

GP access in North West London: perspectives from patients in Brent and Westminster



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Healthwatch

Healthwatch Brent, Healthwatch Westminster and Healthwatch Kensington & Chelsea are set up to promote and support the involvement of residents in the commissioning, provision, and scrutiny of local health and social care services. Our service is provided by The Advocacy Project.

We collect feedback from residents about publicly funded health and social care services. Based on the feedback received, we develop reports and recommendations on how these services should or ought to be improved. We share our data and recommendations with service providers and service commissioners, and monitor if and how the recommended changes are implemented.

For an overview of our previous research projects, please refer to the report library for each borough: [Brent](#), [Westminster](#), [Kensington & Chelsea](#).

We also offer signposting and advice, directing people to the resources they need. This includes helping residents to understand the NHS complaints process, signposting to advocacy and local support organisations, and explaining how to navigate the complex health and social care system.

Setting the scene

Primary Care in North West London

There are 45 primary care networks (PCNs) in North West London, which bring together networks of local GP practices along with community, mental health, social care, pharmacy, hospital and voluntary services within their local area.

PCNs are designed to help GP practices provide care that is more personalised and better integrated with other local services.

GP practices across North West London are currently offering both face-to-face appointments and telephone appointments. There are also limited numbers of GP appointments available out of hours (evenings and weekends).

Many GP practices in North West London use an online consultation system called PATCHS. This allows patients to send information to their GP practice using an online form, and is designed to be used for non-urgent issues. GP practice staff review the PATCHS enquiries and should respond to patients within two working days.

Proposed changes

In February 2024, we became aware of proposals to change the way that some patients in North West London access same-day GP appointments. The proposals involved the introduction of same-day access hubs:

*"The plan involves the use of **same day access hubs** to triage patients who contact their general practice. These hubs will include senior GPs and a multi-disciplinary team of clinicians and non-clinical staff drawn from practices in the area. They will assess patients' needs and refer them to the best service for them. This may be an urgent or routine appointment with their GP, an appointment with a community pharmacist or other clinician or guidance on how best to treat their condition."*

"Where appointments at a patient's own practice are not available, they may be referred to another practice so that they can be seen the same day. Same day access hubs will be delivered by local primary care networks in each area. They may be physically co-located or virtual services". (Information shared by North West London Integrated Care Board).

We were contacted by a number of patients and representatives from patient groups who expressed concerns about the proposals.

In response, we wrote to North West London Integrated Care Board (ICB) to find out more about the plans, and to find out how patients and other local stakeholders would be involved in implementing any changes.

The ICB responded to our questions with more information about the proposals. In March, they responded to the concerns raised and wrote to local GP practices to let them know that any changes would be delayed to allow more time for

patient, community and stakeholder engagement. They shared the following statement.

"NHS North West London remains committed to improving access to primary care. This is the number one issue residents consistently raise with us, as do practices concerned about the growing pressures they are under. Having listened to feedback from our patient groups, GPs and PCNs, we recognise that our proposals to increase access have been misinterpreted. It is for this reason that we have decided to allow more time to work with PCNs, GPs and patients to clarify our plans."

In May, the ICB shared more information about their plans, and why they feel this piece of improvement work is important for patients:

"NHS North West London is working with primary care networks and GPs to develop proposals to improve access in their area. Over the next few months, all of our primary care networks will be expected to work with their patients, residents, communities and stakeholders to consider how well access is working and develop proposals to improve it."

"Access to general practice is the issue most raised with NHS North West London by local residents – and the ICB has published two key reports setting out the concerns patients are raising and the good practice data which underpins its approach to improving access."

"Feedback from residents is published in our [insight reports](#). A report summarising the feedback specific to access to primary care has now been [published](#). The most consistent point raised is that it is difficult to get a GP appointment and people feel they are waiting too long."

We launched our survey to find out more about how patients are currently using their GP practices, current issues and challenges, and to follow up on some of the concerns raised – such as how easy it is to book an appointment and how long patients are waiting before they can be seen.

Methodology

For this project, the aim was to hear from a wide range of different participants, including those who currently use GP services regularly as well as people who are more likely to be experiencing health inequalities. To facilitate this, we took a varied approach to engaging with North West London patients:

- An online survey, promoted through our website and social media channels. The survey was also shared with partners, including local patient participation groups.
- A series of in-person engagement visits. At our engagement visits, we had one-to-one conversations with attendees and took them through the survey questions, collecting their feedback. The locations visited were: Citizens Advice drop-in sessions delivered at Stowe Centre, Ebury Edge Community Hall, Church Street Library, Beethoven Centre, and Age UK drop-in sessions delivered at Regents Hall, Beethoven Centre, and St Marylebone Parish Church. One online discussion group, attended by patients and patient voice representatives from across North West London.
- Two in-person focus groups with participants from Age UK Westminster.
- One in-person focus group with participants from a Brent carers' forum.

In total, we heard from **228** people. This was made up of 139 people who responded to the survey, 47 people at our online discussion and 42 people at our three in-person focus groups.

Before launching the survey, we shared our draft questions with local community sector partners, as well as with the NWL ICS engagement manager, to receive comments and feedback. This helped to ensure that the information collected would be relevant for ongoing ICS discussions about changes to primary care.

Information about the project was shared on the Healthwatch Brent, Healthwatch Westminster and Healthwatch Kensington & Chelsea websites. We also promoted in our regular newsletters, and informed local partners.

Limitations

The online survey had a heavy self-selection bias for older adults who regularly access their GP. To address this, we took the survey out to community spaces where we were able to interact with a wider range of participants. Overall, 20% of our survey responses came from 25-49 year olds, 34% from 50-64 year olds and 33% from 65-79 year olds.

We reached out to residents across our three local boroughs (Brent, Westminster and Kensington & Chelsea) to participate in this project. We also received responses from people living in other parts of North West London. However, the majority of respondents came from Westminster, with a smaller but significant number also coming from Brent. We have reflected this in the report's title. It is important to note that the perspectives of people living in these two boroughs may not reflect the opinions of those across the wider North West London area.

Summary of findings

These findings pull together data from 228 local people. People contributed through a mix of survey responses and discussion groups. Overall, we found that residents were happy with the current service being provided by their local GP practice. Most residents who responded to the survey (75.5%) felt that their GP took their needs and preferences into account at least some of the time.

We asked participants about how they currently use GP services, and how they feel about the process of booking and attending appointments.

Preferred appointment types

Face-to-face appointments were overwhelmingly the most popular, among patients of all ages and demographics. However, many patients were also happy to have a telephone appointment.

Video calls were considerably less popular among all participants in the survey.

During our focus groups, some residents told us that their GP practices were now offering a small number of evening and weekend appointments to help people who struggled to attend during work hours. This was seen as a positive development.

Appointment booking

The majority of people – 53% – currently book their appointments via telephone. However, a significant proportion – 41% – choose to go to the practice receptionist and book their appointment in person.

When asked how they felt about the current systems for booking appointments, there was an even split between positive, negative and neutral comments. While appointment booking is working well for some people, there are a number of issues that need to be addressed to ensure equality of access.

These included:

- Difficulty using online booking systems: "I hate when asked to go online. If I struggle with online, how do they expect mum [to be able to use it] too."
"PATCHS is really hard to use, and I have trauma in my right hand and am not computer literate."
"It's catastrophic for people without a smartphone, who have difficulties typing into the phones for various reason. You're disadvantaging the frail and elderly if you insist they use PATCHs only."
"I have been diagnosed with Dementia and am not able to use the online booking system. I also do not have access to a computer or laptop."
- Long waiting times on the telephone: "I book appointments over the phone but sometimes I have to wait a long time for my turn."

- Appointments not always being available, or having a long waiting time: "They usually do not have appointments left."

"Sometimes I would like to see a GP, but appointments are not available for a week or two and they tell me to go to A&E."
- Language barriers: "Sometimes I struggle to communicate with receptionists due to the language barrier."
- Accessibility concerns: "It is about time the plight of patients who are both disabled and impaired is taken into consideration. I am most grateful to my GP Surgery for letting me use the practice manager's private email address, and for my GP to contact me via email, but we need to ensure solutions for disabled people are implemented consistently across the NWL ICS."
- Online systems not always working as expected: "Booking system can be precarious. Twice I made an online request for a call back from GP only for it not to be actioned. Also, after a day and a half of waiting for a call I realised that my phone request hadn't been submitted."
- Lack of options for booking appointments in advance: "It is not possible to book appointments other than "on the day" no advanced booking is allowed making planning other parts of one's life difficult, and leading to putting off trying to make a booking longer than one perhaps should."

Overall, we found a difference in perspectives between patients who felt their GP practice had a flexible approach to appointment booking, compared to those who felt that they were given limited choices over how to book. Due to the varied needs of different population groups, attempting to have all patients use the same booking method (regardless of whether this was online booking or a telephone system) could lead to difficulties.

Travel to appointments

Most residents stated that they currently travel for less than 30 minutes to reach their GP (19% <15 minutes, 68% 15–30 minutes), and would not be prepared to travel any further for an appointment.

The majority of participants (51.4%) told us that they currently walk or cycle to their appointments, while a significant number (25%) use public transport. The distance and transportation options would need to be considered carefully for any new GP access scheme. Many residents told us that location is an important consideration, due to factors including:

- Cost of transport
- Mobility considerations
- Availability of public transport/ transport links

Views on service currently being received from GPs

Out of 139 people who completed the online survey, fifty chose to leave an additional comment about how they find the service currently received from

their GP. Of these, 24% were positive (12 people), 38% were neutral (19 people) and 38% were negative (19 people).

The positive themes included:

- Good service for children, including prioritising children to ensure they get an appointment quicker.
- High standard of care provided by GPs, including good knowledge and expertise and a kind/caring approach.
- Respectful staff working across the GP practices.

However, there were also a number of issues raised. These included:

- Difficulty booking repeat prescriptions due to use of online system.
- Lack of responsiveness from health services, including the GP practice.
- Lack of continuity of care due to seeing a different GP at each appointment.
- GP practices continuing to push patients to use online systems such as PATCHs, even after they have been told the patient is not comfortable with this or does not consider themselves 'digitally literate'.
- Administrative issues such as losing prescription information after moving GPs.
- A lack of female doctors at some practices, causing delays for patients who would prefer to see a GP of the same gender for sensitive issues.
- GPs not taking a holistic approach, and treating individual issues rather than understanding the overall needs of the person.
- Lack of translation services – for instance, one patient in Westminster told us that there were no Arabic interpreters available at her local GP.

Accessing services when same-day care is not available

A significant proportion of patients – 25% – said that they would go to A&E or urgent care if they were not able to get an appointment with their GP on the same day, but felt they need one. This shows that work is needed to improve the way that patients access same-day care from their GP. However, this work needs to be done in collaboration with patients and doctors.

Views on proposed changes to same-day access

Many of the people we spoke to were aware of the conversations about changing the way people access same-day appointments. In particular, the 47 residents who attended our online discussion group were already aware of the proposals.

Not all residents were opposed to the idea of same-day access hubs. Several stated that they would be happy to use them for their own care, as long as they

were shown to be safe and effective. However, all residents had concerns about the way the changes had been presented, and the lack of evidence that had been shared.

These concerns included:

- The need for significantly more engagement before any changes are made. Several patients suggested that a formal consultation is needed – or if this is not possible, a clear explanation of why there is no consultation and what engagement will be done instead.
- The need for triage to be performed by a qualified GP.
- The need for evidence to be published demonstrating the efficacy of any proposals before they are implemented.

Many patients in our discussion group also stated that they felt continuity of care, rather than access, was the biggest issue facing local patients. There was some discussion of the fact that implementing same-day access hubs could have the potential to improve continuity of care for patients with the most complex needs, by freeing up time for them to be seen by their existing GP. Again, though, residents stated that they would want to see evidence for this before they would feel confident in the proposals.

Safety of triage was a key concern that emerged both during the online discussion and in a number of survey responses. Some people expressed concern about the safety of having their care triaged by any member of staff other than a GP, while others were comfortable with being triaged by any clinical members of staff but had concerns about non-clinical staff asking them to share their medical details, or deciding whether or not they required treatment. The following comments illustrate the range of views that were received:

- “If my initial triage is by a GP I am happy to work with ‘other staff’ but a GP is fully trained in diagnostics – ‘other staff’ are not. Some years ago, I saw my GP for a specific painful but ‘lesser’ issue which was dealt with but he recognised, from his long experience that I had a different life threatening issue of which I was not aware. ‘Other staff’ would not have had that training or experience.”
- “I support Allied Health care roles with the obvious proviso that they should be trained and have access to all my medical records. In this instance it would really help if they had access to my Care Information Exchange records, to save me repeating my complex medical history.”
- “Triage seems to be by reception staff – happy to be triaged by any [clinical staff] but they need to state who they are – reception team should never triage.”
- “I would like to be triaged by a GP. Many things have been caught because of a GP which would have gone under diagnosed and so I would not be on the treatment for it. Things that could have been confused for other milder conditions.”
- “[Triaging staff] do not understand my needs and are not trained professionally to support someone with Dementia. It’s a waste of time.”

Recommendations

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More work needs to be done to improve the accessibility of GP practice appointment-booking systems. This includes:

- Flexibility over how patients are able to book their appointments, ensuring there are online, telephone and face-to-face booking options available, to suit different accessibility needs.
- Patients' individual accessibility needs should be considered when they are given instructions for how to book an appointment. For instance, those who struggle with phone calls should be given an alternative way of booking.
- Alternatives for online booking should be made available at every practice.

Steps do need to be taken to address issues with the availability of appointments. This includes both same-day access and the ability to book appointments in advance. However:

- A clear engagement plan is needed to show how patients and GPs will be involved in any changes. Ideally, a patient consultation should be run before implementing any significant changes to the way that care is currently accessed. If this isn't possible, significant engagement would still be needed.
- Evidence from existing same-day access schemes should be shared to demonstrate the efficacy of this approach.

Patient concerns about triage need to be addressed, including clear information about who should be triaging patient concerns.

- Steps should be taken to ensure that triage is always carried out by clinical staff.
- Where triage is to be done by clinical staff other than GPs, patients would like to see clear evidence that this is safe and effective.

Any changes to the way patients access care in North West London need to consider the transportation needs of different residents, and the distance that patients are willing or able to travel. This includes:

- Considering transport links, and how easy it would be for residents to attend an appointment via public transport.
- Considering the furthest distance that a resident may have to travel to access care, and ensuring that this stays within the 15-30 minute timeframe, including for those travelling by foot.

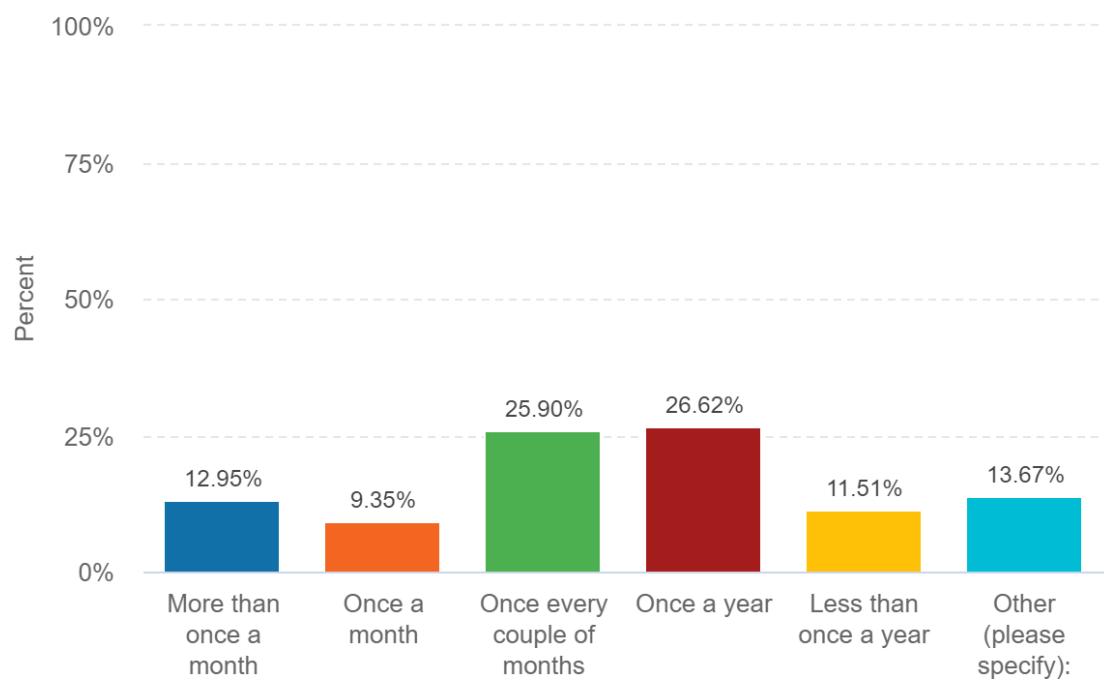
Better promotion of interpreting and translation services is needed, including information about what's available and how it can be accessed:

- Translation/interpreting services should be reviewed to ensure they are offering the full range of community languages, to a high standard.
- Ensure clear and accessible information is available about how to access these services, online and in paper copies.

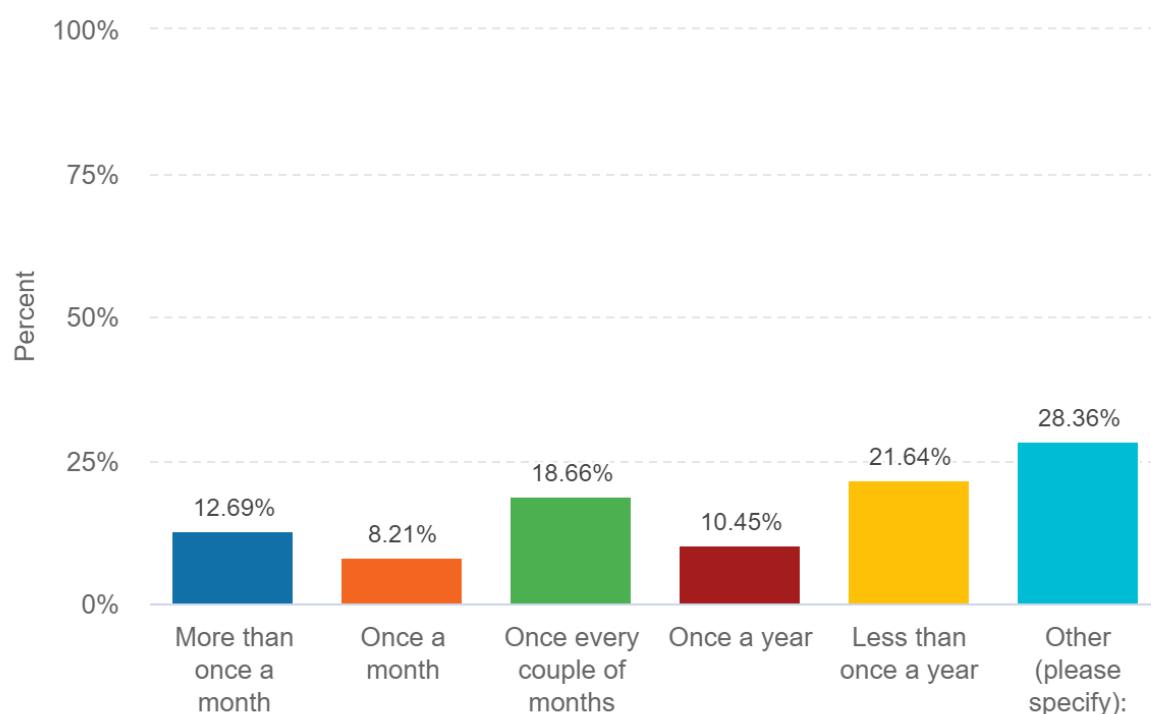
Breakdown of findings

The charts below show the findings from 139 survey responses.

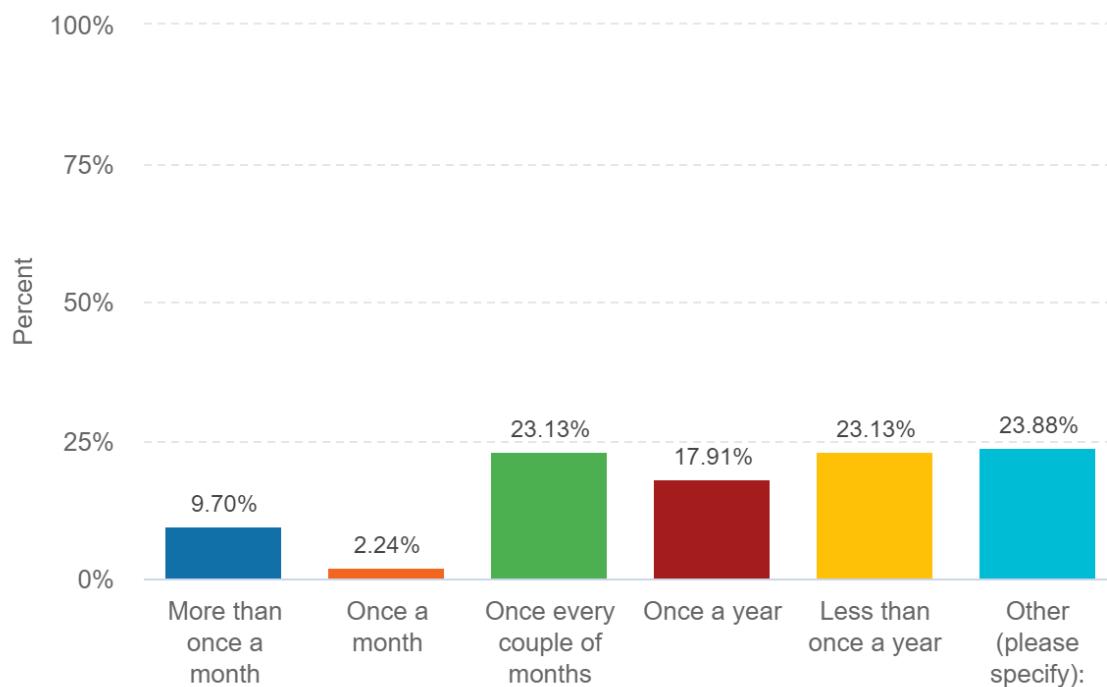
How often do you see your GP for a routine check-up?



How often do you see your GP for same-day appointments?



How often do you see your GP for specialist appointments?

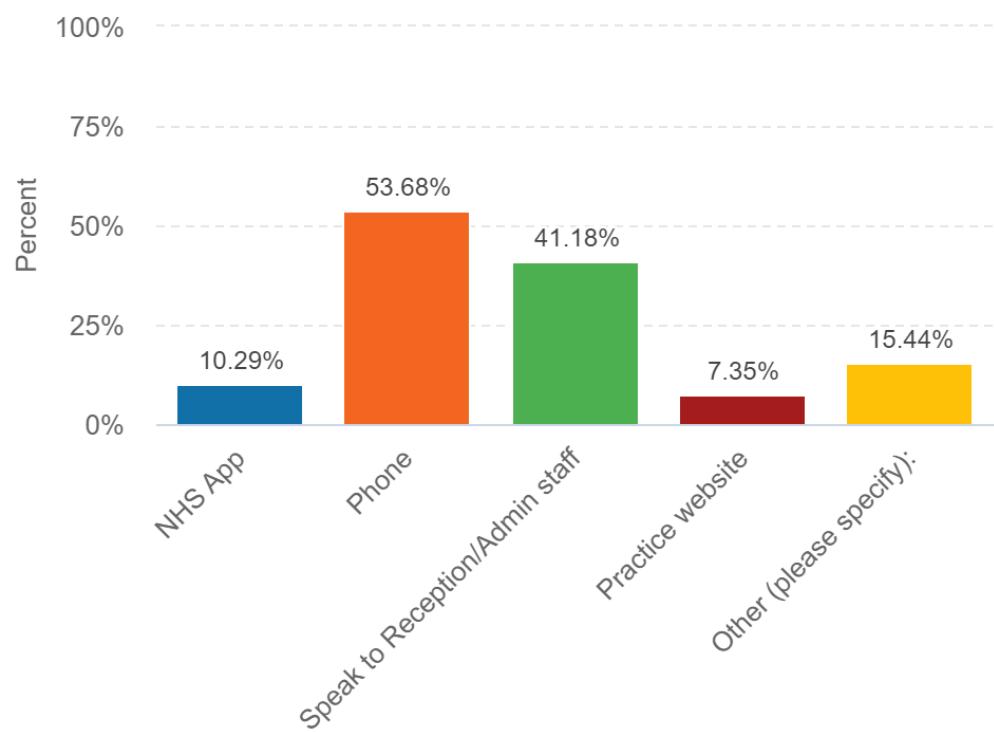


What is your preferred type of appointment?

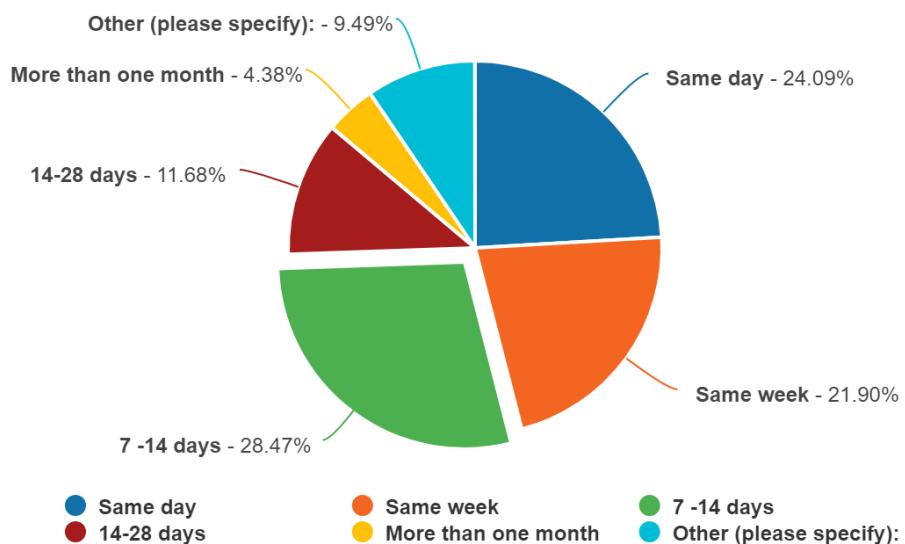
For this question, participants ranked the appointment types in order of preference. Each appointment type was then given a weighted score based on how it had been ranked.

Face to face	358	1
Telephone	276	2
Video call	209	3
Online	127	4

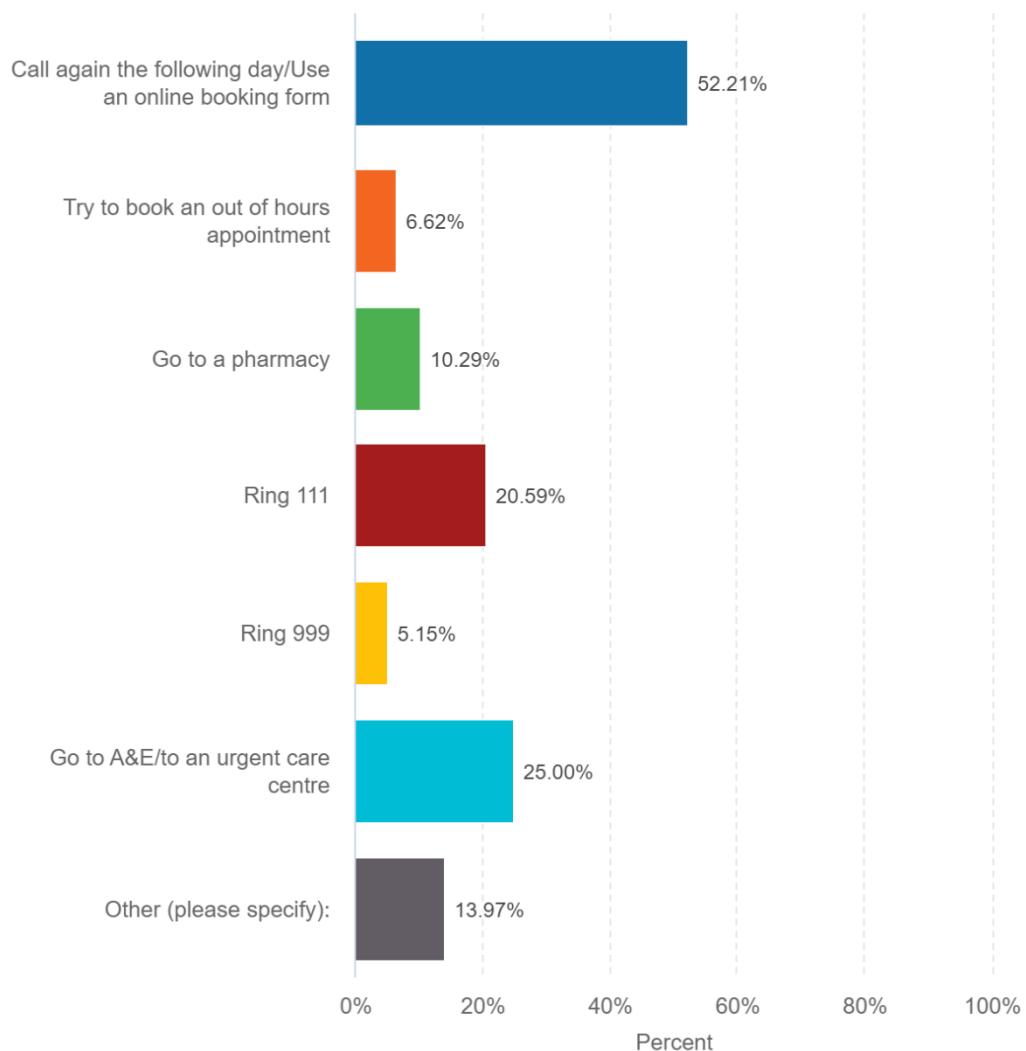
How do you book your GP appointments?



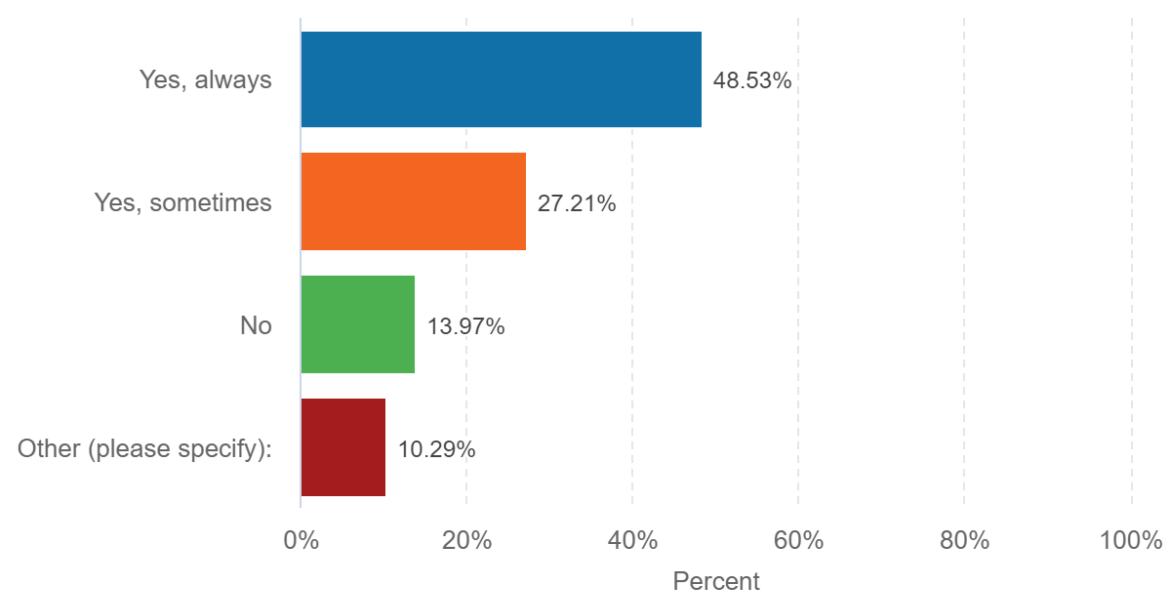
How long do you usually wait for an appointment to take place after booking?



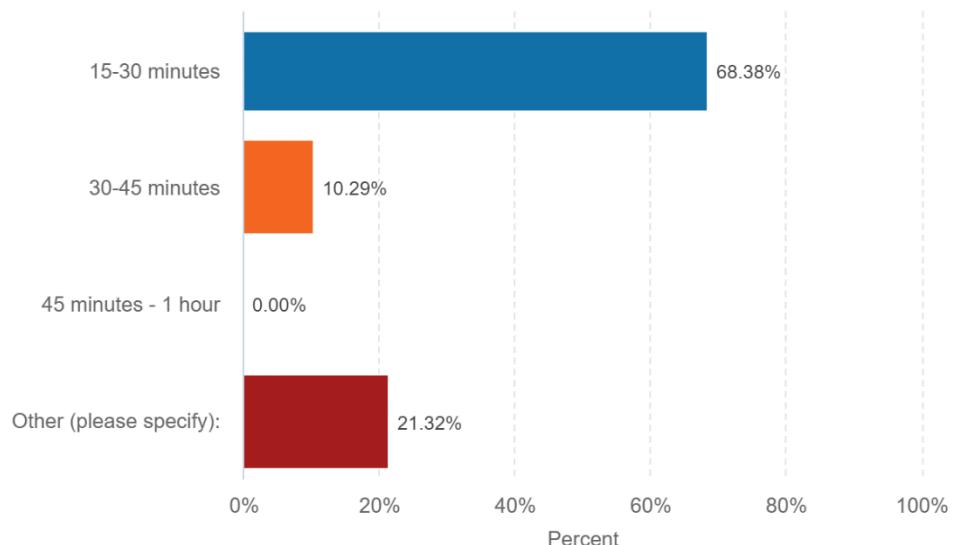
What would you do if you were not able to get a same-day appointment?



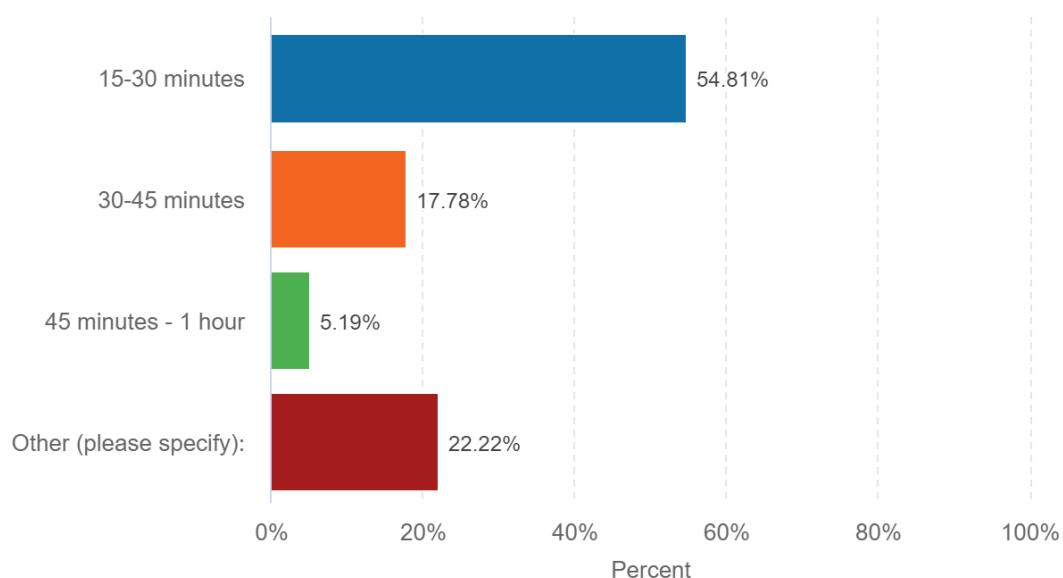
Do you feel like your preferences and needs are taken into consideration when booking GP appointments?



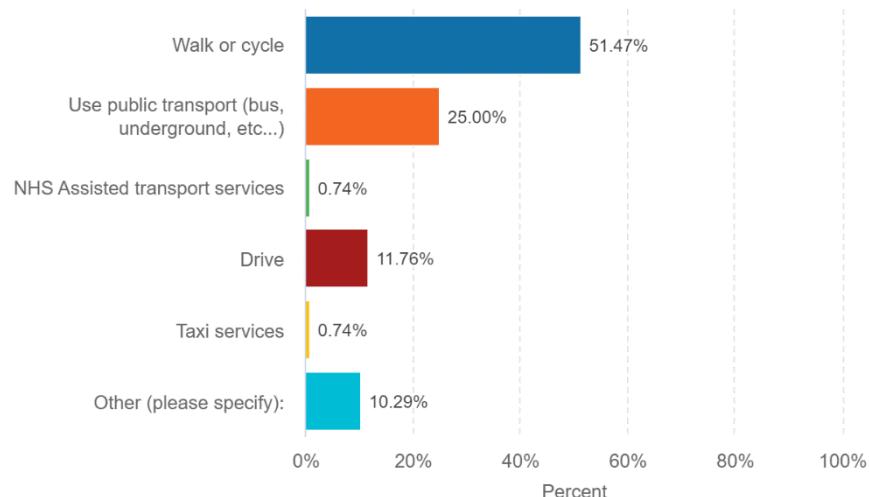
How long does it take you to travel to your GP?



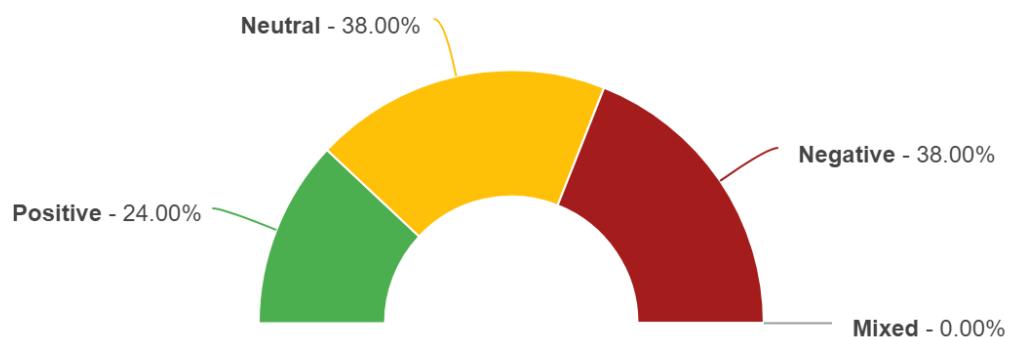
If your GP was not available, how long would you be willing to travel for a GP appointment?



How do you usually travel to your GP appointments?

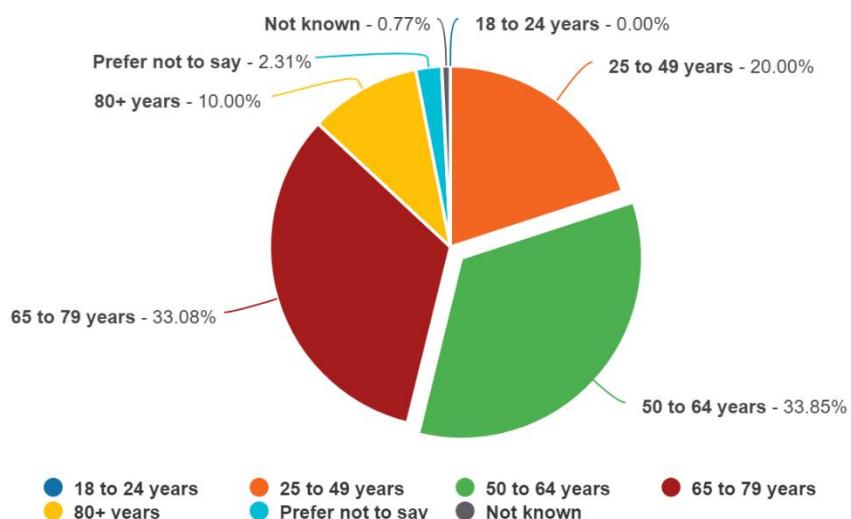


Do you have any other comments on your experiences that you would like to share?

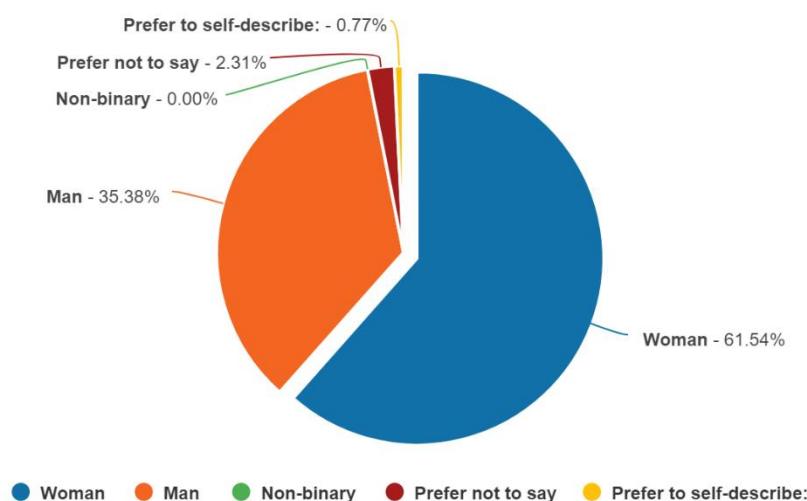


Breakdown of Demographics

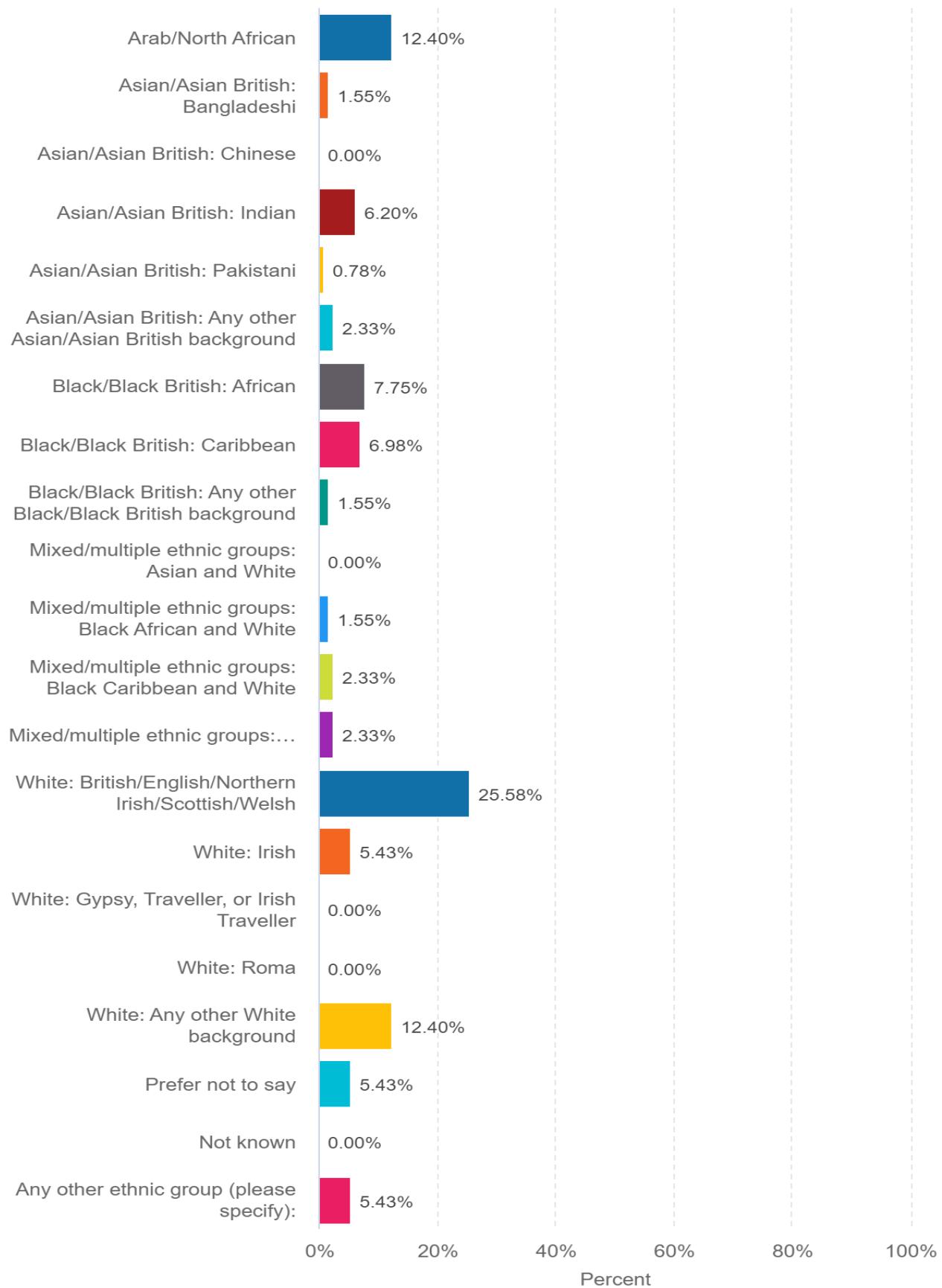
Age



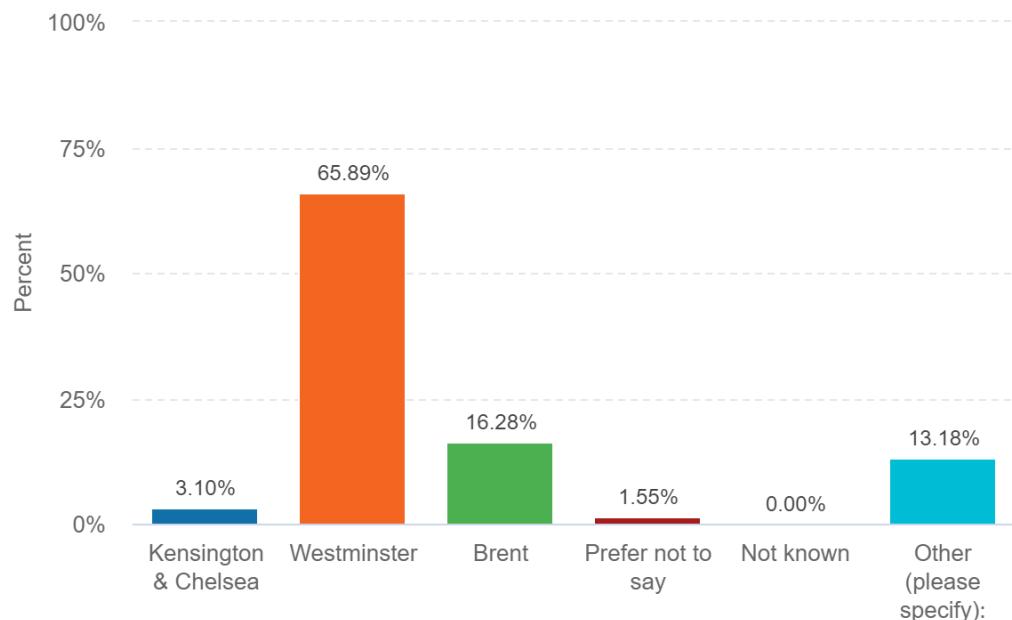
Gender



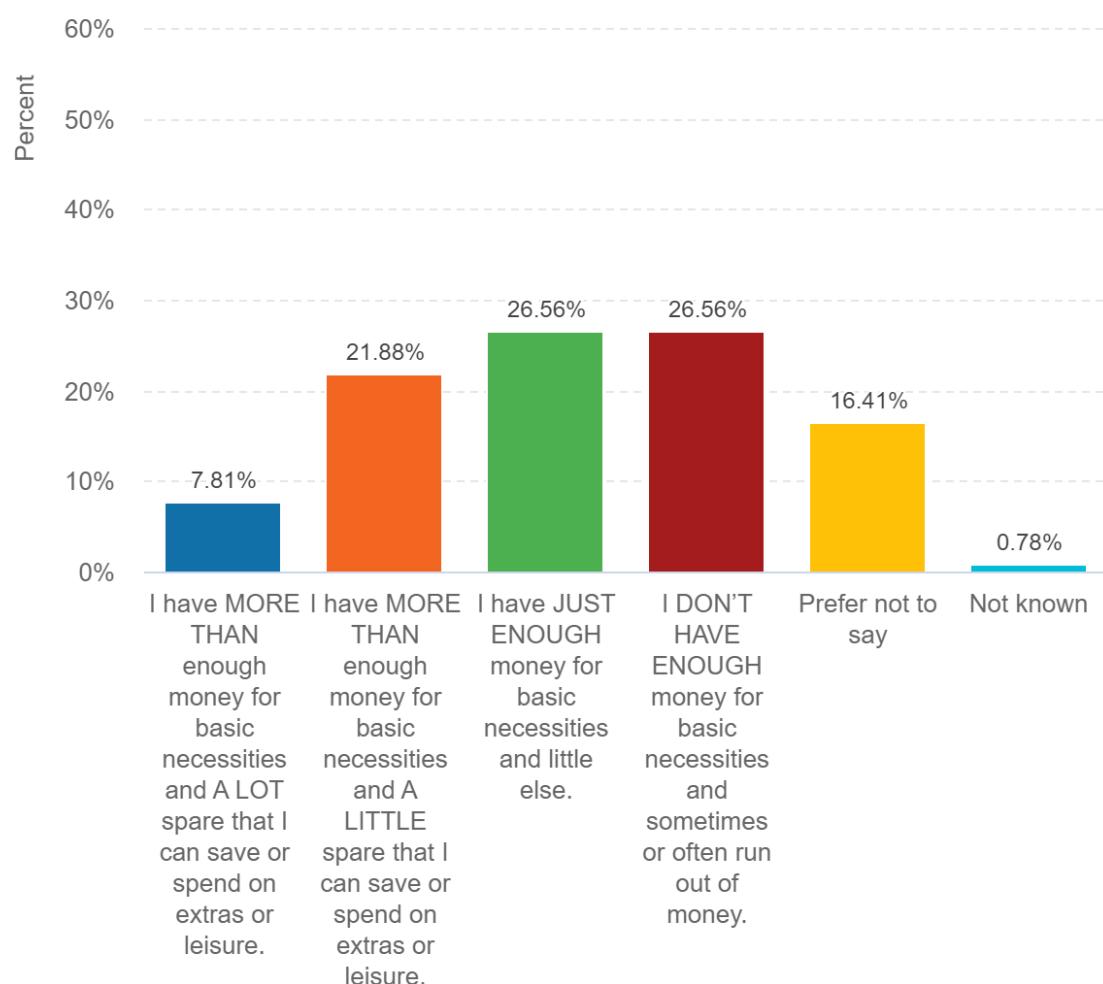
Ethnicity



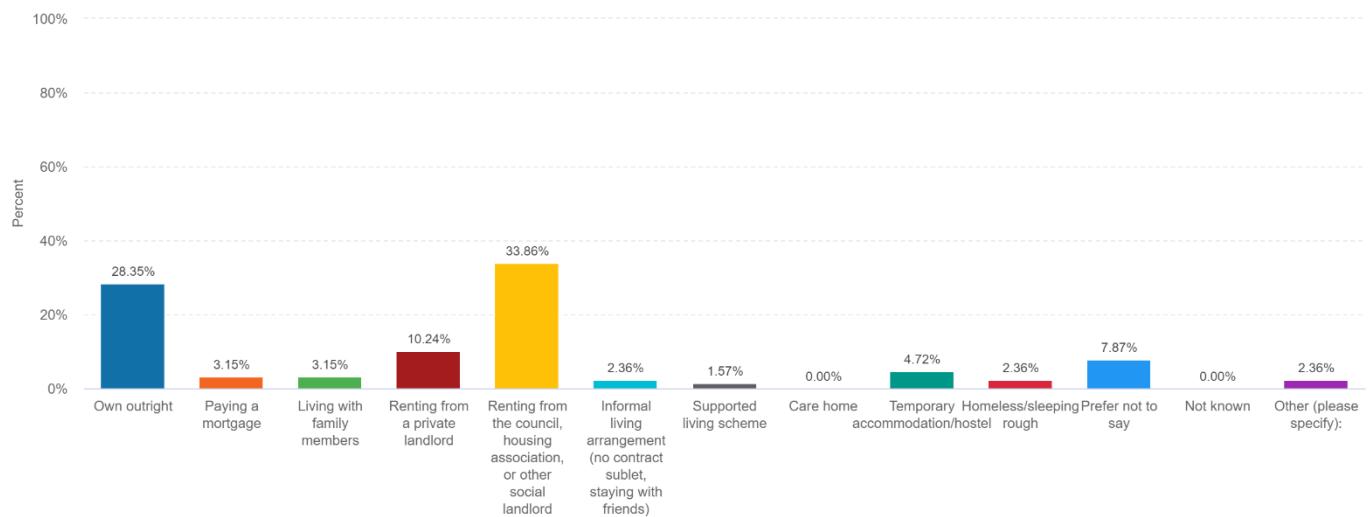
Borough of residence



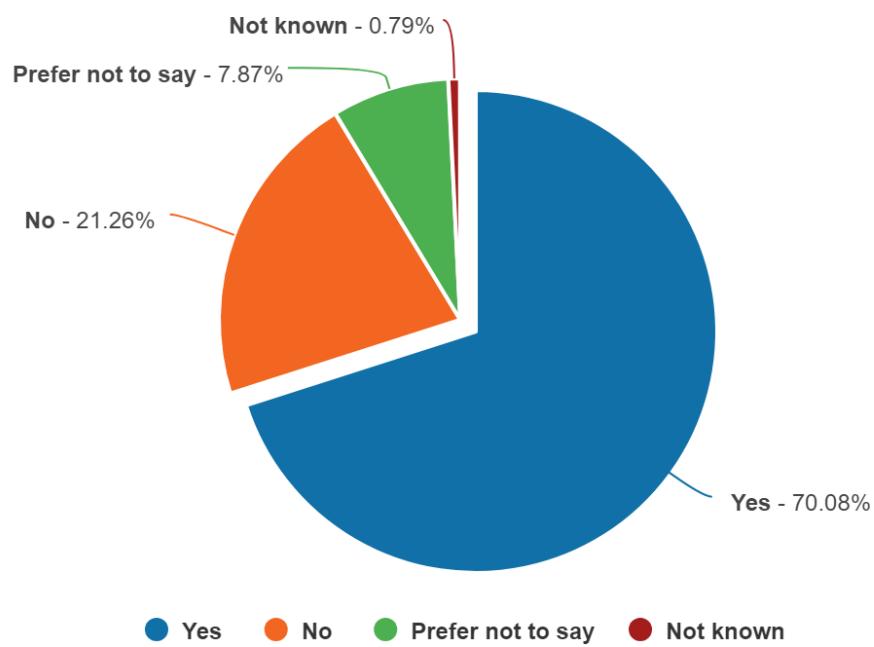
Financial situation



Housing situation



Long-term health condition or disability



Next steps

This report has been shared with the North West London Integrated Care Board to help inform ongoing conversations about how primary care should be developed across our area. We will also be presenting the report at the upcoming Vulnerable Adults, Health and Communities Scrutiny Committee in Westminster as part of ongoing conversations about GP access.

We will continue to participate in these conversations, and advocate for our recommendations to be implemented to help improve patient care. We will also continue to advocate for a consultation to be carried out with patients before any significant changes are made.

Acknowledgements

We are very grateful to everyone who contributed their views and testimonials to this report, and to our wide-ranging community partners whose members were invited to participate.

We would also like to thank the North West London Integrated Care Board for engaging with us about their proposed changes, and for supporting this piece of work.

Finally, we would like to acknowledge the Volunteers, Advisory Board members, and Healthwatch staff who developed and carried out this project.

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