

Whatever happened to all those attempts to change access to General Practice?



Access to General Practice:
Innovation, impact and
sustainable change

GP-SUS Briefing Sheet 3: Secondary analysis of patient experience data.

Background

We built on our scoping review looking at access systems described in the published literature with a deep dive into patients' experiences of accessing General Practice.

The Medical Sociology and Health Experiences Research Group at the University of Oxford curate an archive of over 3000 qualitative interviews conducted with patients, family members and carers, collected during over 120 research projects exploring experiences of a range of different health conditions and interactions with health services.

While none of the original studies in this archive was directed explicitly to questions about GP access, the narrative style of these interviews (which typically cover symptoms, help-seeking, diagnosis and treatment), means that they often include descriptions of patients' interactions with General Practice, including their experiences of seeking and making appointments.

Objective

To explore patients' experience of access to UK General Practice, as reported in previously conducted interview studies that explored experiences of health conditions from 2020 onwards.

Methods

We conducted a qualitative thematic secondary analysis to examine data from archived interviews with patients about their experiences of health conditions and health services. The data comprised a total of 331 interviews collected between 2020-2023 from five original datasets.

Findings

Patients get 'lost' or 'stuck' when trying to access General Practice. They described situations where they 'went round in circles' or 'ended up back where they started' (loops), and the many obstacles that prevented them from gaining timely access to their GP (hurdles). Circular processes and barriers to access were especially difficult to manage alongside symptoms.

Loops

Call back loop

- Some patients have medical or practical difficulties with phoning as soon as lines opened at 8am.
- Patients described being asked to call back at a later time or date due to lack of appointments.
- Re-direction of patients to other care providers (e.g. pharmacists) sometimes led to being asked to call the GP (again).
- Missed call-backs (when the patient cannot take a call for medical or practical reasons) resulted in “going back to the beginning”.

Triage loop

- Patients navigated online triage systems and e-consultation forms, only to reach a point that required them to phone the practice.

Loops entwined

- Sometimes loops became entangled, such as being told by the practice to phone NHS111, who advised seeking a GP appointment by phoning the practice, being triaged again and offered a call-back before an appointment could be offered.

Hurdles

Getting past reception

- Reception staff were involved in triage, helping patients complete online forms or by asking questions at the reception desk.
- Some patients and staff were uncomfortable with ‘intrusive gatekeeping’ and the need to share confidential and sensitive information with reception staff.
- Some patients (over)emphasised severity of symptoms or need as they felt this would get an appointment.
- Others felt that they had to know how to persist to get an appointment.
- Patients with poorer language skills may be less likely to get an appointment.

Continuity of care

- Some patients said that continuity of care was important to them and that having a consultation with a GP who they did not know hindered their care. Ensuring continuity might require multiple call-backs and incur delay.
- Familiarity with the practice access system e.g. knowing when a preferred GP was available could support attempts to get an appointment.

Conclusion

Policy and practice solutions to access challenges increasingly rely on the use of phone and online systems but these can act as barriers to access.

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Outputs

Academic article under review, patient-facing infographic.

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