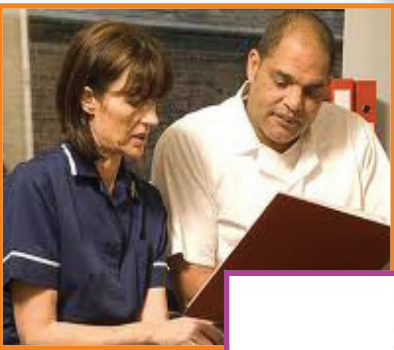


A Research Report on Patient Access to Appointments and Use of Telephone Systems in GP Practices within the London Borough of Barnet



By Local Involvement Network (LINK)

Written by Sue Blain with Yessica Alvarez-Manzano

Design and edition by Shereen Williams

Table of Contents

	Page
I. Introduction	3
II. Background.....	4
III. Methodology: the research.....	5
IV. Summary of findings.....	6
V. Recommendations	7
VI. Findings on access to GP appointments in East Finchley practices.....	9
– Booking face to face appointments.....	9
– Booking an appointment by telephone.....	11
– Getting an emergency appointment.....	13
– Contacting the Out of Hours service.....	15
– Getting through to the practice on the telephone during surgery hours.....	16
– Using the surgery telephone system.....	17
VII. Other findings about GP practices services in East Finchley.....	18
– Seeing a doctor of choice.....	18
– Speaking to a doctor over the telephone.....	19
– Knowledge of appointments.....	21
– Repeat prescriptions.....	22
– Ease of obtaining test results.....	23
VIII. Findings on access to GP appointments in Edgware practices.....	24
– Booking face to face appointments.....	24
– Booking an appointment by telephone.....	25
– Getting an emergency appointment.....	27
– Contacting the Out of Hours service.....	29
– Getting through to the practice on the telephone during surgery hours.....	30
– Using the surgery telephone system	31
IX. Other findings about GP practices services in Edgware.....	32
– Seeing a doctor of choice.....	32
– Speaking to a doctor over the telephone.....	33
– Receptionists.....	34
– Knowledge of appointments.....	35
– Repeat prescriptions.....	36
– Ease of obtaining test results.....	37
X. Optimising number of appointments.....	38

- XI. Thanks and Acknowledgments..... 39
- XII. Appendices..... 40
 - A. NHS Barnet PALS and Complaints Report..... 41
 - B. London Borough of Barnet deprivation map as of September 2011..... 42
 - C. Samples of publicity for focus groups activities..... 43
 - D. Questionnaire sample 44
 - E. Other suggestions made about East Finchley GP practices..... 45
 - F. Other suggestions made about Edgware GP practices..... 46
 - G. How Barnet compares to other boroughs in the North Central London area
for access..... 47
- XIII. Other specific issues and solutions suggested by Barnet residents..... 48
- XIV. Tables..... 50
 - A. Summary of responses by geographical area and specific researched area on
access to GP appointments in Barnet..... 6
 - B. Sample sizes..... 51

I. Introduction

Barnet LINK is an independent organisation, led by a network of elected volunteers from the local community (both individuals and representatives of community and voluntary organisations). LINKs were set up in every local authority area in England in 2008 under the Local Government and Public Involvement in Health Act 2007.

LINKs are a channel for the community voice on health and social care services. They collect local people's views and experiences and feed these back to those responsible for local health and social care services. LINKs enable local people to engage in decision-making and scrutiny of health and social care services.

II. Background

This report was undertaken in response to issues raised by members of the community about various aspects of health and social care services at a LINk Preparing for Healthwatch event held 12th May 2011. The public raised many areas of concern and prioritised them as you can see from the list below.

Healthcare

GPs – 7	Dentists - 0
Hospitals – 5	Opticians – 0
Mental Health – 6	Learning Disabilities – 0
Community Services – 4	Ambulance Services - 0
Pharmacists – 1	

The major area of concern was GP services and as a result of this finding Barnet LINK set up a Task and Finish group. At a Greeting and Planning Event on 14th July 2011 a leader of the group was appointed and, after consultation, the decision was made to concentrate on two priorities raised by the public. These were: “Difficulty with Advanced Booking of Appointments” and “Lack of Access to Appointments”. We included “Patient Satisfaction with the Telephone System” in our investigations, as this is the most common way of accessing surgeries and the appointments.

Over this period, the NHS across London, in consultation with a wide range of primary care health professionals, is developing Outcome Standards for GPs so that patients can know what they can expect from their doctors. Included in these is “Getting to see your GP” which measures how satisfied London patients are with getting appointments, opening hours and getting through on the telephone. The progress of this initiative can be viewed on www.myhealth.london.nhs.uk. London’s overall score is 220.81 out of 300, and England’s score is 229.36.

It states that patients must be able to be able to make convenient appointments with a doctor of their choice within a reasonable timescale so their health needs are met. This is an NHS priority and GPs must offer this service by operating a system that allows patients to get through on the telephone or online, and enables those with urgent need to be seen the same day.

The NHS Barnet PALS and complaints report (Appendix A, Table 2.2, page 41), which provides details of the concerns, comments and complaints recorded between April and September 2011. It reported 1,127 contacts out of which 189 relate to Barnet services. It can be seen that there are a comparatively higher number of complaints (35) and concerns (25) about Barnet GP services. The Table 2.2 does not include issues raised through the practice complaints procedures.

This report looks at the situation relating to access to appointments in GP surgeries in two areas in the Borough of Barnet and highlights the issues that patients have raised. It is hoped that the recommendations in this report will be implemented, where necessary, by all practices in order to improve the interface with their patients.

The Barnet LINK group undertaking this work consisted of seven members of LINK, which included one member of the Steering Committee, with support from the Host, CommUNITY Barnet. The first meeting of the group was held on 30th August 2011.

III. Methodology: the research

The first task was to create a complete list of the GP practices within the London Borough of Barnet with their addresses, postcodes and telephone numbers, all checked by a member of the team.

From the national GP Survey website, we then accessed each practice in turn from our list and looked at the pages that reported on “Ease of Getting Through on the Phone”, “Satisfaction with Opening Hours”, and “Able to Get an Appointment within 48 hours”. This information was current at the time and related to the year 2010/11. We accept that the base line research is now out of date but, from talking to the public, the issues are still very relevant.

We focused on the six surgeries with the lowest scores for both “Practice Booking and Opening Hours” and “Ease of Getting Through on the Telephone” and, on close scrutiny, two clusters of practices with low patient satisfaction ratings became apparent in East Finchley and Edgware. Both East Finchley and Edgware have a mixed deprivation rating but with Edgware having a larger proportion of low deprivation (Appendix B) on page 42.

In order to gain more information from the public, two Focus Groups were then planned for East Finchley and Edgware, with an extensive publicity drive which included delivering leaflets through letter boxes, advertising on the internet, requesting pharmacies to hand out leaflets with prescriptions, placing leaflets in GP surgeries, dentists, opticians and handing them out in the street. All this intensive activity brought in 18 members of the public at the East Finchley Focus Group, but only 6 in the Edgware one. The samples of the publicity flyer can be found in Appendix C.

In order to increase our public consultation, we then visited the local library and a toddlers’ music group in East Finchley, and in Edgware visits were made to the library and the Hospital outpatient department. We also used CommUNITY Barnets networks and asked local voluntary organisations and schools in those areas to help us involve users, parents and the general public using relevant GP practices.

The final outcome of our public consultation was around 100 people in all, and this report is based on these responses, which were collated by geographical area and analysed as two groups, as in Table B on page 50.

In addition to our research on Accessing Appointments we also asked patients about seeing a doctor of their choice, speaking to a doctor over the telephone, their views about surgery receptionists, patients’ knowledge of appointment times, obtaining repeat prescriptions and test results. This gave us a wider view of GP services and how they are perceived.

Mention is made of other feedback gathered at focus groups in the text. This refers to ideas and concerns put forward by the public at consultation events. Some of these may form the basis of future projects.

IV. Summary of findings

Area of investigation	East Finchley		Edgware	
	<i>positive</i>	<i>negative</i>	<i>positive</i>	<i>negative</i>
Booking face to face	64%	22%	54%	37%
Booking by telephone	56%	28%	53%	41%
Emergency Appointments	50%	31%	40%	40%
Out of hours service ¹	50%	17%	29%	19%
Getting through the practice on the telephone	64%	17%	54%	36%
Using surgeries telephone system	83%	11%	57%	33%
	n = 36		n = 70	

Table A. Summary of responses by geographical area and specific researched area on access to GP appointments in Barnet

Overall

Edgware surgeries on the whole appear to be less well perceived than East Finchley; yes / positive scores are lower; comments a little stronger. This latter may be a particular person with strong views. Percentage differences may in part be due to small numbers of respondents making big shifts in response levels. From the table above we can see that despite East Finchley and Edgware having a similar profile with a mix-socio-economic make up and deprivation profile, there seems to be higher dissatisfaction in Edgware with telephone access and booking systems with 41% dissatisfied in Edgware and 28% in East Finchley. Also we can observe very high dissatisfaction rate (40%) in accessing emergency appointments in Edgware. These figures coincide with patients' comments at focus groups and general comments offered to volunteers in the streets, walk-in clinics, community activities and forms completed through schools.

While most of the yes/ positive response levels are above 50%, many are only just in the majority. Given the normally high regard for doctors, nurses, and for services, this could indicate a more serious problem. Alternatively, having the 'chance for a moan' may have allowed just that with negative experiences coming to the fore. There was no overall satisfaction question so we cannot gauge this potential bias.

Demographics

Despite a great effort to gather age and ethnicity data many respondents did not want to share this information. We do not know the age of respondents, so phone/technology issues may be part of a general age related reluctance to use technology. The Team, however, attempted to gather their research from as wide a cross-section of the local population as possible.

¹ We can observe that responses in Edgware about out of Hours service have low percentages, with only 29% positive, 16% negative. This is because 55% reported they have not used the service, which makes us wonder if there is enough information about the out of hours services for patients or if further research is necessary.

V. Recommendations

- I. GP access systems need to be revised to ensure the system is patient-centered, logical, friendly and helpful. From the evidence gathered we have learned that a significant number of the patients taking part in this research felt that the booking system in their surgery was not patient-friendly. See pages 9 and 24.
- II. The quality of communication between patients and their surgeries should be improved, through Patient Participation Groups. We recommend practices to talk to their patients about adjusting their systems to make it easier for them to access GP services when needed. See pages 11 and 25.
- III. Regarding booking by phone specifically, GP practices are strongly encouraged to look at creative ways to increase patient satisfaction in this area, for example allowing patients to ring in the day before for the next day's appointments. See pages 11 and 25.
- IV. Standardisation of telephone numbers across Barnet's GP practices is needed. We are concerned to see that around 10% of GP surgeries are using 0844 numbers, or other premium numbers, which create barriers to the service for those who cannot afford the charges incurred. See pages 12 and 26.
- V. Clearer information about appropriate use of NHS services is needed to raise patient awareness about when to go to GPs, Chemists, Walk-In-Clinics and A&E. See page 14.
- VI. A cost effective balance between demand and capacity is important and we recommend identification and circulation of "best practice" and current demand/capacity analysis and local bench marking. See page 38
- VII. Serious consideration should be given to technology-based systems to ease the pressure on the telephone booking system. Alternatives would be needed for those that are unable to use the internet or other technology. See pages 10, 11, 16 and 17.
- VIII. Overall patients disliked divulging their symptoms to a receptionist as it was perceived to be breach of confidentiality. Decisions about whether an appointment is an emergency matter or not should be made by a clinical member of the team (i.e. a nurse or a doctor). See pages 14, 20 and 27.
- IX. GP appointment systems should be patient-oriented based on the evidence gathered so that those who are vulnerable, disadvantaged, too ill or in need of special support are more sympathetically looked after. Perhaps an alternative telephone line or protected calling times could be considered. See pages 17 and 31.
- X. From the survey responses, there is the possibility that some surgeries may not have an adequate number of telephone lines or staff to serve all the patients on their lists and we recommend that "mystery shoppers" test the surgery telephone systems and report their findings.

Recommendations

- XI. Best-practice procedures should be shared across GP practices in Barnet, so that those rated highly by patients can serve as models to encourage change and improved patient satisfaction.
- XII. We are concerned to see Edgware having consistently higher negative feedback than East Finchley see Table A on page 6. We recommend future exploration by CQC is focused on this geographical area to improve quality of services.
- XIII. We would like to see patients being able to see a named doctor as far as the appointments allow, and similarly for emergency appointments. See pages 18 and 32.
- XIV. Dignity and respect of patients should be observed at all times, in particular regarding requests to see a male or female doctor. See pages 18 and 32.
- XV. Regarding test results, we strongly recommend that each practice has a clear and consistent policy regarding test results. See pages 23 and 37.
- XVI. Out of Hours access was perceived as being fairly unsatisfactory. The comments and anecdotal feedback throughout this exercise clearly indicate that contacting the Out of Hours clinical treatment service (Barndoc) needs improvement and further investigation. See pages 15 and 29.
- XVII. Although patients were not asked about their views of the clinical treatment given by the Out of Hours services, the comments given indicated that improvements might be needed. Commissioners of this service are recommended to audit whether it is of a satisfactory standard and why patients feel better access is not available. See pages 15 and 29.

VI. Findings on access to GP appointment in East Finchley practices

This section of the report relates to responses from East Finchley. **The sample for East Finchley² amounted to 36 respondents for section VI and 18 for section VII.** The results show that although people are generally positive, there is a lot of room for improvement with regard to patient satisfaction. The results show how patients communicated dissatisfaction with access to appointments in some surgeries, while with others the systems seem to work well.

Booking face to face appointments

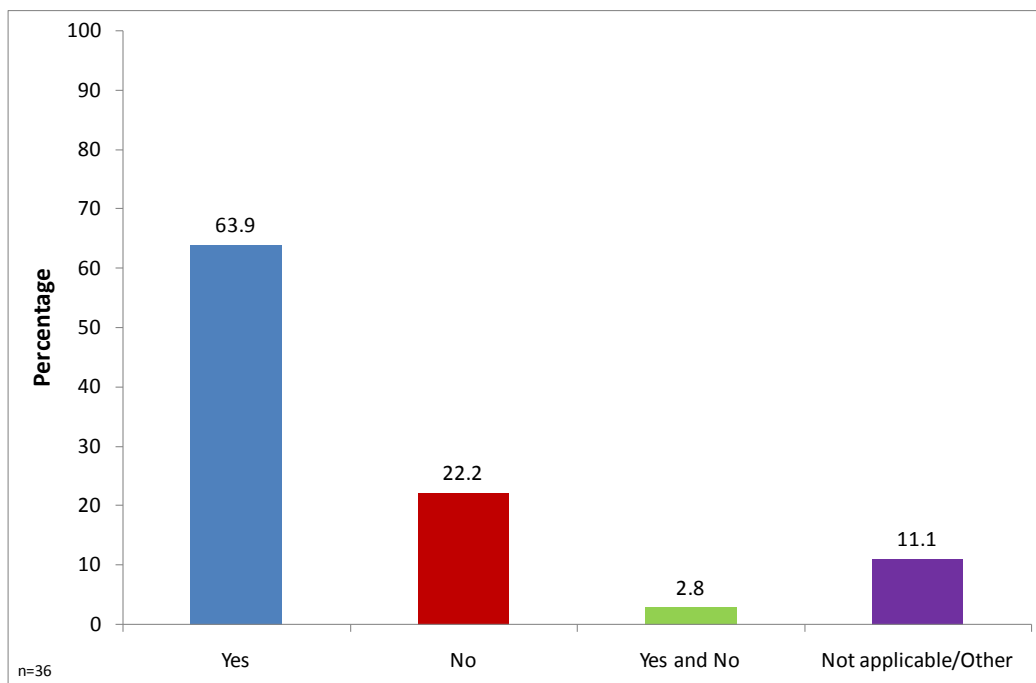


Figure 1: Do you think it is easy to book appointments in the surgery (face to face at reception)?

Nearly two-thirds (63.9%) thought that it was easy to book appointments in the surgery (face to face at reception (see Figure 1). However, in some cases, notably at Woodlands Medical Practice, this only worked only for:

‘... advance appointments but not on the same day’

A respondent using Grovemead indicated that the basis for bookings was:

‘First come, first served’

Those not giving a response either way reported that it was because they very rarely did face to face bookings.

² Sample sizes are shown in each graph, by the lower left hand side corner, denoted by $n=x$, where x is the size of the sample

Sometimes face to face was not possible, as highlighted by the general ideas offered by participants:

'Sometimes you go into the surgery and they tell you to phone – people get their phones out, ring when they could speak face to face'

Recommended actions:

Figure 1 shows that 22% of the users report finding difficult to book appointments face to face to see their doctor. The information given to the LINK's Task and Finish group undertaking this research showed frustration with illogical, unfriendly and unhelpful systems in operation in some practices. The face-to-face and telephone booking processes should be identical across the Borough, and more consideration for 'patient friendly' systems is urgently needed, and should be discussed at Patient Participation Group meetings.

Booking an appointment by telephone

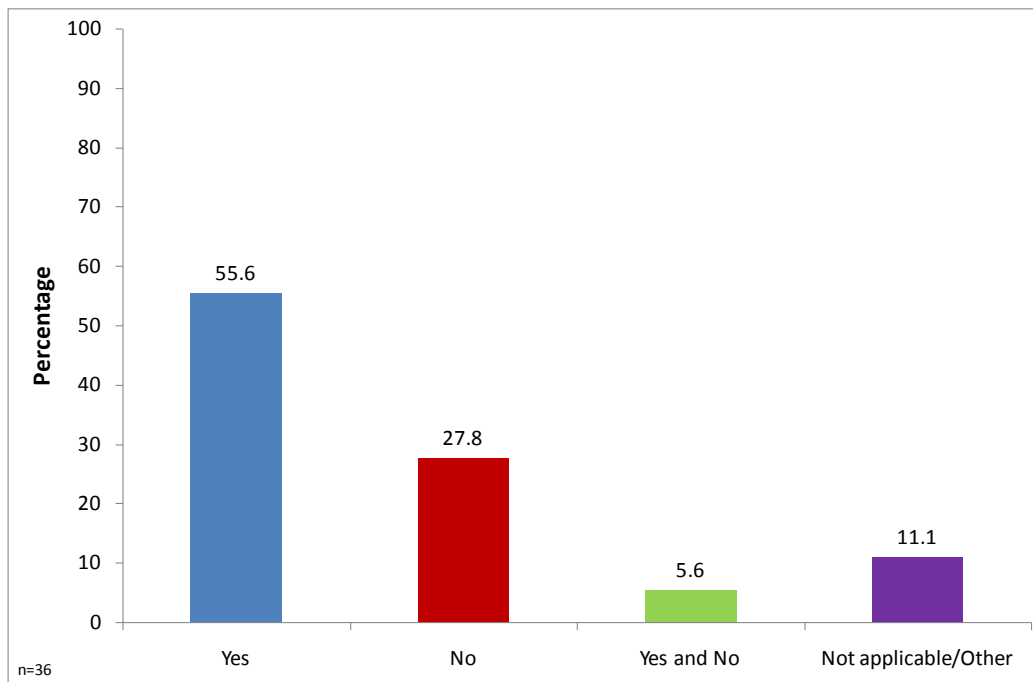


Figure 2: Do you think it is easy to book an appointment by telephone?

Over half (55.6%) thought that it was easy to book appointments by telephone (see Figure 2). Once people got through it was relatively straightforward, and knowing the system and how it worked made it easy for some:

'I know the system - but others may not be able to work it'

'Phone at 8.30am - use ring back. Call 0844 yes and can get the doctor to ring me'

The cost of a 0844 number, however, was a concern for those sharing general concerns:

'0844 numbers too expensive! Should not have this expensive number'

Others found it difficult to get through as the phone was often engaged, and when they did get through getting an appointment was not straightforward:

'Phone engaged from 8.30 only minimum appointments available when do get through'

'Difficult to get through and no appointments available'

'Pure luck, 2 weeks advance'

The phone being engaged was reinforced by general ideas offered by participants

'Telephones always engaged at the crucial time (and then you are told you should ring earlier)'

Recommended actions:

The results in Figure 2 show an unacceptable 28% of patients who need appointments are dissatisfied with telephone access in their surgery. The underlying problem is that most patients need to phone in at the same early time, which obviously results in network congestion. We recommend that practices address this issue, and involve patients in designing processes to overcome this difficulty. For example, allowing patients to book the previous day for the next morning's appointments would help relieve the immediate congestion on the telephone lines when the surgery opens.

We believe that an important figure is the ratio of patient list size to the number of appointments available each day, but it was not possible to obtain unambiguous statistics in this study.

0844 numbers

As part of our checking process of the practice telephone numbers, it was found that of the 72 practices, 8 were using 0844 numbers. This can be very expensive for the patients, who may have to telephone several times to make contact with the surgery. We feel that this issue should be addressed and that patients should not have this extra expense thrust upon them, especially as some practices will not allow patients to visit their premises to book appointments and insist on them phoning.

The cost of an 0844 number and other premium numbers on a mobile telephone can be excessive, and many people do not realise the true cost. This particularly affects residents who have recently moved, the elderly, people with only a mobile number and those on low income.

Getting an emergency appointment

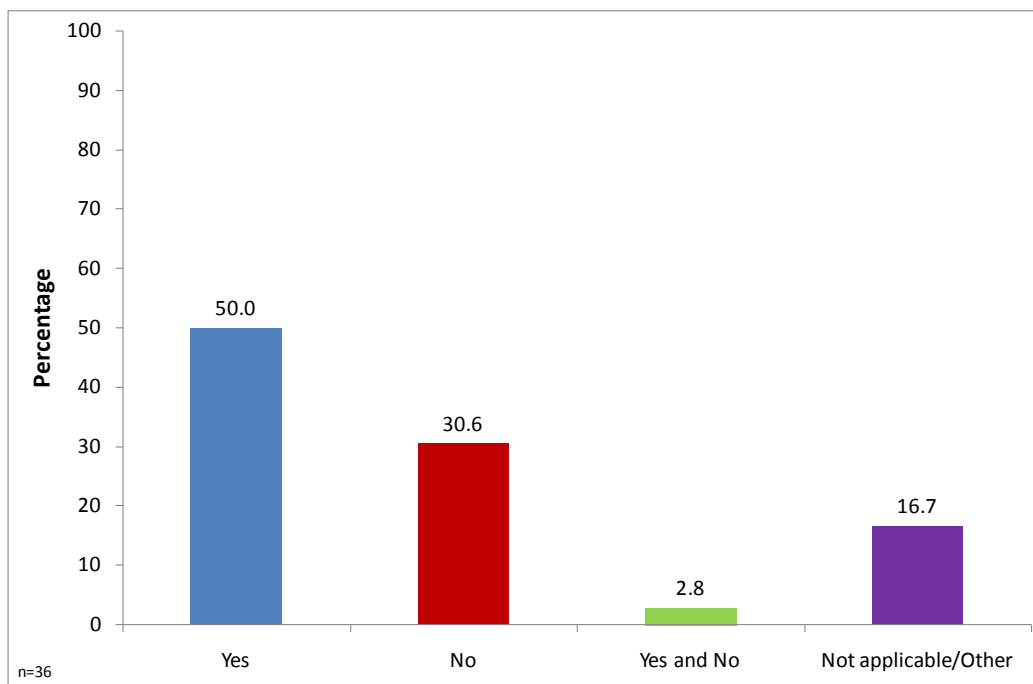


Figure 3: Do you think it is easy to get an emergency appointment?

Half (50.0%) of the respondents thought that it was easy to get an emergency appointment (see Figure 3), although in one case they had to:

'... fight sometimes to convince them it is urgent'

This view was reinforced by the other feedback gathered at focus groups:

'Receptionist are given more power than medical staff by deciding emergency appointments'

Almost one in three (30.6%), however, felt that it was not easy to get an emergency appointment. Reasons included:

'When I have been unexpectedly ill can't get appointment except by telephone - one occasion needed to'

'You can get an emergency appointment but with difficulty'

'Leave message to speak to doctor, depends on doctor's availability'

'Have been rejected on an occasion but persisted and got an appointment at an alternative site'

Some of these concerns are echoed from other feedback gathered at focus groups:

'To get an emergency appointment phone from 8.30 a.m. – just keep re-dialling for 20 minutes! Then when you get through there are no appointments left'

Recommended actions:

In order to lighten the requests for emergency appointments, an option might be to offer Telephone Advice Surgeries run by a doctor who could then give advice about treatment or issue an appointment if the patient needs to be seen. This service could be available at set times, taking the pressure off the 8am rush. There is always the option for this form of triage to be shared between practices.

We recommend the provision of information about appropriate use of services to be made available in the Practice Leaflet and on posters displayed in the waiting rooms. This might encourage patients to seek advice from their local pharmacy for minor ailments.

Patients complained about having to divulge their medical problem to a receptionist before being allocated an emergency appointment, and we recommend that this practice is stopped as it breaches patient confidentiality.

Contacting the Out of Hours service

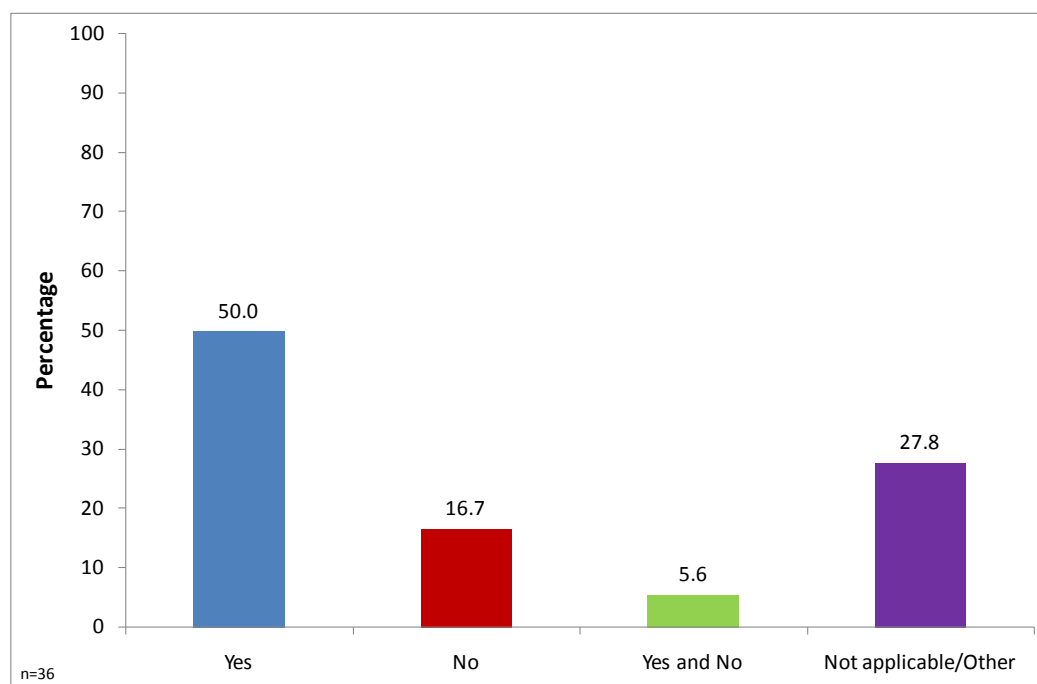


Figure 4: Do you think it is easy to contact the Out of Hours Service?

Half of the survey participants thought that it was easy to contact the out of hours service (see Figure 4), although for one:

'... outcome often not satisfactory'

Those who gave a Yes/ No reply supported this in that:

'... not impressed with response'

'Improvements could be made, not as good as it could be'

Those who were negative were quite strong with their views:

'Have stopped using as they are useless'

'Barndoc is awful system. They are unsympathetic, rude and inefficient'

Over a quarter (27.8%) indicated that the service did not apply to them as they had not used, or used an alternative method:

'Haven't tried to get one - have gone direct to hospital'

Recommended actions:

Of those using the out of hours service 17% said they were not satisfied with the access.

Although patients were not asked about their views of the clinical treatment, the comments given indicated that improvements might be needed. This raises the question of whether the commissioners of this service should audit whether Barndoc is of a satisfactory standard and why better access is not available. Because of this perceived poor service we recommend that an audit is performed, and the service reviewed.

Getting through to the practice on the telephone during surgery hours

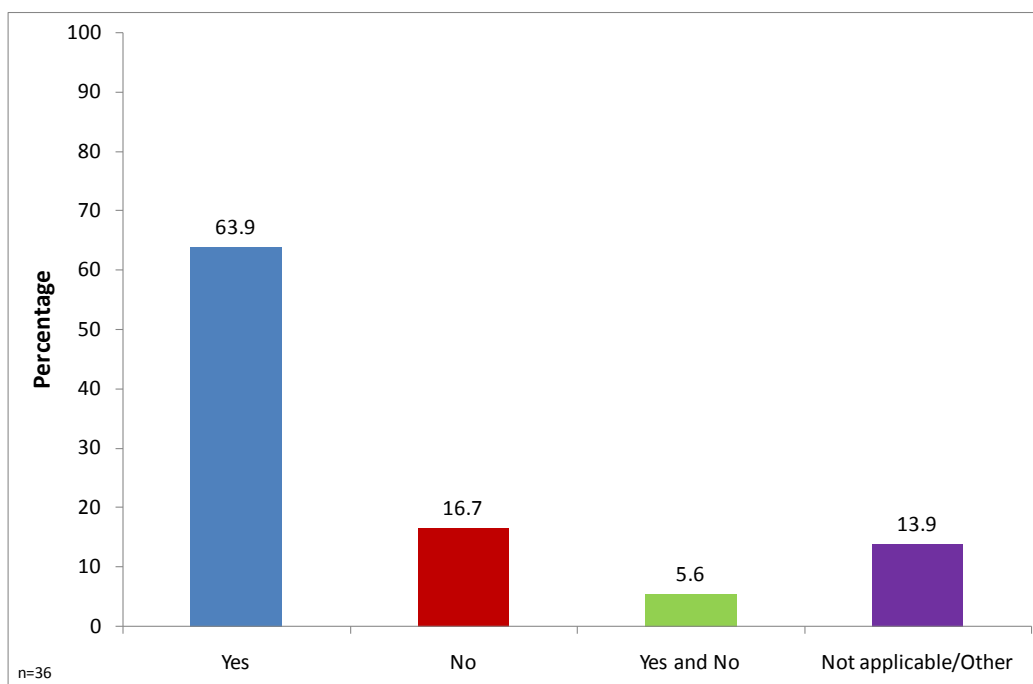


Figure 5: Do you think it is easy to get through on the telephone during surgery hours?

Nearly two-thirds (63.9%) thought that it was easy to get through on the telephone during surgery hours (see Figure 5).

For those giving a Yes/No response it largely depended on the time of day:

'Busy early mornings'

Those who were negative reported that it took time to get through:

'There's usually a wait'

'Difficult to get appointments, call in the morning and never get through'

Recommended actions:

There was a much higher satisfaction rate with telephone access during surgery hours in East Finchley but there were still issues raised about accessing appointments as noted above.

We recommend that internet booking should be introduced by more practices which would help patients with the above problems. Further, patients should be able to check themselves in on a screen in the surgery once they have arrived. Both these procedures would save valuable receptionist time.

This study did not cover the additional problems encountered by deaf people, those with learning disabilities, or with English as a second language, all of whom may encounter greater problems with use of the telephone. These are areas needing further investigation.

Using the surgery telephone system

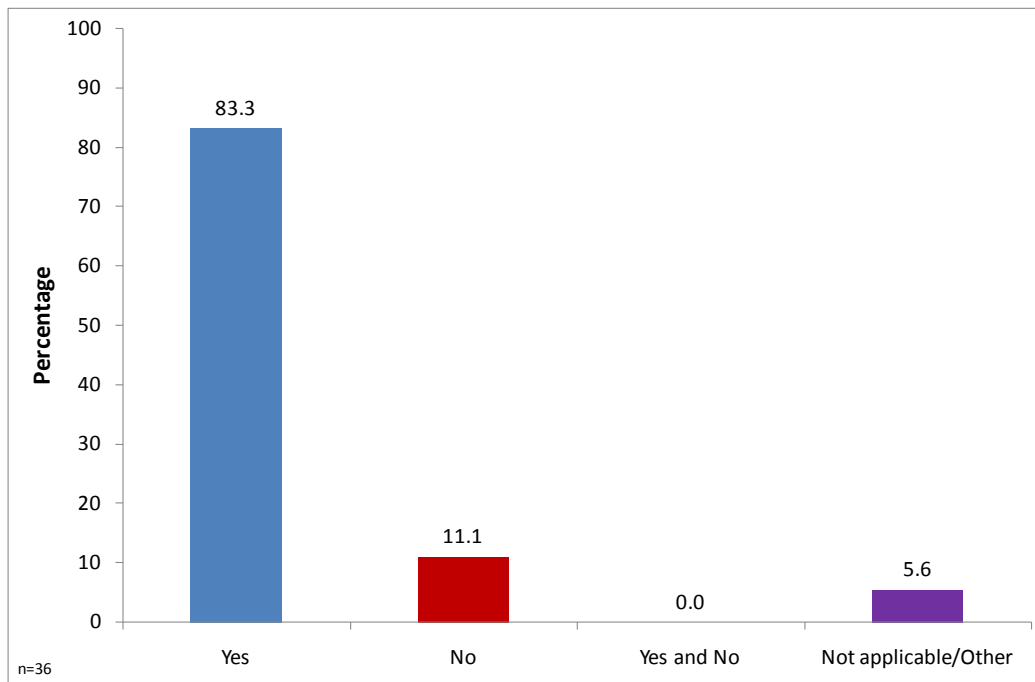


Figure 6: Do you think it is easy to use the surgery telephone system?

A large majority (83.3%) were positive in their opinion about the ease of use of the surgery telephone system (see Figure 6).

Although it was generally felt the system was easy to use, one respondent did express concerns for certain groups of society:

'Yes, but others i.e. elderly might not'

Although those stating No were in the minority, one respondent thought that it was because the system was:

'Very complicated'

Recommended actions:

Only 11% of patients reported dissatisfaction with the telephone system. Despite the high satisfaction level recorded, the recommendations are that the system should be clear and easy for everyone to use, including for those not technically aware. If patients have to be held in a queue, it would be helpful to know how many calls are ahead of them. A direct line to reception would avoid patients being charged for phone calls which ultimately cut off through overload of the system at the busiest times.

Recorded messages about services at the surgery should be clear (and checked regularly), as succinct as possible and relevant to the season (eg with instructions for the flu clinics to be deleted after completion).

Patients with hearing difficulties or learning disabilities should be consulted about the telephone systems and perhaps offered a receptionist with a clear voice.

VII. Other findings about GP practices services in East Finchley

During this research the GP Task and Finish group was keen to pick up other relevant learning in areas of anecdotal concern. They are presented by geographical area.

Seeing a doctor of choice

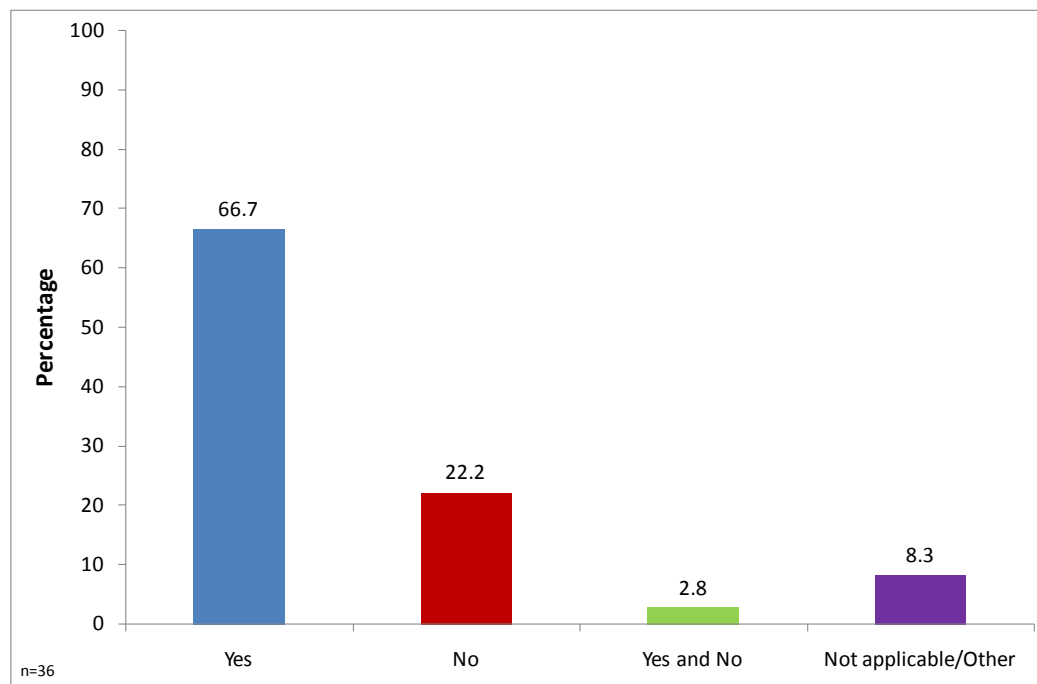


Figure 7: Do you think it is easy to see a doctor of your choice?

In the majority of cases (66.7%) respondents thought it was easy to see a doctor of their choice (see Figure 7).

In other cases a lot depended on availability in non-emergency situations:

'Yes, but with notice'

'Doctor of choice is usually fully booked up'

'Only if you are prepared to accept an appointment in several weeks time'

In emergency situations:

'... if emergency have to see a doctor who is available - not unreasonable'

Recommended actions:

The request to be seen and treated by a male or female doctor should be allowed in order to treat patients with dignity and respect. However, it is not reasonable to always be able to see a named doctor unless the appointment request is made in advance.

The recommendation is for patients to see a named doctor as far as the appointments allow, and similarly for emergency appointments.

Speaking to a doctor over the telephone

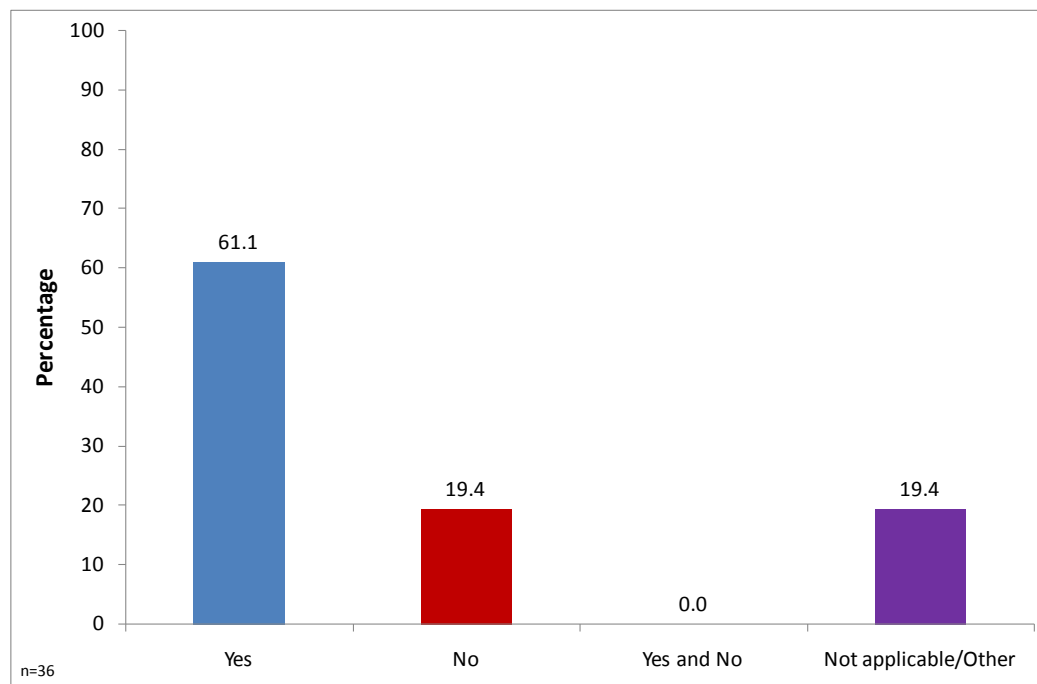


Figure 8: Do you think it is easy to speak to a doctor over the telephone when you need to?

Nearly two-thirds (61.1%) of respondents thought it was easy to speak to a doctor over the telephone when they needed to (see Figure 8). Where this was the case it was seen to be a:

'Good service'

'Sometimes leave message, always calls back'

Those stating No highlighted that their experience was variable in that it was sometimes good and sometimes not so good:

'Sometimes, depending on how friendly reception is'

Those indicating Not applicable gave reasons such as:

'Don't really ask to speak to doctors via telephone'

'Haven't tried'

Recommended actions:

Where possible this practice should be enhanced but on a timed appointment basis. Generally this practice would improve patients' satisfaction with GP access.

Receptionists

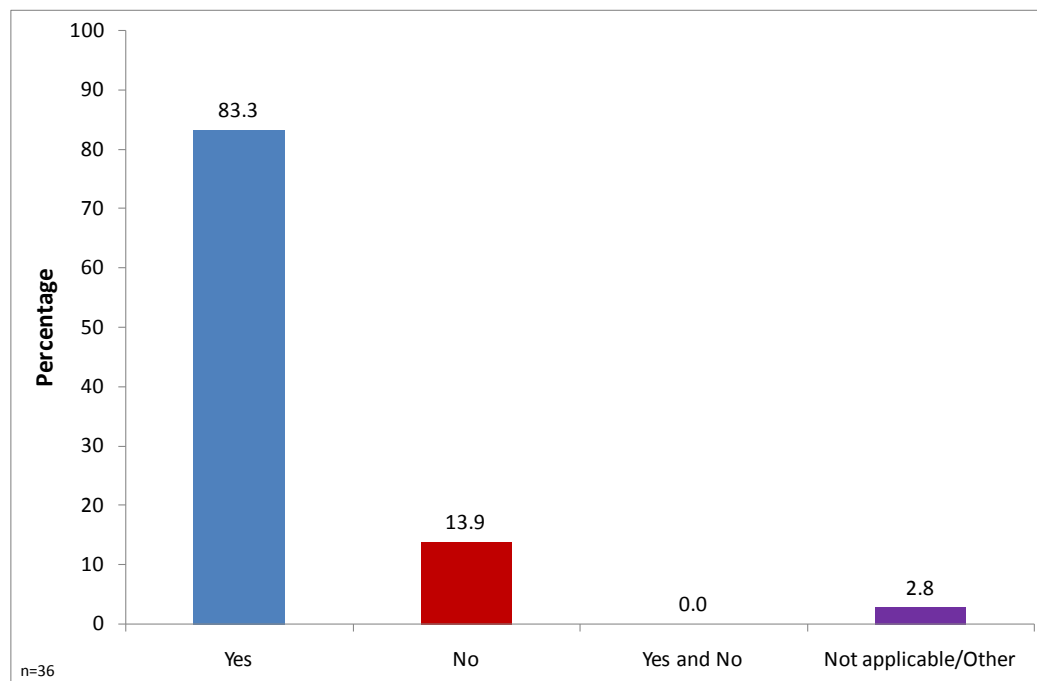


Figure 9: Reception: Do you think the receptionists are helpful?

A large majority (83.3%) thought the receptionists were helpful (see Figure 9):

'To me yes as they know me well'

'Try very hard'

'Receptionists are dedicated, loyal, committed, outstanding and friendly'

'Helpful'

In the minority of cases, there were some negative experiences:

'Try to get rid of you'

'Poor at out of hours - Finchley Memorial – rude'

Thoughts arising from other feedback gathered at focus groups highlighted potential areas for improvement:

'The way the receptionist ask the question could be better phrased – e.g. do you feel able to tell me what is the matter? (Gives person choice to say it is personal)'

'If diagnosis is serious (e.g. skin cancer) patient should be asked to see doctor not given a diagnosis by receptionist'

Recommended actions:

The report highlights the high satisfaction rate with surgery receptionists. The recommendations are that there should always be a sufficient number of reception staff to deal with the patients in a dignified and polite manner, whilst respecting confidentiality at all times. We recommend that receptionists do not make clinical decisions when allocating emergency appointments.

Knowledge of appointment times

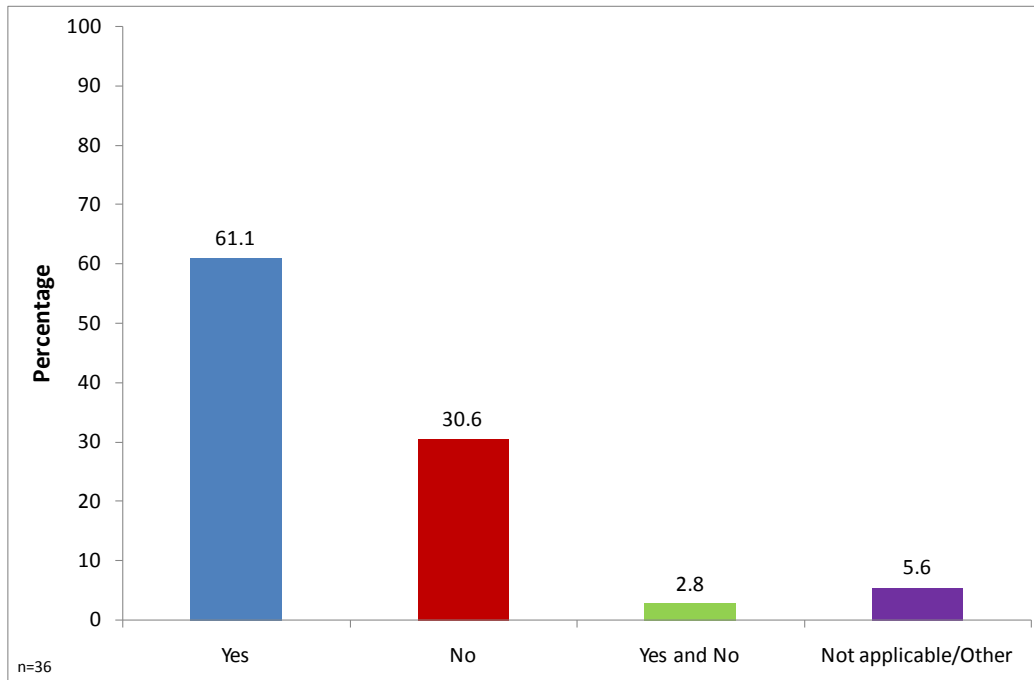


Figure 10: Knowledge of Appointment: Are you aware of the early morning or evening appointments available to patients at your surgery?

About two-thirds (61.1%) indicated that they were aware of the early morning or evening appointments at their surgery made available to patients. However, almost a third (30.6%) were not aware (see Figure 10).

Comments include:

'Evening appointments are available not sure about early mornings'

'Some but not very clear'

'Never enquired'

'Not advertised'

Recommended actions:

A number of patients did not seem to know about all the appointment and surgery times, but those patients who took part in our research did not seem to need very early or late attendances. Adjusting the times of surgeries to meet working patients' needs is a valued improvement in the services that GPs offer.

Repeat prescriptions

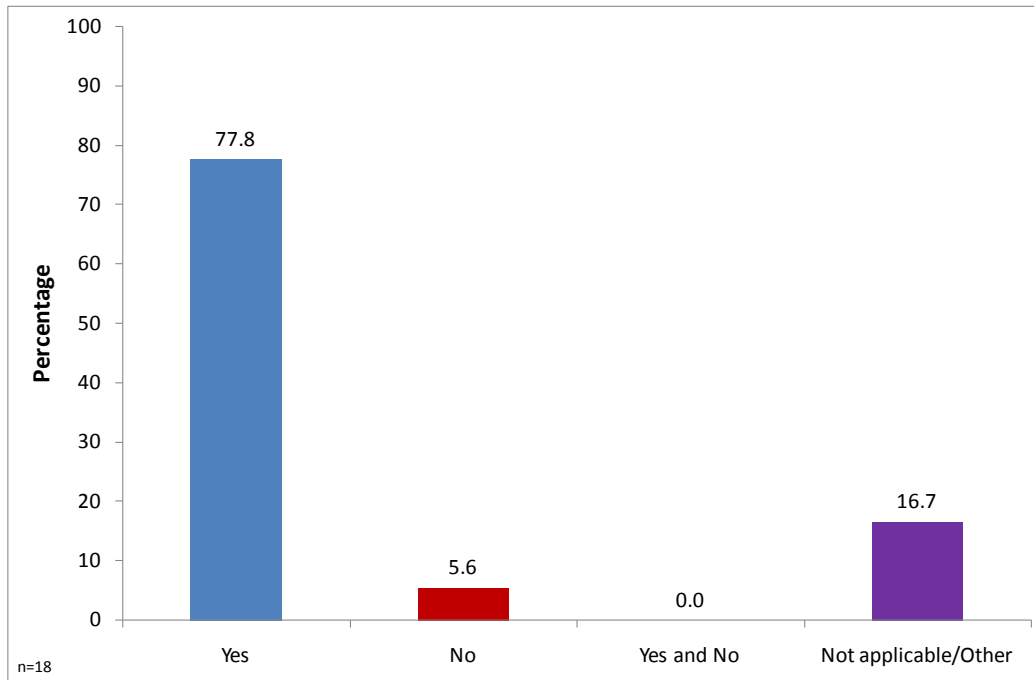


Figure 11: Do you think it is easy to get a repeat prescription?

Over three-quarters (77.8%) reported that they thought it was easy to get a repeat prescription (see Figure 11), although for two respondents:

'But usually takes 2 to 3 days'

'But takes a long time to have it arranged'

Another respondent found it:

'Very easy Pharmacy 4 You'

Recommended actions:

There appear to be good systems in place for this service with few adverse comments. Patients seem satisfied and therefore there are no recommendations.

Ease of obtaining test results

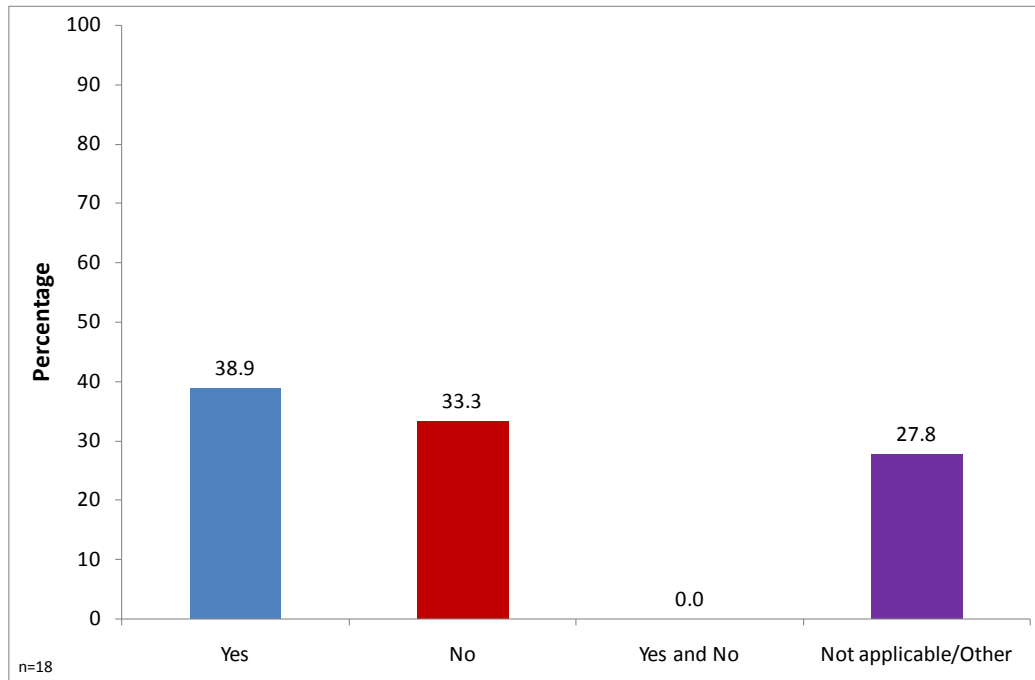


Figure 12: Do you think it is easy to obtain actual test results?

In over a quarter of cases (27.8%) the ease of obtaining actual test results was not relevant. However, where there was a need responses were split (see Figure 12).

Those who gave a No response highlighted that they had to chase up the results rather than been given to them:

'I have to phone them and chase. They would contact me if there was something wrong. Phone 1) for appointments, Phone 2) for test results'

'Have to phone and ask receptionist or try to make a GP appointment'

'Should not have to chase them, but does not happen often'

There was also a further concern from other feedback gathered at focus groups:

'Test results provided confidential information that was given over the phone – not right – everyone could hear'

Recommended actions:

From the responses to this question, it seems that this topic could form the basis of some further research. It seems to be a bit “hit and miss”, as well as possibly breaching confidentiality on occasions. The recommendation is that each practice states their policy clearly in their practice leaflet and in the waiting rooms so patients are aware of whether they should telephone in, and at what time, or whether the surgery will contact them if their test results necessitate action.

They should also state how long it takes the practices to receive blood results from the laboratory to avoid unnecessary telephone calls to the surgery.

VIII. Findings on access to GP appointments in Edgware practices

This section of the report focuses on responses from Edgware. The same methodology and themes were investigated here and in East Finchley. **The sample for the analysis in Edgware is of 70 respondents in section VIII and IX, however note only 6 respondents completed the latest questions³.** The results show that although people are fairly positive, there is a lot of room for improvement with regard to patient focus.

Booking face to face appointments

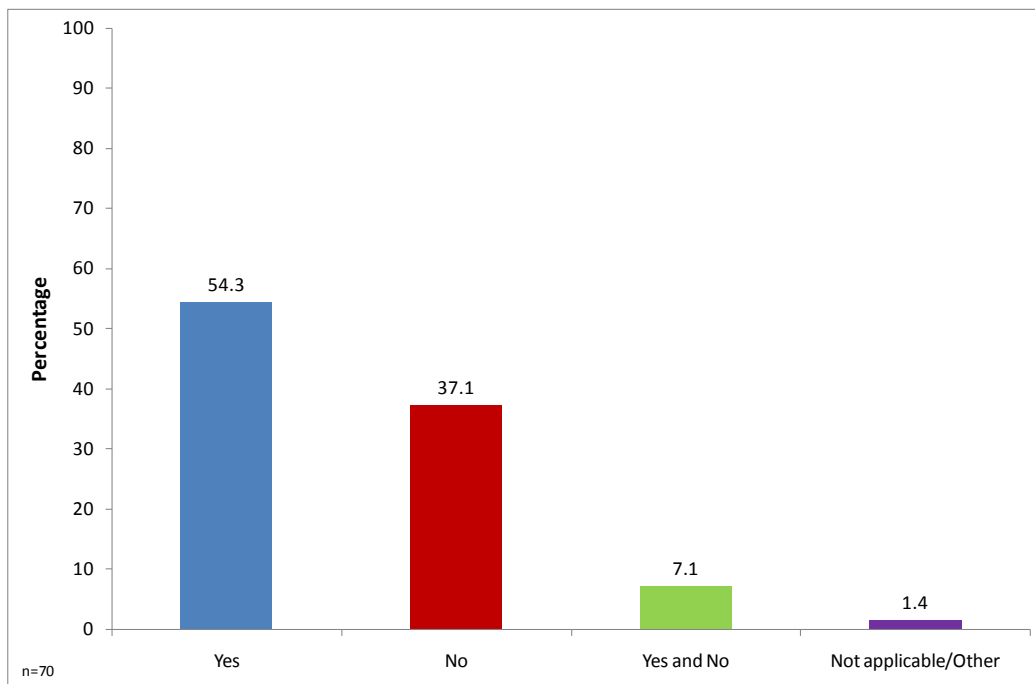


Figure 1a: Do you think it is easy to book appointments in the surgery (face to face at reception)?

Over half (54.3%) thought that it was easy to book appointments in the surgery (face to face at reception) (see Figure 1a). Over a third, however, indicated that it was not easy:

'They never have appointments for a suitable time and often tell you to call back later / tomorrow'

At Bacon Lane Surgery:

'They won't accept them'

'Have to leave phone number and doctor phones back'

Recommended actions:

In figure 1a, 37% of the users report they find it difficult to book appointments face to face to see their doctor. As mentioned in the East Finchley area analysis, research showed frustration with systems in operation in some practices. More consideration for 'patient friendly' systems is urgently needed.

³ Sample sizes are shown in each graph, by the lower left hand side corner, denoted by $n=x$, where x is the size of the sample

Booking an appointment by telephone

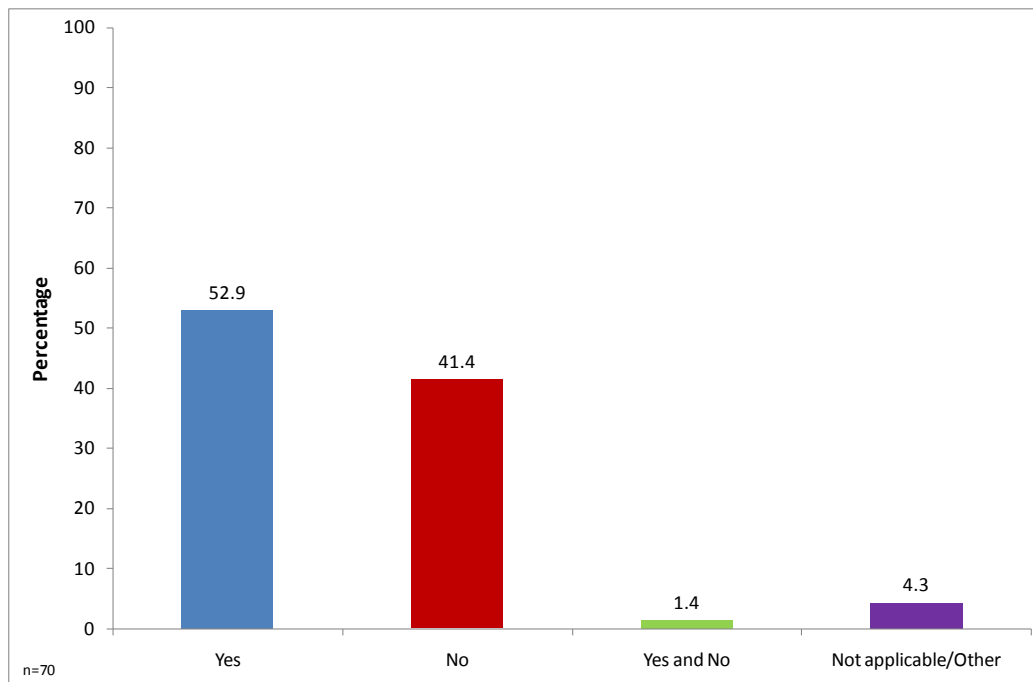


Figure 2a: Do you think it is easy to book an appointment by telephone?

Just over half (52.9%) thought that it was easy to book appointments by telephone (see Figure 2a). However, 41.4% found difficulty getting through:

'Phone always engaged first thing in the morning, when you get through there are no appointments available'

'Impossible to get through'

'When rang 13th in queue, held on for 40 minutes at 8.30 am'

'A dead loss! Everybody tries to phone at 8.00 am'

'It's hard to get an appointment unless it's weeks away'

The length of time on the phone brought cost implications for some:

'0845 number - Disgusting as you stay on hold for ages'

'Asked to ring 0870 number to book or speak to receptionist cost my Mum £1.00 for one phone call. Now have 0844 number on website, but not communicated to patients. 0844 is still expensive - so for people on limited budget (of all ages) this is far too costly'

'0845!! One call costs £13 from my mobile'

Recommended actions:

The results on figure 2a show a concerning 41.4% of dissatisfaction from patients needing appointments booked by telephone. As stated in the East Finchley section on page 11 improvements are needed.

In at least one surgery patients reported that they telephoned into the surgery and then had to be called back by a doctor before an appointment could be allocated. This leaves patients stranded at home waiting for these calls because, we have been told, no call-back times are given. This procedure disregards people's family and work commitments. The surgery in question may have been over the border in Harrow but was being used by many Edgware residents.

Some surgeries in East Finchley and Edgware use 0844 numbers. As pointed out in the East Finchley section, we feel that this issue should be addressed, in particular because it affects specific groups such as people with only a mobile number and those on low income.

Getting an emergency appointment

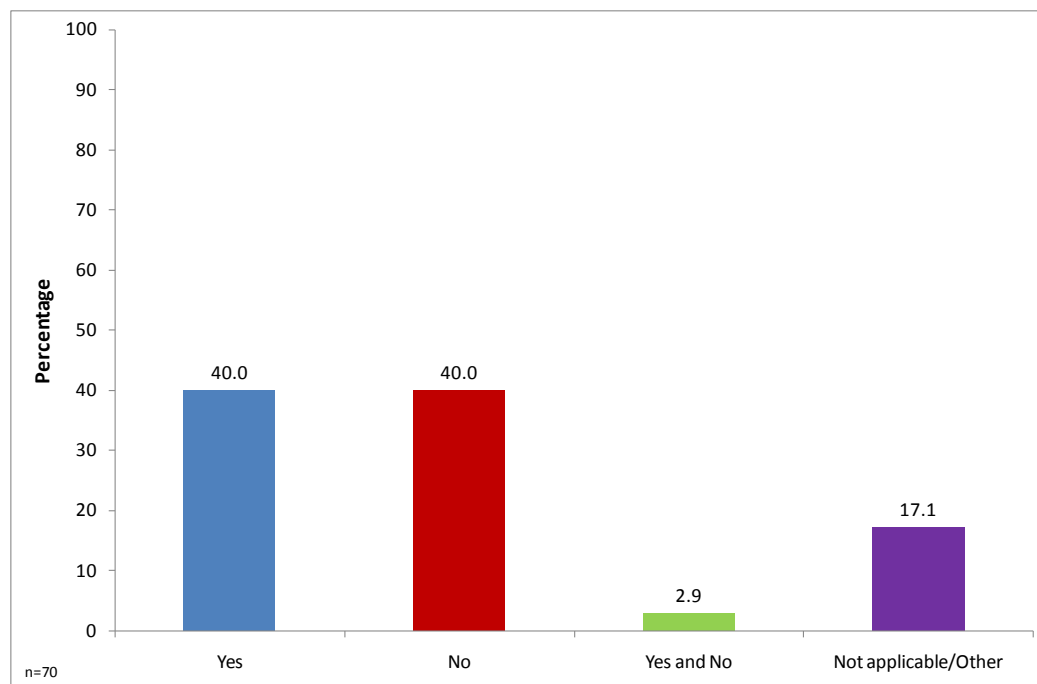


Figure 3a: Do you think it is easy to get an emergency appointment?

Less than half (40.0%) thought that it was easy to get an emergency appointment (see Figure 3a):

'Can always speak to a doctor and will phone back - may be one of many'

'Able to see GP on the day'

A similar proportion (40.0%) reported that it was not easy, and in some cases had to go elsewhere.

'Knowing you are ill - 2 days in advance is hard – especially when emergency appointments are full'

'No emergency appointments - told to go to hospital'

'Only if you know by 8.00 am, or cancellation, otherwise 'walk in' or NHS Direct'

'You have to queue up on the doorstep before 8.00 am to ensure you get an appointment. Very difficult when you are feeling poorly'

'Sometimes I am able to get an appointment on the same day, but after a few hours, but sometimes I have to go to walk in centre'

'No, they always gone by 9.30 am'

'Only if you are dying and even then ...'

Recommended actions:

The graph shows a worrying 40% of patients dissatisfied with access to emergency appointments. GPs have an obligation to see patients with urgent clinical need, so we suggest that if there are not enough appointments available, that additional telephone advice clinics are offered by the doctors. We recommend that practices look into extending their access to emergency appointments in consultation with their patients.

We also suggest that if there is a problem accessing the surgery to obtain emergency appointments, that this could be helped by having an alternative telephone number for this service.

Please also see the recommendations listed under the East Finchley on page 13 and 14 and under the general recommendations.

Contacting the Out of Hours service

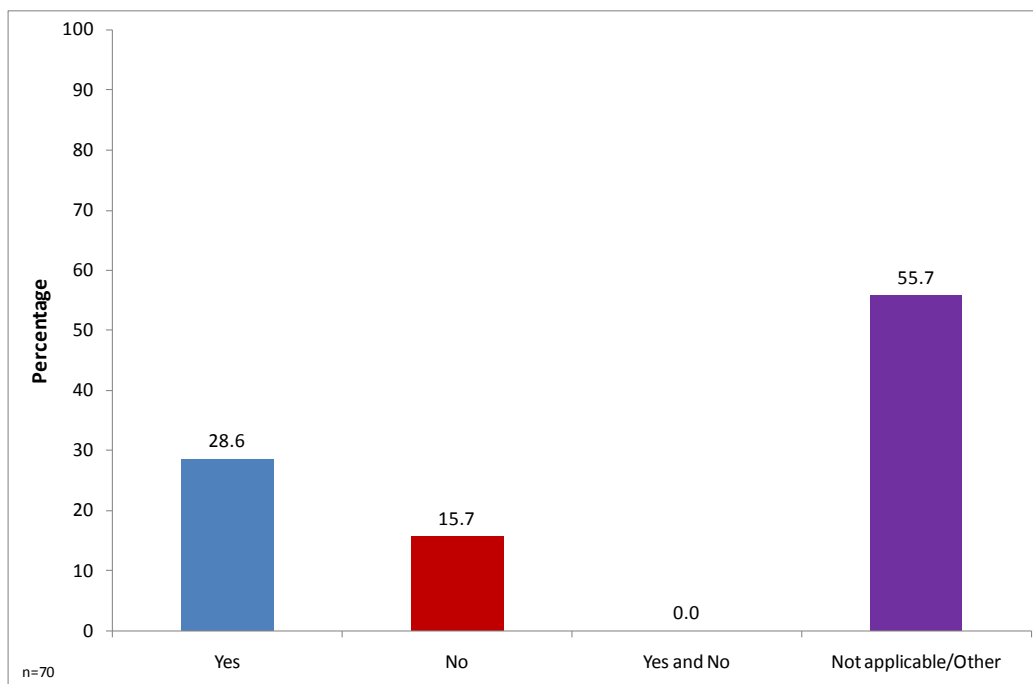


Figure 4a: Do you think it is easy to contact the Out of Hours Service?

Over half (55.7%) indicated that they had not used the out of hours service (see Figure 4a), whilst the experience for others was mixed. On the positive side:

‘ Was most impressed with Barndoc. Actually phoned back with an appointment to see a doctor at Edgware Hospital’

‘ I have had little need for it, but my Mum, a diabetic had a good experience’

Those who had a negative experience:

‘Used it once, they wanted us to go to Edgware hospital’

‘I contact NHS Direct instead’

‘It varies unfortunately’

Recommended actions:

As we mentioned in the East Finchley section on page 15, we are concerned by the responses in this area, but it seems that 55% of patients apparently have not accessed the service. Looking at those that have used it, the negative responses indicate a need for commissioners to audit the satisfaction with access and clinical treatment offered by Barndoc.

Getting through to the practice on the telephone during surgery hours

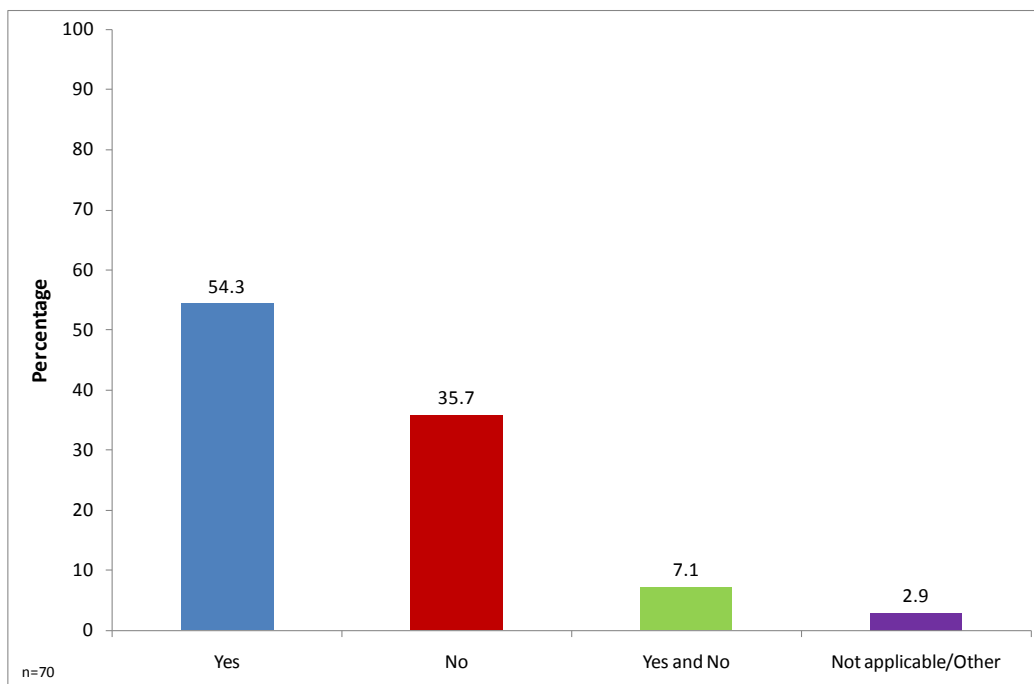


Figure 5a: Do you think it is easy to get through on the telephone during surgery hours?

Over half (54.3%) thought that it was easy to get through on the telephone during surgery hours (see Figure 5a). Over a third (35.7%) however, did not find it easy to get through:

'Kept holding for ages'

'The line is always busy'

'Hard to get appointment - 2 hour wait on phone. Can only get for the day or exactly 2 weeks time'

'No, phone usually engaged. When you get through, they take your phone number and ring back, it can be hours later!'

Recommended actions:

There was a much higher satisfaction rate with telephone access during surgery hours but there were still issues raised about accessing appointments, Edgware having 35.7% dissatisfaction in contrast with only 16% in East Finchley. From the survey responses, there is the possibility that some surgeries may not have an adequate number of telephone lines or staff to serve all the patients on their lists and we recommend that secret shoppers test the surgery telephone systems and report their findings.

As we mentioned in the East Finchley section on page 16, further investigation is needed into access by those with disabilities or with English as a second language. Internet booking and automated surgery check-in should also be considered.

Using the surgery telephone system

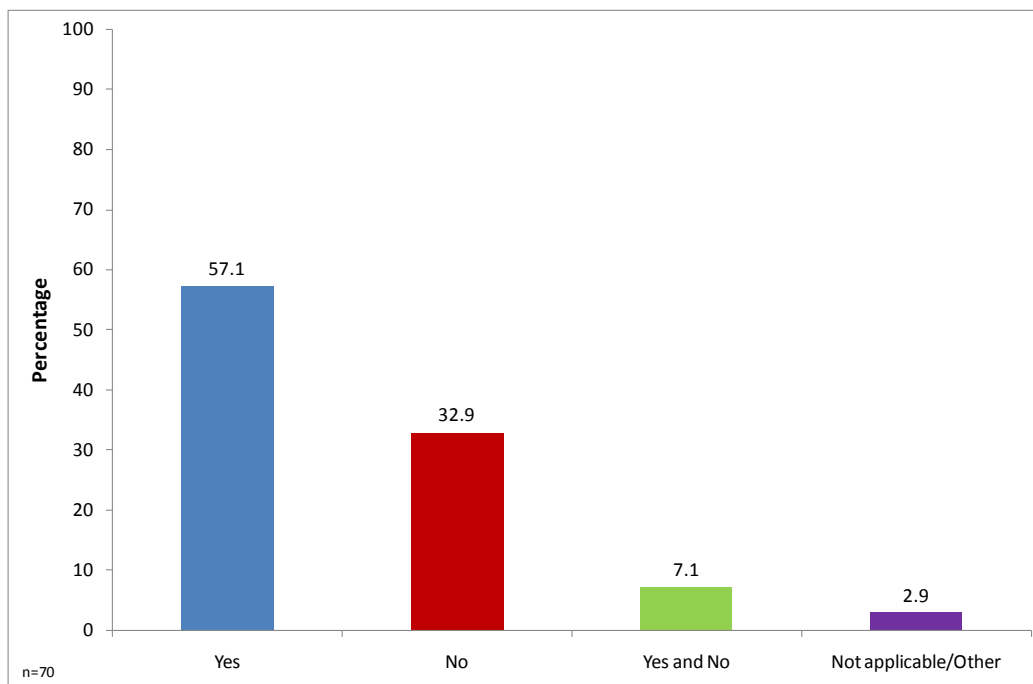


Figure 6a: Do you think it is easy to use the surgery telephone system?

Over half (57.1%) were positive in their opinion about the ease of use of the surgery telephone system (see Figure 6a) in that:

'Once you get through it is easy to use'

About one in three (32.9%), however, did experience problems or issues:

'The automated system isn't great, could not get an appointment with a female doctor in two week period. Difficult to get through on phone. Hard to get an emergency appointment'

'Bacon Lane Surgery, introduced a new appointments system [Triage] at the beginning of 2012, since then appointments can only be made by phone. They take your name and phone number, don't ask what you want the appointment for, eventually a doctor phones back, you may get an appointment or he / she may diagnose over the phone ...'
'Telephone system is easy to use, but can't always get last minute appointment, so have to speak to receptionist'

'Ring at 8.00 am, not suitable for those that work, Triage system over the phone – misdiagnosed over the phone'

There are those who would: *'Prefer to talk to a person rather than auto system'*

Recommended actions:

We are concerned about the 33% dissatisfied with the telephone system in Edgware. In particular about the wide variety of systems used from surgery to surgery, which seem to prevent access to booking face to face. We understand that demand at certain practices may be really high however we call for an open discussion to find acceptable solutions to this issue in preparation for the shift from acute to community base services. See also the recommendations for East Finchley on page 17.

IX. Other findings about GP practices services in Edgware

Seeing a doctor of choice

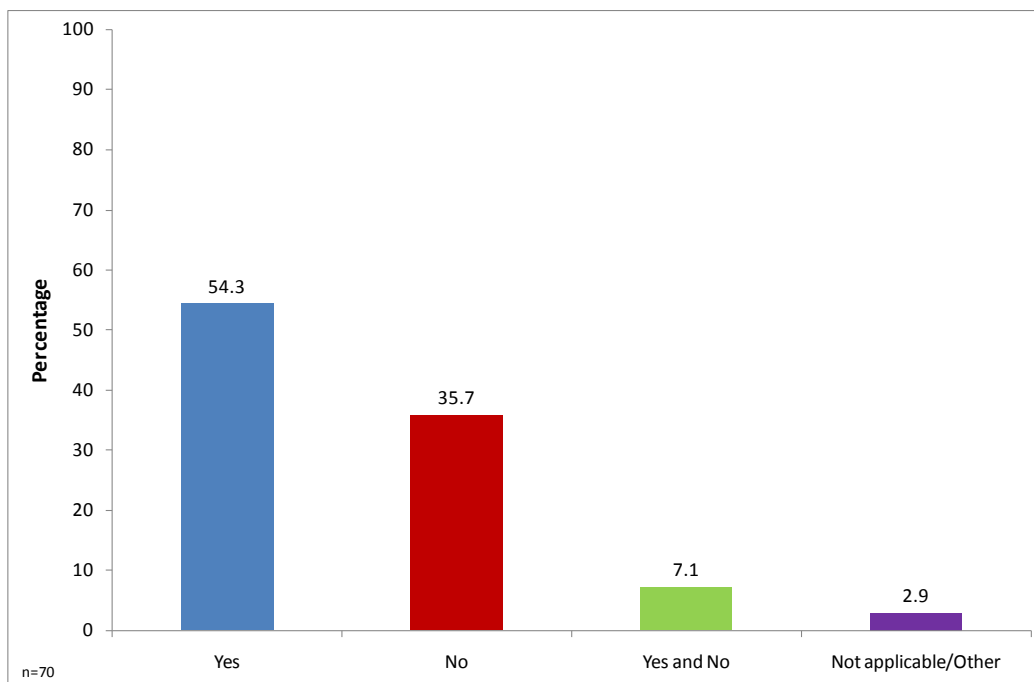


Figure 7a: Do you think it is easy to see a doctor of your choice?

Over half (54.3%) respondents thought it was easy to see a doctor of their choice (see Figure 7a). If that was not possible, then they were okay to:

'... just see the doctor that is available'

'... see anyone quickly ...'

Over a third (35.7%) expressed that seeing a named doctor of their choice was difficult in that they could have to wait a long time:

'Have to wait 3 weeks for a named doctor'

'Not as easy as it could be 2 to 3 weeks to see a particular doctor'

Recommended actions:

There is a greater level of dissatisfaction in Edgware, 35.7%, compared to East Finchley, which showed only 22.2%. This may directly reflect a higher ethnicity mix with a more extensive need for patients to see either a male or female doctor.

It does appear to be particularly difficult to see a doctor of choice, and the recommendation is for patients to be encouraged to join Patient Participation Groups to discuss resolving this issue with the doctors and staff of their surgeries.

Speaking to a doctor over the telephone

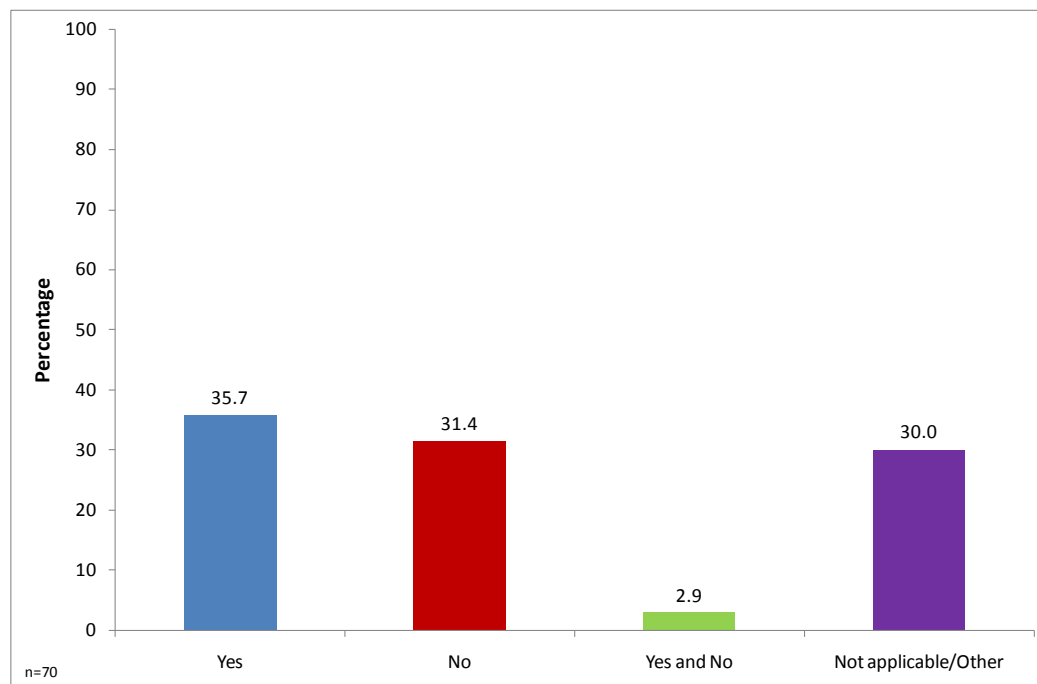


Figure 8a: Do you think it is easy to speak to a doctor over the telephone when you need to?

Just over a third (35.7%) of respondents thought it was easy to speak to a doctor over the telephone when they needed to (see Figure 8a). If one was not immediately available then the doctor would telephone back:

'Doctor called back, discussed issue and was prescribed medication. Found it easy and accessible , haven't been back since'

For 30.0% it was not applicable or unnecessary, and for a further 31.4% it was difficult to get through to speak to a doctor:

' Very hard 'all busy at the moment''

'Not easy, hard to get past reception'

'Have to be persistent'

'Depending on the receptionist'

'They don't update your number and claim to have called when they haven't'

Recommended actions:

There is greater dissatisfaction in Edgware than East Finchley about being able to speak to a doctor over the telephone. We recommend that practices discuss this issue and improve patient telephone access to doctors.

Receptionists

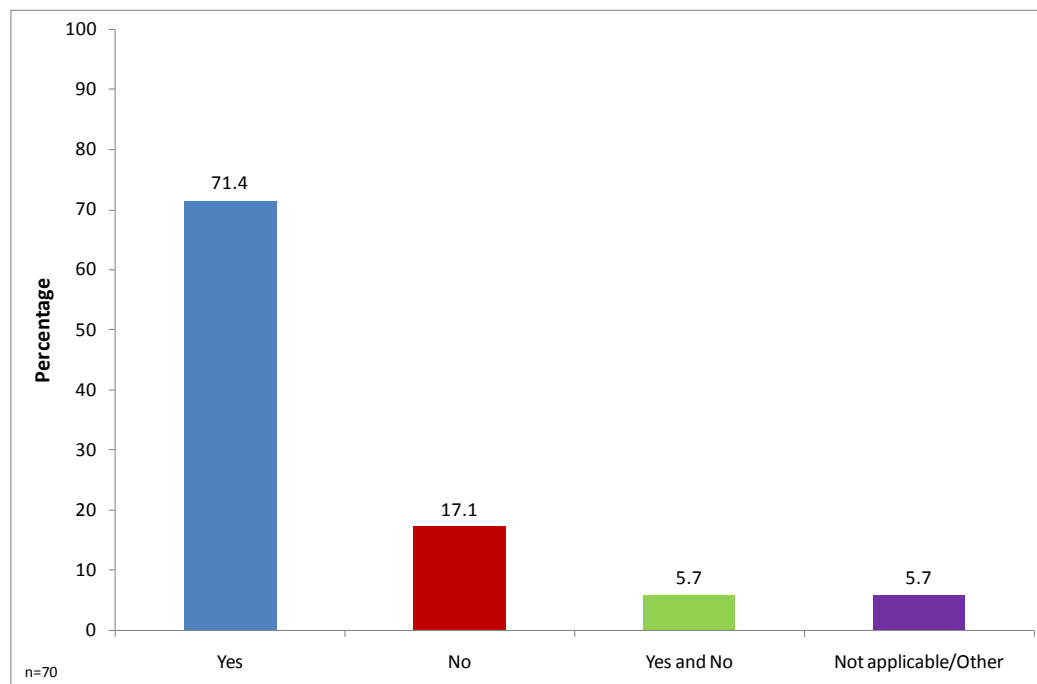


Figure 9a: Reception: Do you think the receptionists are helpful?

Nearly three-quarters (71.4%) thought the receptionists were helpful (see Figure 9a). In many cases they were seen to be:

'Helpful and efficient'

'Very polite'

For some, however, it varied:

'Varies - some are caring and some are really hard'

'Depends who is on! Some very helpful, others not'

'Good - So, so! Must make some allowances for work load'

'Depends which one'

The professionalism was questioned in a couple of cases:

'Can be unhelpful at times and divulge confidential information'

'I have called the surgery to make appointments for my babies (aged 2 and 7 months respectively) and found it hard to get appointments for that day when they are ill. The receptionist once hung up as I was asking for an appointment as she said the surgery was busy that day even though I was asking for an appointment for any day that week'

Recommended actions:

As in East Finchley, we are pleased to see a high level of satisfaction with reception staff.

Again, each practice needs adequate numbers of trained and empathic staff to deal sensitively with the needs of the patients.

Knowledge of appointments

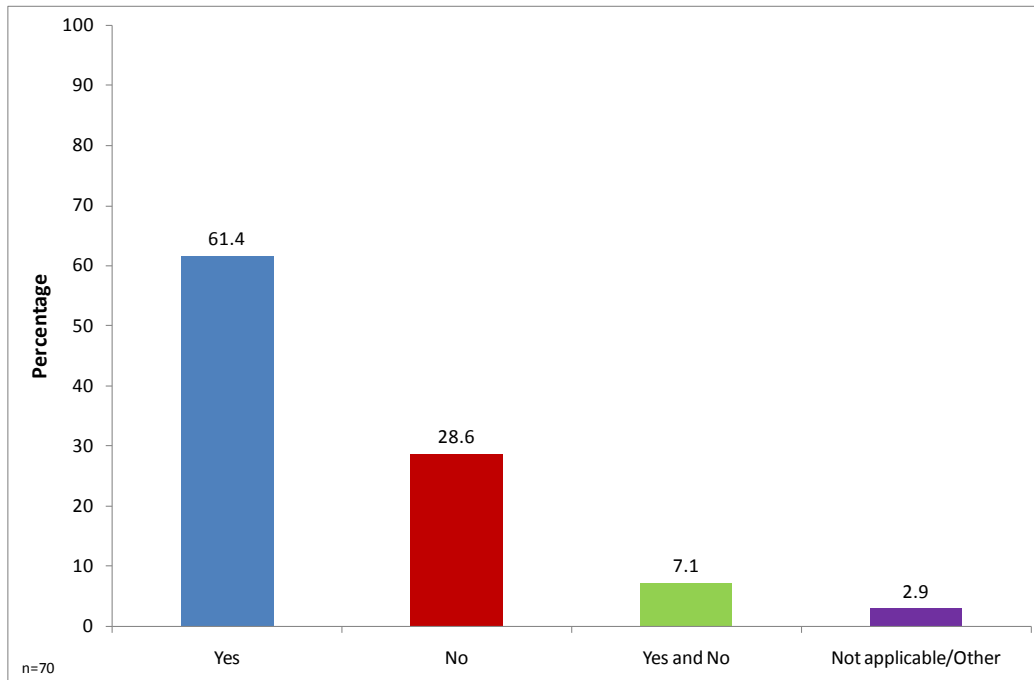


Figure 10a: Knowledge of Appointment: Are you aware of the early morning or evening appointments available to patients at your surgery?

About two-thirds (61.1%) indicated that they were aware of the early morning or evening appointments at their surgery made available to patients. However, over a quarter (28.6%) were not aware (see Figure 10a).

Generally, respondents made reference to seeking availability of appointments in the early morning, but not many respondents made reference to knowledge of evening appointments, although it could be of benefit:

'Difficult in the morning - later on easier'

Knowledge of the appointment was one thing, but according to one respondent:

'But try and book them ...'

Recommended actions:

As with East Finchley on page 21, there was reasonable knowledge of the early and late appointments and we are pleased that this facility is offered.

Repeat prescriptions

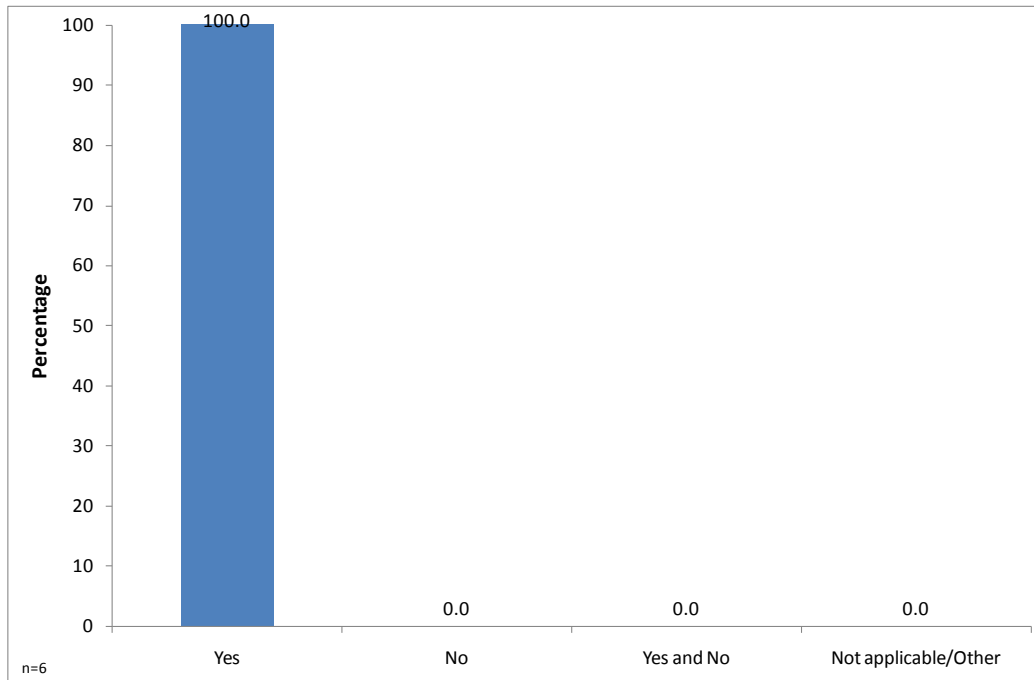


Figure 11a: Do you think it is easy to get a repeat prescription?

Where applicable, all (100.0%) reported that they thought it was easy to get a repeat prescription (see Figure 11a), and for differing reasons:

'You put your prescription in the post box at the clinic'

'Because they do not want to see you'

Recommended actions:

There were very few respondents to this question but with 100% satisfaction, there is little to say!

Ease of obtaining test results

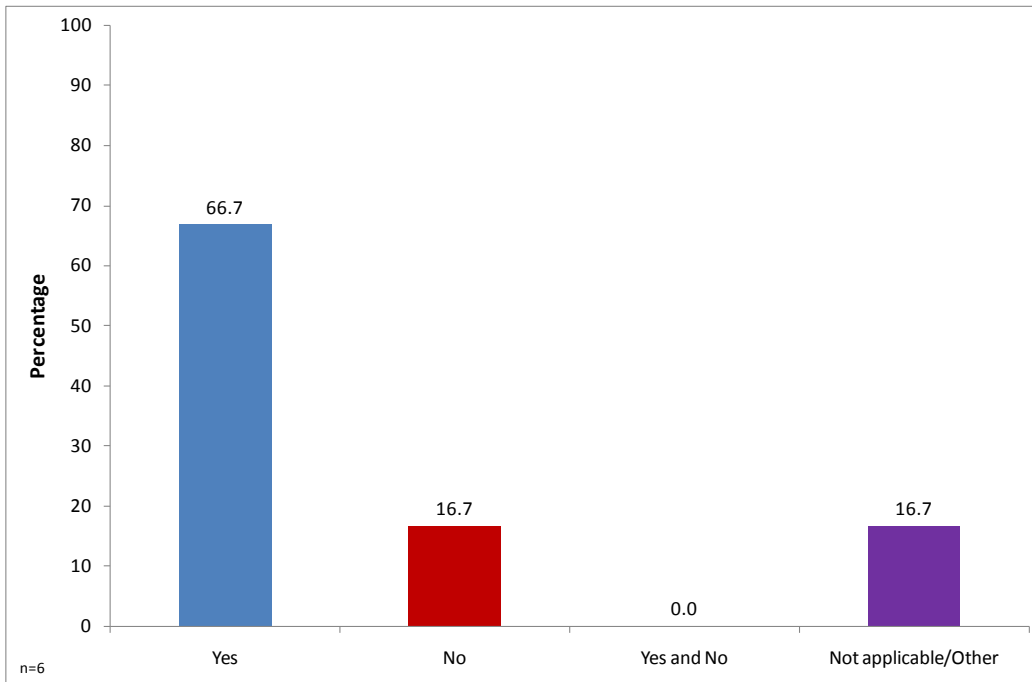


Figure 12a: Do you think it is easy to obtain actual test results?

In two-thirds of cases (66.7%) obtaining actual test results was easy (see Figure 12a). However, some required a faster response or more detail:

'But you do not get a detailed answer'

'Sometimes results take ages to come back, or don't come back. Phoning times are rubbish'

Recommended actions:

As with East Finchley on page 23, this is an area that needs a clear policy to be put in place by each practice. Patients need to be confident that they will get their results and that medical treatment ensues when necessary.

X. Optimising number of appointments

A paper written in 2009 by the Practice Management Network called *Improving Access, Responding to Patients* looks at Demand Versus Capacity and shows how each practice can calculate whether they offer the right number of same-day and pre-bookable appointments across the week and how this compares to the national average. This can be done by counting all routine appointments, same-day appointments and pre-planned telephone consultations for the doctors, or doctors and nurses. There are many variations, which may necessitate changing the number of appointments offered, such as clinical staff on holiday or bank holidays, and a comparison can be made with patient demand on each day. In 2009 the national median consultation rate was 5.3, but this could vary between practices from lower than 4 to higher than 8¹.

1. Trends in Consultation Rates in General Practice 1995 to 2007: Analysis of the Research Database. September 2008: QRESEARCH and the Health and Social Care Information Centre

XI. Thanks and Acknowledgements

Many thanks are due to the hard work of all the volunteers in the Barnet LINK GP Task and Finish Group who so generously gave their time to this project:

1. Wilfred Canagaretna
2. Melvin Gamp
3. Ranil Jayasinghe
4. Pierre Jeanmaire
5. Carole Kaye

Toward the end of this research Stewart Block joined the group and his contribution is valued.

Thanks are also given to Dr John Brett from the Torrington Practice and Jane Betts from the LMC who talked about the background of general practice and the current issues facing General Practitioners.

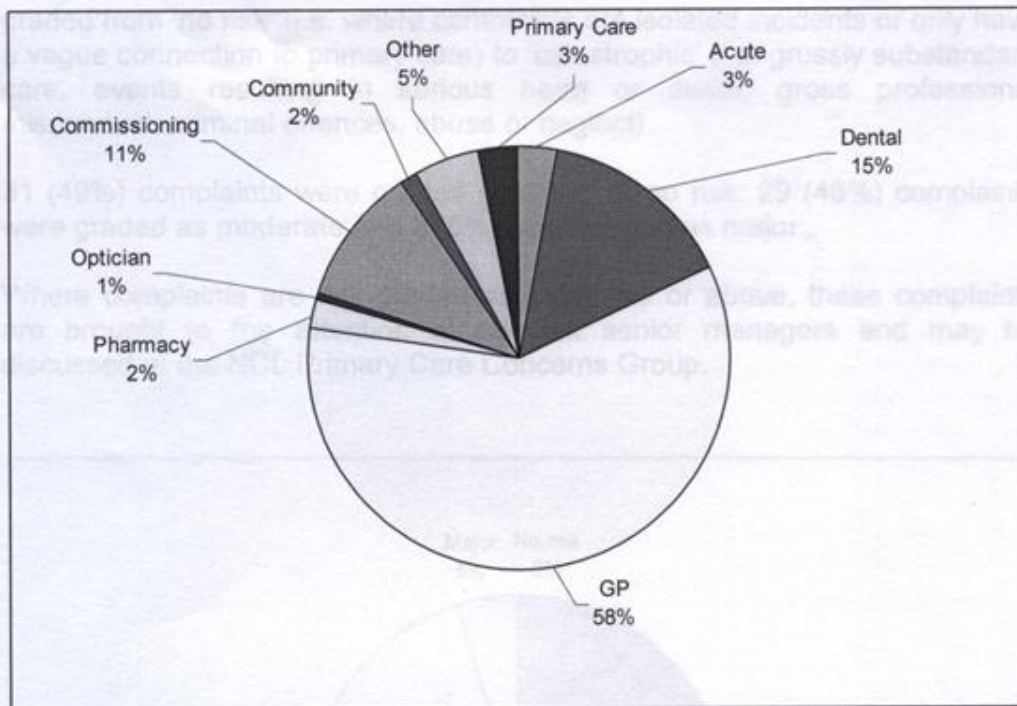
We valued the input of the practices who supplied us with figures for our research and all the patients who completed our forms with such diligence.

Thanks are also given to those voluntary and community groups that helped us reach out to more users of Edgware and East Finchley GP practice, including the rhyme groups in Edgware and East Finchley Library, Woodcroft Primary School, Martin Primary School and Newstead Children's Centre.

A final thank you is due to Yessica Alvarez-Manzano from CommUNITY Barnet (Barnet LINK Host) for all her support and encouragement.

XII. Appendices

A. NHS Barnet PALS and Complaints Report



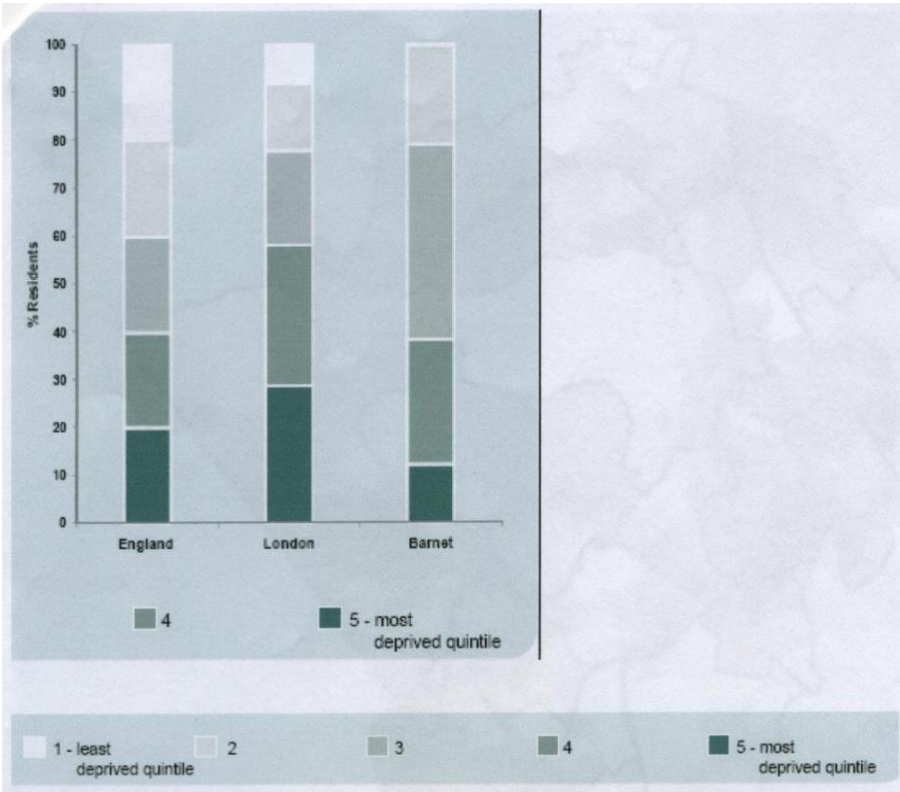
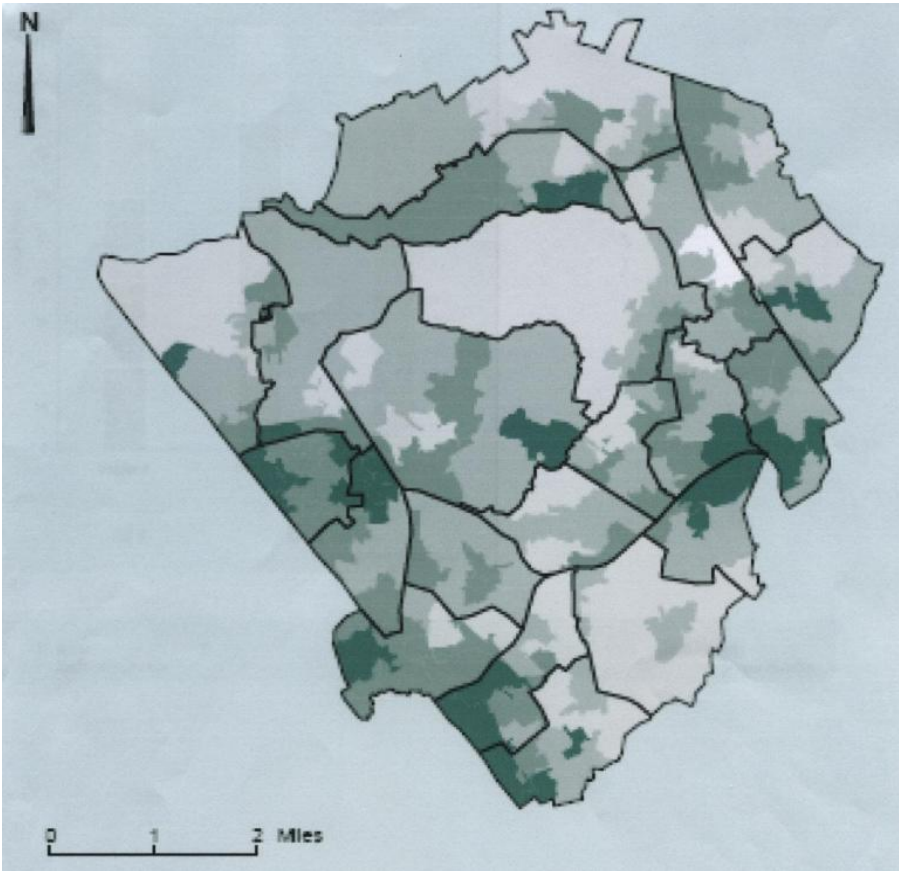
2.2 Type of contacts

The table below provides a more detailed breakdown of the type of contacts received about Barnet services.

	Advice	Comment	Complaint	Concern	Info Req	Total
Acute	2	0	3	1	0	6
Dental	4	0	8	1	15	28
GP	17	1	35	25	34	112
Pharmacy	0	0	1	0	3	4
Optician	0	0	0	0	1	1
Commissioning	6	0	11	3	0	20
Community	0	0	2	1	0	3
Other	1	0	1	1	6	9
Primary Care	1	0	2	3	0	6
Totals:	31	1	63	35	59	189

It should be noted that the table above will only include feedback submitted to NHS North Central London and will not include those issues raised through the practice based complaints procedure within practices or those raised directly with acute trusts or provider services, which are handled by each individual trust.

B. London Borough of Barnet deprivation map as of September 2011



C. Samples of publicity for focus groups activities



Hosted by
CommunityBarnet
Supporting Community Organisations

Have your say about your GP Practice!

Do you have any feedback about appointments and access systems?

Refreshments provided



Barnet LINK - Health and Social Care Involvement Network is holding a public meeting in Edgware and would welcome its users to come along and share their views about their GP practice...

Date **Time** **Venue**

Thursday 7 - 8.30pm Larches Community Larches House
29 March 2012 1 Rectory Lane
Edgware
Middlesex HA8 7LF

(See back for venue details)



Are you seen as and when you require?

Come along and bring your friends to our FREE event



D. Questionnaire Sample

Introduction

Research carried out by the LINK on GP practices in Barnet identified these practices in East Finchley as having low scores in patient satisfaction with access services and appointments booking. It will be useful to find out whether you are satisfied or not and what improvements you would like to see.

GP Practices

Which of the following practices do you attend? (please tick)

*If you practice is not listed, please write the name of your practice in the column headed **Other**.*

East Finchley Medical Practice (N2)	Woodlands Medical Practice (N2)	Heathfield Medical Centre (N2)	Other

To help us gain a better insight into your experience at the GP, it would be helpful to receive your views on the following:

Questions	Good	Adequate	Poor	Other Comments
1. How do you find the appointment booking system in your surgery?				
2. How do you rate booking by telephone?				
3. Are you able to get emergency appointments at the surgery?				
4. How do you rate the out of hours service?				
5. How easy is it to speak to a doctor on the telephone?				
6. How do you rate the Receptionist?				
Any other suggestions				

Thank you for taking the time to complete this questionnaire.

E. Other suggestions made about East Finchley GP practices

Other suggestions comments from the focus groups, questionnaire responses and other feedback gathered at focus groups include:

'Doctors at this surgery have a rather dismissive attitude. Dr X is extremely polite and friendly and remembers and enquires after family members but doctors are reluctant to examine / advise / diagnose'

'A walk in clinic would be good'

'Doctors to be open more hours in the day for children/elderly/vulnerable. Friendlier helpful staff would be better'

'They should spend more time with each patient (I know they are very busy) but they shouldn't see patients in a hurry'

'Bigger practices – capacity of GPs'

'Listen to patients – complaints followed up and dealt with'

'A nurse available on a daily basis for up to two hours for minor complaints'

F. Other suggestions made about Edgware GP practices

Other suggestions comments from the focus groups and questionnaire responses:

'People who have not had an appointment for 1 year + should be given priority if they want an appointment'

'Do away with the 'Menu' system on their phone and revert to the old system when you spoke to a voice on pick up'

'Put the booking system onto the internet - cheap to do for those with access to internet. You should be able to see slots that are free. We rarely see our own doctor. The doctors are good and have time for you - but it's hard to see the same one, to follow up your care'

'More staff - phone rings forever'

'Bring back normal number and walk in from 9.00 – 10.00 am for emergencies. I am now looking for a new doctor's surgery for my family'

'Extra time for emergencies and opening hours on Saturdays'

G. How Barnet compares to other boroughs in the North Central London area for access

From the NCL document *Transforming the Primary Care Landscape in North Central London*, published in January 2012, taken from the GP survey 2010/11, the following table shows how Barnet compares to other boroughs in the NCL area for access. It shows that Barnet compares favourably to the others. However, of the two areas within the Borough of Barnet focused on in this report, Edgware performs markedly worse than Barnet as a whole.

	Barnet	Camden	Enfield	Haringey	Islington	London	England
Ease of getting through on the phone	62%	63%	66%	65%	66%	67%	69%
No appointments available	84%	81%	84%	80%	83%	82%	84%
Times didn't suit	19%	20%	16%	17%	18%	18%	15%
Satisfied with opening hours	74%	74%	79%	76%	74%	78%	80%
Know how to access out of hours care	56%	52%	55%	52%	52%	54%	62%

Source: GP Survey 2010/11

XIII. Other specific issues and solutions suggested by Barnet residents

Same day / more flexible access

Not knowing when one is going to be ill makes patients see same day access a high priority. The 8 am / early morning phone rush appears to make achieving this very difficult.

The same applies to perceived emergencies.

Suggestions and options include:

- Having the booking schedule live on the internet
- Other technology solutions might include text message based systems
- Some doctors use Facebook/ email as a way of contacting patients
- It was not clear what the automated systems involved but presumably you can use date of birth / other information to book an appointment – if not such a system would help.
- Other options might include a ready-made questionnaire online, so that patients fill something in before the conversation and then a nurse might be able to respond more quickly. This may be what the ‘triage’ system is meant to achieve.
- Reducing demand on the phone e.g. text / email / specific answer phone based prescription renewals requests

People want to see/ talk to a ‘medical person’ when it suits/they need one

Expectations of access and convenience are rising as more and more services are 24/7; this applies to and affects perceptions of access to doctors. Many people are also more and more confident in looking for things and advice themselves.

Suggestions and options include

- A nurse drop in centre where they can at least get some advice
- More Saturday surgeries
- Scheduled call back times – e.g. between 2-4pm - so people do not need to sit by the phone the whole time
- Having one doctor and perhaps one nurse doing only calls at certain times each day
- Collaborate with other local surgeries to share the cost of a drop in centre or advice centre eg. at a supermarket or leisure centre and promote heavily

Who provides information, when and how?

While access to test results seemed mainly OK, there were a few comments: about the level of detail; if it is serious it should be from a doctor; not giving results on the phone because everyone can hear.

Suggestions and options include:

There were no specific suggestions in the research but options might include finding out if patients want / would be happy with alternative communication to reduce phone contact and cost: email and text; others may prefer other options still – e.g. for test results.

Telephone system and cost

The early morning rush to get an appointment is the biggest issue. 'Hanging on' using the 'expensive' numbers added another layer of frustration to not getting through in the first place.

For suggestions and options please see those listed above.

Awareness of what IS available

While awareness and use of various other options was mentioned throughout our research, lack of awareness was also significant. The surgeries could make an effort to advertise/ raise awareness of different options such as talking to doctors on the telephone, specialist clinics in the surgeries, early appointment options and call-backs.

Receptionists

On the whole they are well perceived but there were several comments which mentioned rudeness, lack of time, not listening. A mystery shopping exercise might have verified or explored these issues further.

Suggestions and options include

- A mystery shopping exercise to verify⁴
- More training in communication skills and customer service
- Raising awareness with patients about receptionists, ensuring they are treated with respect
- Creating alternative routes to appointments etc to reduce load and stress on receptionists.

⁴ Barnet LINK has carried out mystery shopping exercises in Barnet, the most recent was commissioned by Central London Community Healthcare in May 2012. Barnet LINK volunteers inspected 72 times the customer service standards in person and by phone over 6 weeks. A full report is available from September 2012.

XIV. Tables

Table B - **Sample sizes**

Surgeries, practices, health centres recorded are based on at least two responses for East Finchley and at least three responses for Edgware.

As can be seen throughout the report, East Finchley scores better than Edgware in many cases.

Where the n^5 is small, responses will probably need to be treated with caution as views may not be representative of the population overall. However qualitative and comments from this small sample are still valuable for this report purposes.

Location	n
Mountfield Surgery	2
Squires Lane Medical Practice	2
Temple Fortune Health Centre	2
<i>Mountfield, Squires, Temple</i>	6
<i>Other (see next page)</i>	13
Woodlands Medical Practice	10
East Finchley Medical Practice	7
East Finchley Average	36

Location	n
Everglades	3
<i>Other (see next page)</i>	20
Park View Surgery	4
The Peshurst Garden Surgery	9
Bacon Lane	8
Oak Lodge Medical Centre	14
Lane End Medical Centre	12
Edgware Average	70

Note there were respondents that live/use GP surgeries in East Finchley or Edgware but were not listed in our questionnaire. Those responses are compiled under ***other*** in the sample sizes. Those surgeries are listed below by area for information.

⁵ The sample size= n listed on the composite scores is defined for each of the graphs/figures presented throughout this report. It can be found on the lower left hand side corner of each figure/graph.

East Finchley

Cherry Tree Medical Centre, N2 9JG
Cornwall House , N3 1LD
Dr Dodds, N3 2DN
Grovemead, Hendon, NW4 3EB
Heathfield Medical Centre, N2 0EQ
Other - Dr Isaacson & Partners N2 8AG
Other - Dr Mulkis Colney Hatch Lane N10 1HA
Other - St Andrew's Medical Centre, N20 9EX
Other- Leopold Road East Finchley London N2 8BG

Edgware

Main Surgery - Cressingham Road, HA8 0RW
Belmont Health Centre, Harrow Wealdstone, HR2 7XT
Other – Mill Hill Surgery
Mulberry Practice, Sefton Avenue NW7 3QB
Squires Lane, Finchley, N3 2AU
Jay Medical Centre, NW4 3SU
The Watling Clinic, HA8 0RW
Watling Medical Centre, HA8 0NR
Woodcroft Medical Centre, EN4 8QZ

Harrow

Bacon Lane Surgery, Edgware HA8 5AT

Contact Barnet LINK via their host, CommUNITY Barnet

Freepost RLYA-CCEJ-HSUR
CommUNITY Barnet
52 Moxon Street
Barnet
Herts
EN5 5TS

Tel: 0208 364 8400
Email: LINK@CommUNITYBarnet.org.uk
www.BarnetLINK.org.uk
Follow us on Twitter @LINKBarnet

