

Healthwatch GP survey update

Overview

We have collated 587 completed surveys.

The following report provides an oversight of the results. Some analytical work remains to be completed. Due to the richness of the feedback, a large number of potential questions can be asked of the data – and so analysis will continue for as long as required to maximise impact.

The headlines:

1. The majority of participants clearly value the status of a GP when they are looking for support or information about their health. When faced with a number of hypothetical situations, the clear majority of respondents favour contact with a GP over other factors to the extent that they are prepared to wait or would accept telephone communication rather than a face-to-face consultation. A minority of respondents felt so strongly on this matter that they refused to state whether they would accept care from any other professional. This material will be shared with local communications partners, to consider whether more needs to be done to help patients to understand the variety of roles health professionals can perform.

2. If a GP is not available, a clear majority of respondents would favour contact with a practice nurse. There is very little appetite for travelling to another GP practice. This information is valuable when considering how best to support GPs and offer a variety of care options within practices. It is clear that respondents generally value the current setup around GP services provision – and so any modernisation or service changes would require significant discussion and persuasion to convince local people.

3. Experiences of NHS111 and NHS Choices appear to be highly polarised, though positive experiences generally outweigh negative experiences. Respondents who have experienced good outcomes were strongly favourable and language used was very positive “excellent”, “high quality”, “useful”. Those who had experienced delayed or poor quality outcomes often used highly negative language to describe their experiences, “useless”, “dangerous”, “a waste of time”.

NHS Choices was generally perceived more favourably than NHS 111. These findings will be used to inform monitoring of services and planning for signposting and supporting patients.

4. When it comes to analysing care when provided by a team of professionals, there was not an obvious clear trend in the feedback

provided by respondents. These results will be further analysed, including regarding how these findings relate to other demographic information such as age and location, in order to examine whether any hidden trends exist within the data.

Using the research:

We have agreed to implement this research to benefit local initiatives, planning and management of services in the following ways:

Firstly, the data will be analysed and discussed with the joint strategic needs assessment (JSNA). Current work is underway to examine isolation – and if any of these findings can complement or inform that work, then we will ensure that it is used effectively to do so.

Secondly, this work will inform the STP - specifically plans to: ‘invest in GP teams to develop a mixture of skills and time to support the increasingly complex care that needs to be given’.

Thirdly, any lessons that can be learned regarding how to support services over the winter months will be highlighted. This could include, for example, targeting messages to particular demographic groups around making best use of pharmacy support.

Full results

1 Patient choice

If you develop an uncomfortable but not worrying condition and wanted medical assistance, would you usually prefer:

1. To be referred to a different health professional who can meet your need: 100
 2. To see any doctor in the practice, but on the day you contacted the surgery: 309
 3. To see your own doctor, even if that meant waiting until later in the week: 163
 4. No answer: 15
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If you want to get advice in person about a health problem (in other words, if using a website or other online source was not suitable) would you prefer

1. To have a face to face appointment with a nurse at your surgery: 142
 2. To speak to a doctor from your surgery on the phone: 344
 3. To speak to another health professional from your surgery on the phone: 87
 4. No answer: 14
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If you have a health problem that needs to be dealt with the same day, would you rather:

1. Be seen at your own surgery, but later in the day: 428
 2. Be seen quickly, but at a different surgery or urgent care centre within a 15 minute drive away: 114
 3. Speak to another health professional on the phone and receive advice about where else you could go for support: 29
 4. No answer: 16
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Thinking about your own health and the reasons why you are likely to go to the GP, if you were not able to see a GP in your surgery, which one of the following do you think would be most likely to be able to help you?

A&E (Casualty) trained nurse: 31

Counsellor: 2

Health coach (support for you to manage your own condition): 8

Mental health professional: 14

Other: 43

Pharmacist/ medication adviser: 36

Physiotherapist: 10

Practice nurse: 293

Specialist nurse in a particular condition (diabetes, chest conditions, heart problems): 117

No answer: 35

Other:

Hard to answer / dislikes the question / depends on what my health issue was: 13

No other professional would be suitable / would only accept GP: 9

Any of the above (1/20)

NHS 111 (1/20)

Another doctor (1/20)

Health practitioner (1/20)

Private clinic (1/20)

NHS walk-in centre (1/20)

Specialist cancer treatment via specialist nurse (1/20)

Any specialist who can give sick note (1/20)

2 Understanding of services

Full analysis to be completed through into 2017. Due to the richness of the feedback, it can be interrogated in a large number of ways to answer a wide range of questions. This will include trend analysis regarding age, location and other demographic information and how this relates to understanding of local services and how to access support to stay healthy. The question asked was:

1. What types of conditions would you expect to receive treatment for from the following services?

Pharmacist / walk-in centre / minor injuries unit / urgent care unit / practice nurse / treatment nurse

3 Use of information services and care preferences

Have you ever used another source of healthcare advice? Please tell us how useful they were.

Website e.g. NHS Choices: 288

Comments:

“Excellent, good, useful”: 106

- For symptoms
- For general information
- For information leading to useful advice on self-care
- Useful but did not offer advice
- For minor issues
- Empowering for patients / informs on the right questions to ask clinicians / to understand when to seek further medical help

“Moderately useful, variable, limited but useful”: 32

- Ok for basic research
- Depends what you are looking for
- Good for information, but can't replace medical professional

“Not useful, poor”: 17

- Too standardised
 - Impersonal
 - Technology issues, IT literacy creates a barrier, hard to navigate
 - Too limited, information can be taken out of context
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NHS 111: 277

“Excellent, useful, slow but good, achieved the result I wanted”: 90

“Poor, dangerous, useless, extremely bad experience”: 46

“Too slow, too scripted, delayed call back”: 29

Other helpline: 53

Various specialist helplines including for mental health and cancer support; 999 and previous incarnations of NHS 111

If your primary care was delivered by a team rather than solely by your named GP, what do you think would be most important for this to work well? (select your 3 highest priorities)

Continuity of the people I see: 299

Not having to repeat my story: 209

Good communication between the team: 347

Having a key point of contact: 148

Not having to wait as long for an appointment: 242

Seeing someone who is a specialist in my condition: 263

Other: 22

- Personalisation
- Better use of technology, notes, records
- Further statements regarding the importance of seeing a GP above all else

Demographics

Overall response rates to demographic questions are good, in light of the fact that these questions are optional, and people often decline to answer in previous Healthwatch engagement work.

It is possible that the online element of this survey encouraged greater completion of the demographic questions (perhaps the process is perceived as 'safer' when not speaking directly to another person).

It should also be noted that a significant number of paper surveys were distributed and completed, which should reduce selection bias (these efforts were designed to offset the impact of technological exclusion).

All background statistics provided are based upon the reporting of www.somersetintelligence.org.uk, which draws from the census and other data sources.

Geography

Mendip: 95

Sedgemoor: 72

South Somerset: 126

Taunton Deane: 118

West Somerset: 64

Blank: 140

Age

Age	Number of respondents
18-25	8

26-35	24
36-45	46
46-55	85
56-65	121
66-75	114
76-85	62
86+	35
Blank	93

Ethnicity

Description	Number of respondents
White British	458
White European	7
White other	4
Mixed heritage	4
White Irish	2
English	2
Other (didn't specify)	2
American	1
British Indian	1
Doesn't agree with questioning	1
Blank	106

Somerset is a predominantly white British area (5.4% of residents are not white British). Our results are slightly below projections regarding ethnicity, but this is likely to have been significantly influenced by the exclusion of those under the age of 18 from this survey.

The number we would expect based upon the figure of 5.4% of the population is 32 surveys. The actual number of surveys completed by individuals who disclosed that they are non-white British was 20.

It should be noted that our results are weighted towards people of an older age, and our survey excluded those younger than 18 altogether. This can be expected to have a secondary impact on the ethnic breakdown of respondents (we know that more than half of those of mixed heritage in Somerset are under 20 years old, for example).

Sexuality

Description	Number of respondents
Heterosexual	418
Gay	8
Other	5
Bisexual	3
Lesbian	3
Blank	150

Statistics on sexuality have historically been incomplete and problematic within the UK. However, a figure of 5% LGB rate is often used nationally (to adjust for under-reporting). The term 'other' is included to provide an option for those who do not identify as any of the other terms. As such, we would expect 29 surveys to be completed by LGB or other people.

In this instance, we have 19 surveys completed by people who were happy to disclose that they are LGB or other. However, it is often thought that an above-average number of those who decline to answer this question do so in order to avoid disclosing that they are LGBT (though this is conjecture).

Healthwatch should consider increasing attempts to engage with people who are LGB with future survey work, and should also consider how to ensure we are more obviously LGB-friendly (e.g. by using the 'rainbow flag' icon on surveys).

Transgender

There is no validated estimate of the rates of trans people in the UK. One person who completed the survey identified as transgender.

Disability

Statistics relating to disability in Somerset are varied and complex, with self-reporting of disability and long-term conditions varying widely between regions of Somerset. However, an average rate of 19% is used for

Somerset for people with a disability or long-term condition that impacts on their day-to-day abilities ‘a lot’ or ‘a little’.

This statistic is problematic when used as a comparator against our survey, as the question we asked regarding disability was different (‘do you consider yourself to have a disability?’).

If we assume that everyone who has ‘a disability or long term condition that impacts on their day-to-day abilities a lot or a little’ would also ‘consider themselves to have a disability’, we would expect to have received 112 surveys from people who identify as disabled. The number of surveys completed by people identifying as disabled was 111, which is therefore representative.

131 respondents declined to answer the question.

Carers

11% of people in Somerset provide some form of unpaid care. As such, we would have expected to have received 65 surveys from respondents who provide unpaid care.

The actual number of respondents who provided one or more forms of informal care was 156.

Description	Number of respondents
Cares for parent	71
Cares for partner	42
Cares for adult child	18
Cares for other relative or friend	19
Childcare	32
Cares for child with disabilities	7
Other: - Employed or formal carer (5) - Child, age not specified (2) - Respite carer (1) - Mutual care (1) - Former informal carer (1) - Self-care (1) - Other, not specified (1) - Did not understand question (1)	13

This successful engagement is partly due to the age weighting of respondents (we know that older people are more likely to provide unpaid care – one in five of people 55-64 provide unpaid care).

This is also a positive reflection on the good links Healthwatch has developed with Compass Carers – and is to the credit of our carers representative on our Executive Group.