

Accessing GP Services: Views from Broxbourne Patients

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About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire on health and social care services. We provide an independent consumer voice evidencing patient and public experiences and gathering local intelligence to influence service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

About the Hertfordshire and West Essex Integrated Care System (ICS)

The Hertfordshire and West Essex Integrated Care System (ICS) was established as a statutory body on 1st July 2022. Integrated Care Systems are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, coordinate and commission health and care services¹. The Hertfordshire and West Essex ICS is made up of two key bodies – an Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

Integrated Care Board (ICB)

The Integrated Care Board (ICB) is an NHS organisation responsible for planning and overseeing how NHS money is spent across Hertfordshire and West Essex, with the aim of joining up health and care services, improving health and wellbeing and reducing health inequalities. The board of the ICB includes representations from NHS trusts, primary care and from Hertfordshire County Council and Essex County Council².

This report will be sent to the Hertfordshire and West Essex ICB Primary Care Board to inform how it can further support GP services.

Integrated Care Partnership (ICP)

The Integrated Care Partnership (ICP) is made up of representatives from different organisations involved in health and care. This includes NHS organisations, local authorities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. The partnership is responsible for developing an Integrated Care Strategy which will set out the priorities for Hertfordshire and West Essex for the next 10-20 years³.

¹ [Integrated care systems: how will they work under the Health and Care Act? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insights-and-analysis/healthcare-reform/integrated-care-systems)

² [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://www.hertsandwestessexics.org.uk/health-and-wellbeing-decisions)

³ [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://www.hertsandwestessexics.org.uk/health-and-wellbeing-decisions)

Hearing Patient Views about Primary Care in Hertfordshire and West Essex

Healthwatch Hertfordshire and Healthwatch Essex have been commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Workstream to undertake a series of engagement projects. The aims of the engagement projects include:

- Gathering lived experiences to feed directly into the Hertfordshire and West Essex ICS Primary Care Workstream
- Supporting and enabling the Hertfordshire and West Essex ICS to achieve wider participant engagement
- Engaging patients and the public on programmes covering key priorities and areas of importance at a regional and local level
- Making recommendations to the Hertfordshire and West Essex ICS Primary Care Workstream so improvements can be implemented

Using patient and public feedback, each engagement project will focus on improving the relevant service(s) within different areas of primary care by making recommendations to the Hertfordshire and West Essex ICB Primary Care Board.

From August to November 2022 the Director of Primary Care Transformation at the ICB has requested Healthwatch Hertfordshire and Healthwatch Essex to explore access to GP services with a specific focus on engaging with:

- Parents, carers and children and young people
- Residents living in the Borough of Broxbourne (and Harlow and Uttlesford for West Essex)

Reasons for exploring access to GP services, as well as these specific groups, are outlined below.

Please note a separate report has been published which outlines the findings from our engagement with Hertfordshire's parents, carers and children and young people. This report can be found on our website.

Background

National Context

Before the Covid-19 pandemic, GP practices across the county were facing significant and growing strain, with increasing staff shortages and workloads, rising patient demand and struggles recruiting and retaining staff. This started to have a negative impact, with patients finding it increasingly difficult to access their GP practice – whether this be for an appointment, information and advice, or general support. Patients were also seeing a reduction in choice when making an appointment, with many not able to choose the location, time or date of their

appointment, the type of appointment they received, and changes to which healthcare professional they could see or speak to.

The Covid-19 pandemic only worsened these existing pressures and even now as we learn to live with Covid-19, GP practices are still facing increased workloads and higher consultation rates than ever before. As a result, patients are struggling even more to access their GP practice or to get an appointment, and patient choice is further restricted.

The pandemic also necessitated new ways of working, including a rapid uptake of digital technology and services to deliver care, for example through the use of remote consultations and online booking systems. Although this has provided a number of benefits, patients had concerns that face to face appointments in particular would be replaced with online or remote alternatives.

This decline in patient satisfaction with GP services is reflected in the results of the national GP Patient Survey (2022)⁴ which highlights a significant decrease in the number of people stating that they had a good experience when accessing GP services, with many noting a lack of choice, availability in appointments, and increased difficulty getting through to their GP practice. Particularly concerning is the rise in the number of people who are avoiding accessing their GP practice despite needing care. This could have a significant impact on people's long-term health and could lead to an increase in demand elsewhere in the NHS, such as in A&E, evidence of which we can already see.

The following is reflected within the recent Fuller Stocktake report published in May 2022, which also outlines the opportunities Integrated Care Systems have for integrating primary care and improving the access, experiences and outcomes for communities⁵.

Local Context

Although access to GP services is an issue across Hertfordshire, a particular area of concern is the Borough of Broxbourne. Compared to national and local data, people registered with a GP practice in this area tend to find it more difficult to get through to their GP practice and are more likely to have a poor experience when trying to access GP services. They are also less likely to be offered any choice when making an appointment, and are more inclined to avoid accessing their GP practice entirely.

Aims

The aims of these engagement projects include:

- Identifying the barriers people encounter when accessing GP services

⁴ GP Patient Survey 2022 results - GOV.UK (www.gov.uk)

⁵ Microsoft Word - FINAL 003 250522 - Fuller report[46].docx (england.nhs.uk)

- Understanding the challenges people face when making an appointment with their GP practice
- Exploring the factors preventing people, despite needing care, from accessing GP services
- Understanding how the use of technology is being used and whether this is hindering or supporting access to GP services
- Making recommendations to the Hertfordshire and West Essex ICS Primary Care Workstream with the aim of ensuring greater ease and confidence when accessing GP services

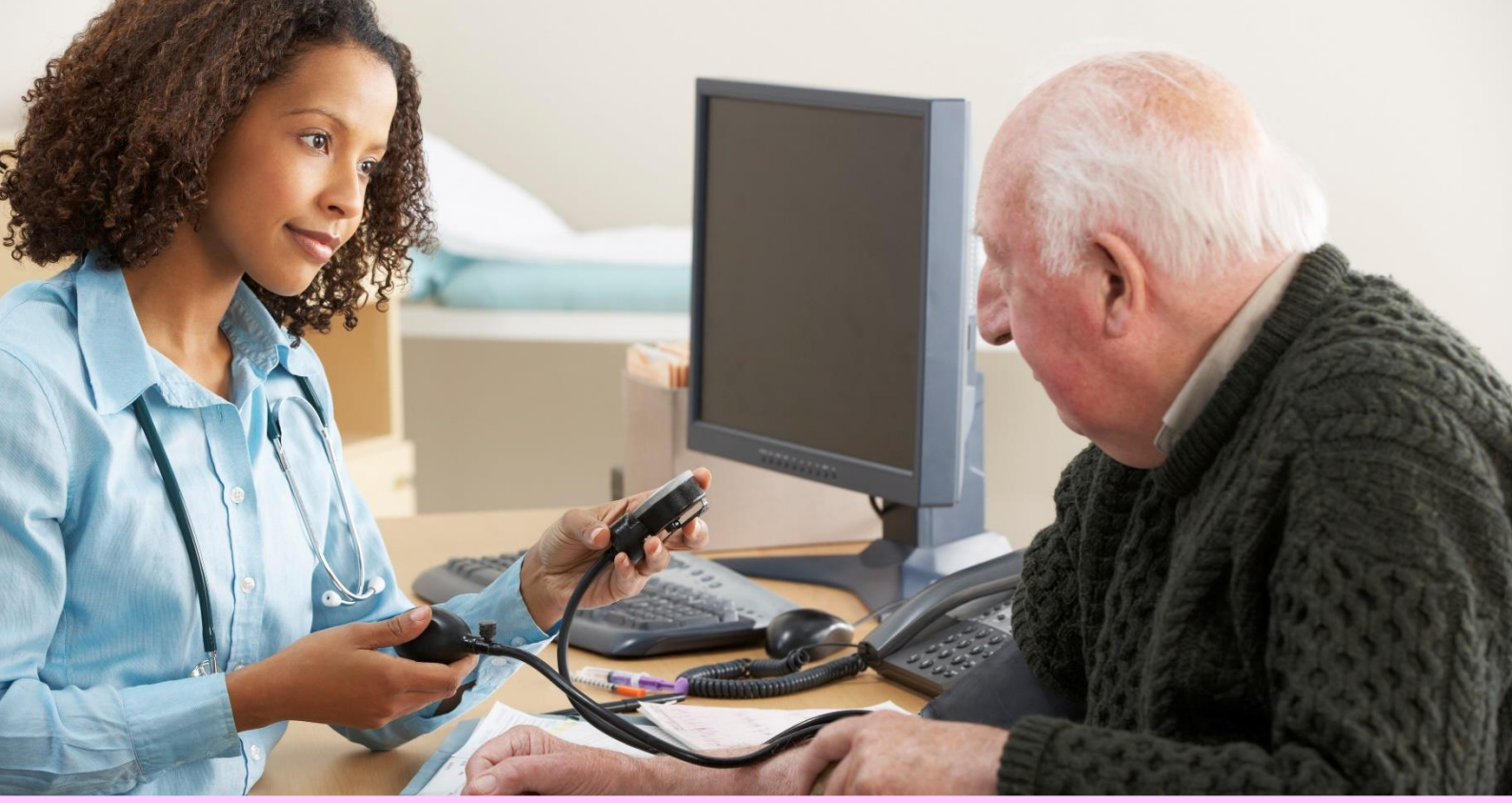
Methodology

To explore the above aims, Healthwatch Hertfordshire created an online survey for residents who live in the Borough of Broxbourne. Participants had the option to request the survey in an alternative format to suit their needs, and/or contact us for support.

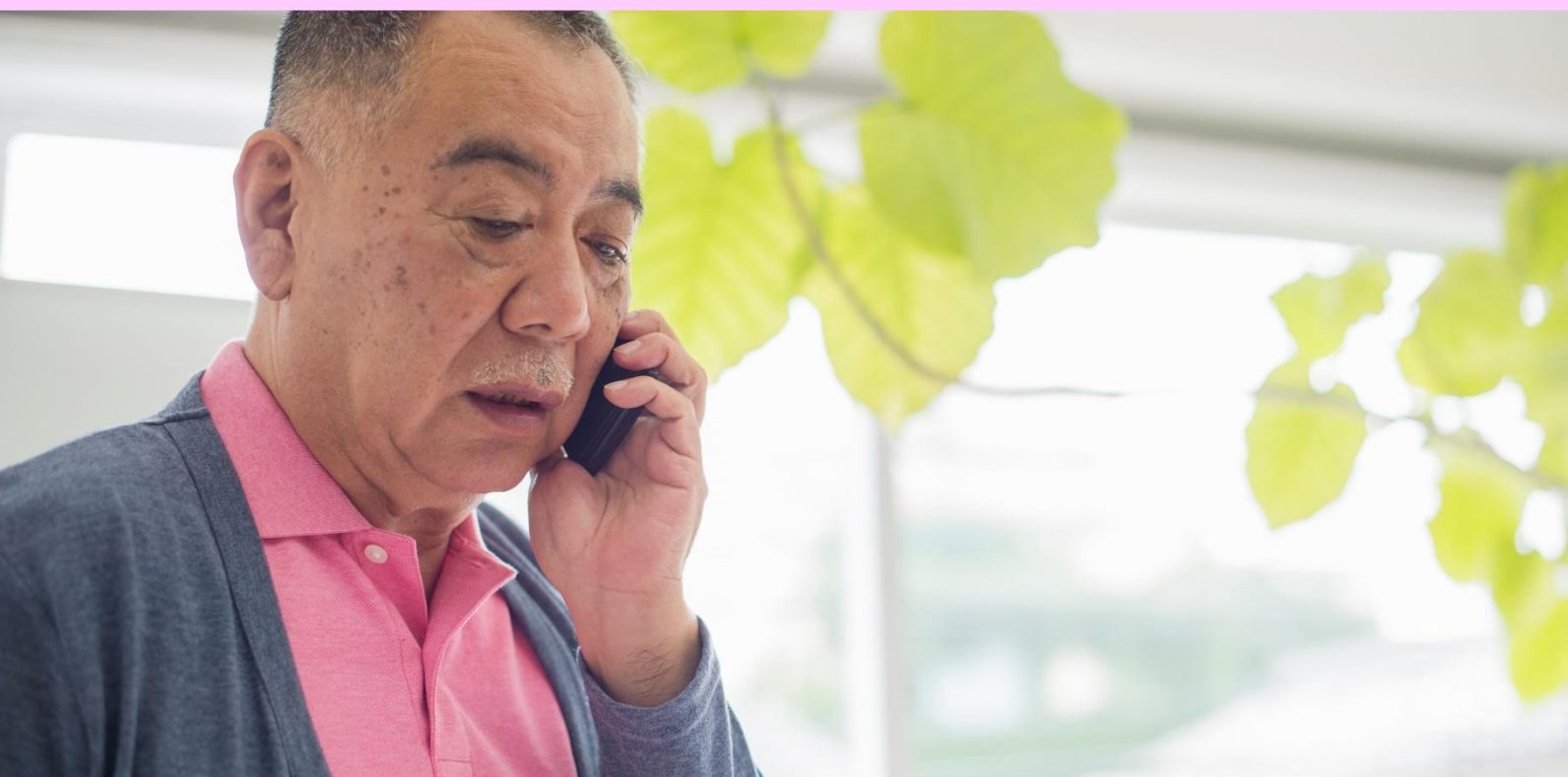
Although there was the option to request the surveys in an alternative format, all respondents completed the survey online. This indicates that all of the respondents not only have access to online technology, but also feel competent using it. We would recommend that the Hertfordshire and West Essex ICB looks to engage with those who do not have digital access to ensure their experiences and views are heard.

The survey asked questions about experiences of accessing GP services, barriers preventing people from using their GP practice, experiences of using online services, and how GP access could be improved.

The engagement period for this survey ran from 15th August to 17th October 2022. The survey was promoted via social media and shared with NHS and other statutory services and the voluntary, community, faith and social enterprise sector across Hertfordshire to share and distribute via their networks, contacts and social media channels.



Key Findings: Views and Experiences of Residents Living in the Borough of Broxbourne



Demographics and Context

In total 119 respondents shared their views and experiences with us⁶. 12% were aged between 18 and 34 years old, 33% were aged between 35 and 54 years old, and 39% were aged between 55 and 74 years old. 14% were aged over 75 years old.

71% of respondents were female and 25% were male. 79% were of a White British background and 14% were from of an ethnically diverse background⁷.

17% of respondents identified as a carer, 11% considered themselves to have a disability and 30% considered themselves to have a long-term condition.

Respondents shared which GP practice they are registered with. The full list of GP practices can be found in the appendix.

It is important to note that we do acknowledge the significant challenges faced by GP practices and the findings highlight good practice as well as areas for potential improvement.

Making an Appointment

The majority of respondents had a recent experience of trying to make an appointment with their GP practice, with 91% having tried to get an appointment in the last six months.

75% of respondents tried to make an appointment with their GP practice by phone, with only 13% using online services and 8% visiting their GP practice in person.

For those who tried to make an appointment by phone, 26% said it was “easy” or “very easy” while 64% said it was either “difficult” or “very difficult”. For most respondents, this was because the phone line was engaged or because they had to wait a long time to get through to a receptionist, with many waiting on hold for up to an hour.

“Consistently having to redial for 30 minutes which is generally the case whenever calling.”

“I called at 8:00am dead on and was on hold for 40 minutes.”

“Not even engaged, the phone does not even connect as the line is so busy.”

“The phone is continually engaged. Takes at least an hour to get through to a receptionist.”

⁶ Percentages do not always add up to 100% due to some respondents choosing not to share demographic data with us.

⁷ Ethnicities engaged with included: Black African, Gypsy, Roma or Traveller, White Irish, other White backgrounds and ethnicities not listed as options.

One respondent shared that they cannot visit their GP practice in person to try and get an appointment because they need to stay at home to care for their husband who has dementia. Their only option is to try contact by telephone, but they often cannot get through, which they find very distressing.

“They never answer the phone. You get as far as number 2 in the queue then it just rings and rings. If you go round there you are told to ring before 8:00am the next day. No point as the same problem occurs. I cannot go round there before 8:00am to try and get an appointment as I have a husband who is disabled and has dementia at home and I cannot leave him.”

Another respondent said they cannot try and get an appointment by visiting their GP practice in person because of their disability. This means the respondent has to rely on trying to contact by telephone and they often cannot get through. This is frustrating for the respondent and they feel that appointments are being taken by those who are able to walk into the GP practice.

“The phone line is constant. You have to ensure that you call dead on 8:30am to even get a chance of getting through. Then when you get through often the appointments are already taken by people that have walked in the surgery that morning as they are allowed access earlier. I am disabled and I am unable to queue at the surgery to get an appointment and I should not have to.”

Some respondents had waited on hold or in the telephone queue only to be told that there are no appointments available once they eventually got through to a receptionist. In some cases, respondents tried various routes to try and get an appointment with their GP practice, but were still unsuccessful.

“Spend hours on the phone from 8:00am hearing the same message but when you finally get through there are no appointments left. Told to try again at 11:30am when the same thing happens.”

“Tried to phone at 8:30 and waited 30 minutes on the phone and was told all appointments were taken. Next day I went to the surgery and was again told all appointments were taken and informed there are 3 ways to get an appointment. By phone, internet or waiting outside from 8:30am. As I start work at 8:00am I could not do this. Then tried for 3 days on the trot to get and get an appointment. The phone system needs to come into this century. This is not acceptable by any means.”

“Waiting on the phone is dreadfully long – I have to go in person to make an appointment (in some cases I’m still told there are none) or I’m on hold for between 30 to 45 minutes and then there are no appointments available.”

For a large number of respondents, their only option is to call their GP practice should they want an appointment. Respondents said that they need a variety of routes, including the use of online services and visiting their GP practice in person. Having more than one route was particularly important to respondents with work or caring responsibilities.

“It took me over 30 minutes to get through. I had actually been to the surgery and was told I couldn’t make an appointment in person and that the phone lines were busy. 30 minutes later (in which time I had walked home, got in the car and driven back to the surgery) I was still on hold. The surgery once again told me the phone lines weren’t busy!”

“The race to get through with the rest of the population at 8:00am to try and get an appointment is terrible. Some of us work and are travelling at this time or if we are ill we might be asleep after a hard night. It feels like we are an inconvenience to the system.”

“Told to book online but I wasn’t able to. Also told that I can’t make an appointment for my husband over the phone and that he has to make it himself. He works from six in the morning until three in the afternoon, he is a binman, so it’s impossible to make calls as he has to hang on until they answer.”

“Don’t just make people phone at 8:00am to make an appointment. This is the only route offered to make any appointment.”

However, respondents who tried to make an appointment with their GP practice through online services tended to have a more positive experience, with 60% receiving a response from their GP practice either on the same day or the next day.

Choice in Appointments

For the respondents who were given an appointment with their GP practice, 45% were not offered any choice when making the appointment.

Only 10% could choose the type of appointment they were given – whether this be a video call, phone call or face to face. Most respondents were frustrated that they could not choose to have a face to face appointment, particularly given the severity or nature of their symptoms.

"I wasn't offered a face to face appointment. I was told that I would receive a phone call. I felt that I needed to see a GP or prescribing nurse in person. This wasn't offered as an option. I was requested to send photos which I did not feel was adequate for the problem. I was then assessed based on photos which did not show the full extent of my issue. I was diagnosed using an inadequate photo."

"I had a post surgery infection and was offered to send photos and a phone call. I was then prescribed cream but ended up having to go in for an appointment at the GP a few days later and needed antibiotics because the infection was worse. Someone should have seen me the first time."

"You are only offered a telephone appointment and how can the doctor diagnose or see anything through a phone?"

"I was advised that a doctor would call me for a video appointment, but not given a time and I had a bad back so really needed to see someone."

One respondent shared how they have been diagnosed with a new medical condition without ever having a face to face appointment with a GP. Not receiving a face to face appointment made the respondent feel unsupported at a time when having reassurance was essential.

"It is unfortunate that the care provision now feels so remote. I have recently been diagnosed with a new medical condition without seeing a doctor in person. It would have been reassuring on so many fronts to have been offered an appointment in person to discuss matters in person rather than receiving a diagnosis over the phone, not least to give me confidence that the doctor actually had knowledge of who they are talking to beyond a name and medical history."

19% of respondents were able to choose the time or date of their appointment, and just 6% were able to choose which healthcare professional they could see. Respondents were disappointed that they were not offered greater choice when making an appointment with their GP practice, particularly those with a disability or a long-term condition.

"Although you might be offered a date for a telephone appointment, you never get a choice of time. Plus if you miss the call you have to start the whole process again! Everything is done for the benefit of the GP not the patient."

"Due to having specific conditions I like to see my GP as he knows about my case but it is very hard to get an appointment with him, and there is only one other doctor that understands my condition at the surgery."

"It's extremely difficult when seeking an appointment to see a doctor previously seen on the same matter."

Similarly, some respondents felt that they were not offered an appointment soon enough, with many having to wait several weeks for an appointment, whether this be face to face or a remote consultation.

"Appointment was too far in the future. Nearly a month wait for a heart issue."

"Had to wait at least two weeks for a face to face appointment."

"Unless an emergency it was three weeks until the next appointment."

"They told me I'd be looking at five weeks for the appointment."

However, 28% of respondents were not offered an appointment with their GP practice. For the majority, this was because there were no appointments available, even weeks in advance.

"The GP had asked me to make a follow up appointment specifically with them but there were no appointments despite me ringing at 8:04am."

"I needed an urgent appointment but none were available."

"No appointments available. Ring next day and the same story. Next day and the same story and repeat."

Positive Experiences

It is important to note that unsurprisingly, most respondents who completed the survey shared their negative experiences, and their desire for improved services. However, we did hear examples of good practice which included GP practices providing appointments when needed, offering support to respondents and reception staff and healthcare professionals listening and respecting their concerns.

"It is an excellent surgery and has worked hard to care for patients with annual reviews where appropriate. We know of practices that have failed to do this."

"It is an excellent practice. I have been with them for over 50 years and really can't fault them."

"The care given by the surgery is always good and once I do get to speak with a healthcare professional, I'm always happy with the care received."

"We have consistently enjoyed first class treatment at our surgery. It is a shining example to all."

Improving the Process

Overall 32% of respondents said trying to make an appointment with their GP practice was "good" or "very good" while 57% said their experience was "bad" or "very bad".

When respondents were asked how the process of making an appointment could be improved, a large number said that telephone systems need to be improved to enable easier access to their GP practice. Respondents also felt that they should be able to call for an appointment at numerous points during the day, and not just in the morning. This was particularly important to respondents who work or have caring responsibilities, to enable greater flexibility.

"Trying to call every morning until I can secure an appointment is disappointing to say the least. This current telephone system can't continue."

"You should be able to get an appointment after the surgery opens and not have to be one of the first callers."

"Not requiring people to call at random times which discriminates against shift workers."

"No one answers the phone unless you manage to get through when the lines open at 8:30am. This can't continue, the lines need to be better."

"It can be impossible to get through. It's also not unusual to be cut off and have to keep redialling which is very time-consuming and frustrating. The system needs an overhaul."

Similarly, most respondents would like access to a variety of options when trying to make an appointment with their GP practice, including the use of online services and visiting their GP practice in person. Respondents do not want to have to rely solely on the telephone as their only communication route, particularly when it is often unreliable or inaccessible.

“Being able to make appointments in person as well as over the phone.”

“I work full time and before Covid-19 I was able to use online services which was very useful as I could choose an appointment from a selection offered.”

“Put the appointments back online to book as per before Covid-19. Not calling everyday at 8:00am to see if they’ve got anything.”

Respondents also felt that there needs to be more appointments available, including the ability to book an appointment in advance, particularly for routine and non-urgent matters.

“There should be more appointments available, the limited service offered at present is just not good enough.”

“To be able to make future appointments for non-urgent appointments. It’s frustrating that you can’t book appointments in advance.”

“Have dates further in the future available for routine checks.”

“Have bookable appointments that are not for emergencies e.g. to discuss a possible diagnosis that doesn’t need immediate attention.”

A large number of respondents also said that they would like to be offered more choice when making an appointment with their GP practice – whether this be the type of appointment, the time or date of the appointment, or which healthcare professional they can see. At present, this choice is rarely offered to the majority of respondents which they find inadequate.

“I feel really sad that our GP services have become so inadequate recently. I do not understand why they limit appointments so much nowadays. I’m sure they will be missing important diagnoses.”

“Option of face to face is needed. Having a telephone appointment before a face to face means having two appointments for the same issue. A waste of their time and mine.”

"I would like to see a GP in person more, so a choice of the type of appointment would be good."

"More consideration given by the appointment system regarding times or days that are more suitable. My child is disabled so we need more consideration when offered an appointment but we don't get that."

Significantly, a large number of respondents felt that the process of making an appointment with their GP practice could be improved if reception staff and/or healthcare professionals were more understanding, empathetic and did not dismiss their health concerns. These attitudes from staff has made some respondents feel undervalued and in some cases, reluctant to make contact in fear of being poorly treated.

"Less gatekeeping, less dismissive attitudes. The attitude currently seems to be that a person is lying and should not get any appointments. Being believed and for staff to realise that calling a doctor is a final option is needed."

"It has been very challenging for everyone, as a 71 year old I am reluctant to try and make an appointment now, feeling less valued as a patient because the GPs are so busy."

"Staff are rude and unhelpful. In the end I gave up and went to Harlow hospital, the staff there were friendly, lovely and helpful."

"It would also help if members of staff on reception duty were less rude to patients. We go to the GP if we are unwell and need help and advice. I don't attend the GP practice to be treated and spoken to in a rude and off-handed manner."

Respondents also recognised that GP services need long-term, systemic change if improvements are to be made, including the recruitment and retention of more healthcare professionals and reception staff.

"More people manning the phone lines if this is now the only way of accessing your GP."

"More GPs and staff available to get an appointment earlier and easier."

"More staff to answer the phones. More doctors."

However, some respondents had a positive experience when making an appointment with their GP practice. These respondents shared that they received a timely response from their GP practice, were listened to and treated with respect, and given the support they needed.

“No problems at all. I had an emergency situation and was seen within an hour of phoning.”

“I needed advice about a mark on my skin, I sent photos to the GP and she has put me on the waiting list for minor operations at the surgery.”

“It can take awhile to get through but we have always been given appointment when it is necessary.”

“The receptionists at my surgery have always been very polite and helpful.”

Avoiding GP Services

64% of respondents have avoided contacting their GP practice in the last 12 months. For the majority of respondents, this is because they have found it too difficult to get through to their GP practice.

“It’s proving far too time-consuming to contact the surgery, so unless it is an emergency, I tend to resign myself to muddling through.”

“I knew it would be a chore trying to get through to the GP practice.”

“It’s just too much hassle trying to get an appointment.”

“I have been trying to go to the doctors for months but knowing that I could never get through has put me off.”

One respondent shared that their father was very unwell and they both needed the support of their GP practice during this time. Despite their father being elderly and severely unwell, the respondent struggled to get any care from their GP practice and their father has now sadly died.

“When my father was alive he needed assistance quite a bit and I found that the GP practice was not interested in what was happening to him (he was 97 years of age). It was very difficult trying to get an appointment for someone who had issues and needed to see them urgently. It puts a lot of strain on the carers of that person as well. My father has since passed but before he died the last 10 months were very difficult with the surgery. I’ve avoided them since.”

Specifically, a large number of respondents said that they have been reluctant to contact their GP practice because it is too difficult to access via telephone. Respondents were frustrated with phone lines either being engaged, or having to wait in the telephone queue or on hold to speak to a receptionist.

“I work 9-5 and cannot be on hold for an hour from 8:00am as I need to travel to work. Not everyone who needs to see the GP is sitting at home.”

“I’ve stopped trying after previous ringing and getting a recorded message telling me I was number 48 in the queue to get through.”

“I don’t contact anymore as I can never get through to the surgery even when I call at 8:00am.”

One respondent shared that they are hesitant to contact their GP practice after struggling to get through by telephone. The respondent would now rather cope with the pain they are in than try and contact the GP practice for appointment, even though they know they need to seek support.

“It was too difficult to make contact with them. They were always busy when calling or you were number 20 something in the queue. When you are very unwell and struggling the last thing you are able to do is hang on the phone for that length of time to be told that all appointments have gone. It’s been a case of grin and bare it at times when I have been bed bound in severe pain that I cannot move.”

Other respondents have avoided accessing their GP practice because they assume no appointments will be available, largely because this is what tends to happen each time they make contact.

“I knew that I wouldn’t get an appointment. I tried when I got a hernia. I had a doctor call me around 7 hours after who said it’s not something we deal with anymore and to call back if it gets worse.”

"I knew I wouldn't get an appointment and would be told to call the next day."

"I knew I would be unsuccessful in getting an appointment."

Similarly, other respondents have not accessed their GP practice because they assume that they will not be offered any choice even if they are given an appointment. As emphasised previously, being able to choose the type of appointment was a priority for our respondents in particular, with some not accepting an appointment unless it is face to face.

"You're often not offered a face to face appointment so what's the point?"

"It's difficult getting an appointment at a suitable date or time."

"Seems pointless to contact – they only offer telephone consultations even if your symptoms obviously need to be looked at in person."

Having a choice of time or date, or receiving an appointment within a short timeframe, was also important to respondents. One respondent shared how despite the hospital advising that they need an urgent appointment with the GP, the earliest appointment they could get was in three weeks time.

"I had to wait three weeks for an appointment and was denied an emergency appointment when needed. I had been discharged from hospital with instructions to see my GP immediately. I was told despite the hospital instructions and taking painkillers around the clock that I did not qualify for an emergency appointment. I therefore had to wait three weeks for an appointment and continued being in pain, taking painkillers throughout the day. As a result I have chosen not to contact the surgery at times despite feeling that it would be in my best interest."

In contrast, some respondents said they are reluctant to access their GP practice because they are concerned about the current burden on the NHS, and feared that by making contact with their GP practice, they would only be exacerbating the pressures facing GP services. This was despite some respondents needing support for their condition and/or symptoms.

"The NHS is so busy and I wasn't sure my complaint was important enough."

"I'm very aware of the pressure on the NHS especially on GP surgeries."

"GPs were under so much pressure I didn't feel able to put upon them at this time."

"I have some minor problems, not life threatening but uncomfortable that I can manage most of the time but need advice and information if there are better alternatives. The media claims doctors are overworked and I think that others probably have more urgent needs than me."

Other respondents shared how they have been hesitant to contact their GP practice after receiving poor treatment from reception staff and/or healthcare professionals.

"They are belittling and rude. You are made to feel awful for being a problem and frankly it is terrifying to have to make an appointment. They have ageist and ableist attitudes that treat anyone needing healthcare as inadequate."

"I was so annoyed with the surgery's attitude. I can't be bothered anymore. I'm scared to get told off!"

"The staff are unhelpful and rude which I find upsetting when you are not well."

"It is hard work and a negative experience speaking to the receptionists."

"The doctor didn't care about my symptoms or conditions when I spoke to them on the phone. I was clearly distressed and they just didn't care."

As a result, 55% of respondents looked for information and advice from elsewhere instead of contacting their GP practice. The most common examples including contacting NHS 111, visiting an Urgent Care Centre or A&E to get the care and support they felt they needed. Respondents also felt that making contact via these routes and services would be more accessible than getting through to their GP practice.

"I have to call 111 because there are never any appointments."

"I felt I was more likely to get practical support by calling 111."

"If needs be I'll go to A&E it will take hours but at least I will be seen."

"Visited Urgent Care Centre in fear of not getting an appointment the next day or not getting through."

Encouraging Access to GP Services

When respondents were asked what would encourage them to contact their GP practice, some said they would be more inclined to access their GP practice if they could use online services to make an appointment, or if telephone systems were improved.

“Booking online for a routine appointment. Some people have jobs and cannot leave work on a whim.”

“If I could book appointments online, that would be a lot easier.”

“The phone not being constantly engaged would be a start.”

Similarly, other respondents said they would be more likely to contact their GP practice if there were more appointments available, and if appointments could be booked in advance, especially if they are for routine checks and non-urgent issues.

“More easily available appointments! Before Covid-19 there were far more appointments. Now there aren't any!”

“Knowing that you could get an appointment to see a doctor or nurse within a week if non-urgent.”

“Knowing I would get through and that I would be able to book an appointment for an appropriate time, be this on the day itself or some time in the future.”

As emphasised previously, respondents would also be more inclined to access their GP practice if they could have more choice when making an appointment. Respondents shared that they need more choice not only in the type of appointment offered, but also in the time or date, and which healthcare professional they can see.

“If I could choose to see my usual doctor who knows about my conditions and health matters.”

“I'd contact if I could have a bit more flexibility when picking the time or date. I have work, caring commitments, a lot going on. Some consideration would be nice.”

“To have some degree of certainty that you could see a doctor or other healthcare professional.”

“Knowing that I could see someone in person when needed and required, rather than a video call or sending pictures.”

However, other respondents said they would access their GP practice if they knew reception staff and healthcare professionals would treat them with greater empathy and respect. Being able to approach and speak to receptionists in particular was important to respondents, as their attitudes and lack of consideration is often what makes individuals reluctant to get in contact.

“Staff that are more approachable. It seems to me that the reception staff diagnose you without any training whatsoever and I have a number of underlying health conditions which get ignored.”

“If the receptionists were more understanding and less hostile!”

“It would help if receptionists were all friendly and had empathy as it is very rare to get one that has. There are a couple of them at the surgery and you just keep your fingers crossed that it is one of them answering the phone as otherwise its even more stressful.”

“I’d contact if I felt I wasn’t wasting their time by calling.”

Using Online Services

29% of respondents are not registered with online services. For the majority, this is because they either did not know their GP practice offered online services, or because they had never been offered the opportunity to register. For a small number of respondents, this is because they either do not have access to online technology or do not feel confident using it. Despite these barriers, 53% of respondents said they would register with online services if given the opportunity and/or support to do so.

In comparison, 66% of respondents are registered with online services. In the last 12 months, most respondents have used online services to order repeat prescriptions, while a small number have used online services to either book an appointment, access their medical records, or to have a remote consultation.

Benefits of using Online Services

When respondents were asked what the benefits are of using online services, some noted that online services are more accessible and easier to use than contacting via telephone or visiting the GP practice in person. Respondents also felt that they often received a quicker, more timely response from their GP practice when using online services.

“Prevents having to spend a lot of time waiting for a telephone call to be answered.”

“I have a hearing problem so going online is easier than phoning.”

“I get a quicker service and a quicker response when I go online.”

“I have used the email service to ask questions. They were listed as non-emergency appointments but I had a reply the same day.”

A large number of respondents said the greatest benefit of online services was the ability to access their medical records, order repeat prescriptions, and look at or submit test results. Respondents find these functions useful, primarily because it means they do not have to call their GP practice to request any of the following.

“You don’t have to wait a million years and hold the line trying to get through to someone to order medication.”

“I like being able to order my medications every month online which is really nice and simple.”

Other respondents felt that online services were beneficial in not only saving their own time, but the time and capacity of healthcare professionals as well.

“Online services saves their time and mine.”

“I can look at test results any time and I can submit blood pressure readings every 6 months which is quick and efficient.”

“I can access my medical records and order medication any time without having to sit on the phone for 20–30 minutes.”

"It allows the staff to respond to requests in their own time and in theory should reduce the burden of telephone enquiries."

"Less stress for both patients and staff as their system will store messages like requests for repeat prescriptions."

Improving Online Services

When asked how online services could be improved, a large number of respondents said that they should be able to use online services to book appointments. Some noted that this function was previously available, but since the Covid-19 pandemic, it has been disabled.

"Let us be able to book our own appointments online again."

"Reinstate the full service so that appointments can actually be booked."

"It would be good if we could actually book appointments."

Similarly, a number of respondents felt that all of the functions in online services should be enabled to patients, including access to test results, medical records and prescriptions.

"Please allow more services. Used to be able to make appointments, view appointments, but this has stopped working. I would like to see my record too but I'm told this is not possible."

"Allow me to view my medical records and test results as I've been informed this is not possible."

"Provide access to medical records, increase provision of online appointment bookings, keep current prescription online records up to do so that repeat prescriptions can be ordered online rather than necessitating a trip to the surgery to hand in a paper request."

"I am not able to access my medical records (but would do if allowed) and most of the time there are no doctors appointments available to book online. My records also fail to show my current medication so I can't order repeat prescriptions online either."

Other respondents said that online forms, such as eConsult, are not comprehensive and are too prescriptive. As a result, the forms do not allow patients to provide enough information about

their symptoms and/or condition, either preventing patients from getting the support they need, or incorrectly signposting patients to A&E when this is not necessary.

"I've tried to book an appointment and every time I was directed to attend A&E which was not necessary. The only way I could actually get an appointment was if I reduced the intensity of my symptoms in the form to prevent it from automatically advising me to go to A&E which meant that I was not actually able to provide accurate information about my issue."

"Allow a 'ask a general question to your GP' as an option. Add a 'not sure' option to the list of symptoms – none of those matched the condition I wanted help with and in the end I had to pick one just in order to complete the request."

"Try and make forms more simple to understand, easier to navigate and less prescriptive in what it allows you to do."

Although some respondents felt that they received a quick response when using online services, others said that when they use online services, they do not tend to hear from back their GP practice until a few days later.

"We have consistently enjoyed first class treatment at our surgery. It is a shining example to all."

"No benefit if you do succeed in being able to complete a lengthy form as you have to wait at least 24 hours for a call back."

"No one gets back to you for 48-72 hours so if it is something that needs dealing with that day, it's no help at all."

"Two days for a reply is not good enough."

Summary

Our engagement resonates with local and national evidence, highlighting that residents registered with a GP practice in the Borough of Broxbourne tend to find it very difficult to access their GP practice – whether this be for an appointment, general support or other requests such as prescriptions and test results. The majority of respondents noted having a negative experience when trying to access their GP and in turn, this has impacted their confidence in their GP practice to give them the support they need.

This is supported by how almost two thirds of respondents have avoided accessing their GP practice in the last 12 months, even if they are in significant pain or discomfort. Again, this is primarily because respondents find it too difficult to get in contact with their GP practice and assume that no appointments or support will be made available to them, despite their condition or the severity of their symptoms.

In terms of what would improve their experience, the most common answer was to enable additional access routes for getting through to their GP practice, including the use of online services and visiting the GP practice in person. Other examples included improving telephone systems, providing more appointments, offering more choice, and better quality of care from both reception staff and healthcare professionals.

Respondents tended to use online services, however many noted that the functions are limited or inaccessible, preventing respondents from using online services to either book an appointment, access medical records and test results or make simple requests such as a repeat prescription.

Despite the concerning findings raised in this report, it is almost important to note that some respondents have had very positive experiences and praised the continued support their GP practice has provided. Best practice and learning from these particular GP practices should be shared with others not only in this district, but across the county.

Recommendations

Based on the findings outlined in this report, it is recommended that the Hertfordshire and West Essex ICB Primary Care Workstream should encourage GP practices to take forward the following recommendations. The ICB is providing significant support to enable GP practices to improve access and further investment of this will help address some of the challenges.

Improving access to GP services would instil greater confidence in patients. This could be achieved through:

1. Enabling a variety of access routes, including the use of online services and visiting the GP practice in person, to accompany all needs and preferences.
2. Continuing to improve telephone systems to reduce delays and waiting times for patients.
3. Greater flexibility in contact hours and opening times to account for school hours, work, and caring responsibilities.

Making appointments more readily available is important, particularly for children and young people and vulnerable groups. This could include:

4. Appointments that are bookable in advance, especially if the concern is either routine or non-urgent.
5. Reviewing and addressing waiting times for appointments, with particular consideration given to:
 - Children and young people
 - Those with a disability, complex needs, or a long-term condition
 - Those with ill mental health

Providing greater choice when offering appointments would improve the quality of care received. This could include:

6. Being mindful of work and caring responsibilities, as well as school hours, when offering appointments.
7. Providing more choice when offering appointments to patients, with a particular focus on offering more face to face appointments where possible. Specific consideration and greater choice should be given to:
 - Children and young people
 - Those with a disability, complex needs, or a long-term condition
 - Those with ill mental health

8. The ICB working with Primary Care Networks and GP practices to identify ways of ensuring there is greater choice for patients.

Providing high quality of care would ensure all patients feel respected and heard. This could include:

9. Listening to and respecting the concerns of all patients, particularly parents and carers, to prevent misdiagnosis and/or mistreatment.
10. Providing thorough assessments and high quality care to all patients, at all times.
11. Healthcare professionals and reception staff treating all patients with respect. This should be monitored to ensure staff are not dismissing concerns, or judging patients for making contact. Reminders and refresher training should also be considered.
12. Delivering Customer Care training for GP receptionists to improve their customer service and communication skills.

GP practices should offer greater information and support, particularly in regards to the use of online services

13. Continuing to encourage patients, particularly parents and carers and vulnerable groups, to contact their GP practice if they have concerns about their health.
14. Enabling online access for patients if this function is not already available.
15. Continuing to increase awareness amongst patients on how they can access online services and encourage or support them to register. The ICB should encourage GP practices to work with other healthcare professionals, Hertfordshire County Council and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector to raise the profile and benefits of using online services.
16. Enabling all patients full access to the functions available via online services, including:
 - Booking appointments
 - Test results
 - Prescriptions
 - Medical records
17. By 1st November 2022 all GP practices should have updated their organisation settings for online services in order to be able to provide record access to patients – whether this be

via the NHS App, TPP or EMIS systems⁸. The ICB should look to review and monitor whether improvements have been made.

⁸ [GP Online Services clinical system configuration: Immediate action required - NHS Digital](#)

Appendix

Named GP Practices: Residents living in the Borough of Broxbourne Survey⁹

GP Practice	Number of Respondents
Park Lane Surgery	18
Amwell Surgery	17
Warden Lodge Medical Practice	16
The Maples Health Centre	11
Valley View Health Centre	10
Hailey View Surgery	7
Stockwell Lodge Medical Centre	6
The Limes Surgery	6
Cuffley and Goffs Oak Medical Practice	6
Wormley Medical Centre	4
Cromwell Medical Centre	4
Abbey Road Surgery	4
Stanhope Surgery	2
The High Street Surgery	2

⁹ Please note that the total does not equal to the total number of respondents due to some respondents choosing not to share the name of the GP practice they are registered with.