healthwatch
Coventry

Summary report: Improving patient communication/involvement and the role of technology in local NHS services

Based on a public survey and focus group discussions

March 2020

1   Introduction

Healthwatch Coventry has the role of representing the interests of patients and the public in NHS services by gathering views and feedback and taking this to those who run and plan services.

The Healthwatch Coventry Steering Group added this work to the Healthwatch Coventry work plan as a follow up piece of work to the findings in the report *NHS Long Term Plan – what people told us was important Coventry report[1]*. The aim was to:

1. Find out more about what people think about use of technology in the NHS

2. To consider how communication and engagement with patients and the public is working in GP services. GP practices are grouping together into primary care networks and therefore it is important to consider patient/public perspectives in the light of this.

From October 2019 to 6 January 2020 we ran a public survey asking questions about: We received 469 responses from Coventry residents. We ran two focus group discussions on the same topics. One was with a group of Black, Asian, Minority Ethnic (BAME) women and the other with parents of children with Special Educational Needs (SEND). 23 people took part in these.

2   Key findings

The people who took part used the internet and mobile phones to different extents.

A   Method of contact

We found a high level of preference for phone contact when booking appointments with different NHS services. Sometimes this was because people found other methods difficult or not effective.

The method of booking online was more popular for blood taking, hospital outpatients and scan appointments than it was for GPs and dentists. Face to face was highest for blood taking. In Coventry the established services for blood taking include a number of pharmacies and a drop in facility at the City of Coventry Health Centre. Therefore, people may be more used to face to face contact.

For getting test results a conversation with a health professional or a face to face conversation were the methods people wanted the most. This indicates that the human factors are important in such conversations where people may be receiving difficult news or have questions they wish to ask.

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[1] www.healthwatchcoventry.co.uk/nhs-plans-what-you-would-do

Preferences for way of getting test results (number)
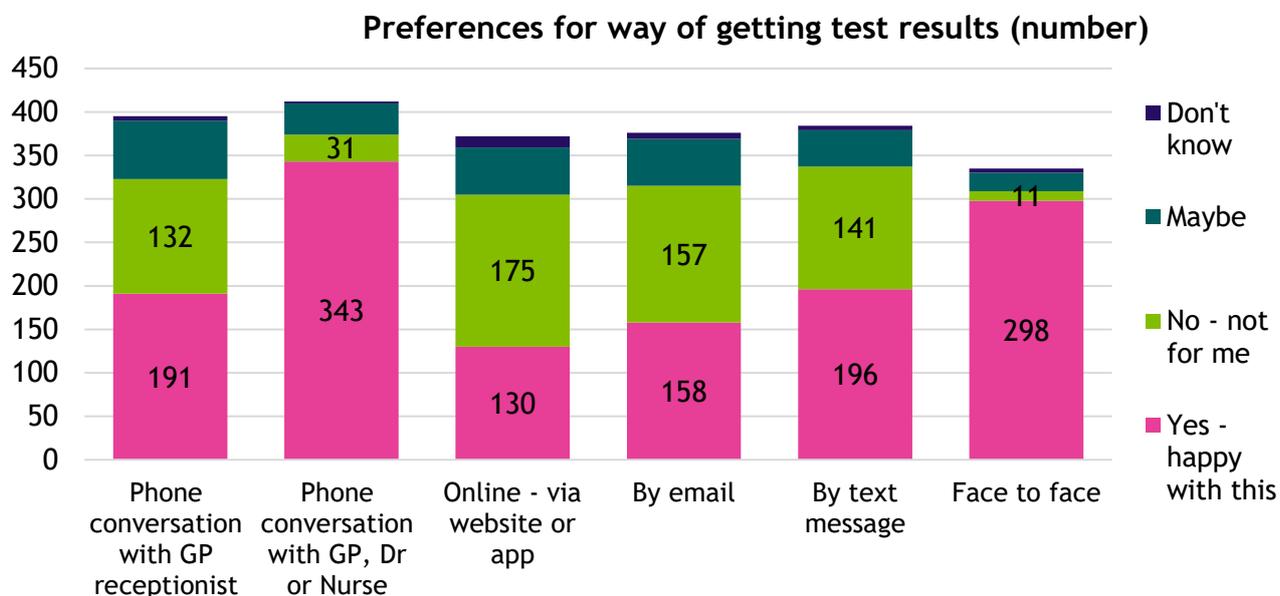
The NHS App

The NHS App runs on a smart phone or tablet. It aims to provide a way for people to book GP appointments, order repeat medication, see summary records and find about what to do if they need urgent medical care or find health advice.

Awareness of the NHS App was not high: 185 people said they had not heard of it. This is not surprising as whilst the App has been launched it has not yet been promoted to the public very much. 59 (13%) people said they were using it and 68 people (14%) said they would consider using in the future. It will be interesting to see how awareness and use of the NHS App changes in the future as the App is publicised and as functions are added.

B   Use of webcams/web chat

Just over a quarter were ready to use webcams/chat with a further quarter who might consider this. This figure increased to 44% when we asked if people would use if to access a GP more quickly and the increase was reflected across the age groups.

The graph below shows a breakdown of how different age groups responded to this idea. Those aged 35-44 age group said 'yes' to webcam/chat more than other age groups.

Answer 'Yes' by age group
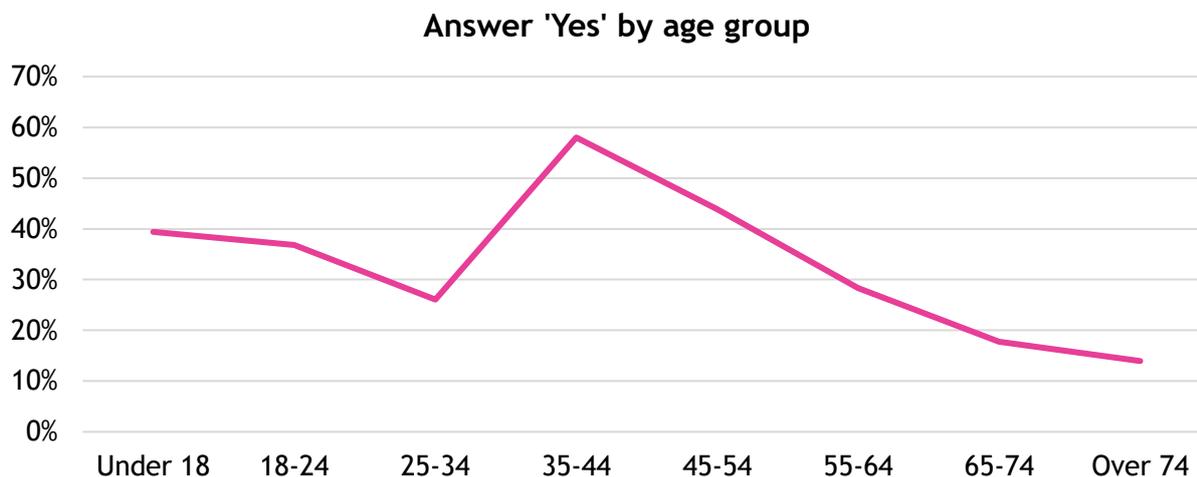
Our data indicates that it cannot be assumed that the younger someone is the more likely they want to use electronic methods as the picture is more complex. Those aged 35-44 were the most willing to do things online. Although the age group 18-34 was under represented in our sample. A high proportion of those aged under 18 who took part preferred face to face contact.

> *Face-to-face discussion enables question/queries to be asked as they arise. If a person has a genuine concern about their health this maybe emotionally uneasy and the GP/Nurse etc may not detect this from a text, email message*

> *I am not good on technology so as an older generation, I would prefer to talk to a person*
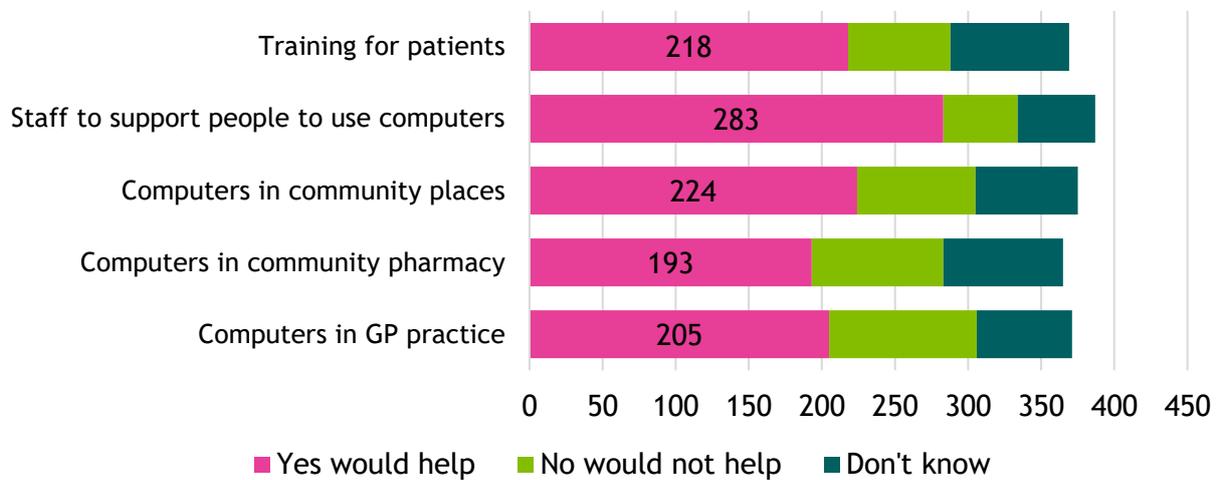
C   Overcoming barriers for use of technology

Access to the Internet

In a previous piece of work we gathered suggestions for how the barrier of access to the internet and knowledge of use could be overcome.

Our survey indicated that someone to provide support to use the internet or training to develop the skills would be considered by some people.

What might help people to use IT for NHS services

Category	Yes would help
Training for patients	218
Staff to support people to use computers	283
Computers in community places	224
Computers in community pharmacy	193
Computers in GP practice	205

Legend: ■ Yes would help ■ No would not help ■ Don't know

Those who did not use any IT or a phone for texting or just a phone for texting thought that support to use computers would help them and training would help.

People taking part in our BAME women's' focus group believed lack of enough IT skills will be a big issue for them. There was also concern about lack of access to smart phones, laptops or PCs.

Language barriers

Focus group participants raised concerns about access to services due to language barriers and the impact this potentially using IT to communicate with or use NHS services. Here previous experiences identified issues and gaps:

- Issues accessing a translator for vaccination appointment at GP practice. Was requested three times but was not provided
- One participant said she cannot go to an appointment without her husband, she relies on him to be there due to language barriers
- A need for information leaflets in other languages was identified by participants
- Some preferred face to face booking appointments with GP early in the morning rather than telephone due to their limited English.

Those who did not speak English as a first language felt a lack of knowledge, understanding and language barriers would prevent them from using the electronic methods being considered.

Special Educational Needs and Disability (SEND)

Parents of children with special educational needs and disability in our focus group had experiences of many different services within the NHS and social care and felt that services did not join up or communicate well.

It was clear that using so many services can be frustrating. They gave a lot of detail about how referral journeys could be improved and supported by technology.

Participants could identify that some face to face appointments were not needed and felt they had to attend them to stay 'in the system'.

There were concerns about data security and management issues as well as concerns about access and that face to face contact was necessary for some people and for some purposes and should not be lost. But the potential of technology to improve record sharing and updating was appreciated and the participants offered very good insight in these area

Overall this group was positive about the use of technology and the experiences and comments they have can be used to help identify how to go about this.

Trust

Trusting technology was an issue for some. We received comments indicating that people had negative experiences of using existing technology for example when trying to do online GP appointment booking.

Our findings indicate that a combination of factors are important to people when they access services using technology: information about how to go about this, ease of access – does it work for me, and ease of use – does it work to get the desired outcome for me.

D   Communication and involvement in GP services

We collected lots of ideas about how GP practices could communicate with and engage with people indicating an appetite amongst patients.
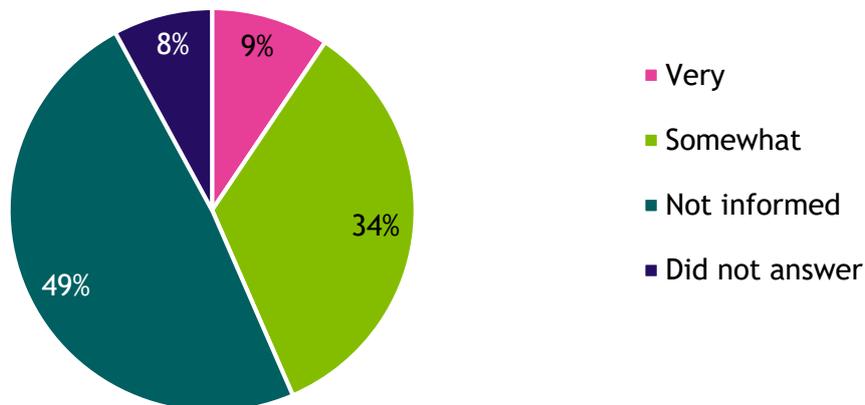
Receiving information

Most people did not feel that they were very informed by their GP practice. Nearly half of respondents (49%) said they did not feel informed. Just 9% said they felt informed with 34% (160 people) feeling somewhat informed.

> *There is no communication between GP practice and patients unless patients/carers call for an appointment…There are lots of changes and no one aware of it all. Should send emails to patients who use it. Keep copies in reception for the patients to take it home to ask family members to read it for them.*

> *I don't visit my GP's often so feel left out as they only tend to put posters up explaining changes ...I think GP practices shouldn't assume we all visit often and are aware of all of the changes taking place in the NHS as you end up with huge gaps in your own knowledge of what's happening which then gets filled in by untrustworthy sources.*

Those who did not attend the surgery often said current communication methods seemed to be aimed at those who visit the practice building regularly.

How informed do you feel about what is happening at your GP practice?

- Very
- Somewhat
- Not informed
- Did not answer

Receiving information by email newsletter was the most popular method with people who took part. This was followed by paper newsletter and text message.

> *Newsletter every 6 months that could be in practice or downloaded*

> *Sign up to emails or updates from them*

> *Be more transparent about none personal medical changes i.e. when drugs are no longer available or appointment systems are changing. Much of this can be done online or in a practice newsletter to all patients.*

> *More verbal contact by phone or face to face*

> *Clear, simple, factual language/information required*

Giving views/feedback

Quite a high proportion of people had given feedback to their GP practice either when asked or from their own initiative but also nearly a third did not know how to

do this. It is likely that these results reflect differences between GP practices in Coventry, with some undertaking more engagement work.

Suggestions and comments about ways of gathering feedback:

- *Feedback before you leave GP*

- *A survey of all patients within a practice on annual basis*

- *My GP practice has a digital touch screen device for giving feedback that I find useful*

- *A variety of ways - mine don't seem to communicate in any way or encourage feedback so anything would be an improvement*

- *Tried and tested: suggestion box*

- *Handing surveys to patients to invite feedback. To respond to patients' comments, compliments, complaints.*

- *Automatic emails like the ones used by airlines or Eurostar each time a journey has been done, they send an online feedback questionnaire.*

- *More information on display in surgery waiting rooms. Feedback forms available in waiting rooms.*

- *Very few [people] are interested so GP practices need to outreach into the community for their views*

Write to patients and gather and feedback in paper formats. Questionnaires in surgery.

How prefer to feedback on GP services
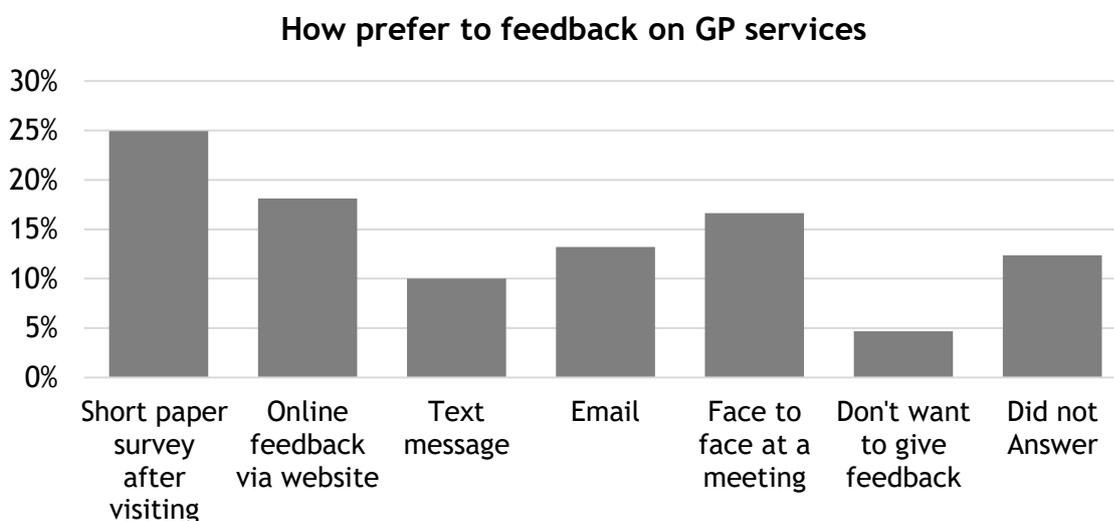
The majority (63%) would prefer to feedback directly to their GP practice and for others feeding back to an independent body was more popular than feeding back to a GP group (known as a primary care network).

Patient Participation Groups were not widely known 65% said they had not heard of them and 29% said they had. 21 people said they were a member of a GP practice participation group. We also received the following comments:

- *I tried but meetings were cancelled at last minute and then disbanded*

- *I would like to attend some patient participation groups but they are always in the day in the week. I can't attend these due to working full time so maybe an idea to have some evening/weekend sessions`*

- *Involve PPG members to keep patients informed of changes etc.*

- *Greater encouragement to join PP group, have belonged to one and mostly left to a few volunteers*

- *Patients participation group should be available to contact by phone or email I don't know who are these people in my GP practice*

Therefore work on engagement activity is needed to strengthen this for all patients/ communities. The lack of awareness of Patient Practice Participation Groups indicates that their reach is limited. There is an opportunity to explore what role the Primary Care Networks can play in supporting communication and involvement in GP practices. This work will support the new focus on population health management given to primary care network by the NHS Plan. Better communication methods with patients will also support this work.

3   Overall what people would like to see

Related to technology

1. Flexibility of methods of accessing services to take into account individual needs and circumstances: patient focused
2. A focus on the outcome for patients when putting in place digital methods and not a focus on the technology
3. Full consideration of security
4. Equity/fairness - no preferential access for those who have digital access over those who do not
5. Good information about new methods and the option to learn how to use them

GP communication and engagement

1. More regular communication from GP practices using different methods that reach those who do not go to the practice often as well as those who do
2. Greater opportunities to give views and feedback to GP practices via different methods after using services and/or annually; paper and online
3. Clearer feedback routes
4. Adopting appropriate technology to support this

💬 *I love using technology for booking or texting dietician etc, but ... medicine should be based on compassion, care, and human emotion, technology cannot replace this.*

💬 *We need to make sure that no one gets left behind, if people need to access services because of language or other barriers*

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4   Recommendations and next steps

Healthwatch Coventry will be sharing these findings and recommendations below with organisations in Coventry that are responsible for planning and providing NHS services in hospitals and in the community.

We will provide an update on what has come from this after 6 months.

Area	Recommendation	Organisations responsible
GP services	Develop information provision to patients on GP practice lists by adopting additional methods of providing regular information using the methods people said they would like. Methods should reach both those who use GP practices regularly and those who do not	Primary Care Networks; GP practices in Coventry; Coventry and Rugby CCG the GP commissioner
GP services	Develop new and clearer ways for practice patients to feedback on services making sure that these are accessible to different patient needs for face to face paper and electronic mechanisms	Primary Care Networks; GP practices in Coventry; Coventry and Rugby CCG the GP commissioner
Hospital services	Use the information contained in this report to inform plans about how to communicate with patients and when considering changing from face to face to other forms of patient contact	UHCW; CRCCG

Planning future services in Coventry	Ensure that any plans to use technology for communication or to deliver a service take into account the following key principles: A. **Flexibility** of method of accessing services to take into account individual needs and circumstances eg poverty, literacy; language, disability etc B. **Equity/fairness** - avoid the creation of two-tier services between those who can use digital access and those who cannot C. **Outcomes for patients** – achieving benefits for patients and not for clinical convenience or the sake of technology for itself D. **Good communication** with patients/public about changes to methods of accessing/using services E. **Support** – full consideration of what needs to be put in place to help people use new systems including staff training so they can support patients in use and opportunities to learn how to use them F. **Effective** – check that new methods are working from a patient/public point of view If it is not clear what the potential impact will be on those in the local community who need to use a specific service then work must be done to establish this by talking with patients/public.	Health and Care Partnership; Coventry Place Forum; CRCCG; Coventry City Council
Systems to support communication	Mechanisms should be developed to enable people to identify how they want to be communicated with and what means of using services is appropriate for them. Patient record systems should include fields to record this information and allow for it to be shared between NHS organisations to inform care.	GPs; UHCW; CWPT; CRCCG

5   Thanks

Our thanks to UHCW for supporting our visits to outpatients to carry out this survey; the local voluntary organisation and support groups who helped us promote this survey our volunteers who helped promote the survey and carry out interviews and all who took part. Thanks also to FWT- A Centre for Women and the SEND co-ordinators for supporting our focus groups.

6   Copyright

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Appendix: methodology

Survey

Our survey was available in hard copy and online via survey monkey. We received 111 online response and 358 paper responses. The survey questions can be found in below.

Engagement activities

We promoted this survey through a social media campaign on Facebook and Twitter

We carried out a range of community outreach, which included:

- Completing surveys with patients and the public waiting in outpatient waiting areas at Univeristy Hospital Coventry (six sessions)
- Completing and distributing surveys at Healthwatch Contact points at City of Coventry Health Centre and libraries
- Distribution in the waiting area at Coventry Citizens Advice service
- Outreach to the St Peter's Centre , Salvation Army Centre, Harnell Lane Temple, Hope Centre, St Paul's Church, Queen's Road Baptist Church
- Careers fair at Coundon Court School
- Age UK friendship groups and volunteers event
- Attending groups such as Men's Shed, Milan Carers, Coventry Vision, Esol (English for Speakers of Other Languages) class

This enabled us to support those who needed/wished for help in completing the survey.

Limitations

Our survey was launched in October 2019 with a closure date of 9 December 2019. However, the General Election was announced part way through this. We received some comments indicating a degree of confusion about whether our survey was linked to the general election party political campaigns and therefore, we extended the deadline to 6 January 2020. The overlap with the election period may have reduced the social media related responses to our survey.

We achieved a better split of age ranges of respondents than in the previous Long Term Plan survey but the age group 18-34 was under represented.

The number of BAME respondents and those who did not state their ethnicity was close to the figures from the last census for Coventry but is likely to be under representative for the local population now. However we carried out a specific focus group with BAME women.

We took steps to enable people who could not complete and online or paper survey to take part through our outreach activities.
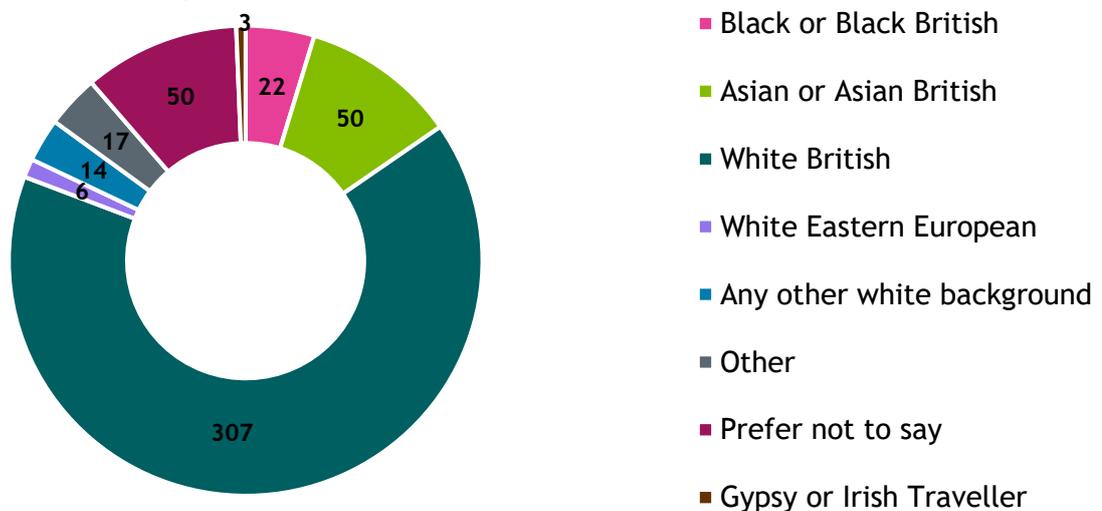
Who took part

Survey responses:

- 22% considered themselves to be disabled

- 46% stated they have a long-term condition, or multiple long-term conditions

- 13% reported being a family carer
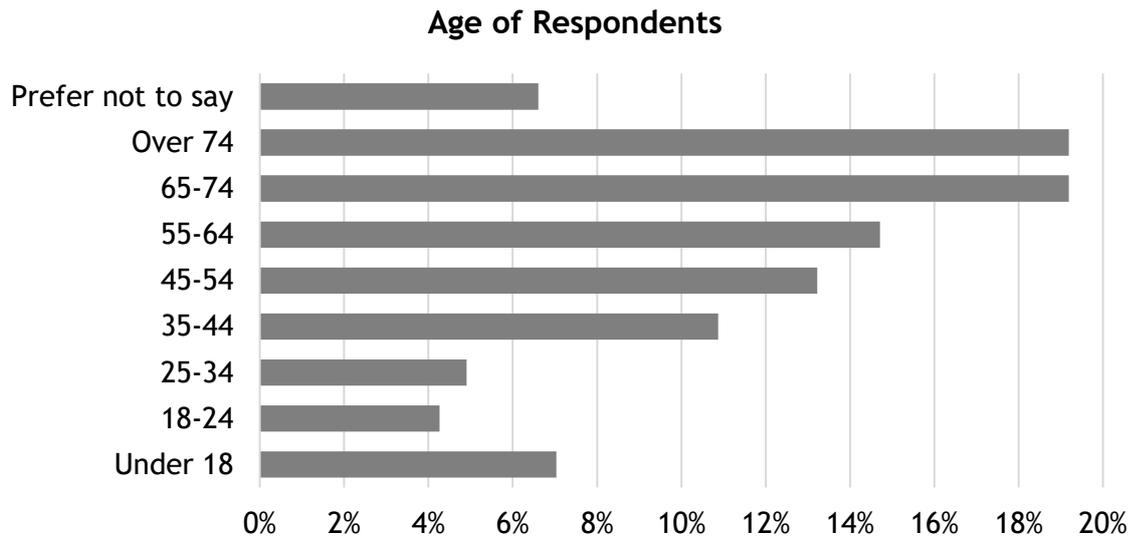
Age of Respondents

65% of people were White British and 35% were from other ethnic groups or preferred not to say their ethnic group.

Number of respondents: Ethnicity

- Black or Black British
- Asian or Asian British
- White British
- White Eastern European
- Any other white background
- Other
- Prefer not to say
- Gypsy or Irish Traveller

Focus Groups

Focused discussion group with FWT- a Centre for Women for women who did not have English as a first language or who did not speak much English. We used translators in the languages of Farsi, Dari and Urdu in this session. There were 15 participants all from BAME communities and the majority were aged 25-44.

Ethnic Group	Number
Afghani	3
Caribbean	1
Eritrean	1
Iranian	5
Pakistani	1
Mixed	1
Did not answer	3
Total	15

Age	Number
25-34	8
35-44	3
45-54	2
55-64	1
65-74	1
Total	15

We ran a focus group with people who has children who has special educational needs. This group of people had considerable experience of accessing different health and social care services. Eight people took part in this focus group, from the following age groups. All were White British.

Age	Number
16-24	1
25-34	0
35-44	2
45-54	3
55-64	2
Total	8

Data management

The survey did not collect any personal contact details. Data was managed within the Healthwatch Coventry Team and analysed using Excel with pivot tables and other analysis.

The 82 surveys we collected from people resident in Warwickshire will be analysed by Healthwatch Warwickshire.

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