Adult Social Care & Public Health Policy and Scrutiny Committee

Date:	Wednesday 28th April 2021
Classification:	General Release
Title:	**Residents' experiences of using primary care services – a report from Healthwatch Central West London April 2021**
Report of:	Healthwatch Westminster
Cabinet Member Portfolio	Portfolio (as listed at www.westminster.gov.uk/cabinet)
Wards Involved:	All
Policy Context:	
Report Author and Contact Details:	Olivia Clymer **Olivia.clymer@healthwatchcentralwestlondon.org**

Residents' experiences of using primary care services – a report from Healthwatch Central West London April 2021

Healthwatch Central West London

Healthwatch Central West London (Healthwatch CWL) welcomes the opportunity to report to the Westminster Scrutiny Committee on what residents are telling us about their experiences of using primary care.

As a local Healthwatch our role is to ensure that local people are actively involved in shaping the health and care services that they use, and that they have a say

about the health and care services available to them. We also monitor local provision and hold commissioners and service providers to account for the quality of local publicly funded health and care services.

1. Introduction

1.1. This document outlines what Healthwatch (CWL) has been hearing from local people through our community engagement in Westminster and RBKC and is focused on primary care.

1.2. Since March 2020 we have been carrying out extensive community engagement, hearing from our residents about their experiences of information, support and services subsequent to the first wave of COVID-19. This was initially through a digital survey and more recently through focused discussion groups and a paper survey. As the first port of call for patients, GP practices and Primary Care has been crucial.

1.3. With the onset of the Covid 19 Pandemic the provision of Primary Care had to change fast and drastically. Usual ways of accessing services were suspended and new urgent changes were introduced.

1.4. The commitment and dedication of our health colleagues during these incredibly challenging times has been unquestionable and admirable. The GPs that we have spoken to often felt tired and overworked but have continued to put in long hours, including now running vaccination clinics during weekends. They have been dedicated to providing the best level of care possible to their patients in incredibly difficult times.

2. Overview

2.1 This paper presents some of our key findings and observations on Primary Care based on what residents told us through our:

- Statutory Healthwatch work
- Your Experience Matters surveys
- Focused discussion groups
- Patient Participation Group discussion forums
- Wider community engagement activity
- Young Healthwatch engagement with young people
- GP Mystery Shopping
- Audit of GP websites

2.2. This report is set out in 5 sections:

- Patient Access to Primary Care
- Communication with Patients
- Patient Engagement
- Quality of care offered
- Recommendations

3. Patient Access to Primary Care

3.1. During the Coronavirus outbreak, GP practices had to change how they offer services to their patients. Since the start of the first COVID-19 lockdown, GP practices have been following official Government guidance to conduct their work remotely where possible, in order to stop the spread of the virus, and to protect the safety of Practice staff and patients who have needed a face-to-face consultation.

3.2. Telephone access

3.2.1. Early on, GP practices introduced a telephone triage system to screen patients' inquiries and to direct them to the right support. This created additional access difficulties for some patients, including long waiting times to get through to the reception staff by phone. Patients also told us that answer phone messages directed them to alternative sources of help, such as the GP surgery website or online consultations. Both of these experiences left them feeling that they should not be ringing the surgery.

3.2.2. Patients told us about their concerns about the costs of contacting their surgery. Long initial answer phone messages (often at least one minute long) followed by menu choices and then further waiting in a queue, meant that patients either needed the right phone contract, or to be to afford to top-up their Pay As You Go phones to be able to meet the cost of the call. They were also worried that video consultations could be more expensive.

3.2.3. Patients had concerns about confidentiality and in some cases were reluctant to discuss health matters with non-medical staff on the phone.

3.2.4. Some patients with conditions such as hearing or speech difficulties, those who have mental health conditions, arthritis or motor neuron disease had additional difficulties expressing themselves on the phone. This was also true for patients with poor English language skills trying to access their GP by phone or online. It is unclear whether interpreting services are offered for phone triage or telephone consultations.

3.2.5. Some patients also told us that they become anxious when waiting for GPs to call back. They are afraid that they will miss the call or that they have been forgotten when the GP does not ring at the allotted time. It was not always clear for patients when to expect the GP to ring; this was further complicated by the time slots for a call back from a GP not being as accurate as face-to-face appointments and unlike being in the surgery, patients are not able to check with the receptionist about how long the wait will be.

3.3. GP Mystery Shopper

3.3.1. During the first six month of COVID-19 restrictions and lockdown, patients reported that access to their GP became more difficult because of the long waiting

time to get through to the reception on the phone. We were aware that all GP Practices had to adapt to using telephone systems to triage patients and that not all GP Practice telephone systems were set up for that. During this time, some GP Practices installed new telephone systems to deal with the increased number of calls.

3.3.2. In response to patient feedback, in December 2020 Healthwatch CWL audited GP Practices by testing how easy it was to contact them by telephone, eight months into pandemic. We made calls to all GP practices in Central London CCG and West London CCG during the month of December 2020. Each Practice received 4 calls at or after 8.00am, 10.00am, 1.00pm and 3.00pm during that time period.

3.3.3. Patients reported to us that they had most difficulty contacting a GP at 8.00am, when they were trying to book an appointment. During our Mystery Shopping exercise, the two longest wait times for an 8.00am call for a West London CCG Practice GP were 15 mins, 42 secs and 9 mins, 30 secs. Both of these were outliers, with 25 of the 40 Practices in West London CCG answering within two minutes at this time. The other 14 Practices took between two and seven minutes to answer. Call wait times were similar at the other points that we made scheduled calls through the day.

3.3.4. Although we did not experience the length of wait times that patients had reported to us, we did find varying usefulness of answer-phone messages. In many examples, the answer-phone messages were long, with some being up to 3 minutes long, setting out detailed menu options that were hard to follow.

3.3.5. There were some instances where the message recording was quiet or muffled, making it hard to follow. The quality of information provided was variable. Some messages were clear and gave concise information about how to access GP services either by staying on the line or through alternative routes such as 111 or online.

3.3.6. There were three instances of the phone message informing us that the GP Practice was closed until 8.00am at times later than that. We were uncertain whether that was because no one was answering the phone at that point, or that the surgery had not set up an alternative answering message when the phone was busy. In either case, it leaves patients uncertain about what to do and having to keep trying.

3.3.7. In six cases, the choice of menu options was complex and hard to follow. Once a wrong choice had been made there was no return point, and the only option was to ring off and start again.

3.4. Online access
3.4.1. During the coronavirus outbreak most, if not all, GP Practices suspended their online booking access through SystemOne. Patients were redirected to telephone triage or online consultations such as e-consult, Dr IQ, or the NHS App.

3.4.2. Online triage and consultations are useful as simple signposting tools or for ordering repeat prescriptions and for addressing simple health conditions. They helped GP Practices to continue to see patients and to manage demand at a busy time. However, patients' feedback varies. Some patients found it useful and were able to get the help they needed; others tried using it and had to give it up.

3.4.3. Patients told us that if they had complex health concerns or their symptoms did not "fit the box", online triage and consultation becomes inaccurate and unusable. Patients told us that they do not find the design of online consultation tools user friendly; some said that they felt that it was a waste of time, others experienced inaccurate signposting. People with mental health conditions found it the most inappropriate and difficult to use.

3.4.4. Many patients told us that they managed to fill in and submit the online form, but that then they did not get the answer they needed or the correct diagnosis due to the limitations of the online form. Following that they had to speak to a GP anyway.

3.4.5. At a time when Primary Care services are changing it is important to have clear information for patients, that they can trust and that is clinically robust, so that they can get the health care they need, when they need it.

3.4.6. It is also important for monitoring quality and provision of Primary Care services and understanding whether patients have the same access to services as previously, despite being delivered differently. At the moment, it is unclear how numbers of patient consultations or appointments are accounted for by GP Practices. For example, if a patient has used the online consultation but not received the help they need and subsequently had to also speak to a GP, does that count as two consultations? Likewise, does ordering a repeat prescription through online consultation count as a consultation? If this is the case it could mask a reduction in access to GP services, whilst making it appear that numbers of GP consultations offered have remained the same or increased.

3.4.7. Another difficulty with online consultation tools is how they have been promoted to patients. This was especially noticeable during the summer and autumn 2020. Patients were encouraged to use online consultations through lengthy answer-phone messages, on GP websites using pop-up windows, and through text messages. For example, one GP Practice sent 20 text messages during the summer months asking patients to use the online consultation tool; no alternative was offered.

> *"Patients who had not signed up [for the app] were bombarded with text messages... I have counted more than 20 such messages urging me to download [the app]*
>
> *Dear [X]- Our doors may need to close in the next few days due to critical staffing levels. If you need to contact the practice Mon-Fri 8am-6.30pm, please download [the app] This is the fastest way to contact the practice and the only way to contact us on the weekend."*
> *Patient response to our 'Your Experience Matters' survey*

3.4.8. Our audit of GP Practice websites shows that some Practices have now improved their websites by removing pop-up windows encouraging patients to use online consultation tools. However, most still have long telephone messages directing people to online consultation. It is unclear whether this is still necessary or whether it is best meeting the needs of patients.

3.4.9. Online consultation tools like E-consult or Dr IQ can have a place in GP Practice services. However, much more needs to be done to ensure that it works for patients. And more needs to be done to address its limitations, or to be clear when alternative offers need to be in place, for example for patients with low literacy or English language skills or with mental health conditions. We heard that some older people whose first language is not English find it difficult to use Dr IQ or E-consult; they rely on family members which can impact on their ability to access Primary Care. Patients are often not aware that translation service are available for appointments and do not know how to access this on GP Practice websites.

3.4.10. In addition, patients need to understand the difference, and the benefits and limitations of SystemOne, E-consult, Dr IQ and the NHS App. They all offer different ways to access Primary Care and patients need to understand when to use them and why, including which best meet accessibility needs such as translation services.

> *"I feel that when ringing the surgery and you first get the automated message about[online consultation app] there is a degree of pressure to use it. I tried to use it for repeat medication but got fed up with the process of having to list all the medication. So, I have used the website and email which have worked OK."*
> *Patient response to our 'Your Experience Matters' survey*

3.4.11. The NHS is offering more digital options, which can provide increased accessible choices for patients. However, from listening to what patients are saying, it seems that they feel that the choice aspect has been reduced and digital NHS has become a barrier to access and not a gateway for some patients.

3.4.12. We were pleased that the NWLCCG Digital First team organised a session to discuss patients' experiences and feedback using E-consult and to look at ways of improving online consultation tool. We would like to see this approach replicated by for GP Practices that are using Dr IQ.

3.5. Face to face appointments
3.5.1. The most common question patients ask is when GP Practice services will return to normal. They want to know when they can expect to walk into a GP Practice and speak to reception staff or have a face-to-face appointment.

3.5.2. Patients told us that during the last 12 months they have struggled to get a face to face appointment when they considered it necessary for their medical inquiry. Often, they would be offered a phone consultation instead, which sometimes led to a follow up face to face appointment. Those patients felt that

time and appointments were wasted because of these strict new policies. Patients also felt that photos they took on their phones were not of a high enough quality to be accurate representations of their condition and did not replace the doctor physically examining the affected area.

3.5.3. Patients with mental health conditions, with poor English language skills, hearing or speech difficulties felt disadvantaged by telephone consultations. Some patients said that they would delay or not seek health care at all because they found communication on the phone very difficult. Patients felt that in some cases, they should have been offered a face-to-face appointment without telephone consultation first.

3.5.4. As lockdown measures begin to be eased, it remains hard to see how the restrictions that were put in place to ensure patient and NHS staff safety will influence how Primary Care will be offered in the future. Going forward, it is important that the NHS engages with patients to hear their experiences and better understand the positives of the new ways of working and the shortcomings in the ways that Primary Care services were provided during the last 12 months. This needs to be a central part of the planning for future Primary Care provision, that works for patients and for Primary Care services providers.

3.5.5. In addition, care needs to be taken to ensure that on-going concerns about COVID-19 do not drown out other health concerns that patients have. Some patients have told us that they feel that the only thing that doctors and other medical professionals want to talk to them about is the vaccine. This is particularly true for patients from minority ethnic backgrounds.

4. Communication

4.1. Primary Care has changed considerably since the beginning of the COVID-19 pandemic. The usual ways that patients accessed services were suspended and new urgent changes were introduced. Patients told us that they no longer knew how to get the health care they needed. They found national and local health messages confusing, and some patients thought that GP practices were shut. Some patients still believe that they cannot access their GP services.

4.2. Patient Participation Groups (PPGs)
4.2.1. Communication with patients during COVID-19 restrictions and lockdown became more important than ever. However, during that time a significant majority of GP Practices suspended their PPG activities. NHS England issued an update to GP contracts in July 2020 asking Practices to resume PPG activities; despite this, there are still many practices who have had no PPG meetings for over a year.

4.3. GP Practice websites
4.3.1. GP Practice websites became a very important tool for communicating and keeping patients up to date with how they could access Primary Care services. Many GP Practice websites were revamped before the COVID-19 pandemic by the

GP Federation. Unfortunately, it appears that neither patients nor PPGs were involved in the design of the refreshed GP Practice websites and it seems that they were designed to meet the needs of the GP Practices rather than patients. PPG members told us that they had to work hard change them and to ensure that their Practice websites were patient friendly, and that information is accessible.

4.4. GP Practice Website Audit

4.4.1. Healthwatch CWL undertook a review of GP websites between 29th March and 7th April 2021. We looked specifically for content around accessibility and general information, service access and support, and engagement and involvement. Highlights from the review can be found in the table below.

WLCCG GP practices	CLCCG GP practices
18% of websites do not clearly display the CQC rating.	10% of websites do not clearly display the CQC rating.
92% of websites give clear information on booking appointments.	87% of websites give clear information on booking appointments.
Just over half (56%) suggest a level of flexibility on consultation method.	Just a third (37%) suggest a level of flexibility on consultation method.
Fewer than half (49%) clearly describe the online systems.	Fewer than a quarter (23%) clearly describe the online systems.
Two thirds (67%) reference Primary Care Networks	Just 1 website references Primary Care Networks.
The PPG is visible on all but one website, however just 15% encourage patients to participate in a way that best suits them, and only 10% have documents (such as minutes) dated within the last 18 months.	The PPG is visible on all websites, however just 10% encourage patients to participate in a way that best suits them, and only 13% have documents (such as minutes) dated within the last 18 months.
While the complaints process is visible on the vast majority of sites (95%) just 23% offer clear guidance on the process itself, and what to expect.	While the complaints process is visible on the vast majority of sites (90%) just 27% offer clear guidance on the process itself, and what to expect.

4.4.2. The final report will offer suggestions on how GP practice websites could be improved and with a check list exercise to help review their websites.

4.5. Patient feedback

4.5.1. How patients submit their feedback or log a complaint can vary from GP Practice to Practice. Most GP Practices now use online forms for patient

complaints. Alternative options for providing feedback or making a complaint are not always explained or offered.

4.5.2. It is unclear how many GP Practice web systems, are set up to send an automated confirmation and copy of the submitted complaint, to the patient making a submission. Patients have reported that this is a problem for them because they then do not have any proof of their complaint or the date that it was made. With no confirmation or acknowledgement of a concern or complaint being made, no named contact person, timescale, or route to follow up, patients are left with their concerns comments and compliments being potentially lost.

4.5.3. GP Practice and Practice Managers' emails are seldom displayed or shared with patients. This makes it harder for patients to track their feedback or complaint. Providing phone or email contact details for the Practice Manager or the named professional who is responsible for running the Practice would improve the feedback and complaints process for patients and practices.

5. Engagement

5.1. Over the last year, Healthwatch CWL continued to listen to PPG members, gathered patients' experiences, provided clear information for patients on services, information and promoted national and local health messages. Our Coronavirus: Your Experience Matter patients survey and PPG Forum discussions showed that accurate, consistent, local information is needed to help patients access and navigate Primary Care in a new environment. We worked closely with Central London CCG to share patients' feedback to improve communications with GP Practice patients.

5.2. Patient Participation Groups (PPGs)

5.2.1. Following the NHS England guidance to GP Practices to resume PPG activities, Healthwatch CWL offered support to GP Practices with moving their PPG activities and wider patient engagement online. We received calls from PPG members asking for help to restart their PPG activities and to support them to contact their Practice Managers. Unfortunately, this was not always possible as many GP Practices have not had any PPG meetings for over a year.

5.2.2. However, some good examples of patients' engagement took place during the coronavirus pandemic in practices with well-established PPGs.

> *"We have weekly Zoom meetings where the principal doctor gives updates and answers questions. We have a good practice website as well."*
>
> *Patient response to 'Your Experience Matters' survey (WLCCG)*

> *"I am chairman of the patients' group and I am responsible for writing and disseminating information about GP services. During the lockdown, PPG and Practice made a video which was emailed to over 1,000 patients, followed by a number of newsletters."*

5.3. Primary Care Networks (PCNs)

5.3.1. It is apparent that PCNs play an important role in ensuring integration and equality of care for GP practice patients. They played an active and important role in successful roll out of Covid-19 vaccination to their local community.

5.3.2. For example, NeoHealth PCN was actively involved with local community, NWLCCG, BME Forum and local faith groups in reassuring residents and encouraging the uptake of Covid-19 vaccinations. However, there was little or no engagement with patients about PCN development and involvement in decisions around PCN priorities and new PCN roles.

5.3.3. Lack of even basic engagement is demonstrated by GP practice website audit:

- Amongst Central London CCG GP practice websites, information on PCNs was found on just one website. Additionally, none mention the wider primary care roles.
- Amongst West London CCG GP practice websites, around two thirds of websites (67%) contain information about PCNs, with varying degree of detail (in some cases a paragraph, in others a line). Very few websites – if any, go on to mention the evolving primary care roles.

6. Quality of service

6.1. As Primary Care services have moved more towards being provided online, this has impacted patients' experiences and their perception of the quality of care they are receiving. Different groups have experienced this in diverse ways.

6.2. Impact of quality on people from minority ethnic backgrounds

6.2.1. We heard from patients from African and Asian ethnic backgrounds that the levels of pain that they describe to their GP or other health professional is not always believed until it becomes critical. We also heard of a lack of trust in GPs:

"Since COVID-19, if my children or I become ill, I am scared to go to my GP or A&E and that's just me being honest. What I try to do is use natural remedies. This is because, before COVID-19 my GP made a couple of serious mistakes regarding prescriptions that severely affected me. From all that has happened to me I don't feel that I can trust my GP."

Focus group patient from an East African background

6.2.2. We also heard of the importance of translation services and how this can affect the quality of Primary Care services for people from minority backgrounds:

"Translation services need to be improved."

6.3. Young people

6.3.1. Young people know very little about how to navigate the health system. They are less likely to go to a GP when they have health concerns because they often feel that they are not listened to or that their queries are taken seriously. It seems that the general health advice of 'eat an apple a day' is just going through the motions. Young people feel that GPs need to get back to interacting with young people on a personal level. Our Healthwatch CWL report on Young People and Digital Health highlighted that, contrary to our perception that young people prefer digital interaction, they in fact prefer face to face consultations with a health professional, especially if it is about a new health concern.

6.3.2. Mental Health issues are a great concern for young people. Young Healthwatch asked young people (aged 11 to 25), where they would go for help if they had mental health concerns. Only 25% of young people surveyed would go to their GP for support with their mental health, even though it is the gateway to a multitude of support. Most respondents would go to their family (58%) or friends (61%) for mental health support.

6.3.3. Respondents explained that GPs are very quick at giving "labels" and they are afraid that with a diagnosis, things can escalate very quickly.

"Because I'd be nervous to seek help from GP"

"I could get help but I'm not bothered to because adults tend to belittle mental health and say it's a phase"

"I have been seen by CAMHS for an early disorder and OCD. They were utterly useless and I came out worse than I'd been when I went in. They didn't listen to me, refused to see me without my parents, constantly said triggering things to me and made me feel like my problems were invalid and I was faking them"

Young Healthwatch Mental Health survey

6.3.4. It is hard for young people to find reliable information. GP practice websites do not have information services specific to young people. Only 1% of surveyed young people heard about mental health support services from their GP.

I honestly don't know how to seek professional help, from, for example, a therapist or such. I could probably look it up but as of now I have no idea.

Young Healthwatch Mental Health survey

6.4. Continuity of care
6.4.1. Many patients told us that they feel concerned when they did not know which health professional will ring them back to conduct their telephone or online consultation or who is looking at their online consultation data. In some cases, this

resulted in patients not feeling confident in the decision making as they felt that the professional did not know their medical history, or that a decision had been made by an algorithm.

> *"Although the doctor in question was perfectly polite and not unduly impatient, the overall attitude conveyed was one of simply getting problems out of the way instead of actually addressing them in a constructive way. The doctor appears not to have looked at my medical history nor at the background of any of the three requests submitted."*
> *Patient response to our 'Your Experience Matters' survey*

6.4.2. Patients told us that they prefer to speak to the team of health professionals that they know, including their regular GPs, nurses or receptionists. Anonymity of health professionals is a concern to many patients.

> *"My concern was that, by using the app, I was going to be referred for my consultation to a virtual call centre. I would not know whether the doctor I was speaking to was in London or Delhi. Continuity of care is very important to me; I like to know, and to trust, the doctor that I am talking to."*
> *Patient response to our 'Your Experience Matters' survey*

Issues of continuity of care, turn over or reduction of GP provision in practices and a lack of engagement with patients has been a particular challenge with AT Medics practices. Healthwatch has raised its concerns with the NW London lead inspector for Primary Care at CQC and the CQCs relationship lead for AT Medics.

7. Recommendations

GP Practices

1. GP Practices should review their websites using Healthwatch CWL recommendations and the check list included in our GP Practice website audit. **PPG members should be involved in this process**.

2. GP Practices should review their phone messages, check for accuracy of information, clarity of the message, time length of the message and how easy to follow the instructions. **PPG members should be involved in this process**.

3. GP Practices should agree a clear policy **with their PPG members** on how to communicate changes and health information to reach all Practice patients.

4. GP Practices should publicise services specific to young people on their websites.

5. NWLCCG should provide clear information for patients in a variety of formats about the benefits, limitations and differences of online access tools such as SystemOne and NHS App, as well as online consultation tools like eConsult or DrIQ.

6. GP Practices should address patients' concerns related confidentially for online inquiries and consultations by providing clear information about who has access to patients' data, who is looking and responding to online inquiries, what their qualifications are, state whether they are members of the Practice team and list them on the GP Practice website.

7. GP Practices should ensure that patients know that they can, and feel welcome to, choose alternative options to digital access and online consultations.

8. GP Practices should promote interpreting and translating services available to patients when booking appointment whether it is online, on the phone or in person and during consultations (online, on the phone or in person).

9. GP Practices should ensure that patient's choice of having a face to face, telephone or online consultation is reinstated as soon as covid restrictions allow.

10. GP Practices should review patients' feedback and complaints protocols **with their Practice PPG** to ensure that patients:

   - can easily find information about how to raise a complaint and what to expect afterwards

   - have multiple routes to making a complaint such as in writing, in person and online

   - online forms are providing confirmation including the date and the context of the complaint.

11. GP Practices should make Practice email addresses and practice managers contact details easily accessible so that patients have ways to communicate with the person in charge of the practice.

Primary Care Networks

1. Primary Care Networks should engage with GP member's Practice PPGs and wider community to discuss and identify:
   o When digital tools become a barrier to accessing help?
   o What is the right balance between digital and traditional health?
   o How access to GP services should look like after the Covid-19 pandemic?
   o What coming "back to normal" should look like?

2. Primary Care Networks should improve their communications about the PCN structure, PCN role and services.

3. Primary Care Networks should engage with member GP Practice PPGs and wider community on PCN priorities and workforce planning.

4. Primary Care Networks should engage with schools and young people to understand how GP practice can support children's and young people wellbeing.

Integrated Care Partnerships

1. Integrated Care Partnerships should engage with patients to hear their experiences to better understand the positives of the new ways of working and the shortcomings in the ways that Primary Care services were provided during the last 12 months. This needs to be a central part of the planning for future Primary Care provision, that works for patients and for Primary Care services providers