



Access to GP-led Services Wokingham Borough Patient Views

July 22

NHS

healthwatch
Wokingham Borough

Content

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

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Introduction



Introduction

Timely access to locally available clinical support when people's 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 p10*).

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, 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.

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 1.04 million 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 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 through 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.

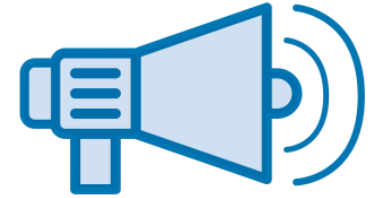
This project emerged because Healthwatch was receiving a high level of feedback from the public regarding primary care. Healthwatch managers met to discuss this emerging trend and decided that it was a sensitive issue that required a measured and balanced response.

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 stakeholders 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, GPs, Practice Managers, Reception staff, Local Authority Scrutiny Officer, Commissioners, Integrated Care System communication staff and 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.



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



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 19 2021.



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.)
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 21	GP practices were asked by the Government to prioritise Covid vaccination/boosters and urgent consultations.



What patients shared



What patients shared in Wokingham Borough

Patients from 17 practices responded to the survey, responses ranged from 1 to 89 per practice.

83% contacted their surgery for themselves, 12% for a child, 5% for another adult.

73% of respondents said they last contacted their surgery between Sept and Nov 2021 (39% of these in Nov).

83% stated they were contacting their surgery on behalf of themselves.

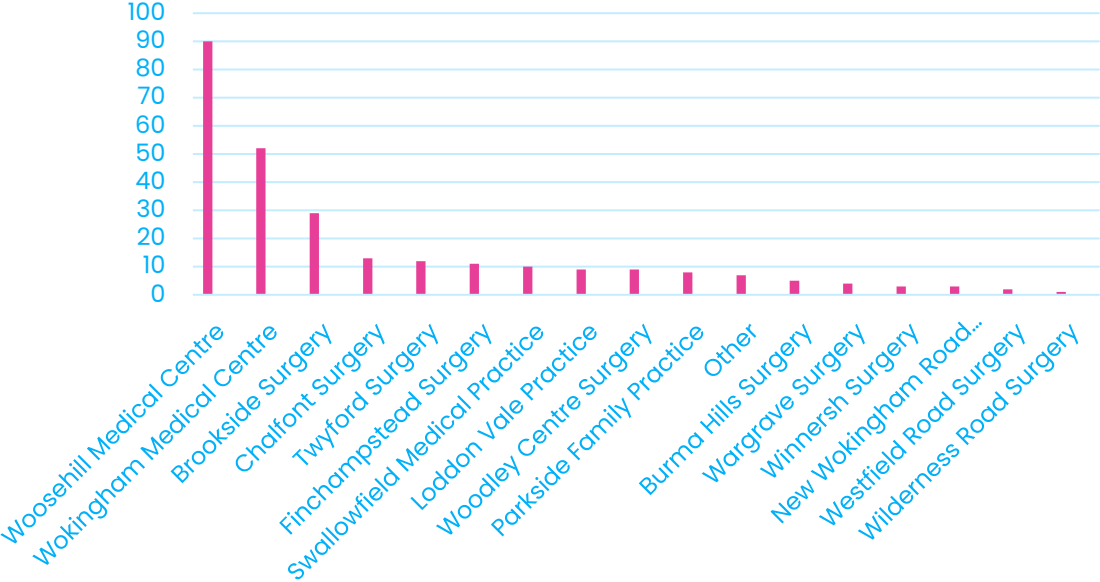
Almost half of respondents tried self-care before contacting their surgery.

Over 180 respondents contacted their surgery by telephone.

Thank you to the 272 people across Wokingham Borough who responded to our patient survey.

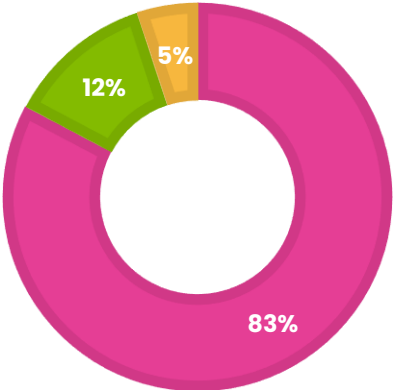
What patients shared

Which GP Surgery did you attend?



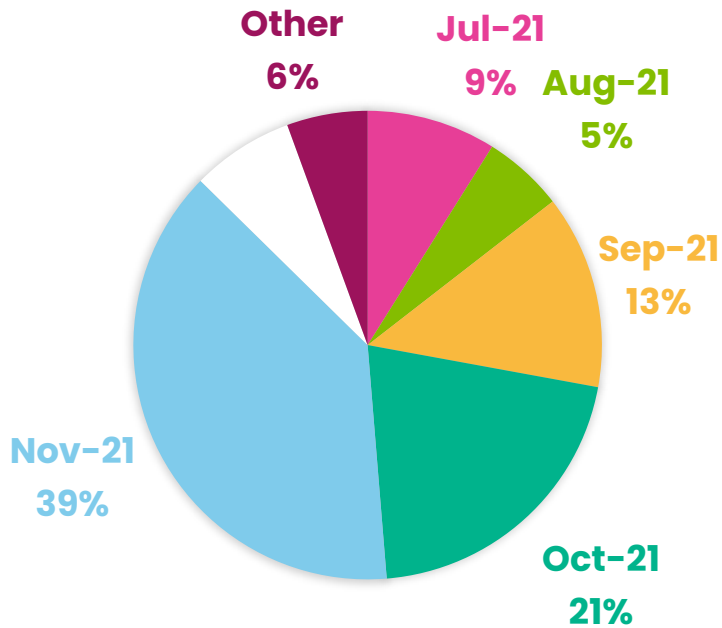
Who were you contacting your GP practice about?

Myself A child Another adult

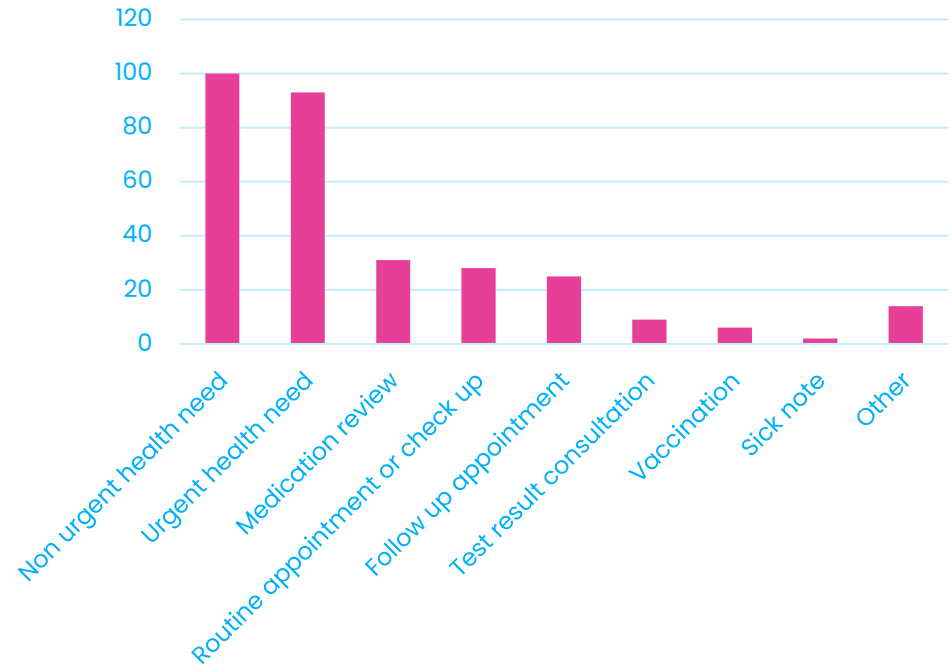


What patients shared

When did you last attend your surgery?

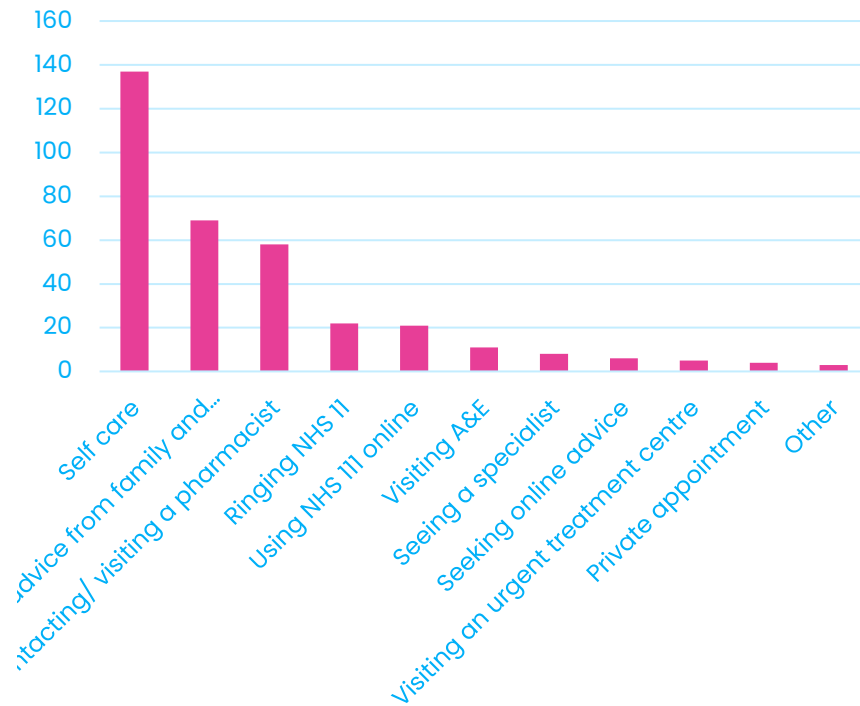


Why did you contact your GP practice at this time?

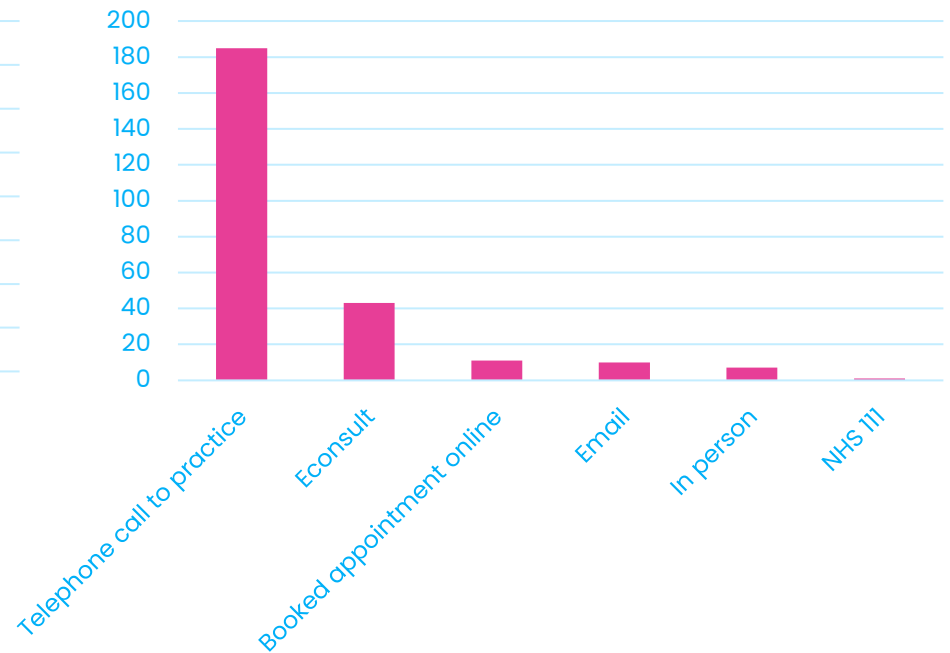


What patients shared

Did you try any of the following options before making contact?

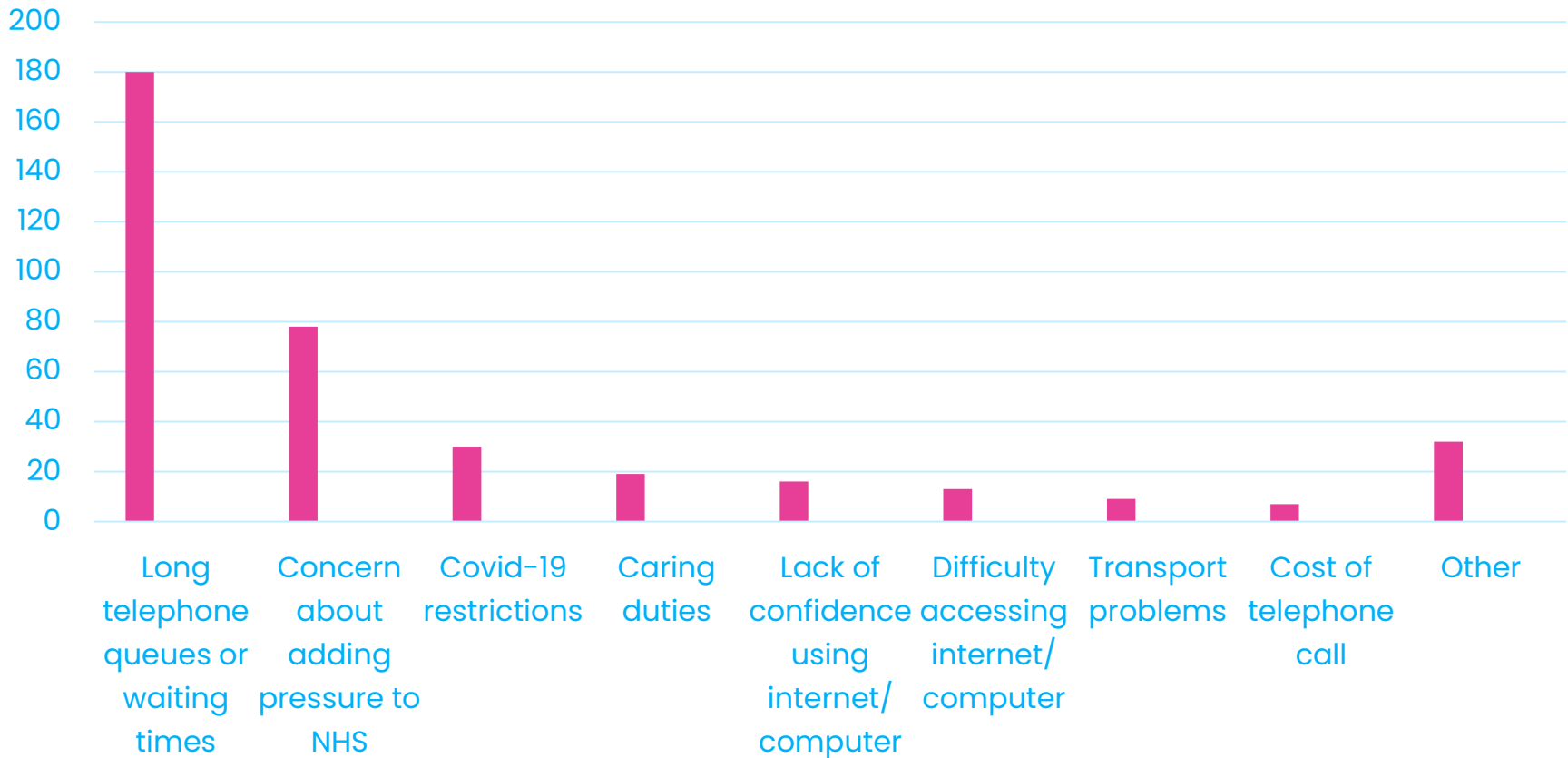


How did you contact your GP practice?



What patients shared

Have any of the following ever prevented you from making an appointment or consultation with your GP practice?



Theme 1 – Telephone booking for GP Appointments was challenging

Access arrangements vary across the Borough with some practices preferring telephone calls while others use E-Consult. Difficulty associated with making first contact with their GP practice was the most common issue faced by our survey respondents. 61% found their experience of contacting their GP difficult or very difficult.

Patients are frustrated by the lack of choice about how they access care. When practices only allowed one method of contact (or severely restricted others) people who are more vulnerable are more likely to have difficulty.

42% of patients who telephoned their GP were on hold for over 30 minutes and 11% had to call 10 or more times to get through. People told us that if you do not call as soon as lines are open then all the appointments will be gone for that day. This creates a rush of people repeatedly dialling at the same time. People who found it especially difficult to get access by telephone included:

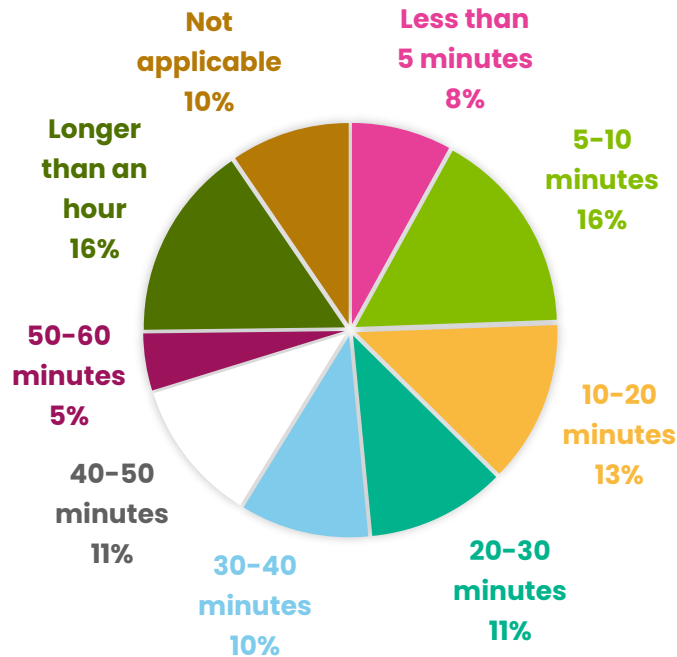
- Full time workers who start work prior to 8am and can't use a phone during their working day.
- Professions mentioned were teachers, NHS frontline workers and social care workers.
- People who had caring responsibilities, either for young children or adults needing care.
- People who had hearing loss or were deaf.
- People who were very frail or unwell. The energy required to hold a phone to the ear for long periods of time and keep trying was too much for some.

"Impossible to ring and get an appointment, I hit redial 50+ times - and when you do get through, you're on hold for over half an hour. As a teacher, I can't spend this amount of time on the phone."

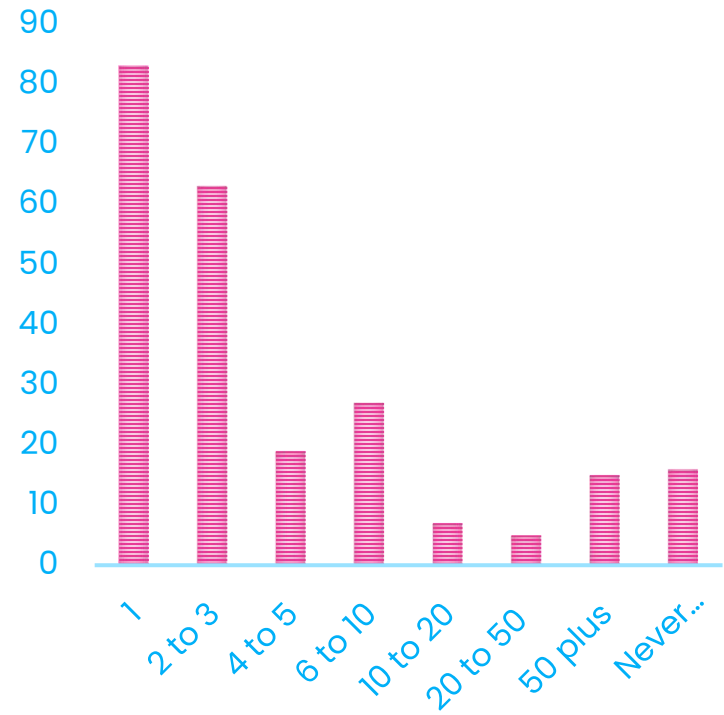


Theme 1 – Telephone booking for GP Appointments was very challenging

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



How many times did you telephone your GP practice before you were able to speak to a member of staff?



Theme 1 – Telephone booking for GP Appointments was very challenging

The time people spent waiting for the phone to be answered varied from a few minutes to several hours. 69% of patients were unhappy with the time it took. **Many people felt that waiting for their call to be answered was the main issue with accessing medical help.**

Some respondents were worried about others who may be in greater need. They felt it is unacceptable for people who are very unwell, alone or vulnerable to have to endure the wait. As long waits for the telephone to be answered have been well publicised, some people were expecting to wait, had planned accordingly and therefore were not inconvenienced.

Others found it difficult to get through but felt reception staff were trying their best, *“I appreciate the pressures the staff are under and have always been treated kindly by receptionists. They have sometimes gone above and beyond to help.”* The pandemic along with lack of funding for primary care were thought to be responsible.

Receptionists were most often mentioned by people who were unhappy with the way they were triaged or had difficulty getting through on the telephone. There is a feeling that the default position of reception staff is to resist or deny an appointment. *“It just is not appropriate for the receptionist to be triaging phone calls.”* However, this was not universal, and some people reported a good experience.

The message given while on hold could be more helpful. Some patients would like an estimate of the time it may take to answer the call rather than a position in a queue. *“It would help to know how long the wait will be so you can set aside time for it.”*

People felt issues could be addressed by providing more reception staff at busy times *“While I appreciate the phone lines are very busy at this time, this has been going on since March 2020, so I’m surprised the surgery have not put more staff onto answering phone calls to reduce the length of time you are in a queue.”*

Others felt that the way the system was designed made it difficult to use *“The system of fixed times for making calls for appointments guarantees long phone queues.”*

Theme 2- E-Consult made access easier for some people but creates barriers for others

Almost half of survey respondents said that their practice offered an online consultation system such as E-Consult. **58% of those people rated their experience as very good or fairly good.** Positive comments mentioned ease of use, quick response from the practice and relief at avoiding phone queues.

"I like the convenient timing, the speedy turnaround, the ability for me to fill in the consult form at my own pace so I remember everything I wanted to"

E-Consult is not available at all practices. Many patients at those practices would welcome the opportunity to avoid contact by telephone, thereby freeing up the phonelines for those who need them.

However some people found it difficult to use or it was not suited to their needs. It is important to consider those who are may be excluded by digital systems.

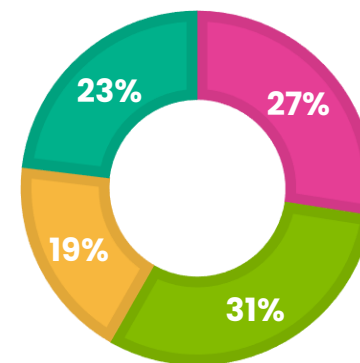
The most common complaint was that using it was time consuming and the questions were generic and not related to the patients issue. In some cases, using E-Consult led to a long, difficult process that created stress for the patient and took more time for the surgery staff to action.

"I tried to book an appointment as usual by calling my GP. I was told it's not possible anymore, and was directed to E-Consult. I still had problems, called them again, I was told that they will contact me. After that long wait, I still was not able to see my GP face-to-face. Very frustrating."

Some people felt they had to give particular answers to get the result they were looking for, *"You end up lying or changing the answers just so someone from surgery will actually speak to you."* We also heard from people who had gone back and changed their answers after E-Consult directed them to A&E inappropriately.

If you used E-Consult, how would you rate the experience?

- Very good
- Fairly good
- Rather poor
- Very poor



Theme 2- E-Consult made access easier for some people but creates barriers for others

People who found it especially difficult to get access Using E-Consult included

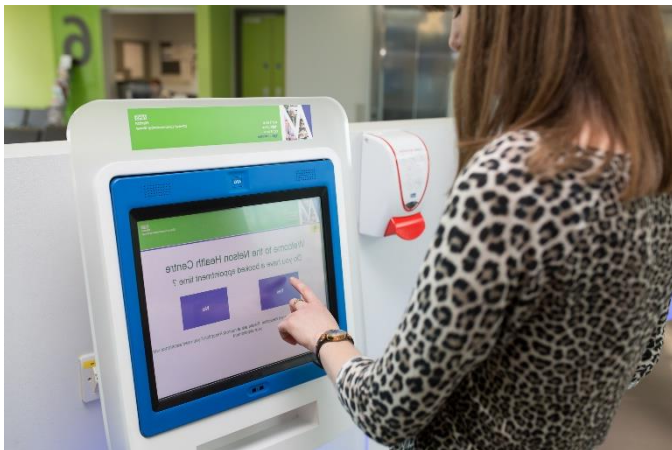
People who were blind, partially sighted or had other sensory needs that made screen use difficult (See theme 6)

People with learning disabilities or learning difficulties

Carers

People with disabilities or long term health conditions. The questions do not take into account existing problems so people with long term health issues or disabilities find it difficult to use. This led to inappropriate triage, for example someone with regular dizziness and blurred vision due to a long term condition being treated as an urgent case when this information was recorded on the form.

People who are digitally challenged. This included those who were unable to use the internet or who did not have suitable technology

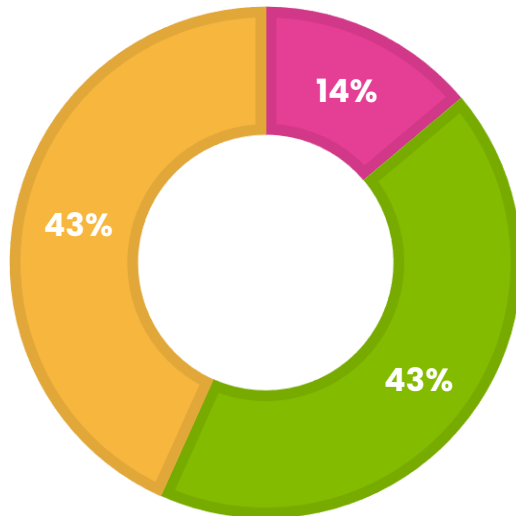


E-Consult does not allow a dialogue so although the initial issue may be diagnosed and treatment offered, there is no opportunity for further understanding and therefore empowerment.

“When informing someone they have developed a serious, life limiting and potentially life-threatening disease, it is incredibly insensitive and in-appropriate to do this via (one-way) text message. I think at the moment when you have identified an issue of that nature then a face-to-face consultation is necessary.”

Do you think that the increased use of information technology over the last twelve months has impacted on your ability to access GP services?

- It has made access easier
- It has made no difference
- It has made access more difficult




Only 14% of people felt that using information technology had helped them access their GP.

This could be due to some local practices being slow to adopt digital systems, *"My surgery hasn't implemented anything like this to help patients."* or people not being aware of the options available, *"I don't feel my surgery or the government have properly communicated options available to patients to take the pressure off surgeries and emergency services."*


Other patients felt that IT systems were a barrier between them and their GP *"When you are ill or worried, you want to see a doctor. I definitely don't want to rely on AI or advice on a Web page."*

For those who are unable to use technology, digital access can mean they feel excluded from primary care. *"It can be confusing for us older patients. If I've phoned the surgery I have just been used told to use E-Consult. How about those who don't have computers or can't get the hang of E-consult?"*

Some people could see the benefits but did not feel that it worked well as a universal replacement for in person contact. *"It has made a difference in getting a same day response which is great but not for ongoing treatment where any prescribing or checks need to be done face-to-face"*

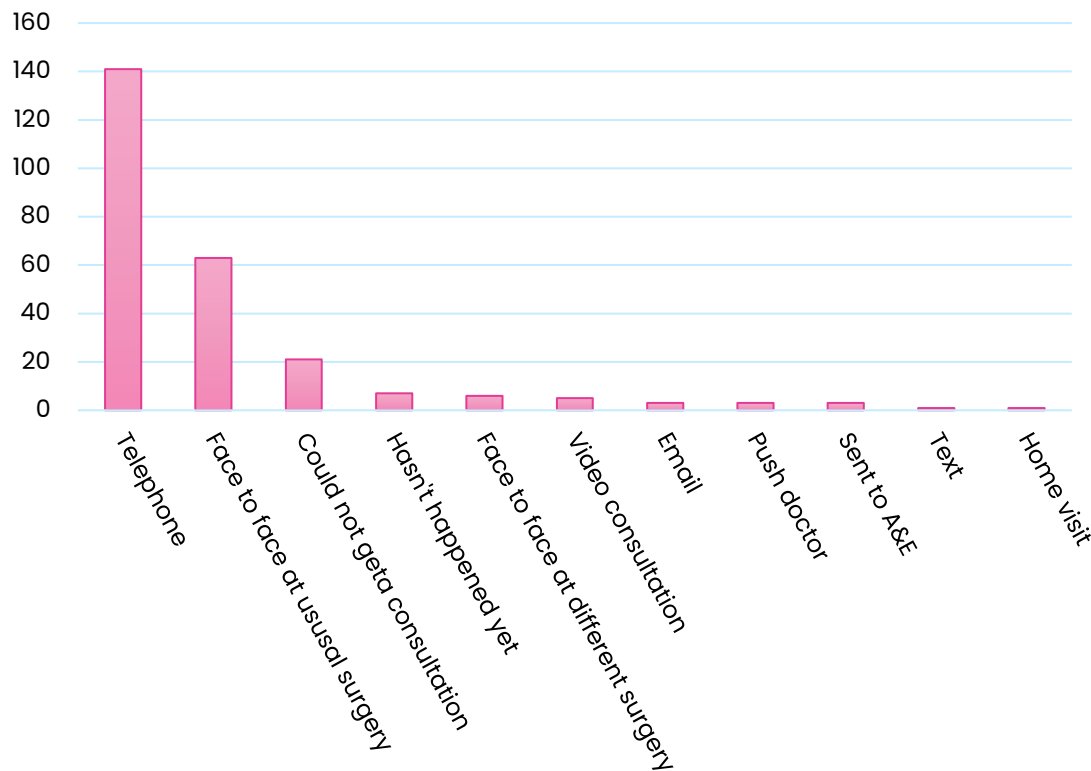


“If you are used to using the Internet then clearly you have had greater access to healthcare over the pandemic. However there are a significant number of us who do not have easy access to the Internet and find that they are second-class citizens when it comes to healthcare because they only have the ability to phone the surgery to ask for an appointment which very often is not available.”



Theme 3- Telephone consultations were offered to some patients who did not think it was appropriate or found them difficult to access.

How was your consultation conducted?



Over 50% of respondents had their consultation on the telephone.

On advice from NHS England local GP practices implemented a 'total triage' system in March 2020. Total triage means that every patient who contacts their practice is first triaged either by telephone, email or video before making an appointment.

Total triage is important in order to reduce avoidable footfall and protect patients and staff from the risks of infection. Our survey responses showed that the public have not received effective communication about the change in policy and do not understand the purpose of telephone triage.

This resulted in frustration and resentment towards GP staff.

"I can't find anything on the practice website about telephone appointments, so I do wonder if they have invented the system for their own convenience."

Theme 3– Telephone consultations were offered to some patients who did not think it was appropriate or found them difficult to access.

People wanted choice about how their appointment was conducted. There are patients who find accessing telephone appointments particularly difficult. We heard from people who had the following issues:

- Carers who have very little privacy to discuss personal health.
- A deaf service user needing someone else to take the call during a telephone appointment.
- People who can't use the phone at work or young people at school.

“If I were to ring my surgery, they don't offer exact times for phone appointments. I can't answer the phone at work, but if I know a time in advance then I can be covered so I can take the call. It has been impossible for me to speak to a doctor recently.”

Theme 3- Telephone consultations were offered to some patients who did not think it was appropriate or found them difficult to access.

Some patients were given a time slot for a telephone appointment and the GP phoned at a different time meaning that the patient missed the call, or they were not in a private space to discuss their issue. People were frustrated that there was no choice of time or day offered for telephone appointments.

For those who had a telephone appointment, the following issues were most reported:

Needing to be physically examined in person *"...however when I got on the phone with the doctor, she said that she can't prescribe me anything as she needed to take my blood pressure and weight in an in-person appointment! The receptionist should have known this and given me an in-person appointment in the first place."*

People did not always trust the diagnosis after a telephone appointment *"My only concern is that nobody looked at my son's tonsils. However, the meds prescribed have worked and he is fine now."*

Not feeling comfortable discussing symptoms over the telephone *"I would like to have discussed more intimate symptoms with her but was too shy over the phone and was not going to send photos. I would have discussed this with her had I been in a private one to one situation."*

Concern that the patient is not medically trained and may not be able to describe their symptoms effectively. One person recalled an acquaintance who did not describe her son's rash during a telephone appointment, so his meningitis was missed.

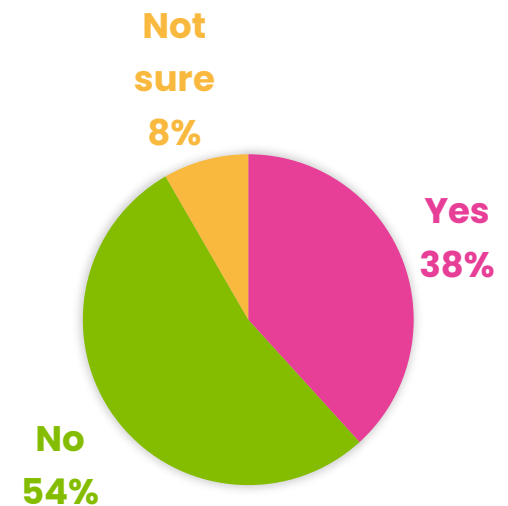
Theme 4- People who experienced delay in getting an appointment or were not offered an appointment at all reported experiencing distress and/or poorer health outcomes

Over half of patients were not happy with the response timeframe. The reasons for a delay in care were: not being able to get through on the phone line despite multiple attempts; no appointments were available; and the additional step of telephone triage created a longer wait.

Patients not able to get a timely appointment told us the following

- Delayed treatment may have led to more serious illness or hospital care *"I had to wait one week for a telephone consultation. It was regarding a skin condition that required a face-to-face inspection but was I unable to get such an appointment. During the week I had to wait the condition became much more severe"*
- A child needing ambulance and 3-night hospital stay due to asthma attack after being refused a GP appointment
- Callers directed to 111 when urgent appointments for the day were full only to be re-directed back to the surgery.
- Patients going to accident and emergency because of difficulty accessing primary care *"I have not got an appointment for my medical concern; I have given up trying to contact the GP and next time I have the issue I will go to A&E. I have no choice."*
- A patient with cancer symptoms who was not able to get through on the phone for 2 weeks, despite trying daily.

Do you feel that you were responded to within a reasonable timeframe?



Theme 4- People who experienced delay in getting an appointment or were not offered an appointment at all reported experiencing distress and/or poorer health outcomes

Difficulty accessing appointments has led to a variety of responses from patients.

Putting up with issues that are non-urgent because of the difficulty getting an appointment *"I tend to put up with issues I would have sought doctor's advice for previously. It's a real concern if we ever have something that developed later because we didn't get seen for something 'minor' at the time."* Patients are being encouraged to seek other routes of support such as pharmacy and online advice for minor issues. It is important to raise awareness of how these alternatives can help to monitor an individual's ongoing health and advise on when to seek help from a GP.


Not making appointments for routine screening. We heard from people who were not able to have a smear test because of difficulty getting through to book. Cervical screening has been the subject of public information campaigns as it is one of the best ways of preventing cervical cancer. Around a 3rd of eligible people do not attend for routine screening. If difficulty making an appointment is contributing to this, then it needs to be addressed.

We also heard from people who were unable to get appointments for health checks, diabetes checks, asthma reviews and regular blood testing for a variety of chronic conditions.


Using the GP as a last resort or avoiding seeing a doctor despite medical need *"I have given up. I am scared about some of my issues - one being eyesight, my optician has asked me to see my GP. But I can't."*

More patients than expected are choosing private GP services because of difficulty accessing NHS service, potentially creating a 2-tier system *"My impression is that we no longer have primary care via NHS and have to resort to private medical insurance for any preventative needs."*

However, this does not always achieve the desired outcome with the private GP referring to the surgery for tests which are difficult to access.



“Personally I feel that phone access issues have affected regular check ups, no asthma review. I was diagnosed diabetic in June 2020 following a routine blood test but have never seen anyone about this.”



Theme 5- Have I seen the right person?

Most people (61%) were happy that the health professional they saw was able to meet their needs. In some cases, this was not the person they requested an appointment with.

One patient appreciated the breadth of skills and knowledge that were available through the practice.

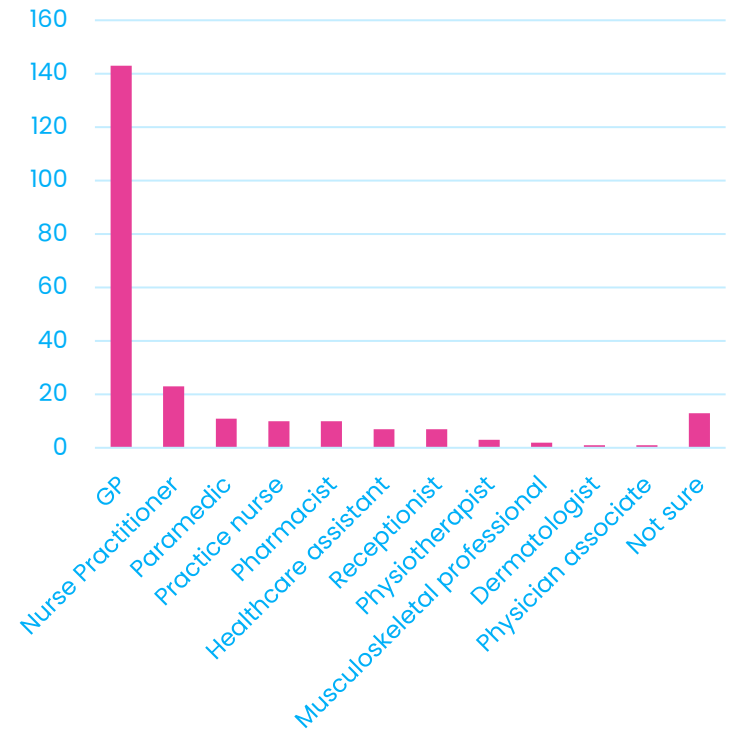
However 28% did not think they had seen the right person first time. In most cases this was when the appointment was with someone other than a GP.

This could be because they did not consider the person to be qualified to help them *'...only a nurse'* or that they did not have the range of skills *"The physio did not tell me he was a physio (rather than a GP) until it became apparent to me that he didn't understand my problem..."*

Some patients found that the **first person they saw was not able to help them** *"The paramedic insisted that I go to A&E, who then sent me back to my doctor. Complete waste of everybody's time."*

These situations were frustrating for the patient and were felt to be a drain on NHS resources. In some cases, the patient felt that they had not been listened to when describing their issues.

Who was your consultation with?



Theme 6- People who have specific access issues were not always given alternative methods of contacting their practice.

People who have sensory impairments such as those who are deaf or have sight loss may be unable to make contact with their surgery by their preferred route or participate in telephone appointments. We heard from people whose additional needs had not been considered.

"I have repeatedly told them I am hard of hearing and still they tell me to phone or have a phone consultation so I am put off asking for an appointment."

Some patients had specific communication needs *"She could have explained it a bit better to me, due to my Asperger's I didn't understand. They talked too fast."*

The Accessible Information Standard guidance for GP practices covers 5 key requirements for the standard.

1. Ask patients and carers if they have any information or communication needs, and find out how to meet their needs;
2. Record those needs in a set way;
3. Highlight a patient's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met;
4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so;
5. Make sure that people get information in an accessible way and communication support if they need it.

Theme 6- People who have specific access issues were not always given alternative methods of contacting their practice.

Using technology, such as E-Consult, prevented vulnerable people from accessing care.

People told us why this made getting a GP appointment difficult including: not having the equipment or know how to access the internet *"We don't all have computers, mobiles, or time"*; people on low incomes who can't afford the cost of wi-fi; people with learning disabilities; people with neurological conditions; and carers of high need individuals who could not afford the time to learn.

One carer explained why accessing her GP was so difficult for her:

"I'm not at all confident on a computer and as a full time carer it is very difficult to have a telephone consultation.

My husband would become stressed thinking I was unwell, he would be aware of the call due to lack of privacy. I could be interrupted by the demands of caring for someone with dementia at any time. I think it's important for carers to actually have time for their own health in a face to face appointment."

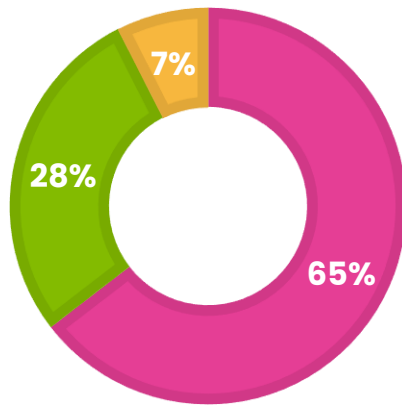


Theme 7- Access to follow up care was difficult after an appointment or triage

28% of people were not clear about next steps after their initial consultation. In some cases the initial issue was treated but ongoing care and management of the condition was difficult or impossible to access. Patients reported feeling daunted by the prospect of contacting the surgery for a follow up appointment when the first one had been so difficult to come by *"My appointment was helpful and reassuring but I was told if I needed different pain relief, I would need to make another appointment, I've tried, and I can't get one. I find it stressful and anxiety provoking."*

Were you clear at the end of your consultation about your diagnosis, treatment, or any next steps in your care

■ Yes ■ No ■ Not sure



Some patients did not agree with the diagnosis or treatment plan offered.

They reported that this was due to an unsuitable appointment being offered, an appointment with the wrong person or not enough time being given during the appointment *"1 minute 30 seconds is not enough time to discuss the issue and decide on treatment."*

In some cases, the patient was later diagnosed or treated for the issue they initially thought they had. Often, they expressed anger, disappointment, and frustration

"I was made to feel as if my concern was exaggerated and irrelevant."

This made some people reluctant to approach their GP for follow up care.

Theme 8- Positive responses, understanding of the difficulties faced by the GP and practice staff

Many people had a **straight forward experience** of accessing primary care. News reports or anecdotes from friends made them feel grateful for their good service and we received praise for individual staff members and practices as a whole.

The key positive themes emerging were:

Technology is making life easier for some *"E-Consult has been fantastic. Much easier than hanging on hold waiting to be put through"*. People who were less confident were thankful for staff who helped them to use the technology.

Many people reported that they were **listened to** and their concerns taken seriously.

Staff were caring and respectful.

Telephone triage worked well and was understood to be a useful system *"The problem I had needed 'eyes on' to make an accurate diagnosis, I was given a face to face appointment after the telephone triage call which I thought was very good"*.

Appointments were hard to get hold of but necessary and appreciated *"Once made aware of a serious problem, they put every effort into dealing with it ASAP."*

Staff sometimes went above and beyond to help a patient *"Thankfully the receptionist was lovely and managed to get a phone call for my child even though there were no appointment slots left. The doctor called after the surgery had closed and sorted a prescription over the phone."*

Concern for the wellbeing of staff. Some service users were sympathetic to the difficulties faced by staff, even when their experience had been challenging *"I feel for the doctors- it can't be very satisfactory from their point of view and must make the job doubly stressful."*



What frontline staff shared


What frontline staff in GP surgeries shared



In November 2021, Healthwatch 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 in the South East

“

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 program 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 23 February 2022. The key priority for primary care is to improve timely access to primary care by maximising 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.

Improving access in Wokingham Borough, shared by local NHS Managers



Improvements already made by GP practices and NHS managers

Response from Berkshire West Clinical Commissioning Group (CCG)

In Summary, see appendix 1 for more detailed information

GP Telephone access	<ul style="list-style-type: none">• May 2021- Audit of telephone messages resulting in practices being asked to shorten their messages and make sure they are up to date.• July 2021- A further audit showed positive change.• Secret shopper survey- Practices were asked to put this on hold due to Covid vaccination requirements.• Best practice guidance on total triage shared with practices. This includes a call back option to accommodate working people. Some practices have adopted this.
Overflow arrangements	<ul style="list-style-type: none">• Berkshire West CCG has commissioned 170 additional appointments per day via the Primary Care Networks from September 2021 to March 2023 using national winter funding money. There are a variety of ways these appointments can be delivered. The CCG will review all workstreams.
Building intelligence about activity	<ul style="list-style-type: none">• 'Connected Care' group established to report on the number of GP appointments provided by each practice and Primary Care Network.• National mapping exercise completed to view appointment data.• Other projects paused currently, including collating information about call volume and drop off rates.

Improvements already made by GP practices and NHS Managers

Response from Berkshire West Clinical Commissioning Group (CCG)

In Summary, see appendix 1 for more information

Digital	<ul style="list-style-type: none">• Review of GP websites including information about different access routes and face-to-face offer. This will be taken to the Primary Care Programme Board in April 2022.• An external project manager is auditing the existing telephone systems and will make a recommendation for each practice.• Digital champions pilot scheme in Reading was paused due to Covid pressures. This will be revisited in Summer 2022.
Online appointments	<ul style="list-style-type: none">• A scheme to support practices to open up online appointment booking was paused due to covid pressures. Initial discussions have re-started.
Providing safe access	<ul style="list-style-type: none">• An audit was undertaken to ensure that patients could access GP receptions in person to make appointments. All practice receptions are now open. The CCG will work with individual practices where patients have reported concerns.
Training	<ul style="list-style-type: none">• Total triage training has been put on hold due to the predictive modelling work being paused.• Berkshire West training hub promoted to practice teams.• Customer care training for admin staff has been encouraged through the training hub. Each practice was invited to nominate a staff member.



Conclusion and Recommendations

Conclusion and recommendations

Conclusions

- GP practices across the Borough have all experienced increases in appointment requests which is potentially resulting in difficulty in providing timely access.
- People found getting access to their GP difficult. This resulted in multiple challenges.
- Patients face long waiting times for telephone calls to be answered and had to call multiple times. In some cases they were not able to get through at all.
- Working people in service, caring or non office based jobs are disadvantaged by surgeries that do not offer digital contact and timed telephone triage calls.
- Difficulties with access have resulted in patients feeling frustrated/ unhappy and in some cases they direct this towards practice staff.
- More vulnerable groups including people with disabilities, sensory issues and carers are experiencing inequality of access to primary care.
- Total triage has not been well communicated and patients are frustrated by this extra step. They often see it as a barrier to receiving the care they need.
- Digital solutions are not suitable for all but have been rolled out at speed due to the pandemic response.

Conclusion and recommendations

Recommendations

- Offer timed telephone appointments.
- For surgeries that accept telephone calls to book appointments - consider offering different times for urgent and routine appointment booking
- Offer choice of contact method- telephone, digital or in-person, especially for those with access issues
- Trial E-Consult training for those who want to acquire skills (through PPGs?)
- Review Accessible Information Standards: are these being upheld for all?
- Consider exemptions from telephone triage e.g. carers, hard of hearing.

Conclusion and recommendations

Recommendations

Communications campaigns needed in the following areas:

- Total triage
- Awareness raising of the skills of staff in the practice e.g. receptionist, nurse, physio and their training/qualifications
 - Posters in surgery, voice message while on hold. NHS Northamptonshire CCG have produced the following video highlighting the role of 'Care Navigators'
<https://www.youtube.com/watch?v=n3BWkLLNqa0>
 - Berkshire West Winter campaign was good but similar campaign needed to extend reach.
https://drive.google.com/drive/folders/1amjwL7XifxdtgVMTwx8Wu8cj7_0-sGlz

Note

This project was undertaken in the latter part of 2021 and early 2022 when the Wokingham Borough Community Interest Company (Company number 08561195) held the contract for the Healthwatch Wokingham Borough service.

Following a Wokingham Borough Council procurement exercise the contract for the Healthwatch Wokingham Borough service transferred to The Advocacy People (company number 03963421) on the 31st March 2022.

This report has been prepared by Wokingham Borough Community Interest Company for publication by Healthwatch Wokingham Borough.

For more information you can speak to Healthwatch Wokingham Borough

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Appendix 1

Response from Berkshire West CCG. Berkshire West CCG's Primary Care Commissioning Operational Group receives an update on the Improving Access Action Plan on a quarterly basis.

1. GP Telephone Access

Standardised telephone message for GP practices

An audit was undertaken of GP phone messages in May 2021 which resulted in practices being asked to adopt a standard shorter message to help reduce the time people spend on the phone and to ensure clear and consistent messages are conveyed. A follow up audit was undertaken in July 2021 to monitor the impact of the change and wait times and practices were provided with suggested messaging. Where there had been delays in access via phone at practices identified in the first audit, all calls went through successfully in the follow up audit after a short wait time.

Audit of messages - identification of old COVID/referral to 111 messages

As detailed above, practices were asked to adopt a standard shorter message which reflected current guidelines. Berkshire West CCG has contacted individual practices where it has been reported that phone messages should be updated to reflect current guidelines.

Practices to undertake their own 'secret shopper' survey

This action had been put on hold due to the Covid vaccine programme rollout. Berkshire West CCG will review national guidance (issued January 2022) around Primary Care returning to normal service delivery models where appropriate and consider if this is an appropriate ask at this time.

Practices to introduce system which advised patients when to expect call backs to try to accommodate work schedules as far as possible

Best practice guidance on the total triage approach and how to manage the various streams of incoming demand was shared with GP practices by Berkshire West CCG. The guidance includes arrangements to support those who are working, and practices have been asked to advise patients when to expect call backs to try to accommodate work schedules as far as possible. Some practices have changed their service to offer a call back option.

Appendix 1

2. Overflow Arrangements

Work with PCNs to further explore options around virtual or actual overflow provision building on collaborative model used for Respiratory Hub

Berkshire West CCG has commissioned 170 additional appointments per day via the Primary Care Networks from September 2021 to March 2023. Using National Winter Access Fund monies this increased to 250 per day from December until end of March.

As stated above, in November 2021, National Winter Access Funding was awarded to the BOB (Buckinghamshire, Oxfordshire & Berkshire West) ICS and PCNs and practices across all 3 CCGs were invited to apply for funding to be used for workstreams up to March 2022:

- External provision of remote consultation (e.g. LIVI or Push Dr)
- Additional locum support to practices with greatest demand
- Winter overflow primary care access points / hubs
- Enhanced practice support and innovation funding – for localised specific approaches
- Increased capacity in Out of Hours.

Berkshire West CCG will review and evaluate the workstreams that were funded.

Support demand in Primary Care by increasing capacity in short term and testing out potential future overflow model

Whitley PCN are part of a pilot project for the RBFT ED team to be able to directly book appointments in the overflow hub for patients for whom it is appropriate to be directed to primary care. Reading Central PCN is also now operating an overflow hub which allows ED to book appointments.

Appendix 1

3. Building Intelligence about activity in primary care Connected Care Analysis of Central Reading practices

Following a presentation on Connected Care to the Primary Care Programme Board, it was agreed that a Task & Finish Group be established. Regular Connected Care reports on the number of GP appointments at PCN and practice level data were agreed to be provided.

GPAD Mapping Exercise to develop better understanding of demand and capacity in primary care to inform service planning and work with Practices to respond to peaks.

A national mapping exercise has been completed. GPAD mapping allows appointment data to be viewed at practice level and reports will be made available to Berkshire West CCG and will be included in the quality reporting which is taken to the Primary Care Commissioning Committee. Practices can be linked to national webinars through GPAD mapping.

Predictive Modelling tool Re-launch predictive modelling project using EMIS X extract. Explore scope to support practices to use this proactively to adjust capacity based on forecast peaks

The GPIT Group has taken the decision to pause predictive modelling work and to consider the role of Connected Care in this work.

Consider collating information from Practices on volumes of calls handled and drop off rates to better understand pressure points links to SR letter seeking info on current demand / data available

Unfortunately, not all telephony systems at GP practices have the functionality to provide this information or is only available via the telephony provider. The need for such information would need to be managed on an individual basis, this may be resolved though the telephony project underway.

Appendix 1

4. Digital

Review of Footfall to include practices clearly showing information on access routes including the face-to-face offer

A Footfall Task & Finish Group (TFG) was established to review the consistency of Footfall across Berkshire West CCG and to make recommendations for changes and improvements. An update is to be taken to the Primary Care Programme Board in April 2022.

Telephony Systems for Practices to use single platform allowing joint call handling

National funding has been made available for a project to be run across all practices in Buckinghamshire, Oxfordshire and Berkshire West (BOB) to audit and evaluate their telephony systems and then offer the best solution for each practice. This is being led by a Project Manager working with a third party.

Online Consultations

Video consultation and text messages (VC SMS) procurement across BOB has concluded. Both contracts have been awarded to AccuRx from 1st April 2022.

Digital Champions to increase IT literacy of staff and patients

The Digital Team had been looking to run 3 workshops with Reading Voluntary Action and Family Forum, but this had to be put on hold due to increased pressure on practices during the Covid vaccination programme and the reduced space and facilities currently available in some practices to be able to deliver the training. This will be revisited in Summer 2022.

5. Online Appointments

Support GP practices to open up online appointment booking for routine, phone and face-to-face appointments to reduce demand on surgery phone systems, improve access routes for people who cannot call early mornings and to help people manage their care.

This action had been put on hold due to Covid, but the Primary Care Team have linked with the Digital Team to discuss if practices could restart with nurse appointments for instance and how to progress this safely. Currently there is no dashboard to show which practices have online appointments, so an approach is to be identified and initial discussions have commenced.

Appendix 1

6. Providing Safe Access

Publish a CCG-wide timetable that sets out expectations and milestones for opening up general practice, including any plans for permanent changes to traditional ways of working

An audit was undertaken to assure Berkshire West CCG that patients were able to access GP practices to make appointments at reception. Some restrictions had been in place at the time of the audit, but all practices were and are open. The CCG has worked with practices to see how they can move forwards to improve access where it has been reported that patients have had difficulties or concerns accessing their practice.

7. Training

Best practice guidance on the total triage approach to be shared and how to manage the various streams of incoming demand

Total triage guidance was linked to predictive modelling work with local practice but is currently unavailable as the predictive modelling work has been put on hold as agreed by the GPIT Group.

Revisit potential of national programmes, e.g. Time for Care to support practices in managing call volumes

Berkshire West CCG has promoted the Berkshire West Training Hub and training offers on behalf of the Training Hub lead.

Provide support sessions for admin staff following COVID and a programme of customer care training

As above, the Berkshire West Training Hub provides access and signposting to support and training. Practices have been encouraged to nominate an individual within each practice to receive training to be able to signpost colleagues to appropriate advice or training.