GP Appointments During COVID-19 Lockdowns Report

Written by Benjamin Hart and Kathryn Murray, 1st year ScotGEM students on placement at Fife Centre for Equalities

Introduction

Across Scotland there have been monumental healthcare changes in response to the COVID-19 pandemic and ensuing periods of national lockdown. Initially, some aspects of secondary care were curtailed, allowing staff and resources to be redirected to care for acutely unwell COVID-19 patients while non-urgent treatment and diagnostic care were postponed and at times closed to new referrals. There were equally large changes in primary care settings; the public were told to phone their GP surgery as practices began to triage patients and adapt their services such that patients and staff alike were protected from infection. These changes included a switch to remote consultations to minimise face-to-face visits, manage demand and make care a priority.

Yet, with healthcare becoming so digitally dependent, those most in need of connection to services are least likely to be able to afford it as digital exclusion became worse during the pandemic (1). With modern healthcare being a social determinant of health, inequalities of access result in health inequalities (2), with Scotland already holding the unfortunate place of having the worse inequalities of all other countries in western and central Europe (3). Health inequalities have been defined by Public Health Scotland as "unavoidable and unjust differences in people's health across the population" (4) and affect several different groups of people, including those who are disabled, those from ethnic minorities, those living in deprived areas, the unemployed and other vulnerable persons such as refugees and rough sleepers (4).

The Care Quality Commission (CQC) produced a review article in 2014, focussing on how protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation) affect access to GP services (5). It found that 9% of people >75 find it very difficult to attend their GP. It also found that those living with a disability for a number of reasons were less likely to access their GP. The article from the CQC stated that specific races such as Romany gypsies and Irish travellers disproportionately under attend the GP. A national health survey (6) found that sexual minorities were around 1.5 times more likely to have a poor experience with primary care. As has been highlighted by these articles some groups

(dependent on their protected characteristics) are disproportionately affected in their access to primary care.

The recurrent lockdowns caused by COVID-19 has had an undeniable impact on all patients' access to healthcare. With this in mind, we created a survey specifically targeting patients in Fife have had difficulty accessing GPs throughout the lockdown, whether the same disproportionately affected groups discussed above have been further affected due to the lockdown and what are some of the specific problems that these patients face.

Aim of Report

The recurrent lockdowns caused by COVID-19 have had an undeniable impact on all patients' access to healthcare. With this in mind, we created a survey specifically targeting patients in Fife, to determine if they have had difficulty accessing GPs throughout the lockdown, whether the same disproportionately affected groups discussed above have been further affected due to the lockdown and what are some of the specific problems that these patients face. This report is based on the results of the survey administered with some responses forming the basis of a case study to highlight the issues faced by patients. The report is part of a University of St Andrews/Dundee ScotGEM third-sector placement with Fife Centre for Equalities (FCE).

Authors

This report was prepared by Benjamin Hart and Kathryn Murray, two first-year ScotGEM students at University of St Andrews assigned to undertake a placement of 20 hours with FCE. Due to COVID-19 restrictions, the placement was fully remote and consisted of learning about FCE: their structure, mission and vision, and seeing their work in action using a survey to determine how individuals with protected characteristics were affected during COVID-19 lockdowns. The survey was displayed in GP surgeries in Fife and through FCE social media for a period of one month. The majority of respondents reported being unable to obtain a GP appointment when needed, with a minority of them stating that their experiences are related to their protected characteristic.

Methods

Survey Design

The survey was created using Microsoft Forms and consisted of two sections and 24 questions, which collected demographic data before asking more specific questions about the experience of accessing their GP during the lockdown. The questions were predominantly qualitative in nature with several in the 'yes/no' format and participants were given the option of contacting Benjamin to further discuss their situation if they so desired.

Survey Distribution

Participants were recruited using a link on FCE social media, along with advertisement of the poster and link in GP surgeries in Fife and on private social media accounts. Ideas about distributing the survey to hard-to-reach individuals were discussed and attempts were made to reach out to organisations of protected groups at University of St Andrews.

Data Analysis

Results obtained were analysed in Microsoft Excel. Responses were first grouped based on whether participants needed a GP during the lockdowns, and those in need of GP appointments were then separated based on whether or not they were able to book the GP appointment.

Results

Demographics

This report is based on 42 respondents to the Microsoft Forms survey, the majority of whom were between 16 and 24 years old. There was a higher proportion of female respondents compared to males, while only 10 respondents reported having a health condition or disability that lasted more than 12 months. The majority were White Scottish, single and had no religion or belief, were employed part-time and had no caring responsibilities.

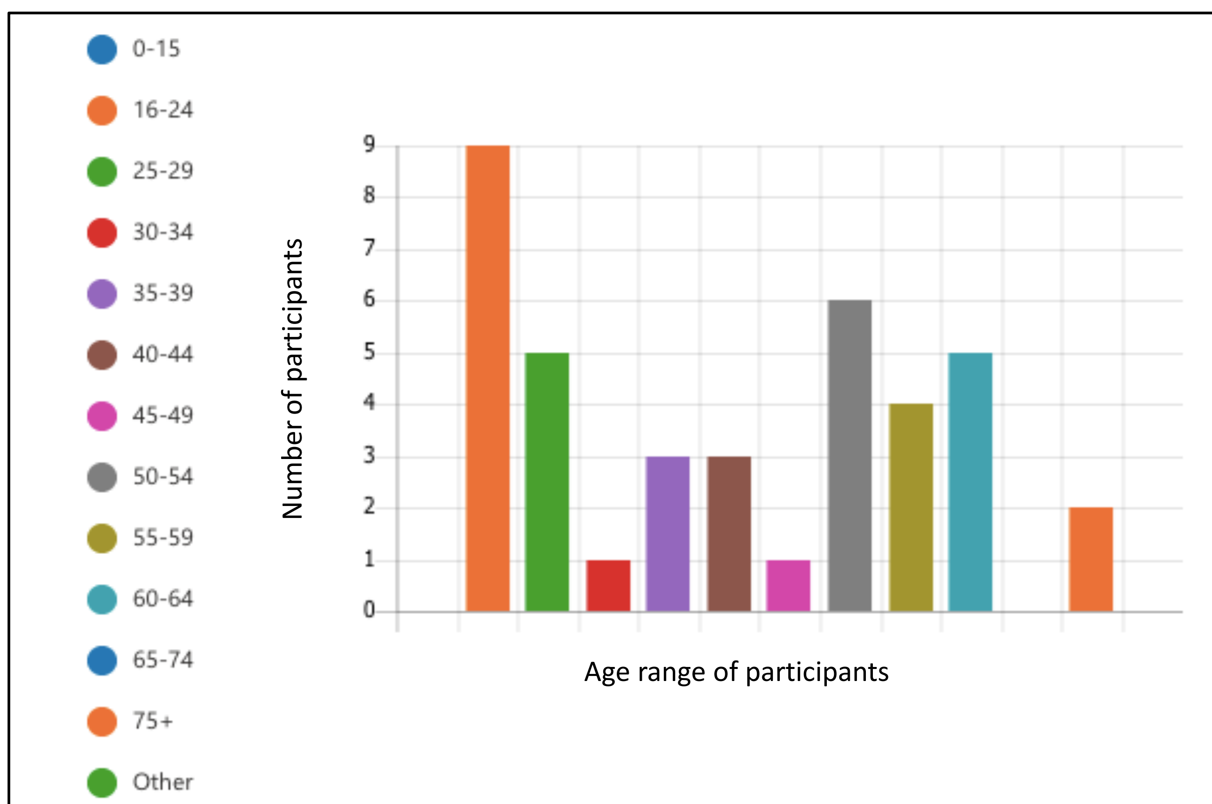

Figure 1: Distribution of survey respondents by age

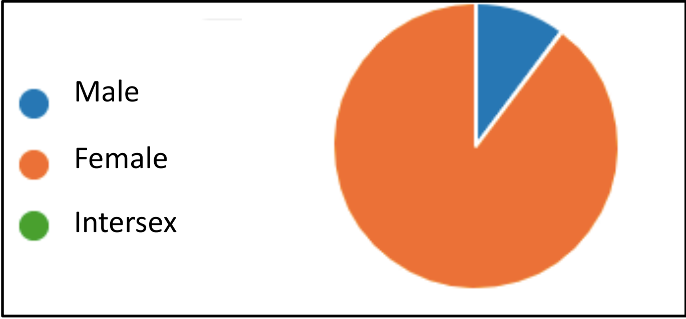

Figure 2: Distribution of survey respondents based on biological sex at birth

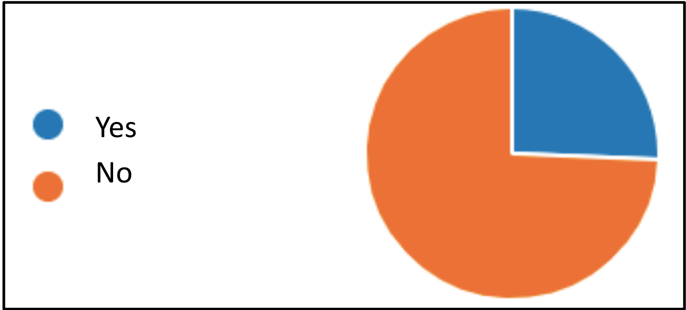

Figure 3: Distribution of survey respondents based on the presence of a long-term health condition or disability

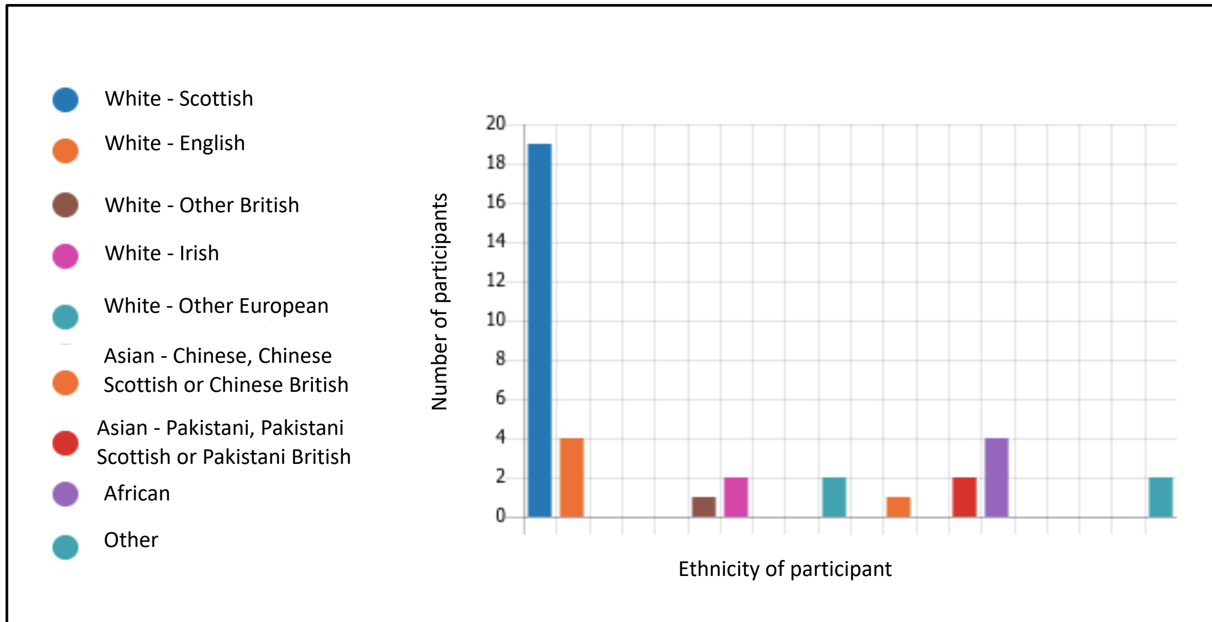

Figure 4: Distribution of survey respondents by ethnicity

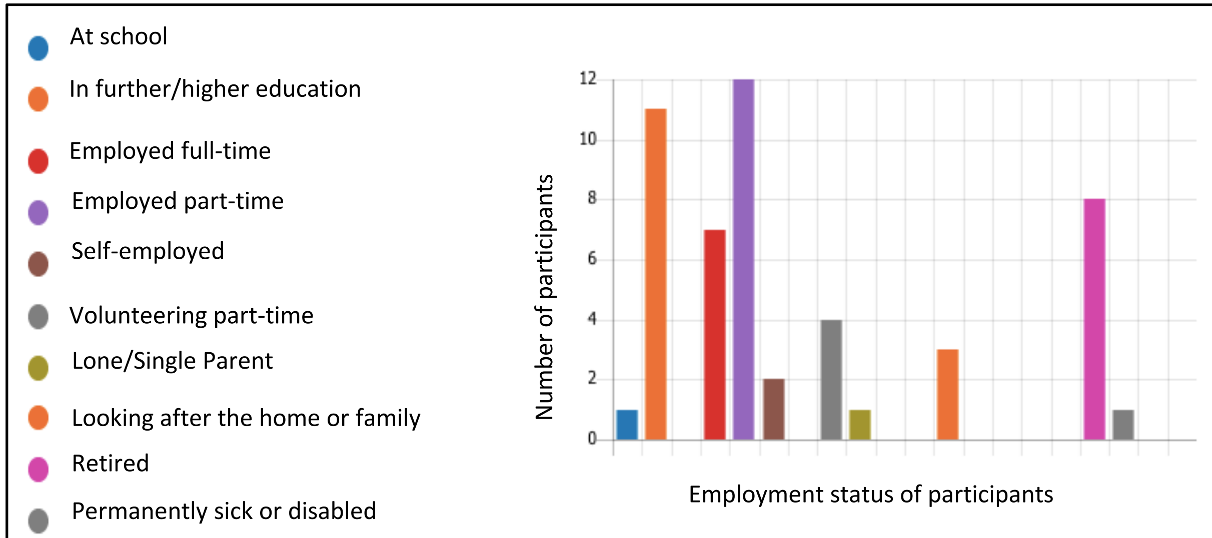

Figure 5: Distribution of survey respondents based on employment status

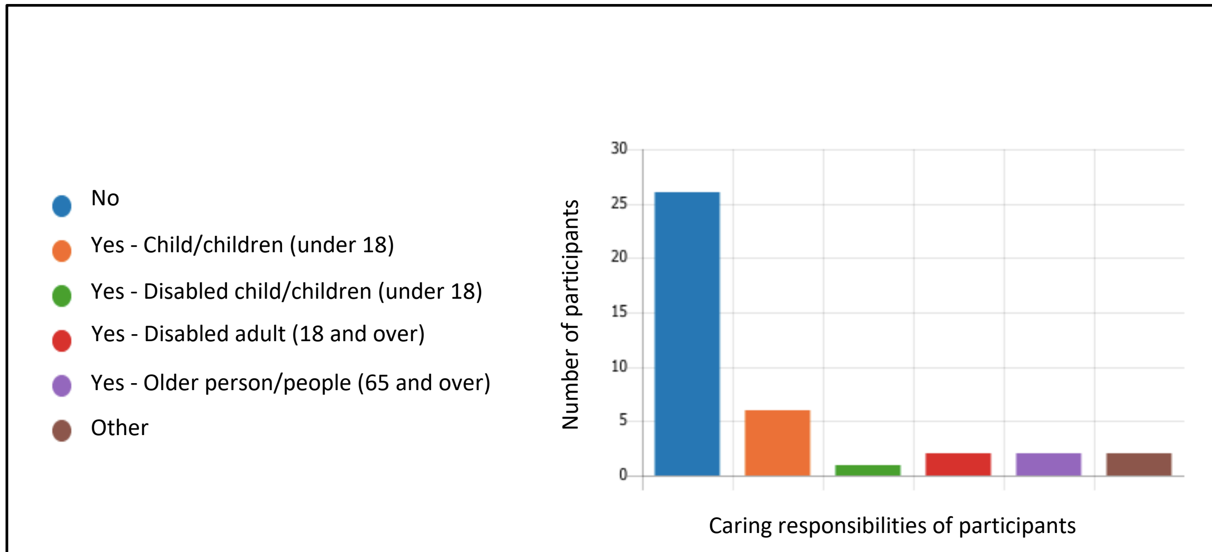

Figure 6: Distribution of survey respondents based on caring responsibilities

Experience With GP Access During Lockdown

Of the respondents, 34 needed to see a GP during the lockdown and 21 of them were unable to book an appointment when needed. The most common complaint was that the GP only accepted calls during certain hours that were not suitable for them. Three of the respondents said no one answered when they called, while one was unable to communicate over the phone.

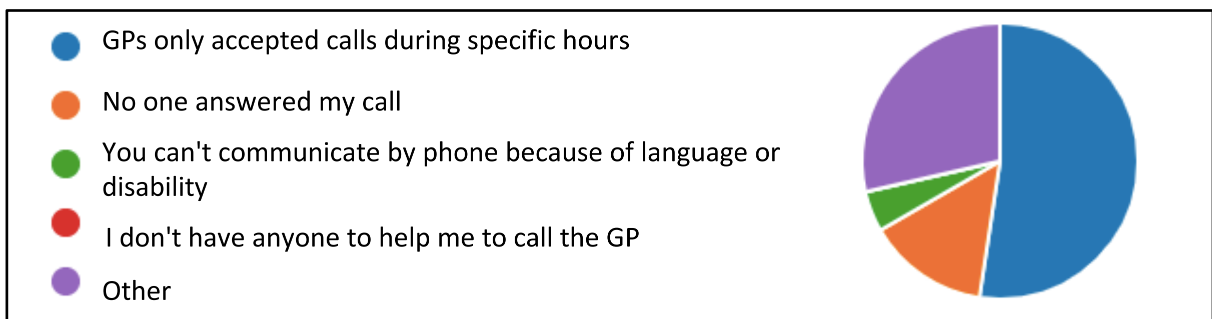

Figure 7: Distribution of survey respondents describing the reasons why they could not get an appointment to see their GP

Participants to the survey were asked to rate their GP experience, and 27 of them gave a combined rating of 3.3 stars, and 3 of them thought their experience was related to their protected characteristics. One stated that she felt that due to her pregnancy, she was dismissed quickly and told to deal with the pain as she would be having worse very soon. Another informed that due to her severe to profound deafness, she had to try and explain herself completely over the phone because she could not hear the answers or misheard the questions. The third respondent reported annoyance experienced from the GP because they had been told to self-refer to Chalmers Gender Identity Clinic, but they wanted the GP to refer them as self-referrals are not possible. The GP reportedly would not accept that the patient could not self-refer.

Improving the GP Experience

Survey participants were asked to state how they thought their GP experience could have been improved and 22 gave suggestions (Figure 8).

Figure 8: Suggestions for improving the GP experience, the most frequently stated suggestion related to the appointment structure and format

Most participants who responded were unhappy about how the appointment had to be made and how it was structured. Comments about scheduling the appointment included a lack of appointment slots, a desire for an online triage system, not having lengthy waits for an appointment and being able to book non-urgent appointments in advance. With regard to the structure of the appointment, several would have preferred a face-to-face appointment, with one saying that not every consultation can be done virtually. A recurring theme was the length of the appointment, which is too short in the opinion of respondents. Some expressed displeasure at meeting with a nurse or nurse practitioner, preferring instead to meet with the GP, and one would have preferred more appointments with female GPs.

Beyond appointment scheduling and structure, there was feedback which related to patient care. A recurring comment was that the patient did not feel listened to – one felt their concerns were not listened to, while others wished that the GP would listen properly and treat them holistically rather simply treating the presenting condition. One respondent would like staff at their Practice to be more polite and for the doctor to take time to explain problems and procedures rather than rushing the appointment. One participant's feedback was that the entire NHS needs to be overhauled.

Anything Else?

Survey respondents were invited to further share their thoughts about what changes they would like to see in General Practice, 17 of whom chose to do so. Some of them chose to use this opportunity to further express their frustrations with appointment systems and inability to see the GP in person, others gave more personalised comments which will be quoted here.

"*I would have on occasion have liked to see my GP personally, as an elderly person, I needed hands-on personal examination after several falls*" This was the response of a 75+ female with a physical impairment, who was also one of few participants who would prefer home visits if available.

"*3 months later. Still haven't seen GP face-to-face, 1 phone appointment, 2 nurse appointments, a further phone appointment*". 40 - 44-year-old female with caring responsibilities who does not feel that her concerns are being taken on board.

"*My GP [name deleted] was not at all helpful when I was sick and would not see me. My mother flew me home to Italy for a doctor appointment*". This was the experience of a 16 – 24-year-old female in higher education.

"*There is a general feeling among my family members, friends and colleagues etc that the GP have took advantage of the COVID pandemic to almost "hide" away from patients and the normal service is gone and a new triage phone call/nurse practitioner is the norm but we have had no communication from the practices we attend about COVID recovery plans*." 50 - 54-year-old female with an auto-immune condition and mobility issues.

"*I'm being treated now for everything by a kidney consultant at Ninewells. She is reviewing all my meds and arranging for updated scans regarding my long-term ailments. I'm receiving fabulous treatment*". These words represent a happy outcome for a 55 – 59-year-old female with undisclosed long-term illness(es). She also commented about her inability to make an appointment, during which time she became very unwell: "*Phoned reception because of symptoms of kidney failure. Nurse informed that blood test was not due and to return in June. Got significantly worse between April and June*".

Discussion

Based on the participants' responses the most prominent problems in access to the GP were: a lack of online triage and a long wait time to actually see the GP. These complaints are an echo of the general feeling of the UK in general, based on a recent publication from the Royal College of General Practitioners (RCGP) (7). The College reported that a number of patient groups had expressed dissatisfaction with remote access to their GP. Indeed, the *Mail on Sunday* launched a campaign in 2021 which demanded that patients saw their GPs face-to-face (8) and both doctor and patient groups have made their concerns known about the system possibly preventing patients accessing the care they need. The NHS has told general practices to return to offering patients face-to-face appointments without them needing prior telephone or online triage (9).

With regard to the structure of the appointment, many patients would prefer in-person appointments, and several would prefer to be seen by the GP as opposed to a nurse. The recommendations proposed are made with these responses in mind.

The first recommendation is based on a study which aimed to improve patient access to the GP in a Scottish GP practice (10). The strategy implemented by this surgery involved an option to pre-book 'review' appointments; the idea was that this could then increase the capacity of available appointments to patients and additionally allow patients to dictate more control over their own schedule. The study relied on: participant, observation, non-participant observation and eight interviews to provide qualitative data. Ultimately, the number of appointments available increased by 43% and 93% of patients who called between 08:00 and 09:00 would receive an on the day appointment. The study made further recommendations to give pre-booked patients a text prior to their appointment. Through this change there could potentially be a shortened wait time for patients and therefore improved access to the GP.

The second recommendation is GP adherence to an already proposed phone consultation model. This model was created after review of the literature and was also confirmed by a

study to show an increase in patient satisfaction of 75% to 94% and also reduced the number of in person appointments by 1.6% and home visits by 2.9% (11). Application of this model could therefore address patients' grievances about having a phone appointment as opposed to an in person one. Additionally, the reduction of in-patient appointments and home visits will reduce the wait time of other patients.

The final recommendation is that all GP practices apply the 'Total Triage' model that has been produced by NHS England and NHS Improvement (12). This model relies on patients to provide some information on their reason for contacting, from this information the patient should be immediately triaged to the correct services. All practices should offer an online triage system to help support this model and also free phone lines for those who cannot access appointments via an online system. The ultimate aim of this model is to decrease pressure on GP services in both booking appointments and seeing patients. This would potentially reduce wait times and allow patients to see the most appropriate medical professional.

It is apparent that many of these problems have been exacerbated by the COVID-19 lockdowns and the RCGP has stated there will be a return to more in person appointments (Royal College of Practitioners., 2021). The RCGP also states that a factor affecting general practice and by consequence patient's access and experience of primary healthcare is a lack of funding and has requested the government to invest £1 billion in digital infrastructure. Responding to the Mail on Sunday Campaign, the Chair of the RGCP, Professor Martin Marshall said: "*GPs and our teams, like colleagues right across the NHS, are working under intense pressures that have only been exacerbated by the Covid-19 pandemic. Workload is escalating yet GP numbers fell by 4.5% between September 2015 and March 2021, meaning that the ratio of patients to GPs has increased by almost 10%*." He continued to emphasise that GPs and patients are on the same side, but there was a need to increase both the number of GPs and the overall size of practice teams (13).

Going beyond appointment systems and access to GPs, perhaps the bigger issue is that some patients feel ignored and unsafe. Thinking about the older lady who wanted a hands-

on GP appointment after a series of falls, the young lady who flew to Italy for a doctor's appointment and the patients who wished that the GP would listen, they would all have felt vulnerable at their point of illness, a feeling that may have been exacerbated by what they perceived to be poor service provision. Studies show that patients tend to feel unsafe when errors occur, but also when the service provided is of a noticeably lower quality. Some may further see this as a potential threat to their health, leaving them feeling unsafe in the healthcare setting (14). Now more than ever, GPs need to live by the well-known aphorism of uncertain source: "*Listen to your patient's story: it's their diagnosis*" (15).

Limitations

The main limitation this report faces in creating recommendations to GP practices are the lack of respondents to the survey. Because of this, analysis of the data would provide no meaningful insight to the disparities in patients' access to healthcare dependent on their protected characteristics. Due to the small respondent size, it is also difficult to establish whether the longer answers (on which the recommendations are based) is representative of the Fife population, although there is evidence that the country in general feels this way. It is also uncertain how widely the recommendations are already applied throughout Fife GP practices. This report also recognises that many of the difficulties patients faced could be due to a lack of resources and the recommendations may require further spending and resources to be implemented.

Conclusions

Despite the small sample size, this report has highlighted the issues that patients can face when attempting to access their GP. Some are frustrated about the lack of face-to-face appointments and others feel ignored. Some believe that their treatment is due to their protected characteristic, and one thinks the "*NHS needs to be overhauled*". Yet, general practice remains the backbone of the NHS and GPs and their teams continue to strive towards good, safe and appropriate access to primary care services.

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