

Access to GP appointments across Sussex – public opinion

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Access to GP appointments across Sussex - public opinion - Headlines

Summary of key points including comparing 2022 data with an earlier 2020 survey¹:

- There are a sizeable proportion (53.7%) of people describing themselves as having their 'day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months' - up from 39.2% in 2020. Those reporting a mental health condition had increased from 17.9% in 2020 (among those reporting a disability) compared to 28.7% in 2022.
- A hybrid system of appointments, remote and face-to-face when needed, is the most appealing option for GP patients, some 25 percentage points ahead of the next preferred option (appointments by phone).
- Around 1 in 6 people objected to all remote options and preferred exclusively face-to-face appointments.
- Compared to the earlier survey in 2020, a greater proportion of people showed some criticism towards remote GP appointments - more agreeing that 'only having phone or video appointments with my GP would put me off from getting support' and less agreeing that 'I think you can get just as much advice from a GP by phone or video compared to a face-to-face'.
- These findings indicate some reluctance towards having remote appointments, although it is difficult to speculate why this is the case. Is it because face-to-face is more available at the time of this survey, compared to June 2020, or is it a genuine decline in satisfaction towards remote appointments, supported by the preference towards a mixture of remote and face-to-face appointments depending on the condition?
- Online booking (for example through Patient Access or the NHS App) is not always available or preferred even if people have the necessary digital skills. Given this finding was from a digital survey, the proportion unable to use or not preferring an online booking form is likely to be an underestimate.
- A significant proportion of people have delayed or postponed appointments with their GP and have sought alternative advice from Accident and Emergency departments, NHS111 and the NHS App. Waiting times to contact the surgery, or appointments only available a few days or weeks away, compounds this issue.
- When controlling for the influence of other factors (gender, ethnicity, etc), people with disabilities and younger people were more likely to have ever delayed an appointment with a GP since the pandemic. This difference by disability was also evident in the 2020 report.
- People expressed that areas needing reference on all GP websites include advice on mental health and how patient data is kept secured.
- Most people showed a strong preference to having appointments as soon as possible and having a more precise time when they will receive a phone or video call, overriding the preference to see their regular GP. A preference to see a GP as soon as possible had increased significantly between 2020 and 2022.
- Most people had not heard of enhanced access to GP practices but saw this as potentially beneficial in accessing support.
- Differences by age were a consistent theme in the data. Older people were less likely to use an online booking system, less likely to prefer remote appointments, and saw less importance to being able to book a phone and/or video appointment via an online booking method. These differences by age were also present in the 2020 report and show evidence of an ongoing variation in opinion.

¹ The 2022 questionnaire included some of the same questions used in an earlier survey administered in June 2020, to allow comparisons over the two-year interval since the Covid-19 pandemic.

Access to GP appointments across Sussex - public opinion - Executive summary

Introduction

The aim of this project was to assess people's views about accessing GP appointments and, for some questions, to see whether people's views and experiences about remote GP appointments have changed two years since the pandemic began (by comparing some findings from a [project](#) undertaken in June 2020).

A total of 851 people responded to the survey across Sussex: 40.9% were from Brighton and Hove, 40.4% from East Sussex (excluding Brighton and Hove) and 18.7% were from West Sussex. 64.9% of the respondents were women, 81.2% were White-British and 53.7% described themselves as having their 'day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months'.

Those reporting a health problem or disability (53.7%) has increased from the 39.2% in 2020. Most of this difference was those reporting that their day-to-day activities were limited a 'little', which increased from 14.5% in 2020 to 32.6% in 2022. Those reporting a mental health condition had increased from 17.9% in 2020 (among those reporting a disability) compared to 28.7% in 2022.

Findings

A summary of the main findings are as follows:

a) Delaying appointments

Over one-half (56.3%) of the sample had chosen not to make an appointment since the pandemic, despite having a need.

The top two reasons for this delay were 'I tried to make one but waited too long on the phone' (42.4%) and 'I felt that my condition wasn't serious enough' (31.9%).

Around one-in-ten sought alternative support from the NHS App (9.2%), NHS111 (10.0%), Accident and Emergency (8.6%), or at an Urgent Treatment Centre or Minor Injuries Unit (5.0%).

When controlling for the influence of other factors (gender, ethnicity, etc)², people with disabilities and younger people were more likely to have ever delayed an appointment with a GP since the pandemic. This difference by disability was also evident in the 2020 report.

The proportion delaying appointments in 2022 (56.3%) is higher than the 37.4% in 2020. This may partly be a product of the increased time (and opportunity) to delay an appointment, although the trend does make this a cause for concern.

b) Booking appointments online

38.6% said they had used an online booking system (such as Patient Access or the NHS App) to make appointments. However, a notable 58.8% had not used an online booking system.

For those not having used an online booking system, this was either because the practice did not offer such an option or people were unaware whether their practice did or did not provide the system. However, for many it was a personal preference to phone the practice to make an appointment (26.3%), and phoning was preferred even if people had the necessary digital skills to use the online alternative.

Comparisons by age were statistically significant (independent of a person's gender, disability or ethnicity) - For every one-year decrease in age, there was a 4% increase in the odds of booking an appointment online. These differences by age were also evident in the 2020 report.

c) Patient views of GP websites

Following a pan-Sussex review of GP websites by local Healthwatch, this survey seemed an opportune time to gather the patient perspective. Knowing who to contact when the surgery was closed and how to make appointments were the most heavily rated in terms of importance (78.7% and 78.1% respectively rated these as 'very important').

Indications of importance, perhaps less expected, were support for mental health issues (71.6% rated as 'very important') and concerns over data security (68.6% rated as 'very

² From a logistic regression analysis.

important'). The latter ties in with the data sharing requirements through several initiatives such as the Sussex Integrated Dataset.

d) 'Happiness' for remote appointments

By far the most popular medium was a mixture of remote and face-to-face depending on condition (65.1%), some 25 percentage points higher than the next popular option. Of the alternatives, people generally preferred phone over sending photos (39.9% and 34.9% respectively), appointment by video (34.8%), and other online means (28.9%).

17.1% objected to all remote options and preferred exclusively face-to-face appointments.

In general, men were more likely than women to prefer video appointments, to use photos and other online methods.

For those unhappy for any remote appointments, the difference by age (older people less likely to want any form of remote appointments) was independent of a person's disability, ethnicity or gender. For every one-year increase in age, there was a 4% increase in the odds of wanting only a face-to-face appointment. This difference by age was also evident in the 2020 report.

Although comparisons between 2020 and 2022 cannot be made numerically (due to the inclusion of a new response option), they do similarly show increased favourability of phone over video, sending photos and other online methods, but not to the extent of the 65.1% favouring a combination of appointments depending on condition (newly asked in 2022).

e) Attitudes to phone and video GP appointments

In terms of agreement (taken as the percentage of those who 'agreed' or 'strongly agreed'), the highest ratings were for 'only having phone or video appointments with my GP would put me off from getting support' (56.6% agreement). This perhaps ties in with the proportion delaying their appointments and those preferring face-to-face advice.

It is important to emphasise that these results were quite polarised with significant levels of disagreement alongside agreement. Approximately, one in five (23.3%) disagreed that only having remote appointments would put them off from getting support (56.6% agreed),

and one-half did not agree that you could get the same level of advice through phone and video (51.2% disagreed, whereas 30.8% agreed).

These attitudinal questions about phone and video appointments showed the most differences when comparing 2020 to 2022 data, with a sense of reluctance towards having remote appointments.

The greatest difference was the increased agreement ('strongly agree' or 'agree') was 'only having phone or video appointments with my GP would put me off from getting support' (increasing from 35.5% agreement in 2020 to 56.6% in 2022). There was also lesser agreement towards 'I think you can get just as much advice from a GP by phone or video compared to a face-to-face appointment' (reducing from 42.6% in 2020 to 30.8% in 2022), and 'phone and video appointments would be more convenient for me compared to a face-to-face appointment' (45.9% in 2022 to 30.2% in 2022).

This may be a product of face-to-face appointments being a more available type of appointment compared to the time of the 2020 survey (June 2020, three months into the pandemic) and the high rating for people preferring the hybrid model of remote or face-to-face depending on condition.

f) Preference towards different aspects of remote appointments (for all those happy to have remote appointments in the future)

From further attitudinal questions³, the highest rating for 'very important' was having appointments as soon as possible with any GP (62.2%) which ties in with the waiting times being a reason for delaying appointments shown previously. This was followed by a similarly high rating for having a precise time when they will receive a phone or video call (59.9%). These two responses were around 10 percentage points higher than the next highly rated responses and reflect the importance of the immediacy of the appointment and clarity over when this appointment will occur.

Equally significant are the lower ratings, showing less importance for being able to have a video appointment rather than a phone appointment (25.3% rated this as 'not important'). This ties in with the higher 'happiness' for phone over video appointments noted above. Also, having a phone and/or video appointment with my regular GP (17.4% rated this as

³ Ratings were either 'not important', 'important' or 'very important'.

‘not important’) and perhaps links to the preference to be seen quickly and via face-to-face in alternative sites such as Accident and Emergency rather than waiting for their regular GP.

The main differences were by disability, gender and age. People with disabilities attributed more importance towards having the phone and/or video appointment as soon as possible (with any GP); and more importance to being able to book a phone and/or video appointment via an online booking method (e.g. Patient Access, NHS app) rather than by phone.

Women showed more importance to being given the choice between having a phone or video appointment; more importance to having a precise time when they receive a phone or video call (rather than between 9am to 12pm for example); and showed more importance to being able to have a video appointment rather than a phone appointment (if given the choice).

Older people saw less importance to being able to book a phone and/or video appointment via an online booking method (e.g. Patient Access, NHS App) rather than by phone; and saw less importance in being able to have a video appointment rather than a phone appointment (if given the choice).

The main difference between 2020 and 2022 was to have the GP appointment as soon as possible, with any GP (62.2% rated as ‘very important’ in 2022 compared to 38.0% in 2020). This shows that people may not be so intent on seeing their regular GP, with having the appointment as soon as possible being a priority. This also shows the likely demand for same day appointments offered by some online providers (e.g. Livi) and the helpfulness of enhanced GP-access shown below.

g) Enhanced access to GP practices

The majority were unaware of enhanced access to GP practices (54.2%) and most had not taken up the service (71.4%). Most viewed this as a helpful or very helpful (83.4%) way to access a GP.

Background

Within three months of the Covid-19 pandemic being formally announced during March 2020, Healthwatch Brighton and Hove (HWBH) led a [pan-Sussex survey](#) looking at people's views and experiences of 'remote' (non-face-to-face) health and social care appointments. A total of 1,406 people responded during June and July 2020, supplemented by a further 779 people completing some of the exact same questions from a Sussex NHS Commissioners' survey.

Since that time, much of the popular media attention has been focussed on GP appointments. Healthwatch in Sussex (Healthwatch in Brighton and Hove, East Sussex and West Sussex) most prominent enquiries relate to GP appointments. [Healthwatch survey work](#) shows that some people have a strong preference for face-to-face appointments over remote alternatives and that some find the process of online booking systems as cumbersome. Also, our intelligence since 2020 has raised new issues such as the importance of having a precise time for a remote appointment rather than an 'am' or 'pm' slot. The roll-out of the vaccination also happened after the 2020 survey.

Access has also been popularised through the reducing number of GPs within Sussex. Across England, [2021 data](#) shows that the number of patients per one GP ranges from, 1,318 to 2,804. For context, the figures for West Sussex are 1,922; 2,132 for East Sussex; and 2,204 for Brighton and Hove - all higher than the average for England. [The Nuffield Trust](#) reported that Brighton has some of the fewest GPs in England, with just 44 GPs per 100,000 patients. Over the last year (2022), the [British Medical Association](#) showed that the NHS has lost 294 individual (headcount) GP partners and 304 salaried, locum and retainer GPs. This has created a net loss of 598 individual GPs since October 2021.

Relevant research informing this study has been undertaken by Healthwatch West Sussex (2021). This [pan-Sussex research](#) implemented a regionally co-designed public survey (completed by over 1,500 people) looking at access to GP-led services. The responses show a wide variety of experiences regarding access to GP-led services, with mixed views on telephone and online consultations.

This Healthwatch in Sussex report also contains the findings from a survey of 267 staff from GP services. This showed the challenges faced by overstretched services that are

becoming frustrated with the public's demands and attitudes. The report illustrates the rapid changes in GP practice over the course of the pandemic.

More recently, the results from the 2022 national survey of GP patients have been reported⁴. In comparing national data over the last three years there has been a reduction of those rating their overall experience of GP practice as very- or fairly good (82% in 2020, 83% in 2021 and a lowering to 73% in 2022). The 2022 research also found that for NHS Sussex (the Sussex Integrated Care System [ICS]), the results from 18,145 people were generally comparable to the national picture. For example:

- 70% found it very- or fairly easy to use the GP practice's website to look for information or access services (vs 67% nationally).
- 58% reported a good experience of making an appointment (56% nationally).
- 56% were satisfied with the GP appointment times that were made available to them (55% nationally).
- 22% had an online consultation or appointment (for example completed an online form or had a video call) - the same figure nationally.
- Also, recent data across Sussex shows that 69.8% of all appointments in October 2022 were carried out face to face and 26.3% were by phone⁵.

Given these findings, HWBH see this as the right time to re-run some of the GP-focussed questions, two years since our first (2020) survey. We wish to assess whether people's views and experiences towards remote appointments have changed two years on. Our survey will also be able to explore why people's views about telephone and other remote appointments are mixed and/or have changed. Unlike the GP national survey data, these questions will focus on people's intentions towards how they wish to access their GPs currently and in the future. We have also added some questions which reflect more contemporary trends, such as the use of online booking systems and enhanced GP-access.

Aim

To assess people's views about accessing GP appointments and, for some questions, to see whether people's views and experiences about remote GP appointments have changed two years since the pandemic began.

⁴ <https://www.gp-patient.co.uk/>

⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/october-2022>

Approach

An online survey was made available to people across Sussex. This was shared by social media, highlighted in various newsletters and bulletins and distributed via partner networks.

Three exact same questions from the earlier 2020 survey were shared, alongside comment boxes, equalities data and participants' interest in having a follow-up telephone call about this survey where preferences can be explored further. Further questions examined people's views about GP websites, online booking systems and enhanced GP access. The equalities data will allow differences across the sample to be analysed to see if they adopt the same patterns as the 2020 survey, for example by age and disability. The questionnaire can be viewed in Appendix 1 and typically took 5-6 minutes to complete.

Analysis

All responses presented are derived from valid data i.e. from all those people who provided a response and exclude missing data. In some cases, the percentage totals do not add to 100% exactly due to the rounding up or down of decimal points.

Several questions were recoded, for example, in location where some responses presented as 'other' could be recoded to Brighton and Hove.

Four headline findings were used to assess whether they differed by age, disability, gender and ethnicity:

- Whether people delayed appointments despite having a need
- Whether people used an online booking system
- Happiness for remote GP appointments - phone, video, sending photos and other online versus not happy for any remote appointments
- Preference towards different aspects of remote appointments - each response from strong agreement to strong disagreement from six statements about remote GP appointments.

Aside to age, variables were recoded to binary values (e.g. disability - yes or no; ethnicity - White-British or ethnic minority). Chi-squares within cross-tabs were used for categorical comparisons e.g. delayed appointment by gender. Extent of agreement and age were not

normally distributed⁶, so Spearman's Rank for correlations and Kruskal-Wallis for mean rank differences between men/women for example were used. For each outcome variable (from the four questions above), a logistic regression was also performed to see if, for example, delayed appointments were predicted by age irrespective of their gender, ethnicity or disability.

Statistical significance levels are provided where identified (at less than the 0.05 level, or a 95% probability the observations were not due to chance). Where there are no statistically significant differences, these are not specified.

The differences were presented in arbitrary order. For example, if people with disabilities are more likely to strongly agree to a viewpoint, then this can be reversed to mean that people without disabilities were less likely to strongly agree to this viewpoint.

There are several references to differences by age referring to 'younger people' and 'older people'. These categories do not refer to specific age bands but are actual age in years. The analytical techniques, exploring mean rank differences or correlations show age differences incrementally so, for example, every increase in year could increase the odds of a particular finding. To provide an example, older people may have an increase in odds of a particular response compared to their younger counterparts. Using the terms *older* and *younger* shows these as relative terms. Such a finding by age would mean, for example, 19-year-olds have an increased odds of a finding relative to a 16-year-old, just as much as a 75-year-old has an increase in odds relative to a 65-year-old.

A document outlining qualitative responses from two open-ended questions is reported elsewhere.

Findings

A total of 851 people completed the survey across Sussex. The number of responses can be considered to be broadly representative of the wider 1.7 million residents of Sussex in accordance with Confidence Intervals and a Margin of Error⁷. This level of statistical

⁶ Confirmed by Shapiro-Wilk test of normality.

⁷ Based on a sample size calculation, this sample size was shown to be statistically significant and broadly representative of the likely views from the remaining people who did not return questionnaires and will allow subgroup analysis (difference by age, gender for example). This is based on a 95% Confidence Interval and 5% Margin of Error. As an example, if 45% chose a particular answer, then one can be confident that 40-50% of the wider sample would respond in the same manner. This applies to a sample size exceeding 385 responses from a possible 1,700,000.

significance supports subgroup analysis to show differences, for example, between men and women.

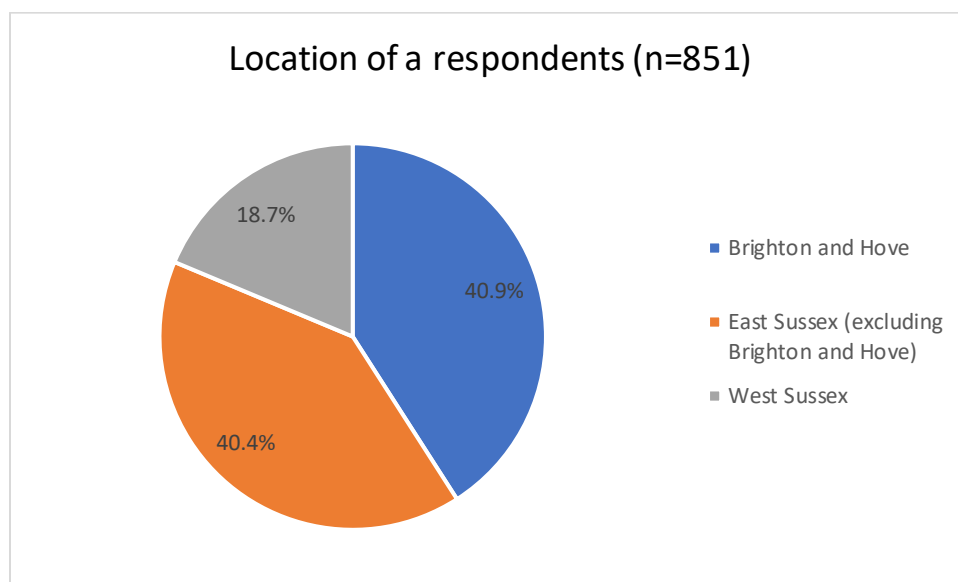
A total of 86.3% had an appointment with the GP since the pandemic, meaning the majority of the sample were reflecting their responses to the survey from prior experience. Nonetheless, those not having an appointment were also able to reflect on their preferences for future appointments.

The findings are organised by the question order seen in the final questionnaire (Appendix 1). For each set of findings, they will be presented as frequencies; differences by age, ethnicity, gender and disability (where applicable⁸); and comparisons to the earlier 2020 sample (where some questions have been repeated). This will be preceded by an outline of the sample profile as follows:

1. Sample profile

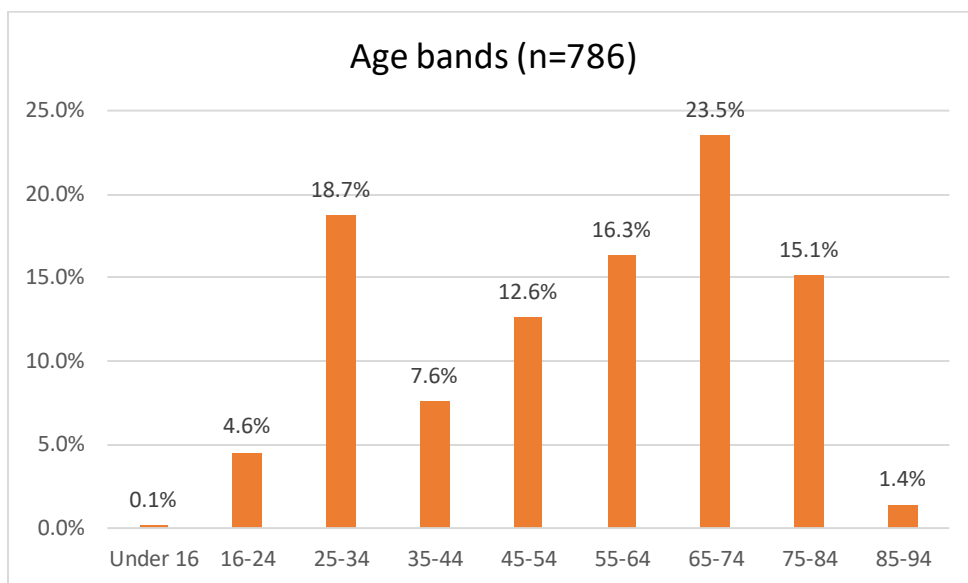
From the 851 who completed the survey the profile was as follows:

- 40.9% were from Brighton and Hove, 40.4% from East Sussex (excluding Brighton and Hove) and 18.7% were from West Sussex.

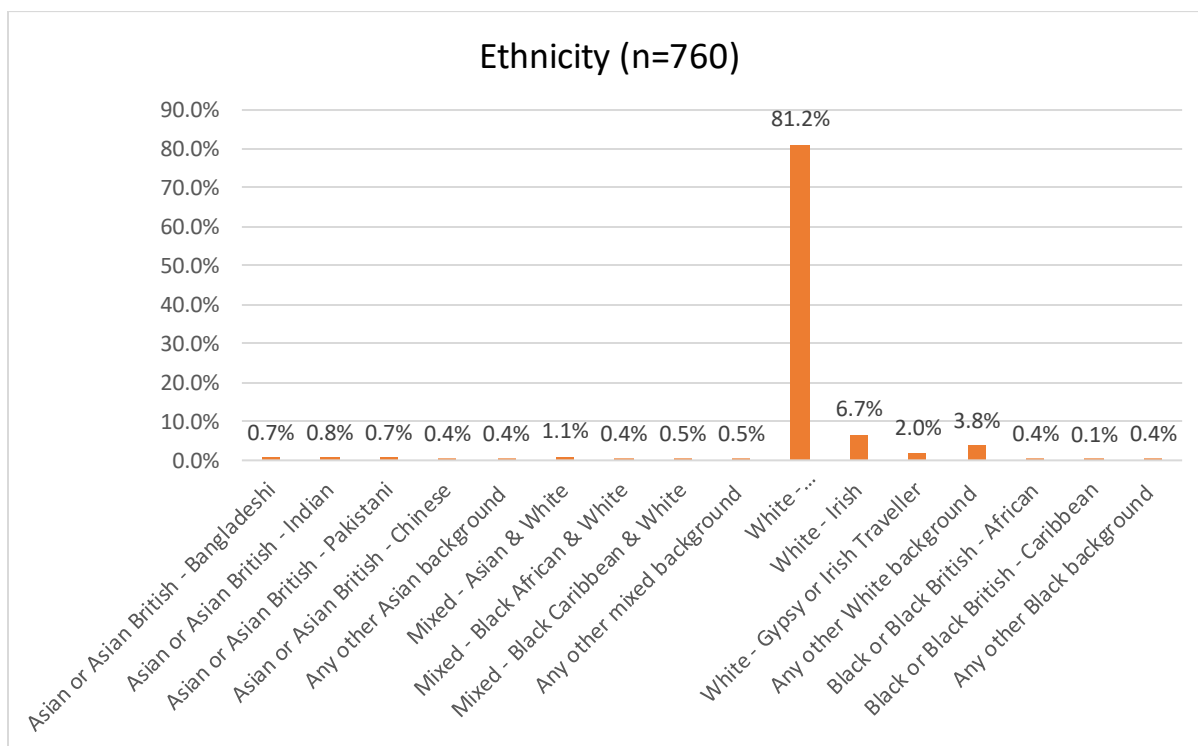


⁸ Differences by age, gender, ethnic and age were performed for: whether people delayed appointments despite having a need; whether people used an online booking system; happiness for remote GP appointments; and preference towards different aspects of remote appointments.

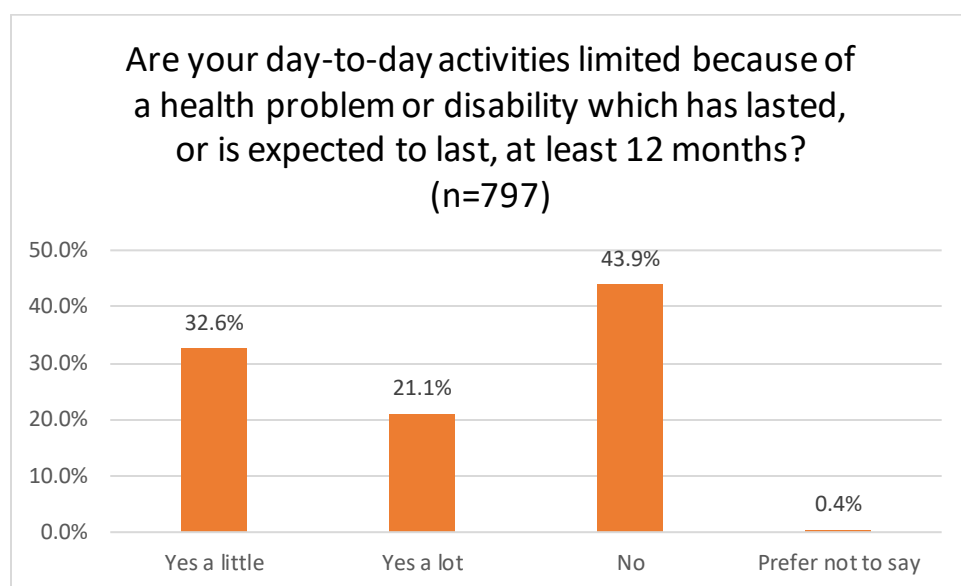
- The average age of people was 54.8 years, ranging from 15 to 92 years. The age bands are shown below, with most people aged 65-74 (23.5%) closely followed by a younger group of 25-34 year olds (18.7%):



- 64.9% of the respondents were women, 32.1% were men, 0.9% non-binary, 0.1% other and 2.0% who preferred not to say.
- 2.9% said they do not identify with the sex assigned to them at birth.
- 81.2% were White-British with the next largest minority group being White Irish (6.7%).



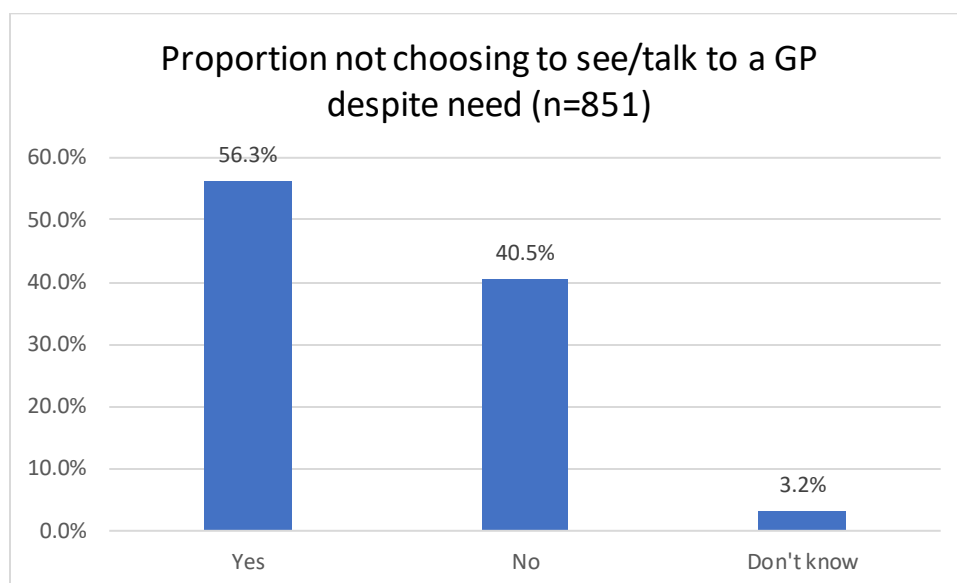
- 53.7% described themselves as having their ‘day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months’. 32.6% described this as ‘a little’ and 21.1% ‘a lot’.



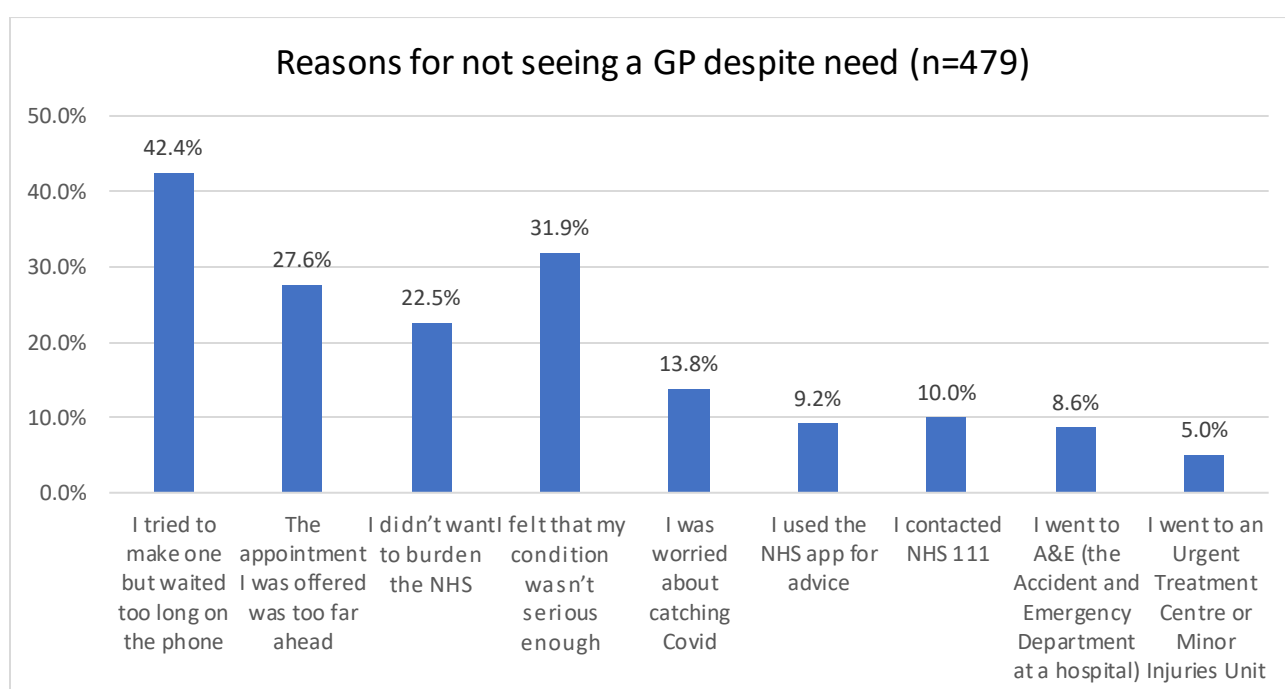
- Of those responding as ‘a little’ or ‘a lot’, the main types of ‘impairments’ were physical impairment (58.4%), long standing illness (33.4%) and mental health (28.7%).
- Compared to the 2020 data, the 2022 sample showed a greater representation in Brighton and Hove and East Sussex relative to West Sussex; showed similar mean ages (59.2 years in 2020 compared to 54.8 years in 2022); a slightly lower proportion of women (75% in 2020 relative to 64.9% in 2022); a greater proportion of ethnic minority groups (10.9% in 2020 and 18.8% in 2022).
- Also, there was a sizeable increase in people reporting disabilities (39.2% in 2020 to 53.7% in 2022). Most of this difference was those reporting that their day-to-day activities were limited a ‘little’, which increased from 14.5% in 2020 to 32.6% in 2022. Part of this increase could be due to a greater proportion reporting a mental health condition - 17.9% in 2020 (among those reporting a disability) compared to 28.7% in 2022.
- The proportion of those reporting a disability did not vary significantly across the regions (50.0% in West Sussex to 58.8% in Brighton and Hove), nor did those reporting a mental health condition (25.3% in West Sussex to 30.8% in Brighton and Hove).

2. Delayed appointments

Over one-half (56.3%) of the sample had chosen not to make an appointment since the pandemic, despite having a need:



As shown below, the top two reasons for this delay were ‘I tried to make one but waited too long on the phone’ (42.4%) and ‘I felt that my condition wasn’t serious enough’ (31.9%). The next highest reason was ‘the appointment I was offered was too far ahead’ (27.6%). Interestingly, around one-in-ten sought alternative support from the NHS App (9.2%), NHS111 (10.0%), Accident and Emergency (8.6%), or at an Urgent Treatment Centre or Minor Injuries Unit (5.0%):



Differences

Those people more likely (at the level of statistical difference) to delay appointments were:

- People with disabilities ($\chi^2 (1, N = 753) = 22.58, p = 0.000$)⁹. To illustrate, 65.3% of people with disabilities delayed appointments compared to 48.1% without disabilities¹⁰.
- People from ethnic minority groups ($\chi^2 (1, N = 734) = 15.75, p = 0.000$). To illustrate, 71.9% of people from minority ethnic groups had delayed an appointment, compared to 53.1% of White-British people.

There was no difference by age or gender.

The logistic regression extends this analysis by accounting for the influence of other factors. The logistic regression revealed that people without disabilities were significantly less likely to have ever delayed appointments (since the pandemic) relative to people with disabilities independent of their age, gender, and ethnicity ($p < 0.001$). People without disabilities had a 53% decrease in the odds of delaying their appointments relative to people with disabilities. The same applies to older people who were less likely to have ever delayed their appointment (since the pandemic) compared to younger people ($p < 0.001$). For every one-year increase in age, there was a 3% decrease in the odds of delaying their appointment.

A more understandable interpretation is that independent of all other factors, people with disabilities and younger people were more likely to have ever delayed an appointment with a GP since the pandemic.

For those who sought alternative advice (from the NHS App, NHS111, Accident and Emergency, or at an Urgent Treatment Centre or Minor Injuries Unit), there were minimal differences in their reasons for delaying appointments. The notable exception was 36.2% of these people saying the appointment was too far ahead relative to 27.6% of the wider sample, meaning they sought more immediate advice elsewhere. Also, for those using remote means, the NHS App and NHS 111, 25.4% were worried about catching Covid

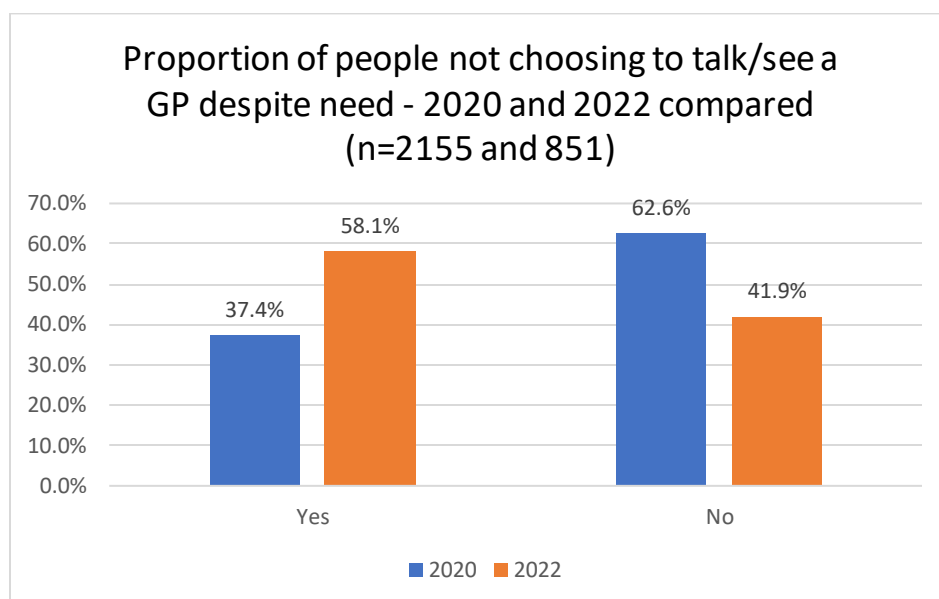
⁹ Chi-square test for difference in categorical data (gender, disability, etc)

¹⁰ For all % used in differences, the literal explanation using this example is: 'Of those people with disabilities, 65.3% delayed their appointment compared to 48.1% of those people without disabilities (either side of the overall figure of 56.3% who had delayed).

relative to 13.8% of the wider sample. These provide some explanation for seeking alternative advice and delaying appointments.

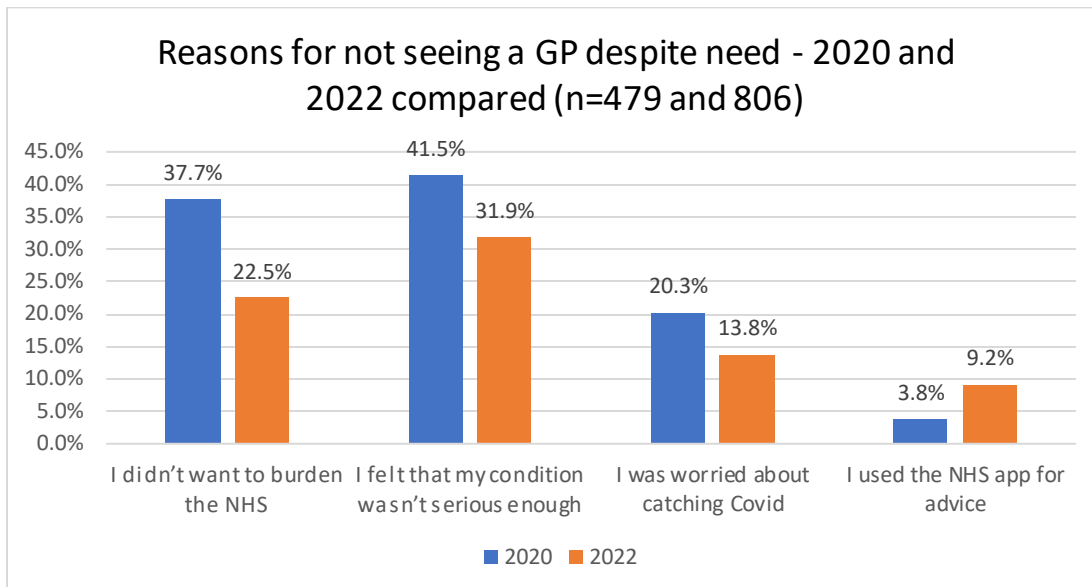
2020 and 2022 compared

As shown above, over one-half of the sample (58.1%¹¹) had chosen not to make an appointment since the pandemic, despite having a need. This has increased from the 37.4% in 2020. It is not known whether this is a product of the increased time (and opportunity) to delay an appointment or a notion that people are more likely to delay appointments in 2022, although the general trend does make this a cause for concern.



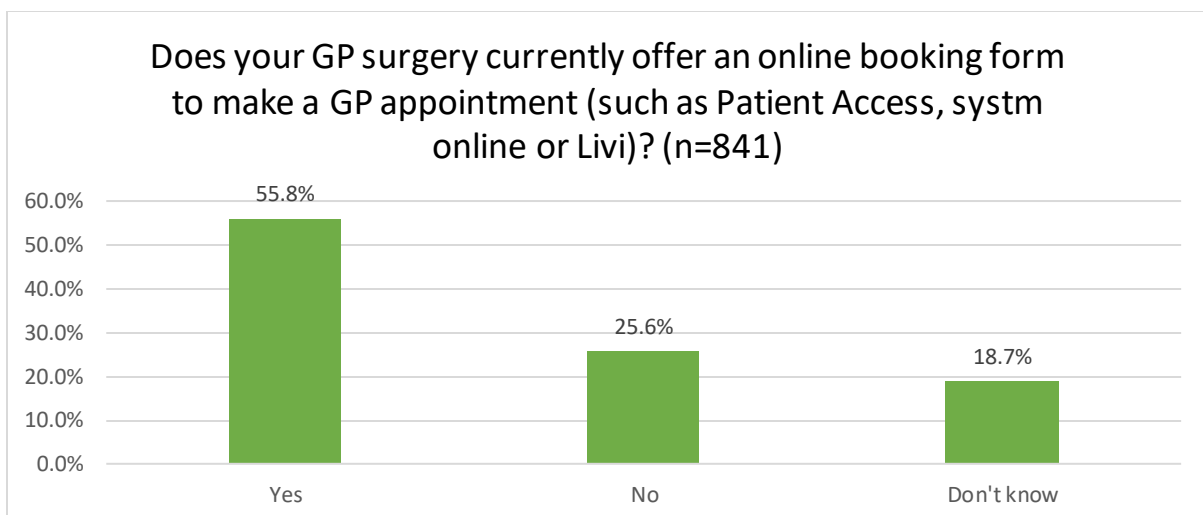
In terms of the reasons for delaying an appointment, both surveys showed that feeling their condition was not serious enough was a key reason, although the proportion who mentioned this was lower in 2022 (41.5% in 2020 and 31.9% in 2022). Worries about catching Covid had reduced (due to fewer cases and the vaccine roll-out) and there had been increased use of online services such as NHS online and NHS111 (3.8% in 2020 compared to 9.2% in 2022). Other reasons were not compared, but a reminder that the main reason in 2022 was that 'I tried to make one but waited too long on the phone' (42.4%).

¹¹ To compare to 2020 data, the 'don't knows' have been removed.

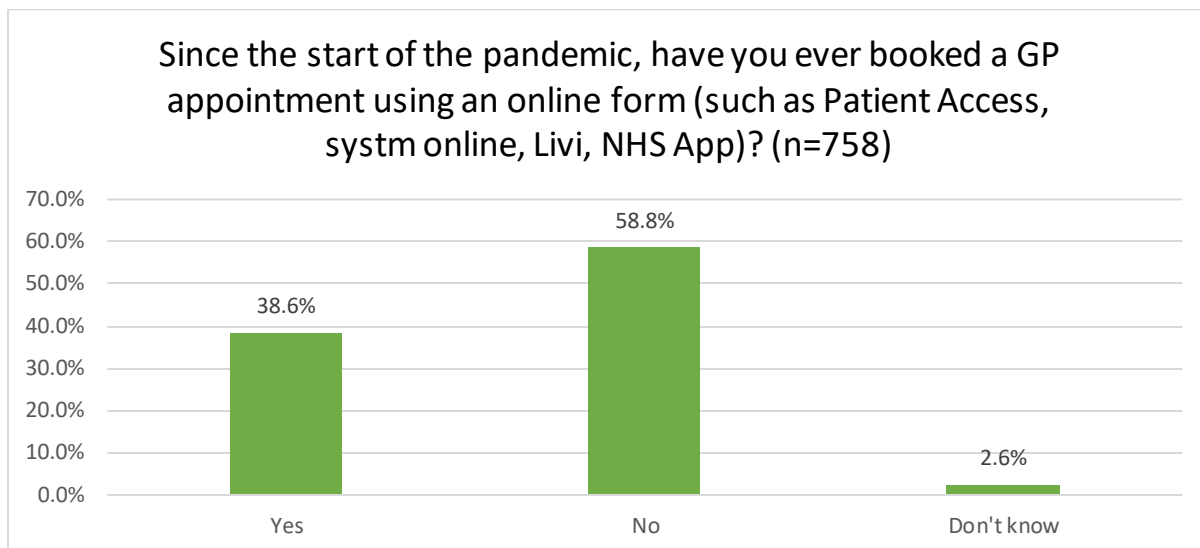


3. Ever used an online booking system to arrange appointments and why people chose not to

Online booking systems, such as Livi, NHS App or System Online, were available across some GP practices across Sussex. When asked whether this facility was available, 25.6% said it was not and a notable 18.7% were unsure:



38.6% said they had used this resource to make appointments. However, a notable 58.8% had not used this online booking system (2.6% were not sure).



Differences

Those people more likely (at the level of statistical significance) to book appointments online were:

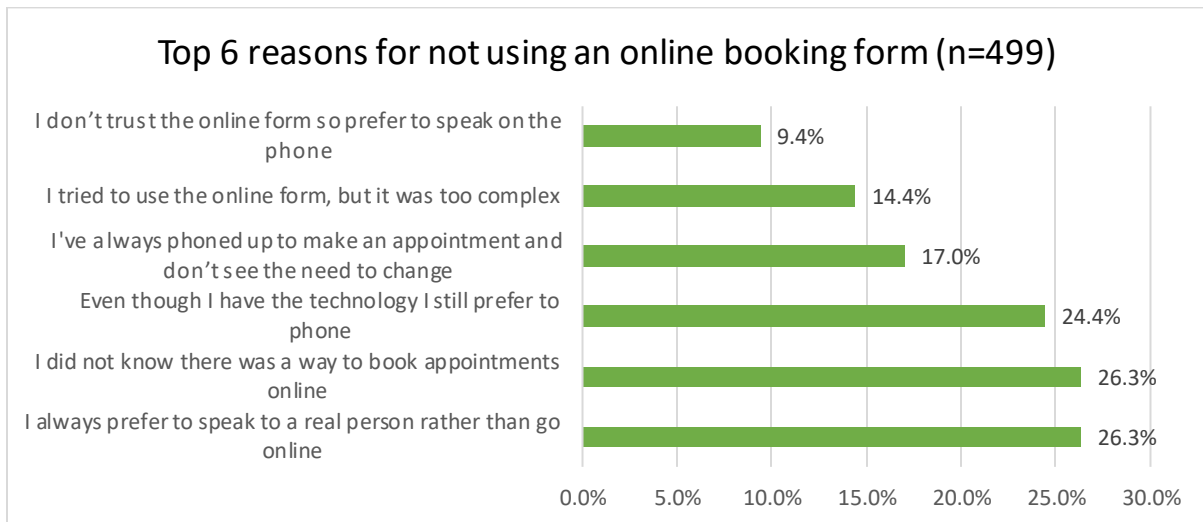
- Men were more likely to book online than women ($\chi^2 (1, N = 744) = 14.50, p = 0.000$). To illustrate, 49.4% of men booked appointments online compared to 34.8% of women.
- People from ethnic minority groups ($\chi^2 (1, N = 740) = 27.09, p = 0.000$). To illustrate, 59.3% of people from minority ethnic groups had ever delayed an appointment, compared to 35.0% of White-British people.
- Younger people were more likely to book online than older people - $H (1) = 140.48, P = .000^{12}$.

There were no statistical differences by disability.

From a logistic regression analysis, where a difference can be seen independent of all the other factors, the comparison by age was statistically different (independent of a person's gender, disability or ethnicity) - For every one-year decrease in age, there was a 4% increase in the odds of booking an appointment online.

In terms of the reasons for not using an online booking system, some reported that the system was either unavailable at their practice or they were unaware whether their practice did or did not provide such an option. However, for many it was a personal preference to phone the practice to make an appointment (26.3%), and phoning was preferred even if people had the necessary digital skills.

¹² Kruskal-Wallis test for mean rank differences.

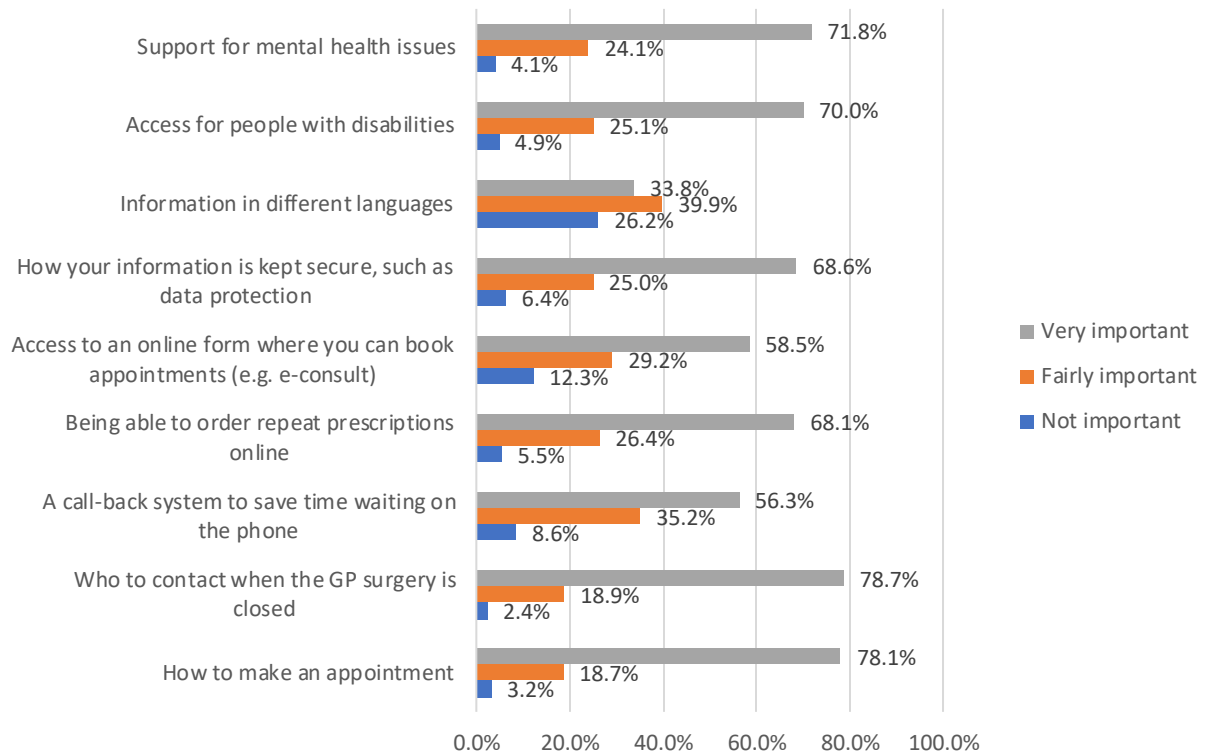


4. Importance of information presented on a GP website

In 2022, Healthwatch in Sussex conducted review of GP websites to inform the distribution of grants to help improve those who could benefit from an improved design. The review also included an assessment of the content, such as information in different languages and how new patients could register. Following this review, this survey seemed an opportune time to gather the patient perspective as to what they would see as important content for GP websites.

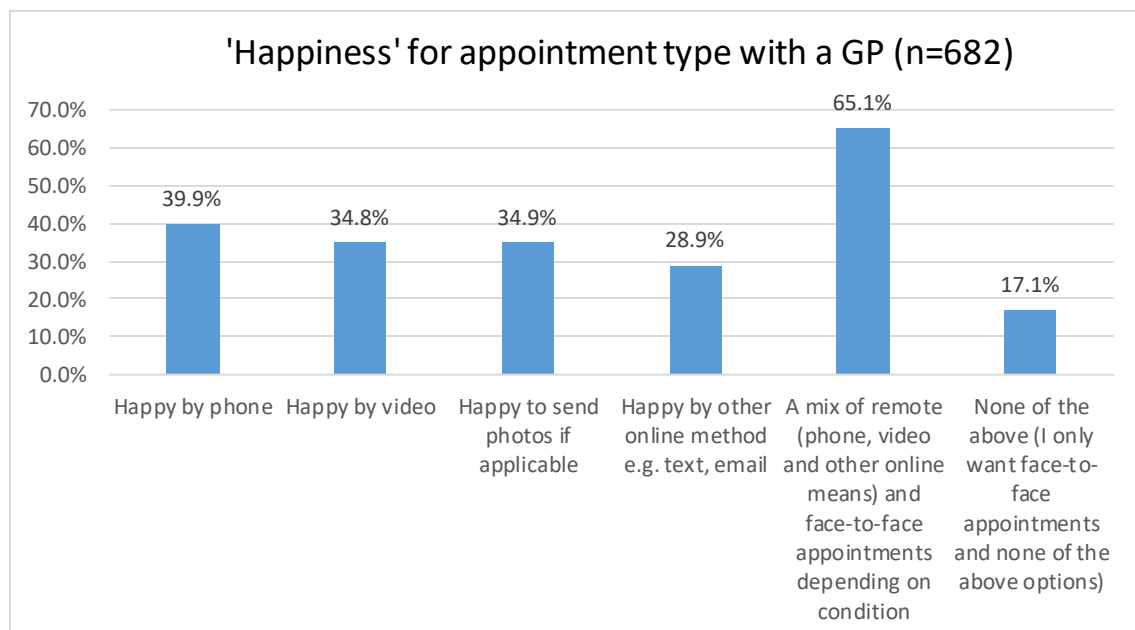
As shown below, knowing who to contact when the surgery was closed and how to make appointments were the most heavily rated in terms of importance (78.7% and 78.1% respectively rated these as 'very important'). Levels of importance, perhaps less expected, were support for mental health issues (71.8% rated as 'very important') and concerns over data security (68.6% rated as 'very important').

Importance of information shared on GP practice websites (n=751-781)



5. Happiness to have remote appointments by phone, video and other online means

People were asked about future appointments given that ‘the UK is living with COVID-19’ and how ‘happy’ they were for the following options:



By far the most popular medium was a mixture of remote and face-to-face depending on condition (65.1%), some 25 percentage points higher than the next popular option. Of the alternatives, people generally preferred phone over sending photos (39.9% and 34.9% respectively), appointment by video (34.8%), and other online means (28.9%). 17.1% objected to all remote options and preferred exclusively face-to-face appointments.

Differences

There were no differences in the preference to use a mix of remote and face-to-face appointments dependent on condition. This means this most popular of options appealed equally to people of different genders, people with and without disabilities, their ethnicity and age.

There were also no differences in preference for phone appointments by disability, gender, ethnicity, and age.

Men were more likely to prefer **video** appointments compared to women ($X^2 (1, N = 764) = 5.31, p = <0.05$). To illustrate, 39.9% of men were happy to have phone appointments compared to 31.1% of women. There were no differences by disability or ethnicity. However younger people were happier with video appointments compared to older people - $H (1) = 8.88, P = .003$.

Men were also more likely to be happy by using **photos** with their GP compared to women ($X^2 (1, N = 764) = 4.13, p = <0.05$). To illustrate, 39.5% of men were happy to use photos compared to 32.1% of women. There were no differences by disability or ethnicity. However, younger people were happier to use photos compared to older people - $H (1) = 12.12, P = .000$.

Men were again also happier to use **other online methods** for consulting with their GP (text, email, online forms) compared to women ($X^2 (1, N = 764) = 5.21, p = <0.05$). To illustrate, 34.4% of men were happy to use other online methods compared to 26.4% of women. Also, people from minority ethnic groups were happier to use other online methods compared to White-British people ($X^2 (1, N = 760) = 19.54, p = 0.000$). There were no differences by disability. However, younger people were happier to use other online methods compared to older people - $H (1) = 25.89, P = .000$.

The final comparison is for those who were **not happy for any form of remote appointment**. Women were generally less happy to have remote appointments preferring

face-to-face only ($X^2 (1, N = 764) = 4.22, p = <0.05$). To illustrate, 19.0% did not want remote appointments compared to 13.0% of men. There was also a significant difference by ethnicity, with White-British people being less happy for remote appointments. To illustrate, 18.6% of White-British people did not want remote appointments compared to 9.8% of those from minority ethnic groups ($X^2 (1, N = 760) = 6.45, p = <0.05$). Older people were also less happy to have remote appointments of any kind compared to younger people - $H (1) = 44.45, P = .000$.

For those unhappy for any remote appointment, a logistic regression analysis revealed the difference by age (older people less likely to want any form of remote appointment) was independent of a person's disability, ethnicity or gender. For every one-year increase in age, there was a 4% decrease in the odds of wanting a remote appointment (or a 4% increase in the odds of wanting only a face-to-face appointment).

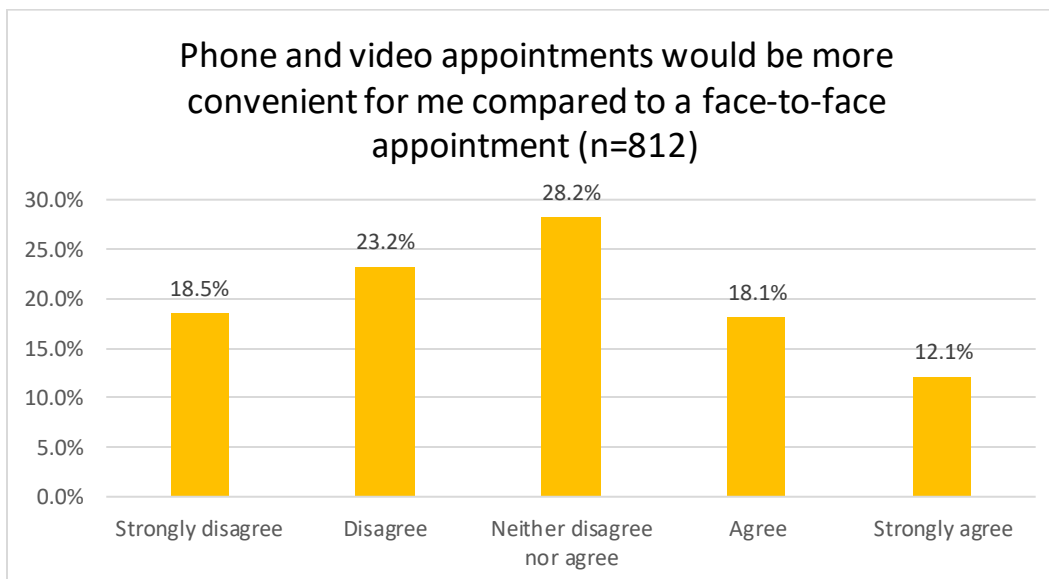
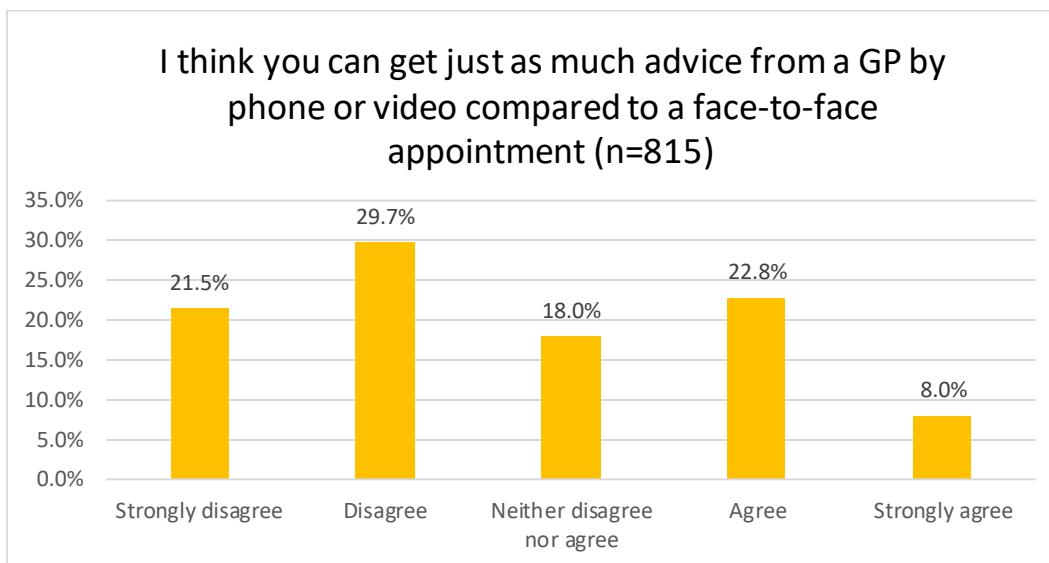
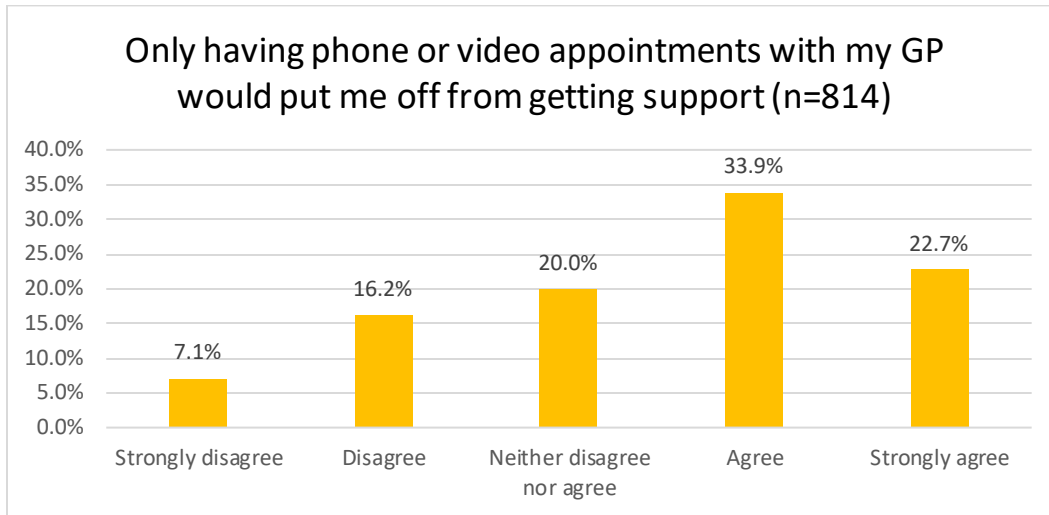
2020 and 2022 compared

Both surveys asked about 'happiness' for different types of appointments. However, the inclusion of new options in 2022, especially the mixture of both remote and face-to-face over other alternatives (rated by 65.1% of respondents), makes direct comparisons impossible. Although comparisons cannot be made numerically, they do similarly show increase favourability of phone over video, sending photos and other online methods, but not to the extent of the 65.1% favouring a combination of appointments depending on condition (asked in 2022).

6. People's attitudes to phone and video GP appointments

The next questions included some repetitive response options from 2020. They were presented as Likert scales from strongly disagree to strongly agree.

In terms of agreement (taken as the percentage of those who 'agreed' or 'strongly agreed'), the highest ratings were for 'only having phone or video appointments with my GP would put me off from getting support' (56.6% agreement), 'I think you can get just as much advice from a GP by phone or video compared to a face-to-face appointment' (30.8% agreement) and 'phone and video appointments would be more convenient for me compared to a face-to-face appointment' (30.2% agreement).

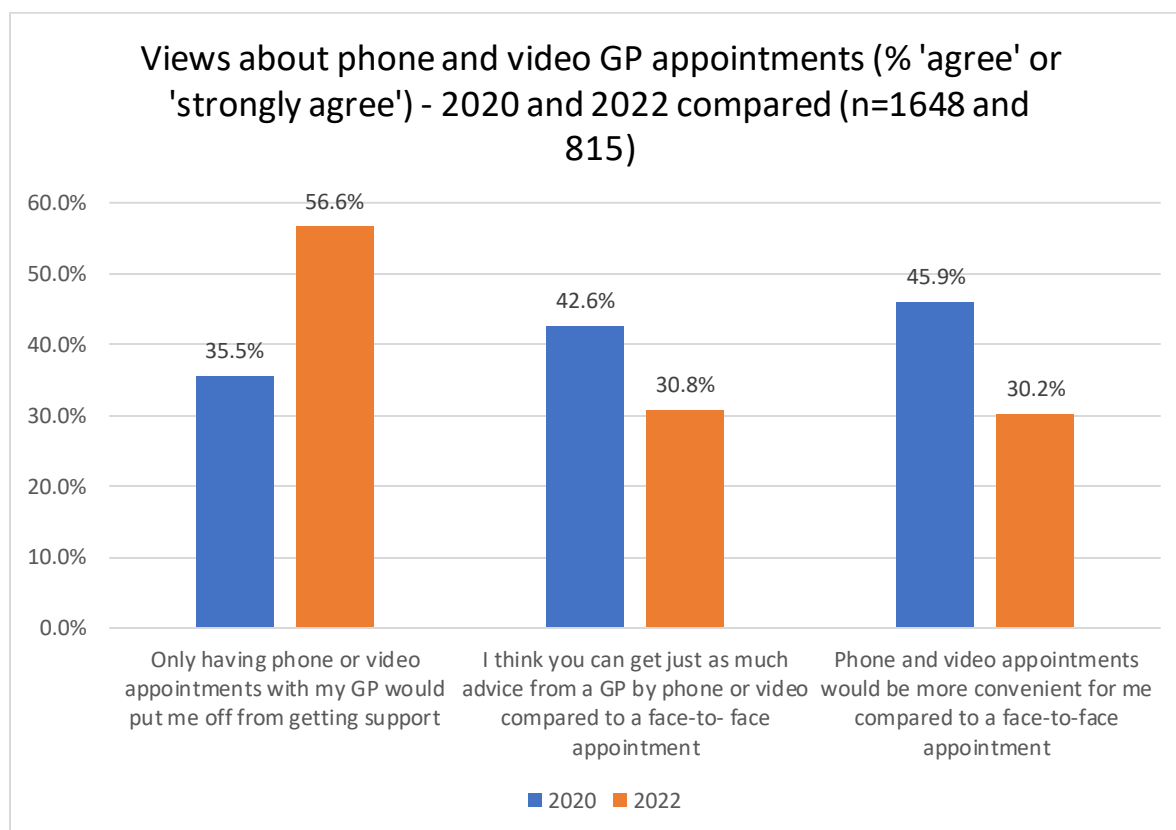


It is important to emphasise that these results were rather polarised with significant levels of disagreement alongside agreement. Approximately, one-half did not agree that you

could get the same level of advice through phone and video (51.2% disagree), that only having remote appointments would *not* put them off from getting support (23.3% disagree), and that they are not always convenient for people (41.7% disagree).

2020 and 2022 compared

These three questions showed the most difference when comparing 2020 to 2022 data. The greatest difference was the increased agreement ('strongly agree' or 'agree') that 'only having phone or video appointments with my GP would put me off from getting support' (increasing from 35.5% agreement in 2020 to 56.6% in 2022). There was also lesser agreement towards 'I think you can get just as much advice from a GP by phone or video compared to a face-to-face appointment' (reducing from 42.6% in 2020 to 30.8% in 2022), and 'phone and video appointments would be more convenient for me compared to a face-to-face appointment' (45.9% in 2022 to 30.2% in 2022).



These findings indicate a growing reluctance towards having remote appointments, although it is difficult to speculate why this is the case. Is it because face-to-face is more available at the time of this survey, compared to June 2020, or is it a genuine decline in satisfaction towards remote appointments, supported by the preference towards a mixture of remote and face-to-face appointments depending on condition shown earlier?

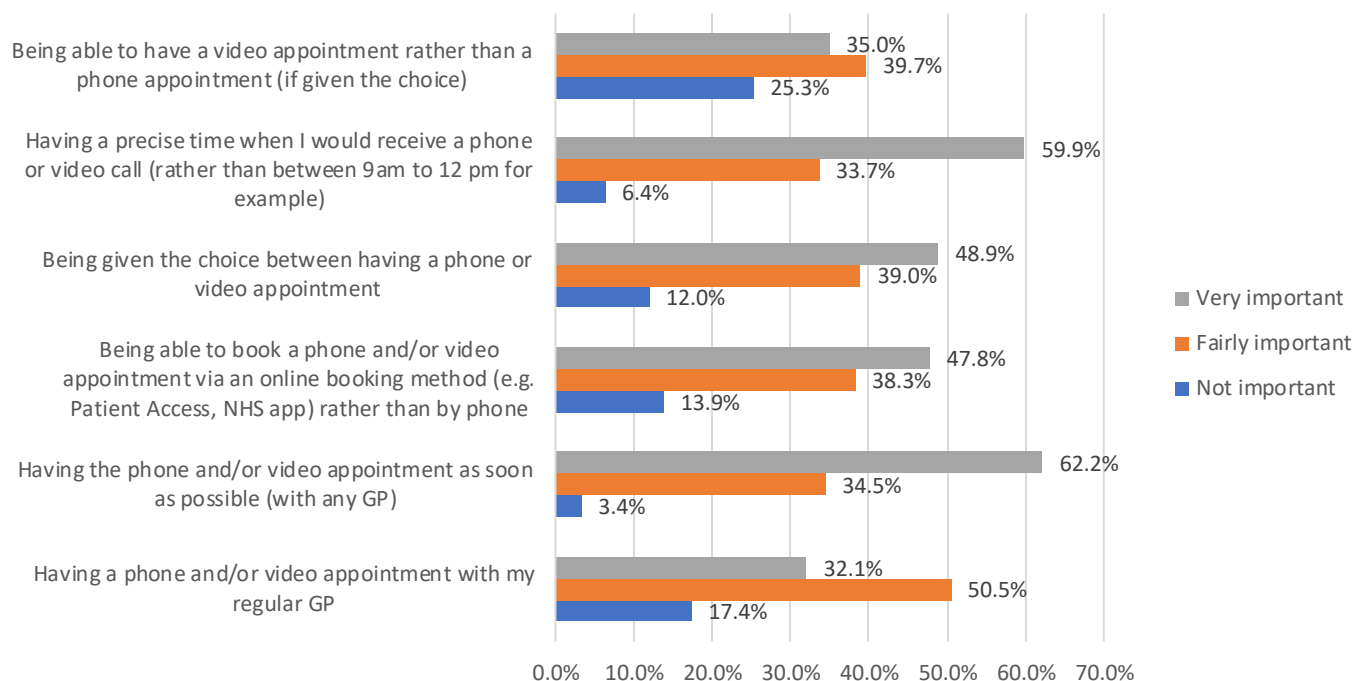
The inclusion of those not happy for any remote appointment (as was the case in 2020) can also explain these results, with 79.4% agreeing that only having phone or video appointments with their GP would them off from getting support (compared to 56.6% of the wider sample); only 4.9% agreeing that you can get just as much advice from a GP by phone or video compared to face-to-face (compared to 30.8% of the wider sample); and only 5.7% agreeing that phone and video appointments are more convenient (compared to 30.2% of the wider sample).

When excluding those who are not happy for any form of remote appointment, the proportions are still notably different than the 2020 figures, indicating some dissatisfaction with remote appointments. 51.9% agreed that only having phone or video appointments with their GP would them off from getting support (compared to 35.5% in 2020); 36.2% agreed that you can get just as much advice from a GP by phone or video compared to face-to-face (compared to 42.6% in 2020); and 35.3% agreed that phone and video appointments are more convenient (compared to 45.9% in 2020).

7. Preference towards different aspects of remote appointment (for all those happy to have remote appointments in the future)

This question asked about seven different aspects of remote GP appointments. These findings did not include those who were not happy for any form of remote appointments as the questions would not apply.

Thinking about phone and/or video appointments with a GP (rather than face-to-face), how important are the following for you? (n=625-627)



The highest rating for 'very important' was having appointments as soon as possible with any GP (62.2%) which ties in with one of the main reasons for delaying appointments shown previously. This was followed by a similarly high rating for having a precise time when receiving a phone or video call (59.9%). These two responses were around 10 percentage points higher than being given the choice between having a phone or video appointment (48.9%) and being able to book appointments online (47.8%).

Equally significant are the lower ratings, showing less importance for being able to have a video appointment rather than a phone appointment (25.3% rated this as 'not important') and having a phone and/or video appointment with my regular GP (17.4% rated this as 'not important'). The former ties in with the higher 'happiness' for phone over video appointments noted above.

Differences

The significant differences were as follows:

- People with **disabilities** showed more importance towards having the phone and/or video appointment as soon as possible (with any GP) - $H(1) = 6.350, P = .012$.

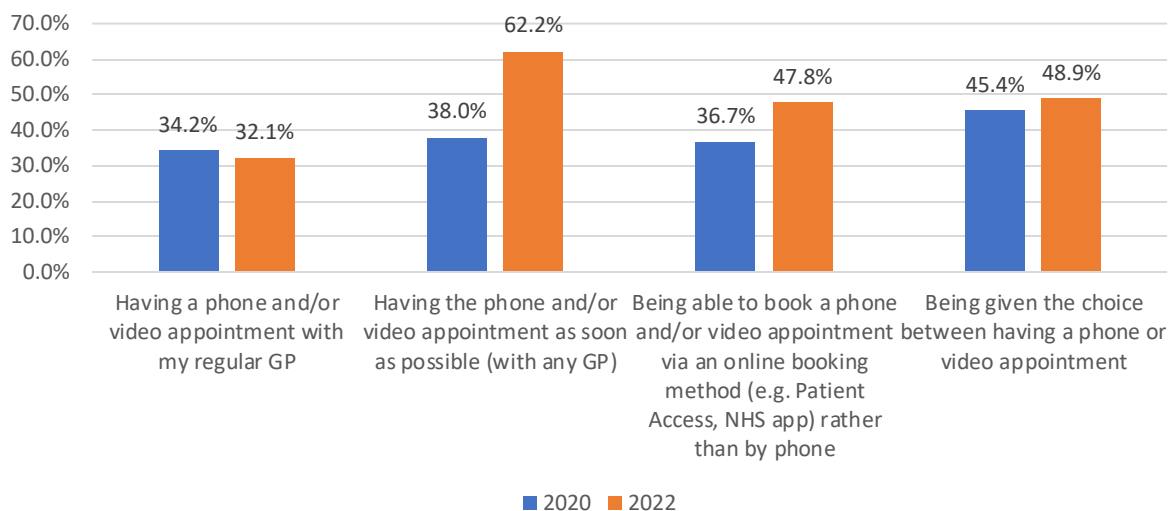
- People with **disabilities** showed more importance towards being able to book a phone and/or video appointment via an online booking method (e.g. Patient Access, NHS app) rather than by phone - $H(1) = 4.84, P = .028$.
- **Women** showed more importance to being given the choice between having a phone or video appointment - $H(1) = 4.71, P = .030$.
- **Women** showed more importance to having a precise time when they receive a phone or video call (rather than between 9am to 12pm for example) - $H(1) = 4.72, P = .030$.
- **Women** showed more importance to being able to have a video appointment rather than a phone appointment (if given the choice) - $H(1) = 5.95, P = .015$.
- **White-British people** showed more importance to having a precise time when they receive a phone or video call (rather than between 9am to 12pm for example) - $H(1) = 8.66, P = .003$.
- **Older people** saw less importance to being able to book a phone and/or video appointment via an online booking method (e.g. Patient Access, NHS App) rather than by phone - $r(636) = -.193, p = .000$ ¹³.
- **Older people** saw less importance to being able to have a video appointment rather than a phone appointment (if given the choice) - $r(611) = -.195, p = .000$.

2020 and 2022 compared

For those that had shown a preference for remote appointments they were invited to show their extent of agreement or disagreement towards aspects of GP appointments in both 2020 and 2022:

¹³ Spearman's rank correlation.

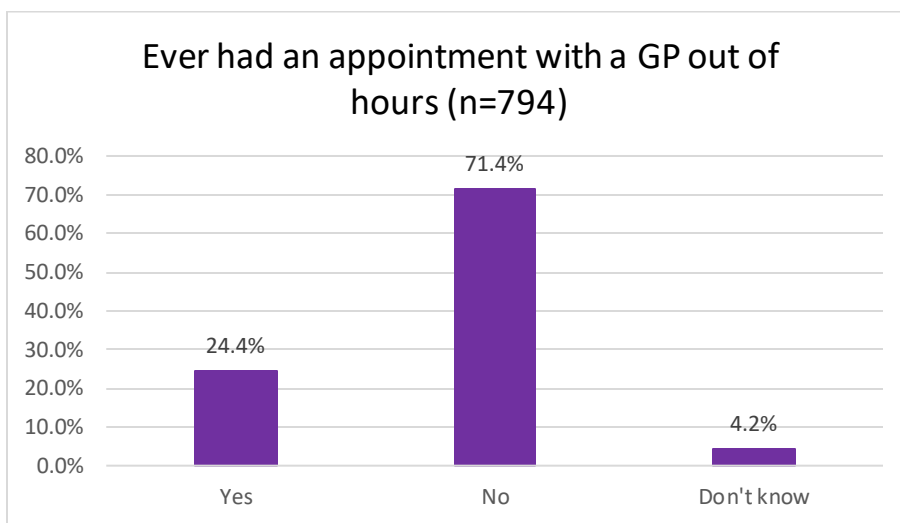
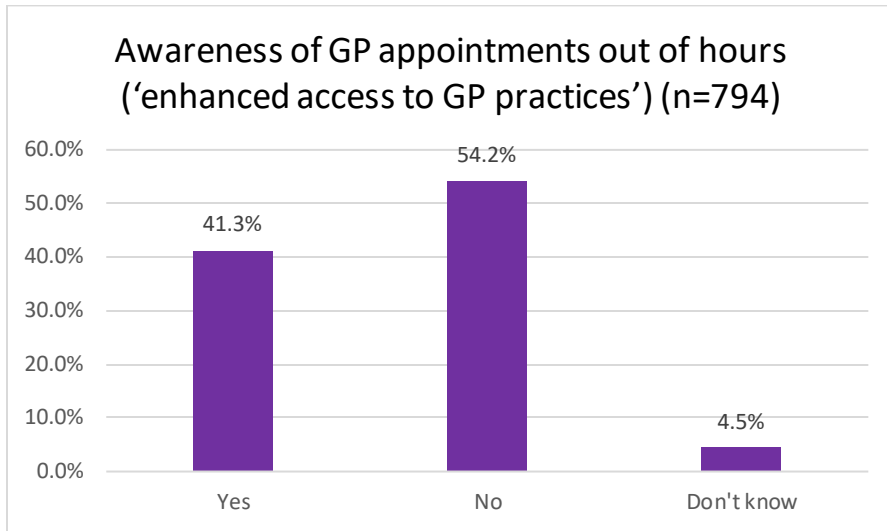
Thinking about phone and/or video appointments with a GP (rather than face-to-face), how important are the following for you? - 2020 and 2022 compared - % 'very important' (n=1605, 656)



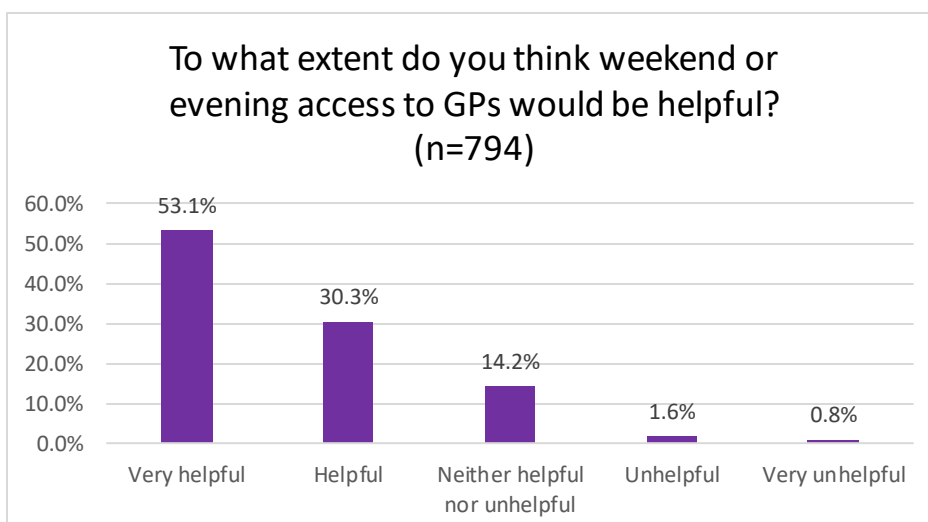
The main difference between 2020 and 2022 was the importance to have the GP appointment as soon as possible, with any GP - rising from 38.0% as 'very important' in 2020 to 62.2% in 2022. This shows that people may not be so intent on seeing their regular GP, with having the appointment as soon as possible being a priority. This also shows the likely demand for same day appointments offered by some online providers (e.g. Livi) and the helpfulness of enhanced GP-access shown later.

8. Awareness, use and views about enhanced access to GP practices

Three questions were asked about enhanced access to GP practices - appointments outside of normal practice hours. The results showed that the majority were unaware of this service (54.2%) and most had not taken up the service (71.4%).



For those already aware, and those being made aware through this survey, the results showed that people viewed this as a helpful initiative to access their GP (83.4% viewed this as 'very helpful' or 'helpful'):



Conclusions and recommendations

This study has provided an update of people's opinion about accessing their GPs. Within the context of the ongoing pandemic and a reduction in GPs nationally and locally, there were several key findings.

Most notably, people are particularly concerned about accessing their GP as soon as possible and knowing more precisely when they would receive a call or video appointment - more important than seeing their regular GP. Steps to ease the making of appointments, through online booking systems are not always available and some people prefer to call the surgery rather than pursue the online option.

Although most people are accepting of remote appointments, it is notable that two-thirds prefer the model of remote and face-to-face depending on their condition. However, around one-in-six people do not want any form of remote appointment and will only visit their GP in person. This is likely to be an underestimate given this was an online survey.

It is also notable that since 2020, comparing the exact same questions, that some are discouraged by remote options, particularly as to whether the advice is equivalent to that face-to-face. Also, only having an option of remote appointments may put off some people off from getting support. It appears the nature of the condition determines whether people opt for remote or face-to-face appointments.

Recommendations, including areas that need further exploration

1. For the NHS and Public Health to monitor and share local data on the proportion of face-to-face GP appointments - in October 2022, 69.8% of all appointments in Sussex were carried out face to face and 26.3% were by phone.
2. Investigate whether GPs and practices are offering more precise times to contact people remotely.
3. Examine which GP practices have an option to book appointments online.
4. Provide mental health support and data security processes on GP websites.
5. Raise awareness of enhanced access to GP practices through GP websites and other means.

Appendix 1 - Survey questionnaire



Your views about GP services in Sussex

1. Why we are doing this survey?

This 5 minute survey, run by Healthwatch in Sussex, asks your views about getting support from your GP, including what you think about remote (non face-to-face) appointments. Some questions will ask you to think about the time since the Covid pandemic (from March 2020). We ran a similar survey in 2020 and want to see if people's views have changed.

Healthwatch in Sussex (consisting of Healthwatch Brighton and Hove, Healthwatch East Sussex and Healthwatch West Sussex) helps to improve health and social care services across the area by listening to people, and using this to influence people who fund services.

There is also an opportunity to enter a prize draw to win one of three £25 High-Street vouchers and volunteer for a follow-up phone call to discuss your views further.

If you have any questions about the survey please contact info@healthwatchbrightonandhove.co.uk.

All findings are treated in the strictest confidence. For details of our privacy policy please click [here](#).

Thank you for taking part!

1. Where do you live? *

- Brighton and Hove
- East Sussex (excluding Brighton and Hove)
- West Sussex
- Other area (please specify):

2. Since the start of the Covid pandemic (March 2020) have you ever had an appointment with your GP (including face-to-face, phone or video)?

- Yes
- No
- Not sure

3. Since the Covid pandemic (March 2020) have you ever needed to see/talk to a GP but chosen not to make an appointment? *

- Yes
- No
- Don't know

Reasons for not having a GP appointment?

4. When you felt you needed care, why did you not make an appointment? Please tick all that apply

- I tried to make one but waited too long on the phone
- The appointment I was offered was too far ahead
- I didn't want to burden the NHS
- I felt that my condition wasn't serious enough
- I was worried about catching Covid
- I used the NHS app for advice
- I contacted NHS 111
- I went to A&E (the Accident and Emergency Department at a hospital)
- I went to an Urgent Treatment Centre or Minor Injuries Unit
- Other (please specify):

Booking appointments online, such as via e-consult

5. Does your GP surgery currently offer an online booking form to make a GP appointment (such as Patient Access, system online or Livi)?

- Yes
- No
- Don't know

6. Since the start of the pandemic, have you ever booked a GP appointment using an online form (such as Patient Access, system online, Livi, NHS App)? *

- Yes
- No
- Don't know

Reasons for not using an online booking system for appointments

7. Please can you tell us why you have chosen not to use an online booking form to make an appointment with your GP? Please tick all that apply

*

- I did not know there was a way to book appointments online
- I tried to use the online form, but it was too complex
- I do not have a mobile phone/tablet (e.g. iPad)/computer or access to the internet
- I don't see the benefits of using an online booking form
- Even though I have the technology I still prefer to phone
- I don't trust the online form so prefer to speak on the phone
- I've always phoned up to make an appointment and don't see the need to change
- I always prefer to speak to a real person rather than go online
- Other reason (please specify):

Views about GP practice websites

8. Please say what information you see as either not important, fairly important or very important to include on a GP website

	Not important	Fairly important	Very important
How to make an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who to contact when the GP surgery is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A call-back system to save time waiting on the phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to order repeat prescriptions online.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to an online form where you can book appointments (e.g. e-consult).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How your information is kept secure, such as data protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information in different languages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access for people with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for mental health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to give feedback about the care you received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not important	Fairly important	Very important
How to join a Patient Participation Group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information for new patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your views about remote (non face-to-face) GP appointments

9. To what extent do you agree or disagree with the following statements about phone, video and face-to-face appointments with a GP?

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I think you can get just as much advice from a GP by phone or video compared to a face-to-face appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only having phone or video appointments with my GP would put me off from getting support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone and video appointments would be more convenient for me compared to a face-to-face appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Thinking about life now the UK is living with COVID-19, would you be happy to have an appointment with your GP by phone, video, using photos or other online means such as text/email? Please tick all that apply *

- Happy by phone
- Happy by video
- Happy to send photos if applicable
- Happy by other online method e.g. text, email
- A mix of remote (phone, video and other online means) and face-to-face appointments depending on condition
- None of the above (I only want face-to-face appointments and none of the above options)

Your views about remote (non face-to-face) GP appointments

11. Thinking about phone and/or video appointments with a GP (rather than face-to-face), how important are the following for you?

	Not important	Fairly important	Very important
Having a phone and/or video appointment with my regular GP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the phone and/or video appointment as soon as possible (with any GP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to book a phone and/or video appointment via an online booking method (e.g. Patient Access, NHS app) rather than by phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being given the choice between having a phone or video appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a precise time when I would receive a phone or video call. (rather than between 9am to 12 pm for example).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to have a video appointment rather than a phone appointment (if given the choice).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Out of hours (enhanced) GP access

12. Are you aware of being able to have a GP appointment out of hours such as at the weekends and evenings (known as 'enhanced access to GP practices')?

- Yes
- No
- Don't know

13. Have you ever had an appointment with a GP out of hours such as at the weekend or evenings (known as 'enhanced access to GP practices')?

- Yes
- No
- Don't know

14. To what extent do you think weekend or evening access to GPs would be helpful?

- Very helpful
- Helpful
- Neither helpful nor unhelpful
- Unhelpful
- Very unhelpful

15. Please provide any further comments you have about access to GP appointments or the booking process:

About you

We have a legal duty to make sure that we provide our services in a fair way to all members of the community.

To help this, we collect equality data to better understand our demographic profile of our community so we can identify and address barriers to inclusion.

We do this so that we can show that we are acting in accordance with the law as well as to help us review and improve our services.

16. How old are you? (drop down)

17. What gender are you? (drop down)

18. Do you identify as the sex you were assigned at birth? For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.

- Yes
- No
- Prefer not to say

19. How would you describe your ethnic origin? (drop down)

Any other ethnic group (please give details):

20. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? *

- Yes a little
- Yes a lot
- No
- Prefer not to say

21. Please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark 'Other' and write an answer in the comment box.

- Physical Impairment
- Sensory Impairment
- Learning Disability/Difficulty
- Long-standing illness
- Mental Health condition
- Autistic Spectrum
- Other Developmental Condition
- Other

22. Would you be interested in any of the following: having a short conversation over the phone with someone about your views and experiences shared in this questionnaire? Entry to the prize draw to win one of three £25 High-Street vouchers?

- A short phone call
- Entry to the prize draw

23. If you answered 'yes' to any of the above, please add your email and/or phone number below:

24. This questionnaire has asked you about accessing support from your GP. Do you have any other comments about getting support from your surgery, other than from your GP? This could include support from a nurse, physiotherapist, dietician, social prescriber, etc.