



# **Access to GPs Report**

April 2011

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## Executive Summary

The 'Access to GPs Report' is a project which has been carried out by Kensington and Chelsea LINK's physical disability group.

The project aim was to look specifically at how accessible GP services are in Kensington and Chelsea for residents with Physical disabilities. It also covered more broadly how effective and helpful people with physical disabilities find their GP services.

The report found that generally GP services in the borough were found to have a relative high standard of care to its patients. Some points of improvement however have been recommended:

- 9% of participants stated their building were not physically accessible for those with disabilities. GP practices that do not have good access for those with disabilities to improve their premises in line with their responsibilities under the Disability Discrimination Act<sup>1</sup>.
- Further information on all services and patient entitlements to be clearly advertised in practises.
- Improved continuity of care: It is important that GPs are up to date with all patient information and file notes when a number of different GPs are providing services to the same patient.
- GPs to put a high level of priority on giving greater access to support, advice and further information, this is especially the case for BME communities.

K&C LINK is delighted to be working in partnership with the GP practices in Kensington and Chelsea to improve services for their patients.

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2005/13/contents>

## **Introduction**

### **K&C LINK**

The Kensington and Chelsea Local Involvement Network (K&C LINK) consists of approximately 750 members of the local community who share a passion for improving and changing health and social care services in the Royal Borough of Kensington and Chelsea. LINKs were set up by the Department of Health under the 'Local Government and Public Involvement in Health Act 2007'.

The role of the LINK is to collect community views on health and social care services in the local area and to feed these views back to providers and commissioners.

### **Background to Project**

The national Ipsos Mori 'GP Patient Survey'<sup>1</sup> states that 77% of those who responded to their survey have seen a doctor at their surgery in the last six months and half of patients say they have one or more long-standing health problem, disability, or infirmity. Accessing a local GP service is clearly a crucial factor in most people's lives. K&C LINK felt it important to examine how people locally felt about access to their local GP.

In 2006, Action Disability Kensington and Chelsea published a report, "Inclusive Kensington and Chelsea"<sup>2</sup>; this described serious problems with access to services for disabled people. The report stated that, "nationally, people with learning disabilities often find it difficult to register and attend GP surgeries, as there is a tendency to channel all health issues through specialist Learning Disabilities Services." It continues that Kensington and Chelsea have addressed this issue positively, but that the problem is still prevalent.

The report also stated that other problems included a clear lack of access to services for deaf people; a low proportion of people with HIV registering with a GP and that a low percentage of GP practices are wheelchair accessible.

In the same year the ‘Patient and Public Involvement Forum’ (PPIF) <sup>3</sup> found that, despite all GP practices telling the PCT that they were registering any patient who lived within their catchment area, many people were bringing it to the PPIF’s attention that it was almost impossible to change one’s GP. The PPIF carried out a pilot study in W10 and W11, researching how easy it was for patients in the Borough to change their GP, together with access and gender factors.

The initial survey was carried out as a telephone ‘mystery shop.’ The researcher applied to register at every GP practice in W10 and W11, using a standard script for every call, asking if there were doctors of both genders, whether there was a nurse, wheelchair access and other such relevant information. After the call, the researcher noted the responses to the questions but also rated the practice staff on manner, comprehensible speech and the accuracy of information given.

The findings indicated that it is not always easy to register with a local GP, despite the PCT stating that GPs were accepting any patient without discrimination. There were concerns that registration in some practices was only available to newcomers to the area. Difficulties with both registration and seeing a GP of preferred gender were more prevalent in W10. Findings also indicated problems with physical access at some practices especially in W11. There were indications that this worsens in South Kensington, due to the number of listed buildings.

It is from this primary research that the Kensington and Chelsea LINK’s Physical Disability sub-group decided to further research the issue of accessibility to GP practices in the borough.

<sup>1</sup> “The GP Patient Surevey” by Ipsos MORI – Can be accessed online <http://www.gp-patient.co.uk/>

<sup>2</sup> **“Inclusive Kensington and Chelsea – A Report on the Inclusion Needs of Disabled People” by Action Disability Kensington and Chelsea**

<sup>3</sup> **“Kensington and Chelsea PCT Patient and Public Involvement Forum (PPIF) Project: Registration with GPs W10 and W11 post codes in Kensington and Chelsea” (2007)**

## **Methodology**

A questionnaire was designed (See Appendix) to ascertain the experiences of people with physical disabilities in accessing GP services in Kensington and Chelsea.

The survey was designed by the Physical Disability sub group of K&C LINK. The members of the group agreed on the questions and this was then approved by the K&C LINK Management Group.

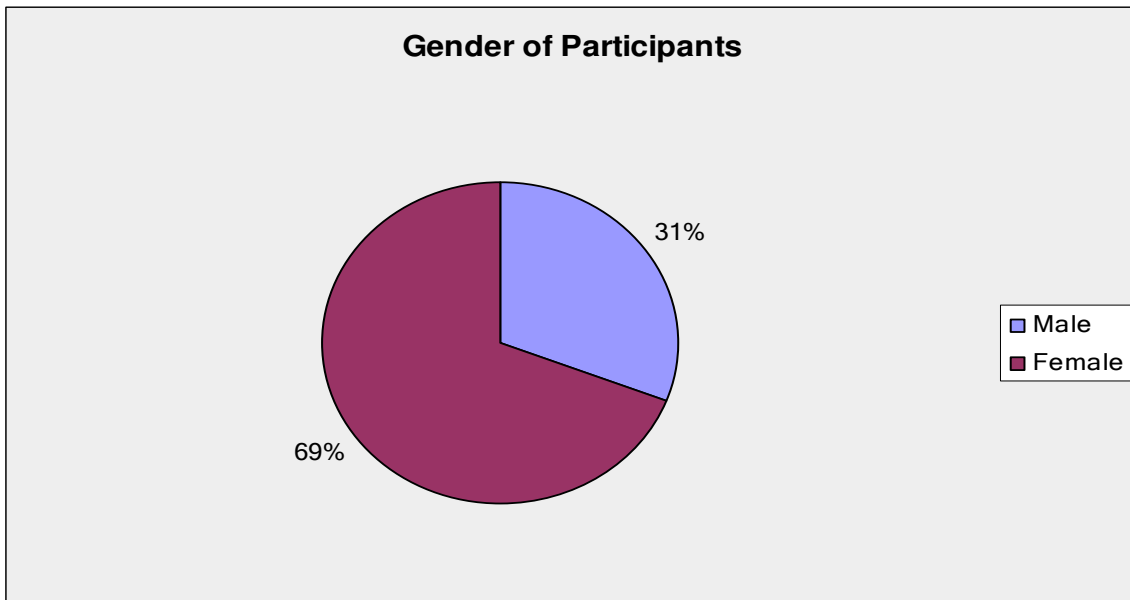
The questionnaires were then distributed in key public spaces throughout the borough, including libraries, GP practices and community centres. A large number of questionnaires were posted to members of Action Disability Kensington and Chelsea's (ADKC) with the monthly newsletter.

101 surveys were received in total. 38 out of 44 GP practices were represented in the responses.

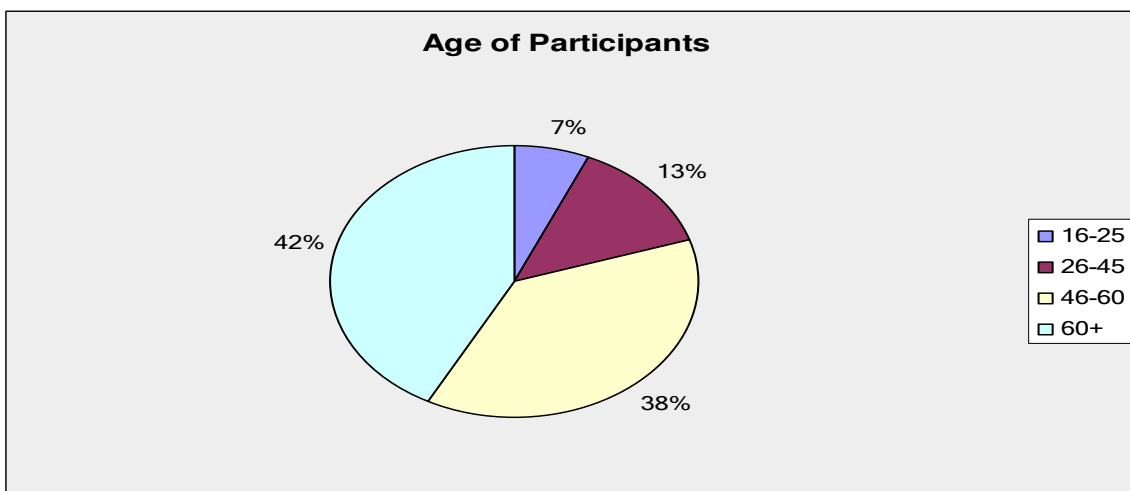
## Results

101 people were asked if they were registered with a GP; 94 respondents answered this question – all said that they were registered.

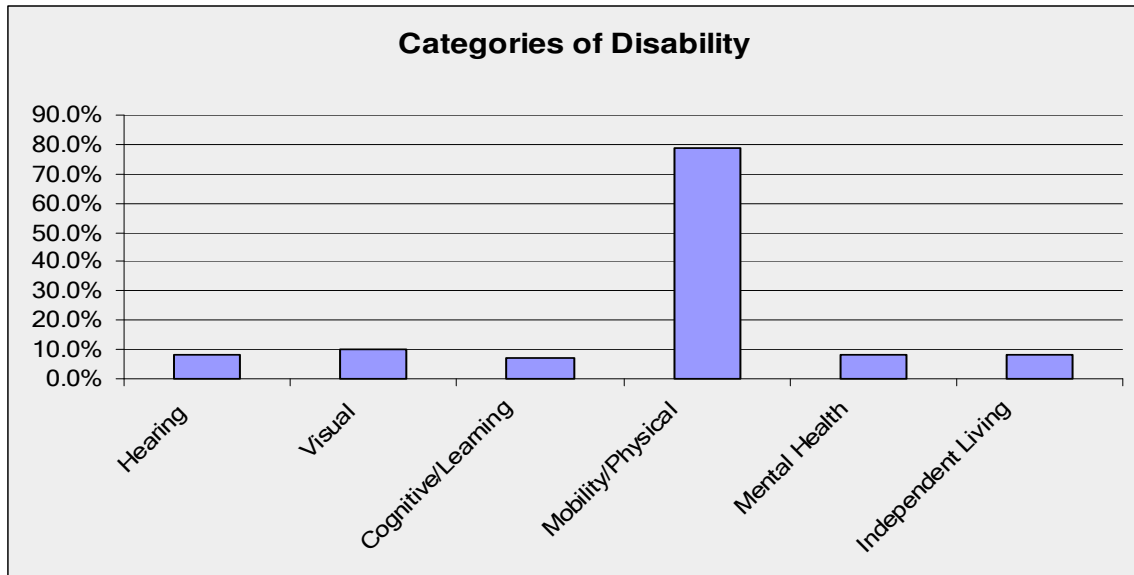
Gender of Participants – 94 respondents answered this question; 63 were female and 28 male. 3 participants did not specify their gender.



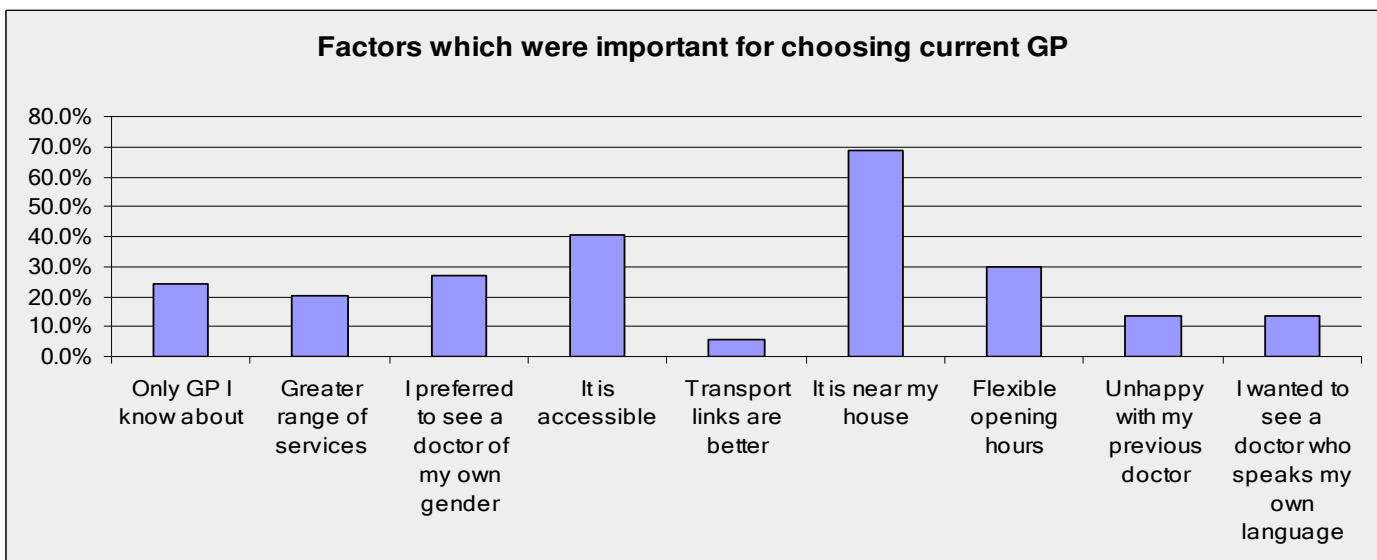
Age of Participants – 90 participants answered this question; 38 respondents were 60+, 34 were in the 46-60 age group, 12 were 26-45, and 6 were 16-25.



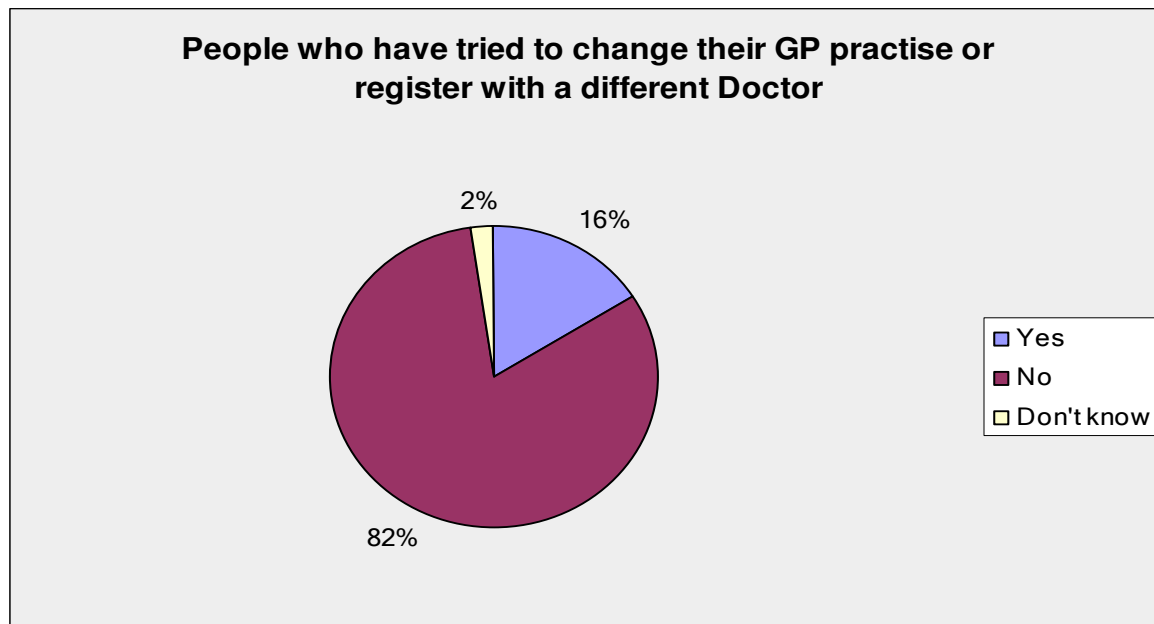
Categories of Disability – Participants were asked about their disabilities. The following chart shows the categories of disability researched and the numbers involved. However, a percentage of the respondents declared more than one disability and are therefore represented in more than one category.



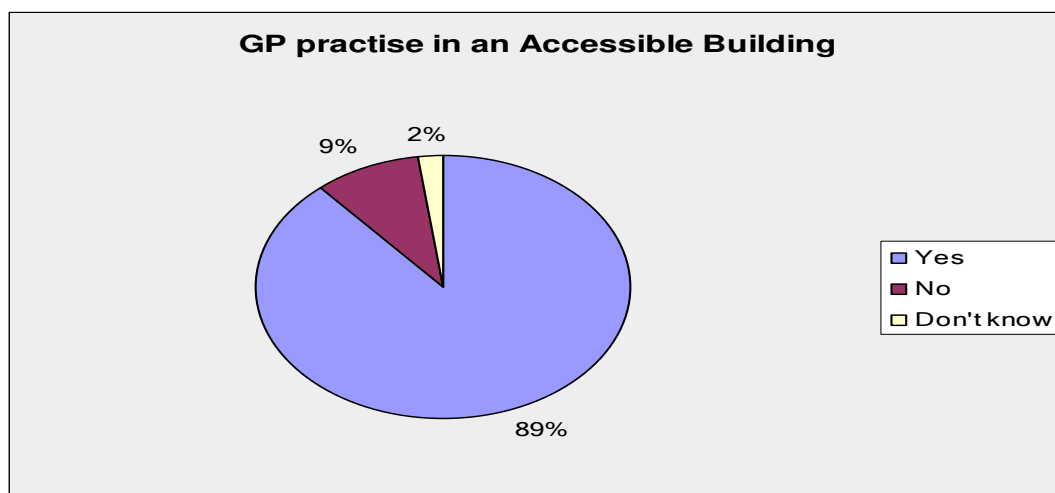
Factors which were important in choosing GP – The table below shows which factors influenced the participant’s choice of their current GP.



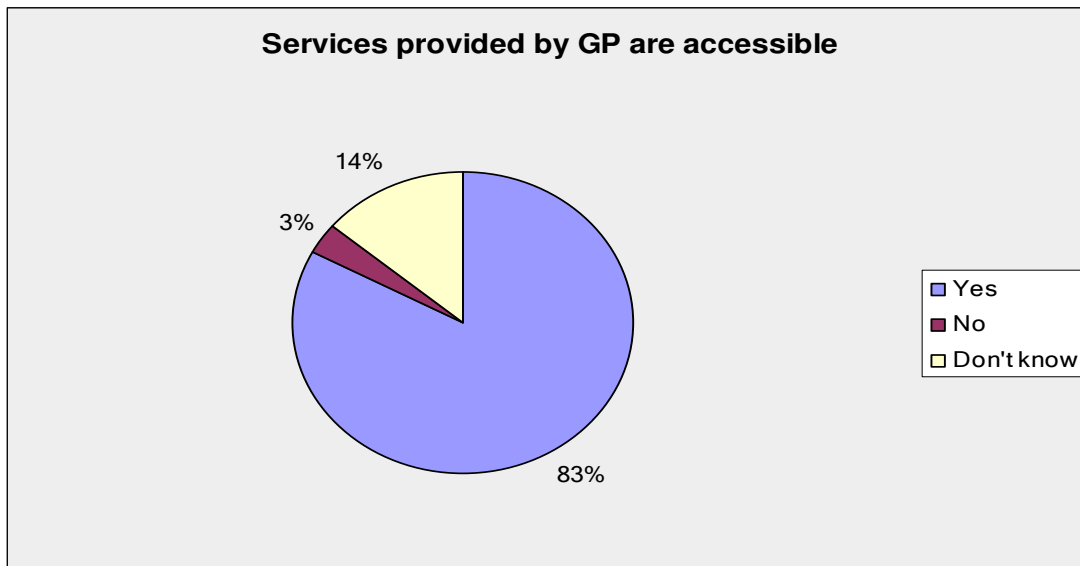
People who have tried to change their GP practice or register with a different doctor – The graph shows that of the 93 participants that answered this question 76 have not tried to change GP practice or Doctor, 15 have tried, and 2 participants weren't sure.



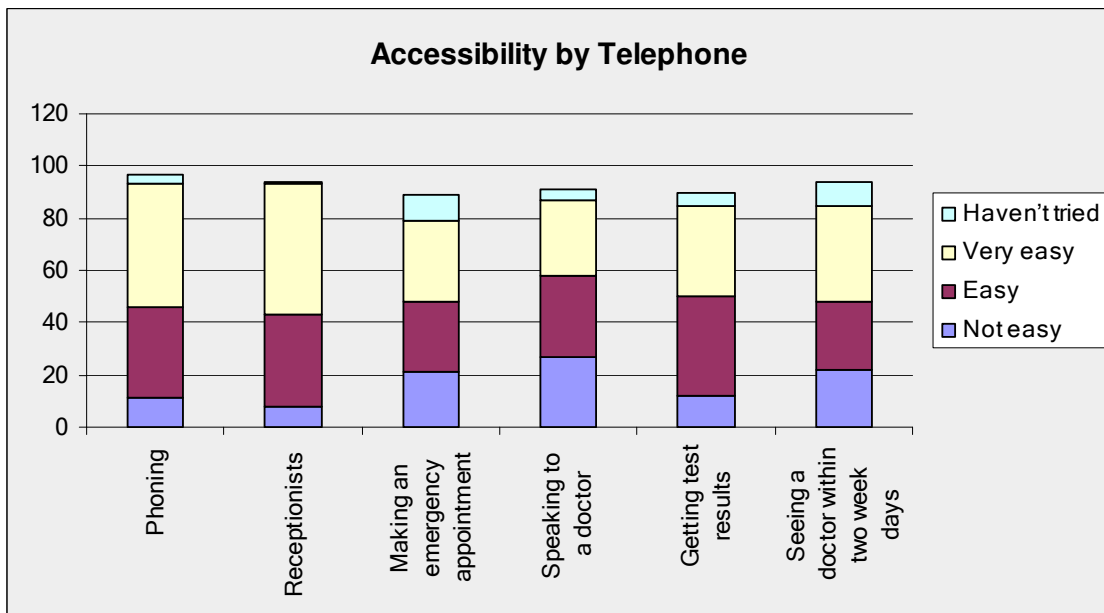
GP practice in an accessible building – The following graph shows that of the 96 participants answering this question, 85 stated that their GP practice was in an accessible building, 9 stated that their GP practice was not accessible, and 2 participants were not sure.



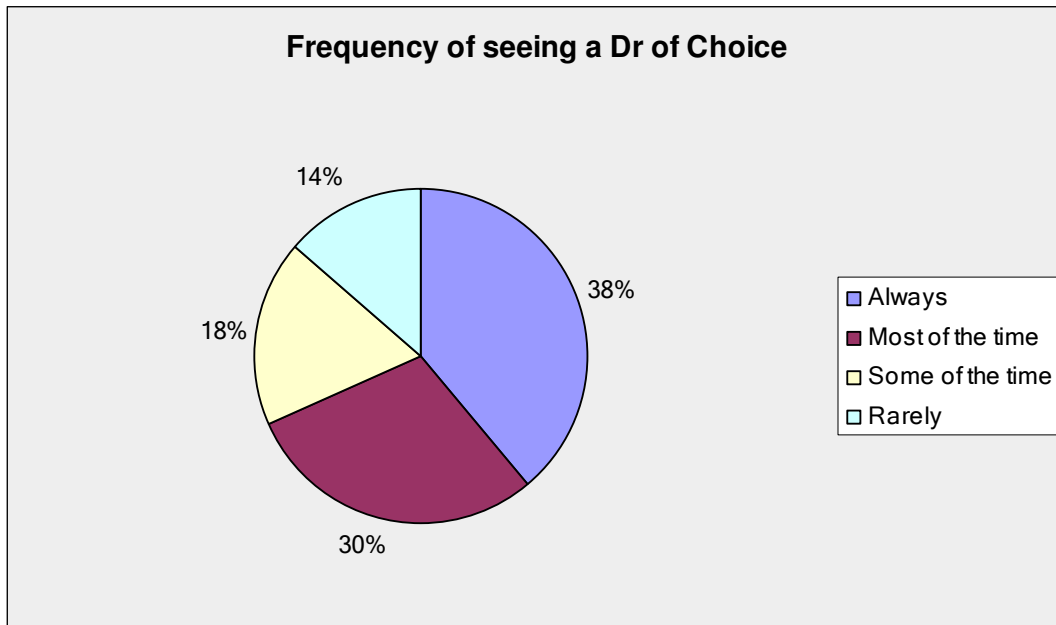
Services provided by GP are accessible – The chart below shows that of the 93 participants that answered this question 77 indicated that services were accessible, 3 said they were not, and 13 said they didn't know.



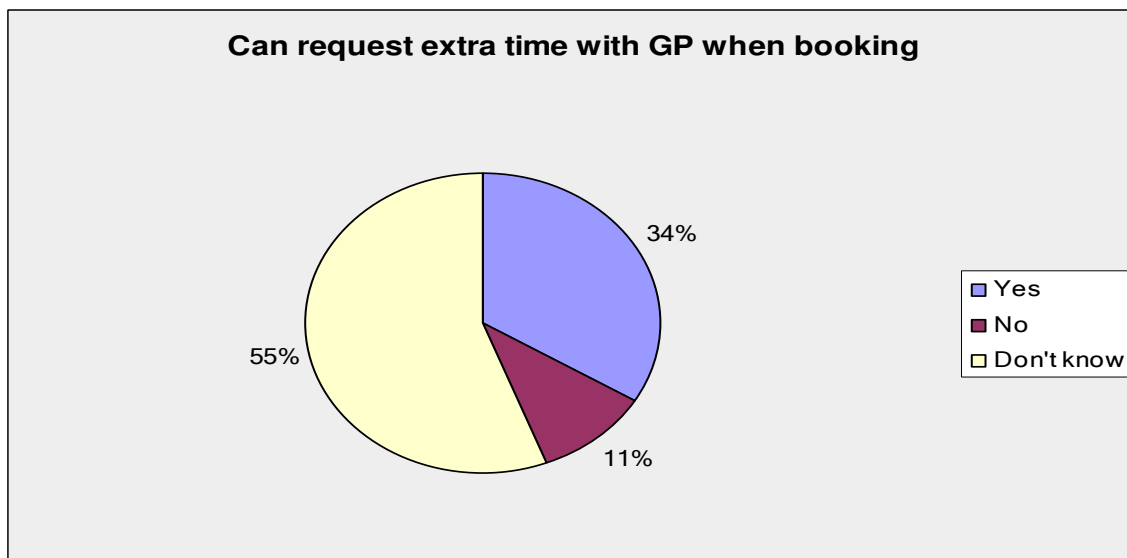
Accessibility by Telephone - The chart below shows ease of telephone access to services and appointments.



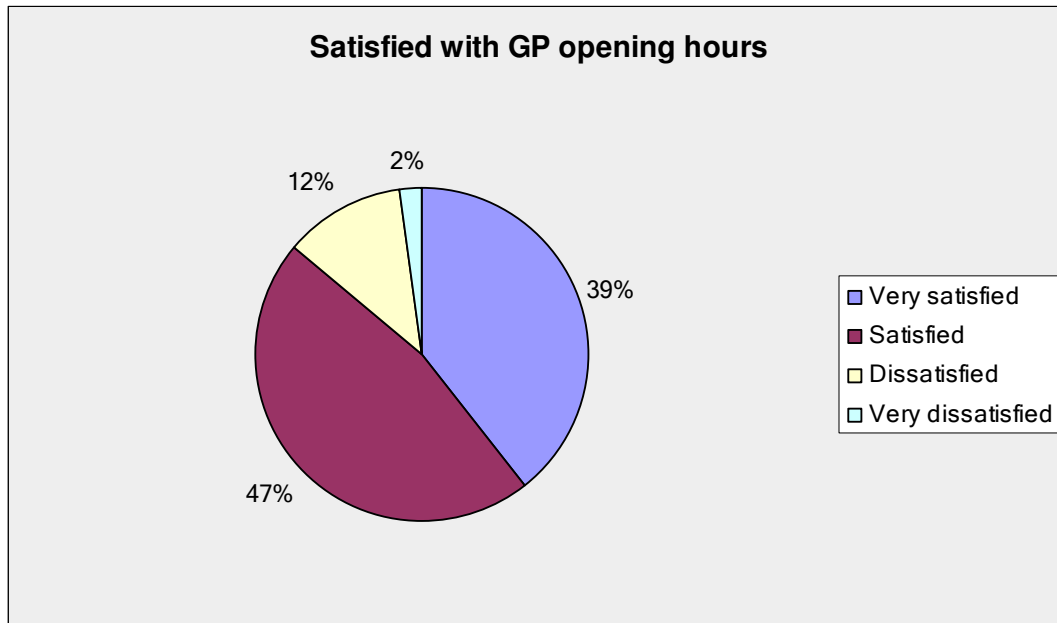
Frequency of seeing a Doctor of Choice – The chart illustrates the frequency at which a participant, when visiting a doctor, was able to see the doctor of their choice.



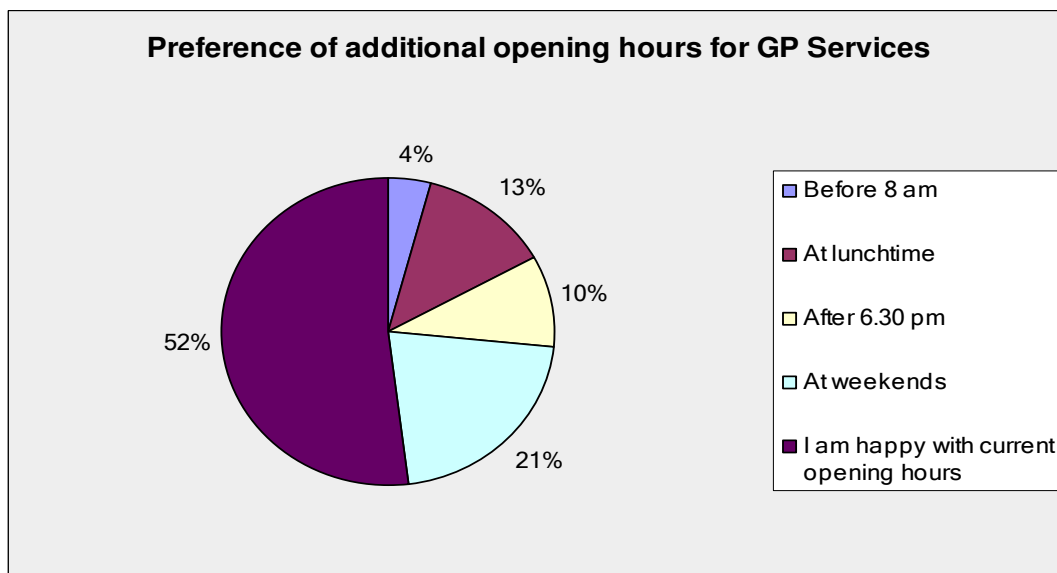
Can request extra time with GP when booking – The chart shows whether a participant was able to request extra time when scheduling a visit with their GP.



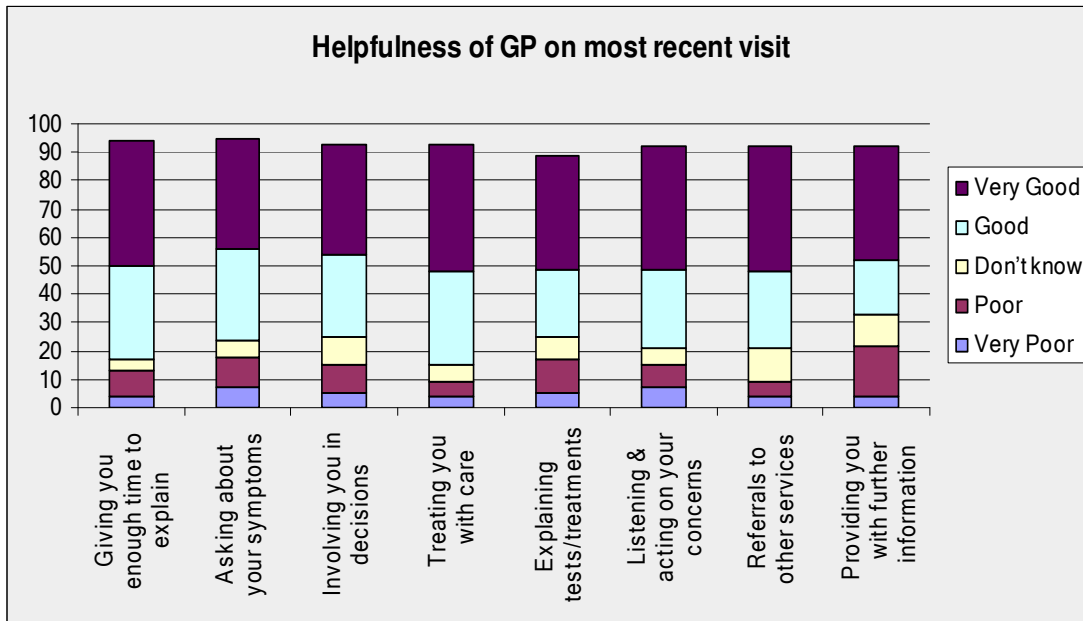
Satisfied with GP opening hours – This chart shows the level of participant satisfaction in regard to the opening hours of their GP surgeries.



Preferences of additional opening hours for GP Services – The chart shows the additional hours (if any) the participants would like their GP to be available.



Helpfulness of GP on most recent visit – The chart shows patient assessment of how helpful their GP was in 8 different categories during their most recent consultation.



## **Analysis and Discussion**

### **Demographics**

It can be seen from the results that a much larger proportion of those that responded to the surveys were female.

The majority of participants were also in the oldest two age group categories. Although it would be helpful to have a larger spread of age represented it is also recognised that disabilities are more prevalent in the older age groups. This also highlights the importance of good accessibility to GP services as it is these age groups who would use the services most frequently.

Although a range of disabilities are represented amongst the participants, mobility and physical disabilities were most frequently declared. This is worth noting as physical access to services is likely to be one of the most important issues for this group when considering a GP and how effectively services can be accessed. This is supported by the fact that the majority identified the practice being closest to their home as being the most important factor when choosing a GP, with accessibility next on the list. Other access such as clear signage, sign language interpretation, hearing loops, accessibility aids for visually impaired people etc all provide crucial value in a community service – which, perhaps might not be as strongly emphasised in this report due to the low number of respondents with sensory impairments.

### **Accessibility**

Accessibility over the telephone in general appears to be relatively positive but with scope for improvement. Three topics that participants have reported finding greater difficulty with are: 'Making an emergency appointment'; 'Speaking to a doctor'; and 'Seeing a doctor within 2 week days'. It is recognised that having a GP readily available to speak by telephone is not an easy facility to manage. There are however ways of improving this, such as arranging for a GP to call patients back when they do become available. Providing a greater level of information, sign-posting and care planning to a

patient at the time of an appointment was also identified as an area requiring improvement and this can reduce the need for follow-up queries. K&C LINK do feel it important that all patients and in particular those with physical disabilities can have access to their local practice by telephone rather than have to visit in person.

It is felt that the most important telephone accessibility relates to making emergency appointments and this is another area where a significant number of participants reported difficulties. It is strongly recommended that local practices seek to improve on this facility.

One very positive result is that a high percentage of participants reported that their GP was both in an accessible building and the services provided were accessible. Services are to be congratulated on this result. However, 9% of participants reported that their GP was not in a building that was accessible to them. Since this is such a crucial factor in providing health care services to patients with physical disabilities it is of the highest importance that these individual practices improve accessibility or develop a reasonable alternative that meets the needs of the patients and the requirements of the Disability Discrimination Act wherever possible.

## **Choice**

Results show that the majority of participants felt they could see a GP of their choice 'always' or 'most of the time.' However there is still room for significant improvement in this category as 32% still accounted for the lower 2 categories. Kensington and Chelsea LINK do feel that it is important that patients get a choice in whom they see and this is one regard in which GPs in the borough could still improve. Ipsos Mori also found recently that the average for practices within NHS Kensington and Chelsea is lower than the national average for England. Continuity of care has considerable preventative value and is essential to a patient's recovery. Clear communication protocols should be in place to ensure that information is clear and up to date where a doctor of choice is not available.

Participants did however report high levels of satisfaction with their GP opening hours. This is to be commended as it is important that patients can fit visiting their GP around individual lifestyles. Those that did wish to see additional opening hours of their practices did state it as desirable to be able to see a GP at the weekend. This preference is in line with the Ipsos Mori findings also for Kensington and Chelsea with twice as many respondents identifying opening on a Saturday as their preferred option over early morning, lunch, late evenings etc.

Under the theme of 'patient choice' it was clear that the majority of respondents do not know if they are entitled to have extra time with their GP through a double appointment for complex issues. This is an important part of a GP practice service and that should be made clear to the patients. It is recommended that GP practices inform their patients of their entitlements and requirements for their needs.

Although the level of respondents with learning disabilities was small, the option for patients to visit their GP of choice as opposed to a GP for people with learning disabilities was seen as a positive development in supporting patient's choice and control.

### **GP Helpfulness**

Results show that generally, participants report a high level of satisfaction, with the helpfulness of their GP rated as either 'very good' or 'good.' Patients should expect positive and helpful interaction with their GPs and results suggest this is certainly happening in Kensington and Chelsea. However, as shown in previous results in the report. Patients do score GPs lower in providing them with further information. There is a greater need for improvement in this area than in the rest of the categories.

### **Additional Participant Comments**

Each question in the survey was followed by a space for added comments for the participants to expand on the questions that were addressed. 60 "extra" comments were made and 31 of those were very positive, stating that respondents were happy with the service provided by their GP.

The negative comments were quite varied. The most frequent frustrations expressed were in reference to continuity of care. Participants stated that they were often given appointments with different doctors and that the doctors that they saw did not seem to communicate with each other.

Another common complaint was that participants were not given enough time to talk to their GP during appointments. As noted above, this may be due to patients not knowing they can request more time during visits for complex or multiple conditions. A few of the comments were in regard to receiving test results. Participants stated that they had to “chase” their results, when they felt they should have been contacted by the GP.

Respondents also stated that their GP did not listen to them. One participant stated “Disability not properly acknowledged by GP and this has made life more difficult”. Another individual complained of steep stairs, steep slopes, and heavy doors. As stated previously, the accessibility of GP practices is crucial to good care and a review of some facilities may be in order to identify potential barriers for disabled patients.

## **Post Code Analysis**

To fairly represent each area of Kensington and Chelsea it is felt that further research is needed to have a more even spread of results in the different areas. The project has had a much higher response in specific areas (W10 and W11 accounting for over 60% of responses) and therefore it is too difficult to compare the results of the different post codes. However it is worth noting that in comparing the two areas most highly represented in the project 97.1% of respondents stated their GP practice was accessible in W10 compared to 87.5% in W11.

## **BME Results**

Although 41% of respondents declared a BME identity, BME specific results have not been included in the results section as there was no

significant difference when filtering these results from the overall results. There were however a few where participants of BME origin did score services lower for accessibility. 'Making an emergency appointment' and 'getting test results' scored slightly more negatively than overall results. The most noteworthy result was that 34.5% of BME participants stated that they found gaining access and speaking to a GP was 'not easy'. This was much higher than the 23.4% result of the overall results.

The BME Health Forum publication 'Access to GP Practices for Black and Minority Ethnic communities in Kensington, Chelsea and Westminster<sup>2</sup>' contains further information on the barriers to GP access for BME communities and identifies how to overcome them.

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<sup>2</sup> BME Health forum (2008) Primary Concern,  
[http://www.bmehf.org.uk/media/publications/research/bme\\_Primary\\_Concern.pdf](http://www.bmehf.org.uk/media/publications/research/bme_Primary_Concern.pdf)

## Conclusion

The LINK report has found that there appears to have been a marked improvement in access to GP services for disabled patients since ADKC's 'Inclusive K&C' and the PPIF reports published in 2006. The majority of participants expressed satisfaction with the accessibility of services within their practice and many also approved of the physical accessibility of the building.

It should be noted that this report has not carried out a full access audit of the 42 GP practices in Kensington and Chelsea, (which would be a more accurate representation of the situation) but results from participants do appear relatively positive.

There is, of course, still room for improvement in the Borough, and K&C LINK strongly encourages practices to continue developing their facilities, with those with disabilities very much at the forefront of planning and policy considerations. The following section lists specific areas which the report has highlighted as requiring improvement, and K&C plans for further development.

## Recommendations for Improvement

### GPs

- GP practices that do not have good access for those with disabilities improve their premises in line with their DDA obligations.
- Further information on all services and patient entitlements (such as care plans) to be clearly advertised in GP practices and to be communicated by GPs and staff e.g. Use of practise leaflets and posters. Proposed K&C LINK access visits will research information and communication issues as well as the built environment.
- It is important that GPs are up to date with all patient information when a number of different GPs are providing appointments to the same patient to ensure continuity of care.

- The research also showed that some patients do not feel that their GP listens to them. The Kensington and Chelsea LINK is concerned that this is the case and strongly recommends that GPs put discourse and interaction as a high level of priority in their service.

### Kensington and Chelsea LINK

- K&C LINK proposes following up on this research with access visits to a sample of practices where barriers are/have been reported.
- K&C LINK is currently monitoring concerns of disabled and non-disabled residents in relation to continuity of care, especially during this period of NHS reform. A further project on the hospital discharge process is also planned for 2011/2.
- K&C LINK is launching a project to support the development of Patient Reference Groups (PRGs) in GP practices in the West London Commissioning Consortium (Kensington and Chelsea & Queens Park and Paddington practices) in 2011/2. PRGs are based on cooperation between practice staff and patients and can be a resource for providing valuable feedback about practice procedures and how they could be improved. PRGs can also work with GP practices about how to help patients to take more responsibility for their own health. PRGs would be an ideal vehicle for following up on the recommendations from the Disability sub-group report on GP Access. K&C LINK will aim to ensure that these PRGs are representative of the populations they serve, including disabled patients.

## **Acknowledgements**

The Kensington and Chelsea LiNK Management group would like to thank all members of the Physical Disability sub-group who have worked hard to produce this report.

A special thanks to:

- ◆ Action Disability Kensington and Chelsea (ADKC) for helping to distribute the surveys.
- ◆ All residents of Kensington and Chelsea who completed the survey.
- ◆ Ms Giulia James, Mr David Leavitt and Ms Olga Yakhno for their valuable help in putting together the report.

## Appendix

### K&C LINK Access to GPs and Patient Satisfaction Survey

The K&C LINK are conducting a survey to explore how easy it is for local disabled residents, to change or register with a new GP practice, and whether the GP services they receive meet their needs.

Please take a few minutes to complete our survey, your feedback will help us to determine whether there particular concerns that we should highlight to improve services.

This survey is conducted with complete confidentiality. No personal details of survey participants will be asked for or given to other parties. If you would like this survey in an alternate format e.g. larger font, Braille etc please contact **ph:** 020 8968 6771 or **email:** rbkclink@hestia.org

#### Q1) Are you currently registered with a GP practice?

Yes  No

If yes, please name your practice: \_\_\_\_\_

#### Q2) Which factors helped you choose your current GP? (Please tick all that apply)

Only GP I know about	<input type="checkbox"/>	Flexible opening hours	<input type="checkbox"/>
Greater range of services	<input type="checkbox"/>	Unhappy with my previous doctor	<input type="checkbox"/>
I preferred to see a doctor of my own gender	<input type="checkbox"/>	I wanted to see a doctor who speaks my own language	<input type="checkbox"/>
It is accessible	<input type="checkbox"/>	Other, please comment:	
Transport links are better	<input type="checkbox"/>		
It is near my house	<input type="checkbox"/>		

#### Q3) Have you tried to change your GP practice or register with a different doctor?

Yes  No  Don't know

#### Q3a) If you had difficulty, can you briefly tell us your experience?

.....  
.....  
.....

#### Q4) Is your GP practice in an accessible building for you?

Yes  No  Don't know

Please give further details:

.....  
 .....

**Q5) Are the services provided by your GP practice accessible to you?**

Yes  No  Don't know

Please give further details:

.....  
 .....

**Q6) When contacting your GP, how accessible have you found the following? Please put an X in one box in each row.**

	Haven't tried	Very easy	Easy	Not easy
Phoning				
Receptionists				
Making an emergency appointment				
Speaking to a doctor				
Getting test results				
Seeing a doctor within two week days				

**Q7) When you make an appointment, how often do you see a doctor of your choice?**

Always  Most of the time  Some of the time  Rarely

**Q8) Can you request extra time when booking your appointment?**

Yes  No  I don't know

**Q9) How satisfied are you with the opening hours of your GP Practice?**

Very satisfied  Satisfied  Dissatisfied  Very dissatisfied

**Q10) At which of the following additional times would you most like the GP services to be available? – please pick one answer only.**

Before 8 am  At lunchtime  After 6.30 pm  At weekends

I am happy with current opening hours

**Q11) The last time you saw a doctor, how helpful was the doctor about each of the following? Please mark X for one box in each row.**

	Very Good	Good	Don't know	Poor	Very Poor
Giving you enough time to explain					
Asking about your symptoms					
Involving you in decisions					
Treating you with care					
Explaining tests/treatments					
Listening & acting on your concerns					
Referrals to other services					
Providing you with further information					

**Q12) Do you have any further comments about the services you receive at your GP practice?**

.....

.....

.....

.....

.....

.....

**J: About you**

We ask you these questions to make sure we are receiving responses from all the different communities in K&C that use services. If you do not wish to fill in any question in this section, please leave it blank and then return the form to us.

**Gender:** Male  Female

**Age:** 16-25  26-45  46-60  60+

**First three/four characters of your post code (eg W10 or SW10):**

\_\_\_\_\_

**Do you consider yourself to have a disability?** Yes  No

If yes, how would you categorise your disability:

Hearing  Visual  Cognitive/Learning  Mobility/Physical   
Mental Health  Independent Living  Other  .....

**Please tick the box that describes your faith or religion:**

None  Hindu  Sikh  Muslim  Christian  Jewish   
Buddhist  Other  If other, please write here: \_\_\_\_\_

**Please tick the box that describes your ethnicity:**

Black or Black British – Caribbean  Black of Black British – African   
Black of Black British – Other  Asian or Asian British – Indian   
Asian or Asian British – Pakistani  Asian or Asian British – Bangladeshi   
Asian or Asian British – Other  Mixed – White & Black Caribbean   
Mixed – Other  Mixed White & Black African  Mixed – White & Asian   
White British  White Irish  White Other   
Chinese  Moroccan  Arab  Other   
If other, please write here: \_\_\_\_\_

**Thank you** for taking the time to complete this survey. All responses will be compiled anonymously and reported on in autumn 2010. The final report will be forwarded to all organisations who participated in this research and copies will be available from the K&C LINK office and our website: [www.rbkclink.org](http://www.rbkclink.org)