



# Primary Care Transformation Survey

**“Changing your GP service - Help design a service that works for you”**

**July 2020**



## Contents

Context.....	4	Question 9 .....	17
About Healthwatch Sutton .....	4	Question 10 .....	18
Rationale .....	5	Question 11 .....	19
Project Delivery.....	6	Question 12 .....	21
Results.....	6	Question 13 .....	22
Question 1 .....	7	Question 14 .....	25
Question 2 .....	8	Question 15 .....	27
Question 3 .....	10	Question 16 .....	28
Question 4 .....	11	Question 17 .....	29
Question 5 .....	12	Question 18 .....	30
Question 6 .....	13	Key Findings .....	31
Question 7 .....	14	Recommendations .....	32
Question 8 .....	16	Thank You.....	32

## **Context**

### **About Healthwatch Sutton**

Healthwatch Sutton is the people's champion for health and social care in the London Borough of Sutton.

We are one of a network of local Healthwatch organisations that cover England. There is a local Healthwatch for each local authority area. We were set up by the government to ensure that the voice of local people is heard in decisions that relate to health and social care. We have powers laid down in law to:

- 'Enter and View' health and social care services/premises;
- Sit on the local authority's Health and Wellbeing Board;
- Receive a response to our report from statutory organisations within 20 days of receipt.

In Sutton, we carry out projects that collect the views of local people about any subject relating to health and social care. For most projects we produce a report and formally submit this to providers or commissioners (or other relevant organisations) in order to produce actions that can improve the health and wellbeing of people who live in the London Borough of Sutton. This report is part of this work.

You can find out more at [www.healthwatchsutton.org.uk](http://www.healthwatchsutton.org.uk).

## Rationale

Primary Care Networks (PCNs) were formally established in July 2019. These are groups of GP practices that work together. PCNs cover local populations of between 30,000 and 50,000 people. They were set up with the intention to ‘finally dissolve the historic divide between primary and community health services’.

It is intended that PCNs deliver the following for patients:

- better, more personalised health and care services, delivered more conveniently in settings closer to home
- support for individuals with more complex conditions that is better coordinated across different health and care services
- stronger support for patients to play a much greater role in making safe and informed decisions about their own health and care, taking full advantage of all local resources.

In Sutton, 4 PCNs have been created to cover Carshalton, Wallington, Central Sutton and Cheam & South Sutton. National guidance sets out key deliverables for PCNs. These include:

- Improving integration through the development of Multi-Disciplinary Teams (MDTs)
- Diversification of workforce. Since March further guidance was published. PCNs can now also choose to recruit from the following additional roles
  - Pharmacy Technician
  - Care Coordinator
  - Health Coach
  - Dietitian
  - Podiatrist
  - Occupational Therapist
  - Mental Health Practitioner (from 2021)
- Enabling practices and patients to benefit from digital technologies

These changes will have a significant impact on the populations that the PCNs serve.

We (Healthwatch Sutton) have been commissioned by the former Sutton Clinical Commissioning Group (now NHS Sutton) to provide support to Patient Participation Groups (PPGs) since 2013 and the Sutton Patient Reference Group (PRG) since 2014. We discussed how we could support GP practices in the development of PCNs and agreed to carry out this survey to provide PCNs with intelligence that could be used to develop their organisations and the services they provide.

## **Project Delivery**

We worked with PCNs and the GP service commissioner (with input from patients) to develop a series of survey questions that would provide the most useful information. We understood that many of the new roles would not be understood by participants so we included an extensive, explanatory preamble.

Our survey was launched in March 2020. The survey was promoted through our newsletter and our website. We shared through social media and PRG/PPG members were encouraged to take part. We included a copy of the survey and freepost returns envelope in the mailout of our spring newsletter that was sent to 450 members of Healthwatch Sutton.

To encourage participation, we incentivised completion with a prize draw for a voucher worth £100. The last date for completion of the survey and entry for the prize draw was 30 April 2020.

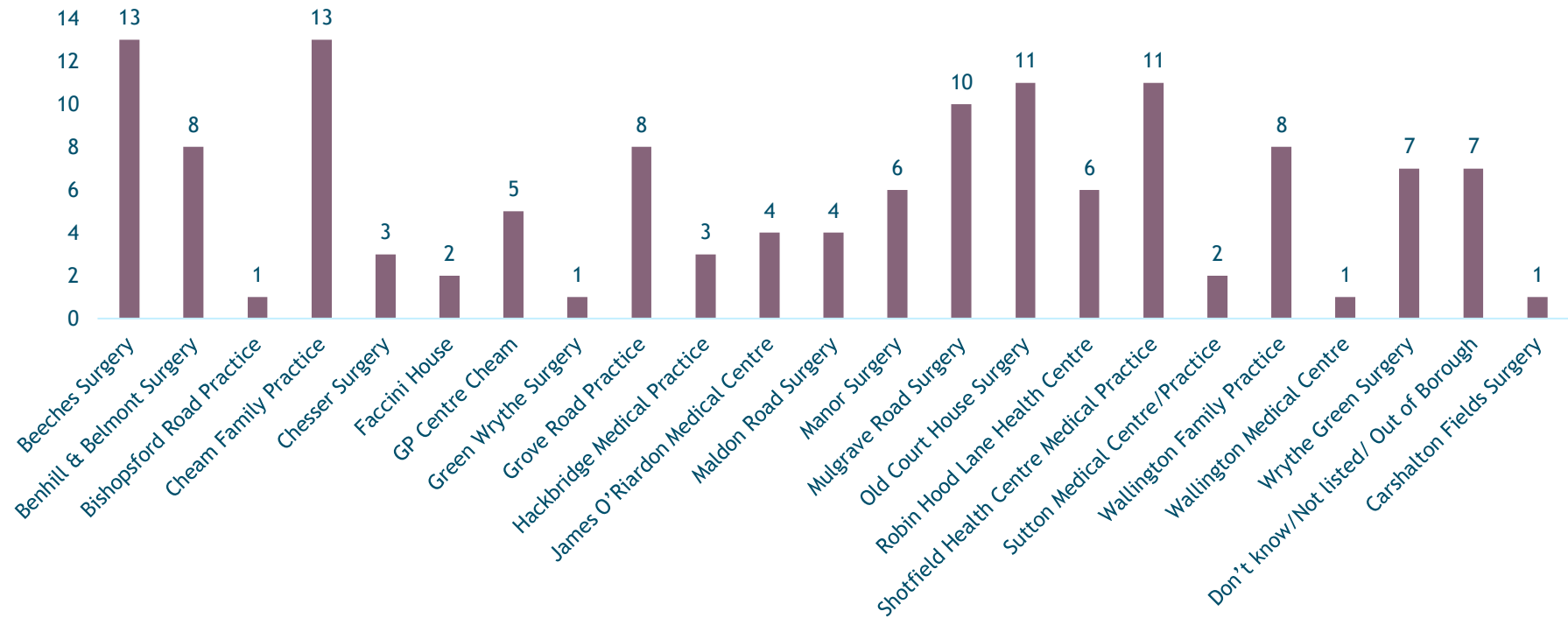
## **Results**

A total of 135 responses were collected. Percentages displayed exclude blank responses unless shown.

## Question 1

Responses were received from patients of practices across the borough.

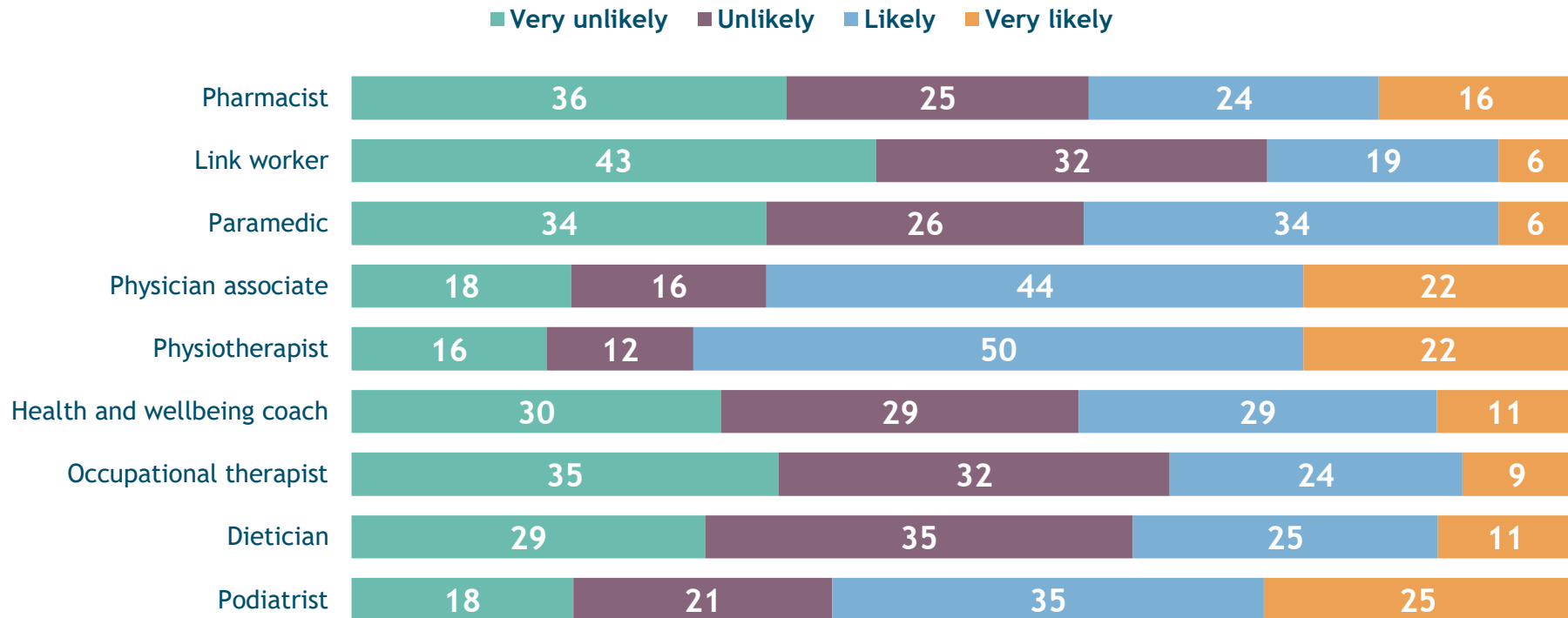
### Respondent's GP Surgery



## Question 2

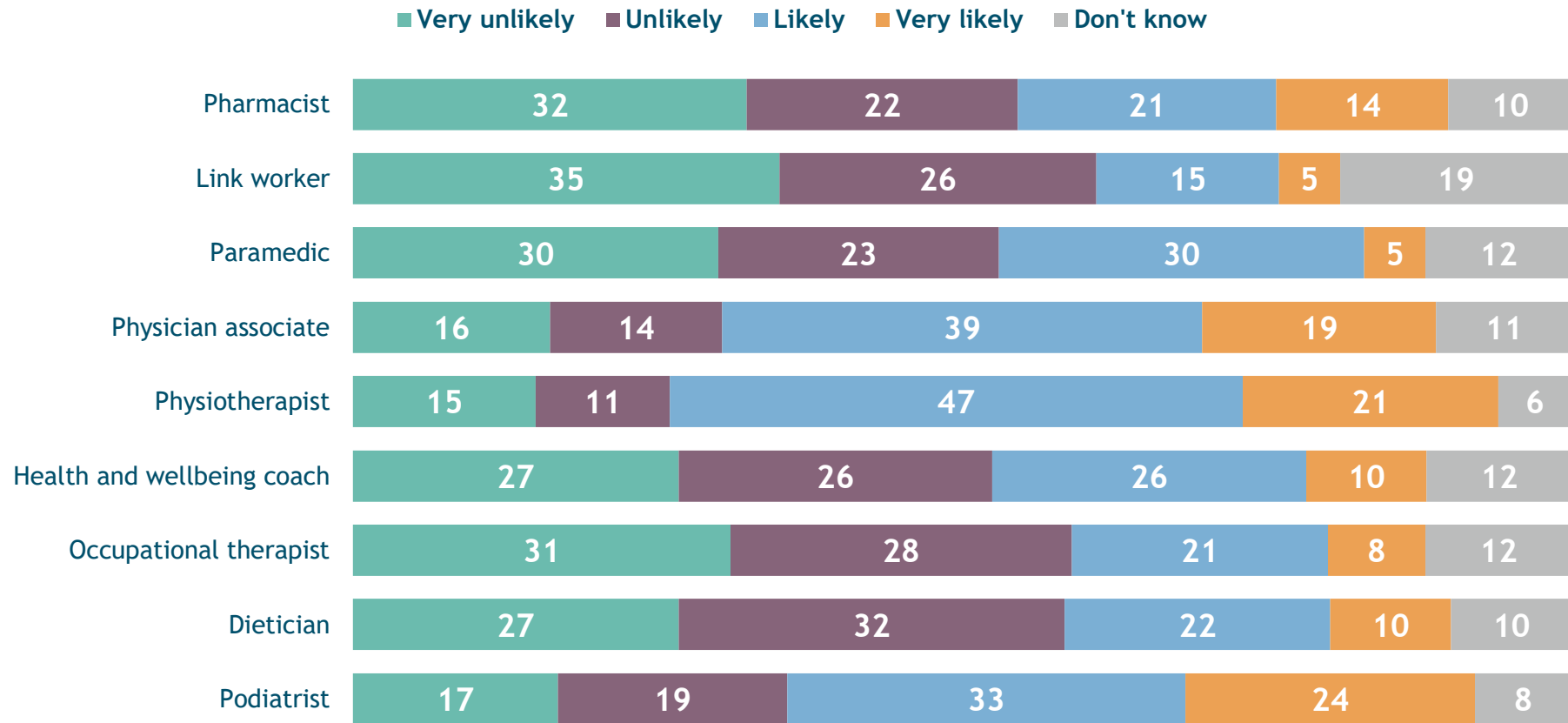
The appointments most likely to be requested were with a physiotherapist, physician associate and podiatrist. The least likely were with a link worker, occupational therapist and dietician. There may be a variety of reasons for this, including lack of knowledge of their roles/services or a skewed sample in terms of health need or age.

### 2. How likely are you to request an appointment with the following clinicians at a GP surgery? % - 'Don't know' excluded





## 2. How likely are you to request an appointment with the following clinicians at a GP surgery? %

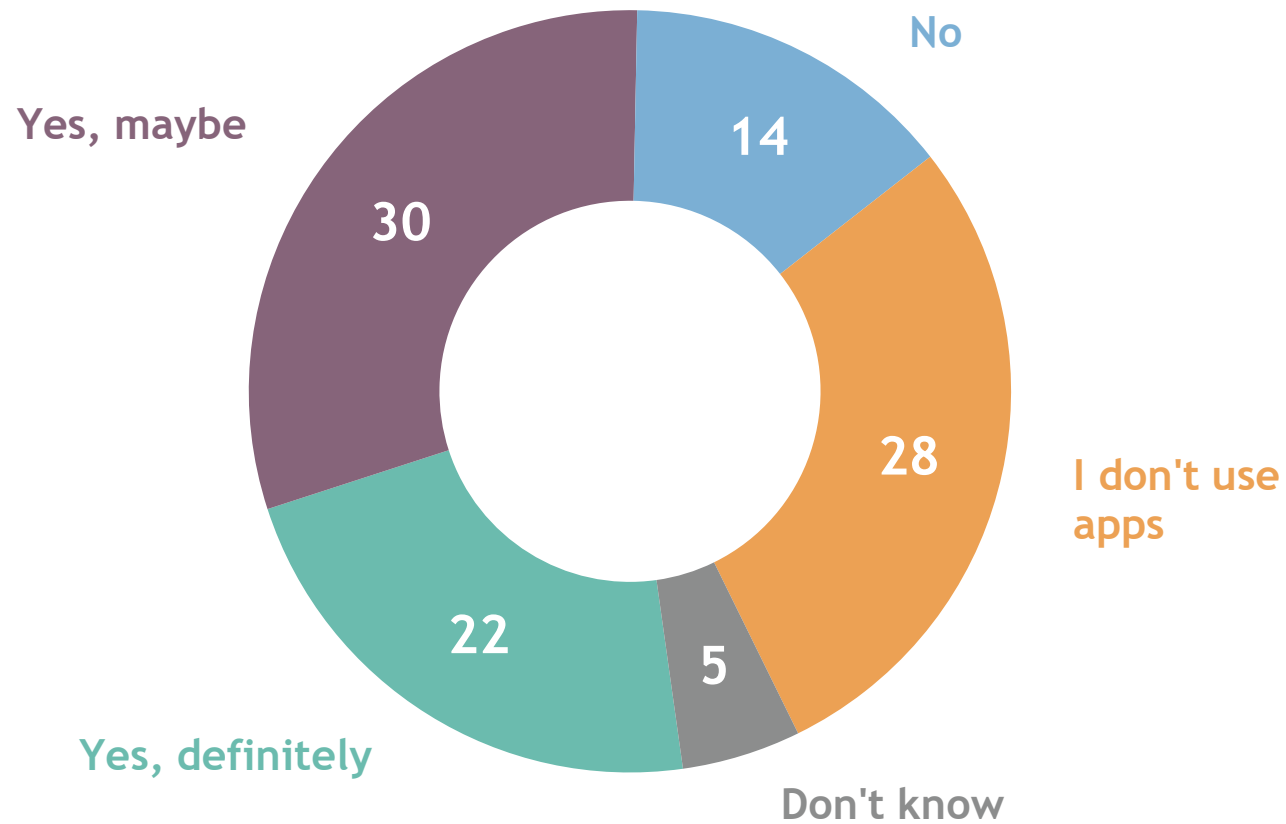


'Don't know' responses could show a lack of understanding of the role and therefore the benefits of accessing their service, or uncertainty about the potential future need for the role. There is the most uncertainty about the 'link worker' role and the least uncertainty about the physiotherapist role.

### Question 3

Just over half were willing to answer questions via their mobile device before contacting their surgery. Twice as many people did not use apps than were altogether resistant to the idea.

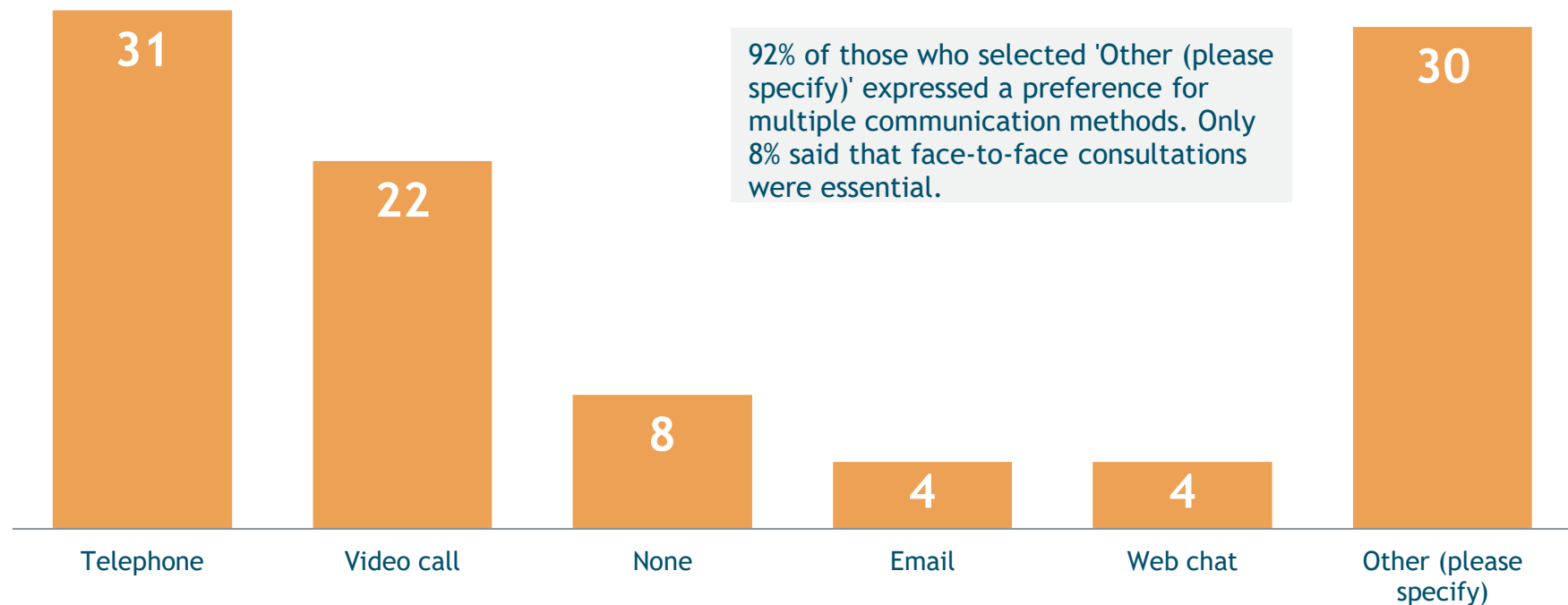
3. Would you be willing to use an App on your mobile phone to answer some questions before contacting your GP surgery to make an appointment? %



#### Question 4

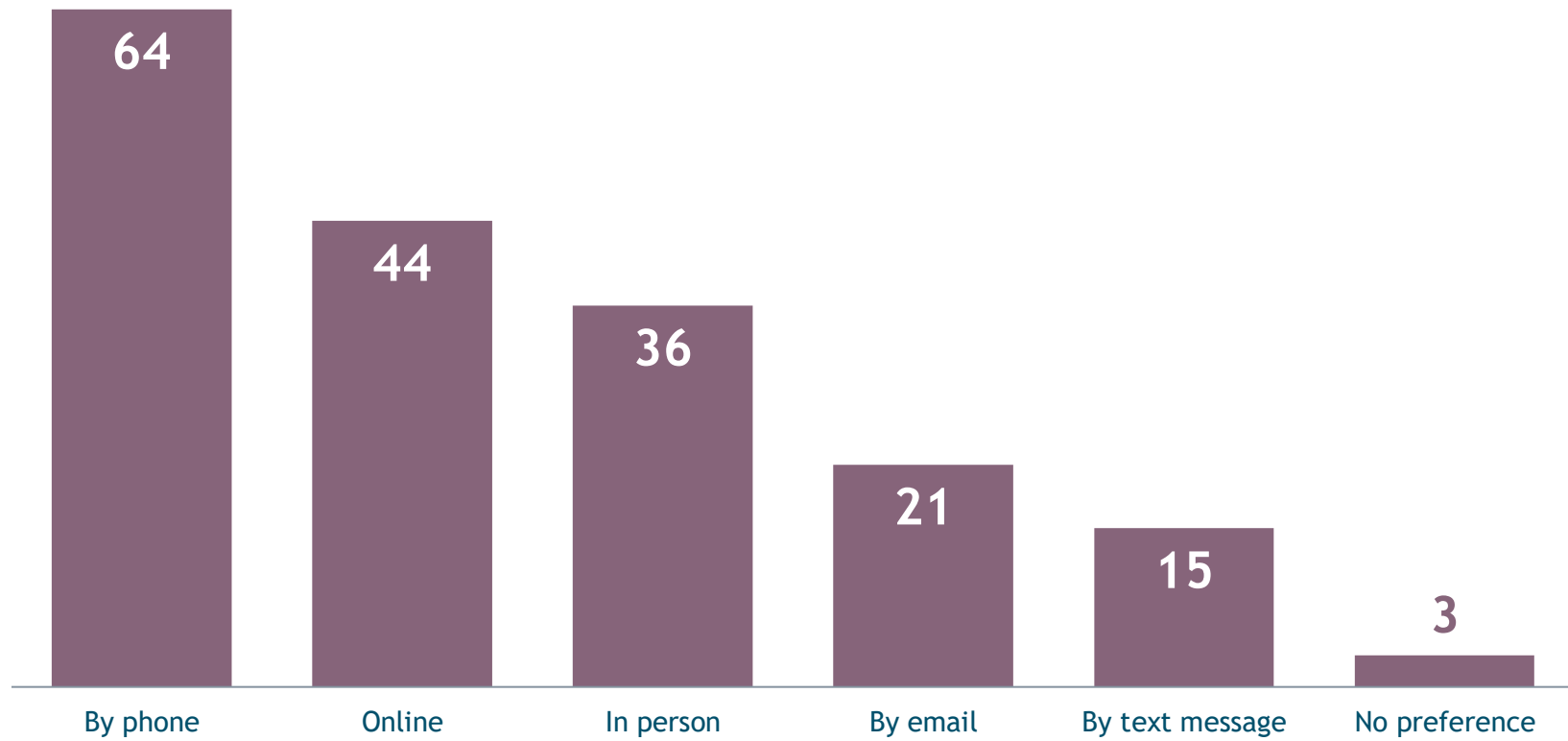
Telephone was the most popular communication method for remote consultations, 9% more popular than video calls. This may be due to fears over privacy, a perceived lack of need for a video call or technological constraints, for example, not having a web cam or poor mobile reception. Email and web chat were by far the least popular, likely due to the lack of ease of communication compared with telephone and video call. Overall, there was very little resistance to remote consultations.

#### 4. Which of the following communication methods would you be happy to use to hold a consultation with a GP? %



### Question 5

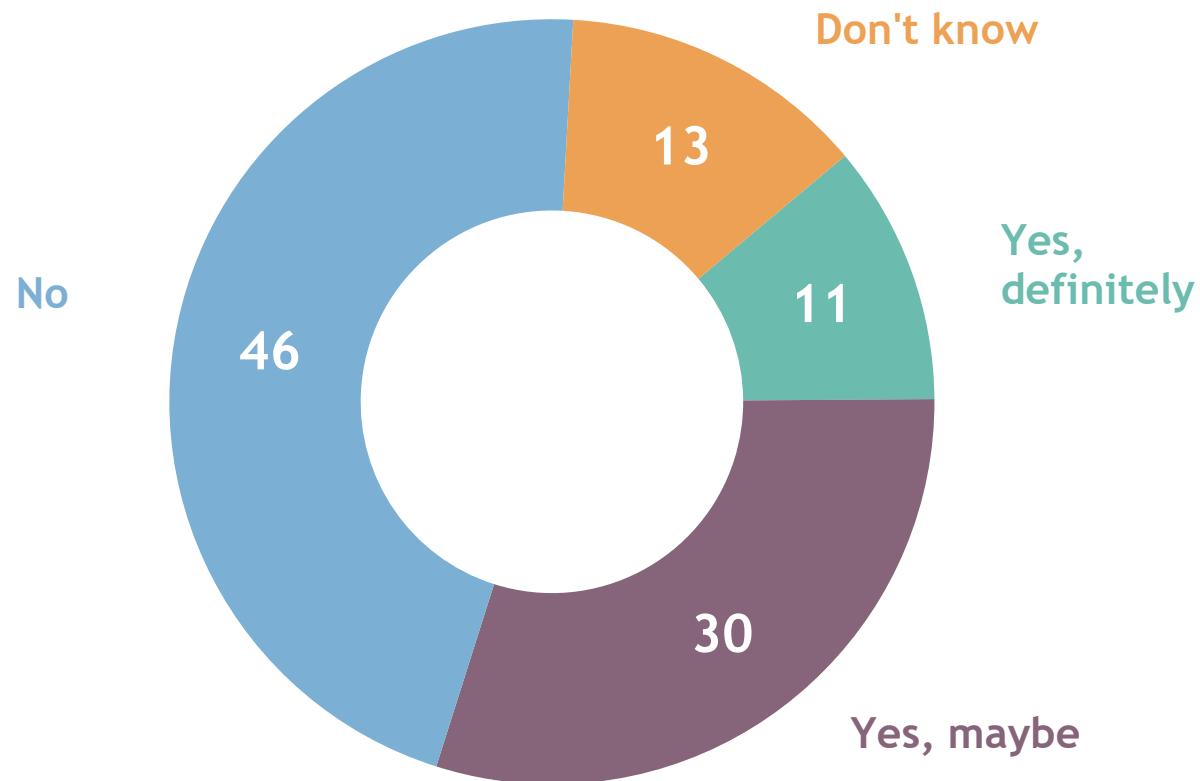
5. Which of the following methods would you prefer to use to book appointments at your GP surgery? %



## Question 6

Respondents were largely not in favour of group appointments and a not insignificant proportion of people said they were not sure about attending group appointments. Concerns may exist over issues of privacy, the level of attention they would personally receive and the effectiveness of such appointments.

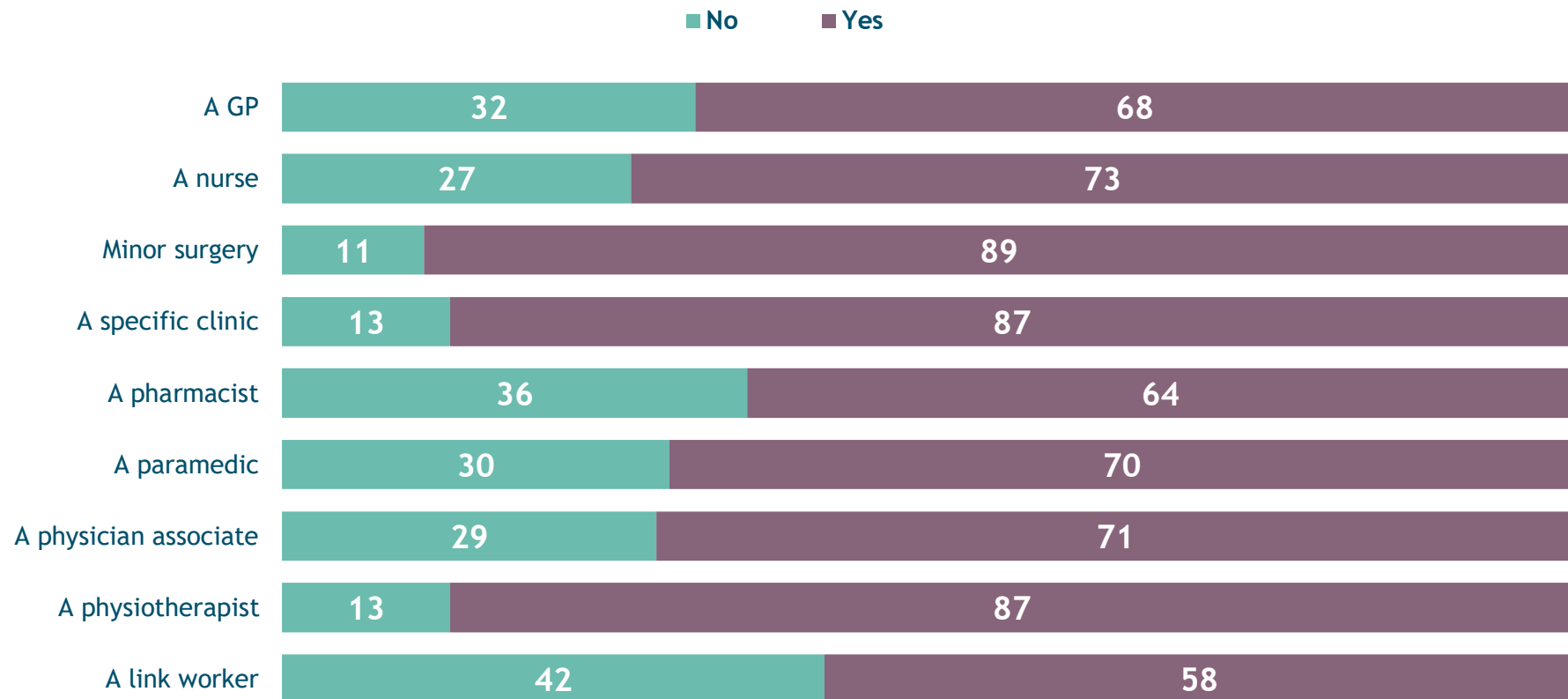
6. Would you be willing to take part in a longer appointment with a group of up to 10 other people who share a similar condition or receive a similar treatment? %



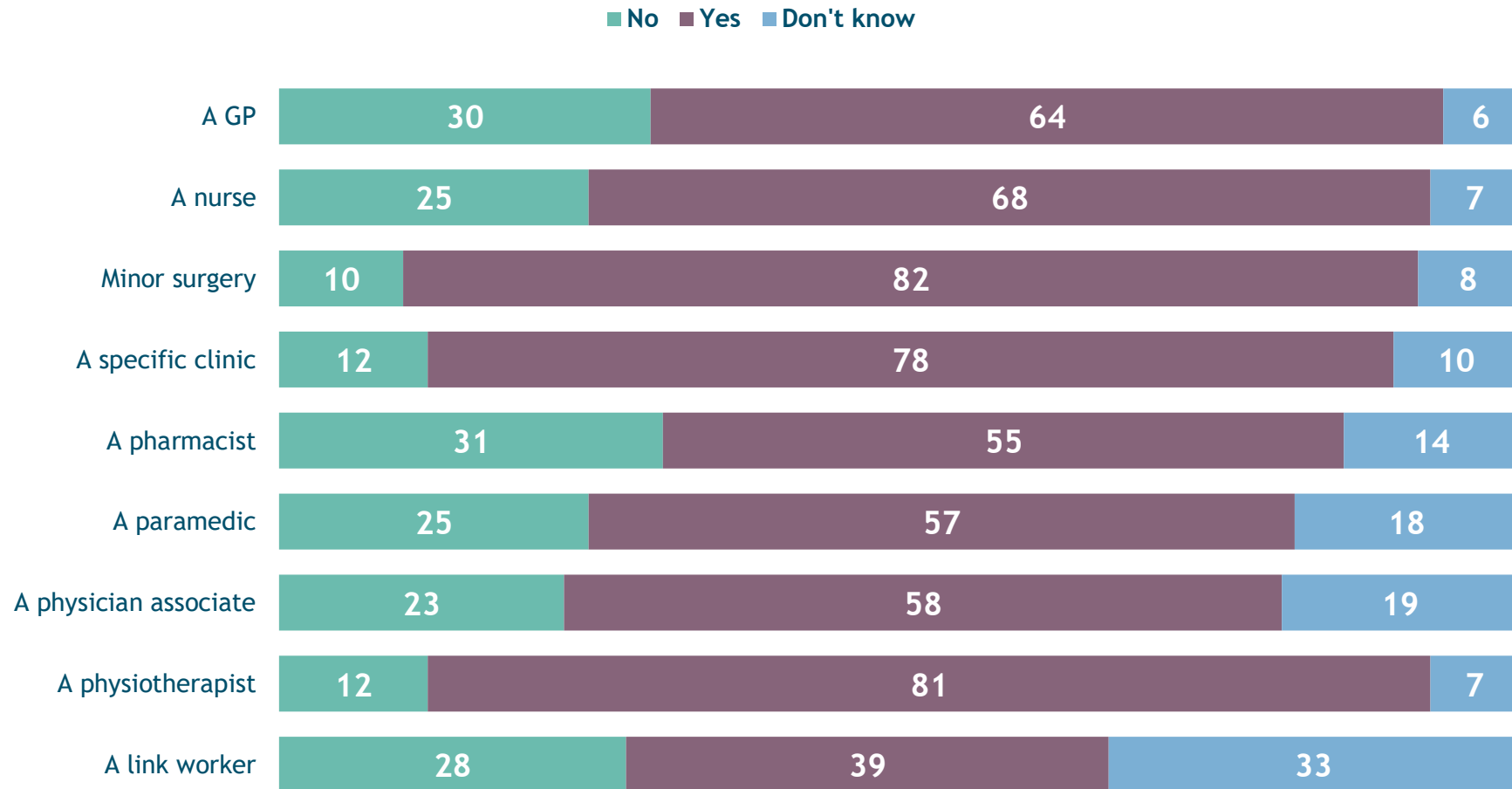
## Question 7

A majority would be willing to travel to another practice for services or treatment. Pharmacist and GP services received the highest number of people who said they would not be willing to travel. This could be down to an expectation that these services should always be local or easily accessed. A third said they didn't know if they would travel to see a link worker, indicating a lack of awareness of the service.

### 7. Would you be willing to travel to another GP surgery in your local area to receive the following service or treatment? % - 'Don't know' excluded



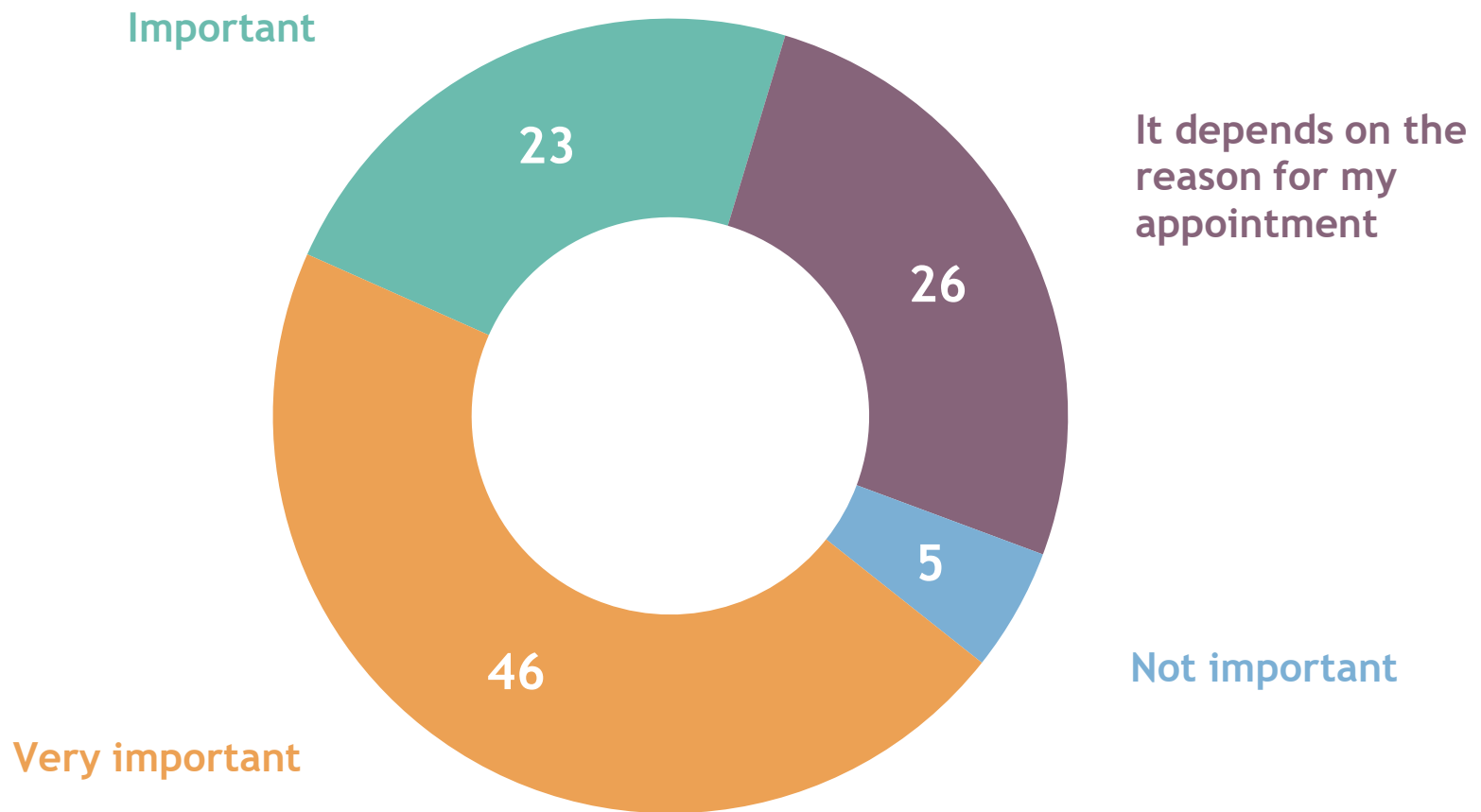
**7. Would you be willing to travel to another GP surgery in your local area to receive the following service or treatment? %**



### Question 8

Over two-thirds thought that it was either important or very important to have some level of personal acquaintance with their doctor, suggesting that continuity of care is a salient issue among patients.

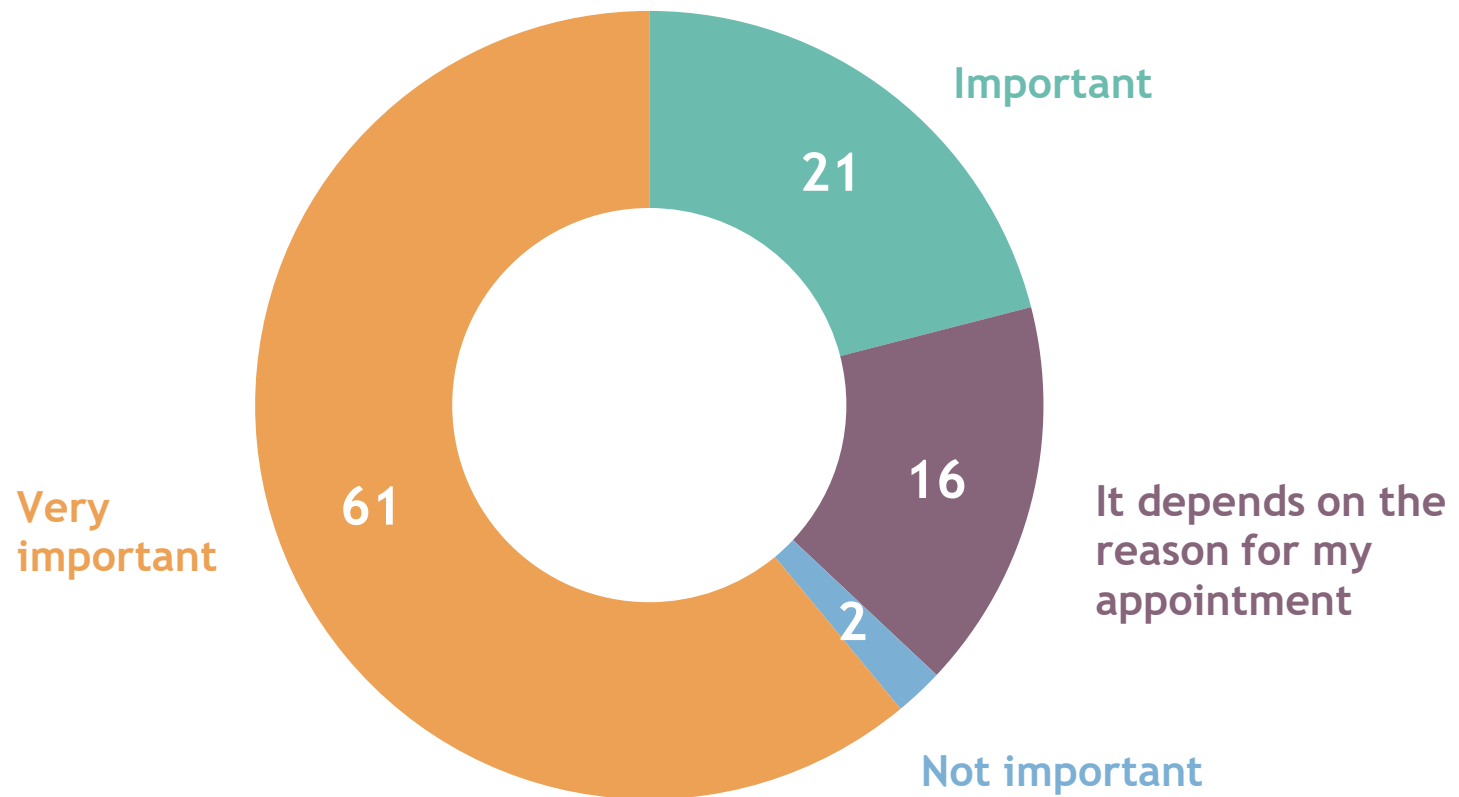
#### 8. How important is it to see a doctor (or other healthcare professional) who knows you? %





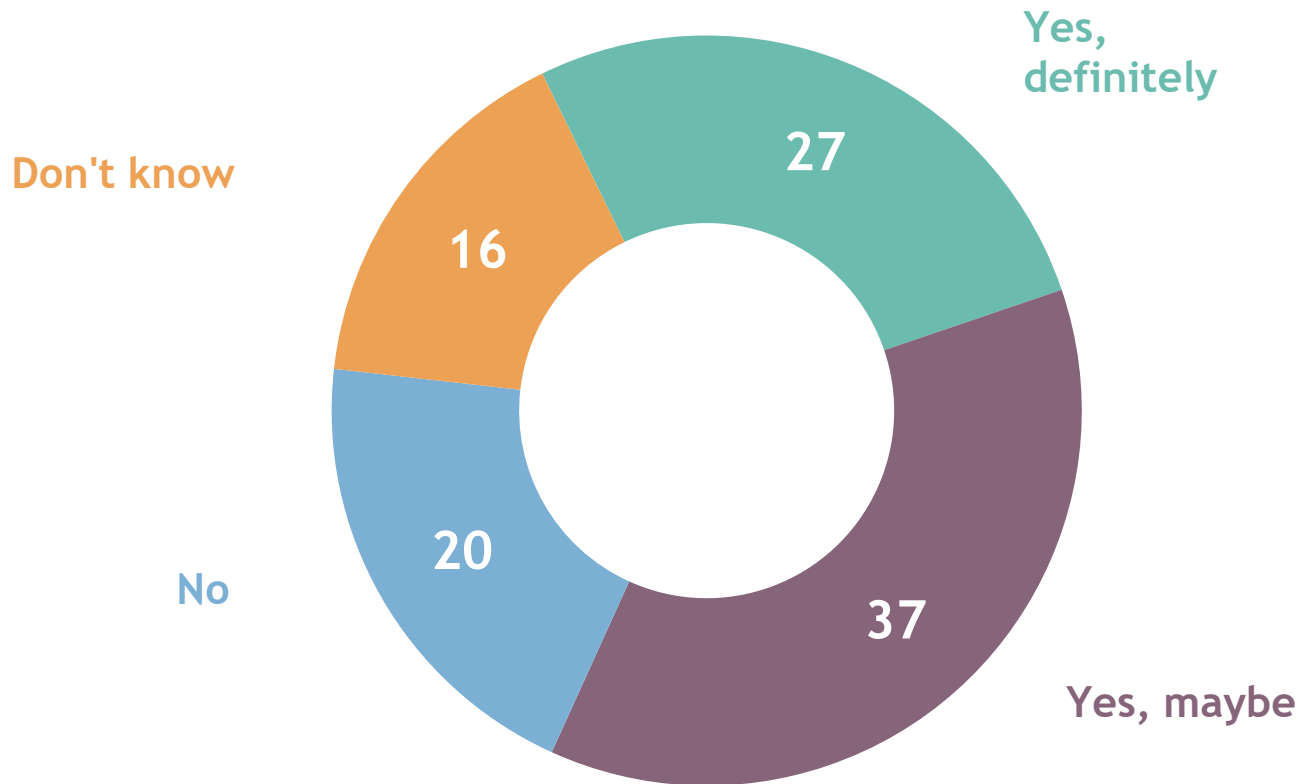
### Question 9

9. How important is it to have a follow-up appointment with the same doctor (or other healthcare professional) about a particular problem? %



## Question 10

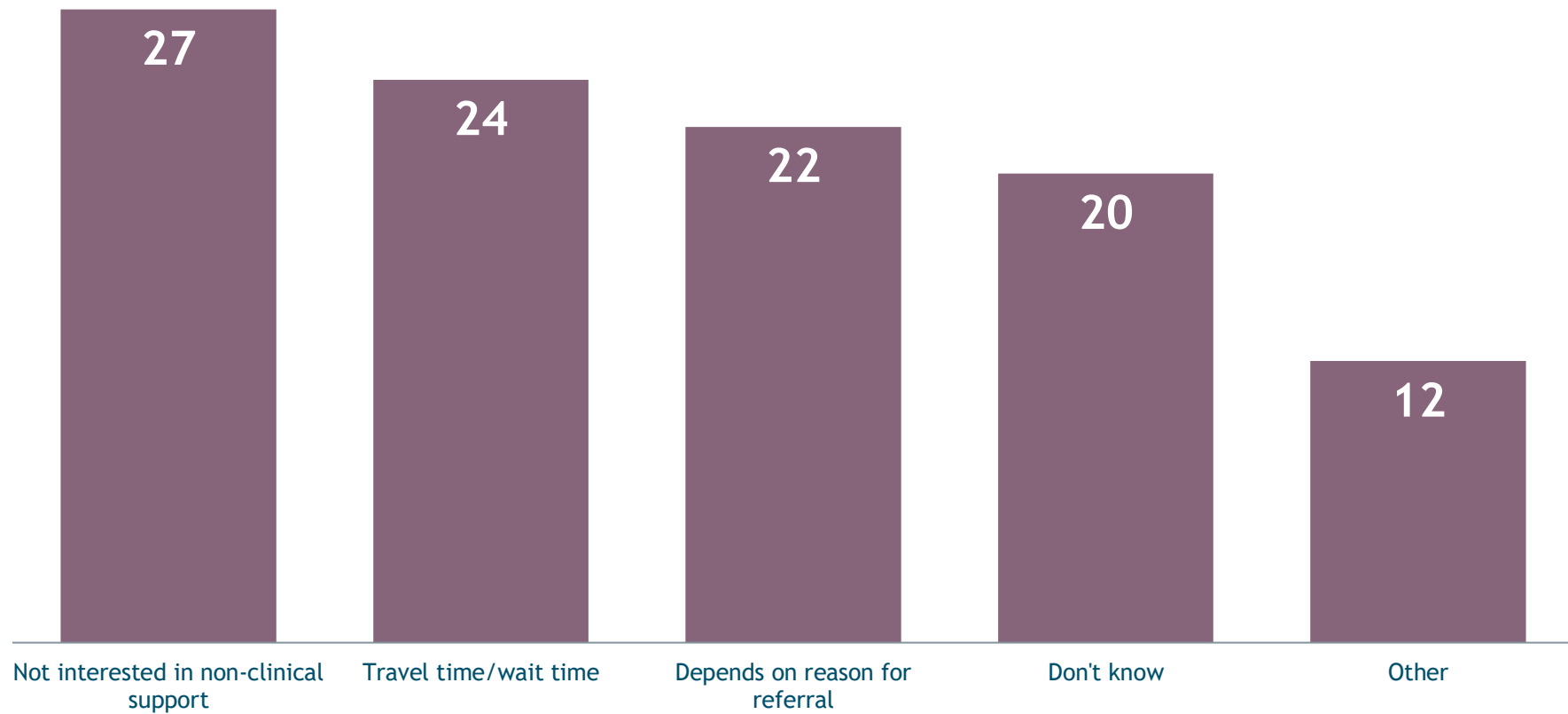
10. Would you be happy to accept a referral to see a link worker (who could help you access non-clinical support e.g. social groups or debt/housing advice etc.)? %



## Question 11

Question 11 was an open-ended question and answers have been grouped to capture the broad themes in responses. Accepting a referral was for many contingent on accessibility and the reason for the referral. There was also resistance to receiving non-clinical support. One-fifth said they didn't know and many commented that they were unsure of what it would involve.

### 11. What would stop you accepting a referral? %



'What would stop you accepting a referral?' A selection of examples showing the breadth of responses below

I can obtain independent advice myself. This service sounds intrusive.

Distance needed to travel.

These changes seem to be about making it so that you can see any tom dick or harry rather than the doctor.

Doctors are for treating the sick not social workers.

Depends on the reason for a referral.

I am unlikely to need however I know many who do.

Would depend on the problem. From experience, group therapy does not work for me.

Unsure of their qualification/level of expertise.

I have no need of such a service - I don't go to a doctor for help in any other matter than medical.

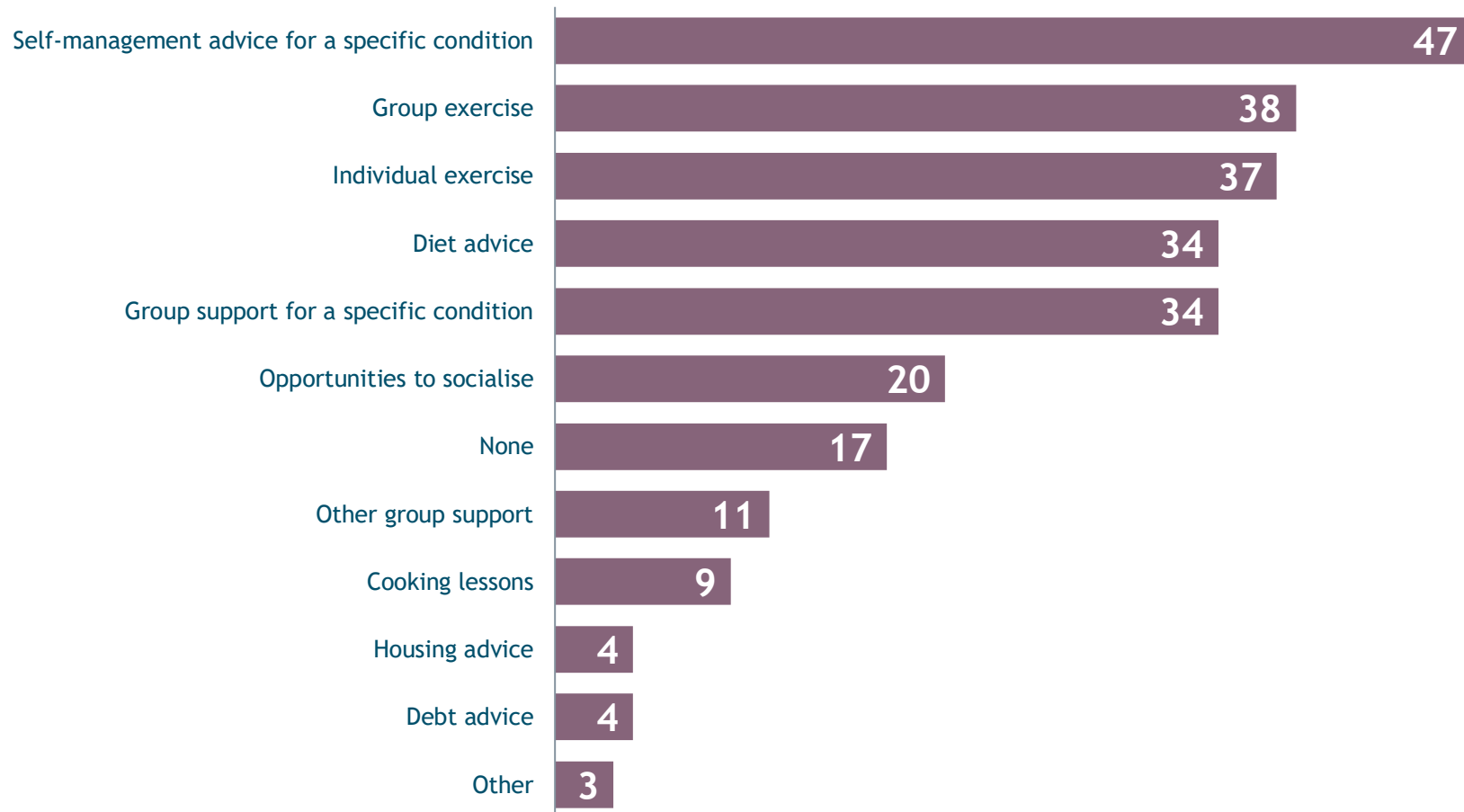
Location - it needs to be easy to reach by bus.

Interference in my way of life and how I live it.

## Question 12

There was strong interest in receiving lifestyle advice/support regarding exercise and diet.

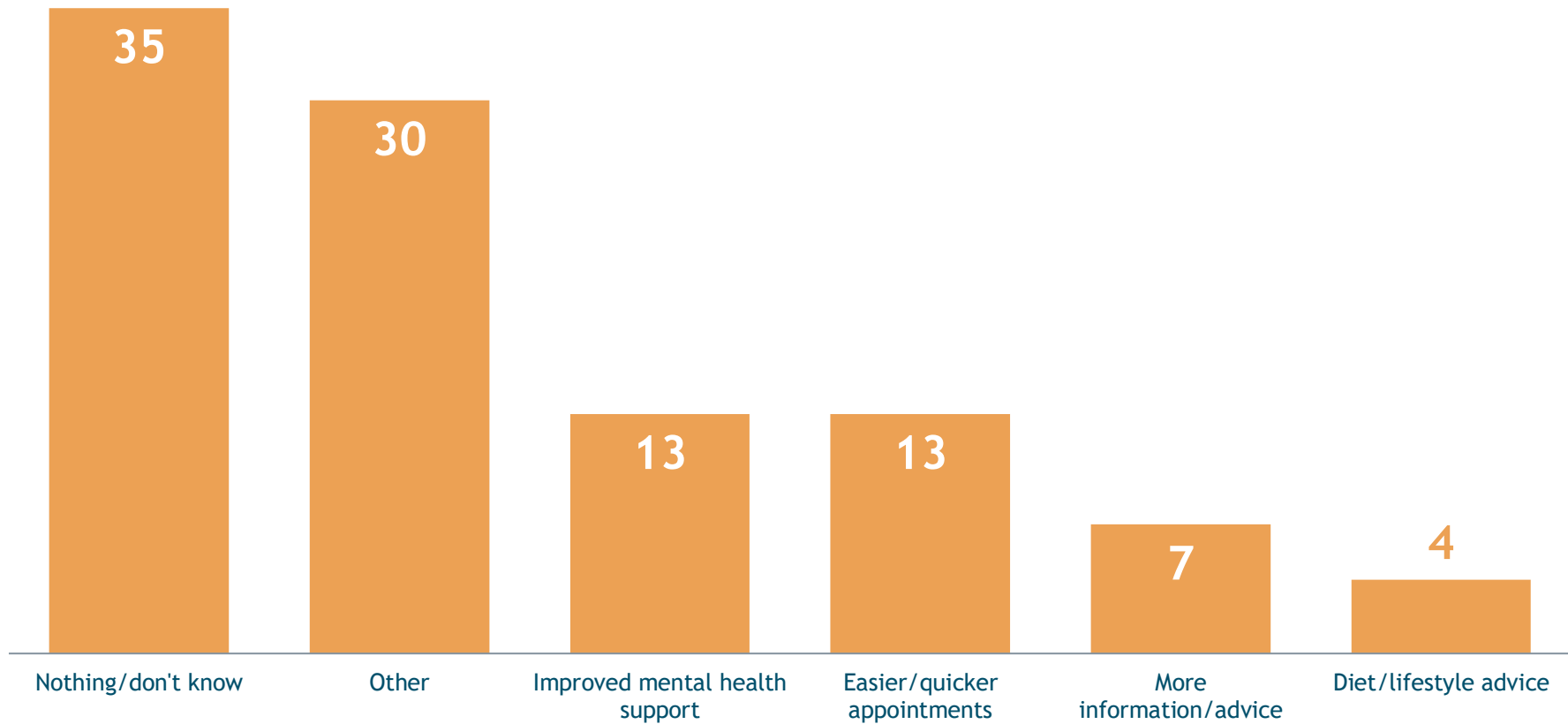
### 12. Which areas of advice/support would you be interested in receiving? %



### Question 13

Question 13 was also an open-ended question. Comments have been themed.

13. Is there anything that could be made available to you that could improve your physical or mental health? %



'Is there anything that could be made available to you that could improve your physical or mental health?' A selection of examples showing the breadth of responses below

yoga and/or meditation and relaxation courses.

To know what is available in the local area e.g. walking groups, social clubs, dates and times for meeting etc.

Clear Meal Plans for healthy eating.

Minor surgery say for warts etc. as my surgery has no facilities for wart treatment.

Better support for family mental health. My wife is a constant user of mental health but nothing works!!

More opportunities to meet other people.

Availability of GP services when needed.

Free gym passes.

Podiatrist/chiroprapist Physiotherapist.

Often people have 'multiple' illnesses and would prefer to see people within the same environment not go from one practice for COPD, one for mental health, one for ?

Less timewasters stopping me from seeing the doctor.

Lessons on how to meditate, distress & stay calm.

Yes... a good dentist - an accountable dentist with high standards of care and hygiene.

'Is there anything that could be made available to you that could improve your physical or mental health?'

More groups for mental health in this area who suffer from anxiety.

Online access to info about medical conditions e.g. diabetes, asthma.

Advice on mobility aids.

Getting a mental health service where you don't have to wait 18 + months to see someone. To generally be listened to and not fobbed off because someone thinks your FAT and does not understand or listen to why that maybe.

Better pair of lungs!

Mindfulness app, talking therapies, expert patient programme for mental health.

A new hobby.

Advice on falls prevention and balance.

Easier access to a range of health care professionals that is not easy to access currently due to heavy demand especially regarding physiotherapy services.

Speeding up hospital referrals and outcomes.

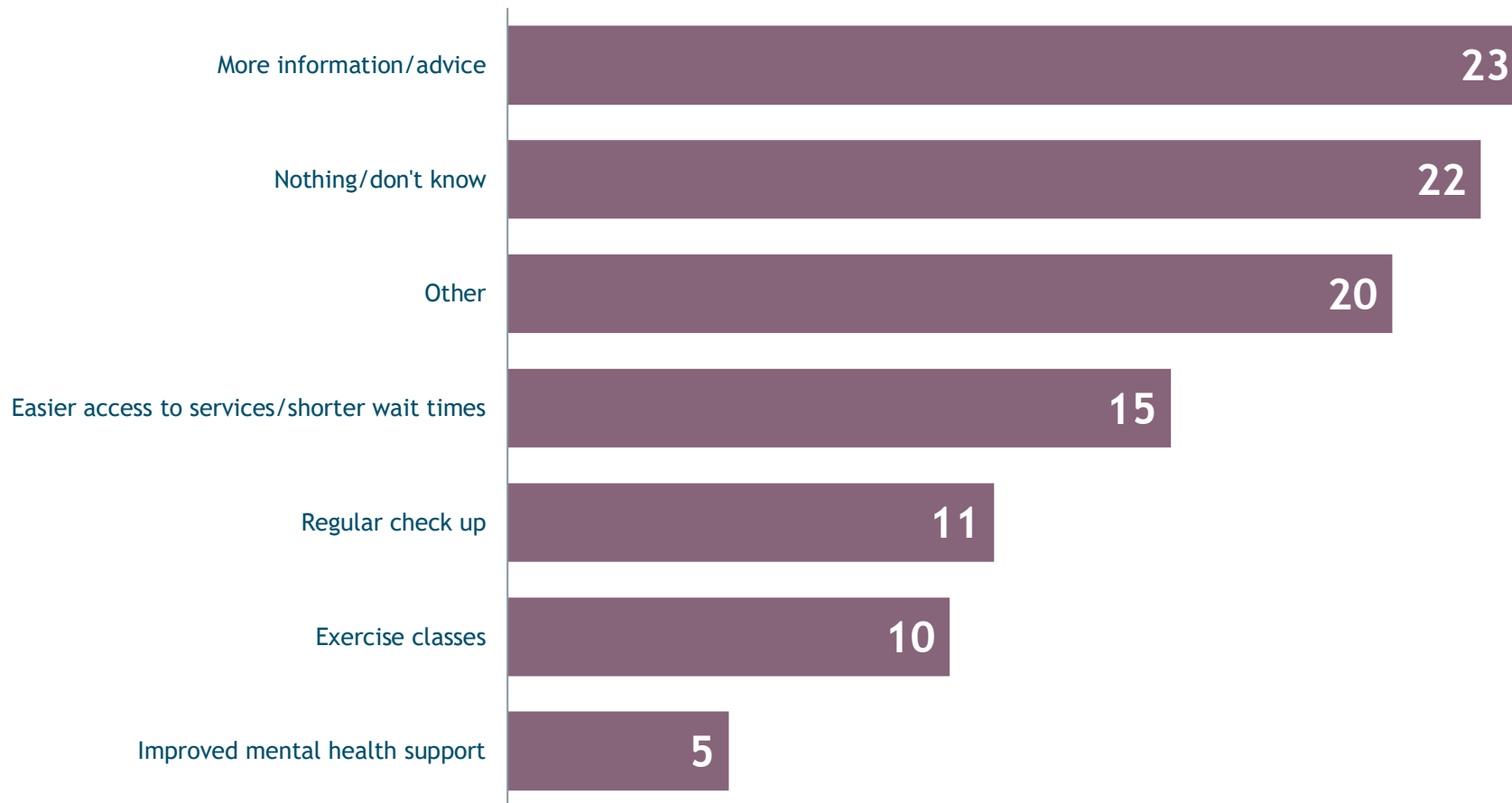
One to one counselling  
More support for carers.



## Question 14

Question 14 was open-ended, too, and answers have been categorised into themes.

### 14. What would you like to be made available to you (service, advice etc.) to help you keep healthy and prevent your health from deteriorating? %



What would you like to be made available to you (service, advice etc.) to help you keep healthy and prevent your health from deteriorating?  
A selection of examples showing the breadth of responses below

Support from professionals who know about my condition - not just told me 'I have looked it up on the internet!' I have very little confidence in their knowledge or experience.

A full range of services fully staffed so that waiting times for specialist services are not so long.

Annual check up.

Clear, trustworthy source of online advice.

Preventative mental health services and self-monitoring of mental health via an app.

Advice as to how I can cope with the health problems I have.

Not another leaflet!

Nurse led sessions e.g. diabetes, COPD and Asthma.

Group support as is available for smokers trying to give up smoking.

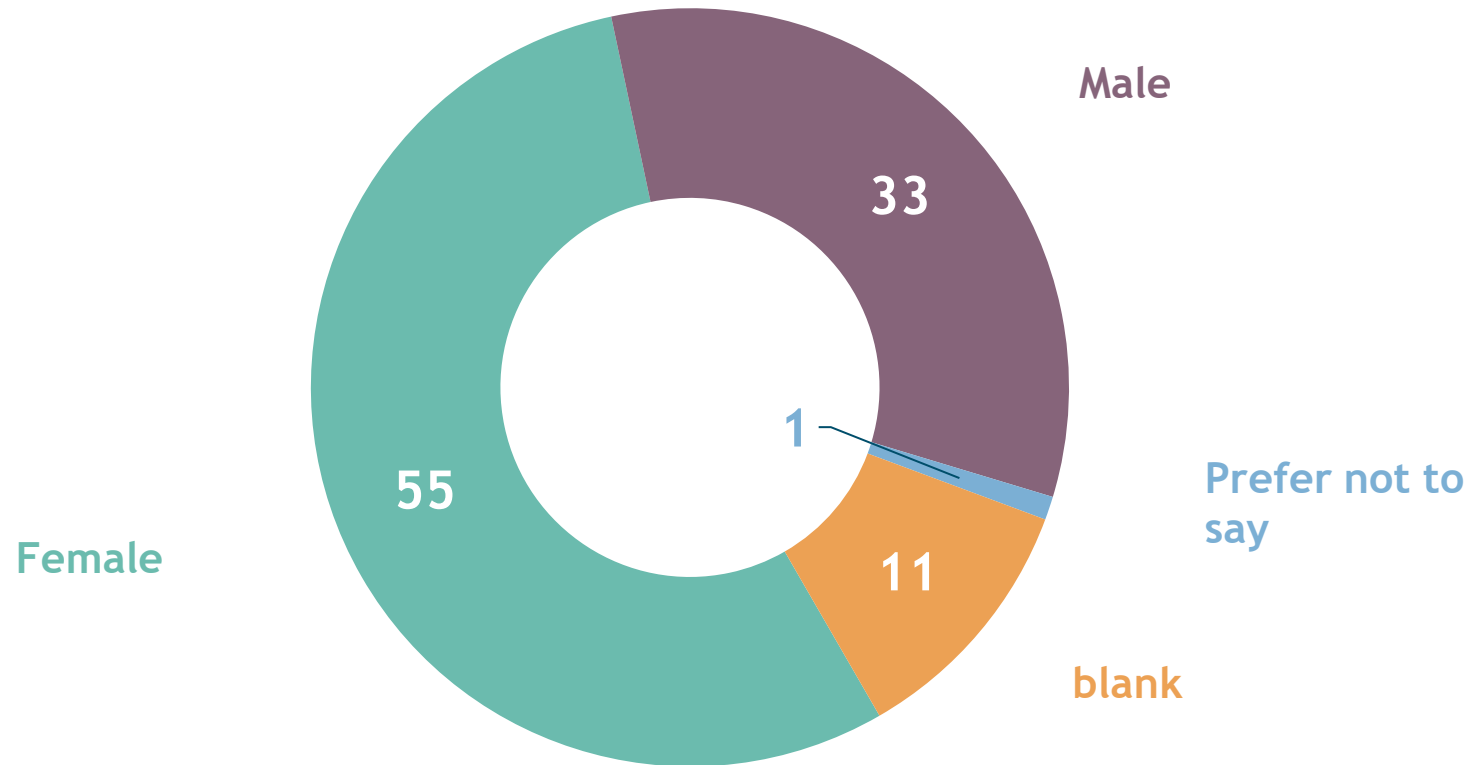
A general hub that would be able to answer all questions ie finance (AA) (PIP) etc which are perhaps related to cancer rather than having to access different societies!

Complementary therapy

### Question 15

The following questions cover the composition of the sample - this should be borne in mind when interpreting the results. The sample skewed toward women.

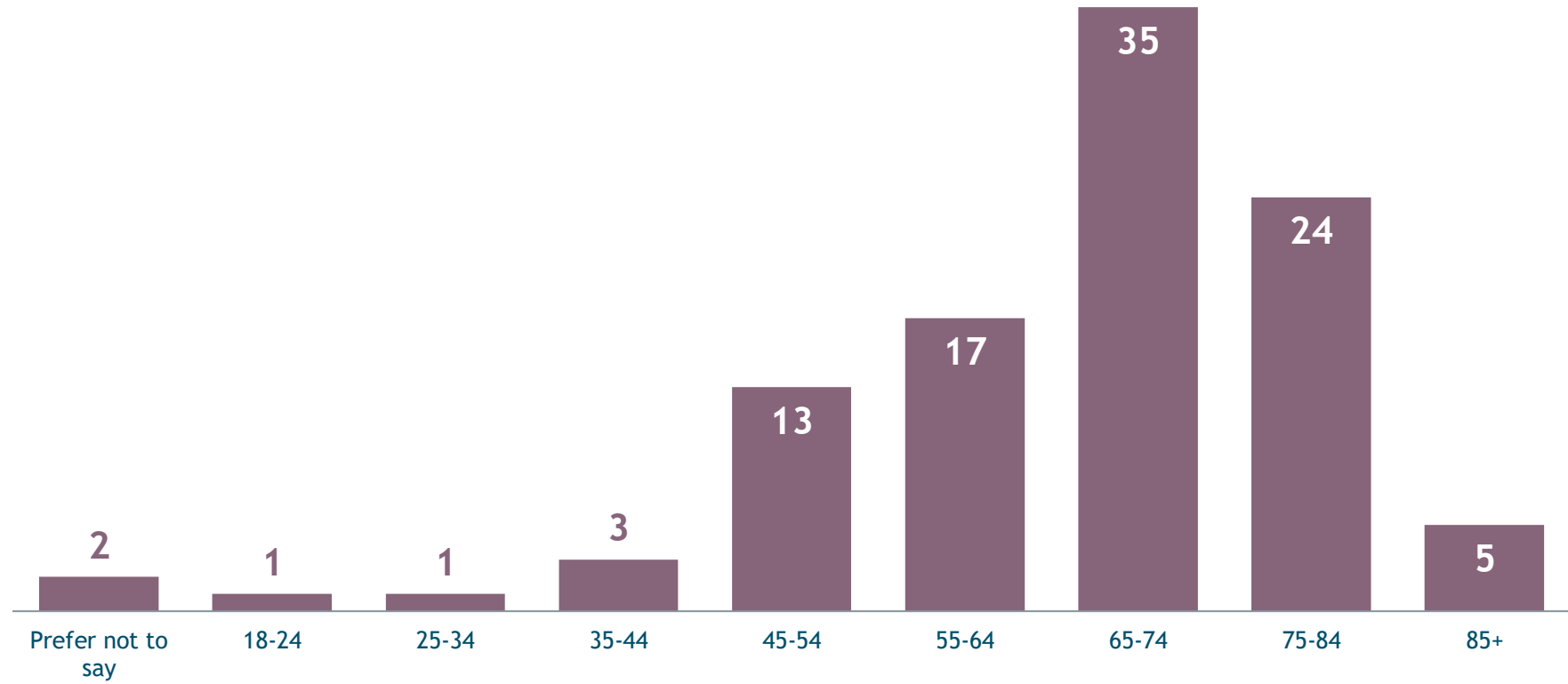
15. Your gender %



## Question 16

The sample skewed heavily toward those aged 65 and older.

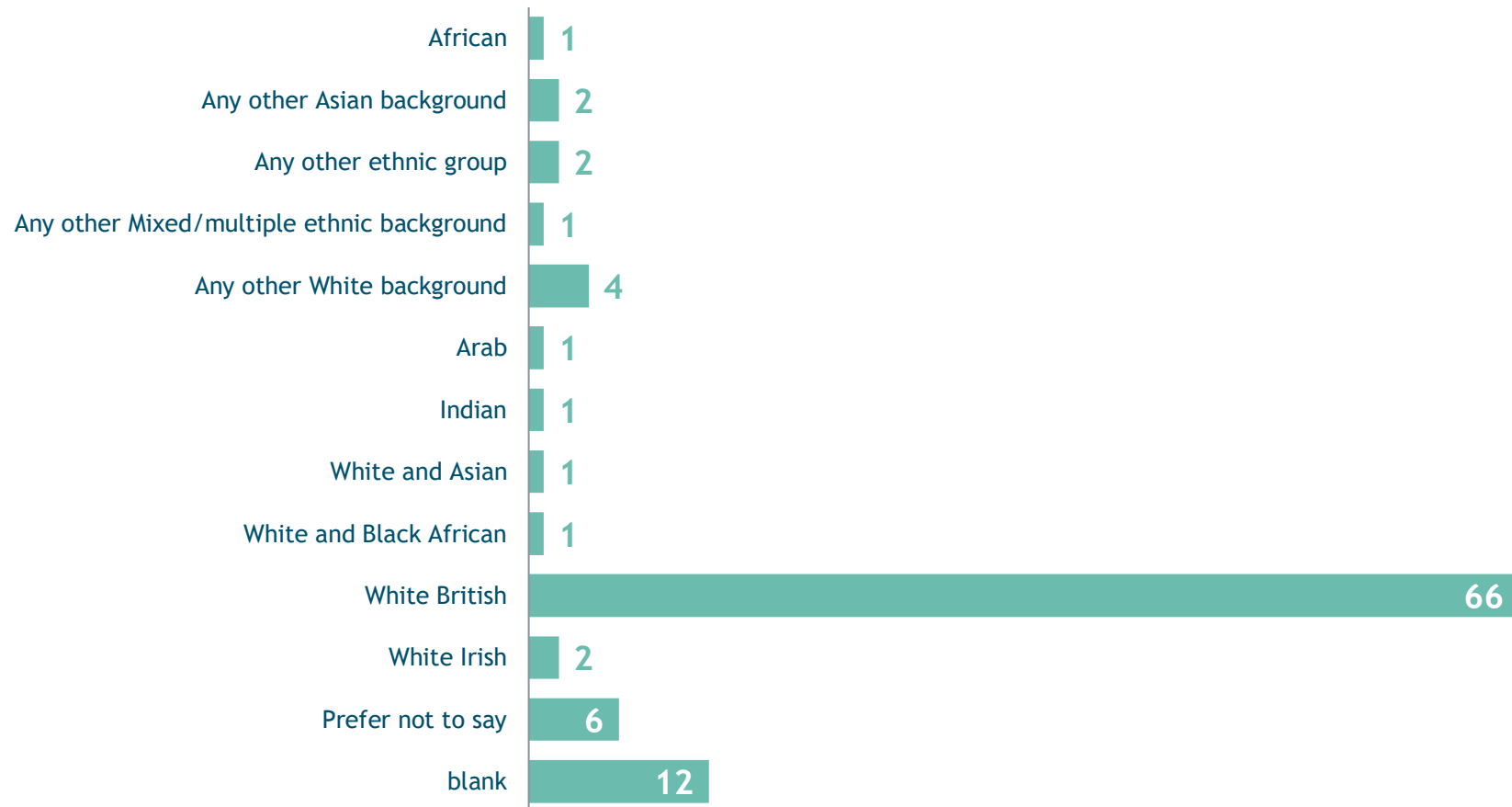
### 16. Your age %



## Question 17

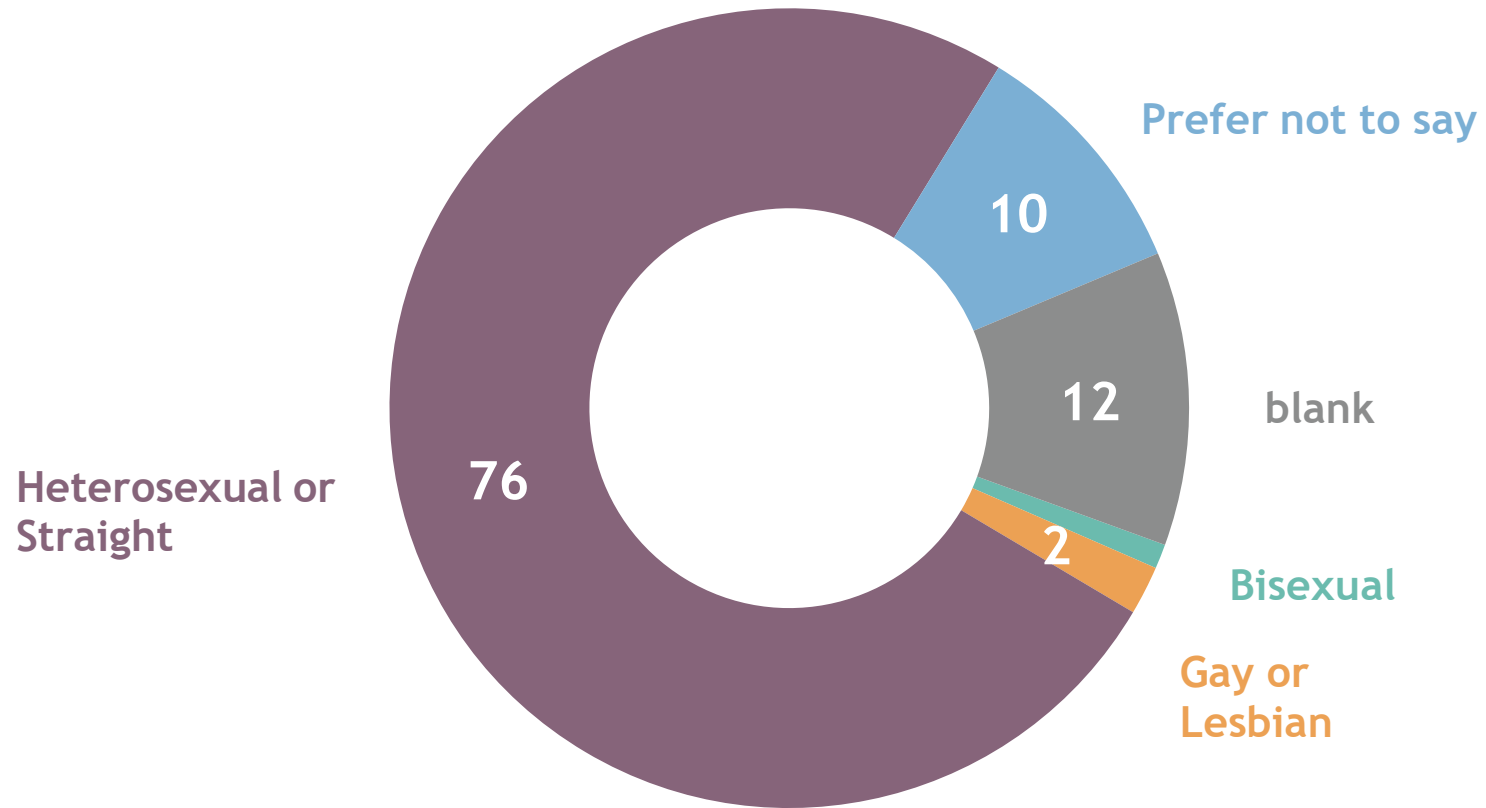
The majority of the sample was White British.

### 17. Your ethnicity %



**Question 18**

18. Your sexual orientation %



## Key Findings

1. Respondents feel they are more likely to request an appointment with a physiotherapist, physician associate or podiatrist than a link worker, occupational therapist or dietician.
2. Over half of respondents (52%) would be willing to use an app to answer questions before contacting a GP, however, 28% stated that they do not use apps.
3. In relation to remote consultations, people would be most happy using the telephone followed by video call.
4. Most people would like to book their appointments by phone, followed by online and in person.
5. 53% of participants in the survey would not be willing to take part in a group appointment with people with a similar condition (once 'don't know' responses have been removed).
6. People would be more willing to travel to another GP surgery for minor surgery, a specific clinic or a physiotherapist than a link worker or pharmacist.
7. 93% of respondents felt it is 'important' or 'very important' to see a doctor who knows them (removing those stating 'it depends on the reason for the appointment').
8. 98% of people stated they felt that it is 'important' or 'very important' to have a follow-up appointment with the same doctor about a particular problem (removing those stating 'it depends on the reason for the appointment').
9. Nearly a third (32%) of respondents would definitely accept a referral to a link worker, followed by 44% stating 'yes, maybe' and the remaining 24 % stating 'no' (removing those stating 'don't know').
10. Accessibility and the reason for referral are the most common reason that would stop someone accepting a referral to a link worker according to the respondents.
11. Self-management and exercise (group and individual) are the areas most commonly selected for advice and support with debt advice, housing advice and cooking classes being least likely.
12. People who completed the survey are predominantly, female, white British, heterosexual and aged between 55-84.

## **Recommendations**

Recommendations and actions will be developed in partnership with key stakeholders following the publication of this report. These include:

- Primary Care Networks (via their Clinical Directors and support staff)
- Primary Care Commissioners
- Sutton GP Services (GP Federation)
- Patient Participation Groups and the Sutton Patient Reference Group

## **Thank You**

We would like to thank all the local residents who completed this survey and all the organisations that promoted completion through their communication channels. We would also like to thank our staff member Simon Foxcroft for the thorough analysis of the data.