

GP Referrals

Part One

What happens to those who are not referred?

2023

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Executive Summary

- Healthwatch England launched a national survey to gain insight into the process and peoples' experiences of getting a referral from their GP practice over the past 12 months.
- In Lincolnshire 24 respondents had expected or requested to be referred for tests, diagnosis or treatment but were not referred.
- Just over two-thirds (67% (16/24)) of respondents that failed to get a referral were repeat visitors i.e. they attended multiple appointments at their GP practice about the same symptoms/condition.
- 29% (7/24) of respondents had previously been referred for these symptoms/condition, but when back to their GP practice when their symptoms/condition returned/worsened, they did not hear anything further about the referral or their referral was cancelled.
- For 6 individuals, despite being advised by a healthcare professional outside of their GP practice that they needed a referral, they were not referred by the GP practice.
- 33% (8/24) believed the reason they did not get a referral was because their 'condition was not considered serious enough'.
- 30% (7/24) believed they were not given a referral due to only having a phone appointment with a healthcare professional.
- 1 in 4 (6/24) believed that not being referred was a consequence of not being listened to or taken seriously.
- All respondents experienced consequences as a result of not getting a referral:
 - 58% (14/24) suffered ongoing pain,
 - 50% (12/24) saw their symptoms or condition worsen,
 - 33% (8/24) faced further problems and complications.
 - There were also wider impacts for some respondents such as additional stress trying to get or attend other GP appointments and negative effects on mental wellbeing and physical fitness.
 - Not getting a referral also had implications on the lives of those closest to the respondent such as family members who as a result had to provide additional care. Employers and arguably the government were also affected as some respondents being unable to work.
- 75% (18/24) tried alternative ways to seek help as a result of not getting a referral, all of which have varying impacts on the NHS.
- Most frequently respondents ended up searching online, others tried to get another appointment at or referral from their GP practice.

Background

When people need help with a health condition, their first point of contact is their general practice team. A range of skilled healthcare professionals such as GPs, nurse practitioners and paramedics work in general practice to diagnose and treat a wide range of conditions. They can also order tests, interpret results and refer people for more specialist or urgent care.



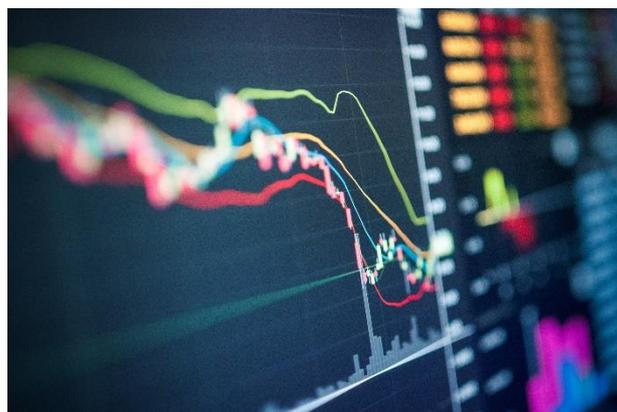
Some people visit their general practice with new symptoms and have no idea what is wrong with them nor have any expectations of what might happen next. Others may have an idea before contacting their general practice that they need a referral. It could be:

- That this is a long-standing condition or recurring symptoms which they have been to their general practice about before or,
- That a clinician at another medical setting told them to ask for a referral.
- They are experts in their own long-term condition.
- They have some prior knowledge and clear expectations.

In England, the number of people referred every month can be monitored using several official sets of data collected by the NHS. The statistics mainly used during this report correspond to the time period in which this research was conducted i.e., October 2019 up to October 2022 (please note local data was not available for 2019).

The Monthly Referral Return (MRR)^{1,2} captures the number of referrals for first consultant-led outpatient appointments. These are hospital appointments where the patient doesn't stay overnight or need to take a bed. NHS referrals can also be tracked by looking at the number of people joining the waiting list for planned hospital care³ and cancer care.⁴

- Using the MRR¹, referrals in England have risen year on year from 911,300 in 2020 to 1,046,764 in 2022 (Table 1).
- In contrast, in Lincolnshire referrals increased by ~189% between October 2020 and October 2021, but subsequently dropped ~69% in October 2022 (table 1). Some of this variation is likely due to the impact of the COVID-19 pandemic.



¹ [NHS Monthly Referral Return](#)

² MRR data is collected based on professional that are able to refer patients for diagnostics, test and treatment. We refer to GP referral data which is grouped with General Practice with extended roles and general dental practitioner data. Data on referrals by other staff in primary care is grouped with referrals from urgent and emergency care, secondary care and screening programmes, and therefore difficult to separate for analysis.

³ [NHS Consultant-led Referral To Treatment Waiting Times Data 2022-23](#)

⁴ [NHS cancer waiting times](#)

	Referrals in England ⁵	Referrals in Lincolnshire ⁶
October 2022	1,046,764	8,337
October 2021	1,002,655	12,052
October 2020	911,300	6,360

Table 1: The number of referrals made by General Practice in England and Lincolnshire during October in 2020 – 2022.

- Cancer waiting list data⁷, shows that in England 220,304 urgent two week wait referrals were made for first consultant appointments in October 2019 compared to 239,180 in October 2022.
- A similar trend is also seen in the data for Lincolnshire with 2,364 urgent two week wait referrals being made in October 2019 compared to 2,874 in October 2022.
- Finally elective care data⁸ shows that in England the total waiting list increased from 4.44 million in October 2019 to a record 7.21 million in October 2022. In October 2019, 92% of people on the waiting list were waiting 23.7 weeks for their first appointment. By October 2022 this figure had risen to 46.5 weeks.



At the end of February 2023, in Lincolnshire 49.6% of patients waited 18 weeks for treatment (NHS operational standard is 92%) and 72,047 patients were waiting to start treatment.

In England, when comparing 2019 to 2022, we can see that although GP referrals to hospitals are back to around pre-pandemic levels, fewer referrals are booked (-32%) and more referrals are rejected (+49%). Added to this, the elective waiting list grew to record levels every month from May 2020 until October 2022, with average waits for diagnosis and treatment also getting longer (+62%).¹

Whilst these numbers are important, they don't cover issues such as patient outcomes (e.g. what happens to those who do not get a referral), or how many people are re-referred for a condition they'd previously been referred for. Therefore, it is important to look beyond the current figures to understand the overall patient journey, which starts with attempts to get an appointment at their GP practice, and, if clinically necessary, progresses to getting specialist medical tests or treatment at a hospital/clinic.



⁵ [NHS Monthly Referral Return](#)

⁶ [NHS Monthly Referral Return](#)

⁷ [NHS Cancer Waiting Times](#)

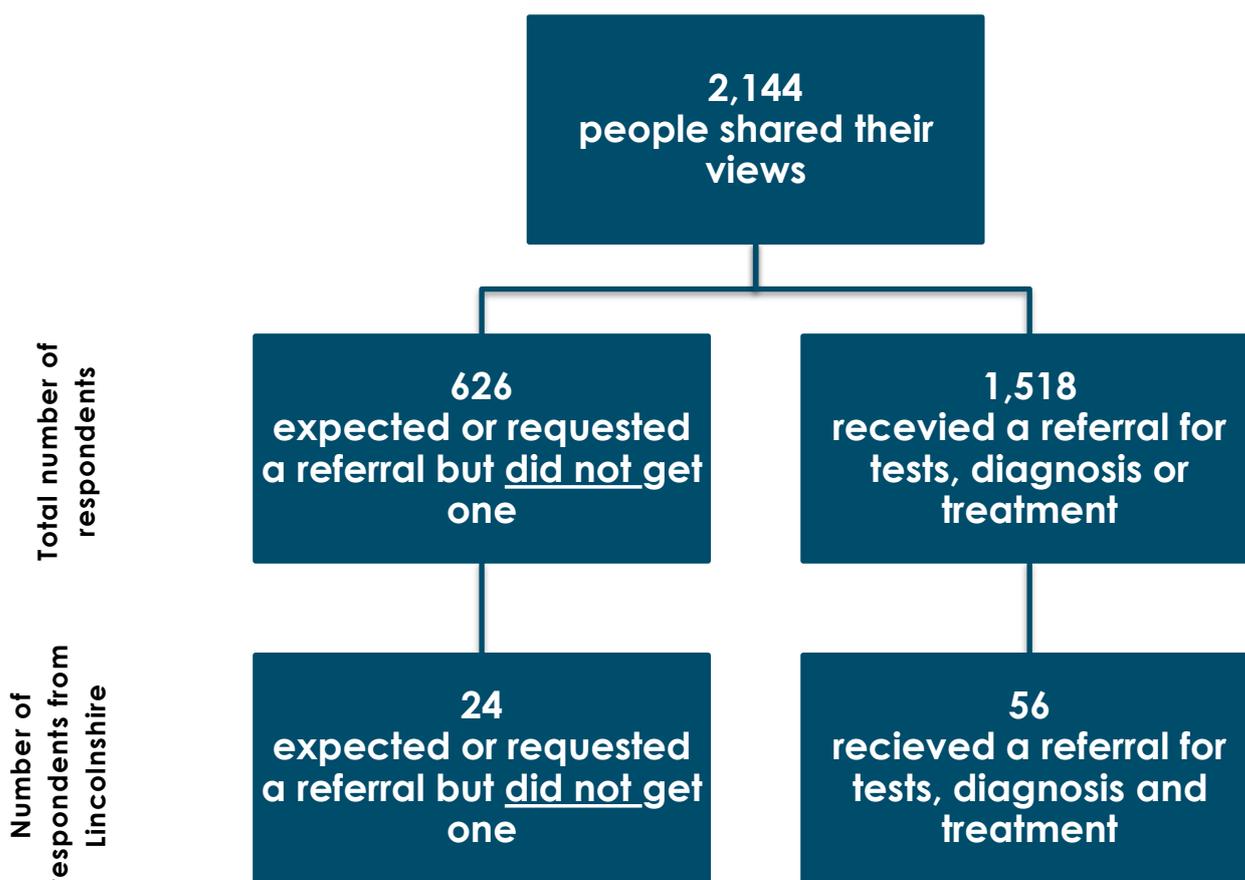
⁸ [NHS Waiting Times](#)

Overview

Healthwatch England commissioned [Panelbase](#) to conduct an online survey of two distinct groups who had an appointment with their GP practice in the past 12 months. The two groups were:

1. Those who either expected or requested a referral for tests, diagnosis or treatment, but did not get one.
2. Those who were referred for tests, diagnosis or treatment.

The survey was conducted during October 2022 and Healthwatch England also sent it out via their networks. In total **2,144** people shared their views. **80 of those respondents were from Lincolnshire.**



- This part one report focuses on those who expected or requested a referral but did not get one.
- The second part of the report focuses on those who received a referral.

Disclaimer

Owing to the small number of responses, both percentages and numbers are used throughout the following sections. All analysis is purely descriptive, no statistical analysis has been undertaken. We also acknowledge that due to the small sample size these findings are not likely to be representative of all those in Lincolnshire who have been referred, or expected or requested a referral for tests, diagnosis or treatment but were not referred. However, these experiences are still valuable and provide insight into the experience of not getting a referral and the subsequent consequences.

Findings

Out of the **80** individuals from Lincolnshire who completed the survey, **24 had expected or requested a referral for tests, diagnosis or treatment in the last 12 months, but were not referred**.

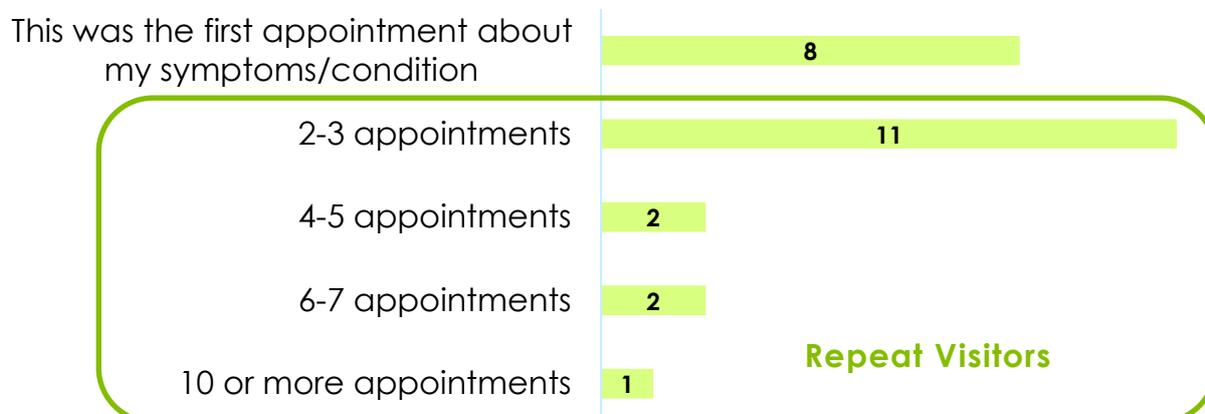
Who was trying to get a referral?

There was almost an even split between those who expected or requested a referral for a pre-existing or known condition (**46% (11/24)**) and new/unexplained symptoms (**50% (12/24)**) (one individual did not answer this question). Half of the respondents requested a referral for non-surgical services such as neurology, ENT or physiotherapy and 4 requested or expected a referral to mental health services.

Just over two-thirds (67% (16/24)) of respondents that failed to get a referral were repeat visitors.

Many of the individuals who had not been referred were **repeat visitors**. 67% (16/24) of respondents had already had at least 2-3 appointments at their GP practice about their symptoms/condition.

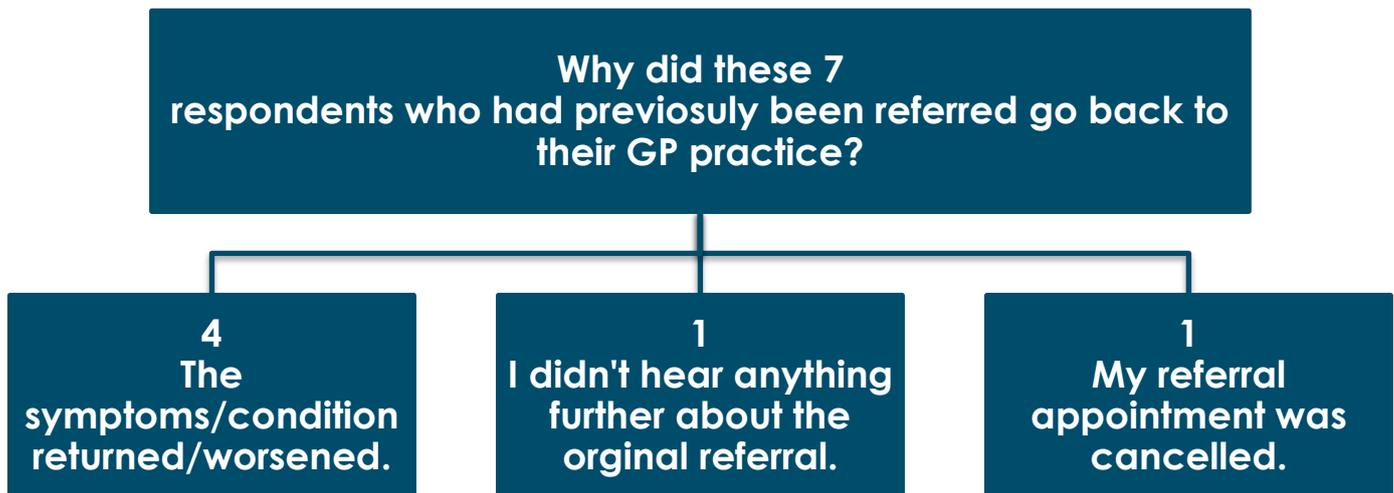
Before this appointment, how many appointments did you have with your GP practice about these symptoms or condition?



29% (7/24) of respondents had previously been referred for these symptoms/condition.

Why did those who had previously been referred for these symptoms/condition, go back to their general practice?

There was a range of reasons for why these individuals, who had already been referred, went back to their GP practice.



**1 individual went back because "A community nurses came to take my bloods, tried repeatedly but couldn't get a vein because of low blood pressure, then my GP surgery cancelled them coming again to try the same test a second time, saying I refused to let them try and take the bloods."*

The relief of securing a referral can be lost when patients don't hear anything further about the original referral or the appointment was cancelled. Healthwatch England suggests that these individuals appear to fall into a 'black hole' where they do not know what is happening.⁹ Will their appointment be rearranged? Or are they back to square one? This highlights the lack of communication between services and patients.

"I was sent a picture of exercises to do from a third party connected to the surgery and told I would get a follow up call. Still waiting for the call!"

For one respondent, the relief of securing a referral was lost, upon attending their appointment which did not meet nor consider their needs.

"My referral sent me to Peterborough where the procedure could not be completed because I was in a wheelchair and NO ONE would assist me in transferring from my wheelchair."

⁹ [Healthwatch England – The referrals black hole](#)

It is understandable why this individual was particularly frustrated. They had already faced long waits to get a referral and for the appointment itself, to then not be seen on the day due to an accessibility issue which should have been identified prior to the appointment, is very disappointing.

63% (15/24) respondents had explicitly asked for a referral.

6 of these individuals requested a referral as they had been advised to do so by a health professional outside of their GP practice.

What did respondents believe to be the reasons as to why they did not get a referral?

Respondents were asked to select from a list the reasons why they believe they were not referred. This list can be split into clinical and non-clinical reasons. Out of all the reasons selected for not getting a referral **a third (18) were clinical reasons** and **two-thirds (37) were non-clinical reasons.**

1 in 3 (8) believed they had not been referred due to their 'condition not being considered serious enough.'

The subsequent most frequently selected responses to this question were all non-clinical reasons.

Respondents felt the reason why they were not getting a referral was because 'I was only given a phone appointment'.

The second most frequently selected reason as to why people thought they were not referred was 'I was only given a phone appointment'. This reason was chosen by **7** respondents. This does suggest that these individuals felt the care they received was not appropriate to their needs and that the type of appointment offered contributes to the likelihood of getting a referral.

The COVID pandemic accelerated the use of remote appointments to reduce the spread of the virus. However, in May 2021 GP practices were issued with a letter from NHS England¹⁰ saying patients should be offered face-to-face appointments, 'unless there are good clinical reasons to the contrary' such as the patient displaying symptoms of COVID. Appropriateness of remote appointments is a concern frequently raised with our Information Signposting Officer during the pandemic and we still hear concerns about this now.



The data from NHS England regarding appointments in general practice¹¹ in Lincolnshire show that the number of appointments has increased year on year during October 2020 to October 2022. The proportion of face-to-face

¹⁰ [NHS letter to GPs regarding face-to-face appointments](#)

¹¹ [Appointments in General Practice – NHS England](#)

appointments has increased year on year and the proportion of telephone, video and online appointments has decreased year on year during this time period (table 2). We are unable to determine the criteria for a patient being offered a telephone, video or online as opposed to a face-to-face appointment. This decision is likely to be influenced by clinical reasons and patient choice.



Month/Year	Total Number of Appointments in General Practice*	Number of Face-to-Face Appointments ^x (proportion of total appointments)	Number of Telephone ^x , Video and Online Appointments (proportion of total appointments)
October 2022	500,062	375,000 (75%)	101,465 (20%)
October 2021	454,920	316,000 (70%)	113,454 (25%)
October 2020	377,207	254,000 (67%)	104,876 (28%)

*This figure includes the number of face-to-face, telephone, video and online appointments as well as (not included in this table) home visits and 'unknown'

^xNumber of face-to-face and telephone appointments are given to the nearest thousand

Table 2: The total number and types of appointments in General Practice in Lincolnshire during October 2020 – 2022.

Patient satisfaction data shows that patients who had a face-to-face appointment were more likely to be satisfied with the appointment they were offered (85%), compared to those offered a telephone appointment (64%).¹²

Based on the responses to this survey and from comments we have received previously to our Information Signposting Officer, it can be inferred that there appear to be misconceptions and assumptions around remote appointments. The main being that remote appointments are given to 'less serious' cases and are less likely to result in a referral. Some individuals feel that remote appointments do not fully meet their needs. This reemphasises the importance of patient choice and them, where possible, being able to decide what type of appointment they have. It also highlights the need for better communication and clarification that remote appointments are not given to 'less serious' cases and do not influence your chance of getting a referral or the additional support/care you need.



In addition, one respondent highlighted that having a phone appointment to just then arrange a face-to-face appointment delayed their journey further. Whereas

¹² [GP Patient Survey](#)

if they had a face-to-face appointment to begin with, this would have reduced their waiting time and also allowed someone else to have that other appointment.

“Why is it necessary to book a phone call from a doctor to discuss getting an appointment face to face and only receiving a text confirming the appointment so delaying the process by three weeks.”

Respondents also felt that not being listened to or taken seriously resulted in them not getting a referral.

“I am very unhappy about the time taken to acknowledge my symptoms and refer me at the GP surgery. I displayed symptoms from January 2021, queried it several times as outlined. I only finished cancer treatment in July 2022.”

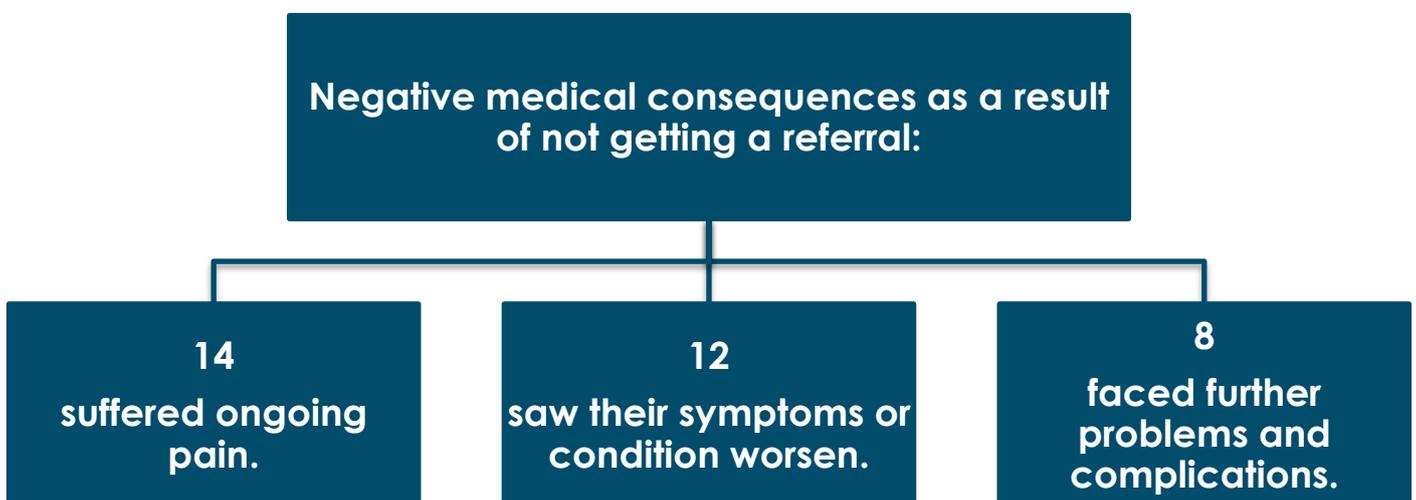
“The male doctor spoke over me, ridiculed me and was ageist.” – A comment made by a woman trying to get a referral for menopausal symptoms

These comments highlight and suggest the importance of transparent communication between healthcare professionals and patients about the reasons why from the point of view of a healthcare professional the patient may not need to be referred. It also highlights that if a referral is not needed, patients need to be provided with reassurance and information on how they can manage their condition or symptom themselves.

A full list of the reasons selected by respondents as to why they believed they did not get a referral can be seen in Appendix 2.

What are the consequences of not getting a referral?

All respondents experienced consequences as a result of not getting a referral.



Regardless of the reason for not getting a referral, for these patients their symptoms or condition do not go away. **Indeed, many of the respondents faced negative medical consequences as a result of not getting their referral.** This highlights the importance of receiving timely care and care that meets the needs of the patient.

For some respondents, there were also wider impacts such as additional stress trying to get or attend other GP appointments and negative effects on mental wellbeing and physical fitness. The last two effects could cause additional health problems as a result of not getting their first issue resolved, potentially resulting in more pressure on the system.



"I was refused a referral despite my condition worsening. My medication was altered which made my chest worse. Cannot get another appointment."

Not getting a referral also had implications on the lives of those closest to the respondent such as family members who as a result had to provide additional care. Not getting a referral also affected employers and arguably the government as a result of some respondents being unable to work.

"Someone needs to be accountable when referrals are refused. Parents are struggling with children who have or may have additional needs and there is NO support. Schools are not equipped and GP's seem to just wash their hands of any responsibility so parents are just left to fight for anything and EVERYTHING. Leaving us stressed and making us unwell." - A comment made by a parent who could not get a referral for an Autism and ADHD assessment for their dependent

A full breakdown of the consequences of not getting a referral can be seen in Appendix 2.

11 respondents who did not get a referral had already waited more than 5 months between their first appointment about their symptoms or condition and their most recent appointment.



Some individuals had been waiting for over 18 months.

"Takes far too long and still no decision been made for a referral. If/when I get a referral, I would expect to wait another year!"

A combination of the repeated visits, the long waiting times and negative consequences of not getting a referral led some respondents to seek help elsewhere.

Three quarters (18/24) of respondents tried alternative ways to get help after not getting a referral.

Where did respondents try to seek help from?

It is understandable that respondents often resorted to seeking help from elsewhere for their symptoms or condition, especially considering many respondents experienced direct consequences, as outlined above, as a result of not getting a referral. The alternative ways of seeking help whether directly or indirectly had some impact on the NHS.



The most frequent method respondents used to seek help was 'searching online.' 38% (9/24) respondents did this. Whilst it is understandable that people resorted to doing this, it can be potentially dangerous and have a negative impact on people's wellbeing.

Over 1 in 5 (5/24) ended up paying for private treatment.

Whilst paying for private treatment had a very low impact on the NHS, other alternative ways of seeking help do either directly or indirectly result in additional pressure on the NHS. An example of this is that some respondents tried to get another appointment with their GP and others tried to get a referral from a different GP.

A full breakdown of the alternative ways people tried to seek help as a result of not getting a referral can be seen in Appendix 2.

Recommendations

Healthwatch England has outlined several policy recommendations to bring about improvements in processes to help with the understanding and management of people's healthcare needs, and to improve people's experience of seeing a member of their general practice team when they have expectations of a referral to more specialist care.

Recommendation	Why is this change needed?	Who is responsible for implementation?
Train and hire more care navigators to improve access to general practice.	<p>The first barrier many people describe to getting a referral is getting a GP appointment in the first place. People can currently book appointments in person, over the phone, or online. However, people often experience situations where staff are too busy to speak in person, phone lines are keeping them on hold for long periods, and online systems are offline in evenings and over weekends. As a result, some respondents went to A&E when they couldn't get a GP appointment and were subsequently treated.</p> <p>Care navigators can play a vital role in ensuring people's needs are met in the right setting, first time. With these staff acting as first-line support, the future of general practice could become one with fewer long waits on the phone and with 24/7 access to online triage systems like e-Consult. This would help make sure that increasing demand for healthcare is managed properly by trained staff.</p>	<p>NHS England</p> <p>Department of Health and Social Care</p> <p>Health Education England</p> <p>Integrated Care Systems</p>
Ensure all practices are using the e-referral services and improve the online referrals tracker for patients.	<p>The GP contract¹³ states that GP teams must use the NHS e-referral service. However, the HSJ¹⁴ has recently found that 27 Trusts still do not have an electronic patient record system.</p> <p>Trusts and GP practices should prioritise full transition to electronic systems, supported by appropriate resource from NHS England. This will ensure that all referrals and appointment data is stored centrally, and is accessible to the relevant services, minimising risk of referrals being lost or different professionals having contradictory</p>	<p>NHS England</p> <p>NHS Trusts</p> <p>General Practice Teams</p>

¹³ [General Medical Services \(GP\) Contract](#)

¹⁴ [HSJ – Use of the electronic patient record system](#)

	<p>understanding of where someone is on the referral pathway. It will also support improvements to online tracking and booking systems.</p> <p>Some of the respondents shared that they received no information along with their referral. Some of these people have gone on to discover that the referral was never actually sent or received by specialist teams.</p> <p>Currently, patients can book their appointments through the online 'Manage My Referral' system, but only after they have already received their booking number, which most receive via letter. This system should be improved to ensure that patients and teams in general practice, referral management centres, and hospital admissions teams should all have access to the same centralised information about which stage of the referral process the patient has progressed to. This should start from the moment a GP agrees to make a referral, not after the referral is accepted by specialist teams. Information should also be available and shared with patients via other preferred communication methods where relevant, as noted in their care records.</p>	
<p>Offer flexible appointment slots in general practice to give people more time with clinicians.</p>	<p>People have the right to access NHS services, and to not be refused access on unreasonable grounds. However, some respondents felt they weren't referred as clinicians didn't listen to them, didn't consider all their health issues holistically, or they didn't have the time to explain their condition properly.</p> <p>Making flexible or double appointment time slots more accessible can help patients, while also providing clinical staff the time and space to clearly explain to patients the reasons for either being referred or not.</p> <p>This in turn can help to manage people's expectations, reduce the likelihood of them needing to return to general practice or A&E for more answers, and ensures they understand their rights are being met following an explanation of the grounds for being denied access to specialist treatment.</p>	<p>NHS England</p> <p>Integrated Care Systems</p> <p>General Practice Teams</p>
<p>At the point of booking, give people choice of appointment</p>	<p>Our research highlights that a barrier to getting a referral can be GP appointments which don't suit the needs of patients. Research by Healthwatch and others shows that many people value remote appointments, while others prefer face-to-face consultations due to communication needs.</p>	<p>NHS England</p> <p>Integrated Care Systems</p>

<p>types, appointment times, and healthcare professional wherever possible.</p>	<p>We also know that people need to organise travel, or alternative care arrangements for loved ones or children, and waiting on phone or online appointments without defined times can put their lives on hold.</p> <p>Healthwatch Lincolnshire recommendation: There needs to be clearer communication and clarification that remote appointments are not given to 'less serious' cases and that the type of appointment does not influence the likelihood of being referred.</p> <p>Finally, sometimes people value speed of access, and others want to see the same healthcare professional, for example for a long-term condition like asthma or diabetes.</p> <p>These preferences of appointment type, time, and professional can change. This recommendation isn't about the proportion of appointment types being delivered or ensuring everyone has access to same-day appointments with a GP. It's about people being given meaningful choices, so their needs can be understood and managed appropriately. This will ensure people are seen in an appropriate way as early as possible, ensuring better outcomes and saving staff time.</p>	<p>General Practice Teams</p>
<p>Increase awareness among patients of self-referral routes.</p>	<p>The NHS 2023/24 priorities and operational planning guidance also set out plans to expand self-referral routes to falls response, musculoskeletal, audiology, weight management, community podiatry, and wheelchair and community equipment services. The aim is to empower patients to take control of their healthcare, streamline access to services and reduce unnecessary burden on GP appointments. But more must be done to help patients to understand these potential options, including how to access services through self-referral.</p>	<p>NHS England</p>

Conclusion

When people need help with a health condition, their first point of contact is their general practice team. A range of skilled healthcare professionals such as GPs, nurse practitioners and paramedics work in general practice to diagnose and treat a wide range of conditions. They can also order tests and interpret results and refer people for more specialist or urgent care.

Whilst there are many existing data sets that provide information on, e.g. the number of referrals made a month and waiting times, there are no measurements on patient outcomes (e.g. what happens to those who do not get a referral) or how many people are re-referred due to the first referral being cancelled.

To gain insight into this Healthwatch England commissioned Panelbase to conduct a survey during October 2022. 2,144 people shared their views with 80 respondents being from Lincolnshire. 24 of these individuals had expected or requested a referral but did not get one.

Just over two-thirds of these respondents were repeat visitors to their GP practice and 29% (7/24) had previously been referred for their symptoms/condition. However, these respondents ended up going back to their GP practice when their symptoms/condition returned/worsened, they did not hear anything about the referral or their referral was cancelled.

When asked why they felt they had not been referred for their symptoms/condition respondents most frequently felt it was because their 'condition was not considered serious enough', they had only a 'phone appointment' and that they 'were not listened to or taken seriously'. All respondents experienced negative consequences as a result of not getting referred. These included suffering ongoing pain, facing further problems and complications, negative impacts on wellbeing and physical fitness. There were also broader impacts on family members and employers.

As a result of not getting referred people sought alternative ways to seek help such as searching online, trying to get another appointment at their GP practice and even resorting to paying for treatment. All these findings highlight the importance of patients being listened to and receiving timely care that meets their needs.

These findings have also allowed Healthwatch England to make several recommendations to improve patient's experiences. These recommendations include: offering flexible appointment slots to give more time with clinicians, providing patients with the choice of appointment types and times (where possible) and increasing awareness of self-referral routes.

Who shared their views?

Due to the small numbers, only numbers not percentages are listed in the tables below.

Over the last 12 months, which of the following has applied to you?	Referred for tests, diagnosis or treatment (REFERRED)	Expected or requested a referral for tests, diagnosis or treatment but <u>didn't get it</u> (NOT REFERRED)
	56	24
Age		
18-24	0	2
25-49	3	9
50-64	11	4
65-79	36	9
80+	6	0
Prefer not to say	0	0
Gender Identity		
Male	17	8
Female	36	16
Non-binary	0	0
Prefer not to say	3	0
Gender identity the same as sex recorded at birth		
Yes	53	24
No	0	0
Prefer not to say	3	0

Over the last 12 months, which of the following has applied to you?	Referred for tests, diagnosis or treatment (REFERRED)	Expected or requested a referral for tests, diagnosis or treatment but <u>didn't get it</u> (NOT REFERRED)
Sexual orientation		
Heterosexual / Straight	45	18
Bisexual	1	1
Asexual	6	2
Lesbian / Gay woman	1	0
Prefer not to say	2	1
Which of the following statements apply to you?		
I am a carer	6	3
I have a disability	16	6
I have a long-term condition	33	13
I am neurodivergent (Autistic, ADHD/ADD, Dyslexic, Tourette's etc.)	0	4
None of the above	15	8
Prefer not to say	0	0
Ethnicity		
White: British / English / Northern Irish / Scottish / Welsh	49	23
White: Any other White background	2	0
Another ethnic background	1	1
Prefer not to say	3	0

Over the last 12 months, which of the following has applied to you?	Referred for tests, diagnosis or treatment (REFERRED)	Expected or requested a referral for tests, diagnosis or treatment but <u>didn't get it</u> (NOT REFERRED)
Current financial situation		
Very comfortable (I have more than enough money for living expenses, and a lot spare to save or spend on extras or leisure)	1	1
Quite comfortable (I have enough money for living expenses, and a little spare to save or spend on extras or leisure)	28	11
Just getting by (I have just enough money for living expenses and little else)	22	9
Really struggling (I don't have enough money for living expenses and sometimes run out of money)	0	2
Prefer not to say	5	1
Not known	0	0
Highest level of education completed		
None	1	0
Primary (left school before/ at 11)	0	0
Secondary (left school before/at 16)	16	3
A-levels, high school or equivalent	8	6
Post-secondary vocational/ technical	12	3
University (1st degree)	5	5
Postgraduate (2nd or further degree)	5	6
Prefer not to say	7	1

Appendix

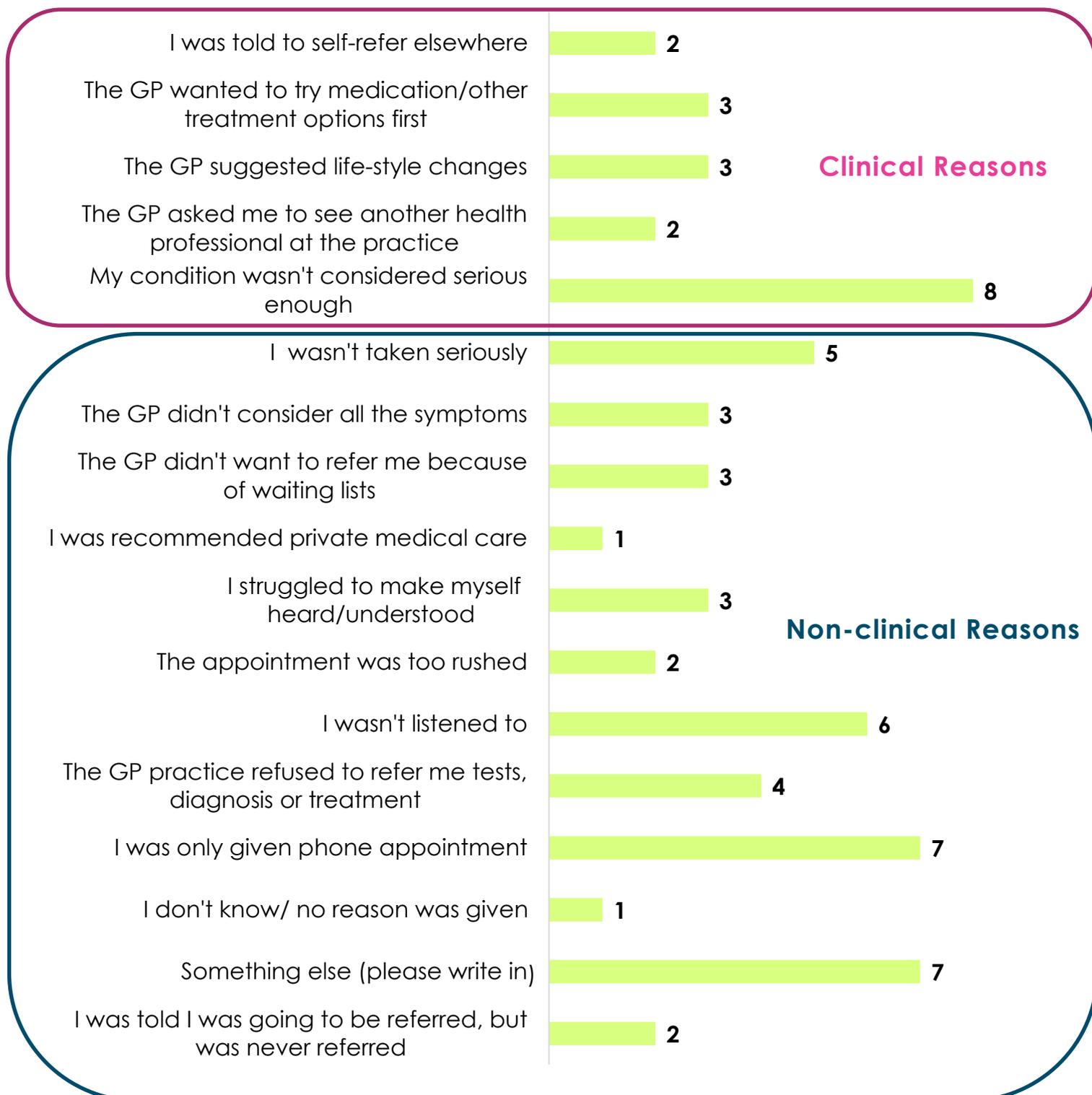
Appendix 1 – Methodology

Information from Healthwatch England

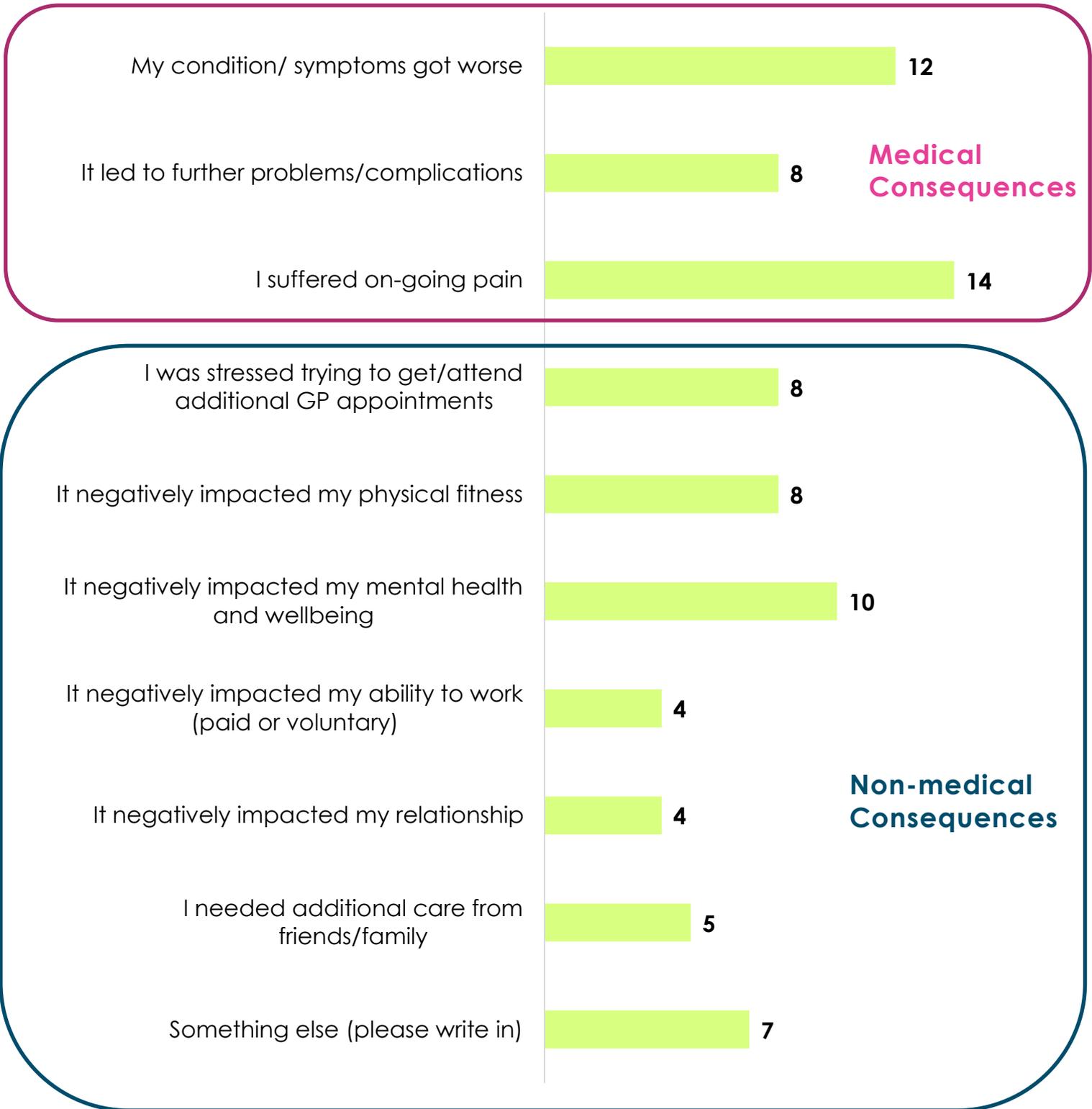
Survey 1	
Fieldwork	29 September to 20 October 2022
Supplier	Panelbase DRG
Methodology	Online survey
Sample	The sample size for the whole survey was 2,144, but the base for the group covered in this briefing is 626 people who did not get a referral. We set minimum quotas for ethnic minority and financial status. The figures quoted in this briefing come from this survey.
Questionnaire design	The survey covered numbers of visits to their GP surgery, including whether they were return visits for an existing condition and reason for the return visit. It explored why patients think they may have not got, or been refused a referral, the impact it had on them and what alternative actions they took to get the desired medical attention. The survey also explores the experience of getting a referral for those that got one, including what information they were given, wait times, impact of any wait, what alternative actions they might have taken for past failed referrals and what the outcomes were.
Survey 2	
Fieldwork	22 August to 11 October 2022
Source	Healthwatch England
Methodology	Online survey
Sample	The sample size for the whole survey was 1,825, but the base for group covered in this briefing is 367 people who did not get a referral. The comments quoted in this briefing come from this survey. The survey was distributed online by our local Healthwatch network, and respondents are self-selecting.
Questionnaire design	Identical to the Panelbase survey, except that the demographic questions are at the start of the survey to facilitate quota checks.

Appendix 2 – Additional Data

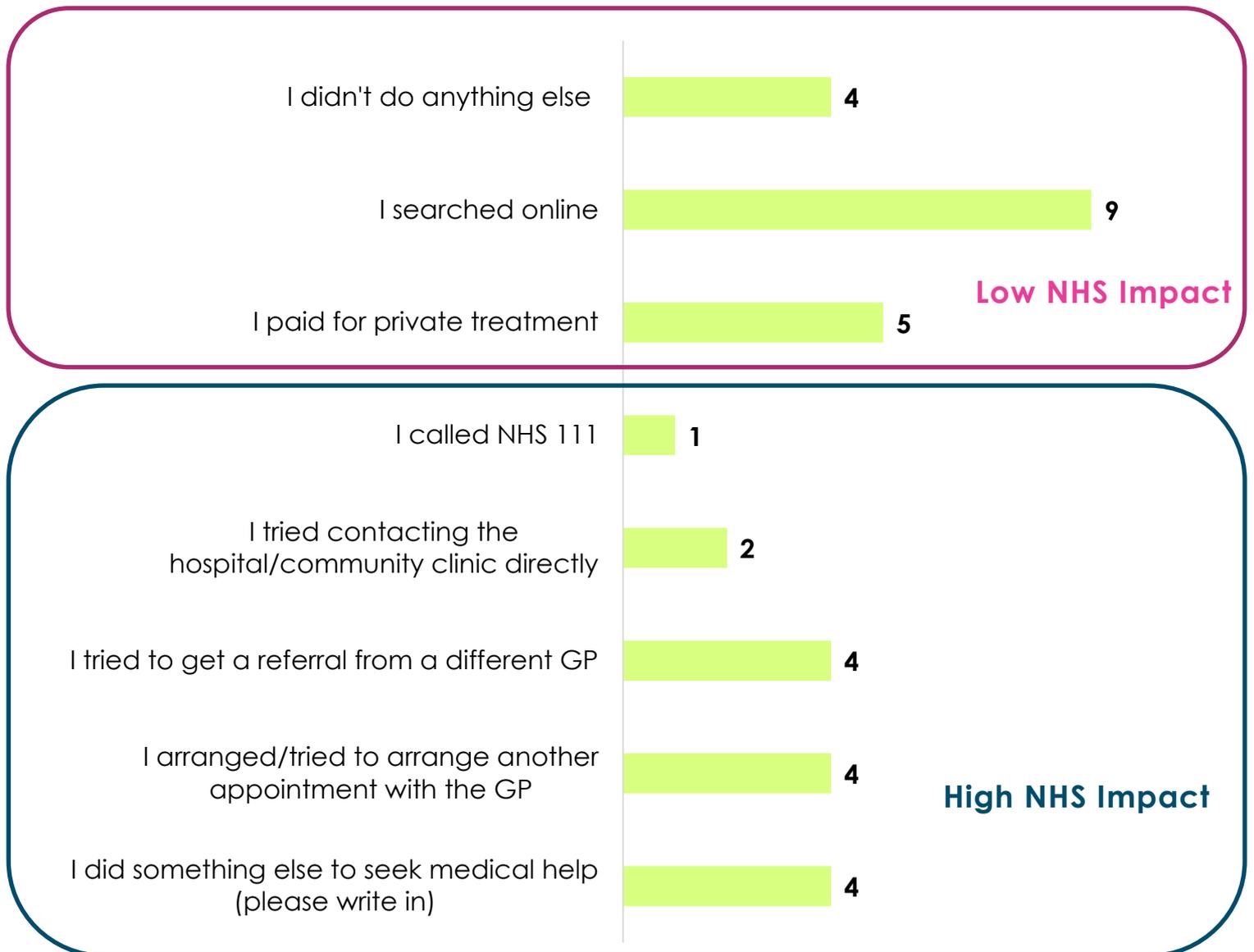
Graph 1 – Reasons selected by respondents as to why they believe they were not referred



Graph 2 – The medical and non-medical consequences of not getting a referral



Graph 3 – The alternative ways people tried to seek help as a result of not getting a referral





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