

# Primary Care Needs Assessment

# FEEDBACK REPORT

Engagement process

November 2018



**Authors:** Dr Agnes Marossy, PCNA lead and Kelly Scanlon, Engagement Team  
Bromley CCG

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## 1. Introduction

This report sets out the engagement activity undertaken with the public to inform a Primary Care Needs Assessment (PCNA) undertaken during 2017/18.

It describes how people were engaged in the process, what they were asked and what they told us. It explains how we are using this to inform the development of a sustainable model of primary care for Bromley.

## 2. Background and context

In 2017, the CCG commenced a PCNA which aimed to understand and describe both the need for primary care and the needs of those delivering primary care services. The

outcomes would be used to inform the development of a sustainable model of primary care in Bromley.

A critical part of this process has been to engage with patients about their experiences and use of primary care and ask them specific questions to help inform the development of a new model. Patients and the public are key stakeholders in the health economy and in primary care.

The CCG recognises the benefits of engaging with the public<sup>1</sup>:

- Patient and public engagement has the capacity to deliver improvements such as more responsive and patient-centred services, better outcomes and patient experience, greater shared decision-making and more self-care.
- We can also benefit as an organisation. By listening to our residents' needs and following through on the things we say we will do, we build public confidence and will be more successful in leading change.

The CCG has a number of principles for effective engagement. These are:

- We prioritise patients in every decision we make.
- Engagement takes place from the start of each project, is woven throughout our work, and happens even after a project ends.
- Different types and levels of engagement are appropriate for different situations.
- Patient and public engagement is the business of every member of the CCG.
- We meet our statutory duties to involve, engage and consult the people who use, or who could use, our services. Patients and the public need to feel that their engagement with us has made a difference.
- We base our engagement activity on evidence of what works.
- We assess the effectiveness of our engagement activities.
- We are inclusive.
- We align our engagement activities with our strategic priorities.

### **3. Intelligence about primary care services**

Prior to embarking on any engagement work, we always assess what we already know from intelligence already gathered. This can come from a number of places including complaints, patient experience reports, events, focus groups etc.

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<sup>1</sup> As set out in the CCG's Constitution, Vision and Engagement Strategy

For this programme of work, we drew on the following intelligence:

- A workshop held on 13<sup>th</sup> December 2016 with the CCG's Patient Advisory Group and Practice Participation Group members. The workshop was focused on primary care improvements. [A report on the outcomes of this workshop is available on the CCG website.](#)
- The CCG commissioned Healthwatch to interview members of the public as part of the CCG's review of Primary Care Access Hubs<sup>2</sup> in May 2016. This report concluded that the Access Hub Service is well thought of by the public and they like the option of having a hub service available, but that it could be improved with more appointment slots available, a wider range of appointment times and increased awareness of the service. [The report is available on the CCG website.](#)
- Healthwatch produced a report on [GP Access in Bromley in 2015](#). Evidence presented in this report confirmed that residents of the London Borough of Bromley have some difficulty in accessing GP Services in an efficient and satisfactory manner. Yet some respondents expressed satisfaction and support for their GP practices, understanding that they are operating in increasingly challenging environments.

#### 4. Engagement activity

To support the PCNA work, further engagement was undertaken to reach more people and ensure that we could capture views from seldom heard groups. This work was informed by an Equality Impact Assessment.

Events and meetings were held as follows:

- [Public event on 19 July 2017](#) at the Bromley Baptist Church.
- Focus groups to gather feedback from ethnic minority groups and vulnerable patient groups.
  - Bromley Parent Voice
  - Bromley Heart Support Group
  - The Pineapple Club
  - Addington Road Patient Participation Group
  - Step Forward Learning Disability Group
  - People with mental health conditions through the Oxleas Mental Health Research Net Group
  - Bromley Asian Cultural Association
  - Learning Disability Cookery Club

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<sup>2</sup> Three primary care access hubs provide GP appointments out of hours and at weekends.

- The CCG also commissioned Healthwatch Bromley to engage with three further groups. A copy of this report is available on [the CCG website](#).
  - Kent Association for the Blind
  - Multiple Sclerosis Society
  - Young Carers

## 5. What did we want to know?

To understand what patients felt was important to them about primary care services, we asked the following:

1. How quickly you get an appointment
2. Who you see (Preferred GP, Any GP, Nurse, other)
3. Whether the person who sees you knows you/your family
4. Whether the health professional listens to your concerns.
5. Whether you are involved in decisions about your care
6. Is the service just for when you are ill, or is it for helping you to stay well?

## 6. Feedback

The feedback received focused on the following themes:

- Appointments
- Continuity
- New ways of working
- Prevention
- Knowledge

### 6.1 Appointments

On the theme of appointments, discussions covered access to appointments, booking systems, types of appointments, waits in the surgery and the length of appointments.

Theme	Detail
<b>Access to appointments</b>	The need for quick appointments
	Access to an appointment was not seen as a major problem although there were frustrations with waiting a long time to get through on the phone to make an appointment.
	Sometimes there is a long wait to get an appointment especially with your preferred GP.
	Longer opening hours would be useful
	Follow up appointments offered during the consultation rather than booking at reception to find there were often no appointments available.

	An issue raised by patients with Multiple Sclerosis was that it was useful to be able to pre-book appointments so that they could arrange transport in advance.
<b>Waiting in the Surgery</b>	Mixed views on the length of time waiting to be seen in the surgery. Some patients were dissatisfied at having a long wait and others were happy to wait as they were given time when it was their turn to be seen.
<b>Large Scale General Practice</b>	Welcome access to wider range of services in one place Concern about not being known by people at the practice.
<b>Online Appointment Booking</b>	Positive experiences of booking appointments this way. Allows patients to select their preferred GP and decide if they are prepared to wait to see them. Need to be able to view appointments up to four weeks ahead. Kent Association for the Blind focus group found that some patients are unable to use the online booking system 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.
<b>GP Access Hubs</b>	Low level of awareness of availability across a number of groups. Despite this the utilisation of the GP access hub is one of the highest in London.
<b>Limiting Consultations to One Problem</b>	The policy of only allowing patients to address one problem per consultation was unpopular and thought likely to generate additional appointments. This would be acceptable if a patient were offered a longer appointment for more than one problem.
<b>Consultation Length</b>	Mixed views from different patient groups with some finding the consultation length acceptable and others feeling they had been rushed. The ten minute consultation time was not long enough to discuss complex problems, more than one problem, other minor issues as well as the main reason for the appointment, and not long enough if you are seeing an unfamiliar doctor who is not familiar with your health history.

## 6.2 Continuity

On the theme of continuity, discussion included definitions of continuity as well as the acceptability of the introduction of new clinical roles.

Theme	Detail
<b>Continuity</b>	This was seen as important by most groups.
	Valuable to have another's doctor's perspective sometimes
	Few currently see a preferred doctor and there is often a long wait to see one.
	It is more important that the person being seen sorts out the problem than seeing a specific person.
	People said that they value seeing a preferred GP.

<p>There is a perception that when a patient sees a doctor who knows them, all of their problems are dealt with.</p>
<p>There was an emphasis on the value placed on the personal relationship between patients their families and their GP.</p>
<p>Continuity and seeing a preferred GP is of great importance to people with mental health conditions.</p>
<p>Continuity means different things to different people; it could be having the same doctors in the practice over years. Some elderly people want to see a doctor who has known them for years and so can offer holistic care.</p>
<p>As you get older it becomes more important to see someone you recognise and know.</p>
<p>If all the doctors are good it doesn't matter who you see.</p>
<p>There is a risk of loss of continuity and coordination if follow up is tasked to a member of the team other than the doctor.</p>
<p>Continuity is important, but the reality is that most people see a different GP each time.</p>
<p>Want to see someone who can help and who will sort out the problem (doesn't have to be the GP).</p>
<p>Continuity for people with long term conditions is important.</p>
<p>Seeing the same GP is important for LD patients.</p>
<p>When it comes to an emergency appointment patients are happy to see anyone.</p>
<p>The nurse or GP does not have to know you as they have access to your records.</p>

### 6.3 New Ways of Working

Discussions on new ways of working covered online, video and telephone consultations, active signposting by receptionists, group consultations and new clinical roles.

Theme	Detail
<b>Video consultations</b>	Not popular
	Concern about break in connectivity mid-consultation.
	Concern about IG and security.
<b>Online consultations</b>	Too complicated
	Not popular with older patients
	Question whether this is the best use of GP time.
	People with mental health conditions said they found technology difficult to manage in a crisis.
	Concern about IG and security.
	Good for administrative requests.

	Important to be able to choose preferred GP.
<b>Telephone consultations</b>	Few aware of availability, but those that had used these were positive.
<b>Signposting by receptionists</b>	This was suggested by a participant
	Viewed as a positive idea. Having receptionists trained in clinical skills, so that they can triage and signpost patients correctly, including to a local pharmacist.
<b>Nurse Practitioners</b>	One person gave positive feedback of their experience with a Nurse Practitioner.
	The advanced nurse practitioner (ANP) is not the first choice for an appointment.
	Those seeing the ANP have been concerned, but the ANP has referred them to the GP if necessary.
	The advantage of seeing the ANP is that they have more time (20 minute appointments) and they do listen.
<b>Clinical Pharmacist</b>	If a patient wants to see the GP, they don't want to see the pharmacist instead. The pharmacist should be used for specific purposes.
<b>Group Consultations</b>	Members of the Heart Support Group were open to this idea.

## 6.4 Prevention

Discussions about this topic balanced the value of prevention with the strain on services to manage current ill health.

Theme	Detail
<b>Prevention</b>	There were mixed views on the role of GPs in prevention of ill health.
	A number of people said that this should be part of the GPs role, whilst recognising that they were busy. Others felt that GPs were there to help people when they are ill and there is not time for prevention activities. People should keep themselves well and healthy.
	Prevention is a "nice to have", but the priority is getting an appointment when you are ill.
	There was a strong sense that keeping people well (preventing illness) is an important part of the GP role, rather than just waiting until people become sick and need treatment. If GPs were to keep patients well, they would spend less time seeing them.
	It was suggested that it would be useful if GPs gave advice on nutrition in order to help people keep healthy and that there should be some education about natural remedies.



Important to have health checks as they can help to diagnose conditions.

## 6.5 Knowledge

The level of knowledge of GPs was a theme raised by more than one group.

Theme	Detail
<b>Knowledge of Mental Health</b>	Participants said that they want to feel more secure that GPs have knowledge of mental health issues and their management.
<b>Knowledge of Multiple Sclerosis</b>	The whole Multiple Sclerosis Society focus group felt that health professionals would benefit from further training around this condition. As a result, the group felt that they often had to repeat or explain their concerns or symptoms to the health professional. Better communication with other clinicians would also improve their experience of health services.

## 7. Outcomes

The feedback from the patient engagement is being used to inform the new model of working for Primary Care services in Bromley.

What we learnt from this engagement process is:

- Continuity** – Patients accept that it is not possible to see the same professional each time, and are willing to sacrifice this for quicker access if the issue is urgent and also if the professional seen sorts out the problem. For mental health patients in crisis, for learning disabled patients and for some older people, seeing the same doctor is important. Continuity can be defined by patients as for an episode of care or as being known at the surgery by different members of the team.
- Appointments** – Despite various access initiatives, patients are still seeing a pressure on appointments. There is a widespread feeling that the ten minute consultation time is insufficient, and patients find the policy of one problem per appointment unacceptable.
- New Ways of Working** – Active signposting by receptionists is being suggested by patients as the way forward. There is acceptance of new roles such as Advanced Nurse Practitioner and Clinical Pharmacist. Group consultations are also acceptable to patients. The main issues with online consultation methods are worries about connectivity and security.



- **Prevention** – This is seen as important, but appears to be the element of care that is sacrificed by patients when they perceive a strain on the healthcare system.

New ways of working need to reduce the pressure on appointments and increase consultation time. There should be flexibility to allow continuity for certain vulnerable groups.

Active signposting and the introduction of new roles and online consultations will reduce the number of people needing to see a GP, allowing for longer appointment times for those that do.

Introduction of all new ways of working need to be carefully evaluated to assess their impact on patients and this will include further feedback from patients themselves.

## 8. You said, we did

This is a strategic programme of work and feedback received continues to be considered as part of the development of the Primary Care Strategy and new ways of working ([see section 9](#)). As this works continues, we will provide more specific examples of changes that have been made in response to feedback received.

**You said:** It is important for people to have health checks as this will help to diagnose conditions.

**We did:** There is a national public health campaign to encourage people who are called for a health check to take this up. In November, the CCG will be engaging people with learning disabilities, who are eligible for an annual health check, to improve understanding of the check and improve any issues relating to access.

**You said:** If I cannot use online booking to make a GP appointment then I may not have equal access to appointments compared to those who can.

**We did:** Practices can only offer up so many appointments online for patients to book themselves in. Telephone booking continues to exist for those who cannot book online. Online booking frees up telephone lines and queues at the practice making it easier for other people too.

**You said:** We would like more signposting by reception staff.

**We did:** This is to be implemented so that reception staff can advise patients on appropriate services and where to go.

**You said:** We would like to have longer appointments with the GP.

**We did:** By increasing the skill mix in practices and addressing workload issues, we will make it possible for GPs to have longer appointments with patients who need it. This will also mean that patients are not restricted to one problem per appointment when they have multiple needs.

## 9. Conclusion and next steps

The PCNA process has been informed by thorough engagement with practices and patients, analysis of demographics, disease burden, workload and workforce, together with a review of the evidence for different models of care.

Against a background of a rising population and life expectancy, the PCNA found there is a lack of capacity in the clinical workforce, coupled with an overwhelming workload. The conclusion is that new ways of working were needed to address the challenges faced by primary care and to be able to build a resilient system of primary care services for Bromley.

A Primary Care Strategy is being developed to explain the recommendations of the PCNA and to actively shape future decision making and allocation of investment by the CCG through its Primary Care Commissioning Committee. These meetings are held in public and patients and the public are able to attend.

A conceptual new model of working in primary care is being developed and being led by the Primary Care Strategy Group which has a number of work streams in place to contribute to this process.

The principles underpinning the new model include General Practices working at scale to serve populations of 30,000 to 50,000 and utilising a wider skill mix such as Clinical Pharmacists, Advanced Nurse Practitioners and Health Coaches as well as expanding the roles of reception staff to include signposting to appropriate services. Critical to the success of the new model is that it meets population need, maintains continuity of care and improves the quality of care.

Currently two groups of practices in Bromley are applying for additional support to work collaboratively and the CCG is offering support to practices interested in expanding their skill mix and developing new roles in line with the new model.

To support the application process, practices have been encouraged to engage with their practice population and involve them in both the application process itself and the ongoing development and delivery of collaborative working.

The CCG would like to extend thanks to everyone who was involved in this process. We will continue to engage directly with those patients that are registered with the practices that are applying to work more collaboratively to ensure they are actively involved in the development of these new models.

If you would like to get more involved in local health services in Bromley, please consider joining our Patient Advisory Group. If you are interested in getting more involved in the work of your GP surgery, please speak to one of the practice team about joining their Patient Participation Group. [Information is available on the CCG website.](#)