

Impact Review Report

**GP Access: An in-depth look at
experience and insights**

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Executive Summary

What the engagement found

Healthwatch Cornwall's GP Access Report, published in July 2025, and subsequent follow-up engagement captured the experiences of thousands of residents who struggled to access general practice. People described difficulty getting through on the phone, confusing or inaccessible digital systems, lack of non-digital options, inconsistent access depending on their practice, and barriers for carers, disabled people, and those in rural or digitally excluded communities. For residents, access was measured by a single outcome: *whether they were able to get the help they needed, when they needed it.*

What we did about it

Healthwatch Cornwall shared this evidence with NHS Cornwall and Isles of Scilly Integrated Care Board (ICB), Primary Care Networks (PCNs), GP practices, and partners. The findings were presented through formal reporting, system meetings, and HASCOSC scrutiny, prompting a formal ICB response in November 2025. This ensured GP access remained visible within system oversight and accountability discussions.

What impact happened

System partners acknowledged the issues raised and described ongoing and planned actions, including improvements to telephony, greater focus on variation between practices, recognition of digital exclusion, and the development of neighbourhood team and multidisciplinary models that reference lived experience.

What is still outstanding

Residents continue to report inconsistent access, variable telephone reliability, confusion about processes, and limited assurance that changes have translated into improved day-to-day experiences. Clear evidence linking system actions to improved outcomes for patients remains limited.

Background and purpose

Why we reviewed the topic again

Access to GP services has been one of the most common issues raised with Healthwatch Cornwall over several years. While system reforms and national access programmes are underway, ongoing feedback showed that many residents were still unable to access care reliably. This Impact Review assesses whether system commitments following the GP Access Report have resulted in measurable improvement. It also considers whether residents can see or feel evidence of change in their day-to-day experiences.

Purpose

To understand whether actions taken by the system since July 2025 have improved people's experience of accessing GP services.

This review supports Healthwatch Cornwall's statutory role to represent the public voice, identify inequalities in access, and influence service improvement within primary care.

Methodology

Data sources:

- GP Access Report (July 2025)
- Feedback from residents, carers, and patients (over 2,000 responses)
- Engagement with GP staff and PCN teams
- Formal ICB response (27 November 2025)
- Ongoing Healthwatch enquiries and listening activity

Over 2,000 residents contributed feedback, alongside engagement with GP practice staff and system partners.

Feedback was thematically analysed to identify recurring issues, patterns of inequality, and areas of variation. Themes were mapped against system responses to assess evidence of change.

Independence statement

Healthwatch Cornwall is an independent statutory body. All analysis and conclusions are our own.

Key themes and evidence

1. Telephone access and telephony systems

What we found: People described long waits, repeated call attempts, lack of call-back options, and inconsistent experiences between practices. Some reported giving up or turning to urgent care after being unable to get through.



"It's really difficult to get through on the telephone. Once the waiting list is full, you're just told to call 111 or visit A&E if it's urgent."

GP Patient



What we recommended: Improve telephony reliability, introduce queue visibility and call-back options, and reduce variation between practices.

Action taken: The system reported rollout of cloud-based telephony, call analytics, and increased monitoring of responsiveness.

Evidence of impact: The issue of telephony reliability is now receiving greater system attention, with infrastructure improvements and monitoring now in place across parts of the system. However, residents continue to report mixed experiences, and consistent improvement has not yet been demonstrated.

2. Digital access and exclusion

What we found: Many residents could not use or struggled with online systems. Digital-first models excluded older people, disabled residents, carers and those without reliable internet access.

What we recommended: Maintain strong non-digital routes, simplify digital processes, and provide reasonable adjustments.

Action taken: System partners acknowledged digital exclusion and referenced commitments to non-digital options within emerging access models.

Evidence of impact: Digital exclusion is now more clearly recognised within system planning and access discussions as a result of sustained lived experience feedback, but there is limited evidence that alternative access routes are consistently available or understood by patients.

3. Variation between practices

What we found: Residents experienced very different levels of access depending on where they were registered, leading to perceptions of unfairness and confusion.

What we recommended: Improve transparency, reduce unwanted variation, and set clearer expectations for access.

Action taken: The ICB explicitly acknowledged practice-level variation and committed to addressing reliability and consistency.

Evidence of impact: Variation is now more openly discussed, but residents continue to report uneven experiences, and evidence of reduced variation is not yet available.

4. Carers, disability, and reasonable adjustments

What we found: Carers and disabled residents often relied on others to navigate access systems and reported frustration when reasonable adjustments were not offered.

What we recommended: Strengthen support for carers, apply reasonable adjustments consistently, and improve staff awareness.

Action taken: The system response recognised the need to improve accessible communication and carer support.

Evidence of impact: Carer needs are more visible in system discussions, but inconsistent application of reasonable adjustments remain a barrier for many people.

5. Communication, triage, and understanding pathways

What we found: People often did not understand how triage worked, who they would be seen by, or what options were available, leading to confusion and anxiety.



“Trying to see a doctor can feel impossible... It is sometimes not appropriate to see a nurse”.

GP Patient



What we recommended: Improve clarity of communication, explain roles within the practice team, and set clear expectations.

Action taken: System partners referenced improved communication as part of neighbourhood and multidisciplinary team development.

Evidence of impact: Residents continue to report confusion about access routes and triage outcomes, suggesting limited change at practice level.

Impact assessment

What the system agreed to do

- Improve access and telephony reliability.
- Address digital exclusion.
- Reduce variation between practices.
- Embed lived experience in neighbourhood models.

What they actually did

- Rolled out cloud-based telephony.
- Acknowledged access inequalities and variation.
- Referenced patient experience in emerging service models.

Evidence of change

Most changes described relate to system design, monitoring, or planned improvements rather than confirmed changes in patient experience.

Impact on people

Some residents may benefit from improved systems over time, but many still experience frustration, anxiety and delayed care when seeking GP access.



"It took me 5 months to see a doctor and I ended up with stage 4 cancer".

GP Patient



Unmet commitments / gaps

- Ongoing variation in access.
- Limited assurance on non-digital routes.
- Lack of clear outcome data linked to lived experience.

Provider Statements

Provider	Statement	Action taken	Evidence provided
ICB	Acknowledged access issues and outlined ongoing improvements	Telephony rollout; neighbourhood planning	Narrative response and system improvement commitments.
GP Practices/PCNs	Variable engagement	Local initiatives	Local examples shared inconsistently across practices.

Outstanding issues and risks

- Risk of continued exclusion for digitally disadvantaged groups.
- Ongoing frustration leading to delayed care or inappropriate urgent care use.
- Erosion of public trust if access does not improve consistently.

Recommendations

1. Publish clear, accessible information on access routes at every practice.
2. Monitor and address variation between practices transparently.
3. Strengthen assurance on non-digital access and reasonable adjustments.
4. Use lived experience alongside performance metrics to measure improvement.

Conclusion

Healthwatch Cornwall has played a key role in bringing the lived experience of GP access into system focus. While access issues are now more clearly acknowledged and discussed, sustained improvement will require continued attention, transparency, and accountability. Healthwatch Cornwall will continue to monitor progress, share resident feedback, and advocate for access models that work for everyone, including continuing to challenge where lived experience does not align with reported system improvement.



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