



# What people are telling us: Experiences of York GP services

A snapshot report

In partnership with



## Experiences of GP Services

### A snapshot report

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## Background

Healthwatch was set up in 2013 to hear people's experiences of health and care services. From the early days of Healthwatch England and the network of Local Healthwatch a significant proportion of the feedback we hear relates to GP services. Even before the Covid-19 pandemic, this has also been a difficult time for GP practices. As far back as 2016 the Kings Fund were drawing attention to increasing demand, problems of recruitment and retention, and describing a 'crisis' in general practice.<sup>1</sup>

The Covid pandemic has understandably placed further strain on general practice. 75% of all Covid-19 vaccinations have been delivered by them. Across the UK that equates to approximately 75 million vaccinations. For York, at Askham Bar alone there have been 400,000 vaccinations. General practice are also responsible for the ongoing support and management of those patients on waiting lists for secondary care treatment. Healthwatch England report 5.6 million people across the country are waiting for treatment. Locally it is estimated there are around 35,000 patients in this position. All of these people are likely to need greater GP support whilst they wait.

### **British Medical Association, April 2021**

As part of the British Medical Association's ongoing monitoring of the pressures in general practice, they reported several concerning trends, most notably:

- 50% of practitioners reported suffering from depression, anxiety, stress, burnout, emotional distress or another mental health condition
  - Which some felt was 'worse than before the start of the pandemic'
- 60% of respondents felt the level of exhaustion or fatigue was 'higher than normal'
- 30% had undertaken additional unpaid hours,
  - With 40% reporting they felt 'slight' or 'significant' pressure to work additional hours from their employer

The report also highlighted that:

- The number of patients per practice is 24% higher than it was in 2015, whilst the number of Full Time Equivalent GPs has fallen.

- There are now just 0.46 fully qualified GPs per 1000 patients in England, significantly below the average number of physicians per 1,000 patients in comparable nations (3.5).

You can see the full report at:

<https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice>

## Healthwatch England: People's experiences of care, August 2020<sup>ii</sup>

Healthwatch England published “The Doctor will Zoom You Now” alongside National Voices, Traverse and PPL. This looked at people’s experiences following the rapid rollout of online and telephone consultations following the outbreak of Covid-19. Key takings from this report include:

- Remote consultations were a convenient option for most
- Allowed for quicker and efficient access to care
- Most felt the care received was adequate
- Majority wanted remote consultations to be offered in the future

The report concluded that:

*"a blended offer including text, phone, video, email and in person appointments would provide the best solution [for both patients and professionals]"*

The report also shared top tips for patients to get the most out of telephone and video consultations:

### Top Tips for getting the most out of the virtual health and care experience

#### For Patients

- Ask for a timeslot for when your remote consultation will take place.
- Let your health care provider know how you prefer to talk by phone, video or in-person.
- Find somewhere quiet and confidential and, if this isn't possible or is tricky, make this clear when you are making your appointment.
- Start with a phone call if you're not confident with video technology.
- Ask for help if you need it and, if possible, do a practice run with a friend.
- Take some time to prepare in advance, consider what you want to say and key questions you would like to ask.
- Ask your health care provider to summarise the next steps at the end of the appointment.
- Remote consultations can be useful for routine appointments or ongoing care with a health care practitioner.
- Not all appointments are suitable for remote consultations, if you would like to see someone in-person please say so.

#### For Health and Care Professionals

- Provide a precise time window for appointments.
- Check that the person is in a confidential and safe place to have the phone or video call.
- Understand the person's level of confidence using technology and give people a choice of how to communicate.
- Proactively check what the patient needs, clarify what is happening next and who is responsible for the next stages of care.
- Slow down the pace of the consultation, demonstrate active listening.
- Use the chat function in video calls to make the appointment more interactive, share links to information or summarise next steps.
- Don't ask people to provide information you already have access to.
- Give guidance about how the appointment will work, offer demonstrations, provide an opportunity for a test run/provide some training.
- Seek feedback about peoples' experiences and use this to improve the service.

## Healthwatch England: GP Access During Covid-19, March 2021

Healthwatch England published a further report looking at GP access during Covid-19. The key issues raised were:

- **Communication:** Communicating information has not been a top priority for all GP practices. As a result, people were confused about how to get in touch with their GP, whether they could make an appointment and how, and what to expect if they attended the surgery in person.
- **Booking an appointment:** Before the pandemic booking an appointment was problematic. By autumn 2020, people started telling them about long waits when phoning services. People also reported problems with triage booking systems, and not being sure when their GP or other healthcare professional will call back. This left people feeling anxious.
- **Appointments not meeting people's needs:** While telephone appointments are convenient for some, others are worried that their health issues will not be accurately diagnosed. These were exacerbated for people with disabilities, long-term health conditions, those without access to the internet and for those whose first language is not English.
- **Access to regular treatment and medication:** People were unable to get the medication and treatment that they need to manage their condition due to difficulties accessing regular check-ups.

You can see the full report at:

[https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final\\_0.pdf](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final_0.pdf)

### What NHS publications are saying

Within the NHS there is a growing belief that modern primary care must include a wider range of health professionals.

*“The vision for the NHS... is a primary care provider that offers more services centred around a multi-disciplinary team. ...NHS England has already committed to an extra 1,500 clinical pharmacists in general practice by 2020/21.” – NHS England<sup>iii</sup>*

Feedback from the NHS Long Term Plan consultation delivered by the Healthwatch network indicates there is some appetite for this:



*“People want GP surgeries to give them access to different health professionals who can help them with particular issues. .... People suggested this might help reduce the burden on GPs and waiting times.”*

You can read the NHS Long Term Plan: Healthwatch Evidence Summary at:

<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20190129%20-%20Appendix%20A%20-%20NHS%20Long%20Term%20Plan%20Evidence%20Summary%20.pdf>

## **GP Patient Survey Data 2021**

The GP Patient Survey is an England-wide survey, providing practice- and CCG- level data about patients’ experiences of their GP practices. It is completed by Ipsos Mori for NHS England. The full slide pack for NHS Vale of York CCG can be found here.

<https://gp-patient.co.uk/downloads/slidepacks/2021/03Q%20-%20NHS%20VALE%20OF%20YORK%20CCG.pptm>

Across the Vale of York, 3,386 questionnaires were returned, just under half of those sent out.

A key question asked is “Overall, how would you describe your experience of your GP practice?” 83% of survey respondents for Vale of York said it was either Very Good or Fairly Good. This is in line with national satisfaction levels (also 83%).

Another useful question is “Were you satisfied with the appointment (or appointments) you were offered?” Here again we are very close to national figures. 81% of people responded “Yes, and I accepted an appointment”. 17% said “No, but I still took an appointment.” 2% replied “No, and I did not take an appointment.” Nationally, the results were 82%, 16% and 2% respectively.

These results give a clear indication that overall, satisfaction levels remain high despite the challenges of the pandemic.

## Key findings

Every month Healthwatch York reviews what people tell us about their experiences. This information is gathered via our signposting, information and advice work and our online feedback centre. We also work in partnership with other organisations to hear what all communities across York are saying. Worryingly, but perhaps unsurprisingly, we can see from our data that York residents' experiences of accessing GP services matches the trends found by Healthwatch England, The British Medical Association and NHS England.

A summary of our findings:

- The use of telephone and online consultations has increased the number of appointments available
- However, demand continues to outstrip supply
- Although digital triage solutions are working well for some, there is concern this increases the risk of deepening existing health inequalities
- There is a need to publicise and encourage take up of evening and weekend appointments to improve access to health care for workers
- There is a need for clear 2-way communication between GP surgeries and patients, allowing for expectations and understanding to be set
- There is a need for carefully considered access for parents supporting children
- There is still a need for face-to-face appointments, particularly for disabled people and those with complex health issues
- Simple changes can be made to address health inequalities locally, which will lead to a healthier and happier community.

Recommendations are made at the end of this report.



## What people are telling us

What we have heard: April 2021 to date

Selected comments from our signposting, information and advice work, and our online feedback centre since April 2021. These comments are in people's own words wherever possible. Where this hasn't been possible, these are shown as a story, though all names used throughout this report have been changed.

### Positives

*"Got a reminder that I was due a blood pressure check. Booked an appointment at my convenience via NHS app. Turned up, let in, explained I'd not used it before. Quick explanation, clear instructions printed out. Sorted out in minutes. Fab!"*

*"I fell ill over the weekend.... Filled in the online triage form with all the details on Sunday. Got a GP phone call not long after 9am on Monday morning.... E-prescription sorted to collect from my preferred pharmacy. So the whole thing works brilliantly for people who can use this system."*

*"Great service from (my GP practice) who did a home visit to give a Covid jab to relative with learning disabilities. Both times staff were friendly and supportive and explained everything they were going to do. This helped him to stay calm and it was a positive experience...."*

### Negatives

People reported problems with booking appointments. Here are some examples:

*"You can't book a non-urgent appointment until 10am. Phoned every day this week at 10am exactly. By the time you get through the voice system, all the slots have gone."*

*"Awaiting call from doctor booked [some time ago]. Attempted to make GP appointment by calling in at (2 different) surgeries to no avail"*

*"I am appalled by the lack of patient care from my GP practice. I... am put on hold for hours to find that no same day appointments are available.... I ..... wish to see a GP in person ..... my colleagues are working as normal doing the most high-risk job in regards to covid19. We provide.... appointments and*

*care that day or book in asap. I do not understand why my GP cannot match this high standard of care."*

*"I have found it \*literally\* impossible ..... to speak to my own GP, [who has] supported me through 15 years of having lengthy episodes of severe depression. The only way to get a GP appointment..... is to call the 'urgent care' line at bang on 8am for a same-day appointment..... I was told to do so today [as a matter of emergency]. I called the number only to find that I was already 'in a queue above 30'. I was later [told] that they have 15 people answering calls simultaneously for this one small group of surgeries, so this immediately illustrates the scale of the problem. [When I got through] today's appointments with my GP had gone. I was offered a phone appointment later today with a different doctor, but that's not what I need, or want....."*

*"Appalling system. You're left on hold for hours or have to call back later. Online system not fit for purpose. They get back to say you might have an appointment in 14 days' time. The only time you can see anyone face to face is when you click urgent, and this means a life-or-death situation. Like many I will have to find another GP practice."*

*"It is so incredibly difficult to get through to the surgery! The call back option is helpful but requires you having the phone with you at all times, and being able to answer the call. We .... have been incorrectly told we need to ring back next day for an appointment with a GP, and having waited for 2 hours are then told we did not need to do this....."*

*"..... part of the problem is the attitude of the call centre staff, who seem determined to avoid offering even telephone appointments ..... Example lady ..... is told to go to see a pharmacist rather than being offered appointment! When she does this the pharmacist says she needs to insist with the GP practice that at least a telephone appointment is offered. .... the criticism is of the call centre not the GP. I wonder if the GPs even know of the problem of the call centre staff's behaviour?"*

Trevor has developed a new health condition which is having a considerable impact on his quality of life. He was unable to reach his GP by phone to make an appointment. On visiting the surgery, he was told he couldn't book an appointment in person at the time. He used the online booking system to request a telephone appointment. After hearing nothing from them, Trevor called again and was told he wouldn't get a telephone appointment for weeks.

He is really concerned for others in his situation who are digitally excluded and worries that many will be left without the help they need.

Edward has ongoing complex health needs and has found it increasingly difficult since Covid to access the care he needs. He sees a different doctor each time which means they must start from the beginning every time. He feels there is no continuity of care and no consistent treatment.

Janet reported that it is increasingly difficult for carers when call backs are appointed "within the next 10 hours". She complained to the GP surgery and then sought support from several other organisations to get a response to this complaint. She eventually gave up on her complaint at this time as it was "too draining when you are one up against teams of people and it doesn't feel like it makes any difference".

### **Other notable accounts include:**

#### **Access and transport**

Albert is over 90. He needs to visit a surgery regularly for blood tests and quarterly injections. He no longer drives but is able to walk to his nearest surgery. However it has been closed for over a year. He wants to maintain his independence and travel to a surgery on foot but this is impossible for the other group sites. Although he would prefer to stay with his current GP, he needs to know if it won't reopen so he can move to another surgery within walking distance. Family has emailed his practice asking what the future of the surgery is but have had no acknowledgment or reply.

#### **Accessing GP records**

Margaret requested a copy of her GP Medical Records and (after a long time) she received a copy but in an unusable "hotch-potch," with things omitted and not in chronological order. For example, some sheets provided start with one letter on the front but on the back, it is the end of a completely different letter.

Feedback from October 2020 to March 2021

### **Positive**

We received a very high volume of positive feedback around the flu jab service offered by GPs. These are just some examples:

*“Had a text a month before, attended the surgery at the time allocated. I walked straight in and was out within a few minutes. Very helpful staff, felt safe and extremely efficient.”*

*“Quick, easy, responsive service when getting both Pneumonia and flu jab. Felt safe and was done in a covid secure setting.”*

Richard is in his late 60's. He requested an alternative flu vaccine due to his needle phobia. He contacted his surgery who made a telephone appointment with the practice nurse. Following the call his request was accepted and he received the liquid vaccine at his surgery. He would not have had the jab if the liquid vaccine had not been offered.

### **Other positive experiences**

June contracted Covid-19 last March and was left with ongoing fatigue. For 10 months her non-York GP refused to see her face to face. Eventually some tests showed very low long term iron levels. After moving to York, she had a very thorough and personable consultation with her new GP. June reports feeling really listened to for the first time. The GP efficiently booked in follow up tests and has prescribed her the correct medication. June felt reassured by the GPs prompt and personable approach.

*"I was seen within a few days of contacting the practice and my GP fast tracked me to dermatology at the hospital. She was very reassuring about what it might be and took time to explain [the] process. I was seen at hospital and treated in less than a month from seeing my GP"*

### **Examples of negative feedback**

Again, most of the comments from October 2020 to March 2021 related to problems accessing appointments.

Louise contacted us with concerns about GP access. Her daughter Emma had major health concerns that she was anxious about seeking support for. When she called the surgery first thing, there were already 30 people waiting. When Emma finally got through, the receptionist pushed her as to whether she felt that matter was urgent. Feeling anxious already, Emma was unsure and ended up with no appointment at all.

*"[I] have been trying to get through for days to book a flu vaccine for my child. Online services still not available for children so had to call the usual number. Tried several times and lines so busy told by automated voice to call back"*

*later. Finally get through to be told those appointments come out on a Wednesday so call back then. Why do the letters not say that then? .....*"

Some people specifically highlighted concerns about delays to care as a result of the pandemic. This also impacted on accessing private care:

Frank has been unable to get a CT scan via his GP. His surgery told him that the delay is due to the impact of Covid. He has sought private treatment, but the provider is waiting for a GP referral letter. Frank is concerned that his condition is deteriorating, and he is very worried.

Sarah has previously undergone invasive surgery to treat cancer. She recently developed severe pain, and both she and her husband David are concerned that the cancer may have returned. The GP practice could only offer a phone appointment with a 10 day wait. David feels this is not good enough.

There were also comments about the quality of care.

Idris had symptoms that impact considerably on his quality of life. He has been accessing the GP to find medications that will work. His condition has been affecting his work and his wellbeing. He feels that he has been discriminated against because English is his second language and he has not been able to express his needs. He feels that his ethnicity has meant that the GP has not really listened and taken his concerns seriously.

*"The postnatal care I have received during the Covid pandemic has been almost non-existent. Whilst I understand the restrictions that are place and the need to minimise face to face contact, there is still a minimum level of care that should be expected I don't feel this is being provided .....*"

*"..... I have been genuinely scared to contact [my GP] after recently spending months chasing up standard ..... and general issues with the decline in my mental health. ....I found the GP barely knew anything about me or my disability..... I felt that the basic duty of care towards people like myself was clearly being ignored....."*

We also heard from people about challenges accessing medication.

*"My usual repeat prescription from the pharmacy was refused. The GP contacted me to say they would dispense the medication (from their pharmacy rather than the one I chose). When I asked why this was the case, I was told that the Doctors insisted as it was a 'critical funding stream'. I believe this is*





## Case studies from our partners



*"Generally, through conversations with carers, there is a feeling of being overwhelmed at the thought of getting an appointment. This is mainly around constant changes to systems causing confusion. Our carers are being told to ring on the day; are not able to book ahead; no [consideration is made toward] work/caring roles; there's a lack of available appointments. Trying to obtain an appointment becomes such a task and can go on for days." – York Carers Centre*

### Adult carer experiences

**James:** James is a carer who was feeling suicidal. He felt unable to access his GP due to poor experiences with the GP in the past. Staff obtained consent to contact the GP on James's behalf.

The reception team were understanding, and James was soon contacted by a doctor experienced in managing MH concerns.

The organisation feels confident when signposting individuals to this GP practice. They feel reassured that James is getting the right care for their MH concerns and so can focus their efforts to support him on issues related to being a carer.

**Mary:** Mary is a carer who is already under a lot of pressure. She was unable to get through to her GP after making 4 attempts on different occasions.

After obtaining consent, staff contacted the surgery and were told that there was no communication from the Doctor on the system, so Mary would have to call back the following morning.

The staff member explained the difficulties and pressures that Mary was under. These were noted by the reception staff, and Mary was invited to call back at a more convenient time for her.

Mary was able to speak to the right professional and received an appointment. Mary was pleased to have received the support she needed.

**Fred:** Fred is a carer who struggled to get an appointment with his GP and asked us to call on his behalf.

We explained the pressures that the carer was under, and the surgery were able to offer an appointment that afternoon.

Gaining access to the GP is still an ongoing issue for Fred. This has an impact on his ability to provide care themselves. "We know carer's do not often prioritise their own needs, and as a society we need them to be able to maintain their caring roles."

**Alan:** Alan, a carer, called his surgery for a non-emergency appointment at 8am Monday morning as surgery opened. He was number 6 in the queue. He was on hold for 25 minutes then told all GP appointments had gone and he would need to call back at 8am the next day.

When they called the following day, they were met with the same outcome. The carer tried this every day for 12 days. He became very angry and expressed their frustration with the reception team. As a result, Alan was given a telephone appointment the next day.

**Frances:** Frances rang the surgery for an urgent appointment for the person they care for. She was told by the automated service that calls were high and she was offered the call back service. As the person they care for lives an hour away, they set off with the phone on hands free in the car. She arrived at the house of the person they care for 65 mins later but still no call back. After a further 40 minutes Frances rang 111 and took the person they care for to A&E.

**Lilian:** Lilian has had grave difficulty in accessing their GP for important pain relief. She feels extremely upset by the way one receptionist treated her. She responded to one of Lilian's concerns with "Join the queue with thousands of others" before having the reception window abruptly shut on her.

Lilian felt "shocked by the ruthlessness" and felt she had failed her partner (who she cares for full time) by not being able to get him an appointment when he was in debilitating pain.



*"[We are concerned] that people with mental health issues aren't able to access their GP when they need to. We worry that people's mental health will worsen [from] trying to access an appointment for something completely unrelated, due to stress, worry and anxiety." – York Mind*

This is supported by what our clients share with us:

*"From my own experience, I have found it very difficult to access an appointment. I have had numerous health issues over the last year ..... I now have anxiety just trying to ring the GP's..... Monday mornings are dreadful trying to get through, so I am already anxious about making the call."*

**Emily's story:** Emily's daughter Lucy is 18-year-old. Lucy has considerable mental health issues. Emily reported that Lucy simply could not access a GP. Due to Lucy's age, Emily is unable to represent her on health issues. Lucy is currently taking her exams and so is not available to speak to a doctor when such a wide time slot for a call is given. They have both found the process incredibly stressful and upsetting. They feel that there appears to be no understanding by the reception staff that the system does not work for them.



### **Lorna, who is deaf**

*"I haven't been able to contact my GP as they don't allow emails or text messages, I cannot go into reception, and they don't have an online facility to contact them....."*

*"I need to change GP as some in York are more accessible through the online portal. I know that I [could] make [some hospital appointments] online during [the] pandemic and it all went smoothly."*

### **Sarah**

*"[There was an] assumption that I would be free all day to answer a GP call. My job involves talking to people on the phone. I am not going to hang up when my personal phone rings. I asked the receptionist what would happen if I was unable to take the call. She said I would have to call the surgery and apologise. I replied that I would not be apologising for being in employment. Surely one could be given an appointment with an approximate time?"*

### **Charlotte**

*"A few weeks ago, I called a GP Practice with a customer who doesn't have a phone. We gave the [GP Practice] number of the pay phone to give him a call back. The customer agreed to sit in the common room waiting for the call approximately 4pm. No call was made according to the customer. How would someone access GP advice without a phone?"*

### **Support worker for Jen**

*"Jen works full time (in health care /care role). I tried many times to book an appointment and had to do so each morning or call back the next day because the surgery felt it was urgent. When I called again they said it wasn't urgent so she couldn't get a priority appointment. They also told me she would get a call back which didn't happen. We gave up at times then tried again. In the end*

*she has registered with a different surgery. [The new surgery] said this is how it is across York.*

*..... [Jen] has been having some physical difficulties / pain and it has impacted on her over time and I have seen a decline in her emotional wellbeing recently. These issues could be linked."*

### **Susan**

*"I rang the doctors after putting off for some time and they offered me an appointment in two weeks' time (it wasn't urgent) and said the doctor would ring me on that day between 9am and 6pm. How can that be conducive, and I was committed during the day with meetings and important things hence missed the calls from the doctor. Why could they not offer a ten min slot? If I had to visit, I would be given a time. How [do] they expect anyone to wait all day ....."*

### **Annabel**

*"I'm going to run out of painkillers because my GP won't put them on repeat prescription and they have ignored the request I made last week."*

### **Robert**

*"I got a text inviting me for my flu jab and it included an email address for my doctors. I couldn't make the one hour slot so emailed to ask if I could get there 20 minutes later. The email bounced back saying it wasn't an email address...."*

## Conclusion

Despite the significant pressures on GP services, they have increased the number of appointments available. These increases are because of greater use of telephone and online consultations. They would not be possible with a return to face-to-face appointments as the 'default' setting for primary care, especially whilst PPE / infection control measures are in place to reduce the spread of Covid-19.

But demand continues to outstrip supply. With virtually all GP practices now using online triage tools, the fear is that those most able to use these systems will continue to receive the benefits of high-quality primary care services. What we must now collectively work on are ways of improving access for those least able to communicate in a digital-by-default society. The key to this is patients working together with general practice to get this right.

There are some simple steps we can take immediately – where people are in work or full-time education and unable to take telephone calls during the day, we need to increase awareness of evening and weekend appointments. We need to encourage people to be clear about times they can be available, as well as times that they can't be.

We also need to improve access for parents. Current digital solutions do not allow parents to make appointments for their child or children. Given the speed at which digital solutions have moved in the last 18 months, this should be relatively straight forward. If this is designed with plans in place for how ownership of the account can be transferred, linked to education on how to use the system, we can improve digital health literacy for future generations.

Taking these simple steps should help improve the experiences of those able to use technology. The aim of this must be to increase our capacity to provide face to face appointments and health interventions for those who need them most. Patients are part of the solution to this – if those of us with the skills to do so embrace online and telephone consultations, we can play an active role in improving access for those who cannot.

This will be a significant challenge. But if we fail to tackle it, we risk deepening and entrenching health inequalities, which can take generations to overturn.



## Responses to this report

Before publishing our reports, we ask key local stakeholders to look for any factual errors or clarifying comments.

We would like to thank NHS Vale of York Clinical Commissioning Group for clarifying the following:

*“The number of patients per practice is 24% higher than it was in 2015.”*

This figure is slightly misleading as it is influenced largely by practice mergers. So, for example, if two practices merge, the number of patients per practice will be 200% higher. There will, however, still be the same number of clinical and administration staff serving those patients.

*“There are now just 0.46 fully qualified GPs per 1000 patients in England, significantly below the average number of physicians per 1000 patients in comparable nations (3.5)”*

This also needs clarifying. General Practice has employed a significant number of additional roles to create a more diverse workforce supporting GPs manage patients' health. This includes, for example, clinical pharmacists carrying out medication reviews with patients and specialist MSK physio roles (MSK accounts for 20%+ of GP appointments). So while it's true to say GP numbers have fallen nationally, the teams are larger and more diverse. This is reflected in your recommendation *“Develop better information for patients exploring options in accessing healthcare, including details of AHP roles in Primary Care and the benefits of accessing these”* which VoYCCG has promoted extensively this summer (and continues to do).

We note the recommendations and are addressing those we can, and influencing others where we are able. Given the higher-than-average demand across all health and care services this summer, and likely to increase still further as we head into winter, making sure patients can access the most appropriate care in the most-timely manner remains one of our top priorities. Thank you again for a fair and balanced report on people's experience of York GP services.

We would also like to thank Professor Mike Holmes, Chair of Nimbuscare, and his colleagues in practice for the following clarifications and comments:

*“There are now just 0.46 fully qualified GPs per 1000 patients in England, significantly below the average number of physicians per 1,000 patients in comparable nations (3.5).”*

This data needs additional clarification. For England it talks about GPs, for comparable nations it refers to physicians. There are other physicians within the NHS in England who do not work in general practice. So this may not be a fair comparison.

The opening comment relating to the proportion of feedback Healthwatch receives nationally and locally about general practice is not surprising. We are doing most of the health care in this country, certainly the majority of consultations (around 85% of NHS activity with 10% of the NHS budget).

We do not just see minor illness, we assess, manage and co-ordinate care from cradle to grave. We see the full spectrum of physical and social issues. We have a huge task and we see the impact of this on patients and colleagues every day.

I think this report reflects the true strain that general practice is under. I suspect we are holding our heads above water better than most but patients are definitely feeling frustrated and staff equally so.

This report could highlight to Government the difficulties both patients and practices are facing. This is an insoluble problem without more resources and more manpower.

## Recommendations

Actions needed	By whom
Make patients more aware of options for call backs during evenings and weekends through Improving Access clinics - and work together to promote the Top Tips from “The Doctor Will Zoom You Now”.	GP Practices, PCNs, and the CCG / ICS across York: Healthwatch York to share and promote
Provide clearer information regarding the provision of interpreter services.	GP Practices
Review provision of interpreter services through contract monitoring	NHS Vale of York CCG / York Health and Care Alliance
Develop better information for patients exploring options in accessing healthcare, including details of AHP roles in Primary Care and the benefits of accessing these	GP Practices, PCNs, and the CCG / ICS across York: Healthwatch York to share and promote
Urgently review access to online services for parents –consider building in automatic transfer options at, for example, age 14 linked with a compulsory PSHE lesson in schools around digital health literacy, and with clear mechanism for enabling retention of this for those children who lack capacity to manage their own health appointments.	NHS England
Work together with those facing greatest difficulty in getting GP appointments to understand what could work better for them.	PCNs, Healthwatch York, Public Health at City of York Council.
Consider how we can contribute to the regional and national conversation around creating more GPs and other primary care health professionals	York Health and Care Alliance, PCNs

<sup>i</sup> [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf)

<sup>ii</sup>

[https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/The\\_Dr\\_Will\\_Zoom\\_You\\_Now\\_-\\_Insights\\_Report\\_0.pdf](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/The_Dr_Will_Zoom_You_Now_-_Insights_Report_0.pdf)

<sup>iii</sup> <https://www.england.nhs.uk/gp/case-studies/the-evolution-of-general-practice-broader-networks-multi-disciplinary-teams/>