



# GP Access Project

New Ways of Working

healthwatch

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## About Healthwatch in Berkshire West

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Healthwatch is the health and social care champion for people who live and work across the three areas of Berkshire West. As an independent statutory body, Healthwatch have the power to make sure local NHS leaders and other decision makers listen to people's feedback to improve standards of care.

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In Berkshire West, Healthwatch: Reading, West Berkshire, Wokingham Borough joined together for a collaborative project to get local views of the new ways of working introduced at GP practices.

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We use feedback to better understand the challenges facing the NHS and other care providers locally, to make sure the experiences of people and communities improve health and care services for everyone.

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We are here to listen to the issues that really matter to our local communities and to hear about people's experiences of using health and social care services. We also offer information and advice. We are entirely independent and impartial, and any information shared with us is confidential.

# Introduction

*“They say call at 8am. 1 hour wait on the phone then say no appointments. Doctors refuse my online prescription reorder; they send text to say make an appointment with doctor. Left without no medication or appointment.”*

Locally, people are struggling. There is a huge appointment shortage, long waits on the phone, and the new ways of working are not fully functional yet.

*“GP’s try to send medication with a QR code\*, but [local] pharmacy don’t have a QR code – it is all very over-complicated.”*

It is well known that GP surgeries are extremely stretched nationally and locally leading to complaints received about GP led services and long waiting times on the phone. However, what we have heard locally is that people registered with local GPs are not aware of the new ways of working and therefore their expectations do not match what they might experience when contacting their GP practice or seeking help. This project intended to raise awareness of the new ways of working, support GP surgeries to improve communication with the public, make efficient use of pathways, increase appropriate access to services and reduce complaints.

\* QR code - Quick Response code is a type of barcode that holds encoded information and can be read by a digital device, such as a smartphone.

# New Ways of Working



## What are the New Ways of Working?

GP-led services have introduced various new ways of working. This has impacted the way services are accessed, availability of services and overall practice communication.

### 1. Accessing GP services

**Cloud telephony:** this call back function is now offered by many surgeries. This means callers do not have to wait on the phone to speak with their surgery. They will retain their position in the queue if they request a call back.

**Care navigation/triage:** the traditional receptionist role is replaced by a trained care navigator. Appointments are now booked through the care navigators. Care navigators ask questions and triage callers to appropriate services/professionals based on their healthcare needs.

# New Ways of Working



**Other professionals:** patients may not see the same GP each time. Care navigators can direct them to a different GP at different times. Patients can also be referred to other professionals such as a paramedic, pharmacist, mental health professional, physiotherapist, occupational therapist, physician associate or an advanced nurse practitioner.

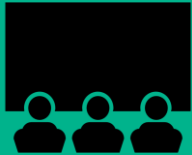
## 2. Digital services

These include use of online systems such as eConsult, the NHS app or other apps to view health records, order repeat prescriptions, book appointments and access other services like submitting blood test results.

## 3. Consultation alternatives

At times, in-person appointments are not deemed necessary. Care navigators can arrange telephone/video appointments with GP/other professionals.

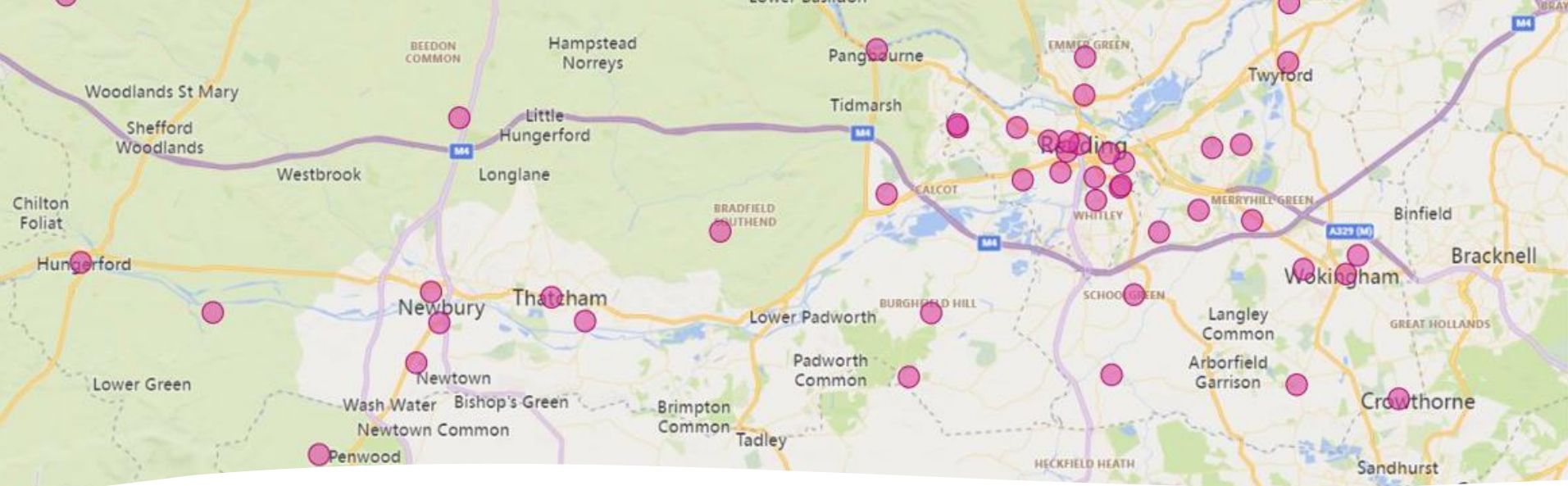
# Hearing the local voice



## Working together

Healthwatch wanted to raise awareness and explore public understanding of the new ways of working. This was done in two ways:

- 1) Conducting an online survey:** an online survey was designed to capture information about public understanding, expectations and experiences of accessing GP services. This includes experiences of care navigation and digital services.
- 2) Conducting focus groups:** focus groups raised awareness and helped participants to gain an understanding of the new ways of working. Participants were encouraged to share their experiences, issues and concerns regarding the new ways of working.



### Berkshire West Participants' surgeries

# Voice of Berkshire West

Across Berkshire West, a total number of 555 people participated in the project; 205 through various focus groups, and 350 through an online survey.

Participants were diverse and came from different backgrounds. Responses were received from varied ethnic, age, gender and disability demographics that represent a wide cross-section of the communities surveyed.

Demographics data across all the regions is available on request.



# Accessing GP services

Self-care is ubiquitous,

# 77%

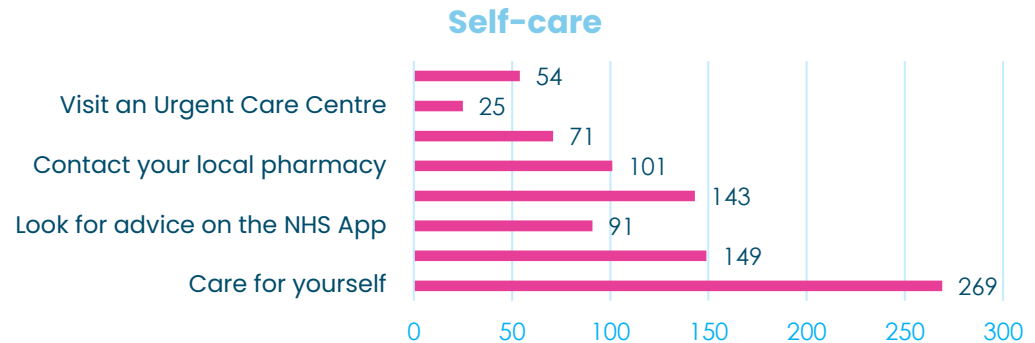
of our respondents cared for themselves before contacting their surgery.

"I don't book my appointment, my carer does."

# 84%

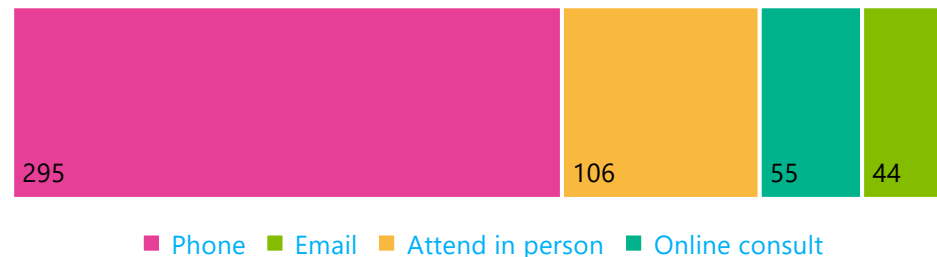
of the appointments were made over the phone and 30% by attending in person.

## How GP services are accessed



People are aware how stretched GP services are. Before contacting the GP, they: opted for self-care, took advice from friends/family, local pharmacy, NHS app or the internet. Most participants preferred making appointments over the phone or by attending in person.

## Making appointments



# Accessing GP services

"I am a red alert patient, and I still can't get an appointment"

"Although you wait

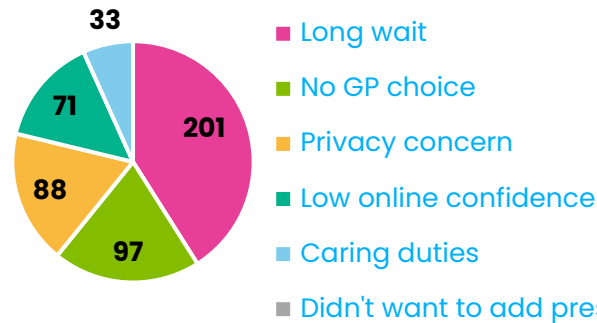
# 50 minutes

to book a GP appointment on the phone at 8am you still have to wait this amount of time to be told no appointments left too. This is a waste of time and very frustrating."

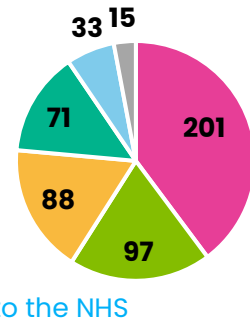
"They didn't check my ears at my annual health check even though I asked - The doctor said she was in too much of a rush."

## Difficulties accessing services

Appointment shortage, long waits on the phone, and no choice of preferred GP were the main difficulties encountered by participants. Participants with caring responsibilities struggled to fit in appointments around their caring duties.



Difficulties attending appointments



Difficulties making appointments

35% of our online survey respondents were unable to see their preferred GP and 33% faced a long waiting time. 17% of our participants found it difficult to understand the advice given. Out of this 17%, 7% had a learning difficulty/disability.

# Accessing GP services



“NICE guidelines aren't being followed for ear syringing, they are being expected to pay and go to Specsavers.”

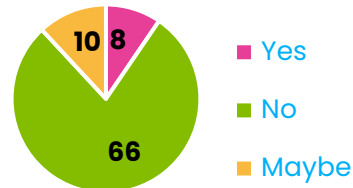
**66%** of the participants we surveyed would not miss an appointment due to cost-of-living.



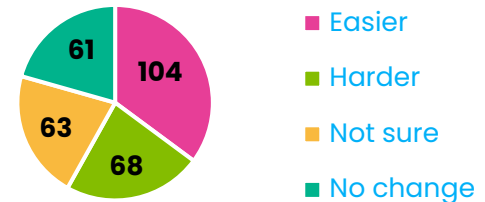
“No-one should be excluded. Shouldn't all be online, as it's not inclusive to all.”

## Cost of living impact

A significant 8% of our participants would miss a GP/other appointment due to transport and/or parking cost, and another 10% may consider missing it. Although many participants were exempt from prescription charges, most of the remaining ones would not miss a prescription due to cost reason. However, 3% of them have missed a prescription and another 7% may miss it.



Missed appointments



Technology Impact

## Impact of increased use of Technology

Technology made it easier for 30% of participants to access GP services. However, 19% of all participants found that it made it harder for them. Another 17% have seen no change and 16% were unsure. Some elderly and disabled participants found it hard to get on with new technology. They need help to learn and get used to it.

# Accessing GP services

“Treated well.”

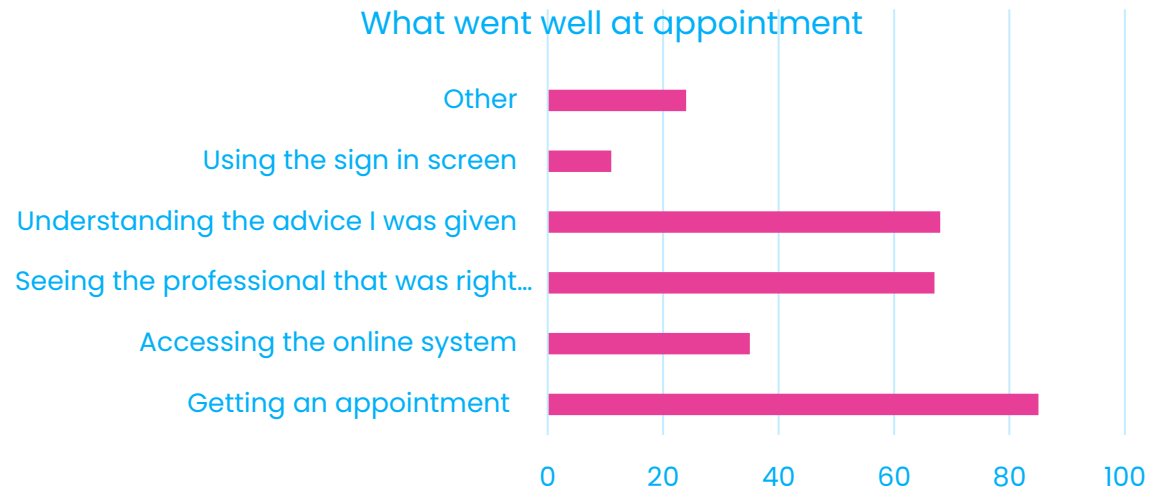
“I walked into my GP, and was immediately signposted to a paramedic, no issues.”

“I see a nurse - would feel more reassuring to see the same person each time. ”

## What went well with appointments

People were happy to get an appointment, see the right professional, and understand the advice given.

*“I am sent to the Nurse practitioner; he is very good”*



Participants preferred to see the same professional each time. Having knowledge of their medical history not only helps them to explain themselves better but also saves time.

# Accessing GP services



## Recommendations

1. Make opportunities to assess whether a patient can access digital services effectively. Show a flag on each patient's record indicating whether digital services are appropriate.
2. Encourage carers to let their surgery know they are a carer and show a flag on their record indicating this. Consider other ways to engage with carers (for example drop-in sessions, set times where carers can access appointments or services).
3. Provide clear and *repeated* communications to patient group about the benefits of care navigators and triage and how this ensures patients access the most effective route for their needs.
4. Digital systems and their use by GP surgeries, who do not all use the same ones, continue to evolve. We recommend that one system is used, but while this is not happening, it is particularly important that clear, concise information should be given to all patients regarding how to access the system to support their needs.
5. Surgeries should provide clear, accessible information on how appointments are shared out and alternative options. There should be simple, clear routes to accessing appointments.

# Care Navigation/ Triage



“I think people won’t know what being triaged means.”

“Not aware that receptionist is trained to triage. The phone message that could explain it - is too long and wordy. ”

“Care navigator system seems similar to 111 and 999 which seems to work.”

## Raising Awareness

*“Who are these different teams? Who are the mental health team at GP Surgeries?”*

While some participants were aware and happy with triage, many were unaware. They had no communication from their surgeries. Some felt staff did not appear to have the patience to explain the new ways of working. This made patients feel uncomfortable. They were concerned they might end up speaking to someone who did not understand their issue.

*“No idea what social prescribers are!”*

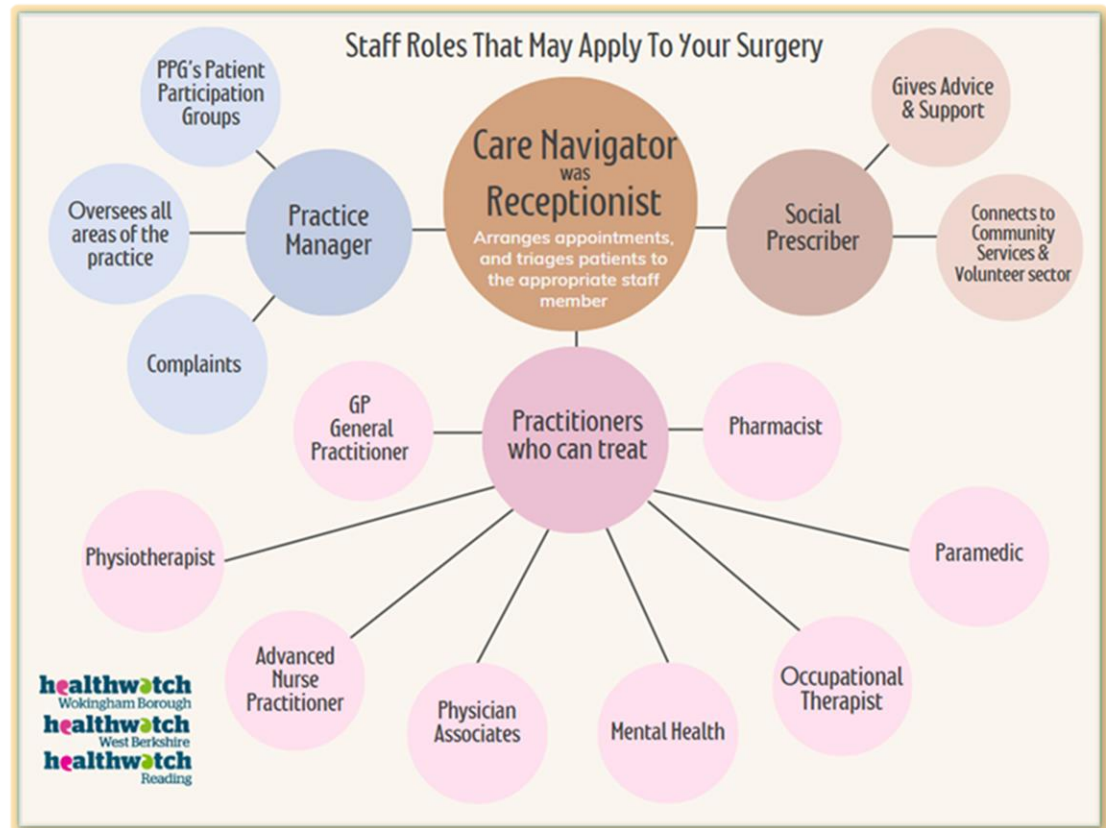
# Care Navigation

“As a visual person it’s [the infographic] clear to understand. Good for those that struggle to read.”

“Now I understand the reason why after looking at this image, I don’t mind them asking the questions so much.”

“It makes sense now I see it like this. Before I couldn’t envision what you were saying.”

We produced a simple infographic to help visualise the triaging process. This infographic was used together with Dr Sharma’s video to raise awareness of the care navigation process. Participants found this information useful.



# Care Navigation



“What kind of training do care navigators receive to qualify them to triage effectively and how much do they understand about medical conditions to be able to triage”



“I don't like that they are having a very private conversation with you, in a very public place.”

## Triage concerns and issues

**Trust:** people wanted to know if care navigators were trained to understand their needs and redirect them to the right service/professional. Patients with repeat illness knowing who to see find it frustrating if the care navigators do not listen and respect this.

*“Care navigators sometimes do not understand the urgency and agony or pain we go through. It feels like they look at a checklist and see if we fit any given criteria, this approach often does not seem to consider any human emotions.”*

**Privacy:** people were concerned that care navigators will have access to their confidential data. A participant felt that this was a breach of confidentiality with their doctor.

*“It feels very invasive and like I am not entitled to confidentiality.”*

Participants felt conversations with the care navigators need to happen in a more private space.

*“I feel relatively comfortable about this, unless it's for ladies or personal issues.”*



# Care Navigation



“Most of the time they are unsure what to suggest and come up with lot of options which is confusing”



“Surely having care navigators needing to understand all of your issues is going to make wait times even longer because they are going to have to speak to you on the phone for much longer”

**Priority:** people with a long term/ongoing condition thought that they should have a priority, and not have to go through the whole process each time.

**Difficulties:** the triaging process can lead to many options and redirections. This makes it complicated, confusing, and difficult for the elderly and for people with disabilities. Cultural/Language barriers make it difficult to communicate complex medical issues over the phone.

**Efficiency:** people thought triaging took a lot of time. It was repetitive and complicated. They questioned the efficiency of the triaging process - how well it worked and did it really save any time.

*“It's waste of time as we have to duplicate our efforts to explain the issue.”*

*“Do you have any record that the new system has actually freed more time for the GPs to see more patients.”*

# Care Navigation

“It’s very difficult to get appointment when we are really in need.”

“What really concerns me is this ‘care navigator’ versus receptionist. It takes things to a different level that might confuse people, like ‘who now do I call.’”

## Other Issues:

- Triage not visible at some local surgeries
- Long waiting times, difficulty getting through to the reception staff
- New systems not accessible/too slow, no call back facility or call back not working
- Appointment shortage, no online appointment booking at local surgery
- No appointment guarantee with call back, no real time benefit and fear of losing place in the queue.
- Miscommunication, triage feeling impersonal

# Care Navigation



## Recommendations

1. Use an infographic/s to show the workings of each section of the surgery, e.g. triaging, to provide patients with a visual representation of workings in an accessible format.
2. Surgeries should provide clear, accessible information about the roles of practice staff (not just limited to Care Navigators) that patients can access explaining the benefits of the surgery structure, and transparency around the Care Navigator process. It should be made available in the surgeries for patients to view, and in the online application to increase understanding and trust for the public.
3. Where language, deafness or other accessibility issues are a barrier, both Care Navigators and patients need to be aware that the patient is entitled to alternative routes to support. This needs to be displayed in the surgery and be accessible online.

# NHS app



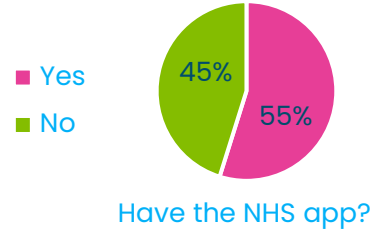
"I appreciate the app. It is working well, and it makes things easier."

"I haven't got it yet, but I think it's a good idea and will be a weight off the secretarial staff."

"Works very well. Easily accessible. Much easier to get problems dealt with. Wide range of info. Quicker."

"Love the app, use it all the time."

## Awareness and usage



Awareness of the NHS app was mixed. There were many participants who were unaware of the app and had no communication from their surgeries.

***"What is it? Do I need it?"***

Some participants got the app during covid time and continued using it, others stopped as they were not sure if they should continue.

***"Only used it for covid. Not used it since."***

Alternatives such as Patient Access app, Anima and My medical record are also in use. Some surgeries have an online system that people were happy with.

***"We use the surgery website not the app."***

# NHS app

“Perfect for repeat prescriptions.”

“Happy to use it more as it develops.”

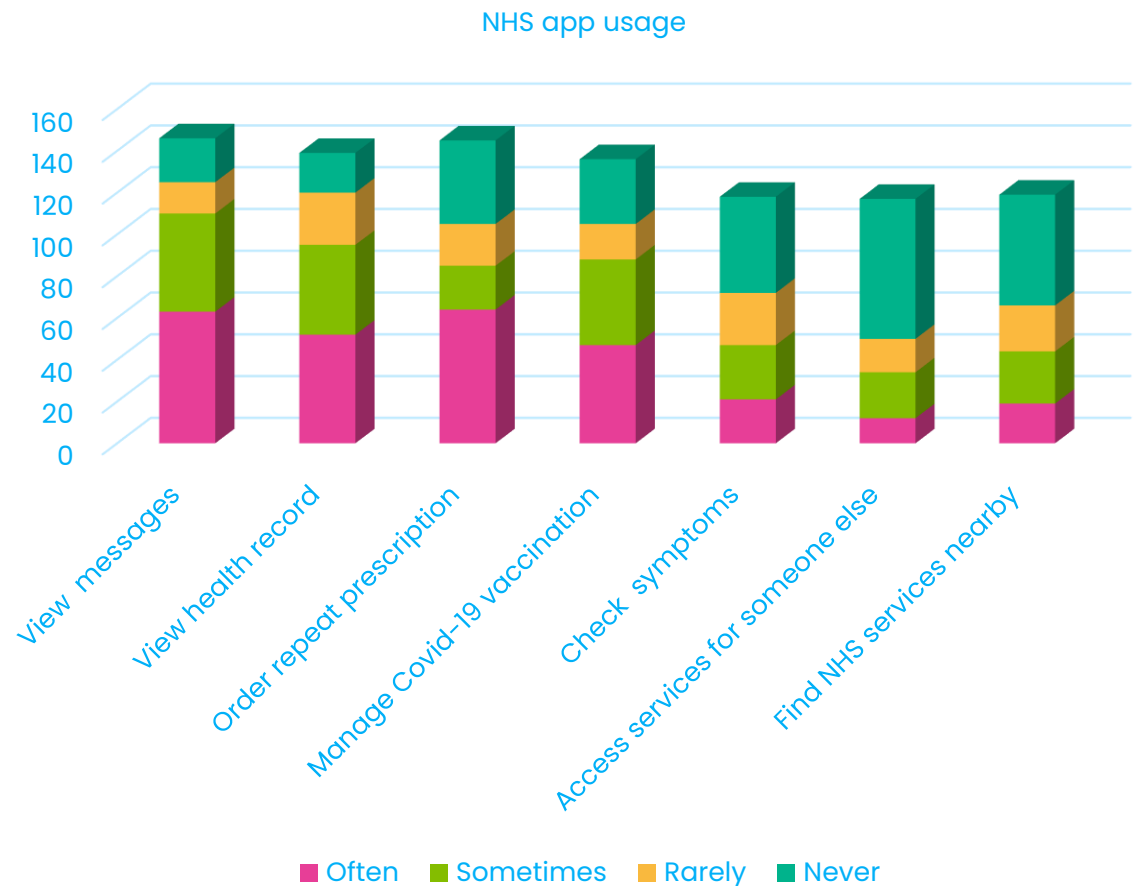
“Very good! Have also added access to health records.”

“I would consider using it if it was simple.”

“I use it less as I also have the patient access app which is what I use more often.”

People want to use the app to manage vaccinations, order repeat prescriptions, book appointments, receive updates and have access to complete health records.

***“I was not aware until today that it covers all my medical records and prescriptions rather than just covid vaccinations.”***



# NHS app

“I don't understand or use apps”

“So far I have failed to access prescription service.”

“I think I have an old version of the app, but don't know how to get the latest version.”

“I don't use the app and I don't know about it. I have no internet or smart phone.”

“Doesn't matter as I would never get it as I can't access the internet.”

## Issues and concerns

### Problem downloading/setting up the app

Some participants with an android phone got a 'unable to download as not in region' error message. This could be an issue for people who have a phone setting from a previous country they moved from. It is difficult to set up the app without a photo ID. A visit to the GP is required to gain access. Lot of instructions are available in English only. This makes accessing the app difficult for non-English speakers.

### Appointment booking

Many participants were unable to book appointments using the app. The app will be used by more people if it offered appointment booking facility.

***“It's a joke that you can 'make an appointment' via the app. As a carer, the constant need to ring at 8am is wearing.”***

# NHS app



“App too difficult to use because of my disability.”

“Impossible for 80% of People Over 70”

“It is a hard process for those who are lacking IT skills. I had to try 2 or 3 times before I succeeded.”

“I didn't know about the app but I do sometimes use patient access, but I find it hard to use. I usually really struggle with it. ”

## **Complicated/confusing/difficult to use**

Many people needed family help to register. They felt the registration process was very complicated and long. It was not easy to book an appointment. Some participants thought it was not inclusive of the elderly, disabled, visually impaired, and less techno savvy participants.

***“It is also confusing because all of the appointments you can book are for different things, and you don't always know exactly what you will need.”***

## **Limited functioning**

The app is not fully functional yet. Issues encountered include:

- Unable to add dependents such as babies and disabled family members as the mobile/email details need to be different.
- Does not allow access to all records, historical records.
- Vaccinations not updated
- Doesn't work for test results, complex needs

***“I would like to see information regarding GP surgeries and the roles people play on there.”***

# NHS app

“VERY wary of data collection.”

“We got a message from our surgeries telling us to download it. However, if I hadn't known it was coming, I would not have opened it because it looked very much like a scam.”

“A very good idea, but it needs to be advertised nationally to get it used by more people.”

## Privacy concern

There were concerns that the app could track users, concerns about privacy if the device is lost, stolen or hacked into. Participants were concerned about who their data will be shared with.

## Poor marketing/App benefits not realised

There was no promotion of the app. Lots of people did not know what the app is for, how to use it or see the benefit of using the app over the old methods such as calling. They thought local GPs can do the same as what the app is for.

***“I downloaded it and didn't find it helpful, so deleted it.”***



# NHS app



## Recommendations

1. Patients are currently asked to use more than one app or digital platform to access appointments, information, advice and guidance, and their records. This can be the NHS app, a surgery app, or other methods. A decision should be made to reduce the apps and digital platforms people are required to use. One app for everyone which will improve consistency and reduce duplication and confusion.
2. To further expand on the above, people do not always understand the purpose or range of uses for the NHS app. Clear information on the purpose and range of uses for the NHS app should be made available.
3. Surgeries should have a visual representation (infographic or video) of roles in individual surgeries.
4. Clarity and reassurance should be provided about with whom and where data stored is shared and for what purpose.

# Communication

"It appears that the way that repeat prescriptions are generated has changed. Better communication required."



"It would help if we had been told about the changes."



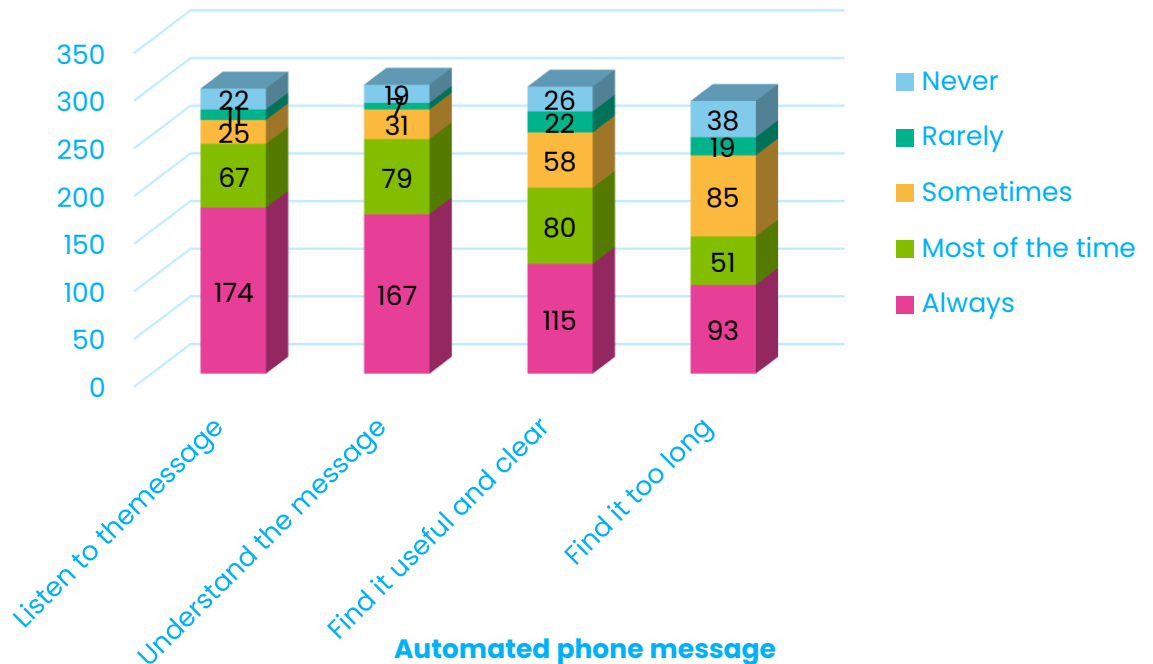
"I think we did quite a lot, but there are 21,000 people at our surgery, so maybe only 1,000 know it."

**Inclusivity:** people want to be involved in developing the communication they receive from their surgeries. This will help them understand and get on board with any changes.

*"Why aren't we asked what information we need from the surgeries?"*

**Listening to messages:** most of the participants always listened to and understood the automated phone messages at their surgery. They found it useful, but too long with no option to skip.

*"The message on the GP phone is way too long."*



# Communication



“I am deaf so would appreciate face to face appointment when necessary.”



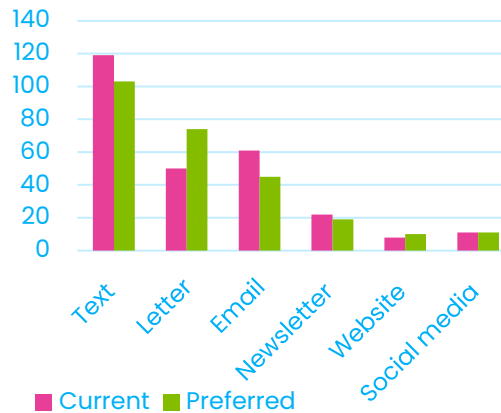
“I don't want to have phone call appointments because of my anxiety but they call me anyway. This is not good for me.”



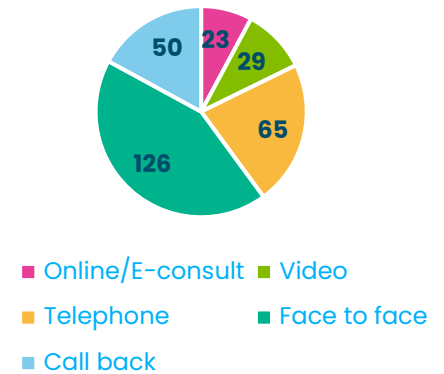
“I think skype or zoom calls would be better than phone calls and would be more useful as you could actually see your doctor.”

**Consultation:** people felt face-face consultation was nice, reassuring and helped them to explain themselves better. They felt there is a comfort in seeing your GP in person - a sense of security that you do not get from being triaged on the phone. Although telephone consultation was the next preferred option, not everyone was comfortable with it.

Communication methods



Consultation preference



**Communication methods:** text message is the preferred communication method for receiving updates from surgeries. Letter and email are the other choices that people are familiar with. If they had any complaints/compliments, they preferred communicating it by visiting in person. They were also open to email and text messages.

# Communication

“The video was good but who would find it. It needs to be published somewhere like the NHS app and maybe also by email.”



“Think it[infographic] ought to be on the NHS app for each surgery.”

## Publicising information:

The new ways of working are challenging for people as they did not receive any information from their surgeries. They want this information publicised along with the video and the infographic for future use. Having this information easily accessible will help them to communicate with their surgeries and access appropriate services.

# Communication



## Recommendations

1. Surgeries would benefit from sharing timelier information on changes or updates to services, both in surgery, website and online. Ensure Easy Read, and accessible language is available, and consider the use of visual representations of key information. This should be available as noted, and repromoted throughout each year to improve absorption and retention of information.
2. Patient Participation Groups (PPGs) use across Berkshire West varies. Surgeries utilising the role of the PPG's would improve communication between the surgeries and their patients. It would also encourage inclusivity, diversity, and consistent and improved communication.
3. Consider reviewing the messaging, and the choice options to make it easier and more accessible for those patients that phone.

# Stories

Many participants we spoke with found it difficult to get appointments.

*"I have visited my GP surgery to book an appointment and was told that there are no more appointments, and they would not be releasing any more appointment until 3 days' time. Not acceptable."*



The call back system did not work for everyone.

One of our participants told us that she had an accident and was trying to contact the surgery for over a **month**. No one contacted her back, she was struggling to use the system and found it extremely difficult to get through to them. This was detrimental to her health considering the importance of her checkup.

There was confusion about telephone and face-to-face appointments that left participants frustrated. This was noted by many of our participants.

*"I get told that it is face-to-face but then I go to [Finchampstead] and they send me home because someone else then tells me it is supposed to be on the phone."*

# Stories

People thought the system is complicated and felt they are 'just being passed around'. They wanted the old system back.



"Now it is complicated. For example, today I had an appointment, and I was running late - I called the receptionist, and they send they will send me a link - the link is for cancelling an appointment - it took me to Anima, then the NHS app. I was told at 7am to re-book. I needed a blood test to check for diabetes. I do not understand when they send links or texts. I would like the old system back."

A participant felt that they were being sent to the GP, then A+E, then Ill, then back to the GP. Seeing different doctors made it more confusing and issues were missed. GPs did not read the notes properly and they didn't always understand the previous issues. These issues contributed to her daughter being in hospital for over a week - which she feels could have been avoided with better previous medical attention.

A participant who has not seen a GP since 2014 had a call for 20 minutes. The call was helpful, but the time ran out, so the participant subsequently went to A and E.

# Stories

Participants felt that the GP surgeries applied judgement to their reason for calling. If they called up when their condition was either too bad or not bad enough, they got 'told off' for calling up unnecessarily or for leaving it too late. One participant called the receptionist to ask if their blood test results had come in - the receptionist seemed confused and gave an unclear answer. This type of instance shows what caused the participants to have a lack trust in the Care Navigators.



One of our elderly participant who prefers face to face appointment thought telephone appointments are a waste of time because the doctor cannot see you and properly assess you. The participant had a telephone appointment and was asked to send a photo of their spot. The GP said,

***“it was okay, but it turned out that I needed someone in the end because the spot spread.”***



# Acknowledgements

Healthwatch Reading

Healthwatch West Berkshire

Healthwatch Wokingham Borough

Berkshire West Patients and Patient Participation Group members

Berkshire West Primary Care Alliance

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board Primary Care

Communications team at Royal Berkshire NHS Foundation Trust

# Responses

Response from

## **Sanjay Desai**

**Head of Primary Care Operations, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.**

Thank you for sharing the report and also for the work undertaken by the Healthwatch team in compiling the report. As you are aware, your engagement around Primary Care in Berkshire West was running concurrently with the BOB ICB public engagement around the Draft Primary Care Strategy and many of your findings align with those received during the ICB engagement. These have all been reviewed and considered and have helped shape the new BOB ICB Primary Care Strategy which was launched in May.

At the heart of our Primary Care activity is an ongoing commitment to work with people and communities in equal partnership and to engage them at the earliest stages of service design, development and evaluation to ensure an enhanced patient experience is central to the Primary Care they receive.

A key element of this work is our engagement with Patient Participation Groups (PPGs), and we would like to take this opportunity to thank our local PPGs for the valuable role they play within their Practices, helping raise awareness amongst patients of developments within their Practices as well as supporting the delivery of training around digital activity and providing a vital liaison between surgery staff, patients and their local community.

# Responses

Extensive work has been done to educate and inform patients around modern Primary Care and the different healthcare professionals now working at Practices, including Social Prescribers, Care Navigators and Physician Associates, and also to support patients to understand and use the digital elements of Primary Care, recognising there will always be people whose preference will be non-digital engagement with their surgery.

Healthwatch's report rightly highlights the importance of communicating with patients and we ensure all patient communication is accessible, easy to understand, relevant and timely so patients are kept informed and involved in activity at their Practices and have opportunities to have their say. In addition, communication tools like videos, social media posts, websites and posters are used to support people to live well and independently within their communities, remaining fit and healthy for as long as possible. This is pivotal in ensuring Practice staff, especially GPs, are free to dedicate more time to those patients with serious or multiple long-term conditions.

# Responses

Response from

**Dr Amit Sharma**

**Strategy and Partnerships Lead, Brookside Group Practice**

In general, it is a useful insight. Overall, though whilst the recommendations are useful, there isn't enough balance to this report. It isn't clear for practices, what is working well as well as the challenges that patients are having. It would be good to have more positive news alongside areas for potential development.

On the recommendations, I would suggest there are some other considerations to make. We know from data that those practices that have significant numbers of patients using online triage systems to make appointments, have much quicker phone wait times for patients that really need this and struggle more digitally. Our PCN's own phone wait time showed a reduction from over 20 mins to 5 mins last year with the widescale adoption of our triage system. So, I am unsure why a recommendation isn't that more patients engage with online access and the NHS app as well as encouraging practices to get on board with online access too. It helps those that can online and those that cannot too. Whilst I understand the recommendations are for practices, if patients haven't got any recommendations, then it is harder for them to engage and take more ownership for their own health.

# Responses

On care navigation, once digital triage facilitates the information being the in-patient record which has been shown to save clinicians time and means the patient is investing in their health prior to the appointment. It also again means much less time on the phone, explaining each issue. Centralised triage (one dashboard which incorporates online, telephone and walk in patients) also more objectively allows us to prioritise those patients at risk more easily rather than a first come first served appointment system. Again, the digital solution allows self-book for those able, so they can book an appointment themselves once triaged at a time convenient for them.

Most practices should now have Cloud Telephony, and the care navigation doesn't reference this, as most practices will now have callback functionality.

Overall agree that everything will go into NHS app including the digital triage providers, this is a work in progress but should be resolved later this year for some of them. In addition, some surgeries, including ours provide NHS app clinics to teach patients how to use the app in person.