Introduction

East Riding of Yorkshire Clinical Commissioning Group (CCG) is receiving additional funding from NHS England in order to improve patient access to GP services. From 2019 the CCG will use this funding to make more GP appointments available outside the normal GP practice opening hours.

Some GP practices in our area already provide a limited evening and weekend service and the CCG wants to extend this so everyone in the East Riding area is able to access appointments in evenings and/or at weekends, if they wish to do so. This expanded service will provide an increase of same day and routine appointments provided by a mix of clinicians such as doctors, nurses and pharmacists, appropriate to clinical need. Appointments are likely to be available from 6.30pm to 8.00pm on weekdays as well as on Saturdays, Sundays and Bank Holidays, to meet local need.

Clearly, not every practice will be able to participate. So, to ensure the service is available to everyone, the CCG is proposing that all appointments offered as part of the expanded service will be provided from a range of locations across the East Riding, including GP practices, and would be open to all patients, not just those registered with that practice. This means you can expect to be seen by a clinician who will be able to deal with your needs, but this might not be someone from your own GP practice.

During January and February 2018, the CCG ran a short survey to give you the opportunity to tell us your views to help inform our discussions with GP practices and ensure the proposals fit with the needs of our local residents. The survey was hosted online and paper copies were also available in GP practices for people to complete if they so wished. The survey was promoted through local media, posters and newsletters and was linked on the CCG website and social media pages.

This feedback report provides an analysis of the responses from the online and paper surveys. The findings will help inform the CCG’s decision making in regards to improve patient access to GP services in the area.
2 Methodology

The survey was administered in paper and online format. Patients were able to pick up the questionnaire form from their GP practice, and once completed either return it to one of the practices or post it back using a Freepost address.

The survey was also available for patients to complete online, with access available through the CCG website and social media. The survey was also promoted via newsletters and posters.

In total there were 867 responses collected from the public – 574 responses (66%) came from the online survey and 293 responses (34%) came from the paper survey.

41 responses have been excluded from the feedback analysis as they were completed by individuals who are not registered with a GP in the East Riding of Yorkshire area. The insight received through these responses has been provided to the respective CCG:
- 31 to Hull CCG
- 10 to Vale of York CCG

This report is therefore based on a total of 826 responses from people registered in the East Riding of Yorkshire.

3 Interpretation of the consultation feedback

This report contains tables and charts that present survey results. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of between 0% and 1% will be shown as <1%

As a self-completion survey was used, not all respondents have answered all questions. Therefore, the base size (the number of people answering) varies for each question. Each table and chart will show the number of people who either responded or skipped the question.

The percentage of people who respond to a survey is called the response rate. High survey response rates help to ensure that survey results are representative of the target population. A survey must have a good response rate in order to produce accurate, useful results and, clearly, the aim is to have the largest number of people possible to respond. Larger response rates generally tend to lead to increased precision when comparing with the overall target population. The calculation for this survey, based on a GP registered patient population size of 301,587, gives an ideal response rate of 384.
4 Main survey findings

Question 1 - Are you satisfied with the present arrangements for getting a routine, non-urgent appointment at your GP practice on a date that is convenient to you?

- No: 461 (57%)
- Yes: 351 (43%)

Answered: 812  Skipped:14

Question 2 - Are you satisfied with the present arrangements for getting an urgent appointment at your GP practice (ie getting an appointment the same day)?

- No: 438 (54%)
- Yes: 370 (46%)

Answered: 808  Skipped:18
Question 3 - Please tell us what you would like to change?

- Longer opening hours including weekends: 408 (69%)
- Able to book on the day appointments: 346 (58%)
- Better telephone booking arrangements: 300 (51%)
- Able to book appointments further ahead: 274 (46%)
- Able to book appointments online: 187 (32%)

118 respondents stated ‘Other’ and offered the following suggestions:

- Improved telephone booking system (37)
  Concerns were raised about the amount of time spent trying to get through to the surgery and the subsequent lack of appointments available once it is answered.

- Redesign the appointment system (18)
  There is a long waiting time to get a routine appointment, ie for non-urgent appointments you are usually offered something over 7 days hence.

- Opening hours (17)
  Evening/weekend/early morning sessions are needed. Suggest the offer includes access to appointments with nurses outside normal hours too.

- Triage (11)
  Suggest a triage system, but not having to discuss your medical condition with admin/secretarial staff to obtain an appointment on the same day.

- More doctors / appointment availability (9)
  The problem is not the time of appointments but the lack of them. Changing how you book an appointment won’t change anything if there are not enough Doctors to meet the need.

- More same day appointments (7)
  Would like more appointments to be made available on the same day.

- On-line booking (7)
  More availability of appointments that can be booked on-line and would like to be able to use the on-line system to book appointments with other staff, ie nurses.
• Telephone advice (6)
  
  *Like being able to speak to the doctor over the telephone but the wait time in the queue is just too long.*

• Appointment with a doctor of choice (5)
  
  *Continuity of care is important. Need to be able to see your own regular GP.*

• First come, first served wait (5)
  
  *Would like surgeries to offer a sit and wait clinic regularly - first come first served.*

• Other (5)

The full list of comments and suggestions are available at appendix 1.
Question 4 - To help make sure that appointments are available at times that would suit most people, please tell us which days/times you think you would be prepared to book. Please select all the days/times that apply.

**Urgent appointments**

- Saturday 9.00am – 12pm: 630 (83%)
- Weekday 6.30pm – 8pm: 577 (76%)
- Sunday 9am – 12pm: 506 (67%)
- Weekday 7.30am – 8am: 476 (63%)
- Saturday 12pm – 3pm: 451 (60%)
- Bank Holiday: 440 (58%)
- Saturday 3pm – 6pm: 417 (55%)
- Sunday 12pm – 3pm: 393 (52%)
- Sunday 3pm – 6pm: 382 (50%)

<table>
<thead>
<tr>
<th>Time</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday 9.00am – 12pm</td>
<td>630</td>
<td>83%</td>
</tr>
<tr>
<td>Weekday 6.30pm – 8pm</td>
<td>577</td>
<td>76%</td>
</tr>
<tr>
<td>Sunday 9am – 12pm</td>
<td>506</td>
<td>67%</td>
</tr>
<tr>
<td>Weekday 7.30am – 8am</td>
<td>476</td>
<td>63%</td>
</tr>
<tr>
<td>Saturday 12pm – 3pm</td>
<td>451</td>
<td>60%</td>
</tr>
<tr>
<td>Bank Holiday</td>
<td>440</td>
<td>58%</td>
</tr>
<tr>
<td>Saturday 3pm – 6pm</td>
<td>417</td>
<td>55%</td>
</tr>
<tr>
<td>Sunday 12pm – 3pm</td>
<td>393</td>
<td>52%</td>
</tr>
<tr>
<td>Sunday 3pm – 6pm</td>
<td>382</td>
<td>50%</td>
</tr>
</tbody>
</table>

Answered: 791  Skipped: 35
Question 4 continued…

Routine appointments

- Weekday 6.30pm – 8pm: 559 (78%)
- Saturday 9.00am – 12pm: 507 (71%)
- Weekday 7.30am – 8am: 364 (51%)
- Saturday 12pm – 3pm: 339 (47%)
- Sunday 9am – 12pm: 309 (43%)
- Saturday 3pm – 6pm: 263 (37%)
- Sunday 12pm – 3pm: 220 (28%)
- Sunday 3pm – 6pm: 204 (28%)
- Bank Holiday: 201 (28%)
Question 5 - If you had an existing condition for which you are receiving ongoing care, advice or treatment from your own GP practice, would you be prepared to see another clinician (possibly from another GP practice) using one of the proposed early morning, evening or weekend appointments?

- Yes: 505 (62%)
- No: 306 (38%)

Answered: 811  Skipped: 15

Question 6 - If you had an urgent or ‘one off’ care need, would you be prepared to see a clinician (possibly from another GP practice) using one of the proposed early morning, evening or weekend appointments?

- Yes: 719 (89%)
- No: 93 (11%)

Answered: 812  Skipped: 14
Question 7 - Not all appointments will need to involve a face to face consultation. In some circumstances, would you be happy with another means of consultation which is confidential and secure?

- Telephone consultation: 704 (93%)
- Instant messaging/Live chat: 244 (32%)
- Video consultation (e.g. Skype): 239 (32%)
- Email: 215 (29%)
- eConsult: 175 (23%)
- Online symptom checker: 110 (15%)

Answered: 754  Skipped: 72

Question 8 - How do you normally travel to your GP practice? Please select your most frequently used method of transport.

Online responses to this question were restricted to one answer per person, but with the option to leave further comments in the ‘other’ section. Some paper responses were received with more than one answer selected. Where more than one method has been received, these have all been included.

Mobility scooter was not included as a response, but received a number of comments through the 'other' option.

- Drive: 516 (63%)
- Walk: 271 (33%)
- Lift: 36 (4%)
- Taxi: 25 (3%)
- Bus: 21 (3%)
- Cycle: 12 (1%)
- Mobility scooter 6 (1%)
Question 9 - If you were asked to get to another practice or health centre for your appointment, how long would you be willing to travel to get there?

- 15 – 30 minutes: 380 (47%)
- Less than 15 minutes: 213 (26%)
- I am not prepared to travel: 101 (12%)
- 30 – 45 minutes: 67 (7%)
- Travel would not be an issue for me: 58 (7%)
- 45 – 60 minutes: 4 (<1%)
Question 10 - Please use the space below to give us any further comments that will help inform our plans

A total of 282 respondents provided a range of comments. These range from concerns about the availability of GPs, access to services and travel distances to praise for current services and suggested ways to make improvements. A summary of the key points raised is below. The full feedback is available at Appendix 2.

Redesign appointment system (101)

Many respondents suggested that the current system could be improved, making more appointments available during existing opening times, simply by redesigning the current appointment booking system. Suggestions included:

- Having a triage system to better prioritise need. However, some respondents stated they felt uncomfortable with this being a receptionist.
- Introducing a queuing system at certain times every day, ie sit and wait. However, some respondents also felt this could lead to long waits and make it more difficult for people who work.
- Restricting times people can have an appointment in accordance with their personal circumstances. Many respondents suggested that people in employment, including shift workers, should be given priority for early morning and late evening appointments, leaving day time appointments for those who are elderly or do not work.
  “Older patients find it difficult to get moving in the morning. 8to9 am should be for working patients”
- Reducing the number of wasted appointments
  “If everyone booked an appointment when needed there wouldn’t be so many wasted and not used this should cover all needs.”

A large number of respondents raised concerns with actually getting an appointment at their surgery:

- It was felt that the system of everyone having to call the surgery at 8am in a morning could be improved. People who work are not always able to ring at 8am and spend a long time waiting to get through only to find the appointments are already gone.
  “In my last surgery there was, every day, 2 clinics, am and pm for non urgent stuff. (Our GP's took it in turns to run this). You would ring in and then be seen after 11am for morning clinic and ring in after lunch around 4pm for evening clinic.”
- On-line booking could be improved to include same day appointments and expanded to include options to book appointments for children (not just adults) and to see other health professionals such as nurses. It was felt that this would free up the telephone lines.
“My surgery usually has a small number of appointments to book online but these are limited and mostly at least 10 days ahead.”

- Some surgeries restrict how far in advance a routine appointment can be made. “Can only book 2 weeks ahead which is no good for monthly regular visits as often all booked up when I try.”

Alternative ways to be seen were also raised:

- Telephone consultations with a doctor were felt to be a good alternative. However, some respondents felt that the waiting time to get through to speak to a doctor was too long and, once through, confidentiality was a concern. “It is not always easy to speak to a doctor confidentially on the phone when you share an office at work and they ring you back”

- Whilst face to face consultations were felt to be necessary in a large number of cases, respondents recognised that there was a place for online consultation / e-consult facilities. “I am, however strongly in favour of better use of telephone and online consults where physical presence at the surgery is not required.”

Opening times/hours (42)

- Of those respondents offering views on opening times, the majority stated they would like to see later evening and Saturday availability, although some felt that it would be nice for this to include access to their own doctor. Many also suggested these should be prioritised for people who worked, including shift workers. “Having my GP surgery open later and Sat/Sun mornings would be a huge help and make it less busy during the normal working hours.”

- A small number stated that current opening hours did not need to change as there are already alternatives arrangements in place at weekends and Bank Holidays.

- Some respondents suggested that it would be useful to include access to alternative clinics and health care professionals outside of normal working hours. “It would be useful to have clinics e.g. ear clinic or blood pressure clinic outside present surgery times.”

Distance and travel time (37)

- Some respondents raised concerns regarding the distance they might be expected to travel to access an appointment stating that they would like services to be kept local and within walking distance or around 30 mins travel by car. “Not willing to travel out of local area”

- A smaller number of respondents, however, felt that distance and travel time was not a concern if they had an urgent need. “If anyone needed urgent attention, you would go anywhere.”
• It was felt that distance and travel time was particularly a concern for the elderly and those with a disability.
  “I am disabled and have RA which is painful so long journeys are very uncomfortable.”

Public transport, driving conditions and cost (37)
• Many comments focussed on people not being able to drive and that public transport in rural areas was not adequate with some buses offering a very infrequent service (ie 1 per hour during the week only). It was felt that this could result in people needing to use taxi services at an increased personal expense. Travelling with ill children on public transport was also not welcomed.
  “With only 1 bus an hour (week days), travelling on a bus may be a problem.”
  “Also the cost of travelling has to be taken into account, not everyone here is in employment.”
• Most people felt that travel would not be an issue for people who were able to drive. However, concerns with travelling to unfamiliar areas after dark and car parking arrangements were also raised.
  “Wouldn't want to travel by myself on dark unlit roads for any long distance.”

Sharing information/Continuity of care (31)
• Where appointments would be with a practice that individuals are not registered with, respondents felt that it was important for practices to be able to share medical information in order for this solution to work.
  “Assume other GPs would have access to my GP records.”
• Respondents also cited the importance of seeing a doctor who was familiar with their own medical condition, especially for ongoing conditions.
  “I would not agree to seeing another clinician for an ongoing condition as you find yourself repeating yourself with the history of the condition therefore taking up consultation time with continuity of care this doesn't happen and a quicker consultation is benefit to both patient and people in waiting room and the doctor is able to see more patients”
• However, there was also recognition that it can be difficult currently to see the same doctor, even in your own practice.
  “I get a different doctor every visit - surgery is full of part-time or locum doctors.”

Praise for current service (24)
• People praised the current service stating that the staff worked hard and that they were happy with their current practice but would like a little more flexibility for appointments.
“People behind the reception deserve a lot of praise for their hard work. Also doctors are good and kind.”
“I think the service we currently get is very good and the staff are all very helpful - just a bit more flexibility would be great.”

Too ill to drive (21)

- Respondents raised concerns about potentially being too ill to drive and that this might, in itself, be unsafe.
  “When sick; driving long distance is not safe.”
- Some people also raised this as a particular issue for the elderly and those with mobility problems.
  “At 83 with mobility problems, living alone, I do not fancy driving a long way especially if I do not feel well.”

Other comments, concerns and suggestions

- There was a general feeling that the focus needed to be on increasing the number of doctors that are available to meet current need, before expanding the hours of availability.
  “To provide an enhanced GP service you need more GPs.”
  “Please increase number of Dr’s before you upset them more by making them work extra hours. If there were more appointments available in normal hours none of this would be needed!!”
- There was concern that this approach would also have a negative impact on practices which currently have extended hours.
  “My own surgery already has extended hours which are well used by the patients. I would be concerned that using any surgery could result in some surgeries being overrun with patients from practises that are still not covering 8am-6pm mon-fri.”
- A couple of comments suggested introducing a fine system for missed appointments or charging for appointments held outside normal working hours.
  “If you need a weekend non urgent appointment why not consider charging a fee of about £10?”
- Suggestions also included better utilisation of other health professionals such as physician associates and pharmacists.
  “I do feel a lot of patients could free up appointment space by consulting with a pharmacist for very minor ailments.”
- Other comments focussed on better use of NHS money, including suggestions that the extra funding should be used to keep the Minor Injury Units open, better use local hospitals such as in Bridlington or Driffield, and to not waste money on inappropriate surveys.
5 Demographics

It is important to us to know whether we are supporting or providing services fairly to all groups of people. We asked a number of demographic questions during this survey to help us find out about that. These responses are collected only to monitor the fairness and effectiveness of service delivery and to ensure we receive feedback which is representative of the region.

What is your age?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>32</td>
<td>4%</td>
</tr>
<tr>
<td>25-34</td>
<td>60</td>
<td>7%</td>
</tr>
<tr>
<td>35-44</td>
<td>104</td>
<td>13%</td>
</tr>
<tr>
<td>45-54</td>
<td>129</td>
<td>16%</td>
</tr>
<tr>
<td>55-64</td>
<td>161</td>
<td>20%</td>
</tr>
<tr>
<td>65-74</td>
<td>178</td>
<td>22%</td>
</tr>
<tr>
<td>75-84</td>
<td>108</td>
<td>13%</td>
</tr>
<tr>
<td>85+</td>
<td>23</td>
<td>3%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>13</td>
<td>2%</td>
</tr>
</tbody>
</table>

Answered: 808 Skipped: 18

Are you? (gender)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>242</td>
<td>30%</td>
</tr>
<tr>
<td>Female</td>
<td>547</td>
<td>68%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>19</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Answered: 809 Skipped: 17
Please indicate your ethnic group

- **White**: 770 (95%)
- **Black/African/Caribbean/Black British**: 1 (<1%)
- **Asian/Asian British**: 2 (<1%)
- **Mixed/multiple ethnic groups**: 1 (<1%)
- **Prefer not to say**: 32 (4%)
- **Other**: 3 (<1%)

Answered: 809  Skipped: 17

What is your sexual orientation?

- **Heterosexual / straight**: 718 (89%)
- **Gay/lesbian**: 9 (1%)
- **Bisexual**: 7 (1%)
- **Prefer not to say**: 66 (8%)
- **Other**: 7 (1%)

Answered: 807  Skipped: 19
What is your religion or belief?

- Christian: 492 (62%)
- Muslim: 3 (<1%)
- Jewish: 0 (0%)
- Hindu: 0 (0%)
- Sikh: 0 (0%)
- Buddhist: 4 (1%)
- Non-religious: 257 (33%)
- Other: 32 (4%)

Answered: 788  Skipped: 38

Do you consider yourself to have a disability?

- No disability: 543 (68%)
- Physical disability: 154 (19%)
- Sensory impairment: 23 (3%)
- Mental health condition: 57 (7%)
- Learning difficulty or disability: 6 (1%)
- Prefer not to say: 39 (5%)
- Other: 29 (4%)

Answered: 801  Skipped: 25
Appendix 1 – Responses to Question 3 – Other

Improved telephone booking system (37)

- Not happy with being told to ring each following morning to see if there is a slot that day.
- Better phone system. Having to wait 45 minutes for an answer is unacceptable.
- Not having to make 39 telephone calls from 8am through to the surgery.
- Always able to book by phone.
- On the day appointments - if you can't ring at 8 am, you can't generally get an appointment.
- Unable to get through on the phone for appointments (no computer).
- On day appointments doesn't work if it's urgent. Can't get through on phone, put on hold etc. etc.
- Too long to wait for routine appointments, phone system being in a queue for a long time does not work.
- I have been unable to book a 'non urgent' appointment because there were none left for the next fortnight. I've never tried to book an 'on the day' appointment.
- Able to book any time other than 8 o'clock in the morning, impossible to get through and when you do all the appointments are taken.
- Telephone lines are often engaged when ringing in to make an appointment - more lines/more staff.
- Cannot get appointment, have to ring every day at 8am to see if there is a cancellation. Cannot book in advance. Drs cancel appointments and do not rebook so you are back to ringing in a morning on a single line which is permanently engaged.
- We can nearly always get an appointment for the same day but it is normally with a senior nurse practitioner. This involves continually redialling usually for about 15 to 20 mins.
- Not being on hold for twenty minutes to be cut off.
- The phone always has a waiting time of about 30+ minutes, no matter when you call you're always in "position 10+" and it's frustrating to only have one person taking calls.
- Complete waste of time waiting to speak to someone. Inability to book appointments further in advance without waiting for an extended period of time.
- Being on hold for 45 mins is not acceptable. I want to be able to make appointments at the receptionist desk.
- Frustration of being in a queue of over 12-15 people especially if you are unwell is not acceptable.
- Less time spent waiting on the phone line. Able to get a non urgent appointment with a doctor of my choice without waiting 3 weeks.
- Be able to go in person and book an appointment, the phone line is a joke waiting for up to an hour to speak with a doctor.
- I have waited in queue for up to 55 minutes when ringing for an urgent appointment.
I've phoned doctors for a child's appointment been cut off, can't get through or been in queue of 1 1/2 only to be cut off and had to ring back. This is so frustrating. More doctors on phone line would be nice.

The telephone triage system is great however have to stay on the phone for up to 100 minutes just to get an urgent appointment is not good

You can't even get through on the telephone let alone book appointments for the future or on the day!!

The time it takes to get through to the surgery is ridiculous - to actually get through to someone each time I have rung I'm on hold for at least 30 mins (and on a mobile this isn't cheap)

Not having to wait ages for them to answer, then being put into yet another for the doctors line!! Absolute joke, last time I waited just under an hour and 40 minutes on hold

Telephone triage we vice is a good idea, but in reality waits of over an hour are unacceptable

It can take up to an hour to speak to a human then they want to diagnose you over the phone

My practice has recently merged. I tried the new numbers to contact GP but the integration was still going through so at the moment I am unsure how or what it will be like to get into practice.

No rigmarole, no music, just answer. Don't have computer 86 & 76 Y.O. Make sure chemist is available somewhere to back up doctor and fill prescription given. No indication on closed doors of chemists and not open at times published to 111 or Brid Hospital.

By time you get through on telephone appointments often gone

The telephone should ALWAYS be answered by a REAL PERSON and not an automated service. Our practice strongly gives out the impression that we are not valued or respected. It is an awful recorded message that is VERY annoying.

Need to be able to make an appointment when needed urgently.

You have to book non-emergency appointments on the same day, but they have all gone by 8.10am following the phone lines opening at 8am. If I'm working when the lines open, I cannot make an appointment. Many people have to queue up outside the surgery waiting for it to open at 8am in order to get an appointment.

I would go to A&E if it were urgent! If I want to see a go I have to call in the day and 5 minutes into the line opening I'm told all appointments taken???? That is just ridiculous and to be honest impossible. How can a whole day's worth of appointments be booked up in 5 minutes. I work hard and expect to be seen if I'm unwell! Am I being unrealistic expecting to see a go if I'm ill? Fuming

Be able to walk in and book an appointment as not always possible to wait for a doctor to call back.

An afternoon service for calling for urgent appointment not just morning telephone triage line.
Redesign appointment system (18)

- There is a long waiting time for a routine appointment, but I would be happy to be seen in routine working hours. Better access in ordinary hours is needed before stretching the service even further.
- Not have doctors/nurses cancel your appointment constantly.
- Please can you encourage older and patients who don't work to take appointments during the day. Why not make all the early appointment (before 10am) for working people and also offer after work ones. It is people who don't need an early appointment clogging up the system.
- No-one should need to work at a weekend, if weekday appointments are available. Perhaps you need to look at the working hours of GP who are not working full time or every day Monday-Friday. A lot of surgeries close early mid week, this is not helping the situation.
- Have not been for years, so don't know what the arrangements are at present. Years ago, my university GP ran what I though was a good system - drop-in and wait your turn in the mornings, and appointments in the afternoon. This was for either doctor or nurse. The length of queue for the doctor diverted less serious cases more appropriately to the nurse. Appointments were usually only a day or two later.
- There doesn't seem to be an inbetween e.g. urgent appointments they will fit you in on the day if you ring at 8.30am. For non-urgent appointments, you are usually offered something over 7 days hence. The non-urgent appointments need to be brought forward so you don't have to wait so long.
- Surgery to end the unprofessional appointment system.
- Would be useful to book appointments for non-urgent so don't have to wait in waiting room for so long for these.
- Two weeks is too long to wait for an appointment.
- Impossible to get an appointment online that isn't almost a month away, and trying to call on the day is difficult. Would be easier if could book online or on the telephone for routine appointment that is in at least the same week you need to go.
- Able to book appointments that are not 2-3 weeks away.
- Present system is a lottery. Booking appointments further ahead especially for new problems or serious changes.
- High Risk patients. Long time awaiting replies and for appointments.
- Better availability of routine appointments. Current waiting time is 5-6 weeks at my surgery.
- Not having to wait so long for an appointment.
- I would like to be seen without a 2 or 3 week wait and some people are unable to travel far. The CCG tends to forget about real life and only do what they want to do, this is just another exercise that will not be considered like the closure of Withernsea Hospital.
- Make out of hours appointments available only to working people and school children.
• There must always be the capacity to book a non-urgent appointment within 2-3 days.

Opening hours (17)

• Access GPs for non urgent is fine through the online system. Appointments to see a nurse to have bloods taken is currently limited, so although I can see the GP at a convenient time I have to take time off work to have bloods taken - evening/weekend sessions are needed.
• Early morning appointments would be good too, some of us start work at 8am so to see a GP/Nurse before this would be good
• Think the receptionists do a really good job but there is a definite lack of suitable appointments for working people
• It is difficult to get an appointment in advance. If online booking is possible, it is not advertised. Phone lines are always busy when they first open and more early or late weekday appointments together with weekends would make things better.
• After work appointments or weekends
• If longer opening hours helps to facilitate the above then yes to that too
• I work full time and have a toddler, so for me the only option is very early mornings, late evenings or at the weekend.
• There seem to be insufficient non urgent appointments at the moment at times that fit around my work.
• For people who work and also work outside of Hornsea there needs to be evening and weekend appointments made available. If you do not phone up at 8.30am, you have zero chance of an appointment. Most people are commuting to or are at work at that time and cannot phone. This needs to be addressed.
• For full time workers it is very difficult to access appointments for routine screening.
• Longer opening hours
• Longer opening hours, Monday to Friday. Open Saturday mornings
• Appointments outside office hours are essential. I have a long term health problem, but I still manage to work full time and find it difficult to get seen.
• I work shifts every day until 6.30 and my practice is closed and not open on a weekend usually go to 111
• Also to be able to get one after 5pm for those who work.
• Practice opening at 8.00 or 8.30am!
• They need to be more accessible with better hours

Triage (11)

• Receptionists should not be asked to make a clinical decision about the urgency of an appointment
• Yes receptionists to get off high horse they not all think they're god almighty
• At my practice there is often a queue outside of the door at 8am when the phones are switched onto live. If you are elderly, have a disability, young children or school-age children or are unable to get to the surgery to join the queue at 8am or even to get to a phone at 8am, the chances of getting an appointment that day are slim.
Perhaps there could be a triage system for people with chronic issues which might not require a GP's expertise or to screen such patients or to give advice.

- Not have to discuss your medical condition with admin/secretarial staff to obtain an appointment on the same day
- Can take up to 2 hours waiting to connect to the GP who does a triage system. No good for workers.
- More than one doctor on the telephones to discuss illness as have to wait up to an hour sometimes especially Mondays. Then either to get an appointment or medication.
- Been able to get past a receptionist.
- If actually go to the doctors to be seen by a doctor not sent to a pharmacist who then sends you back to the doctor.
- Speaking to a doctor and not the receptionist liaising between us both.
- Or telephone screening which is available for the full time in which the practice is open not just a morning as we do not all just get ill in a morning!
- Not discuss our need for an appointment with the receptionist. It’s a private matter.

More doctors / appointment availability (9)

- There are just not enough doctors with enough time. Changing how you book an appointment won't change anything if there are not enough Doctors to meet the need. Extra funding is needed for GP services and GP’s need more time with patients to make the appointment more effective.
- My surgery does all it can to satisfy my needs. It cannot do the impossible. My surgery is unable to fill all its vacant posts and therefore works with too few doctors. If there are extended hours that thins the service even more.
- Bigger doctors surgery for a village like Brough.
- More GPs and a named GP for each patient
- The problem is not the timing of appointments but the lack of them. I would be happy to attend in current hours there is just neither the appointments nor doctors to meet demands, I don’t see how changing the times will help given that you only have a certain amount of Dr’s!!!
- Increasing the overall NHS budget, Stopping cutbacks and closures of rural Hospital services and Surgeries. Train MORE Doctors and Nurses which would allow an increase in hours in current locations without extra workload on the existing clinicians.
- There needs to be more GP appointments and regular GPs for routine appointments.
- There needs to be a better provision of doctors to the rapidly increasing local population
- More appointments available

More same day appointments (7)

- Even though when I am very poorly mostly can’t get a same day appointment as there are only so many spare appointments free.
• Could be times set aside for potential urgent appointments during the day.
• Being able to see the doctor in the day I’ve rung. They’re not experienced enough to treat over the phone.
• More appointments each day.
• Very difficult to get on the day urgent appointment if calling after 9am. Was told GP not on call in the afternoons and once clinics are full GPs will not see extra patients. Advised Storey St.
• To be able to see an actual doctor on the same day appointment and not a clinical technician who then has to go off and speak to a doctor.
• Ability to book same day appointments without having to ring at 1 specific time.

On-line booking (7)

• More availability of on line appointments.
• Booking appointments via an app on my phone
• The online option should also be available to book appointments with the nurse.
• With System on Line my surgery allows a max of 2 weeks advanced booking which is quite restrictive and makes it often not possible to see my regular GP
• The old online system offered very limited appointment opportunities
• More use of IT to book appointment rather than waiting to talk to someone to make an appointment
• Video or phone consultation

Telephone advice (6)

• GP telephone call back when I'm not sure if I need to pop in but I know what I want or need.
• The practice of hanging on the phone to speak to a doctor is terrible. Twice I have spent over an hour waiting to speak to someone
• More than 1 doctor on the phone!
• I like being able to speak to the doctor however the wait time in the queue is just too long
• Simply not enough Doctors available to answer calls it is common for patients to hold for excessive amounts of time to speak to a doctor.
• More than one doctor answering phones so you don’t have to wait so long to get through

Appointment with a doctor of choice (5)

• To be able to get an appointment with a doctor of my choice that knows me and there is only 2 originals there
• To be able to have continuity with a Dr so you don't have to give your whole history again and again
• Need to be able to see your own regular gp
• To be able to see the same doctor when you can actually see one, so there is continuation of treatment/consultation.
A lot of GPs only work part time, so it is very difficult to see a particular doctor for continuity of care - sometimes there is up to a three week wait, even a two week wait for a telephone consultation.

First come, first served wait (5)

- Appointments shouldn’t only be open to people who have repeat visits to the Doctors. If people are ill they should not mind queuing, I wouldn’t then first come first served. This way those who do not need attention would probably leave.
- Sit and wait clinic regularly - first come first served. One morning, one afternoon, one evening, one weekend.
- Go back to the old system of turning up and waiting to see your Doctor, it worked fine in the past. It may also solve the problem of people not attending booked appointments.
- A sit and wait service
- My GP currently offers an open surgery which is fantastic for urgent problems. Don’t mind sitting and waiting when it’s urgent.

Other (5)

- To have this service available in Withernsea NOT in an unfamiliar, travel too, costly alternative as this does not help local residents that struggle with travel or mobility arrangements. You have taken away our beds, decimating our MIU....leave us at least our local doctor appointments
- As Hornsea is to lose its MIU, it’s imperative that a GP service is available locally. If I needed Care treatment for injury it would be nearly impossible to travel to Beverley (no transport, or bus service ) it took 6 hours the other week to be seen by a GP going through the 111 service -TOTALLY UNACCEPTABLE. You want accessibility 24 hours 7 days a week as accidents are unpredictable.
- GPs will want paying more to offer evening and weekend appointments, so this will put more strain on the NHS. Nurse appointments would be a better way of seeing someone when the reason for having the appointment can be dealt with by a qualified nurse, not a GP.
- Managerial and receptionist approach to the patient-based service they are "supposed" to provide.
- Better access to Withernsea Primary Medical Services
Appendix 2 – Responses to Question 10

Redesign appointment system (101)

- Perhaps having a triage in the surgery would filter some repetitive or less important visits.
- Uncomfortable about telling a receptionist why you require an urgent appointment
- Some sort of queuing system at certain times during the day.
- First come first served system when ring at 8am is not working.
- Better organisation of resources and opening times would mean weekend appointments not necessary.
- It would be beneficial to have some later/earlier appointments for those of us who work. Not always available at 8:30 to ring for an appointment - then when you get through- all same day- or even that week are gone.
- Need to take into account people who work Mon-Fri who do not visit their GP regularly do when appointment is needed they can access the services quickly. Usually appointments are not available at all.
- Need to consider people who work and are not regular attendees at the GP. I only visit if I cannot treat myself, then cannot get an appointment and I work fulltime
- In my last surgery there was, every day, 2 clinics, am and pm for non urgent stuff. (Our GP's took it in turns to run this). You would ring in and then be seen after 11am for morning clinic and ring in after lunch around 4pm for evening clinic. Once booked in you were seen in rotation. People, eventually because they knew they would always be seen, didn’t come in as much because they knew they could always see a Doctor when necessary. It also freed up appointments for urgent or ongoing treatments that were necessary.
- Equal daily GP appointments for phone bookings and those who book online not everyone owns a computer or can access one.
- I work in a school so find it almost impossible to stay in a queue. A ring back service would be helpful
- My surgery usually has a small number of appointments to book online but these are limited and mostly at least 10 days ahead. Online appointments should be possible to book 2/3 days ahead.
- Can only book 2 weeks ahead which is no good for monthly regular visits as often all booked up when I try.
- The practices should have cross partnerships and work with each more closely to offer telephone consultations to all patients who are saying they have an urgent need, a GP or nurse calls them back, those patients who do have an urgent need should be booked in for an appointment either on the day or within 1-2 days time, all other cases should be given advice and/or appointments (where necessary) in the future, be it a week or two’s time.
- Online booking for children's appointments would be an improvement.
- I prefer to book an appointment when needed online.
- Online booking would be beneficial and free up the phone lines. More GPs working full-time would ensure more appointments are available. The sit and wait service
does guarantee an appointment the same day, but it can mean a long wait or leaving and returning later which is difficult for people who work full time.

- Telephone consultations would also be acceptable for ongoing conditions or conditions which do not require an examination
- At my university doctors they have two/three people available to answer the phone which keeps waiting times low and patients happier.
- The possibility of having some slots kept for urgent/same day appointments would work well also because then there will usually be space for someone who needs to be seen quickly.
- More organised booking appointments, reception staff need to be more friendly and pharmacy stock prescriptions!! I've had to drive to York or Beverley because both our pharmacist within our town didn’t have it.
- Patients who attend yearly for routine blood tests or usually seen once a year; these are patients who should have an appointment sent annually, to see nurse, plus follow up to see doctor. Results also should be given to patients to keep their own records and not have to ring up and ask.
- My main concern is that appointments for people who work are limited and therefore have a knock on effect I have to use the on day service even for a non urgent appointment as they are three weeks in advance.
- I would not be happy with anything other than a face to face appointment.
- My husband needs an HGV medical for licence renewal our surgery only does these on a Monday he works away from 3am Monday to 5pm Tuesday he is now having to ring around himself to find a GP to carry out the medical, more flexibility for shift patterns would be useful
- I had 5 injections back to back (with a little help from my managers I worked around my shifts) but I then had to make a final appointment in a month’s time to take bloods to see if I would need injections on a regular basis. I tried and failed over a 3/4 week period to get an appointment I advised I could come on several afternoons (within the working hours of their practise) I was trying to work with them for this, as one of my shift patterns is a 6-2 this however was not good enough for them as they only take bloods up until lunch time, I was expected to take an appointment yet again within my scheduled working hours! (my managers had already been understanding and previously accommodated me with this, why should they be so accommodating when it's so compromising the service they provide, and this is also detrimental to my role) this maybe would be acceptable for an urgent appointment, however for routine bloods and such I found this to be extremely inflexible. This is not an unusual occurrence within my practise it has always, and I suspect will continue to be this way unless they adapt to the modern working world we live in today.
- I think the old days were best. Drop in 8-1pm- a rest for doctor. Another shift 3-7:30pm drop in. A doctor for pop-ins 9-5pm. Getting an appointment is a waiting game, sometimes 2 weeks. Another doctor on house call for really poorly people. Would be very reassuring to know doctor on end of phone if worried with someone dying (not 111) or very ill on a night (24-7). Will keep people in own homes not to
send for hospital transport. Leave hospital to those who really need a bed doctor to decide.

- Appointments on the day need to change as you can't always get an appointment so you have to queue at 8.00 and not know if you can get in.
- More appointments available even if they are only for 5 minute slots
- Just make sure that there is more flexibility available
- An expansion of telephone consultations, e consultations may counteract lost clinical slots due to DNA's. Easier to Skype or ring the next patient than waiting for one to arrive at the surgery.
- I am, however strongly in favour of better use of telephone and online consults where physical presence at the surgery is not required.
- Priorities for working people, who are limited to when they can attend.
- Would be a start to get an appointment at all !!
- Face to face contact is most important for the clinician to gauge (a) the severity of the problem, and (b) the patients response and prognosis.
- A better approach would be to have so many online bookings available for those who can use the internet and telephone bookings for others. It should also be possible to sit and wait all day if an appointment is needed. I would much rather do this on day one than have to attend A&E and sit there for 12 hours on day two!
- Would like to have e-consult available in my GP practice and online booking for nurse appointments etc
- Face to face consultations
- I was a little depressed by the options presented in Q7 only one of which involved another human being. An automated system cannot pick up the nuances that a doctor can, also GP's patient age range is skewed towards the older non-tech savvy end of the spectrum unable to cope with other than face-to-face or telephone consultation.
- I had to wait 3 1/2 hours today for a simple 3 minute telephone conversation - DISGUSTING.
- To not to have to wait 3 weeks for an appointment when someone like myself who works full-time triage is not beneficial to me.
- I understand it's busy also but waiting times- usually 30 minutes when you've waited a long time for the appointment also.
- My local surgery opens at 9am, it has on day surgery appointments for patients able to sit and wait, this is good but working full-time means taking time out of work if I need appointment. Earlier opening or later appointments in the evenings would be helpful or appointments at the weekend. Appointments in advance are also problematic, sometimes this can be 3 weeks or more to see GP.
- At the moment there is a long wait (engaged) to get through on the telephone and then a queue to speak to anyone.
- Telephone consultation depending on problem.
- It seems but a short while ago I was boasting to my email friends about the wonderful service we received at the Surgery. I was able to tell them about the Sit and Wait service, the duty doctor and, most importantly, the internet appointment
system. I could get on my computer at 8am and book an appointment with MY
doctor for later on that day at the time of my choosing. Obviously this was subject to
availability. Even then I seldom had to wait more than 2 days at the most. Then
what happens, the new arrangements come into being which are a farce and a total
disaster from what I can see. Moreover other patients I have spoken to agree and
most members of staff at the practice haven't disagreed with me and, although they
don't say what they really think, it is fairly obvious from their expressions plus many
of the long serving doctors have retired or left the practice, one wonders if it's
because of this silly system.

- It was plainly obvious from the start the new system was to deter patients from
seeing a doctor- full stop. Having been at the surgery on a new occasions recently,
that has become very clear, both surgeries have been almost empty rather than at
least half full. Contacting the surgery has become a nightmare, when I have phoned
I regularly have to wait for the phone to be answered far in excess of 10 minutes, on
one occasion it was 20 minutes. It is extremely annoying to be told 'your call is
important to us' when it clearly isn't. When I eventually get through I'm required to
explain to a non-professional why I need to see/talk to a doctor. It is unfair on these
people to have to judge, nice and willing as they are, when and if I can talk to a
doctor. I'm required to stay within earshot of the phone until a doctor can find the
time to call me back. Surely these phone calls are expensive especially if people
only have a mobile rather than a landline.

- I would urge you to give this matter your urgent attention and think about my
comments in this questionnaire and return to a system, especially the appointments
system, that clearly worked for the patients and we were justly very proud of.

- Can't believe how long we have to wait for an appointment. Recently moved here
from [an area] where we could usually get an appointment on the day or at least
within 2 days. Here we have to wait anything from one to two weeks. Having said
that the treatment and referrals have been excellent.

- The present system of contact initially by telephone does not work. I have waited up
to 10 mins to get past the engaged tone and a further 20 mins to get a person to
answer. If I can convince the 'non-medical' person to agree to me talking to a doctor
then I have to wait for them to call me maximum so far was 4 hours.

- I do not support online appointments. I need to talk face-to-face with the GP to
make sure they understand my problems clearly. Moreover they have often, I
believe, spotted other problems which might be life-threatening. If they don't see
you they won't spot them!

- I do not like the current trend of surgeries forcing you to ring in the morning and try
again the following day if an appointment is not available. This is very inconvenient
if you have to call from work and then possibly go straight home if an appointment is
available. Particularly if work is some distance away. Fortunately my surgery have
not introduced that awkward system as yet and I hope they never will.

- I am concerned about the time it has taken at my GP Practice to find a replacement
for a retiring GP. I regularly need to wait weeks for non-urgent appointments or
blood tests. I am often unable to book on-the-day as I am at work and, as a teacher,
cannot leave a class to ring in.
• Non face-to-face consultation would be hard if you either worked, did not have a computer or internet access.
• Also if GP wants to see you again in say 1 month you can't book when leaving as it is too far ahead! This results in a patient perhaps forgetting then can't get in, in the month timescale!
• Long delays awaiting for attention by telephones, sometimes excessive.
• Not everyone has a computer at house, especially as you get older.
• Arranging to book an appointment in advance does throw up difficulties as things stand. Not a problem if the doctor or practitioner wants to see you is my experience.
• At present, I have to ring in in the morning to get an appointment for the same day. The line is always engaged, therefore I travel to the surgery to be there at 8am. Usually a queue has already formed and by the time it's my turn there are no appointments left. This situation needs to change.
• Flare up of a skin condition which the GP needs to witness prior to treatment. Persistent fatigue A mole that you realised in the morning shower looks larger, flaky – and you realise has been itchy a while and needs looking at for your piece of mind. Not all conditions / illnesses requiring a same day appointment also require a day off work so at 8am when the surgery opens its telephone lines for same day appointments, many people are in the middle of their morning drive to work. This makes it really difficult to obtain a same day appointment as by the time you get to work at 8.30am all appointments are gone. And you cannot book one for tomorrow or the day after as “all bookable slots are gone. Ring back tomorrow.”
• I personally was anaemic for 3 months before I could get speak to a doctor / get a blood test as staff refused to work with me to book an appointment unless I was willing to come in during the middle of the working day (I - like many others – do not work close to home and this means a 90 minute commute) as opposed to the before 9.30am / after 5pm appointment I was requesting .
• Sometimes I feel (and when discussed with others at the same practice there is some agreement) that people who work full-time are penalised for this.
• Being able to get an appointment is difficult for people who are restricted by having to work and fit appointments outside of their working hours. Having to ring from 8am continually for up to 20 minutes trying to get through then to be told all appointments are booked for that day is becoming more and more of a problem.
• I work two jobs, and do over 50 hours a week, I find it very difficult to get time off work for appointments, and there are no/ very few appointments outside of my work times, and these get booked up so quickly, you try and ring in a morning, for it to be engaged for 30 minutes, to then be told there is nothing left and you should have rang sooner. So many times I end up not bothering to go and see them, even when I am very ill, because it is so much hassle trying to get an appointment
• My surgery operates an appointment allocation from 8am, recently my call was answered on the 48th attempt to be told there were no appointments left. I tried two days later to see my regular GP and got through at 8.15 to be told all the appointments had gone.
I find it difficult to make appointments in advance for non emergency appointments. I don’t like taking up an appointment on the day In case someone needs it as an emergency. I used to be able to book appointments on line in advance but lately there only seems to be nurses appointments on the system.

The surgery only seems to have one person taking phone calls which means you can be waiting 40+ mins just to make an appointment.

When you work full time you do not have the time to wait on the phone for an appointment. I have waited 1hr 20 mins before to speak to a doctor but only as I had the day off. I work 8-6 Monday to Friday so cannot book a same day appointment as you have to wait to speak to a doctor.

The present appointment system at the Surgery is failing the population of [town] and surrounding villages, this population is supposed to be supported not hindering their wellbeing.

All my life I have been able to go to surgery to see a doctor, etc., until mid-2017. A health prof. has to ring back and you can be waiting hours.

The current telephone access available is unacceptable, too long is spent waiting to be answered.

Elderly people like my parents are with my practice. They are not online, can’t drive. Giving them a priority on phone bookings locally would be a caring option I would like to see introduced. I can drive and have flex, they don’t- and I suspect won’t see this survey!!!

Telephone systems over an hour too long to speak to someone to get an appointment.

The telephone system involves long waits.

Doctors has an excellent facility which appears to be under-used. There are extremely limited appointment times after work. Only offer 2 hours after 5pm in the working week. When calling at 8:30am to see a doctor that day, you can expect to be on the phone for 45 minutes or more. I’ve once waited 1 hour 15 minutes.

The current system at GP Surgery means that you don’t even want to call for an appointment because the average waiting time to even get through to speak to a GP is approx 90 minutes - the whole community is fed up.

My family work shifts so the telephone line closes before we get home eg 6-2pm! Although we have not had urgent calls for the Dr, it can be a call where you are 18th in the queue or you only have one day off! Thank you.

Trying to get through on the phone is awful, one time I was on hold for over an hour. Early appointments and late appointments should be reserved for people who work as not everyone can take time off. Sometimes I have had a 8.30 appointment and is filled with elderly residents, who have all day to get an appointment. Surgery is only open until 6pm 2 nights a week, where I don't get home until 6pm so find it very difficult to get appointment around work.

If I could get an appointment without being on hold on the phone for ages and at another surgery then I would, it's always good to get another opinion on something...
• Telephone triage service does not work. Waiting well over an hour in a queue with poorly children is appalling, not to mention costly as you get charged for the waiting time.

• My main issues are: Unreasonable time in being able to access surgery via telephone. Have been in a queue to answer in excess of 1 hour. Difficult when trying to contact within lunch hour.

• When advised by GP or practitioner to book appointments for blood tests requiring subsequent follow up with nurse/GP/practitioner within due time scale often cannot book ahead by 2 to 3 weeks. For example hypertension clinic requires bloods 2 weeks before appointment at the clinic. Following 4 attempts last year to marry the 2 up I gave up.

• We need more GP's not more appointments, although appointments at better times would help for those at work. The work shy should be banned and pensioners who think it is their RIGHT to see a GP for a common cold should be re educated. Our surgery is fantastic, people should stop moaning and start taking responsibility for their own health.

• The option to speak to a dr for same day urgent appointments works well, however you can be on hold for 1 hour, which when you’re at work is not convenient. Also, to speak to reception can take a long time, so when using e consult and the reply is to speak to reception for a message, then an hour wait again on the phone isn’t helpful. Out of hours appointments aren’t available, so anyone who works full time suffers.

• Our surgeries system should be ok but it’s not waiting on a phone for an average of 30 / 60 mins to speak to a doctor to get an appointment is ridiculous.

• On Monday and Friday the queue for docs on telephone can take over 1 hour. 2nd doc- for a couple of hours may make the wait shorter and less costly.

• Can spend appointment 1 hr 20 mins on the phone. Do not know the doctors on routine appointment list. The long wait on the telephone is usually Monday morning therefore the possibility of 2nd person/doctor answering for first 2 hours would help.

• It is not acceptable to wait 6 weeks to get an appointment with your GP.

• To get a same day appointment patients have to queue outside before the surgery opens. In winter, feeling unwell this isn’t acceptable. Phoning isn’t an option no appointments left when you get through.

• The booking system at my surgery is appalling. It is impossible for someone working normal office hours to make an appointment. The problem isn’t just available appointments, it’s actually being able to book those appointments.

• Being able to get a prompt appointment (whatever the time) is a much greater concern than being offered alternative times. A wait of 5 to 6 weeks is not acceptable.

• Question 7: I do not agree with the premise "not all appointments will need to involve a face to face consultation"

• Would be nice to be able to discuss cases with the doctor and not have to discuss with receptionist or for the full surgery to hear the problems which you are having while the receptionist tasks the doctor, and for a doctor to decide an appointment is
not needed. Some people do not often go to the doctors and takes a lot to admit to themselves something is not ‘right’. These people should not be made to feel like you are a time waster.

- **Why is it that a receptionist asks me if I will tell her what’s wrong with me?**
  Absolutely not! No I am not disclosing my medical problems with a receptionist so that she can then decide (in all her medical wisdom) how urgently I need seeing. This makes me so angry.

- **Please do not follow the [town] appointment system, unprofessional, only a matter of time that a dangerous occurrence will happen re appointment system, patients privacy is also questionable, when calling the park surgery for an appointment the receptionist wants to know what patients symptoms are to enable a doctor to call you back ! & the saga continues...**

- **What is eConsult? Don’t use jargon in surveys or responses will not be meaningful.**

- **Current booking systems are very frustrating ! Just getting through is the first challenge then only to be told no appointments for that day ! And can be only just after 8am ! Also working shifts as a nurse myself appointments are difficult to fit in as appointments offered are usually in middle of a shift !**

- **The issue for me is not being willing to attend appointments during the working day. It is the fact that it is a telephone lottery as to whether I can get an appointment at all. I have to phone at 8am on the dot. I then have to keep pressing redial up until the point I leave the home at 8.20 to take my son to school. If I don't get through, I will have to try the same the next day. It becomes a game where I suspect the elderly and disabled lose out.**

- **Why is the practice of ringing at eight o’clock in the morning the only way to get appointments, I also book on line but it is always three weeks or more for an appointment**

- **We find it very difficult at the moment to book appointments and it is not always easy to speak to a doctor confidentially on the phone when you share an office at work and they ring you back. It is very hard for people who work to see a doctor.**

- **Many of the options suggested are not private - a telephone conversation has to be in an empty room with no chance of interruption, ditto skype; an email account is often shared**

**Opening times (42)**

- **It would be useful to have later openings but I would not expect surgeries to open on Sunday**
- **Later evening appointments and some Saturday availability.**
- **I would like Saturday and an evening surgery and it would be nice to have your own doctor on a night call your own doctor that knows you as others don't.**
- **The only reason for answering yes to question 2 was that I was able to get an appointment. Personally I would like late night or weekend appointments.**
- ** Longer weekday opening times until 7pm and Saturday morning opening.**
- **More flexibility in opening hours; use of suitably qualified medical staff as well as doctors to screen/treat; more available non-urgent appointments with own GP**
I think opening hours are fine as they are. There are other alternatives if GP required at weekends and Bank Holidays.

Routine evening appointments and Saturday morning appointments would be very useful for people who work, including some nurse appointments for bloods and annual reviews such as asthma etc. These clinics should give priority to people who work and therefore find it hard to attend during normal working hours/days.

To avoid overloading doctors, but to give a better service, I think a 3 hour period on Saturday/Sunday/Bank Holiday mornings would be useful for urgent appointments.

Non-urgent i.e. follow-ups should be available early evening or weekends. All other NHA professions work 7 days?? Why surgeries any different - rostering.

I work shifts so sometimes it very difficult to get time off during the week so weekend appointments would be ideal to add to the service.

Outside normal working hours appointments need to be kept for people who are in employment.

It would be helpful to have access to a local surgery at weekends and bank holidays in an emergency.

Access GPs for non urgent is fine at our surgery through the online system. Appointments to see a nurse to have bloods taken is currently limited, so although I can see the GP at a convenient time but then I have to take time off work to have bloods taken - evening/weekend sessions are needed.

If urgent I would be prepared to book any time/day.

I need regular nurse appointments and work a long way from my GP surgery. So I need early, late or weekend appointments for the nurse rather than a GP.

Surgery needs to extend the hours and increase the number of people answering the phone, at the very least.

Longer opening hours are needed whereby all GPs are prepared to have early/late appointments even if on a rota to make it fair.

The health service is 24/7 and nobody can predict when they are ill, if more appointments were available on an evening and at weekends it would take the pressure off A&E and out of hours services.

I feel that the availability of appointments has rapidly declined recently. Over the Christmas period there were no appointments available for 2 weeks. Longer opening hours and weekend opening would really help people who work access their GP.

Why should I have to travel anywhere other my local practice? There should be appointments available throughout the day/evening that would see all accommodated for especially shift workers and all people who work. The workers are the ones who contribute the most to the NHS yet are the worst off with trying to get appointments with their G.P's I strongly feel that we are discriminated against because we work full time. I work within the NHS and my working shift pattern is solely to accommodate the needs of the business! as are most job roles within the NHS so pray tell my why are GP's exempt from this? No early mornings, late nights or weekends is just not good enough, nor acceptable in this day and age.
• I really believe that all GP Practices should run clinics on Sundays, as you can bet that if you are going to become ill with something, it is usually on a Friday evening when you are going to struggle for an appointment and end up ringing out of hours emergency care.
• We need some old fashioned GPs who actually are available when you need them not on the restricted hours they are available now.
• Practices are open twice a year for flu jabs on Saturdays so why are they not open throughout the year on Saturdays for consultations.
• Better opening hours and able to book app.
• Outside normal working hours available appointments would be great if possible for those that work not for the retired as these can attend normal all day times
• I would not be happy with any of the proposed unless a time slot was bookable.
• If it's urgent you want an appointment there and then.
• Why is this survey biased towards out of hours? I want to see my GP 9-5 Mon-Fri.
• Thank you for letting us have our say and air our views. After work consultations would be ideal for the public who work @ x 5 pm
• I work full time and have to take 1/2-1 days annual leave to see my GP. It would be ideal if I could see my GP before or after work ie 7.30/8am-6/7pm.
• Having my GP surgery open later and Sat/Sun mornings would be a huge help and make it less busy the normal working hours.
• If urgent, you should be able to get in anytime.
• Working full time makes it difficult for myself to get to the doctors and also for myself to take my child
• When you work full-time it is very hard to balance the need to be at work with managing health condition. It is unfair that employers have to stand the cost of time off for non urgent appointments. Personally due to my commute I leave before 7.30am and I am rarely home before 6.30 pm
• I don't want doctors to have to work Sunday or bank holidays.
• There should be no need for Sunday or Bank holiday appointments as there are already facilities in place for urgent needs.
• We do not require more hours of opening we live across from our local surgery, and the traffic flow is already a nuisance. We are against ANY extended hours, particularly before 8am, after 6pm and weekends. We get disturbed enough as it is!
• Health is not time dependant and neither should a surgery
• People like their own doctor a doctor as to have a next Sunday they need off for a break. There needs to be a Bank Holiday doctor on call if it's only half a day.
• It would be useful to have clinics e.g. ear clinic or blood pressure clinic outside present surgery times.
• I have a long term condition and I find it frustrating that the nurse who looks after the routine stuff (annual check-ups etc) is only available on certain days of the week (which don't coincide with my day off). I would be happy to see a nurse at a different practice.
Distance and travel time (37)

- The above time MUST be travelling only NOT walking time too.
- I sometimes walk to an appointment if the weather is good.
- I cannot walk far and have no transport of my own.
- Current doctors is too far for most elderly people to walk to, promised quicker access still not happened, my mum has to rely on when I'm available so working full time makes it very difficult currently.
- I would be prepared to travel 15-30 minutes by car but less time on foot / 15-30 minutes drive.
- Disabled and can't travel far.
- Having a physical disability I have to rely on others for their time and for a lift therefore the closer the better.
- Cannot travel disabled so only use our village one.
- I am disabled and have a condition which is painful so long journeys are very uncomfortable.
- I have high anxiety along with another health condition. Travel would only create more anxiety and as I can't drive I need to use a taxi. The cost would be an issue and something I can't afford at present. I am prepared to see another GP in my own location.
- At 86, have no inclination to be too far from home toilet & known W.Cs of area in question.
- Medical GP services needs to be local to suit patients in area and NOT travel large distances this adds to stress of any illness.
- 30-45 minutes walk / 30-45 mins walk
- 45-60 minutes travel, travel not as issue if urgent.
- If anyone needed urgent attention, you would go anywhere.
- I am able (currently) to stroll down to the surgery at 8:20am, take my place in the queue, wait for opening time and book an appointment at a time which is usually convenient to me.
- Not willing to travel out of local area / Keep local Primary Medical Care LOCAL / I would prefer to continue using the present location.
- Don't want to go to another practice.
- Unless urgent I would not wish to attend another location, my needs are best served by my own Practice.
- It is essential that all GP services remain available in [town]. It would be catastrophic for the town if GP services were diminished in any way.
- I believe that South Holderness is already looking at a massive joined up practice. That means I might have to travel 30 to 45 by car for an appointment which I don't want to do.
- I would prefer to be offered something at one of the three practices in my village if my doctor is unavailable.
- I think that I should be seen at the practice group. I don't mind traveling to other locations within the group.
• Withernsea has a population of workers and non workers. Some have transport. Some don’t. We have a surgery here which we need to be able to access regardless. Please make this happen.
• Would all depend on how urgent I felt I needed to see a GP. Would probably travel further the more urgent I felt it was.
• My husband and I prefer to see local GP and already have travelled to branch surgery when offered an appointment there for several years.
• We could easily go by car to Filey, Hornsea, Driffield or Scarborough and places in between or even Malton or Beverley if need be.
• I work full-time office hours in the town centre and therefore walk to work. Outside of working hours I have a car and can travel further. For urgent or important appointments I am prepared to travel further than for routine.
• Being willing and able to travel could open opportunity for those unable to travel.
• Travel would not be an issue if really necessary.
• To be seen on the same day for an urgent condition, I would be prepared to travel and wait at a surgery to be seen.
• Personally I would travel to another surgery if absolutely necessary. I know of many elderly and/or poorly people in my area who would find it impossible to travel further afield.
• If I am very ill then I will travel to see a doctor.
• If I was ill and felt I needed to see a doctor/health professional, distance and travel should not be an obstacle. We travel to hospital, Hull, York, Scarborough, etc!! If necessary.
• If other doctors came to my practice I would be happy to see them. I don’t have transport to get anywhere else.
• I live in Withernsea. I would be willing to travel to Patrington or Roos, but no further.
• It’s an absolute disgrace to expect us to travel to Beverley, or Withernsea to be treated.

Public transport, driving conditions and cost (37)

• Public transport would take much longer and so the answer to the question above is very dependent on mobility and form of transport.
• Transport is not good. The main bus route within the town are intermittent and stops at 6pm and 5pm in a Saturday with none on a Sunday.
• Any alternative surgery needs to be easily reached by public transport for none car owners and those unable to walk far.
• With only 1 bus an hour (week days), travelling on a bus may be a problem for other passengers, travelling by car after dark is difficult if you are not familiar with a particular area. Provision for visits of an urgent nature at one’s own doctor’s clinic in rural areas are more practical for the patient.
• There is only 1 bus an hour, it would be a struggle to get to another surgery as there is only 1 in Market Weighton.
As public transport is not very regular it would be important for my GP to be as close as possible. As it is at the moment, it is in walking distance although not easy for me to do. I'm thinking long term when I cannot drive myself.

The East Riding is a rural area with an ageing populus. Public transport cannot meet the needs of the non driving public. You must ensure adequate transport is available to meet the needs of these patients if you want to extend hours of service where will this come from????

Bus only once an hour and finish at 5:10pm. It would be best if the surgery were to return to the village.

Travel depends on being able to access public transport to different GP centres, so bus times and routes would need to be taken into consideration. For elderly unfit patients this would not be viable.

If asked to attend an appointment at another practice consideration must be taken on the times of public transport available as family are not always able to help.

Having become more isolated since being less mobile the need to find public transport which can get me to appointments is quite challenging at evenings & weekends. I hope those with mobility issues & their transport needs will be taken into consideration.

Only in the Beverley area if not on bus route would have to pay for taxis.

I have husband who can drive me at the moment but on occasion would be reliant on using wheelchair to get there. Not feasible on public transport

Travelling to another area would be an issue if you could not drive etc.

Wouldn’t want to travel by myself on dark unlit roads for any long distance.

Travel is not always an issue but sometimes I do not have use of a car so I need to cycle. The bus service between villages is not good, from South Cave to Howden etc.

Due to roadworks, harder to get around only taxi but will take more time with traffic. I do not drive.

I cannot drive / I am unable to drive / Non driver

Travel only not an issue if I was able to drive.

Consideration should be made to those without cars and caring responsibilities that make travelling impossible.

Question 9 should have a tick box with the answer I am unable to travel. There are a lot of elderly people in Withernsea who don’t have access to a vehicle, and some who are disabled and cannot travel. Many of those don’t have family close by either, so no one to ask for help. Travel costs and travel times would be a great concern for young people with children e.g. one child in school and one needing a doctor, they would need to be able to access a doctor locally to allow the other child to stay in school. Also the cost of travelling has to be taken into account, not everyone here is in employment. The accessibility of the current MIU at Beverley is extremely difficult if you don’t have your own transport, so the Withernsea MIU needs to be fully functional at all times, more so in the summer because of visitors to this resort. Travel to Beverley from Withernsea requires the use of 3 separate bus services or 2 bus services and a train service, each way, most of the day would
be spent travelling. No wonder people use the A&E in Hull, to the detriment of the service from Hull A&E.

- A lot would depend on weather conditions if driving.
- I can only walk short distances. Don’t drive and public transport is over priced and badly timed and routed.
- I have no car so this is very complicated to go to the surgery. I need to rely on other people and taxis. This is very expensive.
- As I don’t drive going to another practice is not cost effective as I am on benefits and cannot afford to if fares were refunded then I may reconsider.
- How and why would you want to travel to another GP and at what cost to the patient financially, physically and mentally.
- Patients without means of travel and funds for public travel and there are many like myself want their own surgery that is in easy walking distance.
- I don’t drive and live in a small town. Anxiety and children mean I don’t use public transport. I could not travel easily.
- Assumes an ability to drive or have a driver available. This might not be the case which would make any access impossible.
- My nearest travel area would be Beverley. It takes 1/2 hour to go by car anyway. That’s if I was able to drive with a broken ankle which happened a few months ago. Would be a problem if I had e.g badly cut hand. I don’t have neighbours on hand who can drive to take me. Husband has dementia. I can call for a taxi to be treated locally only. WHY HASNT THE CCG LISTENED TO THE VIEWS OF LOCAL PEOPLE IN HORNSEA.
- Some people only have the use of a mobility scooter and do not have the use of a vehicle or cannot afford a taxi.
- I normally travel to my GP practice by mobility scooter (not listed under Q. 8). My only alternative would be an expensive taxi, which would be ludicrous for the short distance involved. I do not use home visits except in very exceptional circumstances.
- Withernsea is a low car ownership area with a high elderly population. Accessing other surgeries outside the area will be a huge problem for some.
- We also have a large number of young families who would also find it difficult and expensive to travel outside Withernsea.
- Only concern would be parking on arrival.
- The parking situation is challenging, especially when you have a baby/toddler in the back of the car.
- I do not leave the house in the hours of darkness.
- Most people drive, but age will curtail, the before local consulting is really important

Sharing information/Continuity of care (31)

- Assume other GPs would have access to my GP records.
- Driffield is a small town 10 miles from next town. It has 2 GP practices. Some arrangement between the two could be workable BUT would rely on my records
being (instantly) available at both. Until a reliable system for this is ""up and running"" it could not work.

- Seeing the same GP is very helpful as they are aware of my medical history and background which inspires confidence in the patient. Appointments can be much shorter, surely saving GPs time. Trust is earned by experience not by paperwork. Conditions and need are very different in rural areas because as the GP is the only NHS resource within a 10 mile radius, or even further from A&E 24 hour hospitals.

- Records for me and my treatment notes are held by 3 separate institutions. Castle Hill, Hull Royal Infirmary and Goole Hospital. None of the treatment information is linked together. So I have to explain every time I visit each institute, treatment or action taken by any of the other doctors/consultants/physiotherapists/ also doctors at practice, prior to carrying on with the routine visits I am attending. Previous questions have asked for my opinion on e-type consultations. It should be possible to link my records via either my NHS patient number or NI number. Also in my past patient care, can be improved by having your nominated doctor (who knows you) than random doctor in the same practice, with no access to any of your records or treatments.

- More full-time doctors - I get a different doctor every visit - surgery is full of part-time or locum doctors.

- Patients who have a part-time GP have less chance of an appointment with that GP than those registered with a full-time GP.

- The care and treatment are excellent. We believe continuity is important - doctors from other practices cannot find out relevant information about patients requiring assistance in 5 or 10 minutes, rather than all the above.

- Makes people feel uncomfortable having to explain things over again to different people which may cause distress.

- I don't think it's an acceptable way for people to access health care, we should be seen by our own doctors or GP practice.

- I am registered blind and would find it difficult to attend a 'strange' GP practice. I'm familiar with the route to and layout of my own GP practice. I would welcome increased availability of appointments for me and family at my own GP practice but would not be able to avail myself of these appointments at a practice I am not familiar with, along with many other disabled people.

- I think you need to be seen at your own practice and feel comfortable there, you know the routine and staff.

- My biggest complaint is not being able to see the same doctor for a return visit or follow-up visit for an ongoing complaint. Too much time is wasted recounting relevant details.

- Would see a doctor in [town], but would prefer my own doctor who knows me & my illness.

- Continuity is important for ongoing conditions, acute problems any suitable practitioner would be accepted.

- My husband and I both have heart conditions and need to see our GP on occasions, a telephone chat is not practical, helpful or reassuring, we need to be
able to make an appointment with our doctor. Not only does my husband have a serious heart condition (AD, irregular heartbeat, blocked arteries) but he's diabetic as well.

- I prefer to be seen by a doctor in my own practice. Rarely would I be prepared to see a doctor in another practice. I prefer our own doctors in our own practice. I don't need any change. I am happy for things to continue as they are at present. I believe using another practice or inviting into our practice outside doctors is a recipe for disaster and possible chaos, if it ain't broke don't fix it I say. We have an excellent service from our surgery at present and I fear change will jeopardise that.
- In my experience another GP is reluctant to treat and often refer back to own GP.
- Chronic conditions- should be able to see a clinician on regular basis- how can shared care happen!!
- I would not agree to seeing another clinician for an ongoing condition as you find yourself repeating yourself with the history of the condition therefore taking up consultation time with continuity of care this doesn't happen and a quicker consultation is benefit to both patient and people in waiting room and the doctor is able to see more patients
- Patient/Doctor relationship is vital for ongoing issues and no changes are necessary in my view. The biggest problem are selfish demands of the younger generation with little or no common sense. Seeking G.P. access for trivia which better education could resolve.
- Consistently seeing my own doctor
- It is impossible to see the same doctor for ongoing conditions.
- Prefer my regular GP but appreciate this may be difficult at times. Would travel further if this were possible
- I have long term medical conditions and suffer anxiety so going out to see the GP can be stressful at the best of times. I try to pre-book my appointments so I can feel more comfortable about going out but a major thing for me especially at my present clinic is to have a GP that is there regularly and long-term- someone who gets to know me and my conditions so I am not having to explain myself, history etc. Otherwise I tend to get very stressed and forget things I'm going in for in the first place due to giving a GP my history etc.
- It is vital that continuity at least be maintained with in the GP practice - attendance at alternative practices should be limited to urgent or means of expanding the out of hours services
- Continuity of care and a clinician with an overall understanding of my long term health conditions is very important to me. However in times of acute illness (or a sudden exacerbation of my usual conditions which can't wait until an appointment with my usual GP) to me seeing someone appropriately qualified to help me is my priority.
- Information is needed about how medical records will be accessed by a different GP to the one registered with along with reassurance that records will be updated and immediately made available to the registered GP with no hitches.
For ongoing long term conditions I prefer to see same GP to save explaining everything/history all over again.

I am unsure the level and continuity of care will be of sufficient quality where practitioners who are not familiar with the patient, their condition and their medical and often their social history.

How will GP access my record considering there are different computer systems which are not always accessible in hours outside of normal surgery times?

How will the GP who has requested an action or test be able to follow up the results when they are no longer involved with my care?

Praise for current service (24)

All the staff are helpful, considerate, patient and sympathetic. Sometimes we have to wait for appointments, sometimes it's inevitable, one just has to be patient sometimes.

Mum very happy with the service at practice now.

Happy with everything.

People behind the reception deserve a lot of praise for their hard work. Also doctors are good and kind.

I have heard receptionists being abused before when they cannot help or affect the outcome, they do very well to keep their cool.

I am generally very satisfied with the service provided, particularly the satellite surgery where I live.

Well the new priority afternoon appointments and having to fill a form in, feels like a walk-in centre.

Thankfully I don't attend the surgery very often.

When I first arrived in [town] in 2011 I had been undergoing treatment for a condition which had to be monitored. I do know the surgery has experienced difficult times. I attended recently and saw Dr. It was my very first meeting with this doctor and wanted to say how comfortable he made me feel. Time wasn't an issue and he was thorough, knowledgeable and reassuring regarding a sensitive issue for me.

Present service and care is fine.

We have a very good GP practice. It is just hard to get appointments.

At present, I have had a relapse of an old illness which I hope will go. I book routine non-urgent appointments as required with no problem.

In the past, our doctor was open on Saturday mornings - very useful for urgent but not serious situations, especially when our children were young.

Regarding urgent appointments. It's only happened twice, and each time I was seen same day, but at the end of the doctors appointment. Sent to hospital.

On the flip side - I have always had great service from consultant visits and hospital stays when at Hospital.

Health Centre is a very busy surgery yet the staff are always happy to accommodate and serve patients' needs. I can have no complaints.

Booking is OK at reception but sometimes doctors/GPs are not there if gone sick or not turned up. Apart from that a very helpful team.
• I think the service we currently get is very good and the staff are all very helpful - just a bit more flexibility would be great.
• Our practice is brilliant. Going to the surgery at 8.00 in the morning we can always get an appointment on the same day.
• eConsult is excellent and should be promoted.
• Very good even at Xmas! Very pleased with all the service we have had. It's kept us going, even through the flu bug! Thank you.
• 111 and phone call from Hospital doctor solved our health problem, v. good work. Telephone consultation worked for us in the last 3 weeks.
• As you may have gathered, my husband and I are pensioners, so a daily appointment suits us. I know a lot of people who work and think this may benefit them!
• My surgery is very helpful during the week, but I struggle to visit GP on a weekend this would be very helpful.

Too ill to drive (21)

• I have an injured shoulder hurts to drive.
• Transport options are few and far between. If I am fit and well I can drive to an alternative location - but not if feverish or otherwise unsafe to drive. In that case probably would need hospital car or ambulance transport with the inevitable delays those involve.
• Both having arthritis, early morning is not good for us. Travel in bad weather is worse.
• I have not yet had to book an urgent appointment, so cannot comment. Would ring 999 for definitely urgent.
• Depends how ill I was. Until you know the circumstances of your illness it is hard to answer many of these questions. ASAP. Surely.
• I am 93 but still driving. If my health deteriorates my answer would be less than 15 minutes.
• If local clinics are open or available (on call) it may help hospitals avoid long waiting times. At 83 with mobility problems, living alone, I do not fancy driving a long way especially if I do not feel well.
• Depends how well I am to drive myself or I would struggle to get there.
• I live alone, so it would depend how fit I felt to drive to attend an appointment further away from my normal GP practice if I was feeling unwell.
• Live on my own so if feeling unwell not able to drive, but condition not bad enough to warrant home visit, would need to be in walking distance.
• I am a driver with a vehicle and a partner who also drives. Problems could occur if one was too ill to drive and the other unavailable. Also single persons too ill to drive safely could not get to a surgery.
• When sick; driving long distance is not safe.
• My current practice is split between two locations so sometimes I have to travel even though I'm medically unfit to drive (due to health reasons).
• People do not want to travel far..If they are unwell.
• If ill travel or where you live could be an issue.
• If I feel poorly the last thing I want is to drive anywhere!
• I would normally walk the distance to the GP, but if I needed to go it would be because I was too ill or injured to walk!
• Many people in Withernsea do not have cars. It is unreasonable to expect a sick or incapacitated person to use public transport to go to the doctor.
• Poor public transport means we have to drive. If you are ill are you safe to drive?
• If a person is sick enough to need a doctor then should we really be expecting them to drive to another practice further away or worse catch a bus? This is a ridiculous suggestion & will lead to the most vulnerable people who won't question their options being fobbed off and disadvantaged even further. What if that person is elderly and confused??
• Travel would depend on my problem, I am the only driver and if it was something I couldn't drive for very long, then my own doctors is the nearest.

Other comments, concerns and suggestions (79)

• Be good to see local GPs instead of out of hours.
• More capacity is required for appointments for all aspects
• Could funds be made available for additional staff in each practice on a permanent basis?
• More GPs MUST be attracted to the area
• We need more Doctors !!
• To provide an enhanced GP service you need more GPs.
• Please increase number of Dr's before you upset them more by making them work extra hours. If there were more appointments available in normal hours none of this would be needed!!!
• It is being advertised a positive step forward however it is the complete opposite, and a waste, it will not increase the access and availability of appointments, overall the number of appointments will remain the same as they are now, with less during a day as a Doctor will need to be moved or spread to cater for the later appointments or another day. Therefore this is no improvement.
• More GPs/the employment of junior doctors/the cancellation of all agency GPs forcing them to join GP practices. More prescribing nurses/more nurses to provide more visits especially for the infirm and elderly. Dispensaries to be attached to GP practices to cut down chemists profits. Local businesses, companies to sponsor be able to advertise in literature provided by practices.
• Where do you propose to get the extra GP's needed to make extra appointments available or are you proposing to use the same number of doctors and dilute the service
• Where will GP's come from? / How you can increase capacity with an already stretched workforce?
• I feel that the lack of GP in a practise is a large part of the problem I would like to see more GP available
• How will you recruit the GPs when there is already a crisis recruiting GPs?
• How will this impact on out of Hours care already provided? Or are you planning to use OOH GPs and overstretch the resources available?
• The proposed system will not work unless there are more doctors. The ones that I know are desperate to get out.
• Very difficult to see a woman doctor. In the 17 years I have been a patient I have only been able to see a woman doctor twice.
• Access to urgent appointments will not improve, access to general appointments will not improve, staff moral will most likely deteriorate as my GP's work till 8 now, staying after the appointments finish to get all of the admin work done.
• Please make sure that "extended hours" are spread evenly throughout all GP Surgeries in the area and that they are not concentrated on a few surgeries to the detriment of the registered patients.
• Why should I be asked to go to another practice over own surgery should be able to cope with routine appointments (not good!). A 6 week wait for routine appointments is poor as is the case now, or ring for a cancellation (it's good practice to see own GP).
• I booked an online appointment for a flu jab had to wait two weeks for an available slot took time off work only to be told by the doctor he couldn't do the flu jab and I would have to rebook because there was nobody qualified to do it. This meant more time off work. Really not impressed!!!!
• Why not a bus, where staff with basic first aid kit or even an old ambulance, stand in supermarket car parks on a fixed route and timetable? No charge for this good suggestion on this occasion.
• A better way of dealing with students when returning back for the holidays. As someone with a few ongoing medical issues it is hard to sign up to see a doctor when I need to when I come back to stay.
• They should do blood tests etc, we should not have to book an appointment in another place and sometimes wait weeks to have it done. Minor surgery and consultation all used to be part of GPs role.
• If you need a weekend non urgent appointment why not consider charging a fee of about £10
• I think if you miss appointments you should be fined as wasting valuable appointments.
• Alongside reviewing hours I recommend the CCG look to support increasing skill-mix with GPs and supporting the recruitment of physician associates and other healthcare professionals who can work effectively in GP to help tackle growing list sizes. This could include supporting sessional opportunities for PAs in urgent GP care provision
• Pharmacies next to a doctor's surgery should be open for at least 15 minutes after surgery closing.
• I do feel a lot of patients could free up appointment space by consulting with a pharmacist for very minor ailments.
• Interesting you've not mentioned Pharmacists - they can offer a lot of advice and provide over the counter remedies and medications, much cheaper than prescriptions.

• Any new or extra government money should be put to helping keep open good MIUs to help patients, GPs and reduce the demand on the A&E at the bigger hospitals. Understand the differences of the area you work in.

• Push Government Harder to properly fund the NHS we have been paying for for the last 60 years!

• Re-nationalise the GP service

• Need to factor in services available on an emergency basis in Bridlington Hospital which I have used once and found very helpful.

• Extending seeing GPs from another practice to include those from Hull practices which are part of the NHS Humber Foundation Trust.

• Surveys are very expensive and a waste of time and resources!

• Please note that this form is sent before 5.00pm on January 31. I would not have known about the form had I not been in the dr's surgery. I do not accept that this questionnaire allows me to give complete answers, but rather allows answers that are likely to suit your purposes. The issue is not extended access but wholly inadequate funding of the NHS. CCG's would do better to challenge Jeremy Hunt than waste money on inappropriate surveys.

• The NHS will never be able to satisfy all demands as Parkinson's Law holds i.e. the more services provided stimulate a greater demand. Hence, there will inevitably be a degree of rationing. Surveys enquiring what is 'wanted' as opposed to needed are therefore of limited or no use in the real world.

• Be able to use Bridlington Hospital to its full use i.e. better Accident + Emergency treatment without having to travel to Scarborough. Minor Injuries service is great but all the building needs to be used, maternity and mental health.

• If you wish for an urgent appointment- this mean you need to see someone immediately. How can GPs on an appointment system accommodate this type of care!! As there is no A&E in Bridlington, Scarborough is the nearest hospital to give this care!!

• Extension of our MIU and not closing it would probably assist in this. / Keep the Minor Injuries Units open

• Use Alfred Bean Hospital for routine non urgent G.P. access. Any available G.P. could be based there.

• Would only use out of hours appointments if it was really needed and I thought time was important.

• That's why we registered there however if this will improve NHS standards and save money for the NHS, I think it could work on this with good practice and knowledge of certain things.

• If in the Scunthorpe area could attend as I work in this area.

• The patients in an urban area have a wide range of services available in a short distance (walk) or served frequently by public transport. In a rural area, GPs are thin on the ground and travelling to them by other than patient's own car is difficult.
Rural and urban areas have very different needs as organisations. Both need to be served to the same standard.

- Rural areas have relatively small widely scattered communities where transport, especially public transport is often non-existent and usually very infrequent. They are best served by local hubs situated in the traditional centres and not so far away.
- Urban areas are much more centralised with very large populations to serve. The numbers need much larger resources but are easier to share or centralise - transport is easy, quick and cheap.
- You are very vague about what GPs think of your plan. Surely your first move would be to how you could implement a plan including the GPs. In other words do your homework before spending taxpayers money on your bright ideas that do not deliver and only make our NHS system less efficient for many of its users.
- The CCG system is in debt, short of money but the financial manager hopes to get rid of the debt in two years - as he explained at the meeting at Willerby last Spring. We in Driffield have already experienced how he intends to save money. It is widely understood that NHS facilities are being run down in the rural areas. As a group you have earned a reputation of not listening to the public in rural areas. Maybe you all come from cities, you certainly do not understand rural areas and small towns and from the way you make decisions you do not care. Driffield population is expanding rapidly - we need more not less facilities to cope with more families. The CCG seems oblivious to the expansion of the town and the wide area of villages it serves. The GPs at our surgery are aware that your proposed scheme will not work for the Driffield area - so as your proposed philosophy is to give everyone in East Yorkshire the same facilities you seem to be doing the exact opposite, which will be repeated if this new scheme is carried out.
- Apart from this system being possibly extremely dangerous people will start using the alternative methods of getting help, simply calling an ambulance, A&E departments etc. This may have reduced the pressure on the service you provide by exerting pressure on the other services who are also very stretched.
- WE NEED THE SERVICE WE HAD BEFORE REINSTATED.
- Whilst I think that, overall, this is a good idea, in the current climate within the NHS this isn't a particularly good idea at all.
- There is a crisis ongoing in the NHS, some may not want to acknowledge it, however there is an increase in demand, there is an overall decrease regular/contracted staff and I can imagine an all time low morale. How would this make a positive difference to the current arrangements for the staff and for the patients (it will not expand the current offering)
- Whilst nurse practitioners and pars have a place they DO NOT replace doctors. Potentially increasing non-medical practitioners will increase the work of the doctor due to limited scope of non-medical practitioners and the need to refer to GP.
- I remind you that health care is for patients and their needs, not a service that can be automated, amalgamated or run as production line.
- Each patient is an individual and thus, has individual needs. Respect that in your decision making. DO NOT dictate what will happen.
• Whilst recognising the need for living in a budget, remember cost can never limit service provision based on clinical need. Remember also, you are there to commission services. NOT to ration them under the guise of recommendations of N.I.C.E or any other such bods.
• It would be useful to know the definition of urgent.
• You've already robbed us of our community hospitals and services. Personally I think you want all services centralised to Beverley.
• Everything must NOT revolve around Beverley don't even think about asking people in Driffield to travel to see a doctor in Beverley. Commissioning needs to be local not run by faceless office dwellers in health house.
• Last week I went to Goole Hospital for a scan. First time there at 1pm. I was finally allowed to go home at 8pm (when the blood results came back from Scunthorpe!), in the dark, I finally arrived home at 10:15pm having taken the wrong exit on a roundabout to York. Enough said!
• We already struggle to get to Scarborough Hospital for treatment, now we don't have the shuttle bus. It's a shame when we have a hospital here that we don't utilise.
• The old system of each member of a practice doing one or two nights or weekends on call monthly seemed to work- could it be used again? What do doctors feel?
• Have a good look at what appear to be the best working surgeries/practices- what makes them better? Why are others not as good?"
• £20 and a 40 day wait for a doctors note is absolutely ridiculous...
• Reception staff have not directed me to Saturday morning surgery times for appointments.
• If had to move wouldn't be happy but things change.
• Home visits are perhaps a thing of the past!!
• If I required out of hours attention it would be very likely that a home visit would be necessary because of the severity of the illness and the wish to avoid spreading potentially infectious disease.
• I presume this is for appointments within a surgery and patients would not expect visits.
• I work away from Goole so hard to get appointments.
• Would this be necessary?
• I have recently moved here and am finding it difficult to transfer to a local consultant despite GP saying will make a referral. GP seems good, waiting times for transfer of records less so.
• Some staff at surgeries are not user friendly and often there appear to be "training days" etc when a call is not taken.
• Will 111 use unused appointments considering uptake in city areas has historically been poor?
• Will it be a GP (and not a nurse)?
• Will you make the cost of the services known to the public?
• Will there be more appointments in winter then in summer?
My own surgery already has extended hours which are well used by the patients. I would be concerned that using any surgery could result in some surgeries being overrun with patients from practices that are still not covering 8am-6pm mon-fri. Staffing would also be a problem as recruitment in this area is difficult.
Appendix 3 – questionnaire

GP Extended Access: Patient Survey

East Riding of Yorkshire Clinical Commissioning Group (CCG) will shortly receive additional funding from NHS England in order to improve patient access to GP services. From 2019 the CCG will use this funding to make more GP appointments available outside the normal GP practice opening hours.

Some GP practices in our area already provide a limited evening and weekend service and the CCG wants to extend this so everyone in the East Riding area is able to access appointments in evenings and/or at weekends, if they wish to do so. This expanded service will provide an increase of same day and routine appointments provided by a mix of clinicians such as doctors, nurses and pharmacists, appropriate to clinical need. Appointments are likely to be available from 6.30pm to 8.00pm on weekdays as well as on Saturdays, Sundays and Bank Holidays, to meet local need.

Clearly, not every practice will be able to participate. So, to ensure the service is available to everyone, the CCG is proposing that all appointments offered as part of the expanded service will be provided from a range of locations across the East Riding, including GP practices, and would be open to all patients, not just those registered with that practice. This means you can expect to be seen by a clinician who will be able to deal with your needs, but this might not be someone from your own GP practice.

The purpose of this short survey is to give you the opportunity to tell us your views to help inform our discussions with GP practices and ensure the proposals fit with the needs of our local residents. In line with data protection law, your information will remain anonymous and will only be used to inform these plans.

Please return completed surveys to:

**FREEPOST RTTL-HSBE-BLHL**
East Riding of Yorkshire Clinical Commissioning Group
Health House, Grange Park Lane
Willerby HU10 6DT

Alternatively this survey can be completed online at [www.surveymonkey.co.uk/r/ERYextendedaccess](http://www.surveymonkey.co.uk/r/ERYextendedaccess)

The closing date for this survey is 31 January 2018
Question 1
Are you satisfied with the present arrangements for getting a routine, non-urgent appointment at your GP practice on a date that is convenient to you?

Yes [ ]  No [ ]

Question 2
Are you satisfied with the present arrangements for getting an urgent appointment at your GP practice (ie getting an appointment the same day)?

Yes [ ]  No [ ]

Question 3
If you answered ‘No’ to question 1 or 2, please tell us what you would like to change?

- Longer opening hours including weekends [ ]
- Better telephone booking arrangements [ ]
- Able to book appointments online [ ]
- Able to book appointments on the day appointments [ ]
- Able to book appointments further ahead [ ]
- Other (please state) [ ]

Question 4
To help make sure that appointments are available at times that would suit most people, please tell us which days/times you think you would be prepared to book.

Please tick all the days/times that apply.

<table>
<thead>
<tr>
<th></th>
<th>Weekday 7.30am to 8am</th>
<th>Weekday 6.30pm to 8pm</th>
<th>Saturday 9am to 12pm</th>
<th>Saturday 12pm to 3pm</th>
<th>Saturday 3pm to 6pm</th>
<th>Sunday 9am to 12pm</th>
<th>Sunday 12pm to 3pm</th>
<th>Sunday 3pm to 6pm</th>
<th>Bank Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine (non-urgent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question 5
If you had an existing condition for which you are receiving ongoing care, advice or treatment from your own GP practice, would you be prepared to see another clinician (possibly from another GP practice) using one of the proposed early morning, evening or weekend appointments?

Yes ☐
No ☐

Question 6
If you had an urgent or ‘one off’ care need, would you be prepared to see a clinician (possibly from another GP practice) using one of the proposed early morning, evening or weekend appointments?

Yes ☐
No ☐

Question 7
Not all appointments will need to involve a face to face consultation. In some circumstances would you be happy with another means of consultation which is confidential and secure?
Please tick all that apply.

- Telephone Consultation ☐
- Instant messaging / Live Chat ☐
- Video Consultation (e.g. Skype) ☐
- Email ☐
- Online symptom checker ☐
- eConsult ☐

Question 8
How do you normally travel to your GP practice? Please select the most frequently used method of transport.

- Walk ☐
- Taxi ☐
- Drive ☐
- Cycle ☐
- Bus ☐
- Lift ☐

Other (state below)

[ ]
**Question 9**

If you were asked to get to another practice or health centre for your appointment, how long would you be willing to travel to get there?

<table>
<thead>
<tr>
<th>Option</th>
<th>Blank Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15 minutes</td>
<td></td>
</tr>
<tr>
<td>15 to 30 minutes</td>
<td></td>
</tr>
<tr>
<td>30 to 45 minutes</td>
<td></td>
</tr>
<tr>
<td>45 to 60 minutes</td>
<td></td>
</tr>
<tr>
<td>Travel would not be an issue for me</td>
<td></td>
</tr>
<tr>
<td>I am not prepared to travel</td>
<td></td>
</tr>
</tbody>
</table>

**Question 10**

Please use the space below to give us any further comments that will help inform our plans.
Question 11

Please let us know which GP practice you are registered with.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th></th>
<th>Practice Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anlaby Surgery, Haltemprice</td>
<td></td>
<td>Market Weighton Surgery</td>
<td></td>
</tr>
<tr>
<td>Bartholomew Medical Group</td>
<td></td>
<td>Montague Medical Centre</td>
<td></td>
</tr>
<tr>
<td>Beverley and Molescroft Surgery</td>
<td></td>
<td>North Beverley Medical Centre</td>
<td></td>
</tr>
<tr>
<td>Beverley Health Centre</td>
<td></td>
<td>Old Fire Station</td>
<td></td>
</tr>
<tr>
<td>Church View Surgery</td>
<td></td>
<td>Park Surgery Driffield</td>
<td></td>
</tr>
<tr>
<td>Cottingham Medical Centre</td>
<td></td>
<td>Park View Surgery, Hessle</td>
<td></td>
</tr>
<tr>
<td>Dr Mitchell, N Ferriby</td>
<td></td>
<td>Peeler House Surgery</td>
<td></td>
</tr>
<tr>
<td>Driffield Medical Centre</td>
<td></td>
<td>Practice One, Bridlington</td>
<td></td>
</tr>
<tr>
<td>Eastgate Medical Group</td>
<td></td>
<td>Practice Two, Bridlington</td>
<td></td>
</tr>
<tr>
<td>Hallgate Surgery</td>
<td></td>
<td>Practice 3, Bridlington</td>
<td></td>
</tr>
<tr>
<td>Field House Surgery</td>
<td></td>
<td>Snaith and Rawcliffe</td>
<td></td>
</tr>
<tr>
<td>Gilberdyke Health Centre</td>
<td></td>
<td>South Holderness</td>
<td></td>
</tr>
<tr>
<td>Greengates Medical Group</td>
<td></td>
<td>The Chestnuts, Cottingham</td>
<td></td>
</tr>
<tr>
<td>Hessle Grange Health Centre</td>
<td></td>
<td>The Ridings Medical Group</td>
<td></td>
</tr>
<tr>
<td>Howden Medical Centre</td>
<td></td>
<td>Willerby and Swanland</td>
<td></td>
</tr>
<tr>
<td>Leven and Beeford Practice</td>
<td></td>
<td>Wolds View</td>
<td></td>
</tr>
<tr>
<td>Manor House Surgery</td>
<td></td>
<td>Other (please specify)</td>
<td></td>
</tr>
<tr>
<td>Market Hill Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
It is important to us to know whether we are supporting or providing services fairly to all groups of people. These questions are intended to help us to find out about that. The information you give us will be kept confidentially and stored securely and will only be used to monitor the fairness and effectiveness of our service delivery and employment practices. No personal information which can identify you, such as your name or address, will be used in producing equality reports. You do not have to complete this form or some of the questions if you do not want to and it will not affect your access to services or how we treat you. Thank you.

**Question 12 – What is the first part of your post code? (e.g. HU10)**

**Question 13 – What is your age**

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

**Question 14 – Are you**

- Male
- Female
- Other
- Prefer not to say
Question 15 – Please indicate your ethnic group

White
Black/African/Caribbean/Black British
Asian/Asian British
Mixed/multiple ethnic groups
Other ethnic group (please state)
Prefer not to say

Question 16 – What is your sexual orientation?

Heterosexual/Straight
Gay/Lesbian
Bisexual
Other (Please specify)
Prefer not to say

Question 17 – What is your religion or belief?

Christian
Muslim
Jewish
Hindu
Sikh
Buddhist
Non-Religious or Other (Please state)
Question 18 – Do you consider yourself to have a disability? Please tick most appropriate.

No Disability
Physical disability
Sensory impairment
Mental Health condition such as depression, dementia or schizophrenia
Learning difficulty or disability
Prefer not to say
Other (please specify)

Thank you for taking the time to complete this survey