

## Healthwatch primary care intelligence

To: Cambridgeshire Adults & Health Scrutiny

Meeting Date: 9 December 2021

From: Chief Executive Officer, Healthwatch Cambridgeshire and Peterborough

Electoral division(s): Countywide.

Key decision: No

Forward Plan ref: None

Outcome: The Committee is being asked to consider the intelligence provided by Healthwatch.

Recommendation: The Adults and Health Committee is being asked to note the contents of the report.

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# 1. Background

- 1.1 Healthwatch Cambridgeshire and Peterborough are an independent, not for profit Community Interest Company established by the Health and Social Care Act 2012. We are the independent champion for people who use health and social care services in Cambridgeshire and Peterborough. We deliver the contract for Healthwatch Cambridgeshire and Healthwatch Peterborough as commissioned by the upper tier authorities.
- 1.2 Our core role is to make sure that those that run local health and social care services understand and act on what really matters to people. We listen to what people say about services, and what could be improved. We encourage services to involve people in decisions that affect them. We also help people find the information they need about services in their area.

# 2. Main Issues

- 2.1 Access to primary care services is a strategic priority for our Healthwatch. The activity we are undertaking currently falls into five key areas:
  - a) Gathering feedback from local people
  - b) Presenting this intelligence to decision making and planning groups
  - c) Auditing GP websites for quality, content and accessibility
  - d) Escalating concerns, particularly access to NHS dentistry and GPs
  - e) Contributing to improvement project planning.
- 2.2 Since the start of April 2021, over 150 people have told Healthwatch Cambridgeshire about their experience of accessing and using GP services. Most people have told us about negative experiences, whilst a smaller number have reported experiences with elements of good and less good care ('mixed') and a smaller number reported positive experiences.
- 2.3 It is clear people across in the area are experiencing issues in getting appointments, medication, referrals and effective treatment. However, we are also hearing about practices where problems seem to be less acute.
- 2.4 Access to accurate information for patients is very important in managing demand. Some websites do not have very clear information about appointments leaving patients confused. Some practices only offer telephone access. Other practices offer some triage appointments that could be booked online. More could be done to explain and promote '111 First'.
- 2.5 There has not been sufficient communications around the shift to telephone triaging. People are not aware that GP practices have been directed to undertake telephone triage to assess a condition, then use online or face to face consultations to follow where indicated.

2.6 Communication between different parts of primary care, and primary and secondary care have not always been good. This leaves patients 'in the middle'. However, people also told us about some good examples of services working together.

2.7 Paragraphs 3 to 7 below give more detail about people's experiences, the problems we have helped resolve and the project work we have undertaken. Paragraph 8 sets out some suggested action for improvements, some of which are already being progressed.

### 3. Appointments

3.1 Most people told us about their experiences of appointments. People have struggled to get through by telephone, with long waits in a queue, and sometimes being cut off.

*'I have been unable to access health care from my local Dr surgery - you sit on hold for up to 2:30 hours and then the phone cuts you off I have tried for 6 days now and even emailed them. I know I am not alone in this.'*

3.2 Those who did get through were often told there were no remaining appointments and to try again the following day. Some people reported more positive experiences, using communication methods set-up for the pandemic. Other people have struggled with the type of appointment offered.

3.3 Some people said they could not follow the different options, nor dial the option fast enough. Others worry about missing a call back from a GP, especially where they were told it could be any time during working hours.

3.4 However, some people have had a good experience of care:

*'I used my GP service's new email contact system, implemented early in the pandemic. I received a response from a GP the same day, and it was followed up in a very thorough way. It was advised that I have a blood test at my local surgery. Getting an appointment was easy and it was very well managed and felt "covid safe". My test results were released quickly and followed up promptly.'*

3.5 Some people have found telephone appointments difficult due to hearing loss, cognitive issues or language barriers. Others find it hard to explain their symptoms in a phone call.

### 4. Website information

4.1 'Giving GP websites a check-up' was published in September 2020. This report described how our volunteers reviewed all of the GP websites in Cambridgeshire and Peterborough and assessed from a good practice perspective. The report clearly showed that there was much improvement required. We produced a checklist to help practices with making improvements.

4.2 We have undertaken a follow up audit in 2021. Our volunteers have looked again at a sample of 23 websites covering 44 practices. Whilst there have been some improvements,

there is still a lot of missing information and poor accessibility. The key findings of this audit are:

- Less than two thirds had the latest Covid information.
- 96% said it was easy to find how to make a phone appointment; however, not as easy to find out about face-to-face appointments.
- Accessibility — 14 volunteers said no good examples were found. Seven volunteers said they found good examples of accessibility.
- Complaints — nearly three in four people (74%) could find how to complain; however, this is sometimes buried within other pages.
- Half the websites had information about Patient Participation Groups; however, most were out of date and did not explain to people what PPGs do.

#### 4. Tests and test results

- 4.1 People have also had problems in getting regular tests and/or test results. Even when a GP has said the patient needs to make an appointment to speak to them, this has not always been easy, citing problems getting through on the telephone, as above.

#### 5. Medication and prescriptions

- 5.1 Some patients reported issues with obtaining medication. Others had communication issues between their GP practice and the pharmacy with the patient in the middle. Some changes have disadvantaged people without online access.

#### 6. Registration issues

- 6.1 Despite guidance from the British Medical Association, Cambridgeshire Local Medical Committee (LMC) and NHS England and NHS Improvement, some patients have not been able to register with a GP. The LMC have helpfully reminded practices of the correct registration process. Our Healthwatch has distributed cards to organisations working with people who may be experiencing this issue, so people can remind GP practices of their right to be registered.

#### 7. Referrals

- 7.1 Some people feel they are being sent round in circles trying to get referrals and are getting caught between the GP practice and the hospital:

*'Discrepancy between GP and hospital about the referral process. Patient is awaiting an appointment at the hospital. When the telephone the department to check where they are on the list, they are told to contact the GP. The GP says that it is not their job to chase up referrals once they are made. Patient feels like a ping pong ball in the middle. In the meantime, their condition is deteriorating.'*

## 8. Actions for improvement

8.1 Whilst it is clear that all practices in Cambridgeshire are experiencing huge demand and pressures, some practices are more able to cope with these than others. We are therefore pleased that the CCG is targeting support to the least resilient practices. We have robust intelligence sharing arrangements in place with the CCG to help with this.

8.2 Some actions that we believe would help all practices are:

- a) Better information for people about their referrals to hospital and for tests. Healthwatch is pleased that the CCG has sought funding to establish a helpline for these enquiries.
- b) Extensive promotion of '111 First'.
- c) Greater awareness of, and compliance with, the NHS Accessible Information Standard.
- d) Websites need to be significantly upgraded. Our Healthwatch has contacted NHS X (digital improvements) to suggest that a national standard web template would improve the quality of website information across the country. We are pleased that our CCG is seeking funding to design a standard local template.
- e) Range of information to help people manage their conditions and make their own referrals.
- f) More help for people, both patients and GPs, to develop the skills they need to use online channels.
- g) Improved connectivity and programmes to support those people on lower incomes to access technology.

## 9. Source documents

[Making GP websites clearer for patients | Healthwatch Cambridgeshire](#)

[Improving GP websites – our reports spark action | Healthwatch Cambridgeshire](#)

[Registering with your GP: understanding your rights | Healthwatch Cambridgeshire](#)