

Healthwatch Sandwell GP Access update October 2021

Sandwell Health and Adult Social Care Scrutiny Board

Background

The purpose of the report is to share information and stories received from the people of Sandwell about GP access.

Both before and during the pandemic GP access has been the biggest issue that people have talked to us about. GP services are the route to other services as well as the go to place when people have health concerns. Although the pandemic has not helped many of the issues, we are hearing consistent feedback about the same issues:

- Difficulty in booking an appointment
- Waiting time for appointments
- Inconsistent communication about changes to how things are done
- Access to regular treatment and medication

What people are telling us

Below are extracts taken from some of HWS reports 2020/21 in regard to GP access.

Link to full reports found here <https://www.healthwatchesandwell.co.uk/reports/>

Health and Social care – The Views of Young People March 2020.

There were mixed views about GP access but when asked about what worried them about health services, being able to access appointments was a key area of feedback from survey respondents. Likewise, in some of the focus groups being able to access appointments was a concern that was raised with comments being made such as *'you call, and they are engaged'* or that they *'have to ask for an emergency appointment even if it's not an emergency because other appointments have gone.'* One participant in a focus group said that they used a Doctor App commenting that it was *'pointless, you go through all the questions, and it says you need to see a GP and then there isn't an appointment.'* Another participant commented that the waiting time for appointments *'are really long or you're offered appointments at inconvenient times, and you're forced to take them unless you're willing to wait even longer and sometimes you can't afford to wait.'*

Accessing Healthcare in Sandwell: Homelessness Project Report 2020

Respondents were asked about their experiences of accessing GP services in Sandwell. 9 individuals reported that they had experienced significant issues in accessing GP services, where respondents had reported some issues or significant issues, they were asked to provide more detail about this when asked to describe access to services, this included experiences of registration, treatment, professional relationship, and care received from all staff with within primary care.

Feedback from assertive engagement with street homeless found that there were mixed views about accessing GP appointments. Some described it as being *'straightforward'*. However, some described it as being *'difficult'*. This was partly due to appointments not being available but also due to lack of identification. When questioned about what happens when an appointment can't be accessed with a GP, the comment was made *'I just ride it out'* The street homeless talked of feeling uncomfortable in a GP surgery, that people (the public) were looking at them in a way that they felt judged. Some described that staff were either very helpful or rude.

Deaf Focus Group report June 2020 – pre covid report

The group identified that there were GP practices where it is was difficult to obtain an appointment, sometimes with a 2 to 3 week wait. A person described being asked to arrive at the surgery at 8.00 am and there were over 30 people waiting outside, when they reached the front of the queue there were no appointments. Sometimes they have to hang on the phone to get connected, which is also frustrating. Some were concerned that when they are visiting the surgery to make an appointment the surgery is empty and yet they cannot get an appointment.

Some people have been advised to book appointments via the internet and some said that there no appointments for 3 weeks. This is a national issue for the general public as well as those who are deaf or hard of hearing.

People Views and Experiences of how Covid 19 had affected them

In relation to GPs, people spoke to GPs directly via telephone for advice. If you think you may have had COVID - 19, did you seek medical advice or care whilst you had symptoms? *'Doctors refused to speak to me... NHS 111 were very helpful. Could not get Drs appointment and at the time(early February) Doctors were only interested in people who had come into contact with anyone from Wuhan or visited an infected area'* Respondents described being misdiagnosed as their systems could have been COVID – 19: *'After weeks of a bad cough and flu symptoms and a tight chest I had malaria. This was not treated promptly because health care workers including myself were convinced, I had COVID – 19' 'Symptoms were before COVID - 19 was supposed to be in UK - it now appears COVID was in the UK when I had symptoms'*

Access to Mental Health and Well-being Services in Sandwell During COVID-19 Pandemic March 2021

One of the focus groups took place with a deaf and hard of hearing group from Sandwell Deaf Community Association. Their concerns and issues were unique to that group with them being largely concerned with communication issues and being able to access services remotely. One participant pointed out *that 'telephone consultations do not work for us'* and more generally that there was a *'lack of understanding of the needs of deaf people'*. Accessing healthcare was a particular source of anxiety because *'now you have to listen to lots of recorded messages'*. The use of masks by medical practitioners was also a source of stress because of the communication issues they caused with one participant saying that *'I had to call 999 in an emergency...and then I had to lipread the Paramedics who were wearing masks. It was so stressful'*.

Using Digital Technology in Primary care Services March 2021

The Covid-19 pandemic meant sudden adjustments within GP Practice services, including to address patient and staff safety face-to-face services became the last, rather than first option. Individuals and organisations have had to adjust rapidly to using digital technology and remote services. Healthwatch Sandwell wanted to find out how well patients had adjusted to the changes in primary care services and what challenges may have arisen.

We found out that many people were in digital poverty – unable to access digital technology or had issues with data supply. Working in collaboration with some community support organisations in Sandwell we conducted focus group work to look at the particular issues in using and accessing services through digital technology for some groups with support needs. 152 people completed the survey and 57 people took part in focus groups. Some of the main findings are shown below:

- 55% of people were put off contacting G due to Covid
- Online NHS 111 and virtual GP usage increased
- Face to face, phone call and letter were preferred
- 44% of people found digital technology difficult to use

- 56% lack of familiarity due to age
- 22% due to sensory disability
- 17% due to English not a first language
- 30% difficult to access equipment /data supply
- 28% owned a mobile phone without internet
- 5% did not own any technology
- 49% used internet for booking
- 44% used technology for health and well being

What we are hearing:

Below is a snapshot of some of the issues we have recently heard about from the public:

- A person tried for 5 days to get an appointment with the GP. The GP then cancelled the appointment and informed the person to book again using the online booking system. The person did not have a device where this was possible.
- We heard from a person who tried to cancel an appointment but was unable to get through on the telephone. They waited for the appointment and told the GP that the appointment was not necessary. The GP was not empathetic and said that it was a waste of an appointment.
- We heard from a person that they had been told by GP to book a blood test at the end of June. At the end of May, they called the phlebotomy service on 26 occasions until they got through - only to be told that they were unable to book so far in advance and they would need to call back.
- A person tried to book an appointment with GP as they were concerned about their eyesight. They were told to make an appointment with the Optical services. This appointment took three weeks. The Optician advised that the person needed to see the GP in the first instance.
- We heard from a carer of a person with learning disabilities and Autism, that one of the GPs from the practice had refused to continue with the appointment as the dependant was not present and of consenting age. The parent advised the GP that consent had been given, it was recorded on case files and that there had not been any issues in the past. The GP refused. The carer had waited two weeks for the appointment.
- We heard from a person who was trying to register with a GP. They had tried multiple surgeries in the area but had been turned down.
- We have heard about an individual who felt they had no choice but to arrange a private consultation after being passed between the GP and A&E on a number of occasions.

The following 2 case studies provide a more detailed picture of people's experiences:

Case one

We have heard about an individual who visited the GP on numerous occasions over a six-month period seeking support for persistent sickness. They were not offered diagnostic tests with COVID-19 being the reason given. The person eventually arranged a private CT scan Healthwatch Sandwell Local Intelligence Report April – June 2021 Page 9 and was admitted into hospital the same day in a life-threatening situation. Following this the person was diagnosed with advanced stomach cancer and secondary bowel cancer.

Case two

We had a person calling us who was experiencing depression and anxiety and expressed suicidal thoughts* due to family breakdown and being turned down for a job. The person reported that they had no medication and had called the GP practice for over a week to be turned away as there are no appointments. They had been advised to go to the Walk-in centre by staff at the GP practice but they wanted to talk to a GP who knew their history. Healthwatch Sandwell tried to refer them to Healthy Minds as the person informed Healthwatch Sandwell that the GP had made a referral in April 2021. The person had also called Healthy Minds themselves and was informed that they are waiting for the referral from the GP which they haven't received. The person requested contact details for other GPs in the area as they were considering changing. Healthwatch Sandwell contacted the Practice Manager and left voice mail and email requesting them to chase up the Healthy Minds referral and medication. The Practice manager responded and referred this to the deputy to deal with and get person sorted that day. Healthwatch Sandwell was later informed that the person was allocated a telephone consultation that day and they were chasing up the referral with Healthy Minds. Healthwatch Sandwell also contacted the Healthy Minds Counselling Service who had been trying to call the person but was getting through to their voice mail. Healthy Minds signposted Healthwatch Sandwell to the Crisis Team and Single point of referral (Black Country Healthcare NHS Foundation Trust). Healthwatch Sandwell contacted The Crisis Team (as the patient is not known) they gave Healthwatch Sandwell the phone number for Single point of referral, but the latter only take referrals from medical professionals. Healthwatch Sandwell was then signposted to a 24/7 helpline (Black Country Healthcare NHS Foundation Trust) that take referrals from anyone. Healthwatch Sandwell made a referral. Healthwatch Sandwell rang the person and explained what was happening. The person was very thankful.

* Healthwatch Sandwell risk assessed the situation and believed the patient was not an immediate risk to themselves and a call to the police was not appropriate.

What should happen next:

Based on what we have been hearing about and conversations with patients' consideration could be given to:

- Methods for supporting patients understand all routes and methods to accessing GP services
- GP practices should be supported to consider how patients may have different communication needs and adapt the method of communication accordingly
- GP practices should ask patients what their preferred method of communication checking in at appointments or proactively getting in touch with patients
- GP practices should ensure relevant and up-to-date information on their websites
- Appointments should meet people's needs
- GP practices to consider that routinely offering remote appointments before face-to-face appointments disadvantage some people, some older people, people with learning disabilities, people with Autism, homeless people, people with sensory and communication impairments, people who cannot access technology
- GP's should provide better access to regular treatment and medication