

Healthwatch Cornwall

St Austell Healthcare -
Reviewing Progress Report

June 2016





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Executive Summary

This report follows on from Healthwatch Cornwall's (HC) work in 2015 to address issues with the newly formed St Austell Healthcare (SAH) practice. Since becoming aware of the continuing concerns some patients have had in 2016, HC has conducted a targeted survey of SAH patients to better understand the issues before presenting them back to the SAH. This report contains elements and summary of the issues collected from the survey responses and recommendations to SAH on how it may address those issues.

From 360 survey responses covering St Austell across age ranges, HC found:

- While there was an overwhelming majority of negative feedback about SAH's phone and appointment systems, many patients had positive experiences once they were able to see medical staff
- Patients had trouble contacting SAH by phone - often tried to ring multiple times when trying to connect and experienced long hold times, disconnects, and failure to be called back
- There was a lack of available appointments, sometimes leading to patients queueing at surgeries to book them in person or trouble for those trying to book follow-on appointments for longer-term conditions
- Some patients had issues with continuity of care and the different locations of the SAH sites.

Therefore, HC recommends:

- Building relationships with the community.
- Public engagement events to inform and consult on the changes being made.
- HC to consider working with Patient Participation Group (PPG) members to raise awareness of changes being made.
- HC to facilitate patient focus groups to provide ongoing feedback on public perception.
- Potential use of separate phone numbers for prescriptions, results and referral feedback.
- Website messaging improvement.
- Apply for additional funding for technology upgrades.
- Investigate potential for transferring all SAH services to one large and accessible site.

SAH has already acted to address some of the above recommendations following a presentation of interim findings to them by HC. However, there is evidence of continued issues.

HC urges SAH to consider the rest of the recommendations and evaluate the effectiveness of changes made in the near future.



Background and Methodology

In 2014, three St Austell GP practices formed a consortium, St Austell Healthcare (SAH), and took over services at a fourth from summer 2015 following the departure of its former service provider. The sites were Wheal Northey, The Park, and Woodland Road, and Polkyth (now The Hub), respectively. SAH now has five separate sites and consolidates services between them.

HC heard from more than 130 patients using SAH in the months after its inception who raised a variety of issues. HC subsequently produced a report in 2015 and worked with the practice to address issues raised. HC also conducted a focused day of engagement at a flu clinic in Polkyth Leisure Centre in October 2015. The main areas of concern from these activities were: frustration using the new telephone system; waiting to get an appointment; difficulty booking an appointment by phone or otherwise; and waiting to see or speak to a GP beyond what had been previously stated. HC was subsequently reassured by SAH that adjustments were being made to the appointment system and staffing levels and improvements should soon be realised.

However, in the first quarter of 2016, HC was still receiving negative feedback about the same concerns as raised previously. HC decided to conduct a deeper investigation to more formally gather information about SAH, primarily on these specific points of concern. HC therefore devised a survey (ANNEX 2) and publicised its availability through social media, outreach activities and a press release. The release was picked up by the [Cornish](#)

[Guardian](#) and [St Austell Voice](#). Responses to our survey were submitted online using the web application Survey Monkey (surveymonkey.co.uk/r/staustellhc). HC also held outreach events in April, 2016 at St Austell Library, St Austell Community Hospital, St Austell College and Tesco St Austell, where HC staff encouraged people to feed in their experiences to us.

In addition to the survey and outreach events, HC staff has been monitoring feedback comments on social media – both on the company’s Facebook page and other news pages and groups. HC also became aware of a petition, set up independently of our activities: <http://www.thepetitionsite.com/853/135/943/the-decline-of-healthcare-in-st-austell/>

Immediately following the activities in April 2016, HC submitted initial interim findings to SAH and the group has acted on them where able. Please see “Outcomes” below for how the situation has progressed since, regarding both the changes made and circumstantial evidence of their impact.



Main Findings

360 people have responded to HC's survey, either online, by phone or via a paper version at an event. A few comments have also been made on the website.

The findings below relate to data from our online survey. Information from our website, calls to our phone line or external sources is added where it particularly complements findings from the survey. The respondents to our survey were closely representative of the age breakdown in the area against 2010 data (Cornwall Council) when not counting children below the age of 15.¹ The gender balance of responses was weighted heavily in favour of females (70%). Around 12% of respondents stated they were disabled.

Most of the respondents (86%) were registered with SAH. They were asked which practice they were registered with - due to a misunderstanding, this was incorrectly phrased. After the formation of SAH, patients were registered or had to re-register with the practice; they did not have a registered site but a preferred site only. Just under 10% of respondents did not answer this question.

Only 14% of respondents had not used a SAH service in the three months prior to submitting their survey answers. Submissions started in mid-March 2016 and finished at the end of April.

¹ It is assumed that a child of under 15 would be less likely to visit the GP without a parent or guardian and therefore less likely to respond to a call for surveys, preferring to let the adult do it.

Key themes identified

The vast majority of respondents submitted negative feedback on the service. Before focusing on specific issues raised, and without fixing on destructive comments, it is worth considering the small number of respondents who mentioned how their personal feelings were affected by the service provided by SAH.

“You feel like a fraud for requesting an appointment with a doctor.”

“Feel awkward making an appointment.”

“I just don't know what to do anymore.”

Others mentioned the impact on physical health and consequently on other public health service providers who dealt with that impact.

“I have been told previously to inform the doctors at any sign of tonsillitis with my son as he gets cryptic tonsils. One doctor brushed him off on a Friday afternoon leading to us having paramedics out for half the night trying to get medicines into a child who couldn't even swallow liquids.”

“My daughter had a fever for more than five days...receptionist said a GP would ring me back to see if my child needed an appointment. It was five hours later when I got a phone call from a GP but by that time my daughter had deteriorated and I took her to hospital.”

Others still suggested they had given up on the service provided by SAH and did not take alternative action.



“I have been on the verge of ringing 999 on several occasions.”

“Have tried to phone for appointment - have given up. Also get sent to different surgeries so no point in registering for one.”

Finally, some respondents mentioned they had or were considering registering with practices outside of SAH.

“Told that there were no appointments so my husband and I have moved to Roche.”

There were also a small number (2.5%) of respondents who felt their treatment by staff was disappointing and did not meet their expectations. While it is a shame that SAH staff fell short of meeting these respondents' expectations, the number of comments is too small and they are spread across a number of different areas of the service to draw conclusions about a wider issue.

The majority (65%) of comments about the service are shown below:

Problems when contacting SAH by phone

More than 40% of the respondents (145) mentioned issues they experienced when phoning SAH. These can be broken down as follows:

A. General inability to get through to the service using the phone

A common description of issues involving the phone contained “couldn't get through” or similar. This often was accompanied with a description of alternative action taken (see below) e.g. visiting the Hub or a particular practice in person to book an appointment.

“Very difficult to get through on the phone.”

“Can't get through on the telephone.”

B. Repeat calls after difficulty getting through on first attempt

One of the actions taken to overcome the difficulty getting through the phone system was to hang up and call again, sometimes multiple times over a number of days.

“Phone engaged, 39 attempts to get through.”

“Rang five times before connection.”

“Took two days of regular trying just to get into the queue.”

Indeed, some of the comments were very general, e.g. “unkind staff”.

Good performance of staff once patients were able to have an appointment

In contrast to negative comments made about staff, a relatively higher number (14%) of respondents mentioned a positive aspect of the service they received. Beyond general comments, these related to the quality of service once the respondents were able to see a GP and/or nurse.

“Challenging to get appointment...good service though when attending.”

“If you are an emergency getting through isn't easy but when you do the service is good.”



C. Sudden disconnection

Some respondents experienced a disconnection of the line, sometimes when getting through after a considerable wait.

“Tried for 90 minutes before phone went flat.”

“Long waiting times and then being cut off once the phone is eventually answered.”

D. Failure of SAH staff to call back

Respondents reported not receiving calls back from SAH staff, many after being specifically told they would receive one. For some this resulted in considerable time spent making themselves available for a call back. For others, they resorted to chase a response by phoning SAH.

“Promised a phone back on the same day, waited until 5.30pm then I phoned back.”

“Asked for a phone call - never happened.”

“I phoned last Friday and am still waiting for a callback today (Wednesday) - should I be expected to wait in day after day?”

E. Slow processing of high call volumes

As implied by the waiting times mentioned above, respondents told of long queues of people on the phone system ahead of them. They also stated that there were 10 operators answering calls. Responses implied disbelief at this; how could there be 10 operators and so many people ahead of them in the queue?

“When the recorded message get through I am told I am 17th in the queue. A voice comes through stating we are valued, we have 10 people all answering phones.”

“...get in to queueing system. Then long queue says 10 answering phone but there isn't.”

“I had to wait 15 minutes to get through despite the service saying 10 receptionists were taking calls.”

Difficulty getting an appointment

Another theme mentioned by many respondents (almost half, 178) was around appointments. The issues can be summarised as:

A. General lack of available appointments

Most responses did not give more detail beyond stating a general lack of availability with many simply saying how long they had to wait until there was something available.

“When you get the appointment it is a long way off.”

“When I needed an appointment was told it would be a 2 week waiting list!”

“Absolutely impossible to get an appointment nowadays.”



“There is a wait of four-weeks for each appointment.”

B. Lack of ability to book follow-up appointments or for long-term conditions

Some specific feedback on appointments centred on the difficulty of booking an appointment in advance, either for follow-up or because the medical issue was relating to a long-term condition.

“I should have a monthly check up for my tablets but it is not always available.”

“I used to be able to book the nurse in six weeks’ time.”

C. Visiting surgeries in person to make appointment as easier than getting through on phone

19 respondents (in answer to question 4) said they visited a surgery after being unable to receive the service desired by phone. For many, this was to book an appointment or arrange a prescription. Others mentioned long queues at surgeries. This may be in part due to people coming in to book an appointment or arrange a prescription after being unable to do so by phone.

“Trouble getting through on telephone, they were always engaged so I went down to see them.”

“Could only arrange [a prescription] in person; telephones hopeless.”

“Very busy, queuing out the door.”

“When I ring its engaged and hard to get through so that’s why I walked in.”

Other areas of interest

The issues below are included for interest but only 7% and 4% of respondents mentioned them respectively.

Problems with continuity of care

Some respondents expressed dissatisfaction with seeing a different doctor to their named GP or to the one they had seen last time (regarding the same condition). This was a general dissatisfaction for some and an issue leading to delays and lower quality of care for others.

“Have named GP but haven’t seen him in the last 18 months. I always see a different GP which isn’t ideal.”

“Unable to see the same doctor. Seen by numerous ones and have to explain problems all over again, lack of continuous care.”

“I have had two operations on my spine in the last few months and have had no continuity of care. When I eventually see a doctor, by the time I have explained why I am there my time is up.”



Location of different GPs desirable or unsuitable for some patients

Some respondents did not appreciate being sent to a different site than they were expecting, e.g. having to visit the Hub when they had previously been registered at Wheal Northey.²

“I live in Par, I do not want to see a doctor in Foxhole.”

“Eventually got an appointment - went to Park. Luckily I was early as I was informed that my appointment had been switched to the Hub (Polkyth). I went to the Hub and was told appointment was at Polkerris.”

For others it was more than an inconvenience. Sites situated a considerable distance from patients, especially those without good public transport links, proved difficult to get to.

“It is difficult to get appointment with own GP at Park Medical. It has taken four weeks to get an appointment. Patient has mobility problems and takes Tramadol for pain relief. She lives across the road from the practice. Due to mobility, it isn’t acceptable that she goes to other sites for an appointment.”

“Hard to get appointment at my own surgery (Woodland Road). As I don’t drive, I had to walk to Wheal Northey surgery. If I wanted one at my surgery was told I had to wait two weeks.”

² When St Austell Healthcare was established, all patients registered at the previous separate GP practices either became automatically registered with or had to reregister with the Group as if it were one practice. Therefore someone who was registered at Wheal Northey previously would no longer be registered there but at SAH as a whole.



Recommendations

In response to the findings above, HC recommends the following:

Building relationships with the community.

Given the volume of criticism directed at SAH, it is critical that relationships with the community are (re)built to avoid the most serious consequences of negative feeling toward the practices, e.g. people who should seek treatment from SAH avoid doing so and end up with more severe ailments. Furthermore, building relationships could improve the atmosphere of practices by reducing the ill will directed toward staff from disgruntled patients. One way of starting to build such relationships could be to hold...

Public engagement events to inform and consult on the changes being made. By engaging directly with patients, SAH can communicate with the most concerned directly. This can be to inform them exactly of the changes being made and advise on how to best make use of the service. It can also be to consult on the changes being made to improve them as they happen.

HC to consider working with Patient Participation Group (PPG) members to raise awareness of changes being made. HC volunteers could act as an additional body, raising awareness about the changes being made to, and by, SAH, liaising with the group directly on behalf of the patients. They could work closely with SAH's PPG(s) to make sure that information was flowing to and from SAH in a way that best suited patients' needs. This would depend on HC volunteers' willingness and availability to do such activities.

HC to facilitate patient focus groups to provide ongoing feedback on public perception.

Following on from the recommendation above, where it refers to a working relationship to raise awareness and promote better communication, this recommendation is for a specific series of activities to do so. A regular and structured patient focus group could build patient feedback into SAH's decision-making process in a way that was ongoing and proactive rather than the reactivity seen around HC's reports. Similarly to the above recommendation, this series of activities would depend on volunteer capacity and interest.

Potential use of separate phone numbers for prescriptions, results and referral feedback.

The separation of phone lines for different purposes could lead to a more streamlined experience. By funnelling callers by purpose of call before they even pick up the phone, little additional resource needs to be spent to do so. This in turn could lead to less time spent waiting due to each phone line having the appropriate number of people answering them.

Website messaging improvement. By communicating the changes to SAH service provision clearly on the SAH website, including the best and most appropriate way to access its services, SAH would be able to manage expectations of some of its patients before they required a service. For example, by clearly explaining the different options available to those seeking treatment, SAH may reduce demand for appointments. Another area of



improvement could be around explaining the triage system for those with concerns about giving details of symptoms to non-medical staff.

Apply for additional funding for technology upgrades. The NHS England Forward View report on General Practice (NHS England, 2016) encourages adoption of improved IT at GPs, both for staff and as a service, e.g. online triage systems. The report states that “up to £45 million extra investment” (ibid: p41) will be available to support this from 2017/18. If appropriate, SAH should consider exploring how to access this funding to further improve their systems, especially in ways that would affect appointment availability and booking.

Investigate potential for transferring all SAH services to one large and accessible site. As a long-term activity, SAH could move all of their services to one site in St Austell that was accessible to patients. One site would avoid patient confusion around different practices and where they are registered as opposed to where they see a GP. It might also help with continuity of care issues. Where patients could not access the site for transport reasons, SAH could arrange transportation for them. The consolidation would obviously need to be costed and be financially viable but the potential for revenue generation from selling previous sites may well offset costs. Most importantly, a thorough stakeholder consultation should take place regarding any plans to further consolidate services, with patients as key stakeholders.



Outcomes

Update May 2016

Following the conclusion of HC's online survey and outreach activities in April, initial interim findings were submitted to SAH. Many of the above recommendations were also present. In response, SAH has updated their website and provided separate phone lines for general switchboard calls (appointments), prescriptions, referrals and cancellations. HC recognises the intent and effort made by SAH to modernise their systems, in line with the current outlook and trends as outlined by NHS England (NHS England, 2016).

SAH also provided the following statement regarding the changes made to their telephone and appointment systems while HC was conducting its targeted research activities in March/April 2016:

"In March changes were made to the both the telephone and appointment systems.

Telephones.

Three additional phone numbers were introduced; one for prescription enquiries (unfortunately we are unable to take prescription requests over the phone), one for patients wishing to discuss their referrals, medico-legal issues or insurance enquiries and one with an answerphone for cancelling an appointment.

In addition, with at least 10 people answering the phones at peak times anyone in position 12 or 14 should be answered in a reasonable time. The average waiting time for a call to be answered is now generally less than five minutes.

Appointments

From April all routine GP appointments are released five days in advance. Therefore no one should wait more than five days for a routine appointment. We will always try to book an appointment at the site and with the doctor requested by the patient whenever possible. Appointments can be booked online once the patient has registered for online services. This can be done by taking photographic ID to any site where the receptionist will generate a logon and password.

All patients requiring an urgent 'on the day' appointment will be assessed by a clinician who will ring the patient back and give advice over the phone or an appointment at the Carlyon Road Health Hub."

HC welcomes the work that has been done by SAH in trying to improve their systems and hopes the practice will consider the other recommendations made in this report. However, some of HC's evidence (from the March/April survey, social media and the online petition mentioned above) implies that the improvements had yet to be felt by patients. Since this evidence refers to a relatively short period of time following the changes made by SAH, conclusions about the effectiveness of those changes cannot be made. Therefore, SAH should review their systems and the changes made in the near future before (re)addressing any outstanding issues.



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Appendix

1. Abbreviations

GP – General Practitioner, Doctor

HC – Healthwatch Cornwall

NHS – National Health Service

SAH – St Austell Healthcare



2. Questionnaire

Paper version

Age	17 & under	50 – 64	Gender:	Male	Disabled:	Yes
	18 – 24	65 – 79		Female		No
	25 – 49	80 & over				Not stated
Are you registered at St Austell Healthcare?			If yes, please name practice:			
If yes, were you formerly registered at Polkyth Surgery?						
Have you used St Austell Healthcare in the last 3 months?						
If yes, what services have you used?						
Do you have any feedback on the service that you had? E.g. ease of making appointment, time waiting.						
Do you have anything else you would like to add about St Austell Healthcare?						
Have you used a Community Pharmacy in the St Austell area in the last 6 months? Please list:			Regular prescription?	One off prescription?	Other service?	
1.						
2.						
3.						
4.						
Please tell us about these pharmacy visits in terms of your satisfaction of the service provided. (Use identifying number above to specify pharmacy)						



3. Demography of responses

Age

	St Austell Age Demography (source: Cornwall Council)	St Austell Age Demography (exc. Children younger than 15)	Survey Respondent Age Demography
17 and under	19%	4%	2%
18-24	8%	9%	3%
25-49	28%	33%	38%
50-64	22%	26%	27%
65-79	17%	20%	23%
80+	7%	8%	6%
Unanswered			1%

Gender

