



GP Experience Report

Accessing Primary Care since the Pandemic

healthwatch

Contents

Contents.....	1
About Us.....	2
Background.....	3
Methodology.....	4
Themes.....	5
LGBTQ+ Primary Care.....	15

About Us

Who are we?

Healthwatch Thurrock is the independent Health and Social care services champion for the people of Thurrock. We gather and represent views of local residents in order to build up a picture of services that are doing well and where they can be improved.

Along with consultation work and gathering the voices of residents, Healthwatch Thurrock also provide an information, guidance and signposting service. Residents are invited to “speak out” via an online forum as well as through targeted surveys, conversations and face to face engagement within the community.

Healthwatch Thurrock presents the voices of Thurrock to aid in identifying the need for change, considerations before commissioning and to support best practice across services. Through conversation and engagement with people actually using the services, Healthwatch Thurrock highlight and promote improvements.

We know that services are better when people are treated as individuals and are actively involved with shaping support. To do this, services need to learn from examples of real experiences, how they can be adapted and fit around local needs.

Background

Context to this report

The COVID-19 pandemic has changed the way that a lot of services are delivered, with a move away from face to face interactions and more occurring over the phone and via virtual means.

In 2022 Healthwatch Thurrock have heard from a considerable number of residents regarding these changes and the perceived effect it has had on the quality of care.

To understand how this new way of accessing primary care is working for Thurrock residents, we undertook a review of the feedback we had received regarding GP services drawing on 111 people's experiences that were shared with us between January 2022 and July 2022.

In response to this increase in feedback Healthwatch Thurrock took the decision to collate the information into this report. This report will be presented to commissioning bodies to inform them what is working and well and what needs to be improved in the way primary care services are delivered in Thurrock. This comes at a time service delivery is moving away from Clinical Commissioning Groups and towards Integrated Care Boards and changes are being made to how health services are coordinated and delivered. We hope this report and patient feedback will inform any changes that are made to improve patient care and experience.

Please note all names have been changed to protect the anonymity of participants.

Methodology

Surveys, phone calls and face to face engagement

Healthwatch Thurrock received 111 concerns or complaints from residents regarding primary care from January 2022 to July 2022. These were received either through phone calls, online forms or at face to face events whilst out in the community. In June 2022 Healthwatch Thurrock created a survey that sought specific feedback on primary care services, this survey was pushed out on social media, and hard copies were made available. An event was also hosted by Healthwatch Thurrock to give residents the opportunity to come along and provide their feedback in person. 87 people responded to this survey. Healthwatch Thurrock also visited local schools and youth groups between February and June 2022 in order to deliver assemblies on Health and Wellbeing. During this time some students provided feedback on their experiences with accessing primary care. We engaged with 717 young people aged 8-18 during this work. Healthwatch Thurrock also undertook a short audit of the communication options available on practice websites to understand the breadth of options residents have to communicate with their surgery.

Demographics of respondents

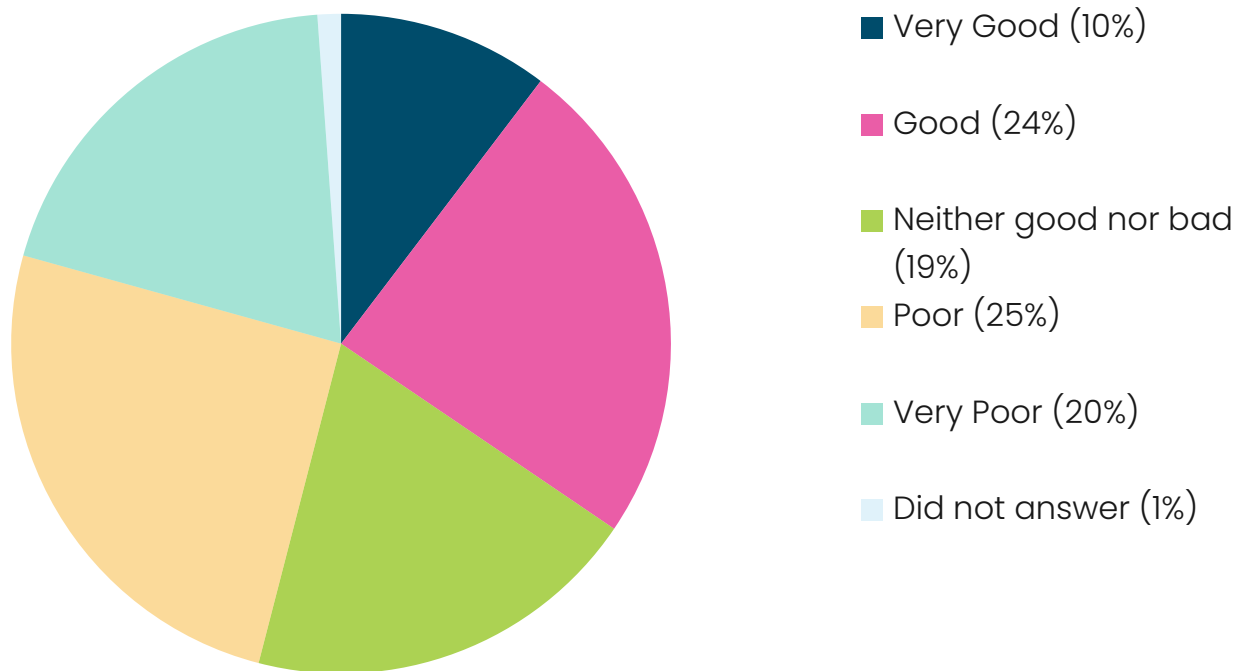
Ethnic Background	
White or white British	77 (89%)
Black or black British	3 (3%)
Not listed	6 (7%)
Did not wish to disclose	1 (1%)
Gender Identities	
Female	56 (64%)
Male	24 (28%)
Non-binary	1 (1%)
Did not wish to disclose	6 (7%)
Age	
Aged 18-44	4 (5%)
Aged 45-64	27 (31%)
Aged 65+	55 (63%)
Did not wish to disclose	1 (1%)

Please Note: The demographics listed are that of the 87 residents who responded to the survey that was promoted in June 2022.

Themes

Communication

Administrative Staff



When asked to rate the communication of administrative staff at the surgery 34% of respondents rated it to be 'Good' or 'Very good'. When asked to expand on this, respondents noted that when encountering a particularly helpful member of staff they were able to get issues resolved. It was also noted that Patient Participation Groups can be a good way to facilitate positive dialogue between patients and surgeries.

Healthwatch Thurrock would recommend that residents enquire about their surgery's Patient Participation Group as a means of facilitating communication, although some respondents noted that meetings of the PPG had not started up again since the pandemic.

Some of the positive comments regarding communication with surgery administrative staff were as follows:

- *'As a member of the Practice's PPG I find that there is good contact with the Practice Manager (normally email) & clinical staff who are also often at our meetings.'*
- *'There is a receptionist who I regularly have contact with who is exceptionally helpful and goes above and beyond.'*
- *'When finally get through to speak to admin staff they are usually polite and helpful.'*

45% of respondents rated communication from their surgeries administrative staff as 'Poor' or 'Very poor'.

- *'It is very difficult to access my patient records'*
- *'I recently checked for x-ray results, they were not back after 10 days, I was essentially told I had to chase it up with the hospital myself. This is not good enough.'*
- *'The administrative experience at my surgery is appalling, you just can't get anywhere.'*
- *'Prescriptions have to be hand-delivered to the surgery. They can no longer be sent over from the pharmacy as before.'*
- *'I was told by administrative staff the doctor I needed to see only worked Mondays, and then I was told on another day by a different receptionist that they in fact work Mondays and Fridays. Administrative staff need to be more knowledgeable of what is taking place in their surgery.'*

Residents do not want to have to disclose so much personal information to administrative staff in order to access an appointment. This issue will be covered in the section below which looks at resident's experience of the appointment making process.

Staff rudeness

"They are very rude, they are not doctors, and they act as gatekeepers, it is impossible to get past them."

This was consistent with the feedback received by Healthwatch Thurrock outside of the context of the survey with 13% of the concerns we heard about mentioning that residents found administrative staff to be rude and unhelpful.

Healthwatch Thurrock did a short assessment of all the surgery websites in Thurrock to look at what contact information was made available to patients and how accessible this was. We found that 41% of websites just provided a phone number, 38% provided a phone number and contact form, 9% provided a phone number and email and 13% provided a phone number, email and contact form. This means that for 41% of surgeries in Thurrock, residents need to phone through to their surgery, undertaking the normal procedures of waiting on hold, in order to speak to a member of staff. Healthwatch Thurrock recommends that surgeries provide more than one means of communication with patients in order to facilitate a more open dialogue on how care is provided.

It was also raised both in the survey and via feedback received outside of the survey that some residents are reluctant to raise a concern with their surgery due to fear of being removed from the patient list. Whilst it is important that patients undertake the appropriate procedure to raise a concern or complaint regarding their care, it is important to note that this reluctance to speak up risks breaking down the relationship between patients and surgeries.

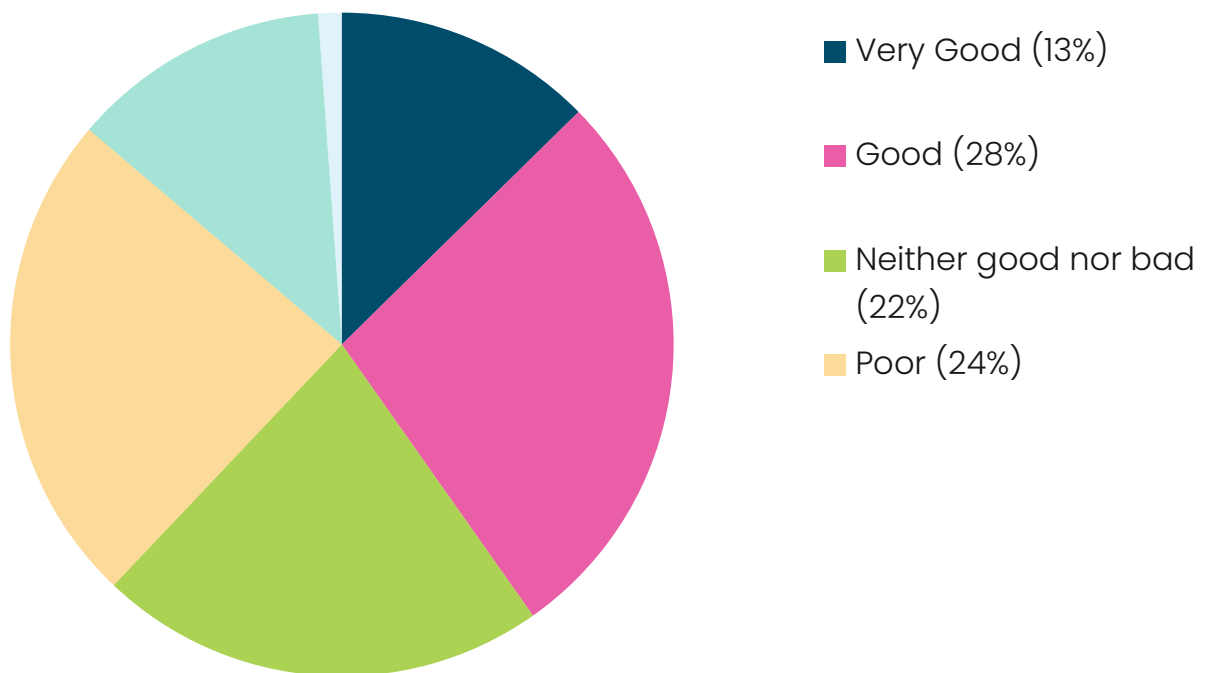
Raising a concern

"I told the receptionist that I had an issue with how the doctor was dealing with my medication change and rather than tell me the procedure to raise my complaint she told me, 'If you're not happy you can leave'."

Raising a concern

"I don't feel comfortable raising my concern with my surgery because I know other patients have been removed from the practice list for raising a complaint, and I can't afford to not be able to access healthcare."

Clinical Staff



37% of respondents rated communication from clinical staff (such as GPs, physiotherapists, clinical pharmacists, nurse practitioners etc.) as 'poor' or 'very poor'.

This was partly because respondents felt that communication from doctors was poor because it was very difficult to see or speak to a doctor.

- *'I don't feel confident about doctor's advice. I prefer to go to A & E department and I know I will get better treatment.'*
- *'It would be nice to see the same GP all the time'*

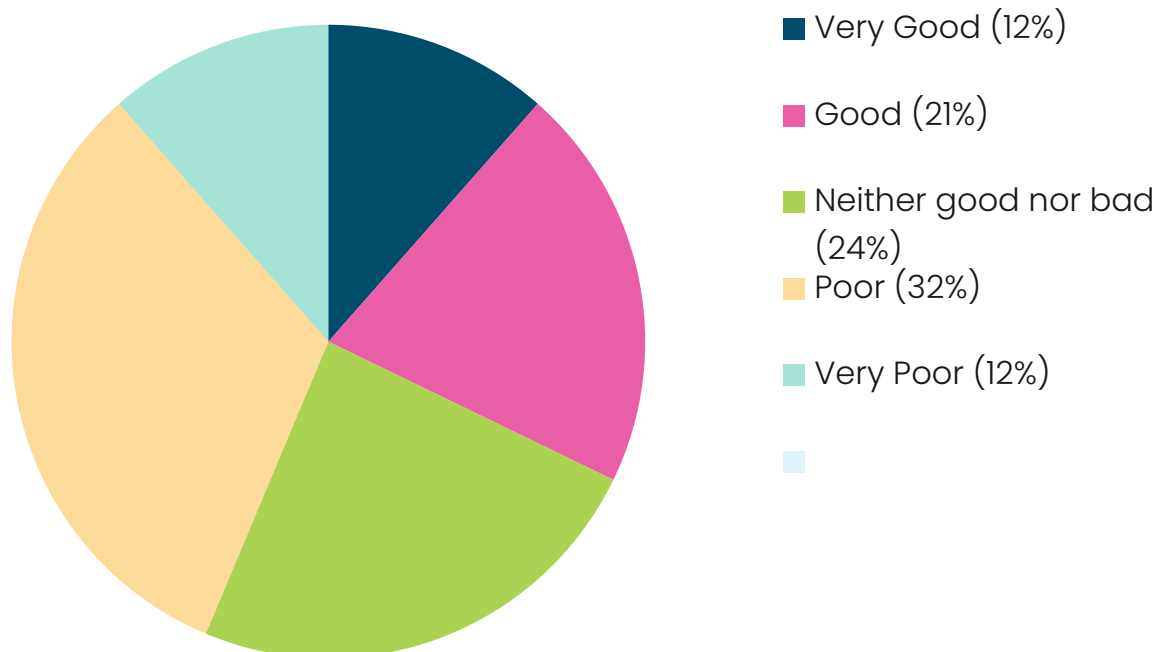
Issues with what is communicated during an appointment, versus what is written up on notes were also reported. For example it was said during an appointment that breathing technique was observed and advice given, but none of this occurred, for one thing the appointment took place over the phone.

Multiple residents raised concerns that they do not believe that there are doctors based at the surgeries most of the time, it is other clinical staff.

In addition, residents raised the issue of being told they would be contacted by a clinician and then never hearing anything. Residents expressed their frustration at this because it meant that they needed to start the appointment-making process again.

Administration

Patient records etc.



44% of survey respondents rated the administrative experience at their surgery as 'Poor' or 'Very poor'.

Many had been given the wrong prescription twice.

Communication between pharmacy and GP is poor, they say they haven't received a prescription when the GP says they have sent it over.

Records not kept up to date, things being sent to previous address etc. Five years out of date, despite having communicated this to the surgery on multiple occasions.

Should refer to requests on patient notes, e.g. as to how wish to be referred to in terms of pronouns, and if there is a family member who can act on patient's behalf.

Services are disjointed and not good communication between them.

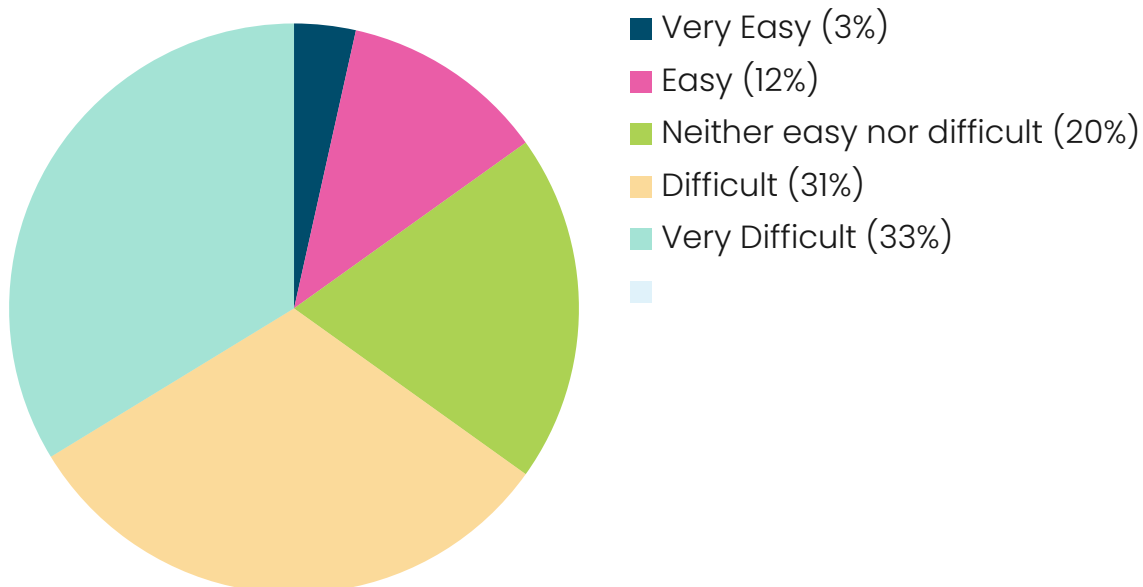
23% of concerns outside the context of the survey mentioned poor communication between GP surgeries and pharmacies and repeat prescription requests.

Survey responses:

- *'Have to send a weekly email for repeat prescriptions, there are always issues when we go on holiday'*
- *'I had to wait so long for my notes to be sent over from my old GP, it meant that in that time I could not get help for my long term condition'*
- *'Issues with patient records not being reflected on NHS app, concerning when it affects the quality of care e.g. patient having had a stroke was not reflected on their records'*

Appointments

Appointment making process



Of the concerns that we heard from residents outside of the context of the GP Experience survey, 54% mentioned that they found it difficult to access appointments at their GP surgery, particularly since the pandemic.

Something that residents highlighted was the difficulty in planning around a phone call that is happening at an unspecified time, and the consequential challenges if the phone call is missed.

Appointment time

“How can I be expected to excuse myself from a meeting when I am told that the doctor will phone at any time during a day? We were able to be given specific appointment times when we were seeing the doctors face to face. I don't know why we can't now. If I miss the phone call because I am working I have to start the whole thing again of phoning at 8am to make an appointment. The system doesn't make sense.”

Appointment time

“When appointments happened face to face you were able to get a specified time, why can't we now?”

64% of residents that took the survey said that they found the appointment making process to be 'Difficult' or 'Very Difficult' at their surgery. This corresponds with the feedback we have received since January regarding appointments. Many residents reported having not been told about the changing role of Receptionists to Care Navigators and therefore did not feel they should have to disclose significant information in order to access an appointment.



“Why do I have to answer all these questions? The receptionist is not a doctor. They act as gatekeepers.”

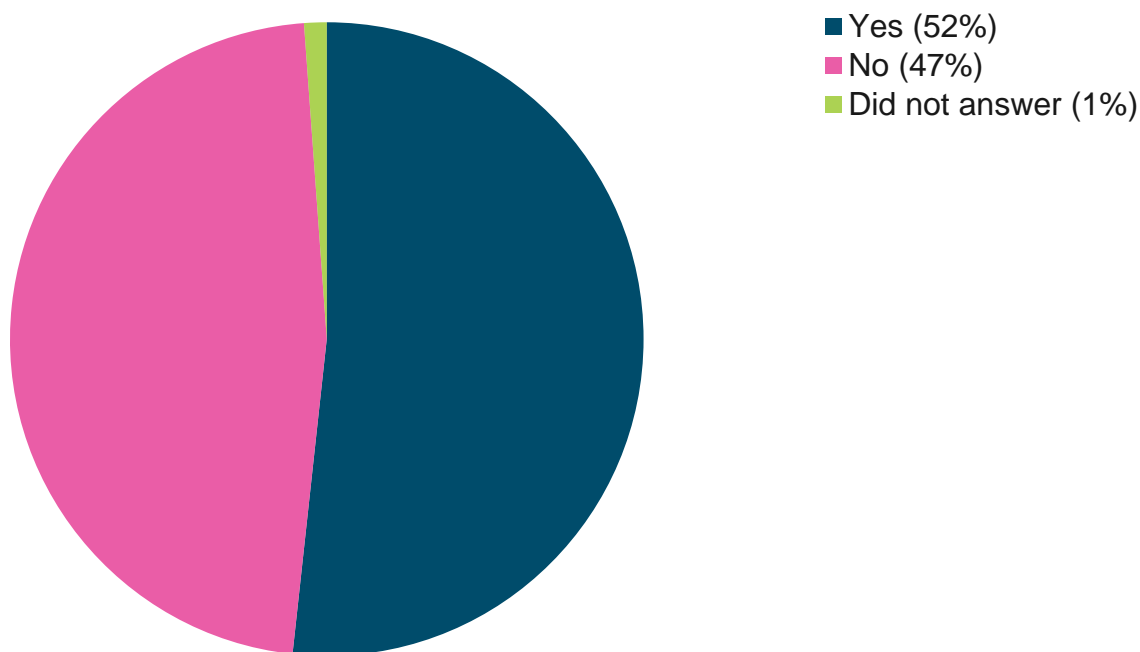


Residents noted that they feel it has become harder to access GP appointments since the pandemic, particularly face to face appointments but also telephone appointments.

Appointment availability

“We have an excellent GP practice. However the volume of patients accessing a small practice is putting a great deal of pressure on all staff within the surgery. It is becoming more difficult to acquire appointments on the same day, and pre booked appointments are increasingly difficult to obtain.”

Face to face appointments



It was noted by some residents that it has become increasingly difficult to access face to face appointments in their surgery. Some residents feel that face to face appointments are predominantly accessible via the Health Hubs. It should be noted that GP surgeries are commissioned to provide additional appointments to patients at the Health Hubs in order to allow patients access to extended opening hours. But this does not detract from the feedback from 12% of residents that they feel they are more likely to see a GP in the Hub than in their surgery. 53% of concerns fed back to Healthwatch Thurrock outside of the context of the survey related to difficulty accessing face to face appointments at their surgery.

Phone lines

61% of respondents said that they felt that the telephone lines could be improved at their surgery, including the queuing system and the amount of time it takes staff to pick up the phone.

Long-time waiting on phone to speak to reception staff. Some residents reported repeated attempts to get onto the telephone queue for their surgery. Some residents also reported that they would get to the front of the queue and the call would be terminated.

Queues on phones

“The last time I was unwell I made over 200 attempts to get ringing tone then whoever answered put the phone down, no appointment able to be made so I gave up.”

E-consult service

Residents spoke of difficulties in accessing e-consult services. Some residents said that they did not feel that e-consult was a viable option, particularly for those who had limited digital access. 60% of survey respondents said that they had never used e-consult services. This was largely to lack of digital access or ability. Some residents mentioned that they had never been told about e-consult services by their surgery.

Difficulties with e-consult

“I cannot use a computer. I do not have a telephone with internet.”

Difficulties with e-consult

“I prefer to communicate with GP/Staff, my husband would not be able to use e-consult.”

Referrals to other services

33% of respondents said that they felt referral wait times could be improved at their surgery.

Residents mentioned that they had issues with the timeliness of referrals into other services with some residents waiting over 6 months to hear back regarding

referrals and in this time seeing the worsening of conditions such as cataracts, neurology issues, pain management etc.

During a group discussion at a community engagement event residents fed back that they felt that they often encountered dismissiveness from clinical professionals and had all had experiences of administrative errors, particularly during referral processes.

Referral time

"I was referred by my GP surgery for cataracts removal to the hospital but after 6 months never heard anything. I went back to the surgery and it transpired the referral had never been sent and so they had to start the process from scratch. I was never given an excuse as to why. Within this time my vision deteriorated significantly."

Referrals

"The geography of referrals doesn't make sense, they are too far away and difficult to get to. Whenever I get referral to Basildon hospital it gets moved or postponed."

Referrals

"I was referred to physiotherapist - that was a telephone consultation - not very helpful."

Young People and primary care access

Working with children's services, local primary and secondary schools and local youth groups we were able to hold assemblies and workshops with young people aged 8-18. We gathered the feedback of 717 young people in total. We incorporated awareness raising about young carers and used it as a recruitment opportunity for Healthwatch Young Ambassadors so that those who were interested can continue to be a voice for young people in Thurrock.

26% of Year 9s

We spoke to in a workshop felt that GP appointments were difficult to access due to wait times and phone lines.



The key issues young people identified were:

- Waiting times for appointments with GPs
- Difficulties in getting appointments e.g. the long wait times on the phone lines
- Being listened to as a young person and not feeling ignored by adults and healthcare professionals
- The friendliness and approachability of different clinical staff

Administrative errors

"There should be more staff in doctors' surgeries. There have been multiple times my asthmatic dad has got the wrong pumps. There should be better customer service."

Jenny – Age 14

Being listened to

"Doctors should actually believe and listen to their patients, especially younger patients."

Kieran – Age 15

LGBTQ+ Primary Care

Sam and Claire were brave enough to share their experiences accessing primary care as a non-binary asexual person and trans woman respectively. These are just a small insight into some of the challenges people from the LGBTQ+ community face accessing healthcare. Healthwatch Thurrock hopes to do further work with the community in the future to get a broader understanding of this issue and how to tackle it.

Personal stories: Primary care access as an asexual person



“When I first tried to speak to my GP about being asexual it was treated as though it were a problem to be fixed and they tried to prescribe medication to increase libido. On a later occasion, I presented to get a smear test. The nurse was confused as to why I would require one as a virgin, proceeded to get me panicked about the level of pain and blood that it would result in, moments before the test. After I had already said I had a blood phobia. Then, after difficulties taking a sample told me it would be less traumatic and easier for her if I had sex.”



Sam

Personal stories: Primary care access as a trans woman



“After coming to terms with my gender identity I faced a huge battle to get a referral from the GP to the gender clinic. It took months of chasing due to administrative errors. I have been mis-gendered by staff multiple times despite notes on my records. I have also had huge difficulties accessing mental health support because of my trans status being deemed as too complex. Trans health care is so precarious, and so at the whim of individual practitioners. This creates a fear that if we speak out or complain, our health care will be withdrawn.”




Claire


Next steps

Based upon the feedback we have received we would recommend the following actions

- Providing specific appointment times for phone calls where possible
- Ensuring patient records are up to date and monitored by staff who interact with the patient so as to avoid repetition
- Ensure practices facilitate a dialogue with patients through an active PPG and by ensure multiple forms of contact are available e.g. an admin email inbox is published on website/ contact form
- New phone lines to ensure less queuing
- Communication patients when changes are made to surgery e.g. phone lines, changing job roles, changes in staff etc.
- Clear information made available on systems such as e-consult/the extended primary care team roles etc. – should be made available in accessible formats for those who don't have access to a computer.
- All practices to endeavour to undertake Pride in Practice training being offered to staff to ensure that communication to the LGBTQ+ community is inclusive and appropriate.
- Improve communication between services such as pharmacies to reduce administrative errors.
- Ensure that all practices are providing an equal quota of face to face appointments to patients.
- Increase the visibility of GP presence in surgeries.
- Provide accessible information to patients regarding the extended primary care team and their roles.
- GP surgeries to ensure their policy for timely follow up to patient queries and concerns is made clear to patients through signage, website, automated response to emails etc. And to ensure that this policy is fulfilled and timely follow up ensues.



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