

GP Access in Liverpool

**“A good service,
when you get in”**

Contents

Introduction	2
Infographic	4
Recommendations	5
What We Did	7
What Patients Told Us	9
What Practice Staff Told Us	28
Equality, Diversity and Inclusion	30
GP Website Accessibility	39
Acknowledgements	43
About Healthwatch Liverpool	43

Introduction

At Healthwatch Liverpool we know it is important to people to be able to contact their GP when they need to, and in a way that works for them. We also know, from what people tell us, that they do not always feel that they CAN access their GP as easily as they would like to.

We decided to work on this project because we know from patient feedback and reports in the media that many people have struggled recently to get an appointment with their GP practice, and that this has worsened because of the lasting impacts of the Covid-19 pandemic.

There is also a perception amongst some patients that because waiting rooms are quieter now than they were pre-Covid it must mean that GPs are less busy.

However, British Medical Association (BMA) data shows that the number of patient contacts has actually risen at the same time as GP numbers have declined, meaning that GPs are, in fact, busier than they were pre-Covid. They are, however working in different ways, which patients still find difficult to fully trust.

The latest figures available from NHS Digital¹ at the time of writing are from March 2023 and show that there are 36,428 GPs working in England. However, this number includes trainee GPs, who see fewer patients and require supervision by fully qualified GPs. When trainees are removed from the figures, the number of fully qualified GPs is 33,696. This is 823 fewer than pre-Covid in December 2019 when the number was 34,519².

Nationally, this is the result of factors including,

- changing work patterns for GPs. Like many of us, GPs are now more frequently working part-time, including sometimes working from home. It's important to note that the BMA figures record 'full-time equivalent' posts, not the actual number of fully qualified GPs, some of whom may only work a day or two per week. For example, a GP practice could employ 10 GPs but only have the equivalent of 5 full-time posts;
- a decline in the number of GP practices – sometimes due to mergers, sometimes due to a lack of ability to recruit staff;
- GP retirements.

Against this backdrop, the number of registered patients is rising. According to the BMA there were over 62,355,000 patients registered in England in February 2023, an average of 9,722 patients per practice. This is 2,257 more patients per practice than in September 2015, a rise of 30%³

This means that, on average, each fully qualified GP is now responsible for 2,286 patients. This is 348 more than in September 2015, a rise of 18%.⁴

At a local level, Healthwatch Liverpool has carried out work about GP Access before. We last spoke to patients about this in 2018 but feedback since then suggests that people's concerns remain largely the same.

¹ General Practice Workforce, 31 March 2023 - NDRS (digital.nhs.uk)

² www.bbc.co.uk/news/health-65531758

³ Data correct as of 26/04/23 www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis

⁴ Data correct as of 26/04/23 www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis

Additionally, since 2018 we have all experienced the changes to health and social care services brought about by Covid-19 – including an accelerated move towards remote appointments and online bookings. A sizeable portion of the feedback that we receive from the public has continued to be about GP services, so we felt it was important to carry out some more focused work on this. We particularly wanted to gather feedback about good practice examples, as we hope that these may be more likely to influence positive change, to the benefit of patients across the city.

Healthwatch Liverpool's overarching focus is currently on Equality, Diversity and Inclusion, but we are always interested in gathering feedback on the general experience as well as the experience of those getting unequal care and access. Our GP project aims to do both these things. The move to remote access and 'total triage'⁵ has had a variable impact, so we wanted to know whether some people find it harder than others to access the advice, support and information they need from GPs, and what is being done to make access to GPs more equal.

Ultimately, lasting improvements to accessing GP appointments will need more funding, more staff, and better joined-up working with other services, both within the NHS (e.g. A&E, Walk-In Centres, pharmacies) and within the voluntary and community sector (e.g. support groups, advice agencies).

The NHS is already addressing these concerns for example via the Fuller Stocktake⁶ which states:

“Inadequate access to urgent care is having a direct impact on GPs' ability to provide continuity of care to those patients who need it most. In large part because of this, patient satisfaction with access to general practice is at an all-time low, despite record numbers of appointments: the 8am Monday scramble for appointments has now become synonymous with patient frustration. At the same time, primary care teams are stretched beyond capacity, with staff morale at a record low. In short, left as it is, primary care as we know it will become unsustainable in a relatively short period of time.”

A concern is that, whilst there are some good examples of positive initiatives in the Fuller Stocktake, staffing pressures across the NHS, with many staff feeling that they are 'firefighting' on a daily basis, may mean that, realistically, they may not have the time or opportunity to explore new, potentially better, ways of working.

Nevertheless, a new NHS Long Term Workforce Plan was published in June 2023 with the aim of addressing these concerns www.england.nhs.uk/publication/nhs-long-term-workforce-plan/.

⁵ “Total triage means that every patient contacting the practice first provides some information on the reasons for contact and is triaged before making an appointment. It is possible to do this entirely by telephone but using an online consultation system is likely to leverage further efficiency and benefit. Total triage is important to reduce avoidable footfall in practices and protect patients and staff from the risks of infection.” www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf

⁶ A review and report by Dr Claire Fuller (Chief Executive-designate Surrey Heartlands Integrated Care System and GP) on integrated primary care, looking at what is working well, why it's working well, and how the integration of general practice, community pharmacy, dentistry and optometry can be sped up across local healthcare systems, to the benefit of patients. www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

Key findings

We received feedback from 225 people. This infographic sets out the key findings:



A majority of people prefer to contact the GP by phone, followed by going in in-person.

The most popular phone system included a call-back option. People also like to know where they are in the queue.



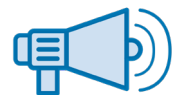
There were mixed views on eConsult; some people said they had to lie on the form to avoid being advised to go to A&E. Some found it easy to use, others didn't.

GP websites varied in the information they provided and in how accessible they were, including for speakers of other languages.



Older people were more likely not to use the internet and there were some examples of older people falling through the gaps.

Most patients were unfamiliar with the roles of ARRS staff (Additional Roles Reimbursement Scheme e.g. Social Prescribing Link Workers, pharmacists, physiotherapists).



Most patients were unaware of the Enhanced Access scheme which was introduced in October 2022.

Practice managers told us that practices are under enormous pressures, and many struggled to recruit staff to cover higher demand from patients.



Older people, people with sensory disabilities and speakers of other languages faced additional problems in accessing GPs/primary care.

We know from NHS Cheshire & Merseyside Integrated Care Board (ICB), Liverpool Place that work is already happening around some of these, for example improving/increasing the ways to access GP practices.

Recommendations

GPs are the first port of call for further care, diagnostics, hospitals and other secondary and tertiary care. If patients fail to get access to GPs, they fall at the first hurdle and may go without care that they need or need treatment for a late emergency presentation.

One of our roles at Healthwatch Liverpool is to use feedback from the public to help improve services for patients. To do this we can highlight good practice, based on evidence from feedback, where patients have been satisfied with their experience of GP services, as we have tried to do in this report.

We can also highlight concerns raised by patients and make recommendations about how these could be addressed, and by whom. For instance:

- Individual GP practices
- Primary Care Networks (PCNs) – which are groups of GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas
- NHS Cheshire & Merseyside Integrated Care Board (ICB)
- Cheshire & Merseyside Health & Care Partnership Integrated Care System (ICS)
- Liverpool Place – our local NHS Commissioning Team
- NHS England (NHSE)

We will have had an impact if we see GP practices adopt the recommendations that we set out below:

- 1. All practices should adopt new telephone systems that include a callback option and a queue system as soon as practically possible. Where practices struggle to fund new systems, Commissioners should provide support using NHSE and additional funding as required. (NHSE, ICB)**
- 2. Improved communications with patients/the public to explain why/how things have changed at GP practices. This should include information about Additional Roles Reimbursement Scheme (ARRS) staff and the treatment and support they can offer. Information similar to the Cheshire and Merseyside Health & Care Partnership video explaining how GP services have evolved to include new clinical team members to help support patients to see the right person quicker (see [here](#))⁷ and the BMA poster, 'Why are GPs needing to work differently?'⁸ would be useful especially if this can be made available in a range of community languages, BSL and Easy Read. (ICB, Liverpool Place)**
- 3. More local publicity to inform patients about Pharmacy First, including in community languages, BSL and Easy Read. (ICB, ICS, Liverpool Place)**
- 4. More local publicity is needed to inform patients about Enhanced Access, making it clear that it won't necessarily be at your practice and may have transport implications. This should also be available in a range of community languages, BSL and Easy Read. (PCNs)**

7 www.facebook.com/watch/?extid=CL-UNK-UNK-UNK-AN_GK0T-GK1C&v=1269104510605433

8 www.bma.org.uk/media/4532/bma-why-are-gps-needing-to-work-differently-poster-sept-2021.pdf

5. Regular training for reception/administrative staff on how to flag language support needs (including BSL and Easy Read) and reasonable adjustments on patient records. For instance, to improve consistency, commissioners could provide standardized training programmes, online and/or via Primary Care Networks and monitor completion by relevant staff. **(Individual practices, PCNs, ICB)**
6. Additional funding for Link Workers to support communities/individuals with limited English language skills, to address existing health inequalities and prevent the widening of these inequalities. **(Central Government)**
7. Increase cultural and linguistic diversity amongst staff to reflect changing local demographics and extend this to having deaf-aware staff and encouraging BSL speaking staff to apply. **(Individual practices, PCNs)**
8. PCNs to work proactively with Merseyside Society for Deaf People (MSDP) around the BSL Act, as some Hospital Trusts have done. **(PCNs)**
9. PCNs to work proactively with learning disability service providers (e.g. People First and Mencap). **(PCNs)**
10. GP websites should include information on booking appointments with all healthcare professionals based at practices, not just GPs. **(Individual practices)**
11. GP websites should adhere to good practice on basic minimum information to include and should review their websites regularly to ensure that all information is correct/up-to-date, including providing up-to-date catchment area maps and links to translated/BSL/Easy Read information. **(Individual Practices)**
12. GP website builders should check that sites work with a range of browsers and devices. **(Informatics Merseyside, Individual Practices)**

We will continue to monitor patients' feedback about GP access and will continue to carry out practice visits as part of our ongoing engagement programme. Over the coming months we hope to hear increasingly positive feedback from patients who feel they are able to access their GP practices more easily.

What We Did

This project ran from October 2022 until July 2023. We ran a survey; completed visits to 9 GP practices where we spoke to patients and staff; and held online and in-person focus groups to collect people's feedback.

It has been shaped by feedback we have heard from the public about GP services, and other recent pieces of work. At a visit to the Royal and Aintree A&E Departments in December 2022, 9% of patients we spoke to told us they had attended A&E because they had been unable to get a GP appointment. A further 11% had been advised to attend A&E by their GP.

We also built on existing connections with Voluntary and Community Sector (VCS) groups including Chinese Wellbeing, Mersey Care Asylum Seekers Drop-In, the Rainbow 55+ group at the Alive Believers Church, Irish Community Care Merseyside, Merseyside Polonia and the Merseyside Society for Deaf People. We also received feedback from service users at People First and Mencap.

A key source of data was the National GP Patient Survey (2022). This is a patient satisfaction survey conducted every year by Ipsos on behalf of NHS England. The Liverpool Place Team at NHS Cheshire and Merseyside shared the Liverpool data with us. This survey had 8,916 responses in Liverpool (39,040 surveys were distributed, a 23% response rate).

The survey had 6 key findings from Liverpool patients:

1. Response rates and patient satisfaction levels were generally lower in areas of the city with higher deprivation.
2. Although experience and satisfaction rates in Liverpool stayed generally quite high during the 'Covid Years' (2020 and 2021), they reduced significantly in 2022, reflecting the national picture. There was a 12% drop in satisfaction with Liverpool GPs from 84% in 2021 to 72% in 2022.
3. Fewer than half (46%) of survey respondents across Liverpool felt it was 'very easy'/'fairly easy' to get through to their GP practice by phone (lower than the Cheshire & Merseyside (51%) and national (53%) average rates). This issue also had the highest inequalities gap across Liverpool Primary Care Networks (PCNs), with 73% of respondents in Childwall & Wavertree finding it relatively easy to access their GP by phone, but only 19% in Aintree.
4. The majority of respondents (82%) found reception staff very helpful/fairly helpful (similar to Cheshire & Merseyside and national average rates).
5. The majority of respondents (93%) across all PCNs said they had confidence and trust in the healthcare professional they saw or spoke to during their last appointment (similar to the Cheshire & Merseyside and national averages).

However, when people wanted to see a GP 'Out of Hours', less than half (49%) reported a good/fairly good experience. Although this is in line with the Cheshire & Merseyside and National average rates (50%), there is some variation between Liverpool's Primary Care Networks which suggests inequalities across the city.

6. When looking for information or accessing services via their GP's website, over two thirds of NHS survey respondents (69%) found it 'very easy'/'fairly easy'. This was higher than Cheshire & Merseyside and national average rates although, again, rates varied across PCNs suggesting inequalities.

Between October 2022 and March 2023 we heard from 225 people. 160 of these completed our standard survey, about half these surveys were completed during our outreach visits to GP practices.

The survey was developed based on recent patient feedback and circulated via our website, social media, staff contacts with patients, colleagues at NHS Cheshire & Merseyside (Liverpool Place) and at events that we attended. The survey was aimed at anyone who had attempted to make an appointment at their GP practice in the past 12 months. We wanted to hear about their experiences; good and not as good. We also had a specific focus on gathering the experiences of older people, people with no (or limited) digital access (e.g. smart phones, tablets or laptops), and people who don't speak English as their first language.

We decided that we would focus on how easy patients found it to book GP appointments, specifically their experiences of digital and telephone access.

A copy of the survey can be found at www.healthwatchliverpool.co.uk/GP-survey-2023.

This report sets out the responses we received. We will share them with GP practices, health service commissioners (who plan and buy GP services for all of us), the Care Quality Commission (CQC) (who inspect health and social care services) and Healthwatch England to help inform the national picture. This will help us make the case for positive changes, by learning what patients think works well, and what needs improving.

As well as patients' feedback about access to their GPs, we also asked them to volunteer some personal information. This helps us to understand how different people are affected, and supports our focus on improving equality, diversity and inclusion. These additional questions were voluntary and, as always, we never share any information that might identify individuals.

Some people who answered the survey questions also told us that they'd be interested in taking part in focus groups, and we therefore held two online focus groups (using Zoom) in February 2023. We also offered to conduct telephone interviews with people who were unable to access the Zoom groups.

As well as gathering information from the online survey we visited 9 GP practices across the city, to talk to patients and staff in person. We looked at the National GP Patient Survey, local NHS data, and the diversity of the areas where practices are located to help us decide which ones to visit.

We visited the following practices:

1. Abercromby Family Practice
2. West Derby Medical Centre
3. Ellergreen Medical Centre
4. Jubilee Medical Centre
5. Fairfield Medical Centre
6. Benim Medical Centre
7. Great Homer Street Medical Centre
8. Aintree Park Group Practice @ Oriel Drive Surgery
9. Greenbank Drive Surgery

We also contacted and visited several community groups to make sure we were hearing from older people and other people who may be at a disadvantage (for example, people whose first language is not English).

We heard from 65 people during these visits, including from people attending a Chinese Wellbeing group for people over 55 years of age, and people attending a Rainbow 55+ group at Alive Believers Church.

We also attended 2 groups at MSDP (Merseyside Society for Deaf People), one for people who are hard of hearing, and another for people who are d/Deaf.

We spoke to staff at Irish Community Care about the experiences of Irish and Irish Traveller communities. We also spoke to staff from Merseyside Polonia and service users from Mencap and People First. Staff from Granby and Toxteth Development Trust completed our surveys with people they worked with in Roma and Traveller communities.

As well as listening to what patients told us we thought it was important to ask staff at GP practices, especially practice managers, about what they thought worked well, and any suggestions they had about making it as easy as possible for patients to contact them. In particular, we wanted to ask GP Practice Managers for recent examples of how they had improved access to appointments for patients.

A summary of their feedback is included below (p28).

Feedback about specific practices and GPs

We have taken a decision not to name specific practices, GPs, or other practice staff in this report. However, the feedback we received during practice visits has been shared separately with the relevant GP practices, the Liverpool NHS commissioners, and officers at NHS Liverpool Place.

What Patients Told Us

- 72% preferred contacting practices by phone, followed by 30% going to the practice in person (some people had more than one preference).
- The most popular phone system included a 'call-back' option, where patients were given the option to press a button and get an automatic call back within an hour (although the system is not fool-proof and patients need to call again if they do not get a call-back within an hour). We note that the Primary Care Recovery Plan includes support for GP practices to introduce digital telephony systems including this.⁹
- Patients preferred having a queue system instead of an engaged tone.
- Patients who experienced additional barriers, such as people who spoke limited or no English, or d/Deaf people often could not book appointments online or by phone; often their only option was to book an appointment in person.
- We also spoke to one patient who did not have a phone or access to the internet and always had to book in person.

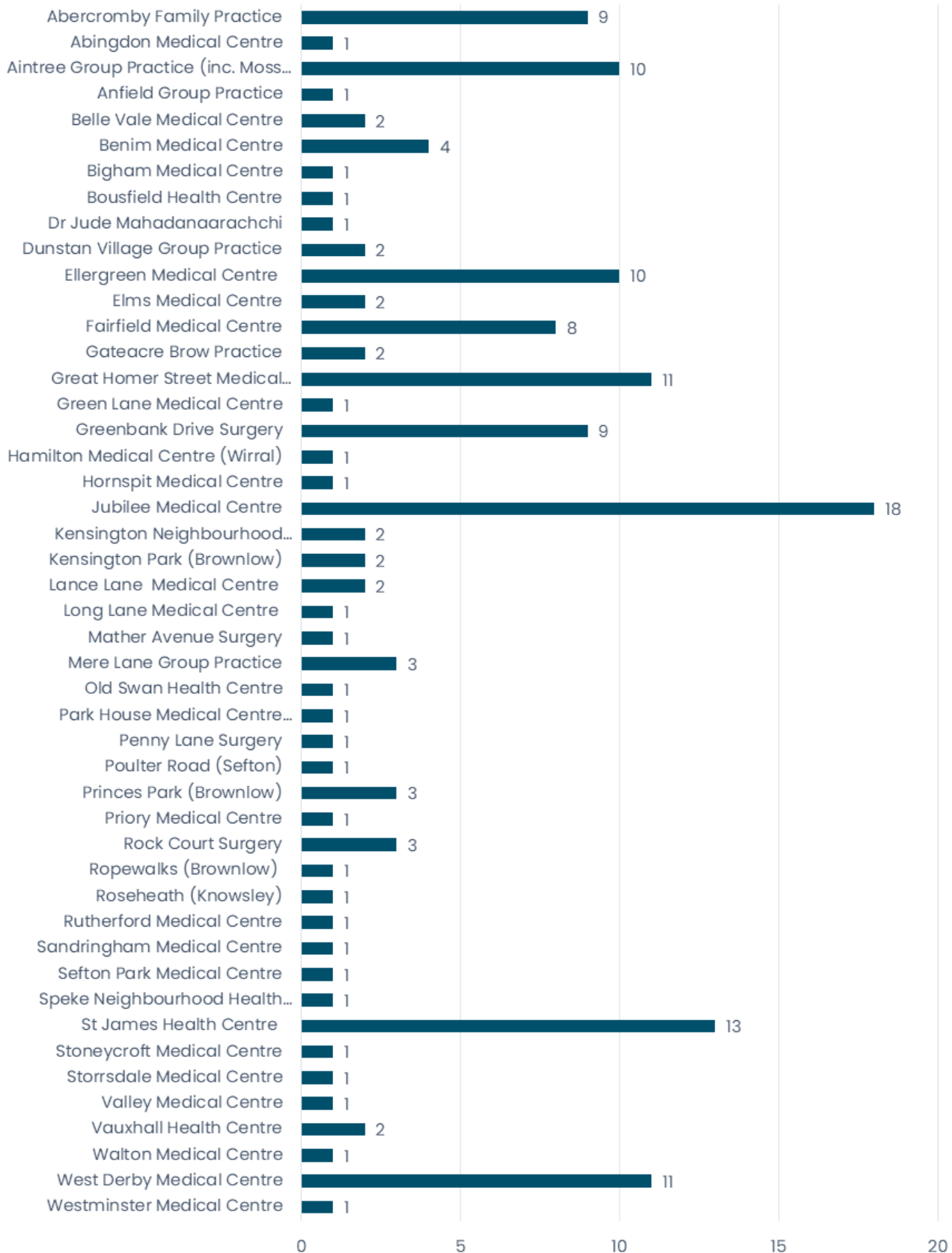
Survey Responses

Not everyone responded to every survey question, but the charts below summarise the responses of those who responded to each individual question. In some cases people selected more than one option, so numbers do not always add up to 100%.

⁹ www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/

1. Name of your GP practice

154 people gave us the name of their GP practice. In some cases we were there on the GP premises when we spoke with them. Some people chose not to share this information or shared the name of a health centre housing multiple practices so we couldn't be certain which practice their feedback was about. Where we have usable data, this is shown in the chart below.

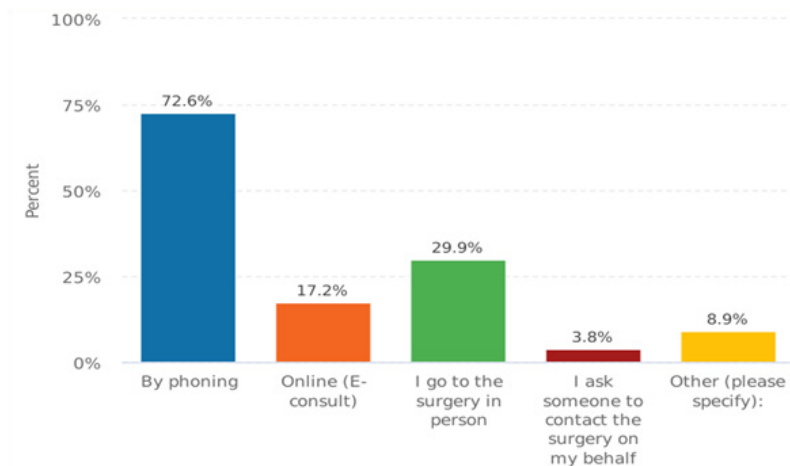


2. Have you contacted or tried to contact your GP practice in the past year?

100% of those who responded had contacted or tried to contact their GP in the past year.

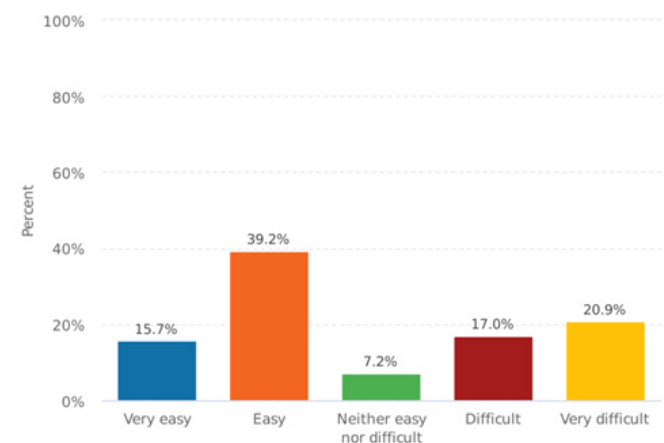
3. What is your preferred way to contact your GP practice (please tick all that apply)?

Almost three quarters (73%) said they preferred to contact their GP by telephone, with in-person visits to the surgery being the second most popular option (30%) and online contact in third place (17%).



4. Thinking of the last time you tried to contact your GP practice, how easy was it to contact the practice overall?

Over half of respondents (55%) found it Easy or Very Easy to contact their GP practice. Nearly two fifths (38%) found it Difficult or Very Difficult.



5. Please explain why you think it was easy or difficult for you to contact the practice.

We received 27 answers to this question. Of these, 10 were broadly positive and 3 were mixed. 14 were broadly negative.

The things that made the patients' experience of contacting their practice relatively easy were:

a) Not needing to see a GP in certain circumstances e.g. repeat prescriptions.

"A repeat medication doesn't need a consultation."

b) Being able to speak to a receptionist in 10–15 minutes.

"I had to wait 15 minutes to get through, but that is fine."

"I phoned at 8am and had to call various times because there was an engaged tone, then had to hold on for a while (less than 10 minutes), but by 8.15 had spoken to a receptionist and been given an appointment."

c) eConsult is helpful for administrative tasks.

"I used eConsult last time, it was easy to use for something administrative... (but it) needs streamlining as it doesn't work for the average person."

d) Access to appropriate language support.

"I have access to an interpreter."

e) GPs' familiarity with patients' medical history leads to improved care/continuity of care.

"I needed to be seen in person. I've had the same condition before and I knew the doctor would need to actually see it. That was what happened - phone appointment led to an in-person appointment that same day."

f) User-friendly telephone systems which are backed-up by timely call-backs/ appointments.

"There used to be an automated system when you left your details and they'd contact you with an appointment a few days off. That was fine for things like this where you need seen but it's not an emergency. If I'd known I could have an appointment next week it would have been fine."

g) Luck.

"We were very lucky! My granddaughter called and made the appointment. I couldn't breathe properly and wasn't well enough to face calling. It is usually so hard to get an appointment. This time she got through straight away. We were very surprised and relieved."

The difficulties that patients experienced when trying to contact their practice included:

a) Long waiting times for calls to be answered, or lines being constantly engaged.

"I wait on the phone at least 40–45 mins, often no answer. I keep trying until I'm so tired and fed up and not well. I give up."

"It just kept ringing out, then engaged, then off. You used to at least be told where you were in the queue."

"It's difficult to get through on the phone. You ring first thing in the morning and get a

triage call maybe 1:00 PM. You've got to be stuck to your phone all the time. In October I had to wait for a call-back by which time my children were in the house and I ended up having to explain things I didn't want to explain in front of them."

"I look after elderly members of the community, and sometimes if they phone and no one answers, eventually they give up on trying to get in touch."

b) Long waiting times for responses from GPs.

"Couldn't get through on the phone, had to email. That was a Monday, got a call back Friday."

"Test results have been missing throughout lockdown. I was seen by a Dr at the hospital just before Christmas. They asked me to see a GP for follow up. I completed eConsult, a GP contacted me and advised they would get a 2nd opinion. I never heard anything, followed this up myself several times and have still never received a response."

c) Time-limited opportunities to make appointments.

"Phoning at 8.00am for an appointment, as they advise, is impossible and futile."

d) Mixed messages about who to contact for help.

"You call from 8.00am 30-plus times to get told there's no appointments, call 111. NHS 111 say contact your GP or go to a Walk-In. The Walk-In says contact your GP."

e) eConsult is too complicated for some patients or unavailable.

"I needed a repeat prescription, so I contacted GP reception who told me to visit the pharmacy for a blood pressure check before re-issue. Several days later I was told I needed to give blood pressure, height and weight information. I provided this information and was then told I needed to do eConsult to make an appointment with a GP. eConsult has been unavailable for several weeks and when I phoned on several occasions I was told there's no appointments available."

f) Staffing Levels

"Surgery busy. Lack of staff. Doctor overworked."

"Staffing levels are one issue. I don't feel people are being paid enough to join the practice, it's all based on locum GPs. The last one I saw didn't have computer privileges and wasn't able to access my records or prescribe... What would have happened if there had been an urgent referral and the locum didn't have computer ID?"

g) Receptionists (perceived) unhelpful/rude attitudes, and apparent lack of access to GPs calendars.

"Not willing to assist and receptionists are extremely rude."

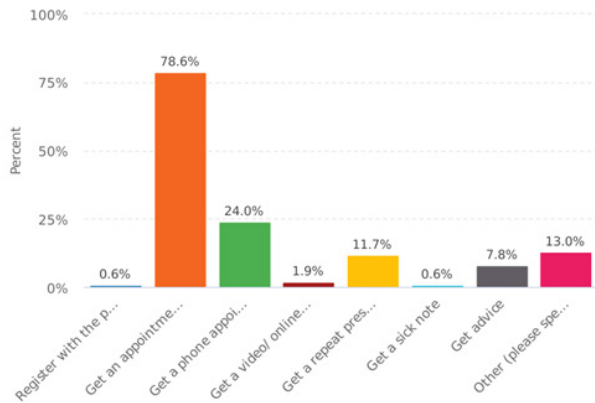
"It took a while and the lady who answered was not sure when the doctor will be there."

h) Needing to be persistent.

"I've got to see a doctor. Today I had to put my foot down, the hospital told me to see a doctor, I'm not leaving until I've seen them."

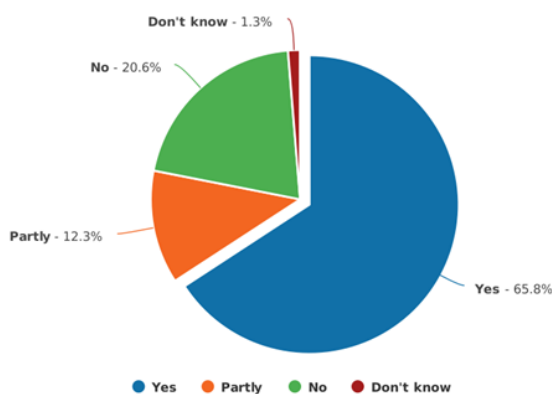
6. Did you contact the practice because you wanted to (please tick all that apply):

As might be expected, the vast majority of people (79%) had contacted their surgery to make an appointment. Almost a quarter (24%) specified that they had tried to make an online or video appointment. Where people said they had contacted their practice for 'Other' reasons, the most common reason was to respond to a request from the practice to make contact about e.g. a health check or a blood test. Other reasons included e.g. to request a specific test or to follow up a request for an urgent prescription.



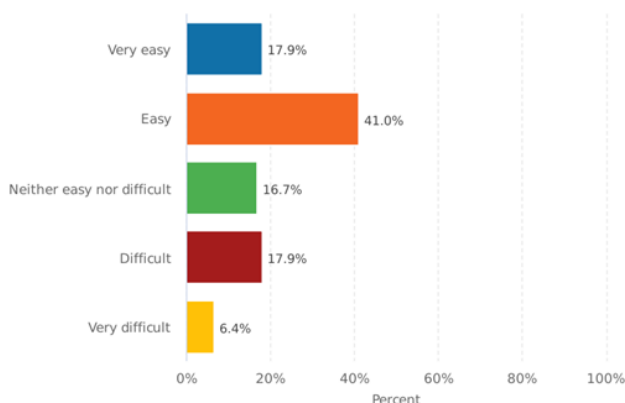
7. Did the response from the practice meet your expectations?

The majority (66%) felt that the response from their practice had met their expectations but a fifth (21%) said it hadn't. 12% said their expectations had only been partly met.



8. If you used eConsult, how easy did you find it?

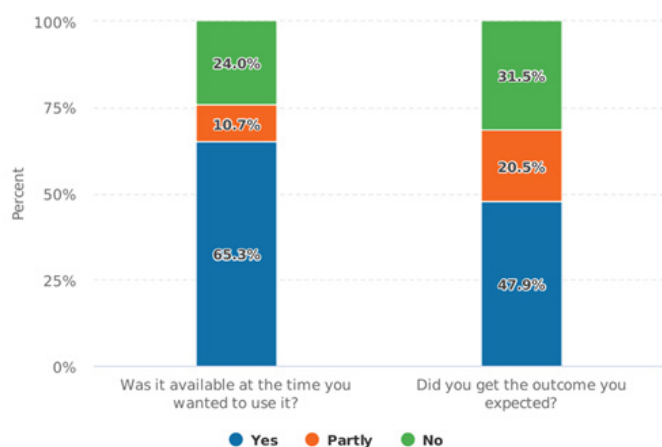
Where people had used eConsult, 59% had found it Easy or Very Easy. However, almost a quarter (24%) had found it Difficult or Very Difficult.



9. Again if you used E-Consult

People who used eConsult found that it was mostly available when they wanted to use it (65%) but about a quarter (24%) said it was not.

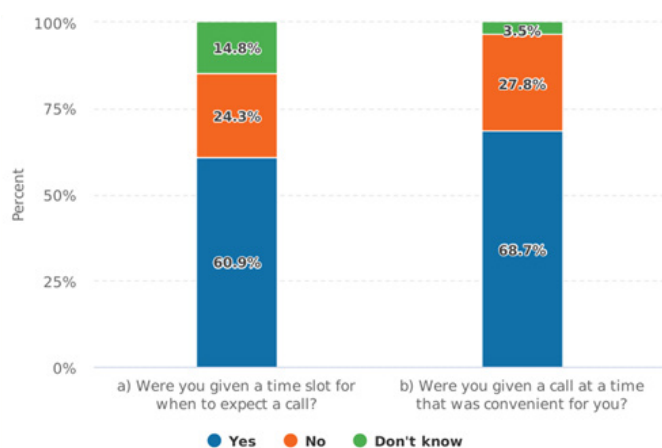
Just under half (48%) said they'd got the outcome they'd expected from it. 52% had not got their expected outcome or had only had their expectations partially met.



10. If the GP practice contacted you by phone:

Although most people (61%) were given a time slot for when to expect a call, almost a quarter (24%) said they hadn't been given any idea about when their practice might call them back. 15% were unsure.

Similarly, whilst a majority (69%) were given a call at a convenient time, over a quarter (28%) were not.



11. What do you think worked well when contacting your GP practice?

We received 121 responses to this question, which we have grouped under the 9 headings below.

1) The post-pandemic system

Patients told us that some of the changes accelerated by the pandemic had been helpful, particularly for those who found it difficult to leave their homes or workplaces to attend appointments. However, there was also a recognition that the system was under considerable pressure.

"The appointment system is very quick, I can be seen with speed. I am not waiting for days and the repeat prescriptions are available instantly - it is very easy."

"Being able to phone during the day, get a proper answer, and book an appointment for ongoing condition."

"Under the circumstances, with everything pushed to the limit, it works fine. If it's an emergency then they will see you."

2) eConsult

eConsult is an online system that is meant to help navigate patients to get the right care. An online 'script' prompts patients to give details about their question/symptoms, which is reviewed by GP practice staff who will then contact the patient. Towards the end of this project, all Liverpool GP practices were changing from using eConsult to using a new online system called PATCHS (see also the 'GP Website Accessibility' section, p39 below). We will be interested to learn about patients' experiences with the new system in future.

eConsult was mentioned favourably by 9 people. Where it worked well, patients said they had been contacted quickly after submitting their details. As with telephone contact, people said it needed to be done early in the day.

"Initial e-consult queries are responded to in a timely manner."

"eConsult but you have to do it early, it's not there all day and later on there's none left. And the contact is within 48 hours."

3) Remote appointments

Remote appointments were also welcomed for minor issues.

"it's easier than taking time out of work and going into the surgery."

"The phone appointments are pretty useful."

4) Call-back systems

Call-backs were mentioned 13 times and were generally thought to work quite well. However, the time patients had to wait was very variable, and it is possible that some patients have lower expectations of how long they'll need to wait than they did pre-pandemic.

"The phone calls back when it's your turn. It says if you don't have a call back in an hour to call again. The system works well."

"I also appreciate being given a time slot for a call back - I know it is not always possible for GPs to stick to this time slot but you can tell they try their best."

"When you phone, they have a call back system - an automated message tells you where you are in the queue, and you can hang up and they'll call you back when you're number one. I appreciated this - it saves having to be on hold for God knows how long."

5) Good communication and reminders tailored to what works for patients

Good communication, in ways which meet the needs of individual patients was key to patients' peace of mind:

“Clear communication, it was followed up with a text that contained the time to reiterate and remind me. I get in person appointment reminders and that is very helpful.”

“They send you an SMS reminder. The practice is fine, it’s all good.”

6) Staff attitude and competence of staff team

Continuity of care and ongoing relationships with staff members are crucial. Where these work well, the system works better. However, basic civility and high standards of ‘customer care’ are also well-received by patients. There was also some recognition that GPs are not the only staff members who may be able to help, and that some patients are willing to see other staff.

“The ladies on reception always try their hardest and are really helpful despite probably listening to a million angry callers from 8am.”

“The reception is always helpful when I phone, and whenever there’s something I don’t understand (because I’m Autistic) they know me and my difficulties and therefore they don’t mind explaining things in a way that I can understand.”

“Nurse was able to help do not always need Doctor.”

7) Being seen in person

Where people mentioned attending ‘in person’ they would sometimes have preferred to make their appointments in person as well but they felt the remote triage system had generally worked well.

“They told me they’d call back in the morning, and they did call me back when they said they would. I had a phone appointment with them yesterday, but I needed to be seen in person, so they booked an appointment for me now today.”

8) 7 people said that access to their GP was “OK” although one qualified this with “Once you get through.”

9) 13 people said ‘Nothing’ worked well.

12. What could be improved when contacting your GP practice?

We received 117 responses to this question. We have grouped these into the following 8 themes.

1) The post-pandemic system

Despite the advantages noted in answers to the previous question, there was a clear feeling that the whole system was not as accessible, easy to navigate, or as responsive compared to before the start of the pandemic. People told us GP services felt more remote, and that it was increasingly difficult to maintain a relationship with GPs.

“Before Covid it was no problem, since then it’s a lot harder.”

“I would also love to be able to go back to being able to book an appointment in advance. I’ve never called and needed a same day appointment, but it seems that’s all that’s on offer anymore. The e-consult system is also too rigid, and often I have to change my answers to actually submit the form because it triggers the ‘call 111/seek urgent help’ page when that advice isn’t actually appropriate.”

“This has gone on for too long. I’m not getting a service at all... I can’t learn new things easily. It’s awful. My daughter helps but she of course is busy too. She can’t be waiting on a phone for 40 to 45 minutes. Some people have got no one I just wonder what happens to them.”

"I'd be happy to see a nurse practitioner and I think we need to change perceptions and not call them GPs (practices) but Medical Centres... To enable successful care patients' perceptions need to change about what's going to bring them satisfaction. It doesn't have to be a GP it can be another member of the team. They just need to trust that the person they're going to see is the right person. Using and sharing examples of good practice across GP practices is the way forward."

2) Telephone access and call-back systems

Getting through to surgeries by telephone was a particular source of frustration, as was 'triage by receptionists' which was also mentioned in focus groups. Providing regular updates on a caller's place in the telephone queue would be a simple way to provide reassurance but not all GP phone systems currently have this option.

"Phone hasn't been very good in the past. Sometimes it tells you where you are in the queue and sometimes it doesn't. I'd prefer to know. Then I can get myself a cuppa and settle in to wait patiently if I know how long it might be."

"Not waiting about an hour for a reply as you are caller number 'whatever' for ages. Sometimes you wait that long as caller Number 1 then they cut you off."

"Sort out the phones - I have a child with additional needs, they have to be seen ASAP. And I don't agree with being triaged by a receptionist, they're not medical."

"I worry about people who haven't got a landline and use up all their phone minutes because they're number 28 in a queue."

"(Call-back) doesn't work well when you're working and can't answer the phone at work, you miss your call."

"I made a complaint to NHS England about the difficulty in contacting the surgery and about not getting a call back when I was expecting it. Then the next day having to go through the rigmarole of contacting the surgery again, then having a phone call when I couldn't discuss my concerns because there was other people around. The surgery's response to NHS England when discussing the appalling nature of contacting the surgery was 'We are working with our providers to improve the system'."

3) Availability of GPs and continuity of care

Whilst some patients were happy to speak to other primary health professionals, where appropriate, many still wanted to speak to a GP. However, they noted the lack of available GPs at any time, the lack of GPs at specific times (including out-of-hours), the lack of continuity of care from a named GP, and the lack of choice about the gender of available GPs. Patient perceptions about GP practices being less busy with quieter waiting rooms were also highlighted.

"Having Doctors in practice on a Saturday."

"I do wonder where all the doctors are. You used to see them coming in and out of the rooms. Since covid it feels like a lot fewer doctors are around. We are out of covid so why are they not all back?"

"It used to be a good practice, but nowadays you don't see the same GP twice, and reception staff seem to change a lot too."

"Sometimes I don't always see the GP I want - there are 3 or 4 working at the practice, and it's not always possible to see the GP I want to see. Sometimes I want to ask for a female doctor, because I'm coming with a personal issue and don't want to discuss with a male GP."

4) Access to Reception staff

There was also a feeling that additional reception staff – particularly at ‘peak’ times would facilitate access to appointments, although this would only be possible if there were more available GP/ nurse hours.

“In the morning have more staff on the phone, by 8.30 all the appointments are gone.”

“More phone lines and/or staff on reception.”

5) Availability of face-to-face appointments and options for pre-booking

There was a feeling that not being able to see a GP face-to-face was resulting in missed, or late, diagnoses, and leading to reduced confidence in GPs.

“I do like to see them in person. I don’t feel good with phone consultations. There’s just something different about being seen in person. Just over a year ago, I had a consultation with the GP about my hip and he only prescribed me calcium tablets. I had to go to A&E at the Royal because I was in so much pain. After I had an X-ray, they said my hip was really bad. I had a hip replacement because of it. I really feel if that phone appointment had been in person, it would have been different, he would have prescribed something else and it would’ve been picked up sooner.”

“Advanced appointment options for routine checks rather than just ringing on the day and taking pot luck.”

“Sometimes it can be hard to get a face-to-face appointment when you need to. Today the practice said I could have my 6-week review on the phone but I wanted to come in so I could have someone look at my scar to see if it is healing right because I don’t know what it should be like.”

6) Improvements to the eConsult system

12 people mentioned eConsult negatively. Although we know it is in the process of being replaced by PATCHS it is still important to record that many found eConsult difficult to navigate, slow to receive a response from, and too generic/lacking in nuance.

“With eConsult it takes time to get a response, sometimes you can’t wait.”

“I’ve not had any success with eConsult – it takes me around in circles, I can’t explain what is wrong. Easier to talk to a person. It works better for my husband who has multiple and serious health issues.”

“E-consult doesn’t work if you have an ongoing condition as the options eventually get less and less relevant until you can’t answer the question without lying just to get to the end of the survey when a doctor may contact you.”

7) Access for people with sensory impairments, disabilities and mobility support needs

As outlined elsewhere in this report, people with sensory impairments are frequently discriminated against by the system as it stands. This was also the case for physically disabled people.

“I can’t use online, I’m sight impaired. I wouldn’t know how to anyway.”

“GP is calling directly to my mobile and I am bloody deaf! I keep telling them to contact Signalise interpreting service so then the interpreter can call me to carry out the appointment.”

“My husband uses a motorised wheelchair that doesn’t fit in the lift, but he has had several appointments made for him on the 1st floor. And the lift is sometimes broken.”

“Due to having a learning difficulty I can get frustrated at times, I sometimes cannot understand letters sent to me.”

8) Staff attitude/competence

As noted in the answers to the previous question, staff attitude is key to a good patient experience. However, when patients feel dismissed or disrespected by reception staff, in particular, it can have a negative impact. Reception staff can sometimes be seen as ‘gatekeepers’ and some patients feel that reception staff undertake inappropriate ‘triage’.

“What helps in my GP practice is 1) I can get through, and 2) when you get through, the receptionists are kind, have empathy, are gentle, it feels like they are on your side.”

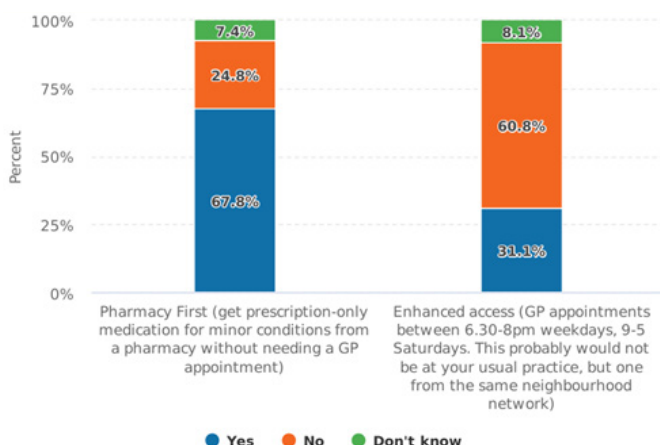
“One thing I find difficult is when the receptionist asks what my problem is, I don’t feel comfortable telling them. They have the power to decide who sees the doctor and who doesn’t, I don’t feel comfortable with that. I don’t think they should be asking questions like that – the issue might be personal for me, and I don’t want to share.”

“I have been a nurse for 43 years and how reception staff speak to me is something I often wonder. I never say I am a nurse but the attitude leaves a lot to be desired, if I thought I spoke to my clients the way I get spoken to I would be ashamed of myself.”

13. Are you aware of the following schemes where you can get help?

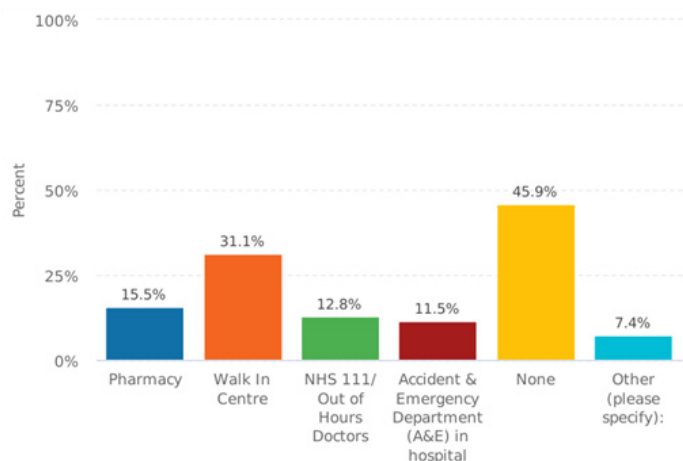
68% of respondents were aware of Pharmacy First (a scheme offering access to some prescription-only medications from pharmacists without a GP appointment), but a quarter of people (25%) were not aware of the scheme.

People were less aware of Enhanced Access (which provides access to GPs on weekday evenings and on Saturdays, often at another local GP practice. Just under a third (31%) of people knew about Extended access and 61% were unaware of it.



14. In the past year, have you contacted or visited another service because you could not get through to your GP practice or not get an appointment (please tick all that apply)?

Just under half the people who responded to the survey (46%) had not needed to contact any other service due to inability to make a GP appointment in the past 12 months. Where people had looked for help elsewhere they had mainly used Walk-In Centres (31%), followed by pharmacies (16%), Out of Hours GPs (13%) and A&E (12%).



15. How well can you understand, speak, read and write English?

We were interested to know whether language barriers were a significant issue for survey respondents (although we recognise that most people were answering the survey in written English which will automatically have excluded some patients. Other survey responses were provided verbally at GP surgeries or community-based meetings).

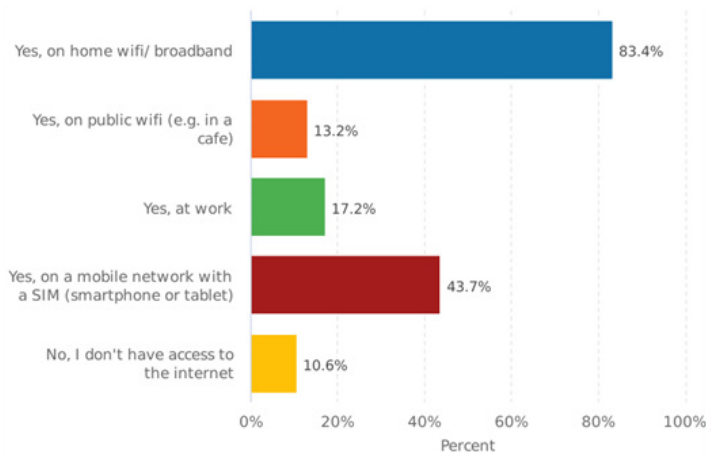
Nevertheless, whilst the vast majority (82%) said they understood spoken English 'very well', or 'well' (9%), there were 7 people (5%) who said they didn't understand it well and 4 (3%) who didn't understand it well at all.

The percentages were broadly similar for ability to speak, read and write English. Fewer than three quarters of respondents felt they were able to read or write English 'very well', which potentially presents a barrier in terms of access to information, understanding of letters or instructions about use of medication, and digital access.

Answer Choices	Not at all well	Not well	Well	Very well	Unsure/ Don't know	Response Total
I understand spoken English	2.63% 4	4.61% 7	9.21% 14	81.58% 124	1.97% 3	152
I speak English	2.03% 3	4.05% 6	6.76% 10	85.81% 127	1.35% 2	148
I read English	4.11% 6	6.16% 9	15.75% 23	73.97% 108	0.00% 0	146
I write English	3.38% 5	15.54% 23	8.78% 13	72.30% 107	0.00% 0	148

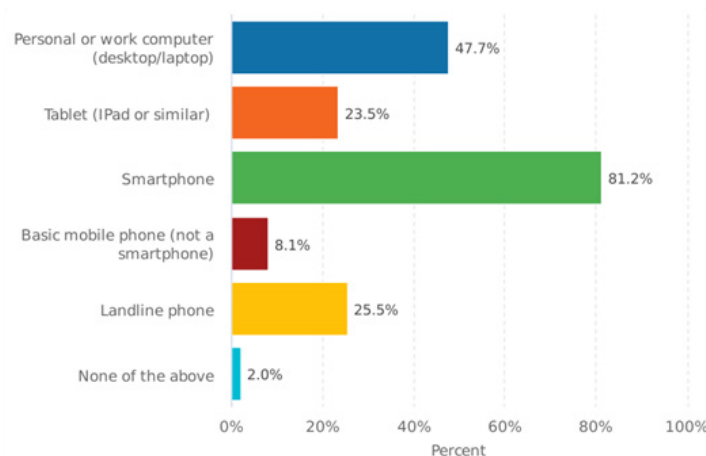
16. Do you have access to the internet on a regular basis (please tick all that apply)

83% had access to the internet at home, and some also used mobile networks, workplace access or access in public places (e.g. cafes or libraries), 11% of people told us they had no access to the internet at all.



17. Which of the following devices do you own or use regularly (Please tick all that apply)?

Where people had access to digital devices the most commonly used were smartphones (81%) with laptops or desktop computers used by almost half (48%), and tablets by nearly a quarter (24%). A similar number (26%) still had access to a landline telephone. 8% had a basic mobile phone without internet access.



18. Can you make free phone calls on your phone (landline, mobile phone or smartphone)?

The majority of respondents (84%) were able to make free calls on their telephones but 10% were not.

Answer Choices	Response percentage	Response Total
Yes	83.57%	117
No	10.00%	14
Don't know	6.43%	9

19. How much do you agree or disagree with each of the following statements?

In addition to some people not having access to the internet, some who did have access did not feel confident about how to use it.

Answer Choices	Disagree completely	Disagree slightly	Neither agree or disagree	Agree slightly	Agree completely	Unsure/ Don't know	Response Total
I am confident in using apps to carry out day-to-day tasks (e.g. banking, booking travel)	16.8% 25	8.1% 12	2.7% 4	6.7% 10	61.7% 92	4.0% 6	149
I am confident in using online search tools to look for information (e.g. Google)	14.8% 22	4.0% 6	2.7% 4	7.4% 11	67.1% 100	4.0% 6	149
I am confident using written communication such as email, WhatsApp and text messages	12.2% 18	4.7% 7	3.4% 5	10.1% 15	67.6% 100	2.0% 3	148
I am confident using on-screen/ video communication such as Facetime, Zoom, Teams or Skype	16.4% 24	6.2% 9	14.4% 21	9.6% 14	50.7% 74	2.7% 4	146

We decided to look more closely at these figures to see whether there were any significant differences in confidence levels by age group. This cross-referencing of data confirmed that – generally speaking – the older people are, the less likely they are to feel confident using the types of digital technology which are increasingly utilised across the health sector, including by GP practices.

Not a single person in the **16–24 age group** (totalling 6 people) disagreed completely with any of the statements above. One person disagreed slightly with all statements, but the majority (67% to 83% depending on the statement) agreed completely that they were confident using technology.

In the **24–49 age group** (59 people) there were very few selections of the lowest categories of confidence. Most were very confident (78% agreed completely) except about on-screen/video communications where the confidence rates dip noticeably to just 52%.

The **50–64 age group** (39 people) were mostly confident in all categories but not as strongly as younger age groups. The 'Agree Completely' responses ranged from 59% for on-screen/ video communications to 77% for email, WhatsApp and text messaging. This group had a wider spread of answers, showing a greater spread of knowledge and confidence levels than amongst younger respondents, with 8% disagreeing completely with most statements (and 5% disagreeing completely that they were confident in using email, WhatsApp and text messaging).

In the **65–79 age group** (33 people) those with high confidence in using communications technology ranged from 43% feeling very confident about using apps for everyday tasks to 52% feeling very confident with email, WhatsApp and text messaging and using online search engines. The numbers at the very low confidence end of the scale are considerably higher

in this group with about a third lacking confidence about on-screen/video communications (34%) or using apps (33%). A similar number (30%) had very low confidence using search engines and almost a quarter (24%) were very unsure about using email, WhatsApp and text messaging.

The **80+ age group** (9 people) continued the overall trend with a clear majority of people completely disagreeing that they were confident with technology across all formats. 89% of this group had very low confidence about using apps or on-screen/video communications, 78% had very low confidence about using search engines and 67% had very low confidence with email, WhatsApp and text messaging. Only one respondent in this group (11%) had high confidence across the majority of communication methods, except for apps – which nobody in this group had high confidence about.

“GPs need to understand not everyone can be online – I forget passwords, other people are not confident using the internet.”

20. Is there anything else you would like to tell us?

We received 89 further comments.

The vast majority of these related to the themes set out above, and some examples have been included above as relevant. Some additional themes included:

Need to address health inequalities

There was an awareness that some individuals and groups have greater access to healthcare than others, and that intergenerational inequalities should be a concern for the whole healthcare system.

“Inequalities in healthcare are directly impacting on the poorest members of the community. Your class and language have an impact. You can use them to get your point across OR you can be taken as rude if you don’t have the language to express your frustration... I’m worried that asylum seekers aren’t getting access to healthcare. They don’t have the money and ill health is being created for generations.”

“Elderly people, people who don’t speak good English – what happens to them when they can’t get to or get in touch with the GP?”

Need to ensure quality standards across all GP practices

Another systemic issue which was raised was the ‘lottery’ of primary healthcare provision.

“How do we get balance, so there aren’t really good practices and really bad ones – but that care is high quality, empathetic, and sympathetic across all?”

Need for a greater focus on mental health

There was a suggestion that primary care staff should take more time to talk about patients’ mental health – whether or not patients raised this specifically.

“Personally, the GP practice I attend is always good, but I think maybe appointments should try have a bit more time to discuss mental health problems, and maybe have more options for mental health support.”

Delays in approving prescriptions

The negative aspects of trying to order prescriptions digitally were also mentioned.

"Last Wednesday put in for repeat prescription on app. Still showing as not approved this morning. Going on holiday so having to chase."

"It is not always possible to order (at) online pharmacies. Last time I used it the prescription never went through. Don't know why so I will go back to handing in at Doctors."

The impact of poverty/cost of living crisis on access to health care

Another barrier to access – poverty – was also highlighted.

"I can use the internet but haven't got the equipment, I am poor. If it wasn't for the help with the leccy bills I wouldn't have anything."

Patient Safety & Comfort

Survey answers were received during a particularly cold winter period.

"Put some grit outside the door to deal with the snow."

"Having to stand out in the cold, you shouldn't have to queue outside, thinking of older people too."

"It would help if all surgeries had automatic opening doors. Hard enough getting an appointment but then a nightmare to get through the door with walking aids!"

More outreach to vulnerable patients

"A friend of mine – her husband passed away 3 weeks ago, and no one from their GP surgery has been in touch with condolences. I understand they are busy, but they were with that practice for decades."

"GPs should be checking on elderly patients – if they've not been in contact with the practice for a couple of weeks or months, someone should reach out to check up on them."

More emphasis on patient involvement

"I think patients should join PPGs (Patient Participation Groups) and get involved that way."

"I've been thinking about joining the (practice's) Patient Group to try to have some influence."

Online Focus Group Feedback

25 people expressed an interest in taking part in focus groups. To ensure that people could take part safely we decided to arrange 2 online groups via Zoom, one daytime and one evening session. We also offered one-to-one phone calls to those who could not access online meetings. Although 8 people booked to participate in the focus groups, only 4 attended.

The themes which emerged in our Zoom focus groups reflected what patients told us at surgeries and in our online survey. These included:

1. Problems making appointments by telephone

Focus group members told us that not only was it difficult to get through to Reception staff but the wait for a call-back was inconvenient and sometimes involved a loss of privacy. There were also fears that people may give up trying to call, with potential consequences for their health and wellbeing.

2. Staffing levels

Lack of permanent GPs was identified as an issue, as was locum staff's lack of access to key records and systems. This was attributed, at least in part, to funding levels.

3. Continuity of Care

Lack of permanent/consistent staff was also said to contribute to a lack of continuity of care. A lack of personal knowledge of patients' medical histories can lead to frustration for patients that they have to continually repeat their stories, and an erosion of trust in GPs more generally. A long relationship with a GP or practice can bring comfort and security.

Not only can it be difficult to see a particular GP consistently, but it can also be difficult to see a GP of a particular gender.

4. Digital exclusion

It was felt that not everyone has equal access to digital technology and that lack of access and/or confidence can reduce access to healthcare for already marginalised or 'at risk' groups, including older people and those on low incomes.

5. Health inequalities

Awareness of health inequalities was broader than digital exclusion, however. Class, age, household income and language skills were also mentioned.

6. Patient perceptions

Another point made was that patients need to update their understanding of what they can expect from primary care practices. The situation has changed radically over the past 3 years. This is something that commissioners, practitioners and patients all need to do more work in addressing. If demand continues to focus on GPs alone then expectations are unlikely to be met, causing frustration for both patients and practitioners.

There was also some discomfort about the role of Reception staff in 'triaging' patients.

7. What is, or would be, helpful

The basics of 'customer care' remain key to a positive experience. A more pro-active approach by practices to calling the most vulnerable patients on a regular basis would also be welcomed.

A greater focus on 'joined-up' working and sharing of good practice across health providers was also felt to be desirable and, potentially, cost-effective.

One of our Zoom focus group participants made a suggestion about primary care facilities learning from good practice in secondary care to make their environment more accessible to neurodiverse patients by, for example, providing 'calm/sensory rooms'.

Feedback from A&E patients

We were also informed by what patients told us when Healthwatch visited the A&E Departments at The Royal and Aintree hospitals in December 2022.

Healthwatch Liverpool and colleagues from Healthwatch Knowsley spoke to 28 people at The Royal of whom 11% had been advised to go to A&E by GPs. One of them told a story that illustrated how difficult it can sometimes be for people to get the treatment that they need and how effective communication between primary and secondary care is vital.

"I'm asthmatic and it gets worse in winter. It got bad and I called the GP. The receptionist said they had no appointments left and to call 111. The 111 operator heard how wheezy I sounded and said to go to a Walk-In or A&E. I went to the Walk-In, and they wanted to give me steroids. Last winter I had a reaction to steroids I was given and it got worse. I told the Walk-In this and they called my GP practice. The GP (not my regular one) said to give me a lower dose of the steroids which I agreed to try, and some antibiotics. The next day I knew I was getting the same side-effects from the steroids (I was hyper, couldn't sleep) so I can't be given more steroids but my lungs are more crackly. The GP said to come into A&E as I needed oxygen and couldn't get that otherwise."

We also spoke to 17 people at Aintree A&E, of whom 41% had been advised to attend by GPs. Patients told us:

"Not getting a GP appointment is a problem generally."

"It is a nightmare getting an appointment (at a GP). An Advanced Nurse Practitioner told me my chest was viral and I have been put on steroids in A&E."

"I tried to contact my GP but was only allowed an appointment from the 22nd Dec (it was 16th Dec when we spoke to this patient), but I'm away on holiday then."

What Practice Staff Told Us

What Helps

The things which staff felt had made a positive difference to patient access (where they had been implemented) included:

1. New telephone systems

Several GP practices told us that they had changed their phone systems recently, while others were looking into making changes. Some had introduced a 'call-back' function, where patients could press 5 to receive a call-back, although this system was not totally foolproof (after an hour, numbers would drop off the list and patients were advised to call the practice again if they had not received a call-back within an hour).

2. More reception staff

Nearly all the GP practices that we visited had taken on additional reception and/or administrative staff since the pandemic to try to help with the increased patient demand. Additional receptionists are always helpful in terms of answering patients' calls quickly and reducing waiting times. However, staff also made the point that more reception staff and better telephone systems can only improve initial contact with practices. Access to GPs cannot be improved if there are not enough clinical staff to provide appointments, including enough GPs to meet demand – particularly where patients are reluctant to see other members of the staff team or where this might be inappropriate. One practice told us they had lost 50% of their GPs since the start of the pandemic, which meant that the number of GP appointments the practice could offer was reduced substantially.

3. More diverse staff

We were told about the multi-lingual receptionists at Princes Park and the Chinese Link Worker at St James' Health Centre, both successful examples of practices working to tailor their staff teams to meet the demographics of their patients – although even here there was a perception from both staff and patients that demand was greater than supply. Whilst increasingly diverse staff teams are particularly welcome in Liverpool's most diverse neighbourhoods, they cannot cover all potential language and cultural needs in these areas or elsewhere in the city. It is therefore important that all frontline staff are trained to know how to access interpreters and to flag patient language needs or other reasonable adjustments on their systems.

4. Community outreach

Where certain communities or cohorts of patients are reluctant to access primary health services, or unsure of how to, there is evidence that outreach can be very successful, for example when promoting preventative health care such as immunisations, and screening for specific cancers. Successful examples of outreach include:

- Central PCN has carried out 'Know Your Numbers' events at the mosque, which include basic health checks such as taking blood pressure.
- Engagement has taken place with the Chinese community regarding childhood diseases/ immunisations and dementia awareness.
- The breast screening bus coming to community locations (e.g. L8) in response to feedback that some people find it difficult to travel to Broadgreen. These outreach sessions can be

pre-booked and help can be given to make a booking.

- Partnership work between Cheshire & Merseyside Cancer Alliance and local PCNs to raise awareness of prostate cancer amongst Black men, who are more likely to receive a late diagnosis than other men. Publicity was produced, an event was held (in L8) and community champions were identified.
- To help manage demand, one practice has started clinics for depo contraception so that patients do not need to book an appointment for a simple, regular procedure. They are also looking at providing skin lesion clinics.

5. Cross-provider partnerships

Teams such as the Community Inclusion Team at Mersey Care support asylum seekers and people from other more vulnerable communities to access health services. They often help people to register with GP practices. We were told that in central areas (e.g. L8, L7) this usually worked well, but that outside of these areas they regularly encountered more barriers to getting patients registered. One reason for this may be where practices have not had access to Local Enhanced Services (LES) funding to register specific communities e.g. asylum seekers or homeless people.

What Doesn't Help

The things which staff felt were reducing their capacity to see patients included:

1. Difficulty recruiting GPs and other clinical staff.

The fundamental problem of a national shortage of GPs has been well-documented. This problem is exacerbated because extra primary care funding is for 'additional' roles, not for GPs. Whilst some work is being done to look at re-directing patients to other sources of help, advice and support there is still a need to look at care navigation tools, and more publicity/awareness raising needs to happen to communicate to patients that a GP is not always the most appropriate, or only, clinician to see.

2. Lack of appointments

It can be difficult/stressful for practice staff to ring patients back to say that all appointments have gone by 8.45am and there is nothing to offer them. Patients are understandably frustrated even when they realise it is not the reception staff's fault. Despite this, GP practice managers pointed to the increase in the number of contacts they're having with patients, including remote appointments as well as face-to-face appointments.

3. "Fallout" from secondary care

The system-wide problems being faced by the NHS have had a negative impact on communication between primary and secondary care, with administrative and clinical staff chasing-up issues such as delayed appointments on behalf of patients.

4. Lack of funding for Link Workers and language support

Some practices told us they would like to increase accessibility for under-served communities by employing Link Workers but do not have the funds to do so. Additional resources are also needed to help overcome language barriers across the city.

5. Loss of monthly protected time during the winter (2022–23)

Most practice managers mentioned that it had been more difficult to arrange mandatory and other staff training as a result of the monthly protected staff time being scrapped between November 2022 and March 2023 due to winter pressures.

Managers also told us that not having the protected time made it harder for staff to discuss specific issues as a team, which wasn't ideal at times of high additional demand and pressures.

In addition, it had been more difficult for newly recruited staff to get to know their colleagues without an afternoon per month of protected time.

Several practice managers suggested that getting additional winter pressures funding to employ locum staff to cover protected time could be a solution. Since our conversations with the practice managers we have been informed that an agreement has been reached between commissioners and providers about this, with practices giving up their protected times during August, December and January. The protected time in the other 9 months will be covered by another provider.

Equality, Diversity and Inclusion

Accessing a GP appointment, or an appointment with other health centre staff, can be difficult even for those with good English language skills and who are confident using telephones or digital/online booking options.

Access becomes considerably more difficult when people lack confidence or skills in either or both these areas.

Case Study – GP Access for Liverpool's Chinese Community

Chinese Wellbeing supported us to hold a focus group with approximately 30 of their members in February 2023.

Their overwhelming feedback was that it was generally difficult to get in touch with GPs. Sometimes this was because of language difficulties:

"It's difficult to get in touch because I need my son to help me make the appointment."

"It's difficult because I don't speak English well. I can't answer questions from the receptionist about what the problem is, or what symptoms are. I only know enough to say that I need to make an appointment."

Three people told us that they don't contact their GP practice directly themselves, and always get their children to contact the practice for them, so aren't sure how hard it is. But, even needing to rely on their children is a barrier to swift access.

A further four people said they were registered with GPs outside of Liverpool (in St Helens, Wirral or Manchester) because that's where their children or other family live. They would rather

stay overnight with family members for a GP appointment than register with a GP in Liverpool, because in Liverpool they have no one to support them with visiting a GP.

Nine people said they were registered with the St James practice (which has a particular focus on the Chinese community) even though they didn't live in the Chinatown area because the practice has a Chinese interpreter available.

However, even here, the interpreter was not available throughout opening hours.

"St James have an interpreter (10am – 1pm?), but other practices don't have this – they need it though."

Elsewhere, focus group members reported similar concerns to others who participated in this project. Namely, difficulties getting through to practices on the phone, problems getting same-day appointments, and all appointments being booked by the time people can get through to the reception team.

"The phone for my GP is always engaged, no one picks it up. We can only make an appointment between 8:00am and 8:10. By 8:15 all the appointments are gone and you have to phone again the next day."

"Appointments are always fully booked when you call."

"I interpret for my friend who lives in Woolton, L25. When you call, you only get the answering machine. After 20–25 minutes, you get through to someone, it's difficult."

There was some variation between practices:

"It's okay – sometimes I can get an appointment the same day that I phone."

And feedback could sometimes be variable even about the same practice:

"My GP (practice gets) two thumbs up. They are very proactive and helpful!"

"I'm also with (this GP practice), it's different for me. I find it hard to get an appointment, especially with my children working – it's not convenient for them to help me."

One barrier to access was that interpreters were not always available for same-day appointments. A number of people fed back that GP practices (not St James) say that interpreters can only be booked for advance appointments. For same-day appointments, people had to bring their own interpreters. This can potentially be problematic if patients usually rely on family members or friends who they might not want to involve in private conversations with GPs or other health professionals.

Another issue was triage calls – even when interpreters are booked for appointments, triage calls often take place in English, so people can't understand or answer key questions. Interpreters can be booked for appointments, but not for calls back from a GP.

One focus group member made an important point about the benefits of face-to-face appointments for people with additional language needs.

"I prefer to see my GP face-to-face. My English is okay, but not good – especially if the GP is also foreign or has a stronger accent. It's easier to understand when we are talking face-to-face, rather than over the phone."

Like many other patients, Chinese focus group participants felt that basic information on where callers sit in a telephone queue would ease some anxiety:

“It’s easier if you know where you are in the phone queue and know how long you might be waiting to get through. Not knowing where you are in the queue is hard.”

Digital access was also raised as a problem, with most people in the group not feeling confident about using the internet.

Most people in the group said they had limited or no English which makes online access harder. eConsult, in particular, is difficult as the questionnaire you need to submit is very lengthy and people generally don’t trust online translation from e.g. Google Chrome.

The Chinese community in Liverpool is one of the largest and most long-established in the city and has better support and ‘ways in’ to health and social care than many other minoritised communities, yet the problems identified by these focus group participants are stark. We can only speculate that the situation is likely to be as bad, if not worse, for smaller or less well-supported communities.

Of course not all Chinese people living in Liverpool require additional support in accessing health care, many are British-born native English speakers or have excellent English language and ITC skills which may be called upon to assist family members where necessary. Nevertheless, there is real evidence here that access to primary health care in Liverpool is unequal and that some patients are therefore more at risk than others, thus increasing the health inequalities which already exist.

Age would seem to be a significant factor in terms of who needs/doesn’t need interpreters within the Chinese community although we do not have the statistical data to confirm this as we do with communications technology (see p23 above). Other communities will have different experiences and circumstances.

Case Study – GP Access for Liverpool’s d/Deaf and Hard of Hearing Community

Merseyside Society for Deaf People supported us to hold a focus group with 12 of their members, plus an interpreter, in March 2023. 5 of the attendees came from Liverpool, 3 from Sefton and 3 from Knowsley. 1 person’s residence was unknown.

Feedback from this group echoed that of other patients in that they found it hard to make an appointment with their GP, and that this had got more difficult over recent years.

“Five years ago, it used to be fantastic. I could book an appointment, pick the date, the time, and the specific doctor, and I would then email the practice with my appointment information to say I’d need an interpreter. It was so simply – but it doesn’t work like that anymore.”

“My wife and I recently moved from one practice to another – as we couldn’t get through at the first one.”

However, this is considerably more difficult for anyone who finds it difficult or impossible to make or receive telephone calls because they are deaf or hard of hearing.

“You ring up at 8.00am, the receptionist says they can’t see the GP, but they’ll call you back. That’s an absolute joke for us.”

“Lots of deaf people who don’t have family support walk to the GP to make appointments. This was okay before Covid, but now you’re told you need to phone.”

Similarly, not everyone felt confident about using computers and digital technology to make appointments:

"Even people who are confident with using computers to access healthcare would prefer to go in person to the GP with an interpreter."

"Lots of people can't use computers, or don't have access to them, but the NHS still expect you to use a computer. The only way I can get through to my GP is to go in person to the practice."

Once people managed to speak to reception staff they often found it difficult to access interpreters for their appointments and/or to find GPs or other staff who are familiar with or competent at using deaf-friendly technology or making 'reasonable adjustments'. Communication with deaf patients was a problem.

"Every time I call, I ask for an interpreter to be booked. Some staff don't know how to do this."

"Even if it's on your notes, you have to really insist on getting a double appointment."

"Sometimes the loop system in surgeries isn't working, or staff don't know how to use them."

"Videos can be difficult. 3D lipreading in person is much easier than looking at a 2D video, You can't always tell what someone is saying on video."

"I've missed appointments because I've not heard people call my name. Once I waited an hour and a half in the waiting room. When I arrived, I asked them to inform me when my name was called, but they never told me. After 90 minutes, I asked what was going on, and they'd recorded that I'd walked out."

"Last time I went to my GP was 2018, and then I went back in 2022 and found out I was diabetic since 2016, but hadn't been told before."

Some people had developed their own techniques for addressing such situations, but changing ways of working at GP practices had made these ineffective:

"I used to ask reception "Who am I after?", and then I could keep an eye on that person to know when I'd be going in, but it doesn't work like that now."

Lack of easy access to interpreters also delayed access to appointments, bringing a concern that diagnoses and treatment could be delayed in comparison to hearing patients:

"In order to book an interpreter, you have to book an appointment in advance. You can't just show up and get an interpreter. Only one person in the group had used the Signalise app but not everyone in the group was a BSL speaker."

"I have the app on my phone. I open it, pick my GP practice, and can get a three-way conversation with the practice. There is a video call between me and the BSL interpreter, and the interpreter is on the phone with the practice. It is fantastic for me - but it is very new, I think it was introduced about 2 months ago. How well the interpreter can get through to the GP practice depends on e.g. the time of day, you're treated the same as a hearing person. I've asked Signalise about getting a system like Type Talk where you can input a passcode when you're in a phone queue as a BSL speaker and jump to the front."

Like hearing patients, some deaf patients were concerned about the role of reception staff and questioned why they were asked to share personal information with them.

"I don't like when the receptionists ask you what's wrong - they shouldn't be doing that, it should be the GP."

“Sometimes when I phone the receptionist gives me their name, sometimes they don’t. Should they be giving me their names all the time? Maybe they are not giving me the right information?”

Continuity of care and empathy were also thought to be crucial to a positive patient experience.

“I ask to see the same person at the GP every time. She knows me and knows I’m deaf. I have a card to say I’m deaf and need an interpreter, MSDP give it me, I take it everywhere.”

Conversely:

“I gave up going to the GP 5 years ago. The GP never looked at me, was always looking at the computer, just printed something off for me and didn’t really look at me throughout. I felt really upset.”

Another issue raised was that staff who spoke with unfamiliar or strong accents (other than Liverpool accents) could be particularly difficult to understand.

“Having foreign staff in the practice is an issue, there are more foreign staff now, and I can’t understand what they are saying.”

“I have also had a problem with a non-British doctors. Normally, I can lip-read, but this particular doctor – I couldn’t understand him at all. I asked him to repeat himself a few times, he got annoyed and chased me out the room with a bit of paper he printed off. I didn’t even know what this bit of paper was until I left the practice – it was for blood tests. I went back to speak to the practice manager the next day – they offered to give me a different doctor. He was great, also foreign, but I could understand him better. My appointment with him took about half an hour – he had to interpret what the previous doctor had done. The practice also put it in my notes that I should have 20-minute appointments, rather than 10-minute appointments, and that I need an interpreter. The issue is that doctors, receptionists – they are not deaf aware. Accents are very noticeable when you are lip-reading, it can be really hard to understand what people are saying. They are not deaf aware – you’re just a number, and that’s it.”

Another issue raised by several people related to phlebotomy services and why they were not available at GP practices:

“If you need blood taken from your leg, you have to go to the hospital for it. Why can’t there be GPs who can take your blood there and then?”

“I agree, why can’t GPs take your bloods when you’re there? I got a blood test recently, it was 3 weeks before the next available appointment. I’ll be better – or dead – by then. It doesn’t feel worth going sometimes.”

Other issues raised included:

Some group members mentioned that having a numbered ticketing system for appointments was helpful for letting hard of hearing people (and possibly others) know where they are in a queue.

Interestingly, none of the group were aware of social prescribing although this is something they may benefit from. There is further work to be done to reach diverse communities with information about this.

Many group members felt that ageism was an issue within GP practices and that they stopped being concerned about patients once they reached “a certain age”.

There was also confusion about how regularly patients should get health checks.

“Are you supposed to get letters about coming in for a general check-up? I’ve not had one for about 4 years.”

Group members also expressed concerns about the possible privatisation of the NHS and what this might mean for them.

BSL Speakers Focus Group

MSDP also hosted a second focus group for us in March. This involved 17 BSL speakers (13 from Liverpool, 2 from Sefton and 2 from Wirral). Of these, 5 people (29%) said they were confident using the internet. A member of MSDP staff also attended.

Again, feedback reflected the universal experience that access to primary care had got worse since the start of the Covid pandemic and that having to wait for hours for a call-back was inconvenient – particularly for people who find using the telephone difficult or impossible:

“My husband phones for me. All the appointments are gone, he gets told to call back tomorrow. Things are seriously worse since Covid.”

“Calling so early is difficult. 8.00–9.00am is when you’re getting yourself and your children ready for the day, taking them to school – you can’t just hang around on the phone day after day, it’s a kind of discrimination.”

There was also confusion about why practices are so empty when appointments are so hard to access:

“All appointment slots are full at 8am – but when you arrive at the practice, it’s empty!”

Members of this group told us that GP practices varied in their approach to telephone and digital communication with BSL-speaking patients. Negative experiences included:

“As a deaf person who can’t use the phone, we miss appointments. Your appointment is pushed back, they tell you to call again tomorrow – it’s getting worse.”

“Telling people to go online and call 111 is fine for people who speak/read English, but not for people who don’t.”

“I would like to be able to walk into the GP reception to make an appointment. I don’t like to be reliant on other people to phone for me.”

More positive feedback included:

“If I need to come in, my GP rings my daughter and asks her to book me an appointment and interpreter.”

Two people gave similar feedback but we note that this method will only work if a patient has a family member, friend, carer or professional who the GP can speak to.

Indeed, MSDP staff told us that many people ask Duty Officers to ring their GPs for them. They also noted that it can take 60–90 minutes to get through to GPs although Signalise seem to get through more quickly.

The myGP app was not designed with additional support needs in mind:

"It used to let you book an appointment on the app. But you need a double appointment if you bring an interpreter – but you can't book this on the app."

This group agreed with the Hard of Hearing group that GP Receptionists and other staff are not deaf aware. They told us that deaf patients are routinely told they need to call the next day for appointments and even when reception are told the patient is deaf they don't make any exceptions, and just say that this is the policy at the practice. An MSDP Duty Officer added that in their experience most practices in Liverpool are like this.

"Before Covid, things were improving for d/Deaf patients in healthcare settings – signage, etc – but things have gone backwards, it feels like we are having to build up that progress again. There needs to be much more deaf awareness training happening. People need to know deaf patients should not be offered phone appointments – it's totally inappropriate. VRS (Video Relay Service) is also not always accessible to all deaf people. With face-to-face appointments and interpreters – it depends on how flexible they (GPs) are. Out of hours appointments are an issue."

"Receptionists don't always know about interpreters and booking them. Sometimes they think we need to bring our own."

This lack of awareness can mean that onward referrals are also negatively impacted for patients:

"When the GP refers you to the hospital for an appointment, they don't always tell the hospital that the patient is deaf so interpreters are not in place for that appointment."

Lack of immediate access to interpreters was another frustration and delayed appointments, diagnosis and treatment in discriminatory ways.

"My GP says I need to wait 3 days for them to book an interpreter. It's difficult if they want to see me urgently."

"You get to the point where you just can't be bothered, you just give up and leave it. That is not equality."

"If an interpreter is forgotten, it delays diagnosis, it delays prevention, it delays treatment. There are so many knock-on effects of an interpreter not being arranged at the beginning. It's been like this for 50+ years."

"Sometimes I have handed my BSL card in to receptionists and they have handed it back saying "No, we don't book interpreters.""

Having to rely on family members (where available) to interpret can be both inappropriate and upsetting:

"It's also really emotional for family members to have to interpret."

Staff retention and turnover was another issue raised in relation to deaf awareness training:

"A problem with the education and training of staff is turnover. Training needs to be ongoing, people need deaf awareness and other training as part of their ongoing CPD (continuing Professional Development), refreshed every 6 months. Otherwise staff act on assumptions if they are not trained often."

Things that make the primary care experience easier for deaf people include:

a) making 'in person' appointments:

"I used to be able to walk in to book an appointment, but now I can't. I went in recently, I felt so unwell – but they told me I needed to phone them. I ended up having to go to the Walk-In. "

"Before Covid you could walk in, write down your name and date of birth (DOB) and ask for an appointment, but you can't do that anymore. They say there is nothing they can do and that we need to phone for an appointment."

b) appropriate communication:

"One GP there, she's brilliant. She takes her mask down to talk to me, she speaks to me in the waiting room so I know it's my turn to go in, she's great. The other Drs seem new, they're not so good."

"At my GP, I ask the receptionist to let me know when I am being called in as I can't hear. Sometimes they forget."

Lack of appropriate communication is disrespectful and distressing:

"I always go the GP with my daughter now. Last time when I went by myself, I told the GP I was deaf – it was awful. He was shouting in my face, a nurse was sat there laughing. I was so upset. I complained and got a letter of apology."

c) on-screen announcements:

"Having a screen system where you can see your name is better."

d) access to BSL translations:

"For screenings for e.g. bowel cancer, breast cancer, etc, lots of people don't want to go. We have to explain to the deaf community that it's worth doing – but maybe when people can't get a GP appointment, they don't feel it's worthwhile? There are also no Sign Health videos for screenings – the old deaf centre used to have DVDs about screenings, but not seen any more since."

"When I went to my breast screening, BSL wasn't listed on the translated information, only spoken languages. Lots of surgeries and hospitals see BSL translation as too expensive a service to invest in – e.g. it's not available at A&E, and people often aren't able to access interpreters at the weekend."

The British Sign Language (BSL) Act (2022) has made some positive change though – more people are proactively getting in touch with MSDP about this and MSDP are currently working with hospitals including The Women's Hospital and Liverpool University Hospitals Foundation Trust LUHFT around BSL.

There was mixed awareness of the Accessible Information Standard among participants in this focus group.

There was also interesting feedback about interpreter providers and the importance of interpretation being provided by BSL specialists rather than generalist spoken language interpreting agencies.

"(Professional) spoken language interpreters aren't great at BSL interpretation in general, and (some) are particularly bad for deaf people. I've heard of them booking e.g. a person's relative as their interpreter, even though the person has said they don't want that. (Others)

are great. They text you back, send you a photo of the interpreter so you can identify them easily, you can choose a male or female interpreter. You can't do that with (spoken language specialists) – you can't complain, can't call them. BSL interpreting is only a really small part of their business and they just don't care, the BSL service is really bad."

Group members also told us that they were not always clear about how to change GP practices if they were not satisfied with the service they were receiving. Some practices were much more helpful than others with supporting patients to transfer.

In addition to the feedback from focus groups, we also received feedback on equality, diversity and inclusion from other sources.

Members of **The Rainbow 50+ Community** (a free befriending service for older people) completed the surveys individually. The main points they raised were that a substantial number did not use the internet, and many found it difficult to get through to surgeries on the phone. Several made in-person appointments.

A positive example was given of a GP practice which regularly, proactively, contacts an older patient to check on their wellbeing. This is something that others who responded to the survey would welcome.

We received feedback from Merseyside Polonia (the primary source of information, support and activities for the local Polish community) whose concerns were similar to those of other communities – primarily that language barriers were a big issue, particularly for older community members. Not everyone was able to call for appointments at the designated time, particularly where they didn't have family members available to interpret for them (an issue that has also been raised previously by Merseyside Somali Community Association). There were also concerns about family members, including children, being used as interpreters where this was clearly inappropriate.

Another concern raised was about the coding of data held by practices in relation to language support needs. A recent request to one PCN for a breakdown of how many Polish patients were registered in the area gave a number of approximately 150. However, when a second search was requested, asking for information about how many patients were known to speak Polish the number was over 1,000. Merseyside Polonia felt that more could be done to keep records up-to-date to prevent Polish patients' language support needs being under-recognised.

Polish patients were not generally thought to be aware of Enhanced Access to GPs, although this would be useful to Polish patients who work long shifts and often have limited or no access to primary care services.

Another issue was that many Polish patients choose to travel to Poland for immediate access to health care rather than wait for treatment in Liverpool. However, when they do need to access GPs here they do not always have all their health records with them and Liverpool GPs are unable to access their Polish records. This has potential implications for diagnosis and treatment and in some cases has delayed treatment for e.g. cancer by several weeks.

Local PCNs differ in terms of supplying translated materials but even where these are provided they are often Google Translate documents which may not be 100% reliable.

We also heard from several people with learning disabilities who attended a Mersey Care event during Learning Disability Week. Their feedback was particularly focused on communication methods and styles:

"Why do doctors send text messages when I can't read?"

"Make a video call – and make sure it's with me, not my carer."

“A phone appointment won’t work for me. I need a face-to-face appointment – with extra time. 10 mins isn’t enough.”

GP Website Accessibility

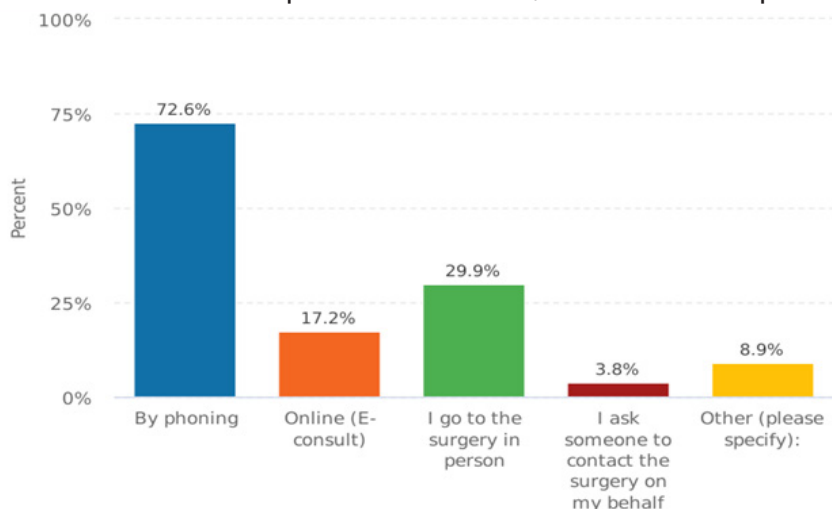
GP websites can be a crucial source of information for patients – particularly if they find it difficult to access their GP practice by telephone.

Just over 17% of respondents to our survey said they contacted their GP online at least some of the time. It is therefore useful to consider what works well and what could be improved about Liverpool GP practices’ websites in terms of accessibility and ease of navigation.

What is your preferred way to contact your GP practice (please tick all that apply)?

Accessing Information and Appointments Online

We looked at 51 Liverpool GP websites, to see how helpful they were to patients looking for



medical advice. At the time, most GPs were using the eConsult tool to help patients access information and appointments online and we wanted to know how easy it was to find and use the tool.

Since we did this work, we know that many GP practices have begun moving from eConsult to PATCHS.

PATCHS is a new online tool for contacting GP practices for health advice, condition monitoring, repeat prescriptions, fit notes, and appointment bookings. It aims to provide improved support to patients who find it hard to contact their GP practice using the telephone or in-person. This includes patients who have hearing or speaking impairments, anxiety, or who speak English as a second language.

At the time of our GP websites survey 96% of the 51 sites we looked at included information about eConsult on their homepage. 35 sites (69%) had an eConsult pop-up function on their homepage although this only appeared outside of working hours in 10 cases. 25 of the 51 sites (49%) had information about eConsult elsewhere on their sites which was easy to find in 20 cases.

Whilst the majority of sites included information on how to use eConsult, 15 (29%) sites did not. 31 (61%) sites gave no information about when (which hours) eConsult was available.

90% of the sites we looked at had a 'Contact Us' function on their homepage which in the majority of cases was easy to find. 58% of sites included contact details on other pages.

The most commonly suggested method for making contact was the telephone (94%) – which, as we know, is also a source of frustration and negative feedback from patients.

The second most suggested contact method was via an online contact form (suggested by 76% of the sites we looked at).

Where GP websites included online contact forms, only 35% explained what such a contact form should be used for (e.g. not to be used for urgent medical concerns or prescriptions).

Whilst the vast majority (90%) included information on how to make an appointment, and what times appointments were available (88%), only just over half (54%) included information on accessing Out of Hours care and just over a third (35%) on Out of Hours appointments. Interestingly, only 40% included information on booking appointments with other health care professionals at the practice. This is something which could certainly be improved, given the NHS emphasis on encouraging patients to access appointments with a range of primary care professionals.

Registration & practice accessibility

Although the majority (90%) included information on how to register, only 51% included a map of the catchment area or a link to a new patient form. only 20% included information on what happens if patients move house.

A minority of websites made it very difficult or impossible to find information about how to register as a new patient. Some said that new patients would have to provide proof of address, which is not mandatory under NHS guidelines. We know that, at the time of writing this report, work has been underway at several PCNs looking at the registration pathways for new patients.

Another area which could be improved is information on how to get to the practice. Although it may be assumed that existing patients are aware of how to find it, basic information on e.g. bus routes and parking facilities, including disabled parking would be particularly useful for patients (including new patients) and other visitors. Public transport information is particularly useful given that Liverpool has relatively low levels of car ownership. Only 7 (14%) of the websites we looked at included public transport information, whilst a third (33%) included information on disabled parking facilities.

Again, although the vast majority (96%) of sites included information on the general services offered by the practice, only 63% included information about specialist services and only 10% mentioned fees for non-NHS services e.g. doctor's letters.

Accessibility & Language

GP websites were generally not very strong on accessibility, with only just over a third (34%) including e.g. Easy Read or text-to-speech information on the homepage.

However, where this information was available it was generally easy to find.

In 44% of cases accessibility information was available elsewhere on the website although this was slightly less easy to locate.

60% of the sites we looked at had information about translation and interpreting services on their homepage which was generally easy to find. Again, where this type of information was available elsewhere on the sites it was slightly less easy to locate.

69% of the sites we looked at offered access to Google Translate – sometimes across the whole site, sometimes just on specific pages. Whilst this certainly provides some basic help to people with limited or no English, it can also be confusing. For instance, the word ‘Surgery’ (meaning ‘GP practice’) is translated in Spanish as ‘operation’. A minority of websites included e.g. drop-down menus in a variety of languages, and/or information about accessing braille, large print or easy read information, language interpreters, British Sign Language (BSL) interpreters or advocates. Some also included new patient leaflets in a range of languages.

On one site it was possible to click on an Access Able logo at the bottom of the home page and be taken to information on: practice access/disabled parking (blue badge), maps, directions and icons for different requirements such as languages other than English, magnifier, recite, download audio file. Another site used alt-text tags to identify images and their functions.

80% of the sites included information about how to book an appointment if you require an interpreter but only 42% provided information on wheelchair accessibility of the surgery premises.

Complaints & Patient Engagement

78% of sites included the Practice Manager’s name but only 3 websites (6%) included their email address or telephone number. 69% included information on making a complaint or raising an issue with the practice. In 33% of cases this was relatively easy to find but in 11 (21%) cases it was difficult or very difficult to locate.

Almost three quarters (73%) did not outline when a patient would receive acknowledgement of their complaint/issue and 80% did not state a timeframe for receiving a response.

77% of websites included information about how to complain about NHS services which was generally relatively easy to find.

Only about a quarter (23%) included information about independent services such as Healthwatch Liverpool, but 70% included information on Patient Participation Groups (PPGs). In some cases it was not clear how recently this information had been updated although 14% had been updated within approximately a month of our search. In some cases this information had not been updated since 2016.

We considered whether GP websites contained any statements and/or information that could encourage or deter people from registering with the practice or speaking to a GP.

We were pleased to see that some practices included statements about wishing to reduce health inequalities or to treat all patients equally (although protected characteristics were not always mentioned specifically).

In one case, registration only appeared to be possible via email, filling in a form and emailing a copy of ID, which may deter people with limited or non-existent computer skills and those without suitable ID.

Additional Observations

Other observations that we made include:

We found a few instances of links or tabs or contact forms not working or resulting in error

messages. It would be useful if practices could review their websites regularly to note issues such as this, and to update or remove any out-of-date information.

It may be that some sites work better with certain web browsers or are designed for PCs/laptops but not for mobile devices/tablets. Again, it would be useful for practices to check this and make any necessary changes.

In some cases, although details of a surgery's catchment area were present they just included names of areas rather than postcodes which could potentially be confusing.

Several practices listed options for 'Women's Health' and 'Men's Health' under 'Patient Services' which could be seen as not inclusive for non-binary/transgender patients. Additional wording indicating that all patients are welcome regardless of their gender identity, and will be supported appropriately, would be helpful.

We noticed that one website informs patients that they have a choice of seeing a male or female GP/health professional. Again, this sort of information would be useful for all patients to know, including similar reassurances for trans or non-binary patients.

On one website, only when you go to 'Resources' and click on 'Refugees and Asylum Seekers' is there information about asking for an interpreter or translator. This information should be easily accessible to all patients, including refugees and asylum seekers but not limited to them, as there are many more people who may need an interpreter.

Acknowledgements

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About Healthwatch Liverpool

Healthwatch Liverpool is the independent champion for people who use health and social care services in Liverpool. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body) our work contributes to a nationwide perspective on health and social care services.

At Healthwatch Liverpool we also provide a dedicated information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

If you require a copy of the report in another format or language, please contact us and we will do our best to help.



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