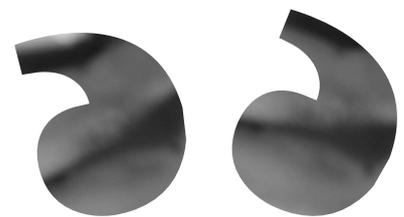


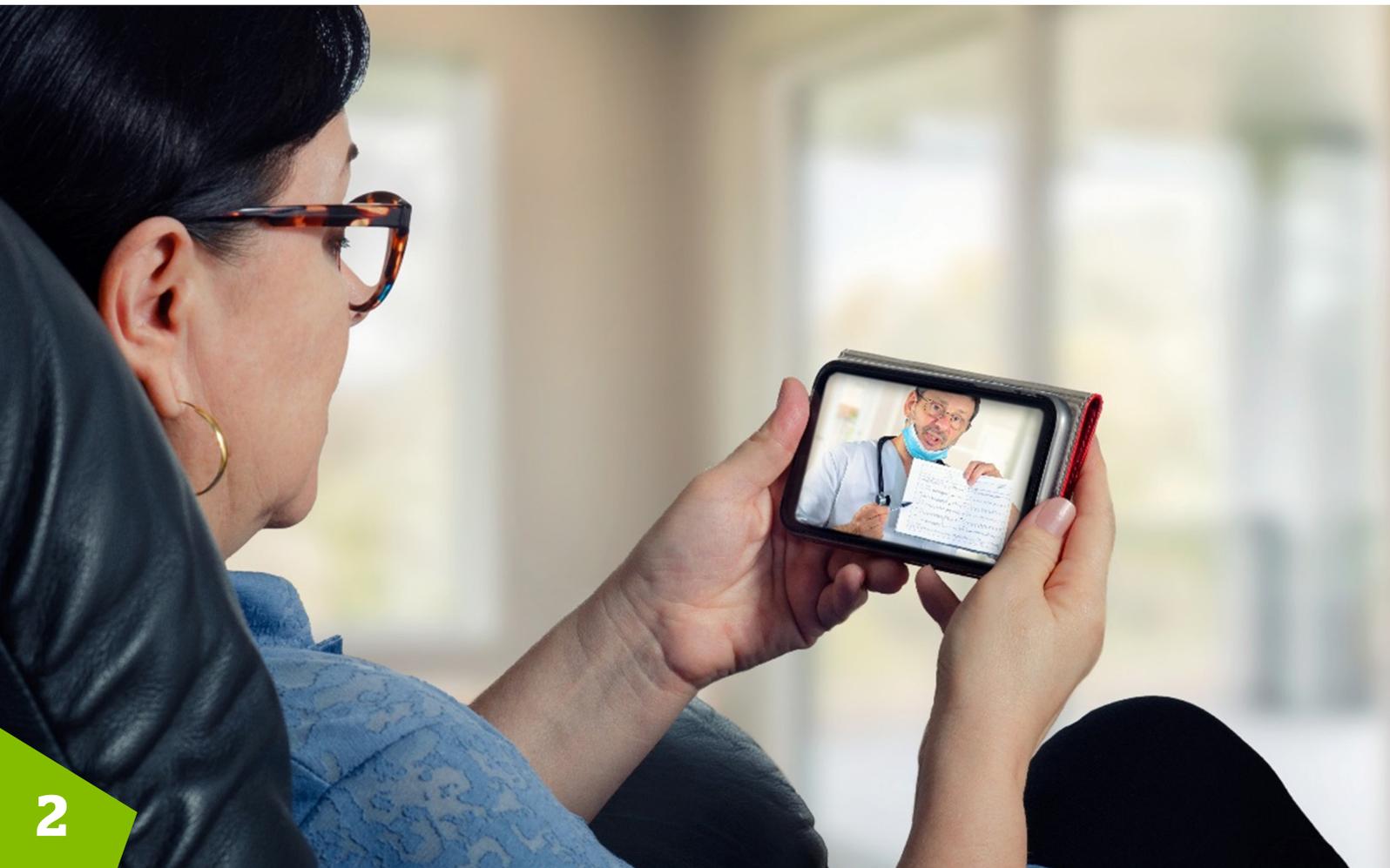


**People's experiences of
accessing GP services
via technology**



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Executive Summary

Healthwatch Solihull investigated 276 people's experiences of accessing general practice (GP) services via technology (e.g., by telephone, the GP's website, apps or video calls). There are positive aspects to the use of technology for GP access and during the COVID-19 pandemic for patient/staff safety and infection control. However, we heard that the information and the language regarding accessing GP services via technology need to be simpler and clearer for some people. This will help ensure that services are accessible to all.

This report encourages general practices to:

- offer clear instructions about how to access and use these services.
- address issues that patients may experience due to having consultation via telephone/video rather than face-to-face consultation.
- tackle poor access to booking appointments and call-back systems.
- assure people that they can trust that technology-based methods to access GP services are confidential.

Addressing such issues would be helped by good 'patient and public involvement' (PPI) in the design and development of services. For example:

- asking for feedback on the information provided.
- involving patients in the development of information sources.
- finding out from patients whether they are experiencing barriers and removing these, when possible. And when not possible, explaining to patients why this is so.

Healthwatch Solihull shared what we heard from patients with all Primary Care Networks (PCNs) in Solihull. We also shared the draft report with the Birmingham and Solihull Clinical Commissioning Group. The PCNs acknowledged the need to improve on the issues we found during our investigation and they committed to improve services. To share changes made by the PCNs because of this initial report, we will publish a follow-up report in 6 months.

Introduction

Why is this topic important for Healthwatch Solihull to look into?

Over the last year, people have frequently mentioned to us the difficulty of accessing GP services via technology (by telephone, website, app or video call).

The Covid-19 pandemic has dramatically reduced the number of face-to-face appointments and interactions at general practices premises. According to NHS Digital, 38% of people have increased their use of NHS technology since the start of the coronavirus outbreak¹. Whilst there have been many positive aspects of the use of technology for GP access including patient and staff safety and infection control, there are still some concerns.

In July 2020, Matt Hancock² stated "Before coronavirus, there was a view advanced by some people which held that anyone over the age of 25 simply could not cope with anything other than a face-to face-appointment. This process has shown that patients and clinicians alike, not just the young, want to use technology. [People] don't want to sit around in a waiting room if that service can come to them at home. So, from now on, all consultations should be teleconsultations, unless there's a compelling clinical reason not to³". This statement makes it clear that the government is in support of the use of technology-based methods to access GP services. The pandemic has sped up this shift.

It was therefore important for us to hear and report Solihull residents' experiences of accessing and having consultations via technology. This report describes what we heard, shares the response of Primary Care Networks and of the Birmingham and Solihull Clinical Commissioning Group and outlines the next steps we will take to help improve this aspect of Solihull GP services.

1 <https://digital.nhs.uk/news-and-events/news/increase-in-nhs-tech-usage>

2 Secretary of State for Health.

3 <https://www.gov.uk/government/speeches/the-future-of-healthcare>

Ways of accessing GP services

Accessing GP services (e.g. registering with a general practice; getting repeat prescriptions and appointments; and having consultations) varies across general practices in Solihull. Before the pandemic, it was most often done in person or on the telephone. However, services could also be accessed via websites (e.g., Patient Services, Patient Access and SystmOnline) or through a mobile phone 'App' such as the NHS App or the Birmingham and Solihull CCG App. These are described in more detail in Appendix One.

At the start of the Covid 19 pandemic, all the Birmingham and Solihull CCG General Practices (and most of the country) moved to a total triage model of care. This meant all patients were assessed in the first instance by telephone or video and identified if they should be seen face to face or could be treated remotely.

Currently primary healthcare and advice about getting services can also be accessed by:

- The Covid-19 Care Assistant.
- Telephoning the general practice and then being offered a telephone or video appointment and, if required, a face-to-face appointment.
- Going to walk-in, urgent care or urgent treatment centres and pharmacists
- The Ask A&E App.

The information about these methods provided by Birmingham and Solihull CCG can be found in Appendix 2. Our service user feedback indicates that they have been met with varying levels of acceptance. This report outlines the views we heard and suggests ways that general practices can help patients to adapt to these changes.

How did we hear people's views?

The survey was completed in November 2020 by Solihull residents (16+ years old) who:

- are registered to a general practice in Solihull.
- own a smartphone, computer, laptop or tablet.

The questionnaire can be found in Appendix 3. It included an invitation for people to share their experiences verbally with us; four people agreed.

We advertised the survey with the help of local Solihull organisations, and by sharing it in meetings with health and social care providers, 3rd sector organisations and through social media.

Due to the pandemic, Healthwatch Solihull staff could not talk to people in the community face-to-face. Like many other non-frontline services, we were restricted to hearing people's views through the telephone and online. The survey could therefore only be completed online. This report includes the experiences of people who had computers and/or smartphones and should be able to access GP services through such technology.

Who did we hear from?

A total of 276 people completed the survey. The majority of people who responded were White British, 25-49 years old and female. The demographics of the people who took part in the survey roughly represents the demographics of Solihull, although females were over-represented (see Appendix 4).

What did we hear?

Clear instructions about how to access and use these services are needed

Of the 276 people that completed the survey, over a third (34%) accessed GP services by a website (34%). Over half of all respondents, 159 (57%), stated that they found accessing technology-based services 'very difficult' or 'difficult'. This included both obtaining an appointment and having the consultation. Ten people described their surgery website and the online system as too complicated or confusing, even for those that said they are relatively 'tech-savvy'.



"It's [the website] not at all user friendly" - Female, age 50-64

"So complicated to use online consult ..." - Male, age 50-64

"I am very IT savvy due to the nature of my job. However, even I think the website is not fit for purpose. I can easily see how people can get discouraged to access their GP via the website." - Male, age 25-49

"It took a while to find my way around the websites and register... It wasn't made clear that we need to register with patient access, and I have read that some people use an NHS site, but I tried to register with that originally and although it said I could make one appointment it didn't seem very useful. ... I can see why some people just can't use it at all, if not confident with using computers/apps" - Female, age 50-64

This is an important issue. Such barriers may prevent patients from obtaining healthcare. These types of barriers may also result in people telephoning their GP practice; this will lengthen often already long telephone waiting times.

One way that this could be improved is through general practices obtaining feedback from patients about technological access of services, and where appropriate involving them in the design and development of such services. An example of such good practice is demonstrated by NHS Digital, which consistently use PPI to get feedback from patients about the website and use it to improve things that are not well received or are not working⁴. This ensures the website is accessible to more people and easy to use. General practices, and their patients, may benefit from learning from such good practice.

Issues that patients may experience during telephone and video consultations

Good communication between healthcare professionals, staff and patients is needed to ensure that patients can make informed decisions about their health. This is difficult for some patients when they cannot understand the health professional very well on the telephone or cannot see them.

Lack of visual cues

One person interviewed explained that they found it helpful to see the healthcare professional and therefore preferred face-to-face appointments.



“I feel like it is difficult to adequately explain myself and my medical issue over the telephone. It makes me worried that the doctors are not understanding the full extent of my medical issue and that worries me about the quality of treatment I am getting and what others are getting as well. ... In the past, before the pandemic, the receptionist at my surgery saw me physically and saw that I was not in a good place mentally when I wanted to book an appointment. She made sure that the doctor saw me that same day because she saw the urgency of the situation without me saying much, which I am so thankful for. I am worried about how the use of the telephones removes this chance for verbal cues to be used by staff in assessing the urgency of appointments for others.” - Female, age 50-64

During telephone consultations, patients cannot use visual cues to understand what the health professional is communicating. It is important that general practice staff realise that this barrier to understanding exists for some of their patients, and that they support such patients.

Understanding healthcare professionals' tone of voice or accent on the telephone

In our survey, most people (87%) accessed GP services by telephone. Verbal clearness and language barriers can be negatively affected by telephone rather than face-to-face consultations:

“I find it difficult to understand different regional accents when on the telephone without seeing the person. It makes appointments very difficult for me.” - [Sex unknown], age 50-64

“My parents don't speak English fluently and struggle with the telephone appointments and navigating the telephone system and the website. Without me they can't access their GP!” - Male, age 25-49

Two hundred and thirty-six respondents (86%) did not have an option to choose between having telephone appointments or video call appointments. Being able to choose the method used to access GP services may improve people's perception of the quality of service, and in turn improve their health.

Poor access to booking appointments via telephone and call-back systems

The issue surrounding insufficient GP telephone lines was a common issue for patients.

Eighty-five of the people who responded to our survey (32%) were patients registered with Solihull Healthcare Partnership (SHP). SHP is the largest GP Partnership in Solihull, providing GP services to over 55,000 registered patients. Seven GP practices were combined to form SHP; all registered patients have to go through one telephone line or use the SHP website. A repeated concern shared by 63 SHP patients was about the telephone line and the length of time taken to wait on the telephone to speak to someone from the general practice.

“Call centre is very poor. Long unacceptable wait on hold” - Male, age 50-64

“The phone takes a long time” - Male, age 50-64

“...using the telephone for contacting surgery has been an absolute joke.” - [Sex unknown], age 65+

“SHP [phone line] is virtually impossible to get through to.” - Female, age 50-64

Similarly, patients registered with another GP partnership, GPS Healthcare, had complaints about the length of time taken to wait on the telephone.

“GPS [Healthcare] Knowle ... telephone appointment system takes a really long time to get through to speak to someone and appointments are only made on a first come first serve basis starting at 8 am. I have been up to 24th in the queue...” - [Sex and age unknown]

“Cannot get through and if do its [the] wrong surgery...” - Female, age 50-64

“Phones are not answered, you go into a queue & when you get to the top spot the call is cut. This means that you have to try multiple times - it's upsetting & frustrating” - Female, age 50-64

“It takes too long to contact by phone” - Female, age 65+

“I understand how to access the services the fact I have to wait on average 48 minutes for my call to be answered...” - Female, age 65+

Thirty-three people (12%) were not satisfied with the response time for an appointment made through the telephone. They also found it hard to get same-day appointments via the telephone. Patients emphasised that they are working or have other things going on in their lives that may not allow them to wait more than an hour on the telephone.

“Can wait over an hour for the telephone to be answered and then there are never any slots available and the only option they give you is to call back the next day” - Female, age 25-49

The issue surrounding poor response times is important as it detracts from patient experience and then affects patient satisfaction⁵. According to King's Fund “patients' satisfaction with access to their general practice consistently shows a strong association with practice performance on indicators of clinical quality”⁶.

5 Robinson J, Porter M, Montalvo Y, et. al. Losing the wait: improving patient cycle time in primary care BMJ Open Quality 2020

6 <https://www.kingsfund.org.uk/blog/2018/02/public-satisfaction-gp-services>

Poor system for call-back appointments

Eight people told us that general practices do not give specific times or periods for telephone consultations/ appointment. This makes it hard for patients who work or have other things to do during the day because they have to spend all day blocking/ignoring all other calls and waiting for the general practice to telephone.

“... my husband had to wait in all day to receive a call from the asthma nurse regarding his routine asthma check-up. He had to check mid-day that he was still on the list for a call and telephoned again mid-afternoon when he heard nothing. ... it would be useful to have an approximate time slot of perhaps 10 am-noon or 3 pm - 5 pm rather than keep the patient waiting around all day.”

- Female, age 50-64

“I was not given any indication of when they would call so had to be available for the whole day, I work full time and this is not possible...”

- Female, age 25-49

“I have regular medication for anxiety yet need to review it regularly with the doctor. I am unable to use my telephone at work (I teach in a school) and the website is near on impossible to navigate ...This does not help with anxiety issues!”

- Female, age 25-49

These types of barriers may impact the health of patients. We recognise that general practices are working within trying circumstances. However, good communication may help patients to understand the new systems that are put in place during the lockdown, and efforts being made to overcome issues. Also, patient feedback about such issues may help general practices to improve systems.

Assurance that technology-based methods to access GP services are confidential

Four people told us that they had fears about how safe it is to use technology to access their GP services. They were worried about others' access to their details such as photos of any medical issues and online medical records.

“Too impersonal and not confidential enough...”

- Female, age 25-49

“So patient's problems are being dealt with first by whoever reads the email, where is patient confidentiality?”

- Female, age 50-64

Data privacy, and patient confidence in it, is an ongoing concern for many NHS patients. Sarah Wilkinson, NHS Digital Chief, stated in 2019 that the NHS must 'be really clear with citizens' about the way the NHS will use patient data or the NHS risks 'deep and almost irreparable mistrust' from the public⁷. Distrust of technology-based methods may result in the unintended consequence of patients not presenting to their GP and going to A&E if they cannot be seen face-to-face.

The use of technology-based methods heavily relies on trust to be able to succeed. The lack of trust can make patients view these methods and the health professionals using them as threats to their health⁸. General practices may consider involving a sub-group of patients in the design and development of their processes to ensure data privacy and the communication of these processes with their practice list. This may help to reassure patients that using technology-based methods to access GP services is still safe.

7 <https://www.digitalhealth.net/2019/03/lack-clarity-data-sharing-risk-irreparable-mistrust-nhs-digital/>

8 Adjekum A, Blasimme A, Vayena E, Elements of Trust in Digital Health Systems: Scoping Review, J Med Internet Res 2018;20(12):e11254

Action plans

The PCNs responded to our report with a collective response. To read the full response, visit <https://healthwatchsolihull.org.uk/wp-content/uploads/2021/06/SoliHealth-HealthWatch-Response.pdf>.

The PCNs acknowledge the need for clearer explanations on access via technology, including:

- The need to improve website information and accessibility
- The plurality of options to access surgeries to support people with constraints, such as: work, caring responsibilities, disabilities, language barriers, etc.
- How to access face to face consultations if technology is a barrier
- Clarity about telephone call-back times (and whether it is acceptable for patients to use their phones whilst awaiting a call)
- Processes around missed calls and if practices will phone again and how many times
- The confidentiality of digital tools

Responses

GPS Healthcare PCN

GPS have changed their access model numerous times during the pandemic to be responsive and agile to both patient need and to ensure the safety of staff and patients. We have maintained a model of seeing patients face to face according to need throughout, either for on the day issues, or cancer screening and immunisations. This has been stepped up further over the last six months in particular, to include those with more long term issues that require physical examination. Staff Covid Risk Assessments meant that we initially had to use a central call system to maintain the resilience of the practice and keep staff safe. However due to patient feedback, we adjusted this last summer to direct patient calls to their local surgery site. We have brought in a new telephone system which is more responsive to patient needs and allows us to track call volume so that team resources can be adapted. It also allows a queue and call back system and more real-time messaging to inform patients of any announcements. We have developed a new website during the pandemic, which has clear access and signposting information as well as information about the vaccine effort. Patients can link to online access for requesting their medications this way. In the last year, we have recruited more GPs to increase our appointment capacity and a team of six clinical pharmacists who are part of our GPS core team. The clinical pharmacists have enhanced our care of patients with safe and effective prescribing. We have employed social prescribers who are linking in with our more vulnerable or isolated patients to help them navigate their health and care needs and help with access where needed. Throughout, we have maintained our staff training, audited our performance and made improvements. We have a strong ethos of quality improvement at GPS and aim to strive constantly to measure how we are doing and then make changes, with patient care and staff welfare at the centre of what we do.

North Solihull PCN

- North Solihull PCN has taken specific measures to focus on patients from ‘health inclusion’ groups such as those with a learning disability, mental health issues, or from a BAME community. The vaccination programme has attempted to address the perceived and actual inequality seen nationally within such groups. This has successfully increased the uptake of the vaccine in the population in North Solihull far beyond other areas with a similar demographic. The use of technology and phone access was vital to enabling this.
- In North Solihull, most practices are part of the Redcentric phone system which allows for greater resilience at times of peak demand, as well as consistent message and call transfers out of core hours and at weekends.

Solihull Healthcare Partnership PCN

- SHP have engaged Telecom Consultants to advise on the reconfiguration of their telephone system to improve patient services.
 - Following this review by an external consultant, we have reconfigured our system. As a result we have seen a significant impact on reduced call wait times.
- SHP have invited a PPG representative, as a lay member, onto their Board in order to seek patient input into the development and delivery of services.
 - This lay member serves as our link to patients and provides two-way communication and engagement with patients.
 - Our PPG is a group of patients who meet with practice staff to discuss practice issues and patient experience to improve our services. The patients’ voice is central to this and SHP fully recognise this, and understand the benefits of patient engagement.
- SHP have employed a dedicated Communications Professional to improve patient communications and ensure patients are kept informed and up to date.
 - We regularly inform registered patients of the latest official healthcare information, and updates and information from SHP, including how to access and understand our patient services and their care.
- In addition:
 - Online Consult- to address an increase in patient demand and digital use, SHP were pioneers introducing Online Consult in August 2020, in an attempt to allow patients to request non-urgent clinical assistance from the practice. We reviewed NHS Digital’s recommendations and chose the most appropriate platform for our clinical systems. Online platforms are still early in their development and we have learnt some valuable lessons from that pilot.
 - As a result of significant increased demand on our telephone, with 9 out of 10 patients contacting us by telephone, we continue to focus on patients being able to access the practices through our telephone system. We have listened to our patients and redirected resources accordingly, and support improving patient access for the majority of patients and telephone answering times.
 - SHP are continuing to provide services as we have been doing throughout the COVID-19 pandemic, and we continue to offer and prioritise delivering care and services based on clinical need. SHP continues to provide services and face-to-face appointments with our healthcare professionals, in a safe and zone-based way to protect our patients and staff. Face-to-face appointments are available to all patients where there is a clinical need. When patients call, SHP continues to assess the most appropriate way to provide care to patients, which may include a face-to-face consultation and also ensure it is provided by the most appropriate person, for example a Pharmacist, Health Care Assistant, Social Prescriber or Physiotherapist.

Solihull Rural PCN

- Rural PCN are auditing the reason for patient calls into the surgery, to see whether there are regular queries that could be answered quicker and better with for example, promotion of online access to records, and active signposting to the most appropriate service. The intention is to find a way to engage with and involve patients on these ideas and improvements.
- The telephone system in Rural PCN has also been adapted to suit need, offering better signposting, and better resilience within their teams. Rural Solihull PCN practices now use a system called Purecloud.

Solihull South Central PCN

South Central PCN have seen a significant increase in demand on the telephones, with most patients using this access method. We continue to promote the use of online access for repeat prescriptions, medical records, and active signposting to the most appropriate service and redirect accordingly, this may include a face-to-face consultation along with video and telephone appointments. This ensures it is provided by the most appropriate person, for example a Senior Clinical Pharmacist, Physician Associates, Health Care Assistant, and Social Prescribers. Furthermore online consultations are currently being developed within our practices.

We have held regular virtual meetings throughout the pandemic with the PPG groups as a great way to engage with and involve patients on these ideas and improvements. South Central are continuing to provide services as we have been doing throughout the COVID-19 pandemic, and we continue to offer and prioritise care and services based on clinical need. South Central have continued to offer appointments in hours and outside normal working hours including until 8pm on weekdays and on both a Saturday and Sunday.

Birmingham and Solihull Clinical Commissioning Group

NHS Birmingham and Solihull CCG has worked in partnership with all 160 practices during the COVID-19 pandemic to ensure continued and robust access for patients; recognising that demand now far exceeds pre-pandemic levels. The GP operating model across all practices changed to a triage model, where patients are assessed via telephone or video consultation as appropriate, in order to keep patients and primary care staff as safe as possible. Face-to-face appointments continue, but in line with a patient's clinical need. This model is continually evolving, as we move along the government's roadmap out of lockdown, to ensure patients are able to continue to fully access their general practice for the care that they need.

NHS Birmingham and Solihull CCG will continue to collaborate with Healthwatch in relation to listening and responding to local patients' experiences.

What next?

Healthwatch Solihull met with and shared what we heard from patients with all Primary Care Networks in Solihull and Birmingham and Solihull Clinical Commissioning Group. All the Solihull PCNs have made commitments to improve services by working on issues identified through our investigation. We will share changes made by the NHS because of this initial report when we will publish a follow-up report in six months.

Healthwatch Solihull will seek to hear further feedback from patients and carers regarding the issues heard in the study. Healthwatch Solihull does this via our online Feedback Centre, our Information and Signposting Line, our Community Engagement work or surveys.

If you are a service user, patient or carer, please do share your experiences with us. We also encourage you to share your feedback directly with your general practice, or with your local clinical commissioning group.

About Healthwatch Solihull

Healthwatch Solihull is the independent champion for health and social care services. We exist to ensure people are at the heart of care. We provide patients and the public with ways to feedback and have a stronger say about the services they use. We listen to what people like about services, and what could be improved. This could be about general practices, hospitals, dentists, opticians, pharmacists, nursing and residential homes or care you receive in the community. We have the power to ensure that those organisations that design, run or regulate NHS and social care, listen to people's views and act on them. People's experiences prompt and lead our activities and investigations, with our reports focusing on improving services. We also encourage services to involve patients and the public in decisions that affect them. Through our Information and Signposting Line, Healthwatch Solihull also helps people find out the information they need about services in their area. People sharing their experiences can make a big difference. We aim to help make health and care services better for patients, their families and their community.

Appendices

Appendix 1

Description of methods to access online GP services before the pandemic

Websites

Most general practices use external secure internet services to provide online access to services for all registered patients. The three most commonly used are Patient Services, Patient Access and SystmOnline. These websites provide patients with the opportunity to manage appointments; manage repeat prescriptions; view patient summary records; view detailed coded medical records (DCR), and send and receive messages to and from the surgery.

NHS App

This is available to all registered GP patients in England who are above 13 years old. Patients can use the app to get advice about coronavirus; order repeat prescriptions; book appointments; get health advice; view medical record; register organ donation decision; and find out how the NHS uses patient's data. If the general practice or hospital provides other services, the app can also be used to message the general practice, doctor or health professional online; consult a GP or health professional through an online form and get a reply; access health services on behalf of someone you care for; view hospital and other healthcare appointments; and view useful links your doctor or health professional has shared with you.

Birmingham and Solihull CCG App

In October 2019, Birmingham and Solihull Clinical Commissioning Group (CCG) released an app available to people registered with general practices within the Birmingham and Solihull CCG area. This app allows patients to book appointments; use a symptom checker to guide the patient on the best route of care; order medication; have telephone/video calls with the GP; access help with ongoing health conditions; and get self-care advice.

Appendix 2

Birmingham and Solihull CCG have provided the following information about the current ways to access healthcare in Solihull.

- **Covid-19 Care Assistant:** This free 24/7 online service, accessed through Ask A&E and powered by Babylon, offers information on Covid-19 and self-isolation, with a free online symptom checker and access to live chat (8 am-8 pm) with University Hospital of Birmingham (UHB) NHS Foundation Trust clinicians.
- **General practice:** Telephone your GP practice as normal. You may be offered a telephone or video appointment. If you require a face-to-face appointment you will be told by your practice where to go. Different sites are operating across Birmingham and Solihull to keep patients safe, with separate sites for those needing routine care such as vaccinations, maternity, baby checks, dressings and urgent blood test, and alternative locations for those with acute medical problems, people who are shielding or under 16s who are not suitable for a virtual consultation.
- **Pharmacy:** Local pharmacies are open as normal. Please do not attend if you have COVID-19 symptoms.
- **Walk-in, urgent care or urgent treatment centres:** Locally, some of these options are still available – please check on the NHS website to ensure that your local site is open. Please do not attend if you have COVID-19 symptoms. Ask A&E: Use the Ask A&E app to check whether you need to go to an A&E department.

Appendix 3: Questionnaire

*1. Do you own a smartphone/computer/laptop?

- Yes
- No

*2. Does your smartphone/computer/laptop have a webcam/camera?

- Yes
- No

*3. What is the name of the GP surgery are you registered to in Solihull? (E.g. Monkspath Surgery)

*4. What methods do you use most frequently to access services at your General practice?

- Video Call
- App
- Phone
- Online/Website

*5. Do you have an option to choose between video/telephone appointments and face to face appointments?

- Yes
- No

*6. How many times have you tried to access services at your GP surgery since September 2019?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

*7. How many times were you able to successfully access services at your GP surgery since September 2019?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

*8. How long does it take for you to access services at your GP surgery?

- 0-15 minutes
- 16-29 minutes
- 30-59 minutes
- 1 hours - 2 hours
- 2 hours +
- Other (please specify days/weeks etc.):

*9. Who do you book appointments or access services at your GP surgery for?

- Myself
- Family/Friend
- Child
- Someone I care for

*10. How would you rate your understanding of the method you use to access services at your GP surgery?

Very Poor	Poor	OK	Good	Very Good
<input type="radio"/>				

Please explain your response:

*11. Does the use of technology, including telephones, apps, video calls or websites discourage you from using GP services?

- Yes
- No

Please explain your response:

*12. How easy is it to access services at your GP surgery?

Very Difficult	Difficult	Average	Easy	Very Easy
<input type="radio"/>				

Please explain your response:

*13. Does the method you use to access services at your GP surgery meet any special requirements you have due to a disability or long term condition?

- Yes
- No
- N/A

Please explain your response:

*14. Have you had telephone consultations/appointments with a healthcare professional from your GP surgery?

- Yes
- No

*15. Please rate your experience of the telephone consultations/appointments you have had.



Please explain your answer

*16. Have you had video consultations/appointments with a healthcare professional from your GP surgery?

- Yes
- No

*17. Please rate your experience of video consultations/appointments.



Please explain your answer

*18. Which do you prefer?

- Telephone consultations/appointments
- Face to face consultations/appointments
- Video call consultations/appointments

*20. Age

- 16-18
- 18-24
- 25-49
- 50-64
- 65+

*21. Gender

- Male
- Female
- Non-Binary
- Transgender
- Prefer not to say

*22. Sexual Orientation

- Bisexual
- Gay
- Lesbian
- Heterosexual
- Prefer not to say

*23. Marital Status

- Single
- Married
- Divorced
- Widow
- Civil partnership

*24. Ethnicity

- | | | |
|--|-------------------------------------|---|
| <input type="radio"/> Arab | <input type="radio"/> Indian | <input type="radio"/> Any other Asian background |
| <input type="radio"/> Bangladeshi | <input type="radio"/> Pakistani | <input type="radio"/> Any other Black background |
| <input type="radio"/> Caribbean | <input type="radio"/> Asian British | <input type="radio"/> Any other Mixed/Multiple ethnic backgrounds |
| <input type="radio"/> Chinese | <input type="radio"/> African | <input type="radio"/> Any other White background |
| <input type="radio"/> White British | <input type="radio"/> Black British | |
| <input type="radio"/> Gypsy or Irish Traveller | | |

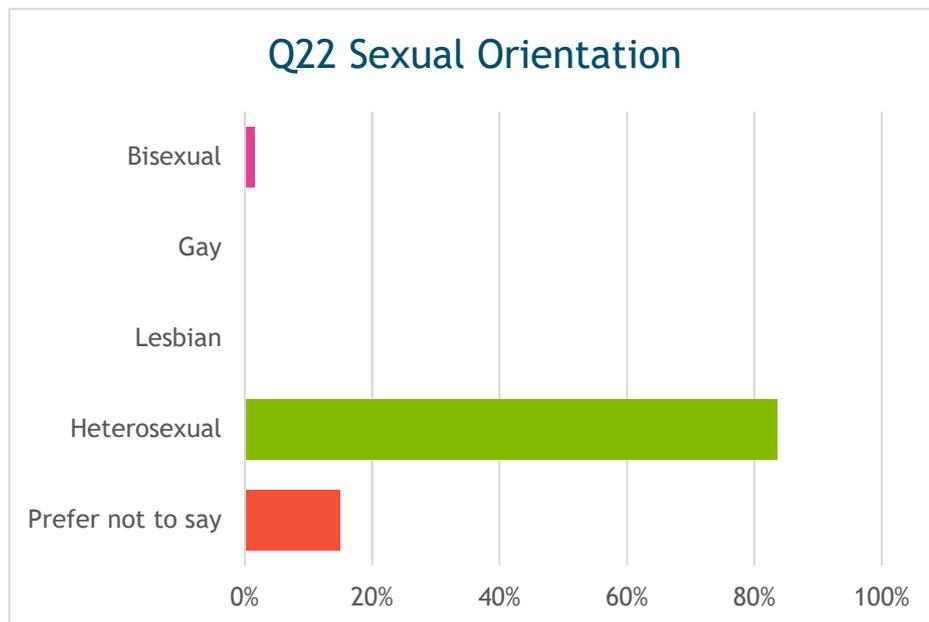
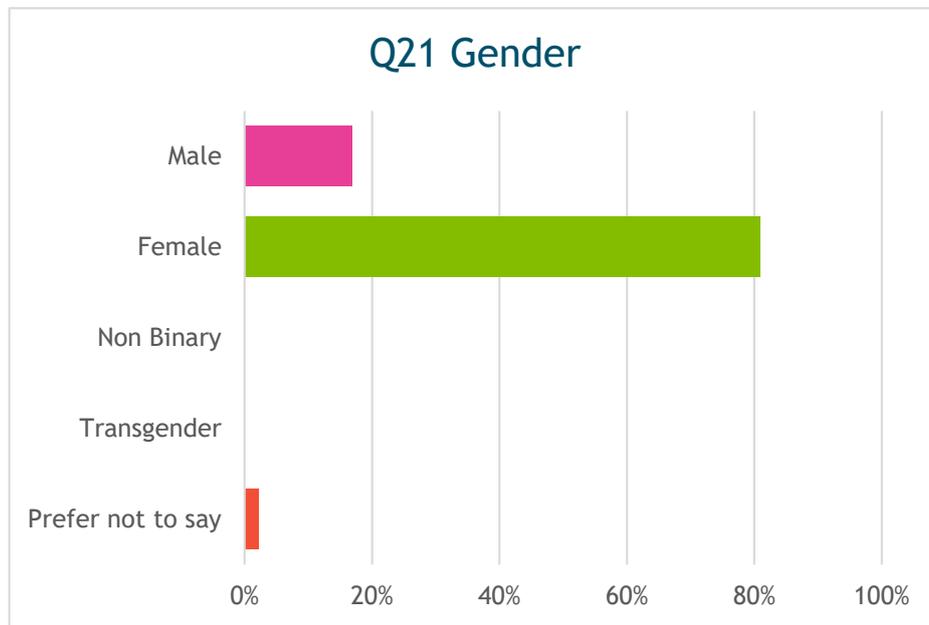
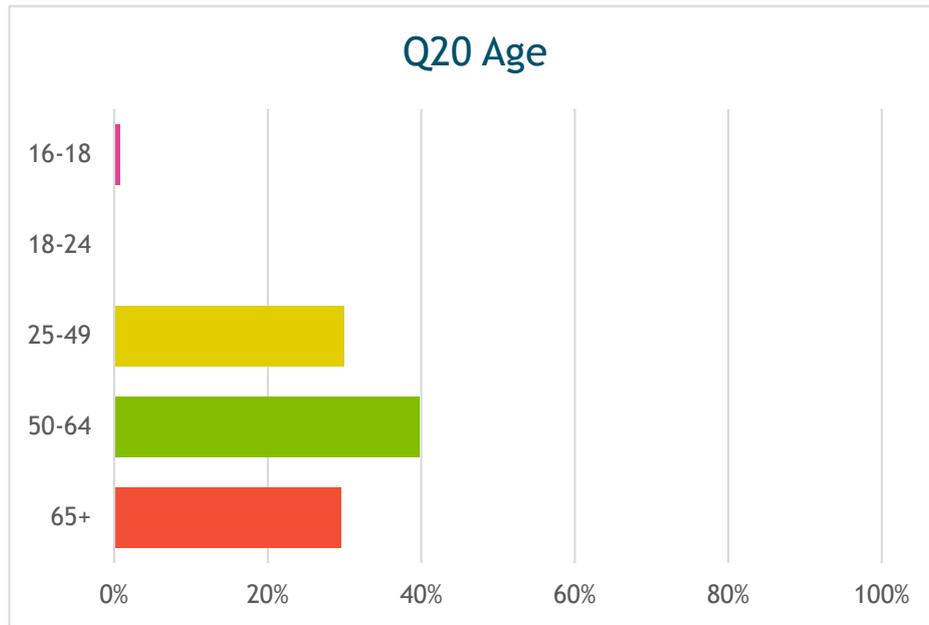
*25. What is the first half of your postcode? E.g. B90

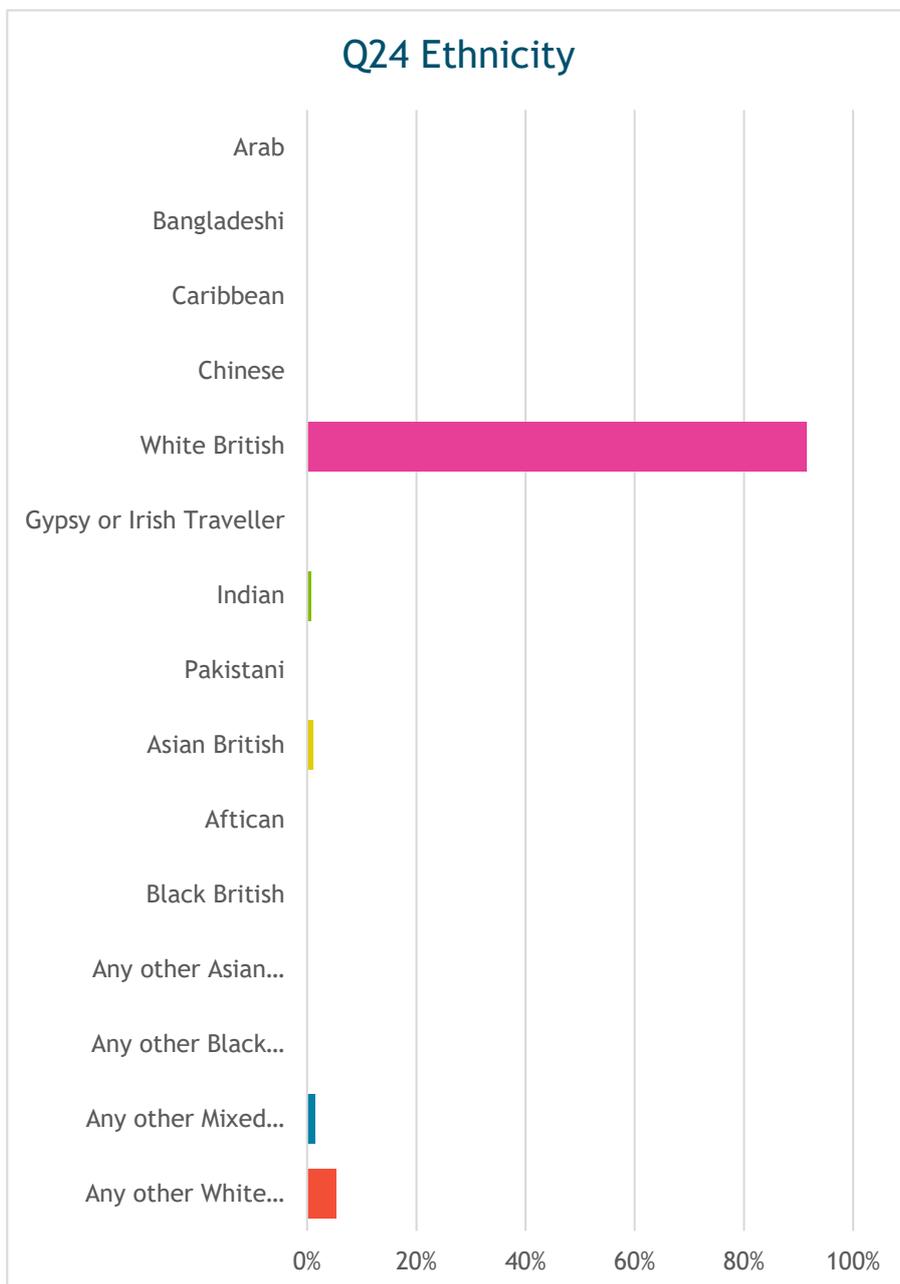
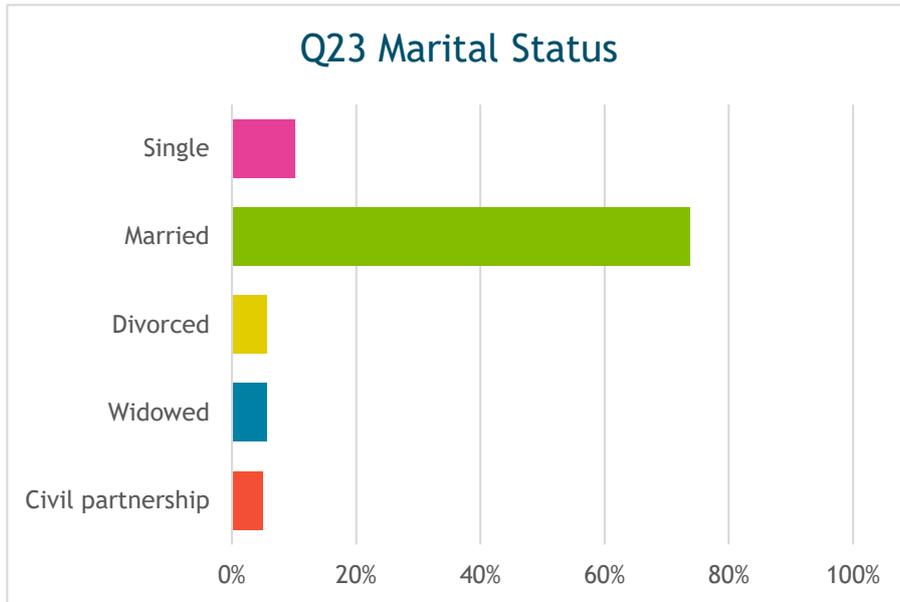
*26. If you would like to talk to us more about your experience accessing your GP via technology please leave your name, email and/or telephone number below.

Name

Email Address

Telephone Number





healthwatch Solihull

Healthwatch Solihull

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