

NHS South Warwickshire
CCG Extended Access
to General Practice Services
Research Summary Report

A Research Report by Syndicate Communications
June 2018

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1. Executive Summary

NHS South Warwickshire Clinical Commissioning Group is tasked with providing extended access to general practice services to 100% of its population (south Warwickshire) by October 2018. To ensure that the new service meets the needs of its patients, Syndicate Communications delivered a research-based campaign to ensure all patients had the opportunity to share their views to positively inform the service development.

Over a period of six weeks, Syndicate used a number of methods to engage with the target audiences and communities. Insight was collected via an online survey, engagement events and focus groups. To have a 95% confidence rate in the research, a minimum of 383 respondents was recommended and overall 1,210 respondents took part.

This report summarises the key findings from the research and proposes recommendations going forward.

2. Services / Staffing

Since April 2014, NHS England has committed £150 million to 57 GP Access Fund pilot sites, covering more than 18 million patients, to test alternative ways of improving access to general practice services. These pilots have trialled a range of different services in addition to appointments with GPs and nurses. These include group consultations, children's walk-in clinics, virtual pharmacy and health coaching amongst others. In addition, the composition of the workforce delivering general practice services has changed in recent years with the aim of using other clinical staff for some consultations to help reduce pressure on GPs and nurses. For example, these other staff include clinical pharmacists, physiotherapists, paramedics, mental health therapists, speech therapists, etc.

This survey was designed to explore what type of services patients currently use at their local practice; what they would like to see offered as part of the new extended service and; who they would consult with.

It is not a surprise to see that the most popular reason for patients to visit their general practice is for appointments with a GP or a nurse. This was true for both patients and for their children. Whilst GP and nurse appointments remain a preference for the new extended service, there is a significant difference between how many currently have appointments with a GP and how many desire appointments.

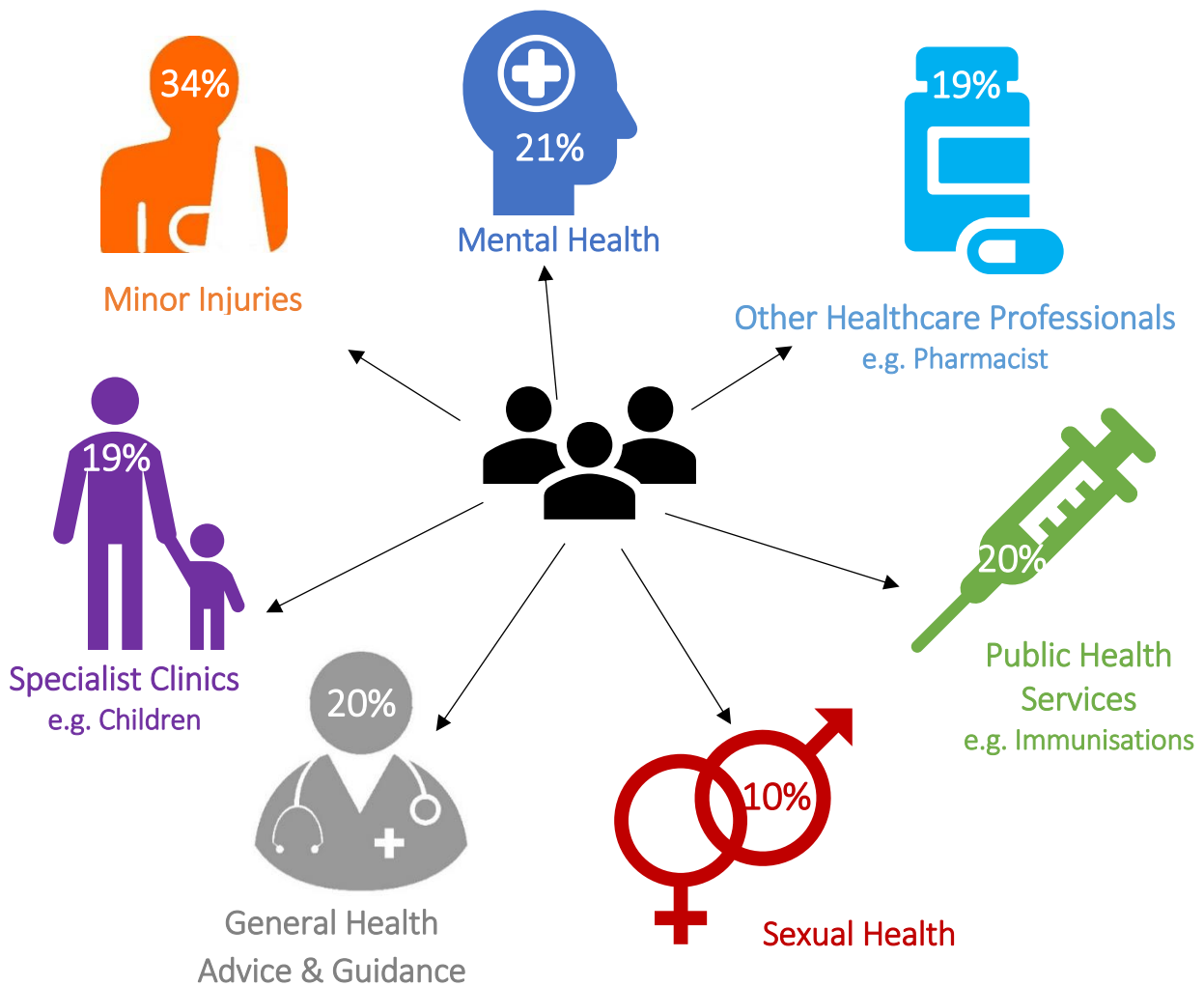
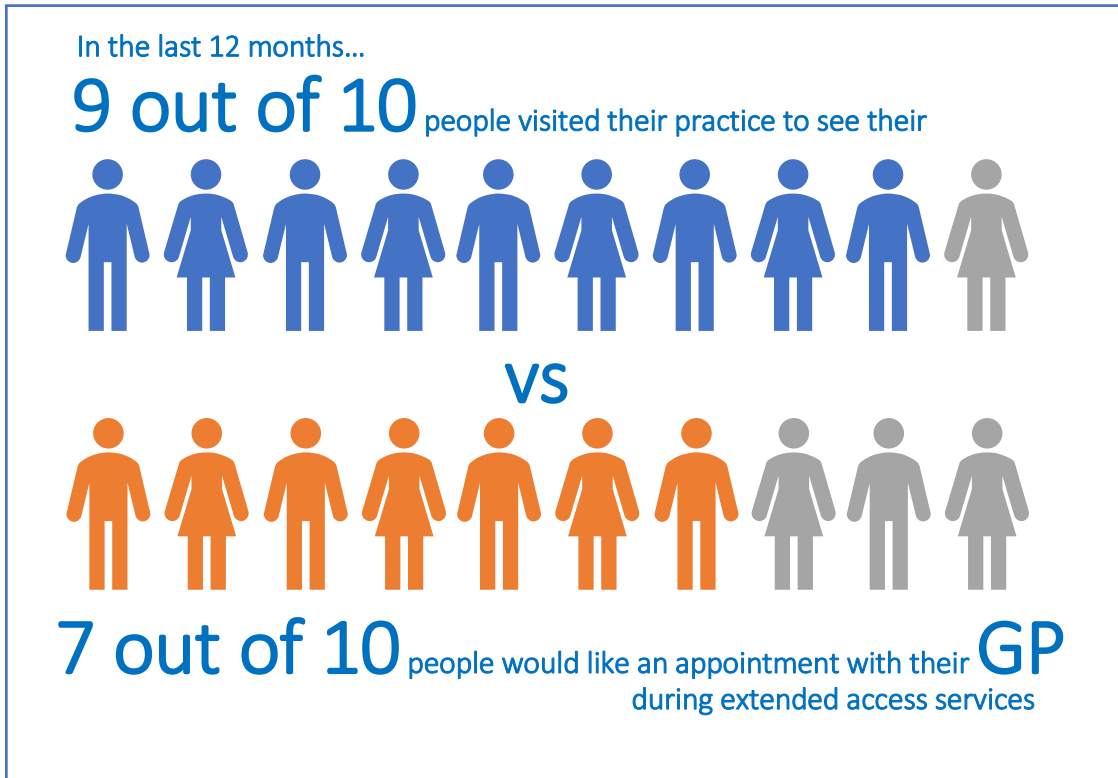
It is suggested that additional services may reduce the need for a GP, with a third of respondents wanting to access minor injury services. Access to mental health services, public health services, general health and guidance, specialist clinics, other health professional services and sexual health clinics are also services respondents would like to access.

When asked about services respondents had used in the evenings and weekends, approximately a third of respondents have used websites, NHS 111 and A&E. Usage of walk-in centres and minor injury units was fairly low, at 8% and 7% respectively. However, when asking respondents about services they require, both of these were popular, with a third of respondents wanting to access minor injury units and a 'drop in' service being highlighted. This suggested that people want the service but:

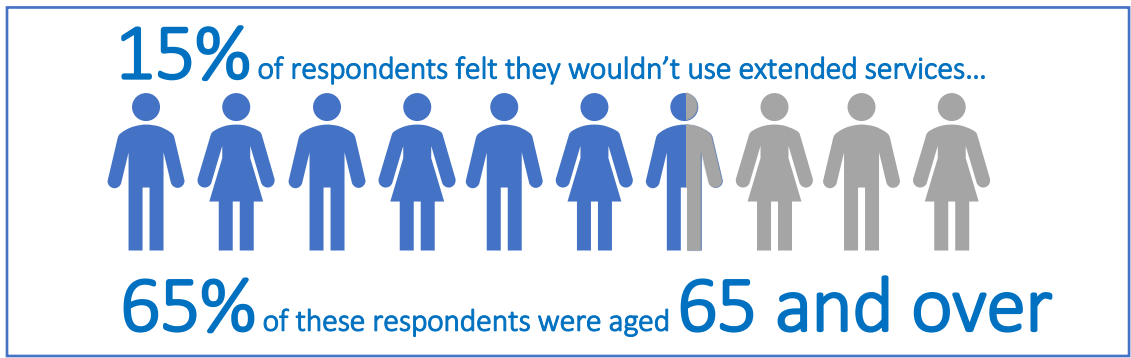
- May not be aware of the current service or
- Are unable to access it easily (i.e. due to location).

Feedback gathered from the focus group also highlighted that there is confusion around exactly what options people have in the evenings and at weekends, which suggests that any changes to services need to be clearly communicated. This would be in addition to raising awareness of existing services so that people know exactly what services they can access, and at what times.

When considering which service to use, overall distance from home was the most important factor, followed by which service matched their needs. Convenience and waiting times were also a key factor.



A graphic showing the percentage of respondents who would like to access these different services



A table showing the top 3 services wanted by different audience groups (after GP and Nurse appointments)

Audience Group	Top 3 Services		
Employed	34%	25%	23%
Students	28%	25%	24%
Retired / Do Not Work	32%	31%	16%
Parents	37%	32%	30%
No Children Under 16	33%	18%	18%
Disabled	38%	32%	23%
Carers	36%	32%	25%
Aged 65 & Over	32%	34%	16%
Age 16 - 64	35%	27%	25%

In the last 3 years, respondents have accessed the following services:

35% of people have used a **website** such as NHS Choices

34% of people have used **NHS 111**

31% of people have used **A&E**

26% of people have used a **pharmacy** for advice

26% of people have **not** used a service

20% of people have used **Out of Hours** service

8% of people have used a **walk-in centre**

7% of people have used a **minor injury unit**



I really don't think people know what's out there – that's why we've got so many people wasting millions using A&E for the wrong reasons!"

"I think you can get appointments for very urgent things with an out of hours doctor, but I don't really know how you go about getting these appointments.



The NHS website is really useful, its sensible and gives clear advice without making you panic and feel like you're dying!"

"I don't think people know what they should use really, you see those signs on the side of ambulance don't you that say don't call 999 but it doesn't really clearly tell you what you should do instead, or at least if it does it's not obvious, it's no wonder people call ambulances unnecessarily.



3. Appointments

The new extended access service should offer both same day and pre-bookable appointments. This survey looked to test the balance of preference of same-day and pre-bookable appointments.

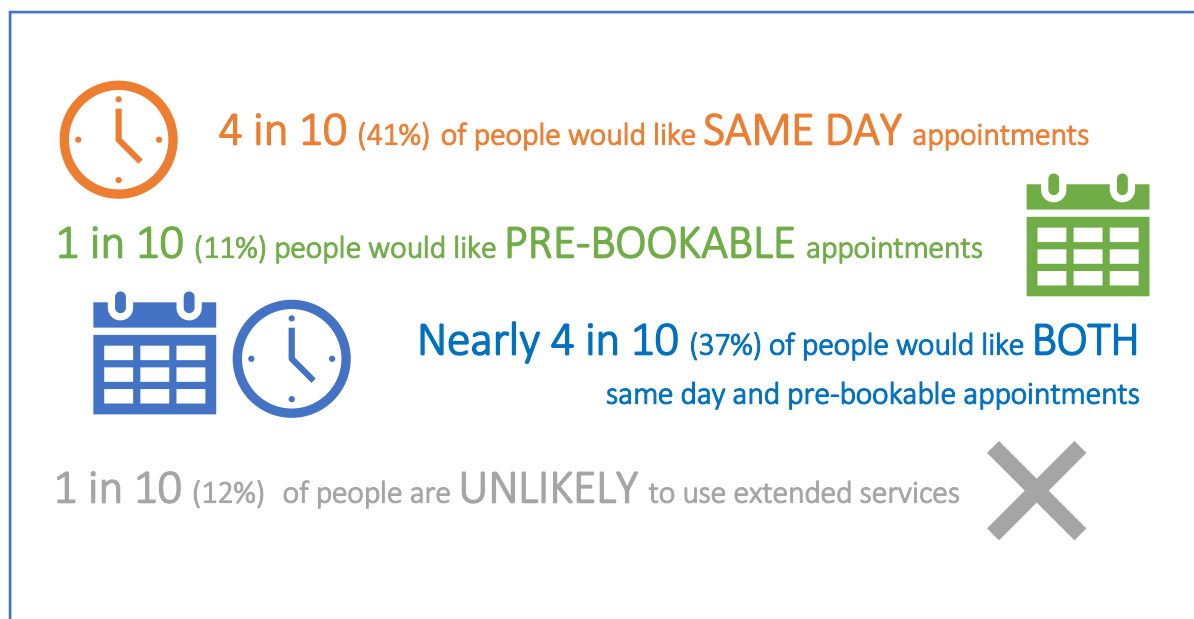
- Overall, two out of five (41%) patients favoured same-day appointments compared to one in ten wanting pre-bookable appointments;
- 37% of respondents wanted to use the service for both types of appointments;
- 12% of respondents stated they were unlikely to use the service.

A survey commissioned in September 2015 showed different preferences in relation to age. This survey looked to test any differences according to audience profile and found the following slight variants:





- Over half of people aged 65 and over (51%) wanting same-day appointments compared to 37% of those aged 16-64. People aged 16-64 showed a preference for both types of appointment (44%);
- Of patients who said they were unlikely to use the extended access service, 40% were 16-64 and 60% were aged 65 or over;
- Students and respondents who work showed a preference for both pre-bookable and same day appointments (45%) but those who were retired or did not work showed a preference for same day appointments (48%);
- 23% of retired/do not work said they were unlikely to use the service compared to 6% of students and working respondents.

The same survey found that patients from Black, African and Minority Ethnic (BAME) groups tended to want more same-day appointments. This survey showed:

- 38% of BAME groups wanted same-day appointments compared to 18% wanting pre-bookable;
- However, 41% of BAME groups wanted both same day and pre-bookable;
- 42% of 'White' respondents wanted same-day appointments, 10% wanted pre-bookable and 37% wanted both types of appointment.



A table showing the preference for same-day or pre-bookable appointments according to audience group

Audience Profile				
Aged 65 and over	51%	7%	19%	23%
Aged 16-64	37%	12%	44%	6%
Employed	37%	12%	45%	6%
Students	28%	20%	45%	6%
Retired/Do not work	49%	6%	22%	23%
BME	38%	18%	41%	3%
White	41%	10%	37%	12%

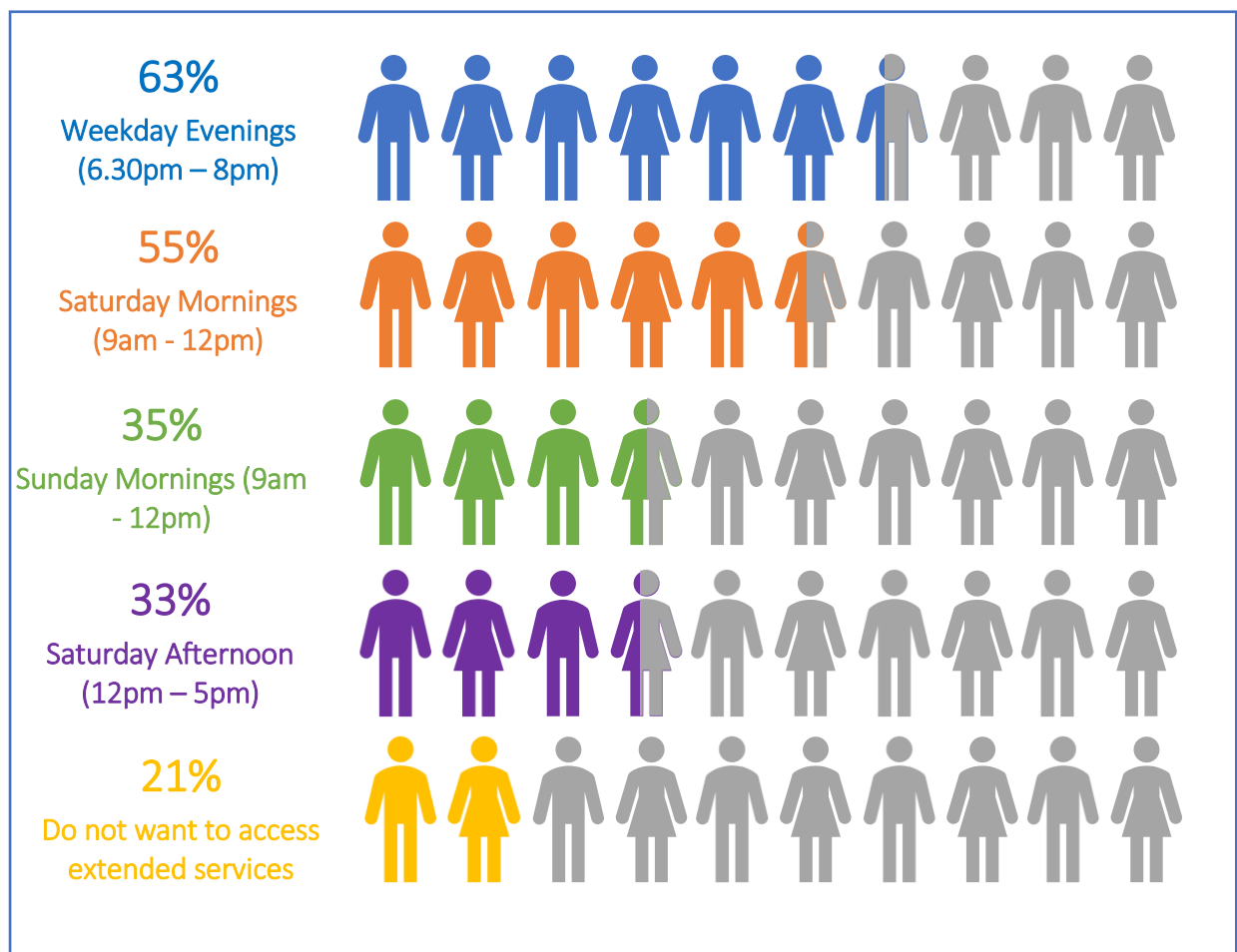
4. Service Delivery Times

The new service will offer appointments in the evenings and at the weekends. A previous survey identified that respondents wanted to be able to get appointments after 6.30pm and on Saturdays and Sundays but some GP Access Fund pilot sites have found low take-up on Sundays and high take-up on Saturday mornings. This survey sought feedback on what would be the preferred times for patients to access the extended services.

The results reinforce the findings as weekday evenings appointments, from 6.30-8.00pm, were the most popular service delivery times, with nearly two-thirds of respondents wanting to access services at this time. Appointments on Saturday mornings was the second most favourable time (55%), between 9.00am and 12.00pm. The figures then drop to approximately a third wanting appointments on Sunday mornings and Saturday afternoons.

There were also some slight variants according to audience profile:

- 8 in 10 parents (79%) would like weekday evening appointments from 6.30pm – 8pm compared to 58% of those without children;
- The most popular times for extended services for disabled respondents are Saturday mornings (47%), weekday evenings between 6.30pm and 8pm (45%), and Sunday mornings (41%). This shows a marginal change in 1st preference to Saturday morning rather than weekday evenings;
- Again, weekday evenings and Saturday mornings are the preferred times for both men and women, however men then show a marginal preference for Saturday afternoons (29%) rather than Sunday mornings (women were 38%, men were 28%);
- 45% of those 65+ stated they would not access services in extended hours, with the 2nd most popular time (41%) being Saturday morning, followed by weekend evenings (33%). For 16-64 year olds, weekday evenings are the preferred times (75%) followed by Saturday mornings (61%) and Sunday mornings (39%).



5. Different Modes of Access

New modes of accessing general practice services could help improve both efficiency and convenience for both patients and providers. The level of accessibility was tested within the survey to obtain patients' views of four key features – telephone consultations, online consultations, an online symptom checker and an online appointment booking system

An online booking system was the most popular proposed new feature of the extended service, with almost nine out of ten respondents, (89%), stating they would find it valuable. The survey also showed that 62% of patients (80% of parents) have not contacted their surgery online in the last 12 months, compared to just 15% not contacting it by telephone. This could be because:

- Not all surgeries currently offer this or;
- That patients may not be aware of it.

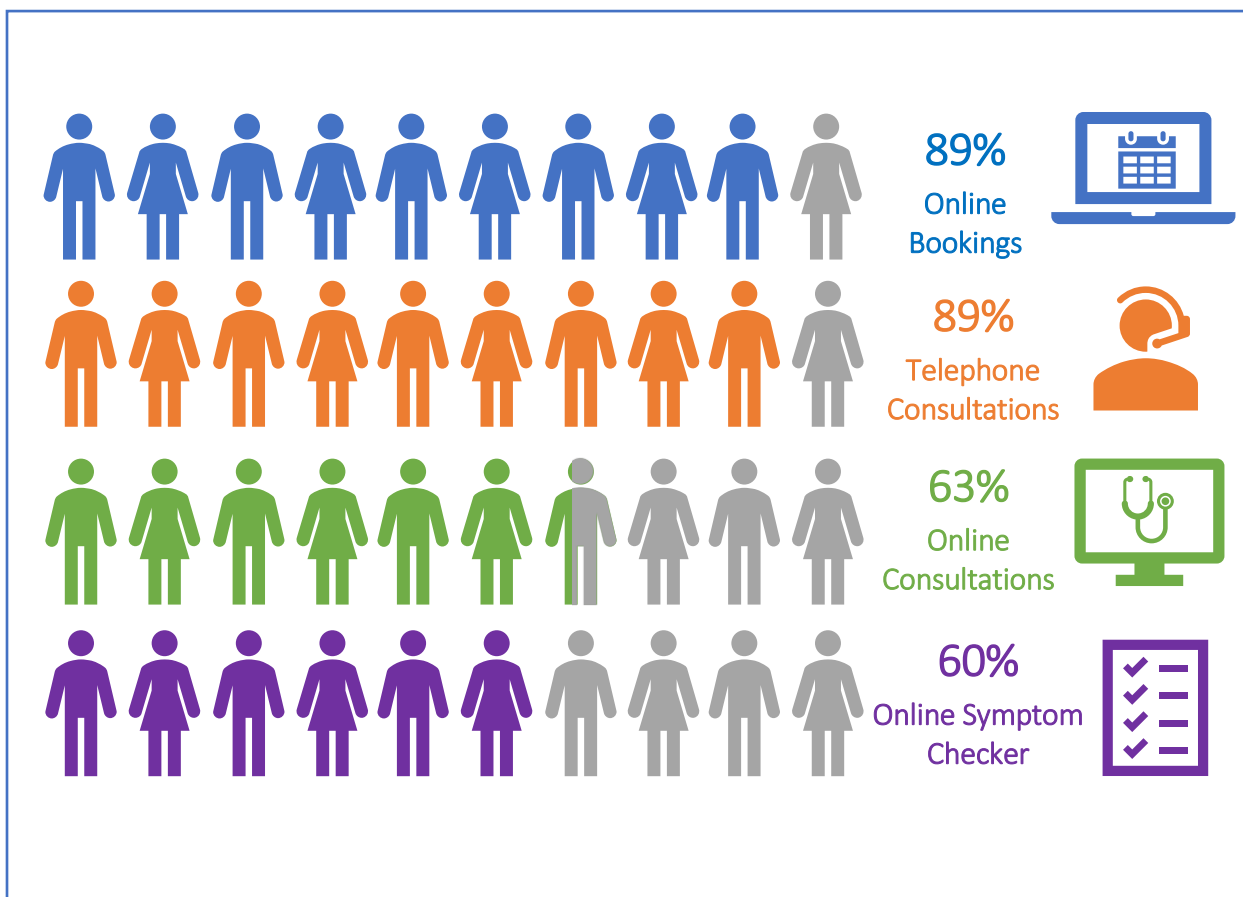
In addition, both feedback from the survey and anecdotally from the focus, patients suggested one key reason for not using online booking is that the process for signing up to online booking is complicated and off-putting (for example, having to take ID into the surgery). Of the respondents that found an online booking system not valuable at all, 63% were aged 55 or over.

Telephone consultations were also very popular, again with 89% of respondents finding it valuable (52% finding it 'definitely' valuable). Online consultations were also positively received with nearly two thirds of respondents finding it valuable. The least popular feature was an online symptom checker, with 4 out of 10 respondents not finding it valuable at all.

There were concerns over trust/ confidentiality/ reliability from some respondents across all features, but it was particularly apparent for the online symptom checker. In addition, respondents felt that this was already available, for example Google.

Other audience variants included:

- 51% of those who are retired/do not work would not find online consultations valuable compared to approximately 30% of working and student respondents;
- 56% of those aged 65+ felt that an online symptom checker would not be valuable and 52% felt the same about online consultations. This compares to 34% and 31% respectively of those aged 16-64. The majority of both groups would find telephone consultations and an online booking system valuable;
- 41% of white respondents felt an online symptom checker would not be valuable compared to 23% of respondents defined as BAME.



An online booking system would also be a fantastic addition as it will help you see what is available and what is most suitable.”

“Telephone consultations would be very useful as I feel there is no replacement to be able to speak to someone. An online appointment booking system would also be very useful, as it would hopefully provide digital updates and reminders.



Being able to see and book appointments directly would make the whole process easier.”

“Often with young children you don’t have much warning that an illness is coming. Being able to consult with a GP or other healthcare professional, whether face-to-face, online or via the telephone, would be really useful and comforting. I also work in a busy office so for time and privacy reasons, online booking would be a great option.

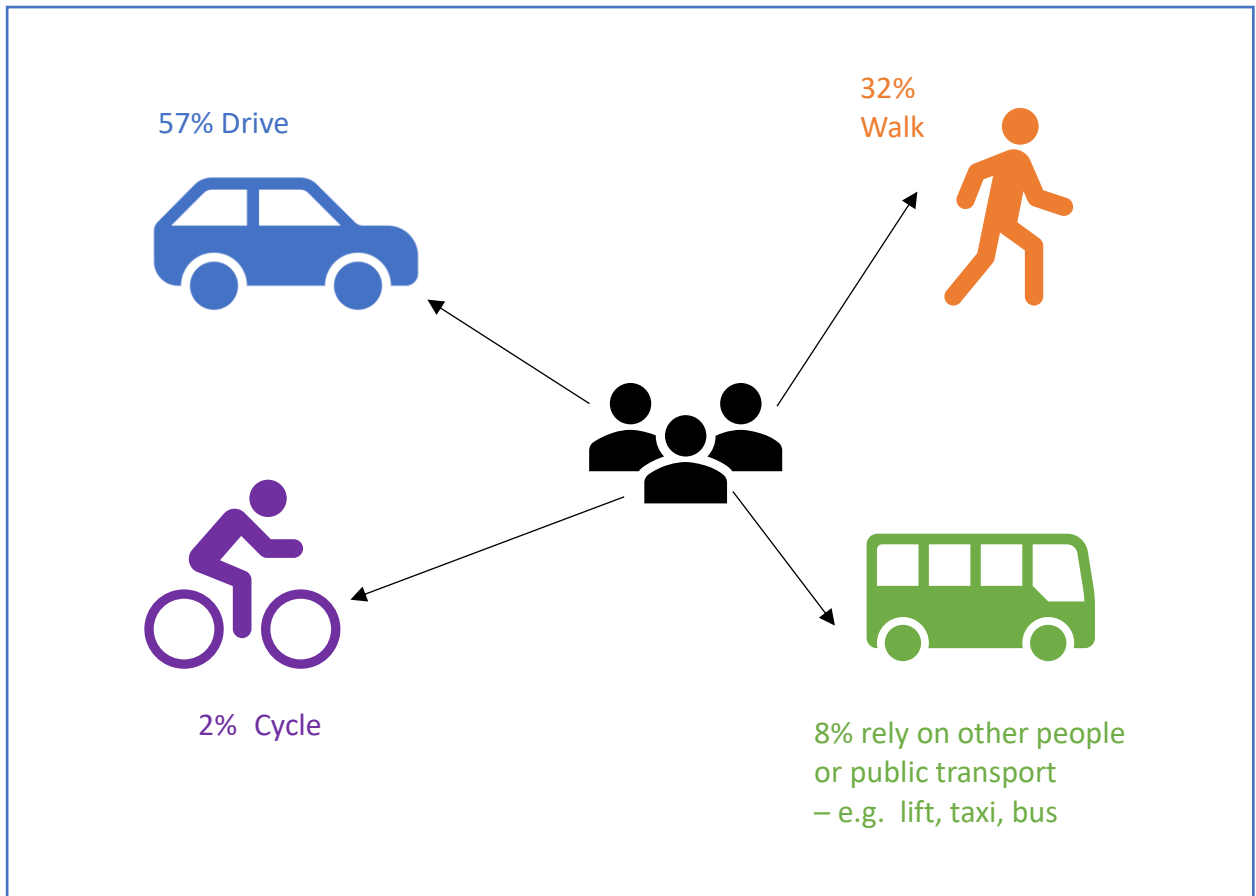


6. Travel

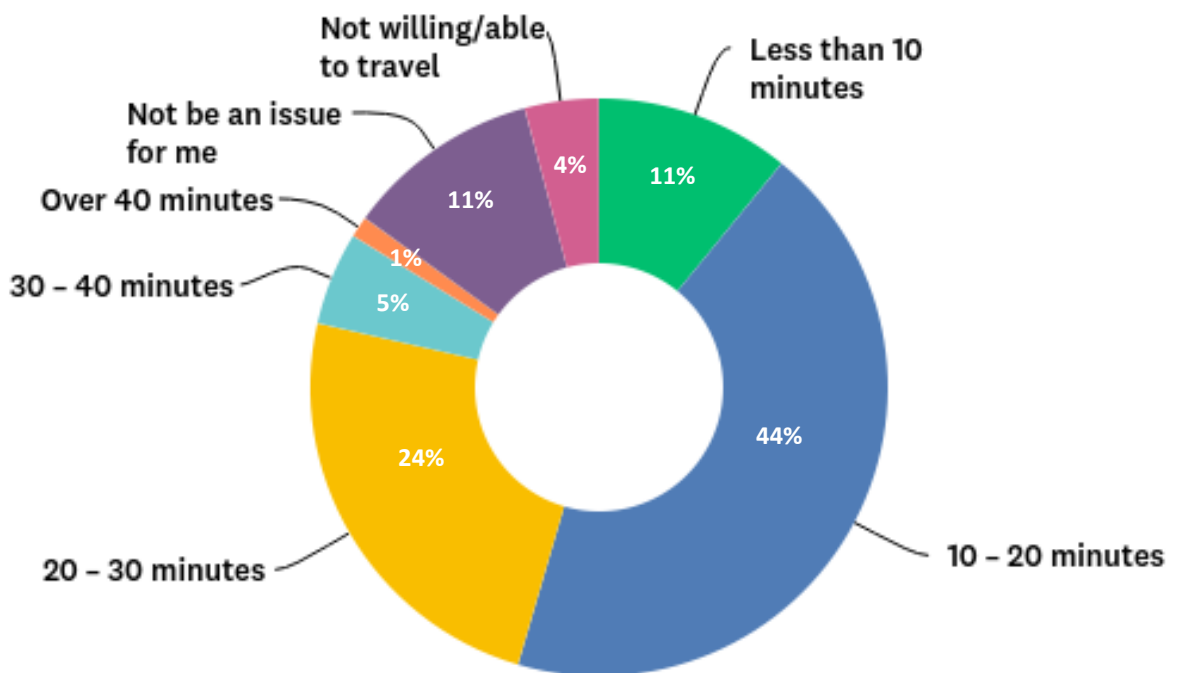
Insights show that nationally 81% of people live within two kilometres of at least two GP practices and are used to be able to access general practice services without the need to travel any significant distance. Many of the pilots have developed a hub-based service delivery model. To relate to this model, the survey tested how people usually get to their GP and how long they are willing to travel to ascertain if this approach would be favourable.

The findings found that over half of respondents usually drive to their general practice and approximately a third walk. One in ten people want to travel less than 10 minutes and conversely for one in ten, travel time would not be an issue. Three quarters of respondents would want to travel less than 30 minutes, with 44% willing to travel between 10 and 20 minutes to access extended general practice services.

- More than half (57%) of respondents usually drive to their GP surgery;
- Approximately a third (32%) walk and 2% cycle;
- 8% of respondents rely on other people or public transport, such as lifts, taxis and the bus. This increased to 21% of disabled respondents;
- This means that there could be a significant amount of people that may need to be within a short distance of a service. However, the question asked the respondent for the *main* way they travel to the surgery and it could be that whilst a third walk, they may be able to drive or get to another location easily;
- Only one in ten people (11%) want to travel less than 10 minutes to an extended access service, with 44% of respondents willing to travel between 10 and 20 minutes;
- For 11% of respondents, travel time would not be an issue.



A chart showing how long patients are willing to travel for extended access services



7. System Understanding

The new extended access service will provide an additional option for patients wishing to access health services. It has been highlighted that there is a risk of confusion for some patients as to what services should be accessed and how.

The focus group sessions looked to probe this issue and assess patients' levels of understanding and how they find out about them. Key themes included awareness of out of hours health services and how the public know about existing health services

A&E was the first health service that came to mind for patients when thinking about health services in the evenings and weekends. NHS 111 is reasonably well known as a service, but some respondents did not know the telephone number to call for support. There was less knowledge of walk-in centres and out-of-hours services. It is clear there is confusion about what is available when and that information on services is not always forthcoming. The internet is used as a source of health information by many.

Any new service would need to be clearly communicated through a range of methods such as:

- Word of mouth – family, friends, colleagues, health professionals (e.g. GP, psychiatrist, health visitor);
- NHS 111 signposting – calling the number and being re-directed to the most suitable service (e.g. ambulance called, referred to walk in centre, etc);
- Information in GP surgeries – posters and flyers;
- Bus advertisements (posters in seating areas, TV screens);
- TV adverts (for NHS 111 specifically);
- Briefings on leaving hospital (for new mums);
- Leaflets from health professionals;
- Automated phone messages when phoning GP surgery out of hours;
- Information publicised on some GP surgery websites (but not all – feedback around how there should be more consistency).



I think you can get appointments for very urgent things with an out of hours doctor, but I don't really know how you go about getting these appointments."

"There should be lots of information available online – so when people google questions about what they should do to get help, it comes up straight away and is really clear.



8. Current Experience of GP Services

The telephone is the main way that patients contact their surgery. Most patients (62%) haven't contacted their surgery online in the last 12 months and 80% of parents have also not used online. This compares to only 15%, both concerning themselves and their children, having not contacted their GP by telephone.

Conversely, the survey also shows that 89% of respondents would find an online appointment booking system valuable and 30% of respondents who found it difficult to get an appointment cited that calling was an issue (i.e. not being able to get through or having to call at a certain time). This suggests that patients:

- May not be currently being offered online booking;
- May not be aware of the service if it is offered;
- May find it difficult (i.e. getting set up on the system).

A third of respondents (33%) found it 'quite' or 'very' difficult to get a convenient appointment at their registered general practice, representing 29 of the 34 practices. Although the representation at each surgery was not the same, it highlighted that the percentage of patients at each practice who found it difficult varied, from 14% to 75%. There were five practices where over 50% of patients found it difficult to get a convenient appointment.

Twice as many (approx. 4 in 10) working respondents find it difficult to get a convenient appointment compared to those who were retired / do not work (approx. 2 in 10). Half (46%) of parents find it difficult to get a convenient appointment compared to 29% of non-parents.

Overall, reasons for difficulty in getting a convenient appointment include:

- Lack of appointments available;
- Inconvenient appointments;
- Issues with calls;
- Having to wait for a call back;
- Staffing.

Issues with staffing was also reinforced during the focus groups where anecdotally a lot of people spoke about how they found receptionists rude and difficult, and when feeling unwell this can be quite frustrating.

QUOTES FROM RESPONDENTS

"Most same-day appointment slots are booked by 08.10. As I am driving to work at this time and it is illegal to use a mobile phone while driving, it is nearly impossible to make an appointment that suits me"

"You have to call at 8am on the dot and continue to ring up (and hear an engaged tone) for at least 20 mins before getting in the queue. When you do get through the receptionists are so rude and grumpy!"

"Difficult to get appointment to work around being a single parent with a full-time job. Not able to get appointments at beginning or end of day even if booking in advance."

"When you ask for a telephone appointment, you are not given a time that the GP will call you back, it will normally be between a range of times. Not easy if you are working."

"I work as a teacher and it is very tricky to get the initial 'ring back' as I cannot answer the phone when I am teaching or contact the surgery at 8.30am."

9. Recommendations

9.1 Service Design and Delivery

Following analysis of the research, the following recommendations have been collated:

- Overwhelmingly, extending the access to GP services for patients across South Warwickshire would be welcomed and utilised by local residents, and so should be implemented.
- The service must provide appointments with both GPs and nurses, as these are the most sought-after services from patients. However, there is opportunity to provide other services, such as minor injuries, mental health services, public health services, general health and guidance, specialist clinics, pharmacy and sexual health clinics.
- Both same-day appointments and pre-bookable appointments should be made available, with the most favourable being same-day appointments.
- Appointments need to be focused on weekday evenings, between 6.30pm and 8.00pm, and Saturday mornings, (9.00am to 12.00pm). The preferred time for Sunday appointments would also be in the morning.
- The service should include an online booking system, which 89% of patients stated they would find valuable. This would need to be clearly communicated and the process should be simple to use. The feedback has shown that these systems may already be in place but not many are using it and one key reason for this is that patients found the process for signing up and using the booking system complicated and difficult – for example having to take ID into the surgery.
- The extended service should consider introducing telephone and online consultations where appropriate. Some patients highlighted they did not have the appropriate tools to book online consultations (internet, apps, phone) and some find it difficult to consult in this way (hearing, speech). Patients also showed concern over confidentiality, trust and reliability. A strong communications programme would help to reassure patients.
- In addition, due to the various feedback it would be ideal to take into account individual's circumstances when offering extended access appointments (i.e. those with complex medical history who want to see their own GP or have transport issues) to ensure accessibility. This could be difficult to administer so it is suggested that research is done to ascertain if there are already any good practice working models adopted in England. This may be in another sector other than health.
- An online symptom checker may not be relevant for patients in South Warwickshire. This was the least favourite mode of access with greater concerns over its use. Many patients felt that it could do more harm than good, and others felt that it was already available (Google, NHS). It would therefore not be a preferred feature.
- The majority of patients would be willing to travel between 10 and 20 minutes, with more willing to travel up to 30 mins and one in ten stating travel time would not be an issue. This suggests that a hub approach to the new service could work but rural areas should be considered closely.
- The new extended service should be clearly communicated alongside other existing services to ensure that patients fully understand what services are available, and when and how to use them.

- Feedback from both the survey and focus groups highlighted that many patients felt receptionist were 'rude', 'unhelpful' 'obstructive' and that they felt uncomfortable having to explain their medical problems with them. Further training would be advantageous to help build positive relationships and ensure that receptionists and other staff can effectively communicate the new service.

9.2 Service Communication

To ensure that a new extended service is understood and used appropriately, it is important to ensure:

- Clear information is available online – 'so when you Google – the available local health care options just come up straight away'
- Verbal information is shared via health professionals - e.g. receptionists, GP's, nurses, health visitors, midwives, pharmacy staff, etc
- Social media is exploited - Facebook for most audiences and Instagram, Snapchat and possibly Twitter for younger age groups.
- There is a comprehensive integrated communications campaign including:
 - Leaflets - distributed effectively rather than left for people to pick up themselves. Feedback shows that leaflets can be missed if amongst lots of other information.
 - Posters – for example in GP surgery waiting rooms, toilet doors/ by hand dryers, etc
 - TV screens (in GP surgery waiting rooms, on buses, etc)
 - GP surgery websites (and social media pages where applicable)
 - TV and radio
- Information is shared with key influencers to pass on to others (e.g. children's centres, employers, schools, community groups, Job Centre, etc – can pass on verbally and via newsletters, social media, etc).
- Face to face engagement/ outreach.
- Text messages.
- Mixed feedback on postal communications (suggested if personalised that people take more notice).

How to avoid confusion around which services to access

- Crucially, it was felt that simple, clear, concise information is key – 'straight to the point to avoid any confusion'.
- Use plain English.
- Break information down so that it is easy to digest – 'maybe something that is short and sweet and could be put on a fridge magnet or something do you can look at it and go...ok...that's where I need to phone...a list of all the different numbers'.
- Make sure people are made aware that this is information designed to help them...it's beneficial and will help make life easier!
- Be careful not to put people off attending A&E if there is a genuine need.
- Communications need to 'cut through the noise' and stand out - target audiences are busy people
- Health professionals supporting with explaining the service first hand.



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