West Yorkshire
Health and Care Partnership

healthwatch
working together in West Yorkshire

Healthwatch Report to System Oversight and Assurance Group (SOAG) – Primary care

August 2021

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Experiences of accessing of primary care

"The problem is lack of access to my GP. Getting an appointment is almost impossible and as a result I have been taken to hospital by ambulance twice, which could have easily been avoided had the medical practices been functioning as normal. Getting through to our surgery by telephone is almost impossible and the E-Consult form of contact is an arduous task to complete. Last time I attempted E-Consult, it took more than 3 hours to complete and on two separate occasions the response to my input was to take myself immediately to A&E, when I had only just been released a few days before." LS25/26 report, Healthwatch Leeds

Introduction: Why Is GP Access Important?

We have selected GP access as the focus for this paper for two reasons.

The first is that we know people consider their GP central to all their health and care needs[1] so, when access to primary care isn't easy, an essential gateway to care and treatment is closed.

The second reason is that we, as Healthwatch organisations across West Yorkshire, have consistently heard from people reporting difficulties making and staying in contact with their GP surgery as well as many examples of good practice. Variation of experience is a key theme and therefore no generalities can be made but this paper seeks to highlight where those

experiences are not working for people in terms of access, with inequalities being a particular strong focus of this.

This paper draws on various pieces of work done over the last 12 months to identify recurrent themes around GP access. These themes are:

1. Difficulties booking appointments
2. Digital exclusion
3. Difficulties navigating a health and care system under pressure

Theme 1: Booking appointments

One great source of frustration we consistently hear from some people is difficulties getting through to surgeries' phone lines. Sometimes when people finally get through to receptionists, they find that appointments are fully booked. Other times, phone lines simply cut off after a while on hold.[2]

"Actually getting through to the surgery. One morning I was in a queue of 20+"[3]"Getting through on the phone [is the problem]. Being told there are no appointments left. Same situation all year round covid or not."

"Cannot get through and when they rang they rang my mobile asking me to book an appointment for breathing problems. This was November 2020, no appointments until February, rang them to be 98th in the queue."

Leeds Cancer Awareness told us that it has heard during three focus groups that women calling their GP to book cervical screening appointments were struggling to get through, and some were unable to book at all.[6]

BHI Skyline has also told us that its clients (who have HIV/AIDS) find getting GP appointments is "near impossible".[7]

It should be noted that, while incidences of this issue may have increased during the pandemic, it had already been identified by Healthwatch organisations in previous years. This suggests that some of its causes may run deeper than COVID.

Theme 2: Digital exclusion

For some people in Leeds, greater provision of phone and video appointments has opened up a more convenient way of accessing GPs. However, this is far from the case for everyone.

There are a variety of reasons why people might be digitally excluded, which are explored in depth in this report. They include poverty; age (both young and advanced); literacy and communication needs; skills and motivation; precarity; privacy; disability and health conditions; and trust in IT.

"Don't understand why I cannot be SEEN by a doctor. I have heart issues, sciatica and arthritis and telephone appointments do not satisfy my needs."

"Not being able to speak to doctor on phone - resorted to letters"

Leeds Older People's Forum has told us that people with sensory impairment are having a particularly hard time getting care from GPs.

“I am blind and in a wheelchair […] my GP in Morley only works via computer so I cannot contact them”

Solace and PAFRAS have observed that third sector services are encountering people who don't speak English, are digitally excluded or struggle to navigate the new landscape for booking appointments and are getting seriously ill but can't get a GP appointment. Support services are currently advising to hang on the line, but many people don't have the credit to do that.

It’s also important to recognise, however, that people who might otherwise be digitally included can struggle to get the care they need when digital systems are complex, confusing or simply redirect them to oversubscribed face-to-face options.

“My migraine symptoms flagged up [via an online form] as needing urgent attention – after calling 111 it was established urgent care wasn’t required and I should speak to my GP as soon as possible. This meant going back through the form, but it wouldn’t let me proceed because my symptoms flagged up as needing urgent care.”

“E-Consult is a nightmare and telephone consultations with a faceless GP you cannot see, or you've never met is just not working. Call 111 and you are told to ring your GP. Ring your GP and you are lucky if your call is answered within 1 hour.”

“The GP told me no appointments were available and suggested I rang 111. I rang 111 and was told to ring my GP. I explained they had told me to call

111. The health advisor advised me to go to Burmantofts walk in centre. I asked why St Georges centre was not an option, he explained St George's were not taking patients, which I challenged." Enquiry, Healthwatch Leeds

Theme 3: Navigating a health and care system under pressure

Finally, there is evidence that pressures on other parts of the health and care system, such as secondary care, dentistry and care homes, are having a knock-on effect on GP access.

For instance, according to Carers Leeds, unpaid carers are increasingly reluctant to move loved ones into care homes for fear of not being able to see them; this in turn makes them more reliant on other parts of the health system, including GPs.

It has also been documented that waiting lists are long as hospitals try to recover from repeated lockdown while still coping with the strain of COVID. People on waiting lists do not always have a specialist service to turn to for advice if their symptoms change, so again may resort to calling GP surgeries.

On the other hand, Leeds Teaching Hospitals Trust has observed that difficulty accessing GPs appear to be a factor driving large numbers of people coming to emergency departments. Sometimes these patients simply haven't been able to get a GP appointment; other times, they weren't satisfied with remote care and ED presented an opportunity for them to be seen by "a real person". In other cases, GP receptionists are redirecting people to ED inappropriately or people have heard that GP surgeries are inaccessible so haven't tried them at all.

What change would we like to see?

- Review how GP surgeries' phone systems work, so that no patients feel obliged to "give up and try again another day".
- Assess how patients are informed about their choices for accessing GPs remotely and in person, as well as the support available to the digitally excluded.

- Communicate with people about their options for accessing different parts of the health service, so that no one finishes up somewhere that isn't right for them. There should also be targeted communications for people on waiting lists.