

# GP Access Over the Course of the Pandemic Phase 1



## Community Engagement

September - December 2020

Healthwatch Hammersmith & Fulham  
December 2020.

# GP Access Over the Course of the Pandemic

## Phase 1- Community Engagement

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# 1. Introduction

The Health & Wellbeing Board at the borough, commissioned Healthwatch Hammersmith & Fulham to undertake a study into how the move to digital and remote (telephone, virtual and online) GP services over the COVID-19 pandemic has affected residents.

We were tasked to gather data on what digital and remote communication methods have been made available to Hammersmith and Fulham residents to:

- contact their GP;
- their experiences of using these methods;
- how confident and comfortable individuals feel about accessing and receiving healthcare digitally;
- and what improvements can be made to remote GP access.

This report is the result of this piece of work and details the process and explains the findings from the community engagement phase of the project.

# 2. Background

When it became clear that social distancing measures were going to be put in place in order to reduce the spread of COVID-19, GP surgeries across the country were urged to reduce face-to-face consultations and instead, assess patients remotely. Although the use of technology is not new in health and social care, for example, the NHS app allows patients to order prescriptions, it is evident that during the first wave of the pandemic the uptake of the digital offer has become more common and widespread.

Even though the use of technology has increased and digitalisation is due to go mainstream within the NHS system, there has not been time to research the impact on health outcomes, patient experience, or health-related inequalities of using digital platforms.

We need to ensure that all GPs can offer adequate options of access to patients including technological solutions to enhance the GP Access offer including face to face and other services.

Working in partnership with the London Borough of Hammersmith & Fulham Health & Wellbeing Board (LBH&F HWB) partners, the aim of this project was to support resident engagement to explore their experiences, to find out their views, and to assess the impact of accessing health and social care services digitally on patients and those who support them, focusing on access to GP services.

### 3. Project Aims and Objectives

Right from the start, the HWB agreed a set of project aims and objectives, these being:

#### Phase 1

- i. To gain an understanding of patient experience of various GP appointment types (face-to-face, telephone consultation, eConsult, video consultation) to primary care services during the pandemic.
- ii. To facilitate a series of discussions with GP clinicians, patient groups, residents, disadvantaged groups and others to explore GP access experiences, options and opportunities, and develop a shared vision for the future in the form of a draft charter/standards framework.
- iii. To explore any barriers to access to primary care that have been experienced in the past by those most vulnerable and ensure the vision for the future allows for parity of access.

#### Phase 2

- i. Further engage the Clinical Commissioning Group (CCG), GP Leads, Primary Care Network (PCN) leads, GP Federation and others in reviewing report recommendations and draft charter/standards.
- ii. Review and ensure alignment of recommendations and draft charter/standards to North West London CCG Digitisation Strategic Plan currently in production.

- iii. Review recommendations and charter against Healthwatch England Digitalisation Exclusion study findings - national report due June 2021

In addition, it was clear that we had to focus on those communities that may be disadvantaged, vulnerable or experience health inequalities for example Black, Asian & Minority Ethnic (BAME) communities, those who do not speak English as a first language, older residents and those with sensory impairments.

## 4. Methodology

The study took a two-stage approach to bring together patients and vulnerable and disadvantaged patients/community groups to identify and explore patient experiences.

1. **Survey** - A set of questions were agreed with key partners and stakeholders, and promoted borough wide and through the CCG and LBH&F. It was also linked to the Healthwatch Hammersmith & Fulham (HWH&F) website and social media for promotion, and partners and stakeholders were contacted and asked to distribute to their service users. The survey opened on 21<sup>st</sup> September and closed on 19<sup>th</sup> November 2020.

Accessible formats such as large font and easy read versions were produced, and telephone call interviews were offered to residents if they needed help to complete the survey.

A total of 181 responses were received.

2. **Workshops/Focus Groups** - Co-production sessions were arranged and facilitated by HWH&F with the aim of delving deeper into the data emerging from the survey. The following took place through November:

**Carers Network - 28/10/20**

**Hammersmith & Fulham Save our Hospitals (HAFSON) 1<sup>st</sup> session - 2/11/20**

**Parents Active - 3/11/20**

**HAFSON 2<sup>nd</sup> session - 4/11/20**

**Pocklington Lodge - 17/11/20**

Overall, 35 people participated in the sessions.

## 5. Limitations

The project was focused on GP services, however there were opportunities to explore the experiences of access to outpatient appointments (and other areas) during the pandemic.

An obvious limitation is that due to the restrictions in face to face contact, we are forced to ask questions around access to technology by using technology and online survey. It was identified early on that this may limit the reach of the survey and so we worked hard towards engaging those who may not have access to technology and encouraged them to participate in the focus groups.

## 6. Executive Summary

The research found that the majority of participants contacted their GP using the telephone and gave variable responses when asked how satisfied they were with the service. Whilst people were fairly confident in using technology to access GP services, their comfort level for receiving healthcare in this way was lower.

The data also showed that in light of their experiences of accessing GP services digitally and remotely, the majority of people we heard from would not alter their use of digital services when accessing their GP in the future.

The most popular method of contact was by telephone, although many noted that this route of access needs substantial improvement in order to be efficient.

It is clear that the digital offer must be only one area of a much wider and improved access offer for patients and that substantial IT support and capacity building within

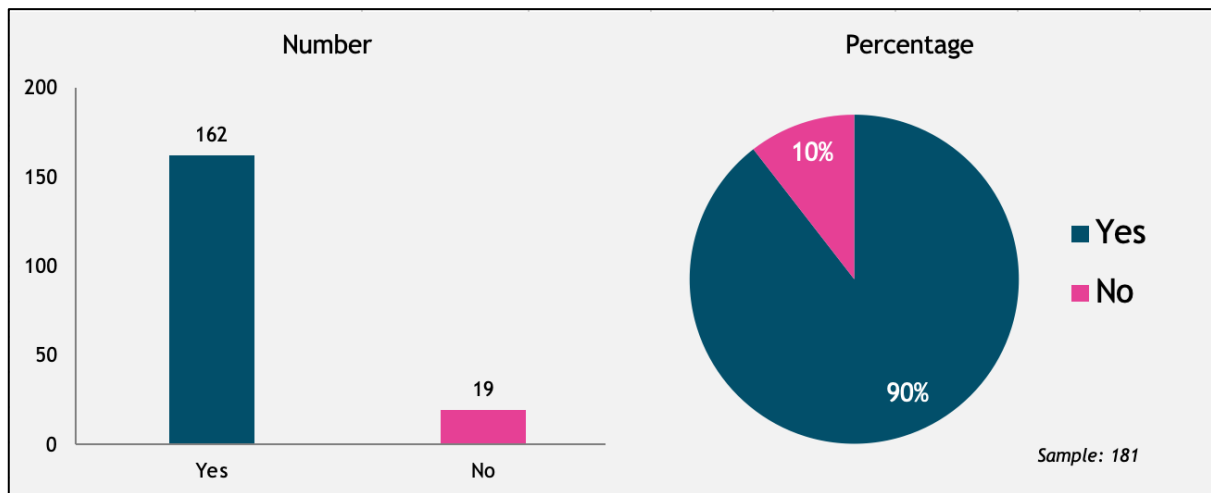
the community and with individual patients is necessary for digital access to be a meaningful option for many within the borough.

## 7. Data Analysis and Findings

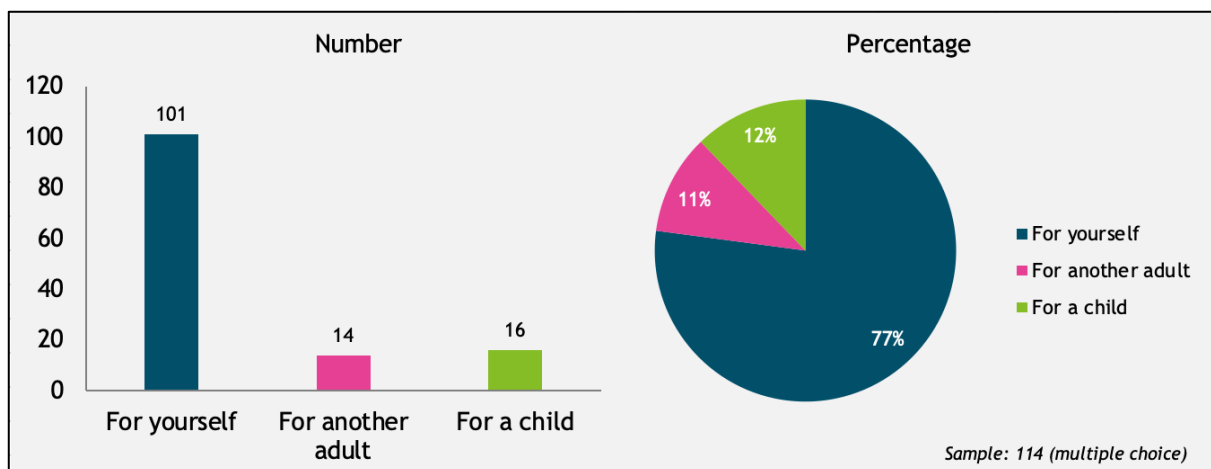
### 7.1 Participants Needs and Motivations

In this section, we identify the healthcare needs of participants and their motivations for accessing GP services over the pandemic. We began the survey by asking participants whether they had accessed GP services during the lockdown period?

#### 7.1.1 Have you had communication with your GP since the beginning of lockdown?

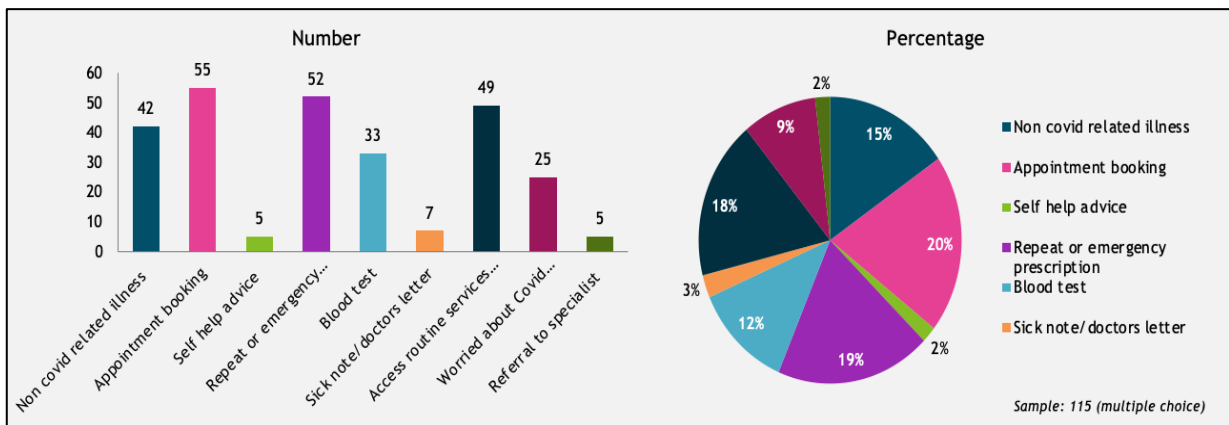


#### 7.1.2 Who did you contact your GP surgery for?



Almost four fifths of respondents (77%) contacted the GP for themselves, while only a fraction more than a tenth contacted the GP for another person, child (12%) or another adult (11%).

### 7.1.3 What was your reason for contacting your GP practice during lockdown? Please mark all that apply.



The most common reasons for contacting the GP during lockdown was to book an appointment (20%), to request for a repeat or emergency prescription (19%), or to access routine services such as vaccinations and smear tests (18%). There was also a significant amount of people who required treatment for non-COVID-19 related illnesses (15%).

### 7.1.4 Comments from Focus Groups on accessing GP Practices

From focus groups with HAFSON we identified patients felt that accessing and receiving GP healthcare digitally required additional persistence. Comments gathered noted that a level of assertiveness, patience and understanding of the NHS was required to pursue the information about treatments available and apply pressure GPs to provide the correct treatment.

#### Selected Comments: Patient Persistence in Accessing Healthcare

HAFSON

*“Someone less assertive would have been left without antibiotics.”*



*“Somebody less experienced with the health service would not have got the correct prescription.”*

*“I benefitted from knowing how to navigate a system, I have a history of working for the NHS, and I am naturally assertive.”*

#### 7.1.5 Comments on the attitude of GP surgeries during the pandemic to be a deterrent.

There is widespread evidence of people avoiding GP surgeries over the course of the pandemic in fear of contracting the virus at the clinic or on public transport, spreading the virus to others at the clinic or on transport, and wasting NHS resources. (See Hounslow Healthwatch report on ‘How has coronavirus affected you’). We identified similar fears in our research, but also there was ongoing evidence that GP practices themselves deterred people from accessing healthcare unless it was an emergency.

#### Selected Comment: Feelings towards NHS Resources

Survey comment

*“There is a general feeling not to approach the practice unless one is really worried.”*

Pocklington Lodge

*“When you phone up the message is a bit discouraging”*

Parents Active

*“It’s an unpleasant experience [...] they were very different with their approaches, some wanted you to come to the surgery to make an appointment and some acted as if you had the plague.”*

#### 7.1.6 Comments on digital interfaces as a deterrent

Carrying on from the trend in responses that the unwelcoming attitudes of GP services deterred people from accessing healthcare during the pandemic, several

respondents in the survey and focus groups highlighted the digital interfaces to be a barrier to accessing healthcare.

### Selected Comments: Digital interfaces as a barrier to accessing healthcare

#### Survey Comments

*“It is quite intimidating to have e-consult blocking the regular website of the practice before you can even get into the GP website.”*

*“The thought of going online to contact my GP when I normally just call and get a response discourages me most times.”*

#### HAFSON

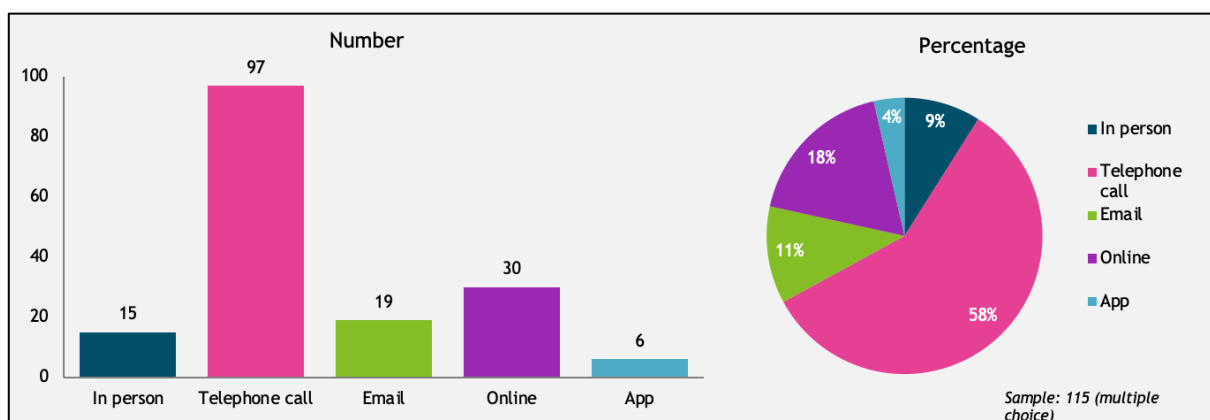
*“I feel that all the extra hoops you have to jump through can cause a delay in getting the treatment you need.”*

*“The whole process feels so long. During the process you just think is it worth it, is it serious enough.”*

## 7.2 Methods of Communication

In this section we identified what methods participants chose to contact their GP.

### 7.2.1 How did you contact your GP during lockdown? Please mark all that apply.



Over half of participants contacted their GP via the telephone (58%). The second most common contact method was online (18), then via email (11%). Even in light of social distancing measures nearly a tenth of participants approached their GP

surgeries in person (9%). Less than a tenth of participants contacted their GP via an app (4%).

**Selected Comments: Preferred Methods of Communication**

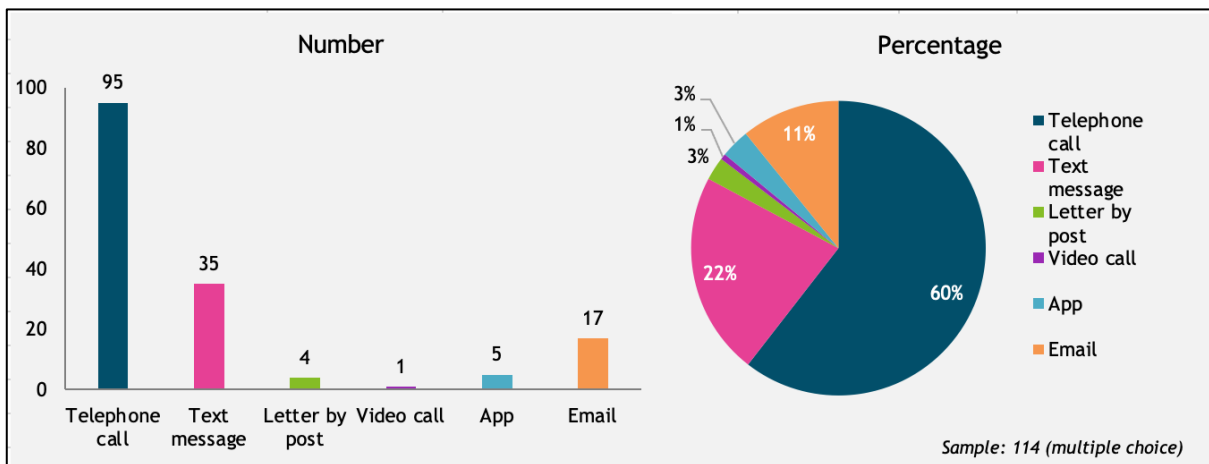
Survey comment

*“I prefer the phone as it is more personal.”*

Parents Active

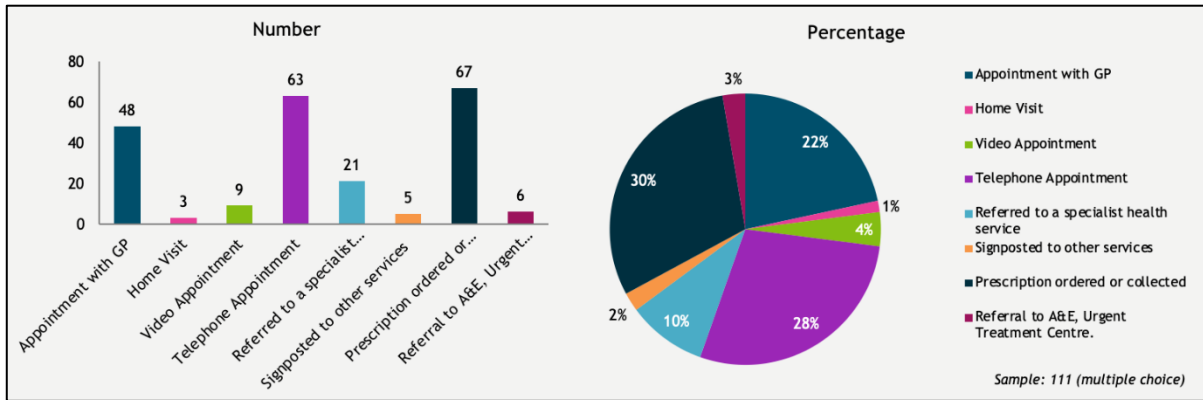
*“It’s easier for me to talk, I feel I would not be able to convey the message in a way that would make sense in writing.”*

7.2.2 How did the GP Practice contact you during lockdown as a follow up to your initial contact? Please mark all that apply.



We identified how the GP practices contacted patients after they had requested services. Three fifths of respondents were contacted by their GP via the telephone (60%). Nearly a quarter were contacted via text message (22%), and just over a tenth were contacted via email (11%). Contact via app (3%), postal letter (3%), and video call (1%) were significantly less.

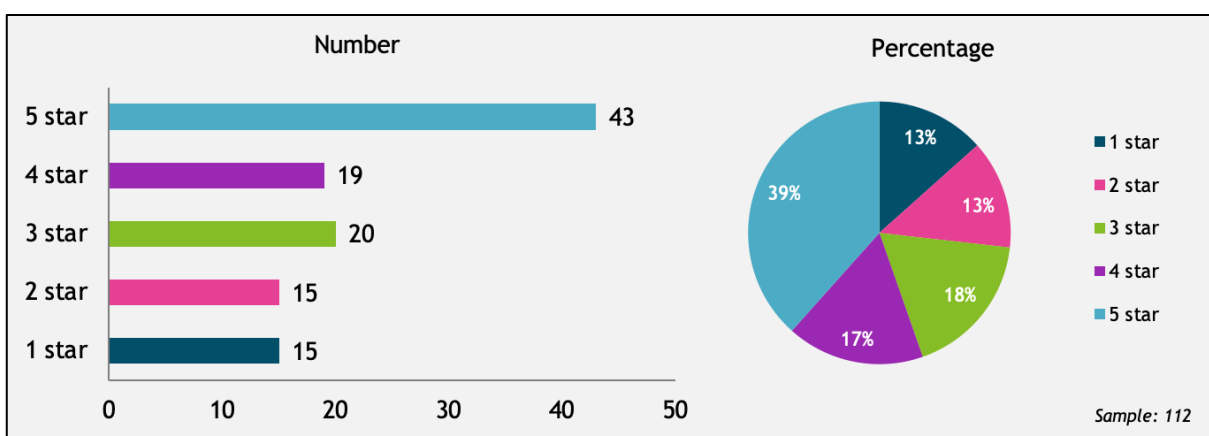
7.2.3 What was the outcome of your contact with the GP practice? Please mark all that apply.



Following on from the question above, we asked what the outcome was from the contact with the GP practice. Nearly a third of respondents managed to successfully order a repeat or emergency prescription (30%). Over a quarter had a telephone appointment with a doctor or nurse (28%), over a fifth has an appointment with a GP (22%). A tenth were referred onwards to specialist services (10%), and 2% were signposted to other services. Significantly less were referred to A&E (3%) or given the option of a home visit (1%).

### 7.2.3 How satisfied were you with the outcome of your contact with your GP practice?

In conclusion to this set of questions, we asked about people's satisfaction with their contact with their GP practice.

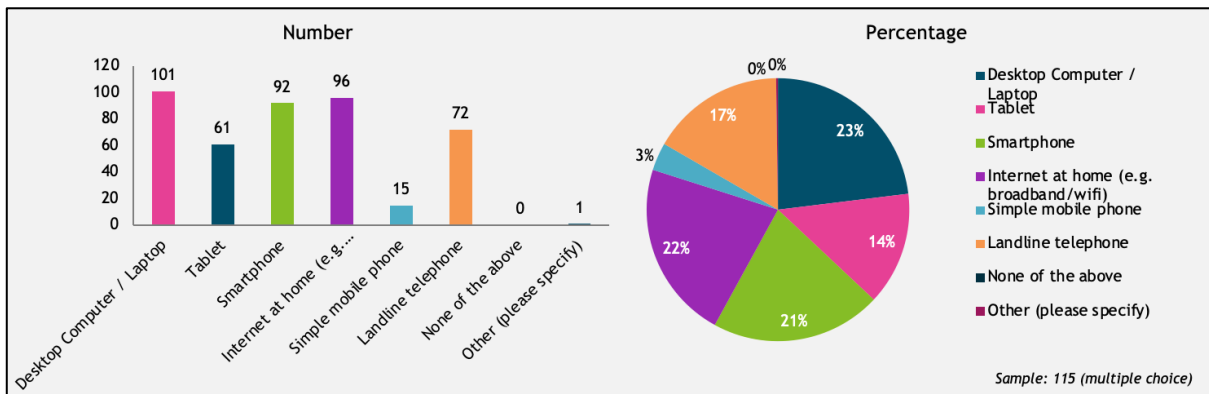


There was a general level of satisfaction with 56% of responses being 4 or 5 stars out of 5. Nearly a fifth ranked their experience as 3 stars (18%), and just over a tenth marked their experience 2 or 1 star, (13% each respectively).

### 7.3 Attitudes and Access to Technology

After establishing patient’s needs and motivations for contacting their GP, and their general experiences of this communication, we identified what technology patients had access to in the home. We then went onto investigate how patients felt about seeking out and receiving healthcare digitally.

#### 7.3.1 What technology do you have access to in the home? Please mark all that apply.



All respondents to the survey had access to at least one digital communication method. Nearly a quarter had access to a PC or laptop (23%). Just under a quarter noted they had access to the internet in their home (22%). Over a fifth had access to a smartphone (21%), and over a tenth to a tablet (14%). Nearly a fifth had telephone communication through a landline (17%). Significantly less had a simple mobile phone (3%). Those answering that they had access to the internet at home seems to be lower than expected. What is not known is if those who ticked laptop/desktop pc might have thought that this included the internet so did not think to tick that box, giving a skewed picture.

##### 7.3.1.1 Relevant Focus Group Responses

From the focus group with Carers Network, unpaid carers identified that those they care for are unable to use technology due to physical or sensory impairments, and they would not be able to access digital GP services without the support of their carer.

From the focus group with Parents Active, parents of young people with disabilities noted that their young person would be unable to access digital GP services without their support. It was highlighted in this focus group that when a patient turns 16, parent's access to their online GP services is revoked, leaving young people without the ability to access technology independently, unable to contact their GP.

#### Selected Comments from focus groups with Carers Network and Parents Active

##### Parents Active

*“When my son turned 16 the GP removed him from my online access, so I haven't been able to get hold of his GP.”*

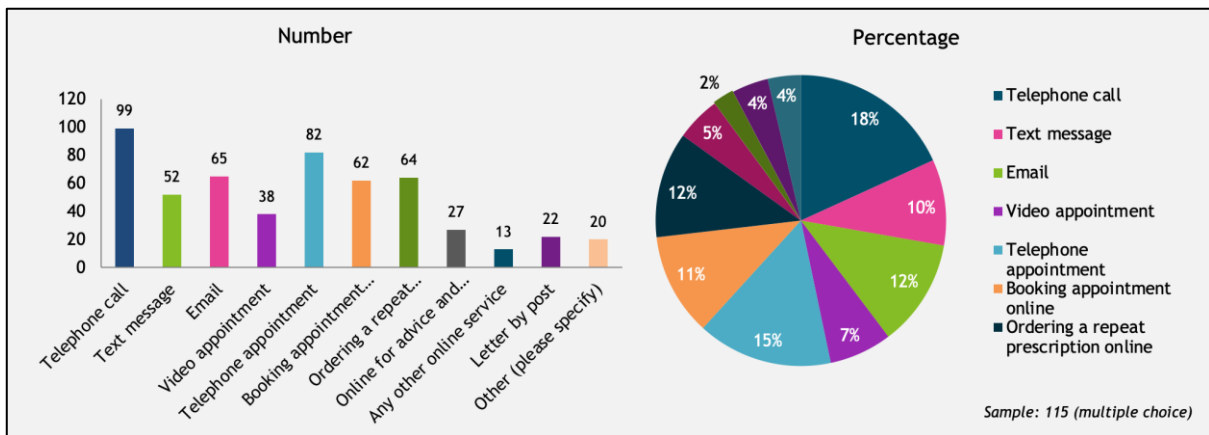
*“A lot of parents are blocked out of medical appointments once the children reach 16 or 18. [...] it is difficult to regain access.”*

##### Carers Network

*“I am technologically literate, but my mum would not be able to use the computer without me.”*

From the Focus Group with HAFSON it was noted that elderly people in the Hammersmith and Fulham Community are known to access the internet in the public libraries. These services were closed over the lockdown period, leaving some elderly people without a digital recourse to access their GP remotely.

7.3.2 Do you feel confident accessing the services at your GP practice by the following methods? Please mark all that apply.



We investigated how confident participants felt in using technology to access GP services. Out of 115 participants, 99 felt confident in using the telephone to contact their GP. 82 felt confident partaking in a telephone appointment. A high number also felt confident using email (65), ordering a repeat prescription (64) and booking an appointment online (62). 52 out of 115 respondents felt confident using text message, and 38 felt confident conducting a video call. There was less confidence looking online for advice and information (27), contacting the GP manually via letter (22) or using other online services (13).

While most participants felt confident using technology to access healthcare, from comment on the survey and information gathered from focus groups, a re-emerging trend was patient's lack of confidence in their own ability to communicate symptoms via technology, as they lacked the medical knowledge and language to accurately convey their needs.

### Selected Comments: The ability to communicate symptoms

#### Survey comment

*"Patients are not medically trained and may - like me- have morbidities of which they are not aware and may lack the linguistic competence often necessary to describe and explain a condition."*

#### HAFSON

*"I felt like, to a degree, you are doing your own diagnosis"*

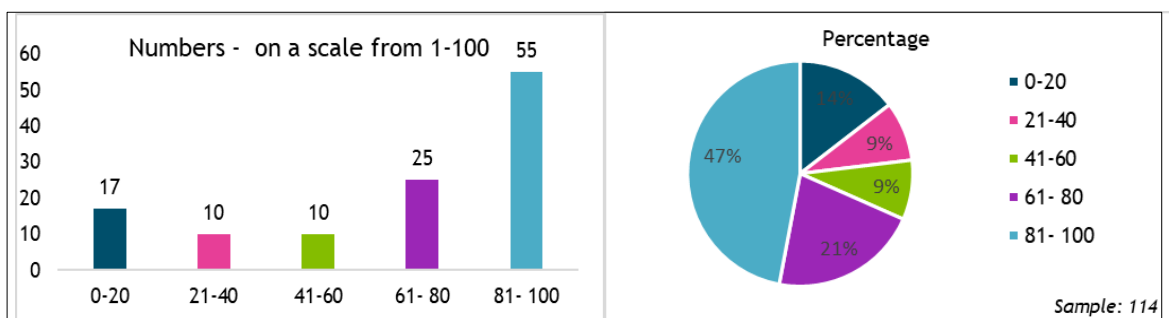
*"I am not a medical person [...] I had to find out my own information online"*

#### Carers Network

*“You have to become experts on the conditions of the person you are caring for”*

### 7.3.4 How comfortable do you feel using technology to access and receive GP services and healthcare?

Our research distinguished between confidence in accessing services via tech methods and comfort in doing so to better identify participants feelings towards remote healthcare



From the survey, respondents on average rated their comfort in using technology to access and receive GP services and healthcare as 69/100. The majority of (30%) respondents ranked their comfort level in the 91-100 category and 17% ranked their comfort as 81-90 on the scale.

### 7.3.5 Comments on how patients feel about receiving healthcare via technology

From comments gathered from the survey and the focus groups we identified that most respondents felt confident in their ability to access their GP via technological methods, however they had less confidence in the quality of healthcare they would receive. This can be partially due to discomfort in communicating symptoms to GP's, as previously noted, but several responses highlighted the lack of surety that comes with a remote appointment.



Several participants also noted that they were not confident in the skills of GP reception staff to triage them appropriately, which would then affect the quality of treatment they were offered.

#### Selected Comments: Patient Anxiety about Quality of Remote Care

Survey comment

*“I prefer the surety of an actual safe face-to-face consultation.”*

*“Some elements of reassurance with face-to-face is missing.”*

*“I would feel uncomfortable with having a medical consultation online as health and medical care is personal, confidential and requires a level of sensitivity which, I think, the internet doesn't fully meet.”*

HAFSON

*“I felt more cared for and supported in the face-to-face appointments than I did on the phone.”*

*“The person at the reception desk is rarely a doctor”*

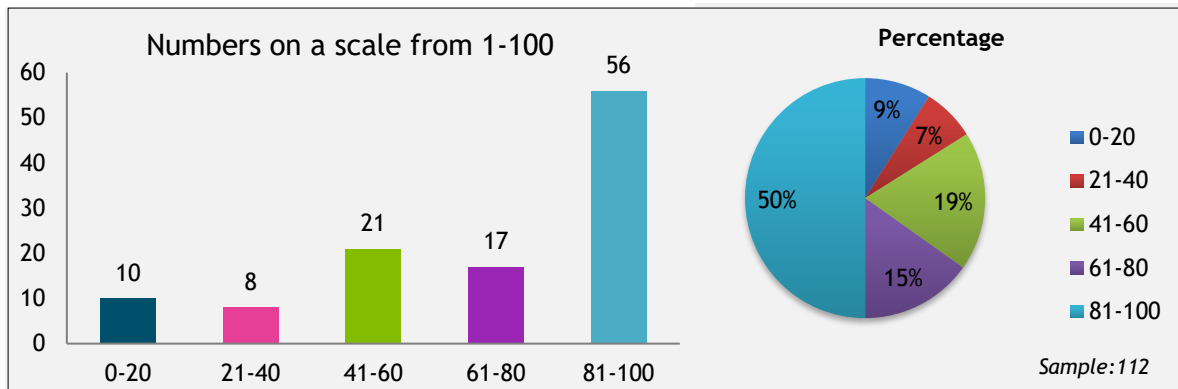
*“I felt like, to a degree, you are doing your own diagnosis”*

## 7.4 The Role of Tech

In this section, we identify patient's confidence and ability using different digital communication method. We also sought to find discover participants thoughts and feelings towards using these methods as a means of accessing and revieing healthcare. This section also investigated how GP Practices could improve their usage of these methods going forward.

### 7.4.1 The experience of telephone communication

### 7.4.1.1 How comfortable do you feel using the telephone to access and receive GP services and healthcare?



On a sliding scale, half of respondents rated their confidence in accessing and receiving healthcare via the telephone as 81-100 (50%). Just over a third of respondents ranked their confidence between 41 and 80 (34%). 16% of respondents ranked their confidence with using the telephone to access and receive GP Services as below 40, 5% of whom ranked their confidence between 0 and 10.

### 7.4.1.2 Comments from Survey and Focus Groups on telephone communication

A recurring trend amidst responses from both the survey and focus groups was patient’s frustration at the long period on hold when calling their GP surgery, not being able to get through on telephone lines, and the amount of time that elapses between making the appointment and the appointment occurring. Good practice was also highlighted around telephone access.

#### Selected Comments: Experience of booking a telephone appointment

##### Positive Comments:

Pocklington Lodge

*“They are happy to book and conduct appointments on the telephone. I found them to be very helpful.”*

*“I called up to get a flu jab [...] it was all very smooth.”*

##### Negative Comments:

Parents Active

*“They say they will get back to you in 24/48 hours, and I've had two situations when they haven't actually gotten back, and I have had to call them. You must wait days and they don't phone back.”*

HAFSON

*“I was on hold for 50 minutes before I was told to use the online e-consult system. It was very frustrating.”*

*“The phone kept telling me ‘we cannot connect your call, please try again later.’ I tried 5 times and gave up.”*

Carers Network

*“No one picks up the phone and it leaves you feeling very vulnerable.”*

Telephone appointments were cited as being an insufficient method through which to deal with complex or varied needs. Respondents noted how often telephone appointments were not long enough to explain ongoing health issues. Respondents also noted how telephone appointments make physical examinations impossible.

#### Selected Comments: Delivery and allocation of telephone appointments

Positive Comments:

Parents Active

*“The doctor on the phone was very caring”*

Negative Comments:

Survey comments

*“Telephone appointments don't work for complex issues”*

*“When you cannot see the face of the other person more time is required.”*

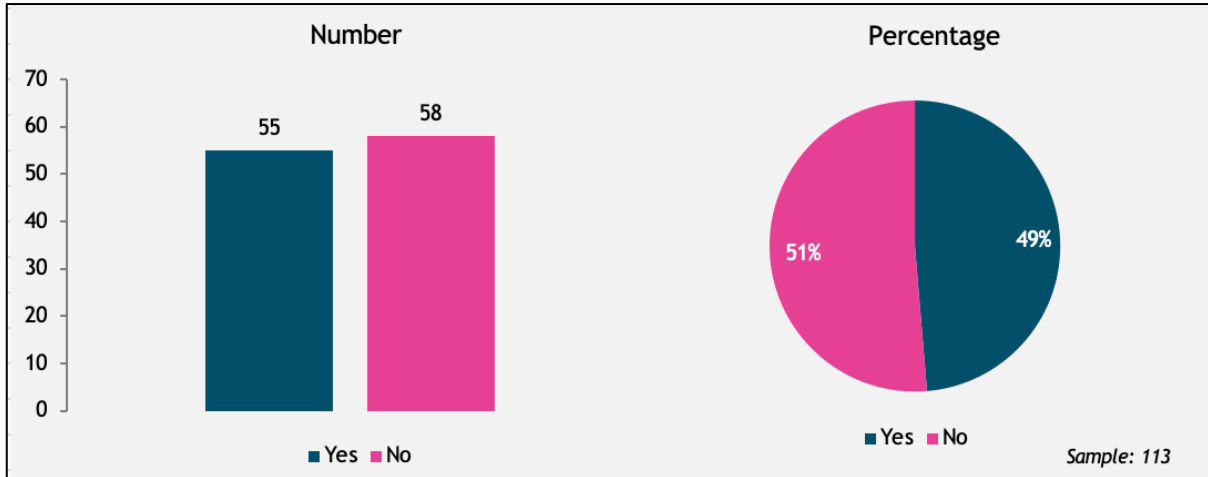
HAFSON

*“Some things you can do on the phone but some things you do need to see.”*

*“Doctors function is to reassure, tone, body posture, recognise signs. This is difficult to catch with digital. There needs to be greater sensitivity over the phone. The option of coming in must be raised more quickly.”*

## 7.4.2 The experience of online communication

### 7.4.2.1 Do you feel like the priority being given to online consultations makes it difficult to access your GP?



This section identified an almost equal split in participants finding online communication to be making it harder to access their GP, with just under half (49%) answering Yes to the above question.

### 7.4.3 Relevant Focus Group Comments and Findings

Comments and findings from the survey revealed that people had complaints about the processes of accessing GP services online. From this, we utilized the focus groups to investigate further participant's experiences of online interfaces.

Whilst there were some positive comments about online access of GP Services, many responses said that the online interfaces were repetitive and asked them a series of questions that were irrelevant to their reasons for contacting their GP. They found the online interface used to book appointments, usually but not exclusively e-Consult, to be a 'barrier' to healthcare.

#### Selected Comments: Experience of using online booking systems

Positive Comments:

Survey comments

*"I prefer the e-consult service to previous options - saves GP time and mine and can complete questions online when convenient. Good fast service with next day contact from GP - really appreciated."*

*"Please keep the e-consultations - they are fantastic. Also having access to my medical records and prescriptions online saves me having to contact the practice when I have a query about something. "*

Pocklington Lodge

*"I think it's all very good. I have been making appointments online. Although I did think they asked too much information, in terms of your past medical history."*

Negative Comments:

Survey

*"The online form that required completion was long, complicated and for the most part irrelevant- would put many people off"*

*"The system/software used is very cumbersome and unnecessarily lengthy."*

HAFSON

*"eConsult is very in your face; it is intimidating, you have to know how to work technology to know how to minimise the browser."*

*"I found it difficult to make appointments online, they give you a code which expires."*

Carers Network

*"Registering with the online software was complicated and longwinded- after a while I just gave up."*

Several respondents highlighted the difficulty of online services in allowing them to communicate their needs. Services such as eConsult have limited options for describing symptoms or conditions, for example one participant was not given the option to select osteoporosis as an ongoing healthcare condition, which prevented her from accessing the appropriate appointment type.

### Selected Comments: Applicability and effectiveness of online communication methods

#### Parents Active

*“As most parents said, pain is very difficult to demonstrate online.”*

#### HAFSON

*“My diagnosis depended on my linguistic ability to describe things.”*

*“there are cultural and linguistic specifics that eConsult does not accommodate for.”*

*“Diagnosis was skewed because there was no physical examination.”*

#### 7.4.4 The experience of video communication

Less than 1% of participants from the online survey were contacted by their GP via video conferencing (see section 8.2.2). From the Focus Groups, a few more respondents communicated with their GPs via video conferencing.

To overcome patient unfamiliarity with videoconferencing, there was evidence of GPs telephoning patients and talking them through how to access online videoconferencing prior to their appointment.

From the qualitative survey data, some patients raised concerns about the intrusive nature of video conferencing and anxieties about privacy.

### Selected Comment: Patients experience of videoconferencing

#### Positive Comments:

##### Survey comments

*“I would prefer videoconference to telephone as communication is much better.”*

#### HAFSON

*“I felt okay about video calling [...] the doctor called and talked me through it.”*

#### Negative Comments:

##### Survey

*“I don’t want constant electronic contact [...] I would have found video calling intrusive.”*

#### 7.4.5 The experiences of email and app communication

We identified that 15% of survey participants chose to contact their GP via email or app, and 14% were followed up by their GP as a result through these methods (see section 8.2.2). From survey comments and focus groups there was further comment about patients attitudes and experience of email and app as a method of accessing healthcare. This table also contains comments on text communication.

##### Selected Comments: Patients experiences of app, text, and email communication

###### Survey comments

*“Dr IQ is quite unreliable and non-intuitive.”*

*“An unsophisticated app can generate much more confusion, mistakes and miss the point completely.”*

###### Parents Active

*“I tried emailing them to say they had kept me on hold for 20 minutes, an automatic reply was generated saying it was not a valid method of communication. Why advertise email and then not use it?”*

###### Carers Network

*“I got an automated text message saying my prescription was ready, it did not specify if it was for me or the person I care for, it also did not tell me what it was”*

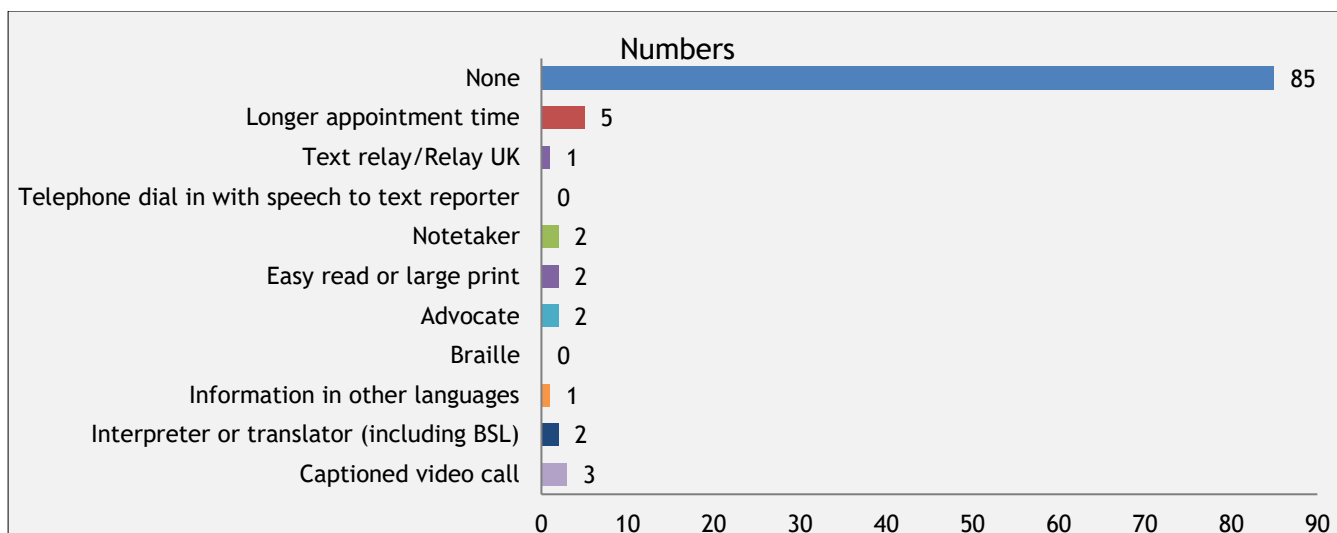
*“I only emailed because the reception was so frustrating [...] it’s been three weeks and I am still awaiting a reply.”*

###### HAFSON

*“I don’t like emailing official because they assume you are always checking your email.”*

## 8. The Communication of GP Services for those with additional access requirements.

8.1 Were any necessary adjustments made to enable you to access your GP practice in order to meet your needs? Please mark all that apply.



The majority of respondents marked that no adjustments were made (82%), but some noted that none were required. Many participants were not aware that they could ask for reasonable adjustments, which made appointments difficult. From our survey and our Focus Group with Pocklington Lodge, we identified what adjustments could be made for those with sensory impairments and had some positive feedback on how GP surgeries have supported patients with these needs over the pandemic.

### Selected Comments: Access Requirements for Patients with Sensory Impairments.

#### Negative comments

#### Survey comments

*“I am deaf, so the telephone is an absolute no.”*

*“I am visually impaired. The site uses light blue text on white background- so does most of the NHS and GPs. Amazing ignorance of very basic practice. [...] Being told it is ‘on the web’ does not make it accessible.”*

*“None given, none offered! As far as I am aware none of these are available at my GP’s. Definitely none of them are publicized in any meaningful way.”*

#### Pocklington Lodge

*“The main problem for blind people is that they don’t get their appointments in their preferred format, and they aren’t offered follow up in their preferred format.”*



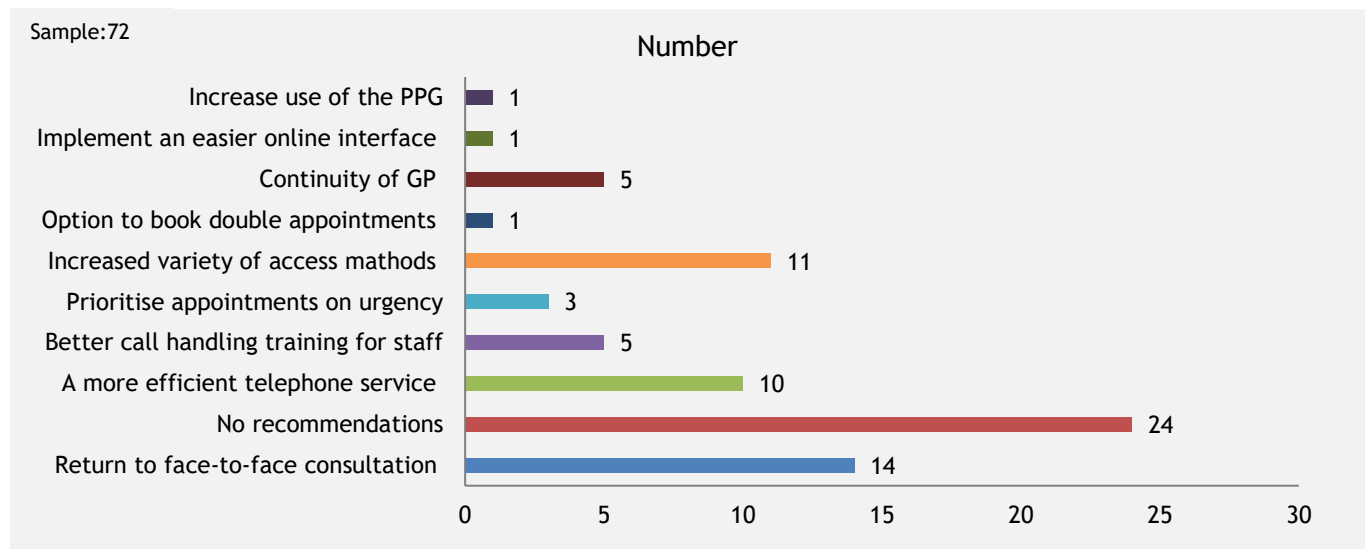
*“Since I have lost my sight, they have not asked me about changes in communication or accessibility.”*

Positive comments

Pocklington Lodge

*“I found them to be very helpful [...] they are happy to book and conduct appointments on the telephone [...] They would always make sure the chemist would provide braille boxes”*

## 8.2 What further reasonable adjustments could be made to meet your needs in the future?



When asked about what adjustments they may need, 14 people noted that they would like a return to face to face appointments, but it is not clear if this is their preferred method or down to a specific need. A variety of access methods (11), and a more efficient telephone service (10) were the next highest responses.

Participants noted how GP’s failed to accommodate for those who has English as a second language, and for those who found written communication difficult. They were told to fill out an online application form even after they alerted staff at the Practice to their communication needs, with these online forms only available in English.

No participants were offered the services of a translator for their remote appointments.

### Selected Comments: English as a Secondary Language access requirements

#### Parents Active

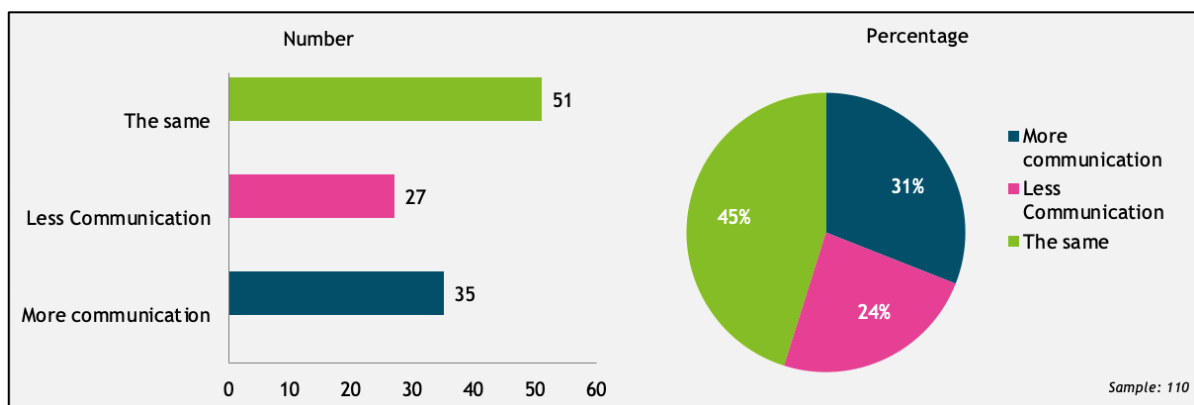
*“Since the lockdown has started, I don’t think they have considered English is not my native language. [...] It should be made easier for someone who needs able to speak to professionals, I might not have been able to do this in writing.”*

*“I cannot execute the pain and the feelings. If it were in my language it would be easier.”*

*“Even the eConsult is only offered in English.”*

## 9. Patient Recommendations

9.1 Going forward, do you think that you would seek more or less communication with your GP practice using technology, i.e. by telephone or online?



For many (51), method of contact would remain about the same, interestingly 35 said that they would communicate more using technology in the future, with 27 saying they would communicate less.

## Selected Comments: Seeking more or less communication (survey)

### Positive comments

*“Unless I have something like a skin condition or a problem that requires a face to face consultation, it is much more convenient having the consultation from home”*

*“Technology is without doubt a most helpful and welcome and growing help to doctors and patients. Some technologies can save doctor and patient time and cut down on dangerous travel for patients as well as keeping practices safe for all staff”*

*“....it is far more efficient that being stuck on hold trying to get through to the receptionists at the surgery. The online consultation form and follow up call worked well for me, far better than traditional methods and I will continue to use this approach when needed.”*

*“I feel there should be more use of online communication. I can't see why so much has to be done by phoning reception, which is often slow and inefficient.”*

### Negative comments

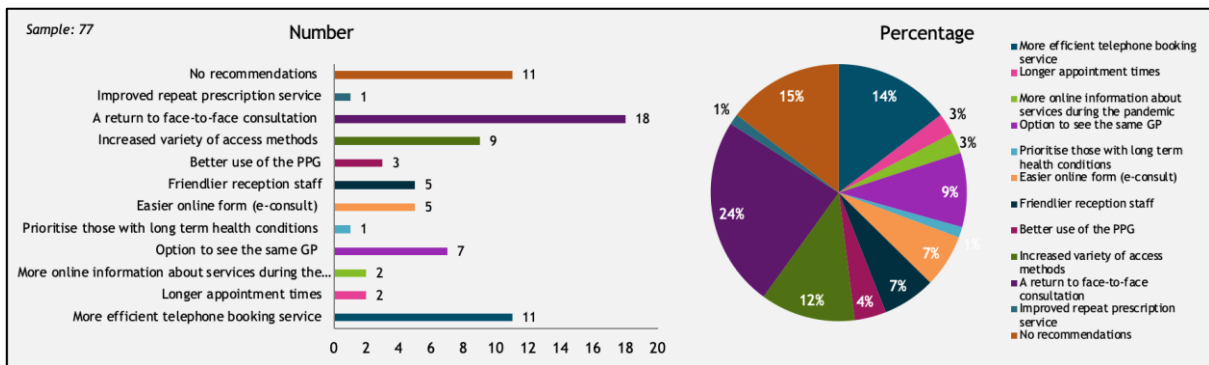
*“Telephone appts for complex issues don't work. I am an example of this and had to go private to get help”*

*“.....I would like more personal communication with my GP and less using technology”*

*“I will always be more confident talking to a person, whether on the phone or face-to-face and I feel able to have that service at my GP”*

*“I'd rather face to face appointments to telephone communication. I feel disconnected from my GP currently. And I never speak to the same person twice.”*

9.2 Please share any additional ways that would help you feel more confident or comfortable to access your GP services.



There were only 77 respondents who answered this question, but as with the question regarding reasonable adjustments, a lot of people marked that they would like to see a return to more face-to-face appointments (18), followed by a more efficient telephone service (11) and an increased variety of access methods (9). Along with the other answers such as easier online form, it seems that the community is accepting of using technology to access their GP services, but that it needs improvements.

This can be seen in the comments box below.

**Selected Comments: Ways patients could be made to feel more confident or comfortable accessing GP services.**

Survey

*“Easier form to fill in. For reception to be less snappy which makes one not want to call.”*

*“I would prefer videoconference to telephone as communication is better.”*

*“The online system could be more user friendly. [...] but find the system is overly complicated or works better for the service providers rather than the patients.”*

*“Being able to send an email to follow up the same health issue, instead repeat the whole process over and over.”*

*“Being able to decide which app works best. Dr I Q quite unreliable and non-intuitive.”*

*“I would feel more confident if the systems worked better than they do at present. Specifically, I found online appointment booking form very tortuous and badly designed.”*

Parents Active

*“Patients should be offered a GP would speak their community language. Multilingual GPs should be appointment in areas where there is a high number of residents who have English as a Second Language.”*

Pocklington Lodge

*“There needs to be a system at the GP surgery that indicates the accessibility needs of partially sighted patients to doctors, because it is not always obvious unless you have a stick.”*

## 10. Conclusion & Summary

The research found that the most common reasons for contacting one’s own GP during lockdown was due to booking an appointment or to request for a repeat or emergency prescription, and this was mainly done by telephone.

Whilst most of the participants had access to at least one digital communication method, some identified that those they care for are unable to use technology due to physical or sensory impairments, and they would not be able to access digital GP services without the support of their carer.

From comments gathered from the survey and the focus groups we identified that most respondents felt confident in their ability to access their GP via technological methods, however they had less confidence in the quality of healthcare they would receive. Additionally, while most participants felt confident using technology to access healthcare, many lack confidence in their own ability to communicate symptoms via technology, as they lacked the medical knowledge and language to

accurately convey their needs. Those of whom English is not their first language, found it near impossible to navigate the system.

Not only that, a re-occurring opinion was also that the online interfaces were repetitive and asked them a series of questions that were irrelevant to their reasons for contacting their GP. They found the online interface used to book appointments to be a 'barrier' to healthcare.

Not all experience was bad though, to overcome patient unfamiliarity with videoconferencing, there was evidence of GPs telephoning patients and talking them through how to access online videoconferencing prior to their appointment. This practice supported elderly patients accessing their GPs which raised their confidence of being able to contact their GP in the future.

The data also showed that in light of their experiences of accessing GP services digitally and remotely, the majority of people would not alter their use of digital services when accessing their GP in the future.

Overall, it appears that the community is accepting of using technology, and the convenience of accessing some GP services that it brings, but what we heard clearly, was that it needs improving and making it more accessible to accommodate all that want to use the system.

## 11. Next Steps

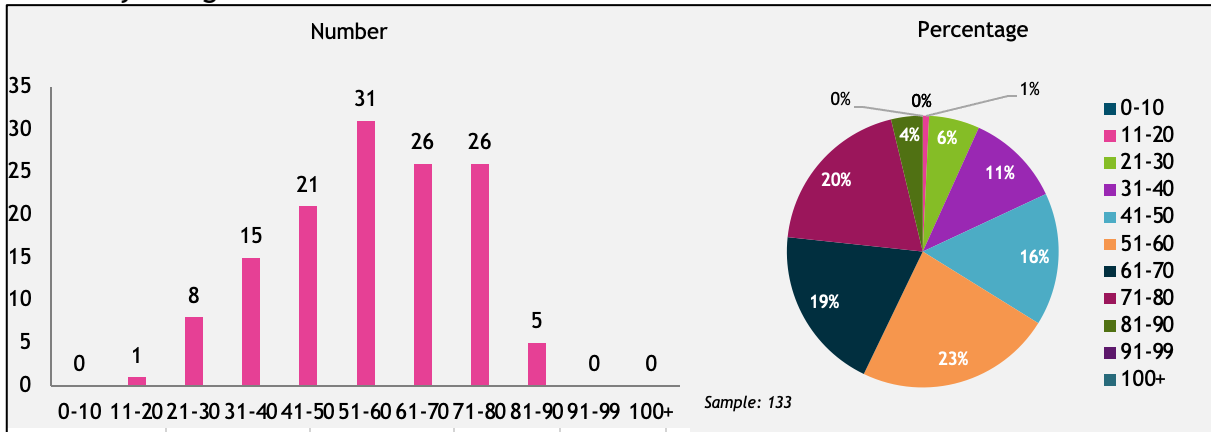
This report will be used to inform phase 2 of the project which will work in partnership with with healthcare professional though the GP Federation and Primary Care Networks (PCNs) to develop a set of Recommendations and a Framework of Standards. This will be an iterative process as the following steps will take place to create a fully informed document;

- Further engage CCG, GP Leads, Primary Care Network (PCN) leads, GP Federation and others with the aim of co-producing set of Recommendations and a Framework of Standards.
- Review and ensure alignment of recommendations and draft charter/standards to North West London CCG Digitisation Strategic Plan currently in production.
- Review recommendations and charter against Healthwatch England Digitalisation Exclusion study findings - national report due June 2021

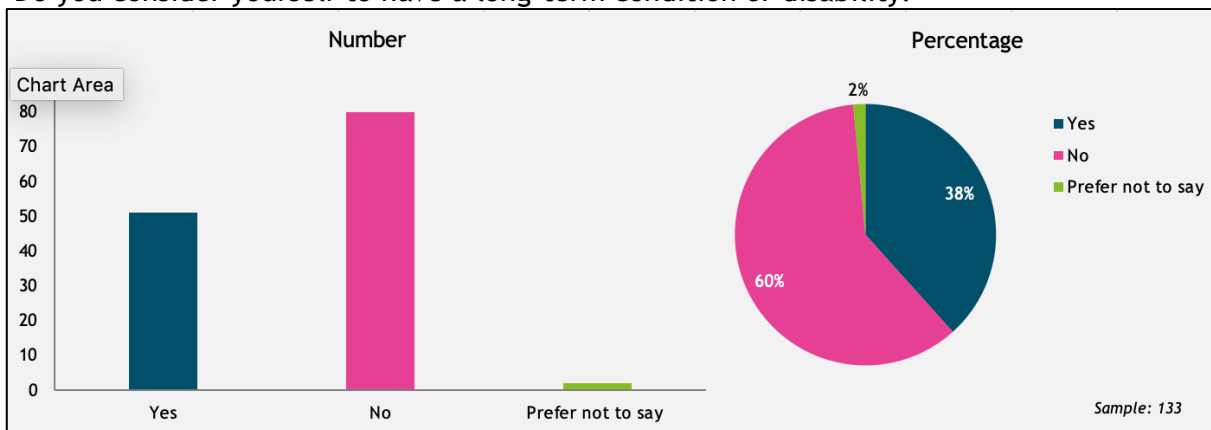
# 12. Appendices

## 12.1 Demographic Data

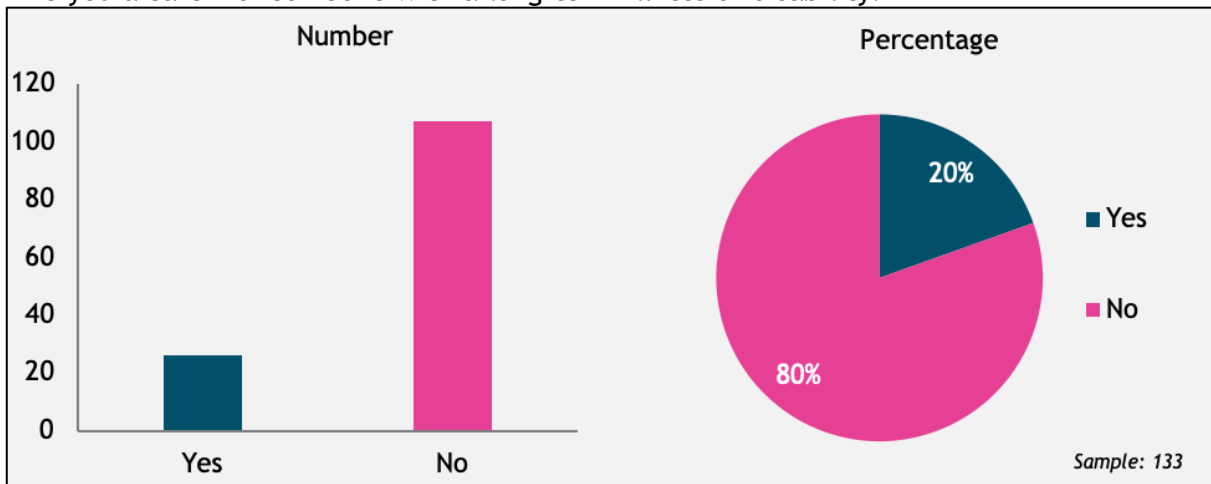
What is your age?



Do you consider yourself to have a long-term condition or disability?

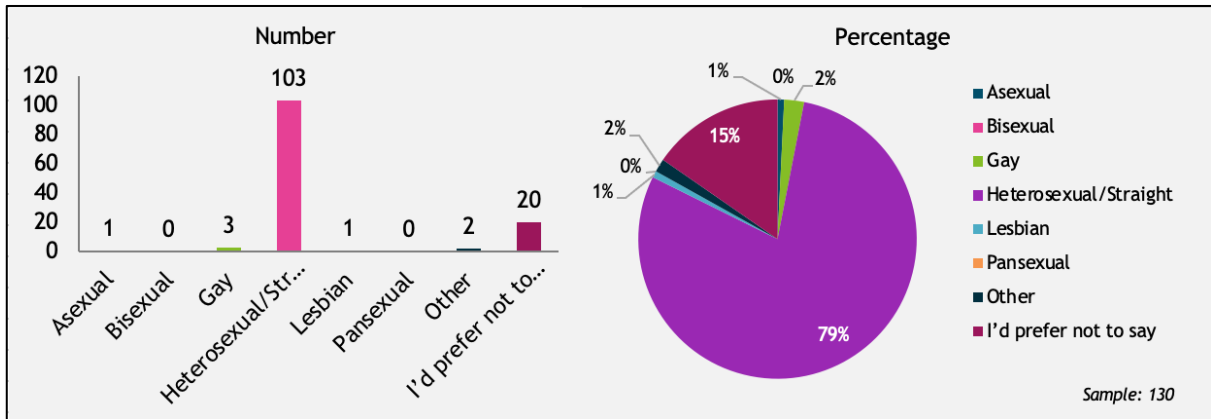


Are you a carer for someone with a long-term illness or disability?

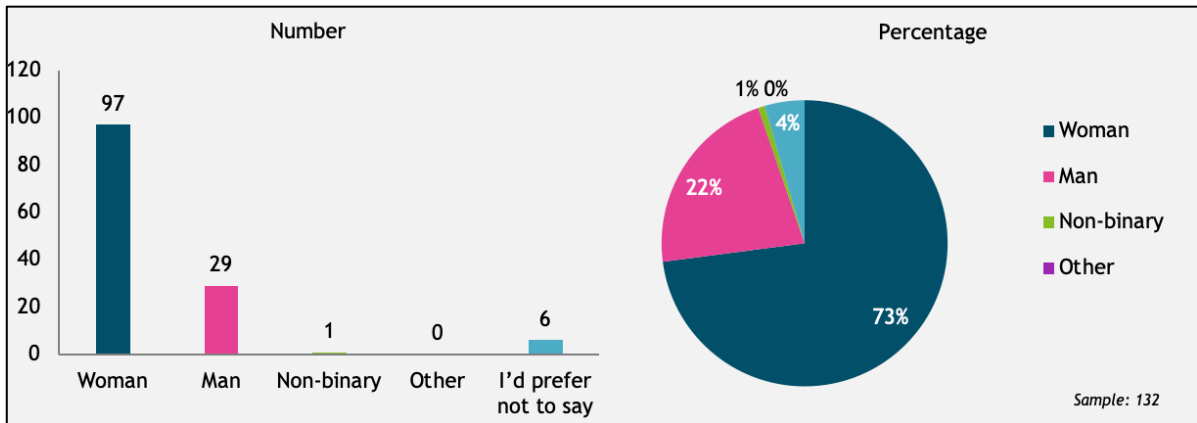




What is your sexual orientation?



What is your gender?



## 12.2 Survey Questions

### ACCESS TO GP SERVICES OVER THE COURSE OF THE PANDEMIC



As we know, there was a requirement to put social distancing in place in order to reduce the spread of COVID-19, and GP surgeries across the country were urged to undertake consultations with those exhibiting symptoms of COVID-19 remotely.

With this in mind, we are looking to gain insight into your experience and get your views on the impact of accessing health and social care services remotely. That includes digitally or by telephone, focusing on access to GP services.

We will share your anonymous feedback with providers and commissioners such as the local CCG, and with Hammersmith and Fulham Council, This will help them to ensure that the services respond to what people need locally.

If you would like any assistance in completing the survey or would like it in another format, please contact us at [info@healthwatchhf.co.uk](mailto:info@healthwatchhf.co.uk), or call us on 0203 886 0386.

All responses are anonymous. Thank you for your contribution. The closing date for this survey is Monday 12th October, 2020.

1. Have you had communication with your GP practice since the beginning of lockdown?

- YES
- NO - please go to Q. 17

2. Why did you contact your GP surgery?

- For yourself
- For another adult
- For a child

3. What was the reason for contacting your GP practice during lockdown? Please mark all that apply.

- Appointment booking
- Did not feel well (not related to Covid)
- Worried about symptoms
- To access any regular services
- Self help advice

- Repeat or emergency prescription
- Blood Test
- Sick note/Test results/doctor's letter
- Cervical Smear Test
- Vaccination
- Video consultation
- Cancel an appointment
- Other (please specify)

How did you contact your GP Practice during lockdown ? Please mark all that apply

- In person
- Telephone call
- Online
- Email
- Other (please specify)

5. How did the GP practice contact you during lockdown as a follow up to your initial contact ? Please mark all that apply.

- Telephone call
- Text message
- Letter by post
- Email
- Other (please specify)

6. What was the outcome of your contact with the GP practice ? Please mark all that apply

- Appointment with GP, Nurse or other healthcare professional e.g. Linkworker
- Home Visit
- Video Appointment
- Telephone Appointment
- Referred to a specialist health service
- Signposted to other services e.g. food bank, counselling, Age UK or other voluntary & community service.
- Prescription ordered or collected
- Referred to Social Services/Local Authority
- Referral to A&E, Urgent Treatment Centre.

7. How satisfied were you with the outcome of your contact with the GP practice? Please mark on the scale below.

---

0 50 100

8. Do you have access to any of the following at home? Please mark all that apply .

- Desktop Computer / Laptop
- Tablet
- Smartphone
- Internet at home (e.g. broadband/wifi)

- Simple mobile phone
- Landline telephone
- None of the above
- Other (please specify)

9. Do you feel confident accessing the services at your GP practice by the following methods? Please mark all that apply.

- Telephone call
- Text message
- Email
- Video appointment
- Telephone appointment
- Booking appointment online
- Ordering a repeat prescription online
- Online for advice and information
- Any other online service
- Letter by post
- Other (please specify)

10. How comfortable do you feel using technology to access and receive GP services and healthcare? Please mark on the line below.



11. How comfortable do you feel using the telephone to access and receive GP services and healthcare? Please mark on the line below.



12. Do you feel that the priority being given to online consultations makes it difficult to access your GP ?

- YES
  - NO
- Please explain.

13. Please share any additional ways that would help you feel more confident or comfortable to access your GP services.

14. Going forward, do you think that you would seek more or less communication with your GP practice using technology, i.e. by telephone or online?

- More communication
- Less Communication
- The same

Please explain why.

15. Were any necessary adjustments made to enable you to access your GP practice in order to meet your needs. Please mark all that apply.

- Captions/speech to text reporter on video call
- Interpreter or translator (including BSL)
- Information in other languages
- Braille
- Advocate, including carer, patient rep & voluntary organisation
- Accessible information including easy read, large print
- Notetaker
- Telephone dial in with speech to text reporter
- Text relay/Relay UK
- Longer appointment time
- None

Please Explain

16. What further reasonable adjustments could be made to meet your needs in the future?

17. What is your age?

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81-90
- 91-99
- 100+

18. Do you consider yourself to have a long term condition or disability?

- YES
- NO
- Prefer not to say

19. Are you a carer for someone with a long term illness or disability?

- YES
- NO

20. What is your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian

- Pansexual
- Other
- I'd prefer not to say

21. What is your Gender?

- Woman
- Man
- Non-binary
- Other
- I'd prefer not to say

22. What is your ethnicity?

- Asian British
- Bangladeshi
- Chinese
- Indian
- Pakistani
- Vietnamese
- Any other Asian background
- Black
- Black African Black British
- Black Caribbean
- Mixed
- Mixed Asian & White
- Mixed Black & White
- Any other mixed/multiple ethnic backgrounds
- White British
- Gypsy or Irish Traveller Irish
- Any other White background
- Arab
- Prefer not to say
- Other (please specify)

23. What is your postcode? .....

### 12.3 List of stakeholders contacted

- For ParentsActive (parents of disabled children)
- SafetyNetPeople First (people with learning disabilities)
- Pocklington Lodge Tenants Association (housing for blind and visually impaired people)
- Adrian Phelan - Communication and Engagement Manager H and F CCG
- Lisa Henry Strategic Commissioner Adult Social Care LBHF
- Bethany Golding Engagement Imperial College
- Caroline Durack GP Federation Hammersmith and Fulham
- West London Mental Health Comms Lead re MINT
- Dr Nicola Lang Director of Public Health Hammersmith and Fulham
- Annie Rockson Development Managers Young Hammersmith and Fulham Foundation
- Carers Network
- The Advocacy Project
- Healthy W12
- Chelsea & Westminster NHS Trust
- We- Coproduce
- Imperial College Trust, Community Engagement
- Open Age
- Bishop Creighton House
- CQC Contacts
- H&F GP Link workers
- H&F Citizens Panel
- LBH&F Newsletter
- Sobus

## 12.4 Examples of graphics used for promotion

**HAMMERSMITH & FULHAM**

**GP ACCESS OVER THE COURSE OF THE PANDEMIC OPINION SURVEY**

tell us about your experience to help shape future services

For more information, please see [www.healthwatchhft.co.uk](http://www.healthwatchhft.co.uk)  
tel. 0205 886 0386 [matinfo@healthwatchhft.co.uk](mailto:matinfo@healthwatchhft.co.uk)

Scan this QR code For the survey

**healthwatch**  
Hammersmith and Fulham



If you have contacted your GP practice during the pandemic, let us know about your experience and help us shape future services.

**healthwatch**  
Hammersmith and Fulham

<https://www.surveymonkey.co.uk/r/HQZQ7J7>