

GP Mystery Shopping

Research Report
September 2025



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Thank you so much for the feedback, I have shared the feedback with our reception team and I have also arranged a meeting with the reception team to discuss the feedback and provide them with the information and training.

GP Practice Manager

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Executive summary

Healthwatch Barnet conducted a mystery shopping exercise with all 48 of Barnet's GP surgeries.

Our researchers phoned surgeries, posing as patients who wished to register. This project took place in a context where GPs face pressures, including long-term funding challenges, which have contributed to reductions in the GP workforce ([BMJ 2022](#)).

This research was undertaken in the spirit of collaboration – we shared individual results with all 48 surgeries, including positive findings. At the time of writing, 30 Practice Managers have replied to say they have addressed our recommendations with their reception teams.

Digital Inclusion (p8)

- 69% (n=34) of receptionists told us their patients could book GP appointments over the phone. However, 14% (n=7) said this could only be done online.
- 27% (n=13) of receptionists said it was possible to register with their surgery in person. However, 57% (n=28) said patients could only register online.

Many patients can access services just as effectively, or more effectively, using digital channels. We therefore appreciate the importance of encouraging digital access. However, a minority of patients are digitally excluded – it is crucial that they can access non-digital routes.

Face-to-face appointments (p12)

- It was positive to note that 41% (n=20) of receptionists said either face-to-face or phone appointments could be booked, based on patient preference.
- 43% (n=21) told us that decisions about whether to grant face-to-face appointments were made on a case-by-case basis.
- 6% (n=3) said that whether a face-to-face appointment could be arranged would depend on availability at the time.

Registration ID (p14)

[NHS guidance](#) states that proof of address and immigration status are not required when registering with a GP surgery.

- We were pleased to find that 43% (n=21) of receptionists said patients could register without proof of immigration status. However, 33% (n=16) incorrectly stated that proof was needed and in 24% (n=12) of cases this was unknown.
- 37% (n=18) of receptionists said patients could register without proof of address. However, 55% (n=27) incorrectly stated that proof was needed, and in 8% (n=4) of cases this information was unknown.

Interpreters (p18)

- It was positive to note that 96% (n=47) of receptionists said foreign language interpreters could be made available for GP appointments.
- However, 88% (n=43) of receptionists incorrectly advised our researchers that interpreters were not available for conversations with reception.

In five of the 47 cases where receptionists told us interpreters could be provided for GP appointments, they said there might be difficulties with arranging this.

Recommendations

| Organisation | Recommendation |
|--|--|
| 1. GP surgeries: receptionist training | <p>We recommend that, aided by their Support Level Framework discussions with the Integrated Care Board, GP surgeries put in place regular training and feedback loops for reception teams, covering:</p> <p>Registration methods: where practical, supporting patients to register online, while ensuring digitally excluded people can register in person.</p> <p>Appointments: supporting relevant patients to request appointments via online consultation, while ensuring that digitally excluded people can book over the phone.</p> <p>Registration ID: implementing NHS guidance, that proof of address and immigration status are not required when registering. Examples of alternatives to standard proofs of address, such as Citizen Cards, can be found on p17 below.</p> <p>Interpreters: ensuring that, where needed, interpreters are provided for medical appointments and conversations with reception.</p> |
| 2. GP surgeries: interpreter booking | <p>Interpreters – medical appointments: if individual surgeries face barriers to booking interpreters, it is vital that each surgery engages with DA Languages and the Integrated Care Board on this, taking advantage of the simplified booking process which the Integrated Care Board has recently worked to introduce.</p> <p>Interpreters – reception: we are aware that there can be logistical challenges with providing phone interpreters for <i>face-to-face</i> conversations between receptionists and patients. We recommend each surgery works out a process for this, based on the layout of their reception area, and communicates this to receptionists. Priorities will include accessing an interpreter to establish the level of urgency and ensuring patients understand next steps.</p> |
| 3. GP surgeries: face-to-face appointments | <p>In-person appointments: a few receptionists said access to in-person appointments depended on availability.</p> <ul style="list-style-type: none"> • We recommend that, if a non-urgent face-to-face appointment is needed, this is planned into the diary • Where a face-to-face appointment is needed imminently, but there is no availability, the patient should be signposted to alternatives such as NHS walk-in centres or the out of hours appointments provided by Barnet GP Federation • Surgeries can use tools available as part of the modern general practice model to ensure sufficient face-to-face appointments are available to cover cases with a medical and/or communication need |

Recommendations

| Organisation | Recommendation |
|---|--|
| 4. North Central London Integrated Care Board | <p>Interpreters: we recommend the Integrated Care Board further monitors the uptake of interpreters by individual surgeries, and where necessary works to address this.</p> <p>Dialogue: for the Integrated Care Board to engage in discussion with surgeries on points identified in this report:</p> <ul style="list-style-type: none">• Digital inclusion – registration, appointment booking• Registration ID – registration without proof of address or immigration status• Access to face-to-face appointments |
| 5. Department of Health and Social Care | <p>Registration ID: we recommend the Department of Health and Social Care works with Primary Care Support England to support surgeries with implementing NHS guidance in this area. The guidance states that proof of address is not required for patients to register with a GP surgery.</p> <p>In particular, in cases where GP surgeries have been unable to obtain proof of address from patients for legitimate reasons, Primary Care Support England should ensure that surgeries are not subjected to unreasonably onerous verification processes.</p> |



Acknowledgments

A big thank you to:

- The GP surgeries who participated, particularly those who took on board our recommendations.
- The Healthwatch Barnet researchers who phoned GP surgeries, particularly Daria Duda.
- Barnet Council and the North Central London Integrated Care Board, who provided the funding which made this project possible.

This report was written by Sarah Campbell.

About the project

Healthwatch Barnet conducted a mystery shopping exercise with all 48 of Barnet's GP surgeries.

Our researchers phoned these GP surgeries, posing as patients who wished to register. Each researcher spoke with one receptionist per GP surgery, providing a snapshot of patient experience. The means that our findings do not necessarily reflect all interactions with patients, however clear patterns emerged across multiple surgeries.

In relation to methodology, it is worth noting that, while there are 48 GP surgeries in Barnet, one of these – Jai Medical – has two branches, one in Edgware and the other in Hendon. Therefore, the results outlined in this report are for a total of 49 mystery shopping calls with GP receptionists. The phone calls were made in winter 2024/25.

Outcomes and impact

After gathering and analysing the data, we gave individual feedback to all 48 GP surgeries.

We recognised and celebrated the good practice that we found. Where relevant, we included actionable recommendations to support surgeries to make improvements.

So far, at the time of writing, 30 Practice Managers have confirmed that they are taking steps to ensure that the learning from our mystery shopping exercise is embedded in their reception team's day to day work.

Please see below some examples of feedback that we have received from Practice Managers:

"Thank you... for the constructive feedback, I really do appreciate it. I will be meeting with the reception team today to discuss the feedback and provide some training on this and ensure that all calls are dealt with appropriately and sufficient information is provided."

"I have discussed your [feedback] with all staff for learning and awareness to ensure we give clear, concise, correct information to patients. Thanks for all your help and input."

"Thank you so much for the feedback, I have shared the feedback with our reception team and I have also arranged a meeting with the reception team to discuss the feedback and provide them with the information and training."

Digital inclusion

The majority of Barnet's population have good access to the internet and the ability to use it effectively. However, a significant minority are digitally excluded, either because of financial barriers or because they lack key digital skills.

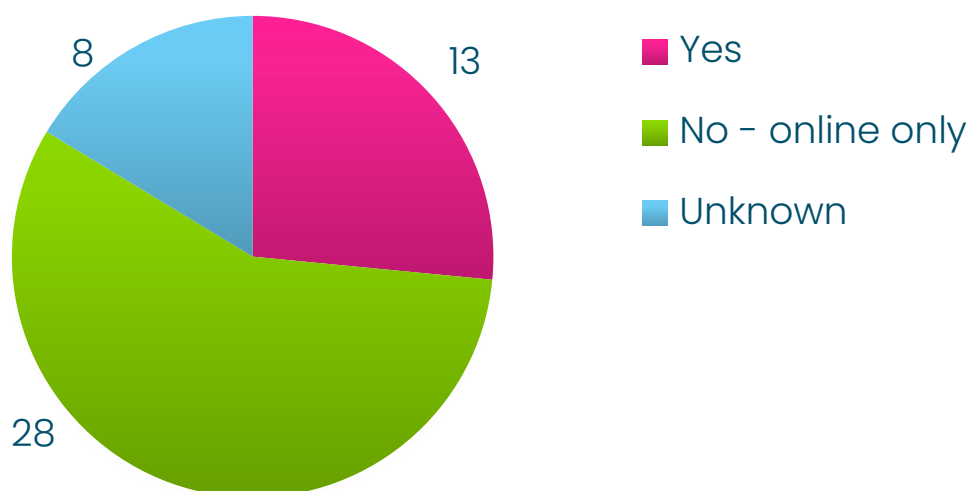
For example, a national study by Ofcom found that, in January 2025, 7% of households with fixed broadband had found it difficult to afford their service in the previous month ([Ofcom 2025](#)).

In our Barnet-based mystery shopping study, our researchers asked GP receptionists whether it was possible to register with their surgery in person, as well as online. They went on to ask whether, once registered, patients could book appointments over the phone, as well as online. By way of background, our researcher explained that they were phoning on behalf of a relative who had recently moved to the UK, did not have a permanent place to stay, and spoke limited English.

As can be seen from the pie charts below and overleaf, the majority of receptionists confirmed that it would be possible to book appointments over the phone. In addition, 27% (n=13) said that it would be possible to register with their surgery in person.

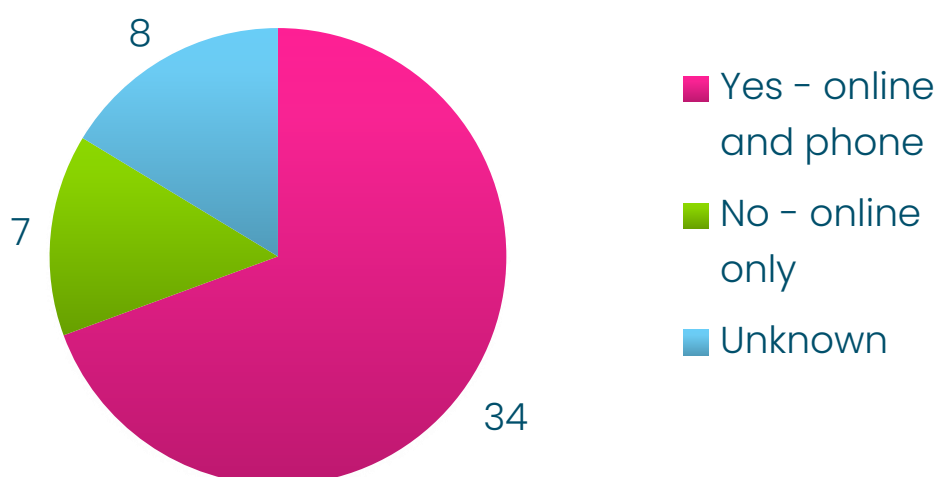
However, 57% (n=28) of receptionists told us that patients could only register with their surgery online. In addition, 14% (n=7) said appointments could only be booked online.

Is there the option of registering in person?



Digital inclusion

Is it possible to book appointments over the phone, as well as online?



As can be seen from the charts above, the majority of the receptionists that we spoke to told us that patients could not come into the surgery to register, and that they had to fill in an online form instead. For example, one receptionist said:

"Registration can only be done online - [patients] have to use the online form."

Another receptionist commented:

"If [the patient] can't fill in the online form, they can email us asking to register, but that will take longer."

As detailed above, a smaller proportion of receptionists told us that appointments could only be booked online. For example, one of these receptionists said:

"No, you can't book appointments over the phone - they have to be booked online through PATCHS."

Another advised:

"You can only book nurse appointments over the phone. For GP appointments it has to be done online."

Digital inclusion

A few receptionists told our researchers that urgent appointments should be arranged over the phone, but routine appointments could only be booked online:

"If you need a same day urgent appointment, you should phone us at 8am. If it's just a routine appointment, you'll have to book online."

In addition, one receptionist advised that it would be more difficult to access certain services over the phone. Our researchers said that their relative would need a language interpreter and asked whether it would be possible to arrange a longer appointment, to allow time for the interpretation to happen. The receptionist mentioned above replied:

"If you're wanting a double appointment, it's going to be harder to arrange that over the phone – it would be better if you asked for it on the online form."



Digital inclusion

While the majority of receptionists told us that patients could only register online, on a more positive note, 69% (n=34) of receptionists did confirm that appointments could be booked over the phone, as well as online. For example, one receptionist said:

"Yes, you can either phone up to arrange an appointment, or you can do it online."

In conclusion, we are mindful that the move to online communication by GP surgeries is a key component of national NHS policy. The overall aim is to increase efficiency and therefore ensure that when patients need an appointment, they can access one in a timely manner.

In recent years, demand for GP appointments has increased exponentially, and many GP surgeries in Barnet receive hundreds of phone calls a day. National figures show that in April 2019, GPs and their teams delivered 24.5 million appointments. By April 2024, this figure was around 30.5 million – an increase of 24.5% ([NHS England 2024](#)). Nevertheless, demand continues to outstrip supply, with large numbers of patients reporting difficulties with accessing appointments ([Health Foundation 2024](#)). At the same time, long-term funding challenges have contributed to reductions in the GP workforce ([BMJ 2022](#)). In March 2025 there were the equivalent of 1,083 fewer fully qualified full-time GPs than there were in September 2015. However, numbers of fully qualified GPs have recently started to rise, with an increase of 707 fully qualified FTE GPs in the 12 months to April 2025 ([BMA 2025](#)).

In Barnet, many patients will be able to access registration and appointments just as effectively, or more effectively, using digital routes. In these cases, we appreciate the importance of encouraging the use of digital access.

However, as outlined above, a significant minority of patients do not have reliable access to digital communication. In addition, these patients are more likely to experience health inequalities for other reasons – for example if they are Disabled, are in financial hardship or are very elderly. Furthermore, [NHS guidance](#) outlines the need to provide non-digital solutions for patients who cannot engage digitally. It is therefore crucial that these patients have the option of registering in person and booking appointments over the phone.

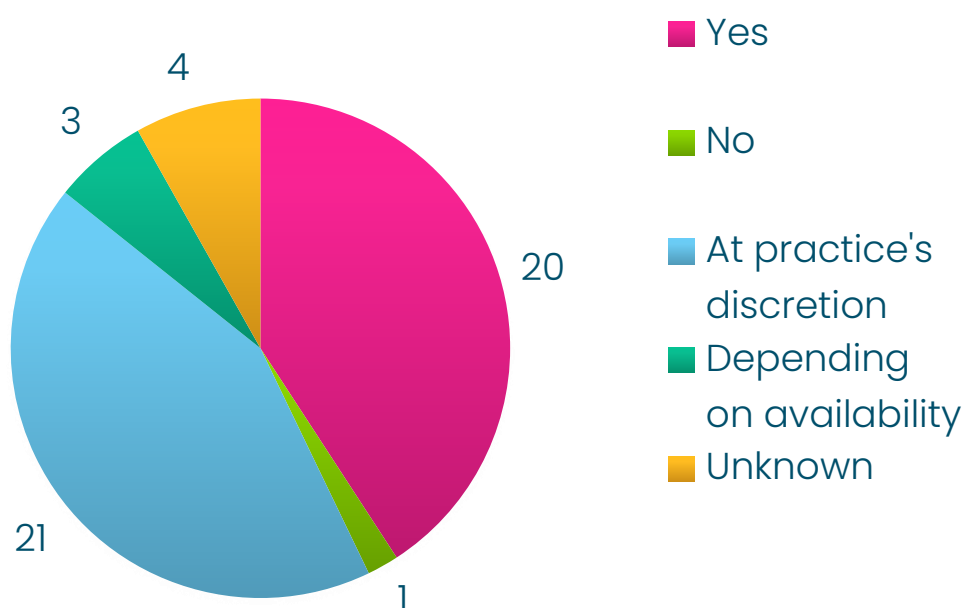
Face-to-face appointments

During each call, our researchers asked about the availability of face-to-face appointments.

Most receptionists either said that face-to-face appointments were provided on demand, or that the patient should explain the reasons for their request and the surgery would consider this on a case-by-case basis. However, a minority of receptionists told us that they were unsure whether face-to-face appointments could be arranged, or (in one case) that these were never provided. The results are set out in the pie chart below.

The vast majority of the receptionists that we spoke to advised us that their surgery had standard processes in relation to face-to-face appointments, i.e. that these were either available to all patients who asked for them, or that the surgery would consider each request on its own merits. However, it is important to note that, during our mystery shopping calls, our researchers also asked about the availability of English language interpreters. Due to the benefits of seeing patients face-to-face for appointments where phone interpreters are present, it is likely that a greater proportion of receptionists told our researchers that face-to-face appointments would be available on demand.

Our researcher asked: 'My relative finds it difficult to communicate over the phone, face-to-face appointments would be better for them. Will this be possible?'



Face-to-face appointments

Access to face-to-face appointments can be particularly important for patients with specific communication needs, for example neurodivergent people, d/Deaf patients and residents experiencing mental health issues. Furthermore, while the majority of phone appointments are safe, they can carry increased risk for patients with certain health conditions ([BMJ Quality and Safety 2024](#)).

We were therefore pleased to note that 20 receptionists said both face-to-face and phone appointments could be arranged, depending on patient preference. In one of these cases, the receptionist helpfully mentioned that:

“When you register with us, if you say that you always want to have face-to-face appointments we’ll add it to your file, so we can bear that in mind when you book appointments.”

As can be seen from the pie chart above, in 21 cases, receptionists said that patients could request a face-to-face appointment, and whether this was arranged or not would be at the surgery’s discretion. Many of these receptionists advised that the decision about whether to grant a face-to-face appointment would be made by a GP. In a few cases, the receptionist said that, if a patient wanted a face-to-face appointment, a doctor would phone them back and make an assessment about whether to arrange this for them. For example, one receptionist said:

‘If you ask for a face-to-face appointment, the first thing is the doctor will ring you back, they’ll decide whether you’ll get a face-to-face appointment – it’s not up to us [as receptionists].’

For this piece of mystery shopping research, we only spoke to GP receptionists, who are not responsible for decision-making about face-to-face appointments. Therefore, we were not able to gather any data, either positive or negative, about how decisions are made in these situations about whether to grant face-to-face appointments.

Finally, in three cases, receptionists said that whether patients could access a face-to-face appointment would depend on availability on the day. We only received this response from a minority of receptionists. Nevertheless, as is set out above, it is important to note that choices concerning whether to arrange face-to-face appointments can have implications for patient safety. It is therefore vital that this decision does not rest solely on logistical availability. In cases where a non-urgent face-to-face appointment is needed, this could be arranged for a later date. Where a face-to-face appointment is required and needs to take place soon, but the GP surgery does not have availability, the patient could be signposted to alternatives such as NHS walk-in centres or the evening and weekend appointments provided by Barnet GP Federation.

Registration ID

When our researchers phoned GP surgeries, they advised that they were calling on behalf of a relative who had recently moved to the UK.

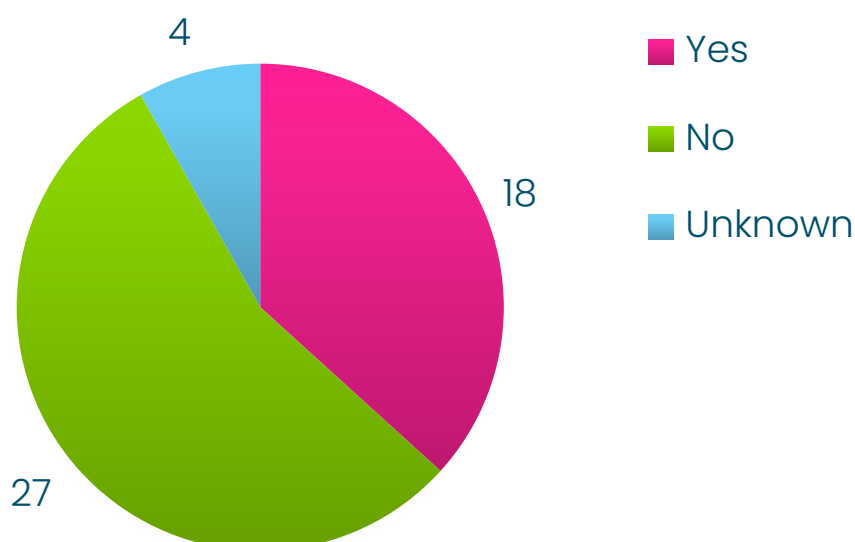
They went on to explain that their relative was living in the surgery's catchment area, and would continue to do so, but that they didn't yet have a permanent place to stay and would be moving around a bit within the catchment area. Finally, they asked whether proof of address and immigration status were needed in order to register with the GP surgery.

For context, [NHS guidance](#) states that proof of address and immigration status are *not* required when registering with a GP surgery.

We were therefore pleased to note that, when asked, 43% (n=21) of receptionists told us that it would be possible to register without proof of immigration status. Similarly, 37% (n=18) of receptionists said that patients could register without proof of address.

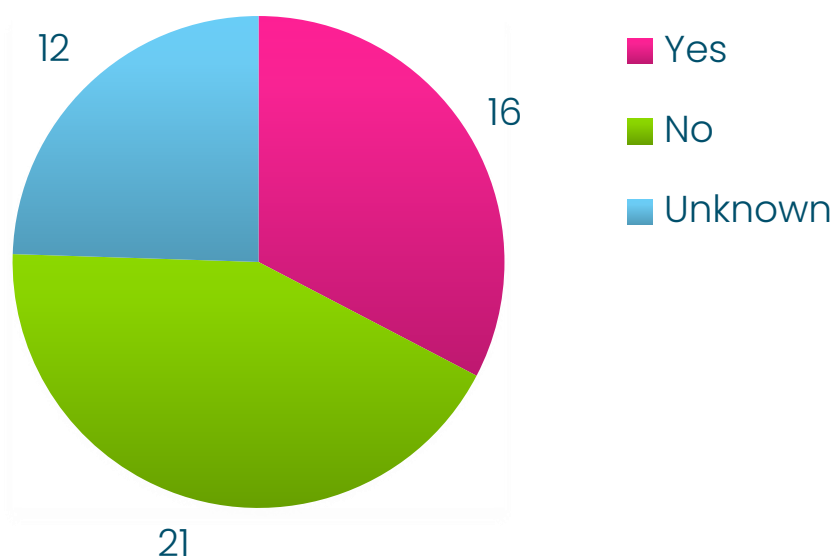
However, a significant proportion of receptionists told us that written proof of address and immigration status would be needed in order to register. 55% (n=27) incorrectly stated that proof of address would be needed, and in 8% (n=4) of cases this information was unknown. Similarly, 33% (n=16) incorrectly stated proof of immigration status would be needed and in 24% (n=12) of cases this was unknown.

Is it possible to register without proof of address?



Registration ID

Is proof of immigration status required for registration?



Our research findings are reflective of a number of regional and local studies, which also found that a significant proportion of GP surgeries required patients to provide proof of address and/or immigration status in order to register (see, for example – [Healthwatch Haringey 2023](#), [BJGP 2023](#) and [BIJ 2021](#)).

On a positive note, in our Barnet-based study 21 receptionists correctly told us that proof of immigration status was not needed, and 18 said patients could register without proof of address. For example, one receptionist advised:

"No, they don't have to show us proof of immigration status ... If they don't have proof of address it's possible to register without that."

However, as can be seen from the chart above, 16 receptionists told us that proof of immigration status would be needed in order to register. For example, one receptionist said:

"Yes, they'll be asked to provide proof, that they've got the right to remain in the country – because otherwise they would be charged for medical care."

We note that this is inaccurate. Depending on their immigration status, non-British nationals may be charged for other types of medical care, such as non-emergency hospital care. However, GP services are free of charge for all patients, regardless of their immigration status ([OHID 2023](#)).

Registration ID

As outlined above, in 12 cases receptionists did not know if proof of immigration status would be needed in order to register with the surgery. In one of these cases, the receptionist advised:

"Yes, they might get asked for proof of their immigration status – it varies from person to person, it depends on their situation."

However, we note that [NHS guidance](#) requires that patients are not discriminated against or treated unfairly, and that nobody should have to provide proof of immigration status in order to register with a GP surgery.

In one case, where a receptionist told us that patients could register without presenting proof of immigration status, they nevertheless went on to say:

"Later, if they want online access to their medical records they'll need to come into our reception with proof of immigration documents."

We note that patients are required to go through a security clearance process in order to access their online medical records. However, this does not need to include presenting proof of their immigration status ([NHS.UK 2024](#)).

In one case, where the receptionist was unsure whether proof of immigration status was needed in order to register, they offered further assistance, saying:

"I'm not 100% sure. They might need to show an immigration document. If you're worried, it's best if you come into reception and we can talk it through."

We were pleased to see this receptionist taking a positive approach. This is very important from the point of view of building relationships with patients. However, it is vital to ensure that receptionists are clear that proof of immigration status is not needed in order to register. Otherwise, people who have insecure immigration status may be deterred from seeking medical assistance out of fear of adverse consequences.

In relation to proof of address, as can be seen from the chart above, 27 receptionists told us that proof of address would be needed in order to register with their surgery. In four cases the receptionist did not know, and one receptionist said:

"Yes, they might be asked for proof of address, it varies from case to case."

Please note, this was a different receptionist from the one who said that the process on proof of immigration status varied from person to person. Again, this underlines the importance of following national policy and treating patients consistently.

Registration ID

Overall, these findings demonstrate that there is an urgent need to ensure that all of Barnet's GP receptionists are familiarised with the relevant [NHS guidance](#). This guidance states that proof of address and immigration status are not required when registering with a GP surgery. The current lack of clarity contributes to inequality of access for residents who are experiencing homelessness or cannot provide evidence of their immigration status.

In relation to proof of address, we appreciate that patients who can produce this will be asked to do so. Proof of address is useful for many reasons. For example, it helps surgeries to locate and transfer patients' medical records, and to ensure that patients live within the surgery's practice boundary.

We therefore understand that surgeries will ask prospective patients to supply proof of address. However, it is crucial that, where people cannot do so, surgeries provide them with alternative routes to enable registration.

Alternative ID can include a [Citizen Card](#), or a letter from:

- Somebody that the applicant is currently staying with
- The manager of the applicant's hostel, refuge or supported housing project
- Barnet Council
- A local charity that is supporting the applicant.

We encourage GP surgeries to produce an internal memo on this for circulation to receptionists. It is also helpful to provide clear guidance on the registration page of the surgery's website, as this is something receptionists can easily refer to when they are speaking to patients. In addition, surgeries can sign up to Doctors of the World's [Safe Surgeries Project](#), to access simple, free resources on ways to tackle the barriers faced by many migrants in healthcare settings.

In addition, in discussions with GP Practice Managers, we have been given examples of situations where staff would have benefitted from greater support from Primary Care Support England around the proof of address issue. For instance, a Practice Manager described cases where they had been unable to obtain proof of address from patients for legitimate reasons, and as a result had found it difficult to comply with Primary Care Support England's verification processes.

In conclusion, it is important to note that 43% (n=21) of receptionists told us that it would be possible to register without proof of immigration status, and 37% (n=18) said it would be possible to register without proof of address. There is a clear opportunity to build on the substantial number of receptionists who are giving correct advice, in order to effectively address this source of health inequality.

Interpreters

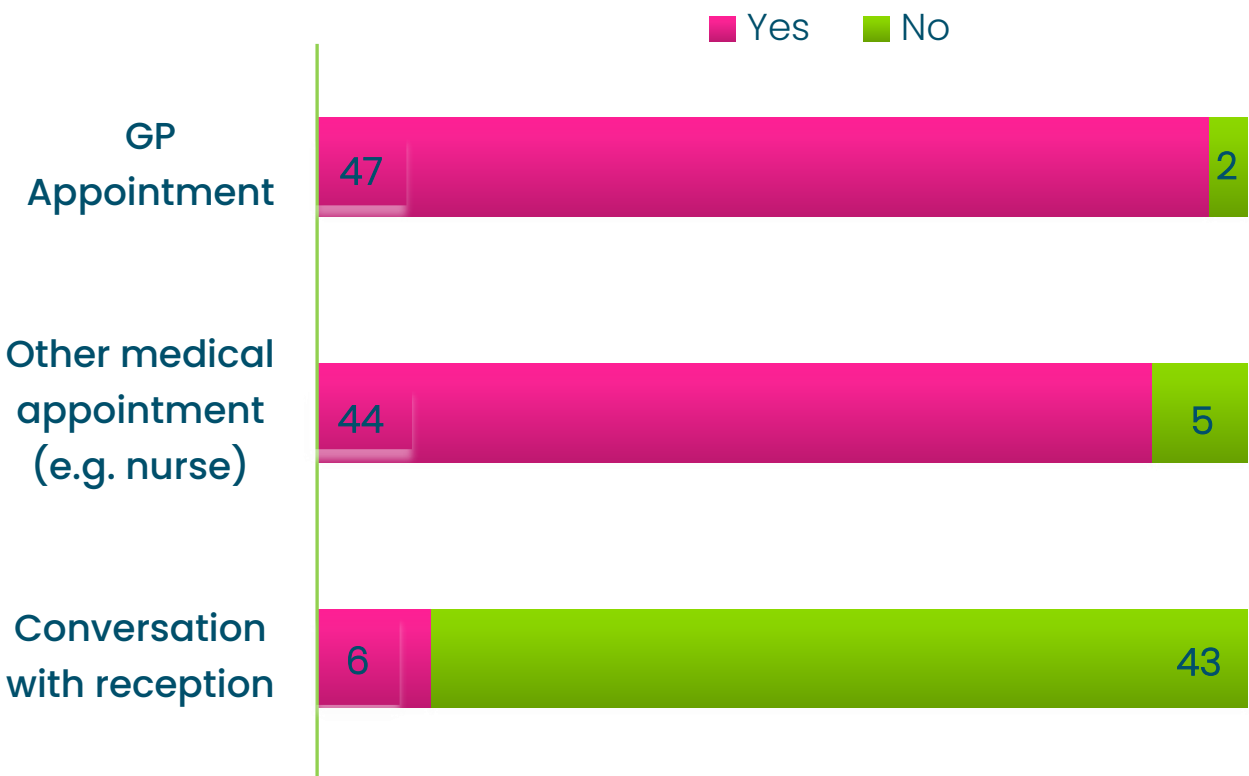
Our researchers asked GP surgeries about the availability of foreign language interpreters.

They advised that they were phoning on behalf of a relative who did not speak English.

By way of background, the NHS North Central London Integrated Care Board (NCL ICB) provides GP surgeries with access to phone interpreters for conversations with patients. This service comes at no cost to the GP surgery. It is commissioned by NCL ICB and was previously provided by [Language Line](#). In July 2025, the contract moved to [DA Languages](#). NCL ICB does not place limitations on the number of phone interpreter sessions that each surgery can utilise.

We are pleased to report that, when asked, 96% (n=47) of receptionists told us that foreign language interpreters could be made available for appointments with GPs. Furthermore, in 90% of cases we were told that interpreters could be provided for other medical appointments, for example consultations with nurses. However, 88% (n=43) of receptionists incorrectly advised our researchers that interpreters were not available for conversations with reception.

Can the GP surgery arrange an interpreter for the following:



Interpreters

Interpreters for GP appointments

It is positive to note that the overwhelming majority of receptionists, when asked, told us that interpreters could be provided for GP appointments. Furthermore, in some cases, receptionists said that if a patient indicated that they needed an interpreter during registration, this would be added to their file. For example, one receptionist said:

"Yes, when you register there's an option to say you need an interpreter. Then, that information goes on record and interpreters are booked for the appointments [with GPs and other health professionals]."

Our researchers also asked whether it would be possible to book a longer appointment, to allow time for the interpretation. In response, 38 receptionists said that it would be possible to arrange a longer appointment, two said that this wouldn't be possible, and in nine cases this was unknown. By way of background, most GP practices in Barnet normally offer 10 minute appointments. Longer appointments usually take a maximum of 20 minutes and are commonly referred to as double appointments. It is standard practice to offer a double appointment in cases where an interpreter is being used, as the same conversation will take twice as long. In the minority of cases where receptionists said this wouldn't be possible or were unsure, we recommended to surgeries that they provided receptionists with further training in this area.

As outlined above, 47 receptionists told us that interpreters could be provided for GP appointments. However, five of these receptionists went on to say that in practice there might be difficulties with arranging this, as detailed below. In addition, another receptionist advised that it would be possible to arrange an interpreter for GP and other medical appointments but asked our researcher why their relative did not speak English. Our researcher said that this was because the person had arrived in the UK recently. The receptionist responded:

"We advise her to learn English."

This interaction highlights the importance of using tactful, welcoming language when interacting with patients from diverse communities. We note that negative experiences of conversations with NHS staff may deter people from accessing services, and in turn, widen health inequalities ([King's Fund 2024](#)).

As noted above, five receptionists told us that, while interpreters were available, there might be difficulties with arranging them. One of these respondents said:

"It's very, very difficult arrange an interpreter. Your [relative] should bring an English speaker with them [for appointments]. We can't guarantee we'll be able to arrange an interpreter - the wait times can be very long."

Interpreters

Another receptionist commented:

"It's very difficult to get an appointment with an interpreter. They can nominate a relative in writing, to talk to us on their behalf... the relative can talk to us on the phone during appointments and fill in the online forms, to ask for appointments."

Two receptionists said that, while interpreters could be arranged, limited time slots would be available. One of these receptionists advised:

"The slots for interpreter appointments are really limited – your [relative] would have to be able to fit around that."

The other receptionist said:

"There's limited availability for interpreter appointments – so your [relative] would need to be flexible when they ask for an appointment."



Interpreters

As set out above, in two cases receptionists told us that no interpreters were available for GP appointments. While this is a small number of respondents, it is a concerning finding given the potential impact on patient safety. In one of these cases, the receptionist did answer the remainder of our questions helpfully and said that proof of immigration status was not needed in order to register with the surgery.

In the second case, we were particularly concerned to note that, after telling us that no interpreters were available, the receptionist said that the caller's relative would have to phone the surgery themselves. The receptionist then abruptly ended the call before our researcher was able to ask any of the additional questions on their script. As our researcher had already explained that their relative did not speak English, the receptionist would have been aware that they would have been unable to phone the surgery themselves to find out how they could register as a patient.

Finally, in relation to digital exclusion, one of the receptionists who said that interpreters were available for GP appointments told us that the best way to arrange an interpreter would be to request this on an online consultation form. They said that the patient should ask an English-speaking friend to fill this out on their behalf. While we appreciate that this will work well in some cases, in others the patient may not have access to a person who is available to do this for them or may not have somebody who they trust and feel comfortable asking to do this. Therefore, in certain instances, patients will require additional support to ensure that intersecting digital exclusion, social isolation and language barriers do not prevent them from accessing healthcare.

Interpreters for conversations with reception

As can be seen from the charts above, 43 receptionists advised our researchers that interpreters were not available for conversations with reception. Furthermore, four of these 43 respondents told us that receptionists used Google Translate instead of interpreters. One of these receptionists said:

"Lots of patients get help from reception by coming up to front desk and using Google Translate."

However, studies have found significant inaccuracies in outputs from Google Translate, which could create patient safety risks ([JGIM 2021](#)).

On a more positive note, in six cases we were told that interpreters could be provided for conversations with reception.

Interpreters

For example, one receptionist said:

“Yes, we can arrange an interpreter for them to talk to reception. When they phone up, or if they come into reception, if they don’t speak English or they ask for an interpreter, we can just phone the interpreter service and have a three way call.”

However, within the six receptionists who said interpreters could be arranged for conversations with reception, in three cases, the receptionists went on to explain that this may not happen in practice. For example, one receptionist advised:

“Yes, we could call the [phone interpreter service] for someone to speak to reception. But it’s very unusual that we do this. They [the patient] should come to the surgery with someone who speaks English.”

Another receptionist commented:

“Technically, it’s possible to get an interpreter for talking to reception but it’s very difficult because if we don’t book the interpreter in advance then we have to call the [phone interpreter service] and it can take time.”

Discussion

It is positive to note that, when asked, the overwhelming majority of receptionists told us that interpreters could be made available for appointments with GPs and other medical professionals.

Nevertheless, a minority of receptionists told us that interpreters were not available for these medical appointments. In addition, five of the receptionists who said that interpreters could be made available for medical appointments, went on to explain that, in practice, there may be difficulties with arranging interpreters.

In addition, we were very concerned to find that 43 receptionists advised our researchers that interpreters were not available for conversations with reception. As outlined above, NCL ICB provides GP surgeries with access to phone interpreters for conversations with patients. This service comes at no cost to the surgery and includes the provision of interpreters for conversations between patients and receptionists.

It is also worth noting this report focuses on provision in cases where patients explicitly request access to interpreters. In discussions with voluntary sector colleagues, Healthwatch Barnet regularly hears reports of communities where



there are low levels of awareness of the possibility of access to interpreters for GP appointments, and community members who speak very limited English have attended appointments without interpreters.

In summary, given the patient safety risks raised by lack of access to interpreters, we strongly encourage surgeries to ensure that, where they are needed, interpreters are consistently made available in practice. The NHS has a **legal responsibility** to ensure that services are equally accessible to all sections of the community. General Medical Council **guidance** also makes it clear that a professional interpreter should always be offered where language is an issue in discussing health matters.

Some patients will not have friends or family members available to interpret for them. If these people do not access interpreters, their health problems will go untreated. In addition, where family members are available, even a fluent English speaker may not be able to understand health-related information very well. This can create gaps in the information shared and increase the likelihood of something going wrong in the course of the patient's healthcare journey.

Furthermore, requiring relatives to interpret raises serious issues around patients' rights to confidentiality. For example, a patient may not seek help for a sexual health issue if they only have a family member of the opposite gender who is able to interpret for them. Healthwatch Barnet's 2019 research on interpreting services uncovered cases where patients had been unable to access professional interpreters for medical appointments and the patients' children had acted as interpreters, putting them under unfair pressure (**Healthwatch Barnet 2019**).

Interpreters

In relation to patients' conversations with receptionists, it is worth noting that the national move towards **total triage** increases the importance of access to interpreters. Many receptionists are being trained to act as Care Navigators, gathering information about patients' reasons for contacting the surgery, as a prerequisite to making an appointment. Where patients can fill in an online consultation form, this can be done virtually. However, this may not be possible for patients who cannot speak English. In such cases, it is vital that patients can access an interpreter, to explain their situation to a receptionist over the phone.

We wish to stress that, in most cases, the receptionists who we spoke to did seek to be helpful. In many instances, the difficulties we encountered appeared to be driven by lack of knowledge and unresolved logistical barriers, rather than any negative intentions.

We are aware that there can be logistical challenges with arranging phone interpreters for *face-to-face* conversations between receptionists and patients, particularly at busy times when there is a queue at the reception desk. For example, the receptionist may need to either pass the phone between themselves and the patient, or to put the interpreter on speakerphone. If speakerphone is used, this creates additional issues in relation to privacy and may lead to difficulties hearing if there is background noise. We recommend that each surgery works out a process for dealing with this scenario, based on the layout of their reception area, communicates this to receptionists and provides periodic reminders. Key priorities will include accessing an interpreter to establish the level of urgency of the patient's medical need, and ensuring the patient understands the next steps. For example, in non-urgent cases the subsequent action could be to arrange a time for a follow-up phone call between the patient, the receptionist and a professional interpreter, to fill in the online consultation form.

However, it is important to note that our mystery shopping research focused on the availability of interpreters for three way calls between receptionists and patients who were phoning the surgery. This presents fewer logistical challenges, and there is a clear need to raise awareness of the availability of interpreters for conversations with GP receptionists.

In conclusion, our research uncovered a number of positive findings. For example, when asked, the overwhelming majority of receptionists told us that interpreters could be made available for appointments with GPs and other medical professionals. There is a clear opportunity to build on these existing strengths to ensure that interpreters are consistently made available in practice, including for conversations with reception.



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