healthwatch

Strengthening primary and community care services - the foundation for most care and treatment

April 2022-May 2023

Introduction

This briefing will focus on people's experiences of access to primary and community care to support the development of a long-term vision for the NHS to strengthen these key local services.

We know that historically, primary care teams are most people's first port of call when they develop symptoms of ill health. Although the NHS's 'front door' and the range of services available to patients have evolved in recent times, GP, pharmacy, and dentistry teams still play a crucial frontline role in treating patients, signposting them to other services and coordinating any other services they might need.

We also know that staff in primary and community care are facing immense challenges, with both clinical and administrative workforce shortages combining with a rise in demand for increasingly complex care.

And as our evidence shows, this results in barriers to access to primary care services. People tell us about difficulties contacting GP teams to book appointments, as well as issues relating to when services are open and the choices they give people on how to book and attend appointments.

It was promising to see NHS England recognise these frustrations and announce new measures in the primary care recovery plan. Streamlined processes intended to end the '8am rush' for appointments will be supported by trained care navigators to give people access to same day assessments, as the NHS looks to deliver more flexible ways for people to access GP teams.

The key now is implementation of NHS England's plans to improve access to primary care. Healthwatch England supports the plan and has previously recommended the recruitment of more trained administrators, the adoption of better IT systems, and more meaningful choice and flexibility when it comes to speed of access versus continuity of care.

But we also want to look at how the NHS can go further to meet people's needs.

We have analysed the experiences people shared with us of the NHS's 'front door' and identified what is working well and which areas patients want to see improved. As these services provide a foundation on which the rest of the NHS is built, we think these solutions can not only help inform a future vision for primary care, but also drive efficiencies across the whole system, including a more patient centred-understanding and management of demand for healthcare.

Key findings

Some of the key barriers to accessing care are consistent across a range of primary and community services:

1. **Appointment availability**. Across all the services on which we reviewed our data we found the lack of appointment availability to be a key barrier to access.
2. **Contacting services**. Whether it be by phone or online, we repeatedly heard that both primary and community services can be hard to contact, and therefore hard to access.
3. **Opening hours**. Many services' hours of operation are not conducive to being universally accessible.
4. **Remote methods**. Services are increasingly offering people the option to access services remotely, but many people find this neither accessible nor desirable.
5. **Access costs**. Accessing services is not necessarily free. We hear about the cost of transport to services as being a significant barrier for some people. The cost of making repeated calls or spending significant time waiting on the phone to services can also be a barrier.

Common issues across our feedback

Primary care – the NHS's front door

When it comes to access, a large proportion of the insight we have relates to what is often referred to as the NHS 'front door'. These are the services that are people's first port of call when they need medical attention, and which serve as a way into the wider health service.

When this works well…

Some people find their GP surgery's phonelines work well, hold times are not too long, and they are able to get appointments. We also hear from people who like e-consult, finding it convenient and effective, and a better way of contacting their GP than phone.

"I did an e-consult on Monday, had a face-to-face appointment with GP on Tuesday. Phone call from hospital on Thursday and x-ray done on Friday" (Woman aged 50-64, Healthwatch Hampshire)

A report from Healthwatch Islington also underlines that some experiences of pharmacy access are very positive. Healthwatch Islington's research found **pharmacies were rated as the most accessible health services by respondents**. Indeed, respondents wanted pharmacies to play a bigger role in the delivery of diagnostic and preventative services, which they feel are less accessible when offered by a GP or hospital. About two thirds of respondents said that they would go to the pharmacy instead of the GP to access additional services, now that they know about the range of services available. **This suggests that lack of knowledge about pharmacy services may be a barrier to access**.

'Came here yesterday with my Dad to have his Covid booster jab. He's recovering from a hip replacement so currently has mobility issues. The staff were so helpful and accommodating and came to the car to give him his vaccine. Truly grateful to them for doing this and can't thank them enough. True customer service above and beyond what I was expecting. Thank you so much!' Healthwatch Hackney

General Practice

A large proportion of the feedback we hear from our network is about General Practice, and much of that feedback is specifically about access.

We know there are huge challenges facing General Practice, with teams under immense pressure to deliver more appointments with fewer staff.

According to the Royal College of General Practitioners:

- There are 952 fewer fully qualified GPs in England than in 2019.
- On average, each GP in England is now responsible for 169 more patients in England than in 2019.
- And GP staff delivered 9% more appointments in 2022 than in 2019.

Patient feedback relating to access is broadly quite negative, with lots of people telling us that they cannot easily access appointments with their GP. The same few barriers come up repeatedly.

- **Booking window**. Many GP surgeries offer a short window of time during which appointments can be made, usually first thing in the morning. Many people have responsibilities that mean they cannot ensure they are free during this time, meaning the booking window becomes a barrier to access for them.
- **Phonelines**. A side effect of the booking window is that it makes the phonelines extremely busy, as everyone needs to phone at the same time. We hear numerous accounts of people spending long periods of time waiting to get through on the phone. Again, many people cannot sit on the phone waiting for an extended period, and as such struggle to access appointments.
- **Appointment availability**. Once people do successfully get through, they often find appointments have all gone. People get particularly angry when they spend their time waiting on hold, only to find there are no appointments left. We regularly hear people say they call their GP surgery multiple days in a row before they manage to get an appointment. Some people just give up and never get the appointment they wanted.

"Trying to get a GP appointment was a nightmare. 60-minute waits to get through then being told to ring at 8.00am the following morning. By the time I got through, no appointments left." (Woman aged 50-64, Healthwatch North Somerset)

- **E-consult**. In some instances, e-consult provides a solution to these issues. However, it is not a catch-all solution. Some surgeries only allow e-consult to be used at certain times, which has the same drawbacks as the booking window on the phoneline. We also hear some complaints that it can take a while to get a response to an e-consult. There is also a digital inclusion angle here. Some GP surgeries encourage patients to contact them via e-consult, but there are plenty of people who are not able to or not comfortable doing so.

"Our surgery uses an online form to make contact with them. They say the maximum wait for reply is 48 hours. At least twice I have had no reply whatsoever and have had to follow it up." (Woman aged 65–79, Healthwatch Lambeth)

People also told us about **issues registering with their GP practice**, due to issues like practices being 'full' or that people are not registered when they don't have identification or proof of address. This has particularly affected people who are unable to provide a fixed address, including people experience homelessness and boaters.

As well as finding it difficult to access their GP, **another major access issue we hear about is the inability to get face-to-face appointments.** We hear from many people who say that their GP offers them appointments via phone or video call, but not face-to-face. This is a source of frustration, with many feeling that being able to see a doctor face-to-face is a vital part of the service a GP should offer. We hear repeated concerns from patients about the ability of GPs to properly diagnose conditions remotely.

"It is almost impossible to get a face-to-face appointment with a GP in this practice. How can you diagnose an irregular heartbeat over the phone?" (Man aged 65-79, Healthwatch West Sussex)

Remote appointments also raise their own access issues for some people. Many people work in jobs where they cannot take a personal call during the day. This is exacerbated by the fact that some GPs give a relatively large window of time in which to expect a call back. Even people who work at places where they can take a call may not feel comfortable discussing their health in public and may not be able to find a private space to do so.

What we hear therefore suggests that access issues with GPs are twofold. Firstly, contacting a GP surgery can be challenging. Secondly, there are sometimes difficulties for those wishing to access face to face appointments.

Dentists

Alongside GP access, access to NHS dentistry forms a large proportion of the feedback we hear, and this feedback is very largely negative. The message we repeatedly hear from across the country is that people simply cannot get NHS dentistry appointments. There are three principal reasons for this that we hear repeatedly.

- **Not taking new patients**. If someone is not already registered with an NHS dentist, then their chances of finding one to take them on appear slim. We consistently hear from people saying they have tried every single dentist in their local area, or sometimes even further afield, and have been unable to find one taking on NHS patients.
- **Dentist going private.** Even people who are registered with an NHS dentist can find themselves suddenly unable to access dentistry. We hear from people saying they have been notified out of the blue that their NHS dentist is going private, meaning they either have to begin paying privately or find a new NHS dentist, something that, as noted, is easier said than done.
- **Taken off patient list**. We also hear from people who only discover their NHS dentist has removed them as a patient when they try and book an appointment. Generally, this is done when they have not had an appointment for a long period of time. As with going private, it leaves people in the position of having to try and find a new dentist.

The outcome of this is that accessing an NHS dentist is difficult, even impossible, for many people we hear from. We hear stories of people in desperate need of an appointment, and people living in pain, who simply cannot get the help they need.

Pharmacies

For pharmacies, we often hear about access, and feedback covers a range of issues. Once again, there are three issues that appear much more frequently than any others.

- **Unreliable or reduced opening times**. Much of our feedback about pharmacy access is that pharmacies are inaccessible on the most basic level: they are not open enough. People regularly tell us that their pharmacy has reduced its opening times, which makes it harder for them to go. Others tell us about pharmacies closing during their advertised opening hours, with no notice. We hear stories of people making the journey to a pharmacy, only to discover a notice on the door saying it has closed early that day. As we note later in the briefing, this has implications in terms of transport costs being a barrier to access for some people.

"How do I complain about the local pharmacy which is regularly closing during its published opening times? (Woman, Healthwatch Bath and North-East Somerset)

- **Long waiting times**. People tell us about long waiting times in-store to be able to speak to a pharmacist. There are also often long waiting times when ordering medicines. So, to access their medicines, someone may have to wait a while for them to be available after ordering them, and then face another long wait once at the pharmacy to pick them up.
- **Supply problems**. We hear many cases of people being told their medicine is not available or will be delayed. Sometimes this is because the pharmacy does not have it in stock, and sometimes it is because they have the medicine, but have just not prepared it in time. In particular, we hear from people who need multiple medicines that they often have to make multiple visits before they are able to access all the medicines they require.
- **Physical accessibility of pharmacies.** We have heard concerns around accessibility. For example, Healthwatch Hackney undertook an accessibility audit of 48 local pharmacies in April 2022, and found several issues to be widespread. These included uneven and poorly maintained ramps and pavement outside pharmacies, lack of automated doors, and lack of low counters for wheelchair users. Healthwatch Islington identified similar issues on its patch, noting how variable physical accessibility is at pharmacies. Both also noted the lack of hearing loop provision to support access for deaf and hard of hearing people.

It is also notable that the feedback we have about accessing pharmacy services is largely about medicines. We hear relatively less about people's experiences of accessing the other services that pharmacies offer. We do occasionally here from people about issues accessing services beyond medicines, such as the minor ailments service. However, feedback on these other services is much lower in number than feedback about access to medicines.

NHS 111

NHS 111 is closely related to access to primary and community care, and we hear feedback that reflects this. When it comes to access, the most common piece of feedback we receive is that **people phone NHS 111 because they cannot get**

through to their GP, cannot get an appointment, or the GP is shut. We did also see some cases of people using the service due to not being able to see a dentist. This suggests that people are coming to NHS 111 not out of choice, but due to an inability to access the primary care they initially want.

We do also see cases where the opposite is true. We hear from people who have positive experiences of NHS 111. This tends to be people who have called it as a first step, because they are unsure whether they should contact their GP or not. In several of these cases, they tell us that they ultimately got an appointment with their GP via NHS 111, and therefore have a positive experience of the service. This suggests that, **for some people at least, NHS 111 is an effective access route to primary care**.

Opportunities

After providing patient insights and seeing several recommendations taken on board, Healthwatch welcomes the recent primary care recovery plan. This plan sets out measures which will go a long way to improving people's experience of access to primary care.

But looking to the longer-term, we can also see several opportunities for improvements, delivered by larger, more diverse, and more agile teams.

These include the government ensuring practices have increased administrative capacity to allow them to keep e-triage systems online 24 hours a day, seven days a week, and delivering on commitments to increase clinical capacity to make standard appointment times longer, allowing more holistic assessments, and more personalised consultations.

It also includes putting measures in place to give people more personalised and meaningful choices in primary and community care settings. These include increasing public awareness of new staff roles in primary care and increasing the capacity of expanded pharmacy teams.

And to reduce registration barriers and improve access, we support NHS England's Register with a GP Surgery Service, which includes an updated paper registration form, and hope to see all practices in England sign up so patients can more easily register, without the need for identification and in ways which suit them.

Taking these steps will not only support patients and primary care teams but help with service integration by ensuring demand for healthcare is understood and appropriately managed right from the start of the patient journey.

Community services – care closer to home

On the topic of access, primary care, especially GPs and dentists, dominates the feedback we receive. This is not surprising, as these are services with which very many people come into contact.

Across all community services, there is a clear theme that accessing support, and accessing the right support, can be challenging.

When this works well…

Some people do have a very positive experience of community services. When community services are working well, they allow people to access the care and support they need in a way that is more flexible and personalised than hospital-based care could be. Whilst we will look at many issues that prevent people from accessing community services, we do hear repeatedly that when people are able to access them the experience is generally very positive.

'My daughter was referred to speech and language therapy in 2020 and we were assigned [name] to be our therapist. We couldn't have been luckier. My daughter has never been the easiest little girl to work with sometimes refusing to do anything in sessions but stare. When other therapists (more than one) have discharged my daughter because they haven't quite known what to do with her because she is often described as a complex case, [name] has never given up. From that first appointment she has never lost hope or patience that my daughter will succeed with her speech sessions. She takes the time to get to know my family not just my daughter, inviting my older son to sessions which has massively helped my daughter in her confidence and opening up…We still aren't there with my daughter's speech and language out of SALT sessions but I have no doubt that with [name] patience she is one day going to help her into some sort of communication.' (Woman, Healthwatch Sunderland)

District nursing

The feedback on access to district nursing is quite varied, though largely negative. A broad access issue is that people seem to struggle to see district nurses. People perceive a general **reluctance to agree to a visit**. In some cases, people are told that their issue is better suited to calling their GP or NHS 111, but we also have cases of people saying they were told that the team is too busy or does not have enough staff to come and see them. A more practical issue that we also heard about is that **it is hard to contact district nursing teams**. Their contact details are not necessarily easy to find, and even if you can find a contact number your call may not be answered.

For those who are able to access district nursing, we heard concerns that they are not able to access it in the form that they would like. The most common complaint here was **unreliable and unscheduled arrival times, which can discourage those with certain specific needs and conditions from accessing the service**. We heard from several people that nurses have a tendency to turn up unannounced or at

very different times than scheduled. For many, this does not cause an issue, but for some it does. For example, vulnerable older people or people with certain mental health conditions may be put off using a service that includes unannounced or unpredictable visits. We also heard about the issues this causes for someone with mobility issues, who really needs notice to be able to be ready to let people into their home.

'I completely understand emergencies happen and they may not be able to get to me on time; but every single time? Even knowing the earliest time they are scheduled to turn up would allow me some time to plan for their arrival. I understand it is completely different but in 2022 delivery drivers can tell me when a parcel is going to arrive within an hour time frame and meet expectations 99% of the time.' (Tetraplegic person, Healthwatch Hertfordshire)

Health visiting

We don't hear a significant amount about health visiting, but much of what we do hear is about difficulties in accessing it. We heard from several people that there are simply **no appointments available**. We heard other cases of **appointments getting consistently cancelled**. Both these mean that mothers are worried that they cannot access support for their child, but also for themselves.

'New parents need to see health visitors and they can't. How do new parents know if there is an issue with their mental health, their baby or their baby's hearing. We hear a lot of stories about this at playgroup.' (Woman aged 50 to 64, playgroup leader, Healthwatch Warwickshire)

We also heard from someone who works in a health visiting service, concerned that the service cannot be delivered as it should be due to short staffing. They report that **health visiting is increasingly only targeted at those with highest needs and is not doing preventative work**. Health visiting is a service that should be universally accessible, so if it is being rationed because of staff shortages then that is a significant access problem.

'We have gone from a gold standard service, of attending every appointment, to seeing people once. We should be seeing people postnatally at day 10 but at the moment it is more like day 28. Clinics are fully booked up to four weeks in advance. We are not seeing the whole population, only those with additional need. Child protection issues are going up, mental health is getting worse…There is no early prevention anymore. It is so frustrating for health visitors and hard to hear about it as a mum. The problem is we are 5,000 health visitors short nationally, people are leaving as it is stressful or are retiring. It is hard to retain staff and hard to keep new staff as they suffer burn out so quickly and may not have

experience in child protection.' (Woman aged 25 to 49, Health Visitor, Healthwatch Warwickshire)

Sexual health

As with health visiting, sexual health is not a major source of feedback, but much of what we do hear is about the problems people have trying to access it. About half of our feedback on sexual health services is from people saying they cannot get appointments. People consistently tell us that **phonelines are constantly busy**, and **clinic websites say no appointments are available**. Exacerbating this is that **some clinics do not take walk-in appointments, whilst those that do often have long waiting times**. An additional complaint from some people is that their local **clinic does not offer the service they need**. For example, we heard from someone who was unable to get a smear test at their local clinic. We also heard from a couple of people saying that they do not have a sexual health service near them. One raised a suggestion that this can be a particular issue for young people, who may feel uncomfortable going to their regular GP for such issues.

This need for young people to feel their use of sexual health services is confidential is underlined by a report from Healthwatch Bradford that found confidentiality to be one of the most important elements young people are looking for in sexual health services. The other is convenience, which reinforces the issue with the common complaints noted above. Confidentiality also emerges as a theme in a report by Healthwatch Brighton and Hove, who found that some young people from ethnic minority communities had concerns around the confidentiality of information they share with sexual health services, which acts as a barrier to access. That report also identifies language as being a barrier to access, particularly amongst those who have recently moved to the UK or have more limited English skills.

Community mental health services

Our feedback tells us that in general people struggle to access community mental health services. However, there is a great range of reasons why this is the case, some of which relate to the services themselves, and some of which do not.

In recent years, there has been a decrease in the stigma and discrimination surrounding mental health and treatment. As a result, more patients are presenting to general practice to seek help and support.

However, **a significant barrier to access is any requirement to get a referral from a GP**. As noted previously, getting an appointment with a GP can be difficult. But for mental health services there is the additional burden that getting a mental health referral from a GP can be tricky.

And the strain on NHS services means that accessing talking therapy can be difficult, leading to long waiting times. Due to the long secondary and community care waiting times, many vulnerable patients are returning to their GPs as they cannot access the care and treatment they need in an appropriate time frame.

And unfortunately, some patients report feeling that their GP is dismissive of their mental health concerns and can be reticent to refer to community mental health services in the first place.

Not all community mental health services require a GP referral, but nonetheless it is a major route into these services, and therefore issues relating to mental health referrals present a significant barrier to access.

Waiting **lists for community mental health services are** particularly long for children and young people's services. This leaves people stuck trying to self-manage their mental health while waiting to get support, as there is shortage of other options they can access while waiting. Theoretically, crisis services are available to people while they await other community-based services, however we hear repeatedly that **crisis services are inaccessible: phonelines are consistently busy and/or crisis services tell people they need to seek support elsewhere**.

Even once people do manage to access a service, that does not mean they are actually able to then access support. This is an issue we particularly hear about with regards to Community Mental Health Teams (CMHT). Our feedback suggests **some CMHT have a tendency to refuse to support people who have been referred to them**. In some cases, people are told they are not suitable for the service, because their condition is not severe enough, and are referred to non-NHS services, despite having been referred to CMHT by another medical professional. One example shows how people fall down the cracks, being unable to access neither CMHT nor other community services.

'I have tried to access mental health support for a number of years in Plymouth. Most recently, I was turned down for counselling by Plymouth Options - they decided that my case was too complex. However, when my GP referred me to the CMHT, I was told that I am not bad enough to even speak with a psychiatrist' (Healthwatch Plymouth)

At the other end of the scale, we have heard people complaining that CMHT tells them their issue too severe and that they should contact crisis services. This is problematic given what we have heard about how inaccessible crisis services are. We have also heard a case of CMHT refusing support and telling the person they need social care instead, and another case where someone had sought private support due to the wait to access CMHT, to then be told by CMHT that as they had gone private, they would not now offer them support.

Ultimately, this leads to people getting bounced around the system trying to find support.

'CMHT refusing to engage and bouncing referrals back to the GP. GP advising call crisis line. Crisis line saying not their remit, call GP. GP saying case too complex, and they can't offer further help until they have input from CMHT. CMHT bouncing referrals back to GP. It's an absolute mess' (Woman aged 25 to 49, Healthwatch Newcastle)

Even those ultimately accepted by CMHT do not necessarily then get to access support they would like. We hear complaints of the service being unresponsive. People cannot get through on the phone and do not get a call back when they

leave a message. As in other services, there also seems a tendency to favour phone or video appointments, even though people prefer face-to-face. One person told us their CMHT only has one psychiatrist who has been off sick for a month, meaning that the service has not been able to offer any psychiatry appointments during that time.

Opportunities

Feedback on community care largely highlights the issues people face accessing these vital services.

We want to see more done to ensure people can access the right information about their referral to community care, and that services can be there for more people who need them. Particularly as more people require interim support while they wait for more specialised hospital care.

Other issues

Previously in this briefing we have broken our findings down by service type. However, there are some cross-cutting themes that are not specific to any one type of service, but which crop up repeatedly in people's stories of all services. The following are three themes that appear in our data most often.

Cost of living

Travelling to and from healthcare settings to physically access services is a vital first step for many people, particularly considering the cost-of-living crisis.

We have heard about this from our network, as well as doing our own national polling on the issue.

We know the **cost of transport is a barrier for many people**. We have heard cases of people cancelling or not wanting to take up appointments because they cannot afford to get there. We've heard many more people who have attended appointments but are nonetheless concerned about their ability to continue to do so given the cost of travel. This issue is particularly acute for those who need to travel via taxi, and those who need to make regular or repeated visits to services. Of course, these two groups often overlap.

We also know that for some people, **the cost of calling services to make appointments is a barrier to access**. Some people have limited phone contracts or are on pay-as-you-go plans, which means that long times spent on hold waiting to get through can be expensive.

Our research also suggests that **access to both over-the-counter and prescription medicines is sensitive to an individual's financial position**. Our polling over recent months has shown a significant number of people saying they have not taken up medicines because of the cost. In March, our polling found that 7% of people had avoided buying over-the-counter medication on which they usually rely, whilst 5% had avoided taking up one or more NHS prescriptions. These figures were even higher amongst younger people (11% for both amongst 18- to 24-year-olds),

people on means-tested benefits (12% and 8%), and people on disability benefits (15% and 8%).

Personalised access

We have discussed some of the ways in which certain groups of people struggle to access primary and community services. However, it is worth highlighting as a wider point that we hear that for many people the access methods or times offered by services are simply unsuitable.

As noted, many people have jobs that are not amenable to easily accessing services. **Service opening hours often overlap with work hours and not everyone can easily get time off to attend an appointment**. Meanwhile, other people are not able to wait on hold in a phone queue to make an appointment. **People with caring responsibilities often experience the same barriers**. We heard stories from carers who told us that their caring responsibilities often conflict with the opening hours of services, meaning they find it difficult to get appointments and arrange prescriptions for both them and those they care for.

For some, remote appointments can help overcome these issues. However, **some people cannot take a break from their work or caring responsibilities to attend a remote appointment, whilst others do not have access to a private space where they feel comfortable discussing their health.**

We have also heard from people with a range of communication difficulties about the issues they have accessing services when the mode of access, either to make an appointment or for the appointment itself, is via phone. **People with speech impediments, brain injuries, English as a second language, mental health conditions, learning disabilities or neurodivergence can all struggle to engage with services over the phone**.

"Appts were mostly on the phone. I struggle to get my thoughts across speaking on the phone and need a f2f appointment to make it easier, but couldn't get a f2f appt." [Neurodivergent female, 18-25, Healthwatch Gloucestershire]

"I am Autistic and have Selective Mutism but the practice insists on phone appointments" [female, 18-24, Healthwatch Kent]

There can still be access issues during face-to-face appointments. For example, we have heard examples of services not being designed suitably for visually impaired people or for people who have limited or no English skills.

Women's health

Another issue has been not only improving access to care, but access to **appropriate** and **personalised** care.

Examples of what we mean are based on patient feedback on the menopause and endometriosis. These are two issues which we have started to hear more about in recent months.

In both cases, women complain about **symptoms being downplayed**. We hear multiple stories of women saying they repeatedly told their doctor how they were feeling but did not get the sense of being taken seriously. Many of the women we hear from tell us that they believe that their **GP lacks knowledge or expertise regarding menopause and/or endometriosis and that this has prevented them accessing support**.

Currently, women have to wait much longer than they should to access treatment and support for menopause and endometriosis. We hear stories from women that span several years before finally getting diagnosed correctly. This is obviously bad for these women, but it is also bad for the system. Most of these women describe how they have bounced around services for a long time, involving many appointments with GPs, hospitals and other specialist services, before ultimately being correctly diagnosed. If their issues were identified earlier, these women would use much less of the system's capacity. Not to mention their quality of life would be improved.

Opportunities

We've highlighted various access barriers, but the very first step in most people's health journeys is physically accessing support by getting to and from services.

We are increasingly finding people avoiding vital care due to costs. But there are opportunities to address these issues. From treating internet as a universal healthcare right, to extending existing measures, we can ensure that everyone can access the NHS support they need.

And to ensure that the support people access is of the highest quality, GP teams should have more protected training time, both for their continued professional development and to increase patient confidence.

Methodology

How did we reach our conclusions?

Much of the content in this briefing is drawn from patient stories and experiences submitted to us by local Healthwatch over the last year. A large proportion of the stories we hear are about people's experiences accessing services.

The first step was to create a dataset specifically related to stories and experiences about access to primary and community services. To do this, we created a list of words and phrases we thought people are likely to use when discussing access. We combined this list with a list of primary and community services and extracted any stories from our database that included any of the words or phrases and/or mentioned a primary or community service.

Because of the amount of our data that is about primary and community services, this generated a very large data set of 30,877 stories, with over half about GPs and dentists. We then created subsets of data about specific primary and community care services.

For some services, the amount of feedback was small enough to review all the stories. For these services, we reviewed all the stories to identify those that were specifically about access, and then analysed those for common themes. For other services, the amount of feedback was still too great to review all of it. In these cases, we took a random sampling approach[1]. We then reviewed stories that related to access until reaching data saturation.

Due to the amount of feedback we receive that relates to access, this gave us a significant amount of data from which to write this briefing. We then supplemented this data in some places with information from local Healthwatch reports and relevant recent Healthwatch England research, such as on GP referrals or the cost of living.

This briefing is informed by:

- The experiences of **374** people shared with Healthwatch across England between April 2022 and March 2023, sampled from over 30,000 stories.
- **2,144** questionnaire responses about getting GP referrals.
- 5 research reports from local Healthwatch, representing the views of **147** people and assessments of 88 local pharmacies.
- A nationally representative poll of **2000** people on the impact of the cost of living on use of health and care services.

[1] Stories were assigned a random number using the RAND() function in excel. The data was sorted using the randomly assigned numbers from largest to smallest.

Appendix i: Recommendations

Recommendation	Why is this change needed?	Who is responsible?
Primary care		
Commit to a long-term ambition for 24/7 access to electronic-triage services, such as e-consult or patient access.	We have called for and welcomed the NHS' commitment to expanding the reception role by training and hiring more care navigators. These staff will hopefully reduce the rush for appointments when phone lines open. But once sufficient numbers are in place they could also enable practices to keep online systems open at all times. When systems are switched off, people are left with the choice of either joining long telephone queues, taking their health need to another service, or suffering in silence. But in time, GP systems could be switched on permanently to support patients, signpost them to other services where urgent, and all without impacting the capacity of teams.	NHSE
At the point of booking, give people choice of appointment type, appointment time, and healthcare professional	We know that access barriers can often include things like appointments not suiting people's communication needs, or appointment times not working due to considerations like people arranging transport or having caring responsiblities. We also know that sometimes people value speed of access, and other times they'd prefer to see a specific healthcare professional to ensure continuity of care. This recommendation isn't about proportions of appointments being delivered in certain ways by certain people. It's about ensuring people have meaningful choices, which can lead to better outcomes and save staff time.	NHSE, GP teams
Extend the time of appointments to give	Longer appointments would give staff more time to assess patients and provide them with appropriate information about	NHSE

people more time when needed with clinicians	their treatment plan, prescription, or onward referral. Understanding and more appropriately managing people's health needs is key to reducing the frequency of visits to general practice.	
Increase public awareness of additional roles in primary care	People need confidence that these new roles support teams in providing the right mix of timely care and the right continuity of care. To provide this confidence, awareness of what different roles offer is vital, such as who can treat, prescribe or refer, and how members of the team work with more traditional GP and nursing staff.	NHSE
Have all GP practices sign up for NHS England's Register with a GP Surgery Service.	Contrary to national guidance, we continue to hear from people with no fixed address who have been asked for identificaiton or proof of address to register with their GP. The Register with a GP Surgery Service is free for practices to use, and provides a system which allows patients to register either online or via a paper form, without proof of identification, and does not require a fixed address for people who do not have one.	NHSE, GP teams
Community care		
Improve the online referrals tracker for patients	Ensuring patients and staff have access to the same information about referrals from primary care will mnimise the risk of referrals being lost, or confusion about where a patient has gotten to on their referral joruney. This will also reduce the instances of people bouncing back to primary care for information about their referral.	NHSE
Provide people on waiting lists with personalised support	Long waits for NHS treatment can impact people's mental health, their ability to work, to carry out household tasks, and the levels of pain they experience.	NHSE, ICS, GP teams

	While long waits for elective services remain an unfortunate inevitability for some time to come, the NHS must work to improve funding for and patient access to the support services they need while they wait. This includes different teams working in collaboration across the NHS and voluntary sector, including community physiotherapy, talking therapies, community pharmacy, and charities providing health and social care services.	
Other issues		
Extend the health travel cost scheme (HTCS) to cover journeys to primary care settings	We know that of 7 million people eligible, only 500,000 access reimbursements through the HTCS. So, in the first instance, health teams must do more to signpost people on benefits to this support. But the initiative only covers journeys to hospital settings, when our evidence suggests there is an urgent need to support people accessing treatment and medication from primary care settings too.	NHSE
Make hospital and GP phone numbers free to call.	We know that people are increasinlgy avoiding booking NHS appointments due to the issues such as the cost of phone calls. This issue most acutely effects younger people, those on benefits and disabled people. We want NHS England to working with Ofcom and telecommunications companies to ensure hospital and GP phone numbers are part of the freephone service, so that cost is never a barrier to access	NHSE, Ofcom
Treat internet access as a universal healthcare right	As the NHS increasingly moves to more remote ways of communicating with patients, delivering appointments, and asking patients to book, track, manage and attend appointments via digital routes – we must ensure that everyone has access	Government, NHSE

	to the internet so they can access NHS care.	
Fast track recommendations from the Women's Health Strategy for England	We continue to hear from women who face challenges accessing personalised care with the menopause and endometriosis. We want to see the Women's Strategy ambition for the development of local access pathways and hubs to be brought forward.	Government, NHSE

Healthwatch England
National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.healthwatch.co.uk
t: 03000 683 000
e: enquiries@healthwatch.co.uk
@HealthwatchE
Facebook.com/HealthwatchE

healthwatch