

# Patient Experiences of General Practice in Richmond

October 2024



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## Introduction

**“Phoning for something urgent is always hopeless. There are no appointments available and you are told to 'call tomorrow at 8am.' The next day, you can't get through. When you do get through appointments are full again.”**

The story above is painfully familiar. The anxiety of having to call immediately as clock turns 8am. The desperation of needing an urgent GP appointment. The disappointment of being told that none are available. Having to repeat the whole process the next day.

This is just one of the many stories shared by the 2,700 Richmond residents who participated in our survey. The aim of this survey was to understand patients' experiences and preferences in how they make contact and have appointments with their GP practice. This included exploring new digital options. At the same time, we asked whether patients prefer to see a particular GP and patients' experiences of the Additional Roles Reimbursement Scheme. Our goal is to use these insights to improve patient experiences.

We heard many positive stories: families being supported by their GP over long, difficult periods of time; patients with access needs being carefully considered and helped by reception staff; and all GP staff members going the extra mile to help patients in need. GP practices throughout Richmond should be recognised and praised for all the hard work they do for our community.

The challenges faced by GP practices and their staff in the current climate are complex and multifaceted. We are thankful to all their hard work and the support they provide across our community.

We are also thankful to everyone who has shared their experiences and those who were involved in the design and dissemination of our survey: GP patient participation groups; practice managers; GPs; and the Richmond General Practice Alliance. We thank all of them for their help and hope our research has identified some solutions that could improve access for patients.

## Background

In September 2024, the "*Independent Investigation of the National Health Service in England*" by Lord Darzi – otherwise known as the Darzi report – was published. General practice was highlighted as the way in which most people commonly interact with the NHS. Indeed, the report noted that GPs are seeing more patients than ever before.

However, the report noted significant issues within general practice:

- The number of fully qualified GPs relative to the population is falling
- Waiting times for GP appointments are rising
- Patient satisfaction is at its lowest ever level

While the Darzi report captures the national picture, these same problems are experienced at a local and individual level. It is for these reasons that we investigated GP access in Richmond.

## Contact Routes

In May 2023, NHS England published its [Delivery Plan for Recovering Access to Primary Care](#). The report stated that nationally general practice is delivering more than a million appointments every day and half a million more every week than pre-pandemic; however, nationally 1 in 5 people were not able to get through when they last attempted to contact their GP practice.

In response, NHS England has devised a recovery plan with two central ambitions:

1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.
2. For patients to know on the day they contact their practice how their request will be managed.

These ambitions will be achieved via installing [Modern General Practice Access](#) throughout the country. This plan includes: (1) better digital telephony; (2) simpler online requests; and (3) faster navigation, assessment and response.

Within the London borough of Richmond upon Thames there is great variability between GP practices. The 2023 General Practice Patient Survey highlighted this: 94% of patients at Paradise Road Practice said it was easy to contact their practice by phone, compared to just 36% for Hampton Hill Medical Centre. Notably, there is limited data on the use of other contact routes, particularly the NHS App and new online triage systems.

## Digital Options

In 2019, the NHS Long Term Plan reiterated the need for improved digital access. The goal was that “digital-first primary care will become a new option for every patient improving fast access to convenient primary care” (2019, 26). The Covid-19 pandemic led to a rapid increase in registrations for the NHS App, with nearly 80 per cent of adults now registered (Darzi, 2024)

However, research has highlighted important issues within the now mainstream use of digital services in GP Practices:

- The Darzi report noted that “the NHS App is not delivering a ‘digital-first’ experience similar to that found in many aspects of daily life” (2024, 26).
- A Nuffield Trust report argued that the rapid transition has led to “frequent disconnects between expectations about the convenience and efficiency of digital services, and the real world of muddling through by both patients and staff” (Rosen & Leone 2022, 31).
- The Health Services Safety Investigations Body published a report raising concerns about online consultations tools (2024).

## Additional Roles

In 2019, the [Additional Roles Reimbursement Scheme](#) was introduced. The aim of the scheme is to support the recruitment of 26,000 additional staff into general practice. Primary Care Networks can claim reimbursement for the salaries of 17 new roles within the multidisciplinary team, including:

- Clinical pharmacist
- Pharmacy technician
- Social Prescribing Link Worker
- Care Coordinator
- First Contact Physiotherapist
- Paramedic
- Nursing Associate
- Training Nursing Associate
- Physician Associate
- General Practice Assistant
- Adult Mental Health Practitioner
- Children and Young People’s Mental Health Practitioner

The Darzi report argued that the ARRS should be seen as “positive developments in growing the wider workforce in general practice” but that these professionals should be supplements, rather than substitutes to GPs (2024, 29).

Since the Scheme’s introduction, there has been variability in its implementation and limited research, with the exception of one King’s Fund report (2022). We have heard from stakeholders that while implementation of ARRS has improved in Richmond there are ongoing issues, especially around the integration of new ARRS personnel into practice teams.

## Methodology

Information from patients was collected through an online survey consisting of both quantitative and qualitative questions. The survey was designed to collect information about the following:

- Contact routes: past experiences and preferences
- Appointments: past appointments and preferences
- Preference for a particular clinician
- Additional roles: past experiences and preferences
- Any suggested improvement in any of the above areas

The survey was structured so that respondents said which contact methods they use and were guided to free text boxes to tell us, in their own words, their experiences of those contact methods. For example, if a respondent said they had used the NHS app, they were led to a page to tell us about their experience of using the app. The same logic was applied to questions about types of appointment (phone, face-to-face, etc) and additional roles. In total, there were seventeen free text boxes in which respondents could tell us about their experiences.

We created our survey with help from the following groups: GP patient participation groups; practice managers; GPs; and the Richmond General Practice Alliance. We thank all of them for their help.

We collected data through the following routes:

Data Collection Method	No. of Responses approx.
Text messages sent by GP practices	1800
Partner communications	650
Paid social media advertising	140
Healthwatch Richmond newsletter	90
Posters and leaflets	10

There were 2700 usable responses to our patient survey. We defined 'usable' as having completed the first 4 questions and providing two qualitative responses (see appendix 2 for the survey questions).

## Limitations

One of the main limitations of this study was due to the use of text messages sent by GP practices. We asked practices to send our survey link to patients who attended an appointment in the past four weeks. This necessarily predisposed our

sample towards people who were able to get an appointment. We tried to mitigate this by using other channels, including the Richmond Council newsletter, to get responses.

Another limitation is that we received an uneven number of responses from surgeries. For example, we received 258 responses from patients registered at Park Road but only 5 from patients registered at Crane Park Surgery. This is due to some practices not sending out our survey via text and variation in patient list size. Whilst not all practices are covered by this work, the large sample size ensures that the key themes that drive patient experience across the borough will be captured within the data.

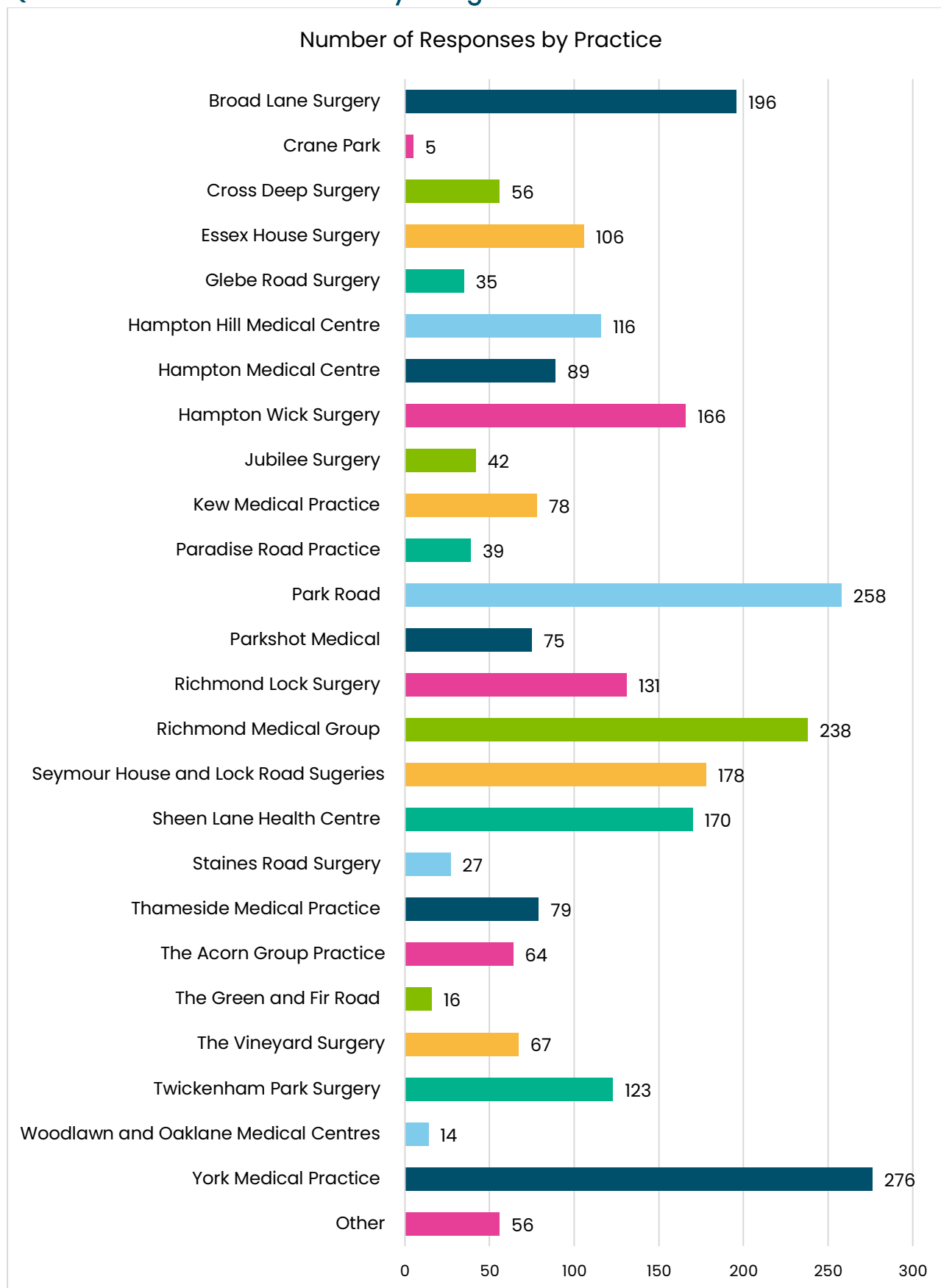
## About the Respondents

There were 2700 usable responses to our patient survey. The full breakdown of respondents by age, gender, ethnicity, English language ability, financial status, disability and caring responsibility can be found in the 'Challenges in Access' section and Appendix I. To note however:

- We received a higher proportion of responses from people aged 50+ than 18-49.
- We received double the number of responses from women as from men.
- We received a higher proportion of responses from White people than the 2021 census data for Richmond reflects.
- The English language ability of respondents aligned exactly with the 2021 census data for Richmond.
- We received over 400 responses from people with a disability.
- We received over 400 responses from unpaid carers.

Notably, we received sufficient responses from the following groups to conduct discrete analysis of their experiences: those with limited English language ability; those with a disability; and unpaid carers. This can be found under the 'Challenges in Access' section.

## Question 1: What GP Practice are you registered with?





## Contacting GP Practices

The first section of our survey focussed on contact routes: how patients have in the past contacted their GP practice and their preferred contact method.

### Q2: When did you last contact your GP practice?



### Q3: Which of the following have you used to contact your practice?

	Yes	No	I don't know
Phone	87% 2341	13% 347	0% 12
Email	24% 645	74% 1986	2% 69
Online, through my practice's website	40% 1071	58% 1553	2% 76
Through the NHS App	28% 768	68% 1848	3% 84
Through Patient Access or Ask First	17% 456	75% 2033	8% 211
In Person	58% 1564	41% 1096	1% 40

The answer to Question 3 went against our expectations. Respondents said that they are still mainly using ‘traditional’ contact routes: 87 per cent use the phone and 58 per cent go into their practice.

Conversely, respondents on the whole are not engaging with digital options: 74 per cent said that they did not use their practice’s online booking system and 68 per cent said they did not use the NHS app. This is quite surprising given that across South West London 88 per cent of practices are offering routine appointment booking online and 99 per cent are offering management of repeat prescriptions via the NHS app (South West London Integrated Care Board, 2023).

Interestingly, there was no variation in answer to this question by gender or age. This goes against our expectation that the working age population (<65) would engage more with online systems.

**Q4: Please state how much you agree or disagree with the following statements: “I prefer to contact my GP Practice...”**

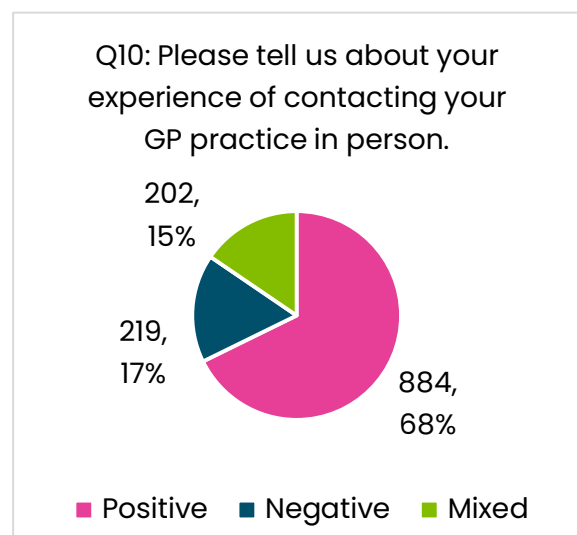
	Strongly Agree and Agree	Neutral	Disagree or strongly disagree
By Phone	79% 2089	13% 334	8% 221
By Email	37% 893	35% 862	28% 681
Online, through my practice’s website	40% 1004	30% 747	30% 732
Through the NHS App	34% 846	33% 817	32% 794
Through Patient Access or Ask First	19% 451	45% 1091	36% 860
In-Person	67% 1980	22% 549	12% 296

The responses to this align closely with the previous question. We see that respondents prefer to get in contact with their GP practice primarily by phone and secondly in-person. There is a fairly even split across getting in contact via email, through their practice’s website and through the NHS app. The least popular option was third-party apps like Patient Access and Ask First.

Notably, there is significant variation in the use of digital contact routes by practice: some encourage patients to use email for prescriptions while others do not advertise email at all; some have enabled appointment booking on the NHS app whilst others have not; some use Patient Access, while others use Ask First. Indeed, the only two consistent points of access across GP practices are via the phone and in-person, but as we shall see below there is even variation in that.

In the following sections, we consider the key issues that patients raised in free text boxes about 'traditional' and 'digital' contact routes. At the end, there is a separate section on appointment booking as the same themes appeared in questions about 'traditional' and 'digital' contact routes.

### 'Traditional' Contact Routes



The number of positive responses to both these questions are certainly commendable. Perhaps surprisingly, in-person contact has the highest percentage of positive responses of all contact routes.

#### Phone Wait Times

Almost 10% of respondents said that there was no wait or a short wait on the phone. This was a significant reason why many said they had positive experiences when calling their practice:

*"I have always been able to get through to the receptionists quickly."*

*"Quite straightforward. Usually a quick response and generally very efficient"*

However, 25 per cent people said that there was a long wait or queue on the phone and in response to a later question about improvements in contacting GP

practices, 18 per cent of respondents said that phone wait times need to be improved:

“It can take a long time hanging on the phone. 45 minutes is the longest I’ve waited”

“You can only get an appointment by phoning the surgery at 8.30 am on the day. I phoned a few seconds after 8.30 and was number 43 in the queue.”

This feedback is concerning as a long wait on the phone is a significant barrier to accessing GP services. In particular, respondents complained about the cost of the call and being unable to wait on hold because of their job or other commitments.

### 8am Calls

8 per cent of respondents to our question about phone contact spoke about having to call at 8am or a particular time of day to book an appointment.

“I sometimes ring at 8.30 on the dot then won’t get through for like half hour then no slots.”

“Phoning for something urgent was always hopeless with no appts available or ‘call tomorrow at 8am’ when you can’t get through and when you do appts are full again.”

These quotes show that patients are often facing lengthy phone wait times, which often prevent them from getting the medical attention they need. In particular, in the last quote we see a patient being trapped in a loop of calling every morning at 8am and not being able to get an appointment. Stories like this are deeply concerning.

Furthermore, respondents also described the emotional impact of calling at 8am:

“8-30 AM lottery telephone appointments are unpredictable and frustrating”

“the 8.30 am phoning pressure is stressful and I am not always successful.”

For many respondents, calling at a specific time also presented other significant barriers. Patients are often unable to call because of work or caring responsibilities (e.g. not being able to call at 8:30am as that is the same time as school drop-off).

Although it is clearly stated within the Delivery Plan for Recovering Access to Primary Care and the Modern General Practice Access Plan that the ‘8 am rush’ and long phone waits need to be addressed, more work clearly needs to be done in Richmond.

## Digital Telephony

Within the Modern General Practice Access Plan, GP practices are encouraged to improve their digital telephony. This includes knowing where you are in the phone queue and a call back feature. In response to our question about phone contact, 37 respondents spoke about knowing their position in the phone queue and 48 people explicitly mentioned the call back feature.

*“The practice has recently installed a dial-back service which is more customer-friendly and which worked well”*

*“Excellent system where rather than waiting for your call to be answered they will call you back without you losing your place in the queue. Never had a problem with it.”*

*“Generally very good. You know where you are in the queue when you ring”*

*“I like the fact that it tells me how many people are before me.”*

The positive feedback on both of these aspects of digital telephony suggests that patients do appreciate them and that their roll out should continue. However the fact that a small minority of patients mentioned them suggests that these features are not widespread within the borough.

## Reception

25 per cent of respondents to our question about in-person contact praised the reception team at GP practices. Similarly, in our question about phone contact, 15 per cent of respondents praised the reception staff:

*“Always a pleasant welcome and smile from the receptionist staff. Always try to be helpful. A real pleasure to ask any questions and feel that you are listened to.”*

*“I have been to see the receptionists in person when I’ve needed to make an appointment... They are unfailingly helpful, polite and well informed. They seem to be well trained and able to track down any system issues and fix them.”*

We did not ask any questions about experiences of reception in our survey. Respondents voluntarily commented on the wonderful job that receptionists at GP practices do.

The sense of gratitude that the respondents expressed towards receptionists was clear. Many understood how difficult their job is, especially under the current strain. Respondents understood how skilled receptionists are and praised them for their empathy and efficiency. This is a really positive finding of this report.

On the other hand, 8 per cent of respondents to our question about in-person contact reported negative interactions with the reception team at GP practices. Similarly, in our question about phone contact, 5 per cent of respondents raised issues with the reception staff:

“Receptionist looks bored and acts like a disinterested robot. Treats patient like dirt and an inconvenience.”

“One is made to feel that asking for a face to face appointment is an irritation so I have been put off trying to get one.”

“When you call for test results or repeat prescriptions the receptionist are abrupt and you are made to feel like you’re being a hindrance.”

Patients feeling that they are viewed as a “burden” or “nuisance” by reception was a recurring theme. This is worrying as feelings such as these make patients less and less likely to get in touch with their GP.

There was also a recurring theme that patients didn’t like sharing their personal medical situation with receptionists. The chief reason for this was that respondents thought it was a breach of their privacy. Respondents also questioned what receptionists role in triage was since they are not clinically trained:

“i have had a receptionist attempting to advise me about test results and I had to insist that I speak to a doctor.”

Furthermore, in response to a later question about what improvements patients would like to see in contacting their practice, 10 per cent of respondents spoke about receptionists. One common theme was that reception staff need to be more ‘friendly’:

“Better customer service and friendlier receptionist. Not all of the receptionists but some.”

For some respondents, negative responses at reception affected their ability to access care:

“One of the receptionists is negative and unhelpful all the time... I ring off and try again in the hope that the other receptionist will answer”

“Receptionist who are kinder in person, some people have anxiety and it takes a lot of courage to come in or even phone for help. More empathy is needed.”

There was also a repeated impression that receptionists were ‘gatekeepers’ of GP appointments:

"I sometimes feel the receptionist act as guardians to docs and make judgement calls on whether appt urgent or not."

### Reasons for Choosing In-Person Contact

In response to our question about in-person contact, 12 per cent of respondents said that accessing their practice in-person was easy, efficient and/or convenient:

"I find this a fast and efficient way of making contact... I speak to the helpful receptionists when I have to make an appointment."

"The practice is fairly central located so it's sometimes easy to pop in and sort out appointment availability with a friendly person"

These responses are very positive and many practices should be commended. Indeed, 10 per cent of respondents said that they accessed better service in person and/or that this was the only or best way to access their GP:

"Always better to have conversation face to face if I'm in area"

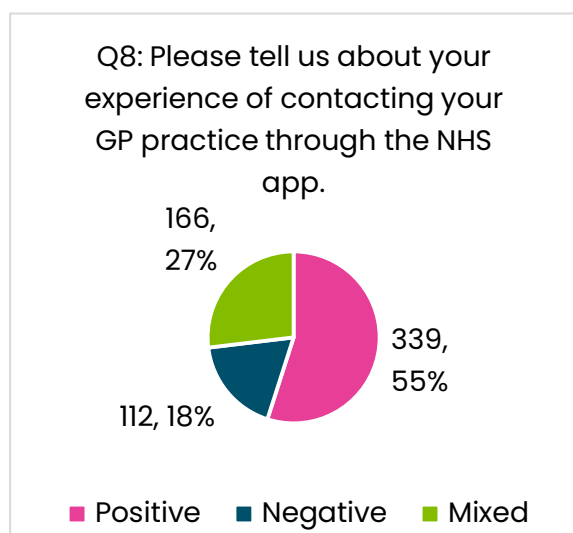
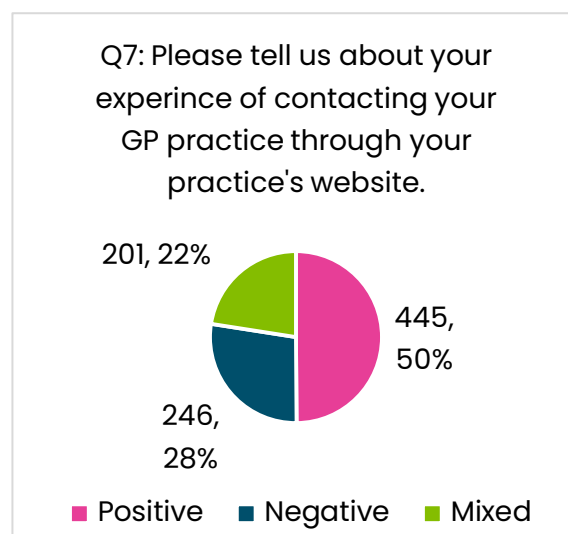
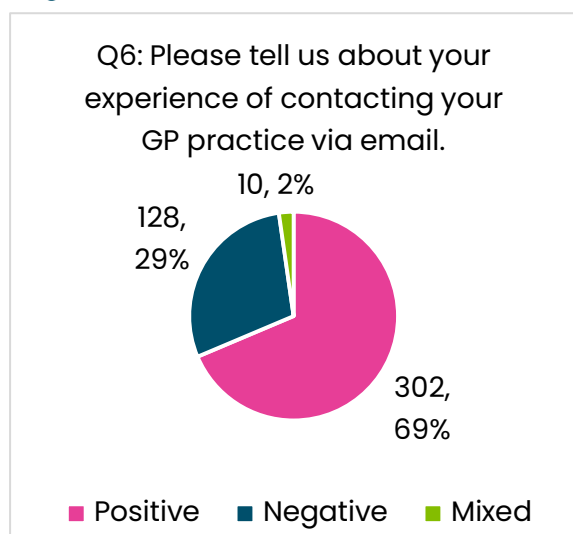
"Sometimes, going to the practice and speaking face-to-face with the receptionist is the easiest way to sort out a situation"

To some extent this creates an unfair advantage for this group of respondents who can go in person: they can access better services than respondents who cannot easily go in-person to their practice due to other commitment or mobility issues. Indeed, many respondents said that contacting their practice in person was a last resort or because this was the only way they could trust things to get done correctly:

"this is my preferred way to resolve issues - but I shouldn't have to."

"The best way to avoid any issues of mistakes."

## Digital Contact Routes



There is significant variation in the digital platforms that practices encourage. Notably, 149 out of 892 (17%) respondents to question 7 about practices websites are registered at Richmond Medical Group. This is because Richmond Medical Group have moved to a 'total triage system' whereby all patients must complete an online form and then are triaged.

Despite much engagement before the survey was launched, we only found out after that there are other digital platforms that GP practices are using: MyGP and Patient Pathways. Patients using these platforms either wrote about their experiences in response to questions 8 or 9. Similarly, many respondents said that their practice doesn't allow email:

*"The practice no longer operates an email system"*



“Surgery doesn't seem willing to deal with emails as they have removed the email address from their website. I was discouraged to use it and was told they don't have enough staff to manage this.”

“My gp practice is no longer contactable by email which is ridiculous but when it was contactable by email it was good”

### Ease of Use

Digital Channel	% of respondents who said it was easy to use
Email	22
NHS App	24
Third-Party Apps	7
Website	22

These are encouraging statistics as it shows that many patients are being well served by new digital platforms. However, it is notable that the same feedback was not received for third-party apps.

“I am surprised by the efficiency of contacting the GP practice on the website and the speed of response. I was very sceptical but it seems to work.”

“I find the system practical and easy to navigate. The answers are received in good timing.”

“Very easy to order repeat prescription and saves me time”

### Technical Issues

Despite the positive feedback above, some respondents did point out technical or accessibility issues with digital platforms.

Digital Channel	% of respondents who said there were issues
NHS App	6
Third-Party Apps	10
Website	12

Technical issues included:

“I have not used the service since mid-2023, but trying to use it now (April 2024) I am told I have used up all my appointments and must contact the practice directly. This does not seem right.”

“Difficult to access as keeps requesting personal details over and over. Takes lots of persistence to log in and get through.”

“This app doesn’t work. It is long winded. It is stress inducing reading all the possible symptoms. After completing the symptom checker which takes about 10 mins it states ‘no appointments available, call your GP’ “

Technical issues such as these diminish trust and reliability in digital platforms. Once a difficulty is encountered, people are less and less likely to want to engage via these methods.

### Accessibility

Accessibility challengers included:

“I do worry that as I get older I may find this system more difficult to use as my ability to adapt to changing IT gets worse”

“Cumbersome and poorly worded need to get campaign for plain English to have a look at it.”

“I have to get my daughter to do it for me”

These three quotes raise poignant questions around how people become disenfranchised from accessing their GP. Indeed, in the last quote we see a worrying trend where some patients have to rely on others to access their medical information and in doing so limit the level of confidentiality they can have. In addition, respondents also spoke about not having internet connection or a digital device. All of these issues present barriers to access.

### Email Replies

With regard to email, 13 per cent of respondents said they did not receive a reply or a timely response to their email:

“They usually reply eventually. But it’s not a reliable form of communication”

“Try not to, when have contacted by e-mail, feels like sending light into a black hole”

Respondents also mentioned other communication issues on email, such as:

“I prefer emailing them but sometimes I get a email from one practice member and then the reply from another and they'll don't necessarily match up.”

By not getting a reply, patients are left waiting and uncertain. As a result, patients spoke of having to “chase up” via a phone call or in-person visit to their practice. Not only is this inconvenient for the patient but also takes up more time for the practice.

### Websites

With GP practice websites, one of the main issues we encountered was timing:

“It's SO complex and hard to make an appointment. I tried to use the online process while abroad and because of the time difference, my form could not be submitted as it wasn't working hours - I've never heard anything more ridiculous.”

“the service is only open for about 4 hours in the morning and i often miss it and have to wait till the next day”

“The form itself is only available at certain times, and I have had to make several efforts to access it, as far as I can see, the site does not give the hours that this service is available, meaning that one has to take pot luck.”

There appears to be variation within GP practices in Richmond on this matter: some patients report being able to fill out the form at any time, while others struggle. The key issue is that there doesn't seem to be clear communication between practices and patients on this issue.

21 respondents spoke of having to access the website at midnight in order to get an appointment.

“You have to try and stay awake until past midnight and keep updating the webpage in the hope you can get one of the few appointments released. These are only for the first half of the morning and go very quickly. I have tried for over 4 weeks to get an appointment.”

“Had to wait until after midnight to book a same day appointment.  
This is tiring when feeling unwell.”

The majority of these respondents are registered at one GP practice which has purposefully set up their online booking system so that appointments are released at midnight. Indeed, their website says: “If you need to make an on the day appointment, please call the surgery at 8.30am or book online from midnight the previous night.”

Other issues with digital platforms included:

- Poor website design:

“I did not find it intuitive. I spent ages trying to find a place labelled ‘make an appointment’ and eventually realised you had to select ‘admin’!”

- Reception staff not knowing how to solve issues with the website

“The link never works! Reception staff don't have e a clue either when you report it.”

“Not easy to get next available appointment. When asked receptionist how you do this she didn't know”

Notably, however, in a later question on improvements, 531 respondents said they wanted improvements to the online systems. Of these, 436 respondents said they wanted more access to online services and 77 said they wanted less.

- 129 respondents said that they wanted improved access via apps
- 115 respondents said that they wanted improved access via email
- 60 respondents said they wanted improved access via their practice's website

## Prescriptions

Digital Channel	% of respondents who said they used this platform for prescriptions
Email	22
NHS App	39
Third-Party Apps	40
Website	28

For each platform the majority of responses about prescriptions are positive. Respondents said that ordering prescriptions online was fast, convenient and efficient. This is encouraging in that newer digital services are clearly working well for many patients.

“Anytime I've requested a prescription via email it has been where i needed it be in the correct time. I cant fault it.”

“Getting a repeat prescription was quick and easy”

However, respondents also highlighted issues in getting their prescriptions:

“Prescription service is quite efficient although no one bothers to contact you if they decide not to prescribe an item for some unknown reason. That's just wrong.”

“Easy to order prescription but no confirmation email or text is received to advise its been sent. No updates are given by text or email about it being approved or sent to pharmacy or by pharmacy if ready to collect.”

Patients are not notified of when their prescription has been processed and is ready to collect from their nominated pharmacy. Patients then arrive at their pharmacy and are told that their prescription is not ready for collection. This is especially an issue because of the limited pharmacy provision in parts of the borough which mean increased delays (Healthwatch Richmond, 2024a).

Respondents also spoke of mistakes with their medication:

“on several occasions I have been prescribed the wrong medication/dosages and they have been sent to the wrong pharmacy.”

“Hopeless - every month we have to order many prescription products. The order is wrong every single month”

The concerning issue here is that for both of these respondents, these are repeated mistakes. It appears evident that the respondents have tried to fix the mistake but that the problem keeps reoccurring.

Similarly, many respondents said that they had left comments in the free text box on the practice's website about their prescriptions but these were often ignored:

“My recent request for a repeat prescription was wrong despite making a specific note about one of the drugs which was totally ignored.”

“Easy to order prescriptions, but invariably any queries in the additional information box go unread”

This led patients to question the attention to detail that GP practices were giving to their requests. In addition, this results in further 'back and forth' between the patient and the practice as new correct prescriptions must be issued.

There was a recurring theme – as shown in the above quotes – that patients were actively trying to use new digital methods to order their repeat prescriptions but that their needs were not met by the digital platforms or GP practices. It is notable here that the barrier in modernising prescriptions does not lie with the patient but rather in the systems in place.

### Too Many Systems

In response to the question about the NHS app and the question about third-party apps, respondents said that they felt there were 'too many systems'. This sentiment was repeated in the question about improvements.

*"Never quite sure which one I should be using though"*

*"Find it somewhat confusing whether to book next appointment(s)/ repeat prescriptions via Patient access or NHS App- feels like it should be one or the other."*

*"I haven't used the NHS app really - is it what was there for Covid? Parkshot uses something called MyGP. I think there are too many different ways to contact them."*

These respondents lack clarity about which platform they should use to get in contact with their GP practice. Their confusion is further compounded by the lack of instruction readily available to patients on how to contact the practice on their website.

### Appointment Booking

5 per cent of respondents said they received a timely appointment upon calling their GP practice:

*"I have been lucky to get an appointment same day. I am always met with such compassion and warmth with my practice."*

*"Called mid- morning and waited about 5 minutes. Was offered appointment that week, but as it wasn't urgent asked for appointment at a later date."*

This is a positive and reassuring finding. However, there was a recurring theme that patients could not get timely appointments:

Contact Channel	% of respondents who said they couldn't get a timely appointment
Phone	12
NHS App	8
Third-Party Apps	15
Website	6

These numbers present an interesting picture. We see that patients reported being able to get more timely appointments through practice's websites and the NHS app

than over the phone or through third-party apps. On the whole, this shows an increasing push towards digital appointment booking.

However, the fact that more than 10 per cent of respondents reported that they could not get a timely appointment when calling their GP practice is troubling. Multiple people spoke of calling day after day to get an appointment with limited success. Respondents also spoke about no longer trying to contact their GP because they assume they will not be able to get an appointment:

“It’s hard to get through and then most of the time it’s already booked for a couple of days and they don’t book anything longer than 48hours for appointments. Been hung up on whilst on hold numerous times. So I try not to go to the dr’s for anything and just deal with what’s going on”

Indeed, in response to our later question on improvements, 17 per cent of respondents said that they wanted more appointments to be available through their GP practices. This was because they found that they could not currently get an appointment within a reasonable time frame:

“Be able to make an appointment sooner than two weeks and not have to fight to get a same day appointment”

“Not having to hang on the phone waiting to book appointment. Then to be told no appointments available call back in that afternoon only to be told appointments all gone.”

On the whole, respondents were very understanding of the strain that GP practices are under but still found the lack of available appointments difficult.

Similarly, there was a regular refrain that for some contacting their GP practice was fine. The issue was the fact that there were no appointments available within a reasonable timeframe:

“Contact is not a problem: long wait for appointments in person or on phone is more of an issue, though I appreciate the demand on services is considerable”

### Appointment Booking through the NHS App

With the NHS app, different issues were raised with regard to appointment booking:

“When appointment is given it is usually weeks away. No choice of doctor.”

“The app works very well for making appointments and for access health data, like test results. It is a shame nurse appointments cannot be made via the app”

As shown in the above quotes, the issues respondents encountered when trying to book an appointment via the NHS app included: not being able to book with a particular clinician and not being able to book for a specific purpose, e.g. blood test or cervical smear test.

In addition, some respondents reported differences in availability through digital platforms and on the phone:

“I requested a telephone appointment through the practice's website. I was sent a text with a Face to Face appointment in a month's time. (I telephoned to ask for an earlier appointment and was given one a day earlier!)”

This leads to a distrust of online booking and instead patients automatically call their practice to make appointments.

### Redirected Online

Finally, in response to question 10 about in-person contact, 7 per cent of respondents spoke of being re-directed from in-person contact to phone or online contact routes:

“When attempting to make an appointment I am refused at the surgery and told to go home and book it on line.”

“I wanted to follow up on a matter however the practice insists everything is put on their online form so despite being present in the practice the receptionist required me to fill in the online form.”

“Our surgery will not let you make appointments in person. So I went outside to the carpark and used my phone and spoke to the same receptionist. I'm sorry but that was a farce!”

In all of these cases, we see two issues: firstly, a push for more and more digital contact routes that the patient population is not yet ready for; and secondly, an inflexibility within some of the digital booking systems.



## GP Appointments

The second part of our survey focussed on the ways in which GP appointments took place: in person, over the phone, on a video call, as a home visit or by correspondence. We also asked respondents whether they prefer to see a particular GP.

### Q13: If you've had a GP appointment in the last year, how has it taken place?

Answer Choices	Yes	No	I don't know
In person	92% 2,293	7% 182	0% 11
Over the phone	77% 1,776	22% 521	1% 21
On a video call	3% 67	96% 1,902	1% 12
Home visit	2% 38	98% 1,949	0% 9
By correspondence	39% 837	59% 1,258	2% 40

Due to the fact that so few respondents reported having a video call or a home visit, we do not go into detail on these two appointment types below beyond the following comments:

- Video Call: Technical issues, whilst not a strong theme, were notable amongst experiences and appear to be specific to video calls rather than other types of appointments.
- Home Visits: Respondents who had home visits wrote about how important they were as they were unable to access care, whether temporarily or long term without these appointments.

**Q15: Please state how much you agree or disagree with the following statements. "I would prefer to have an appointment with my GP ..."**

Answer Choices	Agree or Strongly agree	Neither agree nor disagree	Disagree or strongly disagree
In person	93% 2,348	7% 165	1% 24
Over the phone	41% 1,007	31% 764	28% 675
On a video call	25% 603	39% 932	36% 855
As a home visit	16% 386	52% 1,231	32% 760
By correspondence	28% 680	33% 805	39% 933

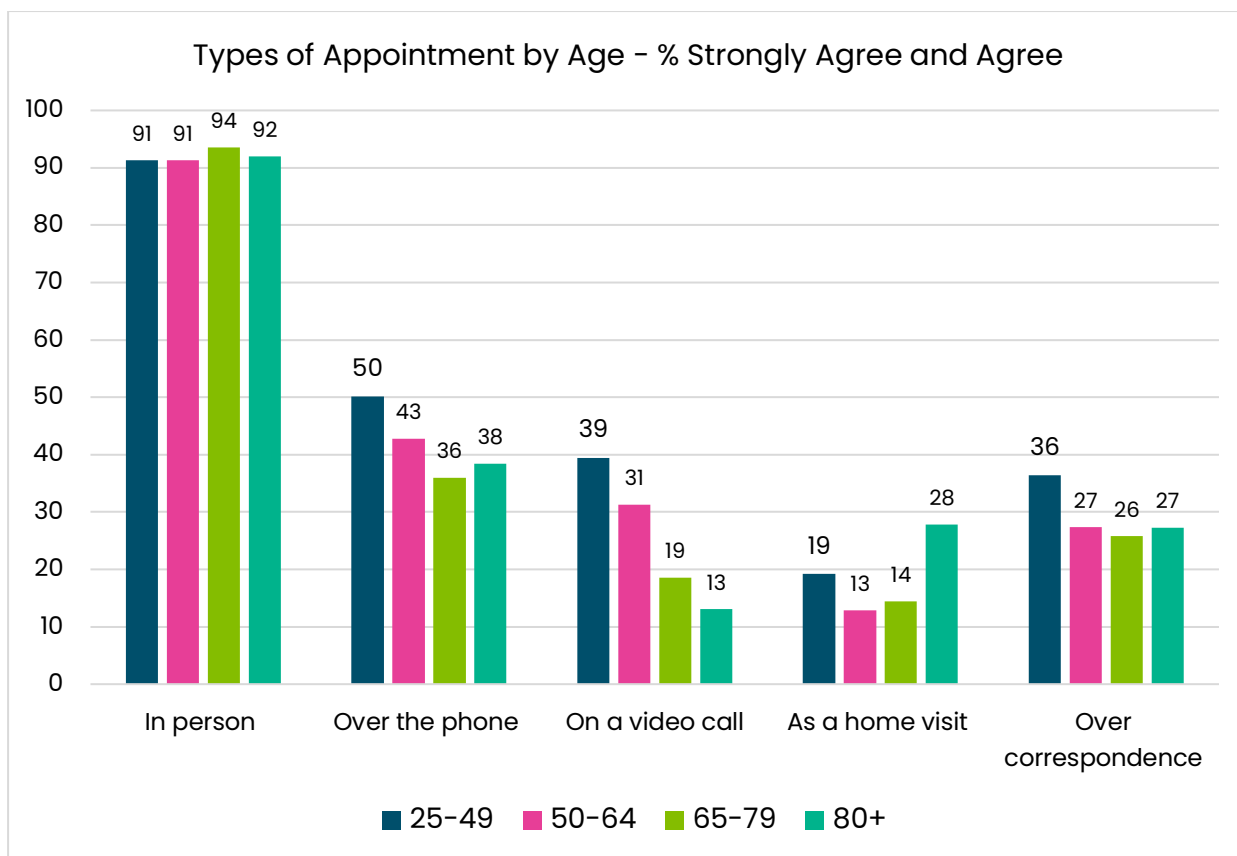
Answers to question 13 and 15 largely align, with in-person appointments preferred by 93 per cent of respondents. There is however evidence of openness to other types of appointments.

Surprisingly, only 41 per cent of respondents said that they would prefer to have an appointment with their GP over the phone. This is lower than we expected and significantly lower than the percentage of respondents who said they had had a phone appointment.

There is an openness to video calls with 25 per cent of respondents saying that would prefer to have an appointment via video. However, of this 25 per cent only 3 per cent strongly agreed with the statement demonstrating that there is openness rather than a preference for this.

Similarly, 16 per cent of respondents would welcome a home visits. This is noticeably higher than the 2 per cent of respondents who said they had had a home visit. There are questions here on whether more people feel they need a home visit than get one.

Whilst there was very limited difference in response when we filtered by gender, there were differences when we filtered by age:



The above graph breaks down question 15 by age group. We did not receive sufficient responses from the 18-24 age band to include here.

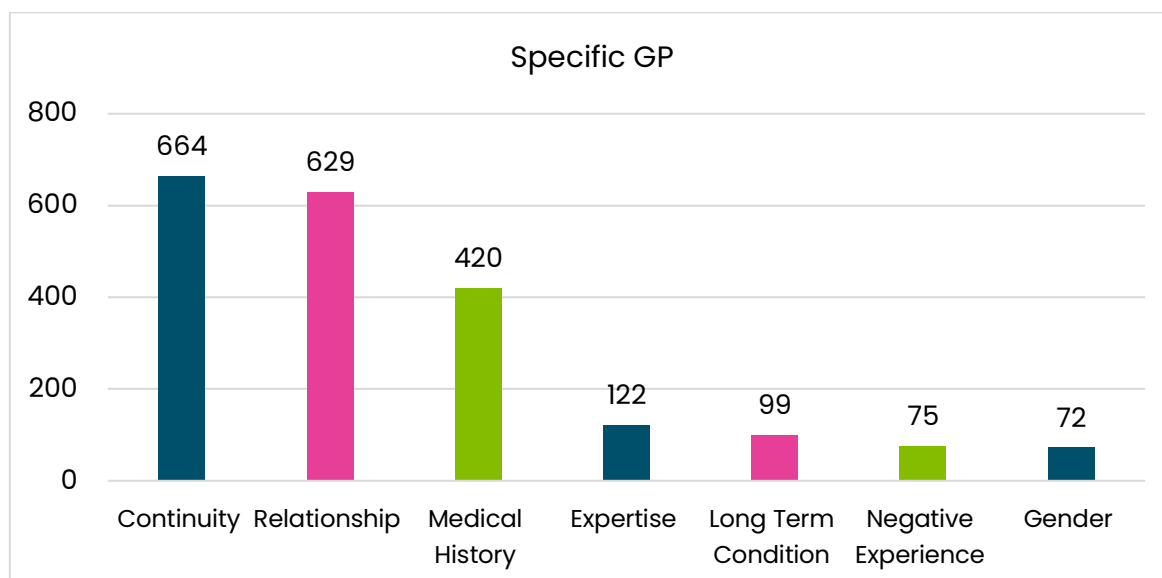
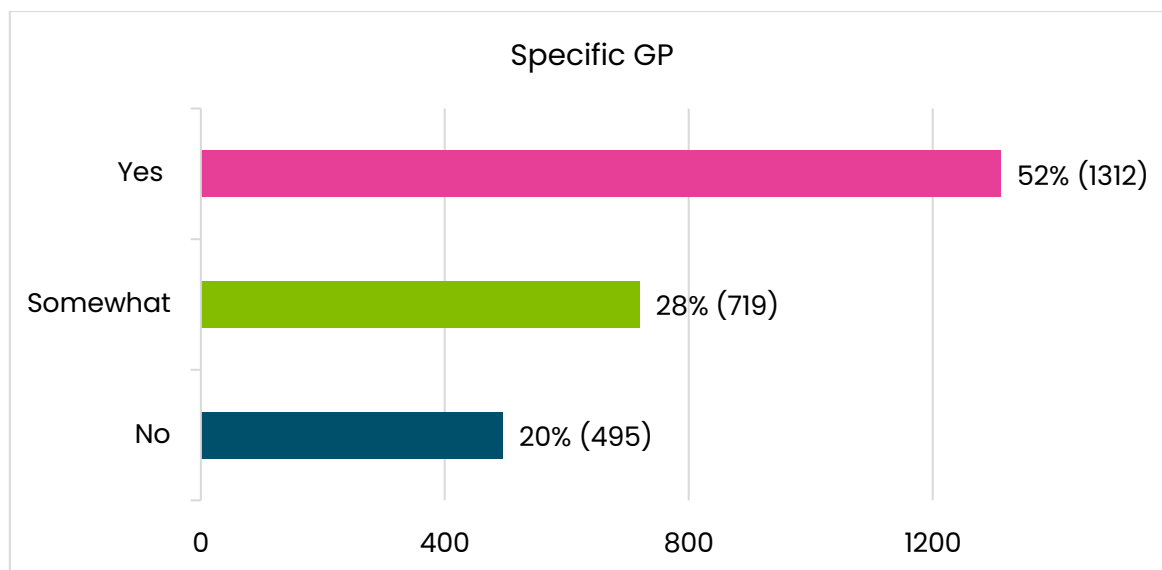
Overall, we see that there is a consistently strong preference for in-person appointments across all age groups; however there is variation within the other types of appointment.

With phone appointments, we see a greater preferences within the younger age group and this decreasing over the next two age bands. This trend is repeated with video calls. Notably, however, preference for phone appointments rose amongst those 80+. Perhaps this is because this group is less mobile and so benefits from remote consultations.

With home visits, there is a surprising increase in preference among the 25-49 age band and the 80+ age band. Within the younger age band, this could be because of home visits through maternity services.

Noticeably, there is a 10 per cent increase in preference for correspondence within the 24-49 age group in comparison to the other age groups. This is an interesting trend and perhaps should be explored further.

## Q14: Do you prefer to see a specific GP at your practice?



Whilst we designed the launched the survey before this was announced, the Labour manifesto pledged that there would be a return to the ‘family doctor’ model where patients would be able to see their preferred GP: *“We will bring back the family doctor by cutting red tape for GPs and incentivising them to see the same patient, so ongoing or complex conditions are dealt with effectively.”* From our data, there seems to be an appetite for this among Richmond residents.

### Interpersonal Factors

The main reasons for wanting to see a specific GP were continuity (664 responses), relationships (629 responses) and history (419 responses). Whilst there was some crossover between these themes, they are distinct. These were particularly important for those with long-term conditions.

Continuity of care was a key factor for respondents, who sought GPs familiar with their medical history and personal circumstances. 'Continuity' meant knowing the individual not just the condition. Respondents felt that this ensured consistency of information, advice and treatments:

*"Continuity of service. Agreed care plan with one GP which another GP may not agree with."*

*"means they know what you are usually like & can spot issues"*

Similarly, having a relationship with a GP was seen as essential to trusting the clinician and feeling listened to:

*"I get anxious seeing unknown GP's and being disabled... I've not had my health problems taken seriously before so when I find a GP that listens I always try and see them."*

*"As I age, I would like someone to pick up the small changes in my health that might indicate bigger problems, eg not putting concerns down to my age."*

Respondents also said that they wanted a GP who understood their medical history:

*"It is important, where there are long-term conditions, that your medical/ medication history is known. It takes considerable time to explain to a new GP"*

245 respondents said that they did not mind which GP they see. This was not mutually exclusive with other categories. Respondents were more willing to see any GP when acutely unwell, but would prioritise seeing the same GP for ongoing issues. A small number (12) expressed benefits from seeing different clinicians:

*"I am usually happy to see any doctor. I only prefer a specific doctor if I am seeing them about the same complaint as last time, or if I specifically want a female doctor."*

*"If I have a minor problem I am confident with any doctor. Should I have ongoing treatment I would prefer the same GP"*

62 respondents also commented that there were longer waits if one asked to see a particular GP:

*"I do have a preference. But I'd prefer to be seen as soon as possible, rather than seeing a particular GP."*

### Medical Factors

122 respondents spoke about expertise as a reason for preferring one GP over another. Comments under these themes predominantly related to the special interests of GPs but also the relative levels of general experience of clinicians.

*"I will choose the doctor, if I can, according to the problem."*

“I would try to see different GPs for different issues – lady GP for menopause issues, the skin GP for a mole, etc”

The gender of the clinician was an important consideration for 72 respondents. Notably, however, gender was predominantly raised as an issue where there were gender specific medical issues. A small number of individuals expressed a preference for seeing a GP of the same sex for all issues however:

“For women’s issues I prefer to see a female GP.”

“Female GP. Always. Not just for female problems but for everything.”

### Negative Experiences

For 75 respondents, avoiding previous negative experiences was the key driver for wanting to see a particular GP:

“From a terrible experience with one gp I will refuse for myself or my family to be seen by this gp”.

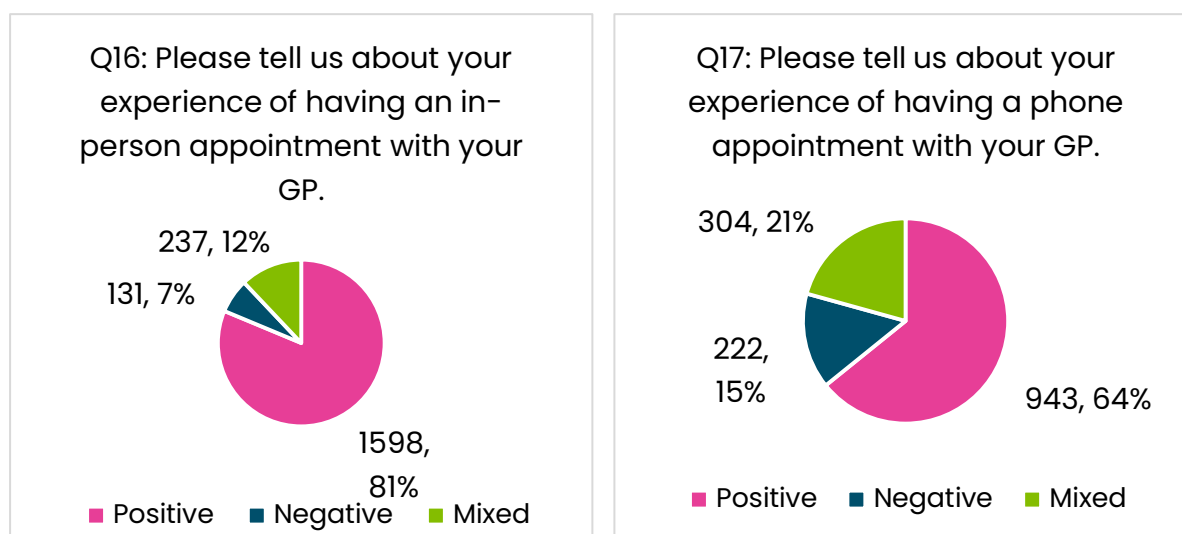
### Accessibility

8 respondents prioritised seeing a specific GP because of accessibility needs. These usually related to communication but also the need for familiarity with cognitive and mental health conditions.

“I like the ones that are easy to lip-read”

## In-Person and Phone Appointments

The themes expressed about in-person and phone appointments were broadly similar and so we have decided to discuss these together.



The majority of comments about seeing a GP in person were positive (1,598) with some mixed responses (237) and few negative comments (132). The proportion of positive responses is commendable. We hope that GP practices across the borough take this as well-earned praise for all their hard work.

Comments from the 1,469 people who had experienced phone appointments were broadly positive but markedly less so than in-person appointments.

### Appropriateness

For in-person appointments, 11 per cent of respondents spoke about the communication benefits of face-to-face consultations:

*“Face to face is best. I do not enjoy talking on the phone and emails can be misinterpreted. I wouldn’t feel like I had the same care unless it was face to face.”*

*“I find it easier to express myself in face to face situations. Body language is important in expressing how I feel and what my problem is. At my last visit, my GP was very thorough, asked a lot of questions. I felt I was given plenty of time to explain my problem and I was taken seriously.”*

Respondents often said that good communication comes hand-in-hand with in-person appointments and that they do not get the same quality of interaction over the phone.

In response to the question about phone appointments, 13 per cent of respondents said that they felt a phone appointment was appropriate for the issue they had:

“I have always been satisfied with such appointments as they were non urgent and did not need in person attention.”

“Wanted some advice regarding menopause symptoms. Phone call absolutely fine for this, had time to discuss issues and possible treatments. Also saves me driving to surgery and waiting.”

These respondents were able to decide for themselves whether a phone or in-person appointment was needed and appropriate for their needs. However, 8 per cent of respondents said that they needed a face-to-face follow up and 6 per cent of respondents expressed a desire for in-person appointments:

“Good to talk but had to describe symptoms and unable to be examined - not overly helpful”

“Ok but the Gp cant see you physically & compare how you are generally to the last time. Its sometimes difficult to process information over the phone”

Many of these respondents expressed the importance of being able to be examined physically by a doctor. They also said that they value face-to-face communication: with phone appointments, doctors lose an intangible sense of how a patient is by looking at them.

### Interpersonal Factors

For both in-person and phone appointments, respondents said that ‘interpersonal factors’ were important deciders in whether they felt their needs were met. For question 16 about in-person appointments, 20 per cent of respondents spoke of having trust in their clinician, being treated with care and feeling listened to:

“My most recent experience was off the charts outstanding. The GP I saw could not have managed a very difficult situation better... The GP immediately reassured me that they could help which was hugely calming for me. She listened, acted on my preferences and helped me in multiple ways. I was in significant distress and she could not have helped me better. Thanks to her intervention, I rapidly became better and don't need ongoing help.”

Notably, this dropped to only 7 per cent of respondents for question 17 about phone appointments:

“Always good talking to the doctors. They are always kind and friendly. They listen to my concerns and respond in an appropriate manner”

“Dr polite and listened not interrupt me when I was talking to him. He was clear with his instructions on what to do.”



These respondents praised the GP for taking the time to listen to their concerns and providing clear guidance. This is reassuring and encouraging feedback as it appears that patients are able to get high quality care through phone appointments.

Only 2 per cent of respondents to question 16 and 4 per cent of respondents to question 17 reported issues about the care they received:

*“She not even look at you and just want to finish her job and tell you bye I decided to not take appointments with same dr any more in my gp not helpful to me”*

*“It feels like getting health care from a call centre operator”*

*“Unsatisfactory, you sense the GP is going through the motions and would like to terminate the call soonest.”*

In particular with phone calls, respondents felt that their GP was not paying sufficient attention to them over the course of the phone call. These calls felt transactional.

### Efficiency

Respondents appreciated efficiency in both in-person and phone appointments, 9 per cent and 14 respectively:

*“Mostly, they phone me to review my regular medication. This is sensible and helpful.”*

*“Excellent waiting time not too long, professionally, efficiently and effectively delivered the service I needed.”*

For in-person appointments, comments about efficiency usually related to wider aspects of the patient journey including: booking, check in, being seen on time, and the conduct of the appointment itself.

By contrast for phone appointments, respondents felt that phone appointments are convenient ways of having their medical needs met. Respondents detailed a variety of scenarios where this is helpful: those who are unable to easily leave home, those who cannot take time off work or school and for those who are worried about infection risk. In all of these cases, phone appointments are beneficial.

### Timing

In both in-person and phone appointments, a small minority of respondents reported feeling rushed (5 per cent and 3 per cent respectively). In particular, respondents described GPs not having enough time to assess them, to fully read

their medical notes or to listen to related issues. Patients primarily linked feeling rushed to operational pressures on practices but it was also often closely related to interpersonal factors like not listening or responding to an individual patient's needs.

"The GPs are always polite but it feels like there is no time to really discuss the problem."

"I feel they don't have the time to take the care needed. It all feels rushed and recently a missed mild pneumonia became life threatening."

As well as inadequate time, many respondents spoke about appointments running late, on some occasions very late. For some these were acceptable trade-offs for having sufficient time with a GP or were understandable due to the pressure that GPs were under. For others however these delays were difficult to manage or meant that their own appointments were shorter to as a result:

"Usually helpful, but sometimes have to wait up to 90 minutes past the appointment time which is completely unmanageable if you work and or have caring responsibilities or are taking a young child"

"There is often a long wait in the waiting room. The GPs are always polite but it feels like there is no time to really discuss the problem"

"Always a good experience sometimes have to wait and that's ok as I know that sometimes people need more than 10 mins with the GP."

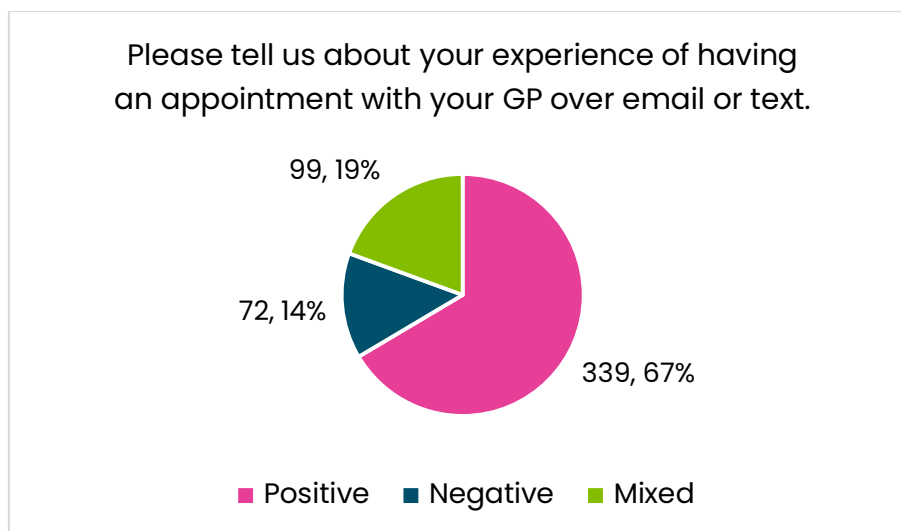
7 per cent of respondents had issues with the timing of their phone appointment:

"Very difficult, sometimes impossible to be available for the 4 or 5 hours offered."

"Stressful as not always easy to have phone glued to your side and reception can be patchy"

One of the main issues here was the time slot for phone appointments was too long. Indeed, at some GP practices patients were only told if their phone call was going to be in the morning or afternoon. This meant that respondents did not feel able to leave their home during the time slot for fear of missing their appointment. There are also issues around missing the phone call and it being difficult to get back in contact with the practice – or of having to start the process of getting an appointment all over again.

## By correspondence



A relatively small number of respondents gave their thoughts on having consultations via email or text (511). Nonetheless, the percentage of positive responses is commendable.

### Appropriateness

Respondents chiefly spoke of using email or text for 'transactional activities': prescriptions (43); reminders or updates (43); test results (64); and unspecified simple issues (28).

On the whole, these comments focussed on the appropriateness and usefulness of email or text:

"Used an online consultation asking if I could stop taking some medication. Response came the same day and was very helpful in this situation, but wouldn't suit every query."

"When I need a referral or a prescription then I will just send an email. Or need to find results. I have no need to meet the doctor and can easily ask what needed over an email."

In these comments we see respondents actively reflecting on the suitability of answering these queries via email and text. On the whole, patients are largely positive but there are issues:

"Once I had a text exchange about a blood test requested by my hospital cardiac consultant for a drug I'd been newly prescribed... It became very stressful. Only by getting a face to face appointment did I get the test authorisation. Wish I'd done that in the first place."

“Confusion about a new prescription was resolved via text. I was happy with that. My GP also texted me about a medical query, which I feel should have been done in-person. All of this texting happened because my GP didn't have free appointments to see me.”

Where request were not simple or required more than one contact respondents struggled with communicating over email or text. There are questions here about why these channels are being used when they are not appropriate for the issue at hand. Patients also worry that the increase use of these digital routes are a 'Band-Aid' for the real issue: the lack of available appointments.

### Efficiency

13 per cent of respondents said that email and text were efficient, easy or useful:

“I had to request my repeat prescription be reinstated as for some reason it was removed from my records. I messaged the surgery via the app and received a text from my own GP quite quickly saying the prescription had been reinstated. It was very efficient”

“For brief messages about existing issues, text is very useful”

Again, this is a positive finding of this question. It also highlights the extent to which respondents value efficiency and ease in their communications with their GP practice.

### Issues Replying

6 per cent of respondents reported that they had issues replying:

“Annoying if you have questions about what they are telling you. Because it means you have to get back in contact with them to ask these questions; the whole process just takes too long.”

“Good to be able to receive texts directly from GP. Would be great if I could reply so we can have a more efficient dialogue.”

Here, respondents are highlighting a flaw in the system that puts up barriers to patients asking necessary questions about their medical needs.

## Additional Roles in General Practice

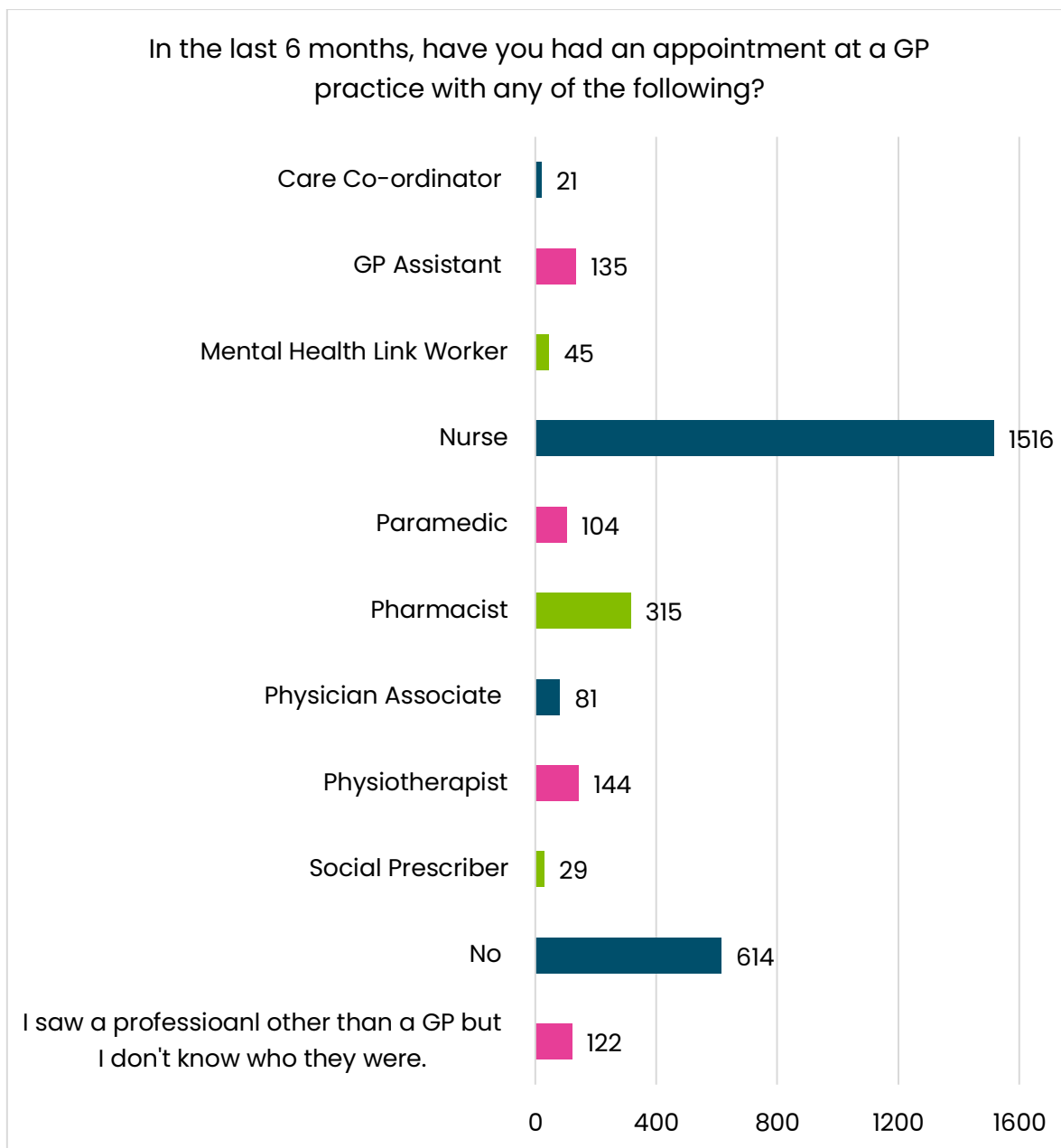
The third section of our survey focussed on patients' experiences of additional roles within general practice.

While we were particularly interested in the roles covered under the Additional Roles Reimbursement Scheme (ARRS), we didn't expect patients to know whether a paramedic was employed by the practice or by the Primary Care Network. We also didn't expect most patients to know the difference between a clinical pharmacist and a pharmacy technician. Thus, in our survey we listed roles that patients would recognise. This means that we collected general feedback about non-GP roles within general practice and we took this data as indicative of patients' experiences of ARRS.

It is important to note that we changed the wording of question 21 after approximately 500 responses were received as multiple respondents reported experiences of staff outside of general practice (e.g. at a pharmacy or hospital). We therefore changed the question to be more specific:

- Previous version: In the last 6 months, have you had an appointment with any of the following?
- New version: In the last 6 months, have you had an appointment **at a GP Practice** with any of the following?

**Q21: In the last 6 months, have you had an appointment at a GP Practice with any of the following?**



Due to the limited number of responses about care co-ordinators and social prescribers, we cannot adequately comment on their role within general practice. We were surprised about the low number of responses we got from people who had seen a social prescriber considering there are 17 full time equivalents employed by PCNs in the borough. We can share what data we have upon request.

## Q22: Were your needs met during the appointment?

	Were your needs met during the appointment(s)? My needs were...			
In the last 6 months, have you had an appointment with any of the following?	Fully Met	Partially Met	Not Met	Total
Care Co-ordinator	76% (16)	19% (4)	5% (1)	21
GP Assistant	74% (95)	19% (24)	7% (9)	128
Mental Health Link Worker	75% (33)	18% (8)	7% (3)	44
Nurse	87% (1293)	11% (163)	2% (30)	1486
Paramedic	65% (64)	30% (29)	5% (5)	98
Pharmacist	76% (234)	19% (58)	5% (16)	308
Physician Associate	65% (53)	27% (22)	7% (6)	81
Physiotherapist	66% (93)	29% (41)	5% (7)	141
Social Prescriber	52% (13)	36% (9)	12% (3)	25
No	-	-	-	614
I saw a professional other than a GP but I don't know who they were.	59% (70)	29% (34)	12% (14)	118

**Q23: Would you be happy to see the professional(s) again instead of a GP for a similar issue?**

	Would you be happy to see the professional(s) again instead of a GP for a similar issue?		
In the last 6 months, have you had an appointment with any of the following?	Yes	No	Total
Care Co-ordinator	76% (16)	24% (5)	21
GP Assistant	69% (86)	31% (38)	124
Mental Health Link Worker	73% (32)	27% (12)	44
Nurse	81% (1172)	19% (283)	1455
Paramedic	76% (73)	24% (23)	96
Pharmacist	72% (216)	28% (86)	302
Physician Associate	68% (54)	32% (25)	79
Physiotherapist	69% (92)	31% (41)	133
Social Prescriber	60% (15)	40% (10)	25
I saw a professional other than a GP but I don't know who they were.	67% (78)	33% (38)	116

**General Themes**

Many respondents admitted that they were hesitant to see someone in an additional role but, having had a positive experience, are now more confident:

*“Although I felt a bit nervous being seen by a Medical practitioner, in the end I did not feel dissatisfied.”*

Similarly, a number of respondents said that they would be happy to see someone in an additional role if it frees up capacity in the system for others:

*“If the issue was appropriate to be handled by other clinicians then that's great as it means that I will get seen quicker and there is less strain on the GP and it gives them the ability to handle other people's issues that may not be ok to be sorted by any other clinicians.”*



“Dealt with professionally & procedures fully explained... If its for tests & checks then I do not need to see doctor which frees appointments for others”

These respondents think that their GP practices are overstretched and are clearly thinking of how they can help relieve pressure whilst still having their medical needs met. There is also an altruistic strain to many respondents' thinking: they want others to be able to get the help they need.

While these positive views of additional roles are promising, the converse was also expressed. One respondent said they were happy with the service of the GP assistant and would be happy to see them again but still said: “I would take the GP as my first offer every time.” Similarly,

“I don't mind however I would always prefer a GP over any other medic. After all the GP has trained for many years and may spot something that the other person may miss.”

Thus, there clearly need to be flexibility and room for patient choice built into the system.

Another issue that was repeatedly raised was that patients' needs were not met in their consultation with someone in an additional role. These respondents then had to make another appointment to see a GP:

“I talked to the nurse about my high blood pressure but she told me to make an appointment with the GP. There's no point making two visits, one for the nurse and one for GP when you can just see the GP”

“Paramedic was nice but ultimately didn't help with my medical issue and said I'd need to see a doctor which is what I'd asked for initially”

“I saw the pharmacist about my medication which was incorrect but she couldn't help so I had to contact the GP”

These responses raise issues about the triage process that led to them seeing the nurse, paramedic or pharmacist.

### GP Assistant

135 respondents said that they had seen a GP assistant within the last 6 months. Patients from all but one practice (Crane Park) said they had seen a GP assistant.

GP assistants can perform the following roles within general practice:

- Arrange clinical support, including referrals, tests and follow-ups

- Conduct simple clinical observations
- Provide administrative support
- Explain procedures to patients.

The majority of respondents said that their needs were met by a GP assistant (74 per cent) and that they would be happy to see a GP assistant again for a similar issue (69 per cent). Positive qualitative feedback from these respondents included:

*“Efficient and pleasant. Spirometry is her allocated task”*

*“Referral to a hospital was made quickly.”*

*“I had a thorough physical examination and advice as to what I should do to keep healthy as a sufferer from type2 diabetes. The young doctor was very expert and sympathetic.”*

However, there were a number of consistent issues raised by patients. The first was receiving contradictory information from different health professionals:

*“I received conflicting views about my blood tests and prescription from an assistant and visiting doctor.”*

*“my doctor assistant was still a trainee and his information conflicted with that of my GP”*

This decreases patients trust in both professionals and the service as a whole. Patients are left uncertain of how to manage their health conditions and of who to reach out to for clarity.

A second issue was GP assistants not being able to fully treat patients:

*“The outcome was unsatisfactory. Medication was inaccurate and the assistant had no prior knowledge of the complex issues involved with an end of life cancer patient and the doctor should have been dealing with the issues.”*

*“Only given pain killers. Kind person but did not address the reason for the pain.”*

Here we see GP assistants perhaps taking on patients with higher levels of need than they can manage or addressing the symptoms rather than the root cause. Both of these situations are deeply unsatisfactory for patients and would lead to duplication of effort as a patient would need to follow up and see a GP for further advice and treatment.

### **Mental Health Link Worker**

45 respondents said that they had seen a mental health link worker within the last 6 months. These respondents were registered at all but seven practices in the

borough. Notably, this is a very small number of patients. Healthwatch Richmond were informed that this is a relatively new role to be employed within the borough and that there were only 7 full time equivalents employed by PCNs over 2023/2024.

Mental health link workers help people experiencing difficulties with their mental health and wellbeing, for example with low mood, depression, anxiety, loneliness. They support patients by helping them find the mental health services that best meet their needs (Greater Manchester Mental Health).

The majority of respondents said that their needs were met by a mental health link worker (75 per cent) and that they would be happy to see a mental health link worker again for a similar issue (73 per cent). These figures need to be approached with some caution due to the small number of respondents but are still promising and positive.

There was notably less qualitative feedback than expected about mental health link workers. This is perhaps a result of stigma around mental health issues. Nonetheless, many of the qualitative responses we received were positive:

“absolutely outstanding. [The mental health link worker] was very kind, compassionate and proactive and I am truly grateful for the support she is still providing me. I feel like she has an excellent working relationship with the GPs and was confident to collaborate with them where necessary.”

Issues were also raised about the support respondents received from the mental health link worker:

“Didn’t seem to have much knowledge... Best to stick to the professionals”

“They told me lots of things very quickly, and not a lot of it was actually important... I need a specialist for my health issues”

These comments suggest that the respondents did not receive advice tailored to their situations. Perhaps there needs to be greater clarity on the role of a mental health link worker so that patients know what to expect.

One issue raised repeatedly was the limited options available for mental health treatment on the NHS:

“It was for mental health as it needed long term therapy there was nothing they could offer on NHS.”

“It was for mental health and there was only short term solutions available for acute problems and nothing longer than six weeks... They were able to sign post me to other services but they involve a cost.”

This highlights the limits not only of the service but also of what a mental health link worker can do. Healthwatch Richmond are currently working with South West London St George's Mental Health Trust to support and review their 'transformation' (2024b). Phase three of this report will be available within the next year.

## Nurse

1,516 respondents said that they had seen a nurse within the last 6 months. These respondents were registered across all GP practices.

Different types of nurses are employed across general practice: advanced nurse practitioners, general practice nurses, nursing associates and trainee nursing associates. Overall, nurses can perform the follow roles within general practice:

- obtaining blood samples
- electrocardiograms (ECGs)
- minor and complex wound management including leg ulcers
- vaccinations and child immunisations
- family planning & women's health including cervical smears
- smoking cessation
- screening and helping patients to manage long term conditions

Nurses had the highest percentage of respondents saying that their needs were fully met (87 per cent) and that they would be happy to see nurses again for a similar issue (81 per cent). This is extremely positive given the number of respondents who reported seeing a nurse within the last 6 months.

Positive feedback on appointments with nurses focussed on their professionalism and competence. Indeed, when describing appointments with nurses, 60 respondents used the word 'efficient.' Respondents were particularly positive when describing roles they expect of nurses: blood tests; cervical screening; asthma reviews; and injections.

"Blood tests and cervical smear test. Helpful and friendly... They're the experts."

"Covid and shingles injections with no problem. Nurses very kind and helpful."

"I had an asthma review. The nurse was clear and helpful. I also had a smear test, the nurse was wonderful - empathetic, gentle, professional."

Many respondents also spoke about the expertise of the nurse they saw:

"The senior nurse & nurse prescriber specialises in COPD, probably more knowledgeable on the subject than doctors"

“Excellent nurses. Utterly professional and caring. Particularly the women’s health nurse who is so experienced and compassionate.”

In these areas, respondents spoke about being entirely confident in a nurses’ abilities and having trust in their advice and guidance. Many also praised nurses for their kindness and care. Respondents described feeling heard and being given ample time to discuss issues during consultations with nurses.

One other recurring comment was that it was easier to get a timely nurses appointment than a GP appointment.

“Couldn’t get an appointment with the doctor so I asked to see the nurse... The nurses appointments seem to run more smoothly and on time”

“The nurses are wonderful and can get an appointment quickly.”

While it is good that patients can get timely appointments with nurses, it is concerning that they cannot get timely appointments with GPs.

### Paramedic

104 respondents said that they had seen a paramedic within the last 6 months. These respondents were registered across only ten practices. Notably, 69 of 104 of the respondents were registered at Richmond Medical Group where two paramedics are employed (South West London Integrated Care System, 2022).

Paramedics can perform the following roles within general practice:

- Assess and triage calls from patients
- Perform home visits for urgent assessment
- Advise and signpost patients
- Support anticipatory care plans
- Manage minor illness

While the majority of respondents said that their needs were met by a paramedic (65 per cent), this was markedly lower than for the other additional roles. However, 76 per cent of respondents said they would be happy to see a paramedic for a similar issue, which is on the higher end.

Positive feedback for paramedics included:

“I have seen a paramedic several times and have been impressed by her level of knowledge and ability to provide treatment.”

“The paramedics were very experienced and were concerned about your health which makes a change nowadays”

These respondents were clearly impressed not only with the paramedics' efficiency and competence but also with the level of care and support provided. In these situations, the respondents appear conscious about the role of a paramedic within primary care and what they are and aren't able to do in their role. For example, one respondent said:

*"The paramedic was knowledgeable but also knew his limitations"*

However, for some respondents, there appears to be a lack of trust in paramedics. These respondents appear less confident in diagnosis and treatment from paramedic than a GP. This doubt remains even in the face of positive experience.

*"I have seen a paramedic twice. Both times it was fine but would rather see a doctor."*

*"I don't feel they did a thorough examination of my daughter. Ended up going to A&E the following day."*

### Pharmacist

315 respondents said that they had seen a pharmacist within the last 6 months. Patients from all but two practices (Crane Park and Paradise Road) said they had seen a pharmacist.

Clinical or senior pharmacists can perform the following roles within general practice:

- Conduct structured medication reviews
- Independent prescribing
- Providing medication advice to healthcare professionals and patients

Pharmacy technicians can perform the following roles within general practice:

- Support structure medication reviews
- Counsel patients on medicines
- Manage prescriptions

The majority of respondents said that their needs were met by a pharmacist (76 per cent) and that they would be happy to see a pharmacist again for a similar issue (72 per cent). These figures are impressively high and are only surpassed by that of nurses.

Respondents showed confidence in pharmacists and it was often felt that a pharmacist was better for medication issues than a GP:

*"Pharmacist was fantastic and gave me the most thorough and thoughtful asthma review I've ever had."*

“The pharmacist was very knowledgeable about my husband’s medication and has adjusted his medication accordingly... Issues such as repeat prescriptions are best with bio pharmacist, who understands”

Respondents reported that consultations with pharmacists were efficient and that pharmacists were able to provide appropriate advice. They also remarked on how pharmacists listened carefully to their needs and provided not just advice but also care.

However, there were mixed opinions about the pharmacists providing appointments in place of a GP:

“I didn’t know that it was a possibility to see a pharmacist and get prescriptions for certain illnesses but I do now and I’d rather do that in the future than go to the doctor”

“I could not get a GP apt so saw the pharmacist about whether or not to continue [a prescription]. She addressed the issue as promised.”

“I’d actually booked with a doctor but the surgery changed it. I still need to speak to a doctor”

While many of the respondents were satisfied or even happy to see a pharmacist in place of a GP, in the last two quotes it doesn’t seem like the respondents had sufficient choice in the matter. In both instances, they were unable to get the support they requested, either because of long wait times or practices changing appointments without consulting the patient.

There were also issues of pharmacists not taking into account a patient’s history:

“Didn’t seem to know my history very well had to tell her about myself didn’t check notes”

“It was generic advice without taking into account any medical history, test, scans, etc. Waste of my and pharmacy time.”

In these instances, respondents reported that the pharmacist was not giving them personalised advice that takes into account their needs. This seems to be a particular issue applying to pharmacists and not the other additional roles.

## Physician Associate<sup>1</sup>

81 respondents said that they had seen a physician associate within the last 6 months. Patients from all but seven practices said they had seen a physician associate.

Physician associates can perform the following roles within general practice:

- Manage undifferentiated, undiagnosed cases by history taking, physical examinations and clinical decision-making to establish a working diagnosis and management plan
- While they do not have prescribing rights, they can prepare prescriptions for GPs to sign

While the majority of respondents said that their needs were met by a physician associate (65 per cent) and that they would be happy to see a physician associate again for a similar issue (68 per cent), these figures are slightly lower than for other roles.

Positive qualitative responses included:

“Physician associate was extremely helpful and sorted me out. Very competent.”

“I needed a simple health check so I could continue with my [hormone replacement therapy]. I did not need to see a GP so the physician associate was perfect”

Notably, one theme raised by respondents was the physician associate actively checking with their supervising GP:

“Regular [international normalised ratio blood test] Physician Associate correctly asked GP for guidance... I am aware of Physician Associate's limitations and will happily see if I think appropriate”

“Saw physician assistant to check symptoms- she was very thorough and liaised with her supervisor GP”

“Could not prescribe medication I needed, had to wait for gp to sign... Seemed alright but very limited. I did not have much faith in her, understand not medically trained.”

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<sup>1</sup> The feedback on physician associates collected through this survey previously informed Healthwatch England's response to the General Medical Council's consultation on physician associates. The resulting article can be found here: <https://www.healthwatch.co.uk/blog/2024-07-22/am-i-seeing-physician-associate-or-doctor>



“It was difficult as the associate had to go and keep asking the real doctor.”

For some respondents, physician associates checking in with their supervisor was seen as a positive: physician associates knew their limitations and correctly identified when they needed to consult their superiors. For others, however, it reduced patient trust in the physician associate: patients wondered why they were seeing someone who isn't “medically trained.”

Furthermore, respondents reported issues of a physician associate not having the experience or training required to support the patients they have been assigned:

“the associate was poor and I had to educate her on my symptoms and also medications which could interact.”

“PA did not have depth of knowledge or experience... I would want to see a GP”

This raises questions around the triage system that leads patients to seeing a physician associate.

Another issue raised particularly around physician associates was patients' confusions about who they were seeing:

“I didn't know this at the time but I saw an associate for a medical consultant that didn't particularly need a GP”

“I was seen by an associate. I was not told she was not a doctor, and she failed to mention/diagnose covid. It turned out that i was positive, but only mildly”

“I thought I was seeing my GP when I discuss by damaged knee. The physician associate gave me pain killers and referral to Physio. I subsequently made an appointment to see my GP.”

This appears to be a particular issue around physician associates rather than other additional roles. Patients should be made clear from the start who they are seeing at their GP practice.

It is also interesting to note that in our final question to the survey – “do you have any other feedback about your GP practice?” – a number of respondents said that they would not be willing to see a physician associate without having otherwise mentioned physician associates in their answer:

“Excellent team but not enough GP appointments available. A physician assistant is not a doctor.”

“No, other than I would NOT be happy to see a PA instead of my GP or the number of GP's reduced in order to employ less qualified staff.”

“I hope I will never, ever be asked to see a Physician Associate because I will refuse – they are not qualified to carry out a diagnosis.”

To reiterate, these respondents had said that they had *not* had an appointment with a physician associate within the last 6 months. Their response is perhaps due to recent negative news articles about physician associates but could also be due to being offered a physician associate appointment at their GP practice.

### Physiotherapist

144 respondents said that they had seen a physiotherapist within the last 6 months at their GP practice. Patients from all but two practices (Crane Park and Woodlawn and Oaklane Medical Centres) said they had seen a physiotherapist.

Despite the changes made to the question clarifying that we are asking about professionals based in GP practices, many respondents said they had seen a physio privately or through the self-referral process. We have disentangled this where possible.

First-contact physiotherapists can perform the following roles within general practice:

- Assess, diagnose, treat and manage musculoskeletal problems
- Prescribe medication within scope
- Develop skills relating to injection therapy
- Perform diagnostic investigations
- Signpost/refer to health and care services

While the majority of respondents said that their needs were met by a physiotherapist (66 per cent) and that they would be happy to see a physiotherapist again for a similar issue (69 per cent), these scores were on the lower end.

There was limited positive qualitative feedback about physiotherapists:

“physiotherapists appointments were particularly helpful... I felt the physio gave me good advice.”

“My problem has been dealt with efficiently... I got the exercises I needed to do at home”

One of the key themes within responses about physiotherapists was that respondents' expectations were not met in the appointment:

“I was hoping to have some manipulation for back pain, but was just given advice and referred to a class.”

“Just emailed a list of exercises. Not shown how to do them.”

“I was barely examined and provided with a set of exercises to do that I think are simply generic and not modified in any way to my age, ability and health history”

Perhaps there needs to be clarification before the appointment about what the role of the physiotherapist is within the appointment. The other key theme was that seeing a physiotherapist did not solve the respondents' issues:

“The physio was a waste of time. No result and the pain is worse”

“Gave me wrong diagnosis & made my problem worse, physio was bass at the practice - was also really heavy handed & didn't listen... Won't go back as I found him very dismissive & it turned out he was incorrect as well”

**“I saw a professional other than a GP but I don't know who they were”**

122 respondents reported seeing a professional at their GP practice but did not know who they were or what their role was. This is concerning: receptionists should make clear to patients who they will be seeing and practice staff should introduce themselves and their role at the start of a consultation. In these cases, this didn't happen:

“She barely looked at me and had her back to me when i entered the room. she did not introduce herself or her role and i could not read her badge.”

While there was limited qualitative feedback from these respondents, there were concerns raised about the quality of these consults:

“My last interaction was to go get a health check. Now that I'm in my 40s. The health check was frankly completely pointless and useless.”

“Needed to see a doctor or practice nurse - given appt with someone who is neither of those - only person available for weeks”

“They did not get the full picture and did not give appropriate advice. I had to call triage a few days later to get relevant advice from the GP.”

“The health care worker was unable to take any blood sample from me, so i ended up going to QMH instead.. ”

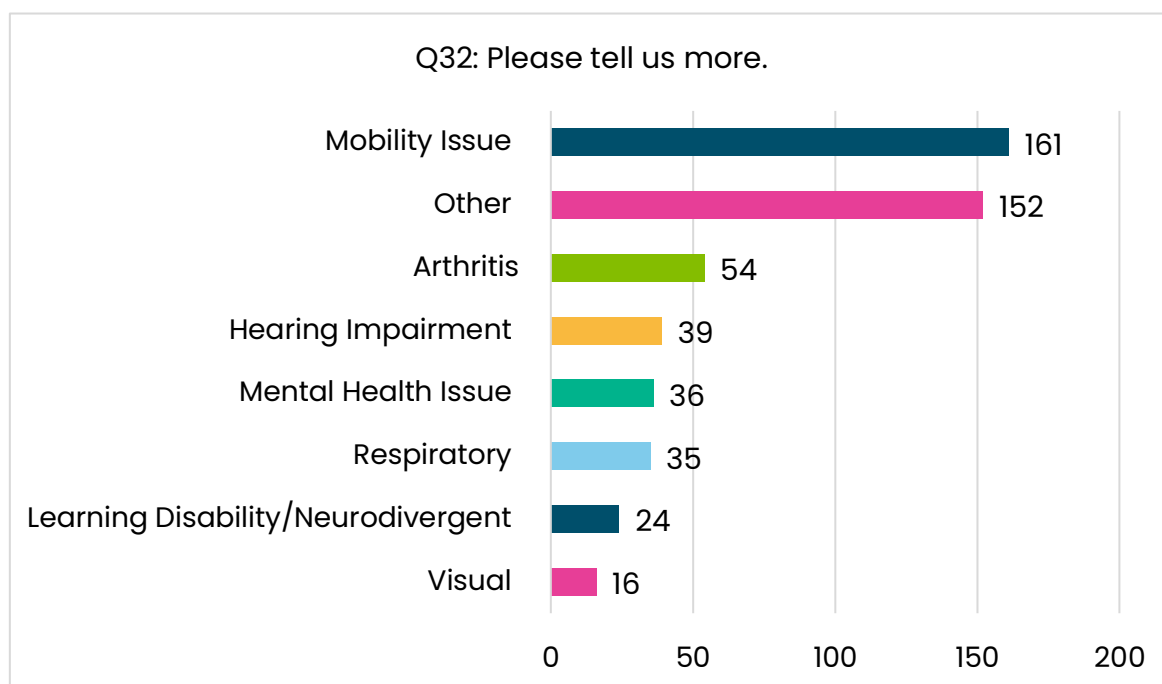
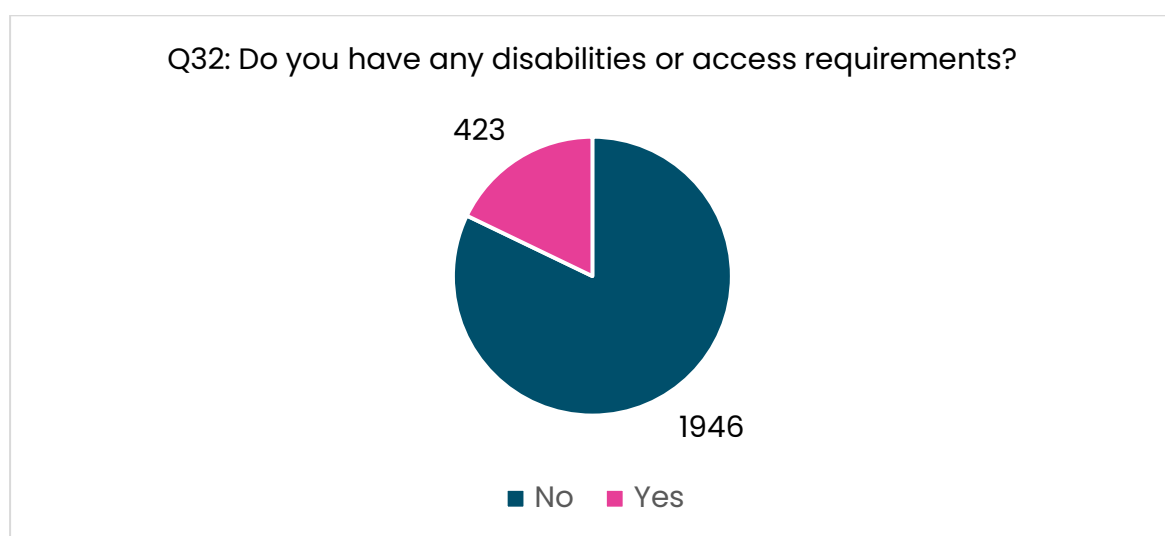
In these instances, respondents felt that they were not appropriately cared for. Respondents either had to see a different professional separately following their consult or make do with the advice they had been given. Both of these instances are far from ideal and raise questions around the quality of these consults.

## Challenges in Access

Due to the large number of responses we received, we are able to explore the experiences of minority groups within the borough who may experience more challenges in accessing their GP. In what follows, we explore the experiences of three such groups: those with disabilities or access requirements; unpaid carers; and those who speak English as an additional language.

### Disability

While we received responses from individuals with a wide range of access requirements, the majority of comments we received were about hearing impairments and estates. These two themes are explored below.



## Hearing Impairments

The majority of comments we received from those with accessibility needs was focussed on hearing. One recurring themes was around the interaction that people with hearing impairments have with receptionists:

“my needs were fully met and not forgotten especially being 'deaf' when one does not hear their name being called reception staff always there for me and my family”

“Receptionists are generally friendly, but need to be more aware of how to interact with patients with hearing impairments.”

Reception teams should commended for making patients feel welcome and cared for. However, there was a recurring request that receptionists receive more training about the best ways to serve those with hearing difficulties, especially with hearing loops and relay phone systems.

There was also a recurring call for multiple contact routes to be available:

“I rang to make an appointment with a specific GP but as I am hard of hearing I would prefer to do be able to do it online and get the same appointment availability as I do when I phone. The hard of hearing shouldn't be discriminated against.”

“As I live very near the practice I would prefer to call in and make an appointment especially as I wear hearing aids and find phone conversations not always easy to hear.”

For those with hearing impairments, we see the importance of in-person and online contact options to all be available. The first comment is particularly interesting due to the perceived difference in appointment availability between phone and online routes. Perhaps this is something that practices need to reflect on.

Following on from these, there were also many comments on the appropriateness of phone appointments:

“I am partially deaf and don't particularly like using phones, especially when trying to convey symptoms and discuss solutions.”

“Have phoned through Relay UK as I'm deaf. Generally it's fine. However when I was informed I'd be in touch by one of the triage doctor. I didn't get the calls through Relay UK though it was decided on my medical notes”

These experiences raise questions around whether patients are given sufficient choice appointment type: in person or over the phone. In addition, it is

disappointing that the second respondents wasn't contacted through the appropriate channel.

There were also issues around patient confidentiality as patients need to involve family members in their appointments:

"It has been v hard to communicate as I have poor hearing. My wife has to be on hand to help me"

"I am very deaf and fortunately I live within the distance I can travel on my mobility scooter. Otherwise my daughter would phone for me."

Many respondents had very positive in-person appointments with their GP:

"She knows I am deaf and I am able to lip read her. She comes to collect me from the waiting room and directs me to her room."

"I am deaf/hard of hearing and prefer to see a specific GP because of my hearing... Very good. Conversation is always clear and if not understood, not heard what has been said, repeated."

These comments are really encouraging. GP practices should be praised for making appointments and communications accessible. There was, nonetheless, a suggestion on how to make in-person appointments better for those with hearing difficulties:

"Why doesn't the NHS invest in visual displays telling patients which room to go to and when rather than expecting GPs to go to the office door and shout, which is where confusion is caused."

There are very practical issues around how patients know it is their turn. Flagging patients' needs on their records is essential to meeting their access needs.

### Estates

We also received some comments about GP practice estates:

"Brilliant practice but they desperately need a bigger footprint of premises that is modern and allows patients with disabilities and the elderly and parents with young children to be seen on the ground floor."

"No Parking a special problem for disabled"

"No chair to sit down while waiting [in reception]."

While the last comment is easily rectifiable, the other respondents highlight problems that require capital investment to solve. We have come across issues

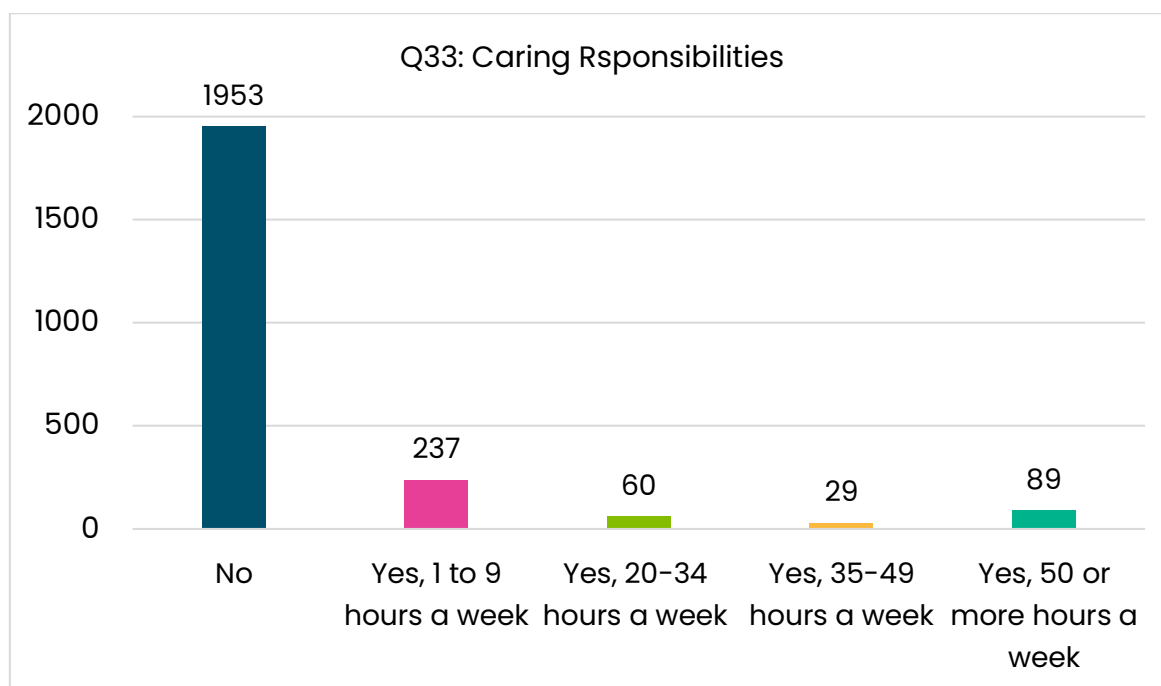
with estates in other reports and recognise that this is a long-term problem that the NHS as a whole must come to terms with (Healthwatch Richmond, 2023)

## Unpaid Carers

We asked respondents the following question:

- **Do you look after, or give any help to, anyone because of:**
  - long-term or mental health conditions or illnesses
  - or problems related to old age?

Exclude anything you do as part of paid employment.



On the whole responses from unpaid carers aligned closely with other respondents. Nonetheless, there were some strong themes that emerged that are particular to this group.

A number of carers praised their GP practice for the support and care they have provided, often over long time periods:

*"I have been with the same practice for over 35 years and although things have change with the NHS in general I have no issues with my surgery and feel they support me as a carer and are always very helpful"*

*"I think my husband and I receive kind and considerate, and friendly, service from everyone at the practice perhaps because I am registered as his carer. We are both very grateful."*

“The practice switchboard put me onto the right person straightaway when I had a problem with my disabled husband. I am his carer and I was contacted by a GP within the hour and he was seen that day... This past year I've found the practice very supportive. The frontline reception staff are particularly helpful on the phone and take trouble to understand exactly what you need.”

Within these responses, we see GP practices going above and beyond to help unpaid carers. GP practices and their staff should be praised for all their hard work.

There were, however, also issues raised by carers. One issue is not being able to see the same GP easily:

“I prefer the continuity of seeing the same person. My husband has Parkinsons and does not like change or unfamiliarity.”

“Obviously seeing the same GP provides consistency of care. Also the GP gets to know the family and is familiar with the family situation. Particularly important when one gets older.”

“Recently both my husband and I have had to have appointments with the GP, and have opted to wait a few weeks to see the GP we wished to see, who is outstandingly good”

In these cases, there are often complicated and multiple medical issues as well as family issues. Explaining these circumstances repeatedly to different GPs is time consuming but can also be emotionally taxing for unpaid carers.

Unpaid carers also highlighted particular issues with making contact and booking appointments with their GP:

“I am still waiting to find out why we have not heard about an appointment to test my husband's memory. I am struggling to cope with his condition. It would be helpful to find out what is available for people with memory problems. I would like someone to be in touch to explain what is holding this up after more than nine months waiting”

“I had severe anxiety and stress brought on by my father having a carer breakdown whilst caring for my mum who as early onset dementia... I contacted via email but was offered an appointment a month later. I phoned as I didn't think this was reasonable and it was changes to 3 weeks which I still felt was too long.”

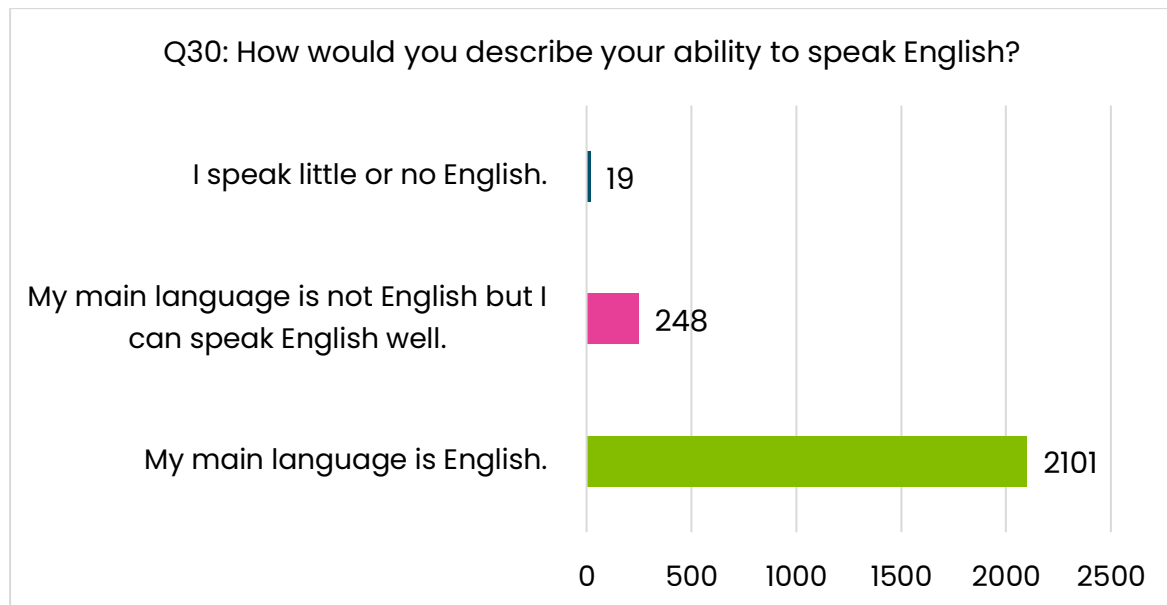
In both of these scenarios, we see that carers are not able to access timely support for themselves and the people they look after. This is concerning, especially because of the strain that we know carers are under. As highlighted by the example



below, perhaps some GP practices need to be made move aware of the strain that unpaid carers are under:

“Staff be a little more understanding and sympathetic to problems or issues I may have as a carer. It is not always easy to know if an issue is serious or not.”

## English as an Additional Language



The breakdown of this question aligns exactly with the 2021 Richmond Census data: for 89% of respondents English is their main language; for 10% respondents English is not their main language but they can speak it well; and 1% of respondents have little or no English ability.

There were two main comments from EAL individuals about contact routes and appointments. The first was the importance of having multiple communication channels open:

“Email, I like it, because my English is not good”

“For a non native English speaker it is sometimes stressful to make a contact on the phone while you are already stressed about your health.”

“[About NHS app] Cumbersome and poorly worded need to get campaign for plain English to have a look at it.”

The second was the importance of in-person appointments:

“Would prefer personal appointments since I find difficulty explaining the symptoms without mimicking what I feel. This also affects most patients immigrants and others where English is not the first I language.”

“My English language is not that great so I find it so easier to explain myself in person showing physically what is my problems or concerns.”

In both of these scenarios, we see a group of patients struggling with communication over the phone. With ‘written’ contact routes – for example email – EAL individuals are able to use translating services in their own time. With in-person appointments, EAL individuals can show the clinician the issue and can use body language and gestures to support communication about their issues. In both cases, it is important that multiple options are open and that EAL individuals feel empowered to make the right choice for them.

One surprising comment was respondents talking about GPs who act as interpreters:

“There is one doctor who can speak Mandarin Chinese at York Medical Practice . Her presence is really helpful for me and my wife to access your GP service because we cannot speak English... It will be appreciated very much if your practice can provide translation service at consultation.”

“Our doctor is very literate and knows Russian, which is very important for us... I ask for a translator to make an appointment with a doctor by phone”

What is interesting about both of these comments is that although there is a GP who can speak the individual’s language, they still would like access to a separate interpreter.

## Conclusions

Overall, this is a very positive report. For the majority of respondents, they are able to access the care they need from their GP practice. This is highly commendable: amongst multiple and ongoing news report on how patients are unable to get appointments with their GP, we have a wealth of evidence to suggest otherwise. Once again, all GP practice staff must be thanked for all the hard work they do for our community.

Below are key findings and some recommendations about how to improve general practice based on the evidence detailed within this report.

## Key Findings

### Contact

1. **Phone and in-person contact should be prioritised as they are the preferred and most accessible routes for all Richmond residents.** The majority of patients prefer to contact their practice over the phone or in person. The importance of these 'traditional' contact routes should not be underestimated or reduced at the expense of digital routes.
2. **There is an appetite for digital contact routes, if they are easy to use.** Respondents were positive about email and the NHS app but gave negative feedback about third party apps and practice websites.
3. **Neither contacting GP practices by calling at 8am or logging on at midnight serve patients well.** While we support the NHS England programme to end 8am calling, moving the time, such as to online booking at midnight, does not address the issue.
4. **Changes need to be made to online prescription ordering so that patients are alerted when their order has been processed.** In addition, patients reported mistakes in their prescription when they left written notes on online forms. The systems, human and digital, need to be improved to limit room for error.
5. **Maintain flexibility around contact routes.** Enable patients to get in touch with their GP through whichever contact route suits them best: phone, in-person, email or through the NHS app. Patients should not be forced to go online if they do not want to.

## Appointments

1. **Timely appointments need to be available to all patients.** Over 10 per cent of patients could not get a timely appointment over the phone. This is a significant issue across the whole borough and means that patients cannot easily get the care they need.
2. **Enable patients to see their GP of choice within a reasonable time frame.** 52% of patients want to see a specific GP and where they do, there are usually good and rational reasons for this.
3. **The systems around and the care provided through phone appointments needs to change.** There is a significant gap between positive experiences of in-person appointments and phone appointments. This is due to issues around the timing of phone appointments and patients not feeling as cared for on the phone. Phone appointments can be well received where people do not require assessments and communication is not a factor.

## Additional Roles

1. **Overall, respondents expressed a high level of satisfaction for appointments with professionals in additional roles.** This is a really positive finding
2. **Clarify what additional roles can provide for patients.** For all additional roles in general practice – from pharmacists to physician associates – there needs to be an easily accessible explanation on what these professionals can provide patients.
3. **Ensure that patients know who they will be seeing for their appointment and that practice staff introduce themselves.** 122 respondents didn't know what professional they saw at their GP practice. This needs to change.

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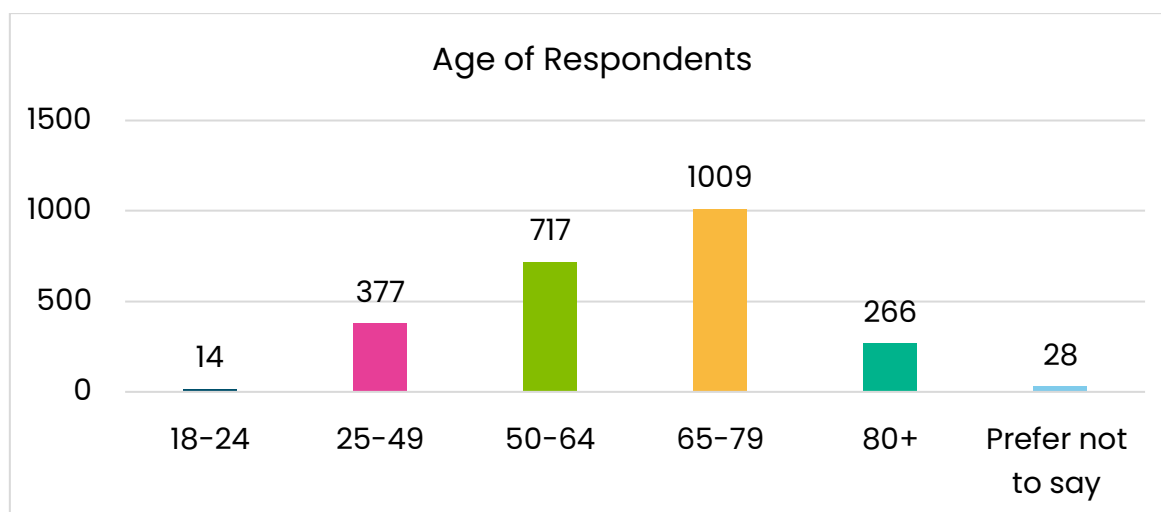
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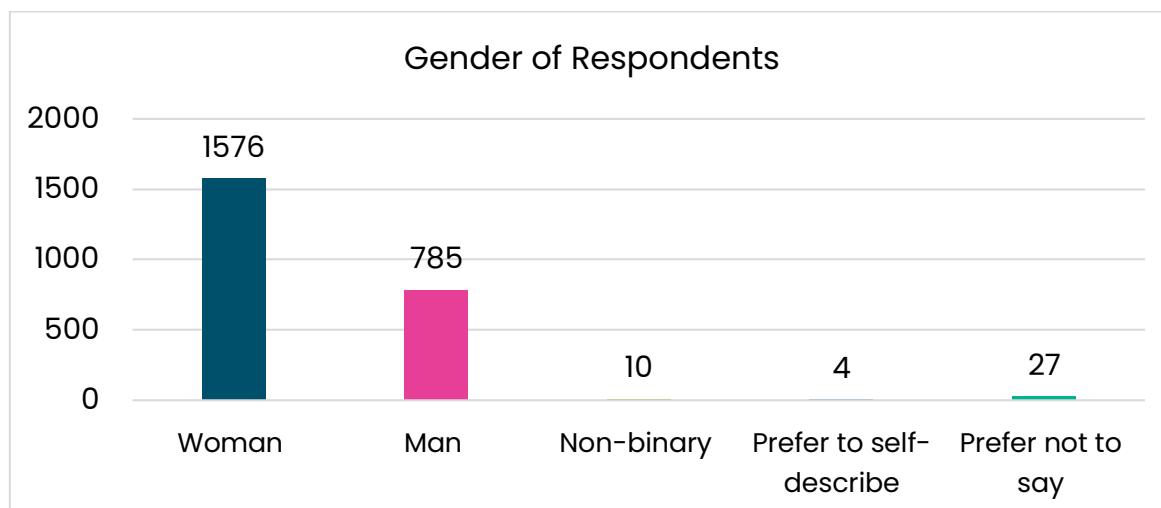
## Appendix I: Demographics

### Question 26: How old are you?



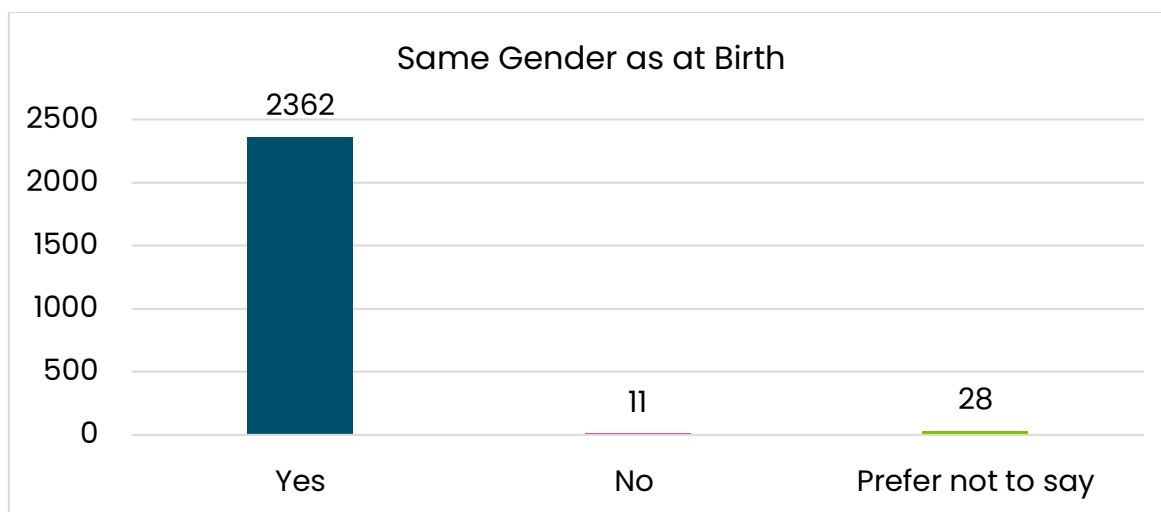
The age demographic of our respondents does not align with the demographic of Richmond as we did not get sufficient responses from people aged 25-49 and people aged 65-79 are over-represented. While not representative, this trend is not surprising as it is the older age groups with the highest medical needs and who thus see their GP the most.

### Question 27: Which of the following best describes you?



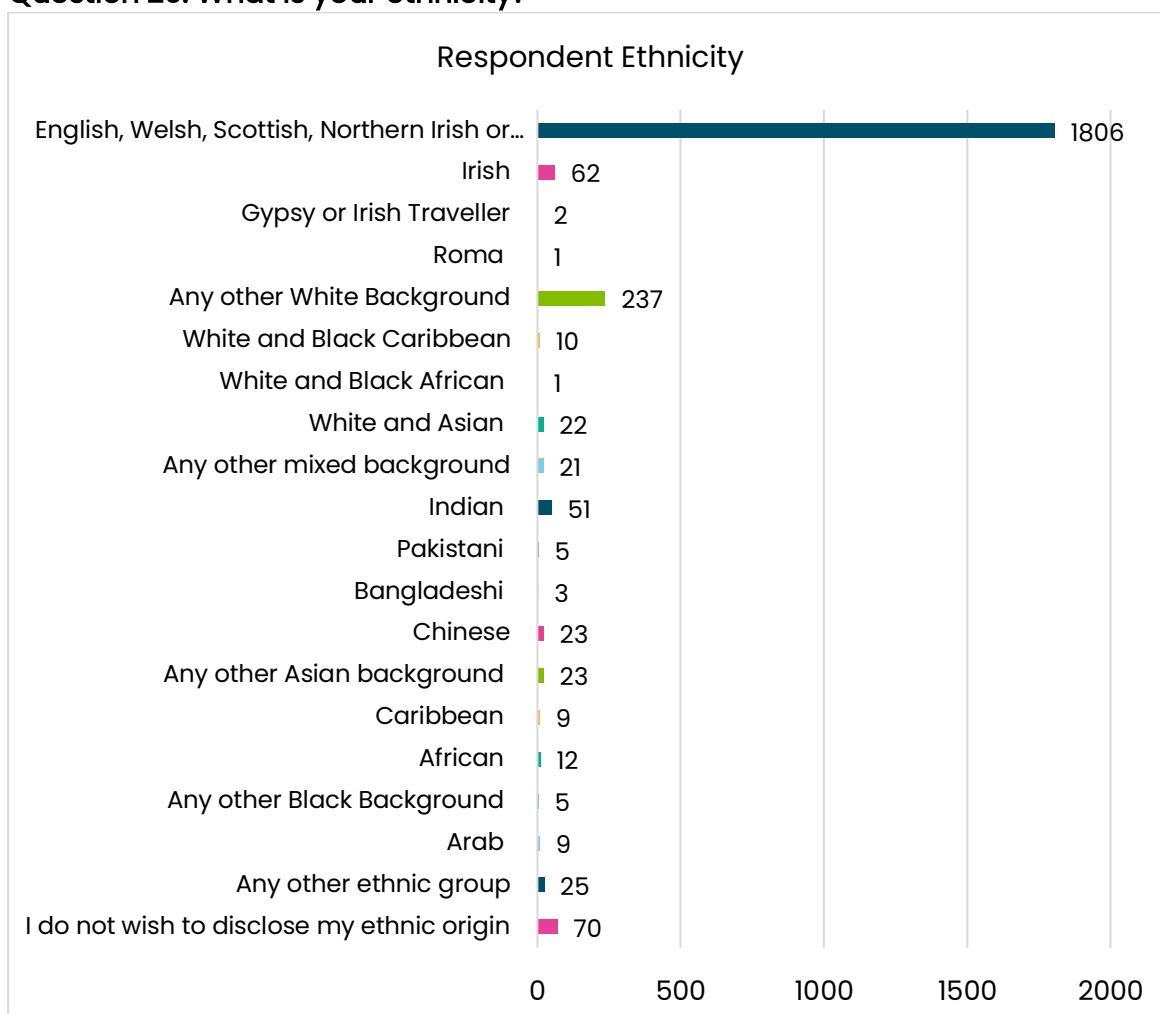
As above, the gender demographic of our respondents does not align with the demographic of Richmond as we received double the number of respondents identifying as female as we did male.

**Question 28: Is your gender the same as recorded at birth?**



The number of respondents saying that their gender was not the same as registered at birth is aligned to the UK average of 0.5%.

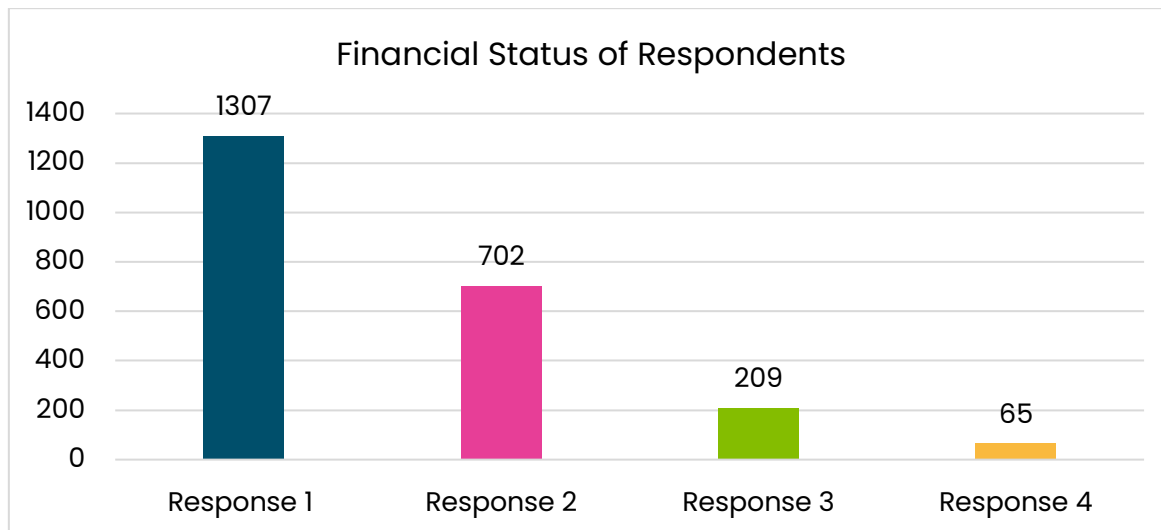
**Question 29: What is your ethnicity?**





The ethnic demographic of our respondents does not align with the demographic of Richmond as white groups are overrepresented.

**Question 31: Which of the following best describes your current financial status?**



- Response 1 – I have enough for basic necessities, and at least a fair amount of disposable income, that I can save or spend on leisure.
- Response 2 – I have enough for basic necessities, and a small amount of disposable income, that I can save or spend on leisure.
- Response 3 – I only have enough for basic necessities, I am living month to month or using savings.
- Response 4- I don't have enough for basic necessities, I am struggling to make ends meet.

The responses to this question broadly align with the 2021 Census results.

# healthwatch

## Richmond upon Thames



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to quality**

Healthwatch Richmond is committed to providing a quality service, from how we collect data to the information we provide. Every three years we perform an in-depth audit, in conjunction with Healthwatch England to ensure we meet this high standard.

**Please contact us if you would like this report in another language or format.**

Healthwatch Richmond  
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