

# GP Access During COVID-19 Pandemic

November 2020



# **Accessible formats**

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# About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Powys CHC represents the views of people living in Powys whether the NHS services they use are within or outside of Powys.

# Background & introduction

The coronavirus pandemic changed the way appointments are conducted in GP practices. In line with Government guidance, GP practices moved to a 'total triage' model which means that all patients requesting an appointment receive an initial telephone assessment to decide the most appropriate mode of follow-up consultation, whether that is face-to-face, via video call or over the telephone.

On 7 June 2020, Vaughan Gething, Health Minister, stated that "New digital technology fast-tracked to support non-contact consultations in NHS Wales during the coronavirus pandemic, is here to stay".<sup>1</sup>

We decided that we wanted to hear from people about their experience of accessing GP services during the pandemic. In particular, we wanted to hear people's views about telephone and video appointments.



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<sup>1</sup> <https://gov.wales/digital-services-introduced-nhs-wales-during-coronavirus-are-here-stay>

# What we did

We published a survey which was available from 2nd September 2020 to 30th September 2020. The survey was available online and in paper format. We promoted the survey on our CHC website, through our social media channels and we circulated it to our local Members of Parliament (MPs), Members of the Senedd (MSs), County Councillors, Town and Community Councils, GP practices and via email to our list of stakeholders. Posters and paper copies of the survey were delivered to our CHC members around Powys for them to distribute in their local communities. The survey was available in English and Welsh.

We received a total of **819 responses** to the survey and **114** of those responses were **paper returns**.

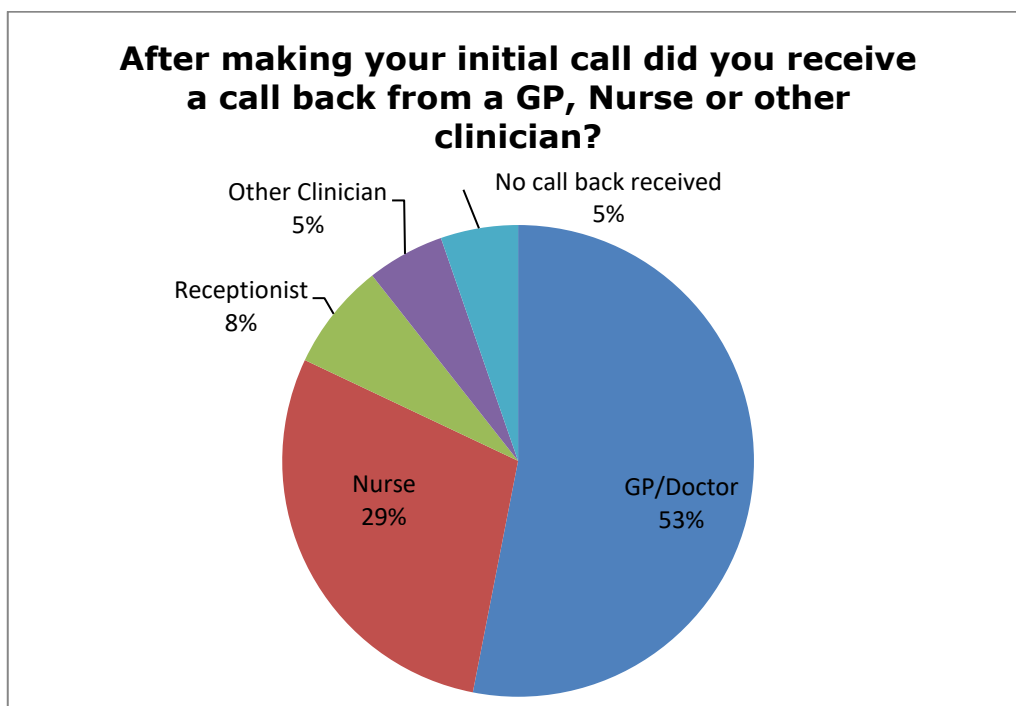
Our report highlights the key things we heard from people.



# What we heard

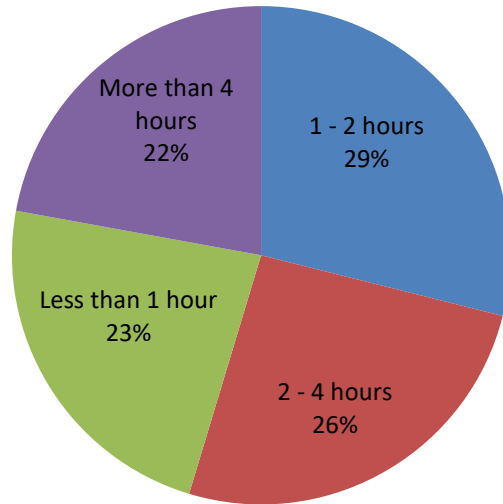
**85.9%** of respondents told us they **had contacted their GP practice** to request an appointment during the pandemic.

We asked people to tell us whether they received a call back after making their initial call and who called them. The **majority of people (87.3%)** were called by a **GP/doctor, nurse or other clinician**.



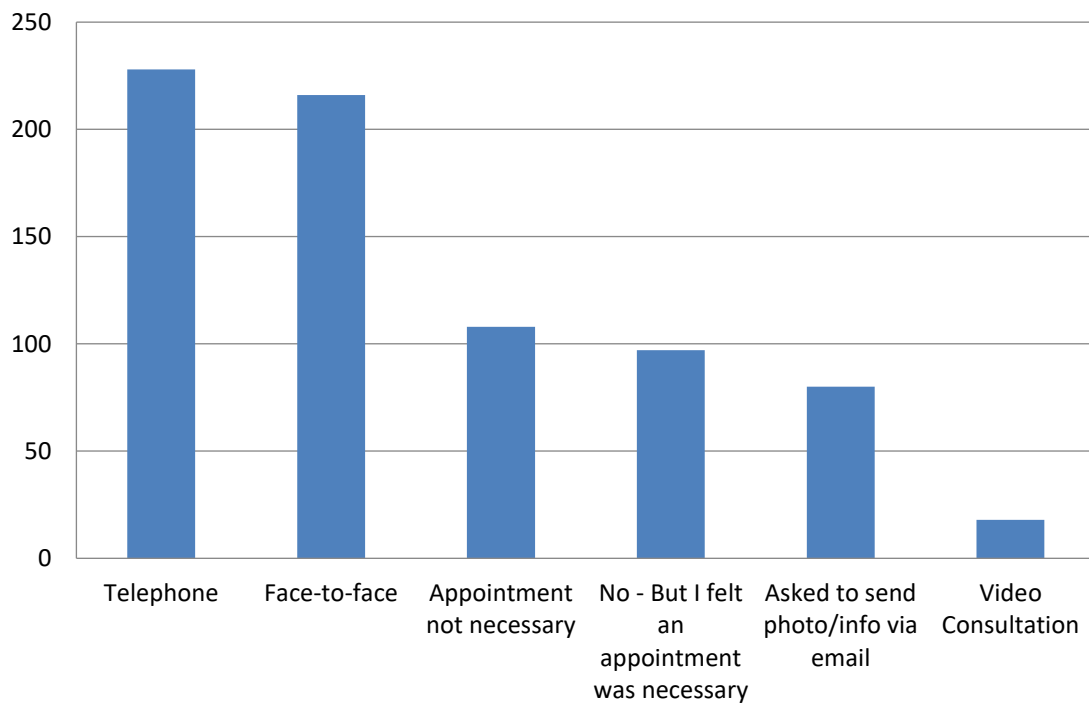
More than **three-quarters** of respondents told us they were **satisfied** with the length of time they waited for the call back. **13.8%** of people were **not at all satisfied** with the wait.

### How long did you wait for your call back?



We asked people to tell us whether they were given an appointment and, if so, what type of appointment.

### After receiving this call, were you given an appointment?





**30.5%** received a **telephone appointment**, **28.9%** attended the surgery for a **face-to-face appointment** and **10.7%** were asked to send a **photograph or information via email**. Only **18** people told us they had received a **video consultation**.

**13%** of respondents said they were **not offered an appointment but felt that an appointment was necessary**.

## Telephone Appointments

Of the people who received a telephone appointment, **almost half (48.2%)** were either **completely satisfied** or **very satisfied** with the appointment; **12.1%** were **slightly satisfied** and **16.8%** were **not at all satisfied** with the appointment.

We asked people to explain why they were dissatisfied.

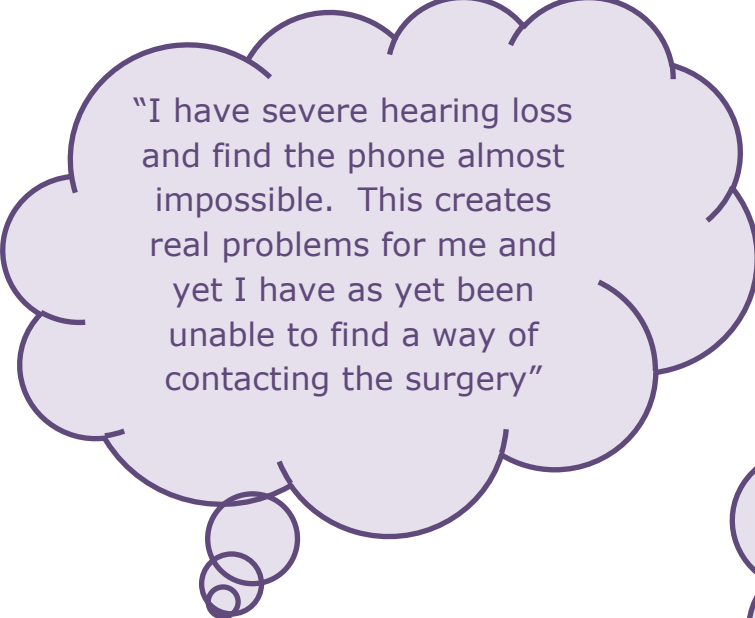
The most common response was that people **felt that they needed to be examined** or that a **face-to-face consultation was necessary**. The next most common response was that **nothing was done** or they were **not satisfied with the outcome**.

The main themes from other comments made were:

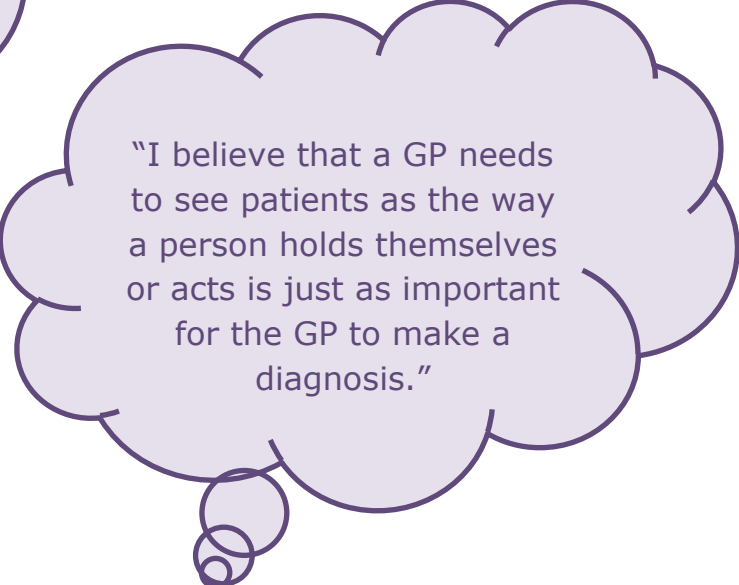
- People felt that they were not being listened to or that the doctor was not taking them seriously or they felt 'fobbed off'
- People did not believe the telephone call gave sufficient opportunity to diagnose their condition or they don't see how they could be diagnosed without being seen
- People were worried that they were provided with a prescription or medication without being seen or having proper checks
- People were worried that there could be misdiagnosis or a missed diagnosis
- People felt that it was difficult to get past the receptionist or that the receptionist was unhelpful
- People felt that GPs were refusing to see patients face-to-face and that GPs did not seem interested or caring. Some people

asked what GPs are doing

- People found it difficult to explain fully over the phone what the issue was
- Some people commented that they were not given a time for telephone call back and they did not know how long they would have to wait. They felt that it would be better if a time could be provided
- Some people said the service they required was not available during COVID
- People with hearing impairment said they were unable to find a way of contacting the surgery because telephone appointments were very difficult for them
- Some people commented that they felt very rushed on the phone and felt that they were not given chance to discuss everything



"I have severe hearing loss and find the phone almost impossible. This creates real problems for me and yet I have as yet been unable to find a way of contacting the surgery"




"I believe that a GP needs to see patients as the way a person holds themselves or acts is just as important for the GP to make a diagnosis."

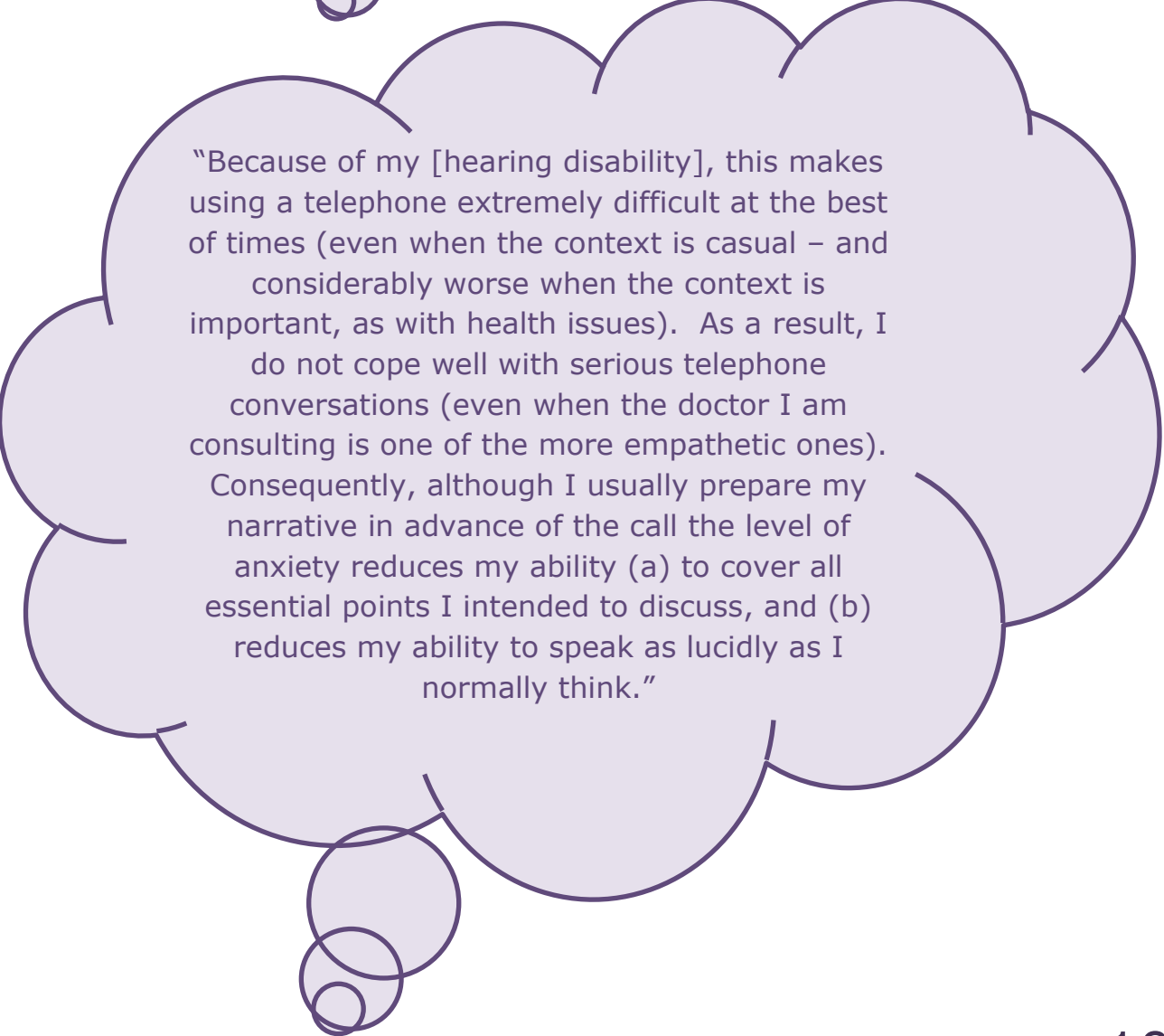
“What really concerns me is the fact that being 96 and very deaf he could not cope with the telephone system to access the surgery. Why can't a human person answer the calls to put the client through to the correct department? The GPs appear to be putting an insurmountable barrier between them and vulnerable clients. Please do all you can to make GPs accessible to all vulnerable people.”

“It was for my partner who is mentally disabled and after coming off the phone he'd forgotten what the doctor said. There should be better support and understanding with patients with special needs or mental disabilities.”

“I emailed the surgery as I am deaf and received a response. Waited over 4 hours but in circumstances felt response time was OK. I was given a telephone appointment but had to explain that I couldn't do this.”

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“I am not very good at explaining what is wrong and often under report problem. I feel that seeing someone by face-to-face or video call I can show and explain better what the problem is. I feel that the information given wasn't very helpful and I feel that my condition could have been sorted out more quickly.”

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“Because of my [hearing disability], this makes using a telephone extremely difficult at the best of times (even when the context is casual – and considerably worse when the context is important, as with health issues). As a result, I do not cope well with serious telephone conversations (even when the doctor I am consulting is one of the more empathetic ones). Consequently, although I usually prepare my narrative in advance of the call the level of anxiety reduces my ability (a) to cover all essential points I intended to discuss, and (b) reduces my ability to speak as lucidly as I normally think.”

## Video Appointments

We asked people for their comments about the video system.

**2** people said it was **easy to use**, **one** person said that they received a **text** with the **instructions** which was great and one person said the system was **better than** the one used at **Newtown Hospital**.

- Some people said they do not have the technical knowledge to use video systems
- They do not have the necessary equipment
- Wi-Fi / network is too slow to be able to use the technology
- Had to get someone to help with technology
- Some people were not able to connect
- Video is not suitable because of hearing impairment

"Lack of confidentiality due to mother not able to do this independently."

"As I had an eye problem it was quite difficult to see the problem on the screen."

"I would not be able to carry out a video appointment due to my hearing impairment and the need to rely a lot on lip reading. Video are difficult because the sound and image do not sync, the screen freezes etc. It would not be a reliable method to conduct a consultation."

"Could not connect so I had to send a photo."


## Face-to-face Appointments

We asked people how they felt if they had to attend the surgery for a face-to-face appointment.

Many people said that they **felt safe** and that **all measures were in place**. The next most common comment was that people had **no concerns** and were **happy to attend**, then a number of people said that they were **nervous or apprehensive** to attend but all precautions were in place and they **felt at ease when there**.

Other themes were:

- People were relieved and pleased to be seen face-to-face
- They were told what precautions were in place and everything was explained to them
- Other people said they had not been told that a face mask was required; they felt that they needed better information on what to expect and they were unsure of where to go
- Process is different and so it was unsettling
- Good to be seen at appointment time and did not have to wait around



"Very well organised, felt safe and seemed very responsible. However you have to telephone from car park and unfortunately that area has very poor mobile signal so you need to drive around to find an area where you can phone! This is totally out of the GP's control though."

"I felt very safe. The surgery is set up well and the entrance used was completely separate from the general entrance. I only saw the GP so was no in contact with any other staff. PPE was worn. The GP had time for me."

"More info on what to expect. As an autistic person change is hard."

"The surgery was clean with great measures in place, once seeing a doctor we were put at ease, the doctor explained all her PPE to my 7 year old daughter."

"OK, couldn't go in through the door, the worse part was not being able to hear what the receptionist said when given me the mask as a car was running behind me and she spoke too quiet, instead of repeating she closed the door and I didn't know where to wait. The nurse was brilliant though when I saw her at the door I was called in but other patients were unsure what to do, not enough signage outside (but this was back in May and it may have changed)."

"Went for a routine blood test. The procedure went smoother than a normal appointment."

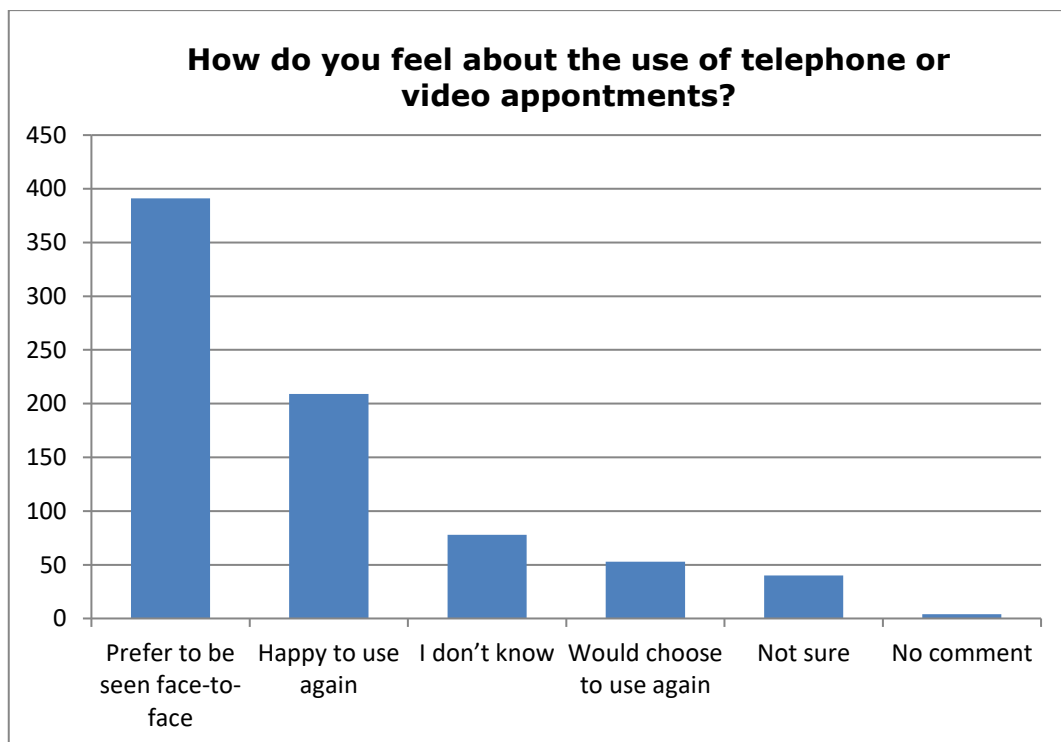
"Did not feel comfortable going in to surgery. Had to wait for blood test (I was on time). Told to sit down but not too sure what seat to sit in as all of them had a black/yellow danger tape over them. The atmosphere was quite frightening at the time, will always remember it."



## Use of Telephone or Video Appointments in the Future

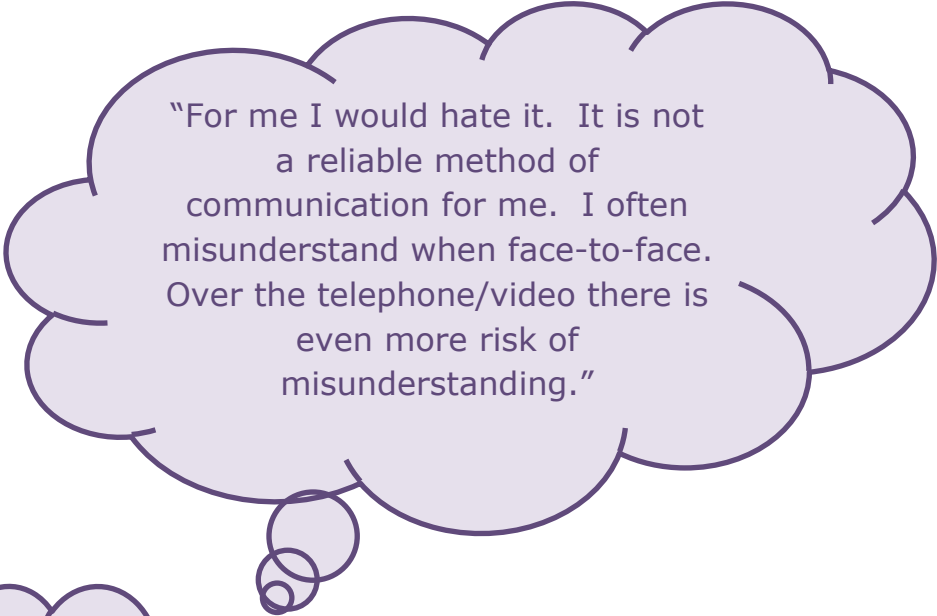
We asked people how they feel about the use of telephone or video appointments in GP practices in the future (if it is appropriate, and no physical examination or blood test is required).

**Half** of respondents said they would **prefer to be seen face-to-face** and just over a **quarter** would be **happy to use** telephone or video appointments.



"Very disappointed and dissatisfied. Feel it is the duty of care for the GP to physically see me!"


"If it's for a new condition or symptoms not good, but if for repeat or known problem would be ok."



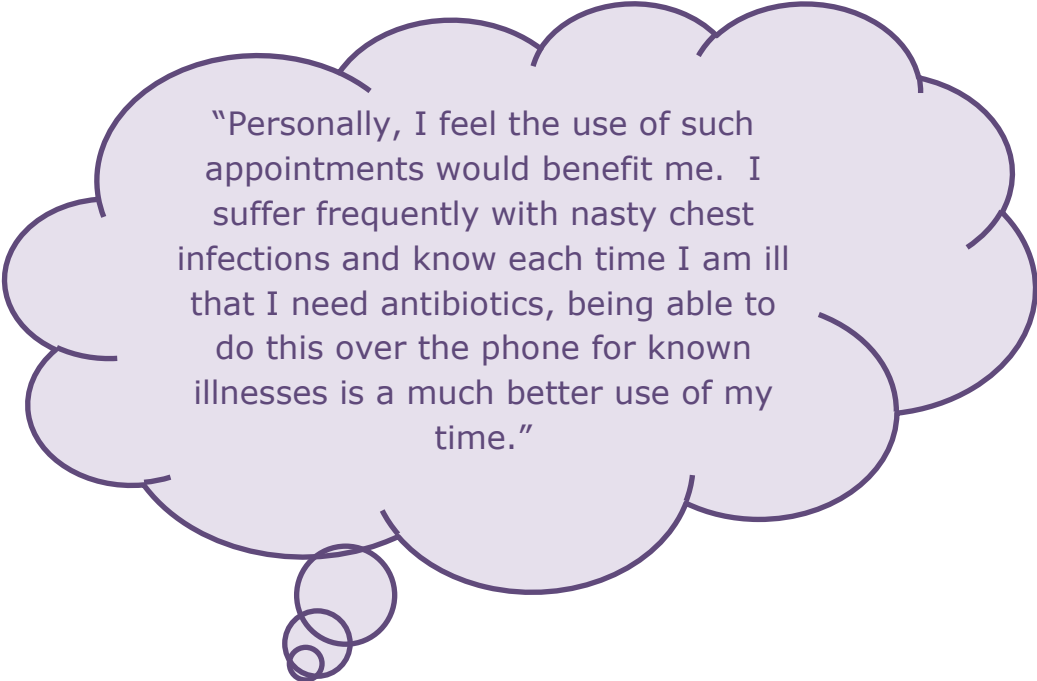
"For me I would hate it. It is not a reliable method of communication for me. I often misunderstand when face-to-face. Over the telephone/video there is even more risk of misunderstanding."



"Although I haven't had a video appointment I feel this is the way ahead for GP appointments."



"I am unable to access telephone appointments due to disability. Having to use the telephone to make appointments is not accessible for me and makes me completely dependent on my partner to enable me to access medical care."



"Personally, I feel the use of such appointments would benefit me. I suffer frequently with nasty chest infections and know each time I am ill that I need antibiotics, being able to do this over the phone for known illnesses is a much better use of my time."

## How to Make Experience of Accessing GP Services Better

We asked people to tell us what they think would make their experience of accessing GP services better.

The most common themes were:

- Must be the ability to see GP in person / face-to-face appointments
- As long as correct procedures are in place, GPs should be seeing patients again
- People expressed difficulty with getting through on the telephone. Some people reported they had to phone numerous times before they managed to get through. It was suggested that there should be more telephone lines or dedicated lines for appointments
- People said that they don't like to tell the receptionist their condition and that receptionists should not be part of triage
- There needs to be a shorter recorded message at the start of the call and simplify the phone system
- Find caring/more friendly/approachable receptionists, educate receptionists in empathy and provide better training for receptionists
- The offer of telephone / video appointments in appropriate circumstances
- Shorter waiting times or the ability to access GP services in a timely manner
- People worry that it is not always possible to diagnose over the telephone or without seeing a patient face-to-face

- Surgery staff need to be more welcoming or more patient friendly
- There was worry that illnesses will be missed, that patients' conditions are deteriorating, or that there could be misdiagnosis
- There needs to be better ways to access services for people with hearing impairment / disability / mental health / and for older people. Only being able to access via the telephone was difficult for some and it caused worry and stress for them. This was making some people not want to contact the practice
- There needs to be the ability to book appointments in advance for non-urgent or routine matters
- Provide a specific time for a call back. The fact that no time was provided caused difficulties for people who work or who were in situations where they were unable to use their phones or if they were in an area which has poor mobile signal
- Routine checks and services which were stopped during the pandemic need to start running again
- Patients should be given the choice about the type of appointment they have
- Provide the ability to request a video call
- Better opening hours / GP services should be 7 days a week and local practices should have a doctor on call in the evenings
- People expressed the desire for continuity of care and they would prefer to name the doctor they wish to see or speak to for follow-up appointments
- Faster response times to the initial enquiry

- More appointments available and attainable
- Some patients are less likely to contact GP when telephone only appointments offered

"The current system is excellent. I didn't need to take any time off work to attend the appointment or travel to the surgery."

"I sent photo via email. Very happy with outcome! Quick and easy. Would like to see this service available long-term."

"The intro message is far too long with different options to select, however certain options then cut the call off and you have to redial and listen to the long intro again."

"The phone intro is very long for people on prepaid phones if their credit is low."

"Simple leaflet to explain new procedures. I was worried in case I made a mistake!!"

"Telephoning the surgery can be frustrating, having initially to listen to a long spiel, then being asked to press the relevant button only to be told that your enquiry cannot be dealt with until after a particular time. This can involve making a further call later and having to go through the whole procedure a second time. The old system of making an appointment via the receptionist or triage nurse was far more customer-friendly."

"It is very difficult to get an answer when you call. As I work full time I can't stay on phone for half hour. Plus call backs are tricky while at work. If you miss the call, or phone signal poor you don't get another call. Still think it's so important to see a doctor face-to-face. Was difficult before but impossible now. Surely if we all wear masks and don't touch anything, it should be ok?"

"With more telephone only consultations I feel less likely to contact the GP if I have a problem as I am not good at explaining things over the phone, and a video consultation is not always offered."

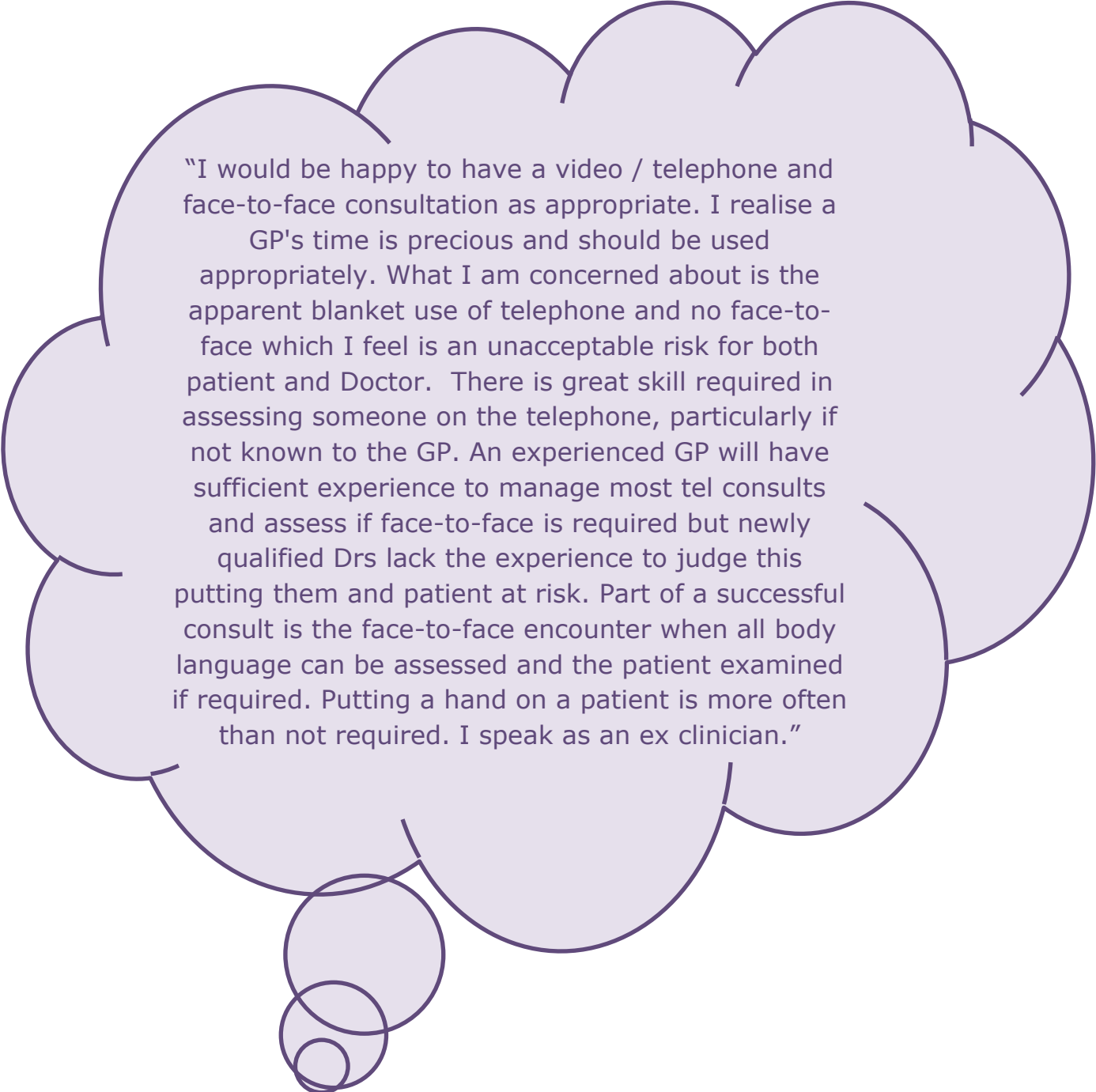
"It would be better if you got an actual time for your phone app so you don't have to wait all day."

"People with long term conditions need regular face-to-face monitoring, especially as consultant appointments are now by phone. You need someone to actually see you. I had physio and 8 week post op all done by phone. It is impossible to measure degrees of movement without physically seeing someone. I have had to choose my specially made shoes over the phone, not ideal. With the current practices it takes a long time waiting on the phone to let receptionist know you are waiting in your car for your appointment."

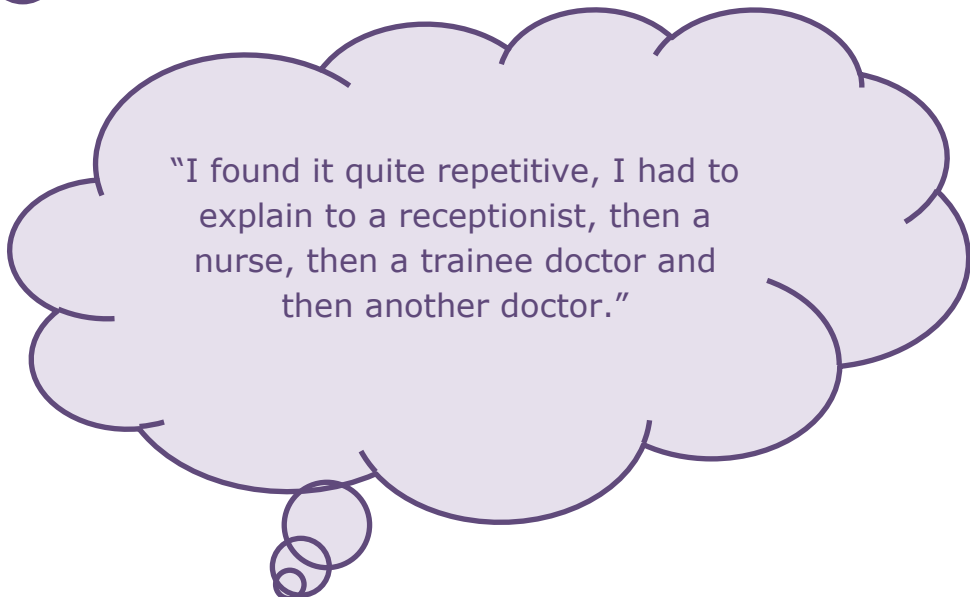
"From personal experience many who ring find the triage system off-putting and often loath to call. Older people especially, from comments of these I know, there is widespread lack of faith in the current triage setup. I've been told they feel they are being "grilled" and on times have felt intimidated when they feel pressured by being rushed to describe symptoms, issues etc."

"I subsequently had to go to the surgery to pick up a prescription. I wasn't quite sure what to do at the surgery – the signs were a bit confusing – so a bit more information given over the phone would have been helpful prior to my visit."

"I am autistic and have found (by trying to access MH health services by phone and video) that it just doesn't work for me at all. I have been advised to speak to GP but haven't rung because of the lengthy automated message, the need to explain to Receptionist something which I would struggle to engage with GP about means I can't phone. Also, knowing they don't want to do F2F appointments anyway."



"I would be happy to have a video / telephone and face-to-face consultation as appropriate. I realise a GP's time is precious and should be used appropriately. What I am concerned about is the apparent blanket use of telephone and no face-to-face which I feel is an unacceptable risk for both patient and Doctor. There is great skill required in assessing someone on the telephone, particularly if not known to the GP. An experienced GP will have sufficient experience to manage most tel consults and assess if face-to-face is required but newly qualified Drs lack the experience to judge this putting them and patient at risk. Part of a successful consult is the face-to-face encounter when all body language can be assessed and the patient examined if required. Putting a hand on a patient is more often than not required. I speak as an ex clinician."



"I found it quite repetitive, I had to explain to a receptionist, then a nurse, then a trainee doctor and then another doctor."



We received a number of comments about the fact that people have to wait outside to collect a prescription or to wait for an appointment and people are concerned about how this will work during the colder, winter months.

"Making adequate provision for shelter for patients who are collecting prescriptions. People collecting prescriptions have for the whole of the summer, which hasn't been the most clement, have been required to stand outside in the elements with no shelter. One has been recently been erected but is inadequate as under the current social distance rules it can only accommodate one person. It will further undermine the surgery's reputation, if the sick and infirm or their hard pressed carers have to queue outside this winter in the wind and rain in sub-zero temperatures, while through the surgery window staff can be seen enjoying hot beverages in a warm benign environment."


"Not having to stand in the rain to collect my prescription through a window."

## Other Comments


We gave people the opportunity to provide any other comments they wished to make.

There were a number of very positive comments about practices:


- Worked well / overall satisfied / great service
- Excellent surgery working so hard in very difficult times / outstanding while under pressure
- Planning and organisation has been good
- Have dealt really well with the pandemic
- Feel safe and cared for
- Staff were amazing / staff doing brilliant job




"All things considered I think the planning and organisation of the surgery has been good."




"Excellent speed of service. Much better than sitting in triage too!"




"Very pleased with service received from medical practice and hospital. They need a pat on the back."



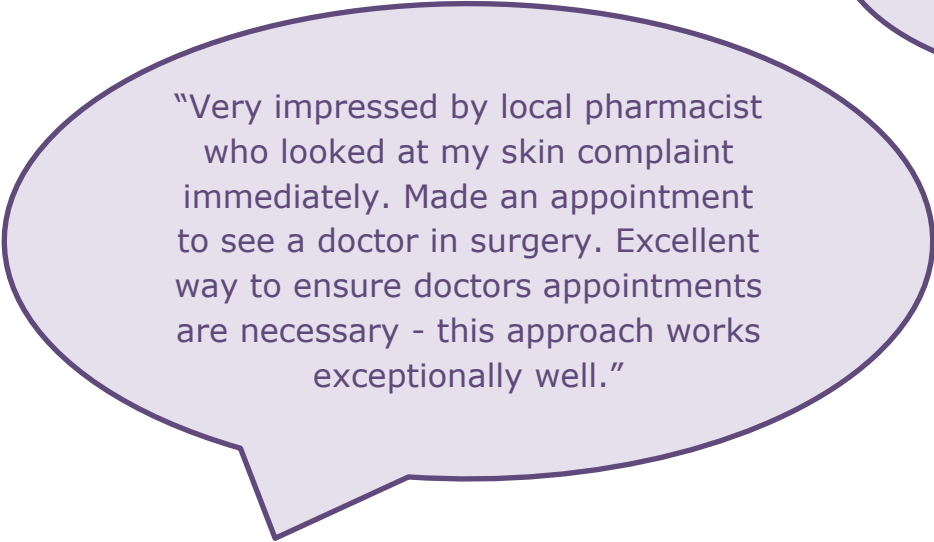
"I feel very safe and cared for as a patient at this surgery."



"Used Ask my GP. Excellent service."



"I'm really impressed by the support I've received in 2020."



"Very impressed by local pharmacist who looked at my skin complaint immediately. Made an appointment to see a doctor in surgery. Excellent way to ensure doctors appointments are necessary - this approach works exceptionally well."

Some of the main themes for other comments received were:

- NHS / services / routine surgery need to re-open
- Face-to-face needs to be an option
- It's dreadful / disgraceful / rubbish / unacceptable service
- System puts people off phoning
- Routine services / monitoring of health conditions should be carried out
- Why are GPs not seeing patients? What are they doing?
- Not possible to diagnose properly over the telephone / worry about misdiagnosis
- Using COVID as an excuse
- Dissatisfied with apparent 'lockdown' of GP surgery / GPs need to be seeing patients

"I have been lucky had a lovely gp looking after me whilst I've been unwell, I've even been seen face-to-face which was reassuring. I am now struggling to see that doctor who has been looking after me, she has no appointments. To have consistency in care is really important when you are not well. I also find that a small minority of receptionists are particularly unfriendly."

"I think practice needs to be made aware that restricted access to GPs is extremely stressful."

"My experience during lockdown has been terrible. I had a baby at the beginning of June with serious complications and had to fight to be seen for an 8 week check up. My [baby's] jabs have also been forgotten at every stage, I have had to call and ask for them to be made, despite being told that the practise would make them on each occasion."

"Older patients find the technology and the lack of personal contact especially difficult, confusing and unsatisfactory. My mother-in-law who is 93 has been unable to get a visit despite being very unwell."

# Learning from what we heard

The model of general practice changed very quickly in March. This was in line with Welsh Government policy and guidance and the main reason for it was to provide good infection control, to limit face-to-face contact and help stop the spread of Coronavirus.

Although we received some very positive comments about patients' experience of accessing GP services during the pandemic, we heard from many people who felt that GPs were not providing the services patients expect to receive. This could be due to insufficient information provided to the public about how GP services are operating at the current time.

Most practices in Powys have information on their website about how they are operating and the reasons why. We do not know whether practices have provided this information to their patients in other ways.

We noted that the majority of patients received a call back from a member of the clinical team after their initial telephone call.

We heard from people who had difficulty accessing services via the telephone because they were deaf or had a hearing impairment. We also heard that some older people, people with mental health problems or Autism also had difficulty in making contact via the telephone. In some cases, people were putting off contacting their GP at all.

People told us that it was important for practices to be able to give them an approximate time to expect a call or a time for a telephone appointment. This was particularly important for

people who were working or who were in situations where they would be unable to use their mobile phone or would be in areas where they had no mobile signal.

In response to the question about the use of telephone and video consultations in the future, over half of the respondents said they would prefer to be seen face-to-face. However, about a quarter of respondents said they would be happy to use telephone or video consultation in the future. Some people would have liked the opportunity for a video consultation but this was not offered to them. Many people thought that patients should be given the choice of type of appointment.

Concerns were expressed about whether there was a risk of misdiagnosis or missed diagnosis from telephone consultations. Some people said they had difficulty expressing their health issues over the telephone and some people felt rushed and did not have the opportunity to explain fully.

People expressed frustration with the telephone systems, with difficulty getting through, long introduction messages, calls being cut off and confusion for some people about different numbers to press for different reasons.

# Recommendations

- People need to have confidence that GP services are available for them but it is important for them to understand why services are operating differently during the Coronavirus pandemic.

It is important that information for patients about how they can access services is clear, that it encourages them to contact their GP where necessary, and that face-to-face care always remains available when clinically appropriate.

- Information should be provided in different formats and practices need to consider how they can share it with patients who do not have access to websites or social media.
- In line with the NHS Accessible Information Standard<sup>2</sup>, practices should capture, record, flag and share the communication needs of patients with sensory loss. This information should be kept up to date so that patients are always communicated with in the appropriate way.
- All practices are reminded that adjustments should be in place to ensure that those who find it difficult to engage in virtual consultation are able to access the appropriate care.
- Practices should review their telephone systems to make sure the system is easy to use for all patients. Consideration should be given to making the introductory messages shorter.
- Although the use of digital technology has increased dramatically during the pandemic, it must not be assumed that this should become the default at the end of the pandemic. It is important for healthcare services to seek feedback from patients and to listen to people's views and experiences of accessing services in this way.

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<sup>2</sup> <https://phw.nhs.wales/services-and-teams/equality-and-human-rights-information-resource/accessible-information-standard/>

There should be a mixture of appointment types available for patients and the type of appointment offered to them must be based on their individual needs.

- If it is accepted that there should be more use of digital technology in general practice in the future, there must be improvements to mobile and broadband services in rural areas such as Powys.



# Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

# Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



# Contact details



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PowysCHC



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# **Powys Community Health Council**