

# Hanging On



**A report on GP phone access for Reading people during Spring 2021**

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All case studies have had names and identifying details altered to protect anonymity. Accompanying photos are posed by models.

## About this report

This report sets out the findings of a survey conducted by Healthwatch Reading, which aimed to find out what was happening when local people phoned their doctor's surgery during the latter stages of England's third Covid lockdown.

We ran the survey at the request of our board (volunteers with an interest in health and care services) after they raised concerns that people were experiencing long waits trying to get through to book appointments, despite the local NHS telling the public that GPs were 'still there for you' during the pandemic.

We agreed to investigate GP phone access more widely, by running an online survey from 25 March-25 April, 2021. The survey was promoted to local residents via our website, newsletter, Twitter, paid Facebook advertisements, and via email to patient participation groups at GP surgeries. We gave people the option to phone in their answers if they did not have internet access or needed help completing it.

As the statutory health and care watchdog for Reading borough, we aim to influence the shape of primary care services and improved patient experience as the NHS emerges from the latest lockdown. We informed Berkshire West Clinical Commissioning Group - the NHS body responsible for overseeing GP services in Reading, Wokingham and West Berkshire - about our survey in advance. The CCG told us they welcomed the opportunity to hear from local people.

The survey was answered by 339 people, mostly Reading residents. Their responses show more than half found phoning their GP surgery difficult, with the majority of negative experiences reported by people living south of the river. We received many comments of frustration about phone systems as well as some worrying case studies about barriers to face-to-face appointments with GPs that affected people's health. A smaller number of people fear that Covid is being used as an excuse to normalise phone-only access to doctors.

We also received positive comments about certain practices, praising polite and helpful staff and 'amazing' doctors and clinical care.

As the success of the Covid vaccination programme helps open up society, Healthwatch Reading is recommending that GP services start offering more face-to-face appointments and open up access routes such as online booking for routine appointments in advance. If changed ways of working are to become permanent, these need to be communicated clearly to the public to help reframe the relationship between doctors and patients in a post-lockdown world.

## Summary of findings

**What:** Online survey run by Healthwatch Reading, the local patient voice body

**When:** 25 March - 25 April 2021 (in later stages of third Covid lockdown)

**Who:** 339 people responded, 83% in Reading, the rest in neighbouring areas

**Why:** To understand people's experiences of phoning their GP surgery

- 50% had last called their surgery 2 weeks-1 month ago; 40% in the past week
- 57% had called between 8am-11am; 22%, 1pm-6.30pm and 18%, 11am-1pm
- 67% were put on hold in a phone queue; 20% got an engaged tone and had to redial; 14% got through straight away and 10% were cut off
- 46% had their call answered within 10 minutes; 22% waited 10-30 minutes; 15% waited longer than 30 minutes and 7% got through straight away
- 35% were calling to book a routine appointment; 26% for a same-day, urgent appointment and only 4% said they were calling with Covid vaccination queries
- 54% said the experience of calling was difficult; 46% said it was easy
- 51% of people living in central or south Reading said calling their surgery was difficult, compared with 22% in west Reading and 8% in north Reading
- More than half knew about Patient Access/other online booking systems, email or surgery website contact forms, while 25% knew about the NHS App
- 221 extra comments were received, mostly about lack of online booking, appointment delays, lack of face-to-face appointments and receptionists
- Positive comments described good GP care, polite and helpful reception staff, quick call answering or good communication about place in phone queue.



### Case Study:

'I am in my late 80s and I have been with my practice for decades. Until the Covid crisis I had been unreservedly in praise of my surgery - dedicated, kind and expert practitioners and no delay in testing, diagnosis and relevant treatment. Until my latest predicament.

I have been waiting for a month for any investigation for debilitating symptoms including a marked loss of weight. I had to try repeatedly to phone at the stroke of 8am and either gave up in despair at the constant engaged signal or if I did get through hours later, all on-the-day bookings were taken.

I finally was put on the list for a duty doctor who took immediate action to arrange a blood test and refer for an investigation. After further delays and waits for forms, a friend phoned the surgery on my behalf and I finally got booked in for the appointments I needed. I am writing this saga more in sorrow than in anger. I am fully aware of the overwhelming pressure primary care is under - I have a GP in the family - but the long wait for communication with a doctor has been markedly deleterious to my health and wellbeing.'

## Survey findings in full

### Question 1: When did you last call your GP surgery?

Answer	Number	Percentage
Today	31	9%
In the past week	103	31%
In the past fortnight	82	24%
In the past month	89	26%
Other	34	10%

Our survey aimed to capture recent experiences, rather than look too far back in the pandemic. As the survey ran from March 25-April 25, the majority of respondents had called their surgery on dates between February 25 2021 and April 25 2021.

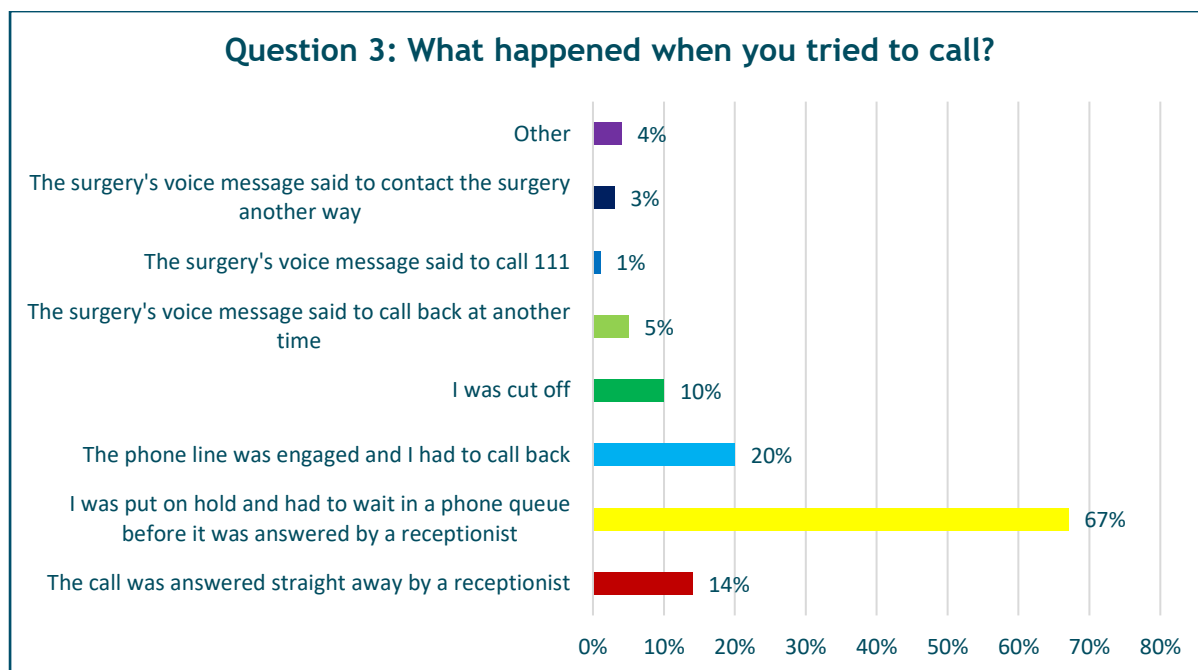
A small number of respondents said they had last called their GP between three-12 months beforehand.

### Question 2: What time of day did you call?

Answer	Number	Percentage
8am-9am	91	27%
9am-11am	103	30%
11am-1pm	60	18%
1pm-4pm	67	20%
4pm-6.30pm	8	2%
Other	9	3%

As expected, most respondents (57%) had tried calling in the first few hours of the morning, in line with instructions from their surgeries to call early in the day to make appointments.

But around one in five people also tried in the middle of the day and a similar number during the afternoon, reflecting constraints on when they could call (such as during lunchtime work breaks) or when symptoms were first known (such as an unwell child arriving home from school).



More than two-thirds of respondents said they had to wait on hold before their call was answered and one in five said they got an engaged tone and had to call back.

People also left comments expressing their frustration at having to repeatedly redial to get through, being forced to listen to long recorded messages or having to wait on hold, only to be cut off.

#### Comments:

*'The phone line was constantly engaged or would not connect. No automated message either.'*

*'It said all lines were busy and to try again later.'*

*'I was put on hold for over an hour then cut off.'*

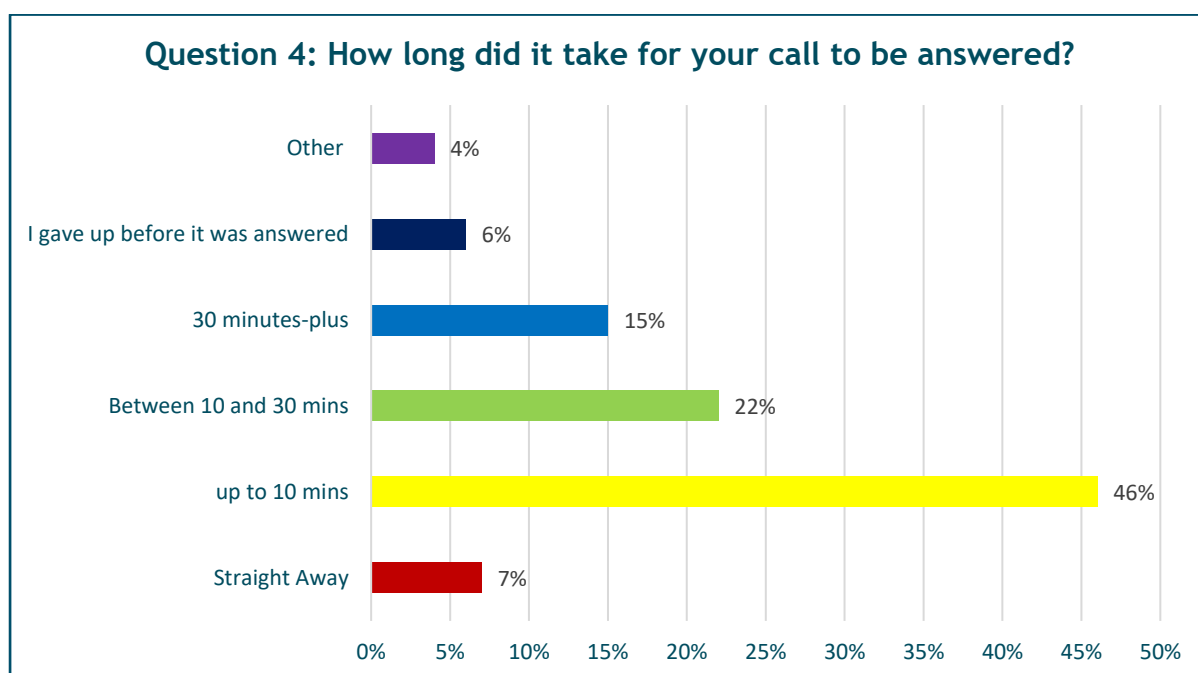
*'I was in the call queue on no 12 and 11 on separate occasions and was eventually cut off before reaching the receptionist.'*

*'Hung on for 25 minutes as caller number 1.'*

*'50 seconds of messages about how to deal with an emergency, Covid restrictions and vaccinations, then put on hold - number 4 in the queue. Call answered, then they cut me off, so had to call back, but this time number 6 in the queue.'*

*'Long, long lecture on Covid 19 - gave up waiting as phone calls expensive - medical calls should be on 0800 number.'*

*'Put in a queue after lengthy Covid recording and then told by further automated message that I could only ring on Mon or Thur for test results. Today is Fri. Totally unacceptable to have just 2 days of the week to obtain results.'*



Fewer than one in 10 respondents had their call answered straight away, nearly half had to wait for up to 10 minutes and one-third had to wait longer. A small number said they gave up, potentially delaying any urgent care or prompting them to seek help elsewhere.

People left similar comments as they did for the previous question, about having to redial many times or being cut off.

#### Comments:

*'After nearly 2 hours of trying, when I got through it took me another 30 minutes waiting before finally being answered.'*

*'23 redials, when got through, 20 mins to go from 10th in queue to receptionist.'*

*'I gave up twice but third time it was 20mins-plus before I got to the top of the queue.'*

*'I was on hold for over an hour, then cut off.'*

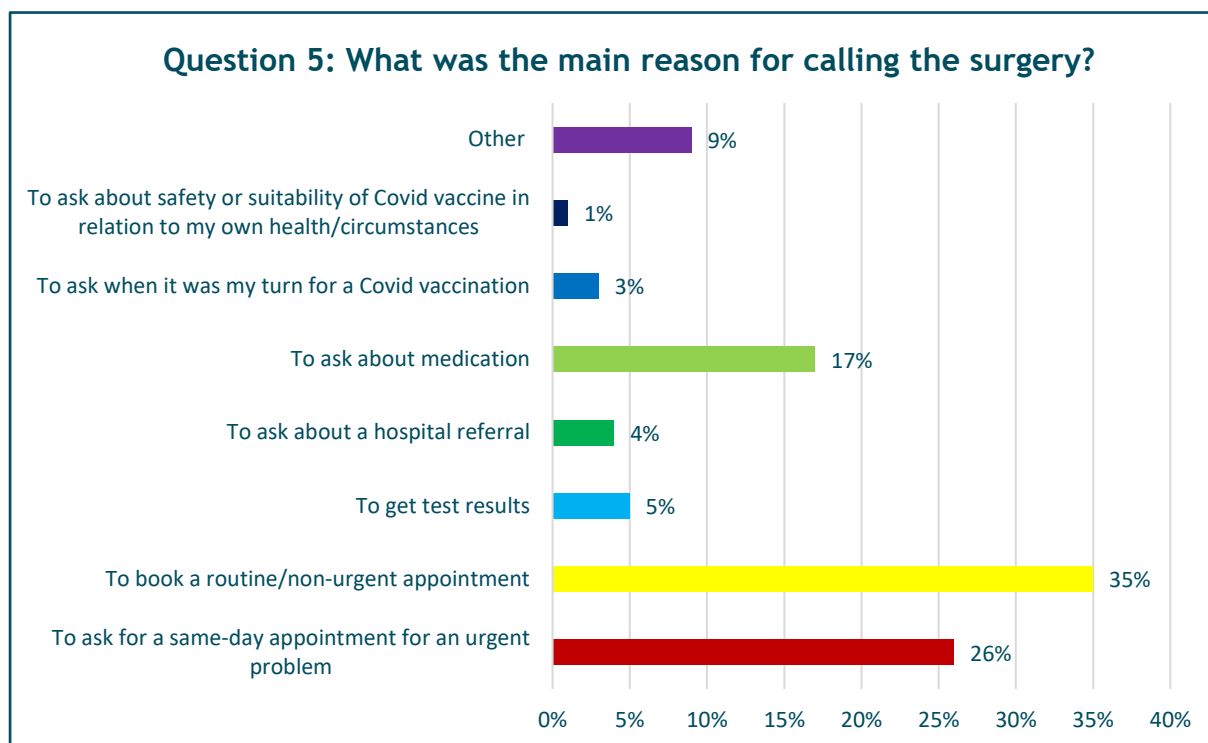
*'I was cut off. I used automatic redial and tried multiple times. I have also tried all working days for the past week and varied the times. I am always cut off.'*

*'After 5 minutes I was disconnected.'*

*'The call never rang. Multiple attempts were made but number always busy.'*

*'Call was not answered as every time I rang the phone was engaged.'*

*'Never answered by a human. All automated voice messages.'*

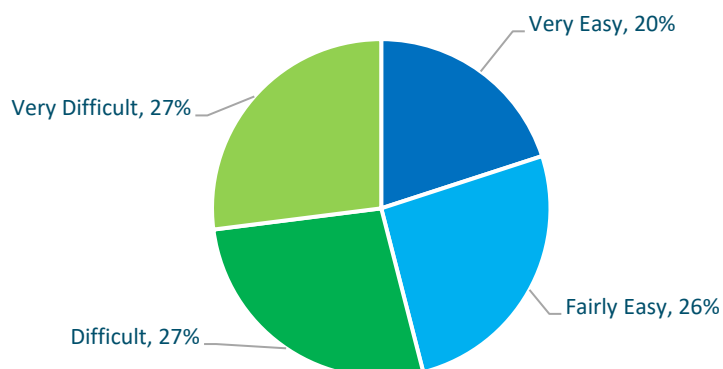


More than half of respondents (61%) told us they were ringing to try and book an urgent or routine appointment and 17% said they had medication queries. Only 4% said they were calling about Covid vaccinations.

Thirty people answered the 'other' option with a variety of reasons including:

- to book blood tests
- to ask about or book flu jabs
- to clarify texts that had been sent by the surgery to the patient
- to report home-based monitoring results with doctor
- to discuss hospital letters
- social care worker needing to speak to GP on a professional matter
- requesting a new or altered sick note.



**Question 6: How would you describe your recent experience of calling the surgery?**


More than half of people (54%) found the overall experience of calling their surgery, difficult or very difficult.

**People told us:**

*'Frustrating, you can call any time of day, it is Russian roulette if you get through, generally takes between 12 and 30 tries to join the queue of 10 callers before you then get through.'*

*'Unfortunately, during the last two years I have had to call often and it is rarely a pleasurable experience, rather one I have to work myself up to doing, which is a great shame.'*

*'Fairly easy, but extremely tedious to have had the exact same message for the past 12 months relating to COVID. Especially as it is a long message you have to sit through and listen to before moving on. Would be great to skip it unless relevant of course.'*

*'Appalling.'*

*'If you get through, the desk dragons aka [also known as] receptionists, are even harder to get past.'*

*'I now know that I must be patient for a fair long wait'*

*'Not good at all.'*

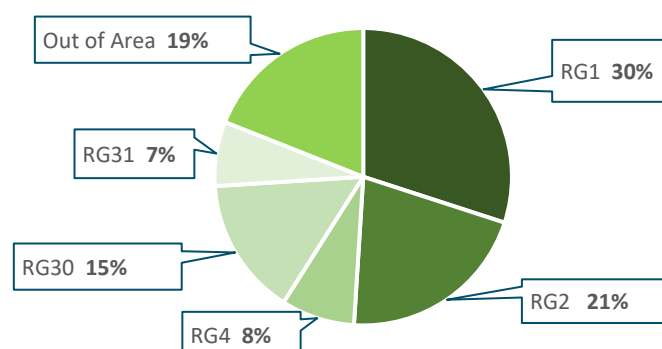
*'Depends who you get some people are more helpful than others.'*

A further analysis of this question's findings found people were more likely to say they'd had a difficult experience if they lived in the RG1 area (covering the central, south and eastern areas of the borough).

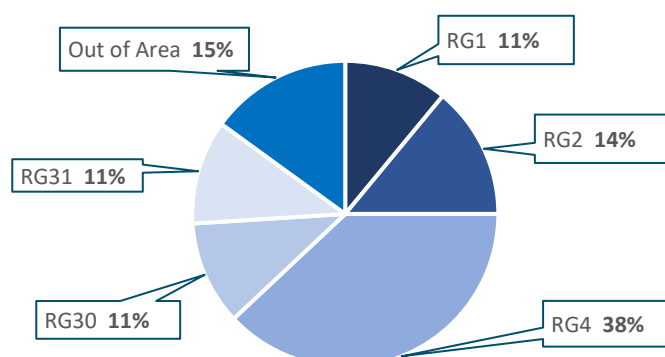
People were more likely to describe an easy experience if they lived in the RG4 area (north of the river in Caversham and Emmer Green).

The charts on the follow page illustrate people's experience by postcode.

**Postcode breakdown for 'difficult/very difficult' experience**



**Postcode breakdown for 'fairly easy/very easy' experience**



**Question 7: Do you know how to contact your GP surgery by other methods**

Answer	Yes	No
Submitting a form on the surgery’s website	165 - 52%	154 - 48%
Emailing the surgery	169 - 55%	139 - 45%
Patient Access/other online booking platform	183 - 57%	140 - 43%
NHS App	69 - 24%	218 - 76%

More than half of people said they knew about three of the four alternative contact methods. However, some people described problems with these (see Q9).

**Question 8: Which GP surgery are you registered with?**

We received at least one response for 22 out of 23 surgeries we listed in Reading (some of which are in a group practice under the same management). By area:

- 20% of respondents were registered at surgeries in RG4 (north Reading)
- 36% were at surgeries in RG1 and RG2 areas (central and south Reading)
- 19% were at surgeries in RG30 and RG31 (west Reading)
- 14% were with GPs in Wokingham, West Berkshire and nearby counties.

A full breakdown of respondents by surgery is in appendix 2.

### Question 9: Please give any other comments about your GP surgery

This question elicited 221 comments; of these, 163 were negative, on themes of:

- Phone lines being engaged, not connecting and taking too long to be answered
- Online appointment booking being switched off by surgeries
- Delays in getting appointments, tests or referrals
- Not getting face-to-face appointments
- Negative impact on person's health or wellbeing
- Specific problems for working people
- Specific problems for people with extra communication needs
- Receptionists' phone manner or 'triage' role
- A mixture of many of the issues above

Positive feedback focused on:

- Gratitude for efforts in coping with the pandemic
- Good care from doctors and kind and caring staff
- Helpful and friendly receptionists
- Good communication about ways of working

A selection of case studies and comments from this question are set out below.

#### Lack of digital access



**CASE STUDY:** 'Have tried numerous times in past few weeks due to poor health, worries about diabetes issues. The phone system is appalling, if I can get through, often 19/20<sup>th</sup> in queue, at various points throughout day and has taken nearly an hour to get to number one on one day. Being 82 years old, my arm strength is not good so holding a phone for this amount of time is not easy – have had to hang up before, due to not being able to tolerate wait. As far as I'm aware, there is no online booking at this GP practice for routine appointments. I am sure many elderly patients are suffering due to lack of face-to-face appointments.'

*'My surgery does not allow you to book appointments online, you can only book over the phone.'*

*'Both the online Patient Services option and the automated phone booking have been disabled by the surgery, which leaves people who struggle with phone calls with fewer options.'*

*'As it is not possible to book appointments on the online system, I wish there was a possibility to send them an email which would get looked at on the same day.'*

*'Emailed for an appointment after one week, still not had a call back.'*

*'The system which is used telling everyone to call at 8am seems ridiculous. I would happily use an online question system for routine things if there was a good efficient system (not what is currently offered).'*

*'I filled in an online form as I couldn't get through by phone and nobody has been in touch yet.'*



**Case Study:** 'I am a frontline NHS worker in a hospital and have worked throughout the pandemic. I have seen patients face-to-face, spoken kindly to them and made sure they could still access care. I wanted a booked appointment for my toddler to be seen with an ongoing and worsening issue. I was spoken to like I was foolish, told I could not pre-book any appointments and had to call on the day. I explained I worked every day and would be unable to call at 8am and attend the same day as I was at work in an acute setting. I needed to pre-book to be able to arrange to leave work and pull my toddler from childcare to attend. The receptionist put me on hold. On returning she advised me on this occasion, and emphasised it would not happen again under any circumstance, the practice manager had agreed that I could be put on the phone list for a telephone call the following day between 8-9 but that they would not see my child. The call actually came at 10.30am when I was working, so I had to interrupt my work as I had expected it earlier. The GP spoke to me and arranged a referral for my child to the hospital. I cannot understand for what reason GPs are not allowing patients to pre-book appointments anymore and are still refusing to see patients face-to-face for thorough assessments. This wall of obstruction is appalling and with improved understanding of, and falling rates of COVID, is no longer excusable.'

## Length of wait to get appointments, tests or other care

*'I have had a problem with my prescription which I have been trying to get sorted since last week. I had to ring twice last week, first time on hold in position one in queue for 45 mins, second time, 15 mins on hold. Was told to ring back today as my request for an alternative medication was refused. Still not sorted, only have two tablets left for tonight and still waiting for a call back from a doctor.'*

**CASE STUDY:** 'To book a routine blood test (at the request of the surgery) and a smear test (after receiving a letter) it took me over 4 and a half hours of waiting in call queues before managing to book appointments. On more than one occasion I queued over an hour to be told no appointments were available. When attending my blood test appointment, I tried to make a smear test appointment in person and was refused.'



*'My baby is 2 weeks old and I've tried to contact them twice in the last week for two separate appointments and both times the phone lines have been down and the calls won't even connect. One of the times was due to severe pain from my third-degree tear and I didn't know who else to turn to.'*

*'Our practice is only offering same-day appointments, which is very stressful for us as we need three-monthly appointments to review a long-term condition, but as appointments are all same-day we cannot really plan or see our usual GP if they don't happen to be working then. The lack of continuity has really affected us.'*

*'Had difficulty trying to book a routine maternity appointment in advance - even though I knew which week this should take place in, I had to call three weeks in a row before I was able to book as the appointments apparently didn't open up that far ahead and no-one could tell me when they would be released. I was on hold for about 10 minutes each call.'*

*'I was struggling with new mental health and depression from being under lockdown and the GP didn't call me for two days. I was shocked.'*

**CASE STUDY:** 'I have had a breathing issue for over 15 months and still have not seen a GP at my surgery. All I can get a is phone call and am issued with different medication which has not worked. It is REALLY frustrating as I feel a face-to-face appointment would be most beneficial. It is now affecting my mental health. From a marathon runner to a couch potato, with no light at the end of the tunnel.'



## Communication and inequalities



‘My disability impacts in accessing the GP services as I am blind. My friend needed to book my Covid jab for me.’

*‘English is not my first language and communication is difficult.’*

*‘I have had to help shielded relatives to book appointments with GP.’*

*‘The practice’s new website is very hard to navigate. The screens are all so ‘busy’ and not what you want, especially if you are ill or anxious.’*

*‘Telephone appointments don’t work, especially for the old.’*

*‘How can a GP be satisfied with talking to an older person on the phone to ascertain symptoms, health status and mental state?’*

## Lack of face-to-face appointments

*‘It’s annoying not being able to see the Dr. face to face. I see my hospital consultant in person. I have had to wait over a week just for a telephone consultation. I don’t think this is good enough.’*

*‘Telephone triage is worrying. Patients not always good at describing symptoms and if GP cannot see/observe patient, things can be missed.’*



**Case study:** ‘I called with regards to my 9-year-old son to get advice on a walking/foot issue which was not improving after 3 days. GP took 2 hours to call back and despite me clearly describing issue and saying no trauma/injury, it was as if he was not interested in actually seeing us just advised to go to RBH A&E or minor injuries. Went to minor injuries where we were seen by a very efficient nurse-led team. It turned out the issue could have easily been diagnosed by a GP (severs disease) if they would have actually seen us and not tried to make a rushed decision!!! Not sure telephone triage is the answer.’

*‘Telephone access is ok if necessary, but face-to-face meetings are preferable. These allow the GP to gain a better understanding of the problem and so give the patient greater confidence in the recommended next steps.’*



**CASE STUDY:** 'My then 5-week-old baby had a cold and a bad rash but because the doctor refused to see him, in spite of repeated calls for over 2 months, the rash got infected and turned into eczema and the skin started bleeding. My infant son had to be given antibiotics. I had begged the surgery and GP to give us an appointment. I understand COVID and the precautions that come with it, but if you're not going to see patients when urgent then you might as well shut down.'

### Manner of receptionists

*'Receptionist asks too many questions about reason for appointment.'*

*'It feels like the reception are gatekeeper and often very rude/abrupt.'*

*'I firmly believe some reception staff have special training in how to be rude without trying.'*

#### **CASE STUDY:**

'I have had the phone put down on me when trying to ask for an appointment as I was unable to receive a call back during day due to my job as I am a teacher. Receptionist was rude and difficult. Told me to email. I did this twice but never received a call or email back.'



*'Whilst some receptionists are really lovely, unfortunately there are too many that are rude and dismissive.'*

*'It is a hit and miss affair. Some receptionists are very nice, others so awful that I am frightened to phone and have ended up in tears disputing a call because of the way I was treated.'*

*'Triage by receptionist is difficult and unsatisfactory. Also, the receptionists seem pretty fed up at the extra responsibility.'*

*'I was advised by the receptionist that I was lucky the call was answered after 45 minutes as general wait times are over an hour.'*

*'They're under so much pressure. It not their fault. The only thing that annoys me is they ask you what's wrong. They shouldn't be able to make a decision if you see the GP.'*

## Emotional impact on patients



'Contacting the GP is really hard, frustrating and time consuming.'

*'I get very tense if I get ill as I know just making an appointment can take from 30 minutes to an hour. I never know if I will get one.'*

*'Doctor reluctant to see a baby of 3 months, which I find very upsetting.'*

*'I tried emailing the surgery but can't book an appointment that way. I have tried calling later in the day, but I am told to call at 8am. The last time I called it made me cry - I would've given up but I really needed to speak to the GP.'*

## Working people

*'It's not helped by the phone line being closed at lunchtimes. This is when I am on a break at work when it would be easier to wait on hold for long periods to speak to them.'*

*'The system of phoning in the morning is shambolic, it does not give people flexibility as some people work or are not able to call in the morning. It's the 21st century and in a first world country, we can do better than that.'*

*'Trying to do a job whilst trying to phone the surgery for an appointment, puts a lot of pressure on working people.'*

*'Attempts were made [by care professional, not a patient] to contact the surgery via phone but their number was constantly busy. I checked their website to get an email address but did not find one for the surgery - eventually got it from one of my colleagues. The surgery suggested I use their online system to contact them but I could not find something for professionals.'*

## Covid used as an 'excuse'

*'Covid seems to be an excuse not to fulfil transitional roles and working practices and current working is preventing patients from accessing the care they want/need.'*

*'Doctors' surgeries have been impossible to contact since coronavirus and I feel it's been used as an excuse. Coronavirus should not take priority over every other type of illness.'*

*'Due to the pandemic, I find the doctors have found an excuse not to see you personally to resolve the problems.'*



*'We acknowledge the pressure brought about by Covid but this appointment booking system is just not working.'*

*'No-one seems to have time for basic contact - soft, enquiring voice, a smile, a happy and eager to help attitude; everything is process driven, which has been made worse by Covid processes.'*

### Calls for improvement

*'Please bring back being able to book appointments online. When telephone appointments are given, no time slot is specific so you have to wait by your phone for almost 12 hours and if you don't pick up, you've missed your appointment.'*



*'Need to improve their services treating patients instead they make it more difficult and people have no other option and have to go to A&E.'*

*'I should hope that present circumstances would not lead to an assumption that this works well for normal practice as a cost-cutting strategy at the expense of patient safety. Some matters can adequately be dealt with by phone - others certainly cannot.'*

*'I do online repeat prescriptions for my 11-year-old daughter via the surgery webform for patients with no online accounts as she is not old enough to have online access. Now she is too old for me to have access for her (according to the surgery guidelines) but this is our only way of avoiding a visit to the surgery to request repeat prescriptions for her ADHD medication each month. Please don't stop this!!!!'*

### Positive feedback

#### Care during the pandemic

*'I have always had a good experience with my surgery, even in lockdown.'*

*'The staff at this surgery are outstanding- doctors, reception, triage, staff, nurses, everyone there are amazing.'*

*'I think my surgery has adapted well to the pandemic and have never had an issue contacting them.'*

*'Arranged for my disabled child, myself and husband to have our first Covid-19 vaccination together - so grateful.'*

*'An excellent practice whose services have remained as efficient and organised throughout the pandemic as they were before it.'*

*'I have always found them to be most helpful, especially in these difficult times.'*

*'They have supported on medical and non-medical issues, offering support during Covid. Very friendly, supportive staff in times of personal crisis, supporting mental health, safeguarding and family needs. Motivate me to carry on with life and prove myself as the best in times of challenges.'*

*'It must be an awful job dealing with moaning patients from 9am-5pm. Not a job I would relish, they do a great job, there are just too many people at one surgery. Probably too many unnecessary Covid vaccine calls.'*

*'The surgery has been brilliant during the pandemic.'*

*'Never had any problems getting through to my surgery or getting a timely appointment. Always a prompt response whichever way I contact them and I don't waste their valuable time with questions that can be answered in other ways. For example, the Covid vaccine eligibility is publicly available, so I waited my turn and acted when prompted. I take personal responsibility for my health and wellbeing and use credible public sources for information rather than be manipulated into mass hysteria whipped up by the media.'*



### Praise for staff and doctors

*'My surgery is so kind and caring and nothing is too much for you - they won't stop until they have helped you.'*

*'Always excellent communication and keen to fit me in where they can on the same day. Couldn't fault their patient-centred focus.'*

*'When you ring, they tell you your position in the queue and keep you informed to the point where your call is answered.'*

*'Doctors are great.'*

*'Always pleasant and helpful.'*

*'They are very helpful and friendly.'*

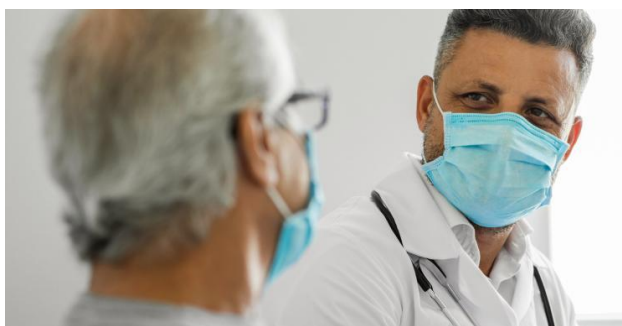
*'Swift response from a doctor of my choice.'*

*'I am lucky, my doctors are truly amazing in every way.'*

*'Receptionist considerate and helpful.'*

*'Polite, considerate reception staff.'*

*'I am always treated very politely whenever I call and always get a result from my call.'*



## Discussion

### Survey method and sample

On the face of it, our survey suggests high levels of public dissatisfaction with access to GP services, although there may be limitations to the findings. Due to Covid restrictions, we were unable to carry out the survey in the same way as we have done previously. In 2015-16, we visited all GP practices in the borough and spoke with around 600 people in waiting rooms, to try and capture a random and representative sample across the borough. This latest survey was self-selecting, meaning that findings could be biased, and the number of respondents per surgery varied widely from 0 to 50. We have presented our findings by the main area respondents live in rather than by surgery, due to some of the low numbers.

Working age people made up 63% of our respondents, compared with 67% in the general population of Reading according to 2019 statistics<sup>1</sup>. The remainder of people (37%) taking our survey were 65+, who generally make up 13% of the population. Eight in 10 of our respondents were White British, compared with 75% generally in Reading, with the remainder being Asian, Black, Mixed or Other White ethnicities. Most people (81%) who answered our survey were women, while they generally make up 49% of the Reading population.

### Comparisons with other research

Notwithstanding the survey limitations, our findings reflect other research showing increasing dissatisfaction with GP access.

In our survey we found that 54% of respondents found it difficult to contact their GP surgery by phone. A similar number, 53%, told a YouGov survey for a national newspaper last summer, that it had been harder to book a GP appointment, whether in person or over the phone<sup>2</sup>.

Meanwhile, three-quarters of recent feedback reported by 10,000 people to local Healthwatch has been about negative experiences of GP access - an increase of 20% since 2019, according to a new report published by Healthwatch England (HWE) in March 2021<sup>3</sup>.

Just over one-third of patients covered by the Berkshire West Clinical Commissioning Group said it was 'not easy' to get through on the phone to their GP surgery, according to the latest published results for the national GP Patient Survey (GPPS) in July 2020<sup>4</sup>. This dissatisfaction was up from 30% in 2019 and 27% in 2018, according to the annual NHSE-commissioned research carried out by Ipsos Mori. Reading surgeries made up seven of the 19 surgeries with below-average satisfaction with phone access in the 2020 results.

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<sup>1</sup> <https://reading.berkshireobservatory.co.uk/population/>

<sup>2</sup> <https://www.thetimes.co.uk/article/half-of-patients-struggling-to-book-an-appointment-with-gp-9qq5067nc>

<sup>3</sup> <https://www.healthwatch.co.uk/report/2021-03-22/gp-access-during-covid-19>

<sup>4</sup> <https://gp-patient.co.uk/>

Dissatisfaction with choice of appointment, appointment times and overall experience of making an appointment, also went up slightly for BWCCG between 2019 and 2020, according to the GPPS.

Comments we received about preference for face-to-face appointments were similar to those given in a survey run by South Reading Patient Voice in late 2020 about older people's experiences of GP digital access<sup>5</sup>. One respondent said: 'For me personally I find the telephone a poor substitute and any other 'digital' communication is out of the question, as my capacity in this area is very limited. Furthermore, my recent experience of this type of communication has shown me how dependent my well-being is at this stage in my life, on the life-enhancing and healing qualities of a tried and trusted relationship which can only be established and sustained by true human contact and not remotely.' It was their 'sincere hope' that face-to-face appointments would return when the pandemic situation was 'resolved'.

The tone of many responses we received in our survey was markedly different from feedback we received in a smaller survey, of 153 people in June and August 2020. Back then, people told us they were generally satisfied, didn't want to bother busy NHS staff and wanted to leave messages of gratitude to staff for coping with the pandemic<sup>6</sup>.

This shift of opinion was also noted by HWE in its GP Access report: 'While we heard very little about problems people had when contacting their GP practice in the initial lockdown, by autumn 2020, people started telling us about long waits when phoning services.'

### **Covid pressures and resources**

Our survey was conducted at a time of unique pressures on general practice, not least the extra workload of providing Covid vaccinations via their primary care network (PCN). GPs had met their target to give first doses of Covid jabs to elderly and clinically extremely vulnerable people and moved on to vaccinating 50-65-year-olds and adults with underlying conditions.

During this time, some GP practices appealed via social media for patients to stop calling to ask when it was their turn for the vaccination. Surgeries said these unnecessary queries were blocking phone lines for people trying to book appointments for new health problems. However only 4% of our sample said their recent contact with their surgery was about a Covid vaccination.

Two surgeries explicitly urged patients who were not in a vulnerable group, to seek their jab from a mass vaccination centre. The surgeries also warned 'they were unable to complete other tasks in as timely a fashion as we would like' due to the vaccination programme and that it was 'likely to be a few months before we are fully back to normal'.

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<sup>5</sup> [http://www.srpv.org.uk/srpv/sites/uk.srpv/files/FB.Oldies\\_Online\\_Report\\_V03\\_0.pdf](http://www.srpv.org.uk/srpv/sites/uk.srpv/files/FB.Oldies_Online_Report_V03_0.pdf)

<sup>6</sup> <https://healthwatchreading.co.uk/report/2021-01-22/local-experiences-during-lockdown-1>

GPs have received extra government funding to run vaccination clinics. NHS England agreed last December to pay practices (via primary care networks), £12.58 per vaccine administered<sup>7</sup> to people in the first nine priority groups. This was dependent on them confirming in writing 'the additional workforce capacity that has been engaged...to deliver vaccination services'. This was followed by another agreement, of an extra £10 per care home resident, to ensure most of this group were vaccinated by the end of the January 2021<sup>8</sup>.

From 15 February 2021, PCNs were able to claim an extra £10 supplement for vaccinating residents and staff in settings such as care homes for people with learning disabilities, or hostels for homeless people, where it would not be possible for those people to attend vaccination sites<sup>9</sup>. GPs would also get an extra payment of £10 per visit to housebound patients, backdated to mid-December 2020.

NHSE confirmed in March 2021 that it would offer GPs the same £12.53 fee per vaccine, if they signed up to delivering to the next priority groups, 10-12, defined as people aged 50 down to age 18. Signing up was again dependent on confirmation that 'additional workforce capacity has been engaged...to ensure current general practice workforce is not further overly stretched in delivering this addition to the programme'<sup>10</sup>.

We know that some primary care networks worked with Reading Voluntary Action to secure unpaid volunteers to help staff a community vaccine clinic, while other PCNs have used their own staff or volunteers from patient participation groups. We do not know how many PCNs in Reading used extra government funding to take on extra paid staff at surgeries to help with the extra pressures.

At the time of our survey, many national lockdown measures were easing, with schools re-opening (March 8), shielding officially ending (31 March), and non-essential shops opening (April 12). Strongly worded comments from some of our survey respondents - including an NHS secondary care worker - showed they felt GPs were using Covid as an 'excuse' not to start resuming normal primary care services.

As well as specific payments for Covid vaccines, NHSE announced in November 2020, a new General Practice Covid Capacity Expansion Fund of £150 million to be applied up to the end of March 2021<sup>11</sup>. Of this, £4.43m was allocated to the Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB ICS).

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<sup>7</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C1261-Covid-19-Enhanced-Service-ES-Specification-version-6.pdf>

<sup>8</sup> <https://www.england.nhs.uk/2020/12/gps-given-10-per-jab-boost-to-support-care-home-vaccination-drive/>

<sup>9</sup> <https://www.bma.org.uk/advice-and-support/covid-19/vaccines/covid-19-vaccination-programme>

<sup>10</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/03/C1194-Appendix-A-Guidance-for-local-commissioners-and-PCN-groupings-on-the-process-for-GP-practices-to-deliver.pdf>

<sup>11</sup> [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0828\\_GP-funding-letter-\\_second-wave\\_9novreb.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0828_GP-funding-letter-_second-wave_9novreb.pdf)

It is not known how much of this has reached Reading GP surgeries to allow them to recruit extra doctors and tackle their backlog of work. On 19 March 2021, this new national fund was increased with an extra £120m to be spent 1 April to 30 September 2021<sup>12</sup>. A breakdown of allocations per ICS was not published.

### Phone systems, triage and online access

Two surgeries in Reading publicly acknowledged they were having problems with their phone system before and during our survey, telling patients: 'we are truly sorry for the poor service on our phone lines of late'. These problems were put down to issues with the providers of the phone systems and phone lines. Patients from these surgeries made up 11% of our respondents.

However, comments we received from people with other surgeries suggested there were other, non-technological causes of problems, such as lack of staff at peak times leading to constant engaged tones or long waits in phone queues.

Many surgeries also appeared not to have reviewed or updated lengthy recorded phone messages that caused frustrations for people trying just to enter a phone queue. An NHSE communications toolkit<sup>13</sup> has recommended messages, but there may be better examples from the best surgeries in Reading that could be used as a basis for a new standard message.

Other people told us that they disliked being asked by receptionists to explain their health problem or feeling as if non-clinical staff were deciding how urgent their problem was. Similar feedback across England has prompted HWE to recommend that call handling training be provided for all staff using telephone systems.

One of the main solutions for reducing demand on GP phone systems - online appointment booking for those with internet access and the ability to use it - appears to have been switched off by surgeries during the pandemic, our survey shows, and people want this facility to return. This would improve access routes to GP care but also re-empower people to be proactive in managing their ongoing conditions, such as by booking ahead for health reviews which they want to discuss with a trusted clinician in person. It would also benefit other key workers like teachers who cannot delay leaving for work while they wait hold to a GP surgery at 8am.

There has been talk that the pandemic has led to positive accelerations in the ways GP work - such as swift adoption of video consultations - but in terms of appointment access, people feel the balance of choice and control has shifted away from them.

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<sup>12</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/03/C1216-SUPPORTING-GENERAL-PRACTICE-ADDITIONAL-120m-FUNDING-FOR-APRIL-SEPTEMBER-2021.pdf>

<sup>13</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1046-access-to-general-practice-comms-toolkit-feb-2021.pdf>

## Health inequalities

Our findings highlighted a number of inequalities in accessing general practice, including difficulties experienced by people with disabilities or people who did not speak English, who had to rely on others to make contact with their surgeries.

People with hearing problems raised issues in the survey by South Reading Patient Voice, while the national HWE report also identified inequalities for people who couldn't access technology either through lack of equipment or inability to use it, homeless people, people with sensory or communication impairments, or people on persistent low incomes.

This is despite NHSE advice to GPs in September 2020 to avoid a 'one-size fits all approach' to access during the pandemic<sup>14</sup>. 'Adjustments will need to be made to ensure those who are unable to access or engage with services remotely can still access appointments and care,' the guidance stated.

HWE has called on NHSE to 'ensure GP practices are supported to better record and identify people with additional needs, with indicators such as carer identifiers, language support needs, and disability support needs'.

The other main inequality we found from our, was the 'postcode lottery' of experience. More than half of survey respondents living in central or south Reading (where our borough's most deprived wards are situated) said calling their surgery was difficult, compared with 22% in west Reading and 8% in north Reading.

This has also been a theme in primary care reports we have undertaken before the pandemic. The same handful of GP surgeries keep being mentioned in glowing terms by patients, while some surgeries are repeatedly called out by patients for poor service. This suggests that the Covid-19 pandemic has exacerbated, rather than caused, long-standing problems at some surgeries.

We acknowledge that due to our survey method, comparisons across Reading need to be treated with caution. However, the next results of the national GP Patient Survey, due out in July 2021, should provide commissioners with sufficient data for each surgery to confirm whether there is a case for a greater focus on tackling variations and levelling up quality across the borough.

## Lack of face-to-face consultations

Some respondents said lack of face-to-face consultations had caused:

- inconvenient journeys to another service for a problem that could be dealt with by primary care
- concern that a doctor would miss visual clues to a problem
- sadness about lack of contact with a trusted GP
- problem to worsening and need urgent or extra treatment when finally seen.
- upset that a doctor didn't want to see them at a vulnerable time.

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<sup>14</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf>

Before the pandemic, face-to-face appointments made up around 75% of all types of GP appointments in Berkshire West CCG, according to figures published by NHS Digital<sup>15</sup>. This dropped to 35% in April 2020, just after the UK went into its first pandemic lockdown, and has crept back up to around 50% recently. (A breakdown for Reading or other local authority areas is not available).

**Table: The highs and lows of face-to-face appointments in Berkshire West**

Month and year	Percentage: face-to-face appointments, with GPs in Berkshire West CCG (Reading, Wokingham and West Berkshire surgeries)	Total: face-to-face appointments in Berkshire West CCG	Total: all types of GP appointments in Berkshire West CCG
March 2021	49%	125,175	254,424
February 2021	51%	110,358	218,276
January 2021	51%	114,100	222,376
December 2020	50%	107,828	214,552
November 2020	48%	107,044	221,468
October 2020	55%	136,781	250,952
September 2020	49%	111,923	229,038
August 2020	43%	73,044	170,370
July 2020	42%	80,382	191,485
June 2020	39%	68,382	176,542
May 2020	36%	49,980	138,411
April 2020	35%	45,804	131,781
March 2020	57%	112,889	199,290
February 2020	73%	143,546	196,317
January 2020	74%	164,035	222,290

NHSE wrote to GPs calling for changes, in a letter dated 13 May 2021<sup>16</sup>. ‘GP practices must all ensure they are offering face to face appointments’ and ‘practices should respect preferences for face-to-face care unless there are good clinical reasons to the contrary’ [NHSE underlining].

The letter goes on to reference the HWE evidence on GP access: ‘Engagement undertaken by Healthwatch and other patient groups has shown that there are a number of patients struggling to navigate the current access routes into practices, and this difficulty can disproportionately affect some communities over others, for example those with poorer access to smartphones or those who have low confidence in using them, and those who may be traditionally underserved.’ CCGs should ‘support’ practices offering low numbers of these types of appointments.

The letter also said: ‘All practice receptions should be open to patients, adhering to social distancing and IPC guidance.’

<sup>15</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

<sup>16</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/05/B0497-GP-access-letter-May-2021-FINAL.pdf>



'This is important for ensuring that patients who do not have easy access to phones or other devices are not disadvantaged in their ability to access care.'

However, this intervention by no means guarantees immediate changes are ahead for patients, given the response from national medical bodies.

The Royal College of GPs said on 14 May 2021 that doctors still hadn't seen the formal guidance covering these changes and practices would need 'time and some support' to prepare for opening up<sup>17</sup>. There also needed to be 'some flexibility for practices to decide how to best meet their patients' needs at a local level' the college said.

The doctors' trade union, the British Medical Association (BMA) said in a statement on 14 May 2021, that the government needed to clarify exactly how it could offer more face-to-face consultations<sup>18</sup>. Social distancing guidelines could mean that a surgery waiting room with space for 40 patients could only six, affecting the number of patients that could be physically seen each day, the BMA said. 'They [GPs] do not want to be call centre clinicians but do want to get back to seeing more of their patients face-to-face. But this cannot happen overnight and there must be honesty around the current state of play.'

HWE has proposed that the NHS Choice Framework includes guidance on how people can choose the type of GP appointment they want, to cope with changes to ways of working that are shifting even beyond the Covid pandemic. If a patient's choice couldn't be met, surgeries should give people a clear reason why, HWE adds. At the moment, the choice framework only covers primary care in terms of the right of people to choose their GP surgery.

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<sup>17</sup> <https://www.rcgp.org.uk/about-us/news/2021/may/college-response-nhs-england-letter.aspx>

<sup>18</sup> <https://www.bma.org.uk/bma-media-centre/gps-let-down-by-tone-deaf-nhs-england-letter-on-face-to-face-appointments-says-bma>

## Recommendations

**We recommend that Berkshire West Clinical Commissioning Group, as commissioners of GP services in Reading:**

1. Support GP practices to open up online appointment booking for routine, phone and face-to-face appointments as soon as possible in order to reduce demand on surgery phone systems, improve access routes for people who cannot call early mornings and to help people manage their care;
2. Require GP practices to clearly publicise current access routes for appointments on their websites, including a clear commitment to offering face-to-face appointments, which is consistent across all Reading surgeries;
3. Publish a CCG-wide timetable that sets out expectations and milestones for opening up general practice, including any plans for permanent changes to traditional ways of working;
4. Immediately publish latest data on the number of face-to-face appointments being offered by Reading practices, followed by quarterly updates, to assure the public that these are steadily increasing, and what action is being taken where numbers are low;
5. Agree a standard phone message that all GP surgeries in Reading should adopt (with flexibility to add any practice-specific information), that is clear and concise, based on national or best practice local examples;
6. Publish details of how much funding has been received by BOB ICS for Reading surgeries, from its £4.43m share of the new Covid fund for the period November 2020-March 31 2021, and any known bids or receipts of funding from the second tranche announced covering April-September 2021;
7. Describe how it plans to address inequalities in accessing general practice, including those experienced by older people, people with disabilities and people living in areas of high deprivation;
8. Confirm whether it is planning investment or other initiatives that will help improve the service from reception staff to a consistent level across Reading.

## Response from Berkshire West Clinical Commissioning Group



1 July 2021

Dear Mandeep

### ***Hangin On – A report on GP phone access for Reading people in the Spring of 2021***

I write in response to the report Healthwatch Reading shared with the CCG on 3rd June 2021 detailing the outcome of a survey conducted between 25th March and 25th April 2021 on GP phone access which 339 people responded to. The CCG appreciates receiving the views of those who completed the survey and was concerned to read some of the experiences described in the report. Ahead of receiving survey outcomes the CCG had become aware of very high levels of demand being seen across the local health system putting pressure GP practices and other services. A system-wide workshop was held on 18<sup>th</sup> May to agree additional remedial actions, some of which relate to telephone access and the recommendations made in your report:

- Standardised telephone message for GP Practices  
An audit has been undertaken of GP phone messages resulting in practices being asked to adapt a standard shorter message to help reduce the time people spend on the phone and to ensure clear and consistent messages are being conveyed; a follow-up audit is planned to monitor the impact of this change.
- Maximising GP call handling / workflow management capabilities  
The CCG is working to provide GP practices with 'expert' telephony advice and customer care training and accelerating where possible the upgrade of telephony systems used by practices to enable better monitoring of telephone waiting times, call back arrangements, flexible capacity to support periods of high demand and greater ability to increase integrated working across practices. We are also sharing best practice guidance on the total triage approach and how to manage the various streams of incoming demand. This includes arrangements to support those who are working and practices are being asked to advise patients when to expect call backs to try to accommodate work schedules as far as possible.
- Enhancing intelligence about activity in primary care  
This includes using predictive modelling tools to better understand and respond to demand / pressure points and gain intelligence on the number of calls being handled and drop off rates as well as improving data on the number of face-to-face, telephone, online and video consultations available to patients. The practice-level national dataset (GPAD) is still being implemented but once available we will look to include this in our quality reports to the Primary Care Commissioning Committee and will consider if any additional local publication is needed to supplement national reporting.

We have also now considered the other recommendations in your report and our response is as follows:

- 1. *Support GP practices to open up online appointment booking for routine, phone and face-to-face appointments as soon as possible in order to reduce demand on surgery phone systems, improve access routes for people who cannot call early mornings and to help people manage their care.***

Our Urgent and Emergency Care Programme Board discussed the issue of high demand on phone lines at 8am at its last meeting. The total triage model means that appointments are released incrementally and as such there should be no need for patients to call early in the morning. We would welcome further discussion with you around how we can communicate to patients that their need will be responded to in the same way if they call later in the day when waiting times should also be shorter. With regards to reinstating online appointment booking, the CCG is engaging with practices to ensure that this happens in a controlled way giving consideration to the type of online appointments that can be safely made available. Some practices have retained online booking of nurse appointments throughout the pandemic.

- 2. *Require GP practices to clearly publicise current access routes for appointments on their websites, including a clear commitment to offering face-to-face appointments, which is consistent across all Reading surgeries***

We are currently guided by the *Standard Operating Procedure for General Practice in the Context of Covid-19* published by NHS England. This requires a blend of face-to-face and remote care to be available in all practices. NHS Digital data for Berkshire West shows that 50% of appointments were provided face-to-face in April 2021. This compares to 68% prior to the pandemic. Practices currently see patients in person where it is clinically appropriate to do so and as restrictions are eased we are working with practices on accommodating patient preferences around mode of consultation. Work to ensure that consistent messaging is in place across practice websites is also taking place.

- 3. *Publish a CCG-wide timetable that sets out expectations and milestones for opening up general practice, including any plans for permanent changes to traditional ways of working***

As per the above we are guided by the national Covid-19 SOP which has been updated but currently remains in place. The latest version of the SOP requires practices to have receptions open allowing appointments to be booked in person. Most of our practices have already implemented this but during July we will be working with any that have not to ensure their doors are fully open. We will continue to work with our practices to plan for any change to the arrangements set out within the SOP as Covid-19 restrictions ease. It is likely that the total triage approach will remain in place in many practices (many had already implemented this to a large extent prior to Covid-19) but patients will also be supported to provide initial information in person or over the telephone as appropriate. Similarly, practices will be expected to maintain a range of appointment types including telephone, online and in person consultations.

4. ***Immediately publish latest data on the number of face-to-face appointments being offered by Reading practices, followed by quarterly updates, to assure the public that these are steadily increasing, and what action is being taken where numbers are low***

Please see above.

5. ***Agree a standard phone message that all GP surgeries in Reading should adopt (with flexibility to add any practice-specific information), that is clear and concise, based on national or best practice local examples***

Please see above.

6. ***Publish details of how much funding has been received by BOB ICS for Reading surgeries, from its £4.43m share of the new Covid fund for the period November 2020-March 31 2021, and any known bids or receipts of funding from the second tranche announced covering April-September 2021***

Expansion funding to increase GP capacity and to support oximetry @home, long COVID management, clinically extremely vulnerable patients, chronic disease management, routine vaccinations and immunisations and health checks for learning disability patients has amounted to £500,000 being available to Reading practices in 2020/21 and £400,000 in April – September 2021. The use of this funding is reported through our Primary Care Commissioning Committee.

7. ***Describe how it plans to address inequalities in accessing general practice, including those experienced by older people, people with disabilities and people living in areas of high deprivation***

We are mindful that new modes of access to primary care could potentially create inequalities for some groups. We are working with practices to address this through a digital inclusion programme linked to wider primary care digital maturity work. This includes the introduction of digital champions to support all groups in accessing care. Ensuring that appointments can be made in person at GP receptions as well as online and over the phone will also help address inequalities.

8. ***Confirm whether it is planning investment or other initiatives that will help improve the service from reception staff to a consistent level across Reading***

Please see above.

Following the report and the more detailed information provided when you met with my team to discuss early findings, individual practices' survey outcomes have been shared anonymously with practice managers and we have asked that they discuss them with their Patient Participation Group (PPGs). Eight practices with reports of particular concern have been asked to review these and formally respond to us.

I hope that the above information sets out the work we have been doing to improve telephone access and further actions we are now taking following the survey report. Thank you again for sharing the report and additional information with us and we look forward to continuing to work with you to improve patient experience in this area. Should you wish to discuss this letter further please feel free to contact me.

Yours sincerely

Helen Clark

**Director of Primary Care**

**Berkshire West CCG**

## Appendix 1: Demographics

These questions were optional and were not answered by all respondents.

Gender	Number	Percentage
Woman	250	81%
Man	60	19%
Other	0	0
<b>TOTAL</b>	<b>310</b>	<b>100%</b>

Age	Number	Percentage
Under 18	0	0
18-24	5	2%
25-34	34	11%
35-44	47	15%
45-54	52	17%
55-64	57	18%
65-74	51	16%
75-84	52	17%
85+	12	4%
<b>TOTAL</b>	<b>310</b>	<b>100%</b>

Ethnicity	Number	Percentage
Asian	22	7%
Asian British	16	5%
Black	3	1%
Black British	4	1%
Mixed	3	1%
White British	244	80%
Any Other White Background	11	4%
Other	5	1%
<b>TOTAL</b>	<b>308</b>	<b>100%</b>

Postcode	Number	Percentage
RG1	64	21%
RG2	54	18%
RG4	68	22%
RG5	7	2%
RG6	9	3%
RG7	7	2%
RG8	2	0.5%
RG10	2	0.5%
RG12	3	1%
RG14	2	1%
RG30	40	13%
RG31	27	9%
RG40	4	1%
RG41	2	0.5%
RG42	2	0.5%
Other/Out of Area	14	5%
<b>TOTAL</b>	<b>307</b>	<b>100%</b>

## Appendix 2: Total respondents per GP surgery

This question was optional and was not answered by all respondents.

Surgery	Number of Responses
Abbey Medical Centre	0
Baltimore Park Surgery	50
Chancellor House Surgery	4
Chatham Street Surgery	6
Circuit Lane Surgery	4
Eldon Road Surgery	2
Emmer Green Surgery	18
Grovelands Medical Centre	9
Kenney Surgery	13
London Street Surgery	2
Longbarn Lane Surgery	5
Melrose Surgery	15
Milman Road Surgery	29
Pembroke Surgery	7
Russell Street Practise	3
South Reading Surgery	5
Tilehurst Surgery	14
Tilehurst Village Surgery	1
University Health Centre	23
Walk In Centre Registered Surgery	3
Western Elms Surgery	35
Westwood Road Health Centre	2
Whitley Villa Surgery	1