

Britainthinks

Insight & Strategy

Norfolk and Waveney Health and Care Partnership **Clinical Strategy Development Research**

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Final report

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01 Background and methodology



Context

- The Norfolk and Waveney Health and Care Partnership (NWHCP) is in the process of formulating a clinical strategy that will set the Partnership's priorities for the coming years.
- As part of this, NWHCP is consulting service users and clinicians in the local community to understand their experiences, priorities and ideas for how health services should be delivered in the future.
- BritainThinks was commissioned to conduct this piece of qualitative research with service users and frontline health service staff in Norfolk and Waveney.

This report builds on previous research carried out on behalf of NWHCP in July 2020, which explored service users' experiences of health and care services during the pandemic. This year's research included clinicians, excluded 'light' service users, and focussed in more depth on potential future policies than the previous piece of work.

Research objectives

1.

Understand which of the changes made to health and care services in the last few years service users and clinicians feel have worked well and which haven't.

2.

Explore service users' and clinicians' priorities and ideas for how health and care services are delivered in future.

3.

Find out what service users and clinicians think and feel about some ideas about how health and care services might be delivered in future.

4.

Discover to what extent service users understand the challenges facing the health and care system, as well as the language they use when discussing those challenges.

5.

Explore how people feel about service users doing more to look after their own health and wellbeing.

Our approach involved collecting qualitative data through interviews and focus groups with three key audiences

Moderate service users

4 x 90 minute focus groups were conducted overall, with groups split by gender and life stage.



Pre-family/children under 18 (25-45)	Empty nester (55+)
Men, ABC1	Men, C2DE
Women, C2DE	Women, ABC1

Heavy service users

13 x 40 minute interviews

Heavy service users were defined as having more than 2 LTCs, as well as having visited primary care and secondary care services 4+ and 2+ times respectively in the last 6 months.

Participants included a mixture of gender, age and occupation.

There was a spread of health conditions, including 4 cancer service users and 7 individuals with mental health issues amongst other conditions.

Clinicians

14 x 40 minute interviews

All clinicians operated in the NWHCP area in a mixture of urban and rural settings.

The following professions were represented within the sample:

- 5 x AHPs
- 4 x Nurses
- 3 x Junior Doctors
- 2 x GPs

There was a mixture of age and gender within the sample.

All service users lived in Norfolk and Waveney

02 Key findings



Key findings

1

Support for and appreciation of local health services remains high, with clinicians and service users agreeing that they have coped well under the extremely difficult conditions caused by Covid.

- However, there is concern from both audiences about the impact of the pandemic on the quality of care received by patients and clinicians are also concerned about the impact of the pandemic on staff, and on the quality of communication across the last 15 months (highlighting, for example, perceived confusing communications about PPE).

2

Both clinicians and service users are concerned about the size of the waiting lists, and the impact that delays to care might have on patient outcomes. There is widespread agreement that this is now the biggest challenge facing the health service.

- This is a notable shift from last summer, when Covid-19 itself was seen as the biggest challenge.
- In addition to waiting times, clinicians also highlight issues around staffing (primarily recruitment and retention, but also training) as a significant challenge.
- The provision of mental health services is also highlighted by service users and clinicians as a significant challenge.

Key findings

3

There is widespread awareness amongst both audiences of changes in the way services have been delivered locally.

- Changes arising from Covid (e.g. remote appointments) are most front of mind, but both audiences can also point to changes that pre-date the pandemic (e.g. for clinicians new clinical advisory groups).
- When asked specifically about telephone and online triage and appointments, both audiences are broadly supportive, and can see real benefits in terms of convenience, costs and time. However, there remain questions about access and the quality of care which lead both groups to stress the importance of retaining face-to-face care within local systems, and of taking a flexible approach to meet patient needs.

4

Of the ideas for future service delivery tested, support is strongest for the unified waiting list, which speaks directly to the issue that clinicians and service users see as the key challenge facing the system.

- While there is also support for virtual wards and increasing emphasis on personal responsibility, there are more questions about the practicalities of implementing these changes. Increased use of 111 is seen as a good idea, but support is to some degree undermined by doubts about the current effectiveness of the system.

5

Looking ahead, service users and clinicians alike would like to see more joined-up services and streamlining – with improved communication between (and within) different services, flexible touchpoints and better mental health services.

04 Experiences of the local health care system



As in the previous research, service users' views of the local health system are positive, with inefficiencies often attributed to underfunding



"It's very supportive, as in when you're getting the support the workers are very good... they've been really supportive [in terms of] what you're saying and what you are going through."

(Heavy Service User, male, severe depression)

"Disjointed' because one department doesn't seem to know what another one does. And you can get lost in the system, which is kind of how I became to be as I am in the first place."

(Heavy Service User, male, reduced renal function)

What 2-3 words or phrases would you use to describe the health services in your area?

When accessing health services, service users most value being listened to, as well as fast and convenient access to services

Being listened to

When asked what they value, being listened to is most commonly mentioned by service users.

- This includes only having to ‘tell their story’ once, building a relationship with a clinician, not feeling rushed at appointments, and being treated as a whole person.
- Friendly staff can also help service users feel they are being listened to – particularly first points of contact such as receptionists.

“I think I value being listened to really, just making sure that when you get time to speak to a doctor, that they’ve got time to speak to you... that’s a really important thing. They’re busy, but you need your moment with them.”

(Moderate service user, female, C2DE)

Fast and convenient access to services

Service users want to be able to access services easily, and get appointments quickly.

- This means being able to book an appointments by speaking to just one person (or online);
- And being able to change appointments easily if necessary.

“It’s important that you’re seen in a timely manner.”

(Heavy service user, female, UCTD)

“I find it easier now we can do it online; I can ask online for the doctor to ring me.”

(Heavy service user, female, cancer)

In line with previous research, service users tend to believe that health services have coped well during the pandemic

Many service users report positive experiences during the pandemic.

- New systems have been quickly implemented to allow for social distancing.
- For those on treatment pathways, these have broadly continued unaffected.
- Many report no problems getting an appointment at their GP.
- The perceived success of the vaccine roll-out is particularly noted (at a national level, but also locally).

Some service users believe that health services learned lessons from the first lockdown which they have been able to draw on subsequently to keep services running reasonably smoothly in subsequent lockdowns, e.g. having social distancing and other safety measures as standard.

There is a perception, also seen in previous research, that Norfolk and Waveney health services have coped better than other areas of the country.

“Our GP's been okay. It's been easy to get an appointment. If I've needed to see someone, I've seen someone. I had a hospital appointment for an echocardiogram, that went fine.”

(Moderate service user, male, BC1)

“At the minute it's brilliant because you can just ring them up and you'll get a call back fairly soon or they'll video call you, so you don't even have to go to the surgery.”

(Moderate service user, female, C2D)

“I think they've done the best they can [...] I think they should be applauded just for the sheer grit and determination and dedication. You can't fault them for that.”

(Heavy service user, female, UCTD)

However, there are examples of where service levels are seen to have dropped in the areas that are most important to service users

Being listened to

- Some describe finding it more difficult to build a relationship with clinicians through telephone or video appointment, leaving them worried about whether their needs have been fully understood.

In addition, some, particularly older, service users report feeling more unwilling to contact health services due to a desire to avoid adding to the pressure to the NHS. These participants are also more likely to say that they struggle with the technology required for remote appointments.

Fast and convenient access to services

- Service users in rural areas feel that they are waiting longer or having more difficulty getting a GP appointment, sometimes due to surgeries closing entirely.
- More generally, there is widespread concern, also identified in other research, about waiting lists causing delays accessing care.

Case study: Maeve*

Maeve is in her 70s, and is the primary carer for her mother. She is hugely positive about local health services, but feels there are increasing barriers to seeking help (her mother was advised to book an appointment online, which would not be possible). Neither Maeve nor her mother would want to talk to a receptionist about their conditions.

Recently Maeve has been diagnosed with cancer and is now receiving treatment. She feels that the diagnosis was delayed through telephone appointments. In a face-to-face appointment the doctor would have seen the signs, but Maeve ‘doesn’t like to grumble’ and put on a brave face on the phone while knowing something was wrong.

* Name changed to preserve anonymity.

Overall, clinicians believe that they are delivering the best service they can under extremely challenging circumstances

Against the backdrop of a pandemic and perceived funding shortages, many clinicians believe they are providing good services.

- Many see the hard work and resourcefulness of staff as key to this.
- Some point to positive innovations such as the Early Intervention Vehicle as examples of good practice that is leading to greater efficiency and positive outcomes.
- One junior doctor from Romania feels the NHS response has been more coordinated than her home country's health service's.

Some clinicians feel that while the NHS in Norfolk and Waveney is dealing with challenges quite well, they do so in a context of limited funding from government, which they find particularly frustrating during a time of resurgent public support for the NHS.

This means that while clinicians are doing the best they can, many feel that there is room for improvement in services overall – and not just as a result of the pandemic.

"We are just too busy. It's just an onslaught, relentless visits and trying to chase things up. I think it is a good Trust, and I've worked in lots of different Trusts, but it's difficult to provide the service that the public want or need, with the ageing population as well."

(Clinician, Nurse)

"On the whole about a 7 or 8 [out of 10]. The issue that service users can't book appointments, and it's all done by email and our reception work on the phone. Our practice has been good for that, but I have heard of practices where you just can't get an appointment."

(Clinician, GP)

However, clinicians agree that there are challenges with the quality of care, and identify a range of further issues thrown up by the pandemic

Clinicians echo many of the thoughts of services users on how well the health system has coped in the pandemic, but highlight some additional challenges:

- Staffing issues have been exacerbated by the pandemic, both due to staff being reassigned and through increased levels of absence (e.g. through shielding or self-isolation).
- Communication has sometimes been unclear (e.g. around what PPE is required).
- Some mention that work has been siloed, with departments shutting themselves off to try and avoid taking on more work that could potentially overwhelm them, given staffing levels.
- More rarely, participants report telephone and video appointments at GPs leading to mis-referrals, and also to some people not being referred at all.
- One clinician tells of tech issues with video appointments, that meant some clinicians have used their own IT (e.g. their phone) to carry out appointments.

“There was uncertainty around ‘Are you meant to wear a mask? Which type of mask? Which visor?’ and there wasn’t very good communication at all about the level of protection you’re meant to have and whether that changed.”

(Clinician, Dietitian)

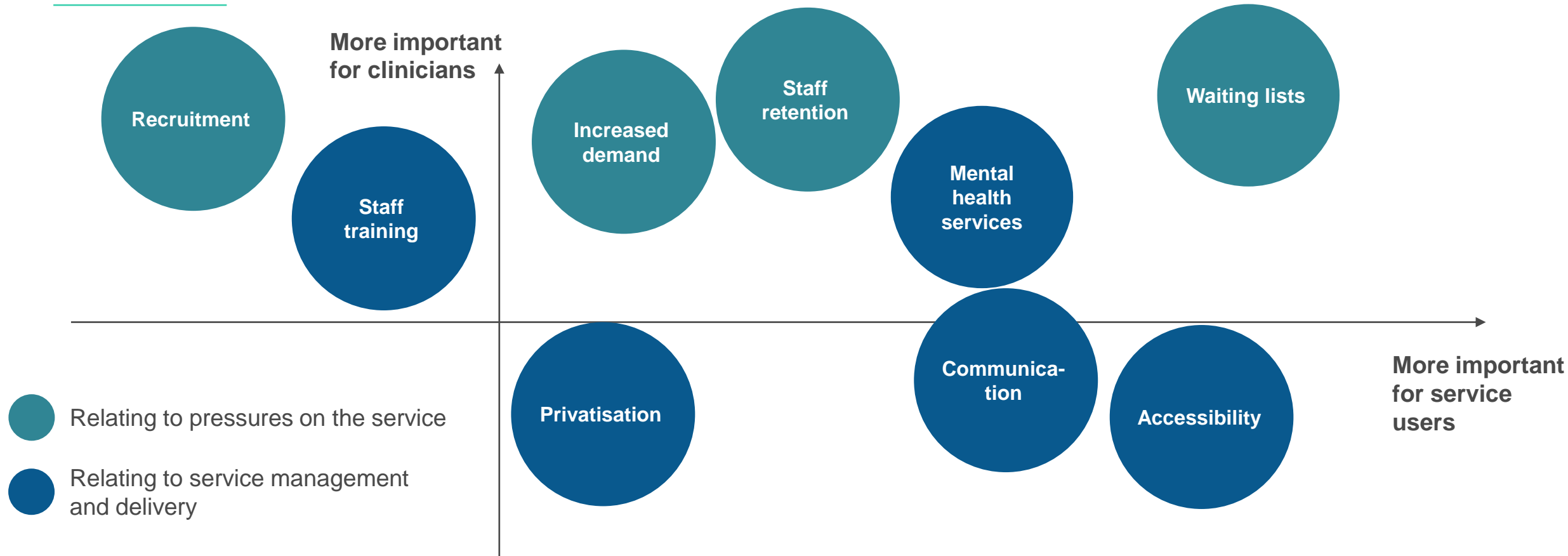
“The level of work has increased and increased. Mental health and physical health services are under a lot of strain, and it’s the workforce that inevitably have to deal with that.”

(Clinician, Mental Health Nurse)

05 Challenges facing the local health care system



Although there are some differences in the key challenges identified by clinicians and service users, there is significant cross-over and interplay



Covid-19 is felt to have exacerbated, rather than created many of these challenges.

In line with findings from 2020, there is a widespread view across both audiences that underpinning many of them is a fundamental lack of funding within the healthcare system.

For all audiences waiting lists are seen as a major challenge to health services, adding further strain on overstretched services

Clinicians

- Clinicians recognise that the backlog, although present 18 months ago, has only been exacerbated further by the pandemic.
- There is concern that the waiting lists mean that existing conditions are deteriorating, through lack of regular follow-ups, or that new ones are not being picked up quickly enough.
- They also put strain on staff as they try to keep up with increasing workloads.
 - For some junior doctors it means not receiving as much training in their chosen field as they cover other, busier specialties.
- Both GPs and hospital staff feel that the other group is not seeing service users efficiently, and increasing their workload as a result.
 - GPs feel that hospitals were assigning routine procedures such as blood tests and X-Rays to them.
 - Whilst hospitals believe GPs are not always accessible for primary care, therefore making emergency care busier.

Service users

- In line with findings from other research, service users identify waiting lists as a significant concern.
- Some with existing conditions feel that their care has already been affected, as a result of treatment being delayed, or (for heavy service users) their usual clinician not being available.
 - This is causing anxiety among service users, particularly those with serious conditions.
 - Anxiety is particularly acute when operations have been cancelled, with no indication of when they will be rescheduled.

“The hospital waiting times have gone up, so before it was already bad and now it is even worse so it puts a lot more pressure on us, and people expect us to sort it out for them.”

(Clinician, GP)

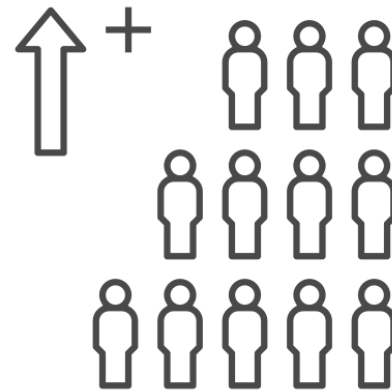
Increased demand for services due to a growing, older population is seen as a challenge by both staff and service users

Ageing population

- An ageing population in Norfolk poses a significant challenge for clinicians.
- More beds are being taken up by elderly service users who may have relatively minor issues but require a high level of care.
- This can occupy significant resources, and will only increase as the population gets older.

“People are getting older, they're coming in sicker. We are ordering more tests, more blood tests, more scans.”

(Clinician, Junior Doctor)



Growing population

- The increase in new builds and housing estates in the area has also led to a growing population.
- However, service users feel that the health services within the area have not grown accordingly.
- This means that the local healthcare services have more people to cover, thus making it increasingly difficult to secure appointments.

“We’ve had two doctor’s surgeries for quite some time and they are pushed to the limit. Before Covid, it was hard to get an appointment. We’re a town that’s over 30,000 now, we need a bit more help.”

(Heavy service user, fibromyalgia, diabetes and arthritis)

Both clinicians and service users feel that mental health services are under-resourced, making it difficult to access suitable care

Clinicians

- There is a feeling among clinicians that mental health services have been under-resourced for a long time.
 - This means, for example, that emergency services are sent out to deal with acute mental health crises without training.
- However, clinicians do highlight some improvement in recent years, as a result of better integration between teams.
 - Clinicians can work with specific mental health staff to create pathways for those seeking help, even in emergencies.

Sanjay,* mental health nurse

Sanjay has noticed a lot of strain on mental health services and his team are even more stretched due to Covid-19. He finds that he spends a lot of his time digging through referrals for service users who do not necessarily warrant intervention from the mental health team. This makes his job more difficult, and he thinks this triage process needs to be streamlined in order to save time and resources.

*Name changed to preserve anonymity.

Service users

- Some service users are of the opinion that mental health services are being left behind when it comes to funding, meaning that care is often not available until someone reaches crisis point.
 - From wider BritainThinks work, we know that this is a common view among service users, even beyond the NWHCP area.
- Some with direct experience of mental health services describe being offered treatments that feel unsuitable for them, which they ascribe to a lack of funding and prioritisation for mental health services.
 - One participant was referred to group therapy, which they felt was not suitable for their needs.
 - Another had been told to use 'Headspace', a paid-for app which was felt to be too expensive in the long run.

Clinicians feel that staff are particularly difficult to recruit and retain, and this affects how service users receive care

Clinicians

- Staff generally feel that not enough is being done to make roles attractive to prospective recruits.
- This is thought to be a national issue: there is a perception that working in the NHS is less desirable than it used to be and that, once recruited, stretched services and busy workloads can lead to people leaving the service.
- This challenge is thought to be further exacerbated in rural areas of Norfolk and Waveney, which are felt to be less desirable to younger staff.

“The teams I work with are greatly depleted for lots of reasons... I think at one point my team was actually down to half, but the service users' needs did not go away.”

(Clinician, Mental Health Nurse)

Some parts of the service have specific challenges with recruitment:

GPs: GPs at some surgeries are nearly approaching retirement age, yet there are not as many new, younger GPs coming through the system to replace them.

Nurses: Older Registered Nurses are retiring and being replaced with less qualified Associate Nurses and HCAs, placing increasing burden on more experienced nurses.

Specialists e.g. Dietitians: Not enough specialised staff within the area reduces the ability to fill vacancies, increasing pressure on those who are working and impacting the quality of care service users receive.

“We have so many vacancies that there's no money to fill, so whenever someone quits at the minute, their job doesn't get replaced.”

(Clinician, Dietitian)

Poor communication between services has a direct impact on service users' experiences

Clinicians

- Poor communication between services means that time is wasted by trying to access documents or find information – with service users experiencing delays and frustration as a result.
- “Archaic” IT processes are seen as part of this, with clinicians highlighting the inefficiencies of paper processes and stressing the need for a single IT system that can work across trusts.
- The issue is further exacerbated by a cultural unwillingness to collaborate identified by several of those we spoke to, which they feel acts as an additional barrier to information sharing.

“It can be like dealing with supporters of rival football teams, getting everyone around the table and to actually work together.”

(Clinician, Nurse)

Service users

- The most top-of-mind impact of poor communication for service users is that it leads to them having to repeat their medical history multiple times – which is a long-standing source of frustration.
 - This experience raises doubts about how well clinicians understand their personal condition and circumstances, particularly when talking to locum staff.
 - It is particularly frustrating for heavier service users who regularly come in contact with multiple different elements of the service.
- Being kept in the loop with things such as referrals or results would bring peace of mind, particularly when waiting times are longer.

“He [the GP] said “I’m struggling to get answers out the hospital. As you’re the patient, they may answer you better.”

(Heavy service user, heart condition)

To those who have little interaction with the system, services can feel inaccessible

Service users

- Some heavy service users believe that as they are on established pathways, their care has been relatively consistent during the pandemic.
 - Being “known to the system” means they receive care more promptly than others, and are able to be vocal about their needs and “stubborn” about what they would like to happen.
- But for moderate service users, or those who are just starting out on their health journey, accessing the right service is particularly difficult.
- Some service users feel inclined to report their symptoms as more severe in the hopes of being seen quicker.

“In terms of referrals [...] What previously would’ve taken a few weeks is now coming into the eighth month without speaking to anyone.”

(Moderate service user, female, C2DE)

“I’ve been lucky because I have existing conditions, I can’t see that much of an issue. If you have a chronic illness, you are quid’s in as you have had the hard work done, whereas if I was starting this journey I would find it depressing and disheartening”

(Heavy service user, female, UCTD)

Lack of training is of significant concern for clinicians, whilst service users believe privatisation is a real threat to the NHS

Staff training

- Staff training is something which isn't usually accounted for during working hours.
 - This means that it is often not completed, as it is left up to individuals to decide when to do their training.
 - Heavy workloads and busy schedules makes this very difficult.
- There is a need for protected time to complete training so that this can go ahead uninterrupted.
- This is thought to be particularly important for younger staff – especially junior nurses and HCAs.
 - In addition, one junior doctor specialising in plastic surgery expressed concern about not being able to gain experience in this field, as other procedures are prioritised.

Privatisation

- Privatisation of services is a concern for several service users.
- There is a fear that the NHS is at risk of being invested or “taken over” by stakeholders, particularly those from overseas.
 - This is viewed as a major challenge for some service users who want to prevent services being run by those out to make a profit, but they also acknowledge the need for funding.
- There is a sense that this ‘threat to the NHS’ has increased over the last 10 years and it is largely seen as a political, rather than organisational, issue.

06 Changes to the local health care system



Service users have noticed a number of changes to the delivery of their care which predate the Covid-19 pandemic



Increased use of online systems throughout the health system

- Participants have experienced this mainly for appointment booking, but also for prescriptions and sometimes advice. This is broadly seen as a useful development, with participants expecting to see more of it in the future, which they welcome as long as nobody is excluded from services as a result.

Perceived higher turnover of staff in GP practices

- This is felt to result in increased uncertainty over who you will speak to as a patient, which some feel is detrimental to continuity of care; they miss having an established relationship with a named doctor.

Prescriptions being sent straight to the chemist

- Participants welcome this and appreciate how smoothly it works, viewing it as an example of successful integration of services.

Outsourcing

- This is often based on a general perception, rather than first-hand experience, and thought to be linked to privatisation, and hence a cause of significant concern.

However, changes arising from the pandemic were often more front-of-mind, particularly the increased use of phone and video appointments



Changes to how health services are accessed and received

- All participants have experienced **phone and video appointments**, with mostly positive experiences.
- Some also spontaneously mention the increased use of **phone and online triage** although they feel this had already started prior to the pandemic.

Social distancing and hygiene practices

- When accessing services in person, participants note the use of hand sanitiser and rules on keeping apart from other service users, as well as clinicians (as much as possible).
- Service users largely welcome this and want to see it continue into the post-pandemic future.

Clinicians often identify specific positive changes in their area of work that they have seen in recent years

- **New clinical advisory groups** – to manage service users with complex risks, offering more integrated services, multi-disciplinary teams and providing more support to the whole team;
- **New pathways** are being developed that help streamline the patient journey e.g. a dedicated older people's emergency department, which can refer service users directly to relevant labs;
- A **new paediatric block** at Norfolk & Norwich Hospital, improving care for children;
- Introduction of an **early intervention vehicle** which sends out occupational and physiotherapists as a team to assess cases early (e.g. after someone has taken a fall), to prevent it from happening again;
- Introduction of **single-sex wards** in dementia care which is seen to have improved both care and workplace atmosphere;
- Implementation of a **7-day therapies service** in physiotherapy, acknowledging that service users need care every day of the week;
- The **King's Lynn model** which provides out-of-hours GP services next to emergency services, thus reducing the pressure on A&E.

“They are trying to bring new pathways in, to streamline patient journeys from the ambulance service. One example is that they now refer people aged 80+ to the Older People's Emergency Department so they don't have to go via A&E but can be dealt with straight away by geriatric medicine specialists. Likewise after a heart attack, cardiac service users are taken directly to the primary lab where they're treated.”

(Clinician, Paramedic)

For those working within larger, more complex structures, change is felt to be difficult to bring about; they cite a lack of leadership but also an unwillingness to collaborate between teams as being at the root of this.

Whereas other changes introduced over the last few years have been more challenging for clinicians

- Some clinicians feel they are now expected to do **more training**, which is not an issue in itself but they also feel they have **no time to do it**;
- The **replacement of registered nurses by associate nurses** – older, often more qualified, nurses are retiring and being replaced by less qualified colleagues;
- Increased use of **agency staff**, particularly in nursing;
- **Merging and rebranding of services**, often leading to further stretching of resources;
- The **loss of GP surgeries** has had knock-on effects across the system, on other surgeries but also secondary care who are now seeing service users later and often sicker;
- For some GP surgeries, the **introduction of online appointments** has led to an increase in work, as some service users ‘bombard’ the surgery with messages.

“[With the closing of GP surgeries] I think the service lost a good knowledge base of their service users and dealing with things locally, things get too big, and then people get lost in the system.”

(Clinician, Paramedic)

“Due to incidents that have taken place in the past, we now have an overwhelming amount of training we don't actually have time for, it's not accounted for in our working hours.”

(Clinician, Nurse)

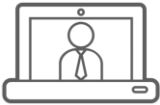
“That [e-consultations] has been started around the start of the pandemic and it was very useful in a way, but it has virtually opened the floodgates for requests from service users. It is an incredible additional amount of work that is coming to the practice. Often it goes well and it's useful from both ends, but some service users bombard GPs with messages.”

(Clinician, GP)

Asked about two major changes to health services in recent years, participants have concerns but feel these are largely outweighed by the benefits



Contacting and getting help from a GP practice



Telephone and video appointments

- Participants are familiar with both triage and appointments being carried out online and over the phone, having experienced both over the course of the last year.
- In the context of the pandemic, these practices make sense to participants from all audiences, particularly for safety reasons.
 - Even as pressing safety concerns start to ease, participants expect these to be part of the ‘new normal’.
- As in the previous research, participants are able to identify benefits, particularly regarding convenience, cost, and time.
- However, they also raise concerns, especially about the ability to diagnose more complex cases, receiving the right type of appointment and treatment, and the loss of a personal relationship with a physician.



Benefits of online and telephone triage

- **Safety:** Across all audiences, contacting your GP via phone or an online form is felt to be safer during the pandemic
 - However, this safety aspect is felt to be less important now than last summer, with service users and clinicians having adapted to protective measures and many feeling more comfortable accessing services in person now.
- **Efficiency:** All audiences could see benefits in terms of saving themselves and the surgery some time and being offered the right kind of service or appointment by an expert.

“The online thing where you can fill out a form and request an appointment or ask them a question [...] I think that's better than having to hang on the phone. [...] You might be on the phone for ages, whereas you can just type it in and generally they get back to you that day.”

(Heavy service user, female, autoimmune disorder and mental health problems)

Service users

- Many participants feel this started prior to the pandemic and, as a result, were used to phoning their surgery to arrange an appointment.

Clinicians

- For GPs, this type of triage was felt to save time as long as it was managed well, both in terms of the call handlers' expertise and the logistics within the surgery.
- One GP felt it enabled them to make better use of nurse practitioners and AHPs within surgeries.

“It saves me a trip down to the doctors'. We are lucky to have a new surgery here, quite a number of doctors, so if you have an issue you can see the doctor you need to see.”

(Moderate service user, male, C2DE)



Concerns about online and telephone triage

- **Quality of triage:** Across audiences, participants are concerned about who is carrying out the triage and whether they are appropriately trained to do so.
- **Risk of missing urgent or hidden symptoms:** Participants feel that some service users may not be able to accurately describe all their symptoms or leave out important details.
- **Equal access:** There are concerns for those who may not have the digital, cognitive, or language skills to use the technology.
- **Waiting times:** Some feel that the process between triage and getting help can now take longer, for both service users and clinicians, especially if the case is classed as non-urgent.

"There's always going to be that 5% that you haven't got quite right, that you've missed or underestimated the symptoms. And in today's world, that level, where the expectations are so high, is probably not great. Triage takes time as well, and it takes expertise."

(Clinician, Junior Doctor)

"It's a series of barriers before you can actually get access to advice, which can feel daunting. My mother couldn't manage it, I have to ring the doctor for her, because she just gets grumpy and upset."

(Heavy service user, female, cancer)

Service users

- A few, mainly older, service users feel it has become harder to access their GP as a result of the move to online and phone triage. They either do not feel comfortable describing their condition to a receptionist, or feel that the new system was designed to 'fob off' service users.

Clinicians

- Some non-GPs have heard from their own service users that it had become more difficult to see a doctor or that they had been having issues getting through to someone.
 - They feel this results in diagnoses and treatments being delayed, leading to more pressure on acute and emergency services.
- One GP feels that it has prolonged the process from first contact to treatment, particularly if there is back and forth via email, leading to a feeling that cases cannot be dealt with and closed quickly, and instead linger at the back of the doctor's mind.



Benefits of phone and video appointments

- **Convenience:** Participants across all audiences feel that phone and video appointments allow for more flexibility and can be a practical way of assessing a patient's needs, especially if it is something routine or minor.
- **Cost saving:** Given high levels of awareness of under-resourcing in the health service, this is seen as a benefit by all. Some also argue that it is a benefit for service users, eliminating travel costs and potential loss of earnings.
- **Time saving:** Across all audiences it is seen as quicker, although with some exceptions.
- **Safety:** For both clinicians and service users it reduces the risk of transmission of Covid-19.

"I've had two consultations with a physio for my shoulder and I think it was really good. It saves travelling, he could see me, he showed me what to do. It started off with an email, then a phone call with the doctor, then video with physio."

(Moderate service user, female, empty-nester, ABC1)

Service users

- Particularly for participants with full-time jobs or caring responsibilities, phone and video appointments are seen as much more convenient than an in-person examination – eliminating the need to travel or take time off.
- Some feel that clinicians are better prepared and spend more time with them on a call compared to a face-to-face appointment.

Janine*, moderate service user

Janine is a 40-year-old woman living in Norwich with her husband and two young children.

During the pandemic, she has had several experiences of telephone appointments, both for her and her children. Janine's experience of this service was very positive. She felt she had been better listened to and that the system was more efficient. Additionally, she felt that clinicians had more time to review her medical history prior to the appointment, which improved the overall standard of care that she received.



Benefits of phone and video appointments

Clinicians

- Clinicians feel that the increased use of phone and video appointments has been a long time coming and has only been given a final push by the pandemic.
- Many would prefer face-to-face contact with service users themselves, but largely accept that these types of appointment are here to stay, and feel they are appropriate in a number of cases, on the condition that:
 - There are **no technical or practical barriers** to assessment via phone – either due to technology not working as intended, or because service users do not have the right equipment at home (e.g. to take their blood pressure or weigh themselves);
 - Service users are **physically able** to conduct such an appointment (e.g. good hearing, understanding of the process and what is required);
 - The clinician already knows what to look for, e.g. it is already a **specialist referral**;
 - You are just **checking in** with a service user, e.g. after care.
- In addition, it is felt that it could lead to a reduction in missed appointments, further saving the health service some time.

“The patients don't have to take time off work [...] It's more flexible. There are reduced 'did not attends' because even if you've forgotten your appointment, if you see your phone is ringing, then you can have that appointment.”

(Clinician, Dietitian)

“I think there's a role to keep some of that for future consultations as well. Yeah. So I see as a good thing, but not for everyone. Of course there's no substitute for seeing service users, examining them and just looking at it and communicating.”

(Clinician, Junior Doctor)



Concerns about phone and video appointments

- **Building rapport:** Both service users and clinicians see rapport an integral aspect of care and are concerned about this being lost, particularly if also seeing doctors at different hospitals or GP surgeries.
- **Seeing the whole picture:** There is a feeling among all audiences that assessment is about more than just describing symptoms and being offered a solution to a specific problem. Service users and clinicians worry that something important could be missed over the phone or even video, and that reading a patient's body language can offer important clues as to their wellbeing and is part of a more holistic diagnosis.
- **Accessibility:** Participants of all audiences raise concerns for those less able to access health services in this way, particularly those who are very old or very ill, less technically confident, or unable to use the internet for financial reasons.
- **Suitability:** All question whether it is always appropriate to use this type of appointment, regardless of condition (more on this below).

"I find that having to do it all online, is a little bit, it takes away that connection, and it takes away that kind of interpersonal development and relationship building with the other person, with the therapist."

(Heavy service user, male, depression)

"A lot of patients rely on face-to-face contact to feel like they're being seen and being heard [...] People who aren't used to technology and communicating with people via this medium. They find it really odd and quite distressing, and it's not enough... They don't want that, they want a real person."

(Clinician, Mental Health Nurse)

"I think it's great for a lot of people, but lots of my patients aren't tech savvy; they feel abandoned [...] Even having the energy, the nervous anticipation of doing it. A lot of them are so breathless, they can't even deal with the phone."

(Clinician, Occupational Therapist)



Concerns about phone and video appointments

Peter*, heavy service user

- Peter is a 48-year-old male with multiple long-term conditions, including fibromyalgia, diabetes and arthritis. He has had health issues for the past 12 years.
- Due to his poor health, he often struggles to go out. He has found the move to telephone and video appointments difficult, as he values the face-to-face interaction that comes with going to his GP surgery.
- Of the two options, Peter prefers video calls. He finds talking on the phone difficult and finds that phone appointments are much more rushed.

"It's crazy, I can talk over Zoom but on the telephone it's very difficult for me. You get 5-10 minutes; they don't really ask about my fibromyalgia, just diabetes. After introductions you have to rush to say everything you want to say. I suffer from memory problems too, so it's hard. I know you probably only get 10 mins with your GP but in a natural conversation you remember things more naturally."

Beatrice*, nurse

- Beatrice is a specialist nurse in a rural area. She has worked as a nurse for 23 years.
- Whilst she recognises the benefits of online appointments, she worries that this poses risks. Symptoms could be missed and service users may be less able to communicate their issue, particularly elderly service users.
- For this reason, she thinks that online appointments would be more appropriate for specialist services rather than general practice, as this would limit the signs and symptoms that clinicians are looking for.

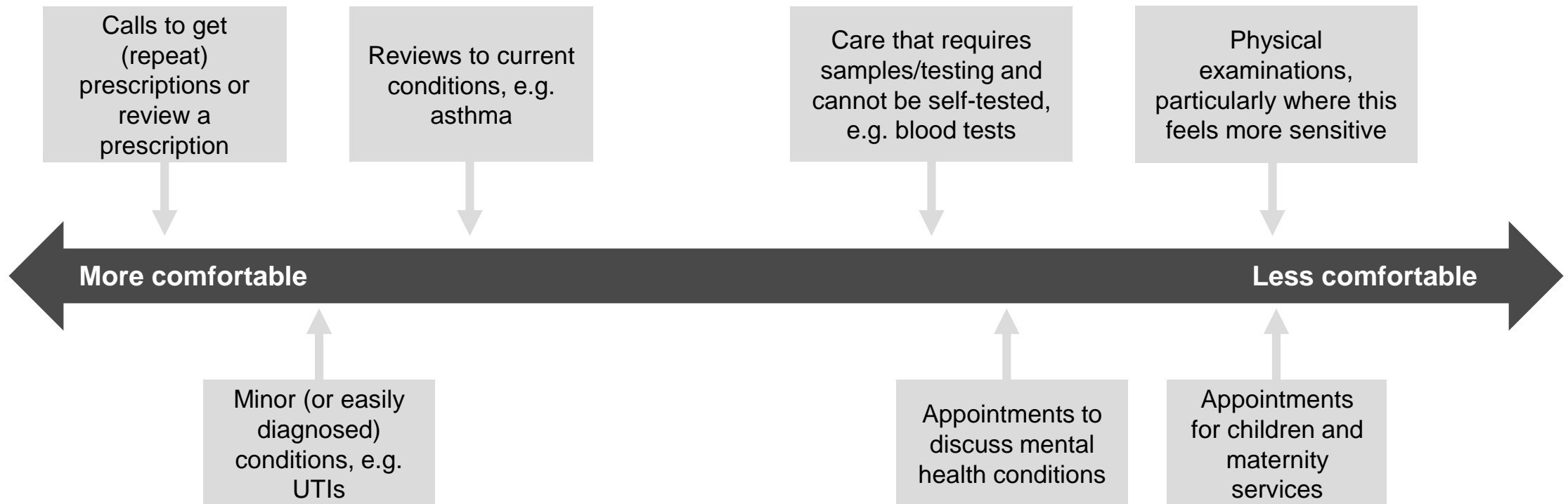
"But I worry that it's all very tick boxy, and that patient service users don't always communicate that well on the phone, and GPs are so overloaded... I think there's much higher risk of things getting missed or the patient just not wanting to speak to the GP. So I think we will see in the years to come months to come the fallout of that."

*Names changed to protect participants' anonymity.



Phone and video appointments

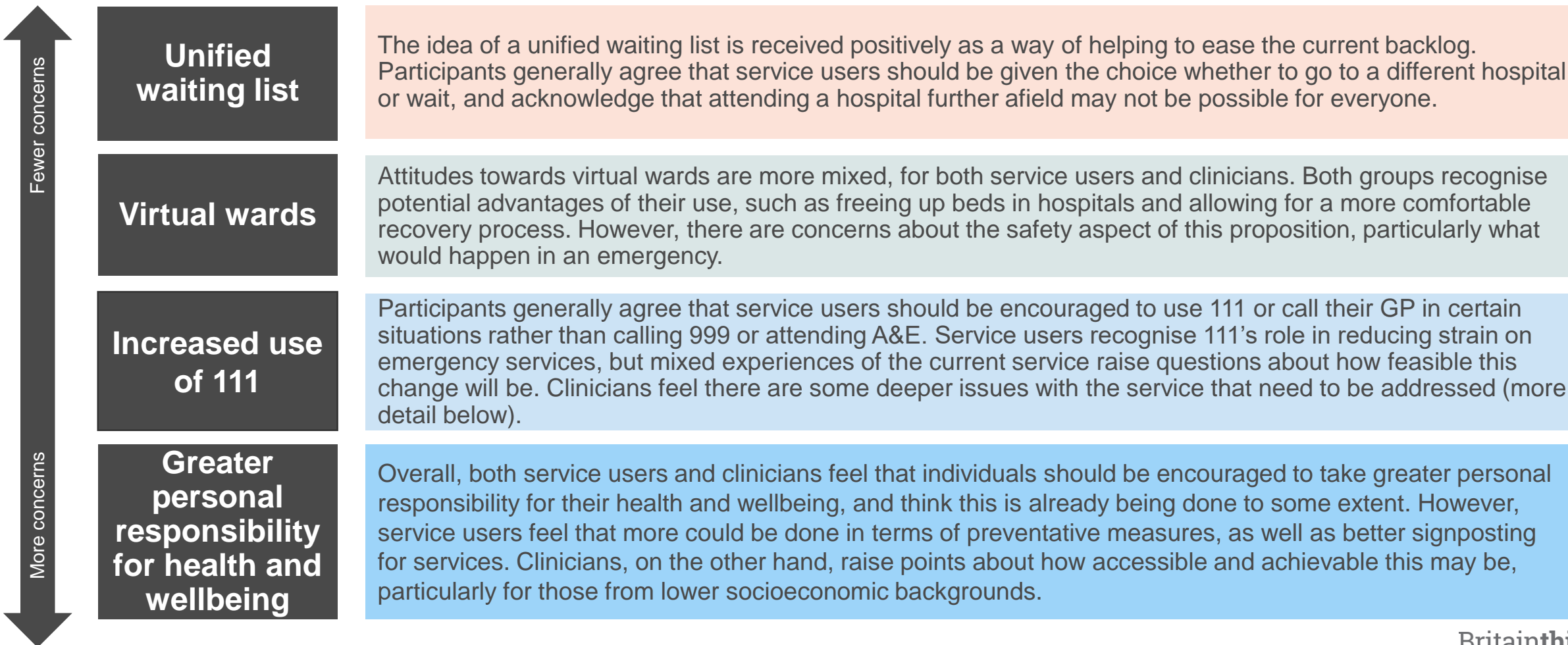
As in the previous research, service users feel more comfortable having video and phone appointments for more routine care and the management of minor conditions – and clinicians have similar views on the suitability of these appointments



06 Future service delivery



Participants' attitudes towards proposed ideas for future service delivery are largely positive, although they raise concerns for each of them



Of the changes tested, creating a single waiting list across hospitals received strongest support from both audiences

The main perceived benefit of this across participant groups is that a unified waiting list would help to reduce the current backlog by using resources more efficiently, thus addressing the key challenge that clinicians and service users see facing the system.

“I think if we’re talking about elective or non-urgent [care], they may have to ask service users to be flexible in their treatment options [...] It’s giving people options to get the care they need quicker.”

(Clinician, Mental Health Nurse)

Travelling to a different hospital

- Service users would generally be willing to travel to a different hospital.
- Most wouldn’t expect transport to be provided.

Attending a private hospital

- Service users would be happy to attend a private hospital, provided they didn’t have to pay for this themselves.
- Some even associate this with a higher degree of comfort.

These views were largely similar to service user views expressed in the previous research.

However, in order to make this proposition work effectively, clinicians and service users highlight some concerns that will need to be addressed

Type of procedure

Attending a different hospital would work better for some treatments than others, as service users may be less inclined to travel further afield for a very short appointment, or one that could be carried out virtually.

Element of choice

Most believed service users should have a choice whether to attend another hospital, although some clinicians questioned whether service users would have the clinical knowledge to make the right decision.

Arrangements for after-care

Arrangements would have to be made for after-care and follow-up appointments to ensure a joined-up service.

Flexibility to respond to individual circumstances

Depending on their situation, some service users would need transport, particularly on their journey home. Furthermore, some may find it difficult to travel at all due to their age, condition or childcare arrangements.

"I think it would depend on the person. I mean, if you're talking about maybe someone who's 90, being asked to go 100 miles away from home [...] then no. It can't be black and white. There needs to be some nuance."

(Heavy service user, male, sarcoidosis and mental health issues)

"It will be right for some and not others. It depends on their overall health, their ability to travel. They should be given a choice."

(Clinician, Physiotherapist)

Few service users had heard of virtual wards, but some clinicians had experience of using them, and all audience types are broadly supportive of this idea

Service users

- Some service users have previous experiences of being in hospital when they perhaps felt this wasn't necessary. They believe that if used in the right cases, virtual wards could be beneficial in terms of service users being more comfortable in their own home, which would therefore aid recovery.

"I quite like that because I've had some spells in the hospital and I don't think I needed to be there [...] You'd be more comfortable at home."

(Moderate service user, female, ABC1)

"In hospital environments, it's difficult to get sleep, there's so much going on [...] The whole thing is not really set up for you to be able to recuperate."

(Heavy service user, female, autoimmune disorder and mental health issues)

Clinicians

- The main benefit raised by clinicians is that virtual wards could help to free up beds in hospitals, which would therefore reduce the strain on healthcare services in general.

"They've definitely got a role in freeing up hospital beds and perhaps facilitating a more holistic overview of care, because people are in their own environment."

(Clinician, Dietitian)

However, there are some concerns about how well virtual wards would work in practice

Service users

- Some service users are concerned about the safety aspect of virtual wards.
- For this reason, service users would need reassurance that they were definitely well enough to be discharged from hospital.
 - Service users were unsure what would happen in an emergency – particularly for those in rural areas – therefore this would need to be clearly communicated to service users.
- Virtual wards would take away the face-to-face aspect of hospital care, which is beneficial in terms of relationship building between service users and their clinicians.

“It sounds quite concerning [...] I just think if you’re in need of treatment like that, you should probably be in the hospital.”

(Moderate service user, male, ABC1)

Clinicians

- Clinicians are mainly concerned that some service users may not have the support available at home to make this feasible.
- They also share some concerns around the loss of face-to-face contact with service users, as this is beneficial in terms of noticing physical/visible symptoms such as jaundice and rashes. These are things that could be missed by service users in their own homes.

“I don’t like it. If people are unwell and need to be in hospital, they should be in hospital. They might not have someone to look after them at home.”

(Clinician, Nurse)

Participants support increased use of 111, provided that the service is used effectively

- Both service users and clinicians alike recognise that the 111 service has the potential to relieve pressure on emergency services and there is a widespread perception that this is its aim.
- All participants are aware of the phone service, but awareness of the online service was much lower and few had used it.

“I was always led to believe that A&E was for if you were imminently going to die, or in serious pain, otherwise it’s 111 or a GP.”

(Moderate service user, male, ABC1)

Service user experiences of 111 were mixed

“I would say a lot of the time, when there’s any uncertainty, they will just say to go to A&E and you know in yourself that’s not where you need to be [...] They almost put you in a panic.”

(Moderate service user, female, C2DE)

“I like it, I’ve used it a couple of times. My wife was pregnant, she started to get stomach pains, and we called 111 and they actually sent an ambulance – it just seemed to work quite well.”

(Moderate service user, male, ABC1)

However, there are certain issues with the 111 service that should be addressed

Clinicians are concerned about misuse of the service

- There is a risk that people may use 111 when they don't need to, and that some people may learn to 'play the system' and exaggerate their condition to receive emergency treatment – which would therefore put even more a strain on services.
- Conversely there is also concern that some service users (particularly older people) may feel pushed to use 111 when they genuinely need emergency help.

"The other week I had a 25-year-old who contacted the surgery after being told by 111 to do so. They contacted 111 because it was a problem like foot pain, something silly... and they shouldn't have contacted 111. When I spoke to the patient, I asked why they had contacted 111, and they said 'Why not?'."

(Clinician, GP)

Service users are concerned about the efficiency of the service

- When asked about their experience of using the 111 service, many service users express frustration due to long waits for call-backs.
- Some also feel that the service is impersonal and that call handlers aren't knowledgeable enough, making the service feel like a 'tick box' exercise.
- These experiences raise questions about the feasibility of the service change, and undermine overall support.

"I don't really have a lot of time for the 111 service, because I think the call handlers have limited knowledge. They're working to a script, they're calling on an algorithm to inform their decisions [...] It's all a tick box exercise."

(Heavy service user, female, cancer)

Both audiences are positive about the principle of encouraging people to take greater responsibility for their own health and wellbeing

Service users stress the importance of the principle of personal responsibility, but question how realistic it is

There is a view that the encouragement of personal responsibility is already happening to some extent e.g. the distribution of leaflets about weight loss programmes.

Many service users say they have already started taking care of themselves better during lockdown, with some receiving support from clinicians on this. The benefit of this was seen as giving people better health and relieving strain on the healthcare system.

- However, this experience is by no means universal: it is just as common for service users to say that they have been less healthy during lockdown – doing less exercise, eating more and putting on weight.

And when thinking the idea through, there are real questions about how practical this change is, and whether it will really be possible to get people to change their behaviour.

“Use it or lose it, and you are responsible for what you do and don’t do [...] You have to eat healthy, you have to exercise as much as you can within your own limitations.”

(Heavy service user, female, UCTD and fibromyalgia)

“Very often I find that I’ve gone with a simple problem where before I would’ve been offered a treatment, and now I’m being told, ‘Go away and do this exercise on your own’ and, you know, ‘Don’t come back unless it stops helping’ [...] It sometimes feels a little bit unsupportive [...] There’s this increased emphasis on taking control and taking responsibility for your own health without really very much in place to support you in doing that.”

(Heavy service user, female, cancer)

Service users also feel there are a number of considerations to be addressed if this change is to be implemented

Supportive and non-judgmental

Some service users feel that language used by clinicians can be insensitive, particularly for those with LTCs. There is a sense that whilst people can take more responsibility for their health and wellbeing, ultimately, there is only so much individuals can do and some people are just unlucky.

“I’ve done everything right, but I was unlucky. I had a terrible life event which has had a knock-on effect – what more could I do? Some really don’t look after themselves, but others are just unlucky.”

(Heavy service user, male, fibromyalgia, diabetes and arthritis)

Better signposting

Service users feel that healthcare services could be better signposted. People may know that they need to make changes to their lifestyle, but might not know exactly how to do this and what services to access.

“What I would really like to see is the younger generation get more help [...] They need to have nutritious, wholesome meals.”

(Moderate service user, female, ABC1)

Integration with other services

For this idea to be effective, there must be integration with other services – there is a sense that the burden should not fall on the NHS alone. Schools, for instance, could do more to educate children and young people about how to live a healthy lifestyle.

Furthermore, clinicians are concerned with wider societal issues that influence individuals' ability to look after themselves

Clinicians

- Some clinicians think that empowering people to take more responsibility for their health and wellbeing must account for other factors which may influence this, such as socioeconomic status.
- An individual may face financial barriers, which prevent them from being able to purchase healthy food and access fitness services, or they may lack the knowledge necessary to support themselves in this way, which is why many participants feel that the drive towards more responsibility for personal wellbeing needs to start in educational settings.
- Therefore, solutions must be affordable and accessible.

“In terms of empowering people, if you’re going to empower people, I think you have to do that by looking at all of the aspects of someone’s life that affect their health and wellbeing, such as living conditions, socioeconomic status, whether they live in a food desert...”

(Clinician, Dietitian)

Rob*, heavy service user

Rob became ill 10 years ago as a result of a genetic blood disorder and has since experienced significant problems with his legs.

He tries to exercise as much as he can, but finds walking difficult. Swimming is easier for him, but he is on benefits and visiting the local pool is too expensive to do frequently. To get to the pool, he would have to factor in the bus fare, which means he often walks there even though this isn’t good for him.

*Name changed to preserve anonymity.

Participants hope that in five years' time, a successful NHS...

Clinicians and service users

- Makes good use of **virtual appointments** where appropriate (especially for pre-assessments and after care)
- Encourages **better collaboration between different services** and better understanding of referral criteria, providing more joined-up services, including with social care
- Offers more **streamlined pathways** for service users, which are easily accessible and flexible
- Is **sufficiently funded** so that investments can be made in staff and facilities

Service users

- **Has worked through the waiting list**, prioritising those with urgent health needs
- **Communicates effectively** with service users
- Provides the **same standard of care** across the country
- Is **free** at the point of delivery

Clinicians

- Bolsters **primary care services** in the community, including **allied health services** and outreach programmes
- Makes efforts to **improve recruitment and retention**
- Makes more **time for staff training** and education
- Introduces a better, **universal IT system**

"It would continue where the care is free at point of delivery, rather than adopting a insurance based system... perhaps more satellite places such as smaller drop-in centres, because for some people trying to get to places is difficult."

(Heavy service user, male, heart condition)

07 Re-cap of key findings and recommendations



Key findings

1

Support for and appreciation of local health services remains high, with clinicians and service users agreeing that they have coped well under the extremely difficult conditions caused by Covid.

- However, there is concern from both audiences about the impact of the pandemic on the quality of care received by patients and clinicians are also concerned about the impact of the pandemic on staff, and on the quality of communication across the last 15 months (highlighting, for example, perceived confusing communications about PPE).

2

Both clinicians and service users are concerned about the size of the waiting lists, and the impact that delays to care might have on patient outcomes. There is widespread agreement that this is now the biggest challenge facing the health service.

- This is a notable shift from last summer, when Covid-19 itself was seen as the biggest challenge.
- In addition to waiting times, clinicians also highlight issues around staffing (primarily recruitment and retention, but also training) as a significant challenge.
- The provision of mental health services is also highlighted by service users and clinicians as a significant challenge.

Key findings

- 3** There is widespread awareness amongst both audiences of changes in the way services have been delivered locally.
- Changes arising from Covid (e.g. remote appointments) are most front of mind, but both audiences can also point to changes that pre-date the pandemic (e.g. for clinicians new clinical advisory groups).
 - When asked specifically about telephone and online triage and appointments, both audiences are broadly supportive, and can see real benefits in terms of convenience, costs and time. However, there remain questions about access and the quality of care which lead both groups to stress the importance of retaining face-to-face care within local systems, and of taking a flexible approach to meet patient needs.
- 4** Of the ideas for future service delivery tested, support is strongest for the unified waiting list, which speaks directly to the issue that clinicians and service users see as the key challenge facing the system.
- While there is also support for virtual wards and increasing emphasis on personal responsibility, there are more questions about the practicalities of implementing these changes. Increased use of 111 is seen as a good idea, but support is to some degree undermined by doubts about the current effectiveness of the system.
- 5** Looking ahead, service users and clinicians alike would like to see more joined-up services and streamlining – with improved communication between (and within) different services, flexible touchpoints and better mental health services.



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