

# Review of patients' access to Havering GP practices

May 2021



## 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

When the Covid pandemic struck in March 2020 and the first lockdown was put in place to “protect the NHS”, it was inevitable that patients’ access to general practice would change. Most GP practices complied with the stricture for people to work from home where possible and many adopted a combination of telephone and online means for initial contact with patients. Where practices opted to remain open, access to the premises was strictly controlled; patients were met by staff in full personal protective equipment (PPE) and only admitted if their temperature was within the normal range (a high temperature being a key sign of Covid infection). In the conditions of pandemic, these changes to working practice and precautions were accepted by patients as inevitable.

However, as the lockdown progressively relaxed over the summer and autumn of 2020, while most people returned to near-normal working (maintaining social distancing and wearing masks), it became clear that many GPs were reluctant to return to the pre-pandemic ways of working and seeing patients. While that was to some extent understandable - and perhaps vindicated by the reimposition of full lockdown after Christmas 2020, which began only to be slowly relaxed from April 2021 and stretched on into July (with the possibility at the time of writing in June that it might not even end then) - patients began to contact Healthwatch Havering (and other Healthwatch across the country) to express concern about the difficulties they were experiencing in contacting their GP practices and, in particular, arranging to see a GP in a face-to-face consultation.

In some cases, patients had been offered the opportunity to share images of body areas to enable the GP to diagnose their medical needs: this was of course only possible for those patients who had access to a device capable of taken pictures or video and had an adequate connection to the internet to enable them to stream or upload those images and had the knowledge to do so effectively.

Concerns grew that, because of the inability to access practice premises, patients were not receiving routine treatments, such as injections or minor

surgery, that would have been administered at the practice rather than, for example, at hospital.

It also proved difficult, if not impossible, to arrange for home visits by GPs.

In November 2020, partly in response to comments from patients, Healthwatch Havering carried out an informal review of the content of GP practices' websites<sup>1</sup>. The Review found that:

“many GP practices are not yet taking full advantage of the power of [internet] 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!).”

It was disappointing to record that some practices used only the NHS Choices website as a means of providing information for their patients and that not every profile there contained the information that it should.

Patients reported difficulties such as:

- Excessive waiting times to get through to the practice. In many cases, callers would wait half-an-hour or more before the telephone was answered
- Excessive waiting periods for an appointment - often three weeks or more
- Refusal of the ability of a patient to see a GP face-to-face to discuss symptoms of illness

With all this in mind, in May 2021 Healthwatch Havering decided to carry out a survey of the ease with which patients could contact GP practices.

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<sup>1</sup> Review of Havering GP practices' websites – November 2020

## Methodology

It was decided to carry out a three-strand survey.

### Telephone contacts

First, a group of Healthwatch volunteers were tasked to contact every GP practice in the borough to gauge what patients' experience of trying to contact them might be.

They were to make telephone calls between 10am and 2pm, to avoid key times when patients would wish to contact the practice to make appointments or order repeat prescription etc.

They were asked to record the length of time taken to get an answer and, if they did not get through in 10 minutes, to abandon the call and try later or another day. When eventually they did get through, they were to ask for the contact details of the Chairman of the practice's Patient Participation Group (PPG) - a Group that all GP practices are obliged to set up<sup>2</sup>.

They were also asked to give an assessment of the attitude displayed by the person who answered their call.

It should be noted that it was not possible to get through to every GP practice as they did not answer the volunteers' calls.

### Online survey

An online survey was set up to ascertain the experience of people trying to contact their GP practice. Invitations to participate were sent by email to members of the Healthwatch Havering Friends' Network, who were asked both to respond to the survey and to pass its details to their friends and family and ask them to respond too. 31 responses were received.

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<sup>2</sup> Regulation 26 of the NHS (General Medical Services Contracts) Regulations, 2015 – [see Appendix 4 following](#)

### Case studies

Members of Healthwatch and respondents to the online survey were asked to provide “cases studies” of individuals’ experience of contacting their GP practice.

It is important to note that the online survey and case studies were limited in scope as this was not intended to be an in-depth review of the position but, rather, a snapshot of the position during May 2021.

Detailed reports of the outcomes of the three strands follow, and the raw data derived through the telephone contacts and the online survey are set out in Appendices 1 and 2; the case studies are set out (anonymously) in Appendix 3.

### **Telephone contacts**

The first strand of the review was the telephone contact survey carried out by Healthwatch volunteers. Attempts were made to contact every GP practice in Havering and, when volunteers got through to reception, the volunteers asked for contact details of their Patient Participation Group and whether face-to-face consultations were available.

### Time taken to respond

In some cases, volunteers were for some reason unable to make any contact with a practice, despite calling several times, often because the volunteer had no further time available for the exercise. Clearly, this review cannot therefore include data from those practices. One practice declined to cooperate with the exercise.

Of those that it was possible to contact:

- 19 answered the volunteer’s first call, within an average time of about 5 minutes (actual waiting times varying between 1 minute and 50 minutes)
- 14 required two calls before contact could be made

- 8 required three or more calls before contact could be made
- In one case, the third call took 1 hour 35 minutes between the call being initiated and being answered.

### Receptionists' attitude

It is important to acknowledge that the assessment of an individual's attitude during a telephone conversation is highly subjective - how a caller perceives the attitude of the person answering them will depend upon a range of psychological factors that vary constantly; equally, those answering face similar pressures - everyone can have "an off day"!

That said, all receptionists should receive at least basic training in how to answer a call politely and considerately.

It is pleasing to be able to record that most answers were considered to have been given in a business-like manner, if not friendly. No one answered rudely but three responses were given in a manner perceived to be brusque. However, as is demonstrated by the following section on Patient Participation Groups, not all those who answered were fully au fait with information that ought to be readily to hand.

### Patient Participation Groups

All GP practices are obliged to set up a Patient Participation Group (PPG), to support it and to take heed of the views of its members - see Appendix 4 following.

It is disturbing to report that only 8 receptionists at the practices contacted were able to provide contact details for their PPG chairman. In two further cases, the Practice Manager (not the receptionist who answered the call) advised that a new PPG was being set up while in one case no chairman was currently in place.

In 19 cases, the person who answered the call was unable to give the details. Of them:

- One referred the caller to the CCG for the details
- One suggested emailing the practice for the information
- In four cases, the receptionist did not know the details but promised to call back with them - but not one did so
- In six cases, the receptionist did not know but suggested that the Practice Manager would know - unfortunately, the Practice Manager was not available at the time of the call
- In two cases, the receptionist did not know but suggested the caller speak to the senior partner (who was not available at the time of the call)
- In two cases, the receptionist did not know the contact details and offered no further assistance
- In one case, the receptionist refused to provide the contact details
- In one case, the receptionist declined to provide the contact details “on grounds of confidentiality”
- In one case, the receptionist said that a PPG was available but did not know the contact details

Given that having a PPG is a contractual obligation, one would have expected that front-line staff on reception would know about it and have ready access to the contact details of the Chairman of the PPG. After all, how can patients who have an interest in joining the PPG do so without being able to contact someone to make known that interest?

### Face-to face consultations

Other than for very routine matters such as repeat prescriptions, most patients at least prefer, and in many cases are only comfortable with, a face-to-face consultation with a healthcare professional. Many people will only be comfortable with seeing a doctor, not out of disrespect to other professions or mistrust but because they perceive that only a doctor has the training and background to diagnose the huge range of medical conditions



that are referred to general practice. Nurses and paramedics are generally highly respected, but they do not have the cachet that attaches to a medical practitioner.

Thus, most patients expect to be seen by a doctor.

In the early stages of the pandemic, it was accepted that there was no alternative to remote consultations, however unsatisfactory from the patients' point of view. But as the pandemic has gradually receded, the perception has changed, and patients now expect to be able to have face-to-face consultations and are disappointed to find they are still not available.

That said, given the pressures on general practice that were building up on general practice long before the pandemic took hold, and the inevitable constraints caused by the pandemic, it is not unreasonable for some form of pre-consultation triaging to be in place.

Volunteers were therefore asked to enquire whether the practices contacted were offering face-to-face consultations:

- In 18 cases, consultations were available after telephone triage
- In two cases, consultations were available without triage
- In four cases, it appeared that consultations were not available - seemingly under any circumstances and with no indication of when they might become available

### Online survey

To ascertain the views of patients, an online survey was set up. It was accepted that, in the time available and given the limited means of making the survey known, the responses would not necessarily be typical of the whole body of patients. Nonetheless, it was considered that those limitations did not preclude the use of the data from the survey for the purposes of this report.

The survey data shows that most respondents had a telephone consultation (70%); 23% had an online consultation and 7% went straight to the practice. Most were seen at the practice; only a few were referred to the Emergency Department (ED) at a hospital (7%) or a specialist community service (19%) and 1 person was referred to another GP practice.

29% were able to see a GP, while 16% saw a nurse or midwife and 6% saw another healthcare professional (HCP) such as a physiotherapist or a podiatrist. 48% of respondents were unable, however, to see any HCP.

The majority (75%) of respondents were able to get the help they needed but 14% contacted NHS111 and were referred on by them, 4% went to the ED, another 4% went to a walk-in centre and 4% called 999 for an ambulance.

The waiting time between asking for an appointment and attending for it was varied:

Fewer than three days:	35%
More than two days but less than a week:	17%
More than one week but less than two:	3%
More than two weeks but less than three:	10%
More than three weeks:	17%

The respondents' comments to Question 7 of the survey reveal frustrations:

- GP not seeing patients - all appointments over the phone
- I had a surgery appointment for a skin lesion after a photo and telephone appointment, but it started bleeding and 111 changed to a sooner one by their algorithm.
- I waited for an hour and a half but had 17 people in the queue although I had rung at exactly 8am and continually used the call back. After being told there were no appointments, I was given an emergency GP appointment that afternoon as I was desperately in need of care

- There are no appointments for Hand Clinic unless re-referred by GP as urgent. But takes nearly one month to get phone appointment with GP to explain problem of no ordinary choose and book appointments. Unknown to me until I tried to book Hand Clinic so another month elapses
- I had to force the issue to be seen face to face

## Case studies

The case studies reflect the varying experiences of those who contacted us: of the thirteen cases recorded, only one was positive; the remainder were negative to a greater or lesser extent. In some, the frustration felt by the patient is obvious; in others, the situation is clearly accepted with resignation as “to be expected”. In one case, the intervention of Healthwatch with the CCG appears to have led to its resolution albeit after an unacceptably long wait.

Most of the people who feature in the case studies are in a clinically vulnerable group and include several who have recently experienced serious health issues. Yet they have had to participate in what amounts to a lottery to obtain medical care from their GP practice.

The case studies highlight the difficulty of contacting GP practices, especially by telephone. In too many cases, there is a race at around 8am to obtain an appointment for the day of calling, with those unlucky being asked to call again, sometimes later in the day, more often “tomorrow”. Case study 13 also demonstrates how attempts to obtain an MRI scan be thwarted by the need to be seen by a GP even where other GPs strongly recommend that one is needed.

## Conclusions

It is important to preface these conclusions with an acknowledgment of the extraordinary lengths that some practices went to during the pandemic both to maintain some semblance of service for their patients while complying with the Government’s restrictions on everyday life and the imperative to “Protect the NHS”.

### Accessing GPs - what is “the offer”?

While the significant disruption to the normal operation of general practice in the initial stages of the Covid pandemic was accepted by patients as an inevitable consequence of the situation at that time, the extensive inability of patients to have what they regard as satisfactory interaction with their GP practice over a year after the first pandemic lockdown began is leading to extensive frustration and desperation, and may even in some cases be dangerous, if not in some extreme instances life threatening, as serious illness goes undetected and undiagnosed.

“It’s about understanding the offer in general - it has changed quite a bit from where we were doing traditional face-to-face across the whole system and having crowded rooms - but there is something about understanding the public offer. It does not just include primary care, it includes hospitals, it includes social care, it includes everything. A lot of it has moved to digital and I think there is a lot of confusion in the system. We need to do a collective effort across the whole of North East London so that patients understand what the offer is and how they can access healthcare in general and the wider system.”

*Dr Jagan John, Chair, North East London CCG, speaking at the Outer North East London Joint Health Overview & Scrutiny Committee on 15 June 2021*

If there is truly to be a “new offer” of services from general practice, as Dr John has suggested, much more needs to be done not only to ensure that patients are fully aware of the new “offer” but are persuaded of its benefits to them personally. In particular, the problems of getting through by telephone must be addressed - the survey has shown that many patients experience considerable frustration in establishing contact (often waiting for a considerable time, only to be told that they are unable to have the appointment they believe they are entitled to).

### Remote consultations and digital exclusion

Moreover, there is an assumption that patients are comfortable with remote consultations and competent in using their smartphone and other devices to assist the GP in coming to a diagnosis.

#### **That is a false assumption.**

In addition to the fact that not all mobile phones are smartphones, mere possession of such a device does not mean that the owner knows how to use it to best effect - one of the case studies in Appendix 3 (case 1) describes how a patient was unable to provide a photograph requested by the GP until her son visited her a week later, adding to delays in diagnosis that had already occurred.

Moreover, even competent smartphone users often experience difficulties in downloading and using the apps essential to making the “new offer” referred to by Dr John work for them. Although not directly relevant, considerable difficulty was experienced in the early stages of the pandemic to set up the NHS Test & Trace app - it was eventually set up but took much longer to do so than was expected originally and its form was much different to the original proposal. Setting up an app is not always as straightforward as it should be.

It is also possible that some of the problems experienced by vulnerable adults could give rise to safeguarding implications.

But irrespective of that, it is easy to overlook that there remain - and will always be - patients who are “digitally excluded”, who have no access to smartphones or other forms of IT and/or cannot access the internet and for whom effective non-IT based solutions must be found and maintained.

### Patient Participation Groups

It is disappointing to have to report that understanding of Patient Participation Groups (PPGs) is relatively low. GP practices are obliged by contract to establish PPGs, but the survey suggests that front line staff in practices generally do not have a good understanding of what a PPG and how it can be contacted.

This must be addressed, since the feedback that PPGs give to practices is essential to the practices’ development.

## Recommendations

No one underestimates the problems of delivering general practice during the past 15 months of a world-wide pandemic. Particularly when Covid first struck, difficulties were inevitable as the whole of society had to adjust to a situation never before experienced. But, as time passed and the need for restrictions gradually eased and life adjusted to the essential changes, some practices made their own adjustments to move to a service offering patients face-to face appointments, while others have continued to work remotely. Despite Dr John's reference to a "new offer", there is a wide range of views within general practice as to exactly what GPs should be doing for their patients.

These recommendations are intended to suggest ways forward for GPs that would provide patients with a service much as they desire.

1. Surgeries should review the operation of their telephone answering systems. The evidence suggests that patients often must wait for lengthy periods before being answered and even get cut off when they have held on for an answer for a time.
2. The 8am race to get an appointment must be replaced by a more equitable approach. Appointment booking should not be offered on a "first come, first served" basis since that can lead to patients in urgent need of assistance being rejected. Not only is there a risk of delayed diagnosis and treatment, but it is also incredibly stressful for patients who are unwell to have an almost mad rush at 7.59am to wait for sometimes up to 3 hours for an answer, then be told they must do the same the next day.
3. Patients should be given the option to book appointments in advance (at least three weeks ahead).
4. Patients who are digitally excluded must be identified and alternative means of assisting them identified and employed.

5. It is essential that all front-line staff be trained about the PPG and be able to provide patients and others with contact details for the Chairman (or other nominated contact) so that those interested in PPG participation can make the necessary contact without hindrance.
6. Where a backlog of appointments has arisen, additional surgery sessions be arranged to clear it.
7. Explore whether GPs practising at GP Hubs, walk in clinics and EDs can be empowered to authorise scans or other diagnostic tests rather than refer the patient back to their own practice.
8. Ensure that practice websites are kept fully up to date with comprehensive advice for patients.

It should be noted that, if problems with appointment systems could be addressed, it is probable that a significant number of patients would no longer feel the need to attend the ED for treatment better delivered locally.

Moreover, the PPG if effectively used, could be helpful and, for example, help to identify patients who are digitally excluded.

Online resources are available to GPs with advice on making their websites available - see <https://www.firstpracticemanagement.co.uk/blog/2020-blog-posts/the-importance-of-a-professional-compliant-gp-practice-website/> and <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-55-opening-hours>



### Telephone calls - raw data

Number of practices called:	43
Number of practices contacted:	41
Number of practices declining to respond:	1
Number of calls answered after one call:	20
Number of calls answered after two calls:	13
Number of calls answered after three or more calls:	8

#### Attitude of receptionist:

Very friendly =	11
Friendly =	10
Business-like =	8
Brusque =	3
Rude =	0

#### Are details of PPG Chairman available:

Yes =	9 (including 1 chair currently vacant)
No =	21
No reply =	13

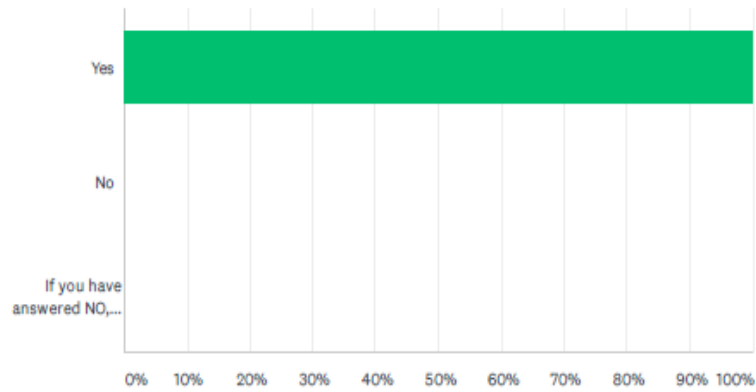
#### Are face-to-face appointments available:

Yes (no triage) =	11
Yes (after triage) =	17
No =	4
No reply =	11

### Online survey and response – raw data

Q1 Have you contacted your GP practice since March 2020?

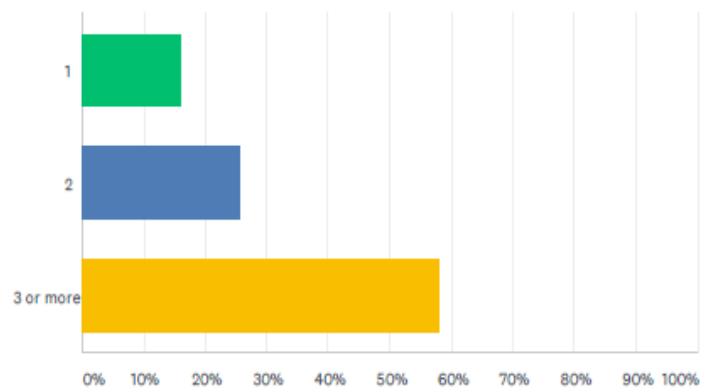
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	100.00% 31
No	0.00% 0
If you have answered NO, thanks for your interest. You may close the survey now.	0.00% 0
Total Respondents: 31	

Q2 How many times have you contacted the practice?

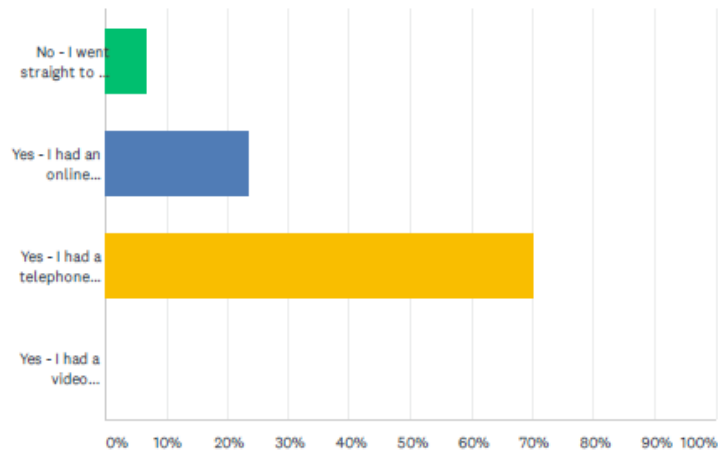
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES
1	16.13% 5
2	25.81% 8
3 or more	58.06% 18
TOTAL	31

### Q3 Were you given an online, telephone or video consultation (triage) first?

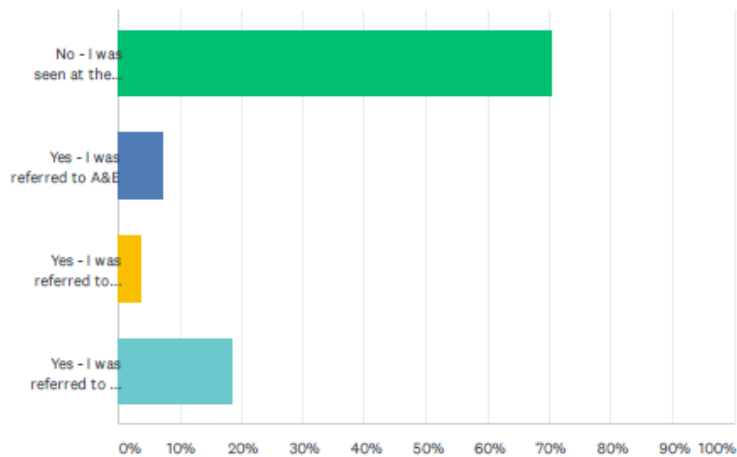
Answered: 30 Skipped: 1



ANSWER CHOICES	RESPONSES	
No - I went straight to the practice	6.67%	2
Yes - I had an online consultation	23.33%	7
Yes - I had a telephone consultation	70.00%	21
Yes - I had a video consultation	0.00%	0
<b>TOTAL</b>		<b>30</b>

### Q4 Were you referred elsewhere, eg to A&E or another practice?

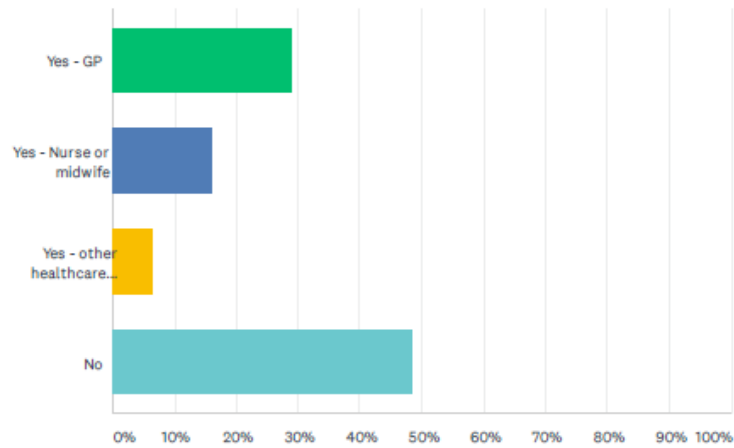
Answered: 27 Skipped: 4



ANSWER CHOICES	RESPONSES	
No - I was seen at the practice	70.37%	19
Yes - I was referred to A&E	7.41%	2
Yes - I was referred to another GP practice	3.70%	1
Yes - I was referred to a specialist community service	18.52%	5
<b>TOTAL</b>		<b>27</b>

Q5 Were you able to see a healthcare professional as a result?

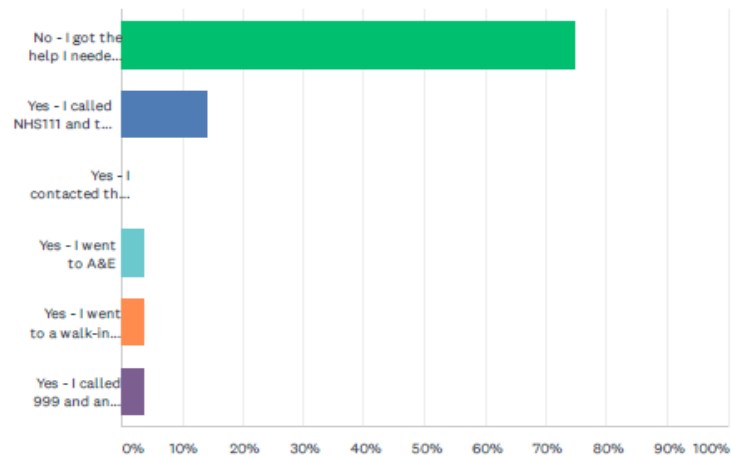
Answered: 31 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes - GP	29.03% 9
Yes - Nurse or midwife	16.13% 5
Yes - other healthcare professional (e.g. physiotherapist or podiatrist)	6.45% 2
No	48.39% 15
TOTAL	31

Q6 Did you contact another primary healthcare service instead of your GP?

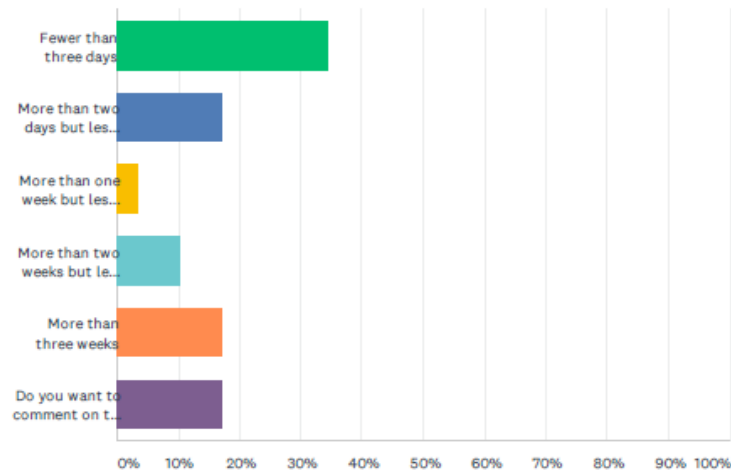
Answered: 28 Skipped: 3



ANSWER CHOICES	RESPONSES
No - I got the help I needed from my GP	75.00% 21
Yes - I called NHS111 and they referred me to help	14.29% 4
Yes - I contacted the out of hours GP service and saw a GP at home	0.00% 0
Yes - I went to A&E	3.57% 1
Yes - I went to a walk-in centre (Polyclinic)	3.57% 1
Yes - I called 999 and an ambulance took me to hospital	3.57% 1
TOTAL	28

Q7 How long did you have to wait between asking for an appointment and seeing someone?

Answered: 29 Skipped: 2



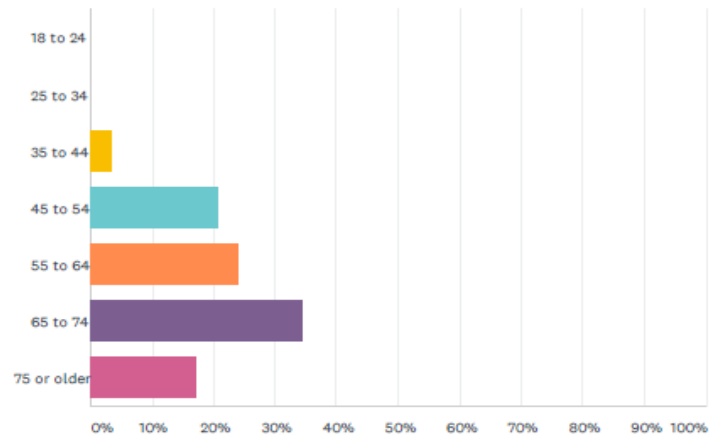
ANSWER CHOICES	RESPONSES
Fewer than three days	34.48% 10
More than two days but less than a week	17.24% 5
More than one week but less than two	3.45% 1
More than two weeks but less than three	10.34% 3
More than three weeks	17.24% 5
Do you want to comment on the waiting time?	17.24% 5
TOTAL	29

**Respondents' comments to this question**

- GP not seeing patients - all appointments over the phone
- I had a surgery appointment for a skin lesion after a photo and telephone appointment, but it started bleeding and 111 changed to a sooner one by their algorithm.
- I waited for an hour and a half but had 17 people in the queue although I had rung at exactly 8am and continually used the call back. After being told there were no appointments, I was given an emergency GP appointment that afternoon as I was desperately in need of care.
- There are no appointments for Hand Clinic unless re- referred by GP as urgent. But takes nearly one month to get phone appointment with GP to explain problem of no ordinary choose and book appointments. Unknown to me until I tried to book Hand Clinic so another month elapses
- I had to force the issue to be seen face to face

Q8 What is your age?

Answered: 29 Skipped: 2



ANSWER CHOICES	RESPONSES	
18 to 24	0.00%	0
25 to 34	0.00%	0
35 to 44	3.45%	1
45 to 54	20.69%	6
55 to 64	24.14%	7
65 to 74	34.48%	10
75 or older	17.24%	5
<b>TOTAL</b>		<b>29</b>

Other demographics

23 (79%) respondents identified as female and 6 (20%) as male; 2 declined to indicate their identity.

26 (90%) identified as white British, 2 (7%) as Asian/Asian British and 1 as being of another ethnicity.

## **The case studies**

The following case studies are taken from comments emailed to Healthwatch by individuals raising complaints or making a comment. The words used are those of the individuals concerned, edited only to provide a common format, to correct typographical errors, to maintain individuals' anonymity and to redact the names of GP practices and pharmacies. All the individuals whose comments are used have consented to the publication of their comments.

- 1 A woman aged 87, who was widowed in 2020. During that time, she fell and cracked her hip, didn't have a chance to recuperate properly and her mobility is now very compromised.

During Covid she developed purple blotchy patches on her legs which spread to her feet. The skin is also very dry and scaly. When a chiropodist visited on she said she thought a GP should look at the problem because it may be circulatory.

The woman phoned the surgery and was given a telephone appointment for 2 weeks' time. At that appointment she was asked to take a photograph of the patches and send it to the surgery - she has neither the know how or equipment to do that. A week later her son visited, took a photo, and posted it to the surgery. 10 days elapsed before the receptionist phoned and said the GP was prescribing compression stockings which would be delivered from a local pharmacy. She is still waiting, although I doubt she will be able to get them on and off when they arrive. She lives alone with no care package. So, 6 weeks have elapsed with no treatment at all.

*Note: Healthwatch reported this case to the North East London CCG, which ensured that the patient was seen and dealt with, although it took more time to achieve that outcome.*

- 2 A woman aged 86 who has had rheumatoid arthritis (RA) since she was 24 and has undergone a number of operations over the years on various joints. She also has severe macular degeneration (MD) which means she does not go out unaccompanied in case she trips over. She is very crippled, in constant pain from the RA, has to have carers twice a day to dress and undress her. A carer also takes her for regular eye injections for the MD. She has the support of her daughter and son as well for practical things.

She had developed nodules on the bones of her feet just behind the toes and, as doctors are very reluctant to deal with this surgically, she had special shoes made via her consultant. Because the shoes were unsatisfactory, she had to go the local clinic recently accompanied by her daughter who lives some distance away. The nurse at the clinic tried to force the shoes on but failed, so ordered some new ones. The nurse told her she should go back to her GP but as they didn't have an appointment, she went to the Polyclinic, where she was told that they would have

two and a half hours to wait but could go home for lunch and come back. Having done that, they returned to find they had a further two and a half hours to wait: at that point they gave up, as the daughter needed to go back to her home because her husband was himself seriously unwell. The woman's daughter had spent all day with her mother but achieved nothing, and the woman still had no shoes to go to hospital to keep appointments.

- 3 A woman who is now 90 who had had a recurrent bout of cystitis and was due to have a cataract operation at the end of May.

Her son visited her and took a water sample to the surgery the week prior to the operation's date. The receptionist at the surgery told him that no GPs were on duty so no-one could deal with the sample. It should be noted that there is a total complement of 5 or 6 GPs at the practice in question. The woman and her son then went to the Polyclinic, arriving at 11.30am (they described the waiting area "as a playground with children running around"). They eventually saw a very nice doctor and nurse who prescribed an antibiotic. She is now at home self-isolating before her operation. They got home at 4.00pm - that was a long four and a half hour wait for a 90-year-old who was in pain.

- 4 An elderly woman (age unknown) rang the number given her by the GP receptionist for the vascular clinic.

She had to press a number of buttons but eventually a person did answer, a young man who could not give her an appointment but said she would either get a letter or a call for a phone consultation.

- 5 A woman in her 70s received notice from her GP in April for an appointment a month later in May at DMC Community Dermatology BHR, Westland Medical Centre at 1.25 pm

She then received a text message advising that the appointment would be a remote telephone consultation on same date as previously notified and asking for clear photographs to be sent.

The woman waited a while to send the photograph, by which time the link had expired. She managed to contact the practice to ask for a new link to be sent but was then informed that the appointment would be face-to-face as originally advised by letter and that the texts had been sent by mistake.

Shortly before the due date, the woman received a new text confirming the face-to-face appointment.

Had she sent the photograph requested in the first text, she would have had no idea of change of appt and would not have attended, thereby missing the appointment. They would not have phoned me either!

- 6 We had reason to contact the surgery for my husband 3 times.



On each occasion, the call was answered within a few minutes, and we were advised that someone would ring back within a stated time - and this happened.

The first time, he had a telephone call from the Clinical Nurse Specialist who issued a prescription for antibiotics.

The second time, a GP responded and arranged a home visit as there were no more slots available at the surgery on the same day.

The third time we did not contact the surgery until after 10.00am and he was advised that a GP would visit and, although the visiting GP was attached to our surgery, we were advised by him that our request had been passed to the GP Hub. This was also a same day visit.

Based on this, we have absolutely no complaints!

- 7 I woke up with two large swellings in my neck back in September and, obviously very concerned, rang the surgery. The lumps were in the front of my neck, and I was concerned that, if they got any bigger, it would affect my breathing.

I was then asked to forward photographs and the receptionist promised that she would try [emphasis added] to get a doctor to look at them.

She gave me an email address, which turned out to be wrong, and despite numerous phone calls with her, they never did get my photographs. The wrong email address was on the website too!

I was not prepared to give up on this as I felt I needed to be seen face-to-face, because they could not sort out their emails.

Eventually, I forced the issue and got to see the practice nurse, who was not on site, as she pulled up in her car at 6pm my appointment time. This just turned out to be a waste of time. It was quite an upsetting episode as I was feeling really unwell.

The next morning, I took myself to the polyclinic, where the doctor called me in immediately because he was worried about my windpipe getting blocked.

He subsequently phoned the Maxillo-facial clinic at Queen's Hospital and referred me to them.

I am having my operation to remove a stone in my gland which has got bigger, in June. I am now waiting 9 days to speak to a GP again.

- 8 My next-door neighbour went for an asthma check up at the surgery. The nurse took her oxygen saturation level (sats), which was 81 (the norm is 97 and above). The practice called an ambulance even though she was having no trouble breathing. When the paramedic took a sats reading it was 97. How do you explain that one! That ambulance could have been used by someone else.

- 9 An 82-year-old disabled man reported as follows. "Yesterday my care assistant changed my compression stockings and noted pressure sores and fungal infection (despite regular use of appropriate medication). I am writing to speak to you from

experience. The earliest telephone consultation from my call today is at the end of June, which is a wait of 26 days.

I have consulted a pharmacist by telephone about my symptoms and her view is that I will need treatment with anti-biotics.

Primary care appointments are not available in a reasonable time. Fortunately, I have an alternative option to get professional medical examination before my foot infection is left to fester for 26 days. I am technology competent and would be able to email images of my condition if necessary. But there is no point in doing that for the reasons stated.

In early June, I have an earlier arranged appointment at the Tissue Viability Clinic. This is to measure me for replacement of my split lymphoedema compression stockings. Therefore, I will ask Tissue Viability Nurse to examine my pressure sores and microbiome fungal/viral/bacterial infection.

Otherwise, I would ring 111 to consult a GP.

Or, as Lloyds Pharmacy is providing treatment for atopic eczematous dermatitis, I would consult as a private patient.

My point is that as an 82-year-old patient disabled by bacterial meningitis this is not satisfactory.”

*Note: This information was provided in early June - at the time of finalising this report over a month late, and despite Healthwatch referring the case to the CCG, the issues remained unresolved, and the patient remained in great discomfort and distress*

- 10 This is a woman in her mid-70s, recently discharged from hospital following an extensive stay for treatment of a previously undiagnosed heart condition.

“I am so concerned at what is happening at my GP practice. I tried yesterday to call the surgery for an appointment but when I finally got through all the appointments had gone. I did get through a few weeks ago after 20 minutes, but I must have just been lucky on that particular day.

I tried again today at exactly 8am and the number was engaged until 8.20 and I was using call back the whole time. Then it clicked into the recorded Covid information which goes on for far too long and then all the music comes through. I held on until 8.40 then the call just cut out. I called back immediately, and it automatically came through that there were no more appointments left for today and to call back tomorrow. I held on for a bit to try and speak to someone to complain only to be told I was fourteenth in the queue. Obviously, there was no way I could hold on for that amount of time.

On the news a couple of weeks ago, they said that the Government had said the GPs had to offer face to face appointments, but this is obviously not happening. I am also so annoyed that the practice was really pushing for patients to register for online appointments, but we are not allowed to use this service now.

For myself, I do need to speak to a GP but what am I supposed to do? Who has hours to keep calling and then not getting anywhere? This situation is really getting out of hand.

I needed to speak to a GP as I have some side effects from one of the tablets, I am taking for my heart condition and when I read the leaflet it advised that I should speak to my GP if I experienced the symptoms I am concerned about.

There again, if I hadn't got through a month ago when I first had to go to A&E, I would have tried again the next day and so on as I didn't realise my symptoms were so serious."

- 11 This is a woman in her early 70s, who has a serious heart and lung condition. She tried for 3 days last week to get an appointment at her GP. She rang again rang on Monday afternoon at 2.30pm and spent a long time hanging on. getting the usual Covid message and music; she was told there were 17 people in front of her. She called again on Tuesday morning at 8.30pm had exactly the same problem and, when the receptionist finally answered, was told there were no more appointments for that day but to ring back at 2.30pm (which would be useless yet again). She had to insist this time that she needed to speak to a doctor as she needed a referral (on the advice of Barts Hospital) and this time the receptionist said a doctor would call her the following day, Wednesday, after 1pm.

This is not the first time this had happened over the past few months, and she only calls for genuine health concerns. She has been complaining about the length of time she has been hanging on and not getting anywhere.

- 12 I tried to contact my doctor's practice yesterday and having waited for on the phone for 45 minutes on one occasion, giving up and then phoning several more times without any luck, I walked to the surgery to hand in a note asking the doctor to call me. When I arrived at the surgery, I explained the problems I had in trying to make contact and was told that the phones were ringing off the hook (although I didn't actually see anyone answering the phones).

I know that you have mentioned that you have received complaints like this from other residents. I am lucky that I can walk to the surgery if I am unable to get through as I know many people who can't. Even during the height of the pandemic, I could contact the surgery and it seems odd that following the CCG merger even the automated system itself has changed telling me to wait for the next "agent". I know a lot of people are now heading to A&E instead, which is the last thing hospitals need at the moment.

- 13 I just can't have any appointment with my GP!! They offer alternative appointments by calling a hub that refers us to an available GP but then the other doctor can't perform any investigation or tests.

I had a knee injury and the closest appointment I can get is after 3 weeks! I contacted the hub service and the GP I was referred to said that I need an MRI scan but he can't order it for me so I need to go back to my GP, who I can't see. The same result after the call is that the closest appointment is after 3 weeks!! I basically need to wait for 3 weeks for my GP to read a report by another GP and then order the MRI for me. Of course, then the

MRI needs 3 months to find an appointment and then it will take another 3 weeks to find an appointment with my GP so he or she (I really don't even know) can refer me to physiotherapy.

Same thing with my wife, who has been suffering from hives for more than 6 months now. She needs laboratory tests that were advised by our former GP. Same thing, she needs to wait for 3 weeks to see the GP in order to look at her file and then nod their head and order those lab tests!!

We are really always afraid to call the GP for any issue because we know that we will just be talking to the receptionist for 2 mins and then be advised that the next available appointment is after 3-4 weeks!! I really think that this GP practice really misunderstands the concept of a "gatekeeper" in healthcare!!

I have several friends who are doctors. They have said it is strange that I can't get an appointment with my GP for 3 weeks. So it looks like a problem with this specific practice. I called some clinics in the area and the receptionist said that their waiting time is around 2 weeks now. While in Hornchurch, they said you can usually get an appointment within 3 days. Also noting the working hours of this practice, they work 9-11 and 4-5:30 every day. I guess working for 3.5 hours a day is part of the problem for sure and can't help. In addition, the online hub works well that you can get an appointment usually the same day (even though the waiting time on the phone is around 1.5 hours to talk to the operator). However, the system won't allow the GP you're talking too to request any lab tests, x-ray, or any other investigation. Those must go through our own GP, which just doesn't make sense cause the reason why we are talking to another GP is because we can't get an appointment with the one we are registered with.

Also, there is no way to do anything about it. I tried the Hub as I explained, then tried a walk-in clinic, and then an A&E. All the doctors that saw me agreed that I need an MRI, but they can't request, and it should come from my GP, who I can't see!!

So, I agree with you that it is a general problem, and many practices are facing it. But the system also doesn't help to address it, neither the GP admin work, cause if I have been seen by another GP and he wrote some recommendations, then it should be only an admin process for my GP to order what investigations I need. [emphasis added]

## The obligation to maintain a PPG

The text of Regulation 26 of the NHS (General Medical Services Contracts) Regulations, 2015 reads as follows (© Crown copyright acknowledged) [emphasis added]:

- 26.** (1) The contractor **must** establish and maintain a group known as a “Patient Participation Group” comprising some of its registered patients for the purposes of—
- (a) obtaining the views of patients who have attended the contractor’s practice about the services delivered by the contractor; and
  - (b) enabling the contractor to obtain feedback from its registered patients about those services.
- (2) The contractor is not required to establish a Patient Participation Group if such a group has already been established by the contractor in accordance with any directions about enhanced services which were given by the Secretary of State under section 98A of the 2006 Act (exercise of functions) before 1st April 2015.
- (3) The contractor **must** make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its registered patients.
- (4) The contractor **must**—
- (a) **engage with its Patient Participation Group**, at such frequent intervals throughout the financial year as the contractor must agree with that Group, with a view to obtaining feedback from the contractor’s registered patients, in an appropriate and accessible manner which is designed to encourage patient participation, about the services delivered by the contractor; and
  - (b) **review any feedback received about the services delivered by the contractor**, whether by virtue of sub-paragraph (a) or otherwise, with its Patient Participation Group with a view to agreeing with that Group the improvements (if any) which are to be made to those services.
- (5) The contractor **must** make reasonable efforts **to implement such improvements** to the services delivered by the contractor **as are agreed between the contractor and its Patient Participation Group**.

## 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](mailto: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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Registered in England and Wales  
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