healthwatch
Barnet

Accessing your GP Remotely

Summary Report - August 2021

Background

As a result of the pandemic, GP surgeries, along with other health and social care providers, have had to innovate and transform their services. In March 2020, NHS England issued guidance that GPs should embed a system of 'total triage' where patients contact their surgery remotely at first and only get seen face-to-face where it was deemed clinically required. Remote appointments include email consultations, video and telephone calls. This new approach would in turn protect patients and staff and prevent the spread of COVID-19.

Digital transformation has been a long term goal of the NHS, even before the pandemic. The NHS Long Term Plan has committed that every patient will have the right to access primary care digitally by 2023/24. Furthermore, before the pandemic, the use of remote appointments had been slowly gaining momentum in part due to the increased prevalence of high-speed internet across the UK. The Royal College of General Practitioners has stated that pre-pandemic, the split for GPs was approximately 70% face-to-face and 30% remote.

In May 2021, when NHS England planned to formalise 'total triage' as the primary care standard operating procedure, there were concerns raised about its impact by GPs, the Royal College of General Practitioners, and leading patient organisations which included Healthwatch England, National Voices and the Patients Association. In July 2021, NHS England withdrew the primary care standard operating procedure and said its guidance is now either standard practice, covered elsewhere or redundant.

As a result of these changes to GP services and in response to feedback from local people about their experiences of their GP's new way of offering appointments, we set out to gather local people's experience of accessing their GP remotely. We contacted a diverse and broad demographic to understand what has been working well and what has not been working so well. As GP practices work on planning for service delivery post-lockdown, we hope the insight from this report will be utilised to shape the future of GP services in Barnet.

What we did

Due to the nature of the project and the fact that lockdown rules remained in place during its delivery, we knew getting the project message out would not be easy and would require us to utilise all our resources and relationships with the community.

We had three core methods of collecting experiences: an anonymous online survey, 1-2-1 telephone interviews and community focus groups to enable us to captures insight from people who are both online and offline. We also offered the option of alternative formats such as paper copy or large print if anyone required it.

We worked together with volunteers from our project group to design the online survey. The survey was broken into 5 sections: accessing their GP, the new GP process, technology, accessibility needs and moving forwards. Our focus group structure was based on the above 5 sections whilst allowing us to have more detailed, rich and open conversations.

In total, we gathered 376 experiences of local people across all of Barnet. The feedback collected in this report was gathered between May 2021 to July 2021. The full version of this report can be found on our website.

Engagement

To ensure we reached all Barnet communities and represented their voices, we produced a comprehensive community engagement and communication plan that included 24 local organisations.

We asked each organisation, depending on what was applicable to them, to share our project information through their channels and network in order to allow us to deliver a focus group to their clients and share contact details of anyone who required or preferred a 1-2-1 telephone interview. To increase engagement and take-up, we offered two £50 Amazon vouchers in a prize draw for everyone sharing their experience.

The experiences we have captured come from a diverse and broad range that includes people with disabilities, mental health challenges, learning disabilities, autism, hard of hearing/deaf, visual impairment and people whose first language is not English. The experiences also draw from various ethnic backgrounds and age groups.

Summary of Findings

Aspects People Liked

The New GP Process

Before Appointment

Ease of using the online booking system.

During Appointment

Turnaround time from requesting an appointment and seeing your GP.

After Appointment

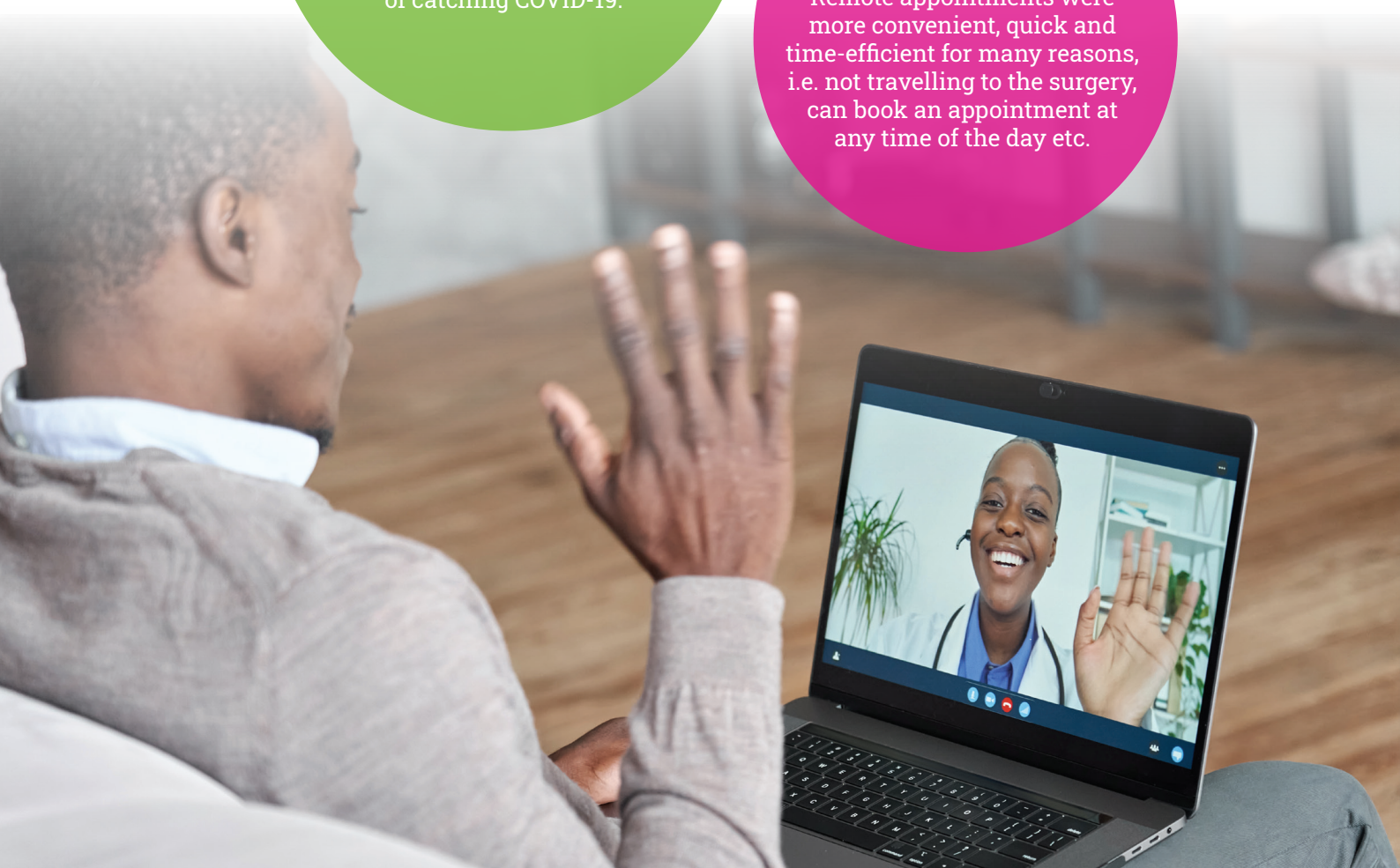Prescription collection working very well.

Personal Safety

Some people expressed that they felt safer having a remote appointment with their GP compared to attending in person due to the risk of catching COVID-19.

Convenience

Remote appointments were more convenient, quick and time-efficient for many reasons, i.e. not travelling to the surgery, can book an appointment at any time of the day etc.

Aspects People Didn't Like

The New GP Process

Before Appointment

Online form is lengthy with irrelevant questions, longer waiting time to get routine appointments and system inefficiencies resulting in increased access to more acute pathways.

During Appointment

Scheduled appointment time slot too wide causing inconvenience for patients, some patients feeling rushed or the GP being late.

Patient Choice

Many people wanted autonomy to choose between a face-to-face or telephone appointments. There are various reasons for this such as difficulties in describing symptoms over the phone, accessibility challenges for some people and personal preference.

Privacy and Data

Some people expressed concerns about their privacy, the data being shared on remote appointments, and finding an appropriate place to take the GP's phone/video call.

"Digital Diagnosis"

Many people expressed a lack of confidence and trust in exploring and/or receiving an adequate and correct diagnosis over a remote appointment and felt face-to-face appointments were more appropriate in these situations.

Telephone

People who did not use the online booking system to request an appointment, either because they are digitally excluded or have a personal preference, and called the practice, experienced much longer waiting times.

Meeting Accessibility Needs

For some older people, people with learning difficulties, autism, hearing difficulties, sight impairment, people whose first language is not English, and people who are digitally excluded, remote appointments presented additional challenges.

Communication

Some people highlighted the gaps in communication with their GP and GP surgery, which also included other services such as hospitals and pharmacies.

Frustration about Face-to-face Access

Some people were frustrated with the lack of face-to-face access and felt GP practices were playing catch up with the rest of society because other public sector services and organisations were open.

Recommendations

1. Offer a hybrid model of GP service delivery that includes remote - video, telephone and email - and face-to-face appointments that takes into account the patient's choice and personal preference to meet their needs, and not based solely on clinical need. This would address several of the core negative themes of remote consultation identified.

2. Consider the following changes to improve systems and processes:

    a.   Include an option on the booking form and when telephoning the surgery of the patient's preferred method of appointment.

    b.   Simplify the online booking form by reviewing which questions are essential, and consider adding a filter question for follow-up appointments to reduce data entry for patients.

    c.   Include an option on the booking form to check if the patient has privacy to take the remote appointment and if not offer an alternative.

    d.   Reduce the time slot window for when the GP will call to allow patients more control over their other commitments.

    e.   Review how the surgery is ensuring availability of appointments, particular for those who telephone to book their appointment.

    f.   Consider a 'request a call back' feature to reduce the length of time a patient is waiting by the telephone.

3. Address data concerns through individual surgery's internal channels to all patients to demonstrate how the surgery manages its General Data Protection Regulation responsibilities.

4. Continue to improve communications on patient's individual care and on any service changes and its rationale, taking into account how patients may have different communications needs.

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