

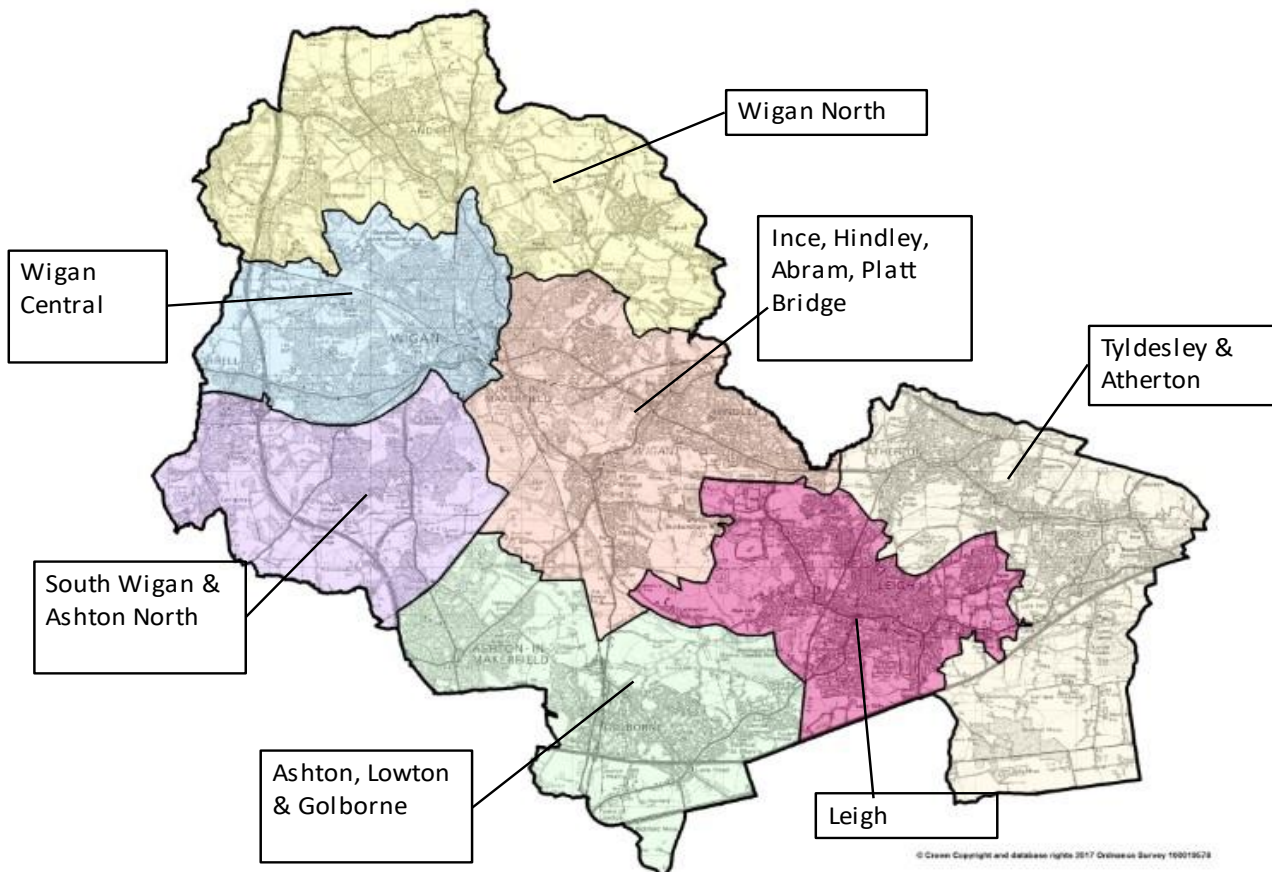
# Accessing GP Services in Wigan and Leigh

December 2021

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## About us

Healthwatch Wigan and Leigh are the independent voice for the people of the Wigan Borough. We are the independent 'consumer champion' for health and social care. We exist to help the people of this borough to have influence and a powerful voice in how services are run and how they can be improved. The map shows the seven Primary Care Networks (PCN's) across Wigan Borough. A PCN is where General Practices work together with community, mental health, social care, pharmacy, hospital, and voluntary services in their local areas in groups of practices.



### Healthwatch Wigan and Leigh exist to -:

- ❖ Help people to make informed choices about health and social care options available to them.
- ❖ Listen to the views and experiences of local people about the way health and social care services are commissioned and delivered.
- ❖ Allow the people of this borough to have influence and a powerful voice in how services are run and how they can be shaped and improved.
- ❖ Influence how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- ❖ Share local intelligence with Healthwatch England and Care Quality Commission.

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## Summary

This report captures the voices and experiences of people across the Wigan Borough who are accessing services at their General Practice (GP). We engaged with over 300 residents to hear how practices are continuing to interact with them as we move away from the main phase of the pandemic.

We wanted to find out how patients prefer to make an appointment; what new innovations patients are embracing and what are the barriers that are still causing issues to accessing primary care.

We wanted to find out patients experience of physical access outside and within the building.

We shared the aims of this project with NHS Wigan Borough Clinical Commissioning Group (CCG), Clinical leads, Primary Care Network (PCN) managers, Practice staff and Patient Participation Groups (PPG's), and where possible, encouraged primary care professionals to share their views.



## Introduction

Over the last 18 months the pandemic has forced health services to interact with their patients in very different ways due to the fast shift to remote consultation. More recently, in July 2021, restrictions have been eased. However, Healthwatch Wigan and Leigh have received a significant number of comments from the public with concerns about not being able to access the services at their GP. Consequently, we identified four key areas to explore within our piece of work.

### 1. Information on GP Websites

We wanted to find out whether the information provided on GP websites was easy to navigate, accessible and up to date.

### 2. Accessing an appointment

We wanted to understand how people wanted to make appointments and how easy this was for them and how it had changed due to the pandemic.

### 3. Using technology

We wanted to hear about the digital platforms people were using to access their surgery; and what was working well for them.

### 4. Clinical Professionals

In addition, we also carried out interviews with professionals working in the primary care setting to contextualise people's experiences from a clinical perspective and to find out how these changes had affected working practices.

Prior to this piece of work Healthwatch Wigan and Leigh had been involved in a project led by Healthwatch England looking at how the shift to remote care had affected people at greater risk of digital exclusion.

From November 2020 to January 2021, we spoke to groups of patients more likely to experience digital exclusion, including older people, people with disabilities, people with limited English or for whom English was not their first language. We wanted to understand why and how this can impact on their healthcare experiences.

The findings of this report can be read by following the link below.

[Locked out: Digitally excluded people's experiences of remote GP appointments | Healthwatch](#)



This digital revolution could mean that people may never access primary care in quite the same way again. We wanted to understand how this was impacting on residents within the Wigan Borough and get an insight into what was working well for them and what improvements they felt were still needed.

## Methodology

This report highlights what people told us about accessing care at their GP.

We began this piece of work in July 2021 and captured views and stories from patients and clinical staff for a period of 3 months. We conducted an online survey to collect peoples' opinions throughout August to October with 265 people completing the questionnaire.

(Survey questions can be seen as Appendix 1).

We also invited people to speak to us, one to one, to share their experiences; a total of 32 interviews were carried out. This engagement work was conducted either in person within Covid guidelines, via MS Teams or Zoom, or a telephone conversation.

Healthwatch Wigan and Leigh volunteers led a review of the information available on GP websites and rang every surgery individually to experience how easy it was to contact the surgery and speak to a receptionist.



## Demographics

In total we collected more than 300 patient views from across the Wigan Borough.

We wanted to be inclusive of all the Primary Care Networks. The list below indicates the uptake of our online survey and one to one interview.

PCN / Neighbourhood	Survey Respondents	One to One Interview
Wigan North	88	4
Wigan Central	47	5
Leigh	26	9
Ashton, Lowton & Golborne	52	3
South Wigan & Ashton North	10	2
Tyldesley & Atherton	14	3
Ince, Hindley, Abram, Platt Bridge	19	3
Out of Borough	4	3

We also wanted to engage with more marginalized cohorts of people to hear their experiences. We spoke with the homeless community, inclusive of residents in facilities supported by local charities or the local authority, as well as street homeless.

We visited Wigan Borough Armed Forces and spoke to veterans at a group session.

We captured the views of 7 people at Leigh Deaf Club, and we engaged with members of Ashton Deaf Club in a group setting.

We wanted to listen to the staff who are working within the primary care setting. We engaged with 23 professionals which including general practitioners, practice managers, reception staff and administration staff.

## Key findings

Our findings show that not one system fits all for patients when trying to contact their GP to access health care. Practices should recognise that individuals require support in different ways and so there needs to be appropriate options available for them. Many patients expressed that the 'only' way to get an appointment was to use the online applications and at times felt forced to do this even though they had purposefully rung the surgery because they wanted to speak with a receptionist. There are some groups of patients that simply cannot use digital platforms. This left many patients feeling vulnerable, exasperated and heavily reliant on other people to help them to get an appointment. Practices must recognise that digital access is not an option for everyone, and it should be a shared decision when discussing how a patient would choose to access an appointment. Where possible the type of consultation offered should consider the patient desire alongside clinical need.

It was very evident that there is a huge disparity in how the different practices are working and therefore how this affects the service user in terms of what choices and options they are being given. This then impacts onto the effectiveness of the service and the quality of the care the patient feels they have received.





#### **PATIENTS WOULD LIKE TO HAVE A CHOICE**

Service users need a variety of ways to be able to contact and make an appointment at the practice so they can use the pathway most effective for them.

#### **PATIENTS ARE NOT FEELING VALUED**

A significant number of patients expressed they were not feeling valued. They listed reasons such as not knowing a timeframe for when a phone consultation would take place or not being able to get a face-to-face appointment, even though they desperately wanted this. Patients were worried about the triaging process and prioritization of clinical need. Patients felt the quality of care they had received had deteriorated and some expressed a lack of desire to contact the surgery because of their frustrations around access.

#### **SOME PATIENTS FELT AT RISK**

Only having one way to access an appointment is leaving some patients feeling vulnerable and anxious about what they will do if they need to contact the surgery in an emergency. Certain cohorts we engaged with were at an increased risk of not being able to access care because the digital technology the practice was choosing to use was not accessible or available to them.

#### **PATIENTS ARE FINDING IT DIFFICULT TO BOOK AN APPOINTMENT**

The most popular way of contacting the surgery was to ring up. However, patients were frustrated with long queues and wait times to get through to reception often to be told they had to use the online platform to book an appointment. A big issue for patients using the online booking system was its availability and lack of capacity.

#### **PATIENTS ARE LIKING BEING ABLE TO ORDER REPEAT PRESCRIPTIONS**

A significant number of responses indicated that patients are enjoying being able to order repeat prescriptions using the practice website or the 'MY GP' app. This was working well for many patients. Some patients did add it would be very useful to have feedback / confirmation that the prescription request had been received / approved.

## Recommendations

### 1. Information on GP Websites

We recommend a regular website review to take place that ensures the information on each website is up to date and correct, and that all the site's features and navigation are working properly, and to ask for feedback (or even offer a feedback option on the site itself) from patients so they can voice their own thoughts and needs.

We would recommend GP websites to include information about how people without a fixed UK address can register as a new patient. This would mean that seldom heard groups, such as people experiencing homelessness and refugees, are informed on how they can register as a new patient.

Two major features that GP websites lacked were the ability to use a screen reader, and the availability of Easy Read materials. It is essential that GP websites are accessible and inclusive to all, including those with disabilities, and so we recommend that these features are implemented on all GP websites for future users.

GP websites should include information and signposting to Healthwatch Wigan and Leigh. We can be a point of contact for many patients who have general queries about health issues. This may take some of the pressure off the individual practices and would make sure patients are informed on who they can contact for advice and support. Additionally, signposting to our independent NHS advocacy service may also be valuable.

### 2. Accessing an appointment

Ringling the surgery to make an appointment is still the preferred method so it is worth investment in the phone system to ensure this is effective for the patient and remains an alternative for patients that are unable to use digital options.

Telephone messages should be delivered in a warmly, concise manner and be informative for the patient.

If the patient has expressed a preferred type of pathway for communication the practice should have this flagged to ensure this happens consistently.

Practices should flag on their system the situations individual patients can be in; for example, temporary accommodation, rough sleeping so that they understand the practical barriers they have to communications particularly if the surgery is only offering digital access. This awareness should then lead to some flexibility for access to care.

Consideration of the findings of the piece of work led by Wigan CCG (in collaboration with HWWL, Wigan Council and WWL NHS Foundation Trust) to listen to the homeless and explore the barriers they face when trying to access and use healthcare services. HWWL to carry out further engagement with this community to work on improving access for this cohort of residents.

Information about how to register at a General Practice if you are new to the area. Patients could be given a 'My Rights to Healthcare' card.

It would be extremely beneficial for the deaf community if all staff receive 'deaf awareness training' at their induction or as part of their Continuing Professional Development and ensuring that all surgery information is accessible for the patient by considering using BSL Grammar and Easy Read. Ideally an interpreter should be available

for the patient or the use of ‘type talk’ so the patient can communicate with the practitioner. The deaf community should not have to rely on friends or family members to be able to access or participate in primary care services. General Practices supported by the CCG, could consider a universal app such as ‘Sign Video’ to communicate effectively with deaf patients using British Sign Language and voice over relay. <https://signvideo.co.uk>. HWWL will continue engaging with the deaf community, so their voice is heard.

Offer choice to ensure the patient can access the care they need and are satisfied with the options offered.

### 3. Using technology

Online appointments need to have capacity for patient requirement.

Patients said they would find it very useful if they could see availability of appointments for the next day / upcoming week rather than just being turned away once the system was booked up for that day. They suggested this would be useful also when needing to book something less urgent.

Patients said they like to be given the option to be able to type in and describe their own symptoms.

If the digital platform cannot resolve the patient issue, is it made clear what other options the patient has?

Patients would really benefit from knowing a window of time as to when they would receive a phone consultation. Some patients expressed the difficulty of not being able to take a call ‘sometime in the afternoon’ because of work restrictions or other commitments they may have.

### 4. Clinical Professionals

Staff are aware to be empathetic to patient worries and concern.

Staff are aware of individual patient’s needs and adjust to their situation.

Practices make it clear via their communication channels what a patient can do if they need to access out of hours services or need care if they have Covid symptoms. This may reduce patients worry that they can only go to A & E or walk in centres and feel less frightened about what they can do should they fall ill.

Offer choice to ensure the patient can access the care they need and are satisfied with the options offered.

## Information on GP websites

Our volunteers accessed 66 individual General Practice websites to assess:

- How easy the website is to navigate?
- How accessible and functional the website is?
- The range and quality of information available on the website.

They visited and searched through each website to find out what the experience of the patient would be when attempting to access information. The data below displays their findings.

### Website Navigation

The first category our volunteers reviewed was how easy and effective it was to navigate the practice website. They looked at how simple it was to find the information needed quickly:

Function	YES	NO	NOT SURE
Overall, the website is easy to navigate	51	7	0
There is a search button	51	7	0
Categories and pages of services is clear	50	6	1

Most of the GP websites had clear categories and pages of service information so users would find it simple to locate the page or service they required.

However, sometimes the content on home pages would be too dense and make it difficult for users to find the information they needed:

*“There’s lots of information, but the text is very heavy, and the home page is very busy - it would benefit from being cleaned up.”*

During one interview with a carer, he expressed a similar experience.

*“It is a poor-quality website - I’m not clear what links to click on.”*

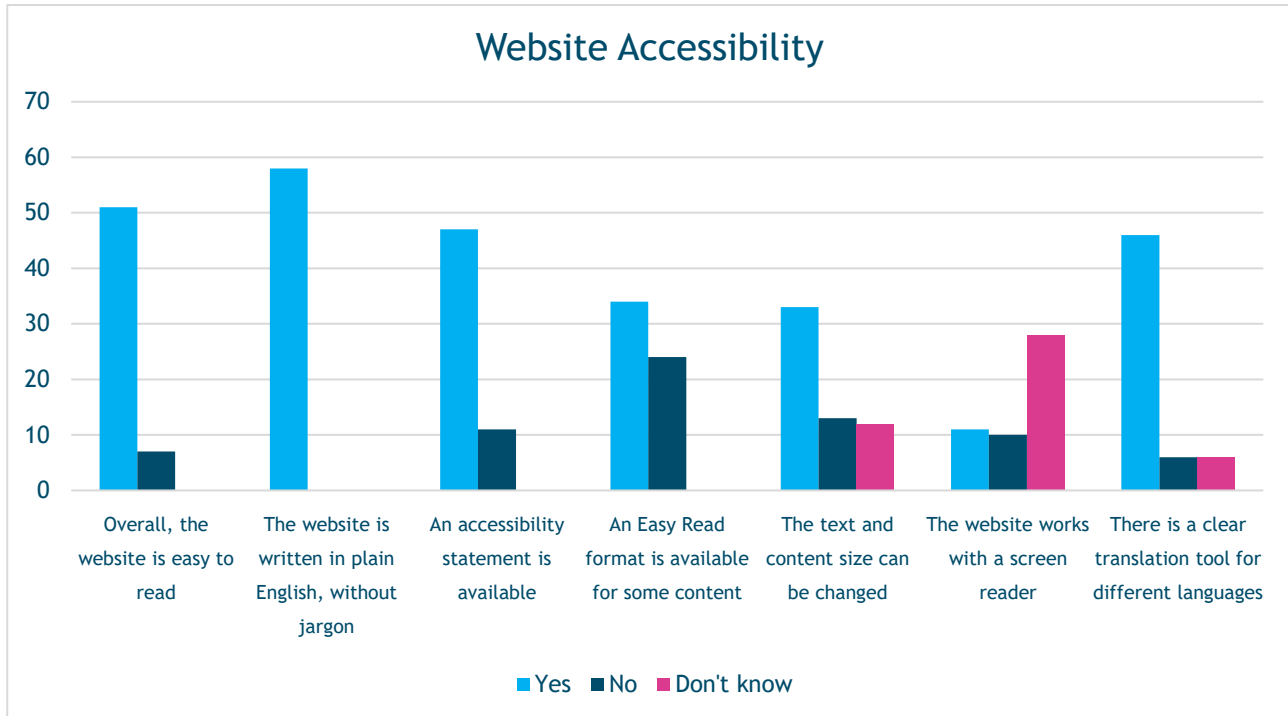
Most of the websites also had a search button, allowing for users to search for key words and terms directly, although a small handful of websites did not, and it was not always clear where the button was located.

*“The search button is hidden in a separate menu, so it’s not readily available.”*

Overall, users found the websites easy to navigate.

## Website Accessibility

The next category our volunteers reviewed was how accessible the website was. They looked at how readable the site was in general, and whether it had tools to support people with additional needs:



Every website was written in plain English, without jargon, and could be easily understood by the average site user.

Most of the websites had a clear translation tool, allowing users to access different languages for the site’s content, although this would occasionally be hidden in the site’s side menu. Many sites also had an accessibility statement available to read, although in some cases these would be “very minimal”.

However, it was largely unclear as to whether many of the websites were compatible with screen reading software. Some websites did not allow the size of its content and text to be altered, and just less than half the sites offered Easy Read formats for their content.

*“The text size can be changed, but it’s not easy to do.”*

*“You have to contact the practice directly to receive Easy Read materials.”*

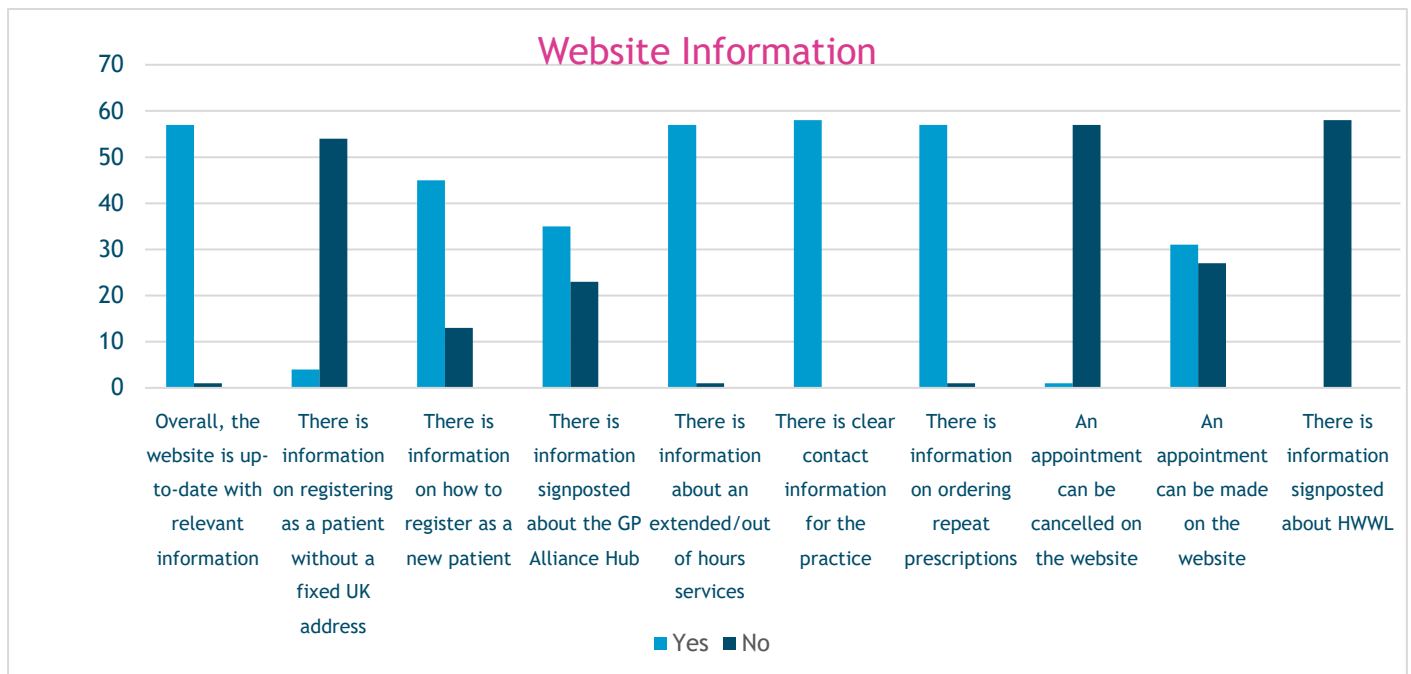
Overall, however, the website was easy to read and access, but there were some issues with the sites’ colour schemes:

*“The use of green on this website isn’t dyslexia friendly.”*

*“I found the pale blue colour very hard to see.”*

## Website Information

The last category our volunteers reviewed was the quality and relevance of the information provided on the site. They looked at whether the information was generally up-to-date, and whether important services and information was signposted anywhere on the site:



Every website had clear contact information for the practice, including a phone number and street address. Most sites also offered clear information on how to order repeat prescriptions, and how to access out of hours services - although fewer sites had information about the GP Alliance Hub signposted.

While half the sites allowed an appointment to be made on the website, all but one allowed for an appointment to also be cancelled on the website.

Patient stories highlighted mixed experiences trying to book appointments via the website. Some were frustrated that before they had completed their enquiry the system had timed them out and they were left having to try again.

Being able to order repeat prescriptions via the website was mentioned frequently by patients who were enjoying being able to use this facility.

Some patients did highlight that, when reordering medication, it was unclear if the request had gone through without any issues. One patient said it would be useful to have some feedback confirming the request had been received and approved.

Most websites displayed information on how to register as a new patient with a fixed UK address, but very few websites also had information on how to register as a new patient without one.

None of the GP websites had any information signposted about Healthwatch Wigan and Leigh.



Overall, users overwhelmingly felt the websites were up to date with relevant information, with many volunteers praising the inclusion of current COVID-19 advice and guidance.

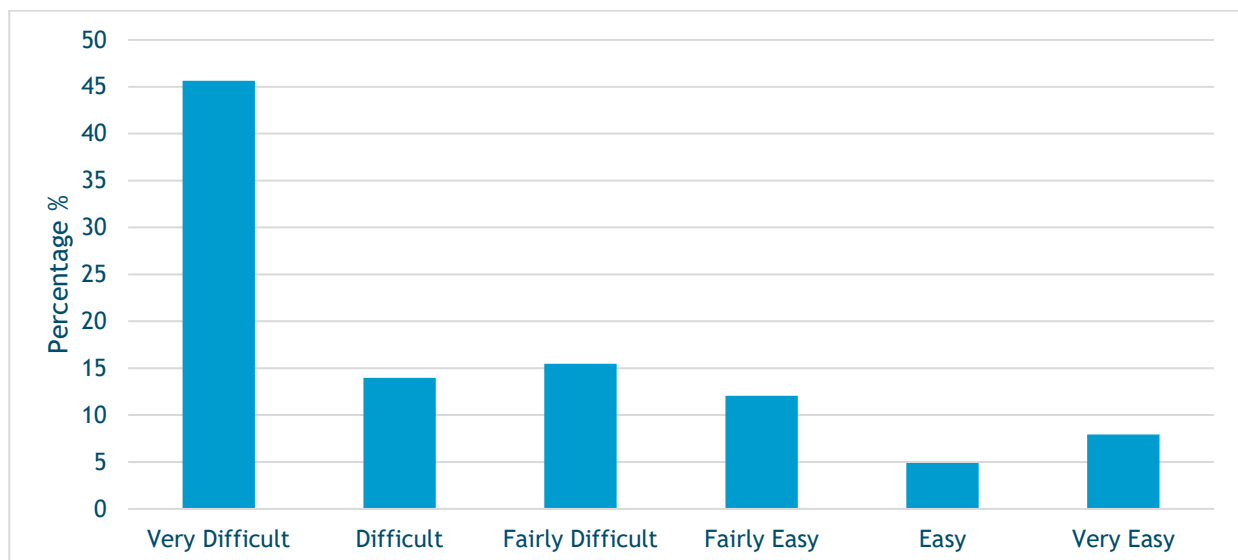
## Accessing an appointment

We wanted to find out how people preferred to make appointments at their General Practice and how easy they found this.

How do you prefer to make appointments at your GP?

Method	Responses
In Person	14.72%
Over the phone	47.55%
Using a digital platform (e.g. 'askmyGP', Patient Access etc.)	35.85%
Other	1.89%

How easy do you find it to make an appointment with your GP?



The most popular method of contacting the surgery was to ring directly. Second was using a digital platform.

The results, however, highlight the difficulties patients were experiencing when trying to book an appointment via the phone or online with their GP.

## 46% of patients said it was “very difficult” to book an appointment

We also asked how much Covid 19 had changed the way they accessed appointments at the practice.

Has the way in which you access your GP changed since the start of the pandemic?

Answer choices	Responses
It has changed a lot	86.79%
It's changed somewhat	10.57%
It hasn't changed	2.64%

259 people responded to these questions on the survey and explained how these changes had impacted on to their experience.

## 70% of responses said the changes had led to a poorer experience as a service user

When asked what the changes were that were causing this negative experience very similar themes threaded through the comments that were made.

Many patients felt that they were pushed into using the online systems to make appointments even though they had deliberately chosen to ring the surgery as they wanted to speak with a receptionist. Many comments explained when trying to book an appointment through a digital platform, it would get booked up very quickly and not hold the request, so the process had to be repeated the following day. This resulted in some patients ringing the surgery and having to listen to a long-recorded message about accessing services by booking online.

*“The Practice will not book appointments when you go into the surgery. They tell you everything must be done via 'askmyGP'. This system only operates during certain hours and makes this process less accessible to anyone that works during these hours. This is not an accessible service for those people who don't have internet or limited access to the internet. There are also some people who struggle with IT. Unless you get on the system before 10.30am you've no chance of getting an appointment and it won't even allow you to submit anything. The Practice especially the doctors appear reluctant to see people face to face and it is becoming more difficult to access the GP service.”*

The patients that preferred the changes, commented that they had more options now when booking an appointment and liked having different types of consultations.

*“There is no queueing outside in the morning. Much easier now.”*

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## Telephone appointments

The online survey highlighted that nearly 46% of respondents preferred to make an appointment by ringing the surgery directly. In addition, analysis of the one-to-one interviews showed a similar trend, with 60% of the responses indicating this was also their preference.

*“It rings out a little bit, sometimes it’s engaged. One day I did struggle, but generally ok. It is very easy to make an appointment. The surgery is flexible. It is brilliant - everyone is talking about you can’t get in, I don’t know what they are on about.”*



However, comments were frequently made, both in the interviews and via the online survey, indicating the frustration to the patient when using the phone to make an appointment. People who tried to call their GP complained of long waits on phone lines and difficulty getting an appointment by contacting the surgery in this way.

*“Physically walking is quicker than ringing.”*

*“I rang 30 times - it kept cutting me off.”*

*“Ringing up is a nightmare - you are on hold in a queue for at least 30 minutes. Then you are number 1 and then it disconnects.”*

*“The practice has an ethos of ‘don’t ring the practice’. You are to contact the practice via email or ‘askmyGP’. After 3pm you cannot access the online service. There is also no access to the online service at weekend. You used to be able to contact them online at the weekend and they would pick it up on a Monday morning.”*

*HWL rang this practice twice as a follow up to hearing this story. On the first occasion the message said, ‘reception was unavailable due to staff training’ and the second occasion, on another day ‘sorry all lines are busy, please try again later.’*

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## The Telephone Survey carried out by Healthwatch Wigan and Leigh Volunteers

Listening to patient experiences highlighted that ringing the surgery to make an appointment was difficult in many cases. As a result, HWWL volunteers rang every practice in the Wigan Borough.

The information in the box below was collected

1. How many rings / the time taken to be connected to the surgery.
2. How long the patient had to listen to a message about access options, Covid guidelines etc before speaking to a receptionist.
3. In some instances, how many times a call had to be made to get connected successfully.
4. Time and date the call was made.

What we found out ....

Unfortunately, we were unable to contact three of the General Practices when ringing them at varying times on multiple occasions, getting the message 'sorry all lines are busy'.

*"Trying to book an appointment is nearly impossible and I rang 76 times before being able to get through. I do understand the receptionists' problems, they have too many patients because we have had no new doctors' surgeries in Lowton, even though we have had thousands of new houses!!!"*

Some calls to practices were answered immediately by a receptionist but more commonly the patient was connected to a message encouraging them to make an appointment via an online service.

Messages that patients had to listen to could be as short as 30 seconds or more than three minutes. The tone of the messages varied in being courteous and helpful whereas some sounded more abrupt. Some messages were so lengthy and comprehensive that an unwell patient could be at risk of getting confused. Messages had to be listened to by a patient without online access before being able to speak to a receptionist.

*"If you telephone you must hear various options before waiting to speak to someone. Often you are told to ring again."*

This exercise carried out by our volunteers mirrored some of the frustrations being voiced by patients.

*"Costs a fortune in constant ringing, without success."*

One volunteer was held on a phone line for more than 12 minutes and then just gave up. In other cases, long online messages were listened to and then the connection just got cut off. In some cases, the 'askmyGP' service is mooted as a 24-hour service but then patients find their practice is unable to take any more requests after a certain time in the morning, sometimes as early as 10.30am. When a message or online service made it clear there were no appointments available that day, the patient was not informed what other options were available to them such as the telephone number for the GP Alliance covering their area or NHS 111.

*“I use digital services all the time, as it’s pointless trying to ring the surgery now, as they don’t answer the phone.”*

### Physical Access

We wanted to find out if there were any access issues caused because of the layout of the surgery. Most respondents had not been to their surgery, but a few comments were still made.

*“Not enough room on the car park and disabled.”*

*“I used to use a tri-wheel walker before I got my motorised scooter. When I went to the doctors I would be in great pain. I would have to walk the whole length past the chemist and then it was still a walk to get to the reception desk before I was even near to a doctor. The doors are not automatic neither.”*



*“9 1/2 times out of 10 you can’t get a disabled space; but then it is 2 steps into the building and 2 steps to reception. I was in the consulting room, and I said to the consultant ‘look at all those trees just outside the window, you could have more parking.’ Sometimes I think they want it to look nice over practicality. Planning departments and architects need to be told these things.”*

The story below highlights the experiences of an active wheelchair user seeking to access healthcare services. It illustrates how Covid-19 restrictions compounded further the barriers faced for patients with disability and mobility issues.

In terms of physical access, the front door was locked so straight away you are restricted from going into the GP surgery. For repeat prescriptions you either use an on-line app which I struggle with because I can only use one hand as my left arm is disabled and my shoulders are weak so going online is difficult for me. I must use a word doc to do my own repeat prescription and then print it out myself as there is no-one to do it for me. There is also a letterbox to be used to post repeat prescriptions on the wall. It is on the left-hand side and I cannot reach it, so I must ask someone else to post if for me. Also, they have a doorbell on the wall but again I cannot reach it - I have told the staff that come to the window many a time that it needs to be changed, but that has not happened. If I want to speak to someone I have been told to go round to the back of the building - well this is tricky for me to get my wheelchair around as about 2 feet space on the pavement.



## Using technology

Practices were already considering implementing alternative ways that patients could use to access GP services, but COVID 19 enforced an extremely rapid shift to using digital platforms. Over the last 18 months the Primary Care Networks have been working alongside Wigan Clinical Commissioning Group to embed online access and consultation tools. We asked which digital services patients had used to access care through their GP and asked how effective they had found these. We asked online survey, focus groups and interview respondents to go into more detail about their experiences both positive and negative.

The results below show the response from the people who had completed the survey online. We also asked if they would score how effective they had found online platforms to access services at their GP.

### Which digital services have you used to access care?

Digital Service	Percentage	Number of responses
Telephone Appointment	70.57	187
Ordering Prescriptions	65.66	174
Patient Access App	50.19	133
Viewing the Website	38.49	102
Text Reminder	23.02	61
e-Consult	9.81	26
Video Appointment	4.53	12
None of the above	1.89	5

We wanted to find out which digital services were commonly used, and how this had improved the service for the patient and what issues they may be experiencing with this access route.

The two main reasons that were given by patients who felt digital access was a service improvement.

- ✓ Increased flexibility of how they could access care
- ✓ For low level need it did not waste their time or appointment time when a face to face was not necessary.

*“I am housebound most of the time anyway and used to rely on telephone appointments. The online system is better for me. Fast access to a GP. Issues which do not require an examination can be dealt with online. It is much easier for me as a disabled person to communicate online.”*

*“I hate using the phone so the ability to use the apps to consult a General Practitioner has been great for us. We are a highly neurodiverse household, so having alternative ways*

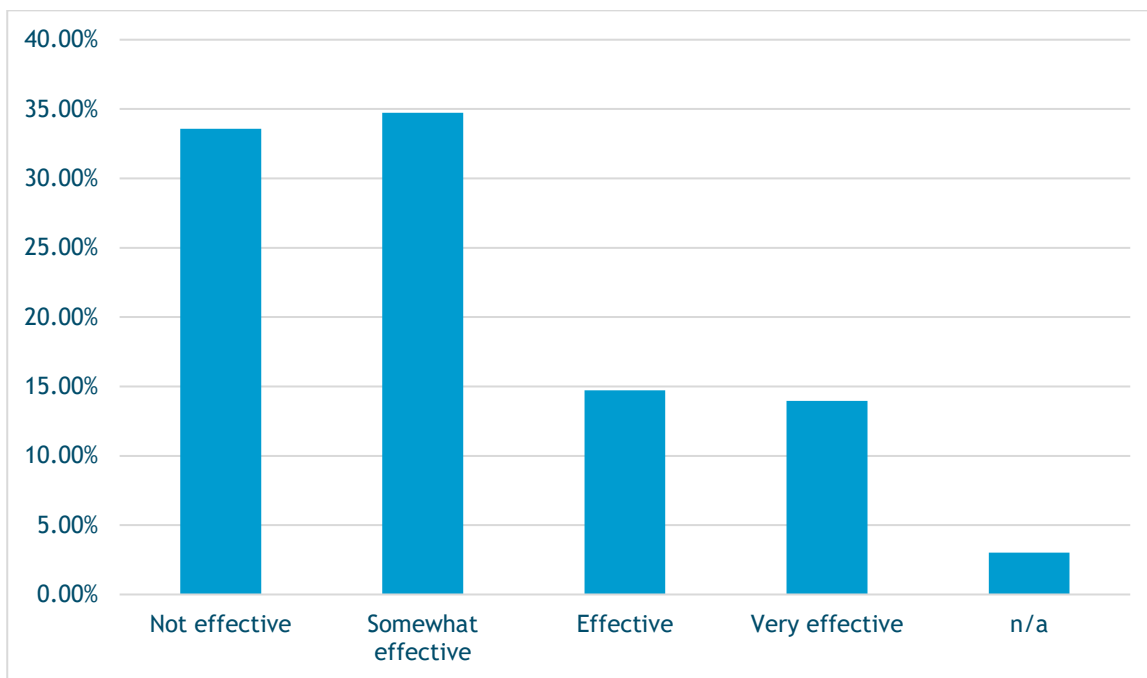


*to communicate with our General Practice has been wonderful.”*



*“Online messages are answered quickly and face to face appointments are offered when needed. Previously it was either a face-to-face appointment or nothing.”*

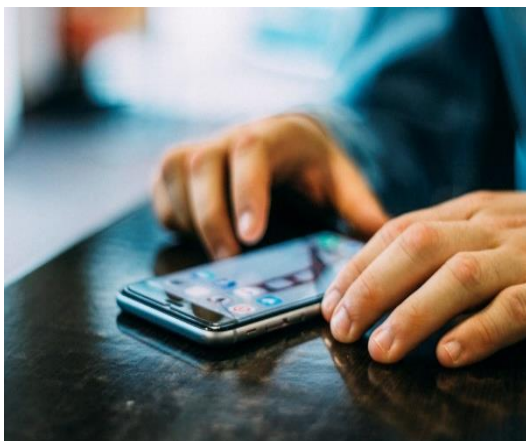
**How effective have you found technology / digital platforms around GP services?**



The bar chart above shows the responses from the online survey.

The comments below, taken from the survey answers and patient stories through direct engagement explain why patients were feeling frustrated when using digital services.

There were repeated concerns from patients that their surgery was not offering choice. Using a digital pathway was the only way to access care.



*“The doctors are brilliant. They have an awareness that I am a veteran; but probably not of all my issues. I ring up and they say use ‘askmyGP’. Sometimes I can’t get online as I have no mobile data or internet. I have a lack of desire to access the surgery. They just don’t want to do face to face. I would feel more comfortable with this. Instead, you must have a phone call and you can sit and wait all day, that day or tomorrow.”*

*“The surgery is running as if 100% digital. Phone calls only as it suits the practice. But is the infrastructure there for everyone? I am not against technology, it’s a great idea but some people don’t have a PC or a mobile.”*

*“After struggling to make contact digitally I sometimes feel ‘why bother?’ I get so frustrated. I am a carer for 2 people and trying to access services makes me impatient when the service fails me. I sometimes feel like I lose the will to live. No one has shown me or taught me how the system works. I have tried to figure the process out but frequently feel very frustrated. After getting very frustrated with technology I sometimes manage to speak to a receptionist and get a telephone appointment with a GP. My husband is hard of hearing and can’t hear so well on the telephone. He needs to lip read and because masks are worn, I listen for him. Because I am so stressed with my caring roles, I do not always register what is being said.”*

Patients repeatedly said the system gets booked up too quickly every day. In addition, they were unhappy with its lack of versatility and its lack of continuity.

*“The ‘askmyGP’ app is very limited and lacks the ability to keep continuity of individual issues.”*

*“I cannot make an appointment. There is never an open slot, and no indication of when the next one might be. A live person could at least try to help you with information as to how long you might have to wait to get an appointment.”*

Patients highlighted where they felt the system lacked sophistication listing reasons such as trying to get a repeat sick note, wanting an appointment with a particular doctor, or trying to make an advance appointment for something more routine.

*“I contacted the surgery as I needed a continuation of my sick note. The ‘askmyGP’ app does not allow you to request a sick note. I rang the surgery; they told me the ‘askmyGP’ was down - so try again tomorrow. So, I will have to try again, to then get a phone call off the doctor to ask for a sick note. I thought the receptionist was dismissive on the phone. How frustrating.”*

*“Ordering prescriptions; telephone appointments have been effective. Trying to speak with my GP for urgent care is ineffective. Staff were relatively rude if you rang to speak to someone and just kept referring to the online service. Also, the online service only allows you to book an appointment with Dr X but my General Practitioner is Dr Y so this is very ineffective too as I do not want to book an appointment with Dr X.”*

## **Has the use of digital services effected the quality of care you have received from your General Practice?**

### **65% of responses “it’s worsened in quality”**

*“Whilst it may be considered an efficient means of contacting GP Services, it is a very sterile approach to family healthcare and the family doctor philosophy appears to be eroding away; being replaced by a reliance on health history knowledge via a data base (if the doctor has time or inclination to access it).”*

Unfortunately, a significant percentage of participants in this piece of work felt that the transition to this digitalized approach to accessing and using services had caused a deterioration to the quality of the care they had received. Only a minority felt that the quality of care had improved. A lot of comments highlighted a desire for face-to-face appointments and some patients felt disappointed that this was now the decision of the clinician. Some patients expressed concern that ‘open surgery’ was a service not available any-more. Patients were saddened that the service was losing its personal touch and frequently said they would much rather speak to someone than complete forms and tick boxes.

### **10 % of responses “it’s improved in quality”**

*“The ‘askmyGP’ service has worked well for me. Previously, I had often thought that a voice call or email would be just as effective as a face-to-face appointment. And it has proved to be the case. I have sent photos via email; I have had a prescription sent quickly to my nominated chemist and have been asked to visit the surgery for a face-to-face appointment. But I understand that less confident patients, those without internet or those who need to be drawn out by a kind doctor would say this system is worse from their point of view. It may depend on how the practice is run, how many patients are registered and how high patients are in a practice’s list of priorities.”*



## A Focus on the deaf community



HWWL met with the Leigh deaf club representative and 7 members of the Leigh Deaf club took part in our interviews.

### Booking appointments

We asked about how they wanted to book appointments and how easy they found it; 6 out of 7 respondents said it was difficult to book an appointment at their GP. Most wanted to make the appointment in person and due to Covid restrictions were having an increased reliance on family members to make appointments for them.

*“I find it difficult. I go to the surgery, and they say you have to do it all online.”*

*“My sister makes appointments for me. Finding a time when my sister is not at work and has had time to get here or take me to appointments is not always easy.”*

*“My son rings up but cannot get through and has to try and talk to them.”*



### Challenges during Covid 19

We asked how their experiences of accessing services at the GP had changed due to the pandemic. The responses highlighted it had changed a lot, with the same common theme that access to an appointment was via a digital platform and it was also very difficult to get a face-to-face appointment with a clinical professional.

In addition, this community also highlighted issues more specific to their own needs. For example, shouting names out whilst wearing masks and no TV screens anymore to display names.

One person explained -

*“Masks have been a huge problem. Refusal to accommodate my needs for lip reading. They shout my name whilst wearing masks and wonder why I do not respond. People talk about me not to me. My confidence and independence have been drastically affected. I have experienced a total lack of understanding or empathy for my situation.”*

### Using technology

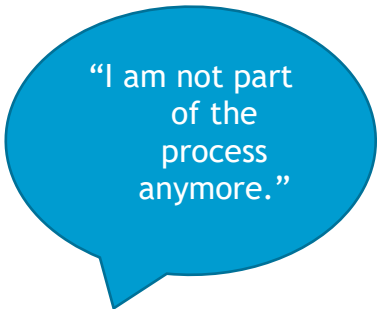
When asked what digital services they had used, the most positive response was the option to order and reorder prescriptions online. However, it was very evident that there were individual struggles using digital platforms. These were some of the comments made:

*“I find using ‘askmyGP’ to book an appointment difficult, 6am -12 noon. I’m elderly and I seem to run out of time.”*

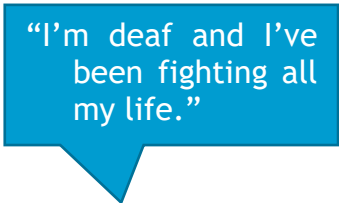
*“Due to my inability to use a computer I find accessing the surgery difficult.”*

*“I struggle to use technology because of my cerebral palsy. I have to rely on others to do it for me.”*

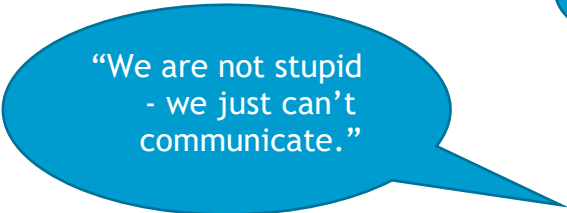
The pandemic has significantly magnified the frustrations that this community were already experiencing when trying to access primary care. It has isolated them further and made them feel even more vulnerable.




“I am not part of the process anymore.”



“I’m deaf and I’ve been fighting all my life.”



“We are not stupid - we just can’t communicate.”



“There is a lack of alternatives available for those like me who cannot access these digital services.”

### Practice staff

The experiences with GP staff were reported very positively.

*“Receptionists are very good - could not do without them.”*

*“The staff and doctors have been excellent during the pandemic”*

However, there were a few frustrations and one that stood out.

*“I have asked the surgery to text me but they just ring.”*

We also visited Ashton deaf club and asked them about their experiences. One member of the group explained to us that when she had gone to her surgery the member of staff on reception had told her to ‘write it down’. She was frustrated too that she had never been offered an interpreter even though she has the right to this. This patient said it would have been useful if the surgery had a poster displayed that she could have pointed to, to highlight she needed and wanted an interpreter. This patient could not understand why it was not on the patient database at the practice that she needed an interpreter.

Conversely, another member of this deaf club was very happy with the service from his surgery. When he needed an appointment at the surgery, they said they will not be using texts and had suggested he came for a face-to-face appointment. They also booked an interpreter for this appointment.

These stories capture the vastly different experiences that service users are encountering. The service offered is inconsistent and inequitable and will undoubtedly impact onto how valued the patient feels and the quality of care they feel they have received.



## What the homeless told us

We engaged with the homeless community to listen to their experiences of accessing care at their GP. HWWL had also supported a piece of work led by Wigan CCG to explore the barriers this community face when trying to access and use healthcare services. As a result, HWWL spoke to just over 20 homeless people. The 3 stories below capture what they told us and highlight the struggles these patients had trying to get an appointment with their GP.

### Mabel's story

Mabel lives in an accommodation for homeless funded by Wigan Council. She has tried to access an appointment at her GP and explains why she finds it difficult. She has walked to the surgery to be told to use the 'askmyGP' app by the receptionist. This is a problem for her she does not always have data on her mobile phone, though the receptionist offers to do it on her behalf.

She added;

*"I try to ring up and they tell me to ring back tomorrow at 8am. I can ring at two minutes past, and they still don't have an appointment. Sometimes they tell me a doctor will ring me back but a few times this has not happened. I need a proper doctor. They don't give me any choice. The last time I saw a doctor face to face was in March 2020. I don't use the website."*

Her comments about the staff at the practice were positive.

*"Their attitude is good, but the service is poor. I just feel it is all changed now, and no-one is helping me out."*



### Fred's story

Fred is homeless and lives on the street. He occasionally can sleep at a friend's house.

HWWL met him on the street. Fred was wanting help to find out if he was registered at a Surgery. He had completed the registration forms but had no further contact. He also wanted to see a doctor as he was in huge pain. After confirming Fred was registered at this practice, HWWL tried to get Fred an appointment with a doctor. The receptionist explained that the only way to get an appointment was to use 'askmyGP'. This was not possible as the patient had no credit nor any battery life on his phone. The receptionist offered to put the request in on his behalf. HWWL queried how he would be able to receive a phone consultation and instead asked if Fred could be booked in for a face to face. This was not possible without an initial phone consultation. HWWL asked what else could be offered. After being put on hold, the receptionist returned, and suggested Fred could go to the HUB or the Brick to have access to a phone. If it was an emergency Fred could go to the 'walk in centre' at Leigh.

Most of the service users we spoke to said that staff at the practices were helpful. However, this cohort find communications between General Practices even more difficult because they often rely only on a mobile phone which may or may not have data or be charged up. Their ability to take phone calls in a confidential environment is a challenge for them because their lifestyle can be unstable and unpredictable. They were unclear about the registration process as a new patient and what support they could access whilst

staying in temporary accommodation. This cohort of people often need to register with an alternative GP and still need regular medication.

The story below highlights the problems that arise when people are temporarily moved out of their local area. The GP may deregister them and instruct them to find a GP closer to where they are in temporary accommodation. The communication between practices can be slow and patients can often go without important medication while arrangements are being made.

Emma has several health conditions including anxiety and is panicking that she will be without medication. She is living in temporary accommodation with limited funds and has a pay as you go mobile for communication.

#### Access to a GP

Emma contacted her GP for her prescription and was told she had been de-registered as she is now out of area. She was told to register with a local practice who refused because she was only in the area temporarily. Emma asks HWWL to help her as her medication is due the following day.

#### Solution

HWWL contacted her practice to explain her situation. They advised that they would note on their system that Emma is still registered and is out of the area temporarily with support of a local charity. Prescriptions should be requested with 2 days' notice and sent to a pharmacy near to where she is staying.

#### Problem

Emma rings HWWL the following day as she can't remember the pharmacy she is to go to. HWWL contact the GP again and they say she has been de-registered. HWWL explain the previous days conversations and the receptionist realises the records haven't been updated. Emma is informed which pharmacy to go to for her medication.

#### Access to GP

Emma rings HWWL again as her prescription is incorrect and asks us to contact the GP. The practice explains that she has been put on weekly prescriptions and if Emma wants to speak to a doctor she should go through 'askmyGP'. This is not possible for Emma, so the receptionist agrees to put a request in on her behalf.

#### Communication

The charity supporting Emma contact HWWL. They have called urgent response team for Emma, but when they try to update her GP record it is showing Emma has been de-registered because the spine has not been updated. Urgent response team refuse to post or telephone to update the GP. Wendy is panicking that her next prescription will not be at the pharmacy on the date due.

## What the staff told us

We wanted to ask practice staff how their roles had been affected due to the shift to using digital platforms as an access route to care from the GP and how they felt this impacted onto the patients.

It was evident that within the primary care network there were very different approaches taken by individual surgeries. The summaries below illustrate some of the different models being used.



The practice approach is to allow patients to have a new avenue to book appointments through Online Consult. If a patient does not have online access, we can always do the form over the phone for them. The online consult is much more diverse than 'askmyGP'. It asks the patients to complete questions regarding their problem and then allows the patient to type free text at the end. Patients can also get lots of advice and self-help. Online access 24 hours a day 7 days a week distributes work more evenly and is a more effective management of staff time and allows more flexibility for the patient. On average there are 1500 e-consults per month at this practice. Not all patients have access to the internet and there has been a bit of resistance from the 60-70+, and a few of the younger under 30's which could be for financial reasons. The phonedines are not as busy anymore because of less appointment calls, obviously, there are still some queries that come via the phone, but it means that when you need to speak to us it is easier to get through.

We use the 'askmyGP' app at this practice. It is a quick access route for the patients to make an appointment. The service is on 8am until 6.30pm. Only 1 negative complaint in last 4 weeks. Most consultations are via 'askmyGP' and the GP decides if it is appropriate to do a face to face. Some patients don't use a mobile and the receptionist will assist them. We screenshot the dashboard to flag patients who have no internet, can't hear very well on the phone etc. Patients that work find it easier - they don't have to have time off work. We find it easier to manage workload from the dashboard as we can see it so we can adjust to match demand if a member of staff is off. We do feel it was forced onto us very quickly but 'askmyGP' is much more user friendly than the EMIS system. We would like a hybrid system ultimately. We do feel patient expectation is different and can be more demanding. Are patients aware of all the networks we link with in the community? I think patients see staff here and but don't always realise all the other relationships we maintain so they aren't really aware of the true workload the staff undertake.



At this surgery we have encouraged all patients to use the 'askmyGP' service to access primary care. The Primary Care Network have been pushed to use this approach, but it needs to be a service that works for the surgery and the patients. I don't think it is easy to make an appointment to see an Advanced Nurse Practitioner or a General Practitioner; you must go through the 'askmyGP' system. Our system is on 7am-4.30pm. We turn it off at this time as we found we got a lot of repeat prescription requests and people messaging at the night-time, that felt much better in the morning and didn't need our assistance.

We have had some success using 'askmyGP'; some patients do find it user friendly, and it can provide a quicker response for them. It is more beneficial in terms of infection control. Initially there was a lot of reluctance as not everyone has access to a mobile phone or a PC. I think the elderly felt that they were mithering us and I am not sure they will have received the right care, as some of them were worried about contacting us during the pandemic. However now as time has gone on, I think the elderly are liking it more - the PPG group love it!

A lot of patients do find the system frustrating; that you may have to submit and then resubmit your form tomorrow just to get a call back. I think some of the younger patients do not like it - I think some have chosen not to use it and tell us they do not have access to phones or internet as they want to just be able to ring up, like prior to the pandemic. Also the 30's-40's cohort often work fulltime and have families, so when they are spending time submitting a form to be told no appointments can you resubmit it tomorrow, it makes life very difficult for them.

The workload has increased significantly. Reception now has all the added administration linked to the 'askmyGP' work-flow. The General Practitioner's often do 6-8 more work-flows/ day above the expected. Some are still sat here at 8pm battling things back and forth. The Clinicians administration load had increased also.

The phones are still ringing off the hook.

The dissatisfaction of patients has increased and the number of complaints from patients has gone up ten-fold. Patients feel reception staff are a barrier as they are the ones that have to say "can you put a request through tomorrow or ring back tomorrow...". It has affected relationships and the amount of abuse staff are getting has upsurged. In the last 5 years I have never known it be like this. Last month the surgery has sent out 6 letters to patients reminding them of our zero- tolerance policy for inappropriate behaviour to staff (June 2021). Usually, we would not send this many zero-tolerance letters out in a year!

We all have different cohorts of patients, and one system does not fit all. We don't have to use 'askmyGP' to have an effective system. We, as a practice are looking at providing a more hybrid system, to make our patients lives and our staff lives easier.

Within the Primary Care Network this surgery would be the lowest user of 'askmyGP'. I know some practices have gone 100% to using 'askmyGP'. Today we have only had 10 requests come through via this method. I know some patients do love to use 'askmyGP' and love to have a telephone consultation; it works better for them. We did an element of phone consultation before the pandemic and wanted to keep some of that.

We could encourage more usage of the 'askmyGP' app but I do think we would get more grumbles. If we had to pay for 'askmyGP' I don't think we'd keep it. The administration is cumbersome, and you answer one question, and another comes back, and it can bat backwards and forwards. In a ten-minute consultation face to face all this would be ironed out and subtle issues picked up on - the General Practitioner's are very good at these conversations with patients and seeing issues.

I think we are a more unique practice in that our General Practitioner's are mindful patients want face to face. It has been a practice decision. Patients ring up - go to a receptionist and they will triage - they ask the patient what is your preference? Particularly now since the last lockdown easing. The GP's have said to the girls on reception that some patients don't have smart phones or aren't digitally aware. We don't enforce 'askmyGP', we let the patient tell us what type of appointment they want. We still ensure Covid safety with triage. Digital platforms can cause barriers particularly for carer's / patients with learning disability. Very few over 60 utilise it.

Clinical excellence is what we strive for, and to deliver quality care. We have not had a complaint in the last two years. We are a reasonably sized practice - nearly 3500, and in the last six months another 250. Some will be from out of area, but I have heard that a lot have moved to us from local practices. I think patients are coming here as they have heard we are doing face to face.

One of our doctors has 20 appointments today; 19 are face to face and 1 is a telephone consult.

The staff are under immense pressure. We are busy, and patient needs are higher as they are suffering with longer term issues for 12-18 months. The GP's work late and go above and beyond what they should do. I think our workload has increased ten-fold. The volume now is huge. It's about teamwork.





## An interview with a General Practitioner

### What is your practice approach to consultation?

At this practice, patients can phone up and speak to a receptionist. Practitioners see patients. I agree that a phone call is sometimes a good option eg - if for a sick note. But generally, I feel that patients want to be seen, things need to be looked at and the patient feels more valued / taken more seriously. We virtually give the patient choice in terms of style of appointment. Receptionist asks - Would you prefer to come in? Would you prefer a telephone consult? I think we have evolved so we offer what works for patients. I have had 18 appointments this morning and 13 were face-to-face and 5 were telephone consultations. I think it is easier to see the patient - yes you can send in a picture of a rash or a lump or bump, but it is not as good.

In terms of access if people are ill, they need to be seen on the day and if you say you can have a phone call next week then no wonder they turn up at A and E. At A and E, we have public turning up with acute / chronic problems as well as emergency; and saying my GP won't see me because of COVID/ only want me to use 'askmyGP'.

We don't really use 'askmyGP' here at the surgery. I think it was marketed to help General Practitioners to control workload. But if you clear your inbox every-day you essentially don't have any appointments booked in advance and are running a continuous same day only service. A lot of problems do not need a same day response but just an appointment at some point in the near future. Some practices have adopted 'askmyGP' lock, stock and barrel and limit the capacity. Once the capacity for the day is reached patients are asked to 'try again tomorrow'. I think maybe GP's like it because you have more control over what they do. Accept 100 consults on the day then you are done!? All on the day work - so is there a lack of pre-bookable appointments - it is not just acute problems we deal with. I personally never took to 'askmyGP', in contrast to patients ringing us up or coming in. It is easier to see them and have dialogue there and then. I think it is harder to make a judgement over the phone or through sending messages back and forward. I do not feel we operate any more efficiently with a digital platform such as 'askmyGP' and personally would not choose to pay for it. I would rather have that money used towards another staff member / practitioner in the surgery. Our EMIS system allows contact electronically from patients.

### What is the public attitude?

I do think we are creating a worried anxious society that wants immediate response and patient expectation is through the roof. We are short on numbers, but we could be more efficient in our working.



## Final Conclusions

### 1. Information on GP Websites

Websites need to be accessible and inclusive to all users, including those with disabilities.

The information on websites is generally up to date, but some vital pieces of information are missing and need to be displayed.

Some websites are not well-designed or presented, and would benefit from new, cleaner, less busy designs, with appropriate colour schemes.

### 2. Accessing an appointment

Service providers need to remember that not all patients are able or want to use technology.

Some stories highlight a lack of patient centred care for those that are unable to use technology.

Patients still prefer using the telephone to contact the Practice and this needs to be a smooth route for access.

### 3. Using technology

Online appointments need to have capacity for patient requirement.

The availability of the service is tuned to patient demand.

Service providers need to remember that not all patients are able or want to use technology or a telephone system as a means of engaging in a consultation.

Some stories highlight a lack of patient centred care for those that are unable to use technology.

### 4. Clinical Professionals

Clinical staff are under immense pressure, and many have felt the workload has increased significantly.

Practices are working very differently which brings different pressures for the staff and patients. It is evident that there is disagreement within partners at individual Practices on the most effective processes to implement. When making these choices the priority consideration should be the impact onto the service users.

Patient expectations have become more demanding and, in some cases their behaviour openly reflects this. The need to maintain purposeful and respectful communications between patients and clinical staff is recognized.

We realise that General Practices along with other NHS and social care providers have been under immense pressure in recent times. However, it is now time for service providers to reflect on how their models of service delivery have performed and evaluate where the focus now needs to be. Our findings show that there are positives and negatives

and that variations in experience are multi-faceted but include complexity of need and personal preference.

Every individual is unique, and it is difficult to come to a definitive conclusion. However, our findings provide a broad picture of people’s experiences and can be used to refine and improve methods so that systems work better to meet peoples’ differing needs.

## Action Plan

Action	Key Dates	Comments
Draft report submitted to HWWL Advisory Committee for recommendations.	January 2022	Approved by Advisory Committee
Report sent to Primary Care Commissioning for response.	March 2022	Feedback requested by March 11th
Report sent to Primary Care networks for response.	March 2022	Feedback requested by March 11th
Full report sent to Healthwatch Wigan and Leigh Board of Directors for ratification.	March 28 <sup>th</sup> 2022	Ratified by the HWWL Board
Report published.	March 31 <sup>st</sup> 2022	Can be viewed on HWWL website.
Nominate a member of the Advisory Committee to lead on impact.	April 12 <sup>th</sup> 2022	Member of Advisory Committee appointed to oversee actions.
Confirm appropriate forums to share this report and discuss recommendations.	April 2022	Primary Care Committee and Primary Care Network meetings. Health and Wellbeing Board.
Present to Wigan Council Overview and Scrutiny Committee.	June 2022	Request as item on Agenda as information for Scrutiny Committee.
Continue to review the recommendations to monitor impact onto service improvement.	Biannual Item Agenda	Nominated member of HWWL Advisory committee to oversee.

## Acknowledgements

Thank you to all the people in the Wigan Borough who participated and took time to complete the survey or engage with us directly. Thank you to the organisations and community groups which shared our survey and to 'Local Life Magazine' for publishing information about this piece of work which encouraged further public participation.

HWL also want to thank the staff at the practices who shared their views, completed questionnaires, emailed us information, and engaged with us in anyway. We appreciate the time taken to do this.

Many thanks to the HWL volunteers who assisted with the website and telephone reviews as well as helping to collate all the feedback to be able to write this report.

## Responses

We would like to sincerely thank Healthwatch for their continued work across Wigan Borough. They are a valued partner in the Borough's aspirations to commission and provide services that meet the needs of our local population.

Tackling the challenges of access to General Practice is a priority for us and is a core theme within our GP local enhanced service specification (additional services and standards we commission in the Borough on top of the national contract to make sure services meet the needs of patients). Access to services is also a keen focus of the Wigan Borough Primary Care Co-Commissioning Committee who have oversight of GP commissioning and contracting.

As the report has clearly demonstrated, the impact of the Covid-19 Pandemic and the need to rapidly implement digital technologies has changed many ways in which General Practice operate. For some patients this has brought benefit and, unfortunately, for some it has brought challenge and frustration.

The experiences gathered and described within the report resonate with the results of our own local research, which has been presented and discussed at the Primary Care Co-Commissioning Committee. As a result of this patient feedback, over the last 6 months we have been working with local practices to improve access for patients, by supporting them to use the digital technologies appropriately and consistently as part of their service - taking on board the patient feedback we have had, whilst also being responsive to the needs of all patients and not taking a "Digital Only" approach. This report emphasises and reinforces the need for this ongoing work.

We remain on this journey of improvement, establishing forums to support practices to share learning and experience with the goal of creating a more consistent and standardised approach for patients, and we believe that improvements are starting to be seen. This includes practices engaging with patients through working relationships between staff and PPG members to receive feedback discuss and agree areas for improvement.

Recognising how critical telephone systems are, we have also started a programme to make sure that all practices have the right configuration, capacity and processes to handle patient calls in an efficient and effective manner, reducing call waiting times and the experience of being disconnected.

The report highlights that our journey is the right one, but that we still have some distance to go. However, with the continued support of colleagues in Healthwatch, providing valuable insight into what is working well and what not so well for our local population, we are confident that we will achieve our aims. We look forward to working with Healthwatch to explore the findings more closely and make sure that our combined work and efforts continue to improve services for local residents and patients.

Response provided by CCG Primary Care Committee (14.03.22)

## References

Healthwatch England June 2021. Locked out: Digitally excluded people's experiences of remote GP appointments.

[Locked out: Digitally excluded people's experiences of remote GP appointments | Healthwatch](#)

## Glossary

PCN - Primary Care Network

GP - General Practice

NHS - National Health Service

CCG - Clinical Commissioning Group

eConsult - A widely used digital triage tool in NHS primary care built by NHS GPs for NHS patients

ANP - Advanced Nurse Practitioner

## Appendix 1

The online survey.

### Accessing care through General Practice

1. What is the name of your General Practice?

2. How do you prefer to make appointments with your General Practice?

- In person
- Over the phone
- Using a digital platform (eg askmyGP, Patient Access etc)
- Other (please specify)

3. How easy or difficult do you find it to make an appointment with your General Practice?

Very difficult    Difficult    Fairly difficult    Fairly easy    Easy    Very easy

Other (please specify)

4. Has the way in which you access your General Practice changed since the start of the pandemic?

- It's changed a lot
- It's changes somewhat
- It hasn't changed

5. If it has changed, how has it changed?

6. Have you experienced any difficulty with physical access to your General Practice?

7. Would you like to tell us more about your experience of accessing your General Practice?

8. Which technology / digital services have you used when accessing your General Practice?

Ordering prescriptions

Text reminder

Viewing the website

eConsult

Telephone appointment

Video appointment

Patient Access App

Other (please specify)

None of the above

9. How has your use of technology / digital services changed since the start of the pandemic?

10. How effective have you found technology / digital services around General Practice access?

Not effective      Somewhat effective      Effective      Very effective      N/A

11. What have you found to be effective or ineffective about these services?

12. Has the use of digital services affected the quality of care you have received from your General Practice?

13. If the quality has been affected, how?

14. Would you like to tell us more about your experiences with technology / digital services when accessing your General Practice?

15. What has your experience with General Practice staff been like during the pandemic?