# Access to Primary Care: Focus Group Findings

**April 2022**

# A reminder of the brief

## The Vision

*For the people of Bradford and Craven to **feel confident in accessing Primary Care via a route that works for them**.*

*Through insight-led communications; we aim to **reduce the frustrations members of the public face**, increase understanding of the different roles within a GP Surgery and the triage system, and **support Primary Care staff**.*

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## Project Aims

- Help people understand that their GP surgery is open – including information on evening and weekend appointments.
- Help people understand the different options available when booking an appointment or contacting their GP surgery.
- Demonstrate the multi-skilled team working within GP surgeries and explain why they may be given an appointment with someone other than a Doctor.
- Promote kindness towards Primary Care staff as well as helping people to understand why they might have to wait to get an appointment.

## Communications Objectives

- Provide a clear narrative and campaign that demonstrates when and how to access Primary Care.
- Reduce community concerns and frustrations around accessing local GP surgeries.
- Raise awareness of the wider GP surgery team.
- Provide new resources and insights that help communications partners amplify an effective campaign.

# Key Focus Group Findings Summarised

## Focus Group Methodology

Co-creating the campaign's creative concept brief and strategy with people from our target audience.

Four 90-minute long virtual focus groups. Each session comprised of individuals from both target audiences, and 25 people were spoken to in total.

### Who participated?

- People aged 16-30 living in inner city, economically challenged parts of Bradford and Craven.
- People from Eastern European and South Asian heritage communities in Bradford and Craven.

All participants lived in one of the priority postcodes identified: BD1-BD9, BD21, or BD22.

### Outcomes

- A summary of the focus group findings.
- An understanding of our target audience's Primary Care access barriers / enablers to inform the campaign's creative concept brief, strategy, and eventually its assets.
- An understanding of what sort of visual and messaging cues resonate most with our target audiences.

# Focus Group Format

Questions were used from the Topic Guide - some are shown in italics below - as springboards for wider conversation. For the purpose of this summary report, participant responses have been grouped into 10 themes:

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| Recent GP surgery access: **method & experience** | **Gauging awareness** of ways GP surgeries can be accessed | **Gauging awareness** of the triage model | **Gauging awareness** of the GP surgery teams beyond Doctors | **Understanding** what people think it'd be like to work at a GP surgery |
|---|---|---|---|---|
| ***When was the last time you talked with a Doctor or someone else who works at a GP surgery?*** | ***What do you know about the different ways your GP surgery can be accessed?*** | ***What does the word 'triage' mean to you?*** | ***Do you know who works at a GP surgery and what role do you think they play in making sure the right treatment is given?*** | ***What do you think it would be like to work in a GP surgery?*** |

**Barriers** to accessing GP surgeries

***Do other commitments – e.g., work or childcare – often affect the way you use your GP surgery?***

***What, if anything, might mean you choose not to use your GP surgery?***

**Understanding** how / where information about GP surgeries needs to be presented

***Do you know where you can find information about your GP surgery?***

***How would you like to receive information about your GP surgery?***

**Understanding** the importance given to face-to-face appointments at GP surgeries

***How important is it for you to have a face-to-face appointment with someone who works at a GP surgery?***

**Understanding** the thoughts on receiving treatment from someone other than a Doctor at GP surgeries

***How do you feel about receiving treatment advice from a nurse or other healthcare professional who works at a GP surgery?***

**Understanding** the opinions of existing campaign materials & creative effectiveness

***How do these graphics make you feel?***

***What do you think works well?***

***What do you think works less Well?***

# Recent GP Surgery Access: **Method & Experience**

"We used to walk to the surgery and queue to get an appointment but can't do that anymore because of COVID. You've got to ring first"

"I hate having to explain the problem over and over again to different people at the surgery"

"I can't get on with my day if I'm waiting around for the surgery to call me back"

"I used to try and phone but it was really frustrating and there's long queues and you sometimes get cut off. I like to use the online system now"

## What Was Learnt:

- Nearly everyone had called their GP surgery first thing in the morning. Many believed this gave them the best odds of being treated quickly.

- People's experiences were largely negative, with some recurring themes:

- Frustration at what felt like a long-winded process.
- The precariousness of getting phoned back by the surgery from an unknown number at an inconvenient time / place.
- Calling before 08:30 / 09:00 disrupted people's morning routines, including getting children ready for school run and commuting.

## Considerations for Communications:

Campaign messaging needs to make it clear that there's ways to access treatment at GP surgeries *other* than calling at the crack of dawn. The choice might be made to illustrate how other access routes could reduce the interference to people's busy mornings.

# **Gauging Awareness** of Ways GP Surgeries can be accessed

"I wasn't aware that GP surgeries could be accessed online. I don't think my surgery offers that"

"I'm sure they used to be, but surgeries should be open til 6pm because 4pm doesn't work for school-aged children"

"I don't think I've ever had or been given any information about any other options than just calling"

"There's evening and weekend appointments, but I think they're shared between other surgeries"

## What Was Learnt:

- Awareness of the three core access routes (phone a practice, use an online form, or visit a practice) is generally poor.
- Individuals that *did* know that visiting a practice or using an online form were options, couldn't be certain that *their* practices offered these services.
- Some people assumed that using online services would be time-consuming and technically challenging. Others who'd attempted to use online services had been put off by a bad trial experience - e.g., appointment availability or platform instability.
- Extended opening hours were typically thought to have been curtailed in light of COVID-19. Only one person mentioned weekend appointments unprompted, and as with online services, participants were often uncertain as to what their own surgery's opening times were.

### Considerations for Communications:

It's obvious there's a **general** awareness job to be done here, but it is also be advised to consider creative concepts that easily allow **individual practices** within the CCG to adapt campaign materials to communicate their own services.

# **Gauging Awareness** of the triage model

"It's the receptionists who decide whether your needs are urgent or not and who needs to deal with it. Doctors don't have time to do that anymore"

"A triage is just a queue. A Virtual queue"

"The receptionist asks you what the problem is and then they might have a number or a colour system to determine urgency"

"Some of the Roma mothers I work with will go straight to A&E to avoid being sent back and forth between the GP and pharmacy. A note from A&E guarantees a Doctor will see them immediately the next time they phone up"

## What Was Learnt:

- With the exception of the participants from Eastern European communities - including those of Roma heritage - understanding of the word 'Triage' was broadly very good.
- People recognised the initial role that receptionist played in triaging patients, although some participants expressed concerns about staff training levels and turnover.
- However; people were much less clear on how triaging works in practice.

## Considerations for Communications:

It could be worthwhile trying to remove some of the mysticism around how triaging works with our messaging, and explain why it's an effective model. This might also serve to reassure people that front of house staff are highly-trained in important processes.

# **Gauging Awareness** of the GP Surgery teams beyond Doctors

"The Clinical Pharmacist is fantastic. I didn't need to see a Doctor because he could deal with it. He got us in and out"

"The nurse can prescribe medicines and there's a phlebotomist who takes blood"

"Community Health Workers, sometimes Children's Services"

"Midwives and health visitors sometimes. I don't know if they're stationed there or not though"

## What Was Learnt:

- The groups could recall several specialists that might be found in a GP surgery, including: Nurses, Speech Therapists, Children's Services, Phlebotomists, Asthmas Specialists, Midwives, Social Prescribers, and Physiotherapists.

## Considerations for Communications:

While awareness of the different Primary Care staff members was good, there's an opportunity for us to increase our audience's knowledge of what some of those roles actually entail and the treatment / services that they're able to provide. Further discussed on slide 17.

# **Understanding** What People Think It'd Be Like to Work at a GP Surgery

"It'd probably be hectic. Chaotic. But I'd like to see what they do in a typical day"

"I think the receptionists have a hard time because I've seen people shouting at them. They have to deal with the backlash of appointments being so difficult to get"

"Productive, because they do all get the job done, it's just the way they go about it. It's just challenging"

"I don't think anyone who works in a GP surgery ever looks very happy"

## What Was Learnt:

- The most common words people used to describe what they thought it'd be like to work at a GP surgery were 'stressful'. 'chaotic', and 'pressurised'.
- Few people offered positive adjectives.
- Participants recognised that a big source of the stress felt by GP surgery staff was likely down to the demands levelled at them by often anxious - albeit frustrated - patients. The stress is mutual.

## Considerations for Communications:

People can really empathise with Primary Care staff, so it's important that the campaign messaging addresses the audience in an empathetic tone too. Acknowledging how people might *feel* when accessing care, should go some way to increasing kindness to staff.

# **Barriers** to Accessing GP Surgeries

"The online prescription reissue request for GPs to sign-off before you can collect medication from a pharmacy never works. The computer system they do use doesn't seem to work"

"There's not many Romanian interpreters in Bradford so they get stuck in traffic coming from Leeds"

"I don't like having to take my son out of school for appointments as he's doing his GCSEs and I don't want him to miss lessons - especially after the COVID disruptions"

"Some of the Roma community experience racism from the provided interpreters. Our loudness is mistaken for rudeness. That's just our culture"

"I can't pick my return phone call up if I'm out on a community support visit. It's a personal call!"

"There's been times when I've been asked to send a photo, but I don't like that because I don't know where it's going. It's weird"

"I was asked to send my GP a picture of my eye infection but it didn't work because my camera resolution was too low"

If I knew how to speak with the surgery online, I would do that. That's more convenient than calling for me.

# Barriers Grouped by COM-B Component

| Capability | Opportunity | Motivation |
|---|---|---|
| **Psychological** | **Physical** | **Reflective** |
| - Lack of knowledge about the different ways that individual GP practices can be accessed.<br>- Lack of understanding about the care / treatment / services offered by health professionals working within GP practices. | - Inconsistent quality / availability of translated materials and interpreters for non-native English speakers.<br>- Lack of time owing to work and childcare responsibilities.<br>- Limited access to the internet and mobile devices with the necessary technology. | - Belief around the quality of treatment provided by health professionals other than Doctors.<br>- Lack of trust in patient confidentiality.<br>- Belief that only seeing a Doctor face-to-face can assure 'peace of mind'. |
| **Physical** | **Social** | **Automatic** |
| | - Social norms with family and friends.<br>- Lack of support and enablement from others. | - Breaking default access habits - e.g., calling a GP before 9am. |

# **Understanding** How / Where information about GP Surgeries needs to be presented

"If the Roma mothers need to know anything about their GP surgery, they come straight to me" (Family Outreach Practitioner)

"It would be good if when you ring up your GP you could select to receive information about services in different languages"

"Twitter and Instagram would be good, but a text message or WhatsApp is more permanent and can be shared between households and family members"

"Printed things in local community center, library, police station, etc."

## What Was Learnt:

- People usually found key details about their GP surgery - e.g., opening hours and contact details - through a Google search.
- In the absence of translated materials, communications with relevant pictures and icons could still be useful to those for who English is not their first language.
- A number of the women of Roma heritage spoken to couldn't read or write in their native language, so videos featuring a Romanian voice over were preferred.
- Although some people explained they'd like to receive printed information through the post or from public places, the majority told us that text or WhatsApp messages would be their preferred channels.

### Considerations for Communications:

In addition to traditional channels such as Facebook / Twitter and printed collateral, mobile-friendly communications should account for a good proportion of our campaign assets. A location-based Google ad campaign is also worth considering.

# **Understanding** the importance given to face-to-face appointments at GP Surgeries

"Face-to-face is what the Roma mothers want because they can make hand gestures when the language barrier is an issue - point to body parts, etc."

"It really depends on the problem for me. If I can send the surgery a photo then they might be able to tell me whether I need to come in or not. It saved time"

"Had my uncle been seen by a Doctor and not fobbed off on the phone, his cancer symptoms would've been picked up earlier"

"A lot of people believe that only a Doctor can give you a prescription"

## What Was Learnt:

- Those for who English is not a first language found it difficult to explain medical problems without using hand gestures, so seeing someone face-to-face felt imperative.
- Most people recognised that not all conditions warranted face-to-face contact and that sending in a photo would often suffice.
- Seeing a medical professional face-to-face offered some people spoken to 'peace of mind' - even if they weren't overly worried about their health. This seemed to be in part fueled by stories of missed or misdiagnosed symptoms.

## Considerations for Communications:

Knowing that people are often time-poor, there's an opportunity to highlight real routes to care / treatment that meant people *haven't* had to take time away from work or children out of school to see a health professional face-to-face at a GP surgery.

# **Understanding** thoughts on receiving treatment from Someone other than a Doctor at GP Surgeries

"No concerns at all with receiving treatment from someone else, they're generally really experienced, and I've had it before where they've got a second opinion from someone in the surgery"

"I don't mind if they have the answers. It's annoying when they have to go back and forth to get the answer I need"

"Depends on the condition"

"If you need a new dressing, you're gonna go to a nurse, you're not gonna go to a Doctor, if you've got a low mood and mental health issues, you're gonna see a prescriber, or somebody who's experiencing you know, therapy or psychology or something like that. It makes sense to me that and I'm pretty confident with those kinds of roles"

## What Was Learnt:

- Participants weren't always confident that health professionals had the right expertise and that this would delay correct diagnosis and / or treatment.
- Some people expressed frustration at being given an initial appointment with a nurse (or other health professional) before being told to book an appointment with the Doctor. It felt like a time-consuming and unnecessary step.
- Others were quite happy to receive treatment from someone other than a Doctor and were able to articulate what made other health professionals uniquely qualified to treat certain conditions.

## Considerations for Communications:

Audience confidence can be increased in a GP Surgery's highly-skilled team - the word '**team**' plays an important part here - by reinforcing their expertise and raising awareness of some of the common medical problems that they're trained to deal with.

# **Understanding** the opinions of existing campaign materials & creative effectiveness

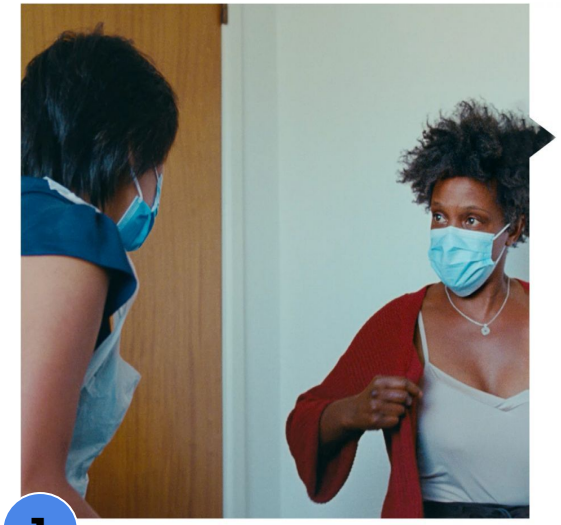
"Clinical style reminds you of hospitals, and when you go to hospital, it's generally not for a good reason. Colours should be vibrant otherwise it could trigger bad memories"

"The way the pictures have been shot looks depressing. I'd assume the information is boring. Some smiles would be better!"

1

"I like that the people are multicultural and of different ages"

"I like the simplicity of the words. It's straight to the point"



1

NHS

FACE-TO-FACE GP PRACTICE APPOINTMENTS ARE AVAILABLE TO PATIENTS.

Your health matters help us help you

Use our convenient, secure online form, call us or visit the practice.

Your health matters Help us help you

# Considerations for Communications

| What Was Liked? | What Was Disliked? |
| --- | --- |
| Age / ethnicity representation in photography.<br><br>Simple language and bold headline copy.<br><br>Seeing people attend face-to-face appointments.<br><br>‘Help Us Help You’ as it encourages people to take ownership of healthcare access. | Photography that felt dull (i.e., washed out colours and bleak facial expressions).<br><br>Lack of online form URL.<br><br>Colours. The NHS blues were too clinical. |

# **Understanding** the opinions of existing campaign materials & creative effectiveness

"The icons are liked by the Roma mothers as it's clear what they refer to"

1

"The colours give me an optimistic feeling. Colours are important"

2

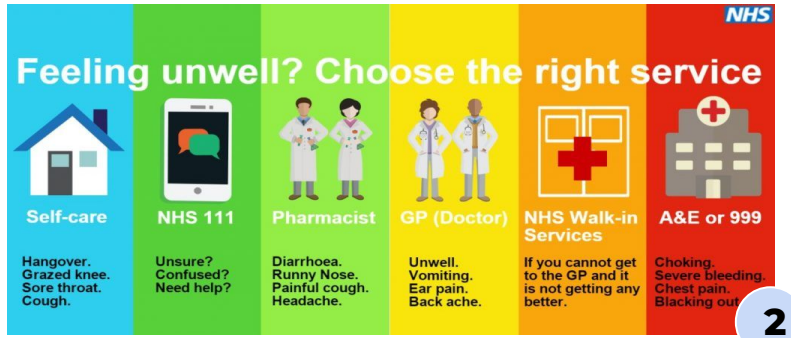
"Important information in short bursts is easy to read"

2

"The photography is brighter and feels warmer"

3

3




2

1

# Considerations for Communications

| What Was Liked? | What Was Disliked? |
| --- | --- |
| Prominent headline text in an uncomplicated font.<br><br>Bitesize information.<br><br>Friendly-looking photography subjects.<br><br>Colourful, understandable icons that are relevant to the text. | Unfamiliar logos - the Royal College of General Practitioners (RCGP) in this instance. |

# **Understanding** the opinions of existing campaign materials & creative effectiveness

"Confidentiality is really important to me too. Maybe a padlock icon or something could help communicate that"

"If you've had if you've had a particularly difficult experience, then a 'Be kind' message may not go down that well"

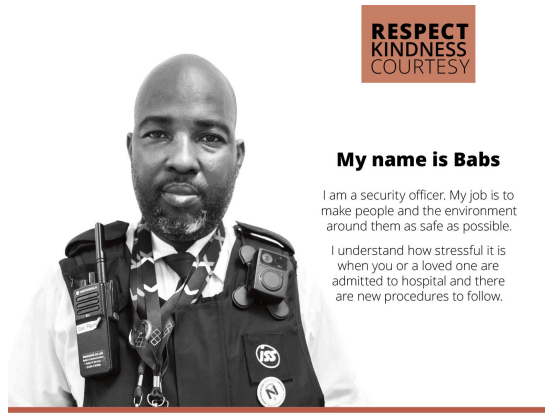
1

"It shows the NHS is welcoming and the people are approachable"

"I like that it highlights that they understand how we feel when we go to hospital"

2

1




2

# Considerations for Communications

| What Was Liked? | What Was Disliked? |
| --- | --- |
| Any visual component that might symbolise ‘Confidentiality’.<br><br>The showing of the core Primary Care team - ideally in a real work setting though.<br><br>‘Kindness’ focused messaging that *also* empathised with its recipient. | Photography that felt too staged or ‘Americanised’. |

# **Understanding** the opinions of existing campaign materials & creative effectiveness

"Most people will have been asking those questions at some point or other, so the answers will be useful" **1**

"Illustrations make me feel less pressured than photographs. It's like cartoons when you were a child. It's more relaxing" **2**

"The Q&A form saves time. You can just focus on the information you're looking for" **1**

"Easy to read and absorb" **1**

**2**

# Considerations for Communications

| What Was Liked? | What Was Disliked? |
| --- | --- |
| The Q&A format.<br><br>Illustrations, as they were considered more comforting than photography.<br><br>The warm, pastel colour palette.<br><br>Messaging that rallied support for people's 'local NHS'. | Nothing specific to note here - although people tended to agree that a combination of photography and illustration would be the most effective approach. |

# Considerations for Communications: an Overview

On analysis of insight gained from the focus groups, it's concluded that campaign development should take particular note of the following, especially if the aim is to remove some of the Primary Care access barriers that have been identified:

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## Messaging

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**Show the different ways** GP surgeries can be accessed.

**Remove the mysticism** around how triaging works.

Frame Primary Care staff as a **team of specialists**.

**Show real routes to care** that meant people avoided taking time away from work or children out of school .

Reinforce the expertise of Primary Care staff and **raise awareness of some of the common medical problems that they're trained to deal with.**

Address our audience in an **empathetic tone**.

## Design and Channels

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Produce materials that can be **easily adapted by different GP practices**.

Consider a **combination of diverse photography / illustration**. Colours used should be warm and not clinical.

**Humanise the Primary Care team** in designs.

Consider **Facebook, Twitter, Google Ads, and printed collateral**. Mobile-friendly communications (e.g., **WhatsApp**) should account for a good proportion of our campaign assets.

Use c**olourful, understandable icons** that are relevant to the text. **Bitesize information** is best.

**Quality translations and voice overs** rather than subtitles on video materials.

# Enablers

On analysis of insight gained from the focus groups, it is recommended the following three intervention types to:

| | | |
|---|---|---|
| **Education** | > | Increase people's knowledge of the different routes to accessing Primary Care and understanding of the skill-sets of those in core GP surgery roles. |
| **Persuasion** | > | Induce positive feelings about the range of treatment services available and stimulate people to access Primary Care via a route that works best for them. |
| **Modelling** | > | Share positive stories of people either working in a Primary Care setting, and / or people's positive experiences of accessing Primary Care. |

# Next Steps

| | | |
|---|---|---|
| **Campaign concepts and channels** | Develop look, tone, style of campaign and the channels for the next phases of Education and Persuasion. | Co-design and refine concepts with BD5 group and Focus Group participants after the Pre-election Period. |
| **Pre-campaign** | Work with partners and public to test and embed the campaign. | Complete testing and embedding campaign in May 2022. |
| **Campaign** | Roll out the campaign using partners to help amplify the messages. | June / July 2022. |