

What we've heard about remote consultations, and the drivers of frustration in GP access

The pandemic triggered a rapid switch to remote consultations and an increased use of online communications in health and social care. While this has worked well for some people and some services, there have also been frustrations, worries and difficulties for some in accessing care.

We reviewed over 200 stories about people's experiences of remote consultations that were shared with us between June 2020 and March 2021.

- 58% related to GP services
- 28% related to hospitals
- A small number each from a wide range of other service types, including clinics, dentists and mental health services

We heard broadly equal numbers of positive, neutral and negative experiences

People tend to share more negative experiences than neutral or positive experiences, so this equal balance is encouraging.

30% positive
36% neutral
35% negative

Non-GP services – what we heard reflected learnings from across the system

Remote consultation, and especially digital exclusion, is receiving considerable attention across the health and social care system locally and nationally. The experiences we heard that related to hospitals, clinics and other non-GP services reflected the body of insight that has been building over the past 12 months.

On the positive side, remote consultations can be:

- Less debilitating and more convenient than face to face
 - o Avoid travel difficulties and parking difficulties
 - o Less physically demanding for those with mobility issues
 - o Less time consuming
- Safer during times of high infection

On the negative side:

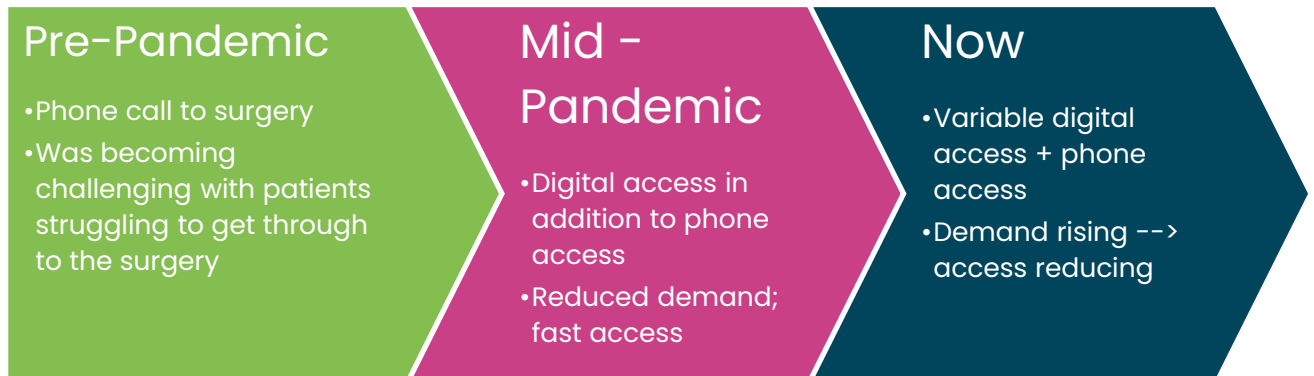
- May be inappropriate for patients with sensory or communication difficulties
- May assume/demand digital inclusion
- May be inappropriate for some conditions
- May be socially inappropriate – potential loss of privacy, or loss of relationship and trust
- Can suffer from poor administrative practices (timing especially)

GP Access – untangling the drivers of frustration

Over half the experiences we reviewed related to General Practice. Here the situation is more complex.

There are **three distinct ways the patient journey to GP access has changed** during the pandemic. Each of these changes gives rise to different benefits and challenges for patients and providers alike.

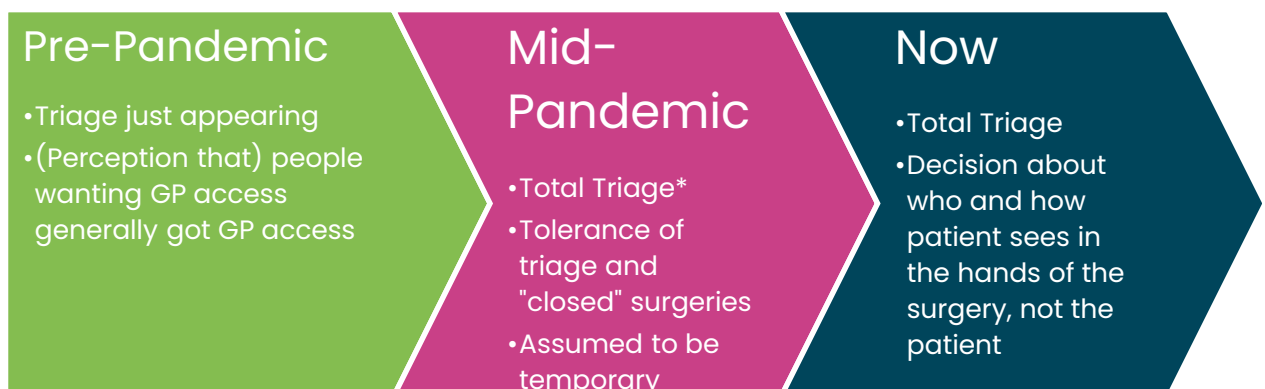
Change 1: How patients make contact to request care



We are hearing more experiences of people having difficulty getting through to some surgeries to request an appointment:

“Used to have to wait quite a while to get through on the phone but now you can’t get through at all. You can hold on with it ringing and in the end it just cuts off. Have tried the online service and found that not at all user friendly, it sends you round in circles.”

Change 2: Total Triage



* 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.

Patient response to triage varies:

- Some are aware of triage, others appear not to be
- Some accept triage. However, others still expect to get the direct access they are used to, or object to the triage process.

"Triage works for me, I don't mind giving the receptionist my information for them to make an assessment if urgent or not. I understand."

"Don't like triage service, I don't wish to divulge medical details to a receptionist; would prefer someone that has done 7 years of training. Worry they will miss something."

Change 3: Modes of consultation



We have heard many positive experiences of remote consultations.

"Ben needed GP advice for a skin condition. Reception booked a phone appointment and the GP called. As it was by phone, Ben could keep it even though they were away on holiday at the time. Ben sent ... photos and the GP called the same day with a provisional diagnosis and emailed a prescription to Ben's preferred pharmacy. Very simple process...The move away from face-to-face consultations on this occasion worked well."

But for some the patient preference is for face-to-face GP contact, whether justified or not.

“Since the start of the pandemic, he would have preferred face-to-face appointments with the doctors”

“I had a urinary tract infection and wanted to speak to a doctor on the phone and all I got was replies by text and prescriptions sent by text”

There may be important and less obvious reasons for patients pushing for face-to-face appointments:

“In my own home, if I want to talk about something that is intimate or private, it is difficult and my phone appointment can be any time of the day, can be 4 hours later!”

Much work is under way to manage the challenges faced by GPs, and we have contributed our insight to the development of the Surrey Heartlands Primary Care access co-design project.

Our headline recommendations relating to GP access at this stage are:

- **Consider and address the three areas above separately: there is unlikely to be a one-size-fits-all solution**
- **Communicate positively and proactively with patients including:**
 - **the benefits of triage to patients**
 - **how decisions about methods of consultation are reached (professional credibility)**
 - **the importance and benefits of the multi-disciplinary team working in primary care**
 - **where and when to seek help elsewhere**
- **Continue to monitor and ensure that phone access is available for those who cannot access online, whilst working on ways to help facilitate digital access for those who need support**
- **Continue to ensure all providers seek feedback and respond appropriately, to ensure valuable insight from patients/carers/families is captured and acted upon.**