

Accessing primary care - the future

Healthwatch Insights Report

This insights report provides a summary of what people have told us about ways to improve access to primary care. The evidence was gathered in May 2020 using an online survey asking people about their experiences of using primary care services during Coronavirus and asking about their views of how future services should be structured. This analysis has been completed swiftly to assist the Primary Care Networks and North Tyneside Clinical Commissioning Group in their future service design work. We are publishing our reports into pre-Coronavirus experiences separately.

Summary

Triage:

1. Most people would be happy to be triaged to receive care from an appropriate healthcare professional based on an assessment of their needs as it would save the NHS money and get them better care.
2. Trust needs to be built in a triage approach. A significant part of this confidence comes from knowing that triage is completed by a trained healthcare professional and not focused on resource management.
3. The approach to delivering online and phone triage and services should be the same - there should be no perceived benefit or improved access by doing something online.

Phone, video and face to face appointments:

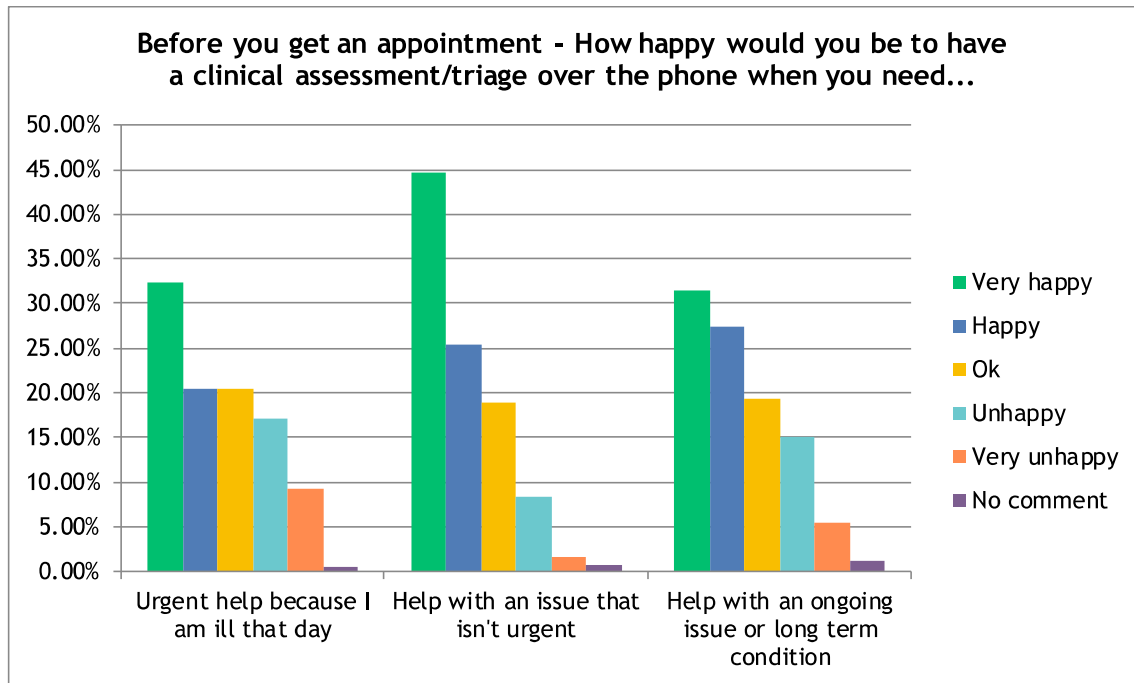
4. Although face to face delivery of care is still perceived as the best, the vast majority of respondents said phone and online ways of getting care would be appropriate depending on the issue.
5. For urgent care needs, there was a stronger preference for face to face care in the responses compared to routine or non-urgent care.
6. Timeliness of care - People have told us they want to get the care they feel they need quickly and see more phone/video consultations as helping to provide a swifter response.
7. Phone/video appointments and triaging people to the most appropriate professional is seen as being more efficient for the NHS. They are also seen as being more convenient and saving time for service users by most people we spoke to.
8. Consideration must be given to people's access needs. Some people will need support to make best use of technology, others may always struggle to use technology.
9. People want confidence that certain conditions/issues will be dealt with face to face and that there will be flexibility to deal with anxieties and support needs.
10. Face to face can give a more holistic view of a situation and a better understanding of views/impact of family/carers.
11. Risk of infection is best managed by not attending a surgery, but if needed, waiting rooms should be more easy to manage if only small numbers of people are waiting.

Overall:

12. Clear communications with service are essential so people know the different ways they can access services, what they can expect and what they need to be prepared for.
13. From our wider GP work, having similar approaches across all practices would make Borough wide communications better and reduce the 'postcode lottery' in GP services.

Below is more detailed information about people's responses. We would welcome the opportunity to provide ongoing support and challenge to this service design work and continue to share.

Triage and pre-appointment contact



239 people responded to this question and 196 gave comments. The aggregated data below shows proportions of respondents who would be willing to undergo a triage assessment on the phone and those who would not.

	OK/Happy/V happy	Unhappy/V unhappy
Urgent help because I am ill that day	73%	26%
Help with an issue that isn't urgent	89%	10%
Help with an ongoing issue or long term condition	78%	21%

Results show that many of the people we heard from would be happy to undergo an initial triage process over the phone prior to getting an appointment. People mentioned savings in time and money for the NHS whereby people are more effectively directed to the right person to access the care they need. People were also hopeful that this could mean shorter waits for an appointment.

“I wouldn't mind. I know it would be much safer and potentially save time and money for the NHS”

“It makes sense if it relieves pressure on actual doctor appointments, when triage may mean it only needs advice or a nurse appointment”

“If it helps to get me to the person who can help me best, that will be very good”

“I think this is an excellent idea. I've often thought I might be wasting the GP's time with minor ailments when I probably could have been seen by another healthcare professional”

Smaller numbers of people were unhappy with a triage approach, these reasons included:

- 1) It being a waste of their time
- 2) Not having trust or confidence in a triage system
- 3) 'I know when I need to see a doctor'

Building confidence in a triage approach

NHS England have suggested a total triage approach for access in the future.

Based on what people told us (positive and negative) we think the following will help people understand and build trust:

Who conducts the assessment

This was the main issue raised by people who were positive or negative:

- People felt strongly that this should be an appropriately trained and qualified healthcare professional. People talked positively about this being done by a 'triage nurse' or Doctor. Receptionists are seen as not qualified to make this judgement and Care Navigators were not mentioned in any response.
- An understanding of an individual's medical history was thought to be helpful.
- People are concerned about confidentiality and don't want additional people knowing their personal information.

Triage process

- Clear communications about what a triage approach involves is essential. Some people said they wanted to be able to be prepared for the triage conversation. Others wanted to understand the decision making process/ criteria.
- Timing - people would like to know when to expect their triage call so they can plan their time accordingly, particularly when they are at work. They also wanted the triage to happen quickly.
- Some people raised the issue of privacy within the practice - they do not want someone at the reception desk at the surgery completing the triage as they feel this could be overheard by people in the waiting room.
- Duplication - people don't want to have to repeat their story several times. Some suggested ways to ensure that the clinician had read the triage notes before they spoke to the patient.
- Privacy for the service users - people may not be able to find a quiet place to make a call or discuss an issue without others hearing - need to find a way to enable people to say when they feel unable to talk.

Options and choice

- Several people suggested that they should have the option to disagree with the assessment and have the flexibility to choose the next step if they disagree.

When will triage be used?

- Clarity of when triage will be used is important. There was a mix of views of when triage should be used (for urgent need, routine need etc). Some people thought that

blood tests, vaccinations asthma reviews and other activities shouldn't go through a triage process.

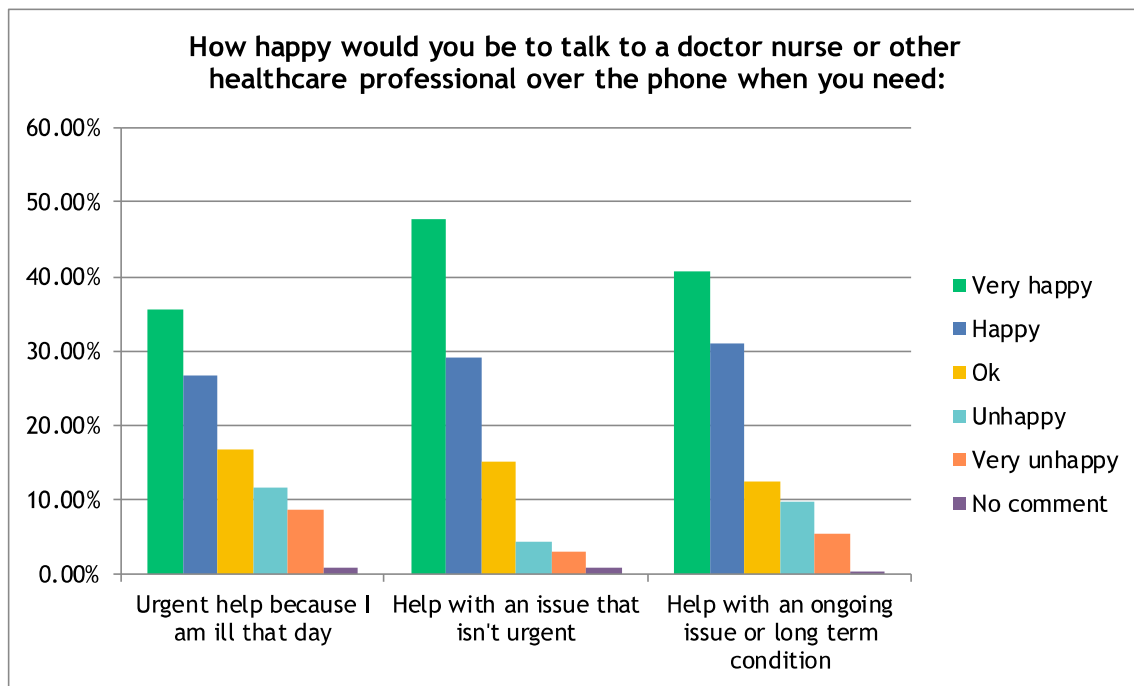
How will barriers be addressed?

- People raised concerns about support for people with hearing issues or other communication difficulties.
- Some people raised concerns about how this will affect their ability to get through to the practice on the phone.

Online

- Although we asked about triage over the phone, several people highlighted the triage system used for online appointments like e-consult should be the same as that used on the phone. This reflects a perception that online service users are given an advantage.
- Ability to access online triage systems must be promoted to help improve access for all and manage activity at peak times.

Appointments over the phone



235 people responded to this question and 175 chose to comment further. The aggregated data below shows proportions of respondents who would be willing to talk to a health professional on the phone and those who would not.

	OK/Happy/V happy	Unhappy/V unhappy
Urgent help because I am ill that day	79%	20%
Help with an issue that isn't urgent	92%	7%
Help with an ongoing issue or long term condition	84%	15%

As can be clearly seen from the aggregated data, the majority of people we heard from would be willing to talk to a health professional about their medical concerns over the phone. People were less happy about dealing with urgent issues over the phone but the detailed comments show a more complex picture.

Positive reasons for phone consultations:

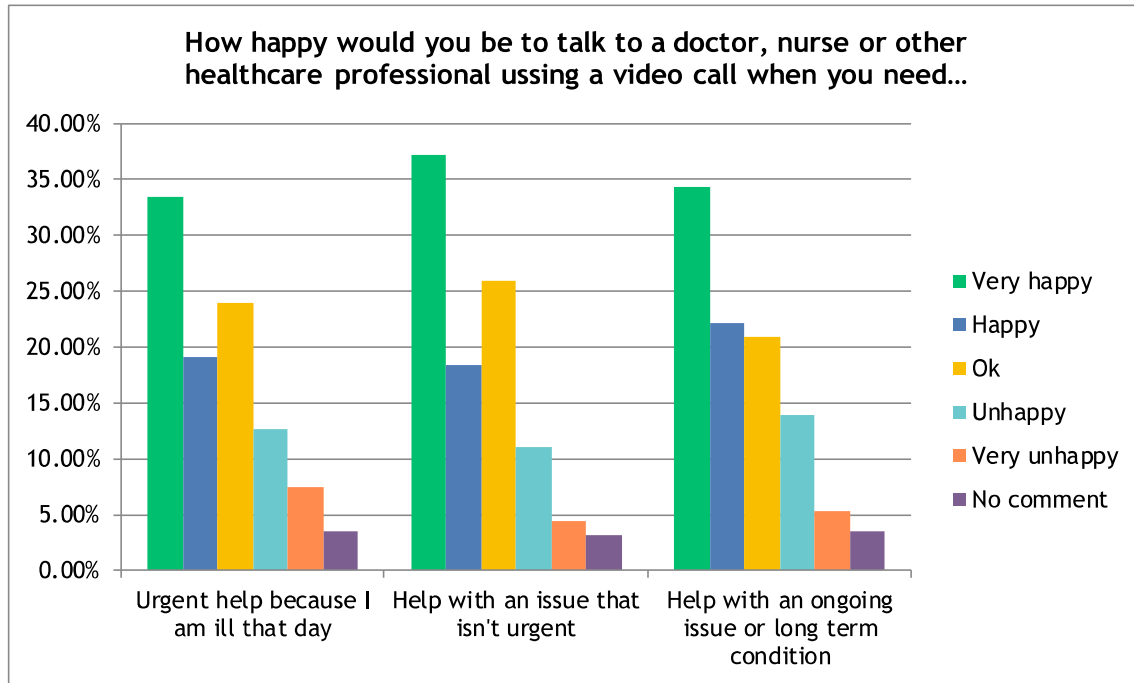
- No travel time for user
- No travel costs
- Saving time and money for the NHS
- No stress of getting to the surgery
- Easier to fit around work commitments
- Access to more prompt support
- Infection control
- Space in waiting area
- Seeing a doctor isn't always the best way to get care
- Face to face contact often isn't needed to get treatment/care

Issues and concerns with phone appointments:

- **Ability to articulate** - some people raised the concern that if people struggled to express themselves well then issues could be missed.
- **Focused conversations** - phone conversations are often more direct and broader issues or concerns may be missed.
- Some people highlighted that they would like a **friend or partner** with them at times and this cannot be done by phone - particularly where issues like memory are being discussed when the individual may not be able to give a holistic view.
- **Conditions** - Phone calls may not be best suited to mental health concerns and other issues people need support with. Also, people are concerned that important physical examinations may be missed.
- **Training** - professionals have been trained to use all senses in a face to face environment to help with diagnosis, some professionals may need different training and support for phone interviewing.
- **Risk of 'being fobbed off'** with a phone call because services are busy.
- **Flexibility** to progress to face to face support if required.
- **Continuity of care** - knowledge of medical history continues to be important to people - particularly for ongoing issues.

- **Planning time** - People would like to be able to know in advance when calls will happen so they can plan their day. Some suggested 'xx will ring you between 12 and 1' would be enough.
- **Privacy** for service users (see above).
- **Accessibility** - Concerns about access needs for people who are older, have hearing difficulties etc.

Appointments by video call



231 people responded to this question and 171 gave comments. The aggregated data below shows proportions of respondents who would be willing to undergo a video call with a healthcare professional and those who would not.

	OK/Happy/V happy	Unhappy/V unhappy
Urgent help because I am ill that day	77%	20%
Help with an issue that isn't urgent	82%	15%
Help with an ongoing issue or long term condition	77%	19%

The data suggests that many of the people we heard from would be prepared to have a video consultation. In comparison with phone consultations, it seems people may feel slightly more inclined to engage via a phone call for issues that are not urgent or for long-standing or on-going concerns.

Potential benefits

- Efficient for NHS and user
- Access to more prompt care
- More thorough assessment possible via video than phone call
- Infection control, including safety of staff
- No travel - time and cost saving, benefit for mobility issues or when poorly
- Better fit around work commitments
- Visual examination possible - more thorough description of symptoms facilitated by virtual face to face contact than phone
- More personal than a phone call. People feel like they are in the surgery
- Observation of patient's demeanour adds to clinical assessment procedure

“Happy as would feel as though I were at the surgery”

“For those who can access video calling, I think it is a good second option because the professional is able to see the patient and get a better idea of their symptoms; facial expressions can say a lot about how a person is feeling”

“I think it's going to be the new normal”

The detailed comments from all respondents highlighted the following issues and concerns:

Access and ability to use suitable technology- It appears that if people have experience of using video calls they are more likely to be comfortable to use it. Training and how to guides may be needed to build more confidence.

- Lack of suitable technology
- Exclusion of those without suitable technology
- Issues with internet connection
- Problems with technology
- Confidence in using technology

Nature of medical condition - Again support for this method depended on the medical issues people are experiencing. Some conditions were thought inappropriate including when a physical exam was needed.

How calls are completed - Some would only be happy to do this with a doctor, some with a doctor or nurse, depending on need.

Continuity of care continues to be highlighted, particularly for ongoing issues.

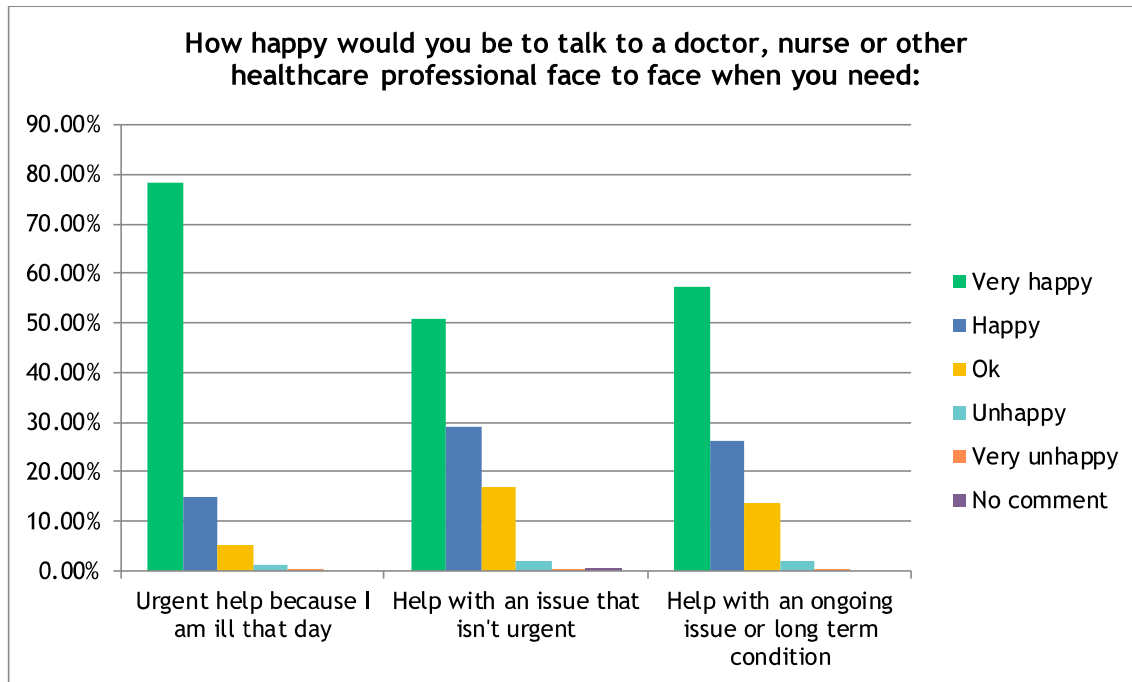
Security/privacy - a small number of people highlighted concerns over security of video call processes. Others are concerned about privacy of calls if patient is not within their own home or if the clinician is working from home

Quality of care - Whilst many felt this was more personal than a phone call there were concerns that this does not fully replace the face to face experience, particularly around diagnosis and insufficient information.

Flexibility to progress to face to face if needed, or phone call if video fails. Again, people said they would like a choice in the method of consultation they are most comfortable with in a particular circumstance.

Communications and trust - People need to understand how systems work and be sure their concerns are addressed to have confidence in new ways of delivering support.

Face to face appointments



231 people responded to this question and 178 gave comments. The aggregated data below shows proportions of respondents who would be willing to undergo a face to face appointment with a healthcare professional and those who would not. More people felt urgent care needs are better dealt with face to face.

	OK/Happy/V happy	Unhappy/V unhappy
Urgent help because I am ill that day	98.3%	1.71%
Help with an issue that isn't urgent	97.91%	2.57%
Help with an ongoing issue or long term condition	97.83%	2.56%

Most people recognise that face to face appointments are important. They highlighted:

Physical examination and wellbeing - Most respondents highlighted the importance of face to face examinations when needed. They also highlighted that face to face conversations are better at managing certain conditions including mental health issues, memory issues etc as they give a much more holistic assessment. People also said that a face to face conversation is helpful for people who are anxious about their condition.

Preference - a small but vocal minority strongly felt that face to face appointments are essential and they would want this at all times. A larger number of respondents told us that whilst they might prefer a face to face appointment they 'don't need it all the time'. The vast majority of respondents said they would want a face to face appointment if it was needed.

Ease of conversation - the majority of people who commented said it's easier to talk more freely about concerns when face to face..

Best use of resources - As noted above, the majority of respondents felt that face to face appointments are not always needed and may waste time and resources of the NHS and the service user if good care can be provided other ways.

Better ways to support long term conditions/ongoing issues - Some people thought there could be better ways to support ongoing issues, with fewer regular appointments with hospitals and more with GPs and peer support.

Waiting times and timeliness of treatment - some people commented that they hoped waiting time for a consultation would be reduced because more people are being dealt with by more efficient methods.