



Improving Access to GP services

Engagement report

November 2017

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1.0 Purpose of the report

The purpose of the report is to present the findings from the engagement with local people on improving access to GP services in Calderdale. The report sets out the background to the engagement and the legal obligations the CCG must work to when delivering any engagement activity.

The findings from previous engagement with local people on primary care services has been included in the report which includes any primary care themes raised as part of other engagement activity.

The report describes the methods and approaches used to deliver the engagement and the findings from this work including any themes for equality and overarching conclusions and key themes. The findings included in this report will be considered to ensure the future development of primary care services in Calderdale take into account the views of local people.

2.0 Background

NHS England has committed an additional £500 million by 2020/21 to enable clinical commissioning groups to commission and fund additional capacity across England, to ensure that, by 2020 everyone has access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. The hours, types of appointments and clinical staff involved are all to be locally determined.

NHS England has set minimum standards they expect to be included in these services. These include:

Timing of Appointments

- Weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm)- to provide an additional 1.5 hours a day
- Weekend provision of to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs.
- Appointments can be provided on a hub basis with practices working at scale

Capacity

Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population

Measurement

Ensure usage of nationally commissioned tool during 17/18 to automatically measure appointment activity by all participating practices.

Advertising and ease of access

- Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care centres and publicity into the community
- Ensure ease of access for patients including:
 - All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
 - Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments

Digital

Use of digital approaches to support new models of care in general practice

Inequalities

Issues of inequalities in patients experience of accessing general practice identified by local evidence and actions to resolve in place.

Effective access to wider whole system services

Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care.

The hours, types of appointments and clinical staff involved are all to be locally determined. This is not around simply extending what currently happens in “core hours” to the weekend and evening, it is around ensuring there is additional primary care capacity that is equitable, accessible and matches the needs of the local patient population.

3.0 Our responsibilities, including legal requirements

3.1 Our responsibilities

Engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

By involving local people we want to give them a say in how services are planned, commissioned, delivered and reviewed. We recognise it is important who we involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

Engaging people who use health and social care services, and other stakeholders in planning services is vital to ensure services meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services, but have been actively involved in developing the proposals.

3.2 Legal requirements

There are a number of requirements that must be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include the Health and Social Care Act 2012 and the NHS Constitution.

[Health and Social Care Act 2012](#), makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The duties to involve and consult were reinforced by the [NHS Constitution](#) which stated: 'You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

[The Equality Act 2010](#) unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regards is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regards involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

[An Equality Impact Assessment \(EQIA\)](#) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any potential impact on protected groups and ensure equality of opportunity. Engagement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

[NHS Calderdale CCG has a 'Patient and Public Engagement and Experience Strategy'](#).

The strategies have been developed alongside key stakeholders. Each strategy sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategies state that the CCGs will;

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed

- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

The strategy sets out what the public can reasonably expect the CCG to do as part of any engagement activity including the process required to preserve these principles to ensure public expectations are met.

4.0 Engagement process

A communications and engagement plan was developed (see appendix A) to ensure we had a clear approach to engage with:

- patient / carers with direct experience of the GP services
- voluntary and community groups with interest
- key partners and stakeholders
- staff

The aim of the engagement was to gain views from members of the public on any proposed changes to GP services. The engagement ran for six weeks from September to November 2017. We provided the opportunity for people to have their say on GP extended services using a questionnaire. The questionnaire was available in a number of settings in both electronic and paper format, and was circulated to key stakeholder groups.

To ensure we captured a representative sample of community views we equality monitor all involvement activity. This enabled us to reach protected groups who may have different experiences of health and social care services, where we do not reach those protected groups we will specifically target involvement to reach them.

Engagement with patients / carers

A copy of the survey was distributed to patients / carers during the engagement period. And a combination of methods and approaches included:

- Patient Reference Group (PRG's) members who were encouraged to have their say how the CCG can improve access to local GP services. PRG Networks received a full presentation on the engagement to ensure they have an understanding of what it entails.
- Resource packs to Practice Managers, including surveys, screensavers, newsletter article and web content.
- Information circulated via the VAC newsletter and database
- Social media posts
- Information on websites and in newsletters

Engagement with voluntary and community groups with interest

- Community assets were deployed to ensure that we reach a wide and diverse population including those seldom heard. This was through focus group work, face to face conversations and other innovative methods. These conversations were led in a variety of approaches to provide intelligence to support our approach.
- Copies of the survey were sent to voluntary and community groups of interest to promote with their members.

To support this work we recruited the following Engagement Champions to have conversations within their communities, using the survey (see Appendix B) as a template for discussion. Engagement Champions 'deliver conversations with targeted service users from a variety of local areas, protected groups and communities. Engagement Champions are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. By working with volunteers in this way the response to our conversations has strengthened and increased, particularly amongst seldom heard groups. We used the following engagement champions to deliver the engagement:

- Disability Partnership Calderdale
- Halifax Sports Club
- Women Activity Centre CIC
- Advancement of Community Empowerment CIC
- CREW
- Disability Support Calderdale
- Cloverleaf
- Barnardo's
- Healthy Living Partnership

The Engagement Champions were able to choose the most appropriate approach to engage with their community.

Engagement with key partners and stakeholders

Copies of the survey will be sent to key partners and stakeholders for their information, and for them to promote with their members.

Engagement with staff

Staff were made aware of the engagement activity via internal websites, newsletters and briefings.

Talkback

Talkback is made up of a panel of residents who are recruited by the Local Authority because they broadly reflect the geography and diversity of Calderdale. It is a large group with over 1500 members, all of whom are willing to share their views by signing up to respond to surveys over an annual period.

5.0 Analysis of existing engagement

A review of all existing engagement on or including primary care intelligence took place. The following is a summary of the existing information gathered:

June – September 2014 Engagement on ‘Calderdale CCG Commissioning Intentions’

In June 2014 Calderdale CCG engaged with local people on the commissioning intentions for Calderdale. As part of this engagement the CCG received over 1,000 responses. Using the intelligence from this engagement there were a number of themes emerging which related directly to primary care. The key themes were;

- People wanted to see extended opening hours in GP practices, including evenings and weekend access.
- People wanted a better appointment system with improved access to bookings.
- People felt that GP practices should be central to the delivery of ‘Care Closer Home’.

April – September 2015 Engagement on Primary Care Services

In April 2015 Calderdale CCG worked with the local patient reference group network ‘Calderdale Health Forum’ to engage with practice representatives on primary care services. Following this conversation the CCG further engaged Calderdale ‘Disability Partnership’ and the voluntary and community sector using VAC Engagement Champions.

The findings from this engagement provided the CCG with a number of key areas for the CCG to consider in the development of a primary care strategy for Calderdale. The key findings are set below.

We asked ‘what does good like?’ people told us:

- Staff who understand individual needs, trained in understanding a range of disabilities, are welcoming and face to face contact is preferred.
- Good access, convenient to patients, longer opening hours.
- Good disabled access, appropriate signage and reception facilities.
- Extended appointments for people with a learning disability.
- Spaces for children with toys.
- Access to written information that is clear and easy to understand.
- Drop in sessions.
- More healthcare assistants.
- Using technology like text messages to communicate more, prescription requests and skype. Also facilities to use technology at the surgery.
- Staff who represent the community they work in.
- Privacy and confidentiality even at reception desks.
- Comfortable waiting area and a drinks machine/café
- Edible gardens

We asked 'What services could be provided in GP practices?' and 'What specific services would best meet the needs of our local communities?' People told us:

- Specialist staff in practices – specialist in certain areas.
- Hospital services like physiotherapy, phlebotomy and chiropody and minor surgeries in GP Practices.
- Consultant care in a community setting.
- GP Practices working in hubs to provide 24/7 access.
- Better links to the voluntary and community sector.
- Befriending schemes and support groups.
- More outreach work in schools on health topics
- Someone to talk to – trained like Citizen Advice Bureau (CAB) staff.
- Local access to scans and x rays.
- More outpatient facilities such as removing stitches.
- Training sessions for carers such as manual handling and procedures such as catheter care.
- Co-located staff from social care services or the voluntary sector.
- Healthy eating and diet.
- Health education while you wait.

November 2015 – February 2016 continued Engagement on Primary Care Services

Following on from the initial engagement with people on primary care we continued our engagement using our local community assets 'Engagement Champions' to deliver conversations with local communities as part of their training to become a community asset.

We received a further 433 responses to the engagement from a range of groups representing different people across the local area. The groups involved with the conversations were:

- Pennine Magpie
- Your Voice, your health
- Parents and Carers
- Women's Activity Centre (WAC)
- Alpha House Calderdale
- Mixenden parents centre
- Noah's Ark
- LA Group
- Happy Days
- Incredible Edible
- Local people Matter
- Pleasant Pastimes
- Labrys
- Equalities for All
- Disability Support Calderdale
- Cloverleaf
- St Augustine's
- Dodnaze Artists

- Healthy minds

The groups represent the views of a variety of communities, people and protected groups across Calderdale. The key themes from all of the conversations which took place are set out below underneath the questions that were asked:

We asked 'What does a good GP Practice Look Like?' people told us:

- Making it easier to get an appointment – not ringing at set times and more flexible opening and appointment times such as weekends
- Being able to get an appointment in less than 24 hours/immediate appointments also fast track appointments for children and frail elderly
- Low reception counters for eye contact and more private for conversations
- Availability of computers in the reception area
- Longer appointment times – specifically for those with a learning disability and appointments running on time, also the availability of drop in/walk in sessions
- Polite and friendly reception staff that speak clearly and make sure people understand what is happening and ask appropriate questions – being called in for an appointment.
- A nice relaxing environment, clean with appropriate facilities, quiet areas, prayer room, drinks machine and big enough to host services i.e. baby changing, toys, growing areas for edible food
- More doctors and nurses and contact with the same staff for continuity
- Easy to read information
- More availability for home visits
- More health services under one roof or a one stop shop i.e. dentists, counselling services, diagnostics, self-help, physiotherapy, sexual health, x-ray, healthy living advisors, diet advice, bereavement support, mental health services and alternative treatment
- Easier ways get a prescription i.e. over the telephone/online
- Ability to treat basic emergencies such as wounds
- More 'Freephone' numbers
- Buildings on clear bus routes and with adequate parking facilities
- Nurses available every day of the week
- Staff who are trained to work with people with different needs such as learning disability.

We asked 'Who works there and what do they do?' people told us:

One of the key themes for staff was polite, friendly well trained staff, appropriate to the community and able to communicate clearly in the right format or language. This included;

- Doctors
- Nurses
- Nutritionists
- Chemist
- Opticians
- Podiatrist
- Physiotherapists
- Surgeon for small procedures

- Specialist staff from specific conditions i.e. diabetes, cancer, heart problems, substance misuse, mental health
- Social workers
- Councillors
- Volunteers and health champions
- Midwives
- Many different agencies including voluntary and community sector

We asked 'What other NHS Services could be based at the GP Practice?' people told us:

- Small operations or procedures
- More help with prevention such as supporting weight loss, exercise classes
- Alternative therapies such as reflexology, exercise classes
- Parenting support, breast feeding etc.
- Activities for young people
- Therapies including physio and occupational therapy
- X ray facilities and basic emergency services
- First aid classes
- Self-help groups and classes such as AA
- Blood tests and blood pressure machine or other testing equipment
- Mental health team
- Support homeless issues, sign post to services with washing facilities and shelters
- Guest speakers and educational events for the community to support health and well being
- More ongoing checks for children

We asked 'How could staff working in the practice meet the needs of the local community?' people told us:

- By being more caring and thoughtful
- Getting better at sign posting and knowing the community they support and what is in it
- Speaking the community language and able to provide accessible information
- Training on specific issues such as issues for LGBT people
- Having the knowledge to speak to people and help them as a first point of contact
- Clear complaints procedures in place

The key overarching themes from all this engagement are as follows:

- Improved access to an appointment including: not having to ring at a set time to book an appointment, same day appointments for urgent care, weekend and evening appointments, longer appointments for people with a learning disability.
- More hospital services closer to home and in a GP practice setting including: podiatrists, surgical procedures, X rays, physiotherapists, nutritionists, mental health team and outpatients.
- Caring and helpful staff that are well trained and are representative of the community they serve.

- More additional support in GP practices including: voluntary and community group presence and sign posting. Additional services such as alternative therapies and counsellors.
- Improved communication and information including: clear signposting to other support services, access to IT equipment to support online services, translator and interpreter services available, access to health education to support self-management.
- Considering the needs of people with a disability including access to buildings, information and signage.

December 2016 - Right Care, Right Time, Right Place Calderdale and Greater Huddersfield

The report is a summary of findings from all engagement and pre-engagement with public, patients, carers and staff which was delivered from the period March 2013 to December 2015. The aim of the report is to catalogue engagement activity, use the information collectively to understand what people are telling us about local NHS services in Calderdale and Greater Huddersfield, and use the key messages to support any future service models for hospital services and care closer to home. The key themes raised were:

- Giving clear information to the patient about their health conditions and the plan for their care
- Delivering health services through caring and competent staff
- Providing seamless, holistic care that links all aspects of care together and wraps around all of a person's needs
- Improving communication about patients both within and between primary, secondary, community and voluntary sector, and social care
- Putting the patient at the centre of their care
- Delivering more services closer to home
- Enabling people to care for themselves and seek help when they have concerns
- Ensuring that hospital discharge is well planned and timely
- Delivering flexible services that offer the right care at the right time in the right place
- Involving carers and family in care planning
- Respecting patient dignity when delivering care
- Ensuring that all services are fully accessible for all people, including those with specific access needs
- Minimising barriers to health care caused by travel times and costs
- Ensuring that there are no concerns about quality of care
- Improving use of technology to communicate with patients and carers and other health services
- Increasing public awareness of health conditions and how to minimise the risk of developing them
- Delays in receiving care are unacceptable
- Working with community and voluntary sector partners to deliver health care in the community

March 2017 - West Yorkshire and Harrogate Health and Care Partnership

An engagement and consultation mapping report has been produced by the West Yorkshire and Harrogate Health and Care Partnership. The report presents the findings from all relevant engagement and consultation activity which has taken place during April 2012 to February 2017, across Calderdale, Bradford, Harrogate, Kirklees, Leeds and Wakefield. Within the report is a section on Primary and community services, the key themes raised were:

- Improve access to appointments and buildings, in particular access for urgent care issues
 - Increase the availability of services at the evening and weekend
 - Raise awareness of the most appropriate services to access
 - Support people to manage their own health
 - Look at the provision of walk-in centres
 - Increase the range of services available at GP practices
 - Improve access for those with different communication needs, including different formats
 - Introduce an urgent care triage line
 - Improve access to routine dental care
 - Introduce an out of hours primary care service that is co-located with A&E and a single point of access
 - Better communication and appropriate staff
 - Support patients and their families to access appropriate end of life care
-
- The need to increase the availability of urgent same day GP appointments. When patients had an urgent healthcare need, they generally wanted to speak to a healthcare professional about it on the same day, and to be able to speak to someone that could see their notes and be able to prescribe. Difficulty in accessing urgent appointments led to some people seeking care elsewhere, either at walk-in centres or A&E.
 - Increased opening times to enable patients to access services early morning, evenings and weekends. At the weekend, most patients said that they would want an appointment on a Saturday morning.
 - People weren't always aware of the services that were available to them, few viewed pharmacists as a source of medical advice. There is a need to raise awareness of the most appropriate service to access, where and how to access these services.
 - Provision of information to support people to help manage their own health, including signposting to voluntary and community services (which would hopefully reduce the pressures on A&E).
 - For those people that had attended a walk-in centre, they did not want to have to wait until they could get an appointment with their own GP, they wanted their condition to be treated as soon as possible at a time and location that was convenient to them, if the walk-in centre had not been available a significant proportion would have attended A&E.
 - Increase the range of services available at GP practices, such as, including x-rays, minor surgery, and support groups.
 - Improve access for those with different communication needs by providing access to language and BSL interpreters. The provision of bilingual staff and deaf awareness training should support this.

- There was support for the introduction of an urgent care triage line, where a health professional assesses patient needs and signposts people to the most appropriate service. It was important that the person on the phone could see the patient records.
- Difficulties in accessing routine dental care resulted in the need to access urgent dental care.
- There is a genuine feeling that A&E should be for emergencies only and instead resources should be spent improving access to care at GP practices, particularly improving the availability of appointments.
- For end of life care, there was a general sense of having to navigate a very complex and ill-integrated landscape of services without adequate information or support, and where some services, such as 111 were unreliable.

6.0 Findings from the engagement on improving access to GP services

In total we received feedback on the engagement from **1,489 respondents who completed a survey**.

Appendix C provides a breakdown of the protected characteristics of the survey respondents. It should be noted that **1,245 people completed or partially completed the equality monitoring form**. In summary the survey respondents consisted of:

- From those responding to this question 736 respondents (59.7%) were female and 468 (37.9%) were male
- From those responding to this question 95 respondents (7.79%) stated that their gender was different to the sex they were assigned at birth
- From those responding to this question respondents were aged between 12 and 89, with an average age of 45
- From those responding to this question 1022 (84.4%) described themselves as heterosexual, 16 (1.32%) as lesbian, 15 (1.24%) as gay, and 19 (1.57%) as bisexual.
- The majority of respondents to this question described themselves as White (86%), as Asian or Asian British (10%), as Black or Black British and mixed, multiple or other ethnic groups (4%) .
- From those responding 48.1% stated that they identified with Christianity, 30% no religion and Islam 9.5%
- From those responding to this question 243 (19.9%) stated they provide care for someone
- From those responding to this question 244 (19.6%) described themselves as having a disability. With the majority 200 (48.3%) having a long term condition and 125 (30.2%) a disability.
- We received 36 (8.7%) of responses from people with a learning disability.

The following tables below set out each of the survey questions. A narrative below each table sets out the key findings from the engagement activity. Any free text comments

have been reported as key themes with a selection of quotes added to support the content. The findings were:

Q3. Please tell us more about you. Are you completing the survey because you are: (please tick all that apply)							Response Percent	Response Total
1	A patient						89.71%	1195
2	A carer						6.08%	81
3	A member of staff						3.00%	40
4	Other (please tell us):						8.18%	109
Analysis	Mean:	1.44	Std. Deviation:	0.9	Satisfaction Rate:	12.21	answered	1332
	Variance:	0.8	Std. Error:	0.02			skipped	157

From those responding the majority of people (89.7%) classed themselves as patients with 3% reporting they were staff. In addition we received 109 responses to other and people told us they were responding as a:

- Patient Reference Group (PRG) member
- Parent
- Calderdale Talkback member
- Resident, citizen or volunteer
- Patient health champion
- One respondent stated they lived out of the area, and one stated they were a visitor

Q4. When was the last time you saw a GP or Nurse at your surgery?							Response Percent	Response Total
1	Within the last month						53.45%	674
2	Within the last 6 months						33.86%	427
3	In the last year						12.69%	160
Analysis	Mean:	1.59	Std. Deviation:	0.7	Satisfaction Rate:	29.62	answered	1261
	Variance:	0.5	Std. Error:	0.02			skipped	228

From those responding 87% had used a GP service within the last 6 months and 99% within the year. There were 88 respondents who stated other and most cited contact as being over a year ago with up to 5 years ago.

'Never - I have rung once to talk to The Practice Nurse'

'Yesterday but not in Calderdale!'

'I have spoken to them on the phone but not seen them in person'

'We have just registered at a new doctors so not been to an appointment as yet'

'Never (housebound)'

'I de registered from my surgery as I was unhappy with their service. I have yet to register with another provider. I tried another provider in Calderdale but they said I was too far away. My husband remains with the surgery as he is terminally ill and cannot de register
More than a year ago'

'Haven't been able to see GP at my surgery in last 12 months, it is normally a phone call
Don't know - I do not have any health problems'

'Over a year ago for myself; within the last 6 months as a carer'

5. What is most important to you when you visit the GP or nurse? Using the scale 1-10. 1 (least important) to 10 (most important)											
least important ←————→ most important											
Score	1	2	3	4	5	6	7	8	9	10	Response Total
Being able to book an appointment	2.7% (35)	0.8% (10)	0.5% (6)	0.4% (5)	1.9% (25)	0.9% (12)	2.1% (27)	6.5% (84)	8.6% (111)	75.6% (974)	1289
	4 % (51)			5.3 % (69)				90.7 % (1,169)			
Location	3.3% (41)	1.9% (23)	2.2% (27)	3.1% (38)	13.6% (169)	4.9% (61)	11.4% (142)	18.1% (225)	9.0% (112)	32.5% (404)	1242
	7.4% (91)			33% (475)				59.6% (741)			
Staff being able to see my medical history	4.4% (55)	1.7% (21)	2.2% (28)	1.5% (19)	7.9% (99)	4.1% (51)	8.4% (105)	17.5% (220)	10.7% (134)	41.6% (522)	1254
	8.3% (104)			21.9% (274)				69.8% (876)			
Parking	13.1% (160)	3.3% (40)	3.8% (46)	4.3% (52)	14.1% (172)	7.0% (86)	6.6% (81)	15.0% (183)	8.4% (103)	24.3% (297)	1220
	20.2% (246)			32% (391)				47.7% (583)			
Nearby pharmacy/chemist	9.1% (113)	4.0% (50)	5.5% (68)	4.7% (58)	14.1% (175)	7.0% (87)	7.9% (98)	11.8% (147)	8.8% (109)	27.2% (338)	1243
	18.6% (231)			33.7% (418)				47.8% (594)			
Waiting area	4.5% (56)	3.2% (40)	5.1% (63)	5.7% (71)	16.1% (200)	10.3% (128)	10.7% (133)	15.1% (187)	8.1% (100)	21.3% (264)	1242
	12.8% (159)			42.8% (532)				44.5% (551)			
A clean and safe place	1.8% (23)	0.5% (6)	1.6% (20)	2.1% (26)	6.0% (75)	5.5% (69)	8.9% (111)	15.2% (190)	11.2% (140)	47.3% (592)	1252
	3.9% (49)			22.5% (281)				73.7% (922)			
Good care and treatment	2.5% (32)	0.8% (10)	0.4% (5)	0.5% (6)	0.5% (6)	0.5% (6)	2.3% (30)	4.1% (52)	8.4% (108)	80.1% (1024)	1279
	3.7% (47)			3.8% (48)				92.6% (1,184)			
Bilingual staff/interpreters	51.6% (600)	4.3% (50)	4.1% (48)	3.4% (39)	10.2% (118)	4.0% (46)	4.6% (54)	4.0% (46)	3.4% (39)	10.5% (122)	1162
	60% (698)			22.2% (257)				17.9% (207)			

5. What is most important to you when you visit the GP or nurse? Using the scale 1-10. 1 (least important) to 10 (most important)											
least important ←—————→ most important											
Score	1	2	3	4	5	6	7	8	9	10	Response Total
Easy access to the building	13.5% (169)	3.9% (49)	5.3% (66)	4.3% (54)	13.5% (168)	7.5% (94)	8.6% (107)	10.2% (127)	5.8% (72)	27.4% (342)	1248
	57.8% (284)			33.9% (423)				43.4% (541)			
Being able to choose to see a woman or man (GP or nurse)	16.8% (209)	3.9% (48)	4.4% (55)	3.8% (47)	13.1% (163)	6.4% (80)	8.5% (106)	12.3% (153)	7.1% (88)	23.8% (297)	1246
	25.1% (312)			31.8% (396)				43.2% (538)			
Having my communication needs met	15.0% (186)	3.6% (45)	2.5% (31)	3.4% (42)	9.8% (122)	4.7% (59)	7.6% (95)	8.9% (111)	7.8% (97)	36.6% (455)	1243
	21.1% (262)			25.5% (318)				53.3% (663)			
										answered	1295
										skipped	194

The table sets out the aspects of service that are the least and most important to people. The top four aspects of service that were seen as the most important (ranking 8-10) in order were:

- Good care and treatment 92.6%
- Being able to book an appointment 90.7%
- A clean and safe place 73.7%
- Staff being able to see my medical history 69.8%
- Location 59.6%
- Having my communication needs met 53.3%

The least important aspects of a service (ranking 1-3) were:

- Bi-lingual staff and interpreters 60%
- Easy access to the building 57.8%

However it is important to note that for the least important rankings there were some 8-10 scores which means that some people rank this high if they are to use a service. The equality data will be able to identify if any of these people represent our most protected groups who may represent a small percentage of those responding but require the most support.

People also told us other things that were important to them as part of delivering a service. The key themes were:

- Being listened to, having my concerns taken seriously and being able to ask questions
- Caring, pleasant and professional staff
- Being able to book an appointment without calling at a set time each day
- Appointments that are timely and run on time and include an arranged time slot for telephone consultations /return calls.

- More open appointments and drop in sessions available.
- Up to date and accurate patient records
- Continuity of a GP to support me with my long term condition
- Being able to make an appointment in advance and not having to ring back the next day
- Sufficient time with the doctor, not being rushed, being able to discuss more than one problem
- The same standard of service no matter which GP practice I use
- Better customer care from receptionists – there was a lack of understanding about the triage role of receptionists and people expressed a lack of privacy when at reception
- More telephone appointments and other non ‘face to face’ options
- Services that are secure and confidential
- Coordination of GP and pharmacy services so medication can be collected following a consultation and ease in reordering repeat prescriptions
- Up to date information and communication in waiting areas and websites
- More understanding by staff and services of mental health, LGBT and conditions such as Alzheimer’s
- Having an environment that is accessible to people with a disability including audio and visual call systems.
- Good access in the built environment and facilities for parents, accessible by public transport and nearby parking

‘Continuity of care, I’ve seen 6 different GPs in two years since I’ve been diagnosed with diabetes’

‘Being listened too, not only being able to go with one issue’

‘It is important to me to be able to go to my usual surgery’

‘Appointments that run to time and access to open or drop in clinics’

‘My elderly mother likes to see her own doctor’

‘Not having to wait 5 weeks to see a doctor would be important to me’

‘Would like to be able to get an appointment for non-urgent problems within 7 days, although the call back system is very good’

‘Getting an appointment at a time that is best for me. I work so it’s not always easy getting late or early appointments’

‘More privacy around reception areas’

‘Completely object to answering medical questions from reception staff’

‘The appointment system is still very difficult there must be a better way to get an appointment than ringing at 8.00 am. Almost always my condition is not ‘urgent’ in that I need an appointment that day, but the only way to get an appointment is by phoning at 8.00, and then I might not be able to get the GP whom I have seen previously. Why can’t we book in advance?’

‘Being greeted with a smile and a preparedness to pass the time of day and talk as though you are valued and important’

‘As I commute to full time work outside the Calderdale area, being able to get an appointment to see a doctor or nurse without having to take time off work in order to do so’

Q6. How long would you be prepared to travel to a routine pre-booked appointment?							Response Percent	Response Total
1	Under 15 minutes						43.58%	560
2	15-30 minutes						48.72%	626
3	30-60 minutes						6.38%	82
4	60-90 minutes						1.32%	17
Analysis	Mean:	1.65	Std. Deviation:	0.66	Satisfaction Rate:	21.82	answered	1285
	Variance:	0.43	Std. Error:	0.02			skipped	204

There were a good number of respondents (48.7%) who stated they would travel between 15-30 minutes to receive a service, 43.5% stated they wanted to travel under 15 minutes. Looking at the table below the results show that 62.8% of those responding travel by car to an appointment, this may account for people being prepared to travel up to 30 minutes.

Q7. How would you normally travel to a GP or Nurse appointment?							Response Percent	Response Total
1	Bus/train						10.53%	134
2	Car						62.89%	800
3	Taxi						2.12%	27
4	Access bus						0.31%	4
5	Cycle						0.39%	5
6	Walk						23.74%	302
Analysis	Mean:	2.88	Std. Deviation:	1.79	Satisfaction Rate:	37.67	answered	1272
	Variance:	3.19	Std. Error:	0.05			skipped	217

There were 88 additional responses relating to 'other' transport. Of these some respondents were describing the challenges to travel or providing more information and others stated modes of transport not listed such as 'getting lift', 'mobility car or scooter', 'wheelchair' or 'motorbike'. There are some quotes set out below which reflect the comments made:

'I have to rely on lifts as buses are hard'

'I would be happy to travel further if I was seen at the allocated time. Quite often the appointments run over which adds further time constraints if you have to take time off work to attend'

'Walk depending on time of year/weather conditions'

'If I am taking my disabled mother, I would drive her'

'There isn't a direct bus service to my GP so I generally have to walk some of the distance'

'If I'm unable to walk due to my health condition then a friend is generally able to take me due to the close I do sometimes cycle to my local surgery, but it is very steep uphill climb to get there'

'Walk usually but sometimes car'

'I don't drive so reliant on lifts'

'My practice is split across two sites, which is unbelievably stupid and inconvenient. One site is a 5 min walk from my house, the other a 15 min car journey in the day but up to 45 mins in rush hour because of some rogue traffic lights and other pinch points. Almost every time I make an appointment, the doctor I want to see is at the surgery that is a drive away, unless the appointment is for my daughter and I want it near her school, which is near the other branch, when you can guarantee the only appointments available will be at the branch near our house. The doctors all rotate about the two branches, so you never know who will be where when'.

'Wouldn't want to be too far away though if feeling unwell'

'I normally walk but on a few occasions I have visited, by car, the drop in centre in Halifax when I have felt the need to see someone out of hours'

Q8. If we provided additional appointment times when would you like to be able to see a GP or a nurse and what for? (this may not be at your usual surgery) please tick all that apply Monday to Friday			
	6.30am to 8am	6.30pm to 8pm	Response Total
For a same day appointment	39.1% (619)	60.9% (965)	1584
I would not go at this time	67.6% (402)	32.4% (193)	595
			answered
			1232
			skipped
			257

Respondents told us that for a same day appointment the most convenient time for the majority of people responding (60.9%) would be 6:30-8pm Monday to Friday. With 67.6% stating they would not attend an appointment from 6:30am to 8:00am.

Q9. If we provided additional appointment times when would you like to be able to see a GP or nurse and what for? (this may not be at your usual surgery) please tick all that apply Saturday						
	8 am-10 am	10 am-12 noon	12 noon - 2 pm	2 pm - 4 pm	4 pm - 6 pm	Response Total
For a routine appointment	20.7% (720)	23.2% (805)	19.7% (684)	18.8% (652)	17.6% (610)	3471
For a same day appointment	20.5% (789)	21.5% (826)	20.2% (778)	19.0% (731)	18.8% (725)	3849
I would not go at this time	27.4% (205)	17.4% (130)	15.8% (118)	17.9% (134)	21.5% (161)	748
						answered
						1230
						skipped
						259

For those responding to additional appointments on a Saturday there was no clear time that was presented as the most convenient.

For both routine (23.2%) and same day appointments (21.5%) the time of 10am-12noon seemed to be the most popular option, with 8am-10am not being favoured by some (27.4%). Looking at the data it would appear that most of the times offered would be favoured by a good majority of the population.

For Sunday a similar picture emerged with no clear indication of preferred times. See table below.

Q10. If we provided additional appointment times when would you like to be able to see a GP or nurse and what for? (this may not be at your usual surgery) please tick all that apply Sunday						
	8am-10am	10 am -12 noon	12 noon -2 pm	2 pm - 4 pm	4 pm - 6 pm	Response Total
For a routine appointment	18.3% (523)	23.0% (660)	20.7% (594)	19.6% (560)	18.4% (527)	2864
For a same day appointment	19.1% (646)	21.9% (740)	20.7% (700)	19.4% (654)	18.9% (639)	3379
I would not go at this time	27.2% (284)	17.5% (183)	16.2% (169)	17.4% (182)	21.6% (225)	1043
					answered	1136
					skipped	353

11. What type of GP appointment would you prefer?								
						Response Percent	Response Total	
1	Face to face					96.67%	1218	
2	Skype					10.48%	132	
3	Telephone					34.37%	433	
4	Online discussion					10.63%	134	
5	Smartphone apps					6.27%	79	
6	Other (please specify):					2.22%	28	
Analysis	Mean:	3.08	Std. Deviation:	2.19	Satisfaction Rate:	29.46	answered	1260
	Variance:	4.81	Std. Error:	0.06			skipped	229

The table clearly shows that the majority of respondents still prefer face to face contact (96.6%). The most favoured technology was the telephone (34.3%) with other types of technology using internet technology only favoured by 27.4% of those responding.

We received an additional 28 comments to 'other' which provided additional narrative to the other types of GP appointments respondents may prefer. Most respondents stated it would depend on the symptoms or reason for wanting to see someone that may determine other methods. There with a few comments which included email and home visit was

added by only two respondents, but there was no specific preferred option. All quotes that provided a narrative are included below:

'As long as the doctor is aware of my medical records before the start'

'Depends on nature of problem' 'But depends upon ailment'

'It depends what it's for and if you need something looked at Telephone, skype, or online discussion would be fine for something that was minor or when I wanted advice - this would be great. For ongoing issues and long term issues, or when you need a doctor to diagnose something, it has to be face-to-face'

'It depends on the reason. There are many occasions when a phone call would be enough, others when it would need to be Skype, and yet others where you need to be in the same room. A choice would be good'

'I think it works well now that you have a telephone consultation and they decide if you need a face to face appointment. I use smartphone apps and online discussion boards for a lot of different things but I don't see how you can correctly diagnose a patient using them and I think it could lead to serious problems. I suppose Skype could be used but both parties would have to have a very good connection'

'I would consider alternatives dependant on reason for requiring appointment'

'It would depend on what the problem was. If it was a simple query I'd prefer a telephone call/smartphone'

'Depending on issue for example if I had a rash a telephone appointment wouldn't be ideal'

11. When your Health centre or practice isn't open where do you go for advice and treatment?							Response Percent	Response Total
1	I use 111						40.67%	508
2	I wait until the practice is open						47.64%	595
3	I go to the nearest walk-in service						19.62%	245
4	I go to A&E						20.50%	256
5	I go to the nearest pharmacy that's open						30.66%	383
6	Other (please tell us):						9.93%	124
Analysis	Mean:	4.9	Std. Deviation:	3.34	Satisfaction Rate:	64.13	answered	1249
	Variance:	11.17	Std. Error:	0.09			skipped	240

Most people responding would wait until the practice (47.6%) is open or use NHS 111 (40.6%) or go to the pharmacy for advice (30.6%). There were still a significant number of responses who would go to A&E (20.5%).

We received an additional 124 comments to 'other' which provided additional narrative to the other types of advice and treatment respondents would use. These are listed in order:

- Website/internet – including NHS Direct, NHS Choices or NHS England
- Go to a family member or self help

- Specialist services for advice on specific symptoms relating to cancer, renal or mental health conditions
- Alternative practitioners including homeopathy

Q12. Is there anything else you would like to tell us?

The following themes emerged from this open ended question and a number of quotes are added. All the comments have been included in appendix D to reflect the range of views presented.

People told us:

- They did not have a specific or real need for additional appointments if they were retired or able to make appointments during the week
- The working age population do require appointments outside working hours, and more pre-planned appointments
- Some patients mentioned that current surgery times did not always meet their needs and these needed looking at first
- Patient want to see accurate and up to date patient records
- As people get older the flexibility to travel to appointments may change
- They would like more support and follow ups for people managing long term conditions
- 111 comments ranged from the service being tick box like as a service and not personal; some people stated they were too quick to refer to A&E or were not happy with the service
- Patients do not like the current system of calling at set times for an appointment
- Online appointment system needed for nurses as well as GPs
- How long people would be prepared to wait to see someone would depend on the type of illness and who it was for. Most people would want quicker appointments for children
- People are concerned that extending opening hours will increase pressure on staff who are already overstretched
- A number of people stated they were not aware of a walk in service, that it needed more publicity. Those who had used it, liked it and or wanted to keep the facility
- A number of people stated instances where they had been referred to A&E for conditions or treatment that could have been supported by a GP; i.e. removing stitches and an urgent urine sample. A few respondents state that people should be charged if they use A&E or be redirected to primary care
- More support to get to an appointment for people with a mental health problem who often find it difficult to persist in phoning at a set time or book in advance
- Longer appointment times and the opportunity to talk about all the things you need in one go
- People wanted to know if improved access would include home visit appointments

7.0 Equality

The respondents to the survey have been compared to the local population data, sourced from the 2011 Census. Areas of underrepresentation are highlighted.

Postcodes

The respondents came from across Calderdale and beyond;

HX3	250
HX2	244
HX1	167
OL14	141
HX6	116
HD6	100
HX4	74
HX7	69
HX5	36
HD3	6
OL1	5
HD2	3
BD13	2
BD19	1
HD4	1
HD7	1
LS20	1
WF14	1

Some of the people from outside Calderdale may be staff working within Calderdale or patients who live on the borders who use practices within Calderdale.

	Population %	Survey	
		No.	%
Sex			
Female	48.9	736	59.7
Male	51.1	468	38.0
Prefer not to say		29	2.4

Men are often underrepresented in engagement activity; however they make up 38% of the respondents, so their views have been represented and heard in terms of the feedback to the engagement.

Age group	Population %	Survey	
		No.	%
0-4	6.3%	1	0.1
5-9	5.9%	0	0.0
10-14	6.2%	3	0.2
15-19	6.2%	19	1.6
20-24	5.6%	23	1.9

25-29	5.9%	45	3.7
30-34	6.1%	68	5.6
35-39	6.7%	89	7.4
40-44	7.8%	98	8.1
45-49	7.8%	125	10.3
50-54	7.0%	121	10.0
55-59	6.1%	128	10.6
60-64	6.5%	153	12.6
65-69	4.8%	129	10.7
70-74	3.8%	122	10.1
75-79	2.9%	56	4.6
80-84	2.3%	19	1.6
85-89	1.4%	9	0.7
90-94	0.6%	1	0.1
95-99	0.1%	0	0.0
100 and over	0.0%	1	0.1

The engagement sample did not reach children and young people; however parents may have shared their views for their children. The 18-29 group, however, remain a gap. There are smaller gaps for ages 80-94, but up to age 79 there is good representation.

Religion	Population %	Survey	
		No	%
Buddhism	0.3	6	0.5%
Christianity	56.3	583	48.2%
Hinduism	0.3	4	0.3%
Islam	7.3	116	9.6%
Judaism	0.1	7	0.6%
Sikhism	0.2	3	0.2%
No religion	28.1	364	30.1%
Prefer not to say		88	7.3%
Other		39	3.2%

While Christians are underrepresented compared to the Calderdale population they make up almost 50% of the respondent sample, so their views are represented in the findings of the engagement.

Country of birth

1070 of the respondents were born in the UK. Of the remaining respondents who gave an answer, these were the countries of birth;

Pakistan	37
Germany	8
Ireland	8
Canada	3
Poland	3
Bangladesh	2
Latvia	2
Nigeria	2

USA	2
Belgium	1
Brazil	1
Czechoslovakia (sic)	1
Guyana	1
India	1
Italy	1
Malaysia	1
Netherlands	1
Philippines	1
Singapore	1
South Africa	1
Spain	1
Sweden	1

When considering the ethnicity data below, we have reached a representative sample of 'other White' groups, however the data above suggests that we may not have heard from newer migrants from Eastern Europe.

Ethnic group/background	Population %	Survey	
		Number	%
Asian or Asian British			
Pakistani	6.8	101	8.2
Bangladeshi	0.3	16	1.3
Chinese	0.2	2	0.2
Indian	0.6	4	0.3
Any other Asian background	0.4	8	0.7
Black or Black British			
African	0.2	1	0.1
Caribbean	0.2	3	0.2
Any other Black/African/Caribbean background	0.0	2	0.2
Mixed or multiple ethnic groups			
White and Asian	0.4	12	1.0
White and Black African	0.1	0	0.0
White and Black Caribbean	0.5	2	0.2
Any other Mixed/Multiple ethnic background	0.3	4	0.3
White			
English, Welsh, Scottish, Northern Irish, British	86.7%	1003	81.5
Irish	0.9%	9	0.7
Gypsy or Irish Traveller	0.0%	0	0.0

Any other White background	2.1%	34	2.8
Other ethnic group			
Arab	0.1	0	0.0
Other ethnic background, please describe	0.2	5	0.4
Prefer not to say		24	2.0

Of the respondents, White - English, Welsh, Scottish, Northern Irish were underrepresented in the sample. However at over 80% of respondents their views are adequately represented.

Of the Asian/Asian British respondents, 83% were of Pakistani heritage and 97% of these were Muslim. The majority of these respondents provided postcodes from HX1 (93%) and HX2 (14%).

Disabled*	Population %	Survey	
		No.	%
Yes		244	29.6
Limited a lot	8.2		
Limited a little	9.7		

*from 2011 Census –‘Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?’ (Limited a lot and limited a little).

Impairment type	Survey	
	%	No
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)	125	30.2%
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	48	11.6%
Mental health condition (such as depression or schizophrenia)	96	23.2%
Learning Disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	36	8.7%
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	200	48.3%
Prefer not to say	57	13.8%

Disabled people were overrepresented in the survey, hearing their views is important as disabled people may be higher users of Primary care services, particularly those with this long term conditions which people declared most amongst the defined impairments.

Carers	Population %	Survey	
		No	%
Yes	10.5	243	19.9

Lesbian, Gay, Bisexual and Transgender

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The Office of National Statistics (ONS), estimated that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual, in 2011-12.

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

Sexual orientation	No	%
Bisexual (both sexes)	19	1.6%
Gay (same sex)	15	1.2%
Heterosexual/straight (opposite sex)	1022	84.5%
Lesbian (same sex)	16	1.3%
Other	9	0.7%
Prefer not to say	129	10.7%

Is your gender identity the same as the sex you were assigned at birth?

	Survey	
	No.	%
Yes	1065	87.4%
No* (trans)	95	7.8%
Prefer not to say	4.8%	59

This question is being reviewed as there has been feedback that this is confusing for some people and the response rate is higher than might be expected, so caution is advised.

Responses by equality groups

To demonstrate the difference in views by equality groups a number of questions have been analysed and where a difference has emerged they are detailed. Only those groups where there are sufficient respondents to be able to identify a trend or noteworthy outcome have been detailed.

The questions selected for further analysis are;

- How long would you be prepared to travel to a routine pre-booked appointment?
- How would you normally travel to a GP or Nurse appointment?
- When would you like to be able to see a GP or a nurse and what for? Monday to Friday

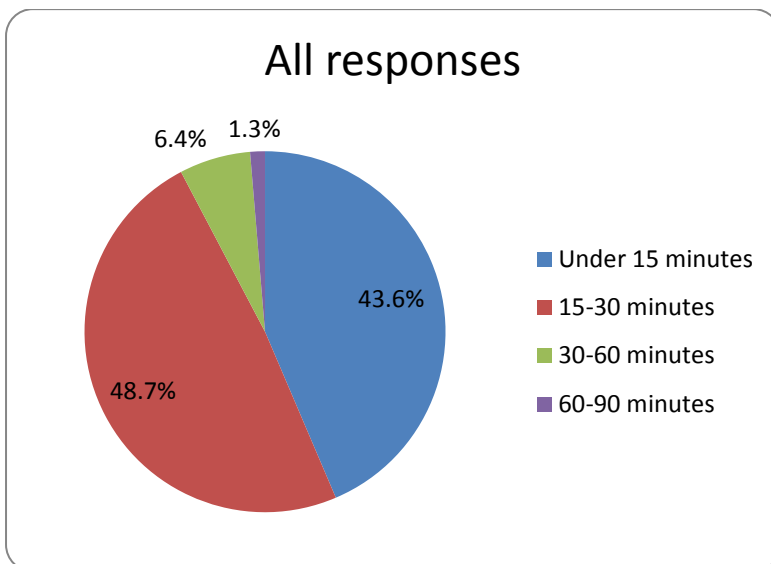
- When would you like to be able to see a GP or nurse and what for?
Saturday
- When would you like to be able to see a GP or nurse and what for?
Sunday
- What type of GP appointment would you prefer?

The question about ‘what’s most important to respondents when visiting the GP or nurse’ will be also be considered but in a selective way.

How long would you be prepared to travel to a routine pre-booked appointment?

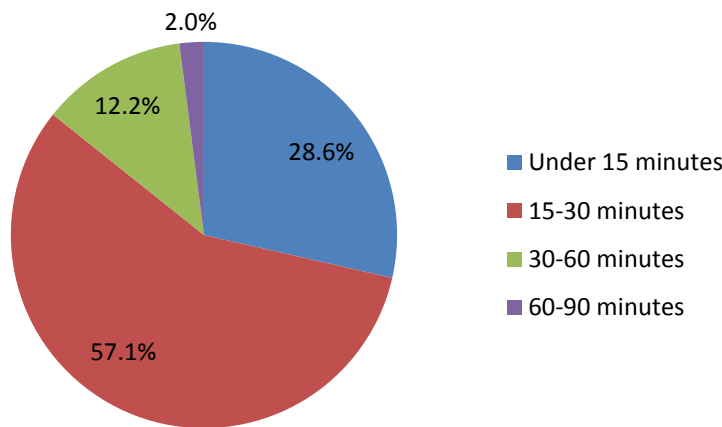
To provide a comparator for the following questions the detail for all responses will be shared. In analysis it became apparent that the results for some groups were insufficiently different from the ‘all response’ data, this data will not be shared. The results for Muslims reflected that of the Asian/Asian British group (93% were Muslim) and when considering the Pakistani heritage group directly, 97% were Muslim, so this data will not be shared.

For ethnicity, White British - English/Welsh/Scottish/Northern Irish to Asian/Asian British-Pakistani people who make up the highest numbers of respondents have been compared.



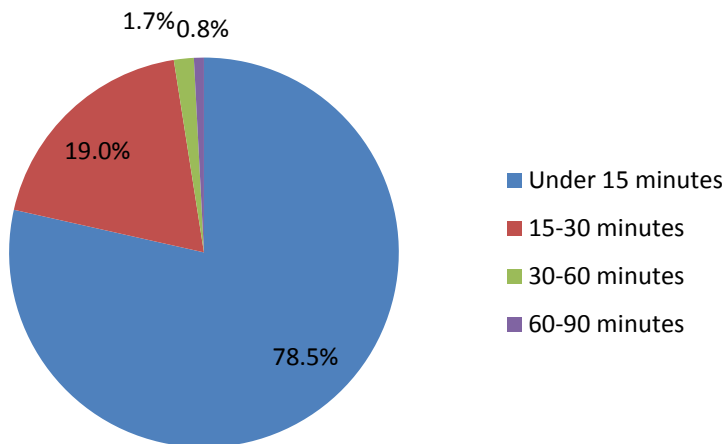
Clearly the preference across all respondents is to travel up to 30 minutes for an appointment. The picture is reflected across the sample with a few noteworthy differences.

Sexual Orientation - LGB



LGB people were prepared to travel longer, compared to all respondents. This may link to their chosen mode of transport as they feedback they were more likely to use public transport or walk than cars compared to the full engagement sample.

Asian/Asian British

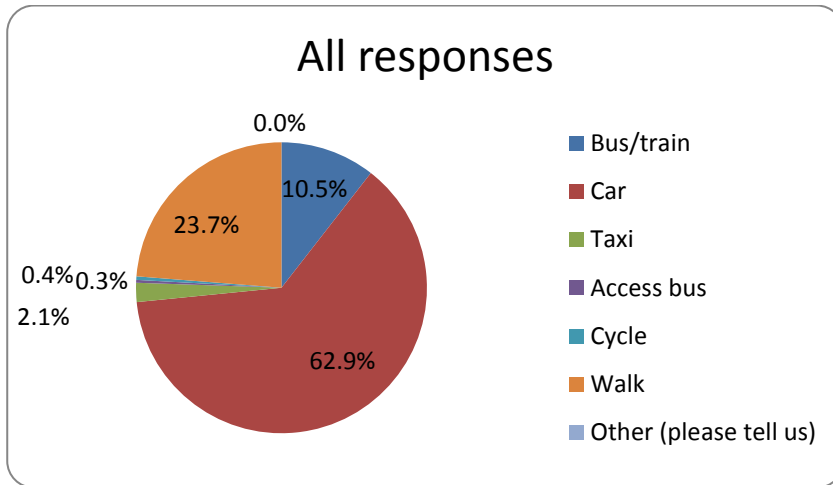


This group preferred to get to an appointment within 15 minutes, this group were more likely to use public transport and taxi's than the full sample. The reason this group are able or would prefer to travel for less time may be related to a number of factors, including access to transport options, living in more deprived areas (Park Ward has an IMD* indicator of 1 and 2), and current proximity to practices.

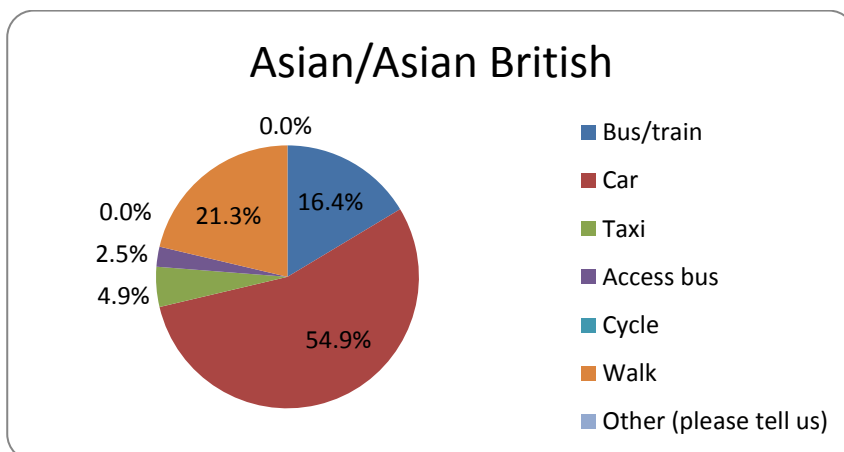
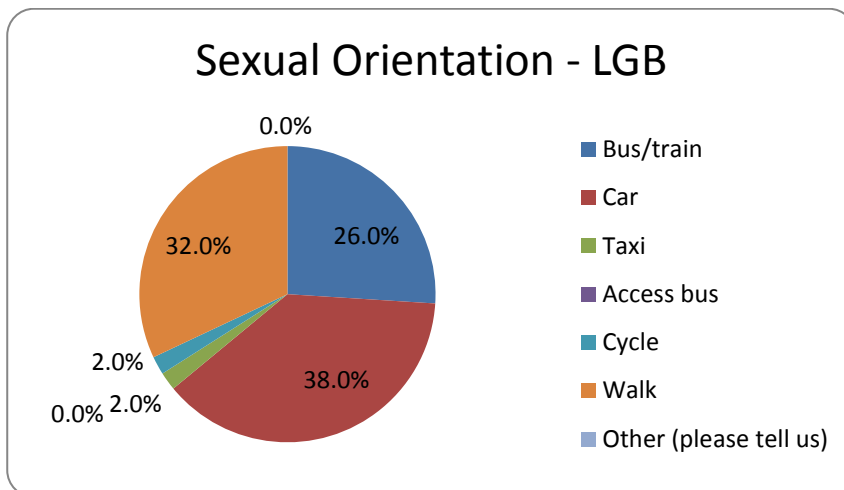
* The English Indices of Deprivation 2015 are based on 37 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower layer Super Output Area (LSOA), or neighbourhood, in England. Every such neighbourhood in England is ranked according to its level of deprivation relative to that of other areas.

How would you normally travel to a GP or Nurse appointment?

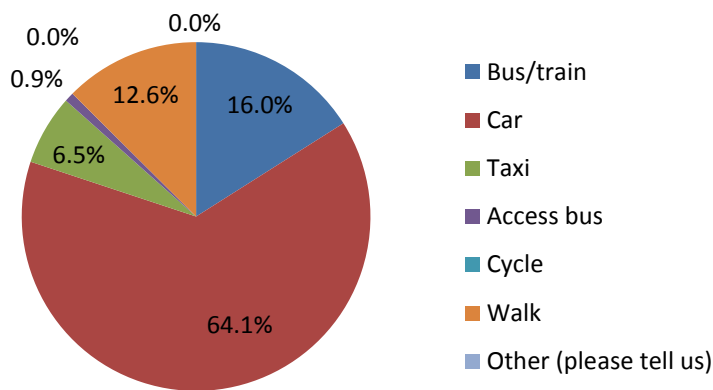
This would be an important consideration for people who have different access to transport options; this can be impacted by a number of things, poverty, disability and/or location.



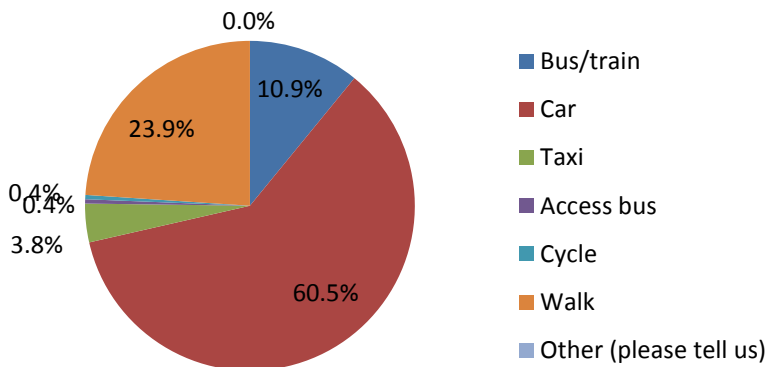
The majority of respondents travel by car, walk or use public transport. For LGB, Asian/Asian British, disabled people and carers the same transport methods are the majority, but the balance is significantly different.



Disabled



Carers



Given this feedback consideration would need to be given to the location and facilities of any extended services, with practices needing adequate parking and locations on or near public transport links. The number of people walking, over 20% of the respondents, may mean that they live locally to their practices or that they have no other means of transport, as this was not asked we cannot speculate. The access to travel and cost impact of travel would need consideration in the delivery of extended primary care.

When would you like to be able to see a GP or a nurse for a routine appointment? Monday to Friday – AM/PM

All respondents

Monday-Friday		
	No.	%
AM	619	42%
PM	965	65%

Evening appointments from 6.30-8.30 pm were more popular with all respondents.

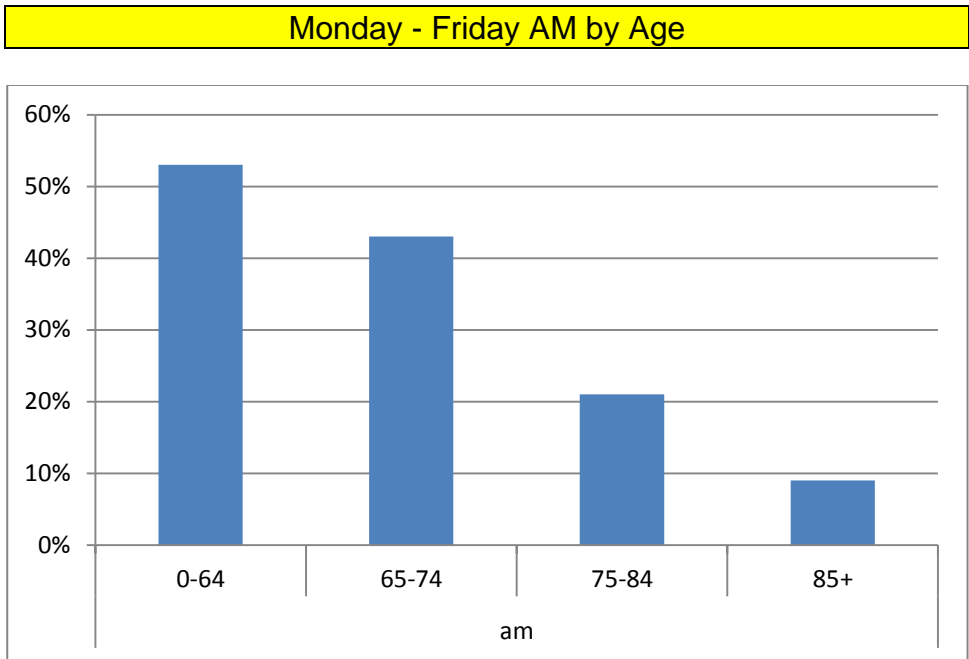
Monday - Friday AM by Sex				
	Female		Male	
	No.	%	No.	%
Yes	357	49%	234	50%

Monday - Friday PM by Sex				
	Female		Male	
	No.	%	No.	%
Yes	563	76%	347	74%

There is not a significant difference for gender and the data follows the trend of preference for evening appointments.

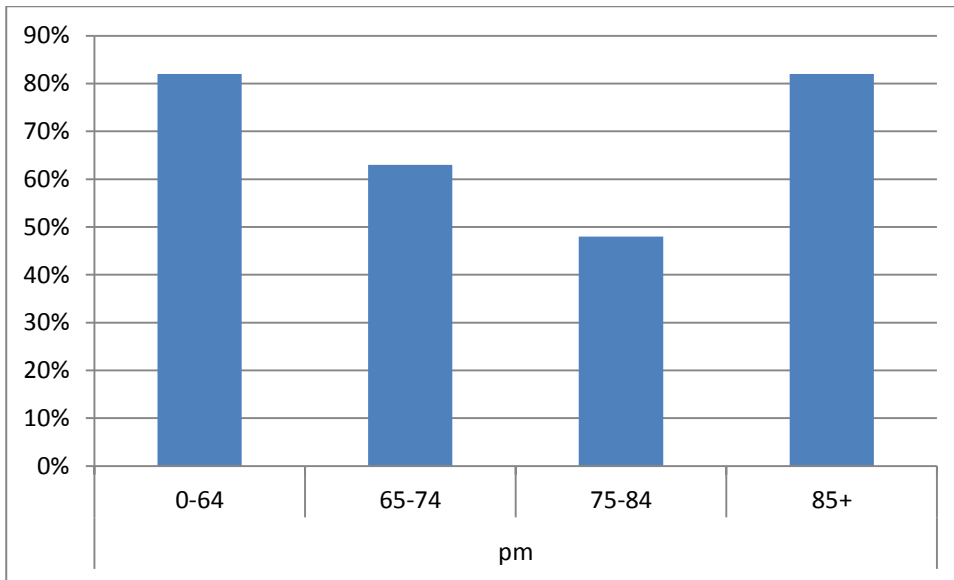
Monday - Friday AM by Age							
0-64		65-74		75-84		85+	
no.	%	no.	%	no.	%	no.	%
460	53%	108	43%	16	21%	1	9%

Monday - Friday PM by Age							
0-64		65-74		75-84		85+	
no.	%	no.	%	no.	%	no.	%
713	82%	159	63%	36	48%	9	82%



For morning appointments it would appear that younger people (under 64) are more likely to accept this option than older people, but both groups would prefer evening appointments.

Monday - Friday PM by Age



Evening appointments were more acceptable to most ages, reaching almost 50% in all groups, but older people were less likely to choose appointments at this time, with the exception of 85+, but there were very few respondents in this group.

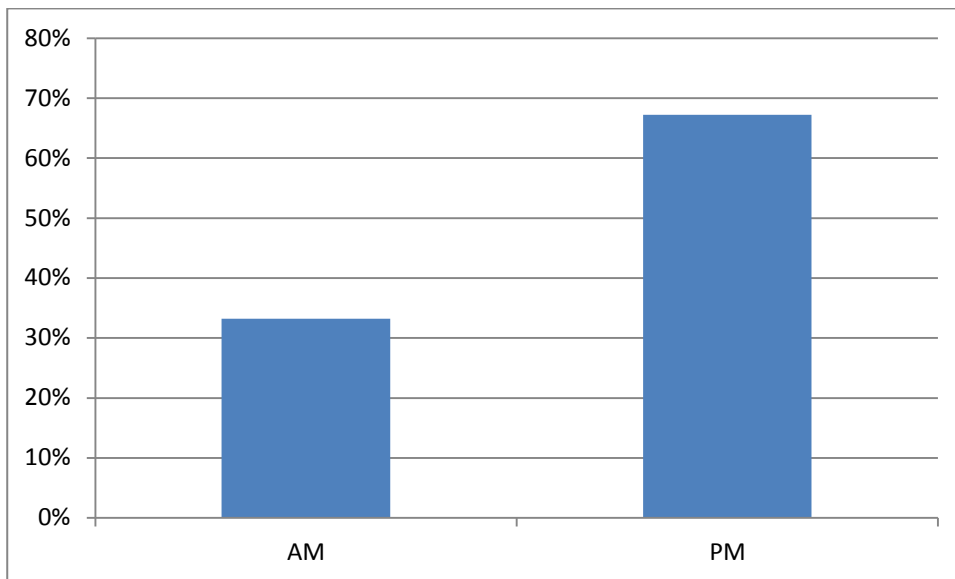
	English/Welsh/Scottish/ Northern Irish/British		Pakistani	
	no.	%	no.	%
AM	475	47%	68	67%
PM	761	76%	76	75%



The analysis for White - English/Welsh/Scottish/ Northern Irish/British compared to Pakistani heritage respondents found that while there was a clear preference for evening appointments, Pakistani groups were less differentiated in their choice.

Disabled		
	No.	%
AM	81	33%

PM	164	67%
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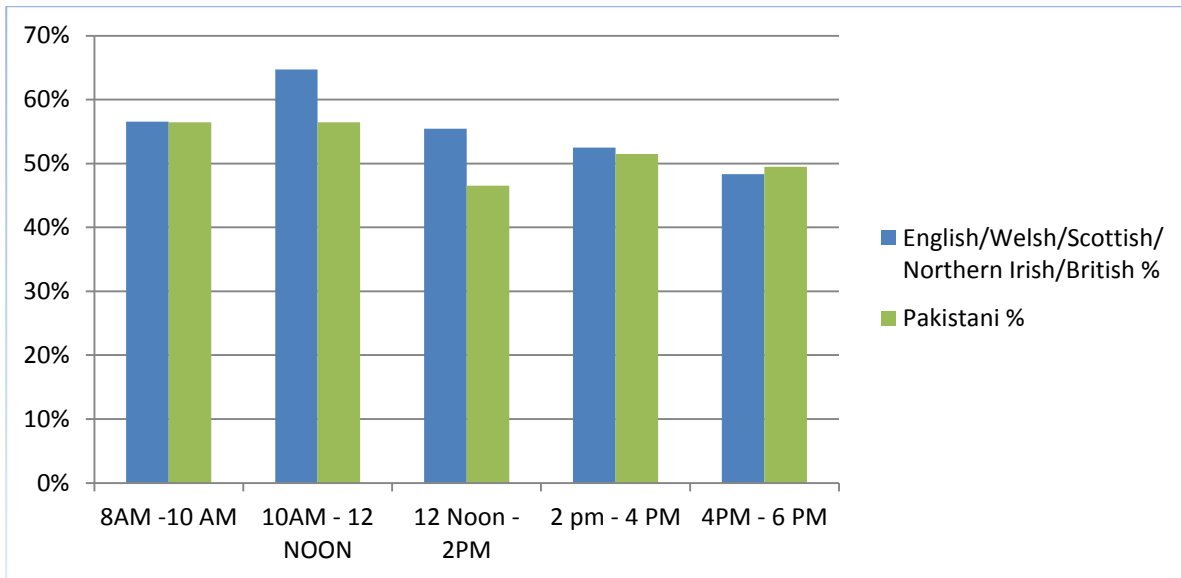


For disabled people the distinction was clear with a significant preference for evening appointments.

**When would you like to be able to see a GP or nurse and what for?
Saturday/Sunday**

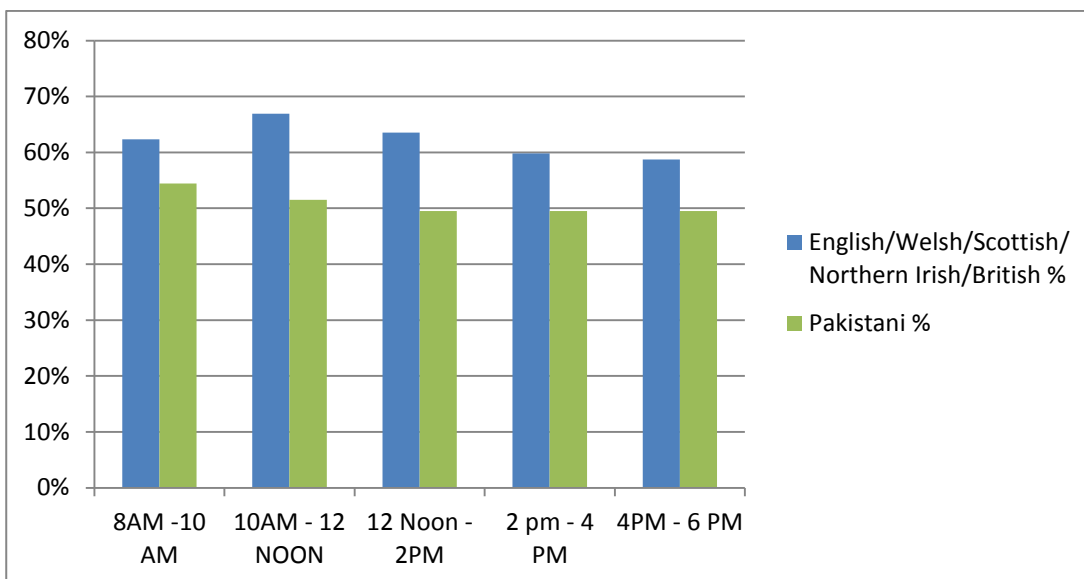
Routine appointments

Saturday Routine Appointments by Ethnicity				
Time Slot	English/Welsh/Scottish/ Northern Irish/British		Pakistani	
	%	No.	%	No.
8am -10 am	57%	569	56%	57
10am - 12 noon	65%	651	56%	57
12 noon - 2pm	55%	558	47%	47
2 pm - 4 PM	52%	528	51%	52
4pm - 6 pm	48%	486	50%	50



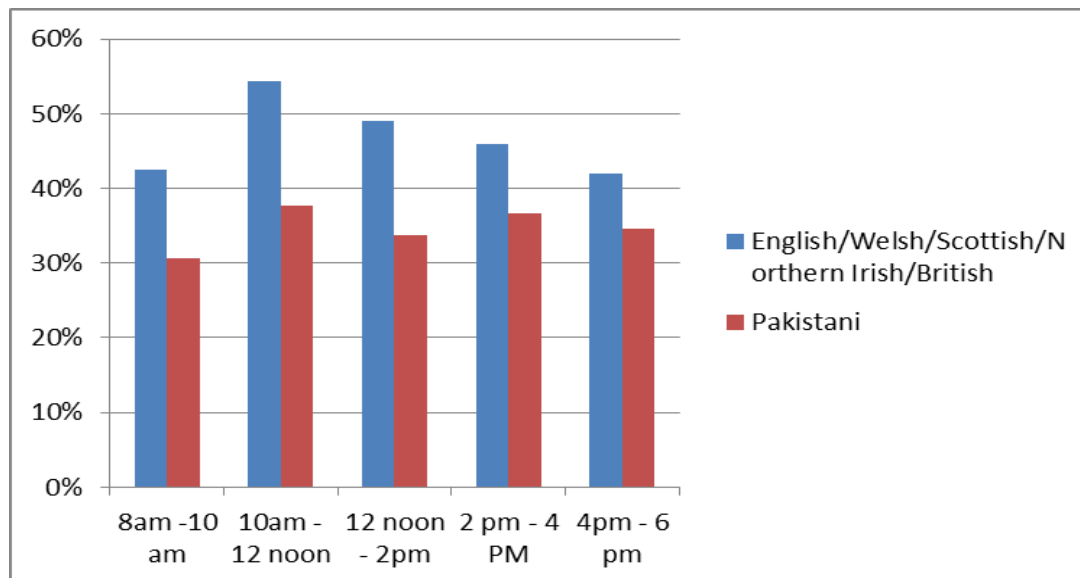
Over 50% of respondents would attend a routine appointment on a Saturday, with a small dip at lunchtime. There were limited differences for ethnicity.

Saturday Same Day Appointments by Ethnicity				
Time Slot	English/Welsh/Scottish/ Northern Irish/British		Pakistani	
	%	No.	%	No.
8am -10 am	62%	627	54%	55
10am - 12 noon	67%	673	51%	52
12 noon - 2pm	64%	639	50%	50
2 pm - 4 PM	60%	602	50%	50
4pm - 6 pm	59%	591	50%	50



The ethnicity based differences are more significant for same day Saturday appointments, again around 50% of people said they would attend an appointment. However White British/UK groups were more likely to respond positively than Pakistani heritage groups.

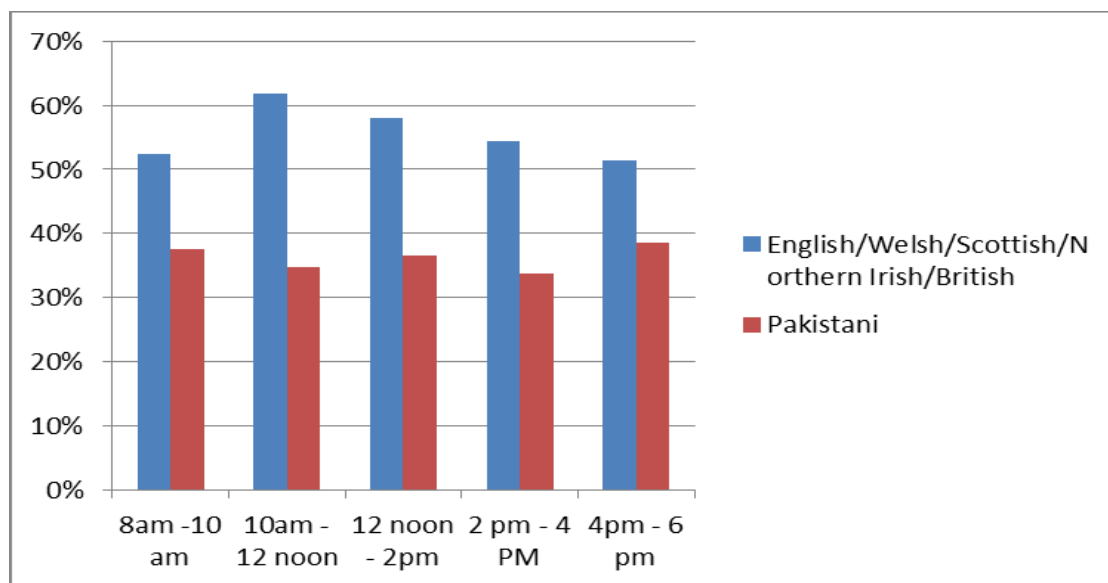
Sunday Routine Appointments by Ethnicity				
Time Slot	English/Welsh/Scottish/ Northern Irish/British		Pakistani	
	%	No.	%	No.
8am -10 am	42%	427	31%	31
10am - 12 noon	54%	547	38%	38
12 noon - 2pm	49%	494	34%	34
2 pm - 4 PM	46%	462	37%	37
4pm - 6 pm	42%	423	35%	35



The responses to routine appointments on a Sunday were significantly different for the different ethnicities analysed. The appointments seemed less acceptable overall with only one slot gaining over a 50% response. Pakistani heritage groups were much less likely to want to attend an appointment across the day.

Sunday Same Day Appointments by Ethnicity

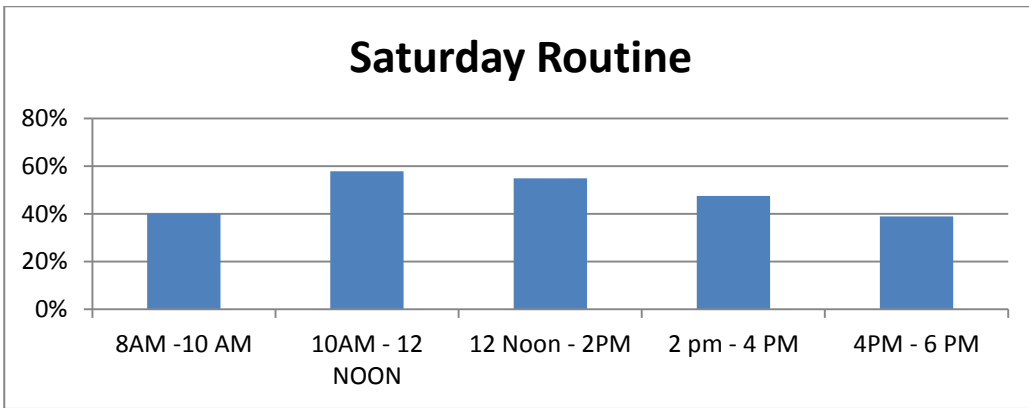
Time Slot	English/Welsh/Scottish/ Northern Irish/British		Pakistani	
	%	No.	%	No.
8am -10 am	52%	527	38%	38
10am - 12 noon	62%	621	35%	35
12 noon - 2pm	58%	583	37%	37
2 pm - 4 PM	54%	547	34%	34
4pm - 6 pm	51%	517	39%	39



For same day appointments the White British/UK groups responded positively with over 50% across the day, but again Pakistani heritage groups were much less positive about attending on a Sunday.

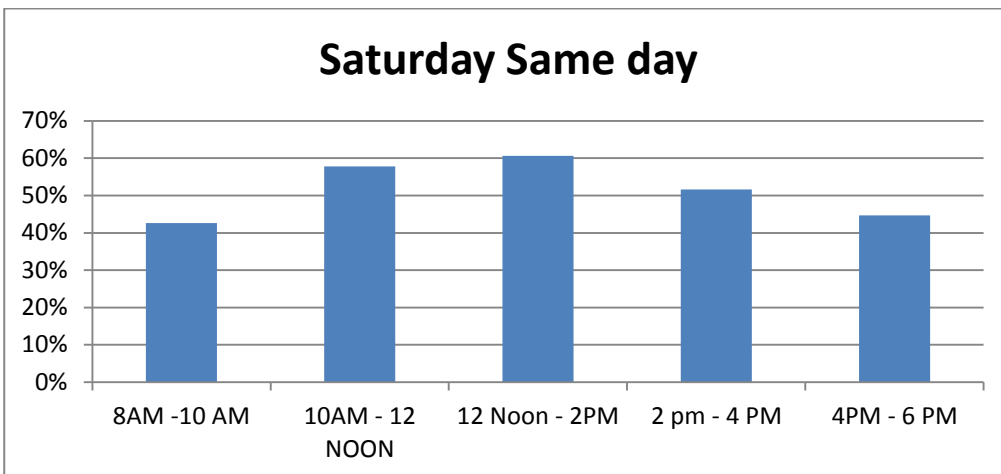
Saturday Routine Appointments by Disability

Time Slot	
8AM -10 AM	40%
10AM - 12 NOON	58%
12 Noon - 2PM	55%
2 pm - 4 PM	48%
4PM - 6 PM	39%



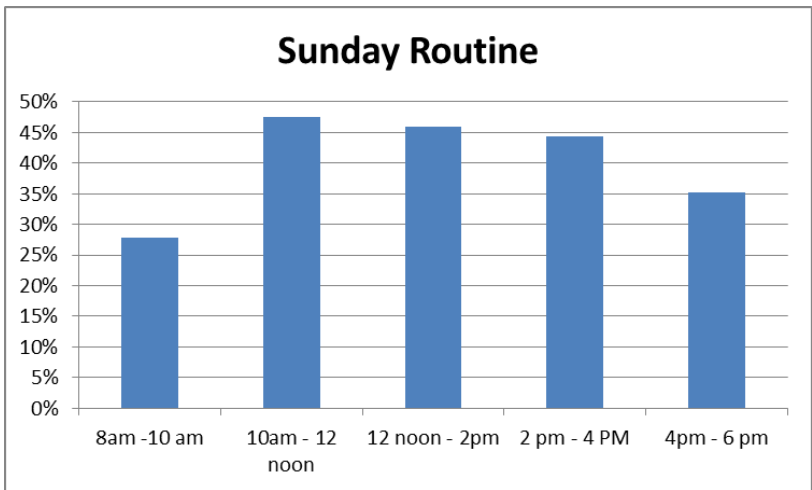
Disabled people were more comfortable selecting mid-morning to afternoon appointments.

Saturday Same Day Appointments by Disability	
Time Slot	
8AM -10 AM	43%
10AM - 12 NOON	58%
12 Noon - 2PM	61%
2 pm - 4 PM	52%
4PM - 6 PM	45%



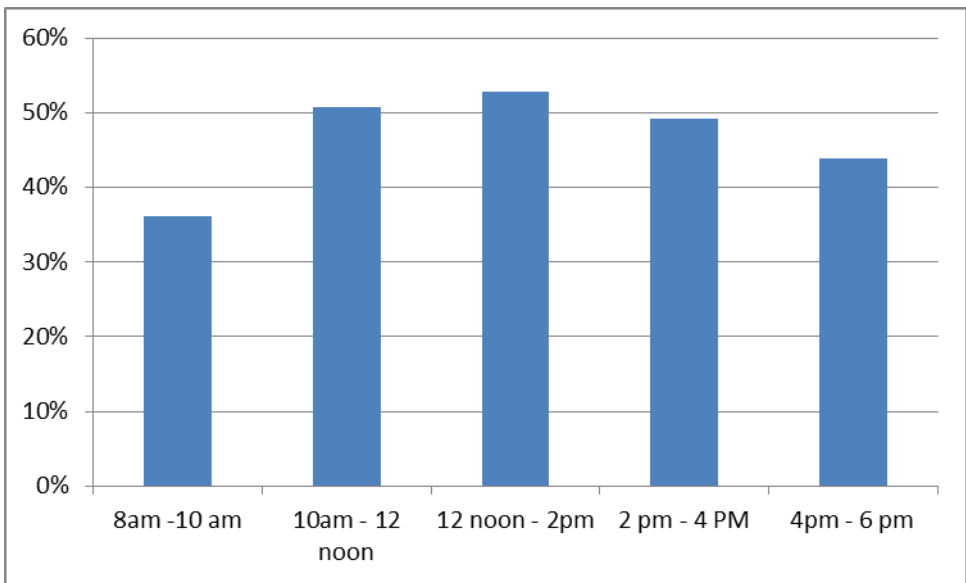
For same day appointments a similar pattern emerged with a preference for the later appointment times, slipping down after 4pm.

Sunday Routine Appointments by Disability	
Time Slot	
8am -10 am	28%
10am - 12 noon	48%
12 noon - 2pm	46%
2 pm - 4 PM	44%
4pm - 6 pm	35%



Sundays were less popular than Saturdays with no slots chosen by 50% of disabled people. However the same pattern of 10-4pm being most acceptable emerged.

Sunday Same Day Appointments by Disability	
Time Slot	
8am -10 am	36%
10am - 12 noon	51%
12 noon - 2pm	53%
2 pm - 4 PM	49%
4pm - 6 pm	44%



For same day appointments the same pattern emerged but disabled people were happier to accept appointments for 'urgent' matters on a Sunday.

Saturday Routine Appointments by Sex				
	Female		Male	
	no.	%	No.	%
8AM -10 AM	408	55%	271	58%
10AM - 12 NOON	469	64%	292	62%
12 Noon - 2PM	401	54%	252	54%
2 pm - 4 PM	379	51%	240	51%
4PM - 6 PM	350	48%	226	48%

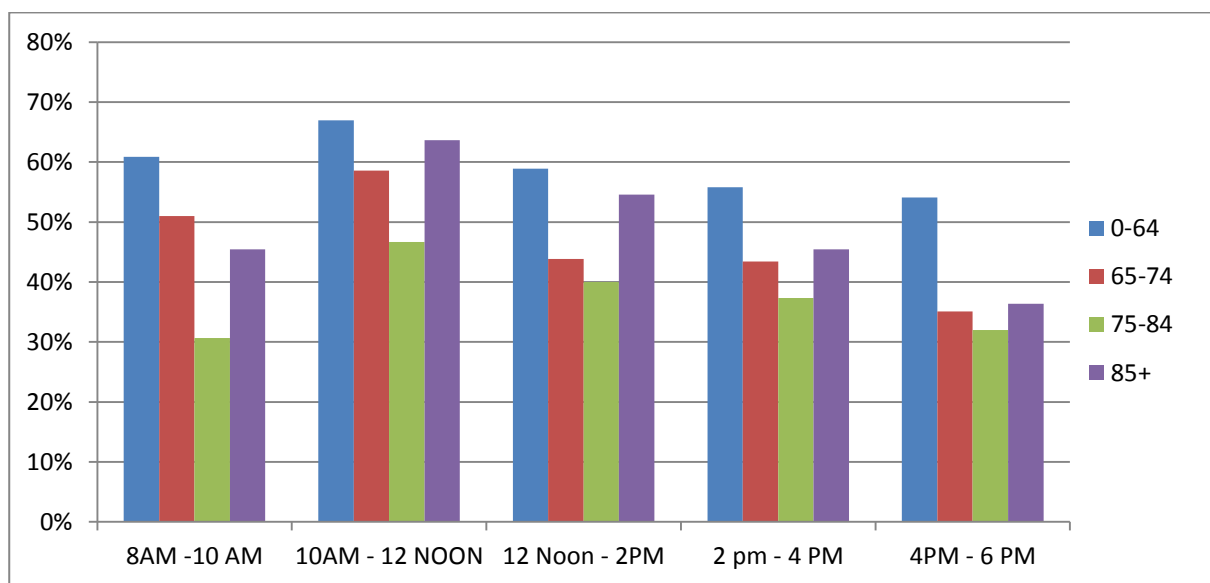
Saturday Same Day Appointments by Sex				
	Female		Male	
	no.	%	No.	%
8AM -10 AM	464	63%	276	59%
10AM - 12 NOON	479	65%	300	64%
12 Noon - 2PM	456	62%	289	62%
2 pm - 4 PM	428	58%	267	57%
4PM - 6 PM	429	58%	263	56%

Sunday Routine Appointments by Sex				
	Female		Male	
	no.	%	No.	%
8AM -10 AM	292	40%	203	43%
10AM - 12 NOON	379	51%	247	53%
12 Noon - 2PM	353	48%	211	45%
2 pm - 4 PM	328	45%	205	44%
4PM - 6 PM	309	42%	190	41%

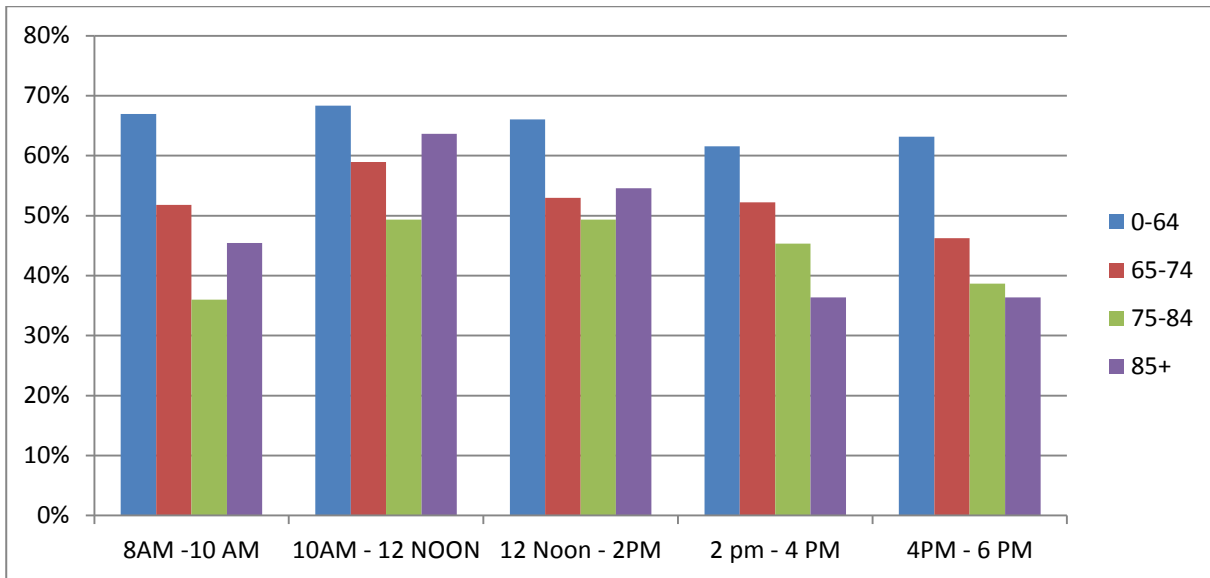
Sunday Same Day Appointments by Sex				
	Female		Male	
	no.	%	No.	%
8AM -10 AM	373	51%	241	51%
10AM - 12 NOON	431	59%	273	58%
12 Noon - 2PM	420	57%	249	53%
2 pm - 4 PM	387	53%	235	50%
4PM - 6 PM	386	52%	221	47%

There were no meaningful differences between the sexes in relation to weekend appointments.

Saturday Routine Appointment by Age								
	0-64		65-74		75-84		85+	
	no.	%	no.	%	no.	%	no.	%
8AM -10 AM	530	61%	128	51%	23	31%	5	45%
10AM - 12 NOON	583	67%	147	59%	35	47%	7	64%
12 Noon - 2PM	513	59%	110	44%	30	40%	6	55%
2 pm - 4 PM	486	56%	109	43%	28	37%	5	45%
4PM - 6 PM	471	54%	88	35%	24	32%	4	36%

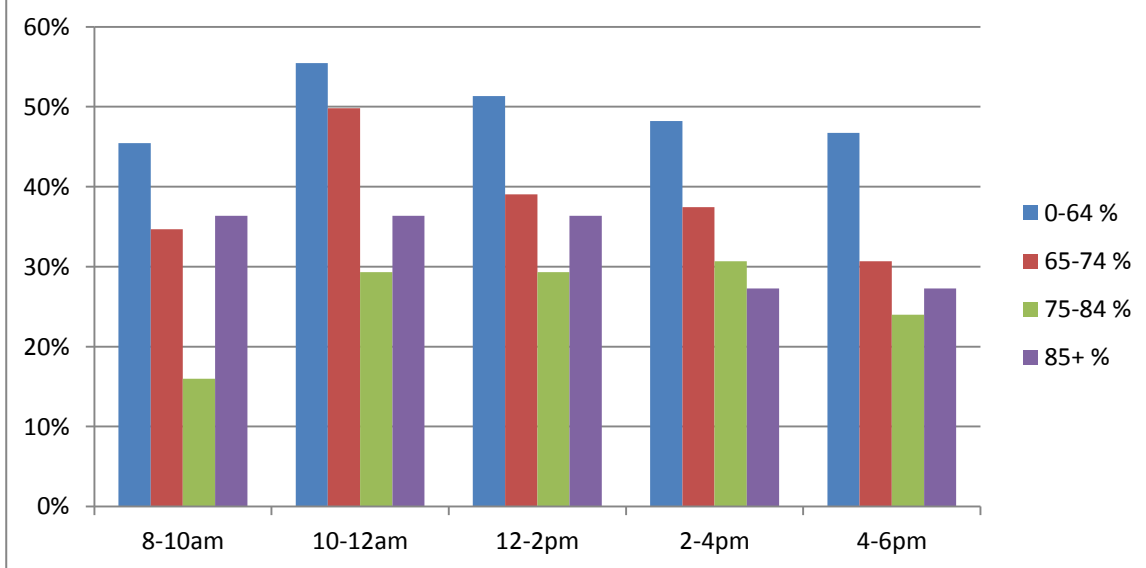


Saturday Same Day Appointment by Age								
	0-64		65-74		75-84		85+	
	no.	%	no.	%	no.	%	no.	%
8AM -10 AM	583	67%	130	52%	27	36%	5	45%
10AM - 12 NOON	595	68%	148	59%	37	49%	7	64%
12 Noon - 2PM	575	66%	133	53%	37	49%	6	55%
2 pm - 4 PM	536	62%	131	52%	34	45%	4	36%
4PM - 6 PM	550	63%	116	46%	29	39%	4	36%



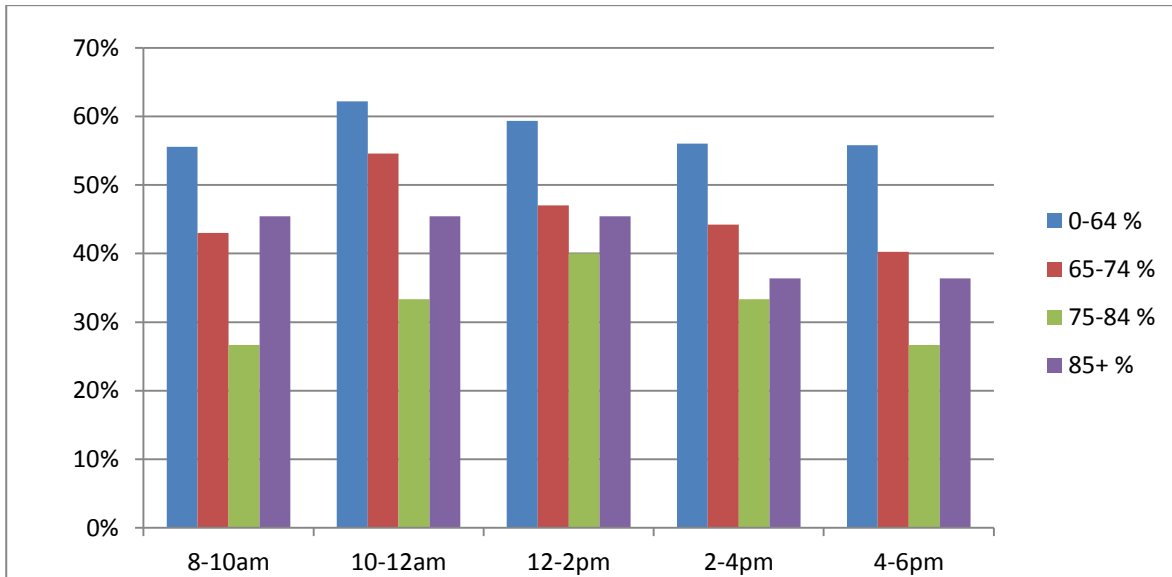
When age data was analysed a mixed picture emerged, with under 65's more comfortable opting for routine and same day Saturday appointments. In the majority of appointment slots there was a declining interest in appointments with age, until over 85, when people were happy to choose the slots, however this is a very small sample of less than 15 people which will have affected the outcome.

Sunday Routine Appointment by Age								
	0-64		65-74		75-84		85+	
	no.	%	no.	%	no.	%	no.	%
8-10am	396	45%	87	35%	12	16%	4	36%
10-12am	483	55%	125	50%	22	29%	4	36%
12-2pm	447	51%	98	39%	22	29%	4	36%
2-4pm	420	48%	94	37%	23	31%	3	27%
4-6pm	407	47%	77	31%	18	24%	3	27%



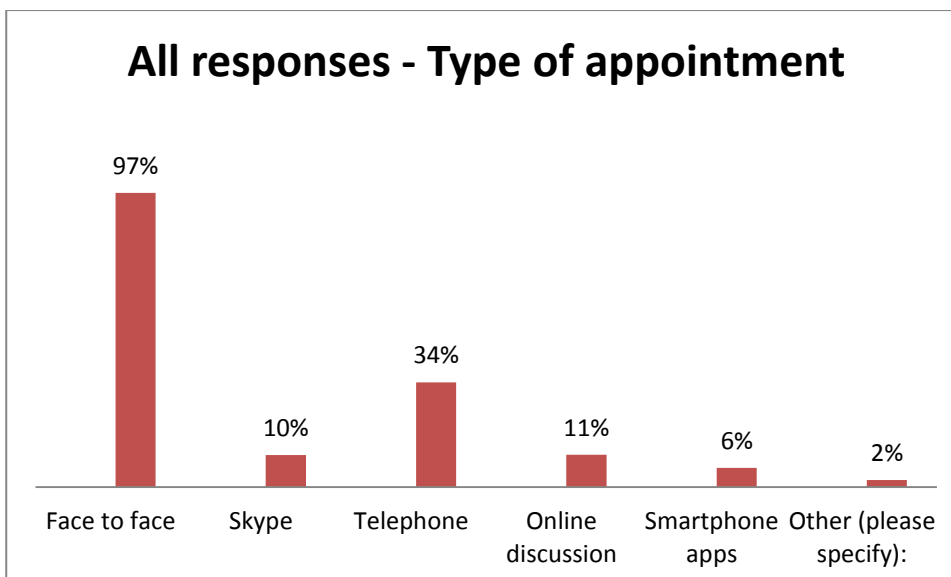
Sunday Same Day Appointment by Age				
	0-64	65-74	75-84	85+

	no.	%	no.	%	no.	%	no.	%
8-10am	484	56%	108	43%	20	27%	5	45%
10-12am	542	62%	137	55%	25	33%	5	45%
12-2pm	517	59%	118	47%	30	40%	5	45%
2-4pm	488	56%	111	44%	25	33%	4	36%
4-6pm	486	56%	101	40%	20	27%	4	36%

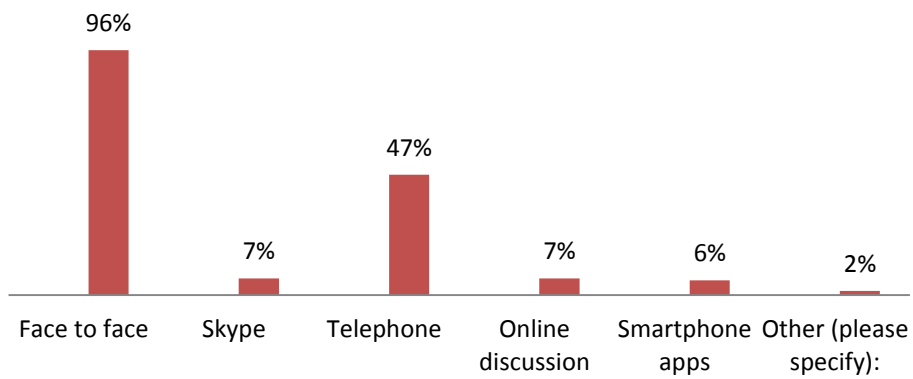


The same pattern emerged for Sunday appointments, with younger (under 65s) happier to attend, but overall the age groups were less likely to choose to attend an appointment on a Sunday with only the under 65s consistently over 50%.

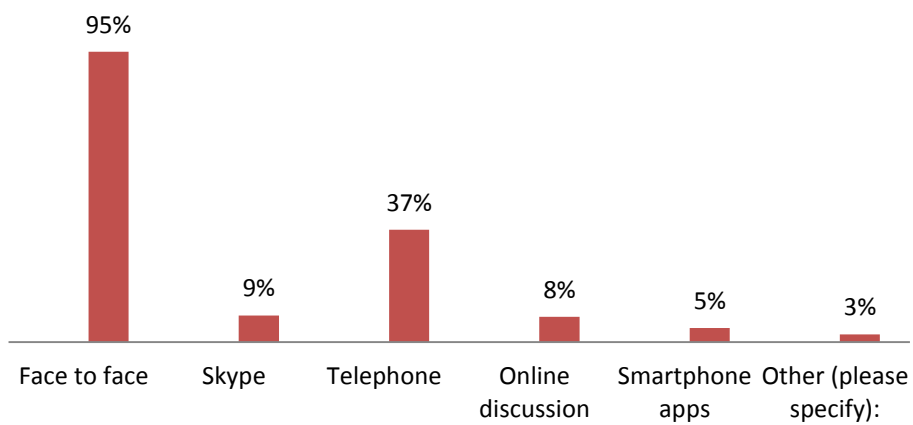
What type of GP appointment would you prefer?



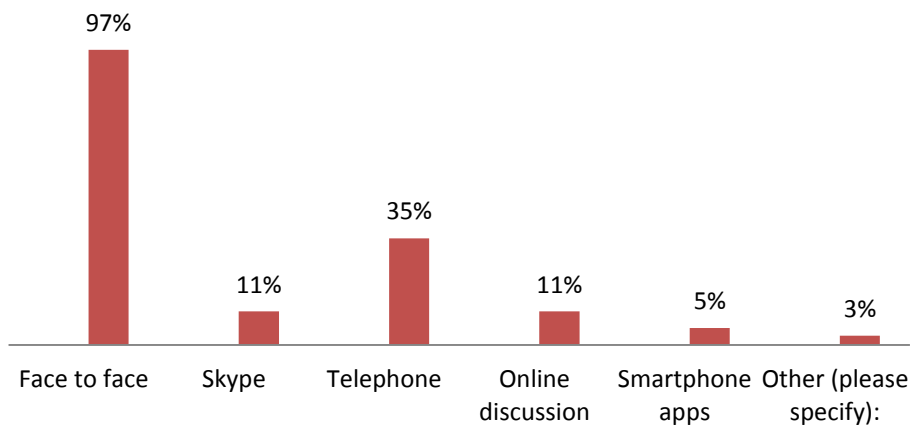
Asian/Asian British - Type of appointment



Disabled - Type of appointment



Carers -Type of appointment



All groups polled said they would prefer a face to face appointment with their practitioner. People could select more than one choice, which accounts for the over 100% results. Telephone appointments were second choice, with Asian/Asian British people putting this at near 50%. Using apps and online were least popular with Asian/Asian British, disabled people and carers.

To understand more about what is important to equality groups some of the topics likely to be important to some groups were selected for further analysis. The areas chosen were;

- Bilingual staff/interpreters
- Easy access to the building
- Being able to choose to see a woman or a man (GP or nurse)
- Having my communication needs met

Scores above 7 were selected as an indicator of preference.

Disabled people rated communication and easy access higher than the overall sample.

- Communication – 67% compared to 56%
- Access – 72% compared to 44%

Asian/Asian British people rated Bilingual staff and access to a choice of gender of practitioner higher.

- Bilingual – 59% compared to 14%
- Gender – 78% compared to 45%

Women rated gender choice more highly than men.

Gender – women 58%, men 35% (overall 45%)

When establishing the extended services to meet the needs of all communities it would be important to take account of these issues.

People were asked to add context or comment to their views in free text boxes. These were reviewed for any comment with equality content. Where comments were found they have been detailed below. Where possible these have been themed.

What is most important to you when you visit the GP or nurse? Is there anything else that is important to you?

- Engage people into service evaluations especially disadvantaged people.

Access – physical and other

- Elderly and disabled people being able to book an appointment
- Same day appointments rely on leaving phone on continuous redial from 7:55am for up to half-an-hour. Having two small children it is impossible to get one child ready for school, organise the school day, and make arrangements for the ill child whilst trying to being on constant redial.
- Access for wheelchair users
- Fully accessible surgery

- Wider door
- No steps
- Disabled facilities
- I am a wheelchair user so access is very important to me.
- Wheelchair access
- Knowledge and respect of disabled patients and their complex needs
- Autism friendly staff and communication options
- Being open to all backgrounds and not judgemental

Continuity of care

- Continuity of care - mental health problems and progressive conditions
- Seeing the same GP as I normally do for my long term condition
- My elderly mother likes to see her own doctor

LGBT+

- Correct pronouns, LGBTQ+ identity, kind and friendly staff
- Understanding of transgender identity + the importance of correct pronouns/name
- That GPs and nurses do not assume I am heterosexual due to certain medications. That I feel listened to and valued & respected.
- Gender neutral toilets would be a nice option
- Doctors being educated on pronouns, genders and sexualities.
Not having your entire name shown to everyone in the waiting room when being called to an appointment.
- Not assuming gender and sexual identity
- An understanding of transgender
- More LGBT+ awareness

Is there anything else you would like to tell us?

Older people

- Most patients in need are elderly and do not like going out at night so appointments after 6.30 are not helpful.
- Seven day opening maybe popular with young working age people but may not benefit elderly people immigrants, homeless people or other hard to reach groups
- I do not like the system of having to phone the surgery for an appointment at 8am on the morning. I know elderly folk who are put off by this, and do not have computers, landline phones or mobiles.

Continuity/access

- At present, GP surgeries are failing patients with mental health problems.
- Trying to achieve any continuity of care is impossible; trying to see a GP at all is so emotionally draining and fraught with anxiety that I cannot bear to try at all anymore.....
- Trying to see a GP now a clichéd annoyance to the average person...but to someone with mental health problems it is an insurmountable obstacle that consumes infinitely more emotional energy than you possess.
- I also see how patients with dementia are being let down.
- As a carer for my Grandad, who has Alzheimer's - I now have to fight to get him an appointment too....instead he is given a Practice Assist appointment when he can

barely communicate via phone and the doctor can hardly understand a word he is saying.

- I have complex disabilities when I am ill with an infection I am unable to sit up or get out of bed - will the additional opening hours cater for home visits for patients who are elderly or have complex needs?

8.0 Summary of key findings

A summary of the key findings from the engagement are listed below:

- The top four aspects of service that were seen as the most important (ranking 8-10) in order were:
 - Good care and treatment 92.6%
 - Being able to book an appointment 90.7%
 - A clean and safe place 73.7%
 - Staff being able to see my medical history 69.8%
 - Location 59.6%
 - Having my communication needs met 53.3%
- The least important aspects of a service (ranking 1-3) were:
 - Bi-lingual staff and interpreters 60%
 - Easy access to the building 57.8%
- This trend did not hold true for disabled people who rated access highly (score 7 and above) and Asian/Asian British people who rated bilingual staff highly.
- There were a good number of respondents (48.7%) who stated they would travel between 15-30 minutes to receive a service, 43.5% stated they wanted to travel under 15 minutes. Looking at the table the results show that 62.8% of those responding travel by car to an appointment, this may account for people being prepared to travel up to 30 minutes.
- For equality there was a difference in people ability or preference in terms of travel times, some of the groups were more likely to walk, use public transport or taxi's than the overall sample. This may have impacted on people choice about how long they were able to travel.
- Respondents told us that for a same day appointment the most convenient time for the majority of people responding (60.9%) would be 6:30-8pm Monday to Friday. With 67.6% stating they would not attend an appointment from 6:30am to 8:00am.
- The results for equality confirmed this finding.
- For those responding to additional appointments on a Saturday there was no clear time that was presented as the most convenient. For both routine (23.2%) and same day appointments (21.5%) the time of 10am-12noon seemed to be the most popular option, with 8am-10am not being favoured by some (27.4%). Looking at the data it would appear that most of the times offered would be favoured by a good majority of the population. For Sunday a similar picture emerged with no clear indication of preferred times.

- There were some differences in preference by equality group, but this mainly followed the trend outline above, with a distinct preference for appointments on a Saturday rather than Sunday. Disabled and older people were less keen on early morning and later afternoon appointments.
- The majority of respondents still prefer face to face contact (96.6%). The most favoured technology was the telephone (34.3%) with other types of technology using internet technology only favoured by 27.4% of those responding.
- Telephone appointments were second choice, with Asian/Asian British people putting this at near 50%. Using apps and online were least popular with Asian/Asian British, disabled people and carers.
- Most people responding would wait until the practice (47.6%) is open or use NHS 111 (40.6%) or go to the pharmacy for advice (30.6%). There were still a significant number of responses who would go to A&E (20.5%).

9.0 Next steps

The findings from the engagement will be used to inform the development of a specification which will improve access to GP services across Calderdale. The specification will take into consideration the findings from previous and recent engagement to ensure any development are informed by public views.

Consideration would need to be given to the location and facilities of any extended services, with practices needing adequate parking and locations on or near public transport links. The number of people walking, over 20% of the respondents may mean that they live locally to their practices or that they have no other means of transport, as this was not asked we cannot speculate.

A timeline for these developments will aim to ensure that arrangements are in place for extended access in Calderdale in Spring 2018.

Further information on the progress of these developments will be available on the CCG website and through local practice websites and information mechanisms.

Any improved access will be publicised using a clear communication plan.

The findings of this work will be shared through our existing networks and the report published in the get involved section of calderdale CCG website. Visit www.calderdaleccg.nhs.uk for more information.

Appendix A – Engagement plan



Engagement & Equality Plan

Improved Access to GP services

Calderdale CCG

Introduction

NHS Calderdale Commissioning Group (CCG) is committed to continuously improving access to the healthcare available to all the people living across the Borough.

NHS England has committed an additional £500 million by 2020/21 to enable clinical commissioning groups to commission and fund additional capacity across England, to ensure that, by 2020 everyone has access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.

To support this CCGs are being funded to develop a local Primary Care Improved Access Service, the aim of this is to provide additional primary care capacity beyond core GP hours (8am-6:30pm) including evenings and weekends. NHS England has set minimum standards they expect to be included in these services. These include:

Timing of Appointments

- Weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm)- to provide an additional 1.5 hours a day
- Weekend provision of pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs.
- Appointments can be provided on a hub basis with practices working at scale

Capacity

- Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population

Measurement

- Ensure usage of nationally commissioned tool during 2017/18 to automatically measure appointment activity by all participating practices.

Advertising and ease of access

- Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care centres and publicity into the community
- Ensure ease of access for patients including:
 - o All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
 - o Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments

Digital

- Use of digital approaches to support new models of care in general practice

Inequalities

- Issues of inequalities in patients experience of accessing general practice identified by local evidence and actions to resolve in place.

Effective access to wider whole system services:

- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care.

The hours, types of appointments and clinical staff involved are all to be locally determined. This is not around simply extending what currently happens in “core hours” to the weekend and evening, it is around ensuring there is additional primary care capacity that is equitable, accessible and matches the needs of the local patient population.

Background

The aim of the engagement process is to find out how the CCG can improve access to local GP services and inform the future service model. By talking direct to service users Calderdale CCG are committed to ensuring that relevant stakeholders are informed and have an opportunity to influence changes to the way GP services are currently provided or delivered.

Aims & Objectives

The aims and objectives for engagement and equality are set out below;

- Provide a clear plan and report of findings from all engagement activity.
- Ensuring a diverse and representative range of people, have an opportunity and are supported to have their say.
- Listen to patients and understand what the service model and specification would mean to current service users and ensure they have an opportunity to have their say.
- Involve the public, patients, carers, staff and key stakeholders and understand the requirements for Calderdale area.
- We will provide information on our approach to engage, and inform target audiences. Integral to our approach to engagement is demonstrating ‘due regard’ to equality which can be evidenced in our communications, engagement and equality activity to inform our decision making.
- Undertake relevant equality impact assessments to understand the impact of the potential change on those groups protected by law, and where necessary plan mitigation or make changes to respond to the findings

Key drivers and considerations

Health and Social Care Act 2012

The White Paper, 'Equity and excellence: Liberating the NHS', and the subsequent Health and Social Care Act 2012, set out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the National Health Service (NHS) will:

- Put patients at the heart of everything it does
- Focus on improving those things that really matter to patients
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

Section 149 of the Equality Act 2010 states that a public authority must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. It unifies and extends previous disparate equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these is the right to be involved directly or through representatives:

- in the planning of healthcare services
- the development and consideration of proposals for changes in the way those services are provided, and
- in the decisions to be made affecting the operation of those services

Principles of Engagement

NHS Calderdale CCG has a 'Patient and Public Engagement and Experience Strategy'. The strategies have been developed alongside key stakeholders. Each strategy sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategies state that the CCGs will;

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

The strategy sets out what the public can reasonably expect the CCG to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met

Engagement process

The engagement will gain views from members of the public who may be affected by the proposed changes to GP services. The engagement will run for eight weeks from September to November 2017. We will provide the opportunity for the service users to have their say on GP extended services using a questionnaire. The questionnaire will be available in a number of settings and both electronic and paper format and will be circulated to some wider stakeholders groups. Each questionnaire will be adapted to include any specific questions required – these have not yet been agreed.

A range of engagement activities will be undertaken during the eight weeks. These activities will fall into following key target groups:

- patient / carers with direct experience of the GP services
- voluntary and community groups with interest
- key partners and stakeholders

Engagement activity

Review of existing data

We need to review any existing data gathered from service users over the last year of GP services, this would include:

- Pals and complaints data

- Care Opinion and NHS Choices postings
- Friends and family test
- Any previous engagement activity

We need to merge this data with what we already hold to fully understand the service users experience of current services. We need to ensure this information is embedded in the findings from this work.

Key stakeholders

Healthwatch will be sent a copy of the survey to promote to practices across Calderdale to cascade to patients and staff. The key stakeholders will be:

- Patient Participation Group Network
- Healthwatch
- voluntary and community groups with interest

Develop a questionnaire

We will provide the opportunity for the service users and key stakeholders to have their say on services using a questionnaire. The questionnaire will be in different formats and available in a number of settings. Also both electronic and paper format and will be circulated to some wider stakeholders groups.

To ensure we capture a representative sample of community views we will equality monitor all involvement activity. This will enable us to reach protected groups who may have different experiences of health and social care services, where we do not reach those protected groups we will specifically target involvement to reach them.

Engagement with service users/staff groups

A copy of the survey will be distributed to service users / carers accessing the service during the engagement period. It is proposed that we use a combination of methods and approaches which will include:

- ‘Engagement Champions’ in Calderdale to target service users from a variety of local areas, protected groups and communities. Community assets will be deployed to ensure that we reach all groups and diverse population including those seldom heard. This will be through focus group work, face to face conversations and other innovative methods. These conversations will be led in a variety of approaches to provide intelligence to support our approach. We will target our approach to ensure we reach following groups:
Learning Disability/BAME/Disability and LGBTQ.
- Patient Reference Group (PRG’s) members will be encouraged and given the opportunity to have their say how the CCG can improve access to local GP services.
- Both the Engagement Champions’ and PRGs will receive a full presentation on the engagement prior to the start of the engagement process to ensure they have an understanding of what it entails.
- Email the survey to Practice Managers for their information as well as distribution to PRGs where these are in place. Also handing out hard copies of surveys in their respective GP practices
- Promote survey through Talkback which is a panel of residents who broadly reflect the geography and diversity of Calderdale. It is a large group with over 1500 members, all of whom have an opportunity to share their views and ideas about the issues facing Calderdale
- A variety of social media and communications to support this work.

- For staff the engagement will be promoted through internal websites and newsletters
- Copies of the survey will be sent to voluntary and community groups of interest.
- Focus group work using the questionnaire questions to host the conversation.
- Other methods as identified by the local groups

Communication

Current communication channels will be utilised to reach the service users and stakeholders to distribute information and to raise awareness of the engagement. Communication channels identified in this section will be used to disseminate information and will provide other opportunities for patients and the service users to provide their views.

Audience	Method	Action by
Key stakeholders: <ul style="list-style-type: none"> • Staff working in both provider and commissioner organisations 	Staff workshops, briefings and meetings	Healthwatch and organisation leads
Service users, service users, third sector <ul style="list-style-type: none"> • Key voluntary and community groups 	Relationship matrix Asset based approach CCG internet/website/Talkback website Social media North Bank Forum/VCS Network	CCG Engagement lead
GPs, practice staff and patient reference groups	Member Connect Calderdale GP Practice Internal bulletin Email to Practice Managers for their information as well as distribution to PRGs where these are in place.	CCG Communication lead
Elected members / MP'S & Councillors	Information to be circulated as required electronically – explanatory email with a link to web survey	CCG Communication lead
Media	A questionnaire on a variety of websites which may include Healthwatch, CCG website and voluntary groups	CCG Communication lead

Equality monitoring

We will equality monitor all engagement activity to ensure that the views gathered are representative of the practice population. The EQIA will require consideration of protected groups access, experience and outcomes through evaluation of engagement and experience data and evidence of the service user profiles and any research available.

This will be gathered from service user's information and practice profiles and other local health information. This data will not include all the equality protected characteristics as these are not recorded in practice therefore we collect information as part of the engagement and research other proxy data that can be utilised to give a profile of the local area.

All engagement activity will be equality monitored. The engagement information gathered will be used to assess whether we have engaged a representative sample of the relevant service users and to establish whether there are any trends in opinion and feedback.

Once analysed all the data will be used to develop the EQIA and consideration given to the potential impact of any change to the commissioning of services which could have a differential impact on any protected groups. Where this is identified consideration will be given to any mitigation of the potential impact.

The completed EQIA will be used to support the relevant decision making body to be assured that they have given due consideration to any potential impacts on protected groups

Delivery timeline

The engagement timeline will take 8 weeks for delivery from the approval and sign off all plans, budgets and engagement tools. In addition there will need to be an allocation of 3 weeks at the end of the process to input data, analyse the data, write the report and capture the findings, once this has been completed there will be a further week allocated to the finalisation of the EQIA.

Colour coding:

Red delivered in one week/ **Amber** 6-8 weeks delivery/ **Green** delivered in 1-2 weeks

What	When by
Sign off draft plan and questionnaire	September 2017
Briefing to Calderdale Health Forum	September 2017
Briefing to Engagement Champions'	September 2017

Engagement Delivery – 6weeks	September 25 th 2017 to November 6 th
Report templates to prepare	September 2017
EQIA preparation and research	September 2017
Data Input	November 6 th to 13 th November 2017
Data analysis	November 13 th to 27 th
Evaluate the equality data	November 13 th to 27 th
Write a report of findings	November 13 th to 27 th
Utilise data and research to finalise EQIA	November 2017
Present the findings to PPE&E meetings	December
Use the findings to inform the new service model for extended access	November/December 2017 (TBC)

Non pay budget items to be considered

Engagement Budget	
Item	Estimated Cost
Development of survey	NIL
Printing of surveys	£234
Publicity and communications	NIL
Targeted groups-‘Engagement Champions’ Calderdale	£2,500
Venue for Calderdale Health Forum	In-house
BSL, Interpretation, translation and associated equality activity	£1000

Social Media	NIL
Data input based on 800 responses	£1000
Analysis of data	In-house
TOTAL	TBC

Analysis of data and presentation of findings

We will use the data gathered which will include the review of existing information and create a report of findings. The findings will be used to inform the new service model and inform the newly developed service specification.

The report will be shared with key stakeholders and uploaded on CCG internal and partner external websites and will also be included in internal and external newsletters. The final engagement report will be made publically available and feedback provided to those respondents who have requested it.

Appendix B – Survey

Improved Access to GP services

NHS Calderdale Clinical Commissioning Group (CCG) wants to improve healthcare available to people living across the Borough. We would like to know how you think the CCG can improve access to local GP services.

NHS England will be giving additional funding to enable CCGs to plan and buy services to make sure that everyone has access to GP services.

This will be routine pre-bookable appointments at evenings and weekends. This may not be in your local surgery, but would be offered at other locations across Calderdale.

Please tell us your views by filling in this survey and returning it to the freepost address provided.

The survey is also available online at:

<http://www.smartsurvey.co.uk/s/ImprovedGPAccessCald/>

If you would like more information visit www.calderdaleccg.nhs.uk

Thank you for taking the time to complete this survey, your views are important to us

1. Please tell us the first part of your postcode (e.g. HD3, HX3)

2. I am answering this survey as:

A patient	
A carer	
A member of staff	
Other (please tell us)	

3. When was the last time you saw a GP or Nurse at your surgery?

Within the last month	
Within the last 6 months	
In the last year	
Other (please tell us)	

4. What is most important to you when you visit the GP or nurse? Using the scale 1-10. 1 (least important) to 10 (most important) Please circle the number										
Being able to book an appointment	1	2	3	4	5	6	7	8	9	10
Location	1	2	3	4	5	6	7	8	9	10
Staff being able to see my medical history	1	2	3	4	5	6	7	8	9	10
Parking	1	2	3	4	5	6	7	8	9	10
Nearby pharmacy/chemist	1	2	3	4	5	6	7	8	9	10
Waiting area	1	2	3	4	5	6	7	8	9	10
A clean and safe place	1	2	3	4	5	6	7	8	9	10
Good care and treatment	1	2	3	4	5	6	7	8	9	10
Bilingual staff/interpreters	1	2	3	4	5	6	7	8	9	10
Easy access to the building	1	2	3	4	5	6	7	8	9	10
Being able to choose to see a woman or man (GP or nurse)	1	2	3	4	5	6	7	8	9	10
Having my communication needs met	1	2	3	4	5	6	7	8	9	10

4b. Is there anything else that is important to you?

Travel and transport						
5. How long would you be prepared to travel to a routine pre-booked appointment?						
Under 15 minutes	15-30 minutes		30-60 minutes		60-90 minutes	
5b. How would you normally travel to a GP or Nurse appointment?						

Bus/train		Car		Taxi	
Access bus		Cycle		Walk	
Other (please tell us)					

6. a) If we provided additional appointment times when would you like to be able to see a GP or nurse and what for? (this may not be at your usual surgery) please tick all that apply

	Monday to Friday	
	6.30am - 8am	6.30pm - 8pm
For a routine appointment		
For a same day appointment		
I would not go at this time		

6. b) If we provided additional appointment times when would you like to be able to see a GP or nurse and what for? (this may not be at your usual surgery) please tick all that apply

	Saturday					Sunday				
	Morning		Afternoon			Morning		Afternoon		
	8 - 10 am	10 - 12 noon	12 - 2 pm	2 - 4pm	4- 6pm	8 - 10 am	10 - 12 noon	12 - 2 pm	2 - 4pm	4- 6p m
For a routine appointment										
For a same day appointment										
I would not go at this time										

7. What type of GP appointment would you prefer?

Face to face		Skype		Online discussion	
Telephone		Smartphone apps			
Other (please tell us)					

8. When your Health centre or practice isn't open where do you go for advice and treatment?

I use 111		I go to the nearest walk-in service		I go to A&E	
I wait until the practice is open		I go to the nearest pharmacy that's open			
I do something else (please tell us)					

9. Is there anything else you would like to tell us?

--

Equality Monitoring Form

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential. Please try to answer all the questions

1. What is the first part of your postcode?

Example	HD6
Yours	

Prefer not to say

2. What sex are you?

Male Female

Prefer not to say

3. How old are you?

Example	42
Yours	

Prefer not to say

4. Which country were you born in?

Prefer not to say

5. Do you belong to any religion?

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

No religion

Other (Please specify in the box below)

Prefer not to say

6. What is your ethnic group?

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background (please specify)

Black or Black British:

Caribbean

African

Other Black background (please specify)

Mixed or multiple ethnic groups:

White and Black Caribbean

White and Black African

White and Asian

Other mixed background (please specify)

White:

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Other White background (please specify)

Other ethnic groups:

Arab

Any other ethnic group (please specify)

Prefer not to say

7. Do you consider yourself to be disabled?

- Yes No
 Prefer not to say

Type of impairment:

Please tick all that apply

- Physical or mobility impairment**
(such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment**
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition**
(such as depression or schizophrenia)
- Learning disability**
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long term condition**
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

8. Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes No
 Prefer not to say

9. Are you pregnant?

- Yes No
 Prefer not to say

10. Have you given birth in the last 6 months?

- Yes No
 Prefer not to say

11. Please select the option that best describes your sexual orientation.

- Bisexual (both sexes)
 Gay (same sex)
 Heterosexual/straight (opposite sex)
 Lesbian (same sex)
 Other
 Prefer not to say




12. Is your gender identity the same as the sex you were assigned at birth?

- Yes No
 Prefer not to say

Please hand this questionnaire to reception or return to the freepost address below: (No stamp is required)

Freepost - RLTG-JAYY-ZSRX (Improved Access), NHS Calderdale CCG, 5th Floor, F Mill, Dean Clough, Halifax, HX3 5AX










Please return this form by: Monday November 6th 2017

Q2. What sex are you?						Response Percent	Response Total	
1	Male					37.96%	468	
2	Female					59.69%	736	
3	Prefer not to say					2.35%	29	
Analysis	Mean:	1.64	Std. Deviation:	0.53	Satisfaction Rate:	32.2	answered	1233
	Variance:	0.28	Std. Error:	0.01			skipped	256





Q3. How old are you? e.g. 42		
Answer Options	Response Percent	Response Count
16 and under		
17-25		
26-35		
36-45		
46-55		
56-65		
66-75		
76-85		
86 and over		
<i>answered question</i>		
<i>skipped question</i>		

Q4. Which country were you born in?				Response Percent	Response Total
	UK/England				
	Scotland				
	Ireland				
	Poland				
				answered	1150
				skipped	339



Q5. Do you belong to any religion?

						Response Percent	Response Total	
1	Buddhism					0.50%	6	
2	Christianity					48.18%	583	
3	Hinduism					0.33%	4	
4	Islam					9.59%	116	
5	Judaism					0.58%	7	
6	Sikhism					0.25%	3	
7	No religion					30.08%	364	
8	Prefer not to say					7.27%	88	
9	Other (please specify):					3.22%	39	
Analysis	Mean:	4.38	Std. Deviation:	2.55	Satisfaction Rate:	42.29	answered	1210
	Variance:	6.52	Std. Error:	0.07			skipped	279

Q6. What is your ethnic group? Asian or Asian British:

						Response Percent	Response Total	
1	Bangladeshi					13.01%	16	
2	Chinese					1.63%	2	
3	Indian					3.25%	4	
4	Pakistani					82.11%	101	
Analysis	Mean:	3.54	Std. Deviation:	1.03	Satisfaction Rate:	84.82	answered	123
	Variance:	1.06	Std. Error:	0.09			skipped	1366

Black or Black British:

						Response Percent	Response Total	
1	Caribbean					25.00%	1	
2	African					75.00%	3	
Analysis	Mean:	1.75	Std. Deviation:	0.43	Satisfaction Rate:	75	answered	4
	Variance:	0.19	Std. Error:	0.22			skipped	1485

Mixed or multiple ethnic groups:

						Response Percent	Response Total
1	White and Black Caribbean					85.71%	12
2	White and Black African					0.00%	0






Mixed or multiple ethnic groups:							Response Percent	Response Total
3	White and Asian						14.29%	2
Analysis	Mean:	1.29	Std. Deviation:	0.7	Satisfaction Rate:	14.29	answered	14
	Variance:	0.49	Std. Error:	0.19			skipped	1475




White:							Response Percent	Response Total
1	English/Welsh/Scottish/Northern Irish/British						95.89%	1003
2	Irish						0.86%	9
3	Gypsy or Irish Traveller						0.00%	0
4	Other White background (please specify)						3.25%	34
Analysis	Mean:	1.11	Std. Deviation:	0.54	Satisfaction Rate:	3.54	answered	1046
	Variance:	0.29	Std. Error:	0.02			skipped	443




Other ethnic groups							Response Percent	Response Total
1	Arab						0.00%	0
2	Prefer not to say						82.76%	24
3	Any other ethnic group (please specify)						17.24%	5
Analysis	Mean:	2.17	Std. Deviation:	0.38	Satisfaction Rate:	58.62	answered	29
	Variance:	0.14	Std. Error:	0.07			skipped	1460

Q7a. Do you consider yourself to be disabled?							Response Percent	Response Total
1	Yes						19.60%	244
2	No						77.03%	959
3	Prefer not to say						3.37%	42
Analysis	Mean:	1.84	Std. Deviation:	0.45	Satisfaction Rate:	41.89	answered	1245
	Variance:	0.2	Std. Error:	0.01			skipped	244

Q7b. Type of impairment: Please tick all that apply							Response Percent	Response Total
1	Physical or mobility impairment (such						30.19%	125

Q7b. Type of impairment: Please tick all that apply						Response Percent	Response Total	
	as using a wheelchair to get around and / or difficulty using their arms)							
2	Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)					11.59%	48	
3	Mental health condition (such as depression or schizophrenia)					23.19%	96	
4	Learning Disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)					8.70%	36	
5	Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)					48.31%	200	
6	Prefer not to say					13.77%	57	
Analysis	Mean:	4.82	Std. Deviation:	2.52	Satisfaction Rate:	69.23	answered	414
	Variance:	6.36	Std. Error:	0.12			skipped	1075

Q8. Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?						Response Percent	Response Total	
1	Yes					19.90%	243	
2	No					76.99%	940	
3	Prefer not to say					3.11%	38	
Analysis	Mean:	1.83	Std. Deviation:	0.45	Satisfaction Rate:	41.61	answered	1221
	Variance:	0.2	Std. Error:	0.01			skipped	268

Q9. Are you pregnant?						Response Percent	Response Total	
1	Yes					0.97%	12	
2	No					97.24%	1198	
3	Prefer not to say					1.79%	22	
Analysis	Mean:	2.01	Std. Deviation:	0.17	Satisfaction Rate:	50.41	answered	1232
	Variance:	0.03	Std. Error:	0			skipped	257

23. Have you given birth in the last 6 months?

						Response Percent	Response Total	
1	Yes					1.16%	14	
2	No					97.36%	1180	
3	Prefer not to say					1.49%	18	
Analysis	Mean:	2	Std. Deviation:	0.16	Satisfaction Rate:	50.17	answered	1212
	Variance:	0.03	Std. Error:	0			skipped	277

24. Please select the option that best represents your sexual orientation?

						Response Percent	Response Total	
1	Bisexual (both sexes)					1.57%	19	
2	Gay (same sex)					1.24%	15	
3	Heterosexual/straight (opposite sex)					84.46%	1022	
4	Lesbian (same sex)					1.32%	16	
5	Other					0.74%	9	
6	Prefer not to say					10.66%	129	
Analysis	Mean:	3.3	Std. Deviation:	0.99	Satisfaction Rate:	46.08	answered	1210
	Variance:	0.99	Std. Error:	0.03			skipped	279

25. Is your gender identity the same as the sex you were assigned at birth?

						Response Percent	Response Total	
1	Yes					87.37%	1065	
2	No					7.79%	95	
3	Prefer not to say					4.84%	59	
Analysis	Mean:	1.17	Std. Deviation:	0.49	Satisfaction Rate:	8.74	answered	1219
	Variance:	0.24	Std. Error:	0.01			skipped	270

Appendix D: Free text comments

Question 12. Is there anything else you would like to tell us?

1 I have no specific or real need for weekend or early / late routine appointments

2 Please consider the cost of inaccurate information in patients files. How much is spent correcting mistakes made because misinformation was acted upon? Ask the patient to go thru their file with a big red marker placing? Or! Where they see discrepancy, during waiting times.

3 I am 68 and therefore my current flexibility as to travelling further to appointments could well change in future.

There are frequent delays on the road system in Calderdale which makes travelling further for health care problematic and stressful - particularly if you are unwell!

I'm guessing that there has been a separation of clinical and administration work which has led to inefficiency. For example I wasn't informed I needed an x ray before my urology appointment but told I had to take a urine sample (which I didn't need). A friend's daughter took her baby for a minor procedure and was told the appointment had been cancelled, the cancellation letter hadn't been sent. I could go on!

4 There should be greater access to GP practices, when people (including people who are working) need them, i.e. including evenings and weekends.

5 I am 70 years old, living alone with M.E. I need my GP to be more pro-active as I lack the energy to properly look after my own health. At the moment, I have an annual Hypertension review with the practice nurse, and an occasional prescription review (I have 5 repeat prescriptions for gout and prostate problems in addition to hypertension). I last saw a practice GP in late 2016 when My suspicion of arthritis in both knees was confirmed - I was told to take over-the-counter paracetamol when necessary. There has been no follow up.

6 Luckily I have only once needed a same day urgent appt having first gone to the pharmacist who advised seeing a GP and was able to see a doctor the same day.

7 When you work full time and have difficulty getting time off for appointments, it is important to be able to go before or after work. Most employers will tell you they do allow staff to take time out for such appointments, you have to work the time back and this can be incredibly hard. If you have to travel further, such as to another surgery, this could increase the amount of time you need out of work. If you can't get an appointment at your usual surgery, could you choose/give preference for, one near to where you work, to cut down the amount of time out of work.

8 I try to refrain from using 111 as they ALWAYS send you to A&E sometimes you just need advice without having to trail and wait in A&E

9 In response to question 11 if it is non urgent I would wait. If it couldn't wait I would use 111 or walk in and would only go to a and e if extremely urgent. However this is not the case for a and e and there is no deterrent not to go. If more people were turned away for non-urgent matters people might not go as often.

10 I work so being able to have preplanned appointments are necessary so yes I would be prepared to travel. However also as I work I need an appointment quickly

11 In my experience 111 is of no use at all. On every occasion I have accessed this service advice has been go to A&E

12 Self manage just want access to what I want, within the bounds of previously agreed treatments

13 I DO NOT want to spend my evenings or weekends at the doctors which seems to be what this questionnaire imply. I just want more doctors available Monday to Friday 9-5pm if I'm sick and need a doctor I won't be at work!!

14 Whilst there is much discussion about extra appointments to cope with demand, the biggest issue we need to resolve is the reduction in missed appointments. My surgery had 139 missed appointments in August 2017. The addition of extra appointment windows is not solving the issue of missed appointments. Behaviour change is difficult but is vital if GP Service Access are to be improved.

15 I feel because it's so hard to get an appointment then some problems don't get discussed when you do get an appointment because you only can talk about one problem.

16 The choices above are based on the advice or treatment perceived.

17 111 does not meet my needs. Feels automated and tick box like

- 18 I would also like to suggest that doctors/nurses should speak directly to patients when they in an appointment rather than looking and typing into their computer. Especially when dealing with older people who are frail, confused and most likely hard of hearing.
- 19 I don't understand why many GP surgeries are able to offer routine same day appointments while the Hebden Bridge practice can only offer appointments a month ahead unless it's an emergency. The effect of this is that doctor-shy people end up getting far more ill than if they could be seen within say 48 hours. Older people don't readily describe their ailments as an emergency and will only contact a GP because they are worried about something. These ridiculously long response times put patients at risk. The CCG should set a bottom line quality standard of access to a GP of no more than 48 hours without it having to be an emergency.
- 20 again to get a "timely" appointment for a routine appt. and not to be told that there is nothing for up to three weeks ahead.
- 21 I rarely go to the GP as it's difficult to get an appointment and all the decent doctors are booked up months in advance. Feels like people who don't use the service much get a worse deal than regular users
- 22 I would like a practice nurse/duty doctor to be available for urgent treatment/advice (if not a serious accident) instead of having to go too far-away A&E
- 23 I believe there should be more doctors at the current surgeries and more appointment should be available. Prebooked appointment should be available all the time to see GP within 48 hours slots. Same day appointments should be available over phone and online every day. Access to doctor should be lot easier. At this moment seeing doctor is very hard.
- 24 GP's cannot be magically created out of nowhere. Until The Government begin realistically funding training of GP's how can you expect to provide extra GP hours?
- 25 IF OTHER BUSINESSES CAN OPERATE A 7 DAY WORKING WEEK, AT TIMES WHICH CATER FOR PEOPLE WHO WORK INCREASINGLY LONG HOURS AND VARYING SHIFT PATTERNS, THEN SURELY GPs CAN BE EXPECTED TO DO THE SAME, PARTICULARLY CONSIDERING THEIR SALARY.
- 26 GP surgeries should provide appointment's for people who work before 7am and after 5pm, as people struggle due to work commitments to be seen by a GP or nurse.
- 27 I would go anywhere and anytime but I would prefer to see my GP unless it was an emergency in which case I would go anywhere.
- 28 It's important to remember that NHS staff need a suitable work/homelife balance and that any additional times for appointments at weekends or evenings will impact upon them unless properly managed.
- 29 Just need to have non-complex access
- 30 I am a patient of Bankfield Surgery Elland and it is first class, same day appointments available whenever I have needed them.
- 31 The Walk-in is a reassuring back up, sometimes preferable to GP.
- 32 I would like to be able to see a nurse /doctor within office hours before you start adding extra early/late/weekend appointments. My local surgery have no afternoon appointments on Monday/Friday so you need sort this basic provision out first before you try adding extra hours.
- 33 Telephone appointments are not convenient in many instances - there are things you can't discuss if, say, the doctor rings you when you're at work. Also, doctors need in some instances to be able to interpret body language as well as what the patient's actually saying. The relationship between patient and trusted regular doctor seems to be getting lost in all this.
- 34 Fortunately I have to date not needed any advice or treatment out of hours
- 35 I have struggled with recent email access to my GP practice so don't use it...
- I don't like the system of trying to ring in at 8.30 for same day app..it can take an hour trying to get thro
- 36 I would like to see my Surgery open on a Saturday morning
- 37 Please pay your staff properly.
- 38 The above depends on the problem but would only use A&E if absolutely necessary.
- 39 obviously depends on what ailment/sickness/injury I have. It is very rare that I go to A&E
- 40 It's very important to be able to access medical advice and service when you need them not when doctors wish to provide it
- 41 I might go to A&E if I thought it was a particular emergency that was appropriate for A&E treatment
- 42 It is always stressful telephoning for an appointment as the answer is generally no.

43 If it was an emergency I would go to A&E as a last resort
44 I have used all the ticked services in the past and found them extremely helpful.
45 The current situation has no sight of what patients require. I haven't been asked about prescribing. The repeat prescription service is dangerous. Not told if not prescribed. Useless unsafe disrespectful
46 I think the on-duty phone service provided by Grange Dene is excellent for urgent enquiries, it ensures that patients are triaged without taking up a face to face appointment. I think it is a great arrangement for patients. I am not sure that a 7 day face to face GP service is really necessary, perhaps a 6 day service and 7 day phone service would be better, so that people can be directed to A&E if necessary. Most people could wait for a day if reassured by phone. GP's are under tremendous pressure already with such a reduction in social care and the voluntary sector. Social prescribing would be good if funds were put into community and voluntary sector and would improve people's wellbeing so less calls on the GPs for issues that are to do with non-medical issues.
47 The questions about same day appointments before 9am are only applicable for those getting up extremely early, or having night time problems - latter would probably want domiciliary assistance - or perhaps these slots should be walk in.

Generally I find nurse consultations poor other than dealing with mostly straightforward problems. As they provide most sessions at the walk in clinics, which tend to deal with more urgent cases, I see this as a problem. Is a GP always on duty during walk in sessions?

Generally I find the availability of sessions at my surgery (Locala) excellent and have rarely had problems with access.

48 Yes I worked at a GP surgery and we were asked for weekend appointments. When they were offered nobody wanted them so they're eventually withdrawn
49 I have not had to use out of hours but would use whatever was available
50 No real walk in service that I am aware of in Calderdale. Would depend on urgency of appointments
51 Reduce the changing of GPs at my surgery. Some are only there a few months or maximum one year. This doesn't make for good patient confidence.
52 I like that we other services available in our home health centre
53 I would only ever go to A&E if it was an emergency
54 It is ridiculous to expect already stretched staff to work extra days - whatever the statistics say.

Over medicalisation needs to stop. Instead of people working out for themselves what the problem is they run to the nearest medical outlet which is ridiculous.

55 In general, I am quite satisfied with the current provision. In my view, there is no need to change anything.
56 with reference to Q11, I also look on the internet - google symptoms and talk with friends who may be able to give advice.
I no longer go to the practice for advice as they don't give any other than the surgery hours and how to see a GP or nurse
57 no
58 If it's something serious I would go to A&E.
If it's not serious but I feel it's urgent I would use 111, or visit a pharmacy for advice.
If it can wait I would wait until the surgery is open.
59 Tried 111 and not impressed
We did have a Walk-In service at Todmorden, which was great and then it got all political and they abandoned it - now the place is a White Elephant!
Pharmacies are OK if you know what you need.
60 Sometimes receptionist could be more discreet and helpful
61 Although I realise that Government is dictating that GP surgeries must increase their opening times to include weekends, I am afraid that I fail to see the necessity of this needing to be for routine appointments. It is unnecessary and creates additional expense as well as imposing on staff time off at weekends. Patients

already abuse the services, visiting for issues which are so minor as to be ridiculous and they will simply continue to fill up any available spaces. What next, invent an 8-day week?

62 I wouldn't know where the nearest walk in service is

63 Have called 111 but not had very good service. Rang on behalf of son and possible broken leg. Received a call back once we'd been to A&E and had it casted up (5 hrs later).

Rang on behalf of myself after reaction to some drugs been provided. 111 called me back 8plus hours later at 11:30pm. I had already called the local pharmacist who advised a cause of action.

64 I have used NHS services in other areas recently and would say Calderdale would be my preferred choice for the following reasons:

Efficient and speedy handling of patients both in surgery and in hospital.

Being able to book appointments, repeat prescriptions and view my records online.

65

The amount of time given for consultation with the GP is too short, the time should be extended.

66 Would like to be able to make an online appointment with a nurse not just the GP

67 111 is useless. The staff are clearly reading off a flowchart. It should be staffed by medical people. They often end with 'go to your doctors' but more often than not there isn't an appointment available at the doctors. Also it takes too long for them to get back to you.

68 *The telephone booking times for appts of 8.30 onwards are incredibly difficult if you do eventually get through to surgery to be told there are no appointments for 3 weeks is unacceptable

* I am fortunate in not having to consult a GP regularly and only do so when absolutely necessary and again to be told nothing for 3 weeks is unacceptable

69 If it was a non urgent appointment would wait for practice to open, otherwise it would be casualty.

70 I hate this having to sit at home for three hours waiting for the doctor to phone only then to be told they want to see yo7 total waste of time.

71 A list of all services available would be useful and there location

72 I WOULD NOT WANT TO GO TO ANY OTHER SURGERY .

YOU SHOULD NOT HAVE TO SEE ANYONE OTHER THAN THE GP'S AT YOUR OWN SURGERY

I WOULD VISIT MY SURGERY ON SATURDAY OR SUNDAY , NOT EVERYONE HAS A CAR

AND PUBLIC TRANSPORT IS NOT UP TO STANDARD

IF YOU WANT A N APPOINTMENT YOU SHOULD BE ABLE TO SEE YOUR OWN GP OR AT YOUR GPS PRACTICE, IF IT IS AN EMERGENCY THEN THAT IS DIFFERENT

WHY DO WE HAVE TO WAIT UP TO THREE WEEKS FOR AN APPOINTMENT

WEEKEND APPOINTMENT S WOULD BE FANTASTIC FOR PEOPLE THAT WORK 9-5 MONDAY TO FRIDAY

73 NO

74 I have not much faith in the 111 system

75 I do not trust 111 and would like to speak fully qualified nurses and/or doctors face to face.

76 No

77 Mental Health is a specialist subject and GP's are usually ill equipped in this area. It would probably serve the public better if this service was sectioned off at the doctors surgery but available as a point of contact.

78 Nothing else springs to mind at the moment

79 depends on the seriousness/urgency of the issue.

depends on whether this is for me or for one of my children - I may be prepared to wait until Monday but I may not be prepared if my child is sick

111 - only usually advises you to go to A&E, so I am increasingly disinclined to use this.

80 The practise used to have a que system where you could turn up on the day and get an appointment. Now we have to call but there is only one line into the practise. I made 50 literally 50 attempts before I got through. This is not good enough there should be a call queuing system letting you know where you are in the que in this day and age.

81 I only learned about a local walk-in service two weeks ago. I am still not sure there is one in operation near me.

82 I am put off calling my local GP due to the fact that I would have several weeks wait and that I would have to deal with terrible service over the phone.

83 A walk-in centre would be very welcome, helpful and reassuring.

84 the 111 service is useless. In an emergency you waste time with a lengthy Q & A interview about all kinds of irrelevance that apparently has to be done and they are only call centre operatives without medical knowledge. When you get through to a nurse they just tell you to go to hospital anyway as they need to cover themselves. I will not use it anymore

85 Please see previous comments on mis-diagnosis at Calder Community Practice

86 I think gps work hard enough and with the other options such as 111 and walk in services available I don't think they should have to work weekends

87 I know the health service is massively overstretched, and for that reason I always try to be patient with surgeries, which are having to constantly change things so they can try and keep up with demand. Being able to discuss minor issues via phone with a doctor, or via email or skype where you can show pictures, would be great and could save time both for the doctor and the patient.

In some cases you just really need to see them face to face, and I have really struggled to get appointments for some long-term issues. Because I have anxiety issues, this has often meant that I have let minor problems get really bad before forcing myself to spend time and stress getting an appointment. I don't feel this is the fault of my doctor's surgery per se... I feel they just can't provide the services that are needed.

I also feel that I don't get heard very well because doctors are so worried about meeting their time requirements that I often don't have time to explain everything well and feel rushed.

If there are any other surveys or ways patients can help with managing the demand - I would love to be a part. I feel very sorry for the NHS workers at the moment.

88 Our local GP practice is first class. We are retired so can visit anytime. However for family members late evening or weekend times would be beneficial. Calderdale hospital is easily accessible to us. Recently had routine bloods done. Caring and efficient staff despite being short staffed. Well informed on waiting times etc. Keep up the good work.

89 It is very rare that I visit my GP as it can take up to 7 days to get an appointment or on some occasions up to 3 weeks. If I am very ill and the surgery is closed then I usually speak to my local pharmacy.

90 NO THANKS

91 Extending opening hours without increasing the number of GPs is not viable. Increasing the number of GPs in the current economic and political climate is like to be impossible.

92 My surgery, Shelf Health Centre, has extremely restrictive opening hours. The reception does not open until after 10am and they often close at 4pm, with full afternoons taken up for staff training. They have very few GPs, with most patients seeing nurse practitioners. I don't feel it's fit for 21st century.

93 GP care is currently ok. What isn't ok is Dentist provision.

Lived here 3 years, and still can't get on a NHS dentist list in Calderdale

94 With most medical appointments I find the Nurses, Doctors or Consultants superb, the same cannot ever be said for the receptionists!

95 I think the NHS does a fantastic job, and our Doctors surgery is one of the best.

96 I believe it is important to be able to see someone who knows you & your medical history. Hopefully I can see my GP Mon-Fri.

Emergency services are very different.

97 Q11 - depends on the problem

98 No

99 I think if I wanted to see a GP on Sunday it would have to be a very serious complaint everyone deserves some weekend time off.

100 Depends what the problem is. Something that seems quite urgent, I would ring 111 for advice. Something odd but not urgent I would look up on NHS website and maybe find advice and then maybe go to the pharmacy if that seemed appropriate.

101 111 service is incredibly poor and I would prefer to wait than use this.

102

103 there is a big problem with making an appointment at the moment- if it is an emergency you can get one, but if it's not then you might need to wait 3 or 4 weeks, and even more if you want to see a particular doctor.

104 Receptionist are a royal pain in the behind. Rude. Too many questions and a bad attitude like they are the Dr

105 Cut waiting times. I'm often in great pain and I have to struggle for 3 weeks and longer to get my injections. This should not happen. I would be willing to pay for an earlier appointment

106 I am unsure where there is a walk in service local to me. I would use this service if it was available.

107 Keep a and e in Calderdale

108 People who use a&e as a replacement for their GP service should be charged and warned that some miler usage will result in higher charges and potential struck off their GP practice

109 Absolutely no chance of getting appts with doctors at my local surgery. Last time I rang I was offered one appt that I could not make and the next available appt after that was 5wks later!

110 I recently needed an item re-adding to my prescription. I was told that the nurse practitioner could not do this and I would have to see a doctor. I asked if I could do this over the phone to avoid taking a full appointment and was told "Yes" by the nurse practitioner. Upon ringing the surgery, I was told that the first available call from a GP was in 16 days' time and they couldn't guarantee a particular timeslot which meant that I could not do this as I cannot take calls at work. The nearest appointment would be 2 weeks. I then tried to make an appointment 8 weeks in advance for when I knew that I would not be at work and was told that I cannot book that far in advance. Not only have I now got to wait several weeks before making a future appointment, but I am also effectively wasting the time of a GP when this could have been done easily over the phone if the wait wasn't so long.

111 Use common sense and non-bootable times to react to peaks in demand. Long range bookings for gps waste time and are at higher risk of dna's.

112 Is there a problem with the CCG? The results of the People's Commission undertaken some 2? years ago highlighted the issues here. So why do they ignore the findings? Surveys of GP practices also highlights the issues and yet the likes of Matt Walsh and Alan Brook constantly refuse to listen to the people. It is reminiscent of the way the EU refute referendums until they get the answer they want.

It is informative that the a senior clinical manager of CHFT has stated at scrutiny that A&E is now primary care!

and what has the following section got to do with General Practice, it is intrusive!

113 I think that working people need access to GP surgeries outside of traditional working hours for routine appointments. It's important to make sure that when we are putting out public health messages that encourage people to get checks for sustained but not acute medical symptoms (e.g. persistent coughs) that we are enabling people to access the sort of routine check-up they need. Barriers to access stop people from persisting in getting those sorts of preventative checks.

114 The walk in service is very useful and would like to see that continue

115 would like to see more technology solutions Skype or video or telephone consultations and better use of professionals time by maybe seeing a nurse who can maybe treat me or triage me and save GP time

116 The proposed development of this area is very worrying as our current surgeries could not cope with an additional 3000+ households. Development should not be allowed unless/until additional facilities are opened.

117 I worry that if I am not well and need to see a doctor I am unable to make an appointment. My surgery cannot normally give me an appointment the same day and often the appointment is a week or 10 days in advance. I work out of Halifax and it as an extra concern being able to make an appointment either before or after work. My surgery used to offer late appointments which was ideal for me - I could be back in Halifax in time to go to them. They now do not offer these and instead offer early appointments which do not fit in with my work life. If I urgently need to see a doctor I can be there but it is a lot less convenient. Early appointments are impossible for my father who has Parkinson's because he has sleep and mobility problems and it takes him a long time to get up, washed and dressed. After hours appointments would not be a problem,

My mother has mental health problems and has to be accompanied to appointments. She is therefore also bound to the times that I or my father can manage to attend,
Both my father and I currently drive so we are able to travel further afield than our local surgery for an appointment. We as family do however value being able to see a GP who we know and has an understanding of our medical history.

118 I am moving out of the area of my current GP but I want to stay at this practice due to a mental health issue. I feel confident to see my usual GP about this and worry that having to change practice, due to not being in the catchment area, means starting again with a new GP. It had already taken me a long time to build up the courage to speak to my current GP about my issues.

119 Stop texting me

120 Train more doctors

121 I have used 111 before but I will never use it ever again. They take at least 45mins collecting medical data and that's not what anybody needs when they are ill. And for "pay as you go" users, they risk being cut off if credit runs out and 111 won't ring you back.

122 Reduce waiting times in A&E. People are waiting for hours to get an x ray done or see a consultant. Sure there must be ways to channel incoming patients. There are emergencies and there are emergencies. Try classifying emergencies and attempt to resolve them accordingly.

123 No

124 I have had many issues with prescriptions. I did not get the right prescription for 6 months and I was on weekly/biweekly repeats. One week I had to go in 11 times before it was correct. I made a complaint to the doctors but this did not make a difference. The only thing that did was when the pharmacist got involved and liaised directly with the doctor on my behalf.

125 I drive buses for a living and my shifts can be all over the place which is why I ignored the questions about visiting GPs at a set time. I am only going to visit the surgery if I am seriously ill, not for something or nothing that can be dealt with at home using painkillers or a cough and cold remedy.

126 The outsourcing of services and the new booking system is difficult to access due to a long term health condition.

Appointments are difficult to book and I'm not always able to ring back within the allotted time which has meant that I've missed a referral on more than one occasion due to memory difficulties and a flare up of symptoms. As I'm unable to drive due to my condition and a restricted bus service I'm unable to attend outside of usual surgery hours or to attend at weekends. Requesting a lift from a supportive friend is also difficult outside of usual surgery hours due to people's other commitments.

127 More information needs to be given to patients re A&E and treatment centres for falls cuts and every day mishaps. Most people visit A&E for the latter reasons so a closure of a local A&E is not the end of the world and using these centres would meet the needs of most patients.

128 I would prefer an 03xxx xxxxxx number to 111

Because 111 is barred as a premium rate call on my mobile.

129 I wish there was a similar survey about the NHS dental service!!

130 Doctors need to be able to have a work life balance, so forcing them to work Sundays will only lead to more GPs leaving the NHS. Buying in services is privatising the NHS through the back door and I cannot agree with that. Money needs to be invested in doctors and nurses not the pockets of property speculators and shareholders and private health providers.

131 There needs to be more health education - preventative education - more weighing - health charts, etc..

132 111 is generally useless. I have more knowledge than they do.

133 I feel rushed so it would be nice to have a proper conversation rather than in & out feeling, being ill involves emotions & you need a compassionate ear to get to the truth sometimes

134 MY DOCTOR IS THE BEST ,SHE HAS BEEN A STAR OVER THE LAST FEW MONTHS SINCE MY WIFE DIED,

135 I only go to A & E for emergencies

136 waiting for the practice to open would be the last resort.

I would visit the a&e if I thought my problem was serious.

I think the 111 service is not always helpful.

Nobody knows you better than you own GP.

137 People who use A&E for non-emergencies etc. SHOULD be charged and warned that similar usage will incur increasing charges

138 It would be really helpful to have out of working hours appointments.

Self-care sessions for older school students/college students (the next generation of service users) e.g. dealing with minor ailments e.g. coughs and colds, managing a sick bug/earache/sore throat etc. at home and also red flag symptoms- when do you need to see a GP, would be a low cost solution to reduce inappropriate appointments longer term freeing up GP time.

139 I would go to a and e for emergencies

I do not know where my nearest walk in service is!

140 I don't think there is any need for any routine appointments on a Sunday.

I do think there is a need for acute illness appointments every single day of the week in order to prevent people going to the hospital with things that are bad but not A&E-worthy [such as sick babies and children, older people, some other things]. It has always seemed ridiculous to me that you can't access a GP at the weekend or in the night when illness comes on at any time of the day or night. But no one needs to be having a routine appointment on a Sunday [there might well be a need for Saturdays].

The thing I most want to be able to do is book routine appointments with the GP of my choice ahead of time, and not have to get involved in the farce of having to call my practice at 8am for a morning appointment or 11am for an afternoon appointment on the day. Inevitably the phone is engaged, one rings back and back and back, wasting time [when one often needs to be doing a school run or going to work], and when one finally gets through -- all the appointments have gone. This is because at my practice there are only a very few pre-bookable appointments and these are all very first thing [7.15--8am] and very last thing [6-6.30pm]. These times are useless for routine appointments -- for me at any rate, as if we are all well then we are going to school at that time in the morning and going to afterschool clubs and activities at that time in the evening [or cooking in order to leave for them]. So that is not the time I want to discuss my contraception, or have a smear, or have any conversation that is not urgent [egg about a chronic condition]. I want to be able to make an advance appointment for 9am, or 4.30pm, but my practice won't let you. So then the acute appointments get taken up by people who could have come at other times. It is all very unsatisfactory.

141 If I was desperate I would ring 111

142 My doctors are really good, but we all struggle to get fast appointments if needed as they are short staffed - you end up having to ring at 8.30 for a cancellation if you are lucky - and often you have to keep ringing again and again as the phone is engaged. It would be much better if they took your name and put you on a waiting list for a cancellation. Often calling at that time is not an option as its a working day and not private in terms of conversations.

143 I wasn't aware of the walk-in service.

144 We are so lucky to have fantastic doctors, nurses and reception staff at Rydings Hall, Brighouse. They take time to talk, ask questions and listen. Unfortunately, the two doctors which I like to see tend to get booked up very quickly. Our surgery opens for phone calls at 8.30 a.m. and obviously the lines are very busy. Often by the time we get through there are no appointments left for that day. We can pre-book online but again there don't tend to be many of these available. But again I appreciate that we are so fortunate to have the first class doctors that we do at our surgery!!!

145 The extra appointments would only be in an emergency

I would only go to A&E in a real emergency or if I was told to by a medical practitioner

146 I would like to be able to pick up prescriptions out of 9-5 hours or at weekends.prehaps they could be provided online to securely download or on a smartphone app?

147 My spouse is elderly and frail, with multiple health problems. I choose a source of help/advice according to my assessment of the situation

148 No
149 I feel I have a poor service from my GP practice. I work full time and I currently have been waiting 4 weeks to see my GP. Granted my need is not urgent but I do need to see the GP for further investigations to be ordered.
150 NO
151 Guidance for walk in centres is poor. Don't know nearest one and how to use the service
152 Always use 111! They are professionals and work to a script anyway and all possible services are available to them!
153 111 pretty rubbish tell u to go to GP or An e
154 I can only get to my local practice - I have no car - I only want to see doctors/nurses who know me - I have complex medical history and find it infuriating having to list all my conditions if I see an out-of-hours doctor - I would hate to have to do that on a regular basis
155 The only times I have been to A&E, I have been sent there by my practice or by the hospital ward treating me.

A nurse removing stitches cut the ends off so it could not be removed and then sent me to A&E to have it dug out (They did an amazing job considering what a mess the nurse had made)

4 days after having a hysterectomy, I had blood in my urine and my GP was closing but had taken a sample and said I should contact my ward. The ward said they would not allow me back in the evening unless I had been processed through A&E. So I spent the night sitting and waiting in A&E.

If patients are discharged 3 days after major surgery, there should be better support by the ward. Patients are discharged with infection and in a lot of pain. They are told to contact the ward if there is a problem but if they do they are told there is nothing that can be done. It is a case that if they are out of sight, then it is not a problem. Let the GP or A&E pick up the cost!

156 See previous

157 I would not be comfortable with having to travel to a different practice except for an emergency.

158 Annoying when you phone for an appointment and you can't get one for that day or week. Next available appointment is 3 weeks' time

159 I would like to be able to book an appointment within a fortnight.

As it is at the moment - I have a letter requesting me to make an appointment with my doctor. There are no appointments available in the next month.

I rang the secretary who sent the letter; she is going to ring me back.

A week later - I'm waiting.

160 Station road Surgery, Sowerby Bridge does not seem 'Fit for Purpose'

Appointments cancelled with no suitable alternative offered.

Telephone consultations come hours after time.

Electronic prescriptions not sent to Pharmacy.

All in All the Practice seems very badly run.

161 Re; Walk - in service. Do they exist in Calderdale?

162 Our surgery is wonderful. I have never been turned away. If things are urgent then we are seen. This was important when the children were younger.

There is so much publicity at the moment about GPs working long hours that I can't see why you would want to make them work even earlier, later and even on Sundays. Don't they deserve a day off too?

163 Need to provide more services through pharmacies. the flu service has been great and I'd like to be able to get more things from them. it would free up GP time....

164 Late eve , weekend appointments would be great not only for working people but for me as a working parent to be able to take my children without having to take time out of school and work

165 I think anyone turning up at A&E when they should be contacting their GP, 111 or pharmacist should be turned away and told who to contact. I don't know why people complain about accessing appointments out of hours on the couple of occasions I have had to use 111 I have nothing but praise for them.

166 The GP service needs to move forward into being more accessible outside of traditional working hours

- 167 There should be more deterrent for patients not to use a and e inappropriately
- 168 I am very much in favour of greater flexibility in terms of times, days and means of communicating with a GP. My current practice at Church Lane in Brighouse does offer some appointments over the telephone. For someone who works out of the area, it is fantastic to be able to see a GP early in the morning or at weekends. My only complaint is that the GPs do need to stick to appointment schedules. I appreciate that sometimes things run over but I have often had to wait over 30 minutes for a scheduled appointment. I have even had appointments at 0700 which have started 15 minutes late.
- 169 I don't try getting non urgent health problems seen to because it's so difficult to get an appointment in advance
- 170 Went on 29-09, given new meds for 2 weeks, told to book appt to review in 2 weeks, next appt available 30/10
- 171 I can get an appointment within the day, or in 4 weeks' time, this does not meet my needs, immunosuppressed multiple minor infections.
- 172 no thanks
- 173 Phone appointments should be made more for the patients.
- 174 111 service should be often promoted which is highly recommended
- 175 You need to promote 111 and phone appts more
- 176 Getting an appointment to see a doctor at our surgery is first come first served at two times of day on the phone. It is sated that if it's an emergency then you can come to the surgery and wait. In my view an emergency means an ambulance is needed at once. Perhaps a definition of emergency is appropriate?
- 177 I would be happy to pay to visit my G.P
- Everyone should pay to book an appointment. Those people who miss more than 3 appointments should struck from the practices list
- 178 No
- 179 At present, GP surgeries are failing patients with mental health problems. Trying to achieve any continuity of care is impossible; trying to see a GP at all is so emotionally draining and fraught with anxiety that I cannot bear to try at all anymore.

Never knowing when you will manage to see a doctor because you can't prebook in advance anymore, so you allocate a day that you will try (which is difficult enough in itself for someone struggling with their mental health), but you don't get through that day and don't know when you can try again, you eventually rebuild the emotional energy to try again another day, you relentlessly redial and redial and redial and redial just to hear the engaged tone, then by the time you get to speak to a receptionist all the appointments are gone, you feel you have failed completely and believe you will never get better, you try again on another day and have to justify yourself to a receptionists and are granted a triage telephone appointment with a locum GP who has never met you and has no barometer by which to judge your mental state, you are scared and stuttering and your heart rate is through the roof as you try to concisely put your point across over the phone but the locum can't make out a word your saying because you're emotional and a lot is lost over the phone. By the end you just wish you had never bothered at all because now you feel infinitely worse than before you started, having to constantly repeat painful things over and over to someone who is a perfect stranger to you and is eager to tick a box and move on to the next triage phone call. At the end of it all, you have still not managed to build any kind of trust or rapport so you dread the next time you have to call with ever more fear this time.

Trying to see a GP now a clichéd annoyance to the average person...but to someone with mental health problems it is an insurmountable obstacle that consumes infinitely more emotional energy than you possess.

I also see how patients with dementia are being let down. As a carer for my Grandad, who has Alzheimer's - I now have to fight to get him an appointment too....instead he is given a Practice Assist appointment when he can barely communicate via phone and the doctor can hardly understand a word he is saying. Thus begins the rigmarole of passing the phone back and forth between carer and patient as doctor tries to make sense of things.

We cannot ever plan for an appointment - I simply have to get him ready in the hope for an appointment, then try with the ringing, ringing, ringing in the morning in the hope that we get through - if not, that adds to his confusion and frustration. And who is monitoring the progression of his symptoms? Since he speaks mainly to doctors in a call centre miles away who have never met him and will likely not end up speaking to him again, no one.

The vast mountain of information that is passed through verbal and non-verbal communication is not translated into the two-sentence note that the next locum/call-centre GP will see. So you are starting from scratch again next time with someone that doesn't have a clue about you - if you get through at all, that is.
180 10 minute appointments, sometimes long enough, are at times no were near long enough, can result in unsatisfactory outcome and having to make several more appointments while condition worsens

181 Nearest service is very important, I don't want to be restricted to just Calderdale as I live on the border with Greater Manchester. Rochdale is much nearer, easier and cheaper to get to than Halifax. Same for Manchester vs Leeds. I cannot stress this enough.

182 I don't need to access appointments all weekend but would like to be able to go to my GP on a Saturday morning or to be able to see any GP somewhere during the day on a Saturday or Sunday for emergencies.

183 I would like our GP to give free flu vaccines and Hep B vaccines and travel vaccines.
I would like people of certain ages to be given a free medical examination.

184 Early & late appointments should be available & consultations should also be available over the weekend - this would reduce inappropriate A & E visits

185 The walk in services / minor injuries units need to be advertised better.

186 Being retired I feel that the early morning and late evening hours, 6-30 to 8-00, should be left for people who are working, thereby they don't have to miss half a day's work just to see a doctor. Although I would use 6-30 to 8-00 am for a fasting blood test.

187 I would like to be able to ask 111 for an appointment at Burnley hospital - by far the closest to where I live. If I'm phoning 111 and I'm offered an out-of-hours appointment it's because I need to see a doctor fairly quickly - I don't want to have to travel to Huddersfield.

188 The service provided by my current GP practice is very good. I am usually always able to get an appointment with whom I want to see when I need it and the online booking system has improved this. I look forward to the online facility where you can post your symptoms and get a call back. The less time out of my day spent at a doctors the better.

189 If my trusted local pharmacist is open I would go there otherwise I would wait for the practice to open.

190 My answers are based on my current mobility abilities: I am able to walk & drive. As I age, I appreciate that other issues may well come into play: and these issues apply to others already

191 I do not like the system of having to phone the surgery for an appointment at 8am on the morning. I know elderly folk who are put off by this, and do not have computers, landline phones or mobiles. If the object is to reduce the number of missed appointments, then by all means make those who default ring the same day, but please do not penalise us all for the few.

192 I would like to add TGP staff are always kind and helpful.

193 At this practice it is difficult to get a same day appointment, have to start to ring at 8 am by 8-15 am all appointments are taken for that day. Cannot walk in and get a same day appointment, so have to start again next day. It can take several days before getting an appointment.

194 How many surveys, reports, scrutiny panels, boards need to happen to get you to understand the simplistic starter for ten that the public has been telling you for years?

I can't get an appointment when I really need it! There needs to be a priority system in place for people who have an immediate urgent requirement.

There needs to be a GP whose sole purpose is emergency assistance as opposed to all GPs filling their slots with repeat/check-up visits.

I personally have had repeat visits (come see me again in six months!) when they have not been necessary. Also publish individual GP hours.

195 I would like to be able to make appointments for the following day.

When I worked in Halifax and needed to see a doctor (non-urgent), I used to have to queue at 7-45 to get an appt, then I had to have the morning off work to attend i.e. I could pre-arrange and bring work home because I couldn't pre-book appt.

196 If GP/nurse worked a 12 hour shift would they be sufficiently able to cope? no disrespect to their professionalism but perhaps to exhaustion

197 This survey is all well and good, identifying when in an ideal world patients would like to see a GP but are there enough local doctors to fill all of the times you are making available. I hear lots of stories about doctors leaving, not enough doctors joining, so all that is going to happen is that the ones we have already are going to be told to work longer hours or they will work at the weekends and not during the week so there won't be any "improved access" as your survey is called.

Living in the 24/7 world might work if that world is staffed by robots and technology but not when its staffed by people. This all feels very uncomfortable to me as a patient.

198 I think additional hours would strain General practice surgeries reducing the level of care and the attention to detail given by each member of staff as they would be over worked.

199 I would like to be able to choose a GP practice.

I would prefer not to have to spend so much time justifying myself to Officious and non-qualified reception Staff.

200 Our family would make use of a walk in centre if one was available. We would be prepared to travel by public transport or car to reach one.

201 feel frustrated that it takes a lot to get in to see a doctor. very rarely do I go, but when I need it cannot get an appointment.

202 the service at our local surgery has been less than adequate for the increased population in the past 2 years 2 doctors have resigned or retired and not been replaced and funding on boxing day resulted in temporary inadequate accommodation only finally being resolved recently. one GP has been very diligent in following up my health problems and phoning back to give me advice and treatment. the service for repeat prescription has been woefully inadequate. there must be a way of rationalising repeats so that we don't have problems practically every couple of weeks the communication between Lloyds pharmacy and the surgery has been very poor. drugs have been ordered and I have had go to the surgery to find that the repeat has not been approved by them and there is a delay in getting the required medication.

203 very worrying A&E

Needs treatment- wait till practice open

not sure- internet/ pharmacy OR 111 if out of normal working hours

I would go to a walk in but surely no one wants to travel a great distance if they feel ill

204 yes I would like to say at our surgery there should be a time for the older generation to see a doctor during the day. then workers could get to see a dr at the evenings

205 I am happy with the opening times at my surgery and would only use i.e. A&E if the need was urgent and serious

206 phone at 8am and get put on hold. the appointment system is a did-appointment!

it should not be beyond the wit of man to enable a person to walk in (non-urgent) and make an appointment to see a doctor within 48-56 hours. a rubbish system

207 The staff need to be friendly and helpful

208 Excellent service at staffing road surgery

209 Fed up of not being able to get repeat prescription when needed

210 Where is the nearest open walk-in surgery?

211 Depending on the GP you see there may be differing views on how best to treat symptoms and conditions.

212 A lot of the answers would be swayed by the problems you had at any one time.

The questionnaire needs to be tidied up to make it more understandable.

213 I would like a drop in facility in say a 10 mile radius

214 No

215 Too long to wait for an appointment, surgery not open to provide appointments to those who work during the week

216 Doctors and nurses should have at least some training in natural healing as these have been around for say ten thousand years with Ayurvedic medicine and are well proved to heal with no harmful side effects for example herbal medicine has never killed anybody in the entire history by overdosing or taking a wrong herbs

217 I have a 24hr care line in my home so I can use this if I need too.

218 calls can be confused from staff and sometimes I cannot hear them on the phone

219 I would rather have routine appointments within normal surgery hours and be able to see my GP.

220 I like this non banker hours ...

221 I would also go to A + E weekend when doctor and chemist are closed.

222 I don't believe anyone needs to have a surgery open on a Sunday. If there is an emergency I would go to A&E.

223 I'm happy with my surgery

224 Because I am a wheelchair unless I can be taken to an appointment at a time when my carers are working I unable to access any service

225 it seems surgeries have not got enough receptionist or Dr by the hold up to get an appointment

226 give a wider range of health services such as mental health specialist

227 a more public awareness of extra facility example walk in clinics

228 not being able to get an appointment on the day causes unnecessary stress and frustration to the patient

229 Gps should have a strong knowledge of medical issues last time I went to see the GP , she spent the whole time googling the condition I was suspected to have ! On top of this I was prescribed totally useless medication.

230 Don't have confidence to ring 111 would rather ring for an ambulance

231 no

232 prefer to book or cancel appointments online with GP or Nurse

233 I prefer face to face appointments as a first choice if nothing available then telephone appointments would be better than not seeing or speaking to the GP at all

234 GPs should work with different health and social services should be able to access these services under one umbrella

235 7 day access to GP and nurses

236 I like the text reminder for appointments my surgery uses helps me remember my appointments

237 nowadays we have more GPs and less appointments that's not progress.

238 Most patients in need are elderly and do not like going out at night so appointments after 6.30 are not helpful.

239 7 days a week openings are not ideal for all patients especially the elderly

240 make buildings more accessible to let wheelchair users access easily .Also have all leaflets printed for brail.

241 it is very difficult to get an appointment sometimes or to get through to the surgery

242 Improve reception staff behaviour towards patients service and smile

243 have more weekend appointments to help working patients

244 prefer face to face appointments

245 I get confused as to whether to call 111 go to nearest walk in centre or go to A & E please make clear

246 provide an explanation of a diagnosis is treatments

247 HAVE FRIENDLY STAFF AT THE RECEPTION

248 I prefer face to face visits and like to discuss issues with GP not on the phone

249 provide mental health services at doctors surgeries. Have late night appointments

250 I would prefer to see my GP at my own surgery

251 prefer to see Doctor face to face not telephone appointments or online

252 prefer face to face appointment

253 make sure receptionist understand be patient needs properly and not assume

254 prefer face to face calls

255 free prescriptions for all

256 guaranteed on day appointment

257 can't do weekend appointments because I work

258 if you extend GP hours it will cut A & E department visits

259 seven day opening maybe popular with young working age people but may not benefit elderly people immigrants, homeless people or other hard to reach groups

260 Provide a good range of leaflets and fact sheets on mental health issues in the waiting room.

261 Allow more time in consulting room, and ask patients what they need to make their experience easier and more efficient.

262 I would like longer consultation time with doctor, sometimes feel rushed.

263 Better provision of medical evidence for benefits applications/assessments. Needs to be thorough and accurate as this is important to the application process.

264 I would only go to A+E if 111 advised me to go there

265

266 I think the surgery should be open for longer and on weekends. I think appointments are too hard to get at the moment. Sometimes I think full face to face appointments aren't necessary/ it's more convenient to talk to the GP on the phone for 5 minutes instead. Will be better to have online app.

267 need longer hours for surgery

268 prefer to see doctor on same day

open surgery on Saturday

269 111 is a user care system that has created more a and e appointments that is necessary. I would not use it unless in an extreme emergency

270 Telephone appointments are difficult when you have hearing problems

271 Access easily medical records

272 Found 111 not helpful

273 Due to my complex needs I need to be seen if in pain or crisis

274 Continuity of clinician is important for chronic conditions

275 Provide evening and weekend access for all patients.

276 On the day appointments should be a priority.

More doctors should be employed.

277 Have a good, trusting relationship with doctor. Respect on both sides.

278 I prefer face to face appointment and not online as I am not computer literate.

279 As long as I get seen by a doctor of my choice on the day I am happy.

280 Ensure services are advertised to patients. Patients should receive the right care from the right professional.

281 Integrate services with single point of contact to co-ordinate patient services across health and social care.

282 Increase the number of GP's

283 Have more doctors at surgeries, recruit from overseas.

284 Longer appointment time needed, not to be rushed out.

285 Good communication skills, especially receptionists show interest in what the patient is saying.

286 I book for a GP in the morning but it is all booked.

287 It is almost impossible to get appointments easily or quickly or conveniently in Todmorden

288 I have a good idea when I need to see a doctor go to the hospital. When I doubt myself, I ring 111. In the past, I have used telephone appointment, it is perfectly fine for reordering items. i.e. if I need more antibiotics etc.

The big problem at our surgery is at 8am you cannot get through to the receptionist. Every time we have had to ring it cost £3:00 in call time and took 30 minutes to be told- no appointments left. ring tomorrow everyone we speak to have the same problems apparently we do not have enough doctors to patients.

289 BECAUSE THE NHS IS FREE AT THE POINT OF USE, TO MANY PEOPLE IT HAS NORMAL VALUE. THIS CAN BREED *CONTEMPT AND OVER EXPECTATION. THE NHS NEEDS TO VALUE ITSELF AND ADVERTISE ITS VALUE TO THE USERS.

*THIS IS WHY THERE ARE SO MANY MISSED APPOINTMENTS IN CALDERDALE!

290 Doctors @ station pool all delightful professional in my expense

291 I would try and avoid using weekends unless unreasonable due to symptoms being acute. learning disability to patients who work out of the area they use in

292 The surgery in Todmoredon is very poor in terms of getting an appointment. Even if you manage to get through on the phone just after 8am, it is virtually impossible to see a GP. It is clear that more GPs are urgently needed, These:

Also, pre-booking is very difficult as it can often be 4 weeks and more before a GP can be seen

293 Think the hours should be extended (Open earlier)

294 Rydings is a good practice and has always provided good service/treatment with reasonable availability of appointments - Even better now you can book online! could do with better parking for less able patients but not a problem for now can park Brighouse and walk if necessary

295 Most helpful and extremely courteous. with a nice humour.

296 The current opening times are fine for routine appointments, but when a problem to access suddenly, it's good to be able to enter consult by phone or get an appointment quickly

297 staff parking- might help if staff did not use the main car park. Usually staff parking is available but nurses seem to use the main car park- no parking left for patients.

298 FIRST TICK FROM LEFT- IF IT IS AN EMERGENCY ONLY

FIRST TICK FROM RIGHT- can wait e.g. fri-mon etc

299 Why oh Why when failing multiple exceptions for life long medicine conditions cannot my surgery do an annual blood test for all, let's say around my building maveh?

other surgeries in the Brighouse and Elland district do this- it works for them- instead which it seems secure refunds are done throughout the year- becoming very continuing at my Sowerby Bridge practice.

I have just been for my 3rd Thyroid Test in 5 months- 2 tests not have been recovered

300 I would use 111 in an emergency

301 The staff at Tod Health Centre are brilliant are brilliant. Very helpful.

302 I would like to pre-book appointments in advance (for non-urgent treatments) if possible.

It would be also good if I could book appointments on-line.

I thought the walk-in sessions that the surgery used to do (up to 11am) was very good - especially when my children were younger.

303 Sometimes the receptionists are trying to say there aren't any appointments and often ask if it is necessary to see the GP. I think this is very rude and it's not their rights it's the patient who needs to decide this.

304 Online booking would be good.

305 not happy about sometimes not being able to get a same day appointment especially when something has occurred that I would like to prompt attention for.

306 I'm not sure how you could GP appointments using smartphone apps, but I would always prefer face to face.

307 I'd only use telephone if it was something minor.

308 the receptionists are very good, helpful and patient

309 answers depend on how ill I am.

310 I prefer to see the same doctor, not different one every time I go

311 I work so it's hard to get an appointment without missing work

312 FOR QUESTION 6B) ANY EXTRA APPOINTMENTS WOULD HELP

313 If it is bad I go to A&E

314 I would like the service to be available AT my surgery. I do not aggregator test my records should be passed around because we have seen how records can be lost and fall into disreputable hands .

We had surgeries open when there was only one doctor practice .Now we have several doctors available and a roster can be established with every doctor taking part .It is simple and continuation of care is provided .

315 repeat prescription system could be better.

316 I've used Rosegarth Surgery all my life and they've been excellent

317 Never use A&E unless it was an emergency

318 TV SCREEN TO TELL ME DOCTOR IS CALLING ME

319 There should be more help available online
320 no
321 Face to face with the same doctor
not different
322 As I live close to my GP I don't have many problem.
323 We need more doctors, not overworking the ones we have!
324 Due to time/staffing limitations at local GPs, previous records are not always consulted (especially if a long time ago). Patients are not always aware of previous problems/or memory problems. I have experienced consultants and GPs unable to locate certain information.
325 I have complex disabilities when I am ill with an infection I am unable to sit up or get out of bed - will the additional opening hours cater for home visits for patients who are elderly or have complex needs?
326 To be able to ring for appointments any time of the day - even for next day appointment - not to have to ring at 8am in the morning.
327 no
328 pretty satisfied
329 previously have been put off going to the GP because last time I went the GP insisted on using my incorrect name/pronouns
330 I would be much appreciated if can't get doctor appointment then a doctor could see me at my home.
331 waiting time a pharmacy can be an issue
332 The NHS should not be sold off to the highest bidder - having services free at the point of contact are essential
333 I mainly end up paying for my health care as services that I need most aren't available on the NHS - acupuncture, homoeopathy, craniosacral, occupational therapist
334 These questions are very ambiguous and I was not sure how to answer several or my answer was dependent on some further unsupplied context. I've done my best but I think you should get a data person to confer with a good concise communicator to come up with better questions
335 Doctors and nurses need to be accommodating to everyone, if someone refuses to acknowledge gender and sexual identity their health could be put at risk. Being close minded and unaccepting is not an option.
336 I see a different doctor every time and I would prefer to see the same one.
I think they should be open longer
337 GPs aren't usually trained in mental health services. Assumption everything is either depression and anxiety
Referral times to CAMHS need improving
338 I am happy with the access I receive at my GP practice