have always been able to get a same day appointment. It would be nice to have more onward appt availability when you know you don't need to see a Dr for a few days or have availability to attend (ie Shift patterns). We always have to ring at 8.30 am on the day we want to be seen."

Other factors in order of commonality were: appointment times being inaccessible due to working hours, especially if same day appointments are commonly offered, which meant travel from work in time for the appointment could be difficult. People often had to take annual leave or found it difficult to receive a call back as part of a triage system, if they could not take a call at work. Other reasons included arranging child care or being a carer and as such, dependent on others. Others comments related to waiting several weeks for an appointment as the reason why a slot was not convenient."

"Several of the above, often not able to get on the day required. Times offered are poor with little flexibility and often I have to see a different doctor."

"Unless you are lucky enough to be one of the first few people to get through in the morning there is no chance of getting an appointment that day and they don't book ahead so I can't even request an appointment for the next day or the day after that."

"It is difficult to get an appointment around my work times but also difficult to book ahead for a suitable time/date. I have not always been able to see a Dr I wanted but usually just pleased to get in at all."

"...they won't let you book for the next day, they don't offer Saturday or rarely convenient evening appointments."

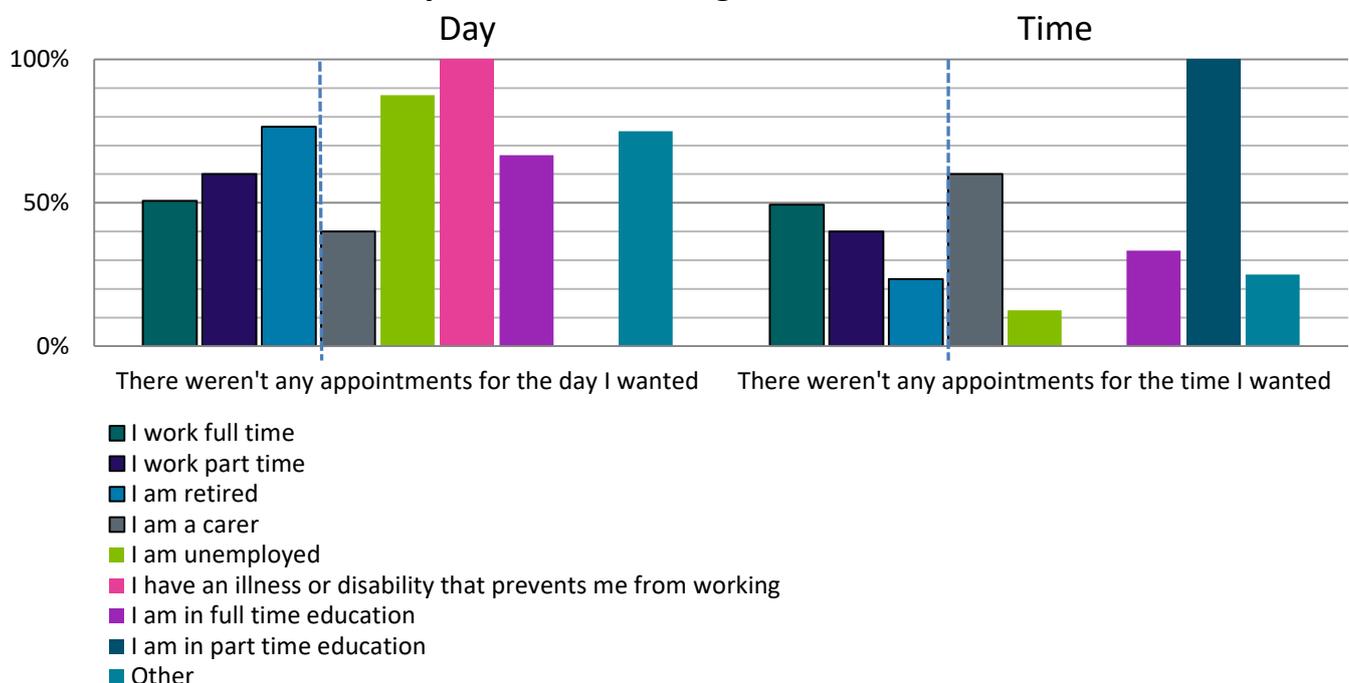
“It annoys me when you’ve been told by your GP to make another appointment in a week or so time, to be told by the receptionist that you can’t & will have to phone on the day.”

“It would be helpful to be able to book in advance for routine appointments without having to keep phoning on the day to see if any appointments are left. This would save taking annual leave from work which may then be wasted because there are no appointments left.”

We did not analyse the responses to ‘couldn’t see my preferred doctor’, ‘couldn’t book ahead’, or ‘other’ in comparison with the responses to Question 12 - (personal situation), as these responses were less likely to be influenced by for example, working full time, and related more to the appointment systems in place within the practice.

However, we did compare the two answers: there weren’t any appointment times for the ‘time’, or for the ‘day’ wanted with personal situation. It is first of all important to note that the last 6 categories in Question 12 (personal situation) contained much smaller numbers of responses (17%) than the first three categories (83%): work full time, work part time and retired, as previously iterated in this report. For Question 22, numbers of responses in the categories after the dotted line in figure 5.0 were small and contained less than 15 responses. For example, this means where 100% of people in part time education felt appointments were not convenient based on the ‘time’ of the appointment, a much larger sample size would be needed to ensure this was a true reflection of people who were in part time education.

Fig 5.0 Q22 (options 1 & 2) No appointments on the day or time wanted against situation



For the two largest groups of survey respondents (work full time, work part time) there was an even split between ‘time’ and ‘day’ for those who work full time, and a 60%/40% split in favour of ‘there weren’t any appointments for the day I wanted’, for those who work part time. The third largest group of survey respondents was ‘retired’. Three out of four retired

people (77%) felt appointments were not convenient due to their preferred ‘day’ rather than ‘time’.

To better understand for whom not being able to see a preferred doctor was the reason people found their appointment inconvenient, responses were broken down by age. We did this in order to understand whether certain age profiles had higher expectations of seeing the same doctor every time, which is something that might have previously been common in the past, hence the term, ‘family doctor’. (It is worth noting under the National GP contract, patients over the age of 75 years should have a named GP who coordinates their care; however patients are not obliged to only see their named doctor when booking an appointment). There were few differences in the age profile of those who did not find appointments convenient due to not being able to see a preferred doctor, when comparing with the age profile of all survey respondents. There was a small increase in those in the 65-79, and over 80 groups who found appointments not convenient because they couldn’t see a preferred doctor. (see figure 6.0 and 6.1 below)

Fig 6.0 Q22 (c) Age - Couldn't see preferred doctor couldn't see my preferred doctor

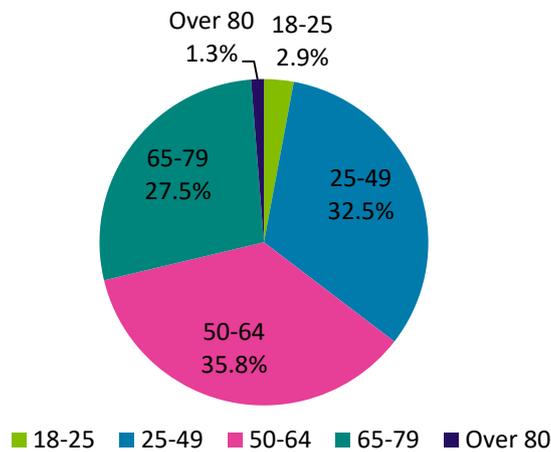
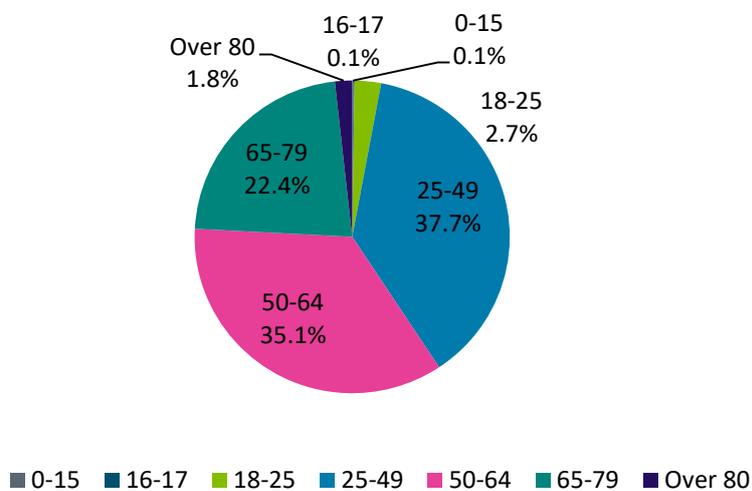


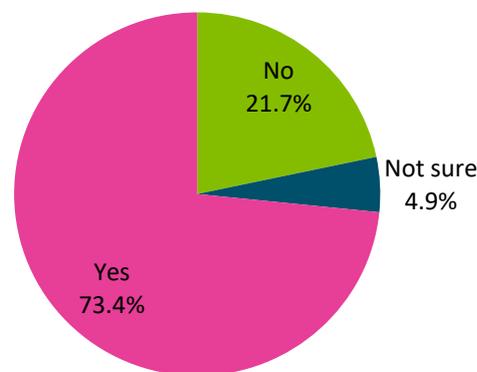
Fig 6.1 Age - All survey respondents



The preference of wanting to see a particular doctor was important to just over one in 10 people and influenced satisfaction in relation to appointment convenience. While this question asked people to choose only one option, for why their appointment was not convenient, it could be that if more patients were able to book ahead in order to access an appointment with a preferred doctor, or were given more choice in this regard, this could positively influence patient satisfaction.

23. (a) For a routine/non-emergency appointment with a doctor, do you feel appointments offered between 'normal surgery hours' (i.e. between 8am and 6.30pm approximately) are sufficient?

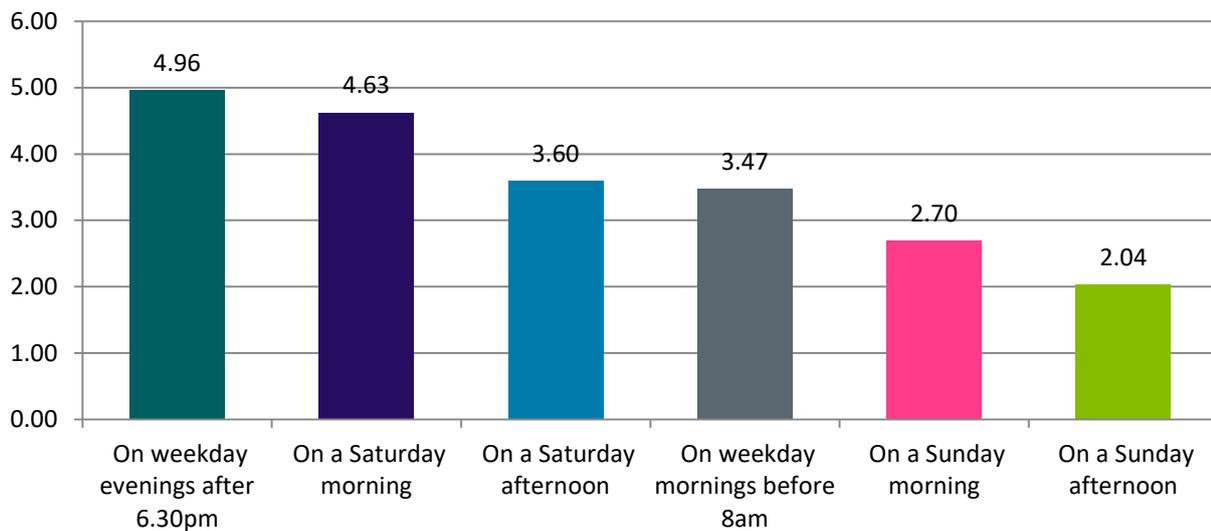
Q 23 (a) For a routine appointment with a doctor, are appointments in 'normal surgery hours' sufficient?



There is a high level of satisfaction with appointments times between the hours of normal surgery opening hours of 8am to 6.30pm and further demonstrates that appointment times is not the main cause for an appointment not being convenient for many. Nearly three quarters of respondents (73%) felt appointment times during normal surgery hours were sufficient. Nearly a fifth (22%) felt they were not sufficient, and 5% of people were not sure. People were then given the option of skipping to Question 24 if they answered yes here.

Of those who said no or not sure, people were asked to select their preferences as follows: Please now rank in order of preference, the following: (Higher score equating to MORE likely to be used)

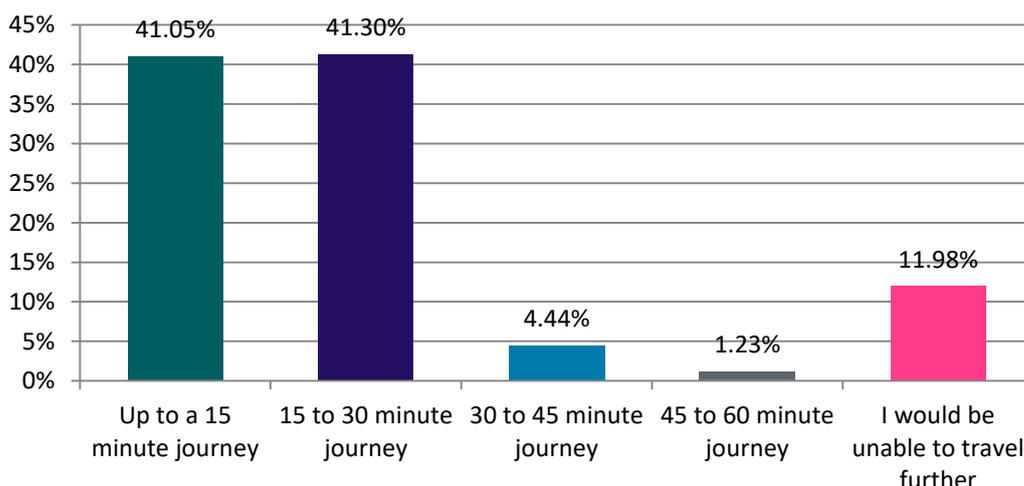
Q23(b) Order of preference based on averages



This demonstrated a preference for alternatives to appointments outside of ‘normal’ surgery hours of weekday evenings being the most popular, followed by: Saturday mornings, Saturday afternoons, weekday mornings before 8am, Sunday mornings and then Sunday afternoons.

24. To access an evening, routine/non-emergency appointment with a doctor? How far would you be prepared to travel to the appointment, if one was not available at your normal doctors’ surgery?

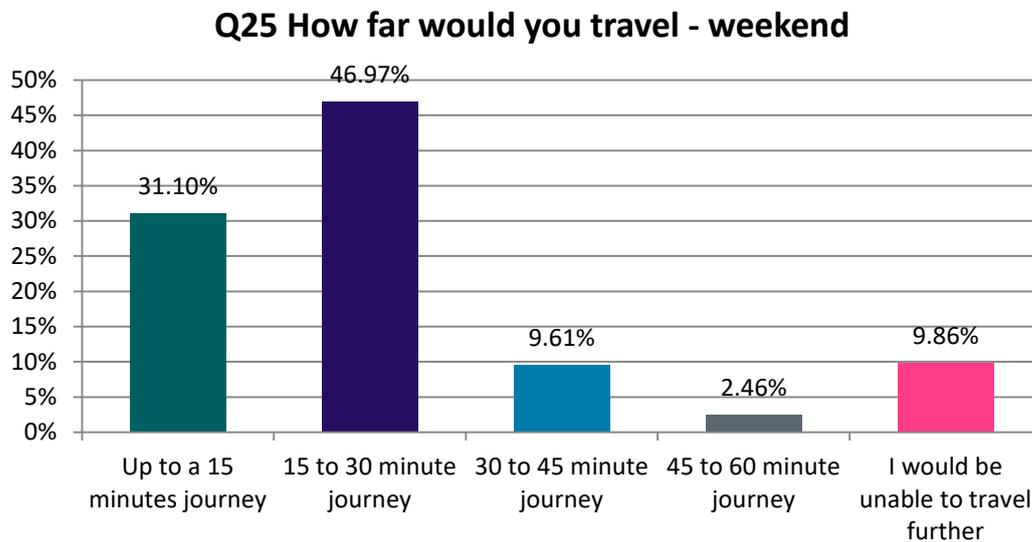
Q24 How far would you travel - evening



Nearly nine out of 10 people (88%) were willing to travel a 15 minute journey in the evening to access an appointment with a doctor, if they could not get one at their usual surgery: 41% would travel up to 15 minutes, 41% would travel up to a 30 minute journey, 5% would travel

up to a 45 minute journey, and 1% would be willing to travel for up to an hour. A further 12% of respondents reported they would be unable to travel further than their normal surgery.

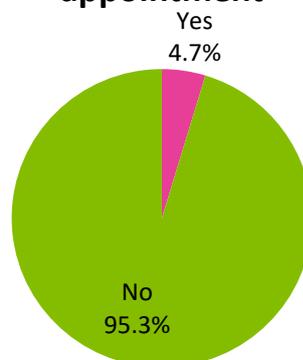
25. To access a weekend, routine/non-emergency appointment with a doctor, how far would you be prepared to travel to the appointment, if one was not available at your normal doctors' surgery?



Nine out of 10 people (90%) were willing to travel a 15 minute journey at the weekend to access an appointment with a doctor, if they could not get one at their usual surgery: nearly half (47%) would travel up to a 30 minute journey, a further one in 10 (10%) would travel up to a 45 minute journey, and 2% would be willing to travel up to a 60 minute journey. One in 10 (10%) of respondents reported they would be unable to travel further than their normal surgery.

26. Do you need support to attend an appointment?

Q26 Do you need support to attend an appointment



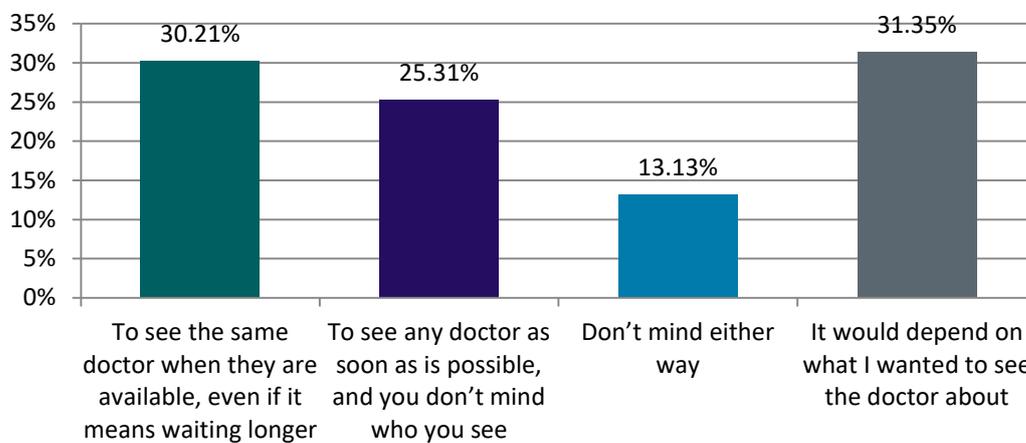
This question was asked in order to gain further insight into the number of and the types of support people in Cornwall needed in order attend an appointment with their doctor. In response, 5% of people confirmed they needed support to attend an appointment. Nearly half

of these responses related to issues with transport, such as being reliant on someone to drive them, nearly a third concerned mobility, disability and access requirements. The latter two categories people told us about were: needing support to help with understanding the consultation or needing to make additional arrangements due to child care or caring responsibilities.

27. For a routine/non-emergency appointment with a doctor, which is the most important to you?

If you select: To see the same doctor when they are available, even if it means waiting longer - please then skip to option 29.

Q27 For a routine appointment with a doctor, which is the most important to you?



Seeing a preferred doctor over speed of appointment clearly came through as the dominant preference. The first option for this question was: ‘To see the same doctor when they are available, even if it means waiting longer for an appointment - if you tick this option, please skip to Question 29. Nearly a third of people (30%) preferred to see the same doctor when available, even if this meant waiting longer. This once again highlights the preference for continuity of care with a preferred doctor and that people were willing to wait to make this possible.

... “it feels like such an effort to get an appointment especially when you suffer from a mental health condition...It’s also hard to get appointments with doctors you know, I find it stressful to see different doctors all the time.”

A third of people (31%) chose the option: ‘It would depend on what I wanted to see the doctor about’ and were able to write specific comments about this. For these people, nearly two thirds of the responses stated for long-term or pre-existing conditions, they would want to see the same doctor who knew them and their history well, however many of these responses also stated that for a new condition, it would not matter if they saw a different doctor. For almost a third of people in this subset, gender of the doctor influenced this preference, with females preferring a female doctor being most common. The remaining responses in order of commonality in this group, related to the seriousness or nature of the condition, especially if

there was a particular doctor known to have a special interest in that field of medicine. Remaining preferences related to having a relationship with or a preference for a particular doctor. Some of the responses contained a combination of the above.

A quarter of people (25%) were happy to see any doctor, as soon as possible and they didn't mind who they saw, suggesting speed of access was more important. A further 13% of people did not mind either way.

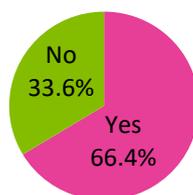
"If it was about a long standing problem I would like to see my usual doctor. If it was about something new eg a chest infection I would be happy to see whoever was available."

"I might ask for a GP with expertise/interest in a particular area, or choose a female GP for gynaecological issue etc."

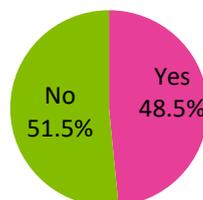
28. (a) For a routine/non-emergency appointment, would you still be happy to see a different doctor at a different location, if it meant you could see someone sooner?

The remaining 70% who did not skip from Question 27 to Question 29:

Q28(a) For a routine appointment, would you still be happy to see a different doctor at a different location, if it meant seeing someone sooner?



Q28(b) If you answered 'yes', would you still be happy to see a different doctor at a different location, even if they did not have access to your medical records?



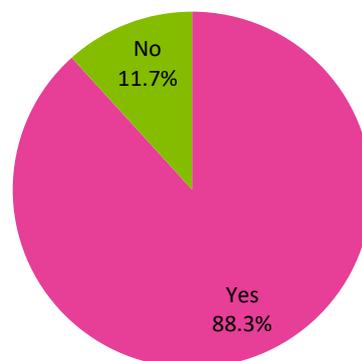
Of the remaining people (1406) who did not skip to Question 29 at the following question: Q27 For a routine/non-emergency appointment with a doctor, which is the most important to you? To see the same doctor when they are available, even if it means waiting longer - if you tick this option, please skip to Q29, two thirds of people (66%) were willing to see a different doctor at a different location if it meant they could see someone sooner. This

implied that nearly one in two people (44%) would be willing to see a different doctor and travel to a different location or surgery, if it meant they could see someone sooner, for a routine appointment. Given that 56% of people found their appointments to be convenient (Q21), 50% wanted an appointment a few days later (Q20), whereas 45% were given an appointment on the same day, and (Q19) 21% of people were given an appointment more than a week later (Q19), the 'yes' response to this question is likely to be involve multiple reasons.

When those who answered 'yes' to Q28 (a) (would you still be happy to see a different doctor at a different location, if it meant you could see someone sooner?) were asked in Q28 (b) if they would still be happy to see a different doctor at a different location, even if they did not have access to your medical records? (This may mean having to repeat information about your medical condition to them). The 'yes' responses dropped to just under half (48%) the equivalent of one quarter (25%) of total survey respondents.

29. GP practices employ many other healthcare staff who provide care. Are you happy to see another member of the practice team if they are qualified to meet your needs in more a timely way? (This could include: a pharmacist to review your medications with you, a nurse to review your long term condition(s), another member of staff who can help you gain access to other health, social care and voluntary services which may help you?)

Q29 Are you happy to see another member of the practice team if qualified



It is positive to see that nearly nine out of ten people would be happy to see a different, but suitably qualified member of the practice team, should one be available. It is evident from feedback within other sections of this survey and through feedback gathered by Healthwatch Cornwall, that the employment of other types of clinicians such as paramedics, physiotherapists, occupational therapists, as well as the expansion of existing role, such as: nurse associates, nurse-led minor injury clinics for example, are increasingly common in general practice. There were still comments in response to other questions where people had felt they were given an appointment with someone other than a doctor, where they were either not informed it would not be with a doctor or still felt the need to see a doctor, following the consultation.
(taken from Q32)

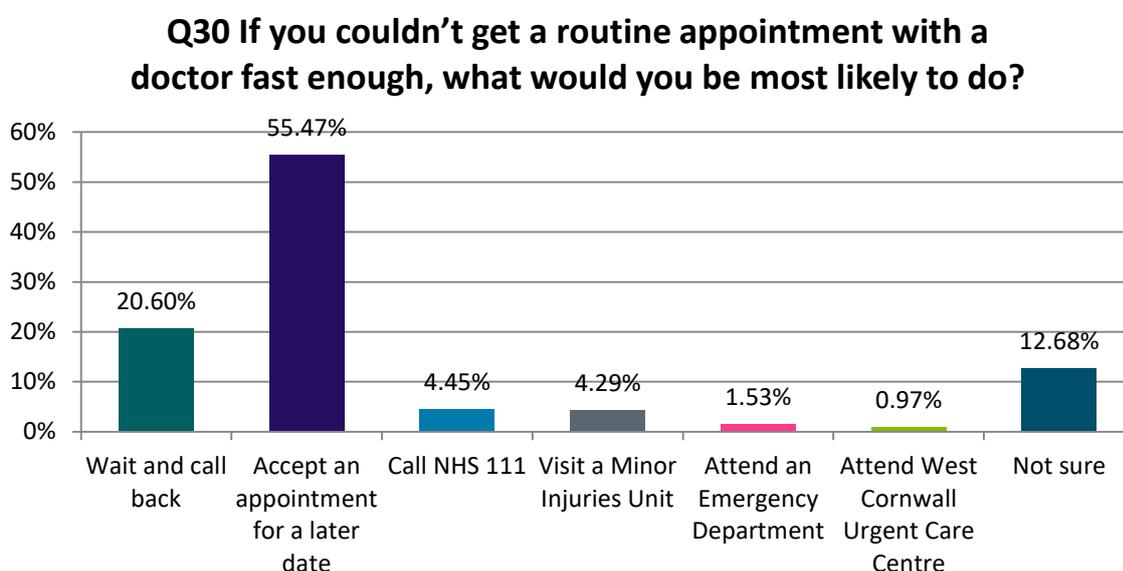
“...I'm more than happy to see a practice nurse if they can help.”

“...yes I think there should be more AHP’s in doctors surgeries physio, OT dietetics etc...”
(Allied Health Professional, Occupational Therapist)

“Excellent range of different professionals - I have often seen nurse practitioner who have always been excellent. They employ a paramedic to share home visits with GP.”

“I have been to the doctors 3 times (with same day “urgent” appointments) in the past two months with the same complaint and have been seen by the nurse and have not yet been seen by a GP.”

30. If you couldn’t get a routine/non-emergency appointment with a doctor fast enough, what would you be most likely to do?

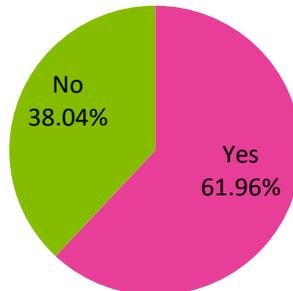


Just over half of people (56%) would accept an appointment at a later date, a fifth (21%) would wait and call back, 13% were not sure 4% would visit a Minor Injuries Unit, 4% would call NHS 111, 2% would attend and emergency department and 1% would attend West Cornwall Urgent Treatment Centre. Given that 55% of people would be happy to accept an appointment at a later date, it is comparable to responses to other questions in this survey such as Question 20, which showed that the largest cohort of people (50%) preferred an appointment several days later.

Parts of this feedback (where comparable) was in line with the National GP Survey data 2017 for KCCG (Ipsos MORI, 2017). For example, 17% would contact the surgery another time (similar to wait and call back) 2% of respondents in Cornwall would attend an emergency department. It is interesting to note however, Healthwatch Cornwall’s survey, 13% people were not sure what they would do next. It is not clear whether they knew where to look for advice (i.e. practice website, or whether advice as to an alternative had been provided). This is nonetheless something that could be considered for further public education, whether on the practice website, as a message while waiting in a practice call queue, as well as for public health education policy or campaigns.

31. Would you like more services available online from your doctors' surgery? This might include booking appointments, ordering medicines etc?

Q31 Would you like more services available online from your doctors' surgery?



Six out of 10 (62%) people would like more online services to be available from their surgery. Over a third (720) of people went on to tell us about the types of online services they would like from their surgery. Around a quarter of respondents said they already used some online services at their surgery, although, responses indicated the provision of a broad range of online services was not equitable across practices.

Around half of the responses showed people wanted to be able to book appointments online, often in addition with other online services. A quarter of people in this group wanted to access online prescriptions and a further 10% raised issues with online services currently available to them. The remaining responses included: being able to correspond with doctors; not wanting/not being able to use online service; believing online services discriminate against those who can't access them; accessing and updating medical records; and completing forms. People who worked full or part time (69%), were more likely to want more online services than others.

"I would use an online booking service, this would better enable me to arrange child cover, appointments etc... around the allotted appointment. It would also help ease telephone lines as often it is hard to get through to the surgery when it opens."

"It would be convenient for me to order medication online as I am a carer and find it difficult to get out to the surgery to ask for a repeat and it would also be convenient to book appointments online for the same reason."

32. If there is anything else you would like to tell us about your doctors' surgery, please use this space here:

Nearly half (47%) of people who took the survey responded with a comment in this section. The largest proportion (44%) were negative, followed by positive (35%) and around a fifth (21%) were either neutral or contained both positive and negative comments.

Positive:

While comments often contained a number of key themes, around half of the positive comments related to the quality of care people felt they received at their surgery and often included positive feedback about access to appointments.

“The staff both receptionist and Doctors are so caring and lovely, making you feel as a patient (both myself and family) that we are important in each visit.”

“All the staff are amazing!”

“Across the board, all staff are friendly and professional and have a caring attitude.”

A third were comments that demonstrated a general high level of satisfaction with the service they received, including access to appointments. Other key themes related to the attitudes and helpfulness of staff and the efficient running of the practice.

“First class service”

“They are very good given the climate of the NHS. I'm more than happy to see a practice nurse if they can help...”

“we are very fortunate with our doc surgery, it is well run, and all staff are extremely aware of different patients' needs etc and act accordingly..”

“A very efficient friendly surgery. Have never experienced problems in securing an appointment. Their Doctor led triage system has always worked for me”.

“...I like the fact you can pre-book future appointments when required, with no issues, as previous surgeries have declined this -which can be very difficult to get an appointment if having to phone at 8o'clock when I'm at work.”

Negative:

The most common negative issues people told Healthwatch Cornwall about were access to an appointment with their doctor. Often, several themes were included within each piece of feedback and as such, these are presented in order of commonality:

People informed us about the difficulties they experienced with appointment systems, in getting through on the phone to make an appointment, as well as the availability of appointments. It was clear that triage systems worked for some patients, and in some practices, but not all.

Comments often relayed how difficult it was to get through on the phone, especially first thing in the morning when the day's appointments were released. Furthermore, where triage systems were in place, some people found it difficult to both make and receive calls, for example, if they were on a school run or at work:

“Appointments are released in batches which results in a bottleneck on the phone at certain times of day or frustration in being told to try again at a later date and time.”

“How have all the appts gone for the day by 8.35 when the phone line doesn't open till 8.30 and apparently can't pre book.”

“I neglect myself and conditions rather than having to go through hassle of booking an appointment. If it's for my kids I persevere but not me.”

“Telephone call back systems are extremely difficult when you are a carer and work.”

“Have to discuss medical issues with a receptionist which I feel is intrusive. Appointments are weeks later and you have to wait a week to speak with a GP before you can even get an appointment.”

Some people experienced longer waits for routine appointments and/or appointments offered were not convenient to them. People shared examples of their frustrations with not being able to book in advance. Others commented on how this had impacted on their care:

“...When I work, how am I meant to keep calling and waiting up to 40 minutes to get through to be told, sorry no appointments available. That's when you have to ring and say it is urgent...”

“...There is an inequity of care in Cornwall. My family in Truro can get an appointment the same day. We cannot. We can't even book a future appointment, we have to phone back every day to see if there is an appointment for that day the next week! I only ever will go to the doctor if I am seriously unwell. Even then I'll put it off until I can stand it no longer!”

“It's a great practice, but routine appointments are impossible. Have to wait until deterioration forces plea for emergency (appointment).”

“I would like to see more appointments available for pre-booking so that I don't always have to phone up on the day to book an appointment - this would make it easier to plan around my own commitments e.g. work.”

Continuity of care was important to people and especially to people with long term or mental health conditions:

“Due to my mental health problems I rely on seeing the same Dr because he knows me well and I feel unable to see anyone I don't know.”

“If you have any condition that is permanent, and affects your ability to do things, or could quickly deteriorate it should flag up on your records so staff will know you need to be seen sooner instead of having to argue your case.”

“It is often difficult to see the same GP about an on-going condition, this can lack continuity in your care.”

Comments included feedback about staff attitudes. While people often recognised pressures staff are facing in helping people to access appointments, some nonetheless felt frustrated with the ‘gatekeepers’ attitudes, or raised concerns about privacy, confidentiality and the appropriateness of having to divulge personal medical information to administrative staff as part of an appointment booking or triage system, on the phone or in the practice itself. Other comments related to medical staff including doctors and nurses, who seemed under pressure or had less time to be caring.

“I would like additional training for the reception staff in order to provide a more sensitive and caring dialogue with patients.”

“Receptionists should be more friendly as some make you feel you are being a nuisance.”

Further comments, all of which represented 30 or less responses, related to: access to information or poor coordination of medication and test results; confusion or issues relating to booked appointments; parking; issues with online systems; concerns about the future of the practice and preferences for more specialised services or allied health professionals such as physiotherapists; and concerns about access, lack of consultation or changes to service delivery where practices had merged with other surgeries:

“...I have been told they cannot recruit more GPs despite actively trying...”

“Far too big and far too many patients for it to cope efficiently, especially with the dispensing side. More new housing developments springing up locally will only make matters worse and place even greater strain upon an already overburdened system...”

“I understand as well that there is a shortage in GP’S which in turn worries me when they say that in Cornwall they want more patients treated in the community instead of hospital. That will stretch GP services even further.”

Mixed:

Mixed comments often contained feedback about a combination of issues that were both positive and negative. People also shared their current and future concerns about local services:

“Well- our doctors are brilliant, hardworking, compassionate, caring and often run in to the ground because of the pressure they work under. They do a fantastic job. I just wanted them to know I am very grateful for their care! :)”

“I would prefer more appointments to be available on line for routine / non-emergency appointments. I have been very happy indeed with their urgent appointments, but have in the past needed to use an urgent appointment as there were no other appointments available within a fortnight.”

“Due to my mental health problems I rely on seeing the same Dr because he knows me well and I feel unable to see anyone I don't know. I find the surgery excellent but the ability to get an appointment with the same Dr has gone from the same day a few years ago to having to wait almost a month. I am aware it is not the surgery's fault but it makes it very difficult.”

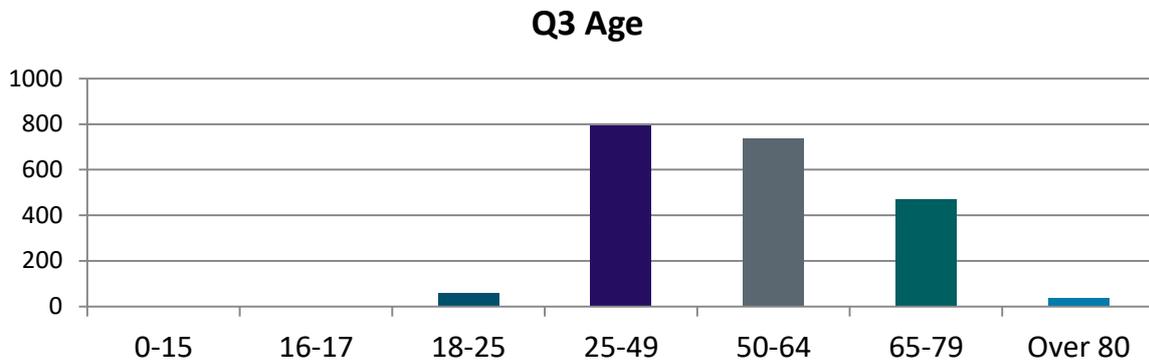
“Excellent once you get an appointment. I feel same day appointments should only be for urgent conditions. Unable to book ahead unless with doctor and he/ she books it for you. Unable to get appointment in a month's time for example.”

“It's a good service but there is much building work going on in the town as it grows. I do wonder what infrastructure and capacity plans are in place.”

Appendix 2: Demographic Reach

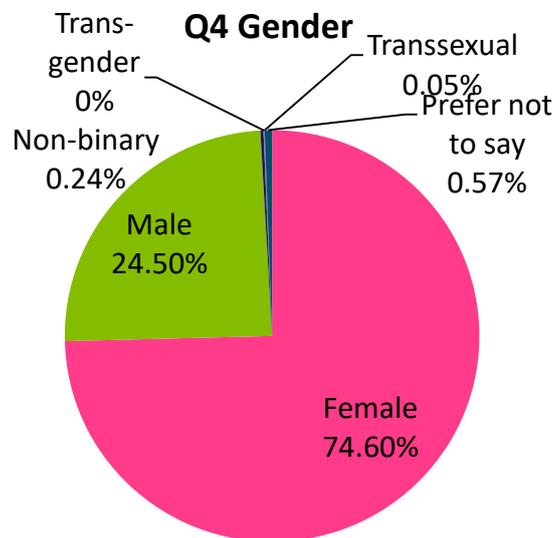
We asked a range of demographic questions to both inform this research and for use in equality and diversity monitoring.

Age:



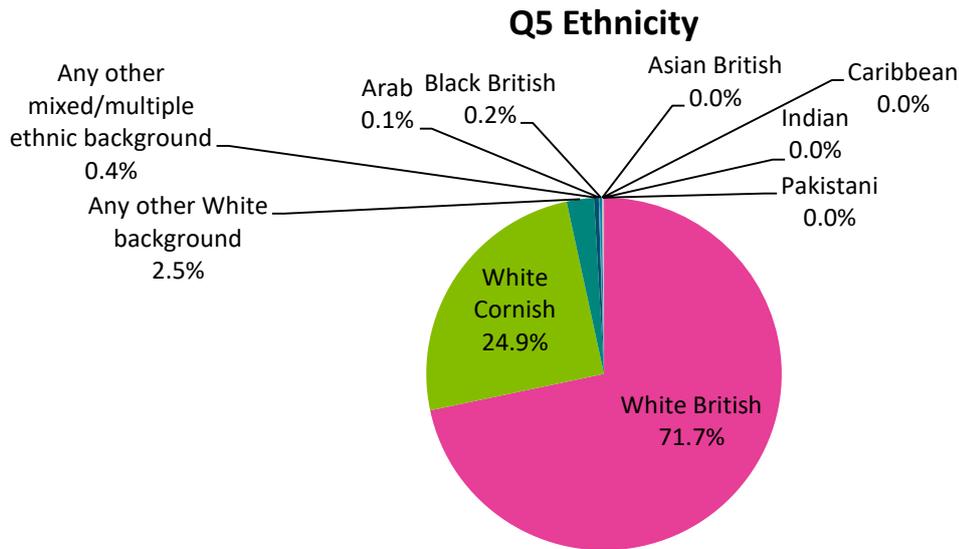
The largest group of respondents were aged 25-49 (38%), followed by those aged 50-64 (35%) and aged 65-79 (22%). The remaining age groups were: 18-25 2.7%, over 80 1.8%, 16-17 0.1%, 0-15 0.1%.

Gender:



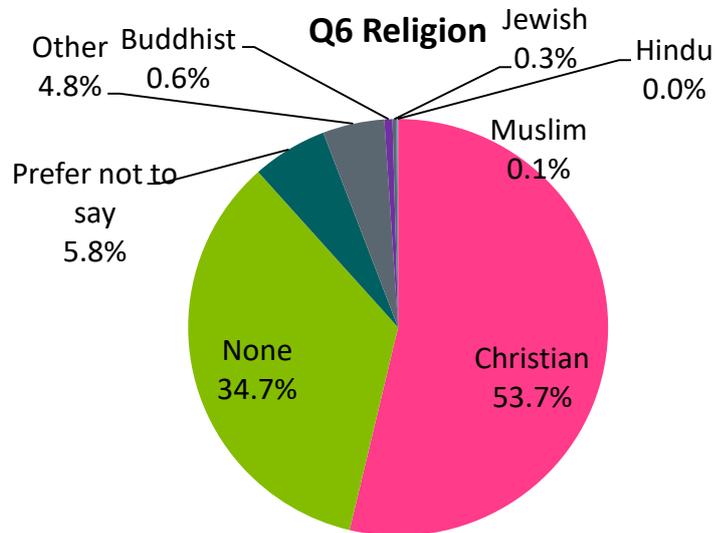
One limiting factor previously mentioned in this report is that females were responsible for 74.6% of all responses. One UK primary care study showed that consultation rates were 32% lower in men than women (Wang, et al., 2013). The largest gender gap in consultation rate was seen between the ages of 16 and 60 years. However, this may not fully explain why women were more likely to complete this online survey.

Ethnicity:



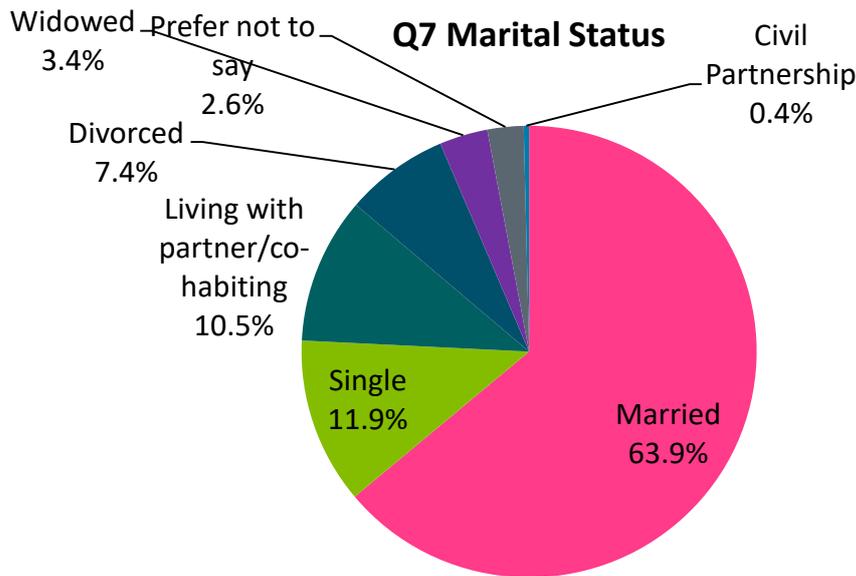
The majority of respondents were white (99.1%): White British 72.7%, White Cornish 24.9% and any other white background 2.5%. This is comparable to National Census Data 2011 which shows 98.2% of people who live in Cornwall are white (Cornwall.gov.uk, 2013).

Religion:



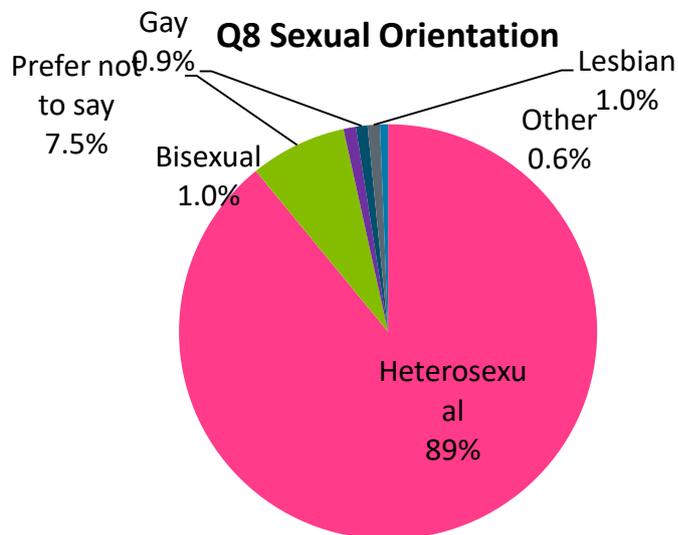
Christianity was the most common religion recorded by respondents (53%) followed by those selecting 'None' 34.7%, or 'prefer not to say' 5.8%, 'Other' 4.8%, Buddhist 0.6%, Jewish 0.3%, Muslim 0.1%.

Marital Status:



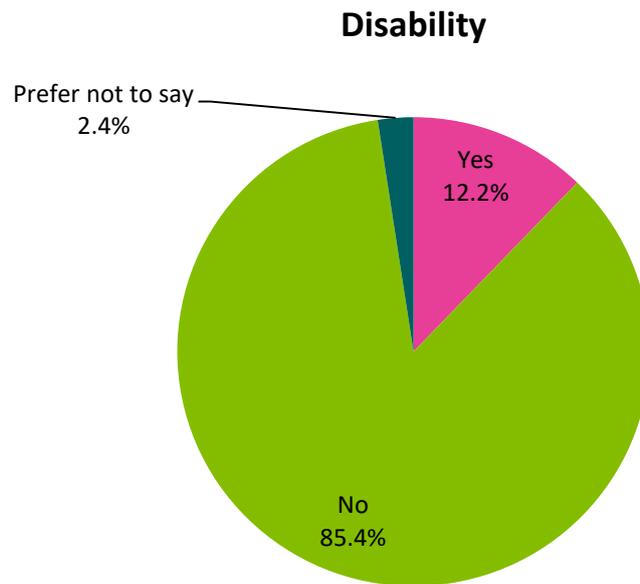
Married, (63.9%) represented the largest group of respondents followed by: single (11.9%), co-habiting (10.5%), divorced (7.4%), widowed (3.4%), prefer not to say (2.6%), civil partnership (0.4%)

Sexual Orientation:



While the majority of respondents were heterosexual (89.1%), 7.5% of people preferred not to say what their sexuality was, with lesbian (1.0%), gay (0.9%), bisexual (1.0%) and other (0.6%) forming the remaining groups. These figures are in line with 2016 Office for National Statistics data for the South West (Office for National Statistics, 2016).

Disability:



A total of 250 people (12.2%)* reported they were disabled, defined by the following criteria: You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities). This is higher than the 2011 census data (Cornwall.gov.uk, 2013, p.22) data of 4%.

It is worth noting, in response to Question 12: What best describes your situation, 5% of people reported they have an illness or disability that prevents them from working.

* One reason for this could be that we proactively encouraged the distribution of this survey through the attendees of Healthwatch Cornwall's Partnership Boards and the connections we have with a large number of organisations who work with people with disabilities.

Appendix 3: Methodology

Healthwatch Cornwall worked collaboratively to construct this survey for the purposes of service evaluation, in consultation with Kernow CCG. Healthwatch Cornwall remains the owner of this survey and the data gathered in this report.

The survey was aimed at people who live in Cornwall, even if they were not currently registered with a doctor's surgery. The survey ran from 13 December 2017 to 19 January 2018. It was distributed by email to key stakeholders which included local health and social care providers and the voluntary sector. It was also sent out through our mailing list and shared on social media, all of which provided a link to the online survey, and it was accessible from the Healthwatch Cornwall website. We contacted a number of the larger employers in Cornwall, encouraging them to share the survey link through newsletters or staff bulletins, or to direct their staff to our website where possible. Our staff and volunteers promoted the survey at our regular outreach and engagement events across the county. As a small organisation with limited staffing resources, it was felt that this would yield a better return in the number of surveys completed. Data was mainly collected through the online survey, with hard copies supplied upon request, and some were completed by phone.

Prior to launching the survey, we consulted with a number of internal and external stakeholders. We reached out to Patient Participation Groups (PPGs) for their views and were grateful to receive their input. PPGs represent the views of patients registered at GP practices and are responsible for gathering the views of patients within each practice to facilitate service improvement. We are grateful for the support received through this collaboration and in particular for the Business Intelligence support provided by KCCG.

This survey was focussed on routine/non-emergency appointments, based on the feedback we collected throughout the previous year, which highlighted routine, as opposed to urgent appointments, as the main area of concern.

For an effective sample size, we aimed to gather 1065 responses to be confident the survey was representative of the opinions of the people of Cornwall. The response to the survey was very positive with a total of 2102 surveys completed, mostly online. We received nine responses where the name of the surgery was not indicated.

In order to provide more detailed analysis of the information gathered through this survey, Healthwatch Cornwall worked with the Business Intelligence Team at KCCG. As a result, an anonymised database was created. This was done both for the purpose of this survey and as a tool for on-going work to improve services by planning to do further analysis at locality and practice level, subsequent to this report. The detail of this will be confirmed and communicated to the public, as this project progresses throughout 2018.

We identified some limitations to the survey design, in that it would have been difficult to ensure an equal distribution of participants across the locality by using an online survey. For example, the number of responses received from one GP practice was far greater than the second highest number of responses (290 and 96). However, the response rate from these two practices was comparable as a percentage of their total practice population. In view of this, the concept of weighting the data was considered, but was not deemed necessary. However, in order to understand if people's experiences differed depending on which practice people were registered with, we did develop a ranking system. Further details about this can be

found in appendix 5 and appendix 6. Where possible, data for the CCG was sense checked with the National GP Survey 2017 data, administered by Ipsos MORI, 2017. We also had a greater response rate from females and as such, methods to ensure a more even distribution will be a consideration for any future survey of this type.

Local Healthwatch reports aim to understand the current system(s) within their locality. They often involve small non-random samples and as such do not produce generalisable findings. Most often, they are centred on a health service, or the experience of a user group using multiple services. They do not get involved in clinical decisions and generally do not use sampling techniques; they therefore fall under the definition of "Service Evaluation" and as such do not require approval from the National Research Ethics Committee.

Appendix 4: Survey

Access to an Appointment with a Doctor in Cornwall - 2017

Thank you for your interest in our survey. It will take approximately five minutes to complete.

Survey deadline: Friday 19 January 2018.

This survey is aimed at people who live in Cornwall, even if you are not currently registered with a doctor's (GP - General Practitioner) surgery. Your views are a vital part of developing services for people who live in Cornwall.

As a thank you for completing, there is an option to enter our prize draw for a chance to win a £50 Amazon or Marks and Spencer voucher at the end of the survey.

Healthwatch Cornwall is an independent, publicly-funded organisation. We have statutory duties and a remit to ensure health and social care services in Cornwall are the best they can be for people, now and in the future. Currently, General Practice represents one of the most common areas you have been telling us about, and a significant proportion of this feedback relates to the increasing difficulty you experience in getting an appointment with a doctor at your surgery. Experiences vary across GP practices in Cornwall. The National GP Patient Survey data from July 2017*, shows general practice services in Cornwall and the Isles of Scilly are consistently regarded by patients as better than the England average. However, there is a shortage of general practice doctors nationally and locally - demand is increasing while the number of doctors is not. This means services may need to be provided in other ways to ensure they meet the public's needs and offer the best possible patient experience, within the allocated budget and resources.

Healthwatch Cornwall would like to find out more about your views and experiences of getting a doctor's appointment in Cornwall, along with your expectations and preferences, to help inform and shape future plans. We are liaising with NHS Kernow (Kernow Clinical Commissioning Group) on their plans to deliver improved access to GP services.

By completing this survey:

- Your voice will be heard by those planning and delivering services
- Your views will influence positive change to services in Cornwall.

Your anonymous data may be shared with providers of services locally and with Healthwatch England, in order to help improve services. Your identity and information will remain protected. You can email Healthwatch Cornwall at any time, if you would like your data removed.

*<https://gp-patient.co.uk>

Firstly, is the information you are providing about you, or are you are completing this survey on behalf of someone else who has given you their consent to complete this?

- This information is about me
- I am completing this on behalf of someone else who has given me their consent to do so

Personal Information:

1. What is the name of your doctor's surgery? _____
2. What is your postcode (minimum the first part e.g. TR14) _____
3. What is your age? 0-15, 16-17, 18-25, 25-49, 50-64, 65-79, 80+
4. What is your gender?
 Male, Female, Non-binary, Transgender, Transsexual, Prefer not to say
5. What is your ethnicity?
 White British, Black British, Arab, Bangladeshi, Caribbean, Chinese, Gypsy or Irish Traveller, Indian, Pakistani, Asian British, African, Any other Asian background, Any other Black background, Any other mixed/multiple ethnic background, Any other White background
6. What is your religion or belief?
 Christian, Buddhist, Jewish, Muslim, Hindu, Sikh, Other, none, prefer not to say
7. What is your marital status?
 Single, Married, Divorced, Widowed, Living with partner/co-habiting, Civil Partnership, Prefer not to say
8. What is your sexual orientation?
 Heterosexual, Bisexual, Gay, Lesbian, Other, Prefer not to say,
9. Disability
 Yes, No, Prefer not to say
(You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities)
10. Please tick any that apply
 I recognise myself as someone with a learning disability
 I have been diagnosed with a mental health condition
 I have been diagnosed with a long term health condition, such as asthma, diabetes, epilepsy, heart disease, cancer etc.
 I am housebound
 I live in a residential or care setting, rather than in my own home
 None of the above apply to me
11. Have you been admitted to hospital in the past 12 months?
 Yes
 No
12. What best describes your situation: (please tick all that apply)
 I work full time
 I work part time
 I am in full time education
 I am in part time education
 I am unemployed
 I have an illness or disability that prevents me from working
 I am retired
 I am a carer
 None of the above apply to me
 Other: (please state in the space below)

13. If you work, which **best** describes your working pattern: (please tick one)
- I work mostly during regular working hours (i.e. Monday -Friday 9-5pm)
 - I work shifts, which may include early mornings, evenings, nights and weekends
 - I work/sometimes work during weekends
 - Not applicable

Your Experience of Getting an Appointment with a Doctor:

14. How often do you see a doctor at your surgery? (please tick one)

- At least once every two weeks
- At least once a month
- Between 2-6 times per year
- less than twice a year
- I have never seen a doctor in Cornwall - **If never, please skip to Question 23**

15. When did you last see a doctor at your surgery? (please tick one)

- In the last 3 months
- 3-6 months ago
- 6-12 months ago
- More than 12 months ago

16. How do you normally book an appointment with a doctor at your surgery? (please tick one)

- Phone
- Online booking system
- In person
- No appointment (I can drop in and wait)
- I phone the surgery and then a healthcare professional (doctor, nurse etc) calls me back to decide whether I need to book an appointment with a doctor
- Other: (please state in the space below)

17. How easy is it to get through to speak with someone when phoning to book an appointment at your surgery? (please tick one)

- Very Easy
- Fairly Easy
- Not very easy
- Not at all easy
- Haven't tried

18. Overall, how would you describe your experience of booking an appointment with a doctor at your surgery? (please tick one)

- Very Good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

Please tell us any additional comments you would like us to know:

19. Generally, how long after contacting the surgery are you either given an appointment with a doctor, or receive a phone consultation with a doctor? (please tick one)

- Same day
- Next working day
- A few days later
- More than a week later
- Not sure

20. Generally, for a routine/non-emergency appointment, when would you want to see a doctor?
(please tick one)

- Same day
- Next working day
- A few days later
- More than a week later
- Didn't mind
- Not sure

21. On the whole, how convenient are the appointment times usually offered with a doctor at your surgery? (please tick one)

- Very convenient
- Fairly convenient
- Neither convenient nor inconvenient
- Not very convenient
- Not at all convenient

22. If your appointment times generally aren't convenient, why not? (please tick one)

- There weren't any appointments for the day I wanted
- There weren't any appointments for the time I wanted
- I couldn't see my preferred doctor
- I couldn't book ahead at my doctor's surgery
- Not applicable
- Other (please state in the space below)

23. (a) For a routine/non-emergency appointment with a doctor, do you feel appointments offered between 'normal surgery hours' (i.e. between 8am and 6.30pm approximately) is sufficient? (please tick one)

- Yes - **If you select Yes - please skip to Question 24**
- No
- Not sure

23. (b) If you selected no or not sure, when would you prefer to have an appointment with a doctor? Please now rank in order of preference, with 1 being the option you are most likely to use (if the option was available) and 6 being the option you are least likely to use

(Please rank 1 = most likely to use, 6 = least likely to use)

- On weekday mornings before 8am
- On weekday evenings after 6.30pm
- On a Saturday morning
- On a Saturday afternoon
- On a Sunday morning
- On a Sunday afternoon

24. To access an **evening**, routine/non-emergency appointment with a doctor? How far would you be prepared to travel to the appointment, if one was **not** available at your normal doctors' surgery? (please tick one)

- Up to a 15 minute journey
- 15 to 30 minute journey
- 30 to 45 minute journey
- 45 to 60 minute journey
- I would be unable to travel further than my normal surgery during the evening (for example, due to transport)

25. To access a **weekend**, routine/non-emergency appointment with a doctor? How far would you be prepared to travel to the appointment, if one was **not** available at your normal doctors' surgery? (please tick one)

- Up to a 15 minutes journey
- 15 to 30 minute journey
- 30 to 45 minute journey
- 45 to 60 minute journey
- I would be unable to travel further than my normal surgery at the weekend (for example, due to transport)

26. Do you need support to attend an appointment?

- Yes
- No

If yes, what sort of support do you need? (Please tell us in the space below)

27. For a routine/non-emergency appointment with a doctor, which is the **most** important to you? (please tick one)

- To see the same doctor when they are available, even if it means waiting longer - **if you tick this option, please skip to question 29**
- To see any doctor as soon as is possible, and you don't mind who you see
- Don't mind either way
- It would depend on what I wanted to see the doctor about

If you selected 'It would depend on what I wanted to see the doctor about', please tell us additional comments you would like us to know:

28. (a) Again, for a routine/non-emergency appointment, would you still be happy to see a different doctor at a different location, if it meant you could see someone sooner?

- Yes
- No

(b) If you answered 'yes', would you still be happy to see a different doctor at a different location, even if they did not have access to your medical records? (This may mean having to repeat information about your medical condition to them)

- Yes
- No

29. GP practices employ many other healthcare staff who provide care. Are you happy to see another member of the practice team if they are qualified to meet your needs in more a timely way?

(This could include: a pharmacist to review your medications with you, a nurse to review your long term condition(s), another member of staff who can help you gain access to other health, social care and voluntary services which may help you?)

- Yes
- No

30. If you couldn't get a routine/non-emergency appointment with a doctor fast enough, what would you be most likely to do? (please tick one)

- Wait and call back
- Accept an appointment for a later date
- Call NHS 111
- Visit a Minor Injuries Unit
- Attend an Emergency Department, such as Treliske (Royal Cornwall Hospital) or Derriford
- Attend West Cornwall Urgent Care Centre
- Not sure

31. Would you like more services available online from your doctors' surgery? This might include booking appointments, ordering medicines etc?

- Yes
- No
- Please tell us about any online services you would use in the space below:

32. If there is anything else you would like to tell us about your doctors' surgery, please use this space here (you can continue at the end if needed):

Please leave your email address or a contact number here if you would like to be entered into the prize draw for a chance to win a £50 Amazon voucher or £50 Marks and Spencer voucher.

Draw date: Friday 26 January 2018.

(Your personal information will not be used for any other purpose than to notify you if you have won. For full T&Cs see www.healthwatchcornwall.co.uk/terms-conditions/)

Enter your email address here to receive our monthly electronic newsletter, or

Tick here if it is the same as above. You can opt out at any time by emailing us at enquiries@healthwatchcornwall.co.uk

Thank you for completing the survey. Your views are really important to us.

For further information about the work we do at Healthwatch Cornwall to improve health and social care services locally, or to help signpost you to other services, please contact us:

www.healthwatchcornwall.co.uk

t: 0800 0381 281

e: enquiries@healthwatchcornwall.co.uk

Facebook: [facebook.com/HWCornwall](https://www.facebook.com/HWCornwall)

Twitter: @HWCornwall

Instagram: [healthwatchcornwall](https://www.instagram.com/healthwatchcornwall)

Heathwatch Cornwall, 6, Walsingham Place, Truro, Cornwall TR1 2RP

Appendix 5: Scoring System Explanation for Ranking

Example of formula used to work out a score using Question 21 (Overall how would you describe your experience of booking an appointment with a doctor at your surgery?) NB Practice numbers do not relate to practices in the survey.

Row Labels	Practice 1	Practice 2	Practice 3	Practice 4
Very convenient	29.63%	37.50%	33.33%	25.00%
Fairly convenient	40.74%	37.50%	33.33%	40.00%
Neither convenient nor inconvenient	14.81%	12.50%	11.11%	15.00%
Not very convenient	11.11%	6.25%	22.22%	20.00%
Not at all convenient	3.70%	6.25%	0.00%	0.00%
Grand Total	100.00%	100.00%	100.00%	100.00%

The table above takes 4 surgeries and shows the percentage of people who have answered how convenient their booking experience is. Below shows a table with the formulas used to generate a 'score' for each GP.

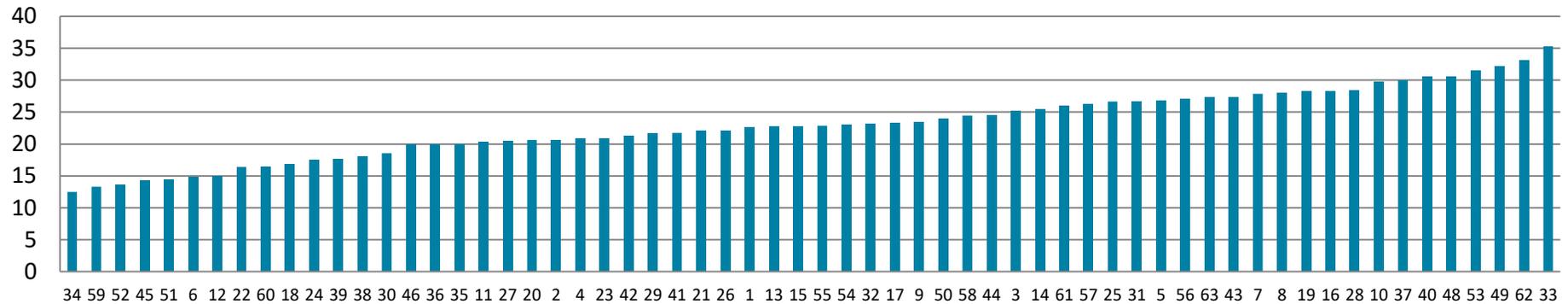
Row Labels	Practice 1	Practice 2	Practice 3	Practice 4
Very convenient	$=(29.63\%*1)*10$	$=(37.50\%*1)*10$	$=(33.33\%*1)*10$	$=(25.00\%*1)*10$
Fairly convenient	$=(40.74\%*2)*10$	$=(37.50\%*2)*10$	$=(33.33\%*2)*10$	$=(40.00\%*2)*10$
Neither convenient nor inconvenient	$=(14.81\%*3)*10$	$=(12.50\%*3)*10$	$=(11.11\%*3)*10$	$=(15.00\%*3)*10$
Not very convenient	$=(11.11\%*4)*10$	$=(6.25\%*4)*10$	$=(22.22\%*4)*10$	$=(20.00\%*4)*10$
Not at all convenient	$=(3.70\%*5)*10$	$=(6.25\%*5)*10$	$=(0.00\%*5)*10$	$=(0.00\%*5)*10$
Grand Total	=sum of all above			

The more inconvenient something is the higher the percentage is multiplied by, giving a higher number. Therefore a higher score means that there is a greater percentage of negative feedback, the reason percentage has been used is that this would be an accurate measure for all GP's despite the number of people feeding back (within reason 1 person feeding back positive data is going to be less accurate than 50 people giving a mix feedback). The reason for the *10 after the brackets was to give a more whole number rather than referring to a single/two decimal points. Below is the table with the final data being input. The Grand total column is now showing an appropriate 'score' attributed to each GP practice.

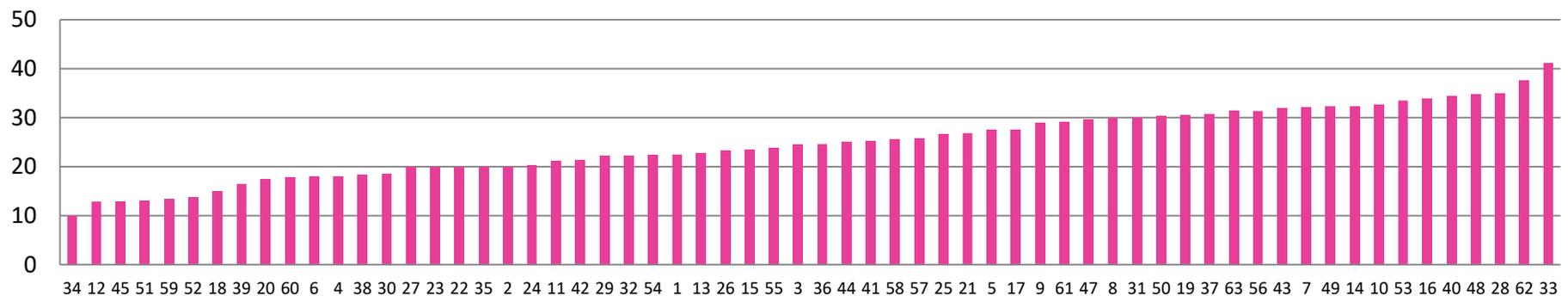
Row Labels	Practice 1	Practice 2	Practice 3	Practice 4
Very convenient	2.96	3.75	3.33	2.50
Fairly convenient	8.15	7.50	6.67	8.00
Neither convenient nor inconvenient	4.44	3.75	3.33	4.50
Not very convenient	4.44	2.50	8.89	8.00
Not at all convenient	1.85	3.13	0.00	0.00
Grand Total	21.85	20.63	22.22	23.00

Appendix 6: Q17, Q18, Q21 and Combined Scores Charts of Q17, Q18 and Q21

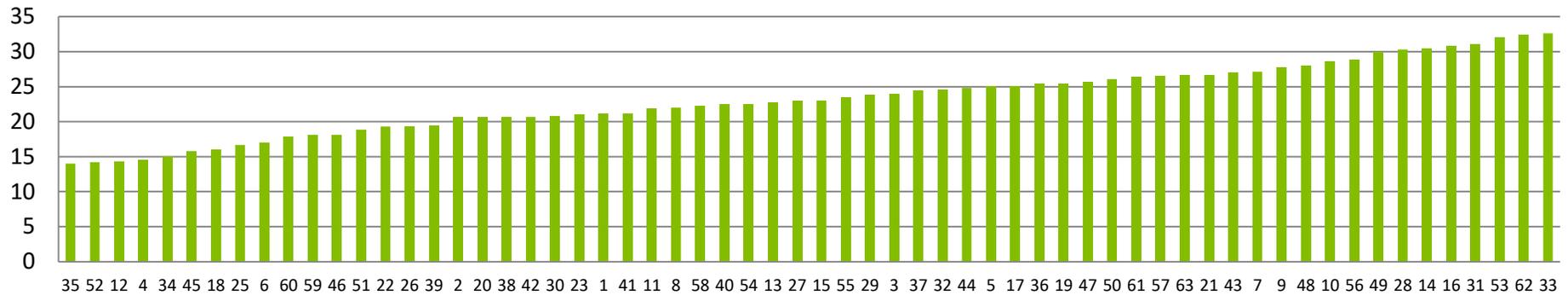
**Q17 Ranking of ease to speak to someone when phoning to book an appointment
(Lower score means a greater positive feedback)**



**Q 18 Overall how would you describe your experience of booking an appointment with a
doctor at your surgery? (Lower score equals a greater positive feedback)**



Q21 On the whole, how convenient are the appointment times usually offered with a doctor at your surgery? (Lower score equals a greater positive feedback)



Overall score/rating using questions 17, 18 and 21 (Lower score equals a greater positive feedback)

