

Primary Care Working For All- exploring perceptions of the new primary care role

Disclaimer: Our report is not a representative portrayal of the experiences of all service users and staff, only an analysis of what was contributed by members of the public, service users, patients and staff within the project context as described.

Background

This work builds on the neighbourhood reports carried out by the Engagement Alliance in 2017 and responds to need for co-design in the remodelling of primary care services and community interest in respect of understanding of new primary care models and access arrangements for the new practitioners.

For the purpose of this project the new primary care roles are:

- Musculoskeletal Practitioners
- Mental Health Practitioners
- Health Improvement Practitioners
- Community Asset Navigators
- GP Practice Based Clinical Pharmacists

Engagement with the public over the past year has demonstrated a lack of understanding and awareness around new primary care roles. In 2017 when they were first discussed as part of the locality plan, people expressed many concerns but also had great ideas about how to integrate them, once they understood their function. We wanted to build on those conversations. We have taken the opportunity to bring together practitioners and public to explore the five new roles, why they are being introduced in Bolton and the care they can offer.

Key Findings:

There is limited mainstream information getting out to the public about the new primary care roles.

People had concerns about accessing appointments, the increase in capacity the new roles offered were a major advantage.

People understood and valued the benefits the new roles offered individuals and communities once they had understood the role of the professionals in the surgery.

People are keen to access information and be involved in service development

Who We spoke to:

We worked with a GP practice in each of the two neighbourhoods to engage with their patients, local residents and practice staff.

We advertised the workshops using Healthwatch and CVS' memberships, our social media accounts and then used more targeted approaches to work with CVS organisations who supported people to access health services or had particular communication needs to ensure a wide range of experiences informed the work. One GP practice sent a text to all their patients, the other GP practice used their Patient Participation Group Network.

In total 18 people participated in this project, some of these attended more than one workshop.

Rumworth

Session	Attended	Discussed
Workshop 1	3 (Practice Staff)	Locality Plan, Understanding and use of primary care roles
Workshop 2	3 (Public)	Locality Plan, Understanding and use of primary care roles
Workshop 3	6 (3 Practice Staff & 3 members of the public)	Accessibility and acceptability of new primary care roles.

Chorley Roads

Session	Attended	Discussed
Workshop 1	2 (practice staff) 3 (public) 1 (VCS rep)	Locality Plan, Understanding and use of primary care roles Accessibility and acceptability of new primary care roles.

Voluntary and Community Sector

Session	Attended	Discussed
Workshop 1	4 (organisations)	Locality Plan, Understanding and use of primary care roles Accessibility and acceptability of new primary care roles.

Methodology

This pilot project aimed to deliver a series of workshops to the public, health and care professionals and representatives from the voluntary and community sector and then bring all three groups together. This project was designed as an action research project to maximise opportunities for learning and dissemination. We planned a series of workshops which would give different stakeholders the opportunity to explore their experiences and perspectives before coming together to co-design best access to the new primary care roles. Based on feedback from different stakeholders, the plan was revised to maximise engagement. We used the same activities and materials with everybody involved, adapted in the most appropriate way to give as many people the opportunity to participate in a way that suited them.

We worked in two neighbourhoods with diverse demographics to explore whether there would be distinctive themes identified. We worked at practice level to enable patients to have a direct influence and dialogue with the practice they used.

We approached 7 surgeries to participate and used our networks and relationships to secure the two who participated. Some of the barriers to engagement we faced were:



All participants were given

- background information about Primary Care Remodelling and the Locality Plan
- a one pager information sheet about each new primary care roles

Based on this information and their existing knowledge everyone was asked to comment on the following questions:

What are the good things about these new roles?

What could improve your experiences of using/delivering Primary Care?

What are the things that make it difficult to use/deliver Primary Care and what would you like to change?

Are there any solutions you can think of to address the problems identified?

Analysis

In total we collected 391 comments. Comments and suggestions shared many similarities across the different populations (professionals, people and voluntary and Community Sector Organisations) and across the two neighbourhoods- Rumworth and Chorley Roads. These have been combined in the analysis and any particular differences will be highlighted distinctly. Please see “[Primary Care Role CVS](#)” report for a fuller understanding of the voluntary and community sector perspective.

Understanding of Awareness of Primacy Care Roles

Comments and themes were very similar in both neighbourhoods.

People were concerned with the professionalism and expertise of the new roles.

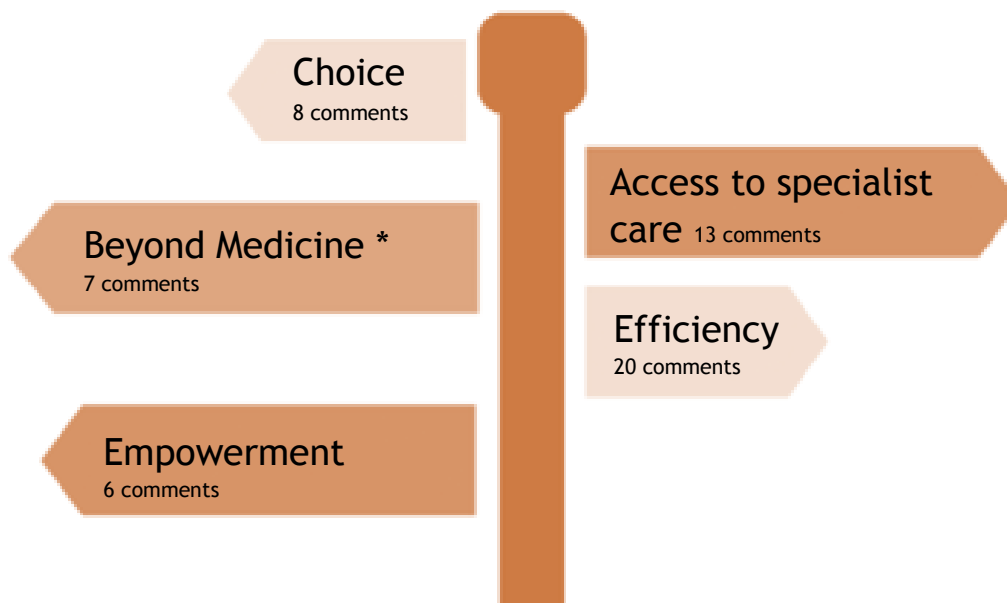
There was a desire for more accessible and useful information.

Some concerns about the role of a GP and the relationship between GP and new roles.

A lack of common language to articulate what the new roles offered.

A different level of expectation between practitioners as to what some of the new roles could and should do.* We explored this further by widening the reach of the project to include an online survey for practitioners in GP practices circulate by service leads and the GP Federation. *Please see our sister report [The Views of new primary care role workers and practice staff Jan 2019](#) for further details of workforce integration and communication.

Good Things About the New Roles



Efficiency was the key theme which arose from the discussions. People appreciated the thought of “*seeing professionals more quickly*”, “*freeing up GP time*”, “*not seeing people unnecessarily.*”

From those who had never heard of the new primary care roles there was a clear lack of confidence in the new primary care roles. After assurances that they were all fully trained and qualified medical professionals, people really valued having access to experts within the practice.

“it’s specialised care in the local communities”

“the right treatment for the right patient”

“access help previously not known about”

People agreed that having the new primary care roles was positive. They commented on different aspects, from “*easier access*” and “*longer appointment times*” to “*it’s good when you triage a call there’s more options.*”

Comment from the Chorley Roads neighbourhood suggested that there is a recognition of the wider determinants of health, people talked about “*dealing with health issues without always resorting to medicines*” and a “*more holistic approach*”. Only one comment from Rumworth fitted into the Beyond Medicine theme and alluded to “*making new friends*”.

People felt that the approaches the new practitioners would be taking would offer an opportunity to “*build bonds amongst communities*” and better engagement from different communities.

Primary Care at its best



People were asked what would improve their experiences of using or delivering primary care services. The majority of comment related to communication and ranged from wanting access to better information, to information they could use

and understand, and increased communication between services, individuals, caring teams.

“knowing more about provider services’ scope and capacity”

“Resources in different languages- Urdu and Hindu”

“information needs to be engaging and in a range of formats”

“useful information that I can make sense of and can use to make decisions about my care”

“better information sharing”

Comments suggest that both people receiving and delivering Primary Care would benefit from attitude changes such as *“people accepting care navigation from receptionists”* to *“leading healthier lifestyles”* and using *“community resources”*.

The aspirations expressed highlighted some barriers people faced around accessing primary care, mostly around appointments.

“easier to get appointments”

“more times to call for appointments”

“easier access to appointments over the internet and using apps.”

With some references to more resources, triage, seeing the right person and the physicality of a building.

“Bigger Car parks”

“More wellbeing workers”

“Access health services in the community or have satellite drop ins, like health visitors visiting mother and toddler groups or MSKs visiting luncheon groups”

“Less paper, more electronic”

Challenges in Primary Care

Resources (4 comments) costs, funding, space

Systems (7 Comments) lack of fluidity, one size doesn’t fit all

Access (12 comments) Language barriers, availability of appointments

Communication (15 Comments) developing trust between partners, patients and systems, inconsistent information sharing between all stakeholders.

Acceptability (18 Comments) Trust in new processes and systems

The Way Forward

Across the two workshops 43 suggestions were made on how to address some of the challenges described. These were all around sharing information across two main categories

- Media and Marketing
- Outreach and partnership

People asked for “*easier to read and understand information*” in a variety of formats and languages to be distributed via social media, mainstream media, within the surgery itself and across voluntary and community sector networks.

People recognised the power of “*word of mouth*” and wanted to hear success stories from the new primary care roles from people they could relate to, friends, neighbours or their GP.

Patients and professionals alike were keen for continuous dialogue between all stakeholders and involvement in service development.

There were 11 pledges for direct action from participants including

“Sharing updates and introducing new practitioners on GP practice Facebook groups”

“Taking information about new primary care roles back to community groups, friend and family”

“Encouraging patients to access new services”

“Update surgery information boards to introduce new primary care roles”

Recommendations

Identify those who will most benefit from new primary care roles to co-design promotional materials which can be used on GP websites via existing networks.

Publicise expertise and training of new primary care roles.

Promote opportunities for individuals, community groups and voluntary sector organisations to work alongside professionals in making decisions and implementing service development.