

An investigation into booking GP appointments in Wolverhampton: Have improvements been made?

June 2022



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About us

Healthwatch Wolverhampton is the city's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

Healthwatch Wolverhampton is part of a network of over 150 local Healthwatch across England.



Background

The long-standing issue of accessing GP services has been exacerbated by the COVID-19 pandemic, and it urgently needs to improve if GP practices are to meet patient demand.

In October 2021, the NHS announced a plan to improve GP access across the UK and issued a £250 million winter access fund. Between November 2021 and March 2022, this funding was directed towards increasing same day urgent care appointments and the variety of appointment types on offer for patients at GP practices.

Healthwatch England welcomed this decision and issued a [press release](#), where Imelda Redmond CBE, the previous National Director at Healthwatch England, said: "People have told us about the delays they have faced while trying to get appointments at GP services, particularly with long waits due to outdated telephone systems.

"We have also heard about issues that people have faced in accessing the type of appointment which they believe is right for them."

Imelda also noted that delays in and issues with GP appointments are likely to put further pressure on the wider healthcare network.



Last year, Healthwatch Wolverhampton were asked by the Health Scrutiny Panel to call all GP practices in the city to find out information around booking appointments through the telephone. This [report](#) was published in December 2021.

The Health Scrutiny Panel asked Healthwatch Wolverhampton to repeat this exercise six months later to review the situation. As the new provider for Healthwatch Wolverhampton, we did not have access to the original methodology or the data used for analysis in the previous report therefore to some extent we have been unable to make direct comparisons.

We conducted this consultation in May/June 2022 and repeated the telephone calls to GP surgeries in Wolverhampton. Calls were carried out between 10am and 2pm so as not to impact on the busiest time of the day. This report presents our findings and assessment of whether patient access to GP appointments in Wolverhampton has improved since December 2021. We have also identified which Primary Care Networks (PCNs) have or have not made changes to improve patient access in the last six months.

What we did

Between 18 May and 1 June 2022, we telephoned the 56 GP practices in Wolverhampton and used a standard set of questions to find out how easy it is to speak to a receptionist, book an appointment, choose the appointment type (e.g. telephone, face-to-face) and be directed towards an appropriate service (e.g. a pharmacist/A&E). See the Appendix for the full list of questions.

We had previously met with the PCN Clinical Directors to inform them of our intended contact with each practice, so that they could let them know to expect our call.

To keep calls consistent, we introduced ourselves using the same script, confirmed that we were talking to the right practice, selected the appointment line (where possible) and spoke to a receptionist (where possible). We marked calls as 'unanswered' if they did not pick up within an hour and marked those as 'refused' if they did not want to answer our questions. If a receptionist passed us on to another member of staff, we noted their role. We obtained observation data for all practices, even if the call couldn't connect or they refused to answer the survey questions.

If a practice refused to answer our questions because they did not think they would have the information required, we gave them the first question as an example. If a practice refused to answer because they were too busy, we explained that the survey would take two or three minutes to complete.

PCNs and their practices

PCN	Number of practices
Total Health	12
Wolverhampton South East	11
Wolverhampton North	10
RWT	8
Unity West	6
Unity East	9



Out of the 56 practices, 23 refused to take part. This is largely because they were too busy, and/or did not believe, as receptionists, they'd have the information or authority to answer our questions. Some practices were reluctant to divulge any information.

Key messages

- More practices are now offering a greater variety of appointment types, particularly increasing the number of face-to-face appointments.
- More practices are offering appointment types according to patient preference, as opposed to solely allocating appointment type based on clinical need.
- More practices are signposting people to the wider healthcare network when no appointments are available, such as booking at sister sites or visiting pharmacists, opticians, and dentists. The majority still signpost people to NHS 111/A&E/urgent care centres.
- Improvements still need to be made to improve the quality of pre-recorded messages on call systems.

In particular, all ten practices in Wolverhampton South East had neither a message explaining that patients will need to outline their symptoms nor a message asking patients to call the practice at different times for different reasons. Unity West and Unity East PCNs could also improve in this area.

- For medical practices that share a central patient phonenumber, the majority were unwilling to answer our questions on behalf of their sister practice. If patients are being denied information about a sister practice, it will add an additional barrier between themselves and their care.
- Some of our calls were cut off or took longer than an hour to be picked up, and it is likely that patients are also experiencing long waits at times, particularly in busy hours.



Recommendations

We will share our findings with the clinical directors for each PCN to highlight any issues identified.

The Black Country and West Birmingham CCG is already working with PCNs to make improvements to practice telephone systems. Healthwatch Wolverhampton could support this work to ensure patients are able to influence these improvements based on their experiences. Our findings tell us that improvements should include:

- Providing an appointment line where possible so a patient can speak directly with a member of staff to book an appointment.
- Ensuring that all practices have the pre-recorded messages on their call system, to explain that receptionists will ask a patient their symptoms in order to book them in with the appropriate clinician, and to call the practice at different times for different reasons. This will improve booking efficiency and reduce the number of patients calling at one time.
- Removing any outdated phone numbers from the GP practice website and the internet.
- Introducing call waiting systems if not already in place, so that people know where they are in the queue and how long they need to wait.

Other recommendations include:

- Ensure all call handlers are trained in booking appointments. This would reduce the need to put callers on hold, or redirect them to someone else.
- Consider having more staff members to cover the practice during busy periods to make sure calls are answered in a timely way.
- Raise awareness of the role that Healthwatch Wolverhampton plays in using patient and public feedback to improve services. Encourage participation by the GP practices in future work programmes.
- Provide GDPR training for staff members so that they can clearly differentiate between the information they should and should not give to patients or callers as this was an issue raised as a reason not to participate in the survey.

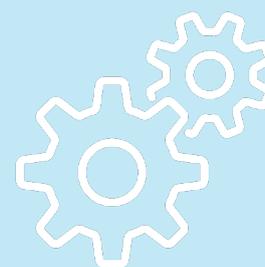


What people told us

Total Health PCN

Out of the **12** practices we telephoned:

- **Three** practices could not be contacted
- **Five** refused to answer our questions
- **Four** answered our questions.



The majority of call handlers were obstructive, in that they would list various reasons as to why they could not answer our questions, despite us providing an example of the first question. Some others were dismissive, in that they appeared to ignore the importance of this survey. However, some call handlers were polite and helpful.

Five practices refused to take part

Why did they refuse?

Three practices said they do not have the information to answer our questions. They either told us this, or it was evident because they wanted to put us straight through to someone more senior. Two of these practices said that this is because the manager deals with appointment bookings.

The other two practices refused to take part because they said they were too busy, and they needed to be answering patient queries.

Four out of these five practices said that survey questions have to be sent in writing via email and they cannot be answered over the phone.

Call observations

Did all calls connect?

In December 2021, three of the calls in Total Health PCN were cut off but eventually calls to all 12 practices connected.

Yet in May/June, three calls could not be connected. One practice did not pick up the call within the hour, another practice hung up on us twice, and the third could not be contacted as we were informed it is not a surgery in itself but it comprises of three other practices. This surgery is therefore not included in the below analysis.

Average time to answer call

Out of the nine calls that did connect, the average time taken for a call to be picked up was **seven minutes and 22 seconds**. The shortest time for a call to be picked up was **one minute and ten seconds**, while the longest time for a call to be picked up was **26 minutes and 16 seconds**.

Calls were picked up quicker in December. The average time taken for a call to be picked up was **four minutes and 45 seconds**, the quickest time for a call to be picked up was **one minute**, while the longest time for a call to be picked up was **18 minutes**.

Messages on the call system

Out of the 11 practices, ten had a message on their call system saying that receptionists will ask patients what their symptoms are to direct them to the most appropriate clinician.

Ten out of the 11 practices had a message on their system asking people to call the practice at different times for different reasons. This is an improvement on the eight that did in December.

Call waiting

Out of 11 practices, only seven had a call waiting message. Of these seven, only four said what number we were in the queue. For the three that did not, one picked up fairly quickly, so it may have been too soon for the queuing system to initiate. For the other two, we were on the call for enough time to expect a queuing system.

In December 2021, 11 had call waiting, so it appears that less practices are using a call waiting system. Three indicated where we were in the queue, so this has improved to four.

The queuing position did not necessarily indicate how soon you would be connected to a receptionist. For instance, after four minutes waiting, we reached number one in the queue for one practice, but our call wasn't answered until after 25 minutes on the line. For another, we were number one in the queue after 20 minutes waiting, but after one hour the phone hadn't been picked up. Despite joining the phone line for another practice at number two in the queue, our call wasn't picked up until after 26 minutes.

Availability of appointments

Out of the four practices that answered our questions, three said they have specific appointments available for children.

Two practices had no appointments left at the time we called, one could not answer the question and the other had seven appointments left. Similarly, in December one practice had appointments available at the time we called.

All four practices said they offer routine appointments, two said these can be booked within one week, one said within a week and a half, and another said between one and a half to two weeks.

In December, several practices said they offer routine appointments, but some did not. The average length of time that an appointment could be booked in advance was a week, similar to what the four practices told us recently.

Type of appointments

Three of the practices said they offer all four types of appointments (telephone, face-to-face, video and home visits). The other practice said they offer all types apart from video appointments. In December, the practices told us that they mainly offer telephone calls, and only offer face-to-face appointments if they are needed.

When asked how they decided what type of appointment to offer, all practices said it was down to patient preference. This is different to the responses given in December, where most practices said it is the GP who decides the appointment type.

Signposting

Signposting is where patients are directed if no appointments are available on the day.

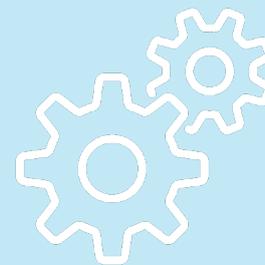
Out of the four practices that responded, two mentioned that they signpost patients to the cross-organisational booking system if no appointments are available (to be booked into a different GP practice in the PCN). Just one practice mentioned that they may refer a patient to a clinical pharmacist. Two out of the four mentioned that it depends on urgency, and if it is urgent, they would direct patients to a walk in centre, 111, 999 or A&E.

This is similar to the types of signposting that practices in the Total Health PCN told us back in December.

Wolverhampton South East PCN

Out of the **11** practices we telephoned:

- **Two** practices could not be contacted
- **Six** refused to answer our questions
- **Three** answered our questions.



The majority of call handlers were obstructive, in that they would list various reasons as to why they could not answer our questions, despite us providing an example of the first question. Some others were dismissive, in that they appeared to ignore the importance of this survey. However, some call handlers were polite and helpful.

Six practices refused to take part

Why did they refuse?

One practice refused to take part because they said they wouldn't know the information required to answer our questions. Two practices refused to take part because they said they were too busy. Another practice said they could not answer our questions without authorisation, while two others said questions like this have to be sent to them via a professional email account.

Did the call go through to another centre than expected?

Calls to four of the practices were answered by a different GP surgery, and this could confuse patients.

Call observations

Did all calls connect?

We could not connect our call to one practice. When we called their telephone number, we were told that no patient line exists for that practice. This practice is not included in the analysis below.

Our call to another surgery was not answered within an hour, so we ended the call. We have included the call data for this practice below, because they may have answered the call if we stayed on the phone longer.

In December, we could not connect to three practices after waiting for a considerable amount of time.

Average time to answer call

Out of the ten practices that we obtained data for, the average time taken for a call to be picked up was **seven minutes and 36 seconds**. The shortest time for a call to be picked up was **two seconds**, while the longest time for a call to be picked up was **22 minutes and ten seconds**.

Calls were picked up quicker on average than in December, where the average time taken to pick up was **13 minutes**. The shortest time for a call to be picked up was **less than a minute**, while the longest time for a call to be picked up was **46 minutes**.

Messages on the call system

Out of the ten practices, none had a message on their call system saying that receptionists will ask patients what their symptoms are to direct them to the most appropriate clinician. Zero practices had a message on their system asking to call the practice at different times for different reasons.

Call waiting

Out of the ten practices, seven had a call waiting system. Out of those seven, three practices did not indicate our position in the queue. All three of these practices picked up the call after four minutes and 30 seconds, so we would have expected there to be a queuing system in place.

Availability of appointments

Out of the three practices that answered our questions, none had appointments left for the remainder of the day. Yet, one practice mentioned that they have space for children under the age of one to see a doctor if necessary.

All three practices said that they offer routine appointments. One practice said the average wait for a patient to secure a routine appointment is within a week, while the other two practices said it is around one and a half to two weeks.

Type of appointments

All three practices said they offer all four appointment types. Two practices said that the type of appointment offered was decided by patient preference, while the other practice said initially it is decided based on the symptoms provided, but it will always be down to patient preference.

All three practices said that they don't offer specific appointments for children, but two of the practices added that if a child under the age of one needs to see someone urgently, they will make sure that happens.

Signposting

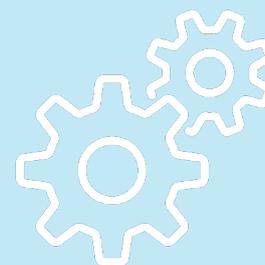
Two of the practices said they would signpost patients to NHS 111 or to a walk-in/urgent care centre. The other practice said they would refer patients to Ettingshall Medical Centre or a walk-in centre.

In December, a few practices explained that they would advise patients to contact NHS 111, call back at 8am the following morning or prebook an appointment for the following day. One practice refused to answer the question because they felt uncomfortable.

Wolverhampton North PCN

Out of the **ten** practices we telephoned:

- **Zero** practices could not be contacted
- **Four** refused to answer our questions
- **Six** answered our questions.



The majority of call handlers were helpful and polite, and could understand the importance of our survey. Some others were obstructive, in that they would list various reasons as to why they could not answer our questions, despite us providing an example of the first question. One call handler was dismissive, in that they appeared to ignore the importance of this survey.

Four practices refused to take part

Why did they refuse?

One practice refused to answer because they said the questions must be sent via email using a professional email account. Another practice refused because they were too busy and had patients in the queue. The remaining two practices refused because they believed a manager had to answer these questions, and their manager was not available.

Call observations

Three practices share a phone line, so a patient could ring and end up speaking to any one of the three practices.

Did all calls connect?

All calls connected, but four practices refused to answer our questions.

Average time to answer call

Out of the ten practices that we obtained data for, the average time taken for a call to be picked up was **four minutes and 54 seconds**. The shortest time for a call to be picked up was **one minute and 18 seconds**, while the longest time for a call to be picked up was **20 minutes and 18 seconds**.

This is similar to the call wait times in December, where the average time taken for a call to be picked up was around **four minutes**, the shortest time was **one minute** and the longest wait was around **16 minutes**.

Messages on the call system

Out of the ten practices, six had a message on their call system saying that receptionists will ask patients what their symptoms are to direct them to the appropriate clinician. Nine practices had a message on their system asking patients to call the practice at different times for different reasons.

Call waiting

Out of the ten practices, all had a call waiting system and nine practices told us what position we were in the queue. In December, eight out of ten practices had a call waiting system, so it appears that this has improved.

Availability of appointments

Out of the six practices that answered our questions, four had no appointments left for the remainder of the day. However, one practice informed us that they close at 1pm on Thursdays (the day we called). One practice had 15 appointments left, and the other had a few appointments available with the duty doctor.

In December, one practice that we talked to had appointments left.

All six practices said they offer routine appointments, and that the average wait time ranges between ten days and two weeks.

Type of appointments

All six practices said they offer all four appointment types. Five practices said the appointment type is chosen according to patient preference, and the remaining practice said the doctor assesses the situation and makes a decision. This same practice said they are currently trialing a new system to offer more and more face-to-face appointments.

In December, practices also said they offer a mixture of appointments for adults but two practices said appointments for children are face-to-face only.

Out of the six practices, two said they offer specific appointments for children. Those that said they do not told us they give children priority and squeeze them in to appointments if necessary.

Signposting

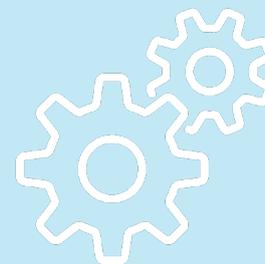
Four practices said they would direct patients towards NHS 111, four practices mentioned they would signpost patients towards A&E/walk in clinics/urgent care centres/999 if necessary, and two said they would refer patients on to pharmacists, opticians and dentists.

This is similar to what we were told in December. However, in December signposting patients to services such as a pharmacy, opticians or a dental practice was not mentioned.

RWT PCN

Out of the **eight** practices we telephoned:

- **One** practice could not be contacted
- **One** refused to answer our questions
- **Six** answered our questions.



The majority of call handlers were polite, warm and helpful. One call handler was initially resistant, but polite. Another call handler was polite, but unwilling to participate.

One practice refused to take part

Why did they refuse?

One practice answered our call but refused to answer our questions. A receptionist argued that answering our questions would result in a GDPR data breach. We explained that this is not the case, as no personal information is being shared.

Call observations

Did all calls connect?

Out of the eight calls that were made, seven connected. The remaining practice cut off our call while we were waiting (at position four in the queue). This is an improvement from December, where our calls only connected to three practices.

Average time to answer call

Out of the seven calls that did connect, the average time taken for a call to be picked up was **three minutes and 22 seconds**. The shortest time for a call to be picked up was **two seconds**, while the longest time for a call to be picked up was **ten minutes and 37 seconds**.

This is an improvement on the calls made in December, where the average time taken for a call to be picked up was **35 minutes and 20 seconds**, the shortest was **under a minute**, while the longest was **one hour and 25 minutes**.

Messages on the call system

Out of the eight practices that we called, eight had a message saying that receptionists will ask patients what their symptoms are to direct them to the appropriate clinician. They all had a message asking patients to call the practice at different times for different reasons.

Call waiting

Of the eight calls that connected, all had call waiting and highlighted our position in the queue. In December, out of the three practices that were contacted, one had call waiting and highlighted our position in the queue.

Availability of appointments

Out of the six practices that answered our questions, three had no appointments left for the remainder of the day, one had eight left, one had two left and the other had seven left.

Four of the practices said they offer routine appointments, two said they did not. Of the two practices that said they do not, one said that all appointments are made by telephoning the surgery on the day (unless you use the Babylon app) while the other practice said that only same day appointments are available.

Four practices answered the question regarding the average amount of time it takes to wait for a routine appointment, and two skipped it. Out of those four, one practice said the wait is approximately 48 hours, another said it is within a week, another said two weeks, and the remaining practice said three to four weeks.

Type of appointments

Five practices said that initially they just offer telephone appointments. The other practice said that both face-to-face and telephone appointments are offered.

Five out of the six practices said a doctor makes a call first and then decides if a face-to-face appointment is needed. The other practice simply stated the doctor decides the appointment type.

This is slightly different to the responses we got in December, where we were told adults receive telephone consultations only, and only children are able to have face-to-face appointments (at the discretion of the GP).

Out of the six practices, one said they offer specific appointments for children while five said they don't. All six said that if a child urgently needs to be seen, they will normally fit them in or get someone to see them.

Signposting

Out of the six practices that answered our questions, four mentioned that they may direct people towards NHS 111 if no appointments are available. All six said that they would refer people to out-of-hours services or the nearest walk in centre. Two mentioned they would direct people to a pharmacist or optician, if appropriate. One practice mentioned they would direct people to the Babylon app to try book appointments, while another would recommend prebooking or calling back the next day to see if appointments are available.

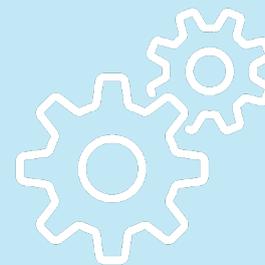
In December, just one practice answered this question, and said they would direct people towards an urgent care/walk in centre.



Unity West PCN

Out of the **six** practices we telephoned:

- **Zero** practices could not be contacted
- **Four** refused to answer our questions
- **Two** answered our questions.



The majority of call handlers were dismissive, in that they appeared to ignore the importance of this survey. However, two call handlers were willing to help.

Four practices refused to take part

Why did they refuse?

Three practices refused to answer our questions because they said they were too busy. The remaining practice said they were told the manager would have to answer these questions, and the manager wasn't available.

Call observations

Two practices share the same telephone line. The second number advertised for one practice is not valid.

Did all calls connect?

Our calls connected to all six practices, but four refused to answer our questions.

In December, our calls connected to four practices. Two practices couldn't be reached because one was temporarily closed and the other did not pick up despite us calling them nine times.

In both December and May/June, no calls were cut off by a practice prior to, or during, a call being connected.

Average time to answer call

Out of the six calls that did connect, the average time taken for a call to be picked up was **three minutes and 34 seconds**. The shortest time for a call to be picked up was **2 seconds**, while the longest time for a call to be picked up was **five minutes and 50 seconds**.

In December, the average time to pick up was lower, around **two minutes**, the shortest time was **less than a minute** and the longest time was **six minutes**.

Messages on the call system

Four out of the six practices had a message on their phone saying that receptionists will ask patients what their symptoms are to direct them to the most appropriate clinician. Two out of six practices had a message on their phone asking patients to call the practice at different times for different reasons.

Call waiting

Of the six calls that connected, five had a call waiting system. Out of those five, four told us where we were in the queue. One practice did not, however they picked up the phone very quickly.

Similarly, in December, three of four practices had a call waiting system and indicated our position in the queue. The practice that did not have call waiting picked up very quickly.

Availability of appointments

Out of the two practices that answered our questions, one had five appointments left and the other had none left.

Both practices said they offer routine appointments, and that they could be booked within a week, often just a few days. In December, all four that were contacted said they offer routine appointments, and that patients had to wait anywhere from one week to four weeks. This suggests that waiting times for routine appointments may have improved.

Type of appointments

One practice said they offer all four types of appointments, while the other said they offer all types apart from video appointments. One practice said the appointment type is decided by patient preference, whereas the other practice said children have face-to-face appointments and all routine appointments take place via telephone.

Out of the two practices that answered, one said they offer specific appointments for children and one said they do not. However, they explained that appointments for children under one get created if necessary.

In December, the practices who answered said they offer mainly a mixture of telephone and face-to-face appointments.

Signposting

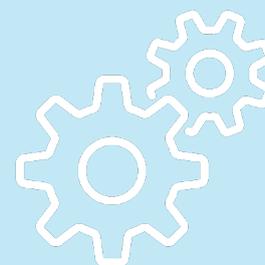
Both of the practices that answered mentioned they would direct people to book appointments at other GP practices within their PCN through Unity, and would direct people to the local urgent walk in centre. One of the two also said they would think about directing people to a pharmacist.

In December, those that answered did not mention that they would direct people to book through Unity, but they did mention they would direct people to walk in centres or NHS 111.

Unity East PCN

Out of the **nine** practices we telephoned:

- **Zero** practices could not be contacted
- **Three** refused to answer our questions
- **Six** answered our questions.



The majority of call handlers were polite and willing to help. Two call handlers were new members of staff, but they were polite nonetheless and asked for help. A small number of call handlers were obstructive, in that they would list various reasons as to why they could not answer our questions, despite us providing an example of the first question.

Three practices refused to take part

Why did they refuse?

Two practices refused to take part because they said the practice manager would have to answer the questions, and they were not available at that moment. The other practice refused to answer because they said they were too busy.

Call observations

Did all calls connect?

Our calls connected to all nine practices, and six of these accepted to answer our questions. While one practice had an engaged tone and immediately cut off during our three attempted calls, our call eventually connected with the practice on the fourth attempt.

In December, we connected with and had answers from seven practices and no calls cut out while calling.

Average time to answer call

Out of the nine calls that did connect, the average time taken for a call to be picked up was **four minutes and 21 seconds**. The shortest time for a call to be picked up was **22 seconds**, while the longest time for a call to be picked up was **26 minutes and 31 seconds**.

In December, the average time taken was **two minutes**, the shortest time was **less than a minute**, while the longest time was **eight minutes**. This suggests that the average waiting time may have increased.

Messages on the call system

Just three out of the nine practices have a message explaining that receptionists will ask patients what their symptoms are to direct them to the most appropriate clinician. Just four have a message requesting that patients call the practice at different times for different reasons.

Call waiting

Out of the nine practices, three have call waiting on their phone system. Out of these three, two did not let us know our number in the queue. However, one of these practices picked up too soon to tell if they use a queuing system.

Availability of appointments

Out of the six practices that answered our questions, five practices had appointments left, ranging from three to 34 appointments. The practice that did not have appointments left informed us that they have NHS 111 call slots left.

All six practices told us they offer routine appointments, and one practice added that appointments can be prebooked until the end of the year. While two practices said patients can be booked in for routine appointments the same or next day, two other practices said it normally takes around a week, another said two weeks, while the remaining practice said two to three weeks.

Similarly, we found out that the length of time to wait for a routine appointment also varied between practices in our December consultation.

Type of appointments

Four practices said they offer all four appointment types, and two said they offer all but video appointments. One of these practices said they probably could offer video appointments, while the other told us that they are considering introducing video appointments.

Three practices said a doctor would call a patient to begin with and then triage them an appropriate appointment, while the other three practices said the type of appointment given is determined by patient preference.

Out of the six practices who answered us, four said they have specific appointments for children, two said they do not. The other two practices said they would make space for a child if they needed to be seen urgently.

Signposting

Out of the six practices that answered our questions, three said they would direct people to book an appointment at another practice through Unity. One practice said they would consider putting a patient on a triage query list. Another suggested they would put a patient on a cancellation list. Five of the practices said they would direct patients to NHS 111/A&E if necessary. One practice mentioned they would suggest the patient prebook for another day, with another practice recommending the patient to call at 8am the next morning.

This is an improvement from December, where three practices said they would not signpost patients to other services and another refused to answer. Those that did would suggest a patient could call back in the afternoon or direct them to NHS 111/A&E/walk in centre if necessary.

Stakeholder response

Extract from the Health Scrutiny Panel minutes of their meeting of the 30 June 2022 where this report was presented.

The Wolverhampton Managing Director from the Black Country and West Birmingham CCG commented that the Healthwatch report had been very helpful in providing an update on telephone access. They recognised and broadly concurred with the key messages set out on page 5 of the report. He was pleased that the average time taken to answer a call had been reduced from an average of ten minutes to an average of five minutes. He was also pleased that the RWT (Royal Wolverhampton NHS Trust) Primary Care Network had seen a reduction in their average call answer time from an average of 35 minutes to 3 minutes. There were however some practices within the Primary Networks taking too long to answer calls. Healthwatch Wolverhampton had promised to share the specific detail from which the report had been formulated. They would follow up with practices where answering calls remained a particular challenge.

The full transcript of the minutes can be viewed here: wolverhampton.moderngov.co.uk.

Following presentation of this report for the Primary Care agenda item the Health Scrutiny Panel recommended:

- That the Chair of the Health Scrutiny Panel requests the new Integrated Care System (ICS) Local Wolverhampton Lead to write to each of the Primary Care Network Leads to inform them that GP surgeries should be co-operating with Healthwatch. Each practice manager needs to be instructed to make aware all staff within their surgery of the obligation to co-operate. Should co-operation not take in the future the Panel reserves the right to take firmer action in the future.
- That face-to-face appointments with medical personnel at GP practices should increase within the next six months across all practices.
- That the new ICS continues to try and increase uptake of the NHS App, with the aim to achieve uptake above the national average.
- GP surgeries which currently do not offer the option of a video appointment with a local clinician, to be encouraged to implement this option in the future for patients who wish to use this appointment type.
- Surgeries which do not have a clear answer phone messaging and call waiting system to be encouraged to improve their system.
- That Healthwatch Wolverhampton be requested to complete another Primary Care Survey in approximately six months' time.
- That Primary Care come back to the Panel as an item at the meeting scheduled to take place in January 2023.

Acknowledgements

Thank you to all the staff at the medical practices who gave up their time to respond to our questions.

Limitations

We could not directly compare the survey answers in December 2021 to the survey answers in May 2022 because not all practices took part in both surveys. Also, calls were made at various times in the day, meaning we contacted some practices at busier times and other practices at quieter times.

Appendix

GP access – telephone consultation Wolverhampton

1. What is the name of the GP practice?
2. What PCN is it in?
 - Total Health
 - Wolverhampton South East
 - Wolverhampton North
 - RWT
 - Unity West
 - Unity East
3. On what date did you contact them?
4. At what time did you contact them?
5. What is the name of the person you spoke with?
6. Was there a message left on the answering machine before you got through to the practice explaining that patients will be asked why they need the appointment?
 - Yes
 - No
7. Was there a message around times to call the practice for different reasons, for example results of blood tests etc?
 - Yes
 - No
8. How long did it take to answer the call?
9. Was call waiting available?
 - Yes
 - No

10. Did it tell you what number you were in the call?

- Yes
- No

11. Were you cut off whilst waiting?

- Yes
- No

12. What number were you in the queue when you were cut off?

13. How long had you been waiting?

14. Did you just get an engaged tone while calling?

- Yes
- No

15. How many calls did it take before you were answered?

16. How many appointments did you have available today (from the time that they were released this morning)?

17. How many appointments are left today (from this time of calling onwards)?

18. Do you have specific appointments available for children?

- Yes
- No

19. Which of the following appointments do you offer (in general)?

- Face-to-face appointments
- Video appointments
- Telephone appointments
- Home visit appointments

20. How do you decide which appointment type is offered?

21. If there are no appointments available, what services do you refer people to or what advice do you give?

22. Can patients make a routine appointment (not same day and not urgent)?

- Yes
- No

23. How far in advance (on average) do you have to wait for a routine appointment?

24. Did you know we (Healthwatch Wolverhampton) would be calling you at some point?

- Yes
- No

25. A question to ask ourselves:

Do I have any reflective comments regarding the call e.g. was the person polite?

Did I have to be redirected to another practice?

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