Social Media Content and Material Evaluation Summary: ‘It’s a GP Practice Thing’

July 2023

1. Background

We were commissioned by the local NHS services communication team to gauge the level of comprehensiveness of, and to gather some feedback about the material connected to “It’s a GP Practice Thing” from members of the general public in Bradford.

The materials aim to provide the general public with information that will improve their awareness about what services are provided by the GP practice and the different ways in which the services can be accessed.

2. What we did

We posted the PDF versions of the communication material along with the short videos across all our communication platforms. This includes Facebook, Instagram, Twitter, and our hyper-local WhatsApp groups. At the time of posting the material our reach was approximately 13000 people.

We informed our audience that we will be circulating an online survey related to the content and will appreciate people browsing through the material and responding to the survey to help us understand how this achieved its objective of improving people's knowledge about the services provided by the GP practices and how to access them.

We followed this information by circulating the short survey asking people specific questions about material.

The survey was available to complete by anyone living within the Bradford District area.

3. Response

We were mindful this survey will not achieve the same level of response rate as a general survey as people would be expected to study the material (read and watch videos) and then offer their perceptions rather than simply offer their views about a matter (e.g. levels of cleanliness or road safety where they live).

For this reason we prompted people in our groups on two occasions to encourage a higher response rate. We kept the number of questions to a minimum number to increase chances.

4. How many people responded

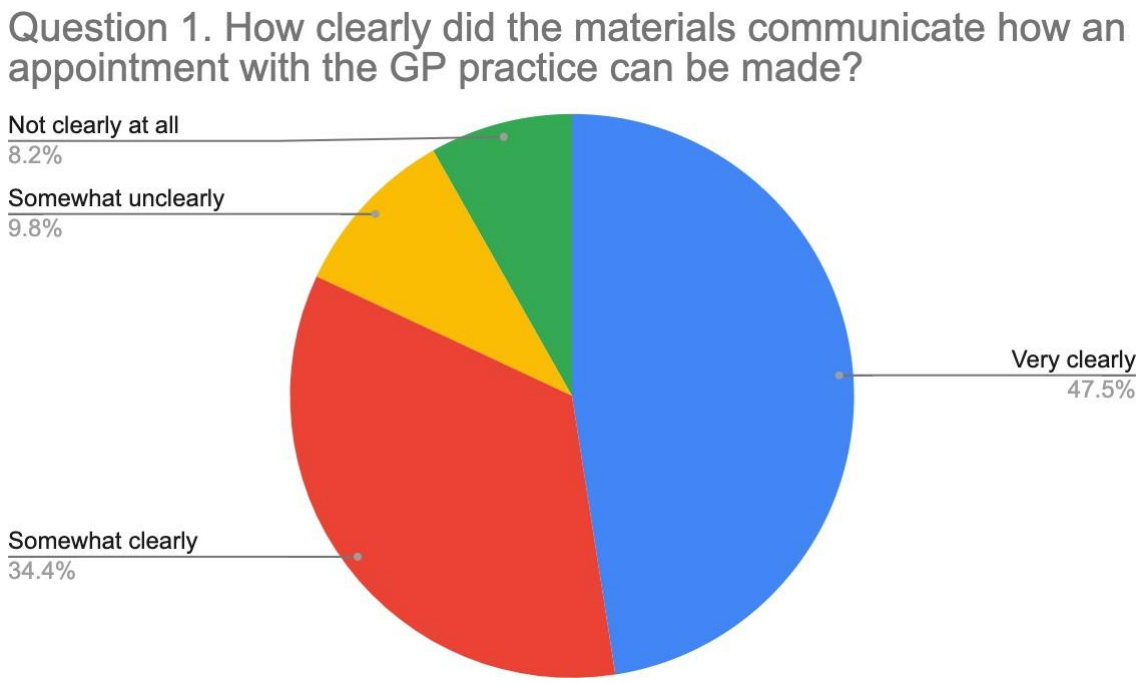
We set a target of 100 responses to the survey as this sample size is considered sufficient by organisations such as the National Centre for Social Research (NATCEN) when applying survey methods. However, this was not a simple survey in the traditional sense whereby people could answer questions on a subject they could recall but needed them to engage with the materials and then provide an informed view of the materials after navigating through documents and video links. This extra work inevitably reduced numbers. Furthermore, at the time of conducting this work we noticed a number of other surveys in circulation which may have created consultation fatigue and therefore lower numbers. Despite these circumstances we achieved a response rate of 61 which we feel provides a helpful snapshot of how the materials read and communicate to the intended audiences.

5. Our findings

The following section lists each question that the survey respondents answered and our findings based on their responses.

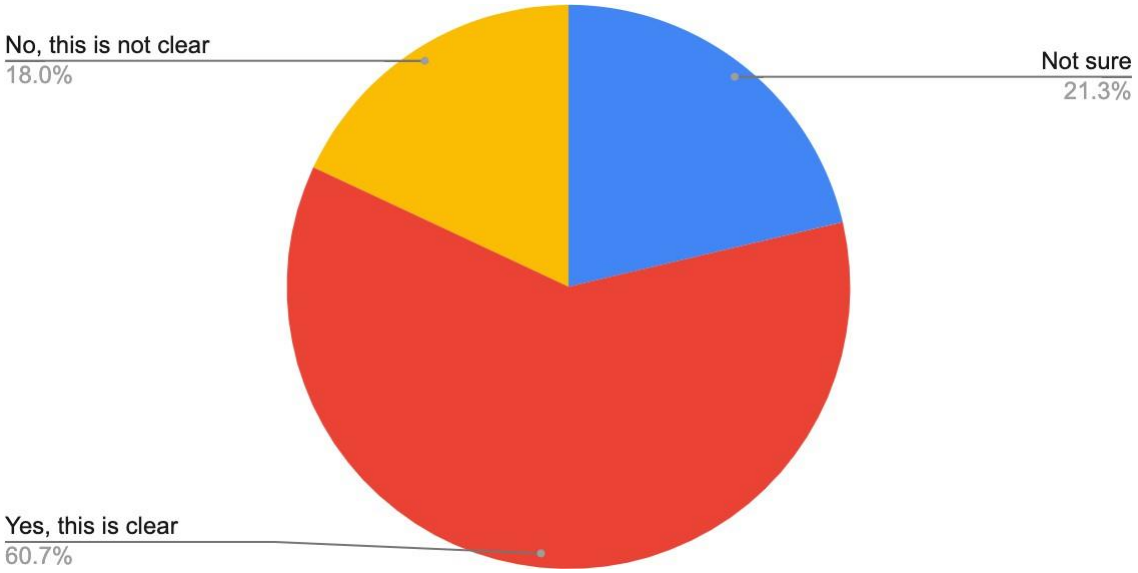
5.1. How clearly did the materials communicate how an appointment with the GP practice can be made?

Many people were inclined towards the information being clear but there is room for improvement if we collectively consider the responses for 'somewhat clearly', 'somewhat unclearly' and 'not clearly at all'.



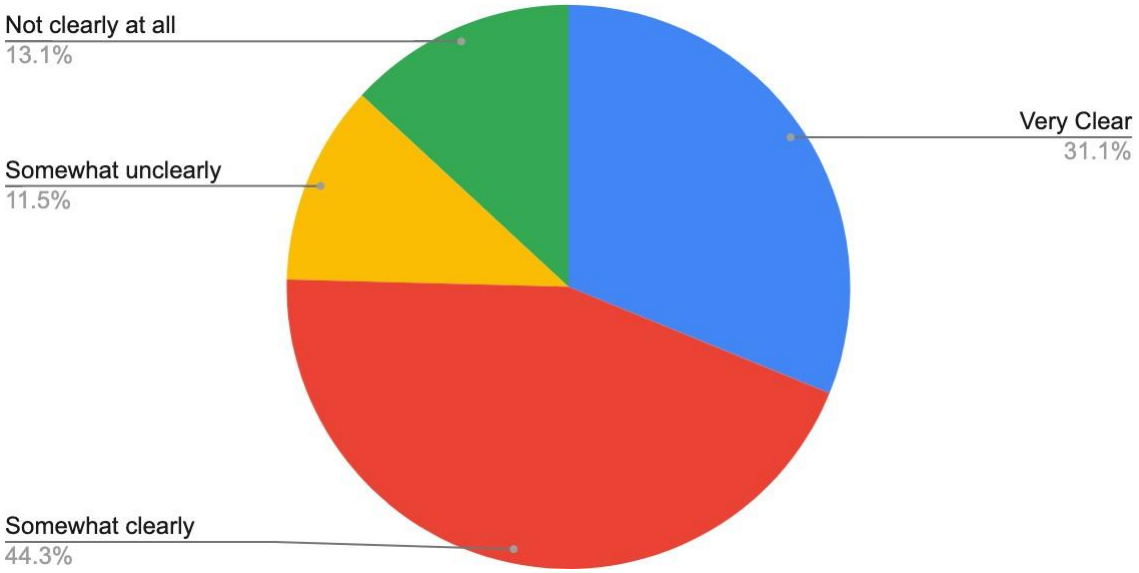
5.2. Have the materials shown that there is a range of different health professionals you could see at a GP clinic other than a Doctor (e.g. Physiotherapists, Social Prescribers, Health Visitors etc.)?

Majority of respondents understood there are a range of professionals but still a significant number did not find this clear or were unsure. This suggests some improvements may be necessary.



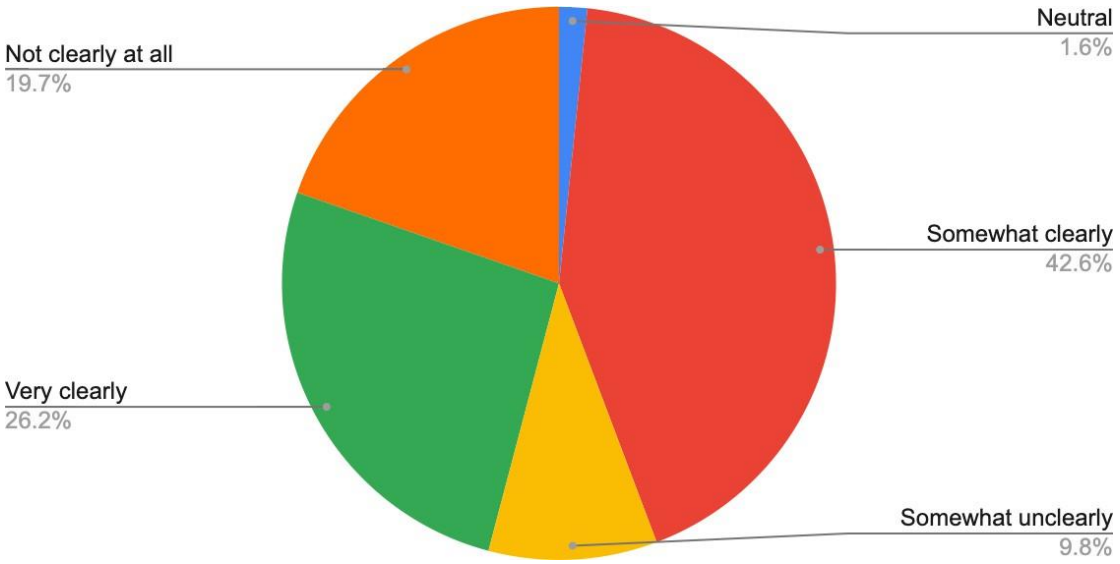
5.3. From the materials, how clearly do you understand what e-consult is?

The number of respondents who are certain what e-consult is (i.e. very clearly understand) equates to nearly a third of the respondents. The overall response shows there is a very mixed picture here as most respondents said it was 'somewhat clear' but nearly a quarter suggested this was unclear.



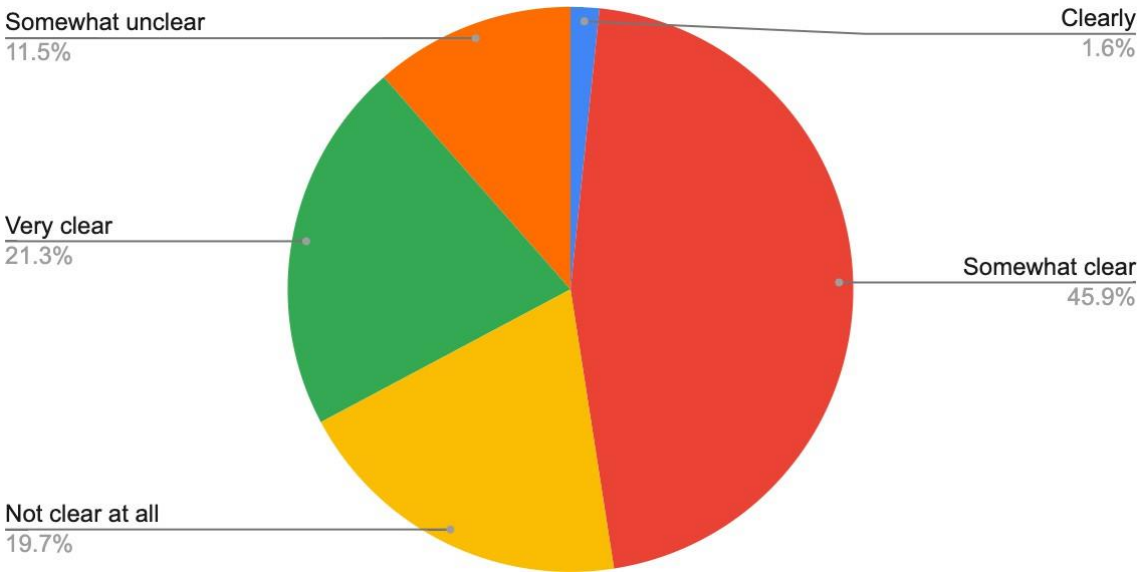
5.4. How clearly have the materials conveyed the benefits of using e-consult?

Most people were able to understand, through the materials, the benefits of using e-consult. However, when we combine the scores of 'somewhat unclearly' and 'not clearly at all' (approx. 30%) then it indicates there is room to improve this information.



5.5. On Pages 6 & 7, we describe the 6 different steps in the Triage system used by GP surgeries when booking an appointment. How clear is this information?

We asked people to look through the different steps of the triage system and then asked them to answer how clear this information is communicated. The answer provided findings which show that the majority of respondents were able to understand the information, however, like the last question, approximately one third of respondents show there is some room for improvement (when we combine 'not clear at all' and 'somewhat unclear').



5.6. If you made use of any of the QR codes, please share your comments here about anything that will help us to improve them

We had limited engagement with the questions about QR codes. The few points that came back are noted here:

- One respondent asked what QR codes are
- Some respondents asked why QR codes would be useful
- One respondent mentioned that they watched the video in Urdu

5.7. If you watched the video clip, please share your comments here about how informative the content is. In particular, did this improve your understanding about accessing services provided by your GP practice?

We provided a space for open text for this question and the following comments were recorded:

- 'Great '
- 'Really good to hear a local West Yorkshire dialect. Would be good to see that we reflect the professions to the demographic of the workforce I.E If there are more female Muslim GP's that needs to be reflected in the images & order of professions - Referring to 33 sec of the end of the video. However, saying that, I can see that the video does capture this 10 seconds before. '
- 'Systmone app would be good to book your own appointment time slot would be beneficial one time use for once a month use. So that other patients can make use of it as well would highly recommend.'
- 'Definitely made it clear on what services are available and how to access them'
- 'Video in Urdu was good for me to understand. '
- 'What material, I received nothing'

- ‘The video mentions the GP will “agree” on what to do next … the agreement is 2 way , the Patient may agree with what the GP says but the GP may not always be able to agree with what the patient says … agree is a big word , can’t the GP and patient simply discuss ? ‘
- ‘It's an informative video however in reality getting to speak to GP is still very difficult. E-consult appointments getting taken up very quickly, phones lines have horrendous ques and not always possible to go in person. Besides if you do, they always direct you back to the e-consult. ‘
- ‘The video was short and informative, I would like another video to show how to navigate around econsult for those of us who are not tech savvy. Might be good to also have the video in different languages. My concern in general is that not everyone knows how to use technology or has access so there is issues of digital exclusion and it feels like it's actually getting harder and harder to get an appointment with a GP face to face rather than easier. You can't ring and book an appointment in advance for non urgent issues you have to ring on the day and book an on the day appointment and often when you call you are on hold for ages or just get cut off. It is even harder for those of us who work and can put you off trying to access the medical support you may need until its too late. ‘
- ‘It did but I'm okay with tech. What about those that are not’
- ‘A significantly high number of south Asians pursue the pharmacy profession therefore your video should reflect that. Same would apply for GP clinicians. In Bradford district there are high number of GPS that are from the similar ethnic groups as the pharmacist. ‘
- ‘The video graphics are far too quick (as Powtoon tends to be). Slow down please. Cramming is never great to convey a simple message. At end though, I was unclear if I should call, use e consult or visit.‘
- ‘It was very informative ‘

- ‘The content was very informative but I found it difficult to listen to the narrator and also catch the new information being highlighted on screen. I think I missed a few of the circled/underlined points because I was too focused on listening. Otherwise, I liked the video. The illustrations were very inclusive and nicely drawn and the transitions through the presentation were smooth and flowed nicely. The information itself was simply communicated and to the point, which made it easy to understand.’
- ‘It’s exactly how I thought it worked. And it would be helpful to mention why it’s so difficult to get an appointment these days as when most people call now they are referred to pharmacist or put on a triage list.’
- ‘The theory is all well and good but until it works in practice the benefits are mute. I have used econsult and been marked as have been given an appointment when in reality I’ve only had information conveyed via the receptionist. You need to collate outcome monitoring info from patients as well as GPs ‘
- ‘It’s too fast especially if someone is poorly even harder to follow’
- ‘It was clear but it felt dishonest, it does not reflect the reality and therefore feels useless’
- ‘To improve need Dr on call system or video chat link for Separate chat for each person’
- ‘Good animation, simple, informative ‘
- ‘Good’

- ‘It was very helpful, clear, concise, informative and educational. Thank you ‘
- ‘Very informative ‘
- ‘I have no clue’
- ‘Yes the video was very informative and easy to understand.’
- ‘No’
- ‘Yes’

The following key themes were elicited from the above responses

- General positivity on video informativeness
- Desire for simplified, slower-paced content
- Multilingual narration needed for accessibility
- Represent diverse demographics in video casting
- Supplement narration with graphics/text carefully
- Set appropriate expectations compared to real-world experience

The responses indicate the video served an educational purpose but needs some refinement to improve comprehension, accessibility, and alignment with practical realities.

6. Recommendations

Based on our analysis of the survey responses we have provided some recommendations:

- Revise materials to provide more details and examples for the range of health professionals available at GP practices.
- Clarify the benefits of e-consult more explicitly. Explain how it improves access and convenience for patients.
- Simplify the explanation of the triage system. Use more graphics/visuals to walk through the step-by-step process.

- Set appropriate expectations around appointment availability and access. Communicate realities around high demand and limited same-day appointments.
- Consider revising video content based on feedback. Slow pacing, narration in multiple languages, ensure diversity in staff shown.
- Emphasise accessibility of materials for people who may be considered less tech-savvy. Provide guidance on navigating e-consult and using online systems.
- Consider translating materials into additional languages spoken by communities served by the GP practices.
- Distribute materials through a variety of channels - website, posters/signage, social media, text/email. Enable easy access.

Overall, the materials provide a good foundation and, by and large, were positively reviewed, with some room for further improvement. Some of the responses also surfaced some potential digital literacy, access and usability needs among the patient population. A more extensive survey focusing specifically on digital healthcare experience would provide better insights into patient populations digital readiness and exclusion risks.