



# **Edinburgh Community Voices**

**Care and Support from  
your GP Practice  
since March 2020**

**Survey Report**

# Contents

|   |    |
|---|----|
| Introduction .....  | 1  |
| Changes (a Summary) .....   | 3  |
| Questions .....   | 7  |
| Full Report.....  | 8  |
| Have you found it easier or harder to book an appointment? .....  | 8  |
| Is there anything that makes it easier or harder to book an appointment? .....                                      | 8  |
| Are there any changes that have been helpful? .....   | 13 |
| Are there any changes that have not been helpful? .....   | 16 |
| Is your GP practice doing enough to take your mental health issues into<br>account and respond to your needs? ..... | 22 |
| Is there anything you'd like to tell us about why this is? .....  | 22 |

## Introduction

Between 2020 and 2021, many people in Edinburgh with lived experience of mental health issues told us about changes that have taken place at their GP practice because of the COVID-19 pandemic.

People with lived experience often depend on care from their GP, practice nurse or other workers at their GP practice for their mental and physical health and to access other services and benefits which they rely on.

At an Edinburgh Community Voices meeting in April 2021, the group discussed the issue and decided that they wanted to do something to collect people's experiences and hear their views. In this way, feedback could be passed on to the Edinburgh Health and Social Care Partnership and GP practices about those changes which seem to be working well, and those changes which are not working well - so that if any changes are kept, it is those changes which work for people and are helpful for them.

At the end of April, AdvoCard launched a survey to gather people's views and hear from them about their experiences. The survey was open from 29th April to 7th June 2021. It was open to anybody in Edinburgh who has lived experience of mental health issues.

People were able to respond online, by sending their response by post or by email, or by giving us their answers to the questions over the phone.

29 people responded to the survey. This is what they told us.

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Trigger warning: There is a very brief reference to a suicide attempt on page 19.

## **Edinburgh Community Voices**

Edinburgh Community Voices is a Collective Advocacy group for people in Edinburgh with lived experience of mental health issues, which AdvoCard facilitates and supports.

Collective Advocacy brings people together to

- Talk about their experiences
- Discuss issues which are important to them and find common ground
- Campaign and raise awareness about the issues which are important to them
- Have a stronger influence on the planning and delivery of services in Edinburgh
- Feed into policy at a local and national level
- Use their valuable experience and expertise to make a difference for other people with lived experience of mental health issues

Edinburgh Community Voices meetings take place face to face and online.

If you are interested in taking part, or would like to hear about other ways you can give your views, please go to [www.advocard.org.uk](http://www.advocard.org.uk)

## **Changes (a Summary)**

There are two important things to bear in mind when looking at the changes people told us about.

The first is that there are differences between GP practices and how they do things. They don't all do things in exactly the same way.

The second is that people with lived experience don't all have the same needs when it comes to accessing healthcare. What works for one person won't necessarily work for another. These different needs mean that some people experience changes in a different way to others.

This became very apparent when hearing about people's experiences. There were changes which came into place which had a negative impact for some people and a positive impact for others – because those people had different needs. And in some places, people's needs seemed to determine how much they were affected by changes.

One thing which was talked about a lot was the greater reliance of GP practices on the use of the telephone.

Some people told us about changes where they now had to ring the practice to make an appointment, whereas before they had been able to book an appointment online or face to face in the practice. This made it more difficult for them to book an appointment. Things which made it more difficult included the fear of being triaged and dismissed by a stranger and hearing issues.

Other people told us that they were now able to book an appointment over the phone, something which they hadn't been able to do before at their practice. This made it easier for them to book an appointment. Things which made it easier included not having to leave the house and not having to do it online.

A number of people told us that having to ring first thing in the morning, at 8 or 8.30am, in order to book an appointment, was something which made it more difficult. One person told us that this is particularly difficult for them because their PTSD (Post Traumatic Stress Disorder) affects their sleep. They said that their practice used to be really good at making reasonable adjustments but since March 2020, they said, 'it's definitely one rule for everyone, no adjustments'.

Some people referred to a long pre-recorded introduction message which you have to listen to at the begin of the call when you ring to make an appointment. One person told us that the message 'makes it hard to focus, wait and remember which option to select'.

The introduction of telephone appointments was a change many people told us about.

Having to have their appointment over the telephone, and not being able to have a face-to-face appointment, was something which some people found difficult. One person told us that they often struggle with using the phone due to tinnitus and audio processing difficulties. Another person said that not being able to see their GP or mental health nurse in person is difficult as it 'heightens feelings of dissociation and paranoia'. Another said, 'Not seeing the GP in person when very unwell is hard, it is not good for your mental illness at times'.

On the other hand, now having the opportunity to have their appointment over the phone, when before they had to go into the practice, was a positive change for some people. We heard a number of different reasons for this: it was good for when you can't get out of the house; it made the difference of being in familiar and comfortable surroundings while you have your appointment; it meant not having to be around other people in the waiting room. One person told us that they normally find going to health appointments difficult as long term CPTSD (Complex Post Traumatic Stress Disorder) means that they struggle to feel safe outside their home – the introduction of phone appointments has been a positive change for them. However, they questioned why this option was not made available to them before.

For one person, although they are now finding it harder to book appointments, when they do have an appointment and have a phone appointment, the GP has been much more attentive to their needs and they haven't felt as if they are being rushed through their appointment.

Not having a set time for their phone appointment but having to wait for the doctor to call during a set time period – for instance between 8am and 5pm, or between 2pm and 5pm – was something which some people found difficult. For one person, this was an issue as they have a health condition which means that they need to use the toilet regularly. For another person, this is difficult because they are autistic and they feel distressed if they don't have a plan of what will happen - having to wait for the call between 8am and 5pm leaves them nervous for the whole day.

Some appointments are still being carried out face to face. Some people told us about changes they experienced when they went for their appointment.

Practical changes put in place for health and safety reasons during COVID-19 made a positive difference for some people, for instance extra hygiene measures and having fewer people in the waiting room.

In some GP practices, having fewer people in the waiting room has meant an instruction to patients not to arrive more than five minutes before their appointment time. Some people found this difficult.

Changes to how they order and collect prescriptions was something that several people mentioned, with this being something which is now easier for them to do. One person told us that they now had the option to order their prescription online – this was particularly helpful for them as they have a hearing issue which makes renewing their prescription over the phone difficult.

On the other hand, some people found it harder to get their prescription, with longer waiting times for prescriptions, or not knowing when to order the prescription because it's no longer possible to predict how long it will take.

One person found that their GP practice's use of social media was helpful, but they said it would have been useful if the practice could have found a way to let people who are not online all the time know about it.

One person required wound care which was previously provided at their GP practice. This was moved to a community hub. This change was an issue for the person as it was difficult for them to get to the community hub due to cataracts, mental health difficulties and mental health issues, and an appointment was not offered at a time their support worker could make.

This is just a snapshot of the changes people told us about. There is more detail and further examples in the full report.

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If there's one thing that could be learned from this survey, it's that a one size fits all approach doesn't work. People with lived experience of mental health issues have a range of needs when it comes to accessing healthcare, many of which are not specifically related to their mental health or mental health diagnosis.

Practices don't need to go back to the old way of doing things in order to meet people's needs. In fact, they shouldn't. Some changes have been positive for some people, depending on their individual needs. Asking people with lived experience about what their needs are, listening to them, and being prepared to be flexible and make adjustments, can really help them access the care and support they need and have a right to.



## Questions

1. Since March 2020 have you found it...

- Harder to make an appointment at your GP practice
- Easier to make any appointment at your GP practice
- About the same as before
- Not sure

2. Is there anything that makes it easier or harder to make an appointment?

(About Questions 3 and 4: These could be any changes - from the moment you call the practice or make an appointment, to when you have your appointment, to getting a prescription or being referred elsewhere. If you like, you can tell us about something that was happening before which is not happening now.)

3. Are there any changes that have been made at your GP practice that you have found helpful, or have had a positive impact on you and your life?

4. Are there any changes at your GP practice that have been made that have not been helpful, or have had a negative impact on you and your life?

5. Do you feel that your GP practice is doing enough to take your mental health issues into account and recognise and respond to your particular needs?

- Yes
- No
- Not sure

6. Is there anything you would like to say about why this is? (Your answer to question 5)

## Full Report

### 1.

For our first question, we asked if people had found it harder or easier to arrange an appointment at their GP practice since March 2020. (This was a tick box question.)

17 people said they had found it harder

4 people said they had found it easier

5 people said it was about the same

3 people said they were not sure

### 2. Is there anything that makes it easier or harder to make an appointment?

These are things which people told us made it easier to make an appointment, or are their positive experiences with making appointments:

- Friendly receptionists
- For some people, being able to book an appointment over the phone, not having to do it online
- For other people, being able to book their appointment online, not having to do it over the phone
- Being able to make phone appointments – this means not having to leave the house when you have your appointment

One person told us that on three different occasions, they've phoned their practice at 8am and had a return call within two hours.

Another told us that their practice are good at getting them same day appointments.

One person had a fear of being triaged and dismissed over the telephone by a stranger – on the first occasion, they overcame this by asking their support worker to tell the practice they would only speak to their GP. Their GP then called them in response. After the person went into the practice for blood tests, their GP called them back personally with the results. A second phone appointment was then booked directly with the person's GP and he arranged a face to face appointment without the person having to go through the booking system. (Something they described as 'particularly helpful'.) The face to face appointment was unrushed and informal and the person liked that they were also given routine tests.

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These are things which people told us made it harder to book an appointment, or are difficulties which they experienced:

One person told us that their ability to book appointments online was removed and now their carer has to phone up for appointments.

Another person told us that it was more difficult to make an appointment because their practice insists on people booking their appointment online.

Another person told us that they preferred it when they were able to go into the practice to make an appointment face to face – now they have to ring up to make an appointment.

Eight people told us that having to ring first thing in the morning, at 8 or 8.30am, made it more difficult to make an appointment. The difficulties people talked about included the lines being engaged, being told to ring back the next day because all of the appointments have been booked, and instances where this rule applied to all appointments, not just urgent appointments.

One person told us that having to ring first thing in the morning is particularly difficult for them because of their PTSD – it means that they often don't get to sleep until 3 – 5am. If they set an alarm to wake up to book the appointment at 8am, they could just fall back to sleep. If they are awake at 8am, it probably means they have not slept so would struggle to stay awake until the doctor rang them back. They also find it difficult to get information across coherently when they've just woken up. They said that their practice is normally really good at making reasonable adjustments, so if you can't phone at 8am they would try to find another option. But since March 2020, they said, 'it's definitely one rule for everyone, no adjustments'.

We heard from one person who told us that they are not able to call first thing in the morning to make an appointment when they would like to. On one occasion they called their GP practice at around 9am to make an urgent appointment with their GP and were told not to call before 10am unless it was an emergency. They were concerned that it would turn into an emergency because it was mental health related, but the receptionist was angry and rude and insisted that they must not call before 10am. They told us,

"I'm now frightened to call, even in an emergency because being spoken to like that is highly distressing and my mental health has put me in the Royal Infirmary several times.'

Four people referred to a long pre-recorded introduction message which you have to listen to at the begin of your call when you ring to make an appointment.

One person told us that the message 'makes it hard to focus, wait and remember which option to select'.

Another person described the message on the phonenumber when they ring their practice as follows–

‘It’s really long (1 minute 30 seconds even now at its shortest), but tells you to contact 111 re anything Covid, about what pharmacies can do, ditto minor injuries, dentist, physio... and then “if you still need to make an appointment to speak to a doctor or have any other query, please hold and listen to the following options”. By the time I’ve listened, I feel as if they want me (& other people) to go anywhere else except them, and I didn’t ‘deserve’ an appointment. I put the phone down for several weeks until I had a physical emergency.’

Another person told us that the message on the phonenumber at their practice is all about what you should not contact them about - this is extremely negative and off-putting.

We heard from one person about how they had to move after their living situation changed due to COVID-related financial difficulties. They tried to register at the local practice and were told that the practice was not registering new patients because ‘all the appointments are via phone anyway’. This meant that following their move, they had to drive an hour for an in-person appointment with the physiotherapist. They said that the practice frequently does not answer the phone, so it can take days to book an appointment. There is no email address, which is a barrier for them when it comes to making an appointment as they find it hard to talk on the phone and understand phone correspondence due to a hearing issue.

For one person, there were a number of things which have made it more difficult to make an appointment. One was the fear of being triaged over the phone by a stranger and then dismissed (as described earlier). They said there have been conflicting messages in the media about how and when to use GP services. They have done without additional medication on several occasions during both lockdowns. They are also worried about various physical health issues, but they have not felt that these have been appropriate for a phone appointment, nor appropriate to request a face to face appointment. They also told us that they have

found having to queue outside and speak through a window in the earshot of others extremely off-putting.

One person used to ask to only have appointments with their own GP because of their mental health condition, because their GP knows them. However, it is now sometimes taking weeks to get an appointment with their GP, so they have to talk to the duty doctor. They said:

‘It was not the same it was like starting over which is impossible after 40 + years of mental illness. Covid seems to be the main reason for the delays in the past year or so. I was to get a follow up from the duty Doctor or someone she passed the notes to, only to find out when I called back when the follow up appointment was due that I had to wait a further 2 weeks for this. By then the crises had passed anyway.’

Two people’s concerns were with regards to a receptionist. One person said that the receptionist is ‘even more of a gatekeeper than before’. Another person had concerns because the receptionist was triaging appointments and they didn’t know how much training they had had.

One person said in response to this question that their GP practice ‘seems to have set up the system to ensure that the patient has very few choices and has to accept the minimum service’.

**3. Are there any changes that have been made at your GP practice that you have found helpful, or have had a positive impact on you and your life?**

**These could be any changes - from the moment you call the practice or make an appointment, to when you have your appointment, to getting a prescription or being referred elsewhere. It might be something that was happening before which is not happening now.**

Being able to make an appointment more easily was a positive change for some people. One person told us that it is now easier to make online appointments at their GP practice.

Being able to have their appointment over the phone was a positive change for some people.

One person told us that that this can be good 'for when you can't get out of the house'. Another person said that phone appointments made the difference of 'being in familiar and comfortable surroundings' while you had your appointment, and also meant that they don't have to be around other people in the waiting room.

Another person told us:

'I struggle to feel safe outside of my home. I have long-term CPTSD and going to health appointments is difficult. The pandemic has been a positive for me because I can now do my GP appointments over the phone. Therefore, I do not have to organise support to get me there, I don't need to medicate to cope with leaving the flat and people in the waiting room, plus don't have to go to bed after from the stress of it all.'

We heard from one person that it has been good being able to have phone appointments as they sometimes lack energy to make it to the practice for appointments. However, they would also like the option to have appointments over video call.

For one person, although they are now finding it harder to book appointments, when they do have an appointment and have a phone appointment, the GP has been much more attentive to their needs and they haven't felt like they are being rushed.

Practical changes in the GP practice put in place for health and safety reasons during COVID-19 made a positive difference for some people.

One person told us that when they have had to go into the practice for blood tests, they have really liked the new system of having fewer people in the waiting room, hand sanitiser, 'and the general upscale of disinfection and cleanliness/ PPE.' They told us:

'This helps reduce my anxiety around people, catching other sick people's illnesses etc. Especially as I am not immunised.'

Another person similarly found it helpful being the only person in the room - 'as I have always felt waiting rooms were unventilated and dangerous for normal flus etc'.

Being able to order their prescription online was something that was a positive change for some people. One person told us this was particularly helpful because they have a hearing issue which makes renewing their prescription over the phone difficult.

One person told us that having their prescriptions sent directly to the pharmacy was something which was useful.

We heard from one person that their GP practice's use of social media was helpful. They discovered that their practice had a Twitter and Facebook account, with NHS Lothian updates and also updates from the practice which they described as 'a little more human'. They had found out about the practice's Twitter and Facebook accounts by chance, and said it would have been useful if the practice had found a way to let people who are not online all the time know about them, as many of the patients at the practice are elderly.



They also told us that when it has been essential, it has been possible within strict guidelines to have face to face appointments with nurses at the practice and that this has been a solace.

One person told us that their practice now employs a pharmacist who writes the repeat prescriptions, which you can order online or put in a paper request for, and then pick up from your preferred local pharmacy. Even emergency prescriptions, which they have to speak to the doctor for, are sent to the pharmacy in this way, whatever the time of day.

This person also told us about a good experience they had had at an appointment with the physiotherapist at their practice. They had broken their foot a few weeks before and called for a GP appointment – they had an increase in mental health symptoms due to a combination of an increase in foot pain, their social care being stopped, and being locked down alone. They had a phone call from the duty doctor and felt told off for calling them rather than speaking to the physiotherapist. They felt that the doctor was focussed on the physical issue rather than the mental health consequences it was having. They later spoke to the physiotherapist – it was possible to book appointments ahead for her to phone you and she sounded nice on the phone. They said that unfortunately that physiotherapist has now retired, but ‘it’s a system I think could work well post pandemic’.

However, they told us

‘I’m quite happy to see other professionals, but I want to have a choice about it. I also don’t want to be split into lots of bits that different people deal with unless there is *someone* who has an overview & sees me the whole person.’

One person told us about a positive change which hasn't happened but which they would like to see happen:

“What would make the world of difference to me would be a confidential email facility where I could request additional medication needs as they arise and even attach photographs of physical symptoms I am worried about’.

**4. Are there any changes at your GP practice that have been made that have not been helpful, or have had a negative impact on you and your life?**

**These could be any changes - from the moment you call the practice or make an appointment, to when you have your appointment, to getting a prescription or being referred elsewhere. If you like, you can tell us about something that was happening before which is not happening now.**

For some people the changes which happened at their GP practice which were not helpful, or had a negative impact, were changes to how they make an appointment:

- Only being able to ring first thing to make an appointment, and finding that the phone line is constantly engaged
- Having to use an online system to make appointments
- No longer being able to have a drop-in appointment
- The long pre-recorded message at the start of the phone call when you ring to make an appointment.

One person told us that they find that the receptionist at their GP practice is 'even more of a gatekeeper than before'

For some people, the negative changes were to do with the appointments themselves.

Telephone appointments, where you don't get a set time but have to wait for the doctor to call, were difficult for some people. One person told us that this is particularly an issue for them because they have a health condition which means that they need to use the toilet regularly. Another person described the uncertainty of 'if/when the duty GP will call back' as 'excruciating'. In response to Question 5, one person told us that having to wait for a call back between 8am and 5pm is difficult for them because they are autistic and feel distressed if they don't have a plan of what will happen.

Telephone appointments themselves can be difficult for people who have a condition affecting their hearing. One person told us that they often struggle due to tinnitus and audio processing difficulties, and quite often have to ask people to repeat themselves. They prefer face to face or video.

Several people told us that they have found not being able to see their GP or mental health nurse in person to be difficult. One person told us that this is horrible for them as it 'heightens feelings of dissociation and paranoia'. Another person told us, 'Not seeing the GP in person when very unwell is hard, it is not good for your mental illness at times'.

One person said,

'It feels like the lack of face-to-face contact disempowers the patient, allows staff to 'fob the patient off' and means that staff have less 'ownership' when care is not going well'.

At one person's practice, attempts were made to use the online Near Me / Attend Anywhere system for online appointments, but the person described these as 'largely failed', as the GP had to use their own laptop and the GP practice broadband was not good enough for it to work. They also told us that the practice had

introduced a consulting form called EConsult on their website. They found this to be very off-putting and felt it was too impersonal for possibly personal requests.

One person told us that with telephone appointments it's depersonalised. Before, if you had a face to face appointment, you might get a blood pressure check, or they could see the colour of your skin. On one occasion recently, they were asked questions by the receptionist and given a phone appointment. They would have preferred a face to face appointment with full tests to physically check out the issue. They said, 'it makes you feel worried, like your health's not as important'. They have a heart condition and fibromyalgia - they got the feeling that there are health issues that are treated with more importance. They also have an issue with how they have been treated as a carer. Their mum is the main carer for their dad who has health issues. Their mum had to go into hospital herself so they had to take on the caring duties. They had to ask the nurse to come out to see their dad when he was unwell, but the nurse wouldn't come out, the nurse just said, 'you're doing a good job'. They felt they weren't taken seriously as a carer. Their dad developed serious problems after that which they felt would have been known about if the nurse had come out.

For some people, the negative changes were related to their prescriptions:

- Waiting times for prescriptions being much longer
- Sometimes waiting times for prescriptions are shorter, sometimes they're longer, this can make it confusing when ordering your medication
- Trying to get prescriptions towards the end of the week can leave one without anything until the next week

One person had moved home and was not able to register at the local GP practice. They were told that the practice was not registering patients because 'all the appointments are via phone anyway'. Their current practice was now an hour's drive away, so they had to send a stamped addressed envelope to their practice a week in

advance every month to get a prescription form. They told us that they have a memory issue so often post them late, so have gone weeks without their medication.

Some people described physical distancing measures at their practice.

One person told us,

‘Having to queue outside and talk to a window - through which you can't even see a person; and in the complete absence of any privacy, is extremely unhelpful’.

They also described as unhelpful, ‘the frosty reception you get if you're any more than five minutes early for a face to face appointment’.

Another person also told us that the rule of only being able to enter the practice in the five minutes before your appointment has been an issue for them:

‘You are only accepted into the surgery five minutes before the appointment time so you have to wait outside in inclement weather. But if you misjudge the time and are late joining the usually huge queue, you may forfeit your appointment.’

We heard from one person that making a telephone appointment takes around two weeks or more, no matter how urgent the situation. They also had an issue because they had moved house and kept asking to be referred back to a psychiatrist, but their GP practice kept insisting that they could handle it. The person knew that the practice couldn't handle it and they needed help from a psychiatrist. Despite begging for the appropriate help, they ended up in a coma after a suicide attempt. They also wanted to come off their birth control, but desperately needed to know about the side effects of doing so in case there was any more impact on their mental health, which was already in a really bad state. They said that although there was information online about the side effects of coming off birth control, their GP didn't know anything about them. They felt that they had to stay on it for safety even though they didn't want or need it.

One person had a difficult time getting appointments for wound care. They had concerns about the potential for sepsis. They said that the GP practice was obviously trying to cope but had now told them that wound care had to be done at a community hub some distance from where they lived. This was difficult for them to get to because of cataracts, mental health difficulties and mobility issues. They tried to make an appointment with the community hub at a time their support worker was available but only one appointment was offered. They said that their GP practice did offer them a final appointment until they could arrange an appointment with the community hub. They told us that they've been 'left with the feeling unless you can pay for care there is very little the NHS can do for you.'

One person told us that from April 2019 until February 2021 they had been able to upload files onto the GP practice's website, including letters and a depression diary. This was absolutely amazing for them. However, in February 2021, their GP wrote to them apologising that they could now only upload photos, for instance of spots, cuts or bruises. They told us that they believe that their depression diary represents them much more clearly than speaking to the GP, although speaking to the GP is 'fine now with this diary as background'.

One person said that they felt that their overall relationship with their GP had changed. Before, they wouldn't make an appointment unless it was about something specific, but then their GP would say 'keep in touch' or 'make another appointment in x weeks'. They told us,

'It felt as if she was keeping an eye on things (rather than formal reviews) and felt as if it gave me permission to make an appointment even if nothing 'big' had changed. Now I have seen a GP once in over a year. Especially alongside living alone, and with my social care cut, I felt invisible. Out of sight, out of mind.'

They said that they no longer feel that they have a relationship with their GP or any of the other GPs in the practice, not because of a disagreement but because of these experiences from the last year.

One person told us about something which they found difficult from before 2020. There was an occasion when they were at the reception desk at their GP practice, with a long queue behind them who were able to hear everything that was said in the conversation between them and the receptionist. Despite the lack of privacy, the receptionist asked them intrusive questions about whether or not their last smear test was normal. This was distressing for them.

We heard from one person about an issue relating to care after they've been referred by their GP to another part of the NHS:

'I am currently very upset that a referral for an important gynaecological investigative procedure, cannot be done locally at Little France Infirmary in Edinburgh, where I had my first gynaecological procedure. The personal nature of such a procedure is difficult enough and the distress of travel, unfamiliar people and places makes going to St Johns in Livingston an impossibility for me. Twice my support worker phoned to ask to change appointment venue due to my issues and we were told that it has to be at St Johns.'

They told us that although they really need the procedure and cannot travel to Livingston, an Edinburgh alternative has not been provided. They said,

'The intensity of my triggers - CPTSD symptoms, and not having a local option, unfortunately, leaves me unable to take care of my health.'

**5. Do you feel that your GP practice is doing enough to take your mental health issues into account and recognise and respond to your particular needs?**

(This was a tick box question)

12 people said Yes

13 people said No

4 people said that they were not sure

**6. Is there anything you would like to say about why this is? (Your answer to question 5)**

**For the people who answered yes to this question...**

One person told us that their GP is 'particularly sensitive and caring'.

Another person told us about their practice that 'they are very good with me'.

We heard from another person that a 'supportive mental health helper' helped them with the renewal of their fit note. They said it was 'very encouraging to have this worker'.

One person said that their GP practice have been 'good about mental health support to begin with, they've recognised the additional demands of covid and have been proactive in monitoring and understanding that things are different to life pre-covid'.

One person's GP rang them at the beginning of lockdown just to see if they were okay, and the doctors on the phone have asked if everything is alright with them in general.



For one person, their GP helped them with their depression. They told us,

‘My GP told me how to get over depression and understands better what depression is for me. This is a massive advance on before.’

One person told us:

‘I am very lucky to have a great GP that takes my mental health problems seriously’.

They also said,

‘Having a good GP is very important for someone with mental health problems, some GPs can be very difficult at times with mental health problems, are just not as interested.’

One person told us that they were able to make an appointment for their annual check-up and had no problems with this.

### **For the people who answered no...**

Some people talked about the difficulty of not having face to face appointments.

One person said:

‘People like me who've a mental illness often struggle with having no face to face support and having to use IT.’

We heard from one person that adjustments have not been made for their mental health issues (anxiety and depression), as well as sensory and executive function issues and autism. They said:

'I cannot believe a practice in the year 2021 does not have an email address. I have to talk on the phone to make every appointment, which gives me incredible anxiety and is also difficult because of an auditory processing issue. I apologise for my difficulties in understanding phone conversations every call and have been offered no alternative.'

They told us that the way in which appointments are carried out is stressful:

'Being told to expect the appointment call between 8:00 and 17:00 is just silly and leaves me nervous the whole day even after I ask if we could please have it in a narrower bracket, especially because I am autistic and feel distressed if I don't have a plan of what will happen (which, again, they know).'

They also told us that the process for obtaining their prescription is really difficult.

One person talked about the lack of awareness that some of the practice staff have of their needs regarding their mental health medication:

'The receptionists know nothing about what I would go through if I missed my depot injection. The side-effects are bad enough but withdrawal effects are even worse and potentially horrendous.'

For one person, not being able to access adequate care for their mental health was the issue:

‘When I previously visited my GP for depression after a loss, I was told that I would have to wait over 6 months to access mental health services (mental health nurses) and was given antidepressants in the interim (with little in the way of follow up assessments).’

We heard from another person that they have tried different kinds of anti-depressant medication but haven’t been able to continue any of them because of allergies or really bad side effects. They have not been offered any other form of ongoing mental health treatment as the waiting lists are over a year for any kind of therapy. They are only able to access crisis mental health support by telephone. They told us:

‘I would love to find a form of medication that helps with my depression but the trial and error method at a distance is truly horrific to go through on my own, with only a follow up phone call from the practice mental health nurse. No face to face contact at all. Just a phone call, collect the next med to try in a few days, take a dose, then a follow up phone call a few days later. The sense of isolation is crushing. This approach totally reinforces feelings of being a non person that is not worthy of a face to face appointment, of not being believed that I am "sick enough" to be seen in person, that I have to prove I am sick enough to get any kind of appointment. It is soul destroying to have to go through so many hoops just to get a phone call.’

One person told us that their GP who had retired knew and understood them and knew that they would not ask for an appointment unless it was absolutely necessary. The practice manager is the person who is organising their care but has said 'I don't know your conditions'. The person told us:

'I am just left feeling desperate trying to understand the needs of the Practice and trying not to make unreasonable demands. I am trying to manage, put in every bit of self-management I can but the stress caused by the above situation only confirms the internal message that I shouldn't be asking anything of the health service anymore. A sense of helplessness and despair.'

One person told us that when they were able to go to the practice to be prescribed their regular medication, that showed 'a caring side to their treatment.' They said:

'Since not being allowed to attend surgery, it sends out a message that they don't really care.'

One person felt that GP practices do not have the resources to take people's mental health issues into account and recognise and respond to their needs. They told us:

'It is a bit of a hit and miss I just go on and trying on my own a fair bit of the time as best I can. Very few Doctors at my Surgery really understand my Mental Health condition and two I would not see again because one was so bad at understanding and the same and really rude about it too. I fortunately have a great Psychiatrist who is also a teacher of more general medicine so when I can (and I cannot always get to see him when I would like) he is very good. My current G. P. and him have helped a lot (though not perfectly) over the years. I would hate to lose either of them. I believe the NHS is the most amazingly good health service in the world. It is under great strain and it should not be allowed to deteriorate because of lack of resources.'

One person told us that having a long introductory message on the phone, a complicated online system, and video call appointments which don't work, make it difficult for people with mental health needs to access the basic healthcare they need. They also told us that they are in a situation where their psychiatrist retired last year and they have had no contact with psychiatry since then – their GP has not provided any help with this as they are 'overworked'. They said that their clinical psychologist was also due to retire and there was again no further offer of support, and they were made to feel guilty for even asking. There has been no useful signposting as they have been told that there are no resources – they have complex and ongoing mental health needs and the only available treatment just now appears to be short term, time limited, crisis interventions. There isn't anything for people with long term needs, and with the number of demands and the amount of pressure the GP practice is under just now, they are unable to help.

The care provided by both GPs at their practice and their psychiatrist was something that one person talked about. Their psychiatrist would not provide any help during a crisis and has set boundaries on what their GP can prescribe even though the psychiatrist has only seen them once. They have an issue with how their medication is then prescribed:

'The GPs who look at my ... repeat prescription requests obviously haven't looked at my history or my notes about how I use [the medication] (discussed and cleared with my own GP) and put inflammatory remarks on the prescription about how much I'm using - I find it so triggering because they clearly haven't taken the time to understand why I request it.'

One person mentioned that there are no reviews or contact for ongoing conditions taking place. They told us:

'Even when I had a psychiatric emergency, and a support worker phoned GP practice asking for someone to visit & assess me, we just got a phone call from the duty GP but I wasn't seen, at home or the practice.'

They felt that they were being directed to different people and places which 'will each treat a physical part of you', but 'mental health and you as a whole' were getting missed. They also told us that when they did have to go into the GP practice for a test, they had questions which they had meant to ask the GP, but she was so visibly stressed and in a rush that they did not feel able to ask her anything.

One person told us that 'it's either the Pill (the medical model) or the Person (holistic)', and because GPs are under so much pressure, they are resorting much more to an understanding of mental health as psychiatric, without recognising human distress.

### **For the people who said they were not sure...**

One person told us that before Covid-19, they saw their GP in person, every six to eight weeks on average, mainly for mental health purposes. But during the past year they haven't really spoken with their GP about their mental health at all.

They said,

'I've been following popular advice not to bother them except in an emergency. I'm still unsure of whether it would be okay to ask for an update session; and have repeatedly done without medications that I would normally have requested if I felt more welcome. The surgery is normally exceptionally good, with physical health check-up clinics for people with mental health issues - but I'm feeling the need now for a mental health check-up/catch up clinic too. So far as I'm aware, there are no immediate plans for either.'

We heard from one person who asked why telephone appointments had never previously been suggested as an option as a regular way of keeping in communication with their GP. It makes life much easier for them as they have long term CPTSD (Complex Post Traumatic Stress Disorder), struggle to feel safe outside of their home, so going to health appointments is difficult.

They told us,

‘If this was already an ongoing way, then not being offered this mode of appointment, makes me wonder if I've ever really been understood or properly listened to, in regards to how difficult I find life on a daily basis.’

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