Report of Clear Information Group review of: A guide to your GP Practice leaflet

May 2022

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Introduction

Healthwatch Coventry is the champion for NHS and social care. Our role is to represent the interests of patients and the public in our local NHS and social care. We gather views and feedback and take this to those who run and plan services. We also run and information helpline service answering questions from those using local NHS and care services.

Over our nine years of work, through many of our pieces of work, we have seen the importance of good quality information. Information which is not written or communicated in a way that the majority of local people can understand either causes confusion or is not read. Good information on topics people see as useful, written in plain English and with user friendly tone can empower people to understand their care and services. This brings positive results for them and for the services.

About the Clear Information Group

The Heathwatch Coventry Steering Group has set a work priority for us to help local NHS and care organisation to develop good quality, useful information for local people.

To do this we have recruited volunteers to our Clear Information Group. This is newly formed and is made up of local people from different backgrounds in different local communities who bring their individuality to the group. The group will be developed further

The group aims to provide an impartial 'sense check' on information produced to be read or watched by local people. We ask group members questions like how easy was this to read. What did you understand? What didn't you understand and for suggestions what would help.

A review of information by this group should be in addition to specific work to produce easy read information aimed at people with learning disability and the duties under the NHS Accessible Information standard to produce information in formats that disabled people can use and understand.

About this review

Why we did it

Coventry and Rugby Clinical Commissioning Group asked Healthwatch Coventry to review a draft leaflet titled 'A Guide to your practice: new ways of working'. This is an existing document used in another area in the Midlands.

There was no intelligence available about if it had been reviewed to see how it had worked there and what people thought of it.

The document was described as 'a significant document providing people in Coventry and Warwickshire with important information about their GP services'. Therefore we decided to review it through the Clear Information Group.

Due to deadlines within the CCG we had one week for the piece of work. This is a much shorter timeframe that we would normally work to and this has limited our response.

Who took part

We received the information on Friday 11 March and disseminated it to the volunteers immediately. Fourteen of the 17 people we contacted provided their input for the set activity.

What we looked at

The volunteers were provided with a set of eight questions by the CCG. All participants viewed the document from their individual perspective, needs and understanding.

We also looked at the text from a Plain English readability point of view. We used a 'readability test', which is a test to check how easy a document is to read and understand. We used the First Word test on the website: https://thefirstword.co.uk/readabilitytest/

This calculates a score based on average word and sentence length. The higher the score, the easier it is to read. It is based on: Flesch–Kincaid readability test, which is a popular test used to calculate the readability of documents.

What we found

1. Plain English and clarity

Sections of the document are not written clearly enough. It has some complex and technical language.

Our review of the readability scores using the Plain English checker gave an average score for the document was 57.15, which is 'moderately challenging'(in the range 50-60 based on the tool score guide).

About 50% of the paragraphs scored in the range of 60-50 and 50-40 which means they were 'moderately challenging' to 'challenging' to read. These paragraphs included almost all the material on pages 5-6 and the first two paragraphs on page two i.e. the information people will read first.

Paragraphs on pages three, four and remaining paragraphs of page two scored in the range of 80-70 and 70-60, which corresponds to 'easy' and 'plain English' respectively.

The average reading age of adults in the UK is 9 years old[1]. Many statutory organisations therefore ask for information to be written for this reading age and provide Plain English guidance to support this. For example the Gov.uk website asks for content to be produced in this way.

We think the language in the document needs to be simplified to meet the needs of broader communities. Such an important leaflet should be simple and easy to follow for the reader.

Please see Appendix 1 for more detail on the plain English analysis we did.

Our volunteers' highlighted text that was not clear to them:

- *"Does 'primary care services' need to be explained to state what it includes?"*
- *'What classifies as a clinical need? Would be too technical to understand'?*

Comments about whether the language is clear:

- *No, there is technical and complex language in the document that many people will not understand'*
- *'Some jargon has been used without much explanation (musculoskeletal, urinalysis), but overall, the information was easy to understand. Moreover, having the leaflet available in multiple languages would be very helpful as well'.*
- *'I believe that the leaflet is written in accessible language, but believe the presentation of it needs neatening up to read easier'*
- *Yes, for me as a person who reads, speaks and writes English well the language is accessible. I do not understand what a physician associate is. Is this like a nurse practitioner who can prescribe?*
- *'No, it uses technical terms that the general public would not know/understand'*

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[1] Plain Words - Readability Scores

2. Content, flow, and tone

Length

We were surprised at how long this leaflet is. It is 1600 words long and covers six A5 pages of text and some of the pages are virtually all text.

A shorter leaflet will reach more people. It should highlight key information with the most importance information first.

The current length will be off putting for some people.

Each section can be shortened and the content is repetitive in places as topics are covered more than once.

- *'The leaflet is very long, with too much text'*

- *'Overall, the leaflet came across as being a bit lengthy with technical terms. After reading this leaflet I had more questions'*

- *'Page 5 – there is too much writing on this page which makes it a little overwhelming'*

Flow

It was not clear how to read the text on page one because there is a block of text in two columns, a horizontal line across the full page, more text in columns and text in a box. Volunteers commented that it was not clear whether to read across or down and the information did not flow. Writing clear paragraphs and using bullet lists will improve the readability.

"Page 2, first paragraph – I would normally continue reading downwards after 'an appointment with'. I would not necessarily continue reading on the right-hand side, even if there is a box separating 'What is triage?'"

Tone

The tone is generally positive throughout the leaflet. This can be improved further by re-phrasing text to put the patient at the heart of the information and addressing some of the descriptions:

- The introductory paragraphs – the starting point is that changes are due to demand issues rather than to give the best care to patients
- In the description of roles PA is described as 'capable' of working with patients. This will not instil confidence for the reader

'The guide could have been a lot shorter but still clearly passing the relevant information'

3. Inclusivity

It is understood that this document will be produced in other formats to make it more accessible to more people. This is good practice and necessary for our local communities.

This document says that face to face appointments are available to all patients where there is a clinical need but does not address the other access needs people have due to disability or personal circumstances. For example if a person is not able to use the 'telephone triage system' due to their disability. It doesn't explain how appointments can be accessed by people who have protected characteristics as defined in the Equality Act 2010, or by people whose lives are impacted by other factors e.g. socio-economic.

- *'What If I am unfamiliar with or unable to manage forms (to be reviewed by a GP) or find difficulty with using technology'?*

- *'I am on a pay-as-you go system for my phone, and the calls are extortionately priced. Put simply, I cannot always afford to call, and going to reception is the easiest way to clear up an issue without worrying that the phone will cut off when I'm out of credit. I feel guilty enough going to reception in the middle of a pandemic and seeing this would make me feel worse. Also, what if I'm deaf'?*

- *'How do the blind patients hope to get this information'?*

4. Accuracy and relevance

Leaflet title and concept

The concept of the leaflet is about new ways of working however a lot of the ways of working are no longer new. So we are not sure this is the correct

emphasis to use. Focusing on how practice assess people's needs and respond would be more relevant.

For example leaflet title could be:
A guide to your GP practice: the practice team and appointment types.

- *'It needs a different title, these ways of working have been in place for quite a while, up to 2 years''*

- *'This doesn't feel new, my GP has been doing this for a long time, since Covid'*

- *'The title would stand out more if it was in a box with a white background'*

- *Title can be changed to something like 'Current way of working' as they have already adopted/changed the way they were operating before the pandemic, so it's not entirely new.*

Covid-19

The following information from page three should be removed as it is not up to date with current directions about GP working:

"We are trying to manage the number of people in our practices at any one time, this is so that we can keep a safe distance and keep each other safe from infection.

We ask that you don't go to any practice unless asked to do so by a GP".

GP practice receptions are open now and people should be able to go into them without permission from a GP.

- *'The document seems to have been written sometime in the past as parts of it read like it was written during a 'Covid 19 lockdown phase''*

- *'If this document is going to be in circulation for a long period of time will it be dated due the referencing of Covid 19'?*

5. The look of the leaflet

The draft we had was not fully designed. Spaces were identified for images but it did not look like these had been placed to support the meaning and readability.

- *'More images should be included; for example, an image of a clock showing evening hours and another with a calendar highlighting weekend dates – for extended hours'*.

- *'The picture for the front cover of the booklet, I feel may be a GP. However, the contents of the booklet focus more on all the other professionals you may have contact with, and that potentially you will not see a GP. So perhaps a picture of all professionals would be helpful'?*

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6. Comments on specific leaflet sections

A) Your GP Practice is here for you section

This comment relates to the reference about protecting everyone in the first section on Page 2:

'I have no clue how this relates to the rest of the content in this section – it feels very out of place! At this point in the reading, there has been no mention of virtual appointments or anything like that, but I think this is what this part is referring to? If so, this needs to be made clear, or this part moved. Overall, very confusing and jarring'.

B) How are GP Practices working now section

- *'Explain to whom'*

- *'Triage is to be done by a 'trained member of staff', does that mean that it may not be a doctor'?*

- *'It should state that usual practice is 'triaged by phone'*

- *'The Triage 'text box'* **-** *Not everyone will know what self-care is or what a community e-consultation is or how these appointments are accessed'*

- *'E-consultations - What are the wait times for this? Once the form is submitted, when can a response be expected'?*

Comment about 'GP online services:
 'Not sure if relevant here, but from my own experience, online services for our surgery have not been useful. Never got a response despite sending emails, very delayed response on submission of enquiries, so what happens in that case'?

C) I wanted to see a GP, so why am I seeing someone else section

- *'I think a major issue that arises here is that even if clinically it is more appropriate for a person to see a NP as opposed to a GP, it may feel like you are telling a patient "No, you're wrong, you're stupid". I think if you could address that conflict in this section it would really elevate the whole leaflet'.*

- *'There is not enough information here about how I might interact with a pharmacy technician, which seems out of place as every other profession has this included in their description'.*

- *'Capable' (referring to the PA role) - phrasing does not give enough confidence about PAs*

D) Extended access section

This is an important piece of information to try to help people understand they can still receive a GP outside daytime, weekdays. The text in this area is smaller than in other places. There is no explanation about how to get an appointment.

- *'This feels a bit vague, like there is a rough plan but it is unclear what 'local' is. Will there be set places and set times or on a rota basis, for example as with some late and weekend pharmacies'?*

- *'I feel more detail here would be helpful to users to clarify the plans for this service'*

E) Help us to help you section

Many patients are advised to call their practices at 8.00 am as this is when appointments are released. The advice in this leaflet is contradictory, and may need presenting differently.

- *'Will this leaflet be dated as it refers to the Covid 19 pandemic and may become outdated'?*

- *'Just unclear why 'demand for services has increased'. If the pandemic is on the decline, I don't understand why this statement is included. I would imagine demand would be reverting to pre-pandemic levels'*

F) Where else can I get help section

- *'This is very vague, as if the only place where I can get help is online on the website? Can I not go to out of hours clinics?'*

The CCG questions answered

This is what group volunteers said in response to the set of questions that the CCG asked:

1) Do you understand why a receptionist may ask personal questions when you call your GP practice?

- 'I do understand why the receptionist needs to ask personal questions, but I need to feel reassured that they are trained to do so and will direct me to the right health professional, I don't feel confident with that'

- 'I think there may be a difference between asking personal questions and asking questions for Triage. It may give the impression that the reception staff are Triaging and that may cause some concern that the callers are not being heard by the 'right' person'. Communication is key and the initial telephone call is crucial for both the caller and GP practice. Perhaps some expansion on this aspect would be beneficial

- 'This may rub off wrongly on service users as they might feel that some people are more important than others and that's why, for example, they are getting a telephone appointment when they requested for a face-to-face meet'

- 'Yes, but it may be better if the section about receptionists is placed directly after the section about triage, to make it more clear that receptionists are tasked with triaging'.

- 'Many people may feel reluctant to provide sensitive information to a receptionist despite them being a vital part of the healthcare team, so I believe there needs to be greater detail regarding why receptionists may inquire about personal questions. I feel it may be beneficial to provide additional information to what Active Signposting/Care

Navigation is. Overall, I have a vague understanding of why they may ask'

2. Do you understand that you may be given an appointment with someone other than your GP based on your needs?

- 'Yes I do, but my experience tells me otherwise'

- 'I do, but I'm not sure I need to know so much detail about all of the roles and whether this adds to the issue of too much information'

- 'Yes, I feel safety is being considered and efficiency of the appointments is practical'

- 'Yes, this has been explained'

- 'This could be better worded. The reason for this is that Health is supposed to be patient-centred so ensuring to express information in a way that puts the patient as priority is important'.

3. Are you clear on the range of health professionals that operate from your GP practice?

- 'I found the different explanations of the three pharmacy roles confusing'

- 'I don't think all of those health professionals operate in my GP surgery'

- 'The information was quite lengthy and not visually stimulating or engaging. A diagram or flow chart showing the patient in the middle surrounded by different healthcare professionals and a linkage between them could have helped this as it would show how everyone on the medical team work together to satisfy the patient's needs'

- 'I'm not clear on what a Pharmacy Technician does and how they differ from Clinical Pharmacists. It would be useful to include whether others, particularly GPNs and PAs, can prescribe medication'.

- 'The wall of text can be slightly hard to read but other than that I think it's easily understood.'

- 'Yes, the leaflet makes this clear. However, I do question whether this can be used as a generic leaflet. Does every GP practice provide the same services and have the same health care professionals working for them? Possibly not at a small surgery'

- 'The leaflet has details about the different type of professionals that operate, BUT are they all available at my GP practice- this is not clear at all. It's very vague, like your GP practice may or may not have all of them'

- 'I wanted to give up reading this section. I only carried on because I was doing this task. It is too long and complicated'.

- 'After reading this I would not like to be seen by some of these people as their roles are limited'

4. Do you understand why we offer different types of appointments? (i.e. some face to face, some video/telephone, etc)

- 'Yes – some patient needs can be solved without having to travel to the practice'

- 'I get the impression that F2F appointment are only given if there is a clinical need. If there is no clinical need but a patient simply prefers a F2F appointment, it's not clear whether this would be allowed'
- 'It requires some different information as to why different appointments are being offered and how it may benefit the patient'.

- 'The "self care or help from a community" appointment type was not explained'.
- 'Yes, based on the needs'

5. Do you understand that you can get an appointment at evenings and weekends, but that it may not be with your GP at your usual practice?

- 'I couldn't find this information provided in the leaflet'

- 'This feels a bit vague and uncertain. One knows where one's GP is based, but the booklet explanation feels lacking in detail. Could it be made more specific'?

- 'Yes, though it's not clear how a patient can go about accessing this'

- 'Yes, but how would I know if I will be directed to the other practice if I call my GP practice'

- 'Yes, but how does that accommodate the needs of people with access/ other support needs. That is not explained and may create different questions that this leaflet doesn't answer'

6. Do you feel the leaflet is written in language that is accessible to the public?

See our earlier section on Plain English and clarity.

7. Do you feel more confident you know how GP Practices are operating?

- 'I feel unclear about the triaging process and the extended access system'

- 'Slightly, I believe I would feel more confident if there was additional information provided in various sections of the leaflet'
- 'Sort of'

8. Do you feel reassured that your local GP practice is able to meet your healthcare needs?

- 'The explanations in the leaflet do not reassure me that my local GP practice can meet my health needs as different local GP practices have different systems and capacity for patients'

- 'I feel that the services are available and accessible'

- 'I appreciate knowing if I or another patient requires attendance to a GP practice that our needs will be met by the right specialist as opposed to just a general practitioner'

- 'Not entirely, as I still have questions after reading this booklet'.

Conclusions

The document is on an important subject, which will be useful to local people. We know from contacts with the Healthwatch Coventry information helpline that people are confused about who does what in GP practices and don't understand roles such as that of the clinical pharmacist.

Our Clear Information volunteers have done a great and thorough job looking at the draft and have provided lots of useful information for the CCG on how to develop it further.

Our Plain English review of the text shows that redrafting is needed especially of pages 5-6 and the introductory paragraphs on page two.

The document is long at 1600 words. A shorter leaflet will reach more people. It should highlight key information with the most important information first. There are places in the document where points are repeated and this increases the word count. Some of the content could be presented differently e.g. bullet points.

The section on the different roles in the practice team is the hardest to understand and it is long. Volunteers commented that their GP practice does not have all these roles. Therefore it would be better to pick out some of the roles and focus on them eg clinical pharmacists, practice nurses and social prescriber exist across Coventry. Answering the question what is the most important thing people need to know will help to focus the content.

The layout of the document in places is confusing and the ordering of information should be looked at again. The content also needs to flow.

A lot of the language used in a positive context which is helpful for people reading it, however this needs to be consistent throughout.

The concept of the leaflet is about new ways of working however a lot of the ways of working are no longer new and our volunteers commented on this. The original text seems to have been written at the height of the Covid-19 pandemic and so now the specific references to Covid-19 confused people and are out of date.

Key gaps identified were:
- How people with access needs due to disability or personal circumstances will navigate triage and get appointments

- How to access the extended hours service and the places this operates from in Coventry. Is there a website address for more information that could be used?

Recommendations

On the basis of what we have learnt we ask that Coventry and Warwickshire Clinical Commissioning Group respond do the following and let us know what actions they take:

1. Due to the significant number of comments on the leaflet content, it should be significantly redrafted and then have further input from Coventry people to test the new draft before publication. To rush to

publication risks wasting the opportunity and money being spent on a leaflet that will not be clear for local people.

2. The key areas to be addressed are:

   a) Reducing the overall length - identifying the most important information to be included – it is a leaflet rather than a comprehensive guide
   b) Making the language Plain English and the tone positive throughout
   c) Addressing the things our volunteers are not clear about
   d) Updating the leaflet purpose, title and COVID-19 related content

What happened next?

We sent this report and our recommendations to the clinical Commissioning Group (CCG).

The CCG redrafted the leaflet and sent us a second version having taken on board some of our feedback and recommendations. The new draft was much shorter and had less repetition of information.

We had a short time to respond with further comments and so did not send it back to our clear information group. Instead we tested for scores in the readability test. We also checked for sentence structure, the overall tone and sent our suggestions.

Upon receiving our comments, the CCG did further work on the text and sections were re-written to make the language simpler. The in the third version the score of the booklet was in the plain English range.

Finally, we were asked for our thoughts about their initial design of the leaflet as this third version new contained pictures and was laid out in the leaflet format.

We gave some ideas about the kind of images that should be used in the booklet, for example to include a picture of the team of healthcare professionals to reflect the content of the booklet rather than just a GP, and ideas to improve the overall appeal and make it look more inclusive.

Acknowledgements

We appreciate the CCG inviting us to look at this document to understand if it meets the needs of local people.

Our thanks and appreciation to our Clear Information Group for pulling the stops out to ensure we were able to meet the tight deadline. Their ongoing commitment enables us to continue to influence local health and social care services to better meet local people's needs.

Appendices

Plain English scores by page and paragraph for version one of the draft leaflet

Highlights are more difficult to read than Plain English

Page number	Paragraph	Score (from thefirstword.co.uk)
2	1	39.42
2	2	51.58
2	3	77.71
2	4	80.79
2	Box	75.03
3	1	62.97
3	2	79.94
3	3	52.88
3	4	68.1
3	5	62.17
4	1	78.38
4	2	79.56
4	3 and 4	40.1
5	1	60.47
5	2	41.4
5	3	32.49
5	4	45.13
5	5	58.85
5	6	47.91
5	7	54.59
5	8	46.12
5	9	60.69
5	10	20
6	1	38.83
6	2	69.5
6	3	44.14
6	4	35.48
6	5	27.81
6	6	70.35
6	7	52.89
7	1	71.82
7	2	63.6
7	3	61.91
7	4	82.3
7	Bullet points	65.24
		Average = 57.15

Score Guide	
100-90	Super simple
90-80	Easy-peasy
80-70	Easy
70-60	Plain English
60-50	Moderately Challenging
50-40	Challenging
40-30	Difficult
30-20	Heavy Going
20-0	Very difficult

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