

Accessing GP services – overview of what Healthwatch Oxfordshire has heard from patients April 2021 – March 2022

Heard from over 1500 people in the past 12 months about their experiences of accessing GP service. Many different sources – email, telephone, research, surveys, Healthwatch Oxfordshire Feedback Centre (website based).

Not all negative comments / experiences, people are feeding back about positive experiences.

Common issues:

- Getting through on the telephone
- Face to face appointment
- Using online tools
- Change in way GPs operate, expectation this will revert back to ‘how it was’ not happening
- Communication with patients re how to access GP and what is the process / what they can expect

Summary of five reports that were completed in 2021-22.

HWO reports found on our website here <https://healthwatchoxfordshire.co.uk/our-work/research-reports/>

Main report on Access to GP services where we heard from over 700 people is presented separately.

1 Getting treatment for earwax and hearing problems in Oxfordshire - September 2021

173 responses

Most people were surprised and disappointed to find out that GP practices no longer provide earwax removal services.

We recommended to Oxfordshire CCG that they:

1. Produce clearer guidance on earwax management and treatment options, eligibility for NHS care, and the reasons why most GP practices do not offer these services.
2. Reduce health inequalities by providing greater support to people who may have difficulty accessing earwax treatment.
3. Provide all patients with suspected earwax build-up a preliminary ear check with a practice nurse or other trained member of staff.
4. Produce and disseminate information to help patients identify safe and cost-effective services. Producing a website with answers to frequently asked questions.
5. Provide clear and comprehensive communication for patients and GPs about the new over-55 earwax removal service.

Response to the recommendations from OCCG can be found here

https://healthwatchoxfordshire.co.uk/wp-content/uploads/2022/01/20211221_Earwax-removal_final_published.pdf

Healthwatch Oxfordshire is currently conducting our 6-month review of progress against the actions described above.

2 ‘Keeping an eye on things’: people’s experiences of home blood pressure monitoring in Oxfordshire and Buckinghamshire – February 2022

159 responses, six in-depth interviews

Results

We found that:

- people monitored their blood pressure for a range of reasons and had different experiences
- most people were positive about checking their blood pressure at home. They found it convenient and relatively easy
- some people needed support to use a monitor. Others preferred to have their blood pressure taken at their GP.

Most people kept a record of their blood pressure readings. However, many wrote the results on paper to give to their GP.

More than 70% of people agreed that they would consider monitoring other aspects of their health and wellbeing.

From the feedback we identified several factors that could encourage people to take part or remain engaged in home monitoring. These include:

- having access to clear information about blood pressure and how to check it
- flexibility in how to submit readings
- good communication and regular feedback from their GP.

Recommendations

We made the following recommendations:

- The CCGs in Oxfordshire and Buckinghamshire to work with primary care providers to increase support to people who monitor their blood pressure at home.
- NHSX to develop or promote use of a mobile ‘remote monitoring’ app that people can use to record blood pressure and other lifestyle monitoring data.
- Oxfordshire and Buckinghamshire CCGs to commission research on access to and use of home blood pressure monitoring by people in black, Asian, and minority ethnic groups.

Response from CCGS / BOB ICS:

https://healthwatchoxfordshire.co.uk/wp-content/uploads/2022/02/20220202_Combined-Response-to-Healthwatch-Report-on-BP-Home-Monitoring.pdf

3 “What is it like living in and around Didcot in 2020?” - April 2021

146 people shared their opinions of living in the Didcot area and experiences of accessing health, social care and community services between September and December 2020.

Key findings

- Overall people are positive about living in the area and being able to find information on how to access services.

Issues about living in Didcot and surrounding areas included:

- Almost a quarter of respondents complained about access to GP practices and health service appointments
- GP access due to COVID-19 showed that almost a third of people said that the impact had been positive reporting how much better it was to be able to use telephone/video/e-consult as an option
- 54.2% of people were registered with an NHS dentist – many travelling out of area due to lack of NHS provision in Didcot
 - 35% (n17) people using NHS dentistry said that since the COVID-19 outbreak there had been “No appointments available since March” and highlighted the issue of “dentists not allowing any checks ups and will only see you in an emergency”

- 42% of people reported that traffic and poor road conditions were a negative factor regarding traffic jams and air quality
- 15% of people cited lack of provision and facilities for young people and families as a problem in the town
- Anti-social behaviour was raised by over 15% of respondents
- Crime was an issue raised by over 15% of respondents.

Concerns expressed included:

- The impact of online/remote access on access to healthcare on those who do not/cannot use these services (internet/mobile phones)
- Inequity of access to dentistry services between those who can afford to pay for private care and those who cannot and are reliant on NHS dentistry services
- Impact of housing growth on infrastructure and health services.

4 Using interpreters to access health and social care support in Oxfordshire – March 2022

We heard from 97 people – 34 health professionals and 63 service users and analysed a further 30 additional comments from people through our ongoing conversations with communities.

Views of people who use interpreters:

“I was not able to request interpretation services due to my language difficulty”

Mixed awareness about availability of interpreter services

When asked how they knew they could have an interpreter, of 62 responses:

- 70% respondents told us they had found out about interpreting services via family members, or their local community group.
- 33% also told us they had learnt about the service via a GP (19%), health professional (8%) or receptionist (6%).

Not everyone is offered an interpreter when booking an appointment

When asked if they were offered an interpreter, responses varied:

- 40% of survey respondents said they had been offered this support.

However, 52% told us they either had not been offered, or were “not sure” if they had been offered an interpreter.

When asked when they were offered an interpreter in their interactions with health and care services, of 60 responses:

- 33% told us “I was not offered an interpreter”
- 28% “during my appointment”.
- 23% told us they were offered an interpreter when booking online or on the phone
- 6% at reception

Satisfaction with access to interpreter

Of 60 survey respondents who had accessed an interpreter (some more than once and via different routes):

- 56% had received interpreting support via phone
- 41% told us they had used a friend or family member
- 30% used face to face interpreter (Use of phone was predominant during the survey time due to COVID-19).

When asked if this was their preferred choice of receiving interpreting support, 50% of responses told us it was their preferred choice, 22% said “no”, and 26% were “not sure” (of 53 respondents).

Overall people told us they were happy with the quality of interpreting support they received.

Of 47 survey responses to this question:

74% said support was either “excellent, very good or good”.

24% said the support was “okay” or “poor”.

Recommendations

1. Better promotion of interpreting support and patients’ rights, and access to interpreter across all services and communities:
 - a. Clear and accessible information on all service websites regarding rights to have an interpreter and the websites are easily translated.
 - b. Ensure that interpreting providers can offer all community languages
2. Ongoing training and awareness within services regarding:
 - a. the use of interpreters to be offered at booking at appointments
 - b. why an independent interpreter is preferred from family and friends (confidentiality, safeguarding) and offer choice
 - c. d/Deaf awareness
3. Investigate existing use and effectiveness of headphones during clinical procedures and appointments.
4. Further research about the access to and use of interpreters by the South Central Ambulance Service NHS Foundation Trust, 111 and other frontline emergency services, as well as Community Pharmacies.
5. Engage with the voluntary sector to understand access needs for affordable interpreting services.

Roundtable discussion was held on 22nd March.

5 GP website revisited

Follow up report on progress against recommendations made in April 2021 report ‘GP website check-up – December 2021

Healthwatch Oxfordshire acknowledge that the preceding months have been a challenging time for GP surgeries and their staff and thank them for their continuing commitment to delivering quality health care.

Our review of the 67 GP websites looked for changes made against the recommendations in our April 2021 report. We found that not all websites had addressed our recommendations, however there are improvements in:

1. accessibility of information about registering at practices
2. availability of information about Patient Participation Groups

The importance of accessible GP websites has grown over the past 18months and Healthwatch Oxfordshire believe that a consistent website across all GP surgeries would provide greater access to patients. Earlier this year, because of our first report, we had discussions with the OCCG about how this might be achieved. We would welcome a discussion with OCCG and GP practices about the practicalities of achieving this, recognising it will take time and resourcing.

Of concern is that websites did not give information to patients who to contact if they cannot find a GP to register with. This must be addressed by clear signage to the OCCG website and giving the contact telephone number for the OCCG.

Reviewing websites regarding translation and interpreting services there is a mixed bag on offer. All GP websites should:

- Make it more obvious on the front page how to translate the website and check this is working
- There needs to be, on the front page, clear and easily accessible information about all patients' right to interpreter (spoken language and sign language) at all appointments and how to ask for this.

A consistent website across all GP surgeries would address these requirements.