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Nottingham & Nottinghamshire

GP Access Desktop Study

July 2025

Who is Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire (HWNN) is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully, and that they are transparent in their decision making. We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen. This is a part of our statutory role under Regulation 44 of The NHS Bodies and Local Authorities Regulations 2012.[1]

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved. Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.
You can have your say via:
0115 956 5313 | www.hwnn.co.uk | Facebook:HWNotts | Instagram:HealthwatchNotts
Healthwatch Nottingham & Nottinghamshire
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We have used artificial intelligence (AI) to assist with some drafting and editing. All content has been reviewed and approved by the project team to ensure accuracy, relevance and alignment with organisational standards.

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[1] The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, UK 2012

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Executive Summary

Introduction

Access to GPs remains one of the most pressing issues for patients in Nottingham and Nottinghamshire. Despite continued investment and national policy focus to reform and enhance primary care, many people still struggle to access timely and appropriate GP services.

In this context, Healthwatch Nottingham and Nottinghamshire (HWNN) undertook a review of GP access across the Nottingham & Nottinghamshire Integrated Care System (ICS) footprint. This report builds on HWNN's previous work on primary care access and assesses how local practices are progressing in implementing the aims of the NHS England Delivery Plan for Recovering Access to Primary Care, 2023, and preparing for the 2025/26 GP contract.

Methodology

A desk-based approach was used for this study, which involved structured enquiries made via a mystery shopper approach to GP practices, alongside a review of publicly available information from 59 GP practice websites across Nottingham and Nottinghamshire, which captured approximately 66% of all registered patients in the region. Data collection was carried out in two phases: July 2024 and May 2025.

Findings and recommendations

The study highlights a number of positive developments across local practices, including widespread availability of telephone and online booking options, clear explanation of general appointment processes and the inclusion of key service pages and translation tools on many practice websites. Most practices also offer advance booking, provide a choice of appointment types and share information on accessibility features such as home visits.

However, despite strong national focus on improving GP access, local implementation remains inconsistent. While some practices have adopted digital telephony and integrated the NHS App, there are gaps in how clearly these options are communicated to patients, how consistently triage and appointment systems are explained, and how accessible they are for different patient groups.

The table below provides a summary of the key findings and HWNN's recommendations to the local Integrated Care Board (ICB) in order to enable and ensure greater consistency in procedures across all practices. These are discussed in full in the final section of the report.

Domain	Criteria	What's working well	What could be improved	Our recommendations
I. Access to GP Services	1. Telephone Access	• Shortest wait was less than a minute • 41.4% answered within 5 minutes	• Longest wait was 1 hour & 17 minutes • 20.7% had wait times over 30 minutes	• Reducing waiting times still remains the key goal for improving access
		• 86.2% state queue position: transparent and patient-friendly	• 37.9% offer call-back options, meaning over 60% do not	• Expand use of call-back option
		• 68.4% take appointment booking calls throughout opening hours	• Most still encourage patients to call at 8am as capacity for same-day appointments is reached quickly	• Enable appointment booking throughout opening hours
	2. Online Access (via website and NHS App)	• 81.4% offer booking via practice website	• Only around half respond to online requests on the same day	• Respond to online requests promptly (same-day)
		• 65.5% support NHS App booking	• 31% do not support or clearly communicate NHS App booking	• Fully deploy NHS App booking, improve visibility, enable two-way messaging and e-consults
	3. Appointment Accessibility	• 67.8% offer all three booking modes (telephone, online, in-person)	• 32.2% do not meet NHS guidance on offering all booking modes	• All practices should offer all three booking modes (telephone, online, in-person)
		• 80.7% offer patients the choice of appointment type	• Face-to-face consultations often dependent on triage outcome, not patient's choice	• Honour patient appointments preferences (especially face-to-face)
		• 87.7% allow advance booking	• Advance booking windows vary widely (from 48 hours to 3 months)	• No formal recommendation, however the wide variation in advance booking highlights inconsistences across practices

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Domain	Criteria	What's working well	What could be improved	Our recommendations
II. Effectiveness of Website Information	1. Appointment Booking Information	• 93.2% explain general booking process • 72.9% clarify urgent vs. routine appointment process	• 59.3% explain the triage system • 22.0% mention expected response time	• Improve website clarity and accessibility: Ensuring it includes effective explanation of triage, response time to online requests, chaperones and interpreters availability. Offering variety of translation options which are positioned prominently. Uniformity in website layouts enables a better patient experience. • Developing a clear and comprehensive patient charter can help ensure that all key information is communicated effectively.
		• 82.0% display contact number on booking page • 81.4% include website booking information	• 47.5% mention walk-in booking availability • 61.0% mention NHS App booking	
		• 67.2% explicitly confirm availability of face-to-face appointments	• 6.6% state they do not offer face-to-face appointments • 23.0% make no mention of this	
		• 78.0% include information on the variety of healthcare professionals available at the GP practice	• 22.0% do not, limiting public awareness and opportunities for self-referral	
	2. Other Accessibility Information	• 89.3% provide home visit information	• 50.8% include chaperone details • 47.5% mention interpreter services	
	3. Website Usability & Accessibility	• 95.2% include the three essential service pages (appointments, prescriptions & medications, and contact details) • 88.1% have translation tools available	• Usability of translation tools varies, both in terms of language options available and positioning on the webpage	

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Introduction

Access to general practice remains a pressing concern for patients in Nottingham and Nottinghamshire, as it does across the country. Even with continued investment and policy focus at both national and regional levels to reform and strengthen primary care services, many patients still face difficulties booking appointments, navigating appointment systems and accessing timely, appropriate care.

This project explores the current accessibility of GP services in Nottingham and Nottinghamshire, focusing on practical touchpoints such as telephone and online booking, the availability and choice of appointment types, and the quality of information provided on practice websites. The report offers a snapshot of local implementation during a period of significant transition, as practices adapt to new contractual requirements and respond to patient needs in a challenging landscape.

Building on our previous work, this project aims to track local progress, highlight areas for improvement and support GP providers, commissioners and system leaders in delivering more inclusive and effective access to primary care.

Background

Patients have consistently raised concerns about GP access with us, accounting for nearly a quarter of all feedback we received over the past year. In response to a significant rise in primary care waiting times during and after the COVID-19 pandemic, we carried out two key projects in 2022: *a desk-based study*[2] and *a Hot Topic survey*[3]. These explored the challenges patients face when trying to contact GP practices and highlighted persistent barriers in booking appointments, understanding triage systems, and accessing face-to-face care. The findings informed a series of recommendations aimed at improving the overall patient experience.

Around the same time, NHS England published the *Delivery Plan for Recovering Access to Primary Care*[4] in May 2023 (updated in 2024), setting out clear national priorities for increasing capacity and improving access following pandemic-related pressures. The plan emphasises tackling the '8am rush' by focussing on four key areas:

- Empowering patients to manage their own health, with tools like the NHS App for booking appointments and accessing records, alongside expanded self-referral pathways and enhanced pharmacy services.

- Implementing 'Modern General Practice Access', so patients know how their requests will be handled on the day, including through digital telephony and digital care navigation tools.

- Building capacity to offer more appointments, by expanding the GP workforce and broadening staff roles.

- Cutting bureaucracy, to reduce administrative burden and improve practice efficiency.

Nottingham & Nottinghamshire Integrated Care Board (ICB) reported that GP practices under its footprint delivered approximately 7.82 million appointments in 2024, an increase of around 430,000 compared to the previous year[5]. They have also maintained the same ratio of 41% same-day appointments as in 2023. This was achieved by innovatively expanding multidisciplinary practice teams and offering flexibility of online and telephone appointments, while utilising the Modern General Practice Model funding from NHS England.

Despite these national efforts, ongoing patient feedback to HWNN indicates that many of these changes are yet to be consistently experienced by patients across all practices. Some patients still struggle to contact their surgery, face delays in securing appointments or find that the format and timing of appointments do not meet their needs. As practices trial various triage and navigation systems, a proportion of patients often find these processes unclear or inaccessible. In some

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[2] GP website desk-based study, Healthwatch Nottingham & Nottinghamshire 2022

[3] GP services hot topic survey, Healthwatch Nottingham & Nottinghamshire 2022

[4] Delivery plan for recovering access to primary care, NHS England 2024

[5] 7.8 million Notts GP appointments in 2024, NHS Nottingham & Nottinghamshire ICB 2024

cases, digital-first models and rigid triage structures may disproportionately affect certain groups, further widening health inequalities.

The recovery plan should now be delivering measurable improvements in GP access. Additionally, recent changes introduced through the 2025/26 GP contract[6] mandate further reforms. This evolving national policy landscape provides the impetus for this project. HWNN aims to track and monitor local progress against these objectives and identify ongoing challenges that may affect patient access, experience and equity.

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[6] Changes to the GP Contract in 2025/26, NHS England 2025

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Our Approach

This project employed a desk-based research approach, using two primary methods of data collection:

- Telephone Call Surveys: GP practices were contacted by members of HWNN team via telephone during peak hours to assess call waiting times and the functionality of digital telephony systems. Each practice was contacted a second time later in the day, outside peak hours, to minimise disruption. During this second call, data was collected using a standard questionnaire, which is included in *Appendix 1*. A mystery shopper approach was used for these calls, with team members posing as patients to reflect real-world interactions and assess the clarity, accuracy and consistency of information provided.

- Website Review: Researchers examined information publicly available on GP practice websites. This review followed a structured investigation schedule designed in advance of the study, provided in *Appendix 2*.

Data collection occurred across two phases:

- Phase 1 was conducted in July 2024

- Phase 2 took place in May 2025

Across both phases, a total of 57 GP practices were contacted by telephone, and 58 website reviews were conducted. This represents approximately 45% of the 127 GP practices listed on the Nottingham & Nottinghamshire ICB website[7], thus providing a representative sample. Different practices were sampled in each phase to maximise coverage.

	Phase 1 (July 2024)	Phase 2 (May 2025)
Phone Calls	27	30
Website Visits	28	30

In Phase 1, 29 practices were initially selected. Of these, 27 successfully responded to the telephone survey, resulting in a response rate of 93.1%. Two practices either had non-functional telephone lines or declined participation. For the website investigation, 28 websites were successfully reviewed, with one practice's website not found. Practices that did not respond were excluded from the analysis.

In Phase 2, all 30 selected practices responded to both the telephone survey and website reviews, resulting in a 100% response rate.

To ensure broad representation, GP practices were randomly selected from all Primacy Care Networks (PCNs) across the four different Place Based Partnerships

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[7] Primary Care, NHS Nottingham and Nottinghamshire ICB 2025

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(PBPs) in Nottingham and Nottinghamshire. The following table shows the number of practices from each PBP contacted, and a full list of practices contacted can be found in *Appendix 3*.

PBP	Phase 1	Phase 2	Overall
South Nottinghamshire	9	8	17
Nottingham City	9	8	17
Mid-Nottinghamshire	7	8	15
Bassetlaw	3	6	9

The table below provides an overview of the patient population covered by the practices included in this study. It compares the total number of patients registered in each PBP area with those registered at the practices we contacted. This breakdown indicates the population reach of our research, which covered 66% of all registered patients across Nottingham and Nottinghamshire ICB footprint.

Area	Total Registered Patients (June 2025)[8]	Patients at Practices Included in Study	Coverage (%)
Nottingham & Nottinghamshire ICB	1 m	660 k	66%
South Nottinghamshire PBP	403 k	196 k	49%
Nottingham City PBP	402 k	159 k	40%
Mid-Nottinghamshire PBP	349 k	176 k	50%
Bassetlaw PBP	129 k	129 k	100%

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[8] Patients Registered at a GP Practice, June 2025, NHS England Digital 2025

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The data was primarily analysed using quantitative methods, including correlational analysis to explore emerging trends and relationships. A comparative analysis was carried out between Phase 1 and Phase 2 data to track changes over time and identify areas for improvement. Additionally, the findings were broken down by Place-Based Partnership (PBP) areas to examine variation in access and performance across different localities. Our patch is divided into four PBP areas: Nottingham City, South Nottinghamshire, Mid-Nottinghamshire and Bassetlaw.[9]

Our previous reports on GP access from 2022[10,11] and the national guidance set out by the NHS England *Delivery Plan for Recovering Access to Primary Care*[12] are used as points of reference throughout the report.

To help contextualise the findings, patient stories shared with HWNN through our ongoing intelligence gathering, independent of this project, have been included where relevant.

The findings are organised into two major sections, and further sub-sections as follows:

I. **Access to GP Services**
    1. Telephone Access
        a. Call waiting times
        b. Digital telephony features (queue position, call back feature)
        c. Telephone booking hours
    2. Online Access
        a. Availability of appointment booking via practice website and NHS App
        b. Response times to online requests
    3. Appointment Accessibility
        a. Booking methods overview (telephone, online, in-person)
        b. Choice of appointment types (face-to-face, telephone, video)
        c. Advance booking availability
        d. Waiting times for routine appointments

II. **Effectiveness of Website Information**
    1. Appointment Booking Information
        a. Explanation of the booking and triage process
        b. Guidance on using different booking methods (walk-in, phone, NHS App)
        c. Information about face-to-face appointments
        d. Information on range of other healthcare professionals
    2. Other GP accessibility information (home visits, chaperones, interpreters)
    3. Website Usability and Accessibility (three key pages, translation tool)

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[9] Nottingham & Nottinghamshire Integrated Care System, NHS 2025

[10] GP website desk-based study, Healthwatch Nottingham & Nottinghamshire 2022

[11] GP services hot topic survey, Healthwatch Nottingham & Nottinghamshire 2022

[12] Delivery plan for recovering access to primary care, NHS England 2024

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Summary of Findings

I.   Access to GP Services

Access to GP services was assessed through two primary booking channels: telephone and online. In addition to evaluating how patients can contact practices and the experiences they have, the study also examined appointment access, specifically, the variety of appointment booking methods and appointment types offered. This provided a broader understanding of how accessible GP services are in effect, both in terms of reaching the service and securing an appointment. The findings from this investigation are presented as follows.

1. Telephone Access

In our previous reports on GP access, we recommended that practices increase their capacity to handle telephone calls, aiming to improve patients' experiences when booking appointments. This recommendation was later echoed and formalised in the NHS England *Delivery Plan for Recovering Access to Primary Care*, which identifies modernising telephone systems and improving call-handling efficiency as key priorities under its 'Modern General Practice Access' model. We therefore aimed to assess the extent to which these improvements have been implemented, by evaluating current call-handling capacity.
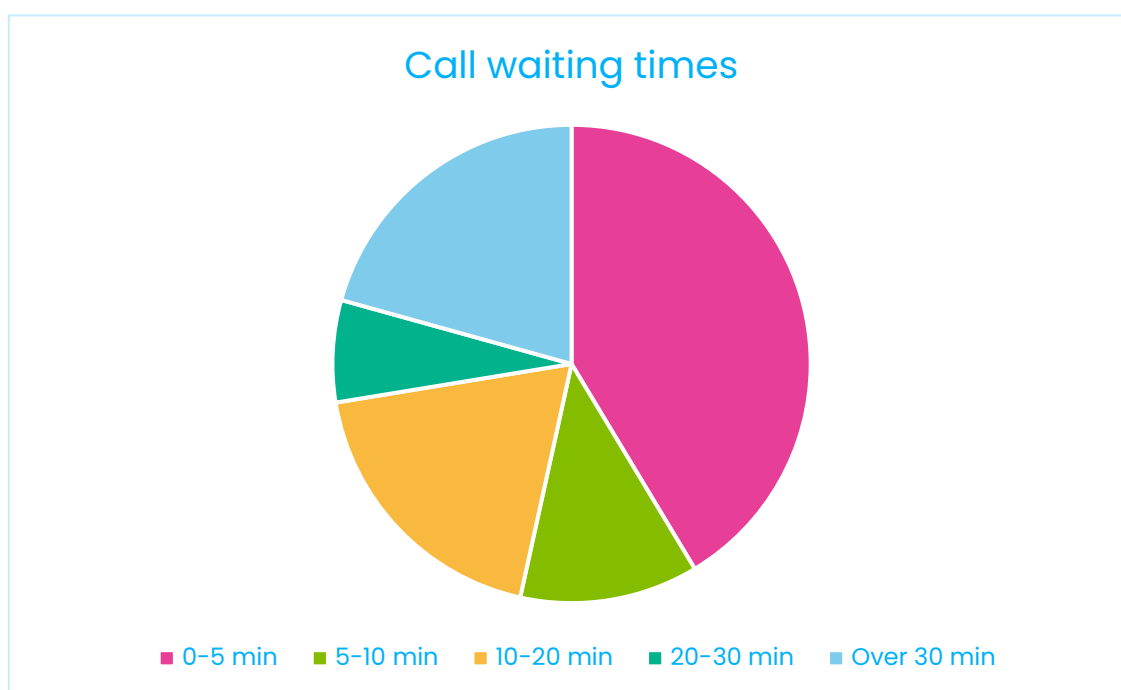
a. Call waiting times

Waiting time is a key indicator of accessibility for patients attempting to book appointments by telephone, particularly during the '8am rush', which NHS England identifies as the most critical pressure point in general practice. The recovery plan specifically targets this as a central issue, aiming to ensure patients are not left waiting in long call queues or told to ring back later. To assess how practices are doing against this indicator, calls were made during morning hours and the time taken for calls to be answered was recorded.

- In Phase 1 (July 2024), 21 of the 28 practices were called between 8:00am and 11:00am. The other seven practices were called outside of these hours.

- In Phase 2 (May 2025), all 30 practices were called during the peak hour of 8:00am to 9:00am, in line with the NHS's definition of critical demand periods.

The results are summarised in the table that follows:

Waiting time	Jul-24	May-25	Overall	Overall %
0-5 min	17	7	24	41.4%
5-10 min	3	4	7	12.1%
10-20 min	5	6	11	19.0%
20-30 min	2	2	4	6.9%
Over 30 min	1	11	12	20.7%

Call waiting times

■ 0-5 min ■ 5-10 min ■ 10-20 min ■ 20-30 min ■ Over 30 min

It was found that 2 out of 5 (41.4%, n=24) GP practices answered the telephone within five minutes, meeting expectations for prompt access. However, 1 in 5 (20.7%, n=12) had waiting times exceeding 30 minutes, which significantly limits patient access, especially during peak hours.

Waiting times were notably longer in Phase 2, when calls were made exclusively during peak times (8:00–9:00am), compared to Phase 1 when calls were made over a broader morning window (8:00-11:00am). While this suggests sustained pressure on telephone systems during early morning periods, the difference in call timing means the two phases are not directly comparable. Nonetheless, the findings highlight the ongoing challenges many patients face when trying to access GP services during peak times.

Plot of call waiting times for individual practices
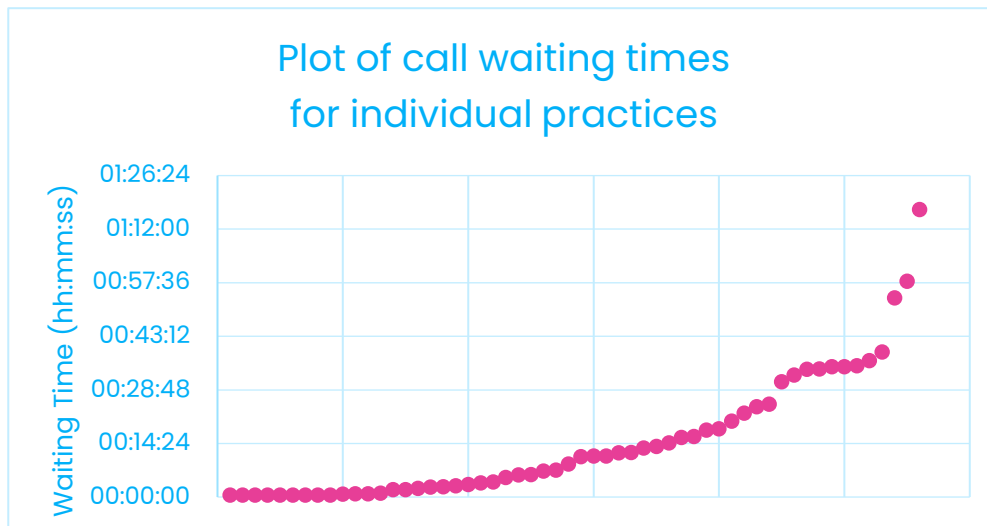
The longest recorded wait time was 1 hour and 17 minutes, and in at least one case, a call was automatically declined due to a full queue, with the caller instructed to try again later. Conversely, some practices answered immediately, indicating substantial variation in call-handling capacity. This wide variation suggests that best practices exist within the system, but are not yet standardised across all GP practices. It is also important to recognise that not all practices use the same operating systems, which can contribute to differences in how patients experience access and care.

The average waiting time, calculated as the mean of all recorded wait times, was approximately 15 minutes.


When analysed by PBP area, telephone waiting times varied across regions, with some areas experiencing shorter waits and others longer.

- Nottingham City had the highest proportion of practices answering calls within five minutes, with 52.9% (n=9) achieving this.

- This was followed closely by South Nottinghamshire, where 47.1% (n=8) of practices answered within five minutes.

- In contrast, Bassetlaw had the lowest proportion of quick responses, with only 20% (n=2) of practices meeting this threshold.

At the other end of the spectrum:

- South Nottinghamshire also had the highest percentage of practices with waiting times of over 30 minutes at 29.4% (n=5), indicating considerable internal variation within that PBP area.

- Both Bassetlaw and Mid-Nottinghamshire followed, with 20% of practices in each area (n=2 and n=3, respectively) recording waits over 30 minutes.

These results suggest that while some practices may be implementing access improvements in line with the NHS Delivery Plan, others – particularly in Bassetlaw and South Notts, may require targeted support to improve call-handling capacity, especially during peak times. The variations within South Notts in particular points to possible uneven access experiences at a more localised level as well.

Call Waiting Times by PBP
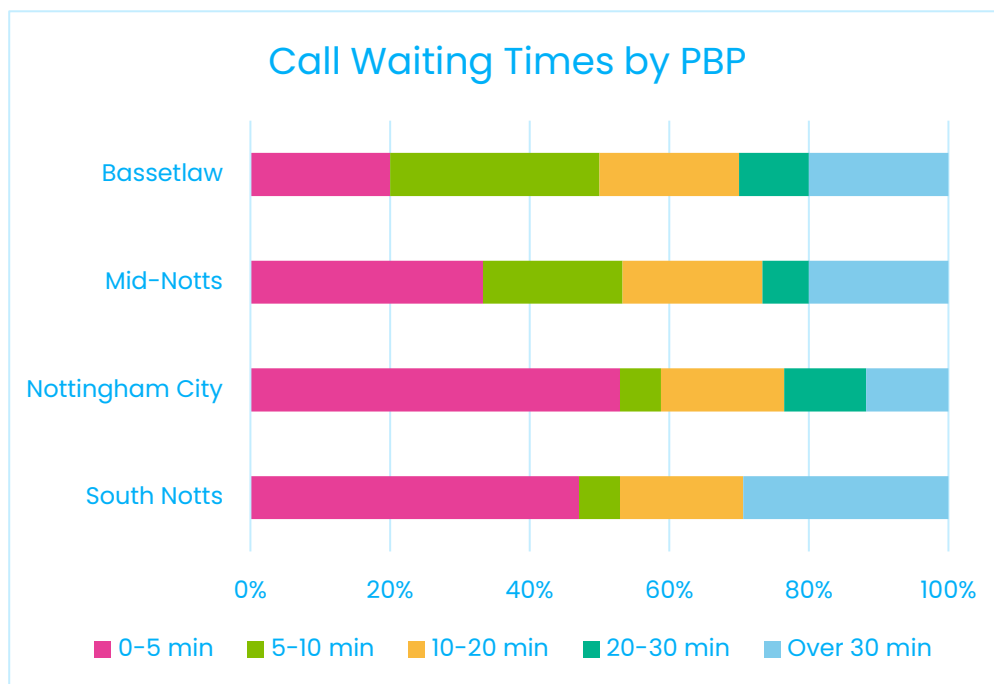
Some feedback which reflects the frustrations faced by patients when trying to navigate the system is shared below:

Patient Voice

"35 [attempts] between 8am and 9am to finally get an answer to be told no appointments"

A 65 to 79 year old man from Nottingham City

"Called to book an appointment, 50 min on hold waiting, was told there were none available that day, I expressed I wasn't after a same day appointment, I was happy to have one when the next one was available.

Was told I needed to call back at 8 the next day when the appointments get released and I needed to call 111 anyway for my issue.

Called 111 they took me into A&E, 6 hours later told it's not life critical and to call my GP and book an appointment. Oh that's exactly what I tried to do.

Called GP next day- 40 min wait told no appointments and call back next day. Call again same no appointments.

Broken system"

A 25 to 49 year old man from Broxtowe

b. Digital telephony features

A central tenet of the NHS England *Delivery Plan for Recovering Access to Primary Care* is the nationwide shift to modern digital telephony systems. These systems are designed to improve access and patient experience, and assist GP practice staff, by enabling queue position announcements, call-back options and more efficient call handling. As per this recovery plan, NHS England committed to supporting all practices still using analogue lines to transition to digital systems, including call-back functionality, provided they signed up by July 2023.

In our 2022 reports on GP access, we similarly recommended that practices strengthen their telephone-handling capacity through both increased staffing and the use of appropriate telephone waiting systems. Digital telephony provides the technical infrastructure necessary for these systems to function effectively.

For the purposes of this research, the presence of digital telephony was evaluated based on whether the GP practice's telephone system:

- Announced the caller's queue position, and

- Offered a call-back option

Of the GP practices surveyed, 86.2% (n=50) stated the caller's queue position during the telephone booking process, indicating widespread adoption of digital telephony features that improve transparency and reduce uncertainty for patients. However, only 37.9% of practices (n=22) offered call-back option, a missed opportunity to improve patient access during peak demand periods.

This disparity suggests that while most practices have implemented basic queue management systems, there is considerable scope to expand the availability of call-back functionality, aligning with NHS England's vision for modernised, patient-friendly telephone access.
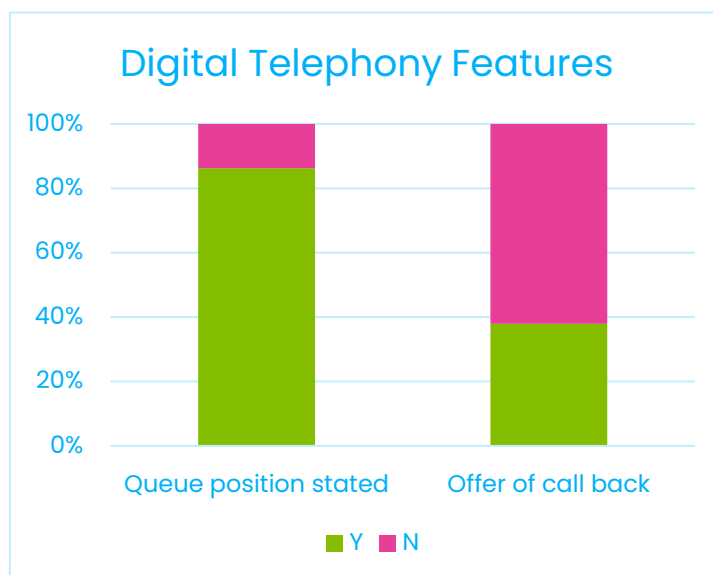
The key observations when looking at the digital telephony features across the four PBP areas are that all practices contacted in Nottingham City (n= 17) state queue position, leading the other areas. While a higher proportion of call-back functionality is noted for Mid-Nottinghamshire (46.7%, n=7) and Bassetlaw (44.4%, n=4), compared to Nottingham City (29.4%, n=5) and South Notts (35.3%, n=6).
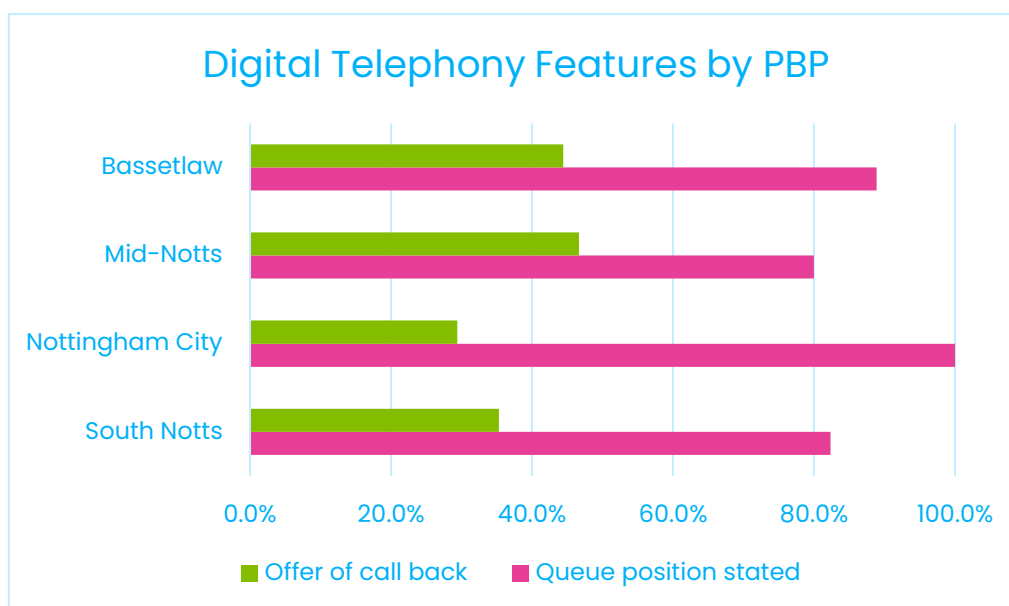
c. Telephone booking hours

Allowing patients to ring and book appointments at any time during practice opening hours is a crucial strategy to alleviate pressure during the 8am rush. This approach supports more flexible access by spreading appointment bookings throughout the day. Our previous reports recommended that all GP practices enable patients to call at any point during opening hours, rather than restricting calls to the early morning hours.

We asked GP practices whether patients can call at any time during the day to book appointments. 68.4% (n=39) of practices reported that they accept appointment booking calls throughout their opening hours. However, many encouraged patients to call at 8am, particularly for urgent or same-day appointment requests, as these slots are limited and tend to fill up very quickly. For example, in one practice we called, all same-day appointments were booked by 8:18am.

In practices using online triage systems, the triage function often opens earlier than reception telephone lines and may close once the safe capacity for the day is reached, which can add to a potential online rush.

Many practices do allow routine appointment bookings throughout the day and some specifically encourage patients to call after the morning rush, such as after 10:30am or 11am, to avoid queueing with urgent appointment calls. However, others stated that they offer only same-day appointments, with no option for advance booking (see section Advance Booking Availability, page 28, for further detail). This means patients have no choice but to contact the practice early in the morning to secure an appointment.

Across the two phases, the number of practices allowing patients to ring at any time during opening hours decreased from 24 (July 2024) to 15 (May 2025), with an equal number not allowing this by May 2025 (15). This trend is concerning in the context of NHS England's ambition to smooth patient access and reduce the impact of the 8am rush, suggesting the need for renewed focus on encouraging flexible call access and managing appointment booking windows.

Call anytime during the day for appointments

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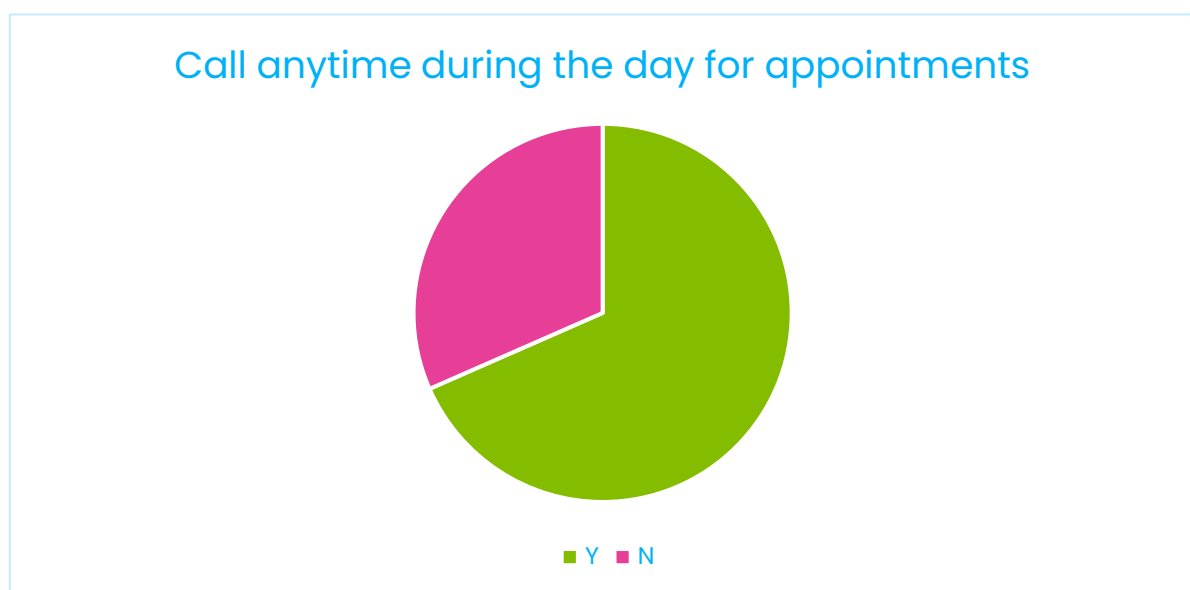
Looking at the results by PBP area, Bassetlaw had the highest proportion of practices offering all-day telephone access at 88.9% (n=8 of 9). South Nottinghamshire also performed well, with 76.5% (n=13 of 17) of practices offering this flexibility. In contrast, just 60.0% (n=9 of 15) in Mid-Nottinghamshire and 52.9% (n=9 of 17) of practices in Nottingham City allowed all-day telephone access.
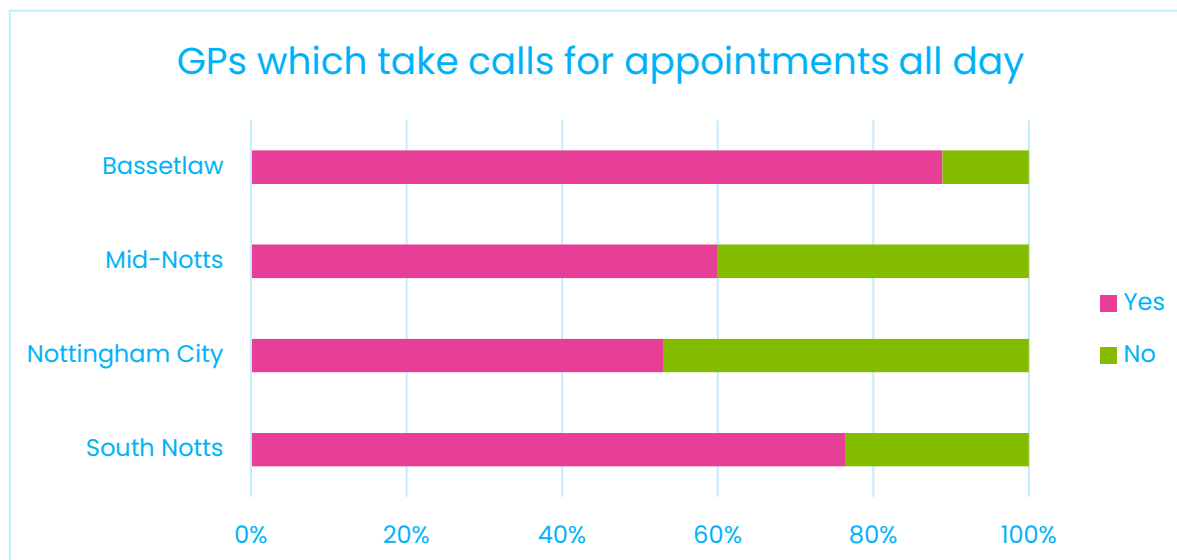
These differences reflect uneven implementation of access improvement measures across the system. In areas like Bassetlaw, patients are more likely to have the flexibility to call later in the day, helping to alleviate pressure during the 8am peak and better accommodating those with work or caregiving responsibilities. Meanwhile, more restricted calling policies in areas like Nottingham City risk reinforcing the bottleneck effect which NHS England aims to resolve. This inconsistency may also contribute to regional inequalities in patient experience and access to same-day care, highlighting the need for more consistent adoption of best practices across PBPs.

Patients shared their frustrations about the situation with us:

Patient Voice

"Every time I call my GP Surgery in the morning, I'm informed that there are no appointments left and to call back the following day. [Keep] trying and trying and fed up now, I need to see a Dr but can't get an appointment."

A Nottingham City resident

2. Online Access

In line with national priorities to modernise access and reduce pressure on telephone lines, we explored the availability and responsiveness of online booking channels across GP practices. We looked at whether patients can book appointments via practice websites and the NHS App, as well as the typical response times to online requests submitted through these platforms.

a. Availability of booking appointments through practice website and NHS app

National guidance set out a clear ambition for digital access, aiming that by March 2024, patients at over 90% of practices should be able to book appointments, view records and manage prescriptions via the NHS App. In parallel, our earlier reports recommended that all GP practices make online appointment booking available and actively promote it to patients.

To assess progress, this investigation examined two key aspects:

- Whether online appointment booking was available through the practice's website, as checked during the website investigation, and

- Whether appointment booking was possible through the NHS App, as confirmed directly by practices during the telephone conversation.

The findings show that over four in five practices (81.4%, n=48 of 59) have enabled online booking through their website. However, NHS App booking functionality lags slightly behind, with 65.5% (n=38 of 56) of practices confirming that patients could book appointments through the app. While this indicates positive uptake overall, nearly one in three practices (31%, n=18 of 56) either do not support or have not clearly communicated NHS App booking availability.

This gap highlights both implementation and communication challenges. Given the NHS App is central to national digital access strategy, further support may be needed to ensure consistent functionality and patient awareness across all practices.

Availability of online appointment booking
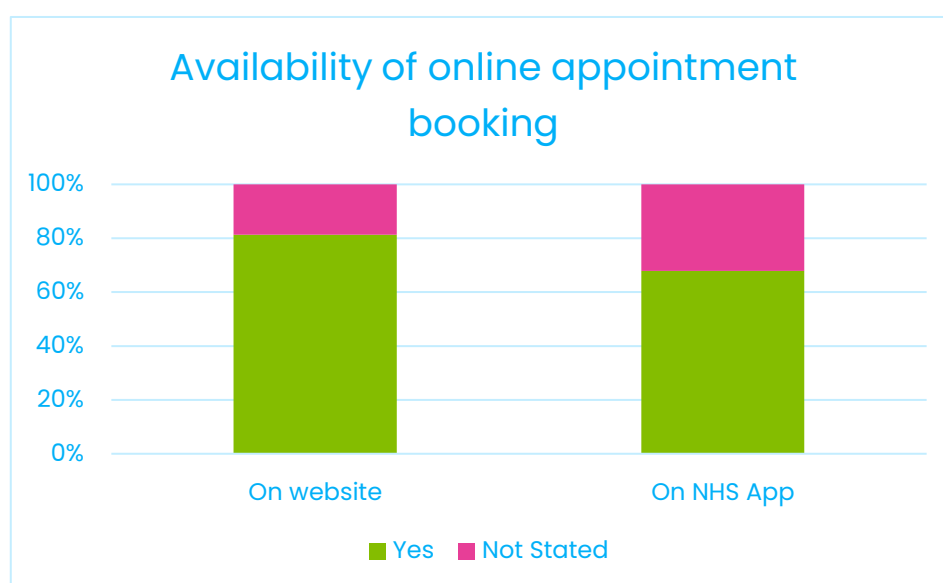
When comparing results across PBP areas, Bassetlaw stands out, with 100.0% (n=9) practices offering online booking via their websites. However, it also had the lowest uptake of NHS App booking, with just 55.6% (n=5) confirming this option.

In contrast, Mid-Nottinghamshire demonstrated the strongest overall digital offer, with high levels of availability for both website and NHS App booking. Nottingham City and South Nottinghamshire showed more moderate levels of provision, with NHS App booking available in 61.1% (n=11) of Nottingham City practices and 64.7% (n=11) of South Nottinghamshire practices.

These findings suggest that while digital access through practice websites is nearing full coverage in some areas, NHS App integration remains uneven, falling short of the national ambition. Focused support may be required in areas like Bassetlaw and Nottingham City to ensure equitable digital access across the system.

Availability of online appointment booking by PBP
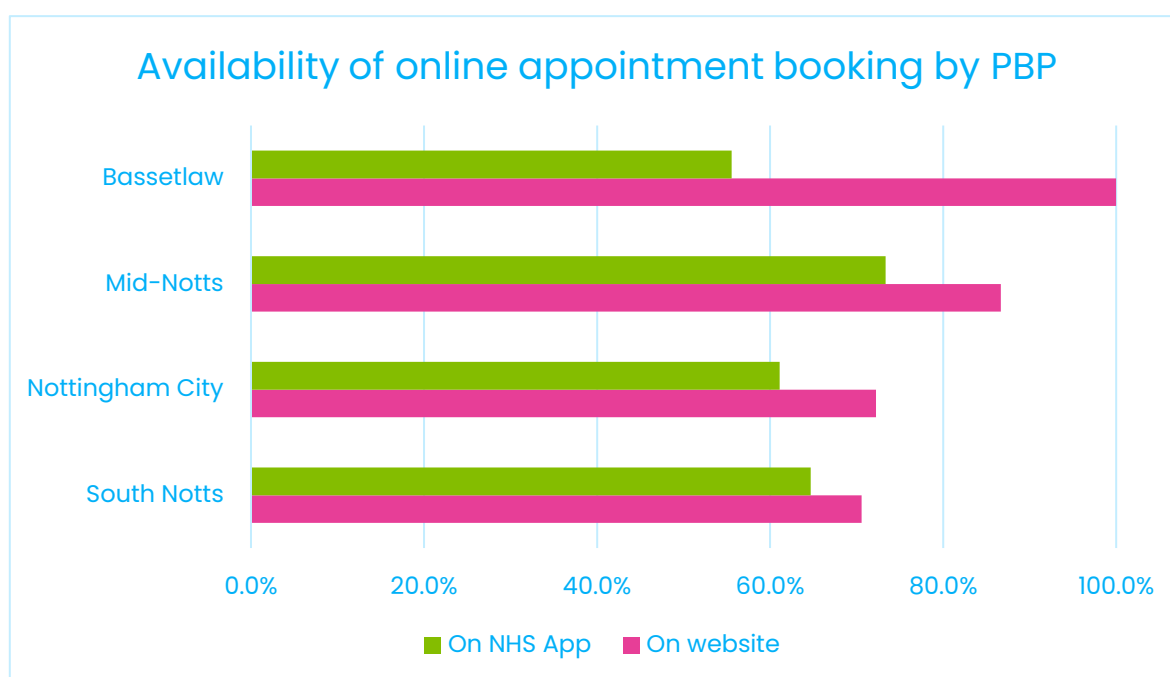
b. Response times to online requests

National guidance from NHS England states that patients should be informed on the same day about how their appointment requests will be handled. While this information is provided immediately for those booking by telephone or walk-in, unless when a total triage system is in place, response times for online appointment requests vary between practices. This project therefore examined how promptly GP practices respond to online requests submitted via their website or the NHS App by asking the practices about this on the telephone investigation.

Overall, just over half of the practices (n=31) reported responding to online requests on the same day, in line with national expectations. However, 12 practices indicated a response time of 2 to 3 working days, and 4 reported having no formal response time. Additionally, 11 practices did not offer online booking, as stated in the previous section, highlighting ongoing gaps in digital access.

These differences in response times may affect patient experience and access, particularly for those relying on online channels. Ensuring more consistent and timely responses will be essential to meet NHS England's standards and support equitable access to GP services.

Response times to online requests
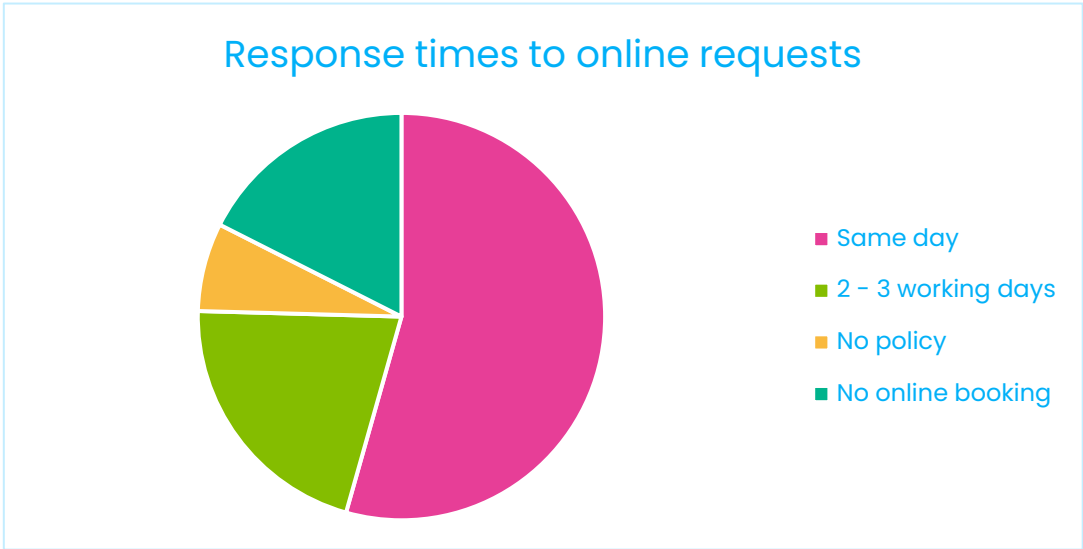
When examining response times by PBP areas, Bassetlaw had the highest proportion of practices responding to online appointment requests on the same day at 66.7% (n=6), followed by Mid-Notts at 60.0% (n=9). Practices taking 2 to 3 working days to respond were most common in Mid-Notts and Bassetlaw, both at 33.3% (n=5 and n=3 respectively). These findings highlight variation in online access and response times across PBPs, with particular room for improvement in South Notts and Nottingham City.

## Response times to online requests by PBP
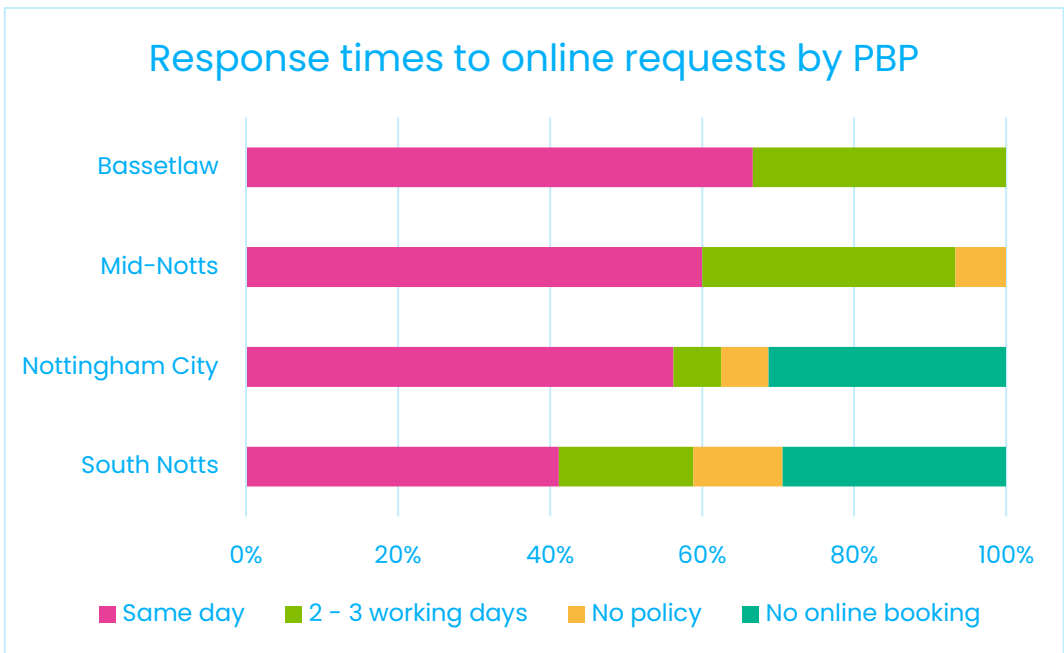
3. Appointment Accessibility

Appointment accessibility was explored through multiple dimensions to understand how easily patients can book and receive care, in line with NHS England's guidance emphasising timely and flexible access to primary care. This included reviewing the different booking methods available, such as telephone, online and in-person options, as well as the range of appointment types offered, including face-to-face, telephone and video consultations. The ability to book appointments in advance and the waiting times for available appointments were also assessed to provide a comprehensive view of patients' ease of access to GP services.

a. Booking methods overview (telephone, online, in-person)

National guidance states that patients should be given a choice to contact their GP practice by telephone, in-person or online, and should be asked how they prefer to receive a response. To assess how well practices meet this standard, the options they provide for booking appointments were investigated during the telephone call investigation, and the results can be seen as follows:
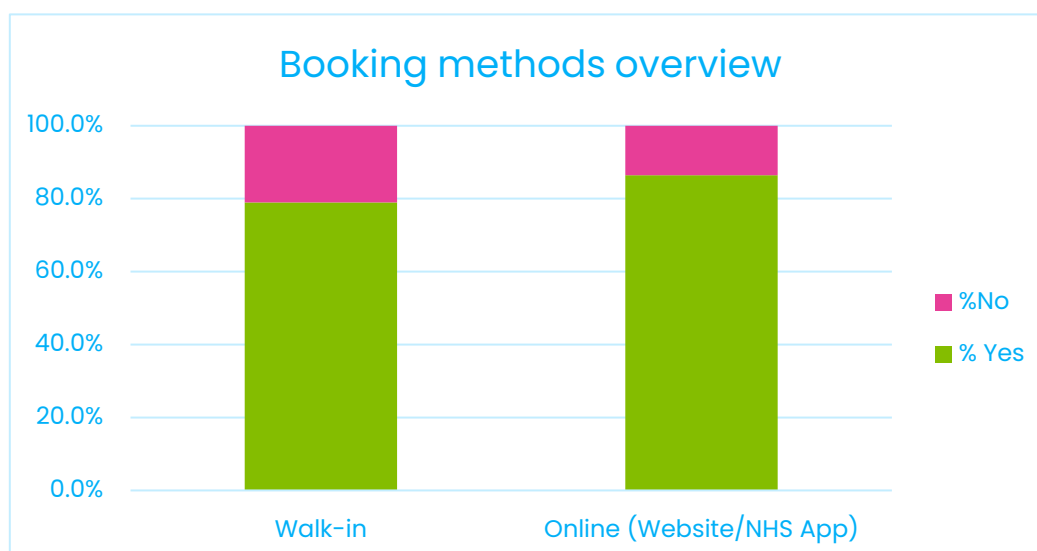
Overall, 67.8% (n=40) of the practices offer all three booking modes (telephone, in-person and online) and are fully compliant with NHS England guidance. However, that means nearly one-third of practices (32.2%, n=19) may limit appointment accessibility, which could disproportionately affect certain groups of patients such as those who are digitally excluded, lack telephone access or face barriers such as language difficulties or health conditions that make telephone contact difficult. This underscores the need for enhanced support and alternative booking options to ensure equitable access for all.

Many practices reported that they do not actively encourage walk-ins but would not turn patients away at reception. Some practices use a total triage model[13], where all patient requests are reviewed before being signposted to the next appropriate step of care. This includes requests made online, by telephone or at the reception desk. In these practices, patients arriving at reception are often supported to complete an online triage form and must then wait for it to be reviewed before any next steps are confirmed. One practice noted that queues

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[13] Digitally enabled triage, NHS England 2025

sometimes form outside the surgery early in the morning, and the online triage may close before everyone can be helped, indicating a potential need for greater support for digitally excluded patients.

Patient feedback shared with us, outside of this project, enables to understand the impact of this:

Patient Voice

"I booked online for 2 weeks ahead - the GP txt message cancellation - asking me to phone, I called 4pm - told to call back 8:30 am - I cannot, I work, I cannot take call backs either - and on the tv we get endless ads saying if you are worried - have symptoms go to your GP - madness ! It's been 6 months now of trying- wish I could afford private"

A woman, 50-60 years old from Broxtowe

Patient Voice

"At the [particular] GP you can only call at 8am or midday for an appointment, and it's pretty much impossible to get an appointment from a call. They very much steer you to make an appointment online, but the online booking is extremely hard/ impossible to navigate with profound dyslexia. I worry that other people with special needs/ age/ lack of wifi access are also unable to get appointments. The recommendation is to get help from a friend or family member, but the reason [they] want to go to the Doctor is very private and they don't want to share this with friends, family or even me. The lack of privacy offered to people with accessibility issues feel very ableist."

In regard to a person living with profound dyslexia

narrated by a phonics/ reading teacher for adults

with learning difficulties

Patient Voice

> *"A friend of mine was not able to get an appointment on the phone after multiple failed attempts, so they went in-person to the surgery. But the receptionist told them that they could not book an appointment in person and they need to try online, even though the person informed them that they do not know how to"*

A woman from Nottingham City

b. Choice of appointment types (face-to-face, telephone, video)

NHS England guidance emphasises that patients should be offered a choice of consultation modes, such as face-to-face, telephone, or video, based on clinical need and personal preference. Similarly, HWNN recommended increasing patient choice in appointment types in our past reports.

Across both phases, 80.7% (n=46) of practices reported offering patients a choice of appointment type. However, many clarified that patients are initially assessed over the telephone, and in-person appointments are offered only when deemed necessary by the practice staff. While this approach was still counted as providing 'choice', it shows that the final decision often rests with the GP staff rather than the patient. This highlights a gap between the intended principle of patient choice and its delivery on the ground.

Do patient's have a choice of appointment type?
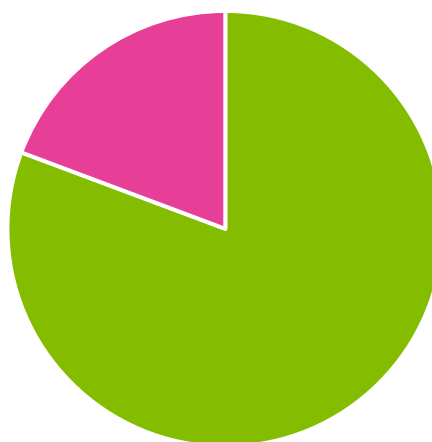
■ Yes ■ No

Across PBP areas, South Notts and Bassetlaw had the highest proportion of practices offering choice in appointment type (88.2%, n=15 and 88.9%, n=8 respectively). In contrast, Nottingham City had the lowest, with nearly one in three practices (31.3%, n=5) not offering patients a choice, thus indicating a potential area for improvement in aligning with national guidance.

Appointment choice by PBP area
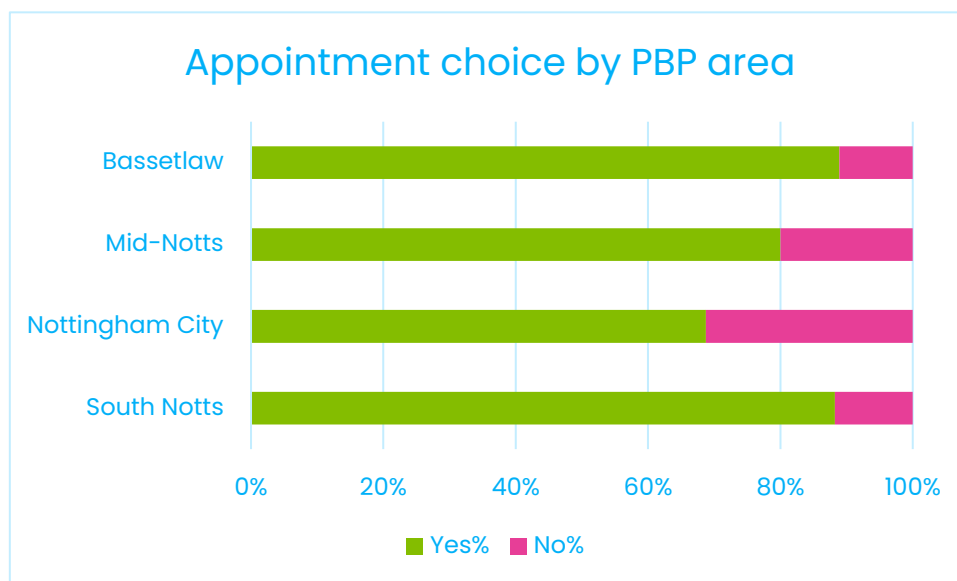
Patient Voice

"Never can get a face to face appointment spend 40 mins at 8am trying to get an appointment."

A 65 to 79 year old resident of Ashfield

Patient Voice

"Originally called to make a face to face appointment about a concern in their prostrate. GP only offered a telephone appointment and nothing else. Was very worried about their health and asked to be examined, but no luck…"

A member of public from Nottinghamshire

c. Advance booking availability

National guidance states that patients should no longer be asked to call back another day to book appointments, echoing HWNN's previous recommendation to enable advance booking for routine care.

Encouragingly, 87.7% (n=50) of practices surveyed confirmed they offer advance booking. However, there exists a wide variation in advance booking windows, from as short as 48 hours to as long as 3 months. Some practices also restricted advance booking to nurse appointments only. This highlights the lack of standardisation across practices, and could create confusion for patients. The remaining 12.3% (n=7) offered no pre-booking at all, typically due to capacity issues.

Advance booking availability

■ Yes ■ No
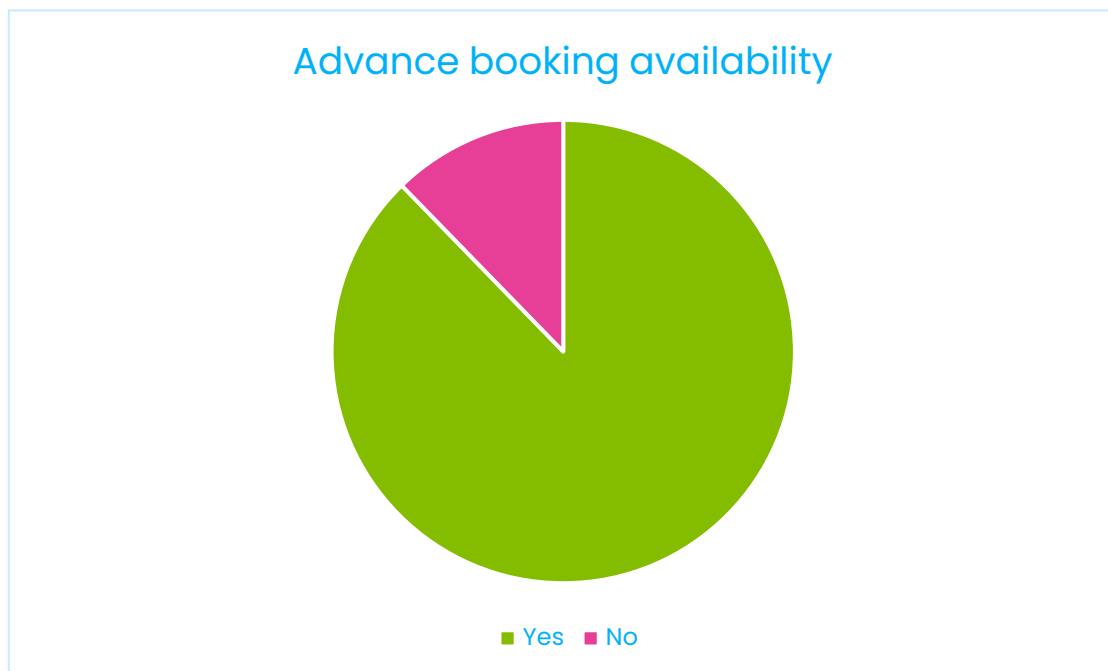
The inability to pre-book appointments places additional pressure on practices and negatively impacts patient experience.

Patient Voice

"I am a 70+ female with a few issues I would like to talk to my GP about face to face. Unfortunately it is impossible to prebook an appointment with the surgery. It all has to be done through AccuRx. I have tried speaking to the receptionists but they have advised they are not allowed to make appointments with GP's."

A resident of Newark & Sherwood

Patient Voice

"Trying to get an appointment for menopause symptoms and HRT [Hormone Replacement Therapy]. Receptions say it's not urgent enough for an on the day appointment but they're always full for regular appointments and you have to ring back the next day and repeat the loop."

A 50 to 64 year old woman

Patients continue to report instances where, unable to secure a timely GP appointment, they have turned to NHS 111 or A&E, an issue the NHS England Recovery Plan specifically aimed to address.

Patient Voice

"No appts, call 111 who took a hour then can ring your own surgery and get you an appt. Urgent cardio appt and still no appt"

A carer from Ashfield

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Patient Voice

"I have been trying to make an appointment for my dad (89 years old) to see a GP for weeks now.

I am told each time to ring at 8 in the morning, then when I eventually get through I am told there are no more appointments and to try again tomorrow.

When I try to explain that he would just like to talk to someone about his problems, I am told to go to A&E."

A carer from Nottingham City

Patient Voice

"My [partner] is three-weeks post-op with a hip replacement. Today [they] tried to make an appointment with a Practice Nurse with [their GP]…Unfortunately [they were] told that the earliest appointment would be…in 18 days! And if that was not acceptable [they] would have to go to the [Newark] Urgent Treatment Centre. We find that unacceptable and would like to know why local NHS services are not available.

We also think that inability of our local GP to provide this service and transferring responsibility on to Sherwood Forest Hospitals Foundation Trust is unfair on that organisation."

A resident of Newark and Sherwood

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d. Waiting times for appointments

Waiting time for appointments is a key measure of accessibility. National guidance recommends that all appointment requests should be scheduled within two weeks. While this could not be verified without actually booking appointments, most practices stated they offer appointments within this timeframe. However, some reported waits of up to six weeks for routine appointments.

Feedback shared with us often points towards waiting times that exceed the two-week maximum mandated in the national guidance:

Patient Voice

"You often cannot get through on the phone to make an appointment. If it's not an all out emergency the waiting time to see a GP is 4/5 weeks."

A 65 to 79 year old resident of Nottinghamshire

Patient Voice

"I wanted a non-urgent but necessary appointment. I went on line on March 26th and the first and ONLY appointment was on May 6th."

A 65 to 79 year old resident of Worksop

Patient Voice

"...as for my doctors surgery I have tried recently to contact them about my health and I still have the same problem getting any appointments when I really do need to see a doctor but you just can't get one so you suffer in silence as I [know] I haven't got the energy to keep trying to get to see a doctor so you give up"

A cancer survivor from Nottingham City

Waiting times often vary due to factors such as winter pressures, bank holidays, and high demand on Monday mornings. This variability may result in patients needing to call repeatedly, particularly where longer-term scheduling is limited.

II. Effectiveness of Website Information

1. Appointment Booking Information

A clear understanding of how to access appointments is critical to improving patient experience and reducing confusion. This section reviews the information provided on GP practice websites about how appointments can be booked and managed. It covers whether practices explain the booking and triage process, provide guidance on using various booking methods (such as walk-ins, telephone, or the NHS App) and outline the various types of healthcare professionals patients may see. These elements are essential for supporting patient choice and aligning with both national guidance and local recommendations.

a. Explanation of the booking and triage process

The review of GP websites across Nottingham and Nottinghamshire showed varied levels of clarity regarding the appointment booking process and triage.
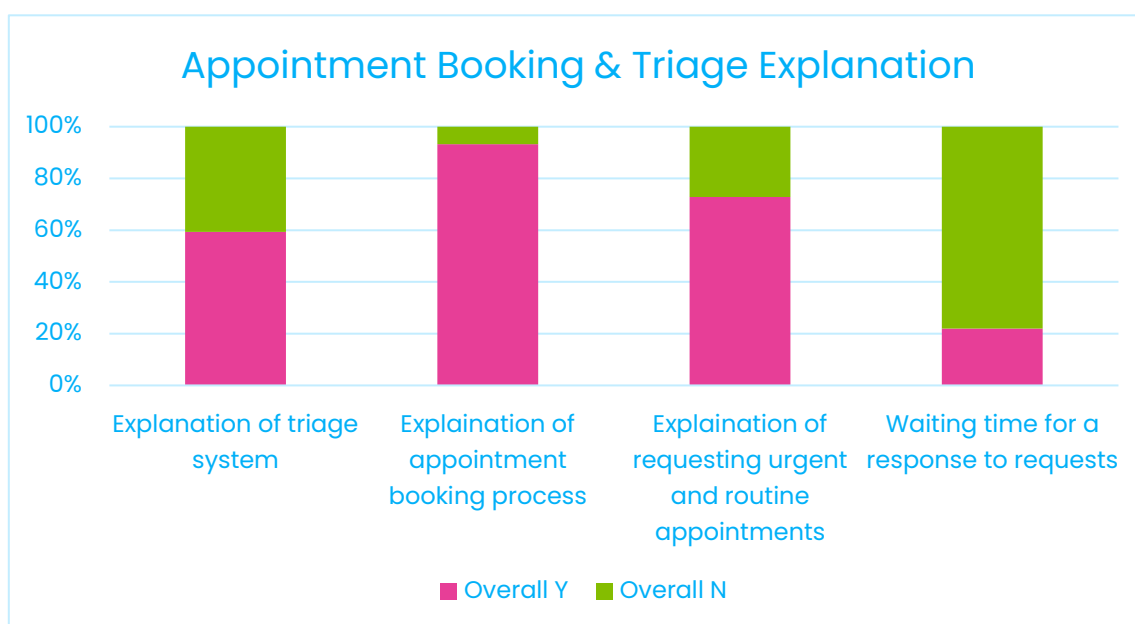
While most practices (93.2%, n=55 of 59) explain the general booking process, only about three quarters (72.9%, n= 43 of 59) clearly distinguish between urgent and routine appointment request process. Moreover, only 59.3% (n= 35 of 59) provide information on how the triage system works, such as whether the patient will be assessed by a receptionist or clinician before being offered an appointment.

National guidance also emphasises that patients should know on the same day how their request will be handled. However, only one in five practices (22.0%, n=13 of 59) included any indication of expected response time, leaving the majority (78.0%, n=46 of 53) without this essential information, and may deter utilisation of this channel of communication.

The gaps in information highlight a missed opportunity to improve patient understanding and reduce avoidable demand through clearer online communication.

Some websites stood out for offering clear, user-friendly explanations of triage and the role of care navigators, demonstrating good practice that others could follow. For instance, Abbey Medical Centre's website presents a straightforward breakdown of how appointments are allocated and explains the role of reception staff in signposting patients to the most appropriate care. Similarly, Larwood Health Partnership provides an informative overview of how their online consultation system works, outlining what patients can expect after submitting a request and who may respond. These examples not only meet national guidance, but go further in supporting patient understanding and reducing frustration.

b. Guidance on using different booking methods (walk-in, phone, NHS App)

Clear communication of booking methods on GP websites plays a crucial role in ensuring patients can easily access services in a way that suits their needs. In 2022, HWNN recommended that practices should explicitly state whether walk-in bookings are possible. The NHS England *Delivery Plan for Recovering Access to Primary Care* aimed for over 90% of practices to enable appointment booking via the NHS App by March 2024. Additionally, providing up-to-date and easily accessible contact information, particularly on the appointment booking page, is essential for those who prefer or rely on telephone booking. This part of the review assessed whether GP websites in Nottingham and Nottinghamshire present these key access routes clearly.

Most GP websites include information on telephone booking, with 82.0% (n=49 of 59) displaying the practice contact number on the booking page itself. However, only 61.0% (n=36 of 59) of websites mention the ability to book through the NHS App, despite the national push for wider adoption. Information about the possibility of walk-in bookings was found on just 47.5% (n=28 of 59) of websites, suggesting that nearly half do not clarify this option. While 81.4% (n=48 of 59) of practices provide information on booking via their own website, the lack of consistency across all three modes may create barriers for patients unfamiliar with the system or those needing alternative access routes. Improving the visibility and completeness of this information will be key to supporting equitable access and reducing confusion for patients navigating appointment options.

Guidance on using different booking methods
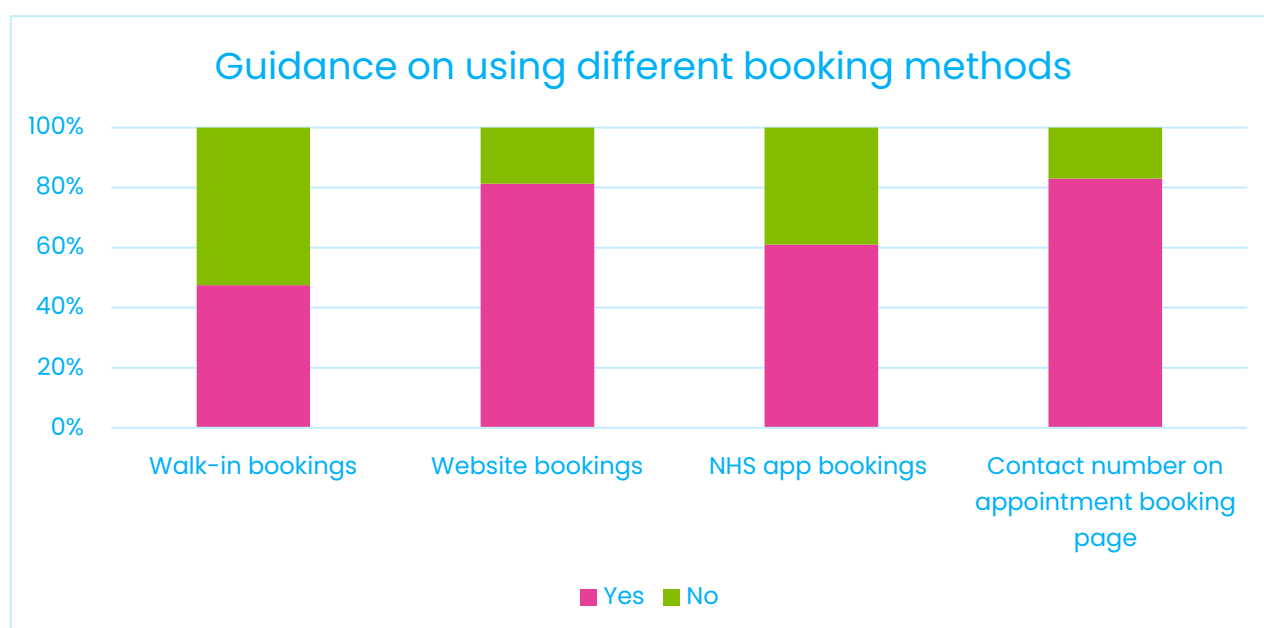
c. Information about face-to-face appointments

We recommended in 2022 that GP websites clearly state that face-to-face appointments are available at practices according to patient preference. This transparency contributes to clearer communication and helps manage patient expectations about the types of consultations offered.

In this review, 67.2% of practices (n=41) explicitly confirmed the availability of face-to-face appointments on their websites. A small number, 6.6% (n=4) stated that they did not provide face-to-face appointments, while 23.0% (n=14) did not clearly mention anything about this. Improving clarity on face-to-face appointment availability would further support patient understanding and align with best practice guidance for accessible service information.

Information about face-to-face appointments

■ Y ■ N ■ NS
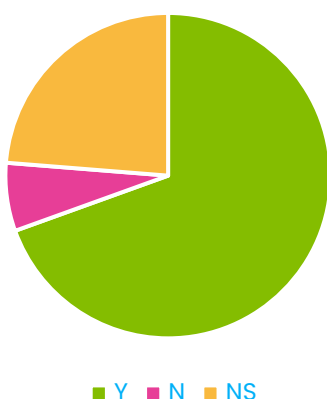
d. Information on range of healthcare professionals

HWNN also recommended that GP practices increase public awareness of the range of healthcare professionals available within the practice. This aligns with the NHS England plan's aim to build capacity by utilising the skills of a wider healthcare team and expand the use of self-referral pathways. Providing clear information about the different professionals patients can see; such as nurses, pharmacists, physiotherapists; enables patients to make informed choices and access the most appropriate care.

Information on range of healthcare professionals

■ Yes ■ Not Stated
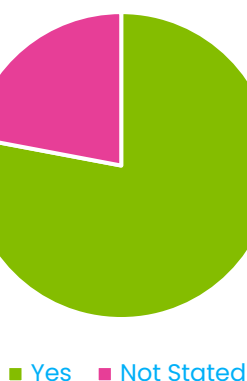
In this review, 78% (n=46 of 59) of GP websites included information about the range of healthcare professionals available, while 22.0% (n=13 of 59) did not. Enhancing this aspect of communication could further support the national strategy by guiding patients towards alternative healthcare providers within the practice, improving access and easing demand on GP appointments.

2. Other accessibility information (Home visits, Chaperones, Interpreters)

We emphasised the importance of increasing public awareness of the range of accessibility services provided by GP practices and how patients can use them. Publishing clear information about services such as home visits, chaperones and interpreter support on surgery websites is a key way to improve accessibility and help patients self-navigate their care options. This project therefore assessed the extent to which GP practices include details of these services on their websites.
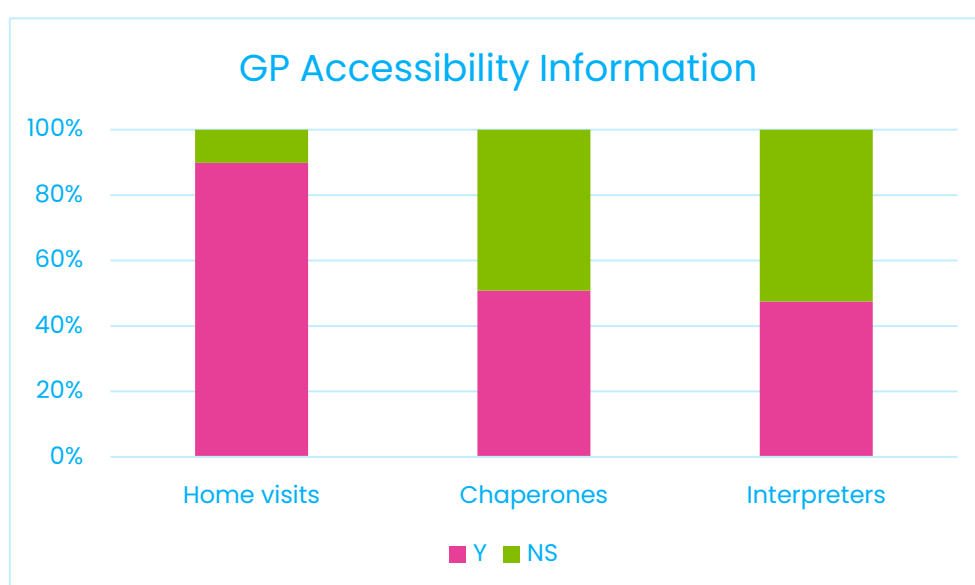
Findings show that most practices provide information about home visits, with 89.3% (n=53 of 59) stating this on their websites. However, information on chaperones and interpreters is less consistently available, with just over half of practices including chaperone details (50.8%, n=30 of 59) and interpreter services (47.5%, n=28 of 59).
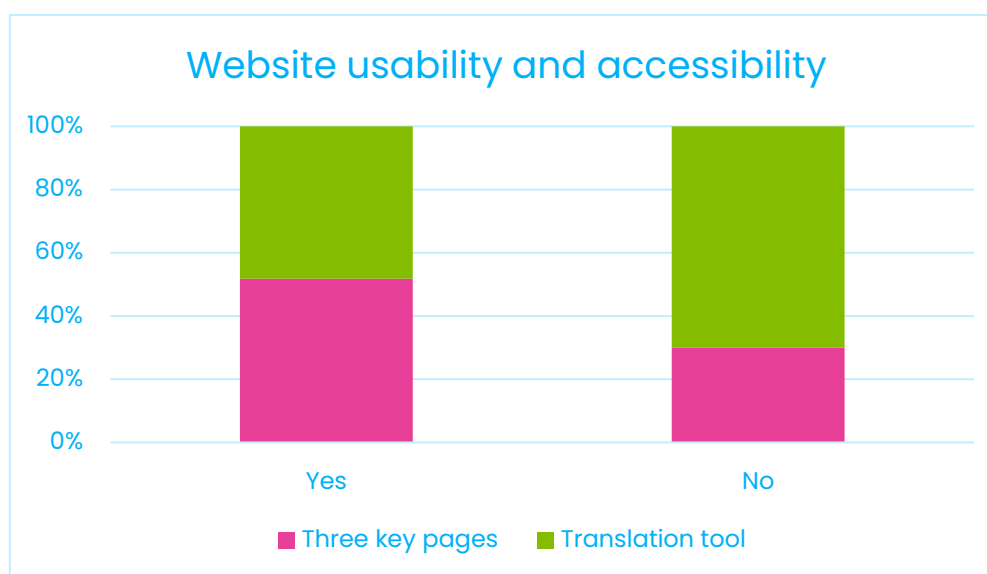
Additionally, some practices advertise support for patients unfamiliar with digital technology, such as arranging instructors to help set up the NHS App and navigate online booking. While this was not formally investigated in this project, it represents a positive approach to addressing digital exclusion and could be more widely promoted across practices.

3. Website Usability and Accessibility

National guidance sets out clear expectations for improving the usability and accessibility of GP websites. It recommends that every GP website should include three key pages: appointments, prescriptions and contact information; with each offering clear guidance on how and when to use digital and non-digital channels. The guidance also highlights the need to accommodate diverse language needs by providing translation tools to support patients whose first language is not English.

In line with this, the project examined the presence of these key features across GP practice websites in Nottingham and Nottinghamshire. It found that nearly all websites (95.2%, n=56) included all three essential service pages, indicating widespread alignment with this aspect of the national standard.

Translation tools were also present on most websites (88.1%, n=52), though their placement and functionality varied. In some cases, the tool was prominently placed at the top of the page, making it easy to locate, while in others it was hidden at the bottom, reducing usability. There were also inconsistencies in the number of languages supported, which may limit accessibility for some groups. These variations suggest a need for more consistent design to ensure equal access for all patients.

Website usability and accessibility

A stacked bar chart with two categories on the x-axis ("Yes" and "No") and a y-axis ranging from 0% to 100%. The legend indicates pink represents "Three key pages" and green represents "Translation tool". For "Yes", the pink bar reaches approximately 52% and the green fills the remainder to 100%. For "No", the pink bar reaches approximately 30% and green fills the remainder to 100%.

Legend: ■ Three key pages ■ Translation tool

Conclusion

This review of GP practices across Nottingham and Nottinghamshire provides a snapshot of how local services align with NHS England's standards on accessibility, transparency and digital enablement under the 2023 *Delivery Plan for Recovering Access to Primary Care*, as well as the recommendations made by Healthwatch Nottingham and Nottinghamshire in 2022.

The study highlights a number of strengths across GP practices in Nottingham and Nottinghamshire, particularly widespread availability of telephone and online booking methods, clear explanation of general appointment processes and inclusion of key service pages and translation tools on practice websites. Most practices also provide advance booking, offer a choice of appointment types and share information on key accessibility services such as home visits.

However, areas for improvement remain. Waiting times can still be long and vary hugely across the patch. Response times to online requests are often unclear and key features such as call-back options and NHS App booking are not yet consistently in place. Website information about triage systems, interpreter services and chaperone availability is patchy and details on walk-in appointments are frequently omitted.

While the direction of travel is positive, greater consistency is needed in how access and information are delivered across practices. For patients to benefit fully from national investment and reforms, all GP practices must adopt clearer communication, wider digital functionality and a more transparent and inclusive approach to booking and care delivery.

This following table summarises the key findings and proposes our recommendations based on them:

Domain	Criteria	What's working well	What could be improved	Our recommendations
I. Access to GP Services	1. Telephone Access	• Shortest wait was less than a minute • 41.4% answered within 5 minutes	• Longest wait was 1 hour & 17 minutes • 20.7% had wait times over 30 minutes	• Reducing waiting times still remains the key goal for improving access
		• 86.2% state queue position: transparent and patient-friendly	• 37.9% offer call-back options, meaning over 60% do not	• Expand use of call-back option
		• 68.4% take appointment booking calls throughout opening hours	• Most still encourage patients to call at 8am as capacity for same-day appointments is reached quickly	• Enable appointment booking throughout opening hours
	2. Online Access (via website and NHS App)	• 81.4% offer booking via practice website	• Only around half respond to online requests on the same day	• Respond to online requests promptly (same-day)
		• 65.5% support NHS App booking	• 31% do not support or clearly communicate NHS App booking	• Fully deploy NHS App booking, improve visibility, enable two-way messaging and e-consults
	3. Appointment Accessibility	• 67.8% offer all three booking modes (telephone, online, in-person)	• 32.2% do not meet NHS guidance on offering all booking modes	• All practices should offer all three booking modes (telephone, online, in-person)
		• 80.7% offer patients the choice of appointment type	• Face-to-face consultations often dependent on triage outcome, not patient's choice	• Honour patient appointments preferences (especially face-to-face)
		• 87.7% allow advance booking	• Advance booking windows vary widely (from 48 hours to 3 months)	• No formal recommendation, however the wide variation in advance booking highlights inconsistences across practices

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Domain	Criteria	What's working well	What could be improved	Our recommendations
II. Effectiveness of Website Information	1. Appointment Booking Information	• 93.2% explain general booking process • 72.9% clarify urgent vs. routine appointment process	• 59.3% explain the triage system • 22.0% mention expected response time	• Improve website clarity and accessibility: Ensuring it includes effective explanation of triage, response time to online requests, chaperones and interpreters availability. Offering variety of translation options which are positioned prominently. Uniformity in website layouts enables a better patient experience. • Developing a clear and comprehensive patient charter can help ensure that all key information is communicated effectively.
		• 82.0% display contact number on booking page • 81.4% include website booking information	• 47.5% mention walk-in booking availability • 61.0% mention NHS App booking	
		• 67.2% explicitly confirm availability of face-to-face appointments	• 6.6% state they do not offer face-to-face appointments • 23.0% make no mention of this	
		• 78.0% include information on the variety of healthcare professionals available at the GP practice	• 22.0% do not, limiting public awareness and opportunities for self-referral	
	2. Other Accessibility Information	• 89.3% provide home visit information	• 50.8% include chaperone details • 47.5% mention interpreter services	
	3. Website Usability & Accessibility	• 95.2% include the three essential service pages (appointments, prescriptions & medications, and contact details) • 88.1% have translation tools available	• Usability of translation tools varies, both in terms of language options available and positioning on the webpage	

Furthermore, analysis by PBP area revealed substantial variation in how access standards are being implemented across Nottingham and Nottinghamshire, with examples of both promising practice and ongoing barriers. The following table summarises these findings:

PBP Area	What's working well	What could be improved
Nottingham City	• Highest proportion (52.9%) of practices answering calls within 5 minutes • All practices state queue position on calls	• Lowest proportion (52.9%) offering all-day telephone access • Lowest NHS App booking availability (61.1%) • Lowest proportion offering patient choice of appointment type (68.7%) • Lowest call-back offer (29.4%)
South Nottinghamshire	• Nearly half (47.1%) of calls answered within 5 minutes • 76.5% of practices offer all-day telephone access • High patient choice in appointment type (88.2%)	• Highest percentage (29.4%) of practices with telephone waits over 30 minutes • Inconsistent online request response times • Low call-back offer (35.3%)
Mid-Nottinghamshire	• High patient choice in appointment type (80%) • Strong digital offer: high online (72.2%) and NHS App (61.1%) booking availability • Highest call-back functionality (46.7%) • Good same-day online request response (60%)	• Limited all-day telephone access (60%) • 20% practices with telephone waits over 30 minutes
Bassetlaw	• 100% practices offer online booking via website • Highest proportion offering all-day telephone access (88.9%) • Highest same-day response to online requests (66.7%) • High call-back functionality (44.4%)	• Lowest proportion of calls answered within 5 minutes (20%) • Low NHS App booking uptake (55.6%) • 20% practices with telephone waits over 30 minutes

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Recommendations

Based on the findings of this study, Healthwatch Nottingham and Nottinghamshire recommends that the local Integrated Care Board, as the commissioner of GP practices in the area, takes steps to enable and ensure greater consistency in procedures across all practices. This would support more equitable access to care and help align local provision with national expectations set out in the 2025/26 GP contract[14], with the ultimate goal of reducing waiting times for GP appointments.

1. Expand use of call-back features

Extending the full range of digital telephony features across all practices, including call-back functionality, can significantly improve patient experience. This was a core requirement under the 'Modern General Practice Access' outlined in the 2023 NHS England guidelines and is now embedded in the 2025/26 GP contract. All practices should implement this to help reduce call queues and improve access.

2. Enable appointment booking throughout opening hours

Appointment booking should be possible throughout the opening hours, not only in theory, but in practice. It is not sufficient for phone lines to be open if no appointments are available. All practices should offer a mix of same-day and pre-bookable appointments to meet different patient needs. From October 2025, the new contract requires that patients must be able to request appointments online during core hours (8am–6:30pm). Telephone and walk-in options should complement this to ease the 8am bottleneck and ensure inclusive access.

3. Fully deploy NHS App booking and improve visibility

As digital access continues to expand[15], it is vital that all practices uniformly enable and promote the use of the NHS App for booking appointments, sending and receiving messages (two-way messaging) and e-consultations. Clear communication with patients through websites, waiting room posters and verbal reminders will ensure that more people are aware of and can benefit from these options.

4. Respond to online requests promptly (same-day)

To build trust in digital access routes, it is essential that patients receive timely responses to online requests. In line with national guidance, we recommend that patients should be informed promptly about how their request will be managed. This includes offering a same-day appointment for clinically urgent needs and providing an appropriate response, such as booking a routine appointment within two weeks or signposting to other services, for non-urgent requests. Prompt and clear communication not only improves patient experience but also supports

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[14] Changes to the GP Contract in 2025/26, NHS England 2025
[15] 10 Year Health Plan for England: fit for the future, UK Government 2025

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greater uptake of online systems, thus, helping practices manage demand more efficiently.

5. Offer all three booking modes (telephone, online, in-person)

Ensuring that patients can book appointments by phone, online and in-person is key to delivering an inclusive and equitable service. This has also been emphasised under the NHS guidelines. While digital access can reduce pressure on phone lines, non-digital options must remain robust, especially for those who may face digital barriers. These individuals are often the most vulnerable and access to GP service should never be dependent on one's digital literacy and digital affordability. All patients should feel welcomed, supported and never as though they have to "*suffer in silence*".

6. Honour patient appointments preferences (face-to-face, telephone, video)

It is encouraging that GPs now offer more flexibility in appointment formats, which has helped patients attend without needing to take time off work or miss other commitments. However, the choice of format should ultimately rest with the patient. Appointment slots are usually of equal length regardless of the format, so recognising patient preferences need not disrupt scheduling, and can greatly improve patient satisfaction and health outcomes.

While 80.7% of practices reported offering patients a choice of appointment format. However, face-to-face appointments are still often subject to the discretion of the GP practice staff rather than the patient. This approach needs to change. Patients should have the final say in how they are seen, whether face-to-face, by phone or by video.

7. Improve website clarity and accessibility: Patient Charter

GP practice websites should clearly explain the triage process, expected response times and the availability of services such as chaperones and interpreters. Accessibility can be improved by offering translation tools that are easy to find and use. Consistent layouts across websites would also support a more intuitive user experience.

A clear and collaboratively developed patient charter can ensure that essential information is communicated effectively. This is encouraged under the 2025/26 GP contract. A good example is the Dudley GP Charter[16] developed by Healthwatch Dudley in collaboration with local stakeholders. We welcome the opportunity to work jointly with local partners to develop a similar charter for Nottingham and Nottinghamshire, to empower patients with the information they need and deserve.

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[16] Dudley GP Practice Charter highlights patient rights, Healthwatch Dudley 2025

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Reference List

- [10 Year Health Plan for England: fit for the future](#), UK Government 2025

- [7.8 million Notts GP appointments in 2024](#), NHS Nottingham & Nottinghamshire ICB 2024

- [Changes to the GP Contract in 2025/26](#), NHS England 2025

- [Delivery plan for recovering access to primary care](#), NHS England 2024

- [Digitally enabled triage](#), NHS England 2025

- [Dudley GP Practice Charter highlights patient rights](#), Healthwatch Dudley 2025

- [GP services hot topic survey](#), Healthwatch Nottingham & Nottinghamshire 2022

- [GP website desk-based study](#), Healthwatch Nottingham & Nottinghamshire 2022

- [NHS England General Practice Patient Charter](#), My Practice Manager 2025

- [Nottingham & Nottinghamshire Integrated Care System](#), NHS 2025

- [Patients Registered at a GP Practice, June 2025](#), NHS England Digital 2025

- [Primary Care](#), NHS Nottingham and Nottinghamshire ICB 2025

- [The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012](#), UK 2012

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Appendix 1

Phone Call Survey Questionnaire

Points noted at the peak-time calls were:

1. Is the queue position stated?

2. Is there an option to hold the queue position and hang-up the phone, with the offer to call back when you reach the end of the queue?

3. What is the waiting time on phone till the call is answered?

The second calls were made any time during the day and the following questions were asked:

1. For booking an appointment

    i. Can a patient ring anytime during the day (working hours)?

    ii. Can a patient book appointments at the practice reception (walk-in booking)?

    iii. Can a patient book appointments through the NHS app?

    iv. Can a patient book routine appointments in advance? If yes, then how long before?

    v. How long does a patient need to wait to know how their request for booking an appointment will be handled?

    vi. Can a patient choose the appointment types (online, phone call, in-person)?

2. What is the average waiting time for appointments at the practice?

Appendix 2

Website Review Questions

1. Does it include three key pages: appointments page, prescriptions and medications page, and contact us page

2. Does it have a translation tool and is it easy to locate?

3. Does the page have detailed information explaining the triage system (indicating clearly whether the patient would need to be triaged by a receptionist or clinician before obtaining an appointment, if required)?

4. Does the page have detailed information explaining the appointment booking process?

5. Does the page have clear sections explaining how to request urgent and routine appointments?

6. Does the page specify how long the patients might have to wait for a response when making requests through all channels (online, phone call, walk in)?

7. Does the page state if walk-in or in-person appointment booking is available at the practice reception?

8. Is the online appointment booking available on the website?

9. Is the contact number shown on the appointment booking page?

10. Is the NHS app booking available?

11. Does the page state their ability of providing face-to-face appointment?

12. Can patients book appointments in advance?

13. Are patients are given choice of appointment types (online, phone call, in-person)?

14. Is the appointment booking information up to date?

15. Does it provide information about home visits?

16. Does it provide information about chaperone policy?

17. Does it provide information about availability of interpreters?

18. Does the website clearly state the range of healthcare professionals available at the surgery?

Appendix 3

List of GP practices contacted

A. South Nottinghamshire PBP

1. Abbey Medical Centre
2. Belvoir Health Group
3. Castle Healthcare Practice
4. East Bridgford Medical Centre
5. Highcroft Surgery High Street Arnold
6. Jubilee Park Medical Partnership - Carlton Site
7. Newthorpe Medical Practice
8. Saxon Cross Surgery
9. The Calverton Practice
10. The Ivy Medical Group (Apple Tree Medical Practice)
11. The Linden Medical Group
12. The Oaks Medical Centre
13. Torkard Hill Medical Centre
14. Trentside Medical Group (Trentside Medical Centre Site)
15. West Bridgford Medical Centre
16. Westdale Lane Surgery
17. Whyburn Medical Practice

B. Nottingham City PBP

1. Bakersfield Medical Centre
2. Bilborough Medical Centre
3. Churchfields Medical Practice
4. Deer Park Family Medical Practice
5. Greenfields Medical Practice
6. High Green Medical Practice
7. Hucknall Road Medical Centre

8. Leen View Surgery

9. Meadows Health Centre

10. Parkside Medical Practice

11. Radford Medical Practice

12. Rivergreen Medical Centre

13. St Luke's Surgery

14. The Medical Centre (Irfan)

15. Tudor House Medical Practice

16. Victoria and Mapperley Practice (Victoria Health Centre Site)

17. Wollaton Park Medical Centre

C. Mid-Nottinghamshire PBP

1. Abbey Medical Group

2. Barnby Gate Surgery

3. Churchside Medical Practice

4. Family Medical Centre (Sood)

5. Hounsfield Surgery

6. King's Medical Centre

7. Kirkby Community Primary Care Centre

8. Lombard Medical Centre

9. Meden Medical Services

10. Middleton Lodge Practice

11. Mill View Surgery

12. Orchard Medical Practice

13. Sandy Lane Surgery

14. Sherwood Medical Partnership

15. Willowbrook Medical Practice

D. Bassetlaw PBP

1. Bawtry & Blyth (Bawtry Health Centre Site)

2. Crown House Surgery

3. Kingfisher Family Practice

4. Larwood Health Partnership (Larwood Surgery)

5. Larwood Health Partnership (Westwood Primary Care Centre Site)

6. Newgate Medical Group

7. North Leverton Surgery

8. Riverside Health Centre

9. Tuxford Medical Practice

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