



# GP services in Coventry

**Findings of Welcome in Practice  
Questionnaire about GP appointment  
systems and new patient registration**

**May 2010**

Your views on Your care

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# 1 Background

Coventry Local Involvement Network or LINK is one of 151 LINKs in England set up by the government through the Local Government and Public Involvement in Health Act 2007. The role of a LINK is to enable local people to have greater influence on how local NHS and adult social care services are delivered and commissioned. Coventry LINK is an independent network of local people and local voluntary and community groups.

## 2 Introduction and aims

- 1.1 Access to GP appointments and new patient registration processes was included in the LINK's work programme for 2009-10 after the LINK gathered feedback from local people about GP services through 6 months of community outreach.
- 1.2 A questionnaire for GP practices was devised by the LINK's Community Health Services Working Group. The LINK joined with Coventry Peace House, which was also undertaking a questionnaire for GP practice in the same time period, to bring together a joint questionnaire under the banner 'Welcome in Practice'. The questionnaire was sent to all GP practice in Coventry in January 2010. It was sent out again as a reminder in February and in March members of the LINK working group phoned a number of practices which had not yet returned it.
- 1.3 The research aimed to find out about the systems used by GP surgeries to manage their appointment systems, new patient registration and services for refugees and newcomers to the UK.
- 1.4 This report deals with the first two areas – appointment systems and new patient registration.
- 1.4 The key challenges in analysing the data provided by surgeries included:
  - Surgery times. Some questionnaires did not complete this section or used opening hours instead. The times reported in NHS Choices are not always complete either and sometimes they differ with those provided in the questionnaire. The questionnaire here has been used as the source.
  - The differing needs of patients covered by a practice and the resources of the practice in terms of Drs and other staff size of the practice are key factors in its service delivery. However, this information is not easily available. Therefore we have used the number of doctors in a practice and its postcode to help understand differences where possible. Where Coventry Teaching PCT and NHS Choices give different doctor numbers, the figure in NHS Choices has been used. This difference is never greater than one.

- GP surgeries are often referred to by different names in NHS Choices, Coventry Teaching PCT and the Quality and Outcomes Framework (QOF) Databases/lists. After investigation, all have however correlated and we have used the practice name given by NHS Choices.
- We have used the National Patient Survey (NPS) 2009, as provided in NHS Choices and in the Quality and Outcomes Framework (QOF) database, to explore differences between GP surgeries. The validity and sample size of this survey for each GP Practice is not known. There is also potentially a gap of months between the NPS and questionnaire completion.

1.5 Given these challenges, the analysis sets out initially to expand understanding. It does not seek to prove a theory.

### 3 Sources of data

3.1 We have used the following sources of data

- Completed questionnaires – All Part One questions, Part Two question 2 and Part Three Other Information including surgery times. (see appendix 1)
- NHS Choices and National Patient Survey 2009 - [www.nhs.uk/ServiceDirectories](http://www.nhs.uk/ServiceDirectories).
- Quality and Outcomes Framework (QOF) Database 2009 – [www.gpcontract.co.uk](http://www.gpcontract.co.uk).
- Coventry Teaching PCT GP Practice Information

### 4 Using the National Patient Survey 2009

4.1 NHS Choices gives information on various criteria used to measure performance of GP surgeries. 4 criteria are most relevant in the management of appointments:

- (1) Last time you wanted to, were you able to get an appointment with a doctor more than 2 full days in advance?
- (2) How satisfied are you with the hours your GP surgery is open?
- (3) Were you able to get the appointment on the same day or on the next 2 days the surgery was open?

- (4) How often are you able to get an appointment with your preferred doctor?
- 4.2 Looking at the visual differences in the bar charts displayed on NHS Choices website for each of the criteria (not the absolute figures) each surgery has been judged as follows against each of these criteria - in comparison with the overall results for Coventry Teaching PCT:
- |           |            |
|-----------|------------|
| Very High | (5 points) |
| High      | (4 points) |
| Medium    | (3 points) |
| Low       | (2 points) |
| Very Low  | (1 point)  |
- 4.3 An average score therefore is calculated.
- 4.4 Purely as a 'sense check', we have reported the centile results from the Quality and Outcomes Framework (QOF) Database 2009 for two measures:
- (1) PE7 – the percentage of patients who were able to obtain a consultation with a GP within 2 working days
  - (2) PE8 – the percentage of patients who were able to book an appointment with a GP more than 2 days ahead
- 4.5 The 'centile' is the percentage of all surgeries whose scores fall below that particular surgery's. Therefore a centile of 83 means the surgery's score is higher than 83% of all surgeries, while 5 means it is higher than only 5% of them.
- 4.6 The NPS results for two surgeries are not available.

## 5 Details of sample

- 5.1 31 surgeries out of the 67 approached in the Coventry Teaching PCT area returned the questionnaire.
- This includes one surgery that was not in the original sample but returned a questionnaire.
  - This excludes three surgeries that returned a questionnaire twice: in two cases the same person completed the questionnaire at different times over 2 months, and in the third two different people completed it (i.e. GP and Practice Manager)
  - In two cases the same location is shared by 2 surgeries
- 5.2 The sample represents a total of 111 doctors.

5.3 The surgeries in this sample range in size from 1 to 10 doctors and most have 2-3 doctors. No information was available for one surgery.

Number of surgeries	Number of doctors in the surgery
4	1
15	2-3
6	4-6
5	7-10

4.4 10 surgeries have indicated they have websites. Unsurprisingly, they are the larger surgeries - each has at least 4 doctors.

4.5 Postcodes are represented as below with CV1 and CV6 represented the most and CV2 and CV4 the least.

CV1	9
CV2	2
CV3	6
CV4	2
CV5	4
CV6	8

## 6 Method of analysis

6.1 In outline, our method of analysing the data included:

- Correctly identifying GP surgeries and investigating sources for more information on them
- Designing, developing and updating a master Excel spreadsheet. All the information is on one sheet – practice code, name of practice, postcode, number of doctors, website address, surgery hours, PNS ratings, and all raw questionnaire responses for Part One of the questionnaire and Q1 of Part Two.
- Analysing this spreadsheet by hiding columns, sorting and filtering information and saving different files to illustrate analysis.

## 7 National Patient Survey (NPS) and GP sample

7.1 Observations regarding the National Patient Survey (NPS) for the surgeries in the sample include:

- The sample is relatively high scoring – as there are 9 surgeries scoring 4 or above and 5 scoring 2 or below.
- It is interesting that 5 of the top 9 are known to have websites.
- The surgery size of 4-6 doctors generally appears to be higher scoring. 5 of the sample of 6 are in the top 11 (NPS) and we have no results for the other.
- The postcode does not appear to have any relevance. However, the two practices in CV2 are both performing in the lower third for patient experience (PNS).
- 

## 8 Findings

### 8.1 Question 1 – How patients book appointments

8.1.1 Patients book appointments as follows:

By phone	31
In person at surgery	31
Open surgeries	9
Email	6
Website	3

8.1.2 Patients at all surgeries (31) book by phone and also in person at the surgery. These methods are used together by just over half the sample (16).

8.1.3 While 12 surgeries use 3 different methods, 3 surgeries use 4 different methods. However, this does not necessarily increase effectiveness in terms of patient satisfaction – as 2 of the latter 3 have a lower than average NPS score (under 2).

### 8.2 Question 2 – Managing demand within 48 hours

8.2.1 In managing the demand for appointments within 48 hours, surgeries use the following:

Patients contact surgery between particular times	13
Triage by phone by doctor	8
Triage by phone by nurse	4
Encourage person to see a nurse first	3

8.2.1 6 surgeries identified more than one method.

8.2.3 Other means are also described:

- Morning open surgery
- Number of appointments bookable on day and nurse practitioners conduct most of these
- On request by phone or in person
- Guarantee appointment on day if contacted before 11am
- Appointments opened on phased [basis], depending on historic information on availability and demand
- By providing appointments where we know they are needed
- Don't need to triage – have sufficient appointment slots available

8.2.4 If we examine the top 10 scoring surgeries in the NPS, significantly only 2 specify particular times for patients to contact the surgery and 1 of these also uses triage by phone by doctor. The rest use all the other means above (except the last point 'don't need to triage') – emphasising the importance of flexibility and experience.

### **8.3 Question 3 – Not used**

### **8.4 Question 4 – Emergency slots**

8.4.1 All the surgeries have emergency slots with doctors. One of the top scoring surgeries qualified this with 'not routinely'.

8.4.2 Respondents said that a range of different people can authorise emergency slots:

- Doctor
- Reception staff
- Nurses
- Any one – including patients

8.4.3 2 surgeries specified only the doctor to authorise – including the top scoring single doctor surgery in the NPS. At least 25 surgeries delegate this to reception staff.

### **8.5 Question 5 – Advance booking of appointments**

8.5.1 In all surgeries except one, patients can book further in advance than 48 hours. However, this can range from up to 4 days to 7 months in advance. For the majority this is about 4 to 6 weeks.

8.5.2 2 surgeries cited internal procedures as constraints on advance booking – 'booking made 6 weeks in advance' and 'as far as rotas are on system'.

8.5.3 The top 10 (PNS) surgeries all offer appointments at the very least up to 4 weeks in advance. Interestingly, 2 of the top 3 take bookings 6 and 7 months in advance – much further ahead than any other surgery.

## 8.6 Questions 6, 7, and 8 – flexibility of appointments

8.6.1 For the vast majority of surgeries (26) 10 minutes is the time for a GP appointment slot. Others offered – from 5 to 30 minutes. Interestingly, most of the surgeries offering different lengths of slot from 10 minutes (4 out of 5) have lower NPS scores.

8.6.2 Surgeries also responded accordingly:

	Yes	No
Is there a limit on number of issues patients can raise in a slot?	13	18
Can patients book a double appointment slot?	26	5

8.6.3 Therefore most surgeries (18) do not limit the number of issues a patient may raise in one appointment, while 13 do. In the top 10 surgeries, though, there are only 2 surgeries that impose a limit.

8.6.4 The great majority of surgeries (26) allow patients to book a double appointment slot.

8.6.5 The most flexible arrangement is where there is no limit in the number of issues **and** where patients can book a double appointment. 15 surgeries do this – 9 in the higher half (NPS) and 6 in lower half.

8.6.6 All surgeries with one exception build in some flexibility – with either the ability to make double appointments or to bring up more than one issue in the consultation. The most inflexible arrangement is where there is a limit on the issues and no ability to book a double appointment. Only one surgery does this.

8.6.7 Surgeries therefore in general provide some flexibility and, naturally, there is some indication that flexibility leads to a better patient experience.

## 8.7 Question 9 – Appointments for children

8.7.1 Arrangements for children – booking and making appointments with the doctor – were reported as follows:

Left blank	11
Arrangements the same	10
Different arrangements	10

8.7.2 Therefore in a third of surgeries, arrangements are different. The following statements were made:

- Children will be seen as soon as possible after speaking to doctor if surgery appointments are full
- Appointments for children are the same, although we never turn a poorly child away without being seen or advised
- As above, but children are dealt with as a priority if appropriate, as are other conditions e.g. chest pain
- Sick children on the day are given priority
- Children are always given priority emergency appointments
- In the event of an ill child, the receptionists will confer the GP to see if an appointment can be given on the same day
- All the children presented at reception are seen by the GP or nurse
- Children under 7 seen on the same day
- Children are always seen even if they are extras at end of session
- Children can be seen as a priority if really poorly

8.7.3 Clearly there is an emphasis on priority and early assessment. However, the split in results and the lack of specific processes illustrates the difference of opinion in whether and how sick children should be treated any differently than sick adults.

## 8.8 Question 10 – Information on making routine and urgent appointments

8.8.1 The following methods of providing information for helping patients understand how to make urgent or routine appointments were identified:

Practice leaflet / booklet	25
Inform verbally – telephone or face-to-face	9
Website	7
Poster / notice	6
In prescription	1

8.8.2 In the case of two practices, no means were given.

8.8.3 There are not any significant differences that relate to size of practice, postcode, and NPS scores.

## 8.9 Question 11 – Choice of current appointment system

8.9.1 The reasons given for the choice of the current appointment system by NPS score were as follows.

8.9.2 The higher third in the NPS rating of surgeries cited:

- To manage numbers
- Most appropriate for our practice
- We have run it since 1992. It is based on predicted demand per 2 hour slot throughout the week, and provides for anticipated same-day, 24 hour and advanced booking
- Because we feel it provides the appropriate service while allowing us to organise the workload
- Minority of patients request the pre-bookable appointments. So we have opted to offer appointments and also open access surgery for the convenience of all patients
- To enable patient sufficient time in consultation. Also so patients can rebook forward appointments
- With our clinical software
- Works best for our patients
- Comes with the computer software

#### 8.9.3 The middle third cited:

- According to demand
- System appears to work
- Came with years of changing system and we are able to change it easily to react to pressures
- Experience
- Experience and senior GP as lead on this
- Tried various systems - seemed to be most useful
- Can't comment since the system was in place when I started
- So flexibility is heightened - allows patients to book in advance
- In Practice for long time
- It works - it meets our patient needs at the moment

#### 8.9.4 The lower third cited:

- Suits us
- Convenience of patients
- Works well - been in place for a number of years and is assessed at regular intervals
- The appointment system chosen now has been put through rigorous testing and it has proven to be best fit for our practice
- It was deemed to be the most efficient for the Practice's patient list size at the time
- Suitable for all
- Because it works for us
- Developed and changed over time
- Doctors chose it. It's what works best for all

8.9.5 Other surgeries cited:

- Demand study - requires updating - currently underway
- More relaxed for patients and doctors

8.9.6 In summary, the main drivers for the choice of system are:

- Experience - has developed over time, or had been in place a long time and is therefore perceived to be effective
- Demand studies/working knowledge of demand
- Clinical software
- Perceived appropriateness to the specific needs of the patients, staff and practice

8.9.7 In the responses, it is hard to see how surgeries are balancing meeting patient needs and operating efficiently. How do they involve or take account of their patients in the design of the system? What are their specific constraints? Given the different approaches and the level of experience, there may be opportunities here to share experience and assist surgeries and the PCT in developing their own best practice.

## 8.10 Question 12 – Support to patients in making appointments

8.10.1 The following support was reported by surgeries as follows:

Translators / interpreters	18
Carers / family / friend	5
Language skills in the practice	4
Website / online booking	2
Email	2
Fax available	1
Teletype	1
Mobile phone – given out for texting	1
Text phone	1

## 8.11 Questions 13,14,15,16 and Part 2 Question 1 – New patients

8.11.1 The current status of all surgeries practice lists in the sample is 'open' – 3 of which are 'open but full'.

8.11.2 In their responses to Question 14, surgeries picked out the following aspects in their registration of new patients:

GMS1 form / practice registration form / paperwork completion	24
Medical registration appointment / examination / new patient check / review medical history / well person check / screening – with doctor, nurse or HCA	20
Asked for identification – passport, driving licence, household bill, birth certificate, date of entry, photos, proof of address, and NHS number if applicable	13
Slots (e.g. at lunch-time or between certain hours) set aside for new patients	3
Provide BP / urine sample	2
Provision of practice leaflet	2
Record of ethnicity	1
Red books for children on immunisation status	1
Help leaflet	1
Documents sent to registration after photocopying	1
Registration process takes 2 days to complete	1
Online option	1

8.11.3 The responses were all free-text so it is likely that surgeries have left some aspects out or perhaps not described it in the order it is done.

8.11.4 However they do give an idea of the range of approach. For example:

- The medical check up in some cases seemed optional in other cases it was described more as a routine part of the process.
- Some surgeries referred to the GMS1 form and the practice registration form. Are these the same? Or do the surgeries use their own forms?
- A range of different documentation is also accepted as proof of identity.

8.11.5 For Question 15 (When you register refugees and newcomers do they have any information about their medical history with them?), surgeries responded:

Always	1
Sometimes	21
Never	9

8.11.6 The surgery stating 'always' referred to the new patient process – in which they ask new patients to bring any medication they are taking. Other surgeries possibly interpreted this question in different ways.

8.11.7 A significant number though stated they 'never' received this information: unless, according to one surgery, a complicated condition requires a print out from a previous GP.

8.11.8 In Question 16, surgeries identified the following support for those who need extra help to register:

Help from reception including assistance in filling in forms	19
Appointments with interpreting services / interpreters to attend medical registration	15
Staff helping with language	3
A longer appointment for those with learning disabilities	2
New patients come in at quieter times (e.g. 1200 to 1400)	1
Health booklets	1
A dedicated room with up to one hour consulting time per patient	1
A dedicated appointment letter in words and pictures	1

8.11.9 In Part 2 Question 1, the vast majority of surgeries (26) agreed that they can access the Coventry Interpretation and Translation services quickly and easily when they need them. However:

- 3 surgeries did not agree – 1 stating that they were unable to provide interpreters. What is the reason for this?
- 2 surgeries also had not used the service, 1 of which identified language barriers as key problems in the rest of the questionnaire. Do all surgeries know they can access this service?

## 8.12 Surgery timings

8.12.1 21 surgeries completed the surgery timings on the questionnaire. In the other questionnaires either the information was missing or it was possible that surgeries had given opening hours rather than surgery hours.

8.12.2 The following table shows the range of start times for morning surgery and also for afternoon surgery, with the average number of surgery hours daily.

	Range of morning start times	Range of afternoon start times	Average daily surgery hours
Mon	0730 to 0915	1230 to 1650	6.06
Tue	0730 to 0930	1230 to 1830	5.83
Wed	0730 to 0915	1400 to 1830	5.65
Thu	0730 to 0930	1230 to 1830	4.05 (see note)
Fri	0730 to 0930	1230 to 1630	5.78
Sat	0800		3.5 (see note)

Note:

The average daily surgery hours for Thursday are relatively low at 4.05 because 14 surgeries close for the afternoon.

The average daily surgery hours for Saturday are the surgery hours of one surgery. All the others are closed on Saturday.

8.12.3 Below are the average hours for surgery appointments during the week.

Average weekly morning surgery hours	15.78
Average weekly afternoon / early evening surgery hours	11.75
Average weekly surgery hours	27.63
The range of average weekly surgery hours	Highest 42.5 Lowest 17.5

8.12.4 Only one surgery has a third session in the evening on Mondays.

8.12.5 5 of the surgeries have other sites. Their average weekly surgery hours lie between 17.5 and 41 hours. One of these sites has different hours depending whether it is inside term time or in the vacation period.

8.12.6 There is no obvious, direct relationship between length of surgery hours and patient experience. For example, the surgery with the highest NPS score is only open for 17 hours while the second highest is open for 31 hours.

## 8.9 Role of questionnaire ‘completer’

8.9.1 The following personnel completed the forms:

Practice Manager or Director	22
GP	3
Reception manager	1
Receptionist	1
Administrator	1

8.9.2 In the case of one surgery, a GP and also a member of staff completed the survey. In most cases the questionnaires correlated except in the reason for choosing the appointment system – one person said they chose a complete medical package and the other that it had been in use for many years and it was based on predicted demand. Clearly they may be making the same point in this case (i.e. the ‘complete package’ is nearly 20 years old) but it does raise questions around the common understanding amongst staff about the systems that are being used in surgeries.

## 9 Conclusions

- 9.1 Currently we have no understanding of the different needs of each surgery's patients in this report. These inevitably impact on surgery organisation.
- 9.2 There are a number of surgeries in the sample with very high scores for patient experience. These surgeries could be approached in the development of best practice.
- 9.3 In the sample surgeries with between 4 and 6 doctors, achieved higher NPS in terms of patient experience scores for being most responsive and efficient.
- 9.4 Although only a minority of surgeries have reported their use of websites, they appear to be helpful to patients in their experience of the surgery
- 9.5 In managing demand within 48 hours, it is clear that flexibility and a surgery's experience is vital in this. There is a need to understand more about how surgeries make their decisions regarding appointment systems.
- 9.6 There is an indication from the survey and NPS scores that the more in advance patients are able to book the better their experience.
- 9.7 For patient satisfaction it is important to be flexible – all surgeries except one reports either allowing more than one issue to be discussed in an appointment slot and / or allowing double appointments. In relation to patient experience, it appears that the first is particularly important.
- 9.8 There appears to be a difference of opinion amongst practices in how children should be treated – whether the same as others or differently.
- 9.9 In 80% of the sample decisions making about the allocation of emergency appointment slots are made by reception staff. LINK is aware from its community outreach work that a common concern for patients is how they perceive they are dealt with by reception staff along with concerns about giving medical details to reception staff. It seems likely that this role in appointment allocation has an impact on patient experience and satisfaction with reception staff. A question that remains is what support and training reception staff are given to enable them to fulfil this role.
- 9.10 Respondents give a number of reasons for why they use their current appointment system. Much of this seems to be based on the perceptions or experience of staff and Drs. It is difficult to see how surgeries are balancing this by obtaining patient feedback or input into the design of systems and only few mentioned this as part of their approach. There is an opportunity to examine further a number of surgeries' experience and the constraints surgeries face. There is also a need encourage GPs to involve or take account of their patients in the design of systems.

- 9.11 In the new patient registration process there are many common elements. But the emphasis on different identification documents and the use of different terminology for medical registration suggest that surgeries interpret the process in different ways and the process may seem bureaucratic and confusing to those who are registering.
- 9.12 There is very wide agreement that surgeries find the Coventry translating service easy and efficient – and this also shows in the number of times surgeries use these services. However three surgeries do not use it and it may be that they are unaware of it as they seem to have a need for translation support.
- 9.13 There is a wide range of surgery timings between practices – from 17 to 42 hours in a week – but this has no bearing on patient experience according to the patient survey. For example, the surgery with the highest NPS score is only open for 17 hours while the second highest is open for 31 hours. The challenges of each surgery are different and each responds in their own way.
- 9.14 As the average daily surgery hours for Thursday are relatively low at 4.05 because 14 surgeries close for the afternoon. This could be a day when patients find it harder to see a GP and may therefore use other services. Only one of the sample opened for a Saturday surgery and the other hours given indicate that there is still room for further evening and weekend GP capacity to address patient concerns about accessibility of doctors appointments for those who work etc.
- 9.15 The sizes of GP practices in Coventry vary. Coventry has a high number of single handed practices but in this sample we received response from just four single handed GPs were received. Therefore from this survey we are not able to draw conclusion as to whether the size of a practice has a bearing on the most responsiveness and efficiency and the analysis of patient satisfaction indicates a complex picture without an obvious correlation.

## 10 Actions

- 10.1 This piece of work was originally intended to provide Coventry LINK with background information in order to further investigate GP appointment systems and new patient registration. However, through the survey the LINK has collected a considerable amount of information about GP practices in Coventry.
- 10.2 From its investigations LINK believes that there has been a shift in emphasis in the information that Primary Care Trusts (PCTs) collect about local GP practices since the National Patient Survey was introduced. This survey has for example replaced local mystery shopping carried out by PCTs, in many cases. It seems that PCTs do not have such detailed information about appointment systems and registration processes in local practices. Therefore

LINK believes that the findings will be of interest to commissioners at NHS Coventry as it provides interesting information about local GP practices appointment systems.

- 10.2 The LINK will continue its work on this work stream by holding meetings with a sample of practice manager to pick up on good practice examples and to gather further information about how practices manage appointments.

## Appendix 1

# Coventry Local Involvement Network (LINK) and Coventry Peace House Welcome in Practice Questionnaire

Coventry LINK is an independent Network set up under the Local Government and Involvement in Health Act 2007. The LINK is working with Coventry Peace House to find out about: GP appointment systems; new patient registration, and services for refugees and newcomers to the UK.

We would like to understand the systems in use at your practice and the issues that you experience and therefore ask you to complete this questionnaire and return in the FREEPOST envelope. **Please pass this questionnaire on to the most appropriate person.** More information about this piece of work is enclosed.

Practice name		Or ref	
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### Part one appointments and registering new patients

1 How can patients book any appointment **with a GP** – please tick all that apply?

- |  |                          |
|--|--------------------------|
| a. By Phone  | <input type="checkbox"/> |
| b. In person at the surgery                                | <input type="checkbox"/> |
| c. By Email  | <input type="checkbox"/> |
| d. Via Website   | <input type="checkbox"/> |
| e. Open surgery where patients turn up and wait to be seen | <input type="checkbox"/> |

please say

2 Please tell us what system you use to manage demand for appointments **to see a GP within 48 hours**, please select the main one you use only:

- |   |                          |        |
|---|--------------------------|--------|
| Triage by phone by Dr   | <input type="checkbox"/> | Please |
| Triage by phone by nurse  | <input type="checkbox"/> |        |
| Encourage patients to see a nurse first   | <input type="checkbox"/> |        |
| Patients have to contact surgery between particular times (eg 8 am – 9 am) and appointments are allocated until they are all full | <input type="checkbox"/> |        |

Other (please describe)

4. Do you have any emergency appointment slots with Drs?

Who is authorised to allocate these appointment slots?

Can patients' book further in advance than 48 hours?

If YES how far in advance

6. How long are GP appointment slots?

7. Is there a limit on number of issues patients can raise in a slot?

8. Can patients book a double appointment slot?

9. Please explain your arrangements for booking and providing GP appointments for Children if these are different from above:

10. What information does the practice provide to patients to enable them to understand how to make urgent and routine appointments?

11. Why did you choose your current appointment system?

12. What support do you provide for people who need extra help in order to make an appointment, for example people who find it difficult to use the phone or people who don't speak much English?

13. What is the current status of your practice list?

- A) Open
- B) Open but full
- C) Closed

14. Please describe the process for new patients to register with your practice:

5. When you register refugees and newcomers do they have any information about their medical history with them?

Always  
Sometimes  
Never  
Not applicable


16. What support do you provide for people who need extra help in order to register as a new patient at the practice (eg people with learning disability, other disability, little English) for example help completing forms please describe...

## **Part 2: Refugees and newcomers to the UK**

1. Do you find that you can access the Coventry Interpretation and Translation Unit quickly and efficiently when you need them?

Yes  
No  
Not used it


2. Apart from language, what difficulties do you experience regarding communication with refugees and other newcomers?

3. In your experience do refugees and other newcomers to the UK have realistic expectations of GPs and of other services offered by your surgery?

Not ap

If NO please give examples of unrealistic expectations:

4. From your experience would you say that the take up of screening, immunisation and vaccination programmes by refugees and newcomers to the UK is:

- The same as for other patients
- Lower than for other patients
- Higher than for other patients

5. In your experience are refugees and newcomers more likely to notify of pregnancy:

- Before 12 weeks
- Between 12-20 weeks
- After 20 weeks

6. Do you get information about any screening tests that refugees/newcomers to the UK have had since entering the country?

- Yes  No  Not applicable

7. Please give details of your experiences of any challenges in providing health services to refugees and other newcomers?

8. Would any of the following training course topics interest you or your staff?

Refugee Health A: Sickle Cell	<input type="checkbox"/>
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Refugee Health B: TB and HIV	
Sexual health: female genital mutilation	
Introduction to the asylum process	
Report writing for the asylum process (for GPs)	
Mental health for refugees and new comers	
Understanding people whose first language isn't English	
Other (please say)	

### **Part 3: Other information**

1 Between what times are GP appointments available each day (i.e. your surgery times rather than your overall opening times)? If you operate from more than one site please say for each:

	Site 1	Site 2	Site 3
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

2 Any other comments you have about any of the things we have raised: a) about appointments, b) new patient registration and c) providing services to refugees and newcomers to the UK.

**About you**

Your name			
Position		Date	

***Thank you for your help***

Please return this questionnaire by **10 March 2010** in the enclosed FREEPOST envelope to:

FREEPOST RSAX-BTKS-AXRC, Coventry LINK, c/o Voluntary Action Coventry, 6<sup>th</sup> Floor,  
Coventry Point, Market Way, COVENTRY, CV1 1EA

**What we will do with the information**

The information you have provided will be shared between Coventry LINK and Coventry Peace House for the purpose of the work we have described. We won't publish any information that identifies individual practices without permission.

There will be a follow up survey in August/September.

**Any Questions**

If you have any questions about this survey please contact Ruth Light LINK Project Manager at the LINK Host organisation Voluntary Action Coventry on 024 7622 0381 or email [r.light@vacoventry.org.uk](mailto:r.light@vacoventry.org.uk) or contact Penny Walker at Coventry Peace House on 024 7666 4616 or email [info@covpeacehouse.org.uk](mailto:info@covpeacehouse.org.uk)

**Coventry LINK is an independent network supported by the charity Voluntary Action Coventry, which acts as the Host organisation.**



**Coventry LINK is one of 151 LINKs in England.**



Coventry LINK  
C/O Voluntary Action Coventry, 6<sup>th</sup> floor, Coventry Point,  
Market Way, Coventry, CV1 1EA