Listen in, so what?

Thinking together about the future of general practice

Report from our deliberative event 5 October 2023

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What was the event about?

We ran this event to think together about what we've heard from communities during the first year of our Listen in programme – focusing on access to general practice.

The aims of the event were that:

- People feel informed about the issues and learn new information.
- People hear different perspectives and build empathy with others.
- People will feel their contributions and ideas have been valued.
- People can take what they learn back to their community.

Who was involved?

Around 120 people took part in the event, supported by a team of facilitators from across our partnership

Participants included citizens from Bradford District and Craven, health professionals or support staff from GP practices or other health services, and leaders from across our partnership.

Our citizens, our workforce, and our partnership leaders worked together as equals during this event. We encouraged people to get to know each other and to forget about job titles or organisational roles.

People were invited in a range of different ways to ensure a good mix of people with different experiences and perspectives.

- Around thirty people were recruited through an external market research agency, they had no prior relationship with our partnership
- Around thirty-five people took part after being invited through community groups that we met during our Listen in visits
- Around fifty people who took part work in our partnership, including senior managers as well as ‘frontline’ health care professionals

We collected equality monitoring information and collaborated with our external partners to ensure that the people taking part reflected the population we serve.

The event involved groups of 10-12 people working together, each group was carefully balanced to ensure a mix of people from different backgrounds.

Our event was as accessible and inclusive as possible, with interpreters or support workers available for people who needed this.

What did we do?

We opened the event with a short introductory session to help all participants feel comfortable in the space, and create a level platform for people to take part regardless of their role/experience. We suggested ground rules to help everyone work together.

Understanding the issues and hearing different perspectives

Presentations were shared to help everyone understand the issues:

- True/False quiz to present information in an accessible and engaging format
- Overview of the challenges around GP access
- Feedback on the insight gathered through our Listen in visits
- Stories about GP access from both staff and patients

Sharing experiences and ideas

After the presentations, people reflected on how they felt about the issues – this created important space for people to share their experiences and hear from others.

"Frustrated – contacting GP practice is very hard."

"Everything outside of NHS has changed - online banking, shopping etc - but as a society we haven't changed that mind set for GPs. The system is still quite behind."

"When I call receptionist and I'm positive I get a better experience than when I'm upset, then I don't get a good experience."

"Surprised – you hear from everyone about the issues about getting a GP appointment etc. But don't realise the other side or the story from the receptionist and the doctor - they are just as frustrated."

"Sad to hear staff stories and that people are leaving due to the environment and pressures."

"Overwhelmed – working in practice I am firefighting on a daily basis."

"People expect services to be the same as 50 years ago – if this can't happen then public needs to know."

"Sad and frustrated listening to the facts I heard but also hopeful that things can change because both staff and patients want it to be better."

Working together on our challenges

Each group was given a choice to work on one of four challenges that had been identified from our Listen in programme and practice engagement events.

1. How might we build empathy between communities and our workforce, creating a culture of kindness, that makes primary care a good place to be?
2. How might we improve people's confidence in the health system by making it easier to navigate and improving their experience of contacting primary care?
3. How might we build on existing models to develop and strengthen non-medical models, learning from what works to manage people's need more effectively and enable same-day primary care access when its needed?
4. How might we work together across Primary Care Networks to ensure more consistency in access for people in Bradford District and Craven, no matter where they live or who they are?

The most popular challenge to work on was around making the system easier to navigate and improving people's experience of trying to access care – six groups chose to work on this.

Interestingly, none of our groups chose to work on the first challenge – feedback from our facilitator team was that this challenge felt too hard. People also felt that by addressing the other challenges, there would be a knock-on effect of making practices a better place to be.

Groups worked on their challenges together for 45 minutes, with prompts and information provided by facilitators. The groups were asked to develop a proposal that would address the challenge.

Facilitator teams filled out a template to capture and collate the ideas from the group.

Some groups had lots of discussion but didn't manage to write down all the detail on their template, so some of the proposals that follow are more developed than others, but all the ideas are valuable.

Challenge 2: How might we improve people's confidence in the health system by making it easier to navigate and improving their experience of contacting primary care?

Why do we need to work on this?

- People find it hard to contact services – we hear frustration about having to phone at 8am, waiting in long phone queues, automated systems (press one for X etc) and online information being difficult to understand.
- People tell us they feel confused about why GP practices are working differently than they were before the pandemic.
- General practice now offers a wider range of services and employs a whole team of people in different roles – but people don't understand this offer, and some people feel that unless they see a GP they are being 'fobbed off'
- People have an even harder time accessing GP services if they are unfamiliar with the NHS, speak English as a second language, or have disabilities

What is already happening to try to address this problem?

'It's a GP Practice Thing' campaign to raise awareness of different roles.

Community Health Checks – taking services out into community settings.

Testing how to integrate translation services with digital solutions such as GP online consultations, supported with digital inclusion community initiatives.

What ideas did we come up with at our event? (Read on for more details of the ideas each group developed)

- Improve universal online access - one system for all patients across Bradford District and Craven
- Developing wellbeing services as a physical, integral part of the GP surgery
- Call-back system for people phoning practices and more information on different ways to access
- Increase in awareness of different ways of accessing primary care / different offers within primary care
- Questions or system people can use to triage themselves
- Rebrand 'GP Practice' and change how we describe the workforce

Which **challenge** is your proposal addressing?	Improve people's confidence by making it easier to navigate health system
What is your proposal?	**Why** do you think your proposal will help?
Improve universal online access - one system for all patients across BDC	Will improve trust and awareness of how to access general practice and free up time on phones or in person for people who are digitally excluded.

How would it work? Detail about: steps needed to create change, people or organisations involved

One "front door" online for all BDC general practices

- co-produced with patients (Very simple for those with communication barriers)
- using BSL interpretation online to ensure equal access
- Quickly ascertain "needs" of patient (transparent)
- Use technology advances to aid triage (photos etc)
- Increasing trust and awareness in process by all citizens using same front door

Professionals and practitioners can support people to access as will be familiar with process

What is needed to make this a **reality**? Resources (money, time, information)

Money - to fund changing software for all practices and communicate changes across whole population.

Technology team - to advance universal access and streamline current online access across all ~ 70 practices.

Clinical team – to ratify information needed for good triage and have trust in system

Communication team– to promote new website, increase new 'trust' in website. Increased understanding and trust of triage process and use of skill mix teams in treatment pathways.

General public – Input on the production of the "one system" website and review of new system

Which **challenge** is your proposal addressing?	Improve people's confidence by making it easier to navigate health system
What is your proposal?	**Why** do you think your proposal will help?
Developing wellbeing service as a physical, integral part of the surgery	Freeing up GP time for clinical appointments
How would it work? Detail about: steps needed to create change, people or organisations involved	
VCS Hubs to staff. Triage for early help and wider problems. Clinical oversight & guidance we've done it on phones can ask in practice. Keep in touch / buddying system – relationships will develop over time – proactively invite people in who we haven't seen for a while. No appt that day? Come down to hub same day	
What is needed to make this a **reality**? Resources (money, time, information)	
Digital integration & investment to oversee barriers. Joint learning. Financial investment from practices. Flags for patients who haven't visited GP for 12 months	

Which **challenge** is your proposal addressing?	Improve people's confidence by making it easier to navigate health system
What is your proposal?	**Why** do you think your proposal will help?
Call-back system (for people phoning) More information on ways to access --- no priority access for either phone or internet access...should be equal wait times etc	Uniform service
How would it work? Detail about: steps needed to create change, people or organisations involved	
Phone message with choice of services, ways to access open all the time	
What is needed to make this a **reality**? Resources (money, time, information)	

Which **challenge** is your proposal addressing?	Improve people's confidence by making it easier to navigate health system
What is your proposal?	**Why** do you think your proposal will help?
Increase in awareness of different ways of access primary care / different offers within primary care.	Help people understand the different channels available
How would it work? Detail about: steps needed to create change, people or organisations involved	
Ensure people know ways to access primary care that work for them. Ensure people know all the offers within primary care – patients telling their positive experiences of the roles – social prescribers, physiotherapy etc. Promote care navigator roles.	
What is needed to make this a **reality**? Resources (money, time, information)	
US!	

Which **challenge** is your proposal addressing?	Improve people's confidence by making it easier to navigate health system
What is your proposal?	**Why** do you think your proposal will help?
Questions or system people can use to triage themselves	Navigate to correct service, benefit of experience
How would it work? Detail about: steps needed to create change, people or organisations involved	
Get a group of staff (GP, pharmacy, nurse etc.) to work through situations (real people e.g., Ear ache for 4 days) and work out correct routes to services.	
What is needed to make this a **reality**? Resources (money, time, information)	

Which **challenge** is your proposal addressing?	Improve people's confidence by making it easier to navigate health system
What is your proposal?	**Why** do you think your proposal will help?
Rebrand 'GP Practice' Rebrand the workforce. Remove the word receptionist→ care navigators →explain the roles in Primary Care	It will improve understanding & building knowledge. It will help people navigate the system, spreading the demand to the right person. Patients will be given more time and feel they have had the time they need with the right professional.
How would it work? Detail about: steps needed to create change, people or organisations involved	
Unified communications across the system – a new code of conduct. Practices promote. Personalised letter to patient – informing them of the range of services available in their practice and how to access them. Quick wins → record best time to call back. GP meetings, community events – annual open day.	
What is needed to make this a **reality**? Resources (money, time, information)	
Money for booklet & campaign. An engagement plan. Individual practices to sign up & create personalised information. Buy in from public.	

Challenge 3: How might we build on existing models to develop and strengthen non-medical models, learning from what works to manage people's need more effectively and enable same-day primary care access when its needed?

Why do we need to work on this?

- A large number of people come to GP practices because they are struggling with issues that they need support with, but which aren't best addressed by medical interventions – for example someone may have anxiety because they are struggling financially and isolated after a relationship breakdown, a GP can only prescribe medication or refer someone for CBT but a better outcome would be to address the underlying problem through a benefits check or debt advice and to help the individual develop a stronger social network.
- People are complicated and the current model of General Practice, e.g., short appointments, doesn't make it easy to look at people holistically and identify the right help or treatment.

What is already happening in BDC or other areas to try to address the problem?

Wellbeing network – hubs across the district Bradford Wellbeing Network

Care Navigation and Care Co-ordination to help people get the right services

Walk-in centres or UTCs NHS England » Urgent treatment centres

General practice services operating from same buildings as community services or VCSE organisation to improve joint working The Torbay Model - "Mrs Smith" - Torbay and South Devon NHS Foundation Trust

What ideas did we come up with at our event? (Read on for more details of the ideas each group developed)

- Raise awareness of non-medical support, targeting the 10% of people who use most GP visits.
- Community wellbeing team – community 111
- Bring primary care outreach into the community in a 'One Stop Shop'

Which **challenge** is your proposal addressing?	Make it easier for people to understand and get the help they need for non-medical problems
What is your proposal?	**Why** do you think your proposal will help?
Raise awareness of non-medical support, targeting the 10% of people who make up the majority of GP visits. What support can we put in place for them?	It will take more pressure away from GP surgeries and phone lines – less of a bottle neck It is a preventative approach which can help reduce the number of patients contacting their GP for mental-health and wellbeing related illness.
How would it work? Detail about: steps needed to create change, people or organisations involved	
Online, digital, leaflets, open day once a week at the surgery (with providers) Recommending non-medical services by a GP. Videos, text online. Religious organisations – messages from trusted community leaders, word of mouth.	
What is needed to make this a **reality**? Resources (money, time, information)	
Working together with organisations. Dedicated projects team. A proper communications and engagement plan for the 10% with buy in from partners. Budget.	

Which **challenge** is your proposal addressing?	Make it easier for people to understand and get the help they need for non-medical problems
What is your proposal?	**Why** do you think your proposal will help?
Community wellbeing team – community 111 (In the future could be an AI booth)	Take the pressure of the practices & phone lines. Help people see other wellbeing people from across health & care
How would it work? Detail about: steps needed to create change, people or organisations involved	
Using community space, or rooms / space attached to practices. Have a drop in at peak times with a range of people available. Has to be non-medical. Link with employers to improve wellbeing.	
What is needed to make this a **reality**? Resources (money, time, information)	
Comms plan, buy in – training from stakeholders (employers, neighbourhood teams etc). Strong links with practices, health & care. Support to community training in community settings.	

Which **challenge** is your proposal addressing?	Make it easier for people to understand and get the help they need for non-medical problems
What is your proposal?	**Why** do you think your proposal will help?
Bring primary care outreach into the community 'One Stop Shop'	Community will have access to everything in a 'one stop shop'
How would it work? Detail about: steps needed to create change, people or organisations involved	
Buy in from primary care & secondary care. Working with community services. Promotion and publicity.	
What is needed to make this a **reality**? Resources (money, time, information)	

Challenge 4: How might we work together across Primary Care Networks to ensure more consistency in access for people in Bradford District and Craven, no matter where they live or who they are?

Why is this a problem?

- Each GP practice is an individual business, and their ways of working, IT, and phone systems etc, are different.
- Primary Care Networks (PCNs) are groups of practices working together to serve a local population. Some PCNs are working well, others are still developing. When practices are so busy, it's hard to spend time collaborating.
- In our Listen In programme, we heard lots of variation in people's experiences – with some people finding it much easier to access care than others.
- There is lots of work going on to try and make things better, with different practices trying different things – but we are not consistently sharing our learning so that improvements can be made help our whole population.
- Variation in different PCNs risks deepening inequalities and making things better for some groups of our population while others are left behind.

What is already happening to try to address this problem?

- A new online consultation tool called PATCHS has been rolled out to practices across WY to try to ensure consistency and to give best value for money.
- The national Recovery Plan for General Practice sets out key areas of focus and gives guidance to PCNs – relating to empowering patients, improving patient experience of contact and ease of access. This includes support to PCN's in creating opportunities to hear patients and respond to their needs.
- Engagement events are held by the partnership to improve communication with and between GP practices.

What ideas did we come up with at our event? (Read on for more details of the ideas each group developed)

- PCN membership for patients and staff - training & induction for shared understanding
- Funded shared time for practices to shape good practice & ensure consistency

Which **challenge** is your proposal addressing?	Work together across Primary Care Networks to ensure more consistency in access for people in Bradford District and Craven
What is your proposal?	**Why** do you think your proposal will help?
Training & induction PCN membership To educate people / patients about different roles within the PCN. (Members of PCN). PCN induction pack for all staff – training Community audits – core values & principles PCN	
How would it work? Detail about: steps needed to create change, people or organisations involved	
Training pack – induction for all staff in the PCN so they are aware of all services in the area. More accountability to patients – involve patient in audits / strategic groups Identify vulnerable people that are not accessing services – go to them – more outreach work Understand community assets	
What is needed to make this a **reality**? Resources (money, time, information)	
Time Information Commitment	

Which **challenge** is your proposal addressing?	Work together across Primary Care Networks to ensure more consistency in access for people in Bradford District and Craven
What is your proposal?	**Why** do you think your proposal will help?
Funded shared time for practices to shape good practice & ensure consistency	Bring together different practices. Funding gives good, valued time to share ideas
How would it work? Detail about: steps needed to create change, people or organisations involved	
Funding decisions made to support GPs to share good practice – care partnership	
What is needed to make this a **reality**? Resources (money, time, information)	
Funding, time, data (to determine what is good practice)	

Bringing it all together

Review and shortlisting

During a break session, people were able to read the completed templates and cast their vote for which one they wanted to hear more about in the final session.

The proposals which received the most votes were:

- Improve universal online access - “one system” for all patients across Bradford District and Craven
- Rebrand ‘GP Practice’ and change how we describe the workforce
- Raise awareness of non-medical support, targeting the 10% of people who use most GP visits
- PCN membership for patients and staff - training & induction for shared understanding
- Developing wellbeing services as a physical, integral part of the GP surgery

Pitching and voting

We heard from the groups that had developed the five proposals with the most votes. A spokesperson from the group had two minutes to give a pitch to the room about their proposal and why they felt it would help address the challenge.

After hearing from each of the five shortlisted groups, we voted with our feet, to answer ‘Which of these ideas matters most?’

All five proposals gathered support, and people talked about the common threads between the ideas.

We posed a second question ‘Which of these ideas can you commit to work on?’ Most people remained clustered around the same idea, with just a few people moving to a different idea where they felt they had more input to offer.

The results (in order):

1. Improve universal online access - “one system” for all patients across Bradford District and Craven (24)
2. Developing wellbeing services as a physical, integral part of GP surgery (23)
3. Raise awareness of non-medical support, targeting the 10% of people who use most GP visits. (21)
4. Rebrand ‘GP Practice’ and change how we describe the workforce (10)
5. PCN membership for patients and staff - training & induction for shared understanding (6)

Imagining the future

Before closing the event, we asked people to take time to reflect individually about the future of general practice. Thinking about all the ideas shared during the event, people imagined that they were six months into the future and that these ideas had been put into action – how would that feel?

People wrote a postcard to their future self, capturing the change they hoped to see and the action that they would take to make it happen. These postcards were collected in by the event team and will be sent out to participants in six months to remind people of the commitments they made

Six months from now, general practice will feel…

> *"more inclusive and less frustrating."*
>
> *"collaborative, using skills of all healthcare professionals to increase capacity."*
>
> *"like great community hubs."*
>
> *"easier to access and nicer to work for."*
>
> *"welcoming. .I will be clearer about what's available and how to be well."*
>
> *"proud and confident of the work they do."*

To make this happen, I will …

> *"get involved, build a relationship with the practice and help educate my family and friends."*
>
> *"offered my support to raise awareness of AHPs in primary care."*
>
> *"spread the word about all the great stuff GPs are doing."*
>
> *"signposted people to alternative services, helped people see both sides."*
>
> *"have done my research into what my practice offers and volunteered to help them deliver it."*
>
> *"be nicer to receptionist.*

How did people feel about the event?

We asked participants to complete a short online survey both before and after the event, to understand how people felt about taking part, their understanding of the issues and their sentiment about general practice.

Survey results show increases in all three domains because of people taking part in the deliberative event.

Feelings about the event

- Before attending, 68% of people agreed or strongly agreed that their ideas would be listened to and respected: after the event, 93% of people agreed or strongly agreed.
- Before attending, 75% of people strongly agreed that it would be useful to bring people together to talk about the issues: after the event, 100% of participants agreed it was useful.

Understanding of the issue

- Before attending, 66% of people felt they understood how GP services are set up: after the event. 84% of people felt they understood this.
- Before attending, 88% of people felt they understood the challenges patients face in accessing general practice: after the event, 96% felt they understood.
- Before attending, 78% of people felt they understood the challenges that GP practices face: after the event, 96% felt they understood.

Tackling the challenges

- Before attending, 70% of people felt they had a role to play addressing the challenges of GP access: after the event, 88% felt they had a role to play.
- Before attending, 55% of people said they believed everyone was doing their best to address the challenges of GP access: after the event, 63% agreed that everyone is doing their best.
- Before attending, 47% of people said they felt hopeful about the future of general practice: after the event, 72% said they felt hopeful.

"I am hopeful that with organizing such events, awareness can be created among people and the problems that everyone is facing will be sort out soon."

In our post-event survey, we asked people to share one thing they learnt, and the responses indicate that people took away both practical information and increased understanding of the issues:

> *"I learnt that the physio can actually refer you if you need further treatment."*
>
> *"I have more understanding of the day-to-day issues."*
>
> *"The proportion of patients that take up a disproportionate amount of time."*
>
> *"The number of General Practice workers who are on the verge of leaving their post due to social media commentary and opinion and how changes in attitude could contribute to feelings of worth and value!"*
>
> *"How understaffed and how many GPs there are in Bradford compared to the number of patients."*
>
> *"There are a lot of ideas to try to tackle different aspects of the difficulties and issues both patients and practices face. The people in the room had a wide variety of potential solutions to try."*
>
> *"Exposure to how doctors are feeling and some of the challenges they face. Hearing about some of the trials that have been tried but not worked."*
>
> *"The power of people who have used and gained value from using services such as social prescribing telling others in their community about their positive experiences, rather than the health service trying to do this."*

We also asked people to share any other feedback about the event:

> *"This was an excellent day executed and convened brilliantly. Love Love LOVE the 'ground rules,' particularly the no lanyards request! We met some lovely people and feel very fortunate to be living in and contributing to our communities in our place. Thank you for working so hard to include everyone."*
>
> *"It was brilliant- surpassed my expectations. So well organised and planned. I loved that there was an equal power dynamic in the room and such a safe space for honesty."*

So what?

How will the ideas from the event be acted on?

We hope that everyone who attended the event will follow up with action on their individual pledges and will be measuring this in six months to see what changes people have experienced.

Bradford District and Craven Health and Care Partnership has already established a working group to explore ways to address general practice access challenges – the outputs from the event will influence the work this group takes forward.

The team will be developing an action plan from this event, which will be shared with everyone who took part and published on engagebdc.com

Thank you to everyone who took part in the event: participants, facilitators, speakers, and all those working behind the scenes to make it a success.