



# Staff and Hampshire Patients Views on Access to GP-led Services

July 2022

**NHS**

**healthwatch**  
Hampshire

# Content

**This is a collaborative project between Healthwatch in the South of England and the NHS**

Introduction	<b>4</b>
Collaborating to get good outcomes for all	<b>7</b>
Methodology – What we did	<b>11</b>
Timeline – How GP-led Services have been asked to operate	<b>13</b>
Snapshot of emerging themes from patients	<b>15</b>
What patients shared in more detail	<b>18</b>
What frontline staff in GP surgeries shared	<b>38</b>
Improvements made or in progress	<b>42</b>
Patient recommendations	<b>49</b>
Local NHS response to our report	<b>53</b>
Next Steps	<b>56</b>



# Introduction



# Introduction

Timely access to locally available clinical support when peoples' health needs have gone beyond the scope of self-care and community pharmacy is an essential part of maintaining individual wellbeing.

It is a key factor in levelling up and addressing the health disparities within our society. 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 to access support when they need it.

All of this has taken place within the context of workforce pressures across the NHS. For example: the British Medical Association (BMA) report that, as of April 22 there are 1622 fewer fully qualified full time GP's than in 2015 and each practice has on average 2,026 more patients than in 2015. The average number of patients each GP is responsible for has also increased by around 300 – or 16% – since 2015. The planned recruitment target of 6000 additional GP's by 2024 has also not been met. \*[BMA June 2022](#)

The media has recently been sharing 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.



The additional funding provided by central Government is enabling practices to make changes as shown on page 43.

Similarly, there is a lot of media and national attention on the backlog of planned care (like 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.

Local Healthwatch 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 throughout the pandemic.

When trying to improve and build better systems for patients and staff It is essential to listen to the voice and collaborate with those who use services and also those that provide them.





**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.**

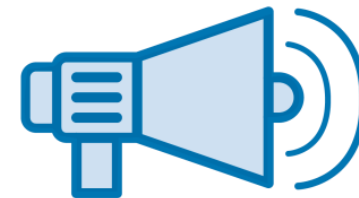
This project emerged because Healthwatch was receiving a high level of feedback from the public regarding primary care. Healthwatch managers met to discuss this emerging trend and decided that it was a sensitive issue that required a measured and balanced response.

We agreed that involving and understanding the way 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: CQC, GP's, Practice Managers, Reception staff, Local Authority Scrutiny Officer, Commissioners, Integrated Care System communication staff and Healthwatch.



This level of partnership and collaboration, on this scale, was a new approach for us but one that was necessary to deliver on this important agenda.



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 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 in Wiltshire, Isle of Wight, West Sussex, Bracknell Forest, Royal Borough of Windsor and Maidenhead, 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 – 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

# Methodology

# What we did:



July 2021: We 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 undertook some research into 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 19th 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 31st 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.)
December 2020	First Covid-19 vaccine is administered in the UK.
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 2021	GP practices were asked by the Government to prioritise covid vaccination/boosters and urgent consultations.



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Full

# Snapshot of themes



## 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** – those patients registered to surgeries that appear only to offer on the day consultations, 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.
- **Telephone consultations** – 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.
- **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.

*“Did try online, but very difficult – eventually got through on phone.”*

# 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.

Positive feedback often centres on the staffs' ability and capacity to show empathy to the patient when dealing with their enquiry.

**Face to Face consultations** – 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 if they needed a face to face consultation, that it wouldn't be available.







What patients shared



# What Hampshire patients shared

- 83% (1923) of respondents stated they had contacted their surgery for their own needs (rather than for someone else).
- 33% (765) made contact for an urgent health need.
- 50% (1158) of respondents had tried self-care before contacting their surgery.
- How people contacted their practice: 52% (677) of respondents contacted their practice by telephone. 20% (258) booked online and 26% (335) used a variety of combined methods.
- Of those contacting by telephone 33% (280) told us it took less than 10 minutes for the call to be answered and that this was a reasonable timeframe. However, satisfaction decreases for waits over 10 minutes.
- 67% (856) of respondents thought they had a consultation with the staff member who was best placed to deal with their concern.
- 71% (934) said they were able to use online consultation systems (like eConsult), and 12% (173) said they were unsure. 16% (216) told us they could not use it.
- 30% (403) of those who used online consultation found the experience very poor or rather poor.

**We would like to say thank you to the 2317 people across Hampshire who responded to our patient survey.**



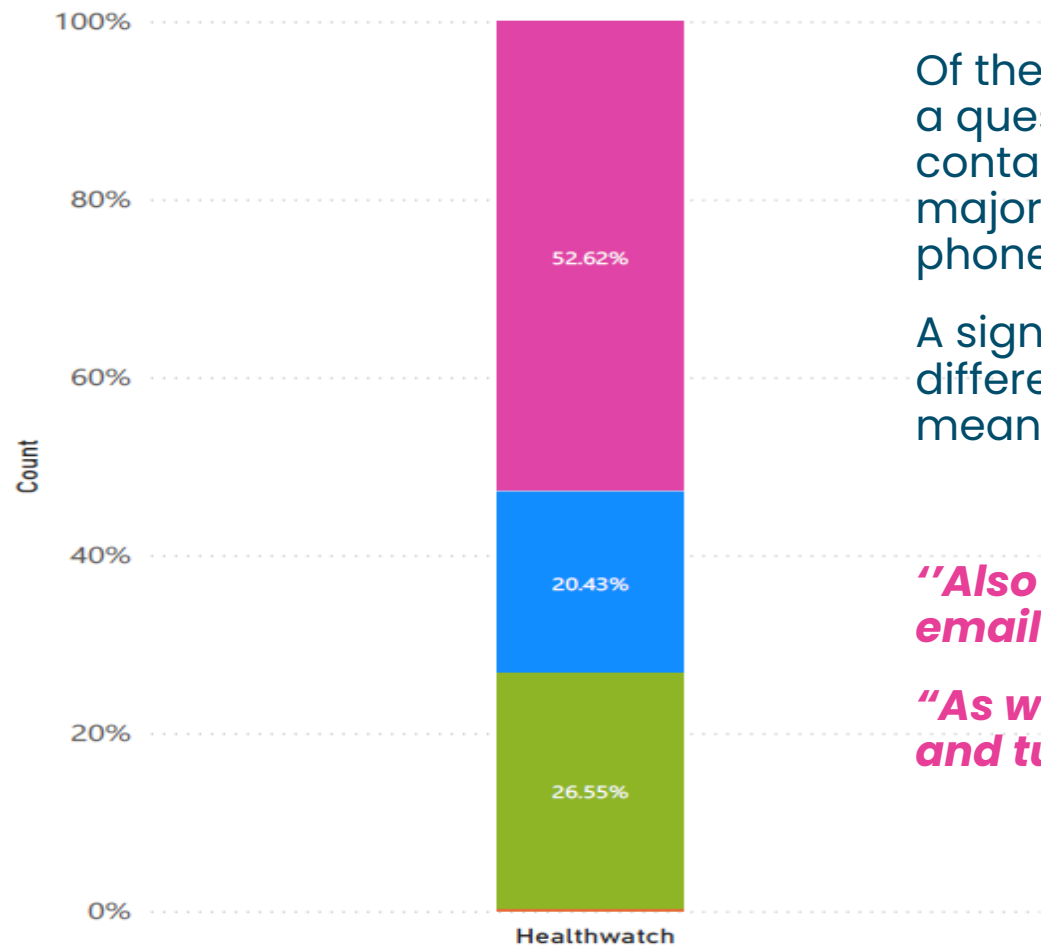
# Contacting GP services



# How people contacted their GP

How did you contact your GP practice?

● Letter/Mail ● Online ● Other/Combined Methods ● Patient Access ● Telephone



Of the 1288 people who responded to a question asking how they contacted their GP practice, the majority (80%) booked online or by phone.

A significant number combined different systems, using whatever means available to them.

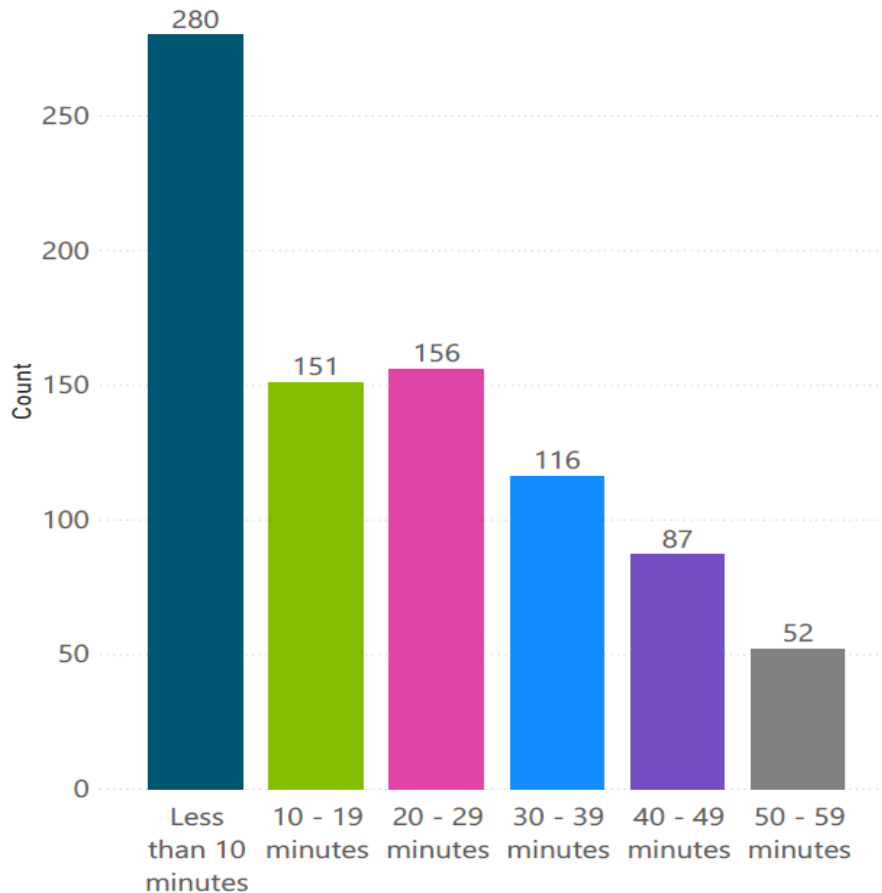
*“Also (in addition to phoning) emailed and messaged on app”*

*“As well as email tried telephone and turning up at surgery..”*



# Access by telephone

If you telephoned your GP practice, how long did it take for your telephone call to be answered?



Of the 842 people who telephoned their GP practice:

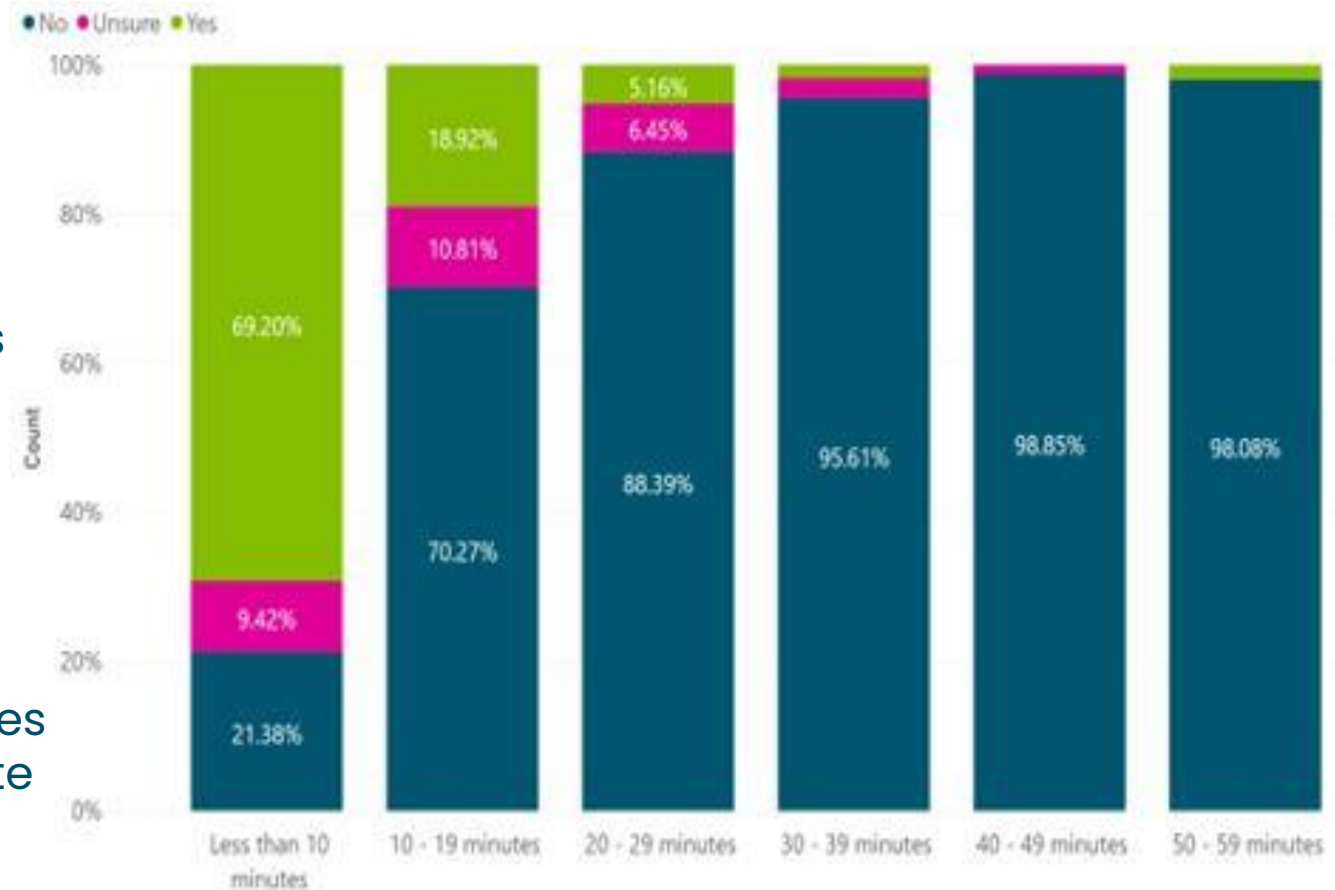
51% of people got through in under 20 mins.

49% of people had to wait between 20 minutes and an hour for the telephone to be answered.

# What patients said of access via the phone

Did you feel you were responded to within a reasonable timeframe?

- 69% of people whose call was answered in under 10 mins told us that this was a reasonable timeframe.
- Negative satisfaction greatly increases after a 10 minute wait.



## 6 Access by telephone – challenges for patients



Some patients reported they felt they had no alternative other than to take annual leave or unpaid leave to enable them to be available for a doctors call back, or to ensure they could call/make a call.

*"I phoned the practice at 8.30 and was told I was 20<sup>th</sup> in the queue. I held on the phone for an hour and when eventually I got to speak to a receptionist I was told there were no spaces left – try again after 1330."*

Several respondents commented that they only phone if it is absolutely necessary, and many said the wait can deter them.

*"While it did not prevent me from making an appointment, a single call to the GP cost £7."*

*"I have a job where its very difficult to make, and take calls".*



## Access by telephone – what Parents and Carers shared

- Both parents and carers said the waiting times/call times can be impractical for them due to their caring responsibilities. They also commented that they often missed call-backs.
- Parents were also often missing appointments as they couldn't call at 8/8.30am if doing the school run.
- Carers reported that where usually they attend appointments with the person they care for, listening over the telephone or video makes it a lot more difficult to retain and understand what they are told.
- Carers not being able to speak to the practice on behalf of the person they care for – particularly for their older parents.

***“It’s frustrating as I have to juggle making a call with looking after young children, or between seeing my own patients when at work and sometimes I have to give up”.***





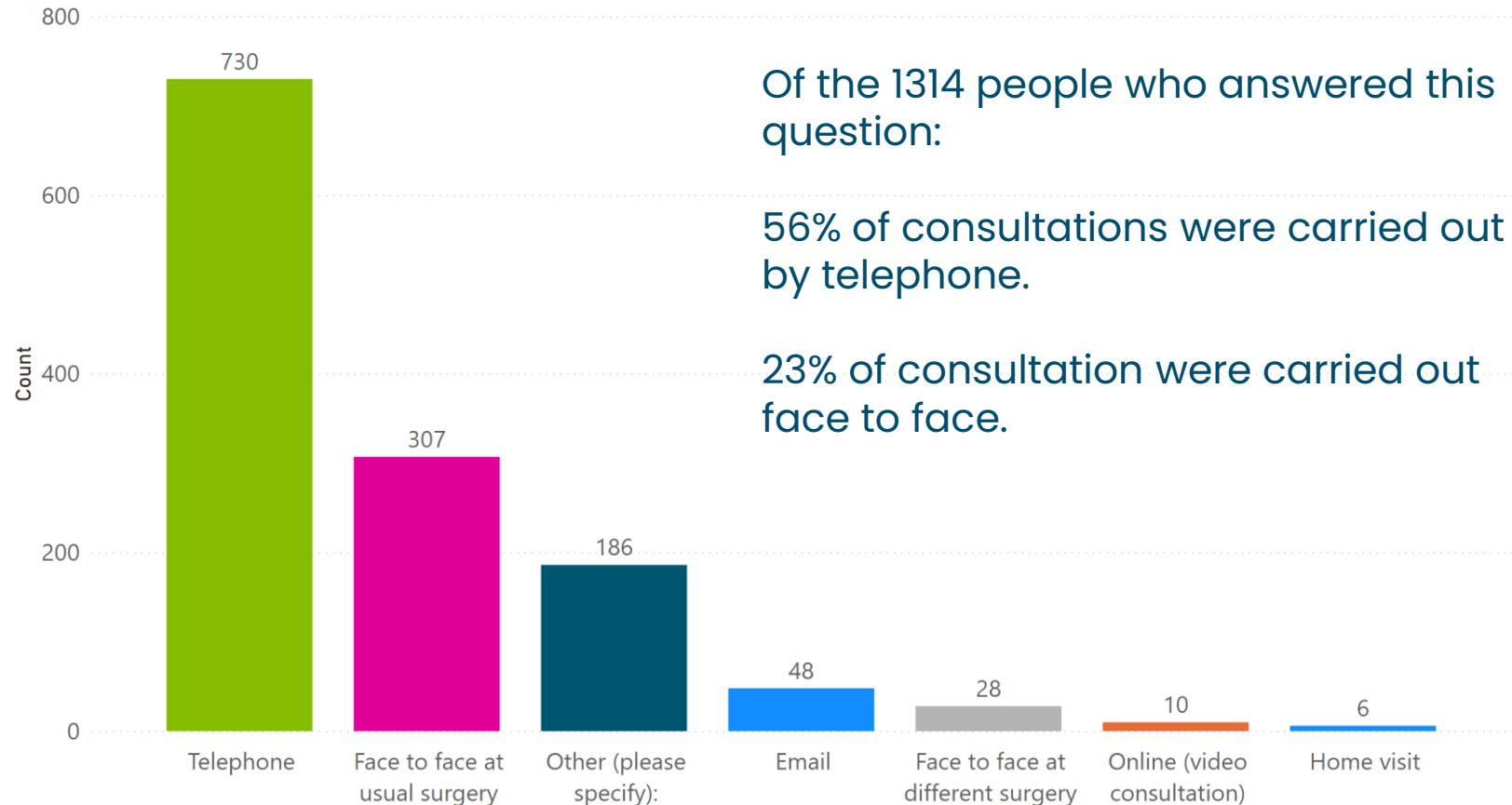
# Consultation Experience



# Your Consultation – how it was conducted

## How was your consultation conducted? (online; by telephone; face-to-face)

How was your consultation conducted? (i.e. was it online, by telephone, face to face)



Of the 1314 people who answered this question:

56% of consultations were carried out by telephone.

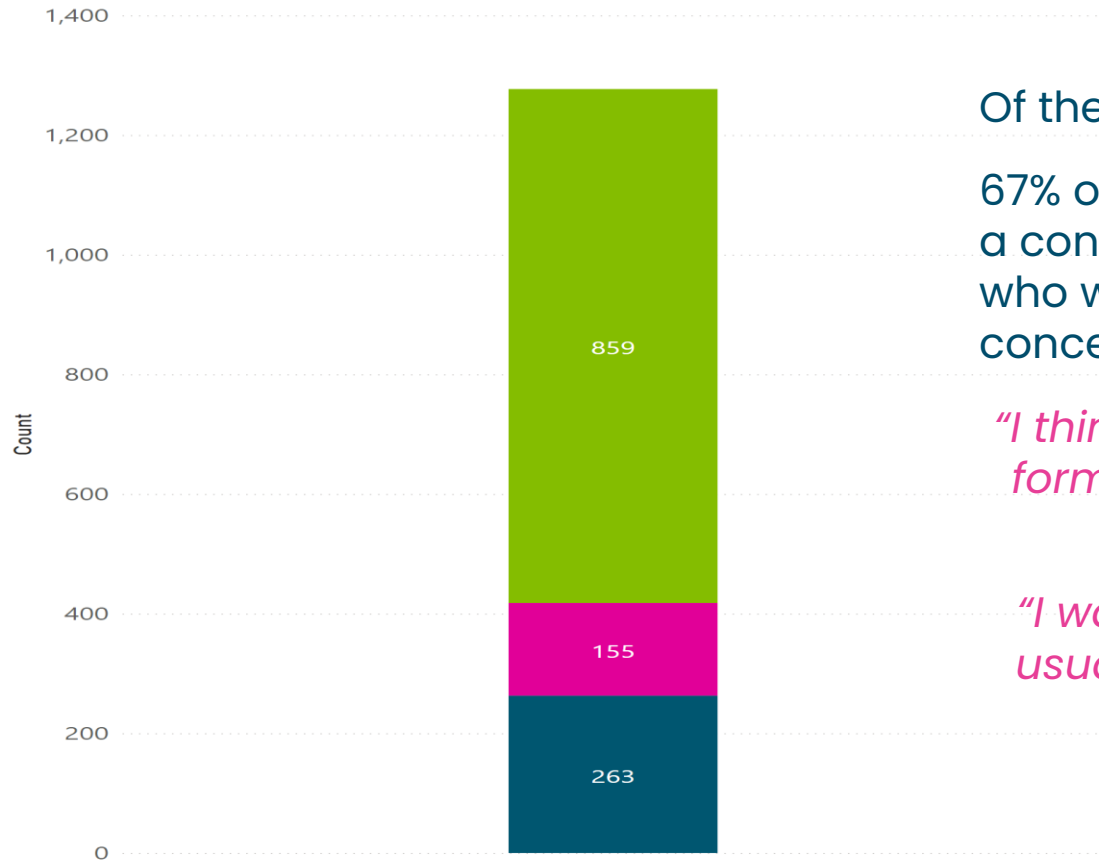
23% of consultation were carried out face to face.

# Your Consultation – who you saw

## Do you think you saw (or had a consultation with) the practice staff who was best placed to deal with your issue/concern?

Do you think you saw (or had a consultation with) the practice staff who was best placed to deal with your issue/concern?

● No ● Unsure ● Yes



Of the 1277 responders to this question:

67% of respondents thought they had a consultation with the staff member who was best placed to deal with their concern.

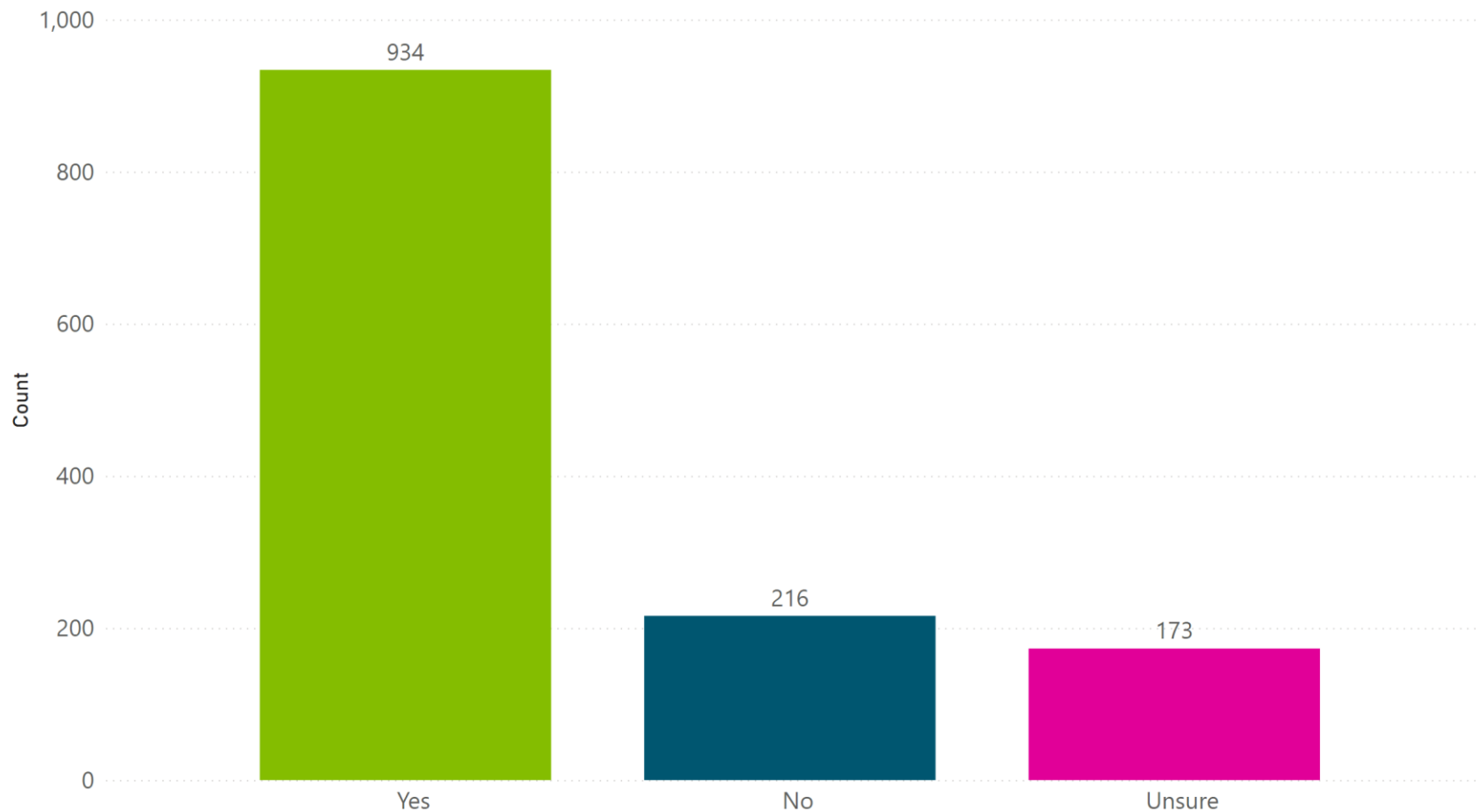
*"I think if the Dr had seen me a better form of treatment might have been actioned".*

*"I was able to see and speak to my usual doctor who knows my history and circumstances."*

# Access via online consultation systems

## Are you able to use online consultation systems, e.g. eConsult

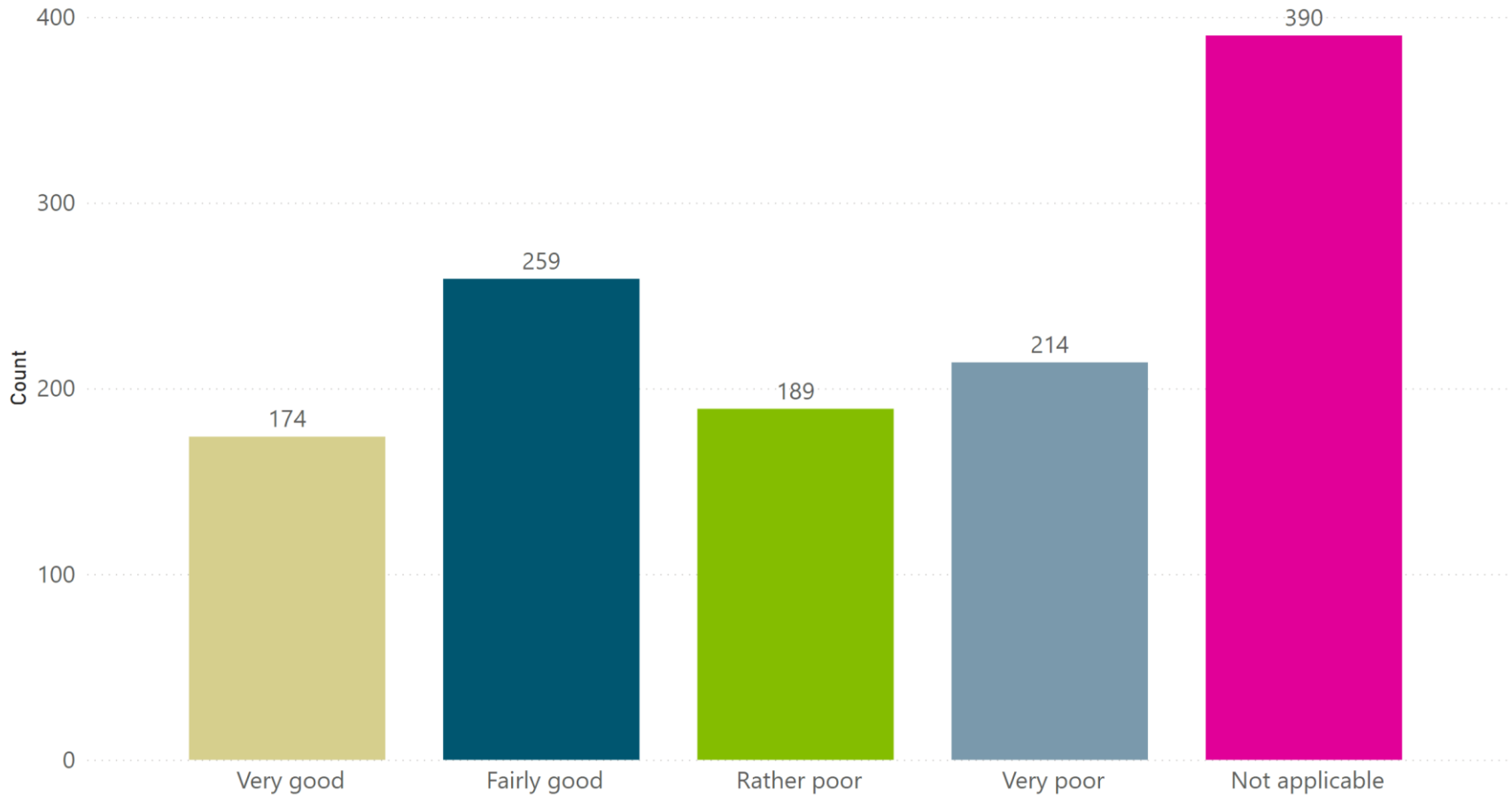
Are you able to use online consultation systems like eConsult or Doctorlink?



# Peoples experiences of online consultation systems

## If you used e-Consult how would you rate the experience?

If you used eConsult, how would you rate the experience?





# What people said of online consultation –

- **71%** (934) said they were able to use online consultation systems (such as e-Consult).
- **26%** (433) of those who used online consultation found the experience very good to fairly good.
- **30%** (403) of those who used online consultation found the experience very poor or rather poor.



## Online Consultations – what people liked

Several respondents commented that online systems/consultation are easy to use and particularly good for non-urgent problems and there were some positive comments on the efficiency of the NHS App and text messages/reminders.

*“Was able to submit online urgent form as not able to make the 1hr slots for urgent same day care.”*

*“eConsult – very easy and quick to use and no need to take time out from work to sit in a surgery.”*

*“Ease of sending a photo via the link sent to me. The Doctor rang back within the hour and was able to have formed an opinion via the photo and my notes.”*

*“Avoided me having to journey to the surgery.”*





## Issues specific to eConsult

Many found the forms difficult to navigate, didn't accommodate their symptoms or eConsult was often not available.

*"eConsult is not always easy to navigate or working correctly: the last thing you want to do when feeling unwell is to have figure out how to dupe the system into allowing you to speak to your GP."*

*"In my experience eConsult can only be used during opening hours- this is a barrier for those who work certain shifts and for those whose symptoms/reason for contact present outside of office hours."*

eConsult cannot be used on behalf of a child/dependent, respondents commented that they would use this method for their children if they were able to.

Elderly and vulnerable patients told us they found eConsult too difficult to use, and felt they were not getting equal access to GP services.

*"I have 2 sons with special needs, and they would be unable to use it. The vulnerable in our society are getting lost/forgotten."*





# Video Consultations

## What people liked

*“Using video consultations as it is easier to explain and show than over the telephone/email/eConsult.”*

*“The use of technology is amazing! I really hate going to the doctors and I will put it off until the last minute.”*

*“I didn’t need to visit the surgery so I didn’t have to take time of work. Prescription was ready the next day, and advice on accessing physio through an app was great.”*

## What people didn’t like

Digital exclusion is seen as a problem, particularly for older people and for those who have poor internet access, IT skills or cannot afford the equipment, risking discrimination and exacerbating health inequalities.

*“I do not have a laptop as I’m 85 years old and have poor eyesight.”*

*“It has made me feel excluded and rather vulnerable. I fear that the reliance on technology risks marginalising a significant minority of the population.”*





## Consultations overall – what concerns people

The perceived loss of the option of face-to-face consultations concerned many respondents. However, people recognised that telephone consultations can be very useful and convenient but missed the personal touch and reassurance of seeing a GP or clinician face to face.

*“The person sitting in front of a doctor may not know they have kidney problems but the doctor could see the colour of the skin / eyes. Computer questions can't do that.”*

The importance of continuity was a key feature for many respondents, along with concern about consultations with different/unknown clinicians. People felt that it was important that practice staff were familiar with case history.

*“I feel confident my chosen GP will be able to help and advise me. Seeing a GP who is familiar with my health issues will take far less time than a GP I have never had any contact with.”*

Respondents felt it was also important that follow up advice from the clinician was key to them managing their condition and preventing the need for future access/contact.



# Experience of the Triage System





## Peoples experiences of the triage system

Most respondents accept triaging as a routine part of getting an appointment. However a frequent concern expressed by patients was about sharing information they regard as personal or private with the receptionist. They were also concerned with confidentiality both on calls and online submissions.

Some respondents commented that the triage system works well, receptionists were helpful and this approach encourages preventative care.

*"I had the phone conversation the day I rang the surgery. Everyone quickly realised my issue that I needed same day attention. The triage system worked brilliantly."*

Many respondents described issues with staff attitude, e.g. feeling staff were being dismissive of patients with 'minor' ailments but also some recognition that this may be due to the pressure practice staff may have been under.

*"I was made to feel silly, not ill enough, as if I was wasting their time..."*

Some respondents did not like receptionists doing initial triage as they felt they are not clinically qualified and this should be done by medically qualified staff.





**What frontline staff shared**

# What frontline staff in GP surgeries shared



In November 2021, Healthwatch in the South East opened a survey for all staff in GP surgeries 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.



**“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)**





# Comments from GP staff

“

General practice has massively changed in the past 18 months. It has been very stressful. We are very tired and also feel under attack from the mass media who appear to have an agenda against us.

“

We are particularly proud of our Covid vaccination programme which still continues. Our team have played a major part in this continuing into the booster/flu stage. It has been difficult but rewarding to have vaccinated so many patients.

“

Ceasing battering of GP practices would be most welcome. We saw 75% of our patients via face to face appointments in August and our cancer referrals have not fallen during the pandemic - might be nice if DOH [Department of Health and Social Care] and press recognised achievements rather than constant denigration of primary care in the media.

“

The media needs to be brought to task over their horrific condemnation of GPs - and sometimes we wish we could bring our patients in for a "day in the life of".... to see what actually goes on behind the scenes - the public think a GP surgery is run by a couple of Receptionists, a Practice Manager, a Nurse and maybe a few GPs - if they knew we had teams of staff of over 50 people etc they might begin to see the bigger picture.

“

Morale is generally good, but staff are tired. We look forward to getting back to some form of normality and hopefully returning to as things were prior to the pandemic.

# What 3 things do patients need to know?

**112 staff** responded to this question: **What three things do you think patients need to know before they contact your practice, that would help them and you?** These are the top messages in order of frequency/popularity:

- The GP practice is **under huge pressure** and may be short of staff due to Covid – please be patient, we are committed to helping you (40 mentions).
- **Options to try** before contacting the practice, e.g. pharmacy, self help, NHS 111, online info, physio and other First Contact Practitioners, etc (30 mentions).
- You may be referred to **a practitioner other than a GP** – most appointments will be via phone first followed by face to face consultation if needed (19 mentions).
- **Be prepared:** give a clear description of symptoms and when they started (15 mentions).
- **How triage works**, i.e. the receptionist will ask you questions to direct you to the practitioner best suited to your needs (12 mentions).
- **How to book an appointment** (online or phone) and expected length of appointment (12 mentions).
- **Don't be rude to staff**, it won't help (9 mentions).
- Face to face appointments **are an ongoing option** (8 mentions).

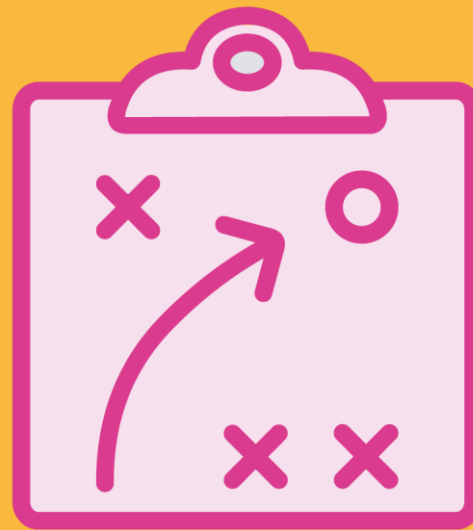
Less frequently mentioned but still common were:

- **Follow our Covid requirements** (mask, waiting arrangements, etc).
- **Book on the day** appointments over the phone – **book advance** appointments online.



**Improvements made or in progress**

# NHS England Priorities



# NHS England 2022/23 National Priorities

On 24th December 2021 NHS England published the 2022/23 priorities and operational planning guidance, which sets out the priorities for the year ahead and was further updated on 23rd February 2022. The key priority for primary care is to improve timely access to primary care by maximizing the impact of the investment in primary care and Primary Care Networks, to extend capacity, increasing the number of appointments available and driving integrated working at neighbourhood and place level. This is one of eleven priorities, a number of which have additional implications for General Practice and are included here for their relevance and to demonstrate the breadth of work for primary care services.

**Planning Priority** – Improve timely access to primary care

## **Ask of primary care:**

- Continued integration of services closely with community care.
- Extend the primary care workforce to increase capacity, particularly in terms of the number of primary care network (PCN) roles and GPs, through of the Additional Roles Reimbursement Scheme (ARRS) and other support for the workforce.
- Continued need to provide good level of access, including digitally.
- Implementation of two new Direct Enhanced Services (DES) for planned anticipatory care and personalised care and an expanded focus on cardiovascular disease and prevention. Address the backlog of interventions for patients with long term conditions.
- Increased use of community pharmacy services

# NHS England 2022/23 National Priorities

**Planning Priority** – Invest in the workforce

**Ask of primary care:**

- Accelerate the introduction of new roles such as anaesthetic associates and first contact practitioners and expanding advanced clinical practitioners.
- Develop the workforce required to deliver multidisciplinary care closer to home, including supporting the rollout of virtual wards and discharge to assess models.

**Planning Priority** – More effective response to Covid-19

**Ask of primary care:**

- Delivery of the vaccine programme, planning to maintain the infrastructure that underpins our ability to respond as needed.

**Planning Priority** – Use of digital technologies to transform patient care

**Ask of primary care:**

- Increase adult registration with the NHS app and NHS UK as part of continued use of digital technology to transform the delivery of care.



# NHS England 2022/23 National Priorities

**Planning Priority** – Deliver significantly more elective care to tackle the elective backlog (waiting lists), reduce long waits and improve performance against cancer waiting times.

## **Ask of primary care:**

- Though mainly aimed at secondary care providers, we will need to ensure timely presentation and effective primary care pathways including:
  - Working with Primary Care Networks to support implementation of early cancer diagnosis as set out in the Network Contract Directed Enhanced Services (DES)
  - Running local campaigns to complement national advertising to raise public awareness of cancer symptoms and encourage timely presentation

**Planning Priority** – Improve the responsiveness of urgent and emergency care and build community care capacity

## **Ask of primary care:**

- Prevent inappropriate attendance at Emergency Departments
- Reduce length of hospital stay
- Deliver more capacity at home and improve hospital discharge
- Virtual wards to be expanded to managing patients with Covid-19, acute respiratory infections, urinary tract infections, chronic obstructive pulmonary disease and complex presentations such as those living with frailty.



# NHS England 2022/23 National Priorities

## Planning Priority – Improve Mental Health Services

### Ask of primary care:

- Improve and expand mental health services and meeting the needs of those with autism and/or learning disabilities.
- Primary Care Networks to continue with the use of mental health care practitioner ARRS role.
- Emphasis on the needs of those with autism and/or learning disabilities, with request for practices to ensure they are able to access primary care, the importance of annual health checks and maintenance of learning disability registers.

## Planning Priority – Develop an approach to population health management

### Ask of primary care:

- Utilise improved access to, and quality of data to allow understanding of disease patterns and outcomes to inform patient pathways and patient need.
- Particular emphasis on using data to inform prevention initiatives as they relate to the [NHS Long Term Plan](#).
- Requirement for systems to work to promote prevention, restore the monitoring and management of long term diseases, progress against the NHS Long Term Plan and reduce use of antibiotics.



# Recommendations

# Patient Recommendations for GP Services





# Patient recommendations

## Phone systems

- New phone systems or increased number of call handlers or lines dedicated to appointments booking should be put in place to unblock lines for enquiries and test results and reduce call waiting.
- Phones able to have a third person in the consultation (e.g. a carer, advocate or counsellor).
- A dedicated phonenumber for diabetic nurse at surgeries.
- Dedicated phonenumber for registered carers.
- Review pre-recorded messages to ensure they don't deter patients or lead them to believe they are a burden on an overstretched service.
- Implement phone queue system in all services as it removes the stress of constantly trying to get through, even if it takes a long time you know they'll get round to you.
- Staggered lunchbreaks – many surgeries close over lunch but this is when working people are more likely to call.
- Each surgery should look at ways in which to increase the efficiency of call handling in order to prevent long telephone queues.




# Patient recommendations – continued

## Appointments and consultations

- More specific time slots (i.e. 1 or 2 hour windows instead of 'morning' or 'afternoon') for phone consultation/GP calls to help people plan their day to take the call.
- Increase the opportunities for face to face meetings giving people the choice of virtual or in person appointments/consultations.
- Alternative methods to cancel an appointment.

## Information technology

- Review online application forms as they are reported to be repetitive, confusing, poorly constructed with limited choices, and to improve response time.
  - Improve relevance of e-consult questions by providing the option of free text.
- 



# Patient recommendations – continued

## Communications

- Inform patients as far as possible of changes to practice staff.
- Patient engagement 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.
- Include information on websites about the different staff in the surgery.
- Calibrate patient need (e.g. to see a clinician) sensitively, taking care not to suggest their concern/issue is more or less serious.
- All staff GP practice staff conducting a consultation, should introduce themselves and their role within the practice.
- Training for staff on autism and learning disabilities so they can better understand their needs.



# Local NHS Managers respond to our report





# Local NHS Managers respond to our report

**We asked the NHS to respond to our report and are pleased to provide you with the following from Dr Nicola Decker, clinical leader at Hampshire and Isle of Wight CCG, and GP in Hampshire**

We welcome this balanced report which sensitively captures the different perspectives on access to GP-led services in Hampshire. We are here to support our patients and would like to thank those who have shared their views and experiences as part of this report. We strongly encourage them to continue doing so. We value feedback from our patients and communities which help us to identify where we are getting things right and areas where we can drive further improvements in the future.

This report shares practical recommendations that are reasonable and deliverable and we have already taken steps to address many of these, including new ways to support urgent care access. Some recommendations get into the detail of how practices work, and it is important that we continue to share the learning and impact of the different delivery models.

The recent publication of the [Fuller Stocktake](#) into primary care highlights the importance of 'system-led approaches' to improve access, outcomes and the experience of our patients - something we fully support for the benefit of our patients and our workforce. As we approach the formal creation of our Integrated Care System on 1 July, we remain fully committed to continuing to work closely with health and care partners to improve the health and wellbeing of people in the communities we serve.

We understand access has been an area of concern and have taken a number of actions to respond to the increased demand we have seen in the past weeks and months. Alongside increased demand, practices have continued supporting patients with long-term conditions, cancer screening, immunisations including the COVID-19 vaccine and end-of-life care.

## Local NHS Managers respond to our report

Face-to-face appointments continue to be available, though as recognised in this report, during the COVID-19 pandemic we have had to find ways to work differently to keep providing care safely and know some patients have at times found this challenging. We continue to do all we can to help ensure patients can access a face-to-face appointment where needed and appropriate.

Telephone, video and online consultations are more readily available now and help provide an additional, often more convenient way for patients to get the care they need in a more timely way.

We are working to evolve digital solutions such as the phone system and video consultations to improve the experience of people during triage, as we recognise some feedback that shows some of our patients feel less informed during these new processes. This work includes ensuring support is in place for people who feel unsure about using online services.

Recruitment and retention remain ongoing areas of concern for practices, but this report sets the scene for a way of working that brings patients and the team providing care for them together. We continue to work closely with our partners to explore new ways of encouraging and developing people into roles within the NHS, as well as supporting existing staff to stay.

Having heard and understood these reflections, we would like to reiterate our commitment to working in partnership with colleagues across the health and care system as well as with our patients on developing the next steps in our plans, with the aim of improving outcomes and experiences for all concerned. Tackling these challenges together with kindness and respect will help to deliver the improvements that we are all working towards.

**Dr Nicola Decker, clinical leader at Hampshire and Isle of Wight CCG, and GP in Hampshire**

# Next Steps

## We plan to follow up this by

- Taking similar reports being produced in the South Region from the Local Healthwatch participating areas, we will produce a regional project report, including all of the rich learning from this collaboration. We aim to publish in 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 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.
- We will take opportunities to showcase this work nationally and continue to seek examples of good practice that we can share back to our Integrated Care System and local practices.



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