

Primary Care Survey Report

2020/21



01 Contents

01 About us	page 3
02 Introduction	page 4
03 What did we do?	page 6
Primary Care Team	
Methodology	
04 What we found	page 9
05 Themes	page 14
Peoples experiences	
Alternative Care	
Poor Communication	
06 Stoke-on-Trent GP Mini call out	page 19
07 Staffordshire GP Mini call out	page 23
08 Key findings	page 27
09 Recommendations	page 28
10 System Response	page 30
11 Way forward	page 31
12 Contact Us	page 32



01 About us

*H*ealthwatch Stoke-on-Trent and Healthwatch Staffordshire are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make health and social care better for people.



02 Introduction



THE PROPOSAL

The primary care access and public experience of the pathway project (agreed before COVID-19) will target health and social care users who regularly utilise primary care services. This will entail prioritising and collecting public feedback experiences around primary care services, to ensure that we provide a voice and platform for all service users to be heard and considered in the planning and delivery of primary care services.

THE COVID 19 PANDEMIC

Now, more than ever, it is important that Healthwatch Stoke-on-Trent and Healthwatch Staffordshire provide and ensure that there are a growing number of opportunities for primary care service users in Stoke-on-Trent and Staffordshire, to have a platform to have their voice heard and considered within the health and social care system. This will ensure primary care services rebuild and reset in line with public recommendations. Furthermore, our collective strategy of capturing public experience will help to develop inclusive participation and enable people to feel more involved with the services they use.

02 Introduction

With the arrival of Covid-19 and the subsequent worldwide pandemic, health services have had to quickly adapt to Digital Technology beginning the start of a 'new normal'.

Due to the necessary restrictions which are keeping people apart and others, self-isolating in their homes, health care is moving towards a Digital-First Approach.

Chapter 5 which includes Digital and Technology – sets out a vision for the future of healthcare supported by high quality digital, data and technology through the lenses of individuals, frontline staff, health and care systems and research and industry.

Over the next ten years, they will result in an NHS where digital access to services is widespread.

- Where patients and their carers can better manage their health and condition.
- Where clinicians can access and interact with patient records and care plans wherever they are.
- With ready access to decision support and AI, and without the administrative hassle of today.

NHS Long term plan 2018



**Every patient
will have access
to digital online
services by
2023/24.**

03 What did we do?

Healthwatch Staffordshire and Healthwatch Stoke-on-Trent devised a joint Primary Care Services survey during the Covid-19 pandemic for all residents of Staffordshire and Stoke on Trent.

The survey asks members of the public about their experiences of accessing primary care services in Staffordshire and Stoke-on-Trent. Moreover, there is also a focus on waiting times, satisfaction of treatment and care and opportunity to engage with a relevant health professional.

Respondents were asked to share feedback about their consultations and how their consultation was held, either by telephone, video, home visit or face to face.

This was shared on our social media channels, Staffordshire and Stoke-on-Trent's websites and was shared during virtual community meetings.

This Primary Care Survey Report is taken using the data from all three surveys for which we received **299** responses.

"The experience does not replace a face to face meeting. One cannot see to whom one is speaking, see expressions or body language. This of course goes for the Doctor too. I was certainly on the phone for at least five minutes and probably longer, so I am not sure that telephone consultations do save time." and that "they are a useful tool but I hope and have heard that it is under consideration, that it will never replace a one to one consultation or a home visit when necessary."



Primary Care team

03

We wanted to hear experiences from people that included all services under Primary Care including Dental Care, Podiatry, Dietician, Care Co-ordination and Health and Wellbeing Teams.



Pharmacy



Child Services



Homecare

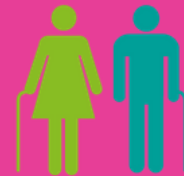
WAITING ROOM



Practice Nurse



Social Prescriber



Physiotherapy



Mental Health



Maternity



GP Services

How did we gather feedback?

Our surveys were published across Staffordshire and Stoke-on-Trent and were open to anyone who wished to complete our survey.

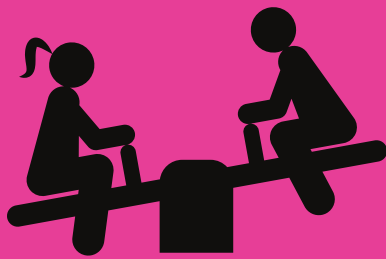
The survey consisted of 14 questions focused on the key themes highlighted in the mini call-outs undertaken in September- December 2020 where people had told us about significant problems with the services since Covid-19 began.

- A survey across media channels and website
- Partner organisations
- Press releases
- Bulletins
- Word of mouth
- Shared in Social Media groups
- Virtual Meetings



What we found

04



Our main survey received the biggest response from women at 71.7%
This was followed by men at 27.7%

As our mini call outs to residents had also highlighted difficulties in Primary Care that became serious we asked people to share if they had a pre-existing medical condition.

39.5% of people did not have a long-standing or pre-existing condition.

Those who identified as having pre-existing/long-standing conditions ranged from physical conditions, long-standing conditions (cancer, heart disease etc, mental health, and a vision or hearing impairment).

0.5% preferred not to state their gender.

People of the 65 and upwards age bracket made up 46.4% of responses whilst 45-64-year-olds were next with 41.5%

93.6% identified as White British.

4% of respondents identified as British Asian-Indian / Pakistani / Mixed White/Asian.

4% of respondents preferred not to say.

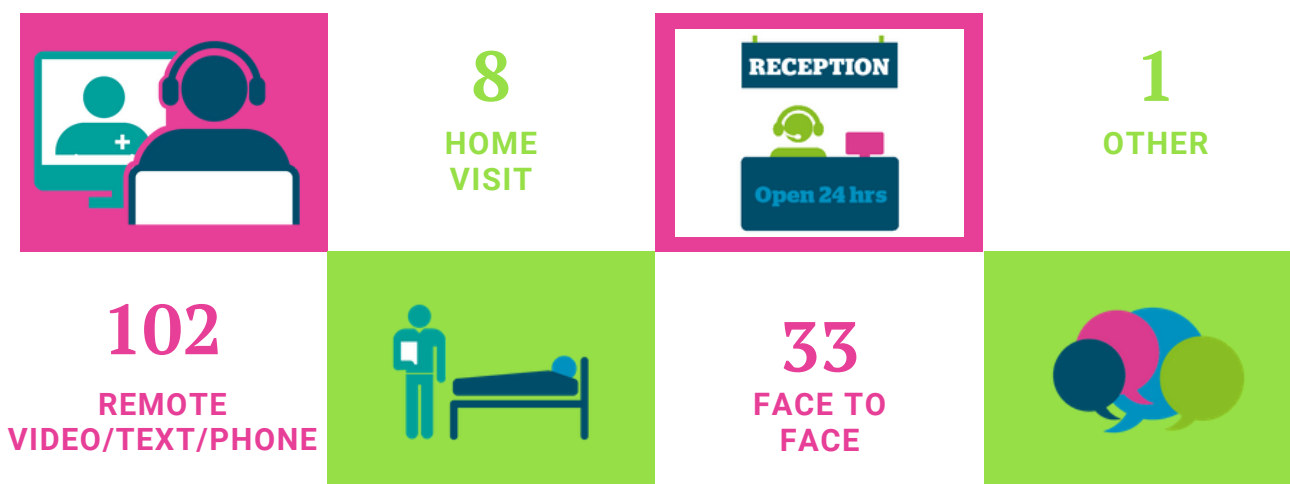


What we found

04

We asked people how their appointment with their Primary Care service was conducted. GP surgeries were conducting a triage service which was usually screened by the receptionist at the practice.

Dental patients faced more difficulty as many practices were closed except for emergencies and were unable to use any aerosol products.



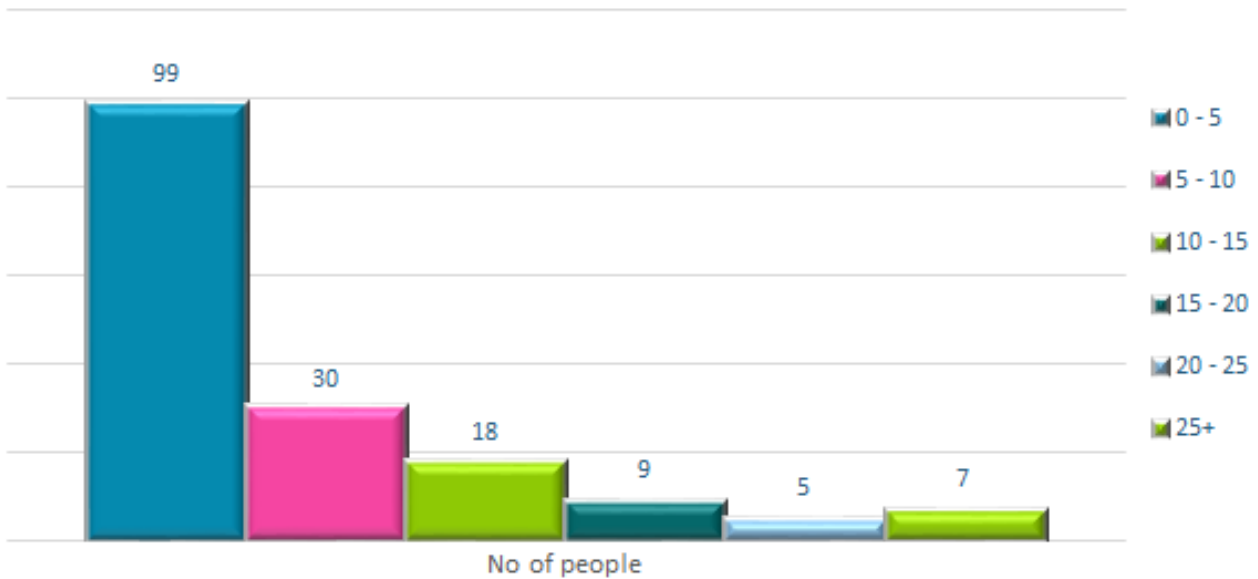
Hospitals were closed except for emergencies, maternity and urgent care and they were also conducting a triage service. As relatives, partners, friends were unable to come in we asked people how they coped attending for care.

None of our respondents had attended maternity services although some attended paediatric care.

What we found

04

How many times people tried to book appointment



Patients were faced with a completely different way of accessing their GP during Covid-19.

Appointments were suddenly virtual or by telephone consultation.

71% of our residents were only offered telephone or video appointments and only 1 resident received a home visit from their GP.

"Had to wait a week before any more telephone appointments available and then told it would be 3-4 weeks before I could book"

04 What we found

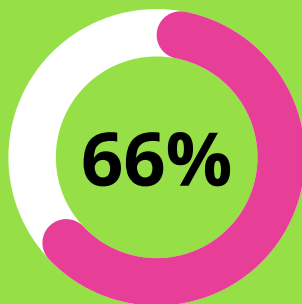
We asked people which Primary Care service they wanted to use at the time.



65.4% wished to see their GP whilst **13.7%** asked for an appointment with the Practice Nurse.

8.8% requested to see a Dentist and **5.5%** asked to see the surgeries Advanced Nurse Practitioner.

2.7% of respondents asked for an appointment with a Pharmacist and **2.7%** accessed the Phlebotomy services.



Were able to see the Primary Care professional they wished to see.

What we found

04

Many reports that have been published stated that people were scared of accessing hospitals and NHS care. We wanted to know if this was the same for Primary Care and for our Staffordshire residents.

GP services was understandably the highest accessed Primary Care Service with 65% of people wanting to see their GP.

41% of people said that Covid-19 had stopped them from accessing services.

59% of our respondents did not stop accessing their GP or Primary Care services because of the Covid-19 pandemic.

25

PEOPLE
EXPERIENCED
DIFFICULTY WITH
DIGITAL
APPOINTMENTS

05 Themes

Peoples experiences

11% of respondents stated that they needed support to access their appointment with the Primary Care Team.

These were issues that initially no one was prepared for. The main issues around digital appointments were from people with hearing loss.

"I can't lip read with them wearing a face mask. I cannot use a telephone due to my hearing loss".



"English is my second language and I do not have a smartphone to send a photo like they asked".

People also said they had difficulties due to language barriers, people with learning difficulties and problems describing their symptoms instead of being able to show various symptoms.

People were very frustrated with the issue of booking an appointment.

25 people could not get appointments due to not being able to get through on the telephone or were told there were no appointments by the reception team.

Alternative Care.

61% of respondents were not offered any alternative care if they could not access an appointment.

43% of people who were not offered alternatives to their original appointment could only reach an answer machine message which they found useless.

"No, asked to wait till they rang me.... never happened".

"Just went round in circles, gave up in the end".

"The one recorded message tells you to go online which the web site is a nightmare so gave up".

"Could not even get through to the practice... The recorded message simply kept putting you in a queue that takes up to an hour".

57% of people were not kept up to date with delays in appointments during Covid-19 and were not contacted by their surgery or hospital to explain the situation.

Those that were offered alternative care were given appointments with other members of the Primary Care Team within the surgery utilising mainly the Practice Nurse or the Nurse Practitioner.

1 patient was referred to A&E

2 people were told to call 111



"Cannot get through lines permanently engaged"

Poor Communication

People told us that they were not kept up to date with important changes due to the Covid Pandemic and looked to various sources of information to find out the information they were looking for.

21% said that their main source of information actually came from their GP practice whether through reception staff, verbally during appointments or via their practice website.

16% received text messages or telephone calls informing them of changes to appointments.

8% used social media to access information whilst 7% turned to NHS websites.

The lowest medium people looked for information was actually via radio.

People sought different mediums to keep themselves updated on Primary Care changes.

05 Themes



Poor Communication

43% of people were contacted to explain delays or changes with their appointments. They were contacted either by phone, text message, letter or email:

- Phone - 11
- Text - 6
- Letter - 5
- Email - 3
- 3 people were contacted by multiple sources.

"Hospital said no chance of seeing anyone at the hospital. This message was sent by a letter from the hospital itself".

"Receptionist would pass info provided to correct Dr or nurse who always responded within the hour".

"Text appointment times for biopsies".

"Telephone by Drs, I have had letters from the hospital informing me of cancelled appts".



06

GP Mini Call Outs

Healthwatch Staffordshire and Healthwatch Stoke-on-Trent developed a mini call out for residents to share feedback on Primary Care during Covid-19.¹ Each Healthwatch promoted the mini call out in their respective geographical areas through Social Media and their website.

We wanted to find out if the respondents were satisfied with their consultation, did they have a positive or negative experience? Were they able to access the appointment and were they satisfied that their appointment had met their needs?

People shared both positive and negative stories therefore we decided to look further into patients experiences during the Covid-19 pandemic.

Over 70% of people in Stoke-on-Trent had a negative experience with their GP surgery.

A small percentage of people had mixed feedback with positive and negative experiences.



1 <https://www.healthwatchstokeontrent.co.uk/our-work/projectreports/>

06

Stoke-on-Trent

GP call out

16% of respondents reported a range of difficulties obtaining a repeat or new prescription from their GP surgery.

Alongside the increased difficulty when booking appointments, the experience of obtaining a prescription has left many patients without correct medication for long periods of time causing anxiety and frustration.

The impact meant that patients were forced to use other services for support.

They visited their local A&E department, NHS 111 or the local walk-in centre.

People told us of trying to call the surgery over 300 times and waiting months just to get through to book an appointment.

This resulted in many people giving up after trying for such a long period of time.

The impact of not being able to get an appointment meant people were left in pain, with conditions that needed medical attention and carers struggling to look after family members. Many people turned to A&E in desperation increasing the strain on emergency services.

“The whole GP situation has been a joke, my 12-year-old daughter is on medication, and we have struggled to get prescriptions with the GP, to the point we have now had to get the hospital to start prescribing it again.

Without that medication we have severe issues with her mental health, due to her not being able to sleep without it.”

06

Stoke-on-Trent

35% of people reported problems contacting their GP surgery for an appointment.

"a few weeks ago, felt really ill, phoned Doctors, was told they would Ring me, NEVER HAPPENED, ended up going in Ambulance to A&E, for an emergency appointment, Hospital could not believe the Doc's never got back or saw me, sadly the Doctors are leaving all the work to the Girls at the Desk, this must Change before someone dies".

People told us they were struggling with the care they received from the doctor.

Many felt their GPs were uncaring or not interested in them individually and tried to get the appointment over with as quickly as possible. People understood there was a pandemic that was impacting on their care from GP practices but felt the process could be improved.

Other feedback showed people were seeing a change in the excellent care they had previously received by their own Doctor.

"I split up with my long-term partner. I'm diagnosed with depression anyway; I went to the doctors as my symptoms had worsened. I was having suicidal thoughts and being sent home from work because I could not physically stop crying. The doctor I saw laughed and asked me if my partner had left me for another woman".

People told us they have been left frustrated by the poor communication they have with their GP surgery. Despite the fact, many were calling for appointments 100's of times if they did get an answer they faced rigorous questioning by GP receptionists.

Positive experiences



7 people told us that the care they received during the Covid-19 pandemic was extremely positive.

People told us they were treated well and received the treatment they needed.

Prescriptions were given in a timely manner with no barriers around collecting them or waiting an unreasonable amount of time for them to be dispensed.

Chronic and long-term conditions were managed by both nurses and doctors and people felt secure and full Covid-19 guidelines were being carried out in a safe environment.

The response to communication changes due to the pandemic did invoke some positive responses from people.

"I have accessed my GP many times over the past few months. I find the phone call system more accessible than trying to get an appointment. Repeat prescriptions have gone through OK. even better is that they also offer an online consultation, 48 hr turn around and they phone you. Can't fault it, to be honest".

"My second experience was related to mental health and I found it was possibly easier to discuss my symptoms over the phone. It was easier from a logistical point of view, but also felt easier to talk from the comfort of my own living room".

Positive experiences

"I am with a surgery and have been really pleased by my service. Telephone consultations booked using the patient access app, and a referral for an MRI scan organised quickly."

"I just wanted to say our experiences over the last 6 months have been quite positive at my GP surgery. The appt system is frustrating but we have always managed to get a phone consultation and I think there's a real place for them in the future. Of course, some things need to be face to face, but phone appts have been much easier to juggle with work etc. I needed a physical assessment today and was asked to go in, no problems. The reception staff were very busy but very patient, the practice nurse was cheerfully giving flu jabs and encouraging everyone else to get one, it was a nice atmosphere".

10 people had a positive experience when booking an appointment.



Staffordshire

07

Staffordshire had 27 responses to their call out.



Fourteen of the respondents reported positive experiences with nine people having a negative experience, with the remaining four respondents having a neutral or mixed experience. Two of the four people said that they had not needed to consult their GP during the pandemic with one commenting “I’m lucky enough not to have needed to see my GP recently”.

Of those advising about the type of consultation they received, seven people reported a positive experience of telephone consultation, with three reporting a positive experience of video consultation.

“I have had two or three telephone consultations and on each occasion, the Doctor rang when they said they would. I was not hurried and felt that I had had a satisfactory discussion”.

“I feel very lucky with my GP surgery. My husband and I have various health problems and have been seen by GP's when needed. Telephone consultations have been good and helpful, normally the same day with a Doctor or Advanced Nurse Practitioner”.

Some people mentioned video consultations with positivity.

“Doctors surgery is well organised. Video consultations in place. Online services and information. Referrals for hospital and physiotherapy made easy. Great care under these difficult times.”

“Consultation by video link. All I can say is it was extremely easy to use and so much better for a consultation where an examination isn't required.”

Some people reported a negative experience,

“Unfortunately, it is taking time to get an appointment with a GP, it took me 10 weeks to get a telephone consultation then the doctor did not want to know. This was for a carers well-being check-up, blood work, and a medication review, besides having problems with my ankle which swollen up, and very painful to walk on.

Requesting certain medications which are on a PRN basis, was a nightmare, after more huffing and puffing this was finally prescribed” adding “I finally persuaded the GP to send me for an x-ray, which took 3 weeks for the appointment to come through and another 4 weeks to get the results.

Once the results were back I was told by another GP that I had a bony spur, arthritis, and soft tissue damage”.



07

Staffordshire

One very distressing experience was reported to us which apart from problems in getting appropriate medical assistance touched on the wider issue of support for those with Learning Difficulties and their carers during the pandemic.

"I am afraid that our experience has been awful. My adult son has severe learning difficulties, epilepsy, and autism. He has the communication skills of a toddler. He has been home with us since the first lockdown and there has been very little support for us so we have been doing 24 hours care 7 days a week for a large part of the time.

My son developed mouth pain during the lockdown and I was so concerned when the dentist spotted mouth ulcers in October which are a possible side effect of the medication that he takes for his epilepsy. I contacted the epilepsy nurse at the hospital by email immediately, as the information sheet with the drug tells you to do. I asked her what to do.

This was 23 October. She wrote to the GP and requested that they do a blood test to rule out a side effect from this medication.

The surgery didn't contact us to arrange this and when I queried this with them by phone after a few days they said it was only a suggestion from the nurse so they were not actioning it".



People had concerns that face to face appointments would be replaced by telephone appointments in the future.

They commented that although the telephone appointments are understandable due to all the current problems they had concerns about telephone appointments taking the place of face to face appointment in the future.

One person said "the experience does not replace a face to face meeting. One cannot see to whom one is speaking, see expressions or body language. This of course goes for the Doctor too. I was certainly on the phone for at least five minutes and probably longer, so I am not sure that telephone consultations do save time." and that "they are a useful tool but I hope and have heard that it is under consideration, that it will never replace a one to one consultation or a home visit when necessary."



08

What's next?

Key findings

Appointments

- Type of appointment
- Gaining an appointment
- Being heard

Prescriptions

- Repeat prescriptions including injections given at the surgery such as Vitamin B12
- Medication required from GP

Communication

- Poor communication when the need to relay practice changes is paramount
- Lack of key messages between members of Primary Care
- Referral problems
- Lack of information regarding Covid guidelines in medical services and premises

Access to services and Information

- People with long term health conditions
- Disabilities
- Hard of hearing
- English as a second language
- Mental health learning difficulties
- Carers

09

What's next?

Recommendations

It is essential that Primary Care services remain well informed of all ranging public experiences to demonstrate a compassionate and rational understanding of real-time barriers, challenges and themed feedback/opinions of accessing Primary Care. Successively, Primary Care services can continue to strive to meet patient needs through responsive and reactive shared community intelligence.

Availability / Type of appointments

- Ensure Surgeries are providing their contractual numbers/type of appointments.
- Ensure triaging takes account of people's access requirements/presenting anxiety/frailty.
- Ensure Surgeries call handling systems can cope with the volume of callers and encourage callers to wait online, managing their aspirations with a call number in the queue, for example.
- If a Surgery literally has no appointments thought could be given to developing a 'buddy' system with neighbouring Surgeries to meet demand and avoid attendance at A&E.
- Build on the positive experiences of people we have heard from who appear to have received interactions with Primary Care that meet their specific communication requirements.

Medication and repeat prescriptions.

- Identify effective ways to meet the needs of people's medication management.
- Consider improvements to the way people can request and receive repeat prescriptions in a timely manner.
- Look at costs and the possibility of installing more prescription vending machines/delivery services.
- Consider the use of NHS apps to allow patients autonomy requesting medication and viewing progress.

09

What's next?

Recommendations cont.

Communication

- **Retraining staff:** To maintain consistent accessible information and appropriate customer service standards when communicating with people there needs to be an appropriately skilled workforce that can respond to the varying needs of people.
- **Further reviews** are needed into call handling and information management ensuring that people's experiences/concerns are sought and addressed.

Access to services

- **Ensure all Surgeries** have access to support services such as BSL interpreters, text services and interpreters.
- **Develop ways to communicate** adequately with people who require support with consideration taken to ensure their voices are heard when looking at ways to improve access and further challenges.

Information

- **There is a need to explore** how to best relay GP practice changes to people such as appointment changes, visiting the surgery and wearing of PPE etc.
- **Provide clear and concise information** people can access when they encounter problems with Primary Care services (communication, booking an appointment, medication requests etc) to restore confidence and to have the support that follows up so it "does what it says on the tin!"

10

System response

Statement from Staffordshire and Stoke-on-Trent CCGs

The COVID-19 pandemic has meant that general practice had to quickly adapt and change how it operated, whilst continuing to provide care for patients. Remote consultations were introduced to protect patients and staff from the risks of infection and both clinical and administrative staff had to adapt to new ways of working.

Although we are now seeing case rates are dropping and the gradual easing of restrictions, the healthcare system, including primary care, is still feeling the impact of COVID-19 and is likely to do so for many months ahead. Infection prevention control measures, remain in place, with strict cleaning measures adding to the time it takes for a single appointment, and there is still the need for social distancing, which means we have to limit the number of people in waiting rooms at any one time.

The demands on general practice are also increasing and this April there were 22,000 additional appointments in general practice compared to April 2019 (pre COVID-19). This is equal to an additional two surgeries every week for each of the 147 practices across Staffordshire and Stoke-on-Trent.

Increasing demands coupled with workload pressures caused by COVID-19, such as the impact of Long COVID and the continued roll out of the vaccination programme, means that general practice still needs to adapt and work differently to meet the health needs of the population.

We recognise that some of the necessary changes have been frustrating for patients but want to reassure the public that general practice is open, and we are continuing to look at ways to minimise any impact on patients. The increased demand on telephone lines has been one of the biggest issues raised with us and, although this is not something that can be resolved overnight, it is an issue we are actively exploring. Many of the additional calls relate to queries over the COVID-19 vaccination and we believe that this will subside as more people receive their second dose.

We also know that there is variability amongst practices, and we are working with the practices to help them to address this. We are continuing to work with general practice to ensure they are providing a good mix of consultations not only by GPs, but the full range of health professionals working in general practice. Although many appointments are still being carried out on-line or by telephone, around half of all appointments are now being delivered face to face and this number is increasing and we expect this will increase again this month.

We also recognise that a good proportion of patients have said that they like the increased convenience of telephone and video access to both their GP and a range of other professionals. Increasingly people are comfortable using their digital devices to communicate and prefer not having to attend a clinical setting, which we need to make sure we continue to offer in the future.

We are aware that people want primary care to be as accessible as possible. Most patients have been understanding and very sympathetic to the changes that have needed to be made and we thank them for their support and assure them that we and general practice are working hard to address the concerns the public have.

11

Way forward

Healthwatch work programme

Healthwatch Staffordshire and Healthwatch Stoke-on-Trent recently asked the public which health and social care services were most important to them and which key issues within these services they believed to be a priority.

The public in both areas were most concerned about GP Surgeries in terms of access to getting a GP appointment, lack of face to face GP appointments, access to GP triage and being listened to.

The Healthwatch Stoke-on-Trent Advisory Board and the Healthwatch Staffordshire Advisory Board have agreed that part of their annual work programme will be to find out what the public want from Enhanced Primary Care services embedded with Community services as set out in the Integrated Care System plans for Staffordshire for the Primary Care Networks that sit within the Integrated Care Partnerships covering the north of the Staffordshire including Stoke-on-Trent, as well as the west and east of the County.

We want to find out what the public's aspirations are for these services and the types of access they need for Primary Care Services to ensure that the patient/public voice is heard in relation to these proposals.

We will seek to work with the CCGs in undertaking this work whilst retaining our independence as the public champion. A future report will be published detailing our findings based on what the public tell us they want from Primary Care Services.

12

Contact Us



**Staffordshire University Business Village
Dyson Way
Staffordshire Technology Park
Stafford
ST18 0TW**

Telephone: 0800 051 8371

Email:

enquiries@healthwatchstaffordshire.co.uk



**The Dudson Centre
Hope Street
Hanley
Stoke-on-Trent
Staffordshire
ST1 5DD**

Telephone: 01782 683080

Email: info@healthwatchstoke.co.uk