

# Accessing GP Services in Harlow and Uttlesford, West Essex

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# Contents

1.0 Introduction .....	2
1.1 Healthwatch Essex .....	2
1.2 Background .....	2
1.3 Acknowledgements .....	2
1.4 Terminology .....	3
1.5 Disclaimer .....	3
2.0 Purpose .....	3
2.1 Engagement methods .....	3
3.0 Key Findings and Recommendations .....	4
4.0 Conclusion .....	33

## 1.0 Introduction

### 1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience. We also provide an information service to help people access, understand, and navigate the health and social care system.

### 1.2 Background

Healthwatch Essex were approached by Hertfordshire and West Essex Integrated Care System to undertake a series of projects focussing on the lived experiences of people in the area in relation to their health, care and wellbeing. This project was focussed upon gathering peoples lived experience of accessing GP services in Harlow and Uttlesford.

### 1.3 Acknowledgements

Healthwatch Essex would like to thank the public who engaged with us and our network of stakeholders and partners who supported in sharing the project.

## 1.4 Terminology

GPN - General Practice Nurse

HCP - Healthcare Professionals

HRT - Hormone Replacement Therapy

JTH - John Tasker House Surgery-Great Dunmow

PAH - Princess Alexandra Hospital

PPG - Patient Participation Group

Triage - the preliminary assessment of patients or casualties in order to determine the urgency of their need for treatment and the nature of treatment required.

UTC - Urgent Treatment Centre

## 1.5 Disclaimer

Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during the projects time frame. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

## 2.0 Purpose

The aim of this project is to explore people's experiences of accessing GP services in Harlow and Uttlesford in order to inform the Hertfordshire & West Essex Integrated Care System.

### 2.1 Engagement methods



### Survey

A survey was created and distributed via our network of stakeholders and partners, as well as on our social media platforms and a dedicated page on our own website.



### Interviews

In order to gain a more in-depth understanding of GP services we conducted a number of one-to-one interviews with participants.



### Case Studies

To further understand the experience of GP services we gathered details of lived experiences from members of the public.

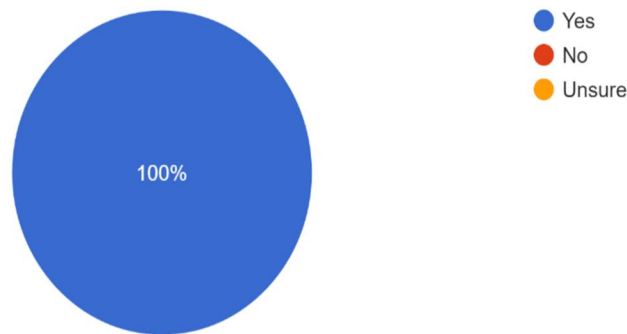
## 3.0 Key Findings

### 3.1 The Survey

In order to better understand the issue of accessing GP services in Harlow and Uttlesford, we circulated a survey which garnered the following data.

1. Are you currently registered with a GP surgery?

158 responses



Our initial question focussed on whether the respondent was already registered with a GP surgery, of which from 158 responses, 100% stated that they were.

Question two asked why people were not registered at a surgery if they had answered no to question one. No responses were received as everyone had answered affirmatively.

In Question three, we asked if respondents had experienced any challenges in getting an appointment with a GP when they have needed one, and if so, what were they? In total we received 156 responses to this question, with 31 stating that they had experienced no problems at all. Those who stated that they had experienced challenges cited the following reasons:

Difficulties with the booking systems:

'I rang 104 times before I could get through on the phone. Then I was told to try again the next day.'

'There have been multiple occasions when I've struggled to get an appointment, and some where it's been quicker to drive to the surgery rather than wait on the phone.'

'The phone keeps you on hold for over 30 minutes and then you often get cut off.'

'I can't get through on the phone most of the time and when you do get through, they have a limited number of appointments for that day, and you cannot make an appointment for the future'

'It's far too stressful trying to get an appointment via the 8am call system. I am overdue now for a smear test and can't face the appointment making process.'

‘I don’t like having to tell a receptionist my medical needs before being told who I can see, not being able to prebook appointments ahead, ringing in at 8.00am and being told your 20th in the queue and then when you do get through there’s no appointments available.’

‘There are no appointments available in advance (even telephone ones). I was told to phone on the day but by the time I get through they are all gone and its medical emergencies only. I have been going online at 7am every morning and still can’t get one. I will run out of medication before I can get one.’

‘The surgery does not answer the phone, also you cannot book appointments in advance only on the day by ringing at 8am and hoping when you get through that all appointments haven’t gone.’

‘Managing long term health conditions is extremely challenging, from getting through the long waits on the phones and then begging for an appointment to either being rejected or offered a telephone consultation with nonspecific timescale. As a full time NHS clinician, I cannot cancel a full clinic myself to be on standby for an untimed call, especially when told they will only call once so if you miss the call you need to try to book a further date...back to the long call times!’

‘Unanswered phone, no admittance to the surgery, no email contact available, and then no appointments available.’

‘Very restricted times to make a booking which also don’t fit with regular working hours. Usually, I can’t get through. When I do there are usually no appointments left. When there are appointments, the assumption is automatic that I have nothing else to do that day.’

‘Getting an appointment, either for a doctor or nurse, is extremely difficult. The online form does seem to get you an appointment. Phoning takes forever and the receptionist isn’t always very polite when you do get through. It really feels like the surgery is doing everything it can to keep you at bay. It’s very frustrating.’

‘The telephone rate of reply is not good. Calling when you feel ill and waiting for what can be up to an hour is very frustrating.’

‘There are no appointments available.’

‘You can only get an appointment on the day, no advance booking and no appointments left after 8.30am.’

‘You can’t book an appointment in advance and it’s nearly impossible to get through when you’re told to ring at 8am’

'You have to wait ages to get an answer, up to an hour and then there are no appointments available'

'There are no appointments to book online anymore.'

'At the moment you can only phone from 8am to be in a queuing system of over 20 people at times. I have tried to hang up and ring back in say, half an hour to be told there are no appointments left, and to ring again tomorrow.'

'Ringing at 8am in the morning for an appointment to be told you're number 24 in the queue, then after you've waited for 20 minutes to get to the front of the queue you're cut off, so you try again and then 40 minutes have gone by, then you are told to ring the next day.'

'You wait usually over 45 minutes on the phone and are frequently cut off after holding on for 20 plus minutes. When answered told all emergency appointments had gone even when I had been holding since 8am or 2pm. Consequently, I am told to call back at 2pm, always explained that the same thing will happen again. You really tear your hair out especially when calling for a poorly 87 plus aged parent.'

'I was asked by a doctor to arrange an appointment, 'none available'. They suggested that I try web triage - useless. We no longer have anything approaching a national health system. Some of the GPs (ALL of whom work part-time at this practice) go off to work in private GP practices in Cambridge between times. It's a travesty.'

'Reception staff not answering or cutting you off, massive queues on the phones.'

'There is huge difficulty getting through at 8am for an appointment. When the phone is eventually answered after 20 or 30 minutes of holding on, all appointments are gone, and you are told to ring back at 8am next day'

'It is a challenge getting through the recorded message when I ring, only to be told to go on-line. Then, you are told only 'phone appointments are offered. This is the NHS not offering a reliable, safe medical service.'

'The queue system when you ring is dreadful. Why hold 25 calls in a queue and then cut you off just as you get near the top as it is lunch time?'

'Having to phone at 8am is difficult as a shift worker.'

'You have to hold on the phone for ages only to be told nothing available.'

'You spend a long time holding on the telephone in a queue and get cut off twice, then having to call back and re-join the queue at the back.'

‘Appointments cannot be made in advance - you must call after 8am to try to make an appointment for that day. You will then often either be added to a long call queue (‘Number 21...’) or told that the queue is full, and you should try again later.’

‘Appointments for the day are released at 8am. They can be accessed by phone (impossible to get through as lines are continually engaged and appointments are taken quickly) or online. Again, appointments are snapped up within a couple of minutes so if you’re not quick to select a doctor or appointment and write in the reason for the appointment, they’re gone. Telephone appointments are not kept to time and can be earlier or later than the time chosen so that appointments can be missed. Appointments for doctors are by telephone with a follow-up appointment for examination if necessary.’

‘It’s impossible to get through by telephone but I can use the website to access which is responsive within 48 hours but not accessible to all.’

#### Lack of available/prompt/appropriate appointments:

‘I was offered a phone consultation but then asked to come in after that as the phone is not sufficient but that wastes time all round due to there being two appointments. It would be better to be seen in person initially, but you are not able to get an in-person appointment.’

‘Six weeks wait for a non-urgent appointment. Then given a phone consultancy appointment and photo for a lump, which could not be seen in a photo.’

‘My mum was having some breathing difficulties, but as soon as the surgery answered the phone, the first thing they said was that there were no appointments available, and they wouldn’t be budged. I had to ring 111 who told me to say that they’d instructed me to call my GP within the hour, which I did and was then able to persuade them to let me speak to someone. However, no one was available to see her.’

‘I was asked to arrange a medication review. I was told the in-practice pharmacy could do it but they told me they were too busy and would call when they had capacity. That was over a year ago.’

‘I have to see a paramedic rather than my GP. You can only phone up on the day to get an appointment.’

‘I am unable to get a face-to-face appointment with the GP’

‘I cannot get through to the surgery or can only get a phone call, no face-to-face appointment. I want to speak with a doctor not a nurse or some other healthcare assistant.’



'I required an appointment and the first available was three weeks later. The situation was time specific, and I was extremely concerned.'

'The GP was unwilling to see a sick baby in person. They were berating us for being concerned.'

'I was only offered phone appointments at my surgery until I pushed to actually see a doctor, despite being able to walk into Herts and Essex Hospital and see someone at a clinic no problem.'

'I can only get a consultation over the phone. This consultation can only be to discuss one set of symptoms and I am not treated as a whole person.'

'I recently experienced a four week wait for an appointment for post menopause bleeding, NICE guidelines are two weeks.'

'I've been told there are no GP appointments for the next couple of weeks and that I'll be seen by the nurse instead. When I've said that I'd prefer to see a GP they've somehow been able to book me in with a doctor.'

'The only option is a telephone consultation and then if the doctor feels they need to see you then you will be offered a face to face.'

'I was waiting two weeks for an appointment then having a phone consultation and sending photos before the GP would give a face-to-face appointment.'

'Being told I would need to wait several weeks, and only then would it be a telephone consultation. I gave up.'

'Delays of weeks when critical decisions need to be made.'

'I can't get an appointment with a GP; I have to see a paramedic first who then says, 'it's not my field you need an appointment with a GP'. WASTE OF EVERYONES TIME.'

'Not getting an appointment after ringing for hours plus, then being told my issue wasn't concerning enough and to ring again tomorrow. I have repeated this process on multiple occasions.'

'14 day wait for a telephone consultation.'

'There is a month wait even for a telephone consultation.'

'Waiting times are excessive and only telephone appointments available. The receptionist asks what the issue is which feels uncomfortable.'

'You are unable to book non urgent appointments.'

'I have struggled to get appointments for my baby when I've needed them or for myself for a contraceptive review.'

'There is a week waiting list for a phone back.'

'You can only get telephone appointments.'

'There is a three week wait for a face-to-face appointment.'

'Issues are the inability to get through on the phone lines, and not enough availability. It's more troublesome, having seen the GP who requests you return in a month for a follow up, reception can't book forward appointments, you have to ring on the day, then you enter the cycle of my first point.'

'I am not able to book future appointments for medication reviews.'

'There are no appointments available in the next few days - they are only bookable far out which is not always what you need. You are offered a phone consultation but then asked to come in after that as phone is not sufficient but that wastes time all round due to there being two appointments. It would be better to be seen in person initially. You are not able to get an in-person appointment and not able to book online either. Have to phone and if you are late calling in the morning you can't get an appointment.'

'There were only telephone appointments, and they take at least three weeks'

'I received a triage call which wasn't satisfactory.'

'I am used to delays for incoming calls - the problem is getting a face-to-face appointment.'

'I was only offered a telephone appointment which was in five weeks' time, and only the date was offered, no specific time, and I was told it would be at any time of day on that date.'

'There are rarely any appointments available, and you have no hope of seeing the GP of your choice.'

'Even if you get an appointment, doctors are not seeing patients face to face!'

'I have had problems getting an appointment to speak to a doctor around my symptoms and eventually got a phone appointment after waiting two weeks where she was not interested and asked what I wanted from her which is a bit strange, I requested to have my bloods taken and when looked up my blood results it stated I had stage 3 CKD also my hormones had not been completed. I called the GP again to say I have not had the correct bloods done and requested another test. When I went for my bloods, I was told that a retest of my bloods had been requested but I had not been informed so had them done again. I have called my GP to discuss my results as they did not call me and had a doctor called me back to say they

was a duty doctor, and my own GP would speak with me and make a plan. I have been left with no information and again left concerned about this condition with no answers. I have asked for a face-to-face appointment to speak about this and told a doctor will call back.'

'I was told by a receptionist that I couldn't have a face-to-face appointment only a phone one with doctor. I ended up having a phone appointment, then face to face...twice as much resource used than if I had been seen initially as requested.'

'It is almost impossible to physically see a GP. Telephone conversations are OK, but only if you are not really ill! A close friend in his 80s nearly died through not being referred to hospital with a blocked bowel A face to face consultation would have spotted this. He is lucky to be alive, he underwent emergency surgery at Addenbrooke's. Most of the GPs are part time some allegedly, and also work for private GP practices in Cambridge.'

#### Dissatisfaction with the quality of service offered:

'Phones unanswered, phone lines continuously busy, receptionists wanting too much information before passing on information, only a phone call possible with a GP. No face-to-face appointments in two years.'

'It's very difficult to even get through on the phone and due to too many patients being on the books and not enough GP surgeries in Uttlesford, surgeries prefer telephone appointments over in-person.'

'I have not been able to see a GP for over two years. The first problem is getting past the rude, obnoxious, receptionists. The second problem is a failure to triage patients. The third and key issue, there are far too many part time female GP's - this is destroying primary healthcare. The fourth is that primary healthcare is run by, and primarily for, females.'

'Dreadful receptionists and part time female GP's - they are destroying primary healthcare.'

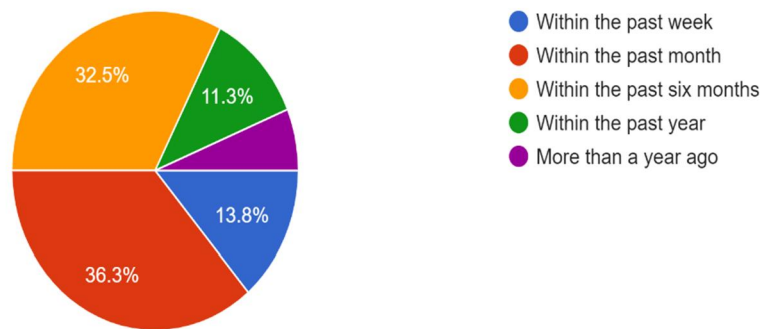
'It can take days to get through to a GP. There are insufficient services for the area. Stop building more and more homes and none of the services to support those homes. Existing services are just being continuously stretched.'

'I run Harlow Stroke Support - rehab centre and have had many members not being able to ring for an appointment. Some members cannot speak, but they are still offered over the phone appointments, it's silly.'

We then asked in Question four when the respondent last had an appointment with a healthcare professional at the GP surgery.

4. When did you last access a healthcare professional at the GP surgery?

160 responses

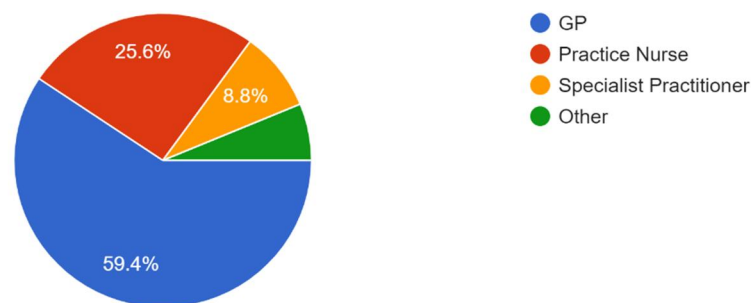


Of the 160 responses received, 58 accessed the GP surgery in the last month, 52 within the last six months, 22 within the last week, 18 within the last year and 10 were more than a year ago.

Following on from this, we then asked which health professional the appointment was with:

5. Was this appointment with;

160 responses



Of the 160 responses, 95 had had the consultation with a GP, 41 with a Practice Nurse and 14 with a Specialist Practitioner. 10 respondents indicated that their consultation had been with another type of healthcare practitioner.

We expanded upon this by then asking the respondent if they had been satisfied with this arrangement. Of 150 responses to this question, 65 affirmed that they were satisfied in feeling that the appointment was with the appropriate healthcare professional. Conversely, 33 stated that they were not happy and dissatisfied that the appointment was, in their opinion, not with the appropriate healthcare professional. 52 respondents stated that they

would have preferred to have seen their allocated healthcare professional face to face rather than hold the consultation over the telephone. Some also expanded further on the reasons for their answer, including:

‘I would’ve preferred face to face rather than a phone diagnosis.’

‘It was a telephone call with a GP which was appropriate.’

‘I would have like to have seen a GP first.’

‘I would have preferred face to face instead of telephone consultation.’

‘I would have preferred to see a GP’

‘I didn’t see anyone of course, only a quick telephone call.’

‘Not happy at all.’

‘I don’t mind who I see as long as they are qualified and experienced to deal with me without having to refer me on to a colleague via an unobtainable appointment.’

‘The GP had sent me to another branch of the surgery for blood tests. The nurse clearly thought this was entirely inappropriate.’

‘For what I needed it was relevant to speak to a GP.’

‘I should have seen a doctor as it was a heart issue.’

‘Seeing the nurse on this occasion was appropriate.’

‘I was extremely unhappy.’

‘No, telephone only was offered. I needed face to face.’

‘I saw a locum doctor, but I had to go to the surgery as I couldn’t get through on the phones, I was so ill I was hospitalised for 16 days.’

‘I didn’t ‘see’ a GP at all. GPs say, ‘Go to A&E’, where there is a 10-hour wait in chaotic conditions. It’s a totally inadequate service as ‘care’ sometimes falls between two commissioning groups.’

‘When I arrived, I was informed that they didn’t have any staff available. This for a fasting lipid, which I had booked; it involves fasting for 12 hours before the sample is taken. I decided to be difficult, rather than compliant, and eventually go one of their “paramedics” to take the blood sample; there were at least a dozen staff in the centre, chatting to each other and generally socialising (and ignoring me, the ONLY patient in the building at that time). Really average; and it used to be such a good GP practice. It changed hands and all of its staff - now rubbish’

‘This is the fifth GP I have spoken with. Where agreed actions had not taken place. Then any attempt to get the same GP again is impossible.’

‘I was happy to have got to see a GP face to face finally but couldn’t access the follow up appointment she requested’

'I had to fight to book a future appointment after hospital tests and had to wait six weeks.'

'No - I am always offered an appointment with a nurse practitioner initially rather than a doctor. Requests to see a doctor are not fulfilled.'

'Completely inappropriate. I contacted them to get the result of blood test. I was told that the blood test was fine. Then I received a text message to say to make an appointment with a practice pharmacist. They wanted to put me on statins without any decent conversation with an HCP. But then you make money off of statins. I was not even told how high above normal my cholesterol was.'

'I was very happy to see a physiotherapist after a fall four weeks ago - the first face to face consultation for the resulting injuries.'

'I saw the practice paramedic, but he had to twice go and get advice from a doctor.'

'I was very happy to see the Practice Nurse as she is extremely experienced around the subject matter for which I was seeking advice.'

'I saw a trainee doctor. I hope he knew what he was saying. He was from Blackburn, told me to take a pill with my tea. Tea in Blackburn is supper in Loughton.'

'I was not happy as I was not given a specific time for the telephone appointment, so I had to wait in all day. The doctor was extremely condescending and told me she was prescribing medication which I believed was totally unnecessary, and felt it was inappropriate to prescribe without even seeing me or even asking me appropriate questions to assess. I refused the medication without a face-to-face appointment which I have still not been able to obtain. She told me my decision was stupid.'

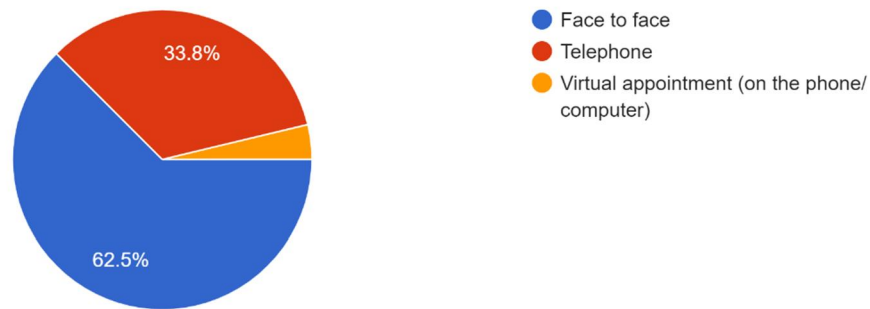
'I needed to see the specialist dermatology GP but when I tried to book an appointment with her I was told that I couldn't have an appointment and asked to fill in an online form and send a photo of the area I was concerned about instead. A GP then rang me but couldn't see me so made an appointment with another GP who looked at the skin lesion then told me that I needed to see the specialist dermatology GP. What a waste of time for all concerned.'

'The practitioner was professional and helpful, but we are attempting to run a proper health service by telephone and written notes on a computer.'

In Question seven we asked the respondent by what medium their last healthcare consultation took place.

7. Did this interaction take place by;

160 responses

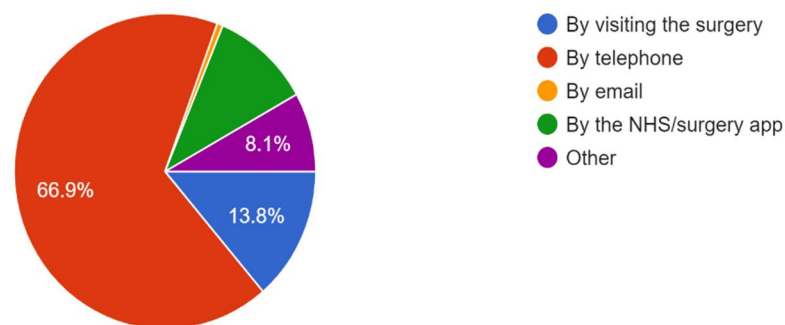


Of the 160 responses received, 100 were face to face, 54 by the telephone and 6 were by virtual means.

We then asked how this appointment was arranged.

8. How did you book this appointment?

160 responses

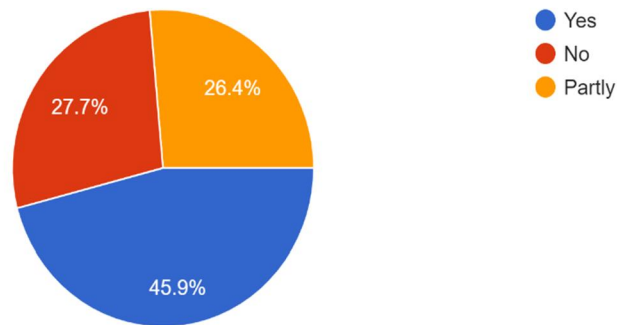


Of the 160 responses received to this question, 107 had booked the appointment by telephone, with 17 doing so via the surgery or NHS app, 22 by visiting the surgery and 13 via other means.

We then followed this question up by asking if the respondents were satisfied with the various aspects of the process.

9. Were you satisfied with your appointment, including the booking process and care provided?

159 responses



Of the 159 responses received, 73 stated that they were satisfied, 42 were partly satisfied and 44 were not satisfied. In order to understand this further, we asked respondents to explain why they gave this answer. Responses included:

‘Having to wait 45-60 minutes to get through is unacceptable.’

‘I just wanted a new prescription for HRT. It was sent straight to the pharmacy a few days later. Super-efficient.’

‘I had to be very insistent, and the receptionist was rude.’

‘I would’ve liked an examination rather than the doctor just asking questions.’

‘Doctors are doing their best and it’s not their fault, but I was rushed through on the phone, my prior medical history not consulted and would have preferred to have been seen in person.’

‘The hospital should have asked the GP to get in touch with me, but I had to do it, sheer lack of communication.’

‘The issue was about existing HRT treatment and I felt bullied.’

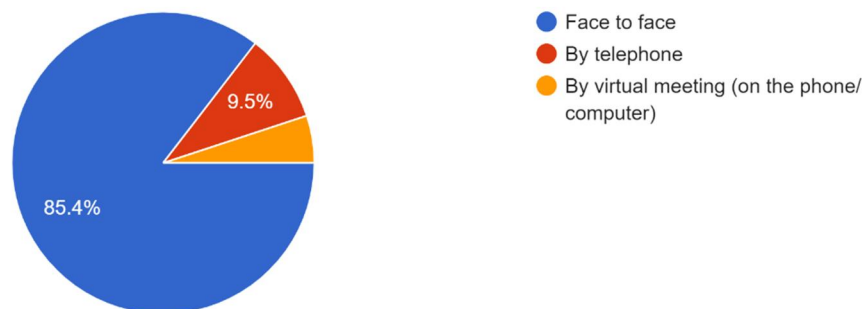
‘I was injured and needed treatment and was told to rest the injury. Having continually tried to see a GP and unable to get a face-to-face appointment, I paid to see a private physiotherapist. The physiotherapist suspected an underlying problem and gave me a referral letter - yet still I couldn’t see a GP. The private physiotherapist managed to arrange a private MRI scan, this identified significant soft tissue damage and bone fragments in my ankle. I tried to get a GP appointment, without success. I was limping for over two years, my fitness and wellbeing were significantly impacted, and I still can’t see a GP and am £1,200 out of pocket.’



We then asked respondents how they prefer their healthcare appointments to take place. Of 158 responses, an overwhelming 135 said that they prefer their healthcare appointments to be carried out face to face. Fifteen stated that they preferred a telephone consultation and eight preferred the option of a virtual consultation.

11. How do you prefer your healthcare appointments to take place?

158 responses



In question 12 we asked respondents if they had any other feedback that they would like to share about seeing a GP. 126 responded to this question and there were a wide range of comments made:

‘I think my GP surgery at Elsenham is great, using different ways to help us patients and not wasting GP time.’

‘I am concerned at the number of new houses being built in and around Dunmow, where I live, and the number of surgeries and GPs has remained the same for the past 40 years.’

‘JTH in Dunmow is an excellent practice. There were tough times re Covid. Several GP’s and the GPN have retired; some age-related, others stress of Covid and demands put upon them beyond their control. Decades ago, governments were warned that there would be a shortage of GPs and GPN’s due to retirement age and little or nothing has been done about recruitment issues! So, this is a fact that there is a shortage of these HCPs in practice. My surgery have full complement of staff in those areas probably due to the ethos of the practice which I was fortunate to work for 27 years!’

‘I am disgusted. I was sent to A&E after a telephone consultation, to wait for four hours at A&E/ Urgent health care to have the GP immediately tell me I had shingles. This could have been diagnosed by my GP surgery if they had just looked at it. This wasted hospital time, also as shingles is contagious, I was in a waiting room packed full of unwell people who could possibly have caught this from me.’

‘The new booking system at The Hamilton Practice works well; no longer staying on the phone waiting for 25 minutes.’

'It's hard to book appointments other than 'on the day' appointments. It just seems like patients are an unwanted inconvenience.'

'Uttlesford needs many more GP surgeries - it can't cope.'

'The use of virtual appointments and sending photos where appropriate is quick and easy.'

'Why can't we book future appointments for non-emergency appointments like we used to before Covid?'

'A less stressful appointment making process is needed and we should be able to book in advance for non-urgent.'

'I don't want to be fobbed off with seeing someone else or having a phone consultation when I know I need to see the GP.'

'Weekend and evening appointments would be a lot easier for those who work.'

'Advertise that they have evening and weekend appointments but I am never offered them to book.'

'A receptionist rang to say that a GP needs to talk to me about blood test results and said they would ring me in a month. Again, if I am at work, I can't answer the phone, as no time is specified.'

'Following a recent visit to A&E - information given to me by the surgery that directly contradicts what I was told in A&E, and the surgery refused to follow up by organising a test that A&E recommended. By text, the surgery told me to Google the health matter if I wanted more information!'

'I appreciate the challenges the NHS is under. However, I do not like the hostile and rude attitude of those who act as the GP's gatekeepers.'

'The sooner we can go back to the way of working before the pandemic the better. I cannot see how telephone calls can judge what the medical conditions are without being physically seen. Especially if it turns out to be as serious as cancer!!!'

'I am satisfied with the service given in Thaxted surgery.'

'It's a very professional service each time and I get my blood results back the same day as I am using My Chart on my telephone.'

'I rarely see my GP and will only go when I have tried all other options.'

'Please make it easier to get through to surgery.'

'It just seems pointless nowadays if the issue is a pertinent one and time specific then what's the use in an appointment three weeks later when you could be dead or better already?'

'Please make the surgery be more approachable. I don't mind a triage system at the reception / telephone answerer, but it feels like they don't want you to get an appointment or phone call or see anyone. It's frustrating. Is it the surgery? Is it the number of new houses? It's just difficult to easily access what you want. My midwife said if there were certain symptoms I noticed in

pregnancy that I should contact the doctor, and my heart sank because I didn't think I'd get the care / answer / appointment that I might need. It shouldn't be like that.'

'Having to talk to different GPs on different days and explain the whole thing again and again during my child's illness is not great.'

'I understand how busy and stretched they are. With all the development of new houses being undertaken in Uttlesford the current GP provision is too low.'

'It would be great if I could actually see one when I need to. This would probably have meant I would have gotten the treatment I needed in the first place rather than someone guessing what was wrong with me over the phone and having pills thrown at me in the hope I went away.'

'I feel that GPs rarely look at the whole patient as a person and seem to only look at a single symptom.'

'They are doing their best but having had to turn some of the internal space into additional surgery rooms the waiting room is cramped, and you have to queue outside for the dispensary window. There is such a high turnover in doctors you rarely see the same one twice and there just isn't enough appointments for a growing town. This is only going to get worse without proper investment, developers should be made to invest in local facilities, but they don't.'

'Getting an appointment is a nightmare. Some GPs also are not very well trained to work with children with autism.'

'I have been with my GP practice for many years, and I have not received the care I believe would have changed my life or the way I have had to live. More emphasis on listening and empathy on some of the things I have explained would have helped. I have begged for help and after 30 years I was referred to a specialist who was appalled that one of my life changing problems had not been addressed and he sorted the problem for me and wrote to the GP and stated he was upset that a patient had been left so long without being sent down this simple route. Adding to my medical history is mental health, some of which has been caused by a similar outcome but with my children both of which nearly lost their lives due to not being listened to. This is a very serious problem and has to change and I believe in the bigger picture would save a lot of time and money over a longer period of time. But these stories need to be listened to properly!'

'Allow a patient to discuss all things, not stop you short and deal with only one. If you do finally get an appointment with a doctor don't be telling them what's up without them looking it up online or even having read your notes to see what else is going on. It can be very rude.'

'It's impossible! There is no continuity of care, and you never see any of the partners anymore and that's if you can get past the reception staff after holding on for almost an hour. It's so disheartening when you are number 30 in the queue. Why can they not take on more dedicated receptionists to help this situation?'

'People's personal information like name and contact details aren't protected well enough. The reception at Newport Surgery in Newport, Essex is inside the waiting room and everyone in there can hear the conversation between a patient and the receptionist. Names, phone numbers and addresses are all out there.'

‘Delays in getting consultations or appointments is unacceptable.’

‘It’s extremely frustrating not being able to see a GP, it’s frustrating that you have to tell the receptionist why you want an appointment, it’s not their business as to why you want to see a GP.’

‘It takes an age to get an appointment with anyone - excuses given by the receptionist about no-one being available, very busy etc. etc., don’t seem to hold up as the waiting room at the surgery is always empty. The reception staff, who have no medical qualifications, seem to be making clinical decisions on whether you should be allowed to see anyone. It’s unacceptable’.

‘GPs are sympathetic if you get a face-to-face appointment. But there has been ONE in the last three years. CCGs and specialists don’t talk to each other.’

‘More GPs should be working face to face. It would take the pressure of hospital and A&E.’

‘Ten minutes is not long enough for an appointment.’

‘Rude, unhelpful, and usually inaccurate. I have had one decent experience from meeting with a GP and it was due to my eating disorder, so I was put in touch with a specialist. Every other time has been confusing, information has not been passed to me, my concerns or legitimate illnesses are brushed under the carpet alongside with the GP often being quite demeaning. Nurses however are wonderful.’

‘Telephone appointments are being offered to people when they have physical issues like unusual moles and skin cancer. Inevitably they then need a second face to face.’

‘Text messages were sent out confirming an appointment but on arrival for a face to face with a nurse I was told I had no such appointment. Having proved I had received confirmation by text I was told that the receptionist who sent it wasn’t in on that day so couldn’t check the situation with her. I had to wait three weeks before another appointment was possible.’

‘It is far too difficult to see a GP; first the only appointment is by phone then a follow up face to face, but it can take weeks. Mostly you are referred to 111 or A&E.’

‘Getting results of tests is a nightmare. You have to call after 2pm. I rang to get the results of X-rays and bloods. I was told by a receptionist ‘all OK goodbye’ which feels very unsatisfactory when I would like to discuss as I am obviously not alright - I am in pain!’

‘Whenever I have contacted the practice, I have been redirected to A&E when it was not necessary, and this was confirmed by A&E staff.’

‘The Crocus Medical Practice has gone from being ‘best in class’ to being very average. The staff are individually competent, but the patient-centred ethos has gone completely. It is run for the benefits of its staff. The patient seems to be an irrelevance - a nuisance, even.’

‘It’s disgusting that seeing the GP has turned into a lottery. It is impossible to make an appointment to see a doctor in the future, for example if you need a health check. The receptionists are very rude too.’

‘I am lucky to belong to a super-efficient, super caring GP practice.’

‘I am extremely happy with the service from our surgery.’

‘The GP service at Felsted is inadequate for my personal circumstances. Registered home visits were requested as the surgery cannot accommodate wheelchair access. They have not taken this into account no matter how many times they are reminded.’

‘I find it inappropriate the amount of information I must give the receptionist (unqualified health professional) in order for her/him to make my appointment. It’s becoming impossible to access a GP appointment.’

‘Elsenham surgery is 100% effective.’

‘Computer systems need to be updated and synchronised with hospitals as I lost my baby last October at 26 weeks, but my GP surgery (dispensary) refused me medication I’ve been on for three years as I was pregnant according to their computer two months after I lost my daughter - this was very distressing and ended with me having to get my bereavement midwife involved to speak to them. All they did was blame the computer.’

‘It’s an excellent service once I see a GP. But difficult to see the same GP on each visit.’

‘Receptionists are given too much control over determining a person’s ability to see a doctor. They are completely misguided on different needs for seeing a GP over a nurse practitioner. Stop selling people short. Maybe we should be able to have a scheme to rebate on our National Insurance when the system continues to let us down.’

‘It’s impossible. There’s now a health problem which should’ve been picked up earlier.’

‘It’s difficult to get a one-off appointment, face to face and triage calls are booked weeks in advance when you need to actually see a GP quicker. Things are by no means back to normal. Yet vaccine appointments are plentiful.’

‘My main worry is the extent to which my GPs are now using phone. At the start of the pandemic, I was diagnosed with shingles remotely - I had no smart phone so could not comply with the request to send a photo. I don’t object to phone triage but worry that so often no face-to-face appointment is offered.’

‘I need an MRI scan. My GP cannot do this so goes via the physiotherapist delaying it by three weeks.’

‘Once you get an appointment the care is excellent.’

‘I was discharged from hospital at the end of May following strokes, I have untreatable stage four cancer in my liver which has spread to my lungs. It took two months to get a follow up appointment with my GP who had clearly not previously read my discharge notes and referral requests made by the hospital. I am disgusted by level of service from my surgery and GP.’

‘More needs to be done to create more GP surgeries for the growing number of people in the area. We have many new houses and no more GPs; the service is being overwhelmed and it’s not their fault.’

‘You’d be lucky to actually see them.’

‘Most of the GPs work part time and they cannot cope with the volume of people living in the area. Receptionists are aggressive and won’t listen. Quite a stressful experience just to get an appointment.’

‘It should not be as difficult as it currently is.’

The final five questions of the survey asked for more information about the respondents:

Some respondents used this space to leave further comments/views:

‘I have osteoarthritis and am pre diabetic. I struggle to see a GP to keep updated on the progress of my conditions.’

‘I was told when my call back would be, rather than arranged. This call back was to discuss blood results. Luckily when they called, I was able to take the call; my job does not always allow this flexibility, due to the work I do. To make an appointment face to face or phone consultation at a time that is mutually appropriate would be much more efficient.’

‘At 76 I am understandably going to suffer from several conditions especially as my history of numerous pregnancies, and an early accident would have left their mark. I lead a healthy, active and still productive lifestyle and I would like to think that I still qualify for decent healthcare especially as I do conscientiously follow healthcare advice diet lifestyle etc. However, I feel in the current NHS climate I feel I am on the do not treat list let alone a Do Not Resuscitate policy list. Friends of my age in other practices and different areas receive considerably more care than I do for much lesser ailments. I have had to demand a referral, asking if I could pay for the investigation, after over six months waiting and I was told ‘it’s a good job you are here now’ as my problem needed urgent treatment. I feel that my severe back and hip pain is only going to receive any attention if I ask to be referred and pay.’

‘I suffer with depression, rheumatoid arthritis plus others. I very rarely visit the doctors as I worry that my situation doesn’t warrant a GPs appointment.’

‘I am categorised as ‘vulnerable’ since I have had blood cancer and had a stem cell transplant. This seems to make no difference as to whether I can get an appointment at the surgery.’

‘I am a carer for a young woman with multiple health issues and a recent mental breakdown. I am beyond disappointed at the lack of co-ordination and timely responses from health services. We need holistic, timely intervention on complex conditions, not just remote dispensing of one drug after another.’

‘I have an eating disorder, and last year I fell downstairs with concussion and a damaged calf muscle. I used to have regular blood tests before the GP surgery stopped calling. They brought

me in on one occasion, I took the day off, and then I got told they made a mistake, and I shouldn't be there.'

'I am a PhD scientist and an experienced local councillor. I am now "elderly" but worked for 50 years in science, technology and problem-solving for multinational companies and consultancies. I know about organisations - we used to trouble-shoot them. The NHS and the GP practices are basket cases - the whole system needs a root-and-branch reform. it is no longer fit for purpose. It is a disgrace that so many are now forced into using private medicine to get what they have paid in for over decades in their taxes and NI contributions.'

'I am in good health luckily but have decided to pay for private HRT because I cannot see a doctor face to face.'

'I am confident with booking appointments online and use this facility at my GP practice so that I don't have to wait on the telephone. I work in the healthcare sector, and I am therefore able to navigate the system better.'

There were a relatively even number of responses from the older age groups. Of the 160 respondents:

44 were aged 55-64 years old

35 were aged 45-54 years old

33 were aged 65-74 years old

21 were aged 35-44 years old

19 were 75 plus years old

6 were 25-34 years old

And two people preferred not to give their age.

Overwhelming responses were from females; 126 identified as female, 30 males, two preferred not to say and one identified as nonbinary.

147 respondents stated that their gender was not different to the sex they were assigned at birth. Six respondents stated their sex was different and one preferred not to answer.

134 people stated their ethnic background was White: British/English/Northern Irish/Scottish/Welsh. 15 stated their ethnic background was White-any other white background. Six people preferred not to say, two were White Irish, one was Asian/Asian British, one stated other Asian/Asian British background, one was any other ethnic background, and one was mixed ethnicity-Asian and White.

74 respondents stated that they were not carers or considered themselves to have a disability or a long-term condition.

61 considered that they did have a long-term condition.

24 considered they were a carer.

17 considered they had a disability.

6 preferred not to say.

### 3.2 The Interviews

We followed on from the survey by carrying out a number of one-to-one interviews with members of the public. Some examples are detailed below.

#### Interview 1 - Brenda - Lister House Surgery

‘For a long time even before COVID, it was difficult to access GPs. If you phone up, you’re put in horrendous queues; you are 38 in the queue. During COVID, that was even worse. My surgery is about 15 minutes’ walk away so it’s no problem for me to walk down. And when they were in the middle of doing all the jabs and they were very reluctant to let you in, I can’t remember if they let you in at all, I honestly can’t remember.

So, I’ve always found it a problem to access GP services to the extent that I’ve sort of given up. And I had an incident in May, June time, where I really felt the need to access GP services, and I couldn’t. And the short version of this is I went through the NHS 111 website, who told me to go to A&E, which I did. And it all went completely pear shaped from there. And I knew I had to go back to the GP and sought this out and I just gave up. I even thought about writing them a letter. I thought, I can’t be bothered. I’m just going to try and manage this myself if things don’t get worse, okay, I’ll carry on. Unfortunately, they haven’t got worse.

I think what really pisses me off with the whole system is that the surgery is just a part of it and that it’s not joined up. I get that I mustn’t waste anyone’s time and I’m very sympathetic to how busy people are. I know people who work in A&E and PAH and I know it’s horrendous. And I don’t want to waste anyone’s time. So, I went through NHS 111 in desperation and that was



good. And they said, “Yeah, go straight to A&E,” which is good. And I saw a doctor and he sort of said, “Well, it's not an emergency, if you're still suffering tomorrow, come back.” I was still having problems so called 111 again and they said, “Oh, we think you should see your GP within seven days, go and make an appointment.” So, I tried, I managed to get hold of the surgery, and they say, “Oh, well, we can't give you an appointment for three weeks.” And I said, “But another part of the NHS is saying, I've got to see someone.” So, it's this sort of contradiction between them, they don't seem to be working together. And if you can make communications, it's all very dismissive. And making communications in the first place is bloody difficult.’

### Interview 2 - Kamilla - Stansted Surgery and The Eden Surgeries

‘The surgery that we've moved to is Stansted Surgery. We moved there a couple of months ago, and it's all been really positive, if you ring, someone picks up the phone really quickly, you get to talk to somebody, you get appointments. I've been in to see a nurse about something and had a really nice unrushed appointment with her. It was just really positive. I'm pleased that we've made the swap. My son is the only one who's left at Eden Surgery in Hatfield Broad Oak, but he's moving to university at the weekend so that's why I haven't moved him because he'll be going to the GP surgery there. So, moving on to them really, which is one of my main gripes.

We've been with them since we moved to the area, probably about 12 years ago, and the experience previously hasn't been too bad, there's always been a bit of a wait on the phone and bits and pieces, you finally get to see doctor, but it's got worse over the years. Obviously, the pandemic hasn't helped, but it wasn't great before then. The main thing really is you have to ring at eight o'clock in the morning if you need an appointment, which is absolutely fine. On several occasions we've had to do that, we don't go to the doctors very often at all, but when we do it's usually because we need to go. I don't know if I put my background, I'm a health visitor, so I know the pressure on NHS services, we don't waste their time. But the phone is the main gripe really, it rings and rings and you're in a queue for anywhere up to two hours.

My daughter's been on the phone for an hour and forty minutes and finally got through and was told you should have rung at eight o'clock. We've also been told on another occasion well you should just drive down. But we live in a village and they're in a village, and it's not far, about a seven-minute drive, but that shouldn't be... if you're ill, you shouldn't be told that you should, or get someone to drive down for you. And that's not just the one-off thing. We've been 25th in the queue, got down, waited and waited, and got down to one, and then it's been on one for 45 minutes and then just cuts off, which is just crazy. It is virtually impossible to see anybody, which isn't useful. You need to know that you can see somebody if you really need to. And I know a lot of people are just treating A&E as a GP practice, but with situations like that it's not surprising, we personally wouldn't but what are you supposed to do if you can't.

There's a couple of doctors at Eden that are really nice, that I've gotten on really well with, but it's so hard to get an appointment that you never get a choice as to who you see. And then at least one, who's one of the partners, who has been very rude on a number of occasions to me. I'm not a rude person, I try and appease people and I'd never be rude to anybody, especially not professions, but she's supposed to specialise in mental health issues, and it was surrounding a mental health issue and a medication issue, and she slammed the phone down on me.’

### Interview 3 - Ross - The Hamilton Practice

‘Originally, to make an appointment, you’d have to phone up and just join a queue and you’d have to phone say, eight o’clock in the morning, and be in a queue of 20 or 30 people; that was the old system. Now they’ve switched over to a system where you use an app, so essentially, you go on the app, you fill in a small form as to what you want, why you want it and they say, yeah, clinician will then look at it and triage it and you should hear back within two or three days. Which does happen. Obviously, if there’s an emergency, you know, 999 it or you triple one it so not trying to circumnavigate emergencies as such, I think if you don’t have the ability to use a smartphone, you can stay online, and someone will eventually pick the call up but when I’ve used it, I have had a response normally within a day and they’ve been booked me in for an appointment so from my side, it seems to work quite well.’

### Interview 4 - Joan and her sister Heather - Nuffield House Surgery

Joan had the support of her sister to fill out the survey. Joan has stage four liver cancer.

‘It goes back to the 17th of January when Joan had pains in her stomach and phoned 111 who said it was wind.

Two weeks later she’s phoned the doctor because she wasn’t feeling any better and he said, “It’s not wind, you need to come in.” She’s gone in and had a blood test and then seen the doctor the next day, the GP who said it was cancer. Okay? It’s not good to say that. Then she was referred for CTs, biopsies, back to the Williams Day Centre at Harlow for chemo and stuff like that. She had all that. No contact with the doctor whatsoever until the 21st of June.

Then Joan had a stroke at the end of May and was in the hospital for a week. When she came out, she was given a discharge note with what medication she was on and various referrals that the doctor needed to make for her. Three weeks later, none of that’s happened. She’s had the stroke, nobody’s seen her, nobody’s spoken to her, nobody’s done anything.

I called the surgery about a week after Joan came out of hospital to see if she could be seen by the GP as a follow up. And I was told that they’d got the discharge summary and the doctor was looking at it and he would be in touch to make an appointment, and that didn’t happen. So, on the 21st of June, we insisted on Joan seeing a doctor. It was quite difficult to get that appointment, but we did. In fact, in the end, all three of us sat in front of her GP.

The appointment was for 11.50am. Someone else went in at 11.50am and didn’t come out until 12.20pm. We then went in; he didn’t really take any notice. He got on the screen, the discharge notes were there but he hadn’t looked at them, hadn’t read any of them. He didn’t know what we were asking for. And at half past 12 he said, “I’m going to have to go, I’ve got a clinic.” So, we just carried on talking and ignored him. He said it again and we still ignored him. We’d had an appointment at 11.50am and he hadn’t even looked at Joan’s feet that were so swollen she could hardly walk. They were painful. They were keeping her awake all night. We didn’t know whether it was any of the medications she’d been given. He didn’t go through any of that. And then, before we’d said anything, he’d already issued a prescription to the chemist. But then he

had to alter it because he changed one of the pills. So, he issued another one. And then he had to give us some more water pills. So, he issued another one. By the time we got to the chemist we didn't know what we were supposed to be having or not, and they've only got our word for it, what we wanted and what we needed. He gave Joan water tablets for two weeks on a non-repeat basis. And then there was absolutely no follow up for that for about eight weeks.

So then from the 21st of June when we saw her GP, there was again, really no reactions or follow up until she got in to see the locum GP on the 9th of September, who has actually been very good and has moved things forward. But basically, there's no coordination from the surgery at all. And the referrals were all messed up. I mean, we ended up going into London. Two of the referrals were made, one for the eyes because Joan had lost some of the sight in her eye, the other was for a stroke clinic. There is a stroke clinic at Princess Alexandra Hospital here in Harlow. The GP sent us to a London hospital and the first thing the consultant said in London was, 'Why did you elect to come here?' And we both said, 'We didn't.'

It has been a constant fight to see the GP and to get the referrals that Joan needs.'

#### Interview 5 - Anil - Crocus Medical Centre

'The whole place seems to be run for the benefit of the front office staff. You're capable of walking in there as a sole patient standing in this empty waiting room in front of a desk which has three people on it, chatting to each other and they'll ignore you. You can't phone them, you get a recorded message saying you came to the wrong place: 'Because of Covid, we can't do this, we can't do that, we can't do the other' - and I'm sure this is the standard message that all GPs have - and if you're willing to wait it out until the end, they might say: 'well, what do you want?' Basically, it's a long spiel where they'll say: 'we don't do anything, go somewhere else, dial 111 or go to a casualty or something like this.'. And essentially, we no longer have a health service.

This large brand spanking new GP service building in Saffron Walden is largely empty. It has three women on the front desk; it seems to be exclusively staffed by females, it's not a problem but they do seem to organise the thing around their own needs. It's not patient-centred, in any sense. And the previous practice was patient-centred; I don't see how you could run a health practice in any other way, but this one is run for the benefit of the front office staff. They just want to get you off their books, there's very little service, and there's only ever one GP in that building at any one time.

And so, last time I visited, it was for a blood sample. For fasting lipids, you have to prepare for those 12 hours in advance, nothing wrong with that, I arrived in plenty of time, only to be told, 'oh we can't do anything, we haven't got any staff'. They hadn't bothered to tell me; I'd just rushed up there. I said: 'Look, this is fasting lipids, you have to prepare for it, surely there is somebody in this building who could take a blood sample?' Silence. And then there's lots of running around, and eventually they found the paramedic; what's a GP surgery doing with a paramedic? In fact, the ambulance place is just behind them so they may have gone and got one of them. And this guy took my blood sample, and it was all okay, fine. But if I hadn't stood there and insisted; they would have sent me away.

Crocus Medical Practice has become a joke, basically. It's got a very expensive building paid for out of the public purse, which is empty, you can't get to see a doctor, and essentially it is not fit for purpose. We don't have a health service in Saffron Walden anymore.'

#### Interview 6 - Judy - Nuffield House Surgery

'I'm autistic so I sort of tell it how it is and I guess that means I have expectations, particularly of professionals so if you're the doctor, you're there to care for me, I expect you to show some signs that you're caring for me so if I turn up at the surgery saying, 'good morning doctor' and they're sitting at their computer which is not in front of me but to the side and looking at the computer, I'm sitting there on the chair going, 'hello doctor I'm here, your patient has arrived, would you like to interact with your patient rather than with your computer?' So that's my sort of starting point. I think always I have found that problematic, I have had two GPs who were not like that. One was fresh out of medical school, and I came in and he went, 'good morning!' and, 'how can I help you?' I was like, 'Jeez! Wow! You're only fresh out of med school' and he was very kind and I talked to him about my various mental health issues, and we agreed on a course of action.

At that point, I felt 100 times better than when I walked in and then he said, 'if you need to talk or if I can help you again just give me a call and we'll arrange an appointment' and of course I never did, because just that response, as I said just made me feel so much better. I thought, 'right okay, there's my safety net, it's there if I need it' and then he left because they do the rounds and they're only there for a limited time. I recently spoke to my current GP on the phone because that's the system now but he sort of said things like, 'I'm here for you', all the right noises and yeah, I subsequently went in and spoke to the receptionist and she said, 'oh yes, Dr Miquel he's very popular' and I thought yeah, because he's like a proper good GP, he actually talks to you like he cares, he talks like he knows something about his subject, he talks like you might actually get a useful diagnosis or some help so yeah, so he's my GP now.'

#### Interview 7 - Susan - Newport Surgery

'I've got nothing but praise for them, they are amazing. I try not to go to the doctors, especially over the last few years. I had the most awful chest infection and I've had them before that got to the point where it was really quite bad and quite scary to be honest with you. So, I had a really bad cold, it wasn't COVID, I haven't had COVID, but it was a really, really awful, really bad cold, and it went to my chest and so I thought, I need to see the doctor. It was coming up to the weekend and I thought I don't want to go through the weekend without antibiotics if it's bacterial. So rather than ring them, because I know they're really busy on the phones and you hear stories you can't get through. I went round there, because I'm only around the corner, so I went up there for eight o'clock when they opened, and I asked if I could see a doctor and they offered me an appointment with the nurse practitioner. I said, 'Yeah, great that morning', and I think it was only literally about an hour and a half, two hours after I'd gone to get an appointment.

I live on my own and it can be quite scary when you're not well, and especially with a chest infection, you know things are always worse in the middle of the night when you can't quite, you know, you don't really see clearly. I remember I said to the nurse practitioner, that I feel

absolutely awful, and I'm really scared that it's going to go to my chest or if it's on my chest already, and she said something like, 'don't worry, I've got you', or something like that but it was really lovely. I've never met her before, but she was just so nice and put me on some antibiotics and unfortunately, that didn't really help much but so I went back the following week. Again, I went up to the surgery, I think it was Thursday of the following week because I knew again, we were coming into the weekend, and I had come to the end of the antibiotics and I saw her again which was great that morning, and she said, 'oh, sometimes, you know, certain antibiotics don't work, we'll put you on some stronger ones.' She did all the normal observations, checked my blood pressure and listened to my chest and she said, 'oh my God yeah, I can tell it's not very good I'll put you on some different ones'. So, I said, fantastic. Got those, and then came away.

Anyway, a week later, having come to the end of the second lot of antibiotics, I still wasn't feeling great, and my chest wasn't particularly any better. So, I went back again for the third time. I went and waited outside for them to open because I wanted to see somebody, and this was on the Friday. And I managed to see the nurse practitioner again, and she was really, really lovely and she said 'okay, we might need to look a bit deeper into this. So, we'll do a sputum sample, I'm going to refer you for a chest X ray. I'm going to put you on some stronger antibiotics.' I got the appointment for the chest X ray, I think by the Monday or Tuesday, the following week, so I went through that and the sputum sample, I've got the results of that. I just got a text message to say that that was clear. So obviously, it was a viral infection, but a really horrible one but I just felt that she in particular was just really lovely.'

### 3.3 The Case Studies

In addition to these interviews, we also gathered a number of case studies for additional insight into the lived experiences of the people of the area.

#### Case 1 - Lewis - Addison House Surgery

Lewis has had no face-to-face contact with anyone from the surgery for three years. Lewis takes blood pressure medication; he did have a medication review booked but they phoned three hours early so he missed the call and is still waiting to rebook. The surgery is trying to get people to book appointments online via Doctor Link but Lewis said it doesn't work.

#### Case 2 - Gilly - Newport Surgery

Gilly has been with her current GP for 20 years. She finds the receptionists pleasant. She feels that the new male receptionist is a little inexperienced and sometimes offers things that he can't actually provide. There are issues with the pharmacy, lots of errors regarding medication; she feels the system could be improved. It was not noted that a controlled drug needed to be collected along with other medication, so it always has to be asked for. She feels there could be a sticker or

something on the non-controlled medication to remind staff that there is other medication to go with that one.

She would like test results to be communicated via a text message, especially if there is nothing to report so she then doesn't have to chase it up.

#### Case 3 - Chloe - Crocus Surgery

Chloe feels that access to the GP is not great, she feels she gets palmed off to the paramedics. She did have a recent appointment at the other branch of the surgery and said that was very positive. She feels the GP's just look at the symptom right in front of them at the time and not the whole person. She was sent to A&E to get an MRI scan as the GP said that would be the quickest way.

It takes at least one hour on the phone at 8am to try and get an appointment and the GP will only deal with one issue at a time.

Chloe said that one GP she saw was very difficult to understand, he wore a facemask and had a very thick accent. She said that she kept telling him that she was struggling to understand but he didn't slow his speech down or change his tone.

There are issues with updating her medication following a hospital procedure. She said she is still having to chase it up each time she gets a prescription.

She feels the reception staff are very arrogant and obstructive.

#### Case 4 - Barry - Ongar War Memorial Medical Centre

##### **What works well:**

Barry feels very well looked after when actually seen by a doctor.

##### **Issues:**

Getting through to make an appointment - you have to phone at 8am and 1.30pm. All online appointments are gone within one minute.

There is no ability to pre book. Barry has raised this with the practice manager but no change.

He frequently sees different GP's, having to explain his history to each one. He feels much more confident when the GP knows him as a person and his history.

Referrals for eyes and orthopaedics-why are these vetted by an outside company- before being sent to the hospital department? This seems like a waste of time, as surely just the GP making the referral should be enough. This surgery already checks referrals inhouse before being sent off.

#### Case 5 - Mina - Dunmow Angel Lane Surgery

Mina is a carer for her elderly parents who with live with her and her husband. Mum is 86 years old and has dementia, epilepsy and reduced mobility following a broken hip last year. Dad is 90 years old and has dementia.

About two months ago Mum had a wheezy chest, so Mina called the surgery, and the phone was answered straight away, and she was told there were no appointments left. There was no hello or anything just straight into that statement. Mina had to phone 111 for advice and they told her to phone the surgery back and ask to talk to a GP. The GP phoned and said it sounded like hay fever so prescribed some medication for that, he also arranged for the surgery paramedic to visit the next day. Mum did not improve so they had to call for an ambulance. Mina tried to cancel the surgery paramedic visit the next day but was on hold for 45 mins before being cut off, in the end she physically went to the surgery to tell them as she didn't want a wasted visit. Mina feels that she shouldn't have to beg to talk to a GP if she has concerns for her elderly parents.

However, there are good pharmacy service who are very helpful.

#### Case 6 - Angela - Newport Surgery

Angela said that her overall experience with the surgery was good. She feels the staff are overworked. Her suggestions for improvements were:

More information on the surgery website.

More self-help leaflets in the waiting room.

Reinstate the ability to book appointments online-this was stopped during Covid.

Patient access/NHS app - an explanation is needed as to what is the difference.

Waiting room could do with a facelift, there is dated décor and chairs too close together.

Angela feels if more people took general responsibility for their health the NHS wouldn't be as overloaded as it currently is.

#### Case 7 - Jim - Lister House Surgery

Jim has been with his GP surgery for 49 years. He is a full-time carer for his wife.

He hasn't seen a GP face to face since before Covid. He has various health issues that his own GP is aware of and has talked to other medical staff but not his own GP. Getting through to the surgery is his main issues, as you can only book appointments via the phone. This is not practical for him as he can't spend lots of time on the phone due to his wife needing him. He has tried to use the NHS app but is unable to access his records or book appointments. He has told the surgery he is a carer, but he said this has made no difference.

#### Case 8 - Diana - Thaxted Surgery

Diana is a former nurse; she has stage four cancer and is having palliative care.

She feels that she has a fantastic surgery and waits no longer than five mins for the telephone to be answered. They will ask for basic information to make sure they put her through to the right clinician. She has her GP's mobile number so she can call if she has any questions or concerns about her care/treatment.

She uses the 'My Chart' system, which is linked to Addenbrookes Hospital. Diana is able to look up her medical reports and blood test results. She finds this very useful. Diana feels very lucky to be at this practice.

#### Case 9 - Ross - Crocus Medical Centre

**'My practise is absolutely terrible.'**

Ross is unable to make advanced appointments. He has to phone at 8am and is on hold for 30minutes plus and then there are no appointments left when he does get through. Ross is a shift worker so is not always able to phone at 8am.

He recently cut his finger badly and went to hospital; he was told that he needed his finger redressed every day but when he called the surgery, they just said they couldn't do that until he insisted and had to repeat what the hospital had said.

He has had a text from the surgery saying that he needs a medication review and blood test. He has spent a week trying to get through to make an appointment but no answer. His worry is that the surgery will stop his medication if he doesn't have the review even though it is not the GP who has prescribed the medication but the consultants at Papworth and Addenbrookes hospitals.

The surgery has an appointment app but it doesn't work.

No one doctor works at the surgery full time.

#### Case 10 - Gemma - Church Langley Medical Centre

Gemma wanted to talk to the GP about her worries and concerns around the menopause; she has been bleeding for 5 weeks and was in a lot of pain. She had to wait two weeks for a telephone appointment, she said that she tried to explain how she was feeling to the GP but felt they were not listening. The GP asked, 'what do you want me to do?' She asked for her hormone levels to be checked at her blood test the next day (this was already booked for a pre-existing condition). She had the blood test and when she looked at the results on her NHS app the hormone levels had not been checked as she asked. She had to phone again, with a one and a half hour wait to get through to try and rebook for another blood test.

The blood test did show up possible kidney issues; it said to retest in a couple of months, but the GP said nothing to Gemma about this. She was very worried and tried to talk to the GP who said it was only just in the range and to look at the NHS website for advice. This was after being told it would be a six week wait for a telephone appointment, but she complained and got one for two weeks' time.

Gemma is not happy with the service. Her Mum died at 65 years old from bladder cancer after one year of being told by the GP that she had urine infections, but she actually had a tumour in her bladder and the cancer had spread. She had not been physically seen by a GP during this time, just telephone appointments. Gemma's dad has leg ulcers which are not healing after several courses of antibiotics, she that the GP has said he can't have anymore and to wait and see what happens.

#### Case 11 - Bethan - Old Harlow Health Centre



Bethan has been a patient at Old Harlow Health Centre for a number of years. She said that she has nothing bad to say about the surgery. She is able to get through on the phone quickly and is given an appointment on the same day, usually within a couple of hours. Cervical screening continued during the pandemic which she felt was really good.

Bethan feels that due to the surgery being owned by the same GPs for a number of years and the same GP's working there, gives a high level of consistency and the ability to build relationships. She said that they know her family history and remember that her mum passed away recently so they always ask how she is doing and not just deal with the reasons why she had an appointment, an holistic approach.

## Recommendations

Difficulties with the booking system:

- Greater flexibility regarding accessing appointments - not restricting the time when patients can phone for one.
- Being aware that not everyone has access/skills to use digital formats.
- Easier ability to book future appointments for medicine reviews, blood tests, routine screening etc.

Lack of available/prompt/appropriate appointments:

- Improved triage systems so patients are directed to the right clinician for their needs the first time.
- Expand opening hours to offer more flexibility for patients who work/have caring responsibilities etc.
- Increase the diversity of clinical skills for available staff in practices.
- GP Care Advisor roles in each practice who can assist with non-medical issues-benefit advice, basic memory assessments, referrals to other agencies etc.

Dissatisfaction with the quality of service offered:

- Improved training for frontline reception staff-communication skills, awareness of various conditions-autism, dementia, mental health, stroke, trauma etc.
- Making sure future services meet the needs of the expanding population.
- Increasing the number of face-to-face appointments available.

## 4.0 Conclusion

Our engagement with the people of Harlow and Uttlesford in west Essex focussed on the question of how GP access is for patients and garnered in excess of 160 responses. Whilst a number of individuals were generally satisfied with the service provided by their GP surgery, many took the opportunity to express their concerns and dissatisfaction around a number of issues.

The issues raised mainly centred around the availability of appointments, which was frequently felt to be insufficient, particularly to see a GP, and the system for booking an appointment, which was felt to be convoluted and not person centred. Phoning a surgery at 8am and having the possibility of being on hold/in a queue for hours does not work for many individuals; those who work-especially shift workers, have caring responsibilities, difficulties in using a phone system, pre-existing health conditions etc. Many do not have the time or ability to wait for their call to be answered and then have the high possibility of having to try again the following day or for numerous days until an appointment becomes available. Many residents stated that when they finally got to see a GP then the service was fine, but it was getting the appointment that was the main issue. Staff attitudes were another often mentioned bone of contention, particularly around the manner of receptionists and those involved in surgery triage systems, and quality of service provided, including inefficient referrals and diagnoses.

It is clear that the Covid19 pandemic had a huge impact on GP service provision, with many respondents stating that they were sympathetic to the pressures on the NHS and appreciative of the adaptation and continuation of services. However, it was also clear that many felt some surgeries were overly reticent to 'get back to normal', with particular issue around the lack of face-to-face appointments, which a large percentage of respondents felt could not be adequately replicated in a telephone consultation. Not having the ability to see the same GP each time, having to explain their situation and past actions to a new person each time was very frustrating for respondents.

The impact of the digitisation of services, such as the dependence on the telephone system for booking appointments and high proportion of consultations still being carried out virtually or via the telephone, must also highlight the risk of those individuals not digitally connected not having equitable access to primary care services. Similarly, parallel issues will be faced by a significant number of those with sensory impairment, learning disabilities, mental health issues and other conditions which fare best in face-to-face interactions.

Interestingly, many participants referred to the positive effects of consistency in the GP or other healthcare professional that they see. The issue of unfamiliarity with their case and having to explain their situation and symptoms over and over again was not well received, whereas regularity in the person offering support promoted feelings of being understood and regarded as a person. This is supported by the findings in [Continuity of GP care reduces acute hospitalisations and deaths, study finds - Pulse Today \(5<sup>th</sup> October 2021\)](#), where it is stated that 'long-term continuity of GP care is 'strongly associated' with lower mortality and reduced need for acute hospitalisations and out-of-hours services.' The research, published in the *British Journal of General Practice* (5 October), found that when someone has been treated by the same GP for more than 15 years, the probability of these occurrences decreases by 25-30%.'