



# Local people's views on the referral process from general practice to secondary care

August 2024



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## Executive Summary

This report examines the positive and negative experiences of patients going through the referral pathway from general practice to secondary care. It highlights areas for change, which will help reduce demand for services, support improvement and increase patient satisfaction.

Healthwatch Birmingham recognises that the entire NHS is struggling to meet increasing demand. However, we believe prioritising improvements to the referral process will benefit both individual patients and the whole system. At the time of writing in August 2024, GPs are undertaking 'collective action' in protest at current funding arrangements, with a likely widespread impact on waiting lists for referrals and the number of people going directly to secondary care e.g Accident & Emergency departments. This illustrates the importance of a well-resourced primary care sector, and the need to work together with secondary care providers to implement more robust and efficient processes for referrals. Building on the good work already taking place across the Birmingham and Solihull Integrated Care System, we hope that this report will help to drive change for the benefit of both patients and providers.

The number of referrals made by GP to hospital specialists has increased in recent years. Healthwatch England reports that in 2022 around one million referrals were made every month from GPs to consultant-led hospital teams.<sup>1</sup> NHS statistics for January to March 2024 show that at least one million referrals were made each month from GPs to consultant-led hospital teams.<sup>2</sup> As the first point of contact for most patients in the referral process, GPs feature heavily in most referral experiences.<sup>3</sup>

Many people have a positive experience of their journey from GP referral to treatment to outcomes. However, some experience challenges and barriers such as delays, long waiting times, confusion, getting lost in the system, repetition and rejection of referrals by hospitals.<sup>4</sup>

This report is based on feedback from Birmingham residents collected between April 2023 and March 2024. We heard 2376 pieces of feedback about general practice and 2937 about hospitals, covering 258 general practices and four hospital trusts.<sup>5</sup>

This report is based on feedback about three key areas:

- GP referral to hospitals.
- Access and waiting for hospital appointments.
- Treatment at hospitals.

Analysing this feedback reveals three areas for improvement which will help reduce demand for services, support improvement and increase patient satisfaction.

- Improved referral process, with better integration and communication between services.
- Managing patient expectations through clear explanation of the referral process, likely waiting times and what to expect at appointments.
- Regular updates for patients during the referral process.

This report builds on our 2022 investigation [People's views on access to GP services in Birmingham](#). We have since worked with Birmingham and Solihull Integrated Care Board (NHS BSOL) to use patient feedback to drive improvement, as summarised in our 2023 [impact report](#). We will use our new findings in our ongoing conversations with NHS BSOL, local NHS hospital trusts and the GP Provider Support Unit, and highlight improvements to the public.

<sup>1</sup> [Briefing \(healthwatch.co.uk\)](#)

<sup>2</sup> [Statistics » Monthly Outpatient Referrals Data \(england.nhs.uk\)](#)

<sup>3</sup> [Understanding-patients--experiences-of-referrals-12\\_12\\_19\\_pdf-83467587.pdf \(gmc-uk.org\)](#)

<sup>4</sup> [Delivering better integrated care - GOV.UK \(www.gov.uk\)](#)

<sup>5</sup> University Hospitals Birmingham, Royal Orthopaedic Hospital, Birmingham Women's and Children's Hospitals and Sandwell and West Birmingham Hospitals.

## GP referral to hospitals

### Access to general practice

GPs are often the first point of contact for many people with a health issue or symptoms. People expect their GP to offer medical advice, provide diagnoses and prescribe medication, and also to be referred for specialist tests, treatment and care where needed.<sup>1</sup>

People who had a positive experience of the referral process said they were referred quickly upon seeing the GP, their notes did not get lost, they saw the right health care professional, received timely treatment and had a positive outcome. A good interaction with the GP included good communication, being listened to and not dismissed, and being given enough information about the referral process. This reduced people's anxiety and helped them understand the steps they would be taking.

*Very good doctors. They sent me to the hospital for my knee pain. I got an appointment quickly with them and they sent me to the hospital.*

*A very good GP. My husband was diagnosed on time and referred quickly to the cancer centre for treatment.*

*The surgery staff are very helpful. The GP listens to you and tries to provide full support at all times. They referred me to QE for further treatment very quickly.*

#### Case Study 1

*All staff, including the GPs, receptionists, nurses and the pharmacist have been friendly, approachable and supportive. I am always spoken to with respect and feel I am listened to.*

*Referrals to secondary care are made promptly and there is follow up to check progress. When I was diagnosed with a new health condition last year and didn't fully understand the letter from the hospital, the GP I saw explained to my satisfaction what I needed to know.*

*Similarly, when I recently had new medication prescribed by the hospital and had worries about contraindications and side-effects, the pharmacist checked online and was able to reassure me.*

*I have multiple health conditions so have regular contact with the surgery. The positive experiences I have described have been consistent during the time I have been registered at the practice.*

For people who had a negative experience, concerns started with the time taken to get an appointment with a GP and the care they need. People told us they often have to wait weeks or months before getting an appointment. This required frequently calling each morning and waiting in long queues. Some were either promised a call back or never got an appointment.

*You go through a process of getting an appointment, waiting in long queues and then you may not get an appointment.*

*You phone them, and they will say they will get a doctor to phone you. 2 weeks later and they never call you.*

<sup>1</sup> <https://www.healthwatch.co.uk/advice-and-information/2022-08-30/what-gp-referral-and-how-can-you-get-one>

In addition, changes to primary care services mean that people don't always see a GP.

***You can never see your GP. Most of the time the appointments are with the nurses or physician assistant and at times they ask you to go to the pharmacy for quick advice.***

Some people feel like continuity of care is affected when they are unable to see the same GP, further impacting the likelihood of a referral to specialist care.

### **Case Study 2**

***It is almost impossible to get an appointment, and you can never see the same doctor.***

***I do not like having to disclose my medical symptoms to a receptionist, and staff can be very rude and abrupt when I explain this. I just feel that it's a complete lack of privacy expecting patients to divulge sensitive information to a receptionist over the telephone.***

***Referral times can be slow and there is a lack of communication [in] keeping patients updated.***

The GP triage system for booking appointments also impacts people's timely access to care. Some people were weary with the process and uncomfortable with the questions asked by receptionists and on booking forms.

***Long waiting times on the phone and too many questions asked in order to get an appointment. You have to spend 60 minutes on the phone waiting and answering 100 questions before getting an appointment.***

***It is terrible. There is a new system where they send you a form to get an appointment so you can't access one on the phone.***

## **Referral from GPs to secondary care**

People who have a positive experience of the referral process are satisfied with their interactions with the GP.

***I told them my symptom and they said they would refer me on an emergency pathway.***

Those dissatisfied often reported feeling ignored and not listened to or taken seriously, therefore delaying their referral. Even where they feel listened to, many feel symptoms are ignored and there is a failure by the GP.

***GP's don't listen to you. I had an abdominal infection, and they took too long to refer me to specialist services.***

***My daughter has ADHD and Autism. They listen but they don't do anything. I am waiting on a referral for an appointment to see a specialist. They have said the referral onto the service will take 1 year. She is missing lots of school already and there should be a shorter waiting time for an urgent referral. They know there is an issue so it should be a shorter wait.***

***My father requires an urgent referral to a hearing clinic and a referral to a urinary consultant. These requests have been made on several occasions. I have also complained. I have had no response to my complaint or requests. Can you please support me with my concerns. My father has dementia and no capacity or ability to access service for his own health needs.***

Individuals told us that they were not always referred to a specialist immediately, leading to poor outcomes for some.

***My mom was not diagnosed for liver cancer for years as a result she died. GP's don't listen and are very slow in referring for specialist treatment.***

### Case Study 3

*Spoke to my GP on the phone with a concern about an itching inside the breast. I've already had cancer and asked for a mammogram. She went through a tick list of accepted symptoms and mine wasn't on that list. She said if I didn't have what was on that list my request for a mammogram would be thrown out.*

*Now when I was signed off from the hospital after my treatment was finished, I was told that absolutely anything, any changes, any concerns I was to get booked in for a mammogram. So, what's going on? My concern is genuine. When I previously had breast cancer it was found during a normal mammogram, I had no noticeable symptoms.*

*In fairness to my GP, she's examining me this week, but if she finds nothing?? What is the point of your tv adverts "if something doesn't feel right" if we're to be dismissed when something doesn't feel right??*

Some people were waiting months - and in some cases years - following multiple requests to the GP. This was worsened by failing to get a GP appointment.

*I was waiting 8 months for a referral to the hospital, may have been a little bit longer.*

*I can't see any doctors. I waited 2 years for a referral and then you don't hear anything, you go for an appointment, and they don't follow up. My son has tonsillitis and every month they give antibiotics and say he will be seen by the Children's hospital. I am still waiting for the referral.*

*We waited 2/3 months for an appointment so that my son could be referred. We've been asking the GP to refer us onto an ENT specialist for my son's speech and language. We had issues with the NHS referral.*

*7 months referral for breathing problems - I went to the doctor with chest issues. I told them I was struggling with breathing. They referred me onto Heartlands for tests. It took 7 months to be referred.*

The whole process of getting a GP appointment, including the triage system and poor interaction with the GP, combines to delay the referral process. This increases the time that the patient suffers from their symptoms or condition.



## Access and waiting for hospital appointments

Getting a referral does not always guarantee that people will get the care they need, and there is a period of waiting between the referral from the GP and the referral appointment itself. Some people were satisfied with how quickly the referral was made, how transparent the process was, their understanding of the process and what the referral was about. Most important was the speed with which they were given an appointment with the specialist. Although some struggled with getting a GP appointment in the first place, when they did see the GP they were satisfied with how the referral process worked.

***Very difficult to get a [GP] appointment but they referred me very quickly for the bypass which saved my life.***

***I see the same consultant, so I know how everything is going. I was seen within 2 weeks by gynaecology after a referral was made.***

***I told them my symptom and they said they would refer me on an emergency pathway.***

***Mom was referred on from dermatology at Good Hope. There was a little wait but nothing to be concerned about. She was kept well informed about what was happening anyway.***

However, some found the period between appointments challenging, especially when the referral did not happen quickly enough and there was a delay in hearing back from the specialist.

***It's very difficult to get an appointment with a consultant in the endoscopy department. Very long waits all the time.***

***The waiting times and lists are too long. They've told me the list is 63 weeks long at the moment and that was even after the doctor sent an expedite letter for an urgent referral, but it's still 63 weeks. The GP is good and helps me but it's far too long of a wait for a referral.***

Other concerns included referrals getting lost in the system, lack of information on the referral process, lack of communication and updates including communicating results.

***Been waiting 3 months so far. We have been referred here by our GP. We have been waiting for over 3 months for an appointment with the specialist doctor.***

***Was meant to have outpatients' appointment. I call them and they don't get to me and follow up. It was a year since my first appointment they said they'd give my results haven't heard anything.***

***Very long waiting times for referrals and very difficult to get an appointment with your consultant. Poor communication. I have to chase my test results all of the time.***

Another cause of concern, frustration and anxiety is GPs not processing referrals properly, referrals being refused or rejected by specialists and failure to communicate this to patients. In most cases, lack of communication leaves people chasing the referral.

***My husband was very ill last year the doctor did the referral wrong and made no effort to get him to hospital, since he has come home after over 9 months in hospital, his GP has not done a home visit, I cannot get an appointment to review his medication, the carers gave too much medication and the ambulance people asked me to get a blood test done at the end of October but GP said it was none urgent and it has still not been done, I have to give his insulin but have not been told at what level not to give it had no help at all.***

## Case Study 4

*I recently registered at the practice. I contacted the surgery to report abdominal discomfort. I was sent for blood tests and an ultrasound. The clinician I spoke to said 'when the results come back we will be in touch to arrange a gastro referral as a potential next step'.*

*I heard nothing for 3 months. I contacted the surgery and arranged a F2F appointment. The female clinician examined me and decided I should have a neuro referral. I agreed to go along with this. Then heard nothing for 1 month.*

*I decided that I wanted to go ahead with the original gastro referral as my symptoms seemed to worsen. The clinician then became extremely defensive and refused to provide me with any further care until after my neuro referral. I found this to be unacceptable. She offered no additional tests, nothing. When I asked her why, she told me to calm down.*

*I'm sorry but it's my body, my symptoms. Do your job and arrange more tests. My symptoms have worsened. She refused to listen and threatened to call the police if I didn't stop talking. I was shocked by the reaction, lack of compassion and complete neglect of my symptoms.*

*No additional tests? No care for patient health or safety. She then started speaking badly of other healthcare professionals. Saying she's been in this job for a long time and knows what she's doing. I decided to register somewhere else, but this has to be the worst experience I've ever had.*

A recent study by Healthwatch England<sup>1</sup> found several issues with NHS referral processes, stating that one in five patient referrals made by GPs went into a black hole. People experiencing a referrals black hole were those who got a referral from their GP but then one of the following occurred:

- The person was referred to the wrong service.
- The person's referral appointment was cancelled.
- The person was taken off the waiting list.
- The person didn't hear anything else about their referral.

These experiences are reflected in feedback we heard. People told us they were referred to the wrong service, had referral appointments cancelled, and did not always hear back about their referral.

***GP referred to neurologist, should have been a Maxo facial specialist. Was treated privately, and complaint made against GP in 2023.***

***There was a communication mix up. I was invited to the wrong clinic assessment by mistake. Poor communication.***

***Three years ago, [my] husband was referred to the hospital for a hip operation. He had x-rays and never heard anything else after that. It's like they forgot about him. He spoke to PALS to make a complaint and never heard anything back.***

<sup>1</sup> <https://www.healthwatch.co.uk/blog/2023-02-16/referrals-black-hole-new-findings-peoples-experiences-gp-referrals>



*Cancelled appointments with no reason. They said they couldn't do an MRI scan until they saw previous scans. They've cancelled appointments without reason and didn't give me a new one. I was given the Endometriosis/gynaecology's wards secretaries number to contact, and they didn't answer, they ignored my calls and told my mom to stop calling. When I eventually saw the consultant, they said my growth was at risk of bursting and they said it would need an ultrasound in 2 weeks and an operation within 2 months and that was back in March, I've since been given an appointment for an ultrasound but no explanation as to what for.*

*Waited for an appointment to be told they do not deal with feet issues. Spoke to the GP about an issue with my foot and they referred me onto the hospital to see what was going on. I did not wait a long time to get an appointment at the hospital, I waited around 4 months. When I went there, they said they don't deal with feet, so I had to wait for an appointment at Solihull hospital for an x-ray which we waited 12 months for.*

### Case Study 5

*Waiting for a rapid response appointment for a chest pain clinic. Referral by GP over a month ago contacted by hospital to say wrong paperwork completed need GP to resubmit this was done.*

*Letter then from hospital saying if not heard anything by [date redacted] go online to book appointment or call hospital. Letter arrived on [date redacted] went online to book appointment and there were no appointments available called hospital and told no appointments available. Details taken for someone to call back with appointment no call back.*

*Letter now received stating as no appointment made by patient presumed no longer needed. Contact made again via GP surgery saying urgently needed appointment and still no contact made, or appointment given.*

*This is supposedly a RAPID Response clinic for chest pain at [hospital name redacted] and so far, it has been over 5 weeks and still no appointment.*

Long waits due to the challenges people face accessing referral appointments led to them to look for alternative options. Some went back to the GP multiple times **"I've been back 4 times about my back and hip referral"**, putting a burden on services already experiencing high demand. Others tried their own remedies, such as over the counter medication or changing their diet to address symptoms. This may have an impact on their finances (see Case Study 7). Other people opted to seek help in the private sector to get the care they need.

*At first the lady on the phone said she hadn't had a referral for me. She then said that they had found my details, they had tried to call me on 2 occasions and left voicemails, can this be proved as I don't believe this to be true? I've now been left again with no pain relief can't stand up on my own, have no way of getting to hospital as I can't drive in this condition ... because of how poor the service has been when seeking medical help, I've been forced to go private seeing a chiropractor and an osteopath.*

Healthwatch England suggests that the NHS develop a much more transparent system so that patients know when and to which department they have been referred and how they can track the referral.<sup>1</sup>

<sup>1</sup> <https://www.pulsetoday.co.uk/news/workload/one-in-five-patient-referrals-bounced-back-to-gps-warns-watchdog/>

## Case Study 6

*I have been experiencing significant health issues, which include abdominal bloating, excessive gas, and severe discomfort, particularly on my stomach. My journey began with my previous GP, where I encountered numerous challenges due to language barriers.*

*English is not my first language, and despite my repeated requests for an interpreter, one was never provided. This made it incredibly difficult for me to convey my symptoms accurately. Additionally, instead of referring me to a specialist, my GP consistently directed me to a clinician, who failed to take my requests for specialist referrals seriously.*

*Despite my efforts to address these issues, my complaints to the GP's management were disregarded. This led me to lose faith in their ability to provide adequate care, prompting me to seek assistance elsewhere.*

*I decided to consult a private gastroenterologist, who agreed to refer me for an endoscopy, given the severity of my symptoms. However, due to my home location in a different city, [I was] referred to a specialist in Birmingham.*

*After the endoscopy, a lesion was discovered in my stomach, with the results indicating a possible submucosal lesion. Unfortunately, I encountered confusion regarding the referring doctor, and I was discharged from the system without clear guidance on the next steps.*

*Several months later, I received a letter for an appointment with a different gastroenterologist, leading to further uncertainty. During my appointment, another endoscopy was suggested due to the presence of a lesion. However, there appeared to be a lack of consensus among the medical staff regarding the necessity of additional tests. This inconsistency in recommendations left me perplexed and concerned about the accuracy of my diagnosis.*

*Amidst these uncertainties, my symptoms continued to worsen, and I sought emergency care, experiencing blood in my stool. After a sigmoidoscopy, I was informed that my bowel health appeared normal, leaving me even more puzzled about the underlying issue.*

*In desperation for answers, I sought the expertise of [name, service], although I could not afford to pay the visit fee, who referred me for a CT scan. This scan revealed diverticular colitis, a condition that had been missed by previous doctors.*



## Treatment at hospitals

Some people were happy with the referral appointment because they were seen quite quickly following a GP referral and their interaction with the hospital consultant was positive with clear information given. People said they felt supported, received the right treatment and described staff as kind and helpful.

*I was referred by my GP for a check-up. The consultant explained everything very well and booked me in for further tests.*

*It didn't take too long to be referred to them. My eye kept watering all the time. After the GP made the referral, they saw me quite quickly.*

*I was referred there by my GP. I am very happy with the service and the support I have received.*

*I was referred here and received very good treatment. It was a quick referral and the treatment started within 2 months.*

*Referred onto the chest clinic from GP. Not waited long. First time coming here. It's okay.*

*They have been great. The staff are lovely. You get texts, letters, emails and reminders sent too. Communication from staff is good. I have been waiting 20 minutes for blood tests. I was referred on from my GP and it didn't take a long time. Overall, really happy with the hospital.*

However, some people had a negative experience of the hospital appointment. They were dissatisfied with the waiting times at the hospital, reporting waits of three hours or longer.

*They lost medical records. We waited for 3 hours to see the consultant because they lost our medical records and so they referred us to the eye hospital.*

*Very bad experience all the time here. Be prepared for long waits. Always take drinks and food with you because it may take 3 to 6 hours before you will be seen.*

*I had to wait 12/13 hours for a scan for my dysphagia. My phone died and I couldn't charge it. I was with my mom. The waiting room was packed. I was prescribed Peptac. The service was good once I got in, it was just the wait.*

*[Waited] for Mental health assessment for 10 hours which just causes delays, need more support.*

After waiting a long time for an appointment, some people were disappointed by the length of the appointment and felt that the referral was a waste of time. Others expressed frustration was with the mode of appointment (e.g. over the phone).

*You wait a long time at the hospital, and they do a 5 minute check-up. They say he has a problem and then waits 4 to 5 months for a follow up.*

*On the letter it said it would take 1 and a half hours but was literally in there 10 minutes. I have waited a year for the appointment, and I am quite disappointed.*

*Waited for over 2 years for an appointment. When a date arrived it was for a telephone interview where I was told I need to be seen in person (at least it took my name off their waiting list) waited a further 6 months for a face to face appointment, was told I needed blood tests and depending on what they showed would dictate what course of further treatment would be needed. Blood taken [date redacted], now November and still no further information.*

*I was referred to the menopause clinic by my GP. This service is failing on all levels with women experiencing huge waits, I have been waiting for 15 months. Even when you do get an appointment post pandemic this is a telephone consultation and last week they DNA'd their own appointment with me. No notification from them about the missed appointment which relates to systemic issues regarding communication systems with women from this service and management of their waiting list.*

When attending their referral appointment, some people were dissatisfied that the doctor or consultant lacked awareness of their medical details. They said the clinicians didn't always read their medical notes prior to the appointment leaving people having to retell their medical history and symptoms again.

*Patient attended appointment with their sister. Doctor came and greeted them both and then insulted the patient when their sister answered for them as the patient has severe social anxiety. Doctor then asked what the issue was and had no recollection of any medical details.*

*The care here is good, but it is a long way to travel, and I always have to spend time explaining my medical history.*

*I am with one doctor, but I don't always see the same doctor. They ask me the same questions and don't read reports and notes, so I have to explain each time. there is no continuity of care.*

*My husband had prostate cancer and had surgery at [hospital name redacted] but when he was transferred to [hospital name redacted] he had problems. When he had a meeting with the consultant, they didn't even know he had surgery and spent the whole time in the session reading the notes not allowing time to ask questions.*

*My husband has a Spinal Cord injury and is wheelchair dependant and unable to stand. He was booked for x-ray and was asked to stand for x-ray. When asked if they have another machine that could be used, he was advised he would have to rebook appointment. This was not satisfactory. It appears that his notes were not read by those who needed to. We have now been waiting 6 weeks since request was made no appointment in sight.*

People expect the doctor at the referral appointment to have all necessary information about their medical history and symptoms. When they have to explain their condition again and it seems like the doctor is not conversant with the reasons for their visit, they believe that there is no continuity of care and sometimes question the treatment conclusion as they believe it has failed to consider their medical history. Of course, this might not be the case and the General Medical Council argues that doctors might have a good reason for asking the patient to tell them their medical history and symptoms. Doctors may be looking for different things, but maybe do not always explain this effectively to patients, leaving them to conclude that there is poor integration of services.<sup>1</sup>

### Case Study 7

*My husband has suffered from digestive issues for the past year. In January, he sent over stool samples to the GP. Following this, it showed up some kind of inflammation.*

*He was then referred for specialist scans at [hospital name redacted] and we were told to wait for an appointment to come through. This was at the start of February 2023.*

*We have chased this up with the hospital and the GP, and apparently my husband is on the priority/urgent list, but they are unable to tell us how long we will need to wait.*

*In the meantime, my husband's digestive issues are getting worse. He's unable to eat anything without being in pain or suffering in some other way. He's had to restrict his diet and eliminate foods, which is costing us a lot as he has had to buy things like vegan or gluten free items on a regular basis.*

*I think we will struggle to sustain this, and even with food substitutions made, he still has digestive issues. My husband is suffering and the longer we wait, the worse it is getting. I'm concerned that if there is something malignant going on that he's waited such a long time that the damage would be irreparable.*

<sup>1</sup> [https://www.gmc-uk.org/-/media/documents/understanding-patients--experiences-of-referrals-12\\_12\\_19\\_pdf-83467587.pdf](https://www.gmc-uk.org/-/media/documents/understanding-patients--experiences-of-referrals-12_12_19_pdf-83467587.pdf)

A GP referral may lead to several hospital appointments before diagnosis or treatment. People report that this is not always a seamless process and that the wait in between these appointments can be long and stressful. This is further worsened if there is a lack of communication, especially about test or scan results. In addition, people were concerned about cancellation of appointments after a long wait and the lack of support while people wait.

*This hospital hasn't got a clue anymore. You wait close on a year before you get an appointment, unless that I is cancelled too. Consultants just lie to your face, I was told once my results were back I would be seen within 6 weeks, my results have been back since the end of October, still no appointment, called and informed due to their new appointment systems, which is clearly not working, it could be July until I get seen? The spinal team is just appalling it really is, how can you be made to wait so long? And with no answers.*

*Waiting a year so far. In August saw consultant referred to. Still waiting for the promised treatment.*

*5 weeks wait for heart scan [and I am] on the waiting list for an appointment for respiratory clinic, been told it's 52 weeks wait. No support or info provided in the meantime.*

*Very poor communication about test results and screening outcomes.*

### Case Study 8

*Weeks of waiting for urgent referral. No update/communication on Urgent Referral After an Ultrasound found something on my pancreas I was given an urgent two week referral to [service name redacted].*

*I am now in my SIXTH week of waiting, and after being patient and just three phone calls enquiring what is happening, I've been told they will get in touch with me [date redacted].*

*I was told this again and asked for a more direct contact number to speak to someone more senior. I was given the Secretaries number who said that she would contact consultants and phone me back. No call back received.*

*This is shoddy care with no thought to my anxiety and mental health after six weeks of no further tests and even more lack of communication in their part.*



## Conclusion

Healthwatch Birmingham recognises that the NHS is under huge strain. It faces the challenges of a growing and ageing population and is still reeling from the aftermath of the Covid-19 pandemic, which has increased waiting times across the system. All parts of the healthcare system are struggling for sufficient resources to meet increasing demand, and the recent GP vote to take collective action is a clear message about the unsustainable situation in primary care. Secondary care is also experiencing pressure to reduce waiting lists, resulting in the lowest ever public satisfaction rates for the NHS.

Against this backdrop, the local health system has worked hard to meet patients' needs. There are clear programmes of work across the system to improve patient experience and improve patient pathways. Notably the work of the BSOL GP Provider Support Unit is improving services through their 'Access Improvement programme'.

However, we continue to hear variation of patient experience. This will result in increased demand for services. Where patient pathways do not work as they were intended, patients sometimes require repeat appointments to ensure they get the care they need. We understand that change takes time, and the findings of this report are intended to continue our work with health service commissioners and providers to drive improvement.

People's experiences show that the journey from getting a GP referral to accessing a referral appointment can be lengthy. As Healthwatch England states, 'the total time the patient suffers from their symptoms can be much longer than official statistics suggest. There is a gap in measurement for some parts of the referral process thus impacting the focus of improvement measures. What can be missed is the time it takes to get a GP appointment, the time between the first GP appointment and getting a referral, and the time waiting for referral confirmation. Official NHS statistics focus their measurement on the time waiting for a referral appointment (e.g. when you get on the waiting list)'.<sup>1</sup>

A key challenge is the length of time it takes to get referred by the GP. The whole process of getting a GP appointment, including the triage system and poor interaction with the GP, delays the referral process, increasing the time that the patient suffers from their symptoms or condition. The challenges continue following a GP referral. Some people either do not hear back from the hospital, the referral appointment is cancelled, or the referral is not done properly or sent to the wrong department. This means a GP referral does not always guarantee access to the care someone needs.

Based on the findings of both Healthwatch England and our own research, Healthwatch Birmingham recommends that the local healthcare system, in particular NHS BSOL, NHS hospital trusts and general practice teams (PCNs), should consider implementing the improvements for each stage of the referral process outlined in the subsequent pages.

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<sup>1</sup> [https://nds.healthwatch.co.uk/sites/default/files/reports\\_library/20230131%20GP%20Referrals%20Briefing%20\\_FINAL.pdf](https://nds.healthwatch.co.uk/sites/default/files/reports_library/20230131%20GP%20Referrals%20Briefing%20_FINAL.pdf)

## Access to general practice

Access to GP appointments is a key barrier and the first hurdle people have to overcome in order to get a referral. Our 2022 investigation [People's views on access to GP services in Birmingham](#) exposed the challenges many people in Birmingham face getting a GP appointment, and made recommendations for change focusing on:

- Extended access to GP practices.
- Improved telephone systems and websites.
- Better communication of changes to primary care with patients.

While our follow-up [impact report](#) in 2023 revealed that some progress has been made, significant problems in access persist. NHS BSOL and PCNs should continue their efforts to recruit and retain more staff, offer more appointments and improve telephone and online booking systems to reduce the '8am rush' for appointments. In addition, there should be a drive to increase public awareness and understanding of changes to primary care such as remote triage and appointments with healthcare professionals other than GPs (e.g. Advanced Nurse Practitioners, pharmacists), as well as the reasons for these changes (see our [report into community pharmacies](#) and the role of Pharmacy First).

## Referral from GPs to secondary care

- Ensure that patient communications are accessible and contain clear information about when and why the referral is being made, who is making the referral and where they are referring to. Contact details for both the relevant primary and secondary care providers must also be included so patients know how they can track the referral. NHS BSOL should also raise public awareness of and greater use of the NHS App as a more efficient way of accessing and managing information about referrals, to reduce the delays and risks of letters going missing in the post.
- Encourage adherence to the GP contract which states that teams must use the NHS e-Referral Service when referring patients. It is important to understand how GPs are referring patients in Birmingham. Healthwatch England found that many GPs in England were using a referral letter which tended to make the process longer.
- Where appropriate, GPs should make more use of options such as specialist advice and guidance (where a GP consults a secondary care specialist to decide whether a referral is necessary) to reduce both the number of patients sent for referrals and rejected or refused referrals. Although NHS BSOL has one of the highest rates of GPs using specialist advice and guidance in the country<sup>1</sup>, even greater uptake in the local system could significantly reduce waiting times for all patients.

## Access and waiting for hospital appointments

- Improve processes for patients to contact NHS teams about their condition following a referral. Secondary care providers should ensure they notify patients as quickly as possible once they have received a referral, and again once the referral has been accepted or refused. If the referral has been accepted, there should be an indication of expected timelines until an appointment is confirmed. If the referral has been refused, there must be a clear explanation of the reasons why, and information on the next steps the patient can take. GPs should be copied into or notified of all these communications.

<sup>1</sup> <https://www.hsj.co.uk/primary-care/hospitals-could-see-10-hike-in-referrals-under-gp-action/7037576.article>

- During the waiting period, secondary care providers must proactively inform patients of any changes or delays to the timeline for their appointment. They should also, where possible, provide signposting to sources of support to help people manage their condition e.g. local patient support groups and third sector organisations. There is also a need to improve processes for patients to contact NHS teams about their condition following a referral.

## Treatment at hospitals

- Before referral appointments, clinicians should ensure they are familiar with the patient's relevant medical history and the reasons for referral, to maximise the time spent at the appointment and minimise patient frustration.
- Where appropriate, consider consultant-to-consultant referrals to reduce the number of referrals bouncing around the system and reduce the number of people going back to their GP, thereby reducing delays and frustration for the patient.

Central to all these recommendations is the principle of clear communication. Providing timely and accessible information to patients increases their satisfaction and can reduce missed appointments or instances of people returning to their primary care provider or visiting other services such as Accident & Emergency or Urgent Treatment Centres seeking treatment and advice. It is important to improve the NHS' online 'manage my referral' system so people can access information throughout the referral process, while also ensuring that people are offered different means of communication appropriate for their needs.

Good communication between primary and secondary care is equally essential. The stated aims of the Integrated Care System model include 'improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money.'<sup>1</sup> When a person's care is provided by several professionals, across different providers, good integrated care should reduce confusion, repetition, delay, duplication and gaps in service delivery, and stop people getting lost in the system. The feedback we have heard highlights the referral process as an example of how primary and secondary care communication systems are still not integrated enough to achieve these aims.

## Next steps

Our report shows that focusing on the following three areas would make the biggest difference to patients and reduce demand on both primary care and secondary care services:

- Improved referral process, with better integration and communication between services.
- Managing patient expectations through clear explanation of the referral process, likely waiting times and what to expect at appointments.
- Regular updates for patients during the referral process.

We will use the findings of this report in our ongoing conversations with NHS BSOL, local NHS Hospital Trusts, and the local GP Provider Support Unit. We will also track the changes made and highlight these improvements to the public.

## Acknowledgements

Thank you to everyone who shared their experiences of the referral process. Your feedback helps us to improve health and social care services across Birmingham.

<sup>1</sup> NHS England - Building strong integrated care systems everywhere



## About Healthwatch Birmingham

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. You can read more about the work of Healthwatch Birmingham here: <https://healthwatchbirmingham.co.uk/about-us/>

### How do we select the issues we collect evidence about?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System. By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

### Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham board members, patients, members of the public, service users and carers. They share relevant experiences, knowledge, skills and support. Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are investigating. This helps us to form a deeper understanding of the issue from the perspective of these professionals, and encourages them to take prompt action to implement positive changes for patients and the public.

### What difference do our reports make?

We follow up our reports to see if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make in response to the report. If Healthwatch Birmingham finds no improvement, we may decide to escalate the issue to Healthwatch England and local regulators. We also monitor the changes to see if people experience sustained improvements.

### How to share your feedback about the issues heard in this study

If you are a service user, patient or carer, please do share your experiences with us via our:

- Online [Feedback Centre here](#).
- Information and Signposting line on 0800 652 5278 or by [emailing us](#).

# healthwatch

Birmingham

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