

# GP access during COVID-19

A review of our evidence: April 2019 – December 2020

## Contents

Foreword	3
Where does our evidence come from	4
Executive summary	5
People's experiences of accessing their GP before the pandemic	6
People's experiences of accessing their GP during the pandemic	8
Recommendations	25

## Foreword

Access to General Practice has for a long time been the issue people talk to us about the most – both prior to and during the pandemic.

It is not surprising that access to General Practice is such a significant issue for the public. GP services are often the first port of call for people who need care and are the main ‘gatekeeper’ to other services. We all have had an experience of GP services or may know someone who has struggled to get in touch with a GP practice for a prescription, some advice, or a referral to another service.

The pandemic has not helped, and many of the issues people have raised with us are problems that we’ve reported on before, such as difficulties in booking appointments or poor communication about changes to services.

What has fundamentally shifted though, is the way we access GP services – potentially permanently. Instead of phoning for an appointment or walking-in to a local surgery, access to care has rapidly moved to online bookings, and video and phone consultations.

For some people the rapid digitalisation of care has worked. Our previous report [\*The Doctor will Zoom you now\*](#) highlighted how for many, remote consultations were more convenient, making access to care quicker, more efficient and easier to fit around their lives. Therefore, it is important that where people’s experiences of accessing care have improved, that we acknowledge this and make the improvement a permanent feature of the system.

On the other side of the coin, it is clear many people are now struggling to access care from their GP, often simply because they do not know how. This is leading to people feeling that GP practices are not ‘open for business’ or that they should not seek care for their health issue because of the pressures the pandemic has placed on the NHS. This puts people’s health and wellbeing at risk and increases demand on overstretched hospitals – both from those who cannot get a GP appointment so seek care at A&E, and from people who now need more advanced care and treatment because they were unable to get help sooner.

While the pandemic has presented new challenges for General Practice, in many ways it has just exacerbated longer-term problems and made them more apparent. This provides an important opportunity for the NHS to learn and address these problems, and to embrace the improvements brought about by new ways of offering the service.

To do this, we are calling on NHS England to undertake a formal review of the ways people access General Practice to make sure the service works for everyone, and crucially, that people understand changes and how these affect the way they can get the care and support they need.

**Sir Robert Francis QC, Chair of Healthwatch England**

## Where does our evidence come from?

This report is based on:

- A thematic analysis of 10,089 people who have shared their experience of GP services via local Healthwatch or directly with Healthwatch England between April 2019 and December 2020.
- A thematic analysis of the themes in 458 local Healthwatch reports about GP services during the same period, containing the views of 172,234 people.
- A representative poll of 2,431 people in England undertaken by Yonder Data Solutions between 22 – 24 January 2021, about their experiences of accessing GPs during the pandemic and attitudes to the COVID-19 vaccine.

This data is contextualised with other relevant sources, particularly NHS England's GP Patient Survey 2020, which had 739,637 responses.

## Executive summary

GP practices have faced significant challenges to deliver a safe and effective service during the COVID-19 pandemic. Whilst for many people the experiences of care from their GP service have continued to be positive, we have repeatedly heard from others about the problems they have faced when trying to access care and treatment:

- **Communication:** Communicating information about changes to services because of COVID-19 has not been a top priority for all GP practices. As a result, people were confused about how to get in touch with their GP, whether they could make an appointment and how, and what to expect if they attended the surgery in person.
- **Booking an appointment:** Before the pandemic, we repeatedly heard about the problems people faced when booking appointments, particularly for working people and parents of school-aged children. While we heard very little about problems people had when contacting their GP practice in the initial lockdown, by autumn 2020, people started telling us about long waits when phoning services. People also told us about problems booking appointments because of triage systems and not being sure when their GP or other healthcare professional will call back, leaving people feeling anxious.
- **Appointments not meeting people's needs:** Remote GP appointments haven't met everyone's needs. While telephone appointments are convenient for some, others are worried that their health issues will not be accurately diagnosed. These problems were exacerbated for disabled people, people with long-term health conditions, people without access to the internet and for anyone whose first language is not English.
- **Access to regular treatment and medication:** People also struggled to get appointments for regular health check-ups, treatments and medication reviews. As a result, they were unable to get the medication and treatment that they need to manage their condition.

## People's experiences of accessing their GP before the pandemic

Before the pandemic, we consistently heard about and reported a range of issues related to accessing support provided by GP services.<sup>1</sup>

- **Issues with registration:** People struggled to register with their GP practice. For example, they were told practices were full, that they lived outside the catchment area, that additional identification was required or that they only registered people during set times of day (often during working hours).
- **Being de-registered:** GP surgeries unexpectedly de-registered patients, leaving them without care.
- **Booking appointments:** One of the most common issues people raised with local Healthwatch was difficulty in booking appointments, in particular:
  - Being unable to get through to their practice by phone and having to walk in to make an appointment or call NHS 111.
  - Working people and parents being unable to phone or queue at 8 am.
  - Working people having to take a holiday or unpaid leave to attend appointments.
  - People wanting longer appointments to discuss all their health issues at once, especially if they needed to travel a long distance or have additional needs.
- **Changes to GP services:** Poor communication about changes to GP services and how they are delivered has made it harder for people to access care.
- **Seeing the right person:** While people have told us they wanted it to be easier to see 'their' GP, this did not necessarily mean they wanted to see the same GP each time. Instead, they wanted it to be easier to see a relevant health professional at their surgery when they needed it.
- **Disabled people's experiences:** Disabled people have found it difficult to access care from their GP, from struggling to book same-day appointments to being denied home visits. They also told us about a lack of interpreters and translators available or other alternative communication methods.

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<sup>1</sup> What have people been telling us: July – September 2019 <https://www.healthwatch.co.uk/report/2019-11-13/what-have-people-been-telling-us-july-september-2019>; What have people been tell us: October – December 2019 <https://www.healthwatch.co.uk/report/2020-03-11/what-people-are-telling-us-october-december-2019> and; COVID-19: What are people telling us about their care: <https://www.healthwatch.co.uk/report/2020-09-07/covid-19-what-people-are-telling-us-about-their-care>.

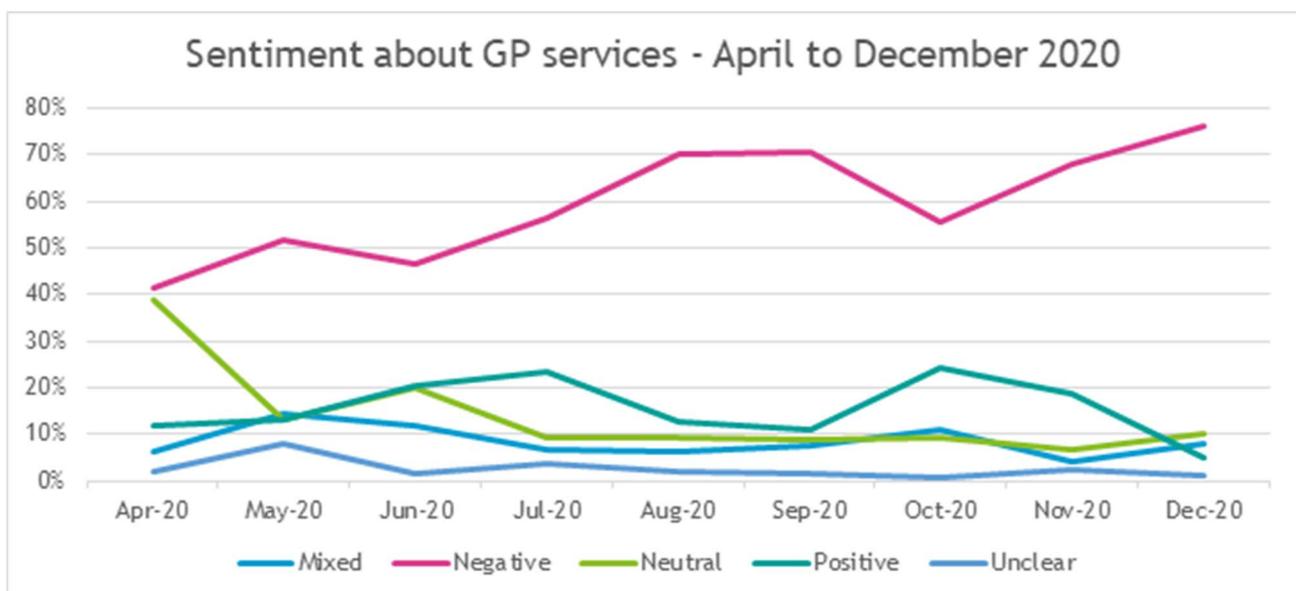
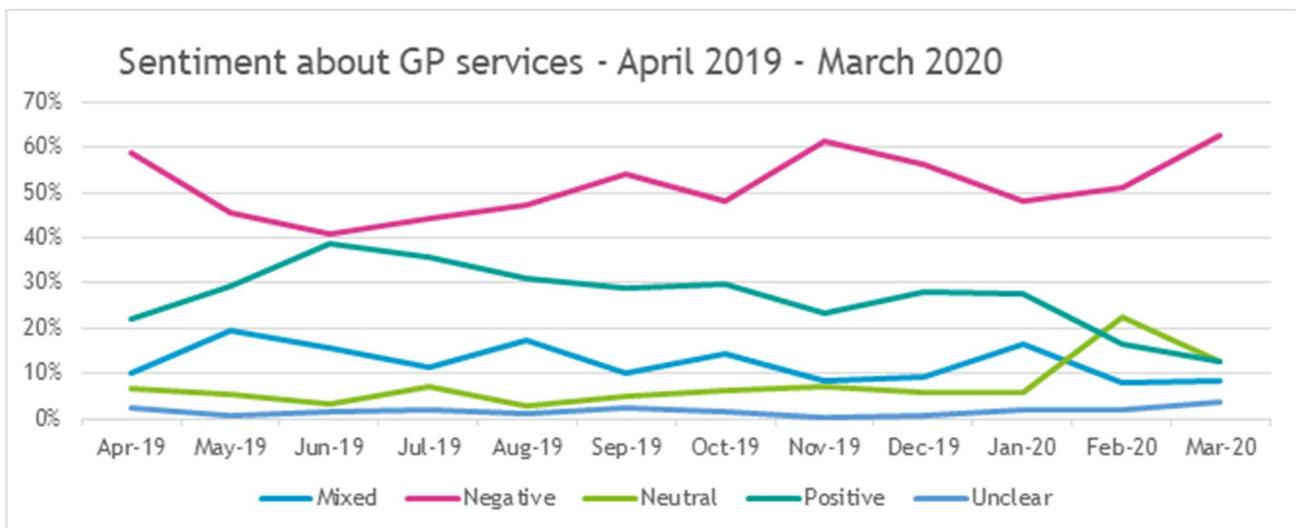
- **Digital services:** People experienced technicalities with online systems, such as couples not being able to use the same email address, password issues, re-registering, and apps crashing.

We explore how these issues have been impacted by the pandemic throughout the report.

# People’s experiences of accessing their GP during the pandemic

How do people feel about care from their GP – before and during the pandemic

We looked at the overall sentiment of feedback shared with local Healthwatch about GP services from April to December 2020 and compared it with feedback received from April 2019 to March 2020.<sup>2</sup>



<sup>2</sup> Through a thematic and sentiment analysis of 10,089 people who have shared their experience of GP services via local Healthwatch or directly with Healthwatch England between April 2019 and December 2020.

At the onset of the pandemic we saw a significantly higher proportion of neutral feedback – for example, those seeking information about how they could get access to GP services and prescriptions. But, from July 2020, there is a marked increase in negative sentiment, which coincided with the initial lockdown measures easing and the economy opening up.

By December 2020, around 75% of people reported negative sentiments, which is up 20% on the same point in 2019.

The national polling undertaken by Yonder Data Solutions in January had similar findings. Over a third (36%) described their most recent experience of accessing GP services as ‘about the same’, compared to 12% who noted a better experience and 20% who reported a worse one.



### Information and communication about changes to GP services

The pandemic has left many people unsure whether or how they can access care from their GP. Before COVID-19, we consistently reported that changes to GP services were not always communicated clearly to patients, leaving some people unaware of important information, such as how best to contact GP practices.

This has become more prevalent during the past 12 months, during which time the lack of consistent and accurate information has become even more apparent. Necessary but sudden changes to health services meant patients were unable to use traditional methods of getting in touch with their practice, such as walking in. Many people were also unsure whether they were even able to access care from their GP because of COVID-19 restrictions.

## Information on GP websites

Often the first place people looked for information about changes to services was their GP website. However, research by local Healthwatch has shown significant variation among GP websites, in both volume and quality of information about COVID-19 and its impact on services.<sup>3</sup> For example, [Healthwatch Medway](#) found that 26% of GP websites had no information about the new procedures in place, such as PPE use or social distancing, leaving people worried about accessing care from their GP safely.

There was also limited advice about COVID-19 and staying safe, or they received conflicting information from different communication channels, leaving people confused and frustrated.

“GP sent a text to advise they were commencing their flu jab programme so to call on either Monday, 28/9 or Tuesday 29/9 between 10am and 1pm to make an appointment. This number was separate to the surgery number. After continually calling for two days, it was continually engaged, and it was obvious that this number was not viable. On checking their website, it states that the flu jabs were starting on 30/9 and appointments would be sent out by letter or text. No mention of the telephone number and message that was sent out to call them. Mixed messages and confusion.”

Story shared with Healthwatch Havering

The quality of information on GP websites is not a new issue. In the [2020 GP Patient survey](#), nearly a quarter (24%) of patients reported that GP practice websites were not easy to use when looking for information or accessing services when compared to the previous year.<sup>4</sup> In fact, there has been an increase in people reporting difficulties when using their GP websites since 2018.

## The impact of poor communication

People’s feelings of anxiety and uncertainty were exacerbated by not knowing how their GP practice had been affected by the pandemic.

In the initial lockdown, people were unsure how to get tested for COVID-19, whether they should be shielding and who was classed as ‘vulnerable’. Coupled with being worried about catching COVID-19 in healthcare settings, this sometimes resulted in people not seeking care from their GP.

The impact of limited communication about the availability of GP appointments has also resulted in worries about “overloading” services, and in people not speaking to their GP practice unless they felt their health issue was of extreme importance. This was especially prevalent in feedback from older people.

<sup>3</sup> Healthwatch Cambridgeshire and Healthwatch Peterborough: [Giving GP websites a check-up](#) and; Healthwatch Buckinghamshire: [Information about services on dentists and GP websites during the coronavirus outbreak](#).

<sup>4</sup> The GP patient survey was conducted between 2 January and 6 April 2020

“I am, by the way, reluctant to phone them unless I feel really bad. I can't waste their valuable time.”

Story shared with Healthwatch England

Feedback also showed concerns that this would result in extra pressures on emergency services. The public perception that GP practices were not open has led to people reporting that they resorted to calling NHS 111 or 999, or going directly to A&E, because they feel that they cannot or should not call their GP. We continue to hear this feedback despite Government campaigns like “Help us to help you” to encourage people to go to their GPs if they are concerned about their health.

“Many people may have various worries and concerns about something which is not acute, and consequently are reluctant to even contact a GP for fear of the issue being deemed “trivial”. Of course, the problem is that many trivial symptoms may have an underlying more serious cause.”

Healthwatch Shropshire



## Access to General Practice

### Deregistration

Before COVID-19, local Healthwatch reported that people were left without support when they had suddenly been de-registered from their GP practice.

The General Medical Services Contract outlines that patients exhibiting aggressive or inappropriate behaviour or moving outside of the GP practice's catchment area are appropriate reasons for removing individuals from their lists.

However, with some GP practices reviewing their registered patients list for those living out of area and others not taking new patient registrations due to the pandemic, those left de-registered have been unable to access the care, support or treatment they need. At an already difficult time, this has had a particularly devastating effect on people with long-term conditions having to self-isolate.

"Client was contacted by a lady who is currently registered at a GP practice but they have changed their boundaries and she has been given 28 days to find another practice. Lady is on the government shielding register and she needs regular prescriptions for her medication."

Healthwatch County Durham

### Difficulties with registration

Where GP practices are taking on new patients, people have described confusing online processes or that they have been asked to attend the practice, which many people do not want to do.

"Resident recently moved ..., previous GP has de-registered him as it's out of their area. Patient is in the shielding category. Urgently needs a prescription but unaware of how to achieve this and no GP practices currently operate an online registration service." –

Healthwatch Milton Keynes

Crucially, this impacts on the effectiveness of the COVID-19 vaccination programme, as people will only be contacted to arrange a vaccination appointment if they are registered with a GP practice.

Like deregistration, difficulties registering with a GP practice is a long-term issue, particularly for people who don't have the correct identification, despite [guidance](#) stating this is not necessary. For example, homeless people have experienced referrals not being processed or being unable to register with a GP because they do not have proof of address.

Although [Healthcare for Homeless cards](#) have allowed some people to access the support they need, local Healthwatch have consistently reported homeless people encountering difficulties when trying to register with a GP practice. Being registered with a GP practice is important so that health issues can be diagnosed, and patients referred for treatment where necessary. With certain

conditions being prioritised for the COVID-19 vaccination, it is important that people have an up-to-date diagnosis of their condition.

As well as practical barriers, [Healthwatch Nottingham and Healthwatch Nottinghamshire](#) also reported that people told them that “feeling judged or stereotyped by healthcare practitioners” was a barrier to accessing services.

[Healthwatch Milton Keynes](#) reported that, although the local GP Federation appeared to support a form of words for inclusion on websites to clarify that proof of address or ID were desirable, and not essential, a review showed that this was not adopted by any GP practice they had looked at.

Lack of access to a GP can lead to pressure on other services. [Healthwatch Sandwell](#) reported barriers to registration and identified that lack of access to a GP was a significant factor in people using emergency health services.

Temporary registration has also not always been straight forward. For example, foreign visitors and students have not been able to register with a GP practice for immediate support. Sometimes, when they have temporarily registered at a GP practice elsewhere, they have been removed from their main GP practice’s list.

[Healthwatch Reading](#) also reported on asylum seekers and refugees who were housed in a local hotel as part of the Home Office’s pandemic response, finding that 57% were still not signed up with a local GP. This led to delayed access to free NHS prescriptions and dental care.

### Contacting General Practice

Before the COVID-19 pandemic, issues relating to accessing GP surgeries by phone was a consistent theme in the feedback people shared with us.

However, once the nation went into lockdown in March 2020, feedback about this issue mostly stopped. The reasons for this are unclear. However, some individuals reported not wanting to take up the time of services with what they felt were minor health issues, while others expressed fears around catching COVID-19.

Since mid-September 2020, reports of problems contacting GP surgeries by phone have increased beyond what we were hearing before the pandemic. People tell us that when they are trying to phone their GP practice to make an appointment or reorder a prescription, the line is continuously engaged, or they have had to wait in long queues for their call to be answered. Some people report having to ring many times over several days before they get through, while others say that they cannot afford the cost of waiting on hold to the geographic numbers used by their surgery.

In some cases, the surgery asked the person to contact them to arrange an appointment, for example, for a flu vaccine or to discuss the results of tests.

"I accept that these are difficult times, but I’m writing to report and register a complaint about the difficulty getting through to the surgery. ...I need to make a follow up telephone

appointment with my GP there. When I phone there is an initial message about COVID-19, then you are told that your call is very important, and you are asked to wait while you are put through to an operator. You then wait in a queue for 10 minutes during which they say they are experiencing high call volumes, (which I accept as all their work is now going through the telephone system), after which either the phone goes dead, or you get a dialling tone, after which you get an engaged tone, and then the phone goes dead. Each of those processes takes a little more than 10 minutes during which you are paying for the call. I have now been trying on 3 working days. Yesterday I tried to see if I could book an appointment online. I couldn't, so I emailed the practice and was told by email that booking was now only by telephone. After phoning continually from 8.30 to 10am and then from 11 to about 11.30 I finally got through and was told that my GP was not in on Monday and that I would have to call in on Tuesday. I was unable to book a call for today. I have been phoning continually today from 8.30 until 9.30 and have gone through the cycle 4 or 5 times today."

Story shared with Healthwatch Oxfordshire

The impact of people not being able to get through on the phone to their GP surgery can be profound. People who rely on prescription medication to manage their condition and don't use an app to reorder it face having to do without because they cannot get through to the surgery to order a repeat prescription. Some people feel that they have no choice if they need a same day GP appointment but to contact NHS 111 or even 999 to see a medical professional.

"My very recent interactions (or lack of interaction) with my father's GP surgery has left me feeling stressed and bereft of goodwill in any respect. It has left me acting out of character and moreover, it has cost the NHS probably thousands of pounds in wasted time and effort... to the extent of a paramedic having to go to my father's home after more than SIX HOURS trying to make contact with the practice. This included Holistic Care, Community District Nurses, 111, 999 and ... a 111 on call doctor. All because my 91-year-old father developed a rash and swelling of his right leg and foot."

Story shared with Healthwatch Lambeth

Local Healthwatch have also reported that some people experienced difficulties when trying to use GP websites to book appointments:

- [Healthwatch Wokingham](#) highlighted that only 23% of GP websites that they reviewed had clear information about how to book virtual appointments.
- [Healthwatch Coventry](#) pointed out that the format of some GP webpages made it difficult for people to read information or navigate to information about how to make an appointment.

It should be noted that the NHS App also offers a secure way of accessing services for those comfortable using such a feature on their smartphones or tablets. However, Healthwatch England have not received any feedback from the public on their experience of using the app.

## The appointment process and timing

Of the people we polled, 1,190 had booked an appointment since March 2020. Of these, 75% booked via the telephone, 18% booked via their GP's app or website and just 5% booked by visiting their GP surgery.

It appears that many GP surgeries are using online triage systems such as e-consult, or telephone triage via a receptionist or practice nurse to determine which type of appointment to provide. This often means they offer telephone or video consultations first and only offer a face-to-face appointment if the initial appointment indicates that it would be appropriate. This means people might have three interactions with their GP surgery to get the care that they need, or they give up.

"A woman with a disabled son fed in information about how she couldn't get access to her GP. She said that they don't want sick people in the surgery so referred to a consultation online which she described as 'death by a thousand questions'. She gave up in the end and said she feels very let down by health at the moment and pities anyone that has health issues unrelated to COVID-19."

Healthwatch Redcar and Cleveland

Remote appointments can be particularly difficult when the surgery doesn't give an appointment time. Some people have been told a GP will call any time in the morning or afternoon or between 8:00 am and 6.30 pm, without checking whether it would be convenient or appropriate for them to wait. People who work full time find this particularly hard.

"Although I have formally raised pre-arranged telephone appointments being treated the same way as a face-to-face appointment there is no change at [my local GP surgery].... I have just made an appointment ... and it is for between 8:30 and 12:30. I questioned this again and was told it was in case there was an emergency and that most patients are happy with the system. I am now returning to work ... and there is no way I can have access to my mobile phone [at work] ...or would agree to take a call on a bus, train, in a street or in a restaurant. Like many people I have a life where I am not sitting by the phone all morning or all afternoon. .... Are we running the health service to serve GPs and receptionists or to serve patients?"

Story shared with Healthwatch Swindon

"As a registered patient, I booked online for a video appointment... A text arrived from the doctor at my appointment time. I clicked on it, was able to use the video app in seconds, and there was my doctor on my phone! I never thought it would work. He liked it as he could see me which might help a bit with diagnosis. He issued a prescription which was sent electronically to the chemist for me to collect same day. Very lucky to have this service!"

Story shared with Healthwatch Bucks

But, while remote appointments are more convenient for some, others have found it more difficult to get the care they need. Often, this is because patients are worried that services will not adequately diagnose health issues over the telephone.

*Healthwatch Derbyshire* found that some patients found it difficult to talk to someone who they hadn't met before and could not see about either long-term conditions, sensitive issues, like gynaecological pain, or if they didn't have a private space in their home to have a confidential conversation with their GP. Research by Deloitte also highlights that most people (75%) intended not to continue with remote medical appointments after social distancing restrictions are lifted.<sup>5</sup>



## One size doesn't fit all

Routinely offering remote appointments before face-to-face appointments disadvantage some people, including:

- People on persistent low incomes
- Some older people
- People with learning disabilities
- Autistic people
- People with Dementia

<sup>5</sup> [Digital Consumer Trends 2020](#), Deloitte, August 2020

- People whose first language isn't English.
- Homeless people
- People with sensory and communication impairments
- People who cannot access technology (e.g. no internet access, a laptop or smartphone or because they find it difficult to use technology).<sup>6</sup>

[NHS England guidance](#) for GPs about establishing online triage systems during the pandemic emphasises the need to make adjustments for people who can't access online systems.<sup>7</sup>

Nevertheless, we continue to hear cases like these:

"We received an e-mail from the English, Maths and ESOL coordinator for [ the local Community Learning Centre], explaining how one of her learners was having difficulty making an appointment with his GP. They had been informed that the surgery does appointments but only after an e-consultation where the patient reports their symptoms to the GP electronically and uploads photos. If done before 1pm, they can then get a phone call back the same day. Their learner was however really struggling with this approach as he had limited English and IT skills, limited access to IT equipment and no home Internet. ... He would have ideally liked a face-to-face consultation as he has a rash which he felt the Dr needed to see. ...He had tried a telephone consultation but really struggled with the language. The surgery receptionist explained how due to the new way of working around COVID-19, no patients can be seen face-to-face initially – symptoms must be explained over the phone [or via] e-consult and then the GP decides whether they can come in to the surgery."

Healthwatch Middlesbrough

Some GP practices have also advised elderly patients to go online to book their flu vaccinations without checking first whether it is a realistic option for them.

"Caller's spouse has received a letter from their GP practice with regard to flu vaccinations. The letter advises the patient to log on and book an appointment online and then drive to a drive thru location. There is a number to call if you don't have access to a computer. Both caller and spouse are registered at the local GP practice which is currently closed for all appointments and patients are being diverted to another surgery in a town a few miles away. Caller and spouse don't have a computer and neither of them drives. Because of the current situation they feel unable to use public transport, taxis or ask neighbours for a lift

<sup>6</sup> 4% of all households in Great Britain do not have home internet access in 2020. This increases to 20% of households with one adult over 65. 47% of adults over 65 and 24% of people who are Equality Act disabled don't have a smartphone for private use, compared to 16% for all adults. ([ONS – Internet Access : households and individuals, August 2020](#)).

<sup>7</sup> Advice on how to establish a remote 'total triage' model in general practice using online consultations version 3, NHS England, September 2020

and they have no family."

Healthwatch Cornwall

[Healthwatch Worcestershire](#) further highlighted that some autistic people or those with a learning disability might not have online access or be able to use technology, without support or a carer present.

Lack of appropriate support for disabled people is a long-term problem. For example, disabled people found it difficult to book same-day appointments if their GP practice required them to physically attend the surgery and queue in the morning. Similarly, people who have paid carers were only able to attend appointments at certain times of the day. But this often did not match with the times available for same-day appointments.

In August 2020, we worked with Traverse, National Voices and PPL to [research people's experience of virtual appointments](#). We used the findings to develop best practice guidance for offering and running remote appointments, and advice for the public about how to get the most out of online and telephone appointments. We are currently undertaking more research to understand the experiences of people who cannot access remote GP appointments. This will be published in Spring 2021.

### Adjusting services for those who need it

People have told us that when they need a specific type of appointment, they don't always get them. For example, people have reported being unaware that their GP service may offer home visits. [Healthwatch Sheffield's report](#) about carers' experiences found that only 26% were given options on how to access support when they couldn't get to the surgery because of their caring role (e.g. home visits or telephone consultations). This meant that many carers were not offered a home visit either because of a lack of communication or because GP practices were not conducting them.

For people with complex needs, the alternatives to home visits are often not appropriate. For example, people have told us telephone appointments are being offered to people who are hard of hearing or have difficulties speaking.

Variation across the country in the provision of home visits from GPs is an ongoing issue. Before the pandemic, people had been told that home visits were only for those who are housebound, and if they were not, they had to get a taxi to their service, which they might not be able to afford. Surgeries even refused to book home visits when they saw that people had attended hospital appointments. Positively though, when people do receive home visits, they are generally very positive about the care they receive.

"Email from York resident giving feedback on behalf of elderly father who is deaf & has been trying to get a face to face GP appointment. No appts available. Claims ... [surgery]

won't see their father due to COVID-19. Did get a phone appt, but they were very unsatisfied with this. Line poor. Hard to hear GP. Undignified: father wants to be independent & have private talk with GP, but had to have daughter present because of hearing probs."

Healthwatch York

### Providing the right communication support

Deaf people are specifically entitled to British Sign Language (BSL) interpreters to ensure they can receive and understand information about their care and communicate with practitioners.

Healthwatch Sheffield ([2020](#)), ([2018](#)), [Healthwatch Sandwell](#), and [Healthwatch Central Bedfordshire](#) completed dedicated research about the experience of health and social care for Deaf communities, before and during the pandemic. People reported limited access to BSL interpreters, and interpreters of a low skill level being provided during the pandemic. Furthermore, the information provided about COVID-19 was frequently not provided in suitable alternative formats for those who were deaf.

"Deaf service users, and those with additional communication needs, find it hard to access services. We were told that GPs and other medical professionals won't always accept interpreters without vocal permission from the service user before they will speak to a third party (interpreter). As many deaf service users cannot speak, this is an impractical request. Deaf service users told us they often have no choice but to make arrangements by letter instead – creating delay in seeking medical help, often resulting in making health issues worse. Deaf service users [also] told us they are reluctant to seek treatment if a hospital, doctor, or dentist cannot provide a British Sign Language (BSL) interpreter for the appointment, and we were told some services refuse to do so - even when consultations involve technical and detailed descriptions. This causes additional worry and anxiety for people during an already stressful time."

Healthwatch Greenwich

While people who do not speak English or have English as a second language and require extra support are not covered in the Accessible Information Standard, in 2018 NHS England stated that *"patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others"*.<sup>8</sup>

During the pandemic, many local Healthwatch have conducted research with people who have English as a second language. People told them that they struggled to access primary care during the pandemic because of the reliance on digital appointments and bookings.

<sup>8</sup> NHS England 2018: [Interpreting and Translation Services in Primary Care](#)

In dedicated research with the Somali community, [Healthwatch Birmingham](#) found that language was the most significant issue excluding Somali people from health care in Birmingham. People found it difficult to understand complex health terminology or express how they felt clearly to health professionals. The pandemic has exacerbated these issues; relying on phones or virtual appointments was difficult for those who did not speak English and there was confusion over whether translators would be available.

“Online delivering of healthcare services has made it easier to access services because you speak in your own house and you can show them through video what your problem is, and your Dr gives you more time. They are not in a rush. I just call the pharmacy and get my medication. So, I don’t have to travel. But this is easy for me [because] I don’t have a language barrier. What about those from the community with a language barrier – it is not clear whether you can have a third person there to help with translation. These virtual ways are difficult for those with a language barrier, the elderly who have difficulty to engage with technology.”

Healthwatch Birmingham

Again, access to communication support is not a new issue. People have frequently told us about how difficult it is to get an interpreter or translator to accompany them to their GP practice and that there was an over-reliance on phone calls to book appointments. Additionally, for people with hearing impairments there is not always a hearing loop or alternative method to let them know when their GP is ready to see them.



## Feeling safe when visiting General Practice

Data from NHS England shows that GP surgeries are continuing to provide high levels of face-to-face appointments. In November 2020, nearly 60% of appointments were face-to-face, and even during the first lockdown, the proportion of face-to-face appointments never dropped below 45% of all appointments.

[Research for the Health Foundation](#) by Ipsos MORI found that the most people (87% in November 2020) would feel comfortable using their local GP service if they had a health issue that needed treatment.<sup>9</sup> Of the 12% that wouldn't feel comfortable doing this, 38% were concerned about being exposed to COVID-19, and a further 30% weren't sure they'd get an appointment.

This has been echoed by the findings of the national polling we commissioned from Yonder Data Solutions in January 2021.

- 91% noted that signs providing information on new layouts and rules at their GP surgery were clear and easy to follow.
- 91% reported that staff at their GP surgery or home visit wore personal protective equipment (PPE).
- 95% stated that they spoke to their GP in a safe space, which allowed them to comfortably share confidential information with their GP.

On safety, 90% responded that they felt safe attending their GP surgery, or with their GP visiting them at home. In a follow-up question, only 211 (18%) of participants would not attend a face-to-face appointment in the future due to safety concerns relating to the pandemic.

Our analysis found that some people felt reassured by the surgery's infection control measures. Research by [Healthwatch Bucks](#) found that most people who had visited a GP surgery felt that the precautions taken to ensure social distancing and infection control made them feel safe when visiting the service. People felt reassured by one-way systems, limits on the number of people in waiting rooms and PPE worn by the staff.

"I used eConsult to inform my doctor about a skin problem. I was able to attach a photo and answer a range of questions which narrowed down my condition. I was informed that I would be contacted within 48 hours. That happened, and I was given an appointment to visit a GP within two days. ... At the Practice, the entry was well controlled and seating was spaced apart. I was encouraged to use hand-sanitiser on arrival and departure. I was pleased with the process and the outcome."

Story shared with [Healthwatch Shropshire](#)

<sup>9</sup> Public perceptions of health and social care in light of COVID-19 (November 2020) - Results from an Ipsos MORI survey commissioned by the Health Foundation

However, as lockdown measures eased in June and July 2020, people expected greater access to GP service. People told us they felt confused about why other services – such as opticians, pharmacies, pubs, restaurants, shops, and veterinary clinics – were open for face-to-face appointments, but their GP practice was not. This confusion often led to anger directed towards GP practices.

“If we can now do pretty much everything else as long as we wear a mask and keep a distance why hasn't normality returned to doctors' surgeries and hospitals. [...] The doctor referred me for an x-ray which I got an appointment for quite quickly [...] If people in the X-ray department can see you face to face why can't other departments?”

Story shared with Healthwatch Shropshire, early September 2020

Some GP surgeries even appear to be holding face-to-face appointments in practice car parks as an infection control measure or asking people to wait outside until they are called for an appointment. Some people feel comfortable with this, but others express concerns that it is inappropriate in cold, wet, windy or extremely hot weather.

“Client stated they had been queueing for their midwife appointment on 13th August outside in 35 degree heat. Client stated it was the GP Surgery insisting they do this as a COVID measure, yet none of the patients waiting were offered a seat or provided any shade. Client waited outside in these conditions for 30 minutes before they were called in, by which point they were suffering with high blood pressure and needed to be taken to hospital”

Healthwatch Hertfordshire

We have also heard that people are concerned that infection control measures like this breach of confidentiality. People have told us that, as the surgery is locked, they must explain why they need to see someone via an intercom or give personal or private information in a place where they may be overheard. It can also be more difficult to hear your name being called when you are waiting outside, particularly for people who are hard of hearing.

## Access to regular treatment

Throughout the pandemic, we have heard from patients who cannot access regular treatments, such as vitamin B injections and ear-wax removal/irrigation. People have also experienced difficulties getting medication and repeat prescriptions from GP practices and pharmacies.

Although some people did receive vitamin B injections, either as normal or at a different GP practice or local hospital, we also heard that there was an inconsistent approach to providing this treatment in many areas. Some people told us their treatment was changed from injections to tablets, despite this not being a suitable alternative for their condition. This also made them doubt the level of knowledge of their healthcare professionals. In other cases, services advised people to

purchase alternatives over the counter or online – leaving people concerned about the risks involved, without enough information or clinical monitoring.

People told us about the worrying symptoms they were experiencing due to not receiving vitamin B12 treatment – including extreme tiredness, confusion, low mood and hair loss. Others described the anxiety they were feeling, due to worries about the impact a lack of B12 might have on their immune system, and other impacts on their physical and mental wellbeing. Some felt that their symptoms were not taken seriously enough by their healthcare professionals.

“My husband was due his Vit B12 injection the beginning of April. This was cancelled due to the virus. The next one was due the beginning of July. This again was cancelled due to us still shielding and arranged for August 3rd. It will be seven months since his last injection!!! Fingers crossed for next month.”

Story shared with Healthwatch Bucks

Feedback also indicates issues across the country in accessing ear wax removal/irrigation services. Although we are aware that some surgeries were already stopping these services prior to the pandemic, many patients have struggled with access to alternatives, such as paying privately at a local pharmacy. In some instances, fees at these sites have increased, with customers now required to pay for additional PPE use by their pharmacist as well.

Of course, not everyone can travel to or pay for treatment at a pharmacy or private setting. As a result, people have described feeling more isolated because of their hearing loss, concerned about their balance and being at higher risk of a fall.



## COVID-19 vaccine

### COVID-19 vaccine and communication

Clear communication will continue to be crucial to the success of the COVID-19 vaccine roll-out. Our national polling found that location and vaccine appointment time options were important for those who said they definitely or probably would get the vaccine.

- 22% said the distance to the location where the vaccine appointment takes place might stop them from getting it.
- 11% said having to get public transport or a taxi to the location of the vaccine appointment might stop them from getting it.
- 11% said not being able to book a vaccine appointment at their GP surgery might stop them from getting it.
- 10% said the times available to have the vaccine appointment might stop them from getting it.

These potential barriers were especially acute among Black respondents. Nearly a third (32%) of Black respondents that intended to get the vaccine said distance to a vaccination centre could be a problem. Nearly one in five (19%) were worried about getting public transport or taxis, and 19% were concerned about the time of vaccine appointments.

As our national polling shows that Black respondents have much lower levels of vaccine confidence, it will be crucial to address these logistical barriers to ensure higher take-up of the vaccine.



## Recommendations

**Our analysis shows that accessing GP services has been a long-standing issue for many people, which has been exacerbated by the COVID-19 pandemic.**

Below we have highlighted where improvements need to be made to ensure people's needs are met effectively when accessing GP services both now and in the longer-term.

### NHS England review of accessing GPs

- The issues raised in this report suggest that there is a need for NHS England to commission a formal review of how people have accessed their GP services during the pandemic. We have witnessed a shift from visiting your GP or A&E to a system of digital appointments, triage and NHS 111 First, and that the shift has left some groups experiencing a worse service. NHS England should therefore also review the effectiveness of these new methods of access.
- This shift has happened extremely quickly, and there is little evidence that people have been consulted about how they view these changes. Therefore, there is a need for NHSE to incorporate patient experience within an access review.
- This review should also investigate whether practices are responding appropriately and promptly to applications from new patients for registration. Unfortunately, our feedback suggests that this has not been the case for some, leaving people de-registered and unable to access the care they need. Healthwatch England and the Healthwatch network should support this drive by collaborating with partners to review GP registration, particularly for those who have experienced barriers to healthcare, such as poverty, stigma or discrimination.

### Relevant and up-to-date information on GP websites

- In line with the General Medical Services (GMS) Contract for GPs, NHS England as the commissioner, must ensure that information is provided and maintained on all GP websites about how to contact the GP to book an appointment and ask for help. This includes telephone details, and whether online booking is available and advice on how to do this. Some people may need to visit a GP practice in person, for example, if they cannot get through on the phone or cannot use e-consult to book an appointment. For these people, information on how to do this safely will need to be provided.
- GP practices must include updated information about how the practice/surgery has changed or altered the way it delivers its services during the COVID-19 pandemic. This must explain how the changes may affect patients' ability to access the care they need, such as what to expect if they attend the practice in person. This is a requirement as set out in the 2021/22 letter from

NHS England and NHS Improvement and the British Medical Association General Practitioners Committee England detailing further measures to support general practice.<sup>10</sup>

- As outlined in the COVID-19 Workload Prioritisation Unified Guidance, maintaining public confidence that GPs are available and that face-to-face access is possible must remain a clear communication priority at all levels of response.<sup>11</sup> With this in mind, we recommend that support be provided to GP practices to update their websites in a timely manner (e.g. within one working week of service changes) so that patients are aware of any changes in line with the current COVID-19 response.

## Meeting people's communication needs

- GP practices should use consistent messaging throughout their communication channels to inform their patients about the COVID-19 vaccination programme and how to access it.
- GP practices must be supported to consider how patients may have different communication needs and adapt the method of communication accordingly. The Accessible Information Standard highlights that all health and social care providers in England are legally required to provide medical information in a format that people can access.<sup>12</sup>
- It is good practice to ask patients what their preferred method of communication is, whether this is at the point of registration, checking in at appointments or proactively getting in touch with patients.

### Example

If a patient is identified as visually impaired, services should provide health information in audio format, large print, braille or email.<sup>13</sup>

## Choice over types of appointments

- Wherever possible, GP services should offer patients a choice over the type of appointment they would prefer (e.g. video, face-to-face, home visit). Maintaining public confidence that 'general practice is open' and that face-to-face access is possible, must be a clear communication priority.<sup>14</sup>

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<sup>10</sup> NHS England (2021): [Supporting general practice in 2021/22](#)

<sup>11</sup> British Medical Association (2021): [COVID-19 workload prioritisation unified guidance](#)

<sup>12</sup> NHS England (2017): [Accessible Information Standard](#)

<sup>13</sup> Royal National Institute of Blind People: [Accessible health information standard FAQs for patients](#)

<sup>14</sup> British Medical Association (2021): [COVID-19 workload prioritisation unified guidance](#)

- We propose that the NHS Choice Framework include guidance on how to choose the type of appointment you want.<sup>15</sup> This is especially important as the methods in which GPs support their patients are shifting even beyond the COVID-19 pandemic.
- However, when it may not be possible to offer the most suitable appointment, GP practices should give patients a clear reason why this is the case.

“There will be instances where a face-to-face consultation is required. Practices who do not do so may make clinical errors and therefore could be open to medico-legal and contractual risks. Practices need to ensure patients can access services appropriately. Face-to-face work should be allocated across clinical staff, taking into account individuals’ risk factors.”

British Medical Association<sup>16</sup>

### Addressing inequality in accessing GP services

- It is imperative that GP services are united in providing support for everyone in the community so that every person has access to the support that they need. Collecting data relating to demographic information of GP patients will enable improvements to be made. There is a real need to better record and identify people with additional needs, with indicators such as carer identifiers, language support needs, and disability support needs. These requirements must be implemented into the GP contract to strengthen and further support the Improvement in Access for Patients agreement feature.<sup>17</sup>
- GP practices must provide support and reasonable adjustments for people where needed, especially relating to:
  - Communication methods and accessible information.
  - Seating, signs and health & safety.
  - Outside space and reasonable adjustments.
  - Access to personal facilities.
- Healthwatch Slough has published a helpful [checklist for GP surgeries](#) to use to ensure their practice is accessible for everybody.

<sup>15</sup> Department of Health & Social care (2020): [The NHS choice framework: what choices are available to me in the NHS?](#)

<sup>16</sup> British Medical Association (2021): [COVID-19 toolkit for GPs and GP practices](#)

<sup>17</sup> NHSE (2020): [GP contract](#)

- Healthwatch England and the Healthwatch network should collaborate with partners to improve the quantity and quality of insight from inclusion health groups, to address inequalities in accessing GP services.
- Call handling training should be provided for all staff using telephone systems. This will ensure that staff are well equipped to deal with concerns over the phone and are familiar with the software, equipment and supporting the patient. The Royal College of General Practitioners has set up a COVID-19 resource hub, including training on online and telephone triaging and consultations.<sup>18</sup> However, since COVID-19 can also have a significant impact on staff, GP practices must put contingency plans in place so that people can continue to contact services smoothly (e.g. when staff are self-isolating).

### Improvements to data collection

- Further to the need for data relating to people's additional support needs and demographic data collection, NHS England must also work with partners to improve the way they collect and report on the types of appointments that GP practices are offering. As part of this, guidance and improved monitoring on how appointments are coded would be welcome, to address issues such as appointments being coded multiple times, which can lead to an unclear picture of actual appointment totals.
- As part of the current GMS contract, though GP practices must keep adequate records of attendance and treatment using accredited IT systems that include demographic fields like ethnicity, there is no direct requirement for this data to be proactively collected. New regulations now require GP practices to record ethnicity data where it is given.<sup>19</sup> Healthwatch recommends an update to the GP contract to expand on this regulation and strengthen the requirement to collect this data. This would bring collection in line with the eight actions as set out by the NHS England Equalities Taskforce in the summer of 2020.<sup>20</sup>

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<sup>18</sup> Royal College of General Practitioners (2020): [Remote consultations and triaging](#)

<sup>19</sup> Department of Health and Social Care (2020): [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 3\) Regulations 2020](#)

<sup>20</sup> NHS England (2020): [Action required to tackle health inequalities in latest phase of COVID-19 response and recovery](#)