



# Staff and Patients Views on Access to GP-led Services: Interim Briefing

February 2022

**NHS**

**local healthwatch**  
working together

# Content

This is a collaborative project between Healthwatch in the South of England and the NHS

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# Introduction



# Introduction

Timely access to locally available clinical support when peoples' health needs have gone beyond the scope of self-care and community pharmacy is an essential part of maintaining individual wellbeing.

It is a key factor in levelling up and addressing the health disparities within our society. Access to GP-led services also impacts the capacity of, and need for, hospital-based care (such as A&E).

The COVID-19 pandemic has put a huge strain on the NHS and impacted how the public access health services.

Staff at GP practices have been working hard to deliver the vaccine programme and catch up on the backlog of treatments. General Practice has needed to follow NHS England operating standards, revised at different points of the pandemic (see *Timeline p10*).

Like many organisations, general practice needed to adapt quickly as our Country went into lockdown and respond to new ways of working such as offering video and telephone consultations. Some people have told us that these new ways of accessing GP services have worked well them, allowing them to save time and get the help they need, quickly. But for others it's been more difficult, time consuming and frustrating to access support when they need it.

The NHS provides care and treatment to people not commodities and as such our access to services may not be as prompt as we experience in other areas of life.

The media has recently been fuelling reports that GP practices have been closed during the pandemic, despite the fact that in Dec 21, **29.1 million** consultations were available, of which 3.9 million were covid vaccinations. This is 1 million and 40,000 more than the **24.16** million consultations available in Dec 2019



The additional funding provided by central Government is enabling practices to make changes as shown on page 26.

Similarly, there is a lot of media and national attention on the backlog of operations for hospitals and the need to reduce waiting lists, but we rarely see any mention of the impact this has on GP led services who are the first port of call for those people who are waiting for a procedure or operation.

Local Healthwatch have been listening to people's experiences of accessing GP led services and we have also been listening to the staff who have been working in GP practices through the pandemic.

When trying to improve and build better systems for patients and staff It is essential to listen to the voice and collaborate with those who use services and also those that provide them.



**Collaborating to get good  
outcomes for all**

# Collaborating to get good outcomes for all

**Local Healthwatch will always remain independent and impartial while working with partners to get things done.**

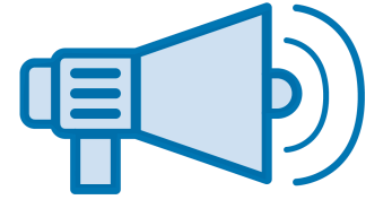
This project emerged because Healthwatch was receiving a high level of feedback from the public regarding primary care. Healthwatch managers met to discuss this emerging trend and decided that it was a sensitive issue that required a measured and balanced response.

We agreed that involving and understanding the way practices had been asked to respond and change during the pandemic was critical to establishing a conversation between practices and the people they support.

Early discussions with the NHS and other stakeholders showed that the best way to ensure success would be to establish a regional advisory/working group that would be made up of key stakeholders in primary care and beyond. This included: CQC, GP's, Practice Managers, Reception staff, Local Authority Scrutiny Officer, Commissioners, Integrated Care System communication staff and Healthwatch. A local advisory group was also set up on the Isle of Wight to gather the views of practice managers and members of GP Patient Participation Groups.



This level of partnership and collaboration, on this scale, was a new approach for us but one that was necessary to deliver on this important agenda.



The advisory group has supported the work and been instrumental in developing the staff and public surveys, communications, challenge and solution finding. Going forwards the advisory group will be key in defining and contributing to the next steps and ensuring that we identify constructive solutions to benefit both GP staff and also the people who use their services.

This way of working has been extremely successful, and has offered up considerable learning.

We are very proud of the fantastic work undertaken to date by the advisory group but also the Healthwatch teams and the collaborative work across the south of England.

The fact that we have had over 250 responses for the primary care staff survey, and over 7000 responses to the public survey, is testament to that.

We have developed **trusting and collaborative relationships** with primary care and the broader system partners that we can build on going forwards – this is **a great achievement**.





# Timeline of changes

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How GP-led services were asked to operate at different stages of the pandemic

## A GP Timeline of the COVID-19 Pandemic

March 2020	GPs are informed by NHS England that remote consultations are to be rolled out to the general public, with face to face consultations only available if absolutely necessary. Total triage was introduced (every patient contacting the practice is first triaged before booking a consultation. This was seen as important, for reducing avoidable footfall in practices, to protect patients and staff from the risk of infection.)
December 2020	First Covid-19 vaccine is administered in the UK.
May 2021	New Guidelines are given by NHS England reversing the need to 'total triage' and that 'all practice receptions should be open to patients' to minimise digital exclusions.
September 2021	Downing Street state 'the public rightly may choose to want to see their GP face to face – and GP practices should be making that facility available to their patients'.
December 21	GP practices were asked by the Government to prioritise covid vaccination/boosters and urgent consultations.



**What frontline staff shared**


# What frontline staff in GP surgeries shared



In November 2021, Healthwatch opened a survey for all staff in GP surgeries to ascertain their views on how their work has changed in the last 18 months. They were asked to share their thoughts on their surgery - the strengths and where there could be improvements. 267 people responded from a variety of job roles – 55% were non-clinical.

The emerging themes from this survey include a tired, overstretched workforce that are becoming frustrated with the public's demands and attitudes. There is a call for patient engagement to highlight the way in which triaging works and why this is necessary.

However, what is most striking is the pride the staff have with how they have delivered consultations to the public and the way in which they have adapted their working practices in the fast paced changes that the COVID-19 pandemic brought about.



**“I am very proud of the service the medical centre in which I work delivers to its patients but the continued increased pressure cannot be sustained and staff morale is at rock bottom, particularly as patients don’t seem to appreciate how swift a service we provide.”**

**(Non-clinical staff, 4+ years in service)**





# What patients shared



Thank you to the 7101 people across East Berkshire, Hampshire, Surrey, Isle of Wight, Sussex, Wiltshire and Wokingham who responded to our patient survey.

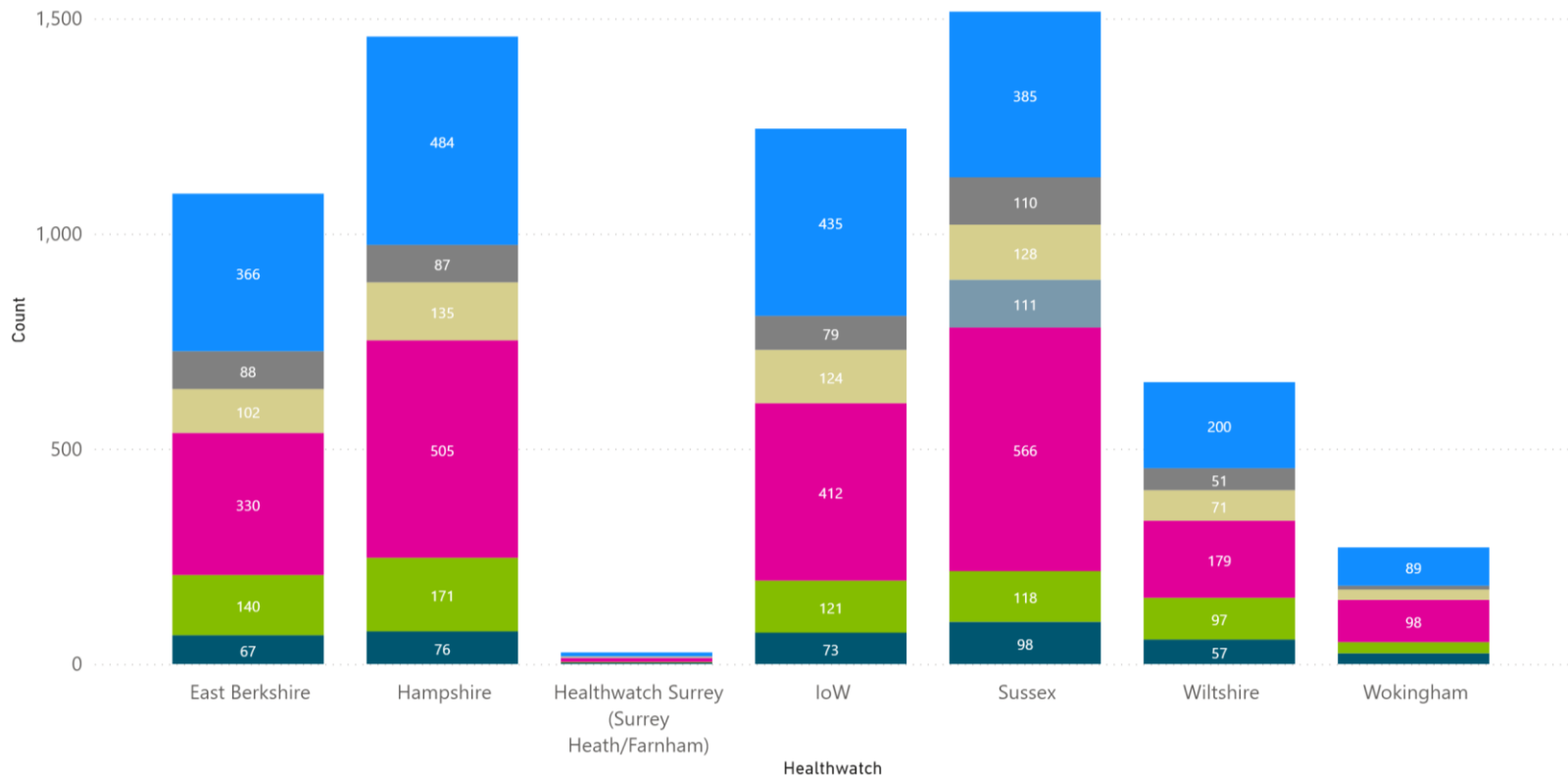
# What patients shared

## A quantitative analysis

- 48% of respondents said that their experience of getting an appointment/consultation was very easy, easy or average.
- 49% of respondents felt that they had a timely response from their practice.
- 48% of respondents felt that the increased use of IT (i.e. online platforms, NHS App) had made access more difficult.
- 55% of consultations were conducted over the telephone, with 30% face to face.

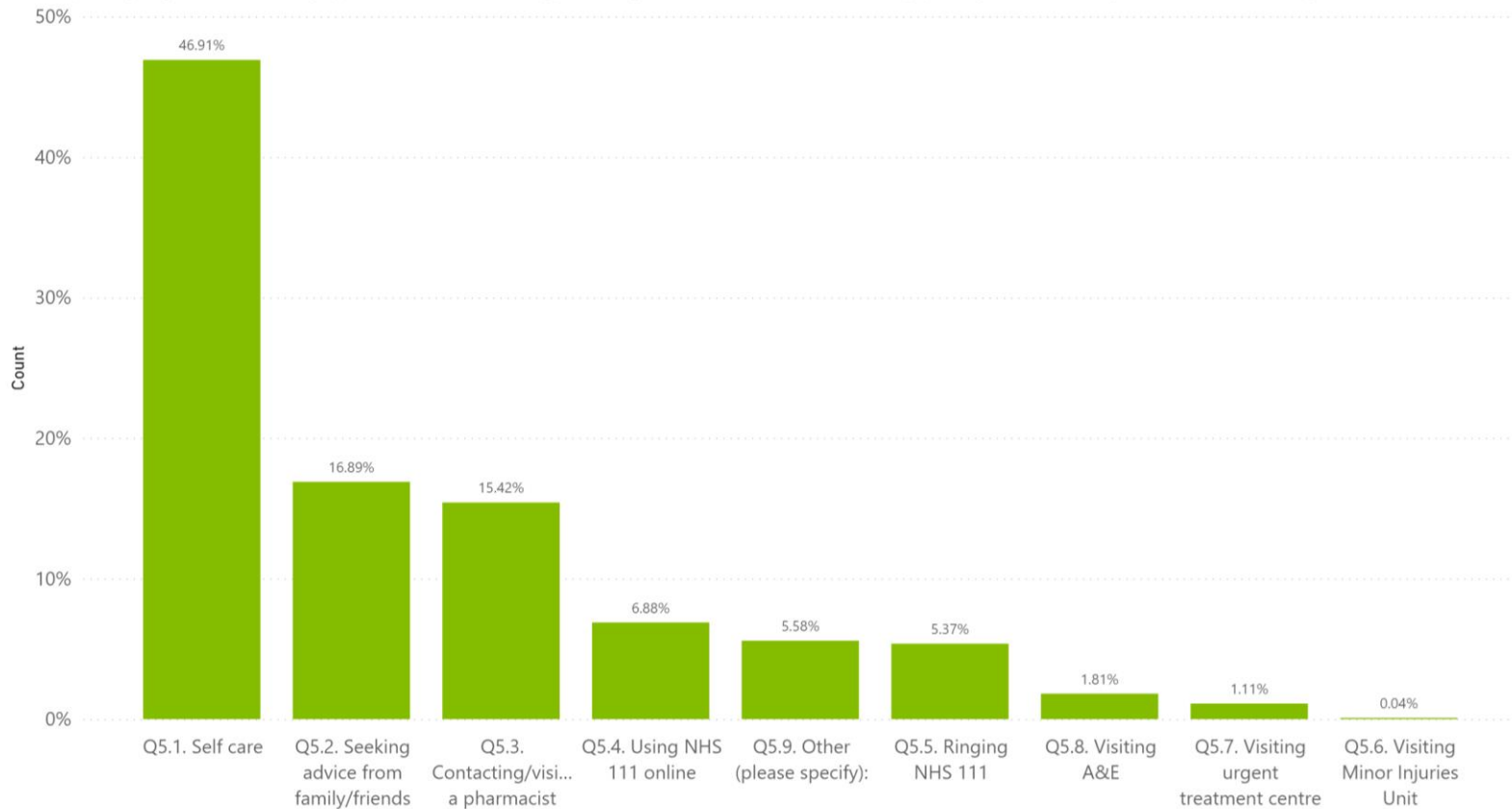
# Reasons for people contacting their GP practice

● Follow up appointment ● Medication review ● Non urgent health need ● Other (please specify): ● Routine appointment or check-up ● Test result consultation ● Urgent health need

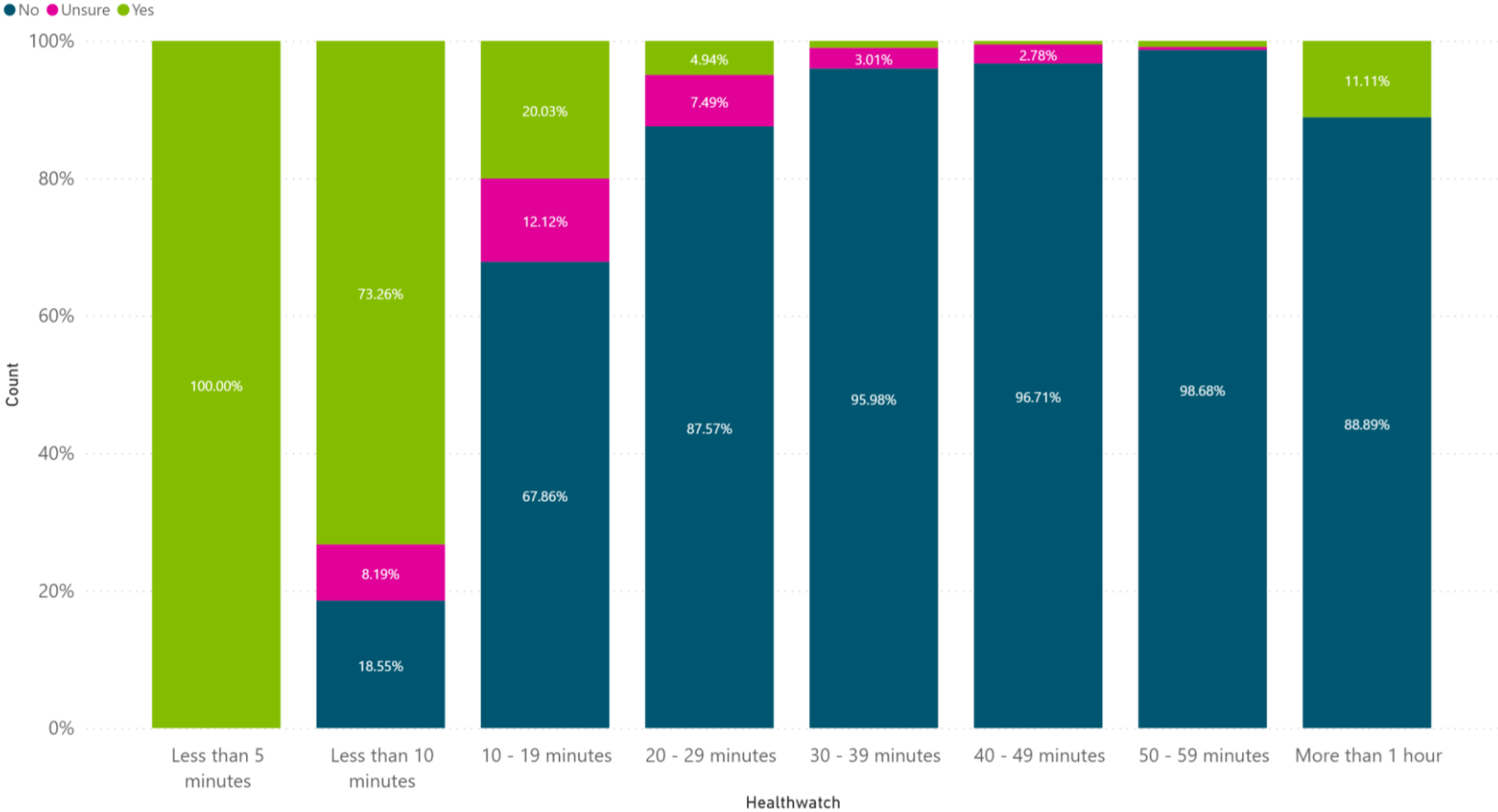




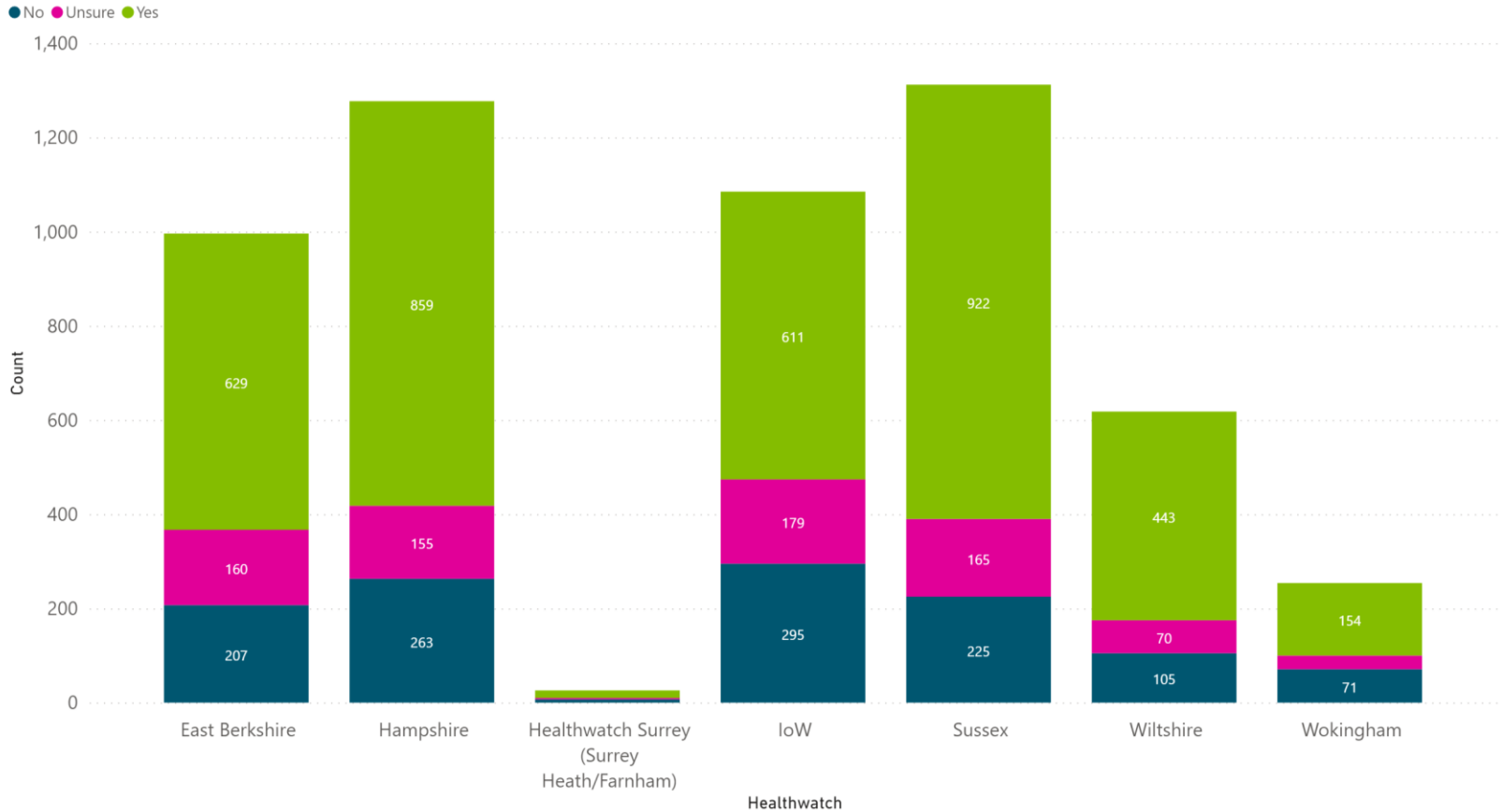
# Did you try any of the following options before contacting your GP practice?



# Are you satisfied with the length of time taken to answer your telephone call?



# Do you think you saw or had a consultation with the practice staff who was best placed to deal with your issue/concern?





# Snapshot of emerging themes



## Snapshot of emerging themes

- **Long Telephone Queues** – Large amount of feedback across all areas regarding the length of time it takes to get through to the surgery. Many commented that they had to try multiple times. The feeling of frustration can often be exacerbated by lengthy messages whilst on hold.
- **Availability of consultations** – For those attending surgeries offering only on the day consultations, they have commented that by the time they get through on the phone, all the allocation for the day had gone, and they are told to try again the next day.
- **Telephone consultations** – Mixed feedback with some preferring the immediacy and efficiency of telephone consultations, whilst others question the diagnostic effectiveness of them. Most respondents would prefer a more narrow time window for a call back in order to fit in with working and home pressures.

*“I was number 17 in the queue, waited over an hour and a half and did not get through . Tried again the next day and after half an hour got to speak to someone.”*

*(Resident of Isle of Wight)*



*"Phone call consultations don't make me feel reassured. I cannot see how a doctor can discuss a condition or make an informed decision as to what is wrong."*

*(Resident of West Sussex)*

## Snapshot of emerging themes

- **Online Services** – A mixed collection of responses from those who like the convenience of online services such as eConsult, to those who find it frustrating or impersonal. Digital exclusion for those who don't use the internet or for those who cannot get the system to work for them.
- **Triaging** – A varied understanding of the pressures of primary care and the way in which the triaging system that has been adopted works.
- **Staff Attitudes** - Whilst some people were sympathetic to the workload of GPs, others were frustrated at having to explain their issues to patient advisors during the triage process.
- **Face to Face consultations** – Concern that the lack of face to face consultations leads to an inferior service is a theme that resonates through the responses. Worry that telephone consultations are not adequate or that if they needed a face to face consultation, that it wouldn't be available.



## You said.....

*"As my practice do not offer set times for consultations but just say I will get a phone call before 6pm, I have not been able to speak to anyone. I am a teacher so can't just answer the phone and leave my class. However, if I have an consultation time, I can arrange someone to cover me so that I can take the call. The current system does not work for people like me and I have been unable to speak to a doctor."*  
(Resident of Wokingham)

*"The online and remote consultation element is a MUST NOT LOSE innovation. a potential lifesaver for those of us who work full time."* (Resident of West Sussex)


*"Since the Pandemic the Surgery has become, and continues to remain, remote."*  
(Resident of Wiltshire)






**What commissioners have shared**





**Case study – Frimley CCG/ICS supported local Healthwatch in the ICS footprint to review all primary care websites and telephone lines. The intelligence from this supported the CCG’s primary care workstream. Local Healthwatch utilised their knowledge from the review to make recommendations on a new CCG developed website template for use by local GP practices.**



# Case Study: Care Home Assessment Team

At Coastal Medical Partnership (a GP Practice in New Milton and Barton-on-Sea, South West Hampshire) we have set up our own “Care Home Assessment Team” known as “CHAT”. We have used our new investment through PCN ARR roles to employ new staff to provide increased specialist skills to support the large number of care and nursing home bed patients that we look after in our area.

We have the highest number of care home and nursing home beds in HIOW as a PCN. The team consists of a lead who is a Specialist Frailty Occupation Therapist Advanced Practitioner, a Frailty Nurse, a GP with a specialist interest in frailty, a Care Co-ordinator and a Frailty Paramedic Practitioner. There is additional Pharmacist and Pharmacy Technician input most days for the complex medication issues that patients in residential care tend to have. The team now take all requests for support from all of our homes (24 homes – approx. 700 beds/patients) on every weekday. They review every new resident and endeavour to work on an agreed care plan with the resident and their family. The team do regular “ward” rounds of all of the bigger homes as well as a remote check in each week with the smaller homes. This allows planned reviews and ongoing care (good continuity) as well as regular access for the care homes themselves to discuss their own concerns. Any patients that become acutely unwell have a medical team that can rapidly assess them, and the team can speak to Paramedics from the Ambulance services who have been called to residents. The Care Home Assessment Team also work closely with our Community Team including District Nurses and Therapists to ensure we reduce duplication of work and make sure the correct team member is seeing the correct patient.

# Outcome of Case Study

This has reduced workload on GPs – freeing us up to provide more routine GP appointments in our Surgeries, and improved quality of care for residents of care and nursing homes in our area. We are currently studying this to see if it reduces urgent hospital admissions both in hours and out of hours. We believe this is improving the quality of relationships Care Home Residents have with their GP Practices through improved continuity and clear access channels for their Care or Nursing Home. Anecdotally there has been excellent feedback from home and their residents as a result of this service model.

# NHS England 2022/23 Priorities for Primary Care

- 1. Invest in our workforce** – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling 7 | 2022/23 priorities and operational planning guidance substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
- 2. Respond to COVID-19 ever more effectively** – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
- 3. Improve timely access to primary care** – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level
- 4. Continue to develop our approach to population health management, prevent ill health and address health inequalities** – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
- 5. Exploit the potential of digital technologies** to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.



Next steps

# Next Steps

## We plan to follow up this interim update by

- Using this as the template for local reports for each of the participating areas – our aim is to have these ready for publication by the end of March 2022
- The local reports will be used to create a regional project report, including all of the rich learning from this collaboration.
- The regional report will bring together the results of each local report and will aim to be published in May 2022.
- Resources allowing, we'll use the insight from staff and patients to support practices with a communication toolkit that has been collaboratively designed.



# For more information you can speak to a local Healthwatch

Healthwatch Hampshire

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Healthwatch Isle of Wight

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Healthwatch West Sussex

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Healthwatch Wiltshire

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