

**Project Initiation Document**

**Project Details**

Project: GP Access in the post Covid world (working title)

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**Document Details**

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| 1       | First proposal                                | Nisha Devani/Marzena Zoladz                 | 15/07/2020 |
| 2       | Redrafted following comments of LBHF meeting. | Nisha Devani/Marzena Zoladz/Maisie McKenzie | 20/07/2020 |

**Approvals:** This document requires the following approvals:

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## Project Description

A two-stage research project examining patients' experiences of GP access during the COVID-19 pandemic in order to help shape and guide plans going forward. The project will bring together patients, GPs and vulnerable and disadvantaged patients/community groups to identify and explore patient experiences of, and key issues around access, and co-produce a framework/standard for the GP Access offer in the recovery period and beyond.

## Project Background

When it became clear that social distancing measures were going to be put in place in order to reduce the spread of COVID-19, GP surgeries across the country were urged to reduce face-to-face consultations and instead, assess patients remotely. Although the use of technology is not new in health and social care, for example, the NHS app allows patients to order prescriptions, it is evident that during the pandemic the uptake of the digital offer has become more common and widespread. In March 2020, registrations to use the app increased by 111%, indicating the increased reliance on technology whilst social distancing measures were being followed.<sup>1</sup>

According to the Consumer Digital Index 2019, 4.1 (8%) million adults in the UK are offline, and 1.9 million people (22%) do not have the essential digital skills needed for day-to-day life. Digital disengagement is also found to be higher amongst older people from minority ethnic backgrounds.

From this, it can be argued that there is a risk that improvements to health outcomes resulting from the digitalisation of health care will only be for those who are more willing and/or able to engage with managing their health through the use of technology.<sup>2</sup>

People who are unable to engage with technology due to cost or choice can become digitally excluded and are more likely to be socially and economically disadvantaged. They are likely to have lower incomes, and to be from a lower socio-economic background resulting in poorer health than those who are digitally included. For example, only a fifth of over-75s in the lowest socio-economic group use the internet.<sup>3</sup> Vulnerable groups such as elderly people, asylum seekers and refugees and households living in poverty are hit hardest as they are reliant on pay as you go phone tariffs and cannot afford wi-fi, therefore are unable to access the health services that they need.<sup>4</sup>

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<sup>1</sup> [Ohe.org/news/digitalisation-health-care-during-covid-19-consideration-long-term-consequences](https://www.who.org/news/digitalisation-health-care-during-covid-19-consideration-long-term-consequences)

<sup>2</sup> Lloyds Bank Consumer Digital Index, 2019.

<sup>3</sup> ILC Commentary, *Straddling the Divide, Digital Exclusion During Covid-19 and Beyond*. May 2020

<sup>4</sup> <https://www.theguardian.com/world/2020/apr/28/digital-divide-isolates-and-endangers-millions-of-uk-poorest>.

The latest NHS Digital data <sup>5</sup> shows a 30% fall in the overall number of GP appointments in England in March. Face-to-face appointments have fallen and have been partially offset by a rise in telephone appointments. This data may not count other kinds of appointments taking place, such as in hubs, or telephone triage, but they may also reflect a drop in the number of patients contacting their GP.

Whilst there are many positive aspects of this change, there is a need to involve the community in understanding and embracing the new digital opportunities, as well as evaluating and ensuring that any future decisions do not create or exacerbate health inequalities and access issues.

To enable communities to be involved in and embrace the developments in primary care, there must be some consideration to directly address the barriers to digital inclusion in the community and support disadvantaged groups to master digital skills. Third Sector organisations such as Open Age, are offering training for people over 50 around digital platforms such as Zoom. Irrespective of innovations, there will always be a subset of those who struggle to utilise these innovations.

As well as supporting and improving skills of individuals and communities who wish to access services digitally, there needs to be some consideration to directly address the barriers to digital inclusion in the community and review the needs of those that cannot, do not or are unable to be involved in these developments.

Even though the use of technology has increased and digitalisation is due to go mainstream within the NHS system, there has not been time to research the impact on health outcomes, patient experience, or health-related inequalities of using digital platforms.

We need to ensure that all GPs can offer adequate options of access to patients including technological solutions to enhance the GP Access offer including face to face and other services.

Working in partnership with the LBH&F HWB, the aim of this project is to support resident engagement to explore their experiences, to find out their views, and the impact of accessing health and social care services digitally on them and those who support them, focusing on access to GP services.

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<sup>5</sup> The Health Foundation, *How might COVID-19 have affected people's ability to see their GP?* May 2020

## Project aims and objectives

- i. To gain an understanding of patient experience of various GP appointment types (face-to-face, telephone consultation, eConsult/video consultation) to primary care services during the pandemic.
- ii. To facilitate a series of discussions with GP clinicians, patient groups, residents, disadvantaged groups and others to explore GP access experiences, options and opportunities, and develop a shared vision for the future.
- iii. To explore any barriers to access to primary care that have been experienced in the past by those most vulnerable and ensure the vision for the future allows for parity of access.
- iv. To co-produce a standard/framework, and a series of recommendations for GP access in the Covid-19 pandemic recovery period and beyond.

## Project scope

To collect qualitative and quantitative patient experience feedback on GP access routes during the pandemic. [Survey - more detail below]

To bring all the parties together to understand the range of ambitions and challenges and produce a shared vision and set of local standards, with guidance, for GPs planning to develop their online consultation and access offer going forward. This will include ensuring that online consultations do not exclude any residents from accessing a GP. [Co-production workshops/ focus groups - more detail below]

To focus on those communities that may be disadvantaged, vulnerable or experience health inequalities. For the purpose of this project, this will include a focus on the north of the borough, BAME communities, those who do not speak English as a first language, older residents and those with sensory impairments.

- 1) A Borough-wide survey to be developed with key partners and stakeholders, seeking feedback on areas including:
  - Experience of face-to-face GP consultations
  - Experience of telephone GP consultations
  - Experience of digital triage questions/form
  - Experience of video GP consultation/eConsult
  - Satisfaction with access routes and preferences
  - Suggestions and ideas for development and improvement of the above
  - Limitations and barriers of the above

- 2) Series of co-production workshops/focus groups with residents, primary care clinicians and others to:
  - a. Examine survey feedback
  - b. Understand commissioner and provider intentions around GP online consultations and other access routes/offers being proposed
  - c. Explore any barriers, limitations, and community concerns to the direction of travel, options and opportunities
  - d. Pay particular attention to disadvantaged groups and those with accessibility needs
  - e. Co-produce a standard/framework and series of recommendations for primary care to take forward

### Limitations

The project will be focused on GP services, however there may be opportunity to explore the experiences of access to outpatient appointments (and other areas) during the pandemic. Recommendations will be identified to support future developments of these services through both additional survey questions and the outcomes of the co-production workshops. These will likely be relevant for other services when considering their changing access route options going forward.

This project will not seek to examine the Standard Operating Procedures in place nationally for GPs around virtual consultations. Instead it will seek to facilitate production of a locally led shared vision and charter/framework/set of standards around comprehensive GP access, incorporating the new digital platform offer accelerated by the current pandemic.

### Outputs and Outcomes

The project will:

- Produce and publish a report outlining survey responses
- Facilitate and write up co-production workshop discussions
- Publish a co-produced local framework/set of standards around GP access routes/ 'the access offer', for commissioners and providers to use to drive forward strategic plans and implementation
- Clearly identify and outline the barriers and limitations that may be experienced by disadvantaged and vulnerable community groups and ensure these are adequately addressed within the framework/set of standards

## Project Approach & Methodology

1. **Survey** - Questions agreed with key partners and stakeholders. The survey will be borough wide and promoted through CCG and LBH&F. Linked to the Healthwatch H&F website and social media for promotion, partners and stakeholders will be included and asked to distribute to their service users, for example, SOBUS, Dementia Access Alliance, Age UK, Open Age, local residents organisations, HAFSON, Carer's Network, The Advocacy Project, sensory impairment support and voluntary sector groups, Somali community groups, Foodbanks, Mosques and other religious venues of relevance, and others.

The NHS consultations implementation toolkit will be used as a reference point during the survey phase<sup>6</sup>. The toolkit recognises that online consultations can enhance the experience of care for patients and support general practice in managing time and workloads, improving both access and sustainability, but that consultation and delivery needs to be thoroughly worked through and co-produced with patients. It provides clear messaging and guidance that is person centric and that takes opportunities from lessons learnt.

If required, we will set up telephone call interviews to help residents complete the survey should they need assistance. We will also seek to work with the GP Federation and our GP partners to explore opportunities to utilise GP texting to promote the survey through practices situated in areas with a high density of relevant target groups e.g. BAME communities, older population groups, areas of deprivation etc.

Paper copies will be produced, and freepost envelopes provided. We will work with our partners including H&F Foodbank and Age UK to help distribute the paper copies to residents. We will consider translation of the survey where appropriate and work with local communities to help reach to people they support.

We will collect monitoring and equality data and as best as possible ensure that uptake is reflective of the borough's population profile. Where gaps remain, we will ensure these are addressed through the second stage focus groups/workshops

Approx. XXXX to be distributed.

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<sup>6</sup> Using Online Consultations In Primary Care, NHS England. 2020

**2. Workshops** - Co-production sessions facilitated by Healthwatch Hammersmith & Fulham. There are 29 GP practices in the borough and the proposal is to arrange co-production workshops/focus groups within the 5 PCN's in the area. Approximately 2 focus groups (with approximately 10 -15 attendees) will be arranged per each PCN. Additional focus groups will be arranged to reach to seldom heard, disadvantaged and vulnerable communities if gaps in engagement are identified.

Invites will be sent to both residents and primary care clinicians so that there can be an all-round discussion to gain views and opinions, and reach a consensus. Again, invites will be sent out in partnership with CCG and LBH&F. Sessions may need to be virtual if government measures are still in place and this will need additional consideration to be able to include all that want to participate.

The aim is to reach 80-100 attendees. As it is widely evidenced that deprivation impacts health inequalities, we will carry out engagement in the more deprived, north of the borough.