

## Croydon's patients help 1200 London GPs to improve better access to services

- Healthwatch Croydon was commissioned by Healthy London Partnership to provide patient insight into the access and experience of GP services which has been sent to London's 1,200 GPs.
- Residents reviewed proposed guidance and then gave their views on what could be improved including waiting times, trust, supporting self-care and avoiding discrimination.
- Recommendations included taking a personal approach with patients, improving information, language and support for refugees and asylum seekers, use of technology, understanding the community they serve and staff and training.

A diverse group of Croydon patients have helped Healthy London Partnership develop a guide to improve better access to GPs as well as patient experience to help London's 1,200 GPs give their patients the best possible access to GP services. These residents came from a range of backgrounds from those who have lived in Croydon for many years to those who recently arrived as refugees. Carers, parents and those with long-term conditions were also represented.

Through a focus group chaired by Healthwatch Croydon, Healthy London Partnership got to hear first-hand the challenges that patients had in accessing and using GP services.

These include:

- **Appointments and waiting:** There were long telephone waits to get through; difficulties for carers in waiting for a callback. There were long waits for a specific GP and communication times for waiting in the surgery was not suitably communicated to manage expectations. Older people report that they are unable

to access appointment locations. Issues with access to primary care, appointments, and telephone systems.

- **Trust:** Building trust in relationships and with the community; reducing language barriers as a key to trust, serving the community with trust and dedication and trusting patients know their bodies and their issues.
- **Self-care and risk:** Inadequate resources provided for patients to enable them to self-care. There is a feeling that self-care will leave vulnerable patients adrift. Some patients have been left without healthcare, in one case at a risk to their life. Patients report not being able to access medication because of barriers of ethnicity and language, which mean they going without the healthcare that they need.
- **Registration, access and documents:** This includes asking for identification documents which contradicts the Primary Care contract. Refugees and Asylum seekers have been informed that they do not have correct documents or are being asked wrongly to produce documents.
- **Appointments and interpreters:** Asylum seekers, refugees, carers, homeless, vulnerable, mentally and physically disabled and other marginalised groups such as patients who are autistic, may need different appointment types. Where patients are not computer literate or do not understand the healthcare system they may require extra support. Lack of interpreters are consistently reported and barriers to informal peer interpreters.
- **Discrimination, Privacy and Dignity:** Receptionists triaging patients. Patients are feeling embarrassed by disclosing health information to receptionists. Patients report both feeling discriminated against and being discriminated against. Reported 'investigating' of asylum seekers, not being trusted regarding their status.

Based on these discussions and analysis, Healthwatch Croydon made the following recommendations.

- **Personal approach:** Take a person-centred approach, welcome patients with a variety of accessible information, consider using a glossary for practice produced materials. Be prepared to be more flexible, more often, where different patient types have been identified such as carers or those with poor mental health. Offer a named contact at the GP for those who need extra support.
- **Information:** Where patients have little experience of the NHS, include key information in a welcome pack when they are booking to inform patients of their rights and to manage expectations. Reflect to patients, particularly around self-care, to ensure they understand the process fully.
- **Language and support for refugees and asylum seekers:** There should be a commitment to use interpreters, but on some occasions use common sense when serving non-English-speaking patients in an emergency, asking friends or volunteers to interpret is felt as preferable to going without treatment. Make it clear that refugees and asylum seekers are welcome at the practice, allow extra time for speakers of other languages, consider holding this information on a list, such as the list of carers that GP's hold. Consider printouts of what was discussed at the appointments so speakers of other languages can be helped to understand their health more fully.
- **Technology:** Utilise technology for booking and cancelling bookings for those who are computer literate to free up staff and phone lines. Consider investing in technology for interpreting where other languages are frequently spoken in your borough.
- **Community:** Get to know your community, understand their culture and health needs. Invite feedback from these groups to improve the service.



role of carers, the importance of working closely with your community, the clear requirements of practices to provide of translating services and why we should all offer prompt care for patients who may only be with registered for a short period.

“We look forward to continuing working with Healthwatch Croydon as we launch and share the guide across London, to ensure the patient voice is at the heart of general practice access improvements across London.”

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### **Editor’s notes**

**Healthwatch Croydon** is here to improve the experience that Croydon people have when they need to use health and social care services. We believe that the best way to do this is by listening to patients and service users.

There is a local Healthwatch in every local authority area in England.

Our role is to make sure that local health and social care services, and the local decision-makers, put the experiences of people at the heart of their care.

We are a statutory body - this means that we have a legal status to exist within the Health and Social Care Act 2012. This means decision-makers should listen to us when we give them feedback and make suggestions.

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