

## **ARRANGEMENTS FOR PRIMARY CARE SERVICES IN THE EASTERN PART OF SOUTH SOMERSET**

### **1 INTRODUCTION**

#### **Background**

- 1.1 This briefing sets out the local approach to securing access to primary care for the citizens of Somerset, and particularly within the eastern part of South Somerset. It highlights our efforts to deal with the emerging primary care workforce crisis and that, meanwhile, patient access to primary in Somerset remains good overall despite the current challenges.
- 1.2 However given the very high rates of GP retirement in the next five years, likely to be nearly 50% of the existing workforce in some areas of Somerset, robust action is required to secure access to primary care. This briefing describes the action plan being co-ordinated by the Clinical Commissioning Group to address this and population growth arising from new housing developments, which is adding to demand for primary care services.

#### **CCG Strategy**

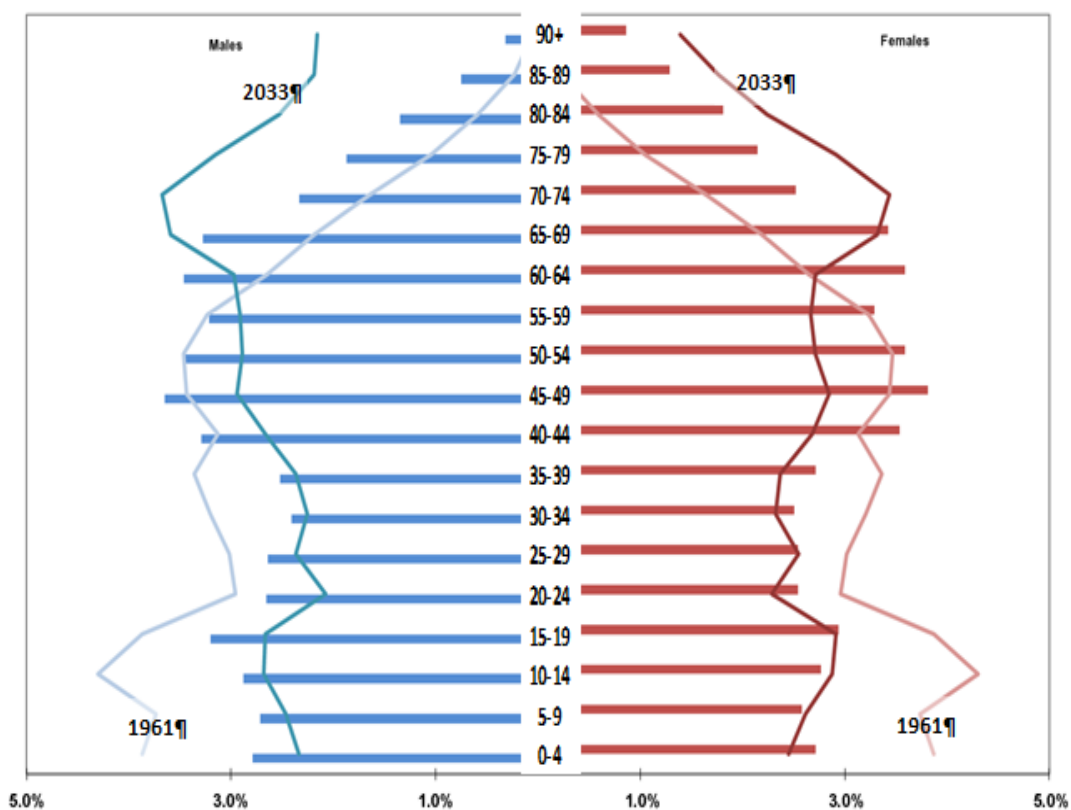
- 1.3 The CCG Five Year Strategy sets out four themes which will guide everything the CCG does. Please refer to Appendix A for a Strategy overview. Underpinning the four themes are six core work programmes which include a range of projects that will deliver change. The Strategy gives priority to supporting communities and individuals to take more control and responsibility for their own health and wellbeing, supported by joined up person centred care, effective urgent and acute care, together with sustainable and quality services.
- 1.4 Our vision for primary care fits entirely within those themes. Primary care is the part of the NHS almost all patients come into contact with first when they seek help with a health concern. Approximately 90% of NHS activity takes place in primary care. This covers the full spectrum of family practice care, from checks on newborn babies to end of life care. As well as offering help in response to patients bringing health concerns, primary care has important roles in population health, for example through prevention of strokes in people with atrial fibrillation. Primary care clinicians also have a vital role in co-ordinating care, particularly for people with complex long-term conditions such as diabetes.

- 1.5 The CCG Primary Care Strategy currently under development recognises the importance of primary care, with the registered patient list as the foundation for co-ordinated care, as GP registered lists cover the vast majority of the population. In Somerset primary care is delivered by 75 GP practices spread across the county. Practices are independent contractors which means they are separate businesses, controlled by partnerships of GPs practicing together or singly. Within the Eastern South Somerset area, there are currently six GP practices which are located in Bruton, Castle Cary, Ilchester, Milborne Port, Queen Camel and Wincanton. The Strategy recognises the need to commission innovative models of general practice that help individuals and communities to take control of their own health and wellbeing.

## **2 DEMAND FOR PRIMARY CARE**

### **Population Growth**

- 2.1 However given the very high rates of GP retirement in the next five years, likely to be nearly 50% of the existing workforce in some areas of Somerset, robust action is required to secure access to primary care. This briefing describes the action plan being co-ordinated by the Clinical Commissioning Group to address this and population growth arising from new housing developments, which is adding to demand for primary care services.
- 2.2 Population growth leads to increased demand for primary care services. The population of Somerset is forecast to increase from 535,000 in 2012 to 610,000 by 2033. Population growth information is only available at District level. However, while the population of the South Somerset District is predicted to rise from 164,500 in 2014 to 170,000 by 2020 and to 180,000 by 2033 (14%), Sedgemoor and Taunton Deane Districts are predicted to see greater percentage growth of 18% and 16% respectively.
- 2.3 The Somerset population is changing. It is ageing much more rapidly than the national average. In the table below, the thin lines show the Somerset population age profile in 1961 and the bold lines show the projected population profile in 2033. This is a tribute to the gains achieved through medical science and public health interventions. However, while people in Somerset are living longer, the proportion of people living with multiple long term conditions is increasing.



### Somerset Population Growth

- 2.4 Each District can expect to see a significant increase in the numbers of people over 65 by 2037 and in most cases it is over 50%. In South Somerset, the number of people over 65 is predicted to increase by 61,000 in this period; a 64% increase.

### Housing Growth and Delivery

- 2.5 The adopted South Somerset Local Plan proposes at least 1,700 dwellings to be delivered between 2006 and 2028. The following table identifies the requirements for each settlement, alongside the housing completions to 2015; 50% of the requirement has been delivered in the first nine years of the plan.
- 2.6 Following the approval of the latest five-year housing plan in September 2015, SSDC concluded a housing land supply of four years and four months. The absence of a five year housing supply plan leaves uncertainty about how much housing will be built and the risk of land development where it is not required.

Settlement	Housing (Dwellings)		
	Total Requirement (2006 – 28)	Completions (2006 – 15)	Remainder (2015 – 28)
Wincanton	703	533	170
Ansford/Castle Cary	374	59	315
Bruton	203	103	100
Ilchester	141	1	140
Milborne Port	279	165	114
<b>TOTAL</b>	<b>1700</b>	<b>861</b>	<b>839</b>

Note: Queen Camel is included within a 'Rural Settlements' figure and separate date is not available

### Supply of Primary Care in the Eastern Part of South Somerset and Current Access

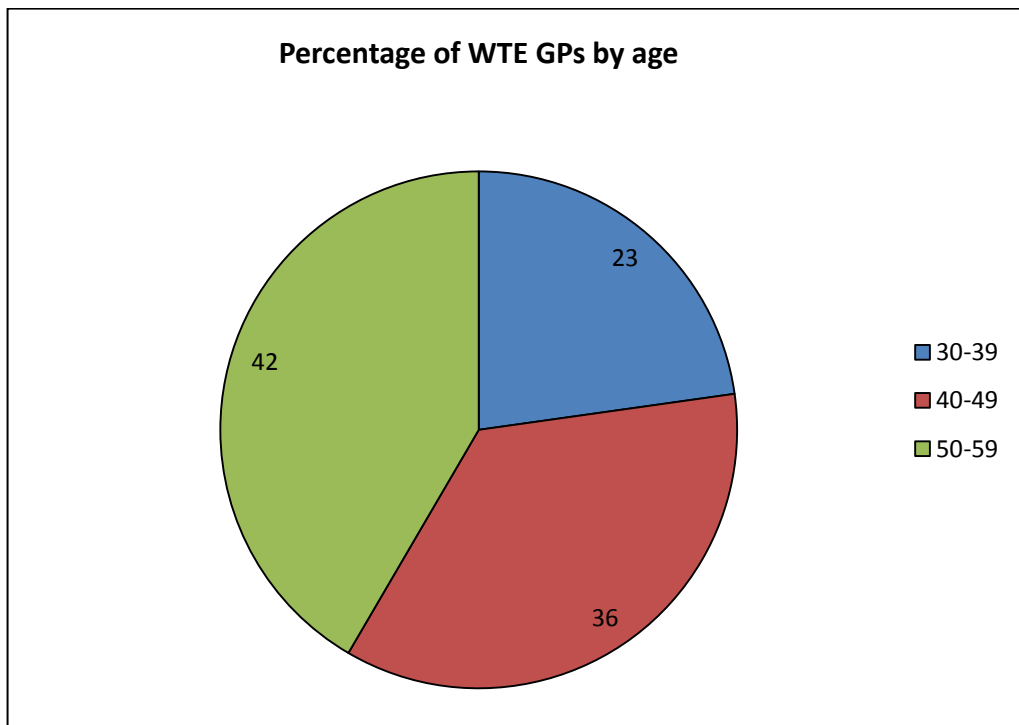
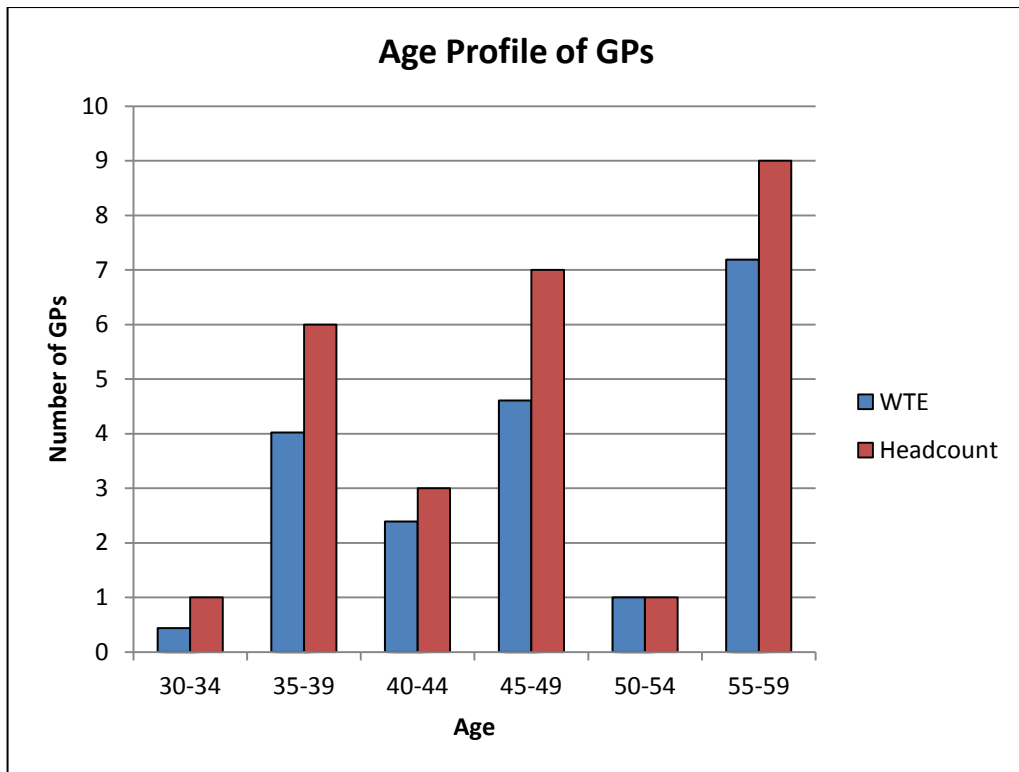
- 2.7 There are six GP practices within the Eastern South Somerset area, located in Bruton, Castle Cary, Ilchester, Milborne Port, Queen Camel and Wincanton.

### Numbers of GPs and Potential Impact of Retirement

- 2.8 The following table and graphs indicate the range of estimated numbers of patients to whole time equivalent GP and the age profile of GPs.

Federation	GPs WTE	GPs Headcount	Number of patients	No. of patients per WTE	Change in number of patients per WTE between 31/12/14 and 30/06/15
Milborne Port Surgery	4.47	6	5638	1261	10
Millbrook Surgery	2.25	3	4832	2148	404
Queen Camel Health Centre	3.25	4	5560	1711	8
The Bruton Surgery	3.69	5	5945	1611	-155
The Wincanton Health Centre	3.38	5	8635	2555	141
The Ilchester Surgery	2.61	4	3367	1290	42
<b>Total</b>	<b>19.65</b>	<b>27</b>	<b>33977</b>	<b>1729</b>	<b>46</b>
<b>South Somerset Total</b>	<b>67.76</b>	<b>95</b>	<b>122724</b>	<b>1811</b>	<b>76</b>
<b>Somerset Total</b>	<b>318</b>	<b>413</b>	<b>559222</b>	<b>1758</b>	<b>69</b>

Note: the WTE figures are likely to be inaccurate and provide an indication only. Headcount is more accurate.



2.9 If the GPs retire at 59 (national median retirement age) and based on headcount, potentially 9 of the current 27 GPs within the practices, could retire in the next five years, equating to 33% of the existing resource.

GP Practice	Headcount GPs by working 2020 if all retire at 59	Headcount GPs retired in 2020 if all retire at 59	Grand Total	% Headcount predicted to retire by 2020 (if retirement age is 59)
Milborne Port Surgery	4	2	6	33%
Millbrook Surgery	3		3	0%
Queen Camel Health Centre	1	3	4	75%
The Bruton Surgery	4	1	5	20%
The Health Centre	4	1	5	20%
The Ilchester Surgery	2	2	4	50%
<b>Grand Total</b>	<b>18</b>	<b>9</b>	<b>27</b>	<b>33%</b>

2.10 However, the following table illustrates that of GP leavers in the selected practices, in the last 3.66 years, more left before reaching 59 years of age than at or after.

Age band	Headcount
30-34	3
35-39	2
40-44	2
45-49	1
50-54	1
55-59	2
60-64	2
65-69	2
<b>Grand Total</b>	<b>15</b>

2.11 During the past 3.66 years, four more GPs left than started within the selected practices.

Calculated by	Starters	Leavers	Deficit
WTE	6.32	10.62	4.3
Headcount	11	15	4

2.12 With an absence of GPs available for recruitment, a lack of locums and a reluctance among sessional GPs to take on full time positions, the GP workforce position is already proving challenging for a number of Somerset practices, with the risk of contract resignation and the potential for practice mergers.

## **Access**

- 2.13 Nationally there is a mismatch of demand and supply, which we are determined to overcome in Somerset. Traditionally, the NHS has provided rapid access to primary care compared with many other health systems, where it is usual to wait for much longer for an appointment. However, there is no doubt that three factors are leading to increased waits for appointments. These are:
- Increased demand per patient – the average number of consultations per patient per year doubled between 2004 and 2014
  - Increased numbers of patients – due to rising population
  - Reducing numbers of primary care clinicians
- 2.14 Access to primary care is now only measured through the national GP patient survey, following the retirement of the 48 hour access target in 2010. The latest results show that patients in Somerset and the eastern part of South Somerset rate access primary care appointments as good overall relative to other areas in the country, although there is diversity among practices.
- 2.15 In the July 2015 patient survey, 89% of respondents across Somerset, said that they could get an appointment last time they wanted one, an improvement from 88% in July 2014 and better than the national average of 85%. For the six practices, this figure was 91% in July 2015.
- 2.16 However the percentage of Somerset respondents rating their overall experience of making an appointment as good or very good reduced from 81% in July 2014 to 79% in July 2015. This is still significantly above the national average of 73%. For the six practices, this figure was 92% in July 2015. Further access information is included at Appendix B and the reported ease of getting through to someone on the phone and the helpfulness of receptionists at the six practices is notable.
- 2.17 Yeovil Health Centre opened in August 2009 and provides a service for registered patients and a walk-in service for unregistered patients. The Health Centre is open from 8 am – 8 pm, 365 days a year to any member of the public, regardless of which GP surgery they are registered with.
- 2.18 The total number of registered patients at the Health Centre at the end of October 2015 was 5309 and there is an average demand of 1700 to 2000 walk in appointments per month.

## **Premises Development**

- 2.19 Primary care premises in Somerset are generally good quality, following a £8m investment programme by the former Somerset Primary Care Trust (PCT) between 2008-13. The PCT invested in new surgeries in Milborne Port, Castle Cary, Wincanton during this period while Queen Camel's new

surgery was built around ten years ago, under the former South Somerset PCT.

- 2.20 However it is recognised that there are still some premises which require refurbishment, extension or replacement.
- 2.21 This year, Millbrook Practice, Castle Cary, has received funding to improve space through internal reconfiguration, while Bruton and Ilchester practices have received funding to support pre-project costs for the development of proposals for new premises. While there is no final commitment from NHS England at this stage, it does enable the practices to continue the momentum.

### **3 OUR ACTION PLAN**

- 3.1 Somerset CCG will seek to stabilise and improve access to primary care. However this will lead to changes in the way primary care is delivered, including primary care services being delivered by a range of different professionals and across larger geographies. A programme of public engagement will be required to inform Somerset residents of these proposed changes and what it may mean for them.

#### **GP Workforce Programme**

- 3.2 The Clinical Commissioning Group commissioned a piece of work to provide clear information on the scale of the workforce challenge and set out both early priorities and long-term actions required, to stabilise and improve the situation. The workforce data provided within this report has been drawn from this work. The report also provides a number of proposals covering Leadership and Culture, Design, Recruitment and Retention and Education, including consideration of the central hosting of back office functions, exploring options for retaining potential GP retirees, developing a joint recruitment strategy, exploring future models of provision and engaging with patient groups to help them understand the challenges and engage with redesigning primary care models.
- 3.3 The CCG is, in conjunction with partners including NHS England and Health Education England, leading work to deal with the challenges. Key actions include:
- Delivery of the Primary Care Workforce Sustainability Proposals
  - New investment of £5m in primary care in Somerset over a 5 year period, linked to increased clinical workforce and better access for patients, subject to NHS England financial allocation to the CCG.
  - The employment of a Primary Care Strategy Implementation Manager to lead on workforce planning
  - Funding to support practices to develop collaborative services, including shared clinical staff
  - The employment of a Practice Nurse lead to specifically drive forward the development of the practice nursing workforce



- Developing a shared approach to attracting clinical staff to Somerset
- Exploring options to keep retiring GPs in the workforce for longer
- Exploring new models of primary care delivery including the use of pharmacists in clinical roles and IT innovations such as web-based care

3.4 It is clear there will not be enough GPs to sustain the current model of primary care so the development of skill mix within practices, is the key building block of our plan. Patients will learn to talk about 'going to see the primary care team' rather than 'going to see the doctor'. Several initiatives are already taking shape. The Symphony Care Hub joint venture between Yeovil District Hospital and South Somerset GP practices, is a new way of supporting local people to get the most out of health and care services, with that support not only provided by doctors, but by other healthcare professionals and non-clinicians, for example nurses, allied health professionals and key workers.

### **Premises Development**

3.5 In addition, significant population growth will require additional primary care resource. In order to plan for this, the CCG is developing a Local Estates Strategy (LES). This will set out the priorities for premises developments to meet the needs of the growing population. While it is recognised that some new premises may be needed, extensions to current are more attractive to the CCG and NHS England, because of the costs and limited funds available. As noted above, the exceptions may be Ilchester and Bruton but no final commitment can be given until the LES reports and the NHS GP Transformation Fund process is agreed for 2016/17.

3.6 Over the course of the period 2015-2020 the CCG is likely to take back responsibility for primary care premises from NHS England. We will seek to invest in premises development where required in order to improve access for patients.

### **Links with the Voluntary Sector and Other Developments**

3.7 Somerset CCG recognises the value of partnership between GP practices and the wider volunteer and community sector and is keen to support innovation and development in this area.

3.8 Somerset CCG has developed a web based resource "Somerset Choices"<sup>1</sup> in collaboration with Somerset County Council. The web site provides details of local services and information to help people help themselves stay independent, healthy and well. It helps to put people in control of their care and wellbeing and gives them more choice when it comes to who provides their care and support.

---

<sup>1</sup> <https://www.somersetchoices.org.uk/>

3.9 We are also testing new models of care as evidence shows that in the region of 25% of people do not have the skills and knowledge to make the best decisions when accessing health care. The Symphony Project in South Somerset is focussing on a new model of health service provision for people with three or more specific long-term conditions, linking people to community self-help groups where appropriate.

## Two year commissioning plan on a page 2015-17

### Our Vision

"People in Somerset will be encouraged to stay healthy and well through a focus on: building support for people in our local communities and neighborhoods: supporting healthy lifestyle choices to be the easier choices: supporting people to self-care and be actively engaged in managing their condition. When people need to access care or support this will be through joined up health, social care and wellbeing services. The result will be a healthier population with access to high quality care that is affordable and sustainable."

### Health & Wellbeing Strategy:

- People, families and communities take responsibility for their own health and wellbeing
- Families and communities are thriving and resilient
- Somerset people are able to live independently

### Four key themes within Somerset CCG's Five Year Strategic Plan

1. Encouraging communities and individuals to take more control of and responsibility for their own health and well being
2. Developing joined up, person centred care
3. Transforming the effectiveness and efficiency of urgent and acute care across all services
4. Sustaining and continuously improve the quality of all services

### New Ways of Commissioning

Whole system change and transformation will be supported through:

- Primary Care co commissioning
- Better Care Fund – working with Somerset County Council
- Vanguard programme – Test and Learn Pilots
- Four Local Implementation Groups
- Development of outcomes based commissioning approach
- Supporting collaboration between primary, community, secondary and social care
- Working with communities and voluntary organisations

### Six Key Work Programmes: Key elements of the six key work programmes being taken forward in 2015/17:

#### 1. Collaborative working

Will include the following:

- Personalised care planning – house of care
- Helping people connect with others – Somerset Choices
- Integrated Personal Commissioning – personal health budgets
- Tele-health
- New models of care – test and learn pilots
- Primary Care Collaborative schemes
- Working together with Public Health & active member of Somerset Health & Wellbeing Board

#### 2. Community Services

Will include the following:

- Strengthening out of hospital services
  - Early Supported Discharge
  - Ambulatory care
  - Chronic Obstructive Pulmonary Disease
  - Bone health & falls
  - Early diagnosis of cancer
  - Mental health and LD services ( parity of esteem)
  - CAMHS
  - Eating Disorders
  - GP enhanced services
- Redevelopment of hospital based community services

#### 3. Urgent and Emergency Care

Will include the following:

- Seven day working
- Ambulatory emergency care
- Escalation planning
- Operational resilience and capacity plans
- 111/GP OOH services – transfer to new provider
- Acute elderly assessment units
- Reducing delayed transfers of care

#### 4. Acute Services

Will include the following:

- Weston Trust acquisition
- Yeovil District Hospital integrated care system
- Clinical Pathways: Emergency Surgery Paediatrics
- Improved access
- Resilience and sustainability

#### 5. Elective care

Will include the following:

- Dermatology pathway (including tele- dermatology)
- Ophthalmology pathway
- Orthopaedic pathway
- Demand management
- Reduction in variation

#### 6. Quality and Patient experience

Will include the following:

- Listening to the experiences of patients, carers and their families
- Quality impact assessments
- Sign up to safety programme
- Clinical harm reviews including sepsis and acute kidney injury
- Clinical harm reviews
- Workforce development for transformational change
- System workforce planning
- Continuing Health Care / Funded Nursing Care
- Medicines management – prescribing and support
- Maternity services
- 6 C's for Compassionate Care

#### Outcomes

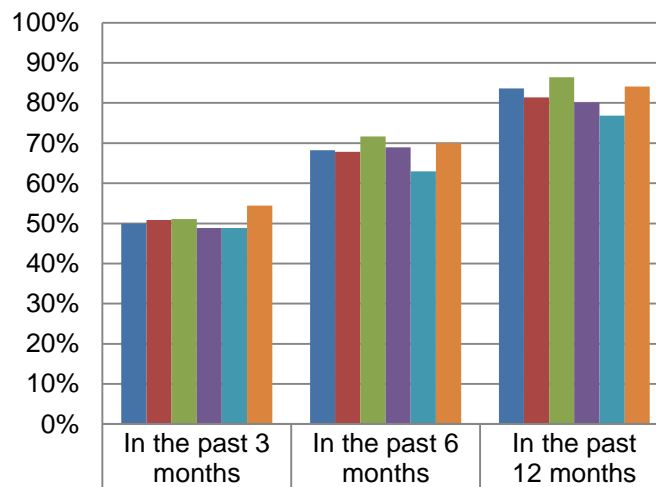
- Improved outcomes and care closer to home for patients
- Collaborative working across Somerset
- Delivery of NHS Constitutional rights and pledges for service users
- Achieving financial balance
- Delivery of transformation savings and improved value for money
- Development of new models of care and contracting mechanisms
- Promotion of clinical innovation and research

**Technology enabled change:** We aim to lead with the use of technology to improve the health and to use information technology to support self-care, just as it is already doing in many peoples' daily lives.

**What the system will look like by 2017:** Over the next two years: Our emphasis will be on reducing lifestyle related disease – prevention and not just treatment, and supporting patients to self-care (particularly for people with long term conditions). People will see more joined up care and services, designed around their own needs and wishes to ensure better outcomes and experience. More care will be delivered in their community - closer to home via GP surgery/ community hospital / community based services. People go to district hospital for treatment that can't be delivered in the community.

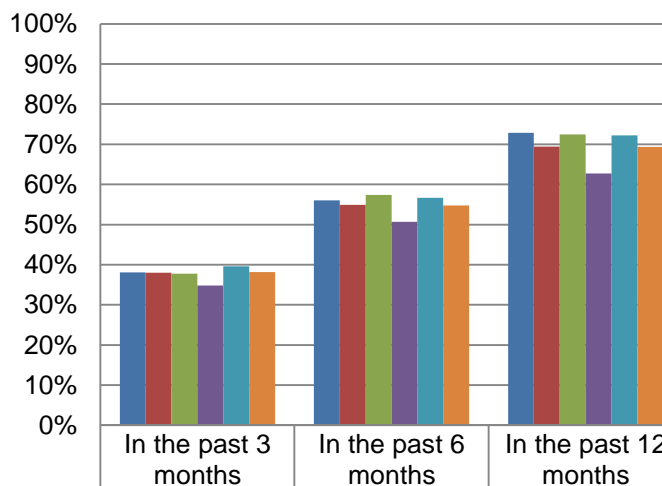
GP PATIENT SURVEY JULY 2015

**Q1. Last Seen or Spoken to a GP**



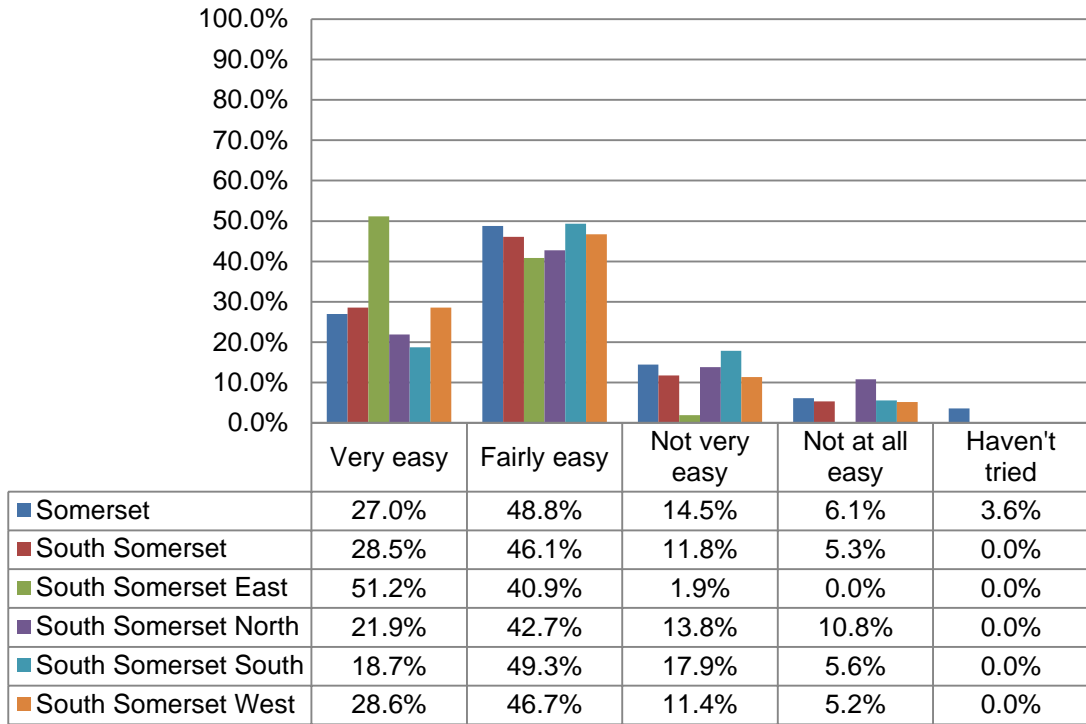
■ Somerset	50%	68%	84%
■ South Somerset	51%	68%	81%
■ South Somerset East	51%	72%	86%
■ South Somerset North	49%	69%	80%
■ South Somerset South	49%	63%	77%
■ South Somerset West	54%	70%	84%

**Q2. Last Seen or Spoken to a Nurse**

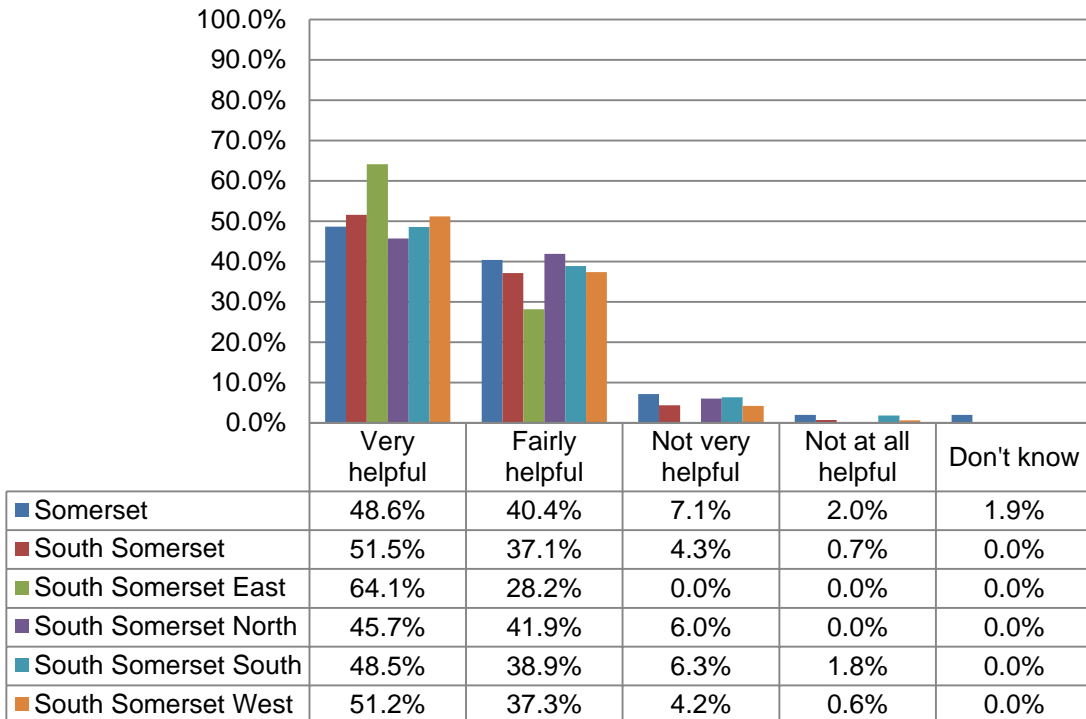


■ Somerset	38%	56%	73%
■ South Somerset	38%	55%	69%
■ South Somerset East	38%	57%	72%
■ South Somerset North	35%	51%	63%
■ South Somerset South	40%	57%	72%
■ South Somerset West	38%	55%	69%

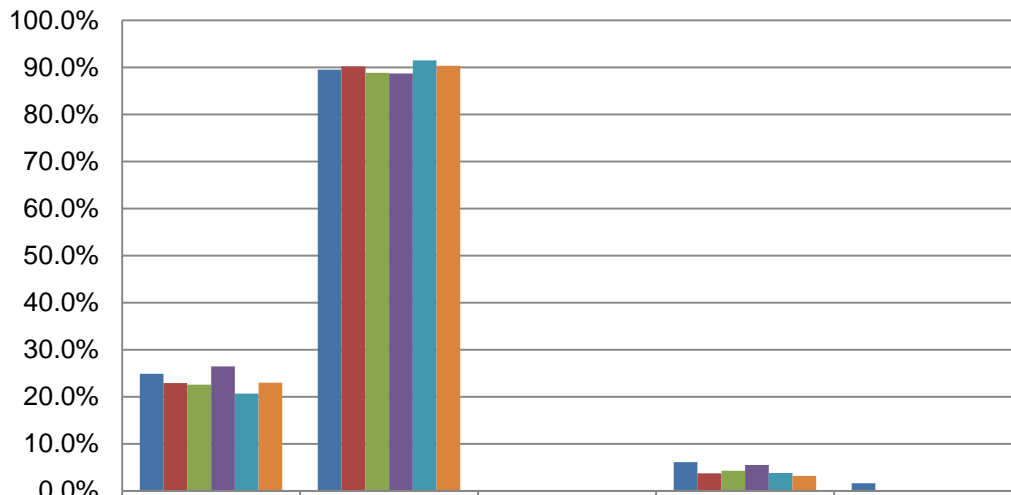
### Q3. Ease of getting through to someone at GP surgery on the phone



### Q4. Helpfulness of receptionists at GP surgery

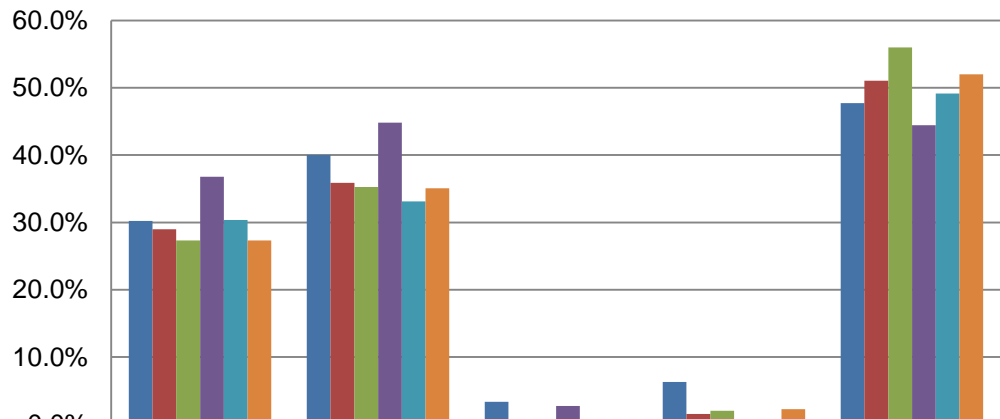


### Q5. How normally book appointments to see a GP or nurse



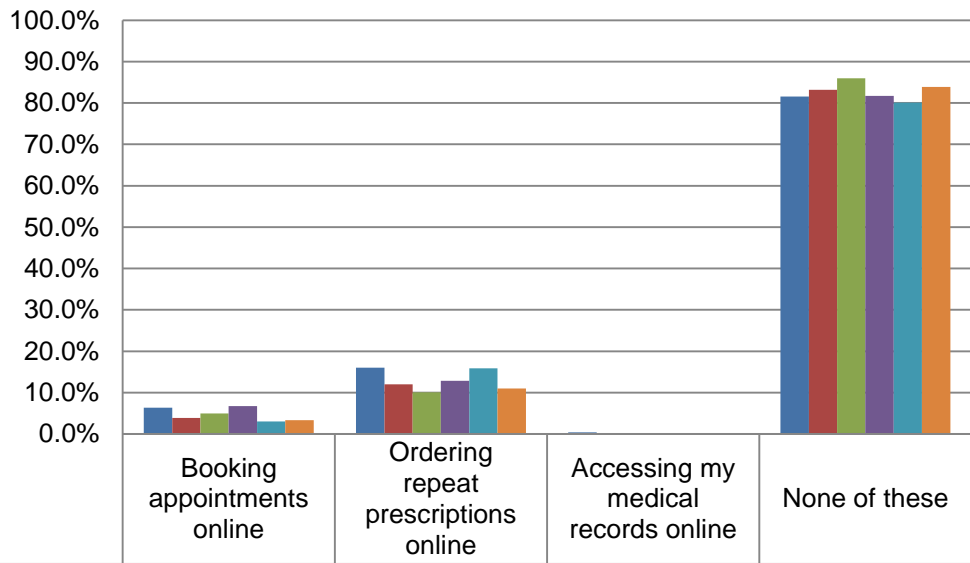
	In person	By phone	By fax machine	Online	Doesn't apply
■ Somerset	24.9%	89.5%	0.0%	6.1%	1.6%
■ South Somerset	22.9%	90.2%	0.0%	3.7%	0.0%
■ South Somerset East	22.5%	88.8%	0.0%	4.2%	0.0%
■ South Somerset North	26.4%	88.7%	0.0%	5.5%	0.0%
■ South Somerset South	20.7%	91.4%	0.0%	3.8%	0.0%
■ South Somerset West	23.0%	90.4%	0.0%	3.2%	0.0%

### Q6. Awareness of online services



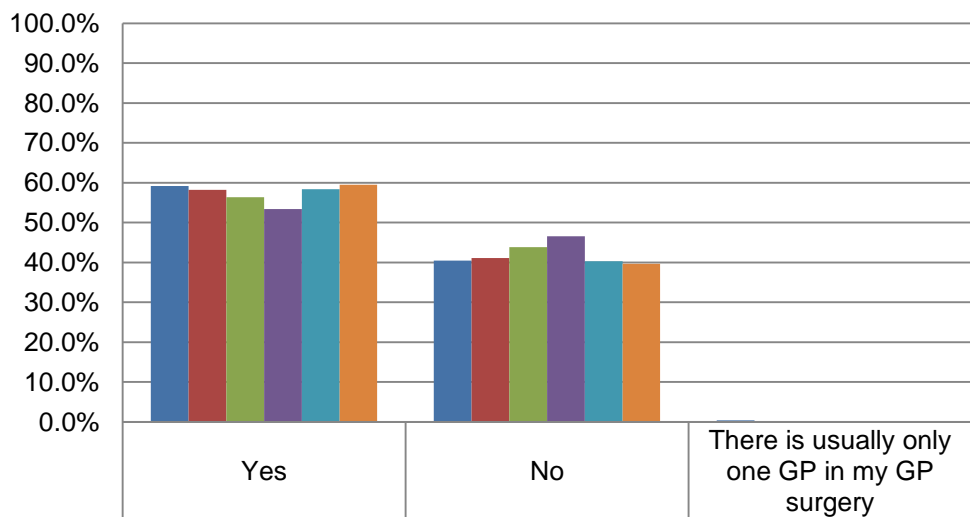
	Booking appointments online	Ordering repeat prescriptions online	Accessing my medical records online	None of these	Don't know
■ Somerset	30.2%	40.0%	3.3%	6.3%	47.7%
■ South Somerset	29.0%	35.9%	0.6%	1.5%	51.0%
■ South Somerset East	27.3%	35.3%	0.0%	2.0%	56.0%
■ South Somerset North	36.8%	44.8%	2.7%	0.0%	44.4%
■ South Somerset South	30.3%	33.1%	0.0%	0.0%	49.2%
■ South Somerset West	27.3%	35.1%	0.5%	2.2%	52.0%

### Q7. Use of online services



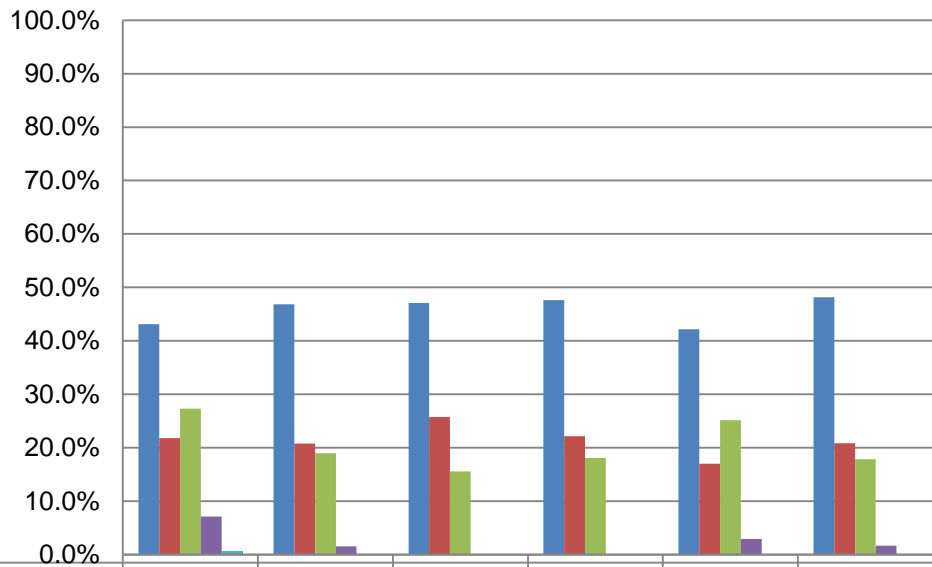
	Booking appointments online	Ordering repeat prescriptions online	Accessing my medical records online	None of these
■ Somerset	6.4%	16.0%	0.4%	81.6%
■ South Somerset	3.9%	12.0%	0.0%	83.2%
■ South Somerset East	4.9%	10.1%	0.0%	86.0%
■ South Somerset North	6.7%	12.9%	0.0%	81.7%
■ South Somerset South	3.0%	15.9%	0.0%	80.1%
■ South Somerset West	3.3%	11.0%	0.0%	83.9%

### Q8. Have a preferred GP



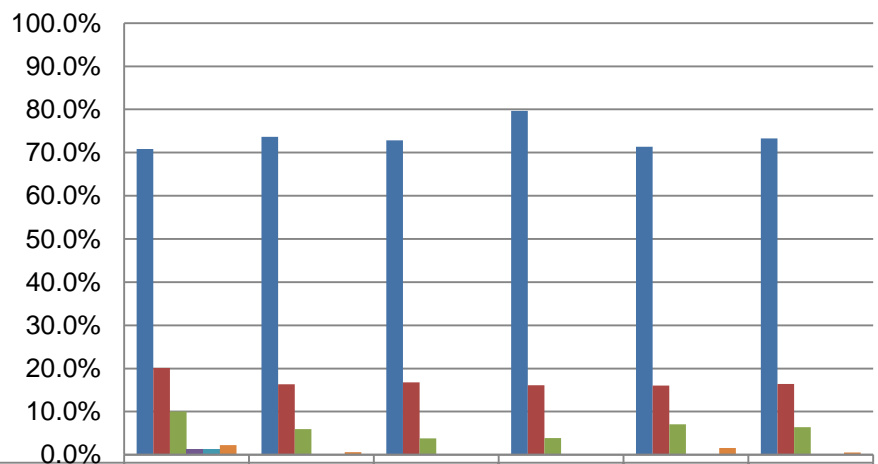
	Yes	No	There is usually only one GP in my GP surgery
■ Somerset	59.2%	40.5%	0.4%
■ South Somerset	58.2%	41.1%	0.0%
■ South Somerset East	56.4%	43.8%	0.0%
■ South Somerset North	53.4%	46.6%	0.0%
■ South Somerset South	58.4%	40.3%	0.0%
■ South Somerset West	59.5%	39.7%	0.0%

### Q9. Frequency of seeing preferred GP



Always or almost always	43.1%	46.8%	47.1%	47.6%	42.1%	48.2%
A lot of the time	21.8%	20.8%	25.7%	22.1%	17.0%	20.8%
Some of the time	27.3%	19.0%	15.6%	18.1%	25.2%	17.8%
Never or almost never	7.1%	1.6%	0.0%	0.0%	2.9%	1.7%
Not tried at this GP surgery	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%

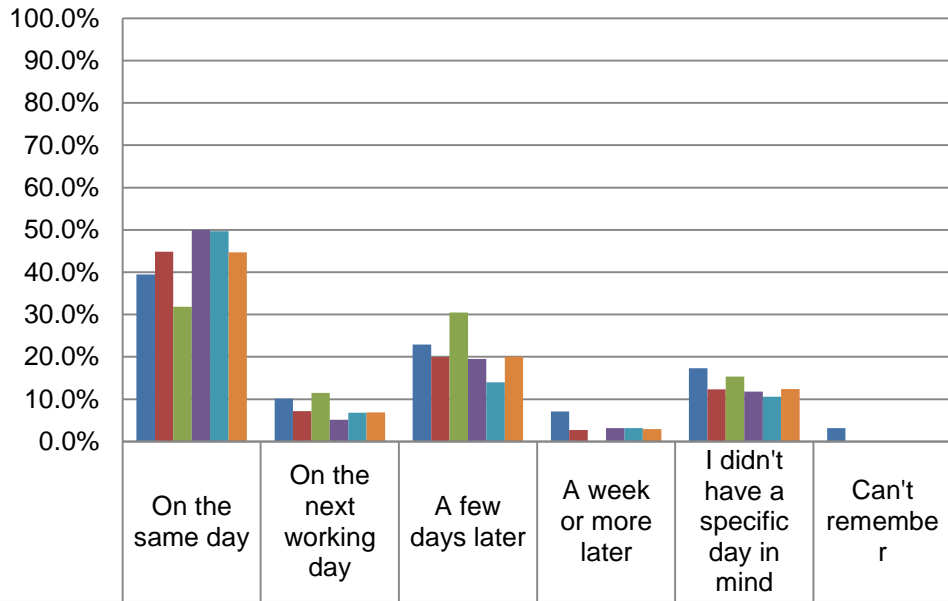
### Q10. Last time wanted to see/speak to GP or nurse: What did you want to do?



See a GP at the surgery	70.9%	73.6%	72.9%	79.7%	71.3%	73.3%
See a nurse at the surgery	20.1%	16.3%	16.8%	16.1%	16.1%	16.4%
Speak to a GP on the phone	10.0%	5.9%	3.8%	3.9%	7.1%	6.4%
Speak to a nurse on the phone	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Have someone visit me at my home	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%
I didn't mind / wasn't sure what I wanted	2.2%	0.6%	0.0%	0.0%	1.6%	0.5%

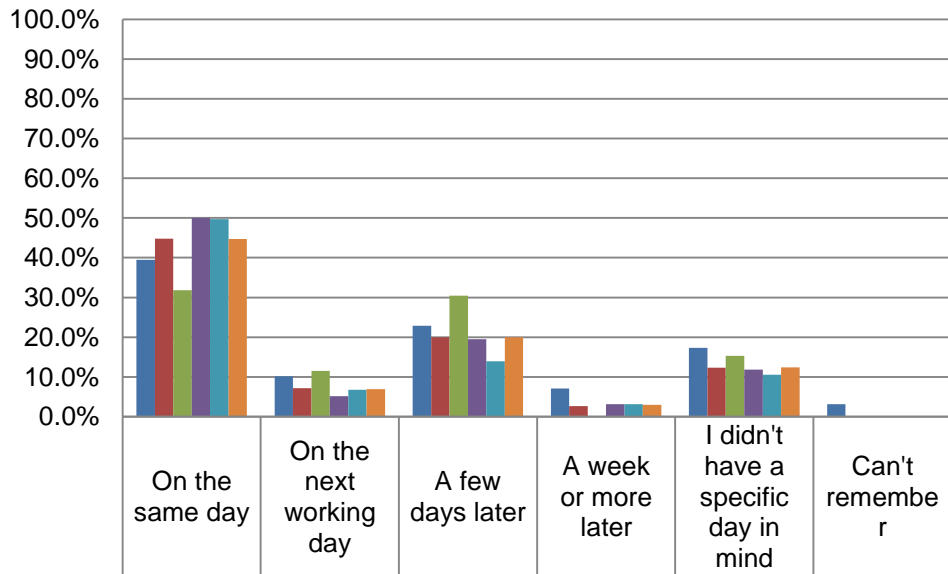


### Q11. When did you want to see or speak to them?



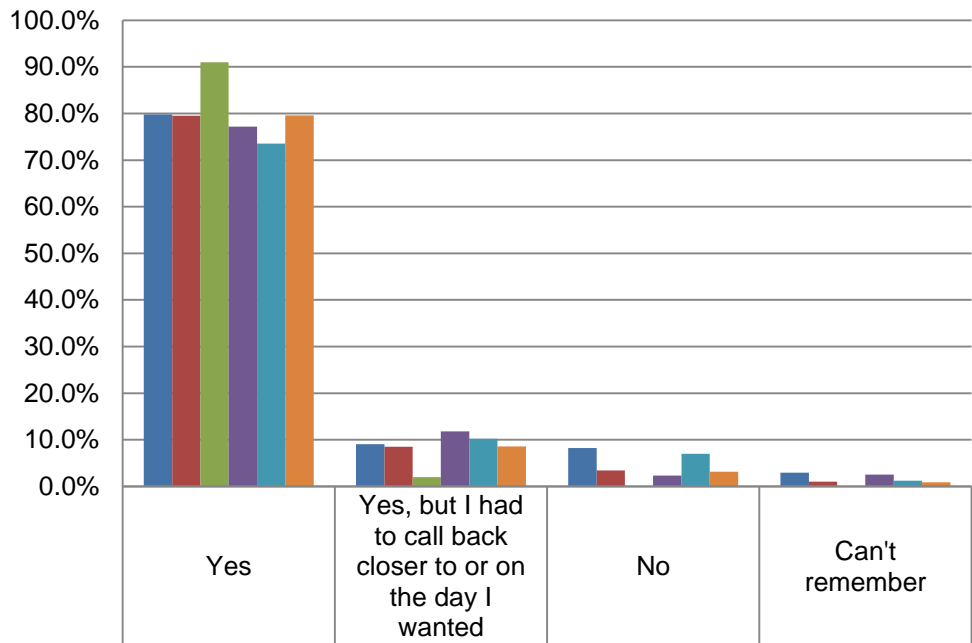
■ Somerset	39.4%	10.1%	22.9%	7.1%	17.3%	3.1%
■ South Somerset	44.8%	7.2%	20.0%	2.7%	12.3%	0.0%
■ South Somerset East	31.9%	11.5%	30.4%	0.0%	15.3%	0.0%
■ South Somerset North	50.0%	5.1%	19.5%	3.1%	11.8%	0.0%
■ South Somerset South	49.7%	6.8%	14.0%	3.2%	10.6%	0.0%
■ South Somerset West	44.7%	6.9%	20.0%	3.0%	12.4%	0.0%

### Q11. When did you want to see or speak to them?



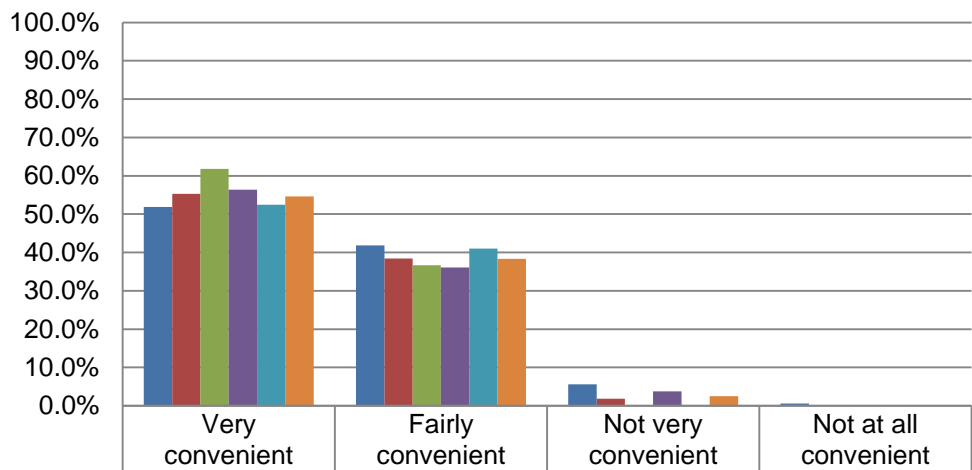
■ Somerset	39.4%	10.1%	22.9%	7.1%	17.3%	3.1%
■ South Somerset	44.8%	7.2%	20.0%	2.7%	12.3%	0.0%
■ South Somerset East	31.9%	11.5%	30.4%	0.0%	15.3%	0.0%
■ South Somerset North	50.0%	5.1%	19.5%	3.1%	11.8%	0.0%
■ South Somerset South	49.7%	6.8%	14.0%	3.2%	10.6%	0.0%
■ South Somerset West	44.7%	6.9%	20.0%	3.0%	12.4%	0.0%

### Q12. Able to get an appointment to see or speak to someone



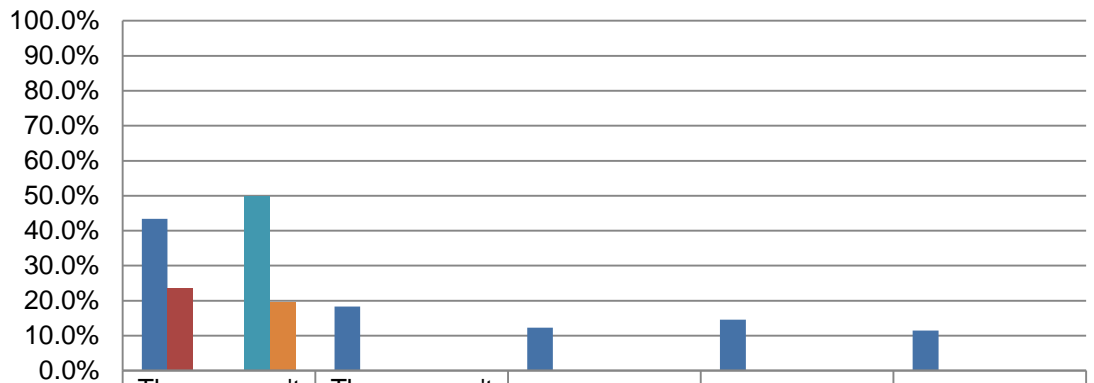
■ Somerset	79.8%	9.0%	8.2%	3.0%
■ South Somerset	79.5%	8.5%	3.4%	1.0%
■ South Somerset East	91.0%	2.0%	0.0%	0.0%
■ South Somerset North	77.2%	11.8%	2.4%	2.6%
■ South Somerset South	73.6%	10.2%	7.0%	1.2%
■ South Somerset West	79.6%	8.6%	3.2%	0.9%

### Q15. Convenience of appointment



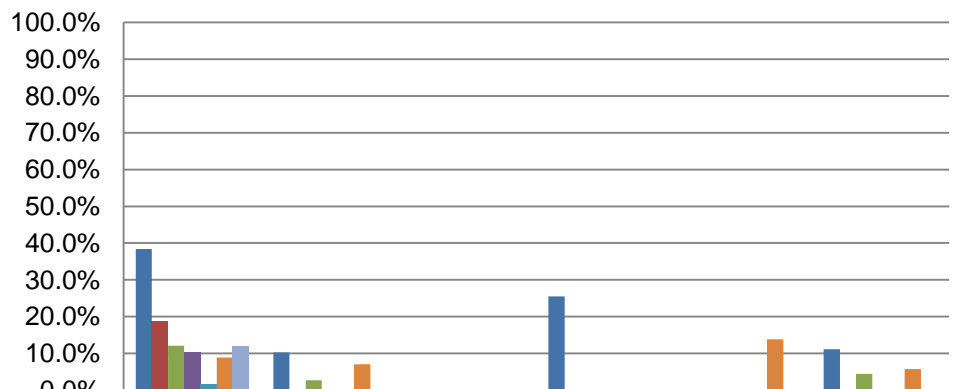
■ Somerset	51.9%	41.8%	5.7%	0.6%
■ South Somerset	55.3%	38.4%	1.9%	0.0%
■ South Somerset East	61.8%	36.7%	0.0%	0.0%
■ South Somerset North	56.4%	36.1%	3.8%	0.0%
■ South Somerset South	52.5%	41.0%	0.0%	0.0%
■ South Somerset West	54.6%	38.4%	2.5%	0.0%

**Q16. Reason for not being able to get an appointment / the appointment offered was inconvenient**



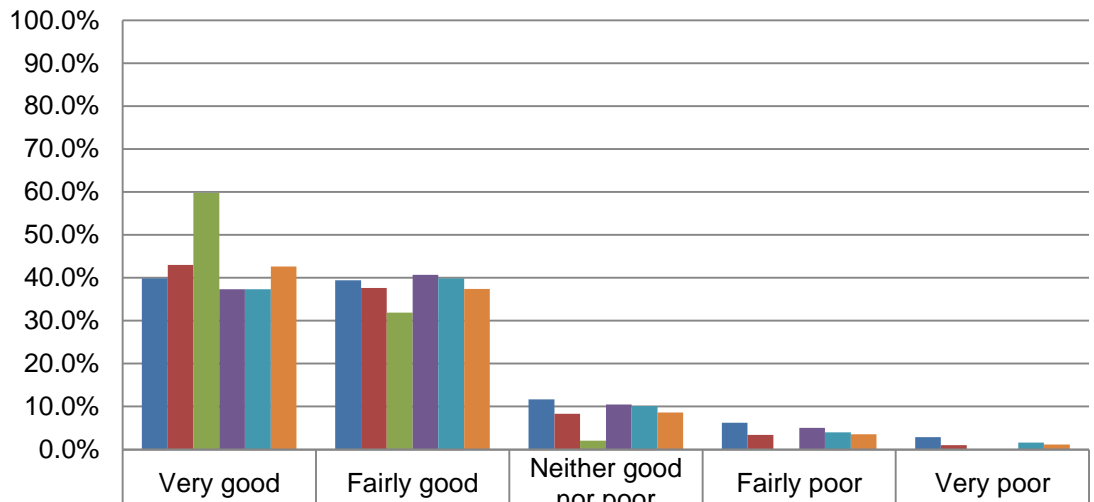
	There weren't any appointments for the day I wanted	There weren't any appointments for the time I wanted	I couldn't see my preferred GP	I couldn't book ahead at my GP surgery	Another reason
■ Somerset	43.4%	18.3%	12.3%	14.6%	11.5%
■ South Somerset	23.7%	0.0%	0.0%	0.0%	0.0%
■ South Somerset East	0.0%	0.0%	0.0%	0.0%	0.0%
■ South Somerset North	0.0%	0.0%	0.0%	0.0%	0.0%
■ South Somerset South	50.0%	0.0%	0.0%	0.0%	0.0%
■ South Somerset West	19.6%	0.0%	0.0%	0.0%	0.0%

**Q17. What did you do on that occasion?**



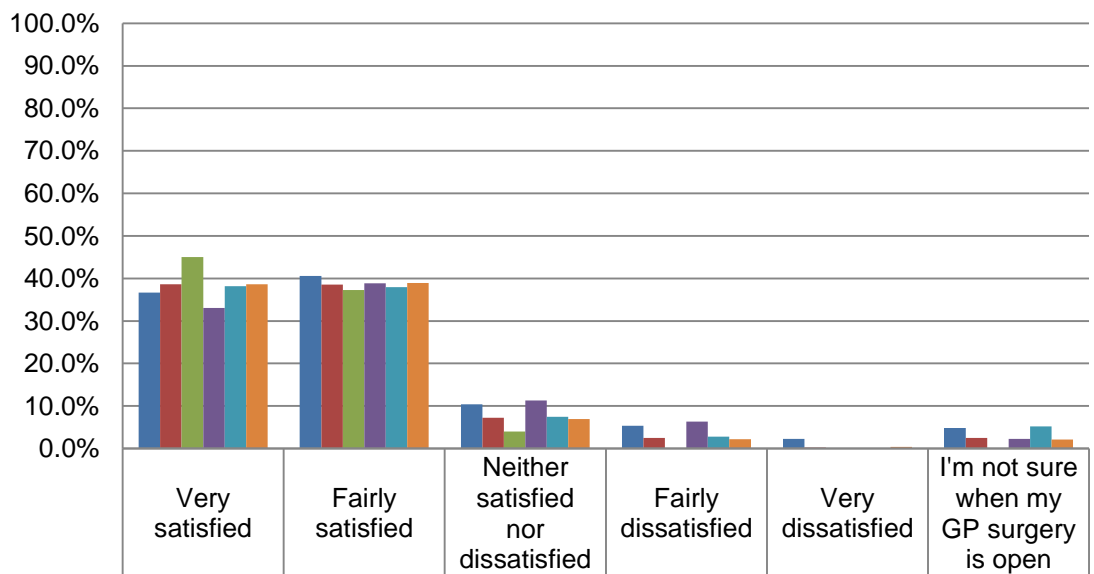
	Somerset	South Somerset	South Somerset East	South Somerset North	South Somerset South	South Somerset West
■ Went to the appointment I was offered	38.4%	10.3%	0.0%	25.5%	0.0%	11.2%
■ Got an appointment for a different day	18.8%	0.0%	0.0%	0.0%	0.0%	0.0%
■ Had a consultation over the phone	12.1%	2.7%	0.0%	0.0%	0.0%	4.5%
■ Went to A&E / a walk-in centre	10.2%	0.0%	0.0%	0.0%	0.0%	0.0%
■ Saw a pharmacist	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%
■ Decided to contact my surgery another time	8.9%	7.0%	0.0%	0.0%	13.8%	5.8%
■ Didn't see or speak to anyone	11.9%	0.0%	0.0%	0.0%	0.0%	0.0%

### Q18. Overall experience of making an appointment



■ Somerset	39.8%	39.4%	11.7%	6.2%	2.9%
■ South Somerset	43.0%	37.6%	8.4%	3.4%	1.0%
■ South Somerset East	59.8%	31.9%	2.0%	0.0%	0.0%
■ South Somerset North	37.4%	40.7%	10.5%	5.1%	0.0%
■ South Somerset South	37.3%	39.9%	10.1%	4.0%	1.6%
■ South Somerset West	42.6%	37.4%	8.6%	3.5%	1.2%

### Q25. Satisfaction with opening hours



■ Somerset	36.6%	40.6%	10.4%	5.3%	2.3%	4.8%
■ South Somerset	38.6%	38.6%	7.2%	2.5%	0.2%	2.5%
■ South Somerset East	45.0%	37.3%	4.0%	0.0%	0.0%	0.0%
■ South Somerset North	33.1%	38.8%	11.3%	6.3%	0.0%	2.3%
■ South Somerset South	38.2%	38.0%	7.5%	2.8%	0.0%	5.2%
■ South Somerset West	38.6%	39.0%	6.9%	2.2%	0.4%	2.1%