

HWES Annual Event - July 2021:

Access to GPs and Primary Care Workshop - Group One

Context

This document provides a summary of the discussion which took place during the workshop on Access to GPs and Primary Care held as part of the Healthwatch East Sussex Annual Event 2021 held on the 21st July 2021.

Workshop outline

Primary Care (Doctor's, Dentist's, Opticians, Pharmacists, NHS111 and Emergency Services) is the part of the health and care sector that most people use or seek to access on a regular basis.

The COVID-19 pandemic has affected how and when many people have sought to use primary care services. Some have been reluctant to raise their concerns and issues for fear of putting additional pressure on busy providers, whilst remote access (phone/video) has met with a mixed response. Examples of significant delays and barriers in accessing some services have also become apparent.

The easing of the lockdown has seen a marked increase in the numbers of people seeking to access primary care services compared to earlier in the pandemic.

This workshop sought to gather people's experiences of primary care services and to explore how they are meeting expectations and needs.

The workshop was attended by 13 people, consisting of Healthwatch East Sussex staff and Board members, volunteers, members of the public and representatives from health and care service providers.

Key points from the discussion:

Workshop participants were asked for their views and experiences, and these were used to generate answers to the three questions below. Under each question is a summary of the main discussion points.

1. What's currently happening from people's experiences?

- Several negative experiences were expressed about delays and barriers in obtaining access to GPs during the pandemic. These identified frustrations at significant delays in contacting GP practices and in obtaining appointments. One GP practice identified a four-fold increase in the number of calls received since the pandemic started, which created levels of demand that far outstripped its capacity.
- In one example, delays in contacting a patient's GP due to busy phone lines combined with the lack of an effective response from NHS111 meant that 999 had to be used as a last resort.
- Some positive examples of GP practices were also shared, which highlighted that triage processes were felt to be faster and more efficient because of the pandemic and the greater focus on contact via phone and online. People indicated that patient

enquiries had been dealt with promptly and at a time and in a form convenient to them.

- The increased use of the NHS App was identified as a positive outcome of the pandemic, with it making the ordering of repeat prescriptions quick and efficient, and avoiding the need to contact the patient's GP practice.
- One challenge that was raised as becoming more common over the last 15 months is contact and communication between different services and practitioners. 'Pinch points' in some services can have knock-on delays on others, for example, between GPs and Pharmacists in managing medication and prescriptions.
- A positive example of NHS dentistry was shared, with the dentist maintaining appointments throughout the pandemic, albeit with longer wait times. Barriers in identifying NHS dentists taking on patients in East Sussex were also identified.
- Digital exclusion was felt to be a key cross-cutting issue, with the shift to phone, web and app-related services viewed as problematic for some people and creating issues for them in accessing services via technological solutions.

2. What needs to change to improve things?

- The issue of resources was raised as a major issue that needed to be considered as it has an impact on all primary (and other) health and care services. If capacity cannot keep pace with demand, then increased resourcing and investment needs to be explored.
- Workshop participants felt that phone systems needed to be improved to cater for increased demand, especially in GP surgeries. This included additional capacity, effective queuing systems (where people are informed of their position in the queue) and callback mechanisms.
- Providing information, advice and support for those seeking to use digital methods for accessing health and care services, often for the first time, was viewed as essential in preventing people from being excluded from using them. Similarly, ensuring that patient choice is retained as to the preferred means of contact is crucial.
- The question was posed as to whether creation of a single one-stop-shop point of entry for anyone with a health and care issue was feasible? This may help with ensuring people got to the right support service as quickly and efficiently as possible, negating the need to progress from one to another. Issues around resourcing and organizing this were raised, as was the development of Community Hubs.

3. What can Healthwatch East Sussex do to help?

- Representatives from Sussex NHS Commissioners suggested that Healthwatch East Sussex could play a role in working with the Integrated Care System to assist them in understanding the increased levels of demand on health and care services, as well as the barriers that people are facing when seeking to accessing them.

- Sharing best practice between providers was viewed as a valuable function for Healthwatch. For example, sharing examples of processes and communications from services that were meeting and managing patient expectations effectively, such as letters and messages sent to patients and made available through websites and social media.
- It was suggested that a clear patient pathway that clarified how and when different primary care services should be accessed would be beneficial. This would help in assisting the public to understand when it was most appropriate to access GPs, NHS111, Pharmacies and other services. To function, it was felt that providers also needed to adhere to any agreed process.
- Healthwatch was viewed as potentially playing a key role in representing those that are digitally excluded, both in ensuring that this issue is recognised and responded to by commissioners and providers, but also in terms of exploring support mechanisms for those experiencing exclusion.

Next steps

The anonymised feedback from this workshop will be shared with workshop participants, and with health and care commissioners and providers, and other partners.

Healthwatch East Sussex will use the information to guide its own work, including prioritising its annual workplan.

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