

Healthwatch Cornwall

GP Bookings

February 2016





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Summary

This small scale study has been undertaken in response to patient feedback about the difficulty of booking an appointment with a number of different GP practices across Cornwall.

It is an attempt to correlate patient satisfaction with the booking systems to the type of system used.

The study showed that most patient satisfaction with the ease of booking appointments, both on the day and in advance, lies with practices that used a telephone triage system which was already established practice.

Patients did not always know about the range of options for booking appointments that were available at their surgery, such as online booking and requests for GP phone back.

Introduction

During the past year (January - December 2015), Healthwatch Cornwall (HC) has collected more than 150 patient feedback comments, both positive and negative, about appointment booking systems at GP practices across Cornwall.

This feedback relates to a number of issues, including reception being engaged at 8.30am when trying to book an appointment and having to speak to a doctor over the phone before seeing them in person.

Due to this large amount of feedback HC decided that further understanding and research into GP booking systems in Cornwall needed to occur.

Our thanks go to our volunteers who helped gather information and feedback, and in particular to Dr Steve Hawkins who authored Appendix ix.



Methodology

To establish knowledge about how patients booked appointments, a HC volunteer contacted all GP practices in Cornwall to record how their current appointment booking system operated when booking an appointment on the day and in advance.

This work highlighted the variance in appointment booking systems across the county, which was also reflected in the feedback that HC has received.

A recently retired GP, working as a HC volunteer, spoke to 10 GP practices across the county about the booking system they currently use, benefits and drawbacks of the system and other issues that the practice may be facing.

This research highlighted again the variance in booking systems being used and similarities in issues that practices were facing.

Two appointment booking systems 'telephone triage' and 'King Canute' were highlighted as good practice and disseminated to GP practices across the county with the additional findings, via a HC letter.

The aim of this service evaluation was to highlight appointment booking systems that work well and others that are not so popular from a patient perspective.

HC was able to identify three differing booking systems that allow the patient to access a doctor in different ways: telephone triage, limited access to appointments and offering a wide range of access to a doctor.

Three different types of appointment booking systems were looked at, with two GP practices in each category being sampled.

Each booking method would affect how easy it is to make an appointment with a doctor, and how accessible appointment times are.

The three booking systems are shown on the following page.



Booking System 1: Patients wanting to see a doctor need to book a time for a doctor to call them and triage them over the phone. Patients can book a call from a doctor either by phoning or attending the surgery or booking a call back online. The doctor will then decide whether it is suitable to arrange a face-to-face consultation with that patient.

Both GP practices selected for this research use telephone triage and adopted the system more than three years ago, therefore the system was well embedded at the surgery. A number of the feedback comments received before research was carried out were negative towards telephone triage.

Booking System 2: Patients are able to book an appointment with a doctor from 8.30am five days a week. They can ring or attend the surgery or book online. They can book an appointment on the day and up to three months in advance. Some nights of the week appointments are available until 7.30pm. Patients can request call backs from doctors rather than attending an appointment in person. The best chance for patients to get an appointment on the day is to contact the surgery at 8.30am. This system offers the most variety for patients wanting to book an appointment with a GP. HC has received negative patient feedback that relates to the patient's struggle to get through to the surgery on the phone at 8.30am and therefore their inability to get an appointment that day.

Booking System 3: Patients are able to book an appointment with a doctor from 8.30am each morning five days a week. They can book an appointment on the day and up to three months in advance. Patients are not able to request a call back from doctor and there is also limited to no evening appointments for patients. This booking system is similar to the one above though offering a more of a limited service for patients wanting to book an appointment with a GP.

The six practices were chosen due to the booking system they used and the locality of the practice - one rural and one urban for each system sampled.

In order to try and get balanced demographic representation patients were surveyed at one morning session and one evening session for each practice.

The patient sample was small for each practice - 25 questionnaires for each session, 50 in total for each practice.

Analysis compared the results of the three booking systems and sought to understand the difference in patient opinion between each.

Patients were interviewed face-to-face and the questionnaire used is shown in Appendix 1.



Main Findings

290 questionnaires have been completed during HC's visit. There was a 60/40 split for six practices and one branch practice. female to male and a representative A couple of practices fell just short of sample across the six age categories as the 50 questionnaire target due to low shown in Appendix 2. patient numbers attending the surgery

Number of times you've seen a doctor at the practice in the past 6 months?:

This was a variable that could have influenced the results, however the data collected across the three booking systems shows no variance in the number of visits that patients make to see a doctor over a six month period (see Appendix 3).

Overall, how easy do you find booking a GP appointment on the day?:

Respondents that used booking system one (telephone triage) found it the easiest to book an appointment on the day with 97% of response saying it was easy or very easy.

Booking system three (limited access to appointment slots) was shown to be the next easiest with 80% of respondents saying it was easy or very easy.

Booking system two (greatest access to appointments) received a significantly lower response to how easy it was to book an appointment with 56% of respondents saying it was easy and very easy.

24% of respondents said it was very hard to get an appointment on the day (see Appendix 4).

How easy do you find booking an appointment in advance?:

Booking system one has been shown again to be the easiest way to book an appointment in advance, with 92% saying it was easy or very easy.

Booking system three (limited access to appointments) was again the next easiest with 88% of respondents saying it was easy or very easy.

Booking system two was shown to be the least easy to book an appointment in advance, although this was easier than booking on the day. (see Appendix 5).



Does your daily activity (home life/ work/ transport etc.) affect your ability to book an appointment?:

This question was asked to see whether the appointment system affected people's ability to see a doctor. The responses to this question show there was no difference between the 3 systems (see Appendix 6).

Were you seen within 20 minutes of your appointment time?:

This question was asked to see whether the appointment system would have an effect on whether patients were seen in a timely manner. 9% of respondents for booking system 1 had to wait over 20 minutes to be seen by a doctor. Both booking system 2 and 3 had a more negative response with 16% and 20% respectively saying that they had to wait over 20 minutes (see Appendix 7).

Which one of the following, if any, would you use rather than visiting your GP practice (you can select more than one option)?:

1. Communicate with a GP over the phone rather than seeing them in the practice:

Booking system one already triages patients over the phone and 77% of respondents said they would rather use this option. Booking system two had 54% respondents wanting to use this option and booking system 3 had 60% of respondents would rather use this option (see Appendix 8).

2. Communicate with a GP through emails rather than seeing them in the practice:

There wasn't a strong desire to use this communication method with only between 13% and 21% of respondents saying yes for all three booking systems (see Appendix 8).

3. Communicate with a GP through a web-based system such as Skype or Facetime, rather than seeing them in the practice:

Similar to above, there wasn't a strong desire to use this system with only between 7% and 18% willing to use this communication method (see Appendix 8).

Respondents to booking system two (greater access) were the least willing to access a doctor in the three options given. More than 32% said they would only want to see a GP face-to-face. Respondents to booking system one were the most willing to access a doctor in a different way rather than seeing them face-to-face.



Conclusions

- Booking system one (telephone triage) has been shown, in this sample, to be the easiest system to book an appointment on the day and in the future.
- Patients using booking system one (telephone triage) are more willing to communicate with a doctor through phone, email and web-based video than the patients using the other booking systems.
- Patients in the surgeries sampled with the most access to appointments were the least satisfied with their ability to book an appointment
- Many of the suggestions that patients made in regard to what could be improved at their surgery were already being provided by the practice. For example, online booking and evening appointments. Information about these services were well advertised through TV screens and posters yet patients were still unaware of what was being provided by the GP practice.
- There was a general concern from respondents using the rural practices that local housing developments were having an adverse effect on the services that their practice provide.
- Care needs to be exercised when interpreting this data as the sample was small and there is no demographic information pertaining to the demands on each of the practices sampled. However, the positive feedback for telephone triage should be noted and information circulated previously about this system can be found in Appendix 9, where it is stated that for this system to be successful appropriate time needs to be allocated to it. It is important to remember that in both practices using this system it had been established three years ago.
- Also noteworthy is the statistic that only 32% of people felt they needed to see a GP in person.



Recommendations

- Practices experiencing difficulties booking appointments on the day, or ahead, to consider the use of alternative triage methods for patients that could be telephone or web-based. This may free up GP time for necessary appointments and allow patients to be seen in a more timely manner.
- Practices to consider how they inform patients about options for making appointments as in our study patients said they did not always know there were online opportunities to do this, or that a telephone call could be requested.



Appendices

GP booking questionnaire used to collect primary data:

healthwatch Cornwall						
Appendix 1						
Questionnaire:						
Pre-cursor is that the respondent needs to be waiting for a GP appointment.						
Age:	17 & under	50 - 64	Gender:	Male	Disabled:	Yes
	18 - 24	65 - 79		Female		No
	25 - 49	80 & over				Not stated
How many times have you booked a GP appointment in the past 6 month?					
When did you book today's appointment (please circle)?:					Today	Prior today
How easy did you find booking this appointment?						
Have you had difficulties when booking an appointment on the day?						
Have you had difficulties when booking an appointment in advance?						
Do you generally see the same GP?				Is it important for you to see the same GP, if so why?		
Yes	No	Don't know				
Do your daily activities (work/ home life) affect your ability to book an appointment that's suitable for you?						
Are you usually seen within 20 minutes?						
What would you do to improve the booking service?						
Would you have been happy to use any of the services below rather than attending the practice today?						
Over the phone		Email		Web based appointment (Skype)		
An additional feedback about your surgery:						
Healthwatch Cornwall CIC, Mansion House, Princes Street, Truro, Cornwall. TR1 2RF. Website: www.healthwatchcornwall.co.uk Email: enquiries@healthwatchcornwall.co.uk Information and advice line: 0800 0381 281 Registered Company Number: 8399730						



Appendix ii.

Demographic totals:

Age of Respondent	Number		%
	17 or under	5	1.7%
18-24	23	8.0%	
25-49	87	30.4%	
50-64	52	18.2%	
65-79	90	31.5%	
80 & over	29	10.1%	
Total	286	100.0%	

Gender	Number		%
	Male	113	39.5%
Female	173	60.5%	
Total	286	100.0%	



Appendix iii.

Number of visits made:

Overall visits

Number of times visited	Number %	
	0	20 7.1%
1-3	156 55.3%	
4-6	72 25.5%	
7-9	8 2.8%	
10-12	19 6.7%	
13 or more	7 2.5%	
Total	282 100.0%	

Visits made by patients using booking system one: telephone triage

Number of times visited	Number %	
	0	7 7.5%
1-3	50 53.8%	
4-6	22 23.7%	
7-9	1 1.1%	
10-12	6 6.5%	
13 or more	5 5.4%	
Total	93	

Visits made by patients using booking system two: greatest access

Number of times visited	Number %	
	0	7 6.8%
1-3	56 54.4%	
4-6	27 26.2%	
7-9	2 1.9%	
10-12	5 4.9%	
13 or more	0 0.0%	
Total	103	



Visits made by patients using booking system three: limited access

Number of times visited	Number %	
	0	6
1-3	39	42.9%
4-6	18	19.8%
7-9	4	4.4%
10-12	8	8.8%
13 or more	2	2.2%
Total	91	



Appendix iv.

Preferred booking system on the day:

System 1 Telephone Triage			
How easy do you find booking an appointment?		Number	%
	Very easy	29	39.7%
	Easy	42	57.5%
	Neither easy nor hard	0	0.0%
	Hard	0	0.0%
	Very hard	2	2.7%
	Total	73	100.0%

How easy do you find booking an appointment in advance?		Number	%
	Very easy	26	51.0%
	Easy	21	41.2%
	Neither easy nor hard	0	0.0%
	Hard	4	7.8%
	Very hard	0	0.0%
	Total	51	100.0%

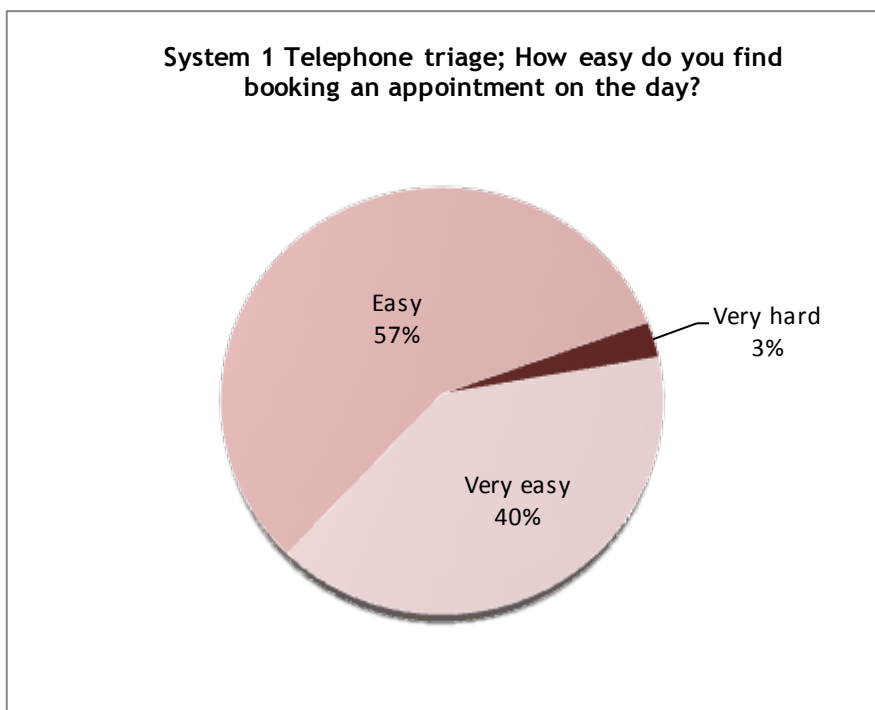
System 2 Greatest access			
How easy do you find booking an appointment?		Number	%
	Very easy	22	30.1%
	Easy	21	28.8%
	Neither easy nor hard	0	0.0%
	Hard	15	20.5%
	Very hard	18	24.7%
	Total	76	104.1%

How easy do you find booking an appointment in advance?		Number	%
	Very easy	16	31.4%
	Easy	41	80.4%
	Neither easy nor hard	0	0.0%
	Hard	9	17.6%
	Very hard	2	3.9%
	Total	68	133.3%



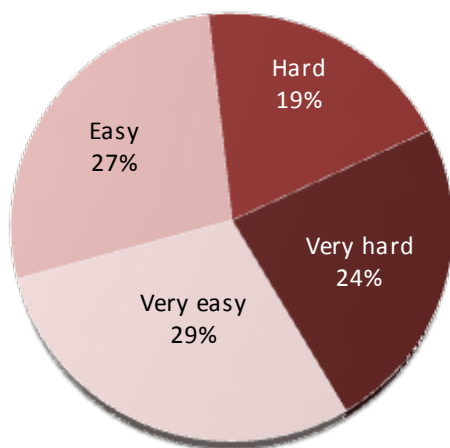
System 3 Limited access			
How easy do you find booking an appointment?		Number	%
	Very easy	12	24%
	Easy	29	57%
	Neither easy nor hard	0	0%
	Hard	3	6%
	Very hard	7	14%
	Total	51	100.0%

How easy do you find booking an appointment in advance?		Number	%
	Very easy	25	49.0%
	Easy	28	54.9%
	Neither easy nor hard	0	0.0%
	Hard	7	13.7%
	Very hard	0	0.0%
	Total	60	117.6%

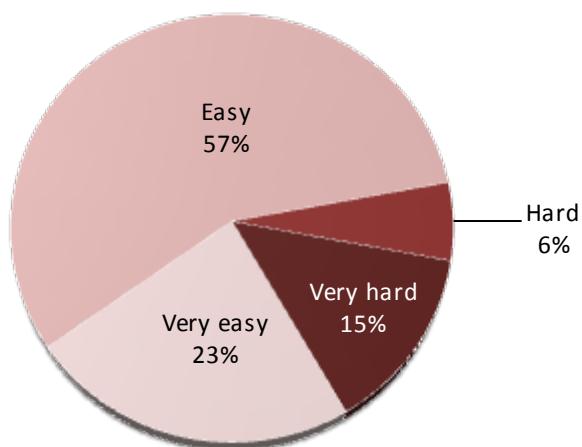




Booking system two: Greatest access.
How easy do you find booking an appointment on the day?



Booking system three: Limited access.
How easy do you find booking an appointment on the day?





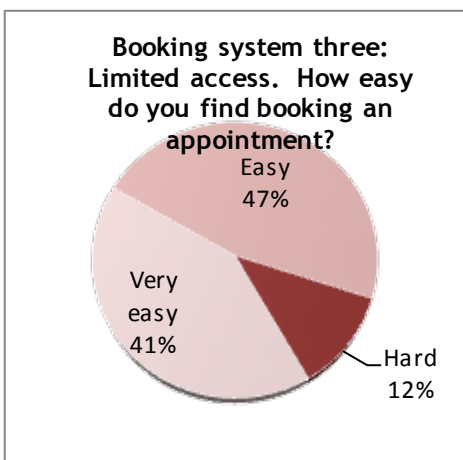
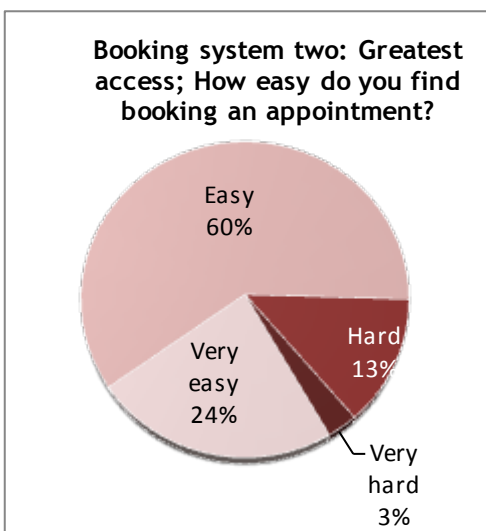
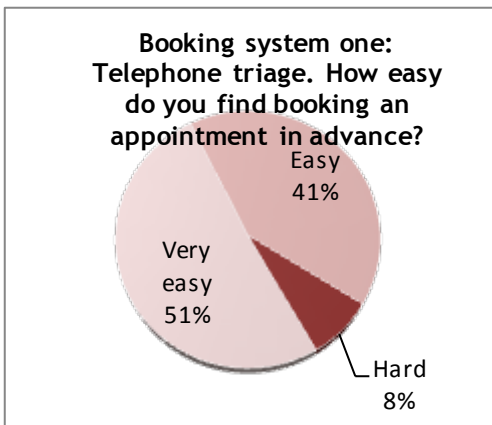
Appendix v.

Preferred booking system in advance:

Booking System 1			
Telephone triage			
How easy do you find booking an appointment in advance?		Number	%
	Very easy	26	51.0%
	Easy	21	41.2%
	Neither easy nor hard	0	0.0%
	Hard	4	7.8%
	Very hard	0	0.0%
	Total	51	100.0%

Booking system 2			
Greatest access			
How easy do you find booking an appointment in advance?		Number	%
	Very easy	16	31.4%
	Easy	41	80.4%
	Neither easy nor hard	0	0.0%
	Hard	9	17.6%
	Very hard	2	3.9%
	Total	68	133.3%

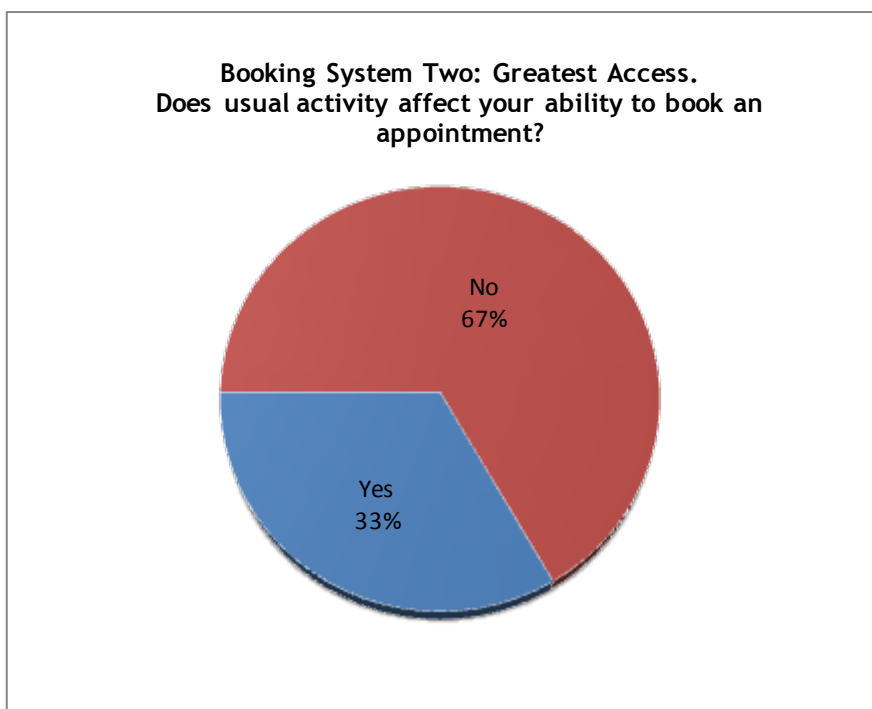
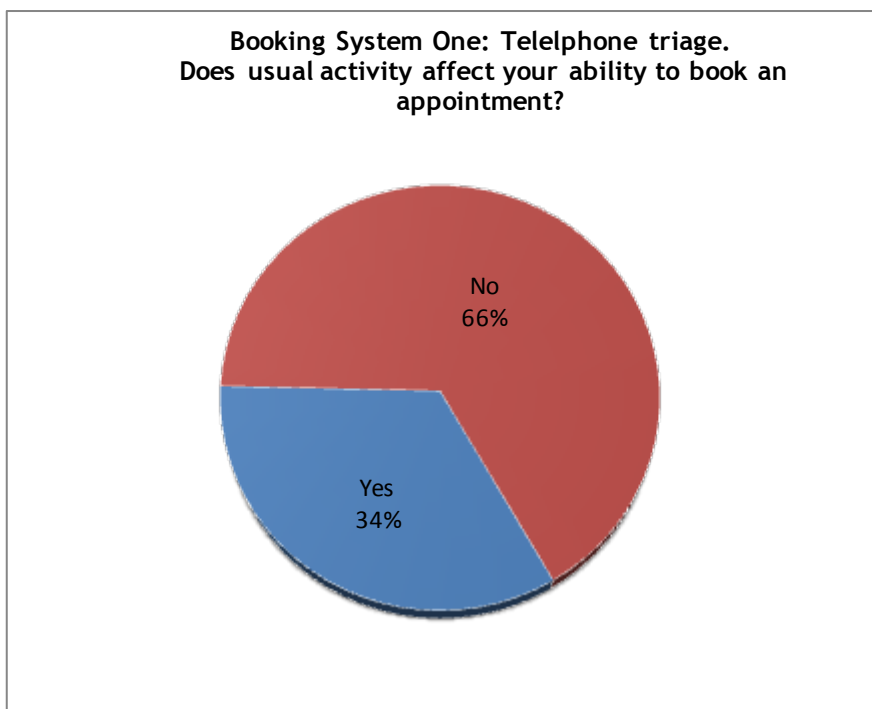
Booking system 3			
Restricted access			
How easy do you find booking an appointment in advance?		Number	%
	Very easy	25	49.0%
	Easy	28	54.9%
	Neither easy nor hard	0	0.0%
	Hard	7	13.7%
	Very hard	0	0.0%
	Total	60	117.6%





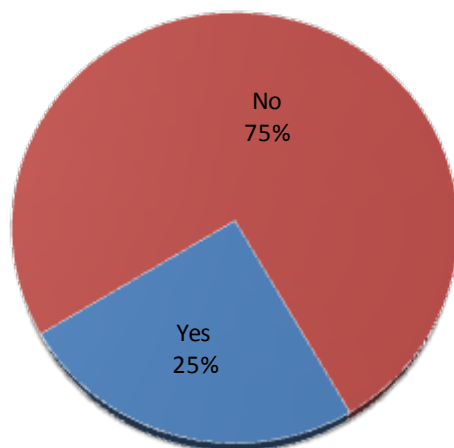
Appendix vi.

Daily activities affecting ability to get an appointment:





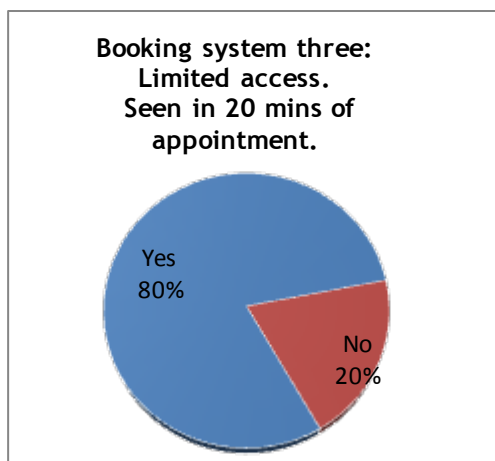
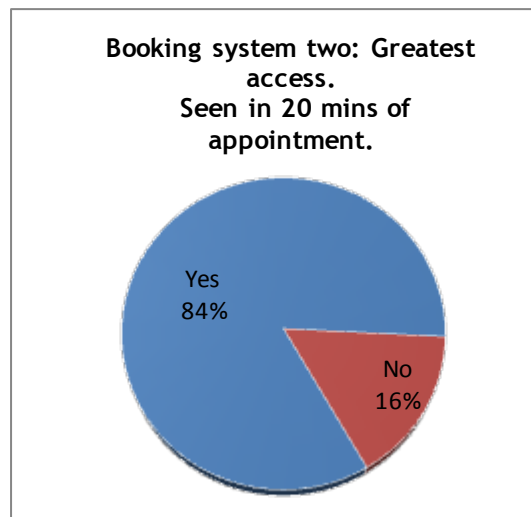
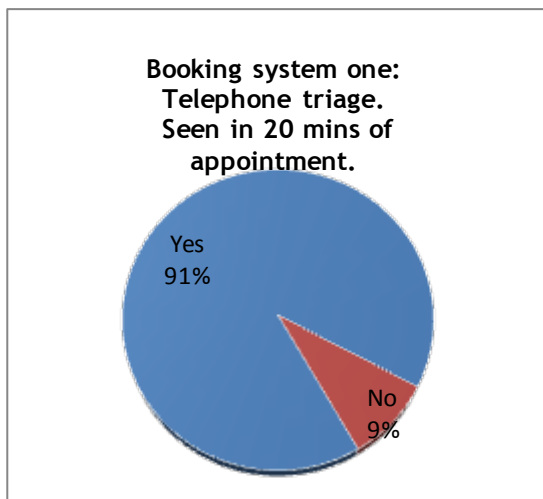
Booking system Three: Limited access.
Does usual activity affect your ability to book an appointment?





Appendix vii.

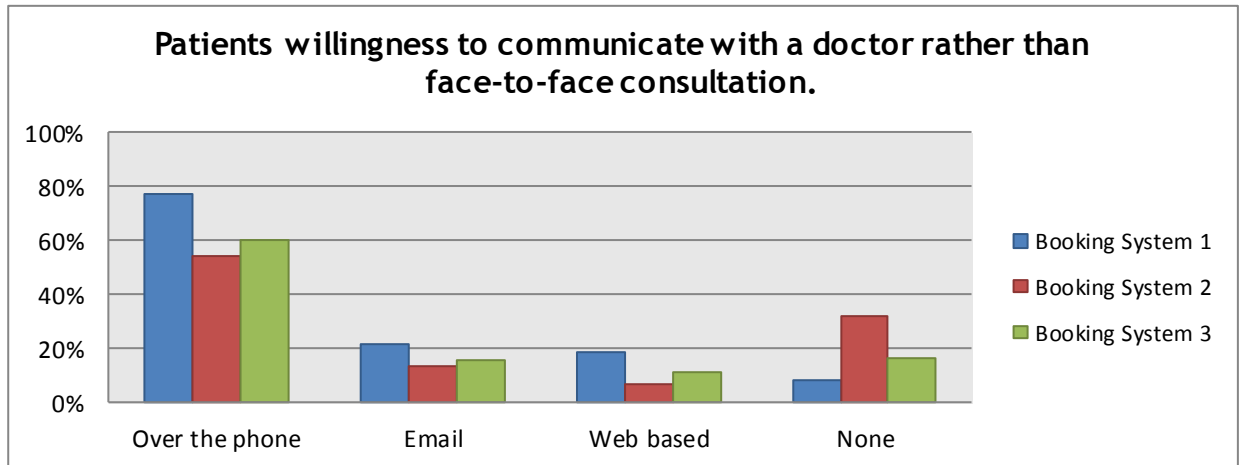
Seen within 20 minutes of appointment time:





Appendix viii.

Alternative ways to access a GP:





Appendix ix.

GP Appointment Booking Systems - GPs said...

As reported by HC GP volunteer Dr Steve Hawkins

Most of the 10 surgeries HC has spoken to (with perhaps one exception) are struggling to cope with appointment bookings, even though this is generally much better in Cornwall than in many other areas. Every practice had either changed its access system within the past few years or was giving it active thought.

Telephone is now as common as face-to-face consultation. Telephone ring-backs are often not scheduled into the doctor's day yet occupy an increasing chunk of the working day. From the patient's point of view ring-backs can be difficult because of availability for a longer period than is feasible for a working person. Some patients complain that they have to take half a day off work to speak to a doctor. The result of all this is often that the doctor will ring back, fail to get an answer and both parties are frustrated.

Improving GP access has to take into account the following:

1. Demand for consultations in some form is increasing.
2. Patient needs are often increasingly complex and difficult to deal with in a 10 minute appointment.
3. GPs need to accommodate and make best use of options now available such as on-line booking, using the telephone optimally and involving patient liaison groups to support and monitor change.

GP access/appointments - conclusions and possible ideas from the initial volunteer GP consultation with 10 practices:

General Practice in Cornwall is generally of a high standard and access to GPs here is often better for patients than in many parts of the country, but that doesn't mean of course that it can't be made better.

Practices need to be finding out what is actually happening in terms of demand and access, what the needs of patients are and which of those needs can be realistically met given the limitations of resources.

Practices differ in their needs and demands but the following are some of the ideas that have come up and which other practices might like to consider.



-
1. Auditing demand versus what is on offer at different times.
 2. Surveying the needs of different groups of patients, such as the elderly, working people and children/parents which will differ but we should try to find ways to accommodate the differing needs of these groups.
 3. Using patient participation and liaison groups as a resource to do some of the above to save precious practice time. Liaison groups can also have a valuable role in educating and encouraging patients to adapt to changes made and monitoring the effects of those changes.
 4. Employing a 'personal assistant' whose roles are:
 - a. to monitor demand during the day and longer term and to distribute the workload (extra consultations and ring-backs, visits, pooled surgeries etc.) fairly and efficiently;
 - b. to liaise with social services, hospital etc. as requested by the doctors for individual cases which arise during the working day.Employing an extra member of staff is an additional cost but the saving in terms of doctor time and efficiency could make it worthwhile at a comparatively low cost per partner.
 5. Telephone access is increasing and if used effectively it offers a great deal of potential for reducing pressure on appointments and freeing up doctors' time. The disruption and unhappiness which can initially result from a sudden change to phone triage might be lessened if phone triage were introduced in a phased or partial manner: surgeries could be split between traditional consultation appointments and timed telephone appointments.

Some practices have moved to total triage, some have incorporated a partial triage system, together with some pre-bookable non-triaged appointments. The key is that in order to make triage work, it needs to be built in as a scheduled part of the day for the doctors and staff and with predictable and acceptable ring-back times for patients.
 6. More flexible consultation appointment durations to accommodate the more complex patients' needs. This is easier to arrange with doctors making the appointments and in some places by offering patients themselves a choice of appointment length.
 7. Some practices, particularly those with a large temporary resident (holidaymakers) population, might like to consider a 'King Canute' style come in and wait afternoon surgery, pooled among the doctors to deal with on the day consultation requests.
 8. Staggering surgeries and availability for visit times during the day, rather than running them all at more traditional times, might benefit patients and doctors.
 9. Involving and educating patients, staff and doctors is essential so that everyone involved can feel some sense of ownership in any changes made, as opposed to resentment at something being imposed. Patient participation groups may have a valuable role to play here.
 10. Reviewing and tweaking whichever system is used.
-



Telephone Triage Appointment System

As reported by HC GP volunteer

(See also gpaccess.co.uk; H. Longman “How a telephone call from a GP transforms patient access”).

Ring-back “red” appointments

The doctors’ surgery time is mostly divided into five minute “red” appointments which the receptionists can book and patients can also book themselves into on-line. These slots are ring-back appointments. The aim being that the GP will phone back a patient as close as possible to that appointment time (within 30 minutes most of the time and usually closer to the agreed time than that), avoiding the need for patients to sit by the phone and to be available for long periods of time waiting for a ring-back, which is a significant source of dissatisfaction with other ring-back systems. All new clinical problems (i.e. that can’t be solved by reception/admin.) are allotted a red slot at an agreed time.

The GP phones back to discuss the problem with the patient as close as possible to the allotted time (he or she is not doing face-to-face consultations at this time - it is dedicated to red ring back five-minute slots).

The doctor then either finishes the consultation as telephone advice (about 60%) or arranges a face-to-face consultation (about 30%) or an appointment with the nurse (about 10%).

If a face-to-face consultation takes place, it is with the GP who took the phone call wherever possible and the whole history does not need to be repeated.

Face-to-face “white” appointments

Interspersed with the red appointments are blocks of white appointments which are pre-bookable by receptionists (but not by patients) for problems that are on-going or follow-ups. Some practices allow patients to pre-book a limited number of these for face-to-face consultations for on-going problems but it may complicate matters.

The GP also books face-to-face consultations into these slots. The white slots are also in five minute divisions and as many of these five minute slots as needed can be booked for a consultation depending on the nature of the problem, so that planned consultation time can be varied according to need - a major advantage of the system.

Receptionist role

Receptionists do ask for a brief idea of the type of problem in most practices to gauge the type of response (urgent/ red slot/ white slot follow-up/ nurse/ admin. etc.). The patient must be given the explicit option of not divulging a reason to the receptionist, in which case a red slot is booked without any advance info for the GP.

On average, about 60% of callers are allotted red slots, 20% are booked to see a nurse and 20% are resolved as admin problems.



Other positive features

For one surgery with a list of 9,500 patients there are 10 phone lines with four receptionists answering first thing in the morning. The mean queuing time is <1 minute. Only 4% of calls are abandoned.

Continuity with a given GP for an on-going problem is encouraged as far as possible.

Registrars and students are given face-to-face appointments by reception and via other GPs' phone consultations (which can have the benefit of giving trainees more appropriate clinical content). Registrars graduate to their own red-slot phone consultations over time.

When appointments are full additional red slots are added where the patient needs to speak to a doctor on the day, timed nominally at 16.01, 16.02 etc. to each GP in turn, up to a maximum of five. These patients are told that they have an urgent extra slot with no specific allotted ring-back time and need to be available for the GP to return the call as and when it can be fitted in during the day.

Urgent cases and sick children will always be seen without phone triaging if they appear at the surgery. (Though phoning first is obviously encouraged). All patients who state a need for a consultation on that day will get one (usually phone initially).

On-call. The on-call days are usually considerably less stressful than in the past. There is a watershed at, for example, 4pm, beyond which all calls that need dealing with on the day go to the on-call doctor.

Patient education is necessary in the early stages (explaining that appointments are made by the GPs and can be given the appropriate degree of urgency, made for the appropriate length and at a mutually convenient time, minimising waiting etc.).

The experience

Good: Patients, after initial doubts and early teething problems, are generally much happier with the system and complaints about it are very few.

Reception staff are uniformly positive and feel the system works well. Patient complaints about gatekeeping (which are quite common in some practices) fall. GPs feel more in control and greater satisfaction that access for the patient is improved. Continuity of care tends to be improved.

Bad: Change is generally not popular initially. The first three to six months are difficult for staff and patients. There are usually a number of complaints in this period and some practices have had patients leave the list. One practice contacted abandoned the project after three months. The others said that, once they had ridden out the first six months, getting through those initial difficulties was well worth it for the longer-term improvement in the service for all concerned. The system must be actively monitored and tweaked in the early weeks to adjust to needs and comments.



Effects

- 80% of patients are typically seen on the same day.
- Face-to-face consultations typically fall by 50%.
- Overall patient contacts tend to increase significantly to begin with and then remain stable, but most contacts are dealt with more quickly by ring-backs so overall pressure on the system is reduced.

There is a considerable potential advantage to the doctor making the majority of appointments personally at the time of the phone call. The era of the unvarying 10 minute appointment is probably past (see BMJ 11/7/15 p23 for instance) and the ability to anticipate the likely duration of a face-to-face consultation should improve the management of complex problems and enhance the opportunities for patient education and information.

Potential difficulties

Setting the balance of red/white appointments.

Getting the right number of phone lines and reception staff to deal with the demand at different times of the day is crucial. The system will only work for all concerned if phone queuing time and ring-back time is reasonable.

Though most younger and working people are very positive about the system, it can be difficult for some workers (e.g. teachers, nurses, those in public spaces) to make themselves available for phone calls at certain times of the day. This needs to be thought through and accommodated.

Patient education about the system is very important and staff need to be well trained as to how to do that as well as how to run the system so it works.

Involvement of a patient support group in planning, informing and monitoring the system is valuable and engages the public in the process.

Confidentiality is a prime concern, so staff also need careful training about how to broach reasons for attendance on the phone (this is quite a common reason for patient complaints about gatekeeping). Is it necessary to ask a reason for the contact? Needs careful thought. (See below).

A well thought-out recorded message helps.

Some alternative needs to be offered to a small list of patients without the capacity to gain access by phone (hearing problems for instance).

The elderly and children particularly tend to like seeing a doctor face-to-face.



Audit and subsequent fine tuning is obviously required once up and running.

Potentially busy times (mornings, Mondays, post Bank Holidays) need to be adequately staffed in terms of phone answering and number of doctors available so adaptability is needed.

The system seems to work much better where predominantly personal lists are run so that patients and doctors can build a relationship: doctors feel more in control of the workload and patients trust the doctor to give phone advice/see them when it is appropriate.

Is there a place for on-line consultation?

There is some evidence that on-line information given by patients can reduce demand and is a popular means of access for some patients.

See myGP.uk about a system for on-line consultation. This service and gpassess.uk, which helps to set up, run and supervise a phone triage system, are commercial enterprises set up by a GP who believes strongly in its benefits, but they cost whereas the phone triage system can be done from within the practice and without external help.

Confidentiality

A tricky area. Most practices ask patients for some idea of the problem they are phoning about for phone triage and for emergency appointments but all are aware of the right of patients to decline to give a reason and a few practices feel that it is inappropriate to ask at all.

It may be considered inappropriate for reception staff to be asking for a specific reason, beyond establishing whether it is an emergency or whether a nurse appointment would suffice (for instance smear, immunisation advice) or the query can be solved through admin rather than needing a ring back.

Staff could briefly state that they don't need a specific reason but do need to know if it is something that is either an emergency or if it is something that might be dealt with by someone other than a doctor?

Staff need to be given clear advice by the practice as to the form of wording to be used if asking about reason for call.



Additional information

As the HC GP Booking report was being finalised, the announcement about the launch of E-Consult was announced.

Kernow Health, a Cornwall-based GP representative body, is working with doctors in the former Carrick area to initiate the new way for patients to access their GP when it suits them.

Falmouth Health Centre is the first surgery to offer this option, which provides 24-hour access to online medical information as well as the option to receive treatment and advice from a practice GP.

People who do not have access to the internet, or wish to access their GP in person or by phone can still do so.

The service can be accessed at faldoc.webgp.com

Healthwatch Cornwall will monitor the roll-out of this project and gather any feedback relating to it.

To Have Your Say or Review a Service, visit healthwatchcornwall.co.uk/have-your-say/



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