

# **GP Resource Evaluation**

March 2024

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## Introduction

Healthwatch South Tees (HWST) is the operating name for Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland. We are the independent champion for local people using health and social care services. We share your experiences of using these services, good and bad, with those that fund and deliver them. By highlighting good practice and what needs to change, we help to influence and shape service improvements in local health and care provision.

## Background

In August 2023 we produced our GP Resource which can be accessed by clicking the link below or through our websites which are detailed on the back page of this report:

### **"I need to see a doctor" – Top tips for accessing your GP practice.**

The information included within this resource was produced in collaboration with a range of professionals in response to the most common questions we heard from local people. We also wanted to raise awareness of the changes that are now in place in GP practice teams, to help people understand how to make the most of the range of options available from this service.

We printed 200 copies of the resource due to financial restraints. Because we were inundated with requests for this, we also produced an A4 poster with a QR code, for each local authority area, so that the resource could be accessed online, printed, and displayed in GP surgeries and beyond.

## Why evaluate the resource?

Following the launch, we received many positive comments from health care professionals. As a result of this, the North East and North Cumbria (NENC) Integrated Care Board (ICB) Healthwatch (HW) Network approached us with a request to produce a template of the resource so that other areas can use the transferable information and localise it as necessary. We have been pleased to have now produced this.

We wanted to find out if our GP resource was helpful to local people as well as professionals. With this purpose, we carried out a number of engagement activities in order to collect evidence of impact of the resource on local people.

## Methodology

Over a time period of two months, we contacted existing groups to either attend their planned meeting or arrange a consultation group to hear their feedback on the resource. We used the printed booklet for reference and a Power Point presentation, where preferred. Before presenting each section, we asked about existing knowledge of the subject area to establish a baseline of existing knowledge, then again after we had shared the information in the resource. The responses confirmed that participants had increased their awareness and knowledge about the information presented. Delivery was informal, encouraging engagement in the process by contributing comments and discussion. Notes were taken, which were then inserted into a table for analysis of findings which is included within this report.

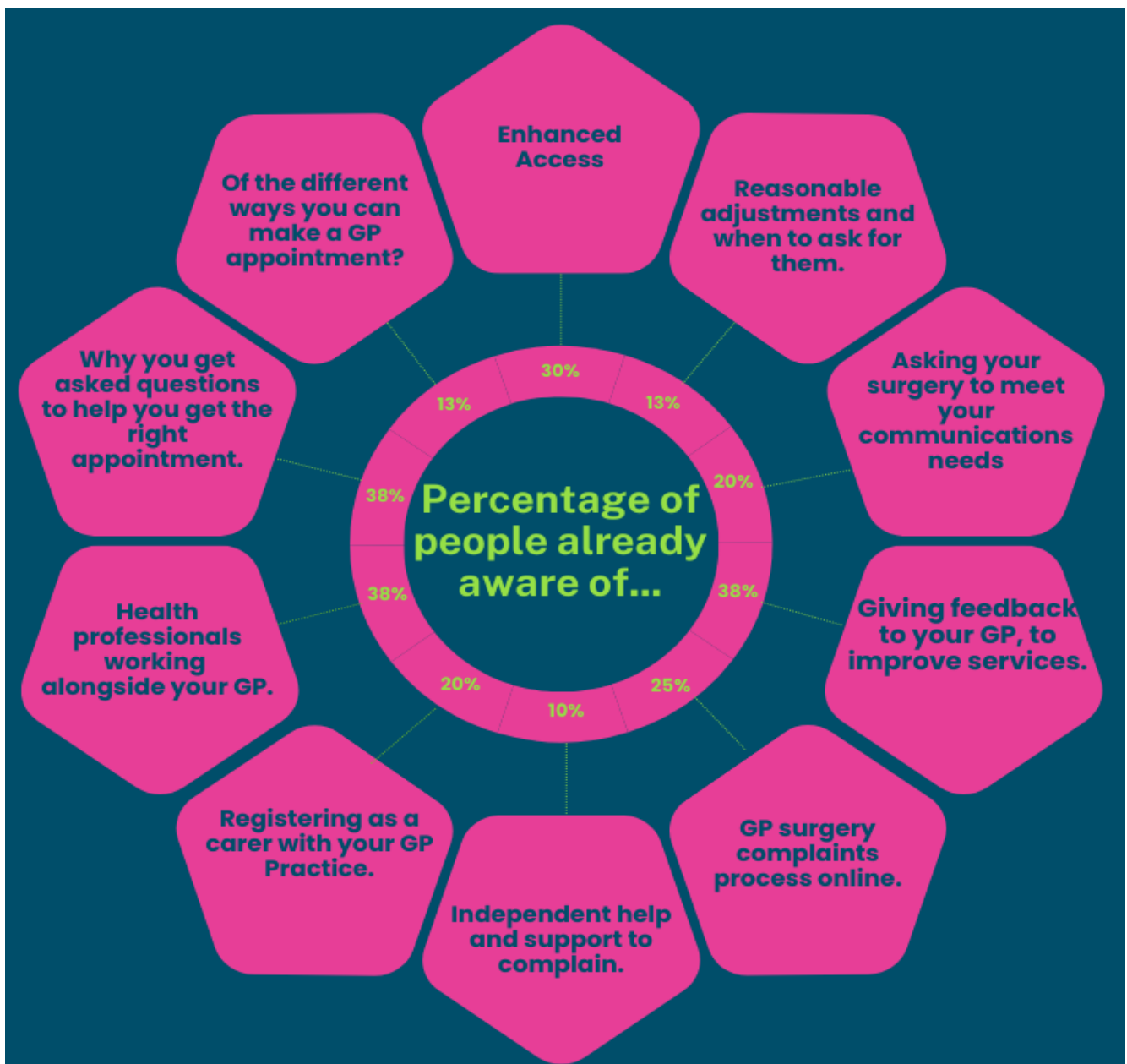
## What we found

### Key Fact

**100% of the people we engaged with found out something new from each area of the GP Resource.**



The following pictograms show the percentage of people who had some awareness of the areas covered and those that had little or no knowledge.





Although a proportion of the people we engaged said they were already aware of some of the information included in this resource, their knowledge and awareness still increased in relation to other areas we included. For example, some people had previously attended an appointment with a Social Prescriber or a Nurse Practitioner but were not aware of the breadth of additional roles provided through their GP Practice. Similarly, everyone was aware that appointments could be made over the phone, but none were clear about the variety of other ways appointments could be made.

66

*“I didn’t know myself or my mum could register as a carer for my sister. The information you shared will be very useful to us!”*

66

*“Knowledge of pre-bookable appointments is way easier than competing with the 8am callers.”*

## **What we were told**

Overall, the resource was very well received, especially in printed format. Some suggestions were made for improvements which we will consider and share with relevant stakeholders:

### **The Resource**

- The document is very long and could be simplified!
- What is the QR code for? Is it necessary? Some people can’t use them!
- The printed booklet is very important for people who don’t have or can’t use the digital version.

### **GP Practices**

Although people appreciated why the resource was produced, there was several areas that they suggested the resource couldn’t resolve due to the responsibility for these being out of our control and part of the system:

## Care Navigators

Below are comments shared about the role of the Care Navigator.

**“I am not fully confident the Care Navigator will make an appointment with the right person for my needs?”**

**“I don't feel comfortable talking to the receptionist about my personal issues.”**

## Access

The difficulty accessing the GP remains very predominant. Although one person said they had no difficulty, most comments related to the ongoing challenges in this area.

Commonly, people told us that they were disgruntled about the 8am or 8.30am timeslot for calling their GP Practice to get an appointment which is especially challenging for parents, carers, older people, and those with disabilities.

### Key Fact

**37.5% of the people we engaged told us that they sometimes avoided making an appointment because their GP was so difficult to access.**



**“The timeslot of calling for appointments at 8am is unfair and should change.”**



“

*“There is no solution to access for very vulnerable people and those who are housebound and there seems to be no care or responsibilities for this group especially if there is no family to help.”*

“

*“It is unacceptable for old and frail people to be waiting in a queue outside of the surgery at 7.30 in the morning because they see no alternative way of getting an appointment.”*

### **Communication**

Language barriers present additional challenges for making an appointment and triaged to the right professional for their individual needs.

Some people who needed translation services were aware they could ask for this to be provided but were frequently denied this service or arranging it meant an unacceptable delay before an appointment could be accessed.

“

*“111 services have been better at providing translators in many cases.”*

## Reasonable Adjustments

The information included in this resource that most people know very little about was reasonable adjustments and when to ask for them. However, the participants who were parent carers of children with disabilities were more aware of this than other participants.



***“ We are able to access lots of online help for families that need this support to access healthcare.”***

## Conclusion

Undertaking this evaluation has demonstrated that our GP resource has had a positive impact on everyone we engaged with. Whilst the resource is helpful in both digital and printed versions, there are recommendations for improvement, that will be considered in the production of similar resources in the future.

There are areas outside of our control that remain challenging, particularly in relation to GP Access. This problem is identified as a national issue, and the NHS are considering alternative measures to address this. Those most affected by this issue are more likely to need higher levels of health and social care support, and the consideration of these needs are vital in this planning.

We are committed to continuing to find local solutions to support local people and our GP resource is one way in which we are demonstrating this. As we move forward, we believe that positive change comes from empowering people to use their experiences to shape future services. In this vein, we have prioritised our work during 2024/25 to continue to support GP practices, promoting good practice and developing positive outcomes from patient involvement and patient participation groups.

## What we have done so far

- Production of HWST Resource 'I Need a Doctor'.
- Produced posters to raise awareness of the resource.
- Produced a template of our GP resource for the NENC HW Network and other national local Healthwatch's (LHW'S) to use locally.
- Agreed with the Londonwide Local Medical Committee (LMC) to use our GP resource working in their short promotional videos to be shown in GP waiting rooms nationally.
- Carried out two impact evaluation workshops with local people to evidence the usefulness of the information in the GP resource and produced a report of our findings to share with key stakeholders across South Tees.

## Acknowledgements

Healthwatch would like to thank everyone that has been involved in this evaluation, particularly:

- Our local GP Joint Patient Group
- Nur Fitness
- Parents 4 Change

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