

Local Primary Care Survey

Summary of Key Findings aligned with national GP practice
survey and considered against resilience baseline data

September 2021 (Revised from 23/08/21)

Prepared for:

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group



Survey Background

Survey Background

BACKGROUND

The three clinical commissioning groups (CCG) in Leicester, Leicestershire and Rutland (NHS East Leicestershire and Rutland CCG, NHS Leicester City CCG and West Leicestershire CCG) wanted to hear the views and experiences of GP-led primary care services during the Covid-19 pandemic in the Leicester City, Leicestershire and Rutland area in order to help the three CCGs build on the things that people like about the service and to identify areas of care that could be improved for people, their families and friends, as well as helping the three CCGs plan for service delivery in the future.

METHODOLOGY

Primary Care Survey was designed and sent to people currently registered with General Practices and Health Centres which fall within the three CCG areas. The survey covered the following aspects of GP practice services:

- Location, registered GP practice and 'overall health' question;
- Enabling self-care and prevention;
- Impact of the Covid-19 outbreak on General Practice/Health Centre access and services;
- Deciding what to do when you get ill/become unwell;
- Most recent General Practice/Health Centre experience;
- Accessing General Practice/Health Centre services when your practice is closed;
- Communications and generic questions related to General Practices/Health Centres; and
- Demographic information, including equality questions.

CONSULTATION APPROACH

The Primary Care Survey was answered by all respondents online (using the QuestionPro survey tool between **Monday 14th June and Monday 14th July 2021**). Although in some cases the survey was sent to the respondent via post, only one survey returned by post. The survey was open to anyone living in the Leicester City, Leicestershire and Rutland (LLR) areas and the target audience included these groups and communities:

- General Practice Managers in the LLR area;
- PPG (Patient Participation Group) members;
- UHL staff and networks, LPT and NHS CCG LLR staff;
- Citizen's Panel – members of a healthcare views panel who signed up to take part in NHS-related research projects in the LLR area;
- The VCS (Voluntary and Community Sector) in the LLR area;
- Partner organisations and local government organisations; and
- Social media channels (such as NHS Facebook pages and Twitter)

Respondent Profile

RESPONSE LEVELS:

In total, 5,483 usable responses have been included in the analysis for the Primary Care Survey.
The key breakdowns of groups responding to the survey are shown below.

Respondent type	No. responses	% responses
Leicester City resident	944	17%
Leicestershire resident	3,363	61%
Rutland resident	980	18%
Other* (i.e. resident outside of Leicester City/Leicestershire/ Rutland)	143	3%
Prefer not to say	46	1%
No information	7	0%

Respondent type	No. responses	% responses
16-24	37	1%
25-34	186	3%
35-44	372	7%
45-54	561	10%
55-64	782	14%
65-74	851	16%
75 or more	395	7%
Prefer not to say	93	2%
No information	2,206	40%

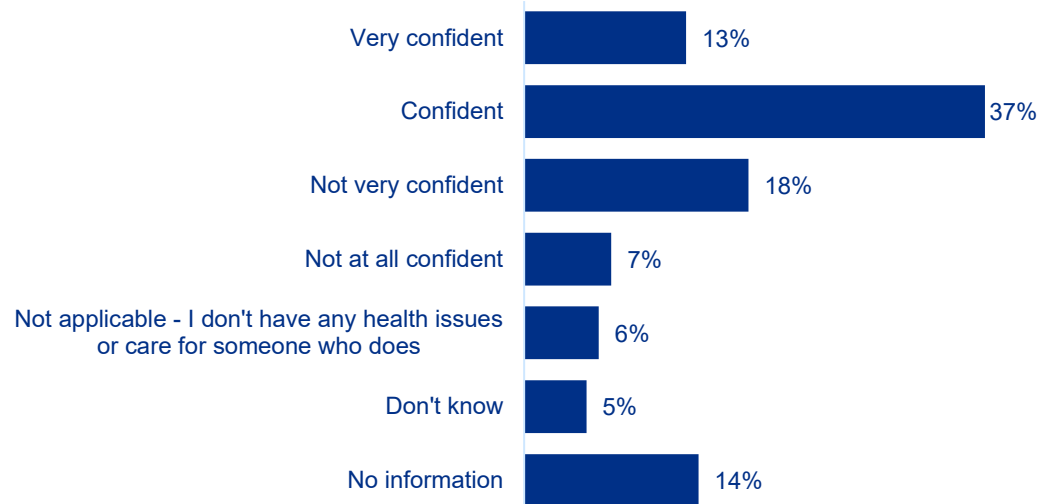
Respondent type	No. responses	% responses
White (i.e. British, Irish, any other white background)	2,996	54%
Asian or Asian British (i.e. Indian, Pakistani, Bangladeshi, any other Asian background)	104	3%
Black or Black British (i.e. Caribbean, African, or any other Black background)	28	<1%
Mixed (i.e White & Black Caribbean, White & Black African, White & Asian and any other Mixed background)	23	<1%
Other	8	<1%
Prefer not to say	112	2%
No information	2,212	40%

Respondent type	No. responses	% responses
Male	815	15%
Female	2,359	43%
Non-binary	6	0%
I identify another way	2	0%
Prefer not to say	87	2%
No information	2,214	40%

Encouraging Self-Care and Prevention

Encouraging Self-Care and Prevention

The Headlines



50% ARE 'CONFIDENT' TO SELF-CARE

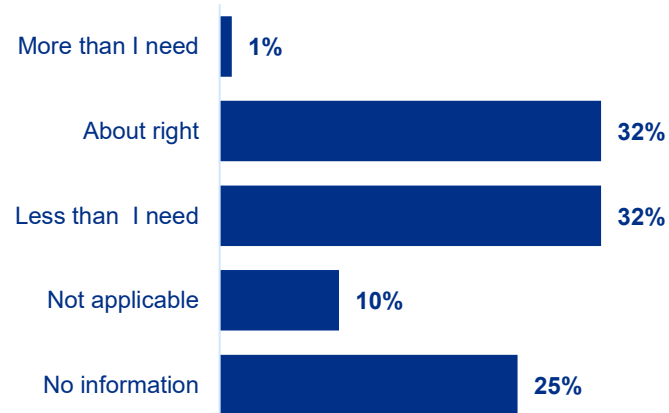
The key driver of self-care appear to be:

Having the confidence to be able to self-care if the right support/advice is easily available and signposted

Having the confidence through already practicing self-care

Having good 'general knowledge'/'common sense' levels

Having current/previous experience of working in the healthcare sector



HOWEVER, 32% ARE CURRENTLY GETTING LESS SELF-CARE SUPPORT/ADVICE THAN THEY NEED

Encouraging Self-Care and Prevention

Some differences by sub-groups

Level of confidence to self-care:

'IN GOOD HEALTH':

57% 'confident'
18% 'not confident'

'IN POOR HEALTH':

32% 'confident'
45% 'not confident'

'WHITE':

59% 'confident'
32% 'not confident'

'BAME':

66% 'confident'
29% 'not confident'

Level of self-care support currently received from General Practice/Health Centre:

'IN GOOD HEALTH':

36% 'receive enough'
24% 'do not receive enough'

'IN POOR HEALTH':

22% 'receive enough'
50% 'do not receive enough'

'MALES':

46% 'receive enough'
37% 'do not receive enough'

'FEMALES':

37% 'receive enough'
39% 'do not receive enough'

Leicester
City

Level of confidence to self-care:

51% 'confident'
22% 'not confident'

Level of self-care support currently received from General Practice/Health Centre:

32% 'receive enough'
32% 'do not receive enough'

Leicester-
shire

Level of confidence to self-care:

48% 'confident'
27% 'not confident'

Level of self-care support currently received from General Practice/Health Centre:

30% 'receive enough'
35% 'do not receive enough'

Rutland

Level of confidence to self-care:

53% 'confident'
21% 'not confident'

Level of self-care support currently received from General Practice/Health Centre:

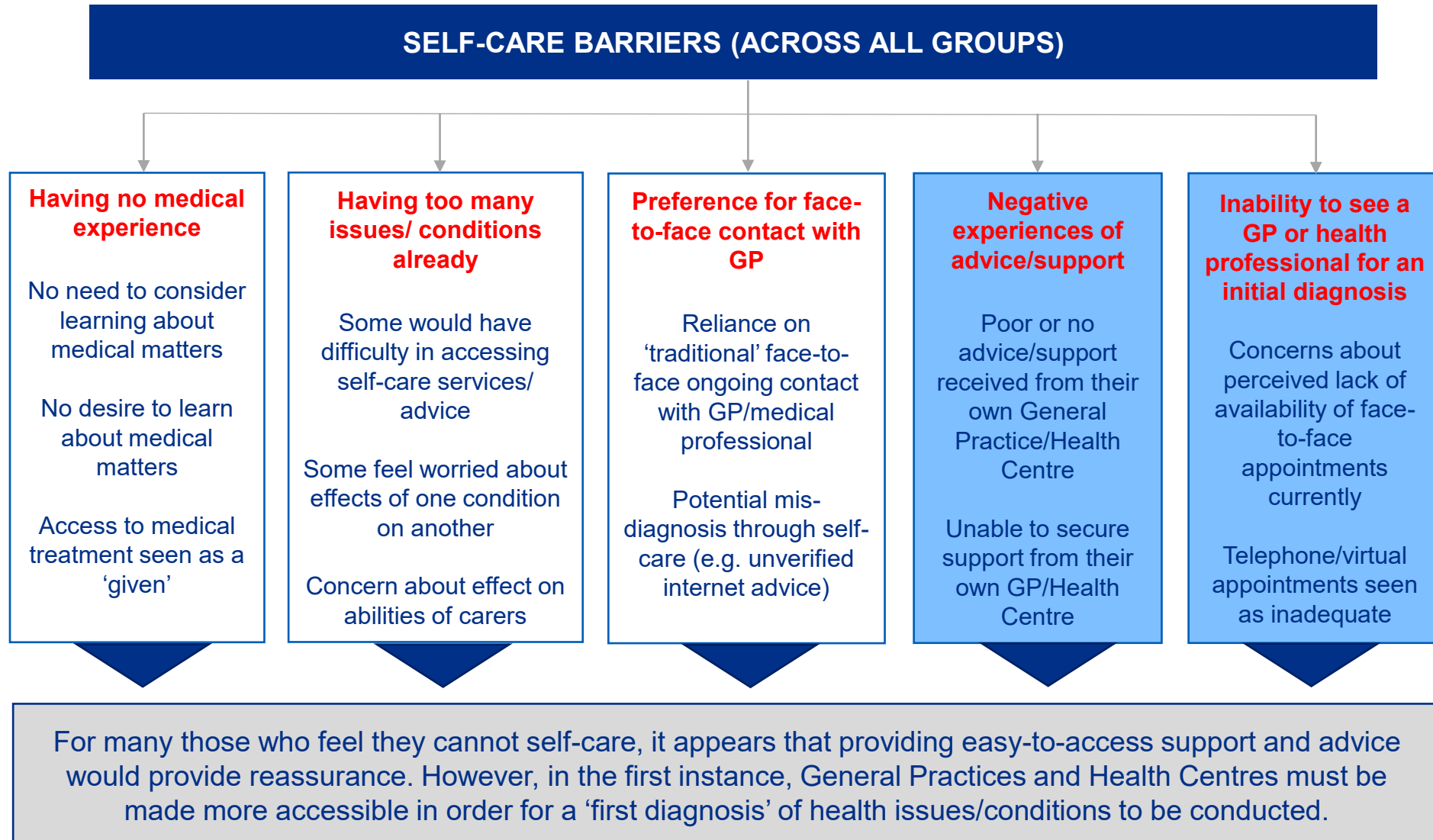
44% 'receive enough'
23% 'do not receive enough'

MAIN CONCERNS ACROSS ALL GROUPS

Having no medical experience (5%), having too many health issues/concerns already (4%), preference for face-to-face contact with GPs or other healthcare professionals (3%), negative experiences of previous advice/support received (2%), inability to see a GP or healthcare professional for an initial diagnosis to help focus self-care efforts (2%).

Encouraging Self-Care and Prevention

Summary of key messages around self-care



Encouraging Self-Care and Prevention

Examples of self-care barriers

"I don't have education and I need support from my doctor when I have a health issue."
(Male, 25-34, Leicester City)

"I feel you should have the right to be assessed properly by a fully trained medical doctor."
(Male, 65-74, Leicestershire)

"I am on too many tablets to feel confident also I like a face-to-face with the doctor to discuss my treatment and how I am feeling."
(Female, 65-74, Leicester City)

"I am a carer so I would not be confident dealing with problems my husband has without consultation with a doctor."
(Female, 65-74, Leicestershire)

"I feel that my GP Surgery does not care about the patients and their welfare."
(Female, 65-74, Leicestershire)

"I have no experience of caring for others and would need help in dealing with certain medical problems."
(Female, 65-74, Rutland)

"You are left to sort everything out for yourself, which I felt scared about."
(Female, 75+, Leicester City)

"My health is poor at the moment and I struggle to keep it under control."
(Female, 55-64, Leicestershire)

"Sometimes certain health problems are best assessed in person, something which you cannot see on a video link."
(Female, 75+, Rutland)

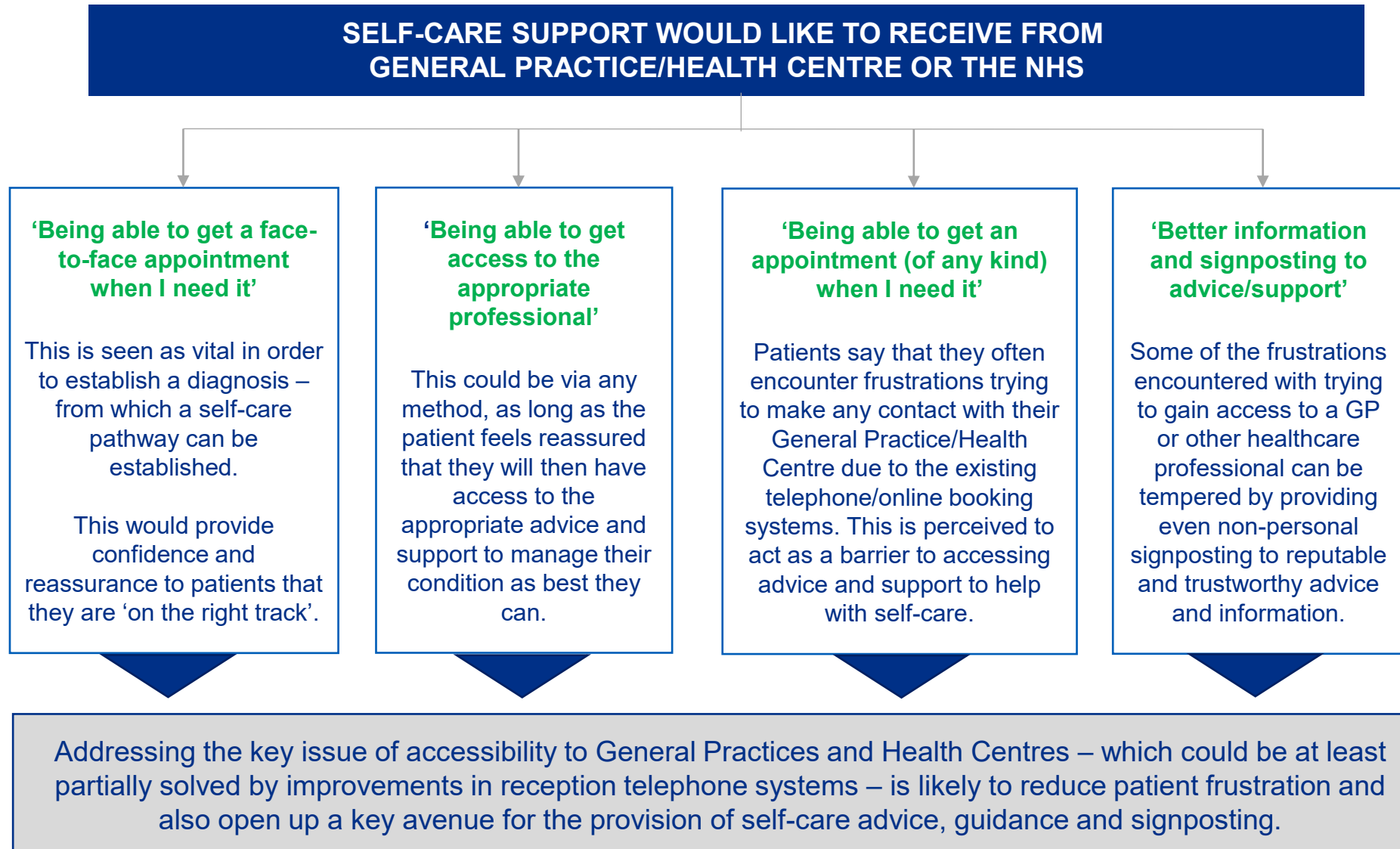
"I have not undertaken years of medical training, and as such, rely on professionals to treat me and provide clinical care. Surely that is the point of the NHS? I'm not sure when it has become a 'self-help' service."
(Male, 45-54, Rutland)

"I need to seek advice from my GP, whom I trust because he always seems to know what he is doing."
(Male, 55-64, Leicester City)



Encouraging Self-Care and Prevention

Summary of desired self-care support



Encouraging Self-Care and Prevention

High Impact Actions

A frustration expressed by some respondents to this survey in various places is that their General Practice website is either out-of-date or not very well designed. Furthermore, this links in to the area of communications – although text messages and emails are preferred ways of finding out NHS information about healthcare issues from the Practice, Practice websites should also hold this information for those who wish to access it in this way. Such information needs to be specifically about self-care help and advice in order to arm patients with as much useful and reliable information as they need in this area.

Improve and update Practice websites

Improve sign-posting to self-care support

A significant proportion of patients do not consider themselves to have any real medical knowledge or confidence to go looking for self-care advice or support. When patients do seek out support from their General Practice or Health Centre they often find it difficult to even make contact with an appropriate person.

Make it easier to get an appointment

Many patients express frustrations about not being able to make appointments in general. Often they feel they need to have an initial consultation with a GP or other health professional to identify their medical issue and for the GP or health professional to devise a treatment pathway and provide advice about their condition – many patients see this as the gateway to them being able to look after their own health more effectively.

Garner support of PPG to work with communities to promote self-care

Working with these sectors, who represent the vulnerable, elderly and those with protected characteristics, will support communities to prevent illness and support their own self-care.

Work with the voluntary and community sectors

Significant opportunities to support patients in poor health with advice/ support to self-care

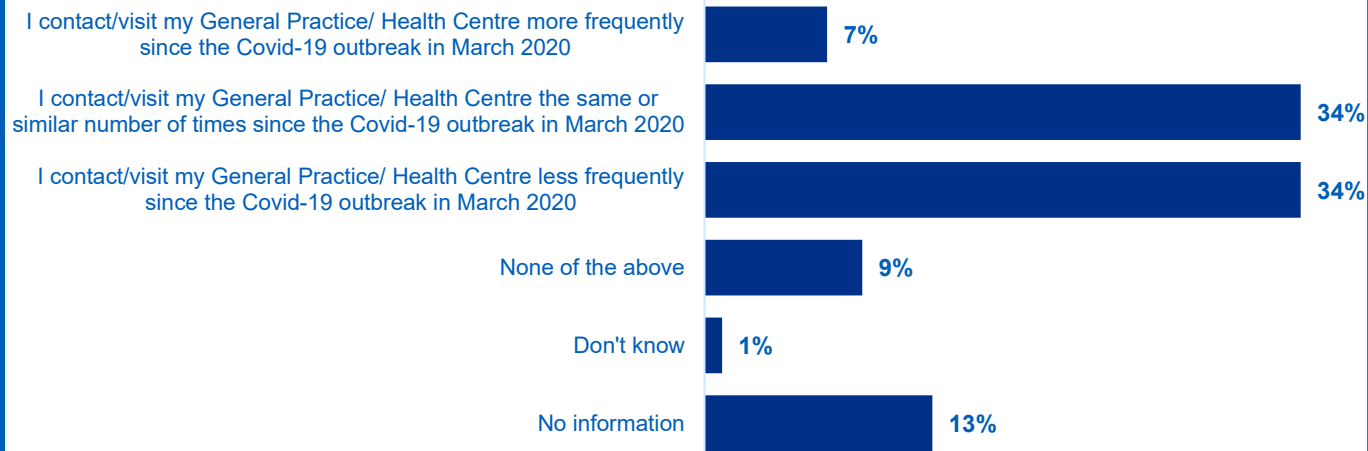
The feedback from the Primary Care Survey shows us that there are significant opportunities for health professionals to directly support those patients in poor health with advice and support to help them manage their conditions, which can often prevent an appointment to urgent and emergency care centre. By aligning this with communications, it is important that the messaging comes from health professionals through their General Practice or Health Centre, which acts as a trusted source of information, because people like receive information directly rather than seek it out.

High Impact Actions

**Recent General Practice/
Health Centre Experiences aligned with
national GP patient survey**

Recent GP/Health Centre Experiences

The Headlines



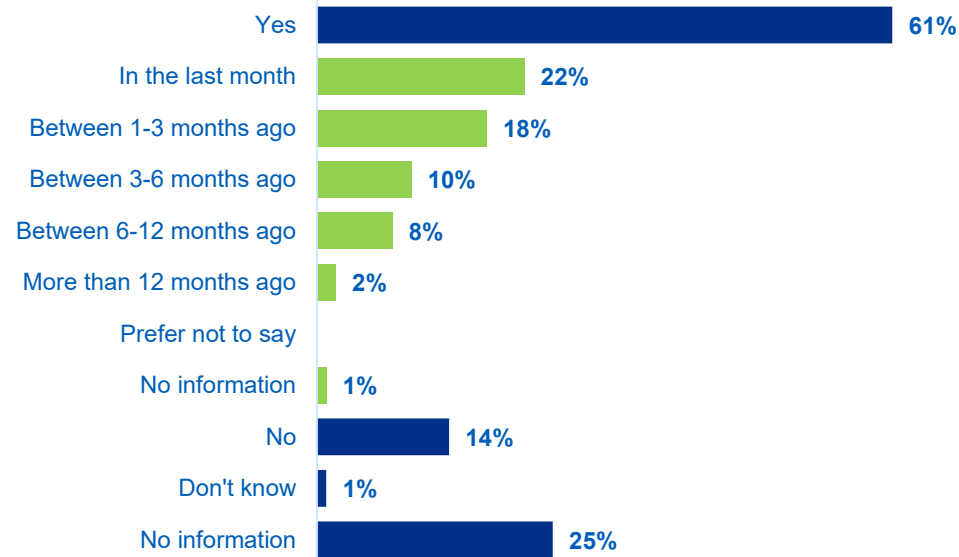
34% HAVE VISITED THEIR GP/HEALTH CENTRE LESS FREQUENTLY SINCE MARCH 2020

The key reasons for this appear to be:

The difficulty of being able to get an appointment of any kind with a GP/healthcare professional.

Only trying to access GP/healthcare professional support when absolutely necessary.

Concern about Covid-19 precautions generally.



61% HAVE MADE AN APPOINTMENT FOR THEMSELVES OR SOMEONE ELSE SINCE MARCH 2020

Recent GP/Health Centre Experiences

Some differences by sub-groups

Visiting General Practices since March 2020:

'IN GOOD HEALTH':
5% contact/visit more
32% contact/visit less

'IN POOR HEALTH':
14% contact/visit more
35% contact/visit less

'WHITE':
8% contact/visit more
42% contact/visit less

'BAME':
12% contact/visit more
36% contact/visit less

Whether made appointment at General Practice since March 2020:

'25-34s':
86% Yes

'35-44s':
87% Yes

'45-54s':
83% Yes

'55-64s':
79% Yes

'65-74s':
77% Yes

'75+':
80% Yes

Leicester
City

9% contact/visit more
30% contact/visit less

54% have made a
General Practice/
Health Centre
appointment since
March 2020

16% 'easy'
appointment booking
27% 'difficult'
appointment booking

30% rate conducting of
appointment as 'good'
12% rate conducting of
appointment as 'poor'

Leicester-
shire

7% contact/visit more
37% contact/visit less

64% have made a
General Practice/
Health Centre
appointment since
March 2020

18% 'easy'
appointment booking
32% 'difficult'
appointment booking

34% rate conducting of
appointment as 'good'
20% rate conducting of
appointment as 'poor'

Rutland

6% contact/visit more
32% contact/visit less

57% have made a
General Practice/
Health Centre
appointment since
March 2020

27% 'easy'
appointment booking
16% 'difficult'
appointment booking

42% rate conducting of
appointment as 'good'
10% rate conducting of
appointment as 'poor'

Recent GP/Health Centre Experiences

Some barriers to getting an appointment

BARRIERS TO GETTING AN APPOINTMENT (ACROSS ALL GROUPS)

Issues getting a call answered

"It takes too long to get through to them, normally you are number 30 in the waiting list and by the time you get through you are told to ring back the next day as there no appointments."
(Leicestershire, Female, 35-44)

Long/complicated recorded messages before you can speak to someone

"During Covid I would manage as well as I could. I tried to call the GP but I have to hear the recorded message lasting some time before I even spoke to a receptionist, only to be told that the phone appointments were all full, so at other times I did not call."
(Leicester City, Male, 55-64)

Negative/unhelpful staff attitude

"Because the Practice is no longer patient friendly. Whereas most other areas of the economy during lockdown have, where legally possible, been accommodating and adapting to customer needs, the GP practice has not been. When I have had to visit, I have - with one or two notable exceptions - been made to feel like a burden on the staff rather than a patient to be treated."
(Leicester City, Male, 55-64)

Lack of careful listening

"Receptionists ask questions but aren't experienced enough to know whether a patient needs to see a doctor or not. I have had people telling me 'just say it is urgent and you need to see them' and generally they will respond, otherwise you are left trying to talk to someone who doesn't have the listening skills to pick up anxiety and the need for a patient to get some reassurance from a doctor."
(Leicestershire, Female, 65-74)

Lack of choice of appointment (appropriate to condition and/or digital capacity/ skills)

"Covid restrictions place greater emphasis on telephone/virtual appointments which are not suitable for those who have hearing and visual issues."
(Leicestershire, Male, 65-74)

Some conditions do not lend themselves to telephone or digital appointments

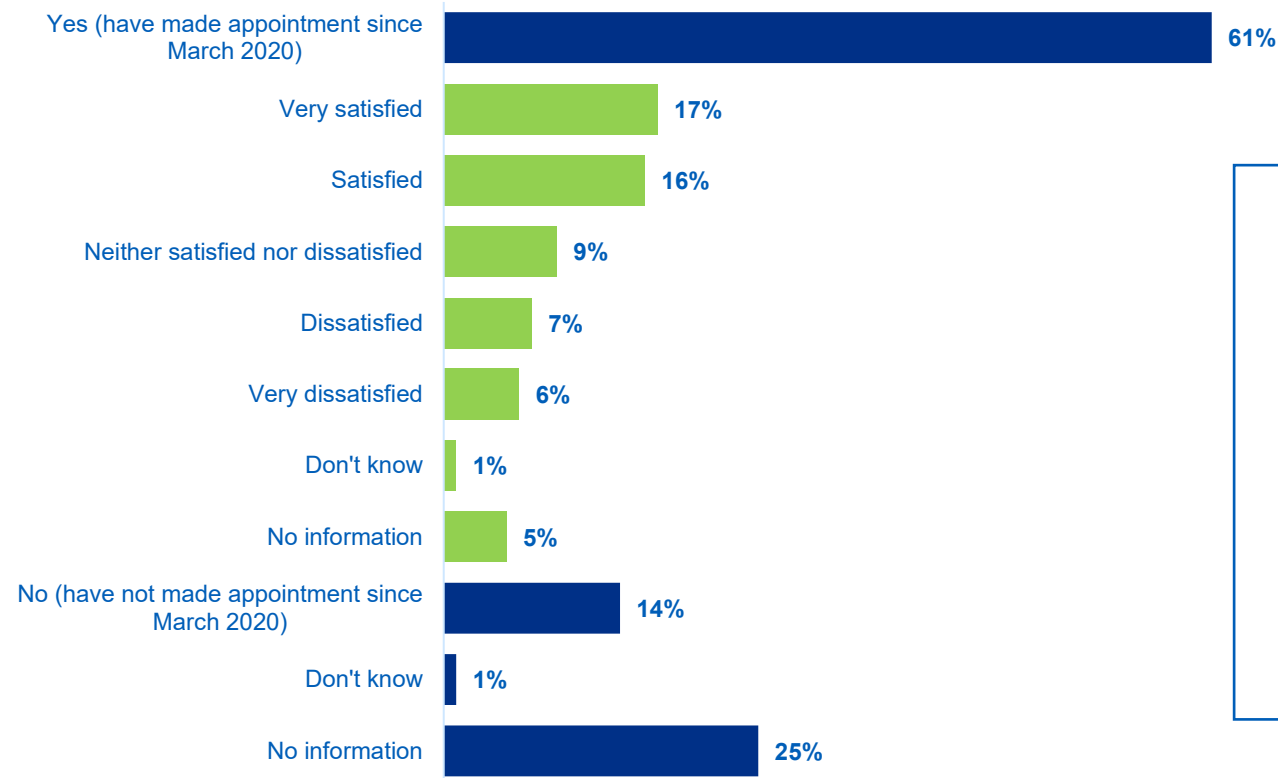
"I feel telephone consultations whilst necessary to start with, do not provide the privacy and complete attention I would like for a more involved consultation about a troubling symptom or condition."
(Leicestershire, Female, 55-64)

For many patients, these issues present frustrations which impact on their ability to access care and support from their own General Practices and Health Centres and can often lead to medical issues worsening before they are assessed.

Recent GP/Health Centre Experiences

Overall satisfaction with appointment

OVERALL SATISFACTION WITH APPOINTMENT MADE SINCE MARCH 2020



**33% EXPRESS OVERALL
SATISFACTION WITH THEIR
APPOINTMENT.**

**HOWEVER, 13% SAY THEY ARE
DISSATISFIED WITH THEIR
APPOINTMENT TO SOME DEGREE.**

Recent GP/Health Centre Experiences

Reasons for satisfaction

REASONS FOR SATISFACTION WITH APPOINTMENT BOOKING

"A very positive experience. She asked the reason for the request and got a doctor to initially phone the same day. This happened on at least four occasions this past 6 months."
(Male, 75+, Leicestershire)

"Good as I got an appointment with the doctor on the same day."
(Female, 35-44, Leicester City)

"Brilliant, they arranged a Zoom-type consultancy with a Nurse Practitioner at a time convenient to myself."
(Male, 65-74, Rutland)

"Easy, she was friendly, she was well briefed and handled the call well. She promised a ring back and it came within an hour. I started at 80+ in a queue and was spoken to about 5 minutes later. It beats phoning Argos or BT!"
(Female, 65-74, Leicestershire)

"Email correspondence (to book an appointment) is much easier and convenient than trying to get through on the phone."
(Female, 45-54, Rutland)

REASONS FOR SATISFACTION WITH APPOINTMENT CONDUCTING

"GP arranged for blood tests forms to be issued electronically, followed up promptly on blood test results and was very professional and caring at all times."
(Female, 55-64, Leicestershire)

"The usual high standard of care with excellent infection precautions in place."
(Male, 65-74, Leicester City)

"Seemed to genuinely care and provided appropriate support and information."
(Female, 35-44, Rutland)

"The doctor was reassuring, social distancing as much as was possible, very polite and respectful."
(Female, 65-74, Leicester City)

"Answered concerns, referred on, tests arranged. Exactly what I wanted."
(Female, 45-54, Leicestershire)



Recent GP/Health Centre Experiences

Reasons for dissatisfaction

REASONS FOR DISSATISFACTION WITH APPOINTMENT BOOKING

"After hanging on for 30 minutes, I was told that there were no appointments and to ring at 8am on Monday morning. I could not get through at all on Monday morning - everyone was told to ring at the same time!"
(Female, 75+, Leicestershire)

"Not nice at all. I know they have a job to do, but some sympathy and knowledge (even though) they are not GPs would go a long way."
(Unknown gender and age, Leicester City)

"Appalling. The receptionist was unhelpful and very reluctant to allocate an appointment."
(Female, 65-74, Leicestershire)

"They were very rude wanted to know why I was calling and then said there were no appointments."
(Female, 65-74, Leicester City)

"I called in at the surgery after being bitten on the arm by a dog in the street, and asked at reception if someone could help and advise me. Even though the wound was bleeding the receptionist said that an appointment would be required, and to call back 3 hours later. I am nearly 80 years old and this was not the help I expected."
(Male, 75+, Rutland)

REASONS FOR DISSATISFACTION WITH APPOINTMENT CONDUCTING

"I am not a 'frequent flyer' with the GP so it seems everyone gets treated to a 30 second consultation where the GP tries to find an easy fix when all I wanted was a referral to the pain clinic. Instead of LISTENING to the patient the GP decided to prescribe a different pain medication. That caused an anaphylactic reaction entailing a trip to A&E."
(Male, 55-64, Leicester City)

"I got a trainee (GP) who did not answer my question but wanted to do treatment his way without explaining the pros and cons."
(Female, 65-74, Leicestershire)

"This should have been a face-to-face appointment. She also prescribed an inhaler which I did not consider necessary but I felt it was done to avoid face to face contact and pacify me as a parent."
(Female, 25-34, Leicestershire)

"Sending a photo of the problem did not show the severity of it, (it was) difficult to take the photo. I feel I would have received much faster effective treatment if I had been seen face-to-face. It took 4 days to receive the required medication which was too late when I was suffering a very severe allergic reaction to a chemical."
(Female, 55-64, Rutland)



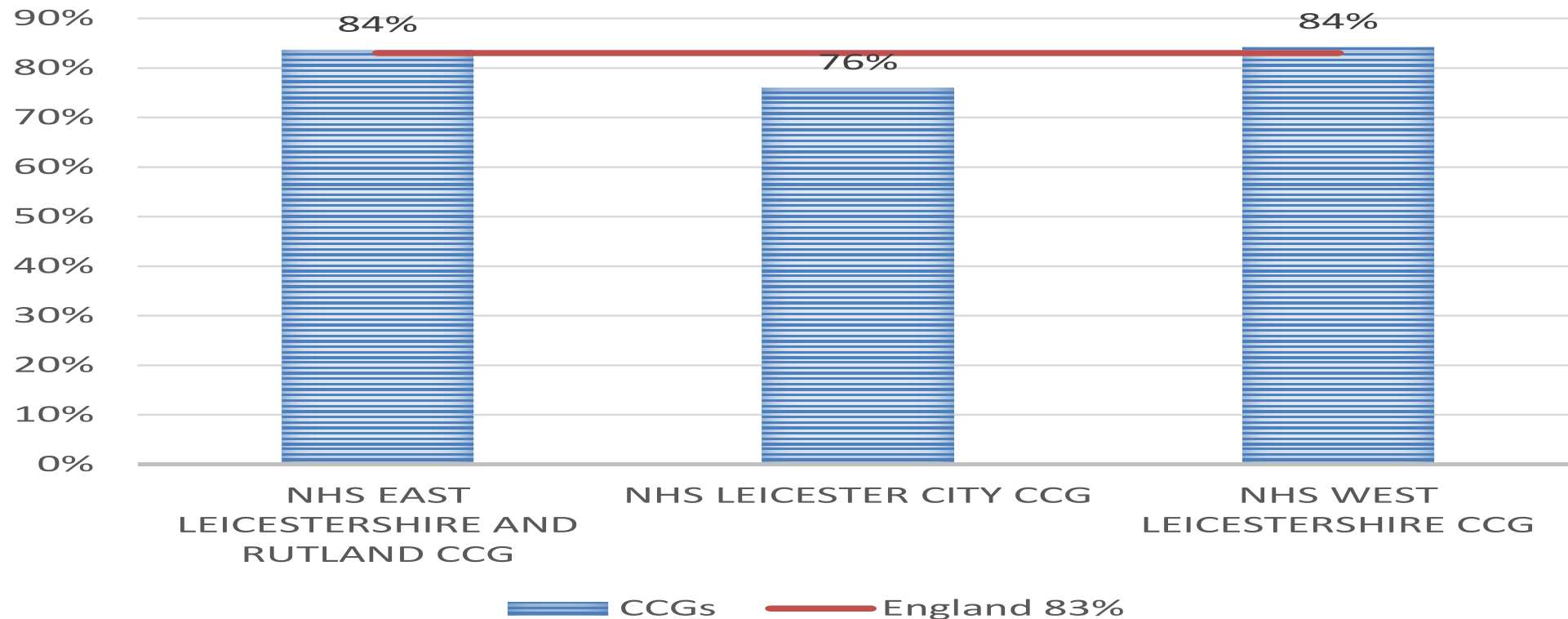
NATIONAL GP PATIENT SURVEY RESPONSE

For East Leicestershire and Rutland CCG: 3,831 were completed

For Leicester City CCG 6,869 were returned completed

For West Leicestershire CCG 6,120 were returned completed

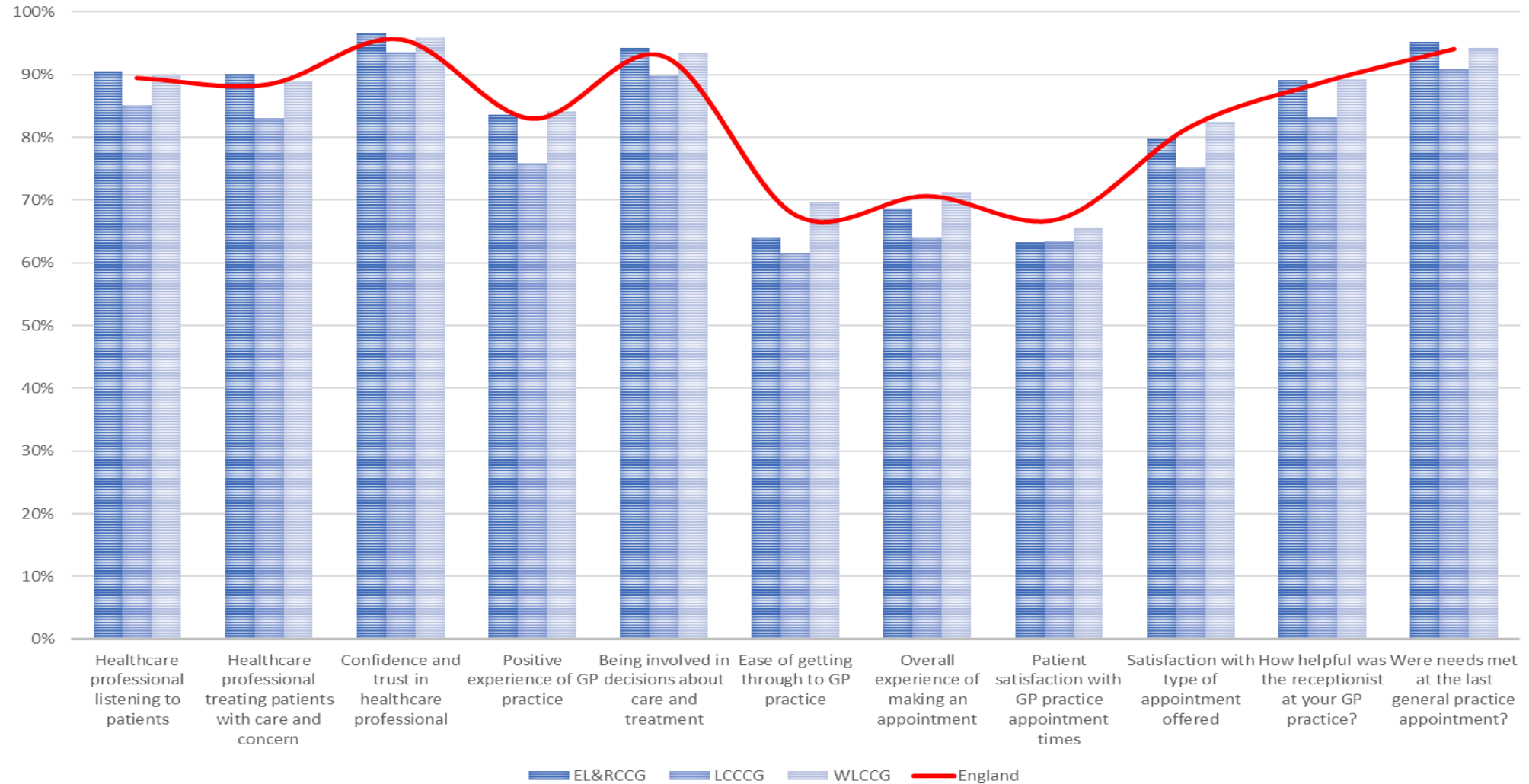
POSITIVE EXPERIENCE OF GP PRACTICE



NATIONAL GP PATIENT SURVEY RESPONSE

Summary of LLR CCGs across all 11 question domains, highlights LLR as being below the National average in 3 questions, all of which related to Access aligning with local survey

LLR CCG RESULTS SUMMARY



Recent GP/Health Centre Experiences

High Impact Actions

Some of the comments from patients in the Primary Care survey highlight a need for the provision of training and development in 'persuasion techniques' for people who are the 'first point of contact' for patients at General Practices and Health Centres. Such training would cover techniques such as handling difficult patients, building rapport with patients and offering choice – all of which will help in terms of making patients feel more valued generally when they contact Practices for help.

Provide training & development of frontline General Practice/ Health Centre staff

Pilot a cloud-based telephony service

Selecting some General Practices and Health Centres for a pilot of a cloud-based telephony service is likely to identify whether taking this service 'off-site' will reduce – and maybe eliminate – the many issues that patients say they encounter with existing telephone systems. In addition, this will also identify the effectiveness and security of storing data on a server that can be accessed via the internet.

High Impact Actions

Coupled with the need to develop the 'soft skills' of frontline General Practice/Health Centre staff, there is an opportunity for those in 'first point of contact' positions to assist more with signposting patients to advice and support which they can access immediately – either in lieu of obtaining an appointment with a GP or health professional or to empower them to self-care to a greater level than may currently be the case.

Provide more advice and support for Practice staff on using 'active signposting' techniques

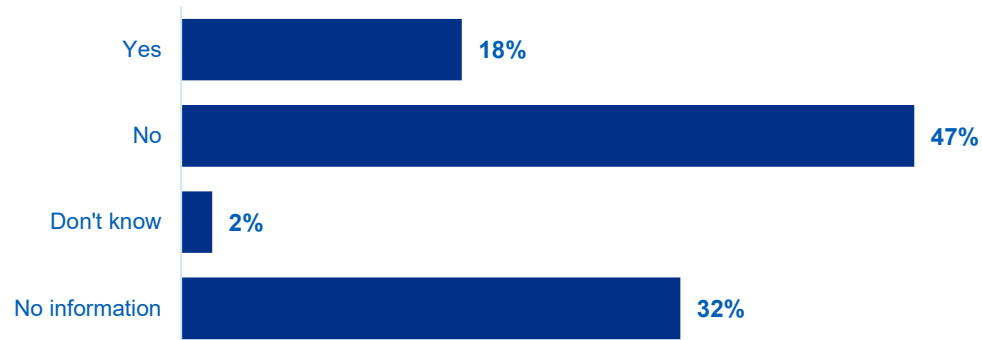
Review recorded answerphone messages at Practices and Health Centres

Feedback from some patients mentions the 'impersonality' or 'poor tone' of recorded answerphone messages that they encounter when contacting General Practices and Health Centres. The content and tone of such messages needs to be edited to provide a more concise, informative and empathetic message generally than many of those currently experienced by patients.

Out-of-Hours Access to General Practices/Health Centres

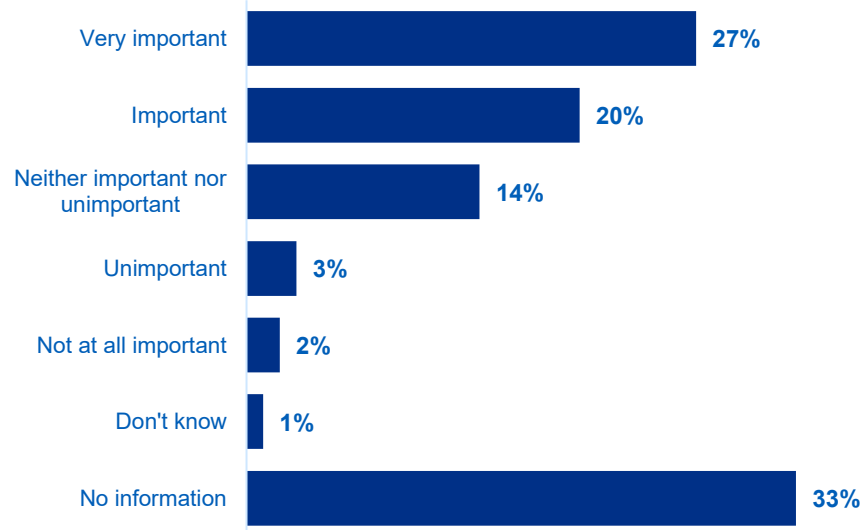
Out-of-Hours Access to GPs/Health Centres

The Headlines



18% ARE AWARE THAT THEY CAN ARRANGE AN APPOINTMENT TO SEE A GP OR OTHER HEALTH PROFESSIONAL OUT OF REGULAR SURGERY HOURS.

However, 47% are not aware of this.



47% FEEL THAT IT IS IMPORTANT TO HAVE ACCESS TO OUT-OF-REGULAR-SURGERY-HOURS APPOINTMENTS

Only 5% indicate that this is not important to them.

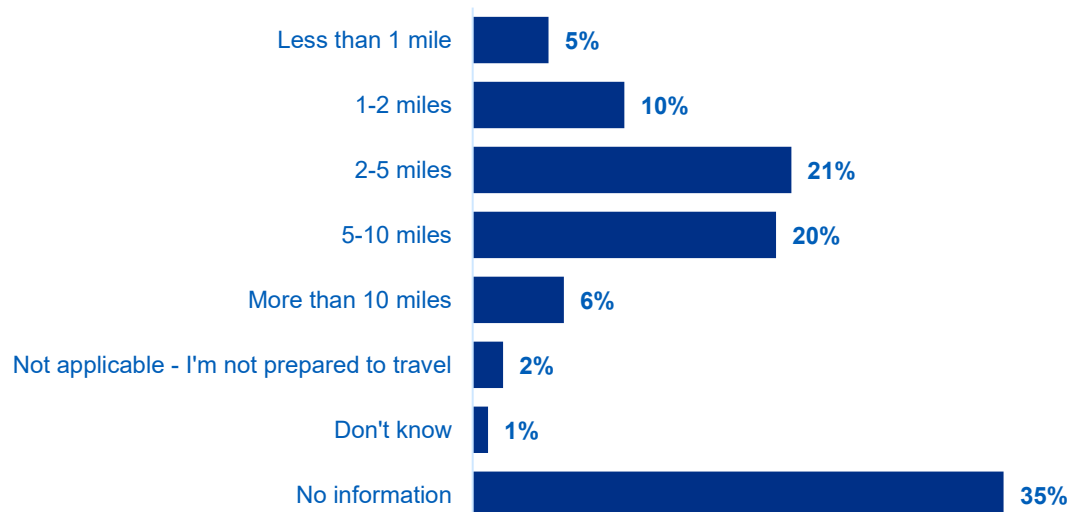
Out-of-Hours Access to GPs/Health Centres

The Headlines



51% WOULD CONSIDER ATTENDING AN OUT-OF-REGULAR-SURGERY-HOURS APPOINTMENT AT THEIR OWN GENERAL PRACTICE/HEALTH CENTRE.

However, other locations also hold significant levels of appeal – 46% would consider at least one location other than their own General Practice/Health Centre for an out-of-hours appointment.



36% WOULD NOT BE WILLING TO TRAVEL MORE THAN 5 MILES TO ACCESS AN OUT-OF-REGULAR-SURGERY-HOURS APPOINTMENT.

However, 26% indicate that they would be willing to travel 5 miles or more for such an appointment.

Out-of-Hours Access to GPs/Health Centres

Some differences by sub-groups

25-34s

Awareness of out-of-hours appointments:
19% 'aware'
79% 'not aware'

Importance of having access to out-of-hours appointments:
84% 'important'
3% 'not important'

75% would consider at least one location other than their own General Practice/Health Centre for such an appointment

How far willing to travel to attend an out-of-hours appointment:
55% 'up to 5 miles'
38% '5 miles or more'

35-44s

Awareness of out-of-hours appointments:
24% 'aware'
73% 'not aware'

Importance of having access to out-of-hours appointments:
81% 'important'
5% 'not important'

77% would consider at least one location other than their own General Practice/Health Centre for such an appointment

How far willing to travel to attend an out-of-hours appointment:
54% 'up to 5 miles'
39% '5 miles or more'

Leicester City

Awareness of out-of-hours appointments:
20% 'aware'
37% 'not aware'

Importance of having access to out-of-hours appointments:
45% 'important'
3% 'not important'

39% would consider at least one location other than their own General Practice/Health Centre for such an appointment

How far willing to travel to attend an out-of-hours appointment:
45% 'up to 5 miles'
6% '5 miles or more'

Leicestershire

Awareness of out-of-hours appointments:
18% 'aware'
50% 'not aware'

Importance of having access to out-of-hours appointments:
50% 'important'
5% 'not important'

49% would consider at least one location other than their own General Practice/Health Centre for such an appointment

How far willing to travel to attend an out-of-hours appointment:
36% 'up to 5 miles'
28% '5 miles or more'

Rutland

Awareness of out-of-hours appointments:
17% 'aware'
48% 'not aware'

Importance of having access to out-of-hours appointments:
40% 'important'
7% 'not important'

44% would consider at least one location other than their own General Practice/Health Centre for such an appointment

How far willing to travel to attend an out-of-hours appointment:
23% 'up to 5 miles'
37% '5 miles or more'

Out-of-Hours Access to GPs/Health Centres

Examples of positive impacts

POSITIVE IMPACTS OF HAVING ACCESS TO OUT-OF-REGULAR-HOURS APPOINTMENTS WITH A GP OR OTHER HEALTHCARE PROFESSIONAL

"As a working mum with two children, it means this will make it easier to get an appointment that suits."
(Female, 35-44, Leicestershire)

"Allows speedier access to advice and care for emergency situations that are not life-threatening."
(Male, 55-64, Leicestershire)

"Access at time of crisis when needed. Enables support to be given to family members. It should be available as the norm."
(Female, 55-64, Leicester City)

"Because people get ill at the weekend etc. and having to wait until Monday or burden the A&E department isn't a good solution."
(Male, 35-44, Leicester City)

"As a teacher it can be hard to get an appointment in the week if it's not an emergency round a job where you can't just get time off without notice."
(Female, 45-54, Leicestershire)

"Are many/any of the GP practices making this known? Appointments at these stated times are a step in the right direction."
(Male, 75+, Leicestershire)

"1 Health emergencies do not run to timetables. 2 If I am visiting a frail relative, (mine live alone and are 3hrs away) I often have limited time to sort things out for them. 3 When working (as a doctor) health issues that were serious enough to warrant attention but not serious enough to cancel clinics etc. were really difficult without OOH (outside of office hours) help."
(Female, 65-74, Rutland)

"Availability at any time is a confidence booster and allows me to monitor any symptoms before contacting a GP."
(Female, 65-74, Leicestershire)

"Easier to see (a GP) before or after work or school. Healthcare problems occur on weekends and bank holidays and if access is not available then people will attend in appropriate places for help such as A&E departments, which then causes delays for those really needing acute facilities such as hospitals."
(Female, 45-54, Rutland)



Out-of-Hours Access to GPs/Health Centres

High Impact Actions

Less than a fifth (18%) of respondents to the Primary Care Survey are aware that they can arrange an appointment with a GP or other healthcare professional outside of 'regular' surgery hours, while 47% feel that it is important to them to have access to out-of-hours appointments. This information needs to be more clearly communicated to patients using a mix of channels, such as the Surgery staff themselves informing patients contacting them, making this messaging prominent on Practice websites and using other communication tools (e.g. text messages, emails) to impart this information in order to ensure that more patients can make use of out-of-hours appointments.

Increase awareness of the availability of out-of-hours appointments

More than a third (36%) of respondents to the Primary Care Survey say they are not willing to travel more than 5 miles away from their General Practice to attend an out-of-hours appointment. Although finding a suitable location in all areas to enable this is likely to be easier in some areas than in others, the likelihood of take-up of out-of-hours access to a GP or other healthcare professional could increase if patients did not need to travel as far to access the service they require.

Ensure that other locations for out-of-hours appointments are close to General Practices

High Impact Actions

Consider non-Practice locations for out-of-hours appointments

Just under half (46%) of respondents would consider attending an out-of-hours appointment at a venue other than their own General Practice if it were available. This indicates that as long as the venue was within a 5 mile radius, offering GP-led services at such a venue may encourage more patients to consider this option, especially if Practice-patient communication about the availability of this service is improved and targeted as recommended.

General Practice/ Health Centre Services

General Practice/Health Centre Services

The Headlines



50% INDICATE THAT THEIR PREFERRED WAY OF BOOKING AT THEIR GENERAL PRACTICE/HEALTH CENTRE IS BY PHONE.

However, 34% say they are happy to book an appointment online.

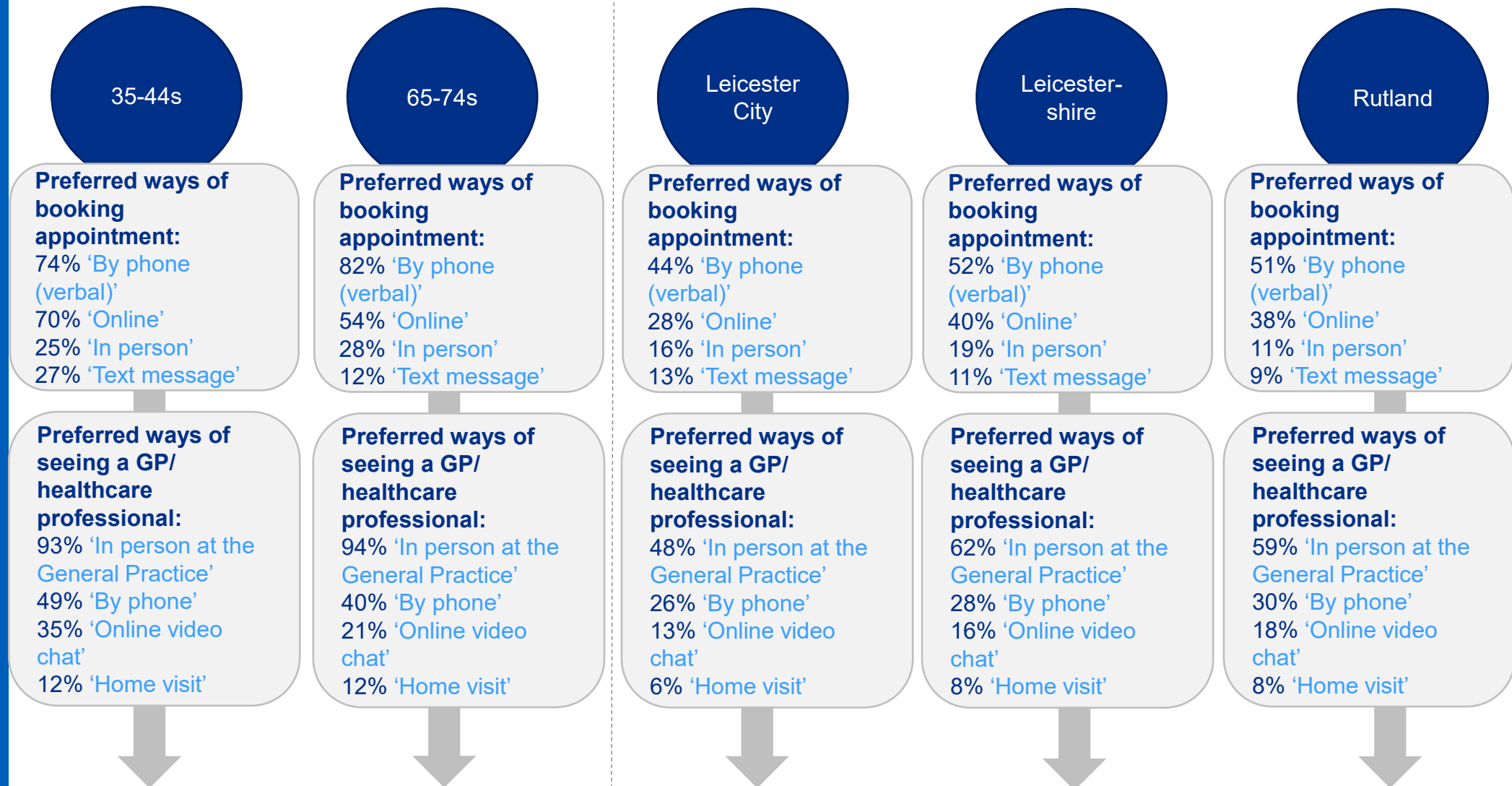


59% PREFER TO SEE A GP OR OTHER HEALTH PROFESSIONAL IN-PERSON AT THE GENERAL PRACTICE/HEALTH CENTRE

However, 28% indicate that they are happy to have the appointment conducted by phone, while 16% would be content with an online video-chat (e.g. Skype, Zoom).

General Practice/Health Centre Services

Some differences by sub-groups



General Practice/Health Centre Services

Examples of why people prefer in-person GP contact

"Cannot see how some conditions could be diagnosed over the phone or internet."
(Male, 25-34, Leicester City)

"Because health concerns can be subtly nuanced and this may be missed in online consultation. ."
(Female, 55-64, Rutland)

"Phone calls are convenient for minor/ongoing things but (it should be) in person for other (things)."
(Female, 45-54, Leicestershire)

"I don't have access to the internet. I only see the doctor when it's important and prefer to see him/her in person to get the best treatment and to ask questions about treatment."
(Female, 55-64, Leicester City)

"An initial phone call is good but sometimes a face to face is the best and most professional way."
(Male, 65-74, Rutland)

"I don't mind minor things over Zoom etc. But more worrying problems should be face-to-face."
(Female, 55-64, Leicester City)



"A doctor can look at a person and help them as they can look at how they walk, sit and respond and tell a lot more about what could be wrong rather than speaking to them on the phone."
(Female, 55-64, Leicestershire)

"Because I feel that it's only by a face-to-face consultation that some symptoms can be explained ."
(Female, 75+, Rutland)

"a GP cannot make a full diagnosis any other way. It is dangerous as things could be missed."
(Female, 55-64, Leicestershire)

General Practice/Health Centre Services

Examples of why people prefer other forms of GP contact

"I prefer the appointment to be face to face when my concern requires the doctor to see it, however some of my concern can be discussed over the phone, which will save me the time to travel and wait. I'd like to have a choice between a face-to-face visit at the practice and over the phone consultation when booking the appointment. Group meetings do not appeal to me at all and I would not consider it."
(Female, 35-44, Leicester City)

"Most things can be taken care of by telephone (but) at review time it's good to see a doctor in person."
(Male, 65-74, Rutland)

"I like telephone consultations. I have had a good response from my GP (who I feel confident would ask me to come in if they thought it necessary) Telephone hospital appointments during the pandemic for husband have been great ."
(Female, 65-74, Leicestershire)

"It is much easier to have a phone conversation than to have to travel to an appointment and wait around."
(Non-binary, 25-34, Rutland)

"I think that using Zoom, the phone or email can save time for both parties in some circumstances."
(Female, 65-74, Leicester City)

"I don't mind how the GP consultation is done as long as it is appropriate for the condition and enables the practice to maximise the amount of appointments available to meet the needs of everyone who needs it."
(Female, 35-44, Leicestershire)

"It's not always necessary to be physically at the GP. Online and phone consultations are fine for some conditions and are quicker and easier to access."
(Female, 45-54, Rutland)



General Practice/Health Centre Services

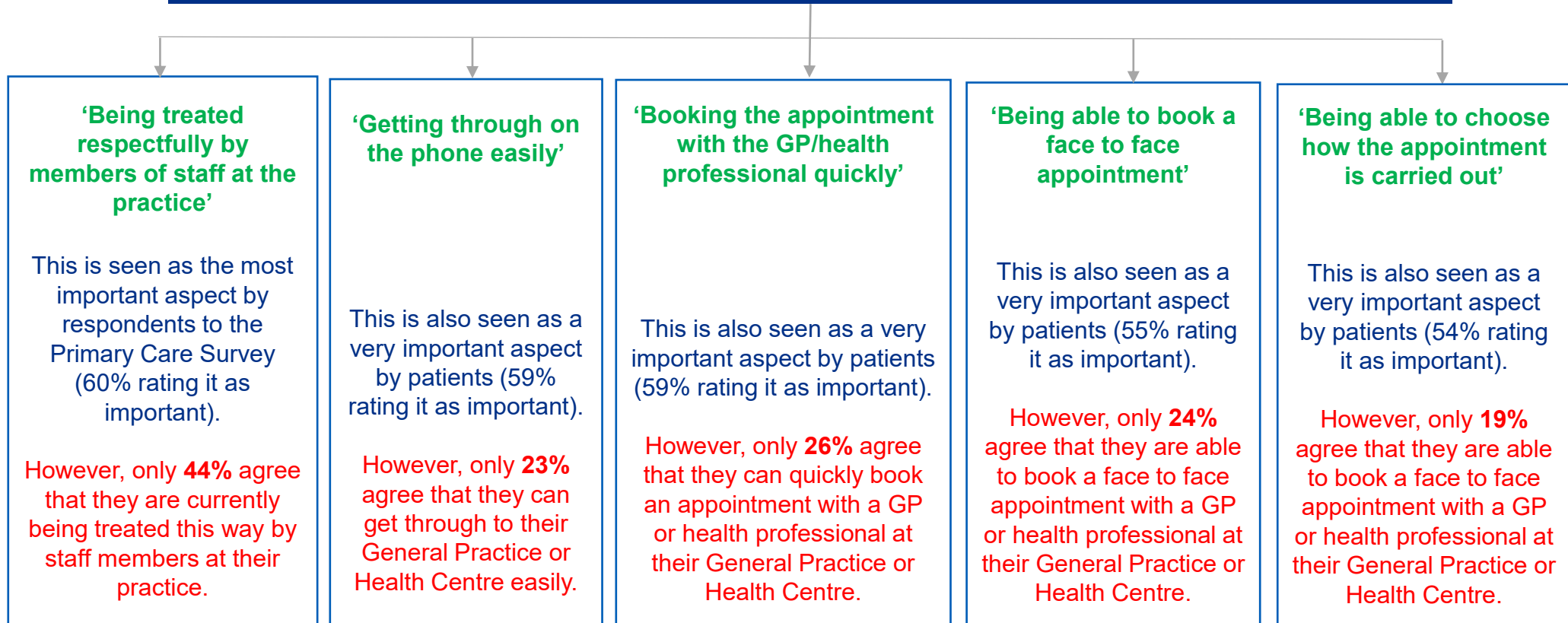
‘Importance’ v ‘Experience’ Ratings

I M P O R T A N C E		Aspects of booking and seeing a GP/health professional at the General Practice/Health Centre registered with	E X P E R I E N C E	
% Rating as ‘Important’	Importance Ranking		% ‘Agreeing’	Experience Ranking
60%	1	Being treated respectfully by members of the staff at the practice	44%	1
59%	2=	Getting through on the phone easily	23%	9
59%	2=	Booking the appointment with the GP/ health professional quickly	26%	6
55%	4	Being able to book a face-to-face appointment	24%	7=
54%	5	Being able to choose how the appointment is carried out e.g. face-to-face, telephone, online	19%	10
53%	6	Being seen by the GP or other healthcare professional on time	30%	4
43%	7	Being able to book the appointment with the GP/health professional without being phoned back	24%	7=
42%	8	Being able to arrange and have my appointment without having to ask for support with online technology	34%	2
41%	9	Being able to have an initial phone conversation with a GP or other suitable healthcare professional to decide on most appropriate appointment	33%	3
35%	10	Being able to wait for the appointment in a waiting area rather than wait outside	29%	5

General Practice/Health Centre Services

‘Importance’ v ‘Experience’

IMPORTANCE OF ASPECTS OF BOOKING & SEEING A GP/HEALTH PROFESSIONAL AT THE GENERAL PRACTICE/HEALTH CENTRE REGISTERED AT



Four out of the five most important aspects are ones where current performance is the lowest – targeting these areas for urgent improvement is likely to result in not only improved access to health services generally but also improved patient satisfaction and reassurance.

General Practice/Health Centre Services

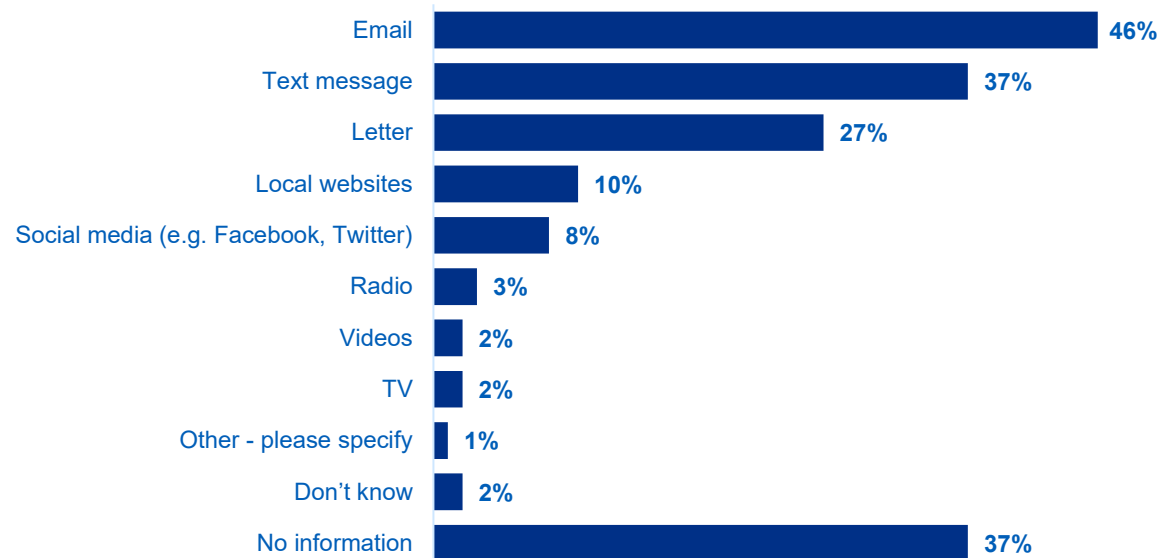
High Impact Actions



Communications

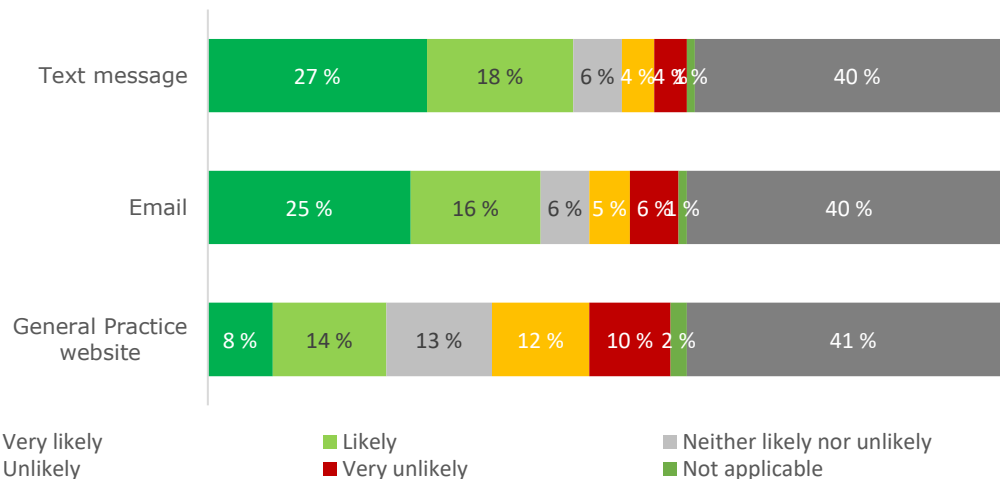
Communications

The Headlines



46% INDICATE THAT THEY WOULD LIKE TO RECEIVE LOCAL NHS INFORMATION RELATED TO THEIR HEALTHCARE FROM THEIR GENERAL PRACTICE/HEALTH CENTRE BY EMAIL.

However, 34% would be happy to receive a text message, while 27% favour a letter for this type of contact.



45% SAY THEY WOULD BE LIKELY TO RECEIVE AND READ LOCAL NHS INFORMATION RELATED TO THEIR HEALTHCARE FROM THEIR GENERAL PRACTICE/HEALTH CENTRE IF IT CAME VIA A TEXT MESSAGE.

However, 41% indicate that they would be likely to read an email, while only 22% would actively search for this information if it was on the General Practice/Health Centre website.

General Practice/Health Centre Services

Some differences by sub-groups

25-34s

How would like to receive NHS information from General Practice/Health Centre:

68% 'Email'
62% 'Text message'
37% 'Letter'
22% 'Local websites'
26% 'Social media'

Likelihood to read information if received:

76% 'Text message'
63% 'Email'
32% 'Via General Practice/Health Centre website'

75+

How would like to receive NHS information from General Practice/Health Centre:

73% 'Email'
48% 'Text message'
51% 'Letter'
9% 'Local websites'
2% 'Social media'

Likelihood to read information if received:

78% 'Text message'
68% 'Email'
34% 'Via General Practice/Health Centre website'

Leicester City

How would like to receive NHS information from General Practice/Health Centre:

32% 'Email'
35% 'Text message'
25% 'Letter'
8% 'Local websites'
5% 'Social media'

Likelihood to read information if received:

39% 'Text message'
32% 'Email'
19% 'Via General Practice/Health Centre website'

Leicestershire

How would like to receive NHS information from General Practice/Health Centre:

48% 'Email'
37% 'Text message'
29% 'Letter'
13% 'Local websites'
11% 'Social media'

Likelihood to read information if received:

45% 'Text message'
42% 'Email'
23% 'Via General Practice/Health Centre website'

Rutland

How would like to receive NHS information from General Practice/Health Centre:

45% 'Email'
33% 'Text message'
19% 'Letter'
7% 'Local websites'
2% 'Social media'

Likelihood to read information if received:

49% 'Text message'
48% 'Email'
19% 'Via General Practice/Health Centre website'

Communications

Examples of communications preferences

"They (emails and text messages) are directed to me personally rather than remembering to look at the practice website."
(Male, 55-64, Leicester City)

"I am a regular user of electronic communication therefore I usually see messages quickly."
(Male, 75+, Rutland)

"Our website isn't that good and having to go online is not the first choice."
(Female, 65-74, Leicestershire)

"I am more likely to look at and save an email but discard a text message."
(Female, 55-64, Leicestershire)

"You have to know there is something on the website that needs reading, so you need an email or text first."
(Male, 55-64, Rutland)

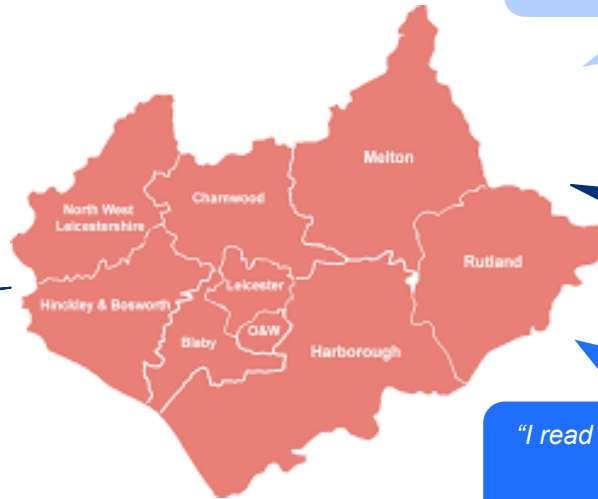
"Unless I go onto the website I won't see anything on there and unless I have a specific reason to go to the website I won't."
(Male, 35-44, Leicester City)

"The email and phone text would be seen by me within a few hours or sometimes straight away."
(Female, 55-64, Leicester City)

"I read my own emails all day and text messages come through on my watch. I don't have time to visit the GP website."
(Male, 65-74, Rutland)

"I prefer direct communication and have been impressed with texts and e-mail correspondence thus far. The website can be repetitive and, sometimes, overly general in content."
(Male, 75+, Rutland)

"Because the GP practice website should be the first point when wanting advice."
(Female, 55-64, Leicestershire)



Communications

High Impact Actions

A theme emerging from respondent comments is that they are far more likely to receive and take notice of communication that comes to them, rather than having to go to look for the information themselves. Hence, providing occasional (but not overly burdensome) information via text messages and email is likely to have a greater impact and take-up than if the information was just displayed on a Practice website.

**Focus on
'direct' patient
communication
methods (i.e.
text message,
email)**

**Ensure the
CCG supports
Practices
individually to
communicate
directly with
their patients**

Given the finding that patients are far more likely to receive and take notice of communications that come to them, the CCG should support General Practices and Health Centres to individually communicate directly with their patients. This is likely to enhance patient-practice relationships, improve the quality of communications with patients generally, support patient self-care and prevention, provide patients with more reassurance and start to rebuild patient trust.

**Use text
messages and
email
communication
as a signpost
to Practice
websites**

**High
Impact
Actions**

**Ensure the
CCG supports
Practices
individually to
communicate
directly with
their patients**

National survey: Significant areas of best practice were identified, with some LLR GP Practices ranking number 1 out of 6656 practices in certain questions, these included:

- Confidence and Trust in Healthcare Professional
- Being involved in decisions about care and treatment
- How helpful was the receptionist at your GP practice?
- Were needs met at your last GP appointment?

Celebrate successes by sharing this best practice through learning events.

As General Practice websites are mentioned as being 'out-of-date' by some respondents, an upgrade of these should include a page where the very latest NHS information can be displayed and regularly updated. Patients who do not use smartphones or email could still be able to access the Practice website (or someone they know could do it for them), while the greater use of text messages and emails as 'instant' communication tools by Practices will enable these channels to also act as a signpost to Practice websites and may also help patients to access the latest self-care advice and support more effectively than they do currently.