NHS
Leeds
Clinical Commissioning Group

Insight review

The impact of service changes on people in Leeds during the covid-19 pandemic:
Primary care - general practice

June 2020 - V2.1

This insight review looks at changes that happened in GP services as the covid-19 pandemic began. It explores the impact of these changes on the patients, carers, staff and local communities who use and deliver these services. It considers which of these service changes we need to maintain and how they might need to develop in order to continue to protect people's health while improving health outcomes and reducing health inequalities.

It will identify any gaps in insight and make recommendations to support next steps.

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1. Background

NHS Leeds Clinical Commissioning Group (CCG) is responsible for making sure that all people living in Leeds have access to the healthcare services they need, when they need them. We know that if we are to provide high quality, safe and compassionate services, we need to understand the needs and preferences of local people and use their feedback to improve our services.

The NHS and social care services need to change to meet the challenges of an ageing population and to better serve those living with complex health and care needs. This means providing personalised, proactive care to keep people healthy, independent and out of hospital. If the NHS is to continue to deliver high quality, sustainable care it needs to shift away from providing 20th century solutions that are based on a fix and treat model; the NHS needs to transform.

Our CCG Strategic Plan published in 2018, sets out our clear ambition that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. Our strategic commitments are that:

We will focus resources to:

- deliver better outcomes for people's health and wellbeing
- reduce health inequalities across our city

We will work with our partners and the people of Leeds to:

- support a greater focus on the wider determinants of health
- increase their confidence to manage their own health and wellbeing
- achieve better integrated care for the population of Leeds
- create the conditions for health and care needs to be addressed around local neighbourhoods

In January 2019 the NHS published its Long Term Plan which is the plan for the NHS to improve the quality of patient care and health outcomes over the next few years. It has been written so that it is fit for the future and is based on the experiences of patients and staff. It outlines how we must accelerate the redesign of patient care including;

- **Doing things differently** - Supporting services to work together and giving people more control over their health and care
- **Preventing illness and tackling health inequalities**
- **Making better use of data and digital technology**

While the NHS Long Term Plan does not specifically mention 'coproduction' there is wide agreement in the NHS that it is essential to involve people who use services, carers and communities in service design, development and evaluation. You can read more about coproduction approaches and Experience-Based Design here:

- http://coalitionforcollaborativecare.org.uk/coproductionmodel/
- https://improvement.nhs.uk/documents/1486/ebd_guide___toolkit.pdf

We have a statutory duty to:

- Involve patients and carers in planning, managing and making decisions about their own personal care and treatment (care planning).
- Involve the public in the commissioning process itself, so that the services provided reflect the needs of local people.

2. Primary Care - general practice

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. The CCG is responsible, along with NHS England, for commissioning general practice services; NHS England is responsible for commissioning community pharmacy, dental, and optometry (eye health) services

The population's changing health needs coupled with shifts in patient expectations and challenges facing recruitment and retention in primary care is placing general practice under increasing pressure. The 10 high impact actions outlined in the General Practice Forward View (GP Forward View) describes how general practice needs to look in order to meet these challenges:

- Working together in **Primary Care Networks** to support each other while providing improved services to patients, including weekend and evening appointments.
- Providing **digital tools and resources to support self-care**
- **Keeping information secure** in a digital age
- Moving towards a **'whole person' approach** which includes personalised care and social prescribing
- Moving towards **'virtual' GP appointments**

The NHS Long Term Plan commits that every patient will have the right to be offered digital-first primary care by 2023-24. To achieve this commitment, the GP Contract has set out a number of digital primary care requirements, including:

- 'all patients will have the right to online consultations by April 2020 and video consultation by April 2021'

The vision is to transform general practice while recognising that significant change in large complex systems (such as general practice) is notoriously difficult; one of the reasons for this is that transformation begins with individuals. Patients, carers, staff, governments and citizens all need to recognise the need for wide scale change in general practice and until now that urgency has not been shared by all.

3. Covid-19 Pandemic

In December 2019 a new disease was identified in Wuhan, China. Within three months the disease had spread across the world and led to unprecedented global changes in economic, financial, health and social policy.

In the UK covid-19 led to the most dramatic transformation of general practice ever seen. In the space of a few short weeks general practice in the UK switched wholesale from 1.2m face-to-face consultations a day to the vast majority of consultations carried out remotely (a 'digital-first' model). This truly remarkable reconfiguration of the NHS front door achieved in weeks what commissioners and providers have worked toward for many years. Overnight it seemed, the whole country recognised the need to transform the way the NHS delivers services.

GP practices in Leeds responded quickly to the pandemic and made many changes. These changes were made to maintain essential NHS primary care services during the pandemic and to protect patients and staff. Some changes have seen services stopped permanently or temporarily, some have seen planned changes accelerated and some completely new initiatives have been introduced. Currently 87% of practices are offering online consultations and 100% of practices are able to offer video consultations

Changes to health services can be made temporarily under the H&SC Act regulation 23(2) of the s.244 regulations in the interests of protecting the health of patients and staff. However, if it is proposed that a temporary change is made permanent, and the need for temporary arrangements has passed, the expectation is that engagement or consultation should occur.

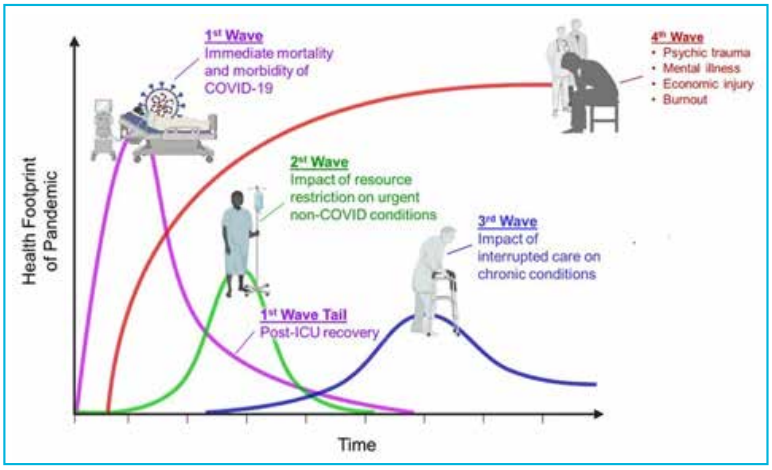
Many of these changes meet transformational targets set out in the Long Term Plan and GP Forward View and have great potential to improve how the NHS delivers its services in a new and modern way; providing faster, safer and more convenient care. This paper focuses on the changes that, if maintained, we believe will help us deliver the national strategy. These changes include:

- A greater mix of appointment types such as telephone, online and video consultations as well as face to face appointments (digital-first)
- An increase in the number of appointments booked online or by telephone where appropriate
- Increasing use of the NHS app or online services for activities such as ordering repeat prescriptions
- Increasing 'hub' working where practices worked together for patients in local networks

This transformation of general practice has been welcomed by many who argue that covid-19 has 'forced the pace' of already planned transformation. Others point out that people living in the poorest parts of the country are dying from covid-19 at double the rate of people in affluent areas and that rapid changes in service delivery threaten to widen health inequalities. There is growing evidence on the unequal health and economic impacts of COVID-19 on the UK's minority ethnic groups.

- Per-capita COVID-19 hospital deaths are highest among the black Caribbean population and three times those of the white British population.
- After accounting for the age, gender and geographic profiles of ethnic groups, inequalities in mortality relative to the white British majority are more stark for most minority groups than they first appear.

- After stripping out the role of age and geography, Bangladeshi hospital fatalities are twice those of the white British group, Pakistani deaths are 2.9 times as high and black African deaths 3.7 times as high.
- Many ethnic minorities are also more economically vulnerable to the current crisis than are white ethnic groups



As we 'reset' the NHS we need to consider how we manage the health footprint of the pandemic alongside health protection, health improvement and reducing health inequalities; we need to transform in a way that ensures that no one gets left behind.

This report supports two of the organisational priorities set out by the CCG in response to the pandemic:

- Enable and build on the benefits of change that we have seen
- To do each of these in a way that mitigates the impact on health inequalities for the most vulnerable groups in our city

4. Insight review - what do we already know?

In March 2020 there were widespread concerns that healthcare could be overwhelmed by the pandemic and in response the NHS made unprecedented rapid changes to healthcare delivery. While many of these changes simply accelerated planned transformation our understanding of the impact of change, especially on vulnerable groups, was limited.

We want to explore in more depth what this impact has been, and continues to be.

Our approach in the CCG is to start with what we already know and then begin to engage with people where there are gaps in our knowledge. In this section we will review insight relating to the general practice changes we are looking to retain and build on:

- A greater mix of appointment types such as telephone, online and video consultations as well as face to face appointments (digital-first)
- An increase in the number of appointments booked online or by telephone where appropriate
- Increasing use of the NHS app or online services for activities such as ordering repeat prescriptions
- Increasing 'hub' working where practices work together for patients in local networks

We will explore historical insight relating to these themes and draw on more recent evidence from engagement work during the pandemic.

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Historical Evidence

We have a good understanding of barriers to services and many of these have not changed during covid-19, only become more prominent as the pace of changed is increased. This section looks at historical evidence relating to these changes.

Issue that impacts on experience	**Population group** (groups particularly at risk)	**Detail** (key findings and source)
Health literacy	• Deprived areas • Non-English speakers	'Health literacy is a problem for everyone; even in the least deprived areas there is still a significant proportion of the population who cannot understand health materials' '43% of working age adults do not understand health information in the format that the NHS provides it. This rises to 61% when an element of numeracy is involved' Decreased health literacy is associated with disempowerment and unhealthy behaviours/choices. https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-sep-2018.pdf
Provision of BSL interpreting services	• Deaf and Hard of Hearing	• Booking interpreters online is not available • Video interpreting is not always available • Online service require BSL video translation • Needs of deaf and HOH not always recorded on system • Lack of opportunities to feedback on digital access issues • Lack on involvement of people who are deaf/HOH when developing services • Health information online needs to be available in BSL https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2019/09/Eng_report_bsl_final_pdf_docx..pdf
Receptionists as 'care navigators'		People raised concerns that staff acting as 'care navigators might not have the skills they need to signpost effectively https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2018/06/8013_Leeds_CCG_Deliberative_Event_2018_Report_V2F.pdf
Networked GP practices		People raised concerns about using different GP practices in the network https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2018/06/8013_Leeds_CCG_Deliberative_Event_2018_Report_V2F.pdf

Issue that impacts on experience	**Population group** (groups particularly at risk)	**Detail** (key findings and source)
Self-care		There was an appetite for the doctor-patient relationship to evolve to become more of a partnership, delivering more holistic healthcare with increased patient voice and responsibility. It was felt that this approach may not be as suitable for some patients. https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2018/06/8013_Leeds_CCG_Deliberative_Event_2018_Report_V2F.pdf
Sensory loss	• People who are blind or partially sighted • People who are deaf/HOH	72% of people a with sight loss cannot read information given to them by their GP Less than half (47%) of the GP practices surveyed had made 'reasonable adjustments' specifically for people with a sensory disability General lack of awareness of the needs of people with sensory disability when accessing primary care A shortage of suitable assistive technology https://www.rnib.org.uk/sites/default/files/GP%20Guideline.PDF

Current Evidence

Throughout the pandemic local and national organisations have been engaging with local people about their experience of using health and social care services. We have reviewed feedback from the following sources and pulled out insight relating to the changes in general practice that we want to maintain.

- Healthwatch Leeds - #weeklycheckin https://healthwatchleeds.co.uk/our-work/weekly-check-ins/
- Doctors of the World - A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/05/covid19-full-rna-report.pdf
- WY&H Health and Care Partnership Board - Gathering people's experiences and feedback during the COVID-19 pandemic https://www.wyhpartnership.co.uk/application/files/1215/9049/9590/17-20_Gathering_peoples_experiences_and_feedback_during_the_COVID-19_pandemic.pdf
- NHS App Pilot Research https://digital.nhs.uk/services/nhs-app/nhs-app-pilot-research-report
- Healthwatch digital inclusion report
- E-consult patient survey

Issue that impacts on experience	**Population group** (groups particularly at risk)	**Detail**
Skills and confidence in using technology	• Older people • Carers • People who have been bereaved • People with poor mental health • Drug users • People who are homeless • People with learning disabilities • Disadvantage communities	Some communities tell us they do not have the digital skills or confidence to access digital care such as online consultations. 'many digitally astute people have explained that accessing health services through video call appointments, and greater digital availability, has actually been very useful to them and has worked well. However, for those facing the greatest health inequalities, who may face barriers around access, language, cost, usability, etc… there is reduced levels of access to support.' Some communities such as children and young people report improvements in care related to increased use of technology: 'being able to access GPs remotely has been a considerable help.' (South Leeds Youth Club)

Issue that impacts on experience	**Population group** (groups particularly at risk)	**Detail**
Data security	• People with poor mental health • People with learning disabilities • BAME communities	Some communities fear being 'scammed' or spied on. Others fear that their health information is not secure.
Privacy/safety in the home	• People experiencing domestic violence • Homeless	Some people are concerned that they do not have enough privacy in their home to get involved in online consultations/telephone calls. This also links into the domestic violence agenda. People living in extremely precarious circumstances may only have devices for short periods of time because they are quickly sold on or stolen (e.g.: homeless people, people with drug and alcohol addictions)
Access to the right technology	• Areas of deprivation • Remote areas • Asylum seekers and refugees	Some people report not having access to the technology required for remote GP consultations. This includes • Access to phones (refugee and asylum seekers) • Access to computers/smart phones • Access to internet
Managing multiple commitments	• Carers	Some people report difficulty managing caring responsibilities and maintaining employment/other responsibilities
Language barriers	• Non-English speakers	Information about digital service not available in different languages
literacy	• Non-English speakers • People with learning difficulties	Information not understandable to some communities
Accessing 'seldom heard' groups		Information does not reach 'seldom heard' groups'
Trust in health professionals, the NHS and the government	• Sex Workers • Migrant groups • Gypsy, Roma and Traveller communities	Lack of trust in health professionals, the NHS and government 'Interviews identified fear and lack of trust to be common deterrents to accessing healthcare services across all groups. The sources of these fears are wide-ranging but many are rooted in peoples experience of marginalisation'

Issue that impacts on experience	**Population group** (groups particularly at risk)	**Detail**
Affordability	• People from deprived background • Asylum seekers and refugees	People with low or no incomes (and little access to credit) are less likely to have devices, Wi-Fi or data. Those who do have devices are more likely to access Wi-Fi in public spaces such as libraries.
Cultural issues	• Older people	Older people and people from countries where technology is less embedded are less likely to want to access digital healthcare. Other culture-related barriers include a preference for face-to-face contact and a belief that seeing someone via a screen isn't "really" seeing them. It is not clear whether particular population groups are more likely to feel this way.
Disability	• People with mental health difficulties • People with sensory impairments	The picture for people with mental health conditions is complex. For some, technology can be intimidating and off-putting, while for others, not having to cope with face-to-face contact is an advantage. There is considerable reluctance of among people with hearing and sight impairments to access care digitally. A key reason for this is the concern that technology will amplify the difficulties this patient group already experience accessing care – for example NHS apps do not provide an option for booking a BSL interpreter. Accessing care digitally enables shielding of people during the pandemic
Communication	• People with sensory impairments • People who are shielding • Children and young people • Children with Learning disabilities	Considerable feedback has been given about the way we communicate with people about changes. In particular the deaf community have told us that information is not accessible. People and families that are currently shielding have also told us that advice and guidance has been to complex and not communicated well. Some children and young people report that telephone conversations are difficult because telephone support *'does not allow staff to read body language and non-verbal communication and key information may be missed as a result.' (parent)* In the #weeklycheckin 19 parents of children with LD reported negative experiences of using technology with their children. *'Not good doctors cannot see the problem or assess it fully over the phone. It takes longer e.g having to email images after phone call etc'. 'Initially we tried to do video calls but she couldn't tolerate these'* However in the #weeklycheckin 46 parents of children with LD reported positive experiences: *'GP appointment over the telephone - very efficient (this should continue!)' 'Appointments online have been much more accessible- less anxiety and easier physically'*

Issue that impacts on experience	**Population group** (groups particularly at risk)	**Detail**
NHS App		There are currently 21,573 people in Leeds using the NHS app. 10,500 of these users are registered at Leeds Student Medical Practice. We are unable to access data at a Leeds level but a national research pilot found that users felt that: • The app is good and easy to navigate • Two factor authentication was an annoyance • Appointment names could be hard to understand **Staff feedback from the pilot:** • During the NHS App pilot there was no noticeable negative impact on the practices involved. • Practice managers felt reception staff didn't need specific incentives to mention the NHS App to patients; they just needed reminding to develop the routine. • Reception staff were often enthusiastic to promote the NHS App, and felt proud to be the first in the country to offer it. • Some practices needed to learn a new process so they could provide patients with the details they needed to register (if the patient could not, or did not want to use the NHS login registration route in the NHS App). • Practice staff felt more confident to promote the app once they had seen a video of its functionality or had downloaded it and set up an account for their 'dummy' or 'test patient'.
Quality of e-consult		eConsult enables NHS based GP practices to offer online consultations to their patients. This allows patients to submit their symptoms or requests to their own GP electronically, and offers around the clock NHS self-help information, signposting to services, and a symptom checker. Following every e-consultation patients are asked to share their experience. In Leeds during April 103 people completed the survey. 88 people (85%) were very or fairly satisfied with their consultation. 24 people told us that the service was convenient and efficient *'I was able to talk to a doctor on the same day which was better than waiting for an appointment.'* *'Efficient and great when a face to face appointment is not necessary'* Eight people told us there was good follow-up for the GP if a face to face appointment was required (three people said they had no response) *'Really appreciated the booking of a follow up a telephone appointment. Excellent that I was able to get help with the least possible disruption to the GP practice.'* three people reported problems with follow up and six people told us the app us difficult to use and unhelpful.

5. Gaps - are there gaps in our evidence?

This review of insight suggests that we have comprehensive evidence of the impact of changes on people who use health and care services. The review has however highlighted gaps in our insight and these are outlined below.

- **Staff experience**
  One of the key success factors in transformation is 'a motivated workforce that responds to the vision and 'opts in' by committing to improvement activities' (The Health Foundations, 2015). Understanding the views and experience of staff working in general practice is key to implementing change. This review suggests that we have limited insight into how these changes have been received by staff.

- **Impact of changes in general practice on partner organisations**
  The impact of transformation is increased by 'being part of a collaborative and supportive local health and social care system' (The Health Foundation, 2015). This review has limited information on how these changes in general practice might impact on the wider system.

- **Patient feedback from practices**
  There is currently no way to collate and theme feedback received from GP practices. This might provide useful information about how people are experiencing recent changes in general practice.

- **Booking appointments online or on the telephone**
  There is limited information available on people's recent experience of booking appointments online or on the telephone.

- **Hub working - GP practices working together**
  There is limited information available on people's recent experience of using a different GP practice within their 'hub'. We know that transport can be an issue for some people who have to travel to a different location.

6. Themes - What have we learned from this study?

Across the historical and current patient experience there are some common themes that impact on changes being made to general practice. Below is a summary of the insight relating to:

- A greater mix of appointment types such as telephone, online and video consultations as well as face to face appointments
- An increase in the number of appointments booked online or by telephone where appropriate
- Increasing use of the NHS app or online services for activities such as ordering repeat prescriptions
- Increasing 'hub' working where practices worked together for patients in local networks

Theme (reoccurring issues throughout the insight)	**Description** (what is this theme about?)	**Feedback** (what people have told us in the past or recently)	**Impact on general practice** (likely outcomes if this is not addressed)	**Considerations** (areas we might like to consider developing)	**Response** (work taking place to address this issue)
Health literacy	The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions	Various groups report difficulties understanding basic health information and therefore struggle to make appropriate health decisions. Evidence can also be seen in the choices people make about lifestyle and which services they attend. Some groups in particular struggle most with health literacy. These groups include but are not limited to; Non-English Speakers, people with learning disabilities, people from deprived backgrounds. There is evidence that rapid increase in the use of digital health could exacerbate existing health inequalities experienced by people who have lower levels of digital health literacy.	• Increase in health inequalities • Inappropriate use of services • Late presentation of disease • Inability to self-care • Lack of digital health uptake in some vulnerable communities	• Information about health and health services needs to be written in plain English and be made available in alternative formats • Health information should be coproduced with people and groups that represent vulnerable populations • Readability tools can be useful • NHS design principles should be followed • Consider using a 'reasonable adjustment flag' https://digital.nhs.uk/services/reasonable-adjustment-flag	

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Disabilities	The impact of a range of disabilities on peoples experience of recent changes, such as: • sensory impairment • BSL • Long term conditions	The picture for people with mental health conditions is complex. For some, technology can be intimidating and off-putting, while for others, not having to cope with face-to-face contact is an advantage. There are considerable challenges to people with hearing and sight impairments when accessing care digitally. A key reason for this is the concern that technology will amplify the difficulties this patient group already experience accessing care – for example NHS apps do not provide an option for booking a BSL interpreter.	• Increase in health inequalities • Inability to self-care • Lack of digital health uptake in some vulnerable communities	• Consider the use of BSL within digital and online services • Include deaf/ HOH community in coproduction groups • Consider use of decision-making tool to aid patients and staff in deciding if virtual appointment is appropriate	• Bevin Healthcare work to provide mobile phones and credit to patients prescribed opiate substitute therapy
Care navigators	Care navigators can occupy many roles and play a crucial part in helping people get the right support, at the right time, to help manage a wide range of needs.	People generally support using a range of general practice staff to support people access the right care, with the right person at the right time. Some groups have concerns that care navigators do not have the skills and knowledge to signpost.	• Lack of credibility amongst care navigators • Inconsistency in signposting • Lack of understanding amongst the public about the role of the care navigator	• Training for care navigators to ensure a consistent and safe approach • Information for patients about the role of the care navigator	
Working as a network	Primary care networks (PCN) are groups of practices working together to focus local patient care. Sharing resources in this way sometimes means patients need to travel to other local GP practices	Patients are generally support of working together to share resources and skills. Some patients have concerns that working in hub might have a negative impact in: • Consistency of care • Travel to appointments	• Increase in health inequalities • Inappropriate use of services • Late attendance or missed appointments	• Provide information to support understanding of hub working • Links with local transport providers	

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Self-care	This is an approach where patients take a more active role in their health. It sees a change in the role of the GP especially for people with long term conditions	There is general support for increasing self-care amongst the public. Some people are weary that not all population groups have the skills, knowledge or confidence to take a more active role in their own health	• Increase in health inequalities • Inappropriate use of services	• Provide information, support and education to enable self-care	
Digital literacy	Digital literacy is people's ability to use digital technology such as computers and apps.	Some communities tell us they do not have the digital skills or confidence to access digital care such as online consultations. This appears to be one of the biggest barriers to changes in general practice. While this applies to many communities there is evidence it is particularly relevant for the following communities: • All population groups • Older people • Carers • People who have been bereaved • People with poor mental health • Drug users • People who are homeless • People with learning disabilities • Disadvantage communities	• Increase in health inequalities • Inappropriate use of services	• Offer mixed approach to appointments and services which include digital, telephone and face-to-face options • Provide free training to people who want to learn how to use digital services • Explore opportunities for using social prescribing to support digital literacy	• 100% digital work to support digital skills https://digitalinclusionleeds.com/
Cyber security	Cyber security is the application of technologies, processes and controls to protect systems, networks, programs, devices and data from cyber attacks	Some communities fear being 'scammed' or spied on. Others fear that their health information is not secure.	• Some people do not use virtual appointments and services due to fears around security • Inappropriate use of services	• Provide information on how we are managing security and how people can keep themselves safe	

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Privacy/ safety in the home	Have the personal space in the home to be able to safely use virtual appointments	Some people are concerned that they do not have enough privacy in their home to get involved in online consultations/telephone calls. People experiencing domestic violence are particularly at risk.	• Some people do not use virtual appointments and services due to fears around security • Inappropriate use of services • Increase in health inequalities	• Offer mixed approach to appointments and services which include digital, telephone and face-to-face options	
Access to the right technology	Having access to technology such as mobile phones, internet access computers and phones.	Some people report not having access to the technology required for remote GP consultations. Reasons for this include low confidence in using technology, personal preference and finance This applies to all population groups but the following groups are more likely to not have the right technology: • Areas of deprivation • Remote areas • Asylum seekers and refugees	• Some people do not use virtual appointments and services due lack of access to technology and infrastructure • Increase in health inequalities	• Provide technology to people who need regular virtual contact with clinician • Clarity and consistency in the platform used digital health	• Bevin Healthcare work to provide mobile phones and credit to patients prescribed opiate substitute therapy
Language barriers	Difficulties in communication experienced by people or groups originally speaking different languages	Information about digital service not available in different languages	• Non-English speakers unable to access online services • Reliance on family members to support access • Increase in health inequalities • Inappropriate use of services	• Provision of digital information in key languages • Use of language line during virtual appointments • Offer mixed approach to appointments and services which include digital, telephone and face-to-face options	

Theme (reoccurring issues throughout the insight)	**Description** (what is this theme about?)	**Feedback** (what people have told us in the past or recently)	**Impact on general practice** (likely outcomes if this is not addressed)	**Considerations** (areas we might like to consider developing)	**Response** (work taking place to address this issue)
Literacy	The ability to read, write, speak and listen in a way that lets us communicate effectively and make sense of the world	Information about less traditional approaches to health care such as digital access and networking is not always understandable to some communities All communities at risk but some populations are particularly vulnerable: • Non-English speakers • People from deprived backgrounds • People with learning difficulties	• Increase in health inequalities • Inappropriate use of services	• Provision on information in easy-read • Partnership working with local community groups	• Videos have been produce in various different languages to support access during the pandemic https://www.leedsccg.nhs.uk/about/covid-19-primary-care/communication-resources/videos-changes-to-appointments-prescriptions/
Commun-ications	The act of communicating information to individuals and groups	Information about new ways of accessing health and care services does not reach some seldom heard groups	• Increase in health inequalities • Inappropriate use of services	• Partnership working with local community groups	• Commun-ications resources have been provided to support a consistent approach in Leeds https://www.leedsccg.nhs.uk/about/covid-19-primary-care/communication-resources/communications-resource-pack/

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Trust	Trust in health professionals, the NHS and government	Interviews identified fear and lack of trust to be common deterrents to accessing healthcare services across all groups. The sources of these fears are wide-ranging but many are rooted in people's experience of marginalisation. Gypsy, Roma and Traveller communities, Sex Workers, and some migrant groups have been subjected to government legislation and are particularly at risk. Lack of trust within the BAME community has been cited as a contributing factor for high death rates from Covid-19 in this population.	• Increase in health inequalities • Inappropriate use of services • People present late for care	• Partnership working with local community groups • Provision of information in different languages	
Managing multiple commit-ments	Life responsibilities such as caring or employment that impact on accessing services	Most carers report difficulty balancing caring responsibilities and accessing general practice (both for themselves and for the people they care for. There is significant anecdotal evidence that employment also impacts on people's ability to access primary care	• Inappropriate use of services	• Offer mixed approach to appointments and services which include digital, telephone and face-to-face options • Consider how to meet the needs of people who can't use 'digital-first'	
Recording individual needs on GP systems	The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.	Some communities report that their needs are not recorded on GP systems. This means that practices are not able to make reasonable adjustments. The deaf and HOH community often report that their needs are not recorded.	• Delays in appointments in order to meet need • Inappropriate use of services • Increase in health inequalities • Risks associated with not understanding health information • Increase in inappropriate use of friends/family as interpreters	• Review system used in general practice to review and record access needs • Training for general practice in AIS	

Theme (reoccurring issues throughout the insight)	**Description** (what is this theme about?)	**Feedback** (what people have told us in the past or recently)	**Impact on general practice** (likely outcomes if this is not addressed)	**Considerations** (areas we might like to consider developing)	**Response** (work taking place to address this issue)
Opport-unities to feedback	Routine collection of patient feedback is essential to develop sustainable, safe and accessible services	Various population groups report that if can be difficult to feedback their experience. Some people report that feedback is not acknowledged. Some people report that it can be difficult to see what difference their feedback has made to service improvement	• risks that safety issues are not identified • missed opportunities to improve services • damage to reputation • reduction in trust	• Review systems used in general practice to gather, review and act on patient feedback • Consider how to involve PPGs in the routine collection and monitoring of patient insight	

7. Translating findings and observations into action

This report examines insight into people's experiences of recent changes in general practice. It focusses on four changes that general practice is eager to deliver beyond the pandemic:

- A greater mix of appointment types such as telephone, online and video consultations as well as face to face appointments (digital-first)
- An increase in the number of appointments booked online or by telephone where appropriate
- Increasing use of the NHS app or online services for activities such as ordering repeat prescriptions
- Increasing 'hub' working where practices worked together for patients in local networks

In section 6 the report outlines a number of themes which impact on people's experience. Each theme is explained and examples are given to illustrate the challenges people experience. In this section we summarise the key findings and make a series of recommendations.

Findings / observations	Recommendation
Many of the issues and themes identified in the report are national and long-standing. These barriers have been in place for many years and are linked to inequalities in health. We have a responsibility to show how we understand and respond to people's feedback.	**The paper is formally accepted and owned by the Primary Care Operational Group (PCOG)** The paper should be presented to the PCOG. PCOG should own the paper and consider how it might need to be developed and used to shape services. PCOG should consider how it will demonstrate that it has worked with partners to respond to the themes and issues highlighted in the report. This might include sharing this report with the public.
There was much more evidence about the impact of the digital-first model than the other three areas that this report looked at.	**Consider the gaps in the report** PCOG might want to consider other gaps within the insight and how we might better understand peoples experience relating to: • the NHS app • booking appointments online or on the telephone • using other GP practices in their hub

Findings / observations	Recommendation
There were significant challenges in collecting patient insight and experience from a wide variety of different sources across a range of complex organisations. In addition, new evidence relating to these areas are being made available every day. There is national evidence that people having a negative experience are much more likely to feedback. In comparison around 1 in 10 people having a positive experience are likely to share their experience.	**Consider a systematic approach to the ongoing collection of patient insight** PCOG might want to consider how we improve the way we collect and theme patient experience from a variety of different sources including, local and national engagements, patient option and complaints. Thought should be given as to how we can work with our wider partners to develop a comprehensive and systematic approach to collecting and theming positive and negative patient insight and experience. New insight and data should be used alongside this report to shape services in Leeds.
Many people responding to the Healthwatch #weeklycheckin and on social media have reported having positive experiences of digitalisation. It is fair to say that the majority of people in Leeds have adapted well to the changes.	**Consider how we collect and share examples of good practice**
People are individuals and experience varies, even within specific communities. For example parents of children with learning disabilities had very different experiences of digitisation, with some reporting negative experiences and some telling us their experience was positive. We need a personalised approach to how people want to live.	**Consider the need to balance individual and community responses** The organisation should not make assumptions about the experience of a whole community. For example that older people all struggle with technology or that all young people embrace technology. We should recognise people, not categories, by strengthening personalised care. Strengthening our approach to Accessible Information Standards might support this recommendation
It is important to consider the difference between needs and preferences. Some patients may need a face-to-face appointment with a clinician because, for example they may not have access to a phone or the internet. Some patients may prefer a face-to-face appointment because, for example, this is the approach they are most familiar with.	**Consider how we can support staff and patients to decide what type of appointment is most suitable** The insight highlighted the debate around choice. If can be difficult to distinguish between needs and preferences when making choices about how we access health and social care. PCOG might want to consider how we work with our health and care partners to support people to make decisions about how they access care in Leeds.
In Leeds our ambition is for 100% of people to have opportunities to go online if they need to, and to know where they can go to get help. In reality, complex cultural, economic and social factors mean that 100% digital is not feasible in the short or medium term.	**Consider how we can continue to offer a mix of appointments types and work with partners to support the 100% digital ambition**

Findings / observations	Recommendation
Many of the issues highlighted in this report are cross cutting and relate to all health and social care services in Leeds	**Consider how we can work with partners to find solutions** Local services can provide better and more joined-up care for patients when different organisations work together as a system. Partnership working supports health and care systems to better understand data about local people's health and allow them to provide care that is tailored to individual needs. Responding to the current pandemic is no different; organisations and disciplines need to work together to understand the impact of service changes on the people accessing and delivering health and care. This will help us give consideration to the wider determinants of health. PCOG should consider how it works with wider partners, in particular the Peoples Voices Group, when taking action to address the themes and issues within this report. This might involve sharing this report with our wider partners.
One significant gap in our understanding is the experience of staff working in GP practices.	**Consider carrying out a survey to understand the views of staff relating to the four areas of change.**
We know that we have better outcomes when we coproduce services with patients and the public.	**Consider the benefits of coproducing solutions** We should actively engage with those most impacted by the change. Key partners might include local voluntary sector organisations and PPGs. We should check our understanding and give partners an opportunity add to and shape our plans.

Further reading

New information about people's experience is becoming available all the time. Below we have included other documents that inform this debate.

- Sweeping aside patient involvement during pandemic was too easy – HSJ
- 10 Leaps Forward – innovation in the Pandemic
- OUR PLAN TO REBUILD: The UK Government's COVID-19 recovery strategy
- Covid 19 and Inequalities
- National Voices – 5 Principles
- WYH Coronavirus engagement report
- LGBT Foundation – Hidden Figures
- NHS England and NHS Improvement - Advice on how to establish a remote 'total triage' model in general practice using online consultations