

GP ACCESS

Introduction

1. Healthwatch Southend is the independent voice of Southend residents who use NHS and social care services. The Local Government and Public Involvement in Health Act 2007, (which was amended by the Health and Social Care Act 2012), sets out our role and the basis for our independent status. We are funded by Southend City Council, but hosted by a registered charity to ensure our impartiality. We offer advice and guidance on local services, capture the lived experience of local people to inform service improvement and hold local commissioners and providers to account.

Access to general practice

- In line with other Healthwatch across England, we are regularly contacted by local residents trying to access general practice. The vast majority of our contacts relate to issues about making appointments, rather than the actual care received.
- 3. We do receive queries about how patients are seen telephone versus face-to-face, or by other clinicians. We believe that a meaningful conversation needs to be had with local residents about how the changes they have experienced (during lockdown and subsequently) arose, and how patient feedback can be used to ameliorate any problems faced by certain patients.

What do we know?

4. As part of our role in providing information and advice, we do seek to share intelligence about access and where Southend GPs are outperforming English averages – the percentage of Southend patients seeing a GP face-to-face on the day of booking, or the following day is higher than the English average, for example. We feel it is important to support colleagues in general practice by reassuring patients, whilst challenging areas where patients are not experiencing the access they should – our work with users of British Sign Language is an example.

- 5. In addition to the feedback we receive, a sample of patients in Southend are also able to contribute through the national GP Patient Survey. This is a valuable tool to inform the work of the Integrated Care Board, which commissions primary care services on behalf of its residents. A selection of the results are appended.
- 6. Healthwatch Southend often hears comments like "I have to wait two weeks for an appointment". We are beginning to analyse some of the NHS data about activity at practice level. Two example charts are appended. In Southend in September 2023, 91% of GP appointments took place within 14 days of booking; this is not to minimise any concern felt by the 8% at waiting longer.
- 7. It is important to remember that these are raw data; no attempt has yet been made to dig deeper with the insight of staff within general practice. They are included to stimulate discussion. Are some patients choosing to wait slightly longer for appointments because of work or other commitments? Are GPs asking patients to return to see how well a new medicine is controlling symptoms after a couple of weeks.

NHS Plans

- The Mid & South Essex Integrated Care Board (ICB) has been working with practices to improve access, as part of a national drive. An update paper was discussed at its last meeting.
- 9. Working with patients will be critical to successful implementation of the ICBs plans; the Board paper references the use of the GP Patient Survey, but Healthwatch Southend believes that more engagement with local people must take place. An example of this would be to gain a better understanding of patients' ability and willingness to embrace digital solutions and to get reassurance that those patients choosing not to use digital solutions will not be disadvantaged.

Conclusion

- 10. The work being undertaken to improve access to general practice is welcome. We know that practices are working hard to deliver care that is fit for the future, but there remains a disconnect between some residents' experiences and what the data tells us.
- 11. The co-production of solutions to current issues, as well as future developments such as the rollout of total triage or integrated neighbourhood teams remains a critical success factor in our eyes.

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