

GP Access:

An in-depth look at experience and insights

What patients, GPs, and system leaders told us about
access, care, barriers, and priorities for improvement

July 2025

About Us

Healthwatch Cornwall is the independent champion for the residents of Cornwall, dedicated to ensuring that their voices are heard in the realm of health and social care. We prioritise the needs and experiences of our community by actively engaging with residents, gathering their feedback and understanding their perspectives on the services they receive.

By listening to these experiences, we aim to identify areas for improvement and highlight the necessary changes needed. We play a crucial role in bridging the gap between the public and decision-makers, sharing insights with those in decision making roles who can effect meaningful reform.

Our work not only empowers individuals to share their stories but also fosters a culture of accountability within health and social care services. Through collaboration with local organisations, health authorities and decision makers, Healthwatch Cornwall strives to enhance the quality and accessibility of care for all residents, ensuring that their health and well-being remain at the heart of service delivery.

Statement of Scope

This report is based on the views and experiences that have been shared with us from the public and service providers through our research and engagement activities. The report reflects key themes identified through the data we collected and provides a solid baseline representing what is actually happening across Cornwall.

While this report highlights challenges and opportunities concerning access to GP services in Cornwall, it does not provide an exhaustive analysis of all aspects of primary care services in the county. Our aim is to ensure that the voices of both service users and providers are heard and to offer practical and achievable recommendations to improve access to and quality of GP services in Cornwall.

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Executive Summary

GP access is unequal. Too many are left behind.

This report presents the views and experiences of over 2,000 people in Cornwall regarding access to general practice. It combines public survey findings with insights from GP staff, patient representatives and local system partners, offering a comprehensive picture of what is working well and where the greatest barriers lie.

Access to general practice remains a critical concern across Cornwall. While many respondents reported positive interactions with compassionate staff, issues in accessing services persist. Too often, people are left navigating a system that feels complex, inconsistent and inaccessible, particularly for those in rural areas, with additional needs or those who struggle with digital access.

Barriers beyond the appointment

The report highlights that barriers to accessing care are not just about capacity or availability. Structural factors like poor transport links, digital exclusion, poverty and rural isolation continue to prevent many people from even reaching the point of contact. Affordability is a growing concern, particularly for those facing the cost of travel, childcare or time off work. This is compounded by the rising cost of living. Some residents reported having to choose between paying for prescriptions, travelling to their GP or seeking private care, a reality that particularly impacts carers, parents and those on low incomes.

Systems under strain

Feedback from both the public and GP staff reflects a system under considerable operational pressure. Practices are experiencing high demand, workforce shortages and increasing complexity in patient needs. These pressures are contributing to long waits for appointments, a lack of continuity with known clinicians and variable experiences across practices. People frequently described difficulty getting through on the phone, frustration with non-clinical triage processes and delays that impacted their wellbeing.

A mismatch between policy and practice

The findings reveal a disconnect between national expectations and local reality. While digital solutions, multidisciplinary teams and access hubs are promoted as innovations, these models do not always work in the Cornish context. Many people described digital-only access routes as exclusionary or difficult to use, particularly older adults and those with additional support needs. A “one-size-fits-all” approach risks widening existing inequalities in access and outcomes.

Executive Summary

Public expectations and communication

There is confusion among the public about how general practice now works. People expressed uncertainty about who they would see, how long they might wait and why they were being directed to non-GP staff. While some appreciated the support offered by wider primary care teams, others felt their needs were being deprioritised or dismissed. This mismatch in expectations creates frustration on both sides and highlights the need for better communication, transparency and clarity about what people can expect from their GP practice.

When access fails

A dedicated section of the report shares case studies of avoidable harm, where people experienced serious delays or were unable to access care at all. Several respondents described missed or late diagnoses, including cases of advanced cancer and preventable hospital admissions. These stories illustrate the real-world impact of access failures and the urgency of getting this right. When people are unable to access timely GP care, the effects ripple through the wider system. Several respondents described delayed diagnoses and reliance on emergency services, failures which increase NHS costs, create avoidable strain on urgent care, and contribute to productivity losses for working carers or parents who miss work while navigating access barriers.

Professional perspectives

As part of this report, we also gathered responses from 44 GP professionals and engaged directly with contacts from the Integrated Care Board (ICB), Cornwall Partnership NHS Foundation Trust. Their insights offer valuable context to the experiences shared by the public and highlight the common pressures the system is facing in Cornwall.

There was clear concern that current models prioritise speed and volume over continuity and relationships. GP staff also acknowledged a growing disconnect between how services are structured and how they are perceived by the public. While digital triage and new roles are being rolled out nationally, these changes haven't always been well communicated, leading to confusion and dissatisfaction.

Despite these challenges, there was optimism. Professionals spoke positively about interest in collaborating with patients and their commitment to providing person-centred care. They called for greater flexibility in national policy, more time for continuity with patients and stronger integration across the wider health and care system. Their voices reflect both the challenges and the deep resilience of Cornwall's primary care workforce.

Executive Summary

Strengths to build on

Despite the challenges, the report also identifies areas of strength and innovation. Many patients praised the care they received once they were seen and GP staff consistently emphasised their commitment to delivering high-quality care under difficult circumstances. There is evidence of collaborative working, a willingness to adapt and examples of good practice that could be shared more widely across the system.

What needs to happen next

The report includes a set of evidence-based recommendations to support more equitable, responsive and effective access to general practice in Cornwall. Alongside this, it sets out five bold, immediate asks: actions that reflect the urgency and risk conveyed in public feedback. These include **improving access routes for digitally excluded and rural patients, reducing reliance on non-clinical triage and ensuring earlier clinical assessment where serious conditions may be present.**

Above all, this report calls for a renewed focus on the patients and empowering them to access the care they need, at the right time. Access must be more than operational. It must be fair, inclusive and anchored in the realities of local life in Cornwall.

Introduction

Report Overview

General Practitioner (GP) surgeries are the first point of contact most people seeking healthcare in England and account for the majority of patient interactions within the NHS. Timely and effective access to GPs is therefore a key indicator of service quality and reflects a healthcare system that is responsive to patient needs.

As the independent champion for people who use health and social care services, Healthwatch Cornwall gathers and shares local feedback to help shape services that work for everyone. This report explores public and professional experiences of accessing GP services across Cornwall, with the aim of identifying what is currently working well and what could be improved upon.

By drawing on public responses gained through our research and engagement activities, this report provides a detailed snapshot of public perspectives and priorities in Cornwall. These local insights can compliment national data and inform local service development moving forward.

Reading This Report

This report is broken down into several sections. In the **Background** section, the national picture of GP access in England is outlined, drawing on key literature, statistics and policy changes to contextualise our findings. The **Primary Research Methods** section provides an overview of how the data was collected and analysed and who we spoke to.

The findings sections present the key themes emerging from the survey data, highlighting **Cornish Voices** accessing GP services from both public and professional perspectives.

The report concludes with **Healthwatch Cornwall's Recommendations**.

Background

Access to GP services remains one of the most important and frequently discussed aspects of NHS care. Over recent years, patients have faced growing challenges in making appointments, getting through to their practice and receiving timely support. At the same time, GP practices have been under significant pressure due to rising demand, workforce shortages and changing expectations around how care is delivered. In response, national efforts have focused on improving access, investing in digital tools and expanding the wider team of professionals working in general practice.

This background section sets out the national picture by summarising key survey findings, recent policy changes and the evolving role of the multidisciplinary team (MDT). This context helps to frame the findings from our local research into how people in Cornwall experience and perceive GP access.



Item	Qty	Unit	Price	Amount
Videofix ES-KING PING INTER.	1.00	1 WHITE	26,000.00	
LG 15.5" LCD Monitor	2.00	1 WHITE	12,000.00	
15" LCD Monitor Marshall Major	1.00	1 WHITE	2,000.00	
15" DII Phantom 3 Professional	1.00	1 WHITE	48,000.00	4,300.00
Total				
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				Total Amount

The GP Patient Survey: 2025

The GP Patient Survey is a nationwide survey conducted by NHS England which samples approximately 2.5 million adult patients registered with GP practices across England from January to March each year. Its purpose is to capture patient feedback on key aspects of primary care, including ease of contacting the practice, quality of care, appointment timeliness and experiences using out-of-hours services and pharmacies.

Cornwall's regional data was found to align closely with national trends, reinforcing that local experiences reflect the broader picture across England (1).

Headline findings from the 2025 survey include:



72% said their overall experience of their GP Practice was good



93% said they had confidence and trust in the healthcare professional at their last appointment



90% said their needs were met at their last appointment



53% said it was easy to contact their GP practice on the phone



59% said it was easy to contact their GP practice using the practice website



51% said it was easy to contact their GP practice using the NHS app

Changes to the GP Contract: 2025/26

The GP contract is the formal agreement between NHS England and GP practices that sets out funding, service expectations and performance measures for the year ahead. The 2025/26 GP Contract introduces a major uplift in investment and a series of structural changes aimed at improving patient access, reducing administrative burden and embedding digital transformation in primary care. NHS England announced an additional £889 million across the core GP contract and Network Contract Directed Enhanced Service (DES), marking the largest real-terms funding increase in general practice in over a decade. A key focus of the new contract is access.

From October 2025, GP practices will be required to keep their online consultation tools open throughout core hours (8am to 6:30pm) for non-urgent appointment requests, medication queries and administrative issues. This measure is intended to reduce the "8am scramble" and support a more equitable experience across different modes of access. Alongside this, NHS England will publish a national Patient Charter, setting out clear standards patients can expect from their practice, including how their contact will be handled.

Digital integration continues to be a priority. Practices will be required to activate GP Connect functionality, enabling read-only access to patient records for other NHS providers and, with consent, private providers. Community pharmacy professionals will also be able to send consultation summaries directly into practice systems, reducing administrative workload.

Key Changes to the 2025/26 GP Contract:



£889m investment, the largest real-terms increase in over a decade



Online access required during all core hours from October 2025



New patient charter sets out clear standards for accessing services

GP Access: The National Picture

The 2024 GP Patient Survey indicates reasonable satisfaction rates with just under 75% of respondents rating their overall experience of their GP Practice as good. However, other surveys provide differing results. In April 2025, The King’s Fund and Nuffield Health analysed results from the British Social Attitudes Survey and found that just 32% of respondents said they were satisfied with GP surgeries, with trends indicating that satisfaction levels are continuing to fall (2). 62% of all respondents were dissatisfied with the time it takes to get a GP appointment, while only 23% were satisfied. This is a stark contrast to the 2024 GP Patient Survey, which reports that 67.3% found their overall experience of contacting their GP practice was good (1). Across England, patients are finding it harder to make appointments and are feeling increasingly dissatisfied with waiting times and the types of appointments that are offered (3).

GP Practice Staff and Different Roles

To help manage increasing demand for appointments and ensure patients see the right professional for their needs, general practice is increasingly supported by a wider multidisciplinary team (MDT). This includes roles such as advanced nurse practitioners, clinical pharmacists, physiotherapists, care coordinators and mental health practitioners. Expanding the MDT allows GP practices to offer more tailored and timely care, while also relieving pressure on GPs and improving access for patients with a range of health concerns. However, some patients report confusion about the roles and expertise of different professionals within the team, which can affect confidence in care and expectations around treatment (4).

Examples of the MDT include:



Report rationale

While national datasets such as the GP Patient Survey provide valuable insights, different sources often present varying pictures of patient satisfaction with GP access in England. Although Cornwall’s results broadly align with national trends, these discrepancies, alongside ongoing concerns raised locally, prompted us to design our own survey. Our aim was to capture a more detailed and locally grounded understanding of people’s experiences and perspectives on accessing GP services across Cornwall.

Background Key: Points

This background section has provided an overview of the national landscape shaping access to general practice. It has highlighted the wider pressures on the system, recent efforts to improve patient access and the changing ways in which care is delivered. These developments set the scene for the rest of this report, which focuses on understanding local experiences and perspectives of accessing GP Practices in Cornwall.

The 2024 GP Patient Survey shows that people in Cornwall have similar experiences to the rest of England when it comes to using GP services.

The 2025/26 GP contract includes big changes to improve access, like more funding, better online systems and a new Patient Charter.

Some national surveys show lower satisfaction, especially with waiting times and booking appointments.

GP practices now have help from a wider team, including nurses, pharmacists and mental health staff, to support patients and ease pressure on GPs.

Some people are unsure about these roles, which can cause confusion or affect how confident people feel about their care

We wrote this report to better understand local experiences and perspectives in Cornwall

Primary Research Methods

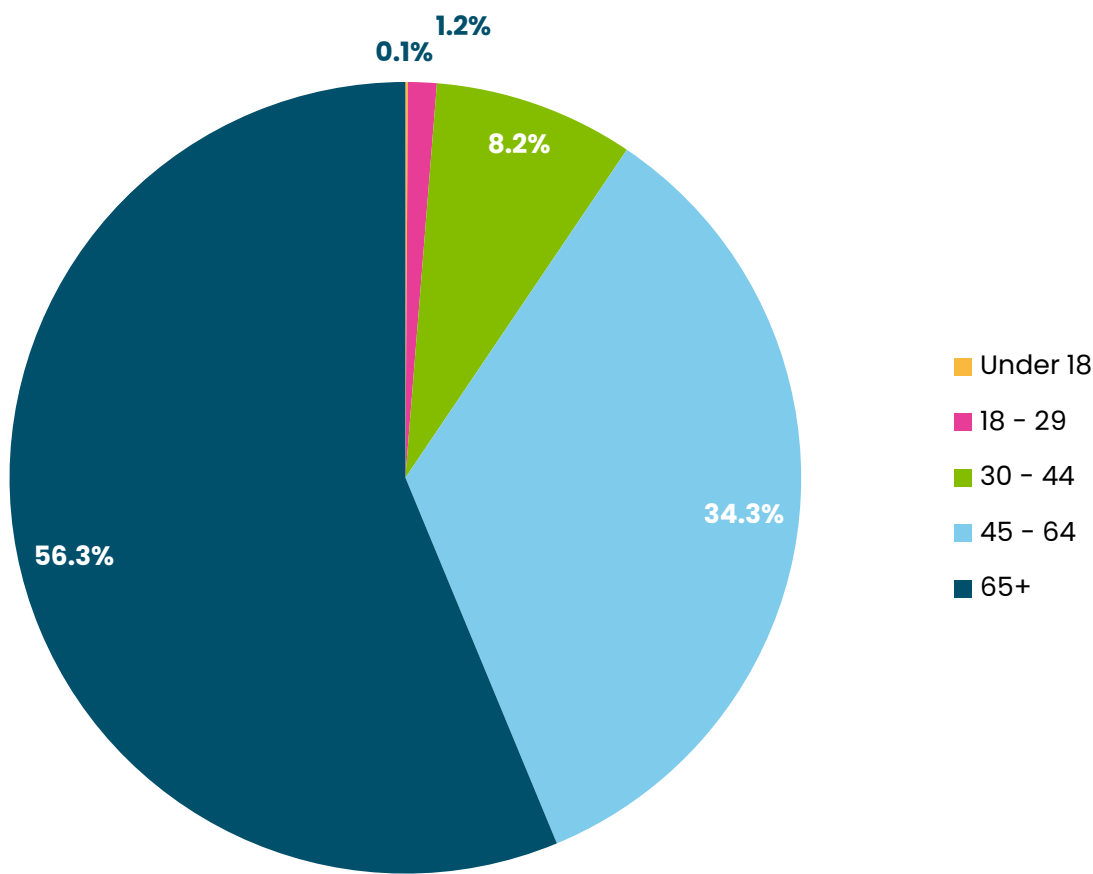
Research Methods

The primary research undertaken for this report utilised a mixed-method approach, collecting both quantitative (statistics) and qualitative (feedback) data. The research consisted of:

- A survey of the Cornish public that yielded **2,166** responses from 30 May 2025 to 7 July 2025. All responses were collected anonymously in accordance with our privacy notice to protect participant privacy.
- A survey of GP professionals that yielded **44** responses from 30 May 2025 to 7 July 2025. Respondents includes GPs (n=10), Receptionists and Administrative support staff (n=7), Nurse Practitioners (n=4), Practice Managers (n=4), Physiotherapists (n=4), Healthcare Assistants (n=2), one Social Prescriber, one Practice Nurse, one Nurse Manager, one Diabetes Care Coordinator and one Dispensary Lead.
- In addition to our primary surveys, we gathered further insights through Healthwatch Cornwall's 'Have Your Say' function. This is an ongoing feedback platform that allows members of the public to share their personal experiences with health and social care services in Cornwall online, over the phone, or in person. We analysed responses themed under GP access from July 2024 to July 2025, which yielded an additional **1,656** entries.
- Data was also gathered through our Enter and View function, which is a statutory function of Healthwatch Cornwall that allows our trained representatives to visit health and social care services. These visits helped us observe how services are delivered and gather feedback from patients, families and staff. From 1 July 2025 to 31 December 2025, we visited **12** GP Practices in Cornwall.
- We also invited input from local service providers and system partners to provide a broader perspective. Emerging themes were shared with key contacts, such as GP practice staff, contacts at Kernow LMC (the statutory body who represent the GP workforce in the county) and colleagues at NHS Cornwall and Isles of Scilly ICB, who were invited to share their reflections and responses. This helped to ensure our report included both patient experiences and the views of those involved in delivering and funding services.

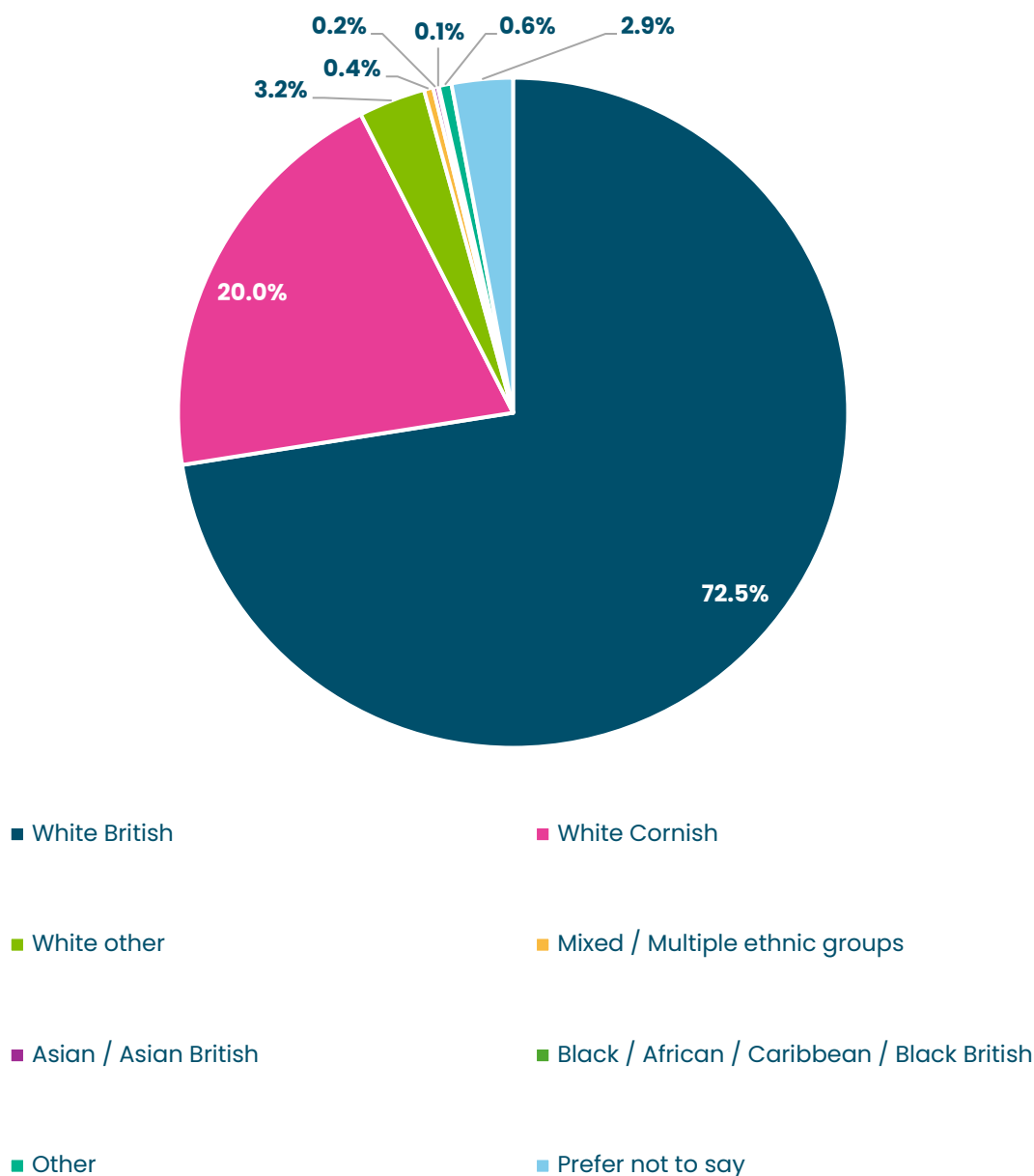
Who we spoke to: survey demographics

Age groups:



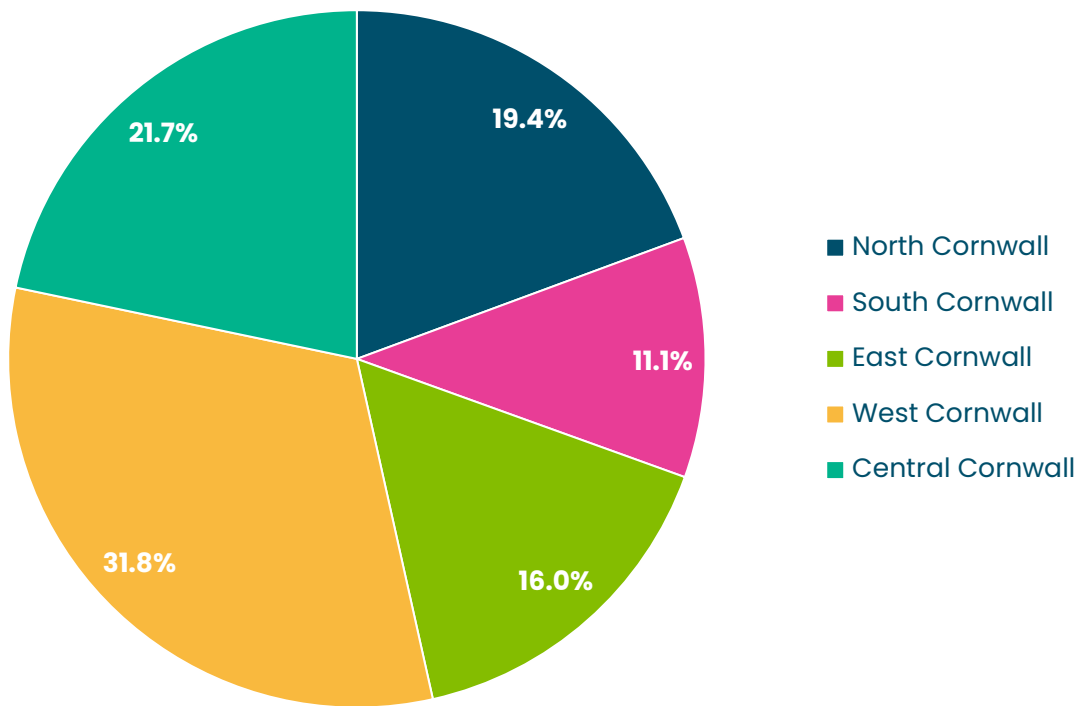
The majority of survey respondents were older adults, with over half (56.3%) aged 65 and above and a further 34.3% aged 45 to 64. Younger age groups were underrepresented: just 8.2% were aged 30–44 and only 1.3% were under 30.

Ethnicity:



The vast majority of respondents identified as White, with 72.5% describing themselves as White British and a further 20% identifying as White Cornish. Only a small proportion of participants came from racially minoritised backgrounds, with 3.2% selecting White other, 0.45% identifying as mixed or multiple ethnic groups, 0.22% as Asian or Asian British and 0.06% as Black, African, Caribbean or Black British. An additional 0.6% selected 'Other', while 3% preferred not to say. These figures broadly reflect the demographic profile of Cornwall but highlight the limited representation of non-White communities in the survey sample.

Geographical representation:



Responses were received from across Cornwall, with the highest proportion coming from West Cornwall, which accounted for 31.8% of participants. Central Cornwall followed with 21.7% and North Cornwall with 19.4%. East Cornwall made up 16% of responses, while South Cornwall was the least represented area, contributing 11.1% of the total. This distribution indicates broad geographic coverage, though there is some variation in response levels between different regions.

Cornish Voices: Difficulties Accessing Appointments

This theme was one of the most dominant in the survey responses. Across the board, participants described a primary care system that feels increasingly difficult to access, particularly when seeking timely or urgent GP appointments. Many referenced having to call repeatedly at 8am, only to find that no appointments were left, resulting in stress, frustration and in some cases, delayed care:

"The 8:15 scramble for an appointment is horrible. I am on my way to work and trying to hang on the phone is almost impossible."

Resident, West Cornwall

"It is impossible to get a phone appointment at 8.30am, which means driving to the surgery by 8.30, in chronic pain and feeling very unwell."

Resident, South Cornwall

"We cannot now make appointments via the receptionists we must phone up. When we try to phone the system tells us there are no more appointments that day and to try tomorrow. The system will not permit us to make an appointment for another day but every day we phone we get the 'try tomorrow' message."

Resident, East Cornwall

As someone who works full time, I am unable to call the surgery in the morning to book an on the day appointment, booking advance appointments is a challenge, I feel that having to ring early in the morning for an appointment discriminates against people who work in service roles.

Resident, Central Cornwall

The emotional strain of this daily struggle was also evident as respondents expressed feeling ignored, dismissed or put in a position where they have to to "fight" for appointments:

"Having to fight for a doctor's appointment at 8:30 in the morning when trying to get ready for work or do the school run is extremely stressful. I have often given up and not bothered to get treatment on occasion. "

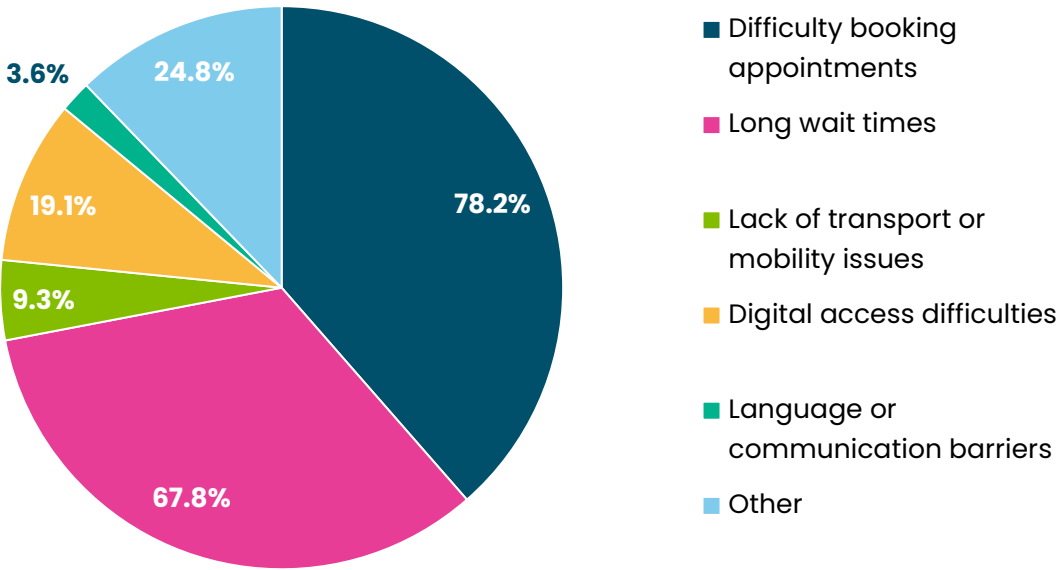
Resident, West Cornwall

There was also concern about the limited options when urgent or same-day care is needed:

“It’s really difficult to get through on telephone. Once the waiting list is full, you’re just told to call 111 or visit A and E if urgent.”
Resident, West Cornwall

“I had an issue which the duty doctor dismissed me as non urgent and said that I’d be contacted by a named GP within 10 days. 111 however felt that I needed urgent antibiotics as I was at risk of developing sepsis.”
Resident, Central Cornwall

Other barriers to accessing GP services also included long waiting times, lack of transport or mobility issues and digital access difficulties:



As the chart shows, difficulty booking appointments and long waiting times were the most commonly cited barriers. Several respondents shared concerns about the role of reception staff in triaging requests, particularly when this felt like a barrier to accessing clinical care. Some described challenges with communication, including experiences of feeling dismissed, unsupported, or misunderstood during interactions. A few noted uncertainty about the clinical knowledge underpinning appointment decisions.

Housebound patients, disabled people, those with visual impairments, neurodivergent individuals and people without internet access reported feeling enhanced difficulty in accessing GP services. Some Carers reported being unable to help relatives access services online due to system restrictions.

Cornish Voices: Continuity of Care

Many respondents shared reflections about the importance of seeing the same GP or healthcare professional over time. Continuity was closely linked to trust, familiarity and confidence in care, particularly for those with ongoing or more complex health needs.

Several people described challenges in consistently accessing the same clinician, which could make it harder to build relationships or feel fully understood:

"It's most helpful if you see the same Dr regularly as then your 10-minute slot isn't taken up by recounting the same thing over and over."

Resident, West Cornwall

"I value seeing a regular doctor, when I don't, I feel too much time is spent explaining problems over and over."

Central Cornwall, West Cornwall

"I preferring seeing one GP, 'your' GP who knows you, rather that feeling like another person is 'winging' it, having skim read your notes. Tiem is wasted repeating yourself."

Central Cornwall, North Cornwall

For some, repeating their history at each appointment was also emotionally tiring or contributed to uncertainty in how their care was being managed. This was especially important for those with long-term conditions, who valued joined-up care and consistent advice:

"Particularly in the case of a long-term issue, on many occasions, I sense that the GP has not read my notes. Consequently, and especially when seeing different doctors, information has to be repeated over and over again, thus wasting what little appointment time there is."

Resident, West Cornwall

In addition to clinical needs, respondents also highlighted the emotional reassurance that comes from familiarity with a regular GP. Some described feeling less confident when this continuity was not in place:

"I find the lack of continuity of accessing the same GP worrying. We appear to have moved away from the 'personal' touch."

Resident, Central Cornwall

While many acknowledged the value of other professionals within the wider team, they felt that having to explain their situation afresh each time could be challenging, particularly when staff were not familiar with their history or individual preferences.

Overall, these responses suggest that continuity remains an important aspect of general practice for many people. There is a clear appreciation for care that feels personal, consistent and well-connected across appointments, particularly when managing ongoing health concerns.



Cornish Voices: Understanding of GP Roles

Many respondents described some uncertainty around the roles of different professionals within the GP practice team. Just under 53% of survey respondents had limited or no knowledge regarding the different roles. However, there was a sense that patients would welcome clearer communication about who does what and what to expect when seeing someone other than a GP. Positively, 81.7% of respondents felt somewhat or very confident in the knowledge and care provided by non-medical professionals, although some comments also highlighted concern:

"I feel I've been fobbed off with a nurse when trying to see a doctor."

Resident, West Cornwall

"I've been given appointments with practitioners with little knowledge of my chronic conditions... they cannot give advise as they know nothing about it."

Resident, West Cornwall

"I feel I've been fobbed off with nurse practitioners, rather than being allow to see a doctor."

Resident, West Cornwall

HC09224 – Trying to see a doctor can feel impossible...the nurses and practitioners are lovely, but don't give the same service as a GP...it is sometimes not appropriate to see a nurse. The staff are lovely, all of them and they are as helpful as they can be."

Resident, North Cornwall

Just under 60% of survey respondents often or sometimes felt unsure or confused about who they were seeing at the practice, indicating that some patients lacked confidence in non-GP clinicians, even when their care was appropriate, often because communication around professional roles and responsibilities was limited:

"I worry untrained receptionists making medical decisions at source."

Resident, South Cornwall

"I find the receptionists sometimes try to advise on how urgent appointments or who I should see."

Resident, South Cornwall

Cornish Voices: Digital Access

The findings below summarise public feedback on the use and experience of online systems for accessing GP services, highlighting both levels of engagement and areas for improvement.



Use of online systems

- **67.8%** of survey respondents reported using an online system (e.g., Klinik, eConsult) to access GP services.
- **32.2%** had not used these systems.



Ease of use

- **49.4%** found the system very or somewhat easy to use.
- **31.9%** found it somewhat or very difficult and 18.7% felt neutral.



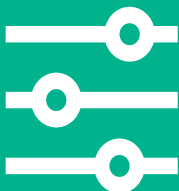
Clarity of the Process

- **77.7%** of users said they understood the questions completely or mostly.
- **22.4%** said they only somewhat understood or not at all.



Communication After Submission

- **66.6%** received timely feedback or communication.
- **33.4%** did not.



Preference for Accessing Services

- **77.1%** preferred face-to-face appointments.
- Only **7.2%** preferred online/digital systems and 4.5% preferred telephone consultations.

Respondents also shared a wide range of views on digital access to GP services, highlighting both benefits and significant barriers. While some appreciated the convenience of online systems, many others reported challenges navigating them or concerns about their accessibility, particularly for older people and those without reliable internet access.

Some respondents found online systems challenging to navigate and described them as less personal or not always dependable:

"I feel I've been fobbed off with a nurse when trying to see a doctor."

Resident, West Cornwall

In addition to general frustrations with digital tools, some respondents with disabilities described being entirely excluded by online systems that weren't accessible. Those with visual impairments, cognitive processing needs or reduced dexterity often found digital platforms unusable, creating a barrier not just of preference, but of access. For these groups, in-person and telephone routes are not optional extras but essential lifelines.

Cornish Voices: Geographical Disparities

Accessing GP services in Cornwall is often also shaped by where people live, how far they are from their surgery and whether they can get there. Gathered through our Have Your Say function, Cornish residents described significant barriers due to rural isolation, lack of transport and the absence of reasonable adjustments for people with mobility needs or long term conditions.

Residents told us that getting GP appointments can involve navigating multiple buses, long waits and physical strain. One resident explained:

"I have to get to my GP in Penzance on the bus. I have awful anxiety and it is so painful with fibromyalgia and osteoarthritis."

Resident, West Cornwall

For others, access depends entirely on having a car or having a family member or friend to support them. Without this, they effectively feel excluded from care services:

"If I couldn't drive then there would be no chance to access health services. When I hurt my leg previously, I could hardly move and I wasn't allowed to talk to a GP over the phone."

Resident, North Cornwall

"My mum has mobility issues, she isn't house bound but that's only because of me being available. When I am not around, she would need the GP to come to her, but they said as I am around, she can't have home visits."

Resident, North Cornwall

These rural access challenges often intersect with financial hardship. Without access to a car or local practice, residents face real costs to attend appointments in time, energy and money. For some, the price of travel, even by bus, was prohibitive. Others described being pushed toward private options they could not afford.

Some described long and complex journeys that led to unsatisfactory care:

"I tend to just go to health shops instead of the doctors as it can be hard to see a GP here. I have to take four different buses to Roche surgery from here. When I got there I saw a Locum which was no good as they can't do anything for me. There is no other transport I can get other than buses."

Resident, Central Cornwall

Delayed access also had knock-on effects on recovery and health outcomes. One person shared:

"When I hurt my knee in January, I have only now had one appointment for that in the middle of May!"

Resident, North Cornwall

These accounts highlight how Cornwall's geography, public transport limitations and inflexible access policies disproportionately affect people with long-term conditions, caring responsibilities and limited mobility. Access in rural areas must be more than digital; it must be doable, physically, financially and practically.



When GP Access Fails: Case Studies

While many people in Cornwall shared positive experiences of general practice, others described moments when delays, assumptions, or barriers to access had serious consequences. The following case studies reflect the real-life impact of missed diagnoses, inadequate assessments and the emotional and financial burden placed on patients and families when timely care is out of reach. These accounts highlight the urgent need for a more responsive, equitable and accountable primary care system.

“It was cancer – not tummy cramps”

“Initially, I went to my GP. I had an internal examination which they thought was clear. Symptoms remained and after a telephone appointment with a male doctor, it was suggested that I had tummy cramps. I was prescribed tablets, which didn’t work. This went on for a few more weeks.

I returned to my GP surgery and saw another female doctor. She arranged blood tests for me, which immediately pointed to cancer. Within a few weeks, I had an ultrasound, CT scan and MRI scan, biopsy and finally the operation. My surgery get a thumbs up for the blood test, but a thumbs down for the diagnosis of tummy cramps. The doctor has since left the practice (not because of this) but if women could be offered the cancer detecting blood test sooner rather than later, surely this would save so much pain and all the problems that late diagnosis gives.”

Resident, Central Cornwall

One resident from Central Cornwall described how their concerns were initially dismissed as minor digestive discomfort during a telephone consultation. Despite persistent symptoms, it took several weeks and a second appointment with a different GP before blood tests were carried out.

These tests quickly flagged cancer, leading to urgent imaging and surgery. The resident praised the eventual clinical response but reflected that an earlier diagnostic approach could have spared them considerable distress and risk. Their experience highlights the dangers of relying on remote consultations and assumptions, particularly when symptoms persist.

These stories are not only emotionally distressing; they also reflect wider economic consequences. Delays in diagnosis and care can lead to late-stage treatments that are more costly to the NHS, increased reliance on emergency departments, and significant impacts on families' time, finances and productivity, particularly where caring responsibilities or employment are affected.

“They said it was heart failure – it was pneumonia”

My GP listened and diagnosed based on previous illnesses without assessment. Heart failure was diagnosed over the phone for breathing difficulties, we know he has heart failure, but it turned out to be deep-seated pneumonia, which led to hospitalisation!”

Resident, Central Cornwall

A resident from Central Cornwall shared concerns about assumptions made during remote consultations. When a family member experienced breathing difficulties, the GP diagnosed heart failure over the phone, citing previous history. However, it was later discovered to be deep-seated pneumonia, resulting in a hospital admission. The resident highlighted the risks of relying solely on past diagnoses without proper clinical assessment, emphasising the need for thorough evaluation when new symptoms arise.

“We had to pay over £3,000 for a diagnosis”

“I had to pay privately (over £3k) to see a GP to obtain an examination and diagnosis for my Mum (aged 79) so that she could access treatment. Once diagnosed by private GP she was seen in NHS on cancer pathway. We had been trying for months to be seen by NHS GP.”

Resident, Central Cornwall

A resident described a distressing experience in which they were unable to secure a timely NHS GP appointment for their 79-year-old mother, despite months of trying. In the end, they felt forced to pay over £3,000 for a private GP consultation to obtain an examination and diagnosis. Only then was their mother referred onto the NHS cancer pathway. The resident expressed deep frustration at the barriers they faced in the public system, calling the situation “an absolute disgrace.” Their story reflects the consequences of delayed access and the growing reliance on private care to fill gaps in the NHS.

“It took me five months to be seen, only to be diagnosed with Stage 4 cancer”

“It took me 5 months to see a doctor and I ended up with stage 4 cancer. Rang almost every day to try and see a doctor. Once I was actually in the system all very good. Brothers asked for a gene check they took bloods for that but didn't check for cancer at the same time, if only that would have been done! I have moved on now”.

Resident, West Cornwall

A resident described how repeated attempts to access a GP over five months were unsuccessful, despite daily calls for an appointment. When they were finally seen, they were diagnosed with stage 4 cancer. They expressed frustration with the barriers created by non-clinical staff, as well as a missed opportunity to test for cancer when other family members were undergoing related checks.

While this resident acknowledges that care improved once they were in the system, their story highlights how delays at the point of access can have devastating consequences and how early intervention opportunities may be lost due to fragmented pathways and gatekeeping.



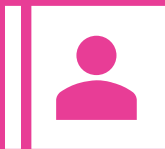
Cornish Voices: Suggested Improvements

The themes below reflect general ideas shared by members of the public, summarised from the open-text responses we gathered from our research efforts and Have Your Say function.



Easier and faster appointments

- Being able to make appointment in advance, more pre-bookable appointments and urgent appointments available when needed



Improved phone and online systems

- Being able to speak to someone to make an appointment, simpler online system with clear instructions, less reliance on online systems.



Continuity and choice of clinician

- Seeing the same doctor more regularly, especially for chronic conditions and give all patients the choice to see their own GP more easily.



More face to face appointments

- Being able to see a clinician in person rather than explaining symptoms over the phone



Staff training and empathy

- Having understanding and empathetic staff and friendly and caring communication styles when trying to access services and during appointments.



Better information and communication

- More clear and concise information about how to access services, a leaflet or website that clearly explain what services are available and who to speak to and when



Flexibility for people with specific needs

- More flexibility for people who work full time and home visits for people who can't travel

Service Provider Perspectives

Overview

In addition to hearing from patients, we invited GP staff across Cornwall to share their views on what helps or hinders access to care and how services could better meet the needs of both patients and professionals. Their responses offer valuable insight into the pressures currently facing general practice and highlight opportunities to improve the system for all involved. Four main themes emerged from the analysis:

- **Patient empowerment**, which related to the importance of informed, engaged patients who are able to participate in decisions about their care
- **Patient expectations**, which reflected a growing mismatch between what patients expect and what general practice is realistically able to provide
- **Time** as a valued resource, which demonstrated the ongoing challenge of limited time and how it affects staff wellbeing, patient care and continuity
- **Clinical support and digital tools**, which highlighted the role of systems such as triage platforms and AI in supporting or complicating clinical work

These themes reflect both longstanding pressures in general practice and the evolving nature of how care is delivered. The following sections explore each in more detail, using direct quotations to illustrate staff experiences and ideas for improvement.

Thematic Findings: Patient empowerment

Several responses highlighted a strong commitment to empowering patients by supporting them to become more informed, active participants in their care. This aligns with person-centred care principles, particularly shared decision making and promoting self-management where appropriate. Staff emphasised the importance of listening, education, clear communication and helping patients feel confident navigating the healthcare system. When asked what factors most support a consultation where the patient feels heard and understood, responses included:

“A clinician who is willing to listen and work with the patient, instead of dismissing their thoughts and opinions. ”

GP, North Cornwall

“Asking the patient questions that make them included in assessment. What they know, what they think is wrong and whether they are able to carry out. prescribed treatment. ”

First Contact Practitioner, Cornwall

Creating space for patients to speak and feel heard was also seen as essential:

“I think allow patient time to speak is important to shared understanding.”

GP, North Cornwall

Staff suggested a range of practical ideas to help patients build confidence and better navigate the healthcare system, particularly in relation to digital access. They highlighted the need for clearer guidance on how to seek help, especially for older patients who may struggle with online systems. Suggestions included creating simple computer literacy resources including videos in waiting areas demonstrating how to use the NHS App, upload images and how to use triage tools. Workshops for patients and carers were also proposed, alongside encouraging techniques for patients like writing down or rehearsing questions in advance to support more effective communication during appointments.

There were also reflections on how practices could strengthen patient engagement more broadly, with specific suggestions around Participant Patient Groups (PPGs), which are groups of volunteer patients, carers and GP practice staff who work together to improve services at their local GP surgery:

“We have a PPG but not many members – maybe a community event where they can meet the staff from different teams and learn about what they do could be useful?”

GP, North Cornwall

“We need more patient engagement but it’s limited through the PPG etc. Our practice must be prepared to be more outward facing. Encourage questions about staff and that it’s OK to be unaware of changes which are complex within the service. ”

GP, Central Cornwall

Together, these comments reflect a desire to promote the role of the patient from passive recipient to active partner, through clear communication, better education and more inclusive care practices.

Thematic Findings: Patient Expectations

Staff responses reflected a clear desire to provide high-quality, person-centred care, but also a sense of frustration around growing gaps between patient expectations and what general practice can realistically deliver. Many emphasised the importance of setting realistic expectations early, improving communication and helping patients understand the limitations of what can be achieved within the time and scope of a GP appointment.

Staff highlighted the need to be upfront about time constraints and the scope of each consultation:

“Successful patient appointments need continuity, good communication and an understanding on both sides of what can realistically be achieved within the appointment time.”

GP, South East Cornwall

“Patients need to have realistic expectations of what can be achieved, in appointments as well as good resources to access will help build trust and improve outcomes.”

GP, South East Cornwall

“Patients need to have reasonable expectations set about what can be achieved in primary care . For example, primary care isn’t appropriate for cardiac chest pain or serious injuries.”

Nurse Practitioner, North Cornwall

Staff also emphasised the importance of helping patients understand the role of different professionals within the general practice team and how being seen by someone other than a GP can often mean more targeted and effective care. 87.8% of professional respondents have directly observed patient reluctance to see non-GP professionals for appointments:

“We need more information explaining that some wider healthcare professionals are specialists in a particular field, unlike GPs who are generalists. We want patients to understand that we are trying to IMPROVE their care by giving them direct access to the most appropriate SPECIALIST for that problem, rather than trying to fob them off.”

Nurse Practitioner, North Cornwall

Staff described a variety of strategies to help patients understand the roles of the wider general practice team. Most practices use a mix of digital, visual and face-to-face approaches, such as websites, social media, posters, leaflets and TV screens, to explain who's who and what each role involves.

Reception staff play a key role in signposting at the point of booking, while clinicians often introduce their role during consultations. Some practices send automated messages explaining roles like First Contact Physiotherapists and a few use patient newsletters, PPGs, or community events to support wider engagement.

Despite these efforts, staff noted ongoing confusion, particularly assumptions that all appointments should be with a GP. This highlights the need for clearer, more consistent messaging across all channels, especially for patients unfamiliar with NHS systems or not using digital platforms. Below is a summary of strategies suggested by surveyed staff to improve awareness and acceptance of MDT roles:



Clear visual displays in waiting areas, such as "Who's who" posters



Better use of digital channels, including social media, websites and TV screens in reception areas.



Direct explanations from staff, including reception training and clinician support during consultations.



Patient education on when and why they might see a non-GP practitioner



Positive messaging campaigns locally (newsletters, practice drop-ins) and nationally (tv, media coverage)



Video case studies showcasing successful MDT care experiences

Some responses also acknowledge the negative impact of wider public messaging on patient perceptions:

“We need to try and get the media on side. Patients are often raging to us that “they can never get to see a doctor” after being offered an on the day call and face to face appointment. The media message is overlying the reality). Working with hostile patients is particularly challenging for the patient advisor team.”

GP, West Cornwall

“We need a more collective message from public service authorities that helps Primary Care and General Practice. Patients are blissfully unaware that GP Surgeries and Community Pharmacies are not owned by the government or taxpayer – they are businesses that are sub-contracted to perform the work of the NHS and are only paid to perform certain types of work.”

Practice Manager, West Cornwall

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Thematic Findings: Time as a Valued Resource

Time was the most frequently mentioned issue across staff responses, with 59% of respondents citing ‘limited appointment time’ as the most common challenge affecting communication during GP appointments. This reflects a shared frustration alongside the public regarding the pressures of delivering quality care within limited appointment slots. Many described the challenge of addressing multiple concerns, building rapport and ensuring continuity within tight timeframes. Staff highlighted the value of “time to properly listen and examine,” “time for the patient to speak, assessment time and education time,” and “time to explore the patient’s ideas, concerns and expectations.” Others emphasised the importance of an “unhurried atmosphere” and “trusted relationship,” supported by continuity and clear communication. Limited time was also seen to impact clinicians’ ability to complete tasks such as referrals, reviewing medical history and planning ongoing care. As one respondent simply put it: “We need more time and better links with external services.” The message was clear: adequate time underpins safe, effective and person-centred care. Without it, staff feel constrained and patients may leave consultations feeling rushed or unheard.

Service Provider Voices: Conclusions

Feedback from GP professionals across Cornwall highlights both the pressures and possibilities within general practice today. While staff remain committed to delivering high-quality, person-centred care, they face daily challenges related to limited time, rising patient expectations and ongoing communication barriers, particularly around the roles of the wider multidisciplinary team. Their reflections offer practical insights into how access and patient experience could be improved, from empowering individuals to navigate services more confidently, to building greater trust in non-GP roles through clearer, more consistent messaging.

Service Provider Voices: Key Points

The following key points summarise the main insights from the staff survey and highlight opportunities to improve patient access and experience in general practice:

Empowered patients feel more confident, informed and involved in decisions about their care and GP staff are keen to facilitate this

Clearer communication is needed to manage patient expectations around appointment scope and availability

Consistent and system wide messaging can help patients better understand how primary care works

Trust in MDT roles grows through experience, but better explanation and visibility is needed

Reception staff and clinicians play a key role in signposting and introducing wider team members

Mixed methods (digital, visual, in-person) are most effective for raising awareness

Time pressures limit clinicians' ability to deliver the type of healthcare they want to provide

NHS Cornwall and Isles of Scilly Integrated Care Board

As part of Healthwatch Cornwall's efforts to provide a comprehensive overview of the wider picture and incorporate a range of perspectives, we consulted with NHS Cornwall and Isles of Scilly Integrated Care Board, who shared the following insights:

"Improving access to general practice appointments is a national priority and over the past two years there has been a push to modernise how people can access their practice to get an appointment. Changes include encouraging as many people as possible to use online tools to request appointments – this allows practices to triage the majority of requests, determining which need an appointment that day and which are more routine issues that can be booked in advance. There is still the option for people to telephone the surgery and telephone systems have been modernised to improve the patient experience and now include a call back functionality. For the majority of patients this has vastly improved the previous rush for appointments by telephoning early in the morning.

Demand for appointments has increased dramatically over the past few years and there are some capacity issues for some practices with recruitment issues, limited space and financial and contractual issues. Cornwall and the Isles of Scilly has a higher number of appointments per 1,000 population than the national average. The equivalent of over half of our population has an appointment in general practice each month and there are more than 4 million appointments in Cornwall & Isles of Scilly each year.

Despite this, our practices in Cornwall & Isles of Scilly generally perform well when compared to the national average. The results of the latest patient survey conducted January to March 2025 show that 72% of people taking part in the survey report a good overall experience of contacting GP practice (compared with 70% nationally). We are aware that there is variation between practices though and we will be identifying those that have lower figures to see how we can better support them and those that have higher figures to see what learning can be shared."

***Paula Bland, Deputy Programme of Care Lead (primary care)
NHS Cornwall and Isles of Scilly Integrated Care Board***

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What This Means for Cornwall

When GP access fails, the consequences ripple across the system. Below summarises how poor GP access leads to wider health, economic and system impacts in Cornwall.



1. Poor access to GP services

- Long waits, limited appointments, digital/online systems
- Confusion about roles and gatekeeping barriers



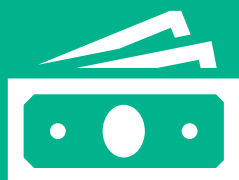
2. Delayed or missed diagnoses

- Serious conditions (e.g. cancer, infections) caught late
- Emotional distress and worsening symptoms



3. Increased A&E and emergency admissions

- Patients are redirected to urgent care or 111
- Avoidable ambulance call outs and hospital stays



4. Higher NHS system costs

- Emergency care is more expensive than early intervention
- Greater pressure on secondary care



5. Loss productivity and economic strain

- Time off work for patients and carers
- Rising travel, childcare and prescriptions costs
- Some turn to private care they can't afford



6. Widening health inequalities

- Time off work for patients and carers
- Rising travel, childcare and prescriptions costs
- Some turn to private care they can't afford

What Must Change Now

Despite the dedication of practice teams across Cornwall, our findings reveal a system under strain and too often, people fall through the cracks. The following bold actions must be taken now to address the risks, inequities and consequences of poor access to general practice.



1. End digital-only gatekeeping

- All GP practices must offer and promote multiple access routes, including guaranteed phone and in-person options.



2. Prioritise clinical assessment over assumption

- NHS Cornwall and GP providers must urgently review triage models to ensure persistent or worsening symptoms are always escalated for clinical review and are not dismissed or recycled through digital loops.



3. Make rural and transport barriers visible

- Commission targeted access support (e.g. mobile services, transport subsidies, outreach clinics) for isolated and underserved communities.



4. Tackle delays in diagnosing serious illness

- Implement proactive follow-up systems in every practice, especially for symptoms that could indicate cancer, cardiovascular, or respiratory conditions.



5. Strengthen accountability to patients

- Local decision-makers must require all practices to publicly report on access metrics and uphold transparent complaints procedures, with external oversight where needed.

Healthwatch Cornwall's Recommendations

The following recommendations are grounded in the views and experiences shared by Cornwall residents, GP staff and local system leaders. We have drawn on survey data, qualitative feedback and input from decision-makers to ensure that these suggestions reflect the realities of service delivery, patient needs and ongoing system priorities. Together, they aim to support more equitable, accessible and person-centred primary care in Cornwall.

Ensure equitable and flexible appointment booking

What we heard: Many people struggle with the “8am scramble,” especially those who work, care for others or cannot easily access phones or digital tools. The lack of urgent and pre-bookable appointments fuels frustration and inequality.

Recommendation: GP practices must deliver flexible, fair and inclusive booking systems. This includes implementing the 2025/26 contractual requirement for online booking during core hours, while maintaining and improving non-digital routes such as telephone and in-person access. Call handling and triage processes must prioritise equity for those unable to use digital tools.

Continue to strengthen communication around GP practice roles

What we heard: Confusion persists around the roles of non-GP staff. Patients are more likely to trust and engage with these professionals when their roles are explained clearly.

Recommendation: Practices must provide clear, consistent and accessible communication about the roles of all primary care staff. This could include posters, digital messaging, “Who’s who” displays and short videos to build confidence and reduce resistance to multidisciplinary care.

Prioritise continuity of care for those who need it most

What we heard: People with long-term or complex health needs value seeing the same clinician. When continuity is lost, patients risk feeling disempowered and overlooked.

Recommendation: Practices must protect relational continuity by enabling patients to request specific clinicians and by rostering accordingly. Continuity should be prioritised for patients with ongoing, complex or sensitive health issues.

Improve access for digitally excluded, disabled and isolated patients

What we heard: Digital-first models risk excluding those who lack access, skills, or confidence.

Recommendation: GP practices and system partners must provide targeted support for digitally excluded and underserved patients. This includes non-digital booking options, in-person support with digital tools and alternative access pathways for those unable to engage online.

Recognise and address transport poverty as a health barrier

What we heard: For some residents, especially in rural areas, reaching a GP involves long, expensive or inaccessible journeys navigating multiple buses. Transport poverty is a hidden barrier to care.

Recommendation: The ICB and local system partners must develop local access models that recognise transport as a core determinant of health. This includes funding mobile clinics, home visits where appropriate and closer integration with community transport services.

Mandate compassionate frontline communication

What we heard: Patients often feel dismissed at reception or triage, which affects trust and willingness to engage. Staff are under pressure and need support.

Recommendation: All frontline staff must receive regular training in trauma-informed and empathetic communication. Clear, consistent triage protocols must support staff to safely and confidently direct patients to the right care.

Make digital access systems truly inclusive

What we heard from professionals: Digital systems are helpful for some, but others find them confusing, inaccessible or inappropriate for their needs.

Recommendation: All digital platforms must meet accessibility standards and be designed with diverse users in mind. Practices must offer proactive support, such as digital help clinics, printed guides and assistance in waiting rooms.

Equip patients with clear, local information

What we heard: People want to understand how general practices work.

Recommendation: Locally co-produced patient information leaflets and online guides must be developed and distributed. These should explain how to access care, what to expect and where to go for different needs.

Align public messaging with local reality

What we heard from professionals: National media coverage and public messaging often misrepresent how general practice operates in Cornwall, fuelling mistrust and pressure.

Recommendation: The ICB and practices must work with patients and staff to co-produce honest and transparent communications that explain how local general practice works and what is changing.

Manage patient expectations with honesty and clarity

What we heard from professionals: Unrealistic expectations such as always seeing a GP or raising multiple issues in one appointment can cause strain and conflict.

Recommendation: Practices and system partners must provide clear communication about appointment length, clinical scope and what different professionals can offer. This should be done in partnership with patient groups and in accessible formats.

Acknowledgements

We would like to express our sincere gratitude to all those who contributed to this research and made this report possible. In particular, we extend our thanks to the residents of Cornwall who generously shared their experiences and insights through surveys, interviews and community engagement activities. We are especially grateful to the service users and their families who provided invaluable perspectives on mental health services in Cornwall. Your voices have shaped this report and strengthened our understanding of the challenges and opportunities within the system.

We would also like to thank GP Practice staff who completed our second survey aiming to understand professional perspectives and experiences. We are also grateful to representatives from Cornwall Partnership NHS Foundation Trust for their time, expertise and openness in discussing the realities of GP access in the county. Additionally, we appreciate the support of Kernow LMC for promoting our professional survey and providing valuable consultation of our report findings and recommendations.

Finally, we extend our gratitude to the dedicated team at Healthwatch Cornwall for their commitment to listening to the community, amplifying voices and working to shine a spotlight on GP Access in the county.

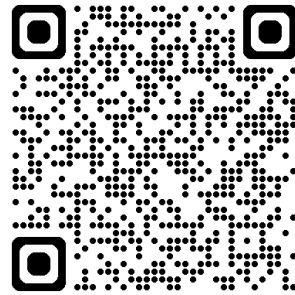
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health and care services in Cornwall.**

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Have Your Say



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