Priority Wards Engagement Report

healthwatch
Blackburn with Darwen

Contents

Background

In 2021 Professor Chris Bentley, Independent Health Inequalities Advisor to NHS England and NHS Improvement (NHSEI) and John Brittain, Principal Operational Researcher (NHSEI) conducted a review into Covid-19 and health inequalities. As part of the review they explored the communities in Lancashire and South Cumbria (LSC) with the greatest socio-economic disadvantage. One of the findings of this work was the identification of a number of electoral wards with high levels of deprivation and with higher-than-expected rates of urgent and emergency admissions - these wards are referred to as “priority wards”.

The LSC Population Health Programme is built on the premise of developing a deeper understanding of and relationship with our communities and investing time and resources in this, including undertaking detailed conversations with the areas of most need, as defined by the status of priority ward.

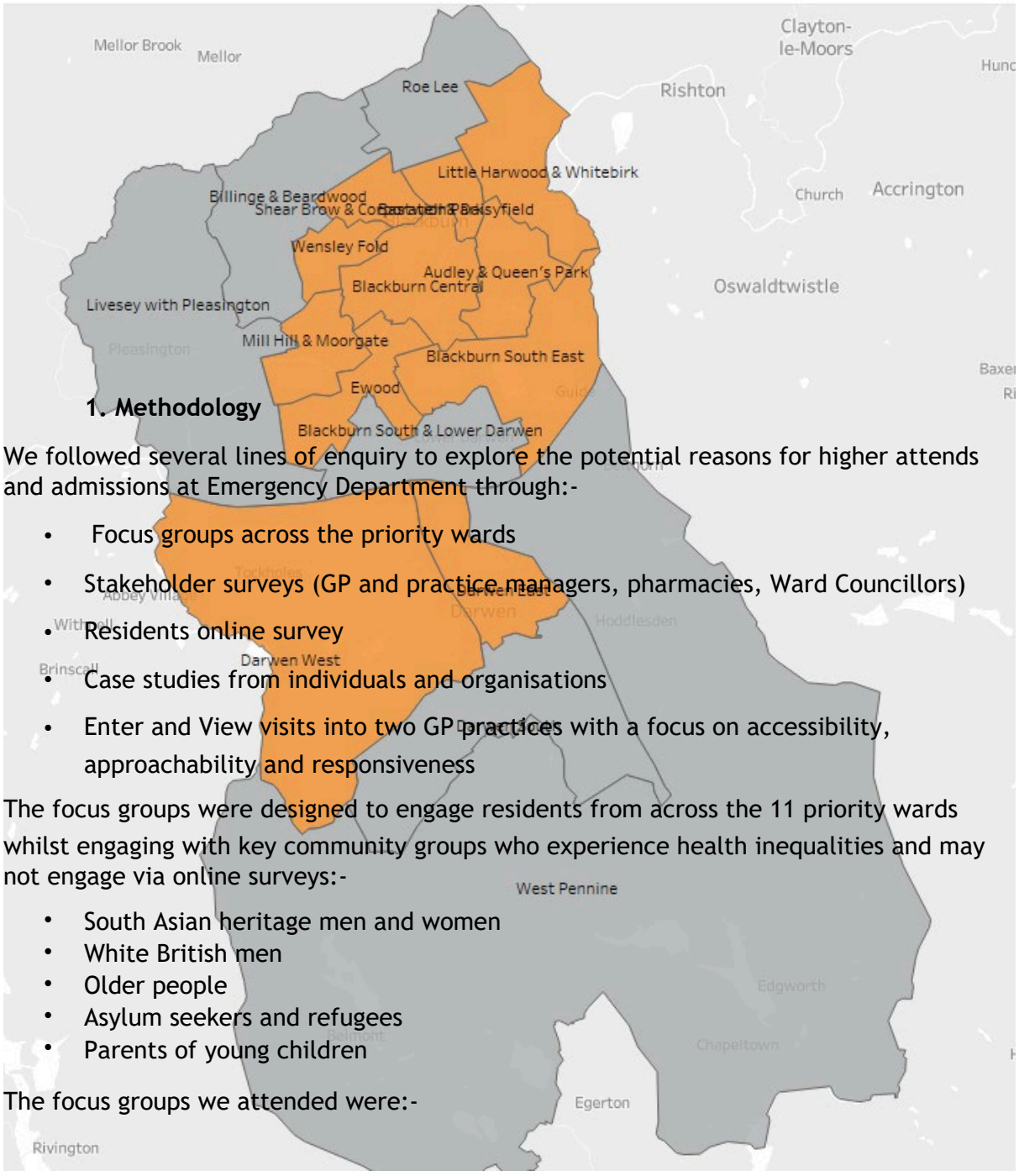
The aim of our work was to carry out engagement with communities living in the priority wards to understand what matters to them and the barriers to accessing healthcare.

The intention of the approach is to explore the potential reasons for higher urgent and emergency admissions (considering themes such as practicalities of access, transport links etc as well as softer causes such as attitudes and beliefs) and explore areas that could broadly support improved health and wellbeing for these communities, responding to the issues that lead to increased use of urgent and emergency care (where possible) and support communities’ readiness for change.).

There are 11 priority wards across Blackburn with Darwen. A desktop review was undertaken of the existing data to identify some top level lines of enquiry for each area to inform and supplement the engagement. Whilst there are many differences between the wards, and indeed within the wards, there are a number emerging themes which are common across many areas, these include:

- Diagnosis and management of common conditions, there are some differences across the wards about which are most prevalent but the conditions below are common across all areas:
- Hypertension
- Respiratory conditions
- Depression
- Literacy, and specifically health literacy and digital literacy. There are varying reasons why this may be an issue, in some areas we know we have relatively high percentage of the population for whom English is not their first language and where there may be cultural barriers. In other areas we have quite low levels of academic attainment
  Some communities do not have access to and / or struggle with digital access
- Lack of support for living healthy lives – including access to healthy food
- Lack of support for those living with frailty, some areas seem to have had some success in identifying and agreeing care plans for those living with frailty but in other areas this is not as evident
- Sense of community and the degree to which parts of the community may feel isolated (for a variety of reasons – age, culture, transport etc)

Blackburn with Darwen 11 Priority Wards



1. Methodology

We followed several lines of enquiry to explore the potential reasons for higher attends and admissions at Emergency Department through:-

- Focus groups across the priority wards
- Stakeholder surveys (GP and practice managers, pharmacies, Ward Councillors)
- Residents online survey
- Case studies from individuals and organisations
- Enter and View visits into two GP practices with a focus on accessibility, approachability and responsiveness

The focus groups were designed to engage residents from across the 11 priority wards whilst engaging with key community groups who experience health inequalities and may not engage via online surveys:-

- South Asian heritage men and women
- White British men
- Older people
- Asylum seekers and refugees
- Parents of young children

The focus groups we attended were:-

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- Case studies from individuals and organisations
- Enter and View visits into two GP practices (one in Blackburn and one in Darwen)

We carried out a series of focus groups across the priority wards with a focus on engaging with a wide cross-section of our community with respect to age and ethnicity. Overall we spoke with 105 residents from the following groups:-

- One Voice Women's Group (11 members of group of British Pakistani and British Indian background)
- One Voice Men's Group (6 members of group of British Pakistani and British Indian background)
- ARC at Wesley Hall (support for asylum seekers and refugees) (7 members of Middle Eastern background)
- Sisters Circle (19 members of British Pakistani, British Indian and British Bangladeshi backgrounds)
- Shadsworth Hub Friday Food Club (6 members of White British background)
- Ash Grove (Darwen) Food Club (10 members of White British background)
- Ivy Street Community Centre Parents and Toddlers Group (8 members of White British and mixed White British/Black Caribbean background)
- Wensley Fold Childrens Centre parents and toddlers group (5 members of British Pakistani and British Indian background)
- Hancock Street Childrens Centre parents and toddlers group (4 members of White British and British Pakistani background)
- Albion Mill Age UK Talk and Tunes session (12 members of White British background)
- Derwent Hall lunch club (11 members of White British background)
- HMOS – Bonum Court, Bramwell House, Thomas drop-in and The Islington (6 staff members)

Interviews were carried out with representatives from HMOs (houses of multiple occupancy) in order to gather the experiences of individuals living in these homes who experience co-morbidities alongside alcohol and substance misuse and face various barriers engaging with health and social care services.

The residents online survey was shared via Facebook community group pages in order to engage with residents living in each of the priority wards.

The two Enter and View reports into GP practices Shifa Surgery and Darwen Healthcare have now been published on Healthwatch Blackburn with Darwen website and can be accessed here - https://healthwatchblackburnwithdarwen.co.uk/enter-view/enter-and-view-reports/

Further exploration

As this was our initial meeting with many of the groups and sessions were time limited, we feel that there was a lot of noise around certain aspects of health access, which may not necessarily have provided causation to the hospital admittance i.e. personal responsibility, awareness, motivation to act. The feedback we have received from specific communities has given us an indication to areas for further exploration now that we have scratched the surface, for example South Asian heritage male management of long term conditions.

Unfortunately responses to our stakeholder surveys were low – potentially due to the engagement falling at a time of bank holidays and elections. Further engagement with GPs, pharmacies and ward Councillors to gather their understanding of patients' uptake of services and reasons for attends and admissions at Emergency Department would be beneficial.

We were unable to hold a focus group with residents from an Eastern European background during the timeframe for activity for this report but believe this is an important group to engage with to understand their uptake of different services. We are holding a focus group in June 2023 and will share our findings with the ICB.

Our work did not cover care homes therefore we would recommend further engagement to understand access to health care services for their residents.

Executive Summary

The aim of our engagement was to understand why residents from the 11 priority wards in Blackburn with Darwen have high attends and admissions at Emergency Department at Royal Blackburn Hospital. Key themes of areas for improvement in services came out through discussions with residents, both from our face to face focus groups and our online survey. These key themes and recommendations are summarised below.

Promotion of services

From our engagement, it was evident that local residents are not clear on what each different health service offers – increasing awareness will result in people accessing the right help at the right time and the right place, thus taking pressure off Emergency Department.

Recommendation

A guide to local services should be coproduced with residents in both written and video form and in different languages which can be shared on social media and in leaflet format through a range of community and healthcare settings.

Education of Residents

Greater education on how to manage symptoms at home, particularly for new parents, is needed to reduce inappropriate attends and admissions at Emergency Department.

Recommendation

A health peer champions programme through Family Hubs and community centres would help increase education about self-care without stigma. Health professionals demonstrating and distributing technology in community settings would also help better management of symptoms such as hypertension, diabetes and atrial fibrillation. Similarly a leaflet on common childhood illnesses, coproduced with parents, which could be shared online and through family hubs and children's centres would help more parents manage their children's symptoms at home.

Lived Experience and Representation Matters

The importance of lived experience and having someone to talk to 'who is just like me' amongst health professionals came through strongly in discussions with residents.

Recommendation

A workforce of health professionals which reflects the community they serve would encourage better engagement by residents with services and consequently better care for all. Lived experience roles, particularly within mental health services but also relevant for other long term conditions, would provide residents with peer support they need to start on and maintain their journey of recovery.

Behaviour Change

There were very varied levels of self-care amongst the groups we engaged with – both from a lack of knowledge and from not seeing this as important. Linked to this is a lack of 'patient activation' with people putting off going to the GP and accessing Emergency Department as default. Lack of employment and lack of engagement also resulted in residents attending Emergency Department as 'something to do and a story to tell'.

Recommendation
Behaviour change amongst communities takes time and resource to help shift attitudes and actions amongst our residents. The voluntary and faith sectors can play a greater role in supporting this preventative work, engaging regularly with residents on their terms and without the stigma of being health professionals. However, this requires consistent and assured funding to maintain this level of engagement.

Rethinking access to services

Feedback from residents was mixed around being able to make a GP appointment, with digital and telephone being difficult or not an option still for members of our community and their needs should be met. Waiting times for the queue or call back system were frustrating for patients, with some giving up trying to book an appointment.
Recommendation
A consistent approach across GP practices for appointment booking with a mix of in person, phone and digital options would help address a perceived 'postcode lottery' in access and address inequalities faced by those who are digitally excluded or have low literacy levels.

Outreach opportunities

Alongside a needforeducation on self-care is a mistrust or wariness of services amongst our residents. However, there is an openness amongst residents we engaged with to accessing servicesdifferently particularly for routine checks and medication reviews.
Recommendation
Outreach by healthprofessionals in communities would also break down barriers between services and communities and help increase uptake of preventative health checks and better self-care. Learning from the mass vaccination programme about the effectiveness of community based delivery of services should be applied more widely for routine health checks both through pharmacies and outreach in community centres.

Better integration of services

Residents reported feeling 'passed from pillar to post' between services and felt that pathways of support did not work effectively or have them at the centre of that care pathway. ***Recommendation***
Greater multidisciplinary working between GP practices, mental health services, integrated neighbourhood teams and the voluntary sector will help create a better person- centred approach to supporting residents, where they do not have to keep telling their story over and over again.

Rethinking language

Reframing the language used by professionals could result in better engagement with services by residents. People we spoke with did not understand 'social prescribing', there was a lack of respect for 'receptionists' within GP practices because of a perceived lack of training associated with such a role and 'wellbeing' is viewed as a very personal issue and linked to mental health amongst members of our South Asian community.

Recommendation
Language matters therefore services should consider how they promote and refer to roles and services. This might help increase residents' engagement with them, resulting in better outcomes for patients and improved relations between patients and services.

Reducing Barriers

Some of our residents face significant barriers to accessing services due to low literacy levels and English not being their first language.
Recommendation
Translation services should be provided for all residents who need this provision to communicate their health needs (including BSL). This should be flagged up on patient records and booked in by practices on a timely basis.

Support from reception teams, care navigators or social prescribing link workers should be provided for residents who have low literacy levels and struggle to complete forms.

Training for Professionals

It was apparent from discussions with residents that people put off accessing health care services because they feel judged, not listened to and not seen as experts in either their own bodies or as parents of their children. ***Recommendation***
Person centred care training and trauma informed training for all health professionals including mental health professionals would result in patients feeling more valued and listened to and will engage better with services.

Data informed prevention work

Whilst some residents had heard of annual health checks, these were in the minority of residents we spoke with and none of the over 75s had heard of care plans.
Recommendation
Better use of data held by GPs and Council departments to inform and target prevention work will result in more timely care for some of our more vulnerably community members.

Start Well – Key Themes affecting Parents and Young Children

Education on Managing Young Children's Health

Several of the parents we spoke with felt that they needed better education on what symptoms they could manage at home on their own rather than going to Emergency Department. Uncertainty about illnesses leads them to seek professional advice by going up to EmergencyDepartmentsothattheirchildcanbeseenrelativelyquickly.Parentswe spoke withwereopentothisbeingsharedviafacetofacesessionswithhealth professionals in Children's Centres or in leaflet or online format.

"I'm on myfifthbabysoIknowexactlywhatIcanmanagemyself.Ihaveothermums ringing meupforadvice.Someofit'sjustcommonsense.OnewouldhavegoneuptoA and E butitwasjustpricklyheatsoItoldherwhattodo."

Recommendations

A ChildhoodIllnessesleafletwasproducedbyEastLancashireCCGwithLancashireCounty Council but does not appear to be in circulation currently. (https://www.ightenhillmedicalcentre.co.uk/wp-content/uploads/2021/04/Childhood-Illnesses.pdf) .

A revised,morevisualleafletavailableindifferentlanguagesandalsoinvideoformat which canbesharedonline,viahealthvisitorsandinchildren'scentresandFamilyHubs would helpparentsmanagesymptomsathomeandreducethenumberofattendsand admissions at Emergency Department.

Involvement of parents to create this leaflet would ensure that this addresses the needs of other parentsintheboroughandfocusesonthekeyissuestheyexperiencewiththeir children and will ensure that the language used is understandable.

The ongoinginvolvementofparentchampionsincommunitysettingswouldhelpmaintain this peereducationofferinawaythatissustainable.TheOralHealthParentChampions programme https://foodactive.org.uk/parent-champions-kind-to-teeth-project-blackburn-with-darwen/ is a good model which proved effective and easily replicable for childhood illnesses.

Similarly, increased education on the use of antibiotics would be beneficial for parents. There wasconfusionamongstparentswespokewithaboutwhenitisappropriatefortheir children to have antibiotics, with some thinking that they are a 'cure all'. A parent champions approach would be beneficial and education through schools and family hubs using trainingsuchase-bug(https://www.e-bug.eu/community-educators).

A professional from Homestart felt that mothers they work with are increasingly isolated and making decisions about their children's health on their own. Having someone they trust to have conversations with about both their own health and that of their children would be a great help.

"We're seeing an increasing number of families where the women are very much on their own, even if the father is still with the family. They don't want to put pressure on him because he works so they take it upon themselves to make immediate decisions about their children's care/health needs. There's increasing pressure on mums who are not accessing groups because there isn't as much as available as pre pandemic. They are isolated which impacts on their own mental health and can't just talk to other mums as easily about their children's health and be reassured that they don't need to go up to A and E."

Recommendation

A fantastic model of peer educators and support workers is the Barefoot Professionals model established by The Family Gateway in the North East of England. - https://familygateway.co.uk/barefoot-professional-model-in-action-tearaway-teen/

The upcoming Family Hubs and other community centres and children's centres across the borough could provide the ideal space within the community for residents to be trained to support other individuals and families to manage their health and wellbeing better and to create a space for new parents to meet socially. This model works well because the 'Barefoot Professionals' have experienced and overcome similar issues as those they support.

Importance of Trust and ConnectionwithHealthProfessionals

The importance of lived experienceandhavingsomeonetotalkto'whoisjustlikeme' came through strongly in discussionswithyoungmothers–bothassomeonethatthey could relate to and from a similarbackgroundtothem.Whilstsomemothershadavery positive experience with theirhealthvisitor,othersfeltjudgedornotlistenedtobythem.

"Mine was really old fashionedanddismissive.Ididn'tfeelsupportedinmychoiceto move to formula. I felt judgedbyherforit."

"Health visitors and midwivesdonothavemuchfaithinparentsanddon'tlistentothem. I'm mixed race and have a geneticbloodconditionandwhenmysonwasbornIthoughthe might have jaundice. Two WhiteBritishmidwivesdismissedmyconcernssayingthathe was just a tanned colour. WhenIsawathirdmidwifewhowasofSouthAsianbackground, she noticed that he did not lookright,gavehimaheelprickandfoundthathehad jaundice and needed a blood transfusion."

A Homestart professional told us that they are seeing more referrals where a child is a young carer for the family and is the one who is responsible (either due to confidence of the mum or due to language barriers) for explaining what is wrong with the parent. If that child is at school and they need to see someone for either themselves or a younger child, they are more likely to end up at Emergency Department.

One lady felt that her health visitor was judgmental and made inappropriate comments, which if she was struggling with child's development could be hurtful. On a home visit, the health visitor stated, "We really struggle with children who can't speak around here" and whilst meeting with her for an appointment at the children's centre, stated "sorry I'm running behind, I had a lot of issues with the child that was in before you".

There was also confusion amongst parents about the role of the health visitor and how they could support families.
"What do health visitors actually do?"

Recommendation
A workforce of GP practice staff, health visitors and midwives which reflects the community they serve would encourage better engagement by mothers with the service and consequently better care for young children.

Person centred care training would be beneficial for all staff to ensure better engagement with families and education for parents on the role of the health visitor would help them to understand their role better and help them direct any questions about their child's health to the relevant professional.

Addressing Stigma around Breastfeeding

Although Blackburn with Darwen has been a breastfeeding friendly borough since 2017, mothers we spoke with felt that there is still a stigma around breastfeeding or the choice not to do so.

"Well off mothers have the support network around them but in poorer communities we don't have that and there is still the stigma of breastfeeding whilst you are out and about".

There was also a lack of awareness of breastfeeding support groups available in the borough.
"you need to be at crisis point to get support at the Birthing Centre".

These are advertised on the BwD Public Health website - https://bewellbwd.com/a-z-services/breastfeeding-friendly-borough/ but this information does not appear to reach the mothers who need it.

Recommendation
Wider promotion of the breastfeeding support groups in the borough and raised awareness of the fact that Mischa Russell, a baby-friendly specialist midwife at ELHT visits Children's Centres to talk with mothers would help reduce the stigma felt by new mothers.

6 week check-ups for mothers

One young mother we spoke with stated that although her baby had received his 6 week check-up and 8 week injections, she had not received an appointment for her 6 week post-natal check-up.

"When I rang they said there is only one nurse who does the mums appointments and her rota isn't up yet so we can't make you that appointment. So how many mums are missing those appointments? I've still not had mine."

Recommendation
Proactive monitoring of new mothers by GP practices would help minimise the risk of 6 week postnatal check-ups not taking place, ensuring that they are supported well both emotionally and physically.

Promotion - cheap alternatives to key brands

One parent stated that she knows of parents who go up to Emergency Department for medicines which they cannot get free on prescription from their doctor e.g. nurofen and calpol rather than paying for cheaper versions of these in a supermarket. Another stated that she knew parents who took children with sickness and diarrhoea up to Emergency Department for the same reason.

Recommendation
Promotion of cheaper alternatives to well-known brands to parents of young children would reduce the number of visits to Emergency Department for medicines which they cannot get free on prescription.

Live Well Themes

Promotion of Services

Raising Public Awareness of Local Services There is a need for education for residents on what each healthcare service offers in order to alleviate pressures on Emergency Department and for people to access the right care at the right time. There was a real lack of awareness amongst residents we spoke to about the role of pharmacies, how to access out of hours GP services and the role of 111. People wanted greater clarity about what accessible services are available and where, in order to stop their default option being Emergency Department because they know it is always open. "People need to know that A and E is simply that – for accidents and emergencies."

"Pharmacies are great but it would be really helpful if they publicized them more, either face to face or social media would work."

"People don't know what they (111) can or cannot do so people end up at A and E."

"There needs to be more education for people what each service offers and in different languages. People call for paramedics for something they could have helped themselves with medication over the counter." ***Recommendation***

A guide to local services should be coproduced with residents in both written and video form and in different languages which can be shared on social media and in leaflet format through a range of community and healthcare settings. A visual guide similar to ELHT's 'feeling unwell' guide would clarify for residents what support to access when (https://elht.nhs.uk/patients/feeling-unwell).

By coproducing the guide with local residents, the information will be simple, clear and tell them what they need to know rather than overloading people with too much confusing and conflicting information.

Raising Awareness of Alternatives to Healthcare Professionals

Very few of the residents we spoke with had heard of the borough's social prescribing provision.

"We've never heard of them (social prescribers) but it's a great idea and could only be a good thing for people."

Similarly, knowledge of BwD Council's Refresh Wellbeing Service was low amongst all of the groups we met with.

"I've not heard of them (Refresh) but I'd definitely go to them for health checks and support for my diet."

Recommendation

Better promotion of both the Refresh and social prescribing offers in the borough would encourage residents to take more preventative measures to supporting their own health and wellbeing.

However, care should be paid to the language used to promote these services, particularly with residents from South Asian backgrounds.

"Social prescribers sounds like a good idea but older people just simply would not take up that option. Our parents would only listen to a medical professional and would not access social groups for anything like exercise or social activities. They would just say that they're not doing anything for their health."

"There was a wellbeing event at a local GP surgery last month but people from our community just don't go to those things. They see 'wellbeing' as a very personal issue and linked to mental health which is still a taboo topic amongst members of our community, people brush it under the carpet and don't want other people to know if they have issues. People link it to loss of control."

The term social prescribing was also felt to be confusing for residents, which may lead to lack of take up of referrals into social prescribing. GP practices and the Integrated Neighbourhood Team may wish to consider a more easily understandable term for this offer.

Raising Awareness of Low Income Support Schemes

Whilst for residents on benefits, the cost of prescriptions was not an issue, the cost of prescriptions was a barrier for some in managing their health effectively.

“If I had to pay it would be massive. It would be about £60 a month.”

There was a real lack of awareness amongst residents we spoke with about both the prescription prepayment certificate scheme (https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/save-money-with-a-prescription-prepayment-certificate-ppc/) and the NHS low income scheme (https://www.nhsbsa.nhs.uk/nhs-low-income-scheme).

Recommendation

Promotion of low income schemes available to residents should be shared by BwD Council’s Help Hub, GP practices, pharmacies and through the voluntary sector.

Promotion of Self Care

Behaviour Change

There was very varied levels of self-care amongst the groups we engaged with – both from a lack of knowledge and not seeing this as important.

For residents in HMOs, there was no self-care or awareness – "They're in survival mode and don't feel worthy of kindness."

Amongst members of the South Asian heritage community, there was a real sense of not prioritising their health.

"One of the main issues is that we are not looking after our health well enough. People are living longer with a range of co-morbidities and that's putting a strain on the system. No-one wants to talk about prevention when that's where change has got to happen. There's increasing numbers of dessert bars and takeaways when we know diabetes and cardiovascular diseases are an issue in our community."

"There's an acceptance amongst some of our community that 'if it happens, it happens'. There's a lack of determination to change bad habits. It's only if you get a wakeup call when a family member has a cardiac arrest that it hits home that you need to look after yourself better because it could have been you."

Amongst residents in Blackburn South East, there was a similar lack of 'patient activation' with people putting off going to the GP and accessing Emergency Department as default.

"If I can bear with pain, I will avoid going to the GP. I've got fibromyalgia and osteoarthritis and am in a lot of pain at the moment. I guess I ought to book an appointment."

From speaking with volunteers in that area, it was evident that lack of employment and engagement in positive activities resulted in residents attending Emergency Department as 'something to do and a story to tell'.

Recommendation

Behaviour change amongst communities takes time and resource to help shift attitudes and actions amongst our residents. The voluntary and faith sectors can play a greater role in supporting this preventative work, engaging regularly with residents on their terms and without the stigma of being health professionals. However, this requires consistent and assured funding to maintain this level of engagement.

Education

Education around symptoms management at home would be beneficial for residents and better promotion of what technology they can access to support their health.

“We need to have more things at home to help with self-care – technology can play a role in helping us to look after our health better.

“A lot of people don’t know that the machine and insulin are free.”

One woman who worked at the 111 call centre stated,

“We get all sorts of calls coming through for things like coughs and colds which people should be managing at home by themselves. I’ve seen callouts for paramedics which really did not need that response. They could have helped themselves with medication over the counter.”

Recommendation

A health peer champions programme through Family Hubs and community centres would help increase education about self-care without stigma. Health professionals demonstrating and distributing technology in community settings would also help better management of symptoms such as hypertension, diabetes and atrial fibrillation.

Outreach by health professionals in communities would also break down barriers between services and communities and help increase uptake of preventative health checks and better self-care.

“We had a local female GP offer her time to do a Q and A session about the menopause. We had 115 women turn up!”

Access to Services

Pharmacy

Whilst residents we engaged with were not always clear on what services pharmacies offered, the overriding feedback about pharmacies was positive.

“They listen and do their hardest to help you and point you in the right direction. My youngest has epilepsy and I explained what was happening to the pharmacist. They recommended a medicine which I said she really can’t take because of her learning difficulties and they said no worries and sorted her out with an alternative. I would rather go to the pharmacy first with a medical issue than go to my GP.”

Most of the groups we spoke with would prefer to go to their local pharmacy first if they were able to prescribe and felt that the loss of the minor ailment service was a real shame.

The new primary care blueprint will hopefully increase local pharmacies’ prescribing offer, however this may be impacted by the recent announcement of cuts in opening hours. Some concerns were raised that residents might be “bounced between the GP and the pharmacy if we’re not careful.”

“Having GPs and pharmacies under one roof would be a great step forward to stop this from happening and would improve communication between services.”

One woman whose husband worked as a pharmacist in Leyland stated “they offer a whole range of services including ambulatory blood pressure monitoring, I don’t think that the pharmacies in Blackburn with Darwen offer as much as they do, it feels a bit behind here.”

There was concern by some residents that the consultation room was not always available in their local pharmacy which is important for maintaining patient confidentiality.

Residents we spoke with were open to having medication reviews and routine checks that did not require GP intervention, at pharmacies and alternative drop-in centres in the community.

Recommendation

Learning from the mass vaccination programme about the effectiveness of community based delivery of services should be applied more widely for routine health checks both through pharmacies and outreach in community centres.

Access for controlled drugs

The timeslots for ordering and picking up controlled drugs were felt by several members of our focus groups to be too restrictive.

"If you miss them then you're running close to the line and you forget about it when you have to call them. You need to speak to someone to get approval and it's hard to get through."

Recommendation

Wider timeslots to pick up controlled drugs would allow patients to make sure that they do not run out and need to go to Emergency Department and a system generated approval system would save time for GPs, pharmacies and patients.

111

111 was considered to be helpful by residents who had accessed this service.

"It's long winded but they are helpful. You know that you're going to be directed to the correct service to support you."

"They're pretty quick and got me into an out of hours GP appointment which saved me having to go up to A and E."

However, similar to the local pharmacy offer, people were not always clear as to how 111 can support them and better promotion is required.

Emergency Department

Emergency Department is currently viewed as somewhere that is accessible (particularly for neighbouring wards) and where people can be seen face to face and be listened to.

"I feel better listened to at A and E because they're in a setting where they see absolutely everything and know that parents know their child best."

"There's a fear amongst the mums we work with that if they don't get their children seen straight away by health professionals they will be in trouble with either the father or professional services. A and E is the fastest and easiest route."

"A and E were brilliant. They listened to me. If you want to see someone it's easiest just to go to A and E."

Recommendation

Increased education on 'the right support at the right time' and a better understanding of accessible alternatives to Emergency Department would help alleviate some of the pressure on Emergency Department.

The recently established 6 hour primary care pathway from Emergency Department and ELMS direct booking into GP practices should help refer people back into primary care but a consistent approach across both primary and secondary care to ensure that patients are in the right place for support is important.

Our Enter and View visits into GP practices highlighted that patients are being told to "call 111 or go to A and E" if they cannot get a GP appointment and this was also raised in some of our focus groups.

"Yesterday there was message on the phoneline for the practice saying that they have no appointments for four weeks. If your call is urgent call 111."

GP practices

Appointment Booking System

Feedback from residents was mixed around being able to make a GP appointment, with digital and telephone being difficult or not an option still for members of our community and their needs should be met. Waiting times for the queue or call back system were frustrating for patients, with some giving up trying to book an appointment.

"Ringing up at 8am just doesn't work for people – if you're working or taking kids to school, you're simply not free at that time. It was good when we could book appointments online – why can't we do that anymore?"

"I can't be bothered with it all when I feel ill."

"You can be up to number 46 in the queue so it's just easier to physically go down to the practice to book one." (86 year old resident)

Recommendation

A consistent approach across GP practices for appointment booking with a mix of in person, phone and digital options would help address a perceived 'postcode lottery' in access and address inequalities faced by those who are digitally excluded or have low literacy levels.

Triage Service

There was a general frustration amongst residents we spoke with about the role of receptionists in the triage process at GP practices across the borough.

"I know the receptionists are trained but sometimes they can be a barrier. I know now what to say to be able to get seen, which is bad but sometimes you need to exaggerate a bit just to get an appointment."

However, one resident highlighted the issue as one of lack of understanding of their role and that greater education is needed.

"they are all trained to be a triage service and maybe there needs to be some education for us. Maybe change the language – refer to them as a triage service not reception then we'll have more faith in them."

Recommendation

Better education is required amongst residents of the role of the reception team in GP practices to avoid frustration and assist timely and appropriate referral pathways. As suggested by one resident, the term 'triage service' might help change people's attitudes towards receptionists.

Having shared their details with the receptionist, patients would prefer not to have to start all over again with the doctor – again increasing their trust in reception as a triage team. If notes could be placed on a patient's record at the triage point, that would save time for both the GP and patient and reduce patients' frustrations with the system.

Care Navigation and Personalised Care

A more personalised approach to triage, care navigation and appointments will help patients feel better listened to and have their privacy respected. Several residents we spoke with felt uncomfortable sharing details about 'women's issues' with receptionists.

"The triage process can be intrusive. When I asked to see a female doctor, I felt forced to tell the receptionist about my issue even though it was a really personal matter."

"Making a GP appointment isn't easy, it's either there's no appointments or try 111 or A and E."

"[GPs] They're often just looking at your notes when you go through the door then don't make eye contact with you. You don't feel valued. You feel fobbed off."

Recommendation

A call back system for patients who are more wary about sharing the detail of their symptoms with receptionist might be beneficial to ensure personalised care – either by a 'triage lead' or an advanced nurse practitioner.

Care navigation should be focused on meeting the needs of the patient, making sure that they get the right support at the right time. This should not feel like a deflection to 111 or Emergency Department.

Person centred care training for all staff within GP practices would help teams to make sure that they put a patient's needs and rights first, focusing less on the task and more on the person.

Structure of the GP practice team

Whilst for a few residents we spoke with, having a named GP was important, for many residents we engaged with, the role of the advanced nurse practitioner was greatly appreciated.

"They're amazing. They make time for you. One of them always goes out to see my mum, she's great."

"Advanced nurse practitioners have a lot more time for you and my sister's a paramedic, I call her all the time!"

"They're brilliant – they are young and more knowledgeable because of that."

Recommendation

GP practices may wish to consider the make-up of their team, increasing roles such as advanced nurse practitioners and paramedics who could take some pressure off the GPs and allow greater access for patients.

Good Practice Case Study – Darwen Health Care

Healthwatch Blackburn with Darwen's report on our Enter and View visit into Darwen Health Care, as part of this engagement, can be found on our website - https://healthwatchblackburnwithdarwen.co.uk/enter-view/enter-and-view-reports/

However, we felt it was important to highlight within this report evidence of good practice which could be shared and replicated across the borough. Patients told us that they felt supported by the practice, did not feel the need to access Emergency Department as an alternative to a GP appointment and felt the booking and triage process generally worked well. **Appointment Booking System** The phone system has been changed by the practice to incorporate call backs if there is more than 5 people in the queue, after feedback from patients about long wait times on hold. Appointments are closely monitored by the management team. Urgent same day appointments are released at 8am and at least 17 appointments are protected which only the on call clinician uses for urgent issues that arise during the day. Three GPs are designated each day to deal with emergency appointments.

The practice offers extended opening hours on Mondays and Wednesdays to support those in employment to attend appointments.

Triage Process

Receptionists ensure that patients get the right support through the triage conversation and update the GPs on what patients have told them through the triage process. The Practice Manager spends time on reception with the team in order to support their development and encourage an inclusive culture within the team.

The practice monitors calls weekly for any change in trends that may make it necessary for them to increase or decrease staff resources in answering the calls.

Staff are trained to help people with difficulties in communication and there is a designated team for patients with learning difficulties.

Repeat prescriptions can be requested through a range of methods including online, in person and via telephone to cater for all patients' needs.

Person Centred Approach

The practice endeavours to provide patients follow up appointments with the original GP. This is achieved by using a task function within EMIS to ensure continuity and encourage patient engagement. The practice rarely uses locum GPs, only in the event of busy periods such as after national holidays.

85% of appointments are delivered on a face to face basis, but for patients who prefer digital, they can use eConsult to request the needs directly via the App or via the practice website.

Statistics on the patient makeup of the practice are reviewed and acted upon. An increased number of female patients was addressed through a greater female staff workforce and refresher training on IUDs and discussions about a menopause clinic.

Appointments for immune suppressed patients are available on Saturdays to allow more confident and safer access to the practice for these patients.

All staff are aware of the borough's social prescribing offer and all GPs make referrals rather than one designated member of staff.

Patient Involvement

The practice has an active Patient Participation Group who support on practice development and a regular patient newsletter. PPG meetings are always attended by GPs, ensuring an inclusive culture from top down.

Experiences of Our More Vulnerable Communities in Accessing Health Care

Residents Who Are Wary of Services

We know from discussions through our focus groups and interviews with professionals that some residents within priority wards are wary of services for a range of reasons.

Residents within HMOs feel they are being judged 'just as a smack head' whilst women who access HomeStart's services are "suspicious of services – particularly a mix of South Asian, Eastern European and asylum seekers. With other families experiencing substance misuse or in recovery or where there is levels of domestic abuse, they are more likely to end up at Emergency Department than visit a doctor."

Other residents expressed a similar feeling of being judged and not valued by health care professionals,

"When you're with the GP they don't make eye contact with you. You don't feel valued. You're just fobbed off."

During one of our Enter and View visits as part of this engagement, a man who had recently moved to Blackburn was told he had to return to Manchester to get ID documents in order to be able to register with the practice, thus meaning he was not able to access the health care services he needed at that time.

Recommendation

In Blackburn with Darwen, through partnership working, a Trauma Informed Framework has been co designed and developed to support its collaborative commitment to recognising and addressing the prevalence of trauma within the borough. It has been created to represent all services and to provide a clear vision which will bring all partners and sectors along the ACEs/trauma-informed journey, whilst still allowing for growth and development.

We recommend that all staff in health care services undertake trauma-informed training in order to best engage with our more vulnerable communities and help address their fear of services by building trust.

As one resident stated in one of our focus groups,

"If we had trauma informed care from both bottom up and top down, if we change the language and the way we interact with people, you then get collaborative care and not what we see in this room which is a collision and an adversarial system where there is no trust in the NHS. It's just a clash."

Healthwatch England has guidance for patients on registering at a GP practice - https://www.healthwatch.co.uk/advice-and-information/2019-01-23/registering-your-gp-understanding-your-rights and Healthwatch Blackburn with Darwen has 'right to register' cards which can be shared with GP practices and voluntary sector organisations.

Language and Literacy

Several members of our focus groups across the priority wards expressed language as a barrier to getting support for either their or family members' health needs. Lack of translation support means that patients are not understood or cannot express the severity of their illnesses.

"Our older relatives just don't talk about their illnesses. They just keep it to themselves and often leave it too late to get help. But when they go to the doctor they just get fobbed off. That's why they then end up in A and E."

"I've been twice to my doctor and there was no translator available for the appointment. I just kept saying yes, I didn't really understand what they were saying to me or what I was agreeing to."

Similar issues are faced by residents who have low literacy levels.

"I can't read or write and I can't do that app and I'm constantly on the phone. I've now stopped all my medications. If you can't read or write you've had it. When you go in person and ask if they can help with a form they just say sorry we can't do that. I'm not managing without my meds. I self-medicate which I know is wrong."

Recommendation

Translation services should be provided for all residents who need this provision to communicate their health needs (including BSL). This should be flagged up on patient records and booked in by practices on a timely basis.

Support from reception teams, care navigators or social prescribing link workers should be provided for residents who have low literacy levels and struggle to complete forms.

Mental Health

A more person-centred approach to mental health services would encourage better engagement by residents, where they feel valued and listened to by professionals. Based on feedback from residents in our focus groups, there is a role for 'lived experience' workers within these teams, who can support patients to engage with services and support them in their goal setting and recovery journey.

Help with form filling for individuals who do not feel able to self-refer into services would also encourage better access to support pre crisis – some people are too overwhelmed to do this by themselves.

Support for people's mental health should be provided by all front line services, not just mental health services.

"I've just had phone consultations with the counsellor and she's asked me to email a traumatic event to her. What event should I pick and why should I put myself back there over email? They're trained but they just can't relate to you. They should have people with lived experience working in mental health services."

"I felt like I wasn't being listened to, she [daughter] wasn't being listened to and she wasn't getting the right support. It's been quite a traumatic experience, not knowing where to go or who to talk to. After seeing the third individual doctor at the GP practice he was understanding of things."

"The GP just told me to self-refer myself to MindsMatter. I didn't feel listened to at all and the GPs didn't know anything about what services existed."

"One of the crisis team came out to my house and saw my bible and said do you know that suicide is the greatest sin and told me I shouldn't commit suicide and then that they were not a prescribing service. I had no support network at the time and had to take myself in crisis to A and E."

"Half of these people don't have experience of self-harm or drugs so I gave up with mental health and going to counsellors."

Recommendation

Person centred care training and trauma informed training for all health professionals including mental health professionals would result in patients feeling more valued and listened to and will engage better with services. Similarly, lived experience roles (similar to those in local substance misuse support services) would provide residents with peer support they need to start on and maintain their journey of recovery.

Greater multidisciplinary working between GP practices, mental health services, integrated neighbourhood teams and the voluntary sector will help create a better person-centred approach to supporting residents experiencing poor mental health, where they do not have to keep telling their story over and over again. TAPPs and APPs within GP practices are well placed to support residents' mental health but their role could be extended to work more closely with social prescribers and community connectors and carry out outreach work within communities.

SEND

From discussions in some of the focus groups, it is apparent that greater support is needed for both individuals and families/carers to navigate the SEND pathway. Increased parent support groups across the borough (and raising awareness of BwD PiP) would help parents share experiences of navigation the system.

“it’s not really heard of for parents to initiate the EHC plan process, without SENDIASS I wouldn’t have been able to do that. They listened and took everything in, they brough things into the building that would make her comfortable, and they got to know her.”

“I’ve been told by a counsellor that I might have autism too, but I can’t get on the autism pathway for myself.”

Substance misuse/in recovery

We held interviews with HMO (Houses of Multiple Occupancy) staff and managers across Blackburn Central and Blackburn South East Priority Wards, representing about 200 HMO residents. Residents can be based in a HMO for up to 12 months or in some sites up to 2 years. All the HMO’s we spoke to, housed a significant proportion of individuals with poor mental and physical health. Staff told us “Health is not a priority for individuals in this community, they are in survival mode”, and the HMO managers and staff told us that they did what they could to facilitate access and encourage health engagement, but this was often challenging as need was high and capacity to support was limited.

Some of the HMO’s gave examples of what support included: managing health appointments, contacting health services, arranging transport for health appointments, being advocates at appointments, supporting residents with management and monitoring of their prescriptions (not dispensing), managing crisis events and health anxieties.

There were no over 75’s living in the HMO’s but, in some instances, there were end of life needs (Cancers and COPD). The HMO’s are supporting Prison leavers, dependant drinkers, individuals with severe mental illness and long term addiction and associated health conditions. There is significant dental need. Staff also reported more younger people coming through, and more individuals with ADHD / Autism.

“Residents have many health concerns including the related to the long term effects of smoking, alcoholism and substance misuse. They have COPD, poor mental health and S, ulcers, DVT’S, unmanaged diabetes etc. They are rarely screened for other health issues (cancer etc) because of their chaotic presentation – more could be done”.

“Many appointments are in town, based in Barbara Castle Way, Daisyfield, SPARK, and are up to a 40 minute walk away. Whilst there is a bus stop right outside..” the HMO staff advised, “they have no money for transport and if they do walk, they are unlikely to arrive at the appointment, as they will meet dealers on the way”.

Staff in the most part, felt that getting GP appointments and repeat prescriptions fortheir residents were OK, it was just a case of being patient. Residents rarely had the digital access or patience to manage this themselves, and managing appointments was difficult for them as they are very chaotic. Residents were reluctant to attend appointments,for wide ranging reasons: not having a good day with their mental health, in pain, breathless, being judged, didn’t feel listened to, shame, not wanting to divulge drug and alcoholuse to professional services (distrustful of services), poor past experiences, high levels of anxiety, staff are not trauma informed. One Manager said “we work hard to encourage them to see health services. Sometimes we’ll even attend with them.”

There are a number of HMO residents who now have to use a virtual GP service (Special Allocation service based in Blackpool) as they have been barred from the local GP offer for 12 months due to an instance of bad behaviour.

HMO staff commented, “this GP barring incident seems so unfair, he’s really struggling and now there is an additional barrier for him to navigate, and for us to support. Why are services not trauma informed?”

“Some services recognise the challenges, and attend here to build a relationship and trust, which leads to assessment, screening and treatment”.

“Small things make a big difference, a familiar face, feeling welcome, this helps build trust and make a connection, to engage”.

“They don’t feel worthy of kindness or care, they live with shame and stigma every day and have little self-esteem”.

HMO staff reported that individuals rarely went to Emergency Department, unless they were picked up off the street, as they were unwilling to wait to be seen and did not feel listened to or welcome in this environment. If they are in a mental health crisis or severe pain they may attend, often once they have self-medicated, but would leave before being seen due to length of wait-time. HMO staff are never notified if a resident is admitted to hospital.

Bonum Court staff reported that 1 in 5 of their residents were working with Changing Futures, but this could potentially have been much higher, if staff had had capacity to complete referrals for all residents. Shadsworth Chemist nearest to the HMO is no longer accepting residents as they are at capacity for methadone prescriptions, resulting in residents needing to walk further each morning to get their prescription. HMO staff we spoke with were unclear what services were available from pharmacies, but said interactions are very good with these service, however prescriptions create a lot of additional work for them "Please can we put prescriptions on repeat so we don't have to call each week, it's not something the individuals can do themselves so it falls to us."

"The Homeless Health Needs service is a great source of info and signposting for our service, but we need 'outreach services' for hands on wound care (dvt's and ulcers), and Dual diagnosis service etc." There were mixed opinions around the support available when individuals were in a mental health crisis. Staff acting on residents behalf had had some positive interactions with the IRS service and 999 paramedics. Others commented that they did not feel their concerns were taken seriously by mental health professionals, even though HMO staff see these people every day and know when they are deteriorating or are in crisis, "we are often told to call the Police, and the Police say they can't attend." The most significant ongoing issue was still dual diagnosis (no mental health assessment if under the influence) which related to the majority of their residents. Individuals who were in crisis and suicidal were often left at the HMO for staff to manage. Another staff member said, "we struggle with CMHT transfers from other areas, from Accrington for example, there's no continuity of mental health care." Another said, "everyone in here has some form of mental health need, but even the waiting times for Minds matter, and the appropriateness of this offer for this community isn't ideal".

Recommendations

- Increased working relationships between health professionals and HMO staff would help build trust with residents. Outreach work by health professionals, similar to the pilot engagement at Church on the Street in Burnley (https://www.cots-ministries.co.uk/), would result in residents being screened more regularly for their physical and mental health needs.
- Trauma informed training for all professionals
- Accessible Dual diagnosis treatment would result in HMO residents getting the right help at the right time and help increase their engagement with services rather than feeling that they are being shut out.
- A roaming multi-disciplinary health offer or drop-in clinic, would be highly beneficial and well utilised by the HMOs.
- Regular prescriptions put on repeat to avoid lapses in medication for residents.

Case Study of Good Practice – Hope Citadel Healthcare

Hope CitadelHealthcare(https://hopecitadel.org.uk/)run10GPpractices in Greater Manchester.However,eachoftheselooksandfeelsdifferentbecause its aims are to meet the needsoftheirlocalcommunity.

The organisationisanotforprofitorganisationwithanexecutivemanagement team supportingtheoperationalsideofthepractices,whilstthepractices each have a practice manager andclinicalleadwholeadstheclinicalteams.Thereisacharity linked with the organisation which supports the work of the practices.

The consistentaimofthepracticesistoprovidehighqualityhealthcare to everyone with compassionanddignity,thataddressesthewholeperson,notjustthe physical. They are focused onfindingdiseaseearly,andbeingproactivewithcare.They equip clinical staff with the skillstheyneedtounderstandthesocialdeterminantsofhealth and how this affects theirpatients.

The surgeriesgivelocalpeopleaccesstodoctors,nurses,on-sitecounselling, stop-smoking advice, drugandalcoholcounselling,babyclinicsandmorewithintheir own community.

Social prescribingprovisionisembeddedwiththepractices,withgardening clubs, toddler groupsandcoffeemorningstakingplaceonsite.

Multidisciplinaryapproachestoprimarycareiscentraltotheirmodel of delivery, ensuring a trauma informedapproach.

'Focused Care' (whichisnowaseparatelycommissionedservice)practitioners support the most vulnerable andcomplexpatients.Theyworkwithboththepatient and the clinical team to unpick barrierstocare,guidingthepatienttoaplaceofstability – with the aim of making the invisiblepatientvisible.TheFocusedCareworkerembodies the culture of 'Unrelenting Kindness',afullytraumainformedwayofworking.

Outcomes from thisapproach,arethatGPteamsarebettersupported to engage with their more anxiety-inducingcomplexcasesbutdataalsorevealspatients with less unnecessary hospitalattendances,lessmissedappointmentsandbetter access to relevant services.

Shared Health Foundation provide training to clinical staff within the Hope Citadel practices. Share Health is a clinically led organisation reducing the impact that poverty has on health. They do this through a mix of advocacy for policy change, grass root level projects and providing the Deprivation Focused GP Inequalities Training Scheme.

Awareness of Preventative Health Checks and Care Plans

There was a general lack of awareness of and uptake of health checks amongst the 40-74 age range of residents we spoke with. However, linked to the lack of awareness of the Wellbeing Service, was a lack of knowledge about the health checks they provide.

"The Wellbeing Service did annual health checks at Albion Mill which was a good offer but I'm not sure if those happen anymore."

There is also a lack of awareness of care plans amongst over 75s which if better promoted and accessed would help reduce admissions to Emergency Department. None of the 75 year old and older members of the focus groups had heard about a care plan or health assessment.

Recommendation

Greater promotion of both GP led annual health checks and Refresh Wellbeing Service NHS health checks would help increase uptake of preventative services, reducing the risk of residents ending up at Emergency Department.

More proactive monitoring of >75 patient cohort by GP practices and a subsequent invitation for a health assessment and care plan review would support more older people to live longer independently in their own home.

Access to Appointments

Digital and phone access is an issue for many older people which can result in them accessing emergency services as default. Two GP practices were cited as having changed their phone number in the last 12 months which was confusing for older patients – particularly for those who prefer not to answer unknown phone numbers.

"The system works ok for people with smartphones if you can arrange call backs but a lot of elderly relatives are on dial phones. They can't sit there redialling for ages. I've got 80 year old relatives who just would not bother."

Recommendation

A consistent approach across GP practices for appointment booking with a mix of in person, phone and digital options would address inequalities faced by those who are digitally excluded, particularly older residents.

Medication Reviews

Family members of older residents who we spoke with in focus groups, felt that routine medication reviews would be beneficial for older relatives to ensure that the medications they are on are still appropriate.

“I’m worried that GPs are too quick to prescribe and that medication reviews only take place if someone is having bad side effects and not as a matter of routine, especially for older people.”

Recommendation

Medication reviews led by either a GP or pharmacist would help ensure that older residents are on appropriate medication, thus reducing the risk of falls, avoiding hospital admissions and improving quality of life.

Case Studies

Below are two anonymised case studies from residents we spoke with through our focus groups about their experiences of accessing health care services.

More personalised care, where patients were listened to as experts in their own bodies, at an early stage would have helped prevent their conditions deteriorating, prevent admissions to Emergency Department and prolonged worry for both patients.

Ann

"I started with a urine infection a few weeks ago and I've had it before six months ago. I knew from that experience that nothing showed up on a 'dip test' so I rang my GP practice to ask for a consultation with a doctor. I was told by the receptionist that I could not have the consultation with the doctor and had to carry out a urine sample, despite me explaining that this would not show anything up. I again asked if I could just see the doctor but she refused, I just couldn't get past her. I had some bottles left from last time so I took a sample in the following day. I was then told that I had done the sample in the incorrect coloured bottle (red not clear) so would have to bring back the sample in a clear bottle the next day. I had used the red bottle on the previous occasion and there was no issue at all.

As expected, the sample came back clear with the recommendation that there was no further action required. After a further 10 days, my symptoms were getting worse with a dull throbbing in my abdomen. I finally got an appointment to see the doctor but that was not for another two weeks. I ended up having two rounds of antibiotics and they only slightly helped. At six weeks in, I had to call the doctor again because I was still in pain around my kidneys. I managed to speak to an on call doctor who prescribed a third set of antibiotics and said to arrange a follow-up appointment. This was not available for a further 3 weeks.

I was in such pain that I just decided to take myself up to A and E but because my bloods and urine samples were clear they weren't able to help me and I was told I would have to go back to my GP to arrange for a scan or x-ray.

I've now been in pain for 10 weeks and seem to be no closer to getting any kind of diagnosis."

Claire

“On Easter Sunday my 14 year old daughter collapsed and had a seizure. We went up in an ambulance to the hospital and they sent her home the following day with instructions to ring my GP for an emergency appointment the next day. They told me to give the GP the ECG and ask him to check everything out.

I was able to get an appointment at 11am, after rearranging work, but she wasn’t seen until after 12.30pm. Every time I go it’s like this. When I asked the reception when my daughter was going to be seen I was told ‘He’s running an hour behind and there’s 5 more people to be seen before you.’ I just could not understand how he was an hour behind at 11am.

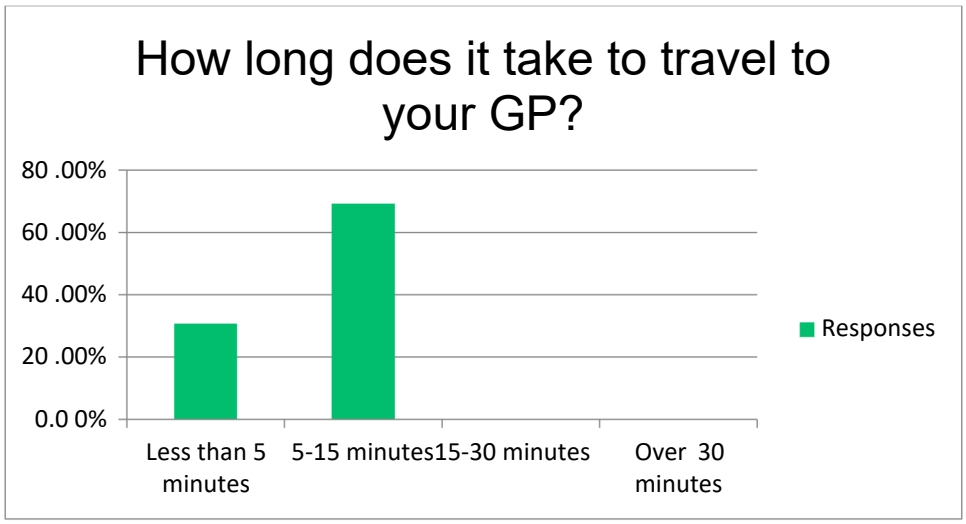
When we got into the appointment, the doctor didn’t really do any checks and just said ‘I don’t know what’s happened. It’s probably hormones.’

I wasn’t happy with this response so I ended up googling her symptoms and found something I thought it might be – epiplegic migraines. I rang up and was given a telephone appointment at 11.30am but he didn’t call me until 1.30pm, when I was at work but I just had to take the phone call. When I explained to him what I thought it might be, he said ‘Ah yes that’s probably it.’ I just felt like I was doing the doctor’s work for him.

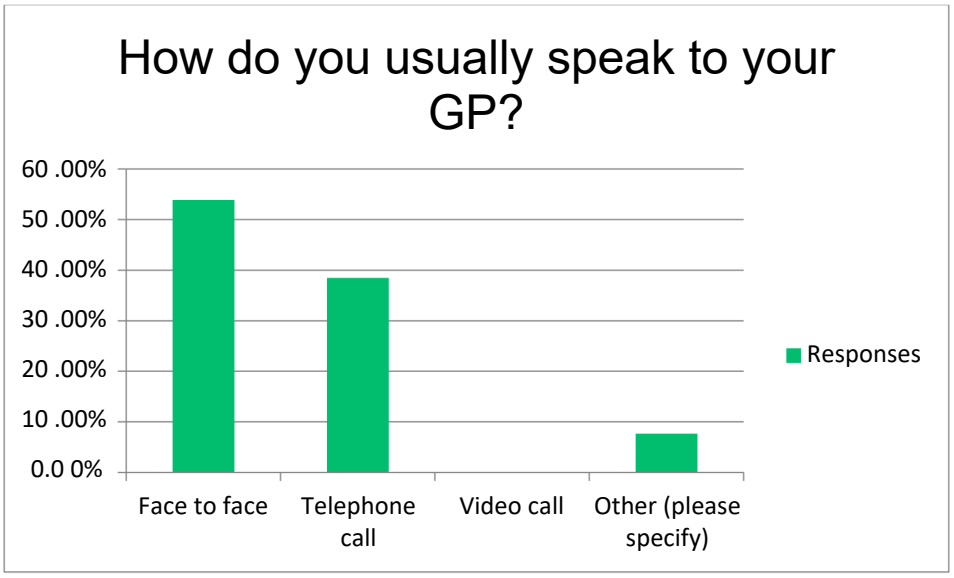
On a separate occasion a few months ago, I fell and banged my hip. I was sent up to the hospital by the GP for an x-ray. When I got there, they told me that they could not do the x-ray because the doctor had written down the wrong leg. I went back to the GP practice to inform them of this then went back up to the hospital. They could not x-ray me that second time because the doctor had again written down the wrong leg. I wasted two trips to the hospital and lost two days’ work because of something simple that they had got wrong.”

Resident Online Survey Feedback

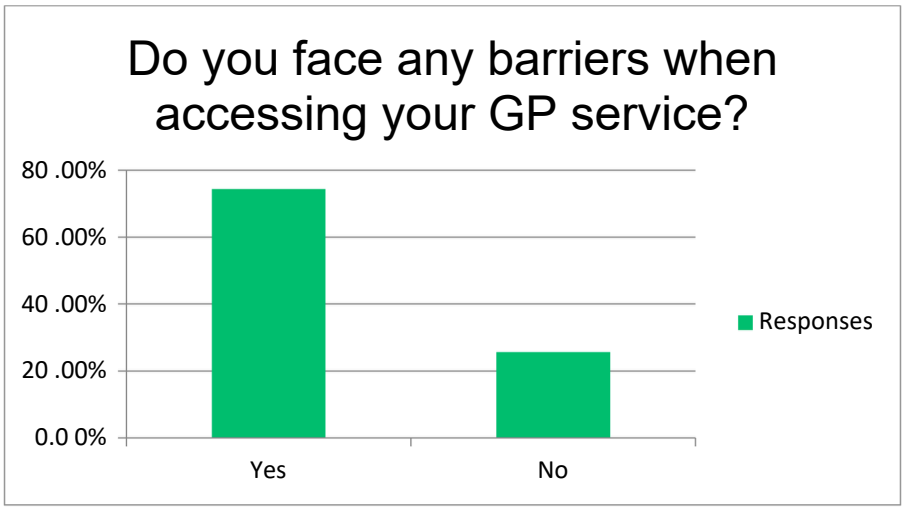
In addition to our focus groups, we received 40 responses to our online survey from residents across the priority wards. Their feedback is summarised below. Please note that whilst this data is helpful, it is unlikely to include representation from many of our priority ward groups who are digitally excluded and therefore the results may be more positive than the experiences of the wider community.



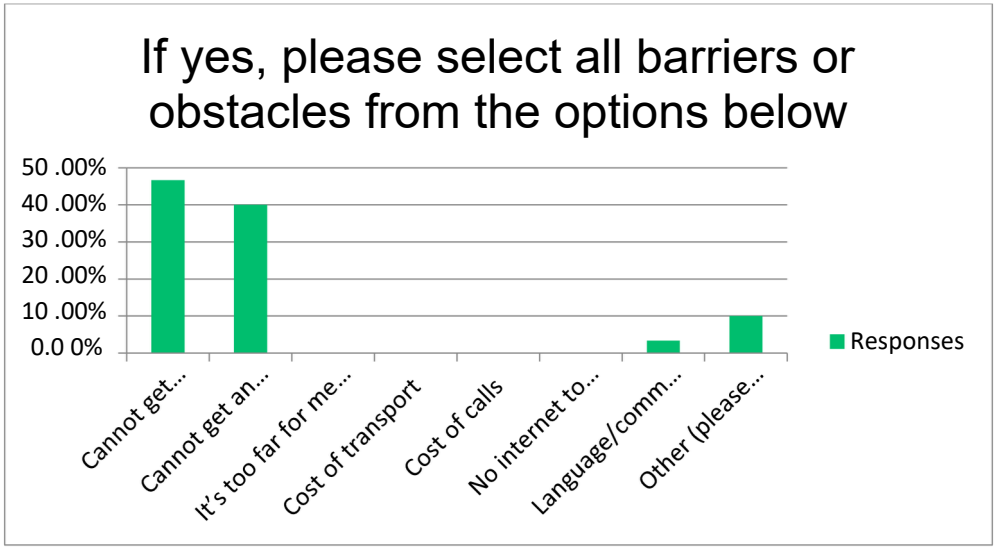
Travel times do not appear to be a barrier for residents accessing their local GP practice.



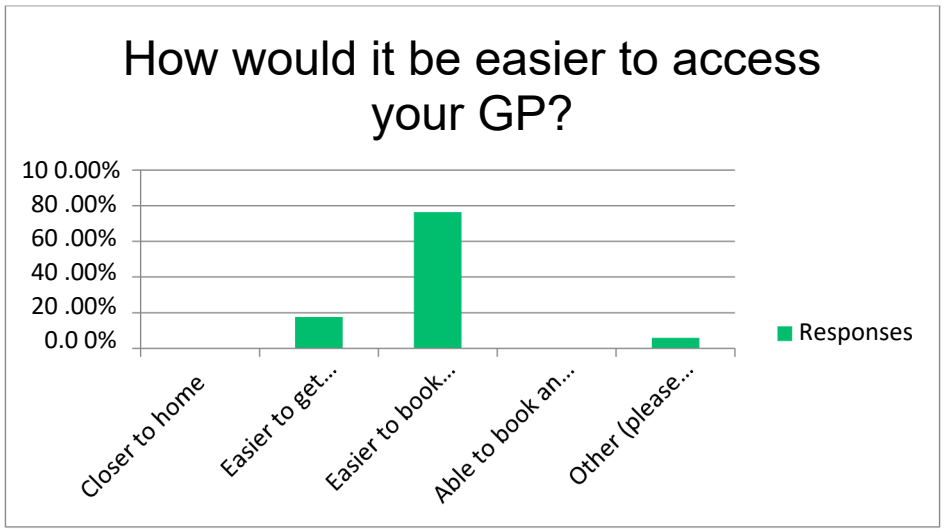
Over 50% of residents who responded to the survey were able to see their GP face to face. “Other” includes responses from residents who struggled to get throughto their GP to make an appointment.



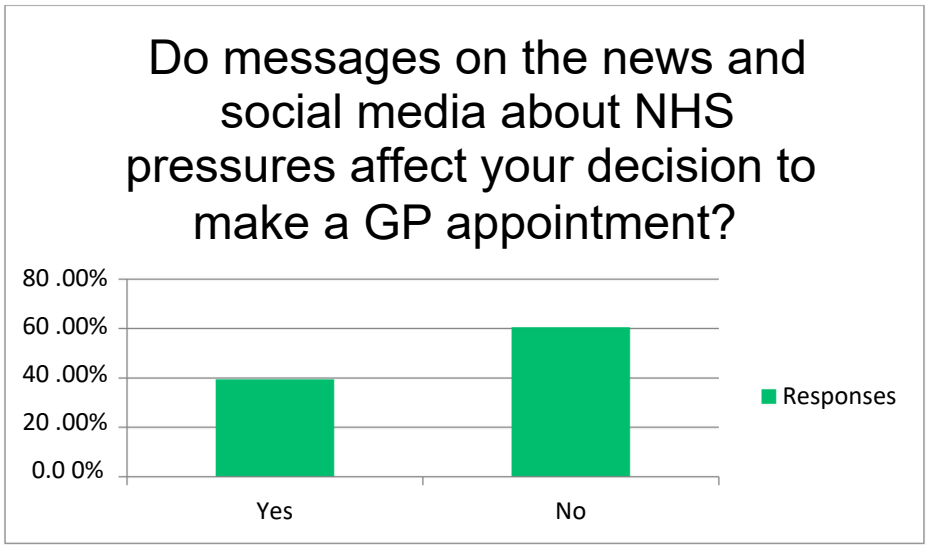
74% of respondents felt that they faced barriers in accessing their local GP.



The most common barriers experienced by respondents were not being ableto get through to the GP surgery on the telephone and not being able to book an appointment at a time or day that is suitable.

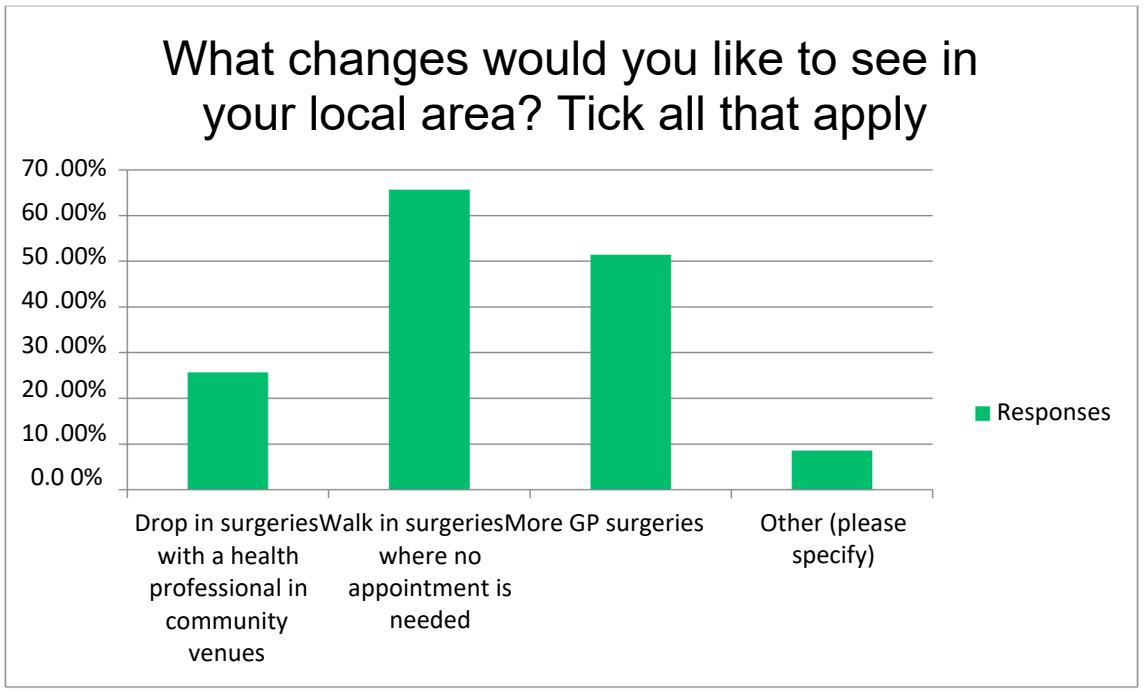


18% of respondents felt that being able to get through on the telephone would make it easier to access their GP whilst 76% felt that an easier appointment booking system would make it easier to access their GP.

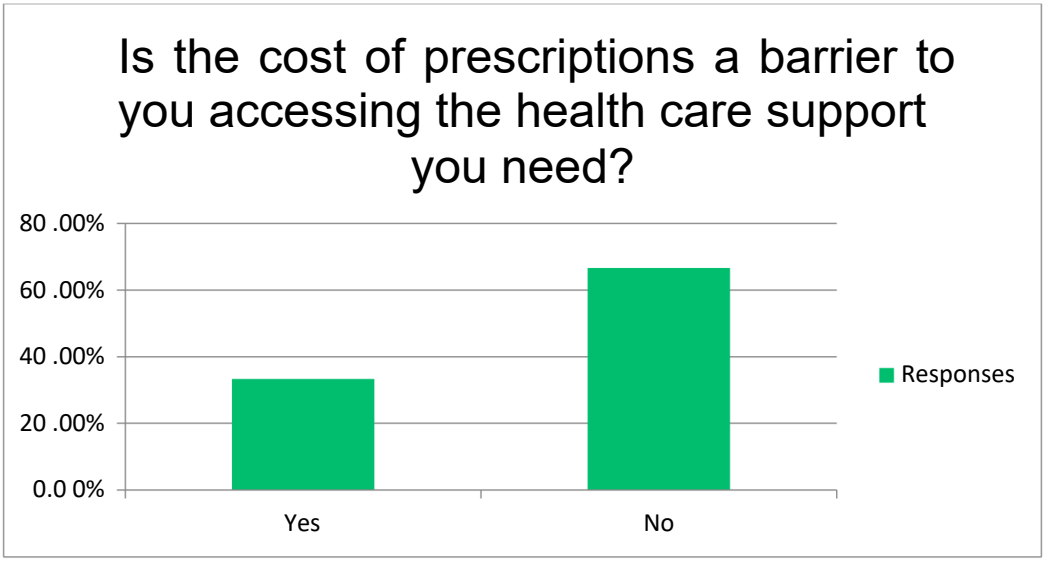


Whilst 60% of respondents felt that messaging on social media andthenews did not affect their decision to make a GP appointment, it influenced the decisionof40% of respondents. This highlights the ongoing impact of messaging during the pandemicand during winter pressures.

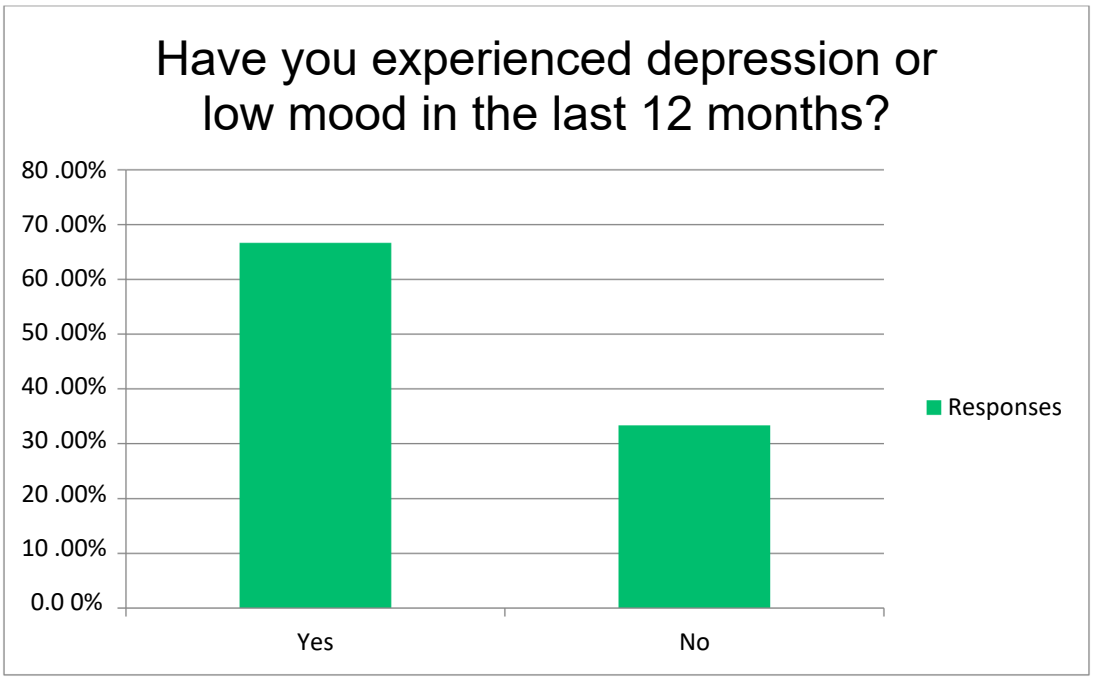
Whilst uptake of the local pharmacy provision is high amongst respondents, people's use of pharmacies is fairly limited to collecting prescriptions. This echoes the feedback from focus groups that people are unaware of the range of services which pharmacies provide.



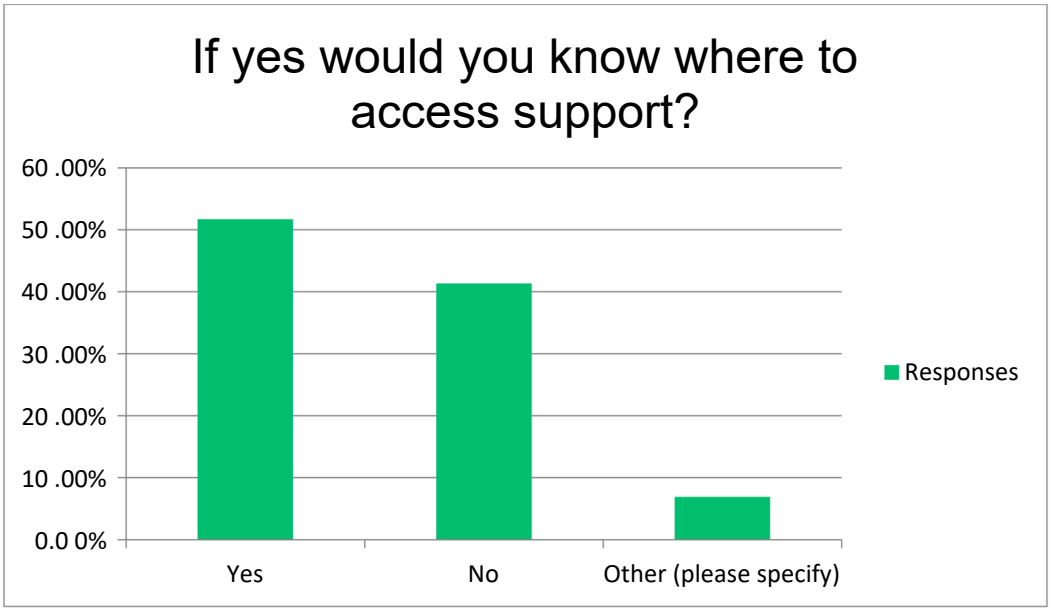
Whilst more GP surgeries in the borough is not viable at present, this feedback highlights people's openness to accessing health care services in alternative venues to either their GP practice or Emergency Department. 'Other' responses included better access to mental health services and having somewhere suitable to attend for non-urgent appointments.



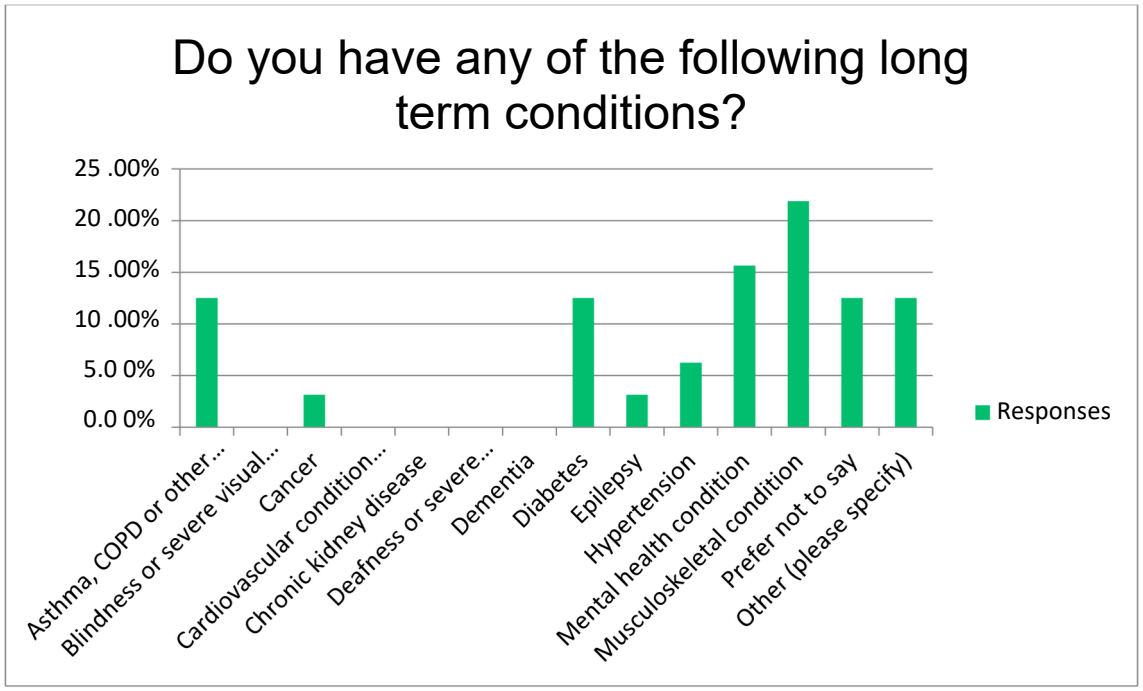
Whilst the cost of prescriptions was not a barrier for the majority of respondents, this was an issue faced by a third of respondents.



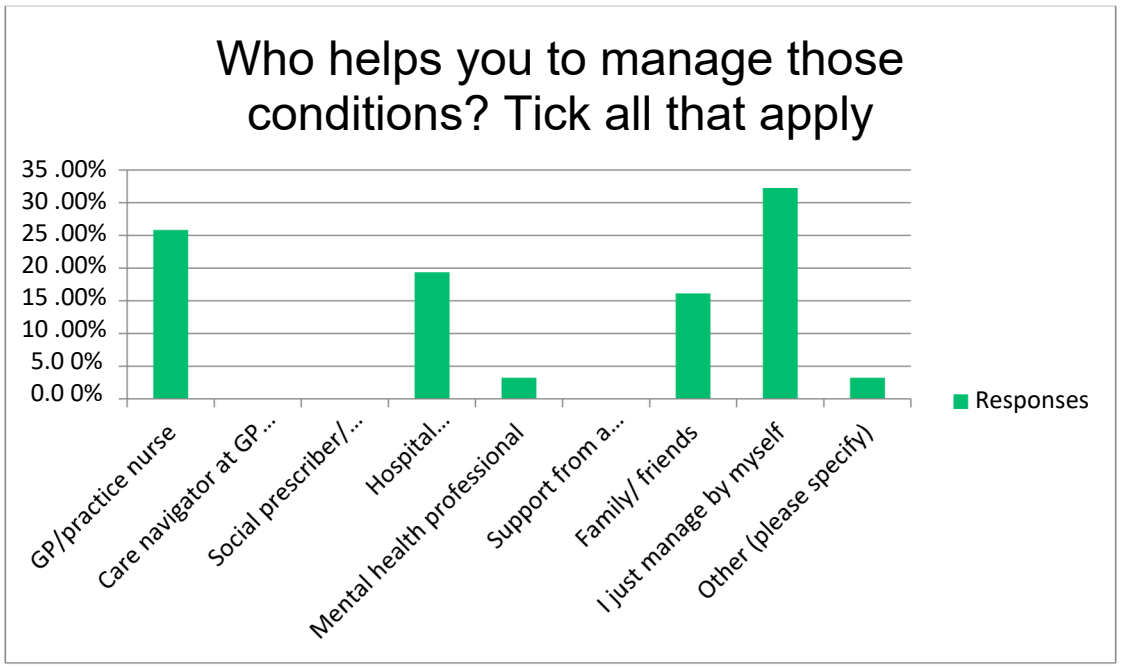
A high proportion of respondents had experienced depression or low mood in the last 12 months.



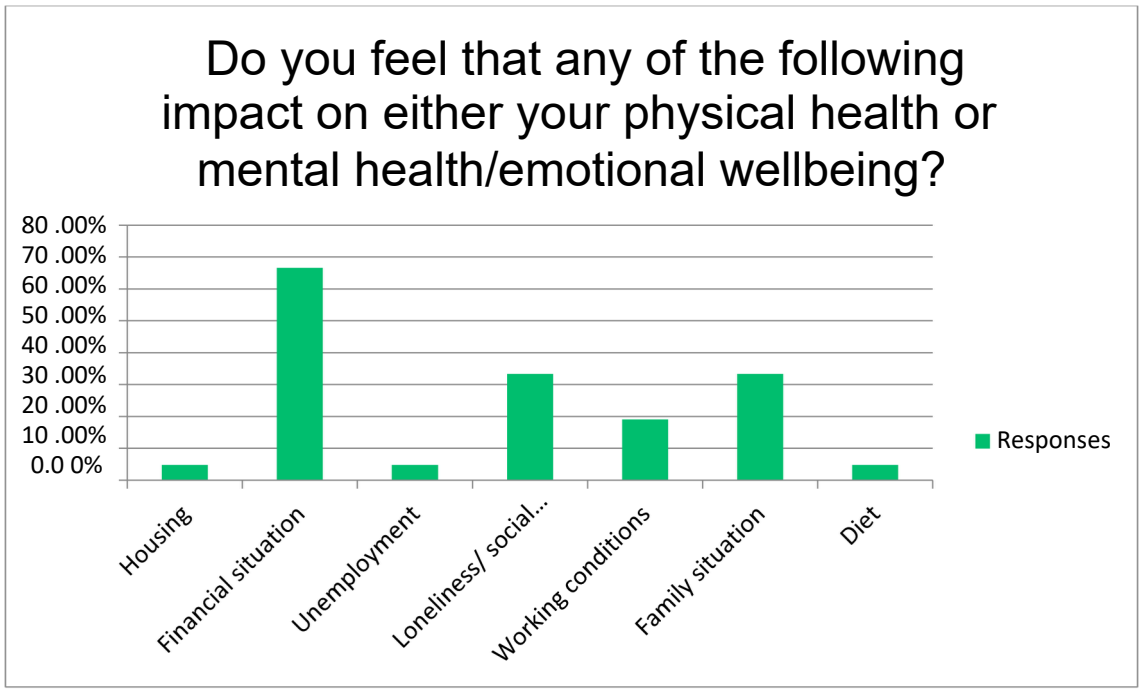
However, of these respondents just over 40% stated that they did not know where to access support for their mental health. Other responses included “yes but it’snot fit for purpose.”



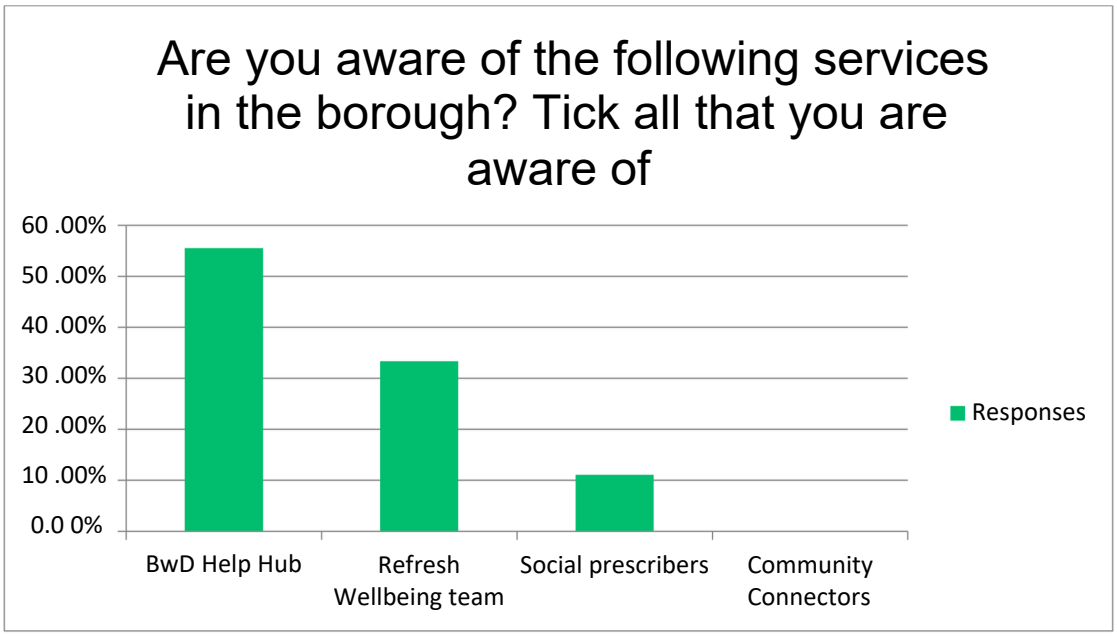
A high number of respondents currently experience a range of long term conditions. Whilst 75% of respondents felt that they were managing these conditions ok, 25% felt that they were not managing these well.



Some respondents sought help from GP practices to manage these long term conditions but many just manage them by themselves or rely on help from family and friends.

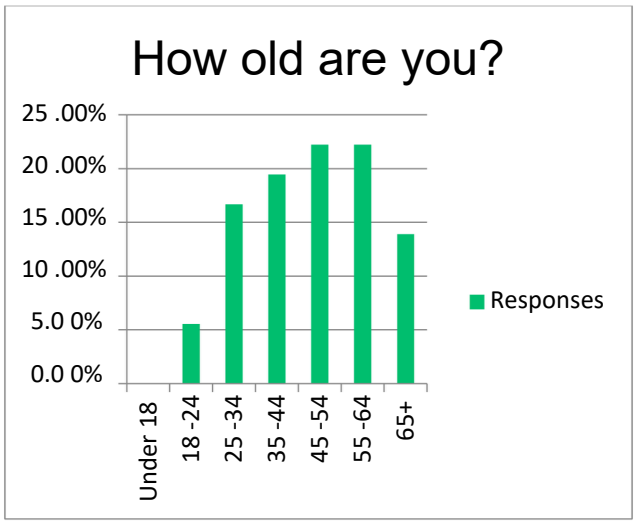


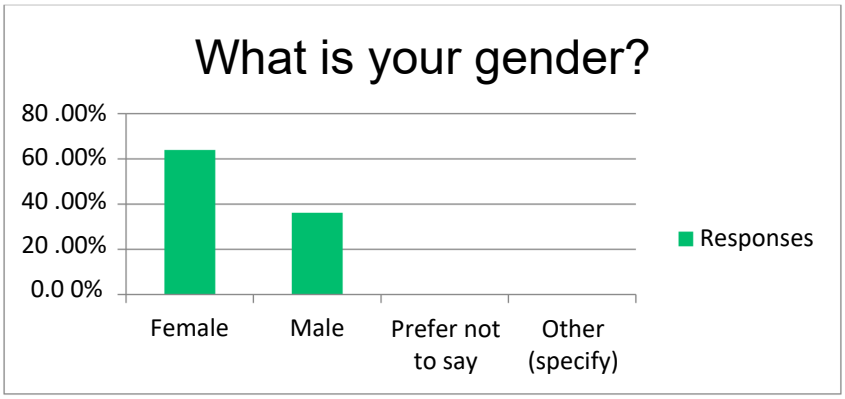
Wider determinants of health are clearly having an impact on respondents' physical and emotional wellbeing, with the impact of the current cost of living crisis being most stark.

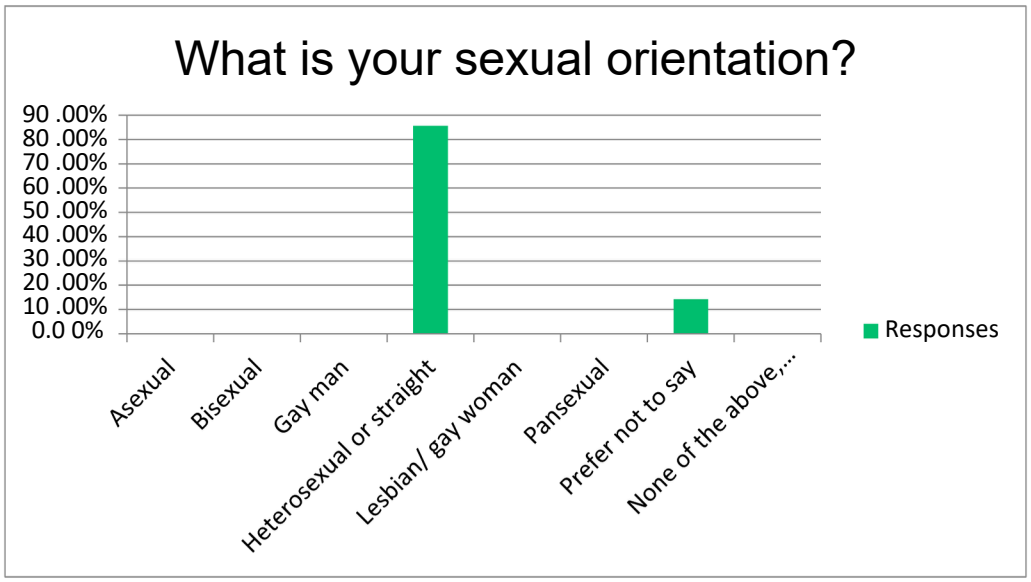


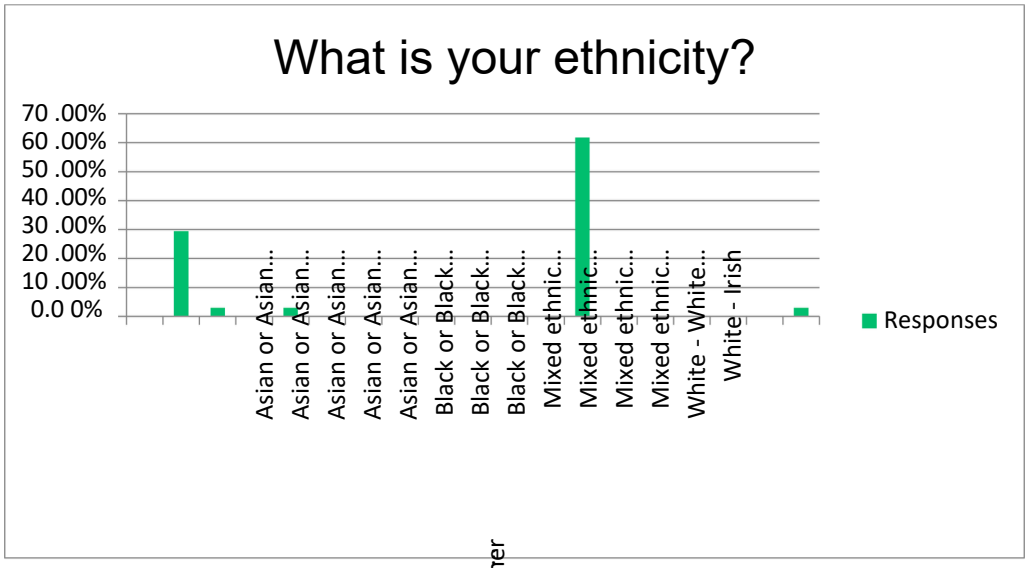
Only 45% respondents answered this question, which also highlights the lack of awareness of preventative services provided by the Refresh Wellbeing Service, Social PrescribingLink Workers and Community Connectors.

Demographic Information of Respondents

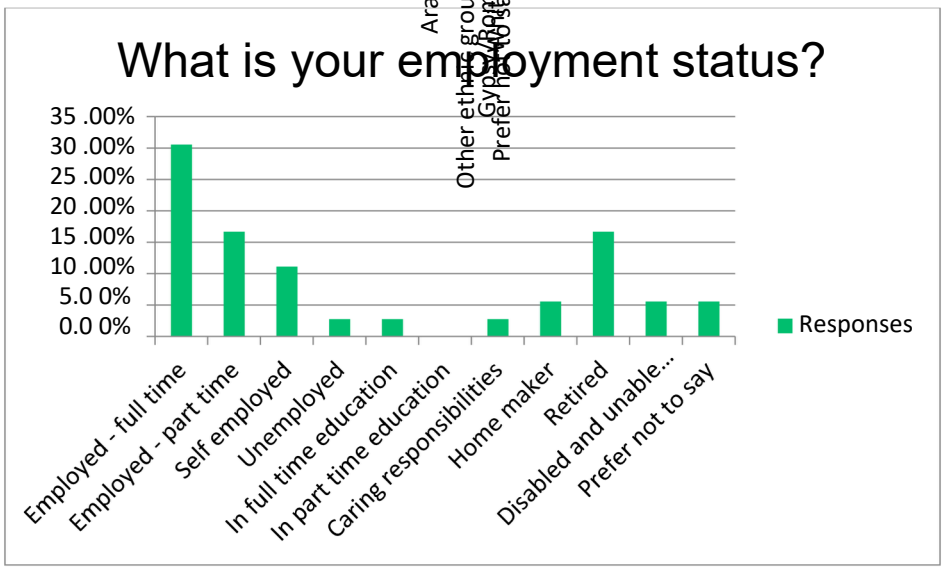


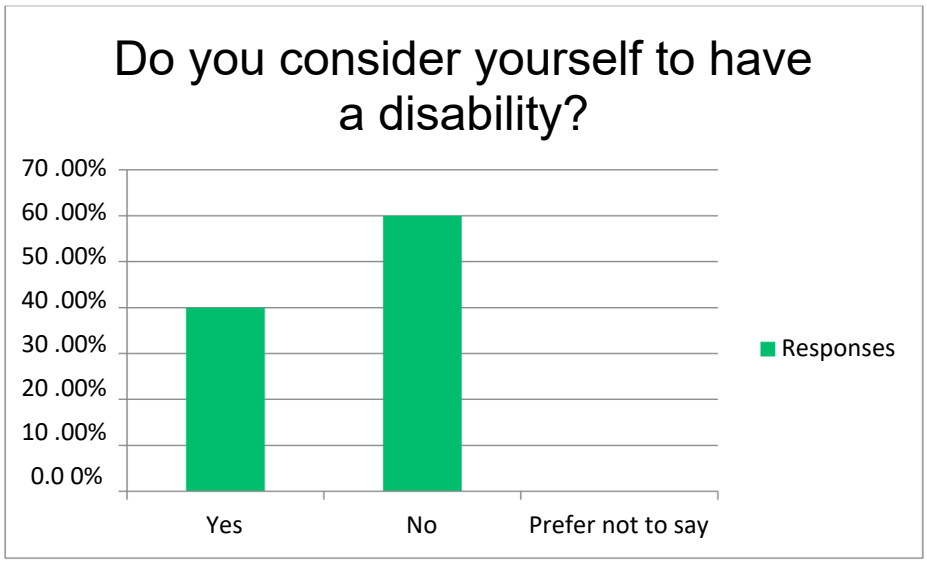


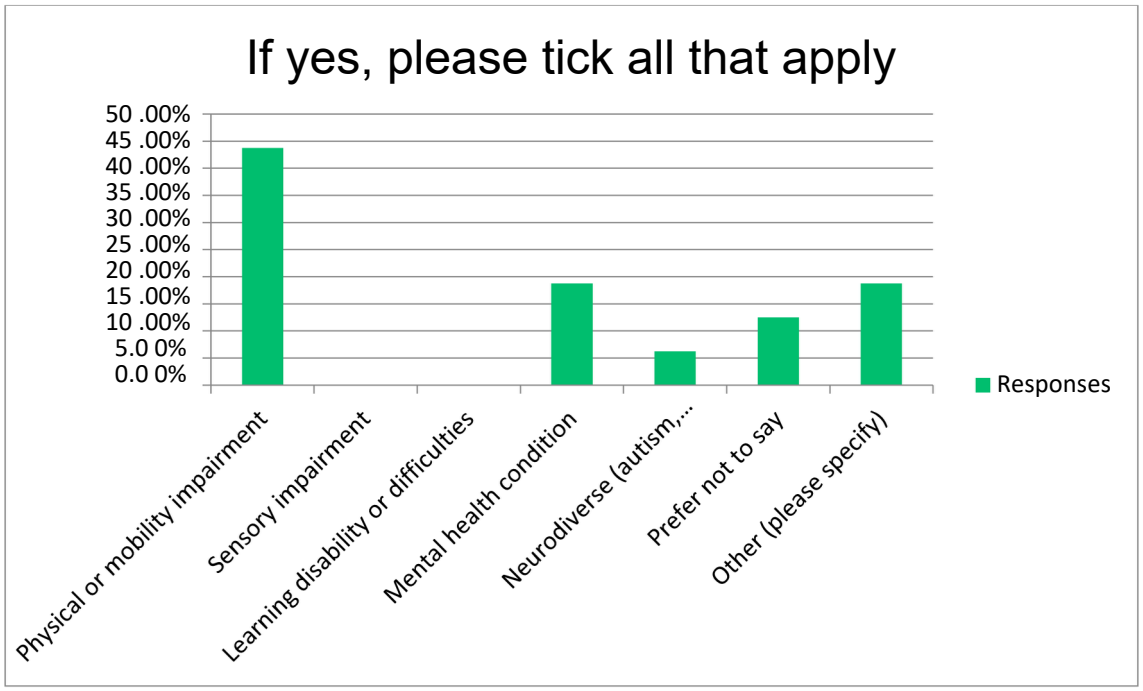




The majority of respondents were White British with just under a third AsianBritish Indian.




Do you consider yourself to have a disability?
70 .00%
60 .00%
50 .00%
40 .00%
30 .00%
20 .00%
10 .00%
0.0 0%
Yes
No
Prefer not to say
Responses


If yes, please tick all that apply
50 .00%
45 .00%
40 .00%
35 .00%
30 .00%
25 .00%
20 .00%
15 .00%
10 .00%
5.0 0%
0.0 0%
Physical or mobility impairment
Sensory impairment
Learning disability or difficulties
Mental health condition
Neurodiverse (autism,...
Prefer not to say
Other (please specify)
Responses

Stakeholder Surveys

Unfortunately, due to pressures on services and the timing of local elections, responses to our surveys of ward Councillors, pharmacies and GPs were low.

Ward Councillors

We had one response from a ward Councillor who felt that greatest health needs of his residents were the wider social determinants, poor housing, low income and meaningful employment.

In response to the question 'Which parts of the community in your ward do you feel have the highest health needs and do you feel they are getting the right help at the right time?', the Councillor felt that this was the more deprived areas with private landlords. They felt that these residents had mostly hidden needs which were only addressed when critical, thus resulting in admissions at Emergency Department. Late presentation with health issues, partly due to access to GPs and lack of appreciation of their symptoms, was seen as the main reason for high admissions at Emergency Department.

The ward Councillor felt that the health needs of our most vulnerable residents are not being met well and that we need to ensure that household income is maximised and all benefits due are claimed.

Pharmacies

Similarly, we had one response from a pharmacy to our survey. Please find their responses below.

The ward in which your pharmacy is based has a high level of Emergency Department attendances by residents. What do you feel are the drivers behind this?

We need a walk in service for patients in the Town centre. We need more doctors' appointments available at GP surgeries and Out of Hours doctors available. We could do with a minor ailments service and minor injuries unit which can take x rays.

Which factors prevent patients from seeking medical advice until their condition becomes critical?

-
- Caring responsibilities
- Not being able to take time off work for appointments
  Not being able to access their GP surgery

What is the average age range of residents using your pharmacy's services? 55+

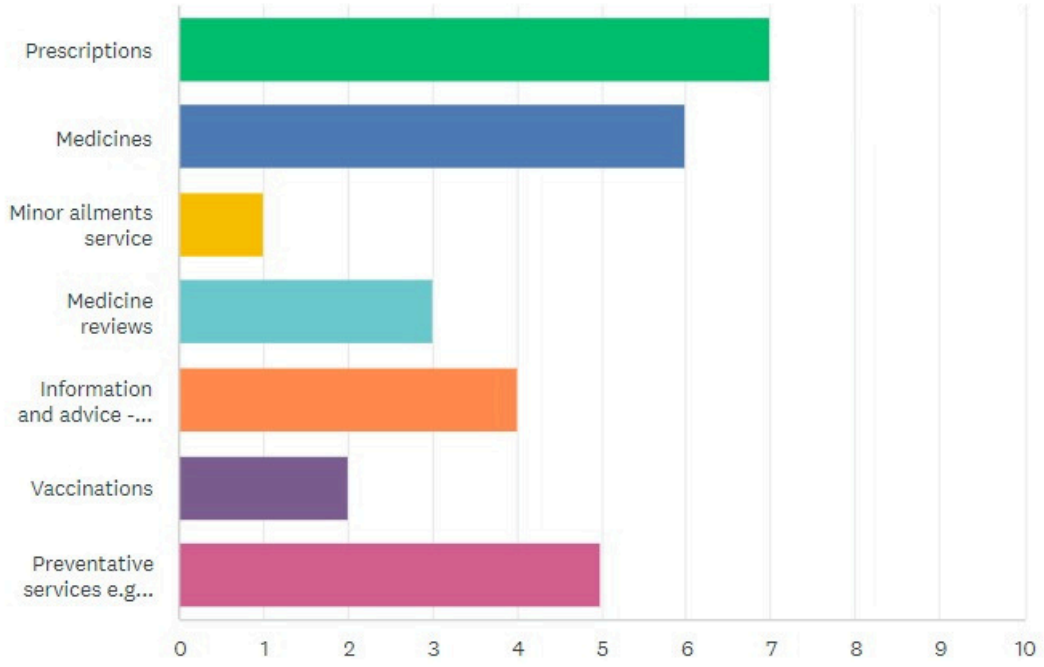
How does your pharmacy support patients with long term conditions to manage their symptoms

We provide a blood pressure monitoring service however uptake is low because of lack of signposting by GPs

Are your pharmacists trained to prescribe?

No but this is something we are looking into.

Please rank the uptake of services provided by your pharmacy

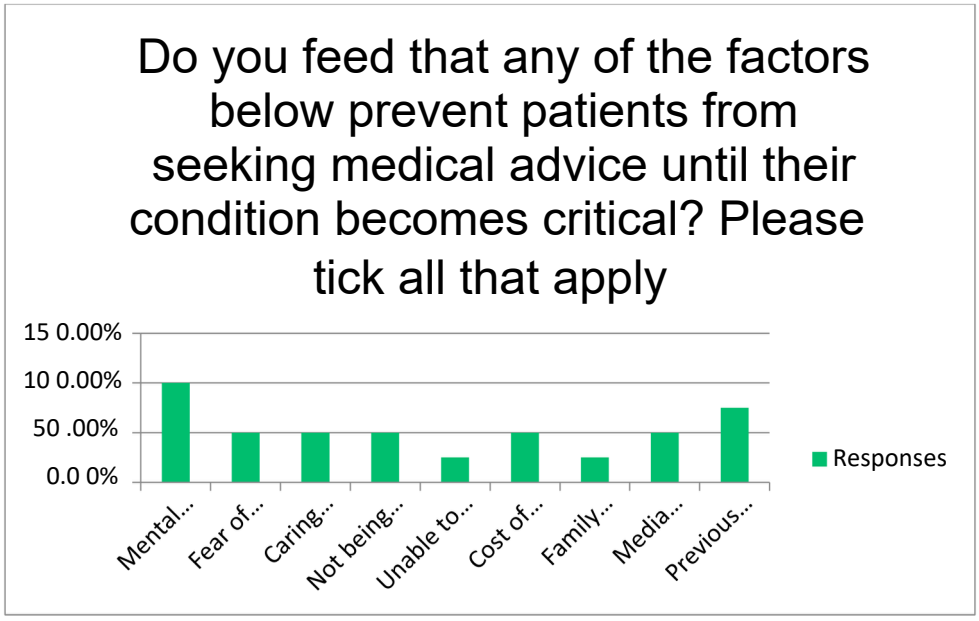


GPs and Practice Managers Survey

We had four responses to our survey of GPs/practice managers. Please see responses below.

The ward in which your GP practice is based has a high level of Emergency Department attendances by residents. What do you feel are the drivers behind this?

- close proximity to the hospital, expectation of patient i.e. not wanting to wait to see GP, patient wanting a 24/7 service for health care
- Poor health (high disease index), food and fuel poverty, lack of self help and drive in patients, attendances for trivial issues ie minor injuries also delay in presentation for fear of hospitalisation and biased health beliefs, ie if they go in hospital won't come out alive
- Our location maybe? We are based near the hospital. Patients often think their needs are an emergency when they can't get a GP appointment so maybe choose to go to the emergency department as they know they will be seen?
- The present climate with long waiting times once referred for secondary care they may attend A and E to try and get diagnostic tests done earlier. There is an element of fear so don't access healthcare and then end up in crisis as an emergency



Mental healthconditionsandpreviouspoorexperienceathospitalwerethehighestfactors believed tobepreventingresidentsinaccessingtimelysupportfortheirhealth.

What followupactionstakeplaceafteryouarenotifiedthatapatientregisteredatyour practice hasattendedEmergencyDepartment?

- AnyactionsforGPhighlightedontheEDdischargeletterarefollowedup.
- Reviewofattendance,iffrequentattenderthenrecalledoriffollowupneeded
- Weusedtocontacttheinappropriateattendersbuttimerestraintsandlackof staff due to not being able to afford to employ more staff have stopped us from doing this. However we have a system in place for anyone under 18 in that the reason for attendance is reviewed and flagged to a GP for any safeguarding concerns
- Lettersarecodedandfiledwithintheirrecord.Iffollowupisrequiredthiswillbe actioned. Multiple attendances would be flagged to named GP

What is thelevelof'DidNotAttend'slikeforGPandnurseappointmentslikewithinyour practice? Whatdoyoufeelarethemainreasonsforthese?

- quitehighlevelsofDNA'snotsureasallpatientsgetatextreminder
- High,andtheseincludeappointmentsbookedontheday.Ifeelthisreduces appointments for others by 10%. There is no recourse for not attending, i.e. no penalty
- I feelthisishigh-auditsdoneeachmonthanddisplayedinthewaitingroom.
- CurrentlytheDNArateisbetween2and3%Wedoremindpatientswithatext system. Patients who are vulnerable i.e. LD patients etc will receive a call on the day to remind them

Do you haveasocialprescriberattachedtoyourpractice?

3 out of 4practicesrespondedyes.

If yes, whatistheirrole?

- referralsaremadethroughtheINTforpatientswithsocialproblems
- Verylittleinteractionyet,butIdoreferoftentotheINT

- Accept referrals and support our patients with their social needs
- Not attached but do refer regularly and have always been a high referrer.

Who makes referrals to social prescribing/Transforming Lives within the practice?

- GP
- GP's mostly
- Clinical staff. Medical secretary also identifies patients when processing referrals
- All clinicians - senior admin staff/Secretaries will assist

Do you have care navigators as part of your practice team?

All 4 practices responded yes

If yes, what is their role within the practice?

- all receptionists are able to navigate patients to suitable alternative healthcare
- providers ie pharmacy, extended access clinic if appropriate
- Good to data gather and direct to right service
  Reception team care navigate patients however patients don't want to be navigated to a chemist, their expectation is to see a HCP and don't understand other places can support their needs. They feel like they are being fobbed off when staff care navigate them
- Our reception staff have received training to signpost using a template within the clinical system

Do you review older patients for care plan referral requirements?

All 4 practices responded yes

If yes, from what age do you review patients or is it based on level of frailty?

- severe frailty register
- Disease area and frailty
- Frailty patients discussed at INT
- Multiple patients do have care/management plans dependent on their frailty scores

Do all patients over 75 have a care plan review?

2 practices responded yes and 2 responded no

How does the practice support patients with long term conditions to manage their symptoms?

- invited in at the appropriate time to see the nurse for review or GP home visits carried out for housebound patients on long term condition registers. Registers in place for all chronic disease conditions.
- Annual reviews, Care plans for over 75 - not all of them, (most have annual reviews as have chronic conditions) but no capacity for all, more so those without any disease/illness
- Ongoing chronic disease reviews
- The practice has a robust recall system for ensuring that patients with LTC have a review with our nursing team and are provided with support i.e. inhaler technique training, lifestyle advice, onward referrals to pulmonary rehab, weight management, etc