

COVID-19 GP access in Bromley



healthwatch
Bromley

Contents

Background.....	3
Aim and Objectives	3
Methodology	3
Findings.....	4
Bromley GP websites findings	4
Appointments.....	4
Accessibility.....	5
Awareness	5
Booking Appointments.....	6
Quotes	6
Demographics.....	7
Recommendations.....	7
Appendices	9
References	10

Background

The COVID-19 pandemic has fundamentally disrupted the delivery of healthcare services, forcing GP and other health providers to implement new ways of communicating and assisting their patients to minimise the spread of the virus. This saw huge changes for both general practice staff and for patients, in how they were able to book and access appointments, as well as how the appointment was carried out. In practice this resulted in an increase in telephone and video consultations and a sharp reduction in face-to-face appointments. The challenges this represented for both staff and patients cannot be underestimated. GP practices in Bromley, alongside those across the country, responded with perseverance and commitment in the face of adversity. NHS staff and services were put under unprecedented pressure and had to respond rapidly to adapt to the changing circumstances. However, despite the best efforts, some patients faced added difficulty in accessing GP appointments during this period. This is due to a multitude of factors including a lack of internet access or skill, for some, and disability and other inhibitive factors also playing a role, for others.

Prior to the lockdown restrictions being eased on 19 July 2021, NHS England issued new guidance to GP practices (May 2021) stating that GPs must offer patients face-to-face appointments if that is their preference. On the ground there remained substantial challenges, not least infection control issues preventing practices giving patients this choice of appointment type.

Given this context Healthwatch in SE London embarked on a joint project to assess patients' experience of access to primary care from July 2021.

Aims and Objectives

Healthwatch Bromley (HWB) wanted to measure residents' experience of access to primary care services following the lifting of national lockdown restrictions. To achieve this aim, two objectives were set:

1. Conduct an analysis of GP surgery websites from the patient perspective to assess the ease of finding relevant information online, to identify good practice and barriers users may encounter around GP access.
2. Carry out a survey to measure residents' experience of GP access and determine their level of awareness of the services available and their experience of the services following the lifting of the national lockdown.

Methodology

The study was part of the wider project conducted in partnership with local Healthwatch in South East London, i.e., Bexley, Bromley, Greenwich, Lambeth, Lewisham, and Southwark.

This report presents local findings relating to the London Borough of Bromley only and has been produced to supplement the regional report and provide a more detailed overview of the Bromley findings.

In Bromley, our data was collected by:

1. **Inspecting 43 websites of local NHS GP practices.** Assessment was carried out by a Healthwatch panel of volunteer patients and staff, using our collective insights and expertise to assess accessibility from the patient perspective.

2. **Conducting an online and paper survey between 19 July and 31 August 2021.** Our main objective was to analyse how GP surgeries kept their patients informed about booking appointments and ease of access. To better understand the respondents' views, questions were formulated to gather quantitative and qualitative data. The survey was shared with the NHS South East London CCG and its members, and in the form of paper copies with local voluntary organisations. In total, 149 residents completed the survey.

Strengths and Limitations

Demographics tell us that over 50% of our survey respondents were aged 65+, 30% have a disability and 53% have a mental health condition or long-term illness. Given our knowledge around those impacted by digital exclusion it seems likely that a sizable portion of survey respondents could fall into this category. The results should therefore be viewed with this in mind.

The panel reviewing GP websites provided comments on the ease/difficulty of finding information.

We acknowledge that the feedback provided was a snapshot of the experience of people at the time of the research. The website analysis was intended to illustrate the experience from the patient perspective, rather than provide professional web testing or analysis.

Findings

Bromley GP website review

Appointments

Good practice

- 74% of the websites clearly offer an online booking process via an online triage system. This was obvious to patients visiting the website.
- 93% give the option to cancel appointments online or via text.
- 93% provide information on how to book a face-to-face appointment.
- 100% display hours of services and contact information. 83% also display information on extended appointment hours.
- 93% include information on how to leave feedback.
- 83% went further by providing information about services such as advocacy support and nearest pharmacies.

What could be improved?

Many GP practice websites use pop-up messages to advise patients to contact their doctor online by filling out a form. The same pop-up appears each time a new page is opened, and our panel found this distracting. Reducing the number of pop-up messages would improve patients' browsing experience.

Some panel members had difficulty navigating the sites to find additional information e.g., pharmacies and other sources of support.

Accessibility

Good practice

When displaying health information, GP websites should consider individuals with limited literacy, low levels of health knowledge, visual impairment, and other issues. We therefore assessed if the websites provided functions to adjust text, font, and other design elements, otherwise known as readability. This function is important as it measures how easy it is for visitors to read and understand the text on a web page. We found that

- 93% of websites offer an option to adjust readability settings.
- Translation into different languages was available on 98% of the sites; on most, 108 languages were available.

What could be improved?

- Only 13% of the websites gave clear confirmation that a language interpreter providing translation and communication support for people who do not speak English as their first language was available for the patient.

Whilst it was reassuring to see that all websites adopted a form of assistive technology such as a screen reader to assist patients with visual impairments or learning disabilities, it is worth noting that all websites simply used a separate downloadable screen reader such as the Google Chrome browser extension. Better solutions, albeit more costly, do exist and could be purchased collectively to reduce cost

Survey results

Awareness

Good practice

- When we asked people about their level of awareness of the various booking avenues and appointment types of methods 86% were aware of phone access.

What could be improved?

- Only 42% were aware of face-to-face appointments despite this information being available on the practice websites. This suggests that practices should consider how to inform digitally disadvantaged patients about future service changes.
- Only 35% were aware they could email the doctor/practice, only 25% aware of video appointments. Whilst these low figures could be accounted by the significant percentage of older and disabled people who responded to our survey (whom we know are more likely to be digitally excluded) it may indicate that practices and community

support groups could do more to support residents to learn and develop digital skills to use email and video.

Booking appointments

Good practice

- Most respondents (63%) were satisfied with the quality of the service received most of the time, despite an initial mistrust of online/telephone consultations.

What could be improved?

- Only 33% of respondents reported their experience of booking a GP appointment 'Very good' and 'Fairly good'.
- When asked the main preferred way to book an appointment, phone calls were the most common answer (86%). However, booking appointments through phone calls was also the leading cause of dissatisfaction within the booking experience due to long waits to speak to a receptionist.
- Some people could not get an appointment despite trying multiple times. Of those who were unsuccessful, only 42% attempted to contact the practice another time. 23% of respondents did not see or speak to anyone. This warrants further investigation with particular attention to any exacerbation of condition/ deterioration in overall health.
- Some respondents expressed dissatisfaction with reception staff and their communication style and found this a barrier to accessing the service. While acknowledging the challenges of the reception role, this suggests that communication with patients is an area which needs further investigations and additional training.
- When booking GP appointments, 16% of residents felt that online services are more convenient and accessible than calling the surgery. However, many surgeries suspended online booking during COVID-19 pandemic. We would suggest a review of this policy.
- Findings from the open questions indicate that 45% of respondents prefer talking with GPs to discuss their concerns rather than typing their symptoms online. Some added that the unavailability of face-to-face appointments contributed to a further deterioration of their conditions, despite having alternatives such as telephone or online consultations.

Quotes

"I would just like to see someone face-to-face and the option does not seem to be available."

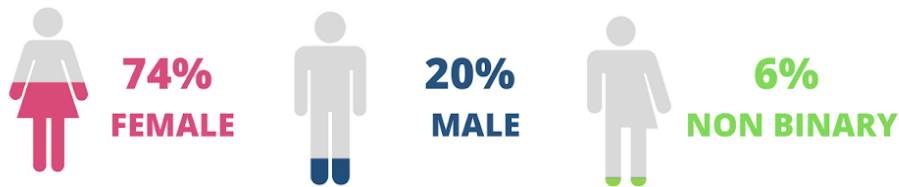
"Trying to get an appointment by phone is challenging. I have held on for over an hour, which I feel is totally unacceptable, especially when feeling unwell or worried."

"Impossible/very difficult to actually book an appointment for over a month now."

"Getting past the <...> receptionists to get an appointment is the hardest task. They come across as very uncaring at times and give you the feeling that you are being a nuisance."

"I have only ever been offered phone appointments at my GP surgery, and even then, I am not given a specific time. No one is allowed to see the GP in person, which has resulted in some significant issues for me, and my medical issues not being addressed adequately. It is a very poor service."

Demographics - survey respondents



- 85% of the respondents were white (This figure closely mirrors the London Borough of Bromley's ethnicity profile, with 21% of the population belonging to Black, Asian and Minority Ethnic Communities as per the latest [JSNA report](#))
- 32% were unpaid carers
- 53% had a mental health condition or long-term illness
- 30% reported having a disability
- 11% were aged 85 and above, 19% 75-84, 29% 65-74, 19% 55 - 64, 15% 45 - 54, 7% 25-34.
- 89% were heterosexual, 1% were gay or lesbian and 3% were bisexual, while 7% people preferred not to say.
- 68% identified themselves as Christian whilst 2% belonged to other religions, 23% to none, and 7% preferred not to say.

Recommendations

1. Local GP providers should update their websites to offer complete information on the different ways people can book their appointments, providing a brief explanation of any changes and their rationale.
2. Local GP providers should clearly display information on their websites about other local services such as advocacy, language interpretation services, and pharmacies.
3. Having pop up messages appear on a front page only would be less distracting and help patients navigate GP websites.
4. Different options for accessing healthcare services, including face-to-face appointments with a GP, should be available in all practices to meet patients' preferences and ensure parity of access.
5. GP practices and community support groups could do more to support residents to learn and develop digital skills to use email and video. Social prescribers could develop information resources on this topic and refer patients appropriately.

6. Providers should review, and where necessary improve, telephone booking systems. This would significantly improve patients' access to services and information.

7. Providers should reinstate and improve online booking systems when possible and make them easier for patients to use.

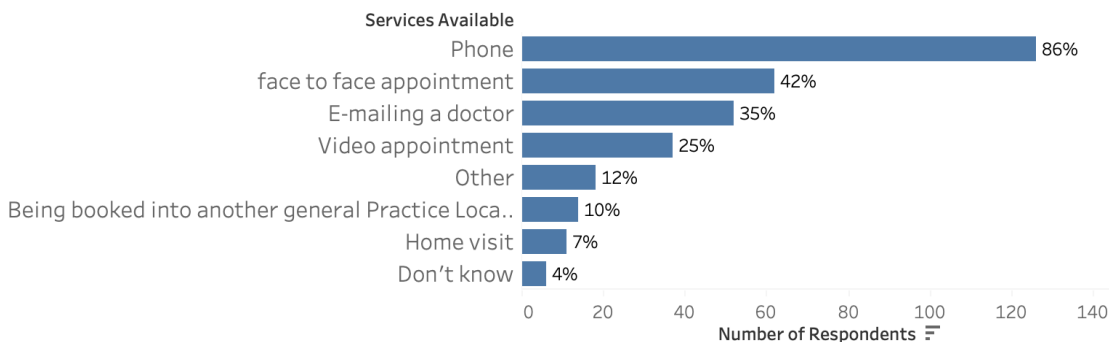
8. Staff attitudes can seriously affect a patient's experience. The challenges of the pandemic and pressures on services has increased stress for patients and staff, but communication between them requires improvement. Practices should identify reasons for dissatisfaction and address them, e.g., providing support and/or training for reception staff to help them maintain their wellbeing, and clarifying on websites what patients can expect.

9. Healthwatch Bromley would welcome support for our Patient Experience (PE) programme, including help with facilitating face-to-face visits at GP practices, displaying HWB leaflets and posters, providing information about HWB on GP websites, and promoting our PE paper forms. This will enable us to collect ongoing patient experience and help find out what works well and identify areas for improvement.

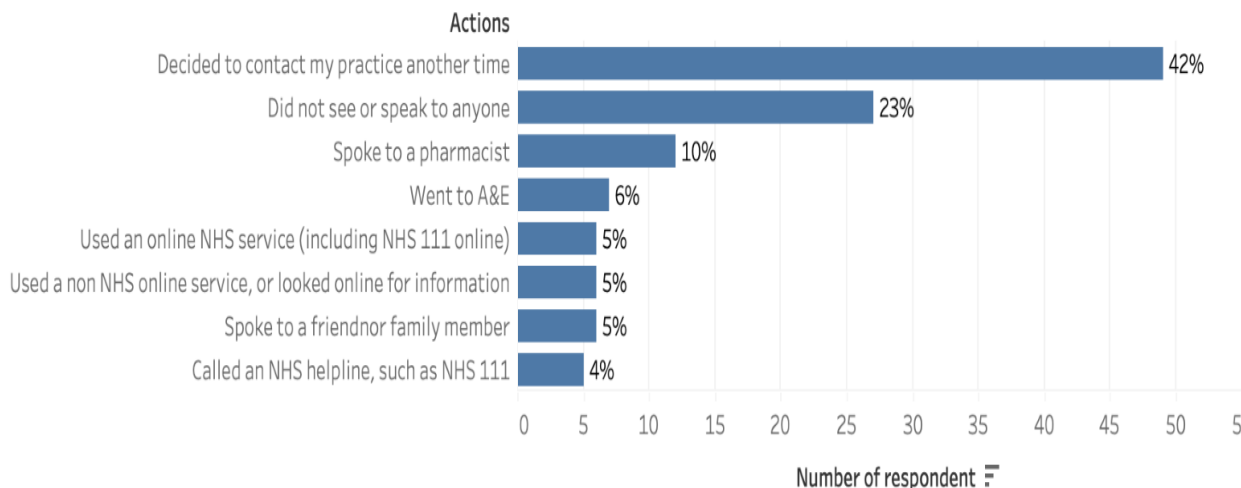
Appendices

Survey results

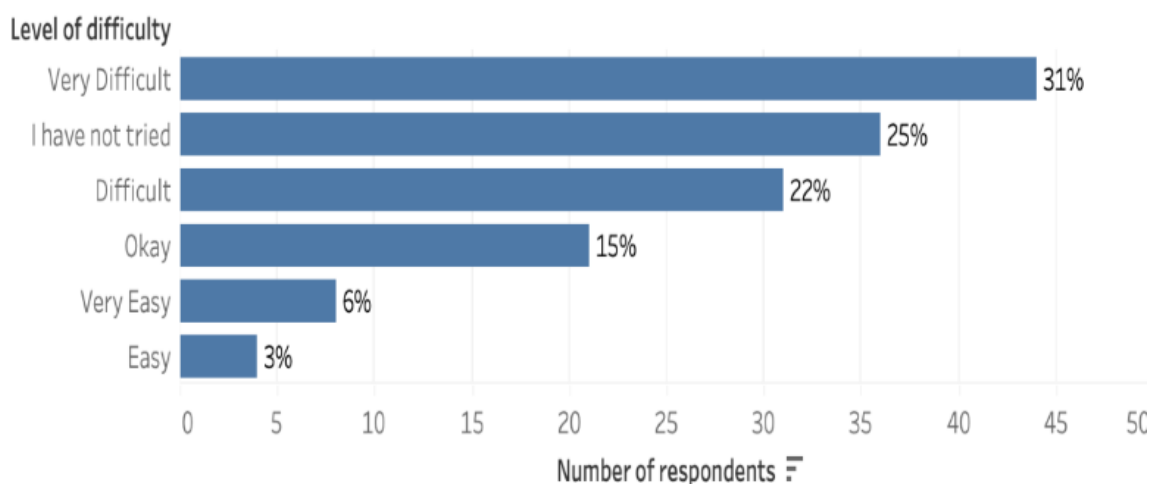
Awareness of various service delivery options



Action following an unsuccessful booking experience



Ease of booking an appointment online



References

1. Healthwatch (2018). *More GP appointments to be offered face-to-face to those who need it* | Healthwatch. [online] Available at: <https://www.healthwatch.co.uk/news/2021-05-20/more-gp-appointments-be-offered-face-face-those-who-need-it>
2. London (2021). *JSNA Full Report* | London Borough of Bromley. [online] Bromley.gov.uk. Available at: https://www.bromley.gov.uk/downloads/file/3486/jsna_full_report

www.healthwatchbromley.co.uk

info@healthwatchbromley.co.uk

@HWBromley

Facebook.com/Healthwatch Bromley

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report & Recommendation Response Form

Report sent to	Cheryl Rehal and Kelly Scanlon, NHS South East London CCG (Bromley)
Date sent	17/05/22
Report title	GP Access in Bromley During COVID-19
	<p>Response (If there is a nil response, please provide an explanation for this within the statutory 20 days)</p>
Date of response provided	13/06/22
Response:	
1.	The good practice identified through the report is welcomed. Like many other GP practices across the country, Bromley practices have grappled with the challenges presented by the Covid-19 pandemic on access, patient care and service changes. Bromley practices have sought to respond to the sudden changes and gradual evolutions during the course of the pandemic to maintain the best standards of care possible for their patients.
2.	The areas for improvement are also welcomed as feedback. It should be noted in the Strengths and Limitations section that the feedback pertains to July-August 2021, where significant modifications to healthcare services were still in place as a result of the pandemic. This means that some aspects may no longer be relevant. Secondly, a number of changes were enacted as instructed by NHS England and therefore not within local control.
3.	As the data was collected between July-August 2021, a number of the suggested improvements and recommendations have already been actioned or are actively in train. Some of this is set out in more detail below. The CCG carefully reviews the annual National GP Patient survey to assess patient experience of primary care services as part of the improvement planning process. The feedback gathered through the Healthwatch survey, the national survey, and from other sources, will be used to inform a primary care campaign for staff and patients being planned in Bromley.
4.	Response to the individual recommendations:

1. Practice website updates - the CCG will support Bromley practices to update their websites and review readability/inclusivity features, taking into account the feedback in this report.
2. Website information - the CCG will support Bromley practices to provide appropriate signposting regarding local services
3. Pop up messages - the CCG will work with Bromley practices and their website providers to reduce the number of pop up messages, if the website providers can implement this technical change.
4. Options for accessing healthcare services - patients are already able to access different options, including face-to-face appointments. A primary care campaign aims to explain and promote access options to Bromley patients.
5. Digital skills - social prescribers in Bromley will be advised to refer patients to digital skill development resources and schemes.
6. All Bromley GP practices recognise the benefit of sophisticated telephony systems, and that many patients prefer to book appointments via telephone. Many GP practices have invested in new telephony to improve the patient experience. However, telephony systems can be too costly for some GP practices and others are tied to contracts with service providers which are expensive to exit. The CCG will undertake a review of the telephony systems to ascertain where the priority improvements need to be made and seek funding options available (note, telephony is not routinely funded by commissioners).
7. Online appointment booking systems - in Bromley the online booking functionality is provided by Patient Access. This arrangement was paused during the pandemic as instructed by NHS England. Bromley practices are now commencing reinstating this function, and are expected to follow guidance from NHS England as part of this process (namely, online appointment bookings where clinical triage is not required).
8. Staff attitudes - working with the Education & Training Hub in Bromley, the CCG has invested in a training programme for reception and administrative staff. Nationally, there has been efforts to invest in wellbeing for health and care staff, and there is a further drive locally as part of the One Bromley workforce plan. However, a number of reception and administrative staff are reported to be leaving general practice as a result of abuse from patients, pressures of the job and to leave the NHS altogether. This is resulting in an increased workload for remaining staff and reducing the ability to

release staff to attend training. The CCG is working with Bromley practices to address the recruitment and retention issues they are experiencing. The CCG is also investing in dedicated time for non-clinical staff training and development.

9. Healthwatch Patient Experience Programme - the CCG welcomes the opportunity for closer working with Healthwatch and will be pleased to help with facilitating the Patient Experience programme accordingly.

Signed	Cheryl Rehal
Name	Cheryl Rehal
Position	Associate Director of Primary & Community Care, Bromley, NHS South East London CCG