

# Future Primary Care in the Black Country

## Engagement report

August – September 2024



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# Executive summary

This report is about an involvement exercise carried out during August and September 2024 to explore and test key proposals detailed in the Future Primary Care outline transformation strategy with people and communities across the Black Country. The exercise allowed us to bring people/patients (and workforce) along on the journey of transformation and presented us with a window in which to talk to stakeholders in each of our 4 Places.

This report shares the independent analysis of the feedback from that involvement exercise.

## Who we reached

Overall, 1208 people provided feedback during the involvement exercise by completing a survey, joining a focus group or by taking part in a community conversation hosted by a Voluntary, Community, Faith and Sector Enterprises (VCFSE) sector partner.

685 people responded to the survey (621 online and 64 paper submissions).

35 people participated in five focus group discussions hosted in the 4 Places across the Black Country.

27 organisations were awarded microgrants through which we were able to collect insights from 488 people about the barriers and unique challenges minoritised groups face in accessing primary care services.

A series of People Panels and over 40 community conversations were hosted during the involvement period.

## Summary of findings

Several themes emerged from the microgrant awardee feedback we received, and the following came through strongly:

- Patients struggle to make timely appointments and perceive reception staff as 'gatekeepers', with patients feeling they have limited/no choices when booking an appointment – e.g. who they see, when they see them and how.
- Many local people face barriers to accessing online services - patients want flexibility in how to book an appointment and to not feel pressured to do this online.
- When attending appointments, patients often feel rushed with not enough time to communicate all their needs.
- Some minoritised groups face shared their unique barriers to accessing GP services. They want these to be understood and accommodated to ensure equal access.
- The attitude/manner of health professionals is important - patients want to feel respected and be treated as an individual.

This report provides a detailed overview of the specific barriers that minoritised groups face, as well as suggestions to help overcome barriers from the participants themselves.

## **Our Primary Care Vision**

42% of survey respondents understand the vision and 51% do, to some extent. Just 2% said they did not and 2% were unsure.

### **Priority 1: Non-complex same-day care**

Survey respondents were asked how much they agree / disagree with four different approaches to providing non-complex same-day care. Similar proportions agreed that:

- Patients wanting to see a health professional on the same day should be assessed on their clinical need (86% strongly agreed / agreed).
- Patients should be signposted to the right professional to support their health or care need, which may not be a GP (84% strongly agreed / agreed).
- If the needs of the patient do not require same day access, they can be seen in a routine appointment in the future (83% strongly agreed / agreed).

However, a notably smaller proportion agreed that 'If appropriate, patients should first use the NHS website / app or go to a pharmacy for advice' (59% strongly agreed / agreed).

Further analysis revealed that there was greater objection to these different approaches among older people, particularly with regards to using the NHS website / app or pharmacy for advice. Agreement with these different approaches was also found to be lower amongst Asian / Asian British respondents, compared to those who identified as Black / Black British and White - English, Welsh, Scottish, Northern Irish, British.

Respondents were also asked how much they agree / disagree with seven different approaches to improving access to healthcare professionals. Respondents expressed greater satisfaction with:

- Appointments that are available at evenings and weekends (87% very happy / happy).
- Self-referral for urgent eye care services (78% very happy / happy).
- Self-referral into specialist services (74% very happy / happy).
- Pharmacy services as an alternative to your GP for common conditions (73% very happy / happy).
- New roles in addition to GPs, such as first contact physiotherapists, pharmacists and paramedics (70% very happy / happy).
- The use of digital tools and data such as the NHS app and online forms for requesting repeat prescriptions or to view test results (67% very happy / happy).

Overall satisfaction was notably lower about patients being triaged by staff at the reception desk (54% very happy / happy). Further analysis revealed that satisfaction with the use of digital tools and data was higher for younger age groups. The youngest age group (<29 years) also had much greater satisfaction with triage by staff at the reception desk compared to all other age groups.

Respondents were asked how they think their GP practice can raise awareness and confidence amongst patients in these new ways of accessing healthcare appointments. In terms of raising awareness, most talked about the importance of face-to-face engagement. To raise confidence among patients, respondents talked about promoting the benefits of these new ways of accessing healthcare appointments and demonstrating positive experiences and that these strategies work. Notably, comments were made about the accessibility of these new ways with concern that they will exacerbate health inequalities for some minoritised patients, for example those who are computer/digitally illiterate, the elderly, those from ethnic minority groups and/or those with a learning disability.

Half of respondents (52%) said they would feel very comfortable or comfortable, whilst 28% would not feel comfortable, being signposted to other services. Respondents were asked how they would prefer to be signposted to other services other than a GP when it is appropriate. Most respondents (62%) indicated that they would prefer to be signposted via a telephone call, whilst half (49%) selected walk in / in-person. Approximately a third would be happy to be signposted to a website (39%) or an app (38%).

## **Priority 2: Planned Care**

Survey respondents were asked their thoughts about priority 2 and having neighbourhood care teams to support people with more complex needs. In terms of the benefits of this:

- 93% strongly agreed / agreed that the approach will ensure that medical and social care needs are addressed before they escalate, reducing Emergency Department attendance and emergency admissions.
- 91% strongly agreed / agreed that the approach will improve the management of long-term conditions and reduce inequalities.
- 89% strongly agreed / agreed that the approach will improve patient experience by providing continuity of care from a named professional and by treating patients' whole care needs and using expertise from different teams.
- 85% strongly agreed / agreed that the approach will improve staff wellbeing through flexible working in different teams to put patient needs first.
- 82% strongly agreed / agreed that the approach will provide continuity of care with a multi-skilled team working together to manage needs, releasing GPs time for patients with the most complex needs.

No / very little difference was observed in terms of area, age, ethnicity or disability/long-term condition.

Just under half (48%) would be willing to use pharmacies to support long-term condition management, whilst 23% would not. Further analysis revealed that:

- The greatest proportion of respondents from Walsall indicated that they would be willing to do this (74%), with willingness lowest in Sandwell (62%).
- Willingness decreased with advancing age (93% of those aged <29 years would be willing compared to 59% of those aged 60-74 years and 70% of those aged 75+ years).

- Willingness was greater amongst those who do not have a disability / long term condition (75%, compared to 61% of those with a disability/long term condition).
- Willingness was lowest amongst those who identified as Asian / Asian British (63%) and comparable for Black / Black British (70%) and White - English, Welsh, Scottish, Northern Irish, British (69%) respondents.

A third (37%) have used Pharmacy First services in the past. Of these, 47% described their experience as excellent or very good, 20% as good, 18% as neither good nor poor and 16% poor or very poor. Further analysis revealed that those who identified as Asian / Asian British were slightly more likely to have used the service (49%) compared to those who identified as Black / Black British (34%) or White - English, Welsh, Scottish, Northern Irish, British (40%). However, they were the least likely to rate the service positively (5%) along with those who identified as Black / Black British (9%) (18% of those who identified as White - English, Welsh, Scottish, Northern Irish, British rated the service positively).

Satisfaction was highest amongst those from Walsall (25%, compared to 10-16% in other areas) and those who did not have a disability / long-term condition (22%, compared to 11% of those with a disability).

Respondents were also asked if they had any concerns about utilising pharmacies this way. 220 individuals provided a free text response. Key concerns related to:

- The expertise of pharmacy staff, particularly in relation to their knowledge around complex long-term conditions (11%). Comments were made about pharmacists 'not being doctors'.
- Capacity issues with many perceiving that pharmacies are already under great pressure (9%).
- Misdiagnosis and conditions being missed, including concern about the issuing of incorrect antibiotics (8%).
- Pharmacy staff being restricted as to what health conditions / patients they can provide advice / treatment for (e.g. age and presence of a long-term condition) (8%).
- Privacy and facilities, including access to a private and clean consultation space and seating areas (7%).
- Tendency to direct patients to GP or other health services (6%).
- Quality-of-service dependent on the health condition and the pharmacy / pharmacy staff (5%).

To a lesser extent, respondents raised concern about pharmacy staff not having access to medical records and the problems this might cause (4%), accessibility issues for those who face language barriers / need an interpreter or have a sensory impairment (2%) and the cost of over-the-counter medication (1%).

### **Priority 3: Preventative Care**

Respondents were asked what more primary care services could do to support patients with simple leisure and lifestyle adjustments to help them remain healthier, happier and more independent for longer. 539 individuals provided a free text response.

- 12% were not sure or felt that this was the responsibility of the individual, whilst 8% talked about the need to provide better patient care (i.e. improved access to appointments).
- Those who did provide a suggestion talked about providing more information, advice and encouragement to people in terms of what they need to do to maintain a healthy lifestyle as well as promoting the services that are available to them in their local community (26%).
- A further 5% identified that there needs to be greater engagement with local communities to help GP practices understand what is available.
- 16% felt more could be done to support patients to access health and wellbeing services / activities by tackling the barriers that patients face in doing so i.e. through negotiating free / low-cost activities and memberships, subsidising / provision of transport, evening and weekend availability, shorter waiting times, self-referral options and less stringent accessibility criteria e.g. Body Mass Index thresholds.
- 14% talked about how primary care services could offer more one-off events or weekly groups to support patients with different aspects of their lifestyle including physical activity, healthy eating, self-care, mental wellbeing, socialisation and long-term condition management, whilst 9% suggested that there should be greater use of social prescribing / signposting to existing services.

Other suggestions related to more regular reviews, check-ups and opportunities for discussion (7%), one-to-one support from health professionals / health coaches (4%), improved access to specialists (i.e. physiotherapy, occupational therapists, dieticians) (3%) and greater support and consideration for specific minoritised groups (3%).

### **Delivering the Future Primary Care in the Black Country Vision**

When asked whether the priorities and approaches in the outline strategy would help us deliver the vision, 14% of respondents felt the approaches would deliver the vision, whilst 55% felt they would to some extent. In contrast, 11% said that they wouldn't and 19% were unsure. No / very little difference was observed in terms of area, age, ethnicity or disability/long-term condition.

Some made positive comments about how the strategy was very much needed and a step in the right direction (6%). Others noted how it will help improve services and experiences by directing patients to the right professionals (3%) and how it will enable better use of services, freeing up GPs (2%).

The main concern however, related to funding and workforce / resource constraints (31%), with many perceiving that unless investment is made, and effort is taken to enhance the workforce then there will be little change.

There was also strong feeling that it will be difficult to get patients / the public on board with the changes and that the inappropriate use of services and the expectations and importance patients place on seeing their GP will continue (19%).



Others felt the strategy was too ambiguous and lacked detail, with some expressing scepticism about the strategy's implementation and success (16%). Some referred to failings of similar previous strategies / work, whilst others highlighted the importance and evaluation and monitoring.

Emphasising the issues that the NHS is currently facing, an additional 7% felt that 'much more' is needed. 9% discussed how the strategy's success depended upon it being embraced by all healthcare, social care and local care providers, ensuring that everyone is working towards the same objectives. There was scepticism of how this will be achieved with the current system perceived to be fragmented.

The same proportion (9%) raised concern about accessibility for minoritised groups, who are felt to have more complex care needs. There was feeling that the strategy does not consider the needs of these groups and will potentially exacerbate the barriers that these individuals face in accessing healthcare services.

Finally, respondents were asked if they had any other ideas as to what need to be considered in the primary care strategy. 392 individuals provided a free text response. Key suggestions related to:

- Addressing / improving appointment systems within GP practices. Respondents expressed frustrations around the triage process, waiting times, phone systems and expressed a need for greater availability of both online and face-to-face and weekend/evening appointments.
- Consider access for all including minoritised groups (i.e. carers, ethnic minority groups, the elderly, those who are digitally illiterate and those with a disability/long-term condition including neurodiversity, autism, hearing / sight loss).
- Greater focus on specific areas including mental health, prevention and screening / diagnostic services, ageing well, dementia, women's health and dental care.
- Listening and talking to patients / communities and delivering patient-centred, holistic care. Comments related to understanding needs and concerns and evaluating and reporting back on progress / changes.
- Greater collaboration and communication needed throughout the system, including IT systems.
- Patient education and communication is imperative.
- Consider funding and resources (including premises).
- Ensure greater consistency in terms of quality and delivery of care between different professionals, practices and areas.
- Consider the role of / work with voluntary and community sector.
- Provide more community / mobile clinics and care.



# 1 Introduction

Primary care plays a central role in our communities, offering care, support and guidance to people at all stages of life. As the NHS Black Country Integrated Care Board (ICB), we are responsible for planning health services for the 1.26 million people in the Black Country. A key part of that responsibility is to make sure there is access to safe, timely and effective primary care services.

Primary care includes general practice, community pharmacy, dental and optometry services. These services are often the first places people go to for help with their health.

The NHS is facing increasing demand. We know that access to primary care is a challenge and that despite the hard work of those in primary care, the current way of working is not meeting the demand. There are a number of things that are creating the challenges now for general practice:

- high demand for services
- there are an increasing number of people living with complex and long-term health conditions and this is set to continue
- locally there are significant challenges that contribute to health and social problems
- it is hard to recruit into some roles in primary care, the workforce is getting older, and we are losing doctors to more attractive roles

Looking to the future, we know that primary care needs to improve to make it work better for us all. The traditional way of providing and accessing primary care is not able to manage the increasing number of requests for care. Only by listening to, and working with people who provide and receive services will we create a fairer and more effective primary care system that meets the needs of our people and communities.

[We have set out our ambition to improve primary care in a five-year strategy which is available to read here.](#)

## **Our Primary Care Vision**

Our vision for Primary Care in the Black Country is fairer access to high-quality health and care for all, building resilient communities with improved health outcomes. Our mission is to empower people, carers, staff and volunteers, with the know-how, ability and tools to access care that meets their unique needs, closer to home.

By creating a supportive and innovative environment that encourages mutual respect and collaboration among health and care providers across the System, we aim to reduce health inequalities, and make sure everyone gets the right care they need.

Our priorities are:

- Improve and streamline "unplanned care" for illnesses and/or injuries that are unexpected and not life threatening but need medical attention quickly making it easier for people to access the right support first time.
- Enabling and equipping communities to lead on "preventative care": Prevent ill health by using and sharing data with our partners about the health needs of local communities and working with community experts to provide resources for better health education and support.
- Managing complex conditions better through improved "planned care": Addressing the care needs of those in the Black Country living with chronic health problems by making care more personalised, improving continuity, and increasing integration and collaboration among care partners.
- Skill and capability development: Enable primary care colleagues to perform at their best and provide consistent training and development opportunities.

The vision for primary care is to improve care, whether it is needed urgently or to manage long term conditions. We want to shift more resource into planned and preventative care to reduce more urgent need. We also want to focus on building local primary care teams (not just GPs) working together more closely with other services to support people when they have an urgent unplanned need. This will make it easier for people to get the help they need and have a better experience.

### **Key conversation areas for the conversation**

The approach up until now had been driven by involvement with the people who provide and receive primary care, but we needed to develop the strategy further with ideas that come from our local community and that are supported by the health system.

We wanted to understand local people's views on areas in this strategy so that together with the Primary Care workforce and health leaders, we can start to improve things further.

Some of the initiatives described in the strategy are already being put into practice (such as new telephone systems, extended healthcare teams which include nurse practitioners, health and wellbeing coaches) throughout the Black Country in response to national policy (i.e. Primary Care Access Recovery Plan). However, it's crucial that we explored a range of different approaches to developing, raising awareness and improving confidence in new initiatives.

We wanted to invite new ideas and test people's comfort with how we might steer patients towards other suitable services such as Pharmacy First, social prescribers and other community services to free up GP appointment availability.

We also wanted to hear what more could be done to help people stay well for longer and what other service providers, agencies and organisations you'd expect to see involved in co-designing the future of primary care as well as your care.

It's important that we created ways for people whose voices all too often go unheard, to share their experiences of accessing or receiving planned, unplanned and preventative primary care services.

This was also summarised in our 'Future Primary Care Conversation' document. A copy, along with alternative format versions, can be found in [Appendix 1](#).

The analysis of the involvement findings, as well as this report, were completed by Stand, an independent, specialist patient and public involvement agency with a long history of informing health policy, strategy, service design and transformational change programmes.  
([WeAreStand.co.uk](http://WeAreStand.co.uk))

Together Stand's experienced specialist team holds a range of relevant professional accreditations.

We would like to thank all the voluntary and community sector organisations who participated in the exercise and who helped to gather a large and diverse range of responses.

## 2 Methodology

### 2.1 Involvement activity

A public conversation period took place from 12<sup>th</sup> August to 20<sup>th</sup> September 2024 and consisted of the following activities:

#### 2.1.1 Survey

A survey was created that ran throughout the whole conversation period with a total of 685 responses being received. The survey targeted the whole population with the opportunity for respondents to give us their views on unplanned care, access to professionals, raising awareness of ways of working, planned care, pharmacy services and prevention.

The survey was hosted online, but over 700 paper copies were also distributed via community conversations, attendance at local events, libraries and GP practices, People Panels, requests from Patient Participation Groups (PPGs) and voluntary, community, faith and social enterprise (VCSFE) sector colleagues. We also offered the opportunity to fill in the survey over the telephone or to receive it in different languages, large print and easy read. We had one request to translate the conversation documents into Punjabi which we facilitated, and then filled in the survey over the phone with a Punjabi speaker.

Survey questions available at [Appendix 2](#)

## 2.1.2 Microgrant scheme

We recognise that one size doesn't fit all, and as part of our involvement approach, we committed to working with trusted voices from our communities and VCFSE sector to ensure the voices of people from underserved communities were heard. We invited local groups and organisations across the Black Country to host events or community conversations which help us to 'listen, act and respond' to people's views and experiences on primary care in the Black Country. Small grants of £375 per organisation were awarded to support the resourcing of these conversations.

We launched an expression of interest through our Get Involved network and invited applications from organisations that work with and support:

- Victims of domestic violence
- People in the criminal justice system/ex-offenders
- Sex workers
- Homeless and rough sleepers
- Asylum seekers, refugees or people who've recently settled in the UK
- Children and young people
- People living with a sensory impairment
- People living with autism or a learning disability
- People recovering from drug or alcohol addiction
- People approaching end of life
- Gypsy/Roma/Travellers
- Lesbian, gay, bi-sexual, transgender, queer (LGBTQ) community
- Long term unemployed
- Black, Asian and/or minority ethnic communities

We had originally budgeted for 15 small grant awards, but we received an overwhelmingly positive response from organisations wanting to be involved (42 expressions of interest received in total). The decision was made to extend the funding available to grant up to 30 awards (awards were made to 27 organisations) to ensure we could hear from a diverse range of people and communities across the Black Country. We considered applications against four criteria:

- whether the proposed activity could be completed within the involvement exercise period
- to what degree the community conversation activity was co-designed with people being involved in the conversation
- how targeted the reach into communities was, and
- whether the organisation had received a small grant before.

We asked for the community conversations to be centred around 5 key questions. This helped us to dive deeper into the experiences people and communities had of accessing primary care in the first instance, and their ideas for what could be done differently:

- *Question 1: Thinking about the last twelve months, what has your experience of accessing or getting an appointment with primary care services been like? Have you had any issues?*
- *Question 2 – Thinking about when you go to your appointment or speak to someone at your GP, dentist, local pharmacy or opticians – what is your experience like? Do you face any issues?*
- *Question 3 – What do you think primary care services could do differently to help overcome these issues?*
- *Question 4 – When thinking about primary care services, what is most important to you?*
- *Question 5 – What more could primary care services be doing to support you with simple leisure and lifestyle adjustments that help you to remain healthier, happier and more independent for longer?*

We also encouraged successful awardees to attend a virtual 90-minute briefing session with representatives from the Integrated Care Board (ICB) Primary Care team and ICB Involvement team. The briefing provided:

- An overview of the Future Primary Care Transformation programme
- Information about the requirements of the small grants scheme
- Details of how the insight gathered would be used, and
- Direction of how to capture responses and demographics on the template forms provided.

The addition of the briefing session to the small grants scheme was reflected in the remuneration with £75 granted to compensate for the time needed to attend.

The expression of interest form and reporting form can be found in Appendix [3a](#) and [3b](#).

Supporting VCSFE organisations to have these conversations with their service-users enabled rich data to be collected about the barriers and unique challenges minoritised groups face in accessing primary care services, evidencing the value in the microgrant process.

### 2.1.3 Focus groups

5 focus groups, across the 4 Black Country Places were hosted to learn more about people's experiences of primary care services and their views on the Future Primary Care outline strategy. Focus group recruitment targeted people living with long term conditions and those more likely to use and access primary care services.

**Walsall:** Participants recruited from a Walsall Healthcare Trust self-care event and via Community Champions from Walsall Housing Group (WHG)

**Wolverhampton:** Focus group hosted with participants of the Women of Wolverhampton Network and City of Wolverhampton Council Adult Voice Forum

**Sandwell:** Participants recruited from local VCSFE organisation, Just Straight Talk (JST)

**Dudley:** Participants recruited from Dudley People Panel and a local church congregation where the focus group was being held

The ICB involvement team facilitated the focus groups in community locations and participants received a £30 voucher for their time and participation in the discussions.

Focus group discussion guide available in [appendix 4](#).

## 2.1.4 People Panels

People Panels are one of the regular mechanisms within our involvement portfolio. They are designed to be people-powered, safe and inclusive spaces. They enable Integrated Care System (ICS) partners to gather views and opinions on matters where they have a legal duty to involve people and communities, whilst also creating the conditions for people with a variety of experiences and perspectives to help shape and inform future priorities for the ICS.

We ran a series of People Panels in August, where we were joined by primary care colleagues, who hosted table conversations for participants who were interested in joining the conversation.

## 2.2 Data protection

Participants' data has only been used for the involvement exercise and held in line with the latest data protection regulations. Every effort has been taken to ensure that individuals cannot be identified in this report.

## 2.3 Publicity and promotion

The opportunity to get involved in the public conversation was widely supported by a communications plan using the following channels and assets:

- **Stakeholder newsletters:** key messages were shared through NHS and partner organisation newsletters (internal and external), as well as through voluntary and community newsletters where possible.
- **Public websites:** both corporate and community websites were used to promote the involvement exercise, linking back to the dedicated ICB webpage.

- **Social media platforms:** platforms across the ICS promoted the involvement exercise, including community influencer channels.  
Organic (not paid)  
X reach: 3401 impressions  
Meta reach (Facebook/Instagram): 16806 impressions  
Nextdoor reach: 32849  
Paid ads  
Budget of £600  
Total of **279,851** impressions  
Total of 1,843 survey link clicks  
Equates to just under .33p per link click
- **Face-to-face staff briefings:** key messages were shared through face-to-face staff briefings and encouraged staff to take part in the conversation.
- **ICB communications toolkit:** assets and resources were shared within toolkits to ICS comms leads, GP practices and VCSFE organisations (community connected) for onward cascade on their own channels. Practice Managers were encouraged to communicate the public conversation with their patients.
- **Public conversation document:** online and printed version to include a QR link to audio version, including contact information to request the document in alternative languages.
- **Easy ready version**
- **Audio version**
- **Dedicated webpage:** ICB webpage to housed key information on the involvement exercise, including the survey, conversation document, easy read version and any resources in support of the exercise.
- Webpage views: 534 (number of visits to the page)  
Active users: 297 (number of people who have visited the page at least once)  
Event count: 1761 (number of interactions on the page, such as opening accordions, clicking on buttons etc)  

Similar to event count above, this is a break-down of the most popular 'links' on the webpage.

Complete the survey: 74 clicks

5 Year Outline Transformation Strategy: 45 clicks

Conversation Document: Future Primary Care in the Black Country: 15 clicks

Conversation Document: Future Primary Care in the Black Country (Easy read): 11 clicks

Conversation Document: Future Primary Care in the Black Country (Audio version): 4 clicks



- **Press release:** to publicise the development of the strategy and the ways people could get involved.
- **Promotional toolkit:** containing a social media schedule to enable an active digital presence, promoting opportunities to get involved whilst targeting diverse audience through local influencers on X (Twitter), Facebook and other social platforms. Long and short copy allowing partners to share key messages and assets and raise awareness through their own channels.

Details of how to take part in the involvement exercise were shared with the ICB “Get Involved” database and “Black Country Voices” members, which is made up of 2,579 people. Invite emails and reminders were sent to both databases and had an average open rate of 51%. The ICB involvement team also visited and engaged with over 40 groups, organisations and events throughout the conversation period and distributed surveys, conversation documents and freepost envelopes.

A list of the groups and organisations can be found in [appendix 5](#).

## 2.4 Quality assurance

Analysis of the survey responses and feedback received has been carried out and quality assured by Stand’s experienced qualified research analysts who are members of the Market Research Society and Social Research Association.

### 3 Equalities and health inequalities

There is a requirement for NHS bodies to fulfil their duties in line with equalities legislation, giving due regard to people from protected characteristics and working to reduce health inequalities. The [Health and Social Care Act 2022](#) states that ICBs must:

*Reduce inequalities between patients in relation to access to services and outcomes; promote the integration of health services where this would improve quality and; reduce inequalities of access and outcomes for individuals (14Z35).*

The following groups were targeted in particular:

- Victims of domestic violence
- People in the criminal justice system/ex-offenders
- Sex workers
- Homeless and rough sleepers
- Asylum seekers, refugees or people who've recently settled in the UK
- Children and young people
- People living with a sensory impairment
- People living with autism or a learning disability
- People recovering from drug or alcohol addiction
- People approaching end of life
- Gypsy/Roma/Travellers
- LGBTQ+ community
- Long term unemployed
- Black, Asian and/or minority ethnic communities.

A demographic profile of small grant awardees can be found at [Appendix 6](#).

## 4 Analysis of the survey

### 4.1 Respondent sample

A total of 685 individuals responded to the survey either online or on paper (621 online and 64 paper submissions).

*Note: There were 227 partial responses to the survey however, these were deleted as it was impossible to determine whether these were duplications of complete submissions.*

The highest number of respondents indicated that they were from Dudley (34%), with similar proportions from Wolverhampton (22%), Sandwell (19%) and Walsall (19%). Other areas (6%) included Worcester, Stafford, Birmingham and Cheshire.

The majority responded as a member of the public (72%) whilst 10% indicated that they worked for the NHS. Smaller proportions responded on behalf of a voluntary or community sector organisation (5%), as a carer (4%) or indicated that they work in primary care (3%) or social care (2%).

Please tell us in what capacity you are responding	No.	%
I'm a member of the public	495	72%
I work for the NHS	67	10%
I am responding on behalf of a voluntary or community organisation	36	5%
I'm a carer responding on behalf of someone else	26	4%
I work in primary care	22	3%
Other	21	3%
I work in social care	16	2%
I'm a councillor	2	1%
<b>Total</b>	<b>685</b>	<b>100%</b>

Table 1 Please tell us in what capacity you are responding... (N=685)

A summary of the demographic profile of respondents is provided below with a full breakdown available within [Appendix 7](#). The survey responses have also been split by area, and can be found in [Appendix 8](#).

*Note: Questions relating to gender and whether this matched sex registered at birth were omitted from the survey and therefore not recorded.*

- 49% were aged 50 years or over with the age group with the lowest number of survey respondents being those 29 years or younger (see Figure 1 for the detailed breakdown).
- 1% were currently pregnant or have been in the last year.

- 45% had a disability or long-term condition; most frequently this was a physical disability (21%) and/or a mental health problem (10%). Smaller proportions indicated that they have hearing loss (5%) and/or a learning or sensory disability (2%).
- 14% told us they care for a child/children aged up to 18 years (including a disabled child/children), whilst 4% care for a disabled adult (18+ years) and 10% an older person/people (65+ years). Additionally, 6% said they were a secondary carer.
- 68% identified as White – English, Welsh, Scottish, Northern Irish, British, whilst 6% said they were Asian / Asian British and 5% Black / Black British. Notably 17% did not respond to the question, with the remaining 5% identifying as Mixed, White Other or another ethnic group.
- The preferred language of most was English (83%), with 1% selecting another language including Bengali and Hindi (16% did not respond to the question).
- 71% told us they were heterosexual or straight whilst 6% identified as asexual, bisexual, gay man / woman / lesbian, or other (23% did not respond to the question).

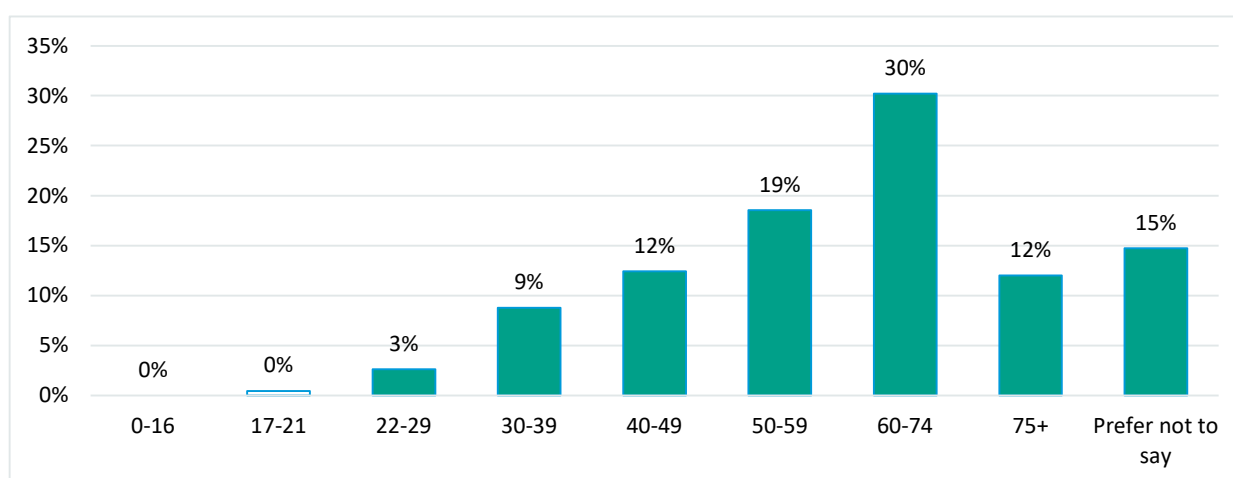


Figure 1 Age breakdown of survey respondents (N=685)

## 4.2 Our primary care vision

***Our vision for Primary Care in the Black Country is fairer access to high-quality health and care for all, building resilient communities with improved health outcomes. Our mission is to empower people, carers, staff and volunteers, with the know-how, ability and tools to access care that meets their unique needs, closer to home.***

***By creating a supportive and innovative environment that encourages mutual respect and collaboration among health and care providers across the System, we aim to reduce health inequalities, and make sure everyone gets the right care they need.***

### **Q: Do you understand the vision for primary care in the future?**

In terms of the vision for future primary care, 42% said they understand this and 51% do, to some extent. Just 2% said they did not and 2% were unsure.

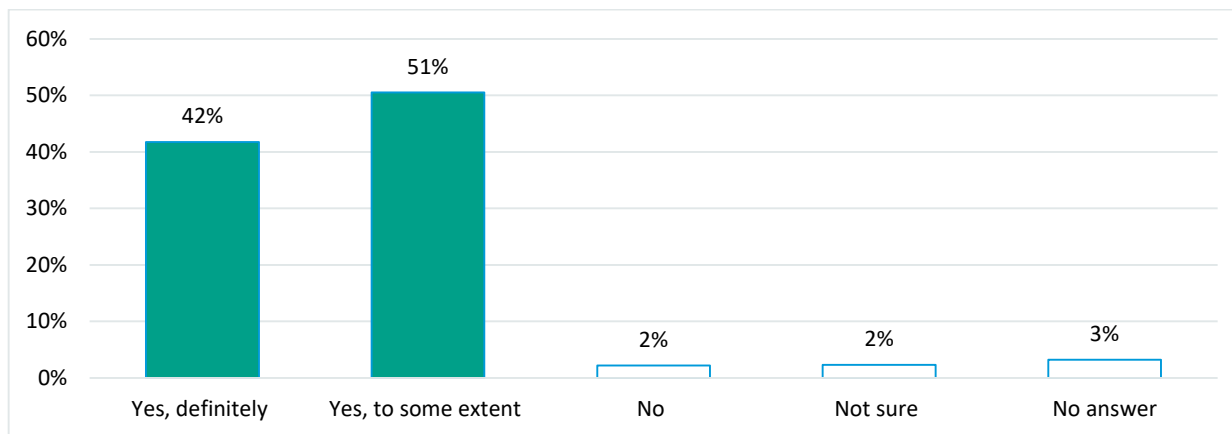


Figure 2 Do you understand the vision for primary care in the future? (N=685)

## 4.2.1 Priority 1: Non-complex same-day care

*Our vision is that people who contact the health system will be directed to the right health and care support to meet their needs first time – that might not be a GP but the right healthcare professional and in the right place.*

**Q: Please indicate how much you agree/disagree with the following approaches to same day access**

Respondents were asked how much they agree / disagree with four different approaches to providing non-complex same-day care. Similar proportions agreed that:

- Patients wanting to see a health professional on the same day should be assessed on their clinical need (86% strongly agreed / agreed).
- Patients should be signposted to the right professional to support their health or care need, which may not be a GP (84% strongly agreed / agreed).
- If the needs of the patient do not require same day access, they can be seen in a routine appointment in the future (83% strongly agreed / agreed).

However, a notably smaller proportion agreed that:

- If appropriate, patients should first use the NHS website / app or go to a pharmacy for advice (59% strongly agreed / agreed).

Further analysis revealed that there was greater objection to these different approaches among older people, particularly with regards to using the NHS website / app or pharmacy for advice.

Agreement with these different approaches was also found to be lower amongst Asian / Asian British respondents, compared to those who identified as Black / Black British and White - English, Welsh, Scottish, Northern Irish, British.

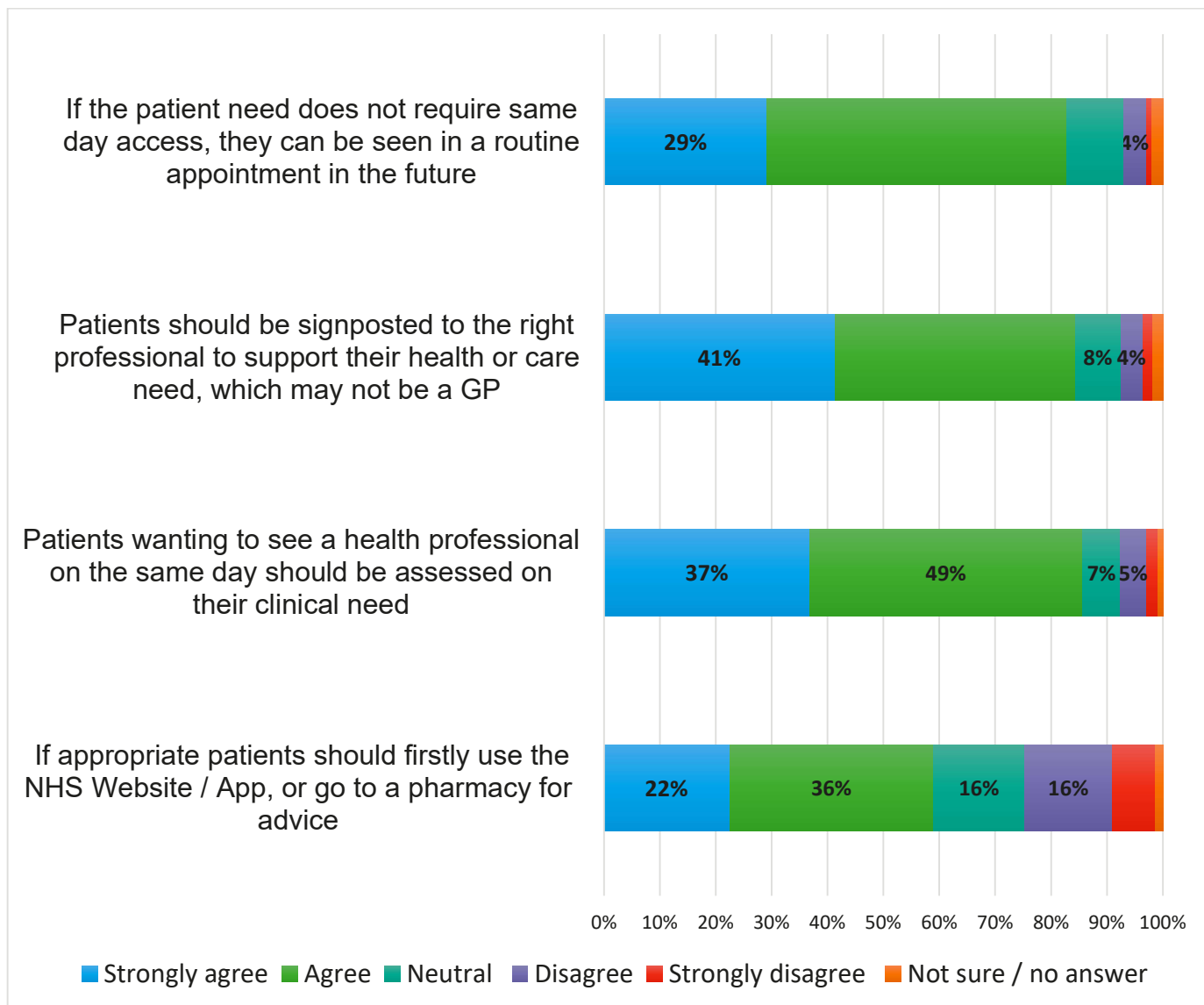


Figure 3 Please indicate how much you agree/disagree with the following approaches to same day access...(N=685)

**Q: Please indicate how much you agree/disagree with the following approaches to improving access to healthcare professionals at your GP practice**

Respondents were asked how much they agree / disagree with seven different approaches to improving access to healthcare professionals. Respondents expressed greater satisfaction with:

- Appointments that are available at evenings and weekends (87% very happy / happy).
- Self-referral for urgent eye care services (78% very happy / happy).
- Self-referral into specialist services (74% very happy / happy).
- Pharmacy services as an alternative to your GP for common conditions (73% very happy / happy).

- New roles in addition to GPs, such as first contact physiotherapists, pharmacists and paramedics (70% very happy / happy).
- The use of digital tools and data such as the NHS app and online forms for requesting repeat prescriptions or to view test results (67% very happy / happy).

Overall satisfaction was notably lower about:

- Patients being triaged by staff at the reception desk (54% very happy / happy).

Further analysis revealed that satisfaction with the use of digital tools and data was higher for younger age groups. The youngest age group (<29 years) also had much greater satisfaction with triage by staff at the reception desk compared to all other age groups.

There were no obvious trends in terms of which of area respondents were from, however satisfaction with most of these approaches tended to be higher amongst those from Dudley.

Satisfaction about the use of digital tools and data and being triaged by reception staff was lower amongst those with a disability/long-term condition, compared to those without a disability/long-term condition.

Satisfaction with the approaches was higher amongst White - English, Welsh, Scottish, Northern Irish, British respondents, compared to those who identified as Asian/Asian British and Black/Black British.



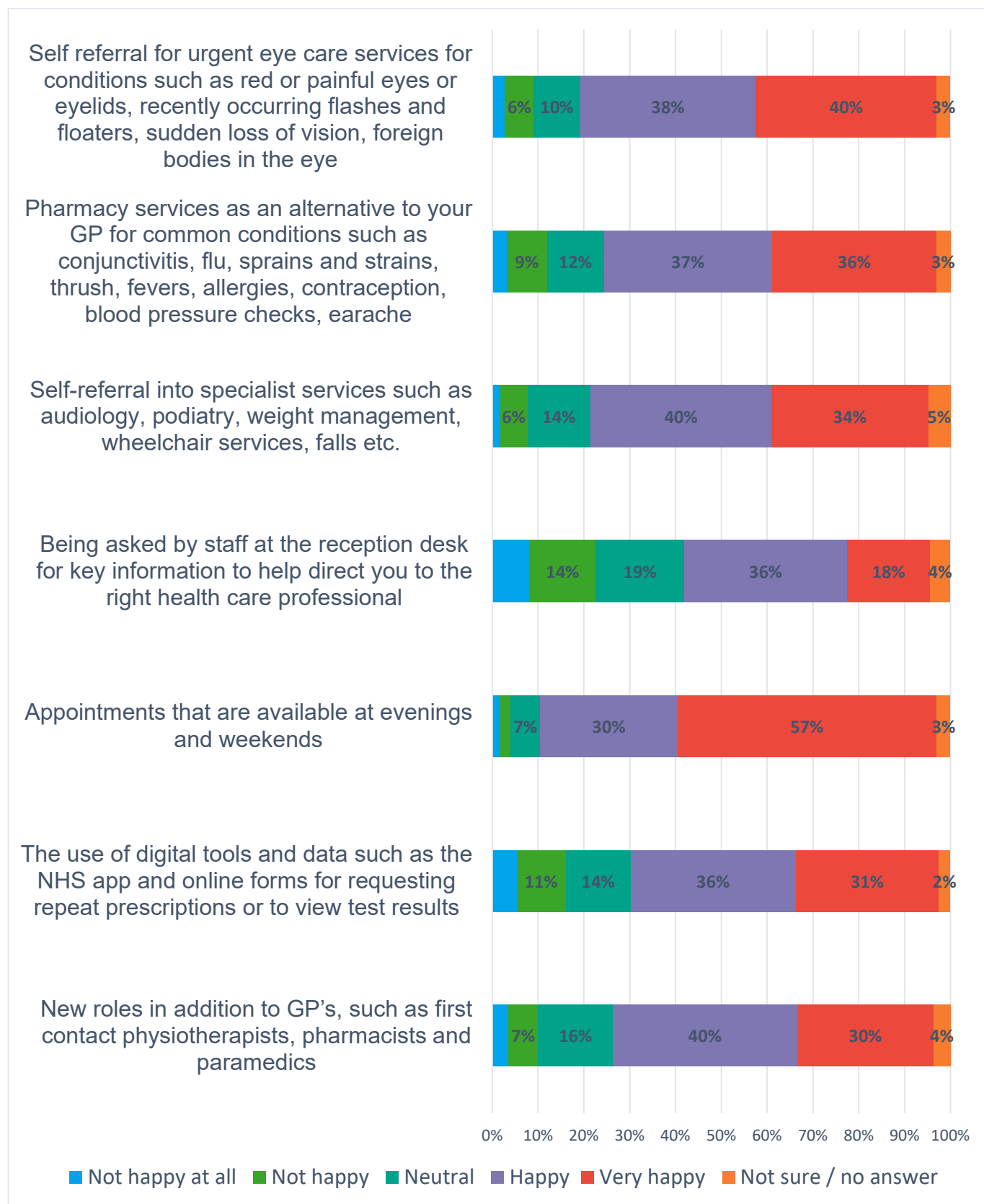


Figure 4 Please indicate how much you agree/disagree with the following approaches to improving access to healthcare professionals at your GP practice...(N=685)

**Q: How do you think your GP practice can raise awareness and confidence amongst patients in these new ways of accessing healthcare appointments?**

Respondents were asked how they think their GP practice can raise awareness and confidence amongst patients in these new ways of accessing healthcare appointments. 598 individuals responded to the open question. Responses to this question varied with themes categorised under strategies to raise awareness and strategies to raise confidence.

In terms of raising awareness, most talked about the importance of face-to-face engagement (21%) whether that be directly with a healthcare professional or another member of staff, or at a planned event / session / meeting arranged at the practice.

*“GP practices need to speak to the patients when they attend for appointments. Patients will only listen to the GP's and not the receptionists, so the conversation should be started with the GP if they want things to improve.”*

Other methods included:

- letter / post (14%)
- text message (13%)
- within GP practices (e.g. notice boards and video screens) (12%)
- email (11%)
- promotions / posters in high footfall areas (10%)
- the GP practice website (10%), and
- social media (10%).

Printed materials were suggested by 9%, whilst 8% talked about the importance of engagement with VCSFE organisations / contacts to help disseminate messages in a way that people / communities understand.

*“Go through leaders in the community who people know and trust.”*

*“By engaging with the communities via community centres, places of worship and maybe shopping centres where they shop.”*

Further comments (4%) were made about ensuring accessibility of all communications for example simplifying information, using large fonts, having videos with audio visuals and resources in different languages.

*“Written information but simply and avoiding a lot of jargon.”*

*“Communicate in simple language including other languages and meeting accessibility needs. Use posters and video messaging and work with the voluntary community sector and faith groups and other trusted community organisations to maximise circulation of messages.”*

*“It would be really helpful to have this information in different languages as the elderly seem to be excluded from these types of communication and are the ones who need*

*this information and help with access. Have Community Helpers with language ability to help support the elderly population to understand and access the care they need.”*

To raise confidence among patients, respondents talked about promoting the benefits of these new ways of accessing healthcare appointments and demonstrating positive experiences and that these strategies work (5%).

*“Confidence will increase the more the patients interact with these professionals and having positive experiences and results. Ensuring smooth escalation will be crucial but also avoid repeat assessments/relaying of information. 2nd opinions should be available. Promote that patients will be seen quicker and receive a quality experience”*

Other suggestions related to providing digital support (3%) for example having a designated individual that patients can seek support from when having problems or group sessions for people to learn how to use digital methods, as well as promoting different roles / staff and their qualifications and experience (2%).

*“Effective communication to patients and offer to help the elderly with these changes.”*

*“State the professional qualifications of the supporting staff so give assurances that healthcare professionals are here too.”*

Notably, comments were made about the accessibility of these new ways with concern that they will exacerbate health inequalities for some minoritised patients, for example those who are computer/digitally illiterate, the elderly, those from ethnic minority groups and/or those with a learning disability. For this reason, it was emphasised that online / digital promotional methods should not be solely relied upon and that consideration is taken to ensure that these groups are not further disadvantaged by changes.

*“It can't be done online. That is the bottom line. The elderly already struggle and I believe it will get much worse for them with the online systems.”*

*“Most people will not have the health literacy to understand anything other than seeing a GP.”*

*“Primary care offers no equitable access for BSL users. BSL is not a second language/other language. When and only when primary care is equitable, I would be able to answer equitably this survey and add to the improvements you are seeking.”*

How do you think your GP practice can raise awareness and confidence amongst patients in these new ways of accessing healthcare appointments?	No.	%
<b>Raise awareness</b>		
Face-to-face engagement	126	21%
Letter / post	86	14%

Text message	75	13%
Within GP practice	70	12%
Email	66	11%
More advertising / information / communication (method not specified)	67	11%
Posters in high footfall places (i.e. libraries, shops / supermarkets, pharmacies, billboards)	61	10%
GP practice website	59	10%
Social media	58	10%
Printed materials	56	9%
Through voluntary and community organisations / contacts	47	8%
Local media	31	5%
Patient focus groups / forums / champions	27	5%
NHS App / online forms	21	4%
Phone calls / message on phone lines	20	3%
Newsletters	15	3%
Notes on prescriptions	6	1%
<b>Raise confidence</b>		
Promote benefits of new ways of accessing healthcare appointments and positive experiences	31	5%
Provide digital support	15	3%
Promote different staff/roles and their experience/qualifications	14	2%
Ensure consistency / approaches are embraced by all healthcare professionals	8	1%
Ensure triage staff are appropriately trained	7	1%
<b>Other comment</b>		
Other unrelated comment / suggestion	128	21%
Consider accessibility for all / minoritised groups	42	7%
Format must be accessible for all	25	4%
Responsibility not down to primary care services	8	1%

Table 2 How do you think your GP practice can raise awareness and confidence amongst patients in these new ways of accessing healthcare appointments? - free text responses (N=598)\*

*\*Due to the coding process, percentages do not equate to 100%. Percentages are calculated as a proportion of those who provided a response to the question.*

**Q: How would you prefer to be signposted to services other than a GP when it's appropriate?**

Most respondents (62%) indicated that they would prefer to be signposted via a telephone call, whilst half (49%) selected walk in / in-person. Approximately a third would be happy to be signposted to a website (39%) or an app (38%).

Further analysis revealed:

- Telephone call was the preferred method in all areas, however notably more respondents living in Dudley would be happy to be signposted to a website (48%) or an app (43%).
- Telephone call was the preferred method for all age groups apart from those aged <29 years, who favoured being signposted via app (62%). Notably smaller proportions of those aged over 60 years were happy to be signposted via digital methods (website / app).
- Although similar proportions of those with / without a disability/long-term condition selected telephone call (63% & 61%, respectively), lower proportions of those with a disability/long-term condition selected all other methods.
- Whilst telephone call was the preferred method for all ethnic groups, a notably higher proportion of those who identified as Asian / Asian British selected app (Black / Black British – 42% & White - English, Welsh, Scottish, Northern Irish, British – 39%).

How would you prefer to be signposted to services other than a GP when it's appropriate?	No.	%
Telephone call	424	62%
Walk in / in-person	338	49%
Website	264	39%
App	261	38%
Other, including: <ul style="list-style-type: none"> <li>- Text (N=24)</li> <li>- Email (N=17)</li> <li>- Letter / post (N=8)</li> <li>- Leaflet / poster (N=5)</li> <li>- Accessible format (audio format / BSL video message) (N=3)</li> <li>- Local media (N=3)</li> <li>- All of the above (N=2)</li> <li>- Patient access notifications (N=2)</li> <li>- Other comment / uncoded (N=16)</li> </ul>	71	11%

Table 3 How would you prefer to be signposted to services other than a GP when it's appropriate? (N=685)\*

\*Multiple response question, therefore percentages do not equate to 100%.

**Q: How would you feel about being signposted to other services and not seeing someone within your own GP practice?**

Half of respondents (52%) said they would feel very comfortable or comfortable, whilst 28% would not feel comfortable.

Respondents aged over 75 years, those with a disability / long-term condition and those who identified as Asian / Asian British were more uncomfortable with being signposted to other services.

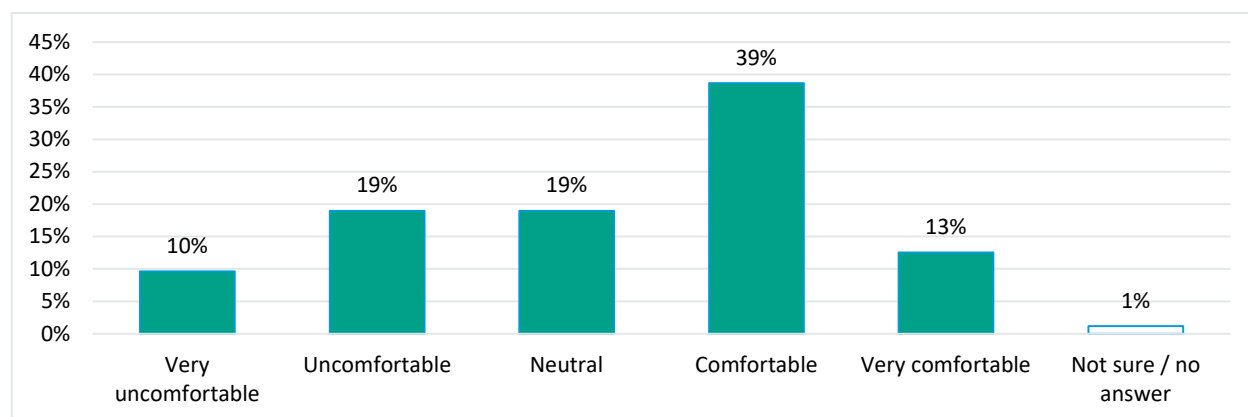


Figure 5 How would you feel about being signposted to other services and not seeing someone within your own GP practice? (N=685)

## 4.3 Priority 2: Planned care

**Our vision is to have integrated neighbourhood care teams made up of a range of health and care professionals, to support people with more complex needs to stay well in their communities.**

**Q: Please tell us how much you agree or disagree with the potential benefits of this approach.**

Respondents were asked their thoughts about priority 2 and having neighbourhood care teams to support people with more complex needs. In terms of the benefits of this:

- 93% strongly agreed / agreed that the approach will ensure that medical and social care needs are addressed before they escalate, reducing Emergency Department attendance and emergency admissions.
- 91% strongly agreed / agreed that the approach will improve the management of long-term conditions and reduce inequalities.
- 89% strongly agreed / agreed that the approach will improve patient experience by providing continuity of care from a named professional and by treating patients' whole care needs and using expertise from different teams.
- 85% strongly agreed / agreed that the approach will improve staff wellbeing through flexible working in different teams to put patient needs first.
- 82% strongly agreed / agreed that the approach will provide continuity of care with a multi-skilled team working together to manage needs, releasing GPs time for patients with the most complex needs.

No / very little difference was observed in terms of area, age, ethnicity or disability/long-term condition.

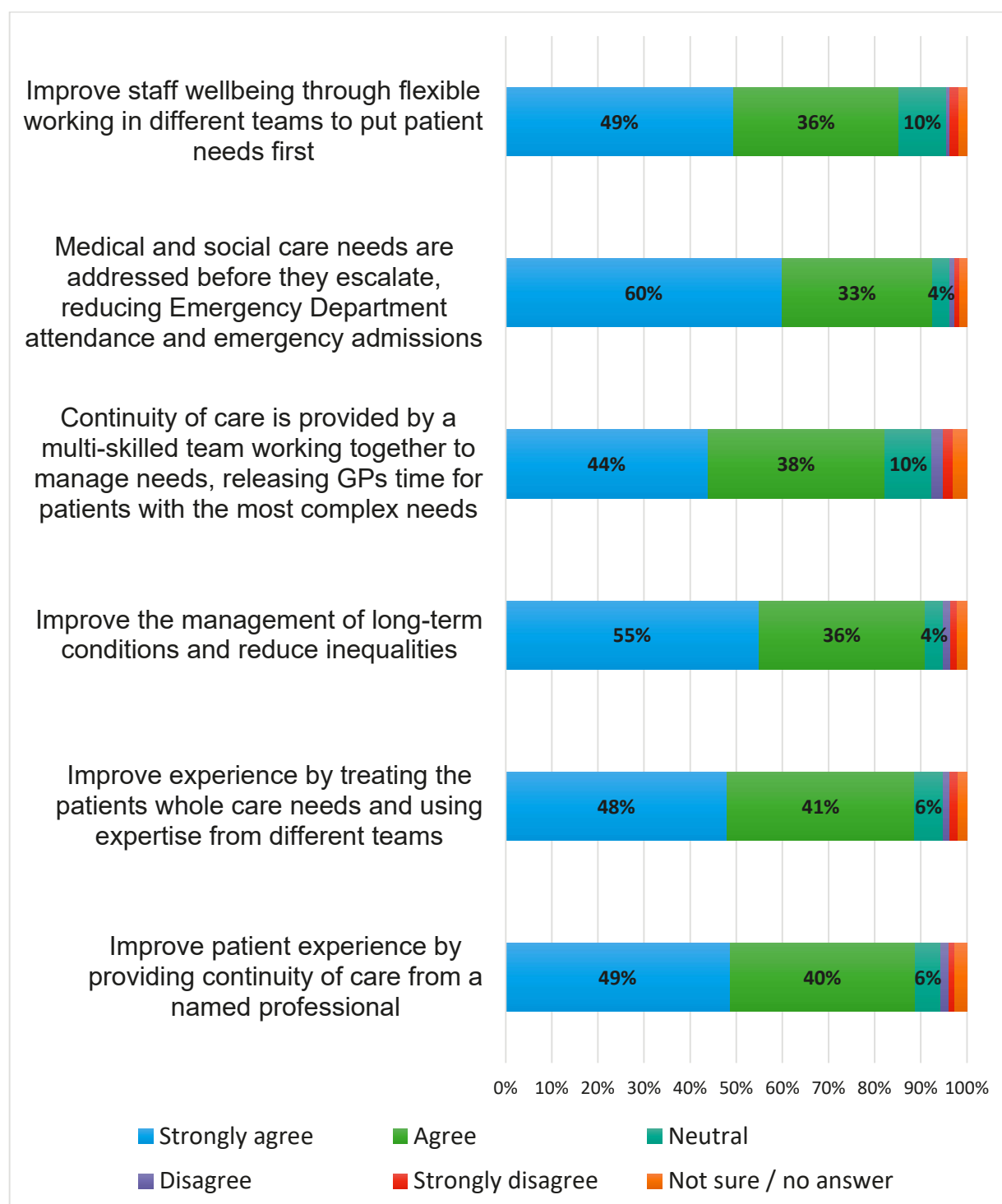


Figure 6 Please tell us how much you agree or disagree with the potential benefits of this approach... (N=685)

### Q: Would you be willing to use pharmacies to support long term condition management?

Just under half (48%) would be willing to use pharmacies to support long-term condition management, whilst 23% would not.



Further analysis revealed that:

- The greatest proportion of respondents from Walsall indicated that they would be willing to do this (74%), with willingness lowest in Sandwell (62%).
- Willingness decreased with advancing age (93% of those aged <29 years would be willing compared to 59% of those aged 60-74 years and 70% of those aged 75+ years).
- Willingness was greater amongst those who do not have a disability / long term condition (75%, compared to 61% of those with a disability/long term condition).
- Willingness was lowest amongst those who identified as Asian / Asian British (63%) and comparable for Black / Black British (70%) and White - English, Welsh, Scottish, Northern Irish, British (69%) respondents.

Would you be willing to use pharmacies to support long term condition management?	No.	%
Yes	331	48%
No	159	23%
Not sure / no answer	195	29%
<b>Total</b>	<b>685</b>	<b>100%</b>

Table 4 Would you be willing to use pharmacies to support long term condition management? (N=685)

#### Q: Have you used Pharmacy First services?

A third (37%) have used Pharmacy First services in the past. Of these, 47% described their experience as excellent or very good, 20% as good, 18% as neither good nor poor and 16% poor or very poor.

Have you used Pharmacy First services?	No.	%
Yes	251	37%
No	379	55%
Not sure / no answer	55	8%
<b>Total</b>	<b>685</b>	<b>100%</b>

Table 5 Have you used Pharmacy First services? (N=685)

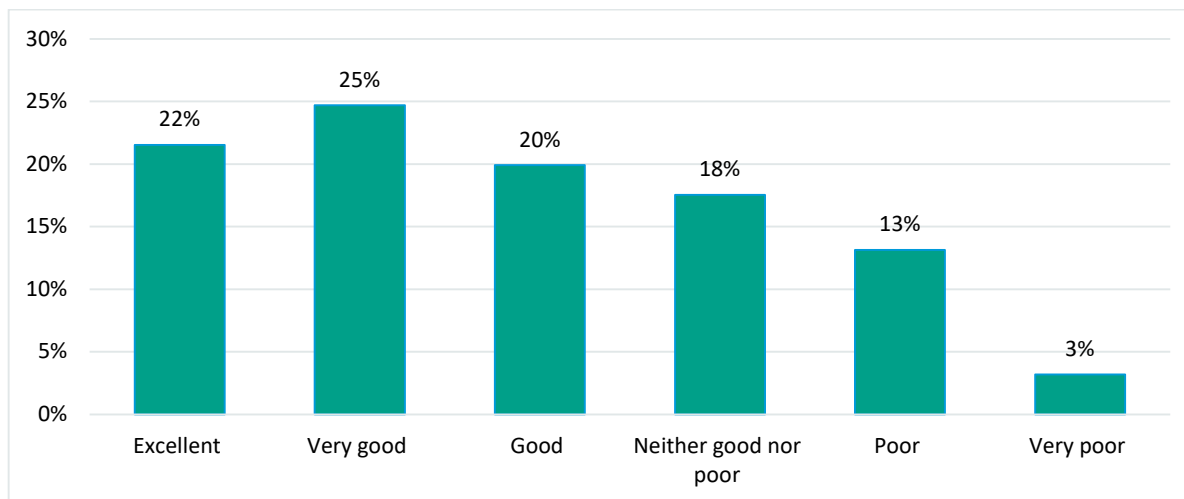


Figure 7 How would you rate your experience of using Pharmacy First services? (N=251)

Further analysis revealed that those who identified as Asian / Asian British were slightly more likely to have used the service (49%) compared to those who identified as Black / Black British (34%) or White - English, Welsh, Scottish, Northern Irish, British (40%). However, they were the least likely to rate the service positively (5%) along with those who identified as Black / Black British (9%) (18% of those who identified as White - English, Welsh, Scottish, Northern Irish, British rated the service positively).

Satisfaction was highest amongst those from Walsall (25%, compared to 10-16% in other areas) and those who did not have a disability / long-term condition (22%, compared to 11% of those with a disability).

### Q: Do you have any concerns about utilising pharmacies in this way?

Respondents were asked if they had any concerns about utilising pharmacies this way; 220 individuals provided a free text response.

Key concerns related to:

- The expertise of pharmacy staff, particularly in relation to their knowledge around complex long-term conditions (11%). Comments were made about pharmacists 'not being doctors'.
- Capacity issues with many perceiving that pharmacies are already under great pressure (9%).
- Misdiagnosis and conditions being missed, including concern about the issuing of incorrect antibiotics (8%).
- Pharmacy staff being restricted as to what health conditions / patients they are able to provide advice / treatment for (e.g. age and presence of a long-term condition) (8%).
- Privacy and facilities, including access to a private and clean consultation space and seating areas (7%).
- Tendency to direct patients to GP or other health services (6%).

- Quality-of-service dependent on the health condition and the pharmacy / pharmacy staff (5%).

*“From my experience the pharmacist is not competent enough to diagnose and treat. They are pharmacist and not clinically trained.”*

*“Some people are not very good at describing symptoms and can omit vital information so mis- diagnosis is possible leading to further complications.”*

*“Pharmacist s [sic] primary role is to prescribe medication. They do not take a full medical history and some seem incentivised to either prescribe medication or dismiss patients concerns. There is very little privacy in local pharmacies even with little rooms conversations can be heard outside.”*

To a lesser extent, respondents raised concern about pharmacy staff not having access to medical records and the problems this might cause (4%), accessibility issues for those who face language barriers / need an interpreter or have a sensory impairment (2%) and the cost of over-the-counter medication (1%).

<b>Do you have any concerns about utilising pharmacies in this way?</b>	<b>No.</b>	<b>%</b>
None	85	39%
Expertise of staff	24	11%
Other comment / not specified	21	10%
Capacity issues	19	9%
Misdiagnosis / conditions being missed	18	8%
Restrictions in terms of the conditions / ages they are able to provide assistance for	17	8%
Privacy and facilities	16	7%
Direct to GP / other services	13	6%
Depends on problem / pharmacy	11	5%
IT systems / access to medical records	9	4%
Negative past experience	7	3%
Access issues	4	2%
Over-the-counter medication costs	3	1%

Table 6 Do you have any concerns about utilising pharmacies in this way? - free text responses (N=220)\*

*\*Due to the coding process, percentages do not equate to 100%. Percentages are calculated as a proportion of those who provided a response to the question.*

## 4.4 Priority 3: Preventative care

**Q: What more could primary care services be doing to support you with simple leisure and lifestyle adjustments that help you to remain healthier, happier and more independent for longer?**

Respondents were asked what more primary care services could do to support patients with simple leisure and lifestyle adjustments to help them remain healthier, happier and more independent for longer. 539 individuals provided a free text response.

Notably, 12% were not sure or felt that this was the responsibility of the individual, whilst 8% talked about the need to provide better patient care (i.e. improved access to appointments).

*“I am not sure that primary care services can do any more. If the outline is put into practice these Services will already be available. The problem will be persuading people to use them.”*

*“With the state of the NHS it is impossible to do anymore, I have been waiting for an appointment with a consultant 8 months and still have not received a date”*

Those who did provide a suggestion talked about providing more information, advice and encouragement to people in terms of what they need to do to maintain a healthy lifestyle as well as promoting the services that are available to them in their local community (26%). A further 5% identified that there needs to be greater engagement with local communities to help GP practices understand what is available.

*“Maintain a flow of information of what is prevention i.e. key messages around diet, exercise, lifestyle choices etc., Targeted leaflet displays, reach out to young people via schools/colleges to raise awareness.”*

*“I think there could be more information available around healthy eating and activity. The more I know about what it good for me, the more likely I will be to act. More work needs to be done around the promotion of the work being provided by community assets. There is lots of work going on in the community but not enough people get to know of it.”*

16% felt more could be done to support patients to access health and wellbeing services / activities by tackling the barriers that patients face in doing so i.e. through negotiating free / low-cost activities and memberships, subsidising / provision of transport, evening and weekend availability, shorter waiting times, self-referral options and less stringent accessibility criteria (e.g. BMI thresholds).

*“For me personally I need to lose weight, I know this & have been told on numerous occasions by GP. However, there is no ongoing support with this, apart from a faceless online App. On a limited budget, slimming clubs are out of my reach so I'm left struggling & still overweight.”*

*“More availability of affordable/subsidised keep fit/movement groups to be referred to”*

14% talked about how primary care services could offer more one-off events or weekly groups to support patients with different aspects of their lifestyle including physical activity, healthy eating, self-care, mental wellbeing, socialisation and long-term condition management, whilst 9% suggested that there should be greater use of social prescribing / signposting to existing services.

*“Arrange planned activities for diabetics or hypertension patients.”*

*“Offer support groups, therapy, ways to connect with others who need people to connect with.”*

Other suggestions related to more regular reviews, check-ups and opportunities for discussion (7%), one-to-one support from health professionals / health coaches (4%), improved access to specialists (i.e. physiotherapy, occupational therapists, dieticians) (3%) and greater support and consideration for specific minoritised groups (3%).

*“Provider more health coaches in the PCN or Practice”*

*“To understand that BSL users learn via BSL, not the written word or spoken word. If there is no BSL access to anything then the patient is not being supported. If social prescribing, social connections, hobbies and lifestyle choices are not equitable the patient remains at risk, poorly, isolated and lonely.”*

<b>What more could primary care services be doing to support you with simple leisure and lifestyle adjustments that help you to remain healthier, happier and more independent for longer?</b>	<b>No.</b>	<b>%</b>
More advice, information and encouragement	142	26%
Support access to health and wellbeing services / activities	85	16%
Provision of social activities / lifestyle courses / support groups	78	14%
Other comment or suggestion, including: <ul style="list-style-type: none"> <li>- <i>Education in schools</i></li> <li>- <i>Access to complementary therapies</i></li> <li>- <i>More community care</i></li> <li>- <i>Collaboration and communication between services (including social care)</i></li> <li>- <i>One-stop shops of local services</i></li> <li>- <i>Incentives</i></li> <li>- <i>Apps and online services</i></li> </ul>	71	13%
Not sure / responsibility on individual	67	12%
Greater use of / more social prescribing / signposting	47	9%
Provide better patient care (i.e. access to appointments)	45	8%
More regular reviews / check-ups / opportunities for discussion	38	7%

Engagement and collaboration with the local community / understand what is going on	25	5%
One-to-one health professional support	19	4%
Improved access to specialists	16	3%
Support and consideration for specific groups	15	3%
Improve mental health support / support for carers	12	2%
Targeting specific individuals	9	2%
Provide longevity and consistency (reference was made here to constant change and activities being introduced and cancelled)	9	2%

Table 7 What more could primary care services be doing to support you with simple leisure and lifestyle adjustments that help you to remain healthier, happier and more independent for longer? - free text responses (N=539)\*

*\*Due to the coding process, percentages do not equate to 100%. Percentages are calculated as a proportion of those who provided a response to the question.*

## 4.5 Delivering the vision

### **Q: Thinking about the priorities and approaches identified in this draft Primary Care strategy – do you think our proposals will deliver our vision?**

14% of respondents felt the approaches would definitely deliver the vision, whilst 55% felt they would to some extent. In contrast, 11% said that they wouldn't and 19% were unsure. No / very little difference was observed in terms of area, age, ethnicity or disability/long-term condition.

Some made positive comments about how the strategy was very much needed and a step in the right direction (6%). Others noted how it will help improve services and experiences by directing patients to the right professionals (3%) and how it will enable better use of services, freeing up GPs (2%).

*“You are considering ways for everyone to seek individualised help/support and take pressure off GPs.”*

The main concern however, related to funding and workforce / resource constraints (31%), with many perceiving that unless investment is made and effort is taken to enhance the workforce then there will be little change.

*“The strategy needs commitment, vision and long-term funding to achieve its aim.”*

*“More money to employ staff to deliver this may be an issue.”*

There was also strong feeling that it will be difficult to get patients / the public on board with the changes and that the inappropriate use of services and the expectations and importance patients place on seeing their GP will continue (19%).

*“Not all members of the public will embrace using other professionals rather than the GP”*

Others felt the strategy was too ambiguous and lacked detail, with some expressing scepticism about the strategy’s implementation and success (16%). Some referred to failings of similar previous strategies / work, whilst others highlighted the importance and evaluation and monitoring.

*“Like many previous plans in this area it will be well intentioned but sadly ineffective.”*

*“Wish I could have confidence the vision would definitely be delivered ... but I don't.”*

Emphasising the issues that the NHS is currently facing, an additional 7% felt that ‘much more’ is needed.

*“The first steps of improvement will only get primary care back to what it was a couple of years ago, not take primary care forwards”*

9% discussed how the strategy’s success depended upon it being embraced by all healthcare, social care and local care providers, ensuring that everyone is working towards the same objectives. There was scepticism of how this will be achieved with the current system perceived to be fragmented.

*“Need to involve support from local care providers and carers so everyone knows what is happening”*

*“To be truly neighbourhood focused they need to integrate with hospitals and other providers. There are too many layers and too complex a system for people to work through and it’s designed to slow things down and frustrate the public”*

*“Different departments and healthcare professionals don't communicate with each other and their systems aren't interactive”*

The same proportion (9%) raised concern about accessibility for minoritised groups, who are felt to have more complex care needs. There was feeling that the strategy does not consider the needs of these groups and will potentially exacerbate the barriers that these individuals face in accessing healthcare services.

*“Primary care strategy needs to ensure that it reaches all users of the health services, old, frail, homeless, unemployed, disengaged, those with poorer IT skills – everyone”*

Other concerns identified to a lesser extent included the need for the strategy to be well advertised / communicated (6%), the need for consistency and long-term commitment (4%), concern about pharmacy use (3%) and variation between practices (2%).

*“Things take time to roll out so hopefully changes do not happen again within the NHS and budgets before this is rolled out fully”*



*“It will depend on what is really available and accessible rather than just the vision. If certain GPs who couldn't care less about their patients are involved then it will never work on the areas they are based. Other GPs are brilliant and will strive to make it work.”*

Thinking about the priorities and approaches identified in this draft Primary Care strategy – do you think our proposals will deliver our vision?	No.	%
Yes, definitely	99	14%
Yes, to some extent	380	55%
No	77	11%
Not sure	129	20%
<b>Total</b>	<b>685</b>	<b>100%</b>

Table 8 Thinking about the priorities and approaches identified in this draft Primary Care strategy – do you think our proposals will deliver our vision? (N=685)

Please provide a reason for your comment	No.	%
<b>Positive comments</b>		
Step in the right direction / very much needed	25	6%
Other positive comment	21	5%
Improves experiences / patient directed to the right professional	14	3%
Better use of services / frees up GP	9	2%
Opportunity for patients to input	3	1%
Brings services together	4	1%
<b>Negative / neutral comments</b>		
Funding and workforce / resource constraints	133	31%
Difficulty of getting patients on board with changes	81	19%
Other negative comment, including: <ul style="list-style-type: none"> <li>- Greater focus on prevention and self-care needed</li> <li>- Community services not adequate / too variable</li> <li>- Accountability and governance issues</li> <li>- Lack of facilities</li> </ul>	70	16%
Lack of detail and scepticism about delivery / success	68	16%
Must be embraced by all professionals / providers	39	9%
Concern about accessibility for minoritised groups	38	9%
More is needed / NHS is in a bad state	29	7%
Must be well advertised / communicated	24	6%

Consistency and commitment needed	17	4%
Concern about using pharmacies	15	3%
Variation between practices	7	2%

Table 9 Please provide a reason for your comment - free text responses (N=429)\*

*\*Due to the coding process, percentages do not equate to 100%. Percentages are calculated as a proportion of those who provided a response to the question.*

**Q: Is there anything else that we should consider in our strategy for primary care across the Black Country?**

Respondents were asked if they had any other ideas as to what need to be considered in the primary care strategy; 392 individuals provided a free text response.

Key suggestions related to:

- Addressing / improving appointment systems within GP practices. Respondents expressed frustrations around the triage process, waiting times, phone systems and expressed a need for greater availability of both online and face-to-face and weekend/evening appointments.
- Consider access for all including minoritised groups (i.e. carers, ethnic minority groups, the elderly, those who are digitally illiterate and those with a disability/long-term condition including neurodiversity, autism, hearing / sight loss).
- Greater focus on specific areas including mental health, prevention and screening / diagnostic services, ageing well, dementia, women's health and dental care.
- Listening and talking to patients / communities and delivering patient-centred, holistic care. Comments related to understanding needs and concerns, and evaluating and reporting back on progress / changes.
- Greater collaboration and communication needed throughout the system, including IT systems.
- Patient education and communication is imperative.
- Consider funding and resources (including premises).
- Ensure greater consistency in terms of quality and delivery of care between different professionals, practices and areas.
- Consider role of / work with voluntary and community sector.
- Provide more community / mobile clinics and care.

*“Must be adequately resourced and communicated effectively to prospective users”*

*“The diversity of the population, language barriers, digital access and limitations and wider impact on health e.g. poor housing, cost of living, understanding long term conditions etc.”*

*“You have not explained what strategies you will use to recruit & retain the appropriate staff in the Black Country to make your vision work. If you do not recruit more staff but just reorganise the existing staff then nothing will improve - the staff will be burnt out!”*

*“Specific approaches to support those people highlighted above - “certain minority communities, carers, disabled people, neuro-divergent people and so on”. Working with these patients to design solutions, and not just the few representatives who attend all the meetings as they are not always that representative. Plus, some of us are trying to hold down jobs, so timing is important.”*

<b>Is there anything else that we should consider in our strategy for primary care across the Black Country?</b>	<b>No.</b>	<b>%</b>
Other comment / uncoded	100	26%
Address / improve appointment systems	95	24%
Consider access for all, including minoritised groups	67	17%
Greater focus on specific areas (e.g. mental health, prevention and screening / diagnostic services, ageing well, dementia, women's health and dental care)	42	11%
Listening and talking to patients and communities / provide person-centred, holistic care	43	11%
Greater collaboration and communication needed	32	8%
Patient education imperative	29	7%
Funding and resources (including premises)	26	7%
Improving consistency of care	18	5%
Consider role of / work with voluntary and community sector	14	4%
Provide more community / mobile clinics and care	11	3%
Concerns about pharmacy access	7	2%
Education in schools / young people	6	2%
Tackle timewasters / patients not attending appointments	6	2%
Limitations of wider determinants of health (I.e. housing, loneliness, isolation)	5	1%
Concern about accessing / role of ‘other’ healthcare professionals	3	1%
Consider future population changes	3	1%

*Table 10 Is there anything else that we should consider in our strategy for primary care across the Black Country? - free text responses (N=392)\**

*\*Due to the coding process, percentages do not equate to 100%. Percentages are calculated as a proportion of those who provided a response to the question.*

## 5 Analysis of the microgrant groups

Twenty-seven grants were awarded to VCSFE organisations to undertake discussions with their service users as part of the microgrant scheme.

The project team ensured that the successful awardees provided good coverage of the geographical area and that all minoritised groups were represented. Although the primary audience of each of the VCSFE organisations were considered in the awarding process, the characteristics of the people engaged with in these discussions were mixed. For example, Therapeutic Holistic Innovative Activities Community Interest Company (THIA CIC) engaged with a group of individuals aged over 55 years. Some of these individuals were carers, from an ethnic minority background and had a physical disability alongside a health condition.

Name	Details of organisation	Coverage	No. of individuals who participated
Zebra Access	Deaf-led charity dedicated to ensuring that all Deaf and Hard of Hearing people enjoy equal participation and access without communication barriers <a href="https://www.zebra-access.com/">https://www.zebra-access.com/</a>	Black Country	13
DORCAS	Offers support to those at risk of or who have been affected by female genital mutilation <a href="https://dorcasuk.com/find-support/">https://dorcasuk.com/find-support/</a>	Black Country	14
The Way	Offers support and activity to young people aged 8-18 and up to 25 with additional needs. <a href="https://www.thewayyouthzone.org/">https://www.thewayyouthzone.org/</a>	Black Country	152
Revival Fires	Church and Christian Community <a href="https://www.revivalfires.org.uk/">https://www.revivalfires.org.uk/</a>	Dudley / Sandwell	12
Priory Community Centre	Community organisation <a href="https://www.facebook.com/Priorycommunitycentre/about?locale=en_GB">https://www.facebook.com/Priorycommunitycentre/about?locale=en_GB</a>	Dudley	10
Halesowen and Rowley Regis Rotary Club	Rotary club <a href="https://www.halesowenrowleyregisrotary.org/">https://www.halesowenrowleyregisrotary.org/</a>	Dudley	15
Trans Fitness CIC	Supports Trans and non-binary people <a href="https://www.trans-fitness.co.uk/">https://www.trans-fitness.co.uk/</a>	Dudley	5
Dudley Voices for Choice	Supports people with learning disabilities and autism <a href="https://www.dudleyvoicesforchoice.org.uk/">https://www.dudleyvoicesforchoice.org.uk/</a>	Dudley	38

Name	Details of organisation	Coverage	No. of individuals who participated
Life in Lye	Supports the Lye community <a href="https://www.facebook.com/p/Life-in-Lye-61559003062444/">https://www.facebook.com/p/Life-in-Lye-61559003062444/</a>	Dudley	18
Top Church Training	Support local people to reduce their isolation, build social connections and participate in community life, provide access to specialist services when required and to empower them to move on to better outcomes in their lives <a href="https://www.topchurchtraining.co.uk/about">https://www.topchurchtraining.co.uk/about</a>	Dudley	17
Therapeutic Holistic Innovative Activities Community Interest Company (THIA CIC)	Established to help combat loneliness and social isolation <a href="https://www.socialenterprisemark.org.uk/directory/united-kingdom/west-midlands-combined-authority/birmingham/communities/thia-cic/">https://www.socialenterprisemark.org.uk/directory/united-kingdom/west-midlands-combined-authority/birmingham/communities/thia-cic/</a>	Sandwell	9
4Community Trust - J's Pantry	Supports local communities by addressing food insecurity and providing essential sustenance to those in need <a href="https://www.4communitytrust.co.uk/js-pantry">https://www.4communitytrust.co.uk/js-pantry</a>	Sandwell	20
Sandwell Deaf Community Association (SDCA)	Aims to actively encourage, empower and enrich the lives of deaf and hard of hearing people in Sandwell <a href="https://fis.sandwell.gov.uk/kb5/sandwell/directory/service.page?id=58xhHX0wK_w">https://fis.sandwell.gov.uk/kb5/sandwell/directory/service.page?id=58xhHX0wK_w</a>	Sandwell	11
Life in Community	Supporting people in Tipton to learn, overcome issues related to social and emotional well-being, become financial independent whilst gaining equity and access to education <a href="https://lifeincommunity.org.uk/">https://lifeincommunity.org.uk/</a>	Sandwell	20
Walsall Housing Group (WHG)	Supports social housing residents <a href="https://www.whg.uk.com/">https://www.whg.uk.com/</a>	Walsall	6
Walsall Eyes	Supporting and connecting people with sight loss	Walsall	10

Name	Details of organisation	Coverage	No. of individuals who participated
	<a href="https://www.walsalleyes.org.uk/">https://www.walsalleyes.org.uk/</a>		
Aaina Community Hub	Aaina delivers preventative and intervention focused life-enhancing opportunities for women and children, empowering through education, employment, advice and healthy lifestyles in a safe and supportive environment <a href="https://aainahub.com/">https://aainahub.com/</a>	Walsall	8
Wellbeing Empowered Solutions CIC	Dedicated to enhancing physical and mental health through innovative programs, counselling, and support services <a href="https://wescic.co.uk/">https://wescic.co.uk/</a>	Walsall / Sandwell	9
Bread for Life	Helps equip members of the community with the skills to improve their health and wellbeing <a href="https://www.facebook.com/people/BREAD-for-life-project/100086725891810/">https://www.facebook.com/people/BREAD-for-life-project/100086725891810/</a>	Walsall / Wolverhampton	8
Forward Carers	Supports unpaid carers to live fulfilling lives <a href="https://forwardcarers.org.uk/">https://forwardcarers.org.uk/</a>	Walsall / Wolverhampton / Sandwell / other	16
Changing Lives	Supports women in the criminal justice system <a href="https://www.changing-lives.org.uk/find-support/cj-west-midlands">https://www.changing-lives.org.uk/find-support/cj-west-midlands</a>	Wolverhampton	10
Good Shepherd	Supports the most disadvantaged people in Wolverhampton, aspiring to end homelessness <a href="https://www.gsmwolverhampton.org.uk/about-us/">https://www.gsmwolverhampton.org.uk/about-us/</a>	Wolverhampton	5
Together in Penn Fields	Provides support to enrich the life of the local neighbourhood and community <a href="https://www.learoadcommunitychurch.com/togetherinpennfields">https://www.learoadcommunitychurch.com/togetherinpennfields</a>	Wolverhampton	16
Wolverhampton Gateway	Supports individuals with learning difficulties <a href="https://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/service.page?id=7K8Fb4Jd0Tw">https://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/service.page?id=7K8Fb4Jd0Tw</a>	Wolverhampton	24
Service User Involvement Team	Peer-led advocacy team supporting drug and alcohol users <a href="https://www.wvca.org.uk/suit/">https://www.wvca.org.uk/suit/</a>	Wolverhampton	12

Name	Details of organisation	Coverage	No. of individuals who participated
Wolverhampton Voluntary and Community Action (SUIT WVCA)			
Make more	Work with people of all ages to provide tech and digital, social support, educational opportunities and STEM resources. <a href="https://www.make-more.org/">https://www.make-more.org/</a>	Walsall	10
<b>Total</b>			<b>488</b>

Table 11 VCSFE organisations participating in the microgrant scheme

Organisations were provided with a set of questions to guide conversations and a recording template to support the analysis process. Organisations had the flexibility to tailor the engagement to the needs of their service users (see images below).

Supporting VCSFE organisations to have these conversations with their service-users enabled rich data to be collected about the barriers and unique challenges minoritised groups face in accessing primary care services. The analysis below provides a detailed overview of the insight collected from these groups and demonstrated the value in the microgrant process.





Image submitted as part of the reporting process



Image submitted as part of the reporting process



Images submitted as part of the reporting process



Images submitted as part of the reporting process



## 5.1 Participant sample

VCSFE organisations were asked to gather equality monitoring information from those they engaged with. 204 of the 488 individuals who took part completed the forms. The following provides an overview of the information collected.

**Note:** Percentages are calculated out of those who completed this information (N=204).

- According to postcode information provided, 26% were from Walsall, 22% from Wolverhampton, 19% from Sandwell and 16% from Dudley. The remaining individuals were from another area (12%) or chose not to disclose (5%).
- Most were aged 35-44 years (21%), with similar proportions aged 45-54 years (18%), 16-24 years (17%), 55-64 years (15%) and 25-34 years (13%). Smaller proportions were aged 65-74 years (7%) and 75-84 years (8%).

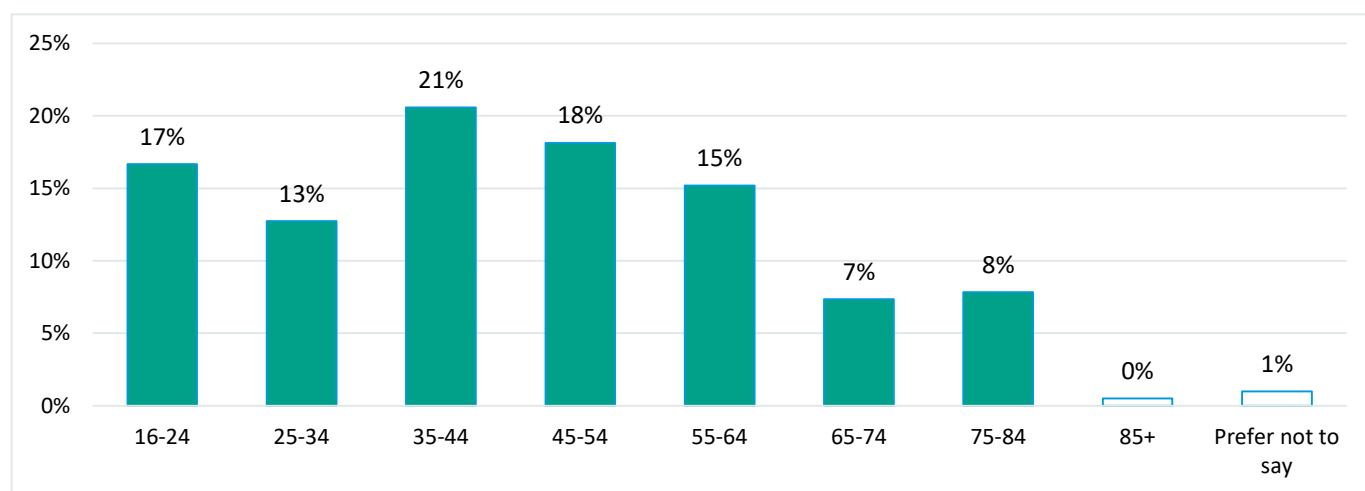


Figure 8 Age breakdown (N=204)

- 64% identified as female and 29% male, whilst 1% identified as non-binary and the remaining 5% chose not to disclose. 2% said their gender did not match their sex registered at birth.
- 83% stated they were heterosexual or straight with smaller proportions bisexual (3%) and lesbian (1%). 11% chose not to disclose and 1% said they prefer to self-describe.
- 45% stated being White / White British, 22% Black / Black British and 11% Asian / Asian British. Smaller proportions were Mixed (4%), Roma (4%) and 'other' (1%) (14% chose not to disclose).
- 86% indicated they were a UK citizen, whilst 12% said they were not (2% chose not to disclose).
- The highest proportions indicated that they had no religion (34%), that they were Christian – Protestant (29%) or Muslim (14%).
- 50% said they have a disability.
- 2% were pregnant or expecting a baby.

- 42% said they have children or caring responsibilities within their immediate family.
- 38% were not currently employed, whilst 31% were self-employed or in full- or part-time employment. Furthermore, 17% were retired and 7% in full- or part-time study (7% chose not to disclose).

## 5.2 Experiences and barriers to accessing GP services

The following provides an overview of the themes that were relevant across all the minoritised groups engaged with.

**Theme 1: Patients struggle to make timely appointments for their health needs and perceive reception staff as ‘gatekeepers’. They want access to good quality care at the right time.**

*“To get any problems that I may have dealt with in a timely manner.” (Life in Community)*

Experience of making an appointment with GP services is mixed with positive experiences relating to the ease of booking an appointment and prompt care. However, more frequently, individuals talked about the difficulty they face making a same-day appointment, with most relying on telephoning their practice to do this. Their frustrations focused on the time constraints for booking appointments (e.g. between 8.00 and 8.30am) and being on hold / in a long queue.

Phoning at specific times is difficult, particularly for those with other commitments including carers and those who need to get to work or take their children to school.

*“I made approximately 117 calls in an hour; it is such a time constraint on other appointments you've got to do.” (Forward Carers)*

*“I have to call at 8.30 but I've got to be in school then so can't, when she is OK to call it is late afternoon so all the appointments have gone.” (The Way)*

Once able to speak to a member of reception staff, individuals noted how frequently all same-day appointments are gone and how they are told to ring back the next day or directed to other healthcare services. There is concern that this increases waiting times in other services with people using them inappropriately.

Reception / triage staff were frequently referred to as ‘gatekeepers’ with comments being made about their abrupt and unhelpful attitude which makes some feel more anxious. Concerns were raised about disclosing personal information to triage / reception staff, who individuals perceive not to have the relevant medical knowledge to make decisions on whether a GP appointment is warranted.

*“I call the people on reception ‘rottweilers’, if you ask for a same day appointment, they don't give you one, but the waiting room is empty.” (Wolverhampton Gateway)*

*“I don't like telling receptionists what my problem is.” (Forward Carers)*

Young parents from Dudley discussed how they did not understand the triage process or why this was in place. They admitted to 'avoiding' taking their children to be seen by a GP out of fear or being 'judged and talked down to', preferring to go to A&E if their child needs medical attention.

The difficulty of making an appointment is a great concern and cause of anxiety for many and can lead to people 'giving up' and 'not bothering'. For some minoritised groups it is easier and less stressful for them to attend the practice in-person rather than trying to navigate the telephone / online booking systems.

*"Struggle to get to appointments due to my mental health, never know when I'm needing it but when I need one it's too late." (The Way)*

*"I have to stand outside if I want an appointment for the same day." (Forward Carers)*

Individuals diagnosed with chronic physical and mental health conditions, amongst others, also voiced their frustrations of not being able to book an appointment in advance. This can result in patients going without medication, which exacerbates issues / has further health consequences.

*"Was too late as I was days without medication which caused mental health to dip badly." (The Way)*

*"When you have a chronic condition which you need repeat appointments for, I would rather have an appointment set for a couple of weeks' time rather than be told I could not have an appointment for today." (Wolverhampton Gateway)*

More general comments were made about the process of accessing GP services being impersonal, feeling like they are being 'fobbed off' and 'pushed from pillar to post'.

*"It's all too impersonal as everything is done online." (Changing Lives)*

The following suggestions were made to help overcome the barriers faced:

- Having more doctors and more appointments.
- Longer opening times and provision of evening and weekend appointments.
- Transfer of patients to other GP services if they are able to be seen quicker.
- Not being restricted to making an appointment at specific times (e.g. 8/8.30am).
- Being able to book appointments in advance.
- Provision of more walk-in services.
- Improved privacy when talking at reception e.g. train reception staff to handle sensitive information discreetly.
- More investment in assessing need at first contact / triage by a doctor or someone else with medical experience.
- More friendly, approachable and helpful reception staff.

*"Get an experienced receptionist who has knowledge of what we are talking about." (Top Church Training)*

## **Theme 2: Many patients face barriers to accessing online services. Patients want to flexibility in how they can book an appointment and not feel pressured to go online.**

Whilst some felt there were benefits of online services in terms of helping them to make appointments and request repeat prescriptions, others noted how they have encountered issues with the reliability of the technology (e.g. repeat prescriptions not being requested) and/or consider them difficult to navigate and use.

For example, one individual from a minority ethnic group recalled a situation when by the time they had completed the online booking form, they were told that the service was not taking any more requests and to try again the next day.

Despite being able to use the technology and perceiving it to be effective, a group of young parents noted how the cost of internet access is a barrier. These mums discussed how they are unable to use these services when their data allowance has been used and do not have Wi-Fi access.

Individuals from various minoritised groups highlighted the barriers that they face in accessing online services. This was particularly relevant to older people and those from minority ethnic groups. They repeatedly expressed their frustration at the perceived assumption that everyone has a smartphone or can access the internet with some feeling that this is an attempt to deliberately *'block and prevent people from accessing care'*. These individuals highlighted their preference to contact GP services by telephone or in-person.

*"They are forcing people onto the NHS App; I don't like that." (Bread for life)*

*"Unable to understand how to use the app and when I ring, I miss the appointment times. No one shows you how to do the app your [sic] just left to understand but not everyone is able to use computers." (The Way)*

*"GPs should be giving appointments when requested rather than directing people to forms, some individuals find it easier to speak rather than write." (DORCAS)*

*"Stop relying on people having internet access as for elderly people is very off putting and difficult to understand." (Priory Community Centre)*

The following suggestions were made to help overcome the barriers faced:

- More platforms of contact to make access easier for all ages and communities.
- A more flexible and accessible appointment system giving more options and allowing patients to make an appointment however they wish.
- Increased awareness and support for digital solutions.
- Introducing more user-friendly online systems or dedicated helplines for certain groups (e.g. carers, those with hearing loss, those with a learning disability).

**Theme 3: Patients feel they have limited / no choices when booking an appointment – i.e. who they see, when they see them and how. They want their needs and circumstances to be considered and greater consistency.**

Individuals reported how they are rarely given a choice of appointment time which can create problems. For example, carers must try and fit this around their hectic schedules and those reliant on public transport must try and find suitable travel to enable them to get to their appointment on time.

Individuals expressed their frustration and anxiety of having no choice of which GP they see with appointments usually being assigned to a locum who they have no existing relationship with. This results in the patient / carer having to 'start from scratch'. Having greater consistency was perceived to help build trusting relationships and enable better, more tailored care. This was particularly important for carers, those with a sensory impairment, those with a learning disability and those with long-term health conditions / disabilities. Those with long-term health conditions / disabilities noted that stigma is often associated with certain illnesses.

*"It's almost impossible to get through to get an appointment and when I do its normally a locum doctor. I have no faith in them [locums] at all. I just feel sheer terror if my own GP is not available, it affects me so badly." (Life in Community)*

*"It's worrying if you have to see different people every time you go, a new face or a stranger. They don't know you well enough and it makes us feel very anxious." (WHG)*

Others talked about the reliance on telephone appointments and the limited number of face-to-face appointments that are available. In-person appointments were considered a better way to assess patients allowing for a more accurate diagnosis to be made. Some minoritised groups identified the barriers they face to accessing telephone appointments, particularly those who are deaf / hard of hearing, those with a learning disability and those from minority ethnic communities who struggle to express themselves over the phone.

Additionally, those with a learning disability noted how they are excluded from telephone conversations.

The following suggestions were made to help overcome the barriers faced:

- Having more face-to-face appointments available, particularly for more serious / chronic needs.
- Greater consideration of whether a telephone appointment is suitable / accessible for the patient.
- Greater consideration of the circumstances of the patient / carer when booking an appointment (e.g. appointment timings).
- Ability to request a home visit for those who are less mobile (important for carers and those with physical disabilities).
- Ensure that locum staff read notes thoroughly.

**Theme 4: When attending appointments, patients often feel rushed and that they do not have enough time to communicate all their needs. They want time to express themselves fully and to feel listened to and understood.**

Individuals reported how appointments frequently run late and how they feel rushed during appointments and limited to discussing only 'one issue'. This was noted to cause inconvenience for patients in having to book another appointment and delays in receiving comprehensive care. It also makes patients feel 'unimportant' and that they 'do not matter'.

Although frustrating for many, on-the-day delays are a greater issue for those who require an interpreter and those who have anxiety, a learning disability and/or in constant pain.

*"I have co-occurring health conditions but I'm not allowed to speak about more than one." (SUIT)*

*"Just want to get you in and out mentality." (Thia CIC)*

*"Doctors don't have the time to treat patients like real people." (Make More)*

Others reported difficulty in communicating their needs effectively during appointments when time is pressured and how they don't always feel listened to. This is hard for patients when they already find the process of attending an appointment daunting.

Carers and individuals who usually attend appointments with someone else frequently reported how healthcare professionals and other practice staff direct questions / communication towards the carer, as opposed to the cared for person. This can make them feel undermined and not in control of their health. They felt strongly that assumptions should not be made about their ability to communicate, but instead be given patience and time.

*"I don't like it when people talk to my mother rather than me even though it is my appointment." (Wolverhampton Gateway)*

*"I know what is best for me, not anyone else." (WHG)*

Linked to this, individuals talked about the importance of feeling supported, and good communication, ensuring that the patients understand the information that is given to them.

*"Not being sure what is happening half the time." (Bread for life)*

The following suggestions were made to help overcome the barriers faced:

- Good manners and acknowledgement from healthcare staff when appointments run late.
- Providing a more holistic service where more than one issue can be dealt with at one appointment.
- Healthcare providers and other practice staff to show more patience and interact more directly with patients.

*"Being given personalised support or understanding that being there is hard and given patients is the most important thing." (WHG)*

*“Being listened to as a whole person, because I have lots of different medical stuff going on.” (Trans Fitness CIC)*

**Theme 5: The attitude / manner of health professionals is important to patients when accessing primary care services; they want to feel respected and be treated as an individual.**

Individuals talked about now wanting to ‘*feel judged*’ about their lifestyle choices or decisions they have made. This included rough sleepers, those with past involvement in the criminal justice system and those with a learning disability.

*“The Dr may not always like our choices, but they are our choices the same way other people make them. Just because we have learning disabilities it doesn’t mean that we can’t make up our own minds.” (Wolverhampton Gateway)*

Others highlighted how they want to be treated as an individual and not defined by their disability or circumstance.

*“Treated as an individual rather than being defined by their disability ‘not everyone person with a visual impairment has the same needs – everyone is a unique case’.” (Walsall Eyes)*

*“Dealing with people as a human person as opposed to a demographic.” (Trans Fitness CIC)*

Additionally, those from minority ethnic groups highlighted the importance of staff showing respect for those with different culture and beliefs.

*“Sometimes they do not engage well or make reasonable adjustments to how they talk to different people. One size does not fit all. Primary care services need to be respectful of different cultures.” (Bread for life)*

*“I would like to see people treated the same way regardless of what culture, faith or colour I am. Having a different accent might make one come across as naïve or aggressive but this is because professionals have no understating how to deal with people of different culture.” (Wellbeing Empowered)*

The following suggestions were made to help overcome the barriers faced:

- Non-judgemental staff.
- Good access to interpreters to support those who face language barriers.
- Equality and diversity displayed by all staff.

**Theme 6: Some minoritised groups face unique barriers to accessing GP services. They want these to be understood and accommodated to ensure equal access.**



The tables below provide a detailed overview of the specific barriers that some minoritised groups face as well as suggestions to help overcome these. They demonstrate the value of the microgrant scheme, and the quality of insight gathered from service users.

## Rough sleepers

Barriers to access
<ul style="list-style-type: none"> <li>• No engagement with primary care services over the past 12 months, primarily because their health is not viewed as a priority.</li> <li>• Face unique barriers of not being able to register due to not having a home address and not having any means to make an appointment (i.e. mobile phone).</li> <li>• They often feel judged and that the doctor isn't listening to them.</li> </ul>
Supporting access
<ul style="list-style-type: none"> <li>• Make access quicker and easier i.e. face-to-face appointments, recognising that they do not have the technology to access online/telephone appointments</li> <li>• To be more welcoming, non-judgemental and understanding of the difficulties rough sleepers may have when attempting to access and attending appointments.</li> <li>• Raise awareness of what healthcare services are available locally and how individuals can access these – provide verbal explanations rather than signposting individuals to a leaflet or the internet.</li> </ul>

Table 12 Rough sleepers

## Children and young people

Barriers to access
<ul style="list-style-type: none"> <li>• No specific barriers were identified, with many explaining how their parents are responsible for booking any healthcare appointments.</li> </ul>
Supporting access
<ul style="list-style-type: none"> <li>• GP services to be more welcoming to young people.</li> <li>• Staff to listen all needs and concerns and not disregard them because of a person's age.</li> <li>• Use of more familiar language with questions / communication directed towards the young person.  <i>"They should speak to kids not to the parents." (Life in Community)</i> </li> </ul>

Table 13 Children and young people

## LGBTQ+ community

Barriers to access
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- They talked about the anxiety of reception staff asking questions around why appointments are required and having to explain the same situation each time they phone. For some, making an appointment online helps ease this.
- Some talked about how their title / gender on their patient records is not correct and the difficulties they have in changing this (no non-binary option). Additionally, their voices often lead to issues around identity and misgendering. This was noted to be more of an issue when there is a lack of familiarity with staff.
- Language use in letters / patient records, as well as in-person, is just as important.
- Not being able to book an appointment when needed causes issues when medication needs to be administered at specific times. The issuing of prescriptions and the supply of medication also adds further complexity as frequently this is not ready resulting in appointments being wasted, whilst also having a knock-on effect on hormone levels.
- Trans individuals feel there is a lack of knowledge amongst GPs as to how treat trans individuals (i.e. what needs doing and when).
- Although some health professionals are happy to learn and ask questions, trans people are having to give a tutorial whilst trying to seek medical assistance at the same time. If it is repetitive, it starts to appear that nobody actually cares, resulting in trans / non-binary people avoiding taking care of themselves until a point where it becomes unavoidable.

*"I have Mx on NHS App, but record still says Female, I'm spoken to with female terms of endearment by staff members." (Trans Fitness CIC)*

*"Wasn't very understanding, didn't seem to understand my gender now and saying 'she' when my gender is male now and has been for 7 years." (The Way)*

### Supporting access

- Ensure accurate record keeping / issuing of new NHS numbers on receipt of Gender Recognition Certificate.
- Adding a pronouns box to patient records – to help remove some of the fear that trans people feel in the early stages of transition when they physically do not sound like the person that they say they are on the phone. These pronouns should be used on all paperwork.
- Better training for all NHS staff – the trans community feels that many staff (through a lack of knowledge and maybe having never met a trans person) are frightened of getting things wrong and/or, causing offence. The approach of staff can make a massive difference.
- Support GPs to understand how Gender Identity Clinics (GICs) work, particularly with regard to referrals, blood testing and prescribed medications.
- Ensure prescriptions are ordered in time for appointments / medication administration.
- Greater awareness of 'Trans Broken Arm Syndrome' – discrimination faced by trans and gender diverse individuals wherein a health professional incorrectly assumes that a medical condition results from a patient's gender identity or medical transition.

*"Could NHS central records be better equipped for all the different areas that information may need to go to? This would prevent information that is 'old' from being re-used, or incorrectly used as it can cause distress to people to see their old name/title on paperwork for something that is currently relevant." (Trans Fitness CIC)*

Table 14 LGBTQ+ community

## Learning disability and autism

Barriers to access
<ul style="list-style-type: none"><li>• Many find the experience of accessing GP services daunting and unsettling, and rely on going to appointments with their carer / support worker.</li><li>• They feel there is no allowance for their additional needs such as the provision of longer and face-to-face appointments and quieter waiting areas. Phone appointments often mean they are excluded from conversations.</li><li>• Individuals often find it very difficult to make themselves understood, perceiving that health professionals do not understand their additional needs. They frequently report that health professionals assume they can't communicate for themselves and speak directly to their carer / support worker, which they find upsetting.</li><li>• They can be given a lot of information during appointments which they struggle to understand or remember, some are fearful to ask questions perceiving that the health professional has '<i>no time for them</i>' or '<i>doesn't have any patience</i>'.</li></ul>
Supporting access
<ul style="list-style-type: none"><li>• Specialist staff training in supporting people with a learning disability.</li><li>• Capturing on patient records if someone has additional needs and the support that might be needed to enable reasonable adjustments to be made (i.e. provision of longer and face-to-face appointments).</li><li>• Having an advocate at the practice to support those accessing GP services on their own.</li><li>• Consider timing of appointments and waiting areas i.e. quiet surgery times, sensory toys to distract people.</li><li>• Health professionals to direct questions to the patient, rather than the person they attend the appointment with.</li><li>• Health professionals to use simplified language to support understanding.</li><li>• If medication is changed, this should be explained to patients – examples were provided of when medication has been changed but the patient doesn't know why. Support workers have then had to call the surgery to find out.</li><li>• Provision of written consultation information for individuals to take away.</li><li>• Issuing of reminders for appointments or ordering prescriptions</li></ul>

Table 15 Learning disability and autism

## Asylum seekers and refugees and diverse ethnic communities

Barriers to access
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- Language barriers and unfamiliarity with the NHS healthcare system are key issues.
- A lack of permanent residence also adds complexity.
- Walk-in / emergency care services are often considered more accessible
- Privacy is a concern i.e. talking at reception, touch screen technology and conversations in pharmacy.
- The Roma and Romanian community face barriers in registering with GP services as they do not have the support to complete registration forms.
- Individuals struggle to make an appointment over the phone with the first point of contact not being able to communicate with someone whose English is not first language and they do not always have the means or ability to use online services.
- Some feel that health professionals can be dismissive and don't have the patience to listen, whilst others report difficulties expressing themselves, particularly in telephone appointments.
- It was noted that some cultural differences and beliefs clash. Examples were given of staff treating people very differently once they see individuals dress a certain way and/or how their communication changes (e.g. talking with broken English or different accents).

*"Not able to communicate with receptionist as there is language barrier." (Wellbeing Empowered)*

*"Not being able to get an appointment due to being placed in a hotel and could be moved but we don't know how long we have to wait we normally go walk in centre if we need support, but we struggle with English so making an appointment would be hard." (The Way)*

### Supporting access

- Ensure good access to interpreters, including at first point of contact (telephone).
- Ensure that individuals are able to book appointments in-person.
- Improved cultural awareness and understanding amongst staff of different people from diverse backgrounds.

The Life in Lye programme explained how they are looking to establish a community of practice for practitioners in Lye which will support teams and organisations to embed cultural intelligence into their work and ensure services are accessible to everyone. They provided the example of where they have introduced flash cards at Chapel Street Surgery to assist the Roman and Romanian community when at reception.

Table 16: Asylum seekers and refugees and diverse ethnic communities

## Carers

### Barriers to access

- Despite being registered as carers, they feel they do not get prioritisation / quicker appointments. They feel the appointment system is very inflexible which makes it difficult to make an appointment around their busy schedules.
- Not all carers are comfortable with or have access to digital solutions, making in-person and phone support crucial.
- They often feel they don't have enough time to explain their issues fully, and the lack of continuity with health professionals exacerbates this. Being able to book an extended / double appointment is helpful, but not uniformly available.
- Carers feel that questions are often directed at the carer, rather than the cared for person.
- Carers who do not speak English as their first language face additional hurdles, especially when their loved ones cannot communicate effectively in English. This language barrier can lead to miscommunication and a feeling of being misunderstood or neglected.
- They feel that their role as a carer is rarely addressed which makes them feel undervalued and unsupported. They said that when both the carer and the person they care for are present, GPs only address one person, neglecting the needs of the other.
- Carers reported not receiving referral to any kind of carer support.

*"I don't see the point in my GP knowing I'm a carer as I don't see any benefits. When I'm with the person that I care for the GP does not check to see if I'm okay." (Forward Carers)*

### Supporting access

- Implement more flexible booking options to accommodate carers' schedules and provide quicker access for registered carers.
- Provide training for GPs and reception staff to better understand the carer role and provide appropriate support or referrals to carer services.
- Strengthen communication channels between GPs and pharmacies to prevent medication delays and provide clear guidance on medication management for carers.
- Create robust information-sharing protocols between GPs, pharmacies, and hospitals to ensure that carers are not left to navigate the system on their own. This could include sharing details about medication changes, appointments, and support services available.
- GP practices and pharmacies should collaborate closely with local carer support organisations, such as the Walsall Carers Hub, to provide a seamless support network. This could include shared resources, joint workshops, and information sessions for carers.
- Improve signposting to relevant support services, such as local carers hubs, external support groups, and mental health services.
- GP practices should have specific support and resources available for parent carers, who often have unique challenges. This could include access to child-specific healthcare resources and flexible appointment times that accommodate school schedules.
- Explore options for providing more comprehensive after-hours support, such as linking with out-of-hours services like Badger. This would help prevent unnecessary stress and anxiety.
- Organise regular feedback sessions or surveys to gather insights from carers on how services can be improved. This would ensure that the evolving needs of carers are met and that services are continually adapted based on their experiences.

- Issuing of timely reminders about appointments through email or text – helping carers manage their busy schedules.
- Having the ability to choose which hospital they are referred to is an important consideration for carers. This allows them to select the most convenient or appropriate care setting for their needs.

Table 17 Carers

## Visual impairment

Barriers to access
<ul style="list-style-type: none"> <li>• Individuals often rely on public transport therefore face difficulty with appointments only being available at specific times and travelling when dark.</li> <li>• They face difficulty accessing online appointments due to their unfamiliarity with the technology and difficulties in using a camera to show any physical issue.</li> <li>• Accessibility varies greatly between practices.</li> <li>• Concerns were raised about car parks with no pedestrian access and hazardous footpaths. One individual reported that in the absence of pedestrian access how they have to call reception to ask for assistance through the car park.</li> <li>• Receptionists were generally considered helpful and accommodating, however not all feel comfortable asking for help.</li> <li>• Practices can be too bright which caused discomfort for those with visual sensitivities. There is often also a lack of contrast between chairs and carpet.</li> <li>• Information on display / touch screens is often not accessible (i.e. text being too small, poor contrast, lack of speech support). Functionality on touch screens can be customised, however not all are aware of this.</li> <li>• Large print letters take longer to send out to patients, and can result in missed appointments.</li> <li>• Health professionals often direct questions to carers as opposed to the patient, which they find very disempowering and patronising. Some have also experienced this at reception, when forms are handed to their carer.</li> <li>• Often health professionals focus more on sight issues rather than the problem the individual is presenting with, resulting in a loss of valuable time and appointment focus.</li> </ul>
Supporting access
<ul style="list-style-type: none"> <li>• Ensure accessible footpaths around car parks.</li> <li>• Ensure a uniform system for recording in a patient's notes details of their visual impairment to ensure consistent communication and support.</li> <li>• Practice staff to always ask if assistance is needed (even if they have a guide dog).</li> <li>• All information screens to automatically enable accessibility features like speech output or high contrast (and for this to be consistent in all settings)</li> <li>• Questions / communication should be directed towards the patient, not the carer, including the issuing of paper forms.</li> </ul>

- Health professionals to not make assumptions that because they are blind, they ‘do not want to know’ e.g. dose or name of medication.

Table 18 Visual impairment

## Hearing loss

Barriers to access
<ul style="list-style-type: none"> <li>• They feel strongly that patients who are deaf / hard of hearing do not have equal access to GP and other health services.</li> <li>• Health professionals in general are felt to have a lack of deaf awareness.</li> <li>• Many primary care services do not offer an alternative method of contact, with the main point of contact being a landline number. They have to rely on family members or support workers to make primary care appointments which can cause a delay in accessing care, or use the App which ‘doesn’t always have appointments available’.</li> <li>• Text relay is often mistaken by practice staff as a cold call.</li> <li>• With the shortage of BSL interpreters, interpreters are often not booked and the practice is not informed – this wastes time an appointment slot and the patient’s time.</li> <li>• When BSL interpreters are not booked / available, there is a reliance on family members which removes the patient’s independence and makes it difficult to discuss private matters. Alternatively, appointments may be cancelled/delayed or the health professional will use gestures or notes to communicate. This affects their confidence in communications.</li> <li>• Communication is harder if health professionals look away / don’t maintain eye contact, use language they don’t understand or wear a mask.</li> <li>• When interpreters are booked, they are often only available for a specific amount of time (creating issues if appointments are not on time) and are very formal.</li> <li>• They find it difficult in noisy environments and can’t lip read non-English people.</li> <li>• Loop system technology can be unreliable, resulting in the health professional shouting raising privacy issues.</li> </ul> <p><i>“The GP sometimes expects me to communicate verbally or read lips and this is unacceptable as I prefer to communicate using a BSL interpreter.” (SDCA)</i></p> <p><i>“I am unable to attend appointments without communication support, so if my family are not available and there is not a BSL interpreter, I do not have any access and cannot go.” (SDCA)</i></p> <p><i>“Having a better reception staff that understand how to speak to deaf people.” (The Way)</i></p>
Supporting access
<ul style="list-style-type: none"> <li>• Provide Deaf, DeafBlind, and Hard of Hearing awareness training to develop better awareness</li> <li>• Practice staff to learn basic BSL and ensure that they are aware of how to book communication support services.</li> </ul>

- Ensure access requests are completed (check whether interpreter, lip speaker, a speech-to-text reporter service are needed) and that these are automatically flagged on the patient's records.
- 24/7 BSL interpreter access.
- Offer video relay services as an alternative service for video appointments.
- Written communication only (no telephone calls)
- Subtitle / in-person interpreters for TVs
- Ensure sufficient time is taken to help patients understand their health concern / medication.
- Specific App / dedicated service for vulnerable people who are unable to ring the practice like the hearing world.

Table 19 Hearing loss

## 5.3 Helping people to remain happier, healthier and more independent for longer

Individuals were asked what primary care services could do to help patients remain happier, healthier and more independent for longer. The following provides an overview of some of the key suggestions.

- Holistic advice and guidance on how to maintain a healthier lifestyle, tailored to the needs of individuals and/or specific groups. It was suggested that this could be through one-to-one support, leaflets and/or tailored workshops / sessions. Those with a sensory impairment noted how resources must be made available in accessible formats.
- Raising awareness of the range of healthcare services available to patients as well as leisure activities and community groups. It was suggested that this could be through information within the practice including notice boards, TV screens, leaflets and information sessions. This was particularly important for asylum seekers and refugees who lack understanding of the NHS healthcare system and other support services.
- Making living a healthier lifestyle more affordable and accessible. Suggestions included:
  - Free / subsidised community and leisure activities.
- More funding for the VCSFE sector to help support the community.
  - Vouchers to aid healthy eating.
  - Free / subsidised transport.
  - Evening and weekend community and leisure activities.
  - Ensuring services are accessible and inclusive to all.

The latter was particularly important to those with a sensory impairment and those with a learning disability who feel strongly that services are not geared up to support their needs.

- **Improved signposting and social prescribing.** Individuals discussed the role that CVS organisations can have in supporting individuals / communities through the provision of



more tailored and culturally appropriate support. They discussed the experience that these services have in supporting different minoritised groups and how they can support individuals whilst on NHS waiting lists. This was felt to be particularly importance for mental health and an alternative to medication.

- **More support groups / activities for specific groups.** It was suggested that there should be more collaboration with local communities to support the development and facilitation of dedicated support groups for different minoritised groups, recognising the barriers that these individuals face to accessing this type of support.

For example, people with a learning disability talked about not wanting to go to a group where anyone can attend for fear that they won't be able to do thing as well as everyone else. Trans individuals talked about not wanting to make others feel uncomfortable or that the organisation feels like they have to welcome them, whilst minority ethnic groups discussed the importance of women / men only sessions.

- **More regular reviews and health checks** including blood pressures checks, mental health reviews and full body MOTs. It was suggested that this could be done through greater collaboration with the VCSFE sector and how this should not be restricted to certain age groups.
- **Community hubs.** It was suggested by some that there should be more community hubs where people who need medical advice can go, whilst also engaging with other types of health and wellbeing support.

Some specific quotes by individuals included:

*"I would quite like advice in being healthier and happier and just generally better."  
(Trans Fitness CIC)*

*"They just said, well, make some lifestyle changes. I honestly don't know what that means and I struggle really a lot with the concept of like what is healthy food? What is healthy eating? What is nutritious eating? I really don't understand it." (Trans Fitness CIC)*

*"The groups I attend are very beneficial for my mental health as I live alone and I get to meet similar people and make friends." (Priory Community Centre)*

*"Referral to some light physical activities in the community rather than 6 to 4 weeks physiotherapy which most times don't work." (Wellbeing Empowered)*

*"Many Primary Care health professionals are not aware of the service SUIT provide, and how it differs to that of the treatment provider RNY." (SUIT)*

*"I'd love more free healthy living classes. I've just completed a cooking on a budget class at Life In Community. More people could also benefit from this if more funding was made available." (Life in Community)*

*"Have services that one access regularly to monitor / health checks so it's not necessary to go see a medical professional." (Wellbeing Empowered)*



*‘It would be good to have a community hub where you could walk in and see a doctor or dentist on that day without having to sign up. You could do healthy stuff there and learn new stuff.’ (Wolves Gateway)*

## 5.4 Pharmacy and dental services

Pharmacy and dental services were discussed to a lesser extent, the following captures some of the experiences of those who have accessed these services.

### Pharmacy services

Negative experiences	Positive experiences
<ul style="list-style-type: none"> <li>• Lack of privacy.</li> <li>• Often unable to assist and direct patients to GP services (lack of medical knowledge)</li> <li>• Lack of communication with GP services.</li> <li>• Prescription issues and medication supplies.</li> <li>• Assumption of knowledge by pharmacy staff (difficult for those who have multiple illnesses and on complex medication)</li> <li>• Lack of familiarity / relationships (difficult for trans individuals who are anxious about identity and misgendering).</li> <li>• For minor issues, deaf patients have no way of communicating, which means they are more likely to go to the GP because they know that is where they are more likely to get communication access.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients are made to feel welcome and supported.</li> <li>• Organisation of medication through blister packs is appreciated.</li> <li>• Appropriate referrals to other healthcare services.</li> <li>• Support those unable to leave their home with deliveries.</li> </ul>
Recommendations	
<ul style="list-style-type: none"> <li>• Train pharmacy staff to ensure discussions about health and medication are conducted in private settings.</li> <li>• Explain to patients if packaging has changed and how this does not necessarily mean a different medication (important for those with a learning disability)</li> <li>• Ensure prescription labels do not go over braille.</li> <li>• Offer a more consistent prescription delivery service, to reduce burden on those who struggle to collect in person.</li> <li>• Provide advice as to how to reduce prescription costs and manage medications more effectively (important for carers).</li> <li>• On-the-spot communication support, such as a video relay service, to support deaf patients.</li> <li>• Lack of communication between GP and pharmacy services leading to patients having to go ‘back and forth’ and issues getting prescriptions.</li> </ul>	

Table 20 Pharmacy services

## Dental services

Negative experiences	Positive experiences
<ul style="list-style-type: none"> <li>• Lack of NHS dentists available to take on new patients.</li> <li>• Lack of appointment availability / waiting times.</li> <li>• Long waits following hospital referrals.</li> <li>• Unhelpful and patronising behaviour of staff.</li> <li>• Lack of privacy at reception desks.</li> <li>• Cost of treatment.</li> <li>• Cost issues of booking BSL interpreters (not under scope of the Accessible Information Standard).</li> </ul>	<ul style="list-style-type: none"> <li>• Excellent service for special needs dentist.</li> <li>• No complicated online systems for booking appointments.</li> </ul>
Recommendations	
<ul style="list-style-type: none"> <li>• More practices available for new patients</li> </ul>	

Table 21 Dental services

## 6 Analysis of the focus groups

The following summarises the key points of discussion from several conversations undertaken with Black Country residents in one-to-one or group scenarios.

- Brierley Hill Methodist Church, 5 participants
- Women of Wolverhampton; 6 participants
- Wolverhampton focus group; 15 participants
- Walsall focus group; 5 participants
- Just Straight Talk, Sandwell; 4 participants (one-to-one discussions)

### 6.1 Experiences and barriers to accessing primary care

- Good experiences relate to being able to get a GP appointment when needed and feeling listened to and understood by reception staff and health professionals working within the practice.
- Patients find it difficult to make same day appointments. They report the frustration of ringing early in the morning and being put in a queue, only to be told there are no appointments left and to ring back the next day. There was acknowledgment of how difficult this must be for people from minoritised groups.

*“Usually have a 20-minute wait on the phone with around 14 patients ahead in the queue, with no appointments left with a GP when I get through.”*

*“When you are feeling at your worst, you need to fight and be at your most articulate to get the help you need, this must be worse for people in health inclusion groups.”*

- Difficulties in making appointments can result in treatment being delayed and health conditions deteriorating.
- People want to be seen and heard; they want interaction with a health professional. They value a relationship with a GP and feel frustrated by the lack of consistency. They do not want to have to repeat information or be asked the same questions over again.
- Some view staff at reception as ‘gatekeepers’ and feel uncomfortable telling them their concern / illness and question whether it is safe for them to assess whether an appointment is needed. Others noted how reception staff can be rude and unhelpful which creates anxiety amongst patients.
- Patients with anxieties and mental health issues often feel like they are not taken seriously which can prevent them from accessing care when needed. They want their needs and concerns to be listened to and the underlying causes of their issues to be addressed. One

individual who has been involved with the Criminal Justice System described how they have been treated like a ‘dirty criminal’, only being taken seriously when supported by a VCSFE organisation.

- People want their needs to be looked at holistically with appointments allowing them to talk about more than one issue / health concern at a time.
- Some talked of their negative experiences with interpreters, referring to situations whereby interpreters have been late or not turned up, or they have been sent an individual who is inappropriate for the situation (i.e. a male interpreter for a gynaecology appointment). This applied to BSL and other language interpreters.

*“I struggle to get a BSL interpreter, I’ve had 4 no shows or my GP practice charges me £380 an hour for an interpreter”*

- Having choice about the healthcare professional patients can see is important, including being able to select whether they see someone from the same or different culture. One Asian male highlighted how he felt comfortable and judged when being treated by a doctor from his own background, whilst the diverse group of women from Wolverhampton talked how they would like diversity to be reflected in the workforce.
- When engaging with patients who have difficulty in communicating, it was felt important that assumptions are not made that the person cannot communicate their own needs.

## 6.2 Thoughts on the draft primary care strategy

### Priority 1: Non-complex same-day care

Participants discussed some of the approaches to supporting same day access and improving access to healthcare professionals at their GP practice.

Strategy	Comment
Digital tools	<ul style="list-style-type: none"> <li>• Some reported difficulty downloading and using the NHS App or Patient Access website, particularly with regards to booking appointments.</li> <li>• Poor connectivity / Wi-Fi creates issues for patients using these tools and searching for information and guidance.</li> <li>• There was concern about patients who are unable to use this technology such as older people, those without access to the internet, those who don’t speak English and those who have special educational needs, with questions asked as to what is being done to facilitate their access.</li> </ul> <p><i>“I can’t use the NHS app for other things like booking physio appointments and we can’t book and I phone, I get asked why I didn’t use the app.”</i></p>

	<p><i>"I like the patient access website, but appointment slots are not always on the same day, I have to book for in 2 weeks' time, this is too late for a FIT note."</i></p>
<b>Triage systems</b>	<ul style="list-style-type: none"> <li>• A few recognised the benefits of triage systems and directing patients to the 'right place'.</li> <li>• Patients raised concerns about privacy and disclosing personal information at the reception desk and the medical experience of triage staff with concern about health conditions being missed.</li> <li>• Additional concerns were raised about individuals who find it difficult to communicate their needs including people who don't speak English, those with special educational needs and those who are deaf.</li> </ul> <p><i>"People don't want to tell the receptionist their concerns / medical history with other people in earshot."</i></p> <p><i>"Person triaging needs to be trained to assess, there should be a team behind the scene to monitor and pick up any concerns or referrals, taking a community approach."</i></p>
<b>Seeing other healthcare professionals</b>	<ul style="list-style-type: none"> <li>• Concerns were raised over seeing different healthcare professionals and patients having to repeatedly tell their story as well as their medical experience.</li> </ul> <p><i>"When the GP appointments have gone, you can see a nurse or someone else if they can prescribe, but you get scared and wonder if they should be doing that."</i></p>

Suggestions to raise awareness and confidence in these new ways of accessing healthcare appointments include;

- Through reception staff.
- Having someone to talk to allay fears (this was felt to be applicable for new parents).
- Information on display / TV screens in GP practices.
- Pop-up events in GP practices.
- Information on websites and brochures containing information about services, including a telephone number and a named contact (providing an email address was not felt to be adequate).
- Facebook GP practice page.
- Text messages and emails.
- Advertisements on Black Country radio.
- Engagement with VCSFE organisations and dissemination of information, advice and guidance.
- Greater collaboration / communication between healthcare, social care and other professionals.

## Priority 2: Planned care

Participants in some groups talked briefly about the idea of creating neighbourhood care teams to support people in managing their long-term health conditions.

Generally, it was perceived well with some likening the approach to multi-disciplinary teams. It was considered that the approach would help provide continuity of care.

However, the assumption was made that this would mean that all professionals would be located in the same building, which participants liked the idea of:

*“One building for a range of health care professionals sounds brilliant.”*

Concern was raised about shared access to patient records and communication between different professionals and departments.

## Pharmacy First service

Participants had little awareness of the Pharmacy First scheme and what health conditions advice and treatment could be sought.

*“I knew about it but don’t know the list of what they offer.”*

Expanding the Pharmacy First service was generally perceived to be a good thing in helping to make healthcare more accessible.

However, some concerns were raised about accessing pharmacies, specifically;

- The restrictions they have in place in terms of the conditions they can provide treatment for with feeling that patients are often directed back to their GP.
- The lack of access to shared patient notes, which results in patients being asked the same questions and lack of consistency of care.
- The lack of privacy in some pharmacies, with patients not wanting to talk to staff at the counter about their issues in front of others.

Participants in one group discussed the importance of ensuring that professionals communicate with each other and use the same system to update patients’ notes.

*“There seems to be a seems to be a lack of communication and that’s why people go to A & E.”*

*“It is important that whoever treats or gives me advice does so holistically and considers the ‘whole me’, as they need to know about the condition, as well as how I am feeling.”*

## Priority 3 – preventative care

Participants were asked what more could primary care services do to support patients to remain healthier, happier and more independent for longer. Suggestions related to:

- Improved information and guidance about health matters. Specific suggestions included the need for a greater focus on women's health matters, including menopause and the impact of divorce on their health, and increasing awareness of when an illness becomes an emergency.
- More regular check-ins with patients, including new mothers and patients with mental health. It was suggested that this could be done through text message, letter or phone call, to help avoid crisis situations.
- More preventive work i.e. engagement with schools / youth clubs.
- Greater engagement with local communities to understand the support that is available to facilitate effective signposting (e.g. reaching out to carers and making them aware of carer support).

*"Need to clarify when an illness becomes an emergency, for example teaching the public how to recognise meningitis."*

*"GPs should be aware of what support is available in the community, so they can signpost patients to this if appropriate. For example, Just Straight Talk, Sandwell."*

*"It is important to foster relationships with youth clubs, churches, schools, and other trusted voices within our communities and if possible, create day centres and other safe spaces, as these places help maintain people."*

## **Delivering the vision**

Generally, participants felt that the approaches outlined in the draft strategy may help make some improvements, however concern / questions were raised with regard to:

- Whether patient concerns will be listened to and taken on board.
- Whether there will be any financial investment.
- Whether primary care have sufficient staff in place with the right training.
- How changes / improvements will be evaluated and communicated to the public.

*"The plans are broad and general, no one would argue against it."*

*"If they take on board what we say, then yes. I will find my way to improve my health and wellbeing."*

# 7 Summary of findings

## 7.1 Introduction

During August – September 2024, NHS Black Country Integrated Care Board (ICB) embarked on an engagement project to understand local people’s views on the outline Future of Primary Care Strategy.

In total, 1208 members of the public participated in the research either by filling in a survey (online or in paper) or taking part in a focus group or one-to-one discussion facilitated by the ICB’s People and Communities Involvement Team or by a VCSFE organisation commissioned as part of the microgrant scheme.

The microgrant scheme is an approach which enables minoritised communities to have their say. This includes groups such as rough sleepers, diverse ethnic communities, refugees and asylum seekers, those with a physical or mental health disability, sensory impairment or learning disability/autism, carers, children and young people, sex workers, those involved in the criminal justice system, LGBTQ+, victims of domestic violence, those who long-term unemployed, travellers, those approaching the end-of life and those with a drug / alcohol addiction.

Supporting VCSFE organisations to have these conversations with their service-users enabled rich data to be collected about the barriers and unique challenges minoritised groups face in accessing primary care services. The quality of insight gathered demonstrates the value in the microgrant process.

Engagement method	No. of individuals
Online / paper survey	685
Microgrant discussions	488
Focus groups and one-to-one discussions	35
<b>Total</b>	<b>1208</b>

Table 22 Individuals reached by engagement method

## 7.2 Key findings

### Our primary care vision

*Our vision for Primary Care in the Black Country is fairer access to high-quality health and care for all, building resilient communities with improved health outcomes. Our mission is to empower people, carers, staff and volunteers, with the know-how, ability and tools to access care that meets their unique needs, closer to home.*



*By creating a supportive and innovative environment that encourages mutual respect and collaboration among health and care providers across the System, we aim to reduce health inequalities, and make sure everyone gets the right care they need.*

In terms of the vision for future primary care, 42% of survey respondents understand this, whilst 51% do to some extent. Just 2% said they did not and 2% were unsure.

### **Priority 1: Non-complex same-day care**

*Our vision is that people who contact the health system will be directed to the right health and care support to meet their needs first time – that might not be a GP but the right health care professional and in the right place.*

#### Approaches to improving access to non-complex same-day care

**86% of survey respondents agreed that patients wanting to see a health professional on the same day should be assessed on their clinical need.**

**84% of survey respondents agreed that patients should be signposted to the right professional to support their health or care need, which may not be a GP.**

**83% of survey respondents agreed that if the needs of the patient do not require same day access, they can be seen in a routine appointment in the future.**

In contrast, **a lower proportion (59%) agreed that if appropriate, patients should first use the NHS website / app or go to a pharmacy for advice.**

Whilst little difference was evident in satisfaction of the different approaches by geographical area, much greater objection to these approaches was found amongst older people, particularly with regards to using the NHS website / app or pharmacy for advice.

Agreement with these approaches was also lower amongst Asian / Asian British respondents, compared to those who identified as Black / Black British and White - English, Welsh, Scottish, Northern Irish, British.

The microgrant and other focus group discussions allowed a more detailed exploration as to recent experiences of accessing same-day care.

Patients talked the difficulties that have making timely GP appointments for their health needs. They expressed their frustration with the time constraints to do this and being on hold / in a queue for long periods of time when phoning the practice.

Concerns were raised about the triage process in terms of privacy and disclosing personal information to reception / triage staff as well as the medical experience of staff members with some individuals perceiving that these staff do not have the appropriate medical knowledge to make decisions on whether an appointment with a GP is warranted. Often reception / triage staff were referred to as 'gatekeepers'.

Frustration was raised about online services and access for minoritised groups who are unable to use this technology, for example, older people, those without access to the internet, those who don't speak English and those who have a learning disability/autism and/or a sensory impairment. Patients stressed the importance of ensuring that there is flexibility for patients to book an appointment however they wish and that they do not feel pressured to go online.

They also talked about how the limited choices they have when booking an appointment in terms of who they see, when they see them and how they see them. They stressed the importance of considering the needs and circumstances of patients when booking appointments and providing greater consistency.

#### Approaches to improving access to healthcare professionals within GP practices

**87% of survey respondents were satisfied about appointments being available at evenings and weekends.**

**78% of survey respondents were satisfied about being able to self-refer for urgent eye care services, and 74% for specialist services.**

**73% of survey respondents were satisfied about pharmacy services being used as an alternative to the GP for common conditions.**

**70% of survey respondents were satisfied with new roles in addition to GP's, such as first contact physiotherapists, pharmacists and paramedics.**

**67% were satisfied with the use of digital tools and data such as the NHS app and online forms for requesting repeat prescriptions or to view test results.**

In contrast, **satisfaction was lower about patients being triaged by staff at the reception desk (54%).**

Little difference was evident in satisfaction by geographical area, however in terms of age, satisfaction with the use of digital tools and data was higher for younger age groups. The youngest age group (<29 years) also had greater satisfaction with triage by staff at the reception desk compared to all other age groups.

Satisfaction with the approaches was greater amongst those who identified as White - English, Welsh, Scottish, Northern Irish, British compared to those from ethnic minority groups, whilst satisfaction about the use of digital tools and data and being triaged by reception staff was lower amongst those with a disability / long-term condition.

#### Raising awareness and confidence about new ways of accessing healthcare appointments

Survey respondents provided various suggestions were made as to how to raise awareness of new ways of accessing healthcare appointment, this included;

- Face-to-face engagement (21%)

- By letter / post (14%)
- By text (13%)
- Within GP practices (12%)
- By email (11%)
- Promotions in high footfall areas (10%)
- GP practice website (10%)
- Social media (10%)
- Printed materials (9%)
- Via engagement with VCSFE organisations (8%).

Additionally, the following suggestions were made to help raise confidence;

- Promote benefits of these new ways and positive experiences (5%)
- Provide digital support (3%)
- Promoting different roles / staff and their qualifications and experience (2%)
- Ensure consistency / approaches are embraced by all healthcare professionals (1%).

Notably, comments were made about the accessibility of these new ways with concern that they will exacerbate health inequalities for some minoritised groups. For this reason, it was emphasised that online / digital promotional methods should not be solely relied upon and that consideration is taken to ensure that these groups are not further disadvantaged by the changes.

#### Signposting to services other than a GP, when appropriate

In terms of being **signposted to services other than a GP, 52% said they would feel comfortable with this, whilst 28% would not feel comfortable**. Respondents aged over 75 years, those with a disability/long-term condition and those who identified as Asian / Asian British were more uncomfortable with being signposted to other services.

**Most (62%) would prefer to be signposted via a telephone call, whilst half (49%) selected walk in / in-person**. Approximately a third would be happy to be signposted to a website (39%) or an app (38%).

Whilst telephone call was the preferred method for all age groups, those aged <29 years favoured being signposted via app (62%). Preference to be signposted to digital methods (website / app) was lower amongst older people and those with a disability/long-term condition.

#### **Priority 2: Planned care**

*Our vision is to have integrated neighbourhood care teams made up of a range of health and care professionals, to support people with more complex needs to stay well in their communities.*

Survey respondents were asked about the benefits of this approach;

- 93% agreed that the approach will ensure that medical and social care needs are addressed before they escalate, reducing Emergency Department attendance and emergency admissions.
- 91% agreed that the approach will improve the management of long-term conditions and reduce inequalities.
- 89% agreed that the approach will improve patient experience by providing continuity of care from a named professional and by treating patients whole care needs and using expertise from different teams.
- 85% agreed that the approach will improve staff wellbeing through flexible working in different teams to put patient needs first.
- 82% agreed that the approach will provide continuity of care with a multi-skilled team working together to manage needs, releasing GPs time for patients with the most complex needs.

A small number of individuals talked about the idea of creating neighbourhood care teams in the ICB-led focus groups. Generally, they liked the approach, perceiving that it would help provide greater consistency of care. However, some made the assumption that this would mean that all professionals would be located in the same building. Additional concern was raised about shared access to patient records and communication between different professionals and departments.

#### Pharmacy services

**48% of survey respondents would be willing to use pharmacies to support long-term condition management, whilst 23% would not.** Willingness decreased with advancing age and was lower amongst those with a disability / long term condition and those who identified as Asian / Asian British.

**A third (37%) of survey respondents have used Pharmacy First services in the past.** Of these, 47% described their experience as excellent / very good, 20% as good, 18% as neither good nor poor and 16% poor.

Further analysis revealed that those who identified as Asian / Asian British were slightly more likely to have used the service compared to those who identified as Black / Black British or White - English, Welsh, Scottish, Northern Irish, British, however were less likely to rate the service positively.

Satisfaction was highest amongst those from Walsall (25%, compared to 10-16% in other areas) and those who did not have a disability / long-term condition.

Key concerns around pharmacy access related to;

- The expertise and knowledge base of pharmacy staff, particularly in relation to their knowledge around complex long-term conditions.
- Capacity issues with many perceiving that pharmacies are already under great pressure.

- Misdiagnosis and conditions being missed, including concern about the issuing of incorrect antibiotics.
- Pharmacy staff being restricted as to what health conditions / patients they are able to provide advice / treatment for (e.g. age and presence of a long-term condition), with patients being redirected to the GP or other health services.
- Privacy and facilities, including access to a private and clean consultation space and seating areas.
- The quality-of-service being dependent on the health condition and the pharmacy / pharmacy staff.
- No access to patient records.
- Accessibility issues for those who face language barriers / need an interpreter or have a sensory impairment.

### **Priority 3 – preventative care**

Various suggestions were made as to what primary care services could do to help patients remain happier, healthier and more independent for longer. The following provides an overview of some of these;

- Advice, information and encouragement – in terms of what patients need to do to maintain a healthy lifestyle as well as promotion of the services that are available to them within their local community.
- Making living a healthier lifestyle more affordable and accessible by reducing the barriers that patients face in doing so (i.e. cost, availability, waiting times, accessibility criteria).
- Provision of more social activities / lifestyle courses / activities to support patients with different aspects of their lifestyle and dedicated to specific groups.
- Greater use of social prescribing / signposting to support services.
- More regular reviews, check-ups and opportunities for discussion.

A cross-cutting theme was the importance of ensuring accessibility for those with additional needs, whether that be information resources, one-to-one support or group activities.

### **Delivering the vision**

**14% of survey respondents felt the priorities and approaches outlined in the draft strategy would deliver the vision, whilst 55% felt they would to some extent.** In contrast, 11% said that they wouldn't and 19% were unsure.

Key concerns about the strategy related to;

- Funding and workforce / resource constraints with many perceiving that unless investment and effort is made to enhance the workforce then there will be little change.
- Challenges of getting patients on board with the changes with feeling that the inappropriate use of services and the expectations patient have on seeing a GP will continue.

- Lack of detail and scepticism about the strategy's delivery / success – questions were asked as to how the changes / improvements will be evaluated and communicated to the public.
- Feeling that much more is needed to improve NHS / primary care services.
- The level to which the strategy is embraced by all healthcare, social care and local care providers.
- Lack of consideration about accessibility for minoritised groups, with feeling that the strategy will potentially exacerbate the barriers that these individuals face in accessing healthcare services.
- Whether patient concerns will be listened to and taken on board.

It was suggested that greater consideration should be given to;

- Access needs of minoritised groups.
- Ongoing engagement with patients / communities to understand their needs and concerns and evaluating and reporting back on progress / changes.
- Collaboration and communication throughout the system.
- Patient education and communication.
- Funding and resources (including premises).
- Consistency in terms of the quality and delivery of care between different professionals, practices and areas.
- Role of / engagement with VCSFE sector.
- Community care.

In terms of access needs for minoritised groups, the microgrant discussions provided a very detailed overview of the barriers that different minoritised groups face in accessing GP services, with individuals perceiving it essential that these are understood and accommodated to ensure equal access.

## 8 Next steps

Feedback from the Future Primary Care conversation has now been collated in a report and shared with Primary Care Transformation Board. The report will also be published on the ICB website and shared with participants, the wider public, partners and stakeholders.

The findings from the involvement exercise will lie at the heart of the transformation strategy. They will be used to inform the next steps of the programme; the detailed co-design of local implementation plans.

There's a strong will and desire from our people and communities to continue shaping and informing the future of primary care. With such an engaged network of VCFSE partners, patients and stakeholders, our recommendation is that leadership at System and Place seize the opportunity to closely collaborate and co-design the future of the transformation programme with a broader sub-set of patients and VCFSE partners.



