



# GP access check-in

A summary of what we heard from community groups and people in Leeds from May to July 2022 as part of the "Check-In" engagement work. We were interested in finding out about people's experiences with the new ways of getting help from GP surgeries.

May to July 2022

Your  
**healthwatch**  
Leeds

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# Check-in reach

## Breakdown of the people that we listened to

Total number of people engaged – 649

Completed the survey – 242

Groups – 21

Community events – 5

## Methods of listening to people

We listened to people's experiences by gathering their views through an online survey and speaking face-to-face with people who attended community groups and events, either in the format of individual conversations or focus groups.

The online survey asked a set of questions relating to the new ways of accessing the GP.

Conversations in the community were less structured and gave groups the opportunity to discuss things that matter to them in addition to accessing their GP.

# Findings from the survey

Some GP surgeries now ask people a series of questions before they book an appointment. This is sometimes called “triage” and the questions are usually about your symptoms, what you need and so on. By asking these questions, surgeries hope to direct people towards the best source of help, whether that is a GP, nurse or someone else.

We asked people about the new ways of getting help from GP surgeries to find out whether they found the triage process helpful or a barrier to accessing the help that they needed.

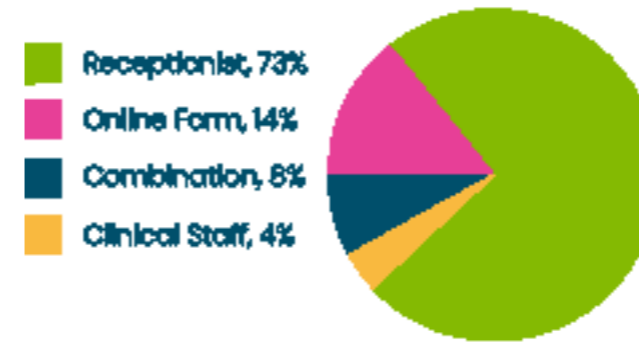
## Key findings

- 42% said their surgery had explained how answering the triage questions would help them get the outcome they needed.

- 64% felt the questions were easy to answer. When people didn't feel the questions were easy to answer, the majority said this was because they didn't feel comfortable or confident sharing medical information with a receptionist.
- 48% felt they got what they needed after triage. Most people who didn't get the outcome they needed found the questions difficult to answer. Most people who didn't get the outcome they needed also said that their surgery didn't explain how answering the questions would help them.
- People who got the outcome they needed often told us this was because they got an appointment, or that the service was quick and efficient.
- When people didn't feel they got the outcome they needed, they most often said they felt they had been unnecessarily obstructed or diverted away to a different service, or that appointments had run out and they had no choice but to try again the next day.

## Questions

Who asked the questions about your symptoms and needs?

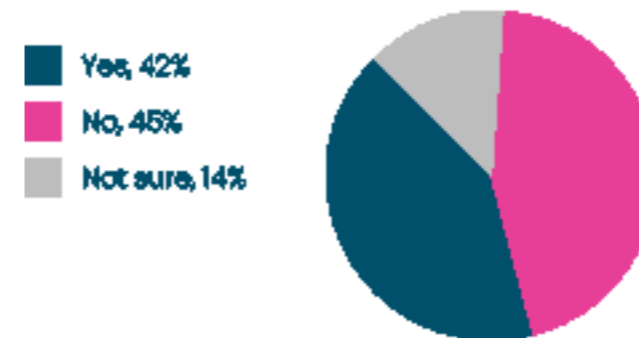


4 people said they hadn't been asked any questions because their surgery wasn't offering any appointments.

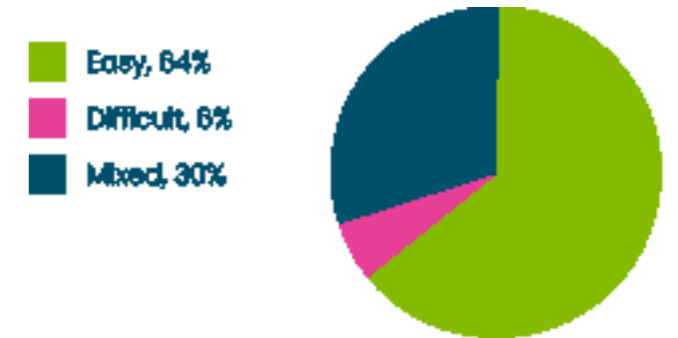


“Had to go to walk in centre – couldn't get through to surgery.”

Did the surgery tell you how answering these questions would help you get what you needed?



Were the questions easy or difficult to answer?



41% stated that the questions were difficult to answer or mixed because they didn't want to talk about personal issues with the receptionist, or that they felt the receptionist wasn't trained to handle the information they were asked to provide.

24% said that the purpose of the questions had been unclear, or they didn't feel helpful in the respondent's individual circumstances.



“They didn't lead to anything, I just wanted to speak to my GP. The online form took you in circles.”

Further to this, 3 respondents said they didn't feel listened to.

13% said that finding the right words to respond to the question was difficult.

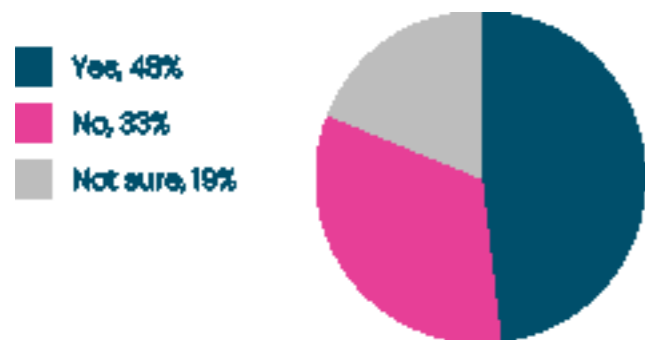


**“I find it difficult on the phone to answer questions. I get confused easily due to having had a stroke. My wife normally makes the appointments.”**

These themes remained consistent regardless of whether people said they did or did not get the outcome they wanted.

**Do you feel that you got what you needed once you had answered the questions?**

215 people told us whether they got the outcome they needed once they had answered the surgery’s questions.



41% of people who didn’t get the outcome that they needed said that they found the questions easy to answer whereas 24% of the people who did get the right outcome found the questions to be easy. People who didn’t get the right outcome were also 6.5 times more likely to find the questions difficult than those who got the right outcome.

Also, people who didn’t get the outcome they needed were less likely to say the surgery explained how answering the questions would help them (35%), as compared with those who did get the right outcome (54%).

**Tell us why this outcome did or didn’t work for you**

People who did get the outcome they needed often told us this was because they got an appointment. When people had a good experience, they also often cited the speed and efficiency of the service.



**“Phone is answered straight away. Often speak to real person. Reception staff very helpful and friendly.”**



**“[Using an online form was] much easier than trying to get an appointment by telephoning early in the morning when everyone else is also trying to get through.”**

When people said they didn’t get the outcome they needed, they put this down to several factors. Most commonly, they feel that they have been:

- **Obstructed or diverted away** 69 people explained why they didn’t get the outcome they wanted. 15 out of 69 (21%) said they felt obstructed or unhelpfully diverted.



**“The answer is always the same, ring 111 or go to A&E.”**

- **There weren’t enough appointments** 14 out of 69 respondents (20%) said they had been told there weren’t enough appointments and they had no option but to try again another day.



**“Always busy need to ring 8–8:30 when they answer appts are gone. It is very frustrating and I’m losing hope with the system.”**

- **Long waiting times for appointments** 13 out of 69 respondents (19%) explained that they hadn’t got the outcome they needed because they had to wait so long for an appointment.



**“They don’t ask why you are calling before saying there will be no appointments for at least four weeks, sorry.”**

9 people said inefficient processes had prevented them from getting the help they needed, with a further 4 commenting that the processes in place weren’t accessible to people who work.



**“Sent pictures. They told me to ring and make an appointment – what is the point of having a triage if I have to ring for an appointment, shouldn’t I be offered one?”**

7 people said the way that untrained people had made decisions about their needs had prevented them from getting the right outcome.



**“Receptionist asked questions and decided if I should be seen or not. They are not medically trained. She decided my appointment wasn’t urgent so was told to ring the following day.”**

3 people said that not being able to get a face-to-face appointment had prevented them from getting the right outcome. 2 said that promised phone calls from the surgery had never happened.

40 people said that they weren’t sure whether they had got the right outcome. Often, their comments about this mirrored both the positives and the negatives above, albeit with a proportionally higher prevalence of people saying not being able to see a professional face-to-face was an issue. For example:



**“Easier to see a doctor face-to-face because describing exactly where a pain is located can be difficult; you don’t know correct anatomy.”**

# What were groups saying about accessing the GP?

People who shared their experiences were from diverse ethnic backgrounds and age groups. They included carers; older people; people with a mental health condition; people with a long-term condition or sight, hearing, mobility, and physical impairments; people with English as their second language; people with learning disabilities and autistic people.

## Groups and community events

1. Learning disabilities arts & crafts
2. English for beginners
3. Carer’s coffee morning
4. Women’s arts & crafts
5. Men’s social group

6. Parents of children with Down syndrome
7. Carers & adults’ learning disabilities
8. Recycled teenagers (Over 55s)
9. South Asian Luncheon Club
10. AccessAbility Exhibition
11. Black & Minority Ethnic elders
12. Stroke survivors
13. Gipton Fire Station – fun day
14. Annual Leeds Public Health and Wellbeing Conference
15. Chinese elders
16. Carer’s support
17. Family fun
18. Voice and Influence visited 2 times
19. East Leeds fun day
20. Living Well York Road Marketplace Event
21. Women’s group – South Asia

## Making an appointment

Some people report waiting about 45 minutes to get through to their GP surgery and sometimes get cut off two/three positions just before getting to the end of the queue. This is difficult and frustrating, especially when they have caring duties. One person spoke about the impact of when an appointment was delayed or when the specialist doctor that they needed to see was not there (4).



**“I had to arrange for someone else to care for my loved one for me to attend the appointment, they wasted my effort, time and resources.”**

People also told us that, sometimes, it was not clear when to call the surgery to make an appointment which has meant they have not been able to get through.



**“I thought I was supposed to ring at 8am but I found out I was no.17 in the queue. When I eventually got through, I was told that I should have rung at 7am.”**

## Digital exclusion

People across different groups told us they were not comfortable or confident making or attending appointments online. This has prevented people from getting the outcome they wanted.



**“I have tried to learn computer skills, but I can't do it. I don't see why at my age I have to go to classes to use a computer just to see a doctor.”**

## Accessibility

Electronic/digital equipment used in some surgeries can be a barrier for some people. Some GP practices use an electronic banner display to notify patients in the waiting area when they can go in to see their medical practitioner, but it was pointed out that some people cannot see this display and others are unable to read it. We were told that sometimes a doctor will eventually come out into the waiting room to call the patient in person, but sometimes a practice may just assume the patient has left – when in reality they were unable to receive the message – so they lose out on getting the medical attention they need and are marked as ‘Did not attend’ on the practice’s records.

## Reasonable adjustments

People with learning disabilities often need extra time for a medical appointment as they need time to process what they are being told. Of the people with learning disabilities that we listened to, none make their own appointments; these are made by their carers, parents, or staff.



**“If they aren't given enough thinking time someone with learning disabilities will tend to just nod to everything regardless of whether it's appropriate or not.”**

Some procedures are known to be particularly distressing to people with learning disabilities and extra care is needed. For example, most are given no preparation regarding what to expect when having a smear test. They may naively enter the consulting room (expecting just to be asked some questions for example), only to be subjected to an unexpected and extremely intrusive personal examination where a medic approaches them using a very scary-looking implement (a speculum) resulting in the experience being very distressing and painful. This can scare and traumatise people with learning disabilities and put them off going again.

Medical staff may not see that people with a learning disability need to be treated any differently, but attendees stressed that reasonable adjustments still need to be made when appropriate, for example, social anxiety can be high in people with a learning disability (7).



**“Simple reasonable adjustments to help people with learning disabilities include having receptionists speaking to them kindly and patiently, surely something every patient should be entitled to, and giving them extra time.”**

## Answering questions

We spoke with members across the groups about how easy it was to answer questions, whether the questions were explained to them and whether it led to their ideal outcome.

3 people explained to us that language barriers meant it was difficult to answer questions (2).

Others also told us that the surgery did not tell them how answering questions about their symptoms and needs would help them get what they needed (7).

Some explained they did not feel comfortable sharing personal information with reception staff, but not doing so had sometimes acted as a barrier to getting their ideal outcome (9).



**“At one time if you say ‘it’s personal’ they’d leave it and get the doctor to ring you but for the last 3 years they won’t give you an appointment unless you tell them.”**

# How we’ve helped

Whilst attending groups and events, we received multiple enquiries about other issues which we were able to help with through our advice and information service. Some examples are how to make a complaint, cost of living, carer’s allowance and accessible transport to appointments.

# Our recommendations

## Communication

Practices should have clear, accessible information about how and when to make an appointment to avoid confusion and prevent missed opportunities to see a medical professional.

Reception staff should explain to people why they are asking people questions about their symptoms.

## Compassion

Receptionists should offer a private room to discuss people's problems. Incorporating compassionate listening skills will build trust and will help people get their ideal outcomes.

## Co-ordination

Practice staff must work in a joined-up way so that the needs of people are met efficiently, particularly when it comes to making referrals.

## Inclusion

Practices should routinely ask and make note of any accessibility needs such as longer appointment slots, interpreters, or a quiet place to sit other than the waiting room. It should also be considered that not everyone can make or attend appointments online, so having the option to call or visit the practice instead is vital. Practices should also adhere to the Accessible Information Standard.

# Next steps

The findings from this check-in will feed directly into the primary care and 24/7 response population boards as well as health and care planning groups as appropriate.

We would like to thank members of the public, organisations, and groups for giving their time to take part in the check-ins.





**Committed  
to quality**

We were awarded a committed to quality marque from Healthwatch England. To obtain this we did an in depth audit which will be reviewed.

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