

Darlington Primary Care

(A Survey of General Practice (GP) Surgeries)

September to December 2019



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Executive summary

Healthwatch Darlington's 'What's important to you survey' found that the people of Darlington were raising concerns about access to General Practice (GP) services. This report contains information about our health care landscape including data from several National Health Services (NHS) England documents. Extracts have been taken from these external reports to give some context as well as taking into account NHS plans which have either been implemented ~~been~~ or are being considered for the future of health care.

The findings of the survey give information about how people perceived the services to be; from booking appointments, choice, communication, administration, and accessibility whilst also incorporating feedback from receptionists and nurse practitioners.

Based on our research, we have made some recommendations that include asking for GP practices to work more closely together to create a system that is equitable for all users. We understand that this is the role for Primary Care Networks, but better communications was also a common theme, not just from a service users perspective but also from professionals within the system. Education was also thought to be important, especially regarding the perceived role of staff by the public. Distributing useful information to the public about the different roles within the practice could help the patient understand who they have an appointment with and why, and also what different terms mean, such as self-care, and why it is not always necessary to see a named doctor. We also feel primary care need to be more aware of the help and support that is out there for patients and to use statutory organisations such as Healthwatch Darlington to help with signposting people to other organisations across the Borough.

Introduction

Healthwatch Darlington Ltd (HWD) is a strong independent community champion, giving local people a voice that improves and enhances health and social care provision on behalf of the people of Darlington. HWD believe that, no matter who you are, where you live or what age you are, you do have a voice and you have the right for that voice to be heard.

Information Gathering

- Gathering views, experiences and needs of local people about their health and social care, focusing on those who are under-represented in decision making or face barriers to influencing the system.
- Gathering and monitoring other key information that tells us how the local health and social care system is working for people.

Influencing

- Influencing services and their commissioners, to consider and act upon the views, experiences and needs we present.
- Championing the involvement of Darlington residents in the development and evaluation of services.

Informing

- Enabling people to get the most out of the current system by providing information about service provision, the rights people have in relation to their care and opportunities they have to influence what care looks like.

Background

General Practice (GP) services and primary care are undergoing a period of significant change in England. This change has been driven by both national and local policies, intended to implement changes that redesign a model for primary care that is better suited to meet the changing needs of patients, both now and in the future. As our population grows and more people are living longer with more complex health needs, there is a rising demand for healthcare services, and this requires changes to be made to the way services are delivered to meet this demand. Primary healthcare and GP services are an integral part of making this change happen and in providing a new model for healthcare that delivers services to our communities and addresses the specific health priorities of Darlington. The local and national policies that form the basis for delivering this vision for primary care in Darlington set the strategic context in which our patient survey was developed and conducted. The recent key strategies informing the changes taking place in primary care in Darlington are as follows:

- National Health Service (NHS) England's General Practice (GP) Forward View (2016)
<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>
- Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby's NHS Sustainability and Transformation Plan (DDTHRW-STP) (2016)
<https://www.england.nhs.uk/integratedcare/stps/view-stps/durham-darlington-teesside-hambleton-richmondshire-whitby/>
- North East and North Cumbria Integrated Care System (ICS) (2019)
<https://nhsjoinourjourney.org.uk/>
- County Durham and Darlington Urgent Care Strategy 2015 - 2020
<https://www.darlingtonccg.nhs.uk/wp-content/uploads/sites/2/2019/04/Urgent-Care-Strategy-2015-20.pdf>
- NHS Long Term Plan (2019)
<https://www.england.nhs.uk/long-term-plan/>

The following sections aim to provide a brief overview of the relevant strategies impacting on primary care in Darlington.

NHS England GP Forward View

In 2016 NHS England published the GP Forward View document making a number of recommendations and setting out the Government's commitments across five broad themes, namely Investment, Workforce, Workload, Practice infrastructure and Care redesign. GP Forward View provided an additional £2.4 billion per year and committed to funding additional staff working in primary care settings across England by 2021. The Government committed to:

- 5,000 additional full-time equivalent GPs
- 1,500 additional pharmacists
- 3,000 additional mental health therapists
- increase GP training recruitment to 3,250 new GPs per year

- £15 million investment to increase numbers of for general practice nurses
- development of a new GP clinical assistant role

However, in spite of these commitments, The Royal College of General Practitioners (2018) publication ‘GP Forward View: Assessment of Progress, Year 2’, highlighted that in 2017 there were 1,000 fewer GPs working in general practice than in 2015. These figures represent data for the whole of England, and we look forward to seeing how these investments will translate to GP services within Darlington in the longer term and what this means for the quality of services experienced by patients when accessing primary healthcare at their GP surgeries.

GP Forward View also introduced a programme called ‘Time for Care’ setting out ten actions to improve GP capacity. We anticipate receiving patients’ views of their own experiences of how some of these actions might have been implemented in different ways across the eleven surgeries in Darlington. The actions are as follows:

- **Active signposting:** Making sure the first point of contact directs patients to the most appropriate source of help
- **New consultation types:** Using communication methods such as phone and email for some consultations, reducing clinical contact time
- **Reduce Did Not Attends (DNAs):** Making changes to ensure patients remember their appointments and that it is easy for them to cancel or rearrange
- **Develop the team:** Integrating other healthcare professionals into the team
- **Productive workflows:** Introducing new ways of working
- **Personal Productivity:** Training and support to enable staff to work more efficiently
- **Partnership working:** Creating partnerships and collaborations in the local health and social care system
- **Social prescribing:** Referral and signposting to non-medical services in the community
- **Support self-care:** Supporting patients to play a greater involvement in their own health and care
- **Develop Quality Improvements expertise:** Develop a specialist team to support continuous quality improvement.,

While the GP Forward View recommended actions to delegate tasks to the wider workforce in GP practices to reduce workload and pressure, the Royal College of General Practitioners (2018) highlighted that only 17% of GPs they surveyed felt that the GP Forward View would have a positive impact. These concerns have broader implications for plans to expand primary care and deliver more integrated and proactive services to meet the specific needs of the people of Darlington and reduce the rates of referrals to other specialists and secondary services.

County Durham and Darlington Urgent Care Strategy 2015 - 2020

The County Durham and Darlington Urgent Care Strategy prioritised urgent and emergency care, however the strategy also has important implications for patient’s experiences of primary care services in Darlington. Focussing on the standards encompassed within NHS England’s Planning Guidance, Everyone Counts 2014/15 to 2018/19, the strategy aimed to take a whole-system approach that put the patient journey and experience at the heart of the planning process. The strategy aimed to embed the concept of Urgent Care into Primary Care development and strengthen the role of community-based care through hospital avoidance schemes and the development of patient self-management programmes.

Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby's (DDTHRW) - NHS Sustainability and Transformation Partnership (STP) (2016-2019)

Recognising that services could not continue to be provided in their current way, the STP set out a vision for 2020 to address three core health challenges affecting Darlington and the wider region, namely Health and wellbeing, Care and Quality, and Finance and Funding. The Health and Wellbeing challenge recognised the importance of proactively reducing health inequalities in the population such as life expectancy, smoking and childhood obesity, and aimed to address the need to reduce premature mortality due to coronary heart disease, stroke, and breathing conditions. The Care and Quality challenge highlighted a need to address inconsistencies in care and care pathways between local and specialised services. Improving sustainability in infrastructure and workforce capacity to meet rising demand and to deliver quality services in communities were identified as key challenges in meeting the healthcare needs of people in Darlington, as well as the wider STP region. The challenge for Funding and Finances aimed to address the need to close a funding gap of £281 million by 2021, attributed to increasing demand as our population of older people with complex care needs continues to grow.

A key theme of DDTHRW vision 2020 was the role GPs would play in strengthening services delivered in communities, by utilising primary care and alleviating the reliance on avoidable hospital treatment, so people are only admitted to hospital where absolutely necessary. A central theme in the STP was the development of the 'community hub' model, which aimed to provide a greater integration of services at primary care level and included GPs, mental health services, social care, community nursing, voluntary sector, diagnostics (tests), and allied health professionals such as physiotherapy, dental, optical, counselling, psychology, speech therapy, and dieticians. This change in primary care delivery model was intended to deliver the ambitions of the GP Forward View. The STP therefore aimed to provide more integrated and proactive services to meet the specific needs of the people of Darlington and reduce the rates of referrals to other specialists and hospital services.

The STP's vision for the future of primary care was to provide better access to a range of services, whilst improving patient satisfaction rates. This included provision of pre-bookable and same day appointments in evenings and at weekends, the option of alternative methods of consultations, such as online and over the phone services, and improved information sharing and care coordination, to ensure a seamless patient journey across health and social care.

Delivering these changes continues to present a significant challenge in which workforce capacity plays a key role. According to the Primary Care Workforce Commission's report 'The future of primary care' (2015), numbers of GPs and community nurses have steadily declined during the previous two decades, yet patient demand for services increased. The report was commissioned by Health Education England to identify models of primary care needed to address future challenges, such as population growth and greater numbers of people who are older, with complex care needs; priorities that are acutely relevant for Darlington. The report made a number recommendations, including a greater shift towards multi-disciplinary primary care teams, widening the roles of staff within the primary care workforce and use of new technologies to help free-up time spent on administration by GPs and other primary care professionals, so staff can spend more time with patients discussing and planning care. Following the launch of the NHS Long Term View in January 2019, the DDTHRW evolved into to the current partnership, known as the North East and North Cumbria Integrated Care System.

North East and North Cumbria Integrated Care System (ICS) (2019)

In June 2019 the North East and North Cumbria Integrated Care System (ICS) was established. ICS replaced the DDTHRW Sustainability and Transformation Partnership, and while ICS continues to focus on the key health priorities and challenges for Darlington, the new ICS collaboration hopes to benefit from working across health organisations within the partnership, to improve how services are planned at a local level. The ICS joint priorities developed by health care professionals and stakeholders are to:

- Improve population health and disease prevention
- Improve outcomes for people who experience poor mental health
- Transform care for people with learning disabilities
- Optimise the quality and sustainability of the care patients receive
- Improve how information technology can improve care
- Build a healthy, motivated and flexible healthcare workforce

When recently stating *“engagement with patients and service users will remain at the heart of how we make decisions”*, ICS confirmed it will be strengthening partnership arrangements with Healthwatch and other voluntary organisations. This should ensure the voice of patients and service users are listened to when making decisions about how integrated primary care services are delivered in Darlington.

NHS Long Term Plan (LTP) (2019)

The NHS Long Term Plan builds upon the previous NHS Five Year Forward View and sets out how the NHS will move to a new improved model, capable of meeting future healthcare challenges. Over the next five years the NHS intends to:

- Enhance ‘out-of-hospital’ care and bring about greater integration between primary and community healthcare services
- Redesign and reduce pressure on emergency hospital services
- Offer more personalised care giving people greater control over their own health
- Provide digitally enabled primary and outpatient care across the NHS
- Enable local NHS organisations to focus on population health and local partnerships with local authority funded services, through Integrated Care Systems (ICS)

The NHS Long Term Plan represents a commitment to invest in primary healthcare and community health services. By providing additional investments, funding will be made available to develop multidisciplinary teams of **Primary Care Networks** across England. Primary Care Networks support groups of neighbouring practices to work together in partnership with community services, social care, mental health and other providers of health and social care, including the voluntary sector.

The Primary Care Network in Darlington is run by an elected Governing Board and Executive committee, representing every member practice. Primary Healthcare Darlington Ltd (PHD), is a GP federation, a private provider in which all practices are shareholders. PHD provides services, such as contraceptive and GP Access clinic, to the whole population of Darlington. PHD provides services to the PCN such as project and financial support.

HWD Engagement on the Long-Term Plan: During 2019 NHS England commissioned all 152 Healthwatch organisations through Healthwatch England (HWE) to engage with the public about the plan. Healthwatch Darlington (HWD) co-ordinated the 13 local Healthwatch organisations in the North East of England producing a North and South report. Healthwatch Darlington also produced a single report for Darlington on the Long Term Plan with a theme “What would you do?”.



HWE LTP NORTH
REPORT FINAL.pdf



HWE LTP SOUTH
REPORT FINAL.pdf



Darlington NHS
Long Term Plan Rep

Some of the findings from our own report:

West Asian Community Focus Group, assessment, diagnosis and treatment:

The group started by highlighting how **grateful** they were for their NHS in Darlington.

The group went on to raise concerns that **ladies from different cultures find it difficult to engage with primary care services**. They believe this is because of cultural barriers which mean ladies are less likely to engage effectively with a doctor. They believe ladies will often suffer in silence because they don't want to be nuisance to the doctors.

The group told Healthwatch Darlington GP's don't probe for further information and, because of the difficulty to share concerns, a normal GP appointment is not enough time for some people.

“We can only speak about one ailment at a time and we are told to make another appointment if we want more time. This doesn't help an elderly patient, as getting to just one appointment alone may have created a lot of planning and effort.”

The provision of ongoing care and support

The group told us they would like to see their own GP. Their own GP will know their medical history and medication needs. They believe seeing lots of GPs could lead to new medication that might not be needed. 10 minutes is not long enough for an appointment, they would like longer appointments.

When discussing patient stories and their experiences in accessing other services through primary care, one gentleman said it took him one year before he was referred by his GP for a steroid injection to relieve pain within his knee. He **suffered with pain for a long time** and he feels this **referral should have been made sooner**. He believes more attention and listening to patients is needed.

The group discussed how primary care services could **prevent miscommunication or confusion** within GP surgeries. They suggested an easy to read leaflet, outlining patients' rights within a GP surgery, would be helpful for everyone.

The group said **more assessments are needed to check on your health needs** as you get older. They suggested that perhaps a support worker, community champion or community nurse could pop into people's homes once a week.

The group believes that primary care services need to work closely with social care services. In turn this would prevent health conditions from possibly deteriorating.

They believe primary care services should be making an effort to make patients more aware of services on offer. They said their GP would be the main health service that they would use. They also told Healthwatch Darlington that they would like to find out about other services via a letter

which would be addressed to them and it could indicate all of the support **services available within the community**.

Purpose

During 2018/19 Healthwatch Darlington conducted a survey called 'What's important to you?' This survey gave service users, patients and their families an opportunity to share with us the services that mattered to them the most and what they would like us to feature on our next workplan. Our workplan outlined the projects we endeavour to conduct throughout a year, which underpins the delivery of our statutory duties. When we analysed the findings within this survey 'primary care' was indicated as an area of priority.

The report is used to inform commissioners, providers and local development plans for primary care services.

DRAFT

Objectives

Firstly, data and discussions with our volunteers revealed the following popular themes:

- Booking appointments
- Choice
- Communication with staff
- Accessibility
- Administration
- Role of receptionist & nurse practitioner

We revisited previous reports and the historical data stored on our Customer Relationship Management System (CRM) from across the last 12 months, to help us understand the common areas of primary care that service users tell us the most:

- Black, Minority & Ethnic Communities GP Accessibility & Registration 2018



GP BME Report
Updated October 20

- NHS Long Term Plan, South Engagement Report 2019



HWE LTP SOUTH
REPORT FINAL.pdf

Healthwatch Darlington then worked with Primary Health Care Darlington to establish how these findings could help inform the development of Darlington's **Primary Care Network**.

Research questions were developed by a small workshop of staff and volunteers, taking into consideration the Healthwatch networks 'Research Governance Framework' which details our commitment to high quality research.

A social media campaign #lightbulbGpmoment was designed by the team and then launched to promote the research and engagement project.

Finally, we contacted the local surgeries to arrange visits, to speak to the receptionists and/or nurse practitioners.



Findings:

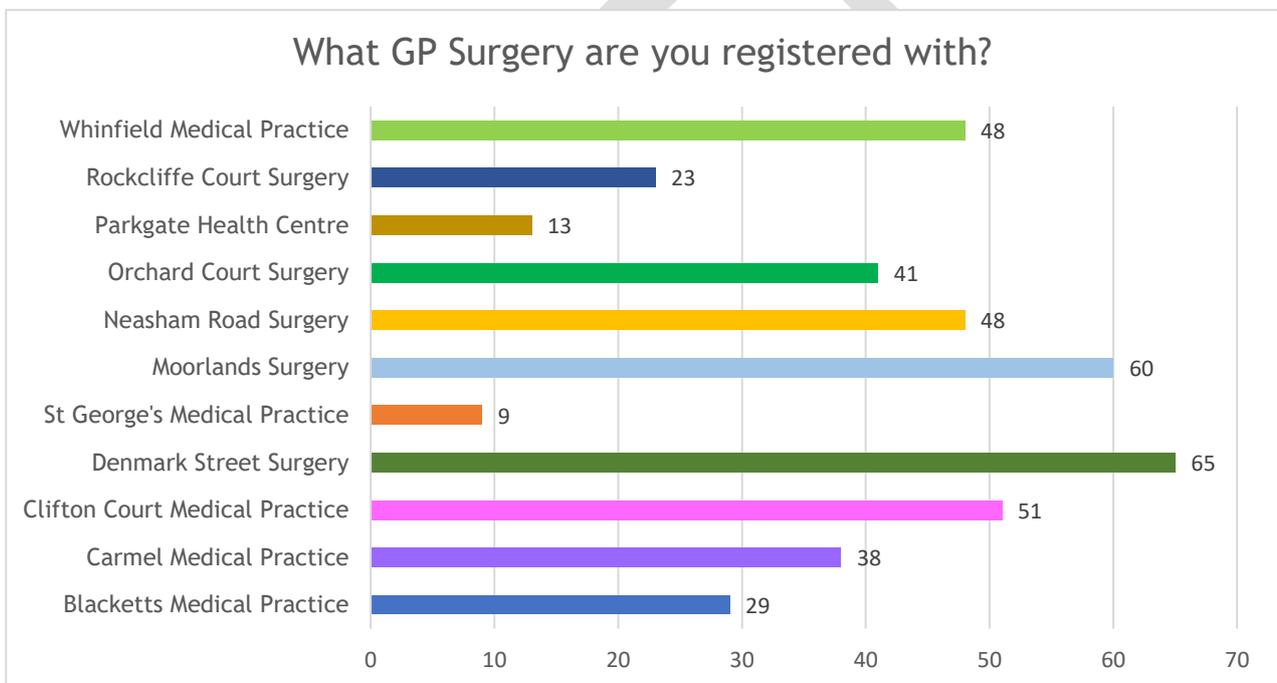
The findings within the report represent a mixture of both quantitative and qualitative data. Each question was structured to collect both types of data and the findings for each question have been presented in the following pages.

How many people shared their views?

430 people took part in our survey either online or face to face during our community outreach visits.

425 people told us which GP surgery they attended. Figure 1 details the break down for each surgery in graph format.

Figure 1



Booking Appointments



Q1

How do you usually book an appointment to see your GP or Healthcare professional (e.g. nurse practitioner, healthcare assistant, other) at your surgery?

421 service users indicated how they usually booked an appointment by either; telephone, a mobile app, online or in person. Some service users selected more than one option. Figure 2 highlights the most popular methods.

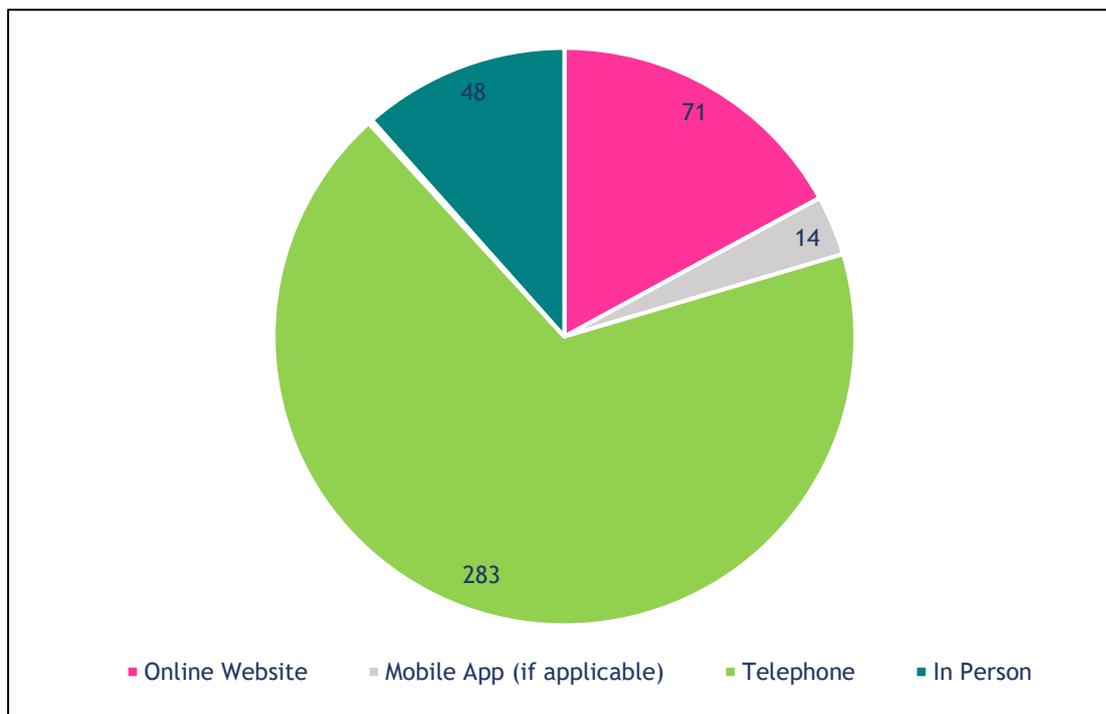


Figure 2

Additional comments

97 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

66 service users shared a negative experience. When we analysed these comments further, they told us they used the telephone as their primary method of making an appointment. However, service users told us that this tends to be a negative experience as they can often struggle to make an appointment. Service users will call at 8am to be faced with either an engaged tone which leads to multiple attempts or they will be placed in a large queue. One service user feels the process to call at 8am isn't accessible for individuals who start work before this time.

A frequent mention was made about the lack of appointments available either via the telephone or online. More and more service users are opting to use online as another method of making an appointment. However, several service users said this can become difficult as you are unable to book an appointment with a nurse or healthcare practitioner. The appointments that are available online run out quickly.

Furthermore, some service users are worried about using the internet and going online as it is not always easy, others advised it's not accessible to them as they don't have internet. One service

user expressed a concern that the online was not accessible to them, as they are unable to leave their own home, but to register online the user allegedly needs to attend a surgery in person to obtain an access code.

Some service users report trying various ways to book an appointment and understand the different options available to them. However, if all attempts fail, they will then walk into the surgery in the hope of making an appointment.

Neutral

15 services users explained how they book their appointment. The comments were neither positive or negative but did give us an insight into how patients are booking appointments. Service users told us they use the telephone for booking urgent appointments and they will use online for booking routine appointments. Some service users explained it depends on their healthcare needs on which option they will take to book an appointment. Some service users told us their GP surgery had a walk-in clinic and this was another option that they could use to see a GP or healthcare professional.

Positive

16 service users reported a positive experience. Service users who were happy with their service told us everything was fine, and they were able to book an appointment when they needed one. One service user told us they also had plenty of choice when they needed to book an appointment.

In focus

Long Term/Ongoing Health Conditions - One service user reported that they feel the system to book an appointment can be particularly difficult as they have a child who is disabled, and they would like this to be easier. Another service user with a child who has a learning disability feels that this is not taken into consideration when allocating appointments. They have had to use NHS 111 to get the appointment they needed on a number of occasions.



Q2

How long do you usually have to wait for an appointment to see your GP or healthcare professional (e.g. nurse practitioner, healthcare assistant, other)?

416 service users indicated how long they usually wait for an appointment to see a GP. The waiting period varied from same day to more than 2 weeks. Some service users have selected more than one answer for this question. Figure 3 highlights 457 responses and the variation in waiting times.

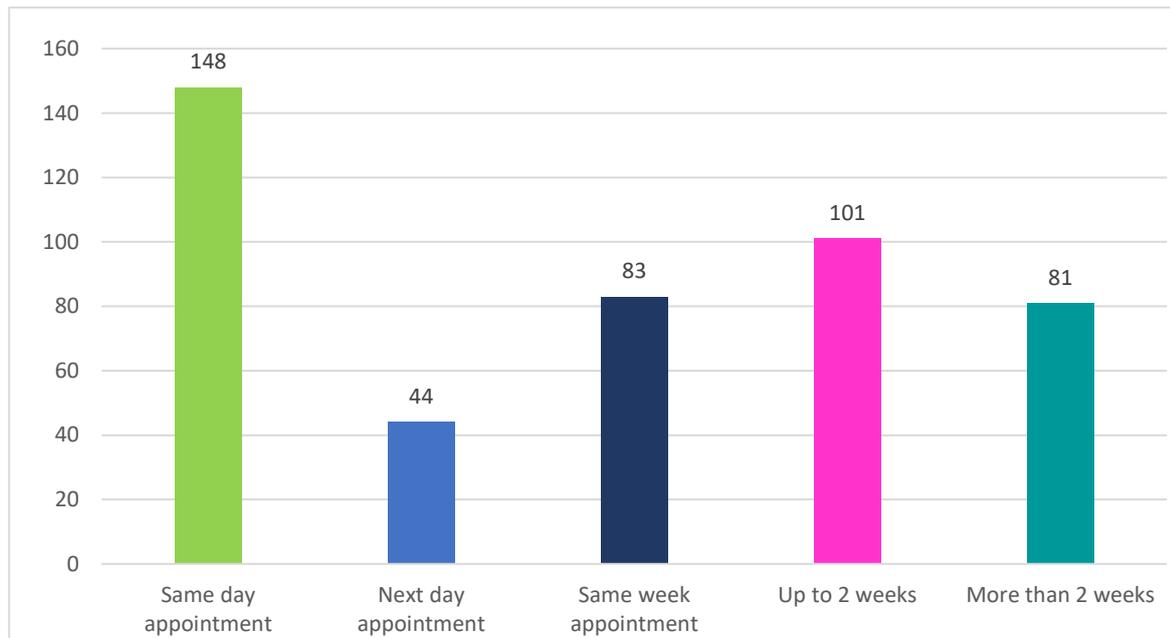


Figure 3

101 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

32 service users reported a negative experience when waiting to make a GP appointment. Some service users feel they have to repeat the process of ringing up daily to get a GP appointment. Some service users have expressed concerns that they have to wait over 3 weeks to see their own named GP. One service user reported using emergency appointments just to see someone even though it isn't an emergency. Finally, some service users feel that they struggle to make an appointment as they can feel the reception staff don't understand their needs, which results in an appointment with the wrong healthcare professional.

Neutral

47 service users have said the waiting times vary and this very much depends on their healthcare needs. Some service users understand they need to wait for routine appointments but would expect to be seen the same day for an emergency, which is usually the case.

Positive

22 service users report a positive experience, they find it easy to get an appointment when they need one and the waiting times are acceptable. Some service users are happy to see anyone. Several service users have told us their surgery also offers a walk-in clinic which is excellent.

Q3

How long do you feel is a reasonable amount of time to wait for an appointment with your GP or healthcare professional (e.g. nurse practitioner, healthcare assistant, other)?

414 service users told us how long they feel is a reasonable amount of time to wait for an appointment. Some service users have selected more than one answer. The usual expected waiting times again varied between same day to more than 2 weeks. Figure 4 highlights 459 responses and the variation.

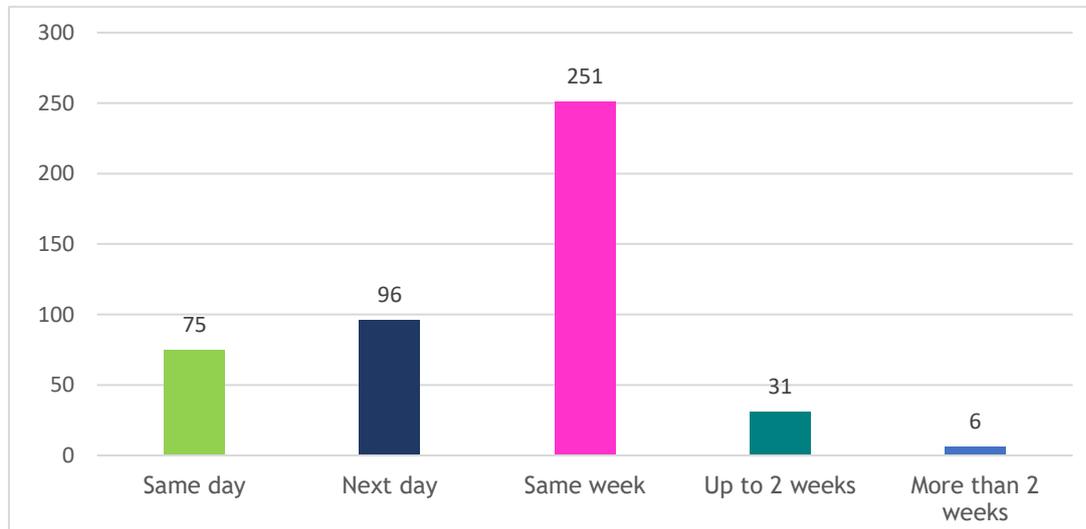


Figure 4

53 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

13 service users have told us that they shouldn't have to wait for emergency appointments and would expect to be seen that day. 5 of these service users wouldn't want to wait for anything and would expect to be seen when they needed an appointment regardless of the need. One service user feels they can't book in advance which can be inconvenient for people who work.

Neutral

35 service users have told us they will consider different waiting times, but this depends on their healthcare needs. One service user feels it can also depend on their own time and availability which needs to be considered.

Positive

5 service users have told us they are happy to wait longer, providing it isn't an emergency appointment.

In focus

Long term/ongoing health conditions - Two service users feel that their ongoing health condition needs to be taken into consideration when considering waiting times for appointments.

Q4

When you attend the surgery for your appointment how long do you usually have to wait in the waiting area to be seen by your GP or healthcare professional (e.g. nurse practitioner, healthcare assistant, other)?

415 service users told us how long they wait in the waiting area when attending their surgery. Some service users have selected more than one answer. The waiting time vary from 15 minutes to over 1 hour. Figure 5 highlights 437 responses and the variation in waiting times.

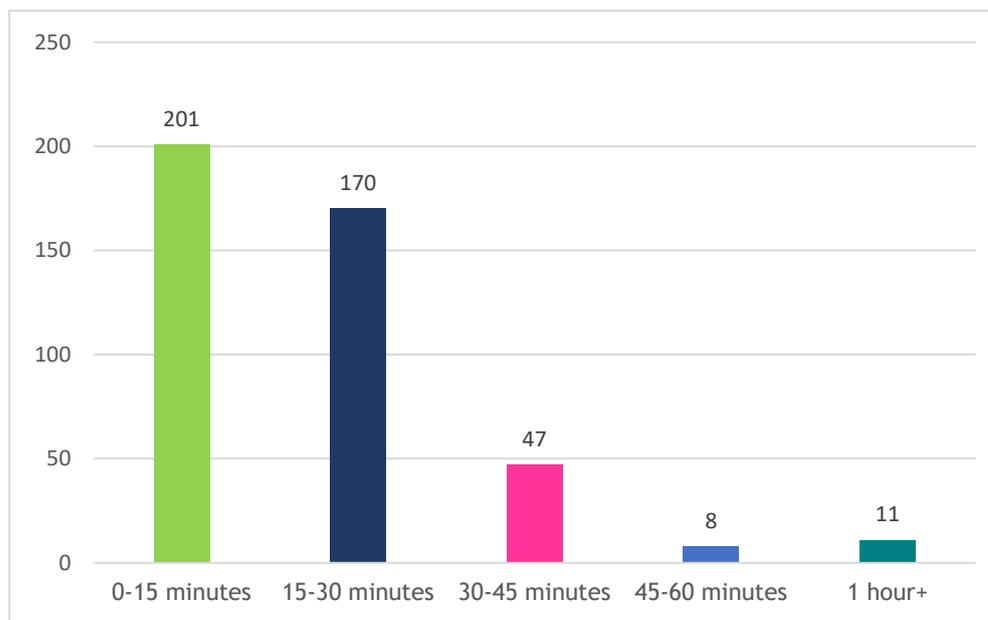


Figure 5

59 service users shared additional comments which were analysed by our team. The comments were analysed identifying negative, positive and neutral themes.

Negative

12 service users said they have waited for up to one hour to be called into their appointment. 3 of these service users also expressed concerns that if they are late by a few minutes to ten minutes then their appointment is cancelled.

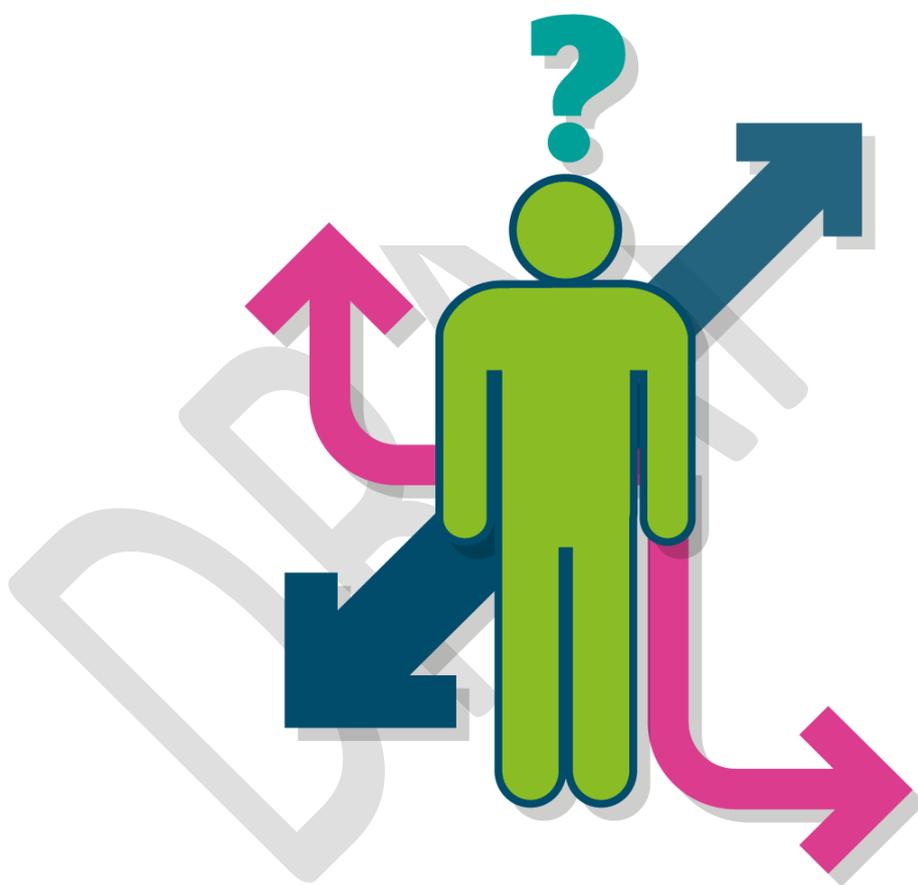
Neutral

33 service users told us they are happy to wait for up to 45 minutes if they have to, as they know they will get the treatment or care they need. 8 of these service users told us the waiting time can vary.

Positive

14 service users told us they have seen a positive improvement in their surgery when it comes to waiting in the waiting area. They are always seen straight way or within 15 minutes of arrival.

Choice



Q5

When making an appointment at the surgery are you offered the choice to see your preferred GP or healthcare professional (e.g. nurse practitioner, healthcare assistant, other)?

402 service users told us whether they were offered choice to see their preferred GP or healthcare professional. Figure 6 highlights the results.

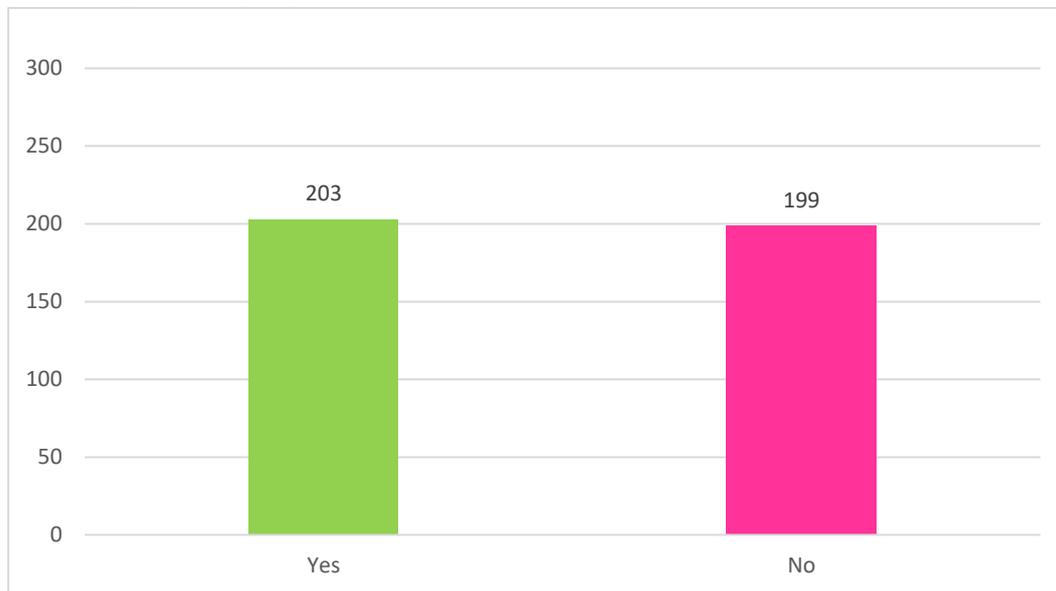


Figure 6

66 service users shared additional comments which were analysed by our team. The comments were analysed identifying negative, positive and neutral themes.

Negative

40 service users have told that they feel they don't have very much choice and that their negative experience is a reflection of this. 8 of these service users said they have had a delay in treatment, due to a health professional who doesn't fully understand their situation. 11 of these service users said they don't get offered any choice by the receptionist during the process of booking an appointment. A further 8 of these service users told us there is a lack of continuity and find it difficult communicating complex situations to new GPs.

Neutral

8 service users told us they feel they don't have any choice because of the appointment availability, and they understand this is the reason.

Positive

18 service users told us they were given choice and 7 of these service users said they felt confident enough to ask for a specific health care professional themselves, without the need for this being offered. A further 5 of these service users told us they felt like they had choice when making an appointment online.

In focus

Long term/ongoing health conditions - Five service users reported that the lack of choice and continuity makes it particularly difficult for patients who have an ongoing health condition.

Q6

How helpful do you feel the reception staff are when directing you to the most appropriate GP or healthcare professional (e.g. nurse practitioner, healthcare assistant, other)?

410 service users told us how helpful they find the reception staff in directing them to the appropriate healthcare professional. Figure 7 highlights the variation in responses.

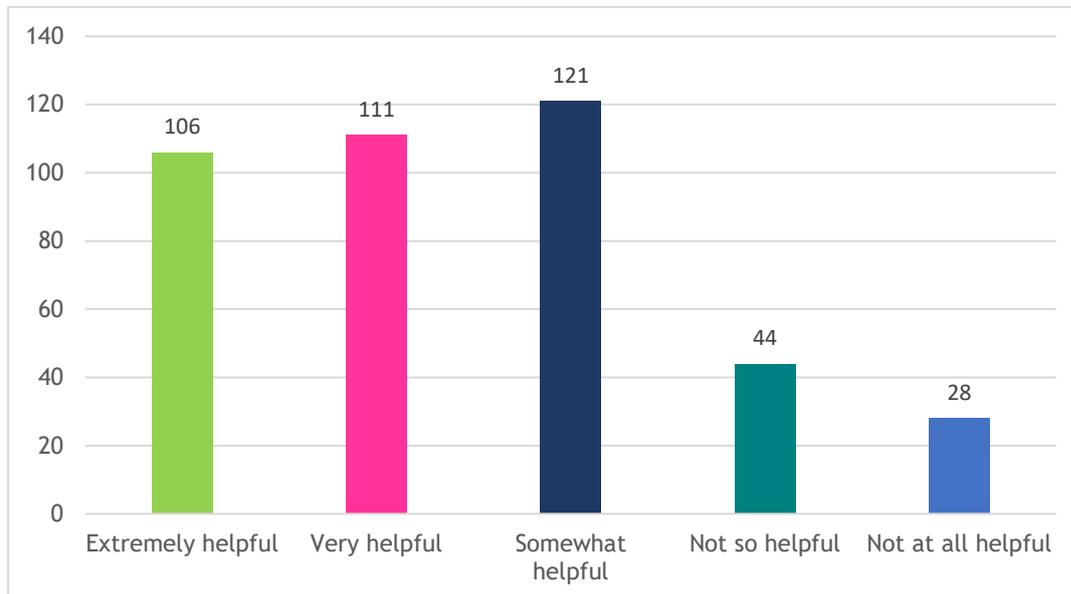


Figure 7

35 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

13 service users told us that they had experienced poor staff attitudes from receptionists, or they felt the receptionist asks too many questions. One service user said they are housebound and cannot leave the house to attend their local surgery, so their accessibility is decreased. When they have expressed this difficulty with mental health to a receptionist, they were allegedly told they would need to attend the surgery to make an appointment for counselling. Three service users told us they didn't want to disclose information to a receptionist.

Neutral

12 service users said their experience may vary, depending on which receptionist they get. Service users have told us that the receptionists can deliver a different service and sometimes this may be positive or sometimes this may be negative.

Positive

10 service users said they find the receptionists friendly, helpful and polite. Their experience on the whole has been positive.

In focus

Long term/ongoing health conditions - Two service users feel that the receptionist doesn't understand their ongoing health care needs.

Q7

When making an appointment at the surgery do the reception staff ask you if your reason for an appointment is because of a long term / ongoing health problem?

394 service users told us if the receptionist asks if they have a long term/ongoing health condition. Figure 8 highlights the responses rate.

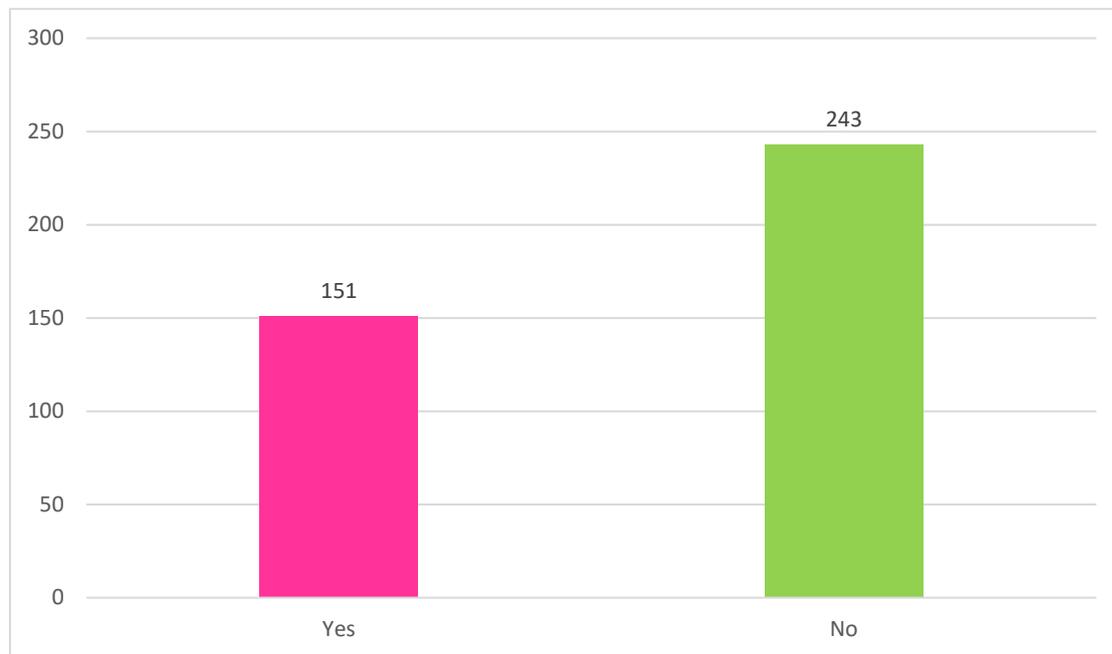


Figure 8

55 service users shared additional comments which were analysed by our team. The comments were analysed identifying negative, positive and neutral themes.

Negative

19 service users felt their experience with the receptionist was negative and they didn't get asked about their ongoing health condition. 11 of these service users feel the receptionists ask too many questions.

Neutral

13 service users told us that the online option to book an appointment doesn't give you any option to disclose details about your ongoing health condition.

Positive

23 service users had a positive experience. 6 of these service users told us that the receptionist does ask them. 3 of these service users feel the receptionist knows their health condition already and they consider this when making an appointment.

Communication with staff



Q8

How would you rate your experience with the reception staff?

398 service users told us how satisfied they were when communicating with a receptionist.

Figure 9 highlights service user overall satisfaction.

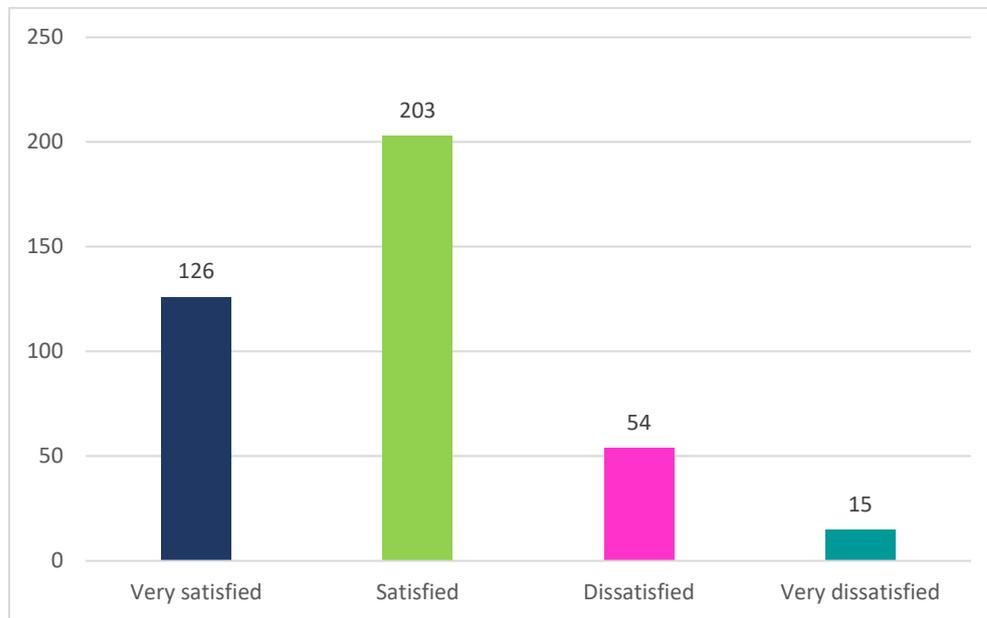


Figure 9

33 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

14 service users described staff as having unfriendly attitudes and one person found the height of the reception desk to be a problem for face-to-face communication.

Neutral

8 service users described experiences with reception staff being inconsistent, having a mixture of positive and negative.

Positive

11 service user comments, included staff being friendly, caring and polite.

Q9

How would you rate your experience with the GP or healthcare professional (e.g. nurse practitioner, healthcare assistant or other?)

398 service users told us how satisfied they were when communicating with other health care professionals. Figure 10 highlights service user overall satisfaction.

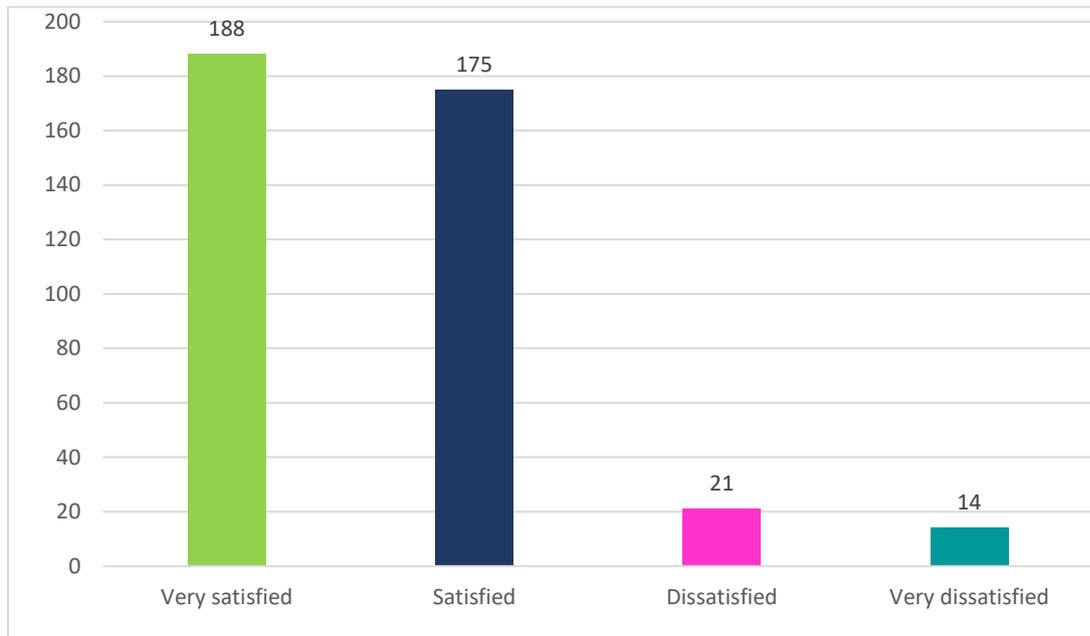


Figure 10

40 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

15 service users' comments included a lack of caring attitudes and disappointment with nurse practitioners. A comment was also made about a patient's mental health problem not being listened to and the health professional giving a helpline number.

Neutral

11 service users' comments included experiences being positive on the whole, but there being a lack of continuity of service and occasional delays to treatment. Experiences of being 'rushed' in appointments were also expressed.

Positive

14 service user comments included staff being lovely, positive, caring and patients were impressed.

In focus

Long Term/Ongoing Health Conditions - A comment was made by a person with a long-term health condition about not seeing the same health practitioner each time and as a consequence, feeling unsure about the treatment plan.

Q10

Do you feel your GP or healthcare professional (e.g. nurse practitioner, healthcare assistant, other) listen and respond appropriately?

395 service users told us if they felt they were listened to by their healthcare professional.

Figure 11 highlights the response rate.

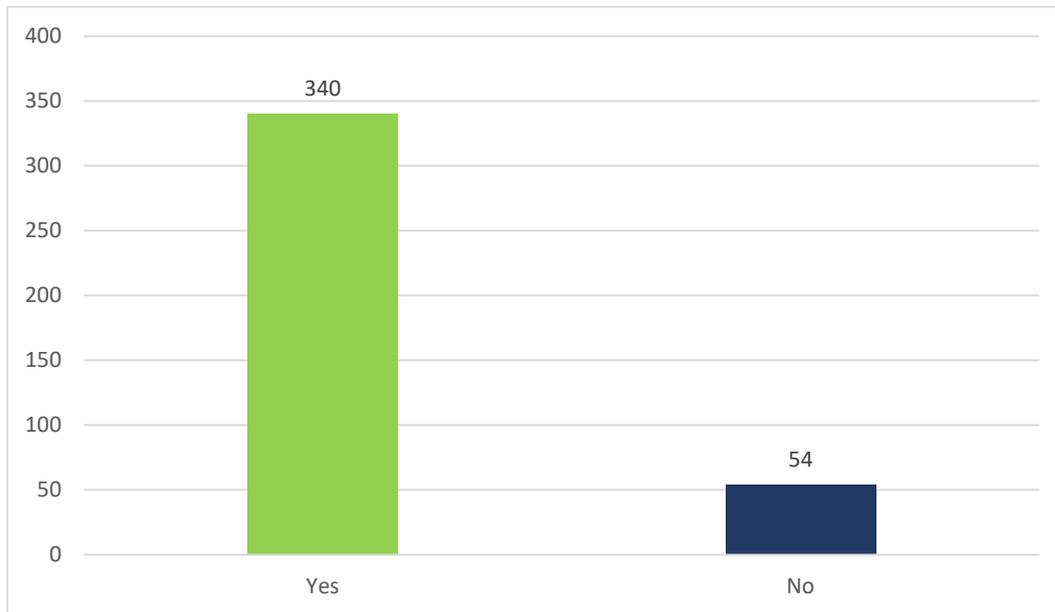


Figure 11

60 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

16 service users described inconsistencies between staff, not feeling listened to by some staff and seeing a different person each time which required a repetition of details and a lack of rapport.

Neutral

33 service users were positive about the staff overall.

Positive

11 service users' comments included staff being attentive, patient, acceptable and helpful.

Q11

How satisfied were you with the outcome of your appointment?

396 service users told us how satisfied they were with the outcome of their GP appointment. Figure 12 highlights the response rate.

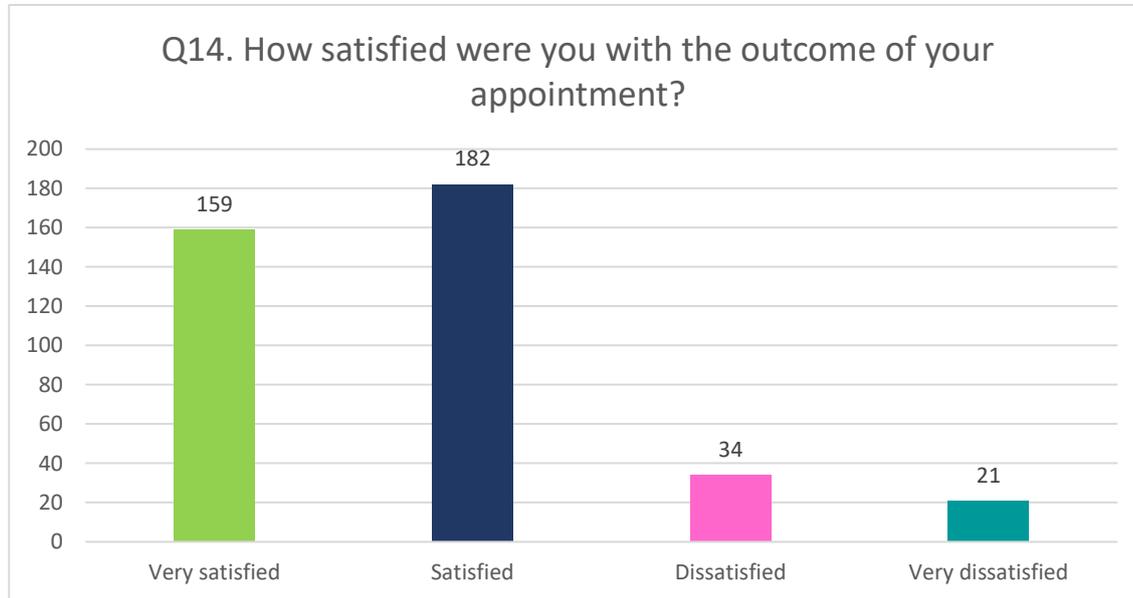


Figure 12

37 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

16 service users' comments included criticisms of medication and treatment outcomes, and a few comments related to the outcome of nurse practitioner appointments.

Neutral

8 service users' comments included people saying that their GPs were good.

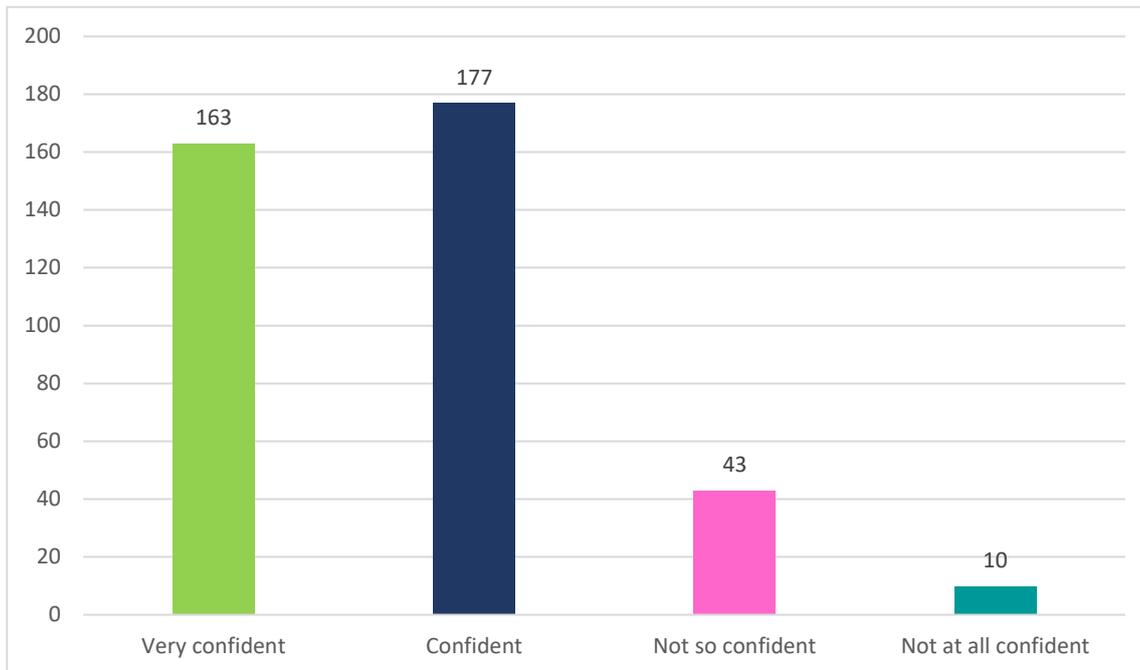
Positive

10 service users' comments included patients feeling satisfied with the service and they felt that their issue had been dealt with.

Q12

How confident were you that you understood what the GP or healthcare professional (e.g. nurse practitioner, healthcare assistant, other) told you about your condition and treatment?

393 service users told us how confident they felt in understanding their GP or healthcare professional about their condition and treatment. Figure 13 highlights the response rate.



17 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

11 service user experiences related to communication, attitude and understanding. One parent/carer felt that the medical professional's knowledge about the child was inferior to the parent's own understanding. Two comments concerned language barriers and a problem with interpretation. In addition, one visually impaired patient could not read the prescription labels and had to ask for assistance.

Neutral

5 people described feeling satisfied with their advice.

Positive

6 service users' comments included patients feeling supported and felt that staff were thorough and that their questions got answered.

In focus

Long term/ongoing condition - One person with a long term condition felt that they didn't understand the diagnosis that they had been given.

Administration



Q13

Have you been referred to another service or healthcare specialist?

331 service users who had been referred by their GP to another service told us that, once they had seen their GP, they had a long wait within departments as there is not necessarily one referral process. Service users feel this is an issue with the other service, and not their own surgery.

Figure 14 highlights the different services that patients are referred to.

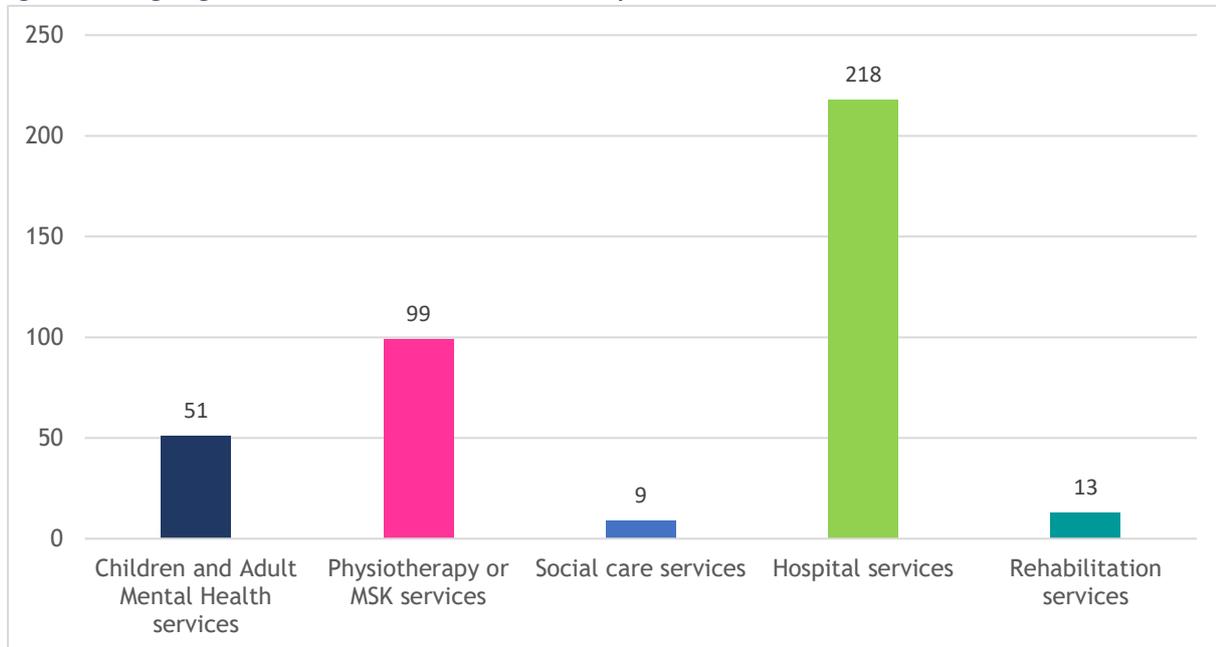


Figure 14

53 additional comments were shared by service users. These comments were analysed by our team, however, most of the comments reflected experiences with other services and not the GP surgery they attend. A few examples of GP service experiences have been shared below:

Negative

“I did this myself as the doctor was useless”

“Was referred for CT scan, had long wait for the appointment and when I finally went to the mobile unit, they were unable to see me as they could not get me in the correct position to do the scan”

“I have to wait something like 3 months and I feel like they will forget my appointment”

Neutral

N/A

Positive

“I’ve been referred to the eye specialist 2 months ago, my doctor is one of a kind, I feel so confident about my doctor”

Q14

If you were referred on to another service or healthcare specialist how satisfied were you with the referral process?

327 service users told us that overall that they felt happy with their initial GP appointment and did not have any issues, however for some problems occur after the GP has made the referral. Figure 15 highlights service user overall satisfaction.

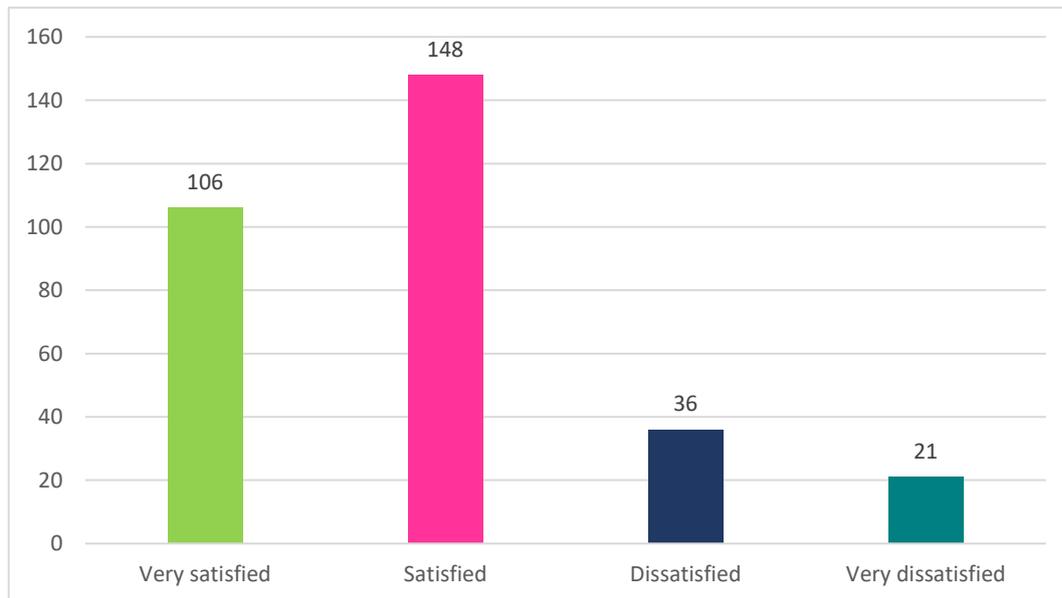


Figure 15

38 additional comments were shared by service users, which were then analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

26 service users told us that they had long waits and felt that they were not kept up to date or informed during the waiting time, which means they are sometimes left wondering what is happening and how long the wait will be.

3 told us that they found their experience with the Musculoskeletal Service (MSK) frustrating with 2 of them saying they had struggled to access the service as appointments are difficult to obtain.

2 service users were dissatisfied with the length of time they waited for The Child & Adolescent Mental Health Service (CAMHS).

Neutral

4 service users told us that it seems to depend on which service you are being referred to, as some have longer waiting times than others.

Positive

3 service users were very satisfied with their experience and felt that for them the referral process was quick and very well organised.

Q15

"The NHS across County Durham and the Tees Valley is making changes to the way patients order their repeat prescriptions from 2 September 2019. Community pharmacies will no longer be able to order repeat medication for patients. Instead patients will order their medication directly from their GP practice. Patients will still receive the medication that they need, it's the way that they order it that will change. "Were you previously aware of these changes?"

382 service users answered our question and the majority were aware of the recent changes to the repeat prescription service.

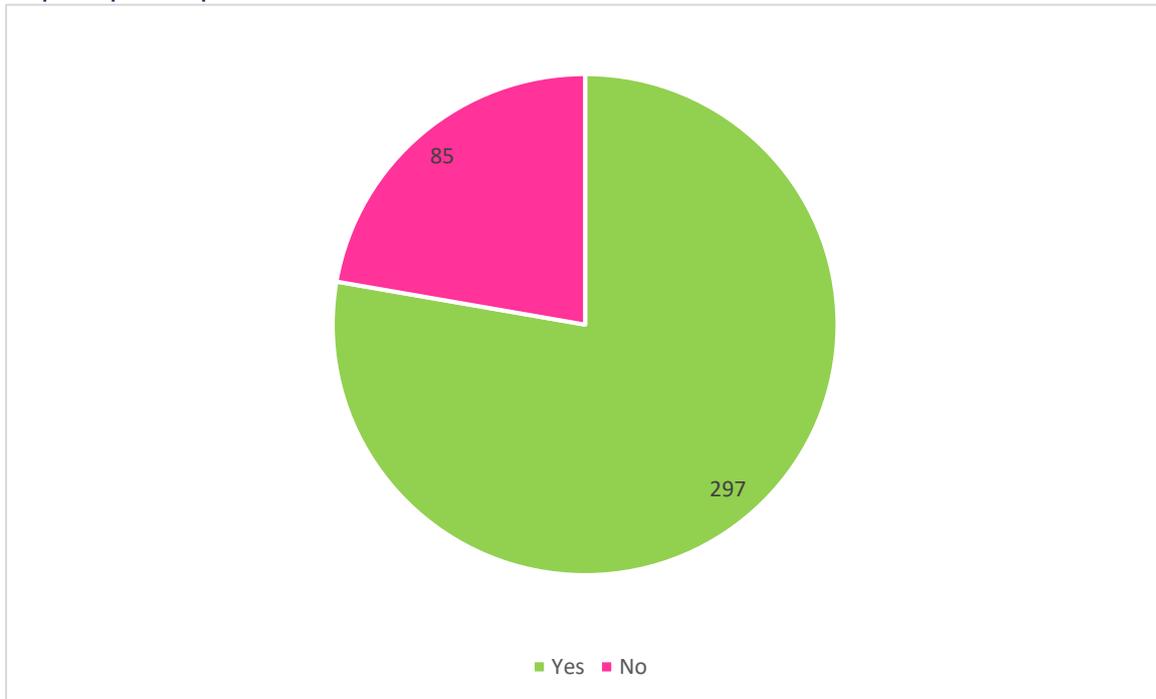


Figure 16



Accessibility



Q16

How satisfied are you with the way the environment in your surgery meets your individual physical or mental health needs?

381 service users told us how satisfied they were with the environment within their surgery. Figure 17 highlights service user's overall satisfaction.

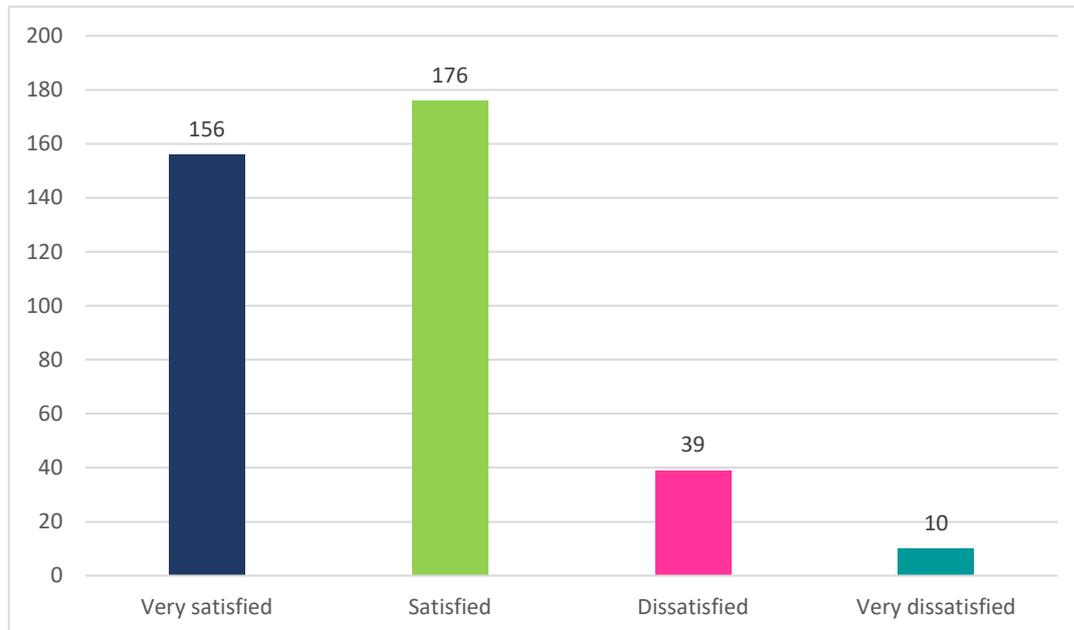


Figure 17

26 additional comments were shared by service users

Negative

23 service users were unhappy with the environment in their GP surgery.

They told us that their surgery had a poor layout with old décor which made it feel dark, dull and unwelcoming. Another said that it is difficult for wheelchair users as it is cramped and the doors to the surgery are not wide enough; automatic doors would help. Parking outside the surgery is difficult due to cars parking on the pavement; this makes it difficult for the visually impaired. One felt that there is poor internal signposting; as not all of the rooms are numbered it is not always obvious to people where to go. Others were worried that there was a lack of privacy and feared being overheard when the surgery was busy and overcrowded. One surgery no longer provided audio announcements to let you know when it's your turn to be seen.

Neutral

1 service user was neither satisfied or dissatisfied.

Positive

2 service users said that their surgery was always kept clean and tidy and the playroom provided for the children is fantastic. General look and feel of the surgery is pretty good.

Q17

If you require interpreter services how satisfied are you with this service?

91 service users told us how satisfied they were with the interpreting service. Figure 18 highlights service users overall satisfaction. Figure 18 highlights the response rate.

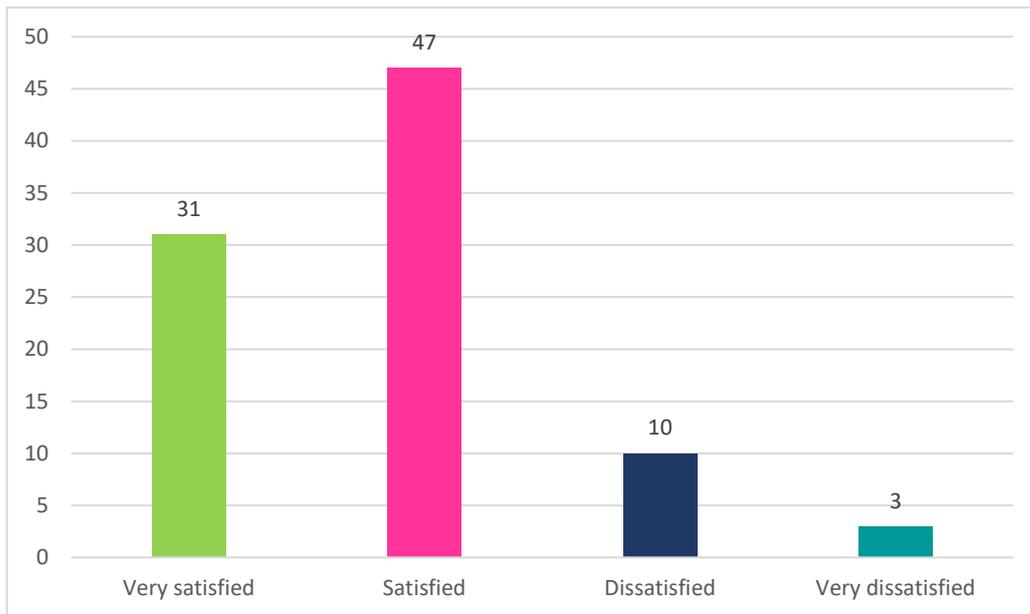


Figure 18

127 additional comments were shared by service users. However, most of these comments were not applicable. Some examples of comments about the interpreting service that were shared feature below.

Negative

One service user told us that their interpreter did not show up to the appointment as arranged. Another said they feel the telephone service is poor and would prefer it to be face to face. On one occasion a person in the waiting area witnessed that a deaf interpreter was needed as a service user struggled to make an appointment; they knew British Sign Language (BSL) and so offered to help.

Neutral

N/A

Positive

One person, who had previously not been able to get the service, was then able to access an interpreter on their second visit.

Q18

Would you find it acceptable to see a clinician at a different practice if it meant that they could give you a more specialist service?

306 service users told us if they would find it acceptable to see a clinician at a different practice. Figure 19 shows the response rate.

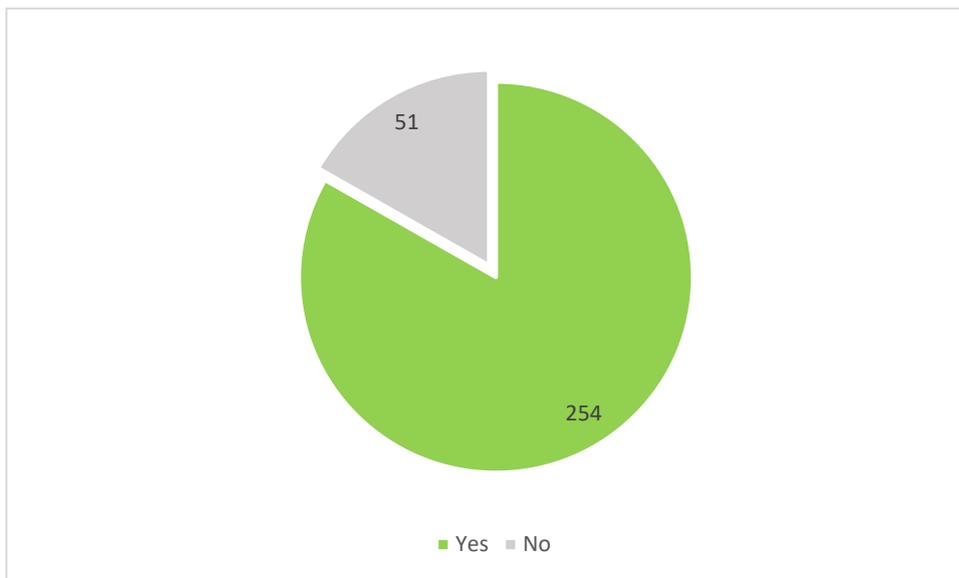


Figure 19

64 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

23 service users told us that they wouldn't want to attend another practice to see a clinician. The reasons varied from the worry of travelling long distances, accessibility and feasibility. Three of these service users feel this would be a stressful experience.

Neutral

11 service users said their decision to go to another practice would very much depend on the location.

Positive

30 service users told us they would be happy to attend another practice if this means they would get the best care and treatment. Service users would trust and respect the decision to do this.

In focus

Long term/ongoing health condition - Three service users expressed concerns that attending another practice would be stressful. They expanded on this and said this would be particularly difficult for patient who have a mental health condition.

Q19

Have you ever visited your practice website? If yes, was there anything missing that you would find useful or tell us why you don't visit the website?

294 service users told us if they have ever visited their GP practice website. Figure 20 Highlights the response rate.

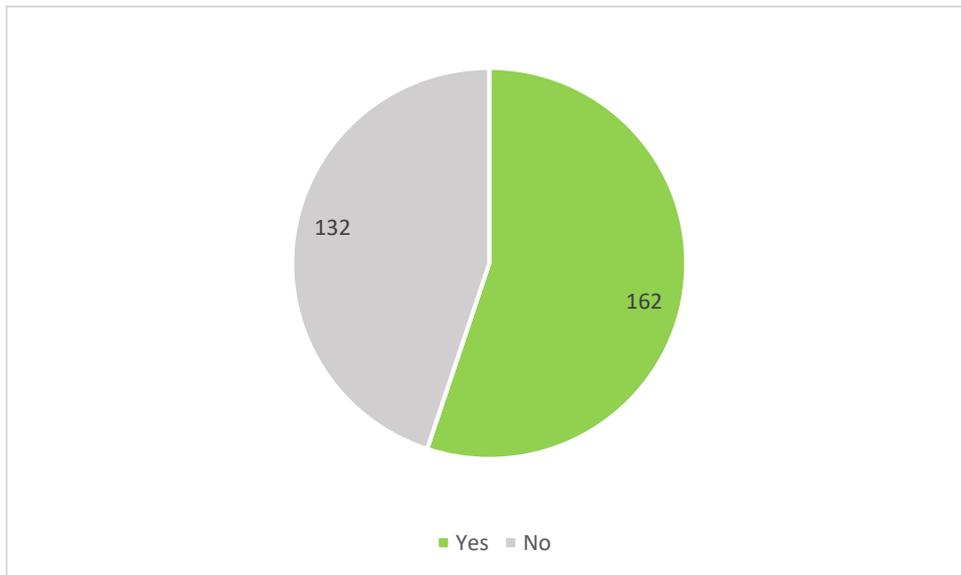


Figure 20

67 service users shared additional comments which were analysed by our team. The comments were analysed identifying a negative, positive and neutral themes.

Negative

31 service users told us they don't find the website useful. The reasons behind this again varied from: not user friendly, they don't have computer access at home, there isn't enough information on the website, or they have trouble registering, as you need to attend the surgery to obtain an access password. 3 of these service users feel the website is too complicated for older patients.

Neutral

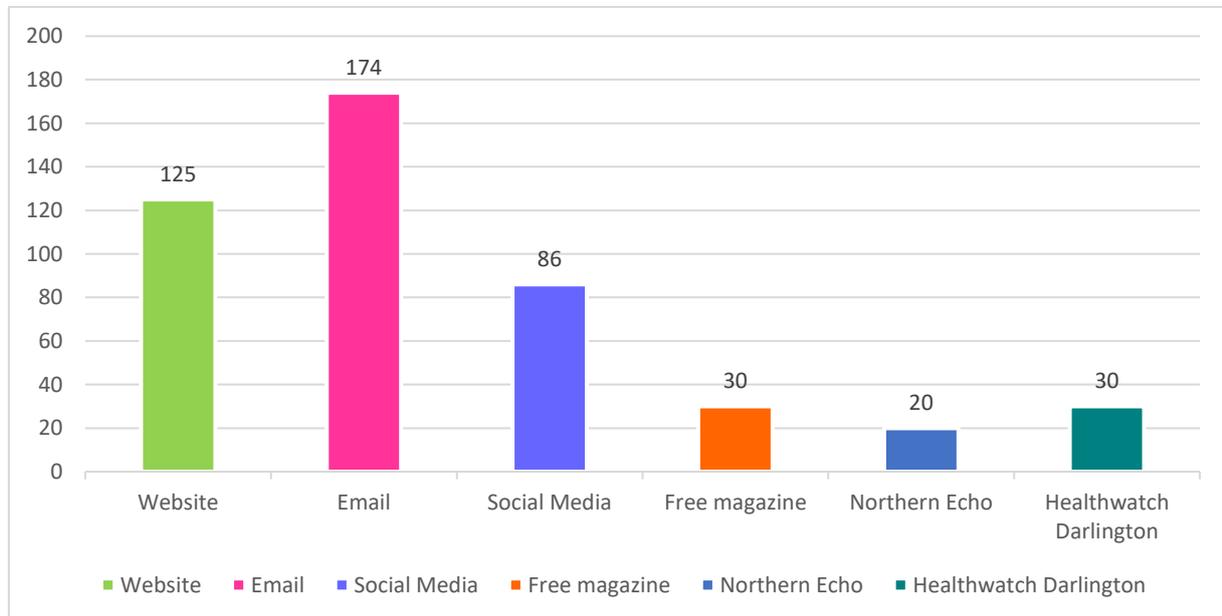
18 service users use the website and find it useful, but they said the information is either cluttered or confusing, which can make the navigation difficult.

Positive

18 service users felt that their practice website was useful. Service users feel that the sites are easy to access or navigate, however one service user feels more patients should know about the website, as it isn't widely promoted.

Q20

What is the best way for the surgery to communicate any changes to the services they deliver?



465 service users told us the method they would prefer for receiving information from their surgery. Some service users selected more than one option for this question. Figure 21 highlights the different options which were selected.

Figure 21

42 service users shared additional comments which were analysed by our team. The comments were analysed identifying themes, but the comments didn't fall into a sentiment theme of negative, positive or neutral.

Text

15 service users feel they would prefer a text message.

Letter

15 service users suggested a letter via post would be the best way for them.

Face to Face

2 service users would want updates face to face.

Other

10 service users shared additional suggestions. These were the Talking Newspaper, local radio, audio or TV outlets, TV channels, website (only if it's up to date.)

In focus

Long term/ongoing health condition - 3 service users told us that the options available were not suitable for patients who have visual impairments. This needs to be considered.

Additional comments



Q21

Do you have any additional comments to share about your GP surgery?

128 service users shared additional comments which were analysed by our team. The comments were analysed identifying themes.

Negative

62 service users shared additional comments which reflected on their negative experience when using their GP surgery.

Waiting times - Service users feel on the whole waiting times are too long for appointments and they don't get enough time during their appointment to discuss their needs.

Accessibility - Service users feel access to their surgery needs to be improved. Some service users feel there need to be options, when it comes to making an appointment, to make it more accessible for different types of patients. 5 service users raised their concerns about the interpreting service and feel this requires improvement.

Staff attitudes - Service users feel the staff attitudes amongst the receptionist teams could be improved. They would like to feel understood when attending their GP surgery.

Staff recruitment/retention - Service users feel there aren't enough doctors and there is always a change in staff numbers within their surgery. Service users worry this causes problems when it comes to continuity of care.

Information & communication - Service users feel information-sharing needs to be improved. They would like more information from their surgery about other services.

Positive

66 service users shared additional comments which reflected on their positive experience when using their GP surgery.

Waiting times - Some service users feel they always get an appointment when they need one. Some told us they always get seen on the day they make an appointment.

Accessibility - Service users who attend a GP surgery with a walk-in clinic feel this is a positive addition to their surgery. They are very happy that this is an option which makes it easier to see a health care professional when they need one.

Service delivery - Service users on a whole are very happy with their own GP surgery and the service they receive.

Staff attitudes - Service users feel they experience a polite and positive welcome from their GP surgery.

In focus

Long term/ongoing healthcare conditions - Service users feel continuity for patients with an ongoing health condition is a problem. Service users feel their needs require more understanding when it comes to health care. Some service users would also like more support in general from their surgery.

Focus groups



Understanding the experience of service user groups

Further to our survey, we also visited two service user groups to provide them with an opportunity to take part in a focus group about the GP services in Darlington. We visited the following groups:

- Darlington Association on Disability (DAD), Independent Living Hub group
- NECA, Drug and Alcohol, Service user group

Each group was visited by at least one staff member and volunteers. The group was conducted in such a way as to provide a structured, but supportive, environment where they could openly share their views. When conducting these groups, we followed our Quality Assurance Framework and considered GDPR, consent and Safeguarding.

Darlington Association on Disability (DAD)

We spoke to a group of three male service users.

Booking Appointments

Two service users told us that someone else phones the surgery on their behalf, to make an appointment. One service user will try to make their own appointment whenever possible. They went on to tell us that it's rare to be able to get a same day appointment; they always need to phone in advance. They also feel it's hard to get through on the phone if you ring at 8am and can sometimes be trying until 9am. One service user said sometimes they have to wait up to 2 weeks for an appointment, but they understand that this could be down to other people's needs being more urgent than their own.

When it comes to seeing a health professional, one service user said they try to see the same doctor if they can, but they understand if they can't. However, the service user told us that it does make things easier and saves time if they can see the same doctor. If they see the same GP, they won't have to repeat themselves and it keeps things consistent.

One service user told us they are happy to see their doctor as they are always helpful and friendly.

Finally, one service user told us they don't usually have long to wait in the waiting area they arrive on time for their appointment.

Communication & Choice

Two service users feel that the receptionists understand them and welcome them when they arrive at their surgery. One service user told us their parent speaks to staff on their behalf.

One service user said they don't always understand the medical terms used by the doctor but when he asks them to explain it further, the doctor always repeat it for him in a way that he can understand.

One service user said when they attend appointment their parent is always with them; their parent will ask any questions for them.

One service user told us that sometimes the receptionists ask questions to determine the reason for appointment.

One of the service users doesn't have any problems with the reception staff.

One service user told us that the only problem they have with the receptionist is that it takes so long to be able to get through on the phone before he can speak to them.

Last time one of the service users attended the surgery it was a nurse that attended to them rather than the doctor; they were happy with this especially if it meant that they could be seen sooner.

Accessibility

One of the service users is a wheelchair user and finds that the waiting area is quite small, not much space to move around.

One of the service users has a walking frame and sometimes transfers to a wheelchair for ease; someone always takes him to his appointment.

One service user feels that sometimes the doctors talk in 'their terms' and use medical terms that the service user doesn't understand.

NECA - Drug & Alcohol Support

The group was made up of 4 service users.

Booking appointments

One service user told us they have Long Term/ongoing health conditions. They are confident the receptionist knows their condition, so they believe this is why they don't ask. They then stated that it still takes 3-4 weeks sometimes to get a GP appointment.

They also said that, if the receptionists are unable to meet their request or make an appointment, their GP will resolve this.

The service users' partner was present, and they are also the person's carer. The partner said that they have never had any problems at their GP practice, and they are always involved with things when it comes to the needs of their partner.

One service user is very happy with their own GP surgery. They feel the staff make an effort to get to know the patients, which makes a difference.

Accessibility

Service user describes their struggles with a childhood illness, which has resulted in them drinking alcohol, which got out of hand.

When they moved to Darlington two years ago, they registered with a surgery. They said they were concerned with sharing their medical records online 'System One'. They expressed the desire not to be included on the system. There was a debate with staff members about this, which they described as quickly escalating. They then found out that they had been ordered to attend a GP Surgery in Seaham and were placed on a VPS list for one year. They told us that they were unable to access NECA services at this stage. They then told HWD that they believed the notes on the system stated they had a drug addiction, which was untrue.

The service user then registered with another surgery and they are very happy with their current GP.

Additional/general group comments

Receptionist sometimes ask questions when face to face in the reception area. This can be uncomfortable for patients as they feel they have no privacy.

Service users will go to A&E or walk-in if they can't get a GP appointment.

Standards around catchments area rules, patient lists and services delivered by surgeries need to be consistent.

Separate clerical teams are needed to book GP appointments on the phone. This will ease pressures on front of house receptionists.

One of the surgeries offers early hour walk-in appointments. There needs to be more of this across all GP surgeries. It's helpful for people who work and can take pressures of the surgery for the rest of the day/week ahead.

There needs to be a pharmacy at every GP surgery.



In focus

Accessibility - Disabled service users within one of our focus groups feel that communication from health professionals could be made simpler. They felt sometimes they struggled to understand medical terminology.

Role of receptionist and nurse practitioner



Understanding the role of a receptionist and nurse practitioner

To understand how the process of booking appointments and receiving care works, our team of staff and volunteers thought it was important to find out more from the people who work within these roles locally.

Each GP surgery was approached in order to arrange a visit from our team, to speak to the relevant staff members about their role within the surgery. Five GP surgeries were able to accommodate these visits and our volunteers thoroughly enjoyed speaking to the members of staff. They were all asked five questions which included:

- Can you tell us more about your role and how you're able to help patients?
- What elements of your role do you enjoy?
- If you experience any challenges with your role, what are these?
- What could help you in your role?
- Do you have any further comments you would like to share which we haven't covered?

Receptionists

Can you tell us more about your role and how you're able to help patients?

Surgery 1

"We deal with patients on the phone and face-to-face. We signpost the public in the right direction with regards to seeing the correct GP and whether or not the patient's ailment is urgent enough to be seen immediately or if they can be directed elsewhere for support." "We use a care navigation template provided by the Clinical commissioning Group, which guides us to ask certain questions. We also deal with other administrative tasks within the office".

Surgery 2

"We help patients by finding out what the problem is and booking them in with the appropriate healthcare professional. Questioning patients is a key part of the role. There are numerous tasks that are done behind the scenes including repeat prescriptions, samples and test results."

Surgery 3

"We are mainly on the phone, making sure patients see the correct person, giving advice and signposting to the correct department. We make sure confidentiality is key and people are pointed in the right direction. We use a signposting spreadsheet, care navigation template and the Healthwatch directory to help us direct patients for the most appropriate support".

Surgery 4

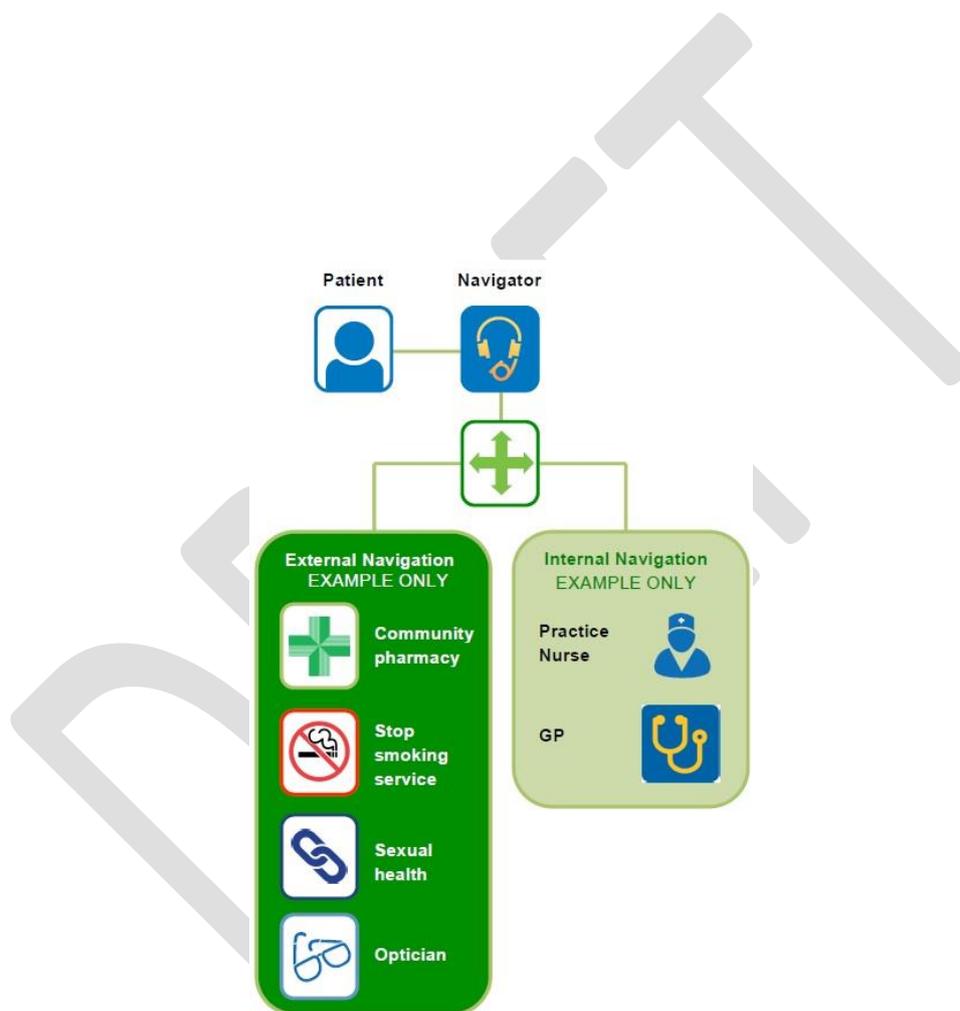
"We deal with complaints, answering phones, face to face and sometimes within the back office. We use the care navigation system to guide patients correctly (provided by the Clinical Commissioning Group) (CCG)".

Surgery 5

The practice supervisor said a significant part of the role of the reception staff involves signposting. The surgery serves 11,000 patients and the reception is the focus for phone calls and visitors. A lot of patients don't know where to go when they have a problem and therefore the

surgery is their first point of contact. Reception staff spend a lot of time signposting and triaging patients (ensuring people see the right healthcare professional) as not all patients will require an appointment with a GP. The practice supervisor also explained that another challenge for staff is in meeting patient demand for immediate things that cannot be provided. They elaborated further explaining that sometimes, for example, patients might expect a prescription to be made available immediately on demand, however this expectation is unrealistic as this is not the process.

Another member of the reception team refers to other aspects of the role which involves a 'task list' this refers to the surgery's ongoing workflow and staff are assigned. These tasks are wide-ranging and varied and include things such as results, prescriptions, notes and messages between patient and doctor and other healthcare professionals and this can take up a lot of time.



In focus

Primary Care Navigation - This signposting tool provided by Darlington Clinical Commissioning Group is used by ten out of eleven GP surgeries within Darlington. This tool provides receptionists with guidance to signpost patients for the best support, care and treatment.

What elements of your role do you enjoy?

Surgery 1

“We like the feeling that we have helped someone. Informing patients about other possible options and educating patients about what they can do for themselves. Every phone call is different which keeps the day interesting.”

Surgery 2

“Dealing with people and helping people. Sometimes someone might be distressed at the beginning of a call but be very pleasant by the end - this is very rewarding.”

Surgery 3

“Dealing with the public, especially the elderly. Everyone knows each other, which is great. We enjoy creating time for the patients. Entering social media information online. It is enjoyable to be able to source things such as wheelchairs etc. Training has been provided with signposting so we can help the public.”

Surgery 4

“All of it; helping people is fantastic.”

Surgery 5

“Love it”, “It’s all about the patient”, “Customer service is key”. All of the team at the surgery work here because they really care about helping patients. Our role requires special personal skills to be able to talk to anybody, and this is something we particular enjoy about our role.”



If you experience any challenges with your role, what are these?

Surgery 1

“Unexpected questions and managing patient expectations can be hard work. Patients don’t seem to understand that receptionists are not being deliberately obstructive - if an appointment isn’t available it’s simply not there, not because it’s being withheld. This can lead to patients being unhappy with our response.”

Surgery 2

“Patients are often hostile when they’ve been waiting on the phone for a long time e.g. 20 minutes. It often feels like patients seem to think that the receptionist is ‘giving’ out appointments and is making choices about whether to give one or not. Dealing with demanding and dissatisfied patients is challenging. Coping with staff shortages is stressful, which is particularly tough during busy times, like Friday afternoons/evenings, as patients can sometimes expect to have prescriptions issued immediately.”

Surgery 3

“People being adamant they want to see a particular GP when they might not need to - signposting is helpful in this regard. It is important to give the public a choice.”

Surgery 4

“Expectations from patients is difficult. They think you know more than you do. This puts pressure on me with the lack of appointments available. Patients coming in from different organisations puts an added pressure on the surgery.”

Surgery 5

“Meeting expectations and patient demand can be hard. It feels like a sense of mismatch between what the patient would like to happen and what the GP or other surgery staff can actually do. To deal with the demand of patients more resources, more GPs and more appointments would be ‘a magic wand’ solution.”

“Patients do not know where to go in the first instance, a lot of patients often have limited understanding of the roles and responsibilities of practice staff, other than the GPs. It was also highlighted that patients are very unlikely to contact the GP and ask to speak to the pharmacist about their medicines for example. The role of nurses is also something that many patients are not fully informed about, with few specifically requesting an appointment with the nurse practitioner for an aspect of their care that falls within the role of the nurse practitioner, as opposed to asking to see the GP first.”

In focus

Awareness - All of the GP surgeries we spoke to all indicated the feeling that patients don’t understand the roles of all health care professionals or about the systems in place to allocate appointments.

What could help you in your role?

Surgery 1

“We have a large Patient Participation Group (over 100) which is helpful. Communicating with patients is very helpful. Generally, the system that the surgery has set-up seems to help so that patients are kept well informed.”

Surgery 2

“If patients were more aware of self-care, then fewer patients would be taking appointments unnecessarily - this would reduce the strain on the booking system. Greater use of the digital sign-in board would ease the pressure on the reception desk. Managing the expectations of people who have missed their appointments would help reduce the aggravation that receptionists encounter when appointments are missed.”

Surgery 3

“If the public were more aware of different services, in terms of signposting.”

Surgery 4

“Further education on medical issues e.g. paramedics and their role, as well as more training in information and signposting - more along the care navigation side of things.”

Surgery 5

“Lots of appointments!” “would help meet demand and ease some of the challenges staff face when trying to book appointments for patients with the most appropriate member of the healthcare team.”

“E-consultations are a valued contribution to easing pressures. This method of communication was seen as helpful and quicker, especially for patients who just need information or directing to other sources of care, and it also helps reduce unnecessary appointments being booked with GPs when information or communication is all that is required.”

“A greater understanding about the roles of staff within the surgery generally. Education is key. The demand for services could be better managed if patients had a clearer understanding of several important things. Firstly, there needs to be an improvement in the general understanding of the roles of the wider surgery staff and that not everything requires a consultation with a doctor. This is especially relevant to the nurse practitioner role. Secondly, patients perhaps need to understand demand and capacity better, for example a lot of patients are unaware of how busy the surgery is on a day to day basis. Patients would benefit from a better understanding of self-care, what other sources of care there is available such as pharmacies, and this would help reduce demand for things the surgery is unable to provide at the time of contact.”

In focus

Education - The surgeries we spoke to feel that educating everyone about the services available to them would help to provide patients with more options to manage their own care needs.

Do you have any further comments you would like to share which we haven't covered?

Surgery 1

"New prescription changes have caused a lot of confusion - there has been a negative response from both patients and chemists. Patients should be educated about how receptionists can help."

Surgery 2

"Since pharmacies have stopped issuing repeat prescriptions since September, the extra number of patients booking in has created an extra pressure to the system."

Surgery 3

"Walk-in service is very good between 8.30am-9.30am Monday-Friday. Double appointment is very helpful. Able to talk to a doctor to help the patient in an appointment. Minor ailment scheme from the pharmacy has been reduced; also, the wait time for medication here is a lot less. E-consultations are very beneficial - patients can even go online late at night and request an E-consultation, and someone will reply with 24 hours. An NHS app has been newly introduced for patients to book appointments. Different clinics are available such as flu jab and immunisation clinics at weekends."

Surgery 4

"PPG meetings we attend to explain our roles and inform the public are very good as well as advertising services."

Surgery 5

No other comments



In focus

Walk-in clinics - One of the surgeries we spoke to provides an optional walk-in clinic for patients. This has been a positive addition to the surgery that has eased pressures. This informs the earlier feedback from patients who feel a walk-in clinic really helps.

Nurse Practitioner

Can you tell us more about your role and how you're able to help patients?

Surgery 1

"My title is a clinical practitioner. I do all of the same things as a GP except complex needs. NOT gynaecology - However I can take notes for gynaecology. I see more children than nurse practitioners, usually aged down to 3 months."

Surgery 2

"We are surgery-based and there is a total of two nurse practitioners (NP). Each NP sees approximately 34 patients daily. Both NPs can see all patients from babies upwards. Both NPs can prescribe. NPs cannot sign sick notes. NPs roles differ between practices but at this surgery we choose to not wear uniform as it often leads to patients treating the NP with less respect. NPs see patients with minor ailments ideally. Receptionists have a template for questioning that enables them to book patients in with either a GP, NP or the MSK service etc. Generally, the system works well and, in instances where the problem is more significant, there is usually a GP available to see the patient."

Surgery 3

"Similar to GP - halfway between a doctor and a nurse. The Royal College of Nursing and the Nursing and Midwifery Council cannot define the role entirely. Dealing with routine infections, women's health, mental health, but only see people over twelve. Regularly attend seminars to develop knowledge."

Surgery 4

"I have appointments to see patients, just like a GP. I help to reduce pressures of the GPs. I see and treat patients who are 12 years old and over. A nurse practitioner will be specialised in other areas depending on background. For example; A&E, district nurse, medical. When patients book online, sometimes not enough information is disclosed, so patients can come to me and I might not be able to fully help them. In this surgery there are two nurse practitioners who can see under 12-year olds. We can also prescribe."

In focus

Awareness - All of the surgeries we spoke to feel patients don't understand their role. So much so that one surgery has chosen not to wear nurses' uniform as they feel this changes patients' perception during appointments.

What elements of your role do you enjoy?

Surgery 1

“All of it. Huge learning curve with lots of different parts to the job. It’s very rewarding. New appointment system has been fantastic for patients as it provides them with continuity. Urgent access appointment system has been very successful.”

Surgery 2

“On a good day, when things run smoothly, and patients are happy it’s enjoyable. Knowing that you have helped people to be safe.

Surgery 3

“Good variety of things to deal with on a daily basis.”

Surgery 4

“All of it (3 years in the job). Great support. Constant learning. Very varied work and you never know what you’re going to get from patients day-to-day.”



If you experience any challenges with your role, what are these?

Surgery 1

“How to do referrals, take bloods. However, secretarial staff are excellent. Good web resources. Patient expectations of a Clinical Practitioner make it a challenge.”

Surgery 2

“On days when patients are unsatisfied and ‘difficult’ it can be quite unenjoyable. Quite often patients come to the appointment with an expectation that they will be prescribed an antibiotic and then become difficult when the prescription is denied. Often patients expect to be treated for problems that could easily have been dealt with by taking over-the-counter medication e.g. a sore throat. This is frustrating for the NP and causes the patient to be disappointed too, making it an unsatisfactory experience overall. Dealing with patients who have mental health problems can be challenging - particularly if there are a high number of mental health patients in one day.”

Surgery 3

“The main challenge is dealing with new things and areas because you don’t know what you don’t know.”

Surgery 4

“Not always having the knowledge to help a patient, leading to negativity from patients. Always trying to keep people relaxed. Trying to reduce patient disruption whilst working as a team. Not knowing about community organisations that can help patients.”



In focus

Information & signposting - Healthwatch Darlington reminded health professionals that it is our statutory duty to signpost and that they can call our team for information about additional services available within the community.

What could help you in your role?

Surgery 1

“Waiting for the right courses to develop knowledge.”

Surgery 2

“Time and appointments would be considerably freed-up if patients made a greater effort to apply self-care at home before coming to the surgery. This excludes the elderly and small children.”

Surgery 3

“I get support from peers and colleagues. We meet as a group 6 times a year.”

Surgery 4

“Further education. Patient expectations, appreciating we can help but sometimes we might not know. Knowing what’s out there and available to further help patients beyond the GP surgery.”



In focus

Information & awareness - Health professionals would like patients to consider ‘self-care’ and they would like to know about more services within the community, that can help patients.

Do you have any further comments you would like to share which we haven't covered?

Surgery 1

"Ignorance in people not knowing the different roles between doctors and nurse practitioners etc. Receptionists do a very good job in helping."

Surgery 2

"Greater awareness of wasted appointments (approx. 300 monthly) would help reduce the strain on the system. When patients are advised to make lifestyle changes to benefit their health e.g. healthy eating, more exercise, stop smoking they sometimes respond with requests to be 'given something for free' to help them - this becomes an obstacle for the necessary changes to be made. More education, for young people in particular, to take greater responsibility for treating minor ailments at home first would enable the surgery's service to be improved for those who have more serious problems."

Surgery 3

"Patients are getting used to the role of a Nurse Practitioner. Word of mouth is so important in patients getting support."

Surgery 4

"Would love to know more about what's available out there for patients e.g. Living Well Directory."



In focus

Awareness & Understanding - Health professionals feel a greater understanding about what other options are available other than the GP surgery would be beneficial for patients. For example; other service, pharmacies, self-care.

Conclusion

Throughout this engagement project we have focused on understanding the service users voice and the roles of key health professionals who play a crucial part within a service user - GP service experience.

Booking appointments -

When analysing the findings, it became clear that both service users and health professionals feel there is room for improvement when it comes to booking a GP appointment. Service users feel the system is slow and although there are now a number of options to book an appointment, these options are not suitable for everyone. One example: service users may opt to use the 'online' method, however there are not enough options to book a suitable appointment every time. Health professionals feel the online system can be obstructive, particularly for the nurse practitioner. The online system doesn't always identify the needs of a patient which can then lead to appointments with the wrong health professional. Another example: service users feel the telephone system is difficult to use. Service users are faced with long queues, engaged systems and limited appointments once they get through to the receptionist. This frustration is further contributed to for people who work early in the morning. They feel the telephone system doesn't work for them. Health professionals feel this can put a lot of pressure on the receptionist, as they are often faced with upset patients who struggle to make an appointment. Furthermore, service users who are considered a patient with a long term/ongoing health condition or carers of these service users, feel the booking system leads to problems for them. Some service users don't feel their needs are considered when trying to book an appointment. Whereas others feel the receptionists are very good at knowing their needs and getting them the health professional they need. Finally, throughout the findings 'walk-in' clinics were mentioned frequently as a positive addition to certain GP surgeries. Both service users and health professionals feel the walk-in clinics reduce pressures on the surgery and provide patients with more options.

Choice -

The findings presented a mixed picture when looking at the service users experience of choice. Some service users were happy with the choice/options presented to them within their surgery. They continued to express confidence in the receptionist to understand their needs. Whereas other service users felt that they were never asked if they had a long term/ongoing health condition when choosing a health professional. However, health professionals feel that some patients don't understand the role of a nurse practitioner, which leads to the choice of trying to avoid them and to book an appointment with a doctor instead.

Communication with staff -

When analysing the findings, service users told us that on the whole their experience with the receptionist and health professionals within the surgery was positive. However, there was still a significant proportion of people who feel the receptionist can sometimes ask too many questions or appear rude. Service users feel this can vary from person to person. One receptionist may, in their opinion, not listen to them whereas others will. Further to the service users who have shared their experience, receptionists feel they can sometimes be faced with challenging patients. They ask questions, under the guidance of doctors, using the training they have received. This is with a view of reducing the pressures within the surgery and to allocate appropriate appointments to patients. However, despite this, some receptionists feel patients don't understand the need to let them know the reason for the appointment so he/she can prioritise. They just feel patients think

they are being nose. This can be challenging for receptionists. Finally, service users with a long term/ongoing health condition feel seeing different health professionals and communicating their needs repeatedly can be unhelpful. They feel this can lead to problems with their treatment plan. For example, different medications may be prescribed.

Administration -

The findings presented a positive experience for service users who need referrals. They feel the service provided by the GP surgery to make the referral is fine. However, problems start to occur once this referral is received by the other service. We asked service users if they knew about the recent changes to the prescription service which was implemented in September 2019. A large proportion of service users were aware of this change; however 87 service users were not.

Accessibility -

Finally, the findings presented mostly a positive experience for service users when it came to accessibility. However, a number of concerns were still highlighted. Some service users feel that particular GP surgeries don't have much room for wheelchair users. Some service users felt that the waiting area was unsuitable if you needed to speak about something private. One service user was worried about being overheard. This can be particularly distressing for service users with a mental health condition such as anxiety. On the whole service,, users felt that having appointments at another surgery with a specialist clinician would be welcomed, as long as it meant they were getting the best care and treatment. Some obstacles highlighted by service users for attending these appointments could be location, travelling feasibility. Furthermore, service users with a learning disability or mental health condition feel this could be distressing for them, due to change in environment, location and health professional. Finally, service users had mixed feelings when it came to the accessibility of their GP surgeries website. A large proportion still don't use their surgery's website. Some feel there isn't enough information on the website, it isn't user friendly, they wouldn't use it because they don't use a computer, or they find it hard to register to use due to having to obtain an access code form their surgery prior to use.

Recommendations

1. Work together to deliver a consistent, equitable service across the patch, sharing good practice and delivering the same message so there is no confusion for patients trying to navigate the system.
2. Create more user-friendly websites to encourage patients to use online facilities with ease.
3. Explain in jargon free language, what self-care actually means for people so they understand when to access the right service at the right time.
4. Provide an explanation of who does what in a simple format, to reassure and educate patients on the different staff roles in the practice. Eg. Nurse Practitioners.
5. In initial conversations with the patient, receptionists need to explain why information is needed and how it helps the patient to see the correct person.
6. More of an understanding of how DNA's are recorded - did the patient really not show up or were they just a few minutes late?

7. Raise awareness of long-term conditions with reception and staff teams to appreciate why some patients may become upset or aggravated, having to repeat themselves every time they see a different member of staff.
8. Consider inviting patients to attend staff training sessions to talk about their experience of living with a certain condition.
9. Perhaps work with local pharmacies to help explain the new prescription rules in more detail - such as cost saving.
10. Consider working more closely with Healthwatch Darlington with signposting people to local services. We deliver statutory duties, which includes information and signposting of local health and care services as well as voluntary and community organisations.

Response and Feedback from Provider and Commissioner

Primary Care Network response:

Page 8

Practices vary in their approach to appointment times and the number of issues that can be discussed will vary between clinicians. This is a balance between demand and capacity. If a practice offers a shorter appointment and restricts the number of issues discussed, there is the option to book a double appointment or rebook to discuss further after the initial consultation. Some practices offer longer appointments- this reduces the overall number available.

Currently there is no capacity within primary care to visit elderly people on a regular basis without a specific clinical need. An important benefit of practices working within PCNs is an increased use of social prescribing and care navigation. This should allow people to have a greater understanding of community resources available.

Postage is a significant cost to GP surgeries and only letters with a specific clinical purpose will be sent. We will, however, take on board that more written material within practices and available online would be helpful. This could be developed jointly with Healthwatch and the PCN to ensure uniformity across the town

Page 10

Very pleased to see respondents from all 11 practices. The patient population and needs vary hugely between practices and services are designed to manage the practice specific demands to resources available; this is why services vary from practice to practice.

Page 12

Practices take on board frustrations with being able to make appointments and strive to improve this constantly. Soon appointments for all clinicians will be available to book online- this will also cause some problems. We will act on comments that different clinical roles within practices need clarification. Receptionists are skilled care navigators, this means that they direct the caller to the most appropriate appointment or service for their problem, booking online means people don't access this service. Nursing appointments are very complex, varying in type and length, practices

will try their best to make this clear for online booking. There are a finite number of appointments available each day, practices try to balance same day need with ongoing longer-term need. For appointments not on the same day, 8 am is not the best time to call. All available GP appointments are shown online, and this is the same availability as the GP receptionist can access. Receptionists work under exceptional pressure at times, they are trying their best to answer the phones as quickly as possible and want to be able to offer the appointment requested; sometimes this is not possible, but it is not their fault. They frequently suffer abuse from people on the phones, and whilst we can totally understand frustration at times, no one should have to put up with verbal abuse at work on a daily basis.

For specific cases, we would encourage people to ask to speak to the office or practice manager if they are having problems or have specific needs.

Page 14

We would all encourage continuity of care, GPs and nurses prefer it as well as patients. For long term conditions, appointments can usually be booked in advance. Where possible, appointments will be made with someone's chosen clinician. If that is not possible, due to demand, leave or other commitments, then another suitable clinician will be found. If it is an emergency, then an urgent appointment with a suitable clinician will be found.

There are challenges recruiting GPs and waiting times may go up temporarily if a practice is trying to recruit. Most practices will fill these gaps with locum GPs where possible; whilst this does not provide continuity it will provide a safe service.

Page 15

The length of time acceptable to wait for a GP appointment will vary greatly, depending on the clinical need. We would agree that, if there is a genuine emergency, this should be dealt with on the same day and all practices strive to be able to do this.

Page 16

All clinicians will try their hardest to see patients as close to their appointment time as possible. Not every patient is the same, sometimes needs and complexities emerge, which means that, unfortunately, some people need more than their allotted time and so appointments overrun. We thank people for their patience when this happens and hope that they understand that they may need longer on occasion.

Page 18

Comments on continuity above are relevant here also.

Page 19

Practices are continually striving to offer the best service they can. Receptionists are trained as care navigators and to triage appointments; this is why they ask questions- patients can decline to give details to the receptionist, but the more information they are able to give the more likely the receptionist could help them. Most practices have a continual training programme for receptionists, many record phone calls for training. If there are any specific issues, these should be fed back to the practice manager so that further training can be undertaken.

Page 23

Reassuring and pleasing that the vast majority of people were satisfied with their experience with a healthcare professional; we work hard to deliver the best care we can. If people are not

satisfied, they can discuss this with another clinician at the practice or with the practice manager; most of the time these issues can be resolved without needing a formal complaints process, but where it cannot, this exists in each practice.

Page 26

The majority of people were confident in the communication of the clinician. Given the complexities of some of the scenarios, it is not surprising that sometimes understanding is not clear. Clinicians all work hard to do their best to be clear; if patients are unsure, they can request another consultation with the same, or a different, clinician to help clarify things.

Page 28

Unfortunately, GPs have no control over referral processes or waiting times. We are also frustrated by the delays in the system.

Page 32

Practices try their best to provide an environment which is accessible and suited to all patients. Unfortunately, there is nothing they can do regards parking. If there are specific accessibility issues, I would recommend raising them with the relevant practice manager, who will do their best to help.

Page 33

The translation services are commissioned by NHSE and so practices don't have any control over who they use. There were no comments about problems with the booking process, so it seems practices are doing everything that they can.

Page 34

We will take this feedback into consideration when designing any new services. Interestingly, mental health is a condition where patients have travelled to different practices for counselling in the past and have had positive experiences.

Page 35

As a PCN we are developing a website that has information relevant to the whole of Darlington. Consideration will then be made regards offering individual practices support with updating their websites. This is useful and helpful feedback.

Page 36

The breadth of options selected in addition to the ones suggested shows that we need to ensure any changes are communicated through multiple channels, ensuring that visually impaired, amongst others, patients are taken into consideration.

Page 42

Currently a walk-in surgery is only offered by one practice, which is rural. Whilst walk in surgeries may work in some practices, they are not suited to every practice. Capacity is finite and needs to be managed. Whilst we appreciate that it can be convenient for some patients, it does not promote continuity. All practices provide appointments either before 8am or after 6:30 pm and there is a GP Access Clinic in the centre of town which provides GP and nurse appointments every evening and weekend; this improves access for working people, or those with carers who work.

There is a community pharmacy within a short walking distance of most practices.

The PCN is developing a single registration policy to be used by all practices; each practice has a different catchment area. This is confusing, but we will strive to make this clearer on websites and written information.

Page 47

As part of the PCN website, we will develop 'staff profiles' which will explain the different roles within the practice.

Summary:

On the whole, most patients appear to have a positive experience accessing primary care services in Darlington. Practices strive to provide the best services that they can, in often extremely difficult circumstances. Royal College of General Practitioners (RCGP) have declared a 'state of emergency' in General Practice, due to vastly increasing workload, reduced funding and workforce pressures. Practices in Darlington are all feeling these pressures. Unfortunately, due to these challenges, practices are not always able to meet patient expectations, through no fault of their own. As a Primary Care Network, we are striving to work together to strengthen the resilience of practices and provide services in new ways for patients. For example, Darlington is the first PCN in the country in which all practices provide e-consultations. When practices fall below their usual high standards, they are keen to have feedback in a constructive way that will allow them to improve where possible.

Recommendations response:

1. The primary care network is striving to achieve this. Practice representatives meet on a monthly basis with community service staff (DNs etc.) to improve services across Darlington and reduce variation across the town. The Practice managers meet monthly to support each other and share best practice.
2. The PCN website is currently under development; once this is complete, we will take this recommendation to the practices for further consideration. We are also planning to explore wider usage of social media channels.
3. This helpful recommendation will be circulated to all clinicians as a reminder. Patients should be encouraged to ask questions if they are not clear.
4. Staff profiles will be developed for the PCN website, which will then be shared more widely.
5. Care navigation and appointment triage will be covered in the receptionist staff profile, although many practices have already done work on this.
6. Most practices will mark a patient as DNA if they are more than 10 minutes late for the appointment. Exceptional circumstances are usually taken into account. If a patient is late, it then means that other people have to wait longer; this is not fair and it inconveniences other patients.
7. We are developing an education afternoon for administrative staff around disability awareness; we will incorporate this into that session, building on work already undertaken within individual practices.

8. Patients will be invited to the above training event.
9. We are forging close relationships with our community pharmacy colleagues. We have a link pharmacist for our PCN. We are developing joint training sessions with community, secondary care and primary care pharmacists, to promote joint working and improve patient pathways.
10. We greatly value the support Healthwatch has given the PCN so far. We have a Lay Member on our PCN board that will be the key link for Healthwatch. Our new social prescribing services will also work very closely with Healthwatch.

NHS Darlington Clinical Commissioning Group

Thank you for the recent report, sharing survey results gathered by Healthwatch from local people using general practice services.

The report was really accessible and well-structured and provided lots of detail to help understand how it feels for patients using local general practice services. It was also helpful to understand both the challenges and the areas where things are working well for patients. The spotlight on particular issues for patients with long term conditions was useful.

Although clearly there were some frustrations experienced by people, it was encouraging to see that 60% of people reported being able to get an appointment with their GP within one week and that the majority of people found the reception team helpful. It was also really interesting to understand the reception teams' perspectives as they are so clearly passionate about their role in supporting patients, while dealing daily with some very challenging situations when taking forward practice processes on behalf of the clinical team.

It was perhaps not surprising that, whilst there are problems experienced by some patients with regards to access, once they have an appointment with a clinician, their experience is often very positive. It was also great to hear from the focus groups that some carers had had good experiences and were involved as a partner in the care of their loved one; the challenge facing parent carers however was clearly conveyed.

We would be interested in feedback from Healthwatch on methods of communication for the visually impaired if there was future work in this area, recognising that some patients felt that the questionnaire options provided were not suitable methods. In addition, we would ask that Healthwatch support the CCG and other health partners in raising awareness of the need to only attend A&E with urgent and/or life threatening conditions and with signposting to other services.

Unfortunately we were unable to open the embedded pdf documents in the draft report but we understand that we have received some of these previously and that they were included for reference purposes; we have, however, still been able to respond to the recommendations made in the report.

1. Work together to deliver a consistent equitable service across the patch, sharing good practice and delivering the same message so there is no confusion for patients trying to navigate the system.

The CCG works with practices in Darlington to reduce unexplained variation and improve consistency; and practices also work collaboratively, and with Primary Healthcare Darlington; the GP Federation, where appropriate, to share good practice.

2. Create more user-friendly websites to encourage patients to use online facilities with ease.

We know that practices have worked hard to encourage patients to use online facilities; however, we will advise practices that feedback from the survey is that a small number of patients are experiencing difficulties in navigating websites, which may result in their online services not being accessed effectively.

3. Explain in jargon free language what self-care actually means for people so they understand when to access the right service at the right time.

There have been a number of recent regional and national campaigns aimed at reinforcing how and when services are best accessed [right service at the right time], and I attach some posters which you might find helpful.

4. Provide an explanation of who does what in a simple format to reassure and educate patients on the different staff roles in the practice. Eg. Nurse Practitioners.

As all practices work differently; it would not be possible to have a generic explanation of the different staff roles. However, a number of practices do provide, on their website, details of their staff, including a brief outline of the roles of their clinical staff. We will, however, advise practices of the feedback from the survey.

5. In initial conversations with the patient, receptionists need to explain why information is needed and how it helps the patient to see the correct person.

Reception staff are trained care navigators, signposting patients to a range of internal and external services. This supports patients to get to the right place for their query first time. The feedback from a number of patients in the survey appears to indicate that receptionists do this very well. However, we will advise practices of the feedback from the survey.

6. More of an understanding of how DNA's are recorded - did the patient really not show up or were they just a few minutes late?

A DNA is someone who "Did Not Attend" a booked appointment at the surgery and did not tell the practice beforehand. Patients who arrive too late for their appointment and have to reschedule are not generally classified as DNA.

7. Raise awareness of long-term conditions with reception and staff teams to appreciate why some patients may become upset or aggravated, having to repeat themselves every time they see a different member of staff.

It is very encouraging that the majority of service users felt their experience with the receptionist and health professionals within the surgery was positive; although recognising that some service users with a long term/ongoing health condition feel seeing different health professionals and communicating their needs repeatedly can be unhelpful. To alleviate this, and where possible, practices endeavor to ensure continuity of care for patients by booking the same GP or nurse; although understandably, this is not always possible, depending upon the urgency of the patient's condition.

8. Consider inviting patients to attend staff training sessions to talk about their experience of living with a certain condition.

We undertake four education and training events a year. They are called Timeout sessions, and we have in the past invited patients to attend to talk about their experience. We are currently reviewing how these sessions work, and will feed this suggestion in.

9. Perhaps work with local pharmacies to help explain the new prescription rules in more detail - such as cost saving.

Patients who are affected by the change in repeat dispensing should have been advised prior to the changes being implemented. However, we will advise practices of the feedback from the survey.

10. Consider working more closely with Healthwatch Darlington with signposting people to local services.

We deliver statutory duties which include information and signposting of local health and care services as well as voluntary and community organisations. A number of services have been identified for care navigation signposting. It may be helpful to work with Healthwatch Darlington when reviewing these services.

Thank you again for sharing this feedback with us and we trust you will share the report with Darlington GP practices.

Methodology

Healthwatch Darlington undertook the following core activities to gather relevant feedback to answer research questions and meet objectives:

- A survey was produced and distributed to encourage local people to complete. This was available in a range of formats, with the aim of obtaining as many responses as possible in the time frame allocated.
- Communications from Healthwatch Darlington were sent out, using different platforms to encourage people via social media, website, local media and local communities.
- 2 focus groups were delivered, with 2 different community groups, as well as visiting GP practices to speak to staff.
- Weekly updates were carried out to inform of progress made and feedback received.

Acknowledgment

Healthwatch Darlington would like to thank local service users, patients and families for taking the time to take part in this engagement work. We would particularly like to thank the voluntary and community sector organisations, especially DAD, NECA, and GP Services that arranged for Healthwatch Darlington to visit their premises. Without your support, we wouldn't be able to reach the diverse range of people we engage with.

We would especially like to thank our dedicated Health Connector volunteers who supported this work, using their knowledge and local expertise to gather people's views.

DRAFT

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