



Patient views on access to GP led services

Published March 2023

healthwatch
County Durham

About us

Healthwatch County Durham



This report has been produced by Healthwatch County Durham. We are an independent organisation whose aim is to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what people tell us.

The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London.

For more information about us please see click on this link: [Healthwatch County Durham](#)

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Summary

In 2020/21 Healthwatch County Durham (HWCD) carried out a review GP practice websites and automated telephone messages. Our experienced HWCD volunteers conducted this research.

In April 2021 we published our findings and shared them with partners including the County Durham Clinical Commissioning Group. They used our findings to help in the development of the specification for some funding they were making available to GP practices to improve their websites and telephone systems.

This year when we asked the public about our work plan priorities, accessing GP services was still one of the priorities they identified. As this is a substantial topic, we have taken a focused approach and decided to:

- Re-visit our research to see if things had improved.
- Collect the views of some of the families in our refugee communities about their experience of accessing health services.

As part of our research we will look at how well GP practices implement the Accessible Information Standard ([NHS England » Accessible Information Standard - Overview 2017/2018](#)). The Standard aims to make sure that people who have additional needs eg a disability, get information in a way that they can understand as well as getting help from a communication professional if they need it.

At a later date we have plans to engage with GP Practice Managers to better understand the changes in the way practices have supported patients since the COVID-19 pandemic began and to better understand how they support patients with hearing loss. We will also engage with the deaf community to find out about their experiences of accessing GP services.

9.2% of the websites
had links or
information about

healthwatch
County Durham



Only 2 of the
telephone
messages referred
patients to the
e-consult system

10 refugee families shared
their experiences of
accessing healthcare



Introduction

During 2022, we asked the public to vote on which issues we should look at further as part of our workplan for the next 12-18 months. The public said they wanted us to look at the issues around accessing GP services. Due to the scale of this topic we decided to break it down and focus on accessibility, especially for those with additional needs.

In carrying out this research our aim was to:

- Research the quality of the information provided on automated telephone messages and GP practice websites
- Engage with some refugee families to hear about their experiences of accessing GP services

Method

A team of Healthwatch volunteers and interpreters:

- Looked at the websites of every GP practice in County Durham and recorded their findings on a spreadsheet. (See Appendix 1)
- Rang GP telephone number out of hours and compared the telephone answering message against a pre-determined checklist (See appendix 2)
- Engaged an interpreter to speak to some families in our refugee communities (See appendix 3)

All the data they collected was collated in a spreadsheet and the analysis of that can be seen below.



Demographics

We collected the views of 10 families from refugee communities in the county as part of this research. It was an opportunity to reach groups we do not regularly engage with.

We looked at 59 GP practice websites and telephoned 86 practices out of hours.

Findings

Automated Telephone Messages

Of the 86 GP practices across County Durham that were telephoned out of hours:

81.4% of practices did not include information on how to get an appointment with a GP - although 15.11% provided practice opening hours for patients to telephone to make an appointment

51.16% of the automated messages provided advice on general health matters but only 44.18% were clear or easy to understand

63.95% of practices did signpost patients to other professional services although this was primarily to 999 or 111

Only 2 of the messages referred patients to the e-consult system



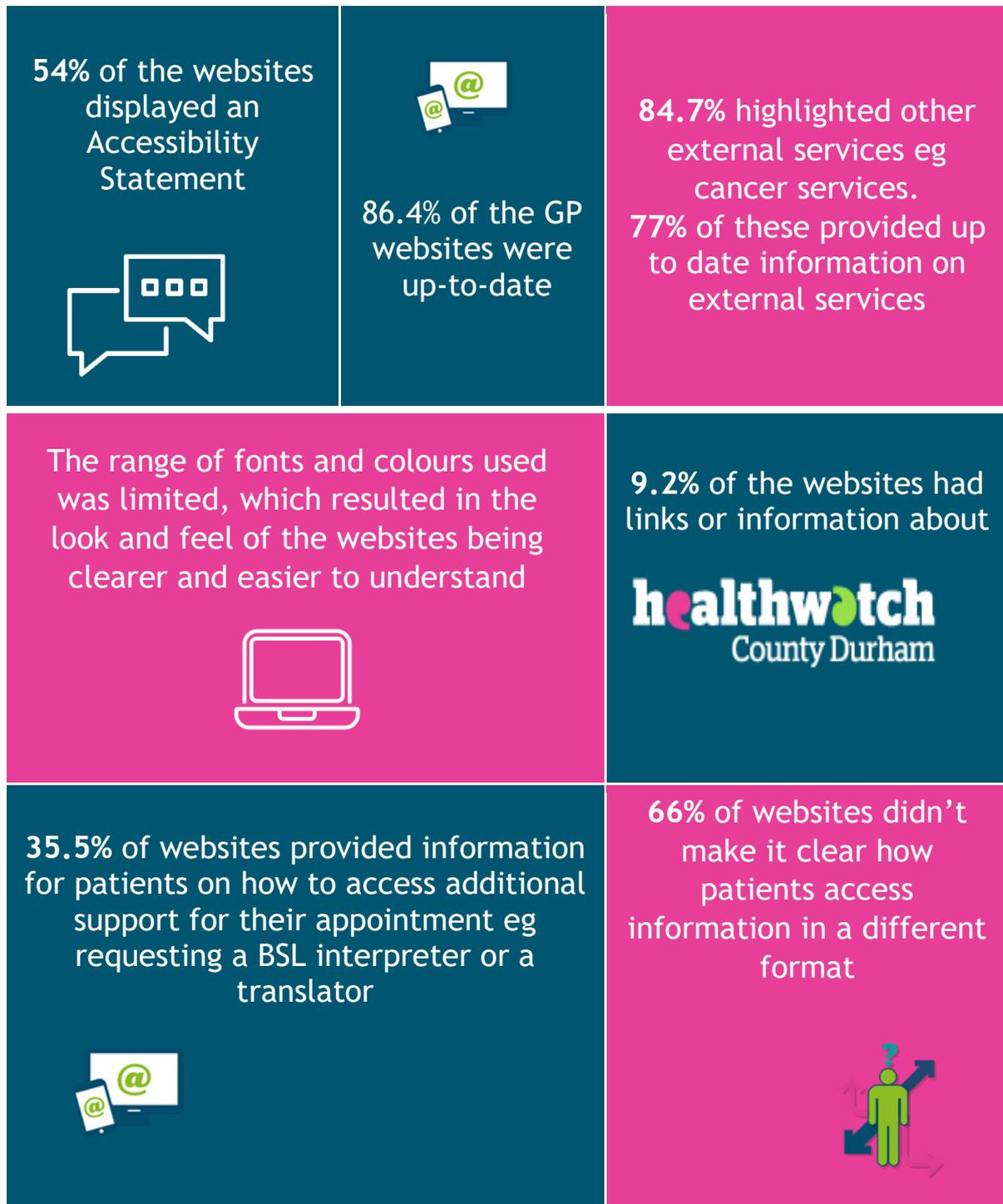
OBSERVATIONS

Practices should review their automated messages regularly as less than 50% of the messages were clear or easy to understand and they did not provide enough time for the patient to write down any relevant information.

More information on how to book an appointment should be included in the message, highlighting the option of either using e-consult or booking online as this will help reduce the number of telephone calls made to the practice.

GP Practice Websites

Of the 59 GP practice websites that we looked at:



OBSERVATIONS

Since 2021, it is clear that many of the websites have been redesigned, which has resulted in websites being clearer, less fussy and easier to understand. In the main the information provided was up to date, but to ensure it remains current, practices should increase the number of times they review their websites to achieve this.

It was disappointing to see that only 9.2% of websites provided information on, or links to, Healthwatch County Durham.

Of the 84.7% of websites that signposted external services, 77% provided up to date information. To prevent patients having to make additional calls to get the most current information available on external services, this information should also be reviewed regularly.

An Accessibility Statement was displayed on 54% of the websites. All practices should include an Accessibility Statement so that patients who need it can access it. It would also be helpful if the statement was more prominent on the home page as this is not the case with each website.

As 66% of websites didn't make it clear how patients access information in a different format, practices should look at making this information more easily accessible for patients, ideally on the home page.

Less than half of the websites, 35.5%, provided information for patients with additional needs on how to access support eg requesting a BSL interpreter or a translator. Practices should ensure that they meet the aims of the Accessible Information Standard. The Standard aims to help people with additional needs get information in a way that they can understand, as well as getting help from a communication professional if they need it. In addition, not all websites displayed a 'Select Language' box. It would be helpful for all websites to incorporate this box at the top of the home page.

Engagement with Arabic-Speaking Refugees

In late 2022 and early 2023 we worked with Arabic speaking refugees to gather their experiences of accessing health services in County Durham. The people we spoke to were from Syria, Sudan and Iraq originally and most had been in the UK for under 12 months. The families we spoke to were being supported by the refugee resettlement workers at Durham County Council.

We had telephone conversations with 4 families and face-to-face discussions with 6 families. We used the services of an Arabic speaking interpreter to make sure we gave everyone the opportunity to share their views in their preferred language. Below is a summary of some of the key findings relating to accessing GP services.

Most people we spoke to could speak English, although for some it was very limited. Not everyone could read English, and even when they could their skills did vary. So, talking about complex medical issues or using medical terminology was difficult unless the doctor could speak Arabic or they had an interpreter present.

In the main the people we spoke to, felt much more confident speaking face-to-face at the surgery for appointments etc. rather than using the telephone.

All the people we spoke to were registered with a GP practice. Quite a few patients were registered at a surgery where there was an Arabic speaking GP, which made things much easier.

Very few people had used GP websites to get help or information. The main reason given was the language barrier.

One person said they felt very confident on the internet, but only accessing Arabic information.

On a positive note, most people said that GP reception staff were friendly and helpful. Most people said they had not had to wait too long to get an appointment.

When we asked about NHS 111 services, no one had used the online service, but some had used the NHS 111 telephone line.

Some people we spoke to were using their children to act as interpreters when making appointments etc. They did say their children struggled with medical terminology. (It is important to note that the families did not tell us their GP surgery had refused to arrange for an interpreter) One person told us their GP or receptionist arranged an interpreter because their child was under 18 and was not allowed to translate. One person said friend helped, but they felt much more comfortable when an interpreter was arranged. We did hear from some who said their GP had booked an interpreter.

5 people were registered with a dentist, but the rest had been unable to register.

Any other issues

Finally, we asked families if there was anything else they wanted to tell us about accessing services.

- Having interpreters available, including over the phone as they have been relying on children, but they couldn't do this if they were at school
- One person told us there were frequently medications missing when they collected their prescriptions

Conclusions

OBSERVATIONS

Automated Telephone Messages

For patients calling GP practices there is more to be done to make the message easier to understand and to give the patient more time to write down any relevant information.

More information on booking an appointment should be provided, specifically highlighting e-consult or booking online.

GP Practice Websites

Many of the websites have been redesigned, which has resulted in websites being clearer, but some still show out of date information.

Not all practices displayed an Accessibility Statement or made it clear how to access information in a different format or access support eg translator. Whilst this information may be available on some websites it is often hidden away amongst a range of other information.

Arabic speaking refugees

For refugees it was much easier having face-to-face appointments. Whilst some had used the NHS app to make an appointment most felt more comfortable speaking to the receptionist. Several of the refugees were registered with a GP practice where there was an Arabic-speaking GP, so wherever possible they made an appointment to see them.

What was apparent in our discussions was that there were several families that had significant and complex health issues. There were some concerns about sharing information, diagnosis and delays in treatment.

Recommendations and next steps

We would ask that:

Practices review their automated messages regularly as less than 50% of the messages were clear or easy to understand.

More information on how to book an appointment is included in the automated message, highlighting the option of either using e-consult or booking online, as this will help reduce the number of telephone calls made to the practice.

All websites include information on, or links to, Healthwatch County Durham.

Practices ensure any information displayed remains current by increasing the number of times they review their websites.

All websites prominently display an Accessibility Statement so that patients who need this information can access it. In addition, instructions on how patients access information in a different format or request additional support should also be highlighted.

Practices incorporate a 'Select Language' box at the top of the home page.

Arabic speaking refugees

Wherever possible GP reception staff should offer the services of an interpreter. This would be of benefit to both the patient and the medical team as it would mean the right information could be shared and should make it less likely second appointments would be required due to a lack of understanding by either party.

Interpretation services for Primary Care is commissioned by NHS England and they also published the guidance at the link below. Whilst this is for commissioners, it provides some useful principles for using interpreters in primary care.

[guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf](https://www.england.nhs.uk/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf)
([england.nhs.uk](https://www.england.nhs.uk))

None of the families we spoke to raised any issues relating to using interpreters arranged by their GP practice.

Next steps

At a later date we plan to engage with GP Practice Managers to better understand the changes in the way practices have supported patients since the COVID-19 pandemic began and to better understand how they support patients with hearing loss. We will also engage with the deaf community to find out about their experiences of accessing GP services. Our report will be updated with our findings in due course.

Acknowledgments

Thanks to:



- The volunteers from Healthwatch who helped with our research
- The refugee families who kindly took the time to share their experiences
- The refugee resettlement workers at Durham County Council who helped us find families who were happy to talk to us



Appendix

Appendix 1

GP website checklist:

- Is the website up to date
- Is there a link to the COVID-19 site
- Is the link clear and simple
- Are other external services offered
- If so, are the links to these up to date
- Is there info on, or a link to Healthwatch
- Who is the webhost
- Is there an accessibility statement
- Is it clear how patients access information on the website in a different format
- Is there information on how patients can access support for their appointment e.g. BSL interpreter/translator

Appendix 2.

Telephone recorded message checklist:

- Was COVID-19 advice given
- Was the advice clear and simple
- Was advice on general health matters given

- Advice clear and simple
- Was appointment information given
- Did it signpost to other professional services
- If so, was there time to write contact details down

Appendix 3

Refugee community survey- This survey was used by an interpreter to have discussions with families at face-to-face meetings or on the telephone. Only the questions relating to primary care have been summarised in this report.



Interview questions
Oct 22.docx