



# What people think of GP access

May 2022

**NHS**

**healthwatch**  
Wiltshire

# Contents

**This is a collaborative project between Healthwatch in the south of England and the NHS**

• Introduction	<b>3</b>
• Working together to improve access to GP services	<b>6</b>
• Timeline of changes	<b>9</b>
• What Wiltshire patients told us	<b>11</b>
• Key themes	<b>23</b>
• What staff in GP surgeries told us	<b>40</b>
• Improvements already made – case study	<b>44</b>
• Conclusions	<b>48</b>
• Recommendations	<b>49</b>



# Introduction



# Introduction

Being able to access support from GP practices is essential for people to be able to maintain their health and wellbeing.

The Covid-19 pandemic has put a huge strain on the NHS and impacted how the public access health services.

Like many organisations, GP practices needed to adapt quickly as our country went into lockdown and respond to new ways of working such as offering video and telephone consultations. Some people have told us that these new ways of accessing GP services have worked well for them, allowing them to save time and get the help they need, quickly. But for others it's been more difficult, time consuming and frustrating to access support when they need it.

Staff at GP practices have been working hard to deliver the vaccine programme and catch up on the backlog of treatments. General Practice has needed to follow NHS England operating standards, revised at different points of the pandemic (see Timeline, page 9).

People are used to fast, efficient service but as the NHS provides care and treatment to people rather than goods and commodities, our access to GP services may not be as prompt as we experience in other areas of life.

Despite reports in the media that GP practices were closed during the pandemic, 29.1 million appointments were available in December 2021, of which 3.9 million were Covid vaccinations. This is 5 million more than the 24 million appointment available in December 2019 [Source: NHS Digital].

Similarly, there has been national attention on the backlog of operations for hospitals and the need to reduce waiting lists.

But there has been less mention of the impact this has had on GP services, who are often the first port of call for those people who are waiting for a procedure or operation.

We have been listening to people's experiences of accessing GP led services and we have also been listening to the staff who have been working in GP practices through the pandemic.

We felt it was essential to work with both patients and surgeries to work out how services could be improved.

Some additional funding was provided by central Government and this has enabled practices to make changes, such as in the case study shown on page 43.







**Working together to improve  
access to GP services**

# Working together to improve GP access

Local Healthwatch are independent organisations but often work with partners to help services improve.

This project came about due to 10 local Healthwatch across the south of England receiving a high level of feedback from the public about access to primary care.

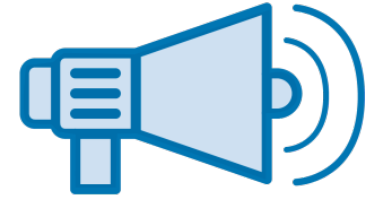
All the teams agreed that working with people who plan, pay for and work in GP practices would be an important way of addressing the issues being raised by the public.

Early discussions with the NHS and other stakeholders showed that the best way to ensure success would be to establish a regional advisory/working group that would be made up of key stakeholders in primary care and beyond. This included: Care Quality Commission, GPs, GP Practice Managers and personnel, Local Authority Scrutiny Officer, Commissioners, Integrated Care System colleagues, communication colleagues and local Healthwatch.

This was a new way of working for us but we recognised that this large-scale approach would enable us to find information that would be helpful to all 10 areas.



The advisory group was instrumental in developing all aspects of the project which included staff and public surveys.



The staff survey went online in October 2021 and was shared widely by surgery staff. The public survey went online during November and December 2021, and people could also give feedback over the phone or via a paper copy. Across the region, we had more than 250 responses for the primary care staff survey, and over 7,000 responses to the public survey.

Stacey Sims, Healthwatch Wiltshire Manager, said:



This way of working proved very successful, and we are proud of the way we've been able to work together to highlight the issues of patients and staff.

We have started to develop trusting and collaborative relationships with GP surgery staff and other partners that we can build on going forwards, which is a great achievement.

Looking ahead, the advisory group will be key in defining and contributing to the next steps and ensuring that we identify constructive solutions to benefit both GP staff and also the people who use their services.





# Timeline of changes

# Timeline of changes

How GP-led services were asked to operate at different stages of the pandemic

## A GP timeline of the Covid-19 pandemic

March 2020	GPs are informed by NHS England that remote consultations are to be rolled out to the general public, with face to face consultations only available if absolutely necessary. Total triage was introduced (every patient contacting the practice is first triaged before booking a consultation. This was seen as important, for reducing avoidable footfall in practices, to protect patients and staff from the risk of infection.)
December 2020	First Covid-19 vaccine is administered in the UK.
May 2021	New guidelines are given by NHS England reversing the need to 'total triage' and that 'all practice receptions should be open to patients' to minimise digital exclusions.
September 2021	Downing Street state 'the public rightly may choose to want to see their GP face to face – and GP practices should be making that facility available to their patients'.
December 2021	GP practices were asked by the Government to prioritise Covid vaccination/boosters and urgent consultations.



What Wiltshire patients told us



# What patients told us

There are **78 surgeries** across Wiltshire, forming part of **46 GP practices**, many of which are smaller branch surgeries in the more rural villages and hamlets.

Patients from **60 Wiltshire surgeries** participated in the survey. The number of responses per practice varied according to their size and reach.

- 62% of respondents said they had contacted their GP surgery in November and December 2021, 14% in October and 17% in July, August, September.
- 86% contacted their practice on their own behalf with 8% acting for an adult family member and 6% for a child.
- 52% tried self care before contacting their GP practice, 20% sought advice from family and friends and 14% contacted a pharmacy. Others consulted physiotherapists, support groups, a Long Covid clinic, or searched on the internet.
- 28% contacted their surgery for urgent treatment with 29% stating non-urgent and 14% for medication reviews.

Thank you to the **509** people across Wiltshire who responded to our patient survey.

No. of responses	No. of surgeries
1 - 4	29
5 - 10	10
11 - 20	16
21 - 30	4
50+	1



# Summary of responses

Overall, Wiltshire patients gave **mixed responses**, with the **majority** feeling satisfied that they had **reasonable access** to their GP practice, a lot of effort was being made under difficult circumstances and many praised staff attitudes.

- An **overwhelming majority** (73%) of Wiltshire patients contacted their practice by **telephone**. Only 6% booked online and 6% used online consultation.
- 75% of respondents agreed they saw or had a consultation with the person best placed to deal with their issue or concern; 14% did not and 11% were unsure. Most people (60%) saw the GP, followed by a nurse practitioner or practice nurse. The majority (77%) were clear on their diagnosis, treatment and next steps.
- 50% of patients had telephone consultations whilst 35% had face to face consultations. Less than 0.5% had a video consultation. Some people said they preferred the convenience and flexibility of telephone consultations, particularly if they were working or worried about being exposed to Covid or other illness.

Whilst getting an appointment could be frustrating and difficult, **patients' experience of their appointment was generally good** with many comments on the **professionalism and caring approach of GP practice staff**. The one member of staff who was not so often complimented was the receptionist.

There was widespread recognition that Covid and its restrictions had altered the way services could be delivered.



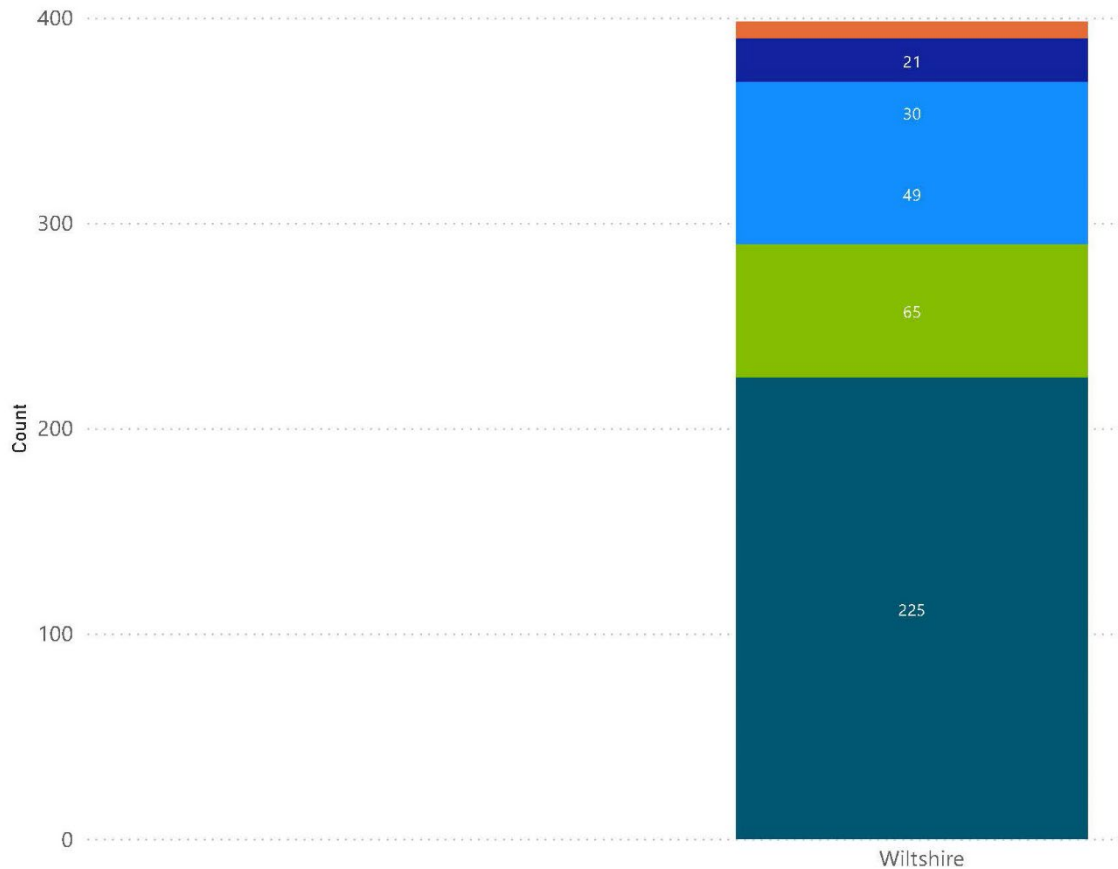
Prompt efficient response. I do worry though that face to face appointments are fading but I understand the reason behind this fully.

6

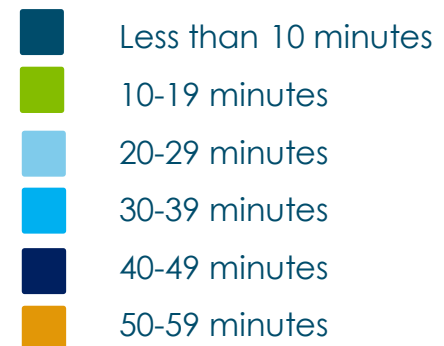
It exceeded my expectations at every step, from my first call, to both telephone and face to face consultation. I think it would be hard to improve on anything I experienced... I won't forget how the people in this practice made me feel.

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# How long did it take to answer your call?



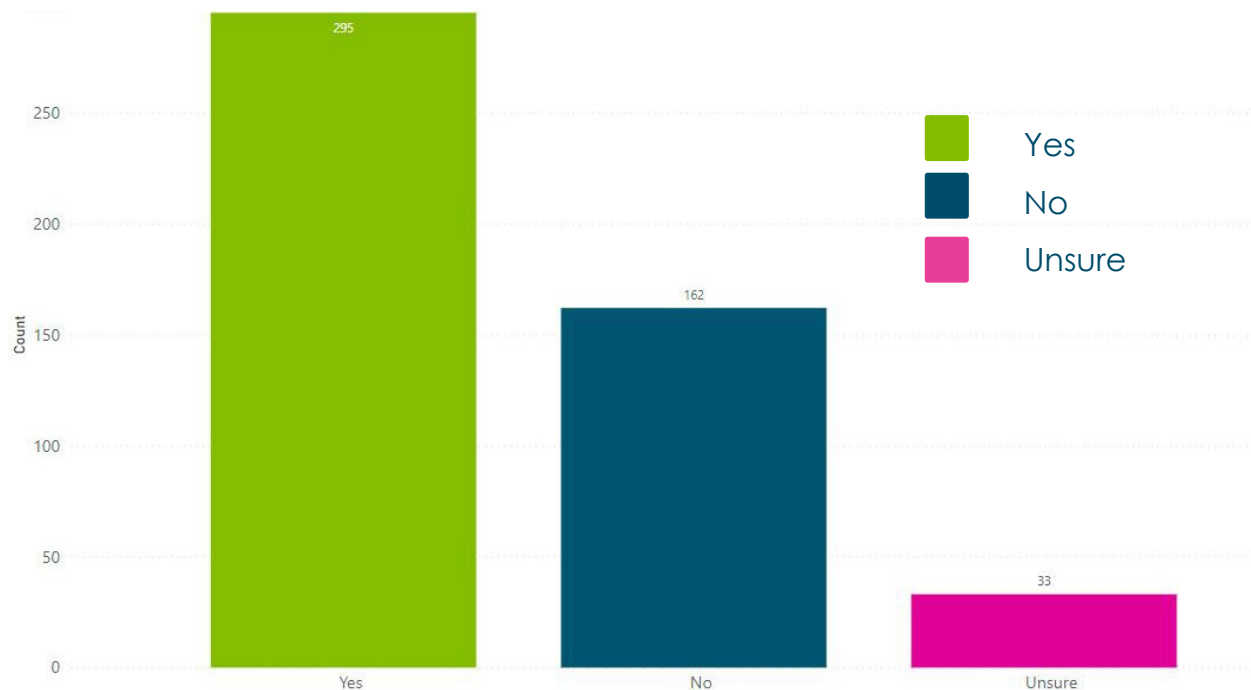
- 56% (225) of Wiltshire respondents got through to their GP practice by telephone within less than 10 minutes.
- 16% (12) waited 10-19 minutes, 12% (49) for 20-29 minutes.



# Are you satisfied with the length of time taken to answer?

77% of all respondents answered this question. 85% of those who waited less than 10 minutes were satisfied and felt it was a reasonable time frame.

53% of people said they were satisfied even if they had waited up to 29 minutes for a reply.



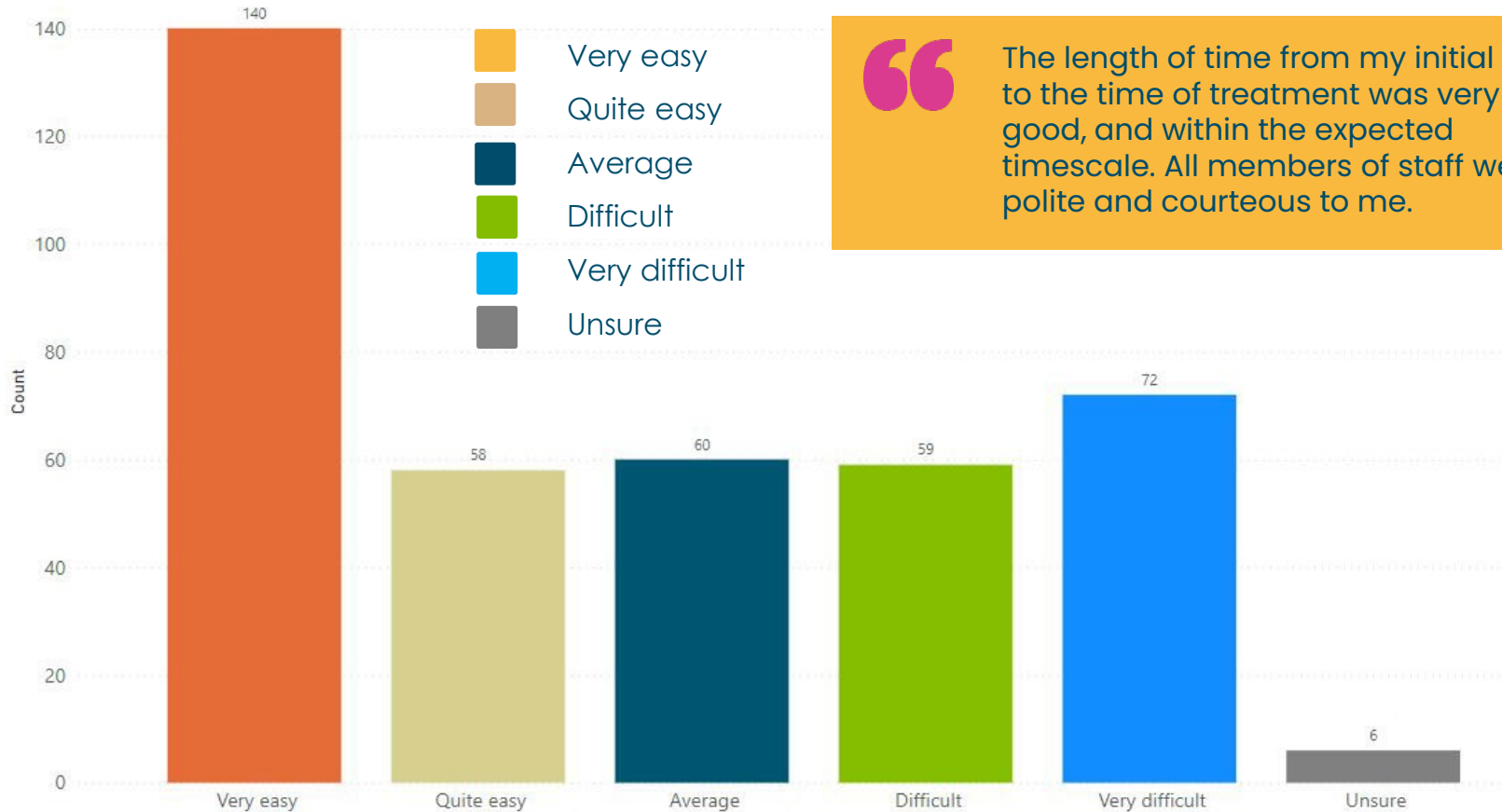
“

A short wait but this is expected in this current period of huge pressure on the GP services. I did not mind waiting on hold for a few minutes for the call to be answered by a very helpful receptionist.



# How easy was it to get an appointment?

32% of respondents said it was very easy getting an appointment, compared to 23% who found it very difficult.



# What went well with your appointment?

74% of respondents gave their comments which were overwhelmingly positive, making clear that once people had got an appointment they were generally satisfied with the service they received. Many patients had an initial phone consultation followed up by a face to face appointment.

Staff attitude was frequently praised, particularly the professionalism and caring attitude of GPs, nurses and paramedics.

“

Everything worked well from the initial contact with the reception team to my face to face appointment and subsequent referral to a consultant. I feel I am fortunate to have such a well run and responsive surgery.

**Key points** that were raised included:

- Good triaging with a helpful receptionist
- Timely call backs
- Not feeling rushed during the appointment, that staff really listened and diagnoses and treatments were explained to people
- GPs/practitioners familiar with case history
- Follow up actions given

“

The consultation was friendly, interactive, straight to the point, with an outcome that was action centred, and the actions promised by the GP were VERY promptly delivered.

# What went well with your appointment?

“

All staff were professional and helpful. My appointment was on time and I was made to feel it was important, despite the restraints on their time because of the current situation.

“

Phone appointments, video consultations etc have made it so much easier to plan around work and in turn for me to be more flexible with appointment times and be seen quicker.

“

My GP surgery has always been good, but they have been utterly fantastic over the past 20 months, during which I have developed numerous fairly serious ailments, including cancer. Their attention and care of me has been exemplary and included regular unsolicited welfare calls and the offer of face to face appointments if I need them.

6

I got the consultation on the day, either phone or face to face. Personally as an individual and family the medical centre has been outstanding over Covid. The telephone system seems to be more effective and efficient and I have always felt confident I would get a face to face if appropriate which I have done.

We have needed to use the surgery for various issues over this year and I can't thank them enough for their service !!!

9



# What could be improved?

When asked what could be improved, the **largest response** focused on the need for **more face to face appointments**. People recognised that telephone consultations can be very useful and convenient, but missed the personal touch and **reassurance of seeing a GP or clinician face to face**.

**Misdiagnosis/wrong treatment** led to some patients taking longer to recover or their conditions getting worse – they felt if they had seen someone face to face and had a thorough physical check, this could have been avoided.

**Patients felt they weren't listened to** or their instincts weren't trusted, so their opinions weren't considered. They had to **wait for a long time for a diagnosis** often resulting in the worsening of symptoms.

**A lack of trained menopause nurses or GPs** was mentioned, with concerns also raised about the supply of Hormone Replacement Therapy medication during Covid.

Patients felt that a more efficient **prescription process** was needed, ensuring proper sign-off and better communication with pharmacies so patients do not need to chase or coordinate prescriptions.

6

I think I was treated without any sort of compassion. I found the receptionists quite rude at times but that could be because of the enormous pressure they were under. Also to be made to wait outside the surgery for long periods of time in the freezing cold when you could hardly stand was totally unacceptable.

9



**Key themes**

# Summary of key themes

Some people were less satisfied with their access to GP services and several key themes emerged. These are shown below.

## Key themes

- 1. Limited availability of appointments**  
particularly face to face with a familiar GP
- 2. Difficulty getting through to the GP practice**
- 3. Challenge of increased online/IT use**
- 4. Triaging:** receptionists controlling access to appointments and GPs
- 5. Barriers to access** including long phone queues, working hours, family commitments and low budgets

When asked how to **improve access to GP-led services**, the biggest response was to **increase face to face appointments/consultations**. People felt they were missing a lot by not physically seeing a healthcare professional, with most mentioning **concern about possible misdiagnosis** and lacking the human touch.

The risk of **digital exclusion** was frequently mentioned as a consequence of the increased use of online services and IT to access GP-led services.

**Recommendations for improvement** also included:

- **Improve phone systems**, increase the number of call handlers, and have better access to booking online
- **Better training and listening skills for staff**, particularly receptionists, in dealing with patients
- Greater **consistency in seeing familiar GPs and clinicians**
- The importance of **reading patients' notes** before an appointment.

# Theme 1 – Availability of appointments

In Wiltshire, more respondents felt it was very easy to get an appointment/consultation (32%) compared to those who found it very difficult (23%). Most people's views lay somewhere in between with a weary frustration and acceptance of the impact of Covid evident in their comments which reflect these mixed views. Key messages include:

- **Waiting times for a routine appointment (2-6+ weeks)** result in some people seeking treatment elsewhere (hospital A&E, 111, private) – **unavailability of any kind of appointment** was key source of frustration.
- Many respondents have **only ever been offered or had telephone contact** in the last 18 months and had not seen their GP.
- To get any appointment, respondents said they have to **start calling at 8/8.30am** which is difficult for many people with work, school runs or caring commitments and appointments have almost always **gone by 9.30am**.
- Routine reviews and check ups are being **postponed or not arranged** due to pressure on staff.
- Many **elderly people** said they had given up trying to get appointments, impacting on their health and wellbeing.
- Many respondents mentioned the **inability to get follow up appointments in the timescale advised** by their GP or surgeon after operations or treatment. Some resorted to contacting their surgeon directly, using private care or support groups.

# Theme 1 – Availability of appointments

- Call backs from the GP or practitioner do not always happen when told and often **no call “window” is given**, resulting in calls being missed - a particular problem for working people, carers and those without mobile phones.
- A frequent comment expressed was the **intense frustration** of waiting for a call to be answered and then being told there are **no available appointments and to call next day**, repeating the entire process. Some respondents asked why there could not be a **recorded message advising there were no appointments** available so people did not waste time and money on pointless calls.
- Another issue raised was that GP practices make **no allowance for people being at work** or having other commitments so they cannot accept an appointment at any time of day.
- Respondents recognise there is a **shortage of staff** and practices are being **overwhelmed by demand** but are frustrated at their inability to access timely care.

“

Timeframe to get the appointment from the receptionist is long. The time until the appointment is made is at best a minimum of two weeks often much longer unless life threatening.

“

I feel that having to compete to be considered for an appointment is an outrage and invites people to say their issue is urgent or to go to A&E. It should be possible to set up a system to allocate slots in order. The system clearly disadvantages people on limited incomes who have to budget phone calls or who need help to make a phone call.

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Annual review – timing prompt, staff approach excellent, would have preferred face to face but OK over the phone. Nurse acknowledged the difficulties getting an appointment with a Dr of patient's choice.

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# Theme 2 – Difficulty contacting practices

## By telephone


- Difficulties in getting through on the telephone and **“navigating” receptionists** as “gatekeepers” were recurring themes for many respondents.
- **Intense frustration** at experience of waiting for a long time, often without a queuing system, and then **being cut off** so having to repeat dial often for days to get a reply.
- **Waiting times for a reply are too long** – 41% of respondents were dissatisfied with how long it took to get a reply. The majority of calls waited **up to 30 minutes** but some over an hour - many respondents commented that they only phone if absolutely necessary.
- **Cost of long or multiple calls discriminates** against those on limited income or low budgets – several comments about mobile phone credit running out.
- **Lack of queuing information** annoyed people – it would be good to know where you were in the number of calls waiting.
- Some patients reported having **such difficulty getting through** on the phone they **travelled to the practice** to speak directly to reception as it was the only way to get a response.

“

Times are an issue, fitting this around working as a teacher is a joke. They just say you'll get a call back at some point today. I was previously told I'd get a call by 10am and eventually got one at 4pm. The reception staff are rude and make you dread calling.



For several months it has been impossible to contact the practice by phone. It's either engaged or rings out unanswered... On other occasions I have had to email and ask them to call me in order to make an appointment as that can't be done via their website. I feel desperately sorry for elderly people who may not have internet access or be able to get there. The phone is probably their only means of communication.



# Theme 2 – Difficulty contacting practices

## Online booking

- Some respondents reported that **online booking systems were shut down** stating “No appointments available, call surgery”. This **conflicted messaging**, with receptionists telling callers to use online booking, left them feeling they were going round in circles and getting nowhere.

“

It's frustrating as the phone message says you can book things online but you go to the online page and the services they suggest or booking an appointment are not available.

- Difficulty/lack of confidence or lack of equipment for using online systems** means only a small proportion of patients use it, risking **digital exclusion** and **exacerbating health inequalities**.

“

Too impersonal. Get very anxious using technology. Need person to person consultation or too anxious to state problem properly.

“

I don't find Doctorlink all that intuitive, you have to be so careful with answers otherwise you end up with an incorrect response! This, compared to being able to speak to a caring human being who can listen and make a judgement on what is needed, is a huge step backwards, and I say this as someone who has always worked in IT.

# Theme 3 – Online GP services and IT

- Overall, **responses about the use of online services were mixed** with a narrow majority (42%) of respondents saying they were able to use online consultation systems but 36% said they were not.
- 40% of respondents said increased use of IT over the last 12 months had made **no difference** to accessing GP services, 39% said it had made it **more difficult** and only 21% said it had **improved**.
- Several respondents commented that **online systems/consultation are easy to use** and particularly **good for non-urgent problems** and there were some positive comments on the **efficiency of the NHS App** and text messages/reminders.
- However many respondents said that they were either **unaware of an online system** or it had been closed down/was not available at their practice. A recurring view expressed was that the **online system 'fobs the patient off'** and that if you want a quick response, calling is better.
- Concerns were expressed by many about **lacking confidence** in using the online system due to levels of computer literacy, **poor internet access** or being unable to afford the necessary equipment.
- The majority of those who provided comments were negative about using IT, though a few who responded found it useful. Their views on how they rated their experience were similarly mixed.



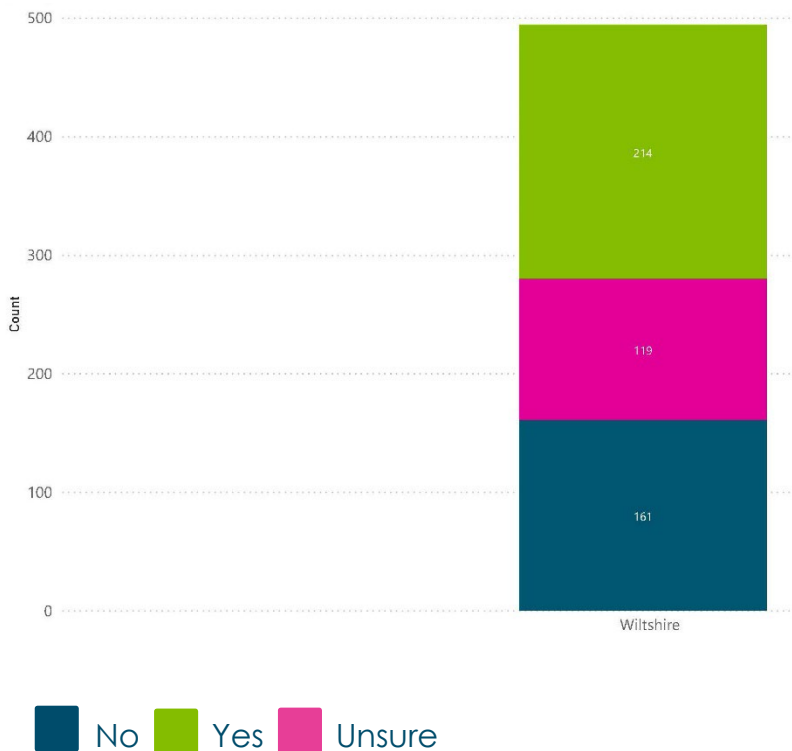
Suggested I should go to A&E which was not necessary, I needed urgent assessment and treatment but not emergency. No wonder A&E overloaded.

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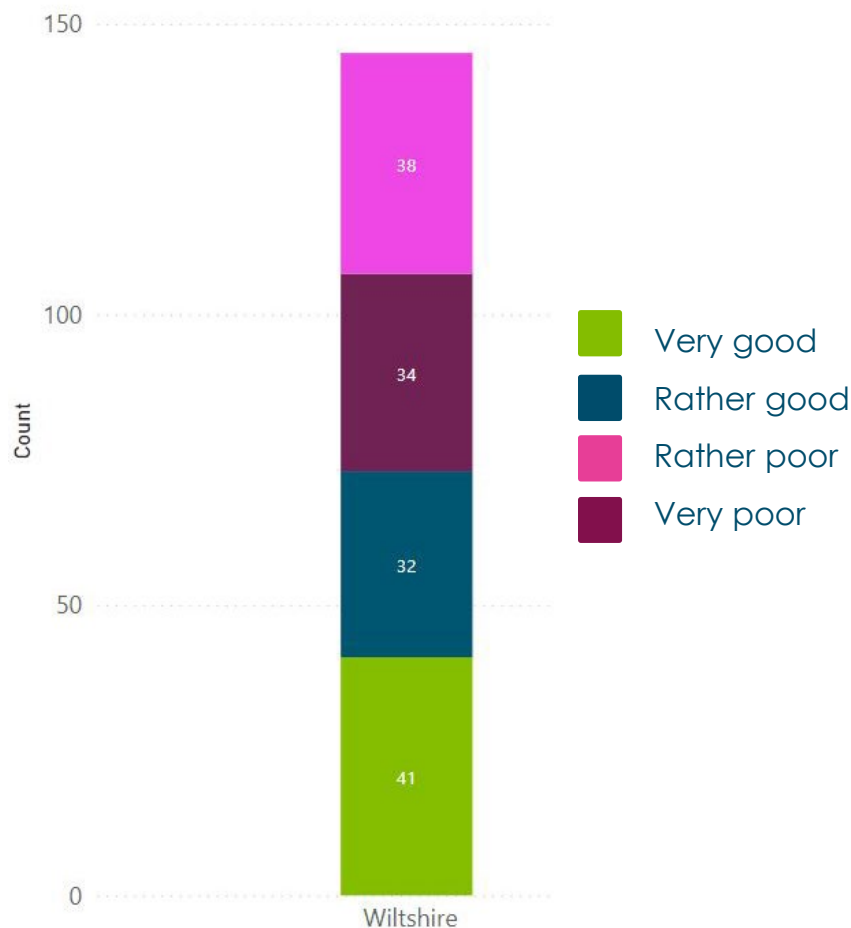
**My main concerns are that you need to be well to complete an eConsult and that they should be triaged by a health professional who has access to vital medical history.**

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# Are you able to use online consultation systems?



## How would you rate the experience?



# Theme 3 – Online GP services and IT

- 43% of respondents who use **online systems** (eg Doctorlink, eConsult etc) mostly find it **efficient and helpful**. Several commented that GPs can see many more patients this way.
- Some respondents said the online service was **great and much faster for repeat prescriptions** but **very restrictive for describing** medical complaints/conditions.
- Frequent comments related to a lack of trust/confidence around telephone/eConsult diagnosis as some conditions are very difficult to describe or photograph and patients feel misdiagnosis is a risk.
- Many respondents said the online form is time consuming, the process confusing, the questions irrelevant or not covering their symptoms, **resulting in inappropriate diagnosis** with the default response being **told to go to A&E**.
- **Digital exclusion** is seen as a problem, **particularly for older people** who need an alternative to phoning to get access to the practice, and for those who have poor internet access or cannot afford the equipment, **risking discrimination and exacerbating health inequalities**.
- **People with mental health issues** find the online forms and process **anxiety inducing** and very difficult.
- Online consultation is **not easy for someone caring for a person with learning difficulties** or complex needs; familiarity is important.
- People frequently mentioned that they feel the **online consultation approach “dehumanises”** the GP service.



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**There is no real substitute for a face to face appointment with a practitioner. There are many people who have no access or understanding of IT. Often those who need most care.**

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# Theme 4 – Triaging

- Most respondents accept triaging as a routine part of getting an appointment. However a frequent concern expressed by patients was about **sharing information they regard as personal or private** with the receptionist. They were also concerned with confidentiality both on calls and in online submissions.
- When we asked about people's experiences of contacting the practice, there were numerous comments about receptionists being **arrogant, obstructive or not listening** properly.
- Some respondents did not like receptionists doing initial triage as they felt they are **not clinically qualified** and this should be done by medically qualified staff.
- A recurring theme was that patients weren't happy with **reception staff "controlling access" to the GP**.
- Some respondents commented that the triage system works well, receptionists were helpful and this approach encourages preventative care.

“

Ended up, after trying twice on the phone and having to tell receptionist why I wanted an appointment, with a telephone conversation with a doctor which was difficult as I am deaf.

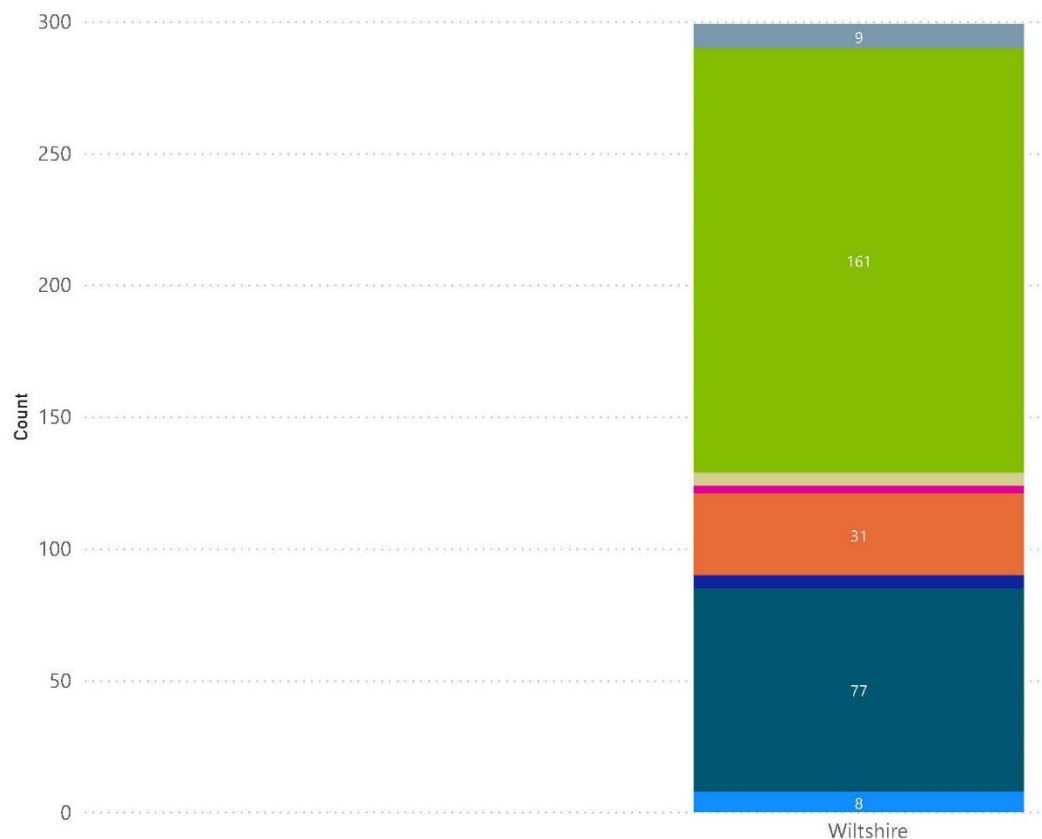
“

My GP is always perfect. The reception is another story. They seem to think they are the doctors, when you ring they ask what the problem is, they lie to you as well... it gets very frustrating when all you need is a doctor to speak to... but the receptionist, when asked to be put through say the doctor is out and on rounds which is odd as they've just rang you and you missed their call.

# Theme 5 – Barriers to access

- **Waiting times for reply** are the main barrier, with some respondents saying that excessively long **recorded messages** about how busy the surgery was made them feel like a nuisance and deterred them from calling.
- **The cost of long repetitive calls** to the practice were frequently mentioned as they run down phone budgets and make access difficult for those on low incomes.
- Similarly, **reliance on online services** presents a barrier to those who are not computer literate or confident, cannot afford the equipment or have poor internet access. This leaves them few alternatives if they cannot get through on the phone.
- **Unavailability of online booking.** Some respondents commented that they were unaware of this facility, it had been switched off, or the system said booking online was no longer available.
- **Complexity of the online booking forms** was seen as a barrier, particularly for those with mental health and anxiety issues or learning difficulties, and their carers.
- **Practice opening hours** are difficult for those who are at work or have caring duties and are unable to take calls at any time of day. Many practices are closed to calls over lunch and do not do evening surgeries or at weekends.
- **Lack of a call window** or time for a call back from the practice causes problems. Calls and phone consultations are then missed and patients have to start the whole process of accessing GP services all over again.
- **Lack of call back/answerphone facility** to leave number and message rather than waiting for a reply.

# What prevented you from making an appointment?



58% of respondents said there were barriers to making appointments with 54% quoting **long telephone queues** as the main reason.

26% were concerned that they would be **adding pressure on the NHS**.

- Caring duties
- Adding pressure on the NHS
- Cost of call
- Covid restrictions (shielding etc)
- Long call queues, wait times
- Transport problems
- Difficulty accessing internet/computer
- Lack of confidence using internet/computer

# Wiltshire patients' comments

“

It is a hopeless situation. Trying to get through on the phone is a nightmare. Usually no appointments. No consideration given to the fact that working people actually have to attend work and can't just go anytime. Redialled constantly for about 10 minutes, 20-30 attempts before got through to the automated menu.

“

It's frustrating as the phone message says you can book things online but you go to the online page and the services they suggest or booking an appointment are not available.

“

Usually told to go to SystmOnline but messages can take several days to answer and it is not always clear whether they have been received as system times out about a minute into writing the message!



**What GP staff told us**

# What staff in GP surgeries told us



In November 2021, Healthwatch opened a survey for all staff in GP surgeries to get their views on how their work has changed in the last 18 months.

They were asked to share their thoughts on their surgery - the strengths and where there could be improvements. Across the region, **267** people responded from a variety of job roles – 55% were non-clinical.

In Wiltshire, **113** staff from **24** GP surgeries completed the survey. Some of their views are shown on the next page.

The themes from this survey include **a tired, overstretched workforce** that are becoming **frustrated with the public's demands and attitudes**. There is a call for patient engagement to highlight the way in which triaging works and why this is necessary.

But what is most striking is **the pride the staff have** with how they have delivered consultations to the public and **the way in which they have adapted** their working practices in the fast paced changes that the Covid-19 pandemic brought about.



# Comments from GP staff

“

General practice has massively changed in the past 18 months. It has been very stressful. We are very tired and also feel under attack from the mass media who appear to have an agenda against us.

“

We are particularly proud of our Covid vaccination program which still continues. Our team have played a major part in this continuing into the booster/flu stage. It has been difficult but rewarding to have vaccinated so many patients.

“

Ceasing battering of GP practices would be most welcome. We saw 75% of our patients via face to face appointments in August and our cancer referrals have not fallen during the pandemic – might be nice if DOH [Department of Health and Social Care] and press recognised achievements rather than constant denigration of primary care in the media.

“

The media needs to be brought to task over their horrific condemnation of GPs – and sometimes we wish we could bring our patients in for a "day in the life of".... to see what actually goes on behind the scenes – the public think a GP surgery is run by a couple of Receptionists, a Practice Manager, a Nurse and maybe a few GPs – if they knew we had teams of staff of over 50 people etc they might begin to see the bigger picture.

“

Morale is generally good, but staff are tired. We look forward to getting back to some form of normality and hopefully returning to as things were prior to the pandemic.

# What 3 things do patients need to know?

**112 staff** responded to this question: **What three things do you think patients need to know before they contact your practice, that would help them and you?** These are the top messages in order of frequency/popularity:

- The GP practice is **under huge pressure** and may be short of staff due to Covid – please be patient, we are committed to helping you (40 mentions).
- **Options to try** before contacting the practice, eg pharmacy, self help, NHS 111, online info, physio and other First Contact Practitioners, etc (30 mentions).
- You may be referred to **a practitioner other than a GP** – most appointments will be via phone first followed by face to face consultation if needed (19 mentions).
- **Be prepared:** give a clear description of symptoms and when they started (15 mentions).
- **How triage works**, ie the receptionist will ask you questions to direct you to the practitioner best suited to your needs (12 mentions).
- **How to book an appointment** (online or phone) and expected length of appointment (12 mentions).
- **Don't be rude to staff**, it won't help (9 mentions).
- Face to face appointments **are an ongoing option** (8 mentions).

Less frequently mentioned but still common were:

- **Follow our Covid requirements** (mask, waiting arrangements, etc).
- **Book on the day** appointments over the phone – **book advance** appointments online.



**Improvements already  
made – case study**

# Improvements already made – case study

A GP surgery in north Wiltshire has been trialling a new phone system, which the reception team say has led to a better use of their time as they are now able to see call volumes, wait times and the reason for the incoming call.

Comments from the practice staff include:

“

This phone system is revolutionary! Innovative and flexible. Having the ability to work from home is invaluable in itself!

“

A seamless transition with an operating system that is working well with no issues, despite having a 17,500 patient base and 70 staff using the service.

“

The care provided by X-On has been helpful, transparent, and relevant. From the initial training meetings and set-up through to the implementation team, and support team since going live, all departments have been incredibly accommodating.

# Improvements already made – case study

The practice manager gave the following feedback:



The new phone system has made working from home so much easier. Previously, I had been using my personal mobile if I needed to make any calls, which meant that nothing was recorded. Now, I can use our phone system, so whoever I am calling knows it is the surgery.

Also, being able to have internal calls has been a revelation as it removes any of the issues we have had with speaking on [Microsoft] Teams (finding headphones, cameras, logging in, etc). I think staff are more likely to pick up the phone to have a quick chat when I'm not on the same site as them, as they can see I am online and this has helped resolve some issues without the need for long email chains.

Finally, access to call recordings from anywhere is fantastic. I am more likely to listen to a call if there is a concern raised as it is so easy to do so and does not involve elongated time in the cupboard waiting for the recording to work, or waiting until I am on the right site to access a recording. I think this will also be a good training tool and we may be able to include recordings with SEAs [Serious Event Audits] or complaints from now on.

Overall, it is a brilliant phone system, implemented smoothly, and is genuinely making a positive difference to the way I work.





Douglas Bader  
Rehabilitation Centre

# Conclusions and recommendations



# Conclusions

Most respondents' comments acknowledge **the impact of Covid-19 on GP practices**, the pressure put on staff and staff shortages resulting from illness/isolating and Covid restrictions.

Most patients **understand the restrictions on face to face meetings** that were imposed by Covid restrictions but feel the time has come to rationalise and **allow these meetings to be business as usual** again. They comment frequently that **phone consultations are simply not adequate** for some medical conditions.

Many expressed frustration at not seeing/speaking to a consistent GP/practitioner so having to **repeat their history**, making them feel uncared for and often resulting in an **inconsistent approach to diagnosis and treatment**.

Some respondents commented that the **new ways of working** (eg virtual/phone consultations, use of online booking and other digital communications) are likely to stay but **need to be adapted to meet patients preferences** where possible.

Some respondents, particularly those working or with caring commitments, **prefer phone consultations as more convenient and quicker**, as no travelling is required, it's better environmentally and avoids mingling in waiting rooms and risking infection.

Overall, Wiltshire patients feel they have **reasonable access to GP led services** and that practice staff have tried very hard in very challenging circumstances which is largely appreciated. They are frustrated by the waiting times for calls to be answered, practical difficulties in getting appointments, lack of consistency in the staff they "see" and receptionist triaging. They consider most of these points as barriers to access and want them to be improved.

# Recommendations

When we asked patients what could be improved, their comments included the following recommendations:

- Increase the opportunities for **face to face meetings** giving people the choice of virtual or real appointments/consultations.
- **New phone systems** or **increased number of call handlers** or **lines dedicated to appointments** booking should be put in place to unblock lines for enquiries and test results and reduce call waiting.
- **More specific time slots** (ie, 1 or 2 hour windows instead of 'morning' or 'afternoon') for phone consultation/GP calls to help people plan their day to take the call.
- **Review online application forms** as they are reported to be repetitive, confusing, poorly constructed with limited choices, and to improve response time.
- **Training for practice staff and GPs**, including for menopause, mental health and learning difficulties, to improve their awareness and engage in a more sensitive and informed manner.

“

In general I think that this is potentially a good thing to come from Covid, by bringing a new means of communicating with one's GP, enabling the GP to attend to more patients each day. Many patients have been forced to use a new technology in order to access primary care. Which must make primary healthcare more efficient, more connected and to equip e-healthcare for the future.

6

Let me thank you for shining a specific, objective and helpful light on primary care and going through things in a systematic way which is very likely to be helpful to anyone who reads the report. It is gratifying that there is understanding, and appreciation of what staff do for patients day in and day out in very difficult circumstances [and] it is helpful to see in black and white the main concerns that patients raise about general practice.

*Dr Michele Giorgi, Clinical Director,  
Sarum Trinity Primary Care Network*



# For more information

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