

Access to Primary Care

November 2023 Briefing

Primary Care access was the focus of the Integrated Care Board meeting in November 2022. At this meeting West Yorkshire Healthwatch highlighted what we were hearing about the key challenges in accessing Primary Care, and ongoing engagement has re-emphasised these themes. It is important to note that what we are hearing from people cannot be generalised across all the Primary Care experiences; there is a real variation in experiences between individual practices across West Yorkshire.

“Being unable to access a doctor has led to my health failing further and has affected my mental health.”

1. Booking appointments

Many people told us about their frustrations around the challenges of booking an appointment, whether online or on the phone. The issue of having to call on the same day, is a long-standing concern that we continue to hear about. People have also told us about challenges with call systems where they are having to wait in long queues or sometimes being cut off without the option of waiting in a queue.

“Didn't get through I was on call waiting for over two hours.”

In terms of booking an appointment online, people have talked to us about not understanding how to do this, there being multiple options for booking causing confusion, online systems not being consistently available to everyone, and systems being changed frequently without any notice or communication of the changes. This is resulting in long waits, not being able to get an appointment on the same day or when they feel they need it, or people just giving up and not booking an appointment at all.

“Had to go to walk in centre - couldn't get through to surgery.”

“If you're elderly or have a child and can't get to see a doctor you go to A&E don't you.”

One result of this is potentially minor issues are being left untreated and escalate into major concerns that require more interventions, or that people are seeking help from elsewhere. People told us about having to keep calling back to try and get an appointment. Having English as a second language acts as a barrier at some surgeries.

“People (who don't speak English) rely on families to help make the appointments, sometimes after a long wait they are told to call back the next day as no appointments are available.”

From what we have heard ringing the surgery is sometimes the only option for making an appointment and when other options are available, they are not always accessible or effective.

“Can’t get through to surgery on phone. Can’t get appointment. Wait hours for a telephone diagnosis. Very stressful for older people not getting an answer on phone.... When people are ill, they can’t wait hours for a telephone response. In fact, I have felt like crying because I had no idea how to get a response. Only alternative to go to A and E and wait four hours to be seen.”

2. Method of appointment (including face to face, telephone and digital)

While some people have welcomed the convenience of a move to online and phone appointments, many people still want the option of face-to-face appointments and have reported difficulties making appointments to see GPs face-to-face.

“Don’t understand why I cannot be SEEN by a doctor. I have heart issues, sciatica and arthritis and telephone appointments do not satisfy my needs.”

“I spoke to the receptionist about a face-to-face appointment, she said get used to it over the phone and video calling is the new way.”

The issue of face-to-face contact is especially highlighted by people with different communication needs and those who may not be able to get online and are digitally excluded. It is important to note that phone appointments work for some but not for everyone and are better suited to certain types of appointments and issues but not to others.

“My partner – who is in his eighties – was told to send them photographs of his private parts. He wouldn’t; you don’t know where those pictures might go.”

3. Triage

People told us about their confusion and discomfort around the triage questions that they are asked by reception staff and online booking systems. People either do not understand the reason for these questions or feel uncomfortable about sharing personal information with the reception staff – whether that be health information or other private matters.

“They [receptionists] shouldn’t be allowed to ask medical questions.”

“They don’t tell you why they are asking questions.”

“At one time if you said, ‘it’s personal’ they’d leave it and get the doctor to ring you but for the last 3 years they won’t give you an appointment unless you tell them.”

There was also dissatisfaction in some people about the outcomes people had following the triage questions. Some people felt they did not get what they needed, and the questions asked had been an unnecessary obstruction to getting an appointment with the GP.

People have also told us that it is not clear who they can see for an appointment; when there are different professions and roles based at a surgery people do not know that they do not have to see a GP or are not well informed that their needs can be met by someone other than the GP.

4. First point of contact

The issue of how people were spoken to at the first point of contact with some GP surgeries was another theme that we have heard about. Much of this related to reception staff and linked in with the triage questions. However, there were also concerns that due to being under significant pressure reception staff were not always kind, compassionate and flexible in their approach and in many cases acted as gatekeepers.

“I feel they (reception staff) treat you like rubbish.”

“Impossible, can't access GP, can't get past receptionist....”

“Getting past the receptionist is the problem. When I ring up there's a message which says, 'Please be kind to the receptionist', they should be telling the receptionists to Please be kind to the patients.”

People felt that the reception area should be welcoming and private, and that teams are supported to be kind, compassionate and non-judgemental.

“Since the front of house staff such as GP receptionists are often the first point of contact in any health service, it is important that they be non-judgemental and sensitive to a range of complex needs. A discreet reception area that is safe and inviting and allows for privacy while speaking to staff about health issues would also be very valuable.”

5. Accessible Information Standard (AIS)

The AIS is a fundamental mechanism to ensure access for specific communities, many of whom are facing the greatest health inequalities. Feedback has identified that the AIS is not being adhered to in many health and care settings.

From a GP perspective, we have consistently heard that people with sensory and other impairments sometimes find it difficult to access GP surgeries.

There is evidence that the AIS is not being applied routinely across all surgeries, with people not always being asked about their communication preferences, and those preferences not always being acted upon. People with sensory impairments and other disabilities have told us it would be helpful if information about their needs was flagged within and across services.

Some GP practices use an electronic banner display to notify patients in the waiting area when they can go in to see their medical practitioner, but it was pointed out that some people cannot see this display and others are unable to read it.

We heard from people with learning disabilities and their carers about medical forms not being properly understood. The issue of staff not always taking the time to ensure things were explained and people understood what was happening was also highlighted. Medical staff may not see that

people with a learning disability need to be treated any differently, but reasonable adjustments still need to be made when appropriate.

“Simple reasonable adjustments to help people with learning disabilities include having receptionists speaking to them kindly and patiently, surely something every patient should be entitled to, and giving them extra time.”

Key Messages/ Recommendations

1. Booking appointments

We must provide information on how to book an appointment, communicating this widely and ensuring that information is accessible and accessibility needs are met.

2. Method of appointment (including face to face, telephone and digital)

There is no 'one size fits all' method- people need options when it comes to both booking GP appointments and for how they might be carried out (face to face, online, telephone)- this should take a person-centred approach.

3. Triage

We must explain clearly why questions will be asked, what the information is going to be used for and how this will help to improve their experience.

4. First point of contact

As the first point of contact in any health service it is vital that Practice staff are supported to operate in a friendly, kind, and inclusive way.

5. Accessible Information Standards (AIS)

All communication needs should be identified, recorded, flagged, shared and met in line with the Accessible information standards, with greatest consideration given to those at greatest risk of health inequalities.

References

This briefing has been written using a range of reports and sources including information received through enquiries across local Healthwatch, engagement work undertaken or currently being carried out by ICB teams, feedback shared at a local level and reports from local places.

Recent reports include:

Bradford District and Craven Health and Care Partnership- Listen in – report from our deliberative event and next steps for the programme. September 2023.

Healthwatch Leeds- Digital appointment access and experience Check-in. April- June 2023.

Healthwatch North Yorkshire Rural Health inequalities report. October 2023.

Healthwatch North Yorkshire- Listen in Craven report. January 2023.

Healthwatch North Yorkshire Insight into the Public's health and care views.
September 2023.

Links

<https://www.healthwatchbradford.co.uk/GP>