Appendix two: Qualitative results from discussion groups

Introduction

The two month public engagement activity solicited views from a broad spectrum of the community.

This activity was done in two ways; discussion groups were led at public meetings by the Primary Care Programme Director and focus group sessions were delivered at community and hard to reach group sessions by OCG’s Equality and Access Commissioners.

Process and Methodology

Public meetings

Seven public meetings were held to gather views on general practice in Oxfordshire. These were led by Oxfordshire Clinical Commissioning Group’s Primary care Programme Manager, Dr Rosie Rowe.

The meetings were as follows:

- North Oxfordshire Locality Forum
- North East Oxfordshire Locality Forum
- West Oxfordshire Locality Forum
- City Locality Forum
- South West Locality Forum
- South East Oxfordshire Locality Forum
- Older People’s Health and Social Care Panel (Age UK)

At these forums a presentation was given and then an open question and answer session took place where the attendees were invited to raise questions and comments which were captured in notes that are contained in appendix three of this report.

Discussion sessions with community and hard to reach groups

Members of Oxfordshire Clinical Commissioning Group’s Equality and Access Commissioning Team attended 30 community groups and network events to promote the general practice survey and encourage people to complete the survey. There were 10 community groups where it was more appropriate to hold a discussion group based on the survey in order to gather feedback. The results of these discussions have also been analysed and included in this section of the report and have added to the key themes that have emerged.

Common themes emerged throughout the discursive part of the engagement activity and these are outlined below.

Key themes from the discussion groups

The following explores the key themes and suggestions that emerged from the questions and suggestions made at each discussion group.
As the engagement period progressed, it became clear that many members of the public understand and accept that NHS resources are constrained and have been through a period of change.

Discussion group demographics

It is worth noting that the demographics of those responding during the group discussions include a significant proportion of older people, two carers’ groups, two mental health groups, two women’s groups from different heritage backgrounds and a selection of small groups classed as hard to reach. Those participating in these groups are estimated as 151 people. Exact figures are unavailable at the time of compiling this report.

ACCESS

Ease of access to GP appointments was a key theme in the discussion groups with a significant proportion of participants voicing their preference for seeing their own GP for continuity of care. A number of respondents were speaking from the viewpoint of experiencing benefits to their care in seeing the same GP at successive appointments. At least half of those who asked to be able to see their own GP, wanted to be able to see their GP within 48 hours. The demographic of those wishing to see their own GP were respondents who are older or who have a long term condition. This contrasts with a group of other participants wanting to end registration with one GP, and instead be registered with the practice for ease in getting appointments. These respondents belonged to the working population.

The second strongest point made in terms of access was a request to reduce waiting times, with a handful of young mothers noting that they had defaulted to A&E instead of waiting for a GP appointment at their surgery. A small number of carers also asked for priority to be given to carers for appointments in recognition of the constraints they operate within. While a small group of people with mental health issues asked for greater consideration of their needs in giving them priority appointments.

Four key suggestions around how to improve access and reduce waiting times emerged including; medical triage on arrival for open surgery and/or appointments with a practice nurse addressing issues where possible, particularly for urgent or same day care; surgeries offering extended hours or the option to attend a nearby surgery for urgent appointments, the opportunity to see a specialist nurse treating a particular long-term condition or to have an X-ray at a nearby surgery and finally a suggestion to help those whose work commitments make access to GP appointments difficult, that Oxfordshire patients can access any GP in the county for an appointment.

There was a consistent but smaller number of comments about the ease of getting an appointment by telephone with some finding the phone system difficult to use, the line often engaged and others uncomfortable finding they have to explain their symptoms to the receptionist.

Finally, there was a call for a set of standards around access including for example, computerised login for patients when they arrive at reception.

ACCESS FOR URGENT APPOINTMENTS

A question posed in discussion groups was whether participants were willing to go to another surgery for an urgent GP appointment. The key factor in response to this question was the distance people are prepared to travel. Most people preferred to travel between 0-2 miles with half stating
they would be happy to attend a different surgery and the other half indicating that they had difficulty in travelling further for health reasons.

The furthest people stated that they were prepared to travel for an urgent GP appointment at a different surgery was between five and ten miles, although around 2 miles is the preferred distance. Group participants also suggested that they would be happy to access some planned care appointments, community services, specialist clinics or minor injuries units if they were accessible by bus or had car parking facilities.

TECHNOLOGY

In contemplating how technology could best be used to support patient care in general practice, the strongest call was for text message appointment reminders, with a smaller number asking for emailed appointment reminders. There was also a strong message from a similar number of respondents who stated that technology was not important or relevant to them. Most found access by telephone for advice or for booking an appointment helpful.

At least half of those who responded to the technology question in the discussion groups (half of those responding in the paragraph above) called for test results to be emailed or sent by text message.

Online appointment booking was popular although there were comments that the system needed improving to make it easier to use and offer the chance to book other types of appointments including nurse and urgent appointments. There were also comments about the constraints in how far ahead you are able to book appointments online.

Finally there was appetite at one discussion group for tele-medicine. Although this was contrasted by further comments that this will appeal to a certain part of the population who have access to technology and are comfortable with it.

Finally there was a suggestion that technology could be used more in practices to run diagnostic tests prior to appointments to enable patients to see the GP with information.

INFORMATION

There was a prevalent call for GPs and practice staff to do more to signpost to other services, with some respondents stating they were unaware of support from other agencies and other participants asking that practices/health centres act as a hub for information on health and other services. There was appetite at a number of the discussion groups for health centres/practices to act as ‘one-stop shops’ to be able to get help on a variety of issues, there and then.

People called for test results to be sent to patients proactively and promptly. Respondents also wanted more information about their practice and services offered, including when GPs are working and when they are off. Finally there were a number of calls for patient education in the correct use of services.

MANAGEMENT

There was a difference of opinion over facilities at GP surgeries, with a slightly larger group of respondents calling for improvements while others were happy with the facilities offered. There
were further calls to improve the support and development of practice staff and enhance customer service.

QUALITY

A large number of respondents stated they receive good quality care.

HEALTH SYSTEM

Respondents in a couple of groups made reference to a variability in the efficiency of the prescription system and called for there to be greater links between GPs and pharmacists to enable GPs to make more use of them. Although it was also acknowledged that work needs to be done to change the public perception about the role of pharmacists.

In discussing access out of hours, a small number of respondents stated they were happy with the service provided by 111, others had had a two-hour wait for a call back by the 111 service, while a further small group had been unaware of 111 before this engagement activity took place.

A further small group of respondents had been referred to a minor incident unit (MIU) by 111 and had been unaware of its existence until then; a further small number stated they have received good support from an MIU. It was felt that MIU’s reduce A&E attendance and mini MIU’s might be beneficial. A further suggestion was that maybe the branding should be changed to help people understand which part of the urgent health care system to use, for example ‘A&E local’ for MIU’s and’ A&E express’ for life-threatening emergencies.

Finally there was a call for greater communication between hospitals and GPs when a patient is discharged to allow for monitoring of patients and follow-ups where relevant. Also in one discussion group a suggestion was made for outcomes to be monitored differently and not just to be about savings.

ADDITIONAL SERVICES

A small number of respondents suggested additional services that they would like to see provided at GP surgeries. These suggestions centred on further support from practice nurses; including X-rays, injections and support in giving drugs for a patient’s long term condition. One small group of patients suggested that surgeries provide information on the services that practice nurses offer and the ailments they can help to treat. A third suggestion was direct access to podiatry and physiotherapy, so that patients do not need to go via GPs.

An examination of the key issues raised during each discussion group run by the Equality and Access Commissioners by individual group

MIND group Witney

Four people, three people and 1 man aged 20-50

- CARE CONTINUITY - A key theme for members of this group was the ability to see their own GP for care continuity.
- ACCESS - WAITING TIMES - Reducing waiting times was an issue for this group and they would like to be seen sooner for their mental health problems.
ACCESS - TRAVEL - Travelling for appointments is difficult for this group due to their health issues, with them willing to travel no more than 5 miles for an urgent GP appointment.

TECHNOLOGY - This group asked for text message appointment reminders and online facilities to book appointments and arrange repeat prescriptions.

INFORMATION - They want GPs to share information on support services provided by other agencies

**Polish Group**
Five women, 25-45 years

- ACCESS - WAITING TIMES - Waiting times were a key issue for this group with them reporting difficulties in getting same day GP appointments.
- ACCESS - The group also wanted to see extended hours and weekend drop in sessions.
- It seems that when a health issue arises, this group tend to look for medical advice on the same day.
- ACCESS – TRAVEL - They are happy to travel up to 10miles for an urgent medical appointment.
- ACCESS - They wanted to see GPs with specialisms or specialist clinics in the community
- ACCESS - They want open surgery sessions with a medical triage on arrival
- TECHNOLOGY - They are comfortable with technology and would like to receive appointment reminders by text and be able to email a GP or practice nurse for advice.

**St Mungo’s, Witney – a support group for young homeless people**
Five people, three women, two men, 22-44 years

- TECHNOLOGY - The needs of this group differed. Two were comfortable with technology and three were not. Two would like text message appointment reminders and test results, one prefers information by letter and another prefers contact by phone.
- ACCESS - Waiting was a key issue for this group, with reports of late appointments and delays in being called back by a GP.
- ACCESS - They want more imminent care and a more responsive service, namely same day GP appointments and to be able to arrange prescriptions over the phone
- ACCESS - They want to see their own GP so they don’t have to go through their medical history with someone else and they were not willing to travel due to costs.

**50+ Group, the Clockhouse, Blackbird Leys, Oxford**
12 women 50+

- QUALITY - This group reported high confidence levels in their GP.
- ACCESS - They wanted to be able to contact a GP out of hours
- ACCESS - They wanted it to be easier to make an appointment and in particular to make it easier to make an appointment to see a nurse or phlebotomist
- ACCESS - They wanted to see their own GP
- ACCESS - They wanted the GP call back system to be simplified
• ACCESS - They were prepared to travel up to two miles for an urgent GP appointment at another surgery or for their surgery to extend their hours
• QUALITY - All wanted a care plan for those with Long Term Conditions (LTC) (one person had epilepsy and didn’t have one)
• ACCESS - They strongly agree about seeing a nurse specialist at another surgery to manage an LTC
• ACCESS – TRAVEL - They are prepared to travel up to five miles to access specialist care in the community although they would prefer locations that are easily accessible by bus or with parking
• TECHNOLOGY - They are not comfortable with technology with the exception of text message appointment reminders which they said would be helpful
• NHS SYSTEM - They are confident seeking advice from a pharmacist

Abingdon Carers Group
6 Carers
• QUALITY - This group reported a good service
• ACCESS - They would like to see reduced waiting times
• ACCESS - They would like to see the same doctor for continuity of care and do not want to be seen at other surgeries
• ACCESS - They would like to see extended hours at their surgery
• ACCESS - They would like to see a variety of consultation methods including telephone consultations and home visits.
• ACCESS - They would like priority for appointments given to certain patients including carers in recognition of their constrained circumstances.
• ACCESS - They would like it to be easier to get an urgent appointment
• TECHNOLOGY - They recognised the benefit of online appointment booking in freeing up receptionist time, however they do not feel comfortable with technology, do not have computers and can not hear text messages
• INFORMATION - They would like GP surgeries to share more information on support services with patients

Didcot Women United Group, Oxfordshire MIND support group
10 women
• ACCESS - They wanted to see reduced waiting times for appointments
• ACCESS - Some of the group said they don’t mind travelling a short distance for an urgent GP or nurse appointment, while the remainder of the group wouldn’t see someone at a different practice.
• ACCESS - They wanted to see the same GP for continuity of care.
• QUALITY - There were mixed views about the quality of their surgeries.
• PRACTICE MANAGEMENT - There were concerns that some surgeries take a few days to prepare prescriptions which can be difficult for people with mental health issues; they wanted to see a faster turnaround time.
• PRACTICE MANAGEMENT - They wanted it to be easier to get prescriptions
• TECHNOLOGY - There were concerns around the online appointment booking system, it is not easy to use
• TECHNOLOGY - They felt test results by text or email would be helpful
• ADDITIONAL SERVICES - They wanted to see practices offer more support for patients with mental health issues

Burford Community Group
Nine people, six women and one man
• 7 above 75 and 2 45-55
• ACCESS - They would like to see reduced waiting times for an appointment
• ACCESS - They would like to see the same GP for continuity of care
• ACCESS - They experience long waits on the telephone to speak to a receptionist
• ACCESS - They would like to see home visits for older, non-mobile patients with LTC’s
• ACCESS - Transport is an issue especially due to the rural area and they are willing to travel up to two miles for a GP appointment.
• TECHNOLOGY - Only two use the internet and text messages. Those two would welcome text message appointment reminders. It appears, the older members of the group are not comfortable with technological solutions.

BK Luwo (African Heritage Women’s Group)
20 members
• ACCESS - The group felt it was easier to go to A&E than get an appointment due to waiting times (up to two weeks)
• QUALITY - They reported that the GP does not always listen

Open Door (Group for asylum seekers and refugees)
15-20members
• Not much interest in the survey/discussion group
• ACCESS - The group felt it was easier to go to A&E than get a GP appointment due to waiting times
• ACCESS - They felt some GPs will not register patients or they find it hard to register with a GP
• ACCESS - They experienced language barriers with the receptionist or GP
• Some countries do not have GP surgeries so you go straight to A&E
• ACCESS - Travelling for a GP appointment was felt to be a problem due to transport.

Isis Carers Group
10 members
• They are interested in the survey and keen to learn about the results
• TECHNOLOGY - The elderly do not want to use technology