



Access to GP Care in Luton

We asked: You shared your experiences.

healthwatch
Luton

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Summary of the Research

This research was carried out using feedback cards distributed at community events across Luton (**events included: Pride in Luton, Picnic in the Park, Community Festivals, Health Festivals, Celebrations, Farmers Markets and more**). The cards did not ask for personal details such as age, gender, or ethnicity, so the findings cannot be broken down by demographic group. Instead, the reach of the work reflects the diversity of the events where cards were handed out.

The survey, therefore, engaged a wide cross-section of the community, including events attended by people from different social and ethnic backgrounds, LGBTQ+ individuals, families, older people, and harder-to-reach groups. **By meeting people where they are, this approach reached voices often missed in more formal surveys.** This breadth of participation has given us a broader scope of views and ensured that the findings reflect a wide variety of patient experiences.

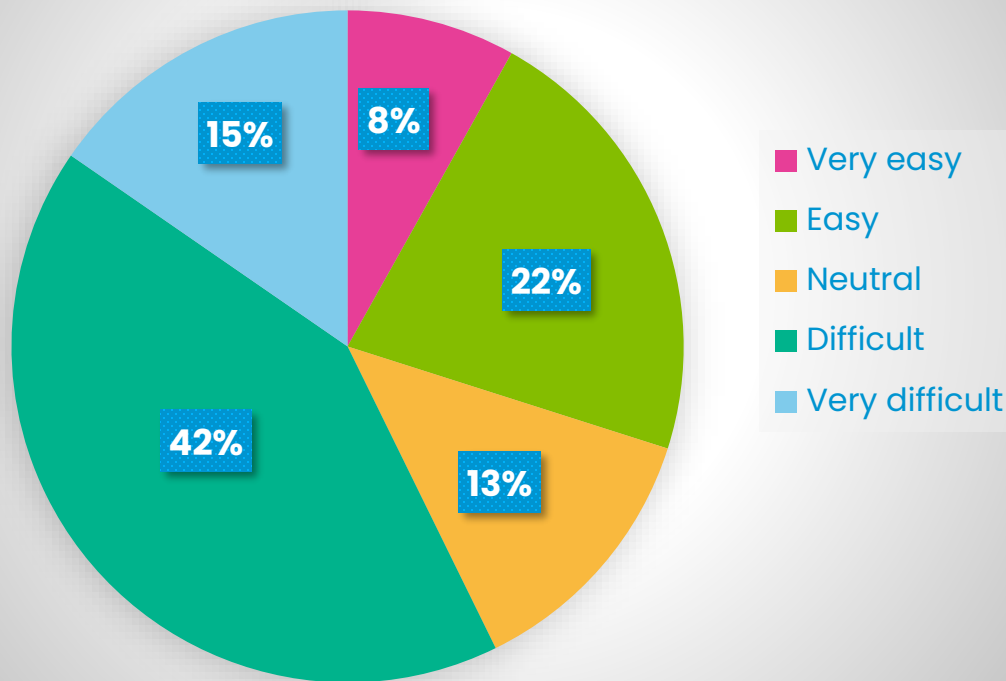
The approach also proved highly effective, producing a large number of responses in a short time. Importantly, it enabled the inclusion of feedback from groups whose views are often difficult to obtain, strengthening the overall picture of patient experiences. At the same time, the snapshot nature of this survey revealed what we still need to understand – such as what patients consider an acceptable wait or whether appointment type reflects choice or allocation.

Alongside this survey, we also carried out a **side review of GP practice booking systems in Luton**, to better understand how digital and telephone access routes are managed and what options patients currently have.

We Asked:

How easy is it to access GP Triage Services?

Responses



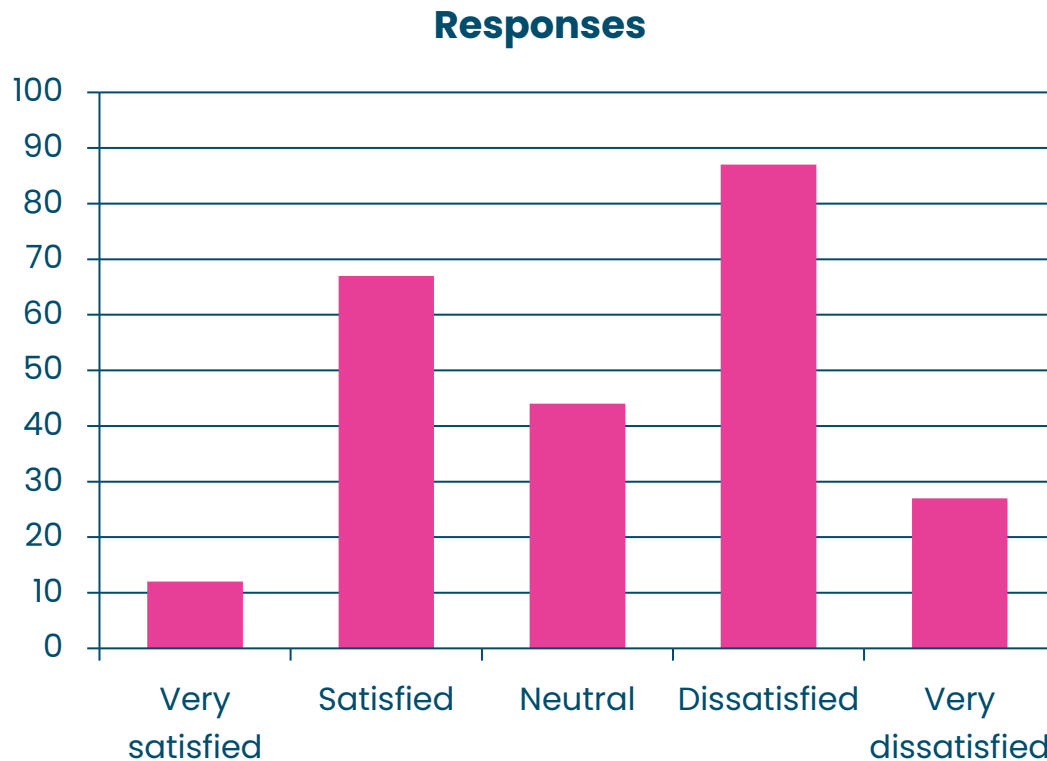
Among 238 people surveyed, views on GP access varied widely.

The largest group — over 40% — said it was difficult, and another 15% found it very difficult.

Around 30% said it was easy or very easy, showing mixed but often challenging experiences.

We Asked:

How satisfied were you with the time it took to get an appointment?



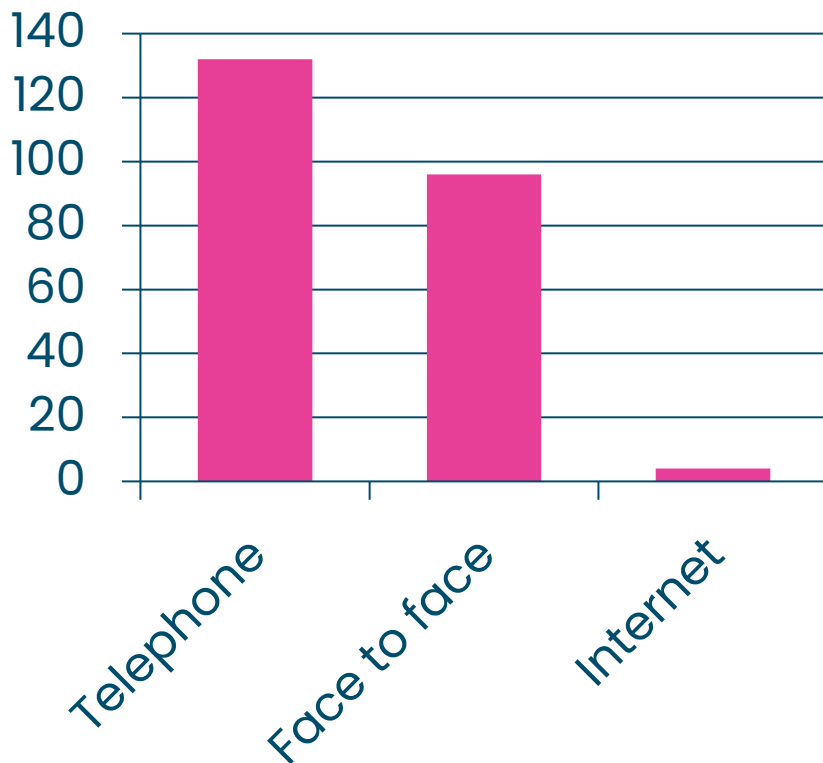
Almost half of patients (48%) said they were **dissatisfied or very dissatisfied** with how long it took to get an appointment.

Only a third (33%) felt **satisfied or very satisfied**, while 19% were **neutral** — showing that waiting times are more often seen negatively than positively.

We Asked:

What type of appointment did you have?

Responses



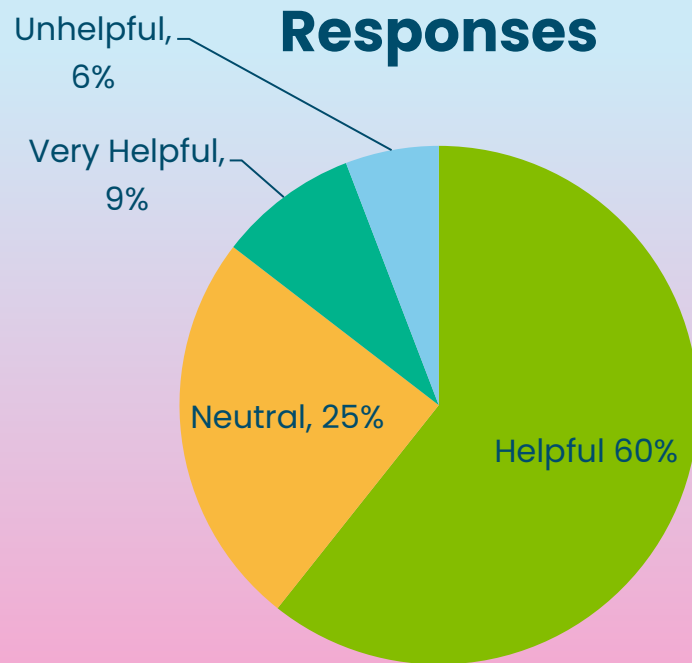
Most patients (57%) had a telephone appointment, while 41% were seen face to face. A very small number (2%) used an internet consultation.

This shows that **telephone appointments remain the dominant** way people access GP care.

Some patients also described a telephone appointment followed by a face-to-face, showing how different modes are sometimes combined.”

We Asked:

How helpful was the treatment or intervention prescribed?



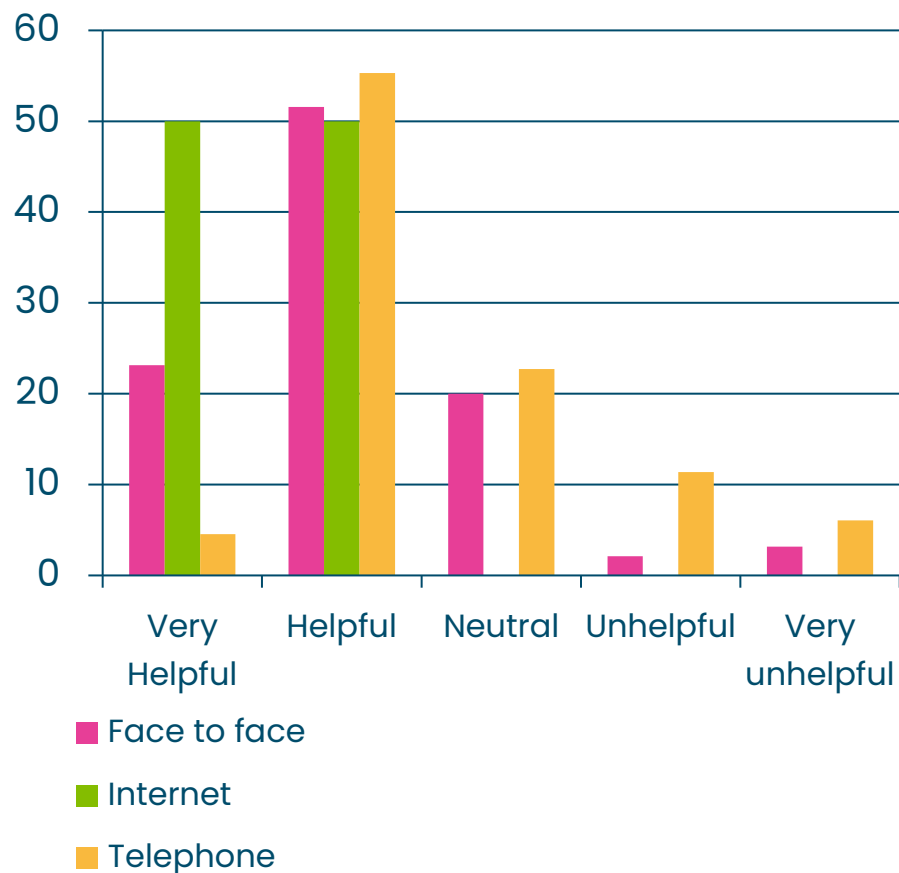
Most patients (61%) felt the treatment or intervention prescribed was helpful.

Around a quarter (25%) gave a neutral response, while 15% said it was unhelpful or very unhelpful.

This suggests that, overall, treatments are viewed positively, though not by everyone.

We explored your responses further:

How appointment type relates to views on helpfulness

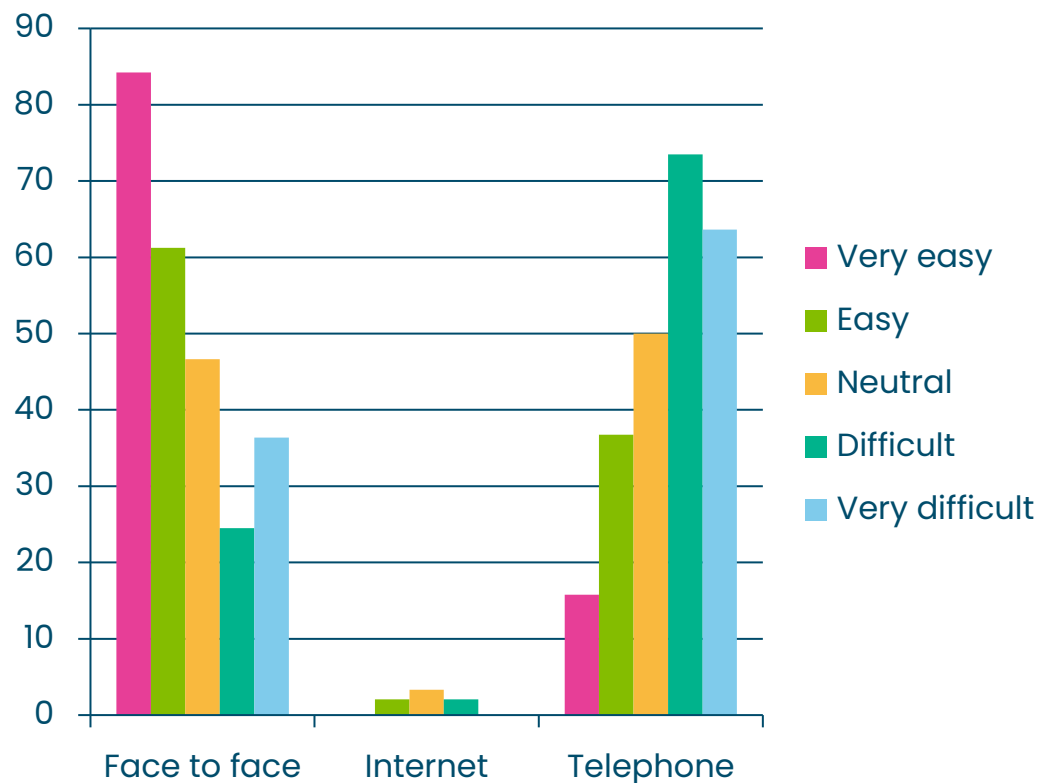


Patients with **face-to-face** appointments were more likely to describe their treatment as **Very Helpful**, while **telephone** patients more often gave **neutral** ratings.

Overall helpfulness scores were strong across both, but the in-person setting appears to generate more positive feedback. Online appointments were too few to compare reliably.

We explored your responses further:

Did ease of access effect the type of appointment?



Appointment type shifted depending on how easy people found access.

Those who reported **easy access** were more likely to have **face-to-face** appointments, while **difficult access** was more often linked with **telephone consultations**.

Online appointments remained rare across all groups.

From Phone to Online Form: The Digital Front Door to GP Care

Findings from a review of how Luton GP practices manage appointment booking.

As GP access increasingly moves into the digital age, concerns have been raised about whether online systems always benefit patients. To explore this, we carried out a review of every GP practice in Luton, looking at the appointment options available. This involved contacting practices directly and reviewing their websites to understand whether patients can book by phone, online, or in person.

Across Luton, GP practices are adopting different approaches to managing appointments.

Around **two-thirds of practices (65%)** use an **online-first triage system**, where patients are asked to complete a form. For those unable to do this, reception staff can help complete the form on the patient's behalf.

Approximately **one-quarter of practices (25%)** continue to offer both **telephone and online booking** routes, providing more flexibility.

Only **one practice** explicitly noted an option to book **in person**.

While these models aim to streamline access and manage demand, they also highlight differences in **patient experience**. Online systems may create barriers for those less confident with digital tools, while relying on reception staff to assist requires patients to share details with non-clinical staff.

Limitations of Research

This research provides a valuable snapshot of patient experiences, but it also has clear limits.

Waiting times: The data does not tell us what patients consider to be a “long” wait or what would feel reasonable.

Appointment type: We know which type of appointment people had, but not whether it was their choice or allocated by the practice.

Practice differences: Responses are grouped across Luton, so variation between individual GP practices cannot be seen.

Demographics: We did not capture age, gender, ethnicity, or other demographic information that might influence experiences.

Context of need: The reasons for appointments (routine, urgent, long-term conditions) were not collected, limiting interpretation.

Trends over time: Findings reflect a short collection period and do not show changes across seasons or years.

Underlying reasons: While patients reported access as difficult or easy, we do not know what specific barriers (e.g. phone systems, online booking, language) shaped those views.

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Summary of Findings

Feedback from 238 people across Luton shows that **getting through to GP services** remains a major challenge. Many described access as difficult or very difficult, and this often went hand in hand with **frustration about waiting times**, with almost half dissatisfied with how long it took to get an appointment.

When patients did get an appointment, the **mode of consultation shaped their experience**. Telephone appointments dominated, while fewer patients were seen face-to-face. Some described moving from a telephone call to a face-to-face consultation, showing how appointment types are sometimes combined. Importantly, those who reported easier access were more likely to be seen in person, while difficult access was more often linked with telephone consultations.

Despite these challenges, perceptions of **treatment were generally positive**. Two-thirds felt their treatment was helpful or very helpful, though face-to-face patients were more likely to rate it as very helpful, while telephone patients leaned toward neutral responses.

Taken together, these findings suggest a clear picture: **access barriers and waiting times remain pressing concerns**, but once patients are seen, the treatments they receive are largely valued — particularly when delivered face-to-face. A side review of practice booking systems helps explain some of these challenges: **most surgeries now rely on online-first forms**, with fewer offering direct phone or in-person booking. This **shift to digital access** may contribute to the **frustrations patients** described when trying to secure an appointment.



About Healthwatch Luton

Healthwatch Luton is the local champion for people using health and social care services across Luton. We promote choice and influence the provision of high-quality health, social care, and wellbeing services for all in our community.

Healthwatch Luton (HWL) has significant statutory powers to ensure that the voices of local people are heard and acted upon by those who commission, deliver, and regulate health and care services. HWL engages with all parts of Luton's diverse population to ensure that a broad range of experiences and views are considered, understood, and reflected in decisions about care. Our work is rooted in strong community connections and grounded in the real-life experiences of the people we serve.

Healthwatch Luton is part of the wider Healthwatch network across England, one of three local Healthwatch organisations in Bedfordshire. We belong to a national network supported by Healthwatch England, which provides guidance and oversight to ensure local Healthwatch work consistently and effectively in each of the 152 local authority areas in England.

As the only independent body focused entirely on people's experiences of health and social care, our role is to make sure that these services—and the decisions surrounding them—are shaped by the people who use them. At Healthwatch Luton, we believe that everyone's voice matters and should be at the heart of care.



For more information

Healthwatch Luton
Futures House
The Moakes
Luton
LU3 3QB

www.healthwatchluton.co.uk

t: 01582 817060

e: info@healthwatchluton.co.uk

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