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Research into accessing primary care services delivered in a general practice setting

Summary

1. Background, research aims and methodology

- 1.1 Statistics in Wales show an improving trend regarding availability of GP surgery appointments during core opening hours. However, results from the 2017-18 National Survey for Wales do not show a corresponding increase in people's satisfaction with accessing primary care services in a GP setting.
- 1.2 Welsh Government therefore commissioned Beaufort Research to carry out qualitative research with members of the public to explore perceptions and experiences of accessing primary care services delivered in a GP setting.
- 1.3 The sample consisted of a broad mix of 66 men and women who took part in focus groups and face-to-face depth interviews across three locations: Cardiff, Carmarthenshire and Gwynedd. Participants had made an appointment at their GP surgery within the last six months. The sample was split between two age bands: 18-44 and 45+; and between socio-economic groupings ABC1 and C2DE. The Gwynedd fieldwork was convened in the medium of Welsh. Fieldwork took place 28 January to 18 February 2019.

2. Key findings

Factors influencing positive and less positive experiences

- 2.1 The most prominent factors that influenced participants' positive and negative experiences of the process centred on **getting through to the surgery** to make an appointment and being able to **make an appointment** at a time and within a timeframe that suited their needs.
- 2.2 Key themes facilitating a positive experience were, broadly in the order of the patient journey:
 - Getting through by phone without too much delay and speaking with a member of staff to make an appointment. Phone was used partly because it felt like an immediate, convenient way of organising an appointment, once through;
 - Securing a convenient same-day appointment with a GP or within a day or two. The ability to walk in to make a same-day appointment added to a positive experience for some;

- Seeing a GP face-to-face and, for some, seeing their preferred GP if it concerned an ongoing health issue or because it felt more reassuring. Face-to-face appointments tended to be preferred because it felt like a more comfortable way to explain or show what an issue might be;
- Having a satisfactory outcome in getting the care they needed including with another health professional such as a physiotherapist or nurse;
- Generally positive interactions with staff including: a same-day call-back from a GP normally resulting in a same-day appointment; and polite, helpful staff.

2.3 Key themes that contributed to a negative access experience, broadly in the order of the patient journey, were:

- Difficulty getting through to the surgery by phone in the morning with lengthy delays spent redialling or waiting for the phone to be answered;
- No same-day appointments being left because of the time spent attempting to get through to the surgery by phone in the morning;
- Having to explain to a receptionist the reason for the contact. Some felt uncomfortable disclosing sensitive information, some did not think a receptionist was qualified to ask such questions and some felt the receptionist was trying to prevent the patient from seeing a GP that day or unless they were 'really ill';
- Not seeing a GP on the same day or within one or two days. This impacted some participants who were working and some who had to take the children to school. There was no indication that those working might be prioritised although some thought that surgeries tried to prioritise appointments for young children. Participants believed they knew when they needed to see a GP;
- Having to wait a week or more for an appointment. Participants tended to be prepared to wait up to a week for what they felt was a non-urgent appointment. The distinction between 'emergency' and 'non-emergency' did not seem very clear.

The Welsh language and accessing primary care services in a general practice setting

2.4 Fieldwork in Gwynedd took place in the medium of Welsh and findings on the Welsh language relate to feedback from this location. Views and experiences may be different elsewhere in Wales. Overall, Welsh-speaking participants stated it was important to them to be able to access primary care services at their GP surgery in the language of their choice. Reception staff and, more often than not, health professionals spoke Welsh which enhanced participants' experiences. It helped them to feel comfortable and made it easier to express themselves.

2.5 Although some were content accessing services in either language (especially if it meant a quicker appointment), they still stressed that it was important to have the choice.

Awareness and perceptions of the Choose Well campaign

2.6 Choose Well is a tool that helps people decide if they need medical attention if they are unwell. It explains what each NHS service does and when it should be used. There was limited awareness of the campaign overall or of seeing a similar message. Participants on the whole believed that it seemed logical to encourage people to take responsibility in choosing the appropriate care for treatment. They anticipated that more people taking this approach would help to free up GPs' and other health professionals' time although they stated that they already followed these guidelines. There was thought to be an issue with patients making a GP appointment who probably did not need one.

2.7 Some wondered whether this approach to care could be risky in certain situations where a symptom might not receive the attention it required and might be misread. Seeing a GP was still more reassuring for those who did not want to take a chance with their health.

Reactions to the primary care model and triage approach

- 2.8 The approach uses telephone call-handling and online methods as the first step in receiving primary care, with a suitably trained health professional dealing with the first contact and finding out more about the patient's needs. This person may then give advice or may direct the patient to the most appropriate health professional / service. This model was well received on the whole. The main potential benefits according to participants centred on: accessing the appropriate care more quickly; and how the model could reduce the pressure on GPs.
- 2.9 Less positively, concerns about **continuity of care** were an issue from time to time: a small number of older participants instantly disliked the primary care / triage model and did not want to deal by phone with an individual they did not know, preferring the comfort and reassurance of a familiar face or voice. They also wanted to be certain of seeing a GP.
- 2.10 There was uncertainty over how **qualified the trained professional** handling the initial contact would be. Participants on occasion felt that this new model might be an attempt to make it harder for them to see a GP.

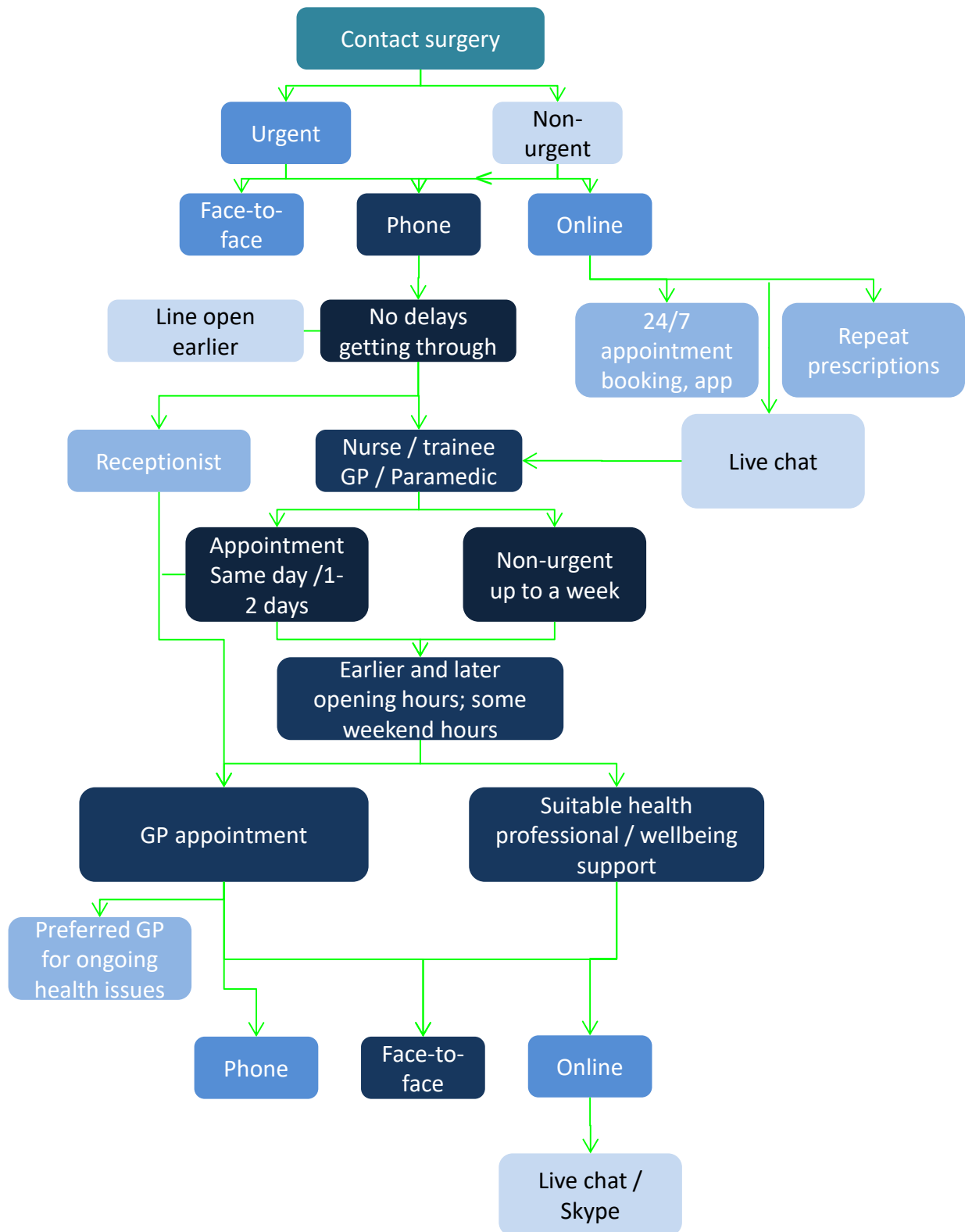
The role of technology in the primary care model

- 2.11 Participants tended to be unaware of any online options that might be available at their surgery. As a result, they tended not to have used online technology to make appointments and access the care they needed. The handful of examples of current use were for **making an appointment** and for **repeat prescriptions**. Online technology had not been used for any other interactions with a health professional via the practice.
- 2.12 Across age groups, views were mixed on making (more) use of technology although older participants were less likely to be interested in a shift in this direction. Even so, the limited examples given of current use of online technology were from older and younger participants.
- 2.13 From a positive perspective, online **appointment booking** was considered by some to be convenient for non-urgent appointments, resulting in minimal disruption to the patient's day and no lengthy telephone wait. Appointments could also be booked any time of day or night.
- 2.14 Participants tended to be uncertain about using online technology for a consultation with a health professional whereas a **face-to-face appointment** remained important as an option. Some older participants reiterated that they would be more confident about the outcome and find the process more reassuring if face-to-face.
- 2.15 Some envisaged being more likely to use an online consultation for routine needs (e.g. a repeat prescription) which would be convenient and quick.
- 2.16 A key concern voiced was **how effectively the technology would work** and how it might adversely affect the experience. A further reservation was how effectively patients would be able to **describe the detail of their symptoms** if writing online.

What good access looks like to participants

- 2.17 The diagram overleaf highlights the key good access factors from the research. The darker the colour, the greater the overall preference for the factor. The main themes were: a continued preference for phone contact initially but with no long wait for the call to be answered; a reported openness to doing more online (more so for booking appointments); an interest in a triage approach with a suitably trained health professional; a desire for a prompt appointment (same day or within one to two days); extended surgery opening hours; and an openness to seeing the most appropriate health professional although some older participants still wanted to see a GP.

Summary of what good access looks like for primary care services in a GP setting



3. Conclusions and recommendations

3.1 The two main themes to emerge from the research that relate to the National Survey for Wales results on finding it difficult to make a convenient appointment to see their GP were: difficulty getting through to the surgery by phone to make an appointment; and not being able to see a GP promptly. These were key barriers (and facilitators when not present) for accessing GPs and wider primary care staff. More detailed conclusions are contained in the full report.

Making contact with the surgery

3.2 Patients would benefit from:

- A better phone queuing system which removed the need to constantly redial and gave patients an indication of how long they would have to wait to speak with staff;
- A system that reduces the wait to speak with the surgery by phone, given that phone contact is the preferred method overall. Several of the recommendations below may also contribute to this goal in terms of encouraging a shift to other contact channels;
- Exploring how the system can be developed to spread the time of day contact is made to make an appointment rather than patients focusing on calling when the surgery opens;
- Greater promotion of what alternative options are currently available at surgeries for accessing primary care services, particularly online and My Health Online. Promotion should incorporate strong rationales for using these channels with clear examples of how other patients are benefitting from using them;
- A range of channels for contacting the surgery, i.e. phone, face-to-face and online options;
- Allaying concerns about online options' robustness and immediacy of contact;
- A convenient, well publicised app for making and cancelling appointments;
- As painless a system as possible for registering for online services;
- The ability to walk in to make an appointment and / or receive same-day care which remained important for some older people;
- Continued promotion of the Choose Well campaign including an emphasis on how a patient can receive swift and credible care via other means, for example stressing how highly qualified pharmacists are.

A triage system

3.3 The primary care model with triage received positive feedback overall:

- Continue to encourage the adoption of a triage system with a trained professional handling the contact. Continue to explore supporting online options like Skype and live chat;
- Promote the medical qualifications and expertise the trained professional has in patient communications. A nursing background was widely suggested. This move may also resolve the issue some voiced about disclosing health issues to a receptionist during first contact. The resulting referral would likely be more credible and accepted;
- Proactively offer the Welsh language so that Welsh-speaking patients are comfortable expressing themselves which will mean they are directed to the most appropriate care;
- Reassure patients that GPs will still be accessible and emphasise the purpose is to help them get the appropriate care more quickly;
- Stress the message that triage with a trained health professional will ultimately benefit all as patients are directed to the right care, freeing up GPs to focus on care for those who need it most. Consider whether messaging on the benefits of triage could be framed in the context of the challenges of an ageing population and increases in chronic health conditions;
- Ensure those making face-to-face contact feel that they cannot be overheard by others when discussing their health;
- Promote more widely the range of primary care services available at the GP surgery and continue to refer to health professionals as locally as possible.

Appointment times and opening hours

3.4 Good access was associated with seeing a health professional as promptly as possible: same-day or within a day or two. There was sometimes a degree of acknowledgement that GPs are stretched and that some patients who make an appointment with a GP do not need one:

- Promote surgeries' current opening hours as some participants did not know what hours their practice operated;
- Consider how opening hours could be expanded further at the start and end of the day to support the needs of those who work and parents with school-age children, for example remaining open later on one day a week. A weekend option would also be welcome. Consideration could also be given to allocating earlier and later appointments to those restricted by work and school commitments;
- Improve patients' understanding and promotion of what would constitute urgent and less urgent reasons for an appointment via the GP surgery. Include guidance on when to choose different types of contact for the GP surgery and under what circumstances.

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Full Research Report: Beaufort Research. Research into accessing primary care services delivered in a general practice setting: a qualitative research study. Cardiff: Welsh Government, GSR report number 35/2019.

Available at: <https://gov.wales/accessing-primary-care-services-qualitative-research>

Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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