

Community insights on GP practice

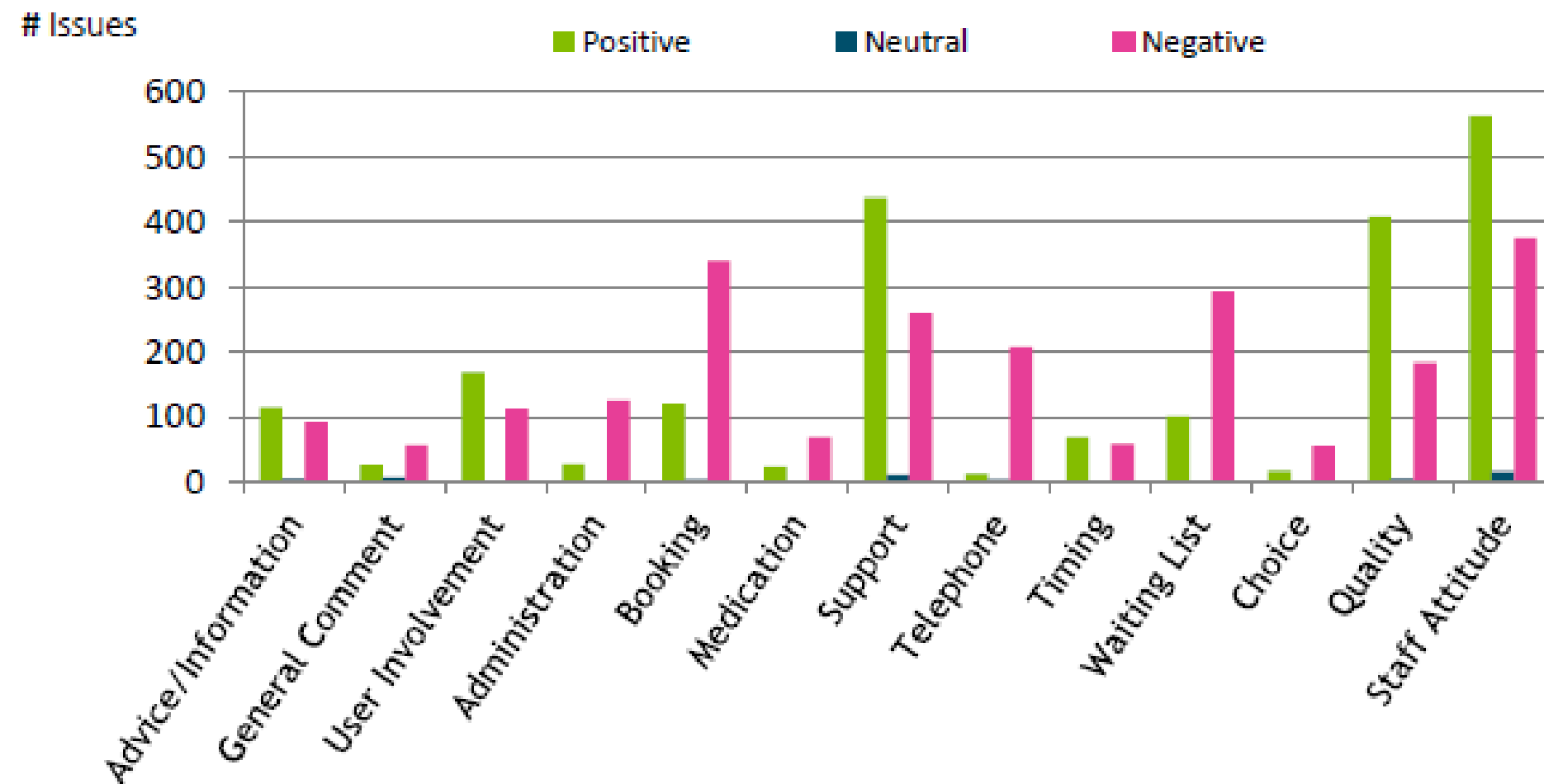


healthwatch
Waltham Forest



Difficulty in accessing GP services is the most common issue raised by local people.

Top trends from 4,735 issues from 1,073 people from Waltham Forest GP Report Oct-Dec 2022 I



Experience of access to GP practices in Waltham Forest



Experience of quality and empathy in GP practices in Waltham Forest

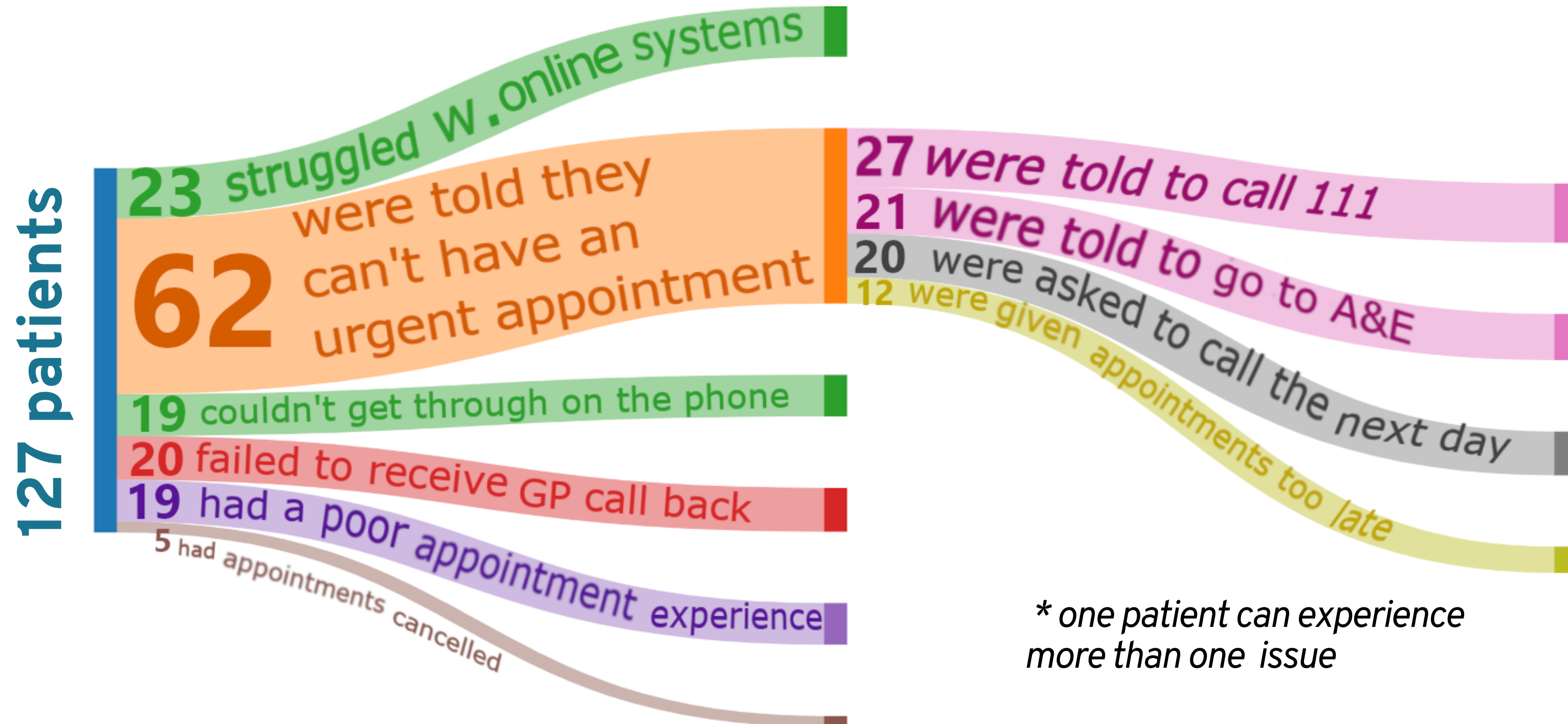


Positive Neutral Negative

What happens when patients can't get GP appointments?

- ➔ **They access urgent care** through the 111 phone line, hospital A&E and, more rarely, urgent treatment centres/ walk-in centres. There, **they can only receive support for acute issues**, with no follow-ups (*A&E, for example, cannot give referrals to a specialist for a potential chronic issue instead of the GP*). When patients try to access their GP again for follow-up care, they are referred again to urgent care services, who signpost back to GPs. This consumes NHS resources for limited benefit to the end user.
- ➔ **Their conditions stay untreated for longer**, risking to become more complex, more severe and more difficult to treat down the line.
- ➔ **They lose trust in GP surgery staff**; patients who have issues getting access are more likely to perceive reception staff as rude and the relationship with them as adversarial/ based on rationing and gatekeeping care. In the worst cases, this also impacts trust that medical advice they receive is in their best clinical interest.
(If a patient is advised to go to A&E or, on the contrary, to stay home and take paracetamol, can they trust that this is genuinely the right thing to do, rather than merely a way of saying "We don't have capacity to treat you?")

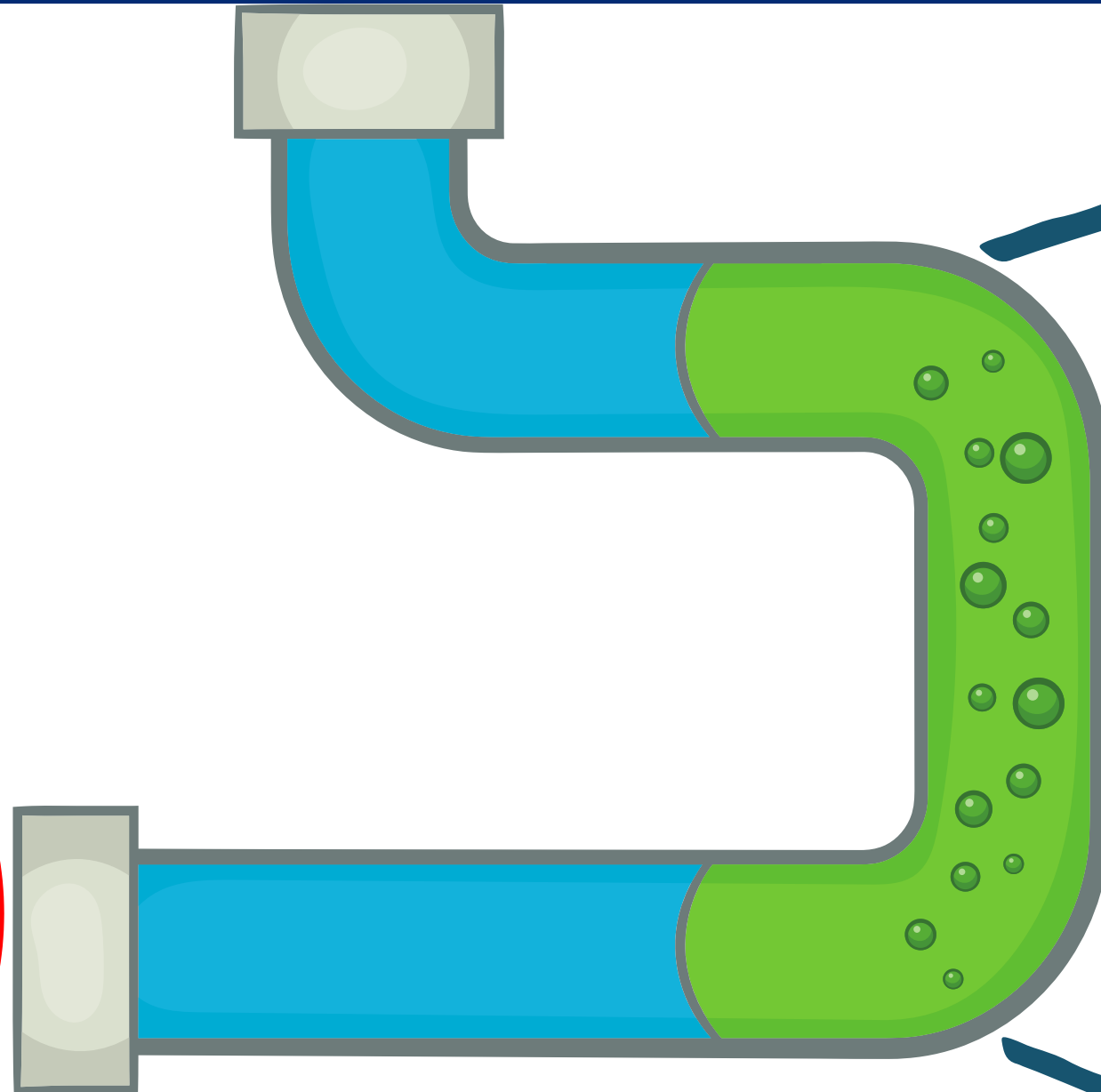
In 2022, we looked at the experience of patients in Waltham Forest, Newham and Tower Hamlets who accessed or considered accessing urgent care after trying to make a GP appointment.



** one patient can experience more than one issue*

Why is this happening?

Finding the blockage in the pipeline





Appointments given out first thing in the morning- on a first come first serve basis, a triage basis or a mix of the two: many patients cannot be seen on the day.

In many cases, patients who can't be given appointments on the day are given no appointment at all: instead, they are advised to access urgent care which may not fully meet their needs or keep trying with no guarantee of an appointment .

Online appointment booking doesn't work (entirely disabled or no appointment slots available); in some cases booking via e-consult doesn't work- patients find after answering many questions they need to call for an appointment instead. **This makes phone lines even more overstretched.**

Why is this happening?

Patients have different needs; a one size fits all approach cannot be efficient.



I need to be physically examined and possibly antibiotics; I don't mind whether it's my own GP or a different one doing it; I'm well enough to travel to another nearby location too!

I was seen by a doctor in the Out of Hours; she says I need a referral to get a colonoscopy. Do I really need to have the whole consultation re-done by my own GP?

Wish I could be seen via video call consultation- the Econsult form doesn't let me explain.

I just need a repeat prescription.



EVERYONE

Join the phone line queue at 8 AM to ask for an appointment.

**NO
APPOINTMENTS
GUARANTEED!**

In the summer of 2022

4713 people

in Waltham Forest

gave feedback on GP access and extended GP hours

This is what we have learned:

Addressing the needs of the other group in a flexible personalised manner creates capacity for this group in GP surgeries.



Some people prefer to use GP surgeries in a very traditional way:

- booking GP appointments by telephone, being seen in person, always going to the same GP surgery.

They represent the largest group of respondents, but just short of a majority.

They are likely to be more vulnerable: older, disabled or more severely ill, digitally excluded.

Others are willing to be more flexible about how they access primary care:

- booking GP appointments online, using online tools, having remote consult, going to a hub or an Urgent Treatment Centre.

The ways in which they are willing to be flexible may vary between groups and individuals (some may be willing to travel to a walk-in centre but not have remote consultations, or the other way around)



This group could be key for unblocking the pipeline

Patient profiles

Prefers to be seen in person

The in-person patient

Highly values in person appointments and is willing to travel for them

- ➔ Young people, aged 18-24
- ➔ Already living more than 30 minutes away from their GP; transient populations, likely to move within the borough/ area
- ➔ People in work, who may be able to access care near their workplace rather than their home.
- ➔ White other than British ethnic groups; Latin American ethnic groups.

28%
of
respondents

Least flexible

Specifically needs in-person appointment within their local area

- ➔ Older people, digitally excluded
- ➔ South Asian ethnic groups
- ➔ Some disabled people, particularly those with sensory impairments or those whose disabilities are severely limiting.
- ➔ People in low incomes, who may not afford internet access, nor further travel.

45%
of
respondents

Most flexible

Happy to have virtual appointments or to travel to a GP appointment

- ➔ Roma ethnics if not digitally excluded.
- ➔ Some neurodiverse people, including some autistic or diagnosed with ADHD.
- ➔ Already living further away from GP
- ➔ LGBT patients

12%
of
respondents

The virtual patient

Seeks to avoid travelling to see a GP, but willing to have remote appts

- ➔ Some disabled people; especially those with mobility impairments or relatively well-managed, stable chronic conditions.
- ➔ Some neurodiverse people, including some autistic people or those with mental health conditions.
- ➔ Aged 25 to 49
- ➔ Parents, especially working parents.

16%
of
respondents

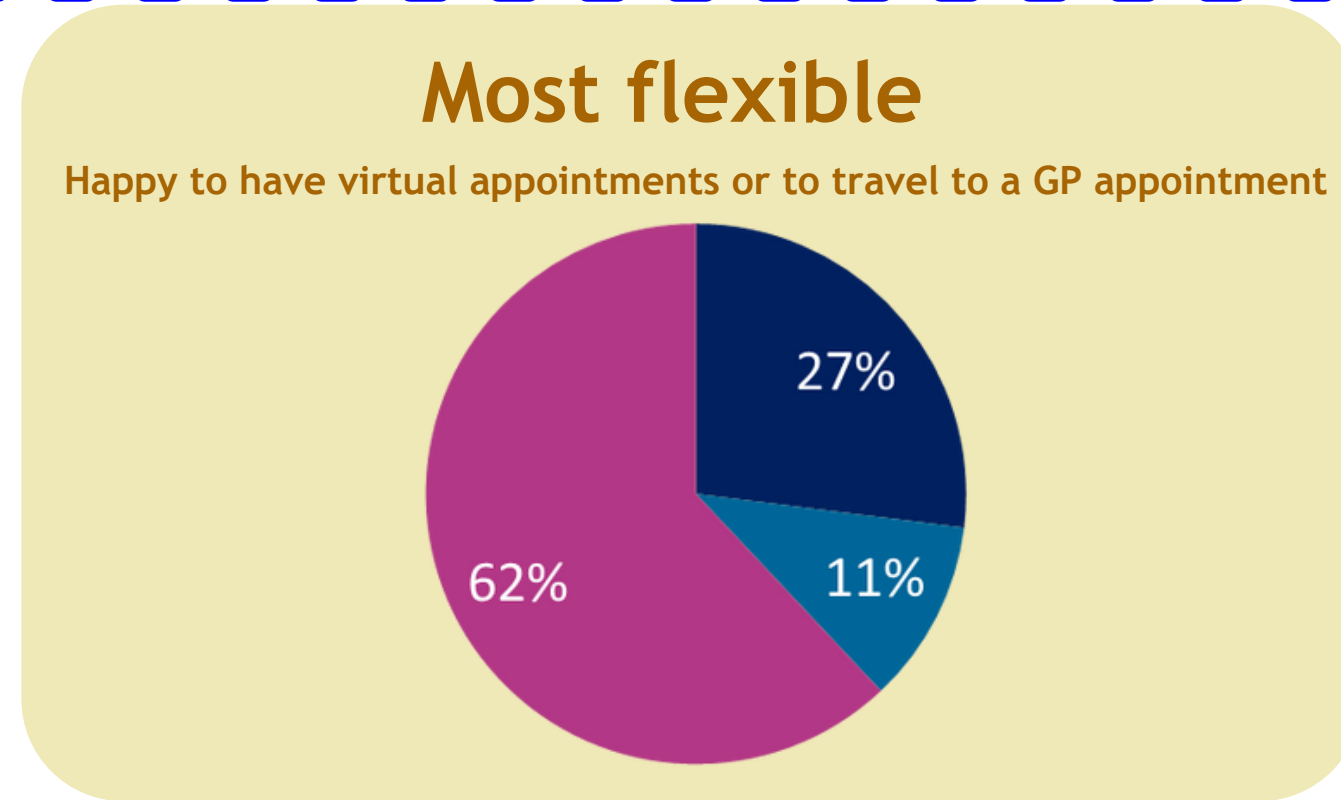
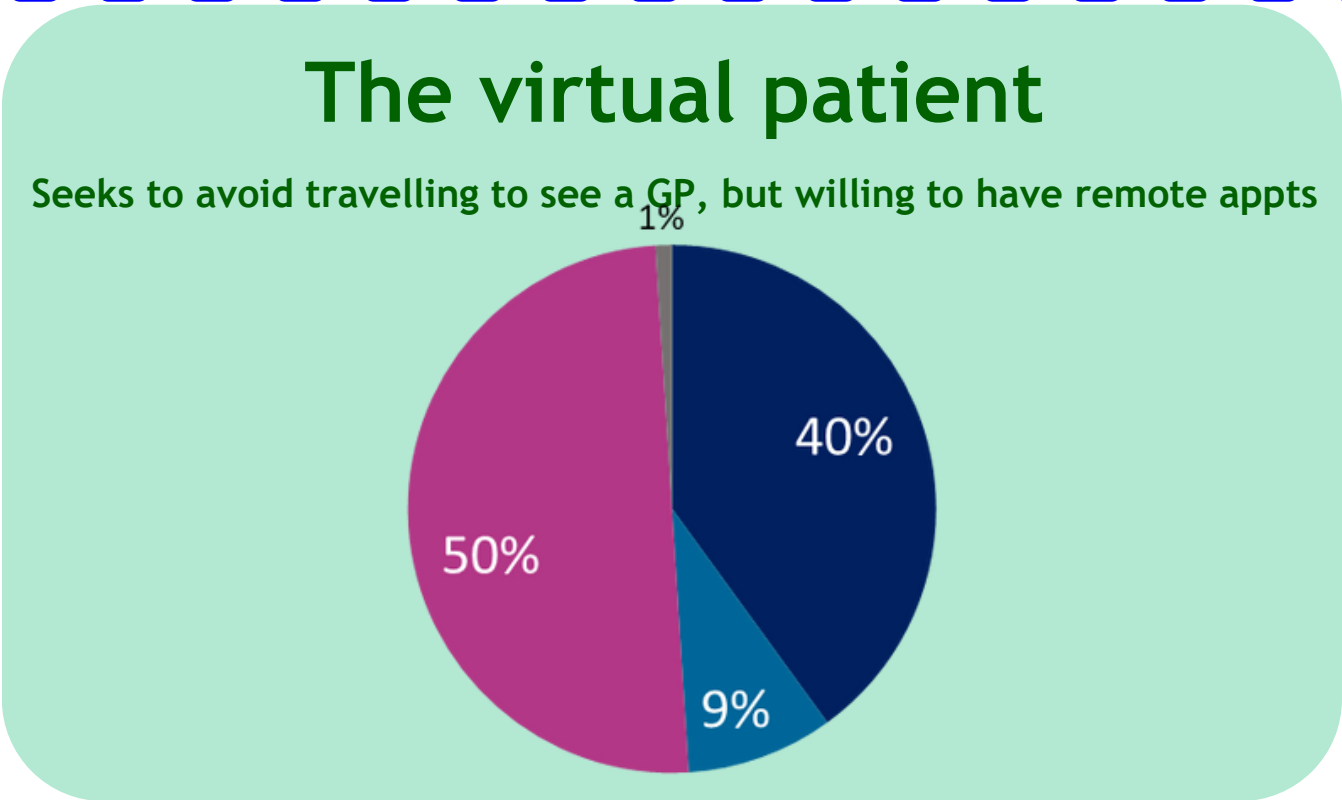
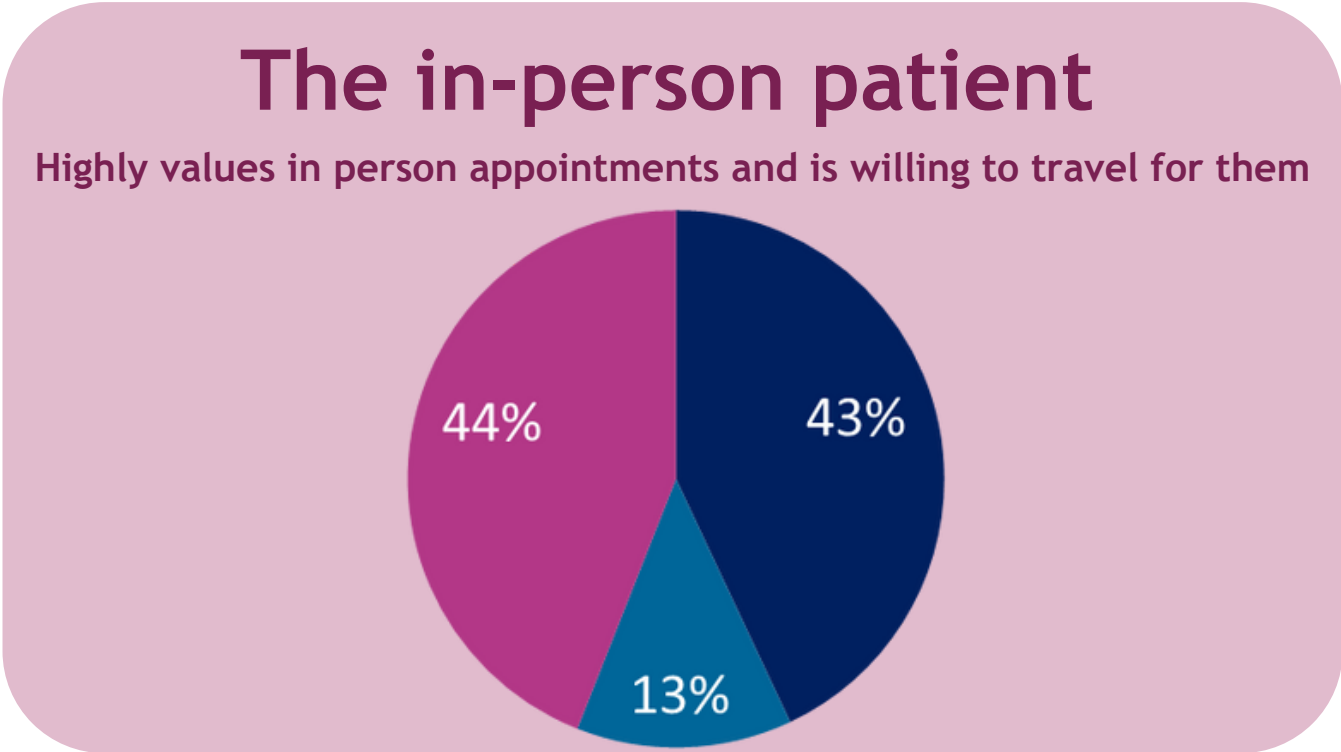
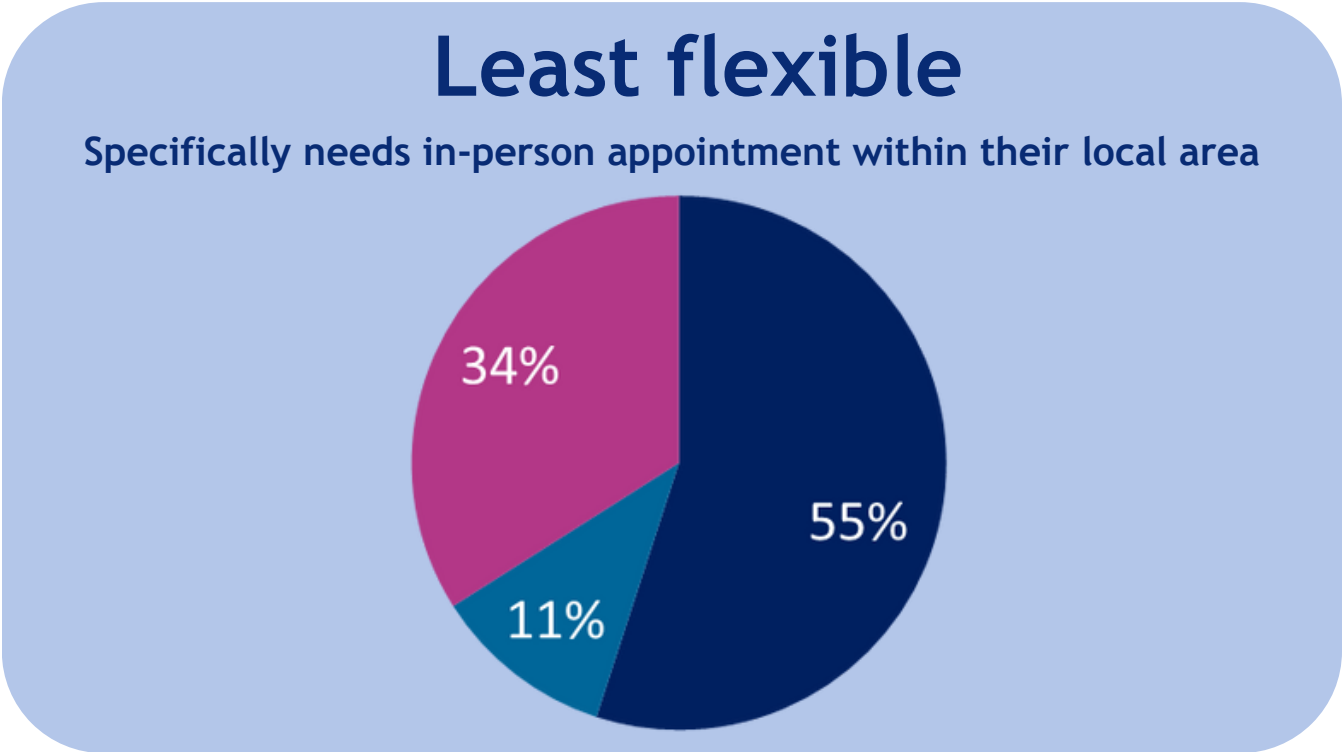
Prefers being seen remotely or doesn't mind

Willing to
travel 30+
min

Only willing
to travel up
to 30 min

Preferred booking method

- Calling the practice
- Using a booking line
- Booking online




Focus on online services and booking

These quotes are fictional, but are based on the aggregated experience of patients we have heard from.

WHEN THINGS WORK WELL

WHEN THINGS DON'T WORK WELL




I am entirely comfortable using online GP services and would like to do as many things online as possible.

I am able to book routine GP and nurse appointments online rather than having to wait on the phone queue; when I need to be seen urgently I use e-consult and get a reply promptly, either by telephone or video call. I can also use automated forms to order repeat prescriptions, view my test results and medical records.

My mobility is impaired; it's easier for me to not travel to the surgery.

Booking online appointments is no longer available. When I try to use the e-consult form, I answer 30 questions, only to be unable to send it: instead, I am told to call the surgery. The phone queue is very long and frustrating. If I manage to send the e-consult form, I wait multiple days for the doctor to get back to me by telephone. I don't have the option of an online consultation instead, so I can't show anything visual to my doctor without physically coming in.

The website is often down and there are technical issues.



I don't know that much about online GP services. I have some reservations, but with the right advice I could use at least some.

Reception staff helped me set up my online account, and showed me how to use online services, so I am more confident. The applications are simple, straightforward and user-friendly. As a result, I started using online access regularly and I am happy with it.

I have a sensory disability, but the website is optimised for accessibility software and I have support from surgery staff, so I am able to use it.

I don't understand how to register for online access and no one tells me anything. I tried doing it once, but it required some paperwork that I was never able to communicate with reception about- they don't have time for me.

The appointments are very confusing and there are no tutorials explaining what to do. I have a sensory disability, and there is no support for people like me to access them.



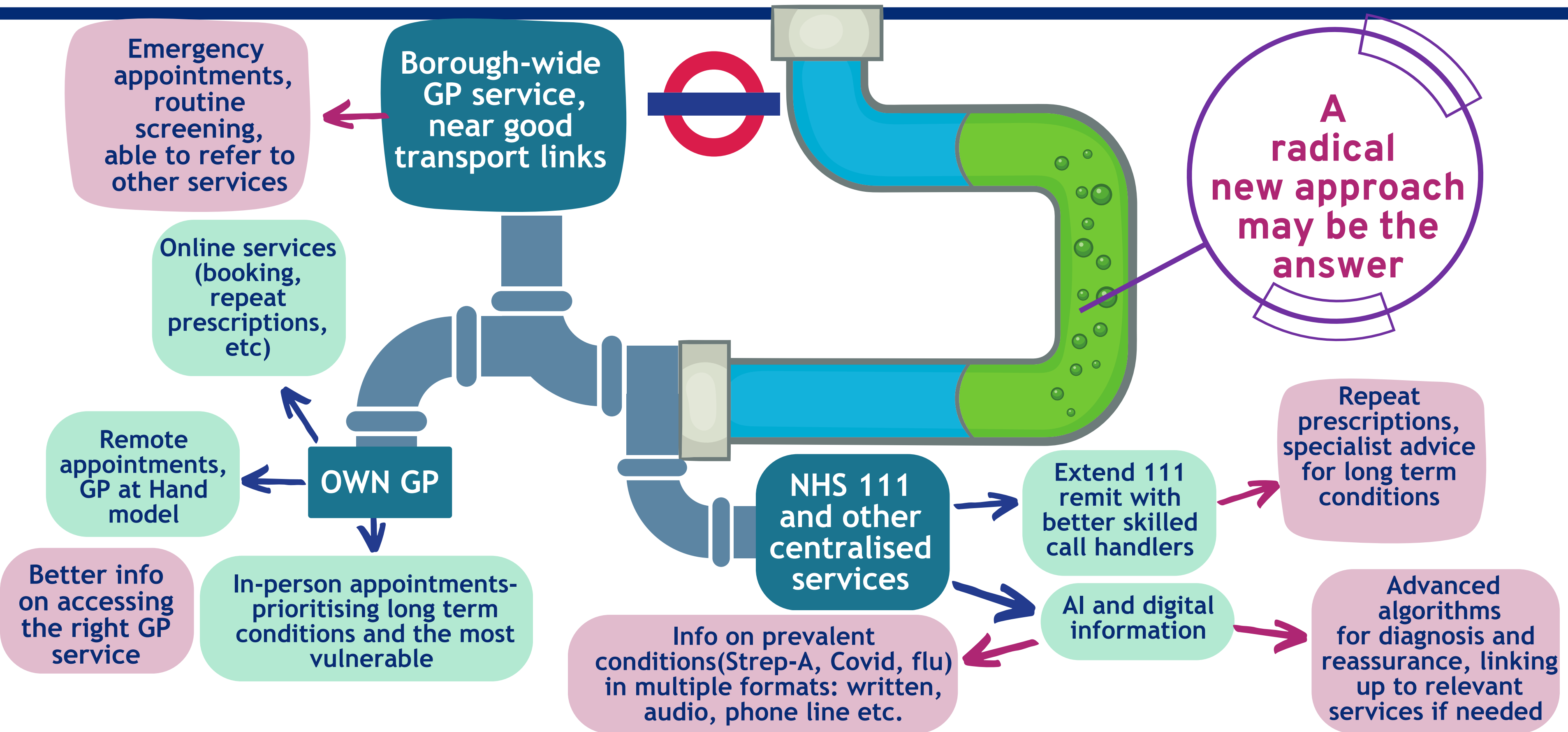
I never use the Internet at all. I need to be able to access all the GP services I need without going online.

Because a lot of other people use online services, the telephone lines are less busy than in other surgeries. I can book appointments, request repeat prescriptions or receive my test results over the telephone or in person.

I can't book an appointment over the phone- they keep telling me to use the e-consult form. Because I don't have internet and can't do that, I started calling 111 or going to A&E when what I really need is a GP appointment.

Even when I clearly need to be seen in person and physically examined, I'm still only given online or telephone appointments.

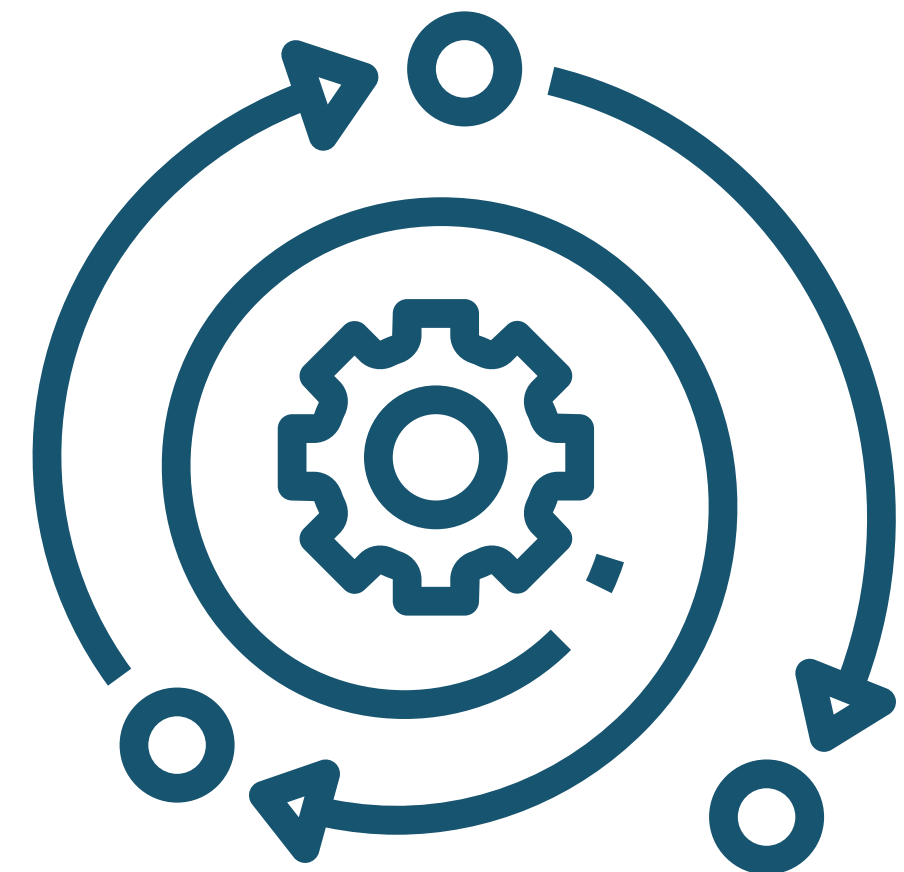
How do we unblock the pipeline?



How this would transform primary care

- ➔ Reduction in demand for local GP services, freeing up capacity for patients who need it most.
- ➔ Improvement in GP waiting times for all patients.
- ➔ More satisfied staff as they can give more time to the patients who need it.
- ➔ Save money through eliminating "playing ping pong" between services, reducing A&E attendance and improving people's ability to self-manage or use alternative services (pharmacies, GP hubs etc.)
- ➔ Better patient experience of GP appointments, particularly for those living with a serious long-term condition.
- ➔ Reduction in health inequalities as services are better able to respond to a wider range of access needs.

IMPACT

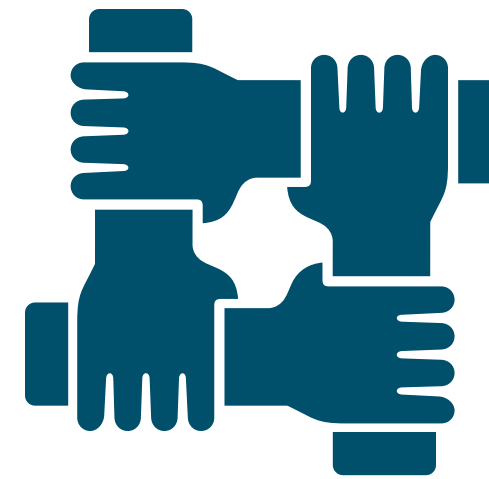


We'd like to support local people to co-design a primary care service.



Four workshops

with patients fitting each access profile, to explore how GP access could be better designed to meet their needs and to improve efficiency.



Working in partnership

with Primary Care Transformation Group, FedNet, EQUIP and potentially two other NEL Place Based Partnerships.



Collaborating

with the EQUIP team to identify appropriate datasets to measure improvement.



Bringing in

co-design expertise from within the partnership.

A successful pilot can be replicated across the NEL area through partnerships between local Healthwatch, community organisations/ CVS and NHS service providers.