

Accessing GP services in Gloucestershire

February 2024



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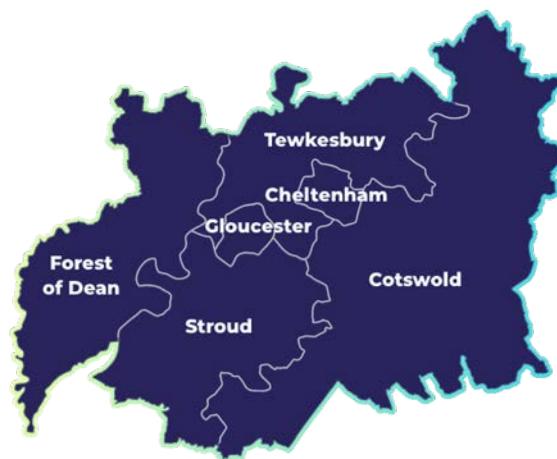
About us

Healthwatch Gloucestershire is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.



Background

People often tell us that accessing GP services in Gloucestershire is difficult, whether that's because of long wait times or digital barriers preventing access to online appointments. We previously published reports about access to GP services in [2022](#) and [2021](#), and it continues to be a widely reported issue. Therefore, we have looked once again at people's experiences to understand the current situation.

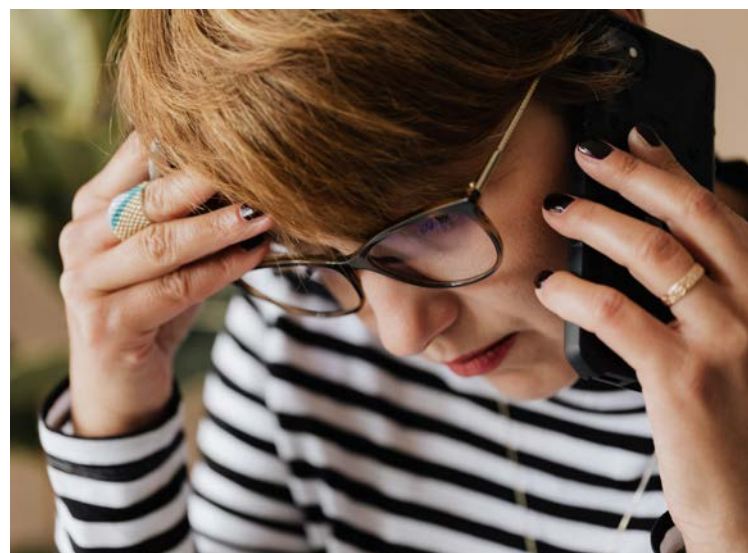
In the past few years there has been increased pressure on GP services and a growing demand for GP appointments to be offered in a variety of ways, with rapid acceleration of digital and remote methods of communication due to the pandemic.

The NHS England delivery plan for recovering access to primary care has made building capacity a priority so that practices are able to offer an increased number of appointments to meet patient needs. It also includes reforming and improving access including through the use of digital technology.

What we aimed to understand

- If people use technology to access services and what their experience is like.
- Peoples' experiences with various GP practice staff.
- Whether people's access to services has changed and improved during the past twelve months.

We will use our findings to inform NHS Gloucestershire and GP practices on how to improve the experience for everyone needing to access GP services.





What we did

We worked on this project between September and November 2023, gathering people's views and experiences at events across the county, at community focus groups and GP practices, and via a survey.

Focus groups

With the help of local partners, we set up focus group discussions with different community groups, gathering feedback from 90 people this way.

With the help of the Friendship Café in Gloucester we held focus groups with 72 women from:

- Bangladeshi Women's Group
- Arabic Women's Group
- Asian Women's Group
- Health Lifestyles Asian Women's Group.

In addition, and with the help of the Cheltenham Westend Partnership, we held a focus group with 18 women from Sahara Sehili Women's Group.

One-to-one interviews

Gloucestershire Action for Refugees and Asylum Seekers (GARAS) helped us set up one-to-one interviews with three of their clients, all of whom are Syrian refugees and part of the [Vulnerable Persons Resettlement Scheme](#); a member of staff from GARAS interpreted throughout these discussions. We also spoke to one gentleman from Gloucester who shared his experiences of accessing GP Services (see his case study on page 23).

Out in the community

We visited community groups across Gloucestershire, speaking to around 285 people about the project in group discussions and individually. These groups included:

- Age UK (various groups)
- Parkinson's UK (various groups)
- Friendship Café, Cirencester, run by The Churn
- ReConnect - Stroke groups
- Barnardo's - Marvellous Mums
- Ebony Carers
- GL11 Explorers
- Winchcombe School Health Awareness Day
- The Keepers Café, Wotton
- Charcot Therapy Centre

Survey

We gathered feedback from 595 people via our survey, which we promoted via our website, social media, news, and community networks (534 people completed it online, and 61 people completed a printed paper version).

Demographics relating to completed surveys

- We received responses from people living across all 27 Gloucestershire postcodes.
- People were aged between 16 to 80+.
- 21% were aged 25-49; 34% were aged 50-64.
- Of the 591 people who disclosed their gender, 77% identified as women, 21% as men and the remainder self-described or preferred not to say.
- 34% of respondents stated they have a disability.
- 22% of people said they have a long-term health condition.
- 22% considered themselves to be a carer.



Talking to people at GP practices

We visited three GP practices in Gloucester, Cirencester and the Forest of Dean and gathered feedback from 135 people who were using the services.

See page 8, What people told us, for detailed findings from all aspects of this project.

Key messages

We analysed all the feedback gathered and identified several common themes and issues. A lack of effective communication between practice and the patients was highlighted throughout the project, and this appears to have led to confusion and frustration.

Communication

- People do not understand why they are unable to book routine or repeat appointments in advance or have to wait a long time for one.
- Many people are not aware of, or are confused about, the different options available to them when booking an appointment (by phone, email, NHS App, in person etc.) There have been changes to the process made since the Covid-19 pandemic and it also varies greatly between practices.
- Many people are confused about the triage system which is used by practices to assess and prioritise patients. They are not sure who they are talking to and why they are talking to them, and this can lead to negative sentiment about the process and the staff.
- Many people do not understand why they are often offered an appointment with someone other than a GP. They are not always aware of the wider healthcare team who work there and what services the practice provides.
- People are unaware of when they need to see a professional and when they can self-refer to a service.
- When receiving information about a face-to-face appointment, it is not always made clear to patients which surgery they are meant to attend.

Accessibility

- People with accessibility issues, such as English not being their first language, struggle to engage with practices.
- Sourcing interpreters is an issue and often puts individuals off trying to see the GP.
- People aged between 25–49 appear to be disproportionately affected by practices using telephone booking systems; childcare and work commitments mean they struggle to call when the practice is open.
- We also found accessibility issues for people with learning disabilities, autism, dementia, Parkinson's, poor mental health, and older people who lacked experience with technology.

Appointments

- People find it frustrating to be given such a wide-ranging time slot for when the GP will call them.
- Some people were able to get urgent appointments with the GP, however, where this was not possible it led to them being directed to urgent and emergency services.
- Most people were happy with the service provided once they were able to see the GP or healthcare professional.
- There is concern that needing a separate appointment for each individual issue is inefficient and fails to consider that conditions can be linked, which delays diagnosis and treatment.



Technology

- Many of those who are confident and able to use technology want to maximise their use of digital options for booking appointments, checking results, ordering prescriptions, and attending appointments, for example, via video consultation. However, the availability, complexity and effectiveness of these services appears to vary between practices, which causes frustration.
- There is a perceived requirement for more people to use various Apps to access their own records, but these are only offered in English and are not always user-friendly.

Recommendations

In response to the common issues identified in this report, we recommend the following actions to help improve access to GP services in Gloucestershire.

Communication

- Provide patients with a leaflet/information about the different staff and services provided at the practice, and how to contact and use them. For example, how to book appointments, how to access the different services, how to book an interpreter, how the triage system works, etc. Make sure this is available as a paper and electronic copy and that it is offered in different languages as appropriate.
- Use the online screens and other displays within practices to promote the various services available, including the specific clinics run by different staff within the practice. Provide and display this information in a variety of ways, for example, different languages, large font, Easy Read.

- Consider a six-monthly newsletter, in print and digital, to share practice news, and communicate with patients about waiting times, reasons for changes to processes and updates that patients may not be aware of. Ensure these are offered in Easy Read and different languages as appropriate.
- Consider providing opportunities for some 'open door sessions' where registered patients can come along and see behind the scenes at the practice.
- Ensure confirmation text messages clearly state how and/or where the appointment is taking place (telephone or in person at...).

Accessibility

- Offer all patients a variety of ways to access services and appointments to suit their personal needs, for example, in person, telephone, online etc.
- Extend the use of video appointments for those who would like this option as it can be more inclusive and aid better communication and understanding of information.
- Provide patients with a clear process and pathway to request an interpreter in a timely manner.

Appointments

- Where required, longer appointments should be made available to enable people to discuss multiple issues and consider offering these through the triage process.
- Specify a shorter period of time for when the GP will call the patient for an agreed telephone appointment.
- Where people are being advised to book regular appointments with their GP practice, they should be able to book these in advance.

Technology

- Consider working with the Digital Hubs around the county to provide or arrange basic IT training for patients who are interested in accessing their personal medical information through Apps.
- Introduce a 'change the language' function on websites and Apps to improve the experience for those whose first language is not English.
- Ensure that websites and Apps being used by GP practices in Gloucestershire are reviewed and are using up-to-date technology. This should aim to integrate the digital services that people have told us they find beneficial (when they work effectively), including:
 - Ordering prescriptions
 - Ask a question/eConsult
 - Accessing test results
 - Appointment letters
 - Text notifications, to include date, time and location
 - Ability to send a photo prior to telephone appointment
 - Video call rather than telephone
 - Request a call back.



Who we spoke to

We gathered direct feedback from 824 people about access to GP services in Gloucestershire.

- 534 people completed our online survey
- 61 people completed our paper survey
- 90 people took part in focus groups
- 4 people spoke to us one-to-one
- 135 people were spoken to as part of the Enter and View work at three GP practices around the county.

What people told us

Survey

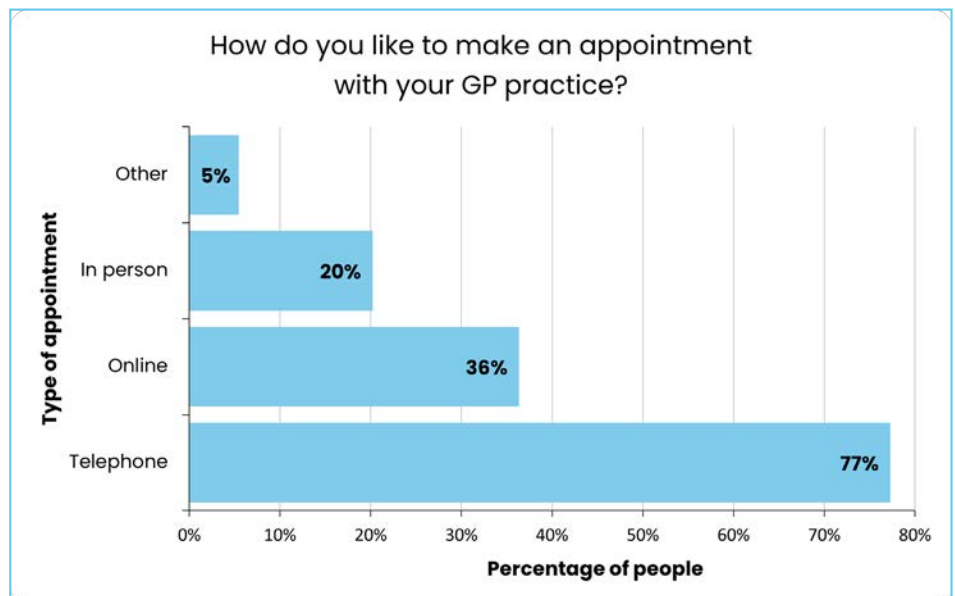
Please note, people were able to choose more than one answer to some of the questions throughout the survey.

Booking appointments

Of the 595 people who completed the survey, 77% like to make their GP appointments by telephone, and just over 36% like to book online. 20% of people preferred to book appointments in person; the main reason was because they found this easier than spending a long time waiting on the phone.

5% of people chose 'other' in response to how they like to book

an appointment. The majority of these stated they would prefer to book online; however this was not an option that was available to them at their GP practice. Other responses included writing letters and it was also acknowledged that the method of choice may depend on whether the matter was urgent or not.



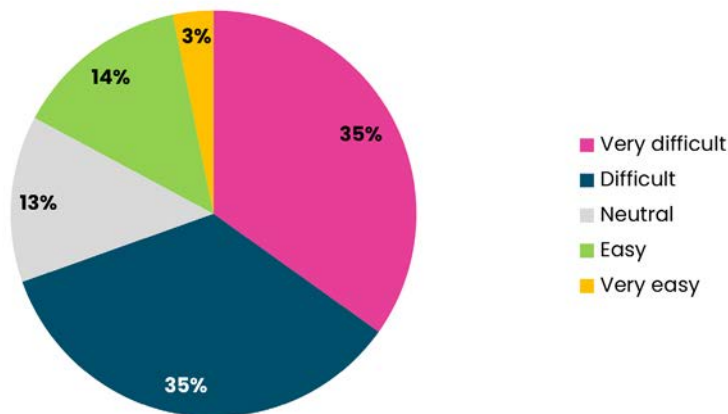
I would prefer to make appointments online, but my GP [practice] does not allow this to happen.



Of the 322 people who book GP appointments online, 30% said that they were responded to on the same day, and 23% by the following day. This is compared to 21% who received a response within a week and 26% that took over a week.

Nearly 70% of those who answered our survey found it either difficult or very difficult to book an appointment compared to around 16% who found it easy or very easy. We found that the 25 to 49 age group reported experiencing the most difficulty and referred to childcare and work commitments creating barriers to being able to spend a long time on the phone.

How easy or difficult is it to make an appointment with your GP?



Very difficult to arrange urgent appointments as you can't call at 8am when you have school runs to do.



Experience of most recent appointment

We asked people to think about their most recent appointment. 30% stated that they needed an urgent appointment compared to 70% that were non-urgent. Almost 60% of people said they were triaged prior to an appointment being made.

Of the 174 people who said they wanted to book an urgent appointment, 36% managed to get a same day appointment, 9% were given a next day appointment, and 33% said they had to wait more than a week. Some people who felt their appointment was urgent, commented that they were advised to go to the pharmacy, to call NHS 111 or to attend a Minor Injury Unit if a same day appointment was required.

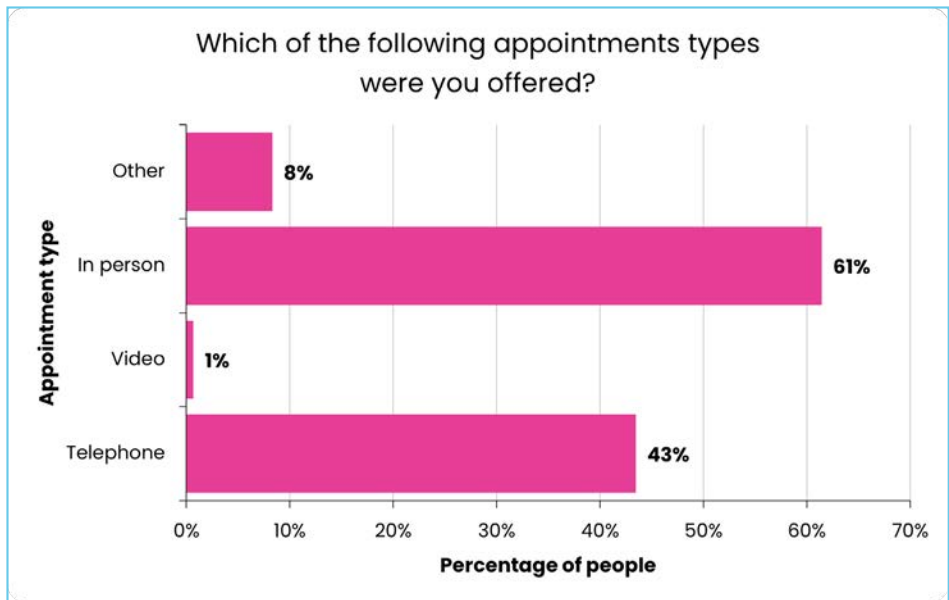


This is compared to only 10% of people getting a same day or next day appointment for non-urgent issues. The majority, 42% of people wanting non-urgent appointments, had to wait between a week to one month. Other responses varied from not receiving an appointment at all, to having to wait between five weeks and three months. Some people stated that they 'gave up' and chose private options instead to ensure they were seen sooner.

People acknowledged that what seemed urgent to them might not be considered urgent to a medical professional. They also recognised that the wait time might vary depending on the health issue.

I felt like I had to wait much longer than I should have done to get an appointment - it was a distressing process. The definition of urgent/non-urgent is subject to different interpretations.





Type of appointment

61% of people who responded to the survey were offered an in person GP appointment and 43% were offered telephone appointments. Less than 1% were offered video appointments; and 8% said they were not offered an appointment of any type.

Only 25 people who completed the survey have previously had a video consultation; 48% of them said they found this method to be effective or very effective, 36% said it was ineffective or very ineffective, and 16% were neutral in their response.

68% of people stated that the type of appointment method they were offered met their preference, although it was noted that this did mean a longer wait time on occasion to speak to a particular GP or to have an in person appointment.

Suitable appointment times

64% of people agreed that the appointment was at a time that was suitable for them. We found that people aged over 65 are most likely to get their preferred appointment type.

The majority of negative feedback we received about appointment times was from people who are working or who have childcare needs, as this makes it difficult for them to be flexible.

Ability to discuss multiple concerns

78% of people felt they had enough time during the appointment. Further analysis showed that 28% of people aged 25 to 49, compared to 18% of over 65s, felt they were not given enough time for their appointment.

62% of people said they were not able to discuss multiple issues or concerns. This particularly impacts those people with complex or multiple conditions. More people aged 25 to 45 reported this being an issue than those in other age groups.

65% agreed they felt listened to during their appointment, while 35% did not.

Q Most of the time you can only discuss what you went for. I understand this and why it's necessary. Sometimes more than one thing does get discussed but it depends on who you are seeing. My daughter is autistic and will often come out with extra things once at the doctors and most of the time the GP will try and get as many sorted as possible or book another appointment there and then, which is really helpful. We have had the 'appointments are only ten minutes' or 'we are over the ten minutes so we have to finish off', a couple of times this year - always the same GP and always really frustrating, especially when you would book a double appointment if you had the option and it makes it difficult to get daughter back in again.



My GP surgery has told me that I need a separate appointment for each condition, which is inefficient and fails to take into account the fact that conditions can be linked and can affect one another.



What has changed in the past year

56% of people told us that the way they access their GP has changed in the past year. A lot of feedback regarding what has changed in the past year referenced a lack of appointments and the 8.30am rush to book.

Waiting time to see GP

Many responses mentioned that when offered an appointment, this could be several weeks away and if people wanted to see their 'own' GP, this could be longer. However, we did hear about instances where urgent appointments were prioritised and where people felt the timescale was reasonable for non-urgent appointments – around two weeks.

Use of triage system to assess and prioritise

A large proportion of responses also referred to increased use of the triage system. The sentiment around this was largely negative as people spoke about having to repeat their story, give out a large amount of information to someone they weren't familiar with, and then feeling 'fobbed off' by being booked on an appointment with, or receiving a call back from, a health professional who wasn't a GP, for example a nurse or paramedic.

Less in person GP appointments

Many people commented that their GP was becoming more distant from them because of the triage process and the shift to more remote ways of working, with an increasing number of appointments being carried out over the phone rather than face-to-face.

There was some recognition of the benefits of this approach for some people as it can save time for the patient and the GP practice. However, others were concerned this could lead to a lack of continuity of care and delays. For example, if the patient did not get the right type of appointment with the right person in the first instance, this could result in them being passed on to several different health professionals before eventually getting a diagnosis from a GP.



Ways to book an appointment

The majority of feedback about what has changed in the past year was regarding how to book an appointment, which appears to vary significantly between practices. Many people mentioned that during Covid some practices stopped using online methods and instead required people to phone so that they could be triaged by the reception team.

However, some people commented that the reverse was true, and their practice were 'forcing' people to use online services only.

For those who said they are able to use technology, there was a lot of positive sentiment around the ability to use text services, online booking or eConsult, and this was or would be the preference for many people. Where a call-back option was used, people said they appreciated this service to avoid spending a long time on the phone.

However, these more remote methods could sometimes lead to a call back at an inconvenient time, or a lack of choice around appointment dates and times, especially for those who are working.

People also spoke about feeling 'confused' about changes in systems and not being sure about what the expected process was and therefore how effective it was. 44% of people said their use of digital services with their GP practice had changed in the last year.

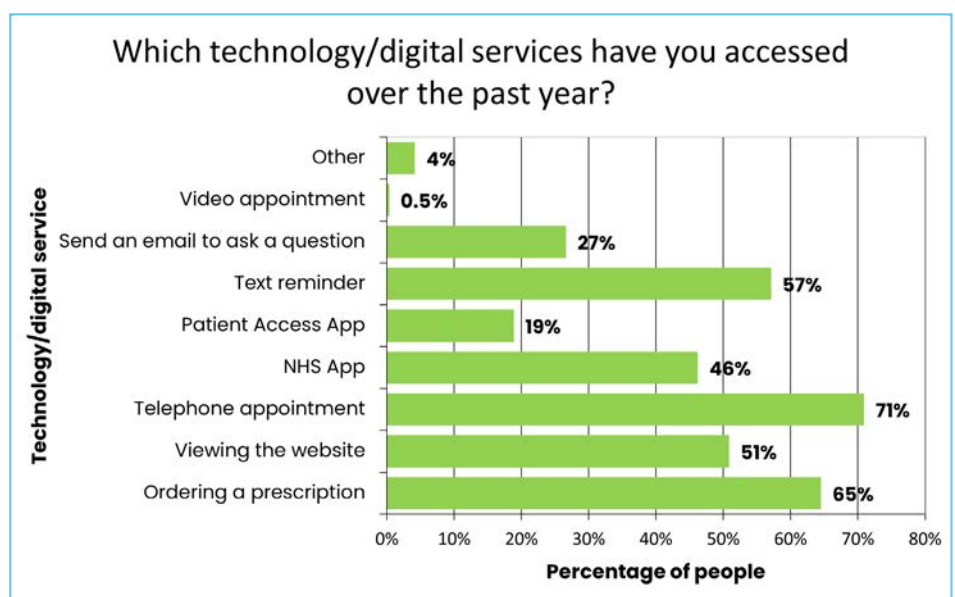
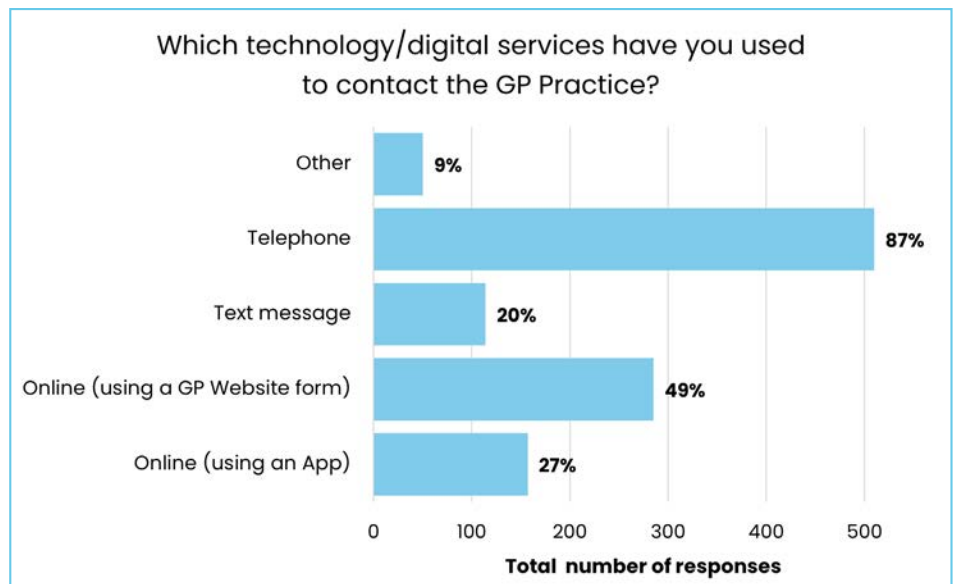
Technology

87% of people said they use the telephone to make contact with their GP, followed by App or website which are used by 76% of people, and 20% said they use text messaging. Of the 9% that chose 'other', many commented that they have used email.

Telephone appointments, ordering prescriptions and use of text reminders were the most common digital services to be used over the past year.

There is no option to use anything other than a phone to access appointments or contact the surgery, this is really outdated now; I do wish they would modernise their services.

As there is no option to book or call I have no choice but to go online and wait and wait.





Effectiveness of technology

The sentiment regarding technology varied greatly; we identified several reasons for this. Firstly, it depended on how effective people felt the digital methods were and whether they were user-friendly. For example, although the eConsult was favoured by many people, it was also noted that it could be 'laborious' and 'clunky'; sometimes, when people used it, they did not receive a response from the GP practice at all.

Text messaging was seen as helpful for reminding people about appointments and including links to further information that people could look at in their free time. Some people were also able to have a two-way conversation with their GP practice by text. However, some felt that the options provided by text were too limited.

Online services were largely seen as beneficial for ordering repeat medication and the potential of the NHS App to carry out many functions was recognised, for example, receiving test results.

However, it seems that not all GP practices are using all the functions on the NHS App, and one person highlighted the following issue that they were experiencing.

Some of us don't have mobile phones which means despite having internet access we can't sign up to the NHS App because you have to have a mobile phone number.

If the surgeries want us to use online, they should offer basic training on how to access and use it.

Sent an image via a link sent by the surgery.

Ability to look at my record online. Useful for results, checking dates etc.

Barriers to accessing digital services

Some people, whose first language is not English, experienced accessibility issues trying to use online or phone systems. This was also highlighted by those with conditions such as Parkinson's and Autism. Some also expressed reluctance to use these methods due to a lack of knowledge or training, or simply not having access to the required technology, such as a smart phone.

Where people lacked knowledge and experience of technology, many stated they would like to be trained to use these different methods, although a couple of people said that they did not want to have to learn.

Otherwise, people said they often required the help of a relative, wrote letters, walked into the practice directly, or 'gave up' on seeing a GP.

They want all appointments to be booked online, this is not satisfactory for older/vulnerable people who are not computer literate or don't have a smart phone.

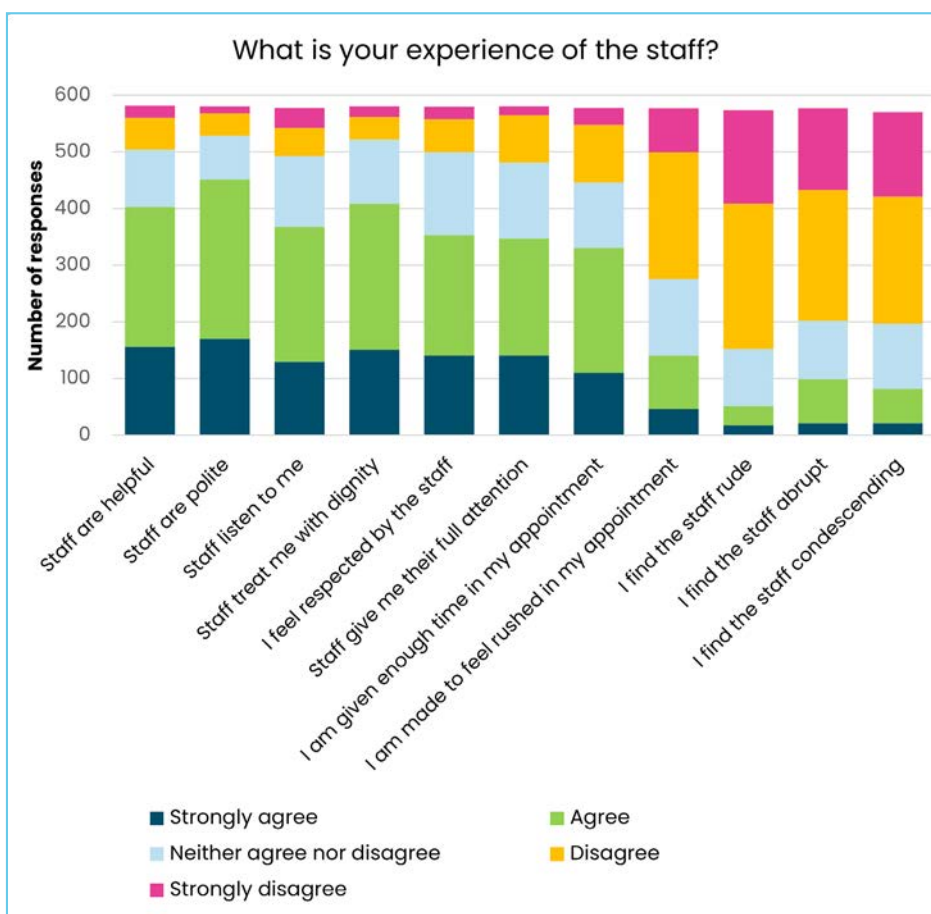
GP practice staff

In the last six months, 93% of people who responded to the survey had contact with a Receptionist, 84% had contact with their GP and 66% with a Practice Nurse. The vast majority of people who chose 'other' said they had contact with the Pharmacist, and people also mentioned phlebotomist, Social Prescriber, Mental Health Nurse, Paramedic and Diabetes Nurse.



We also asked people what their experience of the staff was and the sentiment is mixed.

Some people found this question difficult to answer as it depended on which staff member they were dealing with and why. Many people expressed anger and frustration with how they felt they were treated. However, we also heard from a lot of people that they understand the pressure that GP practices are under which can account for some of the issues they are experiencing with staff.



- Q My GP surgery is absolutely fantastic and I love and appreciate them and their support so much!
- Q Always very helpful and strive to put me at ease. I never feel rushed or that they want me to leave before we are both satisfied to have sorted out my treatment.
- Q The staff are just amazing but under so much pressure. GPs in the practice only seem to work part-time as a result of this pressure and there has been a high turnover of support staff, receptionists etc.
- Q The nurse practitioners are the best ones to see in the practice as they take time to understand before moving towards a treatment or therapy.
- Q I find Reception are stuck in 'the process' rather than thinking about what the patient needs.
- Q I think all staff at the surgery are quite distant, including the doctors. I wouldn't call any of them kind or caring, or supportive. Kindness and caring matter. It is why I rarely contact my GP surgery. I tend to try to battle on alone.
- Q Receptionists have taken on the role of the GP in doing the initial triage.
- Q Some doctors are better than others.
- Q Some staff are wonderful and helpful, understanding, polite etc. Others are abrupt and rude, so it really depends on who you encounter on the day.



Receptionist
 MH Nurse Phlebotomist
 Practice Manager
 Healthcare Asst
 Podiatrist Diabetic Nurse
GP Pharmacist
 Paramedic
 Physiotherapist Midwife
 Practice Nurse





People at GP practices

We reviewed what people told us when we visited three GP practices and identified the following common themes which support the findings from our survey.

- Patients experience difficulties phoning practices.
- People commented on the limited availability of GP appointments, particularly for more routine health issues.
- On the whole patients were complimentary about the service they received from their practice once they were able to get an appointment.

The visits to GP practices were carried out using our statutory powers to Enter and View publicly funded health or care services to talk to people about their experience of using the service and to look at the quality of the service and the environment. Find out more: [Enter and View - Healthwatch Gloucestershire](#)

We have produced detailed reports about each visit and shared these with the practice, the Care Quality Commission (CQC) and NHS Gloucestershire. The reports are published on our website: [Reports & Publications - Healthwatch Gloucestershire](#)

Focus groups

It was clear in all the group discussions that everyone valued being asked to share their experiences, feeling listened to, and being given the opportunity to have their voices heard.

There were similar threads throughout all the groups, with a key theme of people feeling frustration and exasperation that the services do not work for them, nor take into consideration individual differences and needs, such as language barriers, use of technology, abilities, and age.

Bangladeshi Women's Group

The women have been meeting fortnightly for just over a year and 18 took part in the focus group. The group exists to ensure that carers have some time together and can enjoy themselves without worrying about the person they care for.



People of Bangladeshi and Pakistani origin have some of the highest rates of heart disease, type 2 diabetes and the poorest health outcomes across a range of indicators ([kingsfund.org.uk/publications](https://www.kingsfund.org.uk/publications)). The interpreter explained this was reflected within the group.

Booking appointments

Most of the group said they prefer to use the phone to access services. A couple of people said they do use online systems, but most of the group told us they are not technically 'savvy', and this creates a barrier to accessing services, as well as huge frustration. Some would like to make appointments in person but have been advised this is no longer an option. Some also look after other relatives, including in-laws, and they find it increasingly difficult to access services on their behalf.

Experience of appointments

The overall sentiment was how difficult it is to make appointments for anyone in the family to see a GP. This includes going through the triage system, which is described as a 'nightmare'.

 **We need to exaggerate the condition, especially for an elderly relative to get a face-to-face appointment.** 


The location of appointments also causes concern due to people sometimes being offered appointments at another practice, which takes more than an hour to get to by bus. Being able to talk about only one issue was another area of frustration and the comment was made that it takes so long to see the GP in the first place that you just give up trying.



Once an appointment has been made to see a GP, most people felt they were listened to. It is the process they have to go through to see the GP which is the issue, although it was noted that some practices are better than others.



Accessibility - technology

There was some discussion about relying on children to use online services on their behalf which is often difficult, and at times, inappropriate. The children also find this uncomfortable, and they do not always understand what is being said, so the translation can be incorrect.

 **If I am wanting to talk about a woman's issue, I do not want my children to be aware of this.**

 **This is a breach of confidentiality when we are asked for other relatives or children to translate for us.** 



Language barriers

Everyone agreed that the process of booking an interpreter takes too long, and that GP practices do not appear to be keen or proactive in arranging this. They also explained how important it is for the interpreter to have the right dialect and most of the time they give up as they need to get on with the appointment.

Prescriptions

Prescriptions created a lot of discussion with many of the group expressing their frustrations at the lack of communication between the GP and pharmacy. Often the patient is stuck in the middle, going back and forth, with the process being complicated and taking much longer than necessary.

The cost of prescriptions was discussed. Some of the group, and the person they care for, receive free prescriptions. Those who have to pay do not always request their prescriptions because they know they cannot afford to pay. One of the group explained they have to request a free prescription if they cannot afford it.



 **It's about knowing the services and ensuring they work for you.** 

We discussed signing up to the Prescription Prepayment Certificate which can reduce the cost. Some of the group were not aware of this and it was agreed that GP practices and pharmacies should provide people with information about this service.

GP practice staff



Most of the group see the Practice Nurse, and although very good, she is unable to prescribe, so this has its limitations.

It was felt the receptionists can be quite rude and dismissive.

 **I had to be rude back to be heard.** 

One of the group saw a nurse recently for a blood test and ECG. The nurse advised her to go to reception to make a follow up appointment. The Receptionist said she could not make the appointment for her and told her to use eConsult instead, despite having just made a follow-up appointment for the person in front of her.

None of the group know who the Practice Manager is, nor what they do, and this is the first time they have even heard about this role.

 **The waiting areas are always empty, but the GPs are still not seeing their patients face-to-face.** 

There was concern that phone calls are not returned, test results are not shared and when they phone, it is the receptionist who lets them know whether or not the results were ok, but no further information is provided.

Asian Women's Group

The group consists of carers and those they care for. They meet regularly at the Friendship Café, and 14 people took part in the discussion.

Booking appointments



Most of the group use the telephone to make appointments, sometimes having help from family members. Some will walk into the practice and ask to make an appointment, but it was felt this lacks privacy.

Experience of appointments

Some people said they can receive a telephone appointment in two to three days, but it can take weeks or months to see a GP in person. Most said it is 'very difficult' to get an appointment with a GP.

They explained that they often have to wait so long to see the GP, by the time their appointment arrives they have more than one thing to discuss but are told to make another appointment. Others said it depends which GP they see as some are happy to discuss more than one concern. Most said they were happy with the times given for appointments as long as they got to see a GP.

When asked if the GP takes care and listens to them, the group was split; some were happy, but others were not. Some people felt the service they received from a locum was better than seeing one of the regular GPs. Many of them see a different GP each time and do not find this very satisfactory.

 **There is no family doctor anymore.** 

Some have diabetes and although they should be reviewed and have blood tests every three months, these appointments have slipped and are now around eight to 12 months. Some receive reminders, while others don't, leading to a lack of consistency within their care.

Accessibility - technology

They all use the telephone to make appointments and speak to the GP. Most of them also receive text message reminders about appointments. No one in the group is able to use any of the Apps or websites and they do not have the skills to send photos.

If English is not your first language the Apps are a problem.

Language barriers

The whole group said they would prefer to see someone face-to-face as they find it easier to communicate this way. None of the group were happy with being diagnosed over the telephone. Another concern was the expectation that other family members and children are sometimes expected to help with translation which is inappropriate.

They said that GP practices do not automatically offer an interpreter, but most of the time if they ask, then it is provided, whether in person or over the phone. One of the group said they had a telephone appointment with the GP and a Gujarati Interpreter was also on the call, which was great.

Prescriptions

Those who have prescriptions generally receive them one month at a time and they get them via the pharmacy, either in person or over the phone. However, some of the group frequently receive different medications each time and they find this confusing, not least when English is not their first language.

GP practice staff

When asked about their experiences with staff, the group had a mixed response; some felt their GP practices were very good, while others were not so happy.

The group felt the reception staff refuse to make appointments for them and do not treat them with respect. They were described as abrupt rather than rude.

One member of the group explained how they had phoned their practice to book an appointment, only to be told there weren't any appointments and then the person hung up the phone.

It was felt the GPs and nurses were friendly and kind, although once again someone commented: "There is no personal relationship with the GP anymore."



Sahara Sehili Women's Group

The group started about six years ago and is run by the Cheltenham Westend Partnership. There are a mix of nationalities within the group, including Algerian, Turkish, Bangladeshi, and Polish. Around 20 people attend the group on a weekly basis, with 18 people taking part in the focus group.

Booking appointments

Most of the group use the telephone, visit in person or use eConsult to contact the practices.

Some people said that when they phone reception to book an appointment, they are always asked what it is about, so the receptionist should know whether or not a double appointment is needed and book it automatically to ensure they are not rushed, which is often the case.

Everyone thought the triage discussions are with a nurse who then decides whether or not they are able to see the GP, have a phone call, or if they are signposted elsewhere.

Experience of appointments

The group said it can take more than a month to see a GP for a routine appointment, but there is less of a wait for nurse appointments.

Most people are offered telephone appointments within a 'window of time', but the window is wide and calls are sometimes missed. Most of the group would prefer face-to-face appointments, but they are rarely offered.

If the GP is running very late, they believe the patients should be informed so they do not end up waiting a long time, either for a call or sitting in the waiting room.

Some of the group said they are able to discuss more than one problem during the GP consultation. Others felt it was easier to write down what you want to talk about with the GP beforehand and pass it to the GP for them to see and decide what is most important.



GP practices are very clinical now and the newer ones do not promote other services as they do not have noticeboards.



The surgeries have too many patients per GP and there need to be more doctors.



Accessibility – technology

Some of the group look at the practice website and use it to request repeat prescriptions. Most of the group have the NHS App although not all of them use it.

Prescriptions

Some of the group go to the pharmacy every month to pick up their prescriptions. If anything changes, they phone the pharmacist who then makes contact with the GP to sort it out. One of the group struggled with their prescriptions when they moved and commented that trying to sort it out through the NHS App was very difficult.

GP practice staff


The group felt that receptionists are generally OK in their attitude and treatment of patients, and most staff are good face-to-face, although there are some exceptions.

Most people felt the GPs are good, but the issue is getting to see them which can take a long time and often is almost impossible.





Why have GP practices not returned to pre-pandemic services?

Although some people felt they were treated differently, others highlighted issues similar to those expressed by the wider population.

 **Waiting from October until December to see a GP is too long and they don't see your body deteriorating.**

 **It takes so much energy to face contacting the surgery that I sometimes think it is deliberate.**

 **Staff aren't all the same as some are helpful and others not at all.** 



Arabic Women's Group

Eleven women attended the focus group; several travelled from Cheltenham to talk to us because they felt it was important to have their voices heard.

There was a strong sense of anger and frustration directed at the way they feel treated. The overall feeling from the group was they are not receiving the care and support they need, whether it is for themselves or other family members.

We were told about a lack of communication between the patients and professionals; they have to chase everything and often on multiple occasions. Due to the language barriers, they do not feel they are treated with respect or as equals and therefore feel angry and let down by the NHS. Having to use their children as interpreters is also unacceptable. Many of the group described being 'told off' by the professionals and not being treated with dignity.

There is also a feeling that illnesses and conditions are not investigated properly, nor do they ever find the root of the problem and instead they are just offered more medications. Some members of the group felt that this was due to them belonging to an ethnic minority community and therefore discriminatory. To be able to access their medical records in Arabic would make a huge difference to them.

 **We are refugees and need a smile from the GP and to be treated with respect.** 

Comparison with survey data

As many of our focus groups were with people from ethnic minority communities, we carried out further analysis on the survey responses received from people who identified as being from an ethnic minority background and compared this with the focus group feedback.

This revealed some similarities in the issues raised but also highlighted some differences of experience from those who did not identify as belonging to an ethnic minority community.

Although some individuals felt listened to when they were able to see the GP, many reported experiencing long waits, a lack of empathy and feeling they were not receiving the same service as others.

Winchcombe School Health Awareness Day 2023

We were invited to have a stand at the Winchcombe School Health Awareness Day which takes place annually. All the students had the opportunity to find out more about this project and speak to us about the work we do.

We also arranged a focus group with 16 Year Ten students, where we asked them about their views and experiences with GPs. Eleven of the 16 students had been in contact with their GP practice in the last 12 months, their parents had mostly booked the appointment for them; and ten had face-to-face appointments.

How long did you wait for an appointment?

For one person, it took one to three weeks for the appointment with their GP; it took three days for another, and one person had a same day appointment. One person said they had to call the GP after being promised an appointment and not receiving a phone call.

The general consensus was that the speed in which it took to get the appointment was largely dependent on the GP surgery (there were two that the students mentioned).

Were you given enough time and respect during the appointment?


Everyone felt that they had been given enough time and respect. One person said that their practice asks if they would like to see their regular GP or a male or female doctor, but most people said they would not feel comfortable specifying that they would like to see either a male or female GP or nurse.

Would you prefer to see the GP on your own?

The students gave mixed feedback in response to this, and it was dependent upon the reason for their visit. Only one person said they would like to see the GP on their own and leave their parents in the waiting room, but generally people bring parents with them.

They expressed that being on their own with the GP was scary, awkward and many female students said it could be embarrassing. These statements tended to be around explaining what was wrong. They felt it was a good thing if their parents could speak for them when they felt uncomfortable.

However, it seemed there were times when they would prefer their parents not to be there; generally, when the doctor asks questions around smoking, drug use and pregnancy. Everyone said they would not feel comfortable asking their parent or guardian to leave during the appointment and expressed concern their parents would be suspicious about their activities.

 My BMI score was used to strip me of my dignity and I was treated awfully. BMI was invented for white males and is heavily criticised for being inaccurate for those outside of this very narrow group.



Are you aware of what services are available in the GP practice?

One student said: CAMHS, On Your Mind, which they had seen on posters in practice. Seven out of the 16 students had seen a nurse at the GP practice.

How comfortable are you contacting your GP service?

Most of the students said they would be comfortable contacting their GP service though most said their parents had actually booked their appointments for them. One person who had social anxiety would not be comfortable contacting their GP.

One-to-one discussions

Case study

A 70-year old gentleman from Gloucester talked to us about his recent experiences of accessing care through his GP practice, highlighting how things have changed over time and become more difficult and frustrating for him.

I have had cancer of the throat and mouth and now time is precious to me, so I don't waste it.

Booking appointments

He likes to know who he is talking to, so he prefers to make appointments over the phone. He also likes to see the GP face-to-face and in person. He does not like to be distracted by noise or the use of a computer and wants the GP to speak directly to him and to get a direct response.



He feels it is very difficult to make an appointment with the GP, and it takes at least half an hour or longer to get through on the phone. He believes there is misinformation about how busy the services are, so people end up not bothering to even try.

I have been to the GP practice to see if I can see someone, and all the appointments are booked up. I am then advised there are no appointments for six weeks and the new slots are 'not out yet' so it is impossible to book one. The other thing is you never know who you are going to see.



Experience of the GP practice

He commented that in the past the GP practice would look after everyone 'from the cradle to the grave', but he no longer feels this is the case.

Six years ago, we knew our family GP by name, but now you never know who you are going to see.

He now sees GP services as fragmented and disjointed, he feels the practice is much more remote and does not communicate with patients. He believes most of the patients do not know what services the practice provides and that it is easier to find out what they don't do.



Triage should be called 'gatekeeping' and I believe they are trying to stop me from seeing the GP. If I have to wait for a return phone call, I should be given a time for this and not be kept waiting for hours as it interferes with all other plans for the day.

 **I like to use an analogy of a car and the surgery is my garage - they used to provide a head-to-toe service, but now even my GP does not know what services are available.** 


He believes the surgery are very reactive, not proactive and it becomes crisis management rather than working together.

Experience of appointments



He commented on the long waiting time to see a GP and the fact that most appointments are over the phone, even though he prefers face-to-face appointments. He believes he has to catastrophise how he is feeling to be able to see the GP face-to-face.

 **I generally have to wait more than a month to see a GP, although most of the time they are telephone appointments, but I would prefer to see them face-to-face.** 

Most of the time, if he is offered a face-to-face appointment, he has to take what is offered, whether or not it is at a suitable time.



 **I feel we are herded like sheep going through the dip. It is very rare to be able to see a GP on the same day.** 

He has been asked to use online services to communicate with the GP, even though he does not want to.

 **In the past I have been asked to send a photo and yet I do not access online services, so how do they expect me to do this and exactly where would I be sending it?** 

Accessibility - technology

He will use the telephone and text messages to communicate with the GP practice, but he does not want to use digital online services. He explained that is impossible to book an appointment online unless you are registered for online services which he refuses to do. Despite this, the GP practice still encourage the use of online booking, so he feels constantly at odds with them.

 **When change comes you want to know why. The practice patients should be informed of changes, kept updated and even invited in. This is where person-centred care falls down.** 



GP practice staff

He is generally very happy with the staff at the practice and he makes the system work for him. The staff know him and he gets what he needs.

 **They know I am eccentric and don't turn me away. A bit of humanity goes a long way.** 

Investing in his own health

He explained that he looks after himself and invests in his health by paying privately for physiotherapy, podiatry, reflexology, massage, as well as hearing tests, eyesight tests, audiology and ear syringing.

 **There are around 7,000 people in this community and seven GP practices look after them. I do not understand why the services are not tailored to the community. Joined up care has been talked about for years, but I am still waiting to see it and experience it.** 

One-to-one discussions with Syrian refugees

We were invited to speak to three Syrian refugees who are being supported by GARAS as part of the Vulnerable Persons Resettlement Scheme. One of the people we spoke to deals with all the medical appointments for their whole family, including his own wife, children, and parents; another has complex medical issues as does her son who she lives with.

Booking appointments

They all told us that communication with staff at the practice is not easy due to language barriers. This is especially difficult when trying to make an appointment for another member of the family, even when going into the surgery with ID for that person.

They felt face-to-face communication is easier as they can get their point across, through facial expression and language. It seems that this can cause issues at their GP practice however, as the receptionists try to direct them to use online options. As they are unable to use online services, they feel they need to book appointments in person.

Experiences of using the phone to book appointments varied. One person said they prefer to make appointments over the phone as both parties can understand each other and she can hold a basic conversation with the receptionist. However, due to her son using her phone a lot of the time, this is often not a possible option. Another person told us about his experience of a telephone appointment for his wife, where they had to stop the call as she could not hear. They were told to phone and arrange a face-to-face appointment, but they were unsure whether they had to ring at the '8am rush' or if they could ring anytime to arrange this. Eventually, someone from GARAS rang and booked the appointment on their behalf.

One person told us that information received by phone from the practice can be translated into Arabic, but this is not possible with eConsult, which can make booking appointments difficult. He said that making an appointment online can take up to half a day, especially if they are trying to do this for more than one member of the family. For example, he explained how a few weeks ago he was trying to make an appointment for his son who was very unwell, using the online process as the practice has requested. He managed to get an appointment on the same day, although it was not clear where the appointment would be, so he presumed it would be at the practice they usually attend. However, when they arrived, they were told the appointment had been booked at a different practice and as they had no transport the appointment was missed. Thankfully, one of his children, whose English is better, managed to book another appointment. The original appointment had been with a GP who specialised in his child's condition, but due to the mix-up they had to see someone else. Occasionally a member of staff from GARAS has supported him by going to the practice with him, but even in those situations it is not easy.



 Sometimes when trying to make an appointment, we are told to go to A&E which makes no sense. 

Experience of appointments

All three people said that face-to-face appointments are better as it is easier to explain things. Understanding what is being said can be manageable, but as English is not their first language it can be difficult to communicate back what they want to say.

Despite preferring face-to-face appointments, they feel this is discouraged by the practice, which generally offers telephone appointments. It was acknowledged this is better than nothing, but it is not ideal. Waiting for a face-to-face appointment can take a long time. One person was sent for tests and is still waiting for the results because they have asked to see someone face-to-face, so this is an issue.



They all spoke about feeling pressurised for time during appointments and discussing more than one condition is difficult. One person told us that during an appointment about his wife's gynecological issues, the interpreter had asked them for a few more details to ensure he was clear on what they wanted to know, and the GP told him to hurry up. Another person who has multiple medical needs spoke about feeling passed from pillar to post and not knowing what is going on. Everyone felt it is not logical to only discuss one thing as talking about everything at the same time could help resolve the problem and avoid unnecessary emergency call outs.



This is not an efficient use of services or time. It leaves you coming and going and never getting completely on top of your health.



One person said he did feel he is given enough time if the appointment is with his preferred GP, who is very respectful, kind and listens to him. She allows him to talk about more than one condition on occasion, especially if they are linked together.

Accessibility - technology

Everyone said they find digital services very complicated, for example eConsult and online services. One person gave an example of booking a flu vaccine online – a link was sent to her phone, but it did not work and then disappeared after seven days. She has no idea how to book a flu jab for her or her son; as she has diabetes and feels her health is changing, she is concerned that she needs the protection of the flu vaccine.

The use of text messages is considered to be very good however, and they are able to use Google Translate if they do not understand the message.

Language barriers

The triage system can cause issues because when someone calls back to ask questions, an interpreter is needed and most of the time this is not possible. GARAS helps with this when possible.

We heard about an occasion when one person took their sick child directly to the practice with his ID and explained they would need an interpreter. He was told to go online and fill in the form and was not able to make an appointment. He had to contact GARAS to help; they rang the practice and were kept on hold for a long time while it was sorted out.



If children are present at an appointment, the GP often asks if they can interpret. However, the adults refuse to allow this as they do not feel it is appropriate and there are lots of long and difficult words the children do not know, nor understand.

One man explained that his wife always asks for a female interpreter, but this does not always happen, and it can be very awkward. In the past, this has made her feel she cannot say what the real issue is because it is a male interpreter, and she does not want him to hear and interpret on her 'female issues'. She does often see a female GP but then has a male interpreter who cannot get across how she feels, which is a problem. She understands a male GP has the training to understand female medical issues, whereas the interpreters do not have that training.

One person we spoke to always asks for an Interpreter when booking an appointment and most of the time one is provided, which she believes is due to her complex medical issues.

Another person explained that the GP he has a good relationship with will arrange an interpreter for him, while others in the practice are not so keen and say it is very hard to source one, so do not bother. He has found that the interpreters sometimes struggle to understand the medical terminology, which has caused issues, so this is being looked at. The practice is now half an hour away and because he has a specific GP he likes to see; he feels it is worth the distance to see someone who understands him. He has considered moving practice but is concerned he will not receive the same level of service.

Repeat prescriptions

One person told us that if they have an appointment with the GP and are given a prescription, it is automatically sent to the pharmacy and they pick it up later, although it is not always ready.

Repeat prescriptions are an issue as they cannot request these online, due to language and technology barriers, so have to go to GARAS to ask for help. They do try to think ahead of time to ensure they do not run out of medication, but sometimes they are not able to sort it out. GARAS occasionally suggest they take the original medicine packet to the pharmacy and ask them if they can help to sort it out. One man told us he has had a problem with his back and one of his feet for months and was given some anti-inflammatory medication while waiting for the referral. He has waited so long for the hospital appointment that GARAS had to help him do the online prescription renewal for the medication.

We also heard from a lady who had a kidney transplant and receives medications direct from the company, who deliver them to her home. For any other medications she goes into the practice and asks the receptionists to help her sort them out. She has recently been diagnosed with Osteopenia which is an increasing problem due to having to take steroids. As yet she has not received a prescription for the medication required and is currently buying her own.

Another person told us he does very little online and has his medication pre-packaged in a dosette box which he picks up weekly from the pharmacy. If there are any changes or amendments, these are dealt with and updated automatically.

Staff attitude

We heard that the GPs are generally very good and respectful. It was felt that the system and time pressures are the issues, so as patients they always feel rushed and are therefore never completely satisfied with the appointment. This works better when there is an interpreter involved.

The receptionists are generally respectful, but help is not always forthcoming when requested. The nurses are considered to be very good and helpful.

One man felt the most important thing is to be able to go into the practice with his ID and be able to arrange an appointment there and then without any fuss.

Next steps

We will be sharing this report with NHS Gloucestershire and other system partners to make sure the recommendations are seen, understood and actioned.

Due to the wealth of information that was collated through this project, we have been unable to include it all in this report. Further details can be provided on request to support service development and improvement.

Stakeholder response

NHS Gloucestershire Integrated Care Board:
Becky Parish, Associate Director, Engagement and Experience



“Thank you to Healthwatch Gloucestershire for preparing this insightful report. We are pleased that so many people have taken the opportunity to share their views about access to GP services and we were pleased to work alongside Healthwatch Gloucestershire to ensure the voices of underserved communities were heard. The report’s findings underscore a number of areas NHS Gloucestershire is already working on with primary care colleagues and identifies some new areas for us to focus on. We have provided responses to the report’s recommendations below.

“We would be very happy to work with Healthwatch Gloucestershire, the Local Medical Committee and Patient Participation Group (PPG) representatives to develop information in a variety of formats about accessing GP practice services. We are aware of examples of good practice from elsewhere in England and are keen to create bespoke information to meet the needs of Gloucestershire residents and GP practices. Information on waiting room screens is a great way to share information with people; it is also important to provide information on notice boards and for people to take away with them. We will continue to work closely with our language interpretation and translation service provider, Gloucestershire Deaf Association, and Inclusion Gloucestershire to develop information in a range of accessible formats.

“A number of practices already produce newsletters and host health and wellbeing awareness events, often in collaboration with their PPGs. We will make opportunities to spotlight these examples to all practices across the county through our regular meetings with practice managers and at the countywide PPG Network.

“We will also raise awareness with practice managers of the importance of providing clear instructions in text messages to patients about appointments.

“We will continue to work closely with GP practices to ensure they deliver all requirements set out in the national General Medical Services (GMS) contract, in particular with respect to the

range of options available for appointments. A new national digital framework for general practice is currently in development and we look forward to reviewing its recommendations.

“NHS Gloucestershire commissions interpretation and translation services for GP practices including pre-booked face-to-face and telephone interpretation and on-demand telephone interpreting. Patients can assist practice staff by letting them know if they need an interpreter and the language required in advance or when they arrive at reception for their appointment.

“The national GMS contract allows each GP practice to manage the way it provides appointments. In the last year Gloucestershire practices have, by and large, prioritised urgent appointments in order to meet a more than 25% increase in demand for appointments from patients.

“Most practices offer double appointments if a clinical or support need has been identified. Where telephone appointments have been arranged, practice staff endeavour to call within the specified times; while also prioritising urgent on the day patient needs.

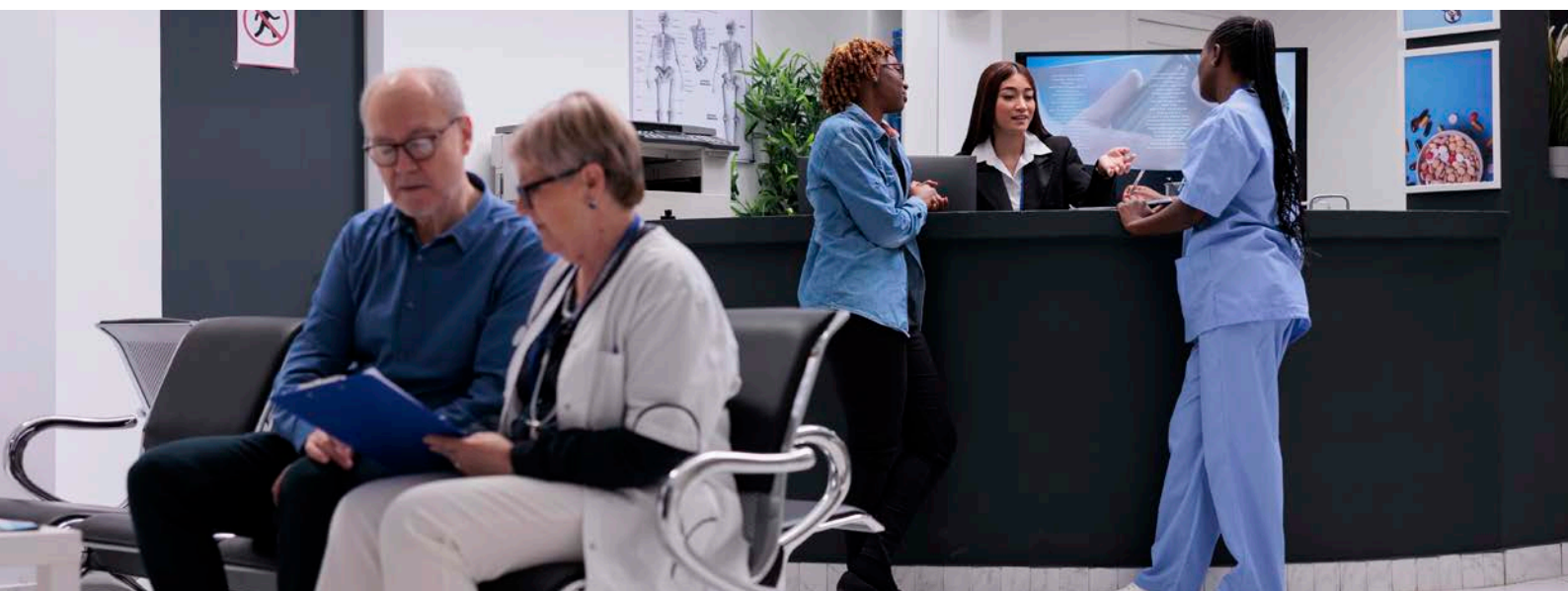
“We are aware of the Digital Hubs set up around the county and will explore opportunities to promote their services to patients via PPGs. We have heard recently about a Gloucester PPG hosting an on site ‘digital surgery’ to support patients to navigate digital information, with advice on how to use the functions on their practice’s website such as ordering prescriptions and how to make the best use of smart phone technology, such as the NHS App for accessing test results. Again, we will look to share this good practice with practices across the county.

Thank you

Thanks to everyone who took the time to share their experiences with us, including those who completed our survey and those who spoke so frankly and passionately to us at the focus groups or individually.

Thanks also to the staff and those associated with the Friendship Café and GARAS for helping to organise and facilitate these opportunities. Also to the staff and people attending the various groups around the county, for welcoming us and enabling us to have so many valuable discussions.

Thanks to the Engagement and Experience Team at NHS Gloucestershire for the initial introductions to some of the groups and for the support they offered.





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