

New Bank Health Centre – Access Issues: Worse Than Ever

(Prepared for meeting on 12 November) - Robert (Bob) Davies: admin@bobbigrmac.com

Current condition of access issues

- **After-hours blackout:** the website shuts when the office shuts → shift workers/carers are locked out entirely (*PATCHS already has an option to stay online, must be activated*).
 - This is a configuration choice already available to you.
 - PATCHS lets practices keep an admin/non-urgent route open 24/7.
 - Such an obvious error, *somebody* on your team **should** have prevented this simple mistake.
- **Unscheduled calls:** patients wait all day; a missed call = start over.
 - Missed, unscheduled calls must not nuke the request.
- **Redundant/complex forms + multiple logins:** high friction and drop-offs; “NHS Login” complexity makes it worse.
- **No message portal/progress:** people cannot see status, can’t re-read a call, do not know what happens next.
- **Confusing process/wording:** unclear routes, multiple branches, no rationale; the path forward gets harder, not clearer.
- **Reality vs metrics:** appointment numbers look “fine” (slight improvement june-august), but reviews and complaints still don’t agree with the numbers.

Example: Works 8–6, form is always closed. Tries on a phone browser from work, struggles through complex forms, misses a triage call (they’re working), told to start again, site is down. By Friday they give up, get sicker. Most don’t bother to leave a review—because “nothing changes.”

To try and resolve this (so far I have failed for a year), patient has to take a day off, hope the website is open, submit a request, hope it is actioned today, and hope not to miss the call, so they don’t have to start over again next time they have a day off, and have the call result in an appointment today (if time sensitive but not ‘an emergency’, which would send them to A&E for 12 hours) and/or book another day off for the appointment.

- *So-called ‘Efficiency’ getting in the way of people solving problems until they become bigger problems.*

Scope of problem

- **Patient survey:** 39% said it’s hard to get an appointment.
 - Survey undercounts harm. Missing the people driven away at the front door. Real access failure is likely worse.
- **Public feedback:** Hundreds of 1–2★ Trustpilot complaints on PATCHS calling out downtime, confusion, restarts, bad process choices, repeating cycles of simple/avoidable errors.
 - Google reviews on GTD practices already seeing bad reviews for new system.
- **Spot checks:** intake always **offline out of hours; error pages in hours** → the service feels unreliable.

Bare minimum expectation

- **Always a way to start** 24/7 for non-urgent/admin.
 - Websites enable non-synchronous comms, don't waste it.
- **Fewer restarts** (don't make people repeat themselves).
- **Don't count missed, unscheduled calls as DNAs.** [ongoing] That's a system failure, not a patient failure.
 - I checked the "Appointments in General Practice" monthly data
 - Shows **1 in 18 (~6%)** appointments are missed.
 - Phone DNAs fell **90 → 69 → 48** (Jun→Jul→Aug).
 - Controlling for phone volume: **6.07% → 4.28% → 3.54%**.
 - The reduction (~halving) in phone DNAs suggest reduced recording of missed calls as official DNAs, but how much time IS lost to unreported missed unscheduled calls each day?
 - If those requests are deleted, how are lost/dropped/closed requests filed?
 - Where are unsatisfied appointment/triage requests going now?
 - Closed and forgotten? Does anyone look at closed appointment request starts that didn't result in an appointment?

Bottom line: This isn't just software—it's process. Simple barriers creating avoidable harm.

Switching to always-on intake, and fewer restarts is the minimum bar patients can feel.

Notes

- Noticed New Bank recruiting for a receptionist on Indeed. Pretty low salary (~22k, barely living wage, with a lot of responsibilities). Any chance of paying more to get someone good at it, someone who cares about patients?
 - Are support systems in place to help reception help patients?
 - Do they have enough autonomy to handle simple everyday issues?
 - Do they have enough power to respond to issues dynamically, or are they stuck filling in the same bad forms/workflows as patients?
- The NHS 'goals' (only online during office hours, poor access minimums) are absolutely rock-bottom standards compared to the real world
 - Can you name one other industry whose website goes offline when their office is shut?
 - Healthcare/GP systems should be *better* than other areas, more accessible, more human-friendly, not worse.
 - Systemic failure is a pattern everyone has to choose to break.
 - The NHS app as login would be fine, but it says it needs some other logins
 - Confusing, can't you just give me a link to the form? Several paths with long explanations.
 - Have been unable to test further, as it's always been down/offline or out of hours/offline.
 - Not a 'training' problem. The process is poor.
 - See PATCHS trustpilot reviews, very clear issues
 - I'm a programmer and system designer, confident and highly competent computer user, and just can't access it because it's offline, and still confusing, as all 3 paths dead-end.
 - If a developer working for me shipped this, they wouldn't be working for me in future.
 - There are understandable/fair technical reasons... bad infrastructure, overly complex system controls, blind metrics, poor integration, lack of proper use case analytics during specification, and barely (if any) input from a professional designer (either at New Bank, GTD or PATCHS), competing priorities, legacy systems.