

Spotlight on Mental Health

September 2017



GP surgeries and patients working together in Aldershot to improve mental health consultations



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Introduction

Healthwatch is the independent consumer champion for health and social care in England. Healthwatch's function is to engage with local people to seek views about locally delivered services, to signpost service users to relevant information and to influence the design of local health and social care provision.

The CCG Vanguard Programme is aspiring to drive a culture change across the system and put engagement and co-production at the centre of everything they do. This means that local people need to be actively participating in the design and delivery of services.

In February 2016, Healthwatch Hampshire carried out a workshop in Aldershot with 24 mental health service users. The event was well attended by both service users, volunteers and professionals who were all able to share experiences, give feedback and discuss ideas about how services for mental health patients can be improved in the future.

Aldershot is a deprived community with the area of Ticehurst Meadows being one of the most deprived in the country. It has high levels of mental health morbidity. This pilot project aims to engage patients and GPs to work together to develop solutions to improve the GP experience.



The town has resources specifically aimed at supporting people with mental health issues including the Wellbeing Centre and 'Safe Havens' for both Adults and young people that are aiming to support people in the community. Despite this patients and GPs alike do not feel that they are always being offered or offering a good service. This project was driven by GP practices themselves and funded by the Vanguard programme.

Recurrent themes that have been highlighted highlighted by service users include:

- **Patients feel that GPs tend to focus on physical rather than mental health problems**
- **Professionals don't always truly listen to patients**
- **GPs need specialist knowledge about mental health problems and relevant support services**

Five Aldershot GPs were interviewed and concluded that they are sometimes overwhelmed:

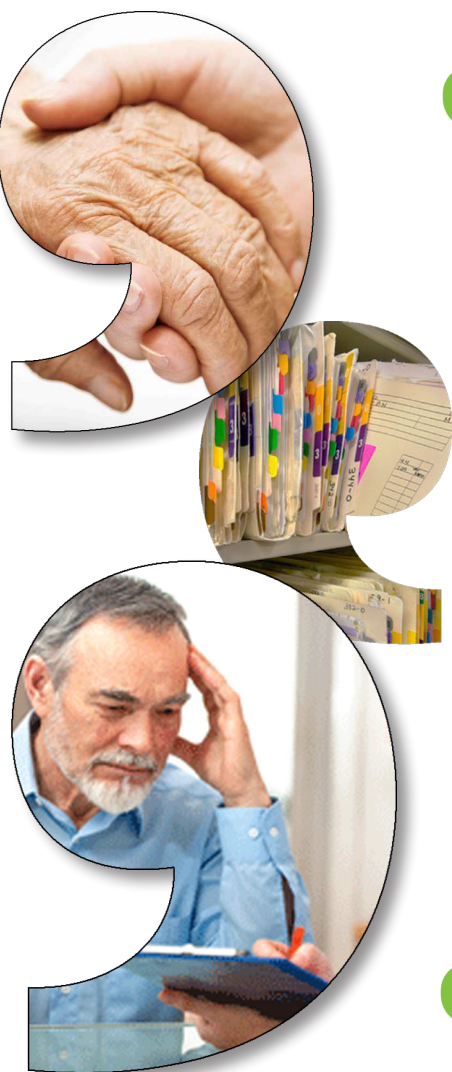
- **Consultations feel rushed and don't always address patient's needs. More time is needed**
- **There is a lack of understanding as to why people with mental health problems present with physical problems**
- **There is a lack of knowledge about where to signpost to locally**

Aldershot locality decided to explore the issues in detail with the support of Healthwatch Hampshire, Salus and funded by Vanguard to engage GPs, GP receptionists, practice managers, patients, patient ambassadors, and the local mental health creative writing group.



Facts and Figures

The Five Year Forward View in Mental Health promotes person centred care and parity of esteem between physical and mental health. The increasing complexity and demands placed on GPs to deliver care in the community risks affecting the quality of the GP consultation. Healthwatch Hampshire's report of 2016 confirm this with patients reporting they feel rushed with their physical health being prioritised over their mental health needs. The Royal College of General Practitioners (RCGP) goes further recommending that the GPs traditional role of a gatekeeper should evolve into that of a 'Navigator' whose role it is to co-ordinate and signpost to services beyond mental health such as housing and social care. GPs need the tools to do this. Research adds that many GPs have the skills to provide holistic care, but lack the confidence, time or support to use them. The RCGP suggests these skills may need reviving, refreshing and reinvigorating. The organisation MIND states their belief that 'if we get mental health support in Primary Care right, we can help people stay well'.



- There has been an estimated **15 per cent** increase in the number of GP appointments between 2011 and 2014
- There are around **340 million** consultations undertaken every year in England
- The average member of the public sees a GP **six times a year**; double the number of visits from a decade ago
- At any given time an average of **one in four** patients of a full-time GP requires treatment for a mental health condition.
- 40%** of people who commit suicide will have seen a GP in the preceding month
- People with serious mental health problems will die on average **15-20 years** before others principally because their physical health needs are not addressed
- Nine out of ten people** with a mental health problem will see their GP

References

The Five Year forward View for Mental Health, NHS England, 2016
Key facts and trends in Mental Health, NHS Confederation Mental Health Network, March 2016
Fundamental facts about mental health, The Mental Health Foundation, 2015
Mental Health statistics, www.nuffieldtrust.org.uk/Statistics, 2017





Engagement Project

Workshops and events

In July 2017 a series of workshops were held that brought together service users with lived experience of mental health issues and professionals from Aldershot's GP surgeries including GPs, Receptionists and Practice Managers. The workshops aimed to develop a constructive environment in which professionals and service users were able to discuss the experiences of providing and accessing services for people with mental health issues. The workshops culminated in the development of five potential recommendations for improving access. These were shared with a wider audience of professionals at a showcase event. The event consisted of a series of creative performances by service users that presented each recommendation. Professionals in attendance were asked for their opinions on each recommendation.



The feedback and findings from these events, organised and run by the Clinical Commissioning Group, are evaluated and analysed by Healthwatch Hampshire in this report.

GP Waiting room visits

As part of our research into people's experience of presenting mental health concerns to a GP, we visited all 6 of Aldershot's GP surgery waiting rooms. Those who have come in for an emergency appointment may spend long periods of time waiting to see a GP, sometimes in severe distress. The environment, from lighting to the seating arrangements, can significantly affect their ability to sit comfortably as well as their mood and willingness to speak openly. The waiting room is also an important point of communication between the surgery and the patient. Many spend their time there reading leaflets or posters, and it is an opportunity to convey important health related messages. The display of health information conveys explicit information through posters and leaflets as well as implicitly implies which topics are open for discussion. An absence of information about mental health could discourage patients from speaking about any symptoms they may have, or feel unsure that the GP is the right person to speak to.

Although we explored waiting rooms from a mental health perspective, we also recognised that the waiting room atmosphere and the information displays within them affect all patients, not only those with mental health concerns.

Methods

This project work is based on the work of Healthwatch Lambeth who carried out similar work in 2016. For full details of their work please visit:

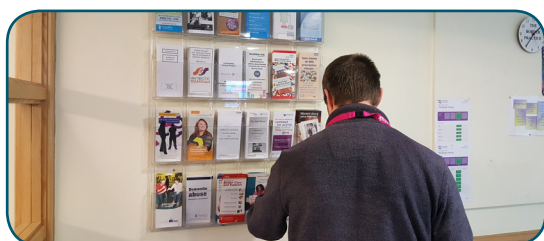
www.healthwatchlambeth.org.uk/seeking-mental-health-support-from-a-gp/



We designed a survey to audit the inclusion and presentation of mental health information in the waiting areas, as well as the layout and atmosphere of the waiting rooms themselves. Before the visits, North East Hampshire and Farnham Clinical Commissioning Group (CCG) informed all of the surgeries about this element of the project and our impending visits via email. We introduced ourselves to the reception staff on arrival at each surgery. The visits were conducted by Healthwatch Hampshire staff and volunteers.

Our aims were to look at:

- the quantity and quality of mental health information available in waiting rooms
- how the information was presented and whether it was clearly visible and well-organised
- the layout of the waiting room and whether it would be suitable for someone in distress.



Limitations

We visited each surgery once with each visit lasting approximately 10 - 15 minutes, making our findings a snapshot of what we found on the day. Although we looked around each waiting room thoroughly, it is possible that some leaflets/posters were missed.

Finally, the visits were conducted by Healthwatch staff and volunteers individually so impressions of the waiting room atmospheres and layouts are subjective.

GP Website evaluation

One aspect of this work was to look at the websites of GP surgeries to find out what information and signposting was available for patients online.



Websites are an important method of communication between surgeries and patients, and have the capacity to speak to patients often before they have even made a face to face appointment. If utilised well, this can alleviate both the pressure on GPs and create quicker access to treatment for the public. For instance, if patients self-refer to counselling services at the point of contacting the surgery (or their website), rather than waiting for the GP to explain self-referral routes, their wait for treatment will be shortened. However, this depends on websites presenting information in an accessible and reassuring way.

Methods

In August 2017, a group of service users reviewed all of Aldershot's GP websites to see what specific mental health information they contained, spanning: mental wellbeing, symptoms, specific diagnoses, signposting to treatments and self-care. Additionally, the audit looked at whether information and signposting was easy to find on the website, and how appropriate the language and the messages behind it were. Surgeries were also asked to complete a short survey.

Limitations

Comments on style and impression are subjective and our recommendations are based on what we think ought to be included on GPs websites, as there are no current guidelines provided.



Project feedback

1. Workshops and events

Conversations between health professionals and service users culminated in five potential recommendations for change that could lead to better experiences for people living with mental health conditions. These ideas were showcased at an event and feedback sought on each. This section evaluates each idea based on its possible effectiveness and how realistic it would be to implement. It builds on feedback given by service users and professionals.

Idea One - Coloured wristbands to identify patients who may require extra support or understanding when visiting their GP

People with mental health conditions reported that they often feel anxiety about going to their GP and often don't feel confident when talking about their condition, particularly to receptionists. It was felt that discreet wristbands could act as a signpost for staff to highlight that they may require some extra support or understanding during their visit. These would be optional, and only for those who felt it would help them.



When asked, both service users and professionals felt that this idea could be effective at improving experiences for them. Over 90% of surgery staff said that

they would consider implementing this idea in their surgery. Feedback included:

“Love this idea, less awkward for patient and discreet enough not to be ‘labelled’”.

“If this idea worked it could turn in to best practice in improving the system”

“It could be effectively used for people in crisis”

Some concerns were expressed. These tended to be around the issue of ‘labelling’ someone as having a mental health condition. Staff from Community Mental Health services thought it would be useful for GPs but not helpful for mental health staff.

“Be careful that people don't get targeted - if they wear their wristband out and about. Could become a victim of others' anger due to possible queue jumping?”

“May wear a bit thin if used repeatedly by the same person”





Idea Two - Provision of a mental health nurse to provide specific support in GP surgeries

Both service users and professionals recognised the pressure on the system in terms of capacity. GPs reported large numbers of patients with mental health conditions and felt that a dedicated mental health nurse would help alleviate pressure and offer patients one point of contact. It was suggested that one nurse could be shared by all of Aldershot's surgeries.



Again, both professionals and service users felt that this idea would be effective and would consider implementing the idea. They did however recognise that it may not be as practical as other ideas as there is a significant cost implication and it may take longer to implement properly. Overwhelmingly, professionals felt that better communication and integration between Primary care and mental health services would improve experiences for patients.

“Fear of the unknown is a big thing for service users. Seeing someone in a safe, familiar space can be very useful. It also enables closer working.”

“This is a brilliant idea and would be great for relationship building”

“It sounds like it could decrease people's apprehension in attending GP appointments if they saw a mental health professional. They may feel calmer about appointments

and feel more like they have accessed a professional”

Some apprehension was reported around practicalities of implementing such a service.

“I'd love this to be available for everyone but it may be hard to put in to place due to staffing and funding”

“As with everything, it is a fabulous idea and would be well used. However, if we ever had one, the service would be rapidly overwhelmed. Patients would still need lots of time and others would still be waiting. A waiting list and appointment system would be inevitable over time. I hate the idea of time limited treatment and this person would, by default, have an ever increasing workload. This would need marketing to service users.”

Idea Three - A system to allow people to leave the waiting room without missing their appointments

Service users frequently reported feeling anxious whilst waiting for appointments. It was felt that a system to allow people to leave the waiting room would be helpful. This could take the form of a buzzer similar to systems used in restaurants. It was also seen as helpful to have electronic boards to inform people when their GPs are running late. This would also relieve anxiety and allow people utilise the time appropriately for them rather than waiting in often busy waiting rooms.





This idea was seen by both service users and professionals as being potentially effective at reducing anxiety and improving experiences overall but it was noted that it would be much harder to implement and manage than some other ideas.

“Any initiative that decreases anxiety is welcome. It would also mean that service users may feel more respected.”

Concerns were raised over the management of such systems and the cost implications of installing new technology.

“Patients don’t always tell receptionists they are going outside”

“Great idea but may cause conflict between other patients feeling people were being prioritised”

“My only query would be the technology - would the person need to stay within a certain distance of the surgery?”

“Might be expensive because of the technology, we would need advice.”

One comment related specifically to the safety of patients leaving the surgery.

“Leaving the surgery to smoke is not safe at one of our surgeries as the car park isn’t safe.”

It was also noted that further delays could result from patients not being in the waiting room and the need to wait for them to return.

Idea Four - Provision of mental health first aid kits in waiting rooms or consultation rooms

Mental health first aid kits are now widely recognised as being helpful for people who live with conditions such as stress and anxiety. They generally contain small items that help relieve stress. This might be stress balls or other related items. Many service users involved in the project use these and felt provision in GP surgeries could be useful to others.



Although service users felt this would be helpful, this idea was the least supported by professionals. Most surgeries felt unsure about implementing such an idea. Much of the feedback suggested that staff would worry about stigmatising patients.

“The problem is that this could be potentially stigmatising to patients as it would draw attention to them”

“Personally I feel that this would single people out more and feel more segregated”

“Why not bring your own things in rather than rely on provision from surgeries?”





Further concerns were raised over the health and safety implications of providing mental health first aid kits in a medical environment such as consultation rooms.

“I’m sure there would be health and safety concerns from the Care Quality Commission.”

“I would imagine some people with anxiety would be concerned about the germs on the shared equipment and might feel that they stand out.”

Idea Five - Provision of visual aids to allow patients to communicate in different ways

When feeling stressed, anxious or unable to articulate their feelings, some service users felt that the use of visual aids would help them when speaking to both reception staff and GPs. Some service users reported experiences of going to see their GP and leaving without raising the issue most important to them as they were so stressed. Simple ‘flash cards’ to help articulate emotions could help professionals to better understand the issues faced by their patients. This could also benefit young people, people with autism and those who don’t speak English as their first language.



Across the board, both professionals and service users felt that this idea would benefit everyone and be relatively simple to implement.

“Every individual is different so I feel this would benefit across the board”

“Seems like a very good idea, especially as we are now in a multi cultural area”

“This could be rolled out across multiple services for people in crisis, urgent care... all sorts.”

Some concerns were raised over the use of such aids.

“This would be of no use over the phone (the point at which most triage is done)”

“I think service users should be encouraged to communicate verbally if at all possible. If this is not possible then they should be encouraged to write down what the problem is and pass this to the GP. This would promote more in-depth discussion.”

Project Feedback

Participants who came to the showcase event to discuss these ideas were asked for their feedback about the event.

“Very powerful and inspiring”

“It has made me aware of the difficulties patients experience”

“So many small ideas but extremely important and must not be forgotten”

“It’s always good to reflect”

“Opened my eyes and I shed a few tears. Made me more sensitive to how I could come across to patients when ‘doing my job’. I sympathised with lots of people and will do my best to help at work and on a personal level.”



Project feedback

2. GP Waiting room visits

Quantity and quality of mental health information available

The quantity of specific mental health information was variable across Aldershot's GP surgeries. In all six surgeries we were able to find some information ranging from leaflets for veterans with mental health problems through to drug and alcohol information leaflets. Visitors did find some information about local mental health services but this was not widely available. Information displayed in waiting rooms related to different diagnoses and symptoms, often this was with no obvious rationale behind their choice. Visitors frequently saw information on alzheimer's disease and dementia, drug and alcohol abuse, depression and suicidal thoughts. Less prevalent were information leaflets

or posters on specific conditions such as autism, Post Traumatic Stress Disorder, psychosis, post natal depression and bereavement. Specific information about local support groups or services were least prevalent. Visitors reported seeing information about the Wellbeing Centre and Crisis cafe in only one surgery for example. Many posters/leaflets on display seemed to be linked to national services or campaigns, often provided by NHS England or national charities like the Samaritans and the Alzheimer's Society. Information and support for Children and young people's mental health were on display in around half of the surgeries visited and included information about local services like 'The Source'.





Displays and organisation of mental health material

In half of the practices visited, it was felt that mental health material had a low visibility or was not accessible. Often there was information displayed behind reception desks making it difficult to see any detail. In most waiting rooms there appeared to be little order or organisation to displays, with information about different conditions, groups and services all mixed together.



Some waiting rooms however did have well thought through and organised displays that were clearly marked and signposted. Some GP surgeries had large TV screens that were used to display additional information including mental health specific information. Others used these screens to display appointment names and some had screens that were not in use at all.



All of the surgeries had the facility to check in using a screen rather than talking to receptionists. This was seen as helpful for people who might find that interaction difficult but does mean that access to extra information (displayed behind counters) would not have been seen at all.



Overall, whilst it was felt that there was a great deal of information on display throughout all of the surgeries, it would be helpful for this to be more organised to ensure information was more readily accessible. There was also an apparent lack of information about local mental health services. None of the surgeries had a specific mental health information display or area, it was felt by those taking part that it would be useful to have service specific information in one place, possibly under the heading of 'mental health' or 'emotional wellbeing'.





Project feedback

3. GP website evaluation

Overview

Over two sessions, 14 people individually evaluated each of the five GP websites linked to the surgeries in Aldershot. Each website was different but two of the surgeries used the same website provider so these sites had the same look and feel as each other and contained much of the same information.

Generally speaking, the sites were felt to be easy to understand and navigate for basic information such as appointment booking, opening times, contact information and requesting repeat prescriptions.

When looking for more detailed information and advice about specific conditions, four of the sites linked directly to NHS Choices for further information. When searching for information about local services, specifically local mental health services, this was generally more difficult to find, seen as unsatisfactory in its content or not found at all.

Three of the websites had information about mental health under a tab or link marked 'long term conditions'. Most participants did not feel that this was the most obvious place to find this information and would have preferred a more obvious 'mental health' link.

Only two websites had links and information about a range of services local

to the Aldershot area. Most websites had links to national sites or information.

One website had a link on their homepage to www.easyhealth.org.uk, an organisation who provide health information for people with learning disabilities in easy read, audio and video formats. This was seen as particularly helpful by participants.

Two sites were powered by 'My Surgery Website' (www.mysurgerywebsite.co.uk). Although this provided consistency between different sites, the health information and advice was provided by small links at the bottom of the page that were not found by most participants. Links to 'long term conditions' provided information on mental health but this consisted of three separate links about alzheimer's disease and one about depression that failed to work. This information was exactly the same on both sites and would indicate a lack of individual control over the content.

When looking at accessibility, all sites had the function to change the language on the page but most had limited function to change font size or colour which can be particularly helpful for people with learning disabilities or visual impairments.





Feedback from surgeries

Each of the surgeries was asked to complete a short survey about the use of their website. The survey was predominantly filled in by Practice Managers but one GP also took part.

Everyone who took part indicated that they felt the main aim of their website was to communicate with patients. Half felt that the main aim was to signpost or provide information to patients about services available to them.

When asked what works well, most surgeries indicated that their online appointment booking systems and access to basic information such as opening times was accessible and easy to find. Some also indicated that they felt signposting to external sources of information such as NHS Choices worked well. This is in line with our evaluation by service users.

When asked about what doesn't work so well, some surgeries felt that design and layout was an issue, that updates were not always made in a timely way and that *"patients will often just look at one or two layers of the site. Difficult to get them to view more of the in-depth information."* It was also felt that finding the time and resources to maintain the websites is sometimes difficult, reflected in the following comment: *"I don't currently feel that the website works as due to time pressures we do not have an active person looking after it"*.

Only one website was managed by an external provider so most are updated manually by a member of practice staff.



Half of the practices said that they signposted patients to their websites for more information about their condition but only two surgeries said that they promoted or signposted to local services on their sites, as opposed to national sites like NHS Choices.

All of the websites are accessible via mobile phones.

Social Media

The use of social media including Facebook, Twitter and YouTube is limited in Aldershot's surgeries. Only one surgery is currently using these methods and advertising them via their website. The use of social media can be very effective in signposting to both local and national messages, campaigns and services as well as offering another way to interact with patients and service users, particularly those who may not be frequent users of the service. Participants of the evaluation did access the one Twitter page that was linked to by a surgery website and found it to be very useful - signposting effectively to mental health information about depression, anxiety and stress.





Summary & Recommendations

Healthwatch are ultimately accountable to local people and prioritise the work we do to reflect the intelligence and evidence we have gathered from local people. Our independence from the NHS and local authorities mean that we are not bound to adopt the priorities or messages of those bodies. We would always encourage commissioners and providers to carry out their own consultation and engagement to support their decision making processes.

As a result of this work Healthwatch Hampshire are asking commissioners and providers of GP services in Aldershot to consider the following recommendations. This report will be sent to relevant professionals for a direct response ahead of wider publication. All responses and feedback will be published alongside this report on our website: www.healthwatchhampshire.co.uk/our-voice



Recommendations

Part one - ideas from workshops and events

- Where practical, we recommend serious consideration of all five ideas put forward by service users and professionals. They were seen as potentially effective at improving experiences for people with mental health conditions and improving experiences for practice staff, particularly reception staff.

Consideration would be needed around funding and implementation of some of the ideas. The provision of a mental health nurse would require funding but would alleviate pressure on GPs. The provision of mental health first aid kits could have some health and safety implications but this should not prevent further investigation into the provision of, or signposting to, options such as this.

We recommend that these ideas are considered for a pilot phase in Aldershot surgeries to evaluate effectiveness ahead of potential roll-out to other localities in North East Hampshire and Farnham.



- 📌 **Wristbands:** When asked, both service users and professionals felt that this idea could be effective at improving experiences for them. Over 90% of surgery staff said that they would implement the idea.
- 📌 Provision of a **mental health nurse** to provide specific support in GP surgeries: Both professionals and service users felt that this idea would be effective and would consider implementing the idea. They did however recognise that it may not be as practical as other ideas as there is a significant cost implication.
- 📌 A system to **reduce anxiety** experienced in the waiting room to allow them to either leave the surgery without missing their appointments using electronic signage, text system or a quiet area for waiting. This idea would need to be investigated in more detail and may have serious cost implications.
- 📌 **Mental health first aid kits** are now widely recognised as being helpful for people who live with conditions such as stress and anxiety. They generally contain small items that help relieve stress like stress balls or other related items. Many service users involved in the project use these and felt provision in GP surgeries could be useful to others but this idea was least supported by health professionals as they felt they would be stigmatising and breach health and safety regulations.
- 📌 Provision of **visual aids** to allow patients to communicate in different ways in the form of symbol cards which could range from 'I feel unable to get out of bed in the morning' to 'I feel on top of the world'. The idea was widely accepted by health professionals and service users alike and considered beneficial to other hard to reach groups.

Showcase Event

- 📌 The showcase event that brought together professionals to hear from service users themselves about the above recommendations would benefit a much larger audience. We recommend that all practices see the showcase. This could be as part of a GP educational event (eg. TARGET, regular meetings set up for GPs). Resources including this report could also be used to train all practice staff including receptionists and Practice Managers.





Part Two - GP Waiting rooms

- North East Hampshire and Farnham CCG should work with its partners to ensure that waiting rooms are set up and support the needs of service users with mental health concerns appropriately. The following recommendations can act as a checklist to assist with any changes. We would recommend that surgeries work closely with their Patient Participation Groups (PPGs) throughout this process.

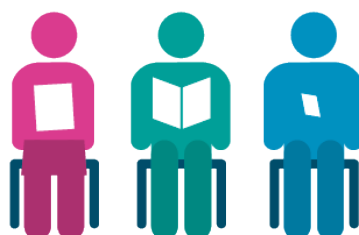
Information

- Mental health material should be included in all GP waiting rooms. Surgeries should think about what information and material is included and why.
- Local support should be clearly signposted towards in all GP waiting rooms.
- Mental health material should be visible and well organised. Where possible, a dedicated display could be designated to mental health and wellbeing.
- If screens are used in the surgery, consider using these to signpost to local services and national campaigns.

Physical Space

- Waiting rooms should be a safe and comfortable place to sit. Clear signposting to consultation rooms, toilets, reception area and if possible, a quiet room or private space.
- Seating arrangements should be carefully considered. Where possible, seating arrangements should allow for separated seating areas and not rows that all face the same direction.

WAITING ROOM





Part Three - GP Websites

- North East Hampshire and Farnham CCG should work with its partners to ensure that GP websites in Aldershot are set up and support the needs of service users with mental health concerns appropriately and with a consistent approach. The following recommendations can act as a checklist to assist with any changes. We would recommend that surgeries work closely with their Patient Participation Groups (PPGs) throughout this process.

Information, layout & signposting

- Provide mental health information under a tab or link labelled 'mental health' or 'emotional wellbeing'. This should be accessible from the homepage of the website.
- If the structure of the website does not allow a specific link or tab then include mental health information under tabs such as 'useful' or 'other information'.
- Consider the use of links to easy read information for people with learning disabilities such as that provided by 'Easyhealth'.
- Consider use of social media platforms to enhance provision of information to patients, carers and the wider public.
- We recommend that all sites consistently signpost to NHS Choices for general health and wellbeing information
- Provision of links or signposting information to local services for mental health support. Websites should make clear what each service provides, contact details and information about if they accept self-referrals.
- For surgeries using external providers such as 'my surgery website', consider how the sites can be maintained and managed locally to ensure information is relevant to the individual surgery.
- Ensure accessibility options are available on every website. This should include options to change the language, font size and text colours.





Appendix One **List of participating GP surgeries**

-  **Victoria Practice**
Aldershot Centre for Health, Hospital Hill, Aldershot, GU11 1AY
01252 335445
www.victoriapractice.co.uk

-  **Wellington Practice**
Aldershot Centre for Health, Hospital Hill, Aldershot, GU11 1AY
01252 335460
www.wellingtonpractice.co.uk

-  **Southlea Practice**
Aldershot Centre for Health, Hospital Hill, Aldershot, GU11 1AY
Hospital Hill, Aldershot, Wellington Avenue,, Aldershot, Hampshire
01252 344868
www.southleapractice.co.uk

-  **Princes Gardens Practice**
2A High St, Aldershot GU11 1BJ
01252 332210
www.princesgardenssurgery.co.uk

-  **The Border Practice**
Blackwater Way, Aldershot GU12 4DN
01252 344434
www.borderpractice.co.uk





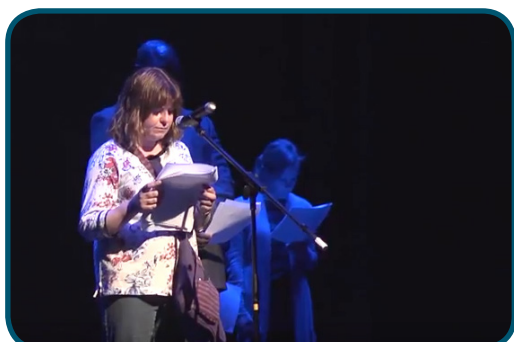
Appendix Two Showcase event resources

- A short film about this project and the showcase event is available to watch on the Salus Medical Services website: www.salusmedical.co.uk
- The following poem was written by participants about their experiences of being involved in this project:

Our Journey during the Engagement Workshop

I was nervous.
I was struggling.
I was stressed.
I was anxious.
Waste of time, tense,
For no one listened,
A room of closed ears,
A wall of blank stares,
The urge to run and hide.
Curtains up!
We were relieved,
We were elated,
We were united,
We were understood,
Our time not wasted,
We grow stronger, standing together,
Teary eyes opened,
Widened to each other,
Both sides heard
Proud of our achievement,
We were blown away by the response we got
Nice to plant these seeds,
Now we can watch them bloom.

By Echoes writing group





Appendix Three **GP waiting room survey**



Name of visitor(s):

Name of practice:

Date/Time of visit:

GP Waiting Room Survey

1. Is there any mental-health material on display in the surgery? (If yes, describe e.g. Poster / leaflets, content etc)

Yes

No

2. Is it in a visible place? (Brief description e.g. where the material is/ how big, is it noticeable, is it in view of the waiting area etc)

Yes

No



Appendix Three **GP waiting room survey**

3. Is it in good condition/ up to date? (If not, please describe).

Yes

No

4. Is there much physical health material on display in comparison?
(Brief description e.g. Is there not much information at all/ a lot on any particular illness)

Yes

No

5. If you were feeling upset/ distressed is it a suitable waiting area? (Brief explanation of why).

Yes

No



Appendix Three **GP waiting room survey**

6. Does the overall environment feel welcoming? (What were your first impressions? Is there anything you like/dislike about the space? Consider signage, colours, space, sound).

Yes

No

7. Any other comments? (please write down any other thoughts, feelings or comments about your visit)



Appendix Four **GP website survey**



Aldershot GP website survey

Name of surgery:

Name of researcher:

Initial thoughts...

1. Is the home page of the website easy to understand? Y/N

2. Is it easy to find the contact details of the surgery? Y/N

3. Does the website link to other forms of social media (Facebook/Twitter)? Y/N

4. Is there information about mental health on the website? Y/ N

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Appendix Four GP website survey

healthwatch
Hampshire

If yes:

5. Is the information easy to find? Y/N

(Is it on the front page? Is it clearly labelled? Where on the website is it?)

6. Is the information easy to understand? Y/N

(Is the terminology suitable? Is it straightforward information? Is it easy to read?)

7. Does it include facts and information about mental health? Y/N

(What sort of information is available? Is it detailed? Is it relevant? Does it cover a wide range of information, from mild to severe mental health problems? What sort of language do they use- reassuring/clinical?)

8. Does it include diagnosis-specific information? Y/N

(What diagnoses does it refer to? Does it cover mild, moderate and severe MH problems? Is it simple to understand? Does it feel reassuring or worrying?)



Appendix Four **GP website survey**

healthwatch
Hampshire

9. Does it include information on the services available at the surgery? Y/ N *(What services does it refer to? Does it explain how to access them?)*

10. Does it include signposting information? Y/ N
(Where do they signpost to? Do they seem to be relevant services? Does it feel comprehensive? Are there enough details/ explanations of the different services?)

Any other comments or feedback:



Thanks

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