



GP Access survey Summary

This survey was undertaken to gain a better understanding of what services our population would want over 7 days and of that service could be provided in a different way- either by a different health care professional or by using technology in some way.

The survey was distributed widely both via a survey monkey link and in paper format using the health Forums, PPG's, Health watch, CHUFT members, Local pharmacies, GP surgeries and the Walk in centre.

162 responses have been received with respondents coming from 37 practices across North East Essex- albeit low numbers from each. 66% were female and 34% were male. 42% were aged 65 or above, 21% were between 55 and 64. 45% were retired, 49% work full or part time.

Current service

62% of respondents were either very or fairly satisfied with their practices current opening times with 25% reporting that they were fairly or very dissatisfied.

Shared records

79% of respondents said that they would be agreement with their medical records being available over a cluster of GPs to facilitate increased access to services. Only 7% disagreed with the remainder having no strong feelings either way.

58% said they would be in agreement to being seen by another practice working as part of a cluster, 19% disagreed with the remainder having no strong feelings either way.

Extended hours

Respondents said that they would want access to a wide range of services provided by practices at weekends however 30% said that they would want to be able to order repeat prescriptions and book an appointment.

Respondents indicated that Saturday and Sunday mornings would be their preferred increased access times as well as appointments before 8am and after 6.30- presumably to fit in with working patterns.

Use of technology

28% of respondents said they would use Skype or FaceTime to speak to their GP, 19% said that they may use it. 83% said they would use email to request repeat prescriptions. 19% said that they could book appointments on line with 62% saying they would if they had the facility. 57% said they would email their GP for advice, 16% said that they possibly would. 49% said they would use or were already using a trusted website to check their symptoms

Being treated by someone other than a GP

57% said they would be happy to see someone other than a GP eg a pharmacist or nurse to discuss their symptoms and have medication prescribed, 31% said possibly.

85% said they would be happy to be treated by a pharmacist for a minor ailment for example a bite, sting, cough or cold and 70% said they would be happy for a pharmacist to manage their repeat prescriptions for medications they took regularly.

Conclusions

Whilst this was a very small sample it is worth noting that respondents were open to considering new ways of accessing treatment and using IT and other forms of technology. We have considerable gaps in our GP workforce and so utilising other professionals eg pharmacists in primary care may provide a real solution to meeting patient demand in NEE.

There are many examples in the UK and internationally of pharmacists making significant contributions to treating minor illness, supporting the care of patients with long term conditions and preventing admissions to hospital.

Integrated note keeping has been raised as a key enabler to providing services across 7 days- this small sample indicates that our population would, in the main, be supportive of integrated note keeping through IT.

Respondents also indicate a preference for booking appointments on line, ordering prescriptions, using a trusted website to check symptoms and using email to communicate with their GP about their symptoms. All of these options should be considered as we develop services in the future.

Next steps

1. Progress with integrated record keeping as part of 7 day services work stream
2. Explore opportunities for pharmacists to make a greater contribution to primary care services.

Regards

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