



healthwatch
Barnet

Accessing your GP Remotely

August 2021

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Background

As a result of the pandemic, GP surgeries, along with other health and social care providers, have had to innovate and transform their services. In March 2020, NHS England issued guidance that GPs should embed a system of 'total triage' where patients contact their surgery remotely at first and only get seen face-to-face where it was deemed clinically required. Remote appointments include email consultations, video and telephone calls. This new approach would in turn protect patients and staff and prevent the spread of COVID-19.

Digital transformation has been a long term goal of the NHS, even before the pandemic. The NHS Long Term Plan has committed that every patient will have the right to access primary care digitally by 2023/24. Furthermore, before the pandemic, the use of remote appointments had been slowly gaining momentum in part due to the increased prevalence of high-speed internet across the UK. The Royal College of General Practitioners has stated that pre-pandemic, the split for GPs was approximately 70% face-to-face and 30% remote.

In May 2021, when NHS England planned to formalise 'total triage' as the primary care standard operating procedure, there were concerns raised about its impact by GPs, the Royal College of General Practitioners, and leading patient organisations which included Healthwatch England, National Voices and the Patients Association. In July 2021, NHS England withdrew the primary care standard operating procedure and said its guidance is now either standard practice, covered elsewhere or redundant.

As a result of these changes to GP services and in response to feedback from local people about their experiences of their GP's new way of offering appointments, we set out to gather local people's experience of accessing their GP remotely. We contacted a diverse and broad demographic to understand what has been working well and what has not been working so well. As GP practices work on planning for service delivery post-lockdown, we hope the insight from this report will be utilised to shape the future of GP services in Barnet.



What we did

Due to the nature of the project and the fact that lockdown rules remained in place during its delivery, we knew getting the project message out would not be easy and would require us to utilise all our resources and relationships with the community.

We had three core methods of collecting experiences: an anonymous online survey, 1-2-1 telephone interviews and community focus groups to enable us to capture insight from people who are both online and offline. We also offered the option of alternative formats such as paper copy or large print if anyone required it.

We worked together with volunteers from our project group to design the online survey. The survey was broken into 5 sections: accessing their GP,

the new GP process, technology, accessibility needs and moving forwards. Our focus group structure was based on the above 5 sections whilst allowing us to have more detailed, rich and open conversations.

In total, we gathered 376 experiences of local people across all of Barnet. The feedback collected in this report was gathered between May 2021 to July 2021.

Engagement

To ensure we reached all Barnet communities and represented their voices, we produced a comprehensive community engagement and communication plan that included 24 local organisations.

We asked each organisation, depending on what was applicable to them, to share our project information through their channels and network in order to allow us to deliver a focus group to their clients and share contact details of anyone who required or preferred a 1-2-1 telephone interview. To increase engagement and take-up, we offered two £50 Amazon vouchers in a prize draw for everyone sharing their experience.

The experiences we have captured come from a diverse and broad range that includes people with disabilities, mental health challenges, learning disabilities, autism, hard of hearing/deaf, visual impairment and people whose first language is not English. The experiences also draw from various ethnic backgrounds and age groups.

Community Focus Groups

We conducted focus groups with organisations in the table below. The focus groups were conducted by Healthwatch Staff and Volunteers. Most of the focus groups were conducted online with support from the host and some focus groups were conducted in person where permitted. We arranged additional accessibility support where required to ensure all people were able to participate fully. In total, we reached 76 people through our community focus groups. As we only attended each focus group once for each organisation, each participant provided us with unique data.

Group Name	Group Description	Date	No. of People	Method
Barnet User Voice Group	A group that provides a voice for disabled people.	7/7/2021	3	Online
Barnet Voice for Mental Health	Peer Support group for people with mental health challenges.	22/7/2021	9	Online
Barnet Sight Impaired Group	An informal community group for people with sight impairment/blindness.	6/7/2021	5	Online
Barnet Mencap	'Have Your Say' community group for people with autism and/or a learning disability.	28/6/2021	12	Online
New Citizens Gateway (previously known as Barnet Refugee Service)	Hearing from experiences of refugees and asylum seekers.	15/6/2021	5	In-person
Jewish Care, Barnet	Hearing from Jewish people in Barnet.	11/6/2021	1	Online
Jewish Deaf Association (for people of all faiths and none)	Hearing from people who are hard of hearing or deaf.	13/7/2021	7	Online
Colindale Communities Trust	Hearing from people who live in and around Colindale.	22/6/2021	10	In-person
Hope Corner Community Centre	Hearing from people who live in and around Dollis Valley and Underhill.	29/06/2021 23/6/2021	5	In-person
Barnet COVID-19 Health Champions	Hearing from local COVID-19 Health Champions who live across the borough of Barnet.	8/7/2021	19	Online

Online Survey and 1-2-1 Telephone Interviews

The table below outlines those organisations from our engagement plan that kindly supported us with our engagement by sharing our message with their clients and/or facilitating 1-2-1 telephone interviews to enable us to have a wider reach. In total, we reached 300 people through this method. The majority of questions were answered by all respondents, but some respondents did not answer all questions if they did not feel it was relevant to them. Beyond community outreach, we also were active in general communication about our project and sharing the information with our volunteers, various newsletters, our Inclusion Barnet colleagues, on social media and our website.

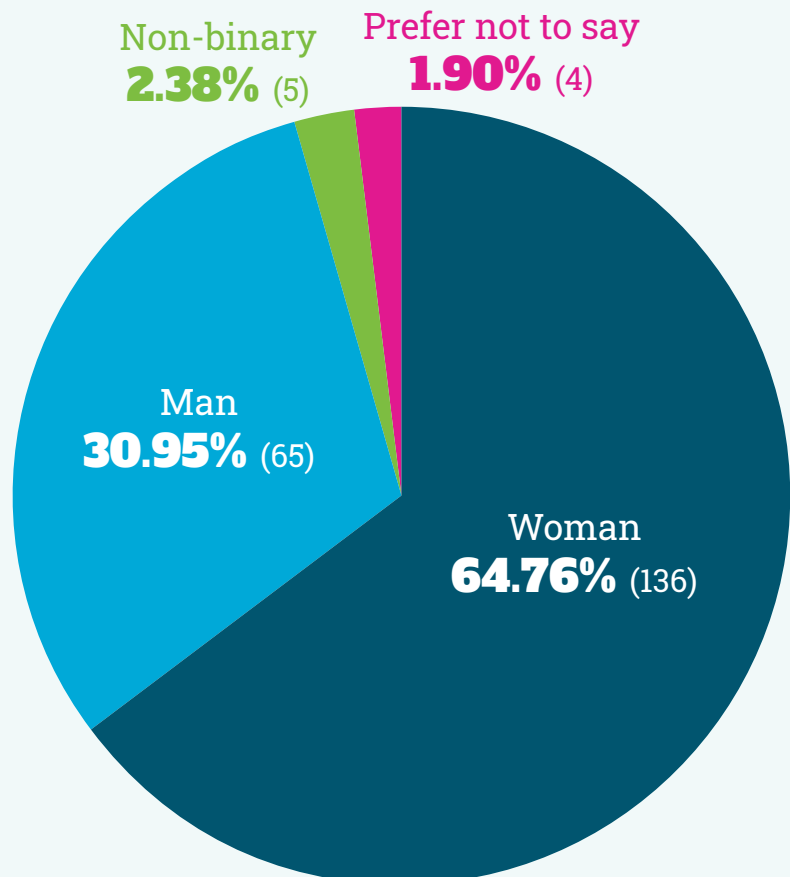
Organisation	Organisation Description	Outcome
Barnet Patient Participation Network	Network of Barnet’s GP Patient Participation Groups that exchange ideas and represent the patient voice.	Shared project information through their network.
Barnet Sight Impaired Group	Informal community group for people with sight impairment / blindness.	Shared project information through their network.
Barnet Mencap	Supports children / adults with autism or learning disability, and their families.	Shared project information through their network, clients and on social media.
Barnet Carers	Supports adult and young carers across Barnet.	Shared project information through their network of 2200 carers.
Age UK, Barnet	Supports older people in Barnet.	Shared project information to 1,200 residents who are not online through their Pigeon Post hard copy physical magazine.
North London Hospice	Supports people who have a life-limiting illness and/or specialist needs.	Shared project information with their staff network, newsletter and social media.
Young Barnet Foundation	Supports children and young people across Barnet.	Shared project information on their newsletter and social media.
Jewish Care, Barnet	Health & social care organisation serving the Jewish community in Barnet.	Shared project information through their network.
Barnet Seniors Association	Works with stakeholders in order to influence policy plans and practices for older adults in Barnet.	Shared project information on their network and newsletter.
Community Souls	Supports young people who are dependent on benefits, low income and furthest from the job market.	Shared project information through their network.
Barnet COVID-19 Health Champions	Keeps hundreds of Barnet residents up to date on the latest COVID-19 advice.	Shared project information with all COVID-19 Champions.
Home-Start, Barnet	Supports families across Barnet.	Shared project information through their network and on social media.

Respondent Profiles

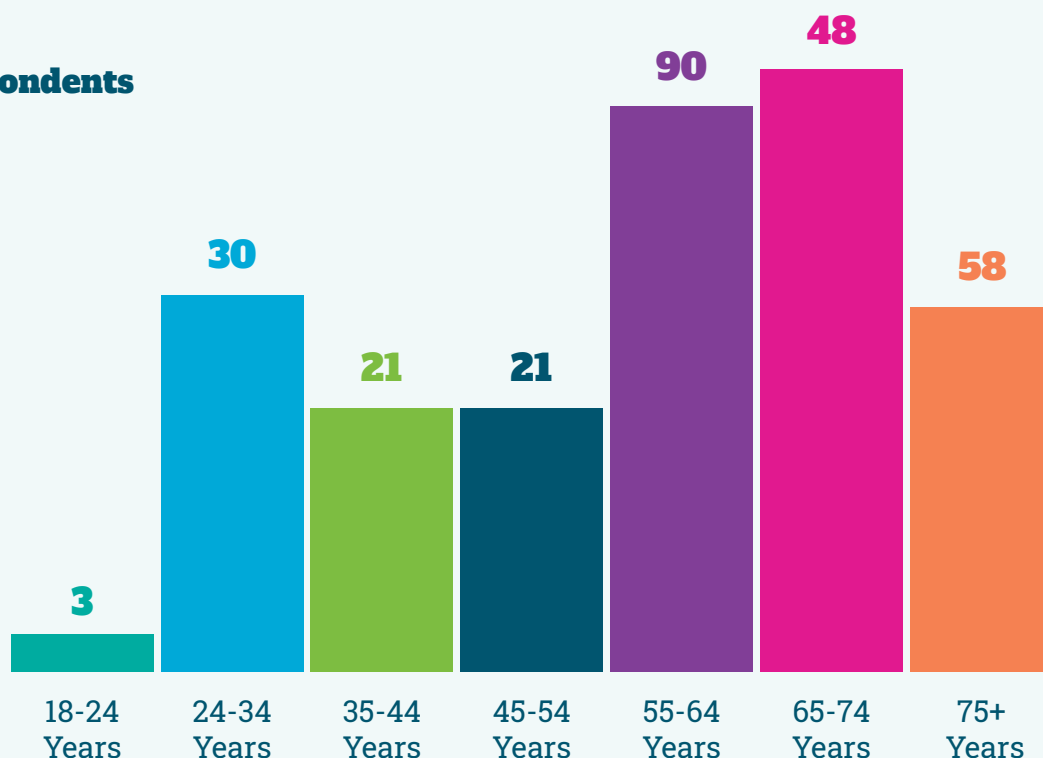
For our online survey, we provided the option to gather additional information about the respondent if they wished to share their details or they could skip this section. We gathered additional information from approximately 200 of 300 respondents.

- **88%** of people surveyed answered on their own behalf, 8% on behalf of someone they are caring for and 4% on behalf of a child.
- More than a third (**39%**) of people surveyed were aged 65 and over.
- **65%** of people surveyed were female, 31% were male, 2% of were non-binary and 2% preferred not to say.
- **22%** of people surveyed were from an ethnic background.
- More than a half (**57%**) of people surveyed have a long-term health condition(s).

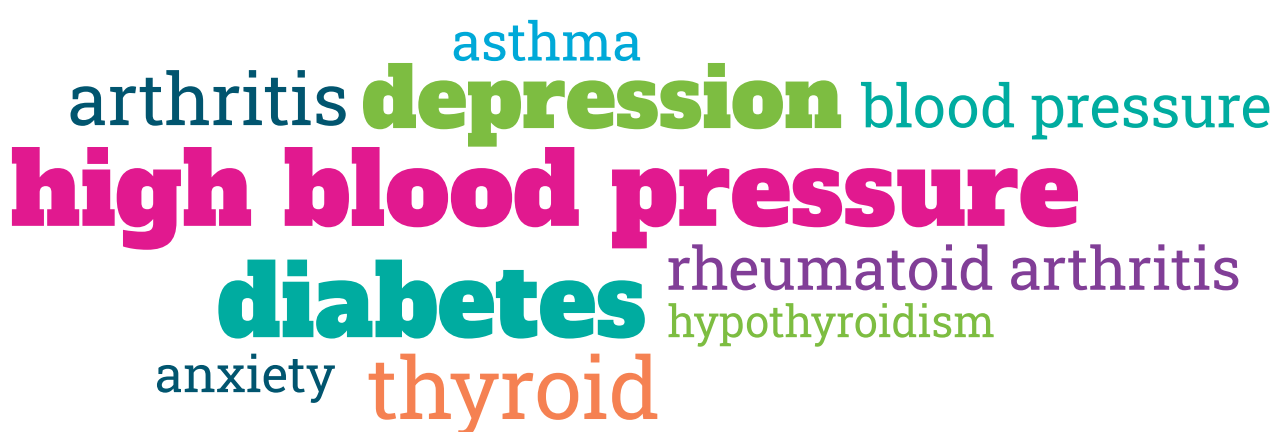
Gender of Respondents



Age of Respondents



Word Cloud of Commonly Used Phrases for Long Term Health Conditions



Individual information was not collected from each person in our focus groups because of practicality and volume of people engaged but the group description from the table above may indicate their demographic. However, we recognise that if a person attends a certain group that has a specific scope, such as a disability group, that does not indicate they wish to be identified as having a disability.

Summary of Findings

Aspects People Liked

The New GP Process

Before Appointment

Ease of using the online booking system.

During Appointment

Turnaround time from requesting an appointment and seeing your GP.

After Appointment

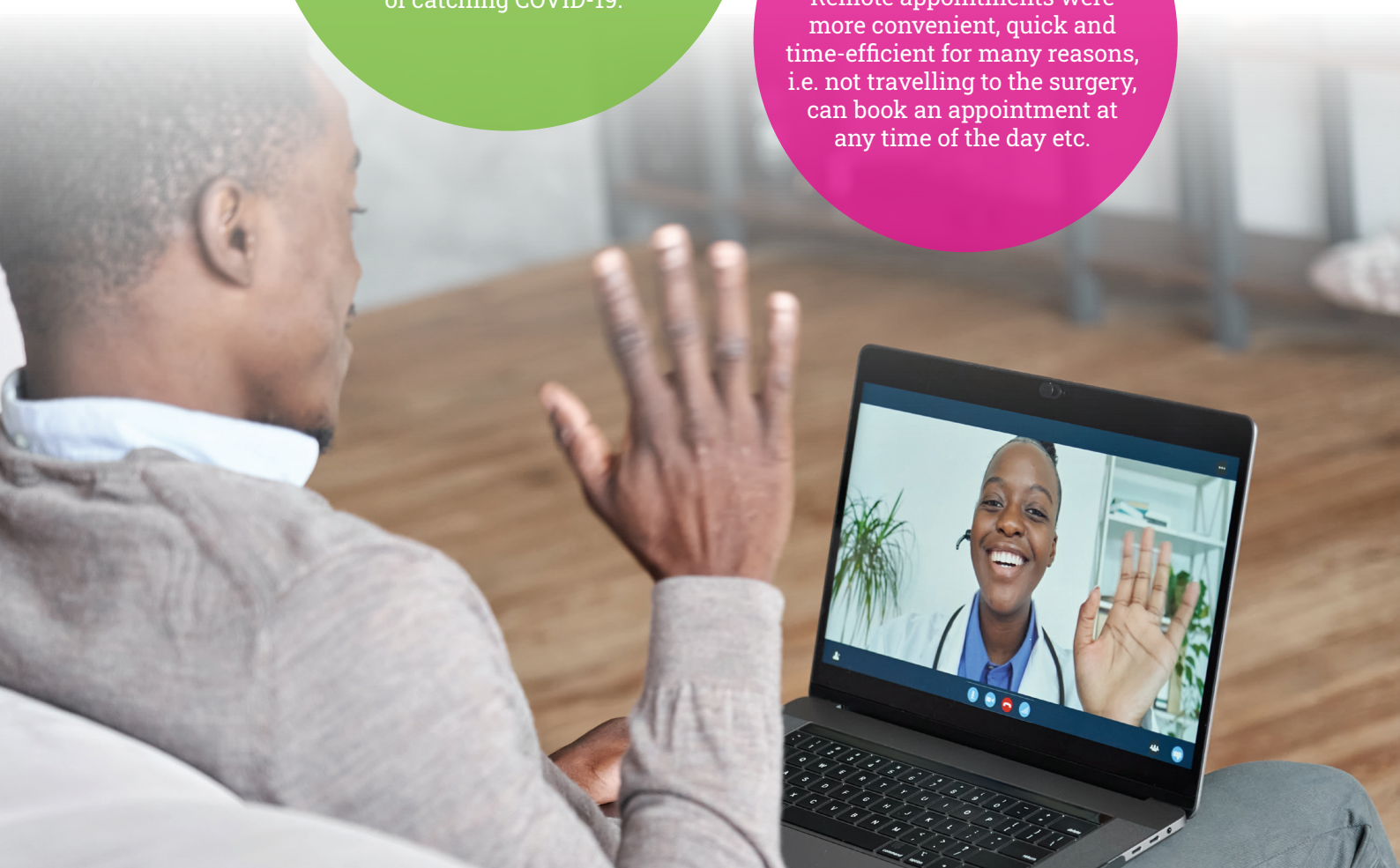
Prescription collection working very well.

Personal Safety

Some people expressed that they felt safer having a remote appointment with their GP compared to attending in person due to the risk of catching COVID-19.

Convenience

Remote appointments were more convenient, quick and time-efficient for many reasons, i.e. not travelling to the surgery, can book an appointment at any time of the day etc.

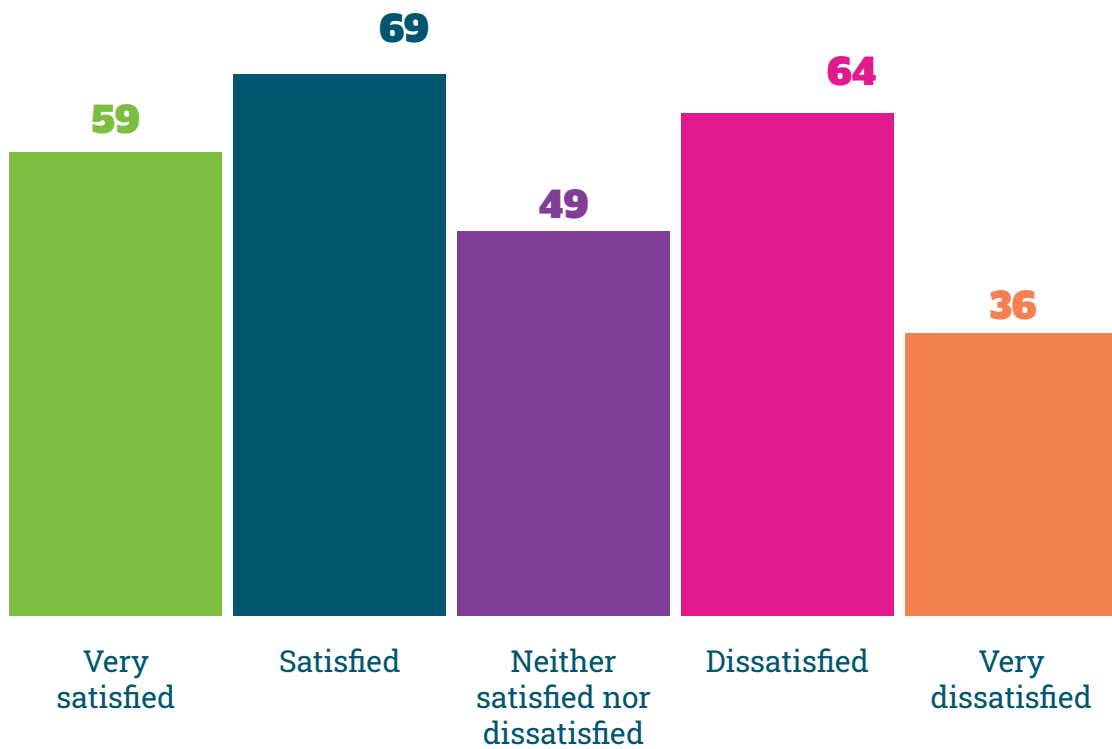


Aspects People Didn't Like



Overall Sentiment

- **46%** of people surveyed were satisfied or very satisfied with remote appointments.
- **18%** of people surveyed were neither satisfied nor dissatisfied with remote appointments.
- **36%** of people surveyed were dissatisfied and very dissatisfied with remote appointments.



What we found

Aspects People Liked

Making the Appointment

Some people commented on how easy it was to use the online booking system.

The advantages mentioned included not having to call the reception; the ability to inform the GP of your issues in advance; the choice of appointments therefore, allowing people to manage their other commitments; the option to request to see your own GP; and the facility to send photos of the problem area(s), which was particularly common amongst skincare related appointments.

Online booking system is so much easier than trying to book an appointment over the phone with the reception.

Prefer online booking system. It is good as not everyone can sit by a phone to book an appointment.

Option on the online form to request to see my own GP who is aware of my conditions has worked well.

I can pre-write up my concerns before speaking with the GP so when I do speak to him/her I know exactly what I am saying. Before covid, going to the GP always caused me anxiety because their time is limited and I want to give them all the relevant info quickly without processing what I am actually saying.

The e-consult system is thorough and easy to use.

The consultation system is good of them calling you and not having to call them is good, this is so much better and I was pleasantly pleased.

During the Appointment

Some people highlighted the positive experience of seeing their GP remotely.

The advantages expressed included the swift turnaround time from requesting an appointment online and being seen by the GP; the nurse/ GP calling approximately in line with patients allocated time slot; GPs carefully listening to patients concerns and needs; improved efficiency; and personal convenience as explained in the below section.

Very constructive phone conversations with the GP, very sensible and easy-to-use system for sending photographs, very prompt.

The Doctor called me a few minutes early, understood my symptoms and prescribed medication. A quick service but I didn't feel rushed.

My personal experience is that the calls were quite quick and succinct, a lot less of my time because it was 5-10 minutes on the phone whereas if I had to go to the GP surgery whether I walked or drove it's probably 10-15 minutes to get there. You get there on time and get seen an hour later so that 10-minute appointment is probably the best part of 2 hours out of my day.

The call was on time and all concerns were answered. For my particular needs on this occasion, this was better than face-to-face.

I had to speak to my GP about a skin issue, as the GP just needed a chat with me to understand the issue I found the remote consultation very helpful as I didn't waste my time by going physically to the clinic.

I am autistic and have always only been communicating via email with my GP even in advance of face-to-face and afterwards to answer questions because speaking is not giving the same result as writing. They have been accommodating me.

After the Appointment

Overwhelmingly people expressed great satisfaction with getting their prescriptions.

People were able to see their GP remotely and collect their prescriptions at the pharmacy either immediately or within the day. People also liked the ability and choice to order repeat prescriptions over the telephone and on the patient app.

For some people, referrals for treatment into other services in the healthcare system worked well. Those with access to the patient mobile app were pleased to have the referral shown on the app.

It has all been really smooth for me, the prescriptions go straight to the pharmacy and I can collect almost immediately.

Being able to do repeat prescriptions on an app has been a godsend.

On one occasion my GP prescribed me a medication to which I had a very severe (albeit not medically dangerous) adverse reaction. Although I had to make a number of calls to both my usual and out of hours GPs over a period of several days, I was able to get several medications prescribed to mitigate and ultimately reverse the reaction.

For my husband e-consultations have worked well. He has an ongoing issue and it's meant he's been able to get a referral to a specialist in the pipeline. Being able to do the e-consultation then follow up call rapidly and having the referral made has been good for him. He's certainly felt it's been able to move things along.

Convenience

For many people, remote appointments were more convenient, quick and time-efficient.

The core reasons people outlined why remote appointments were more convenient included not having to travel to the surgery; the ability to book a GP appointment at their leisure rather than calling in the morning; not having to take time off work; improved access for some people with disabilities and accessibility needs; and people felt it was a better use of GPs time, therefore enabling them to see more patients.

I much prefer remote appointments it's more convenient and less time consuming for me and so much more efficient.

Phone appointments meant I could continue working at home and just take the phone call. Much more convenient than having to go sit in surgery and wait!

I can make an appointment whenever I like. I once booked an appointment at 11.45 pm. That would not be possible pre-COVID. Almost guaranteed an appointment via online if I really have a need. This is such a better way of booking appointments.

I think it's convenient to have the appointments online. My husband is quite severely disabled and if I have to take him to the GP then parking is a problem, so by having online consultations it means that problem is alleviated.

They were sympathetic to my needs, I can't really use the technology so they allowed me to ring in and speak to them.

Sarah: A Case Study

Sarah, a parent of three children, explaining how to new GP process is working well for her.

“ I’ve got three children and we’ve had quite a few Doctor’s appointments obviously over the last year between us and I think actually the telephone system has worked really well for me because you don’t have to drag all the kids down there if you just need to ask something or ask them to prescribe something and it’s done.

Also, the eConsult system has worked quite well to be able to send photos of rashes that they’ve had, and things they’ve had, and they’ve been dealt with very quickly with prescriptions at the Doctor’s within a couple of hours, so we haven’t even had to have an appointment sometimes.

Saving time and probably even saving their time so they can deal with things that are more serious rather than me taking a child who needs treatment but doesn’t often need an emergency appointment. GPs have done video calls after the phone calls so they’ve done extra things when they need to.



Personal Safety

Some people expressed that they felt safer having a remote appointment.

Attending a GP appointment face-to-face does carry some risk of catching COVID-19, although there are infection controls within all GP surgeries and healthcare settings. People felt this risk was partly due to travelling to GP surgery using public transport, but also from the staff, GP, other patients or the waiting room in the surgery.

It's much healthier than sitting in a waiting room filled with germs!

It's wonderful you can have an online appointment without having to go anywhere like travelling to the GP practice on buses that help reduce catching the [COVID] virus.

It's very convenient to reduce the crowd concentration.



Aspects People did not Like

The New GP Process: Making the Appointment

Irrelevant questions in the online form.

- “ I tried to complete the consultation form but it had too many irrelevant questions so I gave up. ”
- “ When I have tried getting appointments through eConsult, I felt like there were too many questions, with some of them feeling irrelevant to what I needed help with. ”

Writing lengthy health details/conditions into the online form particularly for those with long term conditions or requesting a follow-up appointment.

- “ It [e-consult] asks for a huge amount of information which as someone with chronic health conditions the GP is already aware of and would take me hours to type out. The questions aren't skippable, so I end up having to go through individually and write in N/A. ”
- “ You are supposed to use e-consult to get an appointment - this is an extremely inflexible form that takes at least half an hour to complete, and has no way to talk about long-term conditions or disability/neurodiversity. ”
- “ There are so many questions on the e-consult that waste of my time and most likely the GPs time too. They need filter questions and have the ability to see previous notes. I've made serval GP appointments for an on-going issue and each time I have to complete the same form with the exact same questions! ”

The online form, particularly E-consult, directing patients to A&E or 111 because of the pre-screen questions when it was not necessary.

- “ At one point e-consult came to an abrupt halt because I had described a pain in the chest. It told me to ring the surgery or 111 urgently. ”
- “ E-consult, in particular, is very confusing to manage and info was sent to patients to attend A&E/ED when it was clearly inappropriate. ”
- “ I attempted to answer all e-Consult questions accurately, but the system interpreted my answers as an emergency, which it was not. The system advised me to go to A&E for immediate medical attention. I called the practice and was told to try it again, and basically be less accurate in my responses. ”

Lengthy waiting times to secure routine appointments.

- “ Can't get even a telephone consultation with GP. No appointments left. None were ever available been told by the Receptionist. Long wait on phone. Has got worse over time. ”
- “ No choice of appointment times - having to wait 3 weeks for a non-emergency appointment. ”
- “ 12-day delay before a phone appointment could be given. ”
- “ Unable to book online unless 4 weeks in the future with one GP only. In past had a choice of Doctors. Spent ages on phone waiting for it to be answered. ”
- “ Despite being on a low income I have now booked a private consultation at Hadley Wood so I can get a diagnosis after 6 months. I feel like I have been left in the hope that my health problem will resolve itself. It's affected my quality of life quite badly and caused a lot of stress. ”

No option of requesting a face-to-face appointment – see patient choice section below.

- “ After a few wasted telephone ‘appointments’ I am told I now need to come into the practice because they need to examine me. I told them before these appointments I need a face-to-face appointment, but they said it was not clinically required. Now months later with this pain, they’re saying what should have happened in the first appointment. Common sense is gone out the window. ”
- “ No face-to-face offered at all. ”
- “ Found it very difficult to persuade the health centre that a face-to-face meeting was appropriate. ”
- “ There was a lack of face-to-face appointment slots online. ”

Some system inefficiencies resulting in increased access to more acute pathways. 40% of people surveyed said if they were unable to get an GP appointment they accessed A&E, 111 or an urgent treatment centre instead.

- “ Next available appointment was in 7 days. Due to the fact that I should be seen before this I rang 111 and got seen at my local critical care centre within an hour. The GP/ nurse could have dealt with this. ”
- “ Advised to complete an e-consultation form to get an appointment. We hunted all over the Patient Access site and could not find the form so in the end we phoned 111. The Doctor said you need to phone your GP which I did originally. ”
- “ Impossible to get a same-day appointment without using on-line triage system. This resulted in 2 trips to A&E and funnily enough we found that we may get an appointment with our Doctor via 111. There appears no understanding of the additional stress put onto carers and patients. ”
- “ In the end I just phoned 111 ”
- “ I just went A&E ”

The New GP Process: During the Appointment

Wide-ranging time slot window for when the GP will call caused uncertainty in patients and difficulties in managing other commitments.

- “ Specific appointment time hasn't been given and I simply had to wait for the GP to phone me. On one occasion this worked ok because I was at home but on another occasion, I was at work and couldn't take the call. I then had to wait until the following day to make a same day phone appointment. I had to take time off work to ensure I was available when the GP called me. ”
- “ Not knowing the time of the phone call, one occurred whilst I was in a public house having lunch. ”
- “ They need to give a better time slot other than anything between these 2 hours. I have work and family caring responsibilities. ”
- “ Having to be available to receive a phone call from the Doctor within a 4-hour block when I myself am working with clients - unmanageable. ”
- “ Not given an actual time slot which is hard when you are at work. I missed mine as was at work and was told I would have to rebook. ”
- “ Telephone appointment is not at a specific time so I have to wait by the phone. ”



Some patients feeling rushed or the GP being late.

- “ Still feels rushed. If things are now digital surely GPs can spend more time with the patients? ”
- “ The Doctor rushed. Difficult to explain symptoms. I left with the feeling the Doctor wasn't really listening/missed points. ”
- “ The Doctor was very late, and it was a rushed appointment. I didn't feel after the long wait for the appointment that all my concerns had been addressed. ”
- “ Phone calls for an appointment coming back over an hour later - without an apology. ”
- “ The Doctor did not call at the appointed time and after half-hour I rang the practice but it was engaged. When I did get through to the practice, the duty receptionist said that the Doctor had rung but the phone was engaged and I would have to rebook an appointment. Why could the practice not text me to say that the Doctor is running late? ”



Lack of Patient Choice

The lack of choice for patients was one of the most occurring themes with many struggling to get a face-to-face appointment when requested. Many people wanted the autonomy to choose between a face-to-face appointment and a telephone appointment. 84% of people surveyed were offered a remote appointment (telephone, video or email), 10% were offered a face-to-face appointment, and 6% had alternative arrangements.

Currently face-to-face appointments are available if there is a clinical need, which is reflected in the NHS's Access to GP Communications Toolkit that was released in June 2021. However, people expressed several reasons why they felt a face-to-face appointment would be better for them beyond a clinical need, which included:

- A personal preference where people felt it would result in better care.
- Difficulties in describing their symptoms over the phone.
- Accessibility challenges for some older people, people with learning difficulties, autism, hearing difficulties, sight impairment, people where English is not their first language and people who are digitally excluded.
- The ability to see body language, particularly for people with mental health needs.
- Maintenance of a good rapport and relationship with the GP.
- Acceptance that phone appointments were efficient for simple issues but concerns in getting appropriate care face-to-face when people have a more serious or complex needs.
- Concerns that a digital-first policy becomes the default.

See the accessibility section below.

When I request to see my GP it goes straight to an online form for telephone appointments only. I've not had a face-to-face appointment, even when I required it, since the beginning of this pandemic.

My daughter has given birth and at 6 weeks was only offered a phone call instead of physical examination of her and baby by her Doctor. Dreadful!

Seeing my Doctor in person is my preferred choice. I understand the need for remote consultations but I do not want this to become the norm where all appointments must be initially conducted online or through a call before you get to see the GP in person.

I think there should be a mixed offer. Some types of appointments work by phone or online, but there should be a face-to-face offer. I think the option of face-to-face vs telephone must return asap. It should be an option, not the primary offer.

We older generation do not sit so comfortably with not seeing a Doctor face-to-face in a frank and real-time chat. Some points and symptoms can be left out of the discussions so it's good to make notes to talk over. My Doctor knows me and yet on a telephone appointment, it's much less personal. I think it needs to be understood that people around aged 70+ would nearly always want face-to-face. We need choices.

It's good to have a choice of e-consultant but now that is the only option. Surely e-consult should work hand in hand with being able to phone for an appt. What happens if you are seriously ill but not ill enough for A&E?

I don't feel my problem is being taken seriously. Taking tablets again that did not help in the past.

The simple problem is that I cannot see my GP for a face-to-face appointment. I was told face-to-face appointments were only for those patients who had a clinical requirement. Well... what list or guidance are they using to make that clinical judgment? I'm the patient and I can feel the pain in my stomach, I think my views count too.

I didn't really get the reassurance that a face-to-face appointment would have given. It would be good to see the same GP with whom I once had confidence and a relationship. I have now resorted to a private GP twice because I did not feel confident in the advice given to me. They saw me face-to-face and gave me time.

Health professionals can often pick up underlying issues during face-to-face appointments, which cannot be picked up via remote services.

Digital Diagnosis

As access to GP surgeries have in part moved to being remote, people have consequently been receiving a diagnosis via a telephone or video appointment. Many people strongly expressed a lack of confidence and trust in exploring and/or receiving an adequate and correct diagnosis over a telephone/video appointment. There was a close correlation between the lack of confidence in receiving diagnosis and the desire to be seen in person as outlined in the patient choice section above.

People felt for a new diagnosis they should be seen in person so their symptoms can be physically examined by the GP. Remote appointments were also not an effective use of time in that specific area for both the patient and the GP, and it prolonged suffering for some patients. In a few examples, people reported getting misdiagnosed as a result of a remote appointment.

- “ How do you examine an injured ankle over the phone? ”
- “ Difficult for the Doctor to see what was wrong as I had an ear and throat infection. I really needed a face-to-face appointment. ”
- “ I was requested to photograph a growth on my back and send the photo to them. Silly idea. Eventually, a Doctor agreed to examine it in person. ”
- “ I had a really bad skin complaint and had a telephone call with one of the Doctors, I was prescribed some cream which did not help at all. I then phoned back and was asked to upload photos of the rash which I did, a Doctor phoned me back and then I went to see her in the surgery. I was given another treatment which worked. The point being if I was able to see the Doctor in the first place I might not have had weeks for the rash to be treated. ”
- “ Phones are very hard for me to communicate. On one recent occasion, I simply gave up trying to get an appointment and got sicker. This disrupted my work and damaged my health. ”

- “ Hard to navigate for my elderly father and he was left hanging on the phone for over 20 minutes so gave up. ”
- “ If simple discussion, the phone call is good. Does not allow space for lateral thinking. Not so good with physical symptoms. I had misdiagnosis over the phone. ”
- “ I have been misdiagnosed because a Doctor made assumptions without checking my details online. I gave up phoning as my experiences were so bad and I desperately need a personal appointment which I cannot get. ”



Meeting Accessibility Needs

We engaged with a broad range of people in order to capture a wide range of experience of using GP services remotely, which included older people, people with learning difficulties, autism, hearing difficulties, sight impairment, people whose first language is not English, and people who are digitally excluded. Accessing the GP remotely for some of those people was even more challenging than for people without accessibility needs. In some instances where people's accessibility needs were not met patients abandoned trying to access the support they needed, thereby widening the existing inequalities.

For some people with learning difficulties and/or autism good communication before and after the appointment is central to maintaining a good relationship and continuity with the same GP, which some felt was missing.

- “ Almost nothing has worked well. I am autistic and used to have a plan in place with the GP practice to ensure I could communicate with them effectively. This has now gone out the window. ”
- “ I used to see the same GP every time which helped me to be calm and communicate effectively - now I could be seeing anyone, and they usually know nothing about autism or how it affects me, or about my complex medical history. ”
- “ Video appointments are very hard for me. I have had difficulty understanding. I get tired easily over video communication and can usually only make myself understood for the first half of the appointment. I have had meltdowns when the stress of trying to communicate remotely became intolerable, and then I had to end the appointment without getting the medication I needed for fear of being called aggressive or being mistreated as a result. ”
- “ I am terrified I will be left without medical care, if there is a time when I am not able to communicate properly over the video, or if I am not able to complete the 'e-consult' form. ”

For people with hearing impairments, there was a lack of provision for qualified interpreters and over-reliance on family/friends, GP staff not being trained on being deaf aware and difficulties in hearing over the phone. Our report on deaf people's challenges in accessing GP services can be found [here](#).

- “ Sometimes hard to hear on the house phone.
Problems describing symptoms. ”
- “ I have hearing aids and struggle to hear on the phone,
so I've cancelled my follow up appointment. ”
- “ Very stressful. Struggled so much to hear,
then I couldn't concentrate on what I wanted to say. ”
- “ Phone only was available which makes it impossible
for me as I am very deaf and cannot manage
phone conversations. ”



Some older people and people who are digitally excluded, i.e. lacking digital skills and connectivity, expressed concerns about not having access to the technology required, confidence in using technology and lack of support available to help them use technology. Consequently, some people either relied on their family network to aid them in the remote appointment.

“ I’m trying to get a face-to-face not a phone appointment, and if you don’t have internet like my mum you only have a phone appointment which is not good when you are over 90 and deaf. ”

“ My father is 88. He and technology don’t get on. My father has had a lot of problems with regard to online consultations. I understand the need for them, but I’ve had to be there for my father and do it on my phone. He doesn’t have a phone. He wouldn’t even understand how to do it anyway. So in that respect, yes it’s been a bit of a problem but he’s lucky in the sense that he’s got me to go round and sort it for him. Others may not be so lucky. ”

“ I’m eighty and don’t like speaking on the phone to anyone. I forget my words and prefer to see the Doctor and he can then see what I’m trying to explain. Hard to explain over the phone how you really feel. ”

“ I find IT difficult. There have been a number of incidents at my surgery where the admin staff have intervened in the IT process, giving their own opinions and at times not even sending it through to the GP. ”

“ My husband is able to help me. If not for him, I would have great difficulty with using technology. ”

“ I am 87 and feel totally neglected. ”

“ I just try and treat myself and not bother anybody. ”

“ When I was very depressed, I really struggled with technology terribly, and I would have not been able to do any e-consulting thing. It would have been beyond me and I would have just left it and laying at home without any help because I won’t be able to access my GP. ”



Those where English is not their first language expressed difficulties with regular communication with their GP surgery, experienced digital exclusion as a barrier to access for due to IT literacy skills and lack of equipment, administrative difficulties with billing/ payments and general communication with their GP.

- “ The e-consultations are difficult and it’s not easy for me because I don’t know the language, I’m not IT literate so I have a lot of difficulties, I don’t even have a smartphone so how do they expect me to use it? ”
- “ I asked for a referral to mental health treatment and nothing has happened, it’s been months with no referral. The Home Office gives me £5 a day and if I want a letter from the GP then that’s £20 which is a lot of my money. I have to save for 4 days just to get a letter from my GP. I have a spinal disc problem and my solicitor asked me to provide a medical letter, I didn’t have the money and had to save my £5 a day. I’m on the waiting list for 2 operations and haven’t been given a date, there’s been no communication. ”
- “ For people who need interpreting they can’t do the conversation on the phone and they get panicked if they are giving wrong information because of their English. Most of them are alone here, it just makes them more nervous, during the COVID, and all their problems are increasing, especially mental health problems. ”
- “ I know some foodbank clients where I volunteer find technology challenging especially when they don’t have English as a first language. ”
- “ They say they’re going to call me back but they didn’t call me, it’s been 3 months, 2 and a half months. The receptionists at the surgery are not very friendly, they have no patience even when they talk to my wife, they are very rude and don’t care about how they talk to us. ”

Privacy and Data Concerns

Some people expressed concerns about their privacy and data when meeting with their GP remotely. There were worries about confidentiality particularly when using a video appointment, sending a photo to their GP, finding an appropriate space to take the GP's telephone/video and personal dignity.

“ There has been no communication about how they use the data from these virtual appointments. Is it encrypted? ”

“ I have concerns about security and confidentiality when using video calling and sending my body images through e-consult, which I felt very uncomfortable with. ”

“ I have not been told about what happens to this sensitive data once the appointment is finished. The NHS often have leaks and my medical record might be leaked or shared. ”

“ The Doctor needed to see my private part, and I was asked to hold up my genital to the camera. My camera is fixed to the computer. It was so undignifying ”

“ I received a text regarding my appointment asking for a photo. I found this inappropriate and would not provide one as it's a lack of privacy. ”

“ My main concern is about my privacy. I don't feel comfortable telling my GPs everything over the phone. I'm working from home but what happens when I return to the office and have to use a remote appointment. There's no private spaces in my office, it's a shared building with many people. I can't go outside, find a private room or go to the cafe, and I can't even go in a toilet because that's shared too. ”

“ Having to give my urine specimen to a receptionist through a slightly opened window was very embarrassing as there were other patients waiting behind me and I had to take it out of its packaging and place it in the clinical bag. ”

“ It turned out that the Nurse had someone else's photo when she called me. ”

Gaps in Communications

Some people expressed there were gaps in communication with their GP and GP surgery, which included other services such as hospitals and pharmacies. As there were often changes in practice and national rules that impacted GP surgeries, people wanted more active communication from their GP surgery and quicker response to queries.

There has been a lack of communication between my GP surgery and hospital for availability of blood tests and prescriptions not arriving at the pharmacy or being incorrect.

Communication from the GP has been almost non-existent. I've been informed plenty of times that I can book an appointment online, but not a single message to say I can now see my GP in person.

There seems to be a breakdown in communication from talking to the GP to dispensing of the prescription and subsequently picking it up. That has been happening over the past year.

There needs to be better communication between hospital and named GP regarding prescribed new medications and treatment plans, which should be swiftly uploaded onto patient file. I was asked to pop into the surgery so they could scan my copy.

Don't they realise that better communication would be an improvement and reduce anxiety and frustration.

Extremely poor communications, e.g. lack of any type of reply when sending an urgent email in desperation. Was all too late. My wife eventually died in hospital.

Rose — A Sight Impaired Resident: A Case Study'

I have seen the health service when it started, I've experienced the time when things were private and people had to pay their medical care and most of them had lack of medical care because they couldn't afford it. So when the welfare state and the health system came in it was wonderful and I can only speak from the experience of my mother at the time, she had the most wonderful treatment that we couldn't afford for her.

But over the years I've seen tremendous change and I'm afraid from my experience has not always been good. Now I am a geriatric and the service to me of course is only as good as the people who are running it and I find that things are not going well. I'm finding it extremely difficult to get service from a GP now, you have to phone and the line is always engaged, you get a receptionist and to get to a Doctor, I find it extremely difficult.

The consequences are because I'm not mobile anymore I just don't bother. I say I'd like to speak to a GP and then I get a time for approximately when the Doctor will call me but then I get a call at a different time from the Nurse. I don't mind the nurse but she's not a GP. I'm supposed to get a blood test every month, I get a cab or see if my kind neighbours will take me because I'm not able anymore to take public transport. I'm 98 years old.



Telephoning the Practice

Whilst GP practices have moved to offer telephone and video appointments to enable triangulation of patients and thus most people were using an online form to request an appointment, there were still many people, i.e. digitally excluded people or those with a personal preference for this method, who still telephoned the surgery to book an appointment.

People expressed much frustration with attempting to get through to their practice; long waiting times ranging from 15 minutes to over an hour and no available appointments for many once their call is answered; irritation with hearing the recorded message about COVID; phone calls being cut off after a certain period whilst patients were still in the queue; and some people giving up attempting to get an appointment to the detriment of their health.

- “ In my experience, I have difficulties in making an appointment with my GP. The phone is always busy and, after waiting for about 20-30 minutes on the phone, they are telling me it is fully booked. And the same story the day after. When I tried speaking with the reception later they say try tomorrow. Making an appointment with my GP has been very very hard. I hope they will improve it in the coming future. ”
- “ I have been trying to get through to my surgery receptionist to make an appointment with the GP. It took almost an hour one morning to get through. ”
- “ Very difficult getting through on phone, I've tried several days for a phone appointment. ”
- “ Please answer the phone. Today I have waited 33 minutes then tried again. No call back as previously promised. ”
- “ VERY difficult to get the phone answered, It took 2 days and many hours. ”
- “ Getting through by phone has been difficult at times, with long waits and a recorded message about COVID19 which is over a minute long before you even get in the queue. I could probably recite it from memory at this point! ”

- “ Lack of available appointments after waiting in a long queue and having to repeat the process later in the day to find lack of appointments; frustrating when you work full-time and are also limited to the time you are available to sit on a long phone call to have to repeat it. ”
- “ Accessing the GP practice on the phone is a lottery. On occasions, the queue has been too long to wait (25 plus), and on a couple of occasions I have reached the front of the queue only to be cut off. ”
- “ Even the phone wasn't answered for 3 to 4 hours of music playing. Lot of time wasted. ”
- “ Sometimes they even used to cut the phone off after 4 hours of music playing. Very poor service even now. ”
- “ Long waiting times, sometimes waiting 30 mins and then the line cut off (twice). ”
- “ Told to call back after 3pm after finally getting through. Finally getting through at 5pm to be told GPs had gone home. This was after explaining a child hadn't eaten for 3 days. ”
- “ My son who is autistic was contacted by surgery - he missed the call and waited on hold one and a half hours to speak to someone. Not acceptable. ”



Frustration about Face-to-Face Access

Some people were frustrated with the lack of face-to-face access to their GP and felt GP practices were behind the rest of society because other public sector services and organisations were open for business.

- “ Everything else is open now like shops, restaurants, businesses, Dentists and Opticians. What is so special about GP services? ”
- “ Phone consultations are fine for advice, or to discuss an on-going problem; not for diagnosis. If everyone else is seeing patients face-to-face, e.g. Dentists and Opticians, then Doctors should too. ”
- “ I think that sometimes you really need to see a Doctor face-to-face. I cannot understand how you can see a Doctor at the hospital, see a Dentist and see an Optician, but not your own GP. ”
- “ I would prefer to have a face-to-face consultation with a Doctor, even if we have to wear masks. Dentists have seen patients all through the pandemic, seeing patients who obviously are not able to wear masks, because the Dentist has to look in their mouths. ”
- “ I am concerned that if I needed to see a GP, they would not see me. Why could we not do a test before seeing the GP as we should feel safe? Hospital staff have to see patients face-to-face, so why can't GPs? ”



Conclusion

GPs, along with other NHS and social care services, have had to cope with immense pressure during the pandemic, and still continue to cope with immense pressure to maintain infection control and keep staff and patients safe.

Following COVID-19 restrictions being lifted in July 2021, it is important for service providers to reflect on how their new models of service delivery have performed over the past 16 months in order to evaluate where to focus their resources post lockdown.

Our findings have shown both areas where remote appointments have been well received and others areas where they have not. Variations in experience are a multifaceted but includes the complexity of need, ability, technology availability and personal preference.

We cannot draw a definitive conclusion on any specific group as an absolute as each individual is unique and cannot be defined by a group identity. This is highlighted in our findings, for example, some elderly people had various difficulties with remote appointments whilst some other elderly people overall reported a positive experience.

Notwithstanding, our findings provide a broad picture of people's experience of remote appointments, and together with national, regional and other local information, can be used to refine the method so that it works better to meet people's differing needs.



Recommendations

- 1.** Offer a hybrid model of GP service delivery that includes remote - video, telephone and email - and face-to-face appointments that takes into account the patient's choice and personal preference to meet their needs, and not based solely on clinical need. This would address several of the core negative themes of remote consultation identified.

- 2.** Consider the following changes to improve systems and processes:
 - a. Include an option on the booking form and when telephoning the surgery of the patient's preferred method of appointment.
 - b. Simplify the online booking form by reviewing which questions are essential, and consider adding a filter question for follow-up appointments to reduce data entry for patients.
 - c. Include an option on the booking form to check if the patient has privacy to take the remote appointment and if not offer an alternative.
 - d. Reduce the time slot window for when the GP will call to allow patients more control over their other commitments.
 - e. Review how the surgery is ensuring availability of appointments, particular for those who telephone to book their appointment.
 - f. Consider a 'request a call back' feature to reduce the length of time a patient is waiting by the telephone.

- 3.** Address data concerns through individual surgery's internal channels to all patients to demonstrate how the surgery manages its General Data Protection Regulation responsibilities.

- 4.** Continue to improve communications on patient's individual care and on any service changes and its rationale, taking into account how patients may have different communications needs.

North Central London Clinical Commissioning Group Response

This report reflects some of the challenges we have faced in Primary Care as a result of the COVID-19 pandemic over the past 18 months. Practices have had to adopt to new ways of working to manage patient needs and react to ongoing challenges whilst also delivering the huge task of vaccinating our local population against the virus.

It is clear that access has been a regular point of discussion over the past year with a feeling that face to face consultations are limited. Whilst this may have been the feeling it has certainly not been the case. Practices have continued to see patients face to face but have also put in place systems to allow access to a GP in alternative ways, which was essential at the height of the pandemic. As you reflect in your report, online consultations have been welcomed by working families and the younger population as it's a convenient way to access a GP that works around a busy lifestyle. The older population tend to favour face to face consultations as their acuity is greater and needs more complex, and some not proficient using technology in this way at this time.

As we move through a phase of recovery we continue to think about the way patients access services and the need to adopt a blended approach of both face to face and virtual consultations that fit the needs of the local population appropriately. Digital inclusion is an area being explored by both the CCG and Borough colleagues with various projects planned over the coming months. We have commissioned Language Line to provide interpreting services to the registered population and uptake to date has been very good. We are working with Language Line to further improve digital access for patients that require an interpreter by offering (in the future) video consultations that includes a virtual face to face interpreter thereby supporting equitable access.

Open communication is important with our patients as is the format in which they receive information. We actively work collaboratively with partners across Barnet to share and disseminate information via different mediums, appreciating that we all engage with information in different ways.

One area perhaps missing from the report is how digital technologies can support self-care management. Many of our patients both young and old use technology to support their health. Apps are available for most health conditions which help and encourage achieving better health outcomes. It would be good if the report considered how these are used within the population and how they can feed into their digital healthcare record. An area for future consideration perhaps?

Digital innovation in practice as well as an open front door is something we actively promote in Primary Care, as well as supporting practices to manage demand and capacity to meet the needs of our local population. The recommendations within your report are pragmatic and should be encouraged by practices to adopt. We will also share the report with NCL CCG Digital team colleagues to help shape the CCG's digital inclusion strategy.

Disclaimer

The findings of this report represent the views collected between May 2021 to July 2021. The experiences and comments in this report cannot be representative of views of all patients and specific groups who have used remote appointments as an absolute. Patients representing a specific group may have varying experiences and therefore it is important to also consider other national, regional and local information where available.

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