



An overview of GP practices in Halton

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GP Practices in Halton

GP practices play a central role in local health care and are the first point of contact for most people seeking advice, support or treatment. They provide a wide range of services, including routine appointments, long-term condition management, prescribing, and referrals to other parts of the NHS.

Like practices across the country, GP services in Halton are facing ongoing pressures. Demand has increased, workforce challenges remain, and there have been changes in how patients access care. Many practices now use a mix of telephone, online and face-to-face routes, alongside care navigation systems intended to help direct patients to the most appropriate clinician.

About this overview

This overview report brings together findings from **14 Enter and View visits to GP practices across Halton**, carried out during late 2025.

The visits allowed our authorised representatives to observe GP environments, speak directly with patients and staff, and hear first-hand about people's experiences of accessing appointments, navigating systems, and receiving care. Individual practice reports provide detailed findings and recommendations. It draws out shared themes and recurring issues across GP practices in Halton, helping to separate local practice issues from those that feel more systemic.

What is working well across Halton GP practices

Confidence in the care people receive

Patients we spoke with were generally clear about one thing: **once they were seen, they trusted the care they received**. GPs, nurses, and wider clinical teams were often described as professional, supportive, and reassuring.

Even where people were frustrated or anxious about access, they tended to separate this from their views on the care itself. Many patients told us that their difficulty was not about the quality of treatment, but about how hard it could be to reach it.

That distinction matters. It suggests that concerns are less about clinical care itself and more about the routes people must navigate to get an appointment.

Staff professionalism under pressure

Reception and administrative staff were usually observed to be polite, calm, and professional, often working in busy conditions. Many patients recognised this, acknowledging that staff were managing challenging systems rather than creating them.

Where reception processes were clear and staff were visible and engaged, interactions tended to feel more supportive. These small differences often shaped how confident or frustrated people felt while waiting.

Accessible and functional environments

Most practices were physically accessible, with level access, lifts where needed, and seating suitable for older people and those with mobility needs. Waiting areas were generally clean and functional, and many practices displayed a range of health information and local community resources.

Across the visits, physical access was **rarely raised as a barrier** by patients.

Challenges that came up repeatedly

Appointment access remains the main pressure point

Difficulty accessing appointments was the **most common concern** raised across all 14 visits.

Patients talked about long telephone queues, repeated attempts to get through, and the pressure of needing to call early in the morning. For some, this had become part of their routine when trying to access care.

This often created stress and uncertainty. People described planning their mornings around the chance of getting through, which was particularly difficult for those who work, care for others, or feel unwell or anxious.

Patients did not generally object to the idea of triage or care navigation. Their frustration was more about **volume, timing, and unpredictability**, rather than clinical prioritisation itself.

Digital access works for some, not for everyone

Digital systems such as PATCHS, Blinx, and the NHS App featured frequently in patient feedback.

Some people found these systems convenient and easy to use and valued being able to contact their practice online. Others found them confusing or difficult to navigate. Several patients were unsure which system to use, particularly where practices were transitioning between platforms.

What came through was not opposition to digital access, but a clear message that **different patients need different routes**. Many people emphasised the importance of choice and reassurance that non-digital options remain available.

A preference for speaking to someone

Many patients told us they preferred to speak to a person, particularly when they felt unwell, worried, or unsure how to describe their symptoms. While care navigation models were often explained, some patients felt uncomfortable discussing personal health information at reception or worried about being misunderstood.

For these patients, booking an appointment was not just an administrative task. It was part of asking for help.

Continuity of care still matters

Continuity of care was important to patients with long-term conditions, mental health needs, or complex histories. People often spoke about the value of seeing a clinician who already knew them, and the frustration of having to repeat information when this was not possible.

Several patients described continuity as something that felt harder to achieve than in the past, contributing to both inconvenience and a sense of loss.

Flexibility for working patients

Patients who work shifts or rota-based jobs often said appointment systems did not always work for them. While extended access was available in some practices, awareness varied, and some patients felt appointment options still favoured those able to call early or attend during standard working hours.

This highlighted a gap between what is available and what people experience as accessible.

Environment, information, and communication

Across a number of practices, we noted smaller but recurring issues that influenced patient experience, including:

- *Out-of-date or cluttered noticeboards*
- *Patient Participation Group information that had not been refreshed*
- *Hand sanitiser dispensers empty at the time of visits*
- *Minor maintenance issues, such as non-functioning clocks*

While none of these issues were significant on their own, in combination they shaped first impressions and affected how confident people felt about how well systems were being managed.

The overall picture across Halton

Taken together, the Enter and View visits present a **consistent picture** of GP services across Halton.

Patients value their GPs and trust the care they receive. Staff are widely seen as committed and professional.. At the same time, access plays a bigger role in shaping people's overall experience than anything else.

Many of the challenges described by patients appeared across different practices. This suggests that they are **system-wide rather than isolated**, and that improvement will require coordinated approaches that balance access, digital systems, continuity, and patient choice.

Common opportunities for improvement

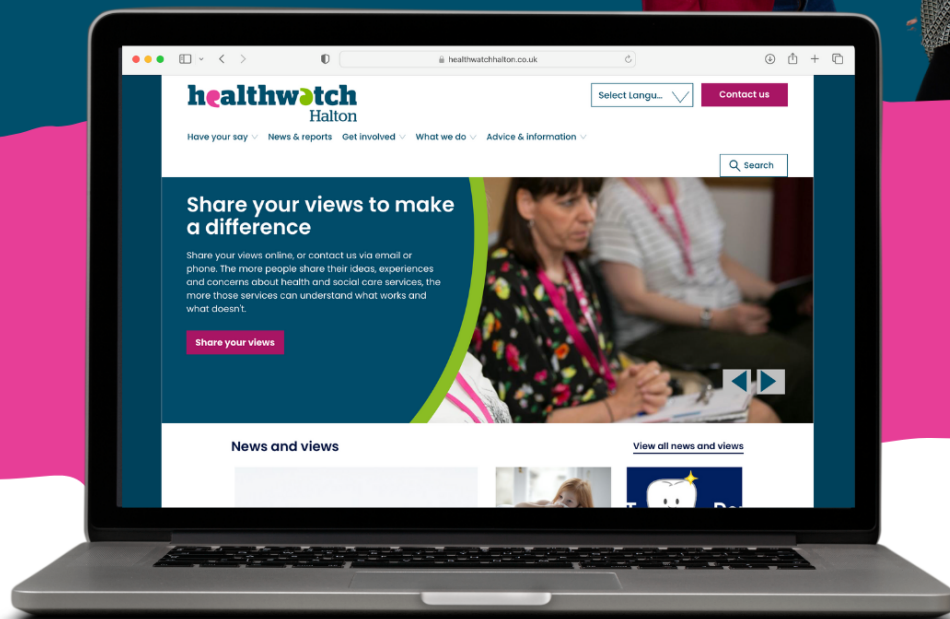
Across the 14 practices, recurring opportunities include:

- *Reducing pressure on peak telephone access times*
- *Providing clearer and more consistent guidance on booking routes*
- *Supporting continuity of care where clinically appropriate*
- *Ensuring digital systems complement, rather than replace, human contact*
- *Improving communication about extended access and flexibility*
- *Keeping patient information clear, current, and welcoming*

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We are committed to the quality of our information.
Every three years we perform an in-depth audit
so that we can be certain of this.



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