Healthwatch Wirral

GP Primary Care Access Recovery Plan

2024-2025 October Report

healthwatch Wirral

Statements

Wirral Place recognises the importance of the public voice and has commissioned Healthwatch Wirral to evaluate and combine the experiences of people, their families, and the staff providing care, to gain a greater understanding of the challenges and barriers within our health and care system.

This report highlights developments and progress made, identified gaps and opportunities for further improvement'.

Karen Prior, CEO – Healthwatch Wirral

Contents

Executive Summary

The primary aim of this evaluation was for HWW to seek assurance that Wirral patients benefit from plans made by Primary Care Networks using the NHS Primary Care Access Recovery Plan model through a variety of offers while moving toward becoming a Modern General Practice.

The recovery plan guidance encourages general practices to adopt modern approaches, including using digital tools, improving triage and care navigation, and streamlining online requests and self-service options.

Healthwatch Wirral (HWW) ensured that the team carrying out the evaluation had a robust understanding of the Direct Enhanced Service, the requirements of the GP Contract and the Primary Care Access Recovery Plans.

HWW objectives included observing how the improved services such as digital tools, improved telephony systems and care navigation can impact on our local wider health and care system. Also, how primary care is addressing health inequalities through improved patient access.
The purpose of this report is to review progress made from 24-25 findings and provide observations of Healthwatch Wirral's (HWW) evaluation of the 'Plans'.

The PCARP Plans should include:

- Equality Impact Assessments (to address inequalities).
- Evidence of Social Value (to demonstrate impact on the wider health & care system on Wirral).
- A sound Communication Plan to ensure patients and Practice staff understand the purpose of the changes.

The report also provides an overview of the situation during the data collection period, highlighting key findings and trends that have emerged from our engagement with healthcare professionals, front-line staff and the local community.

Executive Summary

These insights reflect our plans & evaluation in action which included:

- PCN meetings
- The collection of public feedback via the public survey
- Conversations with reception staff who play a crucial role in managing patient access to healthcare services

During this time, we also gathered insight from Practice Managers seeking the issues they face in moving towards becoming a Modern General Practice.

It was planned that HWW continued the evaluation started in 2024 throughout 2025, using the same model, which included utilising our statuary powers such as Enter & View to give a 'snapshot' of delivery from a patient/public perspective, whilst being a 'critical friend' to primary care.

Despite trying to ensure that data was collected from as wide a range of people as possible in Wirral, there is still some way to go to ensure views are gathered to reduce health inequalities, this includes Carers and people who have a protected characteristic.

This may mean that some PCNs require more robust Communication Plans and Equality Impact Assessments may be needed. These will appear in our recommendations and future plans to support PCN's and GP Practices moving forward.

It would be helpful to understand whether changes in GP models of care have impacted on the wider system such as urgent and emergency care, and whether this has helped to reduce pressures on ED, UTC and the wider system.

The high volume of input and outputs within this project has made it difficult to determine a return on investment within this commission. However, if the recommendations and sharing of good practice within this report are implemented then patient experience & outcomes, safety and access will improve.

Key themes and trends

Our analysis revealed a range of recurring themes in both patient and staff experiences, highlighting challenges as well as opportunities to enhance GP service delivery.

Challenges with Access and Booking

People told us that getting through to their GP by phone has become easier, but there are still many who struggle to make contact, especially those who are older or have additional needs. While improvements are being felt, more work is needed to make access consistent and inclusive for everyone.

Digital Tools and Inclusion

Most practices have now introduced digital phone systems and online booking tools. However, people shared mixed experiences. While some find these options convenient, others, particularly older patients or those who aren't confident using technology, struggle to use them. Digital access needs to be inclusive and backed by support for those who need it.

Awareness and Use of Enhanced Access

Awareness of evening and weekend appointments remains low. Many patients still don't know these options exist, even when they are available at their practice. This shows a need for clearer, more proactive communication to help people make the most of all the care options available to them.

Care Navigation and Reception Support

Most practices now use care navigation to guide people to the right help the first time. However, training and confidence levels among reception staff varies. Some staff feel well-prepared, while others still need support.

Key themes and trends

Understanding of Additional Roles Reimbursement Scheme (ARRS)

Additional roles like pharmacists, mental health practitioners, and physiotherapists are in place across most GP practices. But many patients still expect to see a GP every time and aren't always aware of these new professional roles or how they can help. There is an opportunity to increase awareness and raise trust in these roles.

Reception and staff interaction

Most people described positive experiences with reception teams, but not all. Some felt staff were dismissive or acted as a barrier to care. Receptionists are a vital part of the patient journey, and continued support and training will help ensure every interaction is helpful and welcoming.

Patient Preferences and Experiences

People still value face-to-face appointments and seeing the same healthcare professional when possible. While many are open to remote consultations, a reliance on phone or online systems can make care feel impersonal or difficult to access.

Why People Turn to A&E

We heard from people in A&E who said they would have preferred a GP appointment if one had been available. This highlights the need to continue improving access in general practice to prevent people turning to emergency care when they don't need to.

1. Background

Improving access to GP services is a national priority, and the **Primary Care Access Recovery Plan (PCARP)** sets out steps to help practices across England modernise and improve how patients connect with their GP.

These steps include:

- Using **digital telephony** systems to manage calls more efficiently
- **Training staff** to better guide patients to the right care
- Making better use of appointment capacity, including through **Enhanced Access**, which provides appointments outside normal hours

In Wirral, these national priorities are being delivered through local implementation led by **Integrated Care Board (ICB) - Wirral Place** in partnership with GP practices and **Primary Care Networks** (**PCNs**).

The central focus of **Healthwatch Wirral's (HWW)** evaluation was to ensure that **patient engagement remained at the heart** of how the PCARP was delivered locally.

1. Background

Key Priorities of the Evaluation

- **Place patient voices at the centre** of PCARP implementation
- **Promote co-production** between the public, GP practices, and system leaders
- Use **effective engagement strategies** to capture real experiences
- Assess the **benefits, impact, and outcomes** for:
  - Patients using the service
  - Practice teams delivering the service.

What HWW Did to gain an understanding of how changes were being received:

- Conducted public surveys
- Facilitated interviews with PCN and GP practice staff
- Carried out **community-based engagement** to gather real-time patient feedback
- Identified areas of success and areas where **improvement and support** were needed

Staff Support and Care Navigation — training and support of reception staff to become Care Navigators, ensuring that:

- Every patient interaction was purposeful and informed
- Patients were directed to the **right service, first time**
- Access was improved during both **core hours and Enhanced Access** periods

2. Project Objectives

The objectives of the project were to:

- **Evaluate how Primary Care services across Wirral are responding to PCARP priorities, with a focus on key themes such as:**
  - Digital telephony and call handling
  - Appointment systems and demand management
  - Care Navigation and staff training
  - Access to Enhanced Hours provision.

- **Engage with Primary Care staff to understand their awareness and communication strategies** in relation to the PCARP and its implementation.

- **Collect and collate public feedback about recent experiences of GP access**, including awareness of new access routes, satisfaction with service changes, and remaining barriers to care.

- **Conduct interviews with PCN leads** to gather strategic and operational perspectives on the progress, challenges, and support needs related to the delivery of PCARP.

- **Distribute and analyse a survey of GP Practice Managers** to assess service-level implementation, staff confidence, and engagement with PCARP guidance.

- **Undertake Enter and View visits to GP practices** to observe front-desk and Care Navigation processes, and to hear directly from patients attending in person.

- **Gather insight from patients attending A&E** about their reasons for choosing A&E in order to identify opportunities for improving primary care pathways.

- **Develop recommendations for commissioners, practices and PCNs** to inform future support, training, communications, and patient engagement strategies across Wirral.

3. Methodology

This evaluation which builds on Healthwatch Wirral's previous Enhanced Access (EA) review undertaken during 2023-24, was designed to explore the implementation and impact of the **PCARP** across Wirral.

The project ran from **June 2024 to July 2025** and used a **mixed-methods approach**, incorporating both quantitative and qualitative methods to gather insight from patients, GP practice staff, and system leaders.

This approach enabled HWW to gain a rich understanding of both the **delivery and experience** of PCARP across Wirral and to highlight areas of **good practice**, **barriers to access**, and **opportunities for improvement**.

4873 responses from the public

collected via digital and in-person survey.

Topics Explored:

- **Enhanced Access**: Awareness and usage of evening and weekend appointments
- **Digital Tools**: Use of online booking systems and digital telephony
- **Care Navigation**: The staff's ability to direct patients to the right care first time
- **Communication**: How well practices are informing patients about access options
- **Implementation Progress**: Readiness and support needs of practices
- **Urgent Care Use:** Patient decisions to attend A&E instead of using GP services

3. Methodology

Data Collection Activities

Method	Description	Timeframe	Reach
Public Survey	Online and in-person survey promoted via HWW channels and GP Practices; explored patient experience	Oct 2024 – Apr 2025	4,873 responses
Practice Manager Survey	Distributed to all 55 GP practices; explored PCARP implementation and staff training	Jun 2024 – Jul 2025	23 responses from 43 practices (*49 sites including satellite sites)
Reception Calls	HWW staff contacted GP receptions to assess knowledge of services and care navigation	Sept 2024 – Jul 2025	All Wirral GP Practices contacted
PCN Lead Interviews	In-person interviews with PCN Leads	Late 2024 – Early 2025	6 interviews
Enter & View visits	Observational visits to selected practices; staff/patient conversations	Apr – May 2025	Multiple Practices (via PCNs)
A&E Patient Conversations	Face-to-face conversations at Arrowe Park A&E to understand urgent care use vs. GP access	Apr – May 2025	19 patients

4. Findings

The findings presented in this section are based on insights derived from the public survey, the results of structured telephone calls with GP reception staff, interviews with PCN leads, surveys completed by Practice Managers, Enter and View visits to GP Practices, and conversations with patients in A&E. Together, these activities have captured a range of lived experiences and professional perspectives across Wirral.

In the next pages, we share the specifics of our observations and findings, highlighting both **positive developments** and **areas where improvement is needed**. These insights are directly aligned with the project's objectives and reflect the voices of local residents and staff who interact daily with the Primary Care System.

4.1 Wirral GP Practices Public Survey 2024-2025

About the Wirral GP Access Public Survey (October 2024 – April 2025)

In line with the priorities of the Primary Care Access Recovery Plan (PCARP) Healthwatch Wirral launched a Wirral-wide public survey to better understand how people access GP services and how recent changes are affecting patient experience.

The survey explored a wide range of themes that influence patient satisfaction and access to care:

Booking and Contact Methods

We asked people how they usually contact their GP Practice, whether by phone, online systems like PATCHS, or in person. and whether these routes were easy to use. The survey explored how quickly patients were able to speak to someone and whether they were offered timely and appropriate appointments.

Use and Awareness of Enhanced Access

The survey measured how aware people were of Enhanced Access services, including evening and weekend appointments or appointments offered at different practice locations, and whether they have made use of these options.

Access to Preferred Healthcare Professionals

We asked whether patients were able to see or speak to the professional of their choice, such as a specific GP, nurse, or pharmacist, and if this met their health needs.

Digital Tools and Online Systems

We explored whether people were using digital tools like PATCHS, the NHS App, and online appointment booking systems. We also asked whether these tools are easy to navigate, and accessible for all.

4.1 Wirral GP Practices Public Survey 2024-2025

Communication and Information
We looked at how well GP Practices communicate with patients, including whether people are kept informed about services, appointment times, and who they will be seeing. Respondents also shared whether receptionists and other staff provided helpful information.

Reasonable Adjustments and Inclusion
We asked whether patients with additional needs (e.g. disabilities, sensory impairments, language barriers) felt supported, and whether GP Practices made appropriate adjustments to meet their needs.

Patient Satisfaction and Expectations
Finally, the survey captured overall satisfaction levels, including whether patients felt their expectations were met and whether they were satisfied with the quality and delivery of GP services.

Who Took Part?

To ensure a wide and inclusive reach, Healthwatch Wirral promoted the survey online and in-person via:

- HWW's website and social media
- HWW bulletins and email signatures
- Local GP Practices

Participants included:

- People of all ages and backgrounds
- Carers and individuals with long-term conditions
- People with sensory, cognitive, and physical disabilities

4.1 Wirral GP Practices Public Survey 2024-2025

What Follows

The next section summarises key findings across core PCARP themes:

- Enhanced Access awareness and use
- Booking experiences and appointment availability
- Digital access and inclusion
- Reception and Care Navigation
- Communication and information

These findings are grounded in the real voices of Wirral residents and will inform the final recommendations aimed at improving **equity, access, and experience** across local general practice.

Why This Matters

The survey responses offer a **representation** of how local people are experiencing their GP services. The findings reveal real-world experiences highlighting both **what's working** and **what needs improvement**.

Who We Heard From

Distribution of GP Practices

The following table shows which GPs the patients we heard from are registered with. This breakdown perhaps highlights the engagement across various GP Practices, providing insights into the perspectives of patients from different providers. With Paxton Medical Practice and Moreton Group Practice showing a higher number of responses from their patients.
*It is important to acknowledge that Practices have varying numbers of patients, e.g. Prenton Medical Practice serves approximately 2,000 patients whilst Moreton Group Practice has over 13,000 patients.

Registered GP Practice		
Answer Choices	**Percentage (%)**	**Respondents (n)**
Blackheath Medical Centre	0.04%	2
Cavendish Medical Centre	0.15%	7
Central Park Medical Centre	0.79%	38
Church Road Medical Practice	0.54%	26
Civic Medical Centre	8.81%	422
Devaney Medical Centre	0.17%	8
Eastham Group Practice	0.58%	28
Egremont Medical Centre	0.04%	2
Gladstone Medical Centre	0.04%	2
Greasby Group Practice	0.71%	34
Grove Road Surgery	0.27%	13
Hamilton Medical Centre	4.01%	192
Heatherlands Medical Centre	0.04%	2
Holmlands Medical Centre	0.19%	9
Hoylake & Meols Medical Centre	0.02%	1
Hoylake Road Medical Centre	0.08%	4
Kings Lane Medical Practice	0.23%	11
Leasowe Medical Practice	0.02%	1
Liscard Group Practice	0.84%	40
Manor Health Centre	9.79%	469

Who We Heard From

Distribution of GP Practices, continued

Registered GP Practice		
Answer Choices	**Percentage (%)**	**Respondents (n)**
Marine Lake Medical Practice	0.29%	14
Miriam Primary Care Group (Miriam Medical Centre and Earlston & Seabank)	0.17%	8
Moreton Group Practice	12.82%	614
Moreton Medical Centre	1.42%	68
Myrtle Group	0.10%	5
Paxton Medical Practice	22.69%	1087
Prenton & Woodchurch Medical Centre	4.61%	221
Riverside Surgery	4.32%	207
Somerville Medical Centre	0.17%	8
Spital Surgery	3.40%	163
St Catherine's Surgery	9.94%	476
St George's Medical Centre	0.27%	13
St Hilary Group Practice	0.10%	5
Sunlight Group Practice	9.14%	438
Teehey Lane Medical Centre	0.00%	0
The Orchard Surgery	0.17%	8
The Villa Medical Centre	0.02%	1
The Village Medical Centre	0.02%	1
Upton Group Practice	0.21%	10
Vittoria Medical Centre (Dr Majeed & Partners)	2.09%	100
Vittoria Medical Centre (Drs Karyampudi)	0.38%	18
West Wirral Group Practice	0.15%	7
Whetstone Medical Centre	0.15%	7

Who We Heard From

Public GP survey demographic data

Category	Percentage (%)	Respondents (*n*)
Age Group		
Under 18	0.5%	24
18-24	1.3%	64
25-34	3.9%	188
35-44	8.3%	398
45-54	14.3%	685
55-64	27.1%	1,303
65-74	28.0%	1,345
75 or older	16.7%	801
Gender		
Male	39.98%	1,928
Female	58.88%	2,839
Non-binary	0.15%	7
Prefer not to say	1.00%	48
Disability or Long-Term Health Condition		
Yes	50.3%	2,423
No	45.9%	2,215
Prefer not to say	3.8%	182
Carers (Providing Care for Others)		
Yes	20.7%	994
No	76.2%	3,665
Prefer not to say	3.1%	151

Who We Heard From

Public GP survey demographic data, continued

Category	Percentage (%)		Respondents (n)
Ethnic Background	White (British, Irish, Other)	95.9%	4,629
	Mixed/Multiple Ethnic Groups	0.6%	30
	Asian/Asian British	1.1%	51
	Black/ African/ Caribbean/ Black British	0.5%	26
	Other ethnicities	0.3%	17
	Prefer not to say	1.5%	74

The demographic analysis of the Public Survey highlights differences in patient experiences across age, gender, and disability statuses. Older participants reported greater difficulty in contacting their GP by phone but were more satisfied with staff helpfulness and had the highest confidence in healthcare professionals.

Women found phone access more challenging and were less satisfied with waiting times, though they engaged more frequently with online services.

Participants with disabilities faced barriers, struggling to contact their GP.

These insights highlight the need for targeted improvements in accessibility, communication, and digital service offerings.

Who We Heard From

Public GP survey Demographic Trends

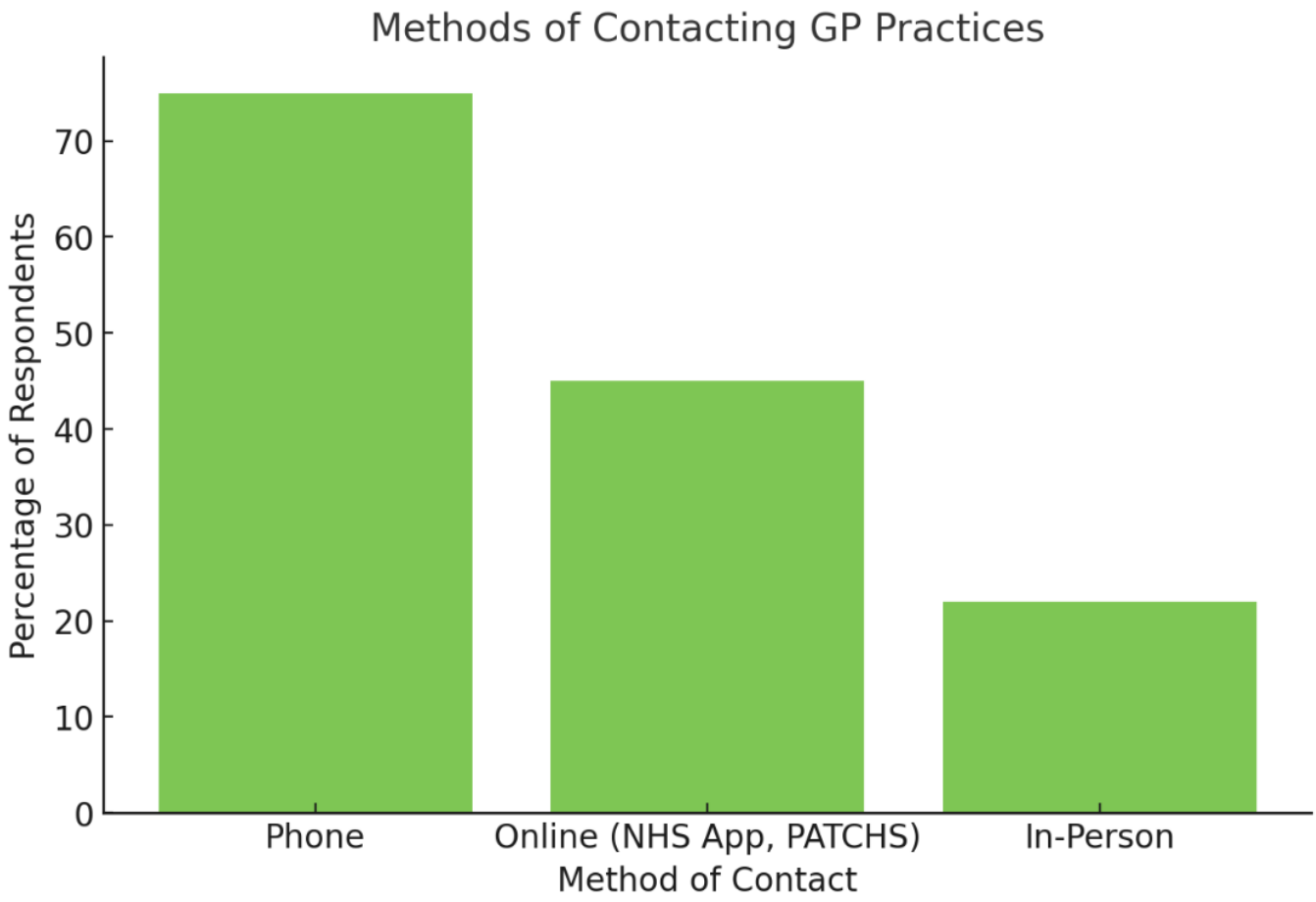
Survey Question	Age Group	Gender	Disability
Ease of contacting GP by phone	Older participants found it harder to contact via phone.	Women reported more difficulty in phone contact.	Participants with disabilities found contacting GP Practices harder.
Overall helpfulness of reception staff	Older participants rated staff more helpful.	Women found reception staff slightly more helpful.	People with disabilities found the receptionists less helpful
Confidence in healthcare professional	Confidence was highest among older respondents.	Men showed slightly lower confidence in professionals.	Confidence in healthcare professionals was lower among disabled participants.
Appointment waiting time satisfaction	Younger respondents (under 45 years old) were less satisfied with waiting times.	Women were less satisfied with wait times.	Disabled participants were less satisfied with wait times.
Awareness of NHS App	Awareness was higher among younger respondents.	Similar NHS App awareness between genders.	Lower awareness of NHS App among disabled participants.
Use of online services	Younger respondents (under 45 years old) used online services more frequently.	Women used online services more often.	Lower online service usage among disabled participants.
Accessibility of services (disabilities/ language needs)	Older respondents were more likely to report accessibility issues.	Women reported more accessibility concerns.	Accessibility concerns reported by disabled participants.
Overall GP experience rating	Older respondents gave higher ratings overall .	Men rated their experience slightly lower.	Lower overall satisfaction among disabled participants.

GP Public Survey Findings

Methods used to contact GP Practices

Many patients in Wirral continue to **rely on the telephone** as their main method of contacting their GP practice, with 74.4% of participants saying they use the phone to get in touch. A smaller, but growing number, 45% reported using **online services** such **as the NHS App or PATCHS**, while only 20.8% said they visited the practice in person. This shift toward remote and digital access reflects changes in how general practice is delivered.

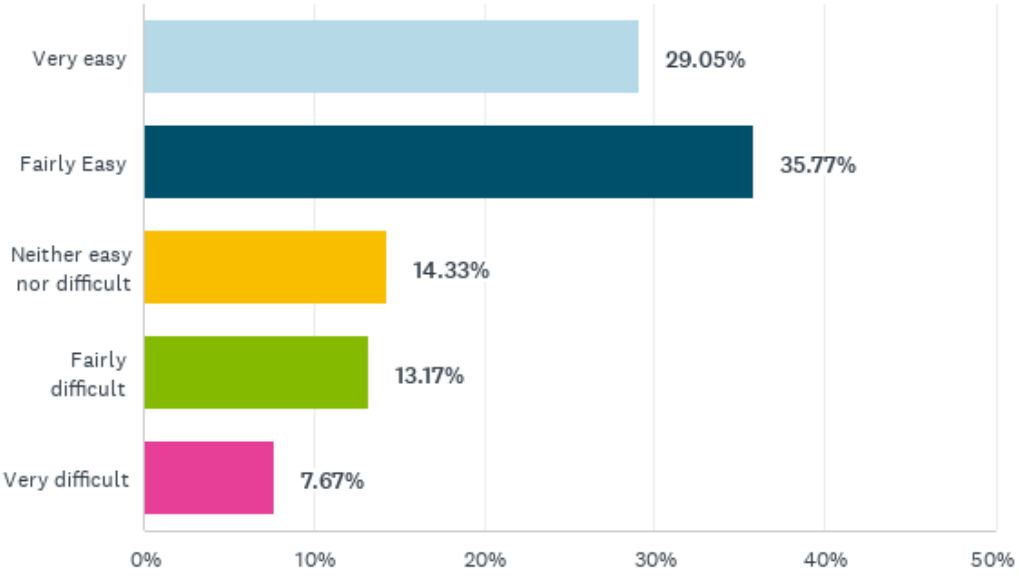
While these systems can improve efficiency and convenience, they are **not accessible to everyone**. Ensuring that multiple contact routes remain available and that they are simple, reliable, and inclusive is essential to meeting the needs of all patients across the community.



Communication between GP Practices and Patients

While the majority of participants (64.8%) had **a positive experience** contacting their GP Practice by phone, a significant proportion of patients, **over 1 in 5,** encountered difficulty. This indicates that while access by phone is generally satisfactory, there is **room for improvement** to ensure more equitable ease of contact.

Difficulty level of contacting the GP Practice by phone



National ONS GP Survey 2025

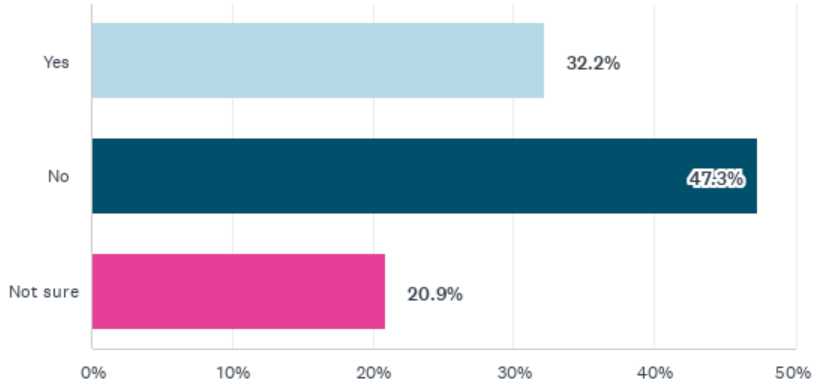
Only **52.9%** of patients nationally found it **easy to contact their Practice by phone, whilst 64.8% of patients in Wirral reported having a positive experience** contacting their GP Practice by phone.

The proportion of patients who reported difficulty contacting their Practice by phone (**20.84%**) in Wirral is also **lower** than the national combined figure (**34.7%)** for those who found it fairly or very difficult.

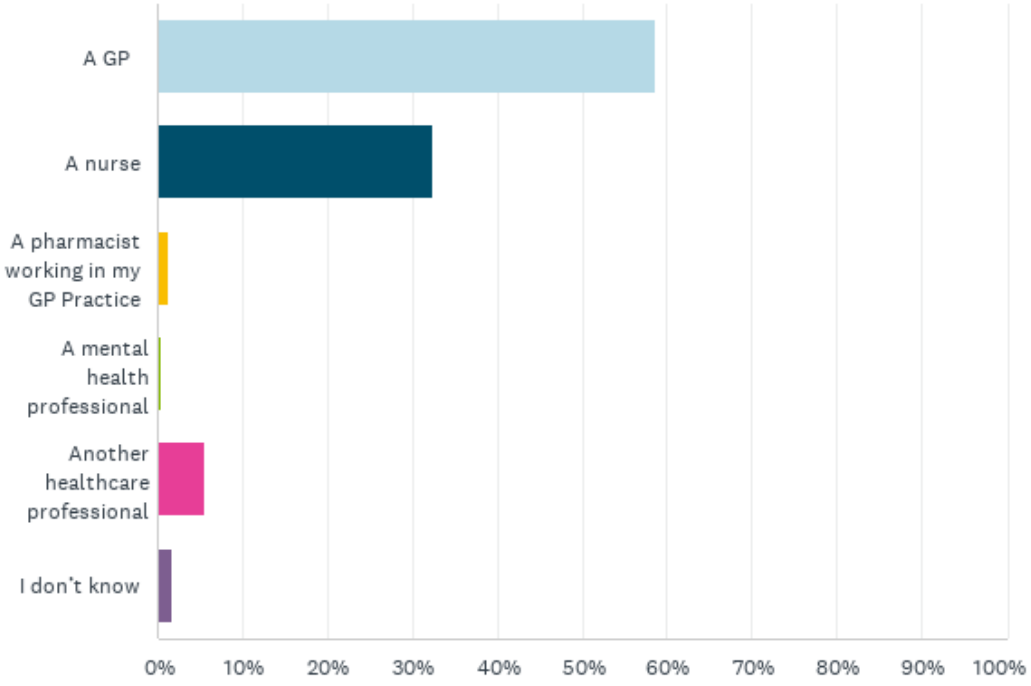
Communication between GP Practices and Patients

When patients were asked whether they are directed to other services such as community pharmacy, NHS 111, or social prescribers when contacting their GP Practice for non-urgent issues, only **32.2%** of respondents said yes. Nearly half (**47.3%**) reported they are not redirected, and **20.9%** were unsure. This suggests that Care Navigation is perhaps not yet fully embedded across all Practices, and communication around alternative options may need improvement.
*Of note that there could be several reasons why the request was not re-directed on that occasion.

Directing to other services for non-urgent issues



Health professional seen in their most recent appointment



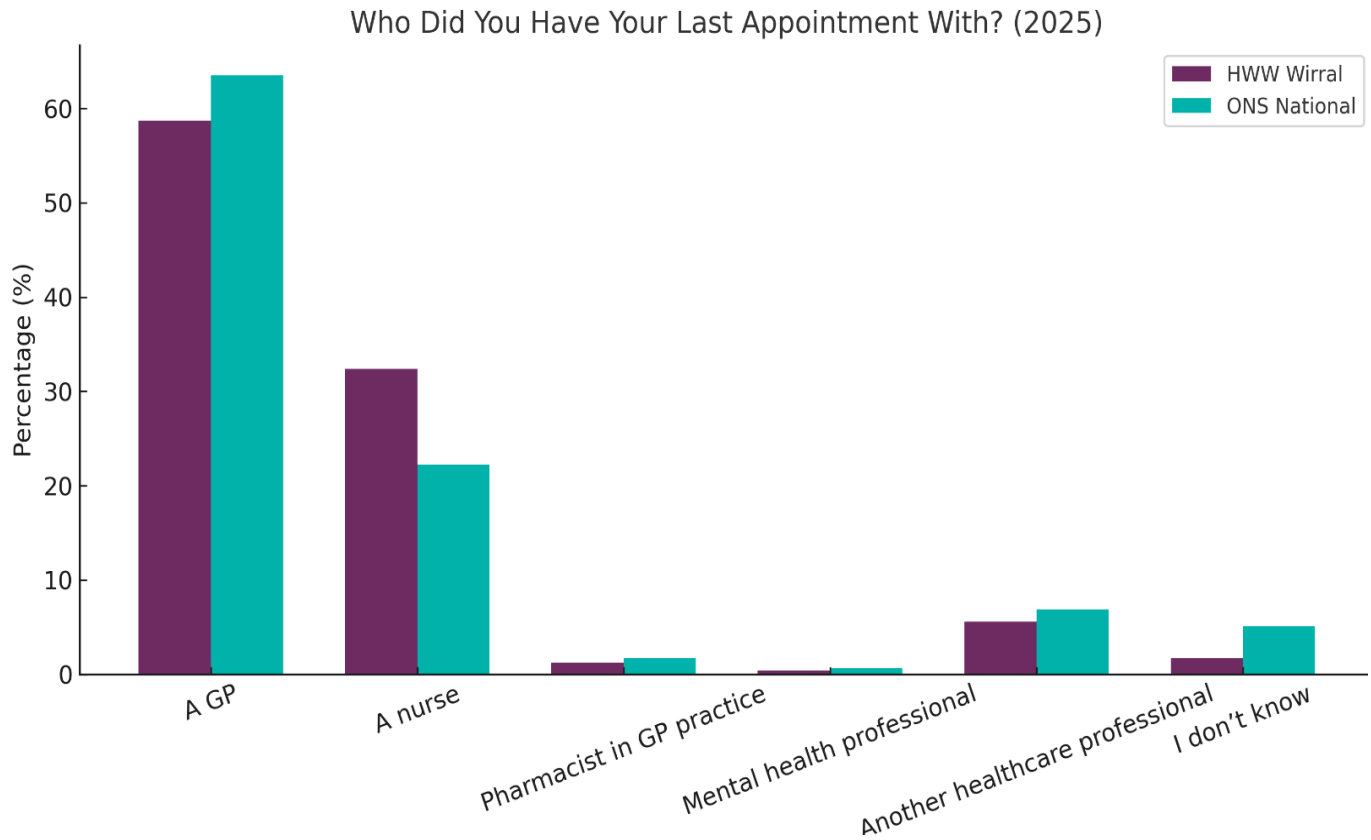
We asked participants who they had seen during their last appointment at their GP Practice. The results show that **GPs remain the most accessed healthcare professionals**, with nearly 60% of patients stating they saw a GP. This was followed by over 30% who had an appointment with a nurse.
Only a small proportion of patients reported being seen by other roles such as pharmacists or mental health professionals.

ARRS Roles

Comparing to the **national survey**, a smaller proportion of patients in Wirral saw a GP at their last appointment (58.7%) compared to the national average (63.5%).

However, Wirral reported a higher proportion of appointments with **nurses** (32.4% vs 22.2% nationally), indicating an emphasis on nurse-led care within local Practices.

This shift in care delivery may reflect local efforts to improve access and distribute clinical responsibilities more efficiently across the varied roles now available within the general practice team.

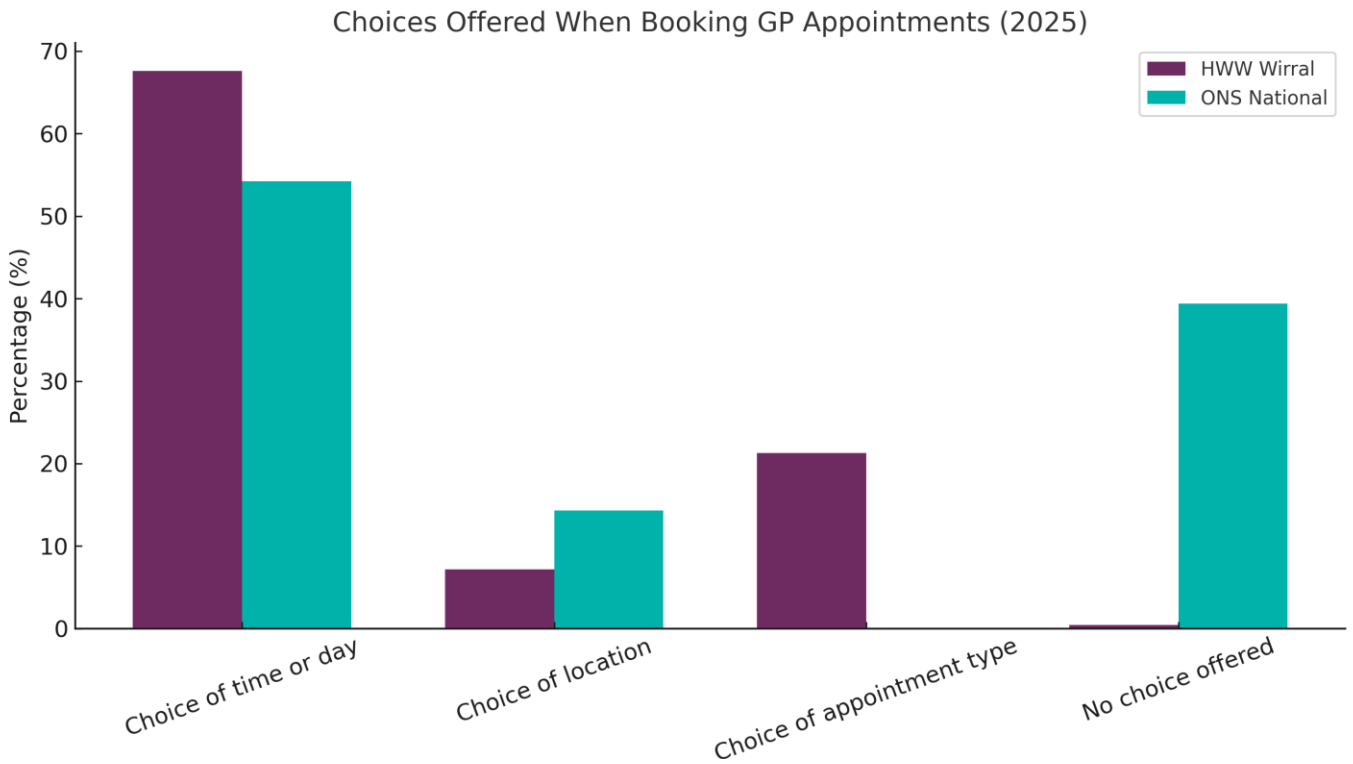


Choices of appointments offered

In our survey, 68% of patients said they were offered a **choice of time or day** when booking an appointment, compared to 54% in the **national GP Patient Survey**. Fewer Wirral participants (7%) were offered a choice of location, while the **national figure** was higher at 14%.

Our survey also asked about **choice of appointment type** (e.g. face-to-face, phone, online), with 22% saying they were given this option.

Only 0.5% of Wirral participants said they were not offered any choice, compared to 39.4% nationally, **suggesting a more positive experience in the Wirral.**



Communication between GP Practices and Patients

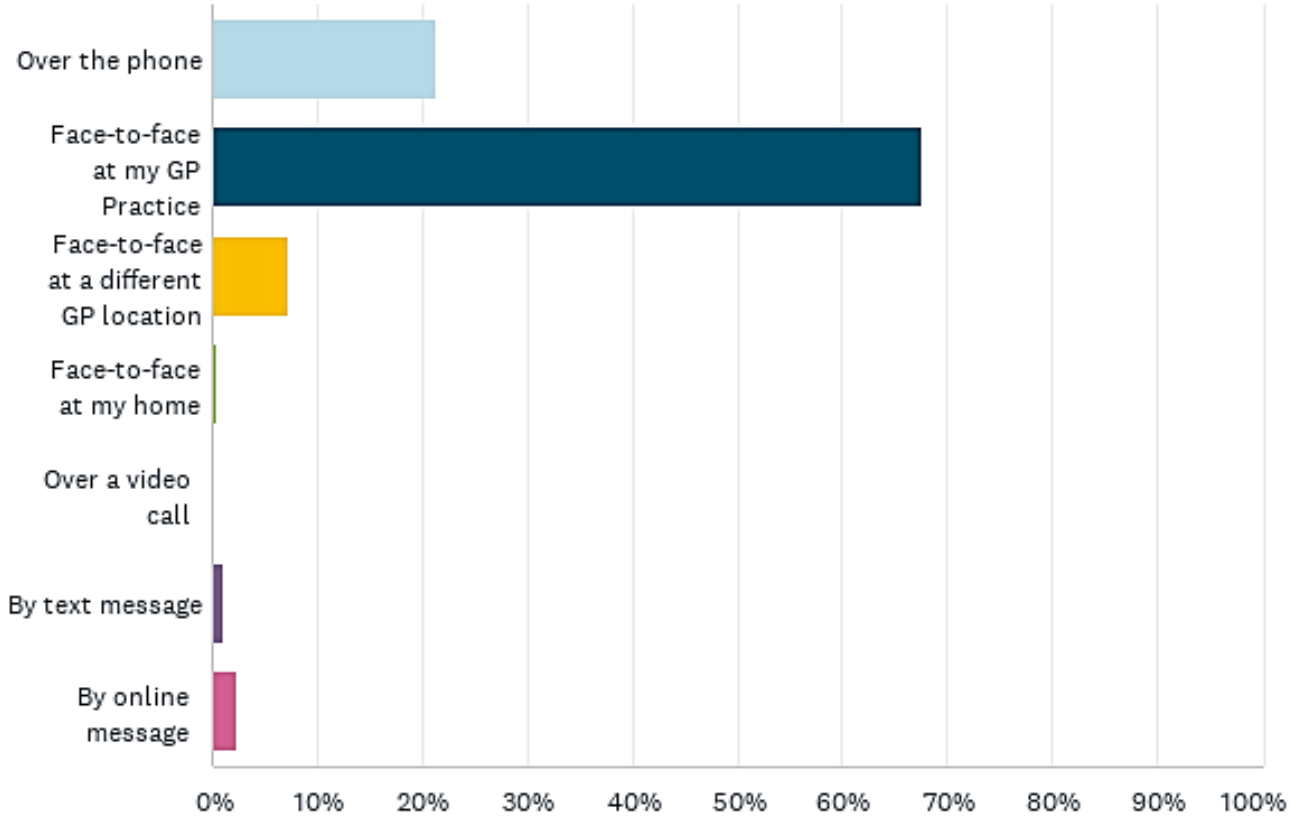
We asked the Wirral population **how their last appointment with their GP took place**. 58.7% of patients reported that their most recent GP appointment took place over the phone, **higher than the national average of 25.2%.**

Conversely, **face-to-face appointments** at the patient's GP Practice were more common nationally (67.0%) than in Wirral (32.4%).

Video consultations were used more in Wirral (5.6%) compared to just 0.3% nationally, suggesting a reliance on remote formats in Wirral GP services.

Overall, the data indicates that Wirral patients are more likely to experience remote care than patients across England.

How the appointments took place



Confidence and trust in the health professional

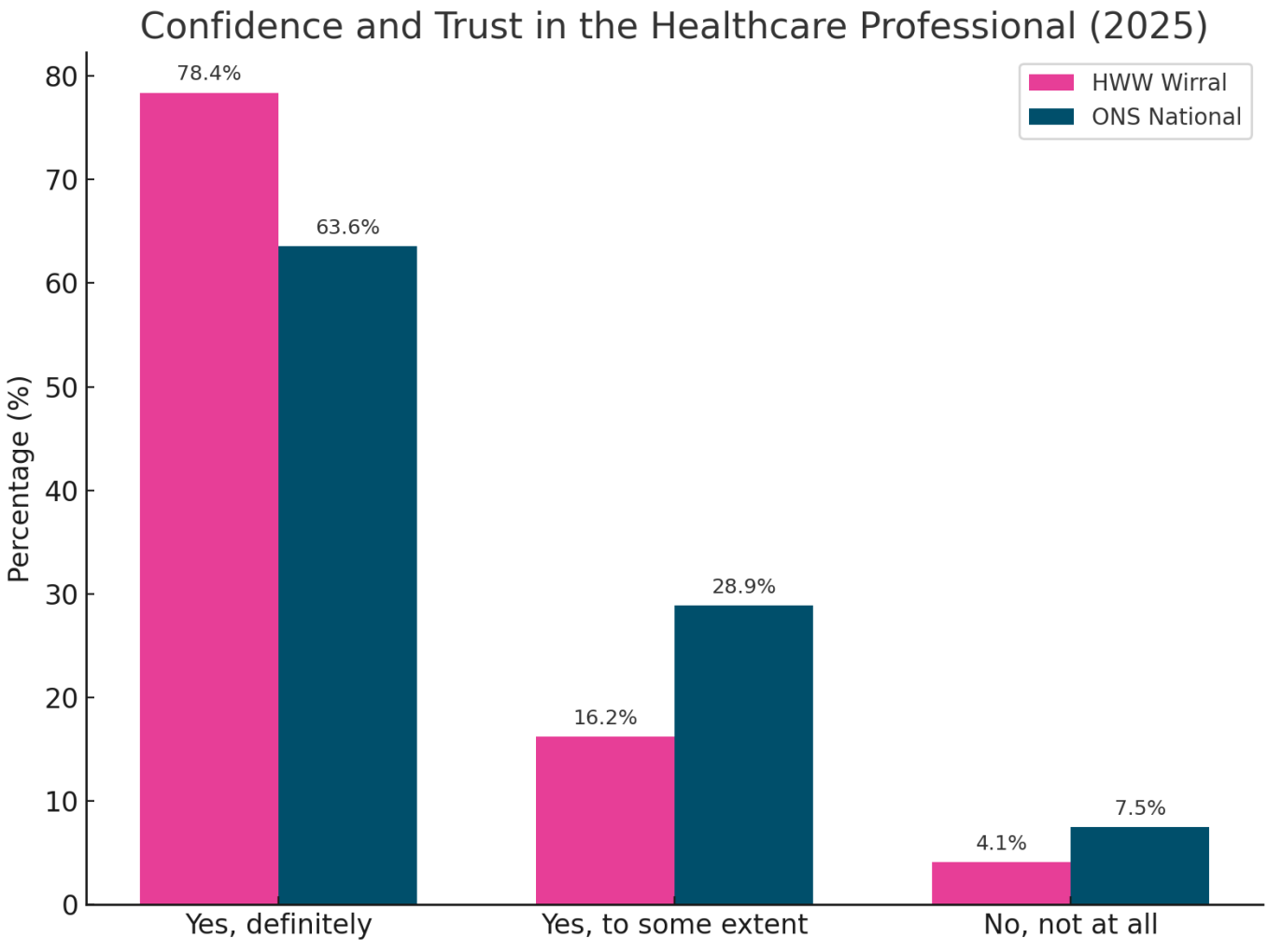
We asked residents in Wirral whether they had confidence and trust in the healthcare professional they saw or spoke to during their most recent appointment.

The majority (94.6%) said yes — 78.4% said "yes, definitely", and 16.2% said "Yes, to some extent."

This is slightly higher than the national figure of 92.5% reported in the ONS GP Patient Survey.

Just 4.1% of Wirral participants said they did not feel confident or did not trust the professional they saw, compared to 7.5% nationally.

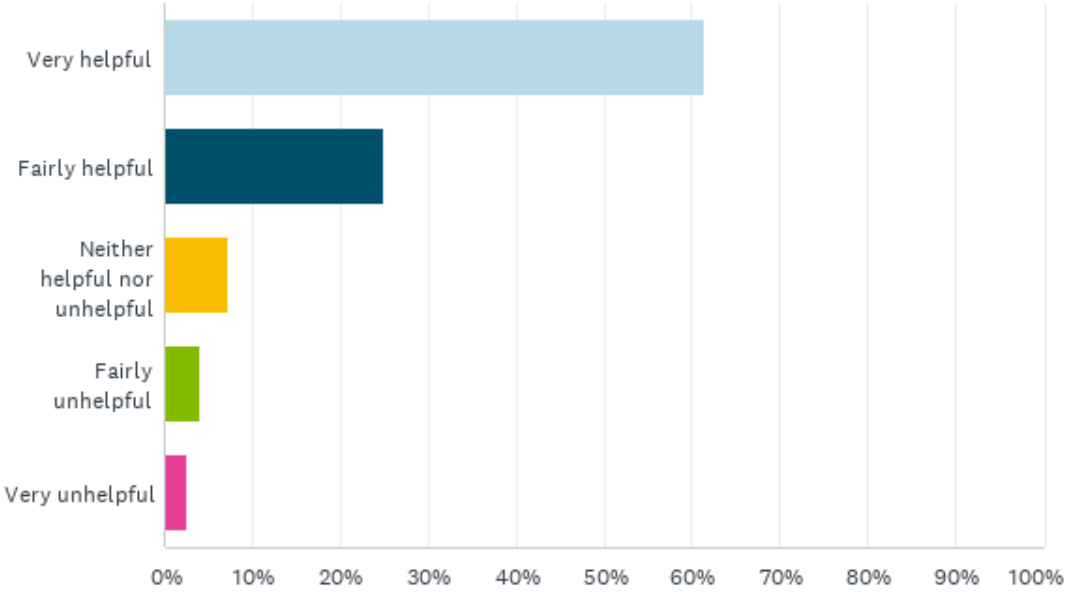
These findings suggest a **strong level of trust** in local healthcare professionals among Wirral patients.

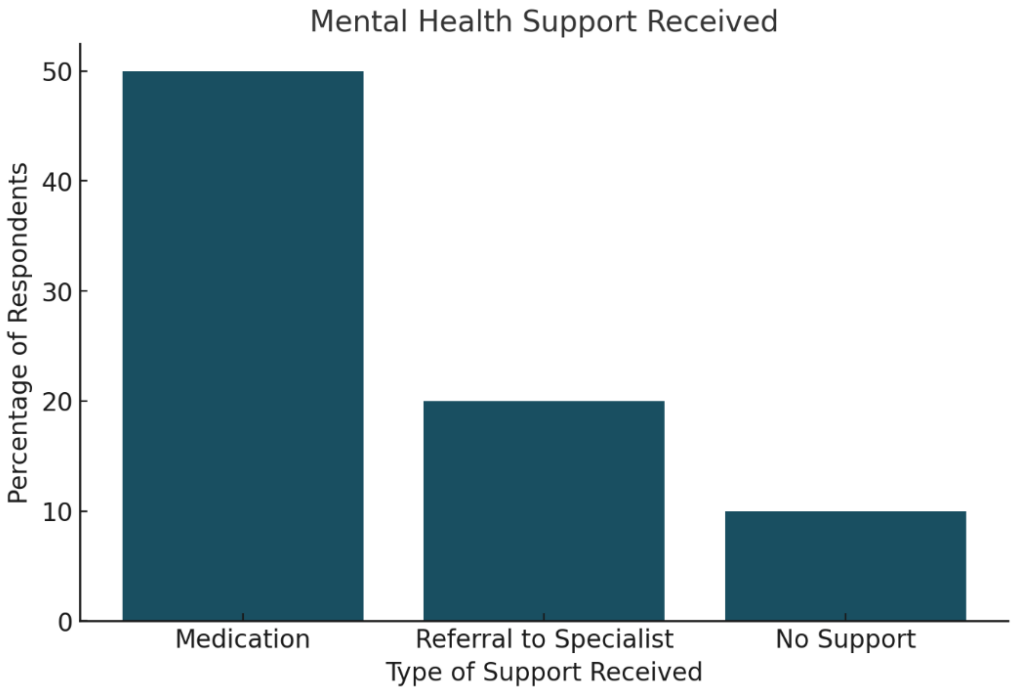


Reception and Administrative Staff

61.3% of respondents found the reception and administrative team "very helpful."
6.6% found the team unhelpful, highlighting a gap in customer service experiences.

Helpfulness of the reception and administrative staff





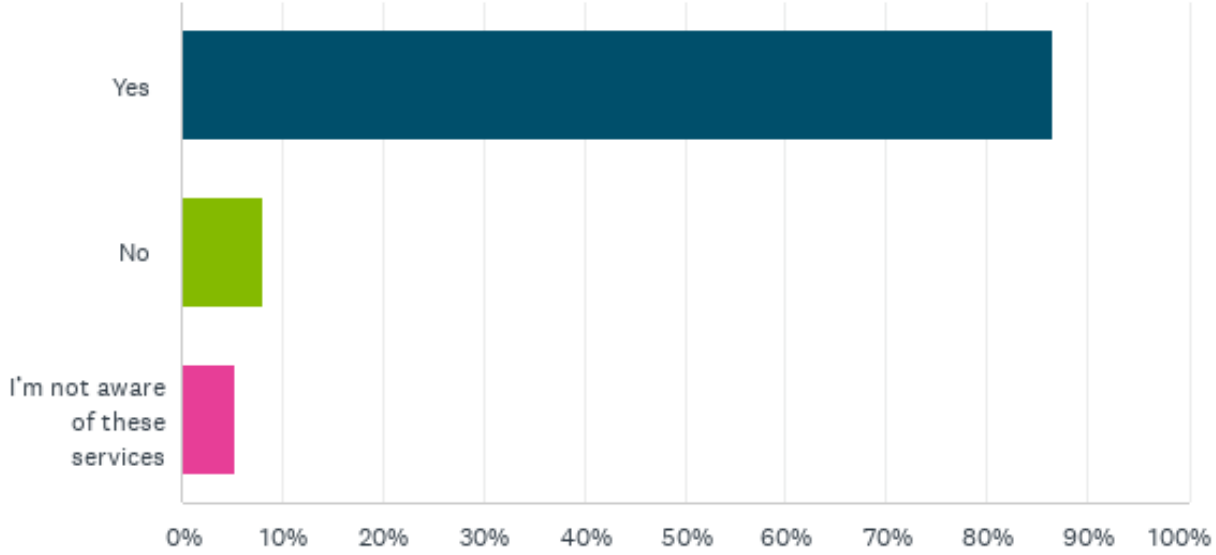
Mental Health Support

15.1% of participants wanted mental health support from their GP in the past year. **50.6%** were provided medication, **20.5%** were referred to a mental health professional, and **9.5%** did not receive support.

NHS App

We asked residents if they were aware that they can use the NHS App to book appointments, view their medical records, and order repeat prescriptions. The majority (86.6%) told us they were aware of these features. However, **8.1%** said they were not using the NHS App, and a further 5.3% said they were not aware that these services were available through the NHS App. This suggests there is still an **opportunity to improve awareness** and understanding of how the app can help people manage their healthcare more easily.

Awareness of NHS App for medical records and order repeated prescriptions



We asked residents how easy it is **to contact their GP Practice using the website or NHS App**. 48.4% said it was either very easy (24.3%) or fairly easy (24.1%), while around 15% found it difficult—8.2% said it was fairly difficult and 7.2% very difficult.
25.8% said they **haven't used digital contact methods at all**.

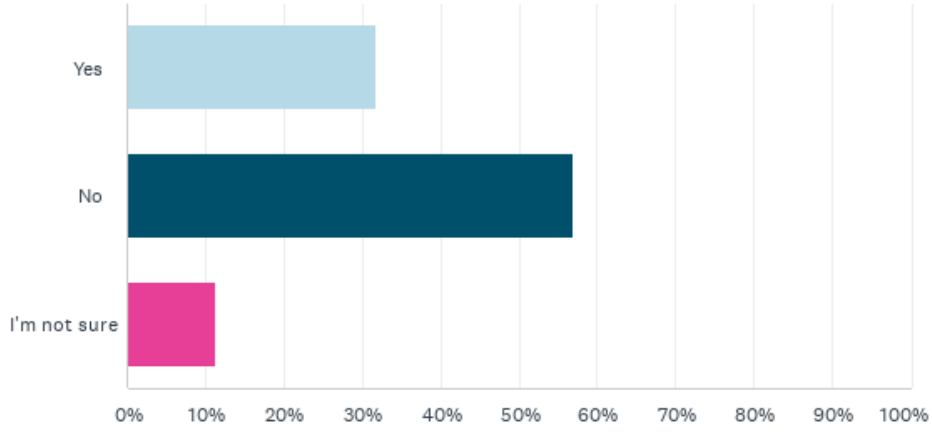
When asked about **their overall satisfaction with online services** such as booking appointments or ordering prescriptions, over half (54.9%) said they were either very satisfied (30.3%) or fairly satisfied (24.6%).

However, 11.3% expressed dissatisfaction, and 23.5% said they hadn't used online services. These results suggest that while digital access is working well for many, there remains a need to support and engage those who find it difficult or haven't yet accessed these options.

Awareness of Enhanced Access

We asked residents about **awareness of Enhanced Access services**, which include evening or weekend appointments. 31.8% of participants said they were aware of these services, while over half (57.0%) were not, and 11.2% were unsure.

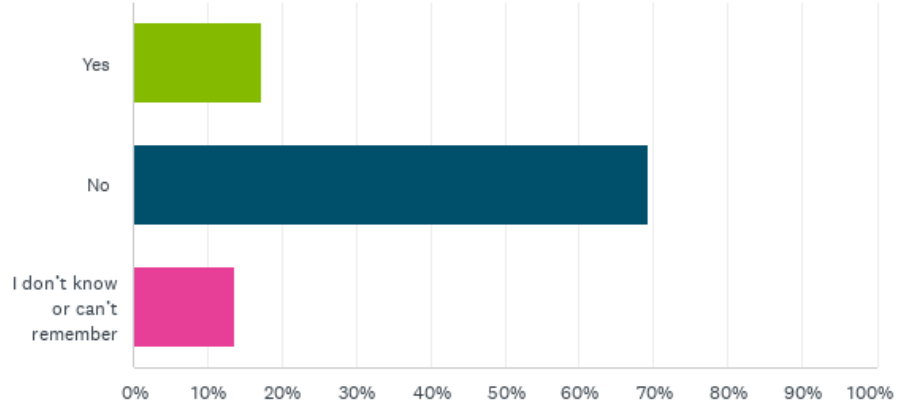
Awareness of GP Enhanced Services



We also asked whether they were offered appointments outside of standard, core hours (**8:00am – 6:30pm**).

The majority (69.2%) said they were **not offered** an out-of-hours appointment, while only 17.2% said they were. A further 13.6% said they didn't know or couldn't remember.

These findings highlight a gap in both the availability and awareness of Enhanced Access options.



Offer of Out-of-hours appointments

Overall Satisfaction with GP Practices

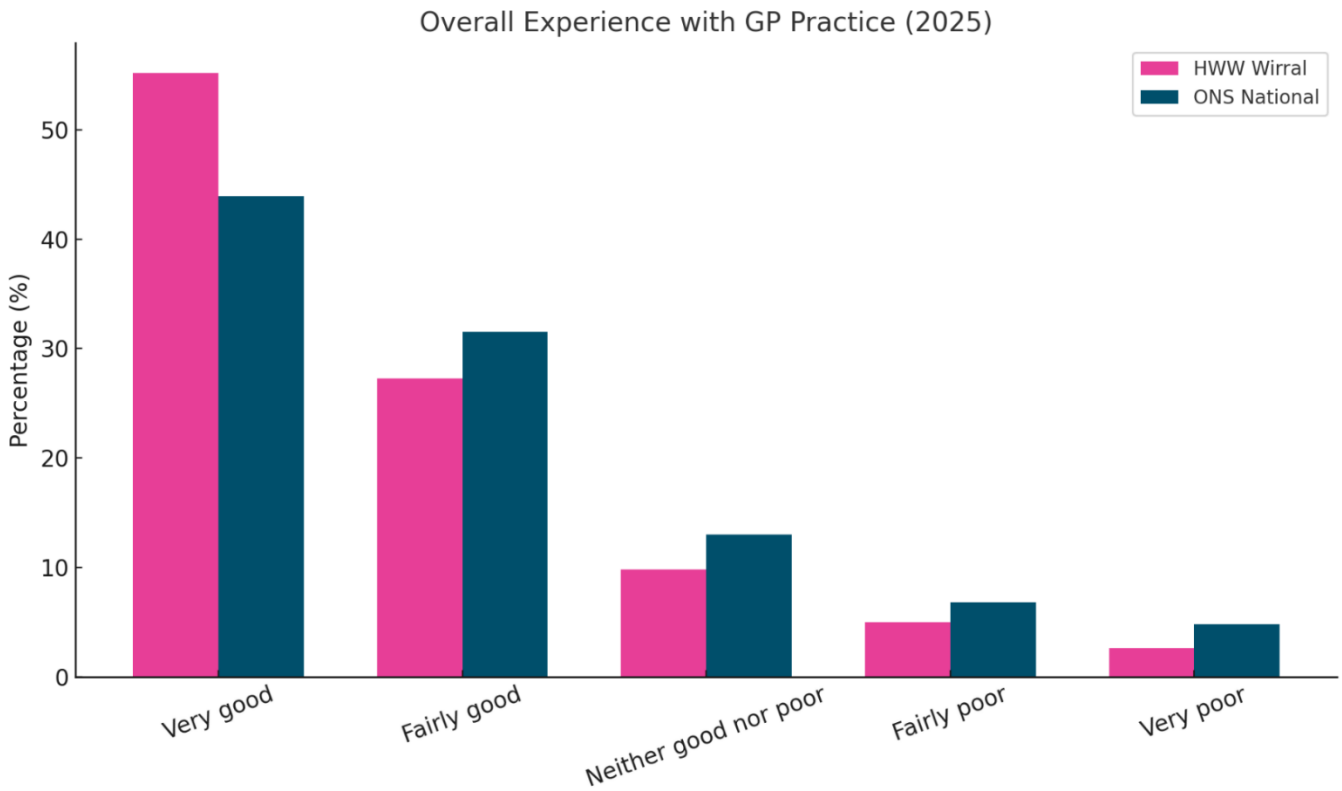
We asked residents to describe their **overall experience** with their GP practice.

In Wirral, over **four in five** patients (82.5%) rated their experience positively, 55.2% said it was *very good* and 27.3% said *fairly good*.

This is higher than the national average of 75.4% positive ratings from the ONS GP Patient Survey.

Fewer Wirral patients gave a negative rating (7.6% combined *fairly poor* and *very poor*) compared to 11.6% nationally.

These findings suggest that overall patient satisfaction with GP Practices in Wirral is higher than the national picture.



Public Suggestions

In response to "**What improvements would you like to see in the services provided by your GP Practice?"**

A total of 2,545 participants shared feedback about their experiences and expectations. The responses highlight recurring concerns about access to appointments, face-to-face consultations, continuity of care, booking systems, communication, and the role of reception staff.

Access to Appointments — Participants requested better appointment availability and faster access. **"Can't get appointments. 3 weeks wait."**

Face-to-Face Consultations — A preference remains for in-person consultations over digital or phone-only systems. **"More face to face with patient and listen what patients are asking for."**
"Old fashioned accessibility with face-to-face appointments."

Continuity of Care — Several comments highlighted the importance of seeing the same GP consistently. **"To see the same GP when needed."**
"Continuity of care. Being able to access the same doctor in follow up."

Booking Systems and Digital Access — PATCHS and online systems received criticism for usability and availability. **"PATCHS is never available to use." "PATCHS does not allow you to ask a question... Practice website is frustrating."**

Reception Staff Attitude and Gatekeeping — Reception staff interactions emerged as a barrier to care in many responses. **"Receptionists could be more helpful and sympathetic." — "Receptionist is quite abrupt and rude."**

Evening and Weekend Appointments — Access around working hours was flagged. **"Appointments /services towards working people. A number of services are Mon–Friday 9–5."**

Communication and Follow-Up — Participants wanted improved follow-up and clearer communication about test results and referrals.
"Better follow up conversation after test results etc."

Comparison with 2024 HWW Survey

The 2025 HWW GP Patient Survey for Wirral shows notable improvements in patient experience compared to our 2024 GP survey.

Most significantly, access by phone became easier, with 64.1% of participants saying it was easy to contact their GP practice—up from 49.1% in 2024. Patients were also more likely to secure appointments when they wanted them and rated staff interactions more positively.

Key improvements include:

Ease of phone contact:

49.1% (2024) → 64.1% (2025)

Overall rated experience as "Very Good":

47.4% → 55.2%

Got appointment when wanted:

64.5% → 70.3%

Reception staff helpfulness:

83.6% → 88.7%

These figures suggest better access, smoother booking systems, and more positive interactions with practice staff across Wirral.

Key Areas for Improvement and Recommendations

Phone Accessibility Issues

A high portion of participants struggle to contact their GP via phone. More call-handling support and alternative contact methods are needed.

Online Services

Many patients use online services, but challenges remain. Further training and guidance may improve acceptance.

Appointment Availability

While most participants were satisfied with appointment waiting times, improving transparency could enhance experiences.

Reception and Customer Service

Some patients reported dissatisfaction, indicating a need for staff training.

Mental Health Support

A high number of patients seeking mental health care did not receive an appropriate support. Increasing mental health referral options is recommended.

Out-of-Hours Services Awareness

Many patients are unaware of evening and weekend appointments. Targeted communication could improve service utilisation and access.

Accessibility Concerns

Over a third of participants were unsure if GP services were inclusive, suggesting a need for focus on accessibility and language support.

4.2 Practice Managers Survey

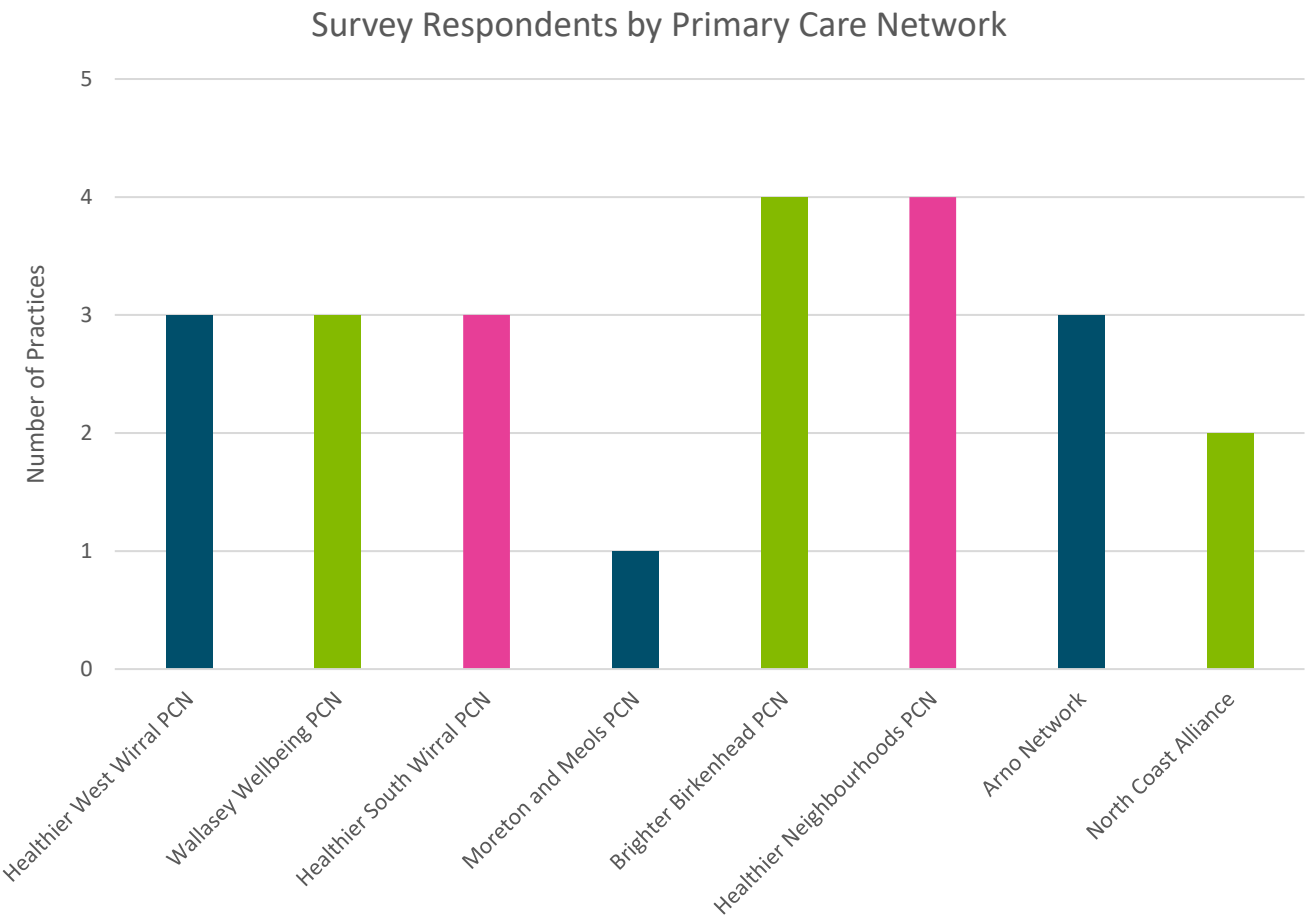
23 Practice Managers across Wirral responded to the anonymised survey. All Primary Care Networks/Service Delivery Units (SDU) in the area were represented, although participation varied.

Healthier Neighbourhoods PCN and Brighter Birkenhead SDU had the highest number of responses, with 4 practices taking part for each.

Healthier West Wirral PCN, Wallasey Wellbeing SDU, Healthier South Wirral PCN, and Arno SDU each had 3 responses.

North Coast Alliance SDU had 2 responses and Moreton and Meols PCN had one response.

*Due to low response rates within deadline, the survey was sent out again. Data from the larger cohort has been used in this analysis to avoid any possible duplication.



4.2 Practice Managers Survey

We asked GP Practice Managers (n=23) how they are putting the **Primary Care Access Recovery Plan** into action, and what kinds **of support or challenges** they are seeing in their day-to-day delivery of **appointments and care navigation.**

Their answers revealed good progress overall but also highlighted where extra help may be needed to **make access work better for everyone**.

91% (21)
of practices reported that they have moved to a **Modern General Practice Access** model.

100% (23)
of practices have implemented **digital telephony systems**. With reduction in patients being on hold and improved phone contact and 8am rush management.

91% (21)
of the Practice Managers said they offer online booking options to patients.

95% (22)
said they have sustained **Care Navigation**, showing it is now embedded in routine operations.

90% (20)
use **Internal cascading** to maintain Care Navigation, followed by **induction-based learning** (72%) and **online training** (63%). 50% use **commissioned external training or written handbooks**.

ARRS Roles

Practice Managers mentioned the use of a wide range of **ARRS roles** within their practices, highlighting how these roles are being used to support access and reduce pressure on GPs.
The variation in use of some roles, such as Mental Health Practitioners, Learning Disability Coordinators, and Women's Health Services, suggests there may be opportunities for wider adoption or increased patient awareness.

78% (18)
use Social Prescribers to support patients with non-clinical and social needs, such as isolation, housing, or mental wellbeing.

74% (17)
said they have a PCN Clinical Pharmacy Team, helping with medication reviews, prescription queries, and long-term condition management.

65% (15)
use First Contact Physiotherapists to manage musculoskeletal issues and reduce GP demand.

65% (15)
use Health & Wellbeing Coaches, often supporting lifestyle change, behaviour goals, and proactive care planning.

22% (5)
use Mental Health Practitioners, often shared across practices and focused on low-level psychological support.

17% (4)
said they have a Learning Disability Coordinator, helping patients navigate the system.

39% (9)
use Women's Health Services as part of their ARRS offer, supporting contraception, menopause, and gynaecological care.

What Patients Complain Most About

Practice Managers shared the most common issues patients raise when trying to access care:

- Patients feel uncomfortable sharing the reason for their call with reception staff
- Frustration when not offered an appointment on the day they call (especially during 8 a.m. rush)
- Disappointment when unable to see a GP and redirected to another clinician
- Complaints about poor communication, or unclear processes
- Difficulty using online booking systems—particularly among older or less tech-confident patients
- Concerns about how access is managed, and a sense of not being listened to

4.3 Reception Calls

To gain a better understanding of how GP practices are supporting patient access and delivering enhanced access services, staff from HWW conducted a series of telephone calls with reception teams across practices in Wirral.

The questions used during these calls were designed by HWW and focused on the receptionists' day-to-day experiences, their knowledge of booking systems, and how enhanced access is being offered to patients.

Receptionists are the first point of contact for most patients, whether by phone or in person, and play a crucial role in shaping patient experience. These conversations provide **valuable insights** into how reception staff understand and manage access, care navigation, and digital tools like PATCHS, as well as how **they support patients** with differing needs.

A review of responses from GP practices across Wirral PCNs highlights several key findings regarding patient access and telephone system functionality:

Care Navigation Training: The majority of practices confirmed that their staff had completed care navigation training, particularly those within the *Healthier West Wirral* and *Birkenhead* PCNs. Only a small number reported no training, and a few responses were unclear or missing.

Online Booking Expectations: Most practices indicated they **do not expect all patients** to book appointments online via PATCHS or similar systems. Practices commonly acknowledged the varied needs of their populations, especially older adults or those with limited digital access, and maintained flexible options, including phone and in-person booking.

Enhanced Access Availability: A high number of practices confirmed that patients are offered appointments during evenings or weekends, although a few mentioned limited uptake or unclear satisfaction from patients.

4.3 Reception Calls

The conversations revealed **variation between practices** in terms of:

Use of digital tools like PATCHS.

Whether patients are routinely informed about enhanced access (e.g. evening/weekend appointments).

Whether patients are offered appointments at other practices.

Staff confidence in handling care navigation and signposting.

Some receptionists demonstrated enhanced care navigation skills, while others had not yet received training.

Overall, practices showed a general commitment to accessibility, blending digital triage with human contact, and using enhanced access to improve capacity where appropriate.

Based on the calls, **several opportunities for improvement** were identified:

Provide consistency in receptionist knowledge about enhanced access and cross-practice booking.

Provide further care navigation training and refreshers.

Develop prompts for receptionists to offer all appropriate options (e.g. PATCHS, enhanced access, NHS App).

Continue to **value reception staff as experts** in patient access, ensuring they're involved in service change.

4.4 PCN Leads meetings

Between late 2024 and early 2025**, interviews were carried out with Leads from Primary Care Networks (PCNs and SDUs)** across Wirral. These took place in person and were led by Healthwatch Wirral staff. The purpose was to explore how PCARP was being implemented at a network level, understand the challenges and successes emerging across practices, and capture views on what additional support might be needed. Notes were taken during each meeting to document insights and recurring themes.

Brighter Birkenhead SDU, Moreton and Meols PCN, Wallasey Wellbeing SDU, Arno SDU, North Coast Alliance SDU, Healthier South Wirral PCN, Healthier West Wirral PCN and Healthier Neighbourhoods PCN to explore how they are supporting practices in implementing the PCARP. While all PCNs shared core goals, each approached implementation differently based on their local needs, infrastructure, and team structure.

Support for GP Practices

All PCNs provided clear coordination mechanisms. Healthier South Wirral introduced an Acute Capacity Team (ACT) to support core hours, while Healthier West Wirral used home visiting services to reduce GP pressure. Arno PCN offered robust ARRS coordination and clinical training, while Brighter Birkenhead maintained consistent communication through weekly Practice Manager meetings.

ARRS Roles

ARRS roles were embedded in all PCNs, with Arno showing the most diversity and structure. Healthier South Wirral noted recent expansion and a pending relaunch of awareness efforts. Brighter Birkenhead proposed patient-facing videos, while Healthier Neighbourhoods used posters, screens, and Facebook to boost visibility.

Accessibility and Digital Inclusion

Each PCN adopted a multi-modal access model, including phone, PATCHS, and in-person options. Healthier South Wirral and Moreton & Meols implemented targeted outreach (e.g. for CVD, diabetes) and digital inclusion via partnerships (e.g. Involve Northwest). Healthier Neighbourhoods ran a Digital Support Café, while Digital Champions were present in Moreton & Meols and Arno.

4.4 PCN Leads meetings

Digital Telephony

Telephony challenges, such as technical limitations, were raised by all PCNs. Healthier South Wirral faced clinical capacity constraints when trying to extend access hours. Arno and Moreton & Meols responded with peer learning and Digital Champion initiatives.

Managing Demand & Capacity

Shared booking systems, cross-site rotas, and Enhanced Access featured across the board. Healthier West Wirral and Healthier South Wirral highlighted the use of dedicated visiting or acute teams. Moreton & Meols regularly reviewed appointment and call data to match resources with demand.

Internal Communication

All PCNs had a communications plan or strategy. Healthier South Wirral held bi-weekly PM meetings to escalate support needs. Arno used WhatsApp groups for fast coordination. Shared training (e.g. Care Navigation) and use of Team Net or intranets supported messaging consistency in Brighter Birkenhead, Arno, and Moreton & Meols.

Infrastructure and IT

Infrastructure challenges were common. Healthier South Wirral reported having had no PCN-level funding for space or IT upgrades via the ICB. Service Improvement monies could be allocated to improve infrastructure and IT. Brighter Birkenhead used shared estate (e.g. St Caths Hub), while Arno sought funding for ARRS laptops. Healthier Neighbourhoods planned long-term IT improvements.

Care Homes Support

All PCNs provided structured ward rounds, proactive reviews, and emergency response (in some cases via paramedic teams). Healthier Neighbourhoods had a nurse-led, follow-up clinic.

Patient Feedback

Patient feedback was gathered at Brighter Birkenhead and Healthier Neighbourhoods. Reception teams across PCNs were trained in Care Navigation.

4.5 A&E Survey

We visited the A&E department at Arrowe Park Hospital to speak directly with patients and understand why they had attended A&E, particularly exploring their experiences with GP services beforehand.

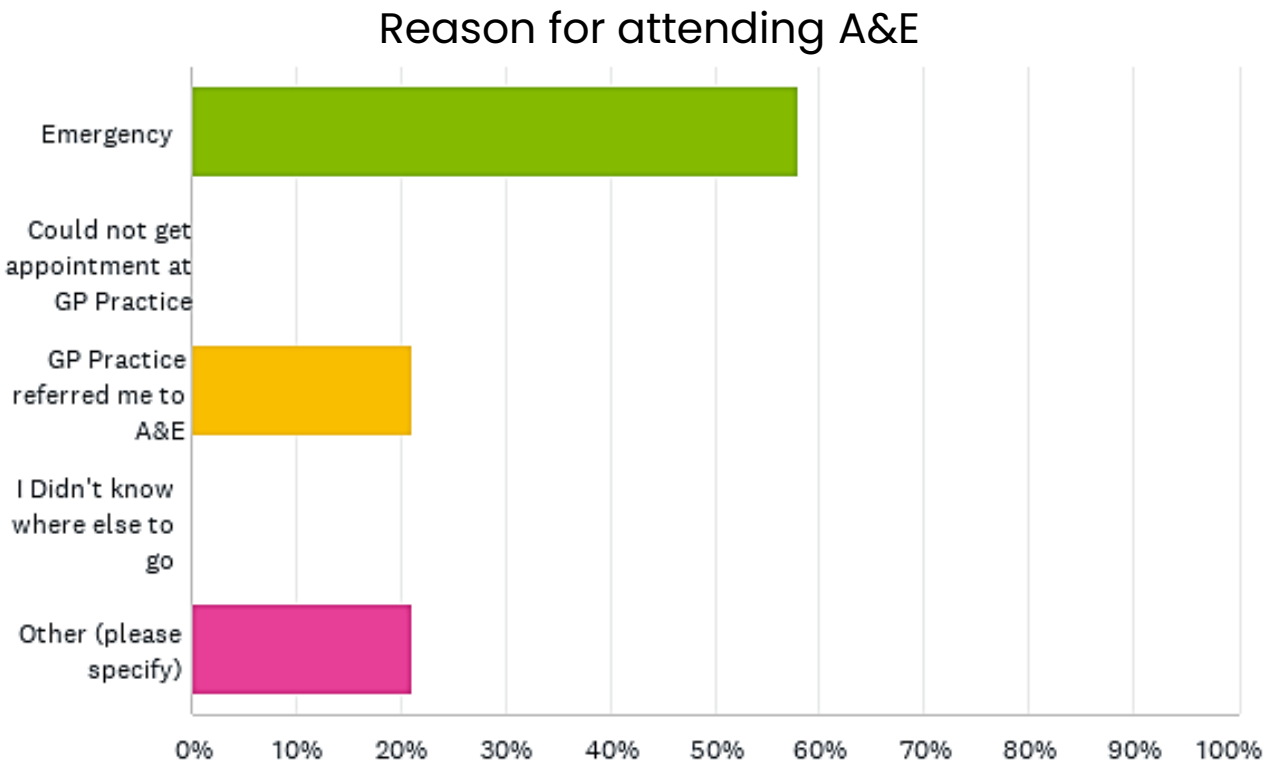
Out of 19 people surveyed, more than half said they came **due to an emergency**, while others reported they **couldn't get a GP appointment** or **were referred by their GP**.

Most had tried to access a GP or pharmacist first. Nearly all said they would have preferred to be seen at their GP Practice if an appointment had been available, highlighting ongoing challenges in accessing Primary Care that may lead people to turn to A&E instead.

Main reasons for attending A&E:

- 57.9% (11): Emergency
- 21.1% (4): GP referred them

84.2% (16/19) tried to contact their GP Practice or a pharmacist before attending A&E.
Reasons for not doing so included: no appointments available, holiday absence, or perceived urgency.

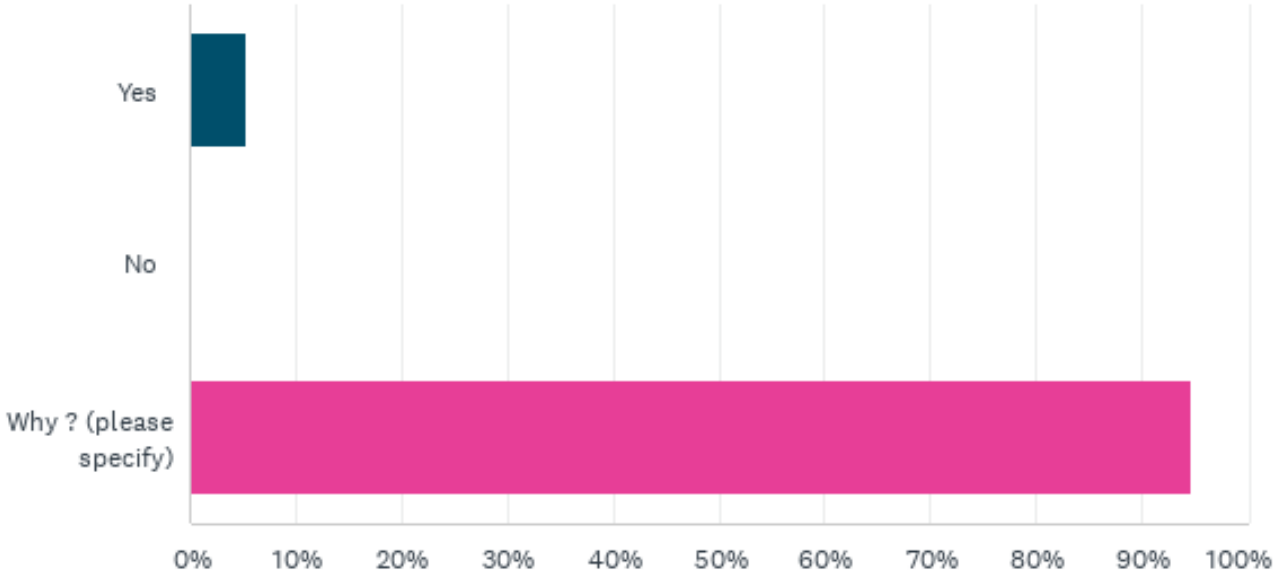


4.5 A&E Survey

94.7% (18/19) would have preferred an appointment at their practice, if one were available.

Common themes and responses included: People feeling they needed urgent care, felt they required testing and access to this was timelier at A&E, treatment would be faster (e.g. for wounds that required stitches) and perception that they would have been referred by GP.

Preference to attend a GP appointment



4.6 Enter & View

We conducted a series of Enter and View visits to assess the delivery of the GP services. These visits aimed to evaluate both patient and staff experiences with the service, while also examining the accessibility of the Practices to mitigate health inequalities.

These visits are not designed to be an inspection, audit, or investigation, rather an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff and service users. The visits provide a snapshot view of the service and what we observed at the time of the visit.

Utilising our Statutory Functions and duties, Healthwatch Wirral's Authorised Representatives conducted Enter & View visits at each PCN's chosen Practice site.

4.6 Enter & View

Practice / PCN	Enhanced Access (EA)	Digital Tools	ARRS / Additional Roles
Miriam – Arno & North Coast Alliance	Mon–Sat EA, booked via system	PATCHS, plans to improve phone systems	Extensive: podiatry, pain clinic, pharmacy, frailty team
St Catherine's – Brighter Birkenhead	Weekdays & Saturday, 9-5	PATCHS, EMIS Enterprise	Pharmacist on Saturdays, Acute Visiting Service
Heatherlands – Healthier Neighbourhoods	EA rotated across sites incl. Saturdays	PATCHS, EMIS Enterprise	Health Coaches, Cancer Care Coordinator, Counsellors
Civic MC – Healthier South Wirral	EA offered on different days by each practice	PATCHS, Surgery Connect	Broad mix incl. MH practitioners, SPs, GPs, admin triage
Hoylake Road – Moreton & Meols	EA used by patients; some had weekend appts	PATCHS limited, upgrading telephony	Full PCN ARRS access (MH, care homes, diabetes, etc.)
Upton Group – Healthier West Wirral	Daily EA via BLINX, includes triage and booking	BLINX (pilot), fully digital	Wide range: FeNO, LEAP, home visits, ACPs, digital roles

4.6 Enter & View

Practice / PCN	Feedback of Enhanced Access	Recommendations
Miriam – Arno & North Coast Alliance	Happy overall, some issues calling, EA not well known	Repeat Care Navigation Training, improve EA communication
St Catherine's – Brighter Birkenhead	Good experience, prefer continuity, some A&E reliance	Continue training, improve EA visibility
Heatherlands – Healthier Neighbourhoods	Mostly happy, some access issues, unaware of EA	Promote EA better, explain triage options and named GP booking
Civic MC – Healthier South Wirral	Happy but not aware of EA.	Host awareness event, deliver Care Navigation Training
Hoylake Road – Moreton & Meols	All got same-day appt; prefer phone; EA awareness moderate	Finish phone upgrade, keep improving communications
Upton Group – Healthier West Wirral	Positive on BLINX; older patients less engaged digitally; EA still unknown to some	Promote EA, invest in CNT, update facilities and patient signage

5. Recommendations

Improve Access and Inclusion for All Patients

While many patients report improved access to general practice, some groups continue to face barriers. These include people with disabilities, language needs, carers, and those unfamiliar with digital tools. Access must be equitable, reliable, and tailored to local population needs.

We recommend:

- Supporting the development of **clear, accessible communication campaigns** to raise awareness of Enhanced Access services, appointment options, and how to access support.
- Encouraging practices to carry out regular **Equality Impact Assessments** and co-design improvements with patients and carers.
- Investing in **digital inclusion initiatives**, including one-to-one support, accessible formats, and tools for those less confident with technology.
- Reviewing how GPs are providing and coordinating a range of materials to improve accessibility for ALL patients e.g **translated materials, sensory support**, and **adjustments for those with additional needs**, to ensure no one is excluded from accessing care.

Strengthen Care Navigation Through Ongoing Staff Development

Reception and administrative staff are a crucial part of the patient journey. As the first point of contact, they support patients to access the right care at the right time. However, staff need appropriate training and ongoing support to carry out these roles confidently and consistently.

We recommend:

- Embedding **regular Care Navigation training and refresher sessions** into routine workforce development across all practices.
- Developing **consistent scripts and prompts** to help staff explain appointment types, Enhanced Access, and the wider healthcare team (ARRS roles).
- Involving reception teams in service planning, recognising their frontline expertise and role in shaping patient experience.
- Facilitating opportunities for staff to **share learning across Practices and PCNs**, creating a culture of peer support and continuous improvement.
- When frontline staff are informed and supported, patients feel listened to and reassured.

5. Recommendations

Enhance Digital Tools and Tackle Digital Exclusion

Digital transformation has supported better access for many—but it's vital that new systems are accessible, reliable, and inclusive. Some patients still struggle to use PATCHS, GP websites, or the NHS App, and others aren't aware of digital options at all.

We recommend:

- Ensuring **digital tools are user-tested and regularly reviewed**, with patient feedback actively shaping future developments.
- Commissioning **Digital Champions** or local navigators to support people who need help accessing online services.
- Supporting practices to offer **blended access routes by** maintaining phone and in-person options alongside digital tools to meet diverse needs.

Promote Awareness and Integration of ARRS Roles

Many practices have embraced ARRS, offering patients access to a wider team of healthcare professionals. However, many patients are still unaware of these roles or unsure what support they offer.

We recommend:

- Developing a **Wirral-wide communications approach** to introduce ARRS roles to patients through posters, digital messaging, and direct conversations.
- Supporting shared staffing models to help practices offer roles such as Mental Health Practitioners, Women's Health Leads, and Health Coaches.
- Gathering and sharing **patient stories** that demonstrate how these roles improve access, reduce GP pressure, and provide holistic care.

5. Recommendations

Expand Mental Health and Social Support Pathways

Patients told us they often sought mental health help from their GP but did not always feel supported. Medication was the most common offer, with limited signposting to other pathways. There is a need for earlier, more personalised options.

We recommend:

- Expanding access to **low-intensity mental health services** within Primary Care and ensuring pathways are clear and well-communicated.
- Increasing the visibility and use of **Social Prescribers**, particularly for patients with social or non-clinical needs such as loneliness, housing, or financial pressures.
- Training all staff to have **supportive, stigma-free conversations** about mental health and to offer timely, appropriate onward referrals.

Address Infrastructure Inequality and Sustain Improvement

Access to space, staffing, and technology continues to vary across the Wirral. Practices with limited infrastructure may find it harder to deliver the full vision of a modern general practice.

We recommend:

- Working with PCNs to assess and address **infrastructure and IT capacity**, ensuring all Practices are equipped to meet current and future demand.
- Continuing to fund **patient engagement and insight activity**, such as community outreach, to capture lived experience.
- Ensuring future planning is **informed by diverse voices**, including carers, disabled people, and underserved communities.

6. Conclusion

This evaluation highlights significant progress across Wirral in implementing the NHS Primary Care Access Recovery Plan (PCARP). Many GP Practices have adopted modern systems, introduced new clinical roles, and strengthened their approach to Care Navigation. Patients are beginning to feel the benefits, particularly through improved phone access, more flexible appointment options, and greater trust in the care they receive.

There remains, however, variation in how changes are experienced across Practices. Not all patients are aware of Enhanced Access services, and digital systems such as PATCHS are not working for everyone. Some people continue to face barriers—particularly older, as well as vulnerable, adults, disabled people, and those less confident with technology. Carers also said that they wanted to be able to access the NHS account of the person they care for.

Importantly, the voices of the patients and staff and PCN leads within the Practices we engaged with in this report, reflect both progress and the areas where more work is needed. The recommendations outlined focus on promoting inclusion, investing in frontline staff, strengthening communication, and sustaining a model of care that is responsive, accessible, and shaped by real experience.

Reception teams play a critical role in managing access but need ongoing support, training, and recognition to ensure consistency across the system.

Unexpected outcomes were identified which will form the **next steps** of evaluating primary care.

Healthwatch Wirral remains committed to working collaboratively with system leaders, commissioners, and local communities to ensure that Primary Care continues to evolve in a way that meets the needs of all Wirral residents.

7. Next Steps

The Next Steps listed below should be considered as part of the future evaluation of Primary Care. Whilst evaluating the PCARP and general access to primary care, these unexpected issues were identified:

1. Queries from system partners and the public about the lack of understanding of what GPs now offer and what they are responsible for.

2. Some GP Practices appear to be moving to full and total triage by utilising PATCHs and platforms such as BLINX. The people we engaged with expressed frustration at the move towards digital access and feeling excluded. This needs consideration.

3. The majority of the public who filled out our survey said that they do not feel confident in leaving feedback relating to their care on the NHS App or at the practice, as they feel their care could be compromised due to the lack of anonymity.

4. The above points contribute to concerns over patient safety and patient choice as it is unclear which services do what, when and where. Patients have demonstrated, during this evaluation, that they will choose A&E.

5. The requirement that every GP practice has links to the NHSE YYGP (You and Your GP Practice) document on their website no later than 1st October 2025 will be monitored, as well as the requirement to online consultations being available for the duration of core hours (8-6.30pm).

6. The GPs website should include links to local Healthwatch (HW) so that patients can leave independent feedback, concerns or complaints. HW's job is to make sure NHS leaders and other decision makers hear people's voice and use people's feedback to improve care. www.healthwatchwirral.co.uk.

7. The 10 Year Plan includes utilising PPGs and Healthwatch as part of its goals to empower patients to take control of their care.

healthwatch

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