

Review of Havering GP practices' websites

November 2020



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

Introduction

Websites began to appear on the internet in its very earliest days - by August 1995 there were about 20,000; there are now well over 1 billion: in other words, the number of websites has grown over 50,000 times in little more than 25 years.

The Government and the NHS have long harboured the ambition of moving to a “digital economy” in which most transactions between agencies and the public are conducted online. Although at the beginning of 2020, it seemed that despite that ambition it would take time before the aim of routine online consultations between patients and GPs would be realised, the rapid and unexpected onset of the Covid-19 pandemic and the consequential lockdown from the end of March resulted in the equally rapid development of online-based GP services.

In Havering, GP practices responded differently to the pandemic and lockdown. Some remained open throughout lockdown, with limited access to GPs on site bolstered by online access; others closed and relied entirely on online access. At the time of writing this report, despite NHS England requiring, and the local CCG expecting, that all practices should be open for at least some services, local people have told Healthwatch Havering that some practices remained reliant on online contact as the main means of interaction between GPs and patients and have only reluctantly offered face-to-face appointments (if at all).

Surveys that had previously been undertaken on behalf of the Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) by Healthwatch Havering in conjunction with Healthwatch Barking and Dagenham and Healthwatch Redbridge, in 2016, 2018 and 2019¹ showed that Havering residents, especially in older age groups

¹ Urgent and Emergency Care Consultation Responses, 2016; Right care, Right place, First time, 2018; and Right care, Right place, First time, 2019 - Barking & Dagenham, Havering and Redbridge CCGs and Healthwatches Barking & Dagenham, Havering and Redbridge

(55+) but not exclusively so, remained to be persuaded of the benefits of online access to NHS services (i.e. not just GP practices), preferring to access medical advice face-to-face with their clinical adviser (GP or nurse).

Nevertheless, online access to GP practices is here to stay and looks set to develop into the principal means of gaining access to primary care. Using online triage, practices are now able to identify whether a patient:

- can be treated without further need to be seen, for example by being issued a prescription
- needs to be seen to confirm a preliminary diagnosis based on an online discussion with the patient, or
- should be referred to secondary care for more specialist attention.

Websites are the key presence of any organisations online. Following receipt of expressions of difficulty in accessing GP services online, therefore, Healthwatch Havering decided to assess the presence of GP practices online by Reviewing the ease of access to their websites and the ease of seeking information on them.

If a user has previously accessed a website or knows the website's internet address (known as its URL), accessing it is straightforward, but otherwise, a user will conduct a web search using an internet search engine, software that is designed to seek a specific website across the whole internet. The most popular of search engines is Google but others are available including Bing, Safari, Ask and Yahoo.

Not all GP practices have established their own website - those who have not, rely on the NHS Choices website, on which each practice (and other NHS services) has an individual page (including directions to the practice's website where one exists).

Digital exclusion

“Digital exclusion” is a term that encompasses a range of reasons why people do not use the technology and has been used by some in a slightly disparaging way.

It must not be forgotten that disinclination to use online services does not indicate a fear of using information technology (“technophobia”) - it is more likely that individuals simply lack the wherewithal to do so:

- **internet access comes at a cost that not all can afford**
- **the equipment needed is expensive and a confusingly wide range is available; and**
- **in some cases, a good internet connection is difficult to achieve or even not available.**

It is easy for those who are experienced in the use of digital technology to make negative assumptions about those who do not use digital services. It is also easy to assume that there are very few people who do not use it and that those few can do so in public locations such as internet cafes and libraries. **Such assumptions are, however, false - even confident users of digital technology can sometimes find it hard to navigate the plethora of websites, applications, and other digital platforms now available.**

Moreover, the response one receives from digital technology can be variable depending on the make of and type of device being used, the device’s operating system, the type of internet browser used and the system providing the website.

Methodology of the review

The review was carried out by several Healthwatch volunteer members, none of whom are internet experts but “ordinary” users who have done little more than master the basics of using the internet.

Each uses a slightly different configuration of equipment, software and internet connection: desktop and laptop PCs, Apple Macs and MacBook, iPads and iPhones were used; browsers used for searches included Microsoft Edge, Google Chrome and Apple Safari; searches were conducted using engines such as Google, Bing, Safari and Yahoo; and users had different Internet Service Providers. All of these factors affected how websites were accessed, just as the experience of “ordinary” users would vary.

Volunteers were given individual lists of websites to visit for the review, with deliberate overlaps, so that each website was visited by at least three volunteers.

Each volunteer then assessed how easy it was to access each website and determined whether the practice in question had designed its website or relied on third party provision (principally the NHS Choices website but other options exist) and a range of issues pertinent to current living - such as the practice's opening times, advice about the Covid-19 pandemic, arrangements for cancer care, availability of face-to-face consultations with a GP and health and wellbeing support for patients during the lockdown. Their perceptions were then, in some cases, scored 1 (poor) to 5 (outstanding) or marked “Yes” or “No”.

To ensure that as much of the subjectivity of that approach as possible was eliminated, each volunteer's review report was then moderated by comparison with all others, and a combined single report for each GP practice produced. Some websites were visited more than others, but each was visited at least twice. Only the combined scores have been used for this report. As this was not an exercise in “naming and shaming”, no individual site is identified nor are the review returns of any particular volunteer identifiable.

The review was not a check of the compliance of any website with the relevant Regulations (see Appendix 1).

Content of websites

Surprisingly, given the ambition shared by both the NHS and the government for NHS services to become “digitalised”, there is no obligation on GP practices to maintain websites - the contract regulations² say, in Regulation 27, that a practice “must publish [information] on its website **(if it has one)** [*emphasis added*]” and subsequent regulations are equally tentative. There are obligations around making information available through an alternative to a practice’s website (NHS Choices) and other directory websites are available, but it is unlikely that such third-party websites could offer as much information as one directly controlled by a practice. By contrast, the contract regulations require practices to produce a “practice leaflet” containing a comprehensive range of information (see Appendix 1).

The review sought to identify whether a practice’s website was its own or it relied on NHS Choices (or another such website) and how easy it was to find the website; ease of navigating the website was then tested (where there was more than a single page). The following issues were looked for:

- whether the opening hours of the practices were clear
- what changes (if any) had been made at the practice in response to the Covid-19 pandemic
- whether face-to-face consultations with a GP were available
- how easy it was to cancel appointments *
- whether there were links to support or advice on health and wellbeing
- whether the website offered help for people living with a sensory loss
- how easy it was to make complaints *

² The National Health Service (General Medical Services Contracts) Regulations 2015 (individual regulations are cited in succeeding footnotes)

- whether it was easy to order repeat prescriptions *
- whether there was information about advocacy services for those unable to speak up for themselves
- information about the practice Patient Participation Group (PPG)
- information about Healthwatch
- whether links between different parts of the website work
- whether the name by which the practice was registered with the CQC was the same as the name for it that appeared on the website.

The issues listed above that are marked with an asterisk (*) are required by the contract regulations to appear either on the practice's website or NHS Choices.

Review findings

The full details of the review findings are set out in Appendix 2.

The volunteers generally had no difficulty in finding practice websites, though some were hard to find (not surprisingly, the latter tended to be those that relied on NHS Choices rather than have their own website). Of 45 practices in Havering, 35 had their own website and 10 relied on their much more limited NHS Choices profile page. Most of the practices' own websites were relatively easy to navigate.

Only two websites did not make the practices' opening hours clear.

Bearing in mind the current Covid-19 pandemic, it was surprising to find that 7 practices' websites made no mention of advice for dealing with Covid-19, such as when to get a test. Even more surprising - and potentially very serious - was that only 2 websites offered advice for cancer patients as to their care during the pandemic.

Slightly more than half of the practices gave details of the changes made for patient access to a GP during the pandemic, and a similar

number indicated that face-to-face consultations with GPs were available.

Generally, it was found relatively easy to cancel appointments online although, again, in a few cases it was difficult to do so.

Given that, during the repeated periods of lockdown in 2020 gave rise to considerable concern for some individuals' mental wellbeing, it was surprising to find that 40% (18) of the websites offered no general information on health and wellbeing (or at least made it hard to find) so that those seeking such advice would need either to take up a scarce GP appointment or seek, possibly less authoritative, advice elsewhere.

Amazingly, only 3 practices made special provision for people who had loss of sight to use their websites and only two accommodated people with a learning disability with information in Easy Read.

While there is no requirement for the mandatory complaints procedure to be mentioned on a practice's website, fewer than 50% of practices mentioned their procedure on their website (although it must be mentioned in the practice leaflet). But one of the few items that must appear on the website is the procedure for ordering repeat prescriptions, so it was both surprising and concerning to discover that nearly 40% of practices made no mention of their process on their website.

GPs inevitably deal with more vulnerable people than most other professions but only four websites contained information about advocacy services. Rather more - 28 - gave information about their Patient Participation Groups (PPG), but it is a concern that 17 practices did not mention their PPG when every practice is obliged to have a PPG³.

Although there is certainly no obligation for them to do so, it was hoped that practices' websites would mention Healthwatch (given its

³ Regulation 26

statutory role in representing patients): sadly, only four websites mentioned Healthwatch in any context.

A key part of the website experience is that it is possible to access other parts of the website, or external websites, using so-called hyperlinks. The key to search engines such as Google, information websites such as Wikipedia or commercial websites such as Amazon, and social media such as Facebook is their use of such hyperlinks to give near-instantaneous access to other websites: volunteers found that links in eight of the websites reviewed did not work.

Finally, volunteers found that there were eight instances of a practice being known under a different name to that by which it is registered by the Care Quality Commission (CQC). Usually, this appears to be because a practice has a locally used name such “The Mill Practice”⁴ but is registered under the names of the GP partners who own it. This is, however, potentially confusing for patients who wish to see a practice’s CQC rating but know it only by the local name rather than the partners’ names (or *vice versa*).

Conclusions

Despite 25 years’ experience of websites and website technology, in a world that is becoming increasingly reliant upon the interconnectivity that the internet offers, it is disappointing to record that many GP practices are not yet taking full advantage of the power of that technology to bring information to their patients and that a significant number of GP practice websites lack key information (some in breach of contractual obligations). Some are doing an excellent job in doing so; others are doing only the bare minimum (if that!). While, clearly, GPs have many calls on their time and not all will be as technologically minded as others, specialist software providers are available who can help design, maintain and keep up to date comprehensive websites.

⁴ The name “The Mill Practice” is © BBC TV, from its programme “Doctors”

Although every GP practice is required to maintain a profile on the NHS Choices website, that offers the bare minimum of information (and not every profile contains the information that it should).

Recommendations

- 1 That Havering CCG (or its successor body) work with every GP practice in Havering to review its website to ensure that it complies with the contractual obligations imposed upon it.**
- 2 That Havering CCG (or its successor body) work with all individual GP practices to ensure that their websites contain as much useful information for patients as possible.**
- 3 That Havering Health Limited and each Primary Care Network support their respective members to secure the required improvements in website presence for patients' benefit.**
- 4 That Healthwatch England make representations to NHS England and the Secretary of State to amend the Regulations so that practices have a contractual obligation to ensure that the information required to be included in the practice leaflet must also appear on their websites and that reliance on NHS Choices as the primary online presence for practices is discouraged.**
- 5 That Healthwatch England discuss with the CQC amending registration requirements to ensure that practices are registered using the name by which they are known - for example, "The Mill Practice" - rather than by the names of the doctors in partnership and that where a doctor leaves a practice, his or her name no longer appears in the practice name or its registration.**

Healthwatch Havering stands ready to assist and advise practices that require assistance in determining what information they should make available on their website.

Disclaimer

This report relates to the review carried out by Healthwatch volunteers during November 2020 and is representative only of their findings. It does not seek to be representative of all service users and/or staff.

Appendix 1

Requirements for GP websites

The National Health Service (General Medical Services Contracts) Regulations 2015 (SI 2015/1862) (“the Regulations”) set out in detail the framework for general medical services contracts between the NHS and GPs, providing terms and conditions that must be included in contracts.

Regulation 78 and Part 6 of Schedule 3 require practices to publish a “practice leaflet” which must include a range of information of assistance to patients, including:

- the practice name and address
- the names and qualifications of GPs at the practice
- how to register as a patient at the practice
- the opening hours
- how to get a home visit or order repeat prescriptions and
- how to make a complaint

In all, there are 28 sets of such requirements.

As noted in the report, there are no similar requirements for a website. Regulation 73 provides:

Where a contractor has a practice website, the contractor must publish on that website details of the contractor’s practice area, including the area known as the outer boundary area (within the meaning given in regulation 20(3)) by reference to a sketch, diagram, plan or postcode. (Emphasis in italics added)

Other references in the Regulations to websites are generally conditioned by the term “if it has one” (or similar wording) but require the following information:

- the previous year’s earnings for each GP who is a partner or is employed at the practice (for no obvious reason)
- arrangements for online services including booking appointments and ordering repeat prescriptions

Where a practice does not have a website, it must have a profile page on NHS Choices (part of the national NHS.uk website) but the only requirement for that is that the practice must:

“include information about the requirement to assign an accountable GP to each of its new and existing registered patients”

Appendix 2

The volunteers who carried out the review were asked to ascertain answers to 18 questions. The questions, and the aggregate findings, were as follows:

1. How easy is it to find the practice website using Google (or equivalent)?

The choice was: 1= Very difficult; 2= Difficult; 3= Neither easy nor difficult; 4= Easy or 5= Very easy

Ratings were assessed as follows:

Rating	Number of sites
1	0
2	2
3	7
4	14
5	22

2. Who provides the website?

The practice has its own website - 35

There is only the NHS website entry – 10

3. How easy is it to navigate the website?

For those practices that had their own website, the choice was: 1= Very difficult; 2= Difficult; 3= Neither easy nor difficult; 4= Easy or 5= Very easy

Ratings were assessed as follows:

Rating	Number of sites
1	0
2	0
3	3
4	15
5	14

Where the practice relied on NHS Choices, navigation was not required as there was only a single page. There were also two practices which had their own websites that did not require navigation.

4. Are the opening hours of the practice clearly stated?
Yes – 43 sites
No – 2 sites

5. Is there a link to Government advice on Covid-19?
Yes – 38 sites
No – 7 sites

6. Is there information about changes to cancer care during Covid-19?
Yes – 2 sites
No – 43 sites

7. Is there information about changes during Covid-19 at the practice, such as telephone consultations or virtual appointments?
Yes – 25 sites
No – 20 sites

8. Does the website explain if face-to-face appointments are available, and if so how to get one?
Yes – 24 sites
No – 21 sites

9. How easy is it to make or cancel an appointment?
The choice was: 1= Very difficult; 2= Difficult; 3= Neither easy nor difficult; 4= Easy or 5= Very easy

Ratings were assessed as follows:

Rating	Number of sites
1	2
2	3
3	14
4	16
5	10

10. Are there links to self-care and support organisations for health and wellbeing?
Yes – 27 sites
No – 18 sites
11. Are there options to enable the website to be used by people who have sensory loss or learning disabilities?
No – 42 sites
Yes: for people with vision loss – 3 sites
Yes: for people with a learning disability – 2 sites
12. Is it easy to find out how to complain, and who to complain to?
Yes – 22 sites
No – 23 sites
13. Is there a simple process for ordering repeat prescriptions?
Yes – 29 sites
No – 16 sites
14. Is information available about advocacy support?
Yes – 4 sites
No – 41 sites
15. Is information available about the practice's Patient Participation Group (PPG)?
Yes – 28 sites
No – 17 sites
16. Is there a link to, or information about, Healthwatch Havering?
Yes – 4 sites
No – 41 sites

17. Do the links between pages on the website work?

Yes – 37 sites

No – 8 sites

18. Is the practice registered by the CQC using the same name as appears on the website?

Yes – 40 sites

No – 5 sites

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Friends Network

Participation in the Healthwatch Havering Friends Network is open to every citizen and organisation that lives or operates within the London Borough of Havering. The Friends Network enables its members to be kept informed of developments in the health and social care system in Havering, to find out about Healthwatch activities and to participate in surveys and events

Interested? Want to know more?



Call us on **01708 303 300**

email enquiries@healthwatchhavering.co.uk

To join the Healthwatch Havering Friends Network,
[click here](#) or contact us as above



*Healthwatch Havering is the operating name of
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