

# Accessing GP services

Evaluating phone, video and face-to-face appointments in Haringey

June 2021



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Public Voice is a Community Interest Company (CIC) number: 9019501.

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# Introduction

Haringey's Patient Participation Group (PPG) development project aims to increase patient involvement and engagement in PPGs, enabling them to give meaningful feedback to help improve local GP services (primary care).

As we move to more services being provided over the phone and online using the internet, we need to better understand the impact on patients.

## How the Patient Participation Group (PPG) development project investigated remote appointments

With the arrival of COVID-19, and the subsequent lockdowns, GPs moved to providing their services in a different way, using the internet or phone, and moving away from face-to-face appointments and consultations, with patients only coming into the practice if clinically necessary.

Digital access to GP practices has therefore become critically important, and it is essential we understand how this is working, where it is working well and how that has been achieved, and look at the barriers and challenges that relying on digital access poses to some patients, often those who are most vulnerable and with the poorest health.

We reviewed each of the following areas, assessing how changes had impacted on patients and practices:

- Booking an appointment over the phone;
- Telephone consultations compared to face-to-face consultations; and
- eConsult, which enables GP practices to offer online consultations to their patients using a PC/ laptop, tablet or smart-phone.

# Executive Summary

Providing GP services over the phone and online through the internet has had a significant impact on patients' ability to contact their surgeries and their relationships with GPs.

These changes have been positive for some patients and practice staff. Some patients found telephone consultations more convenient and efficient, and practice staff found telephone consultations easier to manage.

eConsult can work well if the system is introduced and modified in partnership with patients rather than imposed. eConsult has been of particular benefit to those patients who are working and have little time available.

However, there has been a negative impact on some patients in the move away from face-to-face consultations. Most patients expressed a concern about this, either for themselves or for other patients who experience language barriers, mental health issues, multiple illnesses, or some disabilities. Sometimes diagnosis is difficult with online consultations. And the move towards phone consultations has meant GPs are perceived as becoming more distant from their patients.

There are communications issues at some practices, with patients finding it difficult to get a phone call through to reception and in some cases having to listen to very long recorded messages. When people phone the GP they may already be in crisis or stressed, and the long recorded messages and inability to make human contact could amplify feelings of frustration and worry.

Given that telephone contact with practice staff is now the main method of communication, GPs should ensure their telephone systems work well and patients are not prevented from getting access to a member of staff.





Some patients have experienced anxiety about the telephone triage system (to decide the needs and order of treatment of patients), especially where they are unable or unwilling to share confidential information about symptoms with reception staff.

For those patients who do not have access to a device (smart-phone, laptop, tablet or PC) and/or access to the internet at home, and who are therefore digitally excluded, accessing primary care services and GPs has proved especially challenging. There are a range of reasons why patients are digitally excluded - lack of knowledge about how to access and use the internet, personal choice, and lack of finances.

This more recent research confirms the conclusions of our earlier 'Living Through Lockdown - Lessons from Haringey's most vulnerable service users' report, which gathered feedback from Reference Groups between April and August 2020.

The key findings of the 'Living Through Lockdown' report in relation to digital inclusion are still relevant today:

- digital exclusion was commonplace and more support would be welcomed;
- patients were experiencing real difficulties getting through to the GP on the phone; and
- the option of face-to-face consultations should be retained and reinstated as soon as practicable.

# Recommendations

These recommendations are based on the reported experiences of patients and practice staff, the Haringey Over 50s Forum and the Healthwatch Haringey 'Mystery Shopper' survey.

## Booking an appointment over the phone

- When calling the practice patients should be put through to a receptionist with minimum delay. Long recorded messages / lists of options (over 2 minutes) should be removed.
- Call queuing systems indicating place in the queue and estimating waiting time should be introduced, with a free call-back facility where the patient cannot hold for very long.
- There should always be the option of booking an appointment by phone.
- Reception staff should not require detailed information about symptoms before booking appointments with clinical staff.
- Practices should make sure their website homepage carries up to date and accurate information including telephone number and opening times. These should be clearly displayed and easily accessible.

## Telephone consultations compared to face-to-face consultations

- Face-to-face consultations should be retained and reinstated as soon as practicable, and patients should be made aware that they can request a face-to-face consultation.
- Practices should make patients aware that face-to-face consultations will generally be given for clinical diagnoses which require certain procedures such as medical examination and listening.



## eConsult

- Practices should review the use of eConsult and other digital platforms in partnership with their PPG and wider patient group.
- Data should be gathered on the success or failure of 'e-consultations'.



# Methodology

This report provides a snapshot of patient experiences of phone and internet access to GP services, and of the experience of practices as they move towards providing services over the phone and online using the internet. It includes data from the sources listed here.

## 1. Telephone and Zoom/Teams interviews with PPG members, GPs, and Practice Managers

We conducted a number of interviews in November and December 2020. These interviews mainly concerned patient representation on PPGs. However, where appropriate, we also asked questions about the move to digital services.

### We asked patients:

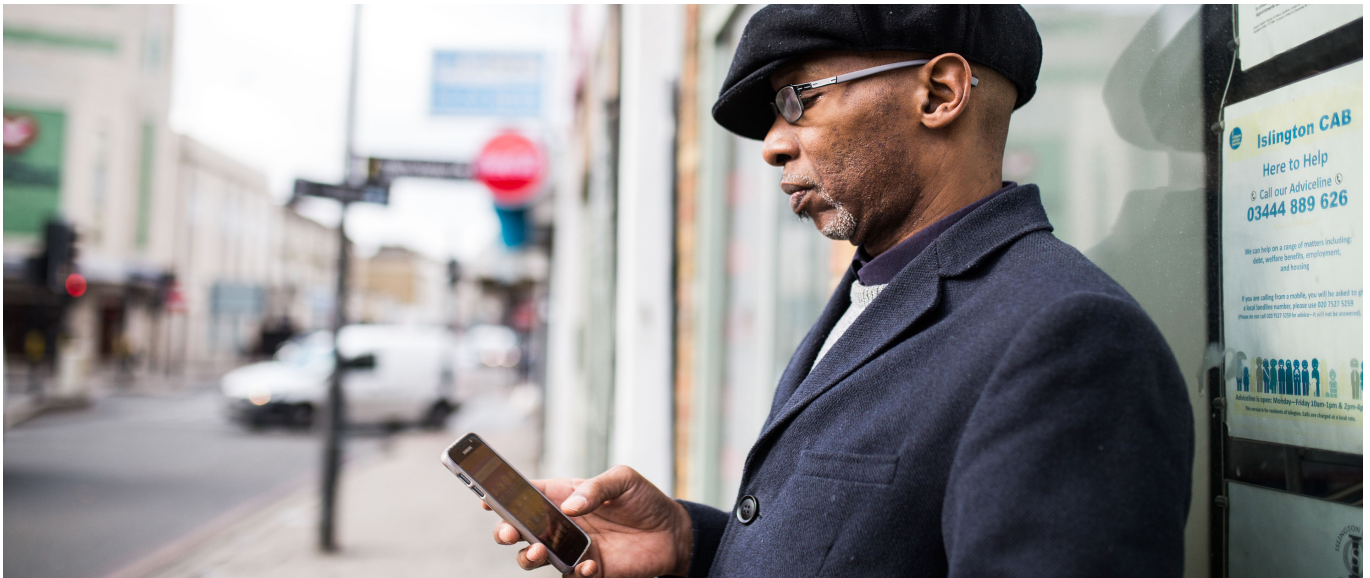
- How have you found the service changes brought about by lockdown?
- How easy is it to get through to the GP to make an appointment?
- How have you found the move away from face-to-face consultations and towards phone / online consultations?

### We asked GPs and Practice Managers:

- How have you found the service changes brought about by lockdown and the move away from face-to-face consultations and towards triaging and phone / online consultations?
- Have these changes caused any problems for any of your patients? Any particular groups that have been positively / negatively impacted?

## 2. Feedback from Haringey Over 50s Forum

Haringey Over 50s Forum's purpose is to give older people a voice and to ensure all their concerns are put and kept before key decision makers.



Committee members liaise with several Haringey and London-wide organisations, often through overlapping committee memberships, including the Older People's Reference Group, Adult Partnership Board, Haringey pensioners' groups, Social Care Alliance Haringey, Keep our NHS Public, and the Greater London Forum.

We gathered feedback from the Over 50s Forum Committee Meeting on 19th October 2020. This committee meeting discussed older peoples' experience of digital consultations for GP and hospital appointments. No comments were recorded about Zoom or Skype consultations.

We received additional feedback from the Over 50s Forum Meeting on 23rd November 2020 on doctors' switchboard delays. Detailed feedback was given by members about delays in accessing telephone appointments.

We also received a copy of Over 50s Forum correspondence with Cabinet Member for Adults and Health, Cllr Sarah James, dated 25th October 2020.

### 3. Living Through Lockdown: Lessons from Haringey's most vulnerable service users report

This report gathered feedback from Reference Groups between April and August 2020. This included, but was not limited to, feedback from older people. The findings and recommendations of the report helped us to understand older people's experiences of digital access.

### 4. GP Surgery Mystery Shopping report

In December 2020 and January 2021, four volunteers called 38 GP surgeries across Haringey to find out how long it may take a potential patient to get through to and speak with a staff member. They were also asked to feedback any issues or observations they had that might both deter and/or encourage a patient to call back in the future.

# Detailed findings

Our research discovered positive attitudes about the move to phone and online consultations amongst Practice Managers and GPs.

However, this positivity was not, in the main, shared by patients. There were some positive feelings about telephone consultations and eConsult. The negative feedback was concentrated around the removal of patient choice on face-to-face consultations and failings in the telephone appointment system.

## Booking an appointment over the phone

Some PPG members found it hard to get through to reception to make an appointment. One PPG member stated that phone calls are not getting through between 8am and 10am when patients are asked to phone for appointments. Occasionally, he had to resort to email to get an appointment.

When patients did get through, they could be faced with a long message or list of options. One PPG member asked if there is a different way of doing things other than listening to 5 minutes of selections when you phone the surgery; she asked if perhaps there is a more person friendly way.

A PPG member reported an acceptable telephone appointment and triage service, but she worried about the confidence gap in terms of patients' ability to describe their symptoms over the phone, for example where English is not their first language or where patients do not want to tell reception staff what the illness is about.

The Over 50s Forum stated that members were reporting "extraordinary and unacceptable delays in contacting GPs' surgeries by phone" and "...there are major problems and unacceptable delays in getting through to several practices on the phone", though in the case of one surgery there was high praise for doctors when reached, as well as for the way they handled arranging flu jabs.



The GP Surgery Mystery Shopping survey was carried out by Healthwatch Haringey between December 2020 and January 2021. It concluded that there were significant barriers to booking an appointment over the phone.

In five surgeries, volunteers were unable to reach a member of staff. One was engaged, with no pre-recorded message, or option to hold/be placed in a queue. At another surgery, the volunteer was placed on hold for three minutes and they gave up holding.

The phone system at another surgery was working poorly. The surgery provided an automated message with options to go through to different departments and then cut off. This surgery was then called twice again with one volunteer getting through in two minutes, and another waiting 20 minutes.

At 33 surgeries, the overall call time was less than 10 minutes but at three surgeries, the overall call time was between 10 and 20 minutes. At two surgeries, it took the volunteer 30 minutes before they were able to speak with a staff member. Both of these

phone calls were made outside of peak call times with one taking place at 11.50am, and the other at 4pm.

Volunteers reported that there were several very long, and confusing, pre-recorded messages which were played even before the phone began to ring. Many pre-recorded messages directed the volunteer to use online booking systems with no clear option to speak with a staff member.

### Telephone consultations compared to face-to-face consultations

One PPG member reported that her telephone consultations were very good and normally she can phone the practice in the morning and get a phone appointment that day.

With several caveats the Over 50s Forum expressed support for the use of telephone consultations for some patients, for example where people would otherwise have to use public transport and for those patients with mobility issues.



GPs and Practice Managers regarded telephone consultations as useful and sometimes easier to manage than face-to-face consultations.

A Practice Manager affirmed the use of telephone consultations had enabled the practice to 'see' more patients:

"...clinicians and members of staff are able to utilise their time far more efficiently. We are able to deal with more patients. Our consultation figures have gone up significantly." However, one PPG member stated that doctors think the new telephone triage system is great, but it has made some people more and more anxious, so they avoid dealing with their issues. It has made doctors appear more distant. Patients have told this PPG member that they feel the doctors are receding, no longer part of the community. The PPG member felt that this is to do with COVID-19, and it is understood that GPs must protect themselves, but it has caused a lot of anxiety.

One PPG member asserted that whilst telephone consultations had a place, face-to-face consultations should be retained as they are the highest quality consultation for many. There is a difference between people who can describe their symptoms easily as opposed to those who must be coaxed or prodded into describing their symptoms. A high number of people who go to their GP have mental health problems and a face-to-face conversation might bring things out more than on the phone.

Another PPG member stated that phone consultations did have their problems, and simply did not work for some patients. For

example, phone consultations are not very good for those with a hearing impairment, with language barriers, or for those who find it hard to have a private space for the conversation and the consultation, whilst others might feel embarrassed about describing their condition in front of a friend or relative.

A PPG member expressed a great preference for face-to-face consultations rather than telephone or online as he felt increasingly disconnected from his surgery without the opportunity for his GP to get to know him and his medical conditions. Some services previously available, such as blood tests and podiatry, have been stopped at this practice, further reducing face-to-face contact.

PPG members talked about the difficulty of getting face-to-face consultations. The perception was that you had to be very ill to get one. One PPG member said everybody he knew was complaining about this.

The Over 50s Forum stated their concern that "older people should always be offered the option of a face-to-face consultation and we understand that this is also the position of NHS England". They were concerned that "diagnosis may often require physical presence with a doctor, for example for listening to the chest or heart, taking blood pressure, or inspecting a wound or rash". They felt very strongly that phone consultations should not replace face-to-face consultations, and face-to-face consultations should be retained and reinstated as soon as practicable.





A Practice Manager who was generally very positive about telephone consultations also recognised that patients could feel differently: “Patients prefer to see clinicians face-to-face as a norm. Body language does play a part and that cannot be read via telephone, and patients can get frustrated.”

One GP also talked about the need for face-to-face consultations for certain types of diagnosis. He said that initially the surgery had not got the balance right between telephone and face-to-face consultations: “I keep telling my clinical colleagues in the daily meeting that sometimes patients need to be seen, and I think that maybe initially we weren’t very good at seeing these patients. I think now we are much, much better. Simply, the elderly, the very young, people with abdominal pain or people who just aren’t getting better. Something very simple - somebody with an ear pain, it could be wax, it could be an infection, it could in theory be something much more sinister. But actually, somebody’s got to look into that ear. It might only take five minutes, but you can’t do that over the telephone.”

### eConsult (internet based consultations)

The Over 50s Forum reported that over half of their mailing list do not have email, and do not use or do not have access to the internet. For these patients eConsult is not appropriate.

One PPG member commented that at his practice the imposition of eConsult has had an impact on many older patients who do not feel computer literate. This was raised by the PPG.

One PPG member explained that eConsult in her surgery is working so far. If you fill out an eConsult form it is picked up immediately and within 24 hours you get notification that someone will call you the same day or the next day. This could be a range of people in the clinical team. However, the PPG is not entirely happy with the eConsult form and would like to help improve it to make it more accessible.

The introduction of eConsult was seen as very positive by GPs and Practice Managers. One Practice Manager commented that there had been positive feedback about eConsult. He said a lot of people were put off at the beginning because they could not see a doctor straight away, but when the practice explained the new process most patients were OK with it within a month.

One Practice Manager estimates around 50% of the practice population is using eConsult. He conducted a survey of patients between April and October 2020 and around 25 answered. 93% were either satisfied or very satisfied with eConsult. When asked “What you would have done if eConsult was not available?”, 25% would have requested a face-to-face consultation and 63% would have requested a phone consultation. In terms of the patient profile of patients who are using eConsult, 84% are employed, with 50% of those using eConsult in full-time employment. The Practice Manager commented that the use of eConsult was more convenient for those in employment.

One Practice Manager reported that they are using ‘Dr IQ’, where 40% of the patient population is using this system.

At one practice the lead GP said their practice population had taken to eConsult but that there are not a lot of language issues.

# Appendix 1

## Extracts from 'Living Through Lockdown - Lessons from Haringey's most vulnerable service users' report

### Key findings

This report gathered feedback from Reference Groups between April and August 2020. This included, but was not limited to, feedback from older people. The findings and recommendations of the report helped us to understand older people's experiences of digital access.

Key findings of this report in relation to digital inclusion are set out in the extracts below. The main issues were:

1. Digital exclusion is commonplace.
2. Support for the use of digital services is scarce and more support would be welcomed.
3. Face to face appointments should be retained.
4. There were real difficulties getting through to the GP on the phone.
5. Statistics should be gathered on the success or failure of e-consultations.

### Page 5

- Digital inclusion. Digital exclusion is commonplace amongst vulnerable groups and therefore digital access (internet and email) cannot be relied on either as a means of communication or of accessing help and support.
- Digital enablement. A common concern was that there was not enough support for service users to access digital services where there was a will to do so with support.
- Virtual services. Over the phone and online appointments should not replace face-to-face appointments as it does not work for everyone. However, a combination of both could work. Language barriers and disabilities should also be taken into consideration.

### Proposals and suggestions

2. Provide digital and face-to-face access to services. As the lockdown is eased, it is felt that face-to-face access to services should be resumed but not at the expense of digital service provision introduced during the lockdown. It was repeatedly commented on that, where possible and appropriate, digital service access should be offered alongside traditional face-to-face provision.
4. Digital enablement. It is strongly felt that more work should be done to enable those currently unable to access services digitally.

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- GP access/clinical provision. A number of people were unable to get through to their GPs by phone. Some practices only provided very minimal services, in some cases only admin and repeat prescriptions. There was also a concern that lack of physical examination could lead to misdiagnosis and medical needs going unnoticed.

## Page 26

- E-consulting. Moving to virtual appointments is an issue for those who are digitally excluded, and for those who are vulnerable, for example - people with mild to moderate learning difficulties, who may not have carers to support them. Face-to-face appointments should be available once they can be done safely.

## Page 27

8. Consult on e-consultations. An ongoing consultation should be arranged with patient groups in regard to e-consultations [sic] and phone assessments.
9. Understand e-consultations. Statistics should be gathered on the success and failure of e-consultations.

## Page 28

17. Share information on digital inclusion. The Clinical Commissioning Group (CCG) should provide information on: a. how they plan to ensure digital enablement. b. how they will ensure the digitally excluded can continue to access services and receive care.

# Appendix 2

## Findings from the Over 50s Forum

Haringey Over 50s Forum's purpose is to give older people a voice and to ensure that all their concerns are put and kept before the decision makers.

Committee members liaise with several Haringey and London-wide organisations, often through overlapping committee memberships, including the Older People's Reference Group, Adult Partnership Board, Haringey pensioners' groups, Social Care Alliance Haringey, Keep our NHS Public, Greater London Forum.

### **Over 50's Forum Committee Meeting, 19th October 2020**

This committee meeting discussed older peoples experience of digital consultations for GP and hospital appointments. No comments were recorded about Zoom or Skype consultations.

#### **Key issues raised by Over 50s Forum at this committee meeting:**

1. Phone consultations can be problematic. People reported long waits and failure to return calls.
2. There was support for phone consultations
  - a. where people would otherwise have to use public transport
  - b. for those with mobility issues
  - c. for minor illness
  - d. where clinicians keep their phone appointments
3. More research is needed about how to make the best use of phone consultations.
4. Phone consultations should not replace face to face consultations.

### **Over 50's Forum Meeting, 23rd November 2020**

Detailed feedback was given by members about delays in accessing telephone appointments: "... there are major problems and unacceptable delays in getting through to several practices on the phone. (though in the case of [one surgery] high praise for doctors when reached, as well as for the way they handled arranging flu jabs)."



## **Over 50's Forum correspondence with Cabinet Member for Adults and Health, Cllr Sarah James, 25th October 2020**

The treasurer of the Over 50's Forum, Anne Grey, wrote to Cllr James setting out further concerns about "switching GP consultations from 'face to face' to phone calls or online." The Forum restated the concern that "older people should always be offered the option of a face-to-face consultation and we understand that this is also the position of NHS England." Members were reporting "extraordinary and unacceptable delays in contacting GPs' surgeries by phone".

Some were less able to access a phone appointment due to hearing impairment, the difficulty of getting a private space to take the appointment, or embarrassment about describing their condition in front of a friend or relative.

They were concerned that "diagnosis may often require physical presence with a doctor, for example for listening to the chest or heart, taking blood pressure or inspecting a wound or rash".

The Over 50's Forum explained that over half of their mailing list do not have email, and probably do not use or do not have access to the internet.

## **Extract from email to Cabinet Member for Adults and Health, Cllr Sarah James, 25th October 2020**

Re: Older People's concerns about switching GP consultations from 'face to face' to phone calls or online.

We understand that Haringey CCG is keen to see GP consultations transferred to phone or online as much as possible. We feel very strongly that older people should always be offered the option of a face-to-face consultation and we understand that this is also the position of NHS England.

Some of our members are reporting extraordinary and unacceptable delays in contacting GPs' surgeries by phone, as noted in the comments below which we have sent to Tanya Murat.

We would also argue that:-

- older people may experience hearing difficulties which impede a phone conversation more than a face to face one
- they may be embarrassed about describing certain conditions if they have to make a phone call in the presence of a carer or relative, and due to mobility issues or their living situation they may have very little choice about who is present
- they view this change as an erosion of service, which in fact may pave the way for transfer of

GP services to distant call centres rather than having a personalised relationship with a local doctor. It feels like a 'slippery slope' in this direction.

- whilst a phone call option may be helpful to some, in particular those with mobility issues, it is viewed with dismay by others and in any case diagnosis may often require physical presence with a doctor, for example for listening to the chest or heart, taking blood pressure or inspecting a wound or rash.

- many older people do not have mobile phones at all, or do not have mobiles which are capable of photographing symptoms, and even if their phone is capable they may not have the knowhow to take a picture of something like a wound or swelling and e-mail it to their doctor.

These issues apply a fortiori to online consultations by Zoom, Skype etc. About half our mailing list of just over 150 people do not have e-mail, which is a rough indicator that they do not have an internet-capable device. Even amongst those who do have an e-mail address, many do not read it, suggesting that they may have been helped to set one up by someone else but have some difficulty using the internet, whether because of lack of broadband, or an obsolete or broken device, or simply lack of familiarity with the technology. However many resources are put into helping older people get online, the very elderly find it difficult to learn and remember new techniques, and the cost of broadband may be a major obstacle for those on low income - just as it is for younger low-income people. For doctors to insist on online communication would therefore be a grave form of age discrimination and also discrimination against the poor.

We hope you will pass on these comments to the CCG and that you will do whatever you can to ensure that face to face consultation remains an option when older people first contact their GP about some particular problem.

## **Extract from email to Cabinet Member for Adults and Health, Cllr Sarah James, 25th October 2020**

Re: Update - further info on doctors' switchboard delays H5.

I hope I'm not labouring this issue, but thought I would pass on some comments from the latest over 50s Forum meeting last Monday which highlight particular GP practices that may need support with expanding their switchboard capacity. An extract from our minutes follows.

Following a report back on our correspondence, with a reference to the delays in getting through to surgeries on the phone which had been discussed at our previous meeting, the following comments were recorded:-

'...[Anne had reported members' previous comments that] queues on doctors' phone lines remain a big problem .....now that they have to deal with phone consultations and triage as well as appointment booking.

A happy note on the last point... I was speaking to a member yesterday who was miserable because of separate eye and ear infections that she'd had for over a week and been unable to secure a doctor's appointment because of an overcrowded switchboard. I advised her to try once more today and if unsuccessful, seek the urgent care clinic at Moorfields for at least her threatened eye. Fortunately she did get through to her doctor this morning and has now received treatment for both conditions. It goes without saying that pressure on both NHS 111 and A and E may increase if people can't get appointments with their GP before they become desperate.

## **Extract from the minutes of Over 50s Forum Committee Meeting 19th October 2020**

Request from CCG for the Forum's opinion on an important question for older about how patients will in future consult their doctors; is it acceptable to have a phone consultation instead of coming to the surgery in the first instance? Is it acceptable to consult one's doctor through Zoom or Skype?

It was noted that both the Older People's Reference Group and the Greater London Forum have put forward a strong view that face to face consultations should always be offered to older people. This should be the first form of contact with the GP if the patient wants it. One member informed us that NHS England takes this view as well, although the local CCG chair in Haringey is pressing for more use of online and phone consultations.

Several members reported their experiences of phone consultations or attempts to obtain them in detail. Several of these were rather negative. It is hard to see how online consultation through Zoom or Skype would not be even more difficult, particularly given the low level of internet access amongst older people.

### **Members' Comments on method of consultation with doctors**

Member 1 ; it took four hours on and off to get through to the doctor's surgery on the phone. Cut off more than once after waiting in a queue for a long time. (Finally the doctor phoned him back during the meeting!).

Member 2; phone consultations are ok, particularly for those whose mobility issues make it difficult to attend the surgery.

Member 3; I called the surgery at 7.30am because I was feeling really bad and was anxious about my condition. I couldn't get through. I rang 111 but got no callback. Finally I called an ambulance via 999 and went to hospital. The GP called back at 7.15pm.

Member 4; I wait hours to speak to my GP every time. But the Whittington Hospital were very helpful on the phone, especially since it was difficult for me to get there.

Member 5; For major illnesses you need a face to face appointment, but for minor issues a phone conversation would be ok.

Member 6; (inaudible during the discussion because of computer audio problem, but made her contribution by phone later); I have had a good experience with both GP and hospital doctors on the phone. They both kept in close touch with me by phone during my recent illness. But I can see that what others have said has some validity. We need research about how to make best use of phone consultations. Face to face appointments are easier for those who can drive, but it's harder for those who can't and especially if they have nobody to give them a lift.

**Other comments:**

Substituting phone calls for a face to face appointment is the thin end of the wedge, the beginning of an erosion of service.

Nobody answers the GP switchboard for days.

If the issue is that GPs and patients could infect each other, couldn't GPs speak from behind a protective screen.

Getting to the surgery presents mobility problems for some and a risk of infection on public transport. But if there are phone appointments, it's important they should be punctual.

A hospital gave a phone appointment in May (as a substitute for a face to face one planned for the last week in March but cancelled due to lockdown etc.), but nobody phoned for over 2 hours after the appointed time. The patient soon after received a letter offering another phone appointment (for a consultation about problems with a hearing aid and suspected long term ear infection) 2 months later. This was punctual and satisfactory... except that nothing could in practice be done without a hearing test and visual inspection, which has now been arranged for December.

# Appendix 3

## Extracts from Haringey GP Mystery Shopping Report January 2021

In December 2020 and January 2021, four Public Voice volunteers were tasked with calling all 39 GP surgeries across Haringey to find out how long it may take a potential patient to get through to and speak with a staff member. They were also asked to feedback any issues or observations they had that might both deter and/or encourage a patient to call back in the future.

It is worth noting that the findings only demonstrate a snapshot of the particular time and day which the volunteer called the surgery. It is also widely understood and appreciated that there are higher volumes of calls to GP surgeries at certain times of day and on certain days of the week, for example, Monday mornings before 10am.

### Findings

#### Speaking with a staff member

- Volunteers were able to speak to a member of staff at 34 out of 39 surgeries.
- Of the five surgeries that volunteers were unable to reach:
- One was engaged with no pre-recorded message with information, or option to hold/be placed in a queue.
  - At one surgery, the volunteer was placed on hold for 3 minutes and they gave up holding.
  - One surgery's telephone number was incorrect on their website but the volunteer found the correct one using a search engine. They stated that they, "got a repeated message with the surgery opening times but no offer to stay online to speak to someone. Message says 'you are being transferred to the operator' - then silence, then 'that extension is not valid, please try again'. This surgery was contacted on three separate occasions all with the same outcome.
  - One surgery provided an automated message with options to go through to different departments and then cut off. This surgery was then called twice again with one volunteer getting through in 2 minutes, and another waiting 20 minutes.
  - One was engaged on three occasions and just cut off.



## Call Waiting Times

- On average, it took less than 5 minutes for the volunteer to speak with a staff member in those cases when someone answered the phone.
- At 33 surgeries, the overall call time was less than 10 minutes.
- At three surgeries, the overall call time was between 10 and 20 minutes.
- At two surgeries, it took the volunteer 30 minutes before they were able to speak with a staff member. Both of these phone calls were made outside of peak call times with one taking place at 11.50am, and the other at 4pm.

## Pre-Recorded Messages

- Volunteers reported that there were several very long, and confusing, pre-recorded messages which were played even before the phone began to ring.
- Many pre-recorded messages directed the volunteer to use online booking systems with no clear option to speak with a staff member.
- One surgery offered a long recorded message to explain that the only way to book an appointment was via their website. It was only by holding a little longer that options to speak with someone were provided. This call took 3 minutes before speaking with a receptionist.
- One surgery had a message that started with rather a long narrative about being respectful to staff and that threats or inappropriate behaviour would not be tolerated.

## Holding and Queuing Systems

- Many pre-recorded messages directed the volunteer to use online booking systems with no clear option to speak with a staff member.
- One surgery had an engaged line when the volunteer called, and no option to hold and/or be placed in the “queue”.
- Volunteers reported nine surgeries who had a queuing system which indicated at which position in the queue they were.

Generally, waiting times and call times were acceptable at most of those surgeries that actually answered the phone with volunteers being able to speak to a staff member in less than one minute. There was no specific trend or correlation between the time of day the calls took place and the call waiting time, and the twelve calls that were placed before 10am were all answered in less than four minutes.

Some volunteers also called surgeries out of hours. The out of hours messages varied from surgery to surgery and some provided complicated information about the myriad of services offered, along with opening times. All referenced calling 111 if there was an issue and 999 in an emergency. There were some out of hour's messages which were more succinct and clearer than the others.

## Contact us



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