Engaging Communities Solutions

Access to Primary Care and Digital Exclusion

Report on findings across eight Healthwatch delivered by Engaging Communities Solutions CIC

November 2021

Introduction

Engaging Communities Solutions CIC deliver nine Healthwatch contracts across the Midlands and Cheshire. Healthwatch are locally commissioned and act as the independent voice for the public using health and social care services in their area.

Healthwatch gather feedback from members of the public and use that feedback to work with the providers and commissioners of health and social care services to improve services. One of the ways that Healthwatch gather feedback is to undertake focused projects that look at particular services or the experiences of particular groups in our communities.

On this occasion, the Healthwatch have carried out a project that looks at the experiences of people who were more likely to be digitally excluded than the general population in accessing primary care during the Covid-19 pandemic and its associated restrictions. Unlike the HWE project we did not interview GP practice staff as at the time the project was being undertaken local GP practice staff were taken up with the rollout of the Covid vaccination programme and felt unable to take part.

We found that booking appointments in the first instance had sometimes been difficult for participants although for many accessing GP appointments could be difficult before the pandemic but there had been changes to how appointments could be accessed with telephone booking being the main method.

Some participants were reluctant to access appointments at all, either because the process to access an appointment was difficult and not always successful or because they were shielding, lacked digital access but also did not want to physically go to the practice.

Telephone appointments were the main types of appointments that had been accessed by participants with mixed feedback about their experiences. Some felt that they were more convenient and were happy with the appointments or understood that they were necessary during the pandemic. However, for others telephone appointments raised concerns of quality of care, or were difficult to get the most out of because of language barriers or other additional needs.

Video consultations were not widely used by practices and there was only one participant who had used them only to find that the technology did not work. The use of email for booking appointments or sending information to the doctor was more widely utilised and caused some difficulties for participants. These included needing support to send information, finding the process slow or in the case of trying to book an appointment for one participant, unfathomable with the process going around in circles with no resolution.

Face to face appointments were experienced by some participants wither because they had been assessed as needing face to face appointments at the start of restrictions or because following a telephone consultation, they had been offered a further appointment. There was a lack of choice in types of appointments and none of the participants said that they had been given a choice, it had been made by the GP practice.

There was a strong preference for seeing a practitioner face to face from participants. The reasons given simply being more comfortable being able to speak face to face, overcoming communication difficulties and being more confident in the quality of care received.

Those who had long term conditions that needed regular check-ups were generally able to access appointments as normal and be seen face to face although there had been some delays with diabetes care and with annual health checks for people with learning disabilities.

Background

This project was carried out across eight of the nine Healthwatch contracts that are delivered by Engaging Communities Solutions CIC and is based on a similar project undertaken by Healthwatch England (HWE) with a small number of local Healthwatch undertaking the fieldwork.

The HWE project was a follow up project after an online survey was undertaken about access to primary care at the start of the pandemic. The initial survey found that people were generally happy accessing their GP remotely, but as a survey that was online it potentially did not reach people who were actually digitally excluded and struggling to access primary care.

Therefore, a qualitative research project was designed by HWE that targeted groups who were potentially more likely to be digitally excluded than the general population. The HWE report 'Locked out: Digitally excluded people's experiences of remote GP appointments' was published in June 2021.

Methodology

We followed the methodology that was set out by Healthwatch England for their project making use of semi-structured interviews that were conducted by telephone. Whilst it is recognised that using telephone interviews restricted who could take part as not everyone would have access to a telephone within the target cohorts, it was necessary due to ongoing Covid restrictions that meant face to face interviews were not possible at the time.

Semi-structured interviews meant that whilst there was a structure in place that ensured that key questions were addressed during the interviews, it was also possible for the researcher to explore with participants their answers, gain further depth of understanding and clarify responses where they were not clear. The interviews varied in length from just 10 minutes to up to an hour depending upon the experiences of the participant and the extent of their use of primary care during the pandemic.

The HWE methodology set out three cohorts in the target population for the project. The target cohorts were those deemed as being more likely to be digitally excluded than the general population. The cohorts were older people; people with disabilities including learning disability; and people who did not speak English as a first language.

A range of methods of recruitment were used with approaches being made to local GP practices in the first instance, following the recruitment method initially adopted by HWE. However, with the ongoing pressures on primary care and the covid vaccination programme it was not possible to secure enough support from GP practices to pursue this method although some participants were recruited this way. Therefore, local voluntary sector organisations were incentivised to assist with recruitment which provided some more of the

participants and finally local Healthwatch networks were also utilised and individuals that came forward from this approach were individually incentivised to take part in an interview.

In total there were 33 interviews undertaken across eight local Healthwatch contracts.

Cohort	Number of participants
Older people	11
People with a disability including learning disability	12
People who do not speak English as a first language	10

These were Healthwatch Halton; Healthwatch Leicester; Healthwatch Leicestershire; Healthwatch Staffordshire; Healthwatch Stoke-on-Trent; Healthwatch Walsall; Healthwatch Warrington; and Healthwatch Wolverhampton. Healthwatch Sandwell did not take part in the project as they were undertaking a similar project as part of their annual work programme.

The numbers of interviews varied from each Healthwatch varied and have not been broken down according to location.

The feedback from the interviews was recorded in written notes by the researcher using the participants' own words in answer to the questions, notes were then written up and analysed using thematic analysis. This meant that the text was coded, and then common themes were identified from the coding.

There are some limitations with the methodology and the resulting findings from the project. The use of semi-structured interviews meant that this was a qualitative project with a relatively small sample size. Unlike a large-scale survey where the results can be generalised across populations, the methodology used in this project provides snapshot of the experiences of the participants rather than across a whole population.

The use of telephone interviews meant that those who did not have access to a telephone or who had communication difficulties that meant that they could not be interviewed via the telephone were mainly unable to take part, although some adjustments were made enabling a participant to answer the questions in writing.

The recruitment of participants meant that the sample were self-selecting in that they responded to requests for participants through various networks, therefore, they may not be particularly representative of the wider population of people who are digitally excluded.

Findings

The feedback has been analysed to identify common themes and these are presented below.

Themes

Appointment booking process

The process of booking an appointment had changed for some participants with appointments only being accessed via telephone when they had been able to call in person to the surgery to book an appointment in the past. One participant told how they had *'first made contact by walking into the surgery'* but was told that they needed to book a telephone consultation. The participant was deaf and had to *'return home and make contact via minicom.'* Another participant told of their friend who lacked access to a phone and so *'just pitches up and waits to see someone'* despite their surgery having a message on their telephone system saying that *'you can't just go down and be seen.'*

Difficulty with being able to get through on the telephone was a recurrent theme. One participant commented that they were *'unable to get through on the phone. Have to phone early but can't get through. When I do get through all the appointments have gone'*; another commented that when they telephoned *'there was a queue of 30 people in front of me.'*

The need to call early in the morning was discussed by a number of participants with times ranging from 7.30am to 8.30am to be able book appointments but even with calling early in the day participants repeatedly mentioned that they missed out on appointments. One participant questioned how the system worked as *'if I manage to get through just after 8am the appointments have already gone'* they went on to say *'the phonelines don't open until 8am, how are all the appointments getting booked?'*

This theme is common in other research that has been carried out around GP access prior to the pandemic too so it is difficult to understand if this has worsened or is simply the same as before Covid-19 however, one participant commented that it was *'harder to get through'* since the pandemic. There was one participant who reported that they had found it easier to get through by telephone and book appointments for their disabled family member than it had been before the pandemic saying that that it had been *'easier than normal times'* and when that it had **'just taken a phone call, that's all.'**

Reluctance to access appointments

There were some participants who were reluctant to try to book appointments with their GP practice during the pandemic. For some this was because they were shielding and were concerned that they would have to go into the GP practice. It was commented by one participant that *'if I thought there was a problem I would have done something but it was important to me to shield so I cut out as many risks as possible.'* Another participant told us that their disability meant that they could not use the phone or video for a consultation but neither did they want to physically attend the practice saying that *'I am physically vulnerable and at risk of the virus, so I chose not to attend as it scares me.'*

Another said that they did not contact their GP because 'I knew I wouldn't be seen' and there was *'no point me trying to get an appointment with my GP.'*

Not being able to get an appointment meant that some stopped trying to access appointments with one saying that they *'didn't even try after a while as I wasn't able to access any appointments'* Another told how they had not been able to get through when they had tried and so had taken to using home remedies rather than making contact with their GP saying that *' I have had to start making my own treatments and medication for myself and my whole family'* as their *'GP is not helpful.'* They went on to say that the situation meant that they were *'constantly worried.'*

Types of appointments

Telephone appointments

Most of the participants who had accessed an appointment with their GP practice since the start of the pandemic had experienced a telephone consultation. For some participants the use of telephone appointments was a positive experience with it being more convenient for some and others being reluctant to physically attend the surgery because they were clinically vulnerable so shielding. It was commented by one participant that it had *'saved me a journey'* and for another *'it feels safer on the phone anyway at the moment because you don't have to go out or sit in a waiting room.'*

Others felt that telephone consultations were appropriate for the current situation with one saying that they had *'no issues having a phone consultation given the circumstances.'*

However, there were some who did not feel that telephone appointments were appropriate in any circumstances. One participant commented that their *GP 'seem to be so frightened of the virus it is affecting patient care'* and that they were *'impossible to see.'*

It was commented that participants were sometimes unsure who it was what was calling them back as they are not necessarily familiar with all the staff at a practice. As such they were reluctant to have a telephone appointment where they were discussing personal details with someone they did not know and could not see. For example, a participant commented that *'when they called me back it was a name I didn't recognise'* and that they were concerned about **'someone saying they are a doctor, and it is not someone I recognise'** going on to say that *'telephone scams are a concern.'*

For those that did not speak English as a first language telephone appointments presented particular problems with communication both in explaining symptoms to the medical practitioner and also understanding what they were being told. One participant commented that *'I am not confident to explain my symptoms'* saying that *'English is my second language and I do not know all the medical terms or description to accurately explain my health on the phone.'*

Access to translation services was not always available on telephone appointments. It was felt by one participant that the appointment being on the telephone and requiring support from family members meant that their relative had lost their privacy and medical confidentiality. They commented that *'language is a problem because my Mum doesn't speak English very well and my sister has to translate'* and this *'reduces my Mum's privacy.'*

Another participant who was Deaf explained that they needed an interpreter for their appointments and because they were only able to access telephone appointments this meant

that *'the interpreter then has to phone my Dr's surgery. The interpreter and the Dr are connected to each other and then the interpreter has to face time me… it is such a palaver and so unnecessary.'*

For some participants who had experienced telephone appointments there were concerns about the quality of the care received. One participant spoke of how worried they had been after a fall that they had injured themselves more seriously than the doctor thought saying *'I could have broken something and nobody would have known because the doctor would not see me.'* They also said how they were concerned about being prescribed medication without being seen in person saying that the doctor *'just prescribed me pain gel without a consultation.'*

Quality of care was raised by other participants with comments being made about confidence in the care that they were receiving. One participant said that only having telephone appointments *'reduces our confidence in the effectiveness of our care.'* However, others felt that it had *'made little difference'* with one saying *that 'the quality of my care was affected in a positive way'.*

The timing of telephone call backs were raised by some of the participants. For some the lack of specific appointments was not an issue with one commenting that the *'call backs are between 9 and 6, anytime during the working day. I have my mobile with me and wait for them to ring'.*

However, for others not having a specific call time was problematic with one participant saying that because they are not given a specific time it meant that *'my husband has to take a full day off work to have a telephone appointment… as he is not allowed to use his phone in his workplace.'* Another spoke of their autistic family who had called the GP for an appointment and then called their parent to let them know they were going to be called back. They said that *'the doctor must have called back immediately, and the phone was engaged'* as a result their family member *'was told off for wasting time and resources.'*

There were also some who experienced significant waiting times before they were called for a telephone appointment with one participant saying that the *'GP was supposed to call today … after 7 weeks. It is now 16.50 and no call has been received'* they went on to say that the *'GP often doesn't call back.'* Another said that *'they gave me a date and a time, and it was three weeks.'*

Video consultations

Very few of the participants had experienced a video consultation with their GP practice. One participant who had experienced it told how *'the technology for the video consultation failed and the doctor could not see my [child]. I had to describe [their] symptoms '.* Therefore, making it *'more like a telephone appointment.'*

Most participants said that there was no availability of video consultations at their practice or that they had not been offered a video consultation. Generally, there was little interest in video consultations with one participant commenting that *'I do not have a computer or smartphone to enable me to do video consultations'* and another saying *'I use Google for looking things up. I wouldn't want to use the internet to see my doctor.'*

However, for some that experienced language difficulties access to video consultations would have been beneficial as they could have had an interpreter present as described by one participant *'where the Dr, myself and an interpreter are present online to be able to see and communicate effectively with each other'.* Or they would have been able to show the medical practitioner their symptoms rather than having to try to describe them.

Use of email

There were some participants who had experienced using email either to try and book an appointment or as part of a consultation. When booking appointments, we were told about the need to fill in an e-form and this was sent to the practice in order to receive a call back. One participant told how their practice *'won't take details on the phone' and that the form was 'very thorough but it takes a long time to complete it.'* They felt that *'people who are alone or have challenges would struggle with it.'* They did not have access to a computer themselves and therefore, had to use the library if they needed to contact their GP via the form.

Another participant had a similar experience accessing their GP in a different part of the country and had found that although they had completed the form, they were still unable to access the GP practice and such felt that they were *'stuck in the loop of talk to the receptionist, fill in the e form, talk to the receptionist again.'*

For those who had used email to send in pictures to their GP as part of their appointment there were comments about how they had found this difficult with one participant saying it was *'a bit hard to send the photo. It wasn't accessible'* and another saying that *'I am not very good at this but I have my daughter to help.'* A third participant expressed concern about if sending in pictures remained in place in the long term for people who had less support *'as not everybody knows how to do that.'* They spoke of a neighbour who had *'needed to and [they] said that [they] they couldn't send in a photo, could [they] just come in and [the GP practice] said no.'*

The lack of speed in the exchange of pictures and then receiving a response was also commented upon by one participant who said, *'I was asked to send a picture and it takes ages'* and that *'you would think it would be quite an instant thing'.*

Face to face appointments

Most of the participants who had experienced any kind of GP appointment during the previous 18 months had not had a face-to-face appointment. One participant commented that they had *'not been able to access a face-to-face appointment with my GP since the pandemic started'*

However, some participants had been able to see a GP face to face with one participant telling how they had been *'assessed as being in need of this at the start of the pandemic and the receptionists know I am able to have face to face appointments'* and that this was because *'my health needs are too great'* to have telephone appointments. Another said that they had *'been in to have a face-to-face appointment after several telephone appointments have taken place.'*

Choice of types of appointments

Participants generally said that they had not been given a choice in the type of appointment that they had. Most had gone through a telephone appointment with the health practitioner they spoke to determining whether they then needed a further face to face appointment. One participant said that they had *'called reception and I was told that I would be contacted by a GP by phone.'*

Preference for face-to-face appointments

There was a strong preference for face-to-face appointments amongst the participants although there were a small number who preferred telephone appointments because they were more convenient or meant that they did not have to go out when they were shielding because they were vulnerable to covid.

Some of those who stated a preference for face-to-face appointments were unable to give a reason for it other than it was what they preferred. However, there were some themes amongst the reasons for preferring face-to-face appointments. For some they related to being able to read non-verbal signals and being able to have *'eye contact'* with the practitioner. The need to be able to read non-verbal signals was particularly important for those with a language barrier with one participant saying, *'I could look for visual clues, facial expressions and body language.'*

It was also commented that being face to face with a practitioner meant that they were able to *'seek clarification'* and as such *'would have gained more knowledge about my health needs.'*

Others spoke about being more confident that their health needs would be met if they were seen face-to- face, with one participant reflecting on their experience of a telephone appointment and saying that *'if I had a face-to-face appointment, I think the diagnosis would have been more accurate.'* Another said that they'd had experienced a health problem in the past that if they had not been seen face to face would not have been picked up ***'it was such minor changes'*** and for this reason they felt that face to face appointments were necessary. Another commented that *'it makes me feel more reassured to know a GP can see me and may pick up on symptoms I don't realise are important to mention.'*

Routine appointments

Some of the participants who had long term conditions, such as diabetes, told of their experiences of accessing routine health checks. One participant said that they had *'managed to get blood tests done to monitor my diabetes'* and another said that *'I went last year for diabetes check-up'*. Most of the participants who said that they were diabetic said that they had been able to be seen face to face for their check ups although one said they had only recently been after they *'hadn't had a routine diabetes check for 18 months.'* Another participant had opted not to have their *'routine blood tests and retinopathy'* because their *'diabetes has been quite stable for a number of years'*, and they preferred to shield than go to the GP.

Others told how they had had routine blood tests and their practice had contacted them to go into the surgery after some initial delays at the start of the pandemic with one participant

saying that they had phone calls to go in and they had *'continued in the pandemic. I wouldn't say all the way through, but they called and said they were up and running, could you come in.'*

Participants with learning disabilities or their carers spoke about annual health checks and how they had been conducted since the start of the pandemic. Not everyone had had their health check although they were about to go for their health check, they *'weren't seen at all last year.'*

Conclusion

The Healthwatch England report of June 2021 found that there needed to be more flexibility in the types of appointments available to people who may lack access to digital technology. Whilst participants in this work were on the whole able to access appointments with some exceptions, these were not always in a form that was suitable to meet their perceived needs.

Booking appointments was an issue for some participants with the only routes being via the telephone and being met with problems getting through to their practice to make an appointment.

Most participants had experienced telephone appointments rather than any other type of appointment and there were some concerns raised in relation to the quality of care that was received as well as concerns about being able to communicate effectively by telephone.

There was a preference for appointments to be face to face although some participants did prefer to have their appointments by telephone because they found it more convenient. Those that wanted face to face appointments gave a variety of reasons including improved communication, improved quality of care and the reassurance that they felt in being physically seen by a medical practitioner.

The overall conclusion to the project is that there needs to be increased flexibility and choice in the types of appointments offered to patients who may experience digital exclusion either because they lack access or due to their additional needs such as language barriers or disability.

Recommendations

1. It is recommended that practices ensure that there is flexibility in their system to ensure that patients who lack digital skills or equipment are able to access appointments in a way that is most appropriate to their needs.
2. It is recommended that where patients do not speak English as a first language (including those who use British Sign Language) there are measures in place to ensure that interpretation services are available and that these are able to be accommodated face-to-face where necessary.
3. Where face-to-face appointments are not available it should be communicated to patients clearly why this in order to manage patient expectations. Communication

should be tailored to different mediums and to different needs such as easy read for people with learning disabilities.

4. Telephone systems should be reviewed to ensure that they are working effectively in order to manage peak demand and ensure that calls are successful.

healthwatch Halton

healthwatch Sandwell

healthwatch Warrington

healthwatch Leicester

healthwatch Leicestershire

healthwatch Stoke-on-Trent

healthwatch Staffordshire

healthwatch Wolverhampton

healthwatch Walsall

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