

Access to GPs - scoping paper

The issue - The Covid pandemic and the associated lockdowns have changed the ways in which many health and social care services work. The changes have brought benefits for some patients but also some evidence that access to these services harder for others, in particular, those groups who may be defined as 'digitally excluded'.

Healthwatch research during the pandemic (see the HWG report '**Gateshead GP patients survey - The impact of COVID-19**' July 2020 and HWN report '**Newcastle Outer West PCN patient survey**' Mar 2021) has shown that most survey respondents have found the experience of contacting their GP surgery better than in pre Covid times. These positive findings have been replicated in other surveys (see '**Exploring patients views of using digital solutions in GP practices**' Gateshead Outer West Primary Care Network and NewcastleGateshead CCG, Nov 20 and '**The use of digital consultations in GP practices**' - NHS Sunderland, South Tyneside & County Durham CCG, Aug 20)

Other research (see '**Digital Inclusion in Leeds**' Healthwatch Leeds, Oct 20 and **Digital medical appointments - VCSO Focus Group Report**, NHS Sunderland, South Tyneside & County Durham CCG, Sept 20) has focused on the experiences of the 'digitally excluded'. This group might include, but is not exclusively:

- People with limited/no English
- Frail older people, including care home residents.
- People who are homeless or living in conditions that allow them no privacy,
- Refugees and asylum seekers
- People with a learning disability
- People who cannot afford a smart phone/tablet/laptop.

The research involved consultation with wide range of digitally excluded groups and/or groups suffering from general health inequalities and both reports include some helpful insights and recommendations. As such it would be of limited value for Healthwatch Newcastle to undertake similar research.

Where we could have an impact is by supporting individual practices to better understand the digital challenges facing their own patient populations or specific groups within their patient populations. In order to do this, we first need to determine what arrangements were in place, at each Newcastle GP practice, pre pandemic and then what changes that have been implemented by GPs during the pandemic and in particular what arrangements were put in place (if any) for specific groups.

We then need to understand the challenges facing the specific groups involved in the research, when attempting to access their GP and finally, we need to find out what improvements could be put in place to increase accessibility for those people at their practice.

Pros and cons of us undertaking this work.

Pros-

- Healthwatch will have improved access to and better understanding of the needs of the specific groups engaged with.
- Those groups will have better access to primary care.

- Healthwatch will have an improved relationship with the practices involved in the project.

Cons:

- If the timings are wrong, we may struggle to engage with groups.
- If we do not sell it correctly, practices may feel victimised - another piece of Healthwatch work focused on GP access.
- We have done a lot with GPs, other health and social care services may feel we are not supporting them.

What we are seeking to achieve (goal) To find out what changes GPs have implemented, to understand what impact those changes have had on the digitally excluded groups involved and if the impact has been negative, to determine what could be done to improve things

What changes do we want to see (outcomes) GPs better understand the access needs of specific groups within their patient population and have some insights into what they can do to make their services more assessable to them. Those insights then result in positive changes.

Type of work - there will be three parts to this project:

- **Part 1** - understand what arrangements were in place pre covid, and what changes GPs have been implemented around access during covid - this would be via a questionnaire sent out to all Newcastle Practice Managers. Timescale - May - June 2021
- **Part 2** - Understand the experiences of specific digitally excluded groups. Offer a small number (max 5/6) of grants (£200 - £500) to GP practices (and their PPGs or local community groups) to enable them to carry out research with specific digitally excluded groups. HWN will support them to do this (survey design, facilitating focus groups, providing journals for dairying, running workshops, & publicity) Grant recipients will be selected to allow for a good spread of groups and research methods used. Timescale - July - Nov 2021
- **Part 3** - Healthwatch provide bespoke recommendations for each of the GP practices involved and will also collate the findings, write a report and if appropriate include general recommendations for improvements. The report will be shared with participants, all Newcastle GPs practices and other stakeholders. Timescales - Dec - Mar 2022

Brief research undertaken as part of the scoping exercise has identified that GP practices and their PPGs would be interested in getting involved in this work. Grant recipients could be either approached directly or be invited to bid and then a selection process take place. The later will be fairer but more time consuming.

Resources required - include:

- Financial for the grants = max spend of £3000, but probably a lot less.
- Staff/consultant time to undertake stage 1, support practices to undertake stage 2 and to write up the reports, the time involved will varying at different points in the project but should range from 1/2 day to 2 days a week, of staff or consultant time.

Who to collaborate with - GP practices and their PPGs and/or local community groups, Healthwatch has many contacts across these groups and can use them to publicise the project and/or directly approach potential participants.

Impact and how we will demonstrate this - the impact will be positive changes in access arrangements for specific digitally excluded groups. This could be demonstrated by a follow up survey to ascertain whether people's experiences have improved. Other impacts will be improved Healthwatch relationships with the groups and practices involved in the project and improved Healthwatch access to groups who are traditionally 'hard to reach'.

Recommendations for committee: - to accept the project outlined above as the basis for the work Healthwatch will undertake under the Access to GPs priority

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April 2021