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Online, by phone or in person: what shapes how people contact their GP?

Blog – 23 September 2026

Our new research explores what shapes how people contact their GP practice and sets out recommendations for making access to GP services fair for everyone.



GPs are the gateway to most NHS services in England and the NHS wants to make it easier for people to contact general practice, including through digital services and the NHS App.

Improving access to primary care is a key part of the Government's **2025 NHS 10 Year Plan**

(<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary>), including training more GPs and making GPs central to

plans to set up neighborhood health centres

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Recent changes to contacting GP practices

In 2025, the government used our evidence (<https://www.healthwatch.co.uk/report/2025-07-02/choice-gap-do-patients-get-choices-they-want-gp-care>) on people's experience of access to GPs to shape the NHS GP contract for 2026/27 (<https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2026-27/>) to:

- ensure that people with clinically urgent requests are dealt with the same day
- stop practices from asking patients to call back another day
- stop practices from capping requests via online consultation systems during core hours (8am to 6.30pm), so that patients can contact their practice during that period using the contact method of their choice

With so much change ongoing we wanted to find out what people are experiencing when they try to contact their GP.

While the annual GP Patient Survey (<https://gp-patient.co.uk/>) (GPPS) asks about different methods of access, it doesn't tell us *why* people use the contact methods they do, why they *don't* use other methods, nor what drives satisfaction with GP surgeries.

About our research

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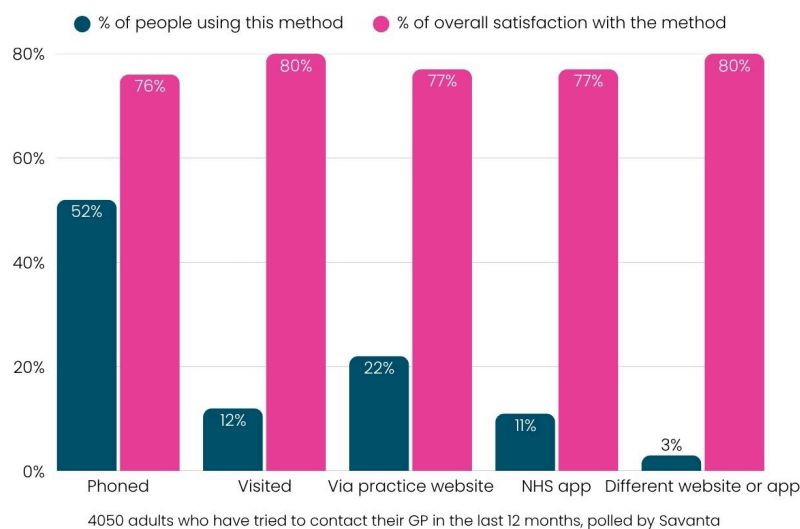
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- Findings from four focus groups conducted by Healthwatch.

How people contacted GP services

We asked what method people had used for their last attempted contact with their GP. The graph shows the breakdown of contact methods used, with our findings consistent to those of the GPPS 2026.

How people contacted their GP compared to overall satisfaction with contact method



Our poll showed most people (52%) still choose to use the phone to contact their practice, in line with a similar percentage (54%) in the GPPS.

Online forms or the NHS App still trail behind as contact methods, according to both our poll (34%) and the GPPS (31%), although there has been a steady increase in online contact in recent years.

Overall, most people are satisfied with how they contact their GP, ranging from 76% of those who contacted their GP by phone to 80% of those who visited their practice in person.

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Reasons for a choosing contact method

When we asked why people had used those methods, most people (69%) said that they used the method they find most convenient.

In the focus groups, people described valuing the human contact and direct communication they received when phoning or visiting the practice. Those who used online forms liked being able to provide detailed written descriptions of their symptoms, while those who used the NHS App valued its convenience and privacy.

"[I] don't necessarily want to be at work having a conversation booking a GP appointment having to explain why I'm ringing so I do use the NHS app, and I have to say I found it really efficient perhaps just for our GP surgery there are always appointments on there they are always you know 2, 3 weeks ahead but I can always get one on there. The repeat prescriptions are an absolute doddle for me..." Focus group – under 60 with at least one long term condition

However, we also found that the restrictions put in place by GP practices or the preferences about contact methods that practices expressed also shaped people's choice of contact method.

A quarter (25%) of respondents said that their GP practice did not offer alternative contact methods or preferred them to use a particular method.

For instance, 50% said they used an online form to contact their GP practice because no other method was available.

Focus group participants who encountered restrictions on how they could contact their GP described being pushed from one contact method to another before they were able to get through to their GP.

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I did go in in person to try and get an appointment fairly urgently because I'd been to the pharmacist with what I thought was an infection in my toe... he... said you need to see a doctor. I was right next door [to the practice] so I thought well I'll pop in there make an appointment and no you can't do that. You need

...if you make an appointment and then you can't go then you need to ... use the online system ... which I did [but] as you're typing what you want to see the doctor about, the appointment's gone. "Then you're pushed onto the phone, which you try to use at eight o'clock in the morning, and there's already a call queue when it opens ... I don't know how you get in a call queue when it just opens, but... as it's an infection, [I] ended up going to a walk-in centre." Focus group participant – 70 and over

Releasing appointments or opening contact routes only at fixed times particularly disadvantages people who are working, caring for others, managing a health condition or unable to repeatedly monitor an online system. Practices need ways of receiving requests throughout core hours and arranging future care without requiring people to start the process again.

Barriers to contact methods

We asked people why they hadn't used other possible methods of contact.

Across all contact methods, the most common reason was that it was too time consuming. However, what also shaped people's choices was lack of knowledge of the different options or a sense that their GP didn't offer particular options.

Certain groups were more likely to say this than others. Females, for example, were more likely to say that their GP didn't offer phone contact (31% of females compared to 20% of males), as well as people who say they are financially struggling (29% compared to 24% of those who were financially comfortable).

People aged 18 – 34 were more likely to say that they didn't know online forms and the NHS App were options they could use (27% compared to 21% of people aged 55 or over). People who were employed or self-employed were also more likely to say that they didn't know that the NHS App was an option compared to retired people (26% compared to 19% who were retired).

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A small but significant number of people also said that contact methods were too stressful for them. People aged 18–34 were more likely than those aged 55 and over to report this, as were people with a disability or long-term condition when using the phone, making a personal visit or completing an online form. In the focus groups, people also talked about finding online methods of contact stressful:

Researcher: "You said you quite like online appointments, but you don't. Is there anything else like more training that would help? Or is it that you're stressed about not using and knowing how to use it?"

Participant: "Yeah, probably that ... when I attempt to use it, I'll get up the bravery to actually try it, and then I end up... getting lost, I'll go back and end up pressing the wrong thing and I'll go back to the beginning." Focus group – people on a low income/living in a deprived area

Key reasons why people don't use different methods to contact their GP



Conclusions

Our findings suggest that people don't always have meaningful choices about the ways in which they contact their GP if they don't know about them or believe that their GP doesn't offer them a range of contact methods. Participants in the focus groups said that their choices were limited when:

- Practices told them to use a particular route
- People were told to use a different contact route than the one they had initially used
- Appointments were released only at certain times

In particular, participants in the focus group 70+ wanted there to be better publicity about and support to use different contact methods:

Participant 6: "Do the general public know about the online bookings? I mean, I know a bit about it. If that was more widely advertised, for want of a better word. And so if more people who hadn't got emergency problems did it online, that would relieve time for the face to face."

Participant 1: "I think that's a really good point because although I think our doctor's system is good, they haven't broadcasted it and they haven't broadcast how to use it."

Our findings highlight that offering several contact routes does not, by itself, give people meaningful choice. People need to know which routes are available, be able to use them confidently and receive a clear response without being passed between systems.

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Our recommendations

As the NHS expands digital access, it must retain equitable telephone and in-person routes. Otherwise, the move from analogue to digital risks shifting barriers rather than removing them. The test of reform should be whether people can make contact in a way they can use, at a time that works for them, with a clear understanding of what will happen next.

1. Match digital ambitions with promotion and support

People need clear information from the NHS about the options available and practical help to use them. Digital routes should increase choice, rather than replace accessible telephone and in-person contact.

2. Make contact options clear

The Government and NHS England should evaluate public awareness of GP contact methods and the extent to which GP practices have met new contractual requirements to promote the different routes people can choose, via information inside practices and on their websites.

3. Make access fair for everyone

Practices should proactively identify and record which contact methods people with disabilities or hearing or sight impairments need to use, and support these people to communicate with practices, and meet people's communication and accessibility needs in line with the NHS Accessible Information Standard. Integrated Care Boards should use access data and patient feedback to understand which groups face greater barriers and support practices to improve.

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**Savanta interviewed 4,050 adults in England online between 7 and 23 July 2026 who have tried to contact their GP in the last 12 months.*

Quotas were applied and data is weighted by age, region, gender and ethnicity to ensure a representative sample.

***We commissioned four Healthwatch to run focus groups for us:*

- People on a low income/living in a deprived area -Healthwatch Brighton and Hove*
- People who work full time – Healthwatch Leeds*
- People aged under 60 with at least one long term condition – Healthwatch Northumberland*
- People aged 70 or over – Healthwatch Suffolk*

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Our response to GP Patient Survey 2026

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(/blog/2026-10-08/are-patients-getting-choices-they-need-their-gp)

In the second series of our blogs on GP access, we look at the choices people have when booking GP appointments. Read our key findings and actions for healthcare leaders.

8 October 2026
Blog

advice-and-guidance-our-response)

We have responded to a report about the Advice and Guidance process, through which GPs seek advice from consultants before deciding whether to formally refer a patient for specialist care.

19 August 2026
Response

response-gp-patient-survey-2026)

The latest results of the national GP Patient Survey were published today. Read our response.

9 July 2026
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