GP Access: Experiences of the Hillingdon Community

Findings of Healthwatch Hillingdon's GP Access campaign

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About Us

Healthwatch Hillingdon is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.

Our vision

To bring closer the day when everyone gets the care they need.

Our mission

To make sure that people's experiences help make health and care better.

Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Executive Summary

This report explores community experiences of accessing GP services in Hillingdon, highlighting key barriers and opportunities to improve patient access and satisfaction. Through a mixed-methods approach combining a borough-wide survey with targeted community engagement, the findings reflect the voices of over 270 residents, with a focus on seldom-heard groups known to be at a higher risk of health inequalities and discrimination including people with disabilities, asylum seekers, and unpaid carers.

The findings of this report reflect a healthcare system under strain, due to increased demand and workforce pressures. Whilst digital transformation and systems promise to address demand and capacity, we learned through our engagement with residents that they have outpaced the lived realities of many patients and are not yet sophisticated enough to provide adequate access for those that are digitally confident and enabled.

While GP practices continue to deliver high volumes of care, this research highlights the need for more accessible, consistent, and patient-centred services. From improving digital platforms and booking systems, to strengthening communication and support for vulnerable groups, we hope the insights shared in this report offer a foundation for developing more inclusive, responsive GP services and wider primary care.

Though our report presents some of the issues and challenges in accessing GP services, our intention is to bring about positive change and support local health services to bridge the gap between system capacity and community expectations - ensuring that all residents, regardless of background or circumstance, can access the care they need, when they need it.

Lisa Taylor
Managing Director, Healthwatch Hillingdon

Executive Summary

Key Findings

- **Satisfaction and Access:** While many respondents were satisfied with clinical care, significant challenges remain around booking appointments and interactions with reception staff. The first point of contact often poses a significant barrier, affecting overall patient satisfaction and trust in GP services.

- **Digital Services:** Across all age groups, respondents reported substantial difficulties with online systems, which were consistently described as confusing, complex, and not user-friendly. These issues were particularly acute for working-age individuals and those with accessibility needs, such as visual or hearing impairments or lower digital literacy.

- **Awareness of Primary Care Roles:** A widespread lack of understanding about the roles of wider healthcare professionals beyond GPs was evident. Many patients remain unclear about when and how they should seek care from other professionals, limiting the effectiveness of multidisciplinary approaches.

- **Continuity of Care:** Patients reported ongoing frustrations due to inconsistent care, inadequate follow-up procedures, and reliance on locum doctors unfamiliar with their medical histories. This particularly affects patients with complex or long-term health conditions.

- **Barriers for Vulnerable Groups:** Asylum seekers and other vulnerable populations face compounded barriers, including language challenges, limited interpreter support, digital exclusion, and difficulties transitioning from specialist services to mainstream GP care.

Executive Summary

Recommendations

1. **Accreditation and Receptionist Training:** Encourage GP practices to join initiatives like the Safe Surgeries Network, complemented by regular, structured training for reception staff in cultural competency, accessibility, and patient-centred care.

2. **Flexible Booking Systems:** Expand appointment availability beyond traditional peak times, implement clearer triaging protocols, and ensure home visits remain accessible for patients with mobility constraints.

3. **Accessible and Efficient Digital Platforms:** Develop an integrated digital system designed with comprehensive user-testing to ensure 24/7 accessibility, mobile compatibility, and full accommodation of diverse accessibility needs.

4. **Continuity and Follow-Up Improvement:** Prioritise patients with complex needs through targeted strategies, effective clinician information-sharing, and structured follow-up protocols to improve continuity of care.

5. **Clear Communication of Healthcare Roles:** Enhance patient awareness of the roles of various primary care professionals through multilingual and accessible communication resources, reinforced through proactive patient interactions.

Executive Summary

6. **Support for Vulnerable Populations:** Strengthen targeted outreach, interpreter availability, and tailored appointment structures for vulnerable groups, ensuring equitable access and effective integration into mainstream NHS services.

7. **Ongoing Community Engagement:** Sustain and expand targeted engagement efforts with seldom-heard groups through regular collaboration with community organisations and co-produced service design, ensuring healthcare provision remains responsive and inclusive of diverse community needs.

Introduction & Methodology

Introduction

Now more than ever, people are seeking access to their GPs, yet many feel that they cannot secure an appointment or access care the way they would prefer. Yet, whilst widespread perception would say otherwise, GPs are seeing more patients than ever before, including face-to-face consultations. In September 2024 alone, Hillingdon practices provided 164,472 appointments, an increase of 3,396 more monthly appointments than the previous year. However, despite this increased patient contact, challenges in accessing services persist, contributing to the frustration and dissatisfaction felt among the public.

These difficulties arise against a backdrop of immense pressure on the NHS. The population in Hillingdon has risen from 273,900 in 2011 to 304,800 in 2024—an 11% increase—intensifying the demand for GP services. At the same time, workforce shortages are worsening the strain. Since 2015, the number of full-time, fully qualified GPs in the NHS has reduced by 1,557. A single full-time GP is responsible for an average of 2,282 patients, 345 more than in 2015. Most GPs manage between 40-50 patient contacts per day, far exceeding the British Medical Association's (BMA) recommended safe level of 25 daily patient contacts. Furthermore, 26% of GPs in Hillingdon are over 55, raising concerns about future workforce capacity. The number of practices in the borough has also declined, dropping from 48 in 2011 to 44 in 2022.

This report examines the issues related to GP access from the perspectives of the Hillingdon community. It investigates their experiences with accessing services, satisfaction with health outcomes, and preferences for different contact methods and appointment types. By identifying key barriers and opportunities for improvement, this research aims to inform strategies that enhance access to GP services and ensure they remain responsive to the needs of the community.

Methodology

To gather insights into access to primary care services, a mixed-methods approach was used, combining an online survey with targeted community engagement efforts.

Survey Development and Distribution

The survey was designed and hosted on our website. To enhance accessibility, we published an accompanying article explaining the purpose of the research, which included visual assets such as a QR code that linked directly to the survey. This article remained on the website throughout the research period and was promoted through social media campaigns to increase reach and engagement. To ensure accessibility for those less comfortable with digital platforms, we also produced a paper copy of the survey. The Healthwatch Hillingdon team distributed printed surveys at various community organisations, events, roadshows, and outreach initiatives.

Methodology

Targeted Community Engagement

Recognising the diverse nature of Hillingdon's community, we employed targeted engagement strategies to ensure inclusivity, particularly for seldom-heard groups. We conducted outreach with community groups, faith-based organisations, and patient participation groups. Discussions were held with members of the public, representatives from organisations supporting marginalised communities, and clinical staff working within the borough. Specific outreach efforts included:

- Direct engagement with local community groups, cultural organisations, and advocacy groups, such as DASH (Disablement Association Hillingdon), Carers Trust, REAP, and Trinity.

- Collaboration with public services, including libraries, family hubs, and children's centres, to disseminate the survey and encourage participation.

- Engagement with residential care settings, reaching out to 30 care homes and 17 residents' associations to ensure that older adults and those in assisted living had the opportunity to contribute.

- Email outreach to healthcare organisations, sharing information about the survey and requesting participation from staff, service providers, and community stakeholders.

These efforts aimed to ensure broad and representative participation, capturing the perspectives of residents who might otherwise struggle to engage with online surveys due to digital barriers, language preferences, or other accessibility challenges.
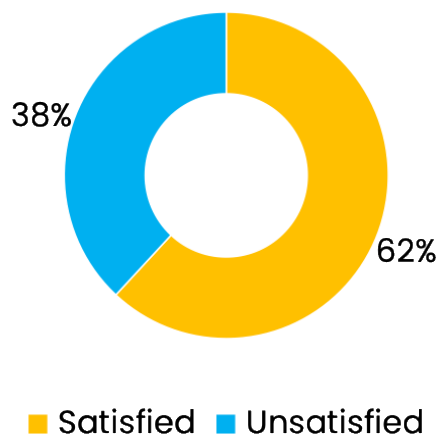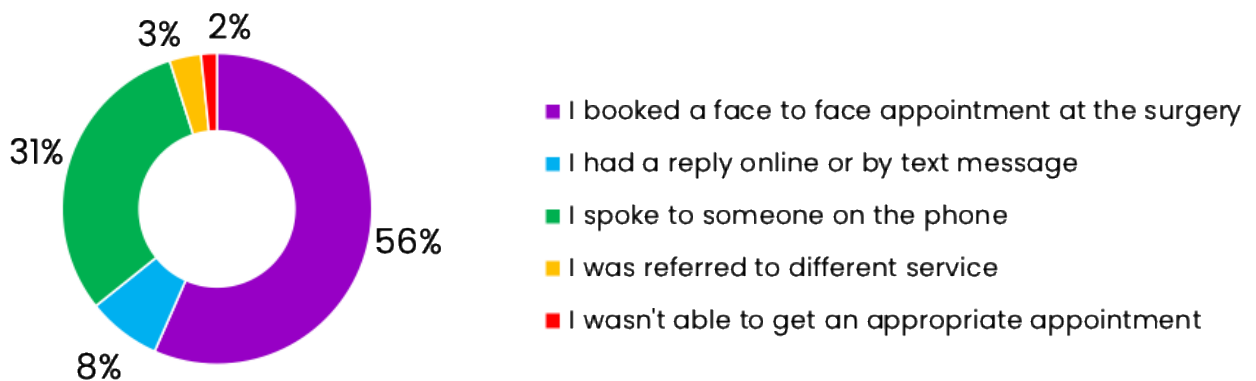
Survey Data Findings

Satisfaction

This section examines respondents' recent experiences engaging with their GP practice, including their satisfaction with the outcome of getting in contact and various aspects of service. It highlights key satisfaction trends and identifies areas for improvement.

Satisfaction with Outcomes

When asked about the outcome of contacting their GP, 56% of respondents reported booking a face-to-face appointment at the surgery. A further 31% spoke to someone on the phone. Overall, 62% of respondents were satisfied with their outcome.

a face-to-face appointment was the most common outcome & most respondents were satisfied

3% 2%
31%
56%
8%

- I booked a face to face appointment at the surgery
- I had a reply online or by text message
- I spoke to someone on the phone
- I was referred to different service
- I wasn't able to get an appropriate appointment

38%
62%

- Satisfied ■ Unsatisfied

Satisfaction with Outcomes

Most unsatisfied respondents (44%) cited the inability to secure an appropriate appointment. The most common action after this was contacting their practice again (19 respondents), followed by taking no further action (17 respondents). 11 respondents opted to use a non-NHS service or searched for information online. In contrast, 69% of satisfied respondents had booked a face-to-face appointment.

Contacting another time was the most common action for unsatisfied respondents - followed by not doing anything

| Action	Count
I decided to contact my practice another time	19
I didn't do anything	17
I used a non-NHS service, or looked online	11
I called an NHS helpline; such as NHS 111	10
I went to A&E / UTC	10
I made a complaint (to my GP or NHS England)	9
I spoke/went to a pharmacist	7
I used different NHS service	4

Satisfaction with Aspects of Service

Weighted scoring compared satisfaction levels between different aspects of service. Scores range from 1 (very unsatisfied) to 5 (very satisfied), with scores closer to 3 indicating neutral experiences.

Scores highlighted dissatisfaction with **online services** (2.45), while **booking an appointment** (2.97) reflected a neutral experience, leaning slightly dissatisfied. **Communication with reception staff** (3.27) was somewhat satisfactory, while **communication with clinical staff** (3.67) and the **range of languages available** (3.59) indicated moderate satisfaction. Although most respondents were satisfied with the range of languages available, only about half provided a rating, with the majority selecting 'not applicable'.

Using online services was the lowest scoring aspect of service

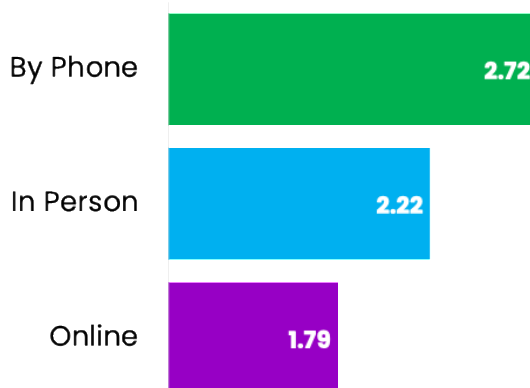| Aspect	Score
Communicating with clinical staff	3.67
Languages available	3.59
Communicating with reception staff	3.27
Booking an appointment	2.97
Using online services	2.45
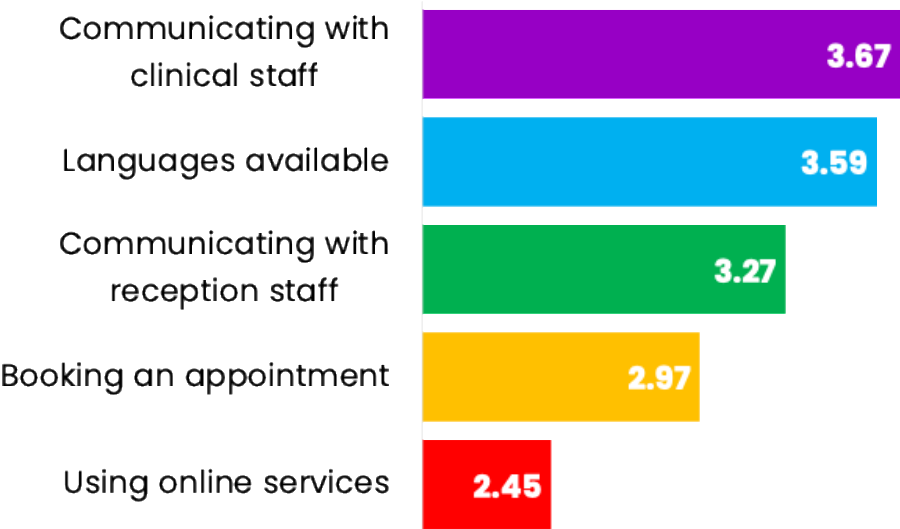
Preferences & Priorities

The next section explores respondents' preferences for contact methods and appointment types and the factors they prioritise when accessing GP services. Weighted scoring was used to compare preferences on a scale of 1 (not preferable) to 3 (preferable), with scores closer to 2 indicating neutrality.

Method of Contact

One hundred sixty-three respondents (77%) selected phone contact as their preferred method. Weighted scoring also indicated that phone contact was the most preferred method, with a score of 2.72, leaning toward strong preference. In-person contact, which scored 2.22, reflected a moderate preference. Online contact scored 1.79, indicating it was not preferable for most respondents.

Responses on priorities emphasised the importance of timely contact, with 92% of respondents prioritising the ability to reach their surgery as soon as possible, regardless of the method (phone, in person, or online). Additionally, 81% expressed that contacting their GP using their preferred method was important, even if it involved a longer wait time. While both factors were significant, there was a stronger emphasis on timely access over the method of contact, highlighting the value placed on immediate access to care.

Phone contact was preferred - But 92% prioritised reaching their surgery as soon as possible, regardless of method

	Score
By Phone	2.72
In Person	2.22
Online	1.79

Type of Appointment

One hundred seventy-six respondents (83%) stated that in-person appointments were preferred. Weighted scoring confirmed that in-person appointments were the most preferred, with a 2.79 score reflecting strong preference. Phone appointments, which scored 2.00, indicated a neutral preference. Online appointments scored 1.49, reflecting they were not preferable for most respondents.

When considering priorities, 78% of respondents valued having an appointment as soon as possible, regardless of the GP or setting. Additionally, 67% valued having an appointment with their regular GP, and 64% prioritised having an appointment in their preferred setting. While each factor was essential to respondents, the highest priority was securing an appointment promptly, regardless of the provider or setting.

In person was preferred - But 78% of respondents valued having an appointment as soon as possible, regardless of the GP or setting

Appointment Type	Score
By Phone	2
In Person	2.79
Online	1.49
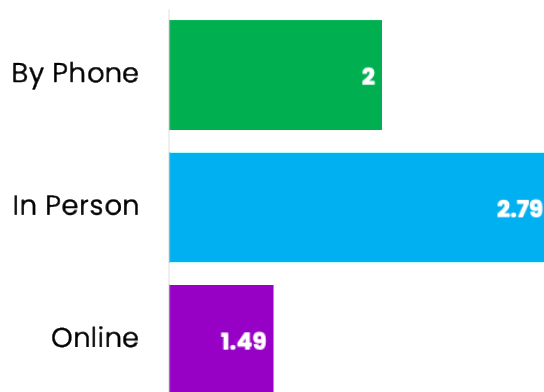
Accessibility

Respondents highlighted the importance of predictability in accessibility, with 72% stating that having a specific time to expect communications or attend an appointment was important.

A significant proportion (38%) indicated that having another language option or interpreting service was unimportant, closely followed by 34% of neutral respondents. Additionally, 130 respondents selected 'not applicable,' suggesting that language services may not be relevant to many in the sample. However, 28% of respondents indicated that language options were important, highlighting that while it is a minority, it remains significant and may reflect the needs of groups not fully represented within the sample.

5%

4%

19%

40%

32%
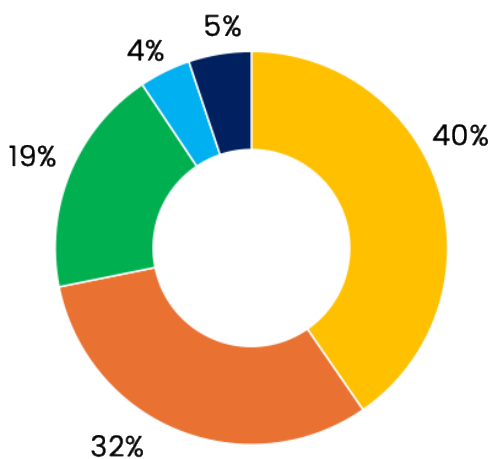
A specific time when to receive a call, email/text, or attend an appointment

■ Very Important   ■ Important   ■ Neutral   ■ Somewhat Important   ■ Not at all Important

Another language option OR interpreting service
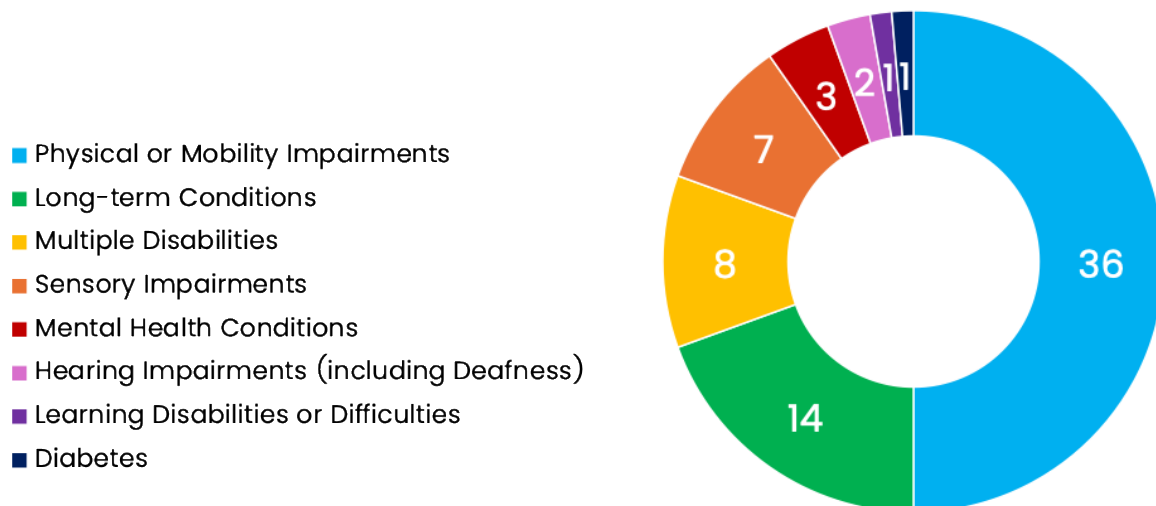
16%

37%

12%

1%

34%
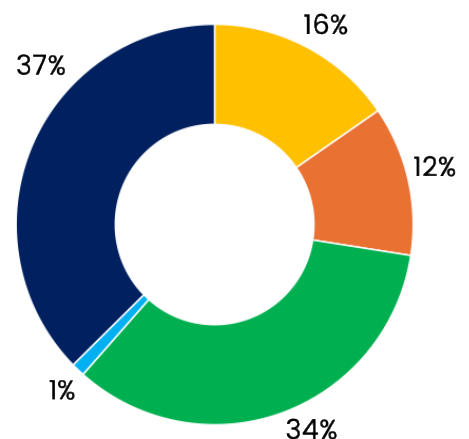
Demographics

The final section cross-references respondents' demographic characteristics - disability status, age and ethnicity - with their preferences and satisfaction with aspects of service to highlight differences across diverse groups within the community and assess whether any populations face disadvantages due to these factors.

Disability

65 respondents (33%) identified as having a disability, the majority of which reported physical or mobility impairments (36). These individuals consistently reported the highest levels of dissatisfaction across all aspects of services, particularly in booking an appointment (18 individuals) and using online services (16 individuals). Suggesting that accessibility and usability barriers disproportionately affect this group.

- Physical or Mobility Impairments
- Long-term Conditions
- Multiple Disabilities
- Sensory Impairments
- Mental Health Conditions
- Hearing Impairments (including Deafness)
- Learning Disabilities or Difficulties
- Diabetes

Long-term conditions were also prominent across all categories, with dissatisfaction levels similar to those with mobility impairments, especially in online services (13 individuals). Sensory impairments followed, particularly concerning online services (8 individuals), indicating potential usability and/or accessibility issues with digital platforms.

Disability

Respondents with mental health conditions showed notable dissatisfaction, especially in communication with reception staff and clinical staff.

Diabetes, neurological disorders, and learning disabilities/difficulties showed lower dissatisfaction counts, yet their presence across categories suggests that specific barriers still exist for these groups.

Satisfaction percentages highlighted strengths and areas for improvement in aspects of service for respondents with disabilities

- Satisfaction was highest for the **range of languages available** (65%) and **communication of clinical staff** (60%), suggesting these aspects are well-received.

- However, satisfaction decreased regarding **communication with reception staff**, with 55% satisfied and 26% dissatisfied, indicating a need for better interactions at the first point of contact. The most significant challenges were **online services** (62% dissatisfied) and **booking appointments** (52% dissatisfied), suggesting barriers or frustrations regarding accessibility and usability within these aspects of service.

- Neutral responses were more common in the **range of languages** available and **clinical staff communication** categories, suggesting mixed experiences, a lack of strong opinions, or unfamiliarity among respondents.

Demographics

Age

Satisfaction and dissatisfaction trends revealed age-related patterns, with certain aspects of service consistently presenting challenges across all groups.

Younger respondents (18–24) reported the highest satisfaction across service aspects, though their small sample size limits broader conclusions.

Respondents aged 25–49 displayed the most extreme dissatisfaction, with only 26% satisfied with booking appointments and just 11% satisfied with online services (where dissatisfaction reached 79%), highlighting potential barriers related to scheduling and accessibility for working-age adults. Dissatisfaction with online services was also notably high across all age groups, exceeding dissatisfaction with booking appointments by at least 10%.

Respondents aged 50–64 and 65–79 reported relatively balanced satisfaction and dissatisfaction with booking appointments but were notably more dissatisfied with online services.

- 11%
- 2%
- 13%
- 25%
- 49%

■ 18 to 24 years ■ 25 to 49 years
■ 50 to 64 years ■ 65 to 79 years
■ 80+ years
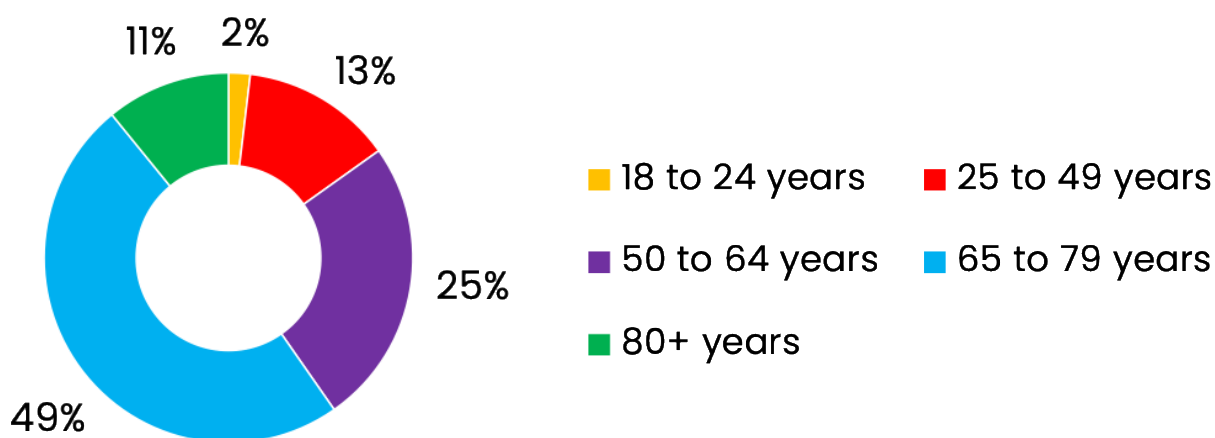
Age

Across all groups, satisfaction with reception staff was consistently lower than with clinical staff, with this gap most pronounced among respondents aged 25–49. Older respondents (80+) reported high satisfaction with both reception (78%) and clinical staff (83%). Satisfaction with the range of available languages showed relatively high neutrality across age groups compared to other service aspects, suggesting limited awareness or utilisation of language services or that they may not be relevant to many respondents. The findings highlight compounded challenges faced by the 25–49 age group, who consistently reported the lowest satisfaction across multiple service aspects

1. Working Age Adults (25-49) – Most Dissatisfied

- 26% satisfied with booking appointments
- 11% satisfied with online services

Extreme dissatisfaction suggests barriers regarding scheduling and digital access for those balancing work and care responsibilities

2. Online Services – A Universal Issue

- High dissatisfaction across all age groups

Suggesting potential issues with online usability or functionality

3. Reception vs. Clinical

Satisfaction with reception staff was lower across all ages

- Satisfaction with clinical staff was consistently higher
- Gap most pronounced among respondents aged 25-49

4. Language Services – High Neutrality

- Compared to other services, most respondents were neither satisfied nor dissatisfied
- Suggesting limited awareness or usage

- <u>18–24-Year-Olds (2% of the sample; 4 respondents)</u>
Younger respondents reported high satisfaction (75% or 100%) across all categories, while dissatisfaction remained constant across most at 25%. However, this group represents only 2% of the sample (4 respondents), limiting the generalisability of these findings.

- <u>25–49-Year-Olds (13% of the sample; 28 respondents)</u>
Respondents aged 25–49 consistently reported the highest dissatisfaction across all service aspects. Dissatisfaction with booking appointments was significant at 59%, while dissatisfaction with **online services** was even higher at 79%. With only 11% satisfied with online services, this group was the least satisfied overall in this category. For communication with staff, 54% were dissatisfied with **reception staff** and 36% were dissatisfied with **clinical staff**. Satisfaction with **clinical staff** (40%) exceeded satisfaction with **reception staff** (27%), highlighting notable disparities in experiences. Regarding the **range of languages available**, satisfaction was the lowest among all age groups at 29%. Dissatisfaction was the highest at 21%, while neutrality was particularly high at 50%, suggesting that language services may be less relevant or unfamiliar to this group.

- <u>50–64-Year-Olds (25% of the sample; 53 respondents)</u>
Respondents aged 50–64 reported consistently high dissatisfaction across several service aspects. Dissatisfaction with **booking appointments** was significant at 49%. Similarly, dissatisfaction with **online services** was high at 59%. Satisfaction was marginally higher than the 25–49 age group but still relatively low. For communication with staff, dissatisfaction was 31% for **reception staff** and 20% for **clinical staff**. However, satisfaction with **clinical staff** (64%) was notably higher than satisfaction with **reception staff** (43%), reflecting better experiences. Regarding the **range of languages available**, satisfaction was relatively higher at 65%, but neutrality remained high at 30%, indicating uncertainty or limited relevance of language services for this group.

- <u>65–79-Year-Olds: 65–79-Year-Olds (49% of the sample; 103 respondents)</u>
This age group showed a relatively balanced distribution of satisfaction and dissatisfaction across the different aspects of service. For **booking appointments**, 45% were satisfied, while 42% were dissatisfied. **Online services** received higher dissatisfaction (52%) alongside neutrality (19%) and lower satisfaction (29%). In communication with staff, **clinical staff** received more positive ratings (66% satisfaction, 15% dissatisfaction) than **reception staff** (52% satisfaction, 26% dissatisfaction). Responses regarding the **range of languages available** leaned towards neutrality (50%), with 48% expressing satisfaction. These figures illustrate a diversity of experiences within this age group.

- <u>80+ Year-Olds (11% of the sample; 23 respondents)</u>
Respondents aged 80 and above reported relatively high satisfaction across most service aspects. For **booking appointments**, satisfaction was 55%, with neutrality and dissatisfaction evenly distributed at 23%. For **online services**, satisfaction was slightly lower at 44%, with neutrality at 22% and dissatisfaction at 33%. While satisfaction was higher than in the middle-aged groups, the notable dissatisfaction and neutrality suggest ongoing challenges with this service. In **communication with staff**, this group reported the highest satisfaction among all age groups, with 83% satisfaction for **clinical staff** and 78% for **reception staff**. Dissatisfaction was minimal, at only 4%, while neutrality remained the same for both categories (17%). Regarding the **range of languages available**, satisfaction was 50%, while no respondents reported dissatisfaction. These findings suggest fewer issues or a lack of need for language services in this age group.

Demographics

Ethnicity

Satisfaction varied across ethnic groups, reflecting diverse experiences with services. However, small sample sizes for groups such as Middle Eastern and White European respondents (1% of the sample each) limit the generalisability of findings.
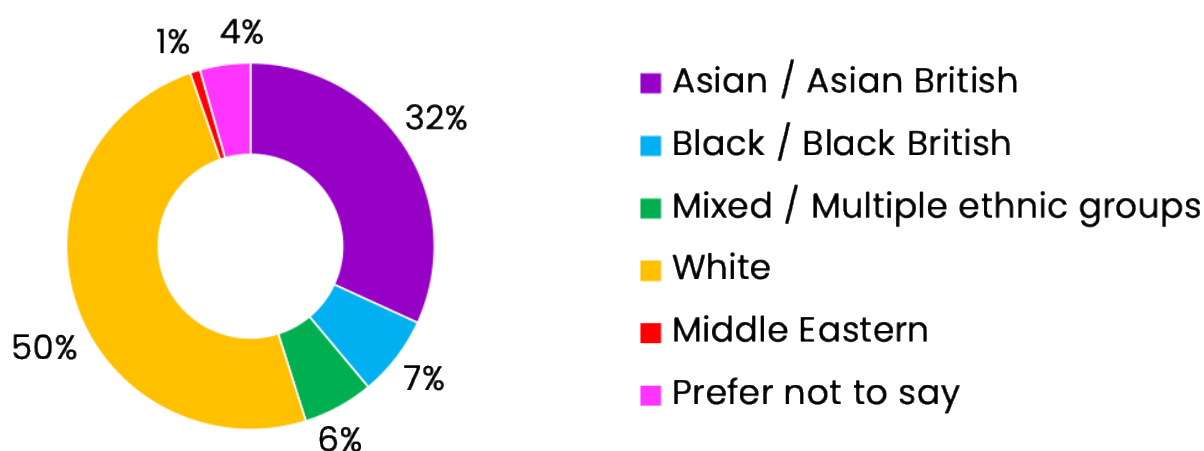
Satisfaction across ethnic groups revealed shared challenges and some notable differences in aspects of service. Online services and booking appointments consistently received the highest dissatisfaction across most groups, particularly among Black and White respondents. Communication with clinical staff generally received higher satisfaction than reception staff, with the differences most pronounced in satisfaction and dissatisfaction among Black and Asian respondents. While Mixed respondents reported consistently high satisfaction across most categories, smaller groups, such as Middle Eastern and White European respondents, showed extreme but non-representative results due to limited sample sizes. These findings underscore disparities in service experiences and highlight communication with clinical staff as a relative strength compared to other aspects.

The number of respondents from each ethnic group closely matches the overall population demographics of Hillingdon, according to ONS data from 2021.

- Mixed Ethnic Groups (3% of the sample; 7 respondents)

Respondents from Mixed ethnic groups reported high satisfaction levels across most service aspects. **Booking appointments** and **communication with staff** both received the highest satisfaction (100% and 86%, respectively). For **online services**, this group had the highest satisfaction (67%), though 33% still reported dissatisfaction, indicating generally positive but not universally favourable experiences. Satisfaction with the **range of languages available** was moderate at 50%. At the same time, neutrality was equally high, suggesting that language services may not be relevant or necessary for all respondents in this group. While satisfaction was consistently higher for Mixed respondents than most other groups, the small sample size of 7 respondents limits the generalisability of these findings.

- Asian Ethnic Origin (17% of the sample; 36 respondents)

Asian respondents reported varied satisfaction across service aspects, highlighting positive and challenging experiences. For **booking appointments**, satisfaction was 51%, neutrality was 11%, and dissatisfaction was 37%. Satisfaction with **online services** was lower at 32%, while neutrality was relatively high at 23%. Dissatisfaction remained significant at 45%, indicating ongoing challenges with this service aspect. Communication with staff showed higher satisfaction with **clinical staff** (57%) than with **reception staff** (38%), though neutrality for both categories remained high at 29%. Regarding the **range of languages available**, satisfaction was moderate at 53%, neutrality was 37%, and dissatisfaction was minimal at 10%. As the second-largest ethnic group in the sample, these findings provide valuable insights but highlight mixed experiences with services.

- <u>Black Ethnic Origin (4% of the sample; 8 respondents)</u>

Black respondents consistently reported higher dissatisfaction rates across service aspects. Satisfaction was low at 38% for **booking appointments**, while dissatisfaction was significant at 50%. Dissatisfaction with **online services** was the highest among all ethnic groups at 67%, with satisfaction at 33%. For communication with staff, satisfaction with **reception staff** was 43%, but dissatisfaction matched this at 43%. In contrast, satisfaction with **clinical staff** was much higher at 71%, with neutrality and dissatisfaction equally distributed at 14%. Regarding the **range of languages available**, satisfaction was the highest among all groups at 67%, while neutrality and dissatisfaction were distributed evenly at 17%. Despite high satisfaction with clinical staff and language services, dissatisfaction across other categories highlights challenges for this group.

- <u>White Ethnic Origin (25% of the sample; 55 respondents)</u>

White respondents, as the largest group in the sample, reported varied satisfaction levels across service aspects. For **booking appointments**, satisfaction was 42%, neutrality was 11%, and dissatisfaction was 47%, indicating a mix of experiences. Satisfaction with **online services** was low at 30%, with neutrality at 12% and dissatisfaction at 58%. Communication with staff showed higher satisfaction with **clinical staff** (65%) than **reception staff** (54%), while neutrality and dissatisfaction were relatively similar. Regarding the **range of languages available**, satisfaction was 42%, neutrality was high at 54%, and dissatisfaction was minimal at 4%, suggesting that language services may not be in demand or a priority for this group.

- <u>Middle Eastern Ethnic Origin (1% of the sample; 1 respondent)</u>
A single respondent from a Middle Eastern background reported variations in satisfaction across service aspects. Dissatisfaction with **booking appointments** was 100%. Communication with reception and **clinical staff** received a satisfaction rating of 100%. No responses were provided for **online services** or the **range of languages available**, suggesting that these services were either ambiguous or not utilised by this respondent. Due to the small sample size, these findings do not represent the broader population of Middle Eastern respondents.

- <u>White European Ethnic Origin (1% of the sample; 1 respondent)</u>
A single respondent from a White European background reported mixed satisfaction across service aspects. For **booking appointments**, satisfaction was 100%. **Online services** received 100% neutrality rating. **Communication with reception staff** received 100% dissatisfaction, while communication with **clinical staff** was rated 100% satisfaction. Satisfaction with the **range of languages available** was 100%. While these findings highlight positive and negative experiences, the small sample size limits their applicability.

Survey Open Responses

Continuity of Care

Respondents highlighted concerns about inconsistent staff assignments, unfamiliarity with medical history, and inadequate follow-ups. These issues led to frustration, repeated explanations, and delays in treatment.

Inconsistent Staff & Limited Face-to-Face Access

- Frequent use of locum doctors prevented relationship-building and personalised care.
- Locums were unfamiliar with patients' history, requiring repeated explanations.
- Some felt permanent GPs were rarely available for face-to-face consultations.

> "Seeing the same GP is impossible. Every time it's a locum who doesn't know my history, and I have to explain everything from scratch."

> "I find it so frustrating that I can only see locums or healthcare professionals, so I don't bother & suffer because of it."

Information Gaps & Communication Breakdowns

- GPs were seen as not reviewing records, leading to repeated symptom reporting and missed context.
- Poor coordination between GPs and hospital specialists affected prescriptions and continuity.
- Referrals and follow-ups were often delayed or missed, requiring patients to chase for updates.

> "If a doctor or staff say they're going to do something then they should, and I wouldn't have to chase.
>
> I have been waiting 5 months for physio and when I chased it, I found they had 'forgotten' to send the request to the hospital physiotherapy department. I'm beyond despair."

Technology & Online Access

Respondents shared frustrations with online platforms. Many described limited availability, technical barriers, and confusion with multiple systems. Instead of improving access, these platforms often created new challenges—especially for those with limited digital skills or time.

Restricted Access to PATCHS

- Patients were frustrated by PATCHS being open for short windows during working hours and unavailable outside them.

- The system often closed minutes after opening, making access competitive and stressful.

- Many struggled with technical issues, and those with full-time jobs or caring duties found the system especially inaccessible.

- Several suggested allowing 24/7 submission of requests, even if not reviewed immediately.

"PATCHS availability is so limited that by the time I fill in the form, it's already closed for the day. Why is it only open for such a short window?"

"Keep PATCHS open 24/7. Having the online booking platform PATCHS closed during weekends and evenings is extremely unhelpful for working people."

Multiple Systems and App Confusion

- Patients were unsure whether to use PATCHS, NHS App, or Patient Access.

- Differences between practices and poor communication about changes added to the confusion.

- Older or less tech-savvy individuals found systems hard to navigate.

"Reduce the number of different apps—I am overwhelmed. Patient Access, PATCHS, NHS, NHS portals, Community services—it's just too much. Also, setting up and accessing them is a nightmare as they keep rejecting my access credentials."

Technology & Online Access

Concerns Around Online Consultations

- Patients found online forms restrictive, lacking space for full explanations.
- Some never received follow-ups after submitting a request.
- A few were concerned about data privacy when using multiple platforms.

> "I just want to book an appointment online without having to explain my entire health issue to a receptionist or an online form before I even get to see a doctor."

> "When using online services, I don't feel confident that my medical data is secure, especially when multiple apps and platforms are involved."

Appointments

Respondents expressed ongoing frustration with how appointments are booked and accessed. They described long waits on the phone, limited appointment availability, and systems that prioritised same-day bookings over long-term or preventative care. Many also struggled to secure face-to-face consultations and felt that the current system excluded those who are housebound or managing long-term conditions.

Booking Barriers and Delays

- Phone queues were often lengthy, with some waiting over an hour or having their calls dropped.
- Many described waiting weeks for an appointment, with little flexibility or prioritisation of urgent needs.
- Fixed morning release times created pressure to book at 8 AM, often with slots gone within minutes.

“Waiting times. On the phone it takes ages despite being first or second in the queue. In person, I waited an hour to speak to a receptionist—not at all acceptable.”

“Portals only give a 5-minute window at 08:30. If missed, you have to repeat every day. It took me 10 days to request an appointment.”

Limited Face-to-Face Access

- Many felt GPs defaulted to phone consultations even when face-to-face was requested or needed.
- In-person appointments were seen as essential for complex or ongoing conditions.

“Seeing my GP in person would make all the difference, but I can't get a face-to-face appointment even when I request one.”

Appointments

Access for Housebound and Vulnerable Patients

- Housebound patients reported rarely being offered home visits, despite needing them.
- Elderly or disabled patients faced barriers using online systems or travelling to the surgery.

"I am housebound, which means I am in a Catch-22 situation. I have not seen a doctor face-to-face for many years."

"It is frustrating that home visits seem to be discretionary—there should be a clear policy for patients who genuinely cannot leave their homes."

Preventative and Ongoing Care

- Routine health checks and reviews for long-term conditions were often deprioritised.
- Appointment shortages made it harder to access regular prescriptions or non-urgent care.

"There should be dedicated slots for preventative care rather than just emergencies."

"It's hard to get repeat prescriptions sorted when appointments are so difficult to book."

Communication

Respondents described communication breakdowns that made it harder to access timely care or understand what to expect. Issues included lack of transparency about system changes, the need to repeatedly explain health concerns to non-clinical staff, unclear referral processes, and inconsistent contact methods.

Lack of Transparency About System Changes

- Patients were not informed when booking systems or processes changed, leading to confusion and delays.
- Some only discovered updates when trying to make an appointment.

> "I only found out about changes to the booking system when I tried to call. It would have been helpful to have been notified in advance."

> "It's not clear when things change. I've been left unsure whether I should call, go online, or use an app to book an appointment."

Receptionists as Gatekeepers

- Patients were frustrated at having to explain their symptoms to receptionists before being given an appointment.
- Many felt this added a barrier to care and was uncomfortable or intrusive.

> "Every time I call, I have to explain my problem to the receptionist. It feels like I'm not being heard properly by the right person."

Communication

Referrals and Prescriptions

- Many had to chase updates on referrals or repeat prescriptions, often unsure if requests had even been processed.
- Lack of communication about the status of these requests caused stress and delays.

> "My repeat prescription didn't get sent on time, and I had no idea why until I contacted the surgery myself."

> "I've had to follow up multiple times to find out if my referral went through. It shouldn't be this hard."

Inconsistent Contact Methods

- Patients received a mix of texts, calls, and messages without clear guidance, making communication harder to follow.
- Some worried about missing important updates due to the lack of consistency.

> "I've been told to use an app to book appointments, but I'm not always sure when that's appropriate. It feels like the contact method changes all the time."

Disability & Accessibility

Respondents with disabilities described barriers that made it difficult or impossible to access care. Issues ranged from inaccessible facilities and unsuitable equipment to digital systems that excluded those with hearing impairments or mobility needs. Many felt the system did not adequately accommodate their circumstances.

Physical Accessibility and Equipment

- Facilities were not always designed for wheelchair users, limiting access to basic health checks.
- Weighing scales and diagnostic equipment were often unsuitable for those with mobility impairments.

"As a wheelchair user, my weight is never discovered or recorded due to inaccessible facilities."

Challenges with Remote and Phone-Based Care

- Deaf and hard-of-hearing patients struggled with phone consultations and inflexible call-back systems.
- Missed calls resulted in lost appointments, with limited or no alternatives offered.

"My husband is deaf, and I need to be present for telephone appointments. We are told we can expect the call any time before 1pm or after 1pm. The GP only calls once and if we miss it, we are marked as failed contact. This is frustrating after waiting 5 hours for the call."

Community Engagement

Community Groups

To support the North West London Integrated Care Board's (NWL ICB) recent survey to seek patient views about same day GP access, we assisted GPs with the facilitation of some local patient forums, which enabled us to hear further views from the community.

Communicating Health Care Roles
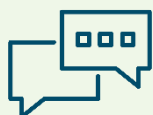
Residents acknowledged the various health practitioner roles within GP practices but were unclear about their clinical competencies and the type of care they can provide.

The lack of knowledge and understanding highlights the need for clearer introductions, role explanations, and active promotion to build patient confidence in a multidisciplinary approach. Without more transparent communication, many may continue relying solely on GPs, missing out on the full range of available support.

GP Continuity

Residents preferred seeing the same GP, valuing the trust built and the reduced need to explain their medical history, especially for older patients and those with chronic conditions. They felt frequent GP turnover disrupted this, and locum doctors were less familiar with patient histories. Participants only preferred speed over continuity for urgent issues.

One suggestion was a "team around the patient" model to improve information sharing and continuity. However, a multidisciplinary approach would be more acceptable if practices prioritised staff retention, allowing for lasting relationships.

Reception Staff

Residents' varied experiences highlighted the need for customer service training to improve communication and satisfaction with front line Practice staff.

Some residents expressed views that receptionists need to take better account of individual circumstances when scheduling appointments, such as commuting distances from work or caring responsibilities.

Digital Systems
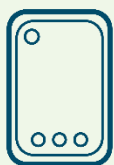
The **PATCHS system** was considered unintuitive, challenging for non-tech-savvy people, and inadequate for complex issues, especially for full-time workers.

While the **NHS App** was useful for accessing reports, allowing a single account to log in simultaneously created limitations for carers and family members, and confusing medical jargon made it challenging. Many preferred calling their practice for explanations. Multiple booking options also confuses patients, especially those who may be unsure about what health services they need.

Residents also raised concerns about **virtual appointments**, feeling that they have limitations in accurately assessing health conditions. Many felt non-verbal cues like body language were important, making face-to-face consultations preferable for complex cases. While they appreciated virtual or phone consultations and considered them applicable for routine check-ups, it is felt that they should complement rather than replace in-person care. Concerns remained about follow-ups and test result communication.

Shifting systems online was thought to risk deepening inequalities, as some struggled with digital access and felt uncomfortable relying on family members for assistance, compromising their independence. Ensuring digital services remain an option rather than a requirement was key to equitable access.

Asylum Seekers & Refugees

Working in partnership with REAP, a local charity that supports asylum seekers and refugees, we were able to hear the views of people new to the UK and understand some of the challenges and barriers they face in accessing GP services

Asylum seekers in attendance expressed feeling a lack of access to care and being unheard by providers, despite having access to specialist GP clinics multiple times a week while residing in hotels. Three GP practices operate in-house outreach arrangements with these hotels, offering tailored services for asylum seekers and refugees.

Limitations of Outreach Services

Despite these efforts, a sense remains of being overlooked or unsupported in their healthcare experiences.

One factor may be the limited flexibility within outreach sessions, including early morning queues and standard appointment lengths that may not always meet needs.

Where travel is required, some individuals face difficulties arriving on time due to complex barriers, which can affect their experience of care. Combined with a general practice model not always equipped to address the specific needs of asylum seekers, these factors can contribute to a service that may feel less accessible or welcoming.

Demand is also high, and clinics struggle to meet needs.

Asylum Seekers & Refugees

Understanding & Navigating the System

The high demand is caused by many viewing all health issues as urgent due to a limited understanding of the healthcare system.

Additionally, parents struggle to triage their children's symptoms, delaying care and relying on A&E for minor conditions like colds or fevers, especially outside standard hours.

Non-medical challenges, such as managing digital platforms, letters, and documentation, affect people's ability to navigate care. Care provision varies across hotels; each linked to a different GP practice. Some hotels are far from their assigned practices, and poor transport links make access more difficult.

Language Barriers & Confidentiality

Language barriers further compound these issues and make navigating healthcare independently difficult, as fewer than 5% of asylum seekers speak English.

Many rely on translation software or Arabic-speaking doctors and cannot access text-based healthcare services or online consultations. In the absence of interpreters, hotel staff may need to disclose confidential information about patients' symptoms to book appointments. Staff report that they often do not proceed with these requests, recognising them as breaches of confidentiality. A lack of interpreter support also compromises informed consent and increases the risk of safeguarding issues. Additionally, those who are confident in English and have digital literacy report being unable to register with a GP independently and are instead required to go through hotel staff or systems. The inability to self-register limits agency over healthcare and can further delay access to care.

Asylum Seekers & Refugees

Post-Hotel Access

Despite these challenges, access remains better while residing in hotels as it declines significantly upon leaving.

Access declines due to existing GP pressures in serving asylum seekers with more complex needs, limited understanding around how to maintain healthcare access post-hotel, digital exclusion, and the 28 days newly approved asylum seekers are given to secure housing—often leading to homelessness. These factors further complicate access, leaving individuals to navigate the system alone with limited support. Specialist GPs for homeless individuals exist but are not widely available.

Safer Surgeries

Doctors of the World operate clinics designed around patient needs rather than rigid GP models and can accredit GPs as "Safer Surgeries," providing additional training for receptionists and interpreters. However, Hillingdon has not adopted this initiative.

The outreach provided by these clinics plays a crucial role in bridging the gap in access for asylum seekers. Greater support and investment would help to sustain and strengthen this work. With additional resources, these services would be better equipped to meet growing demand and respond more effectively to the complex needs of this marginalised group.

Seldom Heard Groups

Carers

We engaged with carers during a Carer's Trust monthly "Carers Café" to explore their views on accessing GP services. While many of their concerns echoed those raised by the wider community, they also shared distinct challenges shaped by their caring responsibilities. These included navigating digital tools, unclear follow-ups, inconsistent recognition of their role, and a need for clearer, more compassionate communication.

Shared Concerns

Discussions during a Carer's Trust monthly "Carers Cafe" echoed concerns raised by the wider community.

This included "unhelpful" interactions with reception staff, the difficulty of the 8am appointment rush, and frustration with digital tools such as PATCHS, described as repetitive and lacking confirmation or follow-up. While some were comfortable navigating digital platforms like Patient Access, others relied on their children for support. Locum appointments were a particular concern, with participants feeling these consultations lacked personal connection due to note-taking rather than engagement. Carers also raised a lack of clarity around follow-up after hospital appointments, with letters filled with jargon and outcomes poorly explained.

A general lack of awareness around the roles within primary care teams was also evident, as was a shared preference for face-to-face consultations and scheduled telephone calls over open-ended waiting.

Unique Challenges & Improving Support

Beyond concerns shared more widely, carers highlighted distinct challenges in their interactions with GP practices.

Participants mentioned that while practices visibly promoted priority access for carers, the offer was described as inconsistent in practice, leading to frustration. They also felt that their regular use of services made it harder for their concerns to be taken seriously.

Some raised ethical and emotional discomfort with sending photos for diagnosis, particularly when this involved their children. And that they felt like they had to assert themselves to be involved in healthcare decisions concerning the people they support despite their key role. Although a few GPs were aware of carers on their lists—reducing the need to re-explain their position constantly—many participants were unsure whether their carer role was recognised.

Carers suggested the idea of a Carers Trust card to formally identify themselves as carers, noting that this could streamline access and communication.

One positive example carers highlighted was a GP website with a "Meet the Team" section, which helped humanise the service and make it feel more approachable—an approach participants suggested could benefit carers more widely.

People Experiencing Homelessness

The health of people experiencing homelessness is worse than that of the general population, and barriers to accessing healthcare contribute to the increased health disparity. Trinity, a charitable organisation operating in Hillingdon, supports people experiencing homelessness and campaigns for improved access to adequate housing and housing rights while also providing hostel accommodation in the borough. We were keen to hear the views and experiences of the community they work with, and when speaking with us, they highlighted key barriers to primary care access.

Access to Care & In-House Support

Despite ongoing efforts, many people remain unregistered with a GP and unable to access appropriate services, often relying on emergency care, which can result in delayed treatment and poorer health outcomes.

GP appointments are considered crucial as people experiencing homelessness rely on them for the necessary reports and letters to support housing applications. Because of the high demand for these requests, Trinity has worked with a GP practice in Hillingdon to develop an in-house GP service within their hostel. The service has improved access to care and built trust and confidence in using the NHS.

Outreach by local practices has also allowed staff to proactively support individuals at higher risk of health inequalities.

Translation Support & Navigating Services
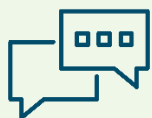
Trinity's coaching team reports that translation services are often unavailable, even though 30% of hostel residents are refugees, many of whom are unfamiliar with the NHS and face significant language barriers.

Translation support is often unavailable, leaving patients unsure of and lacking confidence in services. Short appointment slots further compound this issue, with limited time to explain complex concerns—particularly when discussing mental health or trauma.

Digital Exclusion & Access Pathways
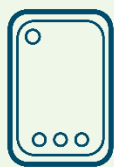
Digital exclusion remains another challenge. Many cannot use online booking systems without regular access to devices or the internet, delaying care.

Additionally, some residents were unsure how to access services beyond A&E, often using it as a first point of contact due to its walk-in nature and around-the-clock availability. One individual described feeling "abandoned" upon arriving in the UK and turning to A&E by default.

Trinity staff stressed the importance of clearer communication around healthcare pathways - particularly for new arrivals and vulnerable groups. They called for information in multiple languages and formats, better publicising of walk-in services, and ensuring support organisations and A&E staff are aware of available options. These improvements could help people access care earlier and reduce the inappropriate use of emergency services. Outreach by local practices has also allowed staff to proactively support individuals at higher risk of health inequalities.

Traveller Community

Health outcomes for traveller communities tend to be lower than the general population and other ethnic minority groups due to barriers in accessing GPs. Having no fixed address is one example that can impact the ability to register with services and receive continuity of care for long-term conditions.

We held a workshop with seven women, including new and soon-to-be mums, from the local traveller community to invite them to share their experiences. They described multiple other barriers to accessing GP services, many of which mirror concerns raised more widely. Long phone queues, inflexible appointment systems, and digital exclusion were among the most pressing issues.

Difficulties Booking Appointments

Participants said they often found that by the time they got through on the phone, all appointments had already been taken—typically by 9am.

The inability to book an appointment a few days or weeks in advance meant they had to repeatedly try for same-day appointments, even when not suitable. Staff instructed them to call back daily until one became available, making routine care difficult to access.

Traveller Community

Digital Exclusion & Administrative Burdens
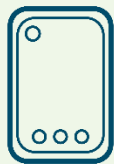
The group also reported challenges using online tools, finding the PATCHS system unreliable, and even for those with digital literacy, it was often unavailable or unhelpful.

Others in the community, especially older residents, faced additional barriers due to low literacy and limited access to devices or printers. One participant told us, "My dad would be dead if he was left to manage making an appointment himself". Another highlighted how an older neighbour had to rely on her to complete a hospital transport form, which the GP practice would not assist with. Several expressed frustrations at being expected to print and complete referral forms at their own expense—placing administrative burdens on patients.

Transport & Location Challenges

Limited transport options compounded access issues. With out-of-hours services at other practices or hubs, many struggled to attend without a car.

One mother described being advised to go to A&E for her daughter's tonsillitis after being unable to secure an appointment through her GP or 111. The geography of Hillingdon means there are challenges for some residents living in more rural areas in accessing adequate public transport to utilise alternative healthcare settings if offered for same day urgent care

Traveller Community

Staff Attitudes & Breakdown in Trust

Staff attitudes greatly impact patient experience. Whilst residents acknowledge the pressures on GPs, many feel reception staff are unhelpful or uncaring.

Residents told us how what used to be familiar, family GP practices now felt impersonal. Combined with issues such as poor hospital discharge coordination, prescription delays, and excessive text reminders, these factors led to a breakdown in trust.

Community Suggestions for Improvement

The group shared several ideas for improving access.

They called for greater prioritisation of children, older patients, and those with long-term conditions, suggesting that clearer triage could help manage demand more fairly. One expectant mother with a high-risk pregnancy reported never receiving a same-day appointment and was surprised not to be considered a priority. Participants also wanted greater clarity around what qualifies as a same-day versus routine appointment.

Finally, they emphasised the need for a more efficient digital system that allows for booking outside of working hours, reduces paperwork, and supports digitally confident people. Greater efficiency would ease pressure on phone lines and enable better support for digitally excluded patients. Modernising processes and improving transparency were essential to restoring trust and making services feel more inclusive and accessible.

Young Adults & Adolescents In Care

Children in care often face greater health inequalities than their peers. We met with a group of young, care experienced adults to understand their experiences and challenges in accessing GPs and the health system.

We encouraged discussion around three key topics: Experiences of GPs (including booking appointments and what matters most), Staff Engagement (interactions with healthcare staff), and Digital Access (views on online or app-based services). Participants were invited to share their thoughts, discuss and write down what mattered to them on post-it notes to help guide and archive the discussion. Some of which are shared here.

Many of the young people described negative experiences when trying to access GP services. Long waits on the phone, short appointment times, and difficulties navigating online systems left them feeling frustrated and unheard. Several found the PATCHS system confusing or impersonal, with one participant noting it was "hard to explain with words to PATCHS," while another added, "robots and AI don't understand people with special needs." The lack of continuity in care and feeling rushed or dismissed during appointments affected their willingness to seek help, particularly for mental health or sensitive issues. Some expressed discomfort speaking to male doctors about feminine health concerns, or having to share personal information at reception or in front of other patients. Stigma—especially around mental health and female reproductive support—was a recurring theme, along with the need for more understanding from staff about their specific needs. Digital services were often seen as barriers rather than solutions, particularly when dealing with complex or emotional issues. The group emphasised the importance of being listened to, feeling safe, and having access to real people rather than automated systems when they needed support.

Experience of using GP services

(incl. how was booking an appointment & what matters to them)

- It's hard to get an appointment
- I try to make appointments online and it's difficult for me
- Long wait for appointments
- 3 weeks in the future when I won't need it anymore
- Short 10/25 min appointments
- On hold for ages
- Annoying online AI website
- The receptionist asks lots of questions
- Tell you to use PATCHS
- Hard to get repeat prescriptions
- My voice being heard and problems dealt with
- To understand people with special needs
- Less stigma around mental health
- Automated person won't understand

Interactions with staff

- Half-hearted contact
- They don't give me time to speak more
- Speaking to male doctor about feminine stuff
- Stigma around female reproductive support
- No chaperone
- Rather not pass on personal info to a receptionist
- Prefer not to speak personal information in front of other patients or waiting room
- Too shy to ask for a female or male
- No continuity and seeing different doctors
- Stop talking to them as I don't know them
- Negative attitude to being well researched
- They make you feel unsure about things and how you feel

Experience of using GP services

(incl. how was booking an appointment & what matters to them)

Making online requests is difficult because there's a lot of questions and it gets really confusing	Repeat yourself lots	I hate PATCHS	It's hard to explain with words to PATCHS
If struggling with mental health, you need to talk to a real person who is real	Don't want to speak about problems with a robot	Robots & AI don't understand people with special needs	NHS app is helping with repeated med

Recommendations

Improve appointment availability
& booking systems

Difficulties securing timely appointments were a major source of dissatisfaction, particularly among working-age adults, housebound patients, and those with long-term conditions. Population growth and the ageing GP workforce have intensified these issues.

Our recommendations are:

- Address issues around "booking windows" by introducing staggered booking slots throughout the day to ease congestion.

- Review the utilisation of Extended Access Hubs and Same-day Access Hubs to ensure appointments outside standard working hours are being effectively allocated to support the needs of those unable to access services during working hours.

- Ensure a consistent policy for home visits to housebound patients.

Recommendations

Strengthen continuity of care & follow-up protocols

Patients reported frustration with a lack of continuity, miscommunication, inconsistent referrals, and delayed follow-ups, especially impacting those with complex or long-term conditions.

Our recommendations are:

- Prioritise continuity for patients with complex needs by identifying and risk-stratifying these individuals.

- Implement a 'team around the patient' model to facilitate effective information-sharing among clinicians and staff.

- Review internal processes for follow-up protocols of test results and referrals to minimise patient frustration and treatment delays.

- Continue to develop digital platforms (such as the NHS App) for record-sharing and supporting communication between services and patients.

Recommendations

Improve accessibility & efficiency of digital services

Online services received the highest dissatisfaction ratings, particularly among the 25–49 age group and patients with disabilities, who found them time-consuming, complex, and poorly suited to their needs. The fragmented nature of digital services—spread across multiple platforms—also created confusion and access barriers, particularly for asylum seekers and those with low digital literacy.

Our recommendations are:

- Develop a single, streamlined digital platform, reducing administrative barriers such as lengthy forms and restrictive booking times.

- Ensure digital platforms are mobile-friendly, accessible, and user-tested regularly with diverse community groups, particularly those with lower digital literacy.

- Provide clear, accessible alternatives for those uncomfortable with or unable to use digital or AI-based services, ensuring equity of access to GP services.

Recommendations

Enhance public communication about healthcare roles & services

When given an appointment, most patients expect to see a GP. Problems occur when they find out they've been referred to another clinician within the practice (such as a pharmacist or a physiotherapist). This creates a sense of uncertainty and a lack of confidence that they are receiving the right care.

Our recommendations are:

- Strengthen public communications to increase knowledge and understanding of general practice teams

- At the point where an appointment is offered, be clear on who the appointment will be with and why

- Develop and regularly distribute multilingual, accessible resources clearly explaining the roles of pharmacists, physiotherapists, mental health professionals, and social prescribers.

Recommendations

Strengthen community engagement & outreach

Targeted community engagement proved essential in reaching underrepresented populations during this research. However, challenges remain in fully capturing the voices of diverse community groups.

Our recommendations are:

- Ensure the consistent systematic capturing of patient feedback at the point of service to enable continuous improvement.

- Invest in targeted, face-to-face engagement with young people, non-English speaking residents, and other underrepresented communities.

- Involve the local community, as a key stakeholder, in service design and evaluation, ensuring patient experiences are at the heart of primary care.

Recommendations

Improve access & support for vulnerable groups

Asylum seekers and vulnerable patients face significant barriers, particularly post-specialist clinic transitions, due to complex health needs, digital exclusion, and limited language support.

Our recommendations are:

- Review how accessible practice services are for these groups included within their patient population.

- Utilise community assets across the voluntary sector to support access to GP services for vulnerable populations.

- For those who have the need, allocate longer appointments with appropriate language and interpreter support.

- Consider adopting the 'Safe Surgeries' accreditation, ensuring equitable and accessible care. (see following recommendation for more information)

Recommendations

Consider accreditation for inclusive best practices & training support for receptionists

Receptionists are the first point of contact in GP practices, yet satisfaction with their communication remains lower than with clinical staff, particularly among patients with disabilities and from ethnic minority backgrounds.

To improve patient experiences, practices can gain accreditation from Doctors of the World as part of their 'Safe Surgeries' initiative, which promotes inclusive and accessible care for asylum seekers, the homeless, and other vulnerable groups.

This could support practice staff in their daily interactions with these vulnerable groups.

The safe surgeries initiative is already well established across multiple ICB and GP practices nationally.

https://www.doctorsoftheworld.org.uk/safesurgeries/

Acknowledgments & Thanks

We would like to thank all the Hillingdon residents who took the time to share their views and experiences with us. Their insight has been invaluable in shaping our understanding of access to GP services across the borough.

We are also grateful to the organisations who supported this work and helped facilitate genuine engagement with a wide range of communities: REAP, Carers Trust, Trinity, and London Borough of Hillingdon's Children's Services. Their collaboration and commitment were instrumental in reaching seldom-heard voices and ensuring this work reflects the diversity of lived experience across Hillingdon.

healthwatch
Hillingdon

Healthwatch Hillingdon