

# Primary Care Response to COVID-19 Engagement Report

# DRAFT

December 2020

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have been delivered in partnership with:

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The Partnership would like to thank  
the following for their support in  
delivering this engagement

GP Practice staff in the East Riding of  
Yorkshire, Hull, North Lincolnshire and  
North East Lincolnshire.

East Riding  
GP Patient Participation Group

The Accord Steering Group

# Introduction

In response to the COVID-19 pandemic a number of changes were made to services to ensure they were safe for patients and staff, in line with Government and NHS England guidance. Some of the changes that were made were planned as future service improvements. This engagement exercise has been run to support decision making regarding which service changes should be kept, which should be amended, and which should be returned to how they were before the pandemic.

To avoid duplication and engagement fatigue the four Humber ICS CCG engagement teams worked together to engage with patients, the public, professionals and partners to inform the future delivery of Primary Care following the COVID-19 pandemic. The 4 CCGs working in partnership are:

- NHS East Riding of Yorkshire CCG
- NHS Hull CCG
- NHS North East Lincolnshire CCG
- NHS North Lincolnshire CCG

## Goals

By undertaking this engagement exercise, we hoped to gain an understanding of the following areas:

- Experience of the changes to primary care services; what has been beneficial and should be kept, what changes may need to be amended or reversed. Including, but not limited to;
  - Ability to access primary care appointments
  - Virtual consultations
  - Triage
- If patient and public views and behaviours have changed regarding primary care services and how they access them, including self-care and the use of pharmacies for advice.
- If the changes to Primary Care have impacted particular groups of people more than the general population, in particular those who share protected characteristics.
- If there are any additional changes or developments that need to be undertaken in light of the COVID-19 pandemic.

## Engagement Scope

Patients and the public across the East Riding of Yorkshire, Hull, North East Lincolnshire and North Lincolnshire Clinical Commissioning Group boundaries were approached to take part in the engagement. Primary Care was the focus of this engagement as the public access the health service through Primary Care.

## Background

COVID-19 transmission within the UK was first documented on 28<sup>th</sup> February, and by 1<sup>st</sup> March there were cases in England, Wales, Scotland and Northern Ireland. The government unveiled the Coronavirus Action Plan and declared the outbreak a "level 4 incident". On 11<sup>th</sup> March, the outbreak was declared a pandemic.

The provisions of the Coronavirus Act, which are time-limited for two years, enable the government to restrict or prohibit public gatherings, control or suspend public transport, order businesses such as shops and restaurants to close, temporarily detain people suspected of COVID-19 infection, suspend the operation of ports and airports, enrol medical students and retired healthcare workers in the health services, relax regulations to ease the burden on healthcare services, and assume control of death management in particular local areas.

The Coronavirus Act does not remove the statutory duty of Clinical Commissioning Groups (CCGs), or other NHS bodies, to ensure patient and public participation in commissioning health and care (14Z2 Health and Social Care Act). The Act does not remove the duty to give due regard to the impact decisions or service changes may have on those with protected characteristics outlined in the Equality Act 2010.

On the 29th April the second phase of NHS response to COVID-19 was introduced by Sir Simon Stevens asking all NHS local systems and organisations to step up non COVID-19 urgent services, while maintaining appropriate infection control and social distancing.

## What do we know already?

### Previous service specific engagement

All four partner CCGs have engaged with patients and the public with regards to extending access to Primary Care services in 2018, as part of a national initiative to extend opening hours to evenings and weekends. This work has been used as a baseline to determine how attitudes have changed.

### East Riding of Yorkshire CCG

A survey was produced in 2019 with aims to understand the people of the East Riding's vision for general Practice and how its services could look, not only now, but in the future. The survey was hosted online from February to March, and also supported by paper copies available to be completed by hand and posted back to the CCG via a Freepost address. 867 people responded to the survey

Alongside this public facing survey, views of GPs, nurses, practice managers and other health care practitioners working within general practice were sought. The stakeholder survey received 77 responses.

Responses collected from both health care practitioners and the public helped to inform the development of the ERY CCGs General Practice Strategy 2019-2024 which was published in Autumn 2019.

People were asked for their views on the future of general practice, what they like and dislike when they visit their GP, their knowledge of other practitioner roles available, along with their willingness to see those alternative practitioners.

Questions were also based around people's willingness to embrace new technology, booking online appointments and also seeking views around online consultations.

- There was an overwhelming number of comments left around the difficulty in accessing appointments, the desire for longer appointments to enable a thorough consultation, and also the need for more appointments to be available evenings and weekends to accommodate working families.
- People want to see better continuity of care and see the same GP each time they visit the practice. An increase in the workforce, in particular increasing the number of GPs and nurses was a suggested way to achieve better consistency of care.
- Respondents are wary and unsure about care navigation as they do not feel comfortable telling a receptionist details of their condition as they are not medically trained.
- Missed appointments are a concern for many people.
- Better communication between GP's, hospitals and community services is needed.
- 61.3% (527) of the respondents said they had used online resources before making an appointment
- Only 28.2% of people said they would be confident or very confident in an online appointment with a healthcare professional.

Additional engagement was undertaken in January and February 2018 with the public to help inform decision making on how Extended Access appointments would look like after funding from NHS England to introduce them. 826 people from the East Riding completed the survey.

- 93% of respondents said they would be happy to have a telephone appointment if a face-to-face appointment was not necessary.
- 71% of respondents said they would be willing to travel for less than 30 minutes to get to another practice for a quicker appointment.
- 54% of respondents were not happy with current arrangements for getting an urgent GP appointment.
- Longer opening hours including weekends were wanted by 69% of people.
- 58% of people wanted to be able to book on the day appointments.
- Better telephone booking arrangements were wanted by 51% of respondents.

## Hull CCG

NHS Hull CCG undertook an engagement exercise during January and February 2018, to validate and build upon previous patient experience intelligence relating to Primary Care.

The goals of this engagement work were to:

- Gain people's views on the current ways to access services in primary care
- Determine what extended opening hours would be preferred by the general public
- Gauge appetite for alternative ways of booking and accessing primary care support

Approximately 5000 printed questionnaires were distributed through primary care providers. A link to an online version of the questionnaire was shared on social media and by email to existing contacts. The engagement received local media coverage, this combined with social media reach led to just over 500,000 opportunities for people to be exposed to the call to action of completing a questionnaire. 1238 people completed the questionnaire, the highest response to a single engagement or consultation exercise undertaken by NHS Hull CCG to date.

A summary of the engagement findings can be seen below:

### Appointment convenience

- NHS Hull CCG should consider enhancing the opening hours of its GP practices, opening in the evening during the week, rather than the morning. Consideration should be given to opening for some or all of the weekend, particularly between 10am and 4pm.

### Alternative access

- When offering alternative practitioners, the clear preference is that they are from the same practice. It is recommended that supplementary engagement be undertaken to determine if the practice population consider an alternative practitioner from within the GP practice grouping to be preferred over a practitioner from another practice or grouping altogether
- Alternative methods for booking appointments within GP practices should be explored, with particular focus on online methods
- Alternatives to face-to-face appointments should be explored, with particular focus on real time communication, and the use of online modalities.

### Travel and location

- If an alternative location is being explored to improve access, the preference would be that it is less than 15mins travel, or 3 miles or less, for the majority of the practice population.



## North Lincolnshire CCG

Engagement took place in October 2017 to explore views on developing extended access to Primary Care services. There were 611 responses to the survey and a number of discussion groups.

Key engagement findings relevant to this piece of work are:

- Over half of respondents were already using telephone appointments at that time.
- When asked which they would like to use in future, people were interested in increased use of video / Skype appointments and instant messaging or live chat facilities.
- Carers felt that using technology for appointments would be easier as it would mean that they did not have to leave the house and take the person they were caring for with them to an appointment.
- Younger people were keen to use apps or other technology to support decisions about their own or their family's health.

Engagement took place in February 2019 to explore how people in North Lincolnshire access urgent care, with 1057 responses to the survey. There was a preference for contacting primary care in the first instance, however respondents expressed a willingness to consider speaking to a clinician online or using a telephone service depending upon the urgency of the condition.

## North East Lincolnshire CCG

There has been an ongoing dialogue with patients and stakeholders in North East Lincolnshire to inform developments in Primary Care services. This has included surveys, meetings, outreach and workshops covering extended access, care navigation, digital access, and quality standards.

Respondents to a survey around Extended Access in 2016 expressed a strong desire to adopt new ways of accessing advice, such as instant messaging, live chat and Skype. These views were confirmed in the 2018 State of the Borough survey in which almost two thirds of respondents felt that apps and other technology might improve quality of care by helping people to get advice more quickly, and there was agreement that a mobile phone app to help people to manage a specific health condition would be helpful.

Patients have reported high levels of satisfaction with online booking systems in GP practices especially around ordering repeat prescriptions. Many people agreed this was the way ahead for booking appointments, as it was convenient, easy to use and a much better alternative to lengthy waits on hold on the telephone. Some people were less enthusiastic saying the systems were 'clunky', difficult to use and in need of further development.



Ongoing dialogue with patient groups has helped us to gain an understanding of how new ways of working have been received in the wider community and identified areas for improvement or further consideration such as:

- Access to services for patients who are digitally excluded and the need to maintain patient choice
- Further development of the NHS App as a gateway to NHS services patient self-care
- Raising awareness of the role of pharmacies and other healthcare professionals as an alternative to seeing a GP
- Concern about patients with limited means having to travel long distances for care under new Primary Care Network arrangement

# How We Have Listened

## Methodology

The groups that were engaged with were:

- Patients who have used or tried to access Primary Care during the pandemic
- The public, people who haven't used or tried to access Primary Care during the pandemic
- Primary Care Staff, this includes GPs, practice nurses, administrative staff, other clinical roles

## Experience & Views Questionnaire

The questionnaire was used to engage with patients who had accessed primary care during the COVID-19 emergency response and captured quantitative intelligence. This included anyone who had been triaged or had an appointment with Primary Care during the response to the pandemic.

Four open questions were added to the questionnaire to attempt to capture qualitative intelligence and to identify any unanticipated subject areas or issues. These questions looked at what worked well, and what could have been better; and what were the benefits and drawbacks of the new systems.

The questionnaire was used to capture experiences and to gauge views about how people may wish to interact with Primary Care in the future, following the COVID-19 response.

### Methodology:

Digital questionnaires were used to collect experience of primary care, and views about accessing primary care. Logic was added to the questionnaire, meaning that participants only answered questions based on their responses to previous questions. If a participant had not had experience of accessing different parts of Primary Care, the software skipped questions pertaining to that subject.

It was felt the use of a single questionnaire would help increase the opportunity for engaging with those who had interacted with primary care; particularly those who have attempted to access primary care but were unable to.

GP practices were asked to send out a digital questionnaire to everyone who had accessed primary care since 23<sup>rd</sup> March 2020 with an email address or mobile telephone number (text message) on record. Questionnaires were sent out from 20<sup>th</sup> July 2020. Anyone who accessed primary care during the time the questionnaire was open was also sent a digital questionnaire. The questionnaire was also promoted via social media and through each CCGs normal communication routes.

To increase accessibility and to mitigate the risk of digital exclusion, people were offered the opportunity to be sent a paper copy of the questionnaire, these were sent with a freepost envelope for the return of the questionnaire. People were also offered the opportunity to complete the questionnaire over the telephone. The questionnaire can be found in [appendix \(i\)](#) on [page 42](#).

In addition, open discussion questions were developed to be used with patient and community groups. Although the COVID-19 restrictions meant that the majority of groups were not meeting face to face, these were developed to facilitate discussion with groups that were already taking place, making the most of opportunities that presented themselves. Two groups were reached this way, both were located in North and North East Lincolnshire, the outcomes from these sessions will be available in more localised reports.

The closing date for the questionnaire was 17<sup>th</sup> August, however this was extended to 24<sup>th</sup> August to accommodate the number of paper questionnaire requests.

## Staff Questionnaire

This was used to engage with Primary Care staff who had been delivering services during the COVID-19 emergency response and capture quantitative intelligence. This included clinical and non-clinical staff.

Staff open questions looked at what changes offered the most benefit and least benefit to patients and to the workforce, to try to capture qualitative intelligence and to identify any unanticipated subject areas or issues.

The questionnaire was used to capture experiences and gauge views about how Primary Care services might be delivered in the future, following the COVID-19 response.

### Methodology:

Digital questionnaires were used to collect experiences of primary care staff, and their views about the delivery of primary care services. Logic was added to the questionnaire, meaning that participants will answer questions based on their responses to previous questions. If a participant had not had experience of a particular change or service, the software skipped questions pertaining to that subject.

A digital questionnaire was sent by email to everyone working in primary care via their practice. The questionnaire was open from 14<sup>th</sup> August 2020 to 4<sup>th</sup> September 2020.

## Engagement Reach

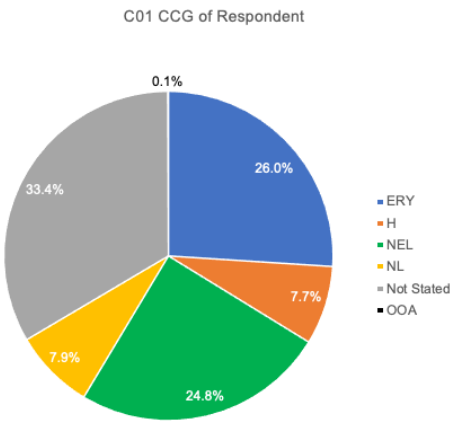
7751 people started the patient and public questionnaire: 2019 from the East Riding of Yorkshire, 601 from Hull, 1926 from North East Lincolnshire and 613 from North Lincolnshire. 2592 did not indicate where their GP practice is or where they live, and 5 were from out of area.

6180 responses were as a result of a GP text message, 692 as a result of an email from a GP practice. 539 responses came from CCG social media promotion and websites, 246 as a result of existing CCG contacts (e.g. memberships and mailing lists). 8 were completed over the telephone. 87 paper questionnaires were received.

The invitation for people to participate included the option to request a paper copy of the questionnaire, although a high number of people interacted with the option (931); only about 150 gave complete postal details within the period of time the questionnaire was open.

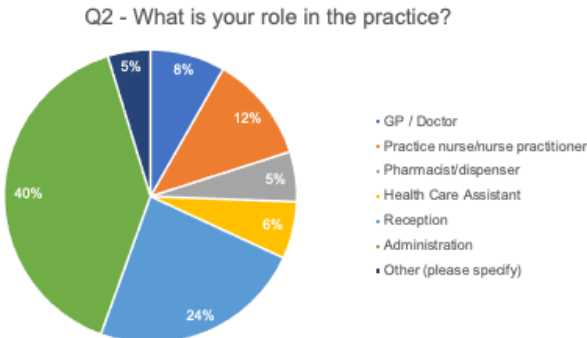
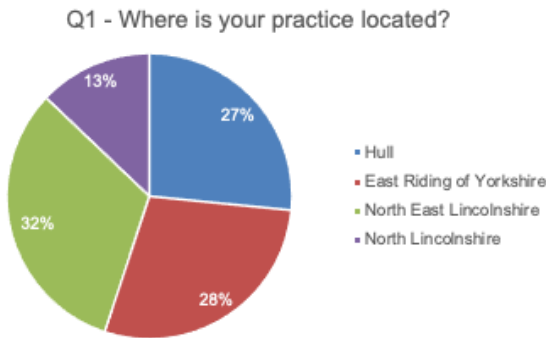
A link to an online version of the questionnaire was shared on social media, with an estimated Facebook reach of 20,976; and 6,604 impressions on Twitter. A full breakdown of social media coverage can be found in [appendix \(iii\)](#) on [page 51](#).

Participants were coded to each CCG using their GP practice first, then postcode, then self-identifying questions. The full demographics of respondents can be seen in [appendix \(ii\)](#) on [page 50](#).



256 members of primary care staff completed the staff questionnaire. Chart Q1 shows which CCG the responses came from, professionals self-identified the CCG area they work in

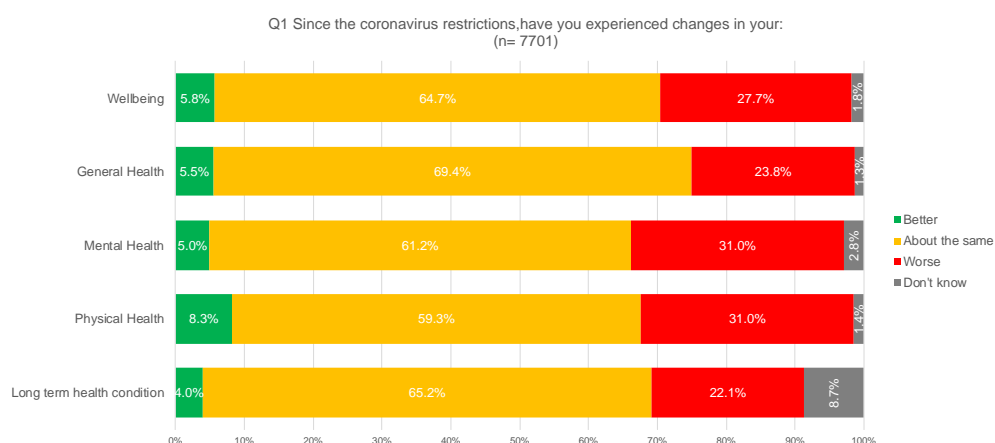
The roles of the staff participants are shown in chart Q2, this shows a good distribution; 30% clinical, 40% managerial / administrative and 24% reception staff.



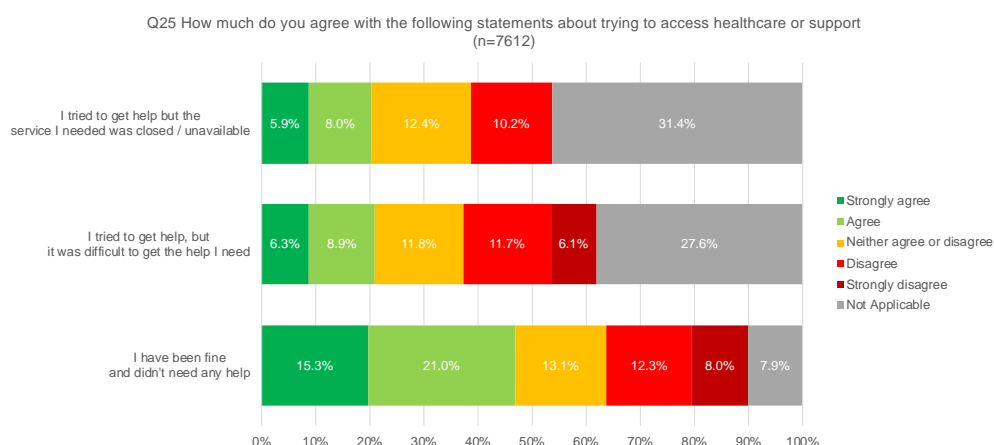
# Results

## Patient and Public Results

### Wellbeing and Accessing Services

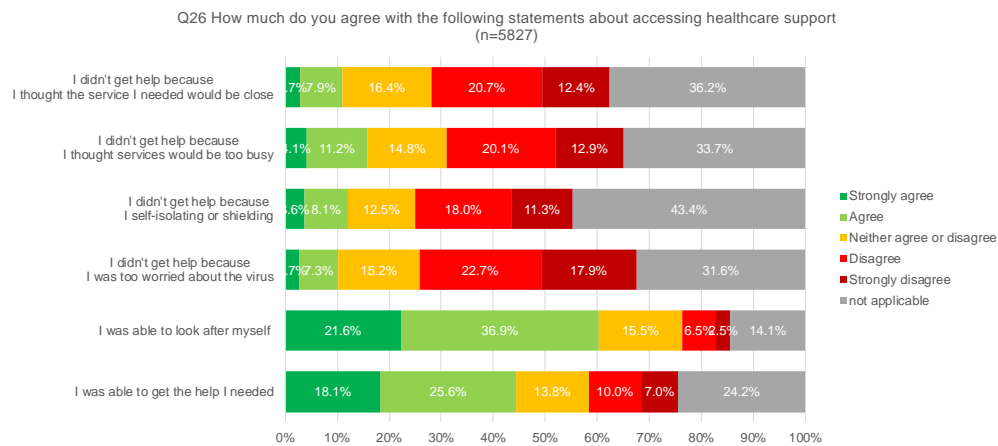


Graph Q1 shows that since the pandemic the majority of people's health and wellbeing has stayed the same or improved, with around approximately a quarter to a third feeling that some aspect of their health and wellbeing had become worse. More people felt their physical health had improved (8%) and 31% felt their mental health had got worse.

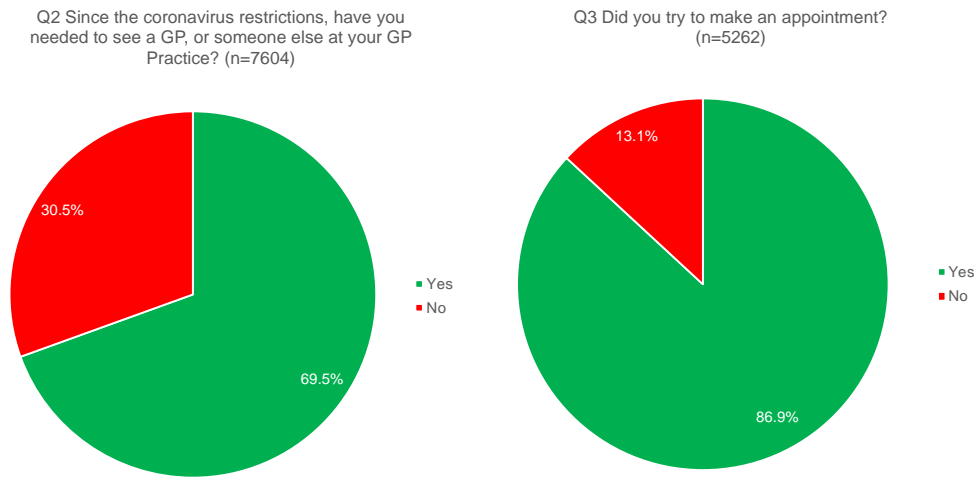


Graph Q25 shows 14% of respondents tried to get help but the service they tried to access was closed or unavailable; and 16% experienced difficulties trying to get help. A comparable number of respondents felt the opposite, 10% disagree that the service they needed was unavailable, 18% feeling it wasn't difficult to get the help they needed

Graph Q26 shows that the majority of people were able to get the help they needed (44%), and almost 60% were able to self-care.



Graph Q26 shows that a small percentage of respondents perceived barriers to accessing service, 10% thought the service would be closed, 15% thought services would be too busy, 10% didn't access due to fear of the virus. Only 12% didn't access services because they were shielding.



Graph Q2 shows that just over two thirds of respondents needed to access primary care.

Graph Q3 shows that 13% of those who felt they needed to see a GP did not make an appointment, this aligns with the graph Q26, which showed a similar number of respondents perceiving barriers or issues to accessing services.

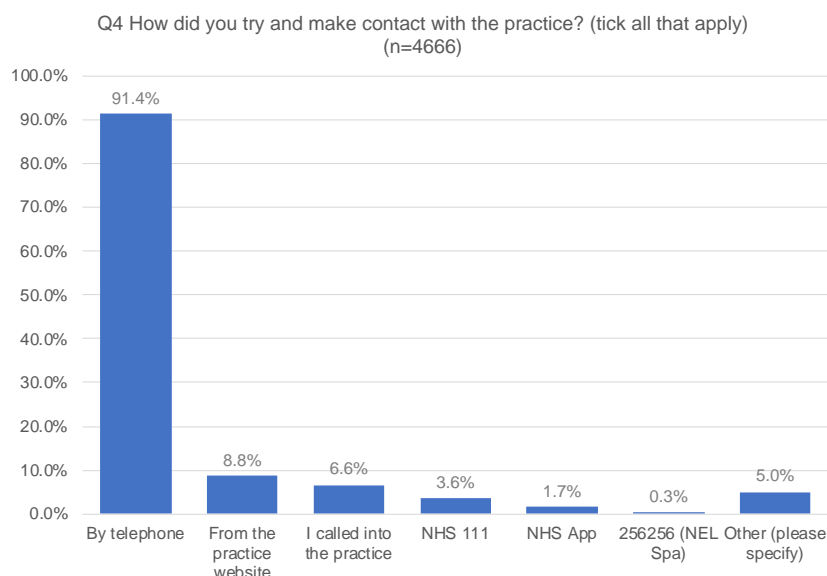
Experience of the Practice

Contacting the practice

The majority of people didn't require help contacting primary care (91.8%).

Graph Q4 shows that the majority of people contact primary care by phone (91.4%). 6.6% are contacting the practice by going into the practice.

Only 5% of respondents contact primary care through the nationally provided routes of NHS 111 and the NHS app, compared to 8.8% through the practice website.



Graph Q5 shows that 79.1% of people would recommend contacting their practice by telephone.

Half of respondents would not recommend going into the practice as a way of contacting them (52.5%)

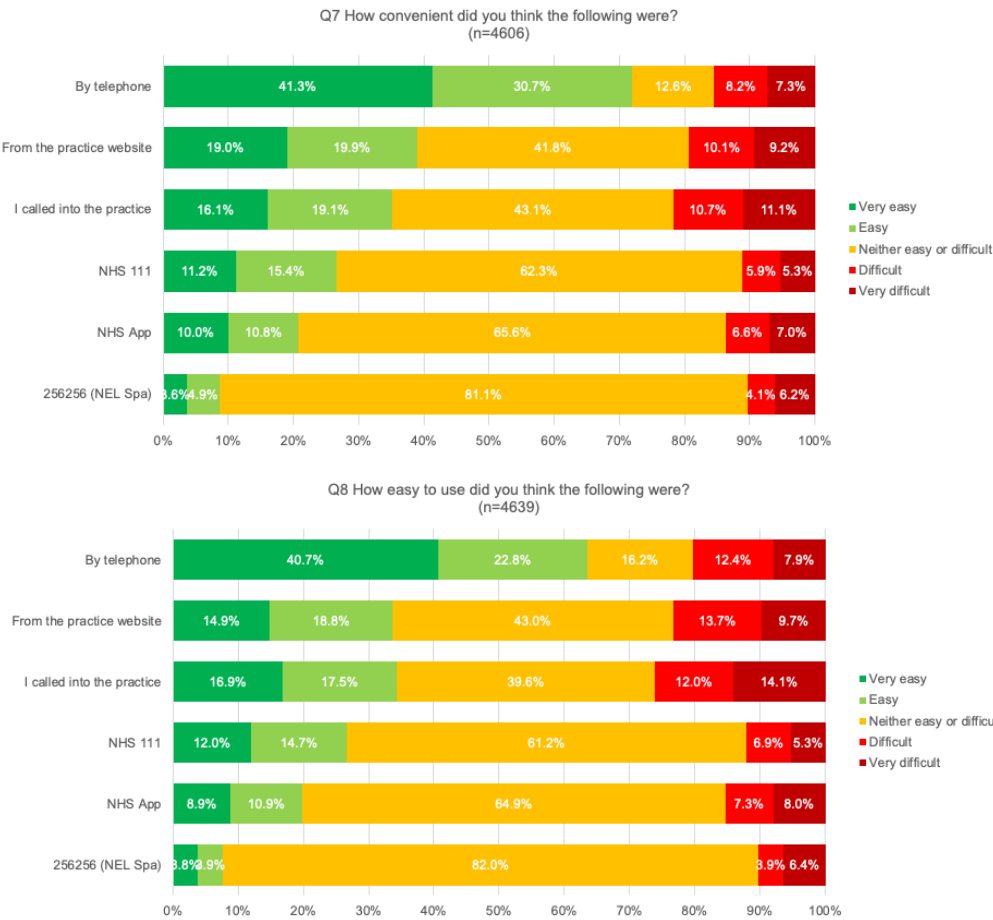
Almost half would not recommend nationally provided routes to contact primary care, 49.8% NHS 111, 47.2% NHS app.



Graph Q7 shows how convenient different methods of communicating with the practice are, and Graph Q8 shows how easy respondents find those methods. It appears people equate ease of use and convenience.



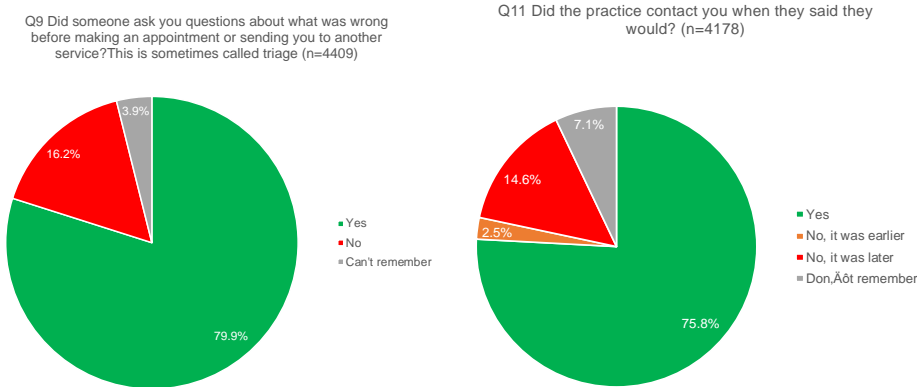
The telephone is reported to be the easiest and most convenient way to contact a practice. Whereas calling into the practice was reported as the most difficult and least convenient way of contacting the practice.



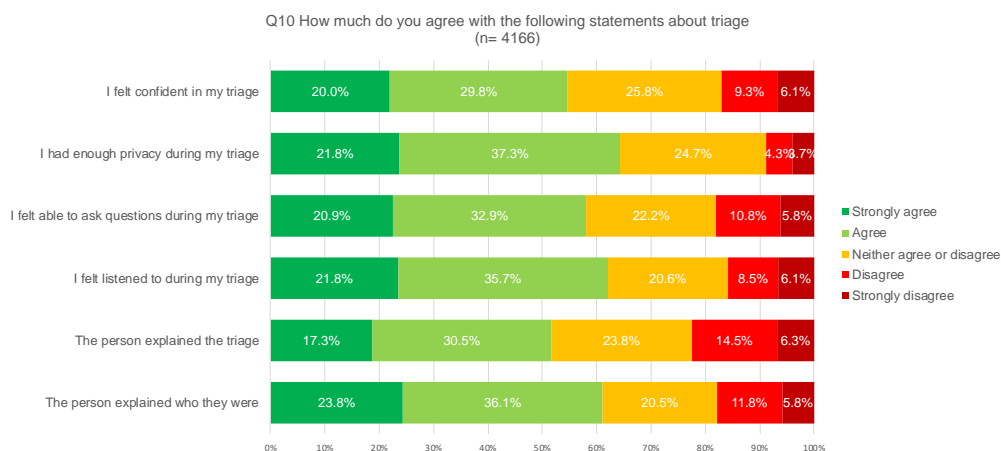
Experience of Triage

Graph Q9 shows that 80% of respondents were triaged when accessing primary care.

Graph Q11 shows that three quarters of respondents were contacted when the practice said they would, with only 14% reporting the call was later than arranged.



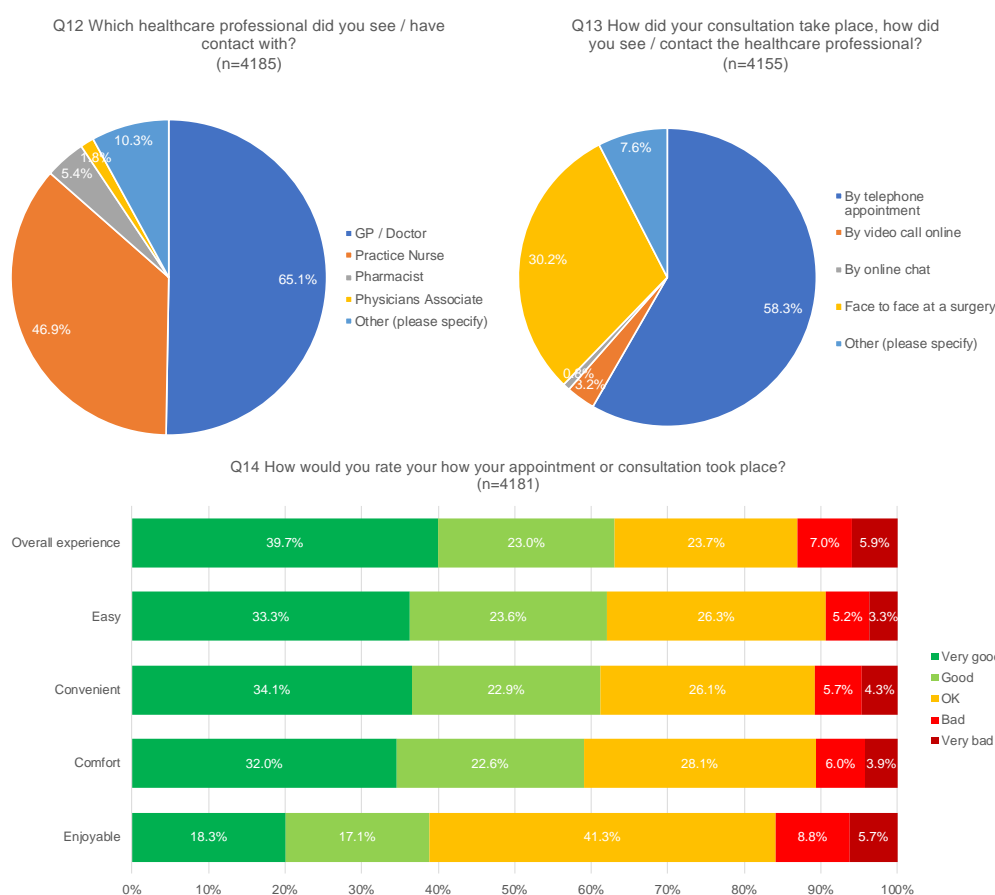
Graph Q10 shows how respondents felt about aspects of their triage. The majority of respondents (over 50%) felt positively about their triage, including confidence in the triage, privacy during triage, feeling able to ask questions and feeling listened to.



## Appointment Experience

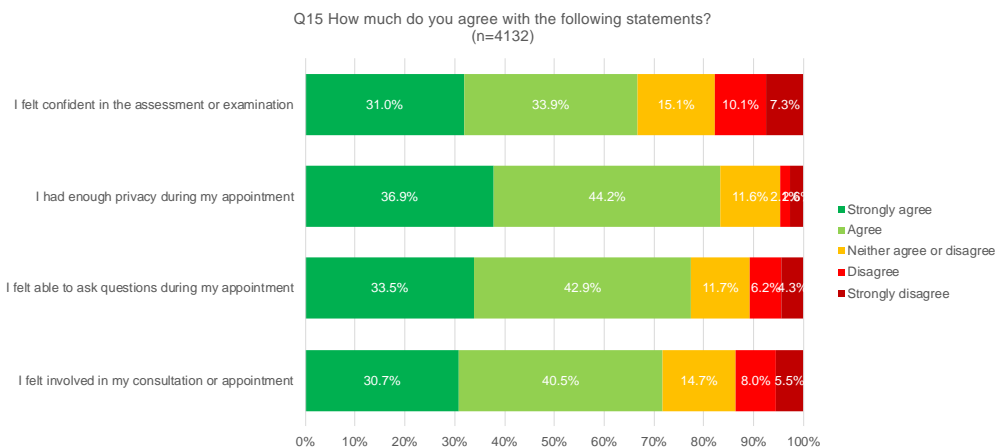
Graph Q12 shows the range of professionals holding clinics during the pandemic response appointments. Graph Q13 shows the majority of those appointments were held over the telephone (58%), with just under a third being held face to face in the practice. Only 3.2% of appear to have been conducted by video call. 7.5% selected "other", examples included going to the hospital or A&E; respondents also used this to describe two different ways there consultations took place for one episode.

93% of respondents did not require help accessing their consultation or appointment

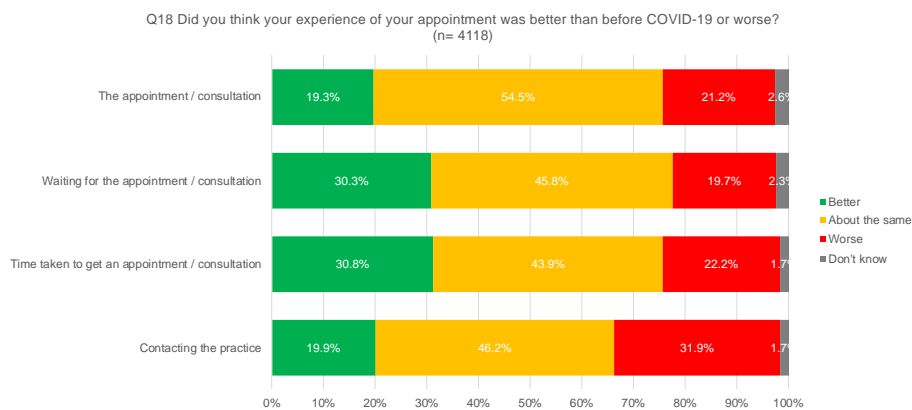


Graph Q14 shows how respondents felt about aspects of their appointment. The majority of respondents felt positively about their appointment with 63% rating their overall experience good or very good. Over 50% of respondents felt the appointment was easy, convenient and comfortable.

Graph Q15 shows that 65% of respondents felt confident in the assessment or examination, 81% felt they had enough privacy, 76% felt able to ask questions, and 71% felt involved in the consultation.



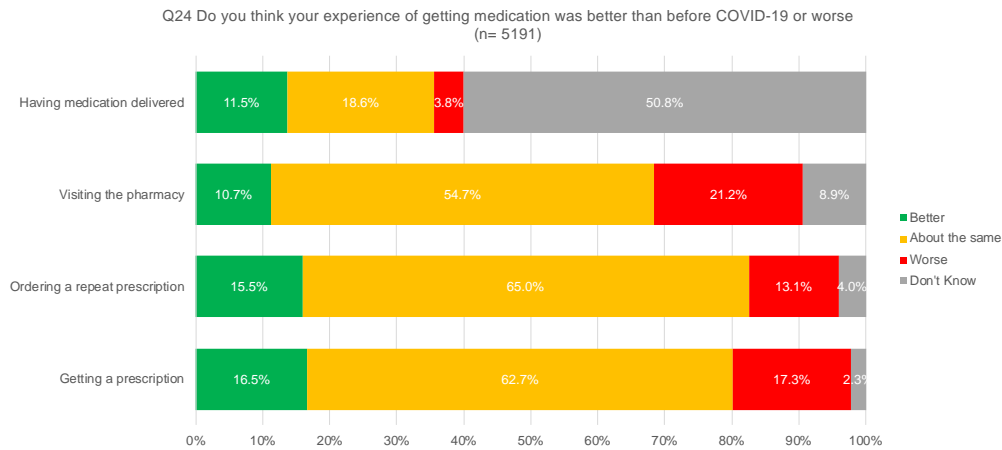
Although respondents have reported a positive experience. Graph Q18 shows that a comparable proportion of people feel their experience was better than before COVID-19, to those who feel it was worse than before COVID-19.



Experience of Getting Medication

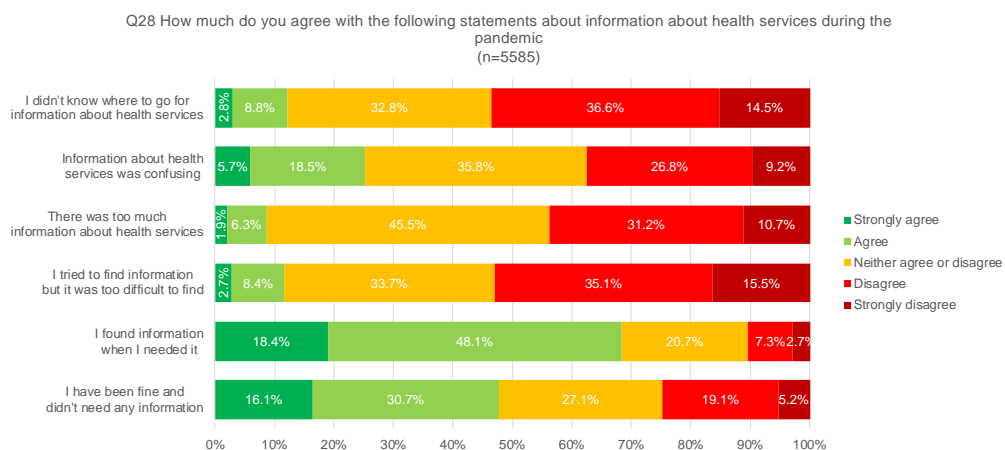
79% of respondents tried to get medication during the pandemic response.

Graph Q24 shows that although the majority of people feel their experience has remained the same, in some cases there are more people who feel their experience has got worse, for some aspects of experience, the number who feel it has remained the same is comparable to those who are reporting an improvement.



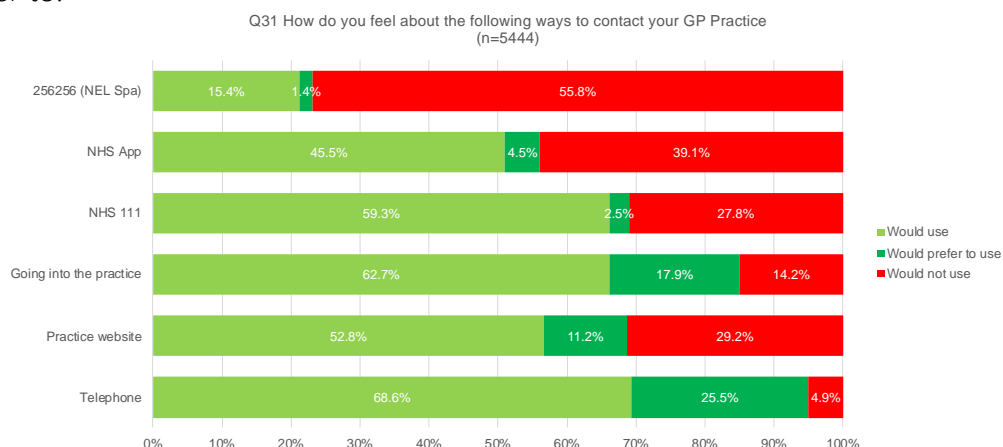
## Experience of Accessing Health Information

Graph Q28 shows that only 10% of respondents don't know where to get health information from. Although 8% felt that there was too much health information 66% of respondents found health information when they needed it. However, 24% of respondents felt information about health services was confusing.

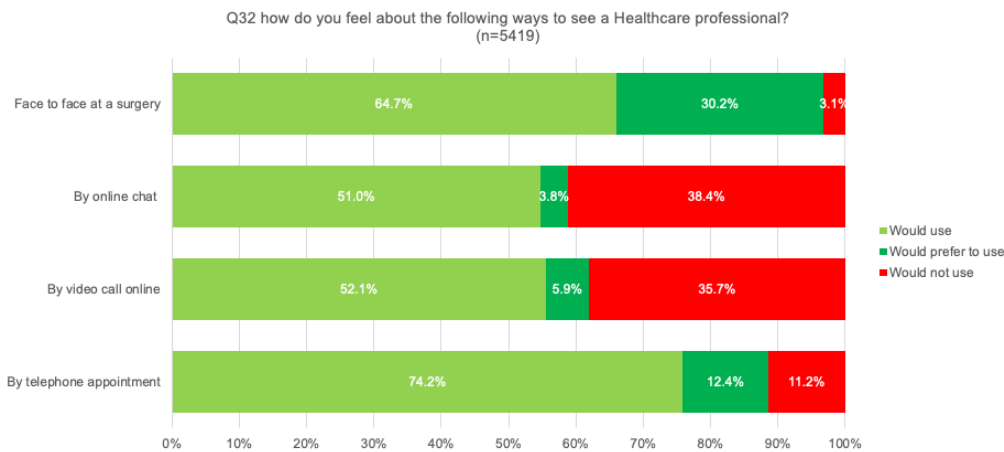


## Access Preferences

Graph Q31 shows that the preferred way of contacting primary care is by telephone, and although over half of respondents would use the NHS App and NHS 111, only 4.5% and 2.5% would prefer to use.



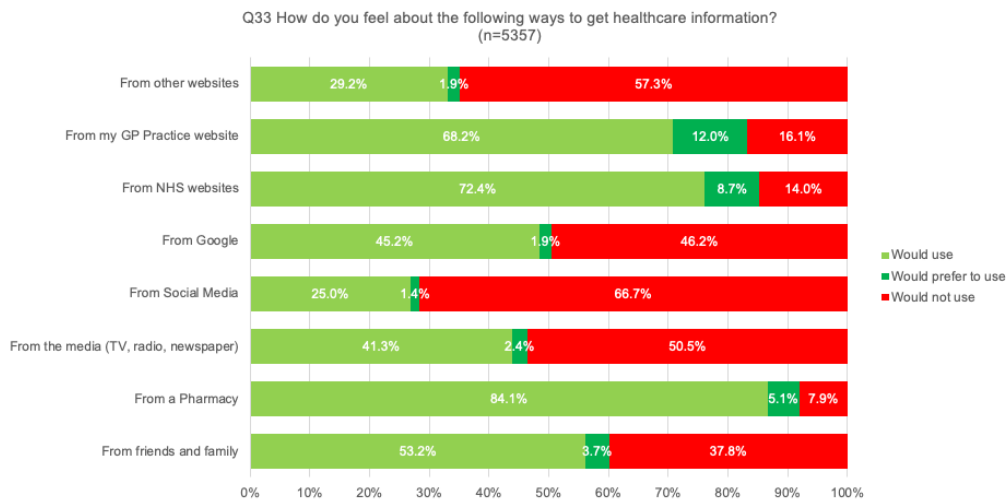
Graph Q32 shows that the preferred way to see a health professional is face-to-face, followed by over the telephone. Although over half of people would use online methods (chat or video) only a small percentage would prefer accessing professionals this way.



Graph Q33 shows where people would get health information from and where they prefer to get health information from.

There are three clear trusted places; GP practice websites, NHS websites and pharmacies.

At least half of respondents would not use media, both traditional and social, or Google to find health information.



Benefits and Drawbacks

Participants were asked two open questions about the benefits and drawbacks of their appointment. Response to these open free text questions were coded by theme or subject area; chart Q20 shows the coded areas for the benefits of having an appointment in this way.

## Benefits

A third of respondents said there were 'no benefits' to the type of appointment they had. Convenience was identified as a benefit by 46%; specifically, not having to travel or find parking, that it was quicker and that they were able to fit the appointment around other things. Working people, people with limited mobility and those who were shielding found telephone appointments a much more convenient way to receive a consultation.

No time taken off work quick to get treatment I needed. No travel to the surgery.

I didn't need to leave the house or worry about catching the virus. It was just as easy to talk on the telephone as it is in person. As a disabled person, it was much easier for me.

The quality of the consultation was also identified as of benefit with better rapport and listening to patients most favoured. Respondents said they felt reassured, were more relaxed at home and some felt they had had longer time in with their consultation. Confidentiality was also identified as an important benefit with patients able to have their consultation at home.

I could still talk face to face with the doctor in the privacy of my own home. I didn't have to sit in the waiting room with other people

Reduced waiting time. Fully engaged communication, no distractions. Felt very reassured in diagnosis & appreciated the follow-up call to check that all was well the following week.

Patients also felt the quality of the consultation was improved by it being more organised and efficient with reference to non-face to face appointments being good if a physical examination is not required. Where a face-to-face consultation was subsequently identified as required, this took place much sooner than it would have done previously.

Very efficient service and only seen if required therefore making access to GP a lot easier

Telephone appointment worked well, felt the doctors were on less of a time scale to deal with problem and get you out the door! Dealt with problem properly and recommended a face to face, which was booked next day not the usual 2 week wait!!

A number of patients identified that appointment approaches were put in place to mitigate the risk to themselves and practice staff of exposure to COVID-19. They welcomed having revised appointment approaches as they felt safer limiting contact and reducing travel by only visiting COVID secure surgeries when appropriate to do so.

Less face to face contact is going to slow the spread of COVID-19. Less travelling if problems can be sorted via phone or video call. Definitely way forward. Keeps the doctors and nurses safe, less exposure to potential COVID cases

I didn't have to leave the house unnecessarily and received the same treatment. It saved time and was quicker than trying to get a face to face appointment

Patients that had found contacting their practice to access GP services problematic were satisfied with their appointment when they were able to be triaged and have a consultation with the appropriate health professional for their needs.

Once I was through to the appropriate health professional then the service was good, and it worked as well as being in the doctor's surgery and got the appropriate advice and treatment.

After I eventually got through on phone to the surgery everything was ok & I felt I was being well looked after

## Drawbacks

Over one-third of patients stated there were no drawbacks to the appointment that they had. Of those that did identify drawbacks, not being seen in person and specifically not having a physical examination were most often cited. Patients felt unable to properly explain their health issues when not face-to-face and were concerned that things may be missed which would lead to further complications or misdiagnosis.

Having to describe my symptoms rather than have someone to actually see what I was describing. I didn't feel as though I said what I wanted even though the Dr asked me

I felt like I wasn't listened to properly, a telephone call cannot see how much pain and discomfort you are in, it seemed easier to be fobbed off on the phone rather than face to face

Other drawbacks identified related to the patient experience of the service specifically ranging from poor communication and the attitude of staff.

She would not have spoken to me like a child over my concerns if I was face to face.

Meds were not available as was promised. Receptionist VERY rude to another patient, then myself calling in; barking orders at ill people is just not acceptable

Doctor who phoned me very unhelpful and not very nice.



Some patients reported that the processes put in place at their surgeries during lockdown were 'clunky', difficult to access, difficult to navigate and delayed treatment.

It took two weeks of backward and forward telephone calls to resolve a simple change of medication

I felt a lot of time was wasted explaining to a receptionist, then a phone /video call with a doctor before deciding that I was right and I did need to be seen

Still needed to see GP after two telephone appointments. I had four appointments. If I had seen the GP from the start would only have needed one appointment

Some patients reported dissatisfaction with the outcome of their appointments, several reported it felt "rushed" and "impersonal" with others concerned about the thoroughness and risk of misdiagnosis

Not encouraged to ask questions. Very quickfire. Wham bam

I was miss diagnosed and wouldn't have had 7 weeks on antibiotics and a night in hospital if the doctor had examined in person

They didn't listen to me enough so went to A&E department

Many patients reported difficulties with getting an appointment as they were either unable to get through on the telephone or that the appointment systems were difficult to use leading to frustration and in some instances they gave up.

Not being able to get an appointment is the drawback!

Hours of frustration on the telephone attempting to make an appointment, culminating in failure.

Any appointment would have been nice, I would have accepted anything!

Patients, particularly working people, reported inconvenience with the call back system some surgeries used. Having to have their phone with them at all times waiting for a telephone consultation was difficult as was finding a quiet, private space when they were called back.

Just waiting for the call, having to make sure I was in a quiet, private space and ready to take the call from 815am possibly up to 6pm.

Waiting for the phone to ring for the appointment, not knowing when it would be, very frustrating. I understand the doctors don't want face to face appointments at this time, but I still have to carry on with my job and they need to understand this also.

Some patients reported a lack of confidence in the type of appointment. This was again as a result of not being seen but also in the competence of the health professional they engaged with either because the patient did not know them or did not feel they were the appropriate person to have the consultation with.

Don't think I should discuss my complaint with a receptionist

Both contacts were via a phone call, this meant that any non-verbal communication was missed and in the case of reviewing my medication I felt that it would have more appropriate to speak to a medical professional rather than a member of the reception staff

Although I liked that you could send in a picture of the issue I would have still preferred for the GP to have looked in person as I wasn't confident that the picture captured all of the issue

Some patients who received their appointments at the surgery experienced difficulties accessing premises even when they had been given an appointment to do so. Also identified was a lack of patient confidentiality due to the Covid safe arrangements that had been put in place.

Getting access into the building, there was a bottle neck of people trying to get in/out. Instructions for gaining access to building not clear enough.

Having to go into a public space and be seen face to face but for this occasion, there was no option.

Other patients reported difficulties with the quality of the communication tools used for their appointment and others found their appointment was not appropriate for their access needs especially those with hearing impairment.

When the doctor was talking to me the voice sounded muffled and echoed, therefore I couldn't understand the doctor or what they were telling/asking me.

Wasn't sure if I got all the information I was concerned about across as I get a bit flustered on the phone.

Some patients struggled taking photographs/video as requested by a health professional to digital/telephone diagnosis.

Trying to manoeuvre my phone camera whilst talking to the doc was not good

Nurse unable to see my throat properly from the photos I had sent in so it was hard to sort out

## What worked well, what could have been better

Over a third of respondents stated that nothing worked well with their appointment or that it was no different from previously experiences. Things that worked well including the appointment method (19.4%), shorter waiting times/quicker 15.3% and convenience (10.5%). Patients welcomed the opportunity to speak to a health care professional quickly as this was more responsive and reassuring than waiting for an appointment at the surgery.

It was much better being able to talk to the doctor on the day I called the surgery rather than having to wait days to attend an appointment

Speaking to practice nurse re contraception was fantastic. I can never get into the practice due to working away"

Not having to attend a surgery was seen to work well for both patients and practices, reducing travel, saving time and feeling safer staying at home rather than being in practice waiting rooms.

Telephone appointment turning into video call. Was convenient saved a car journey and saved time for Dr and myself.

It was good to speak with the professional and being assessed and then decide if you needed to be seen or not as that frees time up for more urgent appointments and saves time for the patient too

I found by having an appointment over the telephone it was easier for me. Prior to covid-19 I would've probably waited up to 1- 1 1/2 hours in my surgery waiting area."

Patients who were comfortable using technology felt their appointment worked well and enabled speedier diagnosis and treatment.

I sent a picture via email of my injury and was seen within the hour

Excellent service made contact via website, GP emailed within ten minutes asked for photos which I sent immediately, I then received an email with explanation and advising antibiotics are waiting to be collected from pharmacy. All this including getting medication took less than an hour

Having sick notes sent to mobile phone

Using the online system, I could give details, so the doctor had information prior to the meeting

Patients who did have appointments at the surgery also identified aspects that had worked well for them

Fewer people at surgery, easier to park, very short waiting time

Felt nurse was very professional and well prepared. She was in PPE and had discussed what to expect on arrival. I was nervous but she was really confident which eased my nerves

Covid measures Carried out on entry gave confidence in attending

Some patients identified that their telephone consultation had quickly led to a face-to-face appointment which they felt would not have happened previously.

Good to talk to someone first who decided if I needed face to face which I did as was fitted in same day

Spoke to GP first via telephone who suggested going in, which doesn't happen usually.

Some patients identified that the appointment had worked well as there was more time given to listen to their issues and discuss their care.

Felt listened to without the pressure of clock watching and running over appointment time.

The telephone calls went very well, the doctor on each occasion asked lots of questions and explained everything in full detail. I felt very comfortable and had confidence in the doctors.

A lot more comfortable been able to talk about medical needs from comfort of home, made me more relaxed!!

### Additional comments from patients and the public

A number of people said they preferred the increased options to use technology for appointments that had been offered since the start of the pandemic. Some hoped these would still be available once services return to 'normal'.

I think the way my surgery has been since COVID-19 has been better! It's easier to get a telephone consultation than it is to get an appointment and safer.

I actually prefer it. I rarely feel the need to see a GP face to face. I feel it is much more convenient now for both staff and patient/myself.

I am hoping to access the surgery and services more by telephone and online services rather than face to face appointments going forward.

However, some expressed confusion and frustration around apparent differences in what services and care is offered at different GP practices. Some were able to get tests and particular treatments, whereas other practices were not able to offer these. Many asked why there were differences and if there was a specified level of service practices should be offering.

There seems to be differences in the services that were offered by different practices e.g. those giving injections or doing blood tests. Result confusion for patients...

Some essential treatments have been cancelled for some people and not others who need the same treatment

I can't understand why I still can't get face to face at my GP practice when other surgeries have enabled this to happen

Some patients said that the service or treatment they needed was not available. This included getting tests, B12 or pain management medication, contraception reviews and ongoing support for those with cancer.

I needed support with cancer treatment this was not available and extremely difficult to access information.

The B12 injections need reinstating ASAP.

Contraception apt cancelled in April - still waiting to get my coil

Frustrating because I need cortisone jabs to help manage my pain and have been unable to access this.

Others explained why they had avoided contacting their GP practice, despite reporting that they had health problems that they felt needed attention. Reasons for avoiding GP practices were feeling that they would be too busy dealing with COVID patients and being anxious about making contact.

My husband felt unwell during this time and did not contact GP as he felt they were too busy with COVID

Have avoided the doctors even though I have had health issues.

Health services have done well to adapt to the virus, unfortunately I did want to contact my GP for an appointment about two things which are still a concern but I am too nervous/anxious to do so.

Some patients felt that triage was a barrier to getting help from a GP, concerned that reception staff are not trained to make decisions regarding a patient's health. There were also worries about confidentiality when discussing health problems with a receptionist.

I don't wish to be quizzed (triaged) by a person with no more medical knowledge than myself (receptionist).

Disgusted that GP did not even call me himself. Had to tell receptionist my personal problems that should have been confidential between GP

Should not use badly trained staff to call because all they say in response to questions is I'm not a doctor.

Difficulties with obtaining medication were highlighted. Ordering online has been difficult for some patients, as well as difficulties with incorrect prescriptions or having to queue at pharmacies.

Totally unusable for hubby as blind, as for myself, difficult, only get in touch when we need something, prescriptions are a pain to order, at first, as only could order online, no computer only phone, and couldn't do it.

Reliance on computers and records that are not updated. Incorrect prescriptions, timings and many occasions without my medication restricting my ability to live day to day.

Medication was hard to access. Main doctors closed, only one pharmacy open at one surgery which resulted in long queues.

Some patients felt that information about what services were available was poor, or that more information could be provided if a service is not available to help the patient seek alternative care or self-care.

Not clear what services were open or not locally so presumed physios were closed and have only just got an appointment.

There was no communication about how to contact the surgery during all the madness. I turned up in person to find the surgery closed. I couldn't get through on the phone. Was in a queue - never did get through.

I was told before closing that I have chronic kidney disease. I've had no other information or been asked into the surgery.

There was a strong perception that patients should not contact their GP surgery unless their problem was related to coronavirus or very urgent. There were concerns that older people will avoid contacting their surgery as the message to patients about staying away if possible has been fairly strong.

Many elderly people missing out on healthcare because they don't think they should contact anyone.

Seems to me unless you had COVID-19 your health was not a priority

Strong messages not to contact GP early on are in the pandemic are deep seated

Not good. Everything is about Covid. If I don't have Covid then I'm not sick. If I got some other problems with my health then I need to drink paracetamol.

Patients also reported a lack of monitoring of ongoing health conditions, with concerns that older people in particular might suffer a deterioration in their condition without ongoing monitoring for a lengthy period of time.

It did not meet the needs and felt patients were ignored and checks are not made and when on medication blood is not taken to make sure no damage is being done to certain organs which I always thought was paramount.

Many people have been affected by not having their review, whatever it may be for, causing stress, anxiety of possible deterioration of condition.

Not enough done for people with existing ailments.

No follow up on blood results that have come back needing attention.

Some preventative healthcare was not available. Diabetes blood, well man clinic etc. I feel patients have ignored some symptoms of illness because they didn't feel it was important under the circumstances and when things are back to normal their symptoms will be worse and require more aggressive treatment.

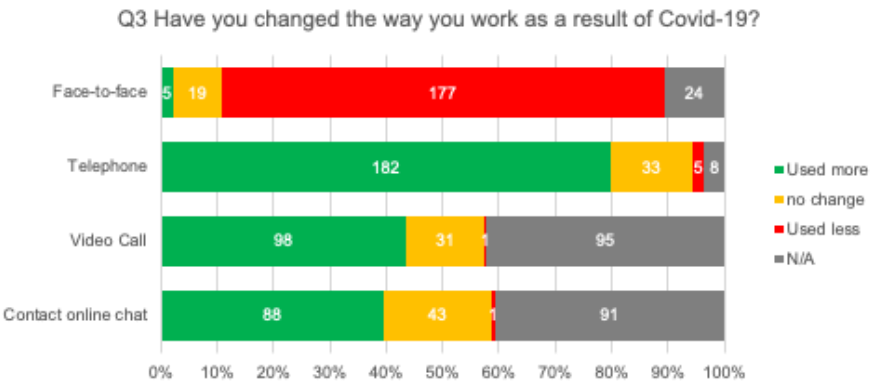
Coding summaries for the open questions can be found in [appendix \(iv\)](#) on [page 52](#).

All anonymised free text responses are available on request.

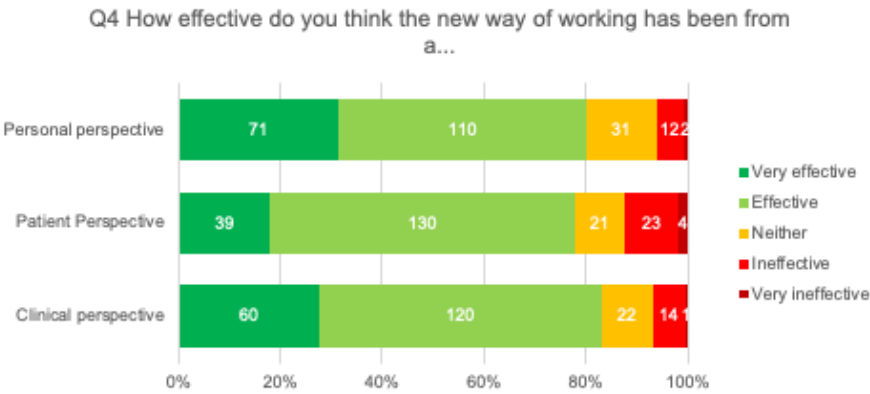


## Staff Results

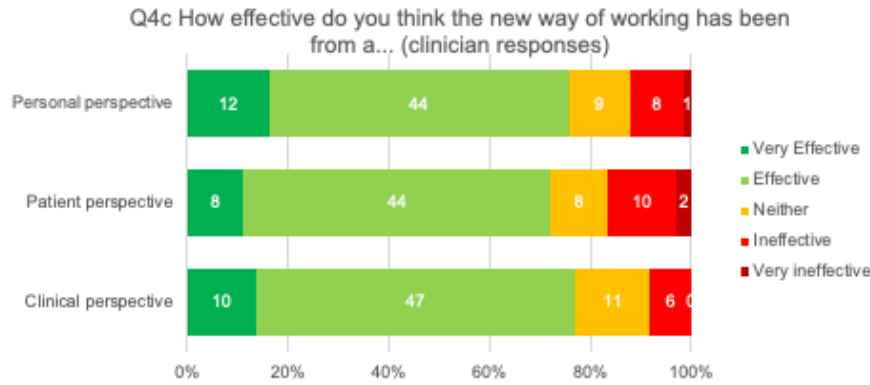
### Views about COVID-19 Response



The way in which Primary Care consultations changed can be seen in chart Q3, face-to-face appointments were significantly reduced, but not removed entirely. Telephone, video call and online chat all increased, being used more than before the pandemic.

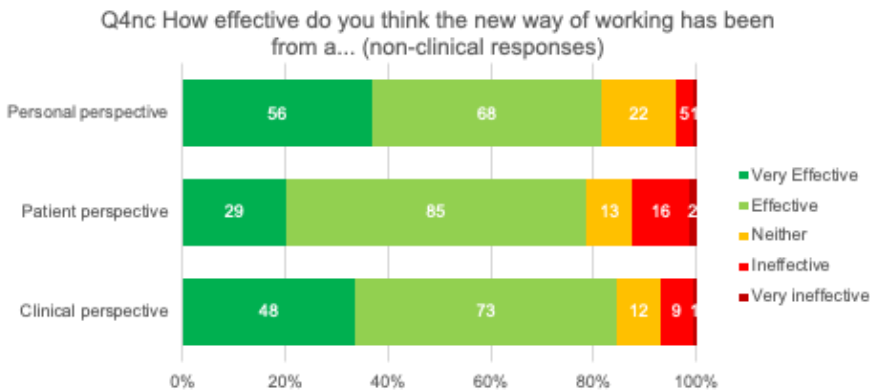


The next three graphs all show how effective staff feel the new ways of working have been, Q4 shows the combined results from all staff; approximately 80% feel that the new ways have been effective from a patient perspective, clinical perspective and a personal perspective.



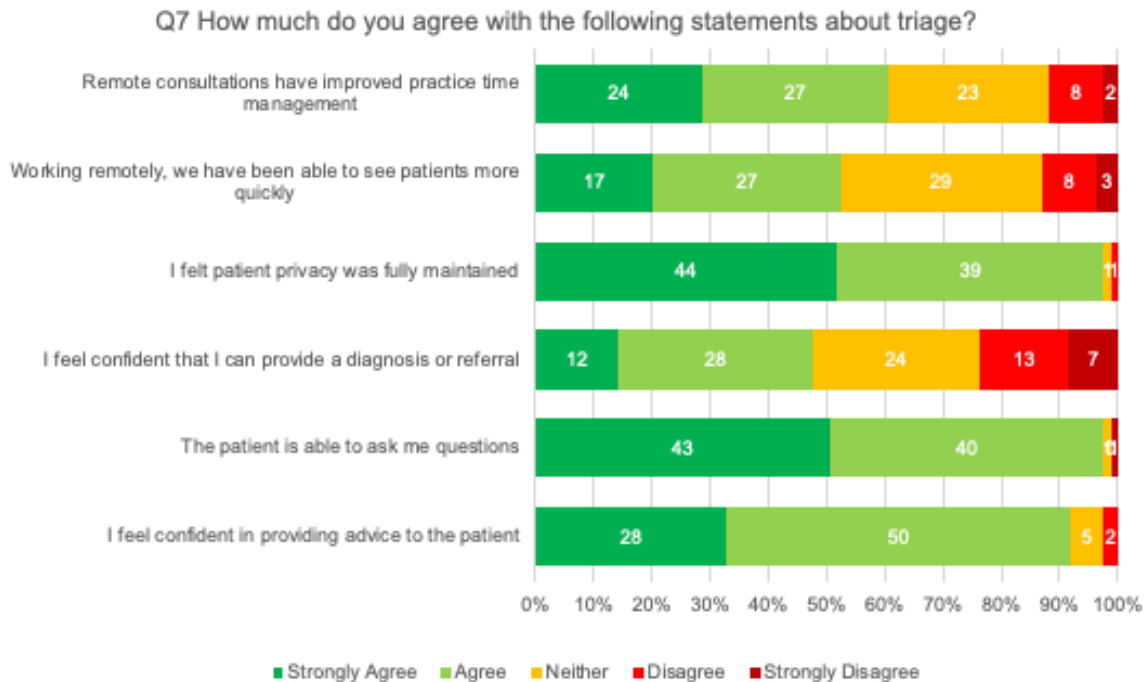
However, Q4 also shows that approximately 10% of staff feel that the changes have been ineffective for patients

Graph Q4c shows how clinical staff feel about the effectiveness of the changes, and graph Q4nc shows how nonclinical staff feel.



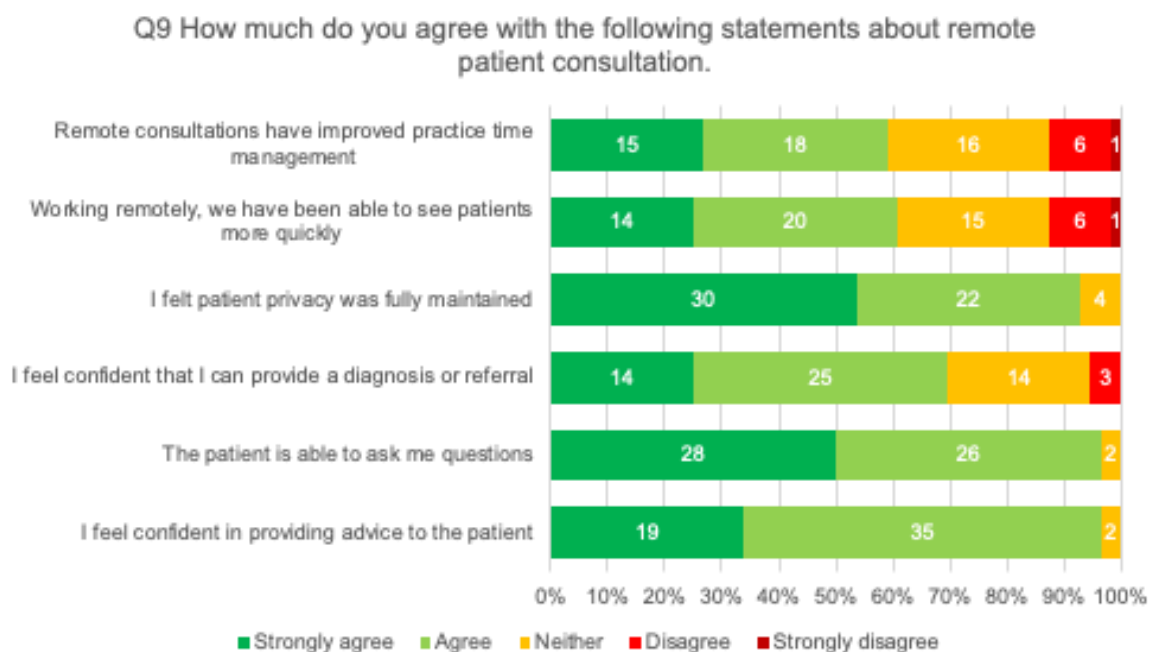
These two graphs largely mirror the overarching graph, however; non-clinical staff are more likely to feel that the changes were very effective

## Views about triage and remote patient consultation



Graph Q7 shows almost all (over 95%) Primary Care staff feel that patient privacy was fully maintained during the triage process, that the patient was able to ask questions, and they felt confident providing advice to the patient.

However, there are three areas where feelings are mixed about triage; approximately 60% feel that triage has improved practice time management. Linked to this, half feel that triage has enabled them to see patients more quickly. Just under half feel confident providing a diagnosis or referral at triage.



A similar pattern is seen when staff were asked the same question about remote consultation (graph Q9); Maintaining privacy, the patient being able to answer questions and confidence in providing advice are all above 90%-95%.

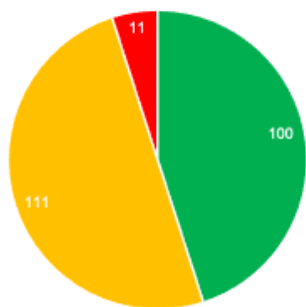
There seems to be a more positive perception of remote consultation with 60% of staff feeling that it has improved practice time management, they are able to see patients more quickly, confidence in diagnosis or referral is about 70%

Views about consultation preferences

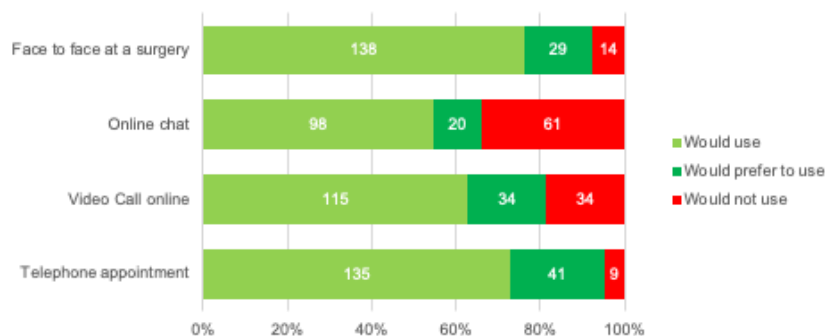
Although almost all staff participating in this engagement would like to see the changes remain following COVID-19, half feel they should partially continue, and approximately 5% feel services should return to how they previously operated (Graph Q10).

Graph Q15 shows the modes of consultation that staff would use, prefer to use and would not use in the future. Interestingly the favourite method would be a telephone appointment closely followed by face-to-face either in the surgery or on a video call. Online chat is the least favoured by primary care staff.

Q10 Would you like to see the changes continue post-covid?



Q15 How do you feel about the following ways to hold consultations with patients?



Most beneficial and least beneficial aspects for patients and staff

Staff identified the effectiveness and responsiveness of processes brought in in response to the pandemic as being of most benefit for patients and for practices. Better use of the telephone and digital platforms provided quicker access for patients to get the help and reassurance they needed. Effective triage frees up more time for patients who need further assessment or face to face consultation. Staff too recognised the convenience for working people, and for people who struggle to leave their home, for digital consultations.

Patients have more choice of how they connect with the practice, I can now see how much time can be wasted on bringing patients into the practice when a video or telephone consult can be just as effective

We have more control over the day and are able to plan better

GPs/NPs able to deal with more patients over the phone. clinicians able to triage and prioritise patients instead of working through an appointment list in time order

The effectiveness of the processes put in place were of benefit to practices in that staff reported they were able to manage their time better and increased use of technology had improved efficiency and reduced DNA's.

However, there was some concern that poor phone reception was a problem for patients causing some appointments to be missed.

Improved infection control was also identified as benefitting patients by them not having to travel to an appointment in the surgery which had reduced face to face contact and potential exposure to disease. The reduced footfall and COVID-19 safety measures put in place at surgeries kept patients and practice staff safe.

The personal rapport clinical and non-clinical members of the practice team developed with patients when seeing them face to face was also identified as important. Staff reported that the main drawback for patients was the lack of face-to-face contact and the reassurance of 'being seen'. There was some concern expressed that some health issues may not be picked up via remote consultations.

Some patients need face to face reviews, we can't check bp's over the phone so they have to come in and we can only see a limited number of people. I think elderly/disadvantaged people will miss out.

Patients – specifically elderly people - with no access to digital platforms or those who were not competent or comfortable with them were identified as having least benefit from the new ways of working.

Very busy and demand is high due to all triage and tasks one patient needs documentation in notes then consultation with GP then they have to contact patient again with outcome and if they are not satisfied the process starts again. This is very time consuming

Although making initial contact with the surgery was considered quicker, staff did acknowledge for those patients who really did need to be seen in person by a clinician the process could be time consuming for both patients and staff involved leading to dissatisfaction.

The impact of the increased use of telephones for patients also has put a strain on the capacity of practice telephone systems to handle the volume of activity.

There were a range of mixed views around the impact on workload of the new ways of working. Some elements of activity had increased whereas in other areas this had decreased. Telephone lines were busier but with less referrals into secondary care administration had reduced, although more time was being spent administering photographs and video links. Working from home was also identified as a benefit for staff who were able to this, particularly GP's.

Pressure on the telephone system means that the phones are constantly busy. There is no respite at any time of day.

Staff identified how their practices had worked together well to adapt to the new ways of working brought on by the pandemic and that the most effective measures needed to be embedded and supported by modern technology moving forward. Both patients and staff will adapt to change, and consistent messaging is required to promote this.

For the most part COVID 19 has encouraged us to make positive changes and move forward

Some patients and elderly maybe don't contact us as they used to - as during COVID they were advised not to walk into the centre - patients still not aware of how GPs work not enough information clearly given in the media tv - - all practices should have the same guidelines across the board -

Increased confidence amongst staff that "moving with the times" and embracing new ideas and technology is achievable.

## Supplementary Analysis

Due to the contradictory nature of the responses to a number of questions in this engagement, i.e. 20% feeling positively, 20% feeling negatively and 60% feeling neither, additional analysis by geography and some demography has been undertaken to determine if the variation can be attributed to particular characteristics.

Initial analysis has not given definitive explanations for the response patterns seen in this engagement. It is unclear if the variation is due to particular characteristics or geography or if it is due to the variation within primary care delivery, i.e. different practices operate differently resulting in variation. Additional analysis and calculation will be required to validate this and to investigate further.

### Geographical Area

The data for each CCG area was separated and compared to the overarching Humber data. Although some slight variation has been seen, the findings for all CCGs were proportionally similar to the Humber wide response; and therefore, would lead to the same conclusions and recommendations.

### Results by Primary Care Network

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with general practices being a part of a network, typically covering 30,000-50,000 patients. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

A summary of these results are available for each Primary Care Network, these can be requested from each Clinical Commissioning Group's Communication and Engagement Team, contact details for each team can be found in [appendix \(v\)](#) on [page 59](#).

### Demographics

Initial demographic analysis focussed on ethnicity and age. Due to low numbers of ethnically diverse responses the data was split into two groups; white British and not white British. Ages were grouped as follows; under 25, 26-45, 46-65, 66-85, over 86.

On the majority of questions, like geography, ethnicity and age saw little variation. The age groupings did exhibit some variation from the Humber wide data.

The 26-45 age range saw the most variation and were more likely to report their mental health had got worse during the pandemic, 49% compared to 31%. They were more likely to use NHS 111 and the NHS app. They found the changes easier and more convenient than the Humber population. They were twice as likely to prefer video consultation or online chat as a way of engaging with primary care

The 46-65 age range reported a slightly better experience, being more positive about the convenience of the changes, this was less pronounced than the 26-45 age group.

The 66-85 age group largely mirrored the Humber data, with one exception of note; they were less likely to report a change in the health and wellbeing across all categories.

The over 86 group was made up of 24 responses, and so it is not appropriate to make a judgement on such a low sample size.



## Conclusions

- The majority of people have been able to get the care they need, from services (44%) or self-care (58%). 17% of respondents stating that they were unable to get the help they needed, 9% unable to care for themselves.

This is consistent with the amount of people who found it difficult to access services (16%), 14% found them closed or unavailable; and those perceiving barriers to service, 10% thought they would be closed, 15% felt they were too busy, 10% due to fear of the virus.

Only 12% of respondents reported not accessing services due to shielding.

- Public opinion of NHS 111 and NHS App is mixed, only 3.6% of people use NHS 111, and 1.7% use the NHS app to contact primary care, and half of respondents would not recommend NHS 111 (49.8%) and the NHS app (47.2%). When talking about ease of use and convenience, although more people feel those methods are convenient (NHS 111 26%, NHS app 21%) and easy (NHS 111 16%, NHS app 19%) a comparable number feel they are difficult (NHS 111 13%, NHS app 15%) and inconvenient (NHS 111 11%, NHS app 14%). Although over half of respondents would use the NHS App and NHS 111, only 4.5% and 2.5% would prefer to.

This has clear implications for the implementation of “talk before you walk” and digital first campaigns

- The majority of people had a positive experience of the triage process, only 15% of respondents stated they didn't have confidence in the triage, 8% felt they didn't have enough privacy during the triage; 14% did not feel listened to, and 16% didn't feel able to ask questions. It should be noted that a number of open comments related to the perception that reception staff or unqualified staff were undertaking the triage.
- The changes to primary care do not support everyone, although the majority of respondents describe their experience positively, there are a number of statistics that raise concern. Although 60% of respondents would recommend the way they had their appointment 25% would not recommend it. An almost equal number of respondents feel that their experience is better and worse than before COVID-19; this is replicated when respondents were asked about getting medication. Further demographic and geographic analysis are required to determine who is benefiting from the changes and who is not.

This is also mirrored in the free text comments, with a third stating there were no benefits, and another third feeling that there were no drawbacks. The supplementary analysis also indicates that different age groups wish to interact with Primary Care in different ways.

- [Digital first will only work for half of patients](#), although over half of people would use online methods (chat or video) only a small percentage would prefer accessing professionals this way. The clear preference for patients accessing health professionals is face to face, followed by over the telephone.

The supplementary analysis also indicates that different age groups wish to interact with Primary Care in different ways.

- [Patients want health information from NHS sources](#); There are 3 clear trusted places; GP practice websites (80% would use or prefer to use), NHS websites (81% would use or prefer to use) and Pharmacies (89% would use or prefer to use).
- [The pandemic has highlighted or exaggerated existing issues](#); Previous engagements regarding primary care across the Humber all highlighted issues with accessing appointments, this is confirmed in the free text comments from patients. The preference to see a GP, and in particular a named GP was also emphasised with people who were able to have contact with them being particularly positive.
- [The majority of staff are positive about the changes and would like to see them continue](#); 80% feel that the new ways have been effective from a patient perspective, clinical perspective and a personal perspective. However, like the patient and public findings, there are mixed feelings about the changes that are highlighted in the open questions, clinicians are less likely to feel the changes are effective compared to non-clinical staff, also some staff have reported that they have felt isolated, and that they the changes have made their role less rewarding.
- [Those with long-term health problems may have been negatively impacted by changes](#); The open questions infer that those with complex (real or perceived), or long-term conditions may have found the changes negatively impacted their care. A number of open comments highlight difficulties in accessing appointments for seemingly routine aspects of care for a long-term condition.
- [There is concern particular groups may be excluded and unheard](#); The staff open questions raised a number of concerns that the elderly may be missing out on care they need; this may be due to their own assumptions as well as changes to the way people access services. The low response from those over 86 and some groups with protected characteristics mean that it is difficult to know the full extent of the difficulties people may be experiencing.

# Recommendations

## Short Term

- **Communication regarding the COVID-19 response needs to be clearer;** although the majority of people have managed to get the support they need, there are a significant number who have not. It is clear there are a number of misconceptions or rumours regarding what is available in primary care. It is also clear that the reasoning or mandate for changes needs to be clearer, with some people believing that practices have decided not to give B12 injections rather than it being mandated by NHS England. One prominent concern relates to the triage process, some people believe that reception staff are undertaking the triage, or that the person who is doing it is not qualified to.
- **Practices should re-visit their arrangements to meet accessible information standards;** to ensure that the communication needs of patients are met. Open responses have highlighted difficulties experienced by hearing impaired, visually impaired and others who have physical and mental health issues that may impact communication. Although some patients have preferences, other's requirements are directly related to protected characteristics.
- **Primary Care staff may need additional support;** there appears to be broadly equal positive and negative feeling about primary care at the moment, the strength of negative feeling may have a negative impact on staff who may require additional support in dealing with "difficult" patients and patient interactions. Some staff report feeling isolated and so support for staff wellbeing should be considered.

## Future Service Change

- **The maintenance of any changes should not be universal.** Although there is positive feeling about the changes both with patients and staff there is also, sometimes an equal amount of negative feeling about the changes. Any permanent adoption of the changes should complement previous service models rather than replace them. These findings are not a mandate for change but do make a strong case for increasing choice to include a virtual aspect to improve access and convenience of primary care.
- **A more bespoke primary care offer may need to be explored;** it is clear there are two cohorts of patients emerging who have very different expectations of primary care; those who favour quick, virtual interactions with any appropriate professional, and those who require longer, face to face interactions with someone who they are familiar with, and is familiar with their needs.

- [Support for an increase in adoption of video consultation](#); there is a clear appetite for video consultations, particularly in the 26-45 age range. However, it appears that the primary alternative to face to face consultation is a telephone consultation, and although the staff questionnaire highlighted an increase in the use of video consultation, the open questions highlight that more practices need greater adoption of this technology.
- [NHS 111, and the NHS app](#); before NHS 111 and the NHS app are promoted further or used more as part of service models, patient and public experiences, views and concerns need to be collected more comprehensively. There is clearly mixed feeling regarding these tools and more insight is required before recommendations can be made.
- [Mental Health service provision](#). Based on the analysis of the 26-45 age group responses, this group feel their mental health has got worse during the pandemic, suggesting this group may require additional support through primary care or IAPT. Promotion of mental health support to this group in particular may need to be considered.

#### Next Steps

- [Additional analysis required to inform equality impact assessment](#). Additional analysis is recommended to give assurance the slight variation is not significant. Further work is required to ensure these findings can support the completion of future equality impact assessments pertaining to primary care services.
- [Additional analysis regarding long term conditions](#). There seems to be some indication that people with long term conditions may have been affected more than those who are engaging with primary care for short-term one-off health problems. Further exploration of these findings and more specific engagement may be required to determine this.

## Appendices

- i. Questionnaire
- ii. Demographics of respondents
- iii. Social media reach
- iv. Open question coding summaries
- v. CCG Engagement Contacts

## Appendix (i) Questionnaire

# Questionnaire



### NHS GP Services and COVID-19.

We are talking to people in Hull and East Yorkshire, North and North East Lincolnshire about their views and experiences of GP practices and the services they offer during the COVID-19 pandemic.

During the COVID-19 pandemic, there have been a number of changes to how GP practices and the services that they offer work. This questionnaire is about your experience and views about these changes. We will use your views and experiences to help decide what changes we will keep, what changes need to be improved, and what needs to be changed back. Some of the changes that have been made will not be reviewed until the pandemic is over.

### Completing the Questionnaire

Taking part in this questionnaire is voluntary and anonymous. For each question please tick the box that is closest to your views or closest to your experience. Don't worry if you make a mistake; just cross the mistake out and put a tick in the right box. Please do not write your name or address anywhere on this questionnaire sheet.

If you have any questions about this questionnaire, or would like it in another language or format, please ring the Communications and Engagement Team for help on: 01482 344700.

You can take part in any of the following ways, the questions are the same:

- Online, by going to: [www.surveymonkey.co.uk/r/PC-C19-CCGPap](http://www.surveymonkey.co.uk/r/PC-C19-CCGPap) also available on smart phones, or by following the QR code
- Complete this sheet and return in the freepost envelope provided, or to:

FREEPOST Plus RTGL-RGEB-JABG  
NHS Hull Clinical Commissioning Group  
2<sup>nd</sup> Floor, Wilberforce Court, Alfred Gelder Street  
Hull HU1 1UY



The closing date for the questionnaire is Monday 17<sup>th</sup> August 2020. Responses received after this date may not be used.

### What is a Clinical Commissioning Group?

An NHS Clinical Commissioning Group (CCG) plans, funds and monitors the quality of NHS healthcare services for people who live and work in a particular area. NHS East Riding of Yorkshire CCG, NHS Hull CCG, NHS North East North Lincolnshire, and NHS North Lincolnshire are using this questionnaire.

### GPs and GP Practices

A General Practitioner (GP) is a doctor based in the community who treats patients with minor or chronic illnesses and refers people with serious conditions to a hospital. GP Practices deal with a whole range of health problems. They also provide health education, offer advice on smoking and diet, run clinics, give vaccinations and carry out some simple surgical procedures. GPs usually work in practices as part of a team that includes nurses, healthcare assistants, practice managers, receptionists and other staff. Practices also work closely with other health and care professionals, such as health visitors, midwives, mental health workers and social care workers.

**Q01** Since the coronavirus restrictions, have you experienced changes in your:  
(Please tick one answer per row)

	Better	About the same	Worse	Don't know
Wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q02** Since the coronavirus restrictions, have you needed to see a GP, or someone else at your GP Practice?  
(Please tick one option)

- ☐ Yes  
☐ No

**Q03** Did you try to make an appointment?  
(Please tick one option)

- ☐ Yes ► Go to Q04  
☐ No ► Go to Q24

#### Making an appointment

**Q04** How did you try and make contact with the practice?  
(tick all that apply)

- ☐ By telephone  
☐ From the practice website  
☐ I called into the practice  
☐ NHS 111  
☐ NHS App  
☐ 256256 (NEL Spa)  
☐ Other

**Q05** Would you recommend this way to contact the practice to others?  
(Please tick one answer per row)

	Yes	No	Don't know
By telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the practice website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I called into the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS App	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
256256 (NEL Spa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q06** How easy to use did you think the following were?

(Please tick one answer per row)

	Very easy	Easy	Neither	Difficult	Very difficult
By telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the practice website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I called into the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS App	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
256256 (NEL Spa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q07** How convenient did you think the following were?

(Please tick one answer per row)

	Very convenient	Convenient	Neither	Inconvenient	Very inconvenient
By telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the practice website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I called into the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
256256 (NEL Spa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q08** Did you require help contacting the GP Practice?

(Please tick one option)

- ☐ Yes  
☐ No

**Q09** Did someone ask you questions about what was wrong before making an appointment or sending you to another service? This is sometimes called triage?

(Please tick one option)

- ☐ Yes  
☐ No  
☐ Can't remember

**Q10** How much do you agree with the following statements about triage?

(Please tick one answer per row)

	Strongly agree	Agree	Neither	Disagree	Very difficult
The person explained who they were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person explained the triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt listened to during my triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt able to ask questions during my triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough privacy during my triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident in my triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Q11** Did the practice contact you when they said they would?

- ☐ Yes  
☐ No, it was earlier  
☐ No, it was later  
☐ Don't remember

**Making an appointment****Q12** Which healthcare professional did you see / have contact with?

- ☐ GP / Doctor  
☐ Practice Nurse  
☐ Pharmacist  
☐ Physicians Associate  
☐ Other

**Q13** How did your consultation take place, how did you see / contact the healthcare professional?

- ☐ By telephone appointment  
☐ By video call online  
☐ By online chat  
☐ Face to face at a surgery

**Q14** How would you rate your appointment or how your consultation took place?

(Please tick one answer per row)

	Very bad	Bad	OK	Good	Very good
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15** How much do you agree with the following statements?

(Please tick one answer per row)

	Strongly agree	Agree	Neither	Disagree	Very difficult
I felt involved in my consultation or appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt able to ask questions during my appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough privacy during my appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident in the assessment or examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q16** Did you require help with accessing the consultation or appointment?

(Please tick one option)

- ☐ Yes  
☐ No

**Q17** Would you recommend this way to have an appointment to others?

(Please tick one option)

- ☐ Yes  
☐ No  
☐ Don't know

**Q18** Did you think your experience of your appointment was better than before COVID-19 or worse?  
(Please tick one answer per row)

	Better	About the same	Worse	Don't know
Contacting the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time taken to get an appointment / consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for the appointment / consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The appointment / consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q19** Was there anything to do with your appointment that you thought worked well?

**Q20** What were the benefits of having an appointment this way?

**Q21** Was there anything to do with your appointment that you thought could have been better?

**Q22** What were the drawbacks of having an appointment this way?

#### Medication

**Q23** Have you tried to get medication during the COVID-19 Pandemic  
(Please tick one option)

- ☐ Yes ► Go to Q24  
☐ No ► Go to Q25

**Q24** Do you think your experience of getting medication was better than before COVID-19 or worse?  
(Please tick one answer per row)

	Better	About the same	Worse	Don't know
Getting a prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering a repeat prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having medication delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Information and support

#### Q25 How much do you agree with the following statements about trying to access healthcare or support?

(Please tick one answer per row)

	Strongly agree	Agree	Neither	Disagree	Very difficult
I have been fine and didn't need any help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried to get help, but it was difficult to get the help I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried to get help but the service I needed was closed / unavailable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Q26 How much do you agree with the following statements about accessing healthcare support?

(Please tick one answer per row)

	Strongly agree	Agree	Neither	Disagree	Very difficult
I was able to get the help I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to look after myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't get help because I was too worried about the virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't get help because I self-isolating or shielding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't get help because I thought services would be too busy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't get help because I thought the service, I needed would be close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Q27 How much do you agree with the following statements about where you got help or support?

(Please tick one answer per row)

	Strongly agree	Agree	Neither	Disagree	Very difficult
I was able to get help from friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to look after myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to get help from the NHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to get help from a charity or community group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to help from somewhere else (please explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Q28 How much do you agree with the following statements about information about health services during the pandemic?

(Please tick one answer per row)

	Strongly agree	Agree	Neither	Disagree	Very difficult
I have been fine and didn't need any information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found information when I needed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tried to find information, but it was too difficult to find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was too much information about health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about health services was confusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't know where to go for information about health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Q29 Where did you get the information?

(Please tick all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> From friends and family | <input type="checkbox"/> From Social Media           |
| <input type="checkbox"/> From a Pharmacy         | <input type="checkbox"/> From NHS websites           |
| <input type="checkbox"/> From the news           | <input type="checkbox"/> From my GP Practice website |
| <input type="checkbox"/> From TV or radio        | <input type="checkbox"/> From my GP Practice website |
| <input type="checkbox"/> Other                   |  |

**Q30** Please use the space below for any other comments about health and service information

**Q31** How do you feel about the following ways to contact your GP Practice?  
(Please tick one answer per row)

	Would use	Would prefer to use	Would not use
By telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the practice website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I called into the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS App	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
256256 (NEL Spa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<div></div>		

**Q32** how do you feel about the following ways to see a Healthcare professional??  
(Please tick one answer per row)

	Would use	Would prefer to use	Would not use
By telephone appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By video call online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By online chat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face at a surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<div></div>		

**Q33** How do you feel about the following ways to get healthcare information?  
(Please tick one answer per row)

	Would use	Would prefer to use	Would not use
From friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From a Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the media (TV, radio, newspaper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From Social Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From Google	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From my GP Practice website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From other websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<div></div>		

**Q34** Please use the space below for any other comments about health services during the pandemic

**Q35** Where are you?

*(Please tick one answer per row)*

	The East Riding of Yorkshire	Hull	North Lincolnshire	North East Lincolnshire
I live in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My GP Practice is in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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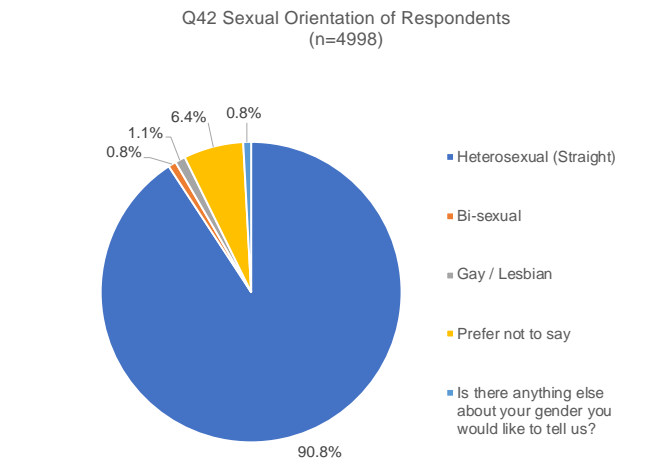
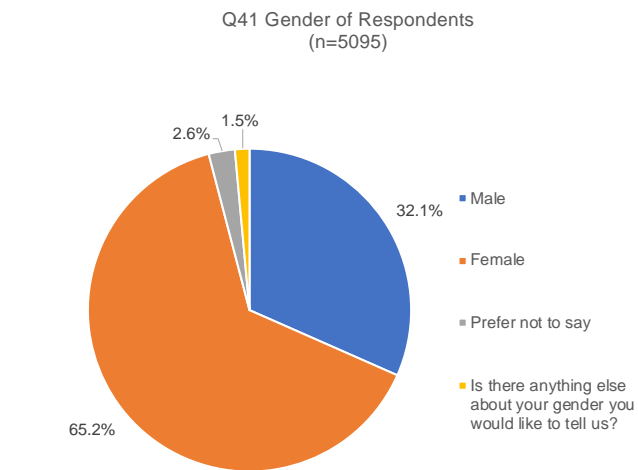
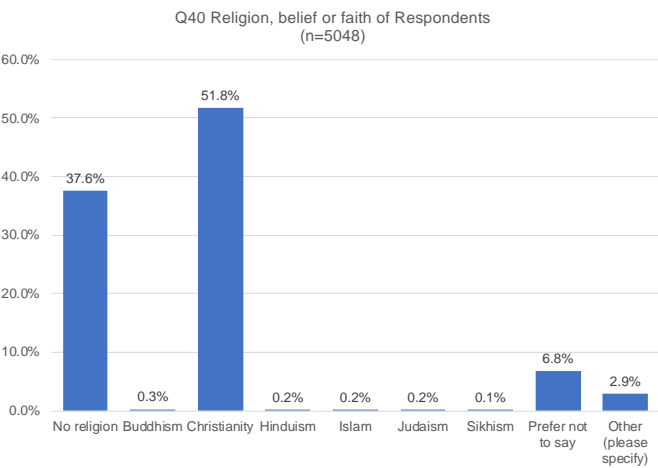
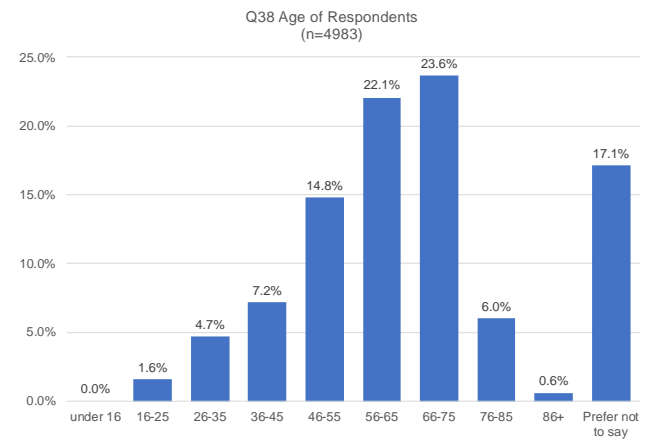
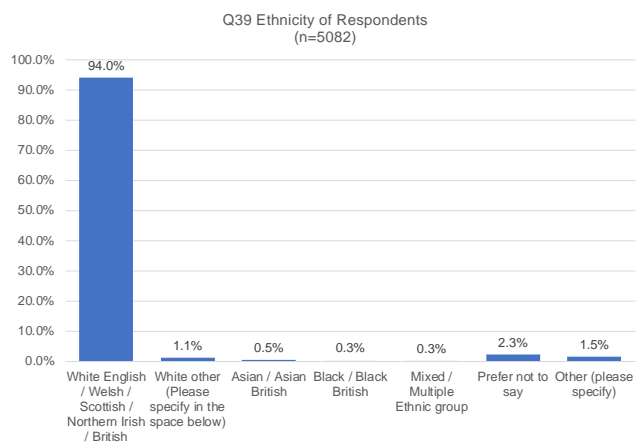
Thank you for completing this questionnaire

# Appendix (ii)

## Demographics of respondents

The information below shows the demographics of the respondents to the questionnaire. It is recommended that any Equality Impact Assessments for the primary care services be revisited in light of this information.

### Distribution of respondent charecteristics



## Appendix (iii) Social Media Reach

### Social Media Coverage (August)

<b>Twitter</b>		<b>Facebook</b>	
Tweets:	16*	Posts:	13
Impressions:	6,604**	Total estimated reach:	20,976
Engagements:	91	Engagements:	1,195###
Link Clicks:	36	Likes:	123
Replies:	0	Link Clicks:	772
		Shares:	72
		Comments	126

\* The total number of tweets we posted. This does not include tweets posted by partner organisations

\*\* An Impression is recorded every time a tweet appears in a feed. This can mean that it is seen multiple times by the same individual.

# Our reach is the total number of individual people we have contacted. Our paid reach is monitored to the individual.

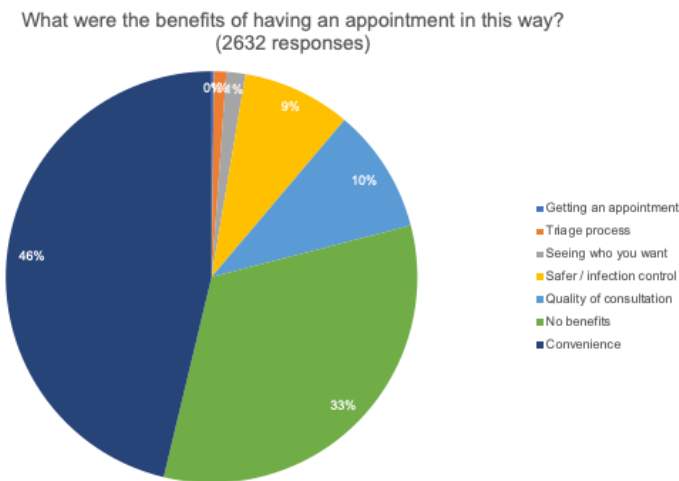
## Because organic reach is gained from people who like our page and from their friends and contacts, it's difficult to keep a running total and provide a definitive figure.

### This is the total number of times people engaged with our posts (Shares, likes, link clicks, etc).

# Appendix (iv)

## Open question coding summaries

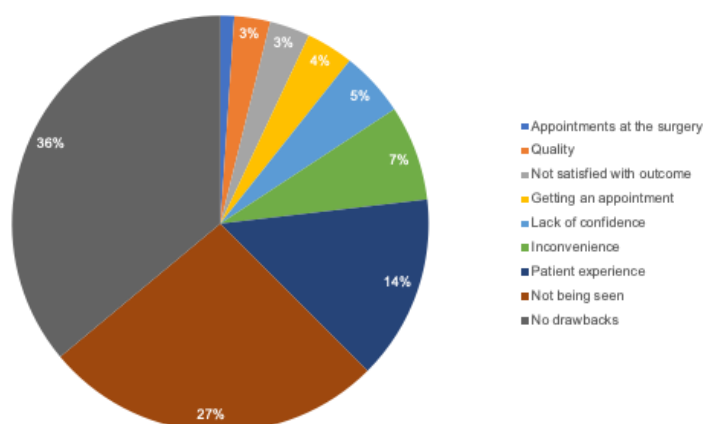
### Patient and Public Questionnaire



Sub theme	Number of responses
Quicker	617
Fits around other things	79
No need to travel or park	644
More organised and efficient	51
Confidential	17
Better rapport and listening to patient	60
Reassuring	38
Longer time in consultation	23
More relaxed	38
Good if don't need examination	5
No privacy	8
Less personal	5
Don't like triage	2
Had no choice	19
Prefer or need face to face	112
Same as my normal appointment	35
Poor response to need	44
Communication or IT issues	18
Rushed	1
Want to see a GP	24
Issues not resolved	31

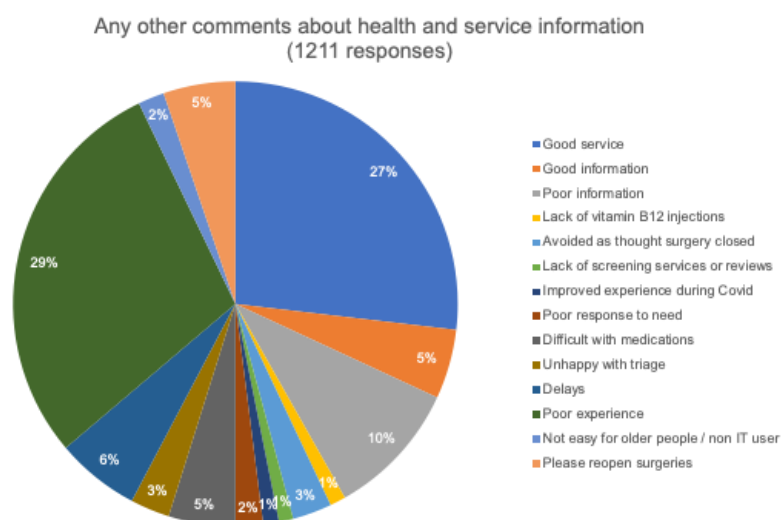


What were the drawbacks of having an appointment in this way?  
(3159 responses)



Theme	Number Of responses
Not seen face to face- no physical exam/checks	697
Poor customer service & communication	262
Rushed/impersonal	107
Difficulties explaining problem	94
Missed face-face contact	96
Difficulties getting an appointment/no appointment	82
Waiting for call back/missing call	74
Accessibility issues	51
Lack of confidence in telephone assessment	49
Difficult getting through on phone to make appt/query	37
Confidence in triage system	36
Clunky processes	31
Couldn't explain problem without showing	25
Not being listened to	25
Lack of confidence in photographs	24
Confidence in the health professional	26
Premises - lack of patient confidentiality	23
Having an appointment during work time/convenient times	20
Travel	18
Lack of reassurance	16
Quality of telephone appt	16
Waiting outside	16
Lack of drop in surgery/having to make an appointment instead of drop in	14
Issues around PPE	12
Lack of body language	10
Quality of the video appointment	10
Having to self diagnose	10
How thorough was the consultation	10
Appointment time slots	9
Waiting time for prescriptions	8

Premises – safety	8
Didn't make an appointment as didn't think they would see me	7
Patient choice	34
Presented at hospital/A&E	6
Lack of confidence in video assessments	6
Confidence in diagnosis	6
Appointment late/waiting time/not called	6
Having to book another appointment/needing more than one contact	6
Cannot book in advance	6
Premises – access	5
Online appointments system not working/difficult to use	3
Not having things done at the same time	3
Quality of e-consultation	2
Quality of face-to-face appt	2
Confidence in virtual appointments	2
No security checks before assessment	1

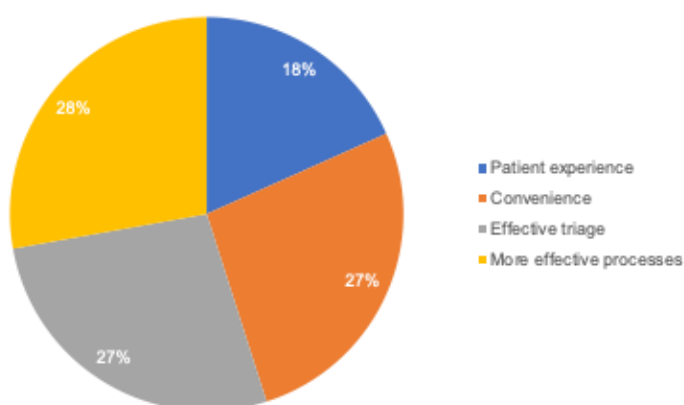


+ Table

Theme	Number of responses
Quicker	2
Safer	3
Staff attitude	19
Want to see a GP	20
Mental health issue	18
No appointment available	49
Didn't call when said they would	4
Turned away and told to phone	3
Lack of response	59
Prefer face to face	52
Virtual process and IT issues	26
Phone not answered	17
Long time to answer phone	35

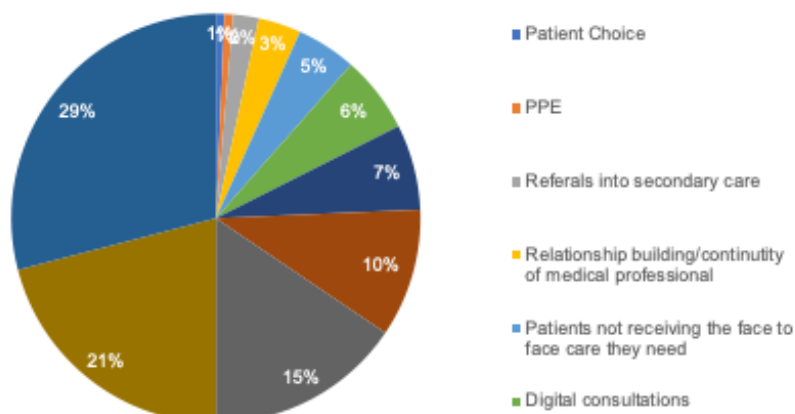
## Staff Questionnaire

What aspects of the new way of working do you feel offer the most benefit to patients?  
(284 responses)



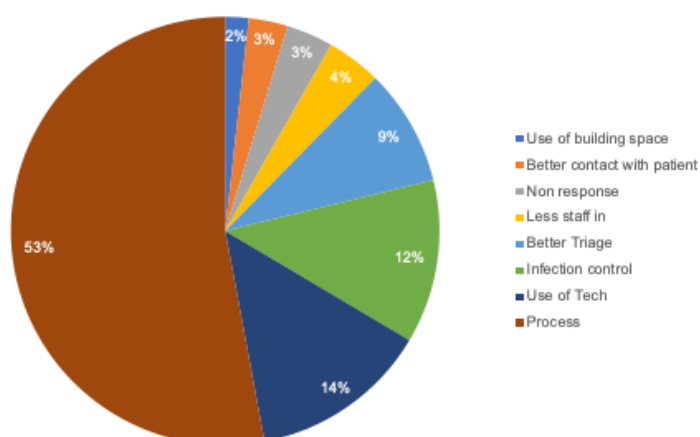
Sub-theme	Number of responses
Responsive	46
Better use of telephone	44
Digital options	44
Reducing unnecessary face to face contact	41
Appointments	32
No travel/having to visit premises	29
Patient safety (not having to visit premises)	20
Frees up more time for complex patients to be seen	16
Working patients	14
Infection control	7
Reassurance	5
Prescriptions	4
Online prescriptions	2
Self-care	1
Effective referrals into secondary care	1

What aspects of the new way of working do you feel offer the least benefit to patients?  
148 responses



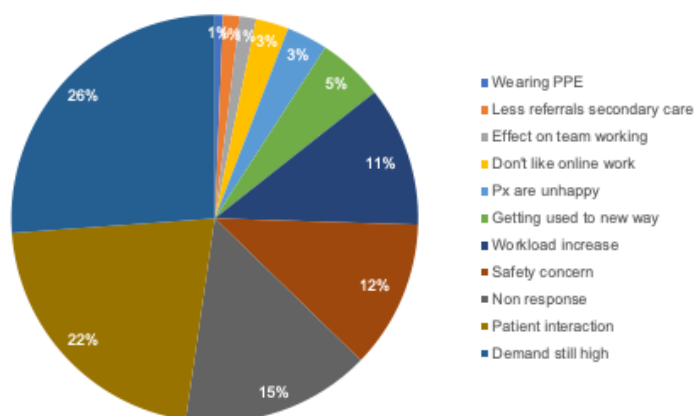
Sub-theme	Number of responses
Digital skills/access	15
Require face to face due to communication difficulties	9
Patient satisfaction (lack of)	6
Phoning for an appointment/difficulty contacting	6
Fear of misdiagnosis/confidence in diagnosis	5
Not accessing services	4
Difficulty communicating via phone	4
Confidence in digital assessments	4
Less face appointments	4
Frustration at lack of drop in/not being able to attend surgery	3
Managing complex conditions remotely	2
Lack of pre-bookable appointments	2
Clunky processes	2
Not seeing who they want to see	2
Waiting for/missing a call back	2
Patient Expectations	2
Surgery not providing video appointments	1
Difficulty accessing pharmacies	1
Assessments feel rushed	1
Lack of reassurance	1
Frustration at triage process	1
Waiting time outside surgery	1
Reluctance to attend surgery when needed	1

What aspects of the new way of working do you feel offer the most benefit to the practice workforce?  
170 responses



Sub-theme	Number Of responses
Time management	30
Less footfall	23
More phone consult	11
Quicker for patient	9
Frees up face to face	8
Less pressure	7
Frees up admin time	6
Throughput	6
WFH productive	6
More to offer patients	4
Time to discuss case	3
Less did not attends	3
Online/video consult	3
Helping the shielded	1
Accurx	1
GP better prepared with info	1

What aspects of the new way of working do you feel offer the least benefit to the practice workforce?  
153 responses



Sub-theme	Number of responses
Rapport	24
Phone still busy	19
Clinical judgement	10
Admin burden	6
Educate PX to reduce demand	3
Nurse workload increase	3
Lack of body language	3
Poor phone connection	3
Limited tests	2
Enforcement – face coverings	2
Less drop in clinic	2
More pressure	2
Appointments take longer	2
Px avoiding contact	1
GP WFH signature	1

## Appendix (v) CCG Engagement Contacts

Engagement Partners			
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