



# Primary Care: What people have told us about general practice

November 2022 to April 2023

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## Overview

This report presents the feedback received from people via [Healthwatch Kent](#), [Healthwatch Medway](#) and [Kent and Medway Voice](#) about their experiences of general practice from November 2022 to April 2023. This includes 210 separate pieces of feedback. As most feedback was from people who contacted us proactively, it was more likely to be negative. Of the feedback received, 13% was positive, 14% mixed and 73% negative or suggestions for improvement.

The most frequent themes in people’s feedback were communication between staff and patients and booking appointments, which each occurred in 30% of cases. Access to services was third most common, occurring in 25% of cases. Other key themes included medication, prescriptions and dispensing (22%) and care given by staff (19%). Health inequalities (7%), referrals (11%) and administration (7%) are also explored. The number of pieces of feedback relevant to each theme is noted in brackets in the report headings and displayed in the chart below.

How many times was each theme identified in people’s feedback?





## Communication between staff and patients (63)

### Problems with the communication of test results

- An individual found out when applying for insurance that, unbeknownst to them, they had been diagnosed with a condition nearly a year prior. Their GP also seemed surprised at this diagnosis, which had followed some blood tests. The GP was very reassuring and advised them how to manage their condition from that point on.
- An individual felt that the lack of coordinated communication between the GP and hospital was “astounding” and that it should not fall on the family of the patient to relay the results of medical tests between medical professionals.
- An individual was that their X-ray results would be with their GP within a week, at which point they called the GP to be told that they had not yet looked at the results. During the following three weeks, they called the surgery several times and each time were told the same.
- An individual had been waiting for their blood test results for over a month. His GP surgery said they had tried to call him – he believes they may have mistaken his call screening for an answer machine and left no messages.
- An individual phoned their surgery for blood test results and was told that the GP would phone them in two days. They were not given a specific time, rather were told to stay in all day to wait for the call.
- “I had a CT scan [three months ago] and I have had no feedback.”

### Stress or anxiety around the communication of test results

- An individual had several tests through their GP surgery and after chasing for results was “none-the-wiser” after a month, which was exacerbating their anxiety.
- “I received a text a few months back from the surgery saying the doctor wants to talk to me regarding my recent tests. I tried to call the surgery a few days in a row. I left it, I just think if it was urgent, surely they would’ve called me. It has left me feeling anxious about the results, but I’m fed up chasing them.”
- An individual was referred for an X-ray by their GP. As the radiographer could not give them any results, they rang the surgery who did not have the results either and told the client to call back the next day. After ten days, they received the results but found the process stressful.

### Appointments or phone calls not materialising as expected

- “I was given a phone consultation [in three days for a medication review], which was then pushed back. I have subsequently heard nothing from my GP surgery.”
- “The nurse was very helpful and said the notes would be passed on to the doctor and to expect a call the following day. We have not heard anything from the doctor two days later.”
- An individual used eConsult and was told to expect a call but the GP did not phone them. They contacted the surgery and were told the GP would call but they did not. They tried called the surgery but were still far down the queue after 30 minutes.



- An individual had a telephone consultation with their GP that was 48 hours late.
- An individual contacted their GP surgery several times about medication and each time was told a doctor would call them back but they didn't. It took another week and about four more calls to the surgery before the medication was changed.
- "I was expecting them to contact me a week or so later to review this medication but they didn't and so I stopped taking the medication."

### Effective communication resulting in people feeling supported

- "I was reassured that if I had not heard back about my results within the specified time, I could call the surgery after midday and access the results that way. This made me feel less anxious."
- A young person told us the support they have received from their GP has been amazing. Questions such as: 'What are your pronouns?' and 'What can I do in this moment to make you feel better?' helped to reduce their anxiety and made them feel supported.
- "I have monthly screening via web or face-to-face. They are always good and helpful. Sometimes I have no energy to call them [so] I send a text to them. They call me back in no time and sort out anything that I need."

## Booking appointments (62)

### Difficulties with the booking process

- An individual described how when they are put on hold, for example, when phoning their GP, their head gets very muddled, and they find it hard to express themselves.
- "Every time I called it would take ages to get through and when I got through all the appointments would be taken. [With] 111 online, I got a call back 3/4 hours later and had a GP appointment booked for 9:20am the next morning at my surgery."
- An individual had been trying for two weeks to make an appointment. When they phoned, the line was engaged or they had to wait a long time (45 minutes), then when they spoke with someone, they would be told all appointments had gone and to call again the next day. They also said that they were hung up on by the surgery.
- "It's almost impossible to get a call to a doctor. On most days the appointments have all been filled, [then] you have to sit by the phone and wait for a call."
- An individual in pain found it "horrendous" to get through to their surgery. When they did, they were told to go to A&E if they were "that bad". Their condition was not an accident or emergency but they did need to see a GP. They had also never seen a GP at their local surgery but were always sent to the other branch.
- An individual with a long-term cough was told by their pharmacist to book an urgent GP appointment. Their experience since has been busy telephone lines, not being able to use eConsult, a receptionist making the eConsult booking for them, and being given telephone appointments that did not take place.
- An individual's therapist directed them to their GP to be re-referred for more therapy sessions. The GP surgery told them to use eConsult for an appointment but



whenever they tried, it was booked up. They told someone at the surgery they were a pensioner and not “technically minded”, however, they “just shrugged”.

- “It [is] hard to get an appointment and I need to get a referral to CMHT as I have been feeling worse recently. As I am tired, I keep missing the early morning call. The receptionists [told] me, ‘All the spots have been taken today, call back tomorrow.’”
- An individual was told to see their GP by their optician but the GP surgery would only give them an appointment if the optician requested it directly. The optician then did so and the individual was given an appointment.
- An individual who was disabled, elderly and lives alone was feeling progressively worse and phoned their GP practice but was told there were no appointments for two weeks, or to phone back the following morning at 8am, which they felt was a waste of time. “I feel abandoned and do not know who to turn to.”
- “I should book a doctor’s appointment but I don’t feel like calling my doctor because there are always over 20 people in the queue ahead of me. I don’t feel confident enough with technology to use eConsult.”
- “They cancel your appointments without any reason and then don’t rebook them for you and just leave you waiting.”

### Experiences of going to the practice in person to book an appointment

- “My blood pressure was [at the level of a hypertensive crisis]. I went to [my GP surgery], was told there were no appointments available and [to] go and make an online request. I told [the receptionist] what my blood pressure was, and she couldn’t care less, so [I] went home, dialled 111 who got me an appointment at QEQM. ... Was told to stay in A&E as they couldn’t let me go. Eight hours later ... they let me go but told me to see my doctor asap.”
- “[I] had to queue at 7:30am ... to make sure I was able to see my doctor that day as [there was] no other way of getting an appointment.”
- “Trying to get a doctor’s appointment at [my local] practice is very hard. You must queue from 07:30 to 08:30 to get an appointment. For someone mentally not well, I queued in the cold only be told they have run out of appointments. No one to checks the queue to see if anyone is struggling.”
- “I’ve been struggling to get a doctor’s appointment, there is no option to do an eConsult. I can’t phone at 8am as I am on the school run then. I have spoken to them twice on the phone and once in person, but they just tell me to phone at 8am.”
- “From 8am, whenever you phone the reception in the morning to try and get an appointment for that day, the phone line is just engaged.” This person phoned about 15 times one morning but the phone was engaged every time, with no queuing system. They found that all the different options went to the engaged tone. They ended up going to the surgery in person to speak to reception staff.
- An individual received a letter from their GP asking them to book in a routine telephone consultation. “Knowing all too well the performance of actually trying to



...speak to the administration/reception team on the phone for this purpose, I attended at the surgery in person to book a date as directed. However, I was surprised to be told that there were no bookable appointments available and I should try again next week! I did query the point of them actually sending out such a letter if there were no bookable appointments available, although this did not receive a response." The individual also finds travelling to the surgery challenging due to their health conditions.

- "They say we can make an appointment by visiting the surgery. It has never worked for me. The only way I get appointments is by staying on the phone for ages."
- "I tried to call my surgery recently for an appointment but couldn't get through so went into the surgery to try. The receptionist was very rude; there weren't any appointments available till the next month."
- "A few days after [my loved one was] trying to ward off infection, I telephoned [the] surgery for an appointment; was told nothing available. I emailed symptoms and history and requested an appointment or prescription. A message came back saying they couldn't do this and that I had to make an appointment. I phoned again the following morning at 8am and was told that no appointments were available. My relative was very unwell at this point, I asked what I should do and was told to phone 111 or take them to hospital." Instead, they drove to the surgery the following day and waited outside before it opened, being first in a queue of nine people. They were given an appointment for their loved one later that day with a clinical practitioner, who was "fantastic, both thorough and professional, and at last gave my relative the long overdue antibiotic".

### Not able to get an appointment

- An individual spent two hours trying to get through to the surgery because their child needed to see a GP. When they finally got through, all appointments had gone and they were told to call back the next day. They felt it was not sustainable to spend two hours of their working day trying to book an appointment.
- "My GP practice has a three-week wait, so I can never get to meet them when I need medical direction. Whenever I call, they are fully booked. There is no longer a walk-in clinic, and there only seems to be support for people in emergencies."
- "I have been trying to get a GP appointment for three weeks. Every morning I call I'm in the queue and I haven't managed to get appointment I really need to seek advice as my medication I believe has more side effects than normal."
- An individual had been trying to contact their GP surgery for two days. They called mid-morning and were on hold both days for over an hour: "I was number 6 in the queue to start with and when it got down to 2 it continued ringing for 15 minutes and there was no answer. I don't mean to be rude but I think it's unacceptable."
- An individual had called their surgery daily and tried online for a GP appointment.
- "By the time I got through there were no appointments left; told to ring back at 8am the next day. It is so difficult to get an appointment and such a stress each day."



- “I can never ... make an appointment with my GP. I have a worrying physical health condition and mental health conditions for which I was sectioned in the past.”
- “How on earth do you get an appointment? No walk-in, eConsult turned off, and by the time the phone gets answered, all appointments are gone and ‘try again tomorrow’. That’s if your phone hasn’t gone flat whilst you are waiting.”

### Positive experiences of accessing services

- “Within a few weeks of being with a new GP [my family’s medication issues were] all being looked into and we managed to get appointments. Even if they are telephone calls, they’re still better than nothing.”
- “A year ago it was virtually impossible to get a booking for an appointment and they didn’t have eConsult set up. It was very frustrating.” After recently getting straight through on the phone at 8:10am, they were both amazed and delighted and felt “the surgery has really got on top of things now”.
- “I called [my GP] last week in the morning, and I was seen the same day with the nurse. She explained everything to me and made a referral to a community group too. They are always helpful and very professional.”
- “I had a GP appointment with my usual GP which needed a follow-up appointment which was booked ... I had it almost straight away, which I was very happy about.”
- An individual described their surgery as “brilliant. ... Letters sent by the consultant are dealt with straight away. ... If you need an urgent appointment, you can get one.” They had been a patient there for a few years and said the surgery has always been “excellent and the staff on reception are good”.

## Access to services (52)

### Access to specific tests or treatment

#### *Difficulties accessing tests*

- An individual said it had taken about three months for them to get a blood test arranged due to difficulties in making an appointment at their GP surgery.
- “My doctor wanted to carry out some tests due to [my] high blood pressure. I phoned the surgery and they couldn’t book me one until over three weeks. I think it is really bad – I was told I needed to get it done as soon as possible and the first one they can offer is weeks away.”
- A person in their late 70s needed regular blood pressure checks, which a member of staff used to do. After their surgery merged with another, they were sent alone to a room away from the reception area that had a machine with no safety rails to takes their blood pressure. They were concerned that, should they or another patient be taken ill whilst using the machine, no-one would know and it could take a long time before help arrived.
- An individual had been booked in for international normalised ratio (INR) blood testing but were then told that the surgery could not do the test due to funding.



- An individual saw a doctor and was told they have blocked veins. They had been referred to the hospital but were also trying, unsuccessfully, to get a cholesterol test.

#### *Positive experiences with tests or treatment*

- “My husband is under [a specialist and] has recently started to pass out and fall over. I called the surgery at 8am and by 10am we had had a house call where all tests including bloods were undertaken and he was prescribed appropriate medication immediately.”
- “The nurse practitioner comes to my home for all tests I might need.”
- “I phoned my doctors surgery today to book an appointment for a blood test, I was dreading it as normally it takes ages to get put through and then you can never get an appointment, but I was pleasantly surprised. I was able to get through the first time of calling and I was first in line. Someone answered my call within seconds, and she was really helpful. A very pleasant experience and helpful receptionist.”
- “I visit [my GP Surgery] twice a month for cortisol injections ... a very good service.”

#### *Some people had been unable to register with a new GP after moving home*

- An individual who had moved home, was type 1 diabetic and running low on insulin, had phoned two surgeries, which each relayed that they were not accepting new patients and recommended the other surgery instead.
- A further three people struggled to register themselves, and their family in two of these cases, after moving. One person had been trying for two months. A common reason given by GP surgeries was that they were not accepting new patients.

#### *Queries around discrimination against older people*

- Two other people, separate to each other, had both moved home and applied to register as new patients at the same GP surgery. They were either provided registration forms at the surgery or told by the surgery that they were accepting new patients. Both returned their application forms and followed up after four to five weeks, having not heard from the surgery. Each was informed that they had not been accepted but was not given a reason. One of these people was in the 65-74 age group, “vulnerable”, not in “any of the stated categories for refusal of registration”, and felt the decision was “ageist”. The other was an “older person ... with some health issues” and wondered if they were “victim of some discrimination”.

#### *Experience of a pregnant woman*

- A pregnant woman with a one-year-old child was refused registration by both of her local GP surgeries: “I don’t have a car so it [is] unreasonable that I have to commute for one hour, while ill or for regular health checks that I need monthly with the pregnancy, to hopefully go to a different town’s GP – who is anyway not going to take me on as I am not based in their area. What can I do? I am shocked that I moved to Kent and there will be no GP to see an expecting mother and a toddler and that we might have to use the emergency department [instead].”



## Other difficulties with GP registration

### *People with newborn babies*

- Two people were refused registration for their newborns and one could also not register themselves because the GPs in their areas were not taking on new patients. This contrasted with what one of them had been told by their midwife that GP surgeries had to, by law, accept newborns and their mothers even if they were full.

### *Person with anxiety*

- An organisation sought advice for an individual with extreme anxiety who had not been able to register with a GP in their local area, despite attempting to do so.

## Face-to-face appointments

### *Possible lack of face-to-face appointments in some surgeries*

- "I have had many phone appointments with the GP. I have not been offered a face-to-face appointment and on several occasions, I have been told to take myself to A&E. This is not helpful and is in fact more distressing."
- An individual booked a telephone consultation at their GP surgery after a considerable wait on the phone. There were no face-to-face appointments left.
- "My [child] had a medication review with the GP ... by Zoom link. She has brain damage and [is] autistic – she wasn't sitting still ... it was really hard."
- "When anyone phones the doctors regarding their mental health, they should automatically be offered a face-to-face appointment. As someone who struggles with anxiety, talking on the phone or on Zoom is difficult."

### *Positive accounts of face-to-face appointment taking place.*

- "My doctor surgery is in Ashford. I have monthly screening via web or face-to-face. They are always good and helpful sometimes I have no energy to call them I send a text to them. They call me back in no times and sort out anything that I need."
- "My GP gives me the choice and I choose face-to-face appointments. I find her friendly and welcoming. Although the only advice she can give is medication. She takes her time to understand what I have going on and looks into physical causes of issues, not assuming it's all mental health."

## Other issues regarding access to appointments

### *As a result of practices merging*

- Three individuals, all with different GP surgeries, found that access to appointments had declined after their surgery had merged with another. All three found it much more difficult to arrange an appointment by phone and one said that the surgery was further away and harder to get to with poor parking. One also found that eConsult, which according to the practice website would be open between 08:00 and 10:00, would become unavailable between 08:04 and 08:15.



*Due to a lack of GP staffing*

- “Apparently due to staff shortages the surgery are going to be turning off eConsult for all of next week. Whilst they advise people to call in an emergency their response is, as no doctors are available they tell the patient to call 111.”
- Another individual was told there wouldn't be a GP at the surgery until the following week on the Friday and they would have to call back then to try for an appointment.

## Medication, prescriptions and dispensing (45)

### Medication reviews

*For mental health*

- “Over six weeks ago I had an appointment with my GP. I haven't had a medication review for many years and my GP suggested that [my symptoms] could be related to my medication, so this needed to be looked into. The GP said that he was going to speak with a psychiatrist because he doesn't deal with mental health related medication and that he would get back to me. He is aware that I haven't been under [CMHT] for over five years because I was treated very badly while I was under them and when he suggested that he could refer me back there if I wished, I refused. I really want to get my medication reviewed and now feel that it is important, especially if [my symptoms] could be related to the meds. I have spoken with other people who have experienced [these symptoms]; they've had their meds changed and things improved. It's now making me anxious having to wait this long.”
- “My [loved one] aged 25 has had recurrent issues with anxiety and depression for several years. He is feeling isolated, out of work, unable [to] claim benefits and living off handouts from family, so he feels worthless. He has not had a medication review, just repeat prescriptions for high dose [medication]. He has recently said he feels on top of the world, which is worrying as I feel he is going to crash eventually. I have paid for him to have private counselling, which is now coming to an end but that is the only support he has received, and I am unsure of any other support out there.”
- “I asked my GP for a referral to a psychiatrist. My GP wrote to them and I wasn't given an appointment. The consultant wrote back saying for my medication to be increased [but] as I wasn't in crisis, my GP agreed for me to have a reduction in medication, but then I became ill. If the psychiatrist had seen me this probably could've been prevented.” They wanted “easier access to a medication review from a psychiatrist”.
- “When I pushed for a medical review, my GP did not even know the dosage of my medication. At that point I stopped taking [them] ... it's been six months since then.”
- “The GP asked me what medication I think I should be taking. That was the last straw for me, because on top of all the other things, not having medical reviews, etc., this took away my confidence in them.”



### *Difficulties with appointments*

- An individual had a telephone consultation booked via eConsult for a medication review but missed the call. “The follow up has been chaotic and contact has been poor given the importance of meds and the need for review.”
- “I have [been] waiting for [a] prescription and medication review for some time. ... The change of repeat prescription [delayed] my medications and sometimes [missed] some of them. Now, repeat prescriptions have to be signed by [my] GP but [I cannot always get an appointment through reception].”
- An individual reported how their loved one’s surgery would not book advance appointments, for example, for medication reviews. They were told to call on the day for an appointment.
- A child needed GP approval for a repeat prescription to prevent severe pain but was offered an appointment in three weeks’ time. On the phone to the surgery, the child was told there were no appointments available and to complete an eConsult instead. They then found that eConsult forms were not being accepted at that time, so called again to be told there was no means of contacting a doctor that day. They asked whether they should follow the surgery’s online instruction to contact 111 instead and were “very rudely told that was not appropriate” but to attend the urgent care service instead. As the receptionist did not know the opening times, the individual was “told very rudely [to] ring them to find out”. They then discovered that the service was a referral service rather than a walk-in.

### *Positive experience*

- An individual shared that their GP is “brilliant. They provided regular medication reviews, phone calls during covid and take a genuine interest in how I am.”

### *People running out of medication*

- “My [child] suffers with autism. I have been trying to get a GP appointment for two weeks. I have had no chance at all, [the] appointments go very quickly. I’m worried that if this keeps happening, he may run out of medicine.”
- An individual was without medication for three months as they had transferred to a new GP and their medical notes had not arrived. They were using their own coping strategies to manage their mental health difficulties in the meantime.
- An individual had put their prescription into the surgery a week prior; their medication would usually be at the pharmacy within a few days. However, when they rang the pharmacy, they did not have their prescription. Due to difficulties getting through to their GP surgery by phone, they went in person to enquire and were shocked to find it had not been done. The prescribing team apologised but it took another two days before the prescription was at the pharmacy. It took ten days in total and they only had one day’s supply of medication left.
- An individual said their prescriptions could take up to five days to be filled, causing them to go without at times.



- An individual who had to go to the surgery at 8am on a Saturday to register was concerned they would run out of medication before they could register.
- An individual had difficulty contacting their surgery and getting their prescription sent to the pharmacy over the Christmas period. Subsequently, they would run out of medication before the new prescription was ready. This was the third time they had difficulty getting their prescription sent to the pharmacy.

### Issues with repeat prescriptions

- An individual who was diabetic and the sole carer for a disabled relative had experienced issues obtaining insulin, needles and lancets, as well as other medication, for nearly a year, despite following their GP surgery's procedure for prescriptions requests. The surgery would say that either the prescription was not ready, they could not find it or there were items missing off the list. They recently had no needles to take their insulin, so had to go without from Saturday evening to Monday midday. If there were any problems with their prescription at the point of collection from the pharmacy, they had to request another prescription to re-order any missing items, meaning they would not get them in time. They were also worried about what would happen to the person they cared for if they became ill.
- "I collected my prescription last week and discovered my GP didn't do all of my medications. I don't know why, they are the same ones I always have, and I didn't put them in too early. Now I've got to try and get hold of my doctors which is always a nightmare to try and find out why and get them before I run out. It is so stressful."
- An individual saw a locum GP who refused them a repeat prescription prescribed by their usual GP. "[The GP] laughed in my face when I told her why I needed them and their symptoms, [saying] I was on two addictive drugs and would not allow me to have my painkillers ... and did not offer any alternative med [sic]."
- "[A] change in medications and new guiding [sic] regarding repeat prescriptions have [caused a] delay on my medications. I have to keep calling the doctor surgery to speak to them about it before they send the prescription to the [pharmacy]. Last week, I have spent one hour on the phone until I finally managed to get through only to be told, 'That is fine the doctor will send it now.'"
- "Every week I have to tick boxes on a form in order to get the right repeat prescriptions, which cycle round. Often my medication is not there when I go to pick it up but thankfully, I live [close to] the surgery and the pharmacy so I can pop in."

### Errors or delays

- During a hospital stay, an individual was told that the blood pressure tablets they were taking were no longer suitable for them and may be contributing to their symptoms. The hospital said they would write to the GP asking them to change the medication. Three months later, the individual's relative had contacted the GP surgery multiple times and was told each time that a GP would call them back but they did not. After another three months, the medication still hadn't been changed



and the relative called the surgery again. It took another week and four more calls to the surgery before the medication was changed.

- An individual with a heart problem, BPD and anxiety had been waiting for two weeks for their repeat prescriptions from their GP. The pharmacist had not received the prescriptions but the GP receptionists said they were ready and did not progress the issue back to the GP. As a result, the individual called 111, who advised they go to A&E, where, after a four-hour wait, a doctor gave them medication.
- During a telephone consultation an individual was told they could stop taking a medication and went on to suffer side effects. Only later when the family contacted the GP were they told “you should never stop taking this medication suddenly but reduce it gradually”.
- An individual contacted their GP via eConsult, which was only available one hour a day, reporting worsening symptoms. They received a response two days later via text and email telling them a prescription was at their local pharmacy, however, no details were given about what was on the prescription. They used the app to find out more about their medication and found that the medication prescribed should not be taken with the other medication they have been on for many years.
- An individual’s prescription was sent to a pharmacy in London rather than to a local pharmacy. He felt the level of service at his GP surgery was rapidly “going downhill”.

### Joined-up working with pharmacies and dentists

#### *Potential for improved joined-up working with pharmacies*

- An individual felt there should be “slightly better communication between pharmacies and GP surgeries. If I call or the pharmacy calls [the GP], there’s a queue of 20 to 30 people and it can take hours to get through. They did change it so you can choose an option [on the phone] for prescriptions, which works better. Sometimes they’ll say they’ll call back but you don’t know when so you can be waiting for ages. It would be better if they gave you a timeframe.”
- An individual, about to run out of medication, said their pharmacist tried to contact their GP surgery for their repeat prescription but the surgery was not responding.
- An individual expressed that medication should be “sent to the pharmacy when [the GP says it is] being sent”.
- “My [loved one] needs dossete boxes. The pharmacy says this needs weekly prescriptions but the GP won’t do the four weekly prescriptions so that the pharmacy will do the dossetes. So I do it for her.”

#### *Medication needed for a dental procedure*

- An individual needed sedation for a dental procedure and the dentist directed them to their GP for medication, who in turn said the dentist should prescribe it. The dentist then assured the individual it was the responsibility of the GP. They contacted their GP once more, who then prescribed the medication. The individual worked full time, had a disabled child and could not sleep due to anxiety about the procedure. They received an apology from the manager of the GP surgery.



### Access to services

- An individual felt that delays in getting a GP appointment and getting prescriptions made it harder to recover from their illness.
- “The eConsult system may be good for small medical problems but not for me. I’m on six different medicines, half of the times I can’t remember the names of them. I have explained this, many times, to the reception but they don’t take any notice.”

### Positive experiences

- An individual was “very thankful for [their] GP’s efficiency” in handling a medication change needed due to “manufacturing issues”. The GP was unable to get through to CMHT, so adjusted the dosage “rather than ... saying it’s not her responsibility”.
- “The medication I had been taking had side effects making it hard for me to move on with my life. As the medication was reduced, I found myself more able to manage my thoughts and my life. It got to the point where the medication had reduced to the minimum, and I did not see the point in taking it anymore.”
- An individual described their surgery as “brilliant ... Prescriptions are sent straight away then you receive an email and can go collect them straight away.”

## Care given by staff (40)

- A parent had identified potential ADHD symptoms in their young daughter and took them to see their GP, who looked in her mouth, listened to her heartbeat and said they did not think their child had ADHD. The parent did not understand how this would identify ADHD, especially given that ADHD could often be masked in females.
- An individual’s relative, who went to a GP appointment with them, felt the GP “was not very sympathetic or empathetic”, despite how poorly the individual was, saying, “There’s people worse off than you.” The relative wrote to the practice manager who arranged for their loved one to see another GP. This GP was empathetic and agreed that their loved one was very poorly but said that “the [treatment was] really expensive.” The GP prescribed tablets instead, which the individual took for over six months with no difference made. They had a family history of the condition, which two close relatives were receiving specific treatment for, but felt this was not taken into account. Their condition seemed to be worsening, for example, they were no longer able to do the things they used to do.
- An individual found some lumps so made a face-to-face appointment with a GP. They felt that the GP was very dismissive, said “you wouldn’t be able to see the lumps”, rolled their eyes and laughed. The GP was also dismissive when they asked for cream for the burns sustained by hot water bottle usage due to the pain around the lumps. They also told the GP that they were very tired and having difficulties with their balance but the doctor would not refer them for a blood test. They then saw a female GP, who was “lovely”, referred them for a scan and blood tests, gave them cream for the burns and told them to get in touch if it didn’t work. The individual was subsequently diagnosed and received treatment for their condition.



- An individual with various health issues said it was “a nightmare” to get health care due to “endless mistakes” at their GP surgery, receptionists being rude and doctors not listening.

## Mental health

### *Lack of holistic overview or consistent care*

- An individual found it very difficult when he needed mental health support to go to a doctor he did not know. He would like support and time from one consistent GP.
- An individual felt pushed around in circles from the mental health team to their GP. The mental health team would not help them, saying it was down to their GP, who passed them back to the mental health team.
- An individual felt “neglected” by CMHT and felt, “My GP is not leading my care.”
- “[My GP Surgery] has one mental health nurse. I had to wait four months to see her as she was off [work] sick and no one was covering for her. Each time I called in that time, the reception said, ‘If it is an emergency, go to A&E.’”
- An individual with a range of ongoing mental health and physical health issues had not had an overall review consultation for a long time, despite requesting this. The GP surgery referred the pharmacist to call them but they felt this was not what was needed: “The follow through from GP’s doesn’t seem to be there anymore. Things have really gone downhill over the last few months. ... My former doctor ... was really good and he bothered to check up on me.” They felt they were “falling between the cracks. ... The system at [my GP surgery] appears to be siloed and too compartmentalised, which is not an issue [so long as] someone has responsibility to periodically to take an overview of a patient’s health and wellbeing.”
- An individual was seeking help for their mental health as they had been “struggling on a long-term basis”. When they saw the GP for a physical condition, they also asked for a referral for their mental health but were told to make another appointment as there was no time left. They could not manage to get an appointment by phone so tried to use the eConsult, however, they found that the surgery seemed to only offer support for anxiety or physical problems and any support that could relate to their condition could only be offered to a child.
- An individual who was housebound and suffering with poor mental health had “incredible sickness every morning” so contacted their GP surgery and were assured of a call back, however, they missed the call. They felt they needed a home visit; “The GP only ever wants to diagnose over the phone, [which is] like a mechanic trying to fix your car over the phone”. They also felt that, due to their history of poor mental health, medical professionals did not seem to see past this any physical health conditions or symptoms seemed to be ignored.
- An individual with an ear infection used eConsult and was sent a leaflet with links to online information. Their pain intensified and they went to A&E. They had a ruptured eardrum that required surgery and could result in loss of hearing in that ear. They



felt their GP had ignored them due to their mental health condition and should have treated the ear infection.

#### *GP confidence in dealing with mental health*

- **Positive:** "I was surprised to get a letter telling me my GP would be calling on a specific date to check my mental health, as it had been some time since I was last checked. When the call came, I was pleasantly surprised at how good the call was and the support that was offered."
- **Positive:** An individual called the GP because their loved one, who had dementia, was feeling low. They were given a same-day in-person appointment and were seen almost immediately. The connection and understanding the GP showed their loved one was "second to none". The support the GP gave to them both "was amazing": "Simple connection, time and kindness is so important."
- My GP told me they did not know what to do when I went to them to discuss my mental health."
- "I do not think GPs should be prescribing medication for mental health because most do not seem to know much about mental health."
- An individual spoke to a GP who was unable to assist with their mental health medication so they had to try for another appointment the following week.

#### *Lack of support or signposting*

- "[My] surgery have let me down time and time again, it just seems to get worse. I am supposed to be supported by the mental health nurse who works there but she is unreliable. I hardly ever hear from her."
- "My [young adult] son is really struggling. I contacted our GP through eConsult ... and he managed to speak to a doctor four days later. My son explained he had been having bad thoughts and all they basically said was he has to sort out counselling if he wants it and will give him a prescription for [antidepressants]. My son doesn't even know where to start looking for counselling and he doesn't want to be put on medication."
- An individual saw their GP about side effects from their medication, which they had been self-monitoring but felt frustrated that this was left to their own "self-help" methods and that a clinical plan of action or a specialist referral was needed.
- "I called my doctor, who is usually very good, about my tiredness, and he immediately and very casually responded that I have 'chronic fatigue' [CFS] ... [and] I should get CBT ... but acknowledged I'm not even allowed CBT yet as I had it recently for anxiety. ... I don't have a lot of the symptoms and think it's probably to do with my anxiety or poor-quality sleep. But it's got me quite depressed and anxious. I think there should be some follow up [or] support, [not just] casually mentioned on a short phone call."
- An individual with generalised anxiety disorder could not book or access GP appointments due to their teaching job and "ended up getting help [when I broke down in front of] my asthma nurse [who] has since been seeing me to discuss my



asthma and mental health. She helped get me onto better medication for my depression and anxiety. ... My issue came with attempting to get therapy. I was referred to a private company who [could only offer techniques I know already so] put me on a waiting list for CBT. Having had CBT twice before, I knew this is not what I needed. ... I need a professional stance on what is going on in my head.”

- “I was diagnosed with anxiety disorder in my teens, however I have never been able to get the support I need. I am never able to get through to my GP surgery when I need support. I have not been able to get counselling through my GP. I did not know they could direct me for it.”
- “My doctors, basically they don’t seem to care or update me. My social worker has also tried to and got zero reply, they never seem interested. It seems like you have to constantly chase them to get any help.”
- An individual was frustrated at the lack of support and information given when they were diagnosed with a personality disorder. They suggested that doctors provide signposting and medication information to those diagnosed with a mental illness.
- An individual with mental health issues was prescribed medication by their GP but felt there was “very little help from specialised mental health professionals”.
- “My new medications make me angry, and I don’t like myself at the moment. I spoke to my GP, and he said it has been only three weeks since the change of my medications, but I’m worried about it. I have called the crisis team they have been good to calm me down but I’m not sure what to do for now. I may just have to wait and if it carries on another two weeks, I [will] try to call my GP again.”
- An individual suffered with panic attacks at night since their GP changed their medication. The GP advised to wait and see if they were side effects or a reaction to the change. The individual contacted NHS 111, who provided the crisis team number. “They have been a real God sender [sic]. I hope soon I’ll find out what can be done.”

### *Compassionate care*

- **Positive:** An individual had a half-hour phone consultation with their GP to discuss their wellbeing and medication. “I feel [my GP] is invested in what I have to say and was pleased to see a positive difference in me. ... I will have a follow-up call with her in a month.”
- “My intention was to get help and guidance with my deteriorating mental health and a medication review, [however], the nurse practitioner stated numerous times how we were on a time limit for this appointment and that he could not read my notes and letters from previous psychiatrist appointments, he also said numerous times about his other patients after my appointment. ... He made me feel intimidated, not listened to, and patronised, which is completely unacceptable. His body language and tone of voice lacked professionalism, as well as duty of care. ... On the other hand, I would like to make you aware about your two amazing receptionists, they both went above and beyond to provide me with care and support after I broke down and cried in reception following my appointment.”



- “A friend of mine who has seen me slowly decline over the years told me to go to the GP. The lady I spoke to was patronizing and told me that ‘I just needed to get on with it’ and ‘it’s all in your head’. ... I won’t be trying again for support.”
- “He goes to his GP to get help for his mental health, he feels they do not understand. He says they are quick to judge and do not take the time to listen.”
- “NELFT worked with me to write a letter to my GP explaining that I needed help with my mental health, but when I came to visit my GP, he ignored the letter completely and disregarded how I felt. I feel like GP’s aren’t equipped to help people with mental health issues.”

#### *Difficulties speaking to receptionists*

- An individual did not want to share with the receptionist their reasons to see the GP to discuss their mental health. The triage phone system caused them anxiety.
- A young person found asking the receptionist for a repeat prescription caused them anxiety as other people could hear what medication they were taking.
- “When you can get an appointment after waiting on the phone for hours the doctors are really good but the receptionists are terrible. They are so rude and want to know every detail of why you want to see a doctor. I’m not comfortable with telling a receptionist my business.”
- “I find it worrying and difficult to understand that reception was asking me lots of medical questions. They should have all the records in front of them if this all about saving time.”

#### *Positive experiences*

- An individual felt positive about being invited to an annual health check-up for their mental health difficulties. He hoped other GP surgeries could offer this support.
- “The medication I had been taking had side effects making it hard for me to move on with my life. As the medication was reduced, I found myself more able to manage my thoughts and my life. It got to the point where the medication had reduced to the minimum, and I did not see the point in taking it anymore.”
- “I’m really pleased with the support I’m now getting from my GP surgery. There’s a mental health practitioner there and she’s really good. She’s arranged for me to have fortnightly check-ups, which I’m pleased about. Much better support than what I used to get with [CMHT].”
- “Since it has been publicly announced that [my surgery] are under special measures, support has suddenly been kick started into action! ... Finally, I now have a [specialist nurse] and [a physical condition is] being regularly monitored. I also have a mental health nurse who I am to start engaging with regularly and who is arranging a medication review.”
- “When my mental health deteriorated, I called again. I have an excellent GP. He listened to me and how I was feeling and increased my medication dose, which I agreed with. He then recommended talking therapy. As soon as the call was



finished, he sent me the link. I completed the form that day and spoke to someone the following day. I now have a telephone appointment for talking therapies.”

- “I have been struggling with my mental health for some time. The receptionist showed understanding and compassion. A telephone appointment was booked with a GP for the next morning. The GP was equally understanding and compassionate. She explained that low serotonin levels weren’t my fault and sometimes people need medication for a period to help. I felt listened to and validated. [The GP] is a credit to [my local] surgery.”
- “My GP wrote a letter stating that my dog is a therapy dog. This has really helped me to get out more and although I am still isolated, I feel less isolated than I did.”

## Treatment and support provided

### *Experiences with menopause*

- **Positive:** A woman saw her GP due to symptoms of menopause. This led to the GP examining her for cancer and booking her an immediate scan. Subsequent checks led to the discovery of a pre-cancerous condition that was then treated. She went on to have an HRT check with her GP that identified another condition and was under regular review at her GP surgery. “I feel incredibly lucky to have had the experience I have had via my GP. ... We need to have information when we initially see our GP and know we can be seen by a nurse specialist subsequent to this.”
- “I feel the time I had been given initially with my GP was insufficient. I was prescribed antidepressants in relation to my menopausal symptoms, which I did not take. I requested HRT. The follow-up call with the nurse practitioner suggested I self-manage my HRT medication after I stated that my symptoms intensified, which I found quite frightening. I don’t feel I’ve received any specific follow-on support or reading material. I feel that appropriate signposting and access to a women’s group or specialist I can consult ... would be incredibly beneficial.”
- “I had an ovary removed and had no support in relation to this and how I could prepare myself for perimenopause. I feel that we should be able to access support during our perimenopause via a specialist. I have no faith in going to my GP again despite [having] symptoms of perimenopause.”
- “I spoke to the practice nurse who had had no specialist training in perimenopause/menopause. Nothing in the way of support/literature to read or groups to join. I had lots of questions unanswered. I had to take months off work and ... am subsequently leaving my job. It’s not enough to prescribe medication with no ongoing support or signposting.”
- “I was put into a temporary menopause to save my ovaries from absorbing chemotherapy treatment. I experienced hot flushes from the medication and felt completely crazy and had no support for this. I now recognise the signs that I am going through the natural perimenopause but feel that I am not being heard or supported.”



### *Experiences with fibromyalgia*

- **Positive:** “[My GP] has been amazing and given me a new HRT prescription and I feel better than I have done in two years. Fibro and rheumatoid arthritis are still being investigated. I feel better knowing that I have been listened to.”
- “My fatigue feels different to the usual fatigue I feel with my fibromyalgia. [The GP] just said, ‘You have fibromyalgia, one of the symptoms is fatigue; that is what the problem is.’ He didn’t listen to me at all. I don’t even want to try to book another appointment with them as I can’t face the fight.”
- “I completed an eConsult [detailing] anxiety attacks, my depression worsening, ... zero motivation or energy etc. [and that] my fibromyalgia has flared up again and I cannot cope with this or go through another flare up having just come out of one that lasted 15 months. ... I [was] booked in for a telephone consultation [nearly a week later, which I feel is much too long; I am] getting worse each day. ... I don’t feel that mental health is being taken seriously.”

### *Experiences with (possible) long covid*

- An individual who caught covid over two years ago found it very difficult to access in-person help or support for long covid. They did, however, receive a phone call from a nurse. Their GP surgery had also omitted to refer them to the long covid service, resulting in a wait of nearly a year, which also affected their mental health.
- An individual with symptoms of long covid as per the NHS website felt that their GP surgery was not investigating this and had not received a diagnosis. When they called for an appointment, they were “invariably told to go to A&E”. They were, however, eventually seen by a GP, who sent them for an X-ray. They also described the nurse practitioner as “superb”.
- An individual with symptoms that began when they had covid spoke with various GPs at their surgery but felt none acknowledge long covid as a condition. Whenever the individual mentioned the possibility of long covid, they would be sent for tests such as blood pressure and prostate examinations. Their new medication, prescribed after they had covid, was also making their blood pressure worse. They felt they should be referred for long covid and that the GPs had not explained to them whether these tests were leading to that. They had since talked to the practice manager, who arranged an appointment to discuss a long covid referral.

### *Multiple symptoms*

- An individual took a list of their symptoms to their in-person GP appointment, hoping that the GP would look holistically at the list. However, the GP prescribed different medication for each symptom and about two thirds of the way down the list said there was no time left to look at the other symptoms. They felt the GP “was clearly cross that I’d come to see him in person and told me that he didn’t want to see me again and I would have to make telephone appointments from now on”. The new medication prescribed caused their blood sugar levels to elevate and had other harmful effects on their health. However, they felt so unwelcome at the



surgery, they did not make a follow-up appointment for some weeks, despite living with “a number of distressing and painful conditions”.

### Interactions with GP surgery staff

- An individual found their GP surgery staff to all be “very nice, polite and helpful”.
- An individual went to register with a GP surgery and said it was “a very good experience” and the staff helped them with the registration form.

### Interactions with receptionists

- **Positive:** Seven people commented positively about receptionists: “always incredibly helpful and kind, even when you can hear how busy they are”; “amazing ... they both went above and beyond to provide me with care and support”; “really helpful ... a very pleasant experience”, “showed understanding and compassion”; “very polite and helpful”; “good”; “very good”; “always helpful”.
- However, eight people described negative experiences with receptionists, often using the word ‘rude’, for example: “terrible ... so rude”, “rude or off-hand”, “so rude and unhelpful”, “very rude”.
- One individual said that receptionists “often sound very harassed” but if they “have a little chat with them and you are nice they calm down and are amenable”.

## Health inequalities (15)

### Digital exclusion

- “If it wasn’t for me calling and being on hold forever and contacting the surgery as much as I do, I’m not sure my grandparents would ever be able to see a doctor. I wonder how many elderly people are totally abandoned now.”
- “I am supporting [five] people with their welfare needs at [a charity]. I am having to tell the GPs that [three of them] haven’t got mobile phones and have had to virtually demand that they are seen face-to-face. ... I arranged appointments for all five but ... worry what would have happened to all of these people, all of whom are very vulnerable, if I hadn’t supported them. We are seeing more and more of this.”
- An individual who was elderly and had various medical issues found that their GP surgery had moved to a purely eConsult-based triage system; even if they phoned the surgery, receptionists were only able to offer to fill in an eConsult with them over the phone. Their relative had been able to remotely assist them to complete eConsults but had “considerable concerns about the safety of this system ... in practice. ... I understand the local demographic is heavily skewed towards older/elderly people; this is a demographic least comfortable and least able to use such an internet-based system. I worry about vulnerable people in the area who are finding themselves effectively excluded by this primarily internet-focussed triaging system. Following almost every eConsult I have composed with my relative [over the last five months], mistakes or omissions have occurred [including] losing eConsults in the system, failing to make promised referrals, making referrals to the wrong departments, missing out requests for help with pain control, failing to follow



care plans put in place following prior eConsults, and even changing antibiotics to a type that are resistant to their particular infection even when the eConsult clearly listed the relevant bacteria. ... Both myself and my relative are absolutely exhausted with all of this. I understand from my relatives' friends that these sorts of experiences are not atypical, and as such, I am concerned that harm is likely being done to patients in the area."

#### *Financial impact*

- An individual found it "very costly to ring the GP surgery" and that it cost £5 to £6 each time due to waiting on hold for 30 to 45 minutes, only for all appointments to have gone. When they used eConsult, it advised them to phone the surgery.
- An individual called their surgery for a GP appointment and was about number 20 in the queue but was unable to wait due to insufficient pay-as-you-go credit.
- Another individual felt that "hanging on" in a phone queue for an appointment could be costly for some people depending on their phone tariff.

#### *People who are housebound*

- An individual who was housebound with no local family had found it difficult to arrange an appointment by phone and had doubts about how effective a phone diagnosis would be, in addition to difficulty understanding what was said to her. They tried to complain to the practice manager but were told they do not speak to people over the phone. They also found the receptionists rude and unhelpful.
- An individual who was housebound needed a specific test before being able to start new medication but their GP surgery lacked the equipment to do home tests.
- "It's a nightmare to book an appointment or get a call back. I've found emailing them or an eConsult gets you a quicker response but not everyone has access to the internet or a phone."

#### *Language barriers*

- An individual who needed a translator and had multiple health complications had been visiting A&E and their GP with their relative for over a year. However, a translator was never provided, so they could not communicate or understand fully their health conditions and care. On one occasion, a GP told the relative to find out their loved one's medication needs themselves. They wrote to the practice manager but had not yet received a response. The relative did, though, get letters from the GP stating they could not deal with them on behalf of their loved one.
- "I have to wait for hours to get an appointment. Both of my parents have serious health conditions. Health staff do not recognise the demands that this places on me. I have to support both through appointments by being a translator for them. Though translators can be booked, they are not always available when there are appointments."

#### *Pregnancy*

- "I had been self-medicating with alcohol and substances. I went to my GP when I found out that I was pregnant and without offering any advice or guidance was



told to go to [an NHS-funded abortion service]. I felt judged and not listened to and I went home and stopped taking my prescribed medication.”

#### *Domestic abuse survivor*

- An individual fleeing domestic abuse and placed in temporary accommodation had tried, unsuccessfully, to register with three local GP surgeries. The first required attendance in person on a Saturday morning, which they tried twice “before giving up”. The second had no capacity and a month’s wait. The third took all their details and said someone would contact them. When they did not hear back, they called again to be told the surgery had not been accepting new patients for months.

#### *Hearing loss, parking and transport*

- An individual who was hard of hearing could not call their GP surgery themselves to book a GP appointment and the surgery did not take such bookings for patients who went there in person. Their relative, who worked in education and could not always call the surgery in the morning on their behalf, felt this was “effectively precluding [them] from accessing primary care”. However, same-day walk-in appointments with a nurse were available, at which the individual saw a nurse about their hearing and the nursing staff were “brilliant”. GPs were also “very good” if they could get an appointment. However, they were often asked to go to the other practice, which required driving and there was only one blue badge parking space, which were additional barriers to primary care.

## Other themes

### Referrals (22)

#### *Referrals not completed*

- “I recently chased up a referral to a local autism service. [My GP] promised to do this back in 2018. I have subsequently learned that she omitted to make this referral. I am very disappointed and angry about this as I now have to begin the process of referral again from scratch.”
- An individual saw their GP, who said they would refer them to the memory clinic. When it was chased up a few weeks later, it transpired that the referral had not been made. The referral was “urgent” as the individual “clearly has dementia and needs support put in place”.
- An individual diagnosed with ADHD received treatment from a private provider before being discharged to their GP for ongoing care. They believed their GP had subsequently referred them to the surgery’s preferred partner organisation and waited a year before discovering that the referral had not been made. They subsequently paid “out of pocket” for private treatment and medication. The GP also declined a shared care agreement with the individual’s private specialist consultant as their service was not ICB-accredited. As such, updates sent by the private provider to the GP, for example on the individual’s new medication, were not updated on their summary care record, which they felt put them “at significant risk”.



- An individual's GP surgery was supposed to refer them to hospital. However, this never happened and the consultant had to contact the GP surgery directly.
- An individual's GP said they would refer them to the long covid service but omitted to do so, resulting in a wait of nearly a year that also affected their mental health.
- An individual described how a GP surgery was "failing to make promised referrals".

#### *Patients not understanding why referrals were not being made*

- An individual felt that they needed a referral to a hospital, which their GP would not do, but they did not know why.
- An individual felt they should be referred for long covid but the GPs they had seen had not explained to them whether these tests were leading to that. The practice manager then arranged an appointment to discuss a long covid referral.

#### *Referrals made to the wrong service*

- "My daughter was meant to have been referred to the children and adolescent mental health service [CYPMHS] but instead it was sent to the adult service. I only found this out as I checked with [CYPMHS] how long the wait might be. After a further three contacts with our GP practice they have now referred her to the correct service but we are now six months behind in waiting to be seen and if I haven't checked the referral myself we would never have known about the mistake, which is troubling as this concerns a child's welfare."
- An individual described how a GP surgery was "making referrals to the wrong departments".

#### *Lack of communication or follow-up on unsuccessful referrals*

- An individual who was pregnant had a health condition that came with a "significant risk of miscarriage". Their GP referred them to secondary care, however, upon contacting their GP surgery two months later for an update, they discovered that the referral had been closed. Over the following month, they tried without avail to find out from their GP surgery why the referral was not accepted, if it could be re-opened and their other options for care. They were also concerned that key details may have been omitted from the referral.
- An individual found a lump and their GP sent a referral for a scan. A month later, having heard nothing further, they followed up with the GP surgery and were assured "they would get back to" them. They did not hear from the surgery so contacted them again. The surgery then provided them with the details of the diagnostic service provider to chase it up themselves, which they did, and were told that the referral had been sent back to the surgery on the same day it was received as it was not appropriate. The surgery then told them, "The GP will call [you] to see what happens now," but yet again [heard] nothing."

#### *Long waiting times or lack of updates*

- An individual's GP surgery made an urgent referral for them to a specialist department at a hospital but there was an 18-month wait.



- An individual's GP referred them to a specialist but it took four months before they had an appointment.
- An individual's GP referred them to a consultant but they had not heard anything about it three months later.

#### *Positive experiences*

- "I find my GP to be very good. Recently my knee kept locking and I had an X-ray at hospital booked straight away including physio whilst I waited for an MRI referral."
- An individual was grateful that their GP had pushed their referral through to be seen quicker at the hospital.
- "[The nurse] explained everything to me and made a referral to a community group."

### Administration (14)

#### *Fit notes*

- "I did an eConsult for a sick note as I had a breakdown at work while reducing my antidepressants dosage. Nobody got back to me and I went back to work because I was too anxious about having the time off."
- An individual who was off sick from work saw their GP to request a two-week fit note, which they only received a few weeks later. They lost wages due to the delay. They complained but "never get a proper answer".
- An individual contacted their GP surgery as they were off sick from work and were told to self-certify for the first seven days. After this time, they were still not well enough to return to work so contacted the surgery again and a doctor completed a fit note for them. When this expired, they requested another but had to keep chasing the surgery for it and received it nearly two weeks later, by which time it was not accepted by their employer as it was so late.

#### *Other legal documentation*

- An individual passed away in their care home. Their relative, given a tight deadline by the care home to vacate the room, contacted the GP regarding the medical certificate of cause of death. The GP was "dismissive", saying "it will get done when it's done." Without the certificate the funeral arrangements could not be started.
- "When I was directed by the courts to get a letter from my GP, I could not get an appointment."
- "I have been trying to get a letter from my GP for a court process [and] they give me the run around."
- "I need to get someone to be a certificate provider as part of a lasting power of attorney application for someone who is losing mental capacity. ... I have been told [that the] GP surgery will not [do this but have] no one else who is able to sign it."
- An individual needed two hard copies of a letter from her GP about their mental health needs to give to their university, for which they had to pay £50. They felt they should not need to pay.