

Insight Bulletin: June 2021

One of the statutory duties of Healthwatch Surrey is to share the experiences of local people with organisations who make decisions about health and social care services. Our monthly Insight Bulletins shine a light on some of the themes we have heard about over the past few months.

The themes highlighted in this month's bulletin are:

- Praise and thanks from the people of Surrey
- GP access - untangling the drivers of frustration
- Adult Social Care - confusion over finance
- The cost to healthcare providers of poor patient administration

If there is a theme you would like to hear more about please contact Kate.Scribbins@healthwatchesurrey.co.uk.

Praise and Thanks

Every month we hear from service users who have experienced excellent care:

An unusual experience at a vaccination centre:

“John received his Pfizer vaccine. He was asked to wait for 15 minutes so went to sit in the designated area. The next thing he knew, he woke up on the floor with a doctor telling him that he had fainted and he was in the vaccination centre. He had been placed on his back, with his legs up on a chair and had a blood pressure monitor cuff around his arm. Screens had also been put round him to protect his privacy. John was very impressed with the care he received”.*

A welcome return to face-to-face services:

“Stuart’s wife was referred to see the Parkinson’s nurse. This was the first time since the first lockdown they had seen any doctor or nurse in person... It was very relaxed when they got there and there were no queries as to Stuart

* All names in this bulletin have been changed to protect anonymity

needing to accompany his partner. [The nurse] was so friendly and helpful and they had plenty of time to raise any problems. They both agreed it had been one of the most pleasant "normal" experiences since lockdown and so much more rewarding than telephone/video links."

Digital services enabling efficient primary care:

*"I used the online consulting app... I was told to call the Health Centre to speak to a doctor. I... got through to Reception with no waiting time. Receptionist took particulars and advised me I would get a call in the afternoon. The call came at 4.00pm. The GP asked a whole range of questions to help with the diagnosis, she gave me a preliminary conclusion and prescribed medication. The prescription was sent online to my chosen pharmacy and was available for collection within the hour. The doctor also booked a follow up call the following week. **Faultless service.**"*

GP Access - untangling the drivers of frustration

The increase in demand for GP services has proved a challenging test of the service changes implemented in response to the pandemic. While some people tell us they are struggling to access GP services, we are also hearing stories of efficient, high quality care.

We have reviewed over 200 stories that people have shared with us over the past 9 months about accessing appointments and remote consultations across healthcare, and this has given us fresh insight into the drivers of both frustration and satisfaction.

There are **three distinct ways the patient journey to GP access has changed** during the pandemic. Each of these changes gives rise to different benefits and challenges for patients and providers alike.

Change 1: How patients make contact to request care



We are hearing more experiences of people having difficulty getting through to some surgeries to request an appointment:

“Used to have to wait quite a while to get through on the phone but now you can’t get through at all. You can hold on with it ringing and in the end it just cuts off. Have tried the online service and found that it was not at all user friendly, it sends you round in circles.”

“Have been trying to make an appointment for over a week. The online service they ask people to use, shuts down by 9am due to being overloaded and they refuse to deal with non-urgent matters over the phone. If you do call they just ask you to call back tomorrow.”

Change 2: Total Triage



* Total triage means that every patient contacting the practice first provides some information on the reasons for contact and is triaged before making an appointment.

Patient response to triage varies:

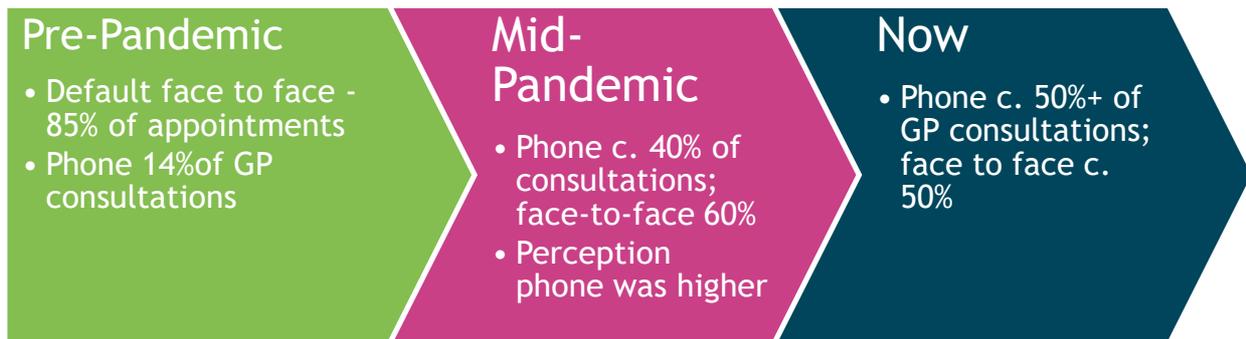
- Some are aware of triage, others appear not to be
- Some accept triage. However, others still expect to get the direct access they are used to, or object to the triage process.

“Triage works for me, I don’t mind giving the receptionist my information for them to make an assessment if urgent or not. I understand.”

“Don’t like triage service, I don’t wish to divulge medical details to a receptionist; would prefer someone that has done 7 years of training. Worry they will miss something.”

“My complaint is mainly about the receptionist who, in my opinion, is not allowing me an appointment with my GP... and instead is making decisions by herself and asking me to phone closer to Friday.”

Change 3: Modes of consultation



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We have heard many positive experiences of remote consultations:

“Ben needed GP advice for a skin condition. The reception booked a phone appointment and the GP called Ben. As it was by phone, Ben could keep it even though they were away on holiday at the time. GP suggested Ben sent photos to help with diagnosis and sent them a link. Ben sent the photos and the GP called the same day with a provisional diagnosis and emailed a prescription to Ben’s preferred pharmacy. Very simple process... The move away from face-to-face consultations on this occasion worked well.”

But for some, the patient preference is for face-to-face GP contact, whether justified or not:

“Since the start of the pandemic, he would have preferred face-to-face appointments with the doctors.”

“I had a urinary tract infection and wanted to speak to a doctor on the phone and all I got was replies by text and prescriptions sent by text.”

There may be important and less obvious reasons for patients pushing for face-to-face appointments:

“In my own home, if I want to talk about something that is intimate or private, it is difficult and my phone appointment can be any time of the day, can be 4 hours later!”

† NHS Digital data for December 2019/August 2020/April 2021

Much work is under way to manage the challenges faced by GPs and we have contributed to the development of the Surrey Heartlands Primary Care access co-design project.

Our headline recommendations relating to GP access at this stage are:

- Consider and address the three areas above separately: there is unlikely to be a one-size-fits-all solution
- Communicate positively and proactively with patients including
 - o the benefits of triage to patients
 - o how decisions about methods of consultation are reached (professional credibility)
 - o the importance and benefits of the multi-disciplinary team working in primary care
 - o where and when to seek help elsewhere
- Continue to monitor and ensure that phone access is available for those who cannot access online, whilst working on ways to help facilitate digital access for those who need support

Adult social care – confusion over finances

We regularly hear experiences relating to the funding of social care. People and their carers coming into the social care system for the first time often have little or no understanding of how social care funding works.

Information and support is available but care finances are complex and service users and their families are often coming into care at a time of crisis. It is important that providers recognise how complex care financing can be to service users and families/carers, and ensure people fully understand their position when accessing care.

“John’s mother went into a care home in May 2017. She was means tested and Surrey County Council (SCC) contributed to her care costs. John’s mother is currently paying about £700pm from her own resources and John said she also receives NHS funded nursing care. His mother owns her own house, valued at around £280,000. John has received a bill from SCC for £104,000 for ‘care costs backdated to 2017’. This is the first communication from them as there has been nothing in the last four years.”

“Jane received an email from Social Services saying that they were going to do a financial Review of her mother’s funding and transition her mother off Covid-19 Funding. There was no date given for the review. Also, asking if the

family would contribute to the care. Jane said she could not contribute. She was unaware of the Covid-19 funding element. She is anxious that Social Services may try to move her mother.”

“Susie’s mother’s health deteriorated and she was admitted to Glebe House for respite care. She has made good progress but cannot return home. Her money is now exhausted so Susie made an application for a Full Nursing Care (FNC) Certificate... As she has now applied for funding assistance, she has been assigned a case worker by Surrey County Council who said that she proposes to move Susie’s mother to a home where they have an agreement to pay £750pw. Susie very much prefers that her mother stays where she is because the care is excellent and visible improvements have been seen in her health. Glebe House have offered to let her mother stay for a weekly fee of £1000pw plus FNC... Susie was looking for advice on understanding the process ahead of a meeting next week.”

The cost of poor administration to the NHS

Immediately before the pandemic Healthwatch Surrey were commissioned by The Kings Fund and Healthwatch England to undertake research into the impact of poor NHS administration on patient experiences. The project was delayed, but reports encompassing Surrey insight have recently been published by Healthwatch England and by The Kings Fund.

<https://www.kingsfund.org.uk/publications/admin-matters-nhs-patient-care>

<https://www.healthwatch.co.uk/news/2021-06-24/focus-nhs-admin-needed-improve-peoples-experiences-care>

In our local research one of the most frequent frustrations expressed by patients was the **wastage to the NHS created by poor admin processes - missed appointments, unnecessary work created for admin staff, and additional unnecessary GP presentations**. There were also concerns that delayed treatment or inappropriate treatment is detrimental to patients and local services alike.

The Kings Fund commented:

“Patients, carers and staff all experience NHS admin processes - including phone calls, letters, booking systems and other communications - that do not consistently meet the needs of all users. These experiences can place a heavy practical burden on patients and carers, restrict their access to care,

negatively affect their wellbeing, and have knock-on consequences for staff alike.”

Delays to treatment caused by the pandemic have put a sharp focus on the need for effective communication between providers and patients. We will be reporting more on this in the coming weeks.

About Healthwatch Surrey

How we gather our insight

We gather feedback through channels including our Helpdesk, website, social media, and local Citizens Advice. We also distribute flyers, advertise, engage with groups through our partners and contacts, and initiate focus groups. The number of people we hear from and the topics we hear about varies from month to month. Topics covered may depend on the groups we engage with.

How we share our insight

If we hear a case of concern regarding patient safety we immediately signpost the sharer to the appropriate body and escalate the case with the provider/commissioner.

We share our wider themes with Trusts, CCGs, Surrey County Council, Public Health, CQC, and in various boards and groups across Surrey.

If there is a topic you would like to hear more about, please contact kate.scribbins@healthwatchsurrey.co.uk

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