



**healthwatch**  
Leicester

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Leicestershire



**Healthwatch Leicester and Healthwatch Leicestershire**  
**Digital Exclusion and Access to Primary Care During the**  
**Covid-19 Pandemic**  
**November 2021**



## Introduction

Healthwatch Leicester and Healthwatch Leicestershire are the local, independent voice for the public in health and social care services. We gather feedback from the public on their experiences of using health and social care services and use that to work with service providers and commissioners to develop ways of improving the services.

One of the ways that we gather feedback is through carrying out projects that focus on a particular issue, service, or group to get a deeper understanding of public experience. On this occasion we have carried out a project that looks at the experiences of people who are seen as being more likely to be digitally excluded and their access to primary care services during the Covid-19 Pandemic.

The project was initially conceived of by Healthwatch England. HWE carried out a survey early in the Pandemic that found that people were generally happy with accessing primary care services remotely rather than face to face. However, the survey was hosted online and therefore, it was recognised that it reached mainly people who had access to digital technology and were more comfortable using it. HWE then designed a further project that targeted specific groups that they identified as being more likely to be digitally excluded and gathered more in-depth feedback through the use of interviews with people.

The work of HWE has been replicated across the Healthwatch areas that are delivered by Engaging Communities Solutions CIC, including Healthwatch Leicester and Healthwatch Leicestershire. This short report sets out the findings from the interviews that were undertaken with peoples in Leicester and Leicestershire. The number of participants is relatively small, and it is not possible to draw generalised conclusions from the feedback. What it does provide is a snapshot of the key themes that were raised by the participants and provides a platform for developing future work on GP access post-Covid 19.

## What we did

We carried out interviews with people following the methodology set out by HWE.

The interviews were carried out by telephone in order to ensure that we were able to maintain the safety of staff and participants. Some of the participants have long term health conditions which meant that they were more vulnerable to contracting Covid-19.

Using telephone interviews, enabled us to maintain safe working practices, however it did mean that there was a barrier to some people taking part, if they lacked access to a telephone, or were not comfortable speaking by telephone.

As qualitative research we do not claim to have had a representative sample, but the use of telephone interviews also needs to be recognised as having a further impact on how representative the findings are of the cohorts that took part.

## Findings

Three groups had been identified as being more likely to be digitally excluded than the general population. These were older people aged over 65; people with a disability; and people who do not speak English as a first language.

We spoke to the following people:

Cohort	Number
Older People	3
People with a disability	2
People who did not speak English as a first language	3

## Process for booking appointments

People spoke about the process for booking an appointment since the pandemic and how it had changed little since before the pandemic. Appointments were booked by telephone and for most of the participants this had been how they had been used to booking appointments. One person told how they *'still have to phone'* and that their surgery did not have an online booking system even though they believed *'everywhere else did.'*

There was no longer provision to book appointments in person by attending the surgery reception. One person told us how there was a message on their surgery phone system that *'you can't just go down and be seen.'* Another person commented about the experience of their friend who *'only has a mobile phone. [They] can't wait on the phone. [They] run out of credit and are only on a limited income.'* As a result, this friend *'just pitches up and waits to be seen.'*

Needing to telephone early in the morning in order to access an appointment was discussed by participants. Telephone systems were seen as a barrier to access in some cases because the difficulty of getting through. One person commented that *they 'sometimes wait up to half an hour'* to get through on the telephone to make a booking. Another commented that *'you can't get through on the phone'* meaning that they had struggled get appointments for the person that they care for.

It was commented that there was a need to telephone early in the morning to be able to book an appointment. For example, it was commented that *you 'have to ring early- 8am-on that day'* to get an appointment and that *'if you don't ring before 8.30am, you don't get an appointment.'*

## Types of appointments

None of the participants in the interviews had experienced an appointment through video call. There was no indication from the participants that they would have liked to access video calling in order to have their appointment. For example, it was commented that *'it is difficult to show the doctor if you have a physical symptom'* meaning that they *'can't get the best observation of it.'*

Two people spoke about having to send their GP pictures via an online link as part of their appointment. It was commented that the process was slow with one person saying it *'takes ages'* and that *'you would think it would be quite an instant thing.'* For one person the process of sending a picture was difficult with them saying they were *'not very good at this'* but that they had received help from a family member to send it.

For most people, appointments had been conducted by telephone throughout the pandemic. There was a mixture of views about the use of telephone appointments. For example, it was commented by one person that *'the appointment screening process has worked really well' going on to say that 'I got everything I needed during the telephone appointment.'*

However, there were others who felt that telephone appointments were not a positive experience. For example, one person commented that they were *'not happy with this'* with another commenting that they were *'not happy with it at all'.*

Some of the participants gave reasons for their concerns with one saying that 'I feel sorry for people if they haven't got a mobile phone' because of having to wait for a call back from the doctor and how that can be restrictive for people. Another felt that being called back rather than being able to have a physical appointment meant that 'telephone scams were a concern'. They explained that 'when they called me back it wasn't a name that I recognised' and it worried them *'for someone to say that they are a doctor and it not be a name that I recognise.'*

Although most of the participants reported that they had had mainly telephone appointments with their GP during the pandemic this was not always the case. For example, one person told how they had *'not had a telephone appointment with [my] GP, always face to face.'* This was because *'we were assessed as in need at the start of the pandemic and the receptionists know that I am to have face to face appointments.'* Face to face appointments were only offered for most of the participants if they had been assessed as needing one by their GP first and for most people this was on an appointment-by-appointment basis rather than the blanket assessment of the previous person. Others gave examples of how they had to *'have a triage first with a doctor'* and another told how *'my husband had two face-to-face appointments, but this was decided by the GP.'*

## Choice of appointments

People did not feel that they had been given a choice in the type of appointment they had. For example, one person said that *'I wasn't given any choice at all'* and another said that they were *'not given the choice; that made by the GP.'*

For one person the lack of choice of appointment type *'isn't important to me'* but this was not the case for others, and with one saying that they *'would have liked the option.'*

## Preference for face-to-face appointments

There was a preference from people for face-to-face appointments even where experiences of telephone appointments had been largely positive.

Reasons for the preference varied but there were some examples of reasons that included concerns over the quality of care and finding reassurance in being seen in person. One person



told how in the past they had been diagnosed with a serious illness from relatively minor symptoms and they felt that had they not been seen in person it would have been missed. They said that *'with no examination they cannot be sure'* and they felt the risk of misdiagnosis as being *'one of the dangers of it not being face to face.'* Another person commented that not having face to face appointments *'reduces our confidence in the effectiveness of our care.'* They felt that *'if something needs to be examined it needs to be in person.'* One person expressed the view that *'they seem so frightened of the virus that it is affecting patient care.'*

For people who did not speak English as a first language there were some specific reasons for preferring to be seen in person. One person shared that telling of their parent did not speak English and therefore relied on family members to translate for them on a telephone appointment as *'no translation service is available'*. They explained that having telephone appointments *'reduces my Mum's privacy because my Mum has to use my sister as translator'* and that a return to face-to-face appointments would mean *'Mum can have ownership of her own care...because of the language barriers she faces.'* Another person echoed the issues around language barriers saying that *'when someone can't speak good English. I am quite lucky my English is good, but people who don't speak good English they don't want telephone appointments.'* The same person felt that their communication was better in person as they were able to *'see the expression on their face.'*

## GP Practice environment

There was feedback from those who had accessed face to face appointments about the changes that they had experienced when at the GP practice for those appointments. These were the physical changes to the waiting areas and the use of Personal Protective Equipment (PPE) with one person commenting on how *'all staff wear PPE and it is very strange for patients to experience.'*

One person told how they had needed to stay in the car until the GP Practice were ready to admit for them for their appointment commenting that *'it's alright if you have a car'*. Another commented that if they needed to go into the practice *'you have to wait outside in the rain when you need to see the doctor.'*

There was understanding on the part of the participants as to the reasons for the changes but some concerns about people who were less able than themselves. One person commented that when they had visited the practice for an appointment *'my carer wasn't able to attend the appointment with me and usually I need support.'* They had been able to *'ask for help and support from practice staff where needed as the surgery to move around safely'* but they *'had to request it and it concerns me that other patients may not be so confident'* in asking for help.

## Conclusion

Although there were limited numbers of people that took part in the interviews, it is possible to find some commonalities from the feedback in relation to experiences of booking appointments, the challenges of getting through and there being appointments available; as well as the types of appointments offered. Telephone appointments were the main appointment type and these could be challenging particularly for people with language barriers and additional needs. There was a preference for face-to-face appointments on the whole but there was little to no choice for people in the type of appointment that they were offered.

The findings from these interviews are broadly similar to those of HWE in their report 'Locked out: Digitally excluded people's experiences of remote GP appointments' published in June 2021<sup>1</sup> and those from the wider Engaging Communities Solutions CIC report from across eight local Healthwatch that Healthwatch Leicester and Healthwatch Leicestershire have contributed to.<sup>2</sup>

## Recommendations

1. There should be flexibility in the appointments types offered to potentially digitally excluded patients that take account of their needs and preferences where practicable. Where it is not practical to offer a choice of appointments the reasons for this should be explained in order to manage people's expectations.
2. There is a need for additional support to allow people who do not speak English as a first language to access appointments in a way that enables them to communicate easily and maintains their privacy.
3. Booking processes should be reviewed to ensure that they are accessible and efficient. Where necessary there should be flexibility to allow those who lack access to a telephone or computer to be able to obtain an appointment by directly accessing the GP Practice in person.

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<sup>1</sup> <https://www.healthwatch.co.uk/report/2021-06-16/locked-out-digitally-excluded-peoples-experiences-remote-gp-appointments>

<sup>2</sup> Access to primary care and digital exclusion: Report on findings across eight Healthwatch delivered by Engaging Communities Solutions CIC; awaiting publication. Expected November 2021.

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