

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

Based on a public survey and focus group discussions



March 2020

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1 Introduction

Why we carried out this piece of work

In January 2019 NHS England published a ten-year plan setting out ambitions for the NHS and the Government announced that the NHS budget will be increased by £20 billion a year¹.

The plan set out the areas that the NHS wants to make better including:

- **Improving how the NHS works** so that people can get help more easily and closer to home.
- **More money invested in technology** so that everyone can access services using their phone or computer, and so that health professionals can make better, faster decisions.

Local NHS organisations have been asked to come up with local plans setting out how services will be developed and the ambitions for the NHS put in place.

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

Along with the other 151 Local Healthwatch we took part in work in 2019 to gather views on the aims in the NHS Long Term plan in a piece of work organised by Healthwatch England. This produced interesting findings about how technology could be used to support patients². We also began to identify some concerns people had about this and some ideas about how these might be addressed.

The Healthwatch Coventry Steering Group added this second survey/exercise to the Healthwatch Coventry work plan as a follow up piece of work. 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.

What did we do?

From October 2019 to 6 January 2020 we ran a public survey asking questions about:

- How the NHS could use technology to support patients?
- How people would like to communicate with services?
- The extent to which people feel involved in GP services

¹ <https://www.longtermplan.nhs.uk/>

² *NHS Long Term Plan - what people told us was important. Coventry Report. (August 2019)*
<https://www.healthwatchcoventry.co.uk/our-reports>

The survey was available and promoted online and via social media. We also did a range of outreach to engage with local people face to face (see the Survey Methods section in the appendix for more information).

The survey was promoted under the banner of 'What do you think' Coventry and aimed to gather the views of Coventry residents in order to feed into the local Coventry 'Place' planning routes.

We received 469 responses from Coventry residents.

We also gathered 82 responses from Warwickshire residents (either people who were using NHS service in Coventry or heard about the survey online). These have been shared with Healthwatch Warwickshire and are not included within the analysis in this report.

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.

Information about Coventry

Coventry is a multi-cultural city bordering Warwickshire, with a population of around 360,000. In the 2011 census, 33% of the population identified themselves as Black, Asian and Ethnic Minority heritage. Coventry is the second-fastest growing Local Authority outside of London, with the biggest rate of growth amongst 25-29 year-olds. However, the number of older people is also growing, with 14% of the population over 65 years old. The city's growth is a consequence of international migration as well as births.

Nearly 15% of Coventry neighbourhoods are amongst the 10% most deprived neighbourhoods in England. 10% of the population has no qualifications at all.

Overall health in the city is below average, with residents living in more deprived parts of the city not only living shorter lives, but also spending a greater proportion of their shorter lives in poor health than those living in less deprived parts of the city.

Source: *Coventry Joint Strategic Needs Assessment: Health and Wellbeing Citywide Profile (2019)*

2 Findings from public survey

NB figures in graphs have been rounded

Demographics

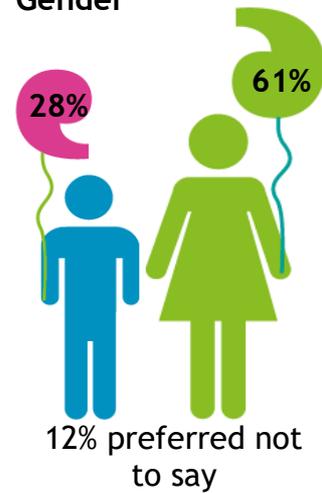
We received 469 survey responses:

22% considered themselves to be disabled

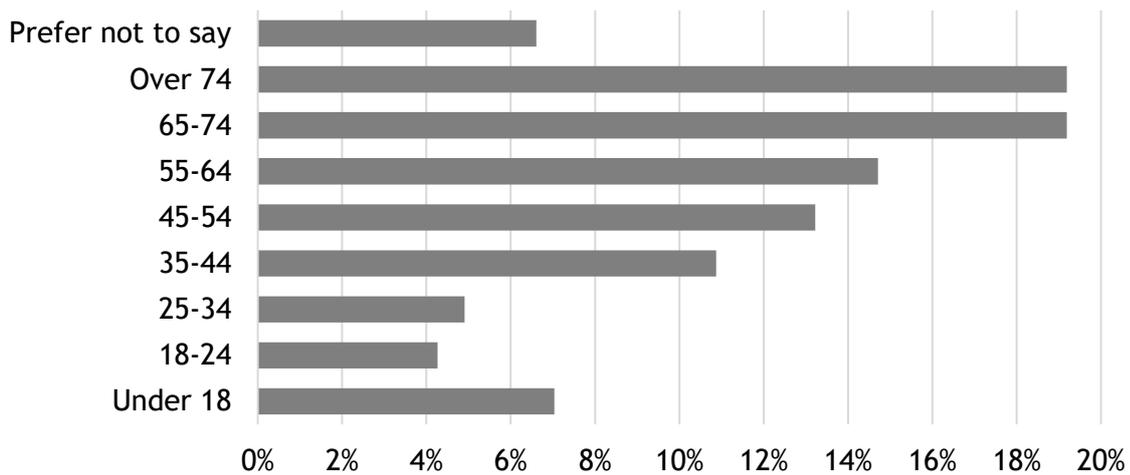
46% stated they have a long-term condition, or multiple long-term conditions

13% reported being a family carer

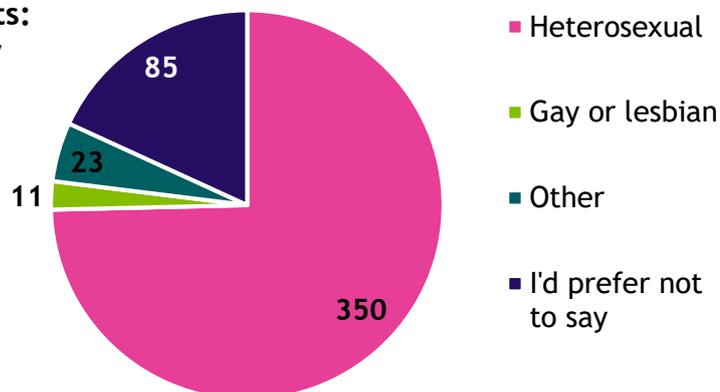
Gender



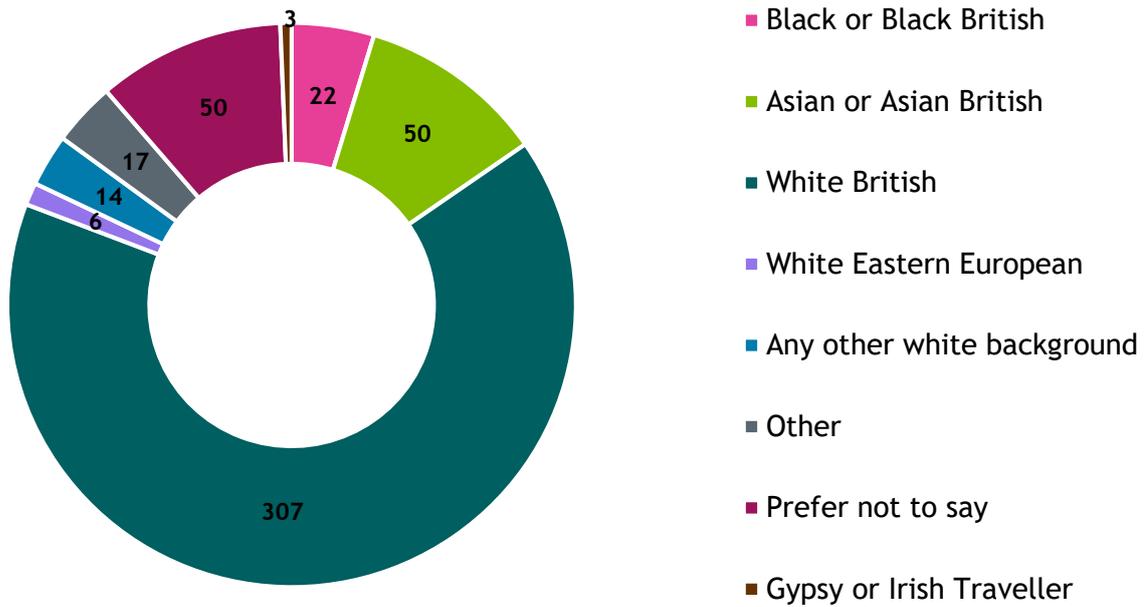
Age of Respondents



Number of respondents: Sexuality



Number of respondents: Ethnicity

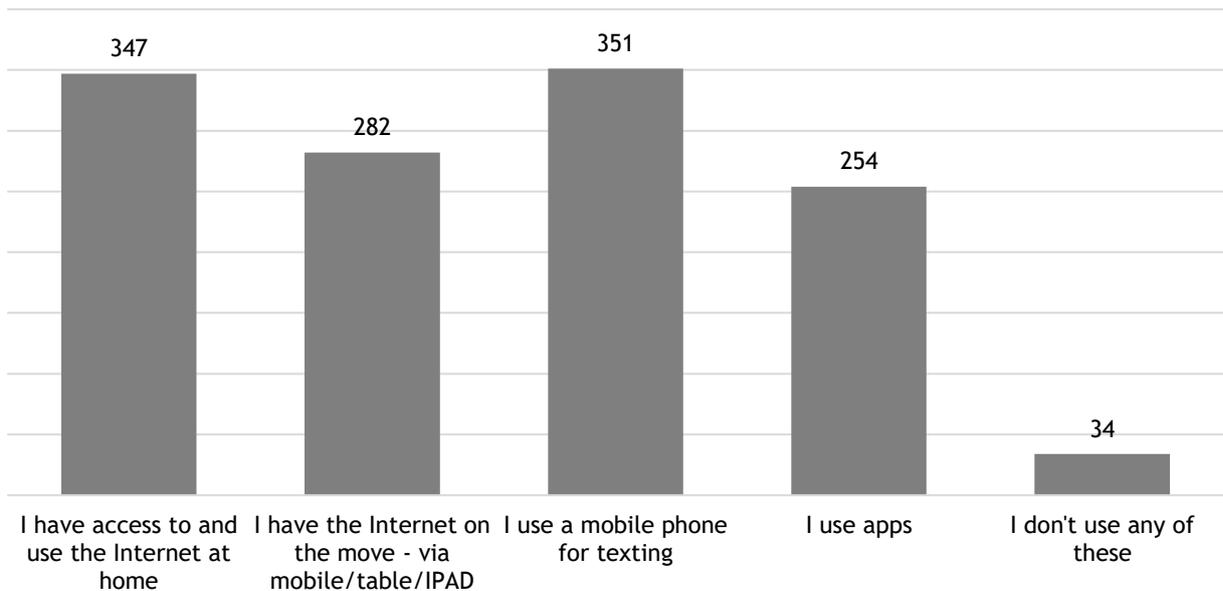


65% of people were White British and 35% were from other ethnic groups or preferred not to say their ethnic group.

Use of technology

We asked what types of information technology and devices people used. People could select all that they used. In addition, 39 people did not supply this information:

What information technology do you use (number)?



34 people said they did not use any of these and the age breakdown for this group of people was:

Age	Number
Over 74	19
65-74	10
45-54	3
Did not say	2
Total	34

In addition, 28 people said they only used text messages. They were from a broader range of age groups:

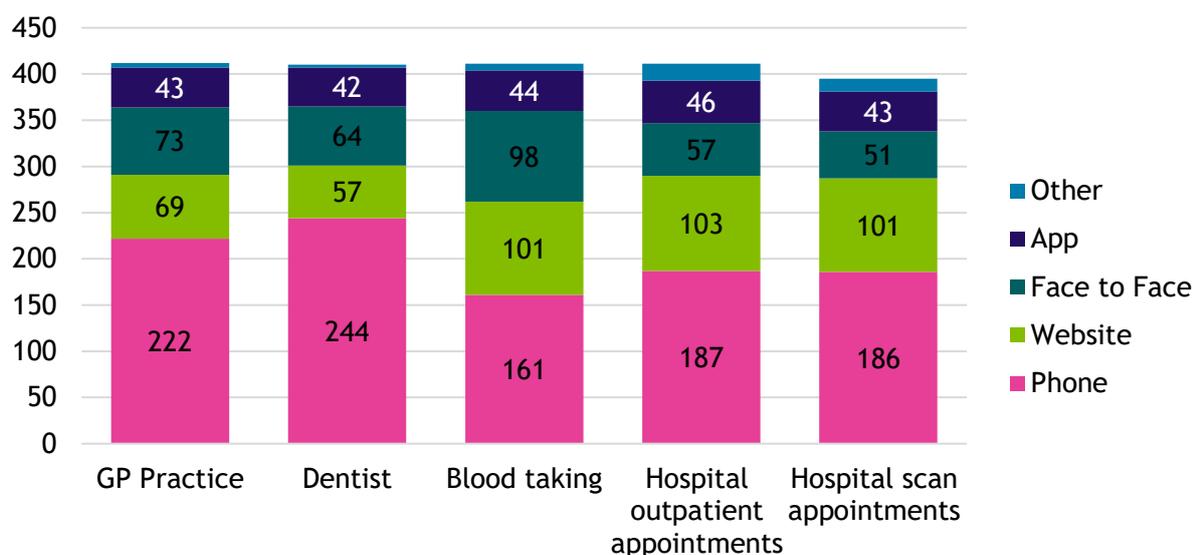
Age	Number
Over 74	12
65-74	5
55-64	8
45-54	2
18-24	1
Total	28

Preferred method of contacting NHS services

To organise appointments

We asked which method people would prefer to use to organise appointments with a range of NHS services. The results below show a strong preference for phone contact with GP services and Dentists. Face to face contact was also popular for NHS services based within the community. Interestingly, in our sample aged under 18 phone and face to face featured more highly than website or app, with 14 preferring face to face, nine preferring phone, eight preferring App and two preferring websites.

Preferred way of organising appointments (number)

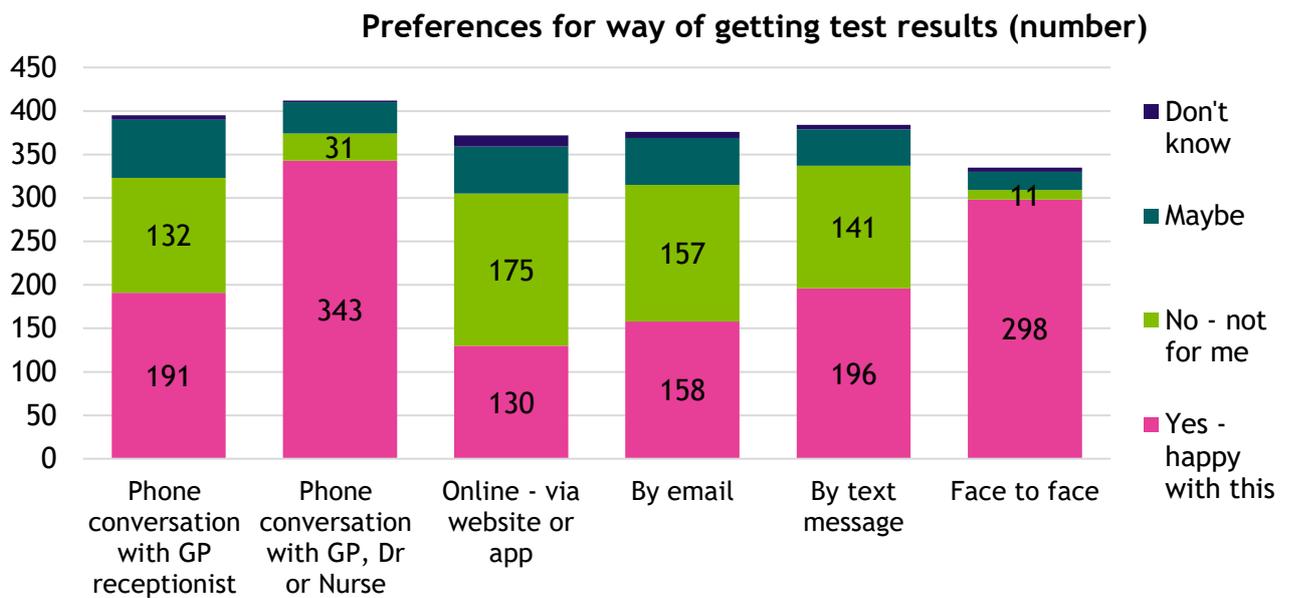


Under other suggestions, 10 people preferred postal contact.

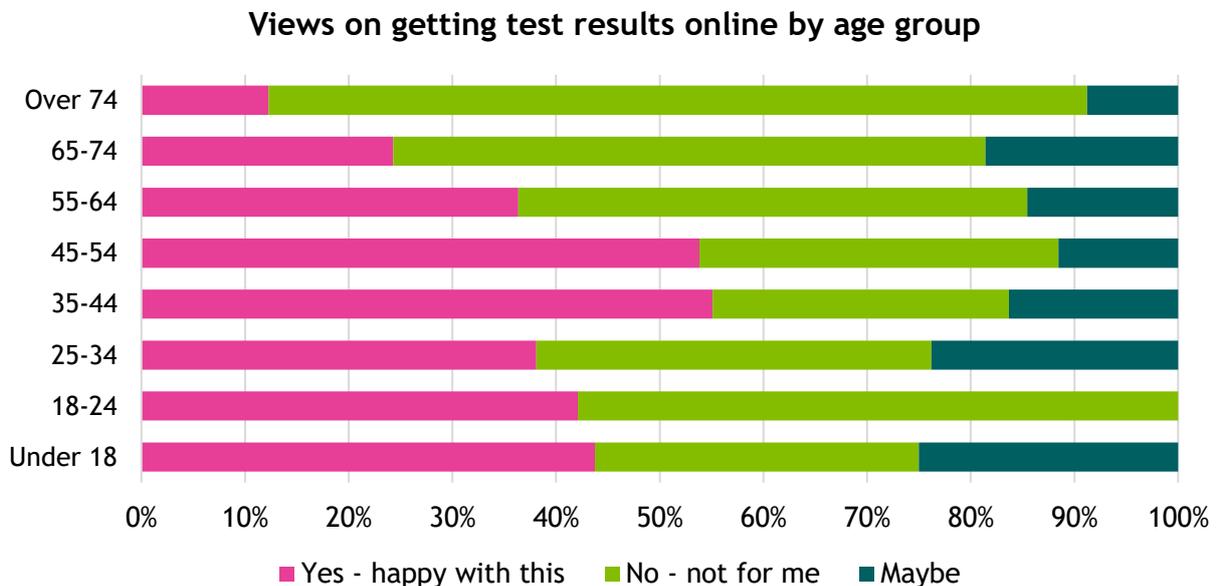
For results of medical tests

The chart below shows the number of people who preferred different methods of contact for getting the results of tests. A phone conversation with a GP, Dr or nurse was a strong preference as was face to face. Five people said they preferred written contact via post and two people said they would like web chat.

- *Profoundly deaf [so] text only. Cannot use phone. The surgery will not do text say have no time*
- *Depends if they [the results] are ok or not*



The chart below shows a breakdown by age for the option of getting test results online. Those in the age group 35-54 were most willing to get results in this way. The results were similar for the method of email.

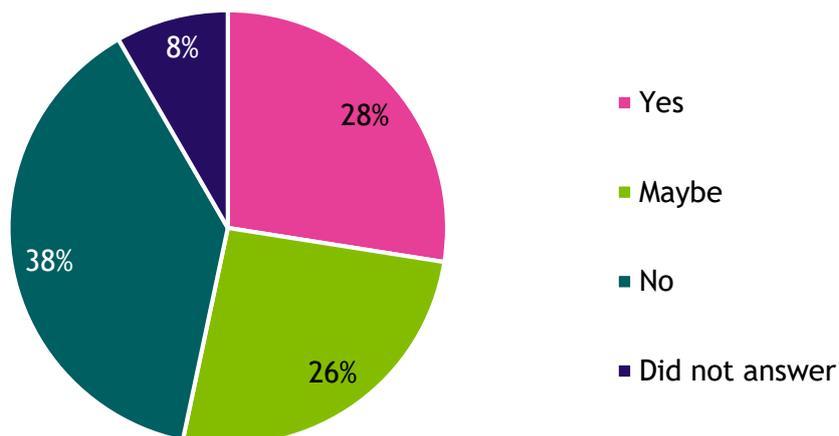


Use of new technology to interact with NHS services

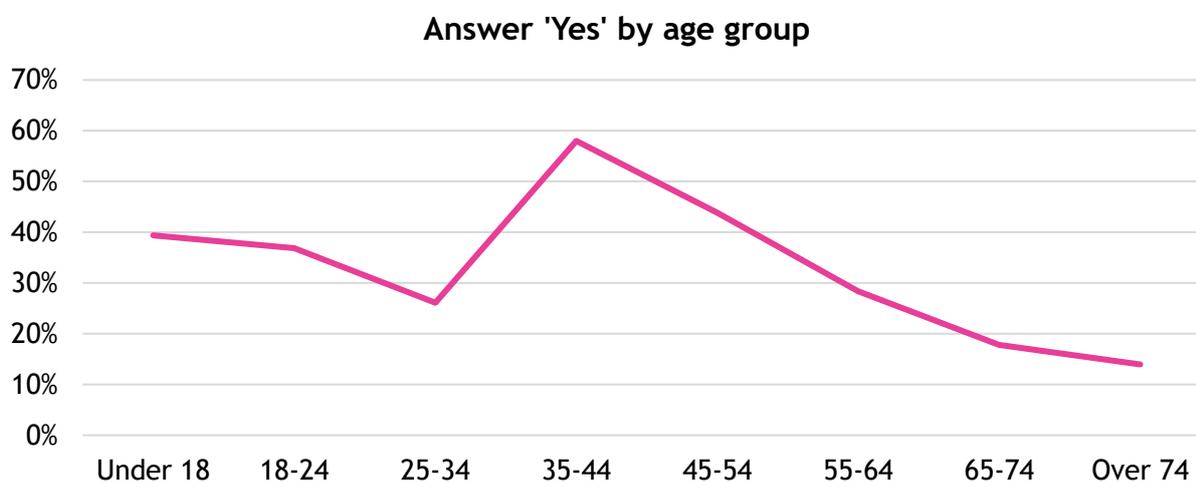
Webcam/chat

We asked questions to find out how people felt about the idea of using a webcam or web chat for a session to talk to a health professional for advice on a health matter 129 people (28%) said they would be happy with this and 180 (38%) said they were not.

Consider talking to a health professional via webcam/chat



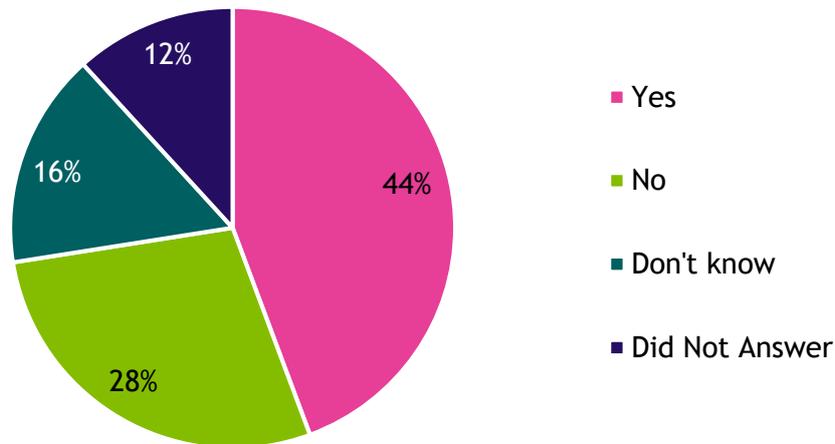
The graph below shows a breakdown of how different age groups responded to this idea. Those aged 35-44 age group said 'yes' to webcam/chat more than other age groups.



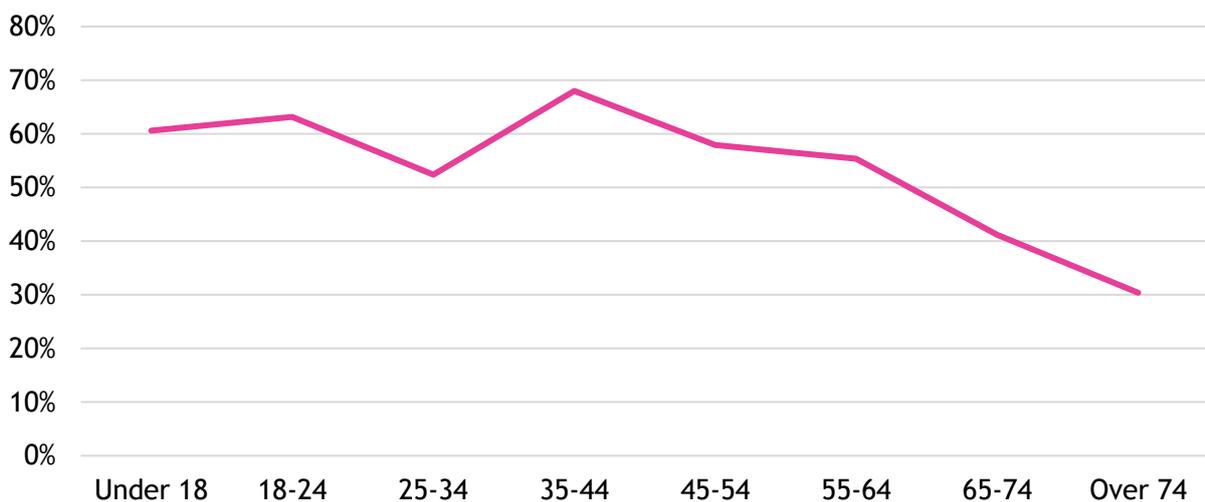
People who told us they had one or more long term health condition were no more or less likely to consider webcam/chat than those who did not have a long term condition.

We also asked people if they would use a webcam/chat appointment with a GP if this was available more quickly than a face to face appointment. 208 (44%) people said they would and 132 (28%) said they would not. As with the previous question the respondents aged 35-44 were most likely to say 'yes' to this method.

Happy to use webcam/chat if quicker than face to face GP appointment



Answer 'Yes' by age group



● *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*

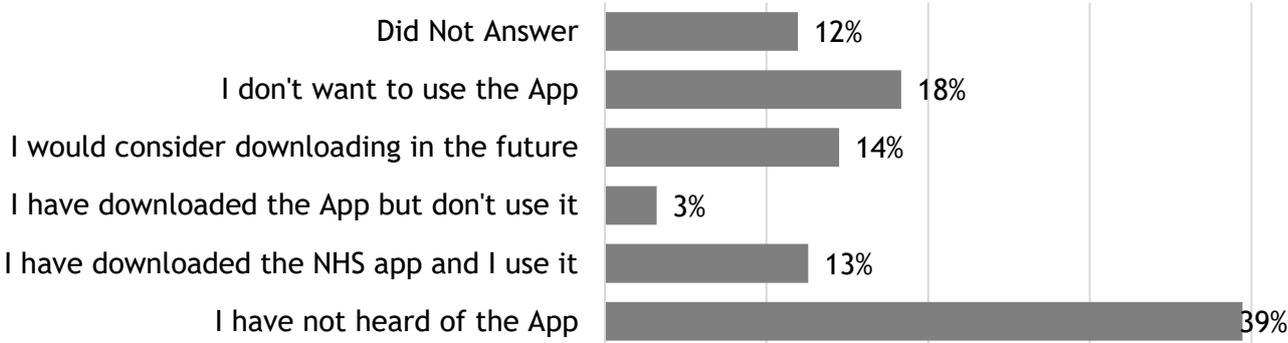
The NHS App

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.

● *The app is a fantastic idea, I have not heard about, but now I will download because is good and easier and quicker for sure*

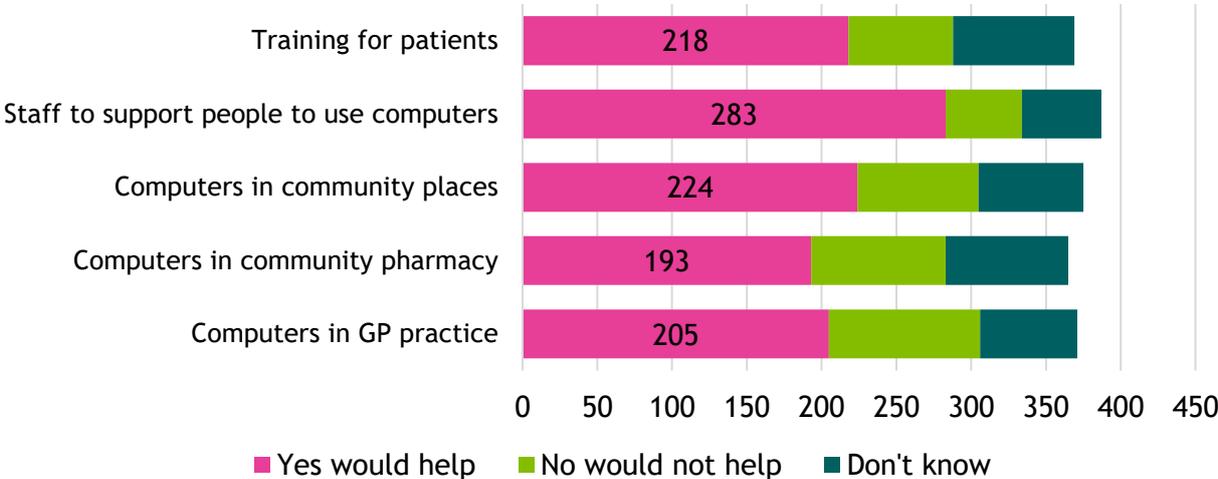
Awareness and use of the NHS App



Support to address barriers

In our previous piece of work, we gathered suggestions for support which might help those who feel reluctant or unable to use IT to access NHS services. We tested these suggestions in our survey and found that people thought that support to use computers would be most helpful, followed by computers available in community spaces.

What might help people to use IT for NHS services



The 15 people who did not use any IT or a phone for texting thought that support to use computers would help them and 11 thought that training would help.

The 14 people who only used text messages said that staff to support people to use to would help; nine said training would help; nine said computers in GP practices and nine said computers in community spaces would help. Just four said computers in pharmacies would help.

There were indications that language needs are an issue for people when accessing services:

- *Language access - someone to speak Punjabi*
- *I am working as an interpreter for the NHS. There is a communication barrier between the booking centre and patients as there is no way of checking to see if an interpreter is booked and makes life difficult for patients as they have to be sent back and rescheduled. Also, no communication is consistent with booking cancellations with interpreter.*

Considerations when thinking about use of technology in NHS

We also asked for comments and ideas about the use of technology. The table below summarises the themes:

Current technology	<i>The website for booking GP appointments is not user friendly</i>
	<i>I use online blood test booking service and have found it excellent. Feel sorry for less tech savvy patients who don't use it.</i>
	<i>As a user of Patient Access I find there are significant limitations as to interface between GP Practices and the online facility. Limited to ordering prescriptions or booking GP appointments. A 'one stop' facility should be available e.g. Results/blood tests/scan bookings etc.</i>
	<i>No access, it confuses me. I am scared of computers - get anxiety</i>
	<i>Honestly, the online platforms currently do not work. I cannot log into my GPs system and the receptionists do not know how to fix this common problem. Do not just add IT support as an additional task for the overworked receptionists. All the systems need to integrate as well.</i>
	<i>Unreliability and complexity of use of technology is a real barrier to assistive technology. Will the NHS app solve the problem of getting an appointment with my GP in under three weeks?</i>
Principles for using technology	<i>Make things as simple and straight forward as possible to ensure communications continued</i>
	<i>Use on a flexible basis i.e. not same way for everyone</i>
	<i>Accept that some patients do not have the capacity or wish to use technology</i>

	<i>If they are going more technology based, they should consider security</i>
	<i>If a person is unwell, speed to essential. No good leaving a message or sending an email that may not be dealt with immediately. It has been my experience, when phoning most hospitals the telephone is never answered - no comfort in an emergency!</i>
	<i>I have worked in government IT for twenty years. The fundamental issue is keeping the focus on the patient and not getting lost in how clever the tech might appear or believing the hype about how much money might be saved</i>
	<i>Choice for those who wish to use apps but not to the detriment of those who don't - showing "preferential treatment" to those who use technology</i>
	<i>Use it wisely! Don't invest in hardware it will be out of date within 2 years. Don't cut people out of the system. Keep consulting. It's great to be asked.</i>
	<i>Give training to use new tech</i>

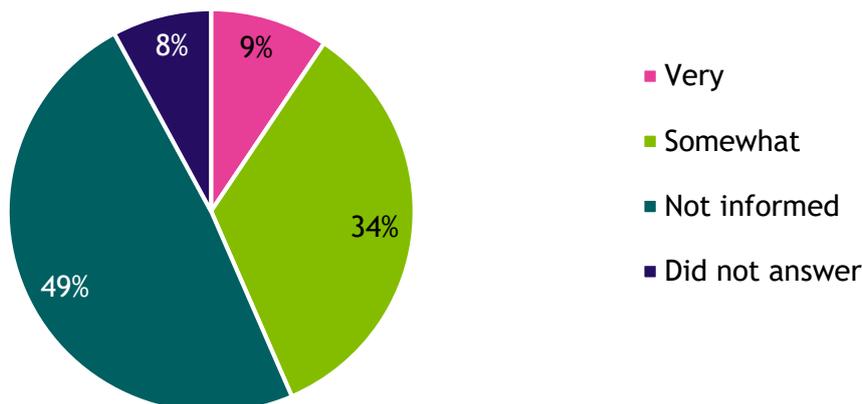
Technology that would help	<i>Video calls would be very helpful</i>
	<i>Lots more technology please! Official apps and services provided by the NHS online are TRUSTED and can help drown out some of the incredibly bad health information out there from dodgy websites and individuals.</i>
	<i>I have personal experience of tracking my mood using the mood zone quiz, which I've used to start conversations with my doctors about my deteriorating mental health - it's been really helpful as I've tracked my mood over time using it.</i>
	<i>The Couch to 5K programme for healthy eating and exercise is brilliant. Really easy to use and you can talk to a healthcare assistant about it. The technology I've used has really helped with opening up those conversations, especially if I'm a bit nervous talking about a specific problem, or don't know how to word it.</i>
	<i>The medication issued by the hospital is not seen on the GP's computer system</i>
	<i>It would be helpful to be able to message or email my GP surgery</i>

Communication and involvement in GP practices

How informed

We asked how informed people felt about changes and news about what is happening at their GP practice in Coventry. Nearly half of respondents (49%) said they did not feel informed. Just 9% said they felt informed with 34% (160 people) feeling somewhat informed.

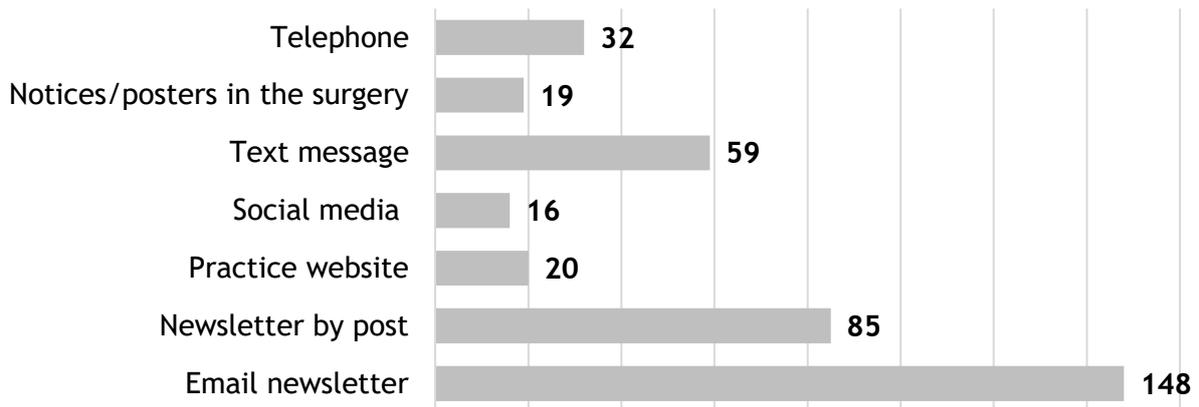
How informed do you feel about what is happening at your GP practice?



We asked how people would like to get information from their GP practice. Receiving information by email newsletter was the most popular method with people who took part. This was followed by paper newsletter and text message.

-
- *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.*
 - *They can provide information in the person's preferred format. Communicate with those who don't use the service very often.*
 - *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.*
-

How people would like to receive information from GP practices (number)

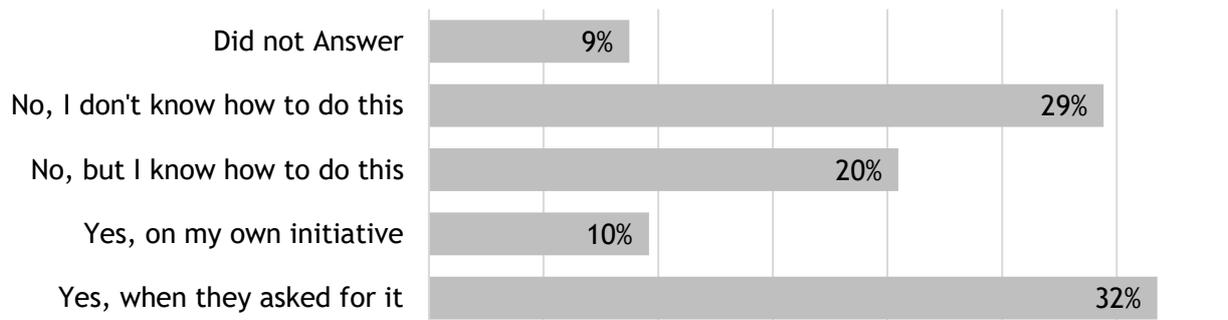


- *A newsletter every 6 months that could be in practice or downloaded*
- *Sign up to emails or updates from them*
- *Be more transparent about none personal medical changes i.e. when drugs are no longer available or appointment systems are changing. Much of this can be done online or in a practice newsletter to all patients.*
- *More verbal contact by phone or face to face*
- *Clear, simple, factual language/information required*

Giving Feedback

42% said they had given feedback to their GP practice either unprompted or when asked for it. However, 29% said they did not know how to do this.

Have you given feedback on your experiences to your GP Practice



Responses to our question about how people would like to feedback to their GP practice show that a variety of methods should be available. We also saw that there

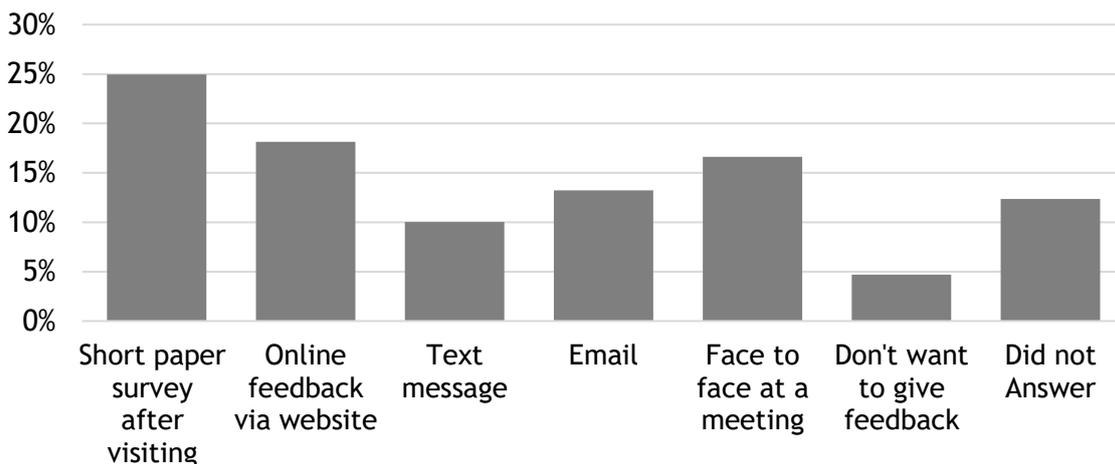
is an appetite amongst patients for providing feedback as only a small number said they did not want to give feedback.

From the free text question on our survey we gathered ideas for feedback methods and some concerns about whether feedback was welcomed and also comments about making sure there is a 'you said we did' feedback loop.

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*
 - *Make it obvious through a variety of ways how to engage with the practice and give feedback.*
 - *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.*
 - *Display feedback. Address negative feedback*
 - *More information on display in surgery waiting rooms. Feedback forms available in waiting rooms.*
 - *I don't believe they [GP practices] really want to do this. There are existing methods if they really wanted to*
 - *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.*
 - *We should be able to feedback positive and negative incidents to care practise immediately.*
-

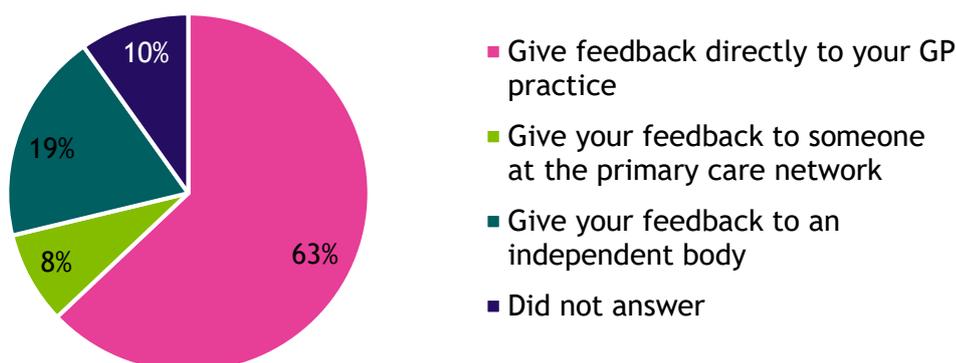
How prefer to feedback on GP services



- I am still not confident that patients feel comfortable giving honest feedback to their health service providers. I have seen other patients told that their opinions really didn't matter because the receptionist disagreed with their view. (I am no longer with that practice.)*
- More acceptance of feedback other than Doctor's view, and possibly one or two people to work solely on this route.*

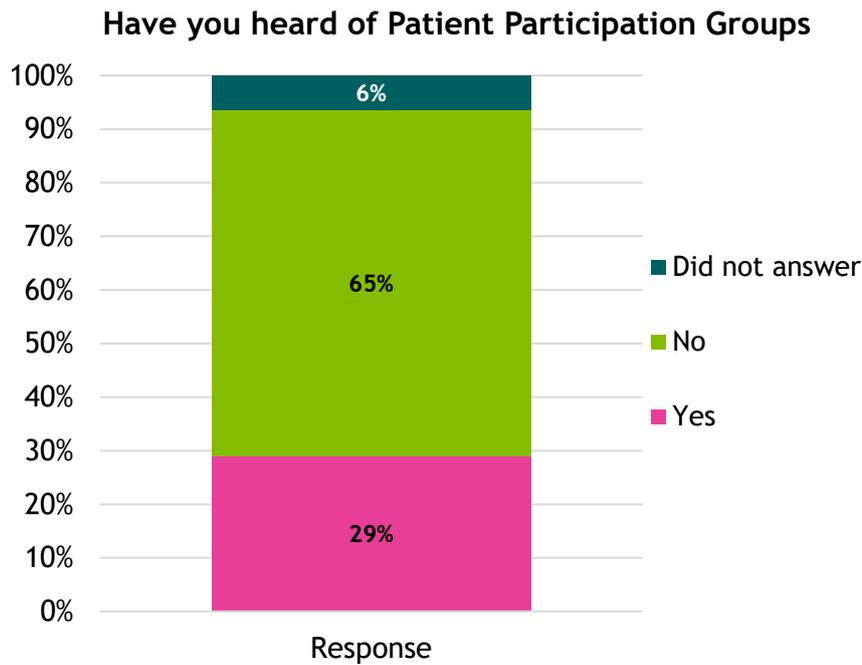
The majority (63%) would prefer to feedback directly to their GP practice and for others feeding back to an independent body was more popular than feeding back to a GP group (known as a primary care network).

Where to feedback to



Patient Participation Groups

All GP practices should have a Patient Participation Group, which patients can take part in to give feedback on GP practice services. We asked if people had heard of these groups and if they were involved in one at their GP practice. 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:

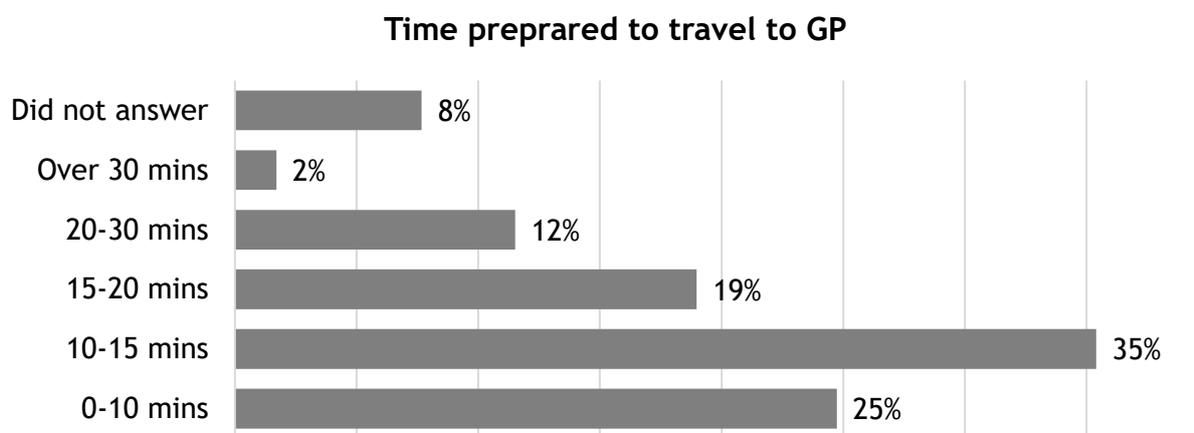
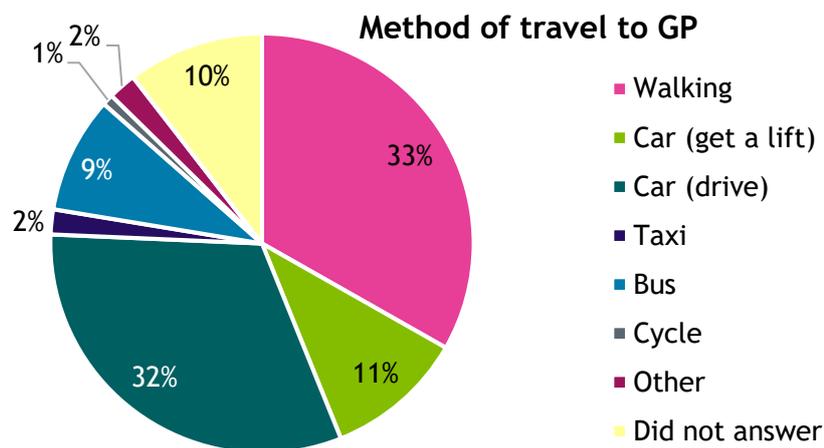
- I tried but meetings were cancelled at last minute and then disbanded*
- I would like to attend some patient participation groups but they are always in the day in the week. I can't attend these due to working full time so maybe an idea to have some evening/weekend sessions`*
- Involve PPG members 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*

Accessing GP services

Travelling to GP services

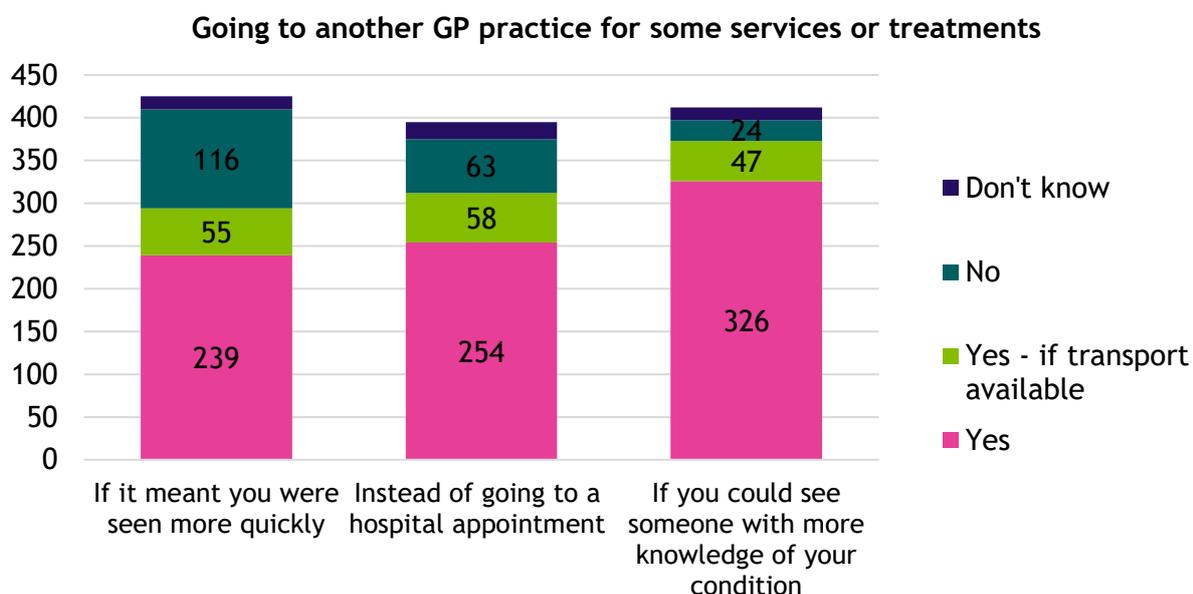
Walking and driving were the most common methods of travel to the GP practice. This was followed by getting a lift and using the bus.

The majority (60%) of people said they would be prepared to travel for up to 15 minutes.



Going to another GP practice for some services or treatments?

People were most likely to say they would be happy to go to another GP practice if this meant they could see someone with more knowledge of their condition. Being seen more quickly was not seen as such a strong reason to go to another GP practice.



3 Findings of Focus Groups

3.1 Women from BAME communities

We ran a 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

Use of IT: what are the positives?

- Text reminders of hospital appointments useful
- Two people were happy with the online booking system for the blood tests as they thought it was quick, easy and user-friendly system
- One person said they found it easy to repeat her and her husband prescriptions by phone or using apps on her phone.
- Majority of participants were happy receiving reminder text messages than telephone calls
- Some believed that services will be quick and easy through more digital and IT based. They said it will help them save their time and it will be easy to access

Use of IT what are the concerns?

- Nobody in the room had heard of the NHS App or downloaded it
- Majority agreed it will be difficult to us more IT based NHS services due to lack of knowledge/training
- Some believed using too many services through the apps, web sites etc will lead to a lack of communication rather than improving it
- They 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:

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.

Access to services:

There was discussion about access to GP services. Some were happy with GP telephone bookings but some were not. Two found it difficult to navigate services when they felt they had medical issues and were concerned they could not access the right help.

What might help you to use this kind of technology?

They all agreed that training would help. They said if NHS does TV ads or shows all how to use this will help. Addressing language needs was also seen as important. One person said pictorial and illustrations on how to use different services would help.

3.2 Parents of children with special educational needs (SEND)

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

Below is a summary of key points. A more detailed report of this focus group is available.

Use of IT: what are the concerns:

- A number of concerns and questions about security of information and data were raised and also a concern that if security processes are too involved and difficult, then people give up.
- Concern about accuracy of records
- Doubts whether it will tackle the problems of the poor communication across/between NHS organisations that participants had experienced
- One advantage of a face-to-face appointment is that it is fixed and we can work round it. Online brings more work and less certainty.

- Data usage is required (if no Wi-Fi available). People may not have data available to use technology and will be mindful of the cost when on a 'call'.
- Body language will give information on health and is only available face-to-face or on a video call.
- When using websites and going from link to link, it is very easy to get confused

Use of IT: what are the positives?

Meeting needs of particular groups
<ul style="list-style-type: none"> ● People who do not want to leave their house will appreciate a video call - especially as a follow-up appointment. For example, these people may include those with autism, anxiety, depression, mobility problems, and illness. Some older people and those with 'multi-caring' responsibilities may also appreciate this.
<ul style="list-style-type: none"> ● A video call is less intimidating than a face-to-face meeting.
<ul style="list-style-type: none"> ● Technology may assist and help develop support groups

Better use of time:
<ul style="list-style-type: none"> ● Chat boxes allow us to do other things while we are waiting for a response. They could be used for changing appointments, gaining information about the department/venue (for example is it accessible?) and general guidance on what I should I do
<ul style="list-style-type: none"> ● Using video links for multi-disciplinary meetings where people can call in from their own offices and ensure 'joined up' thinking could be effective. Could also assist in combining different assessments for example Autism (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).
<ul style="list-style-type: none"> ● It will assist with higher school attendance rather than taking time to travel to an appointment.

Referrals and patient journey
<ul style="list-style-type: none"> ● There is an opportunity to use technology to provide information on waiting times. A 'dashboard' could give information on who has been seen, whether information has been received and acted on, and track progress on the stage we are at in the process. Therefore, managing expectations about what happens next and making people feel that they haven't been forgotten.
<ul style="list-style-type: none"> ● Email communications are very useful just to keep people informed.
<ul style="list-style-type: none"> ● Manage the referral process more effectively, giving us information about timing of appointments, allowing us to book / make changes to these, help us track progress, and reassure us that we are 'in the system'.
<ul style="list-style-type: none"> ● Technology can offer options that ensure discharge [from a service] is made at the appropriate point rather than as a result of missing a face-to-face appointment.
<ul style="list-style-type: none"> ● It can also ensure information / results are available before a follow-up is triggered by the system.
<ul style="list-style-type: none"> ● Opportunities to support triage for example at Child and Adolescent Mental Health Services (CAMHS).

What guiding principles should be used when this kind of technology is used for patients to access information and NHS services?

● We should actively 'opt in'
● Choice of communication medium to be used. This is because there are various relevant factors which influence a patient's choice
● Flexibility. For example, there needs to be allowance made for essential face-to-face consultations
● To be able to choose what information is shared and with which service.
● The governance of the whole system must be clear and transparent, especially about controlling access and ensuring inclusivity.
● Rules need to be much clearer and applied consistently with a 'central place' where permissions to share data are given.
● Alerts whenever there is a change to the records and if information held is incorrect, we must have the right to correct and a route to address the issue.
● We need to have a choice over the security processes used for example fingerprint, face recognition or password.
● There needs to be a clear recognition of who is managing the patient's care. For example they may be a nominated carer, deputies, appointees, those with parental responsibility (PR), relevant person's representative (RPR), foster carer, and it must also account for those with powers of attorney and also young adults who deny they face a health issue.
● There must be set down procedures for certain situations (for example where protection is a concern) and where a 'red flag' can be used to ensure alerts go to appropriate individuals and professionals so immediate action or an identified process can be followed.
● There needs to be a robust contingency for systems failure.
● It should signpost people to appropriate services that would support the patient, based on the data held.

Could appointments be done in a different way?

People said they went to appointments not always because they were worthwhile but that they needed to go in order to stay 'in the system'. By not going, the fear was that they would be discharged and then have to start again.

Suggestions were:

- Face-to-face appointment are very likely to be needed early in diagnosis and then follow-ons could be a mix of remote or face-to-face.
- Follow-ups are critical. Frequently Asked Questions (FAQs) could be used as well as other tools that help patients see and track their progress.
- An appointment should only be triggered if the information required for a decision was available.
- Improvements need to be made around acknowledgments of referrals. Often referrals are 'lost', not only but especially in community-based services.

- Appointment rules are often 'restrictive'. For example, there may be no appointments left within 2 weeks and we cannot make arrangements after that because our contact has no access to the professional's diary.
- Referrals do not need paper letters. Texts, emails or telephone will be more effective.

When asked if they were generally positive about the use of technology and **assuming the principles they recommended were adhered to** they were all positive and raised their hands.

4 Conclusions

Summary of findings

We gathered the views of 469 people from Coventry through our survey and 23 people via focus groups on key aspects of the NHS Long Term Plan related to using technology within the NHS and bringing GP practices together.

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.

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.

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 it to access a GP more quickly and the increase was reflected across the age groups.

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.

For the suggestions we had previously gathered for ideas which might help those who do not currently use IT overcome barriers our survey indicated that someone to provide support to use the internet or training to develop the skills would be considered by some people.

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.

Parents of children with special educational needs had experiences of many different services within the NHS and social care and felt that services did not join up or communicate well. They gave a lot of detail about how referral journeys could be improved and supported by technology. They had strong concerns about security, information governance issues and consent. They identified face to face appointments that were not useful and the reasons for this.

People preferred GP services to be accessible within a short travelling time and getting access to someone with more knowledge of a particular condition was the strongest reason people gave for potentially being willing to travel further.

Most people did not feel that they were very informed by their GP practice and those who did not attend the surgery often said current communication methods seemed to be aimed at those who visit the practice building regularly. Therefore email newsletters were the strongest preference with other methods needed for those who do not use email.

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.

We collected lots of ideas about how GP practices could communicate with and engage with people indicating an appetite amongst patients for this. Patient Participation Groups were not widely known and most people highlighted paper surveys and electronic methods of feedback; feedback after using services and annual practice surveys rather than face to face meetings.

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.

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*

5 Recommendations

We recommend that the findings of this report are used by those who plan and run local NHS services in the following ways:

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	UHCW; CRCCG

	considering changing from face to face to other forms of patient contact	
Planning future services in Coventry	<p>Ensure that any plans to use technology for communication or to deliver a service take into account the following key principles:</p> <ul style="list-style-type: none"> 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 <p>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.</p>	Health and Care Partnership; Coventry Place Forum; CRCCG; Coventry City Council
Systems to support communication	<p>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.</p> <p>Patient record systems should include fields to record this information and allow for it to be shared between NHS organisations to inform care.</p>	GPs; UHCW; CWPT; CRCCG

6 Next steps

Healthwatch Coventry will be sharing these findings and recommendations with organisations in Coventry that are responsible for planning and providing NHS services in hospitals and in the community. We will share our findings with local GP services and those that plan these.

We will organise meetings to discuss the findings and actions to be taken to address our recommendations. We will also ask for this report to be added to the agenda of meetings which bring together organisations to talk about NHS plans.

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

7 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.

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9 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 (6 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.

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.

Survey questions

How should the NHS use information technology and how should GP practices communicate with you?

Healthwatch represents public interests in NHS and care services. We are not part of NHS services - we run independently. We are gathering your ideas so the NHS develops the right services and ways of communicating with patients. We will make sure NHS planners can hear what local people think to inform NHS plans in Coventry.

1. Where do you live?

Coventry

Warwickshire

Other please say

PART ONE

2. What do you use?

Do you have access to and use the Internet at home?

Do you use the Internet on the move - via mobile phone/tablet/IPAD

Do you use a mobile phone for texting

Do you use any apps

None of these

Tick all you use

3. How would you prefer to contact NHS services to organise appointments. *Tick the method you prefer for each type of appointment?*

Type of appointment	Phone	Website (online)	Face to Face	App	Other method - please say
At your GP practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dentist appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Blood taking appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hospital outpatient appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hospital scan appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

4. How would you prefer to hear medical test results eg from blood tests? (*tick one per row*)

	Yes- happy with this	No – not for me	Maybe	Don't know
Phone conversation with GP receptionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone conversation with GP, Dr or nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online - via website or app	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By text message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face to face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other please say				

5. If you need help or advice on a health matter would you consider talking to any health professionals via webcam/chat?

Please tick one

- Yes definitely
- Maybe
- No I wouldn't

Say why you think this

6. If a webcam/chat appointment with a GP was available more quickly than a face to face appointment would you use it?

Yes No Don't know

7. The NHS has developed an App for booking GP appointments, ordering repeat prescriptions checking symptoms etc

Tick one

- I have not heard of the App
- I have downloaded the NHS app and I use it
- I have downloaded the App but don't use it
- I would consider downloading in the future
- I don't want to use the App

8. People have told us that cost and access can be barriers to using computers/the internet to contact, book and use health services. What in the list below do you think would work to overcome these barriers?

Idea to overcome barrier to access via computer/Internet	Yes would help	No would not help	Don't know
Computers in GP practices for patients to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computers in community pharmacies/chemists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computers in community places for patient to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff to support people to use computers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other please say			

9. Any other comments about how the NHS should use technology to help patients use services?

PART TWO

GP practices in Coventry have joined together into 6 primary care networks. How would you like to get information from GP services and how you would like to give them your views?

10. How informed do you feel about changes and news about what is happening at your GP practice?

Very Somewhat Not informed

11. What is the best way for your GP practice to tell you about changes or news?

Pick the one you like the most?

Email newsletter	<input type="checkbox"/>	
Newsletter by post	<input type="checkbox"/>	
Practice website	<input type="checkbox"/>	
Social media (via Facebook; Instagram)	<input type="checkbox"/>	
Text message	<input type="checkbox"/>	
Notices/posters in the surgery	<input type="checkbox"/>	
Telephone	<input type="checkbox"/>	
		Other (please say)

12. Have you ever given feedback on your experiences to your GP practice?

Yes when they asked for it	<input type="checkbox"/>	No, but I know how to do this	<input type="checkbox"/>
Yes on my own initiative	<input type="checkbox"/>	No I don't know how to do this	<input type="checkbox"/>

13. How would you like to give views and feedback on the services you get from your GP practice and primary care network?

Tick the one you like the most

Short paper survey after visiting practice	<input type="checkbox"/>	Email	<input type="checkbox"/>
Online feedback via website	<input type="checkbox"/>	Face to face at a meeting	<input type="checkbox"/>
Text message	<input type="checkbox"/>	Don't want to give views or feedback	<input type="checkbox"/>

14. Would you prefer to...

- Give feedback directly to your GP practice
- Give your feedback to someone at the primary care network
- Give your feedback to an independent body

Tick One

15. A) Have you heard of GP Practice Patient Participation Groups?

Yes No

B) If YES are you a member of the Patient Participation Group of you GP practice?

Yes No

16. Any suggestion for how GP practices can develop communication and feedback routes?

17. How far are you be prepared to travel to reach you GP surgery?

Travelling time door to door (*Tick one*):

0-10

10-15 mins

15-20 mins

20-30 mins

Over 30 mins

18. What means of transport do you usually use to get to your GP surgery (*Tick the one you usually use*)

Walking

Car (get lift)

Car (drive)

Taxi

Bus

Cycle

Other please say

19. How would you feel about going to another GP practice for some services or treatments?

	Yes – happy with that	Yes if transport was available	No – prefer not to	Don't know
• If it meant you were seen more quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Instead of going to a hospital appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• If you could see someone with more knowledge of your condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ABOUT YOU

This information helps us to know if the responses we get are representative of the local population mix

Your age

Under 18
18-24

25-34
35-44

45-54
55-64

65-74
Over 74

Your gender (Pick the option that best describes the gender you identify as)

Male

Female

Other

Prefer not to say

Your ethnicity

African
Asian British
Bangladeshi
Black British
Caribbean
Chinese
Gypsy or Irish Traveller

Indian
Pakistani
White British
White Eastern European
Any other white background
Any other mixed background
Other

Do you consider yourself to have a disability?

Yes

No

I'd Prefer not to say

Are you a family carer?

Yes

No

Prefer not to say

Which of the following best describes you?

Heterosexual
Gay or lesbian
Bisexual

Asexual
Pansexual
Other

Prefer not to say

Do you have:

A long term health condition
Multiple health conditions

Neither
Prefer not to say

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