



North East London



What does good GP care look like to local people?

Good Care Conversation and
Community Insight Findings
February 2023
Di Barham



The Good Care Framework

We asked people in Waltham Forest open-ended questions about what **good health and care means to them**. At community events and in focus groups, targeting people seldom heard, we helped local people to draw out what their own vision of good care would look like.

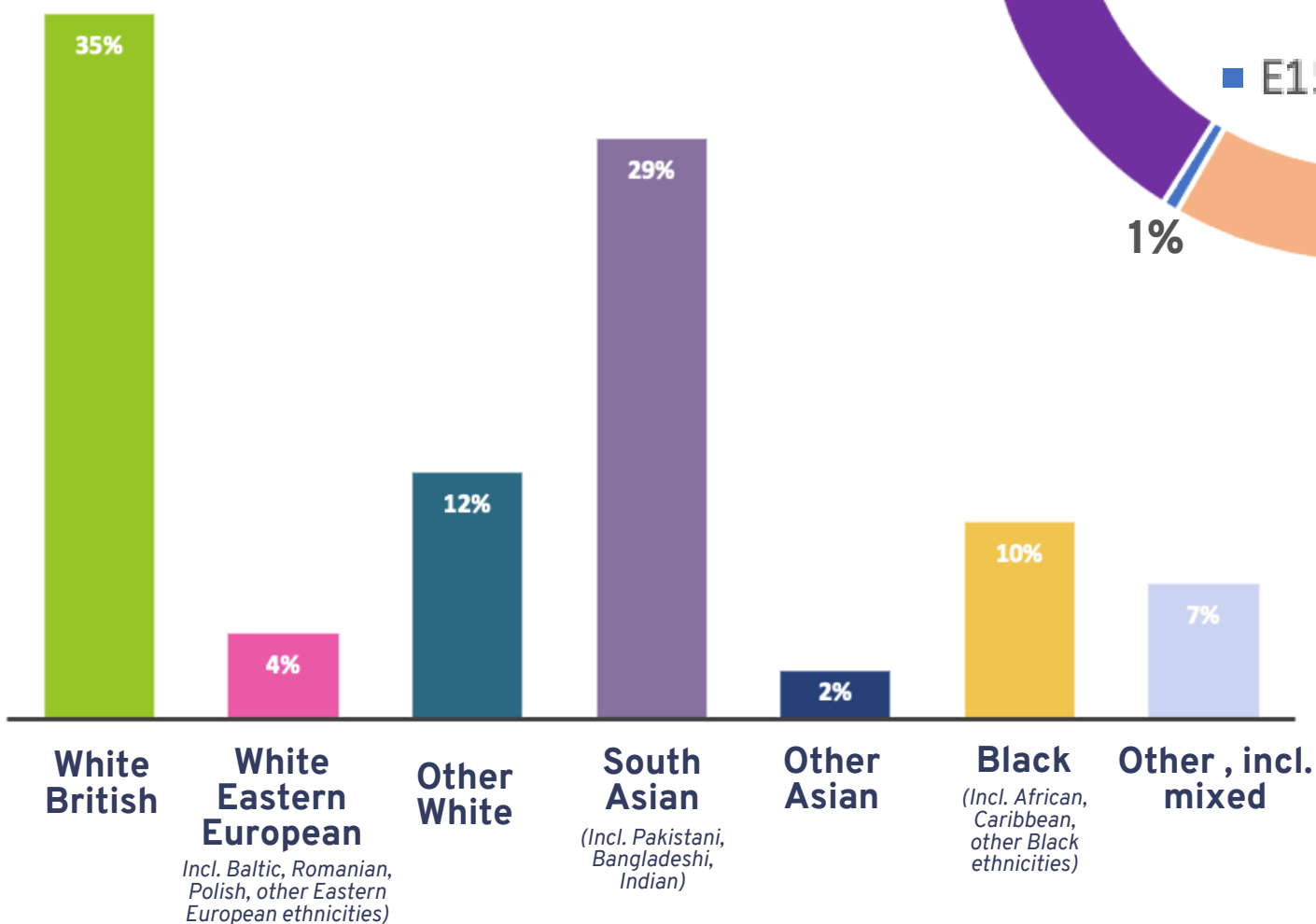
We took what they told us and started to identify themes, these themes eventually developed into **four pillars of good care**. We also looked at the wider issues that impact good care at a society level-**allowing people to thrive** - the wider determinants. That's our roof, holding it all together.



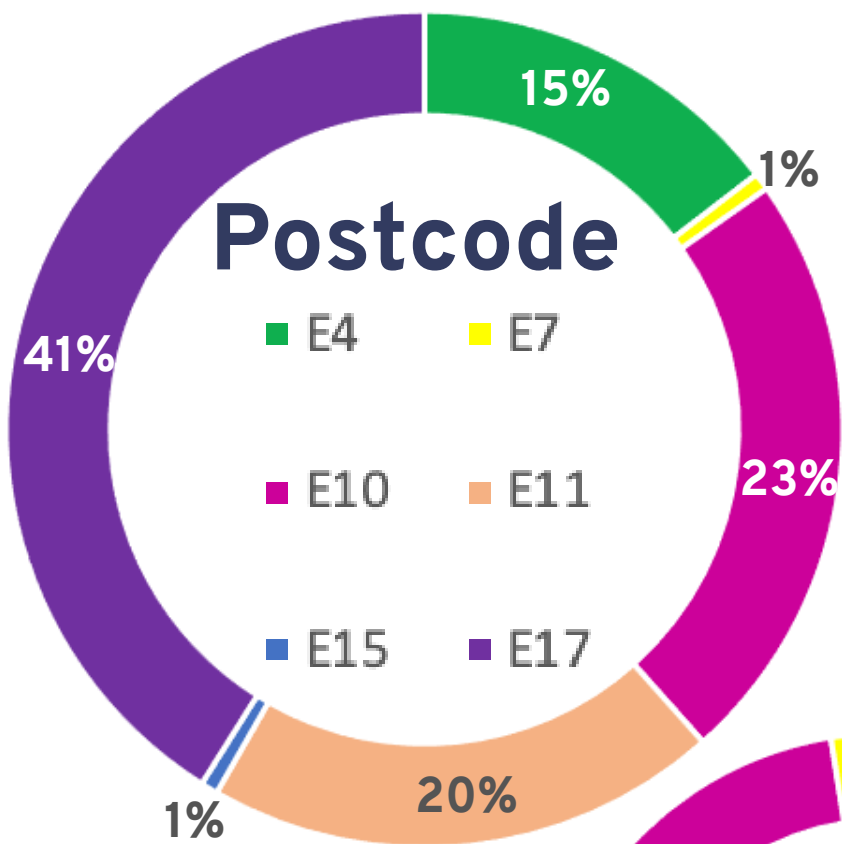
Demographics

136 respondents

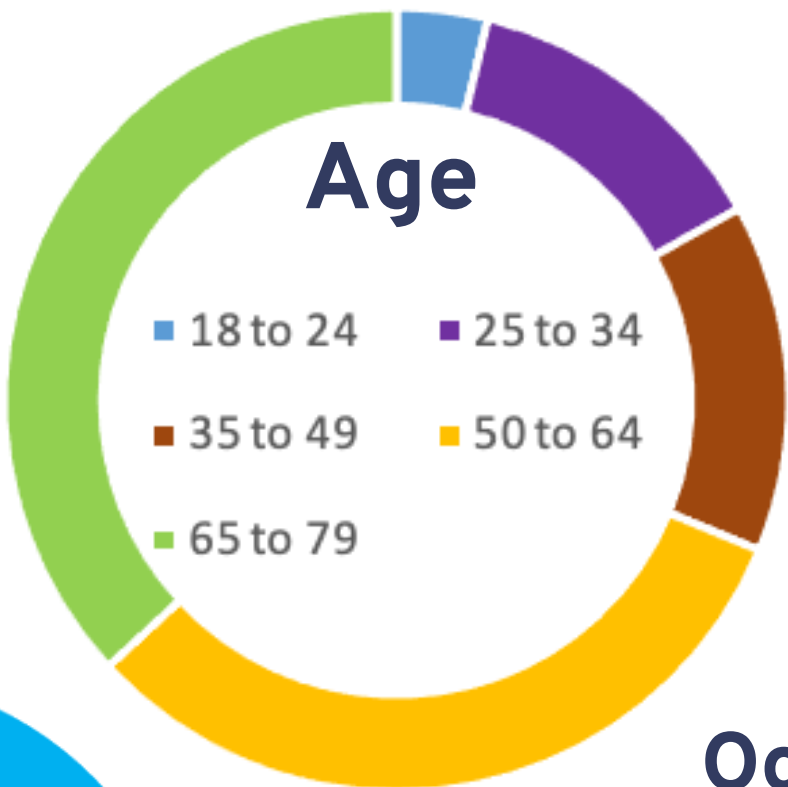
Ethnicity



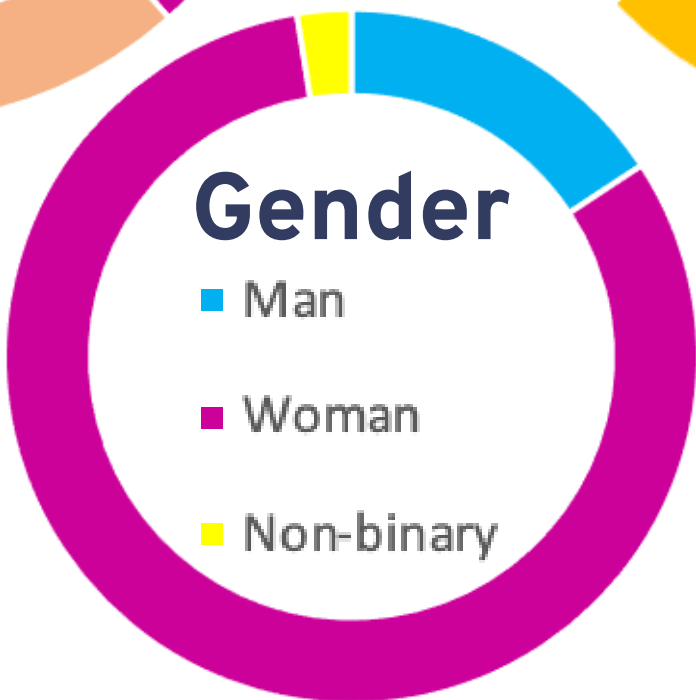
Postcode



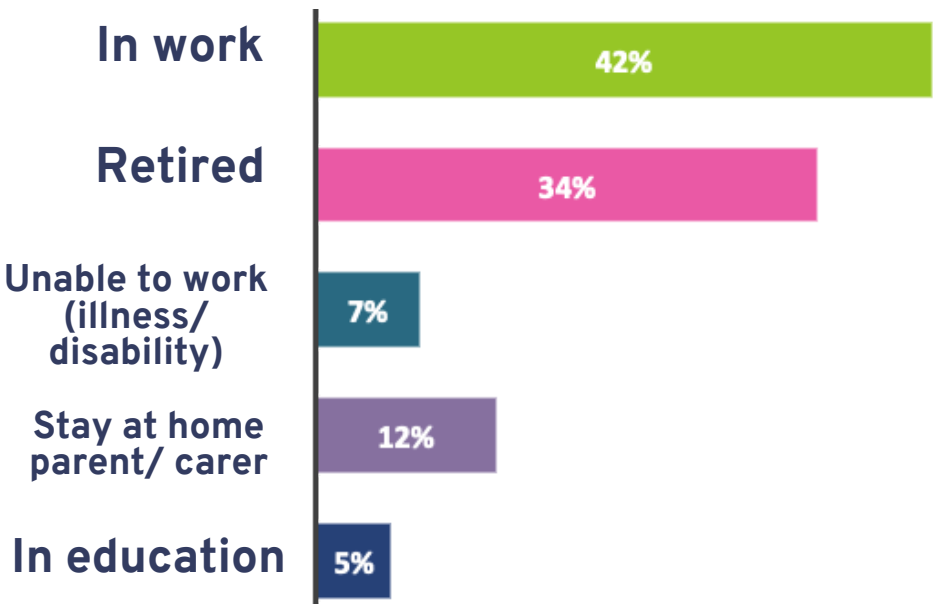
Age



Gender



Occupational status



98%

were registered with a GP

91%

had used health or care services in the last 12 months

16%

were parents of a child/ children aged under 18

13%

were carers for an adult loved one or family member

32%

were digitally excluded

16%

were disabled

7%

were neuro-divergent

63%

had a long-term condition

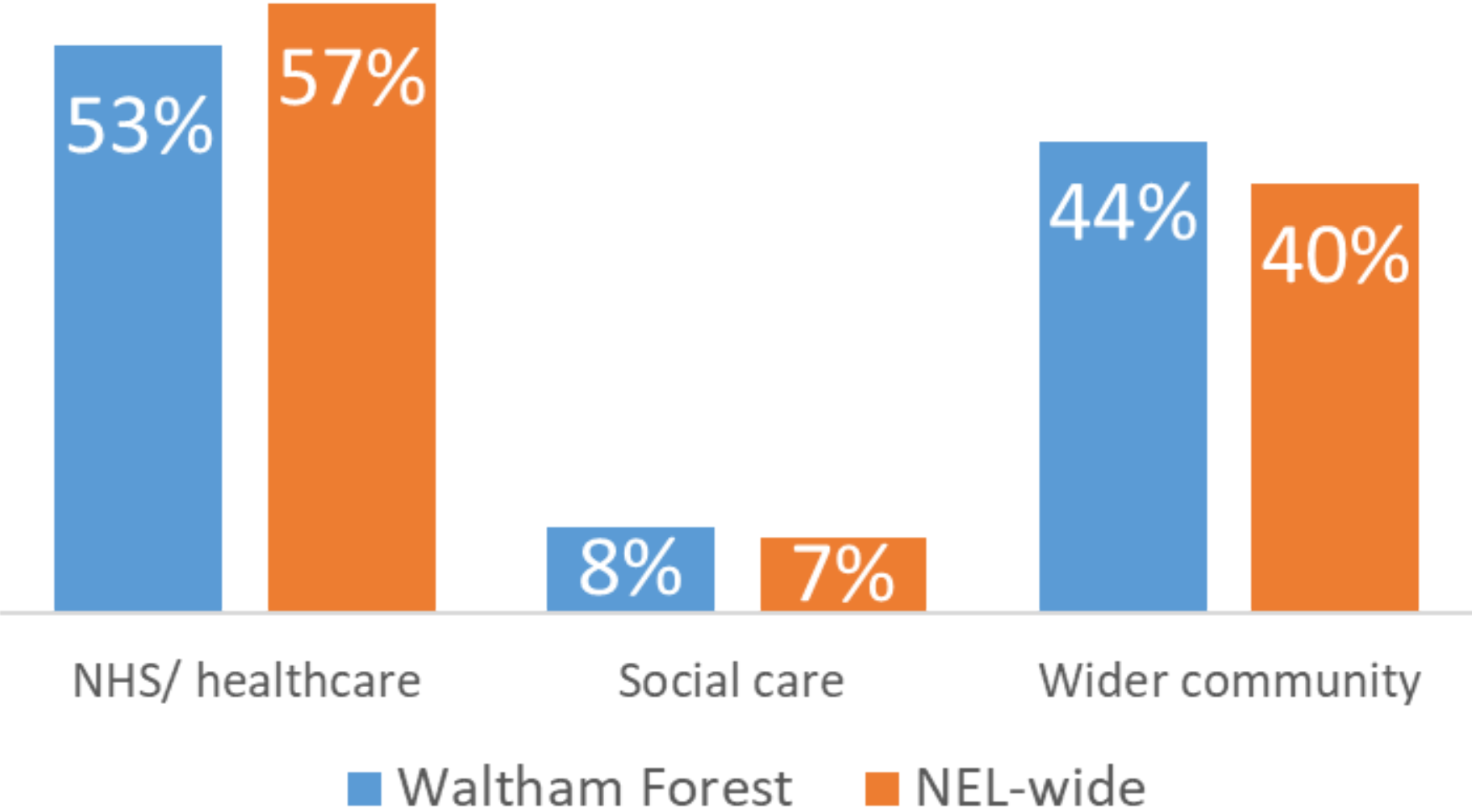
9%

were LGBT

37%

were struggling financially or just getting by

What changes would make an immediate positive difference to people's lives?



Most mentioned healthcare change: **improve access to primary care, especially to GP appointments.**

What would indicate **accessible** care?

Patients can reliably **access both routine and urgent care within a reasonable time frame**, commensurate with their clinical urgency.

There are **multiple equally reliable ways of booking appointments**, taking into account both the needs of those who are most comfortable using online services and of those who are digitally excluded.

Services are available **locally or within reasonably commuting distance**; the needs of patients who don't drive are taken into account; and at different times, to meet the needs of patients who work full-time, as well as those who work irregular shifts/ non-standard hours and those with caring responsibilities.

All health and care services that patients need are **free or affordable**; no one has to go without necessary care because of the cost. Hidden costs of care are taken into account and minimised (for example: the cost of transport to healthcare facilities or of accessibility equipment).

Services **understand and accommodate the needs of disabled patients**; including awareness of mental health-related disability, and of complex needs arising from multiple forms of disability; as well as understanding and taking steps to mitigate any other forms of barriers to accessing care (language barrier, digital exclusion, general literacy, knowledge of the system, cultural issues, domestic violence).

Making **healthy lifestyle choices is realistic for all**; for example, people on low incomes and those who cannot cook for themselves still can have a healthy diet; exercise classes are available for those with limited mobility who can only handle gentle physical activity etc.

Accessible

“Better access to GP appointments, nothing more stressful than being on re-dial just to get into a queue. Plus on line appointments get taken so quickly.”

What would NOT happen?

Patients going to A&E for issues that could have been dealt with by a GP or walk-in centre.

Over-stretched telephone lines, associated with a one size fits all booking system.

Patients paying for private healthcare they struggle to afford, because NHS care is too difficult to access.

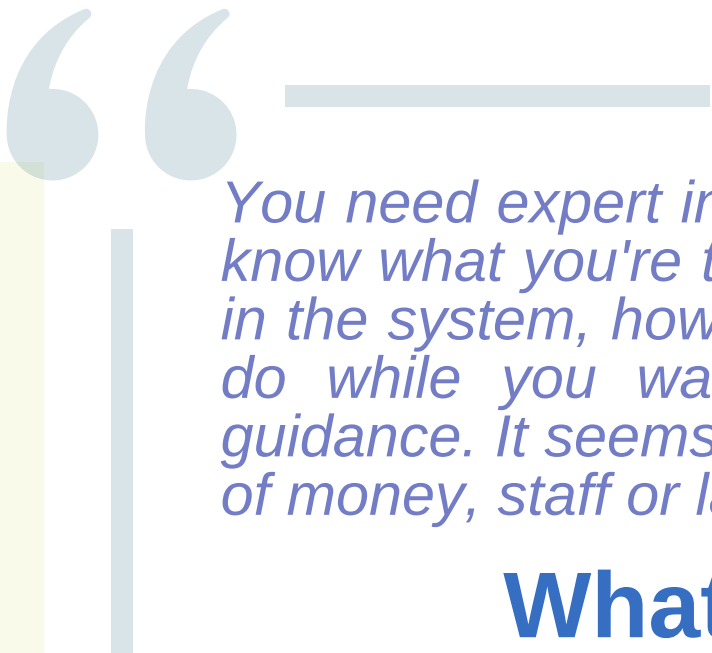
Patients going without the care they need (dental treatments, domiciliary care, etc.) because they cannot afford it, or because they struggle with the process of accessing it.

People feeling that their personal circumstances (income, daily schedule, working conditions, physical limitations) force them to make unhealthy choices instead of healthier ones (for example making unhealthy diet choices because they can't afford healthier ones).

What would indicate **competent** care?

Competent

- Professionals providing health and care services have **up-to-date, in-depth knowledge of the conditions they are treating.**
- Professionals providing health and care services have a **good working knowledge of patients' conditions, even outside their area of specialty**, to the extent they impact patients' access to care, care needs and general wellbeing.
- Professionals providing health and care services have a good working **knowledge of health inequalities**, social inequalities and cultural issues that may influence patients' access to care.
- Patients are **diagnosed accurately and within a reasonable timeframe**; necessary investigations are available to ensure the accuracy of the diagnosis process.
- Patients receiving treatment informed by the NICE guidelines, and by the latest evidence-based developments in medical science.
- Local people having a good level of knowledge about keeping themselves healthy and well.**
- Employers, schools, public services and local businesses knowing how to ensure they provide a healthy environment.**



You need expert information to be understood. You need to know what you're talking about. It's knowing where you are in the system, how long it will take and what's appropriate to do while you wait. Provide services according to NICE guidance. It seems they can't do that at the moment because of money, staff or lack of knowledge.

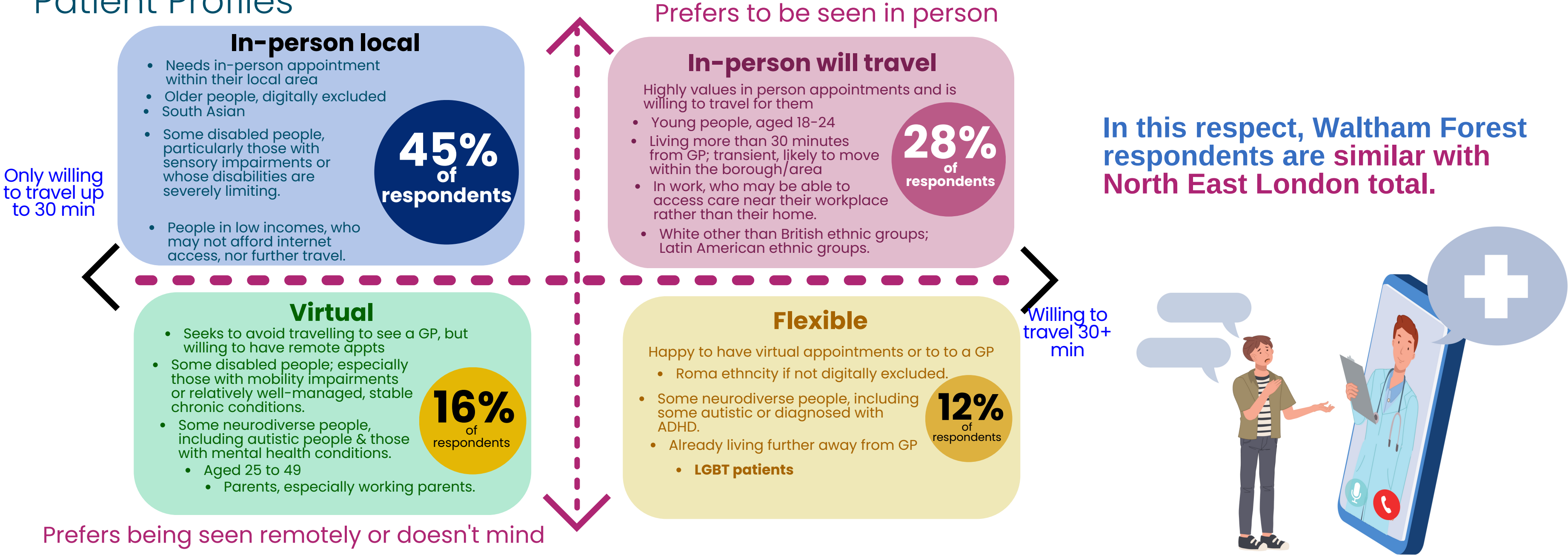
What would NOT happen?

- Excessively long waiting times for diagnosis/ investigations.
- Admin issues affecting the diagnosis process, e.g.: lost test results.
- Misdiagnosis as a result of superficial consultations/ poor knowledge.
- Lack of support with symptoms during an ongoing/ potentially long diagnosis process.
- Clinical decisions being taken based on factors such as budget constraints or professionals' own cultural biases, rather than clinical need and scientific evidence.
- Ineffective public health/ prevention interventions at a wider social level.
- Local people making decisions about their own health based on incorrect information or pseudoscience.

What would indicate person centred care?

We have previously analysed data on where and how patients want to access GP appointments. Findings are consistent with the findings of this survey.

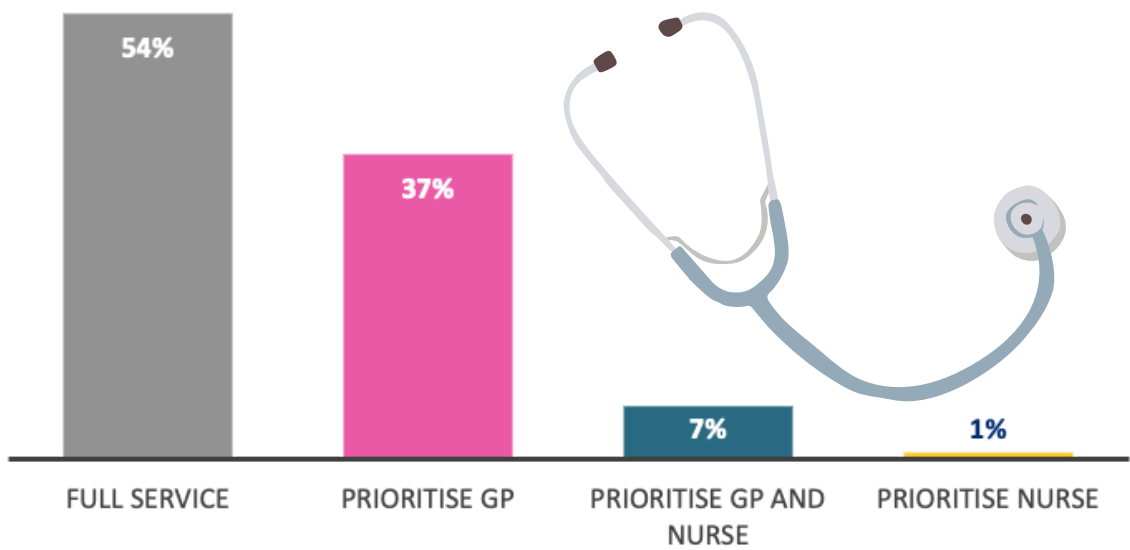
Patient Profiles



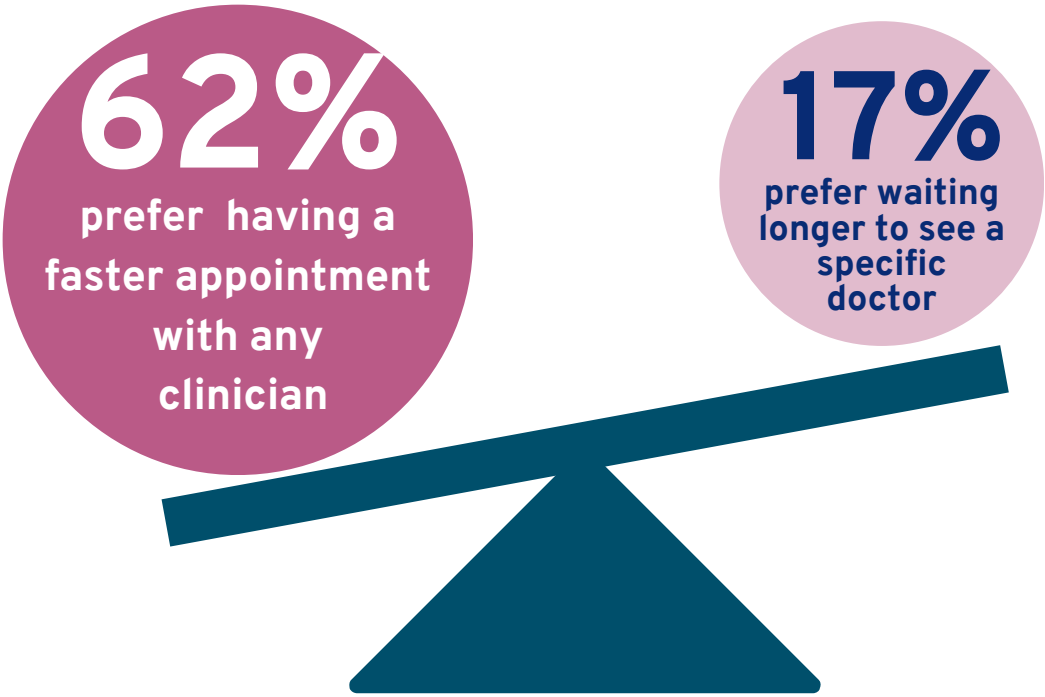
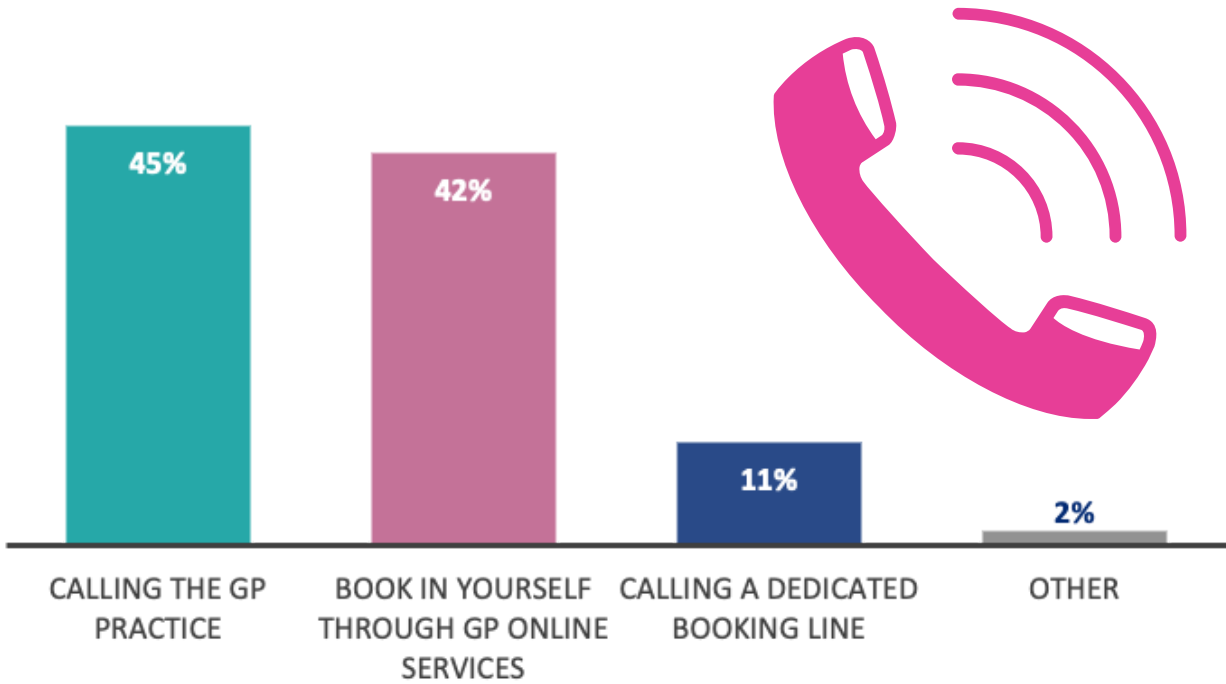
Extended hours survey

Person-centred

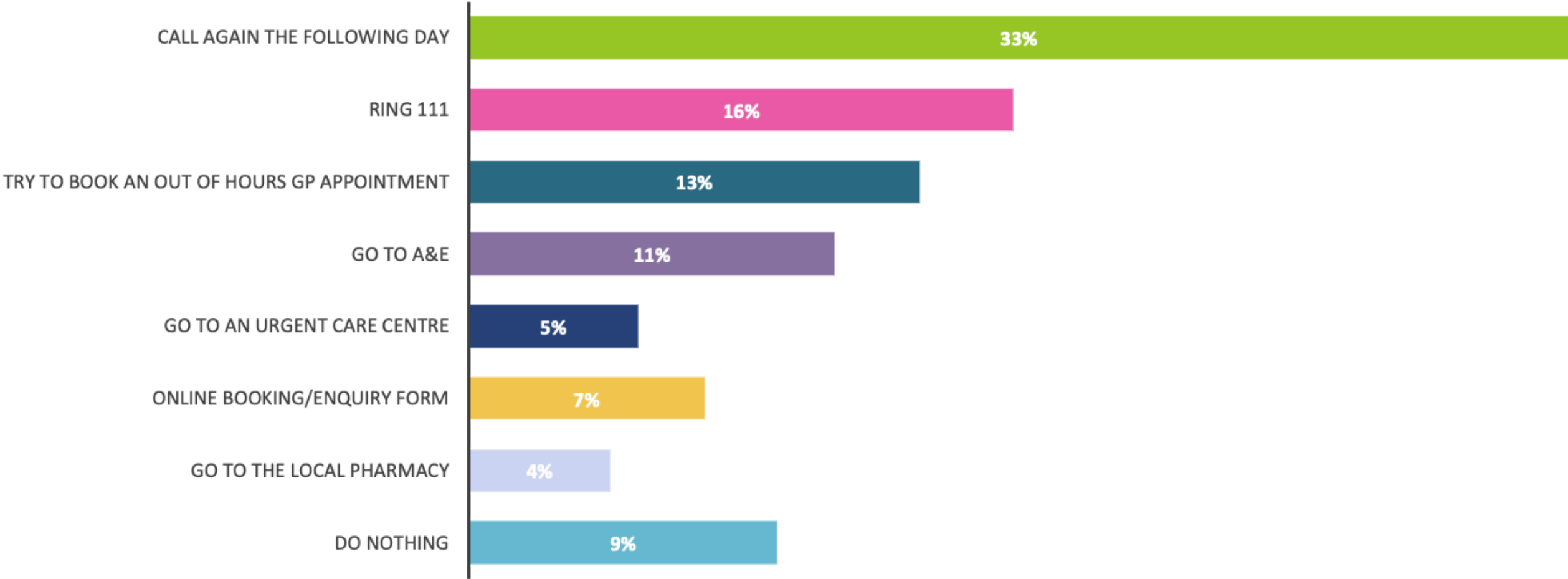
Which professionals is it most important to have available out of hours?



Preferred booking method



What do you do if you cannot get a GP appointment?



What would indicate **person-centred** care?

Patients get to see the **same medical professional consistently** (for example the same doctor or midwife), as much as it is practical. Otherwise, when patients see different medical professionals within the same service or there is a staff turnover, notes and patient records are passed down and read. Quality of care remains constant regardless of who is delivering the care.

Referrals between different services are issued as needed and processed promptly; services **share medical records and information seamlessly**.

Health and care **services are actively working with the wider community to promote holistic patient health - social prescribers, the voluntary sector etc.**

Health and care professionals give patients clear options for treatment or care, presented objectively with pros and cons; **empowering them to make informed decisions**. Patients feel treated as a partners in their own care; and like medical professionals are interested in their own desired health outcomes.

Health and care professionals take a **holistic approach** to patients' health rather than examining conditions and symptoms in isolation.

Patients get a **choice** about where and how they access care or public services (using online services, having remote consultations or doing everything in person).

Information is available in a variety of formats and outreach channels

Employers, recruiters and schools consider work-life balance and fitting around workers' and students lives; processes for workforce recruitment and career development look at the worker holistically.

Person-centred

“

Often health care providers give contradictory information which is frustratingly vague and confusing .

What would **NOT** happen?

Patients receiving contradictory information from medical professionals.

Patients feeling like the level of care they receive is dependent on whom they get to see on any given day.

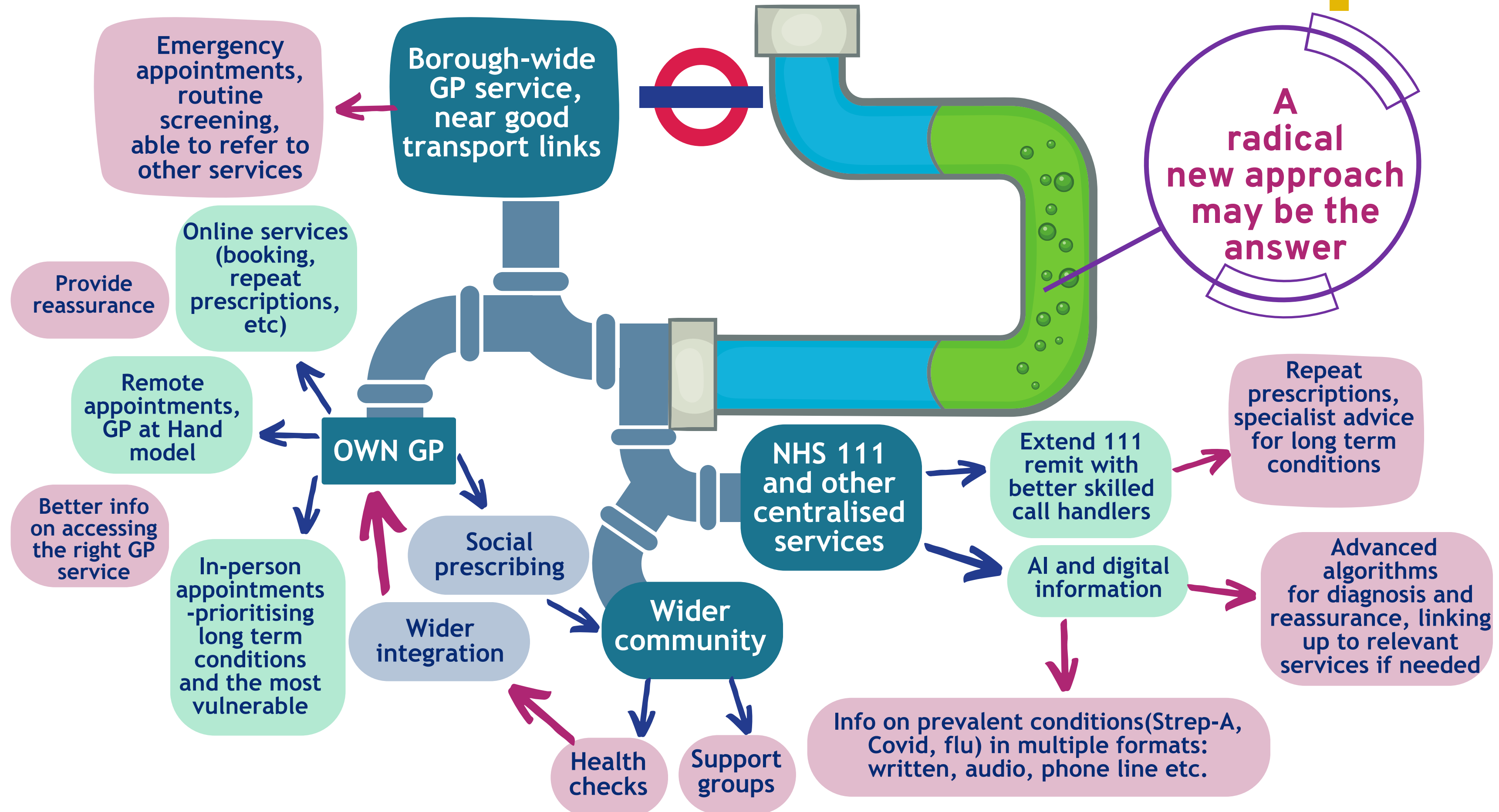
Patients having to repeat information that should be in their medical records or notes already.

Patients feeling like they are passed around between services with no actual help.

Patients only being allowed to discuss one symptom or condition per appointment.

Unblocking the pipeline

Person-centred



What would indicate **trustworthy** care?

- Patients **feel listened to and reassured that their problems are taken seriously** by care professionals; they feel that they are given adequate time .
- Health and care services **proactively engage with patients** and ask about what is important to them.
- Patients communicate with professionals about their care, in a **honest, straightforward manner**; understanding why they are offered a certain course of action.
- Patients have someone they can turn to for competent advice, reassurance and prevention; **they know whom they can turn to if they are worried** about specific aspects of their health.
- There is a straightforward and transparent process for accessing care.**
- Patients have access to **routine check-ups** in order to feel fully reassured that their health is good.
- Services demonstrate accountability and act upon feedback received from patients.
- In the family, workplace and community, local people feel comfortable talking about their health needs with no fear of judgement or stigma.
- Local people feel safe from harm in their local community; they are comfortable using local amenities/facilities and engaging with their neighbours.

Trustworthy

“

Generally people are helpful, however what tends to be missing in hospital consultations is explanation: what might be wrong; what tests are being done and why; what the tests can tell you; and what the pathway then is.

What would NOT happen?

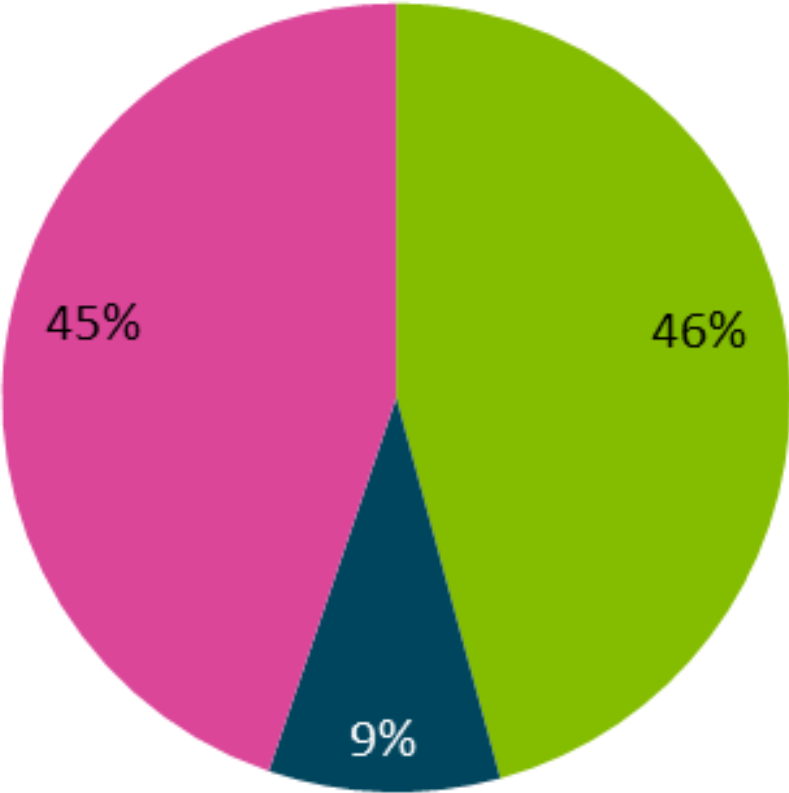
- Patients feeling like they are fobbed off or their concerns are dismissed.
- Patients feeling that they are treated like a burden; feeling discouraged from seeking care or asking questions.
- Consultations feeling more like a tick-box exercise than a consultation.
- Patients perceiving admin staff as gatekeepers or relating to them in an adversarial way.
- Workers feeling reluctant to ask for sick leave or necessary adaptations at work, fearing discrimination or judgement.

Where are we now?

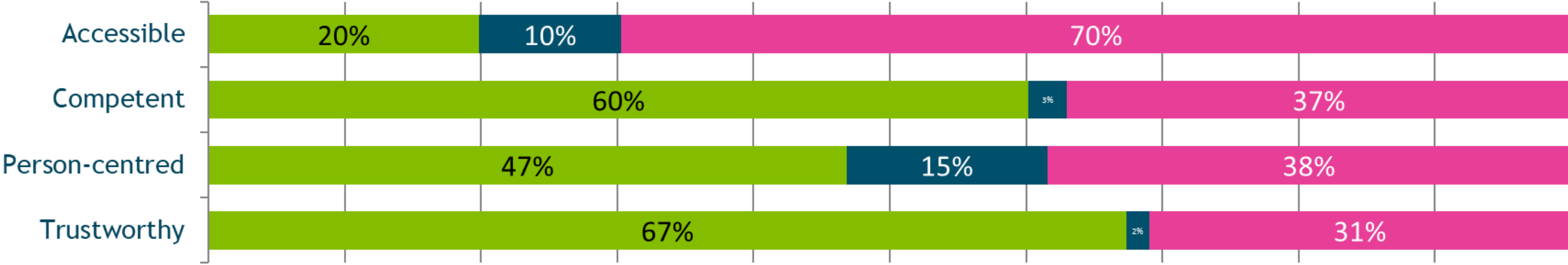
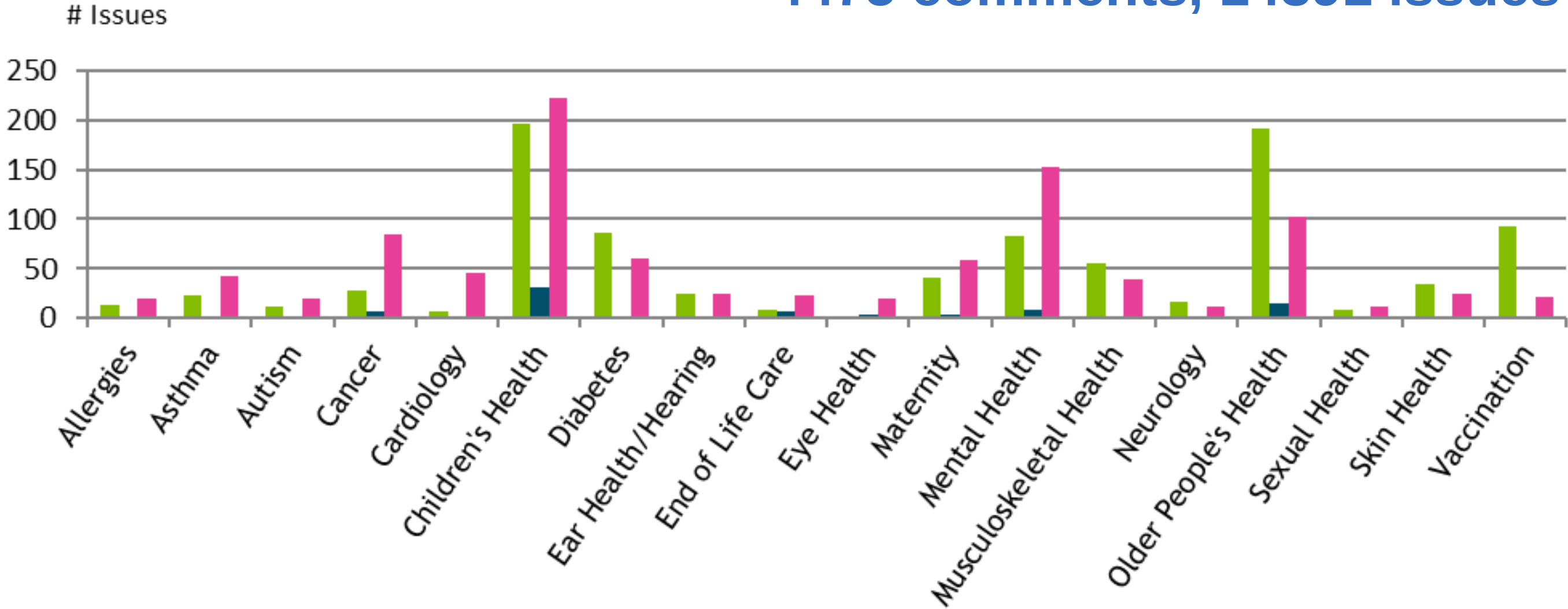
GP Feedback received by Healthwatch Waltham Forest, 2022-24

4475 comments, 14391 issues

Overall feedback

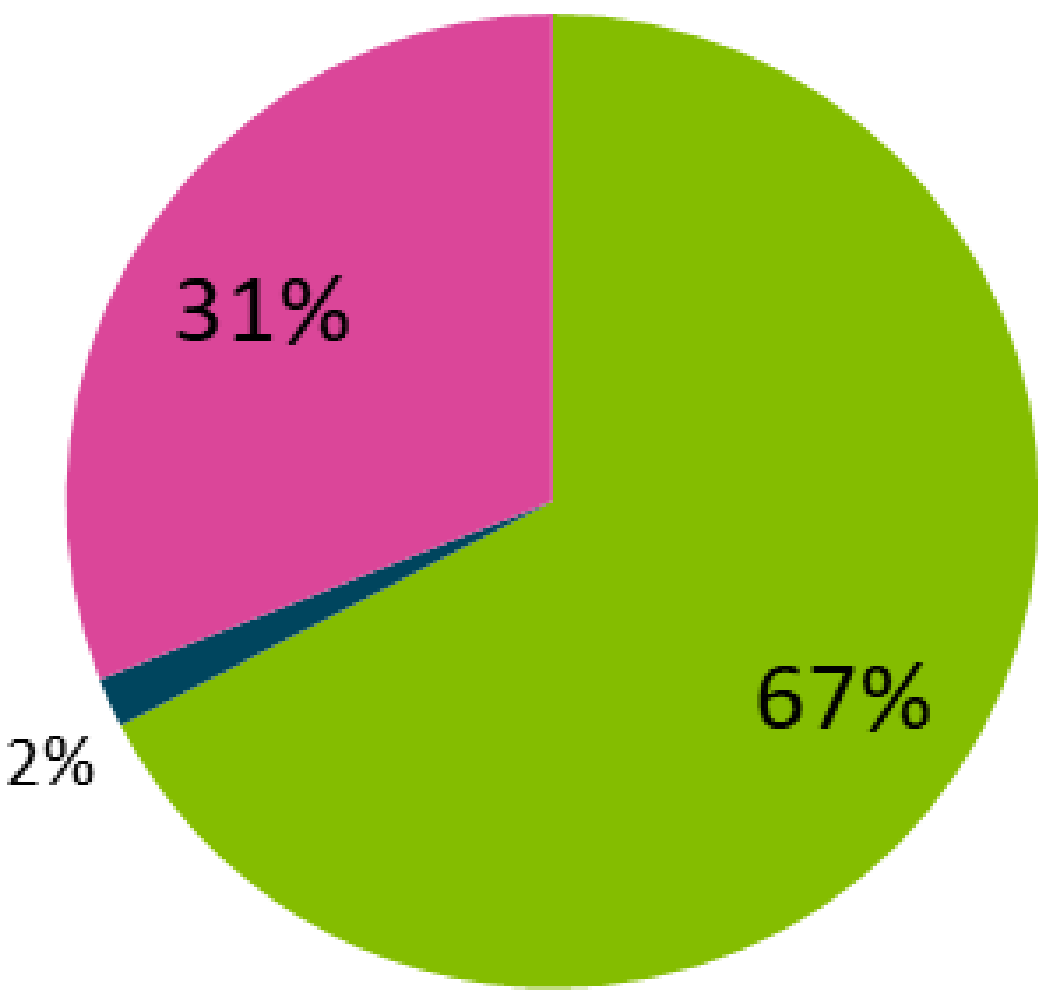


- Positive
- Neutral
- Negative



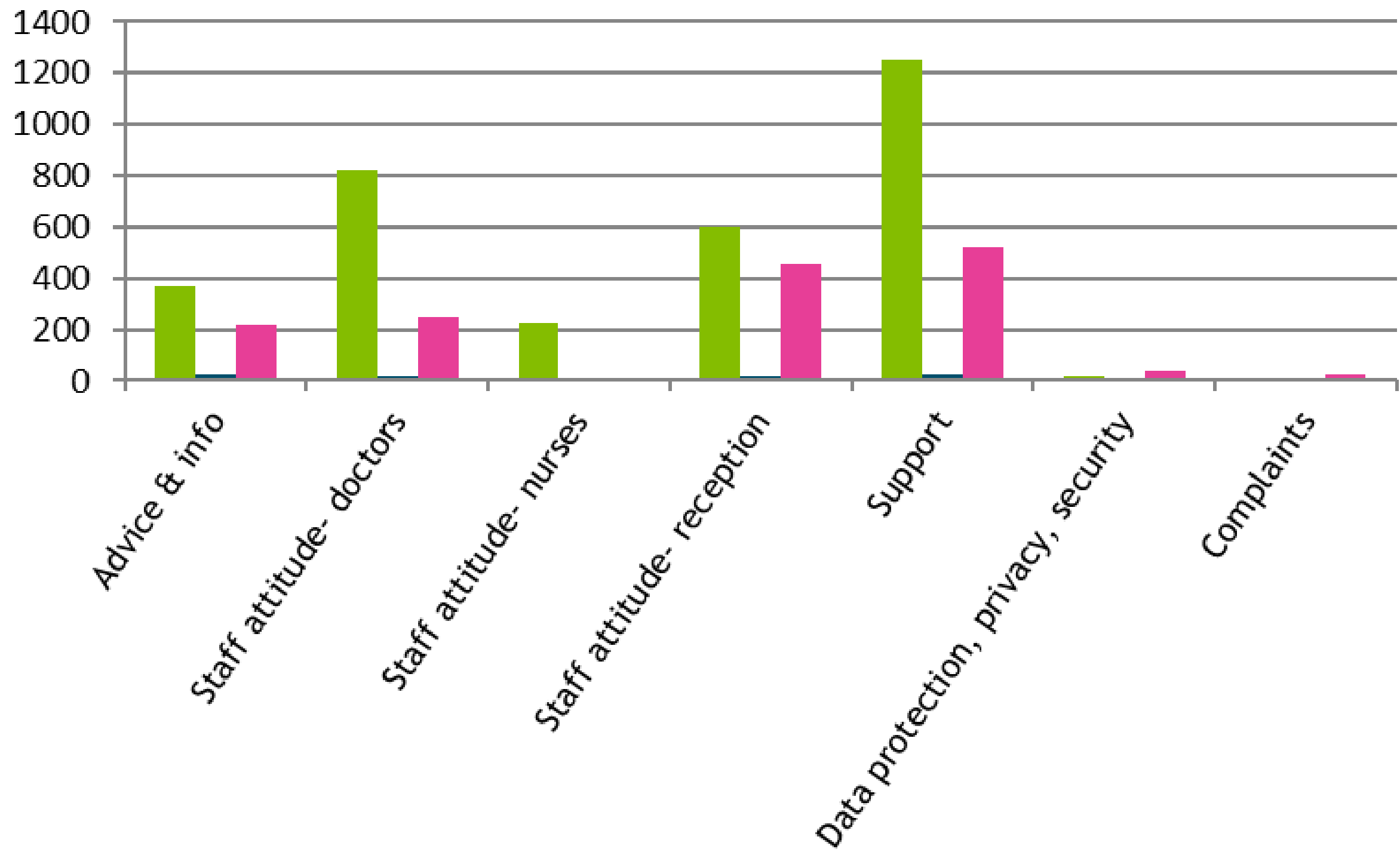
Where are we now?

GP Feedback received by Healthwatch Waltham Forest, 2022-24



- Positive
- Neutral
- Negative

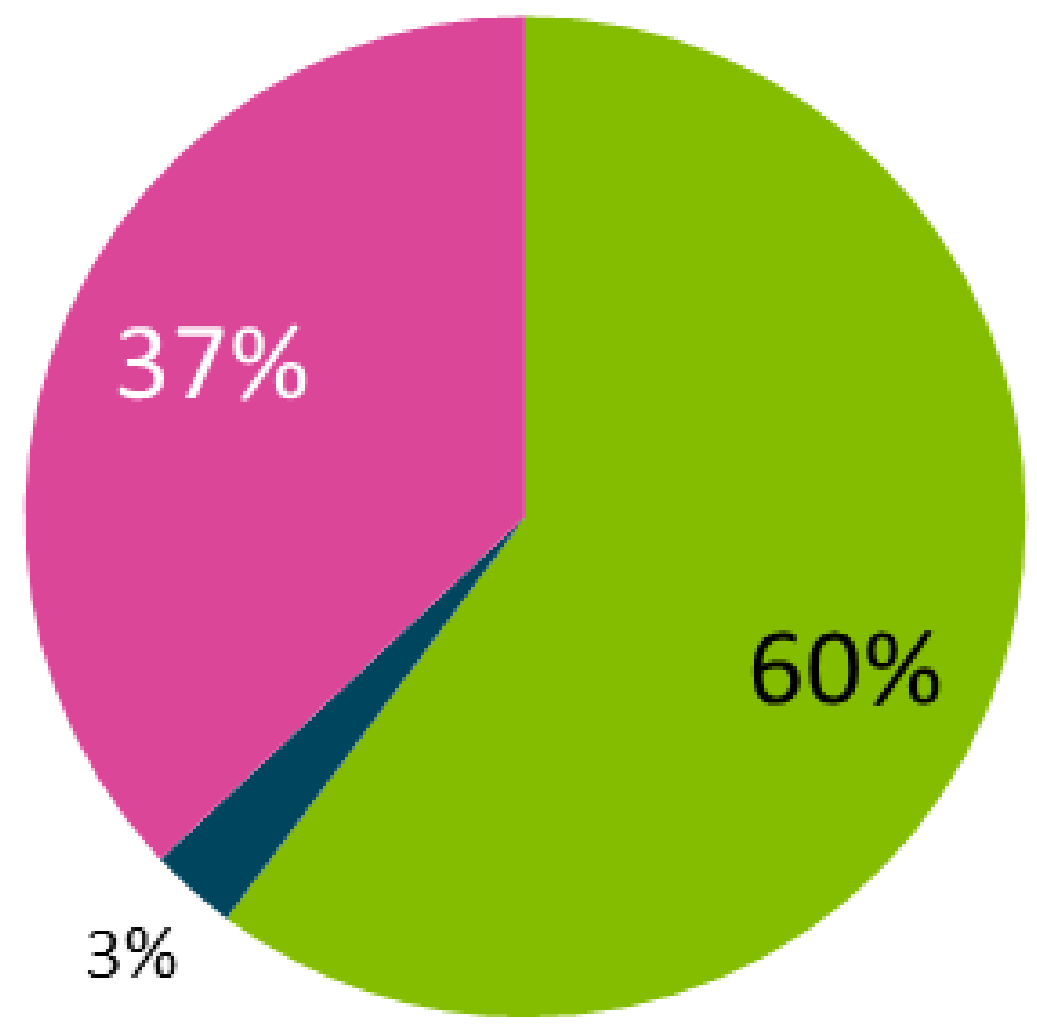
Good care is: trustworthy



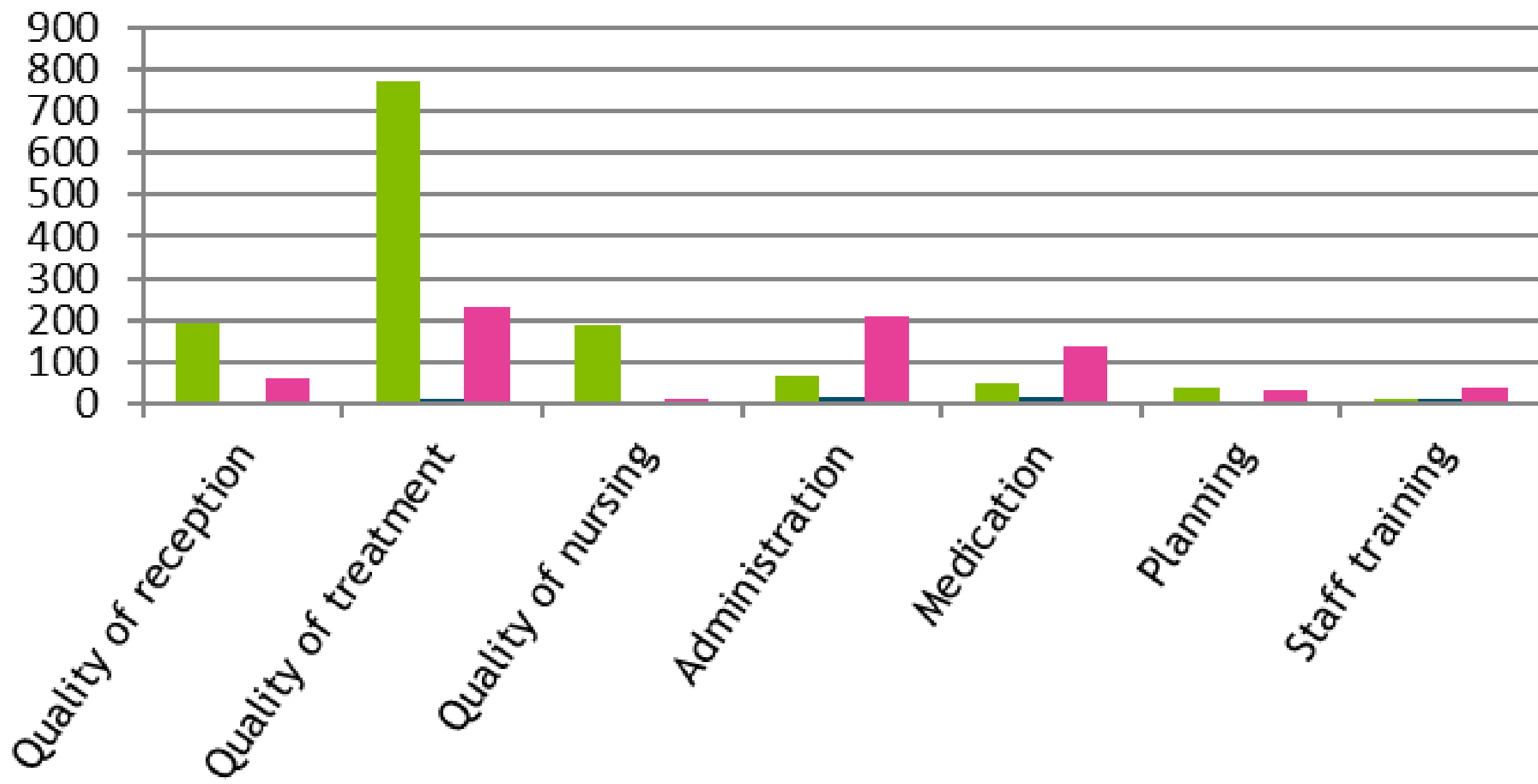
Where are we now?

GP Feedback received by Healthwatch Waltham Forest, 2022-24

Good care is: competent

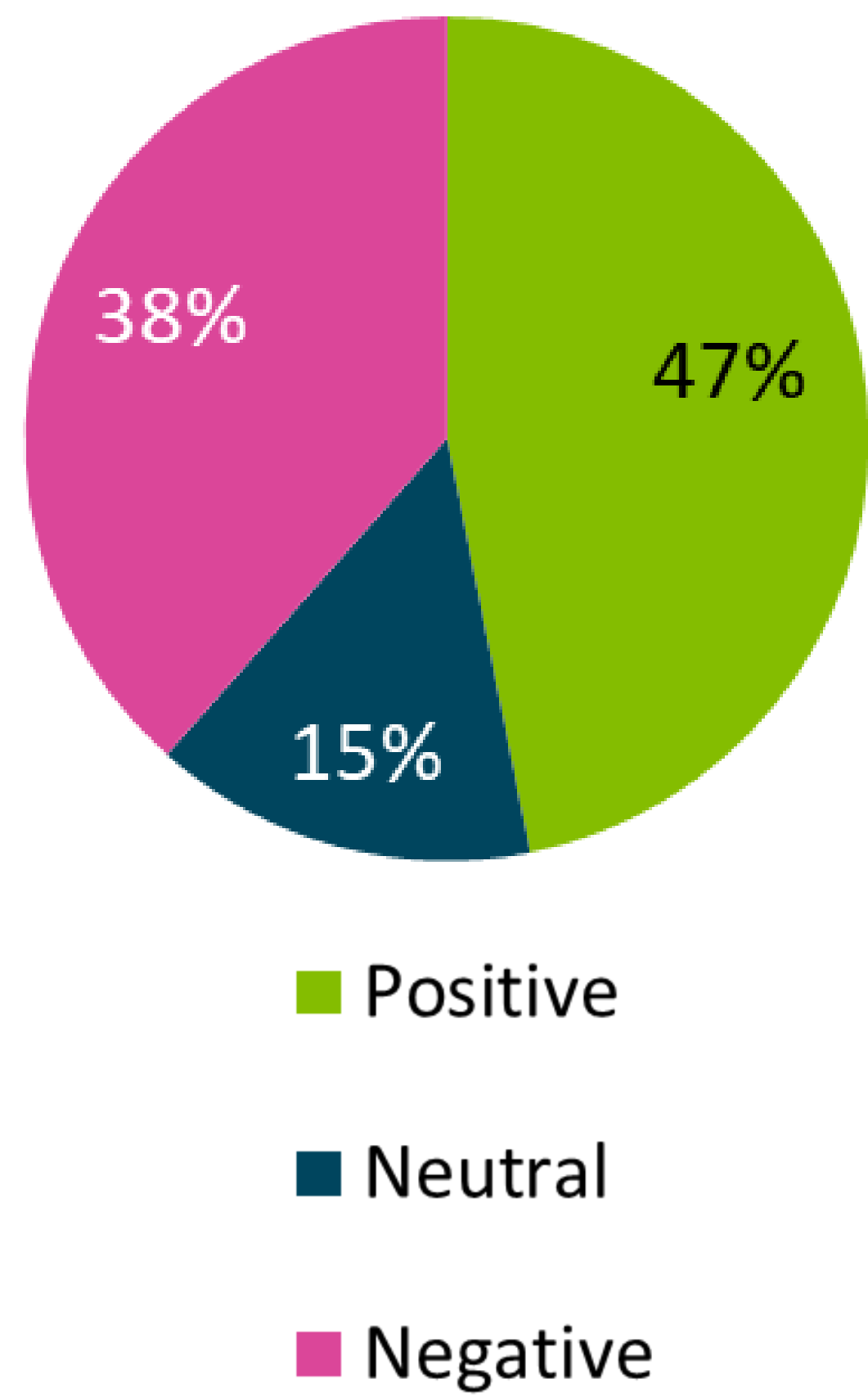


- Positive
- Neutral
- Negative

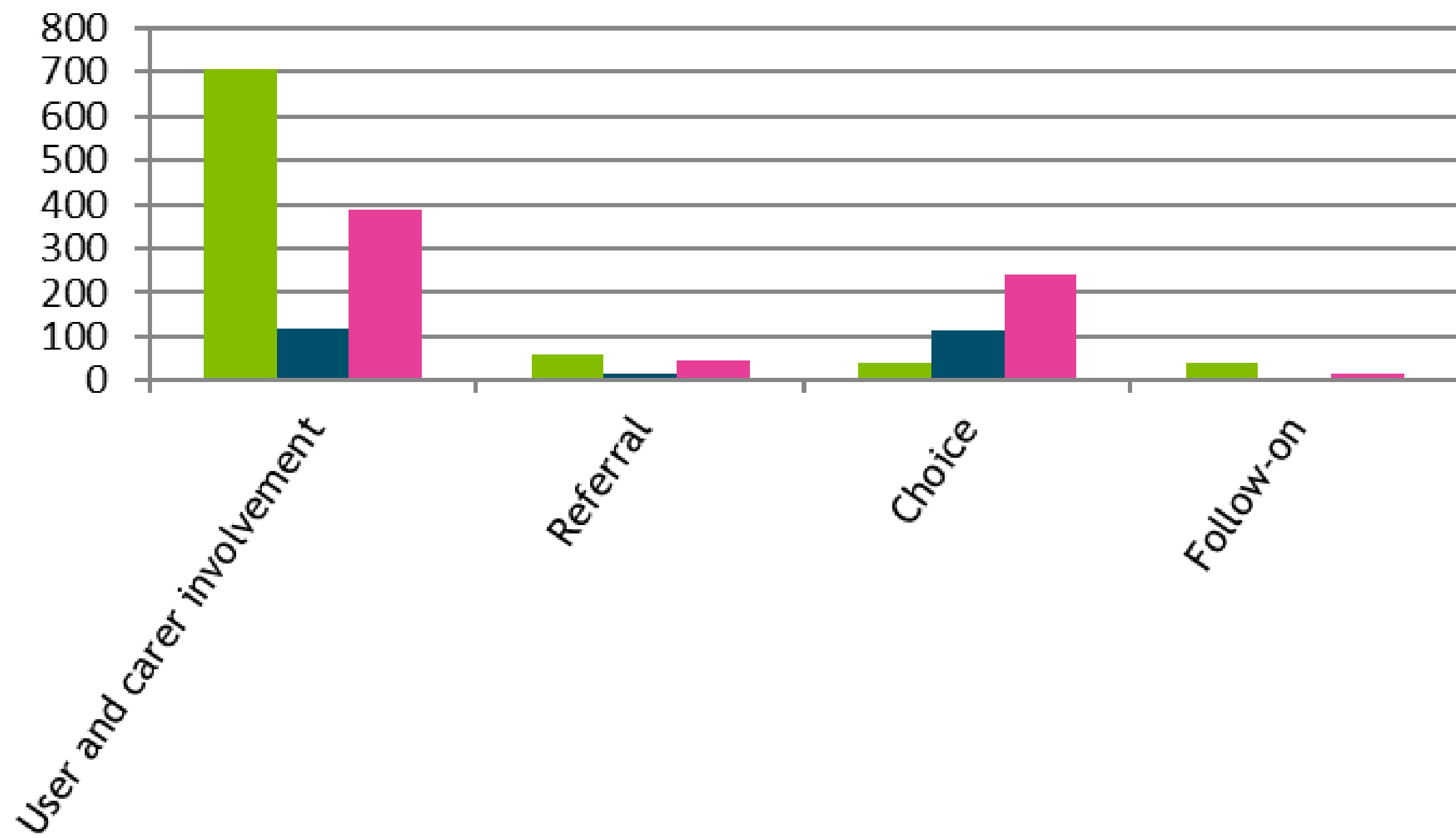


Where are we now?

GP Feedback received by Healthwatch Waltham Forest, 2022-24

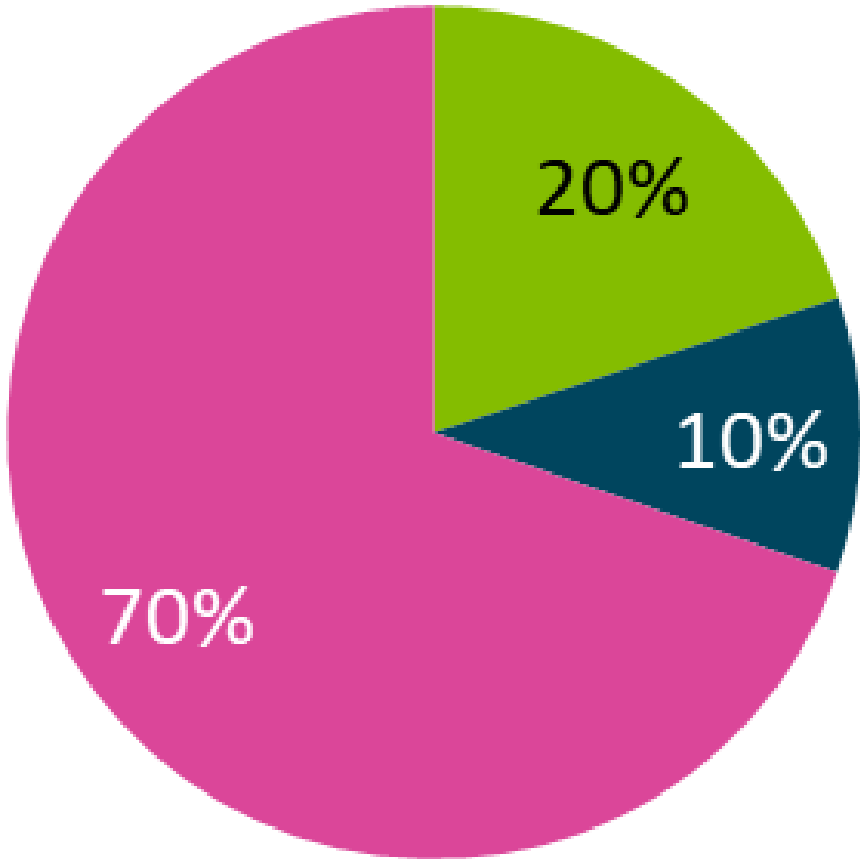


Good care is: **person-centred**



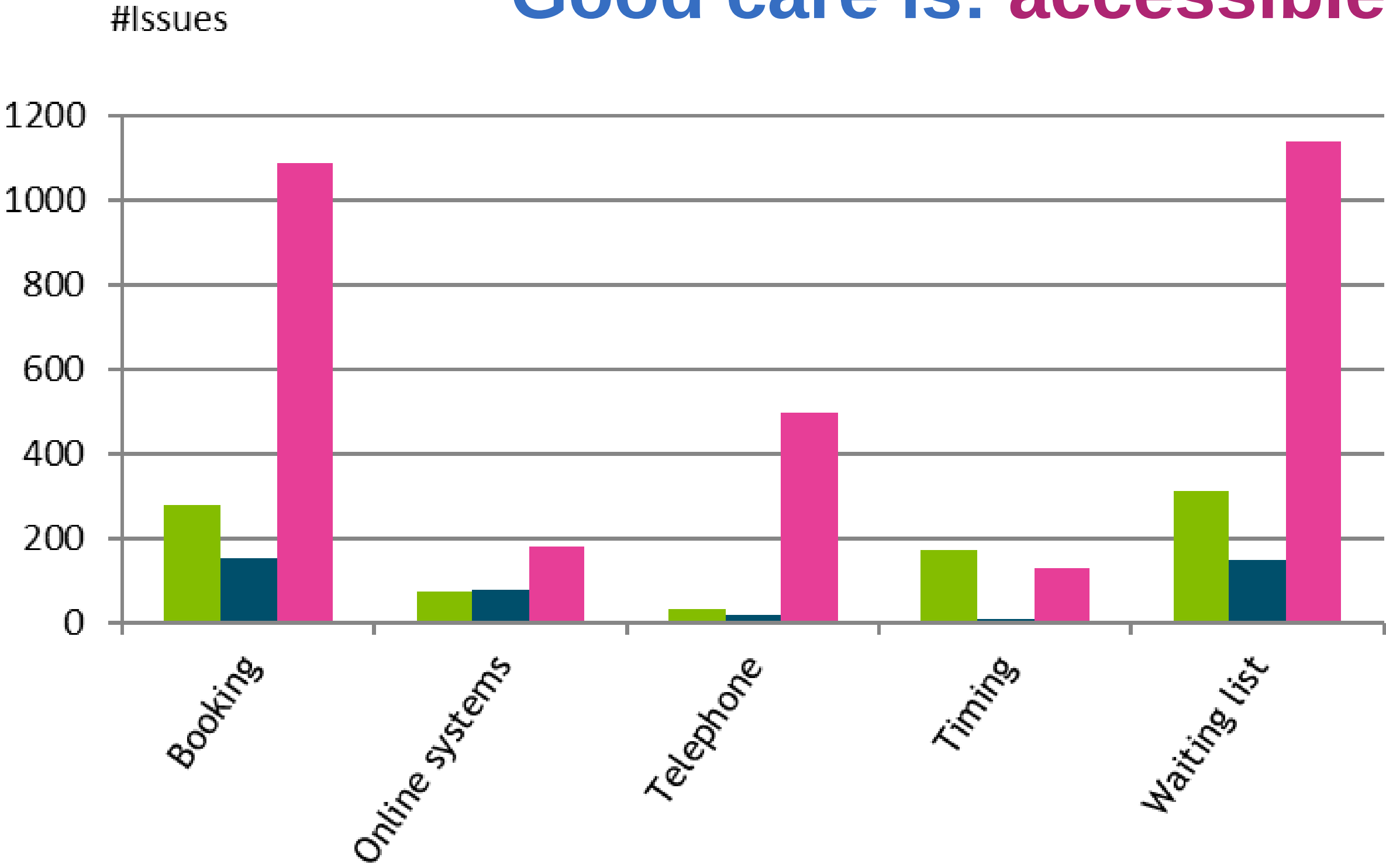
Where are we now?

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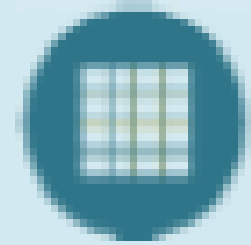


- Positive
- Neutral
- Negative

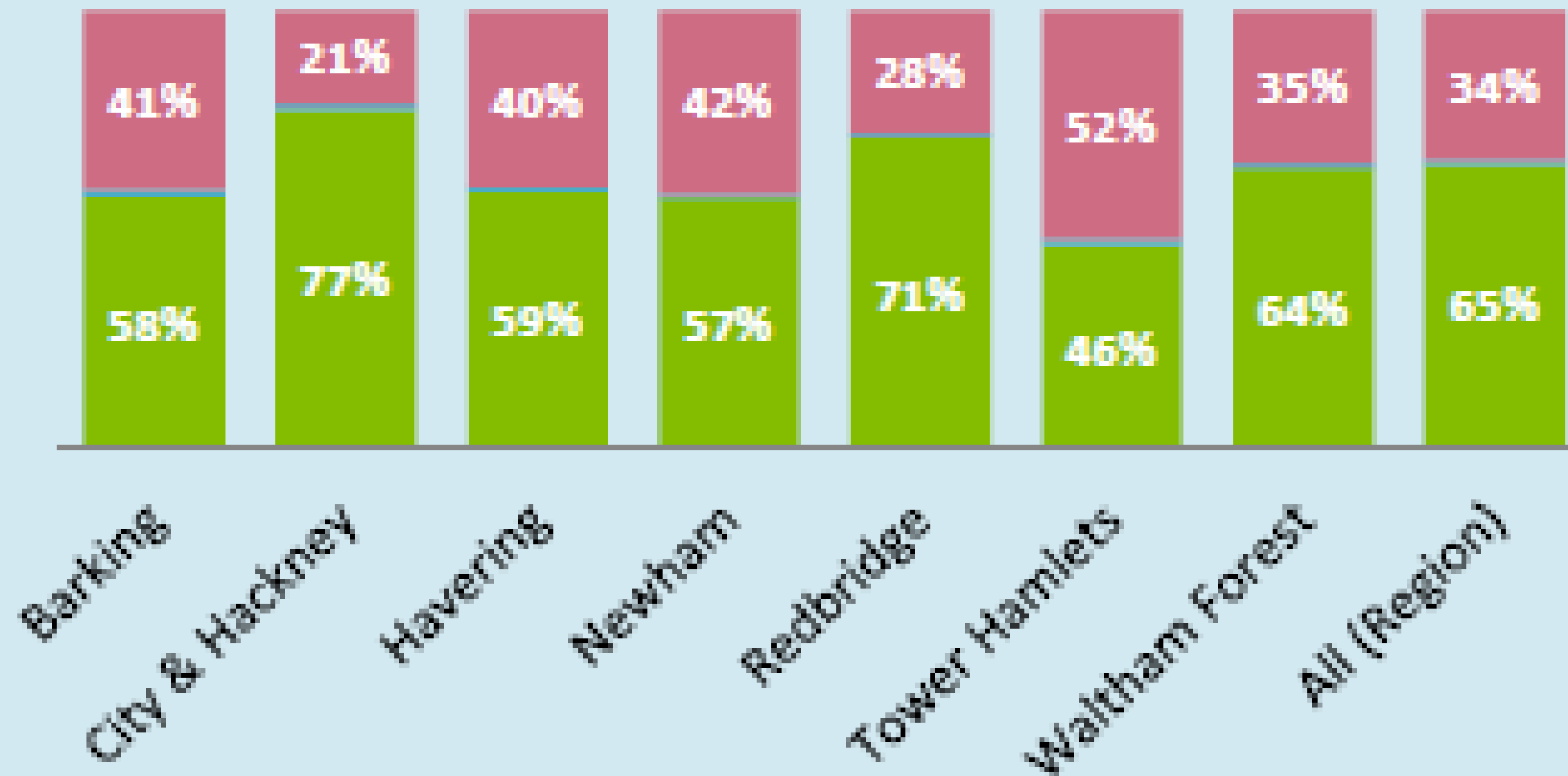
Good care is: accessible



7.1 Sentiment by Borough: Overall



■ Positive ■ Neutral ■ Negative



Areas of improvement

GP Feedback received by Healthwatch Waltham Forest, 2022-24

Accessible

- More flexible, user-friendly booking systems
- Better responsiveness by telephone.
- Simplify e-consult/ online booking forms.
- Improve availability of appointments bookable online.
- Improve availability of routine/ non same-day appointments.

Competent

- Improve admin and planning to increase efficiency .
- Improve provision of repeat prescriptions; ensure errors are avoided when filing prescriptions.
- Improve the diagnosis and testing process; avoid errors such as losing/misfiling test results; ensure all necessary tests are carried out promptly and that patients who need to be seen in person are seen.
- Ensure practices are well-resourced in terms of equipment.

Person-centred

- Improve continuity of care within the practice; especially for patients that see a locum rather than their named GP.
- Improve joined-up care and referral systems between GP and other services, including hospital-based specialists, allied healthcare professionals, community services and social prescribers.
- Give patients more choice over how they are seen (in person/ over the phone/ online)

Trustworthy

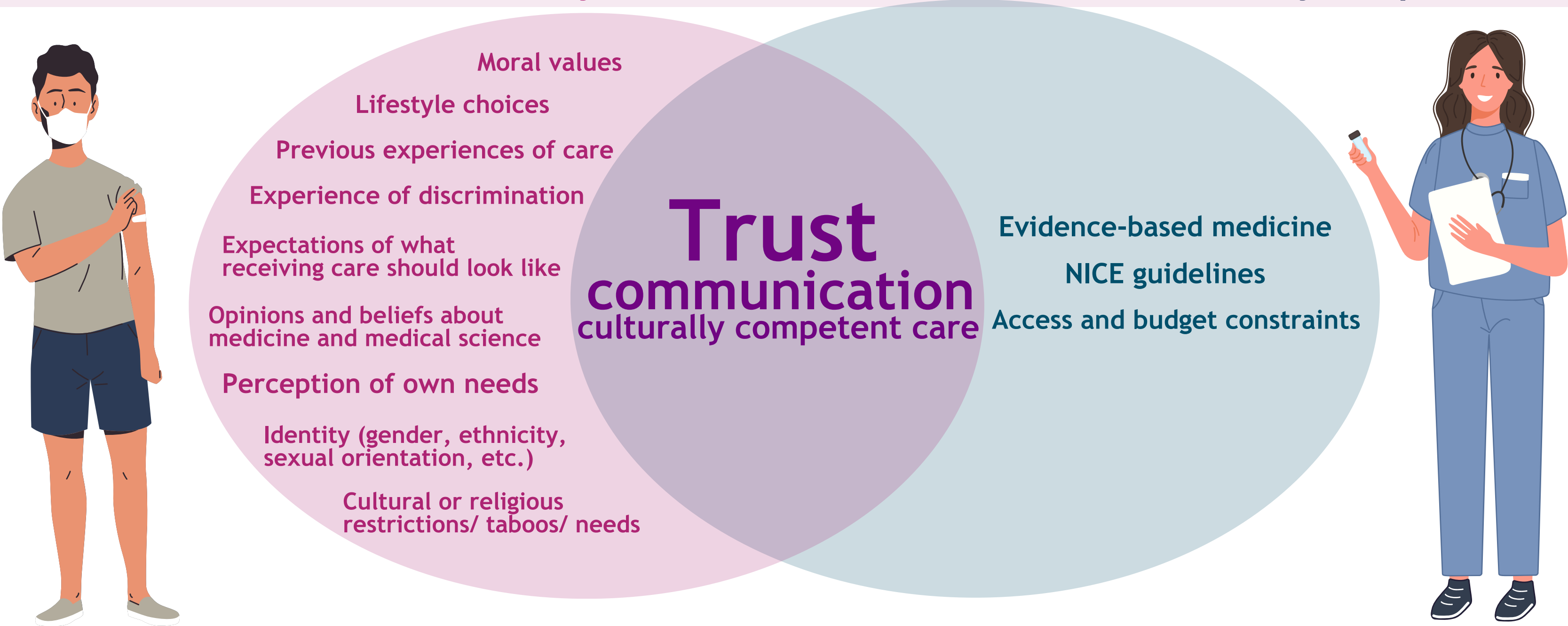
- Improve communication between reception and patients; and communication about the diagnosis process/ test results; empower patients to access and understand their own test results.
- Protect patients' privacy and data by avoiding admin errors (such as sending test results to the wrong patient.
- Demonstrate accountability and transparency in dealing with complaints.

What about cultural competence?

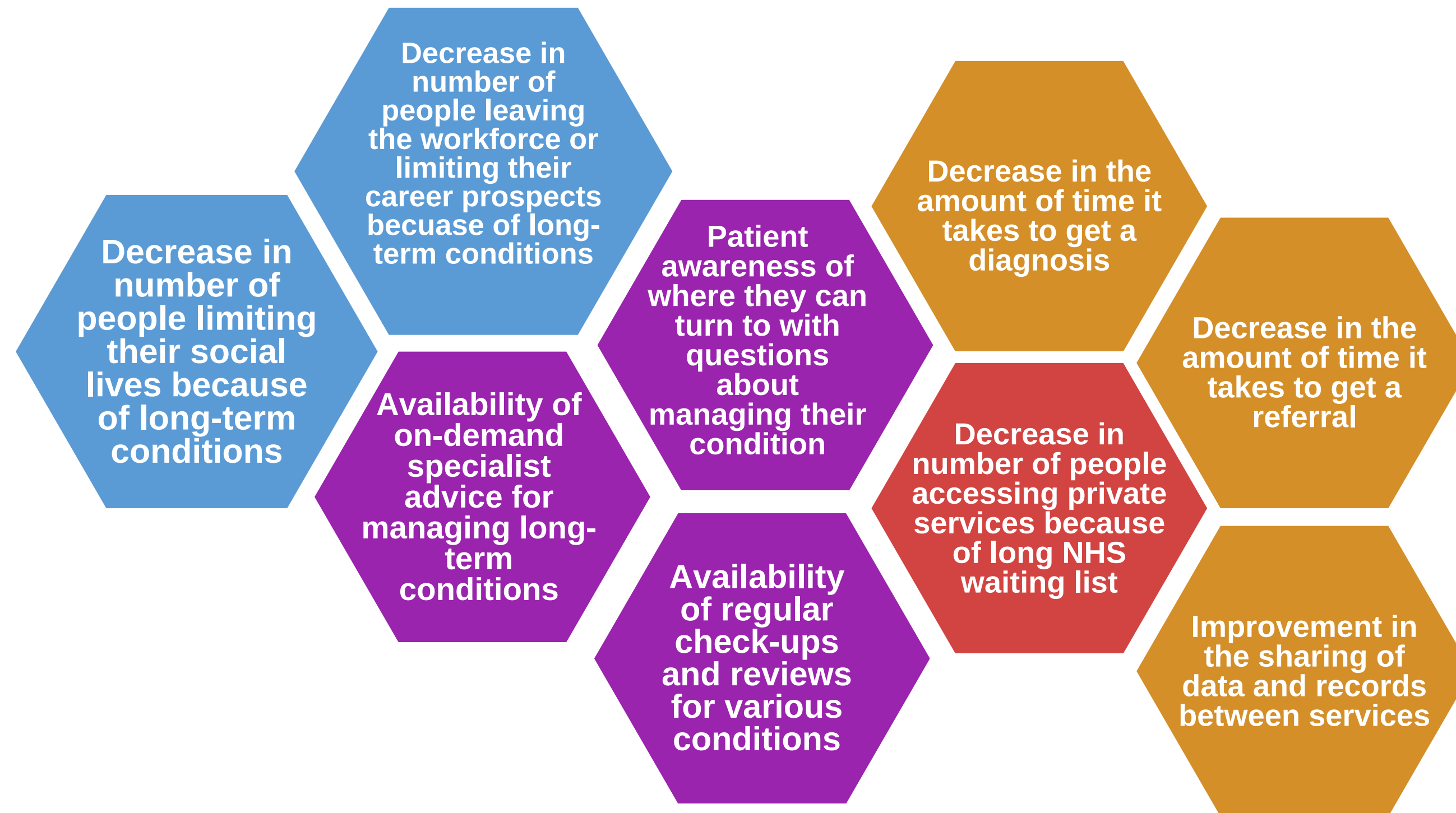
A note on engaging with local people on their beliefs and values

Trustworthy

In some situations, rather than asking local people about their culture, beliefs and values in relation to health and care services, an alternative way of framing the question would be to address their **expectations in relation to the care they receive**. This could in turn inform culturally competent care.



How to measure success for long-term condition support based on what matters to people with long-term conditions



How care could be improved for people with **long-term conditions** in Waltham Forest

- ➔ Improve access to primary care/ GPs; offer longer and more flexible appointments to patients experiencing co-morbidities.
- ➔ Provide routine GP and specialist check-ups to give patients reassurance and ensure care plans are up to date.
- ➔ Improve cooperation between medical, social and community services in order to provide patients with necessary adaptations and other forms of support.
- ➔ Provide better self-management advice, on an ongoing/ as needed basis. This could include specialist helplines and peer support groups.
- ➔ Take a more holistic approach/ treat the person not the disease.

