

Primary Care Access Insight: Summary for Adults and Health Select Committee

February 2022

About Us

Healthwatch Surrey is an independent health and care champion, empowering the residents of Surrey to have their voices heard. We seek out people's experiences of health and care services and share these with service providers and decision-makers, to support services to improve and tackle health inequalities. We believe that health and social care providers can best improve services by listening to people's experiences.

We also provide advice and signposting to help the people of Surrey find the care that best suits their needs. All appropriate information and advice and signposting to complaints processes has already been given. Any urgent or concerning experiences within this report have been escalated to the appropriate teams.

All names and some details have been changed to protect anonymity.

Overview

In the last six months, we have received 276 experiences about primary care, representing 1 in every 3 experiences shared with us by Surrey residents.

Primary care is a crucial access point for residents in their healthcare journeys, so it's not surprising that we more about GPs than any other service. The experiences that people share with us are polarising – many are positive, but those having negative experiences are at risk of facing barriers in accessing care and treatment.

Our insight indicates the key challenges with primary care access as:

📍 Navigating 'total triage'

Some patients continue to be frustrated by online and telephone booking systems

📍 Perception of staff

Some patients have a negative image of some practice staff and healthcare professionals as 'receptionists'

📍 Access to care following hospital discharge

Some patients who have been recently discharged from hospital are not able to access the tests and reviews they require/have been told they need to continue their rehabilitation at home.

Positive Stories

We hear how some patients have been enabled to access care quickly and efficiently:

I called [my GP] and was given a telephone consultation next day. After describing my symptoms, they diagnosed a urine infection. I was prescribed antibiotics which I was able to collect from the pharmacy the next day. **152014, December 2021.**

Really easy to make an appointment. Called the surgery yesterday morning, they called me back yesterday afternoon and was seen just now (this morning). So, all in all, this was a good experience. **156228, January 2022.**

Navigating Total Triage

Booking appointments

Patients' frustrations with navigating the booking systems can lead them to giving up and not seeking help or putting pressure elsewhere on the system:

If you don't request an appointment using the online form by 8.05am that's the appointments gone for the day. Care is very good but triage is not explained. **152015, December 2021.**

I have Parkinson's and Fibromyalgia. It's impossible to get past the receptionist to ask for call back by doctor. There is a telephone message that is on a loop, advising to go online and make an appointment, I have to go to the surgery website, fill in a form, then type in what I need to see a doctor/nurse about. I don't know who is reading it. Nothing is confidential. I don't bother with GP anymore – too difficult to access help and support. **156526, January 2022.**

Further concerns have been raised by families of people with disabilities which make booking appointments deeply challenging:

Pat is partially sighted and profoundly deaf but is physically active and lives independently. Her GP practice only offers appointments using the telephone or the internet neither of which are suitable. She is perfectly capable of taking the bus to the surgery, making an appointment, and then returning for the appointment. Her son raised the issue with staff at the surgery who flatly refused to make any exceptions.

Her son was told that those who are unable to use the system should get someone else to do so for them. He didn't feel that it is right to expect his mother to share intimate medical details with a

third party so that they can contact a doctor on her behalf. **151692, November 2021**

Physical Barriers

Attending appointments in person can be a challenge for individuals with disabilities. We have heard from patients who have not found GP services to be sensitive to their needs:

Rose is deafblind and is unable to access GP services. She has had three appointments cancelled due to interpreters not arriving at the GP surgery. Interpreter service being used has changed recently. **152354, January 2022.**

Chris has very limited mobility because of a stroke so physically attending appointments takes a considerable effort. Their partner took them for a scheduled blood test only to find that the surgery had given them the wrong date and time, so the appointment had to be rebooked.

For the second appointment, Chris went inside alone whilst their partner was trying to find a place to park. Due to his walking difficulties, sat just inside the front door and did not check in. By the time his partner arrived, they were 5 minutes late and the system would not accept the check in. After a 10-minute queue to speak with a member of staff, they were told 'the nurses were all at lunch and they would need to come back'. The couple were extremely upset and frustrated by the lack of consideration and the very clear difficulties they had to get there in the first place. Chris's partner suffers from panic attacks brought on by stress so the whole situation was very difficult for them both. The receptionist showed no empathy for the difficulties the couple faced in getting to the appointment. **156497, January 2022**

Communication Problems

Some residents express their frustrations with regards to confusion over the most appropriate platform to communicate with their primary care provider:

Confusing communications. I wanted to opt out of text messages, as I prefer emails. However, I now don't get emails, just text messages. **152015, December 2021.**

And in some cases, we have been made aware that errors in internal communications have caused some patients to miss appointments:

Ellen brought her 2-year-old for his immunisations at [her GP Surgery]. She checked in on the practice log in system and waited

for half an hour. There was another Mum and child waiting, who had been there longer. When she checked at reception about the delay, she was told she should be at [the other site in the same practice]. The receptionist said it often happens. She drove to the right surgery where the nurse told her that the system would show her as waiting regardless of where she logged in. The previous week two ladies had sat in the wrong place and missed cervical smears. She cannot understand why the electronic system works like this.
152277, December 2021.

Perception of Staff

Confusion Over Staff Roles

We continue to hear staff at GP surgeries referred to as 'receptionists' or 'administrators'.

Some patients, therefore, question their ability to determine appropriate care pathways and many feel uncomfortable sharing personal details with them:

The receptionists at the surgery do not have much medical knowledge yet the doctors insist that they take decisions on how urgent the patient's problem is. This is very wrong and unfair on the receptionists. **152215, December 2021**

Staff Attitudes

We have heard patients' concerns regarding the actions of some staff:

Ruth was recently very upset by the receptionist at her GP Surgery. Her partner was referred to hospital for assessment for Parkinson's. Their doctor asked Ruth's partner to bring the referral letter from the hospital to the surgery as they would probably get it first.

After they received the letter, Ruth brought it to the surgery and asked the receptionist to make a copy and put it on the patient's record. The receptionist was cross and said the doctor probably wouldn't see it anyway. The receptionist then took the letter, stood and read it instead of photocopying it and returning it. Ruth snatched the letter back and walked out, really upset. Their GP called later and apologised. Ruth did not know the name of the doctor as they always have different locums there.

156489, January 2022

Primary Care Access Following Hospital Discharge

Lack of Clarity for Patients

We have heard from patients who have recently been discharged from hospital who require and have been told they need support from primary care to continue their care at home but are unable to access appointments and rely on family or other health services for support. We believe there is more to unpick here about how ongoing care needs are communicated between the hospital and primary/community care; clarity about discharge plans; whether these discharge plans match the services available post-discharge; and clarity about who is responsible for ongoing care.

Roger is an 88-year-old, while frail, was quite capable of living independently. He was admitted to hospital in December with Pneumonia. He was discharged seven days later, with a discharge note advising that his GP follow up with blood tests and medication optimisation. Unable to get through to his GP, Roger reached out to his nephew Tim for help. The tests and review were not booked and only after Tim chased did the GP agree to refer Roger to the locality team. The referral did not come through and no appointment was able to be made.

However, many frustrating phone calls back-and-forth later between Tim, the locality team and the GP surgery, delayed by the Christmas break, the referral finally came – eight days after it had been initially claimed to have been sent. The clinical assessment was booked for almost 3 weeks later and Tim was concerned that his uncle's assessments requested on his discharge, almost a month ago had not taken place. It was agreed that the GP would call Roger and assess the next steps from there. However, the call did not take place, causing Tim to once again chase the GP.

Roger regularly tries to get in touch with his GP and gives up after being on hold. Roger feels more anxious and very much neglected, terrified of the possibility of being readmitted to hospital because of Covid. He told his nephew 'the doctors don't care and are leaving me to die'.

Tim has spent a few hours a week, speaking to the GP and the locality team. Tim's concern is that if were not available to advocate on behalf on his uncle, that he would not have received any support. **156521, January 2022**

My mother-in-law had a stroke on 31 July 2021 and was admitted to Frimley Park Hospital. On discharge, her care was transferred to

her GP and her local stroke rehabilitation team. Her GP failed to read notes, update prescriptions and make the follow up appointments as recommended at discharge. The stroke nurses were amazing and have been following up and helping us, to the point of pressurising the GP as her blood pressure isn't stable and she is at risk of stroke due to incorrect prescriptions. She has since been admitted to A&E five times with falls and will habitually stay in bed, not eat, drink or take medication as a result of the stroke. She is also suffering depression and memory loss as a result of the stroke. We have made countless appointments with [her GP] who have been prescribing incorrectly, missing telephone appointments with an elderly deaf lady with mobility issues and anxiety who will sit by the phone for hours awaiting the call that does not come. Her daughter has taken on her care, making sure she gets up, eats, and takes her pills. This is having an impact on her mental health and I would say she is depressed and possibly could have a breakdown. **152194, December 2021.**

In some cases, patients are frustrated at perceived inconsistencies in their care:

On being discharged from hospital after an emergency operation, Alan was told to continue with antibiotics and have a blood test. His GP felt at this stage she did not want to continue his antibiotics and she stated twice that the GP surgery did not do blood tests, as it was not within their remit.

Alan was made aware by family that blood tests were regularly done at the Surgery and Alan was concerned as the hospital had told him that he needed to have the checks done. He booked a telephone appointment with another GP who said that the blood test could be done straight away, and that there was no problem in giving a further two weeks of the specific antibiotic that the hospital had started him on.

Lastly Alan had another telephone appointment with a third GP who invited him for a face-to-face appointment and to examine him and ensure that he was receiving the appropriate treatment, **156498, January 2022.**