

Primary Care Needs Assessment

2017/18

As part of the extensive engagement work undertaken to inform the Bromley Primary Care Needs Assessment, the CCG commissioned Community Waves to engage with three groups to gather their views.

The purpose of the PCNA was to inform the development of a sustainable model of primary care for Bromley. Further information on this programme of work is available on the [Bromley CCG website](#).

This report covers the outcome of engagement sessions with Kent Association for the Blind, Multiple Sclerosis Society and young carers.

PRIMARY CARE NEEDS ASSESSMENT

Who? Kent Association for the Blind

Where? Bromley Town Church, 2 Ethelbert Road, Bromley, BR1 1JA

When? 11th April 2018, 10:00-12:30

Community Waves carried out a focus group with service users of local charity, Kent Association for the Blind at their Ethelbert Road coffee morning. There were 16 local residents with sight loss in attendance at the centre.

How quickly can they access a GP appointment?

A small number of people said they were able to book appointments when they needed and were happy with their GP services. Pickhurst Surgery was praised for its appointment availability with one patient saying they are able to book appointments within one to two weeks, which suits their needs.

Some patients said that they are able to book appointments within a week if they don't require to see their named (a particular) GP. Access to appointments was raised as issue by people who preferred to see their regular doctor. Many of the participants reported difficulties in arranging appointments and mentioned long waiting times, in some cases, up to several weeks.

The group had mixed experiences booking urgent appointments. Some were able to book them by contacting the surgery in the morning. Others were concerned that they can't easily access emergency appointments.

Many group participants were concerned with the appointments booking system. Although some patients are happy to use the online booking system, others are unable to do so due to their disability or lack of access to the internet. Those who did not access the online booking system were concerned that they may not have equal access to the appointments in comparison to those who book them online.

Many people who use the telephone to book their appointments were also frustrated with the long time spent waiting for their call to be picked up. One person reported trying to call the surgery for two and a half hours. A couple of patients said that it usually takes 45 minutes to be connected through to their GP surgery. Some said that one of the options is to physically go to a surgery in the morning, however this is difficult or impossible for those who were disabled and/or unwell.

Who do they normally see?

A small number of the group participants said they are able to see their named GP when they need to use the service. They valued this opportunity and were happy with the service. The remaining participants said that they usually see different doctors, however their preference would be to have continuity of their care.

Is the health professional familiar with their health needs?

The answers to this question were closely related to the previous question. The participants who saw their preferred GP felt their doctors are familiar with their health needs.

Those who were unable to see their named GP felt that they would strongly prefer to see the same doctor to ensure their doctor understands their health needs. Some however were content in seeing other doctors if they needed an urgent appointment to address a stand-alone issue.

A couple of participants said they have changed GP surgeries as a result of not being able to see their named doctor. They reported they are happy at their current surgeries where they have consistency of care.

Many participants stressed that they need more consistency now they are older. They explained that being able to see a doctor who is familiar with a patient's problem and their medical history is key to good treatment. Some participants were concerned that unfamiliar doctors may misdiagnose them due not knowing their full medical history.

Another issue raised by the group was the level of experience of young doctors. One participant complained that a young GP didn't know anything about their problems.

Does the health professional listen to their concerns?

The majority of the answers to this question revisited the issue of having a named GP and the issues to short appointment times.

There were a few participants who said they were happy with their doctor. One elderly participant felt his doctor was exemplary in his care and compassion. This doctor had ensured the patient received corrective surgery after being left for a long period of time in discomfort following previous surgery. The care and attention received from the GP meant the patient said that he felt reassured that he is in good hands and well looked after.

Does the patient feel involved in decisions about their care?

The group raised the issue of short appointment times especially if they see an unfamiliar doctor. They were concerned that they often don't have enough time to fully describe their symptoms and their health history to provide enough information for the correct diagnosis. One patient said she reminds the doctors to look into their records to ensure that they have a full overview of her condition. However she feels this is time consuming. In her view, having the same doctor would make things easier and less complicated.

One participant said that she used DIY methods to manage day to day tasks with her ulcer to find out much later there is a product that would have helped her. She was unhappy she wasn't informed about this product earlier.

Do they use services just when they are ill, or do they use them to help manage their overall health?

The majority of the participants used GP surgeries when they were unwell and to manage their long term conditions. Some, however accessed their surgery to receive several other services such as flu, shingle jabs and health checks. Most of the participants were informed about these services by their GP surgeries. Others were unaware of additional services due to a lack of information. Participants who accessed additional services to keep well, valued the opportunity, for example a couple of patients received a diagnosis as a result of health checks.

Ideas for improvement:

Participants shared several ideas to improve their experience of Primary Care services including:

- Promptly answering patient's calls would enable easier access and improve patient experience.
- Enabling people who are elderly, disabled and with long term conditions to have access to their named GP. Shorter waiting times for appointments would be a big improvement.
- Patients would like to book appointments online as well as via telephone and they would like equality of choice within those two systems.
- A dedicated line for appointments would ensure patients can book appointments efficiently and when they need them.

- Text message appointment reminders are valued, however people with sight loss should be provided an alternative method according to their needs.
- People with sight loss would value accessible information and communication tailored to their needs.

PRIMARY CARE NEEDS ASSESSMENT

Who? Multiple Sclerosis Society

Where? Northlands Day Centre, Freelands Grove, BR1 3LH

When? 15th February 2018, 10:30-12:00

Healthwatch carried out a focus group with attendees at The Multiple Sclerosis Society in Bromley. There were 13 local residents living with MS in attendance at the centre.

How quickly can they access a GP appointment?

The majority of respondents indicated that they had few problems booking a GP appointment, with the majority booking their appointments via telephone. Those who were physically able to, said they turned up to the clinic sessions in the morning if they needed an emergency appointment.

Southborough Lane Practice, was considered good by several participants, with registered patients always able to be seen on the same day, and normally seeing the same GP. One participant commented that their GP is fantastic with his diagnosis and takes the time to answer any of his questions and queries, and listen to his concerns. One participant commented that it was a 2 week wait to get an appointment with a doctor at Beckenham Beacon who knows them and understands their condition. All of the participants valued being able to pre-book appointments, where possible, as often they needed to organise transport way in advance. Many of the group regularly had blood tests and nearly all stated that they go to the Orpington phlebotomy clinic, where they can be seen fairly quickly.

Who do they normally see?

Three members of the group said they always see the same GP. The remaining participants commented that they saw whoever was available, even those who would not be their preference.

Is the health professional familiar with their health needs?

Several of the participants commented that their doctor did not read their notes properly and they often had to repeat their medical history every time they attended an appointment. The whole group felt that health professionals would benefit from further training around Multiple Sclerosis. There seemed to be a lack of clinical awareness about their condition amongst general practitioners. As a

result, the group felt that they often had to repeat or explain their concerns or symptoms to the health professional. One participant commented that a lack of awareness around MS, had resulted in an inaccurate health assessment from the Department of Work and Pensions and had affected her Personal Independence Payments. She had instead been classified as able to work and been issued Employment Support Allowance. The lady in question had severe memory issues, physical problems with both her hands and legs, and mobility issues. She felt that her health assessment had been inadequate and her diagnosis had not been fully understood by the health professional concerned.

Does the health professional listen to their concerns?

Participants felt that their GP was not best informed due to lack of awareness around living with MS. The MS nurse at the PRUH was considered to be clinically good by the group but it was felt her communication with patients could be improved. Better communication with other clinicians would also improve their experience of health services. One participant talked about the need for her doctor to communicate more with her neurologist. When she originally received her diagnosis it was very daunting as she was so young. She felt her diagnosis could have been explained in more detail and further support been provided. Another participant living with both MS and epilepsy, felt that her doctor does not really understand how her two diagnoses work together.

Many of the group felt that their condition had not been explained properly and they would appreciate further information. Two patients commented that they felt their doctor didn't go into great detail about the progressive nature of their diagnosis, as he did not want to upset or scare them. Many of the group had concerns about the progressive nature of their diagnosis and felt this was something that was often dismissed by clinicians.

One participant with concerns about her memory stated that her doctor doesn't discuss this, or offer any support around this. Her doctors seems to treat her concerns as separate from her diagnosis. An older gentleman in the early stages of MS, tried to ask his doctor for recommendations for staying healthy. He would like to do more exercise but was unsure what was suitable or safe due to his condition and ongoing cardiac problems. He would appreciate advice from a doctor or consultant as to what would be appropriate.

One participant felt that it often felt like their doctor was just ticking boxes when meeting them, rather than listening to their concerns. Another participant praised the district nursing service, commenting that they are a pleasure to see and are good at communicating any concerns or changes in her condition to her GP.

One participant commented that she chose to stay with her consultant at Queen Elizabeth Hospital (Lewisham and Greenwich Trust), when she moved to Bromley. She felt she receives excellent care, with her current consultant having a reassuring and professional bedside manner. Other participants commented that the two MS specialist nurses (PRUH and Orpington) were very good.

Does the patient feel involved in decisions about their care?

Yes. Most of the group praised their MS nurse and the care provided, although they commented that there was limited contact, and that sometimes her patient manner was a bit abrupt. One participant commented that she had to fight for medication rather than being prescribed it automatically. She commented that the doctor was initially reluctant to prescribe it.

One lady receives home visits from her GP, which she really appreciates. She is asthmatic, and had issues with her repeat prescription. She told us that she waited all day for a nurse to make a home visit and she never arrived. Although this was eventually resolved without visiting the doctor and an inhaler was delivered to her house directly without a consultation. In the end she felt that she had had a very satisfactory service from her GP, despite confusion originally around her prescription.

Do they use services just when they are ill, or do they use them to help manage their overall health?

Most only attend their GP practice when they have a health concern or ailment, rather than to manage their diagnosis or condition. They use their appointments with their MS nurse to discuss concerns about living with MS.

One lady shared a terrible experience she had recently had after an emergency admission to hospital. However, once discharged, she accessed the GP extended access service at Beckenham Beacon. She was very pleased with the service she received, stating it was a “quick appointment and she met a very helpful and compassionate doctor”. She was prescribed cortisone cream and antibiotics for an infection contracted whilst in hospital. She stated that the service provided at the Beckenham Beacon was more professional than her experience at the hospital.

One lady stated that she regularly has flu jabs but this year there seemed to be miscommunication around her appointment. There was no record of her immunisations or medical notes of her previous visits and prescriptions. Her husband felt that this raised questions about the safety and quality of care she was receiving, especially as she is an already vulnerable patient.

Patient Case Study

Patient Background

“I am female aged 62 and have had MS since 1988. As a result of my condition I have been medically retired for twenty years. I have used Stock Hill Surgery since I moved to Biggin Hill in 1990. My partner who retired 4 years ago helps me around the house and when we go out but he is not an official carer.

I can obtain an appointment on the same day at the practice if I ring at 8am on the given day. Ringing any later tends to result in all appointments being booked. When I had a regular GP I could get an appointment in about a week but since he retired 18 months ago, I use the daily option as all the current GPs seem equally proficient.

I do not specifically use this surgery for my MS needs as in the last twenty years I have seen consultants and an MS nurse at the PRUH and Kings College. Currently I only see my nurse once a year at the PRUH. However she is available if I need to contact her urgently. All details of those appointments are sent to the surgery for reference.

As stated earlier I use my nurse for my MS needs and the surgery for any general illnesses that occur. I am satisfied with my face to face contact with the health professionals I encounter.”

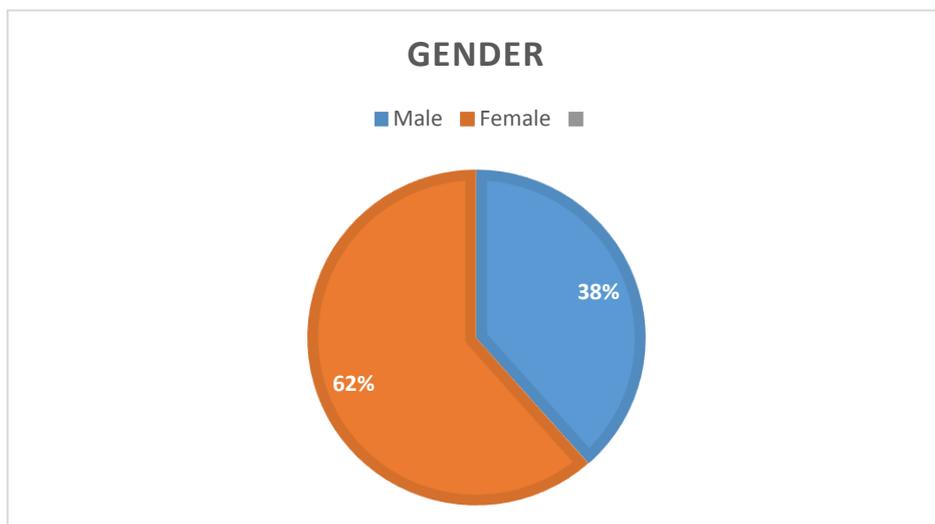
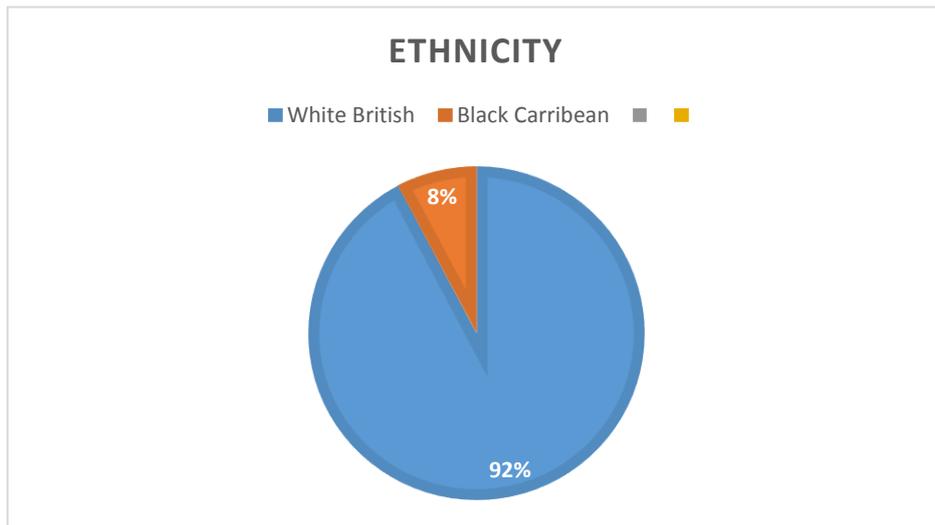
Using my GP practice in the last year

“On the 9th December 2017 I attended the Beckenham Beacon Urgent Care Centre to have a severe cut on my toe treated. I was then advised then to visit a nurse at my local surgery to check progress and have some of the bandaging removed. I was seen promptly on the day and the bandaging was removed, wound inspected and told to make another appointment in the near future to see if stitches were ready for removal. A small amount of bandaging was replaced. Nurse perturbed that she had received no paperwork from the Beacon about my visit there. Very happy with the nurse's care of my injury.

My follow up appointment saw the nurse remove the remaining stitches although they weren't entirely sure if there was still one left. This was a smooth and harmless process and I was informed by the nurse that they had received the relevant records from my visit at the Beckenham Beacon. Thankfully both visits to Stock Hill surgery were pain free.”

Demographics

There were 13 local residents in attendance at the focus of group. None of those present identified as carers.



PRIMARY CARE NEEDS ASSESSMENT

Who? Young Carers

Where? Bromley Mencap's Forum Day

When? 17th March 2018

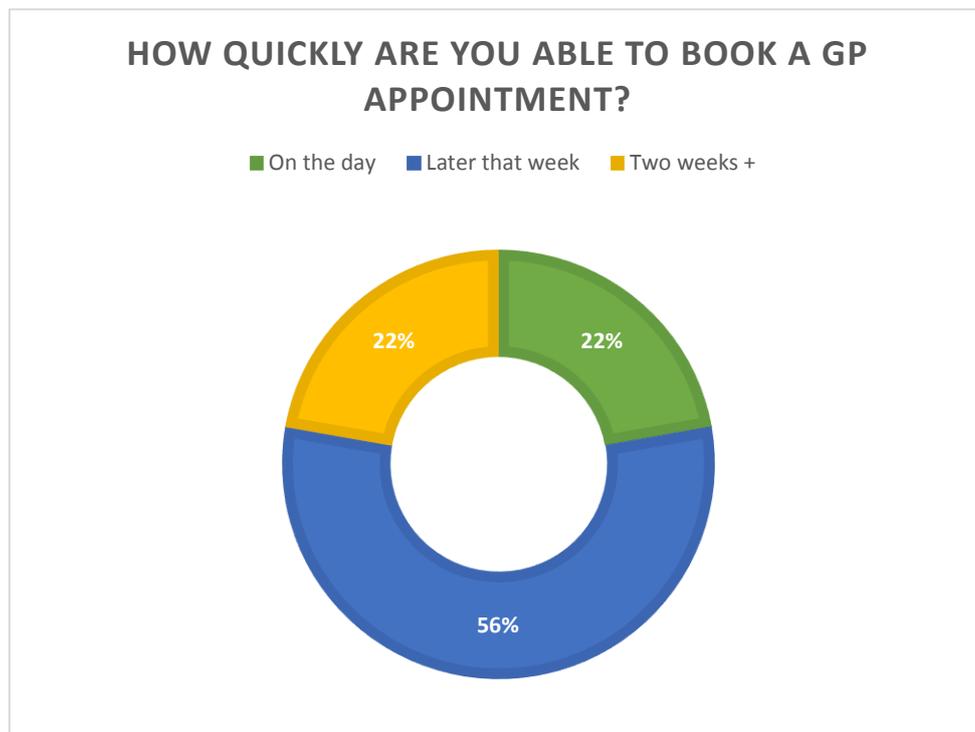
Healthwatch carried out engagement with the young carer's via questionnaires at Bromley Mencap's forum day on 17th March 2018. In total we have collected 10 questionnaires.

How quickly can they access a GP appointment?

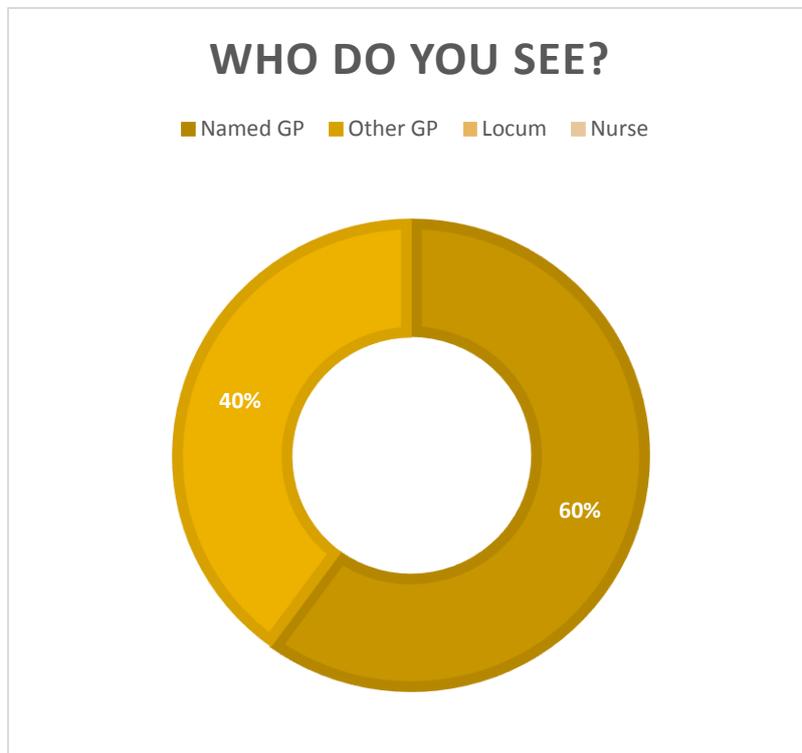
It is reassuring that the majority of the respondents were able to book an appointment within a week of contacting the service. However not all respondents had easy access to appointments with one young carer stating that it has taken them over a month to book an appointment.

Primary method of booking appointments was via the telephone. One person also visits the practice as an additional method of booking appointments.

Online appointment booking system has not been utilised by this group.



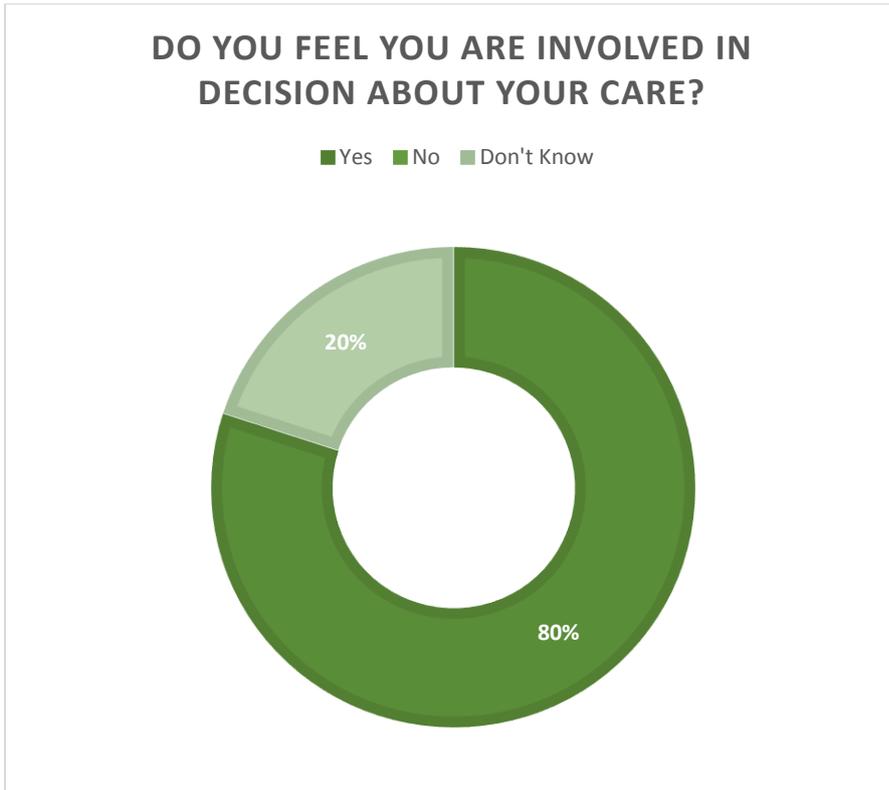
Who do they normally see?



60% of the respondents said they are able to see their named GP with 40% saying they see alternative doctors in the practice.

The majority confirmed that the doctor they saw knows their family with three respondents not being sure if that was the case.

None of the respondents have accessed primary care out of hours.



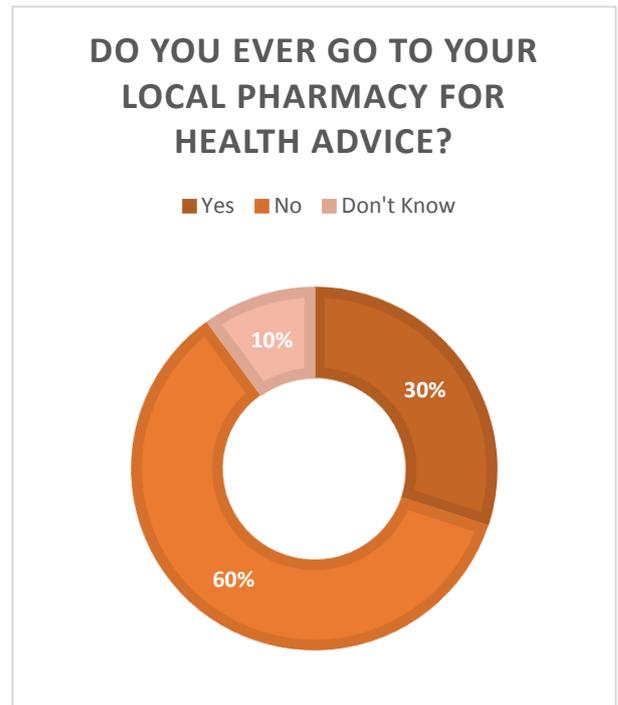
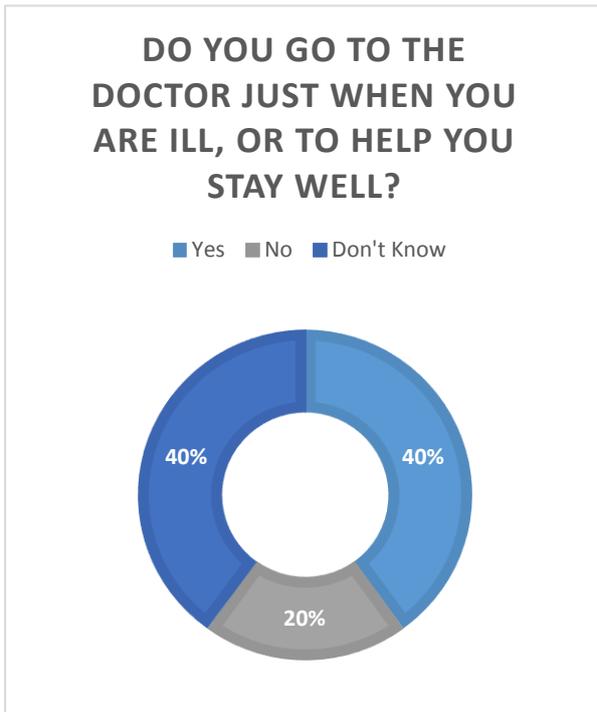
Does the patient feel involved in decisions about their care?

Reassuringly all but two respondents confirmed they feel involved in their care. Two people were not sure, with one explaining that their mum is responsible for their care.

Do they use services just when they are ill, or do they use them to help manage their overall health?

40% of the respondents visit their doctors only when they are unwell or ill and 20% see their doctors to help stay well.

Only 30% of the respondents utilise pharmacies as a source of health advice with 60% saying they do not use pharmacies for this purpose. This suggests that there is gap in understanding around the range of services offered by pharmacies.



Ideas for improvement

Some of the respondents shared their ideas of what doctors could do better. Below is a selection of answers:

- *'I felt they could make me more comfortable'*
- *'Listen more'*
- *'More appointments available'*
- *'Give me a sweet after appointment'*
- *'They could use more effective medicine'*
- *'I think doctors could see us more often, listen to us much better, and find out what's really wrong with us'*

Demographics

We received responses from 10 young carers ranging from 10 to 14 years old. One of the respondents considered themselves as disabled. Below charts details age breakdown, ethnicity information and gender breakdown.

