Information taken from the Healthwatch Tameside COVID-19 survey as at 24.6.20

Tameside & Glossop Clinical Commissioning Group requested information relating to access to GP practices, and the use of technology.

Please be aware that the information included in this document is a snapshot in time, and additional surveys are being completed on an ongoing basis. The trends of opinion may change, as more surveys are completed. This will be picked up in our monthly interim reports, available to all.

Approximately 260 surveys are included in the download of data on 24.6.20. Not everyone has completed every question.

Access to GP

Here are some areas which have been mentioned, and things that have been seen as positive and negative (excluding in relation to technology). Some of these are mentioned multiple times.

Positive:

- Able to have discussions about medication, minor conditions, various test results

- Had blood test

- GP referral to other services

- Medical review carried out over the phone, e.g. COPD

- Check-up call received from practice

- Information provided

Negative:

- Patient asked if they wanted a DNAR. They said no, but were still sent a form in the post, which they are not going to sign

- Difficulties getting repeat prescription from GP for medication prescribed by consultant

- People not seeing GP when they normally would - e.g. raised itchy moles, falls, pain in legs and feet

- Various check-ups cancelled - e.g. asthma (3), medication review, routine blood test and/or check-up (6), regular injections (10), ear syringing (5)

- Stoma products not provided when needed

- PPE masks are a problem for people who need to lip-read

- People didn't try and contact GP as it was difficult before lockdown, so expected it to be worse

- GP not answering phone – been without medication for a month

Many people talked about hospital care being cancelled or delayed. Whilst this is not strictly a GP area, there may be additional workload falling on GP practices as a result. Some people have multiple conditions all needing care. For information, the numbers we have been told about so far are:

- Referrals for tests/scans – appointment not yet received, or cancelled   -   19

- Clinic appointments cancelled (a few by the patient worried about going out), including post-surgery checks and people waiting for surgery (some have been carried out by phone)   -   47

- Cancelled operations   -   7

Technology

Accessing care

One of the questions asks about what services have been accessed using technology. Where we have been given information about whether this was the first time, this is noted.

Type of technology	Number used	First time used
Telephone consultation with GP or practice nurse	104	34
Filled in form on GP website and received call back from clinician	18	4
Online consultation with GP practice clinician (other than filling in form)	15	3
Ordered repeat prescription online	85	6
Accessed test results or medical referrals online	3	
Been referred to other support by GP practice (e.g. social prescribing, foodbank, community support)	12	6

Comments about accessing care in one or more of these ways are mixed, with multiple comments for some areas.

Positive:

- Don't have to sit in waiting room, so leaving more face-to-face appointments for people who prefer or need them

- Less stressful way to get an appointment than repeatedly ringing and in a queue

- Online session easier than going to appointment and spending time travelling and having to find parking

- Germs cannot be spread on the phone

- Received a text from GP

Negative:

- Some issues with online prescription – setting up, needing family to do the requests
- Text for online asthma review didn't say that an app needed to be downloaded, so delay in starting appointment
- Difficulty hearing in phone consultation
- Online form for GP access sent person round in circles
- Phone consultation less effective than face-to-face appointment, and impersonal.
- Poor phone connection – GP call failed and they didn't ring back.
- Couldn't get the light right during video consultation for GP to be able to see throat
- Issues setting up Patient Access

Access to technology

Another question asked what technology people had access to, by ticking all relevant items. Here are the responses:

- Desktop computer   -   59
- Laptop   -   124
- Tablet   -   100
- Smartphone   -   134
- Broadband at home   -   144
- Internet on their phone   -   118
- Landline, or basic mobile or nothing   -   23
- Question left blank   -   13

For information, 36 people have both a laptop and a desktop computer. 73 people have both a laptop and a tablet. 38 people have a desktop computer and a tablet. 28 people have all three items.

Where the question was left blank, these are people who answered the questions on either side, and throughout the survey. We can probably assume that these people do not have access to any item of technology, having ticked no items, and chose not to confirm this in the free-write option.

3 people said they use specialist equipment and/or software as they are blind. The problem with this is the expense, initially and if it breaks or needs updating.

A few people said they had computers, but they were old and in need of updating, or had broken, or they could not use them and relied on family. Some people said that they could no longer use the keyboard as they got older, or could no longer see the screen well enough.

Some people said they would like to learn to use computers, but would need lessons. Others said they were too old to learn.

One person had a computer but didn't know they could order prescriptions on it.

Some negative comments from people with equipment included the cost, having a poor internet connection, and effect on health (increased headaches and vision difficulties).

Care in the future

A question asks about the future, and whether people would like any of the changes made to access during lockdown should be kept. Again, the message is mixed.

Type of technology	Yes, keep	No, don't want
Phone consultation	28	5
Online consultation	14	3
Video consultation	10	1
Technology in general	11	12

13 people said they would be happy to carry on using technology, but it had to be balanced and appropriate. People also said that using technology should not be discriminatory, as not everyone has access to equipment, or knows how to use it.

Here are some of the types of comments received:

- There must be confidentiality, good data protection, and people need privacy when using this technology
- There are access issues for some people, e.g.
    - Blind or partially sighted
    - Deaf or hard of hearing
    - People with dementia (forget how to use equipment)
    - People with arthritis (can't use fingers)
- It needs to be easier to make appointments than prior to lockdown
- Someone with a mental health issue may be happy to use technology generally, but if they are having a bad day may not go online. They may attend a face-to-face appointment though.
- There needs to be flexibility
    - Face-to-face appointments are preferred by some people
    - Some people want to be able to phone for prescriptions
    - Video calls, etc. need to be available outside of work hours
- People want to feel confident that nothing will be missed in a phone or video consultation
- People are happy to carry on using technology if it means services are improved, e.g. get an appointment without waiting weeks, you don't have to wait in all day for a phone call (which isn't repeated if you miss it)
- People want to be able to access care independently, without relying on others to help

Other comments

Finally, here are some comments which were included in answers to other questions not covered in this brief report.

- Appointments to be available in the evenings and at weekends
- Discussions between GP and their patients to be improved
- Greater availability of appointments, with a shorter wait to receive care, and less time waiting for the phone to be answered
- Flexibility for people who work to be able to call the surgery at times other than whilst they are on their way to work. Want to ask for help at any time during the day.
- See the same GP each time to avoid having to repeat information which takes up part of the allocated appointment time