

Healthwatch in Sussex Insight: Health and Care Pressures 2021



July 2021

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1 Executive Summary

1.1 Context

On 21st May 2021 Healthwatch in Sussex put forward a proposal to the Sussex Integrated Care System (ICS) to assist in capturing information about the patient experience of access to healthcare services as the lockdown eased.

This was a response to the initiation of a Sussex-wide NHS 'System Pressures' Task and Finish group established to explore significant increases in attendance at Emergency Departments and Urgent Treatment Centres.

The proposal outlined a working hypothesis developed by the ICS as follows:

'There is an inverse relationship between access to Primary Care/use of 111 and the likelihood of patients choosing to attend EDs or Urgent Treatment Centres (UTCs). If general practice were to offer more appointments, specifically face-to-face appointments, this would result in be fewer people presenting into EDs.'

It also stated that the three Healthwatch in Sussex would compile existing relevant evidence and insight to inform the wider action research being carried out within the ICS which covers East Sussex, West Sussex and Brighton & Hove. It would draw on published reports, feedback received from the public, enquiries to information and signposting services and social media activity.

An initial review of selected voluntary, community and social enterprise (VCSE) sector websites was included in the Healthwatch proposal, primarily to identify further insight into equalities issues. However, there was not enough time to complete this, so only a limited analysis of VCSE insight is included in this report.

1.2 Methodology

The information and evidence presented in this report was obtained from the following sources:

- Healthwatch West Sussex, including feedback from people through their Helpdesk Hub
- Healthwatch Brighton and Hove
- Healthwatch East Sussex, including feedback from people through their Feedback Centre
- Healthwatch England and other Healthwatch websites and reports
- A small number of equalities reports from VCSE organisations in Sussex.

The three local Healthwatch organisations supplied copies and links to various reports, documents and insight they have obtained. Reports were also sourced from other Healthwatch organisations nationally and officers from the Sussex ICS, that provide some useful and relevant information.

Appendix 1 provides a list of the documents and reports used as sources for this report.

There is evidence that some of the issues the public currently face in accessing primary care and the possible impact on attendance at Emergency Departments existed prior to the pandemic and the lockdown. This evidence will be presented first, to provide some context to the current situation.

The majority of this report concentrates on the access to primary care, mainly GP practices, although there is growing evidence and feedback from the public on the problems of access to dentistry, which can also place pressure on other primary services.

1.3 Conclusions and Recommendations

The evidence captured by Healthwatch in Sussex initiatives over the last 12 months in Healthwatch's view supports the original hypothesis proposed by the Sussex Integrated Care System, which is that if general practice were able to offer more appointments and in a form that met the needs and preferences of patients, specifically face-to-face appointments, this may result in fewer people presenting at Emergency Departments and Urgent Treatment Centres.

Healthwatch have identified seven recommendations that respond to these findings and the pressures currently being experienced in the Sussex health and care system, which hopefully also provide a foundation for enhanced alignment between providers and greater clarity for patients on which services to access and when.

The recommendations include:

1. Encouraging GPs [and other providers] to maximise the mechanisms by which patients may contact them, so that individual methods such as phone systems do not become overwhelmed if there are spikes in demand.
2. Creating greater uniformity in the information provided by GPs, especially on their websites and out-of-hours phone messages, so that a consistent and clear message is provided about which services people should seek to access and in what sequence based on their circumstances.
3. Health services which are not GPs or Emergency Departments but are able to offer support such as Pharmacies, NHS111 and Urgent Treatment Centres could be widely promoted in order to raise awareness of them amongst the public in order to spread the demand.
4. Choice remains key, and preferences amongst patients for face-to-face appointments need to be acknowledged by commissioners and providers. Otherwise, people may focus on those services where this is offered, such as Emergency Departments.
5. Expectations for remote and virtual consultations and appointments are often the same as for face-to-face. Providers need to ensure that 'call backs' and virtual meeting times are agreed with patients and wherever possible stuck to.

6. Further work is required by service commissioners, providers and Healthwatch to explore the impacts of system pressures on those from different equalities groups, and those seeking to access specific services.
7. Additional evidence and insight may be available from voluntary and community sector organisations into people's preferences around the use of health and care services, and this could and should be used on a regular basis to inform service development.

1.4 Response from Sussex NHS Commissioners

“Sussex NHS Commissioners would like to thank Healthwatch in Sussex for their report; we know that there have been issues for some of our patients in accessing primary care, and we are working with GP practices to take action to try to overcome these issues.”

The work that Sussex NHS Commissioners are undertaking includes:

- Supporting GP practices to move their phone systems to “cloud based” systems over the next year. This will greatly improve access and waiting times. Depending on the system chosen, this could allow patients to be called back to book an appointment rather than waiting on hold; video consultations; and support for GP practice staff who may need to self-isolate to work remotely.
- Sharing information with the public to encourage them to call 111 as a first step for medical advice when it's not an emergency or when their GP practice is closed. Similarly identifying how they could be helped by an alternative service such as a pharmacy or urgent treatment centre.
- Supporting people to register with a GP if they are having problems in doing so (note that no one will be left without a local GP).
- Working with Healthwatch to design clear messages which GP practices can use on their websites and on phone messages to give information to patients.

Feedback from the public about access to health services is important in ensuring we continue to make changes and improve information and routes to access, in order that people can get the right care, in the right place at the right time - and in a way that works for them.

2 Findings

Healthwatch West Sussex carried out engagement work with people living in Bewbush, Crawley and produced a report dated January 2020, which concluded that:

“Two thirds of people who mentioned accessing (or trying to access) GP support said that getting through to the local GP service is both challenging and frustrating, with many saying they have had to try many times and on multiple days”.

It goes on to state:

“A few people spoke about using urgent care services rather than trying to get an appointment at their practice because it has become too difficult and this fits in with their work patterns”.

Another factor to consider is the number of GP practices and the number of people registered with them, as this may affect people’s ability to obtain appointments. A Healthwatch Brighton and Hove survey of GP patients in 2020 showed that at the time of the survey, patient caseloads had increased from 2,394 patients per doctor in 2017/18 to 2,479 in 2018/2019.

This is against an England average of 1,825 per doctor. The number of GP Practices has decreased from 48 to 35 between 2015 and 2019. This corresponded with 81% of practices not able to guarantee same-day urgent GP appointments and an average waiting time for a routine appointment for patients in Brighton and Hove having gone up to 6.3 days from 5.4 days in 2018. 42% were not satisfied with waiting for a routine GP appointment and 71% expressed a preference for additional opening times with the highest preferences being Saturday mornings (63%) and after 6.30 on weekdays (48%).

There is some evidence that people chose not to make appointments during the pandemic, due to not wanting to put additional pressure on the NHS. For example Healthwatch in Sussex and Sussex NHS Commissioners produced a joint report, dated October 2020, and entitled ‘Accessing health and care services - findings during the Coronavirus pandemic’. This makes the following conclusion:

“37.4% chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care”.

Healthwatch West Sussex analysed the feedback they received directly from the public in the last six months. The document is entitled ‘GP access: themes and comments’ and includes the following examples from patients:

- GP surgery failed to respond to E-Consult for 2 weeks because a member of staff was off.
- Phoned surgery. No answer for 2.5 hours. Went to the surgery and was told that the phones were not working.
- Had an appointment at the surgery for specialist physiotherapy. There was a long wait outside. Phoned the surgery and got no answer, despite being able to hear the receptionists chatting. Finally got into the surgery but told there were no more physio appointments.

- Several examples at one surgery where patients rang the surgery and told to phone tomorrow as no GPs available and no sick notes written on certain days.
- One person reported that they went to Worthing Hospital as they could not get a GP appointment.
- 40 minute wait to get through to the surgery.
- Took 2 weeks to get an appointment with a GP.
- Told to phone at 8.30am. Did this but could not get through and when they did, there were no more appointments and told to go to NHS 111.
- Told by surgery to call Worthing Hospital for an out of hours appointment.
- GP message service told people to use the E-Consult form, but gave no details as to how to access this form.
- Person had an injured leg. Went to Pharmacy who told them that they should go to their GP. GP told them to complete E-Consult. The outcome of the E-Consult was the person was advised to go to A & E. They didn't but persevered with contacting the GP and was eventually seen. They prescribed some medication.
- 1 hour wait to get through to GP surgery.
- 3 hour wait to get through to GP and then told that the condition was not important enough to be seen by GP.
- Impossible to see a GP and they are sending people to A & E.
- Couldn't get GP appointment so rang NHS 111. They advised to go to A & E. Went there and told they need a medication review from their GP. Cannot get appointment with GP.
- 4 separate examples of people not being able to get through to their GP.

Healthwatch East Sussex produced a report which summarised the conclusions of two surveys it had carried out, one for adults and one for young people. The report was entitled 'Summary Covid-19; Health and wellbeing in East Sussex during May and June 2020'. This concluded:

"The most common impact of the changes brought about by the lockdown were delays in accessing services, such as time taken to get through to a service or receive an appointment".

Healthwatch East Sussex looked at the reviews and feedback received in the period April 2020 to May 2021. There had been 341 reviews, with 237 of these being in relation to GPs. 17 of these reviews referenced use of A & E due to issues accessing GP services.

Some examples from the Healthwatch East Sussex Feedback Centre include:

- "14.5.21: have to call 200 plus times to even get through to the queue system. When you do eventually speak to a receptionist, appointments are gone and next pre-bookable is in 2 weeks' time. We have resorted to A & E several times through absolutely no choice".
- 29.4.21: long wait to get through.
- 21.4.21: problem getting telephone appointment and having to stay in all day. Resorted to A & E at times.
- 8.4.21: rang at 8am and told there were already 50 in the queue.

- 3.3.21: problem accessing GP and so had to use A & E three times and never saw a GP.
- 9.2.21: on the phone for hours to the GP and when they got through, they were told they had to make an appointment only at certain times of the day and they had missed the times (although this was because they could not get through). They were told that if it was urgent, they should go to A & E.
- 28.12.20: person explained that they had problems contacting their GP practice for the last year and got nowhere. They said their condition is much worse now.
- 19.11.20: completed the E-Consult form on Wednesday morning due to being in constant pain and difficulty with moving and breathing. Got no response so rang the surgery twice and both times told they were in a queue and did not manage to get through. By Saturday morning still nothing from the surgery so rang NHS 111 who told me to go to A & E.
- 22.10.20: not able to get through to the surgery and now E-Consult not working.
- 15.10.20: unable to get a GP appointment and so had to go to A & E.
- 18.9.20: needed a wound dressing changed but no nurse available and so told to go to Minor Injuries Unit.
- 15.9.20: 5 hours trying to get through to GP surgery, but no luck. Tried the results line and was told off by receptionist. Eventually, a GP did phone back and their advice was to take my son to A & E as a possible emergency.
- 17.8.20: 2 weeks trying to make a GP appointment. Gave up and went to A & E.
- 28.7.20: Tried continuous redials and when I did get through the receptionist said there were no appointments. Went to A & E.
- 25.7.20: receptionist was acting as triage and told I could not see a GP. Ended up going to A & E and needed antibiotics.

Healthwatch East Sussex analysed the insight from their Feedback Centre covering the period April 2020 until May 2021. This is an unpublished report. It concludes:

“Challenges identified in making contact and obtaining appointment with GPs as part of discharge follow up, but also in seeking wider support”.

Healthwatch in Sussex produced a report entitled ‘*Tell us/Ask us: Experiences of health and care during lockdown 2*’. This was based on feedback obtained between 16 November and 11 December 2020. This report notes the following:

“Access to GP appointments remains challenging for many, with delays commonly reported. In some extreme cases, patients reported making in excess of 100 calls to get through to a receptionist. This appears to reflect a combination of limited phone system and appointment capacity, staff sickness and increased demand”.

Healthwatch England produced a report entitled ‘*GP access during Covid-19: A review of our evidence April 2019 - December 2020*’. This report notes the following:

- “While we heard very little about problems people had when contacting their GP practice in the initial lockdown, by autumn 2020, people started telling us about long waits when phoning services”.

- “People also told us about problems of triage systems and being unsure when their GP or other healthcare professional will call back, leaving people feeling anxious”.
- “People also struggled to get appointments for regular health check-ups, treatments and medication reviews. As a result, they were unable to get the medication and treatment that they need to manage their condition”.
- In relation to people’s satisfaction with GP practices, “By December 2020, around 75% of people reported negative sentiments, which is up 20% on the same point in 2019”.
- “The public perception that GP practices were not open has led people reporting that they resorted to calling NHS 111 or 999, or going directly to A & E, because they feel that they cannot or should not call their GP.”
- The report highlights problems of people getting re-registered with a GP, for example if they have moved, as they are told that GP practices are not accepting new patients. This leaves some people with no GP and so the only option is to use Emergency Departments and Urgent Care Centres.
- Since mid-September 2020, reports of problems contacting GP surgeries by phone have increased beyond what we were hearing before the pandemic. People tell us that when they are trying to phone their GP practice to make an appointment or reorder a prescription, the line is continuously engaged, or they have to wait in long queues for their call to be answered. Some people report having to ring many times over several days before they get through, while others say that they cannot afford the cost of waiting on hold due to the geographic numbers used by their surgery”.
- Some people feel that they have no choice if they need a same day GP appointment but to contact NHS 111 or even 999 to see a medical practitioner”.

Other Healthwatch organisations across England have carried out similar research as those in Sussex in relation to access to GP surgeries and arrived at similar conclusions. For example, Healthwatch Redbridge produced a report entitled *‘Patient Access to GP Practices, September 2020*. Healthwatch volunteers rang every GP practice in the London Borough of Redbridge. Their findings included:

- Average number of times to phone before being connected was three times.
- For several practices, they had to ring 5 or more times.
- One volunteer had to phone 30 times.
- 2 failed to get an answer at all, despite phoning on different days and at different times.

The above information provides numerous examples from individual patients about the difficulties of getting through to their GP surgery. When they do, there are few appointments and often the only recourse is to use NHS 111 or to go to the Emergency Department.

With GPs offering very limited access to people, surgeries have developed other methods of providing advice and support. These can be through telephone or online systems. Healthwatch has sought feedback from patients about how they found these services and options.

Healthwatch West Sussex analysed the information from people who have contacted them directly. One problem they identified was:

“The lack of access to digital technology and resources for patients to engage in virtual options - for example not having a smartphone, laptops or tablets”.

Healthwatch England produced a report entitled ‘*GP access during Covid-19, a review of our evidence; April 2019 - December 2020*’. This report identifies a number of groups who are disadvantaged by being offered remote appointments before face-to-face appointments.

The list includes: those on low income, people with a learning disability, people with autism, people with dementia, people where English is their second language and homeless people. These groups are often described as marginalised groups, who may have low health literacy, and who have difficulties accessing health and social care support. The new system exacerbates these issues and problems.

‘Possability People’ submitted a successful bid for funding to Sussex NHS Commissioners to support Inclusion Engagement and launched a project to understand the needs of disabled people accessing non-Covid-19 related healthcare services through the pandemic.

They engaged with 28 people about access and use of GP surgeries and all confirmed that they had reduced, declined or actively avoided accessing regular healthcare services during the Covid-19 pandemic.

A document entitled ‘*Community Voices: Inclusion with Black, Brown, Asian and Minority Communities, May 2021*’, was produced by four organisations, working together. These were The Trust for Developing Communities, The Hangleton and Knoll Project, Sussex Interpreting Services and the Racial Harassment Forum.

They identified some key themes:

- digital inclusion support is required for individuals to get online to connect socially and access services.
- language barriers are significant. Timely and face to face interpreting is needed so that individuals can access services and understand public health guidelines. There are barriers to digital inclusion for people with language needs especially on-line form filling and access to GPs. An understanding of solutions such as bilingual advocacy is needed.
- increased awareness of divergent cultural sensitivities across the different cultural and ethnic groups is needed. We know service standards vary across the NHS, often dependent on the individual member of staff.
- clear communication with appropriate outreach helps to build vaccine confidence. Community members need time to make their own decisions and choices. They do not necessarily want to discuss this as a group. Direct contact with a trust clinician such as a GP would be ideal.
- access to primary care and self-referrals are difficult because of lack of trusted relationships, shortness of time in appointments, unfamiliar systems and approaches to healthcare, cultural differences, and language barriers.

Friends, Families and Travellers produced a report covering the period March 2020 until April 2021. Whilst the vast majority of the report was concerned with attitudes and issues towards vaccinations, it does come to some conclusions about access to primary care, with the information coming through several methods of engaging with the community such as surveys:

- 89% of people said they were able to access a GP if necessary
- Only 51% said they were able to access a dentist
- 57% reported they had treatment or medical appointments effected by lockdown - 30% of these involved appointments or operations being cancelled

The Healthwatch in Sussex report entitled '*Tell Us/Ask Us: Experiences of health and care during lockdown 2*' states:

"A preference for phone and video appointments amongst GPs caused anxiety for some such as those with Autism, learning disabilities and anyone unfamiliar with the appropriate technology. Issues appeared to occur with user's ability to use tools such as E-Consult, often for the first time".

However, Healthwatch reports have also concluded that where remote systems are used, there is a high level of satisfaction. For example, the Healthwatch in Sussex and Sussex NHS Commissioners' joint report entitled '*Accessing health and care services - findings during the Coronavirus pandemic*' October 2020 concludes:

"For those that had a phone, video and online appointments during the pandemic, satisfaction levels were high".

Healthwatch East Sussex carried out a similar area of research. Their report entitled '*Health and wellbeing during Covid-19: Summary Results*', dated July 2020 provides some useful information:

17.4% had used a video link or mobile app to access health or care services. Of these, 43.3 % said it had met their needs and would be happy to use it as a main means of using this service in the future. However, 33.8% said it met their needs but would prefer to see someone face to face in the future. 12.4% said it did not meet their needs and wouldn't wish to use it in the future. 10.5% neither liked nor disliked the experience.

Healthwatch East Sussex carried out a survey specifically for young people, aged 11 -18 years of age. Of those responding to this survey:

110 (11.3%) indicated that they had used a video-link or mobile app to access health or care services

Of these:

- 54 (49.1%) indicated that 'It met my needs, but I would prefer to see someone face-to-face in the future'
- 29 (26.4%) indicated that 'It met my needs, and I would be happy to use it as my main means of using this service in the future'
- 14 (12.7%) indicated 'I didn't feel that it met my needs, and wouldn't wish to use it again'

- 13 (11.8%) indicated ‘I used it, but neither liked or disliked the experience’

Healthwatch Brighton and Hove carried out a project in December 2020 where they interviewed people about their use of remote appointments. They produced an outline of the conclusions of this project on their website on 1 February 2021. The conclusions included:

- Two thirds of the people who had experienced a remote appointment found the experience to be a positive one - because it meant less travel, less time in the waiting room and a quicker appointment.
- Around one-third of people we spoke to who had experienced a remote appointment had some negative experience. These included not having a specific time for the appointment and generally not feeling able, or being too rushed, to fully explain their condition in a remote setting. Technological challenges and wasting time for an initial phone call when the need for a face-to-face appointment was obvious, were other concerns.

Age UK in West Sussex and Brighton and Hove produced a report entitled ‘*Inclusion Engagement Research: A report for Sussex NHS Commissioners, on research with older people about their experiences of health services during the Covid-19 pandemic 2020/21*’. This report identified several key themes and recommendations including:

- The majority of respondents did have a health issue during the pandemic but they were able to successfully access the healthcare that they needed. Our respondents were not deterred by common barriers and concerns such as not wanting to burden the NHS.
- Satisfaction levels were high for both initial contact with the required service and the subsequent care that they received.
- Some of our respondents encountered difficulties in making initial contact with their GP and booking an appointment, citing difficulties getting through on the phone, long waits for call backs and to speak to the GP. It took time to speak to someone and for some there were long waits for call backs. This may have caused anxiety and stress in what was an already challenging time.
- Some participants felt that the consultation method chosen wasn’t the most appropriate for their health condition. The triage system may not have worked or been in operation.
- Some of our participants who had a health condition during the pandemic chose not to seek medical assistance, the main reason given for this was that it wasn’t serious enough. This judgment call could have been erroneous, and they may have benefited from a consultation with a pharmacist. The majority of participants didn’t try to resolve their issue in any other way. They may not have been aware of or thought of contacting their local pharmacist.
- Digitalisation of the healthcare service could be seen by some to have been adopted by default during the pandemic. This may be of concern and cause worry and anxiety as some older people are not able or willing to engage digitally but worry that this puts them at a disadvantage over accessing the healthcare that they need.

There is some evidence that GP websites are not consistently helpful, in that some are not kept up to date and are hard to navigate. Healthwatch West Sussex produced a report entitled '*GP Websites- how easy is it to find information?*' and was based on reviews carried out in November 2020.

This concluded:

- The standard of information was variable.
- Some of the information was out of date or was the wrong message.
- Some contained contradictory information.
- No standardised information.
- Some websites were not easy to navigate.

3 Healthwatch Reflections

Healthwatch has regularly received feedback from patients and the public about the challenges they have experienced in contacting and obtaining appointments with some GP practices. We recognise the pressure that GPs have been under during the pandemic, particularly recently.

A key source of challenges for patients is often technical issues with websites and/or telephone systems. We are aware that these are being looked at by individual practices and commissioners. However, the communication between practices and patients in some circumstances has been poor, leading to varying expectations, with patients often left to seek support based on the limited information available to them. This can lead to anxiety and patients looking to other forms of support which they feel is more accessible, such as NHS111 or Emergency Departments.

However, Healthwatch has seen examples where practices are managing the situation well, and even where they are experiencing unprecedented demands on their services, they are providing regular and clear communication with patients which understand pressures and are clear on wait times or delays can help to reduce patient anxiety.

Examples where practices have shared the number of calls they receive and the steps they are taking to provide additional capacity or support can also help patients understand the scale of the challenge being faced. Healthwatch would encourage all providers to provide regular updates on their services, so that patients and the public are aware of any issues and the steps being taken to address them.

Healthwatch also has concerns about some of the language being used across primary care services (pharmacies, dentists and GP staff) and is calling for a move away from “If you get worse, go to A & E” to start to redirect people back to primary care services (including Pharmacy) and to NHS 111 First.

There is a need to evaluate the effectiveness of communications and messaging around patient pathways through health and care services and to review public understanding of where to go to access support and when. Patients would benefit from a clear and uniform message being provided across the health and care system.

Access to GPs and other primary care services has been a Healthwatch concern throughout the pandemic, as reflected in our feedback and this summary. We have raised these access issues in various fora involving health and care partners on a regular basis. The public need to be confident that they can seek help when required, and we suggest that the focus of communication and messaging be placed on continuing to support informed decision-making, rather than suggesting that any trends in patient or public choices are inappropriate.

It may be an incorrect assumption that increases in demand for health and care services are driven by new incidents and Healthwatch is planning to explore this in more detail over the summer and into the autumn.

4 Conclusions

The evidence collated from Healthwatch in Sussex, as well as other supporting sources of information indicate that:

- Prior to COVID-19 pandemic and the lockdowns, many people experienced delays or problems accessing GP surgeries.
- During the pandemic, many people, even those with health and social care needs, tended not to request appointments with GPs and other healthcare professionals. This was particularly evident for people with specific health and social care needs, such as having a learning disability or dementia.
- As a result of a perceived reduction in pressures on health services due to COVID-19, people are now making increased contact. These are placing a spotlight on historic issues, such as provider capacity, but also on the impacts of changing mechanisms for accessing health and care services - such as virtual and phone appointments.
- Many people have experienced extreme problems in accessing GPs, having to make many phone calls and waiting long periods before being connected to the surgery. This can increase their anxiety, but also their frustration and satisfaction with service providers once they do manage to make contact.
- Once they had got through to a receptionist, many were told that there were no appointments available or that there would be a delay.
- Some people, as a result of the above, had to go to Urgent Care Centres or Emergency Departments, as they could not get an appointment at their GP surgery or did not feel able to wait until one was available.
- Some people who needed to re-register with a GP practice, such as someone who had moved house, were unable to register with a new GP as patient lists were said to be full. For these people, the only option was to utilise Urgent Treatment Centres or Emergency Departments, should they have a medical issue.
- Some people were advised by GP practices, NHS 111 and other healthcare services, such as pharmacies, to go to the Emergency Department.
- Patients' views on remote appointments varied, they work effectively for some people who would happily use them in the future. However, others were less enthusiastic and some would prefer face to face appointments and consultations.
- People who could be described as being in marginalised groups such as people with a learning disability, on a low income, people with dementia, homeless people and those who have English as a second language were particularly unlikely to utilise remote consultations.
- There are specific access issues for older people, black, Asian and minority ethnic groups and the travelling community.
- Information from GP surgeries, such as websites and answerphone messages, have not provided a consistent message and some people have found them confusing and unclear. This could be a factor in people not going to their GP or other primary care providers before going to ED.
- In the time available to compile this report it was not possible to fully investigate health access issues for all equality groups or insight held by the wider VCSE sector.

The overall conclusion is that the evidence gathered and analysed by Healthwatch in Sussex supports the original hypothesis being explored by the Integrated Care System in Sussex; that there is an inverse relationship between access to Primary Care/use of NHS111 and the likelihood of patients choosing to attend Emergency Departments (EDs) or Urgent Treatment Centres (UTCs).

If general practice were able to offer more appointments and in a form that met the needs and preferences of patients, specifically face-to-face appointments, this may result in fewer people presenting at Emergency Departments and UTCs.

5 Recommendations and future options

1. There is a need to rectify the long waits for people trying to connect with their GP practices. This could be achieved through additional staffing capacity in surgeries, as well as maximising the points of contact available, such as via E-Consult and Apps. In addition, further research could be carried out to identify what additional support can be put in place in GP surgeries to address these identified issues.
2. Information from GP surgeries, such as websites and answerphone messages, could be more standardised, to provide much clearer messages and information. A particular focus could be on the pathway that patients should follow if they require support from wider health services such as who to access, how and when.
3. It is unclear how many people are aware of other sources of support such as NHS 111 First, and these services and their benefits could be advertised more clearly, including through GP surgeries.
4. Online consultations need to be one option alongside face to face consultations, and both offered so people have a choice, rather than one approach being imposed on everyone. Patient experiences and preferences should be considered by commissioners and providers when designing and delivering services.
5. Where people are offered a telephone consultation call back, a more specific time should be provided rather than just stating 'anytime'.
6. Further work could be carried out to engage more widely with equalities groups on health access issues, to capture more insight on wider equalities and to do further research where there are gaps in that evidence.
7. Further work could be carried out to engage with the wider VCSE sector in Sussex on health access issues, to ascertain any relevant views and information they may have.

6 Contact Us

If you have any questions in relation to this document, then please get in touch with your local Healthwatch using the details below:

Healthwatch East Sussex

John Routledge

Telephone: 07794 100 291

Email: john.routledge@escv.org.uk

Healthwatch Brighton & Hove

David Liley

Telephone: 07931755343

Email: david@healthwatchbrightonandhove.co.uk

Healthwatch West Sussex

Katrina Broadhill

Telephone: 0300 012 0122

Email: katrina.broadhill@healthwatchwestsussex.co.uk

7 Appendix 1: Evidence sources

West Sussex specific

- *Feedback Centre information*
- *GP Websites – how easy is it to find information? Dated March 21*
- *Talking and Listening to People in Bewbush, Crawley – January 2020*

Brighton and Hove specific

- *Information in emails dated 18 and 19 May 2021*
- *Information about remote appointments – news dated Feb 2021*
- *GP Review 2020 – March 2020*

East Sussex specific

- *Feedback Centre information*
- *Health and Wellbeing during Covid 19; Summary dated July 2020*
- *Summary Covid 19; Health and Wellbeing in East Sussex during May and June 2020*
- *Primary Care Provision in East Sussex; HWES Insight April 2020-May 2021*
- *Covid 19 Lockdown; Information and Access to Dental Care May-July 2020*

Pan Sussex

- *Tell Us/Ask Us: Experiences of Health and Care during Lockdown 2, Healthwatch in Sussex – February 2021*
- *Young People's preferences Towards the Future of Health and Social Care Services in Sussex – Findings During the Coronavirus Pandemic – November 2020*
- *Possability People: Inclusion Engagement report – July 2020*
- *Community Voices: Inclusion with Black, Brown, Asian and Minority Communities, May 2021, was produced by four organisations, working together. These were The Trust for Developing Communities, The Hangleton and Knoll Project, Sussex Interpreting Services and the Racial Harassment Forum*
- *Friends, Families and Travellers report covering the period March 2020 until April 2021.*
- *Inclusion Engagement Research: A report by Age UK West Sussex Brighton and Hove for Sussex NHS Commissioners, on research with older people about their experiences of health services during the Covid-19 pandemic 2020/21.*

Healthwatch England

- *Is NHS 111 First making a difference? Dated 9 March 2021*
- *GP Access During Covid-19 A review of Our Evidence April 2019 – December 2020, dated March 2021*

Other

- *Why do people attend A and E, Cumbria Healthwatch – Sept 2019*
- *Patient Access to GP Practices, Healthwatch Redbridge – Sept 2020*
- *NHS 111 Out of Hours Service - Healthwatch Somerset, Devon, Plymouth, Torbay – Jan 2021*