



People's experiences of primary care: Our findings in full

Healthwatch England

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1 Introduction

In March 2015 Healthwatch England published ‘Local Healthwatch Investigates: Access to Primary Care’. This summary of reports about primary care from 55 local Healthwatch across the country¹ provides a snapshot of issues uncovered by the network in their local research between April 2013 and March 2015.

Their research represents the views of more than 11,000 patients, collected through surveys and engagement exercises, and represents local Healthwatch findings from visits to around 550 GP surgeries and primary care premises.

In their reports, they highlight issues people were experiencing with:

Access

Local Healthwatch found that many people were unable to access primary care services, for reasons including physical access barriers and difficulty registering with practices. Frustration with telephone appointment booking systems and problems getting a GP appointment were key issues across the country, as was access to interpretation services for people who are Deaf.

Choice

A third of patients surveyed told Healthwatch Surrey they saw their family doctor ‘rarely’ or ‘never’ and a fifth of patients told Healthwatch Liverpool they were unable to specify the gender of the GP they wanted to see.

Being listened to

Local Healthwatch found that often patients felt that doctors did not make enough time for them; for example, only allowing a patient to talk about one issue per appointment. Healthwatch Halton found that six out of 10 local residents were not happy with the length of appointment available. Local Healthwatch also found examples of primary-care services not doing enough to help people to complain when they receive poor care.

Receiving safe, dignified and quality care

Patients across the country highlighted the attitude of staff, especially receptionists, as an area in need of improvement.

¹ <http://www.healthwatch.co.uk/resource/primary-care-review-local-healthwatch-reports>, Healthwatch England March 2015

Provision of information and education

People were not always sure where to go when they could not get a GP appointment and wanted clearer information so they could make decisions about their care.

1.1 The purpose of this report

The purpose of this work was to examine in more depth some of the findings the local Healthwatch network uncovered in ‘Local Healthwatch Investigates: Access to Primary Care’. We wanted to understand underlying perceptions and feelings behind the issues raised and provide context and stories to underpin our previous work.

By carrying out further research, we have gained a deeper insight into the difficulties people face having their needs met by services, the impact this can have, and how it can affect their decisions to seek health care.

1.2 Who shared their views?

The problems that the Healthwatch network identified are generally well known, but the impact they have on specific communities is not.

We spoke to a number of seldom heard patient groups, whose views are difficult to represent fully in more quantitative research, to find out what is working well and where things could be improved.

By carrying out a series of focus groups², we were able to speak to those specific patient groups where there was little data on their experiences, or who local Healthwatch had found were having particular trouble accessing services. This included people who are Deaf, migrant communities, young mothers, over-65s, unemployed people and students.

The findings of this report are not intended to be representative but are an indicator of the barriers, expectations and decisions that some members of the public experience when accessing primary care.

² For full breakdown of focus group activity, see Appendix 6.1: “How we gathered our insight”



2 Key findings

During our conversations with people across all the patient groups we spoke to, we found that people are mostly happy with their GP service and felt that some aspects of primary care are working well.

We heard positive feedback about:

- **Walk-in centres**
Many like the walk-in centre model, especially parents.
- **Online services**
Those who have used online booking and prescriptions and use the GP regularly are really positive about the time these initiatives save, but availability and awareness of options are still low.
- **Skype appointments**
People who are confident about their health service and sometimes just want reassurance are positive about the idea of Skype appointments.
- **Pharmacy**
Pharmacies are working well for people. People find them easy to access and that pharmacists respect their privacy. People are very positive about using pharmacists more and feel that doing this takes pressure off GPs.

However, it was clear from our conversations that too many people face problems and barriers accessing primary care, meaning they don't always receive a high-quality service:

- **Students aged 18-25 in Luton** said they were reluctant to access services, for reasons including frustration with 'rude' receptionists and feeling that GPs did not listen fully or always believe what they had to say.
- **Over-65s in Surrey** told us they would like more time to speak to their GP about the issues concerning them. They also felt that the pharmacy should be the first port of call to ease pressure on GPs and were positive about their experience of booking appointments online.
- **People who are Deaf from Newham and Waltham Forest** raised concerns about the ease of getting an interpreter through their GP and explained how difficulties around communication can lead to confusion over managing their conditions, for example taking medication or managing diabetes.



- **Women from the Pakistani community in Walthamstow** told us that ease of securing appointments and choice of GP were their biggest concerns, as there were things they would rather speak to a female GP about. They also expressed concerns about the costs of dentistry and vaccinations.
- **Mothers of young children in Southend-on-Sea** told us they received conflicting information from different health professionals. They wanted it to be easier to access services, praising their local walk-in centres and welcoming the idea of Skype appointments.
- **The Roma community in Bradford** said that being understood is the biggest challenge when visiting their GP, due to a lack of available interpreter services, and that they often rely on their local supermarket pharmacy for health services.
- **Women in Derby** said they struggled to access services and felt frustrated that often they wanted to speak to their GP about more than one thing but were told they could not.

Across all patient groups several areas of improvement were identified, in particular:

- **Access to appointments**
People told us that registration, appointment-booking systems, access to interpreters, interacting with receptionists and 'single-issue' appointments all need to be improved to ensure a better patient experience.
- **Being listened to**
People said they want their GP to take the time to listen and communicate properly with them. They also felt that GP practices need to do more to take on board complaints and learn from them.



3 What is working well overall?

The people we spoke to were keen to express the aspects of primary care they feel are working well for them. These are highlighted below.

3.1 Flexible access to services

When discussing how participants decided what kind of service they needed, a two-tier system was apparent:

- If they have an urgent but not life-threatening problem, most will try to book a same-day GP appointment and see any GP that is available.
- If the problem is not urgent, some will wait to see 'their' GP and try to manage the condition themselves through the pharmacy.

“I went in there the other day for an appointment with this GP and the bloke next to me said: ‘You’ll be lucky it’s three weeks’. And I just said: ‘Do I look like I’m dying?’ If I wanted something urgent, I would get [it]... and I’ve done that before.”

Female participant, over-65s focus group in Surrey

The students we spoke to in Luton, and some employed participants in Derby, wanted later and earlier opening times at GP practices so that they could go before or after work. The pharmacist was praised for offering flexible access in this way.

“With me working full-time and at night, I can go to an all-night pharmacy and that’s the way forward.”

Female participant, 16-40 focus group in Derby

One woman praised the sharing of her health details across health providers as it allowed her flexible access to her medication.

“When I got to the Luton hospital I said to them: ‘I’ve got no ID, but this is my name’. My details came up; the medicine, which I couldn’t spell, came up and then they gave me an emergency supply. [...]That was amazing. I thought: ‘Thank God they shared the system’.”

Female participant, Pakistani community focus group in Walthamstow

When asked about seven-day access, the students we spoke to were most concerned with evening appointments, whilst the over-65s we spoke to told us that most of their surgeries offered Saturday and late-evening appointments already.

At Southend-on-Sea, one mother was registered with a GP practice that was open at weekends, which she thought was ‘fantastic’, as she had a favourite GP there who only worked Saturdays. However, she was concerned about the high turnover of staff that the practice was experiencing.

“Ours is open until 9:00 p.m., but whether it needs to open on Sunday... [I don’t know].”

Male participant, over-65s focus group in Surrey

3.2 Walk-in centres

Generally, those who disliked booking appointments at their GP practice or struggled to get appointments preferred to visit the walk-in centre. People we spoke to from the Roma community wondered why they could not just come to the surgery and wait for a free appointment slot.

The mothers who attended the focus group at Southend-on-Sea preferred their local walk-in centre because they felt they didn’t have time to book an appointment, often because they had one sick child and another child that needed looking after. They also preferred to be seen quickly by a doctor if their child was unwell, especially as a child’s health can change very quickly.

“Getting appointments is a nightmare because you have to call at - what is it - half past 8 in the morning [...] and normally the phone is engaged. So, you finally get through and the appointment that’s available just isn’t appropriate, because it’s at naptime for one of the children or all sorts of reasons. Generally I just go to St. Luke’s [the walk-in centre].”

Female participant and mother of two, focus group in Southend-on-Sea

They told us they preferred to turn up at the local walk-in centre and wait for an appointment that wouldn’t interfere with their daily schedules, such as naptime for their children, because it was almost impossible to book an appointment with the GP they were registered with.

They said that when they could book an appointment, it was rarely at a good time for them. One woman who used the walk-in centre regularly said she got to see the same GP.



3.3 Skype appointments

Skype appointments were generally welcomed by those who were confident in their health care service, especially if they did not have much spare time.

The mothers who attended the focus group in Southend-on-Sea and those who were interviewed in Derby were the most receptive to the idea of Skype appointments, though not all at Southend-on-Sea liked the idea.

Some of the Pakistani women we spoke to in Waltham Forest also liked the idea of Skype if they just needed to check something. The students we spoke to from Luton were the least positive, as they felt their views were more likely to be dismissed if they were not in the room.

“I like the idea of Skype [...]. I think that would be really handy, because I’ve got two. So, if one of them is ill and I’ve got to get two of the little critters to the doctors, it’s even more juggling around, and then one’s at pre-school. So yeah, Skype would be good.”

Female participant and mother of two, focus group in Southend-on-Sea

No-one we spoke to had already had a Skype appointment. One Deaf woman had tried to use FaceTime to help a Deaf friend who had recently had a miscarriage to communicate, however she found that the GP disliked this method of communication and became agitated.

3.4 Online services

The over-65s who attended the focus group in Surrey were all very IT literate, and many had found that the online booking had made getting a GP appointment a lot easier.

“Online saves time and it saves receptionists time for people who can’t access it. And I love online, you’ve got time to think and you can go back in and change your appointment if you realise you’ve got an appointment with the hairdressers. It’s so much easier and you don’t get one of the receptionists that scares you by ringing up.”

Female participant, over-65 focus group in Surrey



They were concerned that IT access would be an issue for some, but reasoned that if the people who felt able to did use online booking, the telephone lines would not be as busy for those who could not.

However, the over-65s we spoke to were also regular users of GP services. We interviewed a mother in Derby who had not been able to book an appointment as she had not used the service for a while and her password had expired. She had not had time to go to the surgery and set it up again, so had not had an appointment since.

“So I say to them - well, I could be dead by then. And they just look at you, you know? It’s getting past the reception - and the best way I’ve found is to book an appointment online.”

Male participant, over-65s focus group in Surrey

There was little awareness amongst the students we spoke to in Luton about booking appointments online. Some of the students’ parents did, however, use an electronic prescription service, which they spoke favourably about.

One young mother we interviewed in Derby had previously used a GP practice where everything was online; she wasn’t able to do this at her new practice and she told us that she missed it.

The mothers we spoke to at Southend-on-Sea told us that they found text message reminders helpful.

3.5 Pharmacy services

Participants who attended the focus group with the Roma community were very positive about the pharmacy. They saw it as accessible and were keen to put across how helpful it was. One of the mothers at the Southend-On-Sea focus group also used the pharmacy minor ailments service to get free Calpol, as did one of the unemployed mothers in Derby.

The student participants in Luton were also positive about the pharmacy. Their family members used the repeat prescription service and they appreciated the room the local pharmacy had installed so that they could discuss their problems privately.

Many focus group participants told us that they trusted the pharmacist and told us about times when they felt they had gone above and beyond their role, for example, by advising them to buy cheaper medication.

Similarly, at the focus group with over-65s in Surrey there was agreement about the helpfulness of pharmacists and a feeling they should be the first port of call. They also trusted the pharmacist to review their medication.



Male participant: “They’re supposed to check that you still need those drugs and see there aren’t any reactions. I want to say I’d go to a pharmacist any day for a review, because they know far more about it.”

Female participant: “It’s another example of taking work away from GPs and giving it to a more appropriate person.”

Participants from the over-65s focus group in Surrey

The only group who did not have a positive experience with the pharmacist was the Pakistani women we spoke to in Walthamstow. They found privacy rooms were often not used and that the local GP practices sometimes used the pharmacist as a kind of triaging service, before they could see a GP. They felt that this made getting a GP appointment even more difficult.



4 What are the issues faced by specific patient groups?

4.1 Students aged 18-25 from Luton

The students we spoke to were generally reluctant to visit their GP.

One woman told us she did not attend her blood test appointments because she didn't understand why she needed them and was nervous.

Another refused to attend an appointment to have a cyst removed as she (rightly) believed it would go away on its own.

They also told us the cost of prescription medication and dental appointments was a barrier to seeking health care.

“That’s the same with GPs, so you put off going to the GP because you have to pay for medication as well.”

Female participant, 21, 18-25s student focus group in Luton

We spoke to one person who told us that members of his family waited to register with a dentist until dental problems arose. This in turn caused a lot of pain for his younger brother, as it took a long time to find an NHS dentist who would treat him.

A lack of confidence about services was evident during the discussion, especially in comparison to the over-65s we spoke to. Most were unsure whether their GP practice offered online appointments and they dismissed the possibility of having appointments over Skype as they felt that they needed to be in the room to get their views across.

Continuity of care was important, partly because of this lack of confidence. Students told us it was more helpful to see a GP who they knew, and who knew their history and personality. If their problem was not urgent, or if their problem was sensitive, they would rather speak to someone they had built up a relationship with. For many it was an issue of trust and they told us that they thought this was also true for older members of their family.

“If their normal GP is not working, they shy away, they want to see their own GP, because they’ve built that relationship. My Dad spoke to a locum GP, who said: ‘It doesn’t matter, you can speak to any doctor, they can see your medical



history’. But still, it’s not the same when there’s a lack of continuity of care, it’s not the same.”

Male participant, 18, 18-25s student focus group in Luton

Rude and intrusive receptionists were an issue the group felt strongly about, with one participant expressing frustration and even, at times, anger about the rudeness they had encountered.

People told us that they felt there was a lack of privacy in the waiting room at their GP and expressed a desire to keep their personal details from the receptionist. They raised complaints about receptionists walking into consultations and some people told us that they felt receptionists had ‘favourites’.

“You know there’s confidentiality, we can check our records and who’s been accessing it and stuff, but most of us don’t do that. So when the receptionist asks what’s wrong with me I’m like: ‘I don’t have to tell you.’ And then I’m just afraid because she’ll probably be checking because of the way she’s speaking to me. And then I don’t want to go to the GP. I can trust him, but will I trust [the receptionist]?”

Female participant, 19, 18-25s student focus group in Luton

They were positive about using the pharmacy, praising the use of a privacy room and the prescription ordering service.

“The pharmacist is really nice, [...] she was nice enough to tell me: ‘Don’t buy it through the NHS it’s cheaper for you’. So, in some ways, it does work out. Otherwise a standard prescription is going to be £8 because it’s the NHS.”

Female participant, 22, 18-25s student focus group in Luton

4.2 Over-65s from Surrey

Over-65s we spoke to were positive about online booking and were confident they could get an appointment when they needed it, but some felt only being able to speak about one thing at each appointment was restrictive.

Some of the people we spoke to had been assigned a ‘named’ GP, but said that in practice this was not working, as their named GP was often very busy and it was difficult to see them.

“We got a note through from the surgery saying you have been assigned to the doctor, and the doctor who I’m assigned to is actually very, very good, because she’s the one who sorted out all my problems [...] But to try and get an appointment with her when she’s been assigned to you, it’s hard.”

Male participant, over-65s focus group in Surrey

People had mixed feelings about the sharing of personal health records. Some felt the possible gains to health research meant this was an important initiative, others had already opted out due to fears that inaccurate data could have a negative effect on them and that the scheme was too broad and would not work. Although no consensus was reached, the majority wanted their health data to be shared as long as they could check it first.

{Addressing her husband} “But imagine you’re semi-conscious. How wonderful that they can get your GP record, which will hopefully be accurate. [...] it would be such a weight off my mind. I mean - it terrifies me if you have to go in during the middle of the night and me having to remember everything you’re on. I’d be feeling really upset.”

Female participant, over-65s focus group in Surrey

People trusted the pharmacist to check their medications and felt that in most cases the pharmacist rather than the GP should be the first port of call. They felt this would take some of the pressure off GPs and felt there should be a similar way to access physiotherapy.

“I’d rate my pharmacist very, very highly, and we’ve been having [medication] reviews for several years now actually. Absolutely wonderful and always the first port of call.”

Female participant, over-65s focus group in Surrey

They did not trust NHS dentists to provide a good quality service. Only two people told us they liked their NHS dentist and both travelled out of Surrey to see them. One person who had changed from private to NHS dentistry is thinking of going back to private as she thinks the quality of the dental treatment she’s getting is worse.

People feel that having access to crisis support out-of-hours is crucial. People told us they were concerned about access to help during a crisis out-of-hours. Knowledge and experience of the local out-of-hours GP service was mixed. Some



praised it and others found it less helpful, for example, because they were just sent to A&E. One person said she didn't think it was quality controlled and would always take her family to A&E without calling the '111' triage service first.

“I don't have any problems with my GP surgery. It's really good. When my mother was alive my biggest problem was out-of-hours emergency care; 111, NHS Direct, they all just said 'phone an ambulance'. When she had pneumonia over Christmas and New Year I think we had 10 days when I could only get hold of a GP for two of them. I'm just thankful we had private medical insurance and I could phone their GP helpline, who were telling me how much I could increase her painkillers and her drugs, because I didn't know.”

Female participant, over-65s focus group in Surrey

4.3 People who are Deaf and hard of hearing in Newham and Waltham Forest

Their main difficulty was getting an interpreter. The system for getting a British Sign Language (BSL) interpreter to come to a GP appointment was described as 'a mess' - interpreters were booked and did not turn up, interpreters were not booked despite promises they would be and, in one case, two interpreters turned up.

“So I went back to the GP, and then the receptionist was sort of um-ing and ah-ing. [...] I said: 'Look, the letter does say you've booked an interpreter' and I was really upset because they hadn't booked one. [...] I said: 'Maybe you should have let me know before, it's not right.'”

Male participant, Deaf focus group in Newham

Reduced support has led to reliance on friends and family. The Deaf Advocacy Service was remembered fondly as a service which championed their issues, and the importance of having Deaf role models was raised. This service is no longer available.

Community meetings were described as a good way of spreading important information, such as how to manage diabetes, which is not always available from other sources.

In the absence of state support, many of the people who attended helped each other; one man is helping care for his friend after she had a stroke, another woman helped a friend communicate with her GP after she had a miscarriage. However,



that option is not there for everyone, and even where it is, people feel it reduces the possibility of an independent life.

“I have to rely on family, hearing family, to make phone calls. I hate it. I hate having to tell my family, I’m an independent woman. I want to be able to text [text message], but [my GP] doesn’t have access via text or I have to go physically to the GP to book an appointment. [...] Sometimes they tell me you’ve got to phone back in the morning before 9:00 or after 9:00 and I’m thinking: ‘What do you expect? You expect me to have a hearing person with me all the time?’ I do need my own privacy [...] if it’s something private, then that’s really, really difficult. You don’t want to keep on telling your mum or your sister what’s going on with an embarrassing part of your body; it’s really embarrassing.”

Female participant, Deaf focus group in Newham

Poor communication led to problems with medication. Multiple participants described not knowing why a medication was being prescribed to them. As a result, many stopped taking it or went back to a medication they knew. In one case, poor communication led to a lady taking too much of her medication and losing consciousness.

“I thought: ‘Maybe the doctor had given me the wrong tablets’ [...] so I thought: ‘Maybe I’ll just not take the tablets’.”

Male participant, Deaf focus group in Newham

People wanted better information and a choice in methods of communication. Although there was an agreement that having an interpreter in the room was best, many of the participants said that they would be happy with online solutions, if they would make communication easier.

Participants also asked for more accessible information to help them manage their health (for example, videos rather than leaflets). This was particularly needed for diabetes, which was a common problem amongst the group.

“I think they need to be made aware of the importance of having an interpreter. Maybe something on the Internet, like an InVision signer that provides information. Or maybe when you go to the GP they could have a computer in their office with an InVision signer, giving you the option of a face-to-face or an InVision signer if you go to the GP. Why can’t they do something like that?”

Female participant, Deaf focus group in Newham



4.4 Women from the Pakistani community in Walthamstow

As with many of the people we have spoken to, women from the Pakistani community in Walthamstow told us that getting a GP appointment was one of their key concerns.

Balancing their desire for privacy and to speak to a same-sex GP with the difficulty they experience getting an appointment was an issue. The women in the group felt there were some things they only wanted to talk to a woman about; especially when they needed to show a body part. It was important for them to have the ability to choose the sex of the health professional they talk to when needed, although they had found ways around it, such as showing pictures.

“And then, when I got to the GP appointment with a male GP, I showed him a picture. You know you can expand it a bit so he managed to understand what it was, rather than me lifting up and showing him [...] so that might be a bit weird, but that’s the only appointment I could have got.”

Female participant, Pakistani community focus group in Walthamstow

One woman also told us about an instance where her GP had told her husband that she was pregnant before telling her. She was shocked that a GP would have such a lack of respect for privacy and moved to another practice.

Walthamstow has Urdu-speaking GPs, which helps people access health support. One woman who attended only spoke Urdu, yet she had the most positive experience of the group, as her GP also spoke Urdu. She told us that having an Urdu-speaking GP made a big difference for her as she was able to explain her problems herself, rather than have a family member speak for her.

Although she did not mind her family interpreting for her when needed, she thought this was ideal. One of the other women had interpreted for a pregnant aunt when she was 10 years old. She felt this couldn’t have been the best thing for her aunt as she didn’t even know what pregnancy was at the time.

“I think what happens in Walthamstow is there is a lot of Asian GPs, and people will go where they think the language is. It’s quite easy to get somebody that’s Urdu-speaking, so that’s not a difficulty, and if they don’t have somebody then they tend to take family.”

Female participant, Pakistani community focus group in Walthamstow

GPs charging different rates for vaccinations and certificates were a concern. When they compared experiences of being charged for vaccinations and certificates, people found that some practices were charging for things that others were not, or were charging different amounts.

For example, some had been charged for malaria tablets and others had not. There was a feeling that GPs should not be making money from patients like this.

“We needed the meningitis certificate before the visa. We paid the certificate, everything put together was £35 per person. Right, okay, fair enough. So my brother, he goes to his GP - [and it costs] £25.”

Female participant, Pakistani community focus group in Walthamstow

It is getting too expensive to go to the dentist. We heard stories of people being charged thousands of pounds for dental care when their teeth are bad, but they feel put off getting regular check-ups because of increasing hygienist costs.

Two of the women we spoke to waited until they were pregnant to go to the dentist so that it would be free. Some people were concerned that home dentistry is becoming more common.

“I spend £1,000 on my teeth every year, I have to, otherwise I wouldn't have any teeth.”

Female participant, Pakistani community focus group in Walthamstow

4.5 Mothers of young children in Southend-on-Sea

Those who used their local walk-in centre were positive about their experience. It allowed them to turn up and wait for appointments, or register and book appointments like a normal practice. The mothers we spoke to used the service flexibly depending on their need; one was registered and three used it when they could not get an appointment with their usual GP. People in this focus group also praised the minor ailments scheme offered by their local pharmacy.

“With [the walk-in centre] though, the clinic, I see the same doctor all the time. Can never remember her name, but they always say: ‘Oh, do you want the same doctor as last time?’ She knows my son - the nurse there has done all of his injections, she remembers me from when I was pregnant. So, a lot of people think it's walk-in and it's all locums but it's not all the time. I always see the same person.”

Female participant and mother of one, focus group in Southend-on-Sea



Those who were not registered with the walk-in centre told us that they sometimes struggled to get appointments there. One woman told us she had to drive to her GP to book an appointment and pay for parking.

“We’ve had good experiences with our doctors. It’s just getting the appointments really for us, and the length of waiting for an appointment.”

Female participant and mother of two, focus group in Southend-on-Sea

When we discussed digital access, some were unsure. They told us that they often struggled to make GP appointments phone or online while looking after a sick and, in some cases, also a healthy child. Some welcomed the idea of Skype appointments as it was easier than taking the children out of the home.

“They say: ‘There might be some appointments available online,’ and you think well I’ve got someone who’s vomiting everywhere, someone who’s screaming [...], I can’t even [...] create the processes inside my brain [to book an appointment].”

Female participant and mother of one, focus group in Southend-on-Sea

Several people said they were afraid of being a failure. People did not feel supported, especially in the context of postnatal depression. Many didn’t feel they could admit to it without being labelled a ‘bad mum’ and felt professionals weren’t very good at noticing postnatal depression.

One mother told us she preferred the idea of visiting a GP to Skype appointments because she needed to make herself look presentable - this was a symptom of the feeling that their ability as a mother was constantly being judged.

“And there have been times when you have a bit of this in your hair and it would stop me [going to the doctor], because you get the fear of: ‘I can’t be seen as a bad mother’. [...] Even though you’re not a bad mother, and you know that you’re doing the best for your child. I don’t know whether it’s a generation thing and it’s been passed down but it’s always been: ‘Don’t tell them you’re depressed, they’ll take your child away’ or: ‘Don’t tell them you’re struggling, because they might do this.’”

Female participant and mother of one, focus group in Southend-on-Sea

They told us that they worried about the quality of advice they received. People told us that professionals tended to give advice based on experience, and that meant they got conflicting information that changed over time. They would rather have set, risk-based information about the important things.



They felt that professionals were so worried about the worst-case scenario with their children, that they did not give the parent the benefit of the doubt and created unnecessary anxiety. They would like to have a more free exchange of information, so they could be open about things like sleeping alongside the baby and have a proper discussion.

“Some of the experiences are quite disempowering, so what I want is information, not advice. I don’t want someone’s opinions [...] and I’ve lied to health visitors about co-sleeping because I’m breastfeeding and, the reality is with breastfeeding, to get any sleep you’re going to co-sleep and you’re going to take care.”

Female participant and mother of two, focus group in Southend-on-Sea

They also told us dentists are encouraging parents to register their babies.

Dental registration amongst small children has been raised as a problem in some areas, so it was good to hear this example of good practice.

4.6 Women from Derby

For those in employment, finding time to see their GP was hard. People told us they struggled to get GP appointments outside of working hours and that they struggled to call to book one when they should be getting ready for work. As they struggled to make appointments, they also found only being able to speak about a single issue per GP appointment frustrating.

The young unemployed mothers we spoke to also found accessing services difficult. The cost of calling to make appointments was an issue. One young mother who attended our focus group in Derby told us that she used to attend a GP practice that charged for phone calls, and so regularly she would just hang up rather than staying on hold. She has since moved practice but others in the focus group confirmed the practice still used an 0844 number which charges people to call.

People like the flexibility of the pharmacy. For the participants who worked nights it was an accessible source of care, and for the young mothers on benefits it meant they could access free essential medication.

They like accessing services online, such as online prescriptions - but online booking wasn’t available to all. One woman had tried to book online only to find her password had expired and she had to go back to the surgery to re-register. One young mother had previously had access to online booking and prescriptions in another area and since she’d moved had found accessing services much harder.



“It was so much easier doing them online, while I’ve got the kids, than dragging them up to the doctor’s and having to then go and get the prescriptions and take them to the chemist. They were doing all that for me because it was all online. It took me five minutes to do it, when it would have taken two different days and about 40 minutes each day to go up and just take the prescriptions.”

Female participant, focus group in Derby

4.7 People from the Roma community in Bradford

The group felt the system was easy to understand and they trusted GPs. They were aware that they should go to see their GP rather than go to A&E if they could. However, they experienced a number of barriers, most notably with communication. There was agreement among the group that those who found it easier communicating in English got better care.

Dentist registration was very low, including amongst the children of the participants, many of whom already had dental problems. Although all 15 were registered with a GP (or in the process of being registered in one case), only two had been able to register with a dentist because more documentation was needed. Many of the parents who attended were particularly concerned about the dental health of their children.

They also told us the cost of medication and dental appointments was a barrier to seeking health care. A woman spoke of being sent away from the practice because they only allowed telephone booking, so she was unable to get an appointment as she had no credit on her mobile phone.

Communication with the receptionist was a big issue, as not getting the receptionist to understand them could mean not being seen at all. They often felt frustrated that the receptionist didn’t make more of an effort to understand them.

“I need an appointment [...] lady don’t understand, she says: ‘What?’ [But] I need an appointment!”

Male participant, Roma community focus group in Bradford

Their local supermarket was also a key health institution for the group. Many told us they did not get benefits and could not afford to fill prescriptions, often for paracetamol, so they got their medication at the supermarket pharmacy. They were keen to tell us how much they liked the pharmacy.

The supermarket was also an area where they met as a group socially. When asked where someone new would find out about local health services and the local community centre, their response was they would speak to others at the supermarket.



5 What needs to be improved?

5.1 Easier access to services

Registering

Some of the people we spoke to had trouble accessing GP services. This often resulted in them going to A&E.

For example, we spoke to one young mother who had recently moved to Derby to stay at a women's refuge for a few weeks. She had been able to 'temporarily' register herself and her baby with a GP, but not her toddler, due to lack of documents, even though she had his NHS number.

Her baby required special milk, which she was sent to A&E to get by the GP practice as they said the baby was not 'properly' registered. The hospital then became involved and the GP practice now provides the prescription. However, her toddler is still not registered and she is using the pharmacist to get treatment for him.

“The hospital were really nice, but like I said to [them]: ‘I’ve been sat here for three-and-a-half to four hours in a cubicle, taking up space, taking up your time, over milk that the doctor should have given me.’ There was a child in there that had gone in with meningitis, and a little boy had cracked his head. And [I thought]: ‘I don’t really need to be here, I shouldn’t be here - over milk.’”

Female participant and mother of two, 22, focus group in Derby

What have Healthwatch been doing?

Healthwatch Southampton responded to concerns raised by the public that they were unable to register with a GP as they did not have the ID documents their local GPs were asking for. They raised this with a number of organisations, including the Southampton Practice Managers' Forum. This led to an agreement that patients in the area should not be turned away if they don't have ID, with local guidance produced. NHS England told us that they are aware this is an issue and are working on producing guidance.



Booking an appointment

At every focus group we ran, people raised booking appointments as a key issue. Most of the people we spoke to found booking an appointment over the telephone to be difficult. Generally, calling before 9:00 a.m. was problematic, especially if the practice only allowed for same-day booking. This often meant calling on multiple days.

This was particularly a problem if the GP practice only gives a short time slot in which calls to book an appointment can be made. We were told of queues outside GP practices in the morning, long waits for routine appointments and GPs sending children to hospital, rather than giving them an emergency appointment.

“You have to make an appointment between 9:00 and 9:30 and obviously it’s constantly engaged, so when you ring after 9:30 they say: ‘Oh, the appointments are all gone.’ So, what’s the point?”

Female participant, Pakistani focus group in Walthamstow

In Walthamstow we spoke to a Pakistani woman who had tried to get an urgent appointment for her son but had been sent to A&E as no appointments were available.

One woman we spoke to told us that her GP only allowed her to book same-day appointments, so she had waited until her day off and had not been able to get through. She did not want to wait another week as the appointment was for her son, whose health was getting worse. She said that A&E had, on occasion, been the only option for her outside of working hours.

What have Healthwatch been doing?

As of 1 April 2015 all GP surgeries across the country were required to have a website with an online booking and repeat prescription request service. Many local Healthwatch, such as *Healthwatch Slough*, are monitoring the provision of this service in their area.

Healthwatch Slough found three GP surgeries that did not even have a website available to patients by April 2015.

The experience of interacting with receptionists

Many told us they thought receptionists were condescending and expressed frustration with the receptionist’s gatekeeper role, as they did not take their needs seriously.



The over-65s who attended the focus group in Surrey thought that receptionists had got better but told us that one reason they liked online booking was that they didn't have to interact with them.

As we covered the issue in more depth, we found that people's dislike of receptionists was often rooted in frustration with the system and not being able to get the care they needed, as well as a desire for privacy in what they felt was an intrusive environment.

Access to an interpreter

People who are Deaf from Newham and Waltham Forest told us that the presence of an interpreter had a huge impact on the level to which their health needs were met.

Issues such as not understanding why they had or had not been prescribed medication, why their children had been sick, or how to manage a long-term condition were all raised.

There was agreement that having someone they could communicate with in their own language was key to having a positive experience.

“Having an interpreter there builds my confidence, but it's only last year actually that they've started to try and provide interpreter support. And it's continuous now, so I'm happy about that.”

Female participant, Deaf focus group in Newham

We heard that accessing interpreters is often a mixed and fraught process, with the wait for a BSL interpreter often taking weeks. Participants who attended our event with the Deaf community in Newham told us about interpreters not turning up, or not being booked despite a request being made.

They viewed getting interpreters for GP appointments as a difficult and uncertain process, so some tried to fund their own interpreters or brought along a family member or support worker instead.

The members of the Roma community we spoke to had experienced the same problem accessing interpreters and also tended to treat their own conditions using the local supermarket pharmacy.

Many of the student participants who attended the focus group in Luton had family that had moved to England from Kashmir. They discussed their family members not getting access to proper services because they were provided with Urdu interpreters, despite speaking Pahari, a completely different language. Their older relatives often tried home remedies first.



What have Healthwatch been doing?

NHS England has worked with patients who are Deaf or do not speak English as a first language, both of whom require interpreting services, to draft their ‘Principles for High Quality Interpreting and Translation Services’³. Their next steps will be to work to understand how current provision varies across the country and to look for opportunities to commission a national and affordable service. As part of this work, NHS England hosted workshops, which Healthwatch England and local Healthwatch attended, to feedback the information we have collected and engage with patients.

5.2 Being listened to

Not feeling listened to or believed by a GP

People we spoke to expressed concern that their GP did not listen to them. The issue of whether the GP would listen to them was a key consideration for the students in Luton.

One student discussed trying to treat a cyst and expressed her frustration that GPs did not listen to her account of how it had looked prior to the appointment and a ‘home remedy’ from her grandmother. She was so frustrated about not feeling listened to that she stopped seeking treatment and ignored the GP when they called to make an appointment to get it removed.

“Well - obviously they can’t do that [offer Skype appointments]. If they don’t trust me to give my own symptoms and what’s happening to me - if they can’t trust that - then how are they going to assess me?”

Female participant, 19, 18-25s student focus group in Luton

Similarly, one mother in Southend-on-Sea had to see three doctors to get her son’s leg inflammation diagnosed. The first two doctors ignored her and dismissed his issues as ‘teething’, and the third sent her to A&E. The people in this focus group told us that sometimes they felt their views were not fully listened to and that they were made to feel like ‘bad mothers’ if they disagreed about how to care for their child.

³ https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it_principles.pdf



“And she said: ‘Are you taking vitamin D, folic acid?’ I said: ‘I’m not taking vitamin D. It’s sunny, so I just go out in the sun and that’s what I’ll do.’ [She said] ‘I don’t mean to scare you, but some children have got rickets because their mum didn’t take vitamin D, and then when they were born they got brittle bones and then the children were taken away to social services, because they thought the children were being beaten, when actually they had rickets.’ I was thinking: ‘Errrrr.’”

Female participant and mother of two, focus group in Southendon-Sea

What have Healthwatch been doing?

One role of local Healthwatch is to make sure patient views are heard in their local area. For example, **Healthwatch Stockport** ran a consultation to understand what an ideal healthcare system would look like and targeted a number of seldom-heard groups. A high number of LGBT young people who were consulted felt that communication was an issue with their GPs, and felt they were not listened to or taken seriously. These findings were incorporated into the Stockport Joint Strategic Needs Assessment (JSNA), a process designed to help local decision makers, such as the local council and Clinical Commissioning Group, find out which issues are affecting the whole community’s health and wellbeing.

Not taking the time to communicate properly

BME participants, including those born in England, told us that communication was a particular issue. Participants who required interpreters often felt that the receptionist failed to make even the minimum effort to communicate with them.

“I was like: ‘No, I’m Deaf,’ and the GP was like: ‘I know.’ But I carried on speaking and I thought: ‘Hold on I can’t understand what you’re saying, so you need to write it down.’ But the GP was really reluctant to do so.”

Female participant, Deaf focus group in Newham

They also described inappropriate methods of communication being used instead of interpreters, such as gestures. They raised particular concerns about GPs using written communication, such as notes, during appointments. Many patients struggled to read them due to their use of complicated language.

Communication with the receptionist was a big issue for the Roma community, where not getting the receptionist to understand them could mean not being seen at all. One Roma woman took her five-month-old baby who had a temperature to her local GP surgery. She was told by the receptionist that, as she did not know



English, she could not be seen. The woman was upset, so the receptionist told her to wait until the end of surgery. She waited for five hours. When the doctor, who the participant said did not know she had been waiting, finally saw her she told her to take the baby straight to A&E.

We heard that this was not necessarily just a problem for those who communicated in a different language. The result of a lack of communication for mothers was that they felt there was a risk of postnatal depression not being diagnosed.

One mother had experienced trouble breastfeeding, which led to a stressful situation where her child was not putting on weight. Her resulting postnatal depression was not picked up until she went to a physiotherapist. She was seen by seven health visitors over an eight-month period and no one linked her difficulty breastfeeding to the feelings of depression she was experiencing. Another participant told us that her husband found out the doctors had diagnosed him as having a chronic lung disease almost by accident.

“Communication is an issue. My husband was on the telephone to a doctor and he said: ‘How long have you had COPD?’ We didn’t know he did! No one ever mentioned it to us. That’s lack of communication for you; we knew there was something wrong.”

Female participant, over-65s focus group in Surrey

What have Healthwatch been doing?

NHS England is producing an Accessible Information Standard. By July 2016 all NHS and social care providers must make sure people who have a disability, impairment or sensory loss get information that they can access and understand, as well as any communication support that they may need. During May-June 2015 Healthwatch Redbridge assessed their 46 local GP practices against this standard with regards to their complaints processes.

Fixed appointment slots

The participants who attended the focus group for over-65s in Surrey, many of whom had experienced cancer and heart problems and had nursed dying relatives, often found they wanted to talk about more than one thing when they saw their GP but were limited by fixed appointment slots or ‘one-issue appointments’.

Although some booked double appointments and one woman’s GP was happy to sit and chat to her, others felt frustration about being forced to book several appointments, especially to discuss things that were related.



“It’s messed up that you can only talk about one thing. You’ll see someone and they’ve been in there for ages, and then you’ll go in there and they’ll say: ‘Just one thing’ when actually, I need a few things.”

Female participant, over-65s focus group in Surrey

What have Healthwatch been doing?

Healthwatch Trafford has been using its website to encourage patients to book ‘double’ appointments when they don’t think they’ll be able to cover everything they want to speak about within the normal ten-minute slot.

Handling of complaints

People told us that one particular area they felt was not working well was how services handled complaints. For example, some of the students in the Luton focus group did not feel confident their complaints were taken seriously.

One participant told us that her parents had turned up to their appointment on the correct day, only to be lied to by the receptionist and told they got the day wrong. She had helped her parents write a letter of complaint to the GP, but she told us the response letter they received did not properly acknowledge their complaint.

When we asked others if they would complain if they thought they were experiencing bad care, many of the students told us lack of privacy would be a barrier to doing so.

“Because, in ours, you have to go to the receptionist and ask for a form. Or it’s on display there so you can take it and you have to hand it back to her as well. I was taking it to complain about the receptionist and I was thinking: ‘She’s going to sit there and read it and throw it in the bin.’”

Female participant, student focus group in Luton

A mother at the focus group in Southend-on-Sea told us that she had waited too long to make her complaint. The over-65s at the Surrey focus group said that complaints should not only be listened to but, crucially, learned from.



“It’s fair to say that not enough learning goes on from complaints. Complaints put them into defensive mode, rather than saying: ‘What can we learn from this?’ I never get: ‘Let’s have a meeting, what could we have done differently?’”

Female participant, over-65s focus group in Surrey

What have Healthwatch been doing?

Healthwatch England is collating the evidence collected by local Healthwatch and sharing it with the Parliamentary and Health Services Ombudsman, which is conducting a thematic review of primary care complaints processes. This includes findings from visits to GP surgeries, mystery shopping exercises and a national survey of local Healthwatch to assess the overall impression of how primary care services are currently handling complaints.



6 Appendix

6.1 How we gathered our insight

Healthwatch England conducted seven focus groups, two interviews and two deliberative research events between February 2015 and July 2015 with 79 members of the public.

The decisions regarding which patient groups we would speak to were based on feedback from local Healthwatch, which suggested these groups had particular issues accessing primary care.

We co-facilitated each focus group with a local Healthwatch in the area, who promoted the events within their communities. We recorded each discussion, giving every participant a consent form so they had the opportunity to specify how their information could be used. Recordings of each event were deleted once the anonymised transcript had been written up.

Although confidentiality can never be guaranteed in focus groups, all information used in this report has been anonymised and the importance of respecting confidentiality amongst the group was emphasised at every discussion.

Refreshments were provided and a £10 voucher was given to each participant at the end of the session.

All participants were encouraged by us to engage in a fluid discussion, without a set schedule. We did, however, structure the sessions into two sections - the first on problems with primary care and the second on how problems could be solved. We allowed the conversation to be led by the participants, which means the findings are not always directly comparable. However, where a concern was discussed by multiple groups, we have tried to include all views expressed.



6.2 Table of events

Date	Location	Attendees	Supported by
28 February	Luton	A focus group with nine students aged between 18-25 (two men and seven women)	Kay Kobai Healthwatch Luton
24 March	Bradford	A discussion with 16 Roma adults of mixed ages, who had arrived in the UK in the previous six months (two women and 14 men)	Andrew Jones Healthwatch Bradford
27 May	Surrey	A focus group with ten adults over the age of 65 (two men and eight women)	Dr Julie Dallison Healthwatch Surrey
3 June	Newham	A discussion with 25 adults from East London who are Deaf and one non-Deaf family member (a mixture of ages and genders)	Rebecca Waters Healthwatch Waltham Forest Sol Pearch Healthwatch Newham
12 June	Southend-on-Sea	A focus group with five women aged between 24-40 with children under the age of 11	Dan Turpin Healthwatch Southend-on-Sea
30 June	Walthamstow	A focus group with seven Pakistani women, all aged over 40	Jamie Walsh Rebecca Waters Healthwatch Waltham Forest
6 July	Derby	A focus group and interviews with seven women aged between 16-40	Samragi Madden Sandra Dawkins Healthwatch Derby

