

# Covid-19 and getting access to healthcare help

## What about..



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**healthwatch**  
Dudley

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## Introduction

It was challenging getting access to people to get their views on healthcare, remote consultations and digital services during the Covid-19 pandemic period. We were faced with undertaking this task at a stressful time for people, some of whom were shielding, and general practice staff who are extremely busy dealing with the usual winter pressures on services in addition to Covid-19 cases and the implementation of a national vaccination programme.

Nevertheless, Healthwatch Dudley made contact with GP practice staff who were keen to support the project. Some gave us their email and personal telephone contact details so that we could get in touch to have a chat. But, with increasing pressure on healthcare services it became difficult for them to give us time out of their busy schedules.

Despite the difficulties, we were able to have interesting conversations with different people except those affected by language barriers where they did not speak any or much English. We contacted different groups in the community and had a positive response to our request for help. But, because groups were not operating at all or only to a very limited extent they could not get us the contact details we needed.

## Dudley Metropolitan Borough

Dudley borough is in the West Midlands area close to Birmingham and is part of the Black Country together with the boroughs of Sandwell and Walsall and the city of Wolverhampton.<sup>1</sup> It has a population of around 320,600 and at the time of the 2011 Census it was 88.5 per cent White British, Asian ethnic groups made up 6.1 per cent of the population, mixed ethnic groups 1.8 per cent, Black ethnic groups 1.5 per cent and White groups other than British 1.5 per cent.<sup>2</sup>

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<sup>1</sup> All About Dudley Borough, [www.allaboutdudley.info/home/the-borough/](http://www.allaboutdudley.info/home/the-borough/)

<sup>2</sup> Census 2011,

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/2011censuspopulationestimatesfortheunitedkingdom/2012-12-17>

In 2015, Dudley borough was one of fifty vanguard sites chosen to undertake work to develop new models of care. Arising from this work is the new Dudley Integrated Health and Care Trust. It is the first Trust of its kind in England integrating primary and community physical and mental health services (some currently provided by an acute hospital trust) to deliver on a radical outcomes based contract.<sup>3</sup>

## What we did

We worked closely with the new Dudley Integrated Health and Care NHS Trust and the Brierley Hill Primary Care Network. They were keen to support our work and wanted to learn more about people's experiences of getting access to primary healthcare services to better understand what might help or stop people from using digital services.

'I am very happy to offer support from DIHC [Dudley Integrated Health and Care NHS Trust] and think this could be a great piece of work' (Helen Codd, Communications and Engagement Lead, DIHC)

'I'm happy for the PCN [Primary Care Network] to help where we can' (Dr Ruth Tapparo, PCN Director)

We had some conversations with GP practice staff and people nominated by them using a pro forma that we provided. Two key questions we explored with people were:

- How are people accessing help and digital services?
- What happens if people can't or don't want to use digital services?

### Brierley Hill and Amblecote

Brierley Hill includes 2 Local Super Output Areas in the top 10 per cent of the most deprived in the country and 5 Local Super Output Areas in the top 20 per cent of the most deprived in the country. People aged 60 and over make up 19.2 per cent of the population. The White

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<sup>3</sup> Dudley Integrated Health and Care Trust, <https://www.dihc.nhs.uk/>

population is 83.5 per cent of the total with a Black population of 1.3 per cent and an Asian population of 5.4 per cent.<sup>4</sup>

Amblecote, by contrast, has 1 Local Super Output Area in the top 10 per cent of the most deprived in the country, 2 Local Super Output Areas in the 20 percent of least deprived in the country and 2 Local Super Output Areas in the 10 per cent least deprived in the country. People aged 60 and over make up 25.8 per cent of the population. The White population is 97.9 per cent of the total with a Black population of 0.6 per cent and an Asian population of 3.1 per cent.<sup>5</sup>

## **Brierley Hill and Amblecote Primary Care Network**

Brierley Hill and Amblecote Primary Care Network is comprised of seven GP practices and serves a population of more than 50,000:

- High Oak Surgery
- AW Surgeries
- Waterfront Surgery
- Quincy Rise Surgery
- Three Villages Medical Practice
- Thorns Road Surgery
- Quarry Bank Medical Centre

It participated in the NHSE 'Time for Care' programme that provided tailored support, at the start of the Covid-19 pandemic, to help with the implementation of online consultations across the GP practices and an aligned total triage process.

Online consultation was an agenda item on weekly practice meetings. As they vary in size and staff numbers they each mapped what would be needed for them to get things up and running. Following an options appraisal with the NHS Dudley Clinical Commissioning Group and discussions with patients the online platform 'Footfall' was selected to be implemented across all GP practices by August 2020, which was achieved.

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<sup>4</sup> English Indices of Deprivation <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

<sup>5</sup> Ibid

Demand for consultations is strong, one GP practice getting up to 210 online enquiries per day with the over 60s age group being peak users.

In addition to these seven GP practices we approached the following organisations and groups for help:

- Brierley Hill Project (targeted life support)
- African Caribbean Community Network
- Halesowen Asian Elderly Association
- Halesowen and Dudley Yemeni Community Association
- Dudley Voices for Choice
- Dudley Macular Society
- Centre for Equality and Diversity

## Who we talked to

There was some crossover between the people named in the different categories for us to contact. A number of those aged 65 and over also had health problems and some of those with disabilities were also aged 65 or over.

There were some people that we talked to that did not reside in the Brierley Hill Primary Care Network area.

Names in the table have been changed to preserve people's anonymity

GP practice staff	
Name	Role
Jane Moore	Healthcare Assistant
Louise Fletcher	Practice Manager
Tessa Lane	Administrator
Charlotte Ravens	General Practitioner
Gemma Lawrence	General Practitioner
Manohar Khattar	Practice Based Pharmacist

Age 65 and over	
Name	Description
Joan Walters	Age 78 (hearing impaired)
Bill Rodgers	Age 65 (arthritis)
Anne Taylor	Age 89 (disabled - uses mobility scooter)
Jean West	Age 63 (physical/mental health problems)
James Wilson	Age over 65
Sally Green	Age over 65 (arthritis)
William Mason	Aged 69
Ali Farouk	Aged over 65
Colin Driscoll	Aged 81
Disabilities	
Name	Description
John Smith	Neurological condition, motor problems
Alan Jones	Acquired brain injury has help from support workers
Phil Norman	Deaf (aged over 65)
Andrew Morris	Age 35, autistic/OCD
Sharon Noble	Visual/hearing impairment/mental health problems
Brian Simms	Wheelchair user with personal assistant
Imandeep Khalsa	Sisters with autism and stroke
Linda Adams	Community Support Worker speaking on behalf of caller with learning disabilities
Language Barriers	
Name	Description
Ujjal Kaur	Husband (wife has some communication barriers)

## What GP practices are doing

We spoke to six members of staff in four different GP practices: two general practitioners (one is also the chair of the NHS Dudley Clinical Commissioning Group the other a director of the Brierley Hill Primary Care Network); a practice based pharmacist (who also works as a pharmacy advisor with the NHS Dudley Clinical Commissioning Group); a practice manager; a healthcare assistant and an administrator.

## Before and during the pandemic

Many people continue to first and foremost use the telephone to get in touch with their GP practice for help with a health problem or to book an appointment to see a GP or nurse. But, there had been change happening in the way that practices were communicating with and helping people for some time before the start of the Covid-19 pandemic.

For example, GP practices are already using virtual surgery software. It gives people the opportunity to navigate around different 'practice rooms' online to get access to: information and advice; health checks; appointments with a GP or nurse; and referrals into other services without needing to visit the surgery.

'[We know] some patients are very reluctant to use technology and always want to see the GP face-to-face, whilst we have found that other patients actually prefer to go online' (Jane Moore, Healthcare Assistant)

Louise, told us it is often hectic with a large number of telephone calls to the surgery. There is a lot of extra work needed to triage all of the people calling to decide what help they need.

'The surgery has been going through a process to recruit extra staff in response to the increased workload that was a result of the onset of the Covid-19 pandemic, things were just getting busier and busier' (Louise Fletcher, Practice Manager)

More extended telephone consultations are taking place with people. But, Tessa pointed out that people are being seen by a doctor at home or the surgery if that is what is needed.

'Consultations can be longer on the telephone, people can want to speak for longer on the telephone, they quite like this way of doing things. People have welcomed the change and they can still speak to the GP' (Tessa Lane, Administrator)

Louise remarked that people are sending emails to the surgery and these wait in a queue for a telephone acknowledgement or are passed to a doctor to decide what to do next. Some of the email messages are

from people experiencing difficulty getting through to the surgery on the telephone.

‘The email facility was opened up to cater to all types of query and there was the Patient Access facility that people can use to get access to prescriptions. [Our] surgery does not yet use the Footfall [virtual surgery] facility’ (Louise Fletcher, Practice Manager)

Tessa and other practice staff are encouraging people, where they can, to use the technology that they have to get access to help with their health.

‘People have been sending photos on their mobiles through to the surgery. Some people have been taking screenshots on their computers at home and scanning them to send through to the surgery’ (Tessa Lane, Administrator)

It is recognised, though, that there will be some people who can’t or don’t want to use technology to get in touch with their GP practice and help with their healthcare problems. They may prefer to pick up the phone to speak to someone at the practice.

‘There is a specific timeslot for the elderly and housebound people who are unable to get to the surgery so they can speak to someone about medication and any other issues’ (Jane Moore, Healthcare Assistant)

Manohar, a practice based pharmacist, is continuing to talk to people on the telephone whilst the GP practice where he works is using the Footfall virtual surgery software and undertaking some video consultations.

‘Most of my ... consultations remain unchanged ... over the telephone ... GPs at my practice ... are ... using video consultations a lot more ... If a patient needs to be seen ... they are booked the same day for a face-to-face [consultation] with full personal protective equipment ... patient questions ... are ... triaged through Footfall, which is a digital platform ... patients complete [a form] online and this is triaged [with a response] by phone, email or text message’ (Manohar Khattar, Practice Based Pharmacist)

We talked to two general practitioners. Charlotte informed us that she had been considering the role of digital appointments and other applications prior to the start of the pandemic. GPs had been discussing the advantages and disadvantages of different software. And Gemma remarked that the Primary Care Network had decided to roll out Footfall software to all seven of its GP practices in August 2020.

‘I liked ‘Ask my GP’ and thought it was better than ‘Footfall’ ... When it was mentioned at the Clinical Commissioning Group other GP’s weren’t interested and some said they didn’t need another platform as ‘Sensley’ was offered in some practices, this is more of a symptom checker though’ (Charlotte Ravens, General Practitioner)

‘As a Primary Care Network we rolled out to all seven practices in one go using one platform [Footfall] in ... August [2020] ... There are 3 large and 4 small practices. The larger practices have embraced things well the smaller ones have struggled somewhat due to staff capacity ...’ (Gemma Lawrence, General Practitioner)

Charlotte has found Footfall is creating more work for practice staff and Gemma told us it is older people using it more than younger people.

‘[Footfall] is very labour intensive for staff. [We] ... look at every request that comes in. Patients can fill in a request themselves ... if needed a staff member will complete it on the patient’s behalf ... [they] cannot queue jump if they call the surgery ... On a Monday [there can be] between 250 and 280 new requests, this reduces throughout the week ... The administration team initially triage the requests to work out who they need to be forwarded to’ (Charlotte Ravens, General Practitioner)

‘It is those aged 60-69 that are going online most, not the younger population, to contact the surgery to get help with their health problems. Some are getting relatives to help them, sometimes it is relatives inquiring on behalf of older family members’ (Gemma Lawrence, General Practitioner).

It is felt people aged over 65 are managing well on the telephone and GP practices are using interpretation services like 'Language Line' for face-to-face consultations or 'Word 360' for telephone calls where people can't speak any or much English. GPs are doing annual health checks with people with learning disabilities using video links. It can be more difficult with deaf people and they are more likely to be asked to come into the surgery.

## What to keep doing

Louise, the practice manager we spoke to, felt that after the pandemic crisis period there will be a speeding-up of the roll out of digital platforms and the virtual surgery.

'I don't believe we will go back to how it was before the pandemic. Ninety per cent of the work can now be managed over the telephone or online, that is a fact (Louise Fletcher, Practice Manger)

GP practice reception staff and others will be able to manage telephone calls and online enquiries using the software to decide how to deal with health problems. Jane, a healthcare assistant suggested there are some people going online for help who may have previously put off telephoning the surgery for advice.

'They [reception staff] are finding that patients are more open and specific about their problem and needs when using the online facility ... using it for health issues they may have been putting off contacting their GP about' (Jane Moore, Healthcare Assistant)

At the same time, there is a need to provide support for people so that they are able to get the most benefit from using technology and new digital services to get help with health problems.

'Some people are online, but not confident to use their iPad so maybe some training would help. I try to tell patients about Footfall [the virtual surgery] and signpost them to YouTube where there is a video showing how to use it' (Louise Fletcher, Practice Manager)

It is acknowledged that there will be some people who are, for example, older, have dementia, learning disabilities or some other condition that impact on their ability to use technology who will be

more likely to need to have a face-to-face consultation with a GP or other clinician.

GP Charlotte is enthusiastic about the prospect of further developing digital healthcare services in the future. Practice based pharmacist Manohar is also positive about the purpose of remote consultations and digital services in the future.

‘I would like to keep the [digital] photo facility ... [We] always ask if a patient has a family member to support and also offer ... [our] surgery email address as an option to upload pictures’ (Charlotte Ravens, General Practitioner)

‘I am very positive [about remote consultations and digital services]. I think it is a far more efficient way of managing patients and balancing demand against capacity. Many patients find remote consultations easy as well and like them as it means they do not need to physically come to the surgery or even need an appointment so does not impact on their work commitments or other activities of daily living ...’ (Manohar Khattar, practice based pharmacist)

## What people are saying

We spoke to 18 people, 7 female and 11 male, 15 White and 3 from an ethnic minority group. Of these 9 were placed into the aged 65 and over category, 8 into the people with disabilities category and 1 into the people with language barriers category.

### Getting help before the pandemic

Before the pandemic, people remarked that they had varying levels of satisfaction using the telephone to contact their GP practice and some went online to get help where they had access to the internet.

‘It has ... been straightforward for me getting in touch with the surgery and getting an appointment’ (James Wilson)

‘It was always a nightmare to get a GP appointment, but ... I could always manage to get one’ (Jean West)

‘Prior to the pandemic and lockdown my wife ... booked appointments online for me’ (Bill Rodgers)

Alan, who has an acquired brain injury and support workers who help him with his daily living said:

‘Before the pandemic, one of the support workers would make a telephone call to the surgery and I would see a GP face-to-face.’ (Alan Jones)

Phil, who is deaf, would go to his GP practice to get help or book an appointment to see a GP.

‘I would normally have gone to the reception at the GP [practice] to make an appointment. This, typically, used to take three weeks as the surgery needed to book an interpreter’ (Phil Norman)

## Getting help during the pandemic

People are keen to talk about their circumstances more generally. However, we were especially interested in how they were doing in relation to remote consultations using the telephone or getting online (or not) to get access to help.

John, who has a neurological condition and uses a wheelchair, felt he would hold off from contacting his GP practice. He felt it would be difficult for him to see a GP in any case, especially face-to-face.

‘I would be reluctant to ring the surgery at the moment because I don’t think I would be able to see a doctor and nobody is allowed in the surgery’ (John Smith)

Some GP practices are only taking telephone calls while others are able to offer appointments online with the option of making an enquiry online or waiting for a receptionist to pick up the call.

‘During the pandemic ... I needed to make an appointment with the surgery. My wife made the call and said there was a recorded message instructing patients to visit the practice website and complete a form online. The message adds that if any patient is unable to do this they should remain on the line and the required details will be taken by a member of staff (Bill Rodgers)

Brian, who has physical disabilities and uses a wheelchair, felt it had been okay getting help with his healthcare although it could take longer. And Phil, who is deaf, talked about his mother’s experience getting help and her difficulties getting to the GP practice.

‘It’s challenging times in terms of services, but the district nurses have been okay although obviously busy. It can, though, take a while for them to get to you ... They are still visiting people at home, some are masked some are not, this, to me, seems a little inconsistent ...’ (Brian Simms)

‘My mom turned 100 during lockdown and we couldn’t celebrate, which was such a shame. I was concerned about her falling. I tried to make an appointment for the doctor to visit her at home but we were turned down. We had to take mom to the surgery. She has real mobility issues, she has a bad leg and wobbles a lot, so taking her was a real issue.’ (Phil Norman)

Others complained that it is difficult for them to get to see a GP when they try or there are delays in getting help that impact on health and wellbeing.

‘I rang the GP and was told I could not have a face-to-face appointment ... so went straight to A&E ... the first doctor ... said it was a water infection. I did not feel reassured by this. I was told to contact the consultant who performed my hysterectomy ... who told me to contact my GP ... to get fast tracked ... this resulted in a hospital appointment’ (Joan Walters)

'My ex daughter-in-law ... has had a difficult time ... she had a problem and the hospital ... said send a sample [urine]. They came back and said she had a water infection. But after having lots of antibiotics they said they were not working. Then she was admitted to hospital and they said it was a gall bladder infection. Then she sought private healthcare treatment and it turned out that she had an abscess and gallstones ... I'm convinced it was the pandemic situation that contributed to the delay in her diagnosis and treatment' (William Mason)

Then there are those individuals who experience extra problems getting help because they can find it difficult to communicate or struggle because there has been a reduction in the healthcare help or support that they get.

'She [mom] had a fall ... when the paramedics arrived we asked if we could go with her and we were told no. She has dementia, she is losing her eye sight and she is deaf. We were really worried about how she would cope and communicate ... No interpreter was provided for mom whilst she was in hospital ...' (Phil Norman)

'Support services ... stopped. He had three hours [help] on a Friday ... He had a little job and worked on Wednesdays that too stopped ... The mental health effects on James, as a result of these things happening are a big problem' (Julie speaking on behalf of her son Andrew Morris)

'It's bad enough being locked in on your own without feeling like you are a nuisance. I am on very strong, high doses of anti-depressants and all of this has had a real impact on my mental health' (Jean West)

Linda, a council employed community support worker, told us about someone that she had been talking to who had a learning disability and panicked when her medications routine changed suddenly.

'I took a call from a woman with a learning disability who was in crisis because her ... new pharmacy had sent differently packaged medication ... she couldn't read or write and panicked when her medication was delivered in boxes rather than the daily blister packs that she had become used to' (Linda Adams)

## What has or can work well

We found, from talking to people, that a number were continuing to get access to healthcare services and help using the telephone as they would have done prior to the start of the pandemic.

‘Since lockdown we have had several telephone consultations with a different GP at our practice ... under the circumstances we were grateful to speak to anyone at all though we would both much prefer to speak with someone face to face’ (Ujjar Kaur)

‘... If I need to get in touch [with the surgery] I use the telephone. I get text messages to remind me of appointments’ (Brian Simms)

‘I cannot hear that well on the telephone ... I asked for an examination. I received an email informing me that I would be contacted by telephone between a two to three hour time frame ... I later received a telephone call and was able to hear most of the conversation ... I was asked to go up to the surgery later on that afternoon to see a nurse ... all in all that experience was good’ (Bill Rodgers)

The mother of Andrew, who has autism, explained that she had to use the telephone because access to online services had stopped at his GP practice.

‘On the laptop we have got the Patient Access software that we use for ordering prescriptions and we were able to use to book appointments, we can’t do this currently ... You have to use the telephone to get help’ (Mother on behalf of Andrew Morris)

Anne told us that the telephone triage had worked well for her and she felt it also helped to free up time for the GP to focus on those most in need of help

‘The phone triage is jolly good because instead of having to see a long line of patients they can concentrate on doing what they do best ...’ (Anne Taylor)

And Sally commented on her husband’s good experience getting telephone calls from hospital consultants after an operation.

'[My husband] ... had an ECG at the hospital during the pandemic ... the consultant has called twice on the telephone. And the lady who did his kidney operation also telephoned and had a conversation about things. We have been very satisfied with the way that the telephone calls went ...' (Sally Green)

Meanwhile, Ali remarked that he had managed to do things online and had been satisfied with how healthcare help had worked for him on the telephone.

'I have a long term illness and have had hospital appointments online and telephone calls with the surgery. I am happy with the help given on the telephone. We do our prescriptions online' (Ali Farouk)

People are getting online and doing different things. Sally sends emails to hospital doctors helping her husband. Brian, on the other hand, says he sometimes goes online to purchase 'luxury' items or take part in the occasional Zoom meeting.

'I have been using email to communicate with the doctors at the hospital. Sometimes messages have gone to the consultant's secretary to be passed on to the consultant who has been helping my husband' (Sally Green)

'I can get online at home. I go online to shop for luxury items. I go out each day for shopping with my personal assistant. I have been invited to the odd Zoom meeting they are sometimes successful and sometimes not' (Brian Simms)

Bill told us about his wife who had completed an online form to get help for him with a health problem. He got a call back from a GP and was asked to go to hospital. He felt he had got a quick response to his enquiries.

'... I had to contact the GP due to pain in my leg which turned out to be a DVT [blood clot] ... My wife completed the form on the website and a doctor rang me quite soon afterwards ... and asked me to collect a form from the surgery and go straight to the A&E Department at ... hospital ... I think I received a response and treatment more quickly than I would have done in the past' (Bill Rodgers)

We were advised that the council has been helping deaf people to get access to healthcare services online especially where a telephone consultation might not be appropriate or work well.

‘Members of my team have ... been supporting people from Dudley borough’s deaf community to contact their GP surgeries virtually ... we were told that people had been offered telephone appointments but this wasn’t suitable for people who can’t hear’ (Linda Adams, Community Support Worker)

## Challenges and risks

Some people reported difficulties getting through to their GP practice on the telephone. Jean found it hard to get an appointment and Anne was often hanging on for a long time.

‘Every time I rang up ... I was told that all of the appointments had gone. I was asked to ring back again tomorrow at 8am ... I waited over a month to get an appointment’ (Jean West)

‘When I have tried to call to request an over-the-phone appointment with my doctor it has been very difficult to get through. You are waiting on the phone for a very long time’ (Anne Taylor)

Phil, who is deaf, recounted a call to the NHS 111 telephone helpline that was not a good experience and felt a video link would be helpful.

‘If I can just go back and talk about how my mom fell. We called NHS 111, we used Type Talk and it took over an hour to make that call. It was a really long drawn out call. I feel that what we need is a 24 hour video link service ...’ (Phil Norman)

A support worker providing help for Alan pointed out that he could not use technology and they used the telephone to contact the GP practice on his behalf.

‘[We] would always ring the surgery or healthcare services for him [Alan] when needed ... [Alan does not] use technology at all so this would not be an option for him when dealing with the surgery.’ (Support Worker talking on behalf of Alan Jones)

Ujjar could translate on behalf of his wife when she had a health problem and it was necessary to call the GP practice. Although a face-to-face meeting with the GP was preferable.

‘Telephone calls can be confusing especially for us now we are in our seventies. ... I can translate over the telephone for my wife but when she sees someone face-to-face she can communicate better ...’ (Ujjar Kaur)

Then there are those who are wary of what they perceive to be a rush to adopt new ways of working, remote consultations and digital services. William felt it was important to get things right and ensure nobody is left out as change happens. And Brian is interested in the idea of the virtual surgery but wants to be reassured that the quality of care will not be compromised.

‘My surgery has Footfall [virtual surgery] it works well I think though I have not used it myself. I would use it, though, it would be dependent on the situation. My view is don’t rush things, it is important to get things right ... it is about keeping what is good and improving things where that is what is needed. We have a computer here at home but my wife would not use it, people in her situation must not be left behind’ (William Mason)

‘I would be interested in checking out something like the virtual surgery but at the same time there is something in not fixing something if it is not broken or just for the sake of it. I’m a bit more sceptical about some remote working that might mean guessing what is wrong with you, there is a place for face-to-face meetings with the GP ...’ (Brian Simms)

James was concerned that any shift to new ways of working and more digital services should not simply be about reducing the amount of face-to-face consultations between the GP and people seeking help. Likewise, Brian worried that face-to-face consultations with the GP might become a rare occurrence.

'I think a culture has developed over a long period of time where less face-to-face contact between doctors and patients has become the norm. I feel all the movement to less face-to-face consultations is a cop-out really ...' (James Wilson)

'My worry is that face-to-face meetings with the GP are all but phased out and at the end of the day it is people that count. Keeping a personal touch is still important. Just because you can do something doesn't mean you should do digital. It should be in consultation with people to make sure that it's what they want' (Brian Simms)

Different reasons were given for why people were not able to get online to access healthcare services. For some, like Ujjar, James and Colin it is, perhaps, about having the right skills and support.

'... We don't use the Internet. I've tried but it is too difficult so our son has to help us if we need to send emails' (Ujjar Kaur)

'[I don't] understand technology and don't want to use it ... a lot of people [my age feel] the same' (Joan Walters)

'... When my dad had a mark on his leg and was asked to upload photographs ... the GP surgery sent ... [him] a text asking him to upload some pictures. ... They hadn't a clue how to do it' (Colin Driscoll)

Imandeep was trying to help her sisters get online whilst Phil wanted better instructions on how to do things. Jean remarked that she just could not afford the cost of getting online.

'I'm now trying to help both of my sisters to do basic things online as it will give them more independence' (Imandeep Khalsa)

'I tried to make an appointment online but it was so difficult. There were no instructions so I contacted my social worker for support with making my appointment' (Phil Norman)

'... I don't have the internet. I am on benefits and can't afford it ...' (Jean West)

Some people may be vulnerable and unable to get online or prefer sometimes not to be going online to get help for a health problem.

‘When people are vulnerable they should be a priority and those people who aren’t online should be given priority too’ (Jean West)

‘I feel my home should be a place to unwind not for having therapy sessions [online]. There is nowhere to escape to if it [therapy] is at home’ (Sharon Noble)

## Emerging themes

### GP practice staff are saying they are:

Dealing with more online enquiries - a lot from people aged 60 and over

Using Footfall and other types of virtual surgery software

Doing remote telephone consultations with people

Doing fewer face-to-face consultations with people

Experiencing increased workloads and some are taking on new staff to help with this

Opening up their email systems to allow more enquiries on a wider range of health matters

Using photographs sent in by people using their computer or mobile phone to help with the diagnosis of health problems

Setting aside specific time slots for older people, the housebound and others who are vulnerable to get in touch with someone at the practice

Having video consultations with people to help them with their health problems

Implementing Clinical Commissioning Group and Primary Care Network policies designed to facilitate the roll out of digital healthcare services

Benefitting from tailored NHSE support given to the Primary Care Network to help it with the implementation of a digital healthcare strategy

Sometimes struggling to fully implement a digital healthcare

strategy where they are small and have only a small number of staff
Using translation and interpretation services when needed for telephone or face-to-face consultations with people
Undertaking annual health checks with people who have learning disabilities using video links
Saying change is here to stay and there is enthusiasm to further develop remote and digital healthcare services in the future
Saying there is a need to ensure support is available for people so they can get the most out of using technology and digital healthcare services

<b>What people are saying about healthcare services</b>
Experiences of getting through to the GP practice vary - it can be difficult
Some people can't or don't want to go online to get help with a health problem
They have had a good experience getting telephone calls from a GP or hospital doctor and help with their health problems
They are with a GP practice that is not offering the option of making appointments online
They have got help with a health problem more quickly since the introduction of remote telephone consultations and digital healthcare services
It can take longer to get help with a health problem if you have a disability and there have been delays getting care and treatment
If you are deaf it can be hard to communicate with doctors - this was sometimes a problem before the pandemic but has got worse with restrictions on face-to-face consultations, the wearing of face masks and not being able to have anyone accompany you on visits to a surgery or hospital
It is a struggle to cope following a reduction in the support they get with their care at home or for mental health problems
Some people with learning disabilities can experience problems getting access to digital healthcare services when there is a lack of adequate support and instructions to help them get online

The council and its community support workers have been helping deaf people to get access to online healthcare services
They are wary of a rush to implement digital healthcare services at the expense of understanding what is really needed to meet people's needs
We need to ensure nobody is left out as more change happens in the way that healthcare services are provided
We need to ensure high standards of care are maintained
It must be possible to easily get to see a GP
The people who will be using services need to be involved in their design and decisions about how they will be provided
The affordability of technology and getting online is an issue for many people

## Future research

Covid-19 pandemic restrictions on face-to-face meetings is making it even more difficult than it already was to get to some lesser heard voices to get their views on getting access to healthcare services. Many community groups are not operating at all or only on a very limited basis

At some point in the future we would like to have more conversations with people online and face-to-face and get to more of those lesser heard voices - Black, Asian and other minority groups, those with learning disabilities, and others who speak no or little English.

We are in discussions with academic staff at the University of Birmingham and a Dudley GP who also works with the National Institute for Health Research. The intention is to explore opportunities for joint working to better understand the impact of providing healthcare services digitally for general practice and the way it works and people seeking advice and help.

At the same time we are interested in how digital healthcare services can be co-produced through partnership and collaborative working with the public and other relevant stakeholders. The aim being to

ensure people's healthcare needs are met in the best way possible and nobody is left out as change happens.

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