



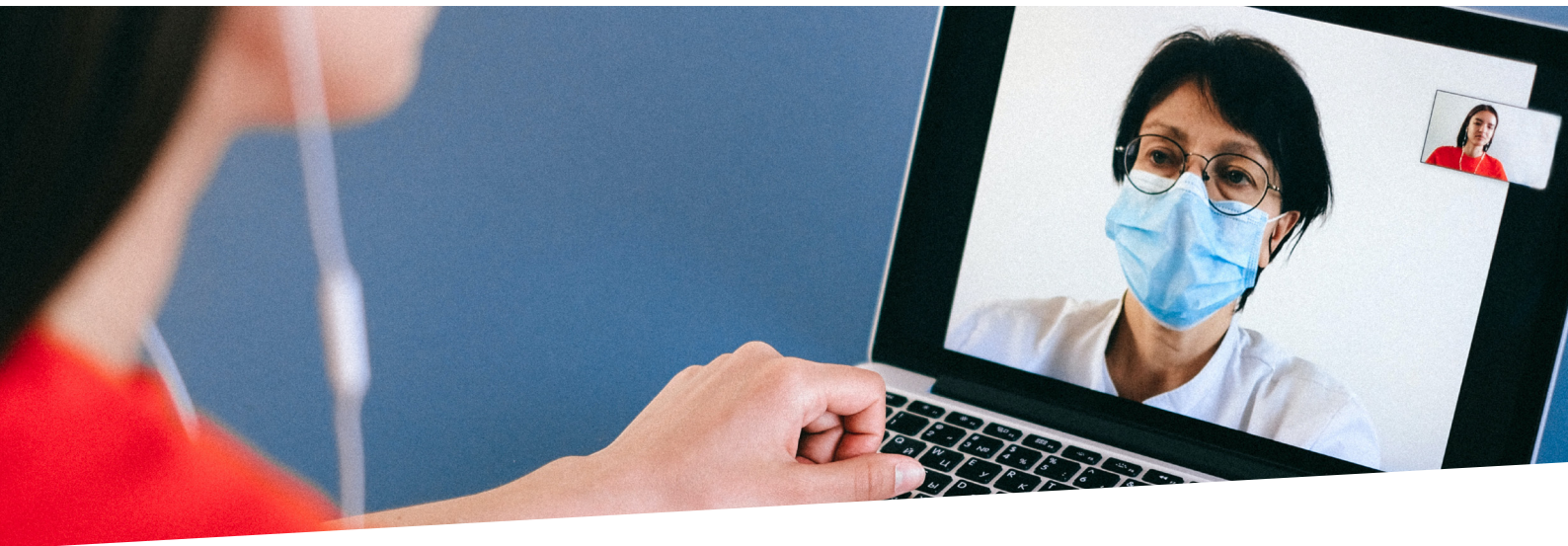
# People's views on access to GP services in Birmingham

April 2021 to January 2022



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## Executive Summary

### Introduction

GP access is a prominent theme in the feedback Healthwatch Birmingham receives from the public. Between August - October 2021, 52% of feedback was about GPs (161 practices). Seventy percent of the feedback was negative. Between October - December 2021 the percentage was lower (25%), but more (80%) feedback was negative. This feedback highlighted issues around GP appointments (telephone, face-to-face, online), and receptionists' role regarding access to care. A recent report<sup>1</sup> by Healthwatch Solihull found similar themes, especially for those using technology to access GPs.

Ensuring good access to general practice has been a complex and challenging issue for many years. Declining numbers of GPs, rising demand, difficulties recruiting and retaining staff have been some of the issues that have led to access issues. Access has worsened with the pressure brought on by the Covid-19 pandemic<sup>2</sup>.

System wide approaches are being developed to improve GP access (e.g., unannounced GP access inspections by the Care Quality Commission (CQC)<sup>3</sup> and an NHS England GP access plan<sup>4</sup>), making this an opportune time to analyse people's experiences of these issues. This will inform plans to improve GP access at various levels including influencing through the new Birmingham and Solihull Integrated Care System (ICS).

This report is based on a thematic analysis of feedback shared with us by patients, carers and the public, survey/polls data, and Google reviews of GP services in Birmingham. Guided by the CQC framework for GP access inspections, we focused on the following themes:

- timely access
- access to a range of appointment types suitable to needs
- support for those with communication barriers
- prioritisation of patients with urgent needs
- patients' understanding of access
- patients' ability to inform improvements to GP access

1 <https://healthwatchsolihull.org.uk/wp-content/uploads/2021/06/HWS-GP-Access-June-2021.pdf>

2 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

<https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice>

3 <https://www.pulsetoday.co.uk/news/regulation/cqc-sets-out-plans-for-unannounced-gp-access-inspections/>

4 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

## What did we learn about GP access?

People's feedback indicates varying experiences of access to GP practices. Positive experiences included satisfaction with the use of the triage system, telephone, video and online access as suitable to their needs and convenient for quick diagnoses. However, negative experiences described significant problems with the triage system, and difficulties contacting GP practices or accessing appointments via telephone, online or video. This has been extremely difficult for certain groups such as the elderly, people for whom English is not their first language, people who are digitally excluded (due to lack of access to a smartphone, laptop/pc, tablet or digital illiteracy), people with a disability, multiple conditions, sensory impairments, parents and people in work.

The move away from face-to-face GP access to a remote triage system reliant on telephone, video and online consultation has impacted negatively on the majority of patients we heard from (52%). This led many to avoid accessing their GP, changing GPs, and accessing other health services (111, A & E). Poor access has left patients in pain, distressed and anxious, and generally losing trust in their GP practice. The new system has changed the GP-patient relationship, with many patients feeling far removed from their GP practice. One patient likened it to a fortress and expressed concern about lack of continuity. People said that they felt like a 'nuisance', not 'valued' and 'not people, just a telephone number'.

This has been exacerbated by patients' difficulties contacting their GP practice over the telephone. Some spent hours on different days trying to get an appointment. In some cases alternative access routes, (e.g. online, econsult) have been ineffective due to the systems being unfit for purpose, practices not supporting patients to use them, or the practice not engaging with the system (e.g. not responding to online forms). People have shared concerns about the cost of new systems of access, especially if they must spend a long time waiting on the telephone. This has a considerable impact on the elderly and those not in work although some people in work also expressed concern about the long waits on telephones.

Feedback showed a preference for face-to-face contact and consultation. Many people expressed concern that some GP practices hadn't returned to face-to-face consultations following the Covid-19 pandemic and that digital access excludes some people/groups from accessing GP services. Some also felt that there was potential for poor diagnosis without examining patients in person and doctors often being quick or dismissive over the telephone.

Although feedback about GP access was heard from all areas of Birmingham, we received more (81%) feedback generally from more deprived areas. People felt that accessing GP services has been an ongoing issue that has worsened with the pandemic. Ensuring everyone has equal access to services is a key priority for the NHS, which calls on local health systems to address inequalities identified by local evidence and take actions to resolve them.

## How are we using this report to improve access to GP services?

This report will be shared with the Health and Social Care Scrutiny Committee and our partners in the ICS. It is informing our discussions with these organisations around improving GP access and is being used in the implementation of the NHS' GP Access Plan<sup>1</sup> in Birmingham.

In response to our findings, Birmingham and Solihull NHS Clinical Commissioning Group (BSol CCG) outlined the changes that have taken place in primary care during the last 18 months, alongside plans to improve access to GP services in the new ICS. These are summarized in the following pages.

The report also confirms Birmingham and Solihull ICS and general practice commitment to work with Healthwatch to support improvements in access and patient understanding and engagement.

See Appendix 1 to read the full response.

<sup>1</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

## Summary of statement from BSol CCG

### Background

Since March 2020, the pressures placed upon the NHS have been significant, with services being required to react rapidly to provide care for both COVID-19 and non-COVID-19 patients, while maintaining a safe physical and working environment for patients and health professionals alike.

During this time, the priority for general practice teams has always been to flex their model of care according to the specific needs of their registered patient population. Through this process, practices have also had to navigate a delicate balance between providing face-to-face patient care where clinically necessary and minimising the number of face-to-face patient contacts in line with national infection control protocols by utilising technology and introducing more virtual appointments.

In England, prior to the national lockdown in March 2020, almost 80% of all appointments in general practice were delivered face-to-face. During the first national lockdown, these proportions changed dramatically, with data from the RCGP Research and Surveillance Centre showing that over 65% of general practice appointments were being undertaken remotely by telephone or video. However, as practices have reconfigured their systems and processes to minimise risks of infection from face-to-face attendance, the mix of appointments has shifted to a more even split. In March 2021, telephone and video appointments across England accounted for 54% of total appointments, while face-to-face appointments made up 46% of all activity.

The ratio of how patient care is delivered through virtual and face to face contact continues to evolve and be flexed according to the needs of patients and the ever changing status of the current COVID-19 pandemic.

On average, (Birmingham and Solihull) surgeries are offering almost 16% more patient appointments on the same day and up to seven days compared to 2019 - with 1.4 million offered in January to March 2022 compared to 1.2 million in the same months in 2019.

There has been a 6% increase in the proportion of patient appointments being offered on the same day - 48.78% in March 2022 compared with 42.72% in March 2019.

### Additional workforce

Birmingham and Solihull are proud to be the first in the country to embrace allied health professional roles to be at the forefront in bolstering staffing levels and ensuring patients are seen by the most appropriate clinician to suit their care needs.

Our regional performance for recruiting PCN Additional Roles is the highest in comparison to the other 10 Integrated Care Systems in the West Midlands region.

### Local operating model

Across Birmingham and Solihull, patients continue to be triaged via telephone consultation in the first instance, and a decision based on clinical need or patient preference is then made, as to what happens next:

- Telephone or video consultation
- Face to face consultation
- Signposting or referral to another service
- No further action required

By operating a blended approach, incorporating virtual and face to face appointments, BSol general practice teams have been able to flex both their resources and capacity to suit the demands of their patient population and as such, are able to continue to provide a safe, high quality and responsive primary care service to registered patients. The model, first introduced in 2020, continues to be adapted and updated to reflect the changing demands placed upon general practice teams.

### **General practice – continuation of “business as usual”**

Despite the challenges within primary care created by COVID-19, general practice teams across Birmingham and Solihull continued to provide the following key services:

- Urgent same day primary care access, including referrals and urgent treatment/tests
- Long term condition management, including all the work associated with the Quality and Outcomes Framework and the BSol commissioned Universal Offer (Enhanced service framework tailored to the needs of the local population)
- Leading and supporting restoration and recovery for all aspects of primary care and also with secondary care for elective and non elective backlog
- All annual health checks
- Phlebotomy and diagnostics
- National screening programmes
- Vaccinations and immunisations for all groups including children’s, seasonal Influenza and COVID-19

### **Winter Access Fund**

Launched in October 2021, the Government provided extra funding nationally to improve/increase access to general practice services throughout the winter period and beyond. Birmingham and Solihull received an additional £6.7million to invest in localised solutions, promoting innovation and at scale working across general practice.

### **Local interventions**

Through our GP providers and Primary Care Networks, an additional 100,000 appointments have been delivered between January and March 2022. These have been a mixture of virtual and face to face appointments dependent on clinical need and patient preference.

### **Primary care surge capacity**

Over 80,000 additional urgent primary care appointments have been made available through our “Primary Care surge capacity sites”. The rationale behind these sites is that as practices run out of appointments, they can book a patient into one of these sites to ensure they are seen as soon as possible, either face to face or virtually dependent on clinical need and patient preference.

### **Pulse oximetry at home**

A bespoke Pulse Oximetry at home service giving patients the ability to monitor their own oxygen levels with daily remote support/review from a clinician following a COVID-19 diagnosis, with over 56,000 referrals into the service.

### **Community Pharmacy Consultation Service**

General practices have also been able to refer patients for a minor illness consultation via the Community Pharmacy Consultation Service, giving patients a further opportunity to be seen locally by an appropriate clinical professional in a timely manner.

### **Extended access**

This is access to general practice at scale outside of core working hours, making appointments available between the hours of 6.30pm and 8pm. Although Extended Access was largely repurposed during the pandemic response to deliver the COVID-19 vaccination programme, this year it is being redeveloped as part of the PCN contract, providing greater opportunities for patients to access primary care services.

### **Enhanced access during Bank Holidays**

Patients, via their local practice, have been able to book appointments at a local practice (Not necessarily their own) during each bank holiday. This has so far seen an additional 1400 appointments available over bank holidays (with more delivered over the Jubilee bank holiday).

### **Website improvement**

The CCG secured funding to support all 186 GP practices (including West Birmingham practices who will be joining the BSol ICS from July 2022) with the design, content, and layout of their websites. This provides another entry point for patients to access primary care services. GP Practices have been given funding to develop well structured, detailed and easily accessible practice websites.

### **Telephony call flow improvement**

The CCG has also secured funding to take a phased approach working with their cloud based telephony system providers to conduct an audit of the telephony call flow system, recognising the impact COVID-19 has made upon existing service delivery.

### **Violence and aggression training**

To support handling of the increase in incidents of violence, aggression and abuse, practices have also been supported by a bespoke training programme to provide tips and handling techniques to diffuse and deescalate those situations. This includes both face to face, telephone and social media training. Over 350 members of practice teams, from Receptionists to Practice Managers and GPs have benefitted from this training.

### **Peer support and late career GP programme**

Support has been given to practices deemed to fall within a set criteria via the award winning CCG Peer Support Team and Late Career GP scheme to align mentors to practices with the intention of improving both process and appointment management to enhance the local experience for patients. Over 30 practices are benefitting from this additional support.

### **Feedback and innovation sharing**

An evaluation is to be conducted to take the learning from each intervention, with particular focus on those developed locally, to identify best practice, what has proven popular with local patients, and to discover how these interventions can be shared more widely to benefit patients at scale.

It is key to the long term sustainability of general practice that we get this right, and that the views of the patient are at the core of what we take from the learning garnered from this innovative work. This is why we are committed to continue this work in partnership with Healthwatch to support improvements in access and patient understanding and engagement.

### **Next steps**

1. Clear jointly owned communication and engagement plan and processes to support patient/citizen awareness and understanding of primary care and the changed operating model
2. Cross check and alignment with Fuller review and the three key themes - primary prevention, urgent and episodic care and continuity of care through mdt working for those patients who need that support
3. The operating model changed very quickly, we need to continue to review, understand feedback and inform and listen to patients and citizens to continually improve awareness / understanding and models of care.

## **Acknowledgements**

We would like to thank everyone who has shared feedback with Healthwatch Birmingham to help us improve GP access in the city.

## Which data was included in our analysis?

We analysed all pieces of feedback (1,471) concerned with GP access shared with Healthwatch Birmingham from April 2021 to January 2022. This was collected through various routes, including engagement events, letters, research, email, telephone, our online feedback centre, third parties and social media. Other sources of data include the results (854) of a social media poll in April 2021 asking people to rate their GP, and Google reviews (457) of Birmingham GPs. In total, we have analysed 2,782 pieces of feedback for this report.

Over 1000 pieces of feedback contained people's demographics. A majority (39%) of those who shared feedback were aged between 25 and 49 years, followed by between 50 and 60 years (35%) and 65 and 79 years (23%)

The majority of feedback was from women (72%) with 26% from men and 1% identifying as non binary or preferring not to say (see Fig 2).

The majority (81%) of feedback came from areas with the highest levels of deprivation in Birmingham (level 1-5), based on the amount of feedback we received with a verifiable postcode. The number '1' in the table 1 below denotes the areas that are most deprived and '10' the least deprived.

DEPRIVATION	FEEDBACK COUNT
1	323
2	143
3	106
4	132
5	118
6	63
7	46
8	38
9	25
10	20
<b>TOTAL</b>	<b>1014</b>

See Appendix 2 for more detailed demographic data.





## Background

The Covid-19 pandemic instigated fundamental changes in people's access to their GP, with a move from face-to-face to remote (telephone or digital) appointments and consultations. While these have benefited some patients, they present a barrier to support for others. In response, system wide approaches are being developed to improve GP access (e.g., unannounced GP access inspections by the CQC and NHS England GP access plan). These also aim to address barriers that have existed prior to the pandemic.

## National context

The Covid-19 pandemic instigated fundamental changes in people's access to their GP, with a move from face-to-face to remote (telephone or digital) appointments and consultations. While these have benefited some patients, they present a barrier to support for others. In response, system wide approaches are being developed to improve GP access (e.g., unannounced GP access inspections by the CQC and NHS England GP access plan). These also aim to address barriers that have existed prior to the pandemic.

In its most recent Plan into GP Access (2021), the NHS recognises that although some practices provide accessible, high-quality care, some patients are experiencing unacceptably poor access to general practice. It notes that ensuring good access to general practice has been a complex and challenging issue for many years.<sup>1</sup> According to the British Medical Association (BMA) access has worsened because of declining GP numbers, rising demand and struggles to recruit and retain staff. In addition, GP practices have been at the forefront of the NHS' response to the pandemic, delivering vaccine appointments while maintaining non-COVID care for patients.<sup>2</sup> Recent actions to address challenges to GP access include:

CQC GP Access inspections:<sup>3</sup> The CQC has developed a framework that will structure conversations during inspections to understand how practices are handling pressures around access, any challenges they are facing, and improvements being undertaken. The framework addresses whether:

- Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice.
- The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).
- Patients were able to make appointments in a way which met their needs.
- There were systems in place to support patients who face communication barriers to access treatment.
- Patients with most urgent needs had their care and treatment prioritised.
- There was information available for patients to support them to understand how to access services (including on websites and telephone messages).
- There were enough staff to provide appointments and prevent staff from working excessive hours.
- There were systems in place to monitor the quality of access and make improvements.

1 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

2 <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice>

3 <https://www.pulsetoday.co.uk/news/regulation/cqc-sets-out-plans-for-unannounced-gp-access-inspections/>

NHS GP Access Plan<sup>1</sup> (2021) includes the following proposals about GP access:

- For the CQC to work with NHS England to ‘make the required improvements across those practices which are not meeting people’s reasonable needs’.
- ICSs told to identify the 20% of practices that were performing worst on a range of metrics, including percentage of GP appointments that were face-to-face, CQC complaints data, rates of 111 calls from their patients during GP hours and number of A&E attendances ‘compared to what would be expected’.
- Additional capacity funding to improve access to urgent, same day primary care by increasing capacity and GP appointment numbers.
- Address variation and encourage good practice – Royal College of GPs to assist practices in working through an optimal blend of remote and face to face appointments.
- Patients to get the opportunity to rate their practice’s performance, via text message, based on their most recent experience of accessing support.
- The NHS will support ‘upgrades to telephone systems’.

UK Health Security Agency guidance<sup>2</sup> (19/10/21) has recommended the following:

- A more flexible approach to patient consultations in primary care and general practice after reviewing the current infection prevention and control guidance on patient consultations in primary care.
- Face-to-face consultations should now go ahead where this is safe for patients and staff, while recognising that telephone and video consultations continue to have an important role.

## Local context

The 2021 NHS GP patient survey<sup>3</sup> provides useful data for understanding GP access in Birmingham. However, it is important to note that whilst the 2021 GP survey shows high levels of satisfaction across Birmingham, satisfaction was much lower in our thematic analysis.

Across Birmingham and Solihull 18,587 of the 69,745 questionnaires for the GP Survey were returned.

Seventy-eight percent of the respondents found their GP practice to be good compared to 10% who said they were poor. Sixty-four percent said their wait for care was about right while 36% said it took too long to receive care or advice.

### About their GP Practice

According to the 2021 GP patient survey data:

- 57% of those who completed the questionnaire found it easy to get through to someone at their GP compared to 43% who found it difficult.
- 85% found the receptionist at their GP practice helpful compared to 15% who did not.
- 17% had booked an appointment online in the past 12 months; 24% had ordered repeat prescriptions online; 16% had an online consultation or appointment whilst 59% has used neither of these.

1 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

2 <https://www.gov.uk/government/publications/ukhsa-review-into-ipc-guidance/recommendation-4-a-more-flexible-approach-to-patient-consultations-in-primary-care-and-general-practice>

3 <http://www.gp-patient.co.uk/analysistool?trend=0&ccgid=13452>; <https://gp-patient.co.uk/surveysandreports>

- A majority (61%) thought that they could only access appointments during the week between 8am and 6.30pm with some (33%) not knowing what GP appointment times were available to them.
- 62% said they were happy with their GP practice appointment times compared to 18% who were dissatisfied.
- 38% said they were able to always or almost always see or speak to their preferred GP.

### **Making an appointment**

The majority (90%) of respondents to the GP patient survey 2021 had tried to book a GP appointment by telephone through the practice with only 10% booking online through a website or app.

- 62% were offered choices of appointment whereas 38% were not offered a choice.
- 40% did not get an appointment because they were not offered one.
- 31% said there weren't any appointments available for the time or day they wanted.
- 19% could not book ahead.
- 34% of the respondents who failed to get an appointment didn't see or speak to anyone.
- 10% went to A & E or called NHS111.
- 52% of those that obtained an appointment spoke to someone over the phone whilst 42% were able to see someone at their GP practice. 3% went to another practice or spoke to someone online.
- More (40%) people said they were able to get an appointment on the same day; 26% said a few days later; 14% the next day and 13% a week or more later.
- Overall, 63% found their experience of making an appointment good and 20% said it was poor.

In November 2021, Birmingham and Solihull CCG<sup>1</sup> called on the public for their support as GP practices faced unprecedented demand. The CCG noted that access to services has changed with practices operating a 'triage first' model which sees a telephone or virtual consultation in place of face-to-face appointments. The CCG further indicated that this is how that GP practices will continue to operate. It asked people to call their practice later in the day when it might be easier to get through or use the NHS App or practice website to order repeat prescriptions. Only those with clinical need will be invited to attend in person.

<sup>1</sup> <https://www.birminghamandsolihullccg.nhs.uk/news/1911-gp-practices-are-facing-unprecedented-demand-but-remain-open>

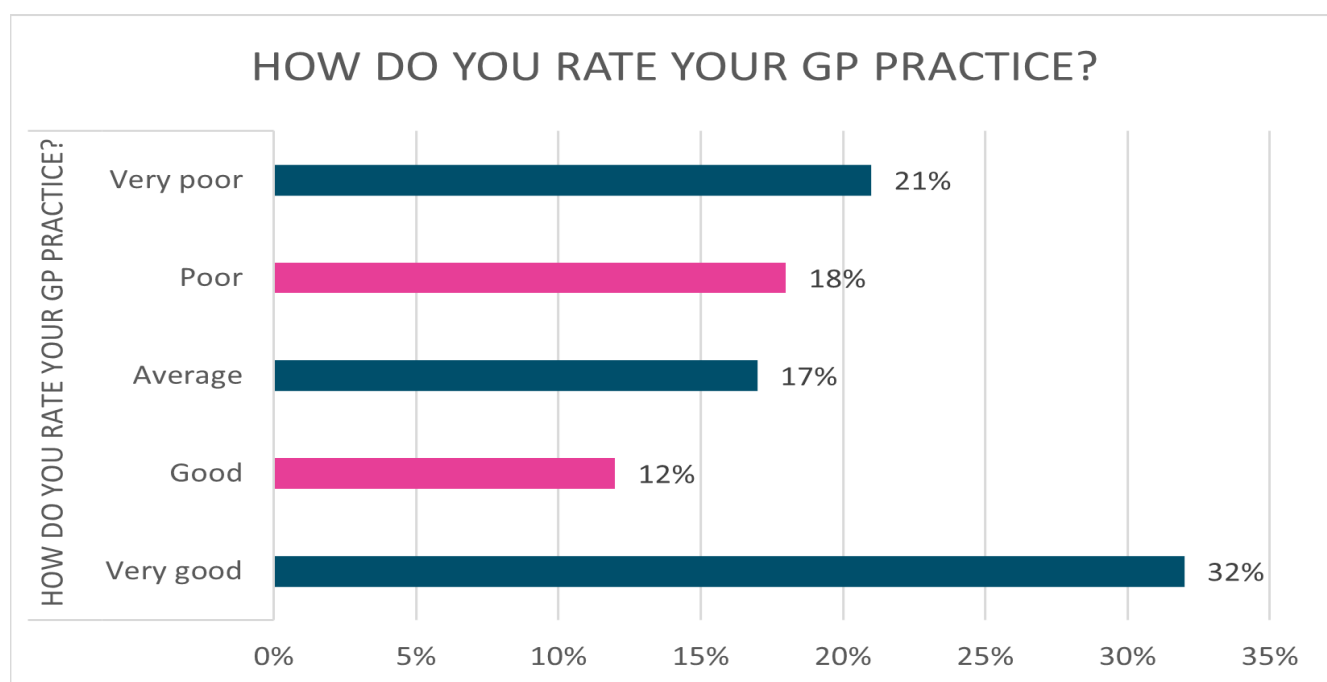


## What People Have Told Us

A poll conducted by Healthwatch Birmingham in April 2021 shows that overall people are satisfied with their GP practices. However, the satisfaction levels are not as high as in the GP Patient Survey 2021, where 78% of respondents rated their GP practice as 'good'. Our poll results show only a slight difference between those that consider their GP practice to be good or very good (44%) and those that consider their practice to be poor or very poor (39%).

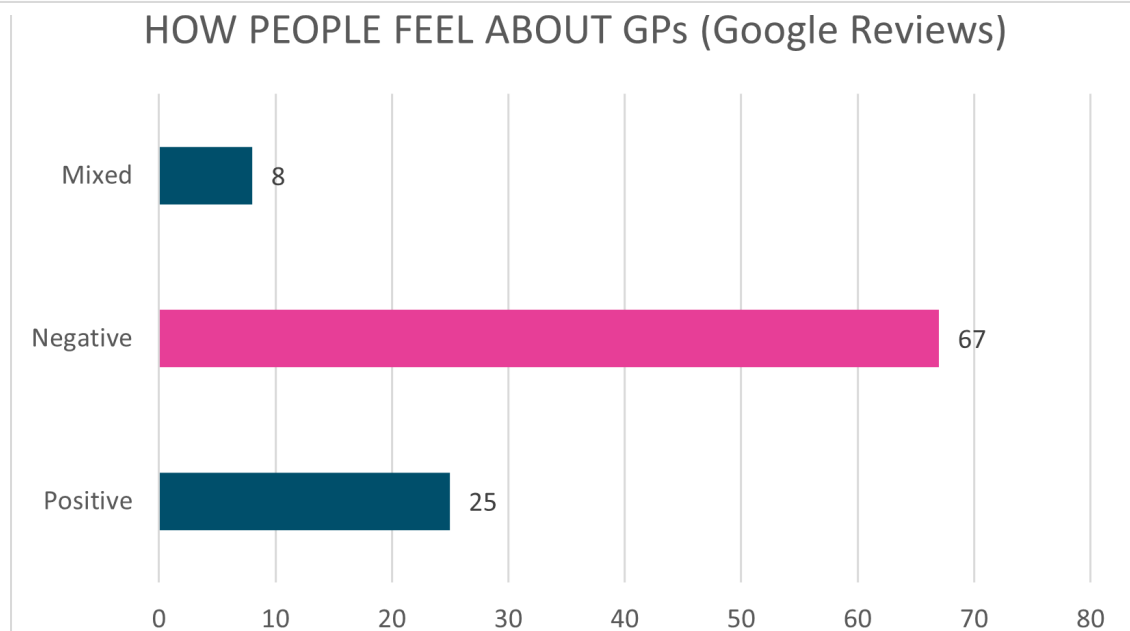
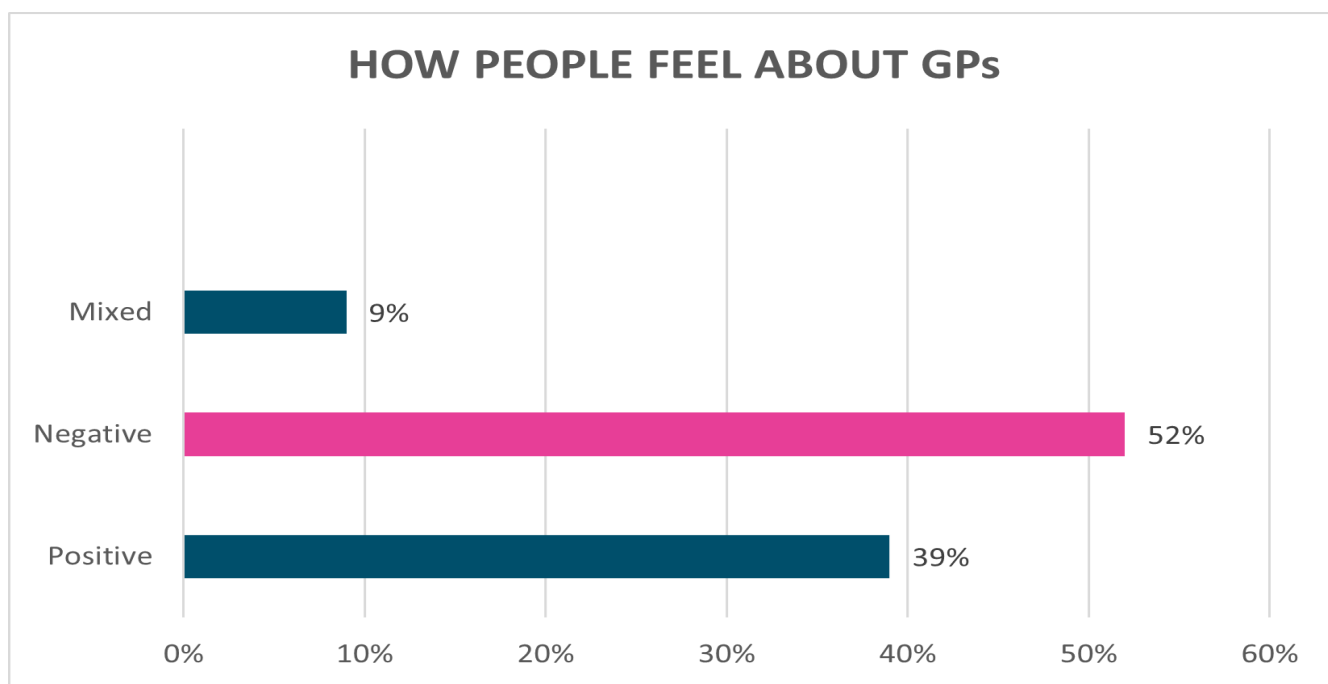
Fifty-two percent of the feedback Healthwatch Birmingham received was negative, 39% was positive and 9% was mixed.

Sixty-seven percent of the 457 Google reviews of 48 GP practices in Birmingham was negative, 25% was positive and 8% was mixed.



Of those people who had seen their GP, most were satisfied with the quality of service. However, feedback showed that many have struggled to access their GP. Those who have shared positive feedback (39%) note that their practices have provided good access with many saying they have been impressed by how their GPs have managed access during the pandemic and the vaccination programme. Those satisfied with access to their GP said they had:

- access of the same quality as pre-Covid despite the changes introduced during the pandemic.
- timely appointments including for urgent needs, and at different times of the day.
- information and support using online services to access their GP.
- help and support from receptionists and doctors who treated them with dignity and respect.
- support and access to services in a way that meets their needs.
- access to a range of appointments (face-to-face, telephone, video).



Those dissatisfied (52%) told us that poor access has led to them avoiding going to the GP; calling 111 or visiting A & E; paying for private care; moving surgeries and losing trust in their GP. Poor access resulted in some feeling anxious and distressed. People in work felt the new system made it difficult for them to access their GP. Those dissatisfied with access to their GP said:

- they are struggling to get appointments including online/video appointments and thus unable to access their GP.
- new ways of accessing GPs have made access for some groups more difficult due to a lack of access to technology and the cost associated with being in long telephone queues.
- new ways of accessing services do not meet their needs, especially those who work during the day and those struggling with mental health concerns.
- online, video and telephone consultations do not effectively diagnose their condition, are clinically inaccurate and not appropriate for some conditions.

- they are not offered a range of ways of contacting their GP nor a range of appointment types.
- they have struggled to get continuing care from their GP (e.g. prescriptions, blood tests, and referrals).
- the triage system of booking appointments has not worked.
- receptionists are sometimes seen as a barrier to access.
- length of time to see a doctor is variable with most stating they waited at least three days before seeing a doctor.
- mergers of GP practices have not improved access.
- they preferred face-to-face consultations, especially for those with complex needs.

Eighty-one percent of feedback came from more deprived compared to less deprived areas (19%). This demonstrates that more people in deprived areas have poorer experiences of access and consequently poorer health outcomes. This matches the Nuffield Trust's findings that those living in deprived areas have worse experiences of making GP appointments, experience worse quality of care and poorer health outcomes.<sup>1</sup>

When analysing the experiences of those from the two most deprived areas (index 1 and 2) compared to the least deprived areas (index 9 and 10), we found a spread of positive and negative sentiments, with various challenges to accessing GP practices regardless of location. However, some experiences differed based on ethnic background and long-term condition. For instance, most of the views of telecommunications<sup>2</sup> and receptionists as barriers to access came from minority ethnic groups and those with a long-term condition.

*Caller wants to make a complaint about her GP as they are very rude to her and just don't care. She is also struggling to gain access to see a GP and has difficulty with the booking system. She has mental health issues and wants to see the same GP as they understand her and her case but they won't allow her to see the same GP*

- Individual with long-term mental health condition

*Bad mannered receptionists, doctors are all very lazy don't bother with telephone triages or allowing people with conditions that need to be seen in person quick and short triage always misdiagnosis - makes you have to come back again and again - I have bad mobile reception so have to call again it's not fair*

- Individual from minority ethnic background with a long-term condition

*I avoid going to the doctors because whenever I try to book an appointment, it feels like the reception staff are bodyguards! They have an awful attitude and ask for details of health issue, which I feel is confidential and should be between me and my doctor. I have rarely gotten an appointment without complaining and calling numerous times*

- Individual from minority ethnic background with a long-term condition

<sup>1</sup> <https://www.nuffieldtrust.org.uk/news-item/poorest-get-worse-quality-of-nhs-care-in-england-new-research-finds>

<sup>2</sup> Telecommunications means the assessment, intervention and/or consultation via telecommunications and includes two-way video, email and wireless tools.

## Key Findings

### Timely access to appointments, consultations and treatment

Feedback shows that many people in Birmingham are struggling to book GP appointments through a remote triage system where people are assessed over the telephone, online or video, before it is decided whether they are seen face-to-face or remotely. Some face-to-face access has resumed following the peak of the pandemic, but remote triage remains the most common means of access, and according to BSOL CCG, is likely to continue.

Concerns about appointments and consultations include:

- Problems with booking appointments over the phone and online
- Waiting times for consultations/treatment
- Problems with booked appointments
- Cost associated with booking appointments

#### Problems with booking appointments remotely

A key challenge for many people was getting through to their GP practice to book an appointment.

*I hate to sound too negative but 'service' is not a term I would use. There exists a wall surrounding the surgery that is hard to penetrate. Phoning is almost impossible and to try to make an appointment is very difficult near impossible as its 3 weeks hence from when you need to see a doctor. Or go to A&E.*

*The process to actually get an appointment at all be it a telephone consultation is appalling. The only way to get said appointment is to start at 8.30 in the morning and continually press re dial for anything up to 30 minutes to eventually get through to a waiting list of 10... it really is the most stressful and annoying system... if you don't do this and phone later in the day all appointments have gone and you are asked to phone next morning at 8.30 to start the process all over again.*

In contrast, those with positive experiences said remote triage worked well and they could get through to their GP on the telephone to book appointments and order repeat prescriptions or they could book appointments online.

*So far I had 1 f2f appointment, 2 phone appointments a smear test and blood tests. The experience I have had was very positive. Everyone there is very polite.*

*Fantastic - great doctors, and in my years visiting I have never faced any problems with getting an appointment that are reported elsewhere. I'm lucky to be a patient there!*

*They've been brilliant throughout the pandemic. Always able to get through by phone and a GP has called back about an hour later. I've been prescribed medication the same day & had blood tests done about a week later at the surgery. They're set up very well for the safety of everybody visiting the surgery.*

*Excellent practice. Easy to book an appointment, have met a range of doctors and all have been very helpful, during Covid, easy to get phone appointments, reception staff helpful, practice nurses very approachable, doctors refer a patient on promptly when necessary*

However, others reported having to ring their GP practice from 8am to book an appointment, being kept in a lengthy queue, then either being told there are no appointments or the telephone line cutting out. In addition, some had to call multiple times, while others have no response after submitting online forms to GP practices using the econsult system.

*Hang on the phone forever then they promise to ring you back (still waiting for that call back after 3 weeks)*

*The phone line waiting time is very terrible, I waited on line for an hour and when they finally picked up the call they hang up and I had to resit another few minutes to go thru. Very poor service*

*47 calls I made [today] no answer.87 calls the next day no answer*

*Can't get to see a doctor even when you ring at 8am there are no appointments available, when you do an eConsult Form half the time the doctor doesn't get back to you.*

*It is very difficult - almost impossible to get through on the phone. Sometimes I have tried more than forty times in a few hour period. When you do get through the service from reception and medical staff is good.*

*Called at 8am (several mornings, same thing). There was one caller before me... for 45 minutes. Called back, 17 callers before me... cut off after 1 hour, I managed to get to caller number 7. Shocking. Note to self, tell illness to be patient*

*It is a case of phoning for days and days to get an appointment, I think they hope you will go away.*

*Poor telephone booking system. Can be on the line for nearly an hour and then no appointments left and have to try again the next day and on and on. I was waiting a month to even book a cervical screen.*

*At 8 a m I telephoned the surgery on [date] and after a few minutes I heard the 'recorded voice' advise me to 'press 1 for appointments'. The message went on to say that I would be connected to 'the next available agent'. Then a series of double bleeps were heard but after about 30 seconds the telephone line was cut off. I repeated calling again for about ten minutes but as the result was the same: I was cut off, I gave up. At 4.30 pm, the same day, I visited the [practice name redacted] to inquire about the situation. The receptionist could offer no explanation other than to suggest that 'the telephones might have been overloaded'. She suggested that I try telephoning again at 8 a m the next morning [date redacted] which I've done, sadly with the same negative outcome.*

Others noted the inefficiency of some online and telephone systems.

*An OK GP but hard to get appointments and their online system is very clunky.*

*The appointment system although improved is still poor. Even before COVID-19 it was difficult to get an appointment and now we are forced to keep calling up every morning to get one.*

*Doctors are good but their systems (Booking, Call, Prescriptions etc) are like something from the early 90's. Just awful, but so easily fixed. Very limited web access, most of which rarely works anyway. Some investment in up to date technology would drag this practice into 2021*

*Difficult to use their online services at times.*

*The technology access is not the best and trying to telephone is even worse with necessity to listen to pre-recorded instructions and then if you are lucky enough to get an answer often referred back to on line*

*Only had trouble with the appointment confirmation as the text required an email confirmation - and I don't have a smart phone (my phone is really stupid)*

Feedback also shows that problems are not only the result of the pandemic, with Covid-19 restrictions merely exacerbating previous ongoing issues.

*You can rarely get through by phone. No appointments most of the time. How can a GP examine you over the phone? Often rude receptionists. It was not good before COVID, now it is so bad.*



*You can rarely get through by phone. No appointments most of the time. How can a GP examine you over the phone? Often rude receptionists. It was not good before COVID, now it is so bad.*

*Before Covid you couldn't get an appointment and since Covid it doesn't exist can't even get repeat prescriptions right.*

*Before this pandemic it was difficult to obtain an appointment. Literally you have to call at a certain time or you would not be able to be seen, so if you are very ill you have to wait another day or until you get better. Now in the pandemic there has been no chance to be seen, also no chance to discuss anything with the doctor.*

*The service given before the pandemic was bad enough but now it's 10 times worse and we can't even see a doctor face to face. This health centre is not providing the service the public should expect. We live in the middle of the city centre where many patients have serious health problems and yet it seems near impossible to get an appointment at this surgery.*

### **Waiting times for consultations and treatment**

Feedback shows that after a difficult booking process, many people wait for up to two weeks or longer for a telephone consultation and longer for face-to-face appointments.

Only a few people were positive about waiting times:

*I called my GP and was offered an appointment the following day and given a few different time slots. I was very impressed and it was so easy.*

*During the pandemic they have been on the ball, probably a little too much lol. I've managed to get phone appts quickly to do with my mental health condition. I've been in for blood tests and ecg. Quick and efficient.*

*Appointments have been available throughout the day, doctors and nurses have been really reassuring and i felt as if i was listened to and treated like an individual*

*I spoke to a Nurse Practitioner within a day and was referred to see a GP. I easily booked an appointment and had a good choice of appointments.*

In contrast, the majority of experiences were negative.

*First of all, it takes ages to get through to them on the phone. Every time I have phoned them up, I have had to be on the line for at least an hour which is very time consuming and then when I finally get through to them, I am always met with negative attitude from the receptionists who make me feel like a burden and aren't very nice and give out appointments very very late. My main problem though is that when I am eventually given over the phone appointments, they always tell me they will call me within an hour slot but **THEY NEVER DO**. This has happened on multiple occasions including today! I was told to expect a call from 9-10:30 am but I didn't receive a call! I waited almost two hours for nothing so please understand where my frustration is coming from. My symptoms are getting very unbearable to the point where my sleep and work productivity are severely affected and I'm very concerned for my health and it seems that my GP does not care at all and I'm getting no help or support whatsoever.*

*No face to face appointments for 12 months, 2 week wait for phone consultation. Support staff are excellent, it's the only reason we stay with this practice.*

*You still can't get a face to face appointment with the GP in over 13 months.*

*It takes quite often 45 minutes to get through to reception then if you are lucky you may get a telephone conversation with a doctor in about 3 or 4 weeks time.*

*Always difficult to get an appointment and GP's are very reluctant to see you. I rarely use the GP service because it's so difficult but the last time I did I waited 2 weeks for a telephone consultation*

*You have to wait at least 2 days for an appt. Once I didn't receive a call at all for my appt.*

*Absolutely awful. Can only get a telephone appointment if prepared to wait 8/9 days.*

*I know things are difficult in these times but I can't understand why our doctors are only operating a phone service. If you need help and ring you are on hold in a queue for about 30-45 mins. when you get through they give you a phone consultation in about 7 days.*

Many felt that it should be made possible to book appointments in advance.

*Never able to obtain an appointment, always told to call back no ability to book in advance.*

*My wife was prescribed over the phone, medication made the problem worse visited today but was turned away. Tried to make appointment but was told none for today and cannot make advanced appointments for the next day.*

*Cannot phone up for an appointment in advance, you need to phone at a set time, wait in a queue as everyone has to ring at the same time, and cross your fingers, or do everything on line which doesn't work very well. They seem to forget not everyone is computer literate. There is a message when you ring warning you not to be rude to the receptionist, but in my experience the receptionist is the one who needs the warning about their attitude. Phone appointments only, which is disappointing, also you are not given a time or even an approximate time for the doctor to phone you, so you are left unable to do anything all day in case you miss the call.*

### **Problems with booked appointments**

Some people have negative experiences of booked appointments. They have been left waiting for calls that never came and booked appointments have been cancelled without an explanation. This was more common for people for whom English is not their first language.

*Bad experience. Booked appointment for my son but they never call me*

*Booked appointments cancelled without any communication. Assurance that you are on the list to be called but phonecall never takes place. Able to book appointments online with an allocated time slot time changed based on interpretation by surgery without discussing with patient. Limited support from surgery to obtain an appointment for working patients.*

*We struggle to see doctors at [x name redacted] medical centre me and my wife and children, you wait for call appointment more than one week and then no body phone you that's happened more than three time, when I log in NHS app I saw 3 or 4 passed appointments that I don't know anything about it. I don't know they cheat with me or with the NHS. When you ask them about the passed appointment that you don't know about it why you didn't phone me or SMS me about it they told me don't worry about it it's for our use only. We are getting really problem with some ethnic groups every GP give facility for their ethnic group you find yourself at the end of the line.*

### **Cost of booking appointments**

There is a high financial impact from these new ways of accessing GP practices for some people in Birmingham.

*Calls answered by computerised message urging use of their website. Voice eventually tells you where you are in the queue (I've been No. 12 a few times and I hang up (local landline calls cost up to 16p per minute.*

*in a Telephone queue has a huge impact on my Pension and the frustration of listening to repeated messages regarding Covid is frustrating and stressful.*

*Can wait more than 30 mins to get through on the phone. The doors are still closed. I recently went with a query and pressed the bell which started a phone ringing. After waiting 10 mins for someone to answer, the phone cut out. I feel completely cut off and isolated from my doctor. There seems to be no way of getting through. To be on the phone for 30-40 mins costs money.*



## **GP mergers and access**

From the feedback we have received, it is not clear whether mergers of GP practices have improved access. GP mergers<sup>1</sup>, whose guidance<sup>2</sup> was published in 2015, were aimed at providing stability, increasing internal skills and the ability of practices to adapt, which would also increase access. People have told us:

*There's often no appointments unless you call at 8 that day. It doesn't seem to have improved since joining with other practices.*

*It was excellent until they merged with the [X name redacted] Practice Group. Now it takes ages to get through if you want to speak to a doctor.*

*Superb and attentive GPs and Nurses. However responsiveness to telephone calls and queuing so much worse since they joined and became [x name redacted].*

<sup>1</sup> <https://www.grantamedicalpractices.co.uk/uncategorised/why-are-gp-practices-merging/>

<sup>2</sup> <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/guide-mergers-gp.pdf>

*I have been with [x name redacted] since I was a child and never faulted them in my youth however since merging with another practice things went downhill and even worse since Covid.*

*I recently transferred to this surgery after 40 years with my old practice who unfortunately now have become so big, after amalgamating with other surgeries, they are unrecognizable and extremely hard to access.*

In some cases, GP mergers mean people must travel long distances to access services. This can be costly and difficult, with a reduction in the quality of service.

*They are linked into another GP practice [name redacted] so if there are no appointments they ask you to go to [x surgery-name redacted] which I find quite difficult, and costly. I don't believe they have taken into account people's age, conditions etc. whilst using [x surgery -name redacted] as an alternative appointment.*

*This was not done with patients in mind that's for sure very difficult to get to if don't drive. No more personal touch very clinical receptionists are rude and no clue what they are doing - i only stay because i like the Doctors we had at [x practice name redacted] but now the surgeries have merged what's left !!!! nothing. absolute disaster. Had to send my blood pressure results - I liked my old surgery far more personable - lovely new building but the service we receive is rubbish compared to what it was before. You have taken a backward step in my view the worst decision ever.*

## **Range of appointment types and ways to book**

Most feedback shows that patients in Birmingham are routinely being offered only one mode of consultation alongside one way of booking appointments. Some people only have access to an online booking facility, others can only book a telephone appointment. In May 2021 NHS England issued guidance to GP practices to start offering face-to-face appointments and to open to walk-in patients. This aimed to present a choice of consultation mode. This was dependent on patients being clear of Covid symptoms and going through triage. In addition, NHS England added that the expanded use of video, online and telephone consultations would be maintained.<sup>1</sup> However, many people are still unable to get face-to-face appointments.

*I know things are difficult in these times but I can't understand why our doctors are only operating a phone service. If you need help and ring you are on hold in a queue for about 30-45 mins. When you get through they give you a phone consultation in about 7 days.*

*Excellent surgery but the booking system is horrendous. No online booking facility so have to call up at 8.30am*

*I would like to see a doctor having to phone at 8am and hope for an appointment is ridiculous. And they have stopped online appointments*

*Phone is never picked up when calling well hardly ever and it's nearly impossible to get a face to face consultation can't stand the phone consultations.*

*I NEVER will get used to have just phone appointment and consequently any other service.*

<sup>1</sup> <https://www.pulsetoday.co.uk/news/coronavirus/nhs-england-orders-gps-to-offer-face-to-face-appointments-to-all-patients/>

*You only get a phone consultation and that's very often with the nurse you can't get to see the gps at all which is disgusting*

*The caller and her daughter and grandson are all registered at the same GP surgery. They are struggling to get appointments. They have phoned and been triaged, and then just texted details of a prescription without having an actual appointment. She said this has just been based on a short conversation with the receptionists who aren't medical trained.*

*Unable to have a consultation for weeks as you can never get through via phone, a new econsult has been available but hours shortened cannot always access and generalised multiple choice questions if your symptoms are not included cannot go further with request. Gp's are inconsistent with consultant advice and totally contradict it with their own opinions I.e if a consult has advised use of a certain medication to control a condition they are not repeat prescribing as they feel it is not appropriate this leaves patients very confused.*



## **Booking and accessing appointments in ways that meet patient needs**

Although remote GP appointments and consultations have improved some people's experiences, they have not met the needs of everyone in Birmingham. In some cases, it has the potential to exclude some people from services. People have told us that:

- they are concerned that their health concerns are not accurately diagnosed remotely
- they do not have the technology or know how to access the GP remotely
- the new system does not take into consideration their age, condition (e.g., autism, sight loss), caring roles, language, affordability, and the fact that some people work.

People expressed concerns about the GP's ability to make a proper diagnosis remotely.

*Impossible to get a face to face appointment. How can a foot problem be diagnosed correctly over the phone?*

*Service is discriminatory- if u are without a smart phone (often elderly poor) without knowledge of tech (older disabled) want a confidential service ( in a domestic violent situation) or work (not available all the time) then this surgery is not suitable for u and sadly that fits most of us. No 1-1 appointments yet they will ask u to go in to take things in if they want them. Call back system has no times so expectation is u are available all day they don't do video so u have to send photos which for many is difficult. Online system if u can use it is not effective it's complicated and only for far in advance. They need to review their whole system and think about the patients experience.*

*They prescribed my 4 months old baby antibiotics just assuming he has ear infection. I ask him Why he doesn't want to check him because i am not sure if is infected or is just inflammation. He said is no need here are antibiotics. Then when i start asking why does he give me antibiotics if he didn't see the baby. He started to put more questions and he decided that ibuprofen will be enough for the baby cuz he doesn't need antibiotics.*

*Extremely poor. The GP's are trying to practice on video calls instead of getting back into the surgeries. You have a hernia and they want a video call.*

*Not everyone has the option of video calling on the laptops and phones. How is a doctor to make the right diagnosis when they can't physically touch you? Just ridiculous.*

*During Covid having appointments via phone calls and having to send photos is a good way to still engage with patients however I feel it misses alot of valued information you get from face to face appointments. I had to send pictures of my skin condition in and I don't believe the pictures shown enough as its the feel of the skin and the pain on touch which concerns me which the doctor is unable to measure via looking at photos. I don't feel confident that I got the right treatment from that appointment.*

Some noted that remote consultations are difficult for people with certain conditions (e.g., autism, mental health problems, hearing loss) and people for whom English is not their first language.

*E-consult is one of the most complex systems created. Considering the awareness around disadvantaged people dying earlier. This service completely fails anyone who struggles with technology because of mental health issues, autism, adhd, English not being the first language. We are completely cutting these people off. I have been in the X[name redacted] pharmacy with an older man crying as he cannot make contact with the GP. Disgusting*

*E-consult was hopeless. Near impossible to get through on phone. Absurdly reluctant to see patients even when necessary and both doctor and patient fully vaccinated. Some patients do need to be seen!*

*Telephone consultations may be suitable for patients with straightforward health complaints, but they are entirely unsuitable for patients with more complex needs or those requiring examination to exclude potentially serious conditions. Despite the easing of national restrictions, there are still no plans in place to re-open GP Practices, remove the triage systems implemented during the pandemic and allow patients to book face to face appointments.*

*As a 64 yr old person with hearing loss I am unable to use a phone to make contact or for a consultation. I have experienced disastrous video calls. I wrote two letters to the Practice Manager outlining my problems and concerns for myself and others with the same problem as well as elderly patients who did not have or could not use the Internet. I did eventually get a reply advising me that they were looking to improve the online access! I did manage to make contact after via a new*

*symptom form I did then have a more successful email consultation which did end with a face to face consultation. This again proved difficult as I couldn't understand what the Dr was asking. Luckily he was IT competent so in the end he had to type his questions. The problem hasn't been resolved but to be honest I can't face the stress and the time it takes to try and get medical help. I'm not the only one feeling anxious in case there is something more serious that's going undiagnosed and treated! Before Covid I was very happy with the practice but I cannot understand why they are not following in the footsteps of other surgeries who are open for patients again.*

Those with caring responsibilities and those in work often found the new triage system and remote access to GPs to be a significant barrier to access.

*All that I want was a prescription for cream to treat my pain. Written by doctor on extended hours surgery. Can't buy cream without prescription. Fell of a step ladder, in pain. Eventually offered us an emergency appointment after debating at a time that I am working. Refused to give us an appointment from 8 am till 10 am, or any other appointments after 4pm. Very poor service, extremely difficult receptionist(s) to get on with.*

*Impossible to get a telephone appt no chance of face to face appts have to phone at 8am for appointment impossible to get through so you don't get an appointment. What are workers supposed to do who aren't allowed phones? They will not let you pre book anything*

*It takes ages to get through on the phone it's an inconvenience for anyone who works full time 8 till 6 who cannot find time to constantly be trying to even get a ringing tone yet alone then sit in a 20 minute queue. I finally managed to get an appt after trying for two weeks to get something but only because I was told what I needed could be dealt with by a nurse. Then you cannot get a set time for telephone consultation. They have also disabled the patient access app which was very convenient!*

Others noted that new ways of access did not consider people's ages.

*It would be nice to see a dr how many pensioners would know how to send a photo.*

*If calling told to go online or phone. I wrote weeks ago and told only dealing with one illness so choose one. I am autistic 71 years old with a lifetime of ill health mental and physical topped off with ongoing 25 years of insomnia etc. I need actual help.*

*You could be in a que for a hour waiting for them to pick the phone or get cut off after 25 min saying caller 4 but waiting for anything from 30 min to a hour and on repeat reception ask you do it online when many old Asians... don't have new updated phones. If you call Surgery they don't pick phone, when they do they give you a telling off and say do it online next time.*

*The overall level of care I have received is very good. Only concern / complaint is about long waiting time when you call them on the telephone. once I waited for 40 mins for my call to be answered. My concern is that it is very difficult for senior citizens and seriously ill patients to wait for such a long time on phone.*

## Priority care for patients with urgent needs

There is variability in the extent to which the urgent needs of people are being prioritised in Birmingham. The NHS definition of urgent care is that there is a need, or perceived need, for care the same day. This may be because of a new medical condition or injury or an existing one becoming worse.<sup>1</sup> In some cases, people perceived to need urgent care are seen quickly. However, many people felt that they did not receive urgent support when needed. Feedback indicates the system of calling on the day, as well as the use of nonclinical staff to determine urgency, is impacting access to urgent care.

*have lost faith that the practice will be available if we really do need them urgently.*

*I tried on several occasions to get my 90yr old mother an appointment only to be informed there are no face to face appointments. The Dr will call you/Mother. The Dr called and advised my Mother to take 2 paracetamol tablets with water. Mom deteriorated her BP 199. I managed to get her to see a Dr at X [name redacted] where she was seen by Dr who examined my Mother and prescribed BP tablets and gastric tablets. He also took a water sample and examined her abdomen. The Dr was shocked that Mom could not get a face to face appointment with her own Dr. Thanks to the Dr of X [name redacted], there is an improvement in Moms condition.*

*I suffer severe mental health which I hide very well. I recently told my Dr's I'm feeling suicidal and having suicidal thoughts and they said oh but you won't do it though. I've had no help at all*

*Unable to get an appointment for 10 days even when saying I was having a mental health crisis.*

*Impossible to get through via phone. If you want to book an appointment you can only do so by calling at 8am or 2pm. Good luck getting through before all the appointments are booked up. No prioritisation of appointments or any flexibility given for babies or toddlers. Simply told to call back at 2pm or next day at 8am.*

*Almost impossible to get an appointment. Have to phone at 8.30am, along with everyone else, hold in long queue and often then find all appointments are gone for that day. No option to book a future appointment for non-urgent issues. The system is inconvenient, unhelpful and puts patients at risk as there are simply not enough appointments to meet demand even when the patient needs to be seen urgently.*

*The caller is facing lots of problems since a smear test in 2019 (At a different surgery). Her womb dropped and together with other problems she was eventually diagnosed with an abdominal prolapse. Last year, she saw a doctor at the surgery because she was suffering with pain in her arms, legs, feet etc. The doctor advised she would need a hysterectomy which the caller agreed was the best course of action. The doctor referred her to a hospital, she was given an appointment with a consultant who was very rude to her and said it could be months before giving a hysterectomy if they agreed to do it at all unless the GP said it was more urgent etc then they may be able to do it earlier. The caller has tried to book an appointment several times since with the GP but cannot get past receptionists or get an appointment. She has tried calling the GP's secretary but the phone just rings out (30 minutes at one point) and when she again spoke to the receptionist they just said 'well she's in her office'. She has tried getting hold of the practice manager to complain and discuss the issue who is not returning her calls. Her problem, she is in a lot of pain and need a hysterectomy asap but cannot get in touch with her GP, GP's secretary or practice manager.*

<sup>1</sup> <https://www.cqc.org.uk/sites/default/files/20180619%20State%20of%20care%20in%20urgent%20primary%20care%20services.pdf>



## Helping patients understand changes to GP services

Some people are not given information that enables smooth access to their GP. People told us of changes to rules about blood tests and when to call for an appointment without being informed.

*Very difficult to get through on the phone and the rules keep changing regarding medically required blood tests - cannot book an appointment 3 weeks ahead - then they must be booked ahead, cannot go to Good Hope for a blood test (too expensive) then can go to Good Hope - very confusing and wastes a GP appointment to get it sorted*

*Getting an appointment is still difficult. You have to phone and be triaged and they recently changed the time to call for a GP to call back without letting patients know so my husband was nearly denied medical treatment. He had a serious case of cellulitis which has resulted in a 7 day hospital stay. Fortunately, he was asked to send photographs and the GP, on seeing him, sent him straight to hospital. Someone less persistent in their request may have ended up very ill.*

For others, changes to prescriptions or location for treatment had not been communicated in advance.

*Communication with and from the practice is poor and difficult, and doesn't seem to be patient-centered. Medication on my repeat list has changed without consultation or notification or explanation, and requests for explanation have not been answered.*

*I had problems with my very straightforward repeat prescription, which I have been receiving from them since registering over 5 years ago. I had to ring several times to sort it out, and my regular pharmacy had to give me a one-month emergency supply to see over the problem. There seemed to be no direct communication between the admin staff and doctor, and a failure to let me know what was happening despite promising to do so. It was such a major failure of a basic, essential service that I changed GP.*

*Their staff were also extremely rude throughout my wife's pregnancy when midwife surgeries were moved from site across Birmingham she turned up for appointments and staff simply told her the appointment wasn't at Tower Hill any longer but didn't direct her to where she should be.*

Others claimed staff lacked sufficient knowledge to provide information about various access processes.

*Staff who eventually answer phones are not very knowledgeable on processes and are very much like robots. My issue was not severe however I would imagine many patients would of received a worse service. I have knowledge of the system so did manage to get a consultation.*

*The reception people are not bad, but they do need to improve on some information. Not all of them. Been given wrong information numerous times.*

Only a minority were satisfied with the information and support they were given.

*In comparison to the horror stories that my friends/colleagues have with their respective GP's, X[name redacted] Health Centre is great. In my experience, when I call them and they put me on the call back list, I would always get a doctor to phone me within the day. The people that I spoke to have been helpful and kind. The website is easy to navigate and it's helpful to find information.*

*Always felt listened to, GPs and nurse practitioners and the office have been great - always received the information I needed*

## Sufficient staff to provide appointments and the role of support staff

The role of receptionists was questioned by many people. Some argued that the receptionist's role in the triage system is inappropriate and intrusive, and they got the impression that non-clinical staff are making clinical decisions. Others found receptionists in some practices rude and unprofessional and saw them as a barrier to access.

*I avoid going to the doctors because whenever I try to book an appointment, it feels like the reception staff are bodyguards! They have an awful attitude and ask for details of health issue, which I feel is confidential and should be between me and my doctor. I have rarely gotten an appointment without complaining and calling numerous times.*

*The receptionists are extremely rude, they do not understand the concept of professionalism nor care. A kind word and manners go a long way especially when working with patients who are suffering due to illness which in turn affects mental health. The last thing a sick individual needs is to be faced with a receptionist who has no manners, no sympathy and is unprofessional.*

*Receptionist asks too many questions which are personal and should be discussed with GP only.*

*It's ridiculous and don't like having to tell receptionist my problem before I do get appointments.*

*Nightmare to get through on phone, then if they are full they don't even ask what symptoms you have just say they are full you will have to phone back tomorrow which then begins another day of trying to get through to book an appointment, such a shame as the care I have received over the years from the doctors and nurses has been great.*

Others believe that some GP practices do not have sufficient staff to provide appointments and the necessary care. Some cite a lack of continuity due to their practice using locums while others can only get appointments with nurses.

*There are too many patients at the surgery for over 25,000 people. This make it nearly impossible to get an appointment when one is needed.*

*Not satisfactory. Always deal with locums. Reception staff dismissive eg "we have no nurse until Thursday and that's the way it is" to me who needed a dressing to a wound changed every day after surgery.*

*Too many locum doctors and some of the reception staff unhelpful and rude*

*You only get a phone consultation and that's very often with the nurse you can't get to see the gps at all which is disgusting*

*This practice used to be quite good but is now overwhelmed. Apparently, it has 11000 registered patients whereas some other local practices only have 7000.*

## Ways for patients to share feedback and systems to monitor and improve access

There is variability in how GP practices listen to and act on patient feedback. Indeed, only a very small number of practices are responding to their patients' feedback through Healthwatch Birmingham's 'Right to Respond'<sup>1</sup> system and are failing to use it to improve their service as a result.

NHS Digital's exploration of feedback on GP services revealed that users are often confused about giving any kind of feedback about GP practices.<sup>2</sup> This includes uncertainty between a review and a formal complaint, and how to get a response. Healthwatch Birmingham receives a significant number of information and signposting enquiries about access to GP services and how to make a complaint.

Some practices demonstrate a good listening culture and users appear to be aware of the different ways they can raise concerns, complaints or share feedback.

*Unfortunately last year I had a very difficult time with my GP practise. There were a catalogue of errors in my care, which led to 4 x A&E visits. However I sent them a letter 6 months later, explaining my circumstances and experience. I had a lovely GP call me & talked through all the points highlighted. I felt heard and she apologised for my lack of care, support and treatment.*

However, many patients feel that their practice does not address concerns or complaints effectively, with some concerned that their care will be compromised by making a complaint direct to the practice.

*The surgery do not handle complaints effectively. There is no Duty of Candour Process, no option to discuss/diffuse the complaint and no apology for poor experience.*

*The individual has already made a verbal complaint to the manager." I spoke to (Manager) last month regarding my concerns about poor service and the rude receptionist working there. I was advised by [the manager] my concerns will be dealt with. However, I called yesterday at 9:06am and today 9:30am but on both occasions there's no appointments and there's no way to speak to a doctor".*

It appears that in some cases people are not made aware of how they can raise complaints or leave feedback. As the Ombudsman<sup>3</sup> states, for practices to learn from feedback, concerns and complaints, they need to encourage feedback in different forms and ensure people are told how to make a complaint alongside being signposted to advice and support.

*The caller [to our information and signposting line] was at their surgery and wanted to know how to make a formal complaint as he'd found the staff rude and unhelpful.*

*The individual wants to complain about his doctor's surgery. "I don't complain to them directly because when I have complained in the past they have lied and said I can't complain that a manager is not available when the manager is walking around the surgery, I can't complain to them directly because they will start taking this against me personally, their service is absolutely disgusting you can check their reviews.*

1 The 'Right To Respond' system allows services to respond to reviews left by the public on the Healthwatch Birmingham online Feedback Centre.

2 <https://digital.nhs.uk/blog/transformation-blog/2017/exploring-feedback-on-gp-services>

3 <https://www.ombudsman.org.uk/publications/opportunity-improve/general-practice-complaint-handling-our-findings-and-key-areas-improvement>

## Impact Of Poor GP Access

This report shows that although poor experiences occur across Birmingham, experiences of poor access are received mostly from areas of high deprivation. Among the patients who expressed concerns about poor access are those with a disability, elderly, mental health issues, language barrier, those with multiple conditions, those in work, and digitally excluded (either through lack of access to technology or digital illiteracy).

The new triage system and remote access has changed the relationship between patients and GPs.

*been with the practice over 20 years. The new way of them working does not work. Yes Covid has been bad, my husband has c.o.p.d we have lived to the Covid rules. I've got health condition myself, both my husband and I have had quite a few times needed a doctor. What did we get a doctor who has no idea who we are. A nurse with the same attitude. We were people once now we're just a phone number. We have always felt safe at the practice. Not now, I get things checked at boots..*



Poor access, issues with receptionists and failure to get appointments has led to people avoiding or changing GPs. This has resulted in distress and anxiety, lack of trust and people being left in pain.

*I have had very poor experience from this GP Practice, the reception staff in particular are rude to patients, I always try to avoid going to the GP even when I desperately need to all because of their poor and inexperienced customer service.*

*Trying to get an appointment with a gp is a nightmare. There are only 2 hours in the day where appointments can be made (9-10am and 2:30-3:30pm) These hours do not cater for working people, like myself who work in schools. When I have raised this with them, they basically say there's nothing they can do or get someone else to call on behalf - what if we don't want to share personal matters with others? Just ridiculous reasoning and no effort to accommodate patients needs. Overall, the service at this surgery has gone down in the dumps. I don't feel valued or in good hands here. My daily have had bad experiences just recently too. We are looking in to joining another gp!*

Difficulties accessing a GP has resulted in people turning to other healthcare services:

*Can never get through on phone - twice I've ended up, calling 111.*

*The phone lines are open a 8 am however you can never get an appointment and the que on the phone let's you know you have no chance of an appointment also. My last experience I had to call 101 for them to call the doctors as it was an emergency and I couldn't get an appointment.*

*Very unhappy experience. Ended up paying for private GP.*

*Absolutely terrible, never any appointments, end up either having to go A&E or you get better before an appointment is available so you just have to ride it out.*

*Phoned at the times they offer and the waiting time on the phone can be 30 mins and by the time they answer all appointments have gone. Done this 4 times now. Have complained to the surgery. Ended up coming to the women's hospital to get support and ended up having scan.*

Failure to make arrangements for referrals or inform patients of the outcomes of tests means that some worry about the possibility that their condition could be getting worse:

*The caller had a text asking her to make an appointment after a recent blood test last month. She has tried calling since (including on three different mobiles at the same time) but has been unable to get an appointment. She has even sent a letter to the practice in person asking for an appointment and got nothing. She really needs an appointment to find out what's wrong. She's very distressed by it.*

*I have called in excess of 200 times over the past month and emailed multiple times. I am extremely unwell and have been unable to speak to anyone. Their phone systems do not work and by email they redirect me back to the phone. I am at the end of my tether with it and am feeling quite suicidal and am getting no help.*

Some people have had to take a whole day off work for a telephone appointment lasting less than 10 minutes.

*Good usually, but during Covid you could only get an appointment by an "any time" phone back which means you have to take a whole day off work even if you are not ill but just need a routine service such as a meds review.*

*When you have a telephone appointment they cannot give an approximate time for the call. This makes it impossible for people who have continued to work during the pandemic to access their services. They seem to assume patients are at home all day and it is unfair on those who have to work. They should review this and at least offer a rough idea for the call, surely they can schedule them if they have reduced face to face appointments?*

*The phone appointments can be any time in a 4 hour period, so you have to sit and wait by the phone half the day (literally!) until you are called. Why can't phone appointments be in a half hour slot? After all, when you see a Dr you are given a 10 minute appointment time?*

*Asked for a Doctor's appointment was sent to pyhsio without telling me and had to call again for a doctor's appointment I missed a call and was threatened that if I miss my call again I would not get an appointment! I got really anxious about it and forgot I went to the toilet forgot my phone and missed my appointment, what are we supposed to do, I can't wait by my phone all day, i may get a call, the network may not respond.*

Questions about the ability of GPs to effectively diagnose people remotely has led to a lack of trust.

*No real urgency or care no appointments available even though my mom has been in excruciating back pain for 25 weeks happy to dish out tablets but not to diagnose and treat effectively.*

*My husband had symptoms and was seen the following day by the practice which was a good service. However following this he struggled to get the results for his tests. He also struggled with non-specific symptoms of tiredness. I am a GP myself and felt as though I was having to be my husband's doctor because we were unable to arrange an appointment to discuss the blood test with a doctor. I know some practices are using the system of calling on the day for everything to manage workload and in our experience it was just not workable. On top of that we didn't receive the call back that we were expecting. For people who work it really isn't possible to achieve care. Consequently we have lost faith that the practice will be available if we really do need them urgently and are in the process of looking for another practice.*

Lack of face-to-face appointments means that those digitally excluded are left in pain as they cannot access their GP.

*Whilst GP surgeries say they are open and business as normal that is not strictly true. Getting a face to face appointment is difficult, not everyone has a smart phone, online booking has gone. People are in pain and suffering because GP surgeries are sending off patients rather than allowing face to face.*

*I am shocked with how Dr [X name redacted] spoke to me when I was desperately trying to find a solution to my elderly grandads pain. There was no help or understanding & she just happily left my grandad in pain and just rushed me off the phone after being extremely rude.*



## Conclusion and Recommendations

Healthwatch Birmingham recognises that the pressures facing primary care have grown tremendously following the pandemic. The concerns and recommendations in this report are made cognizant of the hard work of staff, in both clinical and support roles, in providing the best care for patients.

Accessing GP services has been an on-going issue for many people in Birmingham, and this has worsened with the pandemic, particularly in areas with higher deprivation levels. Variability exists between practices and within practices on various issues:

- ways of accessing their practice (e.g. having a range of ways to contact the GP and appointment types);
- timely access to appointments and treatment;
- having access to appointments that met their needs;
- support provided to enable access (e.g. for those with a disability, language issues)
- prioritisation of patients with urgent need
- ability of patients to share feedback, complaints, and compliments including how the GP responds to these;
- access to adequate, skilled, knowledgeable, compassionate staff (in particular reception staff);
- provision of information to ensure understanding on access especially where changes have been made.

In Birmingham, more work is needed to assess how healthcare systems such as Clinical Commissioning Groups (CCGs), Integrated Care Systems (ICS) and Primary Care Networks (PCNs) perform in the following areas:

- offering timely access to appointments and treatment in a way that meets people's needs
- providing support to enable access and making reasonable adjustments for people where needed (e.g., for those with a disability, language barrier).
- providing relevant up to date information about access, including clarity about urgent and non-urgent GP access; getting information about test results; and information about changes to the delivery of services
- adhering to the guidance on return to face-to-face appointments including the provision of varied ways of accessing appointments and choice over the type of appointment patients would prefer (face-to-face, video, online)
- addressing inequality by collecting patients' demographic information to enable improvements. As Healthwatch England (HWE) suggested in a 2021 report<sup>1</sup> there is a real need to better identify and record people with additional needs, with indicators such as carer status, language support, and disability support needs. HWE suggests that these requirements be implemented into the GP contract to strengthen and further support the Improvement in Access for Patients agreement feature.
- ensuring that staff are trained, especially those using the telephone triage system, to equip them to provide the right information concerning access. Training would ensure that patients have access to skilled, knowledgeable and compassionate staff.
- making it easier for patients to share feedback, be clear about how they can make complaints and inform them on what changes or improvements have been made in response. GP practices should also direct people towards Healthwatch Birmingham as an independent route for feedback to assuage fears about their care being compromised by sharing feedback directly with services.

As BSol CCG has explained in response to our findings, there have been significant changes to the model of primary care delivery in recent years. These have altered the traditional relationship between patient and GP. Rather than see the same GP at their local surgery, patients may now be referred to a different specialist in the Primary Care Network and asked to wait for a telephone call instead of attending in person. Feedback we hear

<sup>1</sup> [https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final\\_0.pdf](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final_0.pdf)

public, leading to feelings of confusion and frustration. Raising awareness and improved communication with patients is essential to overcoming these issues. Consulting the public also provides insight into how changes affect patients in different areas. The majority of our feedback about barriers to primary care comes from Birmingham's most deprived communities and tackling these inequalities must be an urgent priority. Healthwatch Birmingham looks forward to working with our partners in the new BSol ICS to understand what patients want from future primary care services.

## About Healthwatch Birmingham

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

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

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

### Who contributes to our evidence collection?

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

### What difference do our reports make?

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

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

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

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



## Appendix 1: BSol CCG full response

### Partnership Approach to Improving GP Access Across the Birmingham and Solihull (BSol) Health System

#### 1. Introduction

The purpose of the report is to provide a narrative to set out general practice (GP) work to support access, and how the GP operating model has changed over the past 18 months. The report also confirms Birmingham and Solihull ICS and general practice commitment to work with Healthwatch to support improvements in access and patient understanding and engagement.

#### 2. Background

Since March 2020, the pressures placed upon the NHS have been significant, with services being required to react rapidly to provide care for both COVID-19 and non-COVID-19 patients, while maintaining a safe physical and working environment for patients and health professionals alike.

During this time, the priority for general practice teams has always been to flex their model of care according to the specific needs of their registered patient population. Through this process, practices have also had to navigate a delicate balance between providing face-to-face patient care where clinically necessary and minimising the number of face-to-face patient contacts in line with national infection control protocols by utilising technology and introducing more virtual appointments.

In England, prior to the national lockdown in March 2020, almost 80% of all appointments in general practice were delivered face-to-face. During the first national lockdown, these proportions changed dramatically, with data from the RCGP Research and Surveillance Centre showing that over 65% of general practice appointments were being undertaken remotely by telephone or video. However, as practices have reconfigured their systems and processes to minimise risks of infection from face-to-face attendance, the mix of appointments has shifted to a more even split. In March 2021, telephone and video appointments across England accounted for 54% of total appointments, while face-to-face appointments made up 46% of all activity.

The ratio of how patient care is delivered through virtual and face to face contact continues to evolve and be flexed according to the needs of patients and the ever changing status of the current COVID-19 pandemic.

#### 3. Appointment Pressures and Changes to Service Activity and across General Practice Teams

##### 3.1. National Context

The outbreak of COVID-19 has led to unprecedented transformation in the operating processes within general practice as they adapt and change services in response to the pandemic. COVID-19 has increased pressures across practices trying to navigate these changes whilst also responding to the increasing demands placed upon their existing GP appointment systems. Against this backdrop, general practice has come together in a way never seen before to develop, adapt and innovate new safe ways of working, whilst continuing to provide the high quality patient care expected from the NHS.

Nationally, increases in patient demand can visibly be demonstrated by NHS Digital's recent March 2022 release of the estimated total number of appointments recorded and delivered across GP practice systems. The activity levels published in this March report help to demonstrate a 17% increase in GP Practice appointment capacity delivered over a one month period between February to March 2022. Despite this increase being significant, it is also recognised that this increase could also be much higher due to the processes in place for partial or total 'triage' systems that have taken over from routine appointment booking to help reduce risks for patients and service staff. Such innovations do not have universal recording or reporting standards in place, which means that some of this capacity and consultation activity is not reflected in the GP appointment statistics collected through the national dataset published.

Whilst the dataset published by NHS Digital helps to demonstrate a visible increase in appointment capacity, 50.1% of all appointments in March 2022 continued to be carried out by a GP and 20.5% were carried out by members of the nursing team. The remaining appointments were delivered according to clinical need by the wider members of the primary care multi-disciplinary team, including physician associates, paramedics and clinical pharmacists.

### 3.1.1 National operating model

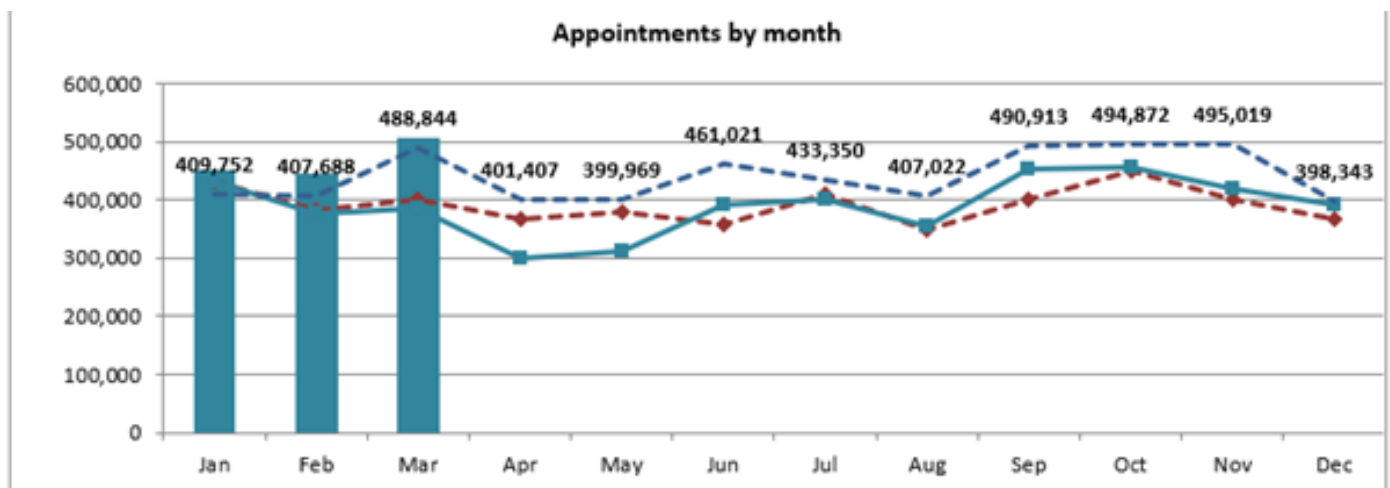
At the start of the COVID-19 pandemic, national guidance recommended a “triage first, remote consultation” model, whereby only those patients with a clinical need were seen face to face to reduce risk to both patients and staff alike. This continues to be adapted according to government guidance.

The national operating model was adopted quickly across Birmingham and Solihull (BSol) to keep patients and staff safe. BSol General Practice teams have continued to work within this operating framework, using COVID safety protocols, such as social distancing in waiting rooms, PPE and additional sanitising and cleaning between patient appointments to reduce the risk of unnecessary exposure to the virus and resulting patient risk or harm.

### 3.2. Local Context

On average, our surgeries are offering almost 16% more patient appointments on the same day and up to seven days compared to 2019 - with 1.4 million offered in January to March 2022 compared to 1.2 million in the same months in 2019.

**Chart 1. Comparison of appointments by month same day and up to seven days**



There has been a 6% increase in the proportion of patient appointments being offered on the same day - 48.78% in March 2022 compared with 42.72% in March 2019.

### 3.3 Additional workforce

Locally we are still seeing high workloads, low workforce numbers and increased illness. COVID-19 is still very present and is still affecting workload and staffing. Birmingham and Solihull are proud to be the first in the country to embrace allied health professional roles to be at the forefront in bolstering staffing levels and ensuring patients are seen by the most appropriate clinician to suit their care needs.

As of March 2022, published National Workforce Reporting Service (NWRS) data for Birmingham and Solihull shows there are currently a total of 318 FTE PCN Additional Roles. This is on target with our share of the national commitment to recruit 26,000 PCN additional roles by 2024. Our regional performance for recruiting PCN Additional Roles is the highest in comparison to the other 10 Integrated Care Systems in the West Midlands region.

### 3.4 Local operating model

Across Birmingham and Solihull, patients continue to be triaged via telephone consultation in the first instance, and a decision based on clinical need or patient preference is then made, as to what happens next:

- Telephone or video consultation
- Face to face consultation
- Signposting or referral to another service
- No further action required

By operating a blended approach, incorporating virtual and face to face appointments, BSol general practice teams have been able to flex both their resources and capacity to suit the demands of their patient population and as such, are able to continue to provide a safe, high quality and responsive primary care service to registered patients.

The model, first introduced in 2020, continues to be adapted and updated to reflect the changing demands placed upon general practice teams. The relevant elements of the operating model that are pertinent to patient care were initially shared with the public through practice websites, text messaging and social media. Further updates to this service model continue to be shared with all BSol patients locally through GP websites and at all other patient information routes.

#### **4. General practice - continuation of “business as usual”**

Despite the challenges within primary care created by COVID-19, general practice teams across Birmingham and Solihull continued to provide the following key services:

- Urgent same day primary care access, including referrals and urgent treatment/tests
- Long term condition management, including all the work associated with the Quality and Outcomes Framework and the BSol commissioned Universal Offer (Enhanced service framework tailored to the needs of the local population)
- Leading and supporting restoration and recovery for all aspects of primary care and also with secondary care for elective and non elective backlog
- All annual health checks
- Phlebotomy and diagnostics
- National screening programmes
- Vaccinations and immunisations for all groups including children’s, seasonal Influenza and COVID-19

#### **5. Ongoing Development and Enhancement of Local Services to Increase Capacity in Primary Care**

##### **5.1. Winter Access Fund**

Launched in October 2021, the Government provided extra funding nationally to improve/increase access to general practice services throughout the winter period and beyond. Birmingham and Solihull received an additional £6.7million to invest in localised solutions, promoting innovation and at scale working across general practice. This has given us a real opportunity to develop innovative ways to improve access and tailor future delivery based on local needs. At the end of the programme the evaluation will be used to build on future initiatives and commissioning requirements, recognising the fact that one size does not fit all.

##### **5.2 Local interventions**

Through our GP providers and Primary Care Networks, an additional 100,000 appointments have been delivered between January and March 2022. These have been a mixture of virtual and face to face appointments dependent on clinical need and patient preference through models developed at a practice and PCN level to ensure the majority of patients continue to be seen at their own practice or at least a neighbouring one. Qualitative feedback indicates that this has been a very successful initiative.

##### **5.3 Primary care surge capacity**

Over 80,000 additional urgent primary care appointments have been made available through our “Primary Care surge capacity sites”. The rationale behind these sites is that as practices run out of appointments, they can book a patient into one of these sites to ensure they are seen as soon as possible, either face to face or virtually dependent on clinical need and patient preference. These sites were evolved from the original GP referral centre (red sites) to bolster capacity at a locality level providing same day or next day appointments at local site, bookable through either the patients own practice or via the NHS 111 service.

An added bonus of this service is that the clinician has access to the full patient record and therefore can provide a holistic approach to their care in partnership with their own GP, making sure that every contact counts. This initiative has been proven to both relieve pressure at a general practice level but there is also evidence that there has been a positive reduction in Emergency Department attendances.

#### **5.4 Pulse oximetry at home**

A bespoke Pulse Oximetry at home service giving patients the ability to monitor their own oxygen levels with daily remote support/review from a clinician following a COVID-19 diagnosis, with over 56,000 referrals into the service. This has proven popular by preventing potential admissions and increasing the timely discharge of patients who would possibly be kept in hospital for monitoring.

#### **5.5 Community Pharmacy Consultation Service**

General practices have also been able to refer patients for a minor illness consultation via the Community Pharmacy Consultation Service, giving patients a further opportunity to be seen locally by an appropriate clinical professional in a timely manner. This service has proven popular with many practices signing up to signpost appropriate patients. We continue to learn from this service initiative so that we are able to provide different opportunities for patients to access care in their local community.

#### **5.6 Extended access**

This is access to general practice at scale outside of core working hours, making appointments available between the hours of 6.30pm and 8pm. Although Extended Access was largely repurposed during the pandemic response to deliver the COVID-19 vaccination programme, this year it is being redeveloped as part of the PCN contract, providing greater opportunities for patients to access primary care services.

#### **5.7 Enhanced access during Bank Holidays**

To provide additional capacity and reduce the number of people attending emergency departments during Bank Holiday periods, a local scheme has been developed with high uptake, to provide additional same day urgent primary care capacity at our pre-existing “extended access hubs”, meaning that patients, via their local practice, have been able to book appointments at a local practice (Not necessarily their own) during each bank holiday. This has so far seen an additional 1400 appointments available over bank holidays, with more planned for the forthcoming Jubilee Bank Holiday.

#### **5.8 Website improvement**

The CCG secured funding to support all 186 GP practices (including West Birmingham practices who will be joining the BSol ICS from July 2022) with the design, content, and layout of their websites. This provides another entry point for patients to access primary care services. GP Practices have been given funding to develop well structured, detailed and easily accessible practice websites. Practices will need to demonstrate that the website complies with the BSol general practice website checklist and that it meets the basic requirements detailed by NHS Futures, legal accessibility standards and GP contractual requirements. This provides a level of consistency in practice websites meaning that patients across Birmingham and Solihull, irrespective of their registered practice, can access information and services easily via the practice website.

### **6. Additional support to improve access and patient experience**

#### **6.1 Telephony call flow improvement**

The CCG has also secured funding to take a phased approach working with their cloud based telephony system providers to conduct an audit of the telephony call flow system, recognising the impact COVID-19 has made upon existing service delivery. General practice teams will be required to review the audit and work with their provider to develop an improvement plan and implement the changes proposed. Initially working with a group of 32 practices, this programme will be rolled out across the entire network in due course.

#### **6.2 Violence and aggression training**

To support handling of the increase in incidents of violence, aggression and abuse, practices have also been supported by a bespoke training programme to provide tips and handling techniques to diffuse and deescalate those situations. This includes both face to face, telephone and social media training. Over 350 members of practice teams, from Receptionists to Practice Managers and GPs have benefitted from this training. We have also been able to use the Winter Access Security Fund to install additional security such as CCTV at a number of sites identified as “high risk”, making patients and staff feel safer.

#### **6.3 Peer support and late career GP programme**

Support has been given to practices deemed to fall within a set criteria via the award winning CCG Peer

Support Team and Late Career GP scheme to align mentors to practices with the intention of improving both process and appointment management to enhance the local experience for patients. Over 30 practices are benefitting from this additional support.

## **7. Feedback and innovation sharing**

Whilst many of these initiatives appear to have landed well locally, with numerous comments and anecdotal evidence of a marked improvement in availability of appointments and positive feedback from practice staff and patients alike, there is still work to be done to analyse and evaluate their success at a more local level - as part of the delivery of the Winter Access Fund, an evaluation is to be conducted to take the learning from each intervention, with particular focus on those developed locally, to identify best practice, what has proven popular with local patients, and to discover how these interventions can be shared more widely to benefit patients at scale.

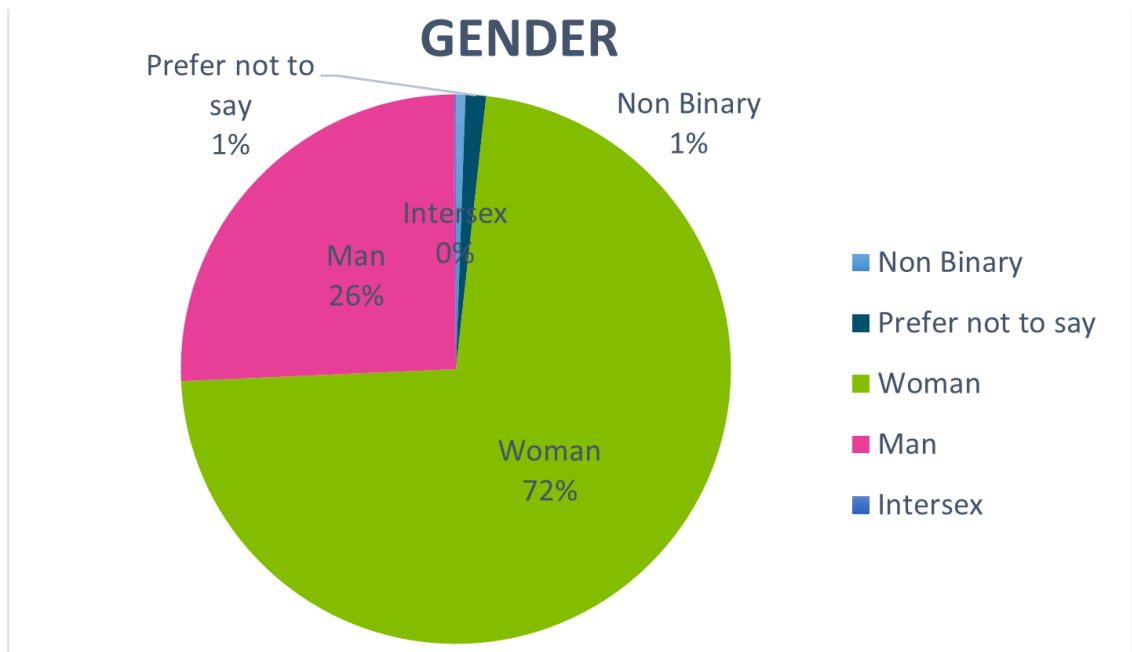
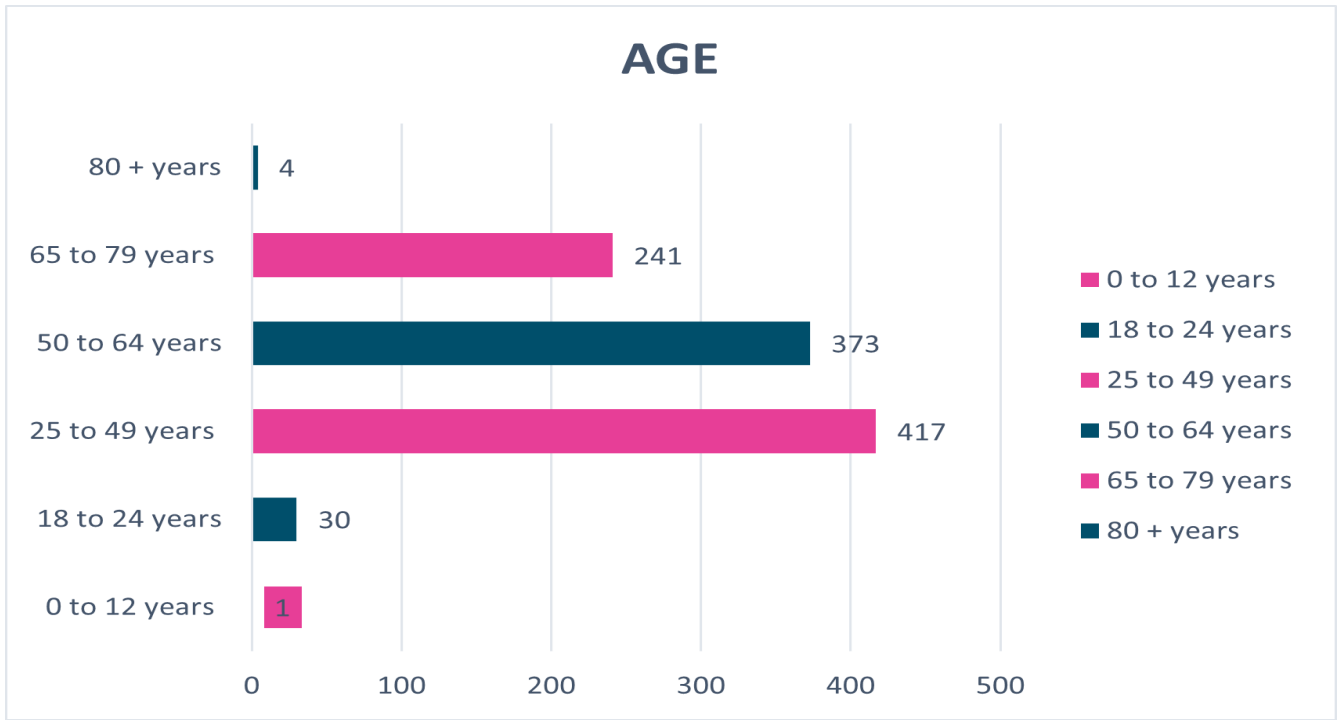
It is key to the long term sustainability of general practice what we get this right, and that the views of the patient are at the core of what we take from the learning garnered from this innovative work. This is why we are committed to continue this work in partnership with Healthwatch to support improvements in access and patient understanding and engagement.

### **Next steps**

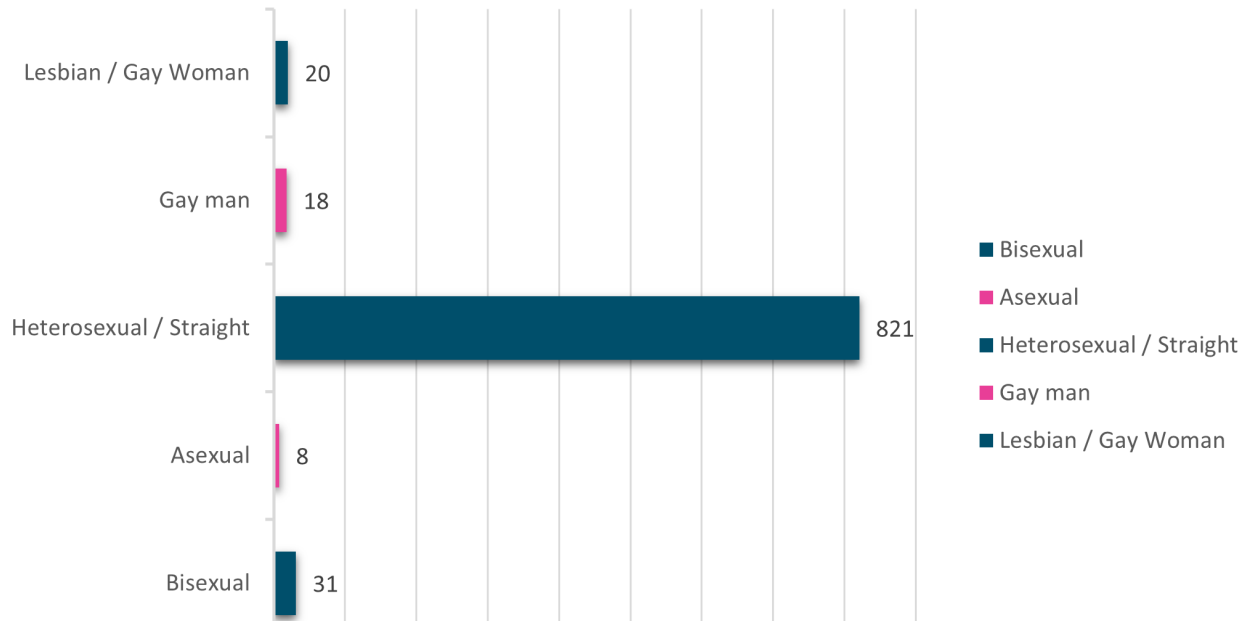
1. Clear jointly owned communication and engagement plan and processes to support patient/citizen awareness and understanding of primary care and the changed operating model
2. Cross check and alignment with Fuller review and the three key themes - primary prevention, urgent and episodic care and continuity of care through mdt working for those patients who need that support
3. The operating model changed very quickly, we need to continue to review, understand feedback and inform and listen to patients and citizens to continually improve awareness / understanding and models of care

## Appendix 2: Demographics

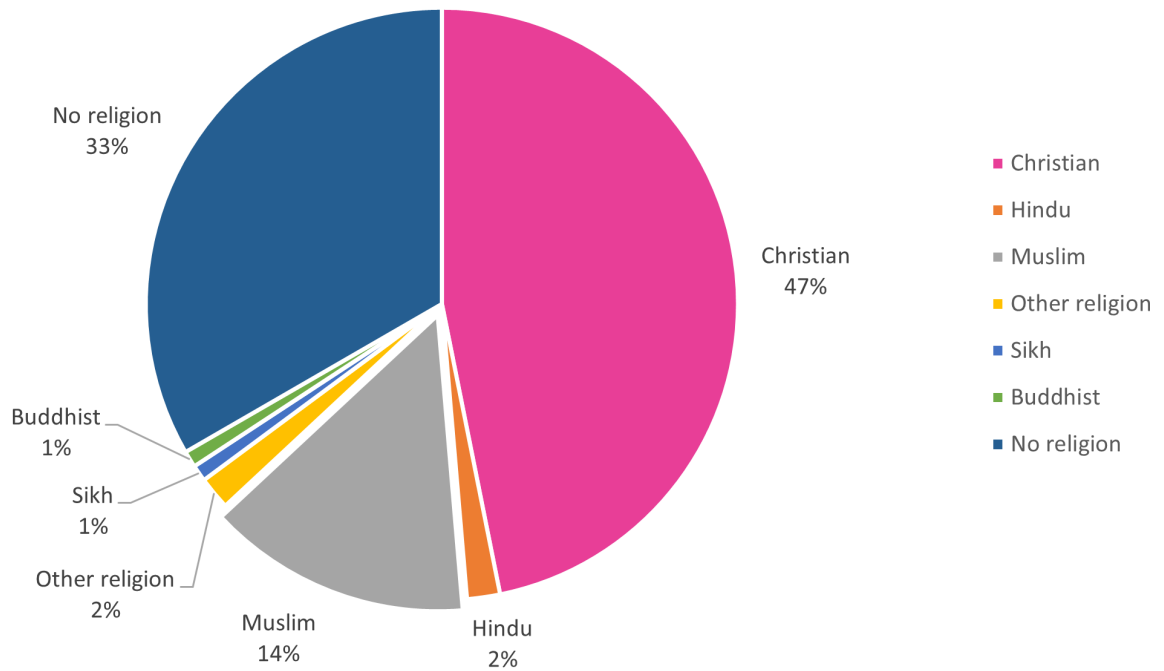
<b>ETHNICITY</b>	<b>FEEDBACK COUNT</b>
Arab	4
Asian / Asian British: Any other Asian / Asian British background	9
Asian / Asian British: Bangladeshi	8
Asian / Asian British: Chinese	4
Asian / Asian British: Indian	21
Asian / Asian British: Pakistani	45
Asian British	52
Black / Black British: African	7
Black / Black British: Any other Black / Black British background	4
Black / Black British: Caribbean	14
Black British	25
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background	14
Mixed / Multiple ethnic groups: Asian and White	4
Mixed / Multiple ethnic groups: Black Caribbean and White	1
Other	1
Prefer not to say	41
Prefer not to say/Unknown	6
White: Any other White background	56
White: British / English / Northern Irish / Scottish / Welsh	689
White: Irish	3
<b>TOTAL</b>	<b>1008</b>



## SEXUAL ORIENTATION

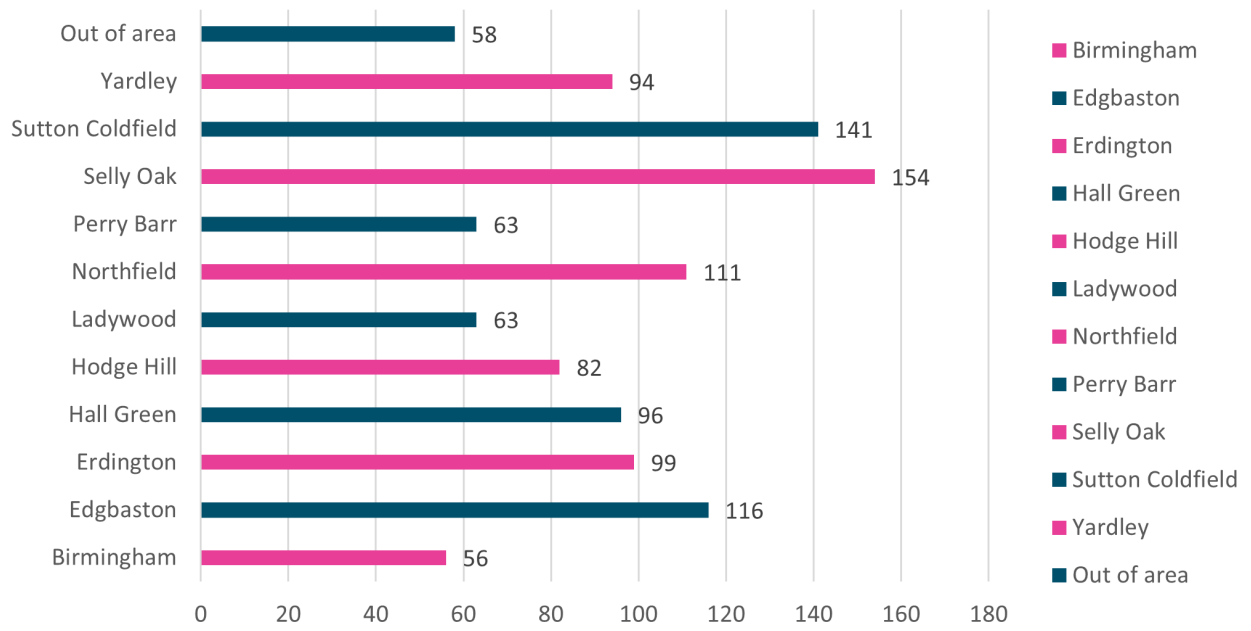


## RELIGION / BELIEF

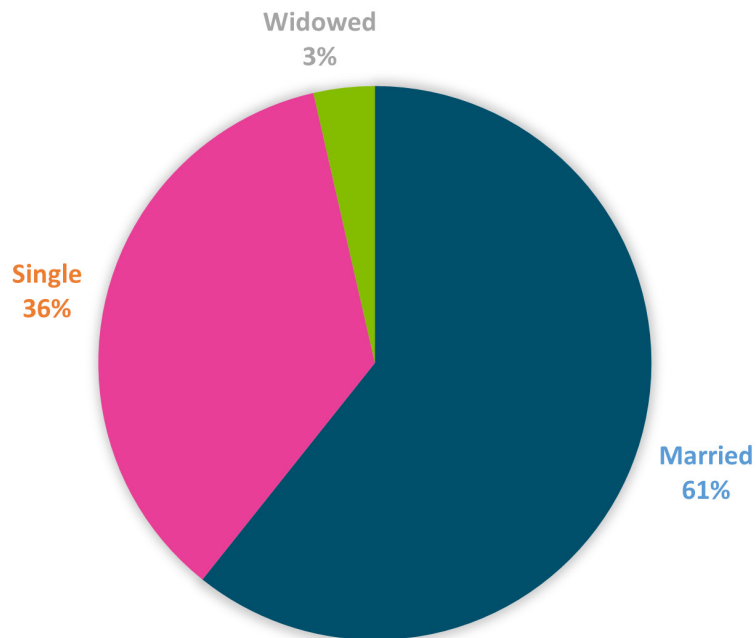




### DISTRICT



### MARITAL STATUS



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