



Access to GP-led Services Across the Isle of Wight

May 2022

healthwatch
Isle of Wight

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Introduction



Introduction

When People's health needs have gone beyond the scope of self care and support from community pharmacies, being able to access support from GP practices is essential for people to be able to maintain their health and wellbeing,

It is a key factor in addressing the health disparities within our society and reducing inequalities in health services. Access to GP-led services also impacts the capacity of, and need for, hospital-based care (such as A&E).

The COVID-19 pandemic has put a huge strain on the NHS and impacted how the public access health services.

Staff at GP practices have been working hard to deliver the vaccine programme and catch up on the backlog of treatments. General Practice has needed to follow NHS England operating standards, revised at different points of the pandemic (see *Timeline p13*).

Like many organisations, general practice needed to adapt quickly as our country went into lockdown and respond to new ways of working such as offering video and telephone consultations. Some people have told us that these new ways of accessing GP services have worked well for them, allowing them to save time and get the help they need, quickly. But for others it's been more difficult, time consuming and frustrating trying to access support when they need it.

The media has recently been fuelling reports that GP practices have been closed during the pandemic, despite the fact that in Dec 21, **29.1 million** consultations were available, of which 3.9 million were covid vaccinations. This is 1 million and 40,000 more than the **24.16** million consultations available in Dec 2019



Similarly, there is a lot of media and national attention on the backlog of operations for hospitals and the need to reduce waiting lists, but we rarely see any mention of the impact this has on GP led services who are the first port of call for those people who are waiting for a procedure or operation.

We have been listening to people's experiences of accessing GP led services and we have also been listening to the staff who have been working in GP practices through the pandemic.

We felt it was essential to work with both patients and surgeries to work out how services could be improved.



**Collaborating to get good
outcomes for all**

Collaborating to get good outcomes for all

Local Healthwatch will always remain independent and impartial while working with partners to get things done.

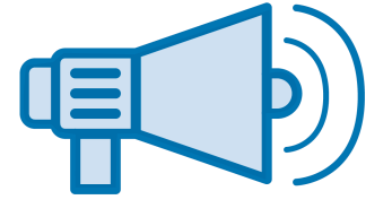
This project began because we were receiving a lot of feedback from the public regarding primary care. We met with other local Healthwatch in the south to discuss this emerging trend and decided that it was a sensitive issue that required a measured and balanced response.

We agreed that involving and understanding the way GP practices had been asked to respond and change during the pandemic was critical to establishing a conversation between practices and the people they support.

Early discussions with the NHS and other stakeholder showed that the best way to ensure success would be to establish a regional advisory/working group that would be made up of key stakeholders in primary care and beyond. This included: the Care Quality Commission, GP's, Practice Managers, Reception staff, Local Authority Scrutiny Officer, Commissioners, Integrated Care System communication staff and local Healthwatch. A local advisory group was also set up on the Isle of Wight to gather the views of practice managers and members of GP Patient Participation Groups.



We worked with other local Healthwatch from Wiltshire and Hampshire to West Sussex, recognising that we had identified similar themes across the south.



This was a new way of working for us but we recognised that this large-scale approach would enable us to find information that would be helpful to all 10 areas.

The advisory group has supported the work and been instrumental in developing the staff and public surveys, communications, challenge and solution finding. Going forwards the advisory group will be key in defining and contributing to the next steps and ensuring that we identify constructive solutions to benefit both GP staff and also the people who use their services.

This way of working has been extremely successful, and has offered up considerable learning.

We are very proud of the fantastic work undertaken to date by the advisory group but also by the Healthwatch teams and the collaborative work across the south of England.

The fact that we have had over 250 responses for the primary care staff survey, and over 7000 responses to the public survey, is testament to that.

We have developed **trusting and collaborative relationships** with primary care and the broader system partners that we can build on going forwards – this is **a great achievement**.

Acknowledgements

This collaborative work was made possible with the help, support and guidance of the project advisory group members:

- Local Healthwatch Managers from the Isle of Wight, Wiltshire, Hampshire, West Sussex, Bracknell Forest, Royal Borough of Windsor and Maidenhead and Slough.
- Healthwatch Surrey, East Sussex, Brighton and Hove
- Healthwatch West Sussex – Volunteer and Locum Practice Manager
- Care Quality Commission – Primary Care Lead
- Sussex NHS – Commissioner
- Wessex Local Medical Committee Doctors
- Isle of Wight Council – Statutory Scrutiny Officer
- Frimley Clinical Commissioning Group – Slough Associate Director of Primary and Community Care Transformation
- GP Practice Managers from Sussex
- Hampshire and the Isle of Wight Clinical Commissioning Group – Primary Care and Communication staff



Impact
Full

What we did

What we did:



July 2021: we set up an IOW local working group of practice managers and Patient Participation Group members.



July 2021: We also set up a regional working group with representatives from the Care Quality Commission, the Local Medical Committee (LMC), Practice Managers, Clinical Commissioning Group communication team, IOW Council and other local Healthwatch.



We researched government mandated changes to GP practices during the pandemic. We also looked at data relating to consultations with GP staff both before and during the pandemic



October 2021, we ran a survey for staff who work at GP surgeries, The survey closed on October 19 2021



In November 2021, we ran a survey for the general public, asking them to share their experiences on accessing GP services within the last 6 months (between June and December 2021). The survey closed on December 31 2021.



January/February 2022 we asked our regional and local group members for case studies to illustrate improvements made recently to GP practices



Timeline of changes

Timeline of changes

How GP-led services were asked to operate at different stages of the pandemic

A GP Timeline of the COVID-19 Pandemic

March 2020	GPs are informed by NHS England that remote consultations are to be rolled out to the general public, with face-to-face consultations only available if absolutely necessary. Total triage was introduced (every patient contacting the practice is first triaged before booking a consultation. This was seen as important, for reducing avoidable footfall in practices, to protect patients and staff from the risk of infection.)
April-May 2020	'Hot hubs' established to ensure Covid-19 positive patients are able to access face-to-face appoints
May 2020	<ul style="list-style-type: none">• Roll out of Covid-oximetry at home. Practices providing patients with oximeters to rapidly detect even small changes in oxygen levels, and so support patients effectively.• Weekly remote check-ins with care homes
December 2020	First Covid-19 vaccination administered

Timeline of changes cont..

How GP-led services were asked to operate at different stages of the pandemic

A GP Timeline of the vaccination programme – not including boosters

Start date	Appointments available for
8 December 2020	Residents in a care home for older adults and their carers; and all aged 80 and over
Procedures set out on 9 and 14 January 2021	Frontline health and social care workers
18 January 2021	All aged 70 and over, and clinically extremely vulnerable individuals
15 February 2021	All aged 65 and over; and those aged 16 to 64 with underlying health conditions which put them at higher risk of serious disease and mortality
1 March 2021	All aged 60 and over
6 March 2021	All aged 56 and over
17 March 2021	All aged 50 and over
13 April 2021	All aged 45 and over
26 April 2021	All aged 44 and over
27 April 2021	All aged 42 and over
30 April 2021	All aged 40 and over
13 May 2021	All aged 38 and over
18 May 2021	All aged 36 and over
20 May 2021	All aged 34 and over
22 May 2021	All aged 32 and over
26 May 2021	All aged 30 and over
8 June 2021	All aged 25 and over
15 June 2021	All aged 23 and over
16 June 2021	All aged 21 and over
18 June 2021	All adults (ie aged 18 and over)

Timeline of changes cont..

How GP-led services were asked to operate at different stages of the pandemic

Summary of the vaccination programme outcomes

GP practices have delivered 70% of all vaccinations given on the Isle of Wight

- 1st doses : 125,727
- 2nd doses: 118,326
- Boosters: 95,568
- Total – 340,000

A GP Timeline of the COVID-19 Pandemic

May 2021	New Guidelines are given by NHS England reversing the need to 'total triage' and that 'all practice receptions should be open to patients' to minimise digital exclusions.
September 2021	Downing Street state 'the public rightly may choose to want to see their GP face to face – and GP practices should be making that facility available to their patients'.
December 21	Omicron variant – GP practices were asked by the Government to prioritise covid vaccination/boosters and urgent consultations.



What patients told us



Who completed our survey

There are **12 GP practices** on the Isle of Wight and patients from all 12 practices completed the survey

Most respondents were aged between 50 – 64 (423).

People from all areas of the Island responded to the survey

15% (155) of people said they are unpaid carers

65% (719) of respondents have a long term condition.

Thank you to the 1109 people across the Isle of Wight who responded to our patient survey.

Number of GP practices	Number of responses
0	0 – 20
3	21 – 50
6	51 – 100
2	101 – 200
1	200 +



Snapshot of themes

- **Long Telephone Queues** – Large amount of feedback regarding the length of time it takes to get through to surgeries. Many commented that they had to try multiple times. The feeling of frustration can often be exacerbated by lengthy messages whilst on hold.
- **Availability of consultations** – For those registered to surgeries that appear to offer on the day consultations, they have commented that by the time they get through on the phone, all the allocation for the day had gone. This is despite calling as soon as the lines open. They are told to try again the next day.
- **Appointment type** – Mixed feedback with some preferring the immediacy and efficiency of telephone consultations, whilst others question the diagnostic effectiveness of them. Most respondents would prefer a more narrow time window for a call back in order to fit in with working and home pressures. Concern that the lack of face to face consultations leads to an inferior service is a theme that resonates through the responses. Worry that telephone consultations are not adequate or that things would be missed without a face to face conversation.

“ Phone is sometimes answered after a very long wait and then cut off.”

Snapshot of themes

Triaging – A varied understanding of the pressures of primary care and the way in which the triaging system that has been adopted works.

Staff Attitudes – Whilst some people were sympathetic to the workload of practice staff and GPs, others were frustrated at having to explain their issues to patient advisors /receptionists during the triage process.

Many people were very positive about their experience once they had managed to get an appointment/consultation.

Online Services – A mixed collection of responses from those who like the convenience of online services such as eConsult, to those who find it frustrating or impersonal. Digital exclusion is a factor for those who don't use the internet or who cannot get the system to work for them.



What patients shared

- 82% of respondents contacted the surgery for themselves, 8% for a child and 9% for an adult family member.
- 35% contacted the surgery due to an urgent health need, 33% for a non-urgent health need with the remaining 32% made up of follow up appointments, medication reviews, routine appointments or test result consultations.
- How people contacted their practice: just over 56% of respondents contacted their practice by **telephone**. 26% used eConsult and 8% used a variety of combined methods.
- Of those contacting by telephone 23% (257) told us it took less than 10 minutes for the call to be answered and most thought this was a reasonable timeframe. However, 39% (367) had to call more than 3 times before their call was answered.
- 56% (586) of respondents thought they had a consultation with the staff member who was best placed to deal with their concern.
- 69% (742) said they were able to use online consultation systems (like eConsult), and 11% (116) said they were unsure. Just over 20% (223) told us they could not use it.
- 37% (314) of those who used online consultation found the experience **very poor or rather poor**.

Long Telephone Queues



Long Telephone Queues



When calling their surgery, patients said they often found it difficult and exasperating to get through on the telephone. Long telephone queues, along with long, repetitive messages added to frustration.



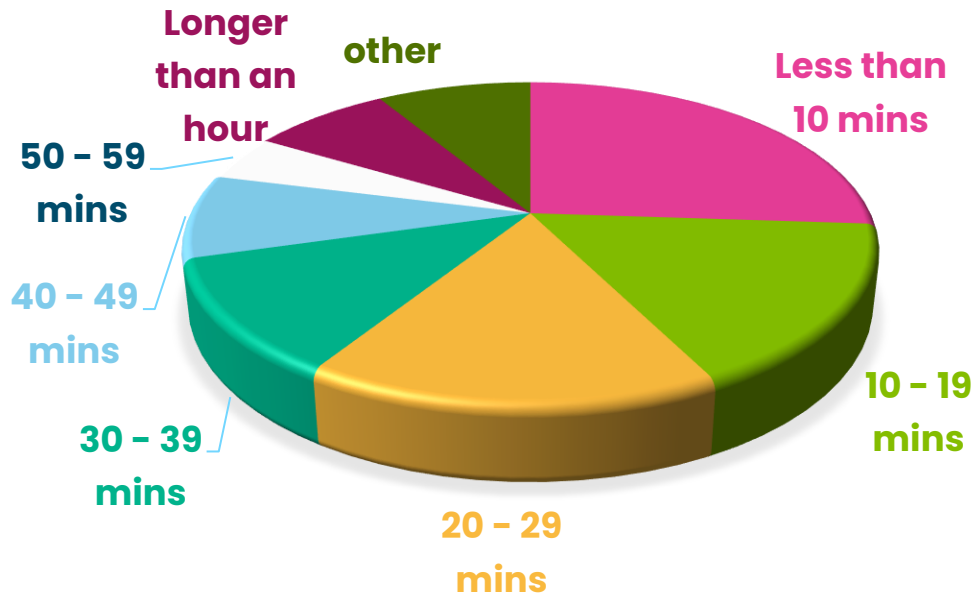
29% of patients recorded that they had waited for 30 minutes or more for their call to be answered. 1% said that their call was answered within 5 minutes.



70% of respondents said that they were not satisfied with the length of time it had taken to answer their call and 45% said that long telephone queues had prevented them from making an appointment with their GP.

Telephoning the surgery

LENGTH OF TIME BEFORE CALL WAS ANSWERED



Time taken to answer	Percentage
Less than 10 mins	24%
10 - 20 mins	16%
20 - 30 mins	15%
30 - 40 mins	11%
40 - 60 mins	12%
Longer than an hour	9%

1,074 people answered this question 40% of people had their call answered within 20 minutes. 9% of people had to wait longer than an hour for their call to be answered.

Long Telephone Queues

Covid restrictions have made remote communications such as online services and use of the telephone even more important; and although a lot of restrictions have now eased, people may still be more reluctant to go into the surgery if they don't have to.

The sheer volume of calls have meant that patients are waiting longer on the phone, especially if their query cannot be answered by online services, such as eConsult, or they don't use it.

Issues with the workings of the phone system were highlighted, with some saying that they got cut off just as the call was being answered, or that their place in the queue went backwards.

Long Telephone Queues

Long, sometimes convoluted messages on repeat were another source of frustration, especially if the patient was calling multiple times, on hold for a long time, or calling for something quick such as test results.

4% of the respondents said that the cost of the telephone call had prevented them from contacting their GP surgery.

“I am able to wait ages but there must be many people who are employed or having to look after young children etc who can ill afford to spend ages waiting for a call to be answered. Could not an operator answer straight away & redirect the call according to their specific need.”

Long Telephone Queues

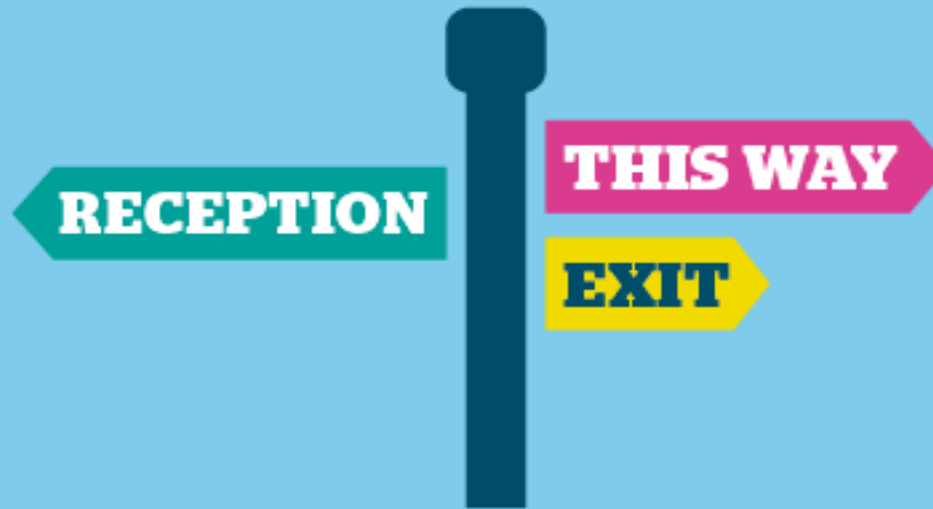
“Absolutely awful each time. On three separate occasions I had to try about 15–25 times, 3 times rang and cut me off after waiting 15 minutes.”

“On hold in queuing system for 20 minutes– not a problem as I know they are busy. Helpful to know where you are in the queue.”

“It rang and rang over 10 minutes over and over again. I gave up. Its hopeless!!!”

“Phones always busy, easier to go to surgery if need to speak to receptionist”

6 Availability/Type of Consultations



Appointment Type/Availability

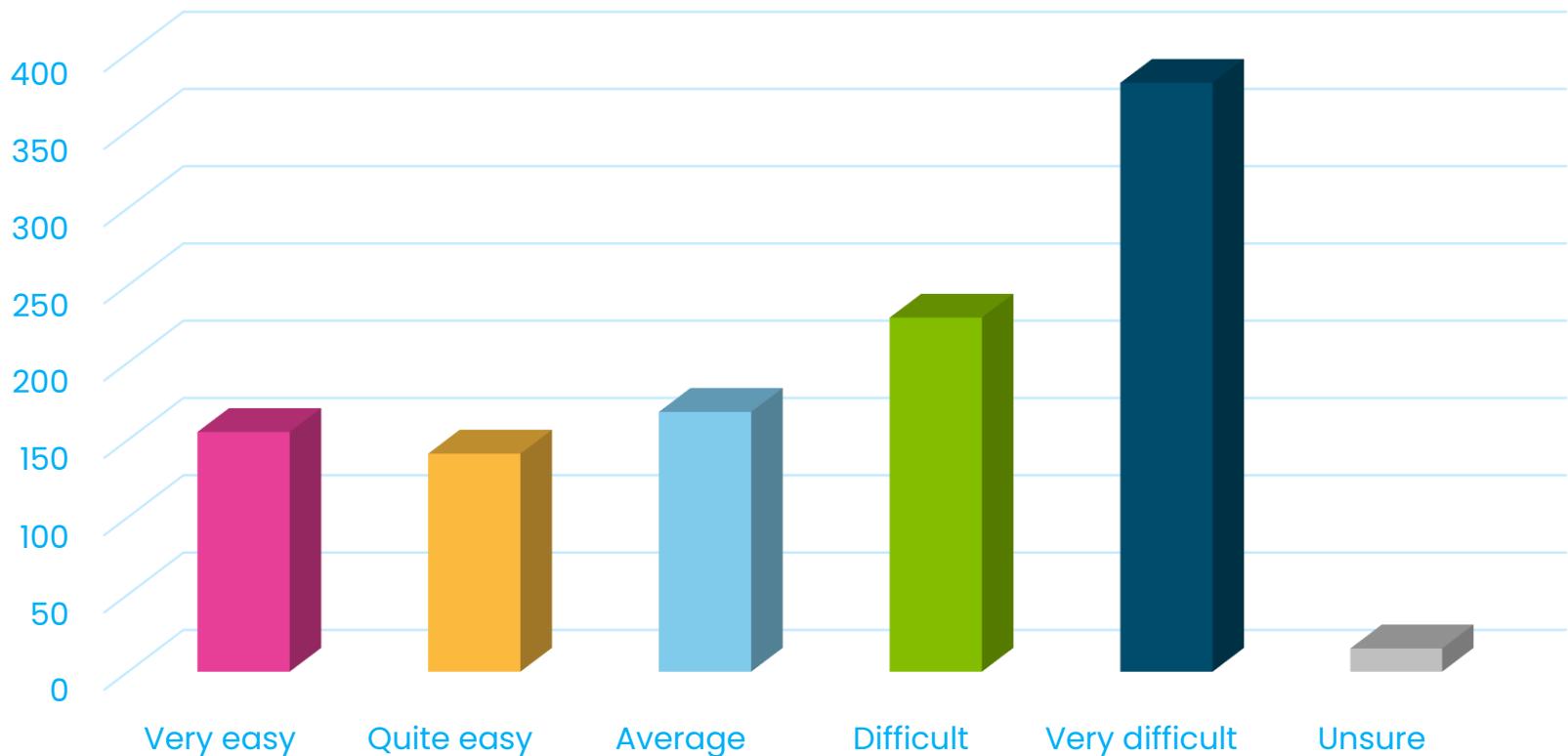
34% of those who saw a GP were clear about their diagnosis or any further steps required at the end of the consultation. This is in contrast to those who saw a Nurse Practitioner (19%), or other practitioner (6%).

Face to face appointments were commented on, with some questioning the value of telephone consultation and whether the level of care is the same as one in-person. Some missed the human touch of a face to face appointment, and felt that the rapport was lacking with remote consultations. Also, the ability to pick up on additional issues was felt to be missing with online appointments.

The inability to book anything other than on the day meant that at times all available consultations were already taken by the time the patient got through. This led to frustration and there were several comments about having to call back at a later date in order to secure a booking, thus having to go through the whole process again.

How easy was it to get an appointment

14% of people found it very easy to get an appointment, compare to 29% who found it very difficult.



Appointment Type/Availability



52% of consultations were given over the telephone and 24% were face to face.



Those who had a consultation with a **GP** were far more likely to believe that they had been referred to the correct person, regardless of what medium that consultation was.



Lots of comments regarding the timings of call back for telephone consultations. Broad time scales are given for this, which doesn't work with work/life commitments.

Appointment Type/Availability

"Initially, when I realised we were seeing a nurse rather than a GP, I was concerned and felt rather disappointed. I raised my concerns but was informed that the nurse was the only female practitioner available. Having had the appointment/consultation, my mother and I both felt that she had had the best possible consultation, examination and follow up procedure."

"I called the surgery 96 times the line was always busy when I finally got through I was told the Dr. had no more phone consults for that day."

"I really cannot understand how phone consultation are considered best practice when it's clear that a great deal more often valuable clinical information can be gathered by face to face observation, a patient cannot always communicate verbally what seems to be the problem and it is often the wider senses and observations that trigger the right questions from the doctor."

Staff Attitudes



Staff Attitudes and Experience of Triage



Feedback surrounding staff attitudes is more often than not centered around the patient advisors, who people often describe as 'gatekeepers'.



Triaging seems to have caused confusion amongst patients and there is a lack of understanding as to the need for it and why it is done at point of contact.



Most who saw a GP commented that they felt listened to and were positive about their experience.

Staff Attitudes

It is interesting to note that there is little empathy in the comments for the workload and strain that the GP surgeries are under. This is important as it suggests a change in attitude towards primary care from the beginnings of the Covid pandemic where the public were seemingly understanding of the increased pressures that doctors surgeries were under.

This may be, in part, due to the fact in other industries pre-Covid operations have been implemented. GP surgeries are seemingly one of the few places that have been unable to drop restrictions, and without good patient engagement surrounding this, it is easy to understand why patients would become frustrated about this.

"Covid has been used as an excuse to restrict and reduce services."

Staff Attitudes

“The person fielding the initial call sounded weary – no doubt because of the volume of calls – and therefore not particularly engaged with my concerns.”

“I also resent having to explain my health problem to a non-medical person.”

“The practice nurse was kind, caring and helped me with the problem I had.”

“Very happy with the staff response – friendly, good-natured and helpful. Some of this probably depends on the way patients treat THEM.”

“Make it easier to speak to a doctor without getting the spanish inquisition from the receptionist. Not being passed off to an ‘assistant’.”



Online Services



Online Services



25% of people told us that difficulties with internet or a lack of confidence with online services had prevented them from making an appointment with their GP.



Whilst 69% of patients said that they were able to use eConsult, 37% of these rated it rather or very poor.



59% felt that online services had actually made access more difficult, with a further 22% saying that it had made no difference.

Online Services

18% of those who contacted their surgery for a consultation, did so using online services such as eConsult. 15% of those aged 65 and over who contacted the surgery used eConsult, as opposed to those aged 18–65 where 30% used online services. It may be easy to assume that the younger age groups would be more inclined to take advantage of online offerings, but the table below shows that isn't really the case, with those who found it easier using eConsult only differing slightly between the 25–49 and 50–64 categories.

	It has made no difference	No, it has made access more difficult	Yes, it has made access easier
25–49	6%	13%	7%
50–64	8%	24%	6%
65–79	6%	16%	4%

Online Services

A lack of reliable internet connectivity or technology was cited as reasons that people did not use online services, in addition to the desire to 'speak to a real person'.

"The technology I have is not up to modern standards. I can do emails but the equipment is very old and I cannot afford to update now."

The repetitive nature of the questions and the 'loop' that some found themselves in (where eConsult says to call the surgery and the surgery says to put in an eConsult) were other factors that patients were frustrated with.

"It is very time consuming and also the questions are very repetitive."

Online Services

There were positive comments regarding the efficiency of eConsult, with some recognising that it answered queries that would otherwise clog up the telephone lines.

“Got the answer I needed within 24hrs. Wasn't urgent and Econsult appropriate as didn't need to bother staff with phone call. Was impressed with quick response to it as not urgent at all.”

Although some weren't sure why some surgeries only allowed eConsult in working hours.

“I also do not understand why you cannot complete an E-Consult outside of working hours i.e. evenings or weekends?”



What frontline staff shared

What frontline staff in GP surgeries told us



In November 2021, Healthwatch opened a survey for all staff in GP surgeries across many areas of the south, from the Isle of Wight to West Sussex, to ascertain their views on how their work has changed in the last 18 months. They were asked to share their thoughts on their surgery – the strengths and where there could be improvements. 267 people responded from a variety of job roles – 55% were non-clinical.

The emerging themes from this survey include a tired, overstretched workforce that are becoming frustrated with the public's demands and attitudes. There is a call for patient engagement to highlight the way in which triaging works and why this is necessary.

However, what is most striking is the pride the staff have with how they have delivered consultations to the public and the way in which they have adapted their working practices in the fast paced changes that the COVID-19 pandemic brought about.

Themes from Staff Survey



Patients are now more impatient and verbal aggression towards staff has increased



Workload has increased and GP practices are busier than ever



Staff are very proud of the way they have kept patient safe whilst finding different ways to care for people.

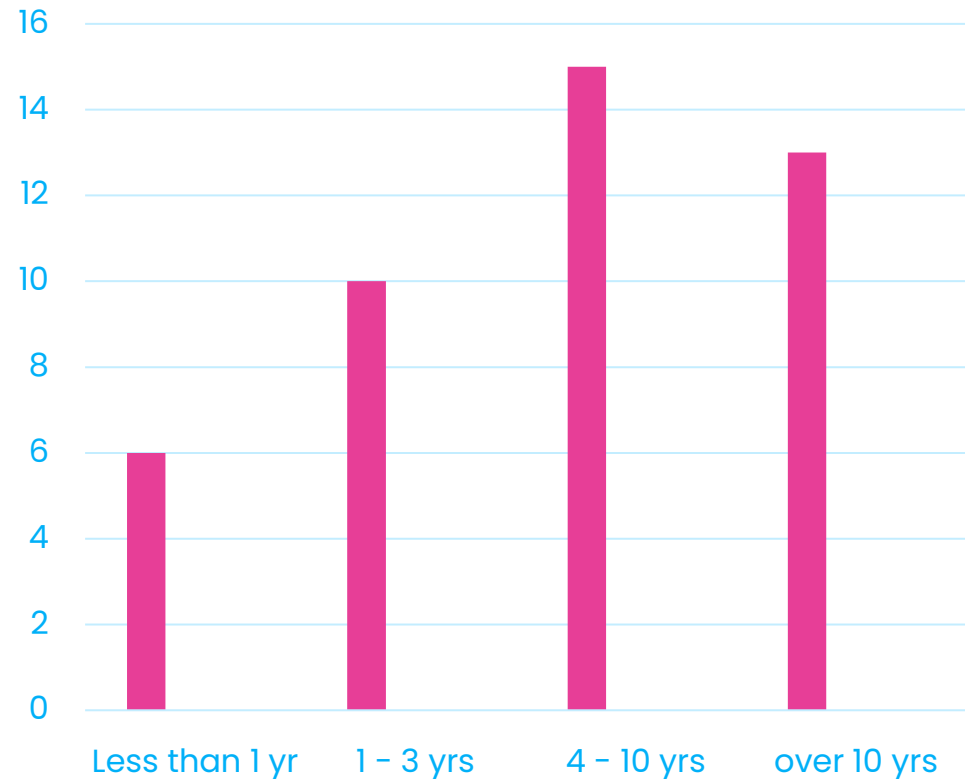
44 members of staff from IOW GP Practices completed our survey to share their experiences. Many of them were proud of the work they have done during the pandemic

“We have a strong community feel within the practice.”

“We have a great team of paramedics delivering domiciliary visits which has freed up valuable time for GP's to consult with more patients in surgery.”

Results from GP Staff Survey

Length of time staff have worked at the GP Practice



72% of staff said that their workload had increased during the past 12 months.

“much busier: working longer hours, more appointments, more complex cases: feeling exhausted.”

“much busier, now doing a lot of phone consultations which we never did before . patients are much angrier in general . we are having 20% increase of demand on appointments than before covid and I think our staff numbers are less. we are all tired. ”

6 members of staff felt that the increased use of technology had been beneficial to themselves and patients, while 10 said that they felt it had increased their workload and they are now busier than ever.



“I am very proud of the service the medical centre in which I work delivers to its patients but the continued increased pressure cannot be sustained and staff morale is at rock bottom, particularly as patients don’t seem to appreciate how swift a service we provide.”

(Non-clinical staff, 4+ years in service)





**Improvements already
made**

Improvements already made by GP practices

Since this survey was undertaken, there have been some changes in the way in which calls have been handled within some Isle of Wight practices. In several instances, additional staff have been recruited and in others phone systems have been replaced.

The role of Patient Participation Groups have been reinstated in some surgeries, after a long Covid-required absence, giving patients a direct voice to the practice.



Conclusion and Recommendations

Conclusion

There is an air of frustration that wraps itself around the answers given to this survey. Whilst there seems to be an understanding that GPs are overwhelmed with work, there appears to be an lack of empathy towards this and an air of confusion as to why face to face appointments are not more readily available.

Unsurprisingly, a lot of this frustration appears to be targeted towards the front desk, the first point of contact. 'Gatekeeper' is a term that is quoted and used to describe patient advisors, and a lack of understanding of the need of triaging has created an air of resentment towards having to divulge information to a 'non-medically trained individual'. This exasperation is only heightened when having to spend so long on hold waiting for the call to be answered.

However, most patients are grateful and positive about their experience, once they get through to the primary care clinician.

Recommendations

We would recommend the following actions for GP Practices and the Hampshire, Southampton and IOW Clinical Commissioning Group:

- Patient engagement with your patient population regarding the role of clinicians and patient advisors in the surgery, with emphasis on the importance of triaging.
- Clear communication regarding the future of primary care consultations
- Each surgery to look at ways in which to increase the efficiency of call handling in order to prevent long telephone queues.
- As a minimum standard, all GP practice staff conducting a consultation or contacting a patient, should introduce themselves and their role within the practice.

Next Steps

We plan to follow up this interim update by:

- Taking similar reports being produced in the South-East region from the local Healthwatch participating areas, we will produce a regional project report, including all of the rich learning from this collaboration. and we will aim to publish this in June/July 2022.
- Resources allowing, we'll use the insight from staff and patients to support practices with a communication toolkit that has been collaboratively designed.
- We will be working with GP Practice Patient Participation Groups to support the engagement of GP practices with their local community.
- We will ask the Hampshire and Isle of Wight Integrated Care System (from July 2022) what they have learnt from people through this work and how this will be used going forward.



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