healthwatch

The ‘Choice Gap’: Do patients get the choices they want in general practice?

July 2025

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Executive summary

Primary care delivers 90% of the interactions between the NHS and the public. Ensuring appointments in general practice work for patients will therefore go a long way to improving people's experiences and perceptions of the NHS.

What choices do patients want when they book GP appointments? And are they getting these choices?

Through nationally representative polling and semi-structured interviews, our research aims to answer these questions. In their feedback, the public have been clear that choice matters, and delivering patient choice is key to empowering people to make decisions about their own care.

We have found a choice gap in general practice, with people not always getting the choices they want. Older people, women, disabled people, and those unable to work due to health issues are all more likely to be affected by this gap.

We hope our findings and recommendations lead to more people getting the choices they want and need.

Key findings

- **People do not always get the choices they have a right to.** Under a third (30%) of people are always given a choice of booking method for appointments, and around one in six (16%) are never given this option. This suggests that people aren't always given or can't easily find their available choices when booking appointments, and/or the proportion of directly bookable appointments is low.
- **People want more choice when booking GP appointments.** Organising appointments to work around their lives matters to people, with time of appointment, choice of booking method, appointment type (face-to-face versus remote), and health professional the most desired choices.
- **Patients face a choice gap.** In all the choice options we offered respondents, we found a gap between how often people wanted particular choices and how often they were offered them. For example, there is a 19% gap for choice about when an appointment takes place: 68% told us they want this choice

always or most of the time when booking an appointment, but only 49% told us they get this choice always or most of the time.

- **The choice gap affects some groups more than others.** The choice gap is generally larger for older people, women, and those unable to work due to health issues or disability.
- **People often must ask for certain choices, rather than being offered them.** Nearly half (48%) of those who got a choice of a named healthcare professional told us they had to ask for the choice, compared to 40% who got the choice without asking. The same is true for requesting a longer appointment, which 47% got by asking for it, while 37% got it without having to ask.

Key recommendations

It is clear that people want to be more proactively offered a range of meaningful and informed choices. This will help to improve their experiences as well as minimising avoidable contact with services to ensure needs are met as early as possible.

We recommend that:

- **Patient choice is better monitored through the GP Patient Survey.** The GPPS asks the public about choice of appointment location and time, enabling cross-reference of these offers against other questions on public satisfaction. Future iterations of the survey should ask about additional choice options, to include choice of face-to-face appointments, and type of professional delivering care.
- **Patient choices are captured at the point of GP registration.** Accessibility needs, chaperone preferences, and longer appointment times for those with multiple long-term conditions should all be captured to help GP teams deliver what matters most to patients.
- **Patient choice is embedded in all booking approaches**. When demand for GP appointments is high, triage is a vital tool to help GP teams manage demand. However, this must embed choice in its design and where total triage is not used, choice of directly bookable appointments must be maximised.
- **Continuity of care is improved for those who need it most.** Depending on their episode of care, people may prioritise either continuity of care or speed of access. External evidence is clear that people with multiple long-

term conditions would particularly benefit from continuity of care. Our research adds that this would also benefit those unable to work due to illness or disability.

- **Patients are offered 24-hour access to GP booking platforms.** The GP contract should require all GP teams to keep online booking platforms, such as eConsult, open 24 hours a day, seven days a week. Those requiring urgent care must be signposted to NHS 111, 999, or A&E as part of this process.

Background

In recent years, the Department of Health and Social Care and NHS England have emphasised the importance of choice for patients. The Secretary of State for Health and Social Care, Wes Streeting, underlined this in remarks about GP contract reform in February 2025.

> "Rebuilding the broken NHS starts with GPs. Patients need to be able to easily book an appointment, in the manner they want, with their regular doctor if they choose."
>
> Secretary of State for Health and Social Care Wes Streeting, 28 February 2025

Healthwatch England knows that choice is something that patients want. We hear from patients who want to be involved in choices about their care, as they are the experts in their health. However, we often hear from people describing a lack of choice and control in their interactions with the NHS.

This is reflected in Lord Darzi's recent review of the state of the NHS in England, which recognises that NHS patients do not always get choices when it comes to their care.[1]

As the patient champion, we agree with the importance of improving patients' experiences of choice in their care. But if this is to happen, we need to understand some fundamental questions. For example, what choices do patients want? And when do they want them?

Our research sets out to answer these questions in relation to general practice. We have focused on GPs, as they are the most common way people interact with the NHS. In particular, we have focused on choices around appointments.

We conclude our research by setting out recommendations that would help to ensure patients are given the choices that are most important to them.

[1] Independent investigation of the NHS in England, Department of Health and Social Care, 12 September 2024

What did we do?

The research informing this report took two forms: polling and interviews.

Polling

We commissioned a nationally representative poll of adults in England, asking about what choices they **would like** to get and what choices people **currently** get from their GP practice.

We offered respondents a list of choices they might get from their GP, with detailed wording to ensure clarity. For brevity, in this report we refer to these choices more succinctly, which we have laid out below.

Question asked in survey *'a choice…*	How we describe this choice in the report
…in method of booking appointment (e.g. by phone, online, in person)'	Method of booking appointment
…of when the appointment takes place'	When
…of whether the appointment is face-to-face or remote (e.g. by phone or internet)'	Face-to-face or remote
…of the type of professional you see (e.g. whether the appointment is with a doctor, a nurse or another profession)'	Type of professional
…of a named healthcare professional (e.g. being able to see a specific doctor)'	Named healthcare professional
…of whether the appointment is with a male or female healthcare professional'	Male or female healthcare professional
…to have a longer appointment'	Longer appointment

…to bring someone with you (e.g. a carer, family member or friend)'	Bring someone to the appointment
…to have an adjustment that makes the appointment more accessible for you (e.g. a translator, Easy Read or Braille documents)'	Accessibility adjustment

The poll was conducted by BMG Research between 24 and 27 March 2025, with a total sample size of 1,800 adults aged 18+ in England.

Interviews

We commissioned ten local Healthwatch to carry out semi-structured interviews with GP services users in their area. Each Healthwatch interviewed two people. For each interview, Healthwatch submitted a full transcript of the conversation.

We analysed the interview transcripts alongside the polling data to help us understand what lies behind the figures produced from our polling.

The ten Healthwatch involved in the research were:

- Healthwatch Bracknell Forest
- Healthwatch Central Bedfordshire
- Healthwatch Haringey
- Healthwatch Stoke-on-Trent
- Healthwatch North Tyneside
- Healthwatch Redbridge
- Healthwatch Richmond
- Healthwatch Telford and Wrekin
- Healthwatch Trafford
- Healthwatch Warrington

We thank all these Healthwatch for their hard work on the project.

1) What choices should people get from their GP practice?

Choices for patients when booking appointments have different levels of status. Some relate to rights patients are entitled to under legislation, while others are not legal rights but are recommended under guidelines or policy. These are not always clear to patients, as they are set out in several different documents.

Perhaps most prominently, the NHS Constitution includes some rights, including, for example, the right to express a preference for a particular doctor.

The NICE clinical guideline on patient experience in adult NHS services, which applies to GP and other NHS consultations, states that services should:

> *"Adopt an individualised approach to healthcare services that is tailored to the patient's needs and circumstances, taking into account their ability to access services, personal preferences and coexisting conditions".*

NICE guidelines are not legally binding, but are seen as advice that medical professionals should follow.

The NHS GP contract sets out contractual requirements for practices on choices they must offer. For example, the most recent contract requires practices to make all their "directly bookable" appointments available online, as well as by phone or in-person.

Table 1 provides our interpretation of legislation, guidance, and the GP contract. We hope it offers clarity on some of the choices we asked about in our poll, whether they should be available under law, policy or guidelines, and whether they should be offered upfront or available if asked for.

Table 1: Choices potentially available for patients when booking GP appointments

Choice	Do patients have a right to this choice?	Source and further information
Method of booking appointment (online, phone or in-person)	Yes (to be made available)	Outlined in the GP contract: *a requirement that practices instead make all of their "directly bookable" appointments available online, as well as by phone or in-person.*
When	Yes (offered by GP team "where appropriate")	The GP contract says that practices should offer appointments taking into account "where appropriate, the preferences of the patient" and "at a time which is appropriate and reasonable".
Face-to-face or remote	Yes, (offered by GP team "where appropriate")	The GP contract says that practices should offer appointments considering "where appropriate, the preferences of the patient".

Named healthcare professional	Yes (for patients to request)	NHS Constitution (from NHS Act 2006): "*You have the right to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply.*"
Male or female healthcare professional	Yes (for patients to request)	NHS Constitution (from NHS Act 2006): "*You have the right to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply.*"
Type of professional	No	
Longer appointment	No (other than as accessibility adjustment)	Under the Equality Act if it is as reasonable adjustment.
Bring someone to the appointment	No (however, it is NICE best practice)	NICE Patient experience guideline: "*Ask the patient whether they want to be accompanied at consultations by a family member, friend or advocate".*
Accessibility adjustment	Yes	Yes, under the Accessible Information Standard and Equality Act.

2) Why does choice matter?

Before presenting our findings about what choices people want and get, we outline why choice is so important for patients in GP services.

At Healthwatch England, we often hear from people about their frustrations at the lack of choice offered by their GP practice.

"When you try to call you have to wait for 30 minutes then you only get an appointment over the phone, not face-to-face. Even if you have a problem that can't be solved over the phone they still refuse to see you. I had something lodged in my eye and they wouldn't see me. They don't listen to your concerns, just brush it under the rug. When you have a telephone appointment they give you a 4 hour time slot of when they will call and if you miss it you miss the entire appointment."

Story shared by Healthwatch Hounslow

Despite general practice delivering record numbers of appointments, public satisfaction with GP services has declined in recent years. The feedback we receive suggests that a lack of choice may be part of the problem. To test this, we analysed recent data from the GP Patient Survey (GPPS).

The GPPS is a large survey, with the 2024 edition having 699,790 completed surveys. The GPPS does not contain many questions specifically about choice, which underlined to us the need to do this research. However, it does contain one:

Were you offered the following choices?

- *A choice of time or day*
- *A choice of location (to see a healthcare professional in person)*

- *I was not offered these choices*

Over two in five (41%) said they were not offered these choices, suggesting that the feedback we hear may be representative of the experiences of many people across England.

Unfortunately, the 2024 GPPS data is not directly comparable to previous years due to changes made to the survey, so we cannot reliably look at a trend over time on this issue. However, we can look at similar data from previous years. In 2021, 32% responded 'none of these' to the question on choice, rising to 42% and 41% in the following two years.

We were able to cross-reference the results from the choice question in 2024 with another question in the GPPS:

Overall, how would you describe your experience of your GP practice?

- *Very good*
- *Fairly good*
- *Neither good nor poor*
- *Fairly poor*
- *Very poor*

Nearly three quarters (74%) said they had a good experience of their GP practice, while 13% had a poor experience. However, when we break this down by responses to the question on choice, it reveals a stark difference.

For those who said 'I was not offered these choices', only 51% said their experience was good and 29% said their experience was poor. By contrast, just 7% of those offered a choice of location had a poor experience and only 4% of those offered a choice of time or day said their experience was poor.

This data from the GPPS therefore shows a correlation between dissatisfaction and lack of choice.

This link was also apparent in the interviews local Healthwatch undertook as part of this research. Participants spoke about how inconvenient and frustrating it can be when they do not get choices from their GP practice. Even basic things such as the method of communication with a patient can become a frustration when choice is not offered.

Interviewer: "And have they asked you what your preference is? Have you been given a choice as to how they contact you?"
Interviewee: No, no choices, no.
Interviewer: And how does that make you feel?
Interviewee: Oh, it makes me feel I'm not in charge of my decisions. Other people make the decision for me, which is not to my advantage really. Because obviously, yeah, it doesn't facilitate me as an older person at all. It makes life complicated.

GP Patient, Central Bedfordshire

Several interviewees reported this sense that a lack of choice complicates their interaction with GP services. Many patients have specific needs and/or preferences that shape how they want to interact with GP services, but if they do not get choices then their GP service may not deliver services to them in a way that meets those needs.

Ultimately, this can leave patients feeling that they need to be flexible, and the onus is on them to make the system work for them.

"I just go with the flow…I've learned to work around the NHS."

GP Patient, North Tyneside

It is clear that choice really matters to patients, and in this section, we have set out some of the reasons why it matters. In the next section, we turn to what our research found on what choices people would like from their GP practice.

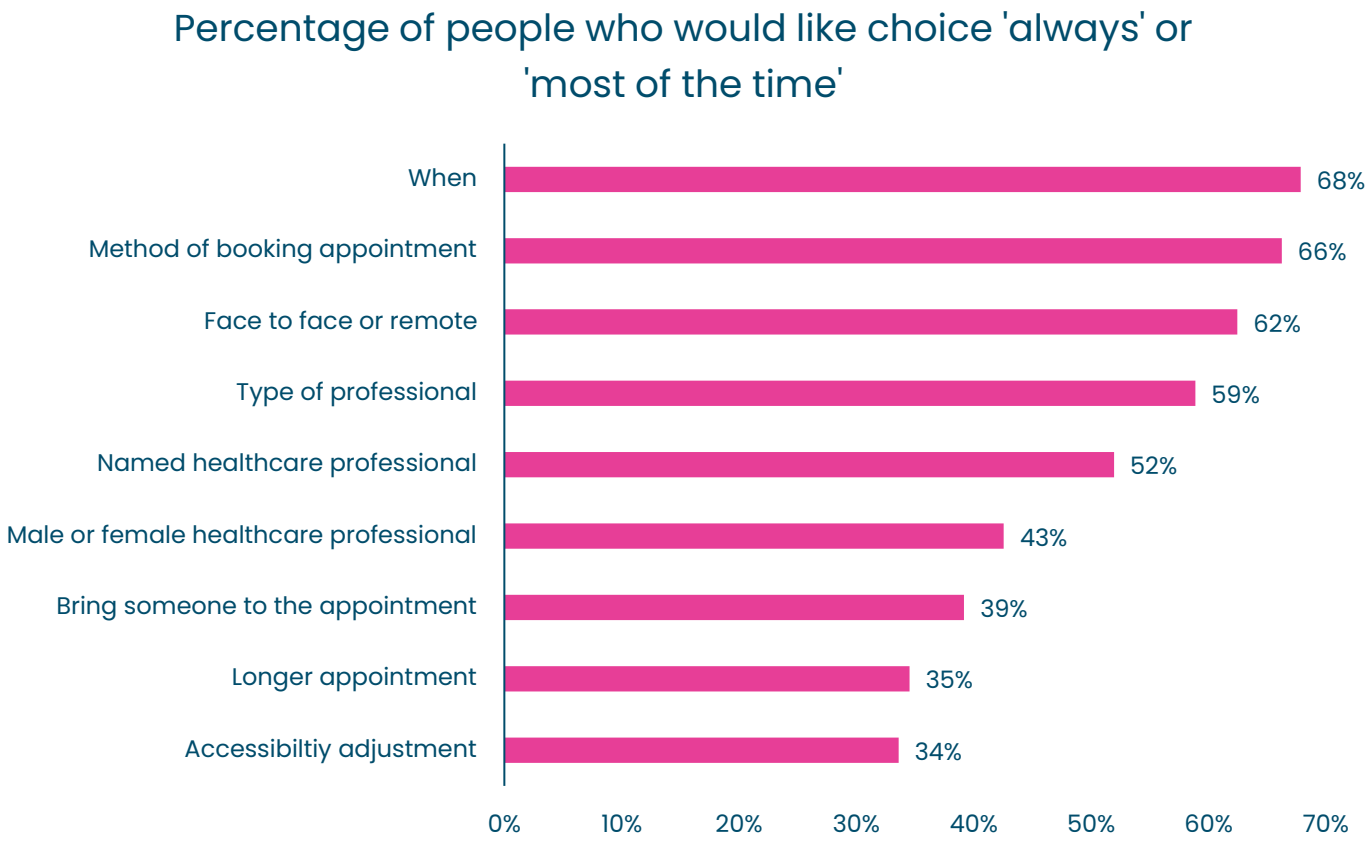
3) What choices would people like to get from their GP practice?

In our survey we presented people with the choices laid out previously and asked them how often they would like to receive those choices from their GP practice. Respondents could select 'always', 'most of the time', 'sometimes', 'rarely' or 'never'.

We also asked respondents a follow-up question where we gave them the same selection of choices and this time asked them to select the first, second and third most important to them. We did this to make respondents consider their priorities, as the results of prioritisation questions can often provide helpful nuance.

What choices would people like overall?

We found that there are two of our choices that two thirds of people or more would want 'always' or 'most of the time': a choice of when the appointment takes places (68%), and a choice in method of booking appointment (66%). However, these two are not outliers – three further choices have figures over 50%.



Our data suggests that choices around the basic organisational details of the appointment are most in demand: how the appointment is booked and when it will be. Whether the appointment is face-to-face and what healthcare professional will do the appointment sit just behind in importance.

This chimes with what we have heard for many years both from the wider Healthwatch network and within our own work. One of our interviewees reflected on the priorities for working people.

> "I think they should consider working people. Okay, even if you have a telephone appointment you may not be able to go somewhere private to take that phone call or take a phone call. There is no consideration for people who work, it's really difficult … there's not a lot of choice around people who work, so I think that should be improved."
>
> GP patient, Telford and Wrekin

Only around a third of people said they would 'always' or 'most of the time' like the choice of an accessibility adjustment or a longer appointment, and only slightly more said they would like the choice to bring someone to the

appointment. However, this does not suggest that these choices are less important.

These figures are likely to be lower because these choices are mostly relevant to a small group of the population. Many people need a GP appointment infrequently, don't have complex health conditions or have specific accessibility requirements. They therefore have no need for a longer appointment, to bring someone to the appointment, or to ask for an accessibility adjustment.

Nonetheless, our polling still finds over a third of people wanting these choices 'always' or 'most of the time'. So while these figures might be significantly lower than some of the other choices, there are considerable numbers of people who want choice around accessibility.

Interviewee: I would have changed GP, but I haven't got anywhere close to me.
Interviewer: So, there's a limit on GP practices that you could get to?
Interviewee: Well considering, I can't drive, I don't get PIP, so I'm limited on the funds I get, and being stuck in a wheelchair, it's difficult to get places.

GP patient, Stoke-on-Trent

Offering these choices can be transformative. One interviewee spoke about how a downturn in their health had left them unable to leave their home. When they spoke to their GP practice, they were offered the option of a home visit instead.

Interviewee: Well, I've not been to the GP practice since...July last year... when I took poorly and I was in hospital. I just cannot get in a car.
Interviewer: So how did you manage? Did they say you have to go? Did you ring up for an appointment and they said you've got to come in or...
Interviewee: When I rang up, I explained how I'm housebound, how I can't get in a car, and they asked us to hold the line and they spoke to the doctor, and the doctor obliged, saying that they would come out.

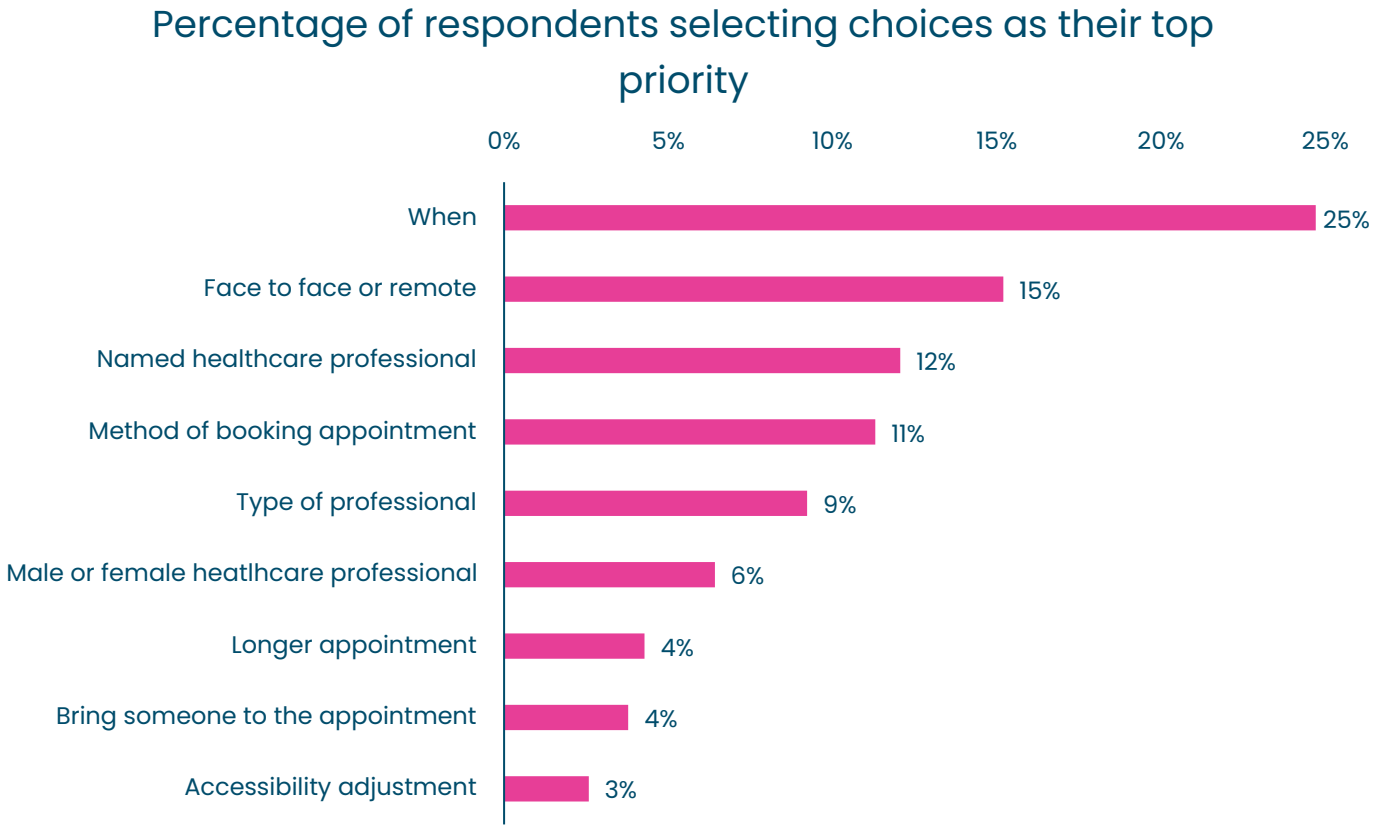
GP patient, North Tyneside

While the choice of an accessibility adjustment might be our lowest figure overall, for people like these two patients, whether they get that choice is fundamental to their ability to satisfactorily access GP services.

What choices do people prioritise?

We subsequently asked people to select a priority from our list of choices. We did this to get a sense of which choices are most important to people.

This revealed a clear outlier. One in four people said a choice of when the appointment will be is the most important choice to them, a figure 10% higher than the next most prioritised choice.



Interestingly, the choice of a named healthcare professional appears third on this list, whereas it was only the fifth most in-demand on how often people want choices. This tells us that though nearly half of the overall population do not want this choice 'always' or 'most of the time', there is a sizeable minority of over one in ten people for whom this is *the most* important choice to have. In the next section, we look at who these people might be.

We should view the choices with the lowset figures here the same way. The figures may seem small in comparison to the 25% selecting a choice of when the appointment takes place as their top choice, but what it shows us is how important those choices are for the people who need them.

For example, only 3% of people said the choice of an accessibility adjustment is their top priority. But that means that 3% of the adults in England say that it is the

single most important choice to them, more important even than when the appointment will be.

The people making up these smaller percenatages are those for whom those choices are absolutely fundmental to their ability to access GP services. These choices may not be a priority for the vast majority of people, but for those who do need them, they are vital.

Are there any notable differences between demographics?

We found that generally the choices people want are consistent across demographic groups. However, there are some differences worth noting.

Gender

Significantly more women would like a choice of a male or female healthcare professional. Nearly half of women (47%) said they would like this choice 'always' or 'most of the time', compared to 38% of men. Similarly, over a quarter of women (26%) put it as one of their three most important choices, while only 16% of men did so.

This is not a surprising finding, as other research often finds that the gender of healthcare professional is something women care about more than men. For example, in March 2025 YouGov found that 81% of men were 'not bothered' whether they saw a male or female doctor, significantly higher than the 63% of women who said the same.

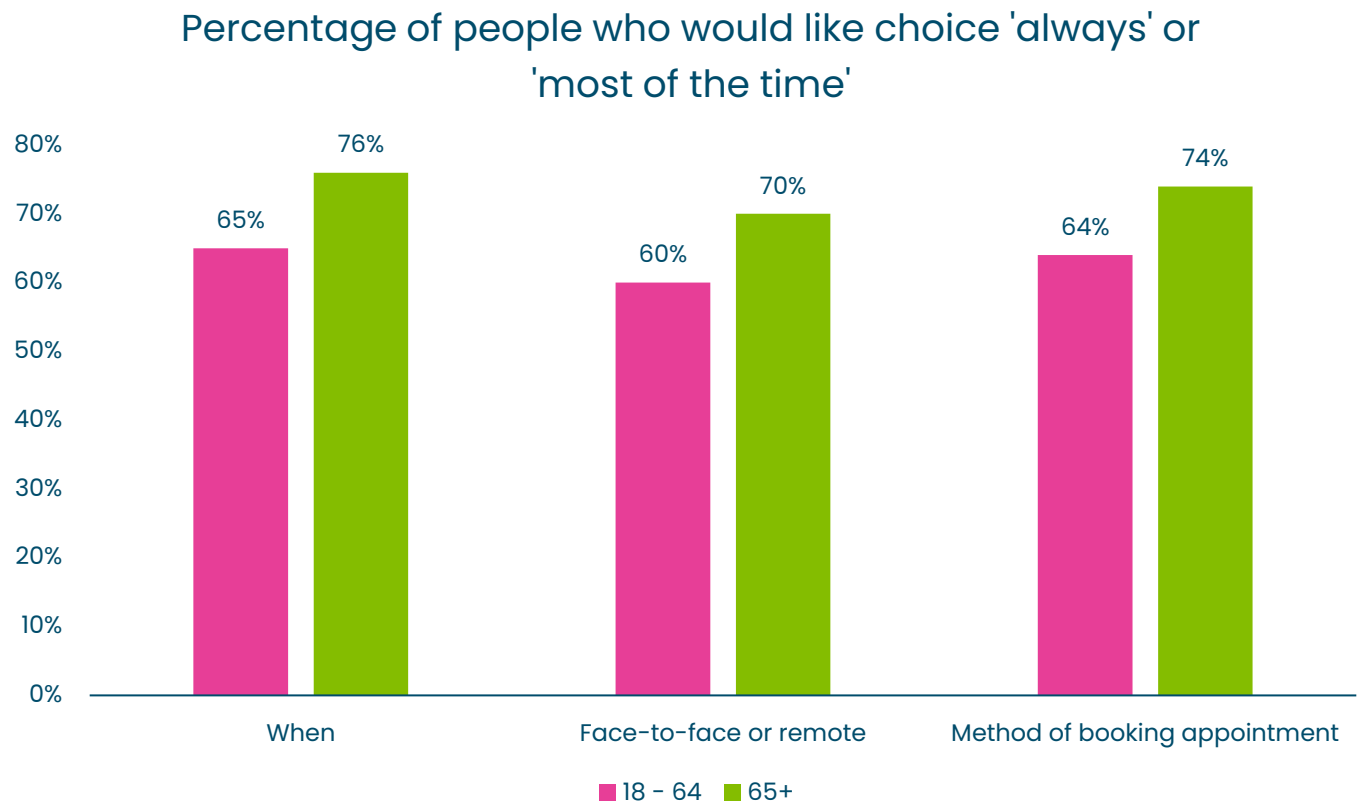
It is also something we hear about from the public. The feedback we hear suggests that women often feel more comfortable discussing their health with a female healthcare professional, especially if it related to female-specific health issues and/or involves any kind of intimate examination.

> "I find that the older demographic of male GPs are less compassionate and lack empathy with me and I am concerned that is because I am a young woman. There is only one female GP at this surgery and I think that we should be able to request appointments with this GP."
>
> Story shared by Healthwatch Solihull

Our report on experiences of people with trauma also touched on this issue.

Age

Our data suggests that older people place more importance on having choices about the method of booking, when the appointment will be, and whether it will be face-to-face.



This reflects what we heard from older people in our interviews and what we hear from the public on an ongoing basis. Some older people feel less able to be flexible about when an appointment is, often due to mobility issues, while others feel less comfortable with digital methods and therefore want to be able to use alternatives if they wish.

> "I feel that choice is important; it is very important. For example, if you got an appointment as an older person at nine o'clock, it can be difficult for you to get breakfast, get dressed. So sometimes on occasions, you know, you would like an appointment in the late morning. Or would you like an appointment in the afternoon."
>
> GP patient, Central Bedfordshire

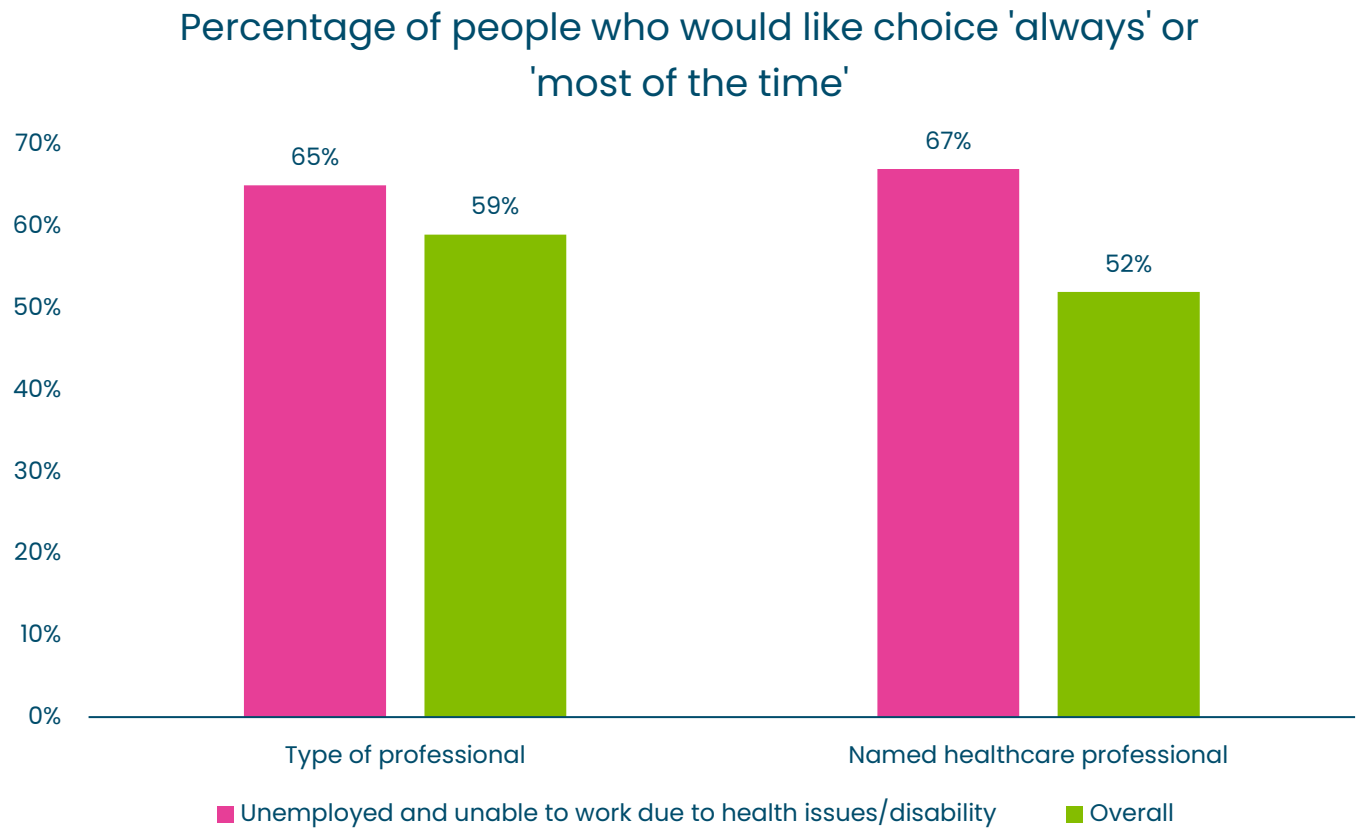
One final difference worth noting is that a higher percentage of people aged 65 and over placed the choice of a named healthcare professional as one of their three most important. Two in five (39%) of people aged 65 and over said being able to choose to see a specific doctor is one of the three most important choices to them. This is markedly higher than 18- to 24-year-olds (25%) and 25- to 34-year-olds (30%).

However, health may be the key factor here, rather than age. Our data shows that people in poorer health value this choice more highly, and older people are more likely to be in this group.

Health

One of the demographic groups we have in our data is people who are unable to work due to health issues and/or disability. In other words, people who have significant and ongoing health issues or disabilities.

A clear difference between this group and the overall figures relates to choice around healthcare professional. On choosing the type of professional and a named healthcare professional, more people in this group say they would like these choices 'always' or 'most of the time'.[2]



[2] BMG Research interviewed 96 people within the 'unemployed and unable to work due to health issues/disability' group. Base sizes below 100 should be treated as indicative.

The importance placed on being able to choose a named healthcare professional particularly stands out here. This is supported further by the figures for this group on choice prioritisation. 23% of people in this group said that the choice of a named healthcare professional is the most important choice to them. This is nearly double the overall figure (12%).

This suggests continuity of care is extremely important to this group, and we heard this in our interviews. Several of our interviewees have ongoing health conditions that require regular contact with GP services, and the desire to be able to see the same professional came through strongly.

The reason for wanting this choice is a sense that they will have a better and more efficient interaction with a doctor who knows them, as this interviewee below describes. Even though patient notes mean that any healthcare professional in an appointment should know their history, these patients seem more confident and comfortable with seeing someone they have previously seen.

Interviewee: Normally I just ask to see my doctor, the one that's originally seen me. But I've not had a lot of movement with that. They'll just choose the doctor that you're gonna go and see.

Interviewer: Are you happy with that?

Interviewee: No, I'm not happy with that really, because I don't think the doctor has got any history of me. Even though I know they log it on the computer, but that kind of personal touch I miss.

GP patient, London

Another notable difference with this group is that they seem to place more value on not having a 'standard' appointment. More people in this group want to be able to choose to have a longer appointment, to bring someone to the appointment, or to have an accessibility adjustment. Bringing someone is particularly desired, with 51% of this group saying they would 'always' or 'most of the time' like to be able to choose to do so, compared to 39% of people overall.

Key messages

- Choices about organisational details of appointments are most in-demand: how you book the appointment, when it will be, whether it will be face-to-face, and who will see you.

- Choices about altering the typical format of appointments are less in-demand: getting an accessibility adjustment, having a longer appointment, and bringing someone to the appointment. These figures are low because many people have no reason to need these choices. However, a notable minority of patients say these are among the most important choices to them.
- While it would not make sense to routinely offer in the same way as a choice of time, we must effectively identify those patients for whom they are essential so they can be offered those choices. Patients must understand when and how to ask for those choices, and feel empowered to do so.
- More women than men want to choose whether they see a male or female healthcare professional. Nearly half of women (47%) would like to have this choice always or most of the time.
- Older people place particular importance on choice around practical arrangements of how to book an appointment, when it will be, and whether it will be face to face.
- People with long-term health conditions and/or disability place more importance than average on being able to choose the healthcare professional they see.

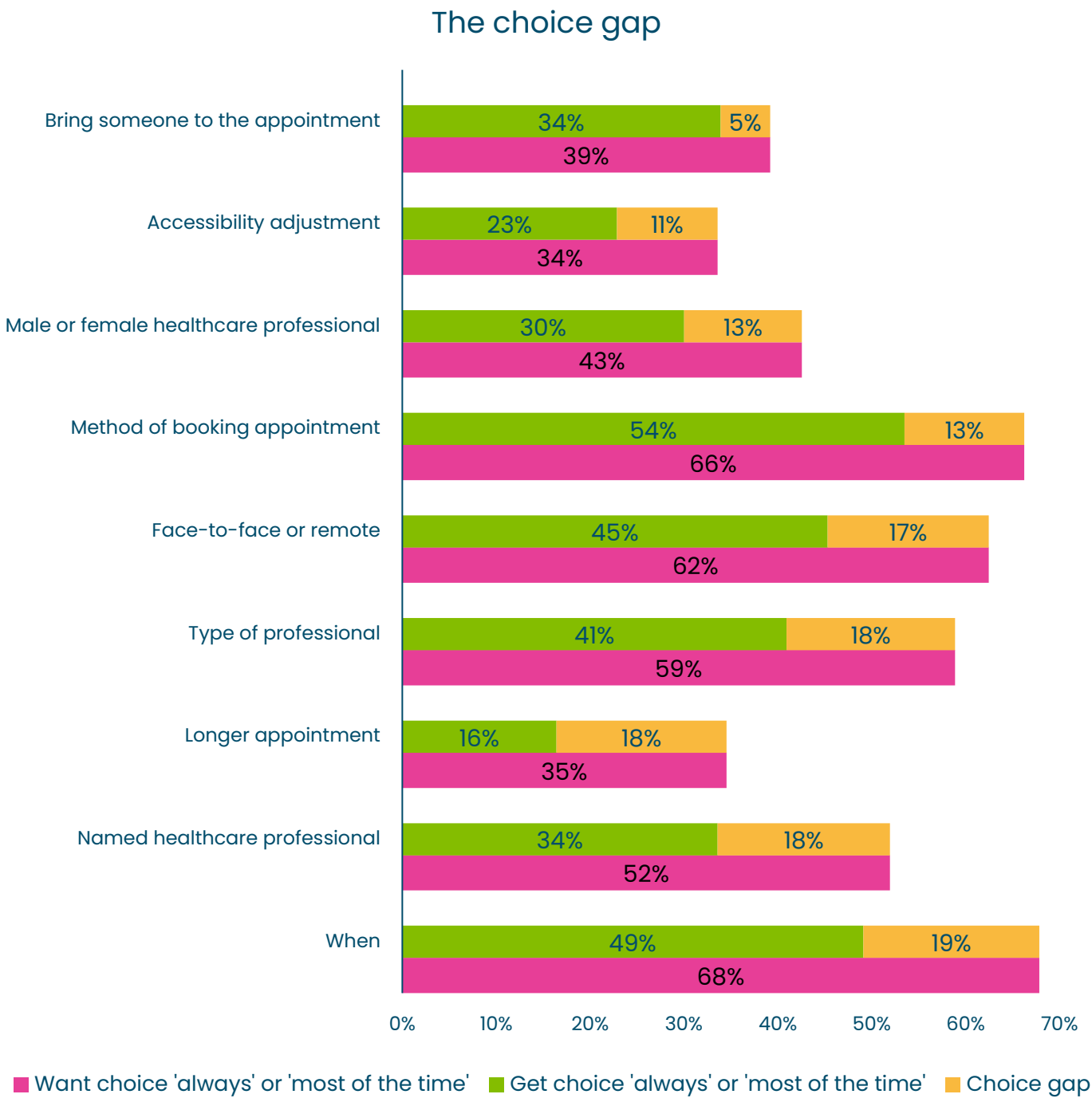
4) The choice gap: do patients get the choices they want?

As well as asking people what choices they would like, we asked them what choices they get. We gave people the same set of choices discussed above and asked them how often they got those choices in their interactions with GP services, using the same scale as before: 'always', 'most of the time', 'sometimes', 'rarely', or 'never'.

We only showed this question to people who told us they had a GP appointment in the previous year. We did this to ensure that we were hearing from people with a relatively recent experience of GP services.

We designed the two questions on wanting choice and getting choice to mirror each other so that we could directly compare the data. What this shows is that there is a disparity, sometimes quite a sizeable one, between how often people want choices and how often they are getting them.

This is what we call the 'choice gap'.



While our focus is on the negative gap between choices desired and choices given, there are some positives to take from this data.

Firstly, there is a strong correlation between the figures for wanting choice and getting it. In other words, the choices that higher numbers of people want are the ones that higher numbers of people get. This suggests that GP practices do understand what choices are most in demand and are reacting by offering those choices more often.

Secondly, the two choices with the lowest choice gap are the choice to bring someone to the appointment and the choice to have an accessibility

adjustment. These are choices not widely desired but of crucial importance to those who need them. The lower choice gap suggests GP practices are at least partially able to identify who wants these choices.

Nonetheless, despite these positives, the choice gap is significant across most of the choices. For only one of the choices is the figure for people who want choice 'always' or 'most of the time' within 10% of those who get it 'always' or 'most of the time'.

Notably, there are five choices with very similar choice gaps: when the appointment will be, whether it is face-to-face or remote, the type of professional who will do the appointment, the choice of a named professional, and having a longer appointment.

The choice to have a longer appointment is an interesting exception, because the nature of its choice gap is different. Whereas the other four choices have high figures for how many people want them, the choice to have a longer appointment does not. At 35% it is the choice with the second lowest figure for how many people want it. However, it has a very low figure of 16% for how many people get it. Therefore, despite being one of the less in-demand choices, it still has one of the larger choice gaps of 18%.

By contrast, the other four choices with the biggest choice gap are also the choices that the most people want. The choice gap on these choices is driven by how many people want them, whereas the choice gap in the choice of a longer appointment is driven by how few get it.

The choice gap and the GP contract

The GP contract sets out several choices which should be made available to patients. For example, when offering appointments, the appointment type and time should be based on people's needs and "where appropriate", their preferences.

However, our results show a 17% gap for those wanting and getting a choice of face-to-face or remote appointments, and a 19% gap for those wanting a choice of when their appointment takes place.

Choice of booking method is also worth considering in insolation. As we noted in Table 1, the GP contract states that **all** 'directly

bookable' appointments should be available to book in a range of methods.

Just 30% said that they **'always'** got this choice. Furthermore, 16% say they 'never' get this choice.

This suggests either or both of the following:

- People are not always given or cannot easily find a choice of booking method for directly bookable appointments.
- Only a small proportion of appointments are available for direct bookings.

Are there any notable differences between demographics?

The choice gap is certainly not the same for everyone. Our analysis showed that some groups of people experience larger choice gaps than others. This is due to differences between demographic groups in how often people want choice or how often they get it, or, in some cases, both.

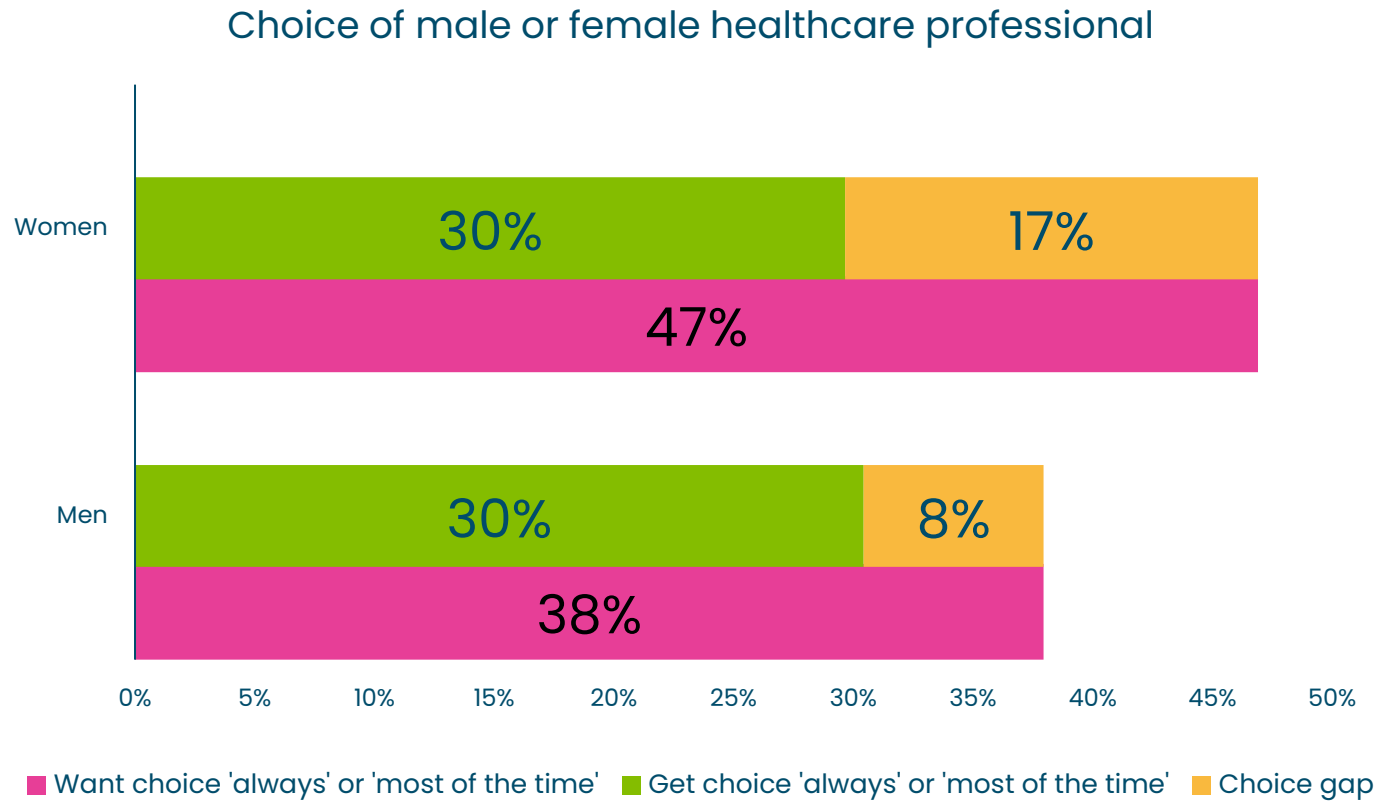
There are three differences that we feel are particularly notable.

Gender

The choice gap is generally larger for women. On six of our nine choices, the disparity between how many people want choice and how many get it is greater for women than men.

However, the gender choice gap is primarily notable for the disparity on one choice: whether the appointment is with a male or female healthcare professional. We noted previously that significantly more women than men want this choice 'always' or 'most of the time'. Our figures for how many get this show that greater desire for this choice does not translate to receiving it more often. For both men and women, 30% report getting it 'always' or 'most of the time'.

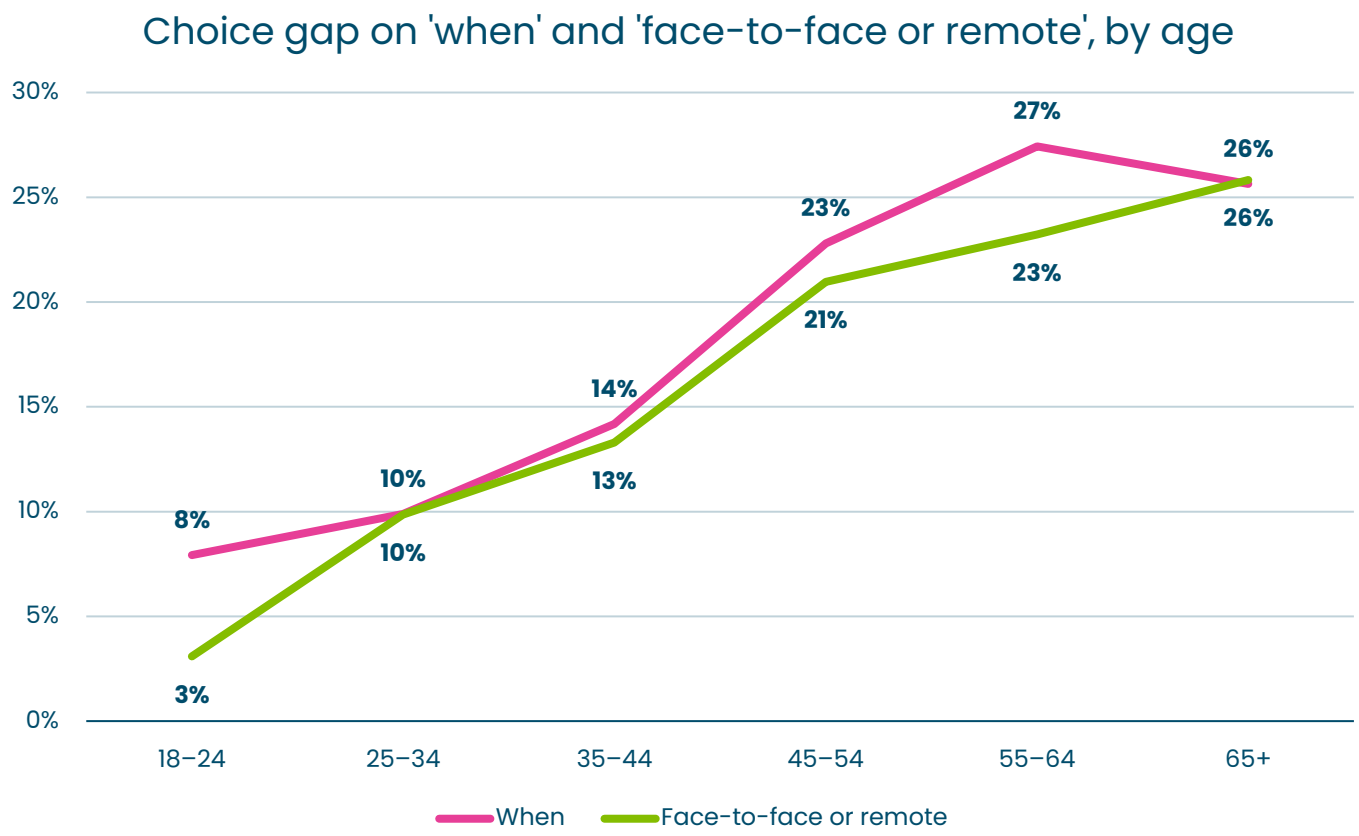
The result of this is that the choice gap on choosing a male or female healthcare professional is almost 10% larger for women than men.



Another difference is on having a longer appointment. The choice gap for women here is 9% higher than for men. However, in this case the choice gap is not driven by a large disparity in wanting or getting a choice, but by smaller disparities in both. More women (37%) than men (32%) would like the choice to have a longer appointment 'always' or 'most of the time', but fewer women (15%) than men (18%) report getting this.

Age

Broadly, the choice gap is larger for older people than younger. This is driven by more older people wanting choice but fewer reporting getting it. However, there are two choices where the difference by age is especially stark. On choice of when the appointment will be and whether it will be face-to-face or remote, older people seem more poorly served than younger.



We showed earlier that more older people want these choices than younger. However, this alone does not explain the age gradient in choice gap seen in the graph. When we look at the data on how often people get choice, we can see that despite more older people wanting these choices, fewer get them.

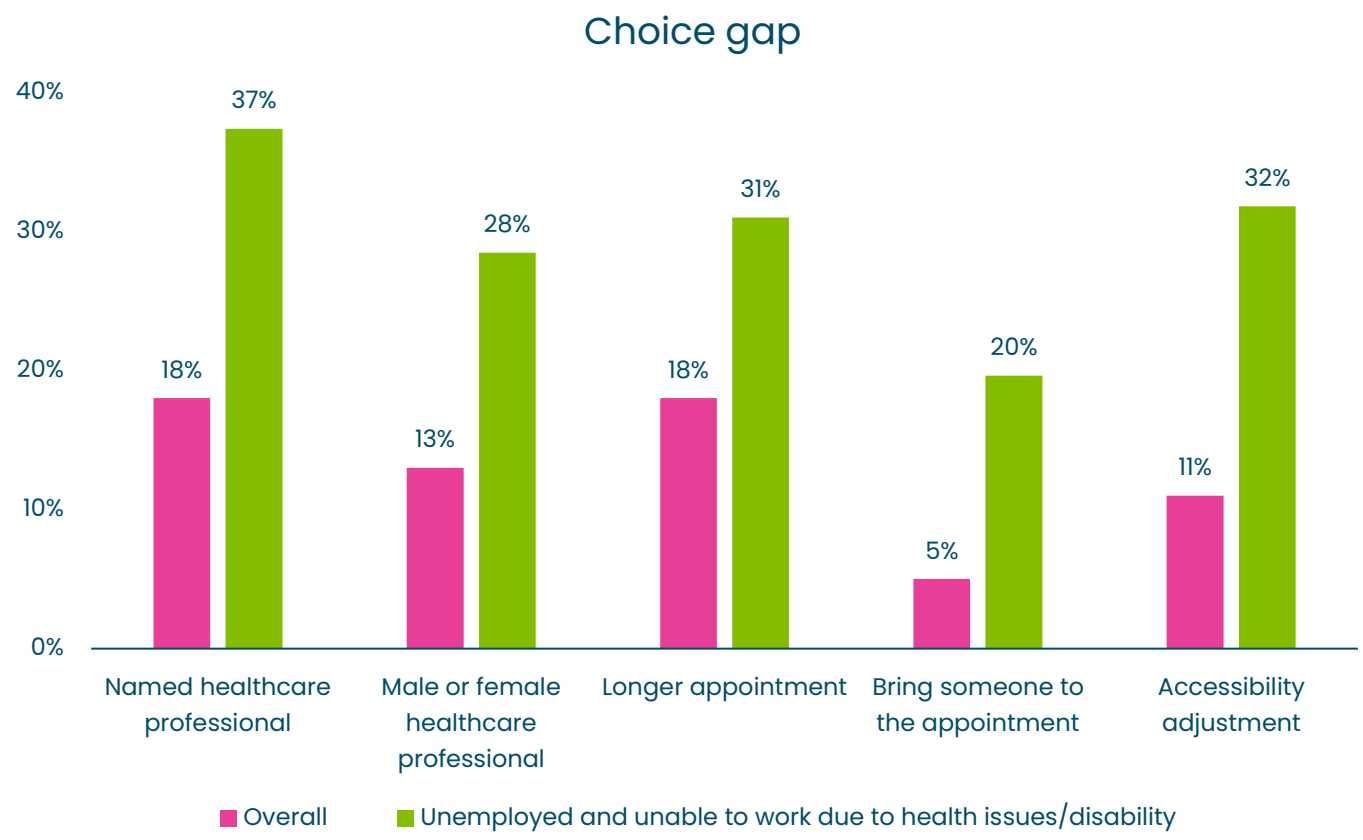
Choice	Age	Want choice 'always' or 'most of the time'	Get choice 'always' or 'most of the time'
When	18 – 24	67%	59%
	65+	76%	50%
Face-to-face or remote	18 – 24	54%	50%
	65+	70%	44%

Older people generally use GP services more regularly, and unfortunately this tells us that they experience a bigger gap between what they want and what they get than younger people.

Health

We saw earlier that significantly more people with ongoing and significant health issues and/or disabilities want choices about who they will see at their appointment, being able to bring someone to the appointment, and having an accessibility adjustment. We have identified this group by analysing results in our data for those who are unable to work due to health issues and/or disability. When we compare the choices these people want to what they get, it reveals a striking choice gap.

People with ongoing health issues and/or disabilities seem much less likely to receive the choices they want. On five of the choices there is a large difference between the choice gap for this group and the overall population.[3]



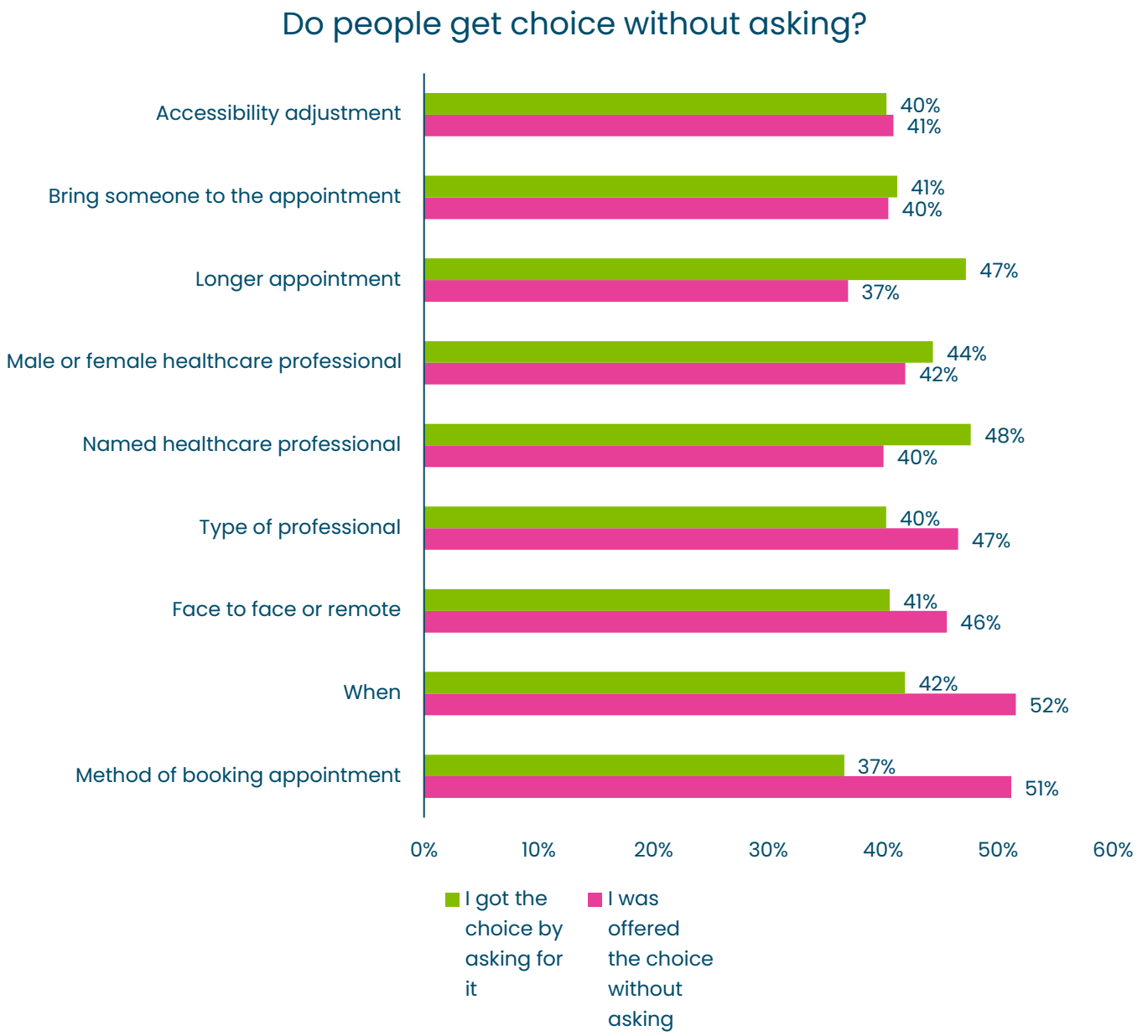
These are choices that our data suggests are not among the most important to the general population. However, for people with significant and ongoing health conditions and/or disabilities, they can be very important. These large choice gaps for this group suggest that there is a lot of room for improvement on giving them the choices they want and need.

[3] BMG Research interviewed 96 people within the 'unemployed and unable to work due to health issues/disability' group. Base sizes below 100 should be treated as indicative.

Do people have to ask for choice?

As well as what choices people get, we are also interested in *how* they get those choices. Do GP practices proactively offer people choices, or do people have to ask for them?

To investigate this, we asked everyone who said they had been given a choice at least 'sometimes' whether they got that choice by asking for it or whether they were offered it by their GP practice without asking for it.



There are two that stand out where significantly more people got choice without asking than got it by asking: method of booking appointment and when the appointment will be.

However, we need to approach these findings with some nuance. To some extent it is reasonable that choices such as method of booking appointment and where and when the appointment will be are proactively offered more regularly. These are choices that a GP practice can be reasonably confident will be relevant to most patients.

By contrast, many patients have no need for a longer appointment, an accessibility adjustment and so on. The offer of those choices would therefore not be relevant to them. This may be why we see the balance of these choices being more towards people getting them by asking for them.

However, we must be conscious that this places the burden on patients to ask for these choices if they want them. Some patients may feel informed and confident enough to do this, but not all. There are very likely patients who would benefit from getting these choices, but who do not feel empowered to ask for them or are even unaware that they may be able to do so.

We saw an example of this in one interview, where the interviewee expressed a preference for a particular doctor.

"I would like to have a choice of which doctor my daughter sees…There is a particular doctor that is very good with my young daughter and always goes the extra mile and I would prefer that she could see him."

Note from interviewer: *At this stage I did advise her that she could request if this certain doctor was available. She was unaware that she could do this and was never told by reception staff that she could.*

GP patient, Warrington

There is one group that is notably more likely to have had a choice by being offered it rather than asking for it: older people. This is in some senses a positive finding. As discussed previously, our data shows that more older people want choice 'always' or 'most of the time' than younger people. The fact that older people who have had a choice were more likely than younger people to have got it without asking for it suggests that GP practices are aware of this and are more regularly proactively offering older patients choice.

However, the overall context is fewer older people reporting getting choice, despite seemingly being more likely to be proactively offered it. The explanation may be that older people are less likely to ask for choice. If they are proactively offered it, then that is not a problem. However, if they are not proactively offered

it, then that could result in them simply not getting choice, leading to our lower figures for choice among older people.

Whether older people are less likely to ask for choice if not proactively offered it, and why that is the case, could merit further investigation.

One older interviewee with Parkinson's disease exemplifies this. They described wanting choice and control in their interactions with the NHS, but viewing their role as just doing what they are 'told'.

"Well, do as you're told, no choice at all. And I think as a patient, you would like to have a choice where to go, who to see."

GP patient, Central Bedfordshire

Key messages

- The 'choice gap' is the difference between how many people want a choice and how many get that choice.
- There is a choice gap on all our choices, and it is a sizeable gap on all the choices except for the choice to bring someone to the appointment.
- The biggest choice gap is on a choice of when the appointment will be. However, there are four other choices that have figures almost as high: type of professional, named healthcare professional, longer appointment and face-to-face or remote appointment.
- The choice gap is generally larger for women, but this is particularly the case on choice of male or female healthcare professional and choice to have a longer appointment.
- The choice gap is generally larger for older people, particularly so for choices of when the appointment will be and whether it will be face-to-face or remote.
- There are huge choice gaps for people with ongoing significant health conditions and/or disability around choosing a named healthcare professional, choosing a male or female healthcare professional, bringing someone, and having an accessibility adjustment.

Conclusions

At Healthwatch England we consistently hear from the public about dissatisfaction with a lack of choice from their GP practice. Analysis of data from the GP Patient Survey underlines that lack of choice may be partly contributing to low satisfaction with GP services.

Our research has looked at choice in GP services in more depth. What we have found is a significant 'choice gap'. That is: the number of people who want choice is significantly bigger than the number who currently receive it. This holds true across all nine of the choices we asked about.

Behind that are some worrying disparities. Older people and people with significant ongoing health issues and/or disabilities seem to experience a greater 'choice gap'. These groups have a particularly strong desire for choice, and so despite more of them reporting getting choice, their choice gap is larger than the general population. Given these are two groups that use GP services more than average, this is concerning.

We have also found that many patients get choice by asking for it rather than being offered it. This is not inherently a bad thing, as not every patient wants every choice, and it would not be sensible to offer every patient every possible choice every time they interact with GP services. However, the issue this poses is that many patients do not know what choices are available to them and/or do not feel empowered to ask for choice.

Offering choice is not simple. Our data has shown how not everyone wants every choice. Where possible, services must therefore try to identify the choices that are most important to patients and aim to offer them as consistently as possible.

Recommendations

1. Monitor choice better through GP Patient Survey	
Recommendation	The GPPS should include a question in the 2026 survey asking whether people were offered choices of face-to-face or remote appointments, type of professional and a named healthcare professional.
Current policy	The GP Patient Survey currently has relatively few questions on choice, though does ask about whether choices of time and location are given. It also does not ask about what choices people wanted, only what they received.
Evidence	We believe that, given the additional priorities we have identified, further questions on choice should be considered as additions to the GPPS from 2026. The choices that had majority public support would be most suitable to add.
How our proposal will help	This will allow better monitoring of whether patients are getting choices that they want.

2. GP booking methods must promote and enable choice	
Recommendation	GP practices must offer patients consistent and equitable appointment booking choices across all channels—online, telephone, and in-person
Current policy	The GP contract sets out an expectation of choice but does not set out how these should be offered at booking.
Evidence	Our research shows that people want more choice and control when booking appointments.
How our proposal will help	Increasing appointment capacity must be the aspirational policy goal to end the 8am rush. However, in the meantime, giving people more control at the point of booking appointments could improve experience and perception of general practice and the NHS.

3. Improve continuity of care for those who need it most	
Recommendation	GP practices should prioritise those out of work who have long-term conditions when delivering the Government's family doctor ambitions.
Current policy	The Government has an ambition to 'bring back the family doctor' with practices incentivised to identify

	patients who may benefit from seeing the same GP at every visit.
Evidence	Significantly more people in our poll who were out of work through illness or disability want to see a named professional, but fewer get this choice.
How our proposal will help	Improving continuity of care for those out of work through illness or disability will improve care through a more personalised approach.

4. Offer 24/7 patient access to GP booking platforms	
Recommendation	The GP contract should be amended to require all GP teams to keep online booking platforms open 24 hours a day, seven days a week.
Current policy	The GP contract states that online systems must be open during core hours.
Evidence	We spoke to people who didn't feel in control about decisions made regarding their care, leading them to have to adapt around how the NHS works.
How our proposal will help	Although this may initially lead to a rise in demand for patient triage for practices when they open, if supported by recruitment of care navigators this could lead to a better understanding of demand,

	and a greater sense of control from patients.

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