**Local Healthwatch Investigate: Access to Primary Care**

**The NHS Frontline**

GPs, dentists and pharmacists represent the frontline of our NHS.

Known collectively as Primary Care services, they cater for both our everyday health needs and act as the gate keepers for more specialised treatment.

Primary Care services handle more than 300 million consultations every year in England, roughly 90 per cent of interactions with the NHS.

We know from our conversations with the public that they are grateful to the many staff behind these services who work to ensure we all lead long and healthy lives.

New initiatives for longer opening hours and the introduction of more online services also aim to make things more consumer friendly.

It is no surprise then that official figures show 85 per cent of us are satisfied with the service we receive.

Yet, as previous research by Healthwatch England has shown, satisfaction rates only tell part of the story.

When we dig beneath the surface and uncover the quality of people’s experiences we find many areas where there is room for improvement.

1 in 5 admit going to A&E for non-emergencies because they couldn’t get a GP appointment

Local Healthwatch have been out in force, working with the public, in particular engaging groups whose voices are seldom heard in these debates, to find out how services could be improved.

**What the public told us ...**

In total 55 local Healthwatch from all over the country sought the views of more than 11,000 patients and have visited in excess of 550 GP surgeries and other Primary Care premises to ask people about their experiences.

They identified a number of issues - some of which are already well known, others continue to persist despite the measures taken by policy makers and politicians, and a few that are new.

Here are just a handful of the comments we received:

Laura from Kirklees, who is Deaf, spoke of being left for hours at a time in waiting rooms and on one occasion having to rely on her daughter to translate for her.

“One time I had to use my child - who was five at the time. The staff were talking to her … “tell your mum this, tell your mum that …” They were ignoring me. It wasn’t appropriate.”

Elizabeth in Warwickshire expressed her frustrations around trying to get an appointment with her GP:

“When you phone first thing in the morning (08:30am) you are put in a holding queue. After five minutes if you haven’t been answered (which is always the case) you are automatically disconnected. This process can occur two or three times in a row. When you finally get through about 20 mins after the surgery opens there are no appointments left!”

Paul from Yorkshire spoke to his local Healthwatch about his struggle to get NHS dentures:

“I’m a 65 year old pensioner, I called up my dentist for new dentures. I was told that that I was “no longer on our computer”. They advised me to call them every month to check if they were taking NHS patients, but they were only taking on private patients. In the end I had to go private and pay £760 for new dentures and I am on pension credits.”
We have taken the evidence collected from these thousands of conversations between local Healthwatch and their communities and have drawn out a number of issues across five key themes.

These reflect the issues that people said mattered most to them. Using these experiences, local Healthwatch will now share these with commissioners to ensure they understand the improvements needed in primary care.

People told us their biggest issues with primary care were around ...

1. ACCESS

- **Physical Accessibility**

  Disabled people spoke to Healthwatch about their difficulties accessing services, from physically being unable to enter buildings too inflexible on-the-day booking systems making it difficult to book carer support for appointments.

  *Healthwatch Luton* visited all 39 local GP surgeries and found that 28 did not have a hearing loop system installed for patients with hearing difficulties, and 26 did not have easy access for wheelchair users.

- **Translation services**

  Changes to the way translation services are funded has left many Deaf people and those who speak English as a second language struggling to communicate with their doctor.

  *Healthwatch Islington* raised serious concerns about the lack of support for women from minority ethnic communities. They explained that victims of domestic violence have been unable to disclose their situation because the assumption that their families would provide help in translating for them has left them relying on their husbands as the only source of support.

  Beyond GP services, *Healthwatch Kirklees* interviewed 410 people with hearing impairments and found that two out of three experienced difficulties communicating with opticians and dentists.

- **Registering with a GP or dentist**

  Healthwatch heard from people struggling to register with an NHS dentist, with as few as one in five surgeries in some areas registering new patients. There were also widespread reports of patients finding themselves being ‘deregistered’ without warning if they hadn’t been for a check-up.

  *Healthwatch Leicester* found that just 18 of 58 dentist surgeries were registering, leaving large areas without any provision for new patients.

  Some GPs have also been turning away patients from transient communities stating that they won’t get paid for treating them under the current GP contract.

  - **Booking an appointment**

    A consistent theme across all the Healthwatch reports was the frustration patients experience booking appointments. This is having a knock on effect on the rest of the system. A Healthwatch England report identified that one in five patients faced with long waiting times to see their GP are going to A&E instead.

    The most common issue was with poor telephone systems. Nearly half (47 per cent) of those who responded to a survey by *Healthwatch Liverpool* said that booking over the phone wasn’t easy with one resident in Halton reporting having to wait 47 mins for someone to answer the phone.

    The Government has set a target for all surgeries to offer online booking by 31 March 2015, but a search by *Healthwatch Enfield* showed two out of five local surgeries still don’t have their own website.

2. CHOICE

- **NHS Constitution**

  The NHS constitution gives people the right to request seeing the GP of their choice, and calls on practices to comply where possible. Yet reports suggest patients’ preferences are often not met.

  For example, *Healthwatch Surrey* found that a third of patients from across the county were either ‘rarely’ or ‘never’ able to see their own family doctor.

  *Healthwatch Liverpool* found that a fifth of patients are not even being given the opportunity to specify the gender of GP they want to see.
3. BEING LISTENED TO

- Short appointment slots
  Healthwatch heard from patients who are unhappy with GPs applying fixed length appointments. Patients reported feeling rushed and struggling to make themselves heard, particularly if they have multiple health problems.
  
  *Healthwatch Halton* found that six out of 10 local residents weren’t happy with the length of appointment available and that doctors were often unwilling to listen to more than one symptom.
  
  *Healthwatch Oxfordshire* spoke with a number of patients with visual impairments who raised concerns about not being granted extra-long appointments to help them go through such details as how to take their medication and what side-effects to expect.
  
- Complaining about care
  We know from our “Suffering in Silence” report that the complaints system is utterly bewildering for people to navigate. This is made even harder by a lack of information offered by healthcare providers.
  
  *Healthwatch Newcastle* conducted a mystery shopping exercise across 42 practices and found that only half had leaflets at reception explaining how to complain.
  
  Even where information is available, patients are often left with no choice but to go back to the same GP in the future. It is not surprising then, that one in four of those we have spoken to said they were worried about the impact complaining would have on their care.

5. INFORMATION AND EDUCATION

- What to do out-of-hours
  Patients don’t always feel they have enough information to know which healthcare service to visit. In particular, national polling by Healthwatch England revealed that more needs to be done to promote out-of-hours services, community pharmacists and walk-in centres to improve consumer experience and reduce pressure on other parts of the system such as A&E.
  
  Half of the people Healthwatch Enfield spoke to didn’t know about the out-of-hours options open to them. Similarly, in a spot check of surgery answerphone services, Healthwatch Hampshire found that more than a quarter of the 144 surgeries across the county were still giving out the wrong out-of-hours number over a year after the introduction of the NHS 111 service.
  
- Lack of clear information
  Healthwatch identified a need for better information for people to ensure they can make informed decisions about care. In particular, better signposting and wider use of plain English is needed to help ensure patients are accessing care at the right time and that they have the ability to self-care when appropriate.
  
  *Healthwatch Barking and Dagenham* found that children were attending the dentist too late to prevent tooth decay. Even though the parents in question knew the service was free, many were working on the assumption they should only take their children to see the dentist if they were in pain. It is this sort of misunderstanding that contributed to the 26,000 five to nine years olds requiring emergency dental surgery in 2013/14.
Conclusions:

By listening hard to people’s experiences we can see that there are a number of key areas that require improvement which go beyond the frequently reported issues around the need for longer opening hours.

Some of these issues are relatively straightforward to fix. For example, ensuring everyone has access to clear information. We already know NHS England has introduced an Information Standard which aims to ensure Primary Care services provide every single patient with the clear and accurate information they need to navigate the health and care system. The challenge will be in making sure this is adopted all across the country.

Similarly, the issues around staff attitude are already being addressed, with one particular pilot programme being run by two CCGs in Bradford around improving customer services following a report done by the local Healthwatch. If successful, this sort of programme should be rolled out nationwide as part of continual development for NHS staff.

However, other issues are less well recognised, in particular those around accessibility and communication with patients who have various disabilities.

By law, under the Equality Act 2010, all health services are required to make ‘reasonable adjustments’ to make sure they are accessible to all. This duty requires GPs and dentist practices to anticipate the needs of patients with disabilities and, where possible, make adjustments to provide the same level service as for non-disabled patients.

Whilst the evidence collected by local Healthwatch is by no means a comprehensive study of whether or not practices are meeting this obligation, Healthwatch reports show clear problems right across the country with access ramps, availability of hearing loops, provision of BSL translation services etc.

Whatever the reasons for this, it should be considered a matter of priority by everyone; from individual practice managers and commissioners, right to the heart of Whitehall. It is clear from the research that there is value in listening to people’s direct experiences as well as considering official statistics. For example, there is clearly an issue with access to NHS dentists in some areas but because official figures only track the number of appointments and not the numbers of those not registered with a dentist this issue is slipping under the radar.

The same applies to promises around patient choice, with the work of local Healthwatch clearly questioning the top level findings of the GP Patient Survey. More research is needed to establish to what extent people’s rights around seeing their GP of choice or ability to book longer appointments are actually being respected on the ground.

Finally, poor feedback mechanisms create barriers to patients raising their concerns and complaints. In our ‘Suffering in Silence’ report we have set out a comprehensive series of recommendations to restore patient confidence in the complaints system and ensure people know that if they do speak up, their concerns will both be listened to and acted on.

What next:

Whilst the findings of local Healthwatch are not representative of the full national picture they are significant, particularly because we are hearing from many people whose views are seldom heard elsewhere in the system.

Having collected this wealth of evidence, local Healthwatch are now working with their local Clinical Commissioning Groups (CCGs) to address a number of issues on behalf of patients.

Nationally, Healthwatch England will be taking up these findings with NHS England and the Department of Health to ensure that the experiences and views of patients are put at the heart of reviewing the GP contract, the dentist contract and the ongoing development of Primary Care services at a national level.

Over the next year we will be taking our conversations forward with the public to find out more about the sorts or radical changes they want to see in the way primary care services are delivered and will use this to inform the debate around the implementation of NHS England’s 5 Year Forward View.