



Patients' views about Woodingdean Medical Centre: Final Report September 2024



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Patients' views about Woodingdean Medical Centre – Executive summary

Introduction

As a result of patients raising concerns over making GP appointments at Woodingdean Medical Centre (WMC), Healthwatch Brighton and Hove undertook a survey with assistance from the practice. In context, compared to 6 months ago, 41.4% found it a 'little more difficult' or 'much more difficult' to make an appointment. A total of 26.5% found this 'much easier' or a 'little easier'. The difficulties were most apparent among people with disabilities, younger people and those from a White-British background compared to ethnically minoritised people¹.

A total of 1,129 people completed the survey – mostly online although paper copies were also available.

Main findings

- The practice had recently made some changes, such as adding content to their website informing people of the services available. Less than one half of patients were aware of the majority of changes.
- Awareness of these changes were low for booking appointments with a Social Prescriber First Contact Practitioner, or Clinical Pharmacist (15.6% aware), and also Enhanced Access appointments (14.2% aware).
- The exceptions were awareness about seeking help from other NHS services (60.5% were aware) and that it is possible to book an appointment with a different health professional depending on the issue (73.8% were aware).
- The survey asked about people's perceived ability to manage their health and care needs. There was high knowledge for how to use the NHS App – 73.6%.
- However, fewer people knew:
 - where to find the tips 'to make the most of your appointment' published on the WMC website (9.4% knew),
 - how to use the e-Consult function on the website (14.6% knew),
 - how to subscribe to 'Practice news' via email (15.6% knew)

¹ Where differences are reported, these are statistically significant, based on the less than 0.05 level or a 95% probability that the observations were not due to chance.

- and how to raise a comment about WMC (16.5% knew).
- There was a generally low level of awareness about the Patient Participation Group (PPG) at Woodingdean Medical Centre. Since 2015, the NHS requires each GP practice to have a PPG. A PPG is a group that consists of patients, carers and GP practice staff which meet regularly to discuss practice issues and patient experience with the aim of improving the service. Only 27.7% of respondents had heard of the PPG and only 13.5% knew about its role. However, 42.1% would like to know more, and 16.9% were interested in joining the PPG.
- People from ethnic minorities and people with disabilities showed most interest in joining the PPG.
- The composition of the PPG was mostly women (61.9%) and White-British (90.0%), with an average age of 60.48 years.
- Raising the PPG's awareness of the changes in the practice would be valuable in certain areas, especially the availability of Enhanced Access (22.7% aware) and the out of hours phone number (27.3%). Members of the PPG also need to be more able to subscribe to the 'practice news' (22.7% knew), where to find the 'tips to make the most of your appointment' published on the website (22.7%) and use e-Consult (27.3%).
- There was only a 10-percentage point difference between whether people favoured more advance appointments or more on the same day. People from ethnic minorities were more likely to prefer available on the day appointments (51.7%) compared to 42.6% of White-British people.
- People showed preference for phone appointments (63.5%) and to extend the period of appointments bookable in advance from 2 to 4 weeks (59.8%). 45.6% wanted more service updates from the Practice keeping them informed about the changes that may help them access care more easily and 38.4% were interested in video appointments.
- Men, ethnic minorities, LGBT and younger people were particularly interested in phone appointments. People who were LGBT showed the strongest preference, independent on the other factors such as gender and ethnicity.
- E-Consult is rarely used (70.7% had never used it). Older people were least likely to have used it (47.9% of 45-64 year olds had never used e-Consult, compared to 15.7% of 25-44 years olds).
- People with disabilities found e-Consult more difficult to use - 39.6% of those with disabilities found it 'difficult' or 'very difficult' to use compared to 26.6% of those without a disability.

- However, of those who have used e-Consult, a greater proportion found it easy to use (44.6%) compared to those reporting difficulties (31.7%).
- Once people are able to make an appointment at WMC, people showed that the quality of care is generally excellent.
- Between 72.5% and 82.2% rated the care as 'Good' or 'Very good' in terms of Listening to you (82.2% 'Good' or 'Very good'), Treating you with care and concern (81.3%), Giving you enough time (78.8%), Explaining tests and treatments (76.2%), Involving you in decisions about your care (73.3%), Having access to relevant medical information about you (72.9%) and Addressing your needs or making plans to do so (72.5%). Only between 6% and 8% noted any aspects of the care as 'Very poor' or 'Poor'.

Recommendations

1. Increase patient awareness about the new initiatives and information available at WMC. A review of the WMC website may help with this.
2. Increase people's ability to help with their health and care, including how to navigate the WMC website and use e-Consult.
3. Raise the awareness of the PPG and its role to patients.
4. Although acknowledged as a voluntary role, try to broaden the demographic profile of the PPG, by including more men, more ethnic minority representation and younger people.
5. Repeat the question about whether making an appointment has become easier or more difficult in the previous 6 months, using this survey's question as a baseline. This would also help to see whether those populations of White-British, those with disabilities and younger people no longer experience the greater difficulties in accessing appointments.
6. Offer appointments both in advance and on the same day.
7. Offer more phone and video appointments.
8. Raise awareness of e-Consult and have this open on the website for longer.

Response from Woodingdean Medical Centre

WMC Healthwatch Brighton and Hove Survey response August 2024

We are grateful to Healthwatch Brighton and Hove for organising the survey on behalf of our patients and the Practice. Thank you to those patients who completed the survey and who also completed the annual national GP Survey the results of which were published in July.

We are pleased with the feedback from patients that the quality of care we provide is good.

We welcome the support our PPG has given us over a number of years providing valuable feedback to our service and raising funds to buy equipment for the Practice. If any patient would like to join our PPG they can do so via our website.

We understand that access to GP appointments is challenging for patients of our Practice and Primary Care as a whole. We appreciate the feedback you have been giving us and we have been looking at how we can adapt our capacity to the demand from patients.

We always want to give priority to face to face appointments as we believe this is better for patient care however patients can always request their telephone appointments as an alternative. Depending on the nature of the patient's condition a face-to-face appointment may be necessary.

We have responded to feedback and introduced pre-bookable appointments up to 2 weeks ahead and happy to extend this further.

We continue to work on our website to help patients and we acknowledge that further work is need to make navigation to information easier. If you would like to receive news about the Practice you can sign up via our website. We have already made the following changes to our website:

- how to book an appointment and the different types of health care professional you can see
- additional information about long term condition management and the way we can help patients
- information about help for patients outside the practice including the Enhanced Access Service and appointments provided by Brighton and Hove Federation
- easier navigation

- enhanced the profile of eConsult on the website. eConsult is a platform added to our website by an external provider and we can pass on feedback to them on its functionality

Improving appointment availability is an area we will continue to develop with the support of our PPG, patient feedback, Healthwatch and the local Commissioners.

Thank you again for the feedback.

Woodingdean Medical Centre

Patients' views about Woodingdean Medical Centre – Main Report

1 Introduction and background

As a result of patients raising concerns over making GP appointments at Woodingdean Medical Centre (WMC), Healthwatch Brighton and Hove undertook a survey with assistance from the practice. Rather than reiterate these concerns, the survey intended to explore awareness and opinion about changes already made by the practice and test the appetite for new options, such as preference for more phone appointments or more appointments offered in the future as opposed to the same day.

A total of 1,129 people completed the survey, from 5,740 sent texts by the Practice (19.9% response rate). The large number of responses allowed the data to be compared by age, gender, sexual orientation, disability and ethnicity.

1.1 Woodingdean Area Profile:

Woodingdean is an Eastern ward within the city of Brighton and Hove. It has a population of approximately 9,800 people according to the 2021 census published by the Office for National Statistics (ONS). It is separated from the main part of the city by Downland and the Brighton Racecourse.

Map of Brighton and Hove Wards



A total of 90.3% of the population of Woodingdean is White-British which is higher than the Brighton and Hove proportion of 75.8% (ONS Census, 2021). 3.7% of residents are from an Asian background and 1.2% are Black, Black British or Caribbean or African.

Woodingdean's population is older than the Brighton and Hove average. The 2024 Joint Strategic Needs Assessment for Brighton shows that in Brighton and Hove, less than a fifth of the total population (19%) is aged 60 years old or older. However, in Woodingdean 27.4% of people are aged 60 years or older (ONS Census, 2021). Additionally, 20.6% of residents are registered as disabled under the Equality Act compared to 18.7% across Brighton and Hove (ONS Census, 2021).

Deprivation in England and Wales is currently measured through the Indices of Multiple Deprivation (IMD). These are datasets that measure relative deprivation in neighbourhood-size areas across the UK. Measures include deprivation statistics on income, employment and housing. IMD combines information from these different domains of deprivation to produce an overall score and rank for each area.

In terms of deprivation, Woodingdean covers one Middle layer Super Output Area (MSOA) and six Lower Super Output Areas (017A- 017F). The MSOA for Woodingdean is ranked at 17,275 – which is in the mid quintile range for deprivation based on the IMD.

However, at the Lower Super Output Areas (LSOA) level, there is a wider variety of deprivation with one LSOA (017E) in the 20% most deprived neighbourhoods in the country and one (017A) is amongst the 30% most deprived neighbourhoods in the country (IMD 2019, ONS).

In summary, Woodingdean is less diverse than other parts of Brighton and Hove in terms of ethnicity and it also has an older age profile. There are pockets of deprivation and there is a slightly higher proportion of people registered disabled compared to Brighton and Hove.

1.1 Methods

An online survey was shared to 5,740 patients at WMC by text. Paper copies of the survey were also made available at the surgery and at the local Community Centre to ensure those who do not have access to the internet were still able to take part. Woodingdean Carnival, a local event, was attended by Healthwatch staff and volunteers to raise awareness of the survey and encourage participation. Posters with QR codes that linked to the survey were placed in the library and at a local pharmacy.

The online survey comprised a total of 22 questions including equalities data which will allow differences across the sample to be analysed, for example, by age, gender and disability. The questionnaire can be viewed in Appendix 1 and typically took 5-10 minutes to complete.

1.2 Analysis

All responses presented are derived from valid data i.e. from all those people who provided a response and exclude missing data. In some cases, the percentage totals do not add to 100 per cent exactly due to the rounding up or down of decimal points.

Several questions were recoded, for example, in the location question where some responses presented as 'other' and could be recoded to Woodingdean, Ovingdean etc.

10 headline findings were used to assess whether there were differences by age, disability, sexual orientation, gender and ethnicity. These questions for further analysis were selected by their perceived importance in informing practice, such as interest in phone appointments. They are also selected based on a sufficient number of responses to a question that supports comparative analysis² These questions are as follows:

1. Awareness that 'you can book an appointment with a different health professional depending on your issue e.g. GP/ANP (Advanced Nurse Practitioner), Practice Nurse, phlebotomist.'
2. Awareness that 'you have a choice of venue for where you can have your blood taken and x-ray performed outside the practice.'
3. Patients who said 'I would like to know more about the Patient Participation Group.'
4. Patients who said they were 'interested in joining the Patient Participation Group.'
5. Patients who preferred 'a greater proportion of appointments available in advance and less appointments available on the day'.
6. Patients who preferred 'a greater proportion of appointments available on the day and less appointments bookable in advance'.
7. People who preferred 'an option to have phone appointments.'
8. People who preferred 'more service updates from the Practice keeping you informed about the changes that may help you access care more easily'.
9. People who find it 'very easy' or 'easy' to use e-Consult.
10. People who have found it 'much more difficult to make an appointment' (over the previous 6 months)

More detail about the analysis including the statistical tests and results can be seen in Appendix 2.

² Such as awareness of 'being able to book an appointment with a different health professional depending on the issue' – mentioned by 60.5% of people, relative to only 15.6% of people being aware of 'booking an appointment with the Social Prescriber, First Contact Practitioner, or Clinical Pharmacist'. The latter would not be sufficient to show comparisons across the sample.

2 Findings

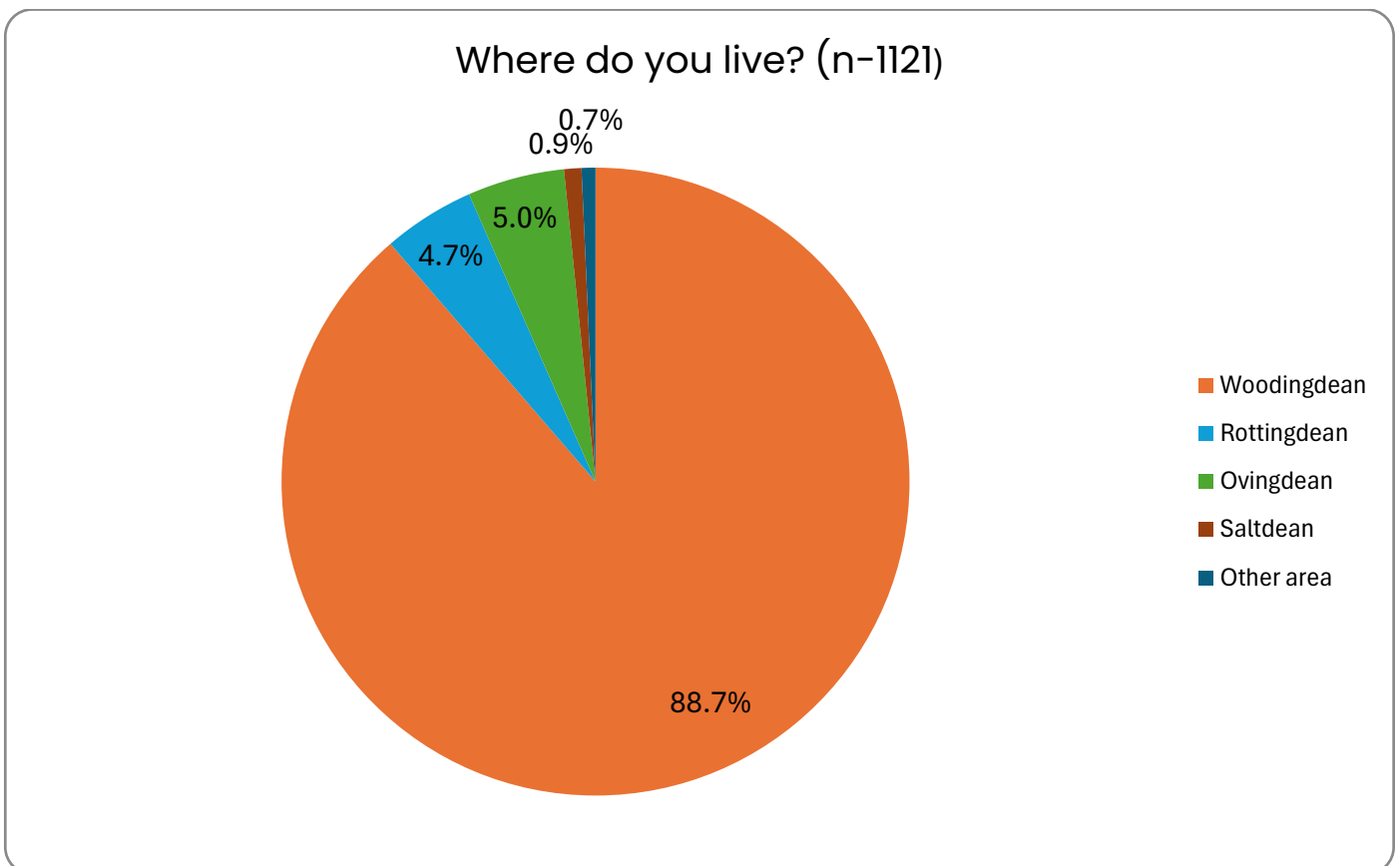
A total of 1,129 people completed the survey. Not all of the 1,129 completed every question. We have included those who completed at least one-half of the questionnaire. Each set of findings will be presented as frequencies; including differences by gender, ethnicity, sexual orientation, disability and age (and reported where there are statistically significant differences).

To place these findings in context, results from the 2024 GP patient survey (for WMC compared to national and local ICS data) are shown in Appendix 3. Results from the 141 people who responded to this will be referenced where there are comparable findings.

Sample profile

As a context to the main findings, those who completed the survey were as follows³:

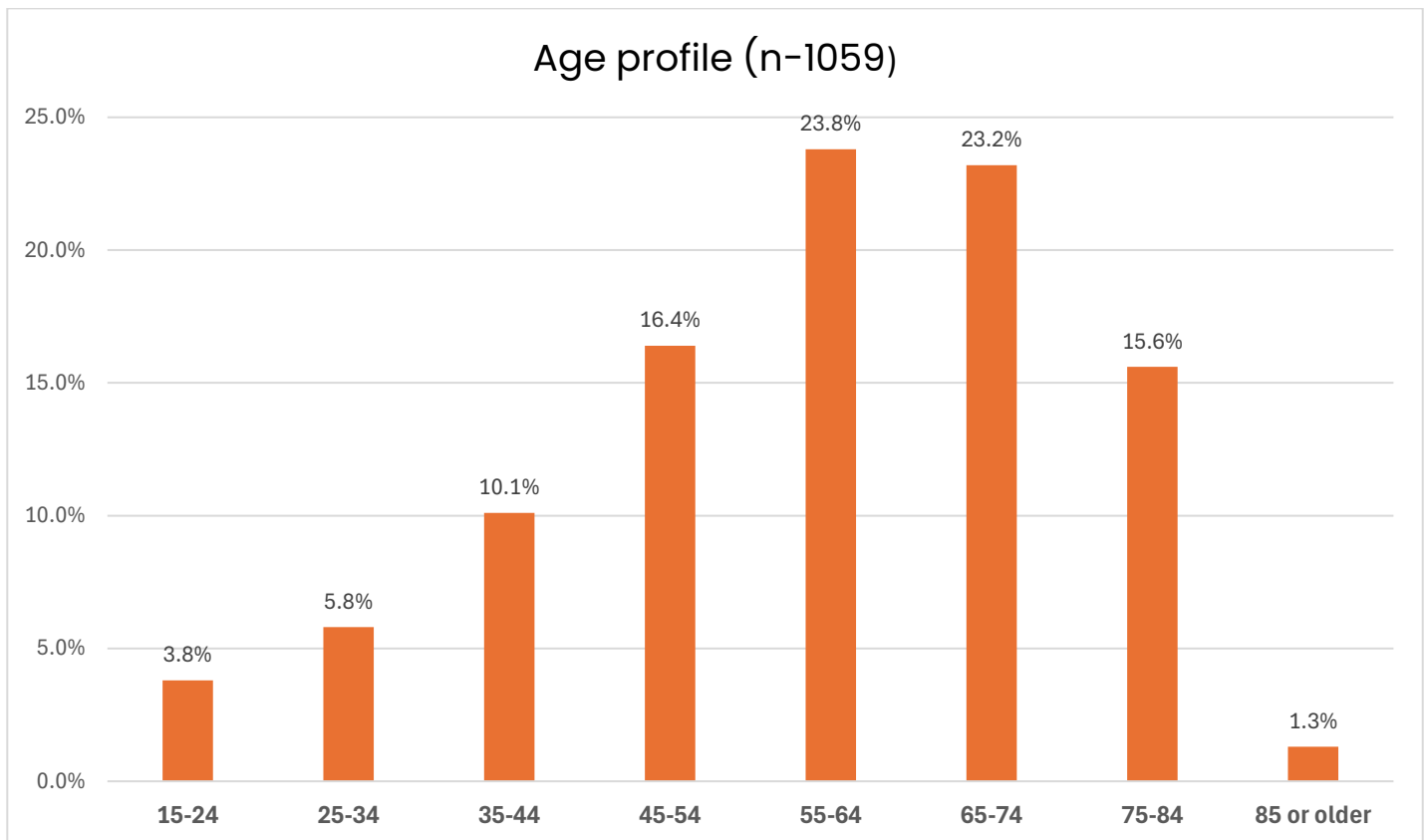
88.7% lived Woodingdean, 5.0% in Ovingdean, and 4.7% lived in Rottingdean.



³ n denotes sample completing the question.

64.2% were female and 35.3% were male. The remaining were non-binary (0.2%) and 'prefer not to say' (0.3%). This gender imbalance is typical of those responding to surveys on health and care locally and nationally⁴. This compares to the Brighton and Hove figure of 51.1% female and 48.9% male⁵.

Age ranged from 15 to 91 years. The average age was 58.4 years. 47.0% of the sample were aged 55–74 years compared to the Brighton and Hove proportion of 19.1%. Chart on age bands from the following data:



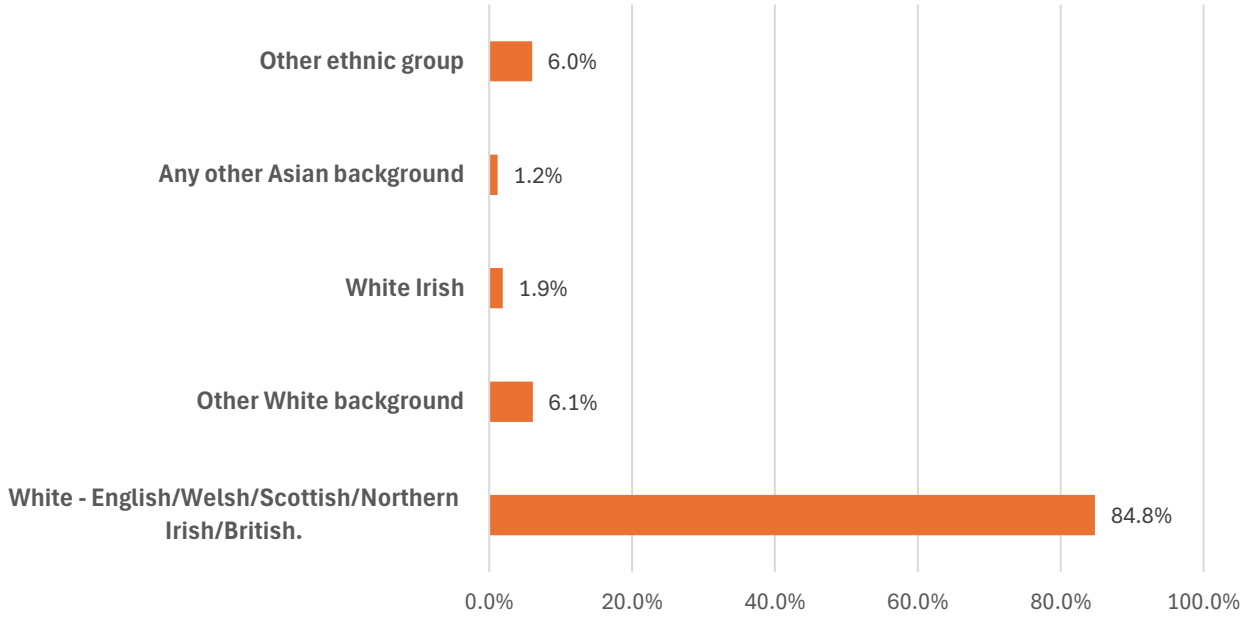
97.3% identify as the sex they were assigned at birth – 1.4% said they did not identify with their sex assigned at birth, compared to the census figure of 1.0%.

84.8% were White – English/Welsh/Scottish/Northern Irish/British. Larger other groups were any other White background (6.1%), White Irish (1.9%) and Any other Asian background (not Asian or Asia British – Bangladeshi, – Indian or – Pakistani) (1.2%). All other ethnic groups comprised 1.0% or less. The proportion of White-British people compares to the Brighton and Hove figure of 85.4%.

⁴ Wang Y, Hunt K, Nazareth I, et al Do men consult less than women? An analysis of routinely collected UK general practice data. *BMJ Open* 2013;3:e003320. doi: 10.1136/bmjopen-2013-003320.

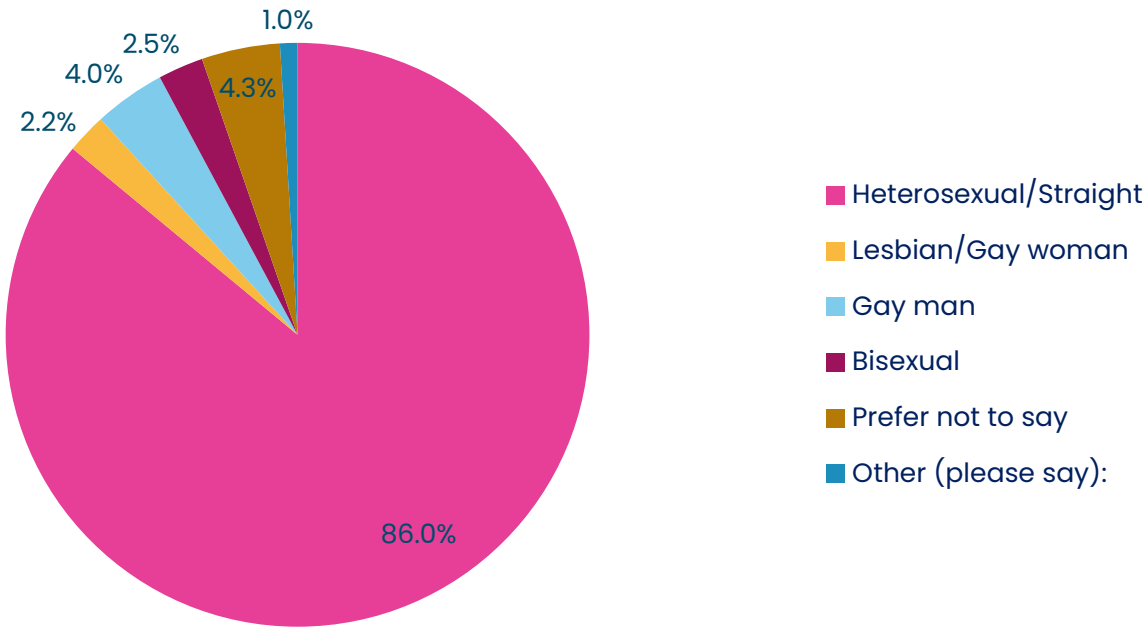
⁵ From census 2021 data unless specified.

How would you describe your ethnic origin? (n=1025)



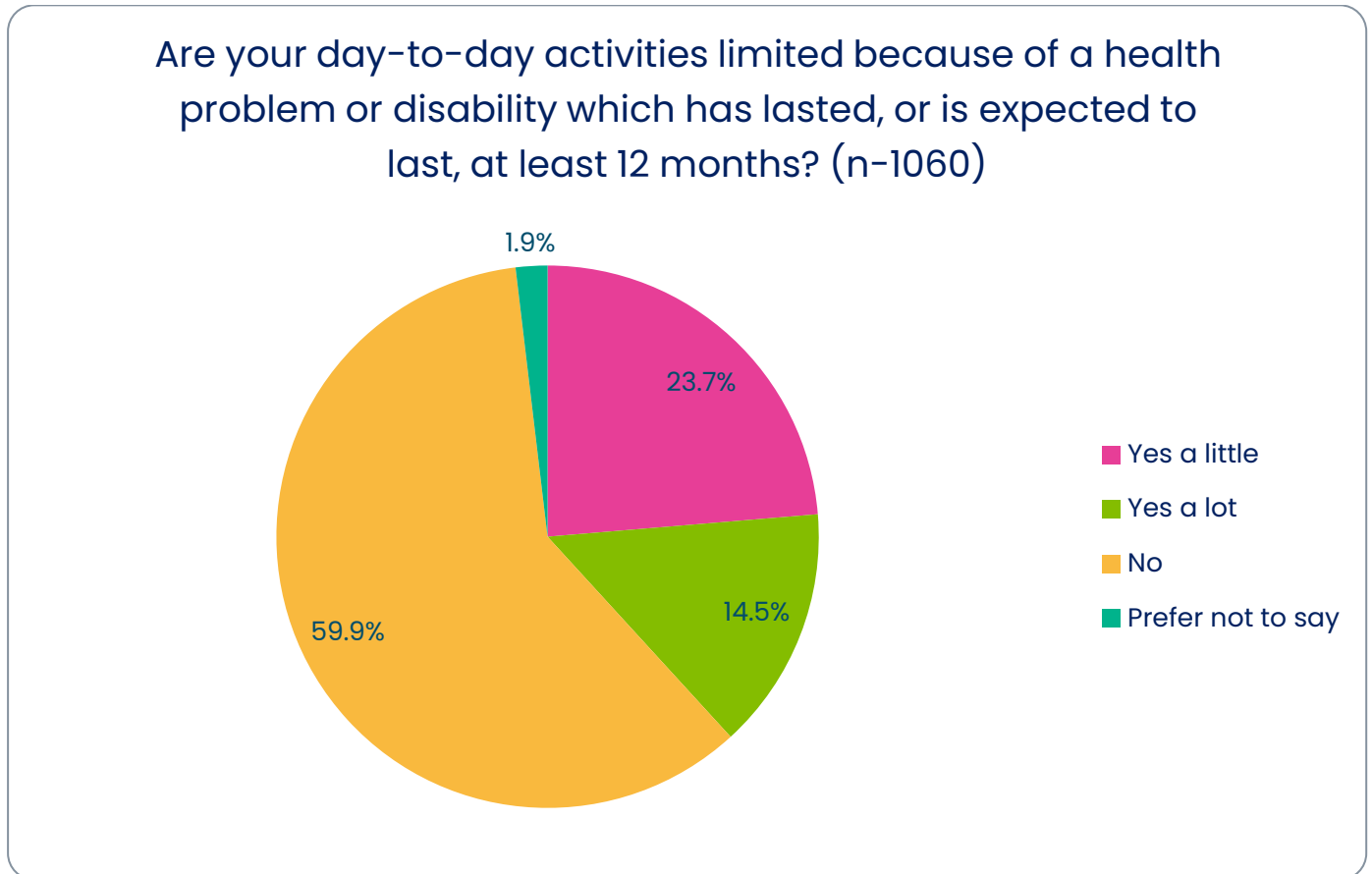
86.0% were heterosexual/straight, 4.0% were a Gay man, 2.2% were a Lesbian/Gay woman, and 2.5% were Bisexual. The LGBT data compares to the Brighton and Hove figure of 10.6%.

Which of the following best describes your sexual orientation? (n=1036)



17.3% were unpaid carers. This compares to the Brighton and Hove figure of 7.8%.

38.2% said that their day-to-day activities were limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months. 23.7% said this was limited 'a little' and 14.5% said 'a lot'. This compares to the Brighton and Hove figure of 18.7%⁶.



Of those with a disability, the most common issues were physical impairment (53.5%), a long-standing illness (30.5%) and a mental health condition (23.0%).

For religion, 41.4% were Christian with the next highest response being no religion (26.3%). This compares to the Brighton and Hove figure of 30.9% Christian and 55.2% 'no religion'.

One person was currently serving in the UK Armed Forces, 47 had served in the past, and 38 were a member of a current or former serviceman or woman's immediate family or household.

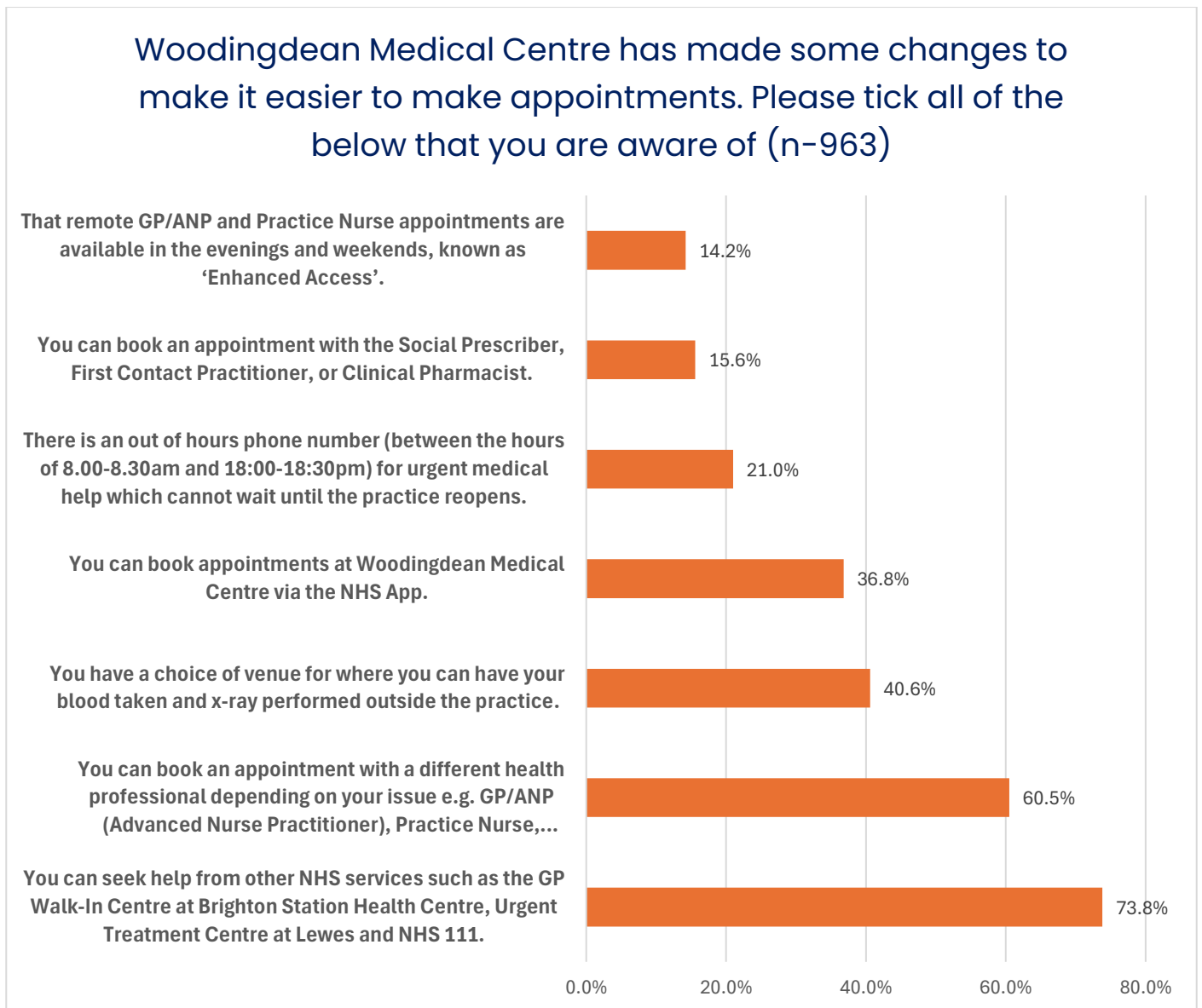
⁶ This measure defines disability according to The Equality Act as an individual is disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities.

23.5% or 178 people offered to have a short phone call to talk about their views further.

2.1 Awareness of changes made by WMC:

Throughout the findings, key implications for WMC are noted in red.

The areas of relatively high and low awareness about changes made by WMC are as follows (in rank order):



The chart shows high to medium level of awareness for (appropriately 40% to 75%):

- 'You can seek help from other NHS services such as the GP Walk-In Centre at Brighton Station Health Centre, Urgent Treatment Centre at Lewes and NHS 111' - 73.8%

- 'You can book an appointment with a different health professional depending on your issue e.g. GP/ANP (Advanced Nurse Practitioner), Practice Nurse, phlebotomist' – 60.5%.
- 'You have a choice of venue for where you can have your blood taken and x-ray performed outside the practice' – 40.6%.
- 'You can book appointments at Woodingdean Medical Centre via the NHS App' – 36.8%.

By contrast, lower level of awareness was shown for (less than 20%):

- 'You can book an appointment with the Social Prescriber, First Contact Practitioner, or Clinical Pharmacist' – 15.6%.
- 'That remote GP/ANP and Practice Nurse appointments are available in the evenings and weekends, known as 'Enhanced Access' – 14.2%.

There were statistically significant⁷ differences in response by ethnicity and age. People from White-British backgrounds were more likely to be aware that 'you have a choice of venue for where you can have your blood taken and x-ray performed outside the practice' – 42.3% of White-British were aware compared to 33.1% of people from ethnic minorities⁸.

For the same question, older people were more likely to be aware that they have a choice of venue for where they can 'have your blood taken and x-ray performed outside the practice', compared to younger people⁹.

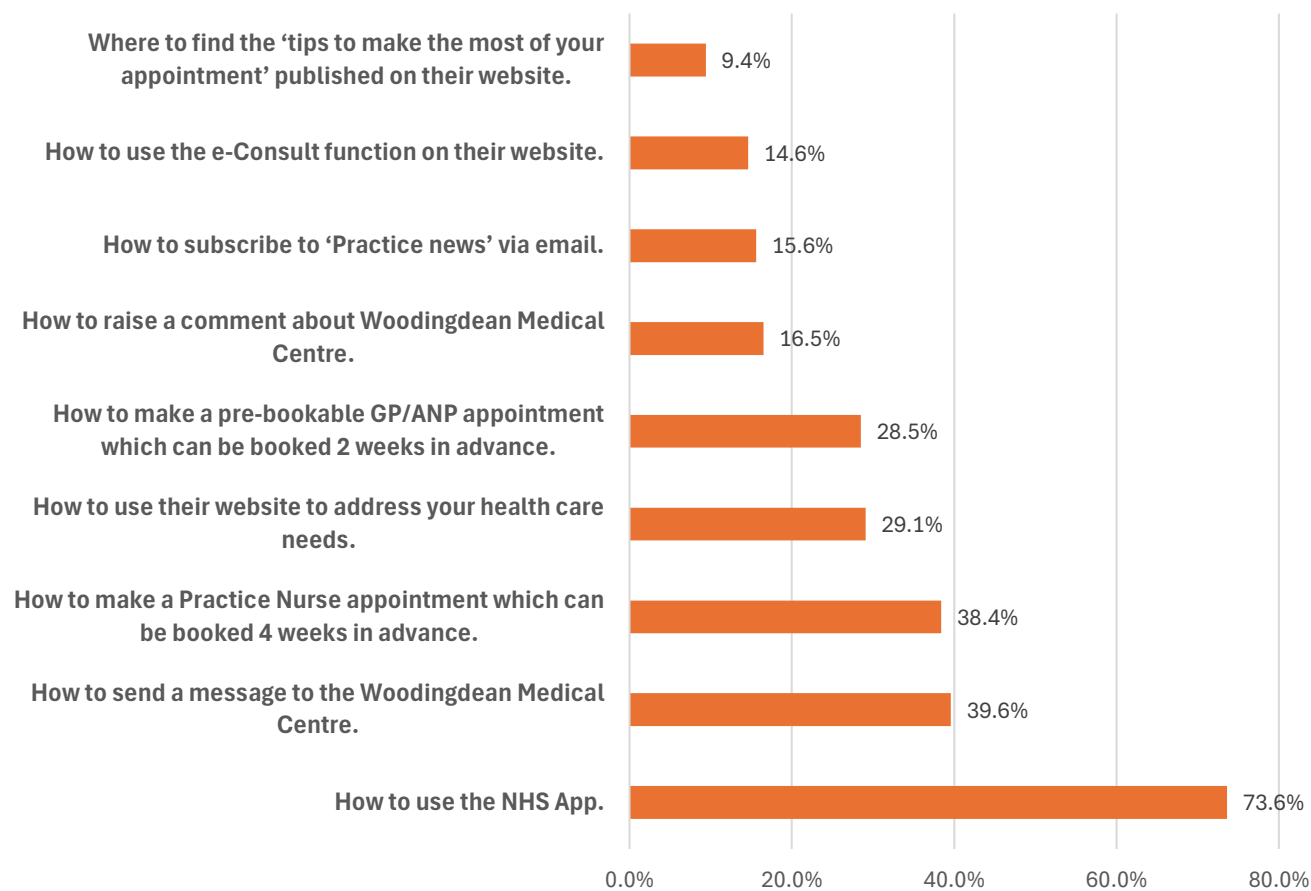
In relation to levels of awareness, a question asked about people's ability to use various options provided by WMC. These are shown as follows in rank order:

⁷ Statistically significant differences are based on the less than 0.05 level, or a 95% probability that the observations were not due to chance.

⁸ For all % used in differences, the literal explanation using this example is: 'Of those people who were White-British, 42.3% were aware that 'you have a choice of venue for where you can have your blood taken and x-ray performed outside the practice' compared to 33.1% of people from ethnic minority backgrounds (either side of the overall figure of 40.6% who were aware).

⁹ Based on a mean rank of age given the non-parametric age data – see Appendix 2 for the precise ranks.

Do you know how to do any of the following below?
Please tick all that apply (n=855)



There was high knowledge was for how to use the NHS App - 73.6%.

Less than 20% knew how to do the following:

- Where to find the 'tips to make the most of your appointment' published on their website - 9.4%.
- How to use the e-Consult function on their website - 14.6%.
- How to subscribe to 'Practice news' via email - 15.6%.
- How to raise a comment about Woodingdean Medical Centre - 16.5%.

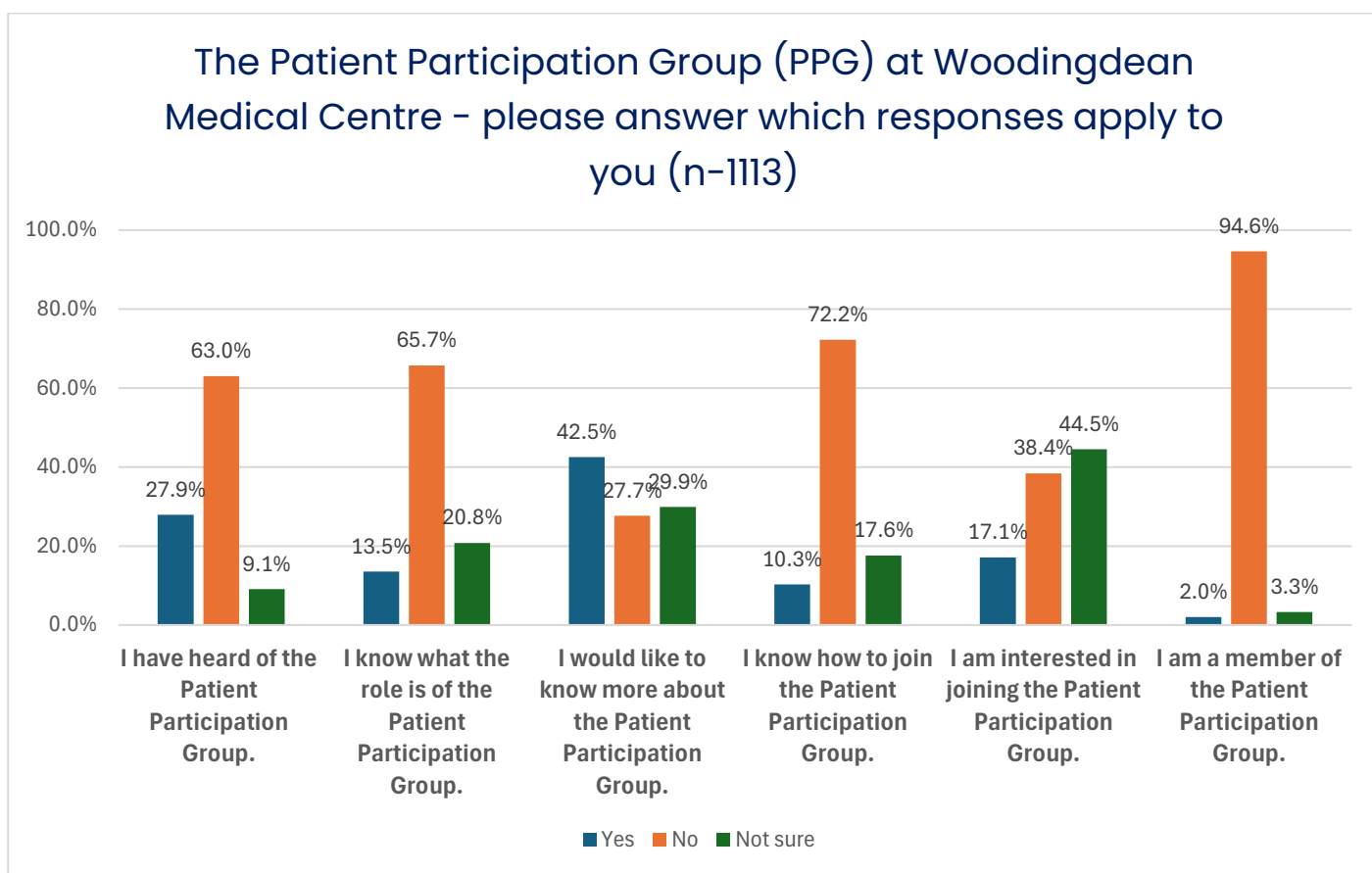
Awareness of the recent changes made by WMC: less than one half of patients were aware of the majority of these. There is a particular case to raise awareness about appointments with a Social Prescriber, First Contact Practitioner, or Clinical Pharmacist (15.6% aware) and also Enhanced Access appointments (14.2% aware). The exceptions were seeking help from other NHS services (60.5% were aware) and being aware that it is possible to book an appointment with a different health professional depending on the issue (73.8% were aware).

There is a need to raise people’s ability in the following areas: where to find the ‘tips to make the most of your appointment’ published on the WMC website (9.4% knew), how to use the e-Consult function on the website (14.6%), how to subscribe to ‘Practice news’ via email (15.6%), and how to raise a comment about WMC (16.5%).

A review of the WMC website may help in raising awareness of these changes.

2.2 The WMC Patient Participation Group (PPG):

There was generally a low level of awareness about the PPG (27.7% had heard of the PPG) and its role (13.4% were aware of its role). However, 42.1% would like to know more, and 16.9% were interested in joining the PPG. The full results are shown below:



When examining statistically significant differences across the sample, people from ethnic minorities showed greater interest in knowing more about the PPG. 61.1% of ethnic minorities expressed interest in knowing more compared to 40.1% of those of White-British backgrounds. Also, people from ethnic minority backgrounds also showed more interest in joining the PPG compared to White-British people – 28.5% of ethnic minorities expressed interest compared to 15.7% of those of White-British backgrounds. People with disabilities also showed more interest in joining the PPG. – 39.3% of people with disabilities expressed interest compared to 27.0% of those without disabilities.

While there is some interest to knowing more about the PPG, including those who would be interested in joining, there is a case to raise awareness of the PPG and its role. People from ethnic minorities and people with disabilities showed most interest in joining the PPG.

22 respondents to the survey said they were members of the PPG at WMC. Similar to the wider sample, members of the PPG are mostly female (61.9% compared to the wider sample of 64.2%). The PPG, however, are notably more White-British (90.0% compared to 84.8%) and heterosexual (90.5% compared to 86.0%) including 'other' and 'prefer not to say'. The average age is greater than the sample as a whole (60.48 years compared to 58.4 years). The PPG has a higher proportion of people with disabilities (42.9% relative to 38.2%). Members of the PPG also represent a lower proportion of carers (24.3% compared to 17.3%).

Members of the PPG generally showed greater awareness about the recent changes implemented at WMC. The exception was for 'You can seek help from other NHS services such as the GP Walk-In Centre at Brighton Station Health Centre, Urgent Treatment Centre at Lewes and NHS 111', whereby 68.2% of the PPG were aware compared to 73.8% of the wider sample.

As for the sample as a whole, there was lower awareness 'that remote GP/ANP and Practice Nurse appointments are available in the evenings and weekends', known as 'Enhanced Access', whereby 22.7% of the PPG were aware and 'There is an out of hours phone number (between the hours of 8.00-8.30am and 18:00-18:30pm) for urgent medical help which cannot wait until the practice reopens' (27.3% of the PPG were aware).

Members of the PPG also generally showed higher levels of ability, except for 'How to use the NHS App' – 59.1% of members were able to use this, compared to 73.6% of the wider sample. There were notably lower levels of ability (23% to 27%) in terms of 'How to subscribe to 'Practice news' via email' (22.7% knew), 'Where to find the 'tips to make the most of your appointment' published on their website' (22.7% knew), and 'How to use the e-Consult function on their website' (27.3% knew).

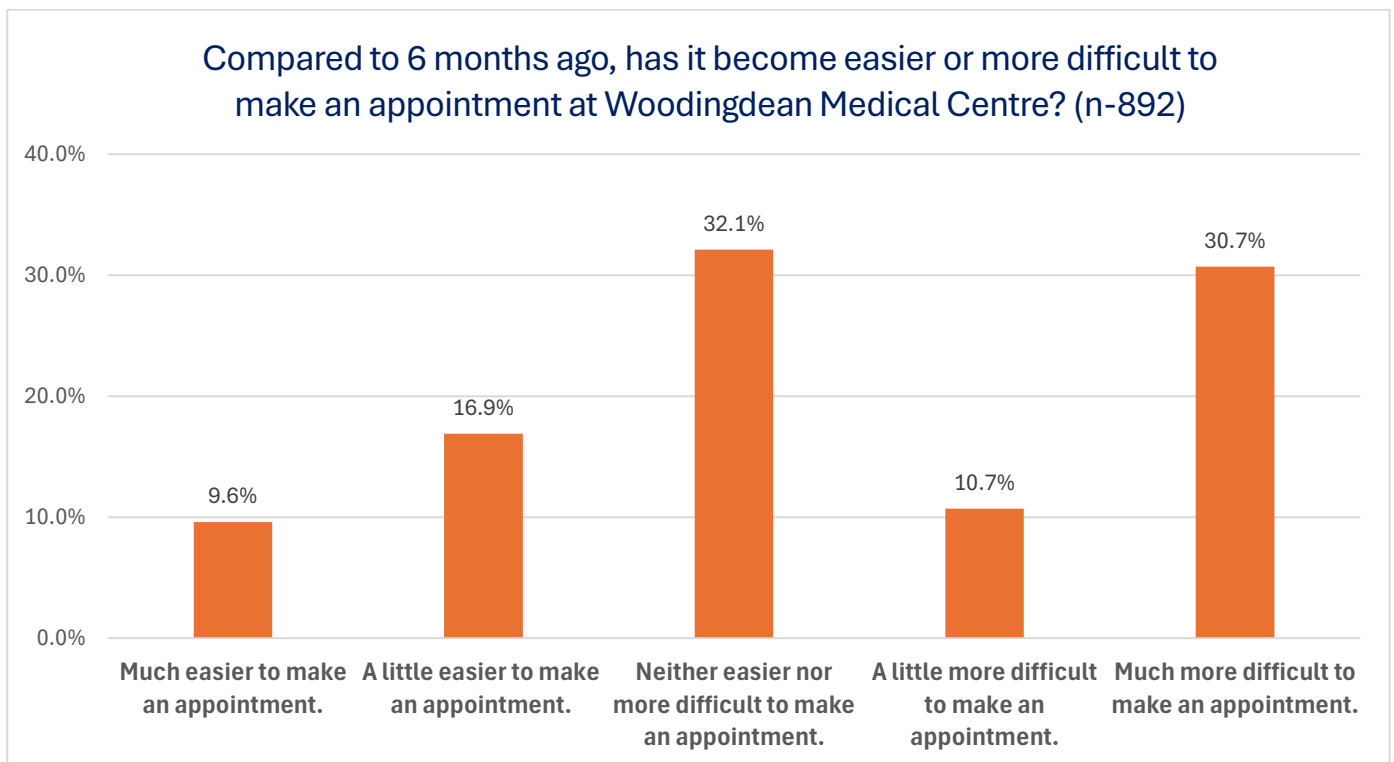
For the remaining question, PPG members provided statistically significant higher ratings of the quality of care (in terms of the 'very good' ratings), averaging about 10 percentage points higher than the remainder of the sample. There are no further statistically significant differences, between the PPG and the wider sample, in preference for more advance or same day appointments, ease at getting appointments compared to 6 months ago, preference for phone appointments, preference for video appointments, and ease of using e-Consult.

Although acknowledged as a voluntary role, there is a case to broaden the demographic profile of the PPG, by including more men, more ethnic minority representation and younger people. Raising the PPG’s awareness of the changes in the practice is necessary in certain areas, especially the availability of Enhanced Access and the out of hours phone number. Members of the PPG also need to be more able to subscribe to the ‘practice news’, use e-Consult, and where to find the ‘tips to make the most of your appointment’ published on the website.

2.3 Difficulties in making appointments:

Overall, people found it more difficult to book an appointment at WMC compared to 6 months ago. Among those who had made an appointment at WMC within the last 6 months, 41.4% found this a ‘little more difficult’ or ‘much more difficult’ to make an appointment compared to 6 months ago. This compares to 26.5% who found this ‘much easier’ or a ‘little easier’. Most people responded that this was neither easier nor more difficult to make an appointment.

Although the questions from the national GP 2024 survey was worded slightly differently, 39% of respondents said the overall experience of contacting the practice was ‘very good’ and 25% as ‘fairly good’. 15% and 18% of WMC respondents found it ‘very easy’ to *contact* the Practice by phone and website respectively. 33% found contact by phone was ‘easy’, as did 18% via the website. Contact by phone was similar to the national and ICS levels, although via the website was lower (see Appendix 3).



People from ethnic backgrounds found it 'much easier' or a 'little easier' to make an appointment compared to 6 months ago – 32.0% of ethnic minorities said this compared to 25.3% of White British people. Men also found it much or a little easier to get an appointment (46.7%) compared to 6 months ago, compared to women (35.2%). Also, people with disabilities found it a 'little' or 'much more difficult' to make an appointment compared to 6 months ago (44.2%), relative to those without disability (39.4%). Finally, younger people have found it a 'little' or 'much more difficult' to make an appointment in the last 6 months compared to older people¹⁰.

A logistic regression test [526 people] was undertaken to see which factors were most important in predicting ease or difficulty in making an appointment compared to 6 months ago, when controlling for the effects of other factors¹¹. This revealed that the strongest independent factor was age, whereby older people found it easier to make an appointment compared to younger people, followed by gender whereby men found it easier to get an appointment compared to women, compared to 6 months ago.

The recommendation would be to ask this question to registered patients in 6-months-time, or after any changes are made at WMC, to monitor trends see if this proportion has changed. This would also help to see whether those populations of White-British, those with disabilities and younger people no longer experience the greater difficulties in accessing appointments.

Difficulties in booking appointments were also the most frequently raised concern identified through the qualitative analysis of open-ended comments in the survey.

The survey provided two opportunities for open-ended comments.

- 1) Question 6: What other suggestions would you like to see to make it easier to get an appointment at Woodingdean Medical Centre? The final option in the response section was Other (please say what else would make it easier to book an appointment)
- 2) Question 22: This questionnaire has asked you about Woodingdean Medical Centre. Please use this space to add any further comments you have

All opened ended responses were analysed in Excel and grouped into themes.

For Question 6, **191** people left a comment. **150** of these comments concerned the difficulties people experience when they try to make an appointment. Of these 150 comments, **45** of these focused on the difficulty of trying to get an appointment at 8:30am:

¹⁰ Spearman's rank (negative) correlation coefficient was significant – see Appendix 2.

¹¹ Meaning the effects of age (in this example) regardless of a person's gender, sexual orientation, ethnicity, and disability.

"End the 8.30 scramble -it's disheartening and humiliating"

"The end of 8.30 phone race for appointments. Being able to make appointments at 3 pm too".

"Just more face to face appointments that don't have to be booked before they run out at 8.30am!"

38 comments concerned more appointments being available on the same day:

"Easier on the day appointment, lottery of who gets through first on phone"

"Just make daily appointments more available"

26 comments concerned being able to book appointments in advance:

"If you could book an advance appointment when you ring for one "

"Able to phone and book an appointment for the following day or two, if all appointments have been taken on the day you phone"

"Make it possible to book in advance. I am always told this is not possible"

For Question 22, A total of 418 people added comments¹², many which related to making appointments at WMC. Once again, the most common theme identified in the analysis reflected the difficulties in making appointments. **212** people expressed concerns over being unable to book appointments, for example:

"[..] On the day appointment window so small. It happens to be when I do the school run do its very awkward".

"For the last four years the service has gradually got worse and worse. I am a mum of three children and when I need to book the children appointments on many occasion we've ended up at A and E because simple medical issues have gotten worse, because there's been no appointments available at the GP. Every time I call, I am number 50 in a call waiting list and then get cut off".

"It is near impossible to make a doctor's appointment".

¹² Of these, 14 comments differed to the themes outlined in this report.

"I've never known a surgery so difficult to access and book appointments with. I moved here two years ago and I wish I'd stayed with my previous practice in Brighton where I could always get an appointment".

*"The greatest challenge is getting an appointment and doing the 8.30am rush"
"I work full time and have a lot of difficulty making appointments. I am either on the bus travelling to work or am in the office at 8:30 in the morning where people can hear what I am saying or I am not allowed to make calls. When I am able to call all the appointments have gone, and I am told to call back the following morning".*

A further **21** people focused on how the lack of being able to get an appointment either meant their health had suffered or they had given up trying to get an appointment, for example:

"I have not tried to book an appointment recently because every time I have tried in the past I have not been successful. I therefore attempt to treat myself".

"I have had problems in getting an appointment with a doctor in the past. Have these now been resolved? I get anxiety problems now that I am older and slightly afraid to ring the surgery".

"I have some health issues but have given up trying to get an appointment. How can I be 22 on the call waiting list when I call as soon as the lines open?"

"Call dead on 8.30 when it opens its phone lines and end up in a queue at sometimes over 30, then to be told my problem is not an emergency so can't have appointment. Yet I get calls to ask me to go in to talk about my treatment to protect my bones after having surgery on a broken wrist a few years ago. Absolute joke. So no treatment because it's not an emergency and can't make advance appointments as all gone every time I call. Given up now".

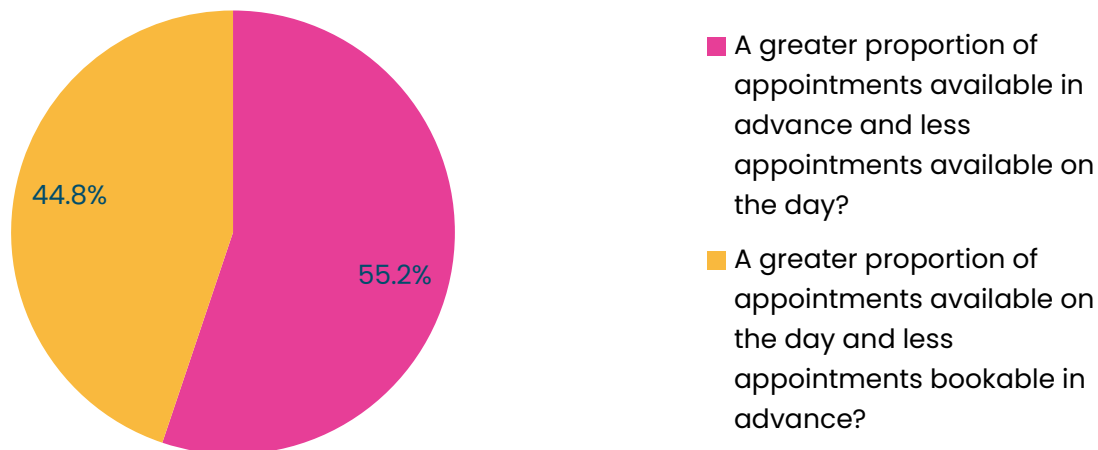
In summary, the analysis of qualitative data clearly reveals the frustrations people have over trying to make an appointment at WMC.

2.4 Appointment options:

There were polarised opinions about preferences for appointments being in advance as opposed to more on the same day.

55.2% said they prefer 'a greater proportion of appointments available in advance and less appointments available on the day', and 44.8% said they prefer 'a greater proportion of appointments available on the day and less appointments bookable in advance'.

Given that there are a finite number of appointments at Woodingdean Medical Centre, which of the following would you prefer? (n=1075)



There was one area of statistical significance, with White-British people preferring advance appointments rather than more on the same day (compared to ethnic minority people) – 57.4% of White-British people preferred advance appointments compared to 48.3% ethnic minorities. A further interpretation of this difference is that ethnic minorities were more likely to prefer available on the day appointments (51.7%) compared to 42.6% of White-British people.

There is little case to favour one type of appointment over another. There was only a 10-percentage point difference between whether people favoured more advance appointments or more on the same day. Are both options available?

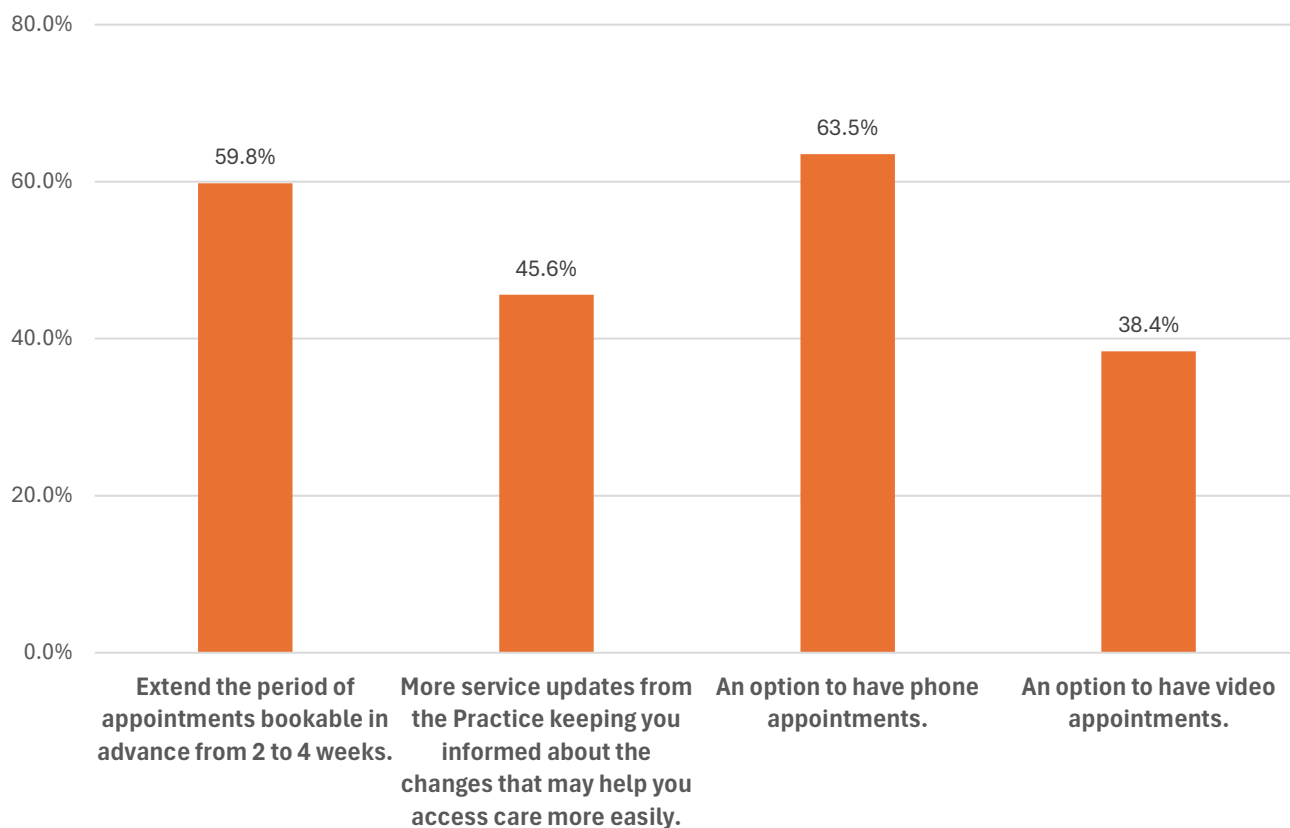
2.5 Ways to make it easier to get an appointment:

To ease the appointment process, the highest level of agreement was for the option to have phone appointments (63.5%), followed by extending the period of appointments bookable in advance from 2 to 4 weeks (59.8%).

Nearly one-half (45.6%) wanted more service updates from the Practice keeping them informed about the changes that may help them access care more easily.

There was a notable, albeit lower interest in having video appointments (38.4%).

What other suggestions would you like to see to make it easier to get an appointment at Woodingdean Medical Centre? Please tick all that apply (n=1055)



The option for phone appointments showed the greatest indicator of statistically significant differences across the sample. To illustrate, 66.7% of men preferred phone appointments compared to 60.2% women; 64.4% of White-British people were interested compared to 55.3% of ethnic minorities; 74.4% of LGBT were interested compared to 62.3% of heterosexual people; and younger people were more interested than older people in phone appointments.

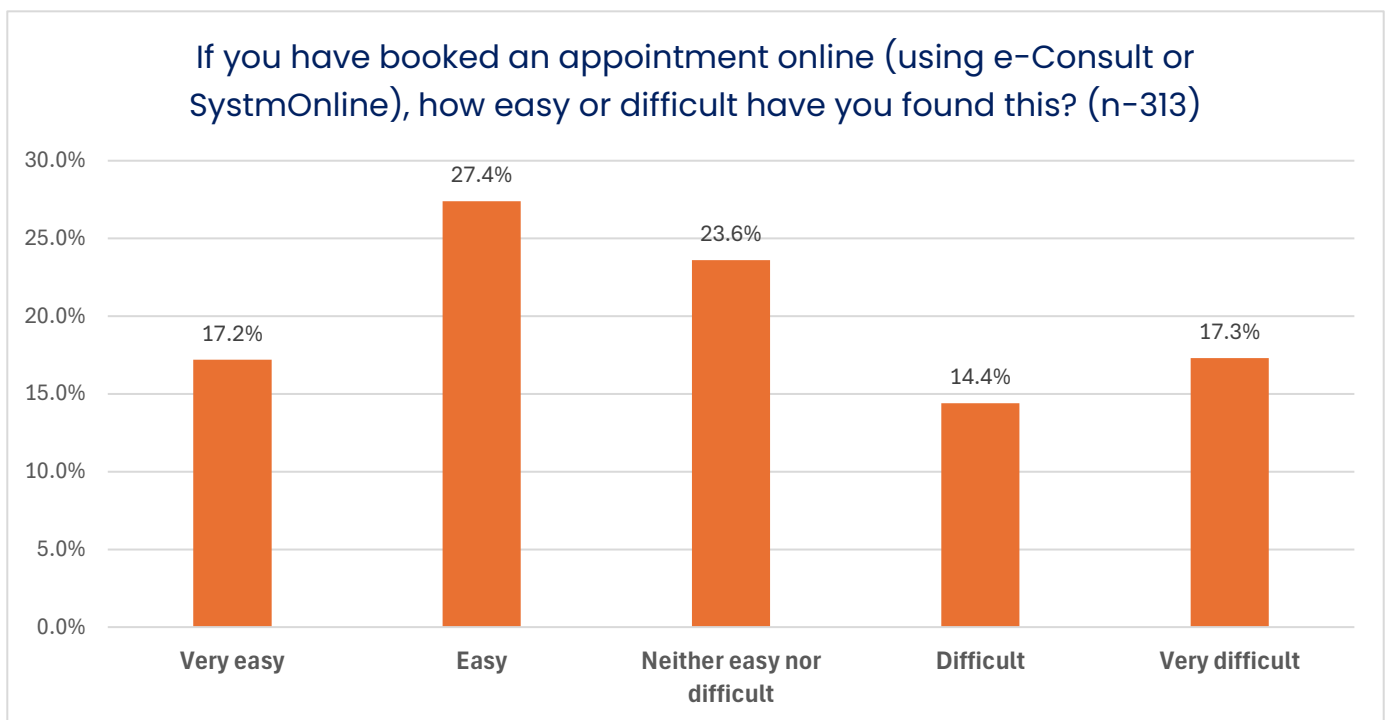
A logistic regression test [911 people] was undertaken to see which factors were most important in predicting a preference for phone calls, when controlling for the effects of other factors. This revealed that the strongest independent factors were preferences for phone appointments by LGBT compared to heterosexual people followed by minority ethnic groups (compared to White-British people).

Matching the gender imbalance in response rates, women were statistically significantly more likely to want service updates from the practice than men (47.3% of women compared to 39.9% of men).

There is a case to offer phone appointments and extend the period of appointments bookable in advance from 2 to 4 weeks. Note certain groups such as men, ethnic minorities, LGBT and younger people were more interested in phone appointments so this may be a means of offering appointments to those less likely to engage with the practice. Nearly 40% were interested in video appointments. These and other changes could be shared by the Practice and also meet the preference to keep patients 'informed about the changes that may help them access care more easily'.

In relation to accessing appointments, 70.7% had not used e-Consult. Note earlier that only 14.6% knew how to use the e-Consult function on their website (also, only 27.3% of the PPG knew).

Among those that had used e-Consult, 31.7% found this was either 'difficult' or 'very difficult'. A total of 44.6% found e-Consult to be 'easy' or 'very easy' to use.



One difference across the sample was statistically significant as regards e-Consult. People with disabilities found it harder to use e-Consult compared to those without disabilities – 39.6% of those with disabilities found it 'difficult' or 'very difficult' to use compared to 26.6% of those without a disability.

Interestingly there was no statistically significant difference by age¹³ – of those that had used e-Consult or SystemOnline, older and younger people reported similar levels of ease and difficulty in its use. However, of the high proportion who had not used e-

¹³ Spearman's rank correlation was non-significant – see Appendix 2.

Consult or SystmOnline, this was mostly in the older age groups. To illustrate, 47.9% of 45–64 year olds had never used e-Consult or SystmOnline, compared to 15.7% of 25–44 years olds.

E-Consult is rarely used, particularly among older people, and around one-third who had used it found this difficult. There is a case to offer more e-Consult availability and raise awareness to patients and the PPG on how to use it. This could be implemented alongside an easier registration process, simplifying questions and avoiding repetitive questions, a video/audio resource on how to use it, and the benefits of its use and likely response times from the Practice.

2.6 Quality of care:

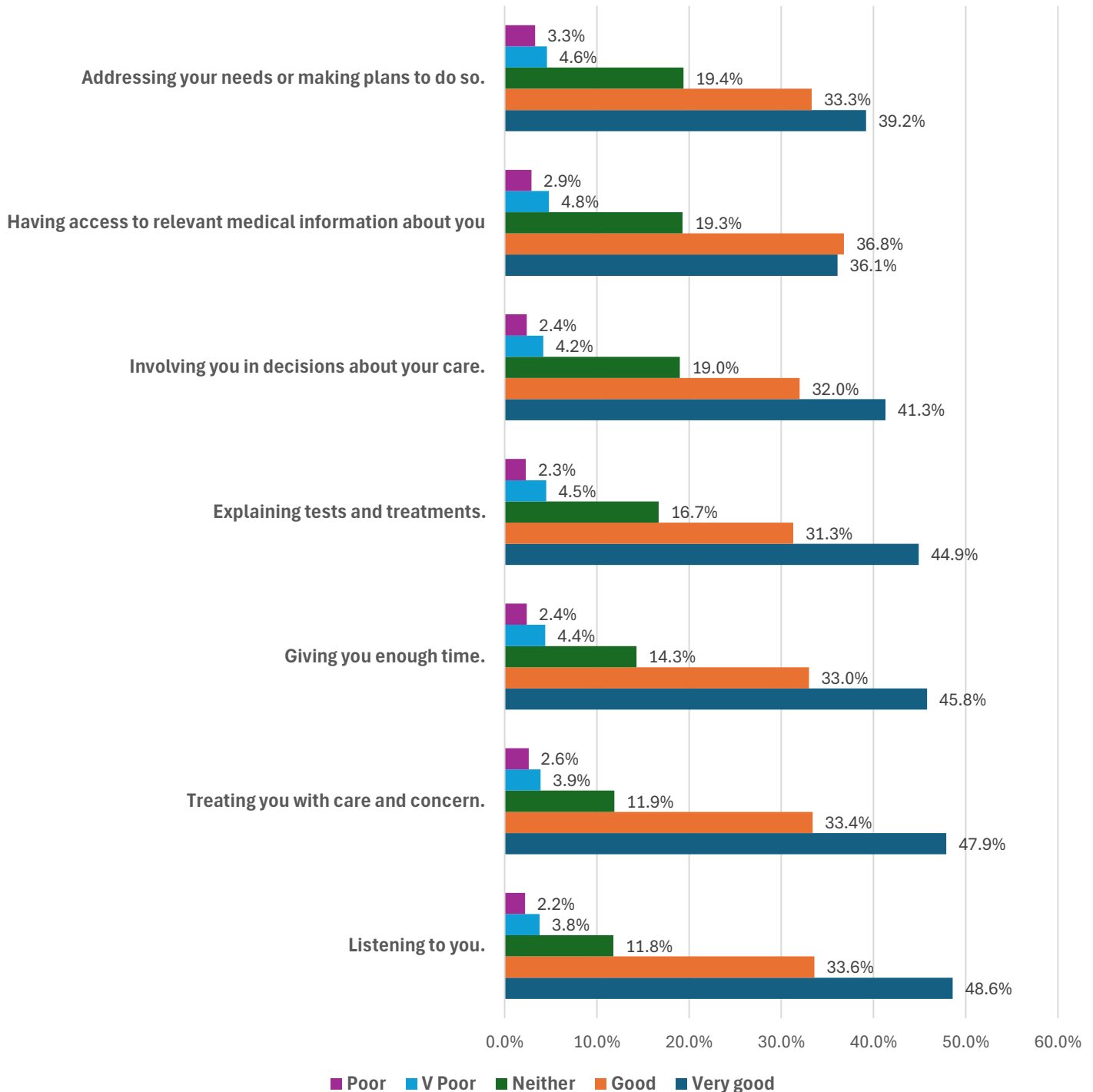
On several questions, the quality of care received by a health care professional at WMC was reported by respondents as being generally excellent. From a five-point scale of 'very good' to 'very poor' the positive responses were as follows (in rank order from those rating as 'Very good' or 'Good', within the range of 72.5% to 82.2%). Only between 6 and 8% noted any aspects of the care as 'Very poor' or 'Poor' (see next page):

Results from the national GP patient 2024 survey bear similar results (Appendix 3). Most findings exceeded the national and ICS levels. Although worded slightly different, between 94% and 98% of patients at their last appointment said that aspects were met 'to some extent' or 'definitely', for: 'The healthcare professional had all the information they needed about the patient' (96%), 'The patient was involved as much as they wanted to be in decisions about their care and treatment' (98%), 'The patient had confidence and trust in the healthcare professional they saw or spoke to' (97%), and 'The patient's needs were met' (94%).

Similarly high percentages from the GP patient survey were shown for aspects being 'fairly good' or 'very good', for: 'The healthcare professional was good at listening to the patient' (94%), 'The healthcare professional was good at treating the patient with care and concern' (93%), and 'Good overall experience of this GP practice' (73%).

Once people are able to make an appointment at WMC the quality of care is generally excellent. This illustrates that the main issue facing patients is being able to make an appointment at WMC. Of the approximately 400 'further comments', around 200 people made reference to difficulties in making an appointment.

Thinking about the last time you saw a health care professional at Woodingdean Medical Centre, how good were they at doing the following? (n=1060-1071)



The qualitative analysis of opened ended comments also revealed that many people had positive experiences about the quality of the care they received from WMC. **134** people shared positive comments in relation to the surgery, for example:

"I have always been offered & given a thoroughly professional & very friendly service".

"The staff on Reception and on the phone are always helpful and courteous. The Nurses and Doctors are always polite, caring, professional and listen to what I have to say. All in all, I find the team are very helpful at Woodingdean Medical centre".

"I have found the reception staff and doctors incredibly friendly, helpful and professional. I cannot speak highly enough of their compassion".

"I am always satisfied whenever I visit the Surgery".

There were far fewer negative comments around the quality of care provided by WMC. However, **20** people did air concerns over being unable to ever see the same GP, for example:

"No info re doctors within practice incl. specialities and experience/ who is your doctor?"

"It would be nice to be able to see a specific doctor".

"It would be good that when you have an appointment you see your doctor or one other rather than always different doctors who don't know your health issues".

"Having continuity is favourable".

A further **18** people were concerned about unwelcoming receptionists or receptionists choosing which service patients received, for example:

"Sometimes the reception is also scary, they give me more medical advice than the actual practitioner".

"Absolute joke. Office staff are rude and not willing to help".

"A little concerned recently when chest pains dealt with by reception staff who ventured a diagnosis and didn't see any urgency".

"Some receptionists are amazing, others are very rude and don't listen or show an interest in trying to support you even when you are on medication".

3 Conclusion

As a result of patients raising concerns over making GP appointments at Woodingdean Medical Centre (WMC), Healthwatch Brighton and Hove undertook a survey with assistance from the practice. In context, compared to 6 months ago, 41.4% found this a 'little more difficult' or 'much more difficult' to make an appointment, compared to 26.5% who found this 'much easier' or a 'little easier'. The difficulties were most apparent among people with disabilities, younger people and those from a White-British background (compared to those from ethnic minorities). These difficulties have been shown by 200 'further comments' referencing the challenges in making an appointment.

Rather than reiterate these concerns, the survey intended to explore awareness and opinion about changes already made by the practice and test the appetite for new options, such as preference for more phone appointments or more appointments offered in the future as opposed to the same day. A total of 1,129 people contributed to the survey.

The surgery had already implemented a number of changes, such as signposting people to new information including Enhanced Access appointments, out of hours contact at WMC and using the NHS App to make appointments. Awareness of this information varied, although there is scope to increase levels given that less than one half of patients were aware of the majority of changes. The exceptions were seeking help from other NHS services (60.5% were aware) and being aware that it is possible to book an appointment with a different health professional depending on the issue (73.8% were aware).

Linked to this awareness, apart from using the NHS App, less than 40% of patients were able to make the most out of the opportunities to seek help and make appointments such as by using e-Consult, how to make pre-bookable appointments with a GP or Practice Nurse and using the website for self-help.

The use of e-Consult is limited. Around three-quarters of respondents had never used it and, among those who had, around one-third found this either 'difficult' or 'very difficult' (although a greater proportion, 44.6% found this 'easy' or 'very easy' to use). This lack of ability to use e-Consult extended to members of the PPG, where only 27.3% were able to use it. People with disabilities found it harder to use e-Consult compared to those without disabilities and, although there was no statistically significant difference in ability by age, it is important to note that older people were more likely to have never used e-Consult.

In terms of future practice, there was little distinction between whether patients preferred more appointments being in advance as opposed to more on the same day. However, in terms of improving access, the highest level of agreement was for the option to have phone appointments (63.5%), followed by extending the period of appointments bookable in advance from 2 to 4 weeks (59.8%). Nearly one-half (45.6%) wanted more service updates from the Practice keeping them informed about the changes that may help them access care more easily. There was a notable, albeit lower interest in having video appointments (38.4%).

The option for phone appointments showed the greatest indicator of statistically significant differences across the sample, being preferred more by men, White-British people, people from the LGBT community, and younger people.

WMC values support from its PPG. Of those members who completed the survey, there is an argument to broaden its profile, by including more men, more ethnic minority representation and younger people. Note that people from ethnic minorities and people with disabilities showed most interest in joining the PPG. Furthermore, raising the PPG's awareness of the changes in the practice is necessary in certain areas, especially the availability of Enhanced Access and the out of hours phone number. Members of the PPG also need to be more able to subscribe to the 'practice news', use e-Consult, and where to find the 'tips to make the most of your appointment' published on the website.

The overriding point is that once people are able to make an appointment at WMC the quality of care is generally excellent. This illustrates that the main issue facing patients is being able to make an appointment at WMC. Patient opinion has provided the evidence-base for future initiatives at the practice to ease this concern.

Appendix 1 – Questionnaire



Your views about Woodingdean Medical Centre

1. Why we are doing this survey?

This 5-10 minute survey, run by Healthwatch Brighton and Hove, asks for your views about Woodingdean Medical Centre.

Healthwatch Brighton and Hove helps to improve health and social care services across the area by listening to people, and using this to influence people who design services. We are completely independent of the NHS and Council.

There is also an opportunity to enter a prize draw to win one of three **£20 High-Street vouchers** and volunteer for a follow-up phone call to discuss your views further.

If you have any questions about the survey please contact info@healthwatchbrightonandhove.co.uk.

All findings are treated in the strictest confidence. For details of our privacy policy please visit www.healthwatchbrightonandhove.co.uk/privacy

Thank you for taking part!

1. Where do you live?

Woodingdean

Rottingdean

Ovingdean

Saltdean

Other area (please specify):

2. Woodingdean Medical Centre has made some changes to make it easier to make appointments. Please tick all of the below that you are aware of.

You can book an appointment with a different health professional depending on your issue e.g. GP/ANP (Advanced Nurse Practitioner), Practice Nurse, phlebotomist.

You can book an appointment with the Social Prescriber, First Contact Practitioner, or Clinical Pharmacist.

You can book appointments at Woodingdean Medical Centre via the NHS App.

That remote GP/ANP and Practice Nurse appointments are available in the evenings and weekends, known as 'Enhanced Access'.

There is an out of hours phone number (between the hours of 8.00-8.30am and 18:00-18:30pm) for urgent medical help which cannot wait until the practice reopens.

You can seek help from other NHS services such as the GP Walk-In Centre at Brighton Station Health Centre, Urgent Treatment Centre at Lewes and NHS 111.

You have a choice of venue for where you can have your blood taken and x-ray performed outside the practice.

3. Do you know how to do any of the following below? Please tick all that apply.

- How to send a message to the Woodingdean Medical Centre.
- How to subscribe to 'Practice news' via email.
- How to make a pre-bookable GP/ANP appointment which can be booked 2 weeks in advance.
- How to make a Practice Nurse appointment which can be booked 4 weeks in advance.
- How to raise a comment about Woodingdean Medical Centre.
- How to use their website to address your health care needs.
- How to use the e-Consult function on their website.
- Where to find the 'tips to make the most of your appointment' published on their website.
- How to use the NHS App.

4. The Patient Participation Group (PPG) at Woodingdean Medical Centre - please answer which responses apply to you.

	Yes	No	Not sure
I have heard of the Patient Participation Group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what the role is of the Patient Participation Group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to know more about the Patient Participation Group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to join the Patient Participation Group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in joining the Patient Participation Group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a member of the Patient Participation Group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Given that there are a finite number of appointments at Woodingdean Medical Centre, which of the following would you prefer?

- A greater proportion of appointments available in advance and less appointments available on the day?
- A greater proportion of appointments available on the day and less appointments bookable in advance?

6. What other suggestions would you like to see to make it easier to get an appointment at Woodingdean Medical Centre? Please tick all that apply.

- Extend the period of appointments bookable in advance from 2 to 4 weeks.
- More service updates from the Practice keeping you informed about the changes that may help you access care more easily.
- An option to have phone appointments.
- An option to have video appointments.
- Other (please say what else would make it easier to book an appointment):

7. If you have booked an appointment online (using e-Consult or SystemOnline), how easy or difficult have you found this?

		Neither easy nor difficult			Not applicable - I have never used e- Consult or SystemOnline.
Very easy	Easy		Difficult	Very difficult	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Compared to 6 months ago, has it become easier or more difficult to make an appointment at Woodingdean Medical Centre?

Much easier to make an appointment.	A little easier to make an appointment.	Neither easier nor more difficult to make an appointment.	A little more difficult to make an appointment.	Much more difficult to make an appointment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Thinking about the last time you saw a health care professional at Woodingdean Medical Centre, how good were they at doing the following:

	Very poor	Poor	Neither poor nor good	Good	Very good
Giving you enough time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining tests and treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions about your care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having access to relevant medical information about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing your needs or making plans to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We have a legal duty to make sure that we provide our services in a fair way to all members of the community.

To help this, we collect equality data to better understand the demographic profile of our community so we can identify and address barriers to inclusion.

We do this so that we can show that we are acting in accordance with the law as well as to help us review and improve our services.

10. How old are you?



11. What gender are you?

- Female
- Male
- Non-Binary
- Prefer not to say
- Other

12. Do you identify as the sex you were assigned at birth? For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.

- Yes
- No
- Prefer not to say

13. Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.

- Yes
- No
- Prefer not to say

14. How would you describe your ethnic origin?

- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Chinese
- Any other Asian background (please give details)
- Mixed - Asian & White
- Mixed - Black African & White
- Mixed - Black Caribbean & White
- Any other mixed background (please give details)
- White - English/Welsh/Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller
- Any other White background (please give details)
- Black or Black British - African
- Black or Black British - Caribbean
- Any other Black background (please give details)
- Arab

Any other ethnic group (please give details):

15. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes a little
- Yes a lot
- No
- Prefer not to say

16. (if applicable) Please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'Other' and write an answer in the comment box.

- Physical Impairment
- Sensory Impairment
- Learning Disability/Difficulty
- Long-standing illness
- Mental Health condition
- Autistic Spectrum
- Other Developmental Condition
- Other (please specify):

17. What is your religion or belief?

- Agnostic (nothing is known or can be known of the existence or nature of God).
- Atheist (disbelieves or lacks belief in the existence of God or Gods).
- Buddhist
- Christian
- Jewish
- Muslim
- Pagan
- I have no particular religion or belief
- Prefer not to say
- Other (please specify):

18. Which of the following best describes your sexual orientation?

- Heterosexual/Straight
- Lesbian/Gay woman
- Gay man
- Bisexual
- Prefer not to say
- Other (please say):

19. Armed Forces

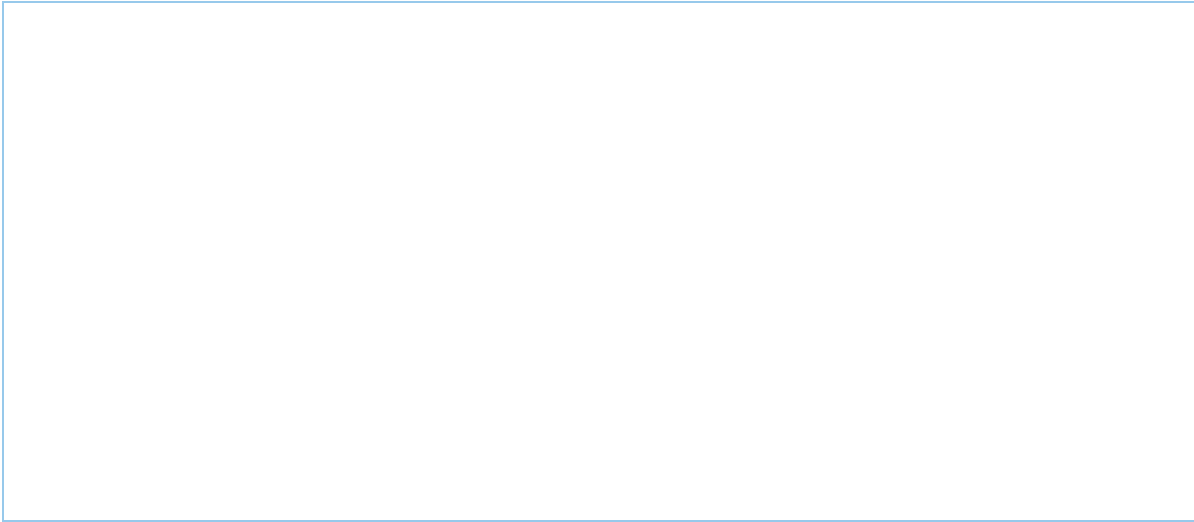
	Yes	No	Prefer not to say
Are you currently serving in the UK Armed Forces? (this includes reservists or part-time service i.e. Territorial Army)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever served in the UK Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of a current or former serviceman or woman's immediate family or household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Would you be interested in any of the following? Please tick all that apply.

- A short phone call to talk about your views further
- Entry to the prize draw to win one of three £20 high-street vouchers

21. If you answered 'yes' to any of the above, please add your email and phone number below:

22. This questionnaire has asked you about Woodingdean Medical Centre. Please use this space to add any further comments you have.

A large, empty rectangular box with a thin blue border, intended for the respondent to provide additional comments or feedback regarding Woodingdean Medical Centre.

Appendix 2 – Analysis

All responses presented are derived from valid data i.e. from all those people who provided a response and exclude missing data. Missing data was evident when people did not respond to a question or when no responses were entered for a question that had multiple response options – the percentages were derived from where data was entered and excluded the missing responses. In some cases, the percentage totals do not add to 100% exactly due to the rounding up or down of decimal points.

Several questions were recoded, for example, in location where some responses presented as 'other' could be recoded to Woodingdean, Ovingdean etc.

10 headline findings were used to assess whether they differed by age, disability, sexual orientation, gender and ethnicity. They are selected based on the perceived importance of informing practice such as preferences for phone appointments.

They are also selected based on a sufficient number of responses to a question that supports comparative analysis (such as awareness of being able to book an appointment with a different health professional depending on the issue – mentioned by 60.5% of people, relative to only 15.6% of people being aware of booking an appointment with the Social Prescriber, First Contact Practitioner, or Clinical Pharmacist').

1. Awareness that 'you can book an appointment with a different health professional depending on your issue e.g. GP/ANP (Advanced Nurse Practitioner), Practice Nurse, phlebotomist.'
2. Awareness that 'you have a choice of venue for where you can have your blood taken and x-ray performed outside the practice.'
3. Patients who said 'I would like to know more about the Patient Participation Group.'
4. Patients who said they were 'interested in joining the Patient Participation Group.'
5. Patients who preferred 'a greater proportion of appointments available in advance and less appointments available on the day'.
6. Patients who preferred 'a greater proportion of appointments available on the day and less appointments bookable in advance'.
7. People who preferred 'an option to have phone appointments'.
8. People who preferred 'more service updates from the Practice keeping you informed about the changes that may help you access care more easily'.
9. People who find it 'very easy' or 'easy' to use e-Consult.
10. People who have found it 'much more difficult to make an appointment' (over the previous 6 months).

Aside to age, variables were recoded to binary values (e.g. disability – yes or no; ethnicity – White-British or ethnic minority).

Statistical significance levels are provided where identified (at less than the 0.05 level, or a 95% probability the observations were not due to chance). Where there are no statistically significant differences, these are not specified.

The differences were presented in arbitrary order. For example, if people with disabilities are more likely to strongly agree to a viewpoint, then this can be reversed to mean that people without disabilities were less likely to strongly agree to this viewpoint.

Variable	Gender	Ethnicity	Sexual orientation	Disability	Age	Notes
Awareness that 'you can book an appointment with a different health professional depending on your issue e.g. GP/ANP (Advanced Nurse Practitioner), Practice Nurse, phlebotomist.'	ns	ns	ns	ns	ns	Diffprof = 1 SocialP = 1 NHSApp = 1 Enhanced = 1 OOH = 1 Walkin = 1 Bloods = 1
Awareness that 'you have a choice of venue for where you can have your blood taken and x-ray performed outside the practice.'	ns	BME people are less likely to be aware that you have a choice of venue for where you can have your blood taken and x-ray performed outside the practice. 66.9% of BME were unaware compared to 57.7% of W-B being unaware. $\chi^2 (1, 885) = 4.06, p=0.044.$	ns	ns	Older people more likely to be aware that they have a choice of venue for where they can 'have your blood taken and x-ray performed outside the practice.' $H (2) = 5.244, p = .022$, with a mean rank age of 480.45 for awareness and 439.85 for unawareness.	As above – for all tests including non-parametric.

Variable	Gender	Ethnicity	Sexual orientation	Disability	Age	Notes
Patients who said 'I would like to know more about the Patient Participation Group.'	ns	People from ethnic minorities showed greater interest in knowing more about the PPG. 61.1% of ethnic minorities expressed interest in knowing more compared to 40.1% of those of White-British backgrounds $\chi^2 (2, 992) = 23.58, p < 0.001$.	ns	ns	ns	Select out those who did not answer anything i.e. if at least one question was answered they are kept in – include yes(1)/no(2) and not sure and missing are excluded. Heard = 1 Heard = 2 Role = 1 Role = 2 Likemore = 1 Likemore = 2 Knowjoin = 1 Knowjoin = 2 Interested = 1 Interested = 2 Member = 1 Member = 2
Patients who said they were 'interested in joining the Patient Participation Group.'	ns	People from ethnic minorities showed greater interest in joining the PPG. 28.5% of ethnic minorities expressed interest compared to 15.7% of those of White-British backgrounds $\chi^2 (2, 993) = 14.99, p < 0.001$.	ns	People with disabilities showed greater interest in joining the PPG. 21.4% of people with disabilities expressed interest compared to 15.1% of those	ns	As above

Variable	Gender	Ethnicity	Sexual orientation	Disability	Age	Notes
				without. $\chi^2 (2, 1001) = 9.47, p = 0.009.$		
Patients who preferred 'a greater proportion of appointments available in <u>advance</u> and less appointments available on the day'.	ns	W-B more likely to prefer advance appointments rather than more on the same day (compared to BME). 57.4% of W-B preferred advance appointments compared to 48.3% BME. $\chi^2 (1, 1003) = 4.26, p = 0.039.$	ns	ns	ns	
Patients who preferred 'a greater proportion of appointments available on the <u>day</u> and less appointments bookable in advance'.	ns	BME more likely to prefer available on the day appointments (51.7%) compared to 42.6% of W-B. $P < 0.05.$ $\chi^2 (1, 1003) = 4.26, p = 0.039.$ Same as above as expected	ns	ns	ns	
People who preferred 'an option to have phone appointments'.	Men more likely to prefer phone appointments than women.	W-B more interested in phone appointments compared to BME.	LGBT more interested in phone appointments (74.4% of LGBT interested)	ns $p = 0.069$	Younger people are more interested in a phone appointment	Change missing to 2 then select out all those which did not answer any of the

Variable	Gender	Ethnicity	Sexual orientation	Disability	Age	Notes
	<p>66.7% of men preferred this compared to 60.2% women.</p> <p>$\chi^2 (1, 1034) = 4.24, p=0.039.$</p>	<p>64.4% of W-B were interested compared to 55.3% of BME.</p> <p>$\chi^2 (1, 1011) = 4.60, p=0.032.$</p>	<p>compared to heterosexual people (62.3%).</p> <p>$\chi^2 (1, 967) = 5.22, p=0.022.$</p>		<p>compared to older people.</p> <p>$H (2) = 5.212, p = .022,$ with a mean rank age of 504.57 for interest and 548.53 for disinterest in phone appointments.</p>	<p>responses.</p> <p>Ad = 1 Up = 1 Phone1 = 1 Video1 = 1 Q0006_0005 <= 'No'</p> <p>Also, Heterosexual people had lower preference for phone appointments than LGBT people ($p<0.05$) independent of their gender, disability, ethnicity, and age. (Odds Ratio of .575), 95% CI [.345, .956] [911]. i.e. LGBT had higher preference.</p> <p>Logistic regression – W-B people had greater preference for phone appointments than ethnic minorities ($p<0.005$) independent of their gender, disability, sexual orientation, and age. (Odds Ratio of 1.707), 95% CI [1.17, 3.47] [911].</p>
People who preferred 'more service updates from the Practice	Women were more likely to want	ns	ns	ns	ns	As above

Variable	Gender	Ethnicity	Sexual orientation	Disability	Age	Notes
keeping you informed about the changes that may help you access care more easily'.	service updates from the practice than men (47.3% of women compared to 39.9%of men). $\chi^2 (1, 1034) = 5.26,$ $p=0.022.$					
People who find it 'very easy' or 'easy' to use e-Consult.	ns	ns	ns	Peopl e with disabil ities found it harder to use e- Consu lt comp ared to those withou t disabil ities – 39.6% of those with disabil ities found it 'difficu lt' or 'very difficul t' to use comp ared to 26.6% of those withou t a disabil ity.	ns (Kruskal Wallis). Spearman's rank full scale x full age. Weak correlation (ns). $r(300) = .031,$ $p=.590.$	

Variable	Gender	Ethnicity	Sexual orientation	Disability	Age	Notes
				$\chi^2 (4, 296) = 12.16, p=.016$		
People who have found it 'much more difficult to make an appointment' (over the previous 6 months).	Men found it much or a little easier to get an appointment (46.7%) compared to 6 months ago, compared to women (35.2%). $\chi^2 (1, 595) = 7.35, p=.007$.	People from ethnic backgrounds found it much or a little easier (32.0%) to get an appointment compared to 6 months ago, compared to W-B people (25.3%) $\chi^2 (4, 846) = 14.12, p=.007$.	ns	People with disabilities found it a little or much more difficult to make an appointment compared to 6 months ago (44.2%) compared to those without disability (39.4%). $\chi^2 (4, 849) = 12.19, p=.016$	Younger people have found it much or little more difficult to make an appointment in the last 6 months compared to older people. $H (2) = 5.212, p = .022$, with a mean rank age of 278.27 for much or a little more difficult and 332.53 for much or a little easier. Spearman's rank – full scale x age. Significant negative correlation, so older people find it easier (on 1-5 scale where 1 is much easier and 5 is much more difficult): $r(876) = -.130, p = <.001$.	Logistic regression – Older people had less difficulty in making an appointment compared to 6 months ago, independent of their gender, disability, sexual orientation, and ethnicity. (Odds Ratio of .981), 95% CI [.969, .993] [526]. Negative B meaning an inverse relationship – as age increases, difficulty decreases. Also, men were less likely to find it much or a little more difficult (i.e. easier compared to women). (Odds Ratio of .683), 95% CI [.468, .996] [526].

There are several references to differences by age referring to 'younger people' and 'older people'. These categories do not refer to specific age bands but are actual age in years. The analytical techniques, exploring mean rank differences or correlations show

age differences incrementally so, for example, every increase in year could increase the odds of a particular finding. To provide an example, older people may have an increase in odds of a particular response compared to their younger counterparts. Using the terms *older* and *younger* shows these as relative terms. Such a finding by age would mean, for example, 19-year-olds have an increased odds of a finding relative to a 16-year-old, just as much as a 75-year-old has an increase in odds relative to a 65-year-old.

Most of the analysis used 2x2 crosstabs with Chi-Square as a test for statistical significant differences – as the variables are mostly categorical comparing aspects that are yes/no e.g. gender differences in preference for phone appointments. As age was not normally distributed¹⁴, Spearman's Rank for correlations and a Kruskal-Wallis for mean rank differences between men/women, for example, were used.

For each outcome variable (from the 10 questions above), a logistic regression was also performed to see if, for example, delayed appointments were predicted by age irrespective of their gender, ethnicity or disability.

The results of the analysis are shown below (ns means no statistically significant differences):

¹⁴ Confirmed by Shapiro-Wilk test of normality.

Appendix 3 – Results from the GP patient survey (2024)

GP PATIENT SURVEY

Results from the 2024 survey

Practice details

Woodingdean Medical Centre

Warren Road, Woodingdean, Brighton
BN2 6BA

G81065 Practice code

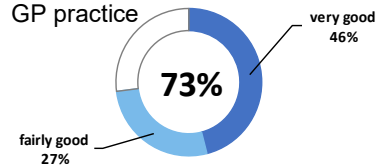
319 surveys sent out

141 surveys sent back

44% completion rate

Overall experience

Good overall experience of this GP practice



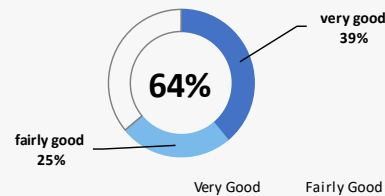
	Very Good	Fairly Good
National	74%	32%
ICS	75%	31%

Woodingdean Medical Centre 2024



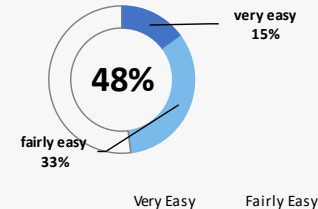
Accessing the practice

Good overall experience of contacting this GP practice



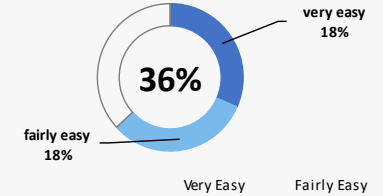
	Very Good	Fairly Good
National	67%	30%
ICS	67%	30%

Easy to contact this GP practice on the phone



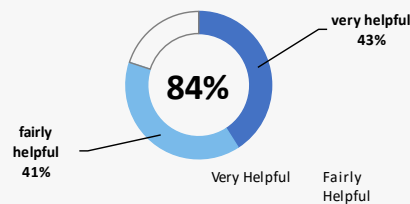
	Very Easy	Fairly Easy
National	50%	31%
ICS	48%	33%

Easy to contact this GP practice using their website



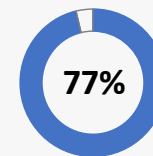
	Very Easy	Fairly Easy
National	48%	27%
ICS	47%	28%

Helpfulness of reception and administrative team at this practice



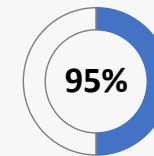
	Very Helpful	Fairly Helpful
National	83%	41%
ICS	85%	42%

Knew what the next step would be after contacting this GP practice



	Yes, knew next step
National	83%
ICS	83%

Knew what the next step would be within two days of contacting this GP practice



	Yes, knew within two days
National	93%
ICS	94%

Comparisons with National results or those of the ICS (Integrated Care System) are indicative only, and may not be statistically significant.

Data by Ipsos

For more information about this practice, please go to: <https://gp-patient.co.uk/PatientExperiences?practicecode=G81065>



GP PATIENT SURVEY

Results from the 2024 survey

Woodingdean Medical Centre 2024



Practice details

Woodingdean Medical Centre

Warren Road, Woodingdean, Brighton
BN2 6BA

G81065 Practice code

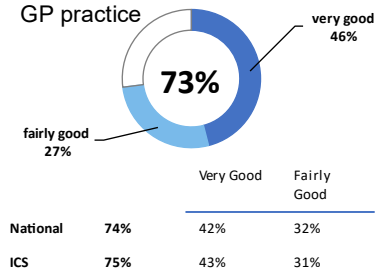
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141 surveys sent back

44% completion rate

Overall experience

Good overall experience of this GP practice

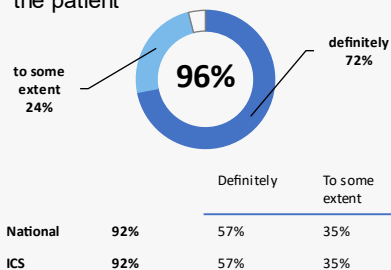


Comparisons with National results or those of the ICS (Integrated Care System) are indicative only, and may not be statistically significant.

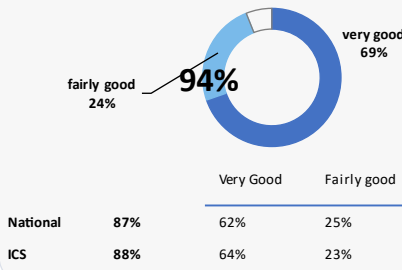
Data by Ipsos

Experience at last appointment

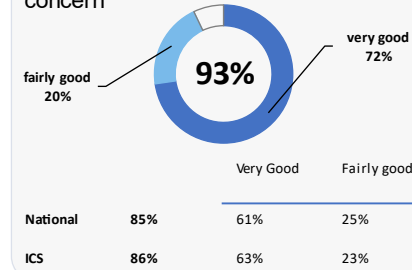
The healthcare professional had all the information they needed about the patient



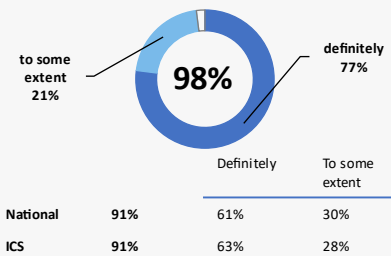
The healthcare professional was good at listening to the patient



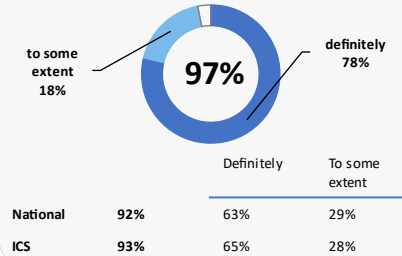
The healthcare professional was good at treating the patient with care and concern



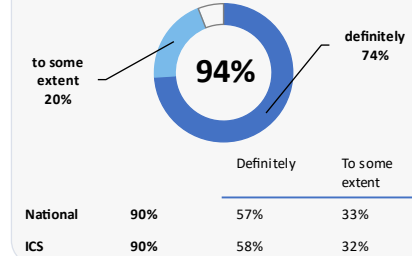
The patient was involved as much as they wanted to be in decisions about their care and treatment



The patient had confidence and trust in the healthcare professional they saw or spoke to



The patient's needs were met



For more information about this practice, please go to: <https://gp-patient.co.uk/PatientExperiences?practicecode=G81065>



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