

Insight Report: **Primary care**

Understanding the experiences, needs and preferences of people using primary care services, their carers / family / friends and staff

December 2022 V1

1. What is the purpose of this report?

This paper summarises what we know about the primary care population in Leeds. This includes the experiences, needs and preferences of:

- People using primary care services (GP, pharmacy, dentist, optician services)
- Their carers, family and friends
- Staff working with people in primary care

Specifically, this report:

- Sets out sources of insight that relates to this population
- Summarises the key experience themes for this population
- Highlights gaps in understanding and areas for development
- Outlines next steps

This report is written by the [Leeds Health and Care Partnership](#) with the support of the [Leeds People's Voices Partnership](#). It has been coproduced with the key partners outlined in [Appendix A](#). It is intended to support organisations in Leeds to put people's voice at the heart of decision-making. It is a public document that will be of interest to third sector organisations, care services and people with experience of using primary care services. The paper is a review of existing insight and is not an academic research study.

2. What do we mean by Primary Care?

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.

Your local GP practice provides a wide range of health services, including medical advice, vaccinations, examinations and treatment, prescriptions for medicines, referrals to other health services and social services. In Leeds, there are 92 GP practices, which care for around 900,000 people. Every practice in Leeds is a member of a primary care network (PCN). This is a group of practices which works together and with community, mental health, social care, pharmacy, hospital and voluntary organisations in their local areas.

Community pharmacists are highly trained healthcare professionals who play a key role in providing quality healthcare to patients. As well as ensuring the safe supply and use of medicines, pharmacists can advise on common problems such as coughs, colds, aches and pains, as well as healthy eating and stopping smoking. They can also help you decide whether you need to see a doctor.

Dentists work to prevent and treat dental and oral disease, correct dental irregularities (particularly in children) and treat dental and facial injuries.

Opticians provide eye health services for patients.

For more information about primary care visit: <https://www.england.nhs.uk/primary-care/>

For more information about primary care in Leeds visit:

<https://www.healthandcareleeds.org/health/primary-care-services/>

3. Plans for primary care in Leeds

The Leeds Primary Care Board brings together partners from across city so that we can improve care, design more joined-up and sustainable primary care services and make better use of public resources. We have worked with our partners and local people to identify key areas to work on. There areas are:

- Improving access to primary care services
- Implementing the GP contract including any contractual changes i.e. mergers
- Supporting the development of Primary Care Networks
- Supporting the development and growth of the workforce
- Supporting the development of Estates and Digital
- Improving Outcomes for the population
- Improving Quality and Patient Experience

4. What are the key themes identified by the report?

The insight review highlights a number of key themes:

General practice

- The majority of people value and are **satisfied** with their use of general practice but numbers of people who are satisfied has reduced in the last three years
- People raise concerns about **timely care**, saying that they often struggle to get through on the phone to make an appointment and that they wait too long for an appointment
- Non-English speakers and people who are deaf or hard of hearing report difficulties booking and using translation services at the GP practice (**health inequalities**)
- A lack of **information** in alternative formats such as easy read, plain English, BSL and in different languages make it difficult for some communities to understand and make decisions about their health. (**health inequalities**)
- Increasing use of digital technology is making it difficult for some communities to access health services. (**health inequalities**)
- People report finding health services in Leeds complicated and difficult to understand and navigate. People often don't know where is the best place to access care or when services are open. (**joint working/information/choice**)
- People have a mixed experience of **person-centred** care at GP practices. Some communities are less likely to receive person-centred care (**health inequalities**)
- People with mental health difficulties find it particularly difficult to access primary care (**health inequalities**)

This insight should be considered alongside city-wide cross-cutting themes available on the Leeds Health and Care Partnership website. It is important to note that the quality of the insight in Leeds is variable. While we work as a city to address this variation we may, where appropriate, include relevant national and international data on people's experience of primary care

5. Insight review

We are committed to starting with what we already know about people’s experience, needs and preferences. This section of the report outlines insight work undertaken over the last four years and highlights key themes as identified in [Appendix C](#).

Please note that a recent insight report into primary care access carried out by the ICB in Leeds captured the majority of recent insight into primary care access.

Source	Publication	No of participants and demographics	Date	Key themes relating to primary care experience
The Leeds Health and Care Partnership and Skills for Health	Covid Vaccination Experiences https://www.healhandcareleeds.org/get-involved/your-views/covid-19-vaccination-2021/	Approx. 30,000 responses from across Leeds. Details of demographics are in the report	2022	Feedback relating specifically to primary care. <ul style="list-style-type: none"> • Details to be added
The ICB in Leeds	Shakespeare Medical Practice Insight Report https://www.healhandcareleeds.org/	Insight from a range of sources.	2022	An insight review into the primary care (GP) needs and preferences of people living in Lincoln Green and the surrounding area. <ul style="list-style-type: none"> • Information - Various groups report difficulties understanding basic health information and therefore struggle to make appropriate health decisions. • Information/health inequality (health literacy) - Some groups in particular struggle most with health literacy. These groups include but are not limited to;

	<p>ds.org/have-your-say/shape-the-future/insight-reviews/shake-speare-medical-practice/</p>		<p>Non-English Speakers, people with learning disabilities, people from deprived backgrounds.</p> <ul style="list-style-type: none"> • Health inequality (digital) - 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. • Information - Feedback has told us that understanding the health care system can be confusing for people and we are seeing people default to the GP practice in spite of other services being available. • Choice/information - People have also told us that they are unaware of health care options and the services that are available (such as Urgent Treatment Centres and mental health services). • Timely care - Evidence suggests people can struggle to access appointments with a GP, noting that waiting times to be seen can be long. • Timely care - Feedback also notes the difficulty with calling at certain times to book for an appointment and it taking a long time to get through. • Choice/timely care - There is evidence that people who cannot be seen in a quick enough time will visit alternative health care services, including the Emergency Department. • Person-centred - Feedback tells us that people are having a mixed experience when receiving person centred and accessible care. • Health inequality (translation) - Feedback suggests that for individuals for whom English isn't their first language, accessing translation or an interpreter is important but not always accessible. It also means they require longer appointment times to accommodate translation time when this is available. • Person-centred/health inequality/workforce - People fed back that interactions with staff can be mixed in terms of attitude and attentiveness to cultural/diverse needs. People reported negative/unhelpful attitudes and unfriendly tone, particularly from reception staff. We know that this can impact on people's relationship with the service and can lead people to disengage from services.
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				<ul style="list-style-type: none"> • Health inequality - Certain communities require extra support in accessing health care and may not understand what is required or how the system works (for example, refugees and asylum seekers). • Information - Evidence suggests that individuals have a lower awareness of mental health services that are available and how to access them in times of need. • Communication/information - People may be reluctant to seek support for mental health difficulties due to the stigma around mental health conditions. • Health inequalities - Different cultures and communities experience and understand mental health differently. They will need person centred support to get the help they need. • Health inequalities/clinical care/person-centred - Feedback suggests a mixed experience of receiving mental health support. Some people report that services understand their needs, but others say that better support and person-centred support is needed. • Resources - People fed back they want to see more support for communities in the area, with projects that might support wellbeing in different ways.
The ICB in Leeds	<p>Primary Care Access Insight Report</p> <p>https://www.healthisleeds.org/content/uploads/2022/08/2022_05_PC_access_insight_rep_V1.4.pdf</p>	Various sources in Leeds which are outlined in the report	June 2022	<ul style="list-style-type: none"> • Satisfaction – many people report finding it difficult to book an appointment with a GP • Information - People have different preferences regarding digital and non-digital access. • Joint working - People want to see health and care services working better together • Health inequality - Some communities face specific barriers to accessing services. This include people requiring translation, interpretation or British Sign Language services

				<ul style="list-style-type: none"> • Communication – many people report not being confident in the care navigation approach • Workforce/information/communication - People value a range of professionals but need more information about the wider team • Travel and transport - 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. • Timely care - Being seen quickly is important to most people • Information/communication/choice - People support longer opening times but need better information about when their practice is open
IPSOS	<p>National GP Survey – West Yorkshire ICB Results</p> <p>GP Patient Survey (gp-patient.co.uk)</p>	29,845 surveys completed in WYICB	2022	<p>Generally feedback about GPs in West Yorkshire is in line with the national average. All areas of satisfaction have declined since 2021.</p> <ul style="list-style-type: none"> • Satisfaction - 71% of people rated their GP practice as very good or good. This has reduced from 83% in 2021. It is slightly below the national average (72%). • Satisfaction/timely care – 50% of people find it easy to get through on the phone. This has reduced from 65% in 2021. It is slightly below the national average of 53%. • Satisfaction/person-centred – 81% of people find the GP receptionist helpful. This has reduced from 89% in 2021. It is slightly below the national average of 82% • Satisfaction/timely care/choice – 56% of people had a good experience of making an appointment. This has reduced from 70% in 2021. It is the same as the national average. • Person-centred – 83% of people felt the healthcare professional treated them with care and concern. • Health inequalities – Some equality groups reported that they were less likely to be treated with care and concern. These included; people who are bi-sexual, people aged 16-35, people with a learning disability or mental health condition, people whose religion is Buddhist or Muslim, people from mixed/multiple ethnic groups, Asian/Asian British and other ethnic groups.

				<p>Satisfaction – 49% of people described their experience of the NHS was good when their GP practice was close. This has reduced from 63% in 2021 and is slightly below the national average.</p>
Hillfoot Surgery	Proposal to close Sunfield Medical Centre and merge with Hillfoot Surgery			<ul style="list-style-type: none"> To be added
Primary care Networks	Extended opening hours at your Primary Care Network			<ul style="list-style-type: none"> To be added
Peoples Voices Partnership	<p>Big Leeds Chat 2021</p> <p>https://healthwatchleeds.co.uk/wp-content/uploads/2022/06/big-chat-leeds-2022-RevC.pdf</p>	<p>Conversations with people from across the city, with a focus on conversations in areas experiencing the highest inequalities</p>	2021	<p>Feedback from the Big Leeds Chat which specifically relates to primary care.</p> <ul style="list-style-type: none"> Information- Communicate more about health and care services and their availability – this was specifically in relation to information about primary care networks. Timely care - Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way Over the pandemic, people across Leeds told us they felt it had got harder and harder to book GP appointments. The issue seemed to be particularly prevalent in certain areas. It's clear from people's comments just how much they value their GP, so when it feels like a trial to get through the front door, they can be left feeling disconnected from a valued source of help and, at worst, left to cope alone by public services. Conversely, when people did feel supported by services, this could make a real difference to their wellbeing.

6. Inequalities Review

We are committed to tackling health inequalities in Leeds. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how primary care is experienced by people with protected characteristics (as outlined in the Equality Act 2010 – [Appendix D](#))

Protected Characteristic	Insight
Age	<ul style="list-style-type: none"> Some equality groups reported that they were less likely to be treated with care and concern. These included people aged 16-35 (National GP Survey 2022) Some staff feel that they are seeing fewer older people in clinic since the start of the pandemic (ICB in Leeds, 2022)
Disability	<ul style="list-style-type: none"> Some equality groups reported that they were less likely to be treated with care and concern. These included people with a learning disability or mental health condition (National GP Survey 2022) Some people from some communities prefer face-to-face appointments. This is particularly the case for people who are deaf or hard of hearing (ICB in Leeds, 2022) 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 (ICB in Leeds, 2022) The experience of people who are deaf or hard of hearing was worse than that of the general population (ICB in Leeds, 2022) People 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. (ICB in Leeds, 2022) People with hearing and sight difficulties want to be offered a choice between digital and face-to-face appointments (ICB in Leeds, 2022) Parking close to the practice, reliable and frequent public transport and opening times outside traditional working hours are particularly important to people with disabilities. (ICB in Leeds, 2022) Longer opening times are important to people with disabilities (ICB in Leeds, 2022)
Gender (sex)	We have been unable to source any local evidence relating to the experience of people by gender
Gender reassignment	We have been unable to source any local evidence relating to the experience of people with gender reassignment
Marriage and civil partnership	We have been unable to source any local evidence relating to the experience of people who are married or in a civil partnership
Pregnancy and maternity	We have been unable to source any local evidence relating to the experience of people who are pregnant or have recently given birth

Race	<ul style="list-style-type: none"> Some equality groups reported that they were less likely to be treated with care and concern. These included people from mixed/multiple ethnic groups, Asian/Asian British and other ethnic groups. (National GP Survey 2022) People who need language interpreting services find appointments difficult when this is being done over the phone (ICB in Leeds, 2022) Non-English speakers were amongst the groups who said that available health information was difficult to understand and did not help them make the right choices. (ICB in Leeds, 2022) People whose first language is not English want information in a range of languages and formats (ICB in Leeds, 2022)
Religion or belief	<ul style="list-style-type: none"> Some equality groups reported that they were less likely to be treated with care and concern. These included people whose religion is Buddhist or Muslim (National GP Survey 2022) Some people from some communities prefer face-to-face appointments. This is particularly the case for people whose first language is not English (ICB in Leeds, 2022)
Sexual orientation	Some equality groups reported that they were less likely to be treated with care and concern. These included people who are bi-sexual (National GP Survey 2022)
Homelessness	We have been unable to source any local evidence relating to the experience of people who are homeless
Deprivation	<ul style="list-style-type: none"> People from deprived backgrounds were amongst the groups who said that available health information was difficult to understand and did not help them make the right choices (ICB in Leeds, 2022)
Carers	We have been unable to source any local evidence relating to the experience of people who are carers
Access to digital	<ul style="list-style-type: none"> 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. (ICB in Leeds, 2022)
Served in the forces	We have been unable to source any local evidence relating to the experience of people who have serviced in the forces

7. Gaps and considerations – are there any gaps in our evidence or things we need to consider?

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

Gaps identified in the report:

- **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.

Additional gaps and considerations identified by stakeholders

- To be added

8. 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 in Leeds.

a. Add the report to the Leeds Health and Care Partnership website

We will add the report to our website and use this platform to demonstrate how we are responding to the findings in the report.

b. Hold a workshop with key partners in the autumn

We will meet with key primary care stakeholders in the autumn to

- Describe our primary care work in Leeds
- Outline and agree the findings of this report
- Identify and agree additional gaps
- Plan involvement work to understand the gaps in our knowledge
- Coproduce an approach to involving the public in shaping primary care services in Leeds

c. Explore how we feedback our response to this report

We will work with partners to feedback to the public on how this insight is helping to shape local services.

Appendix A: Key partners

It is essential that we work with key partners when we produce insight reports. This helps us capture a true reflection of people's experience and assures us that our approach to insight is robust. To create this insight report on primary care, we are working with the following key stakeholders:

Board members

Name	Organisation
To be added	

Third sector and public representatives

Name	Organisations
Hannah Davies	Healthwatch Leeds
	Leeds Society for Deaf and Blind People
	DALES (Deaf Across Leeds Enablement Service)
	Deaf and Hearing Impairment Team (DAHIT)
Debanni Gosh	Association of Blind Asians

Networks and partnerships

Contact	Group
Adam Stewart	Patient Participation Group (PPG) Network
	Leeds Hearing & Sight Loss Service

Appendix B: Primary Care Outcomes Framework

Insert framework here

Appendix C: Involvement themes

The table below outlines key themes used in our involvement and insight work. The list is not exhaustive and additional themes may be identified in specific populations.

Theme	Description	Examples
Choice	Being able to choose how, where and when people access care. Being able to choose whether to access services in person or digitally	People report wanting to access the service as a walk-in patient. People report not being able to see the GP of their choice
Clinical treatment	Services provide high quality clinical care	People told us their pain was managed well
Communication	Clear communication and explanation from professionals about services, conditions and treatment.	People report that they're treatment was explained in a way that they understood
Covid-19	Services that are mindful of the impact of Covid-19	People report the service not being accessible during the pandemic
Environment	Services are provided in a place that is easy to access, private, clean and safe and is a way that is environmentally friendly and reduces pollution	People report that the waiting area was dirty
Health inequality	Services are provided in a way that meet the needs of communities who experience the greatest health inequalities.	Older people report not being able to access the service digitally
Information	Provision of accessible information about conditions and services (leaflets, posters, digital)	People report that the leaflet about their service was complicated and used terms they did not understand
Involvement in care	Involvement of people in individual care planning and decision-making.	People told us they were not asked about their needs and preferences
Involvement in service development	Involvement of people in service development. Having the opportunity to share views about services and staff.	People told us that they were given an opportunity to feedback about the service using the friends and family test
Joint working	Care is coordinated and delivered within and between services in a seamless and integrated way	People report that their GP was not aware that they had been admitted to hospital
Person centred	Receiving individual care that doesn't make assumptions about people's needs. Being treated with dignity, respect, care, empathy and compassion. Respecting people's choices, views and decisions	People report that their relative died in the place they wanted

Resources	Staff, patients and their carers/family/friends have the resources and support they need	Family reported that adaptations to the house took a long time to be made
Satisfaction	Services are generally satisfactory	Most people told us that they were very happy with the service.
Timely care	Provision of care and appointments in a timely manner	People report waiting a long time to get an appointment
Workforce	Confidence that there are enough of the right staff to deliver high quality, timely care	People raised concerns that the ward was busy because there were not enough staff
Transport and travel	Services are provided in a place that is easy to access by car and public transport. Services are located in a place where it is easy to park.	People report poor local transport links People report good access to parking
Wider determinants	Services and professionals are sensitive to the wider determinants of health such as housing	People told us that their housing had a negative impact on their breathing

Appendix D: Protected characteristics (Equality and Human Rights Commission 2016)

1. **Age** - Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
2. **Disability** - A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
3. **Gender (Sex)** - A man or a woman.
4. **Gender reassignment** - The process of transitioning from one gender to another.
5. **Marriage and civil partnership** - Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1] Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
6. **Pregnancy and maternity** - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
7. **Race** - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
8. **Religion or belief** - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
9. **Sexual orientation** - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Other characteristics

Other protected characteristics identified by the ICB in Leeds include:

- **Homelessness** – anyone without their own home
- **Deprivation** – anyone lacking material benefits considered to be basic necessities in a society
- **Carers** - anyone who cares, unpaid, for a family member or friend who due to illness, disability, a mental health problem or an addiction
- **Access to digital** – anyone lacking the digital access and skills which are essential to enabling people to fully participate in an increasingly digital society
- **Served in the forces** – anyone who has served in the UK armed forces