



# **General Practice Nursing Report**

Healthwatch; Dudley, Sandwell, Walsall and  
Wolverhampton



# Introduction

Healthwatch are the independent consumer voice for health and social care.

On this occasion the four Healthwatch of the Black Country; Healthwatch Dudley, Healthwatch Sandwell, Healthwatch Walsall and Healthwatch Wolverhampton have been commissioned by Wolverhampton Clinical Commissioning Group (CCG) on behalf of Black Country and West Birmingham Sustainable Transformation Partnership (STP) to carry out work collecting feedback from patients about their knowledge and experiences of using General Practice Nurses. The feedback collected is intended to help inform the decision making of several projects linked into the STP Primary Care Strategy

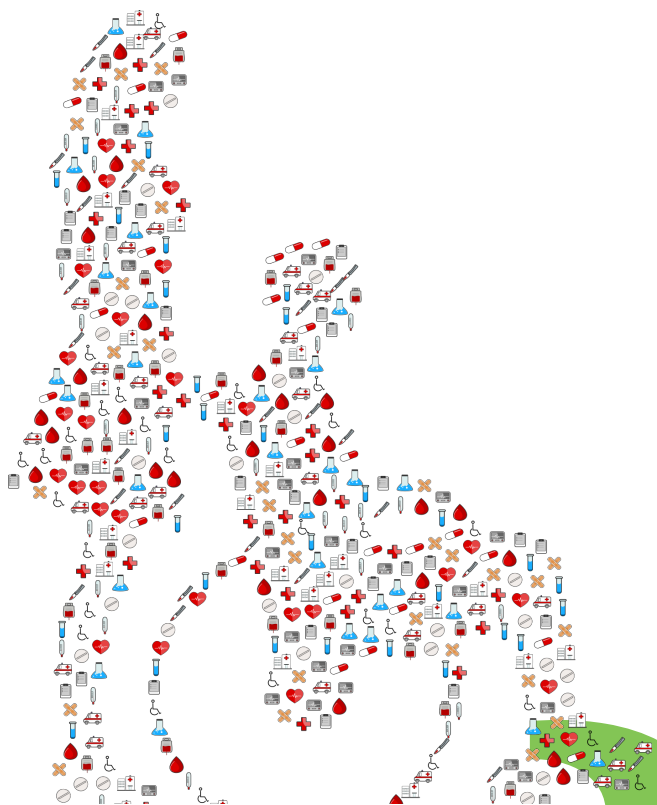
## Methodology

This project was designed to use focus groups in order to allow the participants to expand on their answers and allow a deeper understanding of their experiences of using general practice nurses and their feelings on doing so.

Three focus groups were undertaken in Sandwell, Walsall and Wolverhampton. One focus group was undertaken in Dudley along with six drop ins at GP practices. Healthwatch Dudley also circulated the questions in the form of a survey to the Patient Participation Groups in Dudley. Overall, 220 people were engaged with to give feedback through the various means of engagement across the four Healthwatch areas.

The feedback from the participants was collated into commonly occurring themes, but, as this project uses a more qualitative approach the findings have not been quantified and as such are

not necessarily representative of the whole population. However, the themes do offer and insight into the experiences and feelings of those that participated and are able to offer areas for consideration in the use of General Practice Nurses.



# Key findings

The findings across all the engagement methods were largely similar although there was some feedback that was less prolific but has also been included as it can also offer useful insight for consideration by service providers and commissioners.

The findings have been arranged into themes and these are detailed below.

## Understanding of roles and skills

Participants were able to identify a range of areas that General Practice Nurses were able to assist them with. They identified a number of routine functions that they considered to be areas that the nurses could deliver. These included 'specialist asthma nurses'; 'specialist diabetes nurse' as well as those that do 'the bloods' and 'the jab for the flu'. Others mentioned that nurses carried out health checks such as 'weight checks' or annual health checks.

However, there were some participants who said that they had little or no idea of what a general practice nurse could do for them or what different roles nurses undertook within general practice. One participant commented that 'I am not really aware of the nurses at the practice' whilst another said that they were 'not really aware of what the nurses do here.'

This could sometimes be attributed to participants not being regular users of their GP practice with one participant saying that their 'knowledge [was] limited' and they said that they felt that this was partly because 'I don't normally need to come to the doctors' but there were some instances where they lacked awareness despite having regular contact with their practice.

Those who had long term conditions such as Diabetes, Asthma or COPD often had regular

contact with practice nurses who were nurse specialists and as such had more awareness than others whose only contact with the nurse had been in relation to a health check when they had been called in or for services such as blood tests. One participant commented that they saw a 'nurse regularly for a diabetes check, but [could] can ask them for other things.'

There were comments made about there being inconsistencies between what nurses did between practices and the sizes of nursing teams being variable. This meant that participants often had a general idea of what nurses did but not necessarily the specifics of what was on offer at their practice. For example one participant commented that they were aware of what nurses did because they worked in the health profession but ....

## Appointment preferences

There were a few participants who said that they would only be willing to see a GP for their appointment. For some there was a preference for a GP because as one participant said *'I feel I am the best person to understand my problem and I only see a doctor when I need one.'* However, some said that they would be willing to consider a nurse appointment if they were able to be seen more quickly or they were advised a nurse appointment would be more appropriate.

Asking for an appointment with a doctor was a default for some participants rather than a particular preference and this could sometimes be linked to a lack of understanding of what a general practice nurse was able to offer. One participant commented that they were *'not aware of the practice nurses, just tell receptionists that I want an appointment to see a GP.'* Another commented that they were *'not sure what a nurse does, so first thought is to see a GP.'*

For others their preference for seeing a GP related to the trust relationship that they had with their doctor with one participant agreeing that they had more trust in their doctor although they were unable to say why. Another said that they had built up a trust relationship with their GP and as such they had a preference for seeing that particular practitioner. Or that their lack of awareness of the nurse roles at their practice meant that there was a lack of trust in relation to their knowledge and experience compared to that of the doctor. One participant said that having information that the nurse had been a *'nurse for so m[any] years'*, would enable them to have more trust in them.

For some of those participants, having a better understanding of the skills and training that the nurses at their practice had as well as information on any specialisms they might have could have a positive impact on whether they booked an appointment with a nurse in preference to asking for an appointment with a GP. One participant commented that they *'will go to the nurse first because I was one. I know their capabilities and know they will pass me on to a doctor if required.'* This helps to illustrate how having a greater understanding of the role of the nurse can encourage patients to book with them instead of a GP.

## Availability of appointments

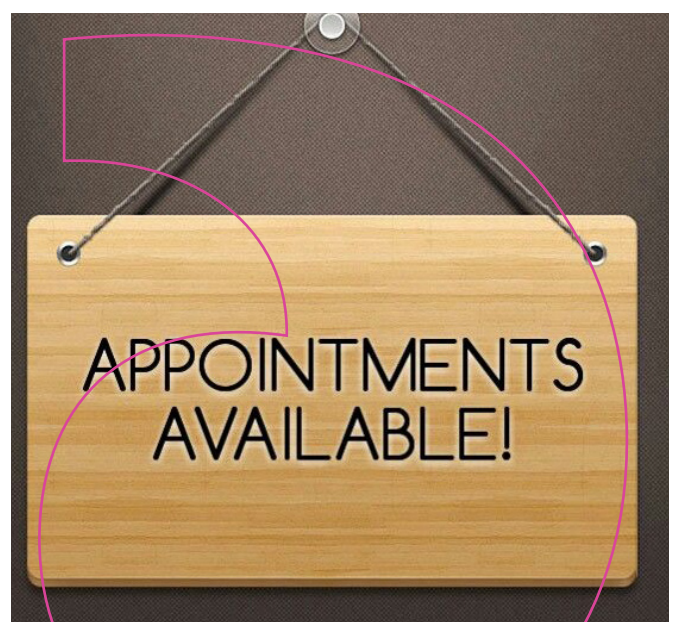
Some participants who said that they were more likely to book an appointment with a nurse rather than a GP said that this was due to the greater availability of appointments with nurses which meant less waiting time. One participant commented that *'sometimes I will see the nurse simply because you can get an appointment with*

*them sooner than waiting to see the GP'* whilst another commented that *'I'll see a practice nurse over a doctor. It'll take two weeks to see a doctor.'*

For some this was enough, but there was a view expressed by a small number of participants that it was a method of circumnavigating waiting times for GP appointments as the nurse would refer them to a GP and they would be seen there and then rather than having to book another appointment.

One participant commented that *'it's good to see a nurse as they can get you in to see a GP quicker.'* However, this was not always possible and one participant commented that they had been referred to the GP by the nurse but that the *'GP is part time and difficult to see.'*

It was not always the case that seeing the nurse meant that it was quicker, with one participant commenting that they had had a *'two week'* wait for a nurse appointment and another commenting that when they had seen a nurse it was a *'student nurse...who did an assessment and then had to check with the GP so took more time than if [I] had just seen the GP.'*



## Benefits of nurse appointments

Some participants did express a preference for seeing a nurse rather than a GP when they needed to visit their practice. Those with long term conditions did so because they had nurse specialists at their practice that were able to help them manage their health conditions. One participant commented that they *'have a personal relationship with the nurse specialist'*. However, there were others who gave a range of reasons for having a preference to see a nurse, in some if not all circumstances.

The length of time that nurses were able to spend with patients in comparison to a GP appointment was cited by some as a reason why they preferred to see a nurse. It was commented that nurses took more time to listen to them with one participant commenting that when they see a nurse they *'feel listened to more than GP'* and another saying *'a nurse has more time for you'*. One participant commented that by seeing a nurse *'you can talk about more than one thing, not like a Dr.'*

Others suggested that the nurses that they saw were more empathetic to them than the GP and that they had better relationship with the nurse as a result. One commented that the *'nurses tend to care more and more compassionate'* There was mention of the perception that nurses were 'not as intimidating' as a Doctor and that they were better able to get along with a nurse as they *'talk at the same level as you.'*

There were a number of participants who said that they preferred to see a nurse for issues relating to female health as the nurse was female and the doctor was male. Whilst for most of these they were related specifically to their practice and the make up of the staffing there, there was one comment that nurses *'tend to be female'* and this was why they would rather see a nurse for

*'women's problems' than a GP'*. In only one case was it mentioned that the participant had ever seen a male nurse. Although it may be the case that nursing staff are predominantly female, it is arguable that care needs to be taken to ensure that roles are not ascribed on the basis of gender and that all nurse roles can be undertaken by any gender.

## Information sharing

When asked what was more likely to encourage them to book an appointment to see a nurse rather than a GP most participants said that having more information about their roles and skills would help them make the decision about who was most appropriate to see. One participant commented that 'if I knew what nurses can do and treat then I can make a more informed decision' whilst another said, 'if I knew more it would help me make the decision when booking.'

They gave a range of ways that they would like information to be shared and nearly all of the suggestions relate to the practice themselves taking responsibility for providing information on the services that the nurses could be provide at their practice.

Generally, suggestions related to having information within the practice itself, such as posters on notice boards saying, 'what nurses do and don't do', staff information on noticeboards or leaflets being available in the practice. However, it is arguable that having just these forms of information would mean that either it would be too late to divert the patient to the nurse as they were already in the waiting room and would also mean that those who rarely use the GP practice would not receive the information.

It was also suggested that information should be provided on the practice website of what was available and with what staff members. One participant commented that *'I don't tend to look at noticeboards'* and another that they would *'look on the surgery website'* for more information.



# Conclusions

## Online booking

Those that used online booking to make appointments told how they were restricted to only being able to book a GP appointment through the system and they saw this as a *'missed opportunity'*. It was also suggested that there should be a *'pop-up'* when booking an appointment online with a GP asking if it might be a better choice to book an appointment with a nurse. Adding nurse appointments to the online booking system combined with a pop-up message could potentially encourage more people to book appointments with a nurse in preference.

## Signposting

When considering what might encourage patients to make appointments with nurses rather than a GP a number of participants suggested that they took advice from the reception staff when they booked their appointment for example one participant told that *'the receptionist signposts me to the practice nurse'* and another said that *'the receptionist guides you according to your need.'*

Others said that they were not advised by the reception staff on who it would be best to see, whether they were asked why they needed an appointment or not. Some of those said that they *'would be happy to see a nurse if it was appropriate and triaged by the receptionist.'*

It was suggested by one participant that *'the receptionist is the best person to raise awareness of the practice nurses and when it is appropriate to see them.'*

Although most of the participants in the project said that they were happy to be asked why they wanted to see Dr and to be signposted to a nurse appointment by reception staff if that was more appropriate it is not always the case that patients are happy to be asked at the point of booking an appointment. However, signposting by reception staff is an opportunity to ensure that more people are using the general practice nurse service rather than a GP when patients are willing to accept the advice from reception staff.



The engagement around the understanding of the roles and use of general practice nurses provided similar themes from across the groups. Although some participants had good knowledge of the roles of practice nurses many did not, and the lack of knowledge meant there was possible under use of nurse appointments. Having more information on the roles and skills of nurses would help some patients to decide whether to book an appointment with a nurse instead of a GP.

The availability of appointments to see a nurse as opposed to waiting for a GP appointment was seen as one of the positive reasons for booking appointments with a nurse, along with the perception that nurses had more empathy than doctors and had more time for patients.

A number of participants felt that they were more likely to make an appointment to see a nurse for female related issues as there was a perception that practice nurses were generally female as opposed to GPs being more predominantly male. The perception of nurse and doctor roles being gender specific whilst helpful to encourage some patients to make nurse appointments can also mean that male patients could be less likely to consider making a nurse appointment.

Whilst there was general agreement that having more information on the roles and skills of nurses would help to encourage more patients to make appointments with nurses, there was not a single suggestion of ways that that information could be made more widely available. However, it was the case that it was seen as the responsibility of the practices to make patients aware of the roles of their nurses.

It was seen as a missed opportunity, that online booking did not signpost patients to nurse appointments or allow them to book nurse appointments online. Development of this alongside any other information on websites or in practice waiting rooms provides an opportunity to improve take up of nurse appointments.

However, the keyway that take up of nurse appointments could be improved could be through signposting by reception staff as part of a triage process when appointments are booked. Whilst this is used in some practices it was not the case for all of the participants in the engagement, but that approach was widely supported by those that took part.

## Recommendations

- 1. Provide more information on nurse services;** It was commented that participants were not always aware of what services were available through the nurses at their practice. As there is variation between practices on the number of nurses and what they are able to provide, it is recommended that this information should be provided by the individual practices to reflect their particular circumstances.
- 2. Information on the knowledge and skills of individual nurses;** For some of the participants lacking information on the particular skills and training that the nurses had at their particular practice had meant that they were reluctant to book an appointment with them rather than a GP. It is recommended that information is provided on the skills and training of individual nursing staff at practices, including specialist areas of interest to provide additional signposting for patients.
- 3. Forms of information sharing;** Participants gave suggestions of how they would like to receive information on nursing staff at their practice and what services they offer. Participants predominantly suggested that information should be made available in their practice waiting rooms on notice boards or leaflets at reception to take away with them. Information on websites was also suggested as a means to provide information. Therefore, it is recommended that practices consider how to provide information that will reach the widest range of their patients including those who do not use the internet, and those who are not regular visitors to the surgery.
- 4. Online booking;** Some participants said that they booked appointments using the online booking service at their practice. When using this they were unable to book appointments with practitioners other than a GP. Therefore, it is recommended that to potentially improve the numbers booking appointments with nurses, their appointments should also be included on the online booking system. It was also suggested that when booking online there should be built in messaging to signpost to nurse appointments rather than GP appointments where appropriate.
- 5. Signposting and active promotion of nurse services by reception staff;** Participants largely suggested that they would book in to see a nurse if they were signposted by reception at the point where they were requesting an appointment. Therefore, it is recommended that reception staff are utilised to signpost patients booking appointments to nurse appointments where these are more appropriate.



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