

# GP Access Issues - Evidence Pack

Prepared as a working list of **Who is complaining** about GP access problems linked to online systems and triage. Sources are grouped by their **primary concern**:

- **A. GP websites / online tools closed out-of-hours or when capacity is reached**
- **B. Mandatory phone-only triage or phone bottlenecks blocking access**
- **C. Other access issues: digital exclusion, complexity, unsafe / low-standard models, or general access dissatisfaction**

## Who is affected (rough scale)

England. Rates per 1,000 residents/households (approx).

Group	Number	Rate	Why it matters
All registered patients (England)	~56m	1000/1000	Everyone hit by closures, form shut-offs, queues.
Long-term conditions	~26m	≈460/1000	Need repeat contact; friction compounds.
Disabled people	~14m (of ~16m UK)	≈250/1000	Need accessible, multi-channel routes.
Older people (65+)	~11m	≈200/1000	Higher need, lower digital confidence.
Most deprived 20% areas	~11m	≈200/1000	Less digital access, higher illness burden.
Low/no essential digital skills	~10–11m (UK)	≈160–180/1000	Web-only flows exclude many.
Offline households	~1.5m (UK)	≈50/1000 hh	No web access at all.
Limited English proficiency	~0.9m (E&W)	≈15/1000	Forms + phone triage much harder to use.

## Regional estimates (GTD and New Bank, ~%patients)

Group	~National	~GTD (≈70k pts)	~New Bank (≈6500 pts)
Long-term conditions	46%	58% (~40k patients)	60% (~3,900 patients)
Disabled (Equality Act)	25%	22% (~15k patients)	23% (~1,500 patients)
Aged 65+	20%	12% (~8k patients)	7% (~500 patients)
In most deprived 20% areas	20%	65% (~45k patients)	80% (~5200 patients)
Low / no essential digital skills	17%	20% (~14k patients)	22% (~1400 patients)
Offline households	5%	8% (~5k households)	9% (~600 households)
Limited English (poor / none)	2%	8% (~5k patients)	8% (~500 patients)

## Index of evidence sources on GP access problems

Issue codes:

- **A** – GP websites / online tools closed out-of-hours or when capacity is reached
- **B** – Mandatory phone-only triage / phone bottlenecks
- **C** – Other access issues: digital exclusion, complexity, unsafe/low-standard models, broad dissatisfaction

### 1. Local patient groups (Healthwatch etc.)

Actor / study	Region / scope	Type	Issues	Main angle in one line
Healthwatch Hertfordshire – Online GP services	Herts & West Essex ICS	Local Healthwatch study	A, C	Short online windows / form shut-offs; demand for 24/7 requests with in-hours triage.
Healthwatch Tower Hamlets – PERs & annual	Tower Hamlets (London)	Local Healthwatch	A, C	High negative feedback on online forms closing when full; digital exclusion.
Healthwatch Ealing – PERs & annual	Ealing (London)	Local Healthwatch	A, B, C	Limited online booking windows; 8am call rush; booking and availability mess.
Healthwatch Wandsworth – Accessing GP practices	Wandsworth & SW London ICS	Local Healthwatch	A, C	GP websites / NHS App journeys confusing; urges benchmarking and simplification.
Healthwatch Westminster – Primary care access	Westminster, Brent, K&C (NW London)	Local Healthwatch	C	Complex, confusing access routes; calls for mixed online / phone / face-to-face.
Healthwatch Kent – ANIMA digital front door	4 practices in West Kent	Local Healthwatch eval	C	Digital front door shifts demand online but many find ANIMA complex or exclusionary.
Healthwatch England – Q4 patient experience	England	National Healthwatch	A, B, C	Synthesises local data on online consultations, phone access and booking failures.
Healthwatch “in Greater Manchester” outputs	10 Greater Manchester localities	GM Healthwatch network	B, C	Joint insight showing GP access (inc. digital) as a consistent system-wide problem.

### 2. NHS system bodies / programmes

Actor / study	Region / scope	Type	Issues	Main angle
Herts & West Essex ICB – Online GP services work	Herts & West Essex	ICB / commissioner	A, C	Commissions Healthwatch review of online GP services; recognises new digital barriers.
West Kent Health & Care Partnership – ANIMA rollout	West Kent / Tunbridge Wells PCN	PCN / partnership	C	ANIMA used as main “digital front door”; improves waits for some, blocks others.

Actor / study	Region / scope	Type	Issues	Main angle
SW London ICS – Access insights on GP practices	SW London	ICS	A, C	Publishes Wandsworth access findings as system insight on digital/website issues.
NHS England – GP Contract 2025/26	England	National NHS (policy)	B, A	Mandates online tools on in core hours (8–6:30); tacitly okays closure outside that.
NHS England – Primary care patient safety strategy	England	National NHS (strategy)	C	Sets safety expectations relevant to risky/exclusionary digital triage models.
DHSC – GP contract comms (“end the 8am scramble”)	England	Govt comms	B, A	Publicly frames unlimited core-hours online access as fix for jammed phone lines.

### 3. Individual practices (policy / config examples)

Actor / study	Region / scope	Type	Issues	Main angle
Oakwood Lane Medical Practice	Leeds	GP practice	A	Online consultations available only during core hours for non-urgent requests.
Church Lane Surgery	Midlands (practice area)	GP practice	A	Online booking opens early morning and closes once daily capacity is hit.
The Practice Old Hill	Midlands	GP practice	A	Online consultations open 8–6:30 for routine care; no 24-hour request route.
St Luke’s Health Centre	London/Birmingham-type cluster (template wording)	GP practice	A	Mirrors “core hours only, capacity-limited” online access wording.
Donnington Medical Practice – access explainer	Telford	GP practice	B	Describes 8:30am phone scramble (hundreds of calls) and consequences of total triage.

### 4. Professional bodies & intermediaries

Actor / study	Region / scope	Type	Issues	Main angle
BMA (GPC England) – contract campaign	England	Professional association	B, C, A	Warns unlimited core-hours online demand is unsafe; opposes removal of diversions; highlights workload risk.
Local Medical Committees (Somerset, Wessex, Surrey & Sussex, Essex, etc.)	England (regional)	GP reps / legal advisors	B, C	Guide practices on complying with online-access rules while staying in “safe working” range.

Actor / study	Region / scope	Type	Issues	Main angle
King's Fund – GP contract explainer	England	Health policy think tank	B, A	Independent breakdown of contract; clarifies core-hours-only online requirement.
NHS Confederation – GP contract brief	England	Membership body	B, A	Summarises new GP access expectations for system leaders.
HSSIB – online consultation investigation	England	Patient safety body	C	Finds digital consultation tools can cause harm via mis-triage, delays and confusion.

## 5. Local democratic scrutiny

Actor / study	Region / scope	Type	Issues	Main angle
Stockton-on-Tees ASC & Health Select Committee	Stockton-on-Tees (Tees Valley)	Council scrutiny	C	Full review of access to GPs and primary care, including booking models and capacity.
Barnet Adults & Health Overview & Scrutiny – GP T&F	Barnet (London)	Council scrutiny (task & finish)	C	Dedicated group on GP access; interrogates appointment systems and ICB approach.
Manchester City Council – Health Scrutiny (GP access)	Manchester city	Council scrutiny	C	Considers GP access reports from NHS GM; looks at digital, phone and extended access.

## 6. Public opinion, data & performance

Actor / study	Region / scope	Type	Issues	Main angle
GP Patient Survey 2025	England	Official patient survey	C	National stats on ease of access, booking experience and satisfaction with GP services.
Ipsos polling – NHS priorities / GP access	GB	Public opinion polling	C	Shows “easier access to GP appointments” as top public priority for the NHS.
Healthwatch-linked polling (via media)	England	Polling / media coverage	C	Finds strong support for rights to timely GP access (e.g. 24-hour contact expectations).
Institute for Government – Performance Tracker Local (GP chapter)	England	Think tank analysis	C	Links low satisfaction to workforce & face-to-face capacity; frames access as systemic problem.

## 7. Cross-cutting summary by “interest”

- **Patient voice (local & national):** multiple independent Healthwatch bodies in Hertfordshire, Tower Hamlets, Ealing, Wandsworth, Westminster, Kent, plus Healthwatch England, all flagging

digital front doors and booking systems as access barriers (A, B, C).

- **System implementers:** ICBs/ICSs and PCNs trialling online triage / digital front doors, documenting both gains and new exclusions (Herts & West Essex, West Kent, SW London).
  - **Practices:** named surgeries showing how the new GP contract is realised as core-hours-only and capacity-capped online access, plus practice-level descriptions of phone scrambles (Oakwood Lane, Church Lane, Old Hill, St Luke's, Donnington).
  - **Policy & safety bodies:** NHS England, DHSC, BMA, LMCs, HSSIB shaping and contesting the low access floor and warning about workload and safety risks.
  - **Democratic oversight & data:** local scrutiny committees, national surveys and polling, and performance trackers all pointing to GP access as a top public grievance and a system under strain (C).
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## A. GP websites / online systems closed out-of-hours or when capacity is reached

### 1. Healthwatch Hertfordshire – Online GP websites & forms shut / limited

**Organisation:** Healthwatch Hertfordshire (with Healthwatch Essex / Herts & West Essex ICS)

**Primary issue:** Online GP services frequently unavailable outside short time windows or closed when demand is high; people want **24/7 form submission** with responses in core hours.

- **Online GP services: patient views and experiences** (Feb 2025, 500 respondents)  
Summary / library entry:
  - <https://nds.healthwatch.co.uk/reports-library/online-gp-services-patient-views-and-experiences>  
Full report (PDF):
  - <https://www.healthwatchhertfordshire.co.uk/sites/healthwatchhertfordshire.co.uk/files/HwH%20Online%20GP%20Services%20Report%20FINAL.pdf>  
ICS summary page:
  - <https://www.hertsandwestessex.ics.nhs.uk/insights/online-gp-services-patient-views-and-experiences/>

### 2. Healthwatch Tower Hamlets – Online consultation systems closing when full

**Organisation:** Healthwatch Tower Hamlets

**Primary issue:** High proportion of **negative feedback about online consultations** – forms are complex, confusing and **become unavailable once capacity is reached**, leaving people blocked.

- **Patient Experience Report 2024–2025 Quarter 2** (feedback Jul–Sept 2024)
  - <https://www.healthwatchtowerhamlets.co.uk/report/2025-02-18/patient-experience-report-2024-2025-quarter-2>
- **Patient Experience Report 2024–2025 Quarter 4** (feedback Jan–Mar 2025)
  - <https://www.healthwatchtowerhamlets.co.uk/report/2025-07-16/patient-experience-report-2024-2025-quarter-4>
- **Patient Experience Report 2025–2026 Quarter 1** (feedback Apr–Jun 2025)
  - <https://www.healthwatchtowerhamlets.co.uk/report/2025-10-14/patient-experience-report-2025-2026-quarter-1>
- **Annual Report 2024–2025** – notes online consultations as an ongoing area of concern  
Healthwatch Data library entry (PDF):

- <https://nds.healthwatch.co.uk/reports-library/annual-report-2024-25-106>

### 3. Healthwatch Ealing – Limited online booking windows, poor online forms

**Organisation:** Healthwatch Ealing

**Primary issue:** **Online forms and booking windows are restricted**, add friction, and frequently fail to resolve issues; patients complain about both online and phone routes for appointments.

- **Patient Experience Report Q4 2024–25** (GPs and other services)

Overview page:

- <https://www.healthwatchealing.org.uk/report/2025-08-26/patient-experience-report-q4-24-25>

Q4 2024–25 PER (PDF, includes GP booking/online form issues):

- <https://www.healthwatchealing.org.uk/sites/healthwatchealing.org.uk/files/Q4%202024-25%20PER.pdf>

- **Healthwatch Ealing Patient Experience Report Q4 2023–24** (pre-change baseline but similar themes)

Overview:

- <https://www.healthwatchealing.org.uk/report/2024-07-30/healthwatch-ealing-patient-experience-report-q4-2023-24>

Q4 Patient Experience Report PDF:

- <https://www.healthwatchealing.org.uk/sites/healthwatchealing.org.uk/files/Q4%20Patient%20Experience%20Report%20%281%29.pdf>

- **Annual Report 2024–25** (summarises complaints about access, booking and online systems)

Healthwatch Data entry:

- <https://nds.healthwatch.co.uk/reports-library/annual-report-2024-25-47>

Full PDF (via Ealing Council):

- <https://ealing.moderngov.co.uk/documents/s20340/Appendix%201%20Healthwatch%20Ealing%20Annual%20Report%202024.25.pdf>

### 4. Healthwatch Wandsworth – Websites and NHS App as barriers

**Organisation:** Healthwatch Wandsworth

**Primary issue:** **Digital access routes (practice websites, online forms, NHS App)** are hard to use for many; recommends auditing websites against NHS England's benchmarking tool and simplifying online access.

- **Experiences of Accessing GP Practices 2024/25** (Aug 2025)

Main report page:

- <https://www.healthwatchwandsworth.co.uk/report/2025-08-26/experiences-accessing-gp-practices-202425>

Full report PDF:

- [https://www.healthwatchwandsworth.co.uk/sites/healthwatchwandsworth.co.uk/files/HWW%20Experiences%20of%20Accessing%20GP%20Practices\\_4.pdf](https://www.healthwatchwandsworth.co.uk/sites/healthwatchwandsworth.co.uk/files/HWW%20Experiences%20of%20Accessing%20GP%20Practices_4.pdf)

- **Experiences of accessing GP practices 2024/25** – Healthwatch Data library entry:

- <https://nds.healthwatch.co.uk/reports-library/experiences-accessing-gp-practices-202425>

- **Experiences of Accessing GP Practices in Wandsworth** – GP federation summary (same project, emphasises access barriers)

- <https://www.wandsgpfed.co.uk/impact/experiences-of-accessing-gp-practices-in-wandsworth/>

- **SW London ICS Insight Bank summary** (same study, system-level framing)

- <https://www.southwestlondonics.org.uk/insights/experiences-of-accessing-gp-practices-2024-25/>

## 5. Healthwatch national – online consultations and websites blocking access

**Organisation:** Healthwatch England (national)

**Primary issue:** Across England, **online consultations often don't resolve problems** and people struggle to get through on the phone or book appointments; digital routes plus weak websites are repeatedly highlighted as barriers.

- **Q4 Patient Experience Report (national)** – includes GP online consultations as a key theme
  - <https://nds.healthwatch.co.uk/reports-library/q4-patient-experience-report-1>

## 6. Individual practices – online access limited to core hours or capacity

**Primary issue:** Practice websites explicitly describe online tools as only available **in core hours** and/or **until capacity is reached**, illustrating how the new contract has locked in a low floor.

Representative examples we've already looked at:

- **Oakwood Lane Medical Practice (Leeds)** – *Availability of Online consultations from 1 October 2025*  
Describes online consultation access as available during core hours (8:00–18:30) for non-urgent requests, in line with contract – no 24/7 route.
    - <https://www.oakwoodlanemedical.nhs.uk/2025/10/07/availability-of-online-consultations-from-1-october-2025/>
  - **Church Lane Surgery – Changes to our online access from October 2025**  
States that **online bookings open from 7:30am until capacity is reached each day**, so the digital front door is literally closed once slots run out.
    - <https://churchlanesurgery.co.uk/news/changes-to-our-online-access-from-october-2025-increasing-access-to-routine-care/>
  - **The Practice Old Hill – Changes to our online access from October 2025**  
Explains that online consultation tools are open between 8am and 6:30pm for routine requests only, aligned exactly with the contract floor.
    - <https://thepracticeoldhill.co.uk/news/changes-to-our-online-access-from-october-2025-increasing-access-to-routine-care/>
  - **St Luke's Health Centre – Changes to our online access from October 2025** (very similar wording to The Practice Old Hill)
    - <https://stlukeshealthcentre.nhs.uk/news/changes-to-our-online-access-from-october-2025-increasing-access-to-routine-care/>
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## B. Mandatory phone-only triage or phone bottlenecks blocking access

### 7. Healthwatch Ealing – “Call at 8am, everything gone”

**Organisation:** Healthwatch Ealing

**Primary issue:** **Mandatory early-morning phone triage / booking**, with patients told to call at set times, then finding all slots gone once they finally get through.

- **Patient Experience Report Q4 2024–25**  
Overview page (summarises issues with telephone access and booking):

- <https://www.healthwatchhealing.org.uk/report/2025-08-26/patient-experience-report-q4-24-25>  
Q4 2024–25 PER PDF (details on the 8am phone rush, queues and no slots left):
- <https://www.healthwatchhealing.org.uk/sites/healthwatchhealing.org.uk/files/Q4%202024-25%20PER.pdf>

## 8. Healthwatch national – phone access and booking still failing

**Organisation:** Healthwatch England

**Primary issue:** In national synthesis, **people still struggle to get through on the phone** and face difficulties booking appointments, even as online tools expand.

- **Q4 Patient Experience Report (national)**

- <https://nds.healthwatch.co.uk/reports-library/q4-patient-experience-report-1>

## 9. Donnington Medical Practice – 8:30am phone scramble as explicit problem

**Organisation:** Donnington Medical Practice (Telford)

**Primary issue:** Describes how total triage and limited capacity have produced an **8:30am phone scramble** with **300–400 calls before 9am**, leaving staff unable to help everyone and patients told there's nothing left.

- **Online Consultations from 1st October 2025**

- <https://www.donningtonmedicalpractice.co.uk/2025/09/30/online-consultations-from-1st-october-2025/>

## 10. GP contract & government messaging – “ending the 8am scramble” (but only in core hours)

**Organisations:** NHS England, DHSC, BMA, LMCs

**Primary issue:** Policy and commentary around the new GP contract acknowledge that current models create **telephone bottlenecks and 8am rushes**. Their solution is unlimited online requests during core hours, not 24/7 access, which still leaves people blocked outside those hours.

Key docs we've used:

- **NHS England – Changes to the GP Contract in 2025/26**

Official long-read; requires practices from 1 Oct 2025 to keep online consultation tools on **throughout core hours (8am–6:30pm)** for non-urgent requests.

- <https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2025-26/>

- **King's Fund – GP Contract 2025/26 explained**

Independent explainer, summarising the **core-hours-only online access** requirement.

- <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/gp-contract-explained>

- **NHS Confederation – GP Contract 2025/26: what you need to know**

- <https://www.nhsconfed.org/publications/gp-contract-202526-what-you-need-know>

- **DHSC – GP Contract: What you need to know** (government comms)

States that from 1 Oct 2025 practices must keep online booking open all day during working hours (8am–6:30pm) **“no more closing these systems and forcing everyone onto jammed phone lines”** – but only during core hours.

- <https://healthmedia.blog.gov.uk/2025/09/29/gp-contract-what-you-need-to-know/>

- **BMA – GP contract changes England 2025/26**

Notes requirement for online consultation tools to be available throughout core hours for non-urgent requests; raises concerns about workload and safety.

- <https://www.bma.org.uk/pay-and-contracts/contracts/gp-contract/gp-contract-changes-engl-and-202526>
- **BMA – Campaigning around GP contracts in England (GP online access resources)**  
Includes guidance on “managing patient care safely from 1 October”, demand and capacity, and FAQs on the online consultation requirement.
  - <https://www.bma.org.uk/our-campaigns/gp-campaigns/england/campaigning-around-gp-contracts-in-england>
- **Local Medical Committees (examples)** – guidance and warnings about phone and online workload:
  - Somerset LMC – GP Contract 2025/26: <https://somersestlmc.co.uk/guidance/gp-contract-2025-26/>
  - Wessex LMC – GP Contract 2025/26: <https://www.wessexlmcs.com/guidance/gp-contract-25-26/>
  - Surrey & Sussex LMCs – Update: GP Contract changes from 01 October 2025 (workload / safety concerns): <https://www.sslmcs.co.uk/resources/gp-contract-2025-26/update-gp-contract-changes-01-october-2025/>
  - Essex LMC – *Contract Changes from 1 October 2025* (PDF, legal and workload analysis): <http://www.essexlmc.org.uk/wp-content/uploads/2025/09/LMC-document-Contract-Changes-from-1-October-2025-v2.pdf>

## 11. BMA dispute & safety concerns about unlimited online requests

**Organisation:** British Medical Association (GPC England)

**Primary issue:** Argues that unlimited online requests during core hours, without agreed safeguards, will **overwhelm practices**, worsen safety, and risk shifting more triage work onto already stretched staff.

- **BMA FAQs for 1 October 2025 online consultations** (PDF)
  - <https://www.bma.org.uk/media/xhoihr5f/bma-fags-for-1-october-2025-online-consultations-v2.pdf>
- **BMA GP contract campaign page** (includes safe working guidance, template letters to ICBs, posters etc.):
  - <https://www.bma.org.uk/our-campaigns/gp-campaigns/england/campaigning-around-gp-contracts-in-england>
- **BMA letter to Secretary of State (1 October 2025)** – online consultations and data (raises concerns about “unlimited patient need” and refusal to allow temporary divers):
  - <https://www.bma.org.uk/media/m0jc2yf3/bma-gpce-letter-to-sos-and-mos-011025.pdf>

## C. Other specific access issues (digital exclusion, complexity, unsafe / low standard models, general dissatisfaction)

### 12. Healthwatch Kent – ANIMA “digital front door” project

**Organisation:** Healthwatch Kent

**Primary issue:** Evaluation of a **full digital front door (ANIMA)** across 4 practices: online becomes the main access route, but many patients find it complex, confusing or exclusionary; older and less digital patients are especially affected.

- **ANIMA – The Digital Front Door Project** (Jan 2025) – full report (PDF):

- [https://nds.healthwatch.co.uk/sites/default/files/reports\\_library/20241217\\_Kent\\_ANIMA%20-%20THE%20DIGITAL%20FRONT%20DOOR%20PROJECT%20V7.0%20FINAL.pdf](https://nds.healthwatch.co.uk/sites/default/files/reports_library/20241217_Kent_ANIMA%20-%20THE%20DIGITAL%20FRONT%20DOOR%20PROJECT%20V7.0%20FINAL.pdf)

### 13. Healthwatch Westminster / NW London – access to local primary care services

**Organisation:** Healthwatch Westminster (working across Brent, Westminster, Kensington & Chelsea)

**Primary issue:** Residents report **complex, confusing access routes**, difficulties with digital tools and online triage systems, and desire for a **mix of online, phone and face-to-face** access.

- **What do patients think about access to local primary care services?** (27 Sept 2024)
  - <https://www.healthwatchwestminster.org.uk/blog/2024-09-27/what-do-patients-think-about-access-local-primary-care-services>

### 14. Healthwatch Tower Hamlets, Ealing, Wandsworth – digital exclusion & complexity

**Organisations:** Healthwatch Tower Hamlets, Healthwatch Ealing, Healthwatch Wandsworth

**Primary issue:** Across multiple boroughs, patients describe **online forms as long, repetitive and confusing**, not accessible to some disabled / older / non-English-speaking patients, and often not offering the options they need.

Representative reports (in addition to those listed above):

- **Healthwatch Tower Hamlets – Annual Report 2024–25**
  - <https://nds.healthwatch.co.uk/reports-library/annual-report-2024-25-106>
- **Healthwatch Ealing – Annual Report 2024–25**
  - <https://nds.healthwatch.co.uk/reports-library/annual-report-2024-25-47>
  - <https://ealing.moderngov.co.uk/documents/s20340/Appendix%201%20Healthwatch%20Ealing%20Annual%20Report%202024.25.pdf>
- **Healthwatch Wandsworth – Annual Report 2024–25** (includes access / digital work as a key theme)
  - <https://nds.healthwatch.co.uk/reports-library/annual-report-2024-25-71>
  - <https://www.healthwatchwandsworth.co.uk/report/2025-06-25/how-we-have-worked-together-ensure-care-people-driven-read-our-latest-annual>

### 15. HSSIB – digital tools for online consultation (safety risks)

**Organisation:** Health Services Safety Investigations Body (HSSIB)

**Primary issue:** **Digital tools for online GP consultation carry patient safety risks**, including mis-triage, missed serious illness and delays, and can put people off seeking help when online access is confusing or hard.

- **Patient safety investigation – Workforce and patient safety: digital tools for online consultation in general practice** (2024)  
Full report:
  - <https://www.hssib.org.uk/patient-safety-investigations/workforce-and-patient-safety/second-investigation-report/>
- **HSSIB blog – Patient and staff concerns over GP online consultation tools** (25 July 2024)
  - <https://www.hssib.org.uk/news-events-blog/patient-and-staff-concerns-over-gp-online-consultation-tools/>

- **Guardian coverage – Online GP consultations have led to harm and death, investigation finds** (July 2024)
  - <https://www.theguardian.com/society/article/2024/jul/25/online-gp-consultations-have-led-to-harm-and-death-investigation-finds>

## 16. Scrutiny committees – local councils examining GP access

**Organisations:** Various local authority overview & scrutiny committees

**Primary issue:** Formal democratic bodies **investigating GP access problems** (including digital and triage models), often drawing on Healthwatch evidence and ICB data.

Key examples already in play:

- **Stockton-on-Tees Adult Social Care and Health Select Committee** – *Scrutiny Review of Access to GPs and Primary Medical Care*  
Cabinet item and covering report (2024):
  - <https://moderngov.stockton.gov.uk/mgAi.aspx?ID=3304>
  - <https://moderngov.stockton.gov.uk/documents/s8186/Executive%20Summary.pdf>  
Evidence-gathering / data pack docs:
  - <https://moderngov.stockton.gov.uk/documents/s5644/Covering%20Report.pdf>
  - <https://moderngov.stockton.gov.uk/documents/s3385/CoveringReportAccessToGPsandPrimaryMedicalCare.pdf>
- **Barnet Adults & Health Overview and Scrutiny Sub-Committee** – *Primary Care (GP) Access Task and Finish Group*  
Task & Finish Group report and updates:
  - <https://barnet.moderngov.co.uk/documents/s86423/Primary%2BCare%2BGP%2BAccess%2BTask%2Band%2BFinish%2BGroup.pdf>
  - <https://barnet.moderngov.co.uk/documents/s84990/GP%20Access%20cover%20report.pdf>
  - <https://barnet.moderngov.co.uk/documents/s91472/Primary%20Care%20GP%20Access%20TFG%20update.pdf>  
Summary in cabinet / annual scrutiny pages:
  - <https://opencouncil.network/meetings/69424>
  - <https://opencouncil.network/meetings/79412>
  - [https://www.barnet.gov.uk/search?search=Primary%20Care%20\(GP\)%20Access%20Task%20and%20Finish%20Group%20Report](https://www.barnet.gov.uk/search?search=Primary%20Care%20(GP)%20Access%20Task%20and%20Finish%20Group%20Report)
- **Manchester City Council – Health Scrutiny Committee** – *Access to General Practice in Manchester*  
Original GP access report and minutes:
  - <https://democracy.manchester.gov.uk/documents/s25985/GP%20Access.pdf>
  - <https://democracy.manchester.gov.uk/ieListDocuments.aspx?CId=142&MId=3737>
  - <https://democracy.manchester.gov.uk/documents/s26531/HSC%20Mins%208%20Sept.pdf>

(Other councils – Leicestershire, Devon, Kent, Bury etc. – have similar access/scrutiny work, but the three above are the ones we've actually used so far.)

## 17. Primary care patient safety strategy (national context)

**Organisation:** NHS England

**Primary issue:** Sets out commitments to **patient safety in primary care**, explicitly relevant to how digital access models and triage are implemented.

- **Primary care patient safety strategy** (Sept 2024)
  - <https://www.england.nhs.uk/long-read/primary-care-patient-safety-strategy/>

## 18. General public anger and dissatisfaction about GP access

These sources aren't specifically about websites or triage tools, but they show that **access to GP appointments is the top pressure point in the NHS**, and that current standards are widely seen as inadequate.

(These are drawn from our existing evidence pack on GP access and far-right narratives.)

- **Ipsos polling (Sept 2025) – “Easier access to GP appointments remains public’s top priority for the NHS”**
  - <https://www.ipsos.com/en-uk/easier-access-gp-appointments-remains-publics-top-priority-nhs>
- **GP Patient Survey 2025 – official national stats on access and experience**  
NHS England data and tools:
  - <https://digital.nhs.uk/data-and-information/publications/statistical/nhse-gp-patient-survey-results/2025>
  - <https://www.gov.uk/government/statistics/gp-patient-survey-results-2025>
  - <https://gp-patient.co.uk/latest-survey/results>
- **Institute for Government – Performance Tracker Local: General practice in England** (Apr 2025)  
Shows collapsed patient satisfaction with GP services, links higher satisfaction to more GPs and more face-to-face appointments.
  - <https://www.instituteforgovernment.org.uk/publication/performance-tracker-local/general-practice-england>
  - [https://www.instituteforgovernment.org.uk/sites/default/files/2025-04/performance-tracker-local-gp-england\\_2.pdf](https://www.instituteforgovernment.org.uk/sites/default/files/2025-04/performance-tracker-local-gp-england_2.pdf)
- **Healthwatch England polling via media – patients want a right to see GPs quickly**  
(E.g. Guardian reporting May 2024 that patients want a right to see a GP within 24 hours enshrined.)
  - <https://www.theguardian.com/society/article/2024/may/17/patients-england-want-right-to-see-gps-with-24-hours-enshrined-nhs-survey>
- **Ipsos & YouGov data on GP access and wider NHS performance** – used in the immigration / far-right evidence pack, showing:
  - High concern about NHS pressures and GP waits
  - Strong belief that access is getting worse

(Full links for these are already captured in the separate “GP Access, Immigration Blame & Far-Right Messaging — Evidence Pack”, which this document sits alongside.)

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## How this pack is structured for use

- **Section A** gives you examples where patients and reports explicitly complain about **online GP systems being unavailable out-of-hours or when capacity is reached**.
- **Section B** lists sources where **phone-only triage / 8am phone bottlenecks** are clearly described as a problem, plus the national contract rules that entrench this model.
- **Section C** adds the wider context: **digital exclusion, complex or unsafe online tools, councils scrutinising access, and national data on how angry people are about GP access overall**.