

Primary Care Access - Insight Review

Understanding the primary care access needs of people in Leeds
June 2022 V1.4 FINAL

This paper will pull together existing insight and data from various sources in order to:

- Understand people's **experience** of accessing primary care services over the last three years, including barriers to accessing primary care services
- Understand the access **needs and preferences** of people using primary care services, in particular when using services outside of traditional working hours
- Inform the development of:
 - **General primary care access initiatives,**
 - **PCN Enhanced Access Plans;** and
 - **Access Quality Improvement Module**

This paper has been written by Chris Bridle (Senior Communications and Involvement Manager) at the Leeds Office of the NHS West Yorkshire (WY) Integrated Care Board (ICB)). Partners from across the city have also supported the development of this document, including Healthwatch Leeds. A draft copy has been shared with the Head of Primary Care Access at Leeds GP Confederation and the Associate Director of Primary Care at the Leeds office of the NHS WY ICB.

The paper is a review of existing insight and is not an academic research study.

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1. Background – What is the Leeds Office of the NHS West Yorkshire Integrated Care Board (WY ICB) and why are we carrying out this review?

The Leeds Office of the WY ICB 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.

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.

We believe that we should start with insight that we already have. This reduces engagement fatigue and avoids a ‘snapshot’ engagement. By starting with existing insight we are able to focus our engagement on the gaps in our knowledge and on the groups who are experiencing the greatest health inequalities (proportionate universalism).

‘The insight we can get from patients, users and the public – from engagement, participation and involvement activities, feedback and surveys or through simply listening and observing – should be central to the business of the health and care system.

An organisation informed by intelligence from its users can:

- *use insight to improve the quality of services*
- *design better services and pathways based on users’ experiences and expertise*
- *plan services around the population and people’s health and care needs*
- *understand its populations and the place health plays in their everyday lives.’*

The Kings Fund, 2018

<https://www.kingsfund.org.uk/publications/joined-up-listening-integrated-care-and-patient-insight>

This insight report seeks to understand the experiences of people using primary care services in Leeds. It pulls together insight from across the city about people’s primary care access needs and preferences. It aims to highlight common themes and gaps in our understanding, in order to inform general work to improve access in Leeds and support PCNs to develop their access improvement plans.

2. Topic – What do we mean by *primary care access*

Public satisfaction with general practice remains high, but in recent years patients across the country have increasingly reported, through the GP Patient Survey, more difficulty in accessing services including a decline in good overall experience of making an appointment in general practice. It is important to note that Covid19 has had a significant impact on primary care access over the last two years. The pandemic has seen some national and local changes to services including accelerated the use of digital technology.

The General Practice Patient Survey also suggests that some groups of patients, such as those with disabilities or from certain ethnic groups, are experiencing barriers in accessing primary care services.

This pattern has been reflecting in Leeds through various patient involvement activities including the Big Leeds Chat. Given this feedback and the impact of primary care access on other areas of the health and care system in Leeds, improving primary care access is a priority for the Leeds System.

There are a number of initiatives happening across Leeds to address these challenges. These involve addressing issues such as:

- Workforce – the number and type of healthcare professionals providing primary care services
- Timing of appointments – the times and days of the week primary care services are open (enhanced access)
- Communication – how we communicate with local people about how and when to access primary care services
- Digital – using digital approaches to support new ways of working.
- Joint working – GP practices working together locally as primary care networks (PCNs) to support each other.
- Triage – using ‘care navigators’ to help patients get to see the right healthcare professional

Two important pieces of work are currently happening in Leeds that will support primary care to improve access to services:

- Quality Outcomes Framework – Access Quality Improvement module
- Network Contract Direct Enhanced Service

Understanding the needs and preferences of patients is central to both of these initiatives. As such, we have been asked to carry out an insight review to explore what we already know about peoples:

- experience of accessing primary care
- need and preferences when making and attending a primary care appointment

While we know that individual practices and PCNs will need to work with their local populations to understand people’s experience, we also know that many of the issues faced by patients are common across Leeds. This report will support practices, PCNs and commissioners to start with what we already know about people’s experience and focus their involvement on the gaps in their knowledge. The work will be used alongside other data that we have about how people access primary care services in Leeds, including feedback direct to practices and Public Observatory data.

3. Citywide cross-cutting themes – What general themes are we seeing across the city

We work with our partners in Leeds to identify common patient experience themes over the last few years from across all public and third sector organisations. This insight is taken from individual involvements and partnership work such as the Big Leeds Chat.

- People told us that generally their **experience of using healthcare services in Leeds is positive**
- People told us **they want their care to be more joined up** and to be **communicated with regularly and in an accessible way.**
- People told us they want **faster access to joined-up mental health services** and **better information about what mental health support is available.**
- People have told us how much **they value their GP practice.** However, patients have increasingly reported **more difficulty in accessing their doctor:**
- People told us they want **better quality and accessible information about health services**
- People told us that they **want the option to be able to access services both digitally and in-person.**
- People reminded us that Leeds is a diverse city and **we must support people in all our communities to access our services.**

For more information about citywide patient experience themes you can access the latest citywide involvement reports here:

- Leeds Citywide annual report on Involvement – ‘Involving You’ - <https://www.healthandcareleeds.org/publications/involving-you-2021-2022/>
- People’s Voices Partnership – Big Leeds Chat Report - <https://healthwatchleeds.co.uk/our-work/bigleedschat/>

4. **Insight Review** – What do we already know about the primary care access needs and preferences of people in Leeds?

This insight report looks at existing feedback about peoples experience of accessing primary care services in Leeds.

This insight review is not an academic study. It simply aims to pulls together related insight and highlight themes which will inform the work of practices, PCN's and commissioners.

The insight focusses on a number of lines of enquiry:

- How do patients want to receive **information** about primary care/enhanced access?
- What **information** do people need to use primary care services efficiently?
- What sorts of **services** do patients expect to be provided by primary care?
- What are people's views on **care navigation**?
- What are people's views on seeing professionals who are not GPs, such as pharmacists (**workforce**)?
- What do patients understand about how practices are working together to improve access (**workforce/joint working**)?
- When do people want to access primary care services, what times of the day and days of the week, including Bank Holidays (**opening times**)?
- How do people want to access services (face-to-face, online) (**technology**)?
- Are there specific access needs for different communities in Leeds (**inequality/diversity**)?
- How do people feel that we can improve access to primary care services in Leeds (**expectations**)?
- What is people's experience of booking appointments (pre-bookable, telephone and in person) (**expectations/technology**)?
- How do people feel about occasionally travelling to a different GP practice for their care (**transport and travel**)?

We will also identify any other issues about access that are raised by the insight.

The review will look at local insight from a variety of sources including:

- PALS (Patient Advise and Liaison Services)
- Th ICB in Leeds Patient Experience Team
- Feedback from service providers in Leeds
- Feedback from citywide involvement events

Source	Publication	No of participants and demographics	Date	Link	Key themes relating to primary care access
Healthwatch Leeds	How does it feel for me? People's experiences of accessing primary care in Leeds	Various Healthwatch involvement activities	2022	N/A	<ul style="list-style-type: none"> • Expectations (booking appointments) – Many people report finding it difficult to book an appointment with a GP. People report: <ul style="list-style-type: none"> ○ Being on hold for long periods ○ Calls being cut off ○ No appointments being available when they do get through on the phone • Technology (booking appointments) – some people report that they would like other ways to book appointments such as online but say that these are often not available. • Joint working – Many people report being passed between services such as primary care, emergency care and 111. People are concerned that health services are not working in partnership • Technology – many people find digital access to services very convenient • Technology – some people raise concerns that they do not have confidence in diagnosis via telephone and digital technology and prefer seeing a professional face-to-face • Technology – For some people they simply prefer face-to-face appointments because they find it easier to communicate and share how they are feeling directly. • Inequality (technology) – some communities have difficulty accessing services digitally and prefer face-to-face appointments. These communities include but are not limited to people with hearing impairments and those for whom English is not a first language. • Health information – Many people tell us that they are unsure what services are available to them and what time and where. This has been particularly challenging as services have changed during the pandemic. • Joint working/workforce/health information – some people expressed confusion that different practices open at different times and offer different services

					<ul style="list-style-type: none"> • Care navigators and workforce – people continue to be resistant to care navigation and struggle to understand why they need to share personal information with a ‘receptionist’ • Inequality (workforce) - People told us that they have concerns that staff often do not understand the needs and rights of people with disabilities and that the accessible information standard is not in place in many GP practices.
Peoples Voices Partnership	Involving You: citywide annual involvement report	Various involvement activities across the public and third sector	2022	https://www.healthandcareleeds.org/publications/involving-you-2021-2022/	<ul style="list-style-type: none"> • Joint working – people told us they want their care to be more joined-up with services working efficiently together. People told us they want to see third sector support services working in a joined-up way with NHS and Council services. • Health information – people told us that they want to be communicated with more regularly, in a compassionate and accessible way, at all stages in their health and care journey. • Inequality (health literacy) - They also told us they want better quality and accessible information about health services and support, including while they wait for treatment or their next appointment. • Inequality (health literacy) – speaking in a jargon-free and plain English way can make a big difference • Workforce – having members of staff that people can rely on to keep them up to date on their care is important to people. • Expectations (access) – people told us how much they value their GP practice. However, patients have increasingly reported more difficulty in accessing their doctor. • Technology – People told us that they want the option to be able to access services both digitally and in-person. • Diversity – People reminded us that Leeds is a diverse city and we must support people in all our different communities to access our services.
National GP Survey	NHS Leeds CCG results	Feedback from registered patients across Leeds	2021	https://www.gp-patient.co.uk/analysis/tool?trend=0&ccgid=13457	<ul style="list-style-type: none"> • Expectations (appointments) – <ul style="list-style-type: none"> ○ 39% of people want an appointment on the same day. 21% didn’t have a specific day in mind ○ 29% didn’t get an appointment on the day they wanted. 20% couldn’t book ahead. 16% said that the type of appointment they wanted wasn’t available

					<ul style="list-style-type: none"> ○ 71% said that their experience of booking an appointment was good. ○ 68% said it was easy to get through to the GP practice on the phone ○ 33% said they didn't know when appointments were available ○ 68% said they were happy with the appointments available ○ 34% said they were not offered an appointment when they called ● Workforce – <ul style="list-style-type: none"> ○ 89% said the receptionist was helpful ○ 90% said the last healthcare professional they saw was good ● Technology – 77% said the GP website was easy to use ● Joint working – 57% said they called 111 if their GP practice was closed ● Inequality – the experience of sign language users when using primary care is generally worse than the general population
NHS Leeds CCG	Insight review: The impact of service changes on people in Leeds during the covid-19 pandemic: Primary care - general practice	Various local and national patient experience/ involvement reports reviewed	2021	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/02/2102_InsightReview_3.pdf	<ul style="list-style-type: none"> ● Inequality (Health literacy) – some groups experience difficulties understanding health information and using it to make choices about accessing health services. These groups include but are not limited to Non-English Speakers, people with learning disabilities, people from deprived backgrounds. ● Inequality (technology) – people with disabilities prefer a mixed approach to access (digital and face-to-face). There are considerable challenges to people with hearing and sight impairments when accessing care digitally. ● Care navigators and workforce - 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. ● Joint working/travel and transport - Patients are generally supportive of working together to share resources and skills. Some patients have concerns that working in hub might have a negative impact on consistency of care and travel to appointments.
NHS Leeds CCG	Enhancing community mental	645 people interested in community	2021	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/02/2102_InsightReview_3.pdf	<ul style="list-style-type: none"> ● Health information – people told us they wanted better information about community mental health services and that GP's has an important

	health support services	mental health services		11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/01/2021_10_Involvement_report_FINAL.pdf	<p>role to play in providing this information. 9% of people we spoke to would seek information from their GP.</p> <ul style="list-style-type: none"> • Inequality (health literacy) - Information should be available in formats suitable for diverse ethnic communities. • Joint working - People told us that they wanted to see mental health support services join up with statutory services (such as GP practice) to improve integration, continuity of care and efficient working.
NHS Leeds CCG	Understanding Current System Demand on GP Practices and Emergency Departments (EDs) in Leeds	152 people (GP practice staff, ED staff and people attending ED)	2021	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/09/System_Demand_Engagement_Report_v2pdf.pdf	<ul style="list-style-type: none"> • Inequality – feedback from staff suggested that they were seeing less older people trying to access primary care • workforce – feedback from staff suggested increasing numbers of people accessing primary care for illnesses that could be managed by pharmacy or self-management • Expectations (waiting times) – feedback from staff suggested that people are increasingly less likely to wait for an appointment. Feedback from patients indicated that some would go to the Emergency Department because they would be seen quicker than waiting for an appointment with their GP. • Workforce – staff feedback suggested that staff abuse is increasing in primary care as a result of access issues. • Inequality (technology) – feedback from staff suggested that they were concerned that people without access to technology were often not presenting at practices • Workforce – The majority of staff reported working under extreme pressure • Barriers – Over a third of people who attended ED had tried (unsuccessfully) to access their GP or another service (such as NHS 111) before attending the hospital. People reported: <ul style="list-style-type: none"> ○ lack of face-to-face appointments at GP ○ difficulty getting through on the phone to the GP ○ thought the GP would be closed ○ 111 had long waits, or directed to ED
NHS Leeds CCG	Left Shift Blueprint Engagement	80 people recruited from a range of	2021	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/09/System_Demand_Engagement_Report_v2pdf.pdf	<ul style="list-style-type: none"> • Technology – people reported wanting a mixed approach to accessing healthcare, including using digital technologies and face-to-face. • Inequalities (health literacy) – people raised concerns about the impact of using technology on communities that are not digitally literate.

		diverse backgrounds		f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/05/Left-Shift_Blueprint_Engagement_Report_V2.pdf	<ul style="list-style-type: none"> • Expectations (waiting times) – low waiting times for accessing GP services were seen as very important by all participants • Expectations (system pressure) – some people reported that GP services are ‘too stretched’ to see people.
NHS Leeds CCG	The Avenue Surgery Practice Closure	205 people registered at The Avenue	2021	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/01/The_Avenue_Eng_Report_Final.pdf	<ul style="list-style-type: none"> • Health information – people told us they wanted information about the practice to be available in a variety of formats – including paper. • Care navigators and workforce – getting an appointment with the right professional was important to most people. • Care navigators and workforce – having friendly practice staff was very important to people • Expectations (waiting times) – being able to make an appointment on the same day was important to most people
NHS Leeds CCG	Preparing for Winter Engagement Report	12 community organisations working with learning disabilities, carers, diverse ethnic groups, non-English speakers	2021	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2021/02/Prep_for_winter_eng_report_FINAL.pdf	<ul style="list-style-type: none"> • Health information – communities told us that messages from GPs were sometimes inaccessible and hard to understand. They wanted health information that: <ul style="list-style-type: none"> ○ Has simple messages with images and limited text ○ In video format with voice overs and subtitles. ○ Are delivered verbally ○ Are translated into community languages ○ Are delivered consistently and across multiple channels ○ Whatsapp was a popular channel for many communities
Peoples Voices Partnership	Big Leeds Chat 2021	Involved over 500 people in 42 events across the city	2021	https://healthwatchleeds.co.uk/our-work/bigleedschat/	<ul style="list-style-type: none"> • Technology – Many people value digital access (not having to attend in person) but significant numbers were keen to have access to face-to-face appointments when they need it. It was important to people that digital access maintains the same standard of care a face-to-face appointment would have. • Expectations (making appointments) – Many people reported struggling to get an appointment at their GP practice. People told us

					<p>that when they felt connected and supported, it made a real difference to their wellbeing.</p> <ul style="list-style-type: none"> • Workforce – people noted that receptionists could be abrupt and unhelpful, making it more difficult and stressful to get an appointment, or get in touch with the service.
NHS Leeds CCG	Qualitative research on tackling health inequalities in Leeds	55 members of the public recruited from a range of diverse backgrounds	2020	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/10/Health-inequalities-deliberative-event-August-2020-report.pdf	<ul style="list-style-type: none"> • Health literacy - It was found that ‘access’ is understood in different ways between the health sector and the general public. Whilst health professionals talk about access in terms of an individual’s ability and willingness to engage in health and care services, whether related to their living conditions, lifestyle, location, membership to a specific population group or level of education, members of the public tend to define access in terms of geographic location, travel time and transport only. • Health information - a large number of participants felt that the use of personal stories would bring a human touch to painting the picture, likely eliciting greater feelings of empathy and compassion than the use of statistics alone
NHS Leeds CCG	Patient Choice Deliberative Event: Report	70 members of the public recruited from a range of diverse backgrounds	2020	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/05/QaResearch_Patient_Choice_Report_Final.pdf	<ul style="list-style-type: none"> • Inequality – people told us that premises should be accessible to people with disabilities <ul style="list-style-type: none"> ○ Parking close by ○ Reliable and regular public transport ○ Services open outside traditional working hours • Transport and travel – people valued parking close to the premises and places serviced by regular and reliable public transport. They also told us they would be more willing to travel for a one off appointment if they can be seen sooner. The greater the severity of the condition/higher the level of clinical expertise required to manage the condition, the more patients were prepared to trade off the convenience of local provision, or appointments out of hours for having access to the best possible service. • Opening times – people wanted to see service open outside of traditional working hours. They valued having a choice of appointment time. The greater the severity of the condition/higher the level of clinical expertise required to manage the condition, the more patients were prepared to trade off the convenience of local provision, or

					<p>appointments out of hours for having access to the best possible service.</p> <ul style="list-style-type: none"> • Expectations (continuity of care) – The longer the term of the episode of care, the greater the extent to which consistency and continuity of care were valued.
NHS Leeds CCG	British Sign Language Interpreting Services in the NHS	100 people	2019	https://www.leedsccg.nhs.uk/content/uploads/2019/09/Eng_report_bsl_final_pdf_docx..pdf	<ul style="list-style-type: none"> • Inequality – people told us of their frustration in not being able to communicate and how this can impact on their wellbeing. People also noted that they often had to rely on family members or carers to interpret or book appointments for them and wouldn't know what to do if they were unavailable. • Expectations (making an appointment) – people told us that they have difficulties in making appointments with interpreter availability lacking which can conflict with the availability of appointments at the practice, if offered an interpreter at all. People also told us that there was mixed messaging on whose responsibility it was to book an interpreter. • Expectations (continuity of care) - People told us that practices should be recording patient needs for an interpreter. • Workforce – people told us that they felt GP staff need a greater awareness of patients who are deaf and to be more sensitive to their needs as well as what interpreting services are available to their patients. • Technology – people would value the use of different means of communication and suggested ways of improving access to systems such as online booking of interpreters at the same time of an appointment or the use of apps such as InterpreterNow. • Health information – people discussed difficulties in understanding medical terms or jargon as they can often not be easily translated into BSL or Makaton and that people would value simpler conversations.
NHS Leeds and Wakefield CCG	Interpretation services in primary care	55 people	2020	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/09/Eng_report_bsl_final_pdf_docx..pdf	<ul style="list-style-type: none"> • Inequality – people value a responsive interpretation service that enables them to be seen the same day for urgent appointments. People also told us that GP staff need to be aware of the needs of people who use translation service. • Technology – face to face appointments often work better when using interpretation services and people noted the difficulty that telephone translating can create.

				ent/uploads/2019/09/Interpreting-services-engagement-report-Jan-2020-Final.pdf	<ul style="list-style-type: none"> • Health information – there was a mixed response to people knowing that interpreting services were available to them. People told us that they should be better promoted for both patients and staff as well as being indicated on patient records that they are needed, when known. • Expectations (making an appointment) – people told us that they did not receive an explanation of the interpreting service and were not asked if they needed an interpreter. When patients were able to book an interpreter, there were experiences of the interpreter being late or not available at all. • Expectations (length of appointment) – people told us that they needed double appointments when translation is a consideration as it takes longer to discuss the issues. • Expectations (interpreters) – people told us about inaccuracies in translation due to interpreter not being the correct language or being a different dialect.
NHS Leeds CCG	Patient experience feedback	43 people	2019 - 2022	N/A	<p>Feedback from the CCG patient experience team regarding primary care access varied and related to individual complaints. There were no obvious themes but the following issues were mentioned a number of times:</p> <ul style="list-style-type: none"> • Expectations (making an appointment) – several people said that they had difficulty making an ‘emergency’ GP appointment. It is assumed this means an ‘on-the-day’ appointment • Joint working – some people were concerned about GP not working well with other organisations such as the hospital. Other people were concerned that the GP was sharing information with other services • Health information – some people raised concerns about a lack of information from GPs around things like referral to the Special Allocation Service and hub working • Quality – many of the complaints were related to issues around quality which is not covered by this insight report

4. Gaps – are there any gaps in our evidence

This section explores gaps in our insight and suggests areas that may require further investigation.

- **People not registered with a GP practice.**

This insight was gathered from a range of sources which may include communities not currently registered with a GP practice. However, it may be useful to target communities less likely to be registered to understand their needs and preferences

- **Peoples' understanding of how and when services work together**

There is an assumption that services work together, and this approach is valued by patients. However, people are often unclear about when, why and where this happens

- **Peoples' views on opening times**

Insight suggests that many people value their GP practice being open outside traditional working hours. However, it is unclear what specific times they would like to access primary care and to what extent services would be used on evenings, weekends and bank holidays.

5. Themes – What have we learned from this study?

Please note:

- Some of the feedback is from people who took part in focus groups and workshops where the reasoning for specific approaches (such as care navigation) was explored and discussed. The wider public may not be aware of this reasoning and therefore less likely to understand why services are changing.
- People's perceptions and views about services change over time and differ between communities and locations. This review should complement local insight and the routine collection of patient experience at individual practices.
- Motivation to feedback about services is often higher in people who have had a poor experience. This means that even though the majority of people are satisfied with the service they receive, the feedback is generally negative.

Theme (reoccurring issues throughout the insight)	Description (what is this theme about?)	Summary (summary of feedback)	Feedback (what people have told us in the past or recently)
Booking an appointment	Actual or perceived difficulties booking an appointment with a healthcare professional	Many people find it hard to book an appointment with their GP	<ul style="list-style-type: none"> • Significant numbers of people report difficulty making an appointment at their GP practice. • However, 71% of people in the National GP survey in Leeds report that their experience of booking an appointment is 'good' • People who struggle to make an appointment tell that this is because: <ul style="list-style-type: none"> ○ They have to wait a long time on hold ○ They are cut off after a period of time ○ Appointments are not available when they get through ○ There are not any or enough online appointments available • Over a third of people who call the practice want an appointment on the same day • A third of people who called the practice did not get an appointment on the day they wanted
Use of technology	The use of technology (including telephone) to make or hold an appointment	People have different preferences regarding digital and non-digital access	<ul style="list-style-type: none"> • Some people want to make an appointment online but report that these are often not available • Many people value being able to access appointments by telephone or online as this is convenient to them • Some people are not confident that a diagnosis can be made over the phone or online • Some people prefer face-to-face appointments perhaps because this is historically how services were offered and because they are more comfortable with this approach • People who need interpreting services find appointments difficult when the interpreter is on the phone.
Joint working	Health and care services working together	People want to see health and care services working better together	<ul style="list-style-type: none"> • Some people report that services often don't appear to work together, and they are passed between different services such as primary care, hospitals and 111. • Some people were concerned that joint working might have a negative impact on consistency of care, because patients end up seeing different clinicians. • Many people presenting in emergency departments report trying to access primary care services first. People said that: <ul style="list-style-type: none"> ○ there were not appointments left that day, ○ that they could not get through on the phone

			<ul style="list-style-type: none"> ○ that they simply assumed the service would be closed ○ that they assume the service would be too busy to see them ● People are more likely to travel to an appointment if they are seen sooner
Inequalities	Health inequalities due to differences in demographics	Some communities face specific barriers to accessing services	<ul style="list-style-type: none"> ● Some people from some communities prefer face-to-face appointments. This is particularly the case for people who are deaf or hard of hearing and people whose first language is not English ● Some people report that they are not confident that all primary care professionals understand the diverse needs of local communities, in particular the accessible information standard ● The experience of people who are deaf or hard of hearing was worse than that of the general population ● People from deprived backgrounds, non-English speakers and those with learning disabilities were amongst the groups who said that available health information was difficult to understand and did not help them make the right choices. ● People with hearing and sight difficulties want to be offered a choice between digital and face-to-face appointments ● People whose first language is not English want information in a range of languages and formats ● Some staff feel that they are seeing fewer older people in clinic since the start of the pandemic ● Staff report concerns that people who are less likely to use digital technology are less likely to make an appointment ● Parking close to the practice, reliable and frequent public transport and opening times outside traditional working hours are particularly important to people with disabilities. ● For people with long term conditions, continuity of care and seeing the same professional is particularly important.
Health information	Information provided to patients about services and health advice	People want better information about health service in a range of formats, that helps them make decisions about their care	<ul style="list-style-type: none"> ● Some people report confusion about which service is most suitable for them ● Some people report that they are unsure what times and where services are available. This can be particularly confusing when different GP practices offer different services at different times. ● A third of people who used the GP practice website said this was not easy to use to find the information they wanted. ● Many people see their GP as a trusted source of information ● Some people want better quality information about mental health services from their GP ● People felt that much of the health information they received from their GP was too complicated and difficult to understand. They told us that information should: <ul style="list-style-type: none"> ○ Have simple messages with images and limited text ○ Be in video format with voice overs and subtitles. ○ be delivered verbally ○ be translated into community languages

			<ul style="list-style-type: none"> ○ be delivered consistently and across multiple channels ○ use Whatsapp ● Many people felt that using personal stories and case studies is a helpful way of helping people understand how to use health and care services. Personal stories elicit more empathy and understanding than pure statistics.
Care navigation	Practice based staff who triage patients and help direct them to the right healthcare professional	Many people are not confident in this approach	<ul style="list-style-type: none"> ● Many people are generally supportive of a triage system that helps them see the right person at the right time ● Some people are not confident in the care navigation system and are reluctant to share personal information with 'receptionists'.
Workforce	The range of professionals who provide primary care and their skills and competences	People value a range of professionals but need more information about the wider team	<ul style="list-style-type: none"> ● People report that they are generally satisfied with the care they receive from primary care. ● Some staff feel that significant numbers of people they see in clinic could have self-cared ● Friend reception staff was seen as very important to most people ● Most staff report a significant increase in work pressure ● Many staff report an increase in abuse from patients ● People from communities that have communication challenges report that staff need a better awareness of people's differing needs and a more patient approach.
Travel and transport	The ways people travel to their appointment	People value parking close to the practice and regular and reliable public transport. People will travel further if they understand how this will improve their care.	<ul style="list-style-type: none"> ● Some people had concerns that joint working sometimes meant that they have to travel to a location further away. ● Parking close to the practice was seen as important to most people ● People are more likely to travel to an appointment if they can be seen sooner ● People are more likely to travel to an appointment if they know they are being seen by the right professional ● Regular and reliable public transport is seen by many people as important when accessing primary care services
Waiting times	The time people wait get an appointment (not the time waiting in clinic)	Being seen quickly is important to most people	<ul style="list-style-type: none"> ● Many people feel that low waiting times for primary care services is very important ● Some staff feel that patients are more reluctant to wait for an appointment and are keen to be seen the same day
Opening times	The times of the day and days of the week services are open	People support longer opening times but need better information about when their practice is open	<ul style="list-style-type: none"> ● Most people are keen to have access to services outside of traditional working hours ● Longer opening times are important to people with disabilities ● People often don't know when their GP is open

6. Next steps – What happens next?

We would like to outline our next steps to demonstrate how this insight report will be used to improve primary care access in Leeds.

a. Share the draft insight report with our partners

We will share the draft insight report with key stakeholders to ensure that we have captured the main themes. This will include the People's Voices Partnership, Primary Care Networks and individual practices.

b. Add the report to the Leeds Health and Care website

We will add the report to the Leeds Health and Care website and use this platform to demonstrate how we are responding to the findings in the report. The report will be added here: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/engagements-consultations/>

c. Use the report to shape our approach to enhanced access in primary care

Primary Care Networks will use the report to develop their approach to providing primary care access outside of traditional working hours. This will ensure that the needs and preferences of local people are central to our decision-making. GP practices will add their findings to their website and outline how they have used feedback to shape local extended access services.